

REQUEST For Information

Return To: Mr. Jerome Alaimo, Director
Office of Pool Administration
Excellus BlueCross BlueShield
P.O. Box 4757
Syracuse, NY 13221-4757

Fax: (315) 448-6786

From: **CFO:** _____

Hospital: _____

Subject: **Electronic Filing of Bad Debt and Charity Care Accountant's Report**

Please complete information below (print or type):

Hospital Name: _____

OpCert Number: _____

Hospital Address: _____

CFO Name: _____

CFO's Email Address: _____