

NEW YORK PUBLIC GOODS POOL
FOR THE MONTH/YEAR OF _____, _____
CONFIRMATION NUMBER _____

Payor Name: _____ **Payor Fed. Tax ID #:** _____
TPA Name: _____ **TPA Fed. Tax ID #:** _____
Submitter: _____ **Title:** _____
Telephone: _____ **Payment Type:** _____

If a third party administrator and payor are attesting to separate portions of the report submitted under the confirmation number referenced above, they are both required to sign the certification as well as indicate the portion of the report they are attesting to.

Enter the name(s) and title(s) of the person(s) certifying to the accuracy and correctness of the electronic report(s) submitted under the confirmation number entered above. Persons authorized to sign this certification would be any person empowered to legally bind the above named organization to such commitments.

CERTIFICATION

THIS CERTIFIES THAT THE DATA BEING PROVIDED ELECTRONICALLY UNDER THE CONFIRMATION NUMBER ENTERED ABOVE HAS BEEN CAREFULLY PREPARED IN ACCORDANCE WITH THE REPORT COMPLETION INSTRUCTIONS, INCLUDING BUT NOT LIMITED TO THE PROPER SEGREGATION OF INFORMATION BY SERVICE YEAR, AND MAY TO SOME EXTENT BE BASED UPON INFORMATION SUBMITTED AND ATTESTED TO BY THE ORGANIZATIONS FOR WHICH THE REPORT IS BEING SUBMITTED. TO THE BEST OF MY KNOWLEDGE, SUCH INFORMATION ACCURATELY REFLECTS EITHER SUCH SUBMITTED INFORMATION, OR IS ACCURATE AND CORRECT BASED ON THE BOOKS AND RECORDS WITHIN THIS ORGANIZATION.

This certification pertains to the following:

Report of Patient Services Payments and Surcharge Obligations

SIGNATURE: _____ **DATE:** _____
TYPE/PRINT NAME: _____ **TITLE:** _____
COMPANY NAME: _____ **TELEPHONE:** _____

Report of Covered Lives Assessment

SIGNATURE: _____ **DATE:** _____
TYPE/PRINT NAME: _____ **TITLE:** _____
COMPANY NAME: _____ **TELEPHONE:** _____

Note: If only one signature appears above, that signature shall be legally construed as constituting a certification to both the Report of Patient Services Payments and Surcharge Obligations and Report of Covered Lives Assessment.

MAIL THIS CERTIFICATION FORM TO:
Mr. Jerome Alaimo, Director
New York State Pool Administration
Excellus BlueCross BlueShield, Central New York Region
PO Box 4757, Syracuse, New York 13221-4757