

**NEW YORK PUBLIC GOODS POOL**  
**FOR THE MONTH/YEAR OF \_\_\_\_\_, \_\_\_\_\_**  
**CONFIRMATION NUMBER \_\_\_\_\_**

**Payor Name:** \_\_\_\_\_ **Payor Fed. Tax ID #:** \_\_\_\_\_  
**TPA Name:** \_\_\_\_\_ **TPA Fed. Tax ID #:** \_\_\_\_\_  
**Completed By:** \_\_\_\_\_ **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.

US Postal Service Only:  
Mr. Jerome Alaimo, Administrator  
Office of Pool Administration  
Excellus BlueCross BlueShield, Central New York Region  
Syracuse, New York 13221-4757

Non US Postal Service:  
Mr. Jerome Alaimo, Administrator  
Office of Pool Administration  
Excellus BlueCross BlueShield, Central New York Region  
333 Butternut Drive, Syracuse, New York 13214-1803