

FOR THE MONTH/YEAR OF _____, _____

CONFIRMATION NUMBER _____

PROVIDER NAME: _____
ADDRESS: _____
FEDERAL TAX ID #: _____
OPERATING CERTIFICATE #: _____
SUBMITTER: _____
TITLE: _____
TELEPHONE: _____
PAYMENT TYPE: _____

CERTIFICATION

I _____, CERTIFY THAT I AM THE CHIEF EXECUTIVE/FINANCIAL OFFICER AND/OR ADMINISTRATOR OF THE ABOVE MENTIONED ORGANIZATION, AND FURTHER CERTIFY TO ALL OF THE FOLLOWING:

- THAT THE DATA BEING PROVIDED HAS BEEN CAREFULLY PREPARED FROM THE BOOKS AND RECORDS WITHIN THIS ORGANIZATION IN ACCORDANCE WITH THE INSTRUCTIONS CONTAINED HEREIN, INCLUDING BUT NOT LIMITED TO THE PROPER SEGREGATION OF COMPLETED AND SUBMITTED, REGARDLESS OF WHETHER ANY LIABILITY EXISTS FOR ONE OR BOTH OF THE SERVICE YEARS AND,
- TO THE BEST OF MY KNOWLEDGE, I BELIEVE THE INFORMATION PRESENTED HEREIN IS ACCURATE AND CORRECT.

SIGNATURE: _____
DATE: _____
TYPE/PRINT NAME: _____
TITLE: _____
EMAIL ADDRESS: _____

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Office of Pool Administrator
Excellus BlueCross BlueShield
Central New York Region
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Syracuse, NY 13221-4757

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