

FOR THE MONTH OF \_\_\_\_\_, \_\_\_\_\_

CONFIRMATION NUMBER \_\_\_\_\_

HOSPITAL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
FEDERAL TAX ID # \_\_\_\_\_  
OPERATING CERTIFICATE #: \_\_\_\_\_  
COMPLETED BY: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

**CERTIFICATION**

I, \_\_\_\_\_, CERTIFY THAT I AM THE CHIEF EXECUTIVE/ FINANCIAL OFFICER AND/OR ADMINISTRATOR OF THE ABOVE MENTIONED ORGANIZATION, AND FURTHER CERTIFY THAT THE DATA BEING PROVIDED ELECTRONICALLY UNDER THE CONFIRMATION NUMBER ENTERED ABOVE HAS BEEN CAREFULLY PREPARED IN ACCORDANCE WITH THE REPORT COMPLETION INSTRUCTIONS FROM THE BOOKS AND RECORDS WITHIN THIS ORGANIZATION, AND TO THE BEST OF MY KNOWLEDGE, I BELIEVE THAT THE INFORMATION PRESENTED ELECTRONICALLY IS ACCURATE AND CORRECT.

SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_  
TYPE/PRINT NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_

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

**All Other Mail Services:**  
Mr. Jerome Alaimo, Pool Administrator  
Office of Pool Administration  
Excellus BlueCross BlueShield, Central New York Region  
333 Butternut Drive, Syracuse, New York 13214-1803