

HEALTH CARE REFORM ACT-PUBLIC GOODS POOL☒ New Request☐ Revision to Existing Account

Payor/Third Party Administrator/Administrative Services Only Organization/Provider Name:

Williason County

Federal Employer Identification # (FEIN): 74-6000978

Operating Certificates # (FOR PROVIDERS ONLY):

Report(s) being filed electronically (check ALL that apply):

☒ Public Goods Pool☐ 1% Statewide Assessment (for hospitals only)

By signature below, the Chief Financial Officer or other duly authorized individual of the above name entity authorizes the Office of Pool Administration to assign a secure ID and password to the entity. This information will be mailed directly to the attention of the signer and must remain secured. If an email address is provided, this information will be sent electronically to the email address listed. It is the responsibility of the above named entity to ensure that this information is released only to those individuals requiring knowledge thereof.

Signature

Name (Please Print)

Title

Phone Number

Address

City

E-mail Address

Date

Note: All fields on this form are required to be accurately completed in order for your request to be processed.

Please mail completed form to:
Mr. Jerome Alaimo, Pool Administrator
Office of Pool Administration
Excellus Blue Cross BlueShield, Central New York Region
P.O. Box 4757
Syracuse, New York 13221-4757