
COORDINATOR - INDEPENDENT ACCOUNTANT'S REPORT

Accounting Firm's Name (Please Print): _____

Address: _____
(Street Address, City, State, Zip Code)

I, _____ as the Responsible Person, have designated the following Coordinator,
_____ to electronically enter, but not certify the above report.

Has there been a change in the Coordinator within the last twelve months? Yes No

If yes, please print the name and title of the previous individual: _____

By signature below, I as the **Responsible Person**, consent to the designation of the above-name Coordinator.

Signature of **Responsible Person**: _____ Date: _____

Print Responsible Person Name: _____

Title: _____ Telephone: () _____

Acknowledgement to be completed by a notary public:

) ss.: On the ____ day of _____ in the year _____ before me, the undersigned, personally appeared to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, that by his/her signature on the instrument, the individual executed the instrument.

Notary Signature and Stamp on this line: _____

By signature below, I as the **Coordinator**, authorize the Office of Pool Administration to assign a secure electronic filing User ID and password to me. This information will be e-mailed to my attention as signer and must remain secured. I agree that I will only perform data entry of information relevant to the above report and that the Responsible Person is the only authorized individual who can certify and electronically file the report with the NYSDOH.

Signature of **Coordinator**: _____ Date: _____

Print Coordinator Person Name: _____

Title: _____ Telephone: () _____

E-Mail Address: _____

Acknowledgement to be completed by a notary public:

) ss.: On the ____ day of _____ in the year _____ before me, the undersigned, personally appeared to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, that by his/her signature on the instrument, the individual executed the instrument.

Notary Signature and Stamp on this line: _____

MAIL FORM TO:

<p><u>REGULAR MAIL</u> Mr. Jerome Alamio Pool Administrator Office of Pool Administration PO Box 4757 Syracuse, NY 13221-4757</p>
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<p><u>EXPRESS/OVERNIGHT MAIL</u> Mr. Jerome Alamio Pool Administrator Office of Pool Administration 333 Butternut Drive Syracuse, NY 13214-1803</p>
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COORDINATOR – INDEPENDENT ACCOUNTANT’S REPORT INSTRUCTIONS

In accordance with Sections 2807-k (9) and (12) of the Public Health Law, each hospital must submit an agreed-upon procedures report by its independent certified public accountant or independent licensed public accountant regarding BDCC collection efforts. The Responsible Person may designate a maximum of two Coordinators, which will require a separate submission for each designated Coordinator. The Coordinator will only be able to perform data entry tasks of information relevant to the report. The Responsible Person is the only authorized individual who can certify the report with the NYSDOH. The Coordinator must establish an electronic filing account and be assigned a User ID and secure password. A website has been established at www.hcrapool.org to facilitate this process.

While electronic filing is designed to be user friendly, a help desk has been established to aid those users requiring assistance. If you need general assistance, please contact the Office of Pool Administration (OPA) help desk at (315) 671-3800 or via e-mail at www.webpools@hcrapools.org.

Upon receipt of a fully completed BDCC Electronic Filing User ID Application for the Coordinator (DOH-5050), the OPA will assign a secure electronic filing User ID and password to you, which you will receive via two separate return e-mailings. This User ID and password will be used by you to access the web-based electronic filing application report.

Accounting Firm’s Name: Enter the name of the firm for which access to the electronic report is being submitted.

Address: Enter the business address of the Accounting Firm in which the Coordinator is employed.

I, as the Responsible Person, have designated the following Coordinator, to electronically enter, but not certify the above report: Enter the name of the Responsible Person and the Coordinator. The Responsible Person is designating the Coordinator to perform the data entry of information on the software application. The Coordinator will not be allowed to certify the report.

Has there been a change in the Coordinator within the last twelve months? Check Yes or No.

If yes, please print the name and title of the previous individual: Print his/her name and title. The previous individual’s User ID and password will be deactivated and a new User ID and password will be established for the new Coordinator.

Signature of Responsible Person and Date: A notarized signature of the Responsible Person designating a Coordinator, and the date of signing.

Print Responsible Person Name: Print the name of the Responsible Person.

Title: Enter the title of the Responsible Person as he/she is known within the organization.

Telephone: Enter the telephone number with area code where the Responsible Person can be reached.

Acknowledgement to be completed by a notary public: This section must be completed by a notary public consistent with the legal requirements for the state where the acknowledgement is made.

Signature of Coordinator and Date: A notarized signature of the Coordinator requesting access is required, and the date of signing.

Print Coordinator Name: Print the name of the Coordinator.

Title: Enter the title of the Coordinator as he/she is known within the organization.

Telephone: Enter the telephone number with area code where the Coordinator can be reached.

E-Mail Address: Enter the complete e-mail address of the Coordinator requesting access.

Acknowledgement to be completed by a notary public: This section must be completed by a notary public consistent with the legal requirements for the state where the acknowledgement is made.

Mail Form to: Regular Mail: Mr. Jerome Alamio, Pool Administrator, Office of Pool Administration, PO Box 4757, Syracuse, NY 13221-4757 or Express/Overnight mail: Mr. Jerome Alamio, Pool Administrator, Office of Pool Administration, 333 Butternut Drive, Syracuse, NY 13214-1803.

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