

MONTHLY CASH RECEIPTS ASSESSMENT REPORT CERTIFICATION

CONFIRMATION NUMBER: _____

Provider Name: _____

Report for the Month and Year Ended: _____

Operating Certificate Number: _____

MMIS Number: _____

Completed by: _____

Title: _____

Telephone Number: _____

Payment Type: _____

Provider Type: _____

Enter below the name of the person who is certifying to the accuracy and correctness of the electronic report submitted under the confirmation number entered above. Persons authorized to sign this certification would be any person who is empowered to legally bind the above named facility to such commitments.

CERTIFICATION

(Please Print)

I, _____ am certifying to the truth and accuracy of the specified entity's report electronically, and recognize that this action is legally binding and that this information will be stored electronically as proof of my acceptance of the terms of this agreement. I certify that the data being provided has been carefully prepared based on the books and records of the specified entity, in accordance with the instructions given for the completion and filing of this report. I further certify, that to the best of my knowledge, I believe and certify that the information presented herein is accurate and correct. I certify that I am duly authorized to submit and sign the report being filed with the New York State Department of Health on behalf of the specified entity. I acknowledge and agree that each Cash Receipts Assessment Program Monthly Report submitted electronically shall be considered the final official copy. I acknowledge that I am completing the process of submitting this report electronically. While there is no need for additional signatures on this report, I acknowledge that any payment due must be received by the Office of Pool Administration in the form of a check or an electronic funds transfer before the filing will be considered complete.

Signature: _____ Date: _____

Print Name: _____ Telephone Number: _____

MAIL THIS CERTIFICATION FORM TO:

Regular Mail
Mr. Jerome Alaimo
Assessment Fund Administrator
Office of Pool Administration
PO Box 4757
Syracuse, New York 13221-4757

Express or Overnight Mail
Mr. Jerome Alaimo
Assessment Fund Administrator
Office of Pool Administration
333 Butternut Drive
Syracuse, New York 13214-1803