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**RESPONSIBLE PERSON - INDEPENDENT ACCOUNTANT'S REPORT**

By signature below, I as the **Responsible Person**, 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 not share my Access Word, User ID and Password with anyone else, that I am responsible for any activity attributable to the use of my Access Word, User ID and Password, and that any reports submitted through the use of such Access Word, User ID and Password will be considered to have been provided by me and at my direction.

Responsible Person Name (Please Print): \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Accounting Firm's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address, City, State, Zip Code)

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

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

Access Word For Identification  
(easy to remember & 8 characters): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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><b><u>REGULAR MAIL</u></b> Mr. Jerome Alamio Pool Administrator Office of Pool Administration PO Box 4757 Syracuse, NY 13221-4757</p>
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<p><b><u>EXPRESS/OVERNIGHT MAIL</u></b> Mr. Jerome Alamio Pool Administrator Office of Pool Administration 333 Butternut Drive Syracuse, NY 13214-1803</p>
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## **RESPONSIBLE PERSON – 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. To file electronically, you must establish an electronic filing account and be assigned a User ID and secure password. A website has been established at [www.hcrapool.org](http://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](mailto:www.webpools@hcrapools.org).

Upon receipt of a fully completed BDCC Electronic Filing User ID Application for the Responsible Person (DOH-5048), 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.

**Responsible Person Name:** Enter the name of the individual requesting access to the Independent Accountant’s Report application on the OPA website.

**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.

**E-Mail Address:** Enter the complete e-mail address of the Responsible Person requesting access.

**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 Responsible Person is employed.

**Has there been a change in the Responsible Person 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 Responsible Person.

**Access Word For Identification (easy to remember & 8 characters):** This is a unique combination of 8 characters (special characters and/or letters and numbers can be used) that is easy for you to remember. Note: You will be required to enter the Access Word in order to complete the submission of the report.

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

**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.**