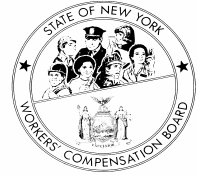




DAVID P. WEHNER
CHAIRMAN

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
20 PARK STREET
ALBANY, NY 12207
(518) 474-2686
e-mail: joe.salamone@wcb.state.ny.us



JOSEPH F. SALAMONE
DIRECTOR OF HEALTH PROVIDER
ADMINISTRATION

October 15, 2004

Cataract Center of the Adirondacks
Attn: Billing Dept.
450 Margaret St.
Plattsburgh, NY 12901

Dear Sir or Madam:

This is to inform you that the Workers' Compensation Board has issued updated Ambulatory Surgery Fee Schedule.

This schedule has been adopted pursuant to Section 13, subdivision (a) of the Workers' Compensation Law and constitute Sections 329.4 and 329.5 of Title 12 of the Compilation of Codes, Rules and Regulations of the State of New York. The schedule covers ambulatory surgery charges effective March 9, 2004 through December 31, 2004. for services to patients under the Workers' Compensation Law, the Volunteer Firefighters' Benefit Law, the Volunteer Ambulance Workers' Benefit Law and the Comprehensive Motor Vehicle Reparatons Act.

The schedule was prepared using the New York State Products of Ambulatory Surgery (PAS) methodology with the reimbursement level set at 150% of the rate promulgated by the New York State Health Department for Medicaid patients.

If I can be of further assistance please do not hesitate to contact me.

Sincerely,

Joseph Salamone, Director
Health Provider Administration

cc: File

Note: Does not include the 8.18% Surcharge

PAS GROUP #	RATE
1	\$0.00
2	911.58
3	1,664.88
4	2,172.80
5	686.39
6	1,483.59
7	\$0.00
8	\$0.00
9	\$0.00
10	\$0.00
11	\$0.00
12	\$0.00
13	\$0.00
14	\$0.00
15	\$0.00
16	\$0.00
17	\$0.00
18	\$0.00
19	\$0.00
20	\$0.00
21	\$0.00
22	\$0.00
23	\$0.00
24	\$0.00
25	\$0.00
26	\$0.00
27	\$0.00
28	\$0.00
29	\$0.00
30	\$0.00
31	\$0.00
32	\$0.00
33	\$0.00
34	\$0.00
35	\$0.00
36	\$0.00
37	\$0.00
38	\$0.00
39	\$0.00
40	\$0.00
41	\$0.00

42	\$0.00
45	0.00