



DAVID A. PATERSON
GOVERNOR

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
100 BROADWAY - MENANDS
ALBANY, NY 12241

(518) 474-2686



ZACHARY S. WEISS
CHAIR

JOSEPH SALAMONE
DIRECTOR OF HEALTH
MANAGEMENT

June 24, 2008

Gramercy Surgery Center
380 Second Avenue - 10th Floor, Suite 1000
New York, NY 10010

Dear Sir or Madam:

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

This schedule has been adopted pursuant to Section 13, subdivision (a) of the Workers' Compensation Law and constitutes 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 June 16, 2008 through December 31, 2008 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 Repairs 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, you may contact me at 518 474-2686.

Sincerely,

Joseph Salamone, Director
Bureau of Health Management

Attachment

cc: File

**WORKERS' COMPENSATION
2008 PRODUCTS OF AMBULATORY SURGERY**

FACILITY NAME:	GRAMERCY SURGERY CENTER, INC
OPCERT NUMBER:	7002183
PROVIDER ID #:	0
LOCATOR CODES:	03
EFFECTIVE PERIOD:	06/16/08 - 12/31/08

PAS GROUP	RATE
1	\$1,266.65
2	\$1,056.12
3	\$1,896.45
4	\$2,389.25
5	\$786.65
6	\$1,766.31
7	\$1,673.78
8	\$799.98
9	\$1,170.75
10	\$1,640.13
11	\$985.37
12	\$847.47
13	\$1,000.71
14	\$2,291.18
15	\$1,714.43
16	\$1,131.74
17	\$641.12
18	\$792.78
19	\$896.28
20	\$701.43
21	\$1,650.53
22	\$1,376.85
23	\$687.92
24	\$736.74
25	\$0.00
26	\$757.89
27	\$1,679.13
28	\$1,026.63
29	\$1,183.85
30	\$1,244.88
31	\$898.44
32	\$791.12
33	\$1,612.46
34	\$1,248.44
35	\$1,667.03
36	\$1,727.66
37	\$1,119.02
38	\$1,138.13
39	\$1,962.66
40	\$885.12
41	\$1,431.03
42	\$1,016.07
45	\$0.00

GRAMERCY SURGERY CENTER, INC
380 SECOND AVE, SUITE 1000
NEW YORK, NY 10010

PHONE: 212-254-3570

Date: 06/23/08
Unit # DT&C