



DAVID A. PATERSON
GOVERNOR

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

(866) 750-5157



ZACHARY S. WEISS
CHAIR

March 21, 2008

Eastern Orange Ambulatory Surgery Center
Attn: Elaina Milliken
21 Laurel Ave., Suite 120
Cornwall, NY 12518

Dear Ms. Milliken:

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 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 August 27, 2007 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

Note: Does not include the 8.18% Surcharge

PAS GROUP #	RATE
1	\$1,179.74
2	\$986.10
3	\$1,784.27
4	\$2,284.40
5	\$738.08
6	\$1,629.36
7	\$1,535.60
8	\$764.97
9	\$1,091.81
10	\$1,511.03
11	\$921.74
12	\$782.97
13	\$924.62
14	\$2,192.13
15	\$1,573.02
16	\$1,047.62
17	\$595.79
18	\$729.93
19	\$836.55
20	\$646.49
21	\$1,568.34
22	\$1,274.19
23	\$644.21
24	\$689.45
25	\$0.00
26	\$709.85
27	\$1,542.87
28	\$952.17
29	\$1,102.23
30	\$1,155.06
31	\$835.85
32	\$745.31
33	\$1,485.15
34	\$1,165.40
35	\$1,546.53
36	\$1,608.59
37	\$1,037.93
38	\$1,060.20
39	\$1,803.90
40	\$819.59
41	\$1,311.32
42	\$954.33
45	\$0.00