

April 14, 1983

SUBJECT: INSURANCE

WITHDRAWN

CIRCULAR LETTER NO. 6 (1983)

APRIL 14, 1983

TO: ALL INSURERS LICENSED TO WRITE AUTOMOBILE INSURANCE IN NEW YORK STATE

SUBJECT: Reimbursement Rates for Hospital and Health related services under No-Fault for treatment rendered on and after January 1, 1983.

Pursuant to the provisions of 11NYCRR 68.2 (Regulation 83), on and after January 1, 1978, the schedule of all inclusive rates for hospital services and health related services provided in conformance to Section 671(1)(a) of the Insurance Law shall be the rates approved by the Chairman of the Workers' Compensation Board in accordance with the provisions of Chapter 767 of the Laws of 1977 as amended.

The attached schedule of rates has been approved by the Chairman, and shall be used by no-fault insurers for payment of hospital outpatient and inpatient services rendered on and after January 1, 1983 through December 31, 1983.

Very truly yours,

[SIGNATURE]

JAMES P. CORCORAN

Superintendent of Insurance

JPC/bmb

Attach.

STATE OF NEW YORK

WORKERS' COMPENSATION BOARD
OFFICE OF THE CHAIRMAN

HOSPITAL FEE SCHEDULE
Effective January 1, 1983

This revision of the Hospital Fee Schedule Inpatient Rates was recommended and certified by the State Commissioner of Health and approved by the Chairman of the Workers' Compensation Board. Pursuant to Chapter 767, Laws of 1977, as amended by Chapter 536 of the Laws of 1982 and Part 86 of the Commissioner of Health Administrative Rules and Regulations, these rates are for the use in payment of claims under the Workers' Compensation Law and the Volunteer

Firemen's Benefit Law.

The third column of this schedule applies to emergency service.

[SIGNATURE]

CHAIRMAN

WORKERS' COMPENSATION
SCHEDULE OF RATES FOR THE PERIOD
JANUARY 1, 1983 THROUGH DECEMBER 31, 1983
Rates for Outpatient Services

Room other than operating room when used for minor surgery or emergency treatment:

For the medical service provided whether by employed staff, attending staff or by contractual arrangement with the physician groups the fee for this service is the fee as appears on Line 90010 of the Schedule of Medical Fees.

For the hospital providing intern or resident staffing or by physician group contractual coverage the total fee is the fee for physician services as appears on Line 90010 of the Schedule of Medical Fees plus the fee for use of the Emergency Service Room as shown in this schedule.

When the care is provided by an attending physician, the hospital fee is the Emergency Service Room fee as shown in this schedule, with the physician billing separately.

Note: These fees include common or ordinary medications

Crutches, mechanical splints and appliances	Rental or Sale at Cost
Plaster Cast and/or Splint	Cost of Plaster
Radium and deep therapy	A & A *
E.K.G., E.E.G., X-ray, P.T., and Laboratory Charges	Rates in Schedule of Medical Fees Promulgated by the Chairman Workers' Compensation Board

Materials supplied by the Emergency Room (i.e. sterile trays, medications, etc.) over and above those usually included with the Emergency Room visit may be charged for separately.

Itemize these on the bill submitted.

_____ *"Authorization and Arrangement"

COMMON OR ORDINARY DRUGS COVERED BY THE EMERGENCY ROOM HOSPITAL RATES

A study was undertaken to determine the low-cost drugs which a large number of hospitals in New York State regard as fairly common or ordinary and for which no charges are made apart from the inclusive Emergency Room rates. A partial list of such drugs is furnished below. It is expected that the list will be enlarged or augmented from time to time. In the meanwhile, the drugs shown below or on any future similar list or heretofore regarded as common or ordinary or any additional drugs so regarded should be considered as covered by the applicable Emergency Room rate. No charge should be made for any drugs, whether or not listed hereunder, in connection with hospitalized patients.

Current List of "No Charge" Drugs and Pharmaceutical Supplies

Acetaminophen 325 mg. tablet
 Alcohol 70 percent
 Alcohol swabs
 Antacid (e.g. Mylanta, Maalox, etc.)
 Aspirin 325 mg. tablet
 Aromatic Spirits of Ammonia
 Atropine 2 percent Ophthalmic Solution
 Atropine 0.4 mg/ml
 Bacitracin ointment
 Castor Oil
 Calamine lotion
 Collodion Flexible
 Cold Cream
 Clinitest tablets
 Dibucaine 1 percent ointment (e.g. Nupercainal)
 Epinephrine Injection
 Ethyl Chloride spray
 Gelfoam
 Glycerin suppository
 Hematest tablets
 Hydrocortisone 1 percent ointment
 Hydrogen Peroxide
 Iodine
 Ipecac Syrup
 Lidocaine 2 percent viscous (e.g. Xylocaine)
 Lidocaine 1 percent with/without Epinephrine
 Lidocaine 2 percent with/without Epinephrine
 Lidocaine 5 percent ointment
 Lindane lotion (e.g. Kwell)
 Lubricating jelly
 Magnesium Sulfate
 Meperidine injection (e.g. Demerol)
 Merthiolate
 Neomycin and Polymyxin B Sulfates w/Hydrocortisone ophthalmic suspension (e.g. Cortisporin)
 Nitroglycerin 0.4 mg. s. 1. tablet
 Nitroglycerin 0.6 mg. s. 1. tablet
 Peppermint Spirit
 Petrolatum

Providone-Iodine solution (e.g. Betadine)
 Pralidoxime Chloride (e.g. Protopam)
 Silver Nitrate Sticks
 Silver Sulfadiazine cream (e.g. Silvadene)
 Sodium Chloride - injection
 Sodium Chloride for irrigation
 Sterile Water for irrigation
 Talcum powder
 Tetanus Toxoid
 Tuberculin PPD (1st and 2nd strength)
 Witch Hazel
 Zinc Oxide ointment

WORKERS' COMPENSATION
 HOSPITAL RATE SCHEDULE
 WESTERN NEW YORK REGION
 EFFECTIVE 01/01/83 - 12/31/83

	DAILY RATE	EXCLUSIONS:	EMERGENCY SERVICE ROOM RATE
ALLEGANY			
CUBA MEMORIAL HOSPITAL INC INPATIENT ACUTE CARE	\$ 259.00	ALL INCLUSIVE	\$ 27.00
MEMORIAL HOSPITAL OF WM F & GERTRUDE F JONES A/K/A JONES MEMORIAL			
INPATIENT ACUTE CARE	\$ 232.00	ALL INCLUSIVE	\$ 26.00
CATTARAUGUS			
OLEAN GENERAL HOSPITAL INPATIENT ACUTE CARE	\$ 260.00	A	\$ 35.00
SALAMANCA HOSPITAL DISTRICT			
AUTHORITY INPATIENT ACUTE CARE	\$ 190.00	ALL INCLUSIVE	\$ 27.00
ST FRANCIS HOSPITAL OF OLEAN			
INPATIENT ACUTE CARE	\$ 229.00	B. OTHER: ER PHYS	\$ 35.00
TRI-COUNTY MEMORIAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 228.00	A,B	\$ 26.00
CHAUTAUQUA			
BROOKS MEMORIAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 248.00	A,B	\$ 27.00
JAMESTOWN GENERAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 236.00	A,B	\$ 26.00

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
WESTERN NEW YORK REGION
EFFECTIVE 01/01/83 - 12/31/83

	DAILY RATE	EXCLUSIONS:	EMERGENCY SERVICE ROOM RATE
LAKE SHORE HOSPITAL INC			
INPATIENT ACUTE CARE	\$ 208.00	B, OTHER: EKG	\$ 27.00
WESTFIELD MEMORIAL HOSPITAL INC		STRESS TESTING	
INPATIENT ACUTE CARE	\$ 244.00	B	\$ 35.00
WOMANS CHRISTIAN ASSOCIATION			
INPATIENT ACUTE CARE	\$ 239.00	A,B	\$ 27.00
ERIE			
BERTRAND CHAFFEE HOSPITAL			
INPATIENT ACUTE CARE	\$ 227.00	ALL INCLUSIVE	\$ 26.00
BUFFALO COLUMBUS HOSPITAL			
INPATIENT ACUTE CARE	\$ 267.00	ALL INCLUSIVE	\$ 26.00
BUFFALO GENERAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 305.00	A	\$ 30.00
CHILDRENS HOSPITAL			
INPATIENT ACUTE CARE	\$ 375.00	A	\$ 26.00
ERIE COUNTY MEDICAL CENTER			
INPATIENT ACUTE CARE	\$ 378.00	A,B,C,D	\$ 35.00
KENMORE MERCY HOSPITAL			
INPATIENT ACUTE CARE	\$ 229.00	A,OTHER: EKG	\$ 27.00
LAFAYETTE GENERAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 215.00	A,B	\$ 26.00
MERCY HOSPITAL OF BUFFALO			
INPATIENT ACUTE CARE	\$ 245.00	A	\$ 26.00
MILLARD FILLMORE HOSPITAL			
INPATIENT ACUTE CARE	\$ 293.00	A	\$ 30.00
OUR LADY OF VICTORY HOSPITAL OF LACKAWANNA			
INPATIENT ACUTE CARE	\$ 238.00	A,B. OTHER: ENDOSCOPY, STRESS TESTS-SONOGRAMS, ENDOCARDIO-	\$ 30.00

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
WESTERN NEW YORK REGION
EFFECTIVE 01/01/83 - 12/31/83

	DAILY RATE	EXCLUSIONS: GRAMS, ELECTROMIOGRAPHS	EMERGENCY SERVICE ROOM RATE
ERIE			
ROSWELL PARK MEMORIAL INSTITUTE			
INPATIENT ACUTE CARE	\$ 456.00	ALL INCLUSIVE	NO E.R. SERVICE
SAINT FRANCIS HOSPITAL OF BUFFALO			
INPATIENT ACUTE CARE	\$ 188.00	A	\$ 27.00
SHEEHAN MEMORIAL EMERGENCY HOSPITAL INC			
INPATIENT ACUTE CARE	\$ 239.00	A,B	\$ 35.00
SHERIDAN PARK HOSPITAL INC			
INPATIENT ACUTE CARE	\$ 274.00	A	\$ 26.00
SISTERS OF CHARITY HOSPITAL			
INPATIENT ACUTE CARE	\$ 234.00	A	\$ 35.00
ST JOSEPH INTERCOMMUNITY HOSPITAL			
INPATIENT ACUTE CARE	\$ 201.00	A	\$ 27.00
GENESEE			
GENESEE MEMORIAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 212.00	A	\$ 27.00
ST JEROME HOSPITAL			
INPATIENT ACUTE CARE	\$ 213.00	A	\$ 30.00
NIAGARA			
DEGRAFF MEMORIAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 225.00	A	\$ 26.00
INTER-COMMUNITY MEMORIAL HOSPITAL AT NEWFANE INC			
INPATIENT ACUTE CARE	\$ 186.00	A	\$ 27.00
LOCKPORT MEMORIAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 196.00	A,B. OTHER: EKG,	\$ 30.00

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
WESTERN NEW YORK REGION
EFFECTIVE 01/01/83 - 12/31/83

	DAILY RATE	EXCLUSIONS: EEG, NUCLEAR MEDICINE	EMERGENCY SERVICE ROOM RATE
MOUNT ST MARYS HOSPITAL OF NIAGARA FALLS INPATIENT ACUTE CARE	\$ 259.00	A	\$ 26.00
NIAGARA FALLS MEMORIAL MEDICAL CENTER INPATIENT ACUTE CARE	\$ 227.00	A	\$ 35.00
ORLEANS ARNOLD GREGORY MEMORIAL HOSPITAL INPATIENT ACUTE CARE	\$ 247.00	A	\$ 26.00
MEDINA MEMORIAL HOSPITAL INPATIENT ACUTE CARE	\$ 198.00	A,B	\$ 27.00
WYOMING WYOMING COUNTY COMMUNITY HOSPITAL INPATIENT ACUTE CARE	\$ 273.00	A,B	\$ 30.00

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
ROCHESTER NEW YORK REGION
EFFECTIVE 01/01/83 - 12/31/83

	DAILY RATE	EXCLUSIONS:	EMERGENCY SER- VICE ROOM RATE
CHEMUNG ARNOT-OGDEN MEMORIAL HOSPITAL INPATIENT ACUTE CARE	\$ 346.00	A,B*	\$ 30.00
ST JOSEPHS HOSPITAL OF ELMIRA INPATIENT ACUTE CARE	\$ 263.00	A	\$ 35.00

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
ROCHESTER NEW YORK REGION
EFFECTIVE 01/01/83 - 12/31/83

	DAILY		EMERGENCY SER- VICE
	RATE	EXCLUSIONS:	ROOM RATE
LIVINGSTON			
NICHOLAS H NOYES MEMORIAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 234.00	A,B	\$ 30.00
MONROE			
GENESEE HOSPITAL			
INPATIENT ACUTE CARE	\$ 347.00	A,B	\$ 35.00
HIGHLAND HOSPITAL			
INPATIENT ACUTE CARE	\$ 188.00	A,B	\$ 35.00
LAKESIDE MEMORIAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 118.00	A,B	\$ 30.00
MONROE COMMUNITY HOSPITAL			
INPATIENT ACUTE CARE	\$ 358.00	ALL INCLUSIVE	NO E.R. SERVICE
PARK RIDGE HOSPITAL			
INPATIENT ACUTE CARE	\$ 379.00	A,B,C	\$ 35.00
ROCHESTER GENERAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 367.00	A,B	\$ 35.00
ST MARYS HOSPITAL OF ROCHESTER			
INPATIENT ACUTE CARE	\$ 308.00	A,B,C, OTHER: EKG	\$ 35.00
STRONG MEMORIAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 560.00	A,B	\$ 35.00
ECHOCARDIOGRAMS, STRESS TESTING			
ONTARIO			
CLIFTON SPRINGS HOSPITAL AND CLINIC			
INPATIENT ACUTE CARE	\$ 318.00	B, OTHER: EKG	\$ 35.00
F F THOMPSON HOSPITAL			
INPATIENT ACUTE CARE	\$ 126.00	ALL INCLUSIVE	\$ 35.00
GENEVA GENERAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 258.00	A	\$ 35.00

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
ROCHESTER NEW YORK REGION
EFFECTIVE 01/01/83 - 12/31/83

	DAILY RATE	EXCLUSIONS:	EMERGENCY SER- VICE ROOM RATE
SCHUYLER			
SCHUYLER HOSPITAL			
INPATIENT ACUTE CARE	\$ 281.00	A,B	\$ 26.00
SENECA			
SENECA FALLS HOSPITAL			
INPATIENT ACUTE CARE	\$ 329.00	A	\$ 35.00
WATERLOO MEMORIAL HOSPITAL INC D/B/A TAYLOR-BROWN MEMORIAL HOSP			
INPATIENT ACUTE CARE	\$ 151.00	A	\$ 27.00
STEUBEN			
BETHESDA HOSPITAL			
INPATIENT ACUTE CARE	\$ 210.00	A,B,C	\$ 27.00
CORNING HOSPITAL			
INPATIENT ACUTE CARE	\$ 273.00	A	\$ 35.00
IRA DAVENPORT MEMORIAL HOSPITAL INC			
INPATIENT ACUTE CARE	\$ 265.00	A,C	\$ 35.00
ST JAMES MERCY HOSPITAL			
INPATIENT ACUTE CARE	\$ 235.00	A,B	\$ 35.00
WAYNE			
MYERS COMMUNITY HOSPITAL FOUNDATION INC			
INPATIENT ACUTE CARE	\$ 188.00	A	\$ 35.00
NEWARK-WAYNE COMMUNITY HOSPIT- AL			
INC INPATIENT ACUTE CARE	\$ 201.00	A	\$ 35.00
YATES			
SOLDIERS AND SAILORS MEMORIAL HOSPITAL OF YATES COUNTY INC			
INPATIENT ACUTE CARE	\$ 153.00	A	\$ 30.00

*EFFECTIVE 7/1/82 - 12/31/83

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
CENTRAL NEW YORK REGION
EFFECTIVE 01/01/83 - 12/31/83

	DAILY		EMERGENCY SER-
	RATE	EXCLUSIONS:	VICE ROOM RATE
BROOME			
OUR LADY OF LOURDES MEMORIAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 309.00	A,B	\$ 27.00
UNITED HEALTH SERVICES INC			
INPATIENT ACUTE CARE	\$ 406.00	A,B	\$ 30.00
CAYUGA			
AUBURN MEMORIAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 206.00	A	\$ 30.00
CHENANGO			
CHENANGO MEMORIAL HOSPITAL INC			
INPATIENT ACUTE CARE	\$ 302.00	A	\$ 30.00
CORTLAND			
CORTLAND MEMORIAL HOSPITAL INC			
INPATIENT ACUTE CARE	\$ 243.00	A,B,C	\$ 35.00
HERKIMER			
HERKIMER MEMORIAL HOSPITAL INC			
INPATIENT ACUTE CARE	\$ 197.00	A,B	\$ 26.00
LITTLE FALLS HOSPITAL			
INPATIENT ACUTE CARE	\$ 192.00	A,B,C	\$ 35.00
MOHAWK VALLEY GENERAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 220.00	ALL INCLUSIVE	\$ 26.00
JEFFERSON			
CARTHAGE AREA HOSPITAL INC			
INPATIENT ACUTE CARE	\$ 236.00	B	\$ 30.00
EDWARD JOHN NOBLE HOSPITAL OF ALEXANDRIA BAY			

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
CENTRAL NEW YORK REGION
EFFECTIVE 01/01/83 - 12/31/83

	DAILY		EMERGENCY SER- VICE
	RATE	EXCLUSIONS:	ROOM RATE
INPATIENT ACUTE CARE HOUSE OF THE GOOD SAMARITAN	\$ 234.00	B	\$ 27.00
INPATIENT ACUTE CARE MERCY HOSPITAL OF WATERTOWN	\$ 243.00	A,B	\$ 35.00
INPATIENT ACUTE CARE LEWIS LEWIS COUNTY GENERAL HOSPITAL	\$ 260.00	A,B	\$ 35.00
INPATIENT ACUTE CARE MADISON COMMUNITY MEMORIAL HOSPITAL INC	\$ 322.00	B	\$ 35.00
INPATIENT ACUTE CARE ONEIDA CITY HOSPITAL	\$ 207.00	A	\$ 27.00
INPATIENT ACUTE CARE ONEIDA CHILDRENS HOSPITAL AND REHABILITATION CENTER	\$ 265.00	A,B	\$ 27.00
REHABILITATION	\$ 241.00	A,C,OTHER: EMG, Cardiology	NO E.R. SERVICE
ONEIDA FAXTON HOSPITAL	\$ 245.00	A,C, OTHER: EMG, Cardiology	\$ 27.00
ROME HOSPITAL AND MURPHY MEMORIAL HOSPITAL	\$ 232.00	A,C	\$ 30.00
ROSE HOSPITAL	\$ 248.00	A	\$ 27.00

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
CENTRAL NEW YORK REGION
EFFECTIVE 01/01/83 - 12/31/83

	DAILY		EMERGENCY SER- VICE
	RATE	EXCLUSIONS:	ROOM RATE
ST ELIZABETH HOSPITAL			
INPATIENT ACUTE CARE	\$ 328.00	A,B,C	\$ 35.00
ST LUKES MEMORIAL HOSPITAL CENTER			
INPATIENT ACUTE CARE	\$ 269.00	A,C, OTHER: EKG, EEG	\$ 30.00
ONONDAGA			
COMMUNITY GENERAL HOSPITAL OF GREAT- ER SYRACUSE			
INPATIENT ACUTE CARE	\$ 296.00	A,B,OTHER: NUCLEAR MEDICINE, NON-INVASIVE VASCULAR LAB	\$ 35.00
CROUSE - IRVING MEMORIAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 363.00	A,B,D, OTHER: CARDIOLOGY, NUCLEAR MEDICINE, PSYCHIATRY, NEUROLOGY	\$ 35.00
ST JOSEPHS HOSPITAL HEALTH CENTER			
INPATIENT ACUTE CARE	\$ 339.00	A,B,C, OTHER: PERIPHERAL VASCULAR LAB, PULMONARY FUNCTION LAB, PATHOLOGY, FROZEN SECTIONS, CARDIO VASCULAR LAB	\$ 27.00
STATE UNIVERSITY HOSPITAL UPSTATE MEDICAL CENTER			
INPATIENT ACUTE CARE	\$ 444.00	A,B	\$ 35.00
OSWEGO			

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
CENTRAL NEW YORK REGION
EFFECTIVE 01/01/83 - 12/31/83

	DAILY		EMERGENCY SER-
	RATE	EXCLUSIONS:	VICE
			ROOM RATE
ALBERT LINDLEY LEE MEMORIAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 244.00	A,B	\$ 30.00
OSWEGO HOSPITAL			
INPATIENT ACUTE CARE	\$ 231.00	A	\$ 35.00
ST LAWRENCE A BARTON HEPBURN HOSPITAL			
INPATIENT ACUTE CARE	\$ 295.00	A	\$ 27.00
CANTON-POTSDAM HOSPITAL			
INPATIENT ACUTE CARE	\$ 252.00	A	\$ 27.00
CLIFTON-FINE HOSPITAL			
INPATIENT ACUTE CARE	\$ 351.00	ALL INCLUSIVE	\$ 26.00
EDWARD JOHN NOBLE HOSPITAL OF GOUVERNEUR			
INPATIENT ACUTE CARE	\$ 286.00	ALL INCLUSIVE	\$ 30.00
MASSENA MEMORIAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 258.00	A	\$ 27.00
TIOGA TIOGA GENERAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 372.00	A	\$ 35.00
TOMPKINS TOMPKINS COUNTY HOSPITAL			
INPATIENT ACUTE CARE	\$ 238.00	A,B	\$ 35.00

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NORTHEASTERN NEW YORK REGION
EFFECTIVE 01/01/83 - 12/31/83

	DAILY		EMERGENCY SER-
	RATE	EXCLUSIONS:	VICE
			ROOM RATE
ALBANY			

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NORTHEASTERN NEW YORK REGION
EFFECTIVE 01/01/83 - 12/31/83

	DAILY RATE	EXCLUSIONS:	EMERGENCY SER- VICE ROOM RATE
ALBANY MEDICAL CENTER HOSPITAL			
INPATIENT ACUTE CARE	\$ 400.00	A,B, OTHER: ULTRASOUND	\$ 35.00
CHILDS HOSPITAL			
INPATIENT ACUTE CARE	\$ 246.00	A	NO E.R. SERVICE
COHOES MEMORIAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 218.00	A,B,C	\$ 35.00
MEMORIAL HOSPITAL OF ALBANY			
INPATIENT ACUTE CARE	\$ 269.00	A,B,C, OTHER: ULTRASOUND, NUCLEAR MEDICINE	\$ 35.00
ST PETERS HOSPITAL			
INPATIENT ACUTE CARE	\$ 266.00	A,B	\$ 35.00
CLINTON			
CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MEDICAL CTR			
INPATIENT ACUTE CARE	\$ 201.00	A,B, OTHER: EKG	\$ 27.00
COLUMBIA			
COLUMBIA MEMORIAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 262.00	B	\$ 30.00
DELAWARE			
A LINDSAY & OLIVE B OCONNOR HOSPITAL			
INPATIENT ACUTE CARE	\$ 347.00	A,C	\$ 26.00
COMMUNITY HOSPITAL OF STAMFORD			
INPATIENT ACUTE CARE	\$ 231.00	A	\$ 26.00
DELAWARE VALLEY HOSPITAL INC			
INPATIENT ACUTE CARE	\$ 327.00	ALL INCLUSIVE	\$ 26.00
MARGARETVILLE MEMORIAL			

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NORTHEASTERN NEW YORK REGION
EFFECTIVE 01/01/83 - 12/31/83

	DAILY RATE	EXCLUSIONS:	EMERGENCY SER- VICE ROOM RATE
HOSPITAL			
INPATIENT ACUTE CARE	\$ 411.00	ALL INCLUSIVE	\$ 30.00
THE HOSPITAL			
INPATIENT ACUTE CARE	\$ 237.00	A,B, OTHER: ULTRASOUND, ELECTRO- CARDIOLOGY	\$ 30.00
ESSEX			
ELIZABETHTOWN COMMUNITY HOSPITAL			
INPATIENT ACUTE CARE	\$ 235.00	B, OTHER: ELECTROCARDIOLOGY	\$ 30.00
MOSES LUDINGTON HOSPITAL			
INPATIENT ACUTE CARE	\$ 422.00	ALL INCLUSIVE	\$ 35.00
PLACID MEMORIAL HOSPITAL INC			
INPATIENT ACUTE CARE	\$ 348.00	B	\$ 26.00
FRANKLIN			
ALICE HYDE MEMORIAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 191.00	B	\$ 26.00
GENERAL HOSPITAL OF SARANAC LAKE			
INPATIENT ACUTE CARE	\$ 204.00	A,B,C	\$ 27.00
MERCY GENERAL HOSPITAL OF TUPPER LAKE			
INPATIENT ACUTE CARE	\$ 214.00	B	NO E.R. SERVICE
FULTON			
JOHNSTOWN HOSPITAL			
INPATIENT ACUTE CARE	\$ 213.00	A,C	\$ 35.00
NATHAN LITTAUER HOSPITAL			
INPATIENT ACUTE CARE	\$ 234.00	A,B,C	\$ 30.00
GREENE			

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NORTHEASTERN NEW YORK REGION
EFFECTIVE 01/01/83 - 12/31/83

	DAILY RATE	EXCLUSIONS:	EMERGENCY SER- VICE ROOM RATE
MEMORIAL HOSPITAL OF GREENE COUNTY INPATIENT ACUTE CARE	\$ 282.00	B,C	\$ 35.00
MONTGOMERY AMSTERDAM MEMORIAL HOSPITAL INPATIENT ACUTE CARE	\$ 244.00	A,C	\$ 27.00
ST MARYS HOSPITAL AT AMSTERDAM INPATIENT ACUTE CARE	\$ 268.00	A,C	\$ 35.00
OTSEGO AURELIA OSBORN FOX MEMORIAL HOSPITAL INPATIENT ACUTE CARE	\$ 264.00	A,B,C	\$ 35.00
MARY IMOGENE BASSETT HOSPITAL INPATIENT ACUTE CARE	\$ 440.00	ALL INCLUSIVE	\$ 30.00
RENSSELAER LEONARD HOSPITAL INPATIENT ACUTE CARE	\$ 235.00	A,B,C	\$ 35.00
SAMARITAN HOSPITAL OF TROY INPATIENT ACUTE CARE	\$ 227.00	A,B	\$ 30.00
ST MARYS HOSPITAL OF TROY INPATIENT ACUTE CARE	\$ 232.00	A,B,C	\$ 30.00
SARATOGA ADIRONDACK REGIONAL HOSPITAL INPATIENT ACUTE CARE	\$ 245.00	B	\$ 26.00
SARATOGA HOSPITAL INPATIENT ACUTE CARE	\$ 269.00	A,B	\$ 35.00
SCHENECTADY			

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NORTHEASTERN NEW YORK REGION
EFFECTIVE 01/01/83 - 12/31/83

	DAILY RATE	EXCLUSIONS:	EMERGENCY SER- VICE ROOM RATE
BELLEVUE MATERNITY HOSPITAL INC			
INPATIENT ACUTE CARE	\$ 312.00	A	NO E.R. SERVICE
ELLIS HOSPITAL			
INPATIENT ACUTE CARE	\$ 351.00	A,B,C, OTHER: NUCLEAR MEDICINE, SPEC. HEMATOLOGY LAB	\$ 35.00
ST CLARES HOSPITAL OF SCHENECTADY			
INPATIENT ACUTE CARE	\$ 307.00	A,B, OTHER: NUCLEAR MEDICINE, GASTROENTEROLOGY PROCTOLOGY	\$ 30.00
SUNNYVIEW HOSPITAL AND REHABILITATION CENTER			
INPATIENT ACUTE CARE	\$ 220.00	A,B,C,D	NO E.R. SERVICE
SCHOHARIE COMMUNITY HOSPITAL OF SCHOHARIE COUNTY INC			
INPATIENT ACUTE CARE	\$ 254.00	C	\$ 35.00
WARREN GLENS FALLS HOSPITAL			
INPATIENT ACUTE CARE	\$ 248.00	A,B, OTHER: EMG	\$ 27.00
WASHINGTON EMMA LAING STEVENS HOSPITAL			
INPATIENT ACUTE CARE	\$ 208.00	ALL INCLUSIVE	\$ 35.00
MARY MCCLELLAN HOSPITAL			
INPATIENT ACUTE CARE	\$ 251.00	C	\$ 35.00

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NORTHERN METROPOLITAN REGION
EFFECTIVE 01/01/83 - 12/31/83

	DAILY		EMERGENCY SER- VICE
	RATE	EXCLUSIONS:	ROOM RATE
DUTCHESS			
HIGHLAND HOSPITAL OF BEACON			
INPATIENT ACUTE CARE	\$ 273.00	A	\$ 27.00
NORTHERN DUTCHESS HOSPITAL			
INPATIENT ACUTE CARE	\$ 236.00	A	\$ 35.00
ST FRANCIS HOSPITAL OF POUGHKEEPSIE			
INPATIENT ACUTE CARE	\$ 319.00	A,B	\$ 35.00
VASSAR BROTHERS HOSPITAL			
INPATIENT ACUTE CARE	\$ 287.00	A,B, OTHER: RADIATION THERAPY	\$ 30.00
ORANGE			
ARDEN HILLHOSPITAL			
INPATIENT ACUTE CARE	\$ 300.00	A, OTHER: EMG	\$ 35.00
CORNWALL HOSPITAL			
INPATIENT ACUTE CARE	\$ 274.00	A,B,OTHER: NUCLEAR MEDICINE, ULTRASOUND	\$ 30.00
DOCTORS SUNNYSIDE HOSPITAL			
INPATIENT ACUTE CARE	\$ 238.00	ALL INCLUSIVE	\$ 30.00
E A HORTON MEMORIAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 303.00	A	\$ 35.00
ST ANTHONY COMMUNITY HOSPITAL			
INPATIENT ACUTE CARE	\$ 313.00	A	\$ 35.00
ST FRANCIS HOSPITAL OF PORT JERVIS NEW YORK			
INPATIENT ACUTE CARE	\$ 276.00	A,C	\$ 26.00
ST LUKES HOSPITAL OF NEWBURGH			
INPATIENT ACUTE CARE	\$ 264.00	A	\$ 30.00

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NORTHERN METROPOLITAN REGION
EFFECTIVE 01/01/83 - 12/31/83

	DAILY RATE	EXCLUSIONS:	EMERGENCY SER- VICE ROOM RATE
TUXEDO MEMORIAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 238.00	A	\$ 35.00
PUTNAM			
JULIA BUTTERFIELD MEMORIAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 282.00	A,C	\$ 35.00
PUTNAM COMMUNITY HOSPITAL			
INPATIENT ACUTE CARE	\$ 272.00	A	\$ 27.00
ROCKLAND			
GOOD SAMARITAN HOSPITAL OF SUFFERN			
INPATIENT ACUTE CARE	\$ 344.00	A, OTHER: EMG	\$ 35.00
HELEN HAYES HOSPITAL			
INPATIENT ACUTE CARE	\$ 541.00	ALL INCLUSIVE	NO E.R. SERVICE
NYACK HOSPITAL			
INPATIENT ACUTE CARE	\$ 319.00	A,B	\$ 27.00
SUMMIT PARK HOSPITAL-ROCKLAND COUNTY INFIRMARY			
INPATIENT ACUTE CARE	\$ 217.00	ALL INCLUSIVE	NO E.R. SERVICE
PSYCHIATRIC CARE	\$ 177.00	ALL INCLUSIVE	NO E.R. SERVICE
SULLIVAN			
COMMUNITY GENERAL HOSPITAL OF SULLIVAN COUNTY - HARRIS			
INPATIENT ACUTE CARE	\$ 326.00	A	\$ 35.00
COMMUNITY GENERAL HOSPITAL OF SULLIVAN COUNTY G HERMAN DIV			
INPATIENT ACUTE CARE	\$ 281.00	A	\$ 35.00
ULSTER			
BENEDICTINE HOSPITAL			
INPATIENT ACUTE CARE	\$ 266.00	A	\$ 35.00
ELLENVILLE COMMUNITY			

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NORTHERN METROPOLITAN REGION
EFFECTIVE 01/01/83 - 12/31/83

	DAILY RATE	EXCLUSIONS:	EMERGENCY SER- VICE ROOM RATE
HOSPITAL			
INPATIENT ACUTE CARE	\$ 258.00	ALL INCLUSIVE	\$ 26.00
KINGSTON HOSPITAL			
INPATIENT ACUTE CARE	\$ 249.00	A	\$ 30.00
WESTCHESTER			
BLYTHEDALE CHILDRENS HOSPITAL			
INPATIENT ACUTE CARE	\$ 314.00	ALL INCLUSIVE	NO E.R. SERVICE
BURKE REHABILITATION CENTER			
INPATIENT ACUTE CARE	\$ 388.00	ALL INCLUSIVE	NO E.R. SERVICE
DOBBS FERRY HOSPITAL			
INPATIENT ACUTE CARE	\$ 229.00	A	\$ 26.00
LAWRENCE HOSPITAL			
INPATIENT ACUTE CARE	\$ 303.00	A	\$ 35.00
MOUNT VERNON HOSPITAL			
INPATIENT ACUTE CARE	\$ 301.00	A	\$ 30.00
NEW ROCHELLE HOSPITAL MEDICAL CENTER			
INPATIENT ACUTE CARE	\$ 385.00	A,B	\$ 35.00
NEW YORK HOSPITAL-CORNELL MEDICAL CEN- TER			
WESTCHESTER DIVISION			
PSYCHIATRIC CARE	\$ 325.00	ALL INCLUSIVE	NO E.R. SERVICE
NORTHERN WESTCHESTER HOSPITAL			
INPATIENT ACUTE CARE	\$ 386.00	A,B,C, OTHER: ULTRASOUND, CATSCANS, RADIATION THERAPY	\$ 35.00
PEEKSKILL HOSPITAL			
INPATIENT ACUTE CARE	\$ 297.00	A	\$ 30.00
PHELPS MEMORIAL HOSPITAL			

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NORTHERN METROPOLITAN REGION
EFFECTIVE 01/01/83 - 12/31/83

	DAILY		EMERGENCY SER- VICE
ASSOCIATION	RATE	EXCLUSIONS:	ROOM RATE
INPATIENT ACUTE CARE	\$ 364.00	A,B,C, OTHER: NUCLEAR MEDICINE, ULTRASOUND RADIOISOTOPES	\$ 35.00
ST AGNES HOSPITAL			
INPATIENT ACUTE CARE	\$ 320.00	A,C	\$ 35.00
ST JOHNS RIVERSIDE HOSPITAL			
INPATIENT ACUTE CARE	\$ 327.00	A, OTHER: EMG	\$ 26.00
ST JOSEPHS HOSPITAL YONKERS			
INPATIENT ACUTE CARE	\$ 288.00	ALL INCLUSIVE	\$ 35.00
ST VINCENTS HOSP AND MEDICAL CTR OF NY WESTCHESTER BRANCH			
PSYCHIATRIC CARE	\$ 272.00	A	NO E.R. SERVICE
UNITED HOSPITAL			
INPATIENT ACUTE CARE	\$ 359.00	A,B	\$ 30.00
WESTCHESTER COUNTY MEDICAL CENTER			
INPATIENT ACUTE CARE	\$ 546.00	A,B,C, OTHER: ALL PROF. SERVICES	\$ 35.00
WHITE PLAINS HOSPITAL MEDICAL CENTER			
INPATIENT ACUTE CARE	\$ 350.00	A,C	\$ 35.00
YONKERS GENERAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 254.00	A,C	\$ 35.00

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
LONG ISLAND REGION
EFFECTIVE 01/01/83 - 12/31/83

	DAILY		EMERGENCY SER-
	RATE	EXCLUSIONS:	VICE ROOM RATE
NASSAU			
CENTRAL GENERAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 305.00	A,B	\$ 35.00
COMMUNITY HOSPITAL AT GLEN COVE			
INPATIENT ACUTE CARE	\$ 350.00	A	\$ 27.00
FRANKLIN GENERAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 308.00	A	\$ 30.00
HEMPSTEAD GENERAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 339.00	A, B, C	\$ 30.00
LONG BEACH MEMORIAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 289.00	A	\$ 30.00
LONG ISLAND JEWISH - HILLSIDE MEDICAL CENTER (MANHASSET DIV.)			
INPATIENT ACUTE CARE	\$ 490.00	A, OTHER: CARDIAC CATHERIZATION	\$ 35.00
LYDIA E HALL HOSPITAL			
INPATIENT ACUTE CARE	\$ 317.00	A,B, OTHER: NUCLEAR MEDICINE	\$ 30.00
MASSAPEQUA GENERAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 384.00	A	\$ 30.00
MERCY HOSPITAL OF ROCKVILLE CENTER			
INPATIENT ACUTE CARE	\$ 315.00	A	\$ 35.00
MID-ISLAND HOSPITAL			
INPATIENT ACUTE CARE	\$ 309.00	A,C	\$ 27.00
NASSAU COUNTY MEDICAL CENTER EAST MEADOW DIV			

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
LONG ISLAND REGION
EFFECTIVE 01/01/83 - 12/31/83

	DAILY		EMERGENCY SER- VICE
	RATE	EXCLUSIONS:	ROOM RATE
INPATIENT ACUTE CARE NASSAU HOSPITAL	\$ 513.00	ALL INCLUSIVE	\$ 30.00
INPATIENT ACUTE CARE NORTH SHORE UNIVERSITY HOSPITAL	\$ 366.00	A,B,C	\$ 35.00
INPATIENT ACUTE CARE SOUTH NASSAU COMMUNITIES HOSPITAL	\$ 463.00	A	\$ 35.00
INPATIENT ACUTE CARE ST FRANCIS HOSPITAL OF ROSLYN	\$ 278.00	A	\$ 26.00
INPATIENT ACUTE CARE SUFFOLK BROOKHAVEN MEMORIAL HOSPITAL	\$ 464.00	A,C	\$ 35.00
INPATIENT ACUTE CARE BRUNSWICK HOSPITAL CENTER INC	\$ 326.00	A,C	\$ 35.00
INPATIENT ACUTE CARE REHABILITATION CENTRAL SUFFOLK HOSPITAL ASSOCIATION	\$ 393.00	A,C, OTHER: EKG, EEG, ELECTROMYOGRAPHY, NUCLEAR SCANS, SONOGRAMS	\$ 35.00
INPATIENT ACUTE CARE EASTERN LONG ISLAND HOSPITAL	\$ 385.00	A,C	
INPATIENT ACUTE CARE GOOD SAMARITAN HOSPITAL OF WEST ISLIP	\$ 261.00	A	\$ 27.00
INPATIENT ACUTE CARE	\$ 373.00	A	\$ 35.00
INPATIENT ACUTE CARE	\$ 296.00	A	\$ 30.00

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
LONG ISLAND REGION
EFFECTIVE 01/01/83 - 12/31/83

	DAILY		EMERGENCY SER-
	RATE	EXCLUSIONS:	VICE
			ROOM RATE
HUNTINGTON HOSPITAL			
INPATIENT ACUTE CARE	\$ 301.00	A, OTHER: DIALYSIS, CHEMOTHERAPY, RESPIRATORY THER- APY	\$ 27.00
SUFFOLK			
JOHN T MATHER MEMORIAL			
HOSPITAL OF			
PORT			
JEFFERSON NEW YORK INC			
INPATIENT ACUTE CARE	\$ 299.00	A,C	\$ 35.00
SMITHTOWN GENERAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 311.00	A	\$ 27.00
SOUTHAMPTON HOSPITAL			
INPATIENT ACUTE CARE	\$ 334.00	A	\$ 27.00
SOUTHSIDE HOSPITAL			
INPATIENT ACUTE CARE	\$ 301.00	A,C	\$ 30.00
ST CHARLES HOSPITAL			
INPATIENT ACUTE CARE	\$ 309.00	A	\$ 27.00
ST JOHNS EPISCOPAL HOSPITAL			
SMITHTOWN			
INPATIENT ACUTE CARE	\$ 352.00	A,B,C	\$ 35.00
UNIVERSITY HOSPITAL OF STONY			
BROOK			
INPATIENT ACUTE CARE	\$ 583.00	A,C	\$ 35.00

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NEW YORK CITY REGION
EFFECTIVE 01/01/83 - 12/31/83

	DAILY		EMERGENCY SER-
	RATE	EXCLUSIONS:	VICE ROOM RATE
ASTORIA GENERAL HOSPITAL INPATIENT ACUTE CARE	\$ 284.00	A,OTHER:EEG, NUCLEAR MEDICINE	\$ 27.00
BAPTIST MEDICAL CENTER OF NEW YORK INPATIENT ACUTE CARE	\$ 368.00	A	\$ 27.00
BAYLEY SETON HOSPITAL INPATIENT ACUTE CARE	\$ 710.00	ALL INCLUSIVE	\$ 35.00
BETH ISRAEL MEDICAL CENTER INPATIENT ACUTE CARE	\$ 531.00	A,OTHER: PHYSICIANS SERVICES	\$ 35.00
BOOTH MEMORIAL MEDICAL CENTER INPATIENT ACUTE CARE	\$ 472.00	A,B	\$ 35.00
BOULEVARD HOSPITAL INPATIENT ACUTE CARE	\$ 243.00	A,OTHER: NUCLEAR MEDICINE	\$ 26.00
BRONX-LEBANON HOSPITAL CENTER INPATIENT ACUTE CARE	\$ 430.00	A,C	\$ 30.00
BROOKDALE HOSPITAL MEDICAL CENTER INPATIENT ACUTE CARE	\$ 412.00	A,C	\$ 35.00
BROOKLYN HOSPITAL INPATIENT ACUTE CARE	\$ 489.00	A,OTHER: RADIOLOGICAL SURGICAL INTERVENTION PROCEDURES PHYSIOTHERAPY CONSULTANTS	\$ 27.00
CABRINI HEALTH CARE CTR INPATIENT ACUTE CARE	\$ 437.00	A,B,C, OTHER: EEG,	\$ 35.00

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NEW YORK CITY REGION
EFFECTIVE 01/01/83 - 12/31/83

	DAILY		EMERGENCY SER- VICE
	RATE	EXCLUSIONS:	ROOM RATE
		EKG, RADIOISOTOPES, ULTRASOUND	
CALEDONIAN HOSPITAL OF THE CITY OF NY			
INPATIENT ACUTE CARE	(SEE BROOKLYN HOSPITAL)		
CALVARY HOSPITAL			
INPATIENT ACUTE CARE	\$ 384.00	ALL INCLUSIVE	NO E.R. SERVICE
CATHOLIC MEDICAL CENTER			
INPATIENT ACUTE CARE	\$ 490.00	ALL INCLUSIVE	\$ 27.00
COMMUNITY HOSPITAL OF BROOKLYN INC.			
INPATIENT ACUTE CARE	\$ 318.00	A,OTHER: NUCLEAR MEDICINE, ULTRASOUND	\$ 26.00
DEEPDALE GENERAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 290.00	A,B,C	\$ 26.00
DOCTORS HOSPITAL INC			
INPATIENT ACUTE CARE	\$ 385.00	A,C	\$ 35.00
DOCTORS HOSPITAL OF STATEN ISLAND			
INPATIENT ACUTE CARE	\$ 313.00	A	\$ 27.00
FLATBUSH GENERAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 306.00	A	\$ 26.00
FLUSHING HOSPITAL AND MEDICAL CENTER			
INPATIENT ACUTE CARE	\$ 370.00	A	\$ 30.00
H I P HOSPITAL INC			
INPATIENT ACUTE CARE	\$ 370.00	A	\$ 35.00
HOSPITAL FOR JOINT DISEASES			

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NEW YORK CITY REGION
EFFECTIVE 01/01/83 - 12/31/83

	DAILY		EMERGENCY SER-
	RATE	EXCLUSIONS:	VICE ROOM RATE
AND MEDICAL			
CENTER ORTHOPEDIC INSTITUTE			
INPATIENT ACUTE CARE	\$ 718.00	A,C	NO E.R. SERVICE
HOSPITAL FOR SPECIAL SURGERY			
INPATIENT ACUTE CARE	\$ 511.00	A,B	NO E.R. SERVICE
INSTITUTE OF REHAB MEDICINE			
NY UNIVERSITY			
REHABILITATION	\$ 403.00	A,C,D	NO E.R. SERVICE
JAMAICA HOSPITAL			
INPATIENT ACUTE CARE	\$ 412.00	A,B,D	\$ 27.00
JEWISH HOSPITAL AND MEDICAL CENTER			
OF BROOKLYN			
INPATIENT ACUTE CARE	\$ 452.00	A	\$ 35.00
JEWISH MEMORIAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 272.00	A	\$ 35.00
JOINT DISEASES NORTH			
GENERAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 407.00	ALL INCLUSIVE	\$ 35.00
KINGS HIGHWAY HOSPITAL			
INPATIENT ACUTE CARE	\$ 298.00	A,C	\$ 27.00
KINGSBROOK JEWISH MEDICAL			
CENTER			
INPATIENT ACUTE CARE	\$ 399.00	A,B,C	\$ 35.00
LENOX HILL HOSPITAL			
INPATIENT ACUTE CARE	\$ 468.00	A,C,OTHER: EMG	\$ 35.00
LONG ISLAND COLLEGE			
HOSPITAL			
INPATIENT ACUTE CARE	\$ 470.00	A,B,C	\$ 30.00
LONG ISLAND JEWISH-HILLSIDE			
MED CTR			
INPATIENT ACUTE CARE	\$ 490.00	A,B,OTHER:	\$ 35.00

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NEW YORK CITY REGION
EFFECTIVE 01/01/83 - 12/31/83

	DAILY		EMERGENCY SER- VICE
	RATE	EXCLUSIONS: CARDIAC- CATHERIZATION	ROOM RATE
LUTHERAN MEDICAL CENTER			
INPATIENT ACUTE CARE	\$ 381.00	A	\$ 30.00
MAIMONIDES MEDICAL CENTER			
INPATIENT ACUTE CARE	\$ 506.00	A,B	\$ 35.00
MANHATTAN EYE EAR AND THROAT HOSPITAL			
INPATIENT ACUTE CARE	\$ 473.00	A,B,C, OTHER: EKG	\$ 26.00**
MEDICAL ARTS CENTER HOSPITAL			
INPATIENT ACUTE CARE	\$ 302.00	A	\$ 26.00
MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES			
INPATIENT ACUTE CARE	\$ 751.00	ALL INCLUSIVE	NO E.R. SERVICE
METHODIST HOSPITAL OF BROOKLYN			
INPATIENT ACUTE CARE	\$ 435.00	A, OTHER: PSYCHIATRY	\$ 35.00
MISERICORDIA HOSPITAL MEDICAL CENTER			
INPATIENT ACUTE CARE	\$ 359.00	A,B,OTHER: CARDIO- PULMONARY, RENAL	\$ 35.00
MONTEFIORE HOSPITAL & MEDICAL CENTER			
INPATIENT ACUTE CARE	\$ 598.00	A,B, OTHER: NUCLEAR MEDICINE (RADIOISTOPES)	\$ 35.00
MOUNT SINAI HOSPITAL			
INPATIENT ACUTE CARE	\$ 577.00	A,B, OTHER: EKG, NUCLEAR MEDICINE	\$ 30.00

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NEW YORK CITY REGION
EFFECTIVE 01/01/83 - 12/31/83

	DAILY		EMERGENCY SER- VICE
	RATE	EXCLUSIONS:	ROOM RATE
NY EYE AND EAR INFIRMARY			
INPATIENT ACUTE CARE	\$ 462.00	A	NO E.R. SERVICE
NEW YORK HOSPITAL AND PAYNE WHITNEY PSYCHIATRIC CLINIC			
INPATIENT ACUTE CARE	\$ 541.00	A,B. OTHER: SURGICAL PATHOLOGY, CYTOLOGY	\$ 35.00
NY INFIRMARY BEEKMAN DOWNTOWN HOSPITAL			
INPATIENT ACUTE CARE	\$ 494.00	ALL INCLUSIVE	\$ 35.00
NY UNIVERSITY MEDICAL CENTER			
INPATIENT ACUTE CARE	\$ 530.00	A,B,C	\$ 35.00
OSTEOPATHIC HOSPITAL AND CLINIC OF NEW YORK D/B/A HILLCREST GENERAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 309.00	A	\$ 27.00
PARKWAY HOSPITAL			
INPATIENT ACUTE CARE	\$ 298.00	A	\$ 27.00
PARSONS HOSPITAL			
INPATIENT ACUTE CARE	\$ 241.00	A,C	\$ 30.00
PELHAM BAY GENERAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 329.00	A,C	\$ 27.00
PENINSULA HOSPITAL CENTER			
INPATIENT ACUTE CARE	\$ 377.00	A,B,C,OTHER: NUCLEAR MEDICINE, ULTRASOUND RADIATION THERAPY	\$ 30.00

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NEW YORK CITY REGION
EFFECTIVE 01/01/83 - 12/31/83

	DAILY		EMERGENCY SER-
	RATE	EXCLUSIONS:	VICE ROOM RATE
PHYSICIANS HOSPITAL			
INPATIENT ACUTE CARE	\$ 278.00	A	\$ 26.00
PRESBYTERIAN HOSPITAL IN THE CITY OF NEW YORK			
INPATIENT ACUTE CARE	\$ 545.00	A,B	\$ 30.00
PROSPECT HOSPITAL			
INPATIENT ACUTE CARE	\$ 209.00	A	\$ 26.00
RICHMOND MEMORIAL HOSPITAL AND HEALTH CENTER			
INPATIENT ACUTE CARE	\$ 299.00	A	\$ 35.00
ROCKEFELLER UNIVERSITY HOSPITAL			
INPATIENT ACUTE CARE	\$ 278.00	ALL INCLUSIVE	NO E.R. SERVICE
ST BARNABAS HOSPITAL			
INPATIENT ACUTE CARE	\$ 366.00	B	\$ 35.00
ST CLARES HOSPITAL AND HEALTH CENTER			
INPATIENT ACUTE CARE	\$ 376.00	A,B,C	\$ 30.00
ST JOHNS EPISCOPAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 352.00	A,B,C	\$ 35.00
ST LUKES - ROOSEVELT HOSPITAL CENTER			
INPATIENT ACUTE CARE	\$ 485.00	A	\$ 30.00
DETOXIFICATION UNIT	\$ 181.00		
ST MARYS HOSPITAL OF BROOKLYN			
INPATIENT ACUTE CARE	\$ 474.00	ALL INCLUSIVE	\$ 35.00
ST VINCENTS HOSPITAL AND MEDICAL CENTER OF NY			
INPATIENT ACUTE CARE	\$ 493.00	A,B	\$ 27.00
ST VINCENTS MEDICAL CENTER			

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NEW YORK CITY REGION
EFFECTIVE 01/01/83 - 12/31/83

	DAILY		EMERGENCY SER-
	RATE	EXCLUSIONS:	VICE ROOM RATE
OF RICHMOND			
INPATIENT ACUTE CARE	\$ 362.00	B	\$ 35.00
STATE UNIVERSITY HOSPITAL DOWNSTATE MEDICAL CENTER			
INPATIENT ACUTE CARE	\$ 493.00	A,B	NO E.R. SERVICE
STATEN ISLAND HOSPITAL			
INPATIENT ACUTE CARE	\$ 472.00	A,B, OTHER: PULMONARY	\$ 35.00
TERRACE HEIGHTS HOSPITAL			
INPATIENT ACUTE CARE	\$ 266.00	A	\$ 27.00
UNION HOSPITAL OF THE BRONX			
INPATIENT ACUTE CARE	\$ 264.00	A,C	\$ 26.00
VICTORY MEMORIAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 305.00	A,B,C,OTHER: EKG	\$ 26.00
WESTCHESTER SQUARE HOSPITAL			
INPATIENT ACUTE CARE	\$ 367.00	A	\$ 35.00
WYCKOFF HEIGHTS HOSPITAL			
INPATIENT ACUTE CARE	\$ 328.00	A,C,OTHER: CARDIOLOGY	\$ 35.00
HEALTH AND HOSPITAL CORPORATION			
BELLEVUE HOSPITAL CENTER			
INPATIENT ACUTE CARE	\$ 527.00	ALL INCLUSIVE	\$ 35.00
EXCLUDING PHYSICIANS	\$ 513.00		
BRONX MUNICIPAL HOSPITAL CENTER			
INPATIENT ACUTE CARE	\$ 590.00	ALL INCLUSIVE	\$ 30.00
CITY HOSPITAL CENTER AT ELMHURST			
INPATIENT ACUTE CARE	\$ 514.00	ALL INCLUSIVE	\$ 27.00
EXCLUDING PHYSICIANS	\$ 488.00		
COLER MEMORIAL HOSPITAL			

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NEW YORK CITY REGION
EFFECTIVE 01/01/83 - 12/31/83

	DAILY		EMERGENCY SER-
	RATE	EXCLUSIONS:	VICE
			ROOM RATE
AND HOME			
INPATIENT ACUTE CARE	\$ 278.00	ALL INCLUSIVE	NO E.R. SERVICE
CONEY ISLAND HOSPITAL			
INPATIENT ACUTE CARE	\$ 491.00	A,C	\$ 30.00
EXCLUDING PHYSICIANS	\$ 480.00		
CUMBERLAND HOSPITAL			
INPATIENT ACUTE CARE	\$ 629.00	ALL INCLUSIVE	\$ 26.00
GOLDWATER MEMORIAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 237.00	ALL INCLUSIVE	NO E.R. SERVICE
HARLEM HOSPITAL CENTER			
INPATIENT ACUTE CARE	\$ 633.00	ALL INCLUSIVE	\$ 30.00
EXCLUDING PHYSICIANS	\$ 615.00		
KINGS COUNTY HOSPITAL			
CENTER			
INPATIENT ACUTE CARE	\$ 512.00	ALL INCLUSIVE	\$ 26.00
LINCOLN MEDICAL & MENTAL			
HEALTH CENTER			
INPATIENT ACUTE CARE	\$ 535.00	ALL INCLUSIVE	\$ 35.00
METROPOLITAN HOSPITAL			
CENTER			
INPATIENT ACUTE CARE	\$ 607.00	ALL INCLUSIVE	\$ 35.00
EXCLUDING PHYSICIANS	\$ 585.00		
NORTH CENTRAL BRONX			
HOSPITAL			
INPATIENT ACUTE CARE	\$ 637.00	ALL INCLUSIVE	\$ 35.00
QUEENS HOSPITAL CENTER			
INPATIENT ACUTE CARE	\$ 573.00	ALL INCLUSIVE	\$ 35.00
WOODHULL MEDICAL AND			
MENTAL HEALTH CENTER			
INPATIENT ACUTE CARE	\$ 647.00	ALL INCLUSIVE	\$ 35.00

**EFFECTIVE 1/1/82 - 12/31/83