

January 25, 1984

SUBJECT: INSURANCE

WITHDRAWN

CIRCULAR LETTER NO. 1 (1984)

DATED: January 25, 1984

TO: ALL INSURERS, AND SELF-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 September 1, 1983 through December 31, 1983.

Insurance Department Regulation No.83 at Section 68.2(b) provides that on and after January 1, 1978, the schedule of all-inclusive rates payable for hospital services and health-related services, provided pursuant to Section 671(1)(a) of the Insurance Law, shall be the rates approved by the Chairmen of the Workers' Compensation Board in accordance with the provisions of the Laws of 1977, Chapter 767, as amended.

For your information, the attached schedule of 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. Also attached is a Schedule of Outpatient Rates approved by the Chairman of the Workers' Compensation Board.

Accordingly, for your information the attached schedules of rates are the rates for no-fault cases for payment of hospital outpatient and inpatient services rendered on and after September 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 9/1/83 - 12/31/83

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
SEPTEMBER 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' Com-

pensation 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
 Gel foam
 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 09/01/83 - 12/31/83

	DAILY	EMERGENCY SER-
	RATE	VICE
	EXCLUSIONS:	ROOM RATE
ALLEGANY		
CUBA MEMORIAL HOSPITAL INC	\$ 253.00 ALL INCLUSIVE	\$ 27.00
INPATIENT ACUTE CARE		
MEMORIAL HOSPITAL OF WM F		
& GERTRUDE F JONES A/K/A		
JONES MEMORIAL		
INPATIENT ACUTE CARE	\$ 251.00 ALL INCLUSIVE	\$ 26.00
CATTARAUGUS		
OLEAN GENERAL HOSPITAL		
INPATIENT ACUTE CARE	\$ 252.00 A	\$ 35.00
SALAMANCA HOSPITAL		

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
WESTERN NEW YORK REGION
EFFECTIVE 09/01/83 - 12/31/83

	DAILY	EMERGENCY SER- VICE
	RATE	ROOM RATE
	EXCLUSIONS:	
DISTRICT AUTHORITY INPATIENT ACUTE CARE	\$ 183.00 ALL INCLUSIVE	\$ 27.00
ST FRANCIS HOSPITAL OF OLEAN INPATIENT ACUTE CARE	\$ 225.00 B, OTHER: ER PHYS	\$ 35.00
TRI-COUNTY MEMORIAL HOSPITAL INPATIENT ACUTE CARE	\$ 222.00 A,B	\$ 26.00
CHAUTAUQUA BROOKS MEMORIAL HOSPITAL INPATIENT ACUTE CARE	\$ 311.00 A,B	\$ 27.00
JAMESTOWN GENERAL HOSPITAL INPATIENT ACUTE CARE	\$ 228.00 A, B	\$ 26.00
LAKE SHORE HOSPITAL INC INPATIENT ACUTE CARE	\$ 209.00 B, OTHER: EKG	\$ 27.00
WESTFIELD MEMORIAL HOSPITAL INC INPATIENT ACUTE CARE	STRESS TESTING \$ 239.00 B	\$ 35.00
WOMANS CHRISTIAN ASSOCIATION INPATIENT ACUTE CARE	\$ 237.00 A, B	\$ 27.00

ERIE

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
WESTERN NEW YORK REGION
EFFECTIVE 09/01/83 - 12/31/83

	DAILY	EMERGENCY SER-
	RATE	VICE
	EXCLUSIONS:	ROOM RATE
BERTRAND CHAFFEE HOSPITAL INPATIENT ACUTE CARE	\$ 224.00 ALL INCLUSIVE	\$ 26.00
BUFFALO COLUMBUS HOSPITAL INPATIENT ACUTE CARE	\$ 271.00 ALL INCLUSIVE	\$ 26.00
BUFFALO GENERAL HOSPITAL INPATIENT ACUTE CARE	\$ 337.00 A	\$ 30.00
CHILDRENS HOSPITAL OF BUFFALO INPATIENT ACUTE CARE	\$ 360.00 A	\$ 26.00
ERIE COUNTY MEDICAL CENTER INPATIENT ACUTE CARE	\$ 366.00 A, B, C, D	\$ 35.00
KENMORE MERCY HOSPITAL INPATIENT ACUTE CARE	\$ 232.00 A, OTHER: EKG	\$ 27.00
LAFAYETTE GENERAL HOSPITAL INPATIENT ACUTE CARE	\$ 180.00 A, B	\$ 26.00
MERCY HOSPITAL OF BUFFALO INPATIENT ACUTE CARE	\$ 263.00 A, B	\$ 26.00
MILLARD FILLMORE HOSPITAL INPATIENT ACUTE CARE	\$ 287.00 A	\$ 30.00
OUR LADY OF VICTORY HOSPITAL OF LACKAWANNA		

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
WESTERN NEW YORK REGION
EFFECTIVE 09/01/83 - 12/31/83

	DAILY	EMERGENCY SERVICE
	RATE	ROOM RATE
INPATIENT ACUTE CARE	\$ 295.00 A, B, OTHER: ENDOSCOPY, STRESS TESTS--SONOGRAMS, ENDOCARDIOGRAMS, ELECTROMIOGRAPHS	\$ 30.00
ERIE ROSWELL PARK MEMORIAL INSTITUTE		
INPATIENT ACUTE CARE	\$ 442.00 ALL INCLUSIVE	NO E.R. SERVICE
SAINT FRANCIS HOSPITAL OF BUFFALO		
INPATIENT ACUTE CARE	\$ 183.00 A	\$ 27.00
SHEEHAN MEMORIAL EMER- GENCY HOSPITAL INC		
INPATIENT ACUTE CARE	\$ 257.00 A, B	\$ 35.00
SHERIDAN PARK HOSPITAL INC		
INPATIENT ACUTE CARE	\$ 211.00 A	\$ 26.00
SISTERS OF CHARITY HOSPITAL		
INPATIENT ACUTE CARE	\$ 233.00 A	\$ 35.00
ST JOSEPH INTERCOMMUNITY HOSPITAL		
INPATIENT ACUTE CARE	\$ 206.00 A	\$ 27.00

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
WESTERN NEW YORK REGION
EFFECTIVE 09/01/83 - 12/31/83

	DAILY RATE	EXCLUSIONS:	EMERGENCY SER- VICE ROOM RATE
GENESEE			
GENESEE MEMORIAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 208.00 A		\$ 27.00
ST JEROME HOSPITAL			
INPATIENT ACUTE CARE	\$ 210.00 A		\$ 30.00
NIAGARA			
DEGRAFF MEMORIAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 273.00 A, B		\$ 26.00
INTER-COMMUNITY MEMORIAL HOSPITAL AT NEWFANE INC			
INPATIENT ACUTE CARE	\$ 182.00 A		\$ 27.00
LOCKPORT MEMORIAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 207.00 A, B, OTHER: EKG, EEG,		\$ 30.00
MOUNT ST MARYS HOSPITAL OF NIAGARA FALLS			
INPATIENT ACUTE CARE	\$ 254.00 A	NUCLEAR MEDICINE	\$ 26.00
NIAGARA FALLS MEMORIAL MEDICAL CENTER			
INPATIENT ACUTE CARE	\$ 231.00 A		\$ 35.00
ORLEANS			
ARNOLD GREGORY MEMORIAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 252.00 A		\$ 26.00

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
WESTERN NEW YORK REGION
EFFECTIVE 09/01/83 - 12/31/83

	DAILY RATE	EXCLUSIONS:	EMERGENCY SER- VICE ROOM RATE
MEDINA MEMORIAL HOSPITAL INPATIENT ACUTE CARE	\$ 208.00	A, B	\$ 27.00
WYOMING			
WYOMING COUNTY COMMUNITY HOSPITAL			
INPATIENT ACUTE CARE	\$ 272.00	A, B	\$ 30.00
A-ANESTHESIOLOGIST, B-RADIOLOGIST, C-PHYSIOTHERAPIST, D-PATHOLOGIST			

WORKER'S COMPENSATION
HOSPITAL RATE SCHEDULE
ROCHESTER NEW YORK REGION
EFFECTIVE 09/01/83 - 12/31/83

	DAILY RATE	EXCLUSIONS	EMERGENCY SER- VICE ROOM RATE
CHEMUNG ARNOT-OGDEN MEMORIAL HOSPITAL	\$ 346.00	A, B*	\$ 30.00
ST JOSEPHS HOSPITAL OF ELMIRA	\$ 308.00	A	\$ 35.00
LIVINGSTON NICHOLAS H NOYES MEMORIAL HOSPITAL	\$ 393.00	A, B	\$ 30.00
MONROE			

WORKER'S COMPENSATION
HOSPITAL RATE SCHEDULE
ROCHESTER NEW YORK REGION
EFFECTIVE 09/01/83 - 12/31/83

	DAILY		EMERGENCY SER- VICE
	RATE	EXCLUSIONS	ROOM RATE
GENESEE HOSPITAL OF ROCHESTER INPATIENT ACUTE CARE	\$ 553.00	A, B	\$ 35.00
HIGHLAND HOSPITAL OF ROCHESTER INPATIENT ACUTE CARE	\$ 957.00	A, B	\$ 35.00
LAKESIDE MEMORIAL HOSPITAL INPATIENT ACUTE CARE	\$ 580.00	A, B	\$ 30.00
MONROE COMMUNITY HOSPITAL INPATIENT ACUTE CARE	\$ 547.00	ALL INCLUSIVE	NO E.R. SERVICE
PARK RIDGE HOSPITAL INPATIENT ACUTE CARE	\$ 1107.00	A, B, C	\$ 35.00
ROCHESTER GENERAL HOSPITAL INPATIENT ACUTE CARE	\$ 674.00	A, B	\$ 35.00
ST MARYS HOSPITAL OF ROCHESTER INPATIENT ACUTE CARE	\$ 680.00	A, B, C, OTHER: EKG	\$ 35.00
STRONG MEMORIAL HOSPITAL INPATIENT ACUTE CARE	\$ 617.00	ECHOCARDIOGRAMS, STRESS TESTING A, B	\$ 35.00
ONTARIO CLIFTON SPRINGS HOSPITAL			

WORKER'S COMPENSATION
HOSPITAL RATE SCHEDULE
ROCHESTER NEW YORK REGION
EFFECTIVE 09/01/83 - 12/31/83

	DAILY	EMERGENCY SER-
	RATE	VICE
		ROOM RATE
	EXCLUSIONS	
AND CLINIC		
INPATIENT ACUTE CARE	\$ 692.00 B	\$ 35.00
F F THOMPSON HOSPITAL		
INPATIENT ACUTE CARE	\$ 393.00 ALL INCLUSIVE	\$ 35.00
GENEVA GENERAL HOSPITAL		
INPATIENT ACUTE CARE	\$ 631.00 A	\$ 35.00
SCHUYLER		
SCHUYLER HOSPITAL		
INPATIENT ACUTE CARE	\$ 292.00 A, B	\$ 26.00
SENECA		
SENECA FALLS HOSPITAL		
INPATIENT ACUTE CARE	\$ 206.00 A	\$ 35.00
WATERLOO MEMORIAL HOSPIT-		
AL		
INC D/B/A TAYLOR-BROWN		
MEMORIAL HOSP		
INPATIENT ACUTE CARE	\$ 723.00 A	\$ 27.00
STEUBEN		
BETHESDA HOSPITAL		
INPATIENT ACUTE CARE	\$ 190.00 A, B, C	\$ 27.00
CORNING HOSPITAL		
INPATIENT ACUTE CARE	\$ 266.00 A	\$ 35.00
IRA DAVENPORT MEMORIAL		

WORKER'S COMPENSATION
HOSPITAL RATE SCHEDULE
ROCHESTER NEW YORK REGION
EFFECTIVE 09/01/83 - 12/31/83

	DAILY		EMERGENCY SER- VICE
	RATE	EXCLUSIONS	ROOM RATE
HOSPITAL INC			
INPATIENT ACUTE CARE	\$ 261.00	A, B	\$ 35.00
ST JAMES MERCY HOSPITAL			
INPATIENT ACUTE CARE	\$ 240.00	A, B	\$ 35.00
WAYNE			
MYERS COMMUNITY HOSPITAL FOUNDATION INC			
INPATIENT ACUTE CARE	\$ 246.00	A	\$ 35.00
NEWARK-WAYNE COMMUNITY HOSPITAL INC			
INPATIENT ACUTE CARE	\$ 387.00	A	\$ 35.00
YATES			
SOLDIERS AND SAILORS MEMORIAL HOSPITAL OF YATES COUNTY INC			
INPATIENT ACUTE CARE	\$ 608.00	A	\$ 30.00
A-ANESTHESIOLOGIST, B-RADIOLOGIST, C-PHYSIOTHERAPIST, D-PATHOLOGIST			

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
CENTRAL NEW YORK REGION
EFFECTIVE 09/01/83 - 12/31/83

	DAILY		EMERGENCY SER- VICE
	RATE	EXCLUSIONS:	ROOM RATE
BROOME			
OUR LADY OF LOURDES			

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
CENTRAL NEW YORK REGION
EFFECTIVE 09/01/83 - 12/31/83
DAILY

	RATE	EXCLUSIONS:	EMERGENCY SERVICE ROOM RATE
MEMORIAL HOSPITAL INPATIENT ACUTE CARE	\$ 334.00	A, B	\$ 27.00
UNITED HEALTH SERVICES INC			
INPATIENT ACUTE CARE	\$ 395.00	A, B	\$ 30.00
REHABILITATION	\$ 155.00	A, B	
CAYUGA AUBURN MEMORIAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 211.00	A	\$ 30.00
CHENANGO CHENANGO MEMORIAL HOSPITAL INC			
INPATIENT ACUTE CARE	\$ 298.00	A	\$ 30.00
CORTLAND CORTLAND MEMORIAL HOSPITAL INC			
INPATIENT ACUTE CARE	\$ 236.00	A,B,C	\$ 35.00
HERKIMER HERKIMER MEMORIAL HOSPITAL INC			
INPATIENT ACUTE CARE	\$ 195.00	A,B	\$ 26.00
LITTLE FALLS HOSPITAL INPATIENT ACUTE CARE	\$ 192.00	A,B,C,	\$ 35.00

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
CENTRAL NEW YORK REGION
EFFECTIVE 09/01/83 - 12/31/83
DAILY

	RATE	EXCLUSIONS:	EMERGENCY SER- VICE ROOM RATE
MOHAWK VALLEY GENERAL HOSPITAL INPATIENT ACUTE CARE	\$ 255.00	A	\$ 26.00
JEFFERSON CARTHAGE AREA HOSPITAL INC INPATIENT ACUTE CARE	\$ 230.00	B	\$ 30.00
EDWARD JOHN NOBLE HOSPITAL OF ALEXANDRIA BAY INPATIENT ACUTE CARE	\$ 258.00	B	\$ 27.00
HOUSE OF THE GOOD SAMARITAN INPATIENT ACUTE CARE	\$ 259.00	A,B	\$ 35.00
MERCY HOSPITAL OF WATERTOWN INPATIENT ACUTE CARE	\$ 274.00	A,B	\$ 35.00
LEWIS LEWIS COUNTY GENERAL HOSPITAL INPATIENT ACUTE CARE	\$ 316.00	B	\$ 35.00
MADISON COMMUNITY MEMORIAL HOSPITAL INC INPATIENT ACUTE CARE	\$ 200.00	A	\$ 27.00

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
CENTRAL NEW YORK REGION
EFFECTIVE 09/01/83 - 12/31/83
DAILY

	RATE	EXCLUSIONS:	EMERGENCY SERVICE ROOM RATE
ONEIDA CITY HOSPITAL INPATIENT ACUTE CARE	\$ 254.00	A, B	\$ 27.00
ONEIDA CHILDRENS HOSPITAL AND REHABILITATION CENTER REHABILITATION	\$ 233.00	A, C, OTHER, EMG, CARDIOLOGY	NO E.R. SERVICE
ONEIDA FAXTON HOSPITAL INPATIENT ACUTE CARE	\$ 239.00	A, C, OTHER: EMG, CARDIOLOGY	\$ 27.00
ROME HOSPITAL AND MURPHY MEMORIAL HOSPITAL INPATIENT ACUTE CARE	\$ 226.00	A, C	\$ 30.00
ROSE HOSPITAL INPATIENT ACUTE CARE	\$ 246.00	A	\$ 27.00
ST ELIZABETH HOSPITAL INPATIENT ACUTE CARE	\$ 382.00	A, B, C	\$ 35.00
* ST LUKES MEMORIAL HOSPITAL CENTER INPATIENT ACUTE CARE	\$ 276.00	A, B, C, OTHER: EKG, EEG	\$ 30.00
ONONDAGA			

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
CENTRAL NEW YORK REGION
EFFECTIVE 09/01/83 - 12/31/83
DAILY

	RATE	EXCLUSIONS:	EMERGENCY SERVICE ROOM RATE
COMMUNITY GENERAL HOSPITAL OF GREATER SYRACUSE INPATIENT ACUTE CARE	\$ 292.00	A, B, OTHER: NUCLEAR MEDICINE, NON-INVASIVE VASCULAR LAB	\$ 35.00
CROUSE - IRVING MEMORIAL HOSPITAL INPATIENT ACUTE CARE	\$ 380.00	A, B, D, OTHER: CARDIOLOGY, NUCLEAR MEDICINE, PSYCHIATRY, NEUROLOGY	\$ 35.00
ST JOSEPHS HOSPITAL HEALTH CENTER INPATIENT ACUTE CARE	\$ 370.00	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	\$ 270.00	A, B	\$ 35.00
OSWEGO ALBERT LINDLEY LEE MEMORIAL HOSPITAL			

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
CENTRAL NEW YORK REGION
EFFECTIVE 09/01/83 - 12/31/83
DAILY

	RATE	EXCLUSIONS:	EMERGENCY SER- VICE ROOM RATE
INPATIENT ACUTE CARE	\$ 280.00	A, B	\$ 30.00
OSWEGO HOSPITAL			
INPATIENT ACUTE CARE	\$ 217.00	A	\$ 35.00
ST LAWRENCE A BARTON HEPBURN HOSPITAL			
INPATIENT ACUTE CARE	\$ 286.00	A	\$ 27.00
CANTON-POTSDAM HOSPITAL			
INPATIENT ACUTE CARE	\$ 244.00	A	\$ 27.00
CLIFTON-FINE HOSPITAL			
INPATIENT ACUTE CARE	\$ 343.00	ALL INCLUSIVE	\$ 26.00
EDWARD JOHN NOBLE HOSPITAL OF GOUVERNEUR			
INPATIENT ACUTE CARE	\$ 328.00	ALL INCLUSIVE	\$ 30.00
MASSENA MEMORIAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 276.00	A	\$ 27.00
TIOGA TIOGA GENERAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 374.00	A	\$ 35.00
TOMPKINS TOMPKINS COUNTY HOSPITAL			

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
CENTRAL NEW YORK REGION
EFFECTIVE 09/01/83 - 12/31/83
DAILY

	RATE	EXCLUSIONS:	EMERGENCY SER- VICE ROOM RATE
INPATIENT ACUTE CARE	\$ 395.00 A, B		\$ 35.00
A-ANESTHESIOLOGIST, B-RADIOLOGIST, C-PHYSIOTHERAPIST, D-PATHOLOGIST			
*9/1/83 rate adjusted to reflect exclusion of radiologists Eff. 7/1/83			

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NORTHEASTERN NEW YORK REGION
EFFECTIVE 09/01/83 - 12/31/83
DAILY

	RATE	EXCLUSIONS:	EMERGENCY SER- VICE ROOM RATE
ALBANY ALBANY MEDICAL CENTER HOSPITAL INPATIENT ACUTE CARE	\$ 449.00 A, B, OTHER:		\$ 35.00
CHILDS HOSPITAL INPATIENT ACUTE CARE	\$ 242.00 A	ULTRASOUND	NO E.R. SERVICE
COHOES MEMORIAL HOSPITAL INPATIENT ACUTE CARE	\$ 264.00 A, B, C,		\$ 35.00
MEMORIAL HOSPITAL OF ALBANY INPATIENT ACUTE CARE	\$ 269.00 A, B, C, OTHER:		\$ 35.00

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NORTHEASTERN NEW YORK REGION
EFFECTIVE 09/01/83 - 12/31/83

DAILY

EMERGENCY SER-
VICE

RATE

EXCLUSIONS:

ROOM RATE

ULTRASOUND, NUCLEAR
MEDICINE

ST PETERS HOSPITAL
INPATIENT ACUTE
CARE

\$ 278.00 A, B

\$ 35.00

CLINTON
CHAMPLAIN VALLEY
PHYSICIANS HOSPITAL
MEDICAL CTR
INPATIENT ACUTE
CARE

\$ 196.00 A, B, OTHER: EKG

\$ 27.00

COLUMBIA
COLUMBIA MEMORIAL
HOSPITAL
INPATIENT ACUTE
CARE

\$ 294.00 B

\$ 30.00

DELAWARE
A LINDSAY & OLIVE B
OCONNOR HOSPITAL
INPATIENT ACUTE
CARE

\$ 378.00 A, C

\$ 26.00

COMMUNITY HOSPITAL
OF STAMFORD
INPATIENT ACUTE
CARE

\$ 236.00 A

\$ 26.00

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NORTHEASTERN NEW YORK REGION
EFFECTIVE 09/01/83 - 12/31/83

	DAILY RATE	EXCLUSIONS:	EMERGENCY SER- VICE ROOM RATE
DELAWARE VALLEY HOSPITAL INC INPATIENT ACUTE CARE	\$ 319.00	ALL INCLUSIVE	\$ 26.00
MARGARETVILLE MEMORIAL HOSPITAL INPATIENT ACUTE CARE	\$ 543.00	ALL INCLUSIVE	\$ 30.00
HE HOSPITAL INPATIENT ACUTE CARE	\$ 236.00	A,B, OTHER: ULTRASOUND, ELECTRO-CARDIOLOGY	\$ 30.00
ESSEX ELIZABETHTOWN COMMUNITY HOSPITAL INPATIENT ACUTE CARE	\$ 232.00	B, OTHER:	\$ 30.00
MOSES LUDINGTON HOSPITAL INPATIENT ACUTE CARE	\$ 430.00	ELECTROCARDIOLOGY ALL INCLUSIVE	\$ 35.00
PLACID MEMORIAL HOSPITAL INC INPATIENT ACUTE CARE	\$ 332.00	B	\$ 26.00

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NORTHEASTERN NEW YORK REGION
EFFECTIVE 09/01/83 - 12/31/83

DAILY

EMERGENCY SER-
VICE

RATE

EXCLUSIONS:

ROOM RATE

FRANKLIN

ALICE HYDE MEMORIAL
HOSPITAL
INPATIENT ACUTE
CARE

\$ 176.00 B

\$ 26.00

GENERAL HOSPITAL OF
SARANAC LAKE
INPATIENT ACUTE
CARE

\$ 200.00 A, B, C

\$ 27.00

FULTON

JOHNSTOWN HOSPITAL
INPATIENT ACUTE
CARE

\$ 231.00 A, C

\$ 35.00

NATHAN LITTAUER
HOSPITAL
INPATIENT ACUTE
CARE

\$ 233.00 A, B, C

\$ 30.00

GREENE

MEMORIAL HOSPITAL
AND NURSING HOME
OF GREENE COUNTY
INPATIENT ACUTE
CARE

\$ 276.00 B, C

\$ 35.00

MONTGOMERY

AMSTERDAM MEMORI-

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NORTHEASTERN NEW YORK REGION
EFFECTIVE 09/01/83 - 12/31/83

	DAILY RATE	EXCLUSIONS:	EMERGENCY SER- VICE ROOM RATE
AL HOSPITAL INPATIENT ACUTE CARE	\$ 240.00	A, C	\$ 27.00
ST MARYS HOSPITAL AT AMSTERDAM INPATIENT ACUTE CARE	\$ 328.00	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	\$ 435.00	ALL INCLUSIVE	\$ 30.00
RENSSELAER LEONARD HOSPITAL INPATIENT ACUTE CARE	\$ 235.00	A, B, C	\$ 35.00
SAMARITAN HOSPITAL OF TROY INPATIENT ACUTE CARE	\$ 230.00	A, B	\$ 30.00

WORKERS' COMPENSATION HOSPITAL RATE SCHEDULE NORTHEASTERN NEW YORK REGION EFFECTIVE 09/01/83 - 12/31/83		
DAILY		EMERGENCY SERVICE
RATE	EXCLUSIONS:	ROOM RATE
ST MARYS HOSPITAL OF TROY INPATIENT ACUTE CARE	\$ 178.00 A, B, C	\$ 30.00
SARATOGA ADIRONDACK REGIONAL HOSPITAL INPATIENT ACUTE CARE	\$ 238.00 B	\$ 26.00
SARATOGA HOSPITAL INPATIENT ACUTE CARE	\$ 268.00 A, B	\$ 35.00
SCHENECTADY BELLEVUE MATERNITY HOSPITAL INC INPATIENT ACUTE CARE	\$ 305.00 A	NO E.R. SERVICE
ELLIS HOSPITAL INPATIENT ACUTE CARE	\$ 373.00 A, B, C, OTHER: NUCLEAR MEDICINE, SPEC. HEMATOLOGY LAB	\$ 35.00
ST CLARES HOSPITAL OF SCHENECTADY		

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NORTHEASTERN NEW YORK REGION
EFFECTIVE 09/01/83 - 12/31/83

	DAILY RATE	EXCLUSIONS:	EMERGENCY SER- VICE ROOM RATE
INPATIENT ACUTE CARE	\$ 306.00	A, B, OTHER: NUCLEAR MEDICINE, GASTROENTEROLOGY PROCTOLOGY	\$ 30.00
SUNNYVIEW HOSPITAL AND REHABILITATION CENTER INPATIENT ACUTE CARE	\$ 230.00	A, B, C, D	NO E.R. SERVICE
SCHOHARIE COMMUNITY HOSPITAL OF SCHOHARIE COUNTY INC INPATIENT ACUTE CARE	\$ 249.00	C	\$ 35.00
WARREN GLENS FALLS HOSPITAL INPATIENT ACUTE CARE	\$ 252.00	A, B, OTHER: EMG	\$ 27.00
WASHINGTON EMMA LAING STEVENS HOSPITAL INPATIENT ACUTE CARE	\$ 207.00	ALL INCLUSIVE	\$ 35.00

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NORTHEASTERN NEW YORK REGION
EFFECTIVE 09/01/83 - 12/31/83

	DAILY RATE	EXCLUSIONS:	EMERGENCY SER- VICE ROOM RATE
MARY MCCLELLAN HOSPITAL INPATIENT ACUTE CARE	\$ 276.00 C		\$ 35.00
A-ANESTHESIOLOGIST, B-RADIOLOGIST, C-PHYSIOTHERAPIST, D-PATHOLOGIST			

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NORTHERN METROPOLITAN REGION
EFFECTIVE 09/01/83 - 12/31/83

	DAILY RATE	EXCLUSIONS:	EMERGENCY SER- VICE ROOM RATE
DUTCHESS HIGHLAND HOSPITAL OF BEACON INPATIENT ACUTE CARE	\$ 272.00 A		\$ 27.00
NORTHERN DUTCHESS HOSPITAL INPATIENT ACUTE CARE	\$ 239.00 A		\$ 35.00
ST FRANCIS HOSPITAL OF POUGHKEEPSIE INPATIENT ACUTE CARE	\$ 506.00 A, B		\$ 35.00
VASSAR BROTHERS HOSPITAL INPATIENT ACUTE CARE	\$ 284.00 A, B, OTHER: RADIATION THERAPY		\$ 30.00

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NORTHERN METROPOLITAN REGION
EFFECTIVE 09/01/83 - 12/31/83

	DAILY RATE	EXCLUSIONS:	EMERGENCY SER- VICE ROOM RATE
ORANGE			
ARDEN HILL HOSPITAL			
INPATIENT ACUTE CARE	\$ 219.00	A, OTHER: EMG	\$ 35.00
CORNWALL HOSPITAL			
INPATIENT ACUTE CARE	\$ 311.00	A,B, OTHER: NUCLEAR MEDICINE, ULTRASOUND	\$ 30.00
DOCTORS SUNNYSIDE HOSPITAL			
INPATIENT ACUTE CARE	\$ 231.00	ALL INCLUSIVE	\$ 30.00
E A HORTON MEMORIAL HOSPITAL			
INPATIENT ACUTE CARE	\$ 397.00	A	\$ 35.00
ST ANTHONY COMMUNITY HOSPITAL			
INPATIENT ACUTE CARE	\$ 317.00	A	\$ 35.00
ST FRANCIS HOSPITAL OF PORT JERVIS NEW YORK			
INPATIENT ACUTE CARE	\$ 275.00	A, C	\$ 26.00
ST LUKES HOSPITAL OF NEWBURGH			
INPATIENT ACUTE CARE	\$ 207.00	A	\$ 30.00
TUXEDO MEMORIAL HOSPITAL			

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NORTHERN METROPOLITAN REGION
EFFECTIVE 09/01/83 - 12/31/83

	DAILY	EMERGENCY SERVICE
	RATE	ROOM RATE
INPATIENT ACUTE CARE	\$ 226.00 A	\$ 35.00
PUTNAM		
JULIA BUTTERFIELD MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	\$ 319.00 A, C	\$ 35.00
PUTNAM COMMUNITY HOSPITAL		
INPATIENT ACUTE CARE	\$ 221.00 A	\$ 27.00
ROCKLAND		
GOOD SAMARITAN HOSPITAL OF SUFFERN		
INPATIENT ACUTE CARE	\$ 319.00 A, OTHER: EMG	\$ 35.00
HELEN HAYES HOSPITAL		
INPATIENT ACUTE CARE	\$ 779.00 ALL INCLUSIVE	NO E.R. SERVICE
NYACK HOSPITAL		
INPATIENT ACUTE CARE	\$ 337.00 A, B, OTHER: EMG	\$ 27.00
SUMMIT PARK HOSPITAL- ROCKLAND COUNTY INFIRMARY		
INPATIENT ACUTE CARE	\$ 241.00 ALL INCLUSIVE	NO E.R. SERVICE
PSYCHIATRIC CARE	\$ 175.00 ALL INCLUSIVE	NO E.R. SERVICE
SULLIVAN		
COMMUNITY GENERAL HOSPITAL OF SULLIVAN		

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NORTHERN METROPOLITAN REGION
EFFECTIVE 09/01/83 - 12/31/83

	DAILY	EMERGENCY SER- VICE
	RATE	ROOM RATE
COUNTY - HARRIS		
INPATIENT ACUTE CARE	\$ 335.00 A	\$ 35.00
COMMUNITY GENERAL HOSPITAL OF SULLIVAN COUNTY G HERMAN DIV		
INPATIENT ACUTE CARE	\$ 276.00 A	\$ 35.00
ULSTER		
BENEDICTINE HOSPITAL		
INPATIENT ACUTE CARE	\$ 319.00 A	\$ 35.00
ELLENVILLE COMMUNITY HOSPITAL		
INPATIENT ACUTE CARE	\$ 253.00 ALL INCLUSIVE	\$ 26.00
KINGSTON HOSPITAL		
INPATIENT ACUTE CARE	\$ 248.00 A	\$ 30.00
WESTCHESTER		
BLYTHEDALE CHILDRENS HOSPITAL		
INPATIENT ACUTE CARE	\$ 306.00 ALL INCLUSIVE	NO E.R. SERVICE
BURKE REHABILITATION CENTER		
INPATIENT ACUTE CARE	\$ 378.00 ALL INCLUSIVE	NO E.R. SERVICE
DOBBS FERRY HOSPITAL		
INPATIENT ACUTE CARE	\$ 474.00 A	\$ 26.00

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NORTHERN METROPOLITAN REGION
EFFECTIVE 09/01/83 - 12/31/83

	DAILY	EMERGENCY SERVICE
	RATE	ROOM RATE
LAWRENCE HOSPITAL INPATIENT ACUTE CARE	\$ 294.00 A	\$ 35.00
MOUNT VERNON HOSPITAL INPATIENT ACUTE CARE	\$ 296.00 A	\$ 30.00
NEW ROCHELLE HOSPITAL MEDICAL CENTER INPATIENT ACUTE CARE	\$ 662.00 A, B	\$ 35.00
NEW YORK HOSPITAL- CORNELL MEDICAL CENTER WESTCHESTER DIVISION PSYCHIATRIC CARE	\$ 311.00 ALL INCLUSIVE	NO E.R. SERVICE
NORTHERN WESTCHESTER HOSPITAL INPATIENT ACUTE CARE	\$ 410.00 A,B,C, OTHER: ULTRASOUND, CATSCANS, RADIATION THERAPY	\$ 35.00
PEEKSKILL HOSPITAL INPATIENT ACUTE CARE	\$ 288.00 A	\$ 30.00
PHELPS MEMORIAL HOSPITAL ASSOCIATION INPATIENT ACUTE CARE	\$ 355.00 A,B,C, OTHER: NUCLEAR MEDICINE, ULTRASOUND RADIOISO- TOPES	\$ 35.00

WORKERS' COMPENSATION HOSPITAL RATE SCHEDULE NORTHERN METROPOLITAN REGION EFFECTIVE 09/01/83 - 12/31/83 DAILY			EMERGENCY SER- VICE ROOM RATE
	RATE	EXCLUSIONS:	
ST AGNES HOSPITAL INPATIENT ACUTE CARE	\$ 327.00	A, C	\$ 35.00
ST JOHNS RIVERSIDE HOSPITAL INPATIENT ACUTE CARE	\$ 325.00	A, OTHER: EMG	\$ 26.00
ST JOSEPHS HOSPITAL YONKERS INPATIENT ACUTE CARE	\$ 377.00	ALL INCLUSIVE	\$ 35.00
ST VINCENTS HOSP AND MEDICAL CTR OF NY WESTCHESTER BRANCH PSYCHIATRIC CARE	\$ 265.00	A	NO E.R. SERVICE
UNITED HOSPITAL INPATIENT ACUTE CARE	\$ 419.00	A, B	\$ 30.00
WESTCHESTER COUNTY MEDICAL CENTER INPATIENT ACUTE CARE	\$ 565.00	A,B,C, OTHER: ALL PROF. SERVICES	\$ 35.00
WHITE PLAINS HOSPITAL MEDICAL CENTER INPATIENT ACUTE CARE	\$ 343.00	A, OTHER: ELECTRO- DIAGNOSTIC STUDIES	\$ 35.00
YONKERS GENERAL HOSPITAL			

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NORTHERN METROPOLITAN REGION
EFFECTIVE 09/01/83 - 12/31/83

	DAILY	EMERGENCY SERVICE
	RATE	ROOM RATE
INPATIENT ACUTE CARE	\$ 258.00 A, C	\$ 35.00
A-ANESTHESIOLOGIST, B-RADIOLOGIST, C-PHYSIOTHERAPIST, D-PATHOLOGIST		

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
LONG ISLAND REGION
EFFECTIVE 09/01/83 - 12/31/83

	DAILY	EMERGENCY SERVICE
	RATE	ROOM RATE
NASSAU		
CENTRAL GENERAL HOSPITAL		
INPATIENT ACUTE CARE	\$ 307.00 A, B	\$ 35.00
COMMUNITY HOSPITAL AT GLEN COVE		
INPATIENT ACUTE CARE	\$ 323.00 A	\$ 27.00
FRANKLIN GENERAL HOSPITAL		
INPATIENT ACUTE CARE	\$ 300.00 A	\$ 30.00
HEMPSTEAD GENERAL HOSPITAL		
INPATIENT ACUTE CARE	\$ 326.00 A, B, C	\$ 30.00
LONG BEACH MEMORIAL HOSPITAL		
INPATIENT ACUTE CARE	\$ 330.00 A	\$ 30.00

WORKERS' COMPENSATION HOSPITAL RATE SCHEDULE LONG ISLAND REGION EFFECTIVE 09/01/83 - 12/31/83 DAILY			
	RATE	EXCLUSIONS:	EMERGENCY SER- VICE ROOM RATE
LONG ISLAND JEWISH - HILLSIDE MEDICAL CENTER (MANHASSET DIV.) INPATIENT ACUTE CARE	\$ 396.00	A, OTHER: CARDIAC CATHERIZATION	\$ 35.00
LYDIA E HALL HOSPITAL INPATIENT ACUTE CARE	\$ 352.00	A, B, OTHER: NUCLEAR MEDICINE	\$ 30.00
MASSAPEQUA GENERAL HOSPITAL INPATIENT ACUTE CARE	\$ 404.00	A	\$ 30.00
MERCY HOSPITAL OF ROCKVILLE CENTER INPATIENT ACUTE CARE	\$ 307.00	A	\$ 35.00
MID-ISLAND HOSPITAL INPATIENT ACUTE CARE	\$ 311.00	A, C	\$ 27.00
NASSAU COUNTY MEDICAL CENTER EAST MEADOW DIV INPATIENT ACUTE CARE	\$ 508.00	ALL INCLUSIVE	\$ 30.00
NASSAU HOSPITAL INPATIENT ACUTE CARE	\$ 308.00	A,B,C	\$ 35.00
NORTH SHORE UNIVERSITY HOSPITAL INPATIENT ACUTE CARE	\$ 455.00	A	\$ 35.00

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE

LONG ISLAND REGION

EFFECTIVE 09/01/83 - 12/31/83

DAILY

EMERGENCY SER-
VICE

	RATE	EXCLUSIONS:	ROOM RATE
SOUTH NASSAU COMMUNITIES HOSPITAL INPATIENT ACUTE CARE	\$ 255.00 A		\$ 26.00
ST FRANCIS HOSPITAL OF ROSLYN INPATIENT ACUTE CARE	\$ 453.00 A, C		\$ 35.00
SUFFOLK BROOKHAVEN MEMORIAL HOSPITAL INPATIENT ACUTE CARE	\$ 341.00 A, C		\$ 35.00
BRUNSWICK HOSPITAL CENTER INC INPATIENT ACUTE CARE	\$ 393.00 A, C, OTHER: EKG, EEG, NUCLEAR SCANS SONO- GRAMS		\$ 35.00
REHABILITATION	\$ 320.00 A, C		
CENTRAL SUFFOLK HOSPITAL ASSOCIATION INPATIENT ACUTE CARE	\$ 255.00 A		\$ 27.00
EASTERN LONG ISLAND HOSPITAL INPATIENT ACUTE CARE	\$ 367.00 A		\$ 35.00
GOOD SAMARITAN HOSPITAL OF WEST ISLIP INPATIENT ACUTE CARE	\$ 301.00 A		\$ 30.00

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE

LONG ISLAND REGION

EFFECTIVE 09/01/83 - 12/31/83

DAILY

EMERGENCY SER-
VICE

RATE

EXCLUSIONS:

ROOM RATE

HUNTINGTON HOSPITAL
INPATIENT ACUTE CARE

\$ 293.00 A, OTHER: DIALYSIS,
CHEMOTHERAPY,
RESPIRATORY THERAPY

\$ 27.00

SUFFOLK

JOHN T MATHER

MEMORIAL HOSPITAL

OF PORT

JEFFERSON NEW

YORK INC

INPATIENT ACUTE CARE

\$ 291.00 A, C

\$ 35.00

SMITHTOWN GENERAL
HOSPITAL

INPATIENT ACUTE CARE

\$ 304.00 A

\$ 27.00

SOUTHAMPTON HOSPITAL

INPATIENT ACUTE CARE

\$ 333.00 A

\$ 27.00

SOUTHSIDE HOSPITAL

INPATIENT ACUTE CARE

\$ 301.00 A, C

\$ 30.00

ST CHARLES HOSPITAL

INPATIENT ACUTE CARE

\$ 300.00 A

\$ 27.00

ST JOHNS EPISCOPAL

HOSPITAL SMITHTOWN

INPATIENT ACUTE CARE

\$ 285.00 A,B,C

\$ 35.00

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE

LONG ISLAND REGION

EFFECTIVE 09/01/83 - 12/31/83

DAILY

EMERGENCY SER-
VICE

RATE

EXCLUSIONS:

ROOM RATE

UNIVERSITY HOSPITAL
OF STONY BROOK

INPATIENT ACUTE CARE	\$ 562.00 A, C	\$ 35.00
A-ANESTHESIOLOGIST, B-RADIOLOGIST, C-PHYSIOTHERAPIST, D-PATHOLOGIST		

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE

NEW YORK CITY REGION

EFFECTIVE 09/01/83 - 12/31/83

DAILY

EMERGENCY SERVICE

RATE

EXCLUSIONS:

ROOM RATE

ASTORIA GENERAL
HOSPITAL

INPATIENT ACUTE CARE	\$ 301.00 A, OTHER:EEG, NUCLEAR MEDICINE	\$ 27.00
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BAPTIST MEDICAL
CENTER OF NEW YORK

INPATIENT ACUTE CARE	\$ 336.00 A	\$ 27.00
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BAYLEY SETON
HOSPITAL

INPATIENT ACUTE CARE	\$ 712.00 ALL INCLUSIVE	\$ 35.00
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BETH ISRAEL MEDICAL
CENTER

INPATIENT ACUTE CARE	\$ 326.00 A,OTHER: PHYSICIANS	\$ 35.00
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WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NEW YORK CITY REGION
EFFECTIVE 09/01/83 - 12/31/83

DAILY RATE	EXCLUSIONS: SERVICES	EMERGENCY SERVICE ROOM RATE
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BOOTH MEMORIAL
MEDICAL CENTER
INPATIENT ACUTE
CARE

\$ 564.00 A, B

\$ 35.00

BOULEVARD HOSPITAL
INPATIENT ACUTE
CARE

\$ 260.00 A, OTHER: NUCLEAR
MEDICINE

\$ 26.00

BRONX-LEBANON
HOSPITAL CENTER
INPATIENT ACUTE
CARE

\$ 446.00 A, C

\$ 30.00

BROOKDALE HOSPITAL
MEDICAL CENTER
INPATIENT ACUTE
CARE

\$ 273.00 A, C

\$ 35.00

BROOKLYN/CALEDONIA
HOSPITAL
INPATIENT ACUTE
CARE

\$ 580.00 A, OTHER:
RADIOLOGICAL
SURGICAL
INTERVENTION
PROCEDURES
PHYSIOTHERAPY
CONSULTANTS

\$ 27.00

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NEW YORK CITY REGION
EFFECTIVE 09/01/83 - 12/31/83

DAILY RATE	EXCLUSIONS:	EMERGENCY SERVICE ROOM RATE
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CABRINI HEALTH CARE
CTR
INPATIENT ACUTE
CARE

\$ 456.00	A,B,C, OTHER: EEG, EKG, RADIOISOTOPES, ULTRASOUND	\$ 35.00
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CALVARY HOSPITAL
INPATIENT ACUTE
CARE

\$ 394.00	ALL INCLUSIVE	NO E.R. SERVICE
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CATHOLIC MEDICAL
CENTER
INPATIENT ACUTE
CARE

\$ 566.00	ALL INCLUSIVE	\$ 27.00
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COMMUNITY HOSPITAL
OF BROOKLYN INC.
INPATIENT ACUTE
CARE

\$ 377.00	A, OTHER: NUCLEAR MEDICINE, ULTRASOUND	\$ 26.00
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DEEPPDALE GENERAL
HOSPITAL
INPATIENT ACUTE
CARE

\$ 306.00	A, B, C	\$ 26.00
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DOCTORS HOSPITAL

WORKERS' COMPENSATION HOSPITAL RATE SCHEDULE NEW YORK CITY REGION EFFECTIVE 09/01/83 - 12/31/83		
DAILY RATE	EXCLUSIONS:	EMERGENCY SERVICE ROOM RATE
INC INPATIENT ACUTE CARE	\$ 396.00 A, C	\$ 35.00
DOCTORS HOSPITAL OF STATEN ISLAND INPATIENT ACUTE CARE	\$ 310.00 A	\$ 27.00
FLATBUSH GENERAL HOSPITAL INPATIENT ACUTE CARE	\$ 337.00 A, C, OTHER: EEG, ULTRA SOUND, CATSCAN ECHONCEPHASO- GRAPHY*	\$ 26.00
FLUSHING HOSPITAL AND MEDICAL CENTER INPATIENT ACUTE CARE	\$ 363.00 A	\$ 30.00
H I P HOSPITAL INC INPATIENT ACUTE CARE	\$ 395.00 A	\$ 35.00
HOSPITAL FOR JOINT DISEASES AND MEDICAL CENTER ORTHOPEDIC INSTITUTE		

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NEW YORK CITY REGION
EFFECTIVE 09/01/83 - 12/31/83

	DAILY RATE	EXCLUSIONS:	EMERGENCY SERVICE ROOM RATE
INPATIENT ACUTE CARE	\$ 781.00	A, C	NO E.R. SERVICE
HOSPITAL FOR SPECIAL SURGERY INPATIENT ACUTE CARE	\$ 492.00	A,B	NO E.R. SERV
INSTITUTE OF REHAB MEDICINE NY UNIVERSITY REHABILITATION	\$ 392.00	A, C, D	NO E.R. SERVICE
INTERFAITH MEDICAL CENTER INPATIENT ACUTE CARE	\$ 515.00	A, B	\$ 35.00
JAMAICA HOSPITAL INPATIENT ACUTE CARE	\$ 447.00	A, B	\$ 27.00
JEWISH MEMORIAL HOSPITAL INPATIENT ACUTE CARE	\$ 283.00	A	\$ 35.00
JOINT DISEASES NORTH GENERAL HOSPITAL INPATIENT ACUTE CARE	\$ 440.00	ALL INCLUSIVE	\$ 35.00

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NEW YORK CITY REGION
EFFECTIVE 09/01/83 - 12/31/83

DAILY RATE	EXCLUSIONS:	EMERGENCY SERVICE ROOM RATE
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KINGS HIGHWAY
HOSPITAL
INPATIENT ACUTE
CARE

\$ 318.00 A,C

\$ 27.00

KINGSBROOK JEWISH
MEDICAL CENTER
INPATIENT ACUTE
CARE

\$ 435.00 A,B,C

\$ 35.00

LENOX HILL
HOSPITAL
INPATIENT ACUTE
CARE

\$ 486.00 A, C, OTHER: EMG

\$ 35.00

LONG ISLAND
COLLEGE HOSPITAL
INPATIENT ACUTE
CARE

\$ 495.00 A,B,C

\$ 30.00

LONG ISLAND JEWISH-
HILLSIDE MED CTR
INPATIENT ACUTE
CARE

\$ 396.00 A,B,OTHER:

\$ 35.00

CARDIAC-
CATHERIZATION

LUTHERAN MEDICAL
CENTER
INPATIENT ACUTE
CARE

\$ 354.00 A

\$ 30.00

WORKERS' COMPENSATION HOSPITAL RATE SCHEDULE NEW YORK CITY REGION EFFECTIVE 09/01/83 - 12/31/83		
DAILY RATE	EXCLUSIONS:	EMERGENCY SERVICE ROOM RATE
MAIMONIDES MEDICAL CENTER INPATIENT ACUTE CARE	\$ 523.00 A, B	\$ 35.00
MANHATTAN EYE EAR AND THROAT HOSPITAL INPATIENT ACUTE CARE	\$ 467.00 A,B,C, OTHER: EKG	\$ 26.00*
MEDICAL ARTS CENTER HOSPITAL INPATIENT ACUTE CARE	\$ 335.00 A	\$ 26.00
MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES INPATIENT ACUTE CARE	\$ 732.00 ALL INCLUSIVE	NO E.R. SERVICE
METHODIST HOSPITAL OF BROOKLYN INPATIENT ACUTE CARE	\$ 445.00 A, OTHER: PSYCHIATRY	\$ 35.00
MISERICORDIA HOSPITAL MEDICAL CENTER		

WORKERS' COMPENSATION HOSPITAL RATE SCHEDULE NEW YORK CITY REGION EFFECTIVE 09/01/83 - 12/31/83		
DAILY RATE	EXCLUSIONS:	EMERGENCY SERVICE ROOM RATE
INPATIENT ACUTE CARE	\$ 568.00 A,B,OTHER: CARDIO- PULMONARY, RENAL	\$ 35.00
MONTEFIORE HOSPITAL & MEDICAL CENTER INPATIENT ACUTE CARE	\$ 639.00 A,B, OTHER: NUCLEAR MEDICINE (RADIOISTOPES)	\$ 35.00
MOUNT SINAI HOSPITAL INPATIENT ACUTE CARE	\$ 620.00 A,B, OTHER: EKG, NUCLEAR MEDICINE	\$ 30.00
NY EYE AND EAR INFIRMARY INPATIENT ACUTE CARE	\$ 520.00 A	NO E.R. SERVICE
NEW YORK HOSPITAL AND PAYNE WHITNEY PSYCHIATRIC CLINIC INPATIENT ACUTE CARE	\$ 521.00 A,B, OTHER: SURGICAL PATHOLOGY, CYTOLOGY	\$ 35.00

WORKERS' COMPENSATION HOSPITAL RATE SCHEDULE NEW YORK CITY REGION EFFECTIVE 09/01/83 - 12/31/83		
DAILY RATE	EXCLUSIONS:	EMERGENCY SERVICE ROOM RATE
NY INFIRMARY BEEKMAN DOWNTOWN HOSPITAL INPATIENT ACUTE CARE	\$ 472.00 ALL INCLUSIVE	\$ 35.00
NY UNIVERSITY MEDICAL CENTER INPATIENT ACUTE CARE	\$ 760.00 A,B,C	\$ 35.00
OSTEOPATHIC HOSPITAL AND CLINIC OF NEW YORK D/B/A HILLCREST GENERAL HOSPITAL INPATIENT ACUTE CARE	\$ 380.00 A	\$ 27.00
PARKWAY HOSPITAL INPATIENT ACUTE CARE	\$ 319.00 A	\$ 27.00
PARSONS HOSPITAL INPATIENT ACUTE CARE	\$ 296.00 A, C	\$ 30.00
PELHAM BAY GENERAL HOSPITAL INPATIENT ACUTE CARE	\$ 373.00 A, C	\$ 27.00

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NEW YORK CITY REGION
EFFECTIVE 09/01/83 - 12/31/83

DAILY RATE	EXCLUSIONS:	EMERGENCY SERVICE ROOM RATE
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PENINSULA HOSPITAL
CENTER
INPATIENT ACUTE
CARE

\$ 430.00	A, B, C, OTHER: NUCLEAR MEDICINE, ULTRASOUND RADIATION THERAPY	\$ 30.00
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PHYSICIANS
HOSPITAL
INPATIENT ACUTE
CARE

\$ 297.00	A, OTHER: NUCLEAR MEDICINE*	\$ 26.00
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PRESBYTERIAN
HOSPITAL IN THE
CITY OF NEW YORK
INPATIENT ACUTE
CARE

\$ 612.00	A, B	\$ 30.00
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PROSPECT HOSPITAL
INPATIENT ACUTE
CARE

\$ 223.00	A	\$ 26.00
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RICHMOND MEMORIAL
HOSPITAL AND
HEALTH CENTER
INPATIENT ACUTE
CARE

\$ 224.00	A	\$ 35.00
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ROCKEFELLER

WORKERS' COMPENSATION HOSPITAL RATE SCHEDULE NEW YORK CITY REGION EFFECTIVE 09/01/83 - 12/31/83		
DAILY RATE	EXCLUSIONS:	EMERGENCY SERVICE ROOM RATE
UNIVERSITY HOSPITAL INPATIENT ACUTE CARE	\$ 575.00 ALL INCLUSIVE	NO E.R. SERVICE
ST BARNABAS HOSPITAL INPATIENT ACUTE CARE	\$ 525.00 B	\$ 35.00
ST CLARES HOSPITAL AND HEALTH CENTER INPATIENT ACUTE CARE	\$ 398.00 A, B, C	\$ 30.00
ST JOHNS EPISCOPAL HOSPITAL INPATIENT ACUTE CARE	\$ 285.00 A, B, C	\$ 35.00
ST LUKES - ROOSEVELT HOSPITAL CENTER INPATIENT ACUTE CARE	\$ 473.00 A	\$ 30.00
DETOXIFICATION UNIT	\$ 182.00	
ST MARYS HOSPITAL OF BROOKLYN INPATIENT ACUTE		

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NEW YORK CITY REGION
EFFECTIVE 09/01/83 - 12/31/83

	DAILY RATE	EXCLUSIONS:	EMERGENCY SERVICE ROOM RATE
CARE	\$ 525.00	ALL INCLUSIVE	\$ 35.00
ST VINCENTS HOSPITAL AND MEDICAL CENTER OF NY INPATIENT ACUTE CARE	\$ 655.00	A, B	\$ 27.00
ST VINCENTS MEDICAL CENTER OF RICHMOND INPATIENT ACUTE CARE	\$ 355.00	B	\$ 35.00
STATE UNIVERSITY HOSPITAL DOWNSTATE MEDICAL CENTER INPATIENT ACUTE CARE	\$ 636.00	A, B	NO E.R. SERVICE
STATEN ISLAND HOSPITAL INPATIENT ACUTE CARE	\$ 608.00	A, B, OTHER: PULMONARY	\$ 35.00
TERRACE HEIGHTS HOSPITAL INPATIENT ACUTE CARE	\$ 275.00	A	\$ 27.00

WORKERS' COMPENSATION HOSPITAL RATE SCHEDULE NEW YORK CITY REGION EFFECTIVE 09/01/83 - 12/31/83		
DAILY RATE	EXCLUSIONS:	EMERGENCY SERVICE ROOM RATE
UNION HOSPITAL OF THE BRONX INPATIENT ACUTE CARE	\$ 260.00 A, C	\$ 26.00
VICTORY MEMORIAL HOSPITAL INPATIENT ACUTE CARE	\$ 302.00 A, B, C, OTHER: EKG	\$ 26.00
WESTCHESTER SQUARE HOSPITAL INPATIENT ACUTE CARE	\$ 383.00 A	\$ 35.00
WYCKOFF HEIGHTS HOSPITAL INPATIENT ACUTE CARE	\$ 322.00 A, C, OTHER: CARDIOLOGY	\$ 35.00
HEALTH AND HOSPITAL CORPORATION		
BELLEVUE HOSPITAL CENTER INPATIENT ACUTE CARE	\$ 562.00 ALL INCLUSIVE	\$ 35.00
EXCLUDING PHYSICIANS	\$ 537.00	
BRONX MUNICIPAL		

WORKERS' COMPENSATION HOSPITAL RATE SCHEDULE NEW YORK CITY REGION EFFECTIVE 09/01/83 - 12/31/83		
DAILY RATE	EXCLUSIONS:	EMERGENCY SERVICE ROOM RATE
HOSPITAL CENTER INPATIENT ACUTE CARE	\$ 569.00 ALL INCLUSIVE	\$ 30.00
CITY HOSPITAL CENTER AT ELMHURST INPATIENT ACUTE CARE	\$ 496.00 ALL INCLUSIVE	\$ 27.00
EXCLUDING PHYSICIANS	\$ 461.00	
COLER MEMORIAL HOSPITAL AND HOME INPATIENT ACUTE CARE	\$ 266.00 ALL INCLUSIVE	NO E.R. SERVICE
CONEY ISLAND HOSPITAL INPATIENT ACUTE CARE	\$ 534.00 A, C	\$ 30.00
EXCLUDING PHYSICIANS	\$ 513.00	
CUMBERLAND HOSPITAL INPATIENT ACUTE CARE	\$ 609.00 ALL INCLUSIVE	\$ 26.00
GOLDWATER MEMORIAL HOSPITAL INPATIENT ACUTE		

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NEW YORK CITY REGION
EFFECTIVE 09/01/83 - 12/31/83

	DAILY RATE	EXCLUSIONS:	EMERGENCY SERVICE ROOM RATE
CARE	\$ 227.00	ALL INCLUSIVE	NO E.R. SERVICE
HARLEM HOSPITAL CENTER			
INPATIENT ACUTE CARE	\$ 708.00	ALL INCLUSIVE	\$ 30.00
EXCLUDING PHYSICIANS	\$ 680.00		
KINGS COUNTY HOSPITAL CENTER			
INPATIENT ACUTE CARE	\$ 533.00	ALL INCLUSIVE	\$ 26.00
LINCOLN MEDICAL & MENTAL HEALTH CENTER			
INPATIENT ACUTE CARE	\$ 617.00	ALL INCLUSIVE	\$ 35.00
METROPOLITAN HOSPITAL CENTER			
INPATIENT ACUTE CARE	\$ 614.00	ALL INCLUSIVE	\$ 35.00
EXCLUDING PHYSICIANS	\$ 581.00		
NORTH CENTRAL BRONX HOSPITAL			
INPATIENT ACUTE CARE	\$ 629.00	ALL INCLUSIVE	\$ 35.00

WORKERS' COMPENSATION
HOSPITAL RATE SCHEDULE
NEW YORK CITY REGION
EFFECTIVE 09/01/83 - 12/31/83

DAILY RATE	EXCLUSIONS:	EMERGENCY SERVICE ROOM RATE
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QUEENS HOSPITAL
CENTER
INPATIENT ACUTE
CARE

\$ 634.00 ALL INCLUSIVE

\$ 35.00

WOODHULL MEDICAL
AND MENTAL HEALTH
CENTER

INPATIENT ACUTE

CARE \$ 646.00 ALL INCLUSIVE

\$ 35.00

*EXCLUSION EFFECTIVE 1/1/83

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

A-ANESTHESIOLOGIST, B-RADIOLOGIST,
C-PHYSIOTHERAPIST, D-PATHOLOGIST