

November 4, 1991

SUBJECT: INSURANCE

WITHDRAWN

Circular Letter No. 18 (1991)

TO: ALL AUTOMOBILE SELF-INSURERS and INSURERS LICENSED TO WRITE AUTOMOBILE INSURANCE  
IN NEIL YORK

RE: UPDATED NO-FAULT REIMBURSEMENT SCHEDULES FOR HOSPITAL:

(A) INPATIENT SERVICES RENDERED ON & AFTER JULY 1, 1991

(B) OUTPATIENT SERVICES RENDERED ON & AFTER JULY 1, 1991

Pursuant to Regulation No. 83, 1NYCRR 68.2, the No-Fault rate schedules for reimbursing hospital services provided for under. Section 5102(0)(1) of the Insurance Law shall be for hospital:

(A) inpatient services in conformity with Section 2807-c of the Public Health, Law as amended and

(B) outpatient services, in conformity with Chapter 453 of the Laws of 1984.

This Circular Letter advises No-Fault insurers that the State, of New York Department of Health has calculated revised rates of reimbursement for the period July 1, 1991 through December 31, 1991 for hospital inpatient services incurred in 1991 and hospital outpatient services rendered July 1, 1991 through June 30, 1992.

Attached is a copy of the outpatient fee schedule. In addition, upon receipt of a written request from the senior claims officer of your company, the Insurance Department will furnish one copy of the 1991 DRG data to your Company. Since this data has been provided, to Workers' Compensation insurers, please request it only if you have not previously received it from another source. You should make this information available to all your claims personnel who are responsible for, the review of hospital inpatient billings payable under the No-Fault law.

Written requests for the DRG, information- concerning inpatient hospital services can be sent to:

New York State Insurance Department

Property & Casualty insurance Bureau

160 West Broadway

New York, NY 10043-3393

ATTN: Ms. Hoda Nairooz, Senior Examiner

Any questions or problems with regard to the foregoing information should be brought to the attention of Ms.

Nairooz at telephone no. (212) 602-8720.

Very truly yours, [SIGNATURE]

SALVATORE R. CURIALE

SUPERINTENDENT OF INSURANCE

STATE OF NEW YORK

WORKERS' COMPENSATION BOARD

OFFICE OF THE CHAIRWOMAN

OUTPATIENT HOSPITAL FEE SCHEDULE

Effective 7/1/91 - 6/30/92

The proposed Outpatient Hospital Fee Schedule was prepared and established pursuant to Chapter 453 Laws of 1984 and will be filed in the Office of the Department of State. This schedule will constitute Sections 329.6 and 329.7 of Title 12 of the Official Compilation of Codes, Rules and Regulations of the State of New York.

These charges are for use in payment of claims under the Workers' Compensation Law, the Volunteer Firefighters' Benefit Law and the Volunteer Ambulance Workers' Benefit Law.

In accordance with the amendments to Sec. 2500-d(6) of the public health law, effective 1-1-91, a hospital designated as a regional poison control center shall no longer be entitled to an add-on fee as part of this schedule.

Barbara Patton

Chairwoman

WORKERS' COMPENSATION

OUTPATIENT HOSPITAL RATE SCHEDULE

WEST NEW YORK REGION

EFFECTIVE 7/1/91 - 6/30/92

EMERGENCY SERVICE

ROOM RATE

ALLEGANY

CUBA MEMORIAL HOSPITAL INC \$ 9000

MEMORIAL HOSPITAL OF WM F & GERTRUDE

F JONES A/K/A JONES

MEMORIAL \$ 47.00

CATTARAUGUS

OLEAN GENERAL HOSPITAL \$ 90.00

SALAMANCA HOSPITAL DISTRICT AUTHORITY \$ 71.00

## EMERGENCY SERVICE

## ROOM RATE

ST FRANCIS HOSPITAL OF OLEAN	\$ 45.00
TRI-COUNTY MEMORIAL HOSPITAL	\$ 90.00

## CHAUTAUQUA

BROOKS MEMORIAL HOSPITAL	\$ 61.00
LAKE SHORE HOSPITAL INC	\$ 67.00
WESTFIELD MEMORIAL HOSPITAL INC	\$ 52.00
WOMANS CHRISTIAN ASSOCIATION	\$ 46.00

## ERIE

BERTRAND CHAFFEE HOSPITAL	\$ 67.00
BUFFALO COLUMBUS HOSPITAL	\$ 90.00
BUFFALO GENERAL HOSPITAL	\$ 90.00
CHILDRENS HOSPITAL OF BUFFALO	\$ 61.00
ERIE COUNTY MEDICAL CENTER	\$ 90.00
KENMORE MERCY HOSPITAL	\$ 67.00
MERCY HOSPITAL. OF BUFFALO	\$ 58.00
MILLARD FILLMORE HOSPITAL	\$ 90.00
OUR LADY OF VICTORY HOSPITAL OF LACKAWANNA	\$ 90.00

## ROSWELL PARK MEMORIAL INSTITUTE

NO E.R. SERVICE

SHEEHAN MEMORIAL EMERGENCY HOSPITAL INC.	\$ 90.00
SISTERS OF CHARITY HOSPITAL	\$ 57.00
ST JOSEPH INTERCOMMUNITY HOSPITAL	\$ 90.00

## GENESEE

GENESEE MEMORIAL HOSPITAL	\$ 69.00
ST JEROME HOSPITAL	\$ 82.00

## EMERGENCY SERVICE

## ROOM RATE

## NIAGARA

DEGRAFF MEMORIAL HOSPITAL	\$ 64.00
INTER-COMMUNITY MEMORIAL HOSPITAL AT NEWFANE INC	\$ 47.00
LOCKPORT MEMORIAL HOSPITAL	\$ 77.00
MOUNT ST MARYS HOSPITAL OF NIAGARA FALLS	\$ 72.00
NIAGARA FALLS MEMORIAL MEDICAL CENTER	\$ 86.00

EMERGENCY SERVICE  
ROOM RATE

ORLEANS  
MEDINA MEMORIAL HOSPITAL \$ 79.00

WYOMING  
WYOMING COUNTY COMMUNITY HOSPITAL \$ 74.00

WORKERS' COMPENSATION  
OUTPATIENT HOSPITAL RATE SCHEDULE  
ROCHESTER NEW YORK REGION.  
EFFECTIVE 7/1/91 - 6/30/92

EMERGENCY SERVICE  
ROOM RATE

CHEMUNG  
ARNOT-OGDEN MEMORIAL HOSPITAL \$ 90.00  
ST JOSEPHS HOSPITAL OF ELMIRA \$ 90.00

LIVINGSTON  
NICHOLAS H NOYES MEMORIAL HOSPITAL \$ 66.00

MONROE  
GENESEE HOSPITAL OF ROCHESTER \$ 90.00  
HIGHLAND HOSPITAL OF ROCHESTER \$ 90.00  
LAKESIDE MEMORIAL HOSPITAL \$ 81.00  
MONROE COMMUNITY HOSPITAL NO E.R. SERVICE  
PARK RIDGE HOSPITAL \$ 85.00  
ROCHESTER GENERAL HOSPITAL \$ 82.00  
ST MARYS HOSPITAL OF ROCHESTER \$ 83.00  
STRONG MEMORIAL HOSPITAL \$ 90.00

ONTARIO  
CLIFTON SPRINGS HOSPITAL AND CLINIC \$ 90.00  
F F THOMPSON HOSPITAL \$ 90.00  
GENEVA GENERAL HOSPITAL \$ 76.00

	EMERGENCY SERVICE ROOM RATE
SCHUYLER	
SCHUYLER HOSPITAL	\$ 64.00
SENECA	
WATERLOO MEMORIAL HOSPITAL INC D/B/A TAYLOR-BROWN MEMORIAL HOSP	\$ 90.00
STEUBEN	
CORNING HOSPITAL	\$ 71.00
IRA DAVENPORT MEMORIAL HOSPITAL INC	\$ 90.00
ST JAMES MERCY HOSPITAL	\$ 57.00
WAYNE	
MYERS COMMUNITY HOSPITAL FOUNDATION INC	\$ 84.00
NEWARK-WAYNE COMMUNITY HOSPITAL INC	\$ 90.00
YATES	
SOLDIERS AND SAILORS MEMORIAL HOSPITAL OF YATES COUNTY INC	\$ 60.00
WORKERS' COMPENSATION OUTPATIENT HOSPITAL RATE SCHEDULE CENTRAL NEW YORK REGION EFFECTIVE 7/1/91 - 6/30/92	
	EMERGENCY SERVICE ROOM RATE
BROOME	
OUR LADY OF LOURDES MEMORIAL HOSPITAL	\$ 90.00
UNITED HEALTH SERVICES INC	\$ 89.00
CAYUGA	
AUBURN MEMORIAL HOSPITAL	\$ 64.00
CHENANGO	
CHENANGO MEMORIAL HOSPITAL INC	\$ 78.00

EMERGENCY SEVICE  
ROOM RATE

CORTLAND	
CORTLAND MEMORIAL HOSPITAL INC	\$ 61.00
HERKIMER	
LITTLE FALLS HOSPITAL	\$ 57.00
MOHAWK VALLEY GENERAL HOSPITAL	\$ 57.00
JEFFERSON	
CARTHAGE AREA HOSPITAL INC	\$ 89.00
EDWARD JOHN NOBLE HOSPITAL OF ALEXANDRIA BAY	\$ 74.00
HOUSE OF THE GOOD SAMARITAN	\$ 72.00
MERCY HOSPITAL OF WATERTOWN	\$ 90.00
LEWIS	
LEWIS COUNTY GENERAL HOSPITAL	\$ 70.00
MADISON	
COMMUNITY MEMORIAL HOSPITAL INC	\$ 63.00
ONEIDA CITY HOSPITAL	\$ 54.00
ONEIDA CHILDRENS HOSPITAL AND REHABILITATION CENTER	NO E.R. SERVICE
FAXTON HOSPITAL	\$ 51.00
ROME HOSPITAL AND MURPHY MEMORIAL HOSPITAL	\$ 68.00
ST ELIZABETH HOSPITAL	\$ 89.00
ST LUKES MEMORIAL HOSPITAL CENTER	\$ 12.00
ONONDAGA	
COMMUNITY GENERAL HOSPITAL OF GREATER SYRACUSE	\$ 90.00
GROUSE - IRVING MEMORIAL HOSPITAL	\$ 90.00
ST JOSEPHS HOSPITAL HEALTH CENTER	\$ 79.00
STATE UNIVERSITY HOSPITAL UPSTATE MEDICAL CENTER	\$ 90.00
OSWEGO	
ALBERT LINDLEY LEE MEMORIAL HOSPITAL	\$ 54.00
OSWEGO HOSPITAL	\$ 63.00

## 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	Lidocaine 2 percent with/without Epinephrine
Alcohol 70 percent	lidocaine 5 percent ointment
Alcohol swabs.	Lindane lotion (e.g. Kwell)
Antacid (e.g. Mylanta, Maalox, etc.)	Lubricating jelly.
Aspirin 325 mg. tablet	Magnesium Stilfsitf.
Aromatic Spirits of Ammonia	Meperidine injection (e.g. Demerol)
Atropine 2 percent Ophthalmic Solutioin	Merthiolate
Atropine 0.4 mg/ml	Neomycin and Polymyxin B Sulfates w/Hydrocortisone ophthalmic suspension (e.g. Cortisporin)
Bacitracin ointment	Nitroglycerin 0.4 mg. s. 1. tablet
Castor Oil	Nitroglycerin 0.6 mg. s. 1. tablet
Calamine lotion	Peppermint Spirit
Collodion Flexible	Petrolatum
Cold Cream	Providone-Iodine solution (e.g. Betadine),
Chilliest tablets	Pralidoxime Chloride (e.g. Protopam)
Dibucaine 1 percent ointment (e.g. Nupercainal)	Silver Nitrate Sticks
Epinephrine Injection	Silver Sulfadiazine cream (e.g. Silvadene)
Ethyl Chloride spray	Sodium Chloride - injection
Gelfoam	Sodium Chloride for
Glycerin suppository	
Hematest tablets	

Hydrocortisone 1 percent ointment	irrigation
	Sterile Water for irrigation
Hydrogen Peroxide	Talcum powder
Iodine	Tetanus Toxoid
Ipecac Syrup	Tuberculin PPD (1st and 2nd strength)
Lidocaine 2 percent viscous (e.g. Xylocaine)	Witch Hazel
Lidocaine 1 percent with/without Epinephrine	Zinc Oxide ointment

WORKERS' COMPENSATION

SCHEDULE OF RATES FOR OUTPATIENT HOSPITAL SERVICES

Effective 7/1/91 - 6/30/92

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 indicated in 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 indicated in 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
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

WORKERS' COMPENSATION	
OUTPATIENT HOSPITAL RATE SCHEDULE	
NORTHEASTERN NEW YORK REGION	
EFFECTIVE 7/1/91 - 6/30/92	
	EMERGENCY SERVICE
	ROOM RATE
SARATOGA	
ADIRONDACK REGIONAL HOSPITAL	\$ 90.00
SARATOGA HOSPITAL	\$ 67.00
SCHENECTADY	
BELLEVUE MATERNITY HOSPITAL INC	NO E.R. SERVICE
ELLIS HOSPITAL \$ 90.00	
ST CLARES HOSPITAL OF SCHENECTADY	\$ 59.00
SUNNYVIEW HOSPITAL AND REHABILITATION CENTER	NO E.R. SERVICE
SCHOHARIE	
COMMUNITY HOSPITAL OF SCHOHARIE COUNTY INC	\$ 90.00
WARREN	
GLENS FALLS HOSPITAL	\$ 86.00
WASHINGTON	
MARY MCCLELLAN HOSPITAL	\$ 78.00
	EMERGENCY SERVICE
	ROOM RATE
DUTCHESS	
NORTHERN DUTCHESS HOSPITAL	\$ 66.00
ST FRANCIS HOSPITAL OF BEACON	\$ 84.00
ST FRANCIS HOSPITAL OF POUGHKEEPSIE	\$ 90.00
VASSAR BROTHERS HOSPITAL	\$ 83.00
ORANGE	
ARDEN HILL HOSPITAL	\$ 67.00

	EMERGENCY SERVICE
	ROOM RATE
CORNWALL. HOSPITAL	\$ 88.00
E A HORTON MEMORIAL HOSPITAL	\$ 79.00
MERCY COMMUNITY HOSPITAL OF PORT JERVIS	\$ 90.00
ST ANTHONY COMMUNITY HOSPITAL	\$ 65.00
ST LUKES HOSPITAL OF NEWBURGH	\$ 84.00
PUTNAM	
JULIA BUTTERFIELD MEMORIAL HOSPITAL	\$ 62.00
PUTNAM COMMUNITY HOSPITAL	\$ 84.00
ROCKLAND	
GOOD SAMARITAN HOSPITAL OF SUFFERN	\$ 90.00
HELEN HAYES HOSPITAL	NO E.R. SERVICE
NYACK HOSPITAL	\$ 90.00
SUMMIT PARK HOSPITAL-ROCKLAND COUNTY INFIRMARY	NO E.R. SERVICE
SULLIVAN	
COMMUNITY GENERAL HOSPITAL OF SULLIVAN COUNTY-HARRIS DIV	\$ 75.00
COMMUNITY GENERAL HOSPITAL OF SULLIVAN COUNTY G HERMAN DIV	\$ 90.00
ULSTER	
BENEDICTINE HOSPITAL	\$ 75.00
ELLENVILLE COMMUNITY HOSPITAL	\$ 37.00
KINGSTON HOSPITAL	\$ 89.00
WESTCHESTER	
BLYTHEDALE CHILDRENS HOSPITAL	NO. E.R. SERVICE
BURKE REHABILITATION CENTER	NO E.R. SERVICE
DOBBS FERRY HOSPITAL	\$ 90.00
LAWRENCE HOSPITAL	\$ 90.00
WORKERS' COMPENSATION	
OUTPATIENT HOSPITAL RATE SCHEDULE	
CENTRAL NEW YORK REGION	

EFFECTIVE 7/1/91 - 6/30/92

## EMERGENCY SERVICE

## ROOM RATE

## ST LAWRENCE

A BARTON HEPBURN HOSPITAL	\$ 90.00
CANTON-POTSDAM HOSPITAL	\$ 66.00
CLIFTON-FINE HOSPITAL	\$ 47.00
EDWARD JOHN NOBLE HOSPITAL OF GOUVERNEUR	\$ 63.00
MASSENA MEMORIAL HOSPITAL	\$ 90.00

## TOMPKINS

TOMPKINS COUNTY HOSPITAL	\$ 55.00
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## WORKERS' COMPENSATION

## OUTPATIENT HOSPITAL RATE SCHEDULE

## NORTHEASTERN NEW YORK REGION

EFFECTIVE 7/1/91 - 6/30/92

## EMERGENCY SERVICE

## ROOM RATE

## ALBANY

ALBANY MEDICAL CENTER HOSPITAL	\$ 90.00
CHILDS HOSPITAL	NO E.R. SERVICE
MEMORIAL HOSPITAL OF ALBANY	\$ 90.00
ST PETERS HOSPITAL	\$ 90.00

## CLINTON

CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MEDICAL CTR	\$ 67.00
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## COLUMBIA

COLUMBIA - GREENE MEDICAL CENTER	\$ 76.00
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## DELAWARE

A LINDSAY & OLIVE B OCONNOR HOSPITAL	\$ 90.00
COMMUNITY HOSPITAL OF STAMFORD	\$ 90.00
DELAWARE VALLEY HOSPITAL INC	\$ 90.00
MARGARETVILLE MEMORIAL HOSPITAL	\$ 90.00

	EMERGENCY SERVICE
	ROOM RATE
THE HOSPITAL	\$ 71.00
ESSEX	
ELIZABETHTOWN COMMUNITY HOSPITAL	\$ 90.00
MOSES-LUDINGTON HOSPITAL	\$ 77.00
PLACID MEMORIAL HOSPITAL INC (ADIRONDACK MEDICAL CENTER)	\$ 90.00
FRANKLIN	
ALICE HYDE MEMORIAL HOSPITAL	\$ 88.00
GENERAL HOSPITAL OF SARANAC LAKE (ADIRONDACK MEDICAL CENTER)	\$ 90.00
FULTON	
NATHAN LITTAUER HOSPITAL	\$ 72.00
GREENE	
MEMORIAL HOSPITAL AND NURSING HOME OF GREENE COUNTY SEE COLUMBIA-GREENE MEDICAL CENTER	
MONTGOMERY	
AMSTERDAM MEMORIAL HOSPITAL	\$ 90.00
ST MARYS HOSPITAL AT AMSTERDAM	\$ 78.00
OTSEGO	
AURELIA OSBORN FOX MEMORIAL HOSPITAL	\$ 90.00
MARY IMOGENE BASSETT HOSPITAL	\$ 90.00
RENSSELAER	
LEONARD HOSPITAL	\$ 90.00
SAMARITAN HOSPITAL OF TROY	\$ 83.00
ST MARYS HOSPITAL OF TROY	\$ 90.00
WORKERS' COMPENSATION	
OUTPATIENT HOSPITAL RATE SCHEDULE	

## NEWYORK CITY REGION

EFFECTIVE 7/1/91 - 6/30/92

## EMERGENCY SERVICE

	ROOM RATE
ASTORIA GENERAL HOSPITAL	\$ 90.00
BAYLEY SETON HOSPITAL	\$ 90.00
BETH ISRAEL MEDICAL CENTER	\$ 90.00
BOOTH MEMORIAL MEDICAL CENTER	\$ 90.00
BRONX-LEBANON HOSPITAL CENTER	\$ 90.00
BROOKDALE HOSPITAL MEDICAL CENTER	\$ 90.00
BROOKLYN/CALEDONIAN HOSPITAL	\$ 90.00
CABRINI HEALTH CARE CTR	\$ 90.00
CALVARY HOSPITAL	NO E.R. SERVICE
CATHOLIC MEDICAL CENTER	\$ 90.00
COMMUNITY HOSPITAL OF BROOKLYN INC.	\$ 90.00
DEEPPDALE GENERAL HOSPITAL	\$ 59.00
DOCTORS HOSPITAL INC	\$ 90.00
DOCTORS HOSPITAL OF STATEN ISLAND	\$ 90.00
FLUSHING HOSPITAL AND MEDICAL CENTER	\$ 90.00
HIP HOSPITAL INC (LA GUARDIA)	\$ 90.00
HOSPITAL FOR JOINT DISEASES AND MEDICAL CENTER ORTHOPEDIC INSTITUTE	NO E.R. SERVICE
HOSPITAL FOR SPECIAL SURGERY	NO E.R. SERVICE
INSTITUTE OF REHAB MEDICINE NY	
UNIVERSITY (RUSK INSTITUTE)	NO E.R. SERVICE
INTERFAITH MEDICAL CENTER	\$ 90.00
JAMAICA HOSPITAL	\$ 90.00
JOINT DISEASES NORTH GENERAL HOSPITAL	\$ 90.00
KINGS HIGHWAY HOSPITAL	\$ 77.00
KINGSBROOK JEWISH MEDICAL CENTER	\$ 90.00
LENOX HILL HOSPITAL	\$ 90.00
LONG ISLAND COLLEGE HOSPITAL	\$ 90.00
LONG ISLAND JEWISH-HILLSIDE MED CTR	\$ 90.00
LUTHERAN MEDICAL CENTER	\$ 90.00
MAIMONIDES MEDICAL CENTER	\$ 90.00

	EMERGENCY SERVICE
	ROOM RATE
MANHATTAN EYE EAR AND THROAT HOSPITAL	\$ 71.00
MEDICAL ARTS CENTER HOSPITAL	\$ 90.00
MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES	\$ 90.00
METHODIST HOSPITAL OF BROOKLYN	\$ 90.00
MONTEFIORE HOSPITAL & MEDICAL CENTER	\$ 90.00
MOUNT SINAI HOSPITAL	\$ 90.00
NY EYE AND EAR INFIRMARY	\$ 46.00
NEW YORK HOSPITAL AND PAYNE	\$ 90.00
WHITNEY PSYCHIATRIC CLINIC	
NY INFIRMARY BEEKMAN DOWNTOWN HOSPITAL	\$ 84.00
NY UNIVERSITY MEDICAL CENTER - TISCH HOSPITAL	\$ 90.00
OUR LADY OF MERCY MEDICAL CENTER	\$ 90.00
PARKWAY HOSPITAL	\$ 90.00
PELHAM BAY GENERAL HOSPITAL	NO E.R. SERVICE
PENINSULA HOSPITAL CENTER	\$ 90.00
PRESBYTERIAN HOSPITAL IN THE CITY OF NEW YORK	\$ 90.00
RICHMOND MEMORIAL HOSPITAL AND HEALTH CENTER	\$ 90.00
ROCKEFELLER UNIVERSITY HOSPITAL	NO E.R. SERVICE
ST BARNABAS HOSPITAL	\$ 90.00
ST CLARES HOSPITAL AND HEALTH CENTER	\$ 90.00
ST JOHNS EPISCOPAL HOSPITAL (CHURCH CHARITY FOUNDATION)	\$ 90.00
ST LUKES - ROOSEVELT HOSPITAL CENTER	\$ 90.00
ST MARYS HOSPITAL OF BROOKLYN - SEE CATHOLIC MEDICAL CENTER	
ST VINCENTS HOSPITAL AND MEDICAL CENTER OF NY	\$ 90.00
ST VINCENTS MEDICAL CENTER OF RICHMOND	\$ 90.00
STATE UNIVERSITY HOSPITAL	NO E.R. SERVICE
DOWNSTATE MEDICAL CENTER	
STATEN ISLAND HOSPITAL	\$ 90.00

WORKERS' COMPENSATION

OUTPATIENT HOSPITAL RATE SCHEDULE

NORTHERN METROPOLITAN REGION

EFFECTIVE 7/1/91 - 6/30/92

	EMERGENCY SERVICE ROOM RATE
WESTCHESTER	
MOUNT VERNON HOSPITAL	\$ 90.00
NEW ROCHELLE HOSPITAL MEDICAL CENTER	\$ 90.00
NEW YORK HOSPITAL-CORNELL MEDICAL CENTER WESTCHESTER DIVISION	NO E.R. SERVICE
NORTHERN WESTCHESTER HOSPITAL	\$ 90.00
PEEKSKILL HOSPITAL	\$ 69.00
PHELPS MEMORIAL HOSPITAL ASSOCIATION	\$ 90.00
ST AGNES HOSPITAL	\$ 90.00
ST JOHNS RIVERSIDE HOSPITAL	\$ 90.00
ST JOSEPHS HOSPITAL YONKERS	\$ 69.00
ST VINCENTS HOSP AND MEDICAL CTR OF NY WESTCHESTER BRANCH	NO E.R. SERVICE
UNITED HOSPITAL	\$ 90.00
WESTCHESTER COUNTY MEDICAL CENTER	\$ 90.00
WHITE PLAINS HOSPITAL MEDICAL CENTER	\$ 90.00
YONKERS GENERAL HOSPITAL	\$ 90.00

WORKERS' COMPENSATION

OUTPATIENT HOSPITAL RATE SCHEDULE

LONG ISLAND REGION

EFFECTIVE 7/1/91 - 6/30/92

	EMERGENCY SERVICE ROOM RATE
NASSAU	
CENTRAL GENERAL HOSPITAL	\$ 90.00
COMMUNITY HOSPITAL AT GLEN COVE	\$ 90.00
FRANKLIN GENERAL HOSPITAL	\$ 90.00
HEMSTEAD GENERAL HOSPITAL	\$ 90.00
LONG BEACH MEMORIAL HOSPITAL	\$ 90.00
LONG ISLAND JEWISH - MEDICAL CENTER (MANHASSET DIV.)	\$ 90.00
MASSAPEQUA GENERAL HOSPITAL	\$ 90.00
MERCY HOSPITAL OF ROCKVILLE CENTRE	\$ 90.00

## EMERGENCY SERVICE

## ROOM RATE

MID - ISLAND HOSPITAL	\$ 90.00
NASSAU COUNTY MEDICAL CENTER	\$ 90.00
EAST MEADOW DIV	
NORTH SHORE UNIVERSITY HOSPITAL	\$ 90.00
SOUTH NASSAU COMMUNITIES HOSPITAL	\$ 76.00
ST FRANCIS HOSPITAL OF ROSLYN	\$ 90.00
SYOSSET COMMUNITY HOSPITAL	\$ 90.00
WINTHROP - UNIVERSITY HOSPITAL	\$ 90.00
(NASSAU HOSPITAL)	

## SUFFOLK

BROOKHAVEN MEMORIAL HOSPITAL	\$ 90.00
BRUNSWICK HOSPITAL CENTER INC	\$ 48.00
CENTRAL SUFFOLK HOSPITAL ASSOCIATION	\$ 90.00
COMMUNITY HOSPITAL OF WESTERN SUFFOLK	\$ 80.00
EASTERN LONG ISLAND HOSPITAL	\$ 90.00
GOOD SAMARITAN HOSPITAL OF WEST ISLIP	\$ 90.00
HUNTINGTON HOSPITAL	\$ 90.00
JOHN T MATHER MEMORIAL HOSPITAL OF	\$ 90.00
PORT JEFFERSON NEW YORK INC	
SOUTHAMTON HOSPITAL	\$ 90.00
SOUTHSIDE HOSPITAL	\$ 90.00
ST CHARLES HOSPITAL	\$ 90.00
ST JOHNS EPISCOPAL HOSPITAL SMITHTOWN	
(EPISCOPAL HEALTH SERVICE)	\$ 90.00
UNIVERSITY HOSPITAL OF STONY BROOK	\$ 90.00

## WORKERS' COMPENSATION

## OUTPATIENT HOSPITAL RATE SCHEDULE

## NEW YORK CITY REGION

EFFECTIVE 7/1/91 - 6/30/92

## EMERGENCY SERVICE

## ROOM RATE

UNION HOSPITAL OF THE BRONX	\$ 83.00
VICTORY MEMORIAL HOSPITAL	\$ 90.00

EMERGENCY SERVICE	
	ROOM RATE
WESTCHESTER SQUARE HOSPITAL	\$ 90.00
WYCKOFF HEIGHTS HOSPITAL	\$ 90.00
HEALTH AND HOSPITAL CORPORATION	
BELLEVUE HOSPITAL CENTER	\$ 90.00
BRONX MUNICIPAL HOSPITAL CENTER	\$ 90.00
CITY HOSPITAL CENTER AT ELMHURST	\$ 87.00
COLER MEMORIAL. HOSPITAL AND HOME	NO E.R. SERVICE
CONEY ISLAND HOSPITAL	\$ 90.00
GOLDWATER MEMORIAL HOSPITAL	NO E.R. SERVICE
HARLEM HOSPITAL CENTER	\$ 90.00
KINGS COUNTY HOSPITAL CENTER	\$ 64.00
LINCOLN MEDICAL & MENTAL HEALTH CENTER	\$ 90.00
METROPOLITAN HOSPITAL CENTER	\$ 90.00
NORTH CENTRAL BRONX HOSPITAL	\$ 90.00
QUEENS HOSPITAL CENTER	\$ 90.00
WOODHULL MEDICAL AND MENTAL HEALTH CENTER	\$ 90.00