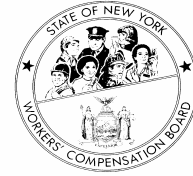




STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
100 BROADWAY – MENANDS
ALBANY, NY 12241
(518) 474-2686
e-mail: joe.salamone@wcb.state.ny.us



JOSEPH F. SALAMONE
DIRECTOR, HEALTH MANAGEMENT

May 11, 2006

Eye Surgery Center of Westchester
Attn: Jay Lippman
838 Pelhamdale Road
New Rochelle, NY 10801

Dear Mr. Lippman:

This is to inform you that the Workers' Compensation Board has issued updated Ambulatory Surgery Fee Schedule. (PAS Code #41)

This schedule has been adopted pursuant to Section 13, subdivision (a) of the Workers' Compensation Law and constitute Sections 329.4 and 329.5 of Title 12 of the Compilation of Codes, Rules and Regulations of the State of New York. The schedule covers ambulatory surgery charges effective April 5, 2006 through December 31, 2006. for services to patients under the Workers' Compensation Law, the Volunteer Firefighters' Benefit Law, the Volunteer Ambulance Workers' Benefit Law and the Comprehensive Motor Vehicle Repairs Act.

The schedule was prepared using the New York State Products of Ambulatory Surgery (PAS) methodology with the reimbursement level set at 150% of the rate promulgated by the New York State Health Department for Medicaid patients.

If I can be of further assistance please do not hesitate to contact me.

Sincerely,

Joseph Salamone, Director
Bureau of Health Management

Atch.
cc: File

OPCERT #5904203 Eye Surgery Center of Westchester Effective 4/05/06 - 12/31/06

Note: Does not include the 8.18% Surcharge

PAS GROUP #	RATE
1	\$1,197.90
2	1,000.74
3	1,807.73
4	2,306.31
5	748.23
6	1,658.00
7	0.00
8	0.00
9	0.00
10	0.00
11	0.00
12	0.00
13	0.00
14	0.00
15	0.00
16	0.00
17	0.00
18	0.00
19	0.00
20	0.00
21	0.00
22	0.00
23	0.00
24	0.00
25	0.00
26	0.00
27	0.00
28	0.00
29	0.00
30	0.00
31	0.00
32	0.00
33	0.00
34	0.00
35	0.00
36	0.00
37	0.00
38	0.00
39	0.00
40	833.30
41	0.00
42	0.00
45	0.00