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## **NOTICE OF PARTICIPATION IN HEALTH INSURANCE PLANS**

*Effective Date: 03/30/2015*

THIS NOTICE DISCLOSES THE HEALTH INSURANCE PLANS WITH WHOM SUFFOLK SURGERY CENTER IS A PARTICIPATING PROVIDER.

IN ACCORDANCE WITH NEW YORK LAW, YOU HAVE THE RIGHT TO RECEIVE THIS NOTICE PRIOR TO THE PROVISION OF NON-EMERGENCY SERVICES BY SUFFOLK SURGERY CENTER.

If you have any questions about this notice, please contact the Administrator at (631-205-9090).

HEALTH INSURANCE PLANS THAT SUFFOLK SURGERY CENTER PARTICIPATES IN AS A PARTICIPATING PROVIDER OR AS AN IN-NETWORK PROVIDER.

1. Aetna Health Plan
2. Affinity Health Plan
3. Beech Street Health Plan
4. Blue Cross Blue Shield

5. Blue Cross Blue Shield Pathway Exchange
6. Cigna Health Plan
7. Emblem Health
8. Emblem Health Select Care Exchange
9. Fidelis Care
10. GHI
11. Health Republic Exchange
12. Health First
13. Healthcare Partners
14. HIP
15. Local 1199
16. Magna Care
17. Medicaid
18. Medicare
19. No Fault
20. Oscar Health Exchange
21. United Healthcare
22. AARP
23. United Healthcare Empire
24. VSNY – Choice Care
25. Vytra Health Plan
26. Wellcare
27. Worker’s Compensation

**Acknowledgement of  
Receipt of Notice of the Health Insurance Plans with whom  
Suffolk Surgery Center is a Participating Provider**

This Notice of Participation in Health Insurance Plans provides information to you about the Health Insurance Plans that Suffolk Surgery Center participates in.

By signing this form, you acknowledge that you have received our Notice of Non-Participation in Health Insurance Plans.

\_\_\_\_\_  
Name of Patient or Patient Representative

\_\_\_\_\_  
Signature of Patient or Patient Representative

Date: \_\_\_\_\_