

**NOTICE OF RIGHT TO REQUEST INFORMATION ABOUT THE AMOUNT OR THE ESTIMATED AMOUNT THAT SUFFOLK SURGERY CENTER WILL BILL YOU IF THE SUFFOLK SURGERY CENTER IS NOT A PARTICIPATING PROVIDER IN YOUR HEALTH INSURANCE PLAN**

*Effective Date: March 30<sup>th</sup> 2015*

In accordance with New York State law, you have the right to receive this notice prior to the provision of non-emergency services by Suffolk Surgery Center.

1. If Suffolk Surgery Center is **not** a participating provider in your health insurance plan, then information regarding the amount or estimated amount that Suffolk Surgery Center will bill you for medical services is available to you upon request (so long as the medical service is not an emergency service).
2. Upon receipt of such a request from you, the Suffolk Surgery Center must disclose to you in writing the amount or estimated amount that it will bill you for the medical services provided or anticipated to be provided to you, absent unforeseen medical circumstances that may arise when the services are provided.

**THIS ONLY APPLIES IF THE SUFFOLK SURGERY CENTER IS NOT A PARTICIPATING PROVIDER IN YOUR HEALTH INSURANCE PLAN.**