



NOTICE OF PARTICIPATION IN HEALTH INSURANCE PLANS

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 ARE LISTED BELOW.

AARP
AETNA HEALTH PLAN
AFFINITY HEALTH PLAN
BEECH STREET HEALTH PLAN
BLUE CROSS BLUE SHIELD
BLUE CROSS BLUE SHIELD PATHWAY
EXCHANGE
CARE CONNECT
CIGNA HEALTH PLAN
ELDER PLAN
EMBLEM HEALTH
EMBLEM HEALTH SELECT CARE EXCHANGE
FIDELIS CARE
GHI
HEALTH FIRST
HEALTH FIRST PLATINUM LEAF PREMIER
HEALTH REPUBLIC EXCHANGE

HEALTHCARE PARTNERS
HIP
HUMANA/CHOICECARE
LOCAL 1199
MAGNA CARE
MEDICAID
MEDICARE
NO FAULT
OSCAR HEALTH EXCHANGE
OXFORD
UNITED HEALTHCARE
UNITED HEALTHCARE EMPIRE
VSNY – CHOICE CARE
VYTRA HEALTH PLAN
WELLCARE
WORKER'S COMPENSATION