



MANHATTAN
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59-25 Kissena Boulevard
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718.280.9788

gramercysurgery.com

Surprise Law Notification

In accordance with New York's "Emergency Medical Services and Surprise Bills" law, Gramercy Surgery Center (the "Center") must provide certain information to patients including the names of all health plans in which the Center participates. This law is intended to provide consumer protections against "surprise" medical bills received from out-of-network physicians/facilities in order to reduce costs to patients.

Gramercy Surgery Center participates in the following health plans:

Emblem Health (Including HIP + GHI)
Empire BlueCross/BlueShield Oxford
United Healthcare
Fidelis Care
Medicare
Health First
Humana

Since some health plans use smaller networks for their benefit programs, it is important to check whether Gramercy Surgery Center is a participating provider for your specific plan. You should contact the applicable health plan to confirm that Gramercy Surgery Center is participating with a particular benefit program. If a health plan does not appear on our listing, we do not participate with any of its benefit programs.

If the Center is not a participating provider with your health plan, any benefits available for your care will be provided on an out-of-network basis, which may result in additional costs to you. If we do not participate with your plan, you may request that the Center disclose in writing its fees, for which you will be responsible. Such fee disclosure is estimation only and is subject to unforeseen medical or other circumstances that may arise when the health care services are provided. To request a fee estimate, please contact Michelle Diaz (646.350.3338) or Sophia Chen (646.350.3311) or Catherine Gabriel (646.350.3307) in our Scheduling Department.

The following providers may be involved with your care at Gramercy Surgery Center. You should contact the provider(s) listed below or your health plan to determine if these provider(s) participate in your plan.

- Pathology: PathLine Laboratories <https://www.pathlinelabs.com>
- Anesthesia: AABP, LLP <http://aabpmed.com>



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ACKNOWLEDGMENT

If I am enrolled with a health plan in which Gramercy Surgery Center participates, my financial responsibility for the service(s) provided by the Center will be limited to the cost-sharing amounts (deductible, copayment, coinsurance, penalties) applicable to in-network benefits. Otherwise, I understand and agree that I am financially responsible for the full amount of the fee charged by the Center for the service(s) provided, reduced by any amounts paid directly to the Center by my health plan. I understand and agree that I must promptly endorse and submit to the Center any checks I receive from my health plan for the services provided by Gramercy Surgery Center.

Signature of Patient: _____

Printed Name of Patient: _____

Date: _____

Signature of Legal Guardian

Printed Name of Legal Guardian

Date