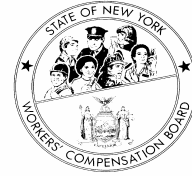




STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
100 BROADWAY – MENANDS
ALBANY, NY 12241
(518) 474-2686
e-mail: joe.salamone@wcb.state.ny.us



JOSEPH F. SALAMONE
DIRECTOR, HEALTH MANAGEMENT

June 6, 2006

Capital Region Ambulatory Surgery Center
1367 Washington Ave.
Albany, NY 12206

Dear Sir or Madam:

This is to inform you that the Workers' Compensation Board has issued updated Ambulatory Surgery Fee Schedule.

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 May 8, 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

cc: File

Note: Does not include the 8.18% Surcharge

PAS GROUP #	RATE
1	\$1,123.50
2	\$0.00
3	\$0.00
4	\$0.00
5	\$0.00
6	\$0.00
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	1,402.80
34	1,111.68
35	1,468.58
36	1,531.56
37	985.47
38	\$0.00
39	\$0.00
40	777.20
41	1,233.89
42	\$0.00
45	0.00