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PATIENT NOTIFICATION REQUIRED BY NY PUBLIC HEALTH LAW SECTION 24

I am not a participating physician in any healthcare plan. Because I am not a participating physician in any healthcare plan, your healthcare plan may (i) not cover out-of-network services at all, (ii) impose higher deductible and/or copayments for out-of-network services or (iii) reimburse you for a lesser amount than my fees. You are responsible for payment of the full fees regardless of what reimbursement you may or may not receive from your healthcare plan.

HEALTHCARE PLAN PARTICIPATION STATUS:

I am out of network and NOT a participating physician with any healthcare plans.

AVAILABILITY OF WRITTEN STATEMENT OF FEES

As I do not participate in the network of any healthcare plan, a written statement of fees for non-emergency services is available upon request.

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HOSPITAL AFFILIATIONS

I maintain affiliations with the following hospitals:

North Shore University Hospital - Manhasset