

Long Island Neurology Consultants

777 Sunrise Highway • Suite 200 • Lynbrook, New York 11563-2950
227 Franklin Avenue • Hewlett, New York 11557-1902
(516) 887-3516 • Fax (516) 887-0331

Lewis A. Levy, M.D.
Mark A. Nelson, D.O.
Eric J. Hanauer, M.D.
Stephen J. Roth, M.D.
Kristin M. Waldron, M.D.
Diplomates in Neurology

NEW YORK STATE “Surprise Bill Law”

There may be times when your neurological symptoms require us to refer you to the emergency room. We are affiliated with Mount Sinai South Nassau Hospital, however, at times you may be directed to go elsewhere. Though emergency care is often covered we cannot determine whether the hospital is in your insurance network. It is your responsibility to contact the hospital directly or your insurance carrier with respect to network participation.

In addition, we often refer our patients to other specialists for consultation and other facilities for diagnostic testing. You are required to contact their office or your insurance carrier for network participation and fees before scheduling an appointment.

OUR OFFICE PARTICIPATES WITH THE FOLLOWING INSURANCE NETWORKS:

- AETNA
- AGEWELL
- BLUE CROSS BLUE SHIELD
- CIGNA
- EMBLEMHEALTH HIP/GHI
- HEALTHCARE PARTNERS
- HUMANA
- MAGNACARE
- MEDICARE (Traditional)
- MULTIPLAN/PHCS
- NO-FAULT INSURANCE
- NORTHWELL PREMIUM IPA NETWORK
- NYC MEDICARE ADVANTAGE PLUS
- OSCAR
- PARTNERS DIRECT HEALTH (PDH)
- UNITED HEALTHCARE/OXFORD (Please note the UnitedHealthcare Medicare Complete Regional PPO plans I, II, and III consider us “Out of Network.” You will be responsible for higher cost sharing such as co-payments and co-insurance).

We do not accept MEDICAID MANAGED CARE PLANS in our office. We do not accept STATE MEDICAID AS PRIMARY coverage in our office, only as secondary coverage to Medicare.

Visit https://www.dfs.ny.gov/consumers/health_insurance/surprise_medical_bills
for more information about your rights under the NY State "No Surprise Bill Law."

For further information regarding insurance plans or self-pay fees please call our billing department at 516-887-3516 x116.

Date: _____

You have been referred to the following physician(s), facility, and/or hospital.
It is your responsibility to contact their office prior to scheduling an appointment to confirm network participation and associated fees. You may also check with your insurance carrier for network participation.

I hereby acknowledge that I have received information informing me of my rights as per the NY State "No Surprise Bill Law".

Patient Signature