

## **New York State Facility Fees Notification**

Your upcoming service with St. Peter's Surgery & Endoscopy Center will include one or more facility fees, the amount of which depends on the specific services rendered to you. Insurance coverage for such fees depends on your specific health insurance plan.

A recent change in New York State law requires that patients be notified of potential facility fees that may not be covered by a patient's health insurance. Facility fees cover a portion of your care within St. Peter's Surgery & Endoscopy Center, such as the cost of supplies, equipment, diagnostic tests, and/or services rendered by technicians, nurses, and other members of your care team. Facility fees do not cover the professional fees that are charged for the care provided by physicians and other medical professionals.

**This notice is not a bill for services rendered. There will be no change to the way, or the amounts, that St. Peter's Surgery & Endoscopy Center bills your health insurance.**

**The only thing that has changed is that New York State has mandated that St. Peter's Surgery & Endoscopy Center advise you in advance that your insurance carrier may not cover the entire bill.**

As has always been the case, all or a portion of St. Peter's Surgery & Endoscopy Center's bill (including any-facility fees) may be paid by your insurance carrier. The amount to be paid by your insurance carrier, if any, is based upon the specific insurance carrier policy information you have provided to us. If your carrier denies coverage for the services, if you or your carrier provide inaccurate coverage information, or if a condition in your insurance policy reduces payment, you may be billed for all or part of the facility fee. Again, this has always been applicable, and there will be no change to the way, or the amounts, that St. Peter's Surgery & Endoscopy Center bills your health insurance carrier.

If you are uninsured, or need help paying your bills, you may contact us at (518) 533-3420 for information on potential financial assistance.

**If English is not your primary language and you have difficulty communicating effectively in English, you may request a copy of this notice in another language.**

*This notice is required by NYS Public Health Law § 2830.*