



New Freestanding Ambulatory Surgery Center Form

New providers are required to submit the following:			
1	Cover letter providing the details of the request, signed by the provider's CEO/CFO and addressed to => Monique Grimm Director Bureau of Hospital & Clinic Rate Setting One Commerce Plaza, Room 1432 99 Washington Avenue Albany, New York 12210		
2	Copy of the Operating Certificate.		
3	Annual Visits / Procedures projected as part of the Certificate of Need (CON) process		
	<table border="1"> <thead> <tr> <th>Total Annual Medicaid Fee-for-Service Visits</th> </tr> </thead> <tbody> <tr> <td style="background-color: yellow;"></td> </tr> </tbody> </table>	Total Annual Medicaid Fee-for-Service Visits	
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