



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 Chief Health Care Fiscal Analyst 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"> <tr> <td data-bbox="1242 701 1497 821">Total Annual Medicaid Fee-for-Service Visits</td> </tr> <tr> <td data-bbox="1242 821 1497 896" style="background-color: yellow;"></td> </tr> </table>	Total Annual Medicaid Fee-for-Service Visits	
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