

# *Island Group Administration, Inc.*

3 Toilsome Lane

East Hampton, NY 11937

Phone: (631) 324-2306 \* Fax: (631) 329-0152

1 - 800 - 926 - 2306

## *Current Accounts and Co-Payments for Participating Providers*

	<b>PP Medical</b>	<b>Chiropractic Max</b>	<b>Psych Max</b>
<b>Buzz Chew/Carriage</b>	\$20 Co-Pay	\$20 Co-Pay 20 visits/PPO Only	N/A
<b>Town of East Hampton</b>	\$8 Per Procedure to a Max of 2 Procedures	\$8 Co-Pay Per Procedure Max 2 Procedures 40 visits	\$8 Co-Pay \$8 Co-Pay
<b>Eagle Auto</b>	\$15 Co-pay	\$15 Co-pay Medical review after 15 visits	\$15 Co-pay 60 visits
<b>Village of East Hampton</b>	\$10 Co-Pay	\$10 Co-Pay	\$15 Co-Pay 30 Visits
<b>Town of East Hampton PBA</b>	\$4Per Procedures to a Max of 2 Procedures	\$4 Co-Pay Per Procedure Max of 2 Procedure 40 Visits	\$4 Co-Pay
<b>Greenport UFSD</b>	\$12 Co-Pay Procedure to a Max of 2 Procedures	\$12 Co-pay determined Medical Necessity	\$15 Co-pay Coverage determined by Medical Necessity
<b>Mattituck Cutchogue UFSD</b>	\$10 Co-Pay	\$10 Co-pay coverage determined Medical Necessity	\$15 Co-Pay
<b>Marder's</b>	\$20 Co-pay	\$20 Co-pay	\$25 Co-pay
<b>ModularDevices</b>	\$10 Co-Pay	30 Visits \$15 Co-Pay 30 Visits	20 Visits \$20 Co-Pay 30 Visits
<b>Mt. Sinai UFSD</b>	\$11 Co-pay Per procedure Max of 2 procedures	#11 Co-pay coverage determined Medical Necessity	\$15 Co-pay Coverage determined Medical Necessity
<b>Sag Harbor Village</b>	\$5Co-Pay	\$5 Co-Pay	\$5 Co-Pay 30 Visits
<b>Sag Harbor Village PBA</b>	\$10 Co-pay	\$10 Co-pay 30 Visits	\$10 Co-pay 30 Visits
<b>Southhold Town</b>	\$10 Co-Pay	\$10 Co-Pay 30 Visits	\$10 Co-pay Coverage determined Medical Necessity
<b>Whitmores "1" POS</b>	\$15 Co-pay	\$15 Co-pay 30 Visits	Visits 1-3 \$15 Co-pay Visits 4-20 \$25 Co-pay
<b>Whitmore's "2" PPO</b>	\$15 Co-pay	\$15 Co-pay 30 Visits	Visits 1-3 \$15 Co-pay Visits 4-20 \$20 Co-pay
<b>William Floyd UFSD</b>	\$8 Co-Pay	\$8 Co-Pay(30 visits Max)	\$8Co-Pay25 visits
<b>William Floyd Teachers</b>	\$10 Co-Pay	\$10Co-Pay(30 Visits Max)	\$10 Co-Pay (30 Visits)
<b>William Floyd UFSD Security</b>	\$12 Co-pay Per procedure Max of 2 procedures	\$12 Co-pay coverage determined by Medical Necessity	\$15 Co-pay Coverage determined by medical Necessity

\*=Network Fee Schedule