

## We ACCEPT the following insurance cards ONLY:

If you do not have the accepted insurance: You may pay with Cash, Credit Card or Check.



BlueShield\*

Dependents
Dependent Two
Dependent Two
Dependent Tree

No. 987654
Blin 987654
Benefit Plan HIOPT
Effective Date 00/00/00

BlueShield\*

Dependent S
Dependent Two
Dependent Two
Dependent Tree

PPO
Office Visit \$15
Specialist Copy \$15
Emergency \$75
Deductible \$50

R

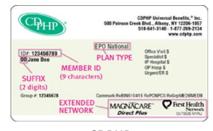


## **Anthem**



BlueShield Northeastern (BSNENY)
Highmark







BlueShield Western NY (BSWNY)

**Highmark** 



<u>CDPHP</u>

<u>Cigna</u>





**Empire BCBS or Empire BC** 

The Empire Plan (NYSHIP)

MVP







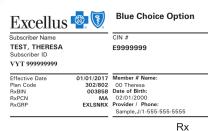
## **Medicaid**



Medicaid



**MEDICARE** 



<u>Aetna</u> <u>Fidelis</u> <u>Excellus</u>

Subject to Change