



Gotham Diagnostic Imaging P.C.

**3T OPEN IMAGING
OF WESTCHESTER**
a new imaging experience

3T Open MRI • Low Dose CT • Ultrasound • Digital X-Ray

1915-25 Central Park Ave.
Yonkers, NY 10710
914-961-1777
Fax 914-961-1887

| Tax ID 13-4313701 | | |
|--|--------------------------------|--|
| NPI-1265474779 | | |
| Insurance | Contact number | Precertification |
| (APWU) American Postal Workers- Only United Healthcare | 888/693-3211 | Dependent on plan -United Healthcare |
| AARP | | Not required |
| Aetna PPO | 800/624-0756 | No precert |
| Affinity MDCD FHP CHP | 866/247-5678 | pre cert required |
| Amalgamated (Alicare) | 800-332-5426 | Dependent on Insurance plan - contact Alicare Medical Management for Auths |
| AmeriHealth | 800/507-2359 | Precert required - call AmeriHealth |
| Atlantic Imaging Group of NY (AINY) | 973/451-9415 | Always required - carrier claim/case number required |
| Beech Street | 800/877-1444 | Dependent on plan - contact individual insurance carrier |
| BlueCross BlueShield | 866/316-3394 | Precert required through NIA |
| Cigna - HMO, POS | 800/859-5288 | Precert required through CareCore |
| Cigna - PPO | 800/832-3211 | Precert required through CareCore |
| Connecticare | 877/607-2363 | Precert required through NIA |
| Cypress Care | 800/419-7191 | Always required - carrier claim/case number required |
| Devon Health | 800/431-2273 | Dependent on plan - contact insurance carrier |
| Easy Choice ex Atlantis HP (COMMERCIAL ONLY) | 212/747-8479 MS PIN#1668691 | Precert required - call Easy Choice Health Plan |
| ElderPlan | 718/921-8418 | Not required |
| EmblemHeath - GHI EPO-PPO | 1800/624-2414 | Dependent on plan - contact individual insurance carrier |
| EMPIRE Plan of United Healthcare | 877/769-7447 | Precert required - call United Healthcare |
| Federal BlueCross BlueShield | 800/522-5566 | Precert required - call Federal BCBS |
| Fidelis | 888/343-3547 | All clms go thru NYNM DR. SINGER ONLY |
| GHI-HMO | 800/420-3471 | Precert required - call CareCore National |
| GHI-PPO/MDCR ADV | 800/420-3471 | Precert required - call CareCore National |
| Guardian PHCS | 800/950-7040 | Dependent on plan - contact insurance carrier |
| HealthFirst | | Precert required - call HealthFirst |
| HIP | 877/833-2729 | Yes. Please contact HIP for auth info. Dr. Lerner only |
| Horizon BCBS of New Jersey | 800/355-2583 | Required - call BCBS |
| Humana - GHI | 800/622-9529 | Contact insurance carrier |
| Local 1199 | 888/910-1199 | Precert required through MEDFOCUS |

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| Local 456 Teamsters | 914/592-9330 | Precert required - call Local 456 Teamsters |
| Medfocus | 800/782-7666 | Precert required - contact MEDFOCUS |
| Medicaid | 800/343-9000 | required |
| Medicare | 866/837-0241 | Not required |
| MultiPlan Network | 212/780-2000 | Dependent on plan - contact individual insurance carrier |
| MVP | 888/687-6277 | Precert required - CareCore Nat'l |
| NGS America third party administrator | 800/521-1555 | Dependent on plan - contact individual insurance carrier |
| No-Fault | n/a | Not required |
| One Call | 973/257-1000 | Always required - carrier claim/case number required |
| Oxford - Three Rivers | 800-666-1353 | Precert Required DR.LERNER ONLY |
| PHCS | 866/680-7427 | Dependent on plan - check patient's card or contact individual insurance carrier |
| POMCO - multiple group benefits-Three Rivers | SWSCHP: 866-975-4094 Other 800/234-4393 | Dependent on plan/patient's group benefits - contact insurance carrier - SWSCHP call 866-975-4094 |
| RailRoad Medicare | 877/288-7600 | Not required |
| Spreemo | 201/289-5764 | Always required - carrier claim/case number required |
| Three Rivers Network | http://www.trpnppo.com | Dependent on plan/patient's group benefits - contact insurance carrier |
| TRICARE - Champ VA | 877/874-2273 | Always confirm eligibility and requirements |
| Unicare-Three Rivers | 855-695-1590 | |
| United Heathcare Commercial products | 877/842-3210 | REQUIRED- provider relations rep Sharon West # 518 545 3073 |
| US Dept of Labor | | Always required - carrier claim/case number required |
| Workers Comp | | Always required - carrier claim/case number required |