



PROFESSIONAL DENTAL CARE

**Eastport South Manor
Group #135**

Summary of Benefit for Full-Time Members: Updated effective 01/01/19

Annual maximum \$2,500.00 individual

Effective 01/01/2019 \$50 deductible per covered person per calendar year, with a maximum total family deductible of \$150.00 per calendar year will apply to all services for In-Network and Out of Network.

Adult Ortho Lifetime max \$2,500.00 for enrolled members and eligible dependent children up to age 20. **Mandatory pre-authorization required.** Appliance \$500.00, Monthly \$68.75, Expanders \$350.00

Pre-Authorizations:

Any claims over \$500.00 is recommended.

Proof of full-time student handled by Sele-Dent, Inc. (19/23 years of age)

In Network:

Preventive & Basic 100%, and Major 100% of the Eastport South Manor fee schedule, after calendar year deductible is satisfied.

Out of Network:

Preventive 100%, Basic 80%, and Major 50% of Eastport South Manor fee schedule, after calendar year deductible is satisfied, member pays balance.

FREQUENCIES:

- **Examination:** 2 times per calendar year
- **Prophylaxis:** 2 times per calendar year
- **Bitewings:** Two sets per 6 months
- **Full mouth or Panoramic x-rays:** once every 3 years
- **Fluoride:** 2 times per calendar year, up to age 18
- **Sealants:** once every 3 years, covered up to age 16
- **Perio scaling:** once per calendar year, all four quads same day, no prophylaxis
- **Perio Maint:** 2 times per calendar year
- **Major work:** 5 years replacement on major
- **Arrestin:** no frequency
- **Full mouth debridement:** no frequency
- **Space Maintainers:** covered up to age 15
- **Implants:** mandatory pre-authorization
- **Missing Tooth:** Covered

Mailing Address:

One Huntington Quadrangle, Suite 1S03
Melville, NY 11747

Toll Free: (800) 520 - 3368

Phone: (516) 887 - 7566

Fax: (516) 887 - 7896

EASTPORT SOUTH MANOR TEACHERS ASSOCIATION BENEFIT TRUST FUND

IN-NETWORK PARTICIPATING FEE SCHEDULE

Proc Code	EXPLANATION OF CODE	Fee Amount	Proc Code	EXPLANATION OF CODE	Fee Amount	Proc Code	EXPLANATION OF CODE	Fee Amount
120	ORAL EXAM(PERIODIC)	25.00	2643	ONLAY-PORC/CERAMIC 3 SURFS	420.00	4270	PEDICALE SOFT TIS GRF	150.00
140	LIMITED ORAL EVALUATION	25.00	2710	CROWN ACRYLIC	435.00	4273	AUTO CONNECT TISSUE GRAFT	325.00
150	COMP ORAL EVALUATION	25.00	2720	CROWN ACRYLIC W/GOL	435.00	4274	DISTAL/PROXIMAL WEDGE	300.00
160	EXTENSIVE ORAL EXAM	50.00	2740	CROWN PORCELAIN	435.00	4275	SOFT TISSUE ALLOGRAFT	84.00
180	COMP PERIO EVAL	21.00	2750	CROWN PORCELAIN/ MET	645.00	4276	TISS & DOUBLE PEDICLE GRAFT	170.00
210	XRYS INT COMP SERIES	43.00	2780	CROWN GOLD ¾ CAST	425.00	4320	PROV SPLINTING INT	100.00
220	XRYS INT PER 1ST FILM	6.00	2790	CROWN GOLD(FULL)	535.00	4321	PROV SPLINTING EX	145.00
230	XRYS INT PER ADD FILM	5.00	2799	PROVISIONAL CROWN	200.00	4341	PERIO SCALING	127.00
240	XRYS INT OCCLUSAL	16.00	2840	TEMPORARY CROWN	126.00	4342	PERIO SCAL ROOT PLAN 1-3 TTH	15.75
250	XRYS-EXTRA ORAL	32.00	2910	RECEMENT INLAY	25.00	4355	FULL MOUTH DEBRIDEMENT	63.00
270	XRYS BITEWING EACH	7.00	2915	RECEMENT POST	15.00	4381	ACTISITE	40.00
272	XRYS 2 BITEWINGS	13.00	2920	RECEMENT CROWN	25.00	4910	PERIO PROPHYLAXIS	75.00
274	XRYS 4 BITEWINGS	25.00	2930	CROWN-STNLESS	115.00	5110	DENTURES-COMP UPPER	745.00
320	XRYS TEMPORO-MAND	45.00	2932	PREFABRICATED RESIN CROWN	70.00	5120	DENTURES COMP LOWER	745.00
322	TOMOGRAPHIC SURVEY	375.00	2940	SEDATIVE FILLING	25.00	5130	DENTURES IMM UPPER	800.00
330	XRYS PANORAMIC FILM	70.00	2950	CROWN-PIN	50.00	5140	DENTURES IMM LOWER	800.00
340	XRYS-CEPHAL FILM	45.00	2952	CRN-CAST POST/CORE	150.00	5211	PRTL DENT UPP 2 CLSP	700.00
364	CONE BEAM CT CAPTURE	150.00	2954	PREFABRICATED POST & CORE	150.00	5212	PRTL DENT LOW 2 CLSP	700.00
365	CONE BEAM CT CAP MANDIBLE	150.00	2955	POST REMOVAL	125.00	5213	PRTL DEN CAST 2 CLSP	735.00
366	CONE BEAM CT CAP MAXILLA	150.00	2960	LAMINATE	175.00	5214	PRTL DEN CAST 2 CLSP	735.00
431	ADJUNCTIVE PRE-DIAG TEST	50.00	2999	CROWN-TEMP-CRACKED	55.00	5225	PART UPP DENT-FLEX BASE	735.00
460	PULP VITALITY TEST	18.00	3110	PULP CAP DIRECT	23.00	5226	PART LOW DENT-FLEX BASE	735.00
470	DIAGNOSTIC STUDY	37.00	3120	PULP CAP INDIRECT	20.00	5281	PRTL DENT UNI REMOV	315.00
490	MISC TEST/LAB	28.00	3220	PULPOTOMY-THERAP	42.00	5410	ADJ COMPL DENT UPPER	60.00
1110	PROPHYLAXIS – ADULT	45.00	3221	VITAL PULPOTOMY-	55.00	5411	ADJ.COMPL. DENT LOWER	30.00
1120	PROPHYLAXIS – CHILD	35.00	3310	ROOT CANAL 1 CANAL	366.00	5421	PRTL DENT UPPER	30.00
1206	FLUORIDE TOPICAL VARNISH	20.00	3320	ROOT CANAL 2 CANALS	425.00	5422	PRTL DENT LOWER	20.00
1208	TOPICAL APPL FLUORIDE	20.00	3330	ROOT CANAL 3 CANALS	585.00	5511	REPAIR BROKE COMP MAND DENTURE	60.00
1310	DIET PLANNING	20.00	3331	ROOT CANAL OBSTRUCTION	175.00	5512	REPAIR BROKE COMP MAX DENTURE	60.00
1330	DENTAL HYGIENE INSTR	10.00	3346	RETREAT 1 CANAL	260.00	5520	REPLACE BROKEN TOOTH	58.80
1351	TOP APPL OF SEALANTS	20.00	3347	RETREAT 2 CANALS	425.00	5811	REPAIR PRTL MAND DENTURE	30.00
1510	SPACE MAINT FIXED UNI	142.00	3348	RETREAT 3 CANALS	585.00	5812	REPAIR PRTL MAX DENTURE	30.00
1515	FIXED SPACE MAINT	150.00	3351	RECALCIFICATION	150.00	5630	PRTL DENT ADD TTH	15.00
1520	SPACE MAINT-REMOVABLE	180.00	3410	PERIAPICAL APICECTOM	200.00	5640	DENT BRKN TTH	20.00
1525	SPACE MAINTAINER	180.00	3421	APICOECTOMY SEPARAT	135.00	5650	PRTL DENT ADD TTH	40.00
1550	RECEMENT SPACE MAINTAINER	42.00	3425	APICOECTOMY W/END M	300.00	5660	PRTL DENTADD'L CLASP	55.00
1555	REMOVAL OF FIXED SPACE MAIN	30.00	3426	APICOTECTOMY / ADD ROOT	72.00	5670	REATTACH CLASP	30.00
2140	AMALGAM 1 SURFACE	30.00	3430	RETROGRADE FILLING	75.60	5671	REP ALL TEETH (MANDI)	61.60
2150	AMALGAM 2 SURFACE	50.00	3450	ROOT AMPUTATION	160.00	5710	DENT COMP UP REBASE	190.00
2160	AMALGAM 3 SURFACE	70.00	3910	ISOLAT OF TTH W/RUBBER DAM	200.00	5711	DENT COMP LOWER REBASE	190.00
2161	AMALGAM 4 SURFACE	75.00	3920	ENDO-HEMISECTION	210.00	5720	DENT PART UPPER REBASE	160.00
2330	RESIN-BASED COMP/1SUF	50.00	3950	CANAL PREP FOR POST	60.00	5721	DENT PART LOWER REBASE	160.00
2331	RESIN-BASED COMP/2SUF	82.00	4210	GING PER QUADRANT	300.00	5730	RELINING COMPL UPPER	75.00
2332	RESIN-BASED COMP/3SUF	154.00	4211	GING PER SECTANT	150.00	5731	RELINING COMPL LOWER	75.00
2335	RESIN-BASED COMP/4SUF	154.00	4212	GINGIVECTOMY PER TOOTH	40.00	5740	DENT RELINE COMP UPPER	55.00
2391	RES BAS COMP 1 SURF POST	53.20	4231	ANATOMICAL CRN EXPOSURE	620.00	5741	DENT RELINE COMP LOWER	55.00
2392	RES BAS COMP 2 SURF POST	75.60	4240	GINGIVAL FLAP PROCEDURE	140.00	5750	RELINING COMP UPPER LAB	80.00
2393	RES BAS COMP 3 SURF POST	126.00	4241	GINGIVAL FLAP CURETTAGE	70.00	5751	RELINING COMP LOWER LAB	80.00
2394	RBC COMP 4 SURF OR MORE	170.00	4249	CROWN LENGTHENING	168.00	5760	DENT RELINE PRTL UPPER	70.00
2510	INLAY-METALLIC 1 SURF	264.00	4260	OSSEOUS SURGERY QUA	635.00	5761	DENT RELINE PRTL LOWER	70.00
2520	INLAY-METALLIC 2 SURF	312.00	4261	OSS SURG 1 TO 3 PER QUAD	227.50	5810	TEMP COMP UPPER DENT	80.00
2530	INLAY-METALLIC 3 SURF	390.00	4263	BONE REPLACE GRAFT FIRST QUAD	157.50	5811	TEMP COMP LOWER DENT	80.00
2544	ONLAY METALLIC PER	504.00	4264	BONE REPLACE GRAFT EACH ADD	157.50	5820	TEMP PART UPPER DENT	110.00
2610	INLAY-PORCELAIN 1SURF	150.00	4265	OSSEOUS TISSUE REGENERAT	84.00	5821	TEMP PART LOWER DENT	110.00
			4266	GUIDED TISSUE REGION	157.50	5850	TISSUE CONDITIONING UPPER	52.50
			4267	GUIDED TISSUE REG./ NON	280.00	5851	TISSUE CONDITIONING LOWER	52.50
			4268	SURGICAL REVISION, PER TTH	375.00	5860	OVERDENTURE COMPLETE	745.00
						5862	PRECISION ATTACHMENT	150.00

EASTPORT SOUTH MANOR TEACHERS ASSOCIATION BENEFIT TRUST FUND

IN-NETWORK PARTICIPATING FEE SCHEDULE

Code	EXPLANATION OF CODE	Amount	Code	EXPLANATION OF CODE	Amount
6210	BRIDGE CAST GOLD	192.00	7510	RAD INCIS INTRA ORAL	68.25
6212	BRIDGE STEEL FACING	110.00	7530	REMOVE FOREIGN BODY	125.00
6240	BRIDGE PORCE/METAL	542.00	7610	FRAC SIM MAXILLA OP	700.00
6241	BRIDGE TRU PONTIC	160.00	7620	FRAC SIM MAXILLA CL	480.00
6245	PONTIC PORCELAIN/CERAMIC	265.00	7630	FRAC SIMP MAND OPEN	730.00
6250	BRIDGE PLASTIC/METAL	520.00	7640	FRAC SIMP MAN CLOSED	850.00
6251	PONTIC RESIN BASE METAL	520.00	7650	MALAR/ZYG ARCH OPEN	850.00
6253	PROVISIONAL PONTIC	371.00	7660	MALAR/ZYG ARCH CLOS	310.00
6710	CROWN PLASTIC	250.00	7670	ALVEOLUS, RED SPLINT	200.00
6720	CROWN PLAS NON PREC	500.00	7671	ALVEOLUS - OPEN REDUCTION	154.00
6722	BRIDGE CROWN NOBLE METAL	435.00	7710	MAXILLA, OPEN	1000.00
6750	CROWN PORC NON PRE	620.00	7720	MAXILLA, CLOSED	475.00
6751	CROWN PORCELAIN	410.00	7730	MANDIBLE, OPEN	1025.00
6752	BRIDGE CROW PROC NOB MET	620.00	7750	MALAR/ZYG ARCH OPEN	462.00
6780	CROWN GOLD ¾ CAST	410.00	7760	MALAR/ZYG ARCH CLOS	199.50
6790	CROWN GOLD FULL CAS	530.00	7770	ALVEOLUS, RED SPLINT	155.50
6793	PROVISIONAL RETAINER CROWN	189.00	7771	FX ALEVEOLUS CLOSED REDUCT	154.00
6930	RECEMENT BRIDGE	40.00	7810	OPEN REDUC OF DISLOC	462.00
6940	STRESS BREAKER	70.00	7820	CLOS REDUC OF DISLOC	110.25
6950	PRECISION ATTACH	100.00	7830	MANIPU UNDER ANESTH	68.25
6985	PEDIATRIC PARTIAL DENT FIXED	38.50	7880	OCCLUS ORTHIC APPLIAN	105.00
7111	DECIDUOUS TOOTH EXTRACTIO	49.00	7910	SUTURE WOUND <2"	57.75
7140	ERUPT TTH EXPOSED ROOT EXT	91.00	7943	OSTEOTOMY-BONY GRAFT	450.00
7210	EXTRACT ERUOTED TTH	100.00	7950	OSTEOPERIOSTEAL by report	400.00
7220	EXTRACT IMPACT TTH	110.00	7951	SINUS AUGMENTATION	400.00
7230	EXTRACT IMPACT PART	160.00	7953	BONE REPLACEMENT GRAFT	250.00
7240	EXTRACT IMPACT FULL	245.00	7955	REPAIR MAXILLOFACIAL SOFT/HARD	400.00
7250	TOOTH RECOVERY	65.00	7960	FRENECTOMY	126.00
7260	ORAL ANT FISTULA	155.00	7972	SURGICAL REDUCTION OF FIBROUS	84.00
7261	MAX SINUSOTOMY	217.00	9110	PALLIATIVE TRTMENT	18.90
7270	TOOTH REIMPLANT	155.00	9210	LOCAL ANESTHESIA	15.75
7280	EXPOSE IMPACT UNCOPL	55.00	9211	REGIONAL BLOCK ANESTHESIA	29.40
7282	MOBILIZATION MALPOSITION TTH	189.00	9212	TRIGEMINAL DIV BLOCK ANES	39.90
7283	DEVICE FACILITATE ERRUPT IMF	250.00	9215	LOCAL ANEST W/OPER OR SURG	78.75
7285	BIOPSY HARD TISSUE	55.00	9222	DEEP SEDATION/ANALGESIA - FIRST 15 MIN	78.75
7286	BIOPSY SOFT TISSUE	35.00	9223	DEEP SEDATION/ANALGESIA - ADD15 MIN	78.75
7287	CYTOLOGY	77.00	9230	ANALGESIA	78.75
7290	SURGICAL REPOSITION	85.00	9243	INTRAVENOUS MODERATE SEDATION	78.75
7310	ALVEOL W/EXTRACT	90.00	9310	CONSULTATION	78.75
7311	ALVEOL UPPER JAW W/EXT	131.25	9450	CASE PRESENT DETAIL/EXTEN	105.00
7320	ALVEOL NON EXTRACT	135.00	9610	THERAPEUTIC DRUG INJ	40.00
7340	VESTIBIOPLASTY	60.00	9612	THERAP PARENTERAL DRUG	40.00
7350	PER ARCH COMPL	82.00	9911	DESENSITIZING RESIN PER TTH	30.00
7410	RADICAL EXCISION <5"	60.00	9940	OCCLUSAL GUARD	157.50
7411	EXC BENIGN LESION > 1.25 CM	84.00	9951	OCCLUSAL ADJUST	63.00
7412	EXC BENIGN LESION COMP	114.80	9952	OCCLUSAL ADJUST COM	141.75
7413	EXC MALIG LES UP TO 1.25 CM	114.80			
7450	ODO CYST <5"	131.25			
7451	ODO CYST >5"	189.00			
7472	REMOVAL OF TORUS PALATINUS	114.80			
7473	REMOVAL TORUS MANDIBULARI	154.00			
7485	SURG REDUCTION OF OSSEOUS	266.00			
7490	RADICAL RESECT MAND	1328.25			

ORTHODONTICS SERVICES
LIFETIME MAXIMUM OF \$ 2,500

6/8/2018

II	Group	LAST	FIRST	M
2		BAHARESTANI	MICHAEL	
2		BAHARESTANI	MICHAEL	
		SAKHAEE	ARTIN	
5		HALLAIAN	KEITH	
1	ALL County Oral and Max Surgery	CHAVKIN	ROSS	
1	JOHN P MELINKSI DMD	MELINSKI	JOHN	
1		GREENBERG	JONATHAN	
0	SACHEM DENTAL	MAZZOLA	PHILIP	
	SACHEM DENTAL	VOGELL	MICHAEL	
	SACHEM DENTAL	COMANDUCCI	ROBERT	
	SACHEM DENTAL	GENTILE	ANTHONY	
2	WYANDANCH DENTAL CENTER	GUPTA	PREETIKA	
4	SACHEM DENTAL	RAMIZ	CHAUDHRY	
4	SACHEM DENTAL	DITOLLA	CHRISTIAAN	
8	NY METRO DENTAL DBA NOW DENTAL			
	NY METRO DENTAL DBA PORT JEFF			
	NY METRO DENTAL DBA HAUPPAUGE			
	NY METRO DENTAL DBA FARMINGVILLE			
11-3417949		GITLIN	MICHAEL	
	DENTAL SMILES FOR KIDS			
2				
	DENTAL SMILES FOR KIDS			
2				
	DENTAL SMILES FOR KIDS			
2				
	SUNNY SMILES FOR KIDS			
2				
06-5469688		BLONDER	STEVEN	
13-7447444		ZAMER	BRADFORD	
1	SOUTH SHORE ENDODONTICS	BROWDY	DAVID	
81-1817473		ANAND	ERICA	
1	FLORAL PARK DENTAL CARE	GOLDSTEIN	JEFFREY	
1	VALLEY STREAM DENTAL	NASTASI	MICHAEL	
1	VALLEY STREAM DENTAL	CARR	BRIAN	
2	PANOSSIAN ORAL & MAX SURGERY	PANOSSIAN	GREG	
4	MERRICK ORAL SURGERY	SOH	JOHN	
4	MERRICK ORAL SURGERY	DABUNDO	STEVEN	
1	SUNRISE DENTAL	GIULIANI	ROGER	

8	ROSLYN FAMILY DENTAL	APOSTOL	DANIELLA	
8	ROSLYN FAMILY DENTAL	MIKHAYLOVA	YELENA	
	11-3339711	IZEN	JULIE	
9	ATLANTIC AVENUE DENTAL	COSCIA	SALVATORE	
	11-3107522	CANIANO	DANIELLA	
4	THE SMILIST DENTAL			
4	THE SMILIST DENTAL			
4	THE SMILIST DENTAL			
4	THE SMILIST DENTAL			
4	LEVITTOWN DENTAL GROUP	WEISS-CAMHI	KAREN	
8	WESTERN ISLAND DENTAL	COHEN	JONATHAN	
2	CHHATPAR FAMILY DENTISTRY	CHHATPAR	LEENA	
8	COMMACK PEDIATRIC DENTISTY	STERN	ROD	

Degree	SPECIALTY	ADDRESS 1	Address 2
DDS	ENDODONTIST	12 BOND STREET	
DDS	ENDODONTIST	283 COMMACK ROAD	#120
DDS	GENERAL DENTAL	283 COMMACK ROAD	#120
DMD	ORAL SURGEON	80 MAPLE AVENUE	STE 203
DDS	ORAL SURGEON	115 BROADHOLLOW RD	SUITE 200
DMD	PEDODONTIST	1825 MERRICK ROAD	
DMD	PERIODONTIST	111 SMITHTOWN BYPASS SUITE 102	
	GENERAL DENTAL	110 SMITHTOWN BLVD	SUITE 1
DDS	GENERAL DENTAL	110 SMITHTOWN BLVD	SUITE 1
DMD	GENERAL DENTAL	235 BOYLE ROAD	
DDS	GENERAL DENTAL	38 OAK ST	
DDS	GENERAL DENTAL	1521 STRAIGHT PATH	
DDS	PERIODONTIST	971 BROADWAY AVE	
DDS	GENERAL DENTAL	971 BROADWAY AVE	
	MULTI PRACTICE	496 SMITHTOWN BLVD	SUITE 300
	MULTI PRACTICE	492 OLD TOWN RD	
	MULTI PRACTICE	335 TERRY ROAD	
	MULTI PRACTICE	1025 PORTION ROAD	SUITE H
DDS	GENERAL DENTAL	99 HICKSVILLE RD	
	PEDODONTIST	7 MARK TREE RD	
	PEDODONTIST	500 PORTION RD	SUITE 16
	PEDODONTIST	919 DEER PARK AVE	
	PEDODONTIST	750 ROANOKE AVE	
	ENDODONTIST	6 SEQUOIA DR	
DMD	GENERAL DENTAL	818 NORTH BROADWAY	
	ENDODONTIST	483 SCRANTON AVE	
DDS	PEDODONTIST	1955 MERRICK RD	SUITE 206
DDS	GENERAL DENTAL	25 SOUTH TYSON AVE	
DDS	GENERAL DENTAL	453 ROCKAWAY AVE	
DDS	GENERAL DENTAL	453 ROCKAWAY AVE	
DDS	ORAL SURGEON	5240 MERRICK RD	
DMD	ORAL SURGEON	2116 MERRICK AVE	SUITE 4008
DDS	ORAL SURGEON	2116 MERRICK AVE	SUITE 4008
DDS	GENERAL DENTAL	25 CARMENS ROAD	

	GENERAL DENTAL	86 MINEOLA AVE	
	GENERAL DENTAL	86 MINEOLA AVE	
DDS	GENERAL DENTAL	1 MAIN PARKWAY	
DDS	GENERAL DENTAL	96 ATLANTIC AVE	
DDS	GENERAL DENTAL	95 E WILLISTON AVE	
	MULTI PRACTICE	5060 SUNRISE HWY	
	MULTI PRACTICE	260 N BROADWAY	
	MULTI PRACTICE	520 JERICHO TPKE	
	MULTI PRACTICE		
DMD	GENERAL DENTAL	64 DIVISION AVE	SUITE 200
DDS	ORAL SURGEON	1900 HEMPSTEAD TPKE	SUITE 402
DDS		1096 N BROADWAY	
DDS	PEDODONTIST	2171 JERICHO TPKE	SUITE 145

CITY	STATE	ZIP	TELEPHONE
GREAT NECK	NY	11021	(516) 829-4010
COMMACK	NY	11725	(631) 499-5955
COMMACK	NY	11725	(631) 499-5955
SMITHTOWN	NY	11787	(631) 265-6533
MELVILLE	NY	11747	(163) 752-1033
MERRICK	NY	11566	(516) 379-7719
HAUPPAUGE	NY	11788	(631) 724-7150
NESCONSET	NY	11767	(631) 382-8585
NESCONSET	NY	11767	(631) 382-8585
SELDEN	NY	11784	(631)732-8338
PATCHOGUE	NY	11772	(631)438-3255
WYANDANCH	NY	11798	(631)643-3800
HOLBROOK	NY	11741	(631) 589-8451
HOLBROOK	NY	11741	(631) 589-8451
SMITHTOWN	NY	11787	(631)360-8000
PORT JEFF STATION	NY	11776	(631)928-1018
HAUPPAUGE	NY	11787	(631)724-0104
FARMINGVILLE	NY	11738	(631)696-0100
BELLMORE	NY	11710	(516)783=1121
CENTEREACH	NY	11720	(631)585-6600
RONKONKMA	NY	11779	(631)451-7700
N BABYLON	NY	11703	(631)893-7000
RIVERHEAD	NY	11901	(631)727-8585
HAUPPAUGE	NY	11788	(631)265-8633
MASSAPEQUE	NY	11758	(516)798-4166
LYNBROOK	NY	11563	(516)599-7111
MERRICK	NY	11566	(516)321-0829
FLORAL PARK	NY	11001	(516) 437-5566
VALLEY STREAM	NY	11581	(516)825-3884
VALLEY STREAM	NY	11581	(516)825-3884
MASSAPEQUA	NY	11758	(516)541-4767
MERRICK	NY	11566	(516)546-1444
MERRICK	NY	11566	(516)546-1444
MASSAPEQUA	NY	11758	(516)799-5577

ROSLYN HEIGHTS	NY	11577	(516)271-2100
ROSLYN HEIGHTS	NY	11577	(516)271-2100
PLAINVIEW	NY	11803	(516)931-7373
LYNBROOK	NY	11563	(516)792-6952
E WILLISTON	NY	11596	(516)739-5084
MASSAPEQUA PARK	NY	11762	(516)619_9770
HICKSVILLE	NY	11801	(516)931-0400
SYOSSET	NY	11791	(516)430-5815
LEVITTOWN	NY	11756	(516)796-6588
EAST MEADOW	NY	11554	(516)564-9146
N MASSAPEQUA	NY	11758	(516)249-5525
COMMACK	NY	11725	(631)670-6580