



North Shore-Long Island Jewish Health System

**North Shore-LIJ Employee Aetna Plans and
North Shore-LIJ Employee Empire Plan
PARTICIPATION AGREEMENT**

*Please review, sign below and return by fax to CIIPA at (516) 465-8002,
or send a signed, scanned document to ciipa@nshs.edu.*

I hereby agree to (i) participate in the NSLIJ Employee Aetna Plans and the North Shore-LIJ Employee Empire Plan as a Preferred Provider; and (ii) accept as payment in full the North Shore-LIJ Employee Plan fee schedule*.

Provider Signature

Date

Printed Name (Legible)

Office Phone

E-Mail

**The fee schedule amounts were included in your
Opt-In letter. A copy of the fee schedule is
available by e-mailing ciipa@nshs.edu.*