

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 11315 FIDELIS CARE NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008267 2008267 SZE, BECKY 10/30/1992 741244251 111891261
DIAGNOSIS CODES: 343.9 737.9 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256299	1	T1020		08/17/13	08/17/13	11.00	185.57
256299	2	T1020		08/19/13	08/19/13	6.00	101.22
256299	3	T1020		08/21/13	08/21/13	6.00	101.22
256299	4	T1020		08/22/13	08/22/13	6.00	101.22
256299	5	T1020		08/23/13	08/23/13	6.00	101.22
CLAIM TOTAL							590.45

CLAIM ACCOUNT REF. 2562990012008267SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008268 2008268 PANOS, DESPINA D 05/11/1950 641269987 111800517
DIAGNOSIS CODES: 340. 345.90 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256295	1	T1020		08/17/13	08/17/13	9.00	151.83
256295	2	T1020		08/18/13	08/18/13	9.00	151.83
256295	3	T1020		08/19/13	08/19/13	9.00	151.83
256295	4	T1020		08/20/13	08/20/13	9.00	151.83
256295	5	T1020		08/21/13	08/21/13	9.00	151.83
256295	6	T1020		08/22/13	08/22/13	9.00	151.83
256295	7	T1020		08/23/13	08/23/13	9.00	151.83
CLAIM TOTAL							1,062.81

CLAIM ACCOUNT REF. 2562950012008268SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008306 2008306 GIL, ALICIA M 12/05/1941 74148852400 111891265
DIAGNOSIS CODES: 340. 733.00 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256292	1	T1020		08/17/13	08/17/13	7.00	118.09
256292	2	T1020		08/18/13	08/18/13	7.00	118.09
256292	3	T1020		08/19/13	08/19/13	7.00	118.09
256292	4	T1020		08/20/13	08/20/13	7.00	118.09
256292	5	T1020		08/21/13	08/21/13	7.00	118.09
256292	6	T1020		08/22/13	08/22/13	7.00	118.09
256292	7	T1020		08/23/13	08/23/13	7.00	118.09
CLAIM TOTAL							826.63

CLAIM ACCOUNT REF. 2562920012008306SUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 11315 FIDELIS CARE NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008386 2008386 BATISTA, JOSE 07/20/1950 741700387 120820411
DIAGNOSIS CODES: 344.1 250.00 401.9 599.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256290	1	T1020		08/17/13	08/17/13	7.00	118.09
256290	2	T1020		08/18/13	08/18/13	7.00	118.09
256290	3	T1020		08/20/13	08/20/13	7.00	118.09
256290	4	T1020		08/21/13	08/21/13	7.00	118.09
256290	5	T1020		08/22/13	08/22/13	7.00	118.09
256290	6	T1020		08/23/13	08/23/13	7.00	118.09
CLAIM TOTAL						708.54	CLAIM ACCOUNT REF. 2562900012008386SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008400 2008400 SAMOJEDNY, MICHAEL 01/20/1954 74102201600 113550568
DIAGNOSIS CODES: 436. 401.9 571.5 780.4 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256298	1	T1020		08/20/13	08/20/13	8.00	134.96
256298	2	T1020		08/21/13	08/21/13	9.00	151.83
256298	3	T1020		08/22/13	08/22/13	5.00	84.35
256298	4	T1020		08/23/13	08/23/13	8.00	134.96
CLAIM TOTAL						506.10	CLAIM ACCOUNT REF. 2562980012008400SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008376 2010712 LITMAN, GAIL 10/23/1952 74146355500 130631283
DIAGNOSIS CODES: 401.9 780.2 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256293	1	T1020		08/19/13	08/19/13	5.00	84.35
256293	2	T1020		08/20/13	08/20/13	5.00	84.35
256293	3	T1020		08/21/13	08/21/13	5.00	84.35
256293	4	T1020		08/22/13	08/22/13	5.00	84.35
CLAIM TOTAL						337.40	CLAIM ACCOUNT REF. 2562930012010712SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010777 2013021 ORTIZ, EDUARDO 03/20/1938 74192987700 130932078
DIAGNOSIS CODES: 715.00 250.00 253.5 733.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256294	1	T1020		08/20/13	08/20/13	7.00	118.09
256294	2	T1020		08/21/13	08/21/13	7.00	118.09
256294	3	T1020		08/22/13	08/22/13	7.00	118.09
256294	4	T1020		08/23/13	08/23/13	7.00	118.09

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 11315 FIDELIS CARE NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	472.36	2562940012013021SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013080	2013080	SALABERRY, ANA	07/26/1920	74237467100	130780781
DIAGNOSIS CODES: 401.9 427.89 536.9 780.93							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
256297	1	T1020		08/17/13	08/17/13	12.00	202.44	
256297	2	T1020		08/18/13	08/18/13	12.00	202.44	
256297	3	T1020		08/19/13	08/19/13	12.00	202.44	
256297	4	T1020		08/20/13	08/20/13	12.00	202.44	
256297	5	T1020		08/21/13	08/21/13	12.00	202.44	
256297	6	T1020		08/22/13	08/22/13	12.00	202.44	
256297	7	T1020		08/23/13	08/23/13	12.00	202.44	
						CLAIM TOTAL	1,417.08	2562970012013080SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012726	2013422	GARCIA, CLEMENTE	11/22/1928	74237634600	130731588
DIAGNOSIS CODES: 331.0							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
256291	1	T1020		08/17/13	08/17/13	12.00	202.44	
256291	2	T1020		08/18/13	08/18/13	12.00	202.44	
256291	3	T1020		08/19/13	08/19/13	12.00	202.44	
256291	4	T1020		08/20/13	08/20/13	12.00	202.44	
256291	5	T1020		08/21/13	08/21/13	12.00	202.44	
256291	6	T1020		08/22/13	08/22/13	12.00	202.44	
						CLAIM TOTAL	1,214.64	2562910012013422SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013910	2013910	PRIMERO, ARMIDA	12/29/1932	742134970	132260570
DIAGNOSIS CODES: 401.9 244.9 429.9 785.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
256296	1	T1020		08/20/13	08/20/13	7.00	118.09	
256296	2	T1020		08/21/13	08/21/13	7.00	118.09	
256296	3	T1020		08/22/13	08/22/13	7.00	118.09	
256296	4	T1020		08/23/13	08/23/13	5.00	84.35	
						CLAIM TOTAL	438.62	2562960012013910SUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 11315 FIDELIS CARE NY

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	54	TOTAL CLAIM AMOUNT =	7,574.63
		# SERVICES =	10		

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 13265 METROPLUS HEALTH PLAN

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008233 2008233 ARIAS, NORA 03/31/1981 RB08739R 0106201390068
DIAGNOSIS CODES: 356.9 348.2 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256325	1	T1019		08/17/13	08/17/13	4.00	68.60
256325	2	T1019		08/18/13	08/18/13	4.00	68.60
256325	3	T1019		08/19/13	08/19/13	12.00	205.80
256325	4	T1019		08/20/13	08/20/13	12.00	205.80
256325	5	T1019		08/21/13	08/21/13	12.00	205.80
256325	6	T1019		08/22/13	08/22/13	12.00	205.80
256325	7	T1019		08/23/13	08/23/13	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2563250012008233SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008236 2008236 PERSAD, USHA 07/05/1955 TS79090G 0105221390339
DIAGNOSIS CODES: 250.10 272.0 401.9 225.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256331	1	T1019		08/17/13	08/17/13	8.00	137.20
256331	2	T1019		08/18/13	08/18/13	6.00	102.90
256331	3	T1019		08/19/13	08/19/13	11.00	188.65
256331	4	T1019		08/20/13	08/20/13	11.00	188.65
256331	5	T1019		08/21/13	08/21/13	11.00	188.65
256331	6	T1019		08/22/13	08/22/13	11.00	188.65
256331	7	T1019		08/23/13	08/23/13	11.00	188.65
CLAIM TOTAL						1,183.35	CLAIM ACCOUNT REF. 2563310012008236SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008385 2008385 MURDOCK, GERTRUDE 11/01/1917 SS71357M 0106251390383
DIAGNOSIS CODES: 536.9 365.9 369.10 389.9 401.9 715.90 733.00 V15.88

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256329	1	T1019		08/19/13	08/19/13	10.00	171.50
256329	2	T1019		08/20/13	08/20/13	10.00	171.50
256329	3	T1019		08/21/13	08/21/13	10.00	171.50
256329	4	T1019		08/22/13	08/22/13	9.00	154.35
256329	5	T1019		08/23/13	08/23/13	9.00	154.35
CLAIM TOTAL						823.20	CLAIM ACCOUNT REF. 2563290012008385SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 13265 METROPLUS HEALTH PLAN

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008418 2008418 RYALS, CHARLES 11/03/1950 ZZ49620T 0104191390258
DIAGNOSIS CODES: 401.9 250.00 272.0 278.00 295.00 311. 780.57

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256332	1	T1019		08/19/13	08/19/13	8.00	137.20
256332	2	T1019		08/20/13	08/20/13	8.00	137.20
256332	3	T1019		08/21/13	08/21/13	8.00	137.20
256332	4	T1019		08/22/13	08/22/13	8.00	137.20
CLAIM TOTAL							548.80
CLAIM ACCOUNT REF.							2563320012008418SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008743 2008743 CORDERO, ROSENDO 08/26/1926 QM62108S 0101231390317
DIAGNOSIS CODES: 492.0 272.0 401.9 715.00 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256326	1	T1019		08/18/13	08/18/13	9.00	154.35
256326	2	T1019		08/19/13	08/19/13	10.00	171.50
256326	3	T1019		08/20/13	08/20/13	10.00	171.50
256326	4	T1019		08/21/13	08/21/13	10.00	171.50
256326	5	T1019		08/22/13	08/22/13	10.00	171.50
256326	6	T1019		08/23/13	08/23/13	10.00	171.50
CLAIM TOTAL							1,011.85
CLAIM ACCOUNT REF.							2563260012008743SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009377 2009377 SANTORO, MATTHEW 08/20/1949 SP38021Q 0102071390382
DIAGNOSIS CODES: 299.01 453.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256333	1	T1019		08/17/13	08/17/13	5.00	85.75
256333	2	T1019		08/18/13	08/18/13	5.00	85.75
256333	3	T1019		08/19/13	08/19/13	5.00	85.75
CLAIM TOTAL							257.25
CLAIM ACCOUNT REF.							2563330012009377SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008279 2010213 VALLE, BLASINA 02/03/1929 QG00558G 0107111390405
DIAGNOSIS CODES: 428.0 244.9 272.4 331.0 537.9 746.85

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256336	1	T1019		08/17/13	08/17/13	10.00	171.50
256336	2	T1019		08/19/13	08/19/13	10.00	171.50
256336	3	T1019		08/20/13	08/20/13	10.00	171.50
256336	4	T1019		08/21/13	08/21/13	10.00	171.50
CLAIM TOTAL							686.00
CLAIM ACCOUNT REF.							2563360012010213SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 13265 METROPLUS HEALTH PLAN

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010886 2010886 OSORIO, ELVIA 07/05/1943 SM10426S 01-081613-904-64
DIAGNOSIS CODES: 253.5 272.4 354.0 401.9 733.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256330	1	T1019		08/21/13	08/21/13	5.00	85.75
256330	2	T1019		08/22/13	08/22/13	5.00	85.75
256330	3	T1019		08/23/13	08/23/13	5.00	85.75
CLAIM TOTAL							257.25
CLAIM ACCOUNT REF.							2563300012010886SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011286 2011286 DOBBINS, SANDRA 02/05/1953 ZA50099X 0105141390497
DIAGNOSIS CODES: 295.90 369.10 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256327	1	T1019		08/17/13	08/17/13	24.00	411.60
256327	2	T1019		08/18/13	08/18/13	24.00	411.60
256327	3	T1019		08/19/13	08/19/13	24.00	411.60
256327	4	T1019		08/20/13	08/20/13	24.00	411.60
256327	5	T1019		08/21/13	08/21/13	24.00	411.60
256327	6	T1019		08/22/13	08/22/13	24.00	411.60
256327	7	T1019		08/23/13	08/23/13	24.00	411.60
CLAIM TOTAL							2,881.20
CLAIM ACCOUNT REF.							2563270012011286SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008280 2013071 SHUMON, NUK-FNU 01/21/1981 QQ82218A 0103151390266
DIAGNOSIS CODES: 952.9 344.1 564.00 599.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256334	1	T1019		08/17/13	08/17/13	4.00	68.60
256334	2	T1019		08/18/13	08/18/13	4.00	68.60
256334	3	T1019		08/19/13	08/19/13	4.00	68.60
256334	4	T1019		08/20/13	08/20/13	4.00	68.60
256334	5	T1019		08/21/13	08/21/13	4.00	68.60
256334	6	T1019		08/22/13	08/22/13	4.00	68.60
256334	7	T1019		08/23/13	08/23/13	4.00	68.60
CLAIM TOTAL							480.20
CLAIM ACCOUNT REF.							2563340012013071SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013185 2013185 GOMEZ, LUZ 02/18/1942 523000131 0106061390004
DIAGNOSIS CODES: 295.90 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256328	1	T1019		08/17/13	08/17/13	8.00	137.20

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 13265 METROPLUS HEALTH PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256328	2	T1019		08/18/13	08/18/13	8.00	137.20	
256328	3	T1019		08/19/13	08/19/13	8.00	137.20	
256328	4	T1019		08/20/13	08/20/13	8.00	137.20	
256328	5	T1019		08/21/13	08/21/13	8.00	137.20	
256328	6	T1019		08/22/13	08/22/13	8.00	137.20	
256328	7	T1019		08/23/13	08/23/13	8.00	137.20	
				CLAIM TOTAL			960.40	CLAIM ACCOUNT REF. 2563280012013185SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013663	2013663	TILAK, VEERAMA	01/01/1933	523000176	0106281390150
DIAGNOSIS	CODES:	250.00	272.4	401.9	493.90		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256335	1	T1019		08/10/13	08/10/13	5.00	85.75	
256335	2	T1019		08/12/13	08/12/13	5.00	85.75	
256335	3	T1019		08/13/13	08/13/13	5.00	85.75	
256335	4	T1019		08/14/13	08/14/13	5.00	85.75	
256335	5	T1019		08/15/13	08/15/13	5.00	85.75	
256335	6	T1019		08/16/13	08/16/13	5.00	85.75	
256335	7	T1019		08/17/13	08/17/13	5.00	85.75	
256335	8	T1019		08/19/13	08/19/13	5.00	85.75	
256335	9	T1019		08/20/13	08/20/13	5.00	85.75	
256335	10	T1019		08/21/13	08/21/13	5.00	85.75	
256335	11	T1019		08/22/13	08/22/13	5.00	85.75	
256335	12	T1019		08/23/13	08/23/13	5.00	85.75	
				CLAIM TOTAL			1,029.00	CLAIM ACCOUNT REF. 2563350012013663SUP

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	72	TOTAL CLAIM AMOUNT =	11,284.70
		# SERVICES =	12		

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NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008303	2013681	WILSON, SHERYL	08/28/1956	13060338700	0713E2553

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256324	1	T1019		08/17/13	08/17/13	16.00	96.00	
256324	2	T1019		08/18/13	08/18/13	16.00	96.00	
256324	3	T1019		08/19/13	08/19/13	24.00	144.00	
256324	4	T1019		08/20/13	08/20/13	24.00	144.00	
256324	5	T1019		08/21/13	08/21/13	24.00	144.00	
256324	6	T1019		08/22/13	08/22/13	24.00	144.00	
256324	7	T1019		08/23/13	08/23/13	24.00	144.00	
					CLAIM TOTAL		912.00	CLAIM ACCOUNT REF. 2563240012013681SUP

PAYER TOTALS:	AFFINITY HEALTH	# OF CLAIMS =	7	TOTAL CLAIM AMOUNT =	912.00
		# SERVICES =	1		

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008286 2008286 RAMIREZ, ALIDA A 12/10/1950 ZN85118U 111771985
DIAGNOSIS CODES: 250.00 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256365	1	T1019		08/17/13	08/17/13	36.00	154.80
256365	2	T1019		08/18/13	08/18/13	36.00	154.80
256365	3	T1019		08/19/13	08/19/13	36.00	154.80
256365	4	T1019		08/20/13	08/20/13	32.00	137.60
256365	5	T1019		08/21/13	08/21/13	36.00	154.80
256365	6	T1019		08/22/13	08/22/13	36.00	154.80
256365	7	T1019		08/23/13	08/23/13	36.00	154.80
CLAIM TOTAL						1,066.40	CLAIM ACCOUNT REF. 2563650012008286SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008495 2008495 MARTINEZ, MARIA 09/05/1952 ZV42745Q 112094558
DIAGNOSIS CODES: 250.00 244.8 295.90 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256353	1	T1019		08/17/13	08/17/13	24.00	103.20
256353	2	T1019		08/18/13	08/18/13	24.00	103.20
256353	3	T1019		08/19/13	08/19/13	24.00	103.20
256353	4	T1019		08/20/13	08/20/13	24.00	103.20
256353	5	T1019		08/21/13	08/21/13	24.00	103.20
256353	6	T1019		08/22/13	08/22/13	24.00	103.20
256353	7	T1019		08/23/13	08/23/13	24.00	103.20
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2563530012008495SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012101 2012101 BATILO, MARTA 02/23/1917 708125 111963534
DIAGNOSIS CODES: 715.00 272.2 285.29 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256338	1	T1019		08/17/13	08/17/13	28.00	120.40
256338	2	T1019		08/18/13	08/18/13	28.00	120.40
256338	3	T1019		08/19/13	08/19/13	28.00	120.40
256338	4	T1019		08/20/13	08/20/13	28.00	120.40
256338	5	T1019		08/21/13	08/21/13	28.00	120.40
256338	6	T1019		08/22/13	08/22/13	28.00	120.40
256338	7	T1019		08/23/13	08/23/13	28.00	120.40
CLAIM TOTAL						842.80	CLAIM ACCOUNT REF. 2563380012012101SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012102 2012102 BISRAM, ROOPKALIA 01/03/1938 708029 112039564
DIAGNOSIS CODES: 401.9 272.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256339	1	T1019		08/19/13	08/19/13	16.00	68.80
256339	2	T1019		08/20/13	08/20/13	16.00	68.80
256339	3	T1019		08/22/13	08/22/13	16.00	68.80
CLAIM TOTAL							206.40
CLAIM ACCOUNT REF.							2563390012012102SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012104 2012104 CEBALLOS, FRANCISCA 11/10/1931 744474 111954642
DIAGNOSIS CODES: 331.0 093.9 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256340	1	T1019		08/17/13	08/17/13	40.00	172.00
256340	2	T1019		08/18/13	08/18/13	40.00	172.00
256340	3	T1019		08/19/13	08/19/13	40.00	172.00
256340	4	T1019		08/20/13	08/20/13	40.00	172.00
256340	5	T1019		08/21/13	08/21/13	40.00	172.00
256340	6	T1019		08/22/13	08/22/13	40.00	172.00
256340	7	T1019		08/23/13	08/23/13	40.00	172.00
CLAIM TOTAL							1,204.00
CLAIM ACCOUNT REF.							2563400012012104SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012107 2012107 CRUZ, LUIS 06/10/1952 706307 111992323
DIAGNOSIS CODES: 250.93 414.3 428.0 491.21

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256342	1	T1019		08/17/13	08/17/13	48.00	206.40
256342	2	T1019		08/18/13	08/18/13	48.00	206.40
256342	3	T1019		08/19/13	08/19/13	48.00	206.40
256342	4	T1019		08/20/13	08/20/13	48.00	206.40
256342	5	T1019		08/21/13	08/21/13	48.00	206.40
256342	6	T1019		08/22/13	08/22/13	48.00	206.40
256342	7	T1019		08/23/13	08/23/13	48.00	206.40
CLAIM TOTAL							1,444.80
CLAIM ACCOUNT REF.							2563420012012107SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012108 2012108 GODINOT, CARMEN 07/16/1939 695752 111993137
DIAGNOSIS CODES: 369.3 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256344	1	T1019		08/19/13	08/19/13	24.00	103.20

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256344	2	T1019		08/20/13	08/20/13	24.00	103.20	
256344	3	T1019		08/21/13	08/21/13	24.00	103.20	
256344	4	T1019		08/22/13	08/22/13	24.00	103.20	
256344	5	T1019		08/23/13	08/23/13	24.00	103.20	
					CLAIM TOTAL		516.00	CLAIM ACCOUNT REF. 2563440012012108SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012110	2012110	GOMEZ, RANNIE	09/11/1917	698802	112009902
DIAGNOSIS	CODES:	401.9	272.2	365.9	428.0	733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256345	1	T1019		08/19/13	08/19/13	28.00	120.40	
256345	2	T1019		08/20/13	08/20/13	28.00	120.40	
256345	3	T1019		08/21/13	08/21/13	28.00	120.40	
256345	4	T1019		08/22/13	08/22/13	28.00	120.40	
256345	5	T1019		08/23/13	08/23/13	28.00	120.40	
					CLAIM TOTAL		602.00	CLAIM ACCOUNT REF. 2563450012012110SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012116	2012116	GUERRERO, MARIA	07/09/1914	693949	111977380
DIAGNOSIS	CODES:	355.71	250.90			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256347	1	T1019		08/17/13	08/17/13	32.00	137.60	
256347	2	T1019		08/18/13	08/18/13	32.00	137.60	
256347	3	T1019		08/19/13	08/19/13	32.00	137.60	
256347	4	T1019		08/20/13	08/20/13	32.00	137.60	
256347	5	T1019		08/21/13	08/21/13	32.00	137.60	
256347	6	T1019		08/22/13	08/22/13	32.00	137.60	
256347	7	T1019		08/23/13	08/23/13	32.00	137.60	
					CLAIM TOTAL		963.20	CLAIM ACCOUNT REF. 2563470012012116SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012117	2012117	HAYNES, LAMONT	08/22/1920	695748	111817638
DIAGNOSIS	CODES:	428.0	250.00	401.9	600.91	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256348	1	T1019		08/17/13	08/17/13	20.00	86.00	
256348	2	T1019		08/18/13	08/18/13	20.00	86.00	
256348	3	T1019		08/19/13	08/19/13	16.00	68.80	
256348	4	T1019		08/20/13	08/20/13	16.00	68.80	
256348	5	T1019		08/21/13	08/21/13	16.00	68.80	
256348	6	T1019		08/22/13	08/22/13	16.00	68.80	

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256348	7	T1019		08/23/13	08/23/13	16.00	68.80
							CLAIM TOTAL
							516.00 CLAIM ACCOUNT REF. 2563480012012117SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012120	2012120	LOPEZ, ISABEL	12/24/1942	740574	111906404
DIAGNOSIS CODES: 715.90 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256350	1	T1019		08/13/13	08/13/13	28.00	120.40
256350	2	T1019		08/23/13	08/23/13	28.00	120.40
							CLAIM TOTAL
							240.80 CLAIM ACCOUNT REF. 2563500012012120SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012121	2012121	MOHAMED, DENISE	06/14/1959	691722	111786776
DIAGNOSIS CODES: 715.98							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256355	1	T1019		08/06/13	08/06/13	32.00	137.60
256355	2	T1019		08/17/13	08/17/13	32.00	137.60
256355	3	T1019		08/18/13	08/18/13	32.00	137.60
256355	4	T1019		08/19/13	08/19/13	32.00	137.60
256355	5	T1019		08/20/13	08/20/13	32.00	137.60
256355	6	T1019		08/21/13	08/21/13	32.00	137.60
256355	7	T1019		08/22/13	08/22/13	32.00	137.60
256355	8	T1019		08/23/13	08/23/13	32.00	137.60
							CLAIM TOTAL
							1,100.80 CLAIM ACCOUNT REF. 2563550012012121SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012122	2012122	MORALES, FRANCISCO	12/03/1935	744366	111934024
DIAGNOSIS CODES: 250.00 272.4 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256356	1	T1019		08/18/13	08/18/13	20.00	86.00
256356	2	T1019		08/19/13	08/19/13	20.00	86.00
256356	3	T1019		08/20/13	08/20/13	20.00	86.00
256356	4	T1019		08/21/13	08/21/13	20.00	86.00
256356	5	T1019		08/22/13	08/22/13	20.00	86.00
256356	6	T1019		08/23/13	08/23/13	20.00	86.00
							CLAIM TOTAL
							516.00 CLAIM ACCOUNT REF. 2563560012012122SUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012130 2012130 NAVARRO, ANTONIA 07/23/1945 710368 111896928
DIAGNOSIS CODES: 493.92 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256357	1	T1019		08/17/13	08/17/13	20.00	86.00
256357	2	T1019		08/18/13	08/18/13	20.00	86.00
256357	3	T1019		08/19/13	08/19/13	28.00	120.40
256357	4	T1019		08/20/13	08/20/13	28.00	120.40
256357	5	T1019		08/21/13	08/21/13	28.00	120.40
256357	6	T1019		08/22/13	08/22/13	28.00	120.40
256357	7	T1019		08/23/13	08/23/13	28.00	120.40
CLAIM TOTAL							774.00
CLAIM ACCOUNT REF.							2563570012012130SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012131 2012131 ORTIZ, JOSE 04/19/1925 691721 111894848
DIAGNOSIS CODES: 250.00 401.9 414.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256359	1	T1019		08/19/13	08/19/13	16.00	68.80
256359	2	T1019		08/21/13	08/21/13	16.00	68.80
256359	3	T1019		08/23/13	08/23/13	16.00	68.80
CLAIM TOTAL							206.40
CLAIM ACCOUNT REF.							2563590012012131SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012134 2012134 SERRANO, CARMEN 09/14/1948 695740 112022986
DIAGNOSIS CODES: 093.89 253.5 311. 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256372	1	T1019		08/19/13	08/19/13	28.00	120.40
256372	2	T1019		08/20/13	08/20/13	28.00	120.40
256372	3	T1019		08/21/13	08/21/13	28.00	120.40
256372	4	T1019		08/22/13	08/22/13	28.00	120.40
256372	5	T1019		08/23/13	08/23/13	28.00	120.40
CLAIM TOTAL							602.00
CLAIM ACCOUNT REF.							2563720012012134SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012137 2012137 VAZQUEZ 1, ROSA 08/08/1934 695667 111807022
DIAGNOSIS CODES: 715.90 244.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256375	1	T1019		08/19/13	08/19/13	32.00	137.60
256375	2	T1019		08/20/13	08/20/13	32.00	137.60
256375	3	T1019		08/21/13	08/21/13	32.00	137.60

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256375	4	T1019		08/22/13	08/22/13	32.00	137.60	
256375	5	T1019		08/23/13	08/23/13	32.00	137.60	
				CLAIM TOTAL			688.00	CLAIM ACCOUNT REF. 2563750012012137SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012138	2012138	VENTURA, CLARA	09/17/1951	720456	112060162
DIAGNOSIS	CODES:	253.5	401.9	429.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256376	1	T1019		08/19/13	08/19/13	16.00	68.80	
256376	2	T1019		08/20/13	08/20/13	16.00	68.80	
256376	3	T1019		08/21/13	08/21/13	16.00	68.80	
256376	4	T1019		08/22/13	08/22/13	16.00	68.80	
256376	5	T1019		08/23/13	08/23/13	16.00	68.80	
				CLAIM TOTAL			344.00	CLAIM ACCOUNT REF. 2563760012012138SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012140	2012140	PATRICK, IMAGENE	03/27/1930	737028	112036835
DIAGNOSIS	CODES:	294.10	153.9				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256360	1	T1019		07/27/13	07/27/13	32.00	137.60	
256360	2	T1019		07/31/13	07/31/13	32.00	137.60	
256360	3	T1019		08/01/13	08/01/13	32.00	137.60	
256360	4	T1019		08/02/13	08/02/13	32.00	137.60	
256360	5	T1019		08/19/13	08/19/13	32.00	137.60	
256360	6	T1019		08/20/13	08/20/13	32.00	137.60	
				CLAIM TOTAL			825.60	CLAIM ACCOUNT REF. 2563600012012140SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012141	2012141	SANTOS MARQUEZ, MARIA	07/16/1961	688801	112001629
DIAGNOSIS	CODES:	958.8	599.70	692.9 795.05			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256371	1	T1019		08/19/13	08/19/13	16.00	68.80	
256371	2	T1019		08/21/13	08/21/13	16.00	68.80	
				CLAIM TOTAL			137.60	CLAIM ACCOUNT REF. 2563710012012141SUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012142 2012142 MEDINA, MARTHA 01/11/1944 697570 111896672
DIAGNOSIS CODES: 135. 250.00 426.4 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256354	1	T1019		08/17/13	08/17/13	12.00	51.60
256354	2	T1019		08/20/13	08/20/13	12.00	51.60
256354	3	T1019		08/21/13	08/21/13	12.00	51.60
256354	4	T1019		08/22/13	08/22/13	12.00	51.60
256354	5	T1019		08/23/13	08/23/13	12.00	51.60
CLAIM TOTAL							258.00

CLAIM ACCOUNT REF. 2563540012012142SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012144 2012144 PEREZ, JULIO 01/27/1936 709538 111942930
DIAGNOSIS CODES: 715.90 244.9 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256363	1	T1019		08/02/13	08/02/13	20.00	86.00
256363	2	T1019		08/07/13	08/07/13	20.00	86.00
256363	3	T1019		08/19/13	08/19/13	20.00	86.00
256363	4	T1019		08/21/13	08/21/13	20.00	86.00
256363	5	T1019		08/23/13	08/23/13	20.00	86.00
CLAIM TOTAL							430.00

CLAIM ACCOUNT REF. 2563630012012144SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012145 2012145 PERALTA RODRIGO, JOSE 03/13/1942 715488 111867165
DIAGNOSIS CODES: 715.90 272.0 274.9 278.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256361	1	T1019		08/09/13	08/09/13	16.00	68.80
256361	2	T1019		08/20/13	08/20/13	16.00	68.80
256361	3	T1019		08/21/13	08/21/13	16.00	68.80
256361	4	T1019		08/22/13	08/22/13	16.00	68.80
256361	5	T1019		08/23/13	08/23/13	16.00	68.80
CLAIM TOTAL							344.00

CLAIM ACCOUNT REF. 2563610012012145SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012146 2012146 PERALTA, INEZ 08/18/1942 715489 111886580
DIAGNOSIS CODES: 250.00 272.4 278.00 401.9 244.9 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256362	1	T1019		08/09/13	08/09/13	16.00	68.80
256362	2	T1019		08/20/13	08/20/13	16.00	68.80
256362	3	T1019		08/21/13	08/21/13	16.00	68.80

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256362	4	T1019		08/22/13	08/22/13	16.00	68.80	
256362	5	T1019		08/23/13	08/23/13	16.00	68.80	
						CLAIM TOTAL	344.00	CLAIM ACCOUNT REF. 2563620012012146SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012147	2012147	RAMOS, SILVIA	08/16/1957	707547	112060920
DIAGNOSIS	CODES:	724.2	253.5	401.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256366	1	T1019		08/19/13	08/19/13	20.00	86.00	
256366	2	T1019		08/20/13	08/20/13	20.00	86.00	
256366	3	T1019		08/21/13	08/21/13	20.00	86.00	
256366	4	T1019		08/22/13	08/22/13	20.00	86.00	
256366	5	T1019		08/23/13	08/23/13	20.00	86.00	
						CLAIM TOTAL	430.00	CLAIM ACCOUNT REF. 2563660012012147SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012149	2012149	REGLA, MARIA F	11/21/1933	691499	111829761
DIAGNOSIS	CODES:	250.00	715.09			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256367	1	T1019		08/19/13	08/19/13	32.00	137.60	
256367	2	T1019		08/20/13	08/20/13	32.00	137.60	
256367	3	T1019		08/21/13	08/21/13	32.00	137.60	
256367	4	T1019		08/22/13	08/22/13	32.00	137.60	
256367	5	T1019		08/23/13	08/23/13	32.00	137.60	
						CLAIM TOTAL	688.00	CLAIM ACCOUNT REF. 2563670012012149SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012155	2012155	SANCHEZ, BETANIA	05/10/1956	706048	111980325
DIAGNOSIS	CODES:	555.9				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256370	1	T1019		08/17/13	08/17/13	20.00	86.00	
256370	2	T1019		08/18/13	08/18/13	20.00	86.00	
256370	3	T1019		08/20/13	08/20/13	20.00	86.00	
256370	4	T1019		08/21/13	08/21/13	20.00	86.00	
256370	5	T1019		08/22/13	08/22/13	20.00	86.00	
						CLAIM TOTAL	430.00	CLAIM ACCOUNT REF. 2563700012012155SUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012158 2012158 LOPEZ, MANUEL 02/25/1926 741094 111891649
DIAGNOSIS CODES: 401.9 272.4 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256351	1	T1019		08/17/13	08/17/13	48.00	206.40
256351	2	T1019		08/18/13	08/18/13	48.00	206.40
256351	3	T1019		08/19/13	08/19/13	48.00	206.40
256351	4	T1019		08/20/13	08/20/13	48.00	206.40
256351	5	T1019		08/21/13	08/21/13	48.00	206.40
256351	6	T1019		08/22/13	08/22/13	48.00	206.40
256351	7	T1019		08/23/13	08/23/13	48.00	206.40
CLAIM TOTAL						1,444.80	CLAIM ACCOUNT REF. 2563510012012158SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012161 2012161 ALONSO, ANA 03/02/1943 739934 111910597
DIAGNOSIS CODES: 733.09 253.5 272.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256337	1	T1019		08/17/13	08/17/13	20.00	86.00
256337	2	T1019		08/18/13	08/18/13	20.00	86.00
256337	3	T1019		08/19/13	08/19/13	20.00	86.00
256337	4	T1019		08/20/13	08/20/13	20.00	86.00
256337	5	T1019		08/21/13	08/21/13	20.00	86.00
256337	6	T1019		08/22/13	08/22/13	20.00	86.00
256337	7	T1019		08/23/13	08/23/13	20.00	86.00
CLAIM TOTAL						602.00	CLAIM ACCOUNT REF. 2563370012012161SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012261 2012261 SILVEIRA, BERTA 06/23/1938 753060 111981021
DIAGNOSIS CODES: 786.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256373	1	T1019		08/17/13	08/17/13	24.00	103.20
256373	2	T1019		08/19/13	08/19/13	24.00	103.20
256373	3	T1019		08/20/13	08/20/13	24.00	103.20
256373	4	T1019		08/21/13	08/21/13	24.00	103.20
256373	5	T1019		08/22/13	08/22/13	24.00	103.20
256373	6	T1019		08/23/13	08/23/13	24.00	103.20
CLAIM TOTAL						619.20	CLAIM ACCOUNT REF. 2563730012012261SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012136 2012266 SOTO, RAFAEL B 03/08/1937 700573 111779429
DIAGNOSIS CODES: 715.09 250.00 272.2 401.9 428.0 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256374	1	T1019		08/17/13	08/17/13	36.00	154.80
256374	2	T1019		08/18/13	08/18/13	36.00	154.80
256374	3	T1019		08/19/13	08/19/13	36.00	154.80
256374	4	T1019		08/20/13	08/20/13	36.00	154.80
256374	5	T1019		08/21/13	08/21/13	36.00	154.80
256374	6	T1019		08/22/13	08/22/13	36.00	154.80
256374	7	T1019		08/23/13	08/23/13	28.00	120.40
CLAIM TOTAL						1,049.20	CLAIM ACCOUNT REF. 2563740012012266SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012719 2012719 SANCHEZ FLORES, ADELAI 11/03/1944 761166 112056773
DIAGNOSIS CODES: 401.9 300.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256369	1	T1019		08/20/13	08/20/13	20.00	86.00
256369	2	T1019		08/21/13	08/21/13	20.00	86.00
256369	3	T1019		08/22/13	08/22/13	20.00	86.00
256369	4	T1019		08/23/13	08/23/13	20.00	86.00
CLAIM TOTAL						344.00	CLAIM ACCOUNT REF. 2563690012012719SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012159 2012948 LOPEZ, VITALIA 08/01/1922 691723 111822973
DIAGNOSIS CODES: 331.0 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256352	1	T1019		08/17/13	08/17/13	48.00	206.40
256352	2	T1019		08/18/13	08/18/13	48.00	206.40
256352	3	T1019		08/19/13	08/19/13	48.00	206.40
256352	4	T1019		08/20/13	08/20/13	48.00	206.40
256352	5	T1019		08/21/13	08/21/13	48.00	206.40
256352	6	T1019		08/22/13	08/22/13	48.00	206.40
256352	7	T1019		08/23/13	08/23/13	48.00	206.40
CLAIM TOTAL						1,444.80	CLAIM ACCOUNT REF. 2563520012012948SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012952 2012952 FRANCISCO, BRIGIDA 08/20/1957 761853 112037017
DIAGNOSIS CODES: 714.0 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256343	1	T1019		08/19/13	08/19/13	20.00	86.00
256343	2	T1019		08/20/13	08/20/13	20.00	86.00
256343	3	T1019		08/21/13	08/21/13	20.00	86.00
256343	4	T1019		08/22/13	08/22/13	20.00	86.00
256343	5	T1019		08/23/13	08/23/13	20.00	86.00
CLAIM TOTAL							430.00
							CLAIM ACCOUNT REF. 2563430012012952SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012953 2012953 CHOUDHURY, MEHER A 08/16/1974 762773 112124061
DIAGNOSIS CODES: 344.00 493.90 742.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256341	1	T1019		08/17/13	08/17/13	96.00	412.80
256341	2	T1019		08/18/13	08/18/13	96.00	412.80
256341	3	T1019		08/19/13	08/19/13	52.00	223.60
256341	4	T1019		08/20/13	08/20/13	96.00	412.80
256341	5	T1019		08/21/13	08/21/13	96.00	412.80
256341	6	T1019		08/22/13	08/22/13	96.00	412.80
256341	7	T1019		08/23/13	08/23/13	96.00	412.80
CLAIM TOTAL							2,700.40
							CLAIM ACCOUNT REF. 2563410012012953SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1031950 2012979 HUDGINS, LOUZETTA 05/18/1944 761959 112038867
DIAGNOSIS CODES: 401.9 250.00 278.00 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256349	1	T1019		08/19/13	08/19/13	20.00	86.00
256349	2	T1019		08/20/13	08/20/13	20.00	86.00
256349	3	T1019		08/22/13	08/22/13	20.00	86.00
256349	4	T1019		08/23/13	08/23/13	20.00	86.00
CLAIM TOTAL							344.00
							CLAIM ACCOUNT REF. 2563490012012979SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012152 2013395 REYES, TERESA 03/18/1941 697840 111904006
DIAGNOSIS CODES: 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256368	1	T1019		08/17/13	08/17/13	32.00	137.60
256368	2	T1019		08/18/13	08/18/13	32.00	137.60

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256368	3	T1019		08/19/13	08/19/13	32.00	137.60
256368	4	T1019		08/20/13	08/20/13	32.00	137.60
256368	5	T1019		08/21/13	08/21/13	32.00	137.60
256368	6	T1019		08/22/13	08/22/13	32.00	137.60
256368	7	T1019		08/23/13	08/23/13	32.00	137.60
CLAIM TOTAL							963.20

CLAIM ACCOUNT REF. 2563680012013395SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013679 2013679 PRISCO, FILOMENA 09/15/1921 769526 111988449
DIAGNOSIS CODES: 728.87 250.00 477.9 493.90 782.3 276.8

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256364	1	T1019		08/17/13	08/17/13	16.00	68.80
256364	2	T1019		08/18/13	08/18/13	16.00	68.80
256364	3	T1019		08/19/13	08/19/13	16.00	68.80
256364	4	T1019		08/20/13	08/20/13	16.00	68.80
256364	5	T1019		08/21/13	08/21/13	16.00	68.80
256364	6	T1019		08/22/13	08/22/13	16.00	68.80
256364	7	T1019		08/23/13	08/23/13	16.00	68.80
CLAIM TOTAL							481.60

CLAIM ACCOUNT REF. 2563640012013679SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012132 2013774 ORTIZ, DOLORES 06/30/1927 744365 112051869
DIAGNOSIS CODES: 719.7 272.4 401.9 750.7

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256358	1	T1019		08/17/13	08/17/13	48.00	206.40
256358	2	T1019		08/18/13	08/18/13	48.00	206.40
256358	3	T1019		08/19/13	08/19/13	48.00	206.40
256358	4	T1019		08/20/13	08/20/13	48.00	206.40
256358	5	T1019		08/21/13	08/21/13	48.00	206.40
256358	6	T1019		08/22/13	08/22/13	48.00	206.40
256358	7	T1019		08/23/13	08/23/13	48.00	206.40
CLAIM TOTAL							1,444.80

CLAIM ACCOUNT REF. 2563580012013774SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010404 2013868 GUERRERO *, MIRTHA 09/14/1931 740496 112093390
DIAGNOSIS CODES: 715.09 253.5 401.9 733.00 750.27

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256346	1	T1019		08/17/13	08/17/13	28.00	120.40
256346	2	T1019		08/18/13	08/18/13	28.00	120.40
256346	3	T1019		08/19/13	08/19/13	27.00	116.10

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NPI = 1154407492

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	228	TOTAL CLAIM AMOUNT =	29,149.70
		# SERVICES =	40		

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 55247 HEALTH INSURANCE PLAN

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008276 2008491 LOYOLA, MARIA 06/11/1981 JZR32498A01 0005044162
DIAGNOSIS CODES: 952.9 806.8 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256321	1	T1019	0580	08/19/13	08/19/13	32.00	135.04	
256321	2	T1019	0580	08/20/13	08/20/13	32.00	135.04	
256321	3	T1019	0580	08/21/13	08/21/13	32.00	135.04	
256321	4	T1019	0580	08/23/13	08/23/13	32.00	135.04	
					CLAIM TOTAL	540.16		CLAIM ACCOUNT REF. 2563210012008491SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008274 2008513 WILLIAMS, DIANE 09/23/1948 YZ36993F 0005080166
DIAGNOSIS CODES: 296.80 250.00 429.3 733.00 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256323	1	T1019	0580	08/19/13	08/19/13	16.00	67.52	
256323	2	T1019	0580	08/20/13	08/20/13	16.00	67.52	
256323	3	T1019	0580	08/21/13	08/21/13	16.00	67.52	
256323	4	T1019	0580	08/22/13	08/22/13	16.00	67.52	
256323	5	T1019	0580	08/23/13	08/23/13	16.00	67.52	
					CLAIM TOTAL	337.60		CLAIM ACCOUNT REF. 2563230012008513SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008193 2008723 REYNOLDS, HARRIET 07/01/1958 SR66809C 0003855084
DIAGNOSIS CODES: 728.87 250.00 250.60 311. 401.9 780.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256316	1	T1019	0580	08/09/13	08/09/13	16.00	67.52	
					CLAIM TOTAL	67.52		CLAIM ACCOUNT REF. 2563160012008723SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008193 2008723 REYNOLDS, HARRIET 07/01/1958 SR66809C 0003855084-008
DIAGNOSIS CODES: 728.87 250.00 250.60 311. 401.9 780.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256317	1	T1019	0580	08/22/13	08/22/13	16.00	67.52	
256317	2	T1019	0580	08/23/13	08/23/13	16.00	67.52	
					CLAIM TOTAL	135.04		CLAIM ACCOUNT REF. 2563170012008723SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 55247 HEALTH INSURANCE PLAN

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008793 2008793 COPE, WILLIE 02/17/1928 XR98607Q 0004050353
DIAGNOSIS CODES: 331.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256306	1	T1019	0580	08/17/13	08/17/13	48.00	202.56
256306	2	T1019	0580	08/18/13	08/18/13	48.00	202.56
256306	3	T1019	0580	08/19/13	08/19/13	48.00	202.56
256306	4	T1019	0580	08/20/13	08/20/13	48.00	202.56
256306	5	T1019	0580	08/21/13	08/21/13	48.00	202.56
256306	6	T1019	0580	08/22/13	08/22/13	48.00	202.56
256306	7	T1019	0580	08/23/13	08/23/13	48.00	202.56
CLAIM TOTAL						1,417.92	CLAIM ACCOUNT REF. 2563060012008793SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009237 2009237 WESTFIELD, BRENDA 01/13/1953 PT26237P 0004291129
DIAGNOSIS CODES: 710.4 250.00 401.9 414.00 493.90 530.81 728.87

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256318	1	T1019	0580	08/17/13	08/17/13	32.00	135.04
256318	2	T1019	0580	08/18/13	08/18/13	32.00	135.04
256318	3	T1019	0580	08/19/13	08/19/13	32.00	135.04
256318	4	T1019	0580	08/20/13	08/20/13	32.00	135.04
256318	5	T1019	0580	08/21/13	08/21/13	32.00	135.04
256318	6	T1019	0580	08/22/13	08/22/13	32.00	135.04
256318	7	T1019	0580	08/23/13	08/23/13	32.00	135.04
CLAIM TOTAL						945.28	CLAIM ACCOUNT REF. 2563180012009237SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008223 2009269 SHAH, HANSIKABEN 09/28/1948 UR74418G 0005080096
DIAGNOSIS CODES: 401.9 296.20 733.00 V61.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256322	1	T1019	0580	08/23/13	08/23/13	20.00	84.40
CLAIM TOTAL						84.40	CLAIM ACCOUNT REF. 2563220012009269SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008395 2009406 AHMAD, AMATUL 08/03/1953 YG15821Z 0004979372
DIAGNOSIS CODES: 799.89 253.5 272.4 401.9 493.92 696.8

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256319	1	T1019	0580	08/17/13	08/17/13	20.00	84.40
256319	2	T1019	0580	08/18/13	08/18/13	20.00	84.40
256319	3	T1019	0580	08/19/13	08/19/13	20.00	84.40

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE
PAYER ID = 55247 HEALTH INSURANCE PLAN

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256319	4	T1019	0580	08/20/13	08/20/13	20.00	84.40	
256319	5	T1019	0580	08/21/13	08/21/13	20.00	84.40	
256319	6	T1019	0580	08/22/13	08/22/13	20.00	84.40	
256319	7	T1019	0580	08/23/13	08/23/13	20.00	84.40	
					CLAIM TOTAL		590.80	CLAIM ACCOUNT REF. 2563190012009406SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008414	2009562	CIPRIAN, JACQUELINE	12/03/1963	ZU96435W	0004979520
DIAGNOSIS CODES: 345.90							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256320	1	T1019	0580	08/22/13	08/22/13	40.00	168.80	
					CLAIM TOTAL		168.80	CLAIM ACCOUNT REF. 2563200012009562SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009686	2009686	GAFFNEY, FREDERICK	01/04/1939	RH10373H	0005177081
DIAGNOSIS CODES: 315.8 357.4 389.8 401.9 493.91							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256309	1	T1019	0580	08/19/13	08/19/13	16.00	67.52	
256309	2	T1019	0580	08/20/13	08/20/13	16.00	67.52	
256309	3	T1019	0580	08/21/13	08/21/13	16.00	67.52	
256309	4	T1019	0580	08/22/13	08/22/13	16.00	67.52	
256309	5	T1019	0580	08/23/13	08/23/13	16.00	67.52	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2563090012009686SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009945	2009945	JACKSON, FRANCES	03/12/1934	12030545001	0004676295-009
DIAGNOSIS CODES: 332.0 250.00 401.9 722.10 785.2							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256311	1	T1019	0580	08/17/13	08/17/13	28.00	118.16	
256311	2	T1019	0580	08/18/13	08/18/13	28.00	118.16	
256311	3	T1019	0580	08/19/13	08/19/13	28.00	118.16	
256311	4	T1019	0580	08/20/13	08/20/13	28.00	118.16	
256311	5	T1019	0580	08/21/13	08/21/13	28.00	118.16	
256311	6	T1019	0580	08/22/13	08/22/13	28.00	118.16	
256311	7	T1019	0580	08/23/13	08/23/13	28.00	118.16	
					CLAIM TOTAL		827.12	CLAIM ACCOUNT REF. 2563110012009945SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 55247 HEALTH INSURANCE PLAN

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010991 2010991 IANNAZZO, ANGELINA 06/04/1921 RD78526M 0005197384
DIAGNOSIS CODES: 401.9 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256310	1	T1019	0580	08/17/13	08/17/13	36.00	151.92
256310	2	T1019	0580	08/18/13	08/18/13	36.00	151.92
256310	3	T1019	0580	08/19/13	08/19/13	36.00	151.92
256310	4	T1019	0580	08/20/13	08/20/13	36.00	151.92
256310	5	T1019	0580	08/21/13	08/21/13	36.00	151.92
256310	6	T1019	0580	08/22/13	08/22/13	36.00	151.92
256310	7	T1019	0580	08/23/13	08/23/13	36.00	151.92
CLAIM TOTAL						1,063.44	CLAIM ACCOUNT REF. 2563100012010991SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008113 2011066 COPELAND, ELISE 10/05/1928 QJ28865K 0006093352
DIAGNOSIS CODES: 250.00 369.9 311. 401.9 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256307	1	T1019	0580	08/17/13	08/17/13	48.00	202.56
256307	2	T1019	0580	08/18/13	08/18/13	45.00	189.90
256307	3	T1019	0580	08/19/13	08/19/13	36.00	151.92
256307	4	T1019	0580	08/20/13	08/20/13	36.00	151.92
256307	5	T1019	0580	08/21/13	08/21/13	36.00	151.92
256307	6	T1019	0580	08/22/13	08/22/13	36.00	151.92
256307	7	T1019	0580	08/23/13	08/23/13	36.00	151.92
CLAIM TOTAL						1,152.06	CLAIM ACCOUNT REF. 2563070012011066SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008273 2011526 DE JESUS, TIBURCIO 08/11/1947 XX16524S 0006379371
DIAGNOSIS CODES: 250.03 369.60 401.9 414.04 799.89 V60.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256308	1	T1019	0580	08/17/13	08/17/13	32.00	135.04
256308	2	T1019	0580	08/18/13	08/18/13	36.00	151.92
256308	3	T1019	0580	08/19/13	08/19/13	48.00	202.56
256308	4	T1019	0580	08/20/13	08/20/13	48.00	202.56
256308	5	T1019	0580	08/21/13	08/21/13	48.00	202.56
256308	6	T1019	0580	08/22/13	08/22/13	48.00	202.56
CLAIM TOTAL						1,097.20	CLAIM ACCOUNT REF. 2563080012011526SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 55247 HEALTH INSURANCE PLAN

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012541 2012541 LANGELOH, HOWARD 09/29/1923 16394107 0006625755
DIAGNOSIS CODES: 715.90 250.00 272.4 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256313	1	T1019	0580	08/17/13	08/17/13	24.00	101.28
256313	2	T1019	0580	08/18/13	08/18/13	24.00	101.28
256313	3	T1019	0580	08/19/13	08/19/13	24.00	101.28
256313	4	T1019	0580	08/20/13	08/20/13	24.00	101.28
256313	5	T1019	0580	08/21/13	08/21/13	24.00	101.28
256313	6	T1019	0580	08/22/13	08/22/13	24.00	101.28
256313	7	T1019	0580	08/23/13	08/23/13	24.00	101.28
CLAIM TOTAL							708.96

CLAIM ACCOUNT REF. 2563130012012541SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013402 2013402 MCALLISTER, ANNIE 03/29/1937 ZP91513K 0006313393
DIAGNOSIS CODES: V61.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256314	1	T1019	0580	08/19/13	08/19/13	16.00	67.52
256314	2	T1019	0580	08/21/13	08/21/13	16.00	67.52
256314	3	T1019	0580	08/23/13	08/23/13	16.00	67.52
CLAIM TOTAL							202.56

CLAIM ACCOUNT REF. 2563140012013402SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009467 2013531 KEATON, CATHERINE 08/30/1923 WC81742E 0004298435
DIAGNOSIS CODES: 715.00 365.9 401.9 780.4 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256312	1	T1019	0580	08/17/13	08/17/13	96.00	405.12
256312	2	T1019	0580	08/18/13	08/18/13	96.00	405.12
256312	3	T1019	0580	08/19/13	08/19/13	96.00	405.12
256312	4	T1019	0580	08/20/13	08/20/13	96.00	405.12
256312	5	T1019	0580	08/21/13	08/21/13	96.00	405.12
256312	6	T1019	0580	08/22/13	08/22/13	96.00	405.12
256312	7	T1019	0580	08/23/13	08/23/13	96.00	405.12
CLAIM TOTAL							2,835.84

CLAIM ACCOUNT REF. 2563120012013531SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013497 2013811 QUINTERO, ISAIAS 08/17/1945 PZ78774H 0006600227
DIAGNOSIS CODES: 250.00 244.9 368.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256315	1	T1019	0580	08/19/13	08/19/13	12.00	50.64

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 55247 HEALTH INSURANCE PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256315	2	T1019	0580	08/21/13	08/21/13	12.00	50.64	
256315	3	T1019	0580	08/23/13	08/23/13	12.00	50.64	
					CLAIM TOTAL	151.92		CLAIM ACCOUNT REF. 2563150012013811SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	87	TOTAL CLAIM AMOUNT =	12,664.22
		# SERVICES =	17		

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 77073 VNSNY CHOICE

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008374 2010958 KARASSAVIDES, ARISTOTI 10/09/1962 V80041904 131610065
DIAGNOSIS CODES: 042. 202.88 436. 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256444	1	T1019		08/19/13	08/19/13	28.00	120.12
256444	2	T1019		08/20/13	08/20/13	28.00	120.12
256444	3	T1019		08/21/13	08/21/13	28.00	120.12
256444	4	T1019		08/22/13	08/22/13	28.00	120.12
CLAIM TOTAL						480.48	
							CLAIM ACCOUNT REF. 2564440012010958SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012481 2012481 REYES, LORGIO 05/15/1982 V80024771 130240009
DIAGNOSIS CODES: 585.6 294.9 315.34 389.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256445	1	T1019		07/31/13	07/31/13	40.00	171.60
256445	2	T1019		08/17/13	08/17/13	24.00	102.96
256445	3	T1019		08/19/13	08/19/13	40.00	171.60
256445	4	T1019		08/20/13	08/20/13	24.00	102.96
256445	5	T1019		08/21/13	08/21/13	40.00	171.60
256445	6	T1019		08/22/13	08/22/13	24.00	102.96
256445	7	T1019		08/23/13	08/23/13	40.00	171.60
CLAIM TOTAL						995.28	
							CLAIM ACCOUNT REF. 2564450012012481SUP

PAYER TOTALS: VNSNY CHOICE # OF CLAIMS = 11 TOTAL CLAIM AMOUNT = 1,475.76
SERVICES = 2

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2003480 2003583 HERNANDEZ, FRANCISCA 02/07/1925 PX35079P R2220226
DIAGNOSIS CODES: 294.10 272.2 293.84 311. 401.9 715.98

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256392	1	T1019		08/17/13	08/17/13	40.00	142.40
256392	2	T1019		08/18/13	08/18/13	40.00	142.40
256392	3	T1019		08/19/13	08/19/13	44.00	156.64
256392	4	T1019		08/20/13	08/20/13	28.00	99.68
256392	5	T1019		08/21/13	08/21/13	28.00	99.68
256392	6	T1019		08/22/13	08/22/13	28.00	99.68
256392	7	T1019		08/23/13	08/23/13	36.00	128.16
CLAIM TOTAL							868.64

CLAIM ACCOUNT REF. 2563920012003583SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2003639 2003639 WOO, LUZ 02/27/1931 ZT83637F R2250302
DIAGNOSIS CODES: 492.0 212.3 213.2 223.0 311. 401.9 724.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256419	1	T1019		08/19/13	08/19/13	16.00	56.96
256419	2	T1019		08/20/13	08/20/13	16.00	56.96
256419	3	T1019		08/21/13	08/21/13	16.00	56.96
CLAIM TOTAL							170.88

CLAIM ACCOUNT REF. 2564190012003639SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2004602 2004602 BROOKS, NATALIE 11/30/1940 QH90085M R2218238
DIAGNOSIS CODES: 820.8 244.9 250.00 272.0 343.9 530.81 715.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256380	1	T1019		08/19/13	08/19/13	16.00	56.96
256380	2	T1019		08/20/13	08/20/13	16.00	56.96
256380	3	T1019		08/21/13	08/21/13	16.00	56.96
256380	4	T1019		08/22/13	08/22/13	24.00	85.44
256380	5	T1019		08/23/13	08/23/13	16.00	56.96
CLAIM TOTAL							313.28

CLAIM ACCOUNT REF. 2563800012004602SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2004798 2004798 WOO, LUZ 02/27/1931 ZT83637F R2250302
DIAGNOSIS CODES: 492.0 212.3 213.2 223.0 311. 401.9 724.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256420	1	S5130		08/19/13	08/19/13	16.00	56.96
CLAIM TOTAL							56.96

CLAIM ACCOUNT REF. 2564200012004798SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2005079 2005079 SIMON, LUPE 12/12/1934 YC26622R R2303923
DIAGNOSIS CODES: 250.00 272.0 401.9 530.81 596.51 733.00 780.52 V44.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256413	1	T1019		08/20/13	08/20/13	16.00	56.96
256413	2	T1019		08/22/13	08/22/13	16.00	56.96
CLAIM TOTAL							113.92

CLAIM ACCOUNT REF. 2564130012005079SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2006762 2006762 MOROCHO, MANUEL 12/10/1914 TZ67231W 0104291302785
DIAGNOSIS CODES: 369.00 462. 530.81 600.00 719.7 780.97

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256400	1	T1019		08/17/13	08/17/13	48.00	170.88
256400	2	T1019		08/18/13	08/18/13	48.00	170.88
256400	3	T1019		08/19/13	08/19/13	48.00	170.88
256400	4	T1019		08/20/13	08/20/13	48.00	170.88
256400	5	T1019		08/21/13	08/21/13	48.00	170.88
256400	6	T1019		08/22/13	08/22/13	48.00	170.88
256400	7	T1019		08/23/13	08/23/13	48.00	170.88
CLAIM TOTAL							1,196.16

CLAIM ACCOUNT REF. 2564000012006762SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2006897 2006897 ALVAREZ, ANGELA 05/20/1942 ZU47022Y R2247983
DIAGNOSIS CODES: 311. 401.9 462. 715.00 780.96

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256377	1	S5130		08/19/13	08/19/13	16.00	56.96
CLAIM TOTAL							56.96

CLAIM ACCOUNT REF. 2563770012006897SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2007165 2007165 SIERRA, MIRIAM 10/18/1953 YH89624C R2365310
DIAGNOSIS CODES: 294.20 272.0 311. 369.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256412	1	T1019		08/17/13	08/17/13	16.00	56.96
256412	2	T1019		08/18/13	08/18/13	16.00	56.96
256412	3	T1019		08/19/13	08/19/13	32.00	113.92
256412	4	T1019		08/20/13	08/20/13	32.00	113.92
256412	5	T1019		08/21/13	08/21/13	24.00	85.44
256412	6	T1019		08/22/13	08/22/13	32.00	113.92
256412	7	T1019		08/23/13	08/23/13	32.00	113.92
CLAIM TOTAL							655.04

CLAIM ACCOUNT REF. 2564120012007165SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2007478 2007478 HARIDIN, KHAMATTIE 04/19/1941 WS44546W R2252889
DIAGNOSIS CODES: 715.90 135. 250.00 311. 401.9 530.81 724.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256390	1	S5125		08/17/13	08/17/13	16.00	56.96
256390	2	S5125		08/18/13	08/18/13	16.00	56.96
256390	3	S5125		08/19/13	08/19/13	20.00	71.20
256390	4	S5125		08/20/13	08/20/13	20.00	71.20
256390	5	S5125		08/21/13	08/21/13	20.00	71.20
256390	6	S5125		08/22/13	08/22/13	20.00	71.20
256390	7	S5125		08/23/13	08/23/13	20.00	71.20
CLAIM TOTAL							469.92
CLAIM ACCOUNT REF.							2563900012007478SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2007477 2007590 HARIDIN, RAMDIAL 08/08/1935 SE14035X R2362509
DIAGNOSIS CODES: 331.0 250.00 366.00 401.9 780.93 V12.59

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256391	1	S5125		08/17/13	08/17/13	80.00	284.80
256391	2	S5125		08/18/13	08/18/13	80.00	284.80
256391	3	S5125		08/19/13	08/19/13	76.00	270.56
256391	4	S5125		08/20/13	08/20/13	76.00	270.56
256391	5	S5125		08/21/13	08/21/13	76.00	270.56
256391	6	S5125		08/22/13	08/22/13	76.00	270.56
256391	7	S5125		08/23/13	08/23/13	76.00	270.56
CLAIM TOTAL							1,922.40
CLAIM ACCOUNT REF.							2563910012007590SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008246 2008246 RIVERA, CHRISTOPHER 09/03/1996 UW23596M R2269158
DIAGNOSIS CODES: 314.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256277	1	T1019		08/17/13	08/17/13	12.00	50.64
256277	2	T1019		08/18/13	08/18/13	12.00	50.64
256277	3	T1019		08/19/13	08/19/13	12.00	50.64
256277	4	T1019		08/20/13	08/20/13	12.00	50.64
256277	5	T1019		08/21/13	08/21/13	12.00	50.64
256277	6	T1019		08/22/13	08/22/13	12.00	50.64
256277	7	T1019		08/23/13	08/23/13	12.00	50.64
CLAIM TOTAL							354.48
CLAIM ACCOUNT REF.							2562770012008246SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008248 2008248 RIVERA, EDDIE 01/29/1960 YP34893V R2226367
DIAGNOSIS CODES: 339.02 367.1 369.10

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256278	1	T1019		08/19/13	08/19/13	12.00	50.64
256278	2	T1019		08/20/13	08/20/13	12.00	50.64
256278	3	T1019		08/21/13	08/21/13	12.00	50.64
256278	4	T1019		08/22/13	08/22/13	12.00	50.64
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2562780012008248SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008249 2008249 LOPEZ-RAMIREZ, CARLOTA 01/20/1936 QR43529V 0105101301235
DIAGNOSIS CODES: 714.0 272.4 401.9 536.9 586. 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256272	1	T1019		08/09/13	08/09/13	44.00	185.68
256272	2	T1019		08/17/13	08/17/13	44.00	185.68
256272	3	T1019		08/18/13	08/18/13	44.00	185.68
256272	4	T1019		08/19/13	08/19/13	44.00	185.68
256272	5	T1019		08/20/13	08/20/13	44.00	185.68
256272	6	T1019		08/21/13	08/21/13	44.00	185.68
256272	7	T1019		08/22/13	08/22/13	44.00	185.68
256272	8	T1019		08/23/13	08/23/13	44.00	185.68
CLAIM TOTAL							1,485.44
CLAIM ACCOUNT REF.							2562720012008249SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008250 2008250 SALAZAR, LUZ MARIA 02/19/1970 SC60317K R2270854
DIAGNOSIS CODES: 952.9 564.81 596.54 806.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256281	1	T1019		08/17/13	08/17/13	32.00	135.04
256281	2	T1019		08/18/13	08/18/13	32.00	135.04
256281	3	T1019		08/19/13	08/19/13	36.00	151.92
256281	4	T1019		08/20/13	08/20/13	32.00	135.04
256281	5	T1019		08/21/13	08/21/13	32.00	135.04
256281	6	T1019		08/22/13	08/22/13	32.00	135.04
256281	7	T1019		08/23/13	08/23/13	32.00	135.04
CLAIM TOTAL							962.16
CLAIM ACCOUNT REF.							2562810012008250SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008251 2008251 CEBALLOS, ANA 12/31/1919 UH02585Q R2162064
DIAGNOSIS CODES: 294.10 244.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256252	1	T1019		08/17/13	08/17/13	32.00	135.04
CLAIM TOTAL							135.04
CLAIM ACCOUNT REF.							2562520012008251SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008251 2008251 CEBALLOS, ANA 12/31/1919 UH02585Q 0107261302282
DIAGNOSIS CODES: 294.10 244.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256253	1	T1019		08/19/13	08/19/13	32.00	135.04
256253	2	T1019		08/20/13	08/20/13	32.00	135.04
256253	3	T1019		08/21/13	08/21/13	32.00	135.04
256253	4	T1019		08/22/13	08/22/13	32.00	135.04
256253	5	T1019		08/23/13	08/23/13	32.00	135.04
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2562530012008251SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008253 2008253 MACARENA, SAHARA 09/12/1965 VT07830U 0104171302386
DIAGNOSIS CODES: 359.0 719.45

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256273	1	T1019		08/18/13	08/18/13	36.00	151.92
256273	2	T1019		08/19/13	08/19/13	48.00	202.56
256273	3	T1019		08/20/13	08/20/13	48.00	202.56
256273	4	T1019		08/21/13	08/21/13	48.00	202.56
256273	5	T1019		08/22/13	08/22/13	48.00	202.56
256273	6	T1019		08/23/13	08/23/13	48.00	202.56
CLAIM TOTAL							1,164.72
CLAIM ACCOUNT REF.							2562730012008253SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008254 2008254 SPIVEY, PATRICIA 04/06/1965 WE52435B 0104051303745
DIAGNOSIS CODES: 250.00 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256284	1	T1019		08/19/13	08/19/13	32.00	135.04
256284	2	T1019		08/20/13	08/20/13	32.00	135.04
256284	3	T1019		08/21/13	08/21/13	32.00	135.04
256284	4	T1019		08/22/13	08/22/13	32.00	135.04
256284	5	T1019		08/23/13	08/23/13	32.00	135.04
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2562840012008254SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008256 2008256 CARMONA, LUZ 08/10/1954 XJ24416K 0104121301251
DIAGNOSIS CODES: 294.8 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256250	1	T1019		08/19/13	08/19/13	32.00	135.04
256250	2	T1019		08/20/13	08/20/13	32.00	135.04
256250	3	T1019		08/21/13	08/21/13	32.00	135.04
256250	4	T1019		08/22/13	08/22/13	28.00	118.16
256250	5	T1019		08/23/13	08/23/13	32.00	135.04
CLAIM TOTAL							658.32

CLAIM ACCOUNT REF. 2562500012008256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008257 2008257 ESTEVES, JOSE 09/04/1948 YD71377C 0103261301993
DIAGNOSIS CODES: 345.40

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256259	1	T1019		08/17/13	08/17/13	24.00	101.28
256259	2	T1019		08/18/13	08/18/13	24.00	101.28
256259	3	T1019		08/19/13	08/19/13	24.00	101.28
256259	4	T1019		08/20/13	08/20/13	24.00	101.28
256259	5	T1019		08/21/13	08/21/13	24.00	101.28
256259	6	T1019		08/22/13	08/22/13	24.00	101.28
CLAIM TOTAL							607.68

CLAIM ACCOUNT REF. 2562590012008257SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008362 2008362 FONTANES, PEDRO 08/27/1948 RX10287Z 0104171301499
DIAGNOSIS CODES: 724.3 278.00 427.31 428.0 724.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256262	1	T1019		08/17/13	08/17/13	48.00	202.56
256262	2	T1019		08/18/13	08/18/13	48.00	202.56
256262	3	T1019		08/19/13	08/19/13	48.00	202.56
256262	4	T1019		08/20/13	08/20/13	48.00	202.56
256262	5	T1019		08/21/13	08/21/13	48.00	202.56
256262	6	T1019		08/22/13	08/22/13	48.00	202.56
256262	7	T1019		08/23/13	08/23/13	48.00	202.56
CLAIM TOTAL							1,417.92

CLAIM ACCOUNT REF. 2562620012008362SUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008368 2008368 RODRIGUEZ, MARGARET 06/25/1950 ZP21043J R2259936
DIAGNOSIS CODES: 295.90 250.00 272.4 311. 401.9 414.3 733.00 780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256280	1	T1019		08/19/13	08/19/13	16.00	67.52	
256280	2	T1019		08/20/13	08/20/13	16.00	67.52	
256280	3	T1019		08/21/13	08/21/13	16.00	67.52	
256280	4	T1019		08/22/13	08/22/13	16.00	67.52	
256280	5	T1019		08/23/13	08/23/13	16.00	67.52	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2562800012008368SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008411 2008411 FRANCISCO, RICHARD 07/10/1968 XR22414G R2176143
DIAGNOSIS CODES: 401.9 443.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256263	1	T1019		08/17/13	08/17/13	32.00	135.04	
256263	2	T1019		08/18/13	08/18/13	32.00	135.04	
256263	3	T1019		08/19/13	08/19/13	32.00	135.04	
256263	4	T1019		08/20/13	08/20/13	32.00	135.04	
256263	5	T1019		08/21/13	08/21/13	32.00	135.04	
256263	6	T1019		08/22/13	08/22/13	32.00	135.04	
256263	7	T1019		08/23/13	08/23/13	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2562630012008411SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008433 2008433 BHAIRO, KOWSILILLI 05/13/1954 VG15691D R2362824
DIAGNOSIS CODES: 340. 286.0 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256247	1	T1019		08/17/13	08/17/13	32.00	135.04	
256247	2	T1019		08/18/13	08/18/13	32.00	135.04	
256247	3	T1019		08/19/13	08/19/13	32.00	135.04	
256247	4	T1019		08/20/13	08/20/13	32.00	135.04	
256247	5	T1019		08/21/13	08/21/13	32.00	135.04	
256247	6	T1019		08/22/13	08/22/13	32.00	135.04	
256247	7	T1019		08/23/13	08/23/13	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2562470012008433SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z 0105161301593
DIAGNOSIS CODES: 250.00 244.8 311. 401.9 428.0 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256246	1	T1019		08/17/13	08/17/13	12.00	50.64
256246	2	T1019		08/19/13	08/19/13	20.00	84.40
256246	3	T1019		08/20/13	08/20/13	20.00	84.40
256246	4	T1019		08/21/13	08/21/13	20.00	84.40
256246	5	T1019		08/22/13	08/22/13	20.00	84.40
256246	6	T1019		08/23/13	08/23/13	20.00	84.40
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2562460012008487SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008558 2008558 SURIEL, GERTRUDIS 03/17/1950 ZE67447D R2223526
DIAGNOSIS CODES: 493.90 401.9 414.00 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256286	1	T1019		08/17/13	08/17/13	48.00	202.56
256286	2	T1019		08/18/13	08/18/13	48.00	202.56
256286	3	T1019		08/19/13	08/19/13	48.00	202.56
256286	4	T1019		08/20/13	08/20/13	48.00	202.56
256286	5	T1019		08/21/13	08/21/13	48.00	202.56
256286	6	T1019		08/22/13	08/22/13	48.00	202.56
256286	7	T1019		08/23/13	08/23/13	48.00	202.56
CLAIM TOTAL							1,417.92
CLAIM ACCOUNT REF.							2562860012008558SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008571 2008571 ESPAILLAT, AMPARO 12/25/1949 ZG25447P 0103131301379
DIAGNOSIS CODES: 401.9 272.0 311. 365.9 366.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256258	1	T1019		08/17/13	08/17/13	16.00	67.52
256258	2	T1019		08/18/13	08/18/13	16.00	67.52
256258	3	T1019		08/19/13	08/19/13	24.00	101.28
256258	4	T1019		08/20/13	08/20/13	24.00	101.28
256258	5	T1019		08/21/13	08/21/13	24.00	101.28
256258	6	T1019		08/22/13	08/22/13	24.00	101.28
256258	7	T1019		08/23/13	08/23/13	24.00	101.28
CLAIM TOTAL							641.44
CLAIM ACCOUNT REF.							2562580012008571SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008745 2008745 TORRESCAMPOS, JOVITA 02/15/1939 SK28000U 0102201302714
DIAGNOSIS CODES: 463. 272.2 401.9 462. V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256418	1	T1019		08/19/13	08/19/13	20.00	71.20
256418	2	T1019		08/20/13	08/20/13	32.00	113.92
256418	3	T1019		08/21/13	08/21/13	32.00	113.92
256418	4	T1019		08/22/13	08/22/13	32.00	113.92
256418	5	T1019		08/23/13	08/23/13	32.00	113.92
CLAIM TOTAL							526.88

CLAIM ACCOUNT REF. 2564180012008745SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008919 2008919 COLON, RAYMUNDA 07/01/1939 ZQ72180D R2394992
DIAGNOSIS CODES: 253.5 272.4 401.9 447.6

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256381	1	T1019		08/11/13	08/11/13	28.00	99.68
256381	2	T1019		08/12/13	08/12/13	28.00	99.68
256381	3	T1019		08/13/13	08/13/13	28.00	99.68
256381	4	T1019		08/14/13	08/14/13	28.00	99.68
256381	5	T1019		08/15/13	08/15/13	28.00	99.68
256381	6	T1019		08/18/13	08/18/13	28.00	99.68
256381	7	T1019		08/19/13	08/19/13	28.00	99.68
256381	8	T1019		08/20/13	08/20/13	28.00	99.68
256381	9	T1019		08/22/13	08/22/13	24.00	85.44
CLAIM TOTAL							882.88

CLAIM ACCOUNT REF. 2563810012008919SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008271 2009270 CARRION, MARIA 06/30/1928 SC64434E R2230145
DIAGNOSIS CODES: 250.00 294.10 401.9 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256251	1	T1019		08/17/13	08/17/13	32.00	135.04
256251	2	T1019		08/19/13	08/19/13	32.00	135.04
256251	3	T1019		08/20/13	08/20/13	32.00	135.04
256251	4	T1019		08/21/13	08/21/13	32.00	135.04
256251	5	T1019		08/22/13	08/22/13	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2562510012009270SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009405 2009405 CORTES DE GALINDO, NEL 05/25/1925 PF03624B R2196521
DIAGNOSIS CODES: 401.9 244.9 537.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256254	1	T1019		07/30/13	07/30/13	24.00	101.28
256254	2	T1019		08/12/13	08/12/13	24.00	101.28
256254	3	T1019		08/13/13	08/13/13	24.00	101.28
CLAIM TOTAL							303.84
CLAIM ACCOUNT REF.							2562540012009405SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009425 2009425 FRIAS, BARBARA 04/01/1954 YQ10410R 0103191302380
DIAGNOSIS CODES: 785.9 V44.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256264	1	T1019		08/19/13	08/19/13	16.00	67.52
256264	2	T1019		08/21/13	08/21/13	16.00	67.52
256264	3	T1019		08/23/13	08/23/13	12.00	50.64
CLAIM TOTAL							185.68
CLAIM ACCOUNT REF.							2562640012009425SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009442 2009442 GHILIOTTY, FLORENTINA 07/18/1927 ZN29900K R2300287
DIAGNOSIS CODES: 427.9 250.00 272.0 366.00 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256387	1	T1019		08/17/13	08/17/13	20.00	71.20
256387	2	T1019		08/18/13	08/18/13	20.00	71.20
256387	3	T1019		08/19/13	08/19/13	20.00	71.20
256387	4	T1019		08/20/13	08/20/13	20.00	71.20
256387	5	T1019		08/21/13	08/21/13	20.00	71.20
256387	6	T1019		08/22/13	08/22/13	20.00	71.20
256387	7	T1019		08/23/13	08/23/13	20.00	71.20
CLAIM TOTAL							498.40
CLAIM ACCOUNT REF.							2563870012009442SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009560 2009560 BOCHENEC, JOLANTA 07/08/1964 ZT71147Q 0104251302988
DIAGNOSIS CODES: 854.00 272.4 300.00 307.42 781.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256248	1	T1019		07/29/13	07/29/13	24.00	101.28
256248	2	T1019		08/01/13	08/01/13	24.00	101.28
256248	3	T1019		08/04/13	08/04/13	24.00	101.28
256248	4	T1019		08/17/13	08/17/13	24.00	101.28
256248	5	T1019		08/19/13	08/19/13	24.00	101.28

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256248	6	T1019		08/20/13	08/20/13	24.00	101.28	
256248	7	T1019		08/21/13	08/21/13	24.00	101.28	
256248	8	T1019		08/22/13	08/22/13	24.00	101.28	
256248	9	T1019		08/23/13	08/23/13	24.00	101.28	
					CLAIM TOTAL		911.52	CLAIM ACCOUNT REF. 2562480012009560SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010009	2010009	VEGA, GLORIA	07/06/1955	ZU45073J	R2160981
DIAGNOSIS	CODES:	340.	250.00	272.2	311.		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256289	1	T1019		08/19/13	08/19/13	32.00	135.04	
256289	2	T1019		08/20/13	08/20/13	32.00	135.04	
256289	3	T1019		08/21/13	08/21/13	32.00	135.04	
256289	4	T1019		08/22/13	08/22/13	32.00	135.04	
256289	5	T1019		08/23/13	08/23/13	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2562890012010009SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008299	2010311	LAZALA, GLADYS	02/03/1950	ZT39863D	0106041301563
DIAGNOSIS	CODES:	340.	250.00	278.00	401.9	440.9	781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256270	1	T1019		08/17/13	08/17/13	48.00	202.56	
256270	2	T1019		08/18/13	08/18/13	48.00	202.56	
					CLAIM TOTAL		405.12	CLAIM ACCOUNT REF. 2562700012010311SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008813	2010967	LARA, TOMASA	10/11/1931	SX47950B	R2366558
DIAGNOSIS	CODES:	401.9	244.9	272.4	715.80		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256269	1	T1019		08/19/13	08/19/13	32.00	135.04	
256269	2	T1019		08/20/13	08/20/13	32.00	135.04	
256269	3	T1019		08/21/13	08/21/13	32.00	135.04	
256269	4	T1019		08/22/13	08/22/13	32.00	135.04	
256269	5	T1019		08/23/13	08/23/13	28.00	118.16	
					CLAIM TOTAL		658.32	CLAIM ACCOUNT REF. 2562690012010967SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051
PAYER ID = 80141

SUNNYSIDE CITYWIDE
HEALTHFIRST PHSP

NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008378	2011528	BOWERS *, DIANE	10/01/1946	129232187	R2207419
DIAGNOSIS CODES: 250.11 300.02 410.90 413.9 428.0 440.9 493.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256249	1	T1019		08/19/13	08/19/13	40.00	168.80
256249	2	T1019		08/20/13	08/20/13	40.00	168.80
256249	3	T1019		08/21/13	08/21/13	40.00	168.80
256249	4	T1019		08/22/13	08/22/13	40.00	168.80
256249	5	T1019		08/23/13	08/23/13	40.00	168.80

CLAIM TOTAL

844.00 CLAIM ACCOUNT REF. 2562490012011528SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009509	2011545	GRAFSTEIN, LILLIAN	03/17/1926	PY21098S	01022513001785
DIAGNOSIS CODES: 331.0 244.9 733.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256389	1	T1020		08/17/13	08/17/13	1.00	200.00
256389	2	T1020		08/18/13	08/18/13	1.00	200.00
256389	3	T1020		08/19/13	08/19/13	1.00	200.00

CLAIM TOTAL

600.00 CLAIM ACCOUNT REF. 2563890012011545SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011790	2011790	SALICRUP, CARMEN	08/27/1933	UM62649X	R2174502
DIAGNOSIS CODES: 250.93 272.4							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256410	1	T1019		08/19/13	08/19/13	16.00	56.96
256410	2	T1019		08/21/13	08/21/13	16.00	56.96
256410	3	T1019		08/23/13	08/23/13	16.00	56.96

CLAIM TOTAL

170.88 CLAIM ACCOUNT REF. 2564100012011790SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011791	2011791	PERALTA, ANTONIO	06/27/1946	WD92450J	R2341378
DIAGNOSIS CODES: 331.0 253.5 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256403	1	T1019		08/19/13	08/19/13	32.00	113.92
256403	2	T1019		08/20/13	08/20/13	32.00	113.92
256403	3	T1019		08/21/13	08/21/13	32.00	113.92
256403	4	T1019		08/22/13	08/22/13	32.00	113.92
256403	5	T1019		08/23/13	08/23/13	32.00	113.92

CLAIM TOTAL

569.60 CLAIM ACCOUNT REF. 2564030012011791SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011794 2011794 RUIZ, MIRTA 08/16/1949 ZS10861D R2288940
DIAGNOSIS CODES: 250.02 311. 401.9 436.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256409	1	T1019		08/20/13	08/20/13	36.00	128.16
256409	2	T1019		08/21/13	08/21/13	36.00	128.16
256409	3	T1019		08/22/13	08/22/13	36.00	128.16
CLAIM TOTAL						384.48	CLAIM ACCOUNT REF. 2564090012011794SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011795 2011795 SOTO, AGRIPIA 12/01/1919 YY63880T R2186247
DIAGNOSIS CODES: 493.92 244.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256415	1	T1019		08/19/13	08/19/13	16.00	56.96
256415	2	T1019		08/20/13	08/20/13	16.00	56.96
256415	3	T1019		08/21/13	08/21/13	16.00	56.96
256415	4	T1019		08/23/13	08/23/13	16.00	56.96
CLAIM TOTAL						227.84	CLAIM ACCOUNT REF. 2564150012011795SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011796 2011796 ROSA, CARMEN 06/16/1945 VH41068Z R2320780
DIAGNOSIS CODES: 715.90 295.70

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256407	1	T1019		08/19/13	08/19/13	32.00	113.92
256407	2	T1019		08/20/13	08/20/13	28.00	99.68
256407	3	T1019		08/21/13	08/21/13	20.00	71.20
256407	4	T1019		08/23/13	08/23/13	20.00	71.20
CLAIM TOTAL						356.00	CLAIM ACCOUNT REF. 2564070012011796SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008405 2011820 ST ROMAINE, CLAUDE 10/01/1956 UZ14868C R2159493
DIAGNOSIS CODES: 952.9 344.9 596.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256285	1	T1019		08/17/13	08/17/13	36.00	151.92
256285	2	T1019		08/18/13	08/18/13	36.00	151.92
256285	3	T1019		08/19/13	08/19/13	40.00	168.80
256285	4	T1019		08/20/13	08/20/13	40.00	168.80
256285	5	T1019		08/21/13	08/21/13	40.00	168.80
256285	6	T1019		08/22/13	08/22/13	40.00	168.80
256285	7	T1019		08/23/13	08/23/13	40.00	168.80

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	1,147.84	2562850012011820SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011867	2011867	GOODWIN, CLYDE	09/20/1925	RF40230A	R2345549
DIAGNOSIS CODES: 362.50 272.4 401.9 733.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
256388	1	T1019		08/17/13	08/17/13	40.00	142.40	
256388	2	T1019		08/18/13	08/18/13	40.00	142.40	
256388	3	T1019		08/19/13	08/19/13	40.00	142.40	
256388	4	T1019		08/20/13	08/20/13	40.00	142.40	
256388	5	T1019		08/21/13	08/21/13	40.00	142.40	
256388	6	T1019		08/22/13	08/22/13	40.00	142.40	
256388	7	T1019		08/23/13	08/23/13	40.00	142.40	
						CLAIM TOTAL	996.80	2563880012011867SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011884	2011884	SIERRA, DOMINGA	07/01/1933	YH21412B	R2363274
DIAGNOSIS CODES: 250.00 272.4 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
256411	1	T1019		08/19/13	08/19/13	32.00	113.92	
256411	2	T1019		08/20/13	08/20/13	32.00	113.92	
256411	3	T1019		08/21/13	08/21/13	32.00	113.92	
256411	4	T1019		08/22/13	08/22/13	32.00	113.92	
256411	5	T1019		08/23/13	08/23/13	32.00	113.92	
						CLAIM TOTAL	569.60	2564110012011884SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011885	2011885	TORRES, JOSE	06/23/1938	WB42614P	R2178349
DIAGNOSIS CODES: 493.91 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
256417	1	T1019		08/19/13	08/19/13	14.00	49.84	
256417	2	T1019		08/20/13	08/20/13	16.00	56.96	
256417	3	T1019		08/22/13	08/22/13	16.00	56.96	
						CLAIM TOTAL	163.76	2564170012011885SUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011886 2011886 MERCADO, ELVA 06/15/1932 YW12212B 0104051301925
DIAGNOSIS CODES: 250.00 332.1 714.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256399	1	T1019		08/17/13	08/17/13	24.00	85.44
256399	2	T1019		08/18/13	08/18/13	24.00	85.44
256399	3	T1019		08/19/13	08/19/13	24.00	85.44
256399	4	T1019		08/20/13	08/20/13	20.00	71.20
256399	5	T1019		08/21/13	08/21/13	24.00	85.44
256399	6	T1019		08/22/13	08/22/13	20.00	71.20
256399	7	T1019		08/23/13	08/23/13	24.00	85.44
CLAIM TOTAL							569.60
CLAIM ACCOUNT REF.							2563990012011886SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011887 2011887 ROSADO, CARMEN 01/20/1919 ZT37222K R2200478
DIAGNOSIS CODES: 733.09 274.00 362.50 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256408	1	T1019		08/19/13	08/19/13	48.00	170.88
256408	2	T1019		08/20/13	08/20/13	48.00	170.88
256408	3	T1019		08/21/13	08/21/13	48.00	170.88
256408	4	T1019		08/22/13	08/22/13	48.00	170.88
256408	5	T1019		08/23/13	08/23/13	48.00	170.88
CLAIM TOTAL							854.40
CLAIM ACCOUNT REF.							2564080012011887SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011914 2011914 TORRES, ANTONIA 10/24/1924 ZM49732K R2182496
DIAGNOSIS CODES: 331.0 272.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256416	1	T1020		08/17/13	08/17/13	1.00	200.00
256416	2	T1020		08/18/13	08/18/13	1.00	200.00
256416	3	T1020		08/19/13	08/19/13	1.00	200.00
256416	4	T1020		08/20/13	08/20/13	1.00	200.00
256416	5	T1020		08/21/13	08/21/13	1.00	200.00
256416	6	T1020		08/22/13	08/22/13	1.00	200.00
256416	7	T1020		08/23/13	08/23/13	1.00	200.00
CLAIM TOTAL							1,400.00
CLAIM ACCOUNT REF.							2564160012011914SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011943 2011943 CUEVA, RAFAELA 05/26/1934 WF24218W R2249691
DIAGNOSIS CODES: 294.10 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256382	1	T1019		08/17/13	08/17/13	48.00	170.88
256382	2	T1019		08/18/13	08/18/13	48.00	170.88
256382	3	T1019		08/19/13	08/19/13	48.00	170.88
256382	4	T1019		08/20/13	08/20/13	48.00	170.88
256382	5	T1019		08/21/13	08/21/13	48.00	170.88
256382	6	T1019		08/22/13	08/22/13	48.00	170.88
256382	7	T1019		08/23/13	08/23/13	48.00	170.88
CLAIM TOTAL						1,196.16	CLAIM ACCOUNT REF. 2563820012011943SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011950 2011950 RAMOS, ISABEL 03/27/1928 WF45444N R2295212
DIAGNOSIS CODES: V56.8 253.5 785.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256404	1	T1019		08/19/13	08/19/13	28.00	99.68
256404	2	T1019		08/20/13	08/20/13	32.00	113.92
256404	3	T1019		08/22/13	08/22/13	32.00	113.92
256404	4	T1019		08/23/13	08/23/13	28.00	99.68
CLAIM TOTAL						427.20	CLAIM ACCOUNT REF. 2564040012011950SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011950 2011951 RAMOS, ISABEL 03/27/1928 WF45444N R2295212
DIAGNOSIS CODES: V56.8 253.5 785.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256405	1	S5131		08/17/13	08/17/13	4.00	57.00
CLAIM TOTAL						57.00	CLAIM ACCOUNT REF. 2564050012011951SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011961 2011961 MARTINEZ 2, EMMA 10/17/1944 ZK99698A R2338273
DIAGNOSIS CODES: 401.9 244.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256394	1	T1019		07/27/13	07/27/13	16.00	56.96
256394	2	T1019		08/17/13	08/17/13	16.00	56.96
256394	3	T1019		08/19/13	08/19/13	16.00	56.96
CLAIM TOTAL						170.88	CLAIM ACCOUNT REF. 2563940012011961SUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011961 2011962 MARTINEZ 2, EMMA 10/17/1944 ZK99698A R2338273
DIAGNOSIS CODES: 401.9 244.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256395	1	S5130		08/21/13	08/21/13	16.00	56.96
CLAIM TOTAL							56.96

CLAIM ACCOUNT REF. 2563950012011962SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011964 2011964 FULLER, WILLIAM 09/28/1935 YX25158Y R2361055
DIAGNOSIS CODES: 250.01 331.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256385	1	T1019		08/17/13	08/17/13	40.00	142.40
256385	2	T1019		08/18/13	08/18/13	40.00	142.40
256385	3	T1019		08/19/13	08/19/13	40.00	142.40
256385	4	T1019		08/20/13	08/20/13	40.00	142.40
256385	5	T1019		08/21/13	08/21/13	40.00	142.40
256385	6	T1019		08/22/13	08/22/13	40.00	142.40
256385	7	T1019		08/23/13	08/23/13	40.00	142.40
CLAIM TOTAL							996.80

CLAIM ACCOUNT REF. 2563850012011964SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011966 2011966 MATOS, AUREA 10/19/1927 TG62448J R2164221
DIAGNOSIS CODES: V44.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256397	1	T1019		08/17/13	08/17/13	24.00	85.44
256397	2	T1019		08/18/13	08/18/13	24.00	85.44
256397	3	T1019		08/19/13	08/19/13	28.00	99.68
256397	4	T1019		08/20/13	08/20/13	28.00	99.68
256397	5	T1019		08/21/13	08/21/13	28.00	99.68
256397	6	T1019		08/22/13	08/22/13	28.00	99.68
256397	7	T1019		08/23/13	08/23/13	28.00	99.68
CLAIM TOTAL							669.28

CLAIM ACCOUNT REF. 2563970012011966SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011997 2011997 OSBORNE, DOROTHY 01/04/1931 VK20601M R2176436
DIAGNOSIS CODES: 427.31 250.00 401.9 428.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256402	1	T1019		08/19/13	08/19/13	14.00	49.84
256402	2	T1019		08/20/13	08/20/13	16.00	56.96
256402	3	T1019		08/21/13	08/21/13	16.00	56.96

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256402	4	T1019		08/22/13	08/22/13	16.00	56.96	
256402	5	T1019		08/23/13	08/23/13	16.00	56.96	
				CLAIM TOTAL			277.68	CLAIM ACCOUNT REF. 2564020012011997SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012030	2012030	GARCIA, VICTORIA	05/26/1926	YP32446E	R2216342
DIAGNOSIS	CODES:	401.9	272.2	715.00	733.00		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256386	1	T1019		08/19/13	08/19/13	20.00	71.20	
256386	2	T1019		08/21/13	08/21/13	20.00	71.20	
256386	3	T1019		08/22/13	08/22/13	20.00	71.20	
256386	4	T1019		08/23/13	08/23/13	20.00	71.20	
				CLAIM TOTAL			284.80	CLAIM ACCOUNT REF. 2563860012012030SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012032	2012032	ORTIZ, SANTIAGO	04/12/1936	ZA54595T	0103151301546
DIAGNOSIS	CODES:	294.10	250.00	272.4	311.		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256401	1	T1019		08/19/13	08/19/13	40.00	142.40	
256401	2	T1019		08/20/13	08/20/13	40.00	142.40	
256401	3	T1019		08/21/13	08/21/13	40.00	142.40	
256401	4	T1019		08/23/13	08/23/13	40.00	142.40	
				CLAIM TOTAL			569.60	CLAIM ACCOUNT REF. 2564010012012032SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012039	2012039	ESTRADA, MIRIAM	01/09/1947	ZX12851A	R2286465
DIAGNOSIS	CODES:	493.92	253.5	401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256384	1	T1019		08/17/13	08/17/13	16.00	56.96	
256384	2	T1019		08/19/13	08/19/13	32.00	113.92	
256384	3	T1019		08/20/13	08/20/13	32.00	113.92	
256384	4	T1019		08/21/13	08/21/13	32.00	113.92	
256384	5	T1019		08/22/13	08/22/13	32.00	113.92	
256384	6	T1019		08/23/13	08/23/13	32.00	113.92	
				CLAIM TOTAL			626.56	CLAIM ACCOUNT REF. 2563840012012039SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012041 2012041 ESCANIO, ANTONIO 06/13/1937 ST328273T R2333071
DIAGNOSIS CODES: 250.00 272.2 365.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256383	1	T1019		08/17/13	08/17/13	16.00	56.96
256383	2	T1019		08/19/13	08/19/13	16.00	56.96
CLAIM TOTAL							113.92

CLAIM ACCOUNT REF. 2563830012012041SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012042 2012042 MARTINEZ, ROSARIO 07/25/1951 XE62541Y 0104301301154
DIAGNOSIS CODES: 493.92 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256396	1	T1019		08/17/13	08/17/13	16.00	56.96
256396	2	T1019		08/20/13	08/20/13	16.00	56.96
CLAIM TOTAL							113.92

CLAIM ACCOUNT REF. 2563960012012042SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012063 2012063 MALDONADO, MARIA 10/15/1920 ZN07021G R2247100
DIAGNOSIS CODES: 331.0 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256393	1	T1020		08/17/13	08/17/13	1.00	200.00
256393	2	T1020		08/18/13	08/18/13	1.00	200.00
256393	3	T1020		08/19/13	08/19/13	1.00	200.00
256393	4	T1020		08/20/13	08/20/13	1.00	200.00
256393	5	T1020		08/21/13	08/21/13	1.00	200.00
256393	6	T1020		08/22/13	08/22/13	1.00	200.00
256393	7	T1020		08/23/13	08/23/13	1.00	200.00
CLAIM TOTAL							1,400.00

CLAIM ACCOUNT REF. 2563930012012063SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012064 2012064 MAYNARD, LILLIAN 03/01/1947 ZH47128X R2292790
DIAGNOSIS CODES: 253.5 401.9 493.92

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256398	1	T1019		08/19/13	08/19/13	20.00	71.20
256398	2	T1019		08/20/13	08/20/13	20.00	71.20
256398	3	T1019		08/22/13	08/22/13	20.00	71.20
256398	4	T1019		08/23/13	08/23/13	20.00	71.20
CLAIM TOTAL							284.80

CLAIM ACCOUNT REF. 2563980012012064SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012127 2012127 ZAPATA, SIMON 05/26/1926 UA23241S R2350814
DIAGNOSIS CODES: 414.04 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256421	1	T1019		08/19/13	08/19/13	16.00	56.96
256421	2	T1019		08/21/13	08/21/13	16.00	56.96
256421	3	T1019		08/23/13	08/23/13	16.00	56.96
CLAIM TOTAL							170.88

CLAIM ACCOUNT REF. 2564210012012127SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012208 2012208 RODRIGUEZ, PAULA 03/21/1929 XZ33242G R2238025
DIAGNOSIS CODES: 294.10 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256406	1	T1020		08/14/13	08/14/13	1.00	200.00
256406	2	T1020		08/15/13	08/15/13	1.00	200.00
256406	3	T1020		08/17/13	08/17/13	1.00	200.00
256406	4	T1020		08/18/13	08/18/13	1.00	200.00
256406	5	T1020		08/19/13	08/19/13	1.00	200.00
256406	6	T1020		08/20/13	08/20/13	1.00	200.00
256406	7	T1020		08/21/13	08/21/13	1.00	200.00
256406	8	T1020		08/22/13	08/22/13	1.00	200.00
256406	9	T1020		08/23/13	08/23/13	1.00	200.00
CLAIM TOTAL							1,800.00

CLAIM ACCOUNT REF. 2564060012012208SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011495 2012478 ISKANDER, JACOB S 04/14/1949 YS88012Z R2296271
DIAGNOSIS CODES: 748.60 253.5 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256266	1	T1019		08/02/13	08/02/13	32.00	135.04
256266	2	T1019		08/17/13	08/17/13	32.00	135.04
256266	3	T1019		08/18/13	08/18/13	32.00	135.04
256266	4	T1019		08/19/13	08/19/13	32.00	135.04
256266	5	T1019		08/20/13	08/20/13	32.00	135.04
256266	6	T1019		08/21/13	08/21/13	32.00	135.04
256266	7	T1019		08/22/13	08/22/13	32.00	135.04
256266	8	T1019		08/23/13	08/23/13	32.00	135.04
CLAIM TOTAL							1,080.32

CLAIM ACCOUNT REF. 2562660012012478SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012498 2012498 SCHOONMAKER, JEAN 01/16/1944 116703035 0101171302362
DIAGNOSIS CODES: 296.22 724.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256282	1	T1019		08/17/13	08/17/13	32.00	135.04	
256282	2	T1019		08/19/13	08/19/13	36.00	151.92	
256282	3	T1019		08/21/13	08/21/13	36.00	151.92	
256282	4	T1019		08/22/13	08/22/13	24.00	101.28	
256282	5	T1019		08/23/13	08/23/13	36.00	151.92	
					CLAIM TOTAL		692.08	CLAIM ACCOUNT REF. 2562820012012498SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012772 2012772 THORNTON, SHIRLEY 09/02/1949 ZM67702P R2196393
DIAGNOSIS CODES: 253.5 493.92 V45.11

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256288	1	T1019		08/08/13	08/08/13	32.00	135.04	
256288	2	T1019		08/15/13	08/15/13	32.00	135.04	
256288	3	T1019		08/17/13	08/17/13	32.00	135.04	
256288	4	T1019		08/18/13	08/18/13	32.00	135.04	
256288	5	T1019		08/19/13	08/19/13	20.00	84.40	
256288	6	T1019		08/20/13	08/20/13	32.00	135.04	
256288	7	T1019		08/21/13	08/21/13	20.00	84.40	
256288	8	T1019		08/22/13	08/22/13	32.00	135.04	
256288	9	T1019		08/23/13	08/23/13	16.00	67.52	
					CLAIM TOTAL		1,046.56	CLAIM ACCOUNT REF. 2562880012012772SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2006897 2012951 ALVAREZ, ANGELA 05/20/1942 ZU470227 R2247938
DIAGNOSIS CODES: 311. 401.9 462. 715.00 780.96

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256378	1	T1019		08/23/13	08/23/13	16.00	56.96	
					CLAIM TOTAL		56.96	CLAIM ACCOUNT REF. 2563780012012951SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008284 2012973 ANDERSON, BETH 12/18/1947 YC43135F R2221344
DIAGNOSIS CODES: 340. 286.0 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256379	1	T1019		08/17/13	08/17/13	32.00	113.92	
256379	2	T1019		08/18/13	08/18/13	32.00	113.92	
256379	3	T1019		08/19/13	08/19/13	32.00	113.92	

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256379	4	T1019		08/20/13	08/20/13	32.00	113.92	
256379	5	T1019		08/21/13	08/21/13	32.00	113.92	
256379	6	T1019		08/22/13	08/22/13	32.00	113.92	
256379	7	T1019		08/23/13	08/23/13	32.00	113.92	
					CLAIM TOTAL		797.44	CLAIM ACCOUNT REF. 2563790012012973SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011388	2013053	PALAZZOLO, FLORENCE	10/31/1948	PD96979S	0103181301812
DIAGNOSIS	CODES:	331.0				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256275	1	T1020		08/17/13	08/17/13	12.00	202.56	
256275	2	T1020		08/18/13	08/18/13	12.00	202.56	
256275	3	T1020		08/19/13	08/19/13	12.00	202.56	
256275	4	T1020		08/20/13	08/20/13	12.00	202.56	
256275	5	T1020		08/21/13	08/21/13	12.00	202.56	
256275	6	T1020		08/22/13	08/22/13	12.00	202.56	
256275	7	T1020		08/23/13	08/23/13	12.00	202.56	
					CLAIM TOTAL		1,417.92	CLAIM ACCOUNT REF. 2562750012013053SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2005079	2013439	SIMON, LUPE	12/12/1934	YC26622R	0105311301339
DIAGNOSIS	CODES:	250.00 272.0 401.9 530.81 596.51 733.00 780.52 V44.3				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256414	1	T1019		08/17/13	08/17/13	16.00	56.96	
256414	2	T1019		08/19/13	08/19/13	16.00	56.96	
256414	3	T1019		08/21/13	08/21/13	16.00	56.96	
256414	4	T1019		08/23/13	08/23/13	16.00	56.96	
					CLAIM TOTAL		227.84	CLAIM ACCOUNT REF. 2564140012013439SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2010143	2013448	AHMED, UMARA	11/15/1985	XK51476N	R2412138
DIAGNOSIS	CODES:	335.19 695.4				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256245	1	T1019		08/17/13	08/17/13	32.00	135.04	
256245	2	T1019		08/18/13	08/18/13	32.00	135.04	
256245	3	T1019		08/19/13	08/19/13	32.00	135.04	
256245	4	T1019		08/20/13	08/20/13	32.00	135.04	
256245	5	T1019		08/21/13	08/21/13	32.00	135.04	
256245	6	T1019		08/22/13	08/22/13	32.00	135.04	
256245	7	T1019		08/23/13	08/23/13	32.00	135.04	

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							945.28	2562450012013448SUP
						CLAIM TOTAL		

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012500	2013452	DEKMAK, GRISEL	03/02/1964	VV95212H	020113323665
DIAGNOSIS	CODES:	340.	285.8	311.	596.54		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
256256	1	T1019		08/09/13	08/09/13	48.00	202.56	
256256	2	T1019		08/17/13	08/17/13	48.00	202.56	
256256	3	T1019		08/18/13	08/18/13	48.00	202.56	
256256	4	T1019		08/19/13	08/19/13	48.00	202.56	
256256	5	T1019		08/20/13	08/20/13	48.00	202.56	
256256	6	T1019		08/21/13	08/21/13	48.00	202.56	
256256	7	T1019		08/22/13	08/22/13	48.00	202.56	
256256	8	T1019		08/23/13	08/23/13	48.00	202.56	
						CLAIM TOTAL	1,620.48	2562560012013452SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008261	2013454	FERNANDEZ, MARIA	07/24/1943	XG23851A	R2302238
DIAGNOSIS	CODES:	250.00	272.2	493.00	536.9	733.00	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
256260	1	T1019		08/22/13	08/22/13	16.00	67.52	
						CLAIM TOTAL	67.52	2562600012013454SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008427	2013455	FLORES, MARITZA	09/26/1953	ZG96532J	R2303561
DIAGNOSIS	CODES:	427.31	278.01	285.9	311.	425.8	799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
256261	1	T1019		08/17/13	08/17/13	40.00	168.80	
256261	2	T1019		08/18/13	08/18/13	40.00	168.80	
256261	3	T1019		08/19/13	08/19/13	40.00	168.80	
256261	4	T1019		08/20/13	08/20/13	40.00	168.80	
256261	5	T1019		08/21/13	08/21/13	40.00	168.80	
256261	6	T1019		08/22/13	08/22/13	40.00	168.80	
256261	7	T1019		08/23/13	08/23/13	40.00	168.80	
						CLAIM TOTAL	1,181.60	2562610012013455SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008366 2013458 JONES, CYNTHIA 03/17/1950 ZU54275V R2303721
DIAGNOSIS CODES: 333.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256267	1	T1019		08/19/13	08/19/13	20.00	84.40
CLAIM TOTAL							84.40
CLAIM ACCOUNT REF.							2562670012013458SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008742 2013461 KROLL, KATHERINE 09/22/1949 ZQ14882N R2302722
DIAGNOSIS CODES: 340. 244.8 272.0 311. 386.2 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256268	1	T1019		08/19/13	08/19/13	28.00	118.16
256268	2	T1019		08/20/13	08/20/13	28.00	118.16
256268	3	T1019		08/21/13	08/21/13	28.00	118.16
256268	4	T1019		08/22/13	08/22/13	28.00	118.16
256268	5	T1019		08/23/13	08/23/13	28.00	118.16
CLAIM TOTAL							590.80
CLAIM ACCOUNT REF.							2562680012013461SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008263 2013462 MORALES HERNANDEZ, EDW 10/28/1952 XV26396D 0107171301672
DIAGNOSIS CODES: 344.1 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256274	1	T1019		08/17/13	08/17/13	24.00	101.28
256274	2	T1019		08/18/13	08/18/13	24.00	101.28
256274	3	T1019		08/19/13	08/19/13	24.00	101.28
256274	4	T1019		08/20/13	08/20/13	24.00	101.28
256274	5	T1019		08/21/13	08/21/13	24.00	101.28
256274	6	T1019		08/22/13	08/22/13	24.00	101.28
256274	7	T1019		08/23/13	08/23/13	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2562740012013462SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008398 2013466 RODRIGUEZ, JESSE 03/23/1984 YC62425G R2303381
DIAGNOSIS CODES: 799.89 253.5 278.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256279	1	T1019		08/19/13	08/19/13	16.00	67.52
256279	2	T1019		08/20/13	08/20/13	20.00	84.40
256279	3	T1019		08/21/13	08/21/13	16.00	67.52
256279	4	T1019		08/22/13	08/22/13	20.00	84.40
256279	5	T1019		08/23/13	08/23/13	20.00	84.40

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
							388.24		2562790012013466SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008265	2013467	SHEPPARD, ERMA	10/05/1954	ZX55600A	0105301305797
DIAGNOSIS CODES: 295.90 250.00 272.0 401.9 440.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
256283	1	T1019		08/17/13	08/17/13	40.00	168.80		
256283	2	T1019		08/18/13	08/18/13	36.00	151.92		
256283	3	T1019		08/19/13	08/19/13	40.00	168.80		
256283	4	T1019		08/20/13	08/20/13	40.00	168.80		
256283	5	T1019		08/21/13	08/21/13	40.00	168.80		
256283	6	T1019		08/22/13	08/22/13	40.00	168.80		
256283	7	T1019		08/23/13	08/23/13	36.00	151.92		
							1,147.84		2562830012013467SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013602	2013602	LOPEZ, YAMILETH	11/22/1957	129932699	R2346153
DIAGNOSIS CODES: 250.00 272.4 401.9 530.81 719.7							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
256271	1	T1019		08/16/13	08/16/13	20.00	84.40		
256271	2	T1019		08/19/13	08/19/13	20.00	84.40		
256271	3	T1019		08/20/13	08/20/13	20.00	84.40		
256271	4	T1019		08/22/13	08/22/13	20.00	84.40		
256271	5	T1019		08/23/13	08/23/13	20.00	84.40		
							422.00		2562710012013602SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013739	2013739	GUERRA, MAYRA	07/10/1957	130005275	R2380289
DIAGNOSIS CODES: 332.0 311. 338.4 719.7 V15.88							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
256265	1	T1019		08/11/13	08/11/13	32.00	135.04		
256265	2	T1019		08/15/13	08/15/13	32.00	135.04		
256265	3	T1019		08/17/13	08/17/13	36.00	151.92		
256265	4	T1019		08/18/13	08/18/13	32.00	135.04		
256265	5	T1019		08/19/13	08/19/13	32.00	135.04		
256265	6	T1019		08/20/13	08/20/13	32.00	135.04		
256265	7	T1019		08/21/13	08/21/13	32.00	135.04		
256265	8	T1019		08/22/13	08/22/13	28.00	118.16		
256265	9	T1019		08/23/13	08/23/13	32.00	135.04		
							1,215.36		2562650012013739SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008886 2013849 REINA, JOSE 05/31/1928 130116891 0107311303394
DIAGNOSIS CODES: 244.9 272.4 600.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256276	1	S5131		08/17/13	08/17/13	5.00	1,012.80
256276	2	S5131		08/19/13	08/19/13	5.00	1,012.80
256276	3	S5131		08/20/13	08/20/13	5.00	1,012.80
256276	4	S5131		08/21/13	08/21/13	5.00	1,012.80
256276	5	S5131		08/22/13	08/22/13	5.00	1,012.80
256276	6	S5131		08/23/13	08/23/13	5.00	1,012.80
CLAIM TOTAL						6,076.80	CLAIM ACCOUNT REF. 2562760012013849SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009337 2013850 DOMINGUEZ-REIN, ANA T 09/02/1932 113539931 R2397139
DIAGNOSIS CODES: 401.9 715.00 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256257	1	S5131		08/17/13	08/17/13	5.00	1,012.80
256257	2	S5131		08/19/13	08/19/13	5.00	1,012.80
256257	3	S5131		08/20/13	08/20/13	5.00	1,012.80
256257	4	S5131		08/21/13	08/21/13	5.00	1,012.80
256257	5	S5131		08/22/13	08/22/13	5.00	1,012.80
256257	6	S5131		08/23/13	08/23/13	5.00	1,012.80
CLAIM TOTAL						6,076.80	CLAIM ACCOUNT REF. 2562570012013850SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013941 2013941 TELLO, ZOILA 11/04/1954 WF19113P R2389724
DIAGNOSIS CODES: 727.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256287	1	T1019		08/20/13	08/20/13	16.00	67.52
256287	2	T1019		08/21/13	08/21/13	16.00	67.52
256287	3	T1019		08/22/13	08/22/13	16.00	67.52
256287	4	T1019		08/23/13	08/23/13	16.00	67.52
CLAIM TOTAL						270.08	CLAIM ACCOUNT REF. 2562870012013941SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009405 2013942 CORTES DE GALINDO, NEL 05/25/1925 PF03624B R2196521
DIAGNOSIS CODES: 401.9 244.9 537.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256255	1	T1019		08/20/13	08/20/13	24.00	101.28
256255	2	T1019		08/21/13	08/21/13	24.00	101.28

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NPI = 1154407492

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	466	TOTAL CLAIM AMOUNT =	69,136.44
		# SERVICES =	89		

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 87726 UNITEDHEALTHCARE

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008245 2008245 CALDERON, MIGDALIA 08/02/1961 100195559 610563075
DIAGNOSIS CODES: 250.00 428.0 724.00 724.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256300	1	T1019		07/26/13	07/26/13	40.00	171.60
CLAIM TOTAL							171.60
CLAIM ACCOUNT REF.							2563000012008245SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008287 2008287 MILLAN, ARMIDA 09/13/1928 100063356 610554187
DIAGNOSIS CODES: 250.00 272.4 311. 356.9 365.9 401.9 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256302	1	T1019		08/18/13	08/18/13	16.00	68.64
256302	2	T1019		08/19/13	08/19/13	36.00	154.44
256302	3	T1019		08/20/13	08/20/13	36.00	154.44
256302	4	T1019		08/21/13	08/21/13	36.00	154.44
256302	5	T1019		08/22/13	08/22/13	36.00	154.44
256302	6	T1019		08/23/13	08/23/13	36.00	154.44
CLAIM TOTAL							840.84
CLAIM ACCOUNT REF.							2563020012008287SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008401 2008401 SAFOS, PATRA 12/18/1948 100029836 611508024
DIAGNOSIS CODES: 340. 244.8 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256304	1	T1019		08/17/13	08/17/13	32.00	137.28
256304	2	T1019		08/18/13	08/18/13	32.00	137.28
256304	3	T1019		08/19/13	08/19/13	32.00	137.28
256304	4	T1019		08/20/13	08/20/13	32.00	137.28
256304	5	T1019		08/21/13	08/21/13	32.00	137.28
256304	6	T1019		08/22/13	08/22/13	32.00	137.28
256304	7	T1019		08/23/13	08/23/13	32.00	137.28
CLAIM TOTAL							960.96
CLAIM ACCOUNT REF.							2563040012008401SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013181 2013181 REYES, RODOLFO 04/17/1927 101465844 611028746
DIAGNOSIS CODES: 427.89 443.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256303	1	T1019		08/19/13	08/19/13	16.00	68.64
256303	2	T1019		08/20/13	08/20/13	16.00	68.64
256303	3	T1019		08/21/13	08/21/13	16.00	68.64
256303	4	T1019		08/22/13	08/22/13	16.00	68.64

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 87726 UNITEDHEALTHCARE

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256303	5	T1019		08/23/13	08/23/13	16.00	68.64	
						CLAIM TOTAL	343.20	CLAIM ACCOUNT REF. 2563030012013181SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013182	2013182	FARFAN, MARIA	06/17/1924	101465838	611033079
DIAGNOSIS CODES: 780.99 294.10 530.81 733.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256301	1	T1019		08/17/13	08/17/13	32.00	137.28	
256301	2	T1019		08/18/13	08/18/13	32.00	137.28	
256301	3	T1019		08/19/13	08/19/13	40.00	171.60	
256301	4	T1019		08/20/13	08/20/13	32.00	137.28	
256301	5	T1019		08/21/13	08/21/13	32.00	137.28	
256301	6	T1019		08/22/13	08/22/13	32.00	137.28	
256301	7	T1019		08/23/13	08/23/13	24.00	102.96	
						CLAIM TOTAL	960.96	CLAIM ACCOUNT REF. 2563010012013182SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2006396	2013609	TSOURATAKIS, ELEFTERIA	01/25/1919	101503810	611254933
DIAGNOSIS CODES: 799.3 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256305	1	T1019		08/18/13	08/18/13	48.00	205.92	
256305	2	T1019		08/19/13	08/19/13	48.00	205.92	
256305	3	T1019		08/20/13	08/20/13	48.00	205.92	
256305	4	T1019		08/21/13	08/21/13	48.00	205.92	
256305	5	T1019		08/22/13	08/22/13	48.00	205.92	
256305	6	T1019		08/23/13	08/23/13	48.00	205.92	
						CLAIM TOTAL	1,235.52	CLAIM ACCOUNT REF. 2563050012013609SUP

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	32	TOTAL CLAIM AMOUNT =	4,513.08
		# SERVICES =	6		

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = AMRGRI AMERIGROUP NEW YORK,LLC

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008266 2008266 GUERRA, LORRAINE 03/22/1948 712731594 103536057
DIAGNOSIS CODES: 431. 784.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256423	1	T1019	0580	08/17/13	08/17/13	40.00	168.80
256423	2	T1019	0580	08/18/13	08/18/13	40.00	168.80
256423	3	T1019	0580	08/19/13	08/19/13	32.00	135.04
256423	4	T1019	0580	08/20/13	08/20/13	32.00	135.04
256423	5	T1019	0580	08/21/13	08/21/13	32.00	135.04
256423	6	T1019	0580	08/22/13	08/22/13	32.00	135.04
256423	7	T1019	0580	08/23/13	08/23/13	32.00	135.04
CLAIM TOTAL						1,012.80	CLAIM ACCOUNT REF. 2564230012008266SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008409 2009279 PRUITT, JOHNNY 10/26/1956 712824266 103273331
DIAGNOSIS CODES: 249.00 272.4 295.00 401.9 585.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256424	1	S5130	0582	08/20/13	08/20/13	16.00	67.52
256424	2	S5130	0582	08/22/13	08/22/13	8.00	33.76
CLAIM TOTAL						101.28	CLAIM ACCOUNT REF. 2564240012009279SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008406 2010728 YOUNG, KALEILE 06/17/1994 006532755 103177976
DIAGNOSIS CODES: 319. 493.90 742.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256426	1	T1019	0580	08/17/13	08/17/13	16.00	67.52
256426	2	T1019	0580	08/18/13	08/18/13	16.00	67.52
256426	3	T1019	0580	08/19/13	08/19/13	12.00	50.64
256426	4	T1019	0580	08/20/13	08/20/13	12.00	50.64
256426	5	T1019	0580	08/21/13	08/21/13	12.00	50.64
256426	6	T1019	0580	08/22/13	08/22/13	12.00	50.64
256426	7	T1019	0580	08/23/13	08/23/13	12.00	50.64
CLAIM TOTAL						388.24	CLAIM ACCOUNT REF. 2564260012010728SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008407 2010729 WALTERS, BYRON 05/18/2000 006600539 103177687
DIAGNOSIS CODES: 319. 493.90 742.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256425	1	T1019	0580	08/17/13	08/17/13	20.00	84.40
256425	2	T1019	0580	08/18/13	08/18/13	20.00	84.40

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = AMRGRI AMERIGROUP NEW YORK,LLC

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256425	3	T1019	0580	08/19/13	08/19/13	16.00	67.52	
256425	4	T1019	0580	08/20/13	08/20/13	16.00	67.52	
256425	5	T1019	0580	08/21/13	08/21/13	16.00	67.52	
256425	6	T1019	0580	08/22/13	08/22/13	16.00	67.52	
256425	7	T1019	0580	08/23/13	08/23/13	16.00	67.52	
			CLAIM TOTAL				506.40	CLAIM ACCOUNT REF. 2564250012010729SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012083	2012354	CRUZ, SALVADOR	05/10/1932	713917795	103312801
DIAGNOSIS	CODES:	290.0	401.9	447.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256428	1	T1019	0580	08/21/13	08/21/13	24.00	90.00	
256428	2	T1019	0580	08/22/13	08/22/13	24.00	90.00	
256428	3	T1019	0580	08/23/13	08/23/13	24.00	90.00	
			CLAIM TOTAL				270.00	CLAIM ACCOUNT REF. 2564280012012354SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012078	2012358	MARTINEZ, TOMASITA	01/03/1944	714799688	103312469
DIAGNOSIS	CODES:	715.09	311.	401.9	493.90	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256431	1	T1019	0580	08/12/13	08/12/13	16.00	60.00	
256431	2	T1019	0580	08/13/13	08/13/13	16.00	60.00	
256431	3	T1019	0580	08/14/13	08/14/13	16.00	60.00	
256431	4	T1019	0580	08/15/13	08/15/13	16.00	60.00	
256431	5	T1019	0580	08/16/13	08/16/13	16.00	60.00	
256431	6	T1019	0580	08/19/13	08/19/13	16.00	60.00	
256431	7	T1019	0580	08/20/13	08/20/13	16.00	60.00	
256431	8	T1019	0580	08/21/13	08/21/13	16.00	60.00	
256431	9	T1019	0580	08/23/13	08/23/13	16.00	60.00	
			CLAIM TOTAL				540.00	CLAIM ACCOUNT REF. 2564310012012358SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012080	2012362	RIVERA, CARMEN	05/17/1967	714280461	103312424
DIAGNOSIS	CODES:	192.2	338.29	536.9	787.60	788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256432	1	T1019	0580	08/19/13	08/19/13	20.00	75.00	
256432	2	T1019	0580	08/20/13	08/20/13	20.00	75.00	
256432	3	T1019	0580	08/21/13	08/21/13	20.00	75.00	
256432	4	T1019	0580	08/22/13	08/22/13	20.00	75.00	
256432	5	T1019	0580	08/23/13	08/23/13	20.00	75.00	

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = AMRGRI AMERIGROUP NEW YORK,LLC

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							375.00	2564320012012362SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009647	2012374	FERNANDEZ, NORKA *	07/14/1948	715856872	102806651
DIAGNOSIS CODES: 401.9 311. 492.8 715.80							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
256429	1	T1019	0580	08/19/13	08/19/13	32.00	120.00	
256429	2	T1019	0580	08/20/13	08/20/13	36.00	135.00	
256429	3	T1019	0580	08/21/13	08/21/13	32.00	120.00	
256429	4	T1019	0580	08/22/13	08/22/13	36.00	135.00	
256429	5	T1019	0580	08/23/13	08/23/13	32.00	120.00	
							630.00	2564290012012374SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012732	2012732	COLCHAMIRO, ESTHER	02/01/1919	717373336	103441419
DIAGNOSIS CODES: 799.9 244.9 272.4 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
256427	1	T1019	0580	08/19/13	08/19/13	28.00	105.00	
256427	2	T1019	0580	08/20/13	08/20/13	28.00	105.00	
256427	3	T1019	0580	08/21/13	08/21/13	28.00	105.00	
256427	4	T1019	0580	08/22/13	08/22/13	28.00	105.00	
256427	5	T1019	0580	08/23/13	08/23/13	16.00	60.00	
							480.00	2564270012012732SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008365	2013018	HARDING, EDNA	05/17/1956	6274884	103437258
DIAGNOSIS CODES: 493.90 253.5 272.4 296.80							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
256430	1	T1019	0580	08/19/13	08/19/13	16.00	60.00	
256430	2	T1019	0580	08/20/13	08/20/13	16.00	60.00	
256430	3	T1019	0580	08/21/13	08/21/13	16.00	60.00	
256430	4	T1019	0580	08/22/13	08/22/13	16.00	60.00	
256430	5	T1019	0580	08/23/13	08/23/13	16.00	60.00	
							300.00	2564300012013018SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = AMRGRI AMERIGROUP NEW YORK,LLC

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #		
NY	001	2009247	2013352	CARRILLO, MARIA	05/18/1956	712689120	103584528		
DIAGNOSIS		CODES:	714.0	311.	401.9	493.90	696.1	780.52	799.9

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
256422	1	T1019		0580		08/19/13	08/19/13	20.00	84.40
256422	2	T1019		0580		08/20/13	08/20/13	20.00	84.40
256422	3	T1019		0580		08/22/13	08/22/13	20.00	84.40
256422	4	T1019		0580		08/23/13	08/23/13	20.00	84.40
CLAIM TOTAL								337.60	CLAIM ACCOUNT REF. 2564220012013352SUP

PAYER TOTALS:	AMERIGROUP NEW YORK,LLC	# OF CLAIMS =	59	TOTAL CLAIM AMOUNT =	4,941.32
		# SERVICES =	11		

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = ELDER ELDERSERVE

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009623 2013814 BEAN, ELMIRA 10/09/1948 00001678800 8/22/2012-00581-0006
DIAGNOSIS CODES: 250.00 272.2 311. 401.9 436. 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256450	1	T1019	0671	08/17/13	08/17/13	32.00	116.16
256450	2	T1019	0671	08/18/13	08/18/13	32.00	116.16
256450	3	T1019	0671	08/19/13	08/19/13	32.00	116.16
256450	4	T1019	0671	08/20/13	08/20/13	32.00	116.16
256450	5	T1019	0671	08/21/13	08/21/13	32.00	116.16
256450	6	T1019	0671	08/22/13	08/22/13	32.00	116.16
256450	7	T1019	0671	08/23/13	08/23/13	32.00	116.16
CLAIM TOTAL							813.12
CLAIM ACCOUNT REF.							2564500012013814SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012728 2013815 MEYSTER, LYUBOV 01/08/1930 00002862300 3/5/2013-00134-0001
DIAGNOSIS CODES: V68.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256451	1	T1019	0671	08/19/13	08/19/13	20.00	72.60
256451	2	T1019	0671	08/20/13	08/20/13	20.00	72.60
256451	3	T1019	0671	08/21/13	08/21/13	20.00	72.60
256451	4	T1019	0671	08/22/13	08/22/13	20.00	72.60
256451	5	T1019	0671	08/23/13	08/23/13	20.00	72.60
CLAIM TOTAL							363.00
CLAIM ACCOUNT REF.							2564510012013815SUP

PAYER TOTALS: ELDERSERVE # OF CLAIMS = 12 TOTAL CLAIM AMOUNT = 1,176.12
SERVICES = 2

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1997785 1997785 RIVAS, GERTRUDIS 10/14/1931 GNT00533400 9/13/2011-00672-0009
DIAGNOSIS CODES: 250.81 272.0 311. 401.9 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256580	1	S5125		08/19/13	08/19/13	24.00	94.56	
256580	2	S5125		08/20/13	08/20/13	24.00	94.56	
256580	3	S5125		08/21/13	08/21/13	24.00	94.56	
256580	4	S5125		08/22/13	08/22/13	24.00	94.56	
256580	5	S5125		08/23/13	08/23/13	24.00	94.56	
						CLAIM TOTAL	472.80	CLAIM ACCOUNT REF. 2565800011997785SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1997789 1997789 SANCHEZ, ELIZABETH 01/03/1956 GNT00370600 11/17/2003-00133-0144
DIAGNOSIS CODES: 345.90 316. 369.4 462. 781.2 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256594	1	T1019		08/17/13	08/17/13	16.00	63.04	
256594	2	T1019		08/18/13	08/18/13	16.00	63.04	
256594	3	T1019		08/19/13	08/19/13	28.00	110.32	
256594	4	T1019		08/20/13	08/20/13	28.00	110.32	
256594	5	T1019		08/21/13	08/21/13	28.00	110.32	
256594	6	T1019		08/22/13	08/22/13	28.00	110.32	
256594	7	T1019		08/23/13	08/23/13	28.00	110.32	
						CLAIM TOTAL	677.68	CLAIM ACCOUNT REF. 2565940011997789SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1999328 1999328 ZUMAETA, FANNY 04/09/1936 GNT03663500 4/27/2007-00047-0033
DIAGNOSIS CODES: 318.1 345.91 369.4 389.10 453.8 784.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256629	1	T1019		08/17/13	08/17/13	28.00	110.32	
256629	2	T1019		08/18/13	08/18/13	28.00	110.32	
256629	3	T1019		08/19/13	08/19/13	40.00	157.60	
256629	4	T1019		08/20/13	08/20/13	40.00	157.60	
256629	5	T1019		08/21/13	08/21/13	40.00	157.60	
256629	6	T1019		08/22/13	08/22/13	40.00	157.60	
256629	7	T1019		08/23/13	08/23/13	39.00	153.66	
						CLAIM TOTAL	1,004.70	CLAIM ACCOUNT REF. 2566290011999328SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2002109 2002109 PROANO, ALICIA 09/18/1924 93700845900 7/27/2010-00116-0014
DIAGNOSIS CODES: 250.00 212.2 485. 272.0 401.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256570	1	S5125 TT		08/17/13	08/17/13	20.00	83.80
256570	2	S5125 TT		08/18/13	08/18/13	20.00	83.80
256570	3	S5125 TT		08/19/13	08/19/13	20.00	83.80
256570	4	S5125 TT		08/20/13	08/20/13	20.00	83.80
256570	5	S5125 TT		08/21/13	08/21/13	20.00	83.80
256570	6	S5125 TT		08/22/13	08/22/13	20.00	83.80
CLAIM TOTAL							502.80
CLAIM ACCOUNT REF.							2565700012002109SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1997798 2002124 SHELTON, AGUEDA 02/05/1919 GNT03123900 3/3/2009-00651-0023
DIAGNOSIS CODES: 331.0 401.9 716.90 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256601	1	T1019		08/18/13	08/18/13	28.00	110.32
256601	2	T1019		08/19/13	08/19/13	28.00	110.32
256601	3	T1019		08/20/13	08/20/13	26.00	102.44
256601	4	T1019		08/21/13	08/21/13	28.00	110.32
256601	5	T1019		08/22/13	08/22/13	28.00	110.32
256601	6	T1019		08/23/13	08/23/13	28.00	110.32
CLAIM TOTAL							654.04
CLAIM ACCOUNT REF.							2566010012002124SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2000377 2002162 MUSCAT, CARMEN 02/28/1927 GNT04082300 7/13/2012-00639-0005
DIAGNOSIS CODES: 250.00 272.2 401.9 564.09 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256546	1	T1019		08/17/13	08/17/13	24.00	94.56
256546	2	T1019		08/18/13	08/18/13	24.00	94.56
256546	3	T1019		08/19/13	08/19/13	32.00	126.08
256546	4	T1019		08/20/13	08/20/13	32.00	126.08
256546	5	T1019		08/21/13	08/21/13	32.00	126.08
256546	6	T1019		08/22/13	08/22/13	32.00	126.08
CLAIM TOTAL							693.44
CLAIM ACCOUNT REF.							2565460012002162SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2002531 2002531 NEWBOLD, RAMONA 09/24/1934 GNT04415000 10/27/2008-00400-0022
DIAGNOSIS CODES: 715.90 369.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256549	1	S5125		08/19/13	08/19/13	20.00	78.80	
256549	2	S5125		08/20/13	08/20/13	20.00	78.80	
256549	3	S5125		08/22/13	08/22/13	20.00	78.80	
256549	4	S5125		08/23/13	08/23/13	20.00	78.80	
					CLAIM TOTAL	315.20		CLAIM ACCOUNT REF. 2565490012002531SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1997777 2002769 CEPEDA, TOMASA 09/07/1932 93700964900 12/4/2008-00022-0025
DIAGNOSIS CODES: 253.5 401.9 452. 462.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256471	1	S5125		08/17/13	08/17/13	20.00	78.80	
256471	2	S5125		08/18/13	08/18/13	20.00	78.80	
					CLAIM TOTAL	157.60		CLAIM ACCOUNT REF. 2564710012002769SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1997777 2002769 CEPEDA, TOMASA 09/07/1932 93700964900 12/4/2008-00022-0026
DIAGNOSIS CODES: 253.5 401.9 452. 462.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256472	1	S5125		08/19/13	08/19/13	24.00	94.56	
256472	2	S5125		08/20/13	08/20/13	24.00	94.56	
256472	3	S5125		08/21/13	08/21/13	24.00	94.56	
256472	4	S5125		08/22/13	08/22/13	20.00	78.80	
256472	5	S5125		08/23/13	08/23/13	20.00	78.80	
					CLAIM TOTAL	441.28		CLAIM ACCOUNT REF. 2564720012002769SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1997754 2003087 PAPHITIS, RICHARD 05/14/1923 GNT03006300 11/23/2005-00393-0046
DIAGNOSIS CODES: V68.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256562	1	T1019		08/19/13	08/19/13	32.00	126.08	
256562	2	T1019		08/20/13	08/20/13	32.00	126.08	
256562	3	T1019		08/21/13	08/21/13	32.00	126.08	
256562	4	T1019		08/22/13	08/22/13	32.00	126.08	
256562	5	T1019		08/23/13	08/23/13	31.00	122.14	
					CLAIM TOTAL	626.46		CLAIM ACCOUNT REF. 2565620012003087SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2003177 2003177 WHITLEY, MYRNA 07/04/1950 GNT04373700 2/11/2009-00446-0023
DIAGNOSIS CODES: 340. 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256623	1	T1019		08/19/13	08/19/13	24.00	94.56
256623	2	T1019		08/20/13	08/20/13	24.00	94.56
256623	3	T1019		08/21/13	08/21/13	24.00	94.56
256623	4	T1019		08/22/13	08/22/13	24.00	94.56
256623	5	T1019		08/23/13	08/23/13	24.00	94.56
CLAIM TOTAL							472.80
							CLAIM ACCOUNT REF. 2566230012003177SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2003254 2003254 JIMENEZ, EUGENIA 03/15/1931 GNT04164400 2/22/2012-00525-0006
DIAGNOSIS CODES: 331.0 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256519	1	T1019		08/17/13	08/17/13	41.00	161.54
256519	2	T1019		08/19/13	08/19/13	46.00	181.24
256519	3	T1019		08/20/13	08/20/13	46.00	181.24
256519	4	T1019		08/21/13	08/21/13	46.00	181.24
256519	5	T1019		08/22/13	08/22/13	46.00	181.24
256519	6	T1019		08/23/13	08/23/13	42.00	165.48
CLAIM TOTAL							1,051.98
							CLAIM ACCOUNT REF. 2565190012003254SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2004554 2004554 DONOSO, MARGARETHA 09/17/1938 GNT01219900 9/25/2009-00474-0021
DIAGNOSIS CODES: 250.00 362.74 401.9 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256482	1	S5125		08/19/13	08/19/13	24.00	94.56
256482	2	S5125		08/20/13	08/20/13	24.00	94.56
256482	3	S5125		08/22/13	08/22/13	24.00	94.56
256482	4	S5125		08/23/13	08/23/13	24.00	94.56
CLAIM TOTAL							378.24
							CLAIM ACCOUNT REF. 2564820012004554SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2004768 2004768 NUNEZ, ANGELINA 10/01/1946 GNT02920000 9/28/2005-00256-0051
DIAGNOSIS CODES: 493.00 250.00 361.9 366.00 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256550	1	T1019		08/19/13	08/19/13	16.00	63.04
256550	2	T1019		08/20/13	08/20/13	16.00	63.04
256550	3	T1019		08/21/13	08/21/13	16.00	63.04

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256550	4	T1019		08/22/13	08/22/13	16.00	63.04	
256550	5	T1019		08/23/13	08/23/13	16.00	63.04	
					CLAIM TOTAL		315.20	CLAIM ACCOUNT REF. 2565500012004768SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2002344	2006080	JOHNSON, DOROTHY	03/14/1932	GNT04334500	10/6/2008-00633-0045
DIAGNOSIS	CODES:	331.0	250.00	272.2	401.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256520	1	S5125		08/19/13	08/19/13	48.00	189.12	
256520	2	S5125		08/20/13	08/20/13	48.00	189.12	
256520	3	S5125		08/21/13	08/21/13	48.00	189.12	
256520	4	S5125		08/22/13	08/22/13	48.00	189.12	
256520	5	S5125		08/23/13	08/23/13	48.00	189.12	
					CLAIM TOTAL		945.60	CLAIM ACCOUNT REF. 2565200012006080SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2006117	2006117	NETTLES, DONNA	09/21/1955	GNT04987100	7/27/2010-00646-0016
DIAGNOSIS	CODES:	042.	070.54	218.9	311.	493.00	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256547	1	S5125		08/19/13	08/19/13	16.00	63.04	
256547	2	S5125		08/21/13	08/21/13	16.00	63.04	
256547	3	S5125		08/23/13	08/23/13	16.00	63.04	
					CLAIM TOTAL		189.12	CLAIM ACCOUNT REF. 2565470012006117SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2006118	2006118	ALI, AMRUNISSA	10/05/1934	93703296700	4/6/2011-00677-0014
DIAGNOSIS	CODES:	250.00	272.0	401.9	462.	715.90	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256452	1	S5125		08/17/13	08/17/13	24.00	94.56	
256452	2	S5125		08/19/13	08/19/13	36.00	141.84	
256452	3	S5125		08/20/13	08/20/13	36.00	141.84	
256452	4	S5125		08/21/13	08/21/13	36.00	141.84	
256452	5	S5125		08/22/13	08/22/13	36.00	141.84	
256452	6	S5125		08/23/13	08/23/13	36.00	141.84	
					CLAIM TOTAL		803.76	CLAIM ACCOUNT REF. 2564520012006118SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2006124 2006124 EARLINGTON, ALBERTHA 06/25/1947 GNT04981500 7/29/2010-00715-0015
DIAGNOSIS CODES: 463. 429.9 493.00 715.90 781.2 250.93 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256484	1	S5125		08/06/13	08/06/13	28.00	110.32
256484	2	S5125		08/17/13	08/17/13	24.00	94.56
256484	3	S5125		08/19/13	08/19/13	28.00	110.32
256484	4	S5125		08/20/13	08/20/13	28.00	110.32
256484	5	S5125		08/21/13	08/21/13	28.00	110.32
256484	6	S5125		08/22/13	08/22/13	28.00	110.32
256484	7	S5125		08/23/13	08/23/13	28.00	110.32
CLAIM TOTAL							756.48
CLAIM ACCOUNT REF.							2564840012006124SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2000279 2006152 YI, CARLOS 04/16/1959 GNT04057700 11/30/2007-00350-0092
DIAGNOSIS CODES: 250.00 311. 338.29 365.9 401.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256624	1	S5125		08/17/13	08/17/13	16.00	63.04
256624	2	S5125		08/19/13	08/19/13	16.00	63.04
256624	3	S5125		08/20/13	08/20/13	16.00	63.04
256624	4	S5125		08/21/13	08/21/13	16.00	63.04
256624	5	S5125		08/22/13	08/22/13	16.00	63.04
256624	6	S5125		08/23/13	08/23/13	16.00	63.04
CLAIM TOTAL							378.24
CLAIM ACCOUNT REF.							2566240012006152SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2001974 2006828 RUBIANO, MARIA 11/12/1925 GNT03390400 9/27/2006-00154-0038
DIAGNOSIS CODES: 716.90 345.90 414.00 428.0 294.20 401.9 530.81 564.00 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256590	1	S5125		08/19/13	08/19/13	22.00	86.68
256590	2	S5125		08/20/13	08/20/13	2.00	7.88
256590	3	S5125		08/21/13	08/21/13	22.00	86.68
256590	4	S5125		08/23/13	08/23/13	22.00	86.68
CLAIM TOTAL							267.92
CLAIM ACCOUNT REF.							2565900012006828SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2002103 2007728 PROANO, BRUNO 10/06/1918 GNT04361600 8/28/2008-00367-0038
DIAGNOSIS CODES: 715.90 290.0 780.96

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256571	1	S5125 TT		08/17/13	08/17/13	20.00	83.80

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256571	2	S5125	TT		08/18/13	08/18/13	20.00	83.80
256571	3	S5125	TT		08/19/13	08/19/13	20.00	83.80
256571	4	S5125	TT		08/20/13	08/20/13	20.00	83.80
256571	5	S5125	TT		08/21/13	08/21/13	20.00	83.80
256571	6	S5125	TT		08/22/13	08/22/13	20.00	83.80
CLAIM TOTAL								502.80

CLAIM ACCOUNT REF. 2565710012007728SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2007969	2007969	RODRIGUEZ, HOLGER	10/27/1938	GNT05256300	2/29/2012-00253-0013

DIAGNOSIS CODES: 401.9 250.00 332.0 369.00 600.00

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256584	1	T1019			08/17/13	08/17/13	36.00	141.84
256584	2	T1019			08/18/13	08/18/13	36.00	141.84
256584	3	T1019			08/19/13	08/19/13	36.00	141.84
256584	4	T1019			08/20/13	08/20/13	36.00	141.84
256584	5	T1019			08/21/13	08/21/13	36.00	141.84
256584	6	T1019			08/22/13	08/22/13	36.00	141.84
256584	7	T1019			08/23/13	08/23/13	36.00	141.84
CLAIM TOTAL								992.88

CLAIM ACCOUNT REF. 2565840012007969SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008149	2008149	MOSCICKA, JADWIGA	03/07/1916	GNT04975800	7/30/2010-00183-0032

DIAGNOSIS CODES: 294.20 401.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256544	1	T1019			06/21/13	06/21/13	32.00	126.08
CLAIM TOTAL								126.08

CLAIM ACCOUNT REF. 2565440012008149SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2005886	2008200	VLACHOS, MARIE	09/04/1932	GNT04780800	1/5/2010-00429-0026

DIAGNOSIS CODES: 331.0 272.0 401.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256618	1	S5125			07/31/13	07/31/13	32.00	126.08
CLAIM TOTAL								126.08

CLAIM ACCOUNT REF. 2566180012008200SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2005886	2008200	VLACHOS, MARIE	09/04/1932	GNT04780800	1/5/2010-00429-0027

DIAGNOSIS CODES: 331.0 272.0 401.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256619	1	S5125			08/15/13	08/15/13	32.00	126.08

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256619	2	S5125		08/17/13	08/17/13	48.00	189.12
256619	3	S5125		08/18/13	08/18/13	48.00	189.12
256619	4	S5125		08/19/13	08/19/13	32.00	126.08
256619	5	S5125		08/20/13	08/20/13	32.00	126.08
256619	6	S5125		08/21/13	08/21/13	32.00	126.08
256619	7	S5125		08/22/13	08/22/13	32.00	126.08
256619	8	S5125		08/23/13	08/23/13	32.00	126.08
CLAIM TOTAL							1,134.72
CLAIM ACCOUNT REF.							2566190012008200SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2007979 2008314 FERNANDEZ, ANA 08/14/1947 GNT05242300 6/2/2011-00474-0019
DIAGNOSIS CODES: 460. 311. 401.9 780.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256494	1	S5125		08/19/13	08/19/13	16.00	63.04
256494	2	S5125		08/21/13	08/21/13	16.00	63.04
256494	3	S5125		08/22/13	08/22/13	16.00	63.04
256494	4	S5125		08/23/13	08/23/13	16.00	63.04
CLAIM TOTAL							252.16
CLAIM ACCOUNT REF.							2564940012008314SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008453 2008453 RESTULA, VINCENT 01/15/1929 GNT05473100 8/1/2011-00700-0008
DIAGNOSIS CODES: 389.9 369.9 V15.88

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256575	1	S5125		08/19/13	08/19/13	16.00	63.04
256575	2	S5125		08/20/13	08/20/13	16.00	63.04
256575	3	S5125		08/21/13	08/21/13	16.00	63.04
256575	4	S5125		08/22/13	08/22/13	16.00	63.04
256575	5	S5125		08/23/13	08/23/13	16.00	63.04
CLAIM TOTAL							315.20
CLAIM ACCOUNT REF.							2565750012008453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008605 2009202 MARTINEZ, GLORIA 04/10/1937 GNT00444700 11/14/2003-00001-0097
DIAGNOSIS CODES: 345.90 272.0 311. 362.50

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256536	1	S5125		08/19/13	08/19/13	20.00	78.80
256536	2	S5125		08/20/13	08/20/13	20.00	78.80
256536	3	S5125		08/21/13	08/21/13	20.00	78.80
256536	4	S5125		08/22/13	08/22/13	20.00	78.80
256536	5	S5125		08/23/13	08/23/13	20.00	78.80
CLAIM TOTAL							394.00
CLAIM ACCOUNT REF.							2565360012009202SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2002546 2009232 PEREZ, MARIA 02/04/1931 93703475500 11/9/2011-00055-0008
DIAGNOSIS CODES: 715.00 385.00 401.9 564.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256566	1	T1019		08/13/13	08/13/13	12.00	47.28
256566	2	T1019		08/19/13	08/19/13	24.00	94.56
256566	3	T1019		08/20/13	08/20/13	24.00	94.56
256566	4	T1019		08/21/13	08/21/13	24.00	94.56
256566	5	T1019		08/22/13	08/22/13	24.00	94.56
CLAIM TOTAL							425.52
							CLAIM ACCOUNT REF. 2565660012009232SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009392 2009392 NUNEZ, IRIS 09/07/1963 GNT05481000 11/29/2011-00245-0003
DIAGNOSIS CODES: 585.6 369.9 458.9 716.90 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256551	1	S5125		08/10/13	08/10/13	24.00	94.56
256551	2	S5125		08/12/13	08/12/13	24.00	94.56
256551	3	S5125		08/13/13	08/13/13	24.00	94.56
256551	4	S5125		08/14/13	08/14/13	18.00	70.92
256551	5	S5125		08/15/13	08/15/13	24.00	94.56
256551	6	S5125		08/16/13	08/16/13	24.00	94.56
256551	7	S5125		08/17/13	08/17/13	24.00	94.56
256551	8	S5125		08/19/13	08/19/13	24.00	94.56
256551	9	S5125		08/20/13	08/20/13	24.00	94.56
256551	10	S5125		08/21/13	08/21/13	24.00	94.56
256551	11	S5125		08/22/13	08/22/13	24.00	94.56
256551	12	S5125		08/23/13	08/23/13	24.00	94.56
CLAIM TOTAL							1,111.08
							CLAIM ACCOUNT REF. 2565510012009392SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009394 2009394 ECKMAN, LOIS 04/02/1919 GNT05317600 12/1/2011-00331-0011
DIAGNOSIS CODES: 331.0 564.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256485	1	T1020		08/17/13	08/17/13	1.00	200.00
256485	2	T1020		08/18/13	08/18/13	1.00	200.00
256485	3	T1020		08/19/13	08/19/13	1.00	200.00
256485	4	T1020		08/20/13	08/20/13	1.00	200.00
256485	5	T1020		08/21/13	08/21/13	1.00	200.00
256485	6	T1020		08/22/13	08/22/13	1.00	200.00
256485	7	T1020		08/23/13	08/23/13	1.00	200.00
CLAIM TOTAL							1,400.00
							CLAIM ACCOUNT REF. 2564850012009394SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009400 2009400 HUSTIU, SILVIA 02/04/1929 GNT05850100 11/29/2011-00252-0010
DIAGNOSIS CODES: V68.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256513	1	S5125		08/19/13	08/19/13	4.00	15.76	
256513	2	S5125		08/21/13	08/21/13	8.00	31.52	
					CLAIM TOTAL		47.28	CLAIM ACCOUNT REF. 2565130012009400SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009435 2009435 GOMEZ, YOLANDA 11/26/1934 GNT05745100 12/1/2011-00373-0014
DIAGNOSIS CODES: 250.00 401.9 429.89 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256501	1	T1019		08/19/13	08/19/13	16.00	63.04	
256501	2	T1019		08/21/13	08/21/13	16.00	63.04	
256501	3	T1019		08/23/13	08/23/13	20.00	78.80	
					CLAIM TOTAL		204.88	CLAIM ACCOUNT REF. 2565010012009435SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2003840 2009576 PAZIOULIS, KLEONIKI 10/16/1934 GNT04602500 6/2/2009-00124-0033
DIAGNOSIS CODES: 401.9 272.0 338.29

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256565	1	S5125		08/14/13	08/14/13	44.00	173.36	
256565	2	S5125		08/17/13	08/17/13	44.00	173.36	
256565	3	S5125		08/18/13	08/18/13	44.00	173.36	
256565	4	S5125		08/19/13	08/19/13	22.00	86.68	
256565	5	S5125		08/20/13	08/20/13	44.00	173.36	
256565	6	S5125		08/21/13	08/21/13	44.00	173.36	
					CLAIM TOTAL		953.48	CLAIM ACCOUNT REF. 2565650012009576SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009589 2009589 FERRO, JOSEPHINE 10/09/1915 GNT05940400 12/28/2011-00570-0010
DIAGNOSIS CODES: 294.20 362.51 455.3 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256497	1	T1019		08/17/13	08/17/13	24.00	94.56	
256497	2	T1019		08/18/13	08/18/13	16.00	63.04	
256497	3	T1019		08/19/13	08/19/13	48.00	189.12	
256497	4	T1019		08/20/13	08/20/13	48.00	189.12	
256497	5	T1019		08/21/13	08/21/13	48.00	189.12	
256497	6	T1019		08/22/13	08/22/13	48.00	189.12	
256497	7	T1019		08/23/13	08/23/13	48.00	189.12	

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	1,103.20	2564970012009589SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009618	2009618	WEST, BALDWIN	09/14/1933	GNT05953700	1/3/2012-00952-0009
DIAGNOSIS CODES: 294.10 250.00 365.9 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
256622	1	T1019		08/19/13	08/19/13	16.00	63.04	
256622	2	T1019		08/20/13	08/20/13	16.00	63.04	
256622	3	T1019		08/21/13	08/21/13	16.00	63.04	
256622	4	T1019		08/22/13	08/22/13	16.00	63.04	
256622	5	T1019		08/23/13	08/23/13	16.00	63.04	
						CLAIM TOTAL	315.20	2566220012009618SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009790	2009790	COLEMAN, REGINA	11/26/1958	GNT060020000	2/1/2012-01152-0006
DIAGNOSIS CODES: 331.0 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
256474	1	S5125		08/17/13	08/17/13	32.00	126.08	
256474	2	S5125		08/18/13	08/18/13	32.00	126.08	
256474	3	S5125		08/19/13	08/19/13	8.00	31.52	
256474	4	S5125		08/20/13	08/20/13	8.00	31.52	
256474	5	S5125		08/21/13	08/21/13	20.00	78.80	
256474	6	S5125		08/22/13	08/22/13	20.00	78.80	
256474	7	S5125		08/23/13	08/23/13	20.00	78.80	
						CLAIM TOTAL	551.60	2564740012009790SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010198	2010198	ORLANDO, ANNE	02/09/1923	GNT06098400	4/2/2012-00930-0008
DIAGNOSIS CODES: 294.20 401.9 496. 719.7							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
256556	1	T1019		08/19/13	08/19/13	20.00	78.80	
256556	2	T1019		08/20/13	08/20/13	20.00	78.80	
256556	3	T1019		08/21/13	08/21/13	20.00	78.80	
256556	4	T1019		08/22/13	08/22/13	20.00	78.80	
256556	5	T1019		08/23/13	08/23/13	20.00	78.80	
						CLAIM TOTAL	394.00	2565560012010198SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010407	2010407	MORA, PAULA	06/14/1931	GNT06124800	4/27/2012-00052-0007
DIAGNOSIS CODES: 401.9 244.9 250.00 366.00 389.9 715.90							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256541	1	T1019		08/22/13	08/22/13	16.00	63.04
CLAIM TOTAL							63.04
CLAIM ACCOUNT REF.							2565410012010407SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010409	2010409	RAMOS, ESTHER	12/21/1933	GNT06136400	4/27/2012-00082-0007
DIAGNOSIS CODES: 331.0 250.00 272.2 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256574	1	T1019		08/19/13	08/19/13	12.00	47.28
256574	2	T1019		08/20/13	08/20/13	16.00	63.04
256574	3	T1019		08/21/13	08/21/13	16.00	63.04
256574	4	T1019		08/22/13	08/22/13	12.00	47.28
256574	5	T1019		08/23/13	08/23/13	16.00	63.04
CLAIM TOTAL							283.68
CLAIM ACCOUNT REF.							2565740012010409SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010412	2010412	RODRIGUEZ, FABIOLA	06/23/1931	GNT06115800	8/27/2012-00184-0005
DIAGNOSIS CODES: 715.90 401.9 493.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256583	1	S5125		08/17/13	08/17/13	16.00	63.04
256583	2	S5125		08/19/13	08/19/13	16.00	63.04
256583	3	S5125		08/20/13	08/20/13	16.00	63.04
256583	4	S5125		08/21/13	08/21/13	16.00	63.04
256583	5	S5125		08/22/13	08/22/13	16.00	63.04
256583	6	S5125		08/23/13	08/23/13	16.00	63.04
CLAIM TOTAL							378.24
CLAIM ACCOUNT REF.							2565830012010412SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010647	2010647	PRADO, NANCY	04/02/1950	GNT00201400	11/3/2008-00778-0021
DIAGNOSIS CODES: 311. 750.7							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256569	1	T1019		08/20/13	08/20/13	16.00	63.04
256569	2	T1019		08/21/13	08/21/13	16.00	63.04
256569	3	T1019		08/22/13	08/22/13	16.00	63.04
CLAIM TOTAL							189.12
CLAIM ACCOUNT REF.							2565690012010647SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010843 2010843 ALSTON, ZULINE 05/07/1927 GNT06188400 6/28/2012-00942-0012
DIAGNOSIS CODES: 290.0 272.0 365.9 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256454	1	S5125		08/17/13	08/17/13	32.00	126.08
256454	2	S5125		08/18/13	08/18/13	32.00	126.08
256454	3	S5125		08/19/13	08/19/13	32.00	126.08
256454	4	S5125		08/20/13	08/20/13	31.00	122.14
256454	5	S5125		08/22/13	08/22/13	24.00	94.56
256454	6	S5125		08/23/13	08/23/13	32.00	126.08
CLAIM TOTAL						721.02	CLAIM ACCOUNT REF. 2564540012010843SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011036 2011036 MASSOL, PEDRO A 09/08/1934 GNT04564600 7/26/2012-00677-0014
DIAGNOSIS CODES: 290.40 250.00 272.2 285.9 401.9 600.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256537	1	S5125		08/10/13	08/10/13	12.00	47.28
256537	2	S5125		08/19/13	08/19/13	20.00	78.80
256537	3	S5125		08/20/13	08/20/13	20.00	78.80
256537	4	S5125		08/21/13	08/21/13	20.00	78.80
256537	5	S5125		08/22/13	08/22/13	20.00	78.80
256537	6	S5125		08/23/13	08/23/13	20.00	78.80
CLAIM TOTAL						441.28	CLAIM ACCOUNT REF. 2565370012011036SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011252 2011252 HENRIQUEZ, TERESA 10/15/1938 GNT06350600 8/30/2012-00144-0006
DIAGNOSIS CODES: 203.01 272.2 311. 401.9 530.81 564.00 780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256510	1	S5125		08/17/13	08/17/13	16.00	63.04
256510	2	S5125		08/18/13	08/18/13	16.00	63.04
256510	3	S5125		08/19/13	08/19/13	32.00	126.08
256510	4	S5125		08/20/13	08/20/13	32.00	126.08
256510	5	S5125		08/21/13	08/21/13	32.00	126.08
256510	6	S5125		08/22/13	08/22/13	32.00	126.08
256510	7	S5125		08/23/13	08/23/13	32.00	126.08
CLAIM TOTAL						756.48	CLAIM ACCOUNT REF. 2565100012011252SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011256 2011256 DURAN, CARMEN 07/16/1925 GNT06350900 8/30/2012-00186-0007
DIAGNOSIS CODES: 894.0 244.8 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256483	1	S5125		08/19/13	08/19/13	26.00	102.44
256483	2	S5125		08/20/13	08/20/13	26.00	102.44
256483	3	S5125		08/21/13	08/21/13	26.00	102.44
256483	4	S5125		08/22/13	08/22/13	26.00	102.44
256483	5	S5125		08/23/13	08/23/13	26.00	102.44
CLAIM TOTAL							512.20
							CLAIM ACCOUNT REF. 2564830012011256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010773 2011350 MCQUAIL, MAUREEN 10/23/1934 GNT06367800 9/13/2012-00602-0007
DIAGNOSIS CODES: 331.0 244.9 250.80 278.02 447.8 715.98

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256538	1	S5125		08/17/13	08/17/13	33.00	130.02
256538	2	S5125		08/18/13	08/18/13	40.00	157.60
256538	3	S5125		08/19/13	08/19/13	30.00	118.20
256538	4	S5125		08/20/13	08/20/13	48.00	189.12
256538	5	S5125		08/21/13	08/21/13	48.00	189.12
256538	6	S5125		08/22/13	08/22/13	48.00	189.12
256538	7	S5125		08/23/13	08/23/13	48.00	189.12
CLAIM TOTAL							1,162.30
							CLAIM ACCOUNT REF. 2565380012011350SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1997780 2011411 PICHARDO, MARIA 05/14/1923 GNT02908700 8/24/2005-00382-0054
DIAGNOSIS CODES: 290.0 311. 493.00 530.81 780.96

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256567	1	T1019		08/17/13	08/17/13	36.00	141.84
256567	2	T1019		08/18/13	08/18/13	35.00	137.90
256567	3	T1019		08/19/13	08/19/13	36.00	141.84
256567	4	T1019		08/20/13	08/20/13	36.00	141.84
256567	5	T1019		08/21/13	08/21/13	36.00	141.84
256567	6	T1019		08/22/13	08/22/13	36.00	141.84
256567	7	T1019		08/23/13	08/23/13	36.00	141.84
CLAIM TOTAL							988.94
							CLAIM ACCOUNT REF. 2565670012011411SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011472 2011472 HENLEY, LUVENIA 08/23/1927 GNT06160900 9/28/2012-00806-0009
DIAGNOSIS CODES: 294.10 253.5 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256509	1	T1019		08/08/13	08/08/13	48.00	189.12
256509	2	T1019		08/12/13	08/12/13	48.00	189.12
256509	3	T1019		08/13/13	08/13/13	48.00	189.12
256509	4	T1019		08/14/13	08/14/13	48.00	189.12
256509	5	T1019		08/15/13	08/15/13	48.00	189.12
256509	6	T1019		08/16/13	08/16/13	48.00	189.12
256509	7	T1019		08/17/13	08/17/13	48.00	189.12
256509	8	T1019		08/18/13	08/18/13	48.00	189.12
256509	9	T1019		08/19/13	08/19/13	48.00	189.12
256509	10	T1019		08/20/13	08/20/13	48.00	189.12
256509	11	T1019		08/21/13	08/21/13	48.00	189.12
256509	12	T1019		08/22/13	08/22/13	48.00	189.12
256509	13	T1019		08/23/13	08/23/13	48.00	189.12
CLAIM TOTAL						2,458.56	CLAIM ACCOUNT REF. 2565090012011472SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011503 2011503 BERJASHEVIC, LIME 10/30/1926 GNT06467800 10/3/2012-00231-0006
DIAGNOSIS CODES: 093.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256460	1	T1019		08/19/13	08/19/13	16.00	63.04
256460	2	T1019		08/23/13	08/23/13	32.00	126.08
CLAIM TOTAL						189.12	CLAIM ACCOUNT REF. 2564600012011503SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009586 2011581 ASH, MARIE 08/11/1925 GNT06270600 9/28/2012-00709-0009
DIAGNOSIS CODES: 780.4 458.8 780.93 V45.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256456	1	T1019		08/19/13	08/19/13	16.00	63.04
256456	2	T1019		08/21/13	08/21/13	16.00	63.04
256456	3	T1019		08/23/13	08/23/13	16.00	63.04
CLAIM TOTAL						189.12	CLAIM ACCOUNT REF. 2564560012011581SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011597 2011597 SOLIS, JUDITH 12/26/1931 GNT03904400 10/29/2007-00547-0029
DIAGNOSIS CODES: 294.10 290.0 296.22 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256602	1	S5125		08/17/13	08/17/13	48.00	189.12
256602	2	S5125		08/18/13	08/18/13	48.00	189.12
256602	3	S5125		08/19/13	08/19/13	48.00	189.12
256602	4	S5125		08/20/13	08/20/13	48.00	189.12
CLAIM TOTAL							756.48
CLAIM ACCOUNT REF.							2566020012011597SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011599 2011599 DELEON, JUANA 04/18/1918 GNT04795000 1/28/2010-00406-0023
DIAGNOSIS CODES: 294.10 365.89 401.9 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256480	1	S5125		08/19/13	08/19/13	24.00	94.56
256480	2	S5125		08/20/13	08/20/13	24.00	94.56
256480	3	S5125		08/21/13	08/21/13	24.00	94.56
256480	4	S5125		08/22/13	08/22/13	24.00	94.56
256480	5	S5125		08/23/13	08/23/13	24.00	94.56
CLAIM TOTAL							472.80
CLAIM ACCOUNT REF.							2564800012011599SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011600 2011600 GUZMAN, EDELMIRA 02/19/1944 GNT03023100 12/29/2005-00309-0033
DIAGNOSIS CODES: 250.00 244.9 401.9 569.89 781.2 789.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256508	1	S5125		08/22/13	08/22/13	22.00	86.68
256508	2	S5125		08/23/13	08/23/13	14.00	55.16
CLAIM TOTAL							141.84
CLAIM ACCOUNT REF.							2565080012011600SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011601 2011601 JACKSON, PATRICIA 08/10/1960 GNT04501100 1/26/2009-00708-0049
DIAGNOSIS CODES: 042. 311. 401.9 493.90 944.14

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256517	1	T1019		08/12/13	08/12/13	20.00	78.80
256517	2	T1019		08/13/13	08/13/13	20.00	78.80
256517	3	T1019		08/14/13	08/14/13	20.00	78.80
256517	4	T1019		08/15/13	08/15/13	20.00	78.80
256517	5	T1019		08/16/13	08/16/13	20.00	78.80
256517	6	T1019		08/19/13	08/19/13	20.00	78.80
256517	7	T1019		08/20/13	08/20/13	20.00	78.80

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256517	8	T1019		08/21/13	08/21/13	20.00	78.80	
256517	9	T1019		08/22/13	08/22/13	20.00	78.80	
256517	10	T1019		08/23/13	08/23/13	20.00	78.80	
					CLAIM TOTAL		788.00	CLAIM ACCOUNT REF. 2565170012011601SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011654	2011654	ALIX, PEDRO	01/31/1937	GNT03916300	7/26/2011-00282-0022
DIAGNOSIS	CODES:	294.10	401.9	602.8			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256453	1	S5126		08/21/13	08/21/13	.82	164.00	
256453	2	S5126		08/22/13	08/22/13	1.00	200.00	
256453	3	S5126		08/23/13	08/23/13	1.00	200.00	
					CLAIM TOTAL		564.00	CLAIM ACCOUNT REF. 2564530012011654SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011657	2011657	ORTIZ, MERCEDES	11/03/1932	GNT05073800	6/1/2012-00856-0009
DIAGNOSIS	CODES:	447.6	294.10	365.44	369.4	401.9	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256559	1	S5125		08/17/13	08/17/13	16.00	63.04	
256559	2	S5125		08/18/13	08/18/13	16.00	63.04	
256559	3	S5125		08/19/13	08/19/13	28.00	110.32	
256559	4	S5125		08/20/13	08/20/13	28.00	110.32	
256559	5	S5125		08/21/13	08/21/13	28.00	110.32	
256559	6	S5125		08/22/13	08/22/13	28.00	110.32	
256559	7	S5125		08/23/13	08/23/13	28.00	110.32	
					CLAIM TOTAL		677.68	CLAIM ACCOUNT REF. 2565590012011657SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011659	2011659	RIVERA MARTINEZ, GLORI	01/22/1938	GNT02887600	8/23/2005-00354-0059
DIAGNOSIS	CODES:	253.5	244.9	272.4	369.00	401.9	493.92

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256581	1	S5125		08/17/13	08/17/13	28.00	110.32	
256581	2	S5125		08/18/13	08/18/13	28.00	110.32	
256581	3	S5125		08/19/13	08/19/13	28.00	110.32	
256581	4	S5125		08/20/13	08/20/13	28.00	110.32	
256581	5	S5125		08/21/13	08/21/13	28.00	110.32	
256581	6	S5125		08/22/13	08/22/13	28.00	110.32	
256581	7	S5125		08/23/13	08/23/13	28.00	110.32	
					CLAIM TOTAL		772.24	CLAIM ACCOUNT REF. 2565810012011659SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011662 2011662 GONZALEZ MONTALVO, RA 02/10/1935 GNT02343300 3/24/2004-00008-0046
DIAGNOSIS CODES: 253.5 272.4 369.60 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256502	1	S5125		08/17/13	08/17/13	16.00	63.04
256502	2	S5125		08/18/13	08/18/13	16.00	63.04
256502	3	S5125		08/19/13	08/19/13	16.00	63.04
256502	4	S5125		08/20/13	08/20/13	16.00	63.04
256502	5	S5125		08/21/13	08/21/13	16.00	63.04
256502	6	S5125		08/22/13	08/22/13	16.00	63.04
CLAIM TOTAL							378.24
CLAIM ACCOUNT REF.							2565020012011662SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008342 2011663 MARTIN, RUTH 08/25/1927 GNT06371400 9/28/2012-00964-0010
DIAGNOSIS CODES: 331.0 208.91 290.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256534	1	S5126		08/05/13	08/05/13	1.00	200.00
256534	2	S5126		08/06/13	08/06/13	1.00	200.00
256534	3	S5126		08/17/13	08/17/13	1.00	200.00
256534	4	S5126		08/19/13	08/19/13	1.00	200.00
256534	5	S5126		08/20/13	08/20/13	1.00	200.00
256534	6	S5126		08/21/13	08/21/13	1.00	200.00
256534	7	S5126		08/22/13	08/22/13	1.00	200.00
256534	8	S5126		08/23/13	08/23/13	1.00	200.00
CLAIM TOTAL							1,600.00
CLAIM ACCOUNT REF.							2565340012011663SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011694 2011694 LORA, FERNANDO 08/20/1935 GNT03342600 11/3/2006-00417-0038
DIAGNOSIS CODES: 429.9 386.9 602.8 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256527	1	S5125		08/19/13	08/19/13	32.00	126.08
256527	2	S5125		08/20/13	08/20/13	32.00	126.08
256527	3	S5125		08/21/13	08/21/13	32.00	126.08
256527	4	S5125		08/22/13	08/22/13	32.00	126.08
256527	5	S5125		08/23/13	08/23/13	24.00	94.56
CLAIM TOTAL							598.88
CLAIM ACCOUNT REF.							2565270012011694SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1999409 2011750 ZARE, GLORIA 05/07/1943 GNT03716600 6/28/2007-00093-0098
DIAGNOSIS CODES: V68.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256627	1	S5125		08/15/13	08/15/13	8.00	31.52	
						CLAIM TOTAL	31.52	CLAIM ACCOUNT REF. 2566270012011750SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1999409 2011750 ZARE, GLORIA 05/07/1943 GNT03716600 6/28/2007-00093-0101
DIAGNOSIS CODES: V68.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256628	1	S5125		08/21/13	08/21/13	32.00	126.08	
256628	2	S5125		08/22/13	08/22/13	32.00	126.08	
256628	3	S5125		08/23/13	08/23/13	32.00	126.08	
						CLAIM TOTAL	378.24	CLAIM ACCOUNT REF. 2566280012011750SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011769 2011769 COMET, JULIA 10/07/1934 GNT04442600 11/25/2008-00698-0024
DIAGNOSIS CODES: 401.9 272.2 365.9 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256476	1	T1019		08/19/13	08/19/13	24.00	94.56	
256476	2	T1019		08/20/13	08/20/13	24.00	94.56	
256476	3	T1019		08/21/13	08/21/13	24.00	94.56	
256476	4	T1019		08/22/13	08/22/13	24.00	94.56	
256476	5	T1019		08/23/13	08/23/13	24.00	94.56	
						CLAIM TOTAL	472.80	CLAIM ACCOUNT REF. 2564760012011769SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011770 2011770 GUZMAN, ALICIA 05/26/1937 GNT00484900 12/5/2003-00110-0042
DIAGNOSIS CODES: 300.20 300.00 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256507	1	T1019		08/20/13	08/20/13	16.00	63.04	
256507	2	T1019		08/21/13	08/21/13	16.00	63.04	
256507	3	T1019		08/22/13	08/22/13	16.00	63.04	
256507	4	T1019		08/23/13	08/23/13	16.00	63.04	
						CLAIM TOTAL	252.16	CLAIM ACCOUNT REF. 2565070012011770SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011771 2011771 LEMOINE, RICARDA 05/14/1925 GNT03700100 12/4/2008-00072-0006
DIAGNOSIS CODES: 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256525	1	S5125		08/14/13	08/14/13	16.00	63.04	
256525	2	S5125		08/15/13	08/15/13	16.00	63.04	
256525	3	S5125		08/16/13	08/16/13	16.00	63.04	
256525	4	S5125		08/17/13	08/17/13	16.00	63.04	
256525	5	S5125		08/18/13	08/18/13	16.00	63.04	
256525	6	S5125		08/19/13	08/19/13	16.00	63.04	
256525	7	S5125		08/20/13	08/20/13	16.00	63.04	
256525	8	S5125		08/21/13	08/21/13	16.00	63.04	
256525	9	S5125		08/22/13	08/22/13	16.00	63.04	
256525	10	S5125		08/23/13	08/23/13	16.00	63.04	
					CLAIM TOTAL	630.40		CLAIM ACCOUNT REF. 2565250012011771SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011772 2011772 MARIANI, MARIA 03/24/1934 GNT03761400 7/30/2007-00421-0031
DIAGNOSIS CODES: 401.9 714.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256532	1	T1019		08/19/13	08/19/13	16.00	63.04	
256532	2	T1019		08/20/13	08/20/13	16.00	63.04	
256532	3	T1019		08/21/13	08/21/13	16.00	63.04	
256532	4	T1019		08/22/13	08/22/13	16.00	63.04	
256532	5	T1019		08/23/13	08/23/13	16.00	63.04	
					CLAIM TOTAL	315.20		CLAIM ACCOUNT REF. 2565320012011772SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011773 2011773 NUNEZ, REYNA 11/28/1964 GNT02970200 10/27/2005-00154-0070
DIAGNOSIS CODES: 296.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256552	1	T1019		08/19/13	08/19/13	16.00	63.04	
256552	2	T1019		08/20/13	08/20/13	16.00	63.04	
256552	3	T1019		08/21/13	08/21/13	16.00	63.04	
256552	4	T1019		08/22/13	08/22/13	16.00	63.04	
256552	5	T1019		08/23/13	08/23/13	15.00	59.10	
					CLAIM TOTAL	311.26		CLAIM ACCOUNT REF. 2565520012011773SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011774 2011774 QUINONES, ENEIDA 02/29/1936 GNT03606700 10/3/2007-00270-0036
DIAGNOSIS CODES: 493.92 714.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256572	1	T1019		08/19/13	08/19/13	16.00	63.04
256572	2	T1019		08/20/13	08/20/13	16.00	63.04
256572	3	T1019		08/21/13	08/21/13	16.00	63.04
256572	4	T1019		08/22/13	08/22/13	16.00	63.04
256572	5	T1019		08/23/13	08/23/13	16.00	63.04
CLAIM TOTAL							315.20
							CLAIM ACCOUNT REF. 2565720012011774SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011777 2011777 ROMAN, GLADYS 09/15/1934 GNT02933300 9/30/2005-00315-0043
DIAGNOSIS CODES: 493.00 244.9 295.90 716.98

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256588	1	S5125		08/17/13	08/17/13	32.00	126.08
256588	2	S5125		08/18/13	08/18/13	32.00	126.08
256588	3	S5125		08/19/13	08/19/13	32.00	126.08
256588	4	S5125		08/20/13	08/20/13	32.00	126.08
256588	5	S5125		08/21/13	08/21/13	32.00	126.08
256588	6	S5125		08/22/13	08/22/13	32.00	126.08
256588	7	S5125		08/23/13	08/23/13	32.00	126.08
CLAIM TOTAL							882.56
							CLAIM ACCOUNT REF. 2565880012011777SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011781 2011781 THEN, MARIA 02/12/1942 GNT04429300 10/27/2008-00334-0090
DIAGNOSIS CODES: 585.6 250.93 401.9 428.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256604	1	S5125		08/19/13	08/19/13	36.00	141.84
256604	2	S5125		08/20/13	08/20/13	12.00	47.28
256604	3	S5125		08/21/13	08/21/13	36.00	141.84
256604	4	S5125		08/22/13	08/22/13	12.00	47.28
256604	5	S5125		08/23/13	08/23/13	36.00	141.84
CLAIM TOTAL							520.08
							CLAIM ACCOUNT REF. 2566040012011781SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011782 2011782 THERMOSY, MARIE P 06/10/1917 GNT02791600 6/23/2005-00052-0045
DIAGNOSIS CODES: 369.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256605	1	S5125		08/17/13	08/17/13	20.00	78.80

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256605	2	S5125		08/19/13	08/19/13	32.00	126.08	
256605	3	S5125		08/20/13	08/20/13	32.00	126.08	
256605	4	S5125		08/21/13	08/21/13	32.00	126.08	
256605	5	S5125		08/22/13	08/22/13	32.00	126.08	
256605	6	S5125		08/23/13	08/23/13	32.00	126.08	
				CLAIM TOTAL		709.20		CLAIM ACCOUNT REF. 2566050012011782SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011783 2011783 VARGAS, ALCIBIADES 07/06/1918 GNT00492400 12/5/2003-00041-0044
DIAGNOSIS CODES: 715.00 401.9 530.81 696.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256611	1	T1019		08/17/13	08/17/13	20.00	78.80	
256611	2	T1019		08/18/13	08/18/13	19.00	74.86	
256611	3	T1019		08/19/13	08/19/13	20.00	78.80	
256611	4	T1019		08/20/13	08/20/13	20.00	78.80	
256611	5	T1019		08/21/13	08/21/13	20.00	78.80	
256611	6	T1019		08/22/13	08/22/13	20.00	78.80	
256611	7	T1019		08/23/13	08/23/13	20.00	78.80	
				CLAIM TOTAL		547.66		CLAIM ACCOUNT REF. 2566110012011783SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011787 2011787 SANTIAGO, ARMINDA 05/19/1932 GNT02860500 7/26/2005-00146-0054
DIAGNOSIS CODES: 253.5 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256597	1	T1019		08/19/13	08/19/13	16.00	63.04	
256597	2	T1019		08/20/13	08/20/13	16.00	63.04	
256597	3	T1019		08/21/13	08/21/13	16.00	63.04	
256597	4	T1019		08/22/13	08/22/13	16.00	63.04	
256597	5	T1019		08/23/13	08/23/13	16.00	63.04	
				CLAIM TOTAL		315.20		CLAIM ACCOUNT REF. 2565970012011787SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011788 2011788 SANTIAGO, VICTORIO 11/18/1941 93701469700 8/30/2012-00607-0005
DIAGNOSIS CODES: 401.9 244.9 272.4 715.93

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256599	1	T1019 TT		08/19/13	08/19/13	16.00	67.04	
256599	2	T1019 TT		08/20/13	08/20/13	16.00	67.04	
256599	3	T1019 TT		08/21/13	08/21/13	16.00	67.04	
256599	4	T1019 TT		08/22/13	08/22/13	16.00	67.04	
256599	5	T1019 TT		08/23/13	08/23/13	16.00	67.04	

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051
PAYER ID = GUILD

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GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
							335.20		2565990012011788SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011797	2011797	CARTAGENA, LUZ	10/05/1948	GNT00039700	2/1/2012-01193-0008
DIAGNOSIS CODES: 369.9 272.4 300.00 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
256469	1	T1019		08/19/13	08/19/13	20.00	78.80		
256469	2	T1019		08/23/13	08/23/13	20.00	78.80		
							157.60		2564690012011797SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011798	2011798	CUCALON, INES	04/20/1926	GNT05761000	6/28/2012-00905-0011
DIAGNOSIS CODES: 331.0							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
256477	1	S5125		08/11/13	08/11/13	32.00	126.08		
256477	2	S5125		08/12/13	08/12/13	44.00	173.36		
256477	3	S5125		08/17/13	08/17/13	32.00	126.08		
256477	4	S5125		08/18/13	08/18/13	32.00	126.08		
256477	5	S5125		08/19/13	08/19/13	44.00	173.36		
256477	6	S5125		08/20/13	08/20/13	44.00	173.36		
256477	7	S5125		08/21/13	08/21/13	44.00	173.36		
							1,071.68		2564770012011798SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011800	2011800	FRANCIS, VICTORIA	11/22/1924	GNT03398100	9/26/2006-00356-0042
DIAGNOSIS CODES: 290.0							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
256498	1	S5125		08/17/13	08/17/13	28.00	110.32		
256498	2	S5125		08/19/13	08/19/13	28.00	110.32		
256498	3	S5125		08/20/13	08/20/13	28.00	110.32		
256498	4	S5125		08/21/13	08/21/13	28.00	110.32		
256498	5	S5125		08/22/13	08/22/13	28.00	110.32		
256498	6	S5125		08/23/13	08/23/13	28.00	110.32		
							661.92		2564980012011800SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011801 2011801 GARCIA2, MARIA A 09/09/1930 GNT02860800 8/10/2012-00011-0007
DIAGNOSIS CODES: 250.00 244.9 272.4 311. 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256500	1	S5125		08/17/13	08/17/13	20.00	78.80
256500	2	S5125		08/18/13	08/18/13	28.00	110.32
256500	3	S5125		08/19/13	08/19/13	28.00	110.32
256500	4	S5125		08/20/13	08/20/13	28.00	110.32
256500	5	S5125		08/21/13	08/21/13	28.00	110.32
256500	6	S5125		08/22/13	08/22/13	28.00	110.32
256500	7	S5125		08/23/13	08/23/13	28.00	110.32
CLAIM TOTAL							740.72
CLAIM ACCOUNT REF.							2565000012011801SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011821 2011821 GONZALEZ, CARMEN 08/15/1948 GNT0098100 12/20/2003-00011-0062
DIAGNOSIS CODES: 138.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256503	1	S5125		08/19/13	08/19/13	16.00	63.04
256503	2	S5125		08/20/13	08/20/13	16.00	63.04
256503	3	S5125		08/21/13	08/21/13	16.00	63.04
256503	4	S5125		08/22/13	08/22/13	16.00	63.04
256503	5	S5125		08/23/13	08/23/13	16.00	63.04
CLAIM TOTAL							315.20
CLAIM ACCOUNT REF.							2565030012011821SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011822 2011822 GREAVES, BARBARA 08/15/1945 GNT03748500 3/26/2012-00496-0006
DIAGNOSIS CODES: 436. 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256504	1	T1019		08/19/13	08/19/13	16.00	63.04
256504	2	T1019		08/21/13	08/21/13	16.00	63.04
256504	3	T1019		08/23/13	08/23/13	16.00	63.04
CLAIM TOTAL							189.12
CLAIM ACCOUNT REF.							2565040012011822SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011823 2011823 HERNANDEZ, LUZ 01/01/1933 GNT00568800 3/10/2009-00033-0006
DIAGNOSIS CODES: 250.00 530.81 715.00 780.93 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256511	1	S5125		08/19/13	08/19/13	24.00	94.56
256511	2	S5125		08/20/13	08/20/13	24.00	94.56
256511	3	S5125		08/21/13	08/21/13	24.00	94.56

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256511	4	S5125		08/22/13	08/22/13	24.00	94.56	
256511	5	S5125		08/23/13	08/23/13	24.00	94.56	
					CLAIM TOTAL		472.80	CLAIM ACCOUNT REF. 2565110012011823SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011824	2011824	HICKS, SYLVIA	03/03/1937	9370331550	5/5/2011-00713-0013
DIAGNOSIS	CODES:	717.0	250.00	401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256512	1	S5125		08/03/13	08/03/13	16.00	63.04	
256512	2	S5125		08/04/13	08/04/13	16.00	63.04	
256512	3	S5125		08/05/13	08/05/13	30.00	118.20	
256512	4	S5125		08/06/13	08/06/13	26.00	102.44	
256512	5	S5125		08/07/13	08/07/13	30.00	118.20	
256512	6	S5125		08/08/13	08/08/13	26.00	102.44	
256512	7	S5125		08/09/13	08/09/13	30.00	118.20	
256512	8	S5125		08/10/13	08/10/13	16.00	63.04	
256512	9	S5125		08/11/13	08/11/13	16.00	63.04	
256512	10	S5125		08/12/13	08/12/13	30.00	118.20	
256512	11	S5125		08/13/13	08/13/13	26.00	102.44	
256512	12	S5125		08/14/13	08/14/13	30.00	118.20	
256512	13	S5125		08/15/13	08/15/13	26.00	102.44	
256512	14	S5125		08/16/13	08/16/13	30.00	118.20	
256512	15	S5125		08/17/13	08/17/13	16.00	63.04	
256512	16	S5125		08/18/13	08/18/13	16.00	63.04	
256512	17	S5125		08/19/13	08/19/13	30.00	118.20	
256512	18	S5125		08/20/13	08/20/13	26.00	102.44	
256512	19	S5125		08/21/13	08/21/13	30.00	118.20	
256512	20	S5125		08/22/13	08/22/13	26.00	102.44	
256512	21	S5125		08/23/13	08/23/13	30.00	118.20	
					CLAIM TOTAL		2,056.68	CLAIM ACCOUNT REF. 2565120012011824SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011841	2011841	SANTANA, OCTAVIO	12/03/1934	GNT00231600	12/5/2003-00017-0065
DIAGNOSIS	CODES:	717.3					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256596	1	T1019		08/19/13	08/19/13	20.00	78.80	
256596	2	T1019		08/20/13	08/20/13	20.00	78.80	
256596	3	T1019		08/21/13	08/21/13	20.00	78.80	
256596	4	T1019		08/22/13	08/22/13	20.00	78.80	
256596	5	T1019		08/23/13	08/23/13	20.00	78.80	
					CLAIM TOTAL		394.00	CLAIM ACCOUNT REF. 2565960012011841SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011844 2011844 MONTES, ADOLFO 05/31/1930 GNT02561100 10/27/2004-00028-0054
DIAGNOSIS CODES: 250.70 331.0 365.9 436.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256540	1	S5125		08/17/13	08/17/13	24.00	94.56	
256540	2	S5125		08/18/13	08/18/13	24.00	94.56	
256540	3	S5125		08/19/13	08/19/13	24.00	94.56	
256540	4	S5125		08/20/13	08/20/13	24.00	94.56	
256540	5	S5125		08/21/13	08/21/13	24.00	94.56	
256540	6	S5125		08/22/13	08/22/13	24.00	94.56	
256540	7	S5125		08/23/13	08/23/13	24.00	94.56	
CLAIM TOTAL							661.92	CLAIM ACCOUNT REF. 2565400012011844SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011845 2011845 LUGO, DOLORES 12/19/1928 93702878100 9/13/2010-00502-0023
DIAGNOSIS CODES: 253.5 272.4 401.9 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256530	1	S5125		08/20/13	08/20/13	16.00	63.04	
256530	2	S5125		08/21/13	08/21/13	16.00	63.04	
256530	3	S5125		08/22/13	08/22/13	16.00	63.04	
CLAIM TOTAL							189.12	CLAIM ACCOUNT REF. 2565300012011845SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011846 2011846 ZARAGOZA, ISABEL 07/14/1933 GNT06005500 2/27/2012-00405-0009
DIAGNOSIS CODES: 781.2 244.9 272.4 401.9 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256626	1	S5125		08/19/13	08/19/13	32.00	126.08	
256626	2	S5125		08/20/13	08/20/13	32.00	126.08	
256626	3	S5125		08/21/13	08/21/13	32.00	126.08	
256626	4	S5125		08/22/13	08/22/13	32.00	126.08	
256626	5	S5125		08/23/13	08/23/13	32.00	126.08	
CLAIM TOTAL							630.40	CLAIM ACCOUNT REF. 2566260012011846SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011847 2011847 RAMOS, CECILIA 08/06/1922 GNT00206000 1/27/2010-00192-0021
DIAGNOSIS CODES: 401.9 188.9 244.9 272.4 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256573	1	S5125		08/19/13	08/19/13	40.00	157.60	
256573	2	S5125		08/20/13	08/20/13	40.00	157.60	
256573	3	S5125		08/21/13	08/21/13	40.00	157.60	

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256573	4	S5125		08/22/13	08/22/13	34.00	133.96
256573	5	S5125		08/23/13	08/23/13	40.00	157.60
CLAIM TOTAL							764.36

CLAIM ACCOUNT REF. 2565730012011847SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011848 2011848 LANZILOTTA, ROSA 06/05/1925 93702509600 3/10/2010-00013-0030
DIAGNOSIS CODES: 733.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256523	1	S5125		08/17/13	08/17/13	16.00	63.04
256523	2	S5125		08/18/13	08/18/13	16.00	63.04
256523	3	S5125		08/19/13	08/19/13	32.00	126.08
256523	4	S5125		08/20/13	08/20/13	32.00	126.08
256523	5	S5125		08/21/13	08/21/13	16.00	63.04
256523	6	S5125		08/22/13	08/22/13	32.00	126.08
256523	7	S5125		08/23/13	08/23/13	32.00	126.08
CLAIM TOTAL							693.44

CLAIM ACCOUNT REF. 2565230012011848SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011851 2011851 SANTIAGO, ILIA 11/16/1924 GNT02886300 5/27/2011-00318-0013
DIAGNOSIS CODES: 436. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256598	1	S5125		08/10/13	08/10/13	31.00	122.14
256598	2	S5125		08/11/13	08/11/13	32.00	126.08
256598	3	S5125		08/12/13	08/12/13	32.00	126.08
256598	4	S5125		08/13/13	08/13/13	32.00	126.08
256598	5	S5125		08/14/13	08/14/13	32.00	126.08
256598	6	S5125		08/15/13	08/15/13	32.00	126.08
256598	7	S5125		08/16/13	08/16/13	32.00	126.08
256598	8	S5125		08/17/13	08/17/13	32.00	126.08
256598	9	S5125		08/18/13	08/18/13	32.00	126.08
256598	10	S5125		08/19/13	08/19/13	32.00	126.08
256598	11	S5125		08/20/13	08/20/13	32.00	126.08
256598	12	S5125		08/21/13	08/21/13	32.00	126.08
256598	13	S5125		08/22/13	08/22/13	32.00	126.08
256598	14	S5125		08/23/13	08/23/13	32.00	126.08
CLAIM TOTAL							1,761.18

CLAIM ACCOUNT REF. 2565980012011851SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011852 2011852 FERNANDEZ, FELIX 11/20/1935 GNT04997300 8/27/2010-00570-0017
DIAGNOSIS CODES: 715.00 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256495	1	S5125		08/20/13	08/20/13	16.00	63.04
256495	2	S5125		08/21/13	08/21/13	16.00	63.04
256495	3	S5125		08/22/13	08/22/13	16.00	63.04
256495	4	S5125		08/23/13	08/23/13	16.00	63.04
CLAIM TOTAL							252.16
CLAIM ACCOUNT REF.							2564950012011852SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011854 2011854 LOPEZ, CARMEN 12/05/1929 GNT02469800 7/26/2004-00050-0050
DIAGNOSIS CODES: 331.0 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256526	1	S5125		08/17/13	08/17/13	24.00	94.56
256526	2	S5125		08/18/13	08/18/13	24.00	94.56
256526	3	S5125		08/19/13	08/19/13	28.00	110.32
256526	4	S5125		08/20/13	08/20/13	27.00	106.38
256526	5	S5125		08/21/13	08/21/13	26.00	102.44
256526	6	S5125		08/22/13	08/22/13	28.00	110.32
256526	7	S5125		08/23/13	08/23/13	28.00	110.32
CLAIM TOTAL							728.90
CLAIM ACCOUNT REF.							2565260012011854SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011855 2011855 JONES, LUCILLE 02/05/1925 GNT04367400 1/6/2009-00489-0025
DIAGNOSIS CODES: 715.00 401.9 783.21

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256521	1	T1019		08/12/13	08/12/13	16.00	63.04
256521	2	T1019		08/14/13	08/14/13	16.00	63.04
256521	3	T1019		08/16/13	08/16/13	16.00	63.04
256521	4	T1019		08/19/13	08/19/13	16.00	63.04
256521	5	T1019		08/21/13	08/21/13	16.00	63.04
CLAIM TOTAL							315.20
CLAIM ACCOUNT REF.							2565210012011855SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011860 2011860 MOYA, MARINA 11/25/1914 GNT02982600 11/28/2005-00193-0063
DIAGNOSIS CODES: 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256545	1	S5125		08/17/13	08/17/13	20.00	78.80
256545	2	S5125		08/18/13	08/18/13	20.00	78.80

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256545	3	S5125		08/19/13	08/19/13	24.00	94.56	
256545	4	S5125		08/20/13	08/20/13	24.00	94.56	
256545	5	S5125		08/21/13	08/21/13	24.00	94.56	
256545	6	S5125		08/22/13	08/22/13	24.00	94.56	
256545	7	S5125		08/23/13	08/23/13	24.00	94.56	
				CLAIM TOTAL		630.40		CLAIM ACCOUNT REF. 2565450012011860SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011861 2011861 TORRES, JUANITA 06/21/1931 GNT03848300 9/26/2007-00282-0074
DIAGNOSIS CODES: 715.00 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256607	1	T1019		08/18/13	08/18/13	24.00	94.56	
256607	2	T1019		08/19/13	08/19/13	32.00	126.08	
256607	3	T1019		08/20/13	08/20/13	32.00	126.08	
256607	4	T1019		08/21/13	08/21/13	32.00	126.08	
256607	5	T1019		08/22/13	08/22/13	32.00	126.08	
256607	6	T1019		08/23/13	08/23/13	32.00	126.08	
				CLAIM TOTAL		724.96		CLAIM ACCOUNT REF. 2566070012011861SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011862 2011862 VENTURA, DAISY 03/02/1951 GNT04421500 3/28/2012-00715-0007
DIAGNOSIS CODES: 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256616	1	T1019		08/19/13	08/19/13	20.00	78.80	
256616	2	T1019		08/20/13	08/20/13	20.00	78.80	
256616	3	T1019		08/21/13	08/21/13	20.00	78.80	
256616	4	T1019		08/22/13	08/22/13	20.00	78.80	
256616	5	T1019		08/23/13	08/23/13	20.00	78.80	
				CLAIM TOTAL		394.00		CLAIM ACCOUNT REF. 2566160012011862SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011863 2011863 OLMO, GLORIA 04/20/1923 GNT03506500 11/28/2006-00378-0048
DIAGNOSIS CODES: 250.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256555	1	S5125		08/17/13	08/17/13	16.00	63.04	
256555	2	S5125		08/18/13	08/18/13	16.00	63.04	
256555	3	S5125		08/19/13	08/19/13	16.00	63.04	
256555	4	S5125		08/20/13	08/20/13	16.00	63.04	
256555	5	S5125		08/21/13	08/21/13	16.00	63.04	
256555	6	S5125		08/22/13	08/22/13	16.00	63.04	

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256555	7	S5125		08/23/13	08/23/13	16.00	63.04
CLAIM TOTAL							441.28
CLAIM ACCOUNT REF.							2565550012011863SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011864	2011864	IGLESIAS, JUANA	09/23/1918	GNT00117600	12/9/2003-00125-0097
DIAGNOSIS CODES: 331.82						

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256514	1	S5125		08/17/13	08/17/13	96.00	378.24
256514	2	S5125		08/18/13	08/18/13	96.00	378.24
256514	3	S5125		08/19/13	08/19/13	80.00	315.20
256514	4	S5125		08/20/13	08/20/13	80.00	315.20
256514	5	S5125		08/21/13	08/21/13	80.00	315.20
256514	6	S5125		08/22/13	08/22/13	80.00	315.20
256514	7	S5125		08/23/13	08/23/13	80.00	315.20
CLAIM TOTAL							2,332.48
CLAIM ACCOUNT REF.							2565140012011864SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011866	2011866	FELIPE, ROSA	12/13/1930	GNT02393600	4/26/2004-00011-0047
DIAGNOSIS CODES: 716.90 401.9						

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256493	1	S5125		08/17/13	08/17/13	16.00	63.04
256493	2	S5125		08/18/13	08/18/13	16.00	63.04
256493	3	S5125		08/19/13	08/19/13	16.00	63.04
256493	4	S5125		08/21/13	08/21/13	16.00	63.04
256493	5	S5125		08/22/13	08/22/13	16.00	63.04
256493	6	S5125		08/23/13	08/23/13	16.00	63.04
CLAIM TOTAL							378.24
CLAIM ACCOUNT REF.							2564930012011866SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011871	2011871	OJEDA, SARA	10/14/1939	GNT02646000	7/27/2006-00037-0059
DIAGNOSIS CODES: 331.0 250.02						

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256554	1	S5125		08/17/13	08/17/13	20.00	78.80
256554	2	S5125		08/18/13	08/18/13	20.00	78.80
256554	3	S5125		08/19/13	08/19/13	32.00	126.08
256554	4	S5125		08/20/13	08/20/13	32.00	126.08
256554	5	S5125 TT		08/21/13	08/21/13	32.00	134.08
256554	6	S5125 TT		08/22/13	08/22/13	32.00	134.08
256554	7	S5125 TT		08/23/13	08/23/13	32.00	134.08
CLAIM TOTAL							812.00
CLAIM ACCOUNT REF.							2565540012011871SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011877 2011877 MONTALVO, VERONICA 01/13/1932 GNT03799400 8/3/2007-00249-0027
DIAGNOSIS CODES: 733.00 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256539	1	T1019		08/19/13	08/19/13	20.00	78.80
256539	2	T1019		08/20/13	08/20/13	20.00	78.80
256539	3	T1019		08/21/13	08/21/13	20.00	78.80
256539	4	T1019		08/22/13	08/22/13	20.00	78.80
256539	5	T1019		08/23/13	08/23/13	20.00	78.80
CLAIM TOTAL							394.00

CLAIM ACCOUNT REF. 2565390012011877SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011912 2011912 CANINO, CARMEN 12/06/1941 GNT0279200 5/26/2005-00169-0070
DIAGNOSIS CODES: 715.00 250.00 401.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256466	1	S5125		08/19/13	08/19/13	24.00	94.56
256466	2	S5125		08/20/13	08/20/13	24.00	94.56
256466	3	S5125		08/21/13	08/21/13	24.00	94.56
256466	4	S5125		08/22/13	08/22/13	24.00	94.56
256466	5	S5125		08/23/13	08/23/13	24.00	94.56
CLAIM TOTAL							472.80

CLAIM ACCOUNT REF. 2564660012011912SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011913 2011913 PATTERSON, RUMELLA 04/29/1939 GNT02544200 10/28/2004-00029-0058
DIAGNOSIS CODES: 443.9 250.00 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256563	1	S5125		08/19/13	08/19/13	16.00	63.04
256563	2	S5125		08/20/13	08/20/13	16.00	63.04
256563	3	S5125		08/21/13	08/21/13	16.00	63.04
256563	4	S5125		08/22/13	08/22/13	16.00	63.04
CLAIM TOTAL							252.16

CLAIM ACCOUNT REF. 2565630012011913SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011953 2011953 DE LA CRUZ, AGUSTINA 08/28/1935 GNT030536 2/1/2006-00399-0072
DIAGNOSIS CODES: 716.50

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256479	1	S5125		08/17/13	08/17/13	15.00	59.10
256479	2	S5125		08/18/13	08/18/13	15.00	59.10
256479	3	S5125		08/19/13	08/19/13	22.00	86.68
256479	4	S5125		08/20/13	08/20/13	22.00	86.68

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256479	5	S5125		08/21/13	08/21/13	22.00	86.68	
256479	6	S5125		08/22/13	08/22/13	21.00	82.74	
256479	7	S5125		08/23/13	08/23/13	22.00	86.68	
					CLAIM TOTAL		547.66	CLAIM ACCOUNT REF. 2564790012011953SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011957 2011957 MARRERO, PHILLIP 07/16/1945 GNT00157200 6/21/2012-00200-0005
DIAGNOSIS CODES: 314.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256533	1	S5126		08/17/13	08/17/13	1.00	200.00	
256533	2	S5126		08/18/13	08/18/13	1.00	200.00	
256533	3	S5126		08/19/13	08/19/13	1.00	200.00	
256533	4	S5126		08/20/13	08/20/13	1.00	200.00	
256533	5	S5126		08/21/13	08/21/13	1.00	200.00	
256533	6	S5126		08/22/13	08/22/13	1.00	200.00	
256533	7	S5126		08/23/13	08/23/13	1.00	200.00	
					CLAIM TOTAL		1,400.00	CLAIM ACCOUNT REF. 2565330012011957SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011960 2011960 BUSTAMANTE, GABRIEL 07/08/1938 93702523200 1/8/2010-00120-0019
DIAGNOSIS CODES: 250.00 428.0 716.98

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256463	1	S5125		08/17/13	08/17/13	18.00	70.92	
256463	2	S5125		08/19/13	08/19/13	20.00	78.80	
256463	3	S5125		08/20/13	08/20/13	20.00	78.80	
256463	4	S5125		08/21/13	08/21/13	20.00	78.80	
256463	5	S5125		08/22/13	08/22/13	20.00	78.80	
256463	6	S5125		08/23/13	08/23/13	20.00	78.80	
					CLAIM TOTAL		464.92	CLAIM ACCOUNT REF. 2564630012011960SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011967 2011967 MORALES, MARGARITA 11/10/1950 GNT02797600 5/31/2005-00081-0048
DIAGNOSIS CODES: 715.90 401.9 493.92 753.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256543	1	T1019		08/16/13	08/16/13	3.00	11.82	
256543	2	T1019		08/20/13	08/20/13	20.00	78.80	
256543	3	T1019		08/21/13	08/21/13	20.00	78.80	
256543	4	T1019		08/22/13	08/22/13	20.00	78.80	
256543	5	T1019		08/23/13	08/23/13	20.00	78.80	
					CLAIM TOTAL		327.02	CLAIM ACCOUNT REF. 2565430012011967SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011978 2011978 CAQUIAS, LILLIAN 01/11/1936 GNT02965400 10/31/2005-00141-0049
DIAGNOSIS CODES: 443.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256467	1	S5125		08/19/13	08/19/13	22.00	86.68	
256467	2	S5125		08/20/13	08/20/13	16.00	63.04	
256467	3	S5125		08/21/13	08/21/13	16.00	63.04	
256467	4	S5125		08/22/13	08/22/13	16.00	63.04	
256467	5	S5125		08/23/13	08/23/13	16.00	63.04	
					CLAIM TOTAL		338.84	CLAIM ACCOUNT REF. 2564670012011978SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011979 2011979 BERRY, LEONOR 11/14/1934 GNT03239600 6/28/2006-00039-0045
DIAGNOSIS CODES: 331.7 244.9 272.4 369.60 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256461	1	S5125		06/18/13	06/18/13	32.00	126.08	
					CLAIM TOTAL		126.08	CLAIM ACCOUNT REF. 2564610012011979SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011979 2011979 BERRY, LEONOR 11/14/1934 GNT03239600 6/28/2006-00039-0046
DIAGNOSIS CODES: 331.7 244.9 272.4 369.60 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256462	1	S5125		07/09/13	07/09/13	32.00	126.08	
256462	2	S5125		07/16/13	07/16/13	32.00	126.08	
256462	3	S5125		08/01/13	08/01/13	32.00	126.08	
256462	4	S5125		08/02/13	08/02/13	32.00	126.08	
256462	5	S5125		08/07/13	08/07/13	32.00	126.08	
256462	6	S5125		08/17/13	08/17/13	32.00	126.08	
256462	7	S5125		08/18/13	08/18/13	32.00	126.08	
256462	8	S5125		08/19/13	08/19/13	32.00	126.08	
256462	9	S5125		08/20/13	08/20/13	32.00	126.08	
256462	10	S5125		08/21/13	08/21/13	32.00	126.08	
256462	11	S5125		08/22/13	08/22/13	32.00	126.08	
256462	12	S5125		08/23/13	08/23/13	32.00	126.08	
					CLAIM TOTAL		1,512.96	CLAIM ACCOUNT REF. 2564620012011979SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011980 2011980 IRIZARRY, ESTRELLA 05/16/1927 GNT02485000 7/26/2004-00047-0058
DIAGNOSIS CODES: 716.90 250.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256516	1	S5125		08/17/13	08/17/13	20.00	78.80	
256516	2	S5125		08/18/13	08/18/13	20.00	78.80	
CLAIM TOTAL							157.60	CLAIM ACCOUNT REF. 2565160012011980SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011982 2011982 VEGA, ADELAIDA 12/16/1934 93702952000 11/3/2010-00278-0023
DIAGNOSIS CODES: 715.09 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256614	1	S5126		08/17/13	08/17/13	1.00	200.00	
256614	2	S5126		08/18/13	08/18/13	1.00	200.00	
256614	3	S5126		08/19/13	08/19/13	1.00	200.00	
256614	4	S5126		08/20/13	08/20/13	1.00	200.00	
256614	5	S5126		08/21/13	08/21/13	1.00	200.00	
256614	6	S5126		08/22/13	08/22/13	1.00	200.00	
256614	7	S5126		08/23/13	08/23/13	1.00	200.00	
CLAIM TOTAL							1,400.00	CLAIM ACCOUNT REF. 2566140012011982SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011983 2011983 TOUSSAINT, MIGUEL 03/28/1936 93702919600 10/8/2010-00520-0018
DIAGNOSIS CODES: 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256609	1	S5125		08/17/13	08/17/13	16.00	63.04	
256609	2	S5125		08/18/13	08/18/13	16.00	63.04	
256609	3	S5125		08/19/13	08/19/13	20.00	78.80	
256609	4	S5125		08/21/13	08/21/13	20.00	78.80	
256609	5	S5125		08/22/13	08/22/13	20.00	78.80	
256609	6	S5125		08/23/13	08/23/13	20.00	78.80	
CLAIM TOTAL							441.28	CLAIM ACCOUNT REF. 2566090012011983SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011986 2011986 RUIZ, JAMES 05/04/1929 GNT00225800 12/26/2003-0008-0046
DIAGNOSIS CODES: 362.01 250.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256591	1	S5125 TT		08/17/13	08/17/13	12.00	50.28	
256591	2	S5125 TT		08/18/13	08/18/13	12.00	50.28	
256591	3	S5125 TT		08/19/13	08/19/13	12.00	50.28	

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256591	4	S5125	TT		08/20/13	08/20/13	12.00	50.28	
256591	5	S5125	TT		08/21/13	08/21/13	12.00	50.28	
256591	6	S5125	TT		08/22/13	08/22/13	12.00	50.28	
256591	7	S5125	TT		08/23/13	08/23/13	12.00	50.28	
						CLAIM TOTAL		351.96	CLAIM ACCOUNT REF. 2565910012011986SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011987	2011987	RUIZ, ROSA	11/30/1934	GNT00225900	12/26/2003-00009-0036
DIAGNOSIS CODES: 369.00							

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256592	1	S5125	TT		08/17/13	08/17/13	12.00	50.28	
256592	2	S5125	TT		08/18/13	08/18/13	12.00	50.28	
256592	3	S5125	TT		08/19/13	08/19/13	12.00	50.28	
256592	4	S5125	TT		08/20/13	08/20/13	12.00	50.28	
256592	5	S5125	TT		08/21/13	08/21/13	12.00	50.28	
256592	6	S5125	TT		08/22/13	08/22/13	12.00	50.28	
256592	7	S5125	TT		08/23/13	08/23/13	12.00	50.28	
						CLAIM TOTAL		351.96	CLAIM ACCOUNT REF. 2565920012011987SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011988	2011988	RIVERA, LIDIA	12/01/1942	GNT02751500	4/27/2005-00174-0048
DIAGNOSIS CODES: 294.8							

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256582	1	S5125			08/20/13	08/20/13	28.00	110.32	
256582	2	S5125			08/21/13	08/21/13	28.00	110.32	
256582	3	S5125			08/22/13	08/22/13	28.00	110.32	
256582	4	S5125			08/23/13	08/23/13	28.00	110.32	
						CLAIM TOTAL		441.28	CLAIM ACCOUNT REF. 2565820012011988SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011999	2011999	ORTIZ, LUISA	02/09/1921	GNT04429700	10/28/2008-00534-0045
DIAGNOSIS CODES: 715.90 401.9							

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256558	1	S5125			08/05/13	08/05/13	40.00	157.60	
256558	2	S5125			08/07/13	08/07/13	48.00	189.12	
						CLAIM TOTAL		346.72	CLAIM ACCOUNT REF. 2565580012011999SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012000 2012000 GARCIA, LUCILA 11/01/1935 GNT02564500 10/25/2004-00009-0076
DIAGNOSIS CODES: 438.85 250.31 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256499	1	S5125		08/19/13	08/19/13	28.00	110.32
256499	2	S5125		08/20/13	08/20/13	28.00	110.32
256499	3	S5125		08/21/13	08/21/13	28.00	110.32
256499	4	S5125		08/22/13	08/22/13	28.00	110.32
256499	5	S5125		08/23/13	08/23/13	28.00	110.32
CLAIM TOTAL							551.60
							CLAIM ACCOUNT REF. 2564990012012000SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012001 2012001 REYES, MILAGROS 05/05/1957 GNT00210100 5/28/2010-00011-0033
DIAGNOSIS CODES: 319. 244.9 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256578	1	T1019 TT		08/17/13	08/17/13	24.00	100.56
256578	2	T1019 TT		08/18/13	08/18/13	24.00	100.56
256578	3	T1019 TT		08/19/13	08/19/13	24.00	100.56
256578	4	T1019 TT		08/20/13	08/20/13	24.00	100.56
256578	5	T1019 TT		08/21/13	08/21/13	24.00	100.56
256578	6	T1019 TT		08/22/13	08/22/13	24.00	100.56
256578	7	T1019 TT		08/23/13	08/23/13	24.00	100.56
CLAIM TOTAL							703.92
							CLAIM ACCOUNT REF. 2565780012012001SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012018 2012018 LUNA, ELDA 06/21/1945 GNT06614700 11/30/2012-00607-0004
DIAGNOSIS CODES: 714.0 285.8 733.00 780.96

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256531	1	T1019		08/17/13	08/17/13	24.00	94.56
256531	2	T1019		08/19/13	08/19/13	24.00	94.56
256531	3	T1019		08/20/13	08/20/13	24.00	94.56
256531	4	T1019		08/21/13	08/21/13	24.00	94.56
256531	5	T1019		08/22/13	08/22/13	24.00	94.56
256531	6	T1019		08/23/13	08/23/13	24.00	94.56
CLAIM TOTAL							567.36
							CLAIM ACCOUNT REF. 2565310012012018SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012026 2012026 ESTEVEZ, JULIO M 07/04/1955 GNT04657700 9/7/2012-00083-0011
DIAGNOSIS CODES: 428.9 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256490	1	S5125		08/19/13	08/19/13	24.00	94.56
256490	2	S5125		08/20/13	08/20/13	16.00	63.04
256490	3	S5125		08/21/13	08/21/13	24.00	94.56
256490	4	S5125		08/22/13	08/22/13	15.00	59.10
256490	5	S5125		08/23/13	08/23/13	24.00	94.56
CLAIM TOTAL							405.82
CLAIM ACCOUNT REF.							2564900012012026SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012037 2012037 GUERRA, MAYRA 01/24/1958 GNT02427000 7/30/2012-00572-0015
DIAGNOSIS CODES: 716.90 311. 493.90 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256506	1	T1019		08/17/13	08/17/13	20.00	78.80
256506	2	T1019		08/18/13	08/18/13	20.00	78.80
256506	3	T1019		08/19/13	08/19/13	24.00	94.56
256506	4	T1019		08/20/13	08/20/13	24.00	94.56
256506	5	T1019		08/21/13	08/21/13	24.00	94.56
256506	6	T1019		08/22/13	08/22/13	24.00	94.56
CLAIM TOTAL							535.84
CLAIM ACCOUNT REF.							2565060012012037SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012056 2012056 RODRIGUEZ, JUAN 11/04/1920 93702665700 4/15/2010-00429-0019
DIAGNOSIS CODES: 290.40 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256585	1	S5125		08/17/13	08/17/13	24.00	94.56
256585	2	S5125		08/18/13	08/18/13	24.00	94.56
256585	3	S5125		08/19/13	08/19/13	28.00	110.32
256585	4	S5125		08/20/13	08/20/13	28.00	110.32
256585	5	S5125		08/21/13	08/21/13	28.00	110.32
256585	6	S5125		08/22/13	08/22/13	28.00	110.32
256585	7	S5125		08/23/13	08/23/13	28.00	110.32
CLAIM TOTAL							740.72
CLAIM ACCOUNT REF.							2565850012012056SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012059 2012059 CHICO, ANA 03/15/1957 GNT02386300 3/19/2013-00932-0002
DIAGNOSIS CODES: 295.72

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256473	1	S5125 TT		08/14/13	08/14/13	12.00	50.28	
256473	2	S5125 TT		08/17/13	08/17/13	12.00	50.28	
256473	3	S5125 TT		08/18/13	08/18/13	12.00	50.28	
256473	4	S5125 TT		08/19/13	08/19/13	12.00	50.28	
256473	5	S5125 TT		08/20/13	08/20/13	12.00	50.28	
256473	6	S5125 TT		08/21/13	08/21/13	12.00	50.28	
256473	7	S5125 TT		08/22/13	08/22/13	12.00	50.28	
256473	8	S5125 TT		08/23/13	08/23/13	12.00	50.28	
				CLAIM TOTAL		402.24		CLAIM ACCOUNT REF. 2564730012012059SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012060 2012060 COLON, MARIA 05/10/1925 GNT05960000 2/1/2012-01191-0017
DIAGNOSIS CODES: 331.0 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256475	1	S5125		08/15/13	08/15/13	48.00	189.12	
256475	2	S5125		08/16/13	08/16/13	48.00	189.12	
256475	3	S5125		08/17/13	08/17/13	16.00	63.04	
256475	4	S5125		08/18/13	08/18/13	16.00	63.04	
256475	5	S5125		08/19/13	08/19/13	48.00	189.12	
256475	6	S5125		08/20/13	08/20/13	48.00	189.12	
256475	7	S5125		08/21/13	08/21/13	48.00	189.12	
256475	8	S5125		08/22/13	08/22/13	48.00	189.12	
256475	9	S5125		08/23/13	08/23/13	48.00	189.12	
				CLAIM TOTAL		1,449.92		CLAIM ACCOUNT REF. 2564750012012060SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012061 2012061 ENCARNANCION, MARTIN 05/07/1965 GNT04160000 8/5/2008-00305-0021
DIAGNOSIS CODES: 294.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256487	1	T1019 TT		08/19/13	08/19/13	12.00	50.28	
256487	2	T1019 TT		08/20/13	08/20/13	12.00	50.28	
256487	3	T1019 TT		08/21/13	08/21/13	12.00	50.28	
256487	4	T1019 TT		08/22/13	08/22/13	12.00	50.28	
256487	5	T1019 TT		08/23/13	08/23/13	12.00	50.28	
				CLAIM TOTAL		251.40		CLAIM ACCOUNT REF. 2564870012012061SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012062 2012062 LOZADA, RAMON 12/17/1946 GNT00424300 3/23/2012-00756-0013
DIAGNOSIS CODES: 250.03 401.9 571.5 780.57

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256529	1	T1019		08/19/13	08/19/13	24.00	94.56
256529	2	T1019		08/20/13	08/20/13	24.00	94.56
256529	3	T1019		08/21/13	08/21/13	24.00	94.56
256529	4	T1019		08/22/13	08/22/13	24.00	94.56
256529	5	T1019		08/23/13	08/23/13	24.00	94.56
CLAIM TOTAL							472.80
							CLAIM ACCOUNT REF. 2565290012012062SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012071 2012071 MORALES, ISIDRO 04/05/1923 GNT04846200 3/24/2010-00406-0021
DIAGNOSIS CODES: 715.00 250.00 272.2 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256542	1	S5125		08/11/13	08/11/13	24.00	94.56
256542	2	S5125		08/17/13	08/17/13	24.00	94.56
256542	3	S5125		08/18/13	08/18/13	24.00	94.56
256542	4	S5125		08/19/13	08/19/13	24.00	94.56
256542	5	S5125		08/20/13	08/20/13	24.00	94.56
256542	6	S5125		08/21/13	08/21/13	24.00	94.56
256542	7	S5125		08/22/13	08/22/13	24.00	94.56
256542	8	S5125		08/23/13	08/23/13	24.00	94.56
CLAIM TOTAL							756.48
							CLAIM ACCOUNT REF. 2565420012012071SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012073 2012073 PAGAN, ADRIEL 09/29/1931 GNT00189300 3/29/2012-00738-0006
DIAGNOSIS CODES: 331.0 244.9 253.5 369.3 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256560	1	T1019		08/17/13	08/17/13	40.00	157.60
256560	2	T1019		08/18/13	08/18/13	40.00	157.60
256560	3	T1019		08/19/13	08/19/13	40.00	157.60
256560	4	T1019		08/20/13	08/20/13	40.00	157.60
256560	5	T1019		08/21/13	08/21/13	40.00	157.60
256560	6	T1019		08/22/13	08/22/13	40.00	157.60
256560	7	T1019		08/23/13	08/23/13	40.00	157.60
CLAIM TOTAL							1,103.20
							CLAIM ACCOUNT REF. 2565600012012073SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012077 2012077 WARD, ALTHEA 08/13/1956 93703608100 12/14/2011-00450-0016
DIAGNOSIS CODES: 715.09 250.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256620	1	S5125		08/19/13	08/19/13	8.00	31.52	
256620	2	S5125		08/20/13	08/20/13	8.00	31.52	
256620	3	S5125		08/21/13	08/21/13	8.00	31.52	
256620	4	S5125		08/22/13	08/22/13	8.00	31.52	
CLAIM TOTAL							126.08	CLAIM ACCOUNT REF. 2566200012012077SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012077 2012079 WARD, ALTHEA 08/13/1956 93703608100 12/14/2011-00450-0016
DIAGNOSIS CODES: 715.09 250.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256621	1	S5131		08/17/13	08/17/13	16.00	58.40	
CLAIM TOTAL							58.40	CLAIM ACCOUNT REF. 2566210012012079SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012082 2012082 SANCHEZ, ESTERVINA 04/17/1936 GNT05030100 9/28/2010-00216-0015
DIAGNOSIS CODES: 714.0 250.00 272.2 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256595	1	S5125		08/19/13	08/19/13	26.00	102.44	
256595	2	S5125		08/20/13	08/20/13	24.00	94.56	
256595	3	S5125		08/21/13	08/21/13	24.00	94.56	
256595	4	S5125		08/22/13	08/22/13	24.00	94.56	
256595	5	S5125		08/23/13	08/23/13	24.00	94.56	
CLAIM TOTAL							480.68	CLAIM ACCOUNT REF. 2565950012012082SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012084 2012084 SANCHEZ, ANA MARIA 04/01/1925 GNT02386400 1/3/2013-00647-0004
DIAGNOSIS CODES: 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256593	1	S5125 TT		08/17/13	08/17/13	28.00	117.32	
256593	2	S5125 TT		08/18/13	08/18/13	28.00	117.32	
256593	3	S5125 TT		08/19/13	08/19/13	20.00	83.80	
256593	4	S5125 TT		08/20/13	08/20/13	20.00	83.80	
256593	5	S5125 TT		08/21/13	08/21/13	20.00	83.80	
256593	6	S5125 TT		08/22/13	08/22/13	20.00	83.80	
256593	7	S5125 TT		08/23/13	08/23/13	20.00	83.80	
CLAIM TOTAL							653.64	CLAIM ACCOUNT REF. 2565930012012084SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012091 2012091 VICTORIO, ROQUE 08/16/1928 GNT02618000 12/23/2004-00024-0111
DIAGNOSIS CODES: 332.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256617	1	S5125		08/17/13	08/17/13	20.00	78.80
256617	2	S5125		08/18/13	08/18/13	20.00	78.80
256617	3	S5125		08/19/13	08/19/13	44.00	173.36
256617	4	S5125		08/21/13	08/21/13	44.00	173.36
256617	5	S5125		08/22/13	08/22/13	44.00	173.36
256617	6	S5125		08/23/13	08/23/13	44.00	173.36
CLAIM TOTAL						851.04	CLAIM ACCOUNT REF. 2566170012012091SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012112 2012112 ESTEVEZ, MARCIA 05/04/1942 GNT00342800 5/1/2007-00421-0035
DIAGNOSIS CODES: 369.3 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256491	1	S5125		08/17/13	08/17/13	24.00	94.56
256491	2	S5125		08/22/13	08/22/13	24.00	94.56
256491	3	S5125		08/23/13	08/23/13	24.00	94.56
CLAIM TOTAL						283.68	CLAIM ACCOUNT REF. 2564910012012112SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012113 2012113 REYES, DORILA 05/02/1929 GNT02461500 7/26/2004-00021-0070
DIAGNOSIS CODES: 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256576	1	S5125		08/10/13	08/10/13	32.00	126.08
256576	2	S5125		08/11/13	08/11/13	32.00	126.08
256576	3	S5125		08/12/13	08/12/13	32.00	126.08
256576	4	S5125		08/13/13	08/13/13	32.00	126.08
256576	5	S5125		08/14/13	08/14/13	32.00	126.08
256576	6	S5125		08/15/13	08/15/13	32.00	126.08
256576	7	S5125		08/16/13	08/16/13	32.00	126.08
256576	8	S5125		08/17/13	08/17/13	32.00	126.08
256576	9	S5125		08/18/13	08/18/13	32.00	126.08
256576	10	S5125		08/19/13	08/19/13	32.00	126.08
256576	11	S5125		08/20/13	08/20/13	32.00	126.08
256576	12	S5125		08/21/13	08/21/13	32.00	126.08
256576	13	S5125		08/22/13	08/22/13	32.00	126.08
256576	14	S5125		08/23/13	08/23/13	32.00	126.08
CLAIM TOTAL						1,765.12	CLAIM ACCOUNT REF. 2565760012012113SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012160 2012160 VARGAS, AUREA 01/16/1936 GNT0026740 11/7/2008-00560-0048
DIAGNOSIS CODES: 250.00 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256612	1	T1019 TT		08/17/13	08/17/13	20.00	83.80
256612	2	T1019 TT		08/18/13	08/18/13	20.00	83.80
256612	3	T1019 TT		08/20/13	08/20/13	20.00	83.80
256612	4	T1019 TT		08/21/13	08/21/13	20.00	83.80
256612	5	T1019 TT		08/22/13	08/22/13	20.00	83.80
256612	6	T1019 TT		08/23/13	08/23/13	20.00	83.80
CLAIM TOTAL						502.80	CLAIM ACCOUNT REF. 2566120012012160SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012164 2012164 CALDERON, JUSTINA 10/26/1929 GNT00036800 12/17/2003-00077-0066
DIAGNOSIS CODES: 250.00 401.9 493.90 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256465	1	S5125		08/17/13	08/17/13	48.00	189.12
256465	2	S5125		08/18/13	08/18/13	48.00	189.12
256465	3	S5125		08/19/13	08/19/13	48.00	189.12
256465	4	S5125		08/20/13	08/20/13	48.00	189.12
256465	5	S5125		08/21/13	08/21/13	48.00	189.12
256465	6	S5125		08/22/13	08/22/13	48.00	189.12
256465	7	S5125		08/23/13	08/23/13	48.00	189.12
CLAIM TOTAL						1,323.84	CLAIM ACCOUNT REF. 2564650012012164SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012168 2012168 VAZQUEZ 2, ROSA 12/05/1940 GNT00268900 12/5/2003-00042-0032
DIAGNOSIS CODES: 250.00 244.9 401.9 729.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256613	1	S5125		08/19/13	08/19/13	16.00	63.04
256613	2	S5125		08/20/13	08/20/13	16.00	63.04
256613	3	S5125		08/21/13	08/21/13	16.00	63.04
256613	4	S5125		08/22/13	08/22/13	16.00	63.04
256613	5	S5125		08/23/13	08/23/13	16.00	63.04
CLAIM TOTAL						315.20	CLAIM ACCOUNT REF. 2566130012012168SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012182 2012182 RODRIGUEZ, LIDIA 10/13/1939 GNT03481200 11/29/2006-00339-0033
DIAGNOSIS CODES: 253.5 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256586	1	T1019		08/19/13	08/19/13	16.00	63.04
256586	2	T1019		08/20/13	08/20/13	16.00	63.04
256586	3	T1019		08/21/13	08/21/13	16.00	63.04
256586	4	T1019		08/22/13	08/22/13	16.00	63.04
256586	5	T1019		08/23/13	08/23/13	16.00	63.04
CLAIM TOTAL							315.20

CLAIM ACCOUNT REF. 2565860012012182SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012185 2012185 DANIELS, MAGGIE 07/25/1932 GNT00057300 12/23/2003-00101-0049
DIAGNOSIS CODES: 369.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256478	1	S5125		08/19/13	08/19/13	12.00	47.28
256478	2	S5125		08/21/13	08/21/13	12.00	47.28
256478	3	S5125		08/23/13	08/23/13	12.00	47.28
CLAIM TOTAL							141.84

CLAIM ACCOUNT REF. 2564780012012185SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012197 2012197 TORO, ROSARIO 02/15/1929 GNT00261000 12/19/2003-00064-0055
DIAGNOSIS CODES: 369.10 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256606	1	T1019		08/17/13	08/17/13	32.00	126.08
256606	2	T1019		08/18/13	08/18/13	32.00	126.08
256606	3	T1019		08/19/13	08/19/13	31.00	122.14
256606	4	T1019		08/20/13	08/20/13	32.00	126.08
256606	5	T1019		08/21/13	08/21/13	32.00	126.08
256606	6	T1019		08/22/13	08/22/13	32.00	126.08
256606	7	T1019		08/23/13	08/23/13	32.00	126.08
CLAIM TOTAL							878.62

CLAIM ACCOUNT REF. 2566060012012197SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012225 2012225 PATTERSON, SHYRLE 12/02/1956 GNT00191700 12/5/2003-00049-0078
DIAGNOSIS CODES: 401.9 250.03 272.0 493.00 530.11

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256564	1	S5125		08/17/13	08/17/13	28.00	110.32
256564	2	S5125		08/18/13	08/18/13	28.00	110.32
256564	3	S5125		08/19/13	08/19/13	28.00	110.32

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256564	4	S5125		08/20/13	08/20/13	28.00	110.32	
256564	5	S5125		08/21/13	08/21/13	28.00	110.32	
256564	6	S5125		08/22/13	08/22/13	28.00	110.32	
256564	7	S5125		08/23/13	08/23/13	28.00	110.32	
					CLAIM TOTAL		772.24	CLAIM ACCOUNT REF. 2565640012012225SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2010983	2012309	IRIMIA, SIMONA	09/19/1938	GNT0360570	3/27/2007-00064-0041
DIAGNOSIS	CODES:	714.0	244.9	428.0	719.7	786.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256515	1	T1019		08/17/13	08/17/13	32.00	126.08	
256515	2	T1019		08/18/13	08/18/13	32.00	126.08	
256515	3	T1019		08/19/13	08/19/13	32.00	126.08	
256515	4	T1019		08/20/13	08/20/13	32.00	126.08	
256515	5	T1019		08/21/13	08/21/13	32.00	126.08	
256515	6	T1019		08/22/13	08/22/13	32.00	126.08	
256515	7	T1019		08/23/13	08/23/13	32.00	126.08	
					CLAIM TOTAL		882.56	CLAIM ACCOUNT REF. 2565150012012309SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012493	2012493	ESPINOZA, LUPE E	08/06/1929	GNT06559300	1/17/2013-00685-0006
DIAGNOSIS	CODES:	331.0	401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256489	1	T1019		08/04/13	08/04/13	20.00	78.80	
256489	2	T1019		08/10/13	08/10/13	21.00	82.74	
256489	3	T1019		08/11/13	08/11/13	21.00	82.74	
256489	4	T1019		08/12/13	08/12/13	28.00	110.32	
256489	5	T1019		08/13/13	08/13/13	28.00	110.32	
256489	6	T1019		08/14/13	08/14/13	28.00	110.32	
256489	7	T1019		08/15/13	08/15/13	28.00	110.32	
256489	8	T1019		08/16/13	08/16/13	28.00	110.32	
256489	9	T1019		08/17/13	08/17/13	20.00	78.80	
256489	10	T1019		08/18/13	08/18/13	20.00	78.80	
256489	11	T1019		08/19/13	08/19/13	28.00	110.32	
256489	12	T1019		08/20/13	08/20/13	28.00	110.32	
256489	13	T1019		08/21/13	08/21/13	28.00	110.32	
256489	14	T1019		08/22/13	08/22/13	28.00	110.32	
256489	15	T1019		08/23/13	08/23/13	28.00	110.32	
					CLAIM TOTAL		1,505.08	CLAIM ACCOUNT REF. 2564890012012493SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2006651 2012496 ROJAS, HAYDEE 02/15/1935 GNT04856800 10/28/2010-00256-0025
DIAGNOSIS CODES: 952.9 365.9 366.00 782.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256587	1	S5125		08/17/13	08/17/13	16.00	63.04
256587	2	S5125		08/18/13	08/18/13	16.00	63.04
256587	3	S5125		08/20/13	08/20/13	19.00	74.86
256587	4	S5125		08/21/13	08/21/13	20.00	78.80
256587	5	S5125		08/22/13	08/22/13	20.00	78.80
256587	6	S5125		08/23/13	08/23/13	20.00	78.80
CLAIM TOTAL						437.34	CLAIM ACCOUNT REF. 2565870012012496SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012602 2012602 ALVARADO, SARA E 07/15/1922 GNT03713600 6/28/2007-00019-0029
DIAGNOSIS CODES: 290.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256455	1	S5125		08/17/13	08/17/13	48.00	189.12
256455	2	S5125		08/18/13	08/18/13	48.00	189.12
256455	3	S5125		08/19/13	08/19/13	48.00	189.12
256455	4	S5125		08/20/13	08/20/13	48.00	189.12
256455	5	S5125		08/21/13	08/21/13	48.00	189.12
256455	6	S5125		08/22/13	08/22/13	40.00	157.60
256455	7	S5125		08/23/13	08/23/13	48.00	189.12
CLAIM TOTAL						1,292.32	CLAIM ACCOUNT REF. 2564550012012602SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012627 2012710 REYES, DUNNY 04/28/1944 GNT06774000 2/27/2013-00264-0006
DIAGNOSIS CODES: 332.0 294.20 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256577	1	T1020		08/17/13	08/17/13	1.00	200.00
256577	2	T1020		08/18/13	08/18/13	1.00	200.00
256577	3	T1020		08/19/13	08/19/13	1.00	200.00
256577	4	T1020		08/20/13	08/20/13	1.00	200.00
256577	5	T1020		08/21/13	08/21/13	1.00	200.00
256577	6	T1020		08/22/13	08/22/13	1.00	200.00
256577	7	T1020		08/23/13	08/23/13	1.00	200.00
CLAIM TOTAL						1,400.00	CLAIM ACCOUNT REF. 2565770012012710SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011011 2012756 RICKS, WALTER 04/27/1940 GNT03856800 2/27/2013-01282-0003
DIAGNOSIS CODES: 369.3 401.9 493.92 496.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256579	1	S5125		08/12/13	08/12/13	28.00	110.32
256579	2	S5125		08/13/13	08/13/13	28.00	110.32
256579	3	S5125		08/14/13	08/14/13	28.00	110.32
256579	4	S5125		08/15/13	08/15/13	28.00	110.32
256579	5	S5125		08/16/13	08/16/13	28.00	110.32
256579	6	S5125		08/19/13	08/19/13	28.00	110.32
256579	7	S5125		08/20/13	08/20/13	28.00	110.32
256579	8	S5125		08/22/13	08/22/13	28.00	110.32
256579	9	S5125		08/23/13	08/23/13	28.00	110.32
CLAIM TOTAL						992.88	CLAIM ACCOUNT REF. 2565790012012756SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012758 2012758 JAIME, ROSALBA 05/27/1915 GNT03692000 5/25/2007-00094-0043
DIAGNOSIS CODES: 290.0 244.9 458.9 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256518	1	T1019		08/17/13	08/17/13	36.00	141.84
256518	2	T1019		08/19/13	08/19/13	36.00	141.84
256518	3	T1019		08/20/13	08/20/13	36.00	141.84
256518	4	T1019		08/22/13	08/22/13	36.00	141.84
256518	5	T1019		08/23/13	08/23/13	36.00	141.84
CLAIM TOTAL						709.20	CLAIM ACCOUNT REF. 2565180012012758SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012759 2012759 LORUSSO, ANNA 01/25/1929 GNT06851500 3/1/2013-01282-0003
DIAGNOSIS CODES: 290.0 278.00 401.9 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256528	1	T1019		08/07/13	08/07/13	36.00	141.84
256528	2	T1019		08/14/13	08/14/13	36.00	141.84
256528	3	T1019		08/17/13	08/17/13	36.00	141.84
256528	4	T1019		08/18/13	08/18/13	36.00	141.84
256528	5	T1019		08/19/13	08/19/13	36.00	141.84
256528	6	T1019		08/20/13	08/20/13	36.00	141.84
256528	7	T1019		08/21/13	08/21/13	36.00	141.84
256528	8	T1019		08/22/13	08/22/13	36.00	141.84
256528	9	T1019		08/23/13	08/23/13	36.00	141.84
CLAIM TOTAL						1,276.56	CLAIM ACCOUNT REF. 2565280012012759SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011050 2012778 TROISI, DELIA 12/30/1925 GNT06177500 7/26/2012-00651-0007
DIAGNOSIS CODES: 401.9 272.2 294.10 311. V15.88

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256610	1	T1019		07/30/13	07/30/13	32.00	126.08
256610	2	T1019		08/03/13	08/03/13	32.00	126.08
256610	3	T1019		08/10/13	08/10/13	32.00	126.08
256610	4	T1019		08/17/13	08/17/13	31.00	122.14
256610	5	T1019		08/19/13	08/19/13	32.00	126.08
256610	6	T1019		08/20/13	08/20/13	32.00	126.08
256610	7	T1019		08/21/13	08/21/13	32.00	126.08
256610	8	T1019		08/22/13	08/22/13	32.00	126.08
256610	9	T1019		08/23/13	08/23/13	22.00	86.68
CLAIM TOTAL						1,091.38	CLAIM ACCOUNT REF. 2566100012012778SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013201 2013201 SCHNEIDER, RUTH 02/22/1936 07136300 4/30/2013-00656-0001
DIAGNOSIS CODES: 369.00 401.9 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256600	1	T1019		08/17/13	08/17/13	32.00	126.08
256600	2	T1019		08/18/13	08/18/13	32.00	126.08
256600	3	T1019		08/19/13	08/19/13	32.00	126.08
256600	4	T1019		08/20/13	08/20/13	32.00	126.08
256600	5	T1019		08/21/13	08/21/13	32.00	126.08
256600	6	T1019		08/22/13	08/22/13	32.00	126.08
256600	7	T1019		08/23/13	08/23/13	32.00	126.08
CLAIM TOTAL						882.56	CLAIM ACCOUNT REF. 2566000012013201SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010770 2013206 ESCOBAR, MARIA 03/22/1923 GNT06986400 4/30/2013-00728-0007
DIAGNOSIS CODES: 780.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256488	1	T1019		08/19/13	08/19/13	20.00	78.80
256488	2	T1019		08/20/13	08/20/13	20.00	78.80
256488	3	T1019		08/21/13	08/21/13	16.00	63.04
256488	4	T1019		08/22/13	08/22/13	16.00	63.04
CLAIM TOTAL						283.68	CLAIM ACCOUNT REF. 2564880012013206SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013226 2013226 SWABY, CLARENCE 04/23/1921 93704635800 5/2/2013-00350-0001
DIAGNOSIS CODES: 294.20 093.9 272.4 602.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256603	1	T1020		08/17/13	08/17/13	1.00	200.00
256603	2	T1020		08/18/13	08/18/13	1.00	200.00
256603	3	T1020		08/19/13	08/19/13	1.00	200.00
256603	4	T1020		08/20/13	08/20/13	1.00	200.00
256603	5	T1020		08/21/13	08/21/13	1.00	200.00
256603	6	T1020		08/22/13	08/22/13	1.00	200.00
256603	7	T1020		08/23/13	08/23/13	1.00	200.00
CLAIM TOTAL						1,400.00	
CLAIM ACCOUNT REF.							2566030012013226SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013228 2013228 PAGLIA, CARMELA 03/08/1945 GNT06942100 5/1/2013-00108-0003
DIAGNOSIS CODES: 278.00 429.9 715.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256561	1	S5125		08/19/13	08/19/13	24.00	94.56
256561	2	S5125		08/20/13	08/20/13	24.00	94.56
256561	3	S5125		08/21/13	08/21/13	24.00	94.56
256561	4	S5125		08/22/13	08/22/13	24.00	94.56
256561	5	S5125		08/23/13	08/23/13	24.00	94.56
CLAIM TOTAL						472.80	
CLAIM ACCOUNT REF.							2565610012013228SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2001032 2013256 ORTIZ, LAURA 07/04/1919 GNT03867300 7/9/2013-00458-0002
DIAGNOSIS CODES: 733.00 401.9 719.7 362.51 365.9 716.90 486.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256557	1	S5125		08/17/13	08/17/13	48.00	189.12
256557	2	S5125		08/18/13	08/18/13	48.00	189.12
256557	3	S5125		08/19/13	08/19/13	48.00	189.12
256557	4	S5125		08/20/13	08/20/13	48.00	189.12
256557	5	S5125		08/21/13	08/21/13	48.00	189.12
256557	6	S5125		08/22/13	08/22/13	48.00	189.12
256557	7	S5125		08/23/13	08/23/13	48.00	189.12
CLAIM TOTAL						1,323.84	
CLAIM ACCOUNT REF.							2565570012013256SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2006830 2013276 MARTINEZ 1, EMMA 05/09/1920 GNT05091300 3/30/2012-00070-0009
DIAGNOSIS CODES: 331.0 365.9 715.90 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256535	1	T1019		08/17/13	08/17/13	20.00	78.80
256535	2	T1019		08/19/13	08/19/13	48.00	189.12
256535	3	T1019		08/20/13	08/20/13	48.00	189.12
256535	4	T1019		08/21/13	08/21/13	48.00	189.12
256535	5	T1019		08/22/13	08/22/13	48.00	189.12
256535	6	T1019		08/23/13	08/23/13	48.00	189.12
CLAIM TOTAL						1,024.40	CLAIM ACCOUNT REF. 2565350012013276SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013284 2013284 CASTANEDA, MIRIAM 10/11/1951 GNT06079700 5/23/2013-00357-0003
DIAGNOSIS CODES: 715.90 311. 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256470	1	S5125		08/17/13	08/17/13	32.00	126.08
256470	2	S5125		08/19/13	08/19/13	24.00	94.56
256470	3	S5125		08/20/13	08/20/13	24.00	94.56
256470	4	S5125		08/21/13	08/21/13	24.00	94.56
256470	5	S5125		08/22/13	08/22/13	32.00	126.08
256470	6	S5125		08/23/13	08/23/13	32.00	126.08
CLAIM TOTAL						661.92	CLAIM ACCOUNT REF. 2564700012013284SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013411 2013411 JORGE, ANA 02/07/1930 GNT07185600 6/4/2013-00485-0004
DIAGNOSIS CODES: 332.0 365.9 366.9 401.9 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256522	1	S5125		08/17/13	08/17/13	48.00	189.12
256522	2	S5125		08/18/13	08/18/13	48.00	189.12
256522	3	S5125		08/19/13	08/19/13	48.00	189.12
256522	4	S5125		08/20/13	08/20/13	48.00	189.12
256522	5	S5125		08/21/13	08/21/13	48.00	189.12
256522	6	S5125		08/22/13	08/22/13	48.00	189.12
256522	7	S5125		08/23/13	08/23/13	48.00	189.12
CLAIM TOTAL						1,323.84	CLAIM ACCOUNT REF. 2565220012013411SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013413 2013413 CABRERA, MARIELA 09/13/1932 GNT07154900 6/4/2013-00479-0001
DIAGNOSIS CODES: 715.90 138. 389.22 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256464	1	T1019		08/19/13	08/19/13	24.00	94.56	
256464	2	T1019		08/20/13	08/20/13	24.00	94.56	
256464	3	T1019		08/21/13	08/21/13	24.00	94.56	
256464	4	T1019		08/22/13	08/22/13	24.00	94.56	
256464	5	T1019		08/23/13	08/23/13	24.00	94.56	
CLAIM TOTAL							472.80	CLAIM ACCOUNT REF. 2564640012013413SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013423 2013423 OCHOA, ORLANDO 06/15/1929 GNT06982300 6/3/2013-00335-0001
DIAGNOSIS CODES: 715.90 290.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256553	1	S5125		08/20/13	08/20/13	22.00	86.68	
256553	2	S5125		08/22/13	08/22/13	22.00	86.68	
CLAIM TOTAL							173.36	CLAIM ACCOUNT REF. 2565530012013423SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011963 2013553 ENCARNACION, LUZ 05/03/1934 GNT03902000 10/25/2010-0071-0026
DIAGNOSIS CODES: 715.90 253.5 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256486	1	T1019 TT		08/19/13	08/19/13	16.00	67.04	
256486	2	T1019 TT		08/20/13	08/20/13	16.00	67.04	
256486	3	T1019 TT		08/21/13	08/21/13	16.00	67.04	
256486	4	T1019 TT		08/22/13	08/22/13	16.00	67.04	
256486	5	T1019 TT		08/23/13	08/23/13	16.00	67.04	
CLAIM TOTAL							335.20	CLAIM ACCOUNT REF. 2564860012013553SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2000600 2013590 FELICIANO, JOAN 10/17/1935 GNT04140800 1/30/2008-00551-0039
DIAGNOSIS CODES: 716.90 250.00 272.0 338.29 369.9 401.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256492	1	S5125		08/17/13	08/17/13	32.00	126.08	
256492	2	S5125		08/18/13	08/18/13	32.00	126.08	
256492	3	S5125		08/19/13	08/19/13	32.00	126.08	
256492	4	S5125		08/20/13	08/20/13	32.00	126.08	
256492	5	S5125		08/21/13	08/21/13	31.00	122.14	
256492	6	S5125		08/22/13	08/22/13	32.00	126.08	

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256492	7	S5125		08/23/13	08/23/13	32.00	126.08	
					CLAIM TOTAL		878.62	CLAIM ACCOUNT REF. 2564920012013590SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013624	2013624	LARKIN, ANNIE	09/09/1928	GNT00419300	7/2/2013-00144-0001
DIAGNOSIS	CODES:	715.00	244.9	401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256524	1	S5125		08/19/13	08/19/13	16.00	63.04	
256524	2	S5125		08/20/13	08/20/13	16.00	63.04	
256524	3	S5125		08/21/13	08/21/13	16.00	63.04	
256524	4	S5125		08/22/13	08/22/13	16.00	63.04	
256524	5	S5125		08/23/13	08/23/13	16.00	63.04	
					CLAIM TOTAL		315.20	CLAIM ACCOUNT REF. 2565240012013624SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013639	2013639	YOUNUS, MOHAMMAD	11/13/1946	GNT07273500	7/3/2013-00137-0001
DIAGNOSIS	CODES:	250.00	311.	401.9 715.90			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256625	1	S5125		08/20/13	08/20/13	16.00	63.04	
					CLAIM TOTAL		63.04	CLAIM ACCOUNT REF. 2566250012013639SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013415	2013678	BATISTA, LUCILA	06/30/1930	GNT07265700	7/10/2013-00650-0001
DIAGNOSIS	CODES:	429.9	253.5	386.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256457	1	T1019		08/19/13	08/19/13	16.00	63.04	
256457	2	T1019		08/21/13	08/21/13	16.00	63.04	
256457	3	T1019		08/23/13	08/23/13	16.00	63.04	
					CLAIM TOTAL		189.12	CLAIM ACCOUNT REF. 2564570012013678SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013684	2013684	DIAZ, HILDA	04/04/1932	GNT07351600	7/9/2013-00177-0004
DIAGNOSIS	CODES:	V68.9	250.00	401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256481	1	S5125		08/09/13	08/09/13	28.00	110.32	
256481	2	S5125		08/12/13	08/12/13	28.00	110.32	
256481	3	S5125		08/13/13	08/13/13	28.00	110.32	
256481	4	S5125		08/14/13	08/14/13	28.00	110.32	
256481	5	S5125		08/15/13	08/15/13	28.00	110.32	

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256481	6	S5125		08/16/13	08/16/13	28.00	110.32	
256481	7	S5125		08/19/13	08/19/13	28.00	110.32	
256481	8	S5125		08/20/13	08/20/13	28.00	110.32	
256481	9	S5125		08/21/13	08/21/13	28.00	110.32	
256481	10	S5125		08/22/13	08/22/13	28.00	110.32	
256481	11	S5125		08/23/13	08/23/13	28.00	110.32	
CLAIM TOTAL							1,213.52	CLAIM ACCOUNT REF. 2564810012013684SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009960 2013799 FERRARA, ANN 07/27/1925 GNT05748600 2/27/2012-01098-0016
DIAGNOSIS CODES: 290.0 311. 365.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256496	1	S5126		08/17/13	08/17/13	1.00	200.00	
256496	2	S5126		08/18/13	08/18/13	1.00	200.00	
256496	3	S5126		08/19/13	08/19/13	1.00	200.00	
256496	4	S5126		08/20/13	08/20/13	1.00	200.00	
256496	5	S5126		08/21/13	08/21/13	1.00	200.00	
256496	6	S5126		08/22/13	08/22/13	1.00	200.00	
256496	7	S5126		08/23/13	08/23/13	1.00	200.00	
CLAIM TOTAL							1,400.00	CLAIM ACCOUNT REF. 2564960012013799SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009984 2013808 PINILLA, VICTOR 03/23/1933 GNT05972000 3/2/2012-00173-0019
DIAGNOSIS CODES: 294.10 272.2 401.9 780.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256568	1	S5125		08/17/13	08/17/13	36.00	141.84	
256568	2	S5125		08/18/13	08/18/13	36.00	141.84	
256568	3	S5125		08/19/13	08/19/13	36.00	141.84	
256568	4	S5125		08/20/13	08/20/13	36.00	141.84	
CLAIM TOTAL							567.36	CLAIM ACCOUNT REF. 2565680012013808SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013822 2013822 TORRES, SANTIAGO, BASI 03/22/1934 GNT07417900 8/2/2013-00550-0003
DIAGNOSIS CODES: 290.0 294.10 401.9 493.00 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256608	1	S5125		08/20/13	08/20/13	32.00	126.08	
256608	2	S5125		08/21/13	08/21/13	32.00	126.08	
256608	3	S5125		08/22/13	08/22/13	32.00	126.08	
256608	4	S5125		08/23/13	08/23/13	32.00	126.08	
CLAIM TOTAL							504.32	CLAIM ACCOUNT REF. 2566080012013822SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012941 2013852 BENZ, ROBERT 07/30/1925 GNT07334800 7/30/2013-00400-0001
DIAGNOSIS CODES: 401.9 362.50

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256459	1	S5125		08/17/13	08/17/13	16.00	63.04
256459	2	S5125		08/19/13	08/19/13	16.00	63.04
256459	3	S5125		08/20/13	08/20/13	16.00	63.04
256459	4	S5125		08/21/13	08/21/13	16.00	63.04
256459	5	S5125		08/22/13	08/22/13	16.00	63.04
256459	6	S5125		08/23/13	08/23/13	16.00	63.04
CLAIM TOTAL						378.24	CLAIM ACCOUNT REF. 2564590012013852SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012085 2013879 ROSARIO, ANA 06/23/1949 GNT03285400 7/27/2006-00183-0055
DIAGNOSIS CODES: 715.90 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256589	1	S5125		08/19/13	08/19/13	28.00	110.32
CLAIM TOTAL						110.32	CLAIM ACCOUNT REF. 2565890012013879SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012027 2013895 VELEZ, CARMEN 06/21/1932 GNT00271900 12/4/2003-00229-0069
DIAGNOSIS CODES: 695.4 250.00 272.2 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256615	1	S5125		08/19/13	08/19/13	24.00	94.56
256615	2	S5125		08/20/13	08/20/13	24.00	94.56
256615	3	S5125		08/21/13	08/21/13	24.00	94.56
256615	4	S5125		08/22/13	08/22/13	24.00	94.56
256615	5	S5125		08/23/13	08/23/13	24.00	94.56
CLAIM TOTAL						472.80	CLAIM ACCOUNT REF. 2566150012013895SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2003103 2013898 GREENSPAN, ALICE 04/15/1942 GNT04498400 1/27/2009-00682-0061
DIAGNOSIS CODES: 331.0 250.00 272.2 311. 401.9 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256505	1	S5125		08/11/13	08/11/13	30.00	118.20
256505	2	S5125		08/12/13	08/12/13	16.00	63.04
256505	3	S5125		08/13/13	08/13/13	16.00	63.04
256505	4	S5125		08/14/13	08/14/13	16.00	63.04
256505	5	S5125		08/15/13	08/15/13	16.00	63.04
256505	6	S5125		08/16/13	08/16/13	16.00	63.04

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256505	7	S5125		08/17/13	08/17/13	30.00	118.20
256505	8	S5125		08/18/13	08/18/13	30.00	118.20
256505	9	S5125		08/19/13	08/19/13	16.00	63.04
256505	10	S5125		08/20/13	08/20/13	16.00	63.04
256505	11	S5125		08/21/13	08/21/13	16.00	63.04
256505	12	S5125		08/22/13	08/22/13	16.00	63.04
256505	13	S5125		08/23/13	08/23/13	16.00	63.04
CLAIM TOTAL							985.00
							CLAIM ACCOUNT REF. 2565050012013898SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2007817	2013918	BEGUM, JAMILA	02/19/1919	GNT00018500	12/1/2003-00110-0101
DIAGNOSIS	CODES:	250.00	294.20	401.9	714.0	715.00 486.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256458	1	S5125		08/16/13	08/16/13	20.00	78.80
256458	2	S5125		08/19/13	08/19/13	48.00	189.12
256458	3	S5125		08/20/13	08/20/13	48.00	189.12
256458	4	S5125		08/21/13	08/21/13	40.00	157.60
256458	5	S5125		08/22/13	08/22/13	44.00	173.36
256458	6	S5125		08/23/13	08/23/13	31.00	122.14
CLAIM TOTAL							910.14
							CLAIM ACCOUNT REF. 2564580012013918SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2009226	2013926	CARDENAS, GUSTAVO	11/25/1933	GNT07420300	7/31/2013-00140-0001
DIAGNOSIS	CODES:	331.0	290.0			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256468	1	S5125		08/19/13	08/19/13	32.00	126.08
256468	2	S5125		08/20/13	08/20/13	32.00	126.08
256468	3	S5125		08/21/13	08/21/13	32.00	126.08
256468	4	S5125		08/22/13	08/22/13	32.00	126.08
256468	5	S5125		08/23/13	08/23/13	32.00	126.08
CLAIM TOTAL							630.40
							CLAIM ACCOUNT REF. 2564680012013926SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011874	2013951	NEVAREZ, MARTA	02/23/1941	GNT06134500	5/1/2012-00680-0012
DIAGNOSIS	CODES:	386.10	250.01	272.4	401.9	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256548	1	S5125 TT		08/17/13	08/17/13	24.00	100.56
256548	2	S5125 TT		08/18/13	08/18/13	24.00	100.56
256548	3	S5125 TT		08/19/13	08/19/13	12.00	50.28
256548	4	S5125 TT		08/20/13	08/20/13	12.00	50.28

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256548	5	S5125 TT		08/21/13	08/21/13	12.00	50.28	
256548	6	S5125 TT		08/22/13	08/22/13	12.00	50.28	
256548	7	S5125 TT		08/23/13	08/23/13	12.00	50.28	
					CLAIM TOTAL		452.52	CLAIM ACCOUNT REF. 2565480012013951SUP

PAYER TOTALS:	GUILDNET	# OF CLAIMS =	1034	TOTAL CLAIM AMOUNT =	113,074.44
		# SERVICES =	174		

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = ICS01 ICS

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008389 2011453 MUSHAYEV, BORIS 08/14/1947 7235 464780
DIAGNOSIS CODES: 401.9 250.00 425.8 428.0 441.00 715.90

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256439	1	T1019	1C		08/19/13	08/19/13	6.00	98.40	
256439	2	T1019	1C		08/20/13	08/20/13	6.00	98.40	
256439	3	T1019	1C		08/21/13	08/21/13	6.00	98.40	
256439	4	T1019	1C		08/22/13	08/22/13	6.00	98.40	
256439	5	T1019	1C		08/23/13	08/23/13	6.00	98.40	
CLAIM TOTAL								492.00	CLAIM ACCOUNT REF. 2564390012011453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011869 2011869 JONES, VALERIE 10/10/1948 1457 479978
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256438	1	T1019	1C		08/19/13	08/19/13	4.00	65.60	
256438	2	T1019	1C		08/20/13	08/20/13	4.00	65.60	
256438	3	T1019	1C		08/21/13	08/21/13	4.00	65.60	
256438	4	T1019	1C		08/23/13	08/23/13	4.00	65.60	
CLAIM TOTAL								262.40	CLAIM ACCOUNT REF. 2564380012011869SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011870 2011870 AGOSTINI, MONSERRATE 07/18/1944 558 480096
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256435	1	T1019	1C		08/19/13	08/19/13	6.00	98.40	
256435	2	T1019	1C		08/20/13	08/20/13	6.00	98.40	
256435	3	T1019	1C		08/22/13	08/22/13	6.00	98.40	
256435	4	T1019	1C		08/23/13	08/23/13	6.00	98.40	
CLAIM TOTAL								393.60	CLAIM ACCOUNT REF. 2564350012011870SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012213 2012213 BERRY, ANGELINA 10/21/1956 1784 456200
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256436	1	T1019	1C		08/14/13	08/14/13	4.00	65.60	
256436	2	T1019	1C		08/17/13	08/17/13	4.00	65.60	
256436	3	T1019	1C		08/18/13	08/18/13	4.00	65.60	
256436	4	T1019	1C		08/19/13	08/19/13	4.00	65.60	
256436	5	T1019	1C		08/20/13	08/20/13	4.00	65.60	

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = ICS01 ICS

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256436	6	T1019	1C		08/21/13	08/21/13	4.00	65.60	
256436	7	T1019	1C		08/22/13	08/22/13	4.00	65.60	
256436	8	T1019	1C		08/23/13	08/23/13	4.00	65.60	
						CLAIM TOTAL		524.80	CLAIM ACCOUNT REF. 2564360012012213SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012097	2013010	RODRIGUEZ, SILVIO	11/03/1930	9624	446238
DIAGNOSIS	CODES:	290.0	280.9	401.9			

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256442	1	T1019	1C		08/17/13	08/17/13	8.00	131.20	
256442	2	T1019	1C		08/18/13	08/18/13	8.00	131.20	
256442	3	T1019	1C		08/19/13	08/19/13	8.00	131.20	
256442	4	T1019	1C		08/20/13	08/20/13	8.00	131.20	
256442	5	T1019	1C		08/21/13	08/21/13	8.00	131.20	
256442	6	T1019	1C		08/22/13	08/22/13	8.00	131.20	
256442	7	T1019	1C		08/23/13	08/23/13	8.00	131.20	
						CLAIM TOTAL		918.40	CLAIM ACCOUNT REF. 2564420012013010SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013320	2013320	PEREZ, RAFAELA	12/05/1934	8249	468055
DIAGNOSIS	CODES:	781.2					

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256440	1	T1019	1C		08/17/13	08/17/13	24.00	393.60	
256440	2	T1019	1C		08/18/13	08/18/13	22.50	369.00	
256440	3	T1019	1C		08/19/13	08/19/13	23.75	389.50	
256440	4	T1019	1C		08/20/13	08/20/13	24.00	393.60	
256440	5	T1019	1C		08/21/13	08/21/13	24.00	393.60	
256440	6	T1019	1C		08/22/13	08/22/13	24.00	393.60	
256440	7	T1019	1C		08/23/13	08/23/13	24.00	393.60	
						CLAIM TOTAL		2,726.50	CLAIM ACCOUNT REF. 2564400012013320SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #		
NY	001	2013470	2013470	RIVERS, DEBRA	09/14/1958	9863	468763		
DIAGNOSIS	CODES:	907.2	135.	344.1	493.90	564.81	592.0	596.54	

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256441	1	T1019	1C		08/17/13	08/17/13	12.00	196.80	
256441	2	T1019	1C		08/18/13	08/18/13	10.50	172.20	
256441	3	T1019	1C		08/19/13	08/19/13	12.00	196.80	
256441	4	T1019	1C		08/20/13	08/20/13	12.00	196.80	
256441	5	T1019	1C		08/21/13	08/21/13	12.00	196.80	

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PROVIDER ID = 113502051
PAYER ID = ICS01

SUNNYSIDE CITYWIDE
ICS

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256441	6	T1019 1C		08/22/13	08/22/13	11.75	192.70	
256441	7	T1019 1C		08/23/13	08/23/13	10.00	164.00	
CLAIM TOTAL							1,316.10	CLAIM ACCOUNT REF. 2564410012013470SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #				
NY 001	2013587	2013587 CHANCELLOR, IRA	06/01/1948	10443	476564				
DIAGNOSIS CODES:	724.00	042.	250.00	272.0	296.80	300.00	365.00	427.31	781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256437	1	T1019 1C		08/19/13	08/19/13	4.00	65.60	
256437	2	T1019 1C		08/20/13	08/20/13	4.00	65.60	
256437	3	T1019 1C		08/21/13	08/21/13	4.00	65.60	
256437	4	T1019 1C		08/22/13	08/22/13	4.00	65.60	
256437	5	T1019 1C		08/23/13	08/23/13	4.00	65.60	
CLAIM TOTAL							328.00	CLAIM ACCOUNT REF. 2564370012013587SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #				
NY 001	2013676	2013676 TORRES, YNES	01/21/1930	10504	477166				
DIAGNOSIS CODES:	401.9								

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256443	1	T1019 1C		08/19/13	08/19/13	3.00	49.20	
256443	2	T1019 1C		08/21/13	08/21/13	3.50	57.40	
256443	3	T1019 1C		08/22/13	08/22/13	3.50	57.40	
256443	4	T1019 1C		08/23/13	08/23/13	4.00	65.60	
CLAIM TOTAL							229.60	CLAIM ACCOUNT REF. 2564430012013676SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	51	TOTAL CLAIM AMOUNT =	7,191.40
		# SERVICES =	9		

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = INIPA HEALTHCARE PARTNERS IPA I

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JSV04323R01 2013062715500001
DIAGNOSIS CODES: 250.11 272.0 401.9 435.9 586.
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256434	1	T1019	0580	08/20/13	08/20/13	16.00	67.52	
256434	2	T1019	0580	08/21/13	08/21/13	16.00	67.52	
256434	3	T1019	0580	08/22/13	08/22/13	16.00	67.52	
256434	4	T1019	0580	08/23/13	08/23/13	16.00	67.52	
					CLAIM TOTAL		270.08	CLAIM ACCOUNT REF. 2564340012010804SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013851 2013851 ARTEAGA, ANA 12/15/1954 JYU81582H01 2013072615400005
DIAGNOSIS CODES: 571.5 401.9
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
256433	1	T1019	0580	08/20/13	08/20/13	24.00	101.28	
256433	2	T1019	0580	08/21/13	08/21/13	20.00	84.40	
256433	3	T1019	0580	08/22/13	08/22/13	24.00	101.28	
256433	4	T1019	0580	08/23/13	08/23/13	20.00	84.40	
					CLAIM TOTAL		371.36	CLAIM ACCOUNT REF. 2564330012013851SUP

PAYER TOTALS: HEALTHCARE PARTNERS IPA I # OF CLAIMS = 8 TOTAL CLAIM AMOUNT = 641.44
SERVICES = 2

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = VCMINST VILLAGE CARE

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013600 2013600 MULLINGS, LUCILLE 11/20/1941 10000258001 062713005394
DIAGNOSIS CODES: 715.90 311. 695.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256449	1	T1019	0580	08/21/13	08/21/13	16.00	63.04
256449	2	T1019	0580	08/23/13	08/23/13	16.00	63.04
CLAIM TOTAL							126.08

CLAIM ACCOUNT REF. 2564490012013600SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013622 2013622 BERNARDI, SOLMARIA 06/28/1931 10000270501 062713005409
DIAGNOSIS CODES: 715.90 311. 401.9 553.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256446	1	T1019	0580	08/19/13	08/19/13	16.00	63.04
256446	2	T1019	0580	08/21/13	08/21/13	15.00	59.10
256446	3	T1019	0580	08/23/13	08/23/13	16.00	63.04
CLAIM TOTAL							185.18

CLAIM ACCOUNT REF. 2564460012013622SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013758 2013758 KLEIN, SHIRLEY 08/05/1929 2013758 072313005746
DIAGNOSIS CODES: 781.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256448	1	T1019	0580	07/27/13	07/27/13	16.00	63.04
256448	2	T1019	0580	07/28/13	07/28/13	16.00	63.04
256448	3	T1019	0580	08/17/13	08/17/13	16.00	63.04
256448	4	T1019	0580	08/18/13	08/18/13	16.00	63.04
256448	5	T1019	0580	08/19/13	08/19/13	16.00	63.04
256448	6	T1019	0580	08/20/13	08/20/13	16.00	63.04
256448	7	T1019	0580	08/21/13	08/21/13	16.00	63.04
256448	8	T1019	0580	08/22/13	08/22/13	16.00	63.04
256448	9	T1019	0580	08/23/13	08/23/13	16.00	63.04
CLAIM TOTAL							567.36

CLAIM ACCOUNT REF. 2564480012013758SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008987 2013844 FAY, JULIA 10/29/1939 10000292201 073113006128
DIAGNOSIS CODES: 496. 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
256447	1	T1019	0580	08/19/13	08/19/13	28.00	110.32
CLAIM TOTAL							110.32

CLAIM ACCOUNT REF. 2564470012013844SUP

REPORT DATE 08/28/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082803592863RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = VCMINST VILLAGE CARE

PAYER TOTALS:	VILLAGE CARE	# OF CLAIMS =	15	TOTAL CLAIM AMOUNT =	988.94
		# SERVICES =	4		

PROVIDER TOTALS:	SUNNYSIDE CITYWIDE	# OF CLAIMS =	2136	TOTAL CLAIM AMOUNT =	264,724.19
		# SERVICES =	379		