

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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
257124	1	T1020		08/24/13	08/24/13	11.00	185.57
257124	2	T1020		08/26/13	08/26/13	6.00	101.22
257124	3	T1020		08/27/13	08/27/13	6.00	101.22
257124	4	T1020		08/28/13	08/28/13	6.00	101.22
257124	5	T1020		08/29/13	08/29/13	6.00	101.22
257124	6	T1020		08/30/13	08/30/13	6.00	101.22
CLAIM TOTAL							691.67
							CLAIM ACCOUNT REF. 2571240012008267SUP

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
257120	1	T1020		08/03/13	08/03/13	9.00	151.83
257120	2	T1020		08/04/13	08/04/13	9.00	151.83
257120	3	T1020		08/24/13	08/24/13	9.00	151.83
257120	4	T1020		08/25/13	08/25/13	9.00	151.83
257120	5	T1020		08/26/13	08/26/13	9.00	151.83
257120	6	T1020		08/27/13	08/27/13	9.00	151.83
257120	7	T1020		08/28/13	08/28/13	9.00	151.83
257120	8	T1020		08/29/13	08/29/13	9.00	151.83
257120	9	T1020		08/30/13	08/30/13	9.00	151.83
CLAIM TOTAL							1,366.47
							CLAIM ACCOUNT REF. 2571200012008268SUP

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
257117	1	T1020		08/24/13	08/24/13	7.00	118.09
257117	2	T1020		08/25/13	08/25/13	7.00	118.09
257117	3	T1020		08/26/13	08/26/13	7.00	118.09
257117	4	T1020		08/27/13	08/27/13	7.00	118.09
257117	5	T1020		08/28/13	08/28/13	7.00	118.09
257117	6	T1020		08/29/13	08/29/13	7.00	118.09
257117	7	T1020		08/30/13	08/30/13	7.00	118.09
CLAIM TOTAL							826.63
							CLAIM ACCOUNT REF. 2571170012008306SUP

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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	
257115	1	T1020		08/19/13	08/19/13	7.00	118.09	
257115	2	T1020		08/24/13	08/24/13	7.00	118.09	
257115	3	T1020		08/25/13	08/25/13	7.00	118.09	
257115	4	T1020		08/26/13	08/26/13	7.00	118.09	
257115	5	T1020		08/27/13	08/27/13	7.00	118.09	
257115	6	T1020		08/28/13	08/28/13	7.00	118.09	
257115	7	T1020		08/29/13	08/29/13	7.00	118.09	
257115	8	T1020		08/30/13	08/30/13	7.00	118.09	
					CLAIM TOTAL	944.72		CLAIM ACCOUNT REF. 2571150012008386SUP

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	
257123	1	T1020		08/27/13	08/27/13	8.00	134.96	
257123	2	T1020		08/28/13	08/28/13	9.00	151.83	
257123	3	T1020		08/29/13	08/29/13	5.00	84.35	
257123	4	T1020		08/30/13	08/30/13	8.00	134.96	
					CLAIM TOTAL	506.10		CLAIM ACCOUNT REF. 2571230012008400SUP

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	
257118	1	T1020		08/26/13	08/26/13	5.00	84.35	
257118	2	T1020		08/27/13	08/27/13	5.00	84.35	
257118	3	T1020		08/28/13	08/28/13	5.00	84.35	
257118	4	T1020		08/30/13	08/30/13	4.00	67.48	
					CLAIM TOTAL	320.53		CLAIM ACCOUNT REF. 2571180012010712SUP

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	
257119	1	T1020		08/26/13	08/26/13	7.00	118.09	
257119	2	T1020		08/27/13	08/27/13	7.00	118.09	

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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	
257119	3	T1020		08/28/13	08/28/13	7.00	118.09	
257119	4	T1020		08/29/13	08/29/13	7.00	118.09	
257119	5	T1020		08/30/13	08/30/13	7.00	118.09	
					CLAIM TOTAL		590.45	CLAIM ACCOUNT REF. 2571190012013021SUP

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	711.00	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
257122	1	T1020		08/24/13	08/24/13	12.00	202.44	
257122	2	T1020		08/25/13	08/25/13	12.00	202.44	
257122	3	T1020		08/26/13	08/26/13	12.00	202.44	
257122	4	T1020		08/27/13	08/27/13	12.00	202.44	
257122	5	T1020		08/28/13	08/28/13	12.00	202.44	
257122	6	T1020		08/29/13	08/29/13	12.00	202.44	
257122	7	T1020		08/30/13	08/30/13	12.00	202.44	
					CLAIM TOTAL		1,417.08	CLAIM ACCOUNT REF. 2571220012013080SUP

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	
257116	1	T1020		08/24/13	08/24/13	24.00	404.88	
257116	2	T1020		08/25/13	08/25/13	12.00	202.44	
257116	3	T1020		08/26/13	08/26/13	12.00	202.44	
257116	4	T1020		08/27/13	08/27/13	12.00	202.44	
257116	5	T1020		08/28/13	08/28/13	12.00	202.44	
257116	6	T1020		08/29/13	08/29/13	12.00	202.44	
257116	7	T1020		08/30/13	08/30/13	12.00	202.44	
					CLAIM TOTAL		1,619.52	CLAIM ACCOUNT REF. 2571160012013422SUP

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	
257121	1	T1020		08/27/13	08/27/13	7.00	118.09	
257121	2	T1020		08/28/13	08/28/13	7.00	118.09	
257121	3	T1020		08/29/13	08/29/13	7.00	118.09	
257121	4	T1020		08/30/13	08/30/13	5.00	84.35	
					CLAIM TOTAL		438.62	CLAIM ACCOUNT REF. 2571210012013910SUP

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

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	61	TOTAL CLAIM AMOUNT =	8,721.79
		# SERVICES =	10		

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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
257148	1	T1019		08/24/13	08/24/13	4.00	68.60
257148	2	T1019		08/25/13	08/25/13	4.00	68.60
257148	3	T1019		08/26/13	08/26/13	12.00	205.80
257148	4	T1019		08/27/13	08/27/13	12.00	205.80
257148	5	T1019		08/28/13	08/28/13	12.00	205.80
257148	6	T1019		08/29/13	08/29/13	12.00	205.80
257148	7	T1019		08/30/13	08/30/13	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2571480012008233SUP

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
257154	1	T1019		08/24/13	08/24/13	8.00	137.20
257154	2	T1019		08/25/13	08/25/13	8.00	137.20
257154	3	T1019		08/26/13	08/26/13	11.00	188.65
257154	4	T1019		08/28/13	08/28/13	11.00	188.65
257154	5	T1019		08/29/13	08/29/13	11.00	188.65
257154	6	T1019		08/30/13	08/30/13	11.00	188.65
CLAIM TOTAL						1,029.00	CLAIM ACCOUNT REF. 2571540012008236SUP

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
257152	1	T1019		08/06/13	08/06/13	10.00	171.50
257152	2	T1019		08/26/13	08/26/13	10.00	171.50
257152	3	T1019		08/27/13	08/27/13	10.00	171.50
257152	4	T1019		08/28/13	08/28/13	10.00	171.50
257152	5	T1019		08/29/13	08/29/13	9.00	154.35
257152	6	T1019		08/30/13	08/30/13	9.00	154.35
CLAIM TOTAL						994.70	CLAIM ACCOUNT REF. 2571520012008385SUP

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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	
257155	1	T1019		08/26/13	08/26/13	8.00	137.20	
257155	2	T1019		08/27/13	08/27/13	6.00	102.90	
257155	3	T1019		08/28/13	08/28/13	8.00	137.20	
257155	4	T1019		08/29/13	08/29/13	8.00	137.20	
257155	5	T1019		08/30/13	08/30/13	8.00	137.20	
CLAIM TOTAL							651.70	CLAIM ACCOUNT REF. 2571550012008418SUP

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	
257149	1	T1019		08/24/13	08/24/13	10.00	171.50	
CLAIM TOTAL							171.50	CLAIM ACCOUNT REF. 2571490012008743SUP

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	
257156	1	T1019		08/20/13	08/20/13	5.00	85.75	
257156	2	T1019		08/21/13	08/21/13	5.00	85.75	
257156	3	T1019		08/22/13	08/22/13	5.00	85.75	
257156	4	T1019		08/23/13	08/23/13	5.00	85.75	
257156	5	T1019		08/26/13	08/26/13	5.00	85.75	
257156	6	T1019		08/27/13	08/27/13	5.00	85.75	
257156	7	T1019		08/28/13	08/28/13	5.00	85.75	
257156	8	T1019		08/29/13	08/29/13	5.00	85.75	
257156	9	T1019		08/30/13	08/30/13	5.00	85.75	
CLAIM TOTAL							771.75	CLAIM ACCOUNT REF. 2571560012009377SUP

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	
257158	1	T1019		08/26/13	08/26/13	10.00	171.50	
257158	2	T1019		08/27/13	08/27/13	10.00	171.50	
257158	3	T1019		08/28/13	08/28/13	10.00	171.50	

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
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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
257158	4	T1019		08/29/13	08/29/13	10.00	171.50
257158	5	T1019		08/30/13	08/30/13	10.00	171.50
CLAIM TOTAL							857.50

CLAIM ACCOUNT REF. 2571580012010213SUP

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
257153	1	T1019		08/24/13	08/24/13	5.00	85.75
257153	2	T1019		08/26/13	08/26/13	5.00	85.75
257153	3	T1019		08/27/13	08/27/13	5.00	85.75
257153	4	T1019		08/28/13	08/28/13	5.00	85.75
257153	5	T1019		08/29/13	08/29/13	5.00	85.75
257153	6	T1019		08/30/13	08/30/13	5.00	85.75
CLAIM TOTAL							514.50

CLAIM ACCOUNT REF. 2571530012010886SUP

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
257150	1	T1019		08/24/13	08/24/13	24.00	411.60
257150	2	T1019		08/25/13	08/25/13	24.00	411.60
257150	3	T1019		08/26/13	08/26/13	24.00	411.60
257150	4	T1019		08/27/13	08/27/13	24.00	411.60
257150	5	T1019		08/28/13	08/28/13	24.00	411.60
257150	6	T1019		08/29/13	08/29/13	24.00	411.60
257150	7	T1019		08/30/13	08/30/13	24.00	411.60
CLAIM TOTAL							2,881.20

CLAIM ACCOUNT REF. 2571500012011286SUP

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
257157	1	T1019		08/24/13	08/24/13	4.00	68.60
257157	2	T1019		08/25/13	08/25/13	4.00	68.60
257157	3	T1019		08/26/13	08/26/13	4.00	68.60
CLAIM TOTAL							205.80

CLAIM ACCOUNT REF. 2571570012013071SUP

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NPI = 1154407492

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
257151	1	T1019		08/25/13	08/25/13	8.00	137.20	
257151	2	T1019		08/26/13	08/26/13	8.00	137.20	
257151	3	T1019		08/27/13	08/27/13	8.00	137.20	
257151	4	T1019		08/28/13	08/28/13	8.00	137.20	
257151	5	T1019		08/29/13	08/29/13	8.00	137.20	
257151	6	T1019		08/30/13	08/30/13	8.00	137.20	
					CLAIM TOTAL		823.20	CLAIM ACCOUNT REF. 2571510012013185SUP

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	61	TOTAL CLAIM AMOUNT =	10,067.05
		# SERVICES =	11		

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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	
257147	1	T1019		08/24/13	08/24/13	16.00	96.00	
257147	2	T1019		08/26/13	08/26/13	24.00	144.00	
257147	3	T1019		08/27/13	08/27/13	24.00	144.00	
257147	4	T1019		08/28/13	08/28/13	24.00	144.00	
257147	5	T1019		08/29/13	08/29/13	20.00	120.00	
257147	6	T1019		08/30/13	08/30/13	24.00	144.00	
					CLAIM TOTAL		792.00	CLAIM ACCOUNT REF. 2571470012013681SUP

PAYER TOTALS:	AFFINITY HEALTH	# OF CLAIMS =	6	TOTAL CLAIM AMOUNT =	792.00
		# SERVICES =	1		

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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
257187	1	T1019		08/24/13	08/24/13	36.00	154.80
257187	2	T1019		08/25/13	08/25/13	36.00	154.80
257187	3	T1019		08/26/13	08/26/13	36.00	154.80
257187	4	T1019		08/27/13	08/27/13	36.00	154.80
257187	5	T1019		08/28/13	08/28/13	36.00	154.80
257187	6	T1019		08/29/13	08/29/13	36.00	154.80
257187	7	T1019		08/30/13	08/30/13	36.00	154.80
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2571870012008286SUP

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
257175	1	T1019		08/24/13	08/24/13	24.00	103.20
257175	2	T1019		08/25/13	08/25/13	24.00	103.20
257175	3	T1019		08/26/13	08/26/13	24.00	103.20
257175	4	T1019		08/27/13	08/27/13	24.00	103.20
257175	5	T1019		08/28/13	08/28/13	24.00	103.20
257175	6	T1019		08/29/13	08/29/13	24.00	103.20
CLAIM TOTAL						619.20	CLAIM ACCOUNT REF. 2571750012008495SUP

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
257159	1	T1019		08/24/13	08/24/13	28.00	120.40
257159	2	T1019		08/25/13	08/25/13	28.00	120.40
257159	3	T1019		08/26/13	08/26/13	28.00	120.40
257159	4	T1019		08/27/13	08/27/13	28.00	120.40
257159	5	T1019		08/28/13	08/28/13	28.00	120.40
257159	6	T1019		08/29/13	08/29/13	28.00	120.40
257159	7	T1019		08/30/13	08/30/13	28.00	120.40
CLAIM TOTAL						842.80	CLAIM ACCOUNT REF. 2571590012012101SUP

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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
257160	1	T1019		08/26/13	08/26/13	16.00	68.80
257160	2	T1019		08/27/13	08/27/13	16.00	68.80
257160	3	T1019		08/28/13	08/28/13	16.00	68.80
257160	4	T1019		08/29/13	08/29/13	16.00	68.80
257160	5	T1019		08/30/13	08/30/13	16.00	68.80
CLAIM TOTAL							344.00

CLAIM ACCOUNT REF. 2571600012012102SUP

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
257161	1	T1019		08/25/13	08/25/13	40.00	172.00
257161	2	T1019		08/26/13	08/26/13	40.00	172.00
257161	3	T1019		08/27/13	08/27/13	40.00	172.00
257161	4	T1019		08/28/13	08/28/13	40.00	172.00
257161	5	T1019		08/29/13	08/29/13	40.00	172.00
257161	6	T1019		08/30/13	08/30/13	40.00	172.00
CLAIM TOTAL							1,032.00

CLAIM ACCOUNT REF. 2571610012012104SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012107 2012107 CRUZ, LUIS 06/10/1952 706307 111855969
DIAGNOSIS CODES: 250.93 414.3 428.0 491.21

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
257163	1	T1030		06/28/13	06/28/13	1.00	90.00
257163	2	T1030		07/05/13	07/05/13	1.00	90.00
CLAIM TOTAL							180.00

CLAIM ACCOUNT REF. 2571630012012107SUP

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
257164	1	T1030		07/12/13	07/12/13	1.00	90.00
257164	2	T1030		07/17/13	07/17/13	1.00	90.00
257164	3	T1030		07/24/13	07/24/13	1.00	90.00
257164	4	T1030		08/01/13	08/01/13	1.00	90.00
CLAIM TOTAL							360.00

CLAIM ACCOUNT REF. 2571640012012107SUP

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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
257166	1	T1019		08/26/13	08/26/13	24.00	103.20
257166	2	T1019		08/27/13	08/27/13	24.00	103.20
257166	3	T1019		08/28/13	08/28/13	24.00	103.20
257166	4	T1019		08/29/13	08/29/13	24.00	103.20
257166	5	T1019		08/30/13	08/30/13	24.00	103.20
CLAIM TOTAL							516.00

CLAIM ACCOUNT REF. 2571660012012108SUP

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
257167	1	T1019		08/26/13	08/26/13	28.00	120.40
257167	2	T1019		08/27/13	08/27/13	28.00	120.40
257167	3	T1019		08/28/13	08/28/13	28.00	120.40
CLAIM TOTAL							361.20

CLAIM ACCOUNT REF. 2571670012012110SUP

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
257169	1	T1019		08/10/13	08/10/13	32.00	137.60
257169	2	T1019		08/11/13	08/11/13	32.00	137.60
257169	3	T1019		08/24/13	08/24/13	32.00	137.60
257169	4	T1019		08/25/13	08/25/13	32.00	137.60
257169	5	T1019		08/26/13	08/26/13	32.00	137.60
257169	6	T1019		08/27/13	08/27/13	32.00	137.60
257169	7	T1019		08/28/13	08/28/13	32.00	137.60
257169	8	T1019		08/29/13	08/29/13	32.00	137.60
257169	9	T1019		08/30/13	08/30/13	32.00	137.60
CLAIM TOTAL							1,238.40

CLAIM ACCOUNT REF. 2571690012012116SUP

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
257170	1	T1019		08/24/13	08/24/13	20.00	86.00

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
257170	2	T1019		08/25/13	08/25/13	20.00	86.00	
257170	3	T1019		08/26/13	08/26/13	16.00	68.80	
257170	4	T1019		08/27/13	08/27/13	16.00	68.80	
257170	5	T1019		08/28/13	08/28/13	16.00	68.80	
257170	6	T1019		08/29/13	08/29/13	16.00	68.80	
257170	7	T1019		08/30/13	08/30/13	16.00	68.80	
				CLAIM TOTAL			516.00	CLAIM ACCOUNT REF. 2571700012012117SUP

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	
257172	1	T1019		08/26/13	08/26/13	28.00	120.40	
257172	2	T1019		08/27/13	08/27/13	28.00	120.40	
257172	3	T1019		08/28/13	08/28/13	28.00	120.40	
257172	4	T1019		08/30/13	08/30/13	28.00	120.40	
				CLAIM TOTAL			481.60	CLAIM ACCOUNT REF. 2571720012012120SUP

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	
257177	1	T1019		08/15/13	08/15/13	32.00	137.60	
257177	2	T1019		08/24/13	08/24/13	32.00	137.60	
257177	3	T1019		08/25/13	08/25/13	32.00	137.60	
257177	4	T1019		08/26/13	08/26/13	32.00	137.60	
257177	5	T1019		08/27/13	08/27/13	32.00	137.60	
257177	6	T1019		08/28/13	08/28/13	32.00	137.60	
257177	7	T1019		08/29/13	08/29/13	32.00	137.60	
257177	8	T1019		08/30/13	08/30/13	32.00	137.60	
				CLAIM TOTAL			1,100.80	CLAIM ACCOUNT REF. 2571770012012121SUP

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
257178	1	T1019		08/17/13	08/17/13	20.00	86.00
257178	2	T1019		08/24/13	08/24/13	20.00	86.00
257178	3	T1019		08/25/13	08/25/13	20.00	86.00
257178	4	T1019		08/26/13	08/26/13	20.00	86.00

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
257178	5	T1019		08/27/13	08/27/13	20.00	86.00	
257178	6	T1019		08/28/13	08/28/13	20.00	86.00	
257178	7	T1019		08/29/13	08/29/13	20.00	86.00	
257178	8	T1019		08/30/13	08/30/13	20.00	86.00	
					CLAIM TOTAL		688.00	CLAIM ACCOUNT REF. 2571780012012122SUP

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	
257179	1	T1019		08/24/13	08/24/13	20.00	86.00	
257179	2	T1019		08/25/13	08/25/13	20.00	86.00	
257179	3	T1019		08/26/13	08/26/13	28.00	120.40	
257179	4	T1019		08/27/13	08/27/13	28.00	120.40	
257179	5	T1019		08/28/13	08/28/13	28.00	120.40	
257179	6	T1019		08/29/13	08/29/13	28.00	120.40	
257179	7	T1019		08/30/13	08/30/13	28.00	120.40	
					CLAIM TOTAL		774.00	CLAIM ACCOUNT REF. 2571790012012130SUP

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	
257181	1	T1019		08/30/13	08/30/13	16.00	68.80	
					CLAIM TOTAL		68.80	CLAIM ACCOUNT REF. 2571810012012131SUP

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	
257194	1	T1019		08/29/13	08/29/13	28.00	120.40	
257194	2	T1019		08/30/13	08/30/13	28.00	120.40	
					CLAIM TOTAL		240.80	CLAIM ACCOUNT REF. 2571940012012134SUP

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
257198	1	T1019		08/26/13	08/26/13	32.00	137.60

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PAYER ID = 14163 WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
257198	2	T1019		08/27/13	08/27/13	32.00	137.60	
257198	3	T1019		08/28/13	08/28/13	32.00	137.60	
257198	4	T1019		08/29/13	08/29/13	32.00	137.60	
257198	5	T1019		08/30/13	08/30/13	32.00	137.60	
					CLAIM TOTAL		688.00	CLAIM ACCOUNT REF. 2571980012012137SUP

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	
257199	1	T1019		08/26/13	08/26/13	16.00	68.80	
257199	2	T1019		08/27/13	08/27/13	16.00	68.80	
257199	3	T1019		08/29/13	08/29/13	16.00	68.80	
					CLAIM TOTAL		206.40	CLAIM ACCOUNT REF. 2571990012012138SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
257182	1	T1019		08/17/13	08/17/13	32.00	137.60	
257182	2	T1019		08/21/13	08/21/13	32.00	137.60	
257182	3	T1019		08/22/13	08/22/13	32.00	137.60	
257182	4	T1019		08/23/13	08/23/13	32.00	137.60	
257182	5	T1019		08/24/13	08/24/13	32.00	137.60	
257182	6	T1019		08/26/13	08/26/13	32.00	137.60	
257182	7	T1019		08/27/13	08/27/13	32.00	137.60	
257182	8	T1019		08/28/13	08/28/13	32.00	137.60	
257182	9	T1019		08/29/13	08/29/13	32.00	137.60	
					CLAIM TOTAL		1,238.40	CLAIM ACCOUNT REF. 2571820012012140SUP

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	
257193	1	T1019		08/16/13	08/16/13	16.00	68.80	
257193	2	T1019		08/27/13	08/27/13	16.00	68.80	
257193	3	T1019		08/28/13	08/28/13	16.00	68.80	
					CLAIM TOTAL		206.40	CLAIM ACCOUNT REF. 2571930012012141SUP

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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
257176	1	T1019		08/24/13	08/24/13	12.00	51.60
257176	2	T1019		08/26/13	08/26/13	12.00	51.60
257176	3	T1019		08/27/13	08/27/13	12.00	51.60
257176	4	T1019		08/28/13	08/28/13	12.00	51.60
257176	5	T1019		08/29/13	08/29/13	12.00	51.60
257176	6	T1019		08/30/13	08/30/13	12.00	51.60
CLAIM TOTAL							309.60
CLAIM ACCOUNT REF.							2571760012012142SUP

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
257185	1	T1019		08/26/13	08/26/13	20.00	86.00
257185	2	T1019		08/28/13	08/28/13	20.00	86.00
257185	3	T1019		08/30/13	08/30/13	20.00	86.00
CLAIM TOTAL							258.00
CLAIM ACCOUNT REF.							2571850012012144SUP

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
257183	1	T1019		08/26/13	08/26/13	16.00	68.80
257183	2	T1019		08/27/13	08/27/13	16.00	68.80
257183	3	T1019		08/28/13	08/28/13	16.00	68.80
257183	4	T1019		08/29/13	08/29/13	16.00	68.80
257183	5	T1019		08/30/13	08/30/13	16.00	68.80
CLAIM TOTAL							344.00
CLAIM ACCOUNT REF.							2571830012012145SUP

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
257184	1	T1019		08/26/13	08/26/13	16.00	68.80
257184	2	T1019		08/27/13	08/27/13	16.00	68.80
257184	3	T1019		08/28/13	08/28/13	16.00	68.80
257184	4	T1019		08/29/13	08/29/13	16.00	68.80

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
257184	5	T1019		08/30/13	08/30/13	16.00	68.80	
						CLAIM TOTAL	344.00	CLAIM ACCOUNT REF. 2571840012012146SUP

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	
257188	1	T1019		08/26/13	08/26/13	20.00	86.00	
257188	2	T1019		08/27/13	08/27/13	20.00	86.00	
257188	3	T1019		08/28/13	08/28/13	20.00	86.00	
257188	4	T1019		08/29/13	08/29/13	20.00	86.00	
257188	5	T1019		08/30/13	08/30/13	20.00	86.00	
						CLAIM TOTAL	430.00	CLAIM ACCOUNT REF. 2571880012012147SUP

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	
257189	1	T1019		08/24/13	08/24/13	32.00	137.60	
257189	2	T1019		08/26/13	08/26/13	32.00	137.60	
257189	3	T1019		08/27/13	08/27/13	32.00	137.60	
257189	4	T1019		08/28/13	08/28/13	32.00	137.60	
257189	5	T1019		08/29/13	08/29/13	32.00	137.60	
257189	6	T1019		08/30/13	08/30/13	32.00	137.60	
						CLAIM TOTAL	825.60	CLAIM ACCOUNT REF. 2571890012012149SUP

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	
257192	1	T1019		08/24/13	08/24/13	20.00	86.00	
257192	2	T1019		08/25/13	08/25/13	20.00	86.00	
257192	3	T1019		08/26/13	08/26/13	20.00	86.00	
257192	4	T1019		08/27/13	08/27/13	20.00	86.00	
257192	5	T1019		08/28/13	08/28/13	20.00	86.00	
257192	6	T1019		08/29/13	08/29/13	20.00	86.00	
257192	7	T1019		08/30/13	08/30/13	20.00	86.00	
						CLAIM TOTAL	602.00	CLAIM ACCOUNT REF. 2571920012012155SUP

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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	
257173	1	T1019		08/24/13	08/24/13	48.00	206.40	
257173	2	T1019		08/25/13	08/25/13	48.00	206.40	
257173	3	T1019		08/26/13	08/26/13	48.00	206.40	
257173	4	T1019		08/27/13	08/27/13	48.00	206.40	
257173	5	T1019		08/28/13	08/28/13	48.00	206.40	
257173	6	T1019		08/29/13	08/29/13	48.00	206.40	
257173	7	T1019		08/30/13	08/30/13	48.00	206.40	
CLAIM TOTAL							1,444.80	CLAIM ACCOUNT REF. 2571730012012158SUP

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	
257195	1	T1019		08/13/13	08/13/13	24.00	103.20	
257195	2	T1019		08/24/13	08/24/13	24.00	103.20	
CLAIM TOTAL							206.40	CLAIM ACCOUNT REF. 2571950012012261SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012261 2012261 SILVEIRA, BERTA 06/23/1938 753060 112151886
DIAGNOSIS CODES: 786.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
257196	1	T1019		08/25/13	08/25/13	24.00	103.20	
257196	2	T1019		08/26/13	08/26/13	24.00	103.20	
257196	3	T1019		08/28/13	08/28/13	24.00	103.20	
257196	4	T1019		08/29/13	08/29/13	24.00	103.20	
257196	5	T1019		08/30/13	08/30/13	24.00	103.20	
CLAIM TOTAL							516.00	CLAIM ACCOUNT REF. 2571960012012261SUP

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	
257197	1	T1019		08/24/13	08/24/13	36.00	154.80	
257197	2	T1019		08/25/13	08/25/13	36.00	154.80	
257197	3	T1019		08/26/13	08/26/13	36.00	154.80	
257197	4	T1019		08/27/13	08/27/13	36.00	154.80	

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
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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	
257197	5	T1019		08/28/13	08/28/13	36.00	154.80	
257197	6	T1019		08/29/13	08/29/13	36.00	154.80	
257197	7	T1019		08/30/13	08/30/13	36.00	154.80	
				CLAIM TOTAL		1,083.60		CLAIM ACCOUNT REF. 2571970012012266SUP

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	
257191	1	T1019		08/26/13	08/26/13	20.00	86.00	
257191	2	T1019		08/27/13	08/27/13	20.00	86.00	
257191	3	T1019		08/28/13	08/28/13	20.00	86.00	
257191	4	T1019		08/29/13	08/29/13	20.00	86.00	
257191	5	T1019		08/30/13	08/30/13	20.00	86.00	
				CLAIM TOTAL		430.00		CLAIM ACCOUNT REF. 2571910012012719SUP

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	
257174	1	T1019		08/24/13	08/24/13	48.00	206.40	
257174	2	T1019		08/25/13	08/25/13	48.00	206.40	
257174	3	T1019		08/26/13	08/26/13	48.00	206.40	
257174	4	T1019		08/27/13	08/27/13	48.00	206.40	
257174	5	T1019		08/28/13	08/28/13	48.00	206.40	
257174	6	T1019		08/30/13	08/30/13	48.00	206.40	
				CLAIM TOTAL		1,238.40		CLAIM ACCOUNT REF. 2571740012012948SUP

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	
257165	1	T1019		08/24/13	08/24/13	20.00	86.00	
257165	2	T1019		08/25/13	08/25/13	20.00	86.00	
257165	3	T1019		08/26/13	08/26/13	20.00	86.00	
257165	4	T1019		08/27/13	08/27/13	20.00	86.00	
257165	5	T1019		08/28/13	08/28/13	20.00	86.00	
257165	6	T1019		08/29/13	08/29/13	20.00	86.00	
257165	7	T1019		08/30/13	08/30/13	20.00	86.00	
				CLAIM TOTAL		602.00		CLAIM ACCOUNT REF. 2571650012012952SUP

REPORT DATE 09/04/13 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 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
257162	1	T1019		08/24/13	08/24/13	96.00	412.80
257162	2	T1019		08/25/13	08/25/13	96.00	412.80
257162	3	T1019		08/26/13	08/26/13	96.00	412.80
257162	4	T1019		08/27/13	08/27/13	96.00	412.80
257162	5	T1019		08/28/13	08/28/13	96.00	412.80
257162	6	T1019		08/29/13	08/29/13	96.00	412.80
257162	7	T1019		08/30/13	08/30/13	96.00	412.80
CLAIM TOTAL						2,889.60	CLAIM ACCOUNT REF. 2571620012012953SUP

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
257171	1	T1019		08/26/13	08/26/13	20.00	86.00
257171	2	T1019		08/27/13	08/27/13	20.00	86.00
257171	3	T1019		08/28/13	08/28/13	20.00	86.00
257171	4	T1019		08/30/13	08/30/13	20.00	86.00
CLAIM TOTAL						344.00	CLAIM ACCOUNT REF. 2571710012012979SUP

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
257190	1	T1019		08/26/13	08/26/13	32.00	137.60
257190	2	T1019		08/27/13	08/27/13	32.00	137.60
257190	3	T1019		08/28/13	08/28/13	32.00	137.60
257190	4	T1019		08/29/13	08/29/13	32.00	137.60
257190	5	T1019		08/30/13	08/30/13	32.00	137.60
CLAIM TOTAL						688.00	CLAIM ACCOUNT REF. 2571900012013395SUP

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
257186	1	T1019		08/24/13	08/24/13	16.00	68.80
257186	2	T1019		08/25/13	08/25/13	16.00	68.80

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
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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	
257186	3	T1019		08/26/13	08/26/13	16.00	68.80	
257186	4	T1019		08/27/13	08/27/13	16.00	68.80	
257186	5	T1019		08/28/13	08/28/13	16.00	68.80	
257186	6	T1019		08/29/13	08/29/13	16.00	68.80	
257186	7	T1019		08/30/13	08/30/13	16.00	68.80	
				CLAIM TOTAL			481.60	CLAIM ACCOUNT REF. 2571860012013679SUP

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	
257180	1	T1019		08/24/13	08/24/13	48.00	206.40	
257180	2	T1019		08/25/13	08/25/13	48.00	206.40	
257180	3	T1019		08/26/13	08/26/13	48.00	206.40	
257180	4	T1019		08/27/13	08/27/13	48.00	206.40	
257180	5	T1019		08/28/13	08/28/13	48.00	206.40	
257180	6	T1019		08/29/13	08/29/13	44.00	189.20	
257180	7	T1019		08/30/13	08/30/13	48.00	206.40	
				CLAIM TOTAL			1,427.60	CLAIM ACCOUNT REF. 2571800012013774SUP

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	
257168	1	T1019		08/24/13	08/24/13	28.00	120.40	
257168	2	T1019		08/25/13	08/25/13	28.00	120.40	
257168	3	T1019		08/26/13	08/26/13	28.00	120.40	
257168	4	T1019		08/27/13	08/27/13	28.00	120.40	
257168	5	T1019		08/28/13	08/28/13	16.00	68.80	
257168	6	T1019		08/29/13	08/29/13	28.00	120.40	
257168	7	T1019		08/30/13	08/30/13	28.00	120.40	
				CLAIM TOTAL			791.20	CLAIM ACCOUNT REF. 2571680012013868SUP

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	224	TOTAL CLAIM AMOUNT =	28,042.80
		# SERVICES =	39		

REPORT DATE 09/04/13 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 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
257146	1	T1019	0580	08/12/13	08/12/13	16.00	67.52
257146	2	T1019	0580	08/26/13	08/26/13	16.00	67.52
257146	3	T1019	0580	08/27/13	08/27/13	16.00	67.52
257146	4	T1019	0580	08/28/13	08/28/13	16.00	67.52
257146	5	T1019	0580	08/29/13	08/29/13	16.00	67.52
257146	6	T1019	0580	08/30/13	08/30/13	16.00	67.52
CLAIM TOTAL							405.12
CLAIM ACCOUNT REF.							2571460012008513SUP

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
257141	1	T1019	0580	08/15/13	08/15/13	16.00	67.52
257141	2	T1019	0580	08/16/13	08/16/13	16.00	67.52
257141	3	T1019	0580	08/20/13	08/20/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2571410012008723SUP

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
257131	1	T1019	0580	08/24/13	08/24/13	48.00	202.56
257131	2	T1019	0580	08/25/13	08/25/13	48.00	202.56
257131	3	T1019	0580	08/26/13	08/26/13	48.00	202.56
257131	4	T1019	0580	08/27/13	08/27/13	48.00	202.56
257131	5	T1019	0580	08/28/13	08/28/13	48.00	202.56
257131	6	T1019	0580	08/29/13	08/29/13	48.00	202.56
257131	7	T1019	0580	08/30/13	08/30/13	48.00	202.56
CLAIM TOTAL							1,417.92
CLAIM ACCOUNT REF.							2571310012008793SUP

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
257142	1	T1019	0580	08/24/13	08/24/13	32.00	135.04
257142	2	T1019	0580	08/25/13	08/25/13	32.00	135.04

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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	
257142	3	T1019	0580	08/26/13	08/26/13	32.00	135.04	
257142	4	T1019	0580	08/27/13	08/27/13	32.00	135.04	
257142	5	T1019	0580	08/28/13	08/28/13	32.00	135.04	
257142	6	T1019	0580	08/29/13	08/29/13	32.00	135.04	
257142	7	T1019	0580	08/30/13	08/30/13	32.00	135.04	
						CLAIM TOTAL	945.28	CLAIM ACCOUNT REF. 2571420012009237SUP

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	
257145	1	T1019	0580	08/30/13	08/30/13	20.00	84.40	
						CLAIM TOTAL	84.40	CLAIM ACCOUNT REF. 2571450012009269SUP

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	
257143	1	T1019	0580	08/24/13	08/24/13	20.00	84.40	
257143	2	T1019	0580	08/25/13	08/25/13	20.00	84.40	
257143	3	T1019	0580	08/26/13	08/26/13	20.00	84.40	
257143	4	T1019	0580	08/27/13	08/27/13	20.00	84.40	
257143	5	T1019	0580	08/28/13	08/28/13	20.00	84.40	
257143	6	T1019	0580	08/29/13	08/29/13	20.00	84.40	
257143	7	T1019	0580	08/30/13	08/30/13	20.00	84.40	
						CLAIM TOTAL	590.80	CLAIM ACCOUNT REF. 2571430012009406SUP

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	
257144	1	T1019	0580	08/28/13	08/28/13	40.00	168.80	
257144	2	T1019	0580	08/29/13	08/29/13	40.00	168.80	
						CLAIM TOTAL	337.60	CLAIM ACCOUNT REF. 2571440012009562SUP

REPORT DATE 09/04/13 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 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
257134	1	T1019	0580	08/26/13	08/26/13	16.00	67.52
257134	2	T1019	0580	08/27/13	08/27/13	16.00	67.52
257134	3	T1019	0580	08/28/13	08/28/13	16.00	67.52
257134	4	T1019	0580	08/29/13	08/29/13	16.00	67.52
257134	5	T1019	0580	08/30/13	08/30/13	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2571340012009686SUP

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
257136	1	T1019	0580	08/24/13	08/24/13	28.00	118.16
257136	2	T1019	0580	08/25/13	08/25/13	28.00	118.16
257136	3	T1019	0580	08/26/13	08/26/13	28.00	118.16
257136	4	T1019	0580	08/27/13	08/27/13	28.00	118.16
257136	5	T1019	0580	08/28/13	08/28/13	28.00	118.16
257136	6	T1019	0580	08/29/13	08/29/13	28.00	118.16
257136	7	T1019	0580	08/30/13	08/30/13	28.00	118.16
CLAIM TOTAL							827.12

CLAIM ACCOUNT REF. 2571360012009945SUP

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
257135	1	T1019	0580	08/24/13	08/24/13	36.00	151.92
257135	2	T1019	0580	08/25/13	08/25/13	36.00	151.92
257135	3	T1019	0580	08/26/13	08/26/13	36.00	151.92
257135	4	T1019	0580	08/27/13	08/27/13	36.00	151.92
257135	5	T1019	0580	08/28/13	08/28/13	36.00	151.92
257135	6	T1019	0580	08/29/13	08/29/13	36.00	151.92
257135	7	T1019	0580	08/30/13	08/30/13	36.00	151.92
CLAIM TOTAL							1,063.44

CLAIM ACCOUNT REF. 2571350012010991SUP

REPORT DATE 09/04/13 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 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
257132	1	T1019	0580	08/24/13	08/24/13	47.00	198.34
257132	2	T1019	0580	08/25/13	08/25/13	48.00	202.56
257132	3	T1019	0580	08/26/13	08/26/13	36.00	151.92
257132	4	T1019	0580	08/27/13	08/27/13	24.00	101.28
257132	5	T1019	0580	08/28/13	08/28/13	36.00	151.92
257132	6	T1019	0580	08/29/13	08/29/13	36.00	151.92
257132	7	T1019	0580	08/30/13	08/30/13	36.00	151.92
CLAIM TOTAL						1,109.86	CLAIM ACCOUNT REF. 2571320012011066SUP

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
257133	1	T1019	0580	08/24/13	08/24/13	36.00	151.92
257133	2	T1019	0580	08/25/13	08/25/13	36.00	151.92
257133	3	T1019	0580	08/26/13	08/26/13	48.00	202.56
257133	4	T1019	0580	08/27/13	08/27/13	48.00	202.56
257133	5	T1019	0580	08/28/13	08/28/13	48.00	202.56
257133	6	T1019	0580	08/29/13	08/29/13	36.00	151.92
257133	7	T1019	0580	08/30/13	08/30/13	36.00	151.92
CLAIM TOTAL						1,215.36	CLAIM ACCOUNT REF. 2571330012011526SUP

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
257138	1	T1019	0580	08/24/13	08/24/13	23.00	97.06
257138	2	T1019	0580	08/25/13	08/25/13	24.00	101.28
257138	3	T1019	0580	08/26/13	08/26/13	24.00	101.28
257138	4	T1019	0580	08/27/13	08/27/13	24.00	101.28
257138	5	T1019	0580	08/28/13	08/28/13	24.00	101.28
257138	6	T1019	0580	08/29/13	08/29/13	24.00	101.28
257138	7	T1019	0580	08/30/13	08/30/13	24.00	101.28
CLAIM TOTAL						704.74	CLAIM ACCOUNT REF. 2571380012012541SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #
0006313393

CLAIM ACCOUNT REF. 2571390012013402SUP

PRIOR AUTHORIZATION #
0004298435

CLAIM ACCOUNT REF. 2571370012013531SUP

PRIOR AUTHORIZATION #
0006600227

CLAIM ACCOUNT REF. 2571400012013811SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	86	TOTAL CLAIM AMOUNT =	12,229.56
		# SERVICES =	16		

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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
257270	1	T1019		08/26/13	08/26/13	28.00	120.12
257270	2	T1019		08/27/13	08/27/13	28.00	120.12
257270	3	T1019		08/28/13	08/28/13	28.00	120.12
257270	4	T1019		08/29/13	08/29/13	28.00	120.12
CLAIM TOTAL							480.48
CLAIM ACCOUNT REF.							2572700012010958SUP

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
257271	1	T1019		08/24/13	08/24/13	24.00	102.96
257271	2	T1019		08/26/13	08/26/13	40.00	171.60
257271	3	T1019		08/27/13	08/27/13	24.00	102.96
257271	4	T1019		08/28/13	08/28/13	40.00	171.60
257271	5	T1019		08/29/13	08/29/13	24.00	102.96
257271	6	T1019		08/30/13	08/30/13	40.00	171.60
CLAIM TOTAL							823.68
CLAIM ACCOUNT REF.							2572710012012481SUP

PAYER TOTALS: VNSNY CHOICE # OF CLAIMS = 10 TOTAL CLAIM AMOUNT = 1,304.16
SERVICES = 2

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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	
257216	1	T1019		08/26/13	08/26/13	44.00	156.64	
257216	2	T1019		08/27/13	08/27/13	28.00	99.68	
257216	3	T1019		08/28/13	08/28/13	28.00	99.68	
257216	4	T1019		08/29/13	08/29/13	28.00	99.68	
257216	5	T1019		08/30/13	08/30/13	36.00	128.16	
						CLAIM TOTAL	583.84	CLAIM ACCOUNT REF. 2572160012003583SUP

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	
257244	1	T1019		08/26/13	08/26/13	16.00	56.96	
257244	2	T1019		08/27/13	08/27/13	16.00	56.96	
257244	3	T1019		08/28/13	08/28/13	16.00	56.96	
						CLAIM TOTAL	170.88	CLAIM ACCOUNT REF. 2572440012003639SUP

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	
257202	1	T1019		08/26/13	08/26/13	16.00	56.96	
257202	2	T1019		08/27/13	08/27/13	16.00	56.96	
257202	3	T1019		08/28/13	08/28/13	16.00	56.96	
257202	4	T1019		08/29/13	08/29/13	24.00	85.44	
257202	5	T1019		08/30/13	08/30/13	16.00	56.96	
						CLAIM TOTAL	313.28	CLAIM ACCOUNT REF. 2572020012004602SUP

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	
257245	1	S5130		08/26/13	08/26/13	16.00	56.96	
						CLAIM TOTAL	56.96	CLAIM ACCOUNT REF. 2572450012004798SUP

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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
257237	1	T1019		08/27/13	08/27/13	16.00	56.96
257237	2	T1019		08/29/13	08/29/13	16.00	56.96
CLAIM TOTAL							113.92
CLAIM ACCOUNT REF.							2572370012005079SUP

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
257224	1	T1019		08/24/13	08/24/13	48.00	170.88
257224	2	T1019		08/25/13	08/25/13	48.00	170.88
257224	3	T1019		08/26/13	08/26/13	48.00	170.88
257224	4	T1019		08/27/13	08/27/13	48.00	170.88
257224	5	T1019		08/28/13	08/28/13	48.00	170.88
257224	6	T1019		08/29/13	08/29/13	48.00	170.88
257224	7	T1019		08/30/13	08/30/13	48.00	170.88
CLAIM TOTAL							1,196.16
CLAIM ACCOUNT REF.							2572240012006762SUP

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
257236	1	T1019		08/24/13	08/24/13	16.00	56.96
257236	2	T1019		08/25/13	08/25/13	16.00	56.96
257236	3	T1019		08/26/13	08/26/13	32.00	113.92
257236	4	T1019		08/27/13	08/27/13	32.00	113.92
257236	5	T1019		08/28/13	08/28/13	32.00	113.92
257236	6	T1019		08/29/13	08/29/13	32.00	113.92
257236	7	T1019		08/30/13	08/30/13	32.00	113.92
CLAIM TOTAL							683.52
CLAIM ACCOUNT REF.							2572360012007165SUP

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
257213	1	S5125		08/24/13	08/24/13	32.00	113.92
257213	2	S5125		08/25/13	08/25/13	16.00	56.96

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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	
257213	3	S5125		08/26/13	08/26/13	20.00	71.20	
257213	4	S5125		08/27/13	08/27/13	20.00	71.20	
257213	5	S5125		08/28/13	08/28/13	20.00	71.20	
257213	6	S5125		08/29/13	08/29/13	20.00	71.20	
257213	7	S5125		08/30/13	08/30/13	20.00	71.20	
				CLAIM TOTAL		526.88		CLAIM ACCOUNT REF. 2572130012007478SUP

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	
257214	1	S5125		08/24/13	08/24/13	48.00	170.88	
257214	2	S5125		08/25/13	08/25/13	80.00	284.80	
257214	3	S5125		08/26/13	08/26/13	76.00	270.56	
257214	4	S5125		08/27/13	08/27/13	76.00	270.56	
257214	5	S5125		08/28/13	08/28/13	76.00	270.56	
257214	6	S5125		08/29/13	08/29/13	76.00	270.56	
257214	7	S5125		08/30/13	08/30/13	28.00	99.68	
				CLAIM TOTAL		1,637.60		CLAIM ACCOUNT REF. 2572140012007590SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008182	2008182	VASQUEZ, CORNELIA	12/08/1928	UA27940P	0107251302245
DIAGNOSIS	CODES:	331.0	272.0	401.9	733.00		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
257243	1	T1019		08/20/13	08/20/13	16.00	56.96	
257243	2	T1019		08/22/13	08/22/13	16.00	56.96	
257243	3	T1019		08/27/13	08/27/13	16.00	56.96	
257243	4	T1019		08/29/13	08/29/13	16.00	56.96	
				CLAIM TOTAL		227.84		CLAIM ACCOUNT REF. 2572430012008182SUP

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	
257101	1	T1019		08/24/13	08/24/13	12.00	50.64	
257101	2	T1019		08/25/13	08/25/13	12.00	50.64	
257101	3	T1019		08/26/13	08/26/13	12.00	50.64	
257101	4	T1019		08/27/13	08/27/13	12.00	50.64	
257101	5	T1019		08/28/13	08/28/13	12.00	50.64	
257101	6	T1019		08/29/13	08/29/13	12.00	50.64	

REPORT DATE 09/04/13 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	
257101	7	T1019		08/30/13	08/30/13	12.00	50.64	
					CLAIM TOTAL		354.48	CLAIM ACCOUNT REF. 2571010012008246SUP

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	
257102	1	T1019		08/26/13	08/26/13	12.00	50.64	
257102	2	T1019		08/27/13	08/27/13	12.00	50.64	
257102	3	T1019		08/28/13	08/28/13	12.00	50.64	
257102	4	T1019		08/29/13	08/29/13	12.00	50.64	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2571020012008248SUP

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	
257096	1	T1019		08/24/13	08/24/13	44.00	185.68	
257096	2	T1019		08/25/13	08/25/13	44.00	185.68	
257096	3	T1019		08/26/13	08/26/13	44.00	185.68	
257096	4	T1019		08/27/13	08/27/13	44.00	185.68	
257096	5	T1019		08/28/13	08/28/13	44.00	185.68	
257096	6	T1019		08/29/13	08/29/13	44.00	185.68	
257096	7	T1019		08/30/13	08/30/13	44.00	185.68	
					CLAIM TOTAL		1,299.76	CLAIM ACCOUNT REF. 2570960012008249SUP

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	
257105	1	T1019		08/24/13	08/24/13	32.00	135.04	
257105	2	T1019		08/25/13	08/25/13	32.00	135.04	
257105	3	T1019		08/26/13	08/26/13	32.00	135.04	
257105	4	T1019		08/27/13	08/27/13	32.00	135.04	
257105	5	T1019		08/28/13	08/28/13	32.00	135.04	
257105	6	T1019		08/29/13	08/29/13	32.00	135.04	
257105	7	T1019		08/30/13	08/30/13	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2571050012008250SUP

REPORT DATE 09/04/13 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 2008251 2008251 CEBALLOS, ANA 12/31/1919 UH02585Q R2388879
DIAGNOSIS CODES: 294.10 244.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
257077	1	T1019		08/24/13	08/24/13	28.00	118.16
257077	2	T1019		08/26/13	08/26/13	32.00	135.04
257077	3	T1019		08/27/13	08/27/13	32.00	135.04
257077	4	T1019		08/28/13	08/28/13	32.00	135.04
257077	5	T1019		08/29/13	08/29/13	32.00	135.04
257077	6	T1019		08/30/13	08/30/13	32.00	135.04
CLAIM TOTAL						793.36	CLAIM ACCOUNT REF. 2570770012008251SUP

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
257097	1	T1019		08/24/13	08/24/13	16.00	67.52
257097	2	T1019		08/25/13	08/25/13	48.00	202.56
257097	3	T1019		08/26/13	08/26/13	48.00	202.56
257097	4	T1019		08/27/13	08/27/13	48.00	202.56
257097	5	T1019		08/28/13	08/28/13	48.00	202.56
257097	6	T1019		08/29/13	08/29/13	48.00	202.56
257097	7	T1019		08/30/13	08/30/13	48.00	202.56
CLAIM TOTAL						1,282.88	CLAIM ACCOUNT REF. 2570970012008253SUP

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
257108	1	T1019		08/26/13	08/26/13	32.00	135.04
257108	2	T1019		08/27/13	08/27/13	32.00	135.04
257108	3	T1019		08/28/13	08/28/13	32.00	135.04
257108	4	T1019		08/29/13	08/29/13	32.00	135.04
257108	5	T1019		08/30/13	08/30/13	32.00	135.04
CLAIM TOTAL						675.20	CLAIM ACCOUNT REF. 2571080012008254SUP

REPORT DATE 09/04/13 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 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	
257076	1	T1019		08/26/13	08/26/13	32.00	135.04	
257076	2	T1019		08/27/13	08/27/13	32.00	135.04	
257076	3	T1019		08/28/13	08/28/13	32.00	135.04	
257076	4	T1019		08/29/13	08/29/13	32.00	135.04	
257076	5	T1019		08/30/13	08/30/13	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2570760012008256SUP

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	
257083	1	T1019		08/24/13	08/24/13	24.00	101.28	
257083	2	T1019		08/25/13	08/25/13	24.00	101.28	
257083	3	T1019		08/26/13	08/26/13	24.00	101.28	
257083	4	T1019		08/27/13	08/27/13	24.00	101.28	
257083	5	T1019		08/28/13	08/28/13	24.00	101.28	
257083	6	T1019		08/29/13	08/29/13	24.00	101.28	
257083	7	T1019		08/30/13	08/30/13	24.00	101.28	
					CLAIM TOTAL		708.96	CLAIM ACCOUNT REF. 2570830012008257SUP

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	
257086	1	T1019		08/24/13	08/24/13	48.00	202.56	
257086	2	T1019		08/25/13	08/25/13	48.00	202.56	
257086	3	T1019		08/26/13	08/26/13	48.00	202.56	
257086	4	T1019		08/27/13	08/27/13	48.00	202.56	
257086	5	T1019		08/28/13	08/28/13	48.00	202.56	
257086	6	T1019		08/29/13	08/29/13	48.00	202.56	
257086	7	T1019		08/30/13	08/30/13	48.00	202.56	
					CLAIM TOTAL		1,417.92	CLAIM ACCOUNT REF. 2570860012008362SUP

REPORT DATE 09/04/13 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 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	
257104	1	T1019		08/26/13	08/26/13	16.00	67.52	
257104	2	T1019		08/27/13	08/27/13	16.00	67.52	
257104	3	T1019		08/28/13	08/28/13	16.00	67.52	
257104	4	T1019		08/29/13	08/29/13	16.00	67.52	
257104	5	T1019		08/30/13	08/30/13	16.00	67.52	
						CLAIM TOTAL	337.60	CLAIM ACCOUNT REF. 2571040012008368SUP

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	
257087	1	T1019		08/24/13	08/24/13	32.00	135.04	
257087	2	T1019		08/25/13	08/25/13	32.00	135.04	
257087	3	T1019		08/26/13	08/26/13	32.00	135.04	
257087	4	T1019		08/27/13	08/27/13	32.00	135.04	
257087	5	T1019		08/28/13	08/28/13	32.00	135.04	
257087	6	T1019		08/29/13	08/29/13	32.00	135.04	
257087	7	T1019		08/30/13	08/30/13	32.00	135.04	
						CLAIM TOTAL	945.28	CLAIM ACCOUNT REF. 2570870012008411SUP

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	
257073	1	T1019		08/24/13	08/24/13	32.00	135.04	
257073	2	T1019		08/25/13	08/25/13	32.00	135.04	
257073	3	T1019		08/26/13	08/26/13	32.00	135.04	
257073	4	T1019		08/27/13	08/27/13	32.00	135.04	
257073	5	T1019		08/28/13	08/28/13	32.00	135.04	
257073	6	T1019		08/29/13	08/29/13	32.00	135.04	
257073	7	T1019		08/30/13	08/30/13	32.00	135.04	
						CLAIM TOTAL	945.28	CLAIM ACCOUNT REF. 2570730012008433SUP

REPORT DATE 09/04/13 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 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
257072	1	T1019		08/24/13	08/24/13	12.00	50.64
257072	2	T1019		08/26/13	08/26/13	20.00	84.40
257072	3	T1019		08/27/13	08/27/13	20.00	84.40
257072	4	T1019		08/28/13	08/28/13	20.00	84.40
257072	5	T1019		08/29/13	08/29/13	20.00	84.40
257072	6	T1019		08/30/13	08/30/13	20.00	84.40
						CLAIM TOTAL	472.64
						CLAIM ACCOUNT REF.	2570720012008487SUP

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
257110	1	T1019		08/24/13	08/24/13	48.00	202.56
257110	2	T1019		08/25/13	08/25/13	48.00	202.56
257110	3	T1019		08/26/13	08/26/13	48.00	202.56
257110	4	T1019		08/27/13	08/27/13	48.00	202.56
257110	5	T1019		08/28/13	08/28/13	48.00	202.56
257110	6	T1019		08/29/13	08/29/13	48.00	202.56
257110	7	T1019		08/30/13	08/30/13	48.00	202.56
						CLAIM TOTAL	1,417.92
						CLAIM ACCOUNT REF.	2571100012008558SUP

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
257082	1	T1019		08/24/13	08/24/13	16.00	67.52
257082	2	T1019		08/25/13	08/25/13	16.00	67.52
257082	3	T1019		08/26/13	08/26/13	24.00	101.28
257082	4	T1019		08/27/13	08/27/13	24.00	101.28
257082	5	T1019		08/28/13	08/28/13	24.00	101.28
257082	6	T1019		08/29/13	08/29/13	24.00	101.28
257082	7	T1019		08/30/13	08/30/13	24.00	101.28
						CLAIM TOTAL	641.44
						CLAIM ACCOUNT REF.	2570820012008571SUP

REPORT DATE 09/04/13 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
257242	1	T1019		08/26/13	08/26/13	32.00	113.92
257242	2	T1019		08/27/13	08/27/13	32.00	113.92
257242	3	T1019		08/28/13	08/28/13	32.00	113.92
257242	4	T1019		08/29/13	08/29/13	32.00	113.92
CLAIM TOTAL							455.68
CLAIM ACCOUNT REF.							2572420012008745SUP

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
257203	1	T1019		08/25/13	08/25/13	28.00	99.68
257203	2	T1019		08/26/13	08/26/13	28.00	99.68
257203	3	T1019		08/27/13	08/27/13	28.00	99.68
257203	4	T1019		08/29/13	08/29/13	28.00	99.68
CLAIM TOTAL							398.72
CLAIM ACCOUNT REF.							2572030012008919SUP

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
257088	1	T1019		08/26/13	08/26/13	16.00	67.52
257088	2	T1019		08/28/13	08/28/13	16.00	67.52
257088	3	T1019		08/30/13	08/30/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2570880012009425SUP

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
257210	1	T1019		08/24/13	08/24/13	20.00	71.20
257210	2	T1019		08/25/13	08/25/13	20.00	71.20
257210	3	T1019		08/26/13	08/26/13	20.00	71.20
257210	4	T1019		08/27/13	08/27/13	20.00	71.20
257210	5	T1019		08/28/13	08/28/13	20.00	71.20
257210	6	T1019		08/29/13	08/29/13	20.00	71.20
257210	7	T1019		08/30/13	08/30/13	20.00	71.20

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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.
							498.40	2572100012009442SUP
						CLAIM TOTAL		

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	CLAIM ACCOUNT REF.
257074	1	T1019		08/24/13	08/24/13	24.00	101.28	
257074	2	T1019		08/26/13	08/26/13	24.00	101.28	
257074	3	T1019		08/27/13	08/27/13	24.00	101.28	
257074	4	T1019		08/28/13	08/28/13	24.00	101.28	
257074	5	T1019		08/29/13	08/29/13	24.00	101.28	
257074	6	T1019		08/30/13	08/30/13	24.00	101.28	
						CLAIM TOTAL	607.68	2570740012009560SUP

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	CLAIM ACCOUNT REF.
257113	1	T1019		08/26/13	08/26/13	32.00	135.04	
257113	2	T1019		08/27/13	08/27/13	32.00	135.04	
257113	3	T1019		08/28/13	08/28/13	32.00	135.04	
257113	4	T1019		08/29/13	08/29/13	32.00	135.04	
257113	5	T1019		08/30/13	08/30/13	32.00	135.04	
						CLAIM TOTAL	675.20	2571130012010009SUP

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	CLAIM ACCOUNT REF.
257094	1	T1019		08/19/13	08/19/13	48.00	202.56	
257094	2	T1019		08/28/13	08/28/13	48.00	202.56	
257094	3	T1019		08/29/13	08/29/13	48.00	202.56	
257094	4	T1019		08/30/13	08/30/13	48.00	202.56	
						CLAIM TOTAL	810.24	2570940012010311SUP

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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 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
257093	1	T1019		08/26/13	08/26/13	32.00	135.04
257093	2	T1019		08/27/13	08/27/13	32.00	135.04
257093	3	T1019		08/29/13	08/29/13	32.00	135.04
257093	4	T1019		08/30/13	08/30/13	28.00	118.16
CLAIM TOTAL							523.28
CLAIM ACCOUNT REF.							2570930012010967SUP

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
257075	1	T1019		08/26/13	08/26/13	40.00	168.80
257075	2	T1019		08/27/13	08/27/13	40.00	168.80
257075	3	T1019		08/28/13	08/28/13	40.00	168.80
257075	4	T1019		08/29/13	08/29/13	40.00	168.80
257075	5	T1019		08/30/13	08/30/13	40.00	168.80
CLAIM TOTAL							844.00
CLAIM ACCOUNT REF.							2570750012011528SUP

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
257212	1	T1020		08/24/13	08/24/13	1.00	200.00
257212	2	T1020		08/25/13	08/25/13	1.00	200.00
257212	3	T1020		08/26/13	08/26/13	1.00	200.00
CLAIM TOTAL							600.00
CLAIM ACCOUNT REF.							2572120012011545SUP

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
257235	1	T1019		08/26/13	08/26/13	16.00	56.96
257235	2	T1019		08/28/13	08/28/13	16.00	56.96
257235	3	T1019		08/30/13	08/30/13	16.00	56.96
CLAIM TOTAL							170.88
CLAIM ACCOUNT REF.							2572350012011790SUP

REPORT DATE 09/04/13 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 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
257227	1	T1019		08/26/13	08/26/13	32.00	113.92
257227	2	T1019		08/27/13	08/27/13	32.00	113.92
257227	3	T1019		08/28/13	08/28/13	32.00	113.92
257227	4	T1019		08/29/13	08/29/13	32.00	113.92
257227	5	T1019		08/30/13	08/30/13	32.00	113.92
CLAIM TOTAL							569.60

CLAIM ACCOUNT REF. 2572270012011791SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011792 2011792 RIVERA, BRIGIDA 02/01/1926 ZT21439N 0107011302907
DIAGNOSIS CODES: 401.9 272.4 311. 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
257230	1	T1019		08/05/13	08/05/13	36.00	128.16
257230	2	T1019		08/06/13	08/06/13	32.00	113.92
257230	3	T1019		08/12/13	08/12/13	36.00	128.16
257230	4	T1019		08/13/13	08/13/13	32.00	113.92
257230	5	T1019		08/14/13	08/14/13	32.00	113.92
257230	6	T1019		08/15/13	08/15/13	36.00	128.16
257230	7	T1019		08/19/13	08/19/13	36.00	128.16
257230	8	T1019		08/20/13	08/20/13	32.00	113.92
257230	9	T1019		08/21/13	08/21/13	32.00	113.92
257230	10	T1019		08/22/13	08/22/13	36.00	128.16
257230	11	T1019		08/23/13	08/23/13	32.00	113.92
257230	12	T1019		08/27/13	08/27/13	32.00	113.92
CLAIM TOTAL							1,438.24

CLAIM ACCOUNT REF. 2572300012011792SUP

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
257234	1	T1019		08/27/13	08/27/13	36.00	128.16
257234	2	T1019		08/28/13	08/28/13	36.00	128.16
257234	3	T1019		08/29/13	08/29/13	36.00	128.16
CLAIM TOTAL							384.48

CLAIM ACCOUNT REF. 2572340012011794SUP

REPORT DATE 09/04/13 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 2011795 2011795 SOTO, AGRIPINA 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
257239	1	T1019		08/26/13	08/26/13	16.00	56.96
257239	2	T1019		08/27/13	08/27/13	16.00	56.96
257239	3	T1019		08/28/13	08/28/13	16.00	56.96
257239	4	T1019		08/29/13	08/29/13	16.00	56.96
257239	5	T1019		08/30/13	08/30/13	16.00	56.96
CLAIM TOTAL							284.80

CLAIM ACCOUNT REF. 2572390012011795SUP

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
257232	1	T1019		08/26/13	08/26/13	32.00	113.92
257232	2	T1019		08/27/13	08/27/13	28.00	99.68
257232	3	T1019		08/28/13	08/28/13	28.00	99.68
257232	4	T1019		08/30/13	08/30/13	20.00	71.20
CLAIM TOTAL							384.48

CLAIM ACCOUNT REF. 2572320012011796SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008405 2011820 ST ROMAIN, 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
257109	1	T1019		08/24/13	08/24/13	36.00	151.92
257109	2	T1019		08/25/13	08/25/13	36.00	151.92
257109	3	T1019		08/26/13	08/26/13	40.00	168.80
257109	4	T1019		08/27/13	08/27/13	40.00	168.80
257109	5	T1019		08/28/13	08/28/13	40.00	168.80
257109	6	T1019		08/29/13	08/29/13	40.00	168.80
257109	7	T1019		08/30/13	08/30/13	40.00	168.80
CLAIM TOTAL							1,147.84

CLAIM ACCOUNT REF. 2571090012011820SUP

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
257211	1	T1019		08/24/13	08/24/13	40.00	142.40
257211	2	T1019		08/25/13	08/25/13	40.00	142.40

REPORT DATE 09/04/13 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	
257211	3	T1019		08/26/13	08/26/13	40.00	142.40	
257211	4	T1019		08/27/13	08/27/13	40.00	142.40	
257211	5	T1019		08/28/13	08/28/13	40.00	142.40	
257211	6	T1019		08/29/13	08/29/13	40.00	142.40	
257211	7	T1019		08/30/13	08/30/13	40.00	142.40	
				CLAIM TOTAL			996.80	CLAIM ACCOUNT REF. 2572110012011867SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011868	2011868	DEJESUS, YSABEL	11/13/1934	VP60263T	R2402920
DIAGNOSIS	CODES:	428.0	401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
257205	1	T1019		08/27/13	08/27/13	16.00	56.96	
257205	2	T1019		08/28/13	08/28/13	16.00	56.96	
257205	3	T1019		08/30/13	08/30/13	16.00	56.96	
				CLAIM TOTAL			170.88	CLAIM ACCOUNT REF. 2572050012011868SUP

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	
257241	1	T1019		06/24/13	06/24/13	16.00	56.96	
257241	2	T1019		06/25/13	06/25/13	16.00	56.96	
257241	3	T1019		07/30/13	07/30/13	16.00	56.96	
257241	4	T1019		08/13/13	08/13/13	16.00	56.96	
257241	5	T1019		08/15/13	08/15/13	16.00	56.96	
257241	6	T1019		08/16/13	08/16/13	16.00	56.96	
257241	7	T1019		08/21/13	08/21/13	16.00	56.96	
257241	8	T1019		08/26/13	08/26/13	16.00	56.96	
257241	9	T1019		08/27/13	08/27/13	16.00	56.96	
257241	10	T1019		08/28/13	08/28/13	16.00	56.96	
257241	11	T1019		08/29/13	08/29/13	16.00	56.96	
257241	12	T1019		08/30/13	08/30/13	16.00	56.96	
				CLAIM TOTAL			683.52	CLAIM ACCOUNT REF. 2572410012011885SUP

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
257223	1	T1019		08/24/13	08/24/13	24.00	85.44
257223	2	T1019		08/25/13	08/25/13	24.00	85.44

REPORT DATE 09/04/13 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
257223	3	T1019		08/26/13	08/26/13	24.00	85.44
257223	4	T1019		08/27/13	08/27/13	20.00	71.20
257223	5	T1019		08/28/13	08/28/13	24.00	85.44
257223	6	T1019		08/29/13	08/29/13	20.00	71.20
257223	7	T1019		08/30/13	08/30/13	24.00	85.44
CLAIM TOTAL							569.60

CLAIM ACCOUNT REF. 2572230012011886SUP

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
257233	1	T1019		08/26/13	08/26/13	48.00	170.88
257233	2	T1019		08/27/13	08/27/13	48.00	170.88
257233	3	T1019		08/28/13	08/28/13	48.00	170.88
257233	4	T1019		08/29/13	08/29/13	48.00	170.88
257233	5	T1019		08/30/13	08/30/13	48.00	170.88
CLAIM TOTAL							854.40

CLAIM ACCOUNT REF. 2572330012011887SUP

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
257240	1	T1020		08/24/13	08/24/13	1.00	200.00
257240	2	T1020		08/25/13	08/25/13	1.00	200.00
257240	3	T1020		08/26/13	08/26/13	1.00	200.00
257240	4	T1020		08/27/13	08/27/13	1.00	200.00
257240	5	T1020		08/28/13	08/28/13	1.00	200.00
257240	6	T1020		08/29/13	08/29/13	1.00	200.00
257240	7	T1020		08/30/13	08/30/13	1.00	200.00
CLAIM TOTAL							1,400.00

CLAIM ACCOUNT REF. 2572400012011914SUP

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
257204	1	T1019		08/24/13	08/24/13	48.00	170.88
257204	2	T1019		08/25/13	08/25/13	48.00	170.88
257204	3	T1019		08/26/13	08/26/13	48.00	170.88
257204	4	T1019		08/27/13	08/27/13	48.00	170.88
257204	5	T1019		08/28/13	08/28/13	48.00	170.88

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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	
257204	6	T1019		08/29/13	08/29/13	48.00	170.88	
257204	7	T1019		08/30/13	08/30/13	48.00	170.88	
					CLAIM TOTAL	1,196.16		CLAIM ACCOUNT REF. 2572040012011943SUP

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	
257228	1	T1019		08/21/13	08/21/13	20.00	71.20	
257228	2	T1019		08/26/13	08/26/13	28.00	99.68	
257228	3	T1019		08/27/13	08/27/13	32.00	113.92	
257228	4	T1019		08/28/13	08/28/13	28.00	99.68	
257228	5	T1019		08/29/13	08/29/13	32.00	113.92	
257228	6	T1019		08/30/13	08/30/13	28.00	99.68	
					CLAIM TOTAL	598.08		CLAIM ACCOUNT REF. 2572280012011950SUP

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	
257229	1	S5131		08/24/13	08/24/13	4.00	57.00	
					CLAIM TOTAL	57.00		CLAIM ACCOUNT REF. 2572290012011951SUP

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	
257218	1	T1019		08/24/13	08/24/13	16.00	56.96	
257218	2	T1019		08/26/13	08/26/13	16.00	56.96	
					CLAIM TOTAL	113.92		CLAIM ACCOUNT REF. 2572180012011961SUP

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	
257219	1	S5130		08/28/13	08/28/13	16.00	56.96	
					CLAIM TOTAL	56.96		CLAIM ACCOUNT REF. 2572190012011962SUP

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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 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
257208	1	T1019		08/24/13	08/24/13	40.00	142.40
257208	2	T1019		08/25/13	08/25/13	40.00	142.40
257208	3	T1019		08/26/13	08/26/13	40.00	142.40
257208	4	T1019		08/27/13	08/27/13	40.00	142.40
257208	5	T1019		08/28/13	08/28/13	40.00	142.40
257208	6	T1019		08/29/13	08/29/13	40.00	142.40
257208	7	T1019		08/30/13	08/30/13	40.00	142.40
CLAIM TOTAL							996.80
							CLAIM ACCOUNT REF. 2572080012011964SUP

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
257221	1	T1019		08/24/13	08/24/13	24.00	85.44
257221	2	T1019		08/25/13	08/25/13	24.00	85.44
257221	3	T1019		08/26/13	08/26/13	28.00	99.68
257221	4	T1019		08/27/13	08/27/13	28.00	99.68
257221	5	T1019		08/28/13	08/28/13	28.00	99.68
257221	6	T1019		08/29/13	08/29/13	28.00	99.68
257221	7	T1019		08/30/13	08/30/13	28.00	99.68
CLAIM TOTAL							669.28
							CLAIM ACCOUNT REF. 2572210012011966SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011991 2011991 HARLEY, ETHEL 01/24/1939 ZP72741M R2331024
DIAGNOSIS CODES: 250.03 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
257215	1	T1019		08/28/13	08/28/13	16.00	56.96
257215	2	T1019		08/29/13	08/29/13	16.00	56.96
CLAIM TOTAL							113.92
							CLAIM ACCOUNT REF. 2572150012011991SUP

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
257226	1	T1019		08/26/13	08/26/13	16.00	56.96
257226	2	T1019		08/27/13	08/27/13	16.00	56.96

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051
PAYER ID = 80141

SUNNYSIDE CITYWIDE
HEALTHFIRST PHSP

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
257226	3	T1019		08/28/13	08/28/13	16.00	56.96	
257226	4	T1019		08/29/13	08/29/13	16.00	56.96	
257226	5	T1019		08/30/13	08/30/13	16.00	56.96	
					CLAIM TOTAL		284.80	CLAIM ACCOUNT REF. 2572260012011997SUP

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	
257209	1	T1019		08/26/13	08/26/13	20.00	71.20	
257209	2	T1019		08/27/13	08/27/13	20.00	71.20	
257209	3	T1019		08/28/13	08/28/13	20.00	71.20	
257209	4	T1019		08/29/13	08/29/13	20.00	71.20	
					CLAIM TOTAL		284.80	CLAIM ACCOUNT REF. 2572090012012030SUP

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	
257225	1	T1019		08/26/13	08/26/13	40.00	142.40	
257225	2	T1019		08/27/13	08/27/13	40.00	142.40	
257225	3	T1019		08/28/13	08/28/13	40.00	142.40	
257225	4	T1019		08/29/13	08/29/13	40.00	142.40	
257225	5	T1019		08/30/13	08/30/13	40.00	142.40	
					CLAIM TOTAL		712.00	CLAIM ACCOUNT REF. 2572250012012032SUP

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	
257207	1	T1019		08/24/13	08/24/13	16.00	56.96	
257207	2	T1019		08/26/13	08/26/13	32.00	113.92	
257207	3	T1019		08/27/13	08/27/13	32.00	113.92	
257207	4	T1019		08/28/13	08/28/13	32.00	113.92	
257207	5	T1019		08/29/13	08/29/13	32.00	113.92	
257207	6	T1019		08/30/13	08/30/13	32.00	113.92	
					CLAIM TOTAL		626.56	CLAIM ACCOUNT REF. 2572070012012039SUP

REPORT DATE 09/04/13 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 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
257206	1	T1019		08/25/13	08/25/13	16.00	56.96
257206	2	T1019		08/26/13	08/26/13	16.00	56.96
257206	3	T1019		08/27/13	08/27/13	8.00	28.48
257206	4	T1019		08/30/13	08/30/13	8.00	28.48
CLAIM TOTAL							170.88
CLAIM ACCOUNT REF.							2572060012012041SUP

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
257220	1	T1019		08/24/13	08/24/13	16.00	56.96
257220	2	T1019		08/26/13	08/26/13	20.00	71.20
CLAIM TOTAL							128.16
CLAIM ACCOUNT REF.							2572200012012042SUP

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
257217	1	T1020		08/24/13	08/24/13	1.00	200.00
257217	2	T1020		08/25/13	08/25/13	1.00	200.00
257217	3	T1020		08/26/13	08/26/13	1.00	200.00
257217	4	T1020		08/27/13	08/27/13	1.00	200.00
257217	5	T1020		08/28/13	08/28/13	1.00	200.00
257217	6	T1020		08/29/13	08/29/13	1.00	200.00
257217	7	T1020		08/30/13	08/30/13	1.00	200.00
CLAIM TOTAL							1,400.00
CLAIM ACCOUNT REF.							2572170012012063SUP

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
257222	1	T1019		08/26/13	08/26/13	20.00	71.20
257222	2	T1019		08/28/13	08/28/13	20.00	71.20
257222	3	T1019		08/29/13	08/29/13	20.00	71.20
257222	4	T1019		08/30/13	08/30/13	20.00	71.20
CLAIM TOTAL							284.80
CLAIM ACCOUNT REF.							2572220012012064SUP

REPORT DATE 09/04/13 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
257246	1	T1019		08/26/13	08/26/13	16.00	56.96
257246	2	T1019		08/28/13	08/28/13	16.00	56.96
CLAIM TOTAL							113.92

CLAIM ACCOUNT REF. 2572460012012127SUP

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
257231	1	T1020		08/24/13	08/24/13	1.00	200.00
257231	2	T1020		08/25/13	08/25/13	1.00	200.00
257231	3	T1020		08/26/13	08/26/13	1.00	200.00
257231	4	T1020		08/27/13	08/27/13	1.00	200.00
257231	5	T1020		08/28/13	08/28/13	1.00	200.00
257231	6	T1020		08/29/13	08/29/13	1.00	200.00
257231	7	T1020		08/30/13	08/30/13	1.00	200.00
CLAIM TOTAL							1,400.00

CLAIM ACCOUNT REF. 2572310012012208SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008651 2012334 APOSTOLOVA, LJUBKA 02/07/1944 RS76119U R2316572
DIAGNOSIS CODES: 331.0 311. 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
257201	1	T1019		08/17/13	08/17/13	48.00	170.88
257201	2	T1019		08/18/13	08/18/13	48.00	170.88
257201	3	T1019		08/19/13	08/19/13	48.00	170.88
257201	4	T1019		08/20/13	08/20/13	48.00	170.88
257201	5	T1019		08/21/13	08/21/13	48.00	170.88
CLAIM TOTAL							854.40

CLAIM ACCOUNT REF. 2572010012012334SUP

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
257090	1	T1019		08/24/13	08/24/13	32.00	135.04
257090	2	T1019		08/25/13	08/25/13	32.00	135.04
257090	3	T1019		08/26/13	08/26/13	32.00	135.04
257090	4	T1019		08/27/13	08/27/13	32.00	135.04

REPORT DATE 09/04/13 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	
257090	5	T1019		08/28/13	08/28/13	32.00	135.04	
257090	6	T1019		08/29/13	08/29/13	32.00	135.04	
257090	7	T1019		08/30/13	08/30/13	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2570900012012478SUP

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	
257106	1	T1019		08/24/13	08/24/13	32.00	135.04	
257106	2	T1019		08/26/13	08/26/13	36.00	151.92	
257106	3	T1019		08/27/13	08/27/13	36.00	151.92	
257106	4	T1019		08/28/13	08/28/13	36.00	151.92	
257106	5	T1019		08/29/13	08/29/13	36.00	151.92	
257106	6	T1019		08/30/13	08/30/13	36.00	151.92	
					CLAIM TOTAL		894.64	CLAIM ACCOUNT REF. 2571060012012498SUP

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	
257112	1	T1019		08/24/13	08/24/13	32.00	135.04	
257112	2	T1019		08/25/13	08/25/13	32.00	135.04	
257112	3	T1019		08/26/13	08/26/13	20.00	84.40	
257112	4	T1019		08/28/13	08/28/13	20.00	84.40	
					CLAIM TOTAL		438.88	CLAIM ACCOUNT REF. 2571120012012772SUP

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	
257200	1	T1019		08/24/13	08/24/13	32.00	113.92	
257200	2	T1019		08/25/13	08/25/13	32.00	113.92	
257200	3	T1019		08/26/13	08/26/13	32.00	113.92	
257200	4	T1019		08/27/13	08/27/13	32.00	113.92	
257200	5	T1019		08/28/13	08/28/13	32.00	113.92	
257200	6	T1019		08/29/13	08/29/13	32.00	113.92	
					CLAIM TOTAL		683.52	CLAIM ACCOUNT REF. 2572000012012973SUP

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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 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	
257099	1	T1020		08/24/13	08/24/13	12.00	202.56	
257099	2	T1020		08/25/13	08/25/13	12.00	202.56	
257099	3	T1020		08/26/13	08/26/13	12.00	202.56	
257099	4	T1020		08/27/13	08/27/13	12.00	202.56	
257099	5	T1020		08/28/13	08/28/13	12.00	202.56	
257099	6	T1020		08/29/13	08/29/13	12.00	202.56	
257099	7	T1020		08/30/13	08/30/13	12.00	202.56	
CLAIM TOTAL							1,417.92	CLAIM ACCOUNT REF. 2570990012013053SUP

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	
257238	1	T1019		08/24/13	08/24/13	16.00	56.96	
257238	2	T1019		08/26/13	08/26/13	16.00	56.96	
257238	3	T1019		08/28/13	08/28/13	16.00	56.96	
257238	4	T1019		08/30/13	08/30/13	16.00	56.96	
CLAIM TOTAL							227.84	CLAIM ACCOUNT REF. 2572380012013439SUP

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	
257070	1	T1019		08/24/13	08/24/13	32.00	135.04	
257070	2	T1019		08/25/13	08/25/13	32.00	135.04	
257070	3	T1019		08/26/13	08/26/13	32.00	135.04	
257070	4	T1019		08/27/13	08/27/13	32.00	135.04	
257070	5	T1019		08/28/13	08/28/13	32.00	135.04	
257070	6	T1019		08/29/13	08/29/13	32.00	135.04	
257070	7	T1019		08/30/13	08/30/13	32.00	135.04	
CLAIM TOTAL							945.28	CLAIM ACCOUNT REF. 2570700012013448SUP

REPORT DATE 09/04/13 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 2010671 2013451 AKHTER, SELINA 07/13/1960 SX51375D R2301599
DIAGNOSIS CODES: 093.9 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
257071	1	T1019		08/20/13	08/20/13	36.00	151.92
257071	2	T1019		08/21/13	08/21/13	36.00	151.92
257071	3	T1019		08/22/13	08/22/13	36.00	151.92
257071	4	T1019		08/23/13	08/23/13	36.00	151.92
257071	5	T1019		08/26/13	08/26/13	36.00	151.92
257071	6	T1019		08/27/13	08/27/13	36.00	151.92
257071	7	T1019		08/28/13	08/28/13	36.00	151.92
257071	8	T1019		08/29/13	08/29/13	36.00	151.92
257071	9	T1019		08/30/13	08/30/13	36.00	151.92
CLAIM TOTAL						1,367.28	CLAIM ACCOUNT REF. 2570710012013451SUP

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
257079	1	T1019		08/24/13	08/24/13	48.00	202.56
257079	2	T1019		08/25/13	08/25/13	48.00	202.56
257079	3	T1019		08/26/13	08/26/13	48.00	202.56
257079	4	T1019		08/27/13	08/27/13	48.00	202.56
257079	5	T1019		08/28/13	08/28/13	48.00	202.56
257079	6	T1019		08/29/13	08/29/13	48.00	202.56
257079	7	T1019		08/30/13	08/30/13	48.00	202.56
CLAIM TOTAL						1,417.92	CLAIM ACCOUNT REF. 2570790012013452SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008802 2013453 DIAZ 1, CARMEN 07/29/1950 WB78930D R2397419
DIAGNOSIS CODES: V02.62 300.00 401.9 719.89 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
257080	1	T1019		08/19/13	08/19/13	16.00	67.52
257080	2	T1019		08/21/13	08/21/13	24.00	101.28
257080	3	T1019		08/22/13	08/22/13	24.00	101.28
257080	4	T1019		08/23/13	08/23/13	24.00	101.28
257080	5	T1019		08/26/13	08/26/13	16.00	67.52
257080	6	T1019		08/27/13	08/27/13	24.00	101.28
257080	7	T1019		08/28/13	08/28/13	24.00	101.28
257080	8	T1019		08/29/13	08/29/13	24.00	101.28
257080	9	T1019		08/30/13	08/30/13	24.00	101.28

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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	844.00	2570800012013453SUP

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.
257084	1	T1019		08/28/13	08/28/13	16.00	67.52	
257084	2	T1019		08/29/13	08/29/13	16.00	67.52	
257084	3	T1019		08/30/13	08/30/13	16.00	67.52	
						CLAIM TOTAL	202.56	2570840012013454SUP

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.
257085	1	T1019		08/24/13	08/24/13	40.00	168.80	
257085	2	T1019		08/25/13	08/25/13	40.00	168.80	
257085	3	T1019		08/26/13	08/26/13	40.00	168.80	
257085	4	T1019		08/27/13	08/27/13	40.00	168.80	
257085	5	T1019		08/28/13	08/28/13	40.00	168.80	
257085	6	T1019		08/29/13	08/29/13	40.00	168.80	
257085	7	T1019		08/30/13	08/30/13	40.00	168.80	
						CLAIM TOTAL	1,181.60	2570850012013455SUP

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	CLAIM ACCOUNT REF.
257091	1	T1019		08/26/13	08/26/13	20.00	84.40	
						CLAIM TOTAL	84.40	2570910012013458SUP

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
257092	1	T1019		08/26/13	08/26/13	28.00	118.16
257092	2	T1019		08/27/13	08/27/13	28.00	118.16
257092	3	T1019		08/28/13	08/28/13	28.00	118.16
257092	4	T1019		08/30/13	08/30/13	28.00	118.16

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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.
							472.64	2570920012013461SUP
						CLAIM TOTAL		

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
257098	1	T1019		08/24/13	08/24/13	24.00	101.28	
257098	2	T1019		08/25/13	08/25/13	24.00	101.28	
257098	3	T1019		08/26/13	08/26/13	24.00	101.28	
257098	4	T1019		08/27/13	08/27/13	24.00	101.28	
257098	5	T1019		08/28/13	08/28/13	24.00	101.28	
257098	6	T1019		08/29/13	08/29/13	24.00	101.28	
257098	7	T1019		08/30/13	08/30/13	24.00	101.28	
						CLAIM TOTAL	708.96	2570980012013462SUP

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	CLAIM ACCOUNT REF.
257103	1	T1019		08/26/13	08/26/13	16.00	67.52	
						CLAIM TOTAL	67.52	2571030012013466SUP

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 ACCOUNT REF.
257107	1	T1019		08/24/13	08/24/13	40.00	168.80	
257107	2	T1019		08/25/13	08/25/13	40.00	168.80	
257107	3	T1019		08/26/13	08/26/13	40.00	168.80	
257107	4	T1019		08/27/13	08/27/13	40.00	168.80	
257107	5	T1019		08/28/13	08/28/13	36.00	151.92	
257107	6	T1019		08/29/13	08/29/13	40.00	168.80	
257107	7	T1019		08/30/13	08/30/13	40.00	168.80	
						CLAIM TOTAL	1,164.72	2571070012013467SUP

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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 2008425 2013468 WELLS, WYNORIA 09/10/1959 ZR27322A R2303664
DIAGNOSIS CODES: 278.01 253.5 272.4 356.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
257114	1	T1019		08/13/13	08/13/13	16.00	67.52
CLAIM TOTAL							67.52
CLAIM ACCOUNT REF.							2571140012013468SUP

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
257095	1	T1019		08/26/13	08/26/13	20.00	84.40
257095	2	T1019		08/27/13	08/27/13	20.00	84.40
257095	3	T1019		08/28/13	08/28/13	20.00	84.40
257095	4	T1019		08/29/13	08/29/13	20.00	84.40
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2570950012013602SUP

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
257089	1	T1019		08/24/13	08/24/13	32.00	135.04
257089	2	T1019		08/25/13	08/25/13	32.00	135.04
257089	3	T1019		08/26/13	08/26/13	32.00	135.04
257089	4	T1019		08/27/13	08/27/13	32.00	135.04
257089	5	T1019		08/28/13	08/28/13	32.00	135.04
257089	6	T1019		08/29/13	08/29/13	32.00	135.04
257089	7	T1019		08/30/13	08/30/13	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2570890012013739SUP

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
257100	1	S5131		08/05/13	08/05/13	5.00	1,012.80
257100	2	S5131		08/24/13	08/24/13	5.00	1,012.80
257100	3	S5131		08/26/13	08/26/13	5.00	1,012.80
257100	4	S5131		08/27/13	08/27/13	5.00	1,012.80
257100	5	S5131		08/28/13	08/28/13	5.00	1,012.80
257100	6	S5131		08/29/13	08/29/13	5.00	1,012.80

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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	
257100	7	S5131		08/30/13	08/30/13	5.00	1,012.80	
					CLAIM TOTAL		7,089.60	CLAIM ACCOUNT REF. 2571000012013849SUP

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	
257081	1	S5131		08/05/13	08/05/13	5.00	1,012.80	
257081	2	S5131		08/24/13	08/24/13	5.00	1,012.80	
257081	3	S5131		08/26/13	08/26/13	5.00	1,012.80	
257081	4	S5131		08/27/13	08/27/13	5.00	1,012.80	
257081	5	S5131		08/28/13	08/28/13	5.00	1,012.80	
257081	6	S5131		08/29/13	08/29/13	5.00	1,012.80	
257081	7	S5131		08/30/13	08/30/13	5.00	1,012.80	
					CLAIM TOTAL		7,089.60	CLAIM ACCOUNT REF. 2570810012013850SUP

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	
257111	1	T1019		08/26/13	08/26/13	16.00	67.52	
257111	2	T1019		08/27/13	08/27/13	16.00	67.52	
257111	3	T1019		08/28/13	08/28/13	16.00	67.52	
257111	4	T1019		08/29/13	08/29/13	16.00	67.52	
257111	5	T1019		08/30/13	08/30/13	16.00	67.52	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2571110012013941SUP

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	
257078	1	T1019		08/22/13	08/22/13	24.00	101.28	
					CLAIM TOTAL		101.28	CLAIM ACCOUNT REF. 2570780012013942SUP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	486	TOTAL CLAIM AMOUNT =	72,393.80
		# SERVICES =	92		

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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	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	
257127	1	T1019		08/26/13	08/26/13	36.00	154.44	
257127	2	T1019		08/27/13	08/27/13	36.00	154.44	
257127	3	T1019		08/28/13	08/28/13	36.00	154.44	
257127	4	T1019		08/29/13	08/29/13	36.00	154.44	
257127	5	T1019		08/30/13	08/30/13	36.00	154.44	
CLAIM TOTAL							772.20	CLAIM ACCOUNT REF. 2571270012008287SUP

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	
257129	1	T1019		08/24/13	08/24/13	32.00	137.28	
257129	2	T1019		08/25/13	08/25/13	32.00	137.28	
257129	3	T1019		08/26/13	08/26/13	32.00	137.28	
257129	4	T1019		08/27/13	08/27/13	32.00	137.28	
257129	5	T1019		08/28/13	08/28/13	32.00	137.28	
257129	6	T1019		08/29/13	08/29/13	32.00	137.28	
257129	7	T1019		08/30/13	08/30/13	32.00	137.28	
CLAIM TOTAL							960.96	CLAIM ACCOUNT REF. 2571290012008401SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011881	2011881	KHAN, FAZAL	06/28/1970	101344352	609951463
DIAGNOSIS CODES: 345.91							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
257126	1	T1019		08/10/13	08/10/13	48.00	205.92	
CLAIM TOTAL							205.92	CLAIM ACCOUNT REF. 2571260012011881SUP

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	
257128	1	T1019		08/28/13	08/28/13	16.00	68.64	
257128	2	T1019		08/30/13	08/30/13	16.00	68.64	
CLAIM TOTAL							137.28	CLAIM ACCOUNT REF. 2571280012013181SUP

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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 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
257125	1	T1019		08/24/13	08/24/13	32.00	137.28
257125	2	T1019		08/25/13	08/25/13	32.00	137.28
257125	3	T1019		08/26/13	08/26/13	32.00	137.28
257125	4	T1019		08/27/13	08/27/13	32.00	137.28
257125	5	T1019		08/28/13	08/28/13	32.00	137.28
257125	6	T1019		08/29/13	08/29/13	32.00	137.28
257125	7	T1019		08/30/13	08/30/13	32.00	137.28
CLAIM TOTAL							960.96
							CLAIM ACCOUNT REF. 2571250012013182SUP

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
257130	1	T1019		08/25/13	08/25/13	48.00	205.92
257130	2	T1019		08/26/13	08/26/13	48.00	205.92
257130	3	T1019		08/27/13	08/27/13	48.00	205.92
257130	4	T1019		08/28/13	08/28/13	48.00	205.92
257130	5	T1019		08/29/13	08/29/13	48.00	205.92
257130	6	T1019		08/30/13	08/30/13	48.00	205.92
CLAIM TOTAL							1,235.52
							CLAIM ACCOUNT REF. 2571300012013609SUP

PAYER TOTALS: UNITEDHEALTHCARE # OF CLAIMS = 28 TOTAL CLAIM AMOUNT = 4,272.84
SERVICES = 6

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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
257248	1	T1019	0580	08/24/13	08/24/13	40.00	168.80
257248	2	T1019	0580	08/25/13	08/25/13	40.00	168.80
257248	3	T1019	0580	08/26/13	08/26/13	32.00	135.04
257248	4	T1019	0580	08/27/13	08/27/13	32.00	135.04
257248	5	T1019	0580	08/28/13	08/28/13	32.00	135.04
257248	6	T1019	0580	08/29/13	08/29/13	32.00	135.04
257248	7	T1019	0580	08/30/13	08/30/13	32.00	135.04
CLAIM TOTAL						1,012.80	CLAIM ACCOUNT REF. 2572480012008266SUP

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
257249	1	S5130	0582	08/29/13	08/29/13	16.00	67.52
CLAIM TOTAL						67.52	CLAIM ACCOUNT REF. 2572490012009279SUP

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
257251	1	T1019	0580	08/24/13	08/24/13	16.00	67.52
257251	2	T1019	0580	08/25/13	08/25/13	16.00	67.52
257251	3	T1019	0580	08/26/13	08/26/13	12.00	50.64
257251	4	T1019	0580	08/27/13	08/27/13	12.00	50.64
257251	5	T1019	0580	08/28/13	08/28/13	12.00	50.64
257251	6	T1019	0580	08/29/13	08/29/13	12.00	50.64
257251	7	T1019	0580	08/30/13	08/30/13	12.00	50.64
CLAIM TOTAL						388.24	CLAIM ACCOUNT REF. 2572510012010728SUP

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
257250	1	T1019	0580	08/24/13	08/24/13	20.00	84.40
257250	2	T1019	0580	08/25/13	08/25/13	20.00	84.40
257250	3	T1019	0580	08/26/13	08/26/13	16.00	67.52

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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
257250	4	T1019	0580	08/27/13	08/27/13	16.00	67.52
257250	5	T1019	0580	08/28/13	08/28/13	16.00	67.52
257250	6	T1019	0580	08/29/13	08/29/13	16.00	67.52
257250	7	T1019	0580	08/30/13	08/30/13	16.00	67.52
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2572500012010729SUP

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
257254	1	T1019	0580	08/26/13	08/26/13	24.00	90.00
257254	2	T1019	0580	08/27/13	08/27/13	24.00	90.00
257254	3	T1019	0580	08/28/13	08/28/13	24.00	90.00
257254	4	T1019	0580	08/29/13	08/29/13	24.00	90.00
257254	5	T1019	0580	08/30/13	08/30/13	24.00	90.00
CLAIM TOTAL							450.00

CLAIM ACCOUNT REF. 2572540012012354SUP

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
257257	1	T1019	0580	08/26/13	08/26/13	16.00	60.00
257257	2	T1019	0580	08/27/13	08/27/13	16.00	60.00
257257	3	T1019	0580	08/28/13	08/28/13	16.00	60.00
257257	4	T1019	0580	08/29/13	08/29/13	16.00	60.00
257257	5	T1019	0580	08/30/13	08/30/13	16.00	60.00
CLAIM TOTAL							300.00

CLAIM ACCOUNT REF. 2572570012012358SUP

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
257255	1	T1019	0580	08/26/13	08/26/13	32.00	120.00
257255	2	T1019	0580	08/27/13	08/27/13	36.00	135.00
257255	3	T1019	0580	08/28/13	08/28/13	32.00	120.00
257255	4	T1019	0580	08/29/13	08/29/13	36.00	135.00
257255	5	T1019	0580	08/30/13	08/30/13	32.00	120.00
CLAIM TOTAL							630.00

CLAIM ACCOUNT REF. 2572550012012374SUP

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
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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 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
257253	1	T1019	0580	08/26/13	08/26/13	28.00	105.00
257253	2	T1019	0580	08/27/13	08/27/13	28.00	105.00
257253	3	T1019	0580	08/28/13	08/28/13	28.00	105.00
257253	4	T1019	0580	08/29/13	08/29/13	28.00	105.00
257253	5	T1019	0580	08/30/13	08/30/13	16.00	60.00
CLAIM TOTAL							480.00

CLAIM ACCOUNT REF. 2572530012012732SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012163 2012876 AKHTAR, CATHRINE 11/07/1951 713952989 103312611
DIAGNOSIS CODES: 799.9 250.00 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
257252	1	T1019	0580	08/17/13	08/17/13	20.00	75.00
257252	2	T1019	0580	08/18/13	08/18/13	20.00	75.00
257252	3	T1019	0580	08/19/13	08/19/13	28.00	105.00
257252	4	T1019	0580	08/20/13	08/20/13	28.00	105.00
257252	5	T1019	0580	08/21/13	08/21/13	28.00	105.00
257252	6	T1019	0580	08/22/13	08/22/13	28.00	105.00
257252	7	T1019	0580	08/23/13	08/23/13	28.00	105.00
257252	8	T1019	0580	08/24/13	08/24/13	20.00	75.00
257252	9	T1019	0580	08/25/13	08/25/13	20.00	75.00
257252	10	T1019	0580	08/26/13	08/26/13	28.00	105.00
257252	11	T1019	0580	08/27/13	08/27/13	28.00	105.00
257252	12	T1019	0580	08/28/13	08/28/13	28.00	105.00
257252	13	T1019	0580	08/29/13	08/29/13	28.00	105.00
257252	14	T1019	0580	08/30/13	08/30/13	28.00	105.00
CLAIM TOTAL							1,350.00

CLAIM ACCOUNT REF. 2572520012012876SUP

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
257256	1	T1019	0580	08/26/13	08/26/13	16.00	60.00
257256	2	T1019	0580	08/27/13	08/27/13	16.00	60.00
257256	3	T1019	0580	08/28/13	08/28/13	16.00	60.00
257256	4	T1019	0580	08/29/13	08/29/13	16.00	60.00
257256	5	T1019	0580	08/30/13	08/30/13	16.00	60.00
CLAIM TOTAL							300.00

CLAIM ACCOUNT REF. 2572560012013018SUP

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
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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
257247	1	T1019	0580	08/26/13	08/26/13	20.00	84.40
257247	2	T1019	0580	08/27/13	08/27/13	20.00	84.40
257247	3	T1019	0580	08/28/13	08/28/13	20.00	84.40
257247	4	T1019	0580	08/29/13	08/29/13	20.00	84.40
257247	5	T1019	0580	08/30/13	08/30/13	20.00	84.40
						CLAIM TOTAL	422.00
						CLAIM ACCOUNT REF.	2572470012013352SUP

PAYER TOTALS:	AMERIGROUP NEW YORK,LLC	# OF CLAIMS =	66	TOTAL CLAIM AMOUNT =	5,906.96
		# SERVICES =	11		

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NPI = 1154407492

PRIOR AUTHORIZATION #
8/22/2012-00581-0006

CLAIM TOTAL

537.24 CLAIM ACCOUNT REF. 2572780012013814SUP

PRIOR AUTHORIZATION #
3/5/2013-00134-0001

CLAIM TOTAL

363.00 CLAIM ACCOUNT REF. 2572790012013815SUP

PRIOR AUTHORIZATION #
8/6/2013-00020-0002

CLAIM TOTAL

58.08 CLAIM ACCOUNT REF. 2572800012013860SUP

PAYER TOTALS:	ELDERSERVE	# OF CLAIMS =	11	TOTAL CLAIM AMOUNT =	958.32
		# SERVICES =	3		

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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
257412	1	S5125		08/26/13	08/26/13	24.00	94.56
257412	2	S5125		08/27/13	08/27/13	24.00	94.56
257412	3	S5125		08/28/13	08/28/13	24.00	94.56
257412	4	S5125		08/29/13	08/29/13	24.00	94.56
257412	5	S5125		08/30/13	08/30/13	24.00	94.56
CLAIM TOTAL							472.80
							CLAIM ACCOUNT REF. 2574120011997785SUP

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
257426	1	T1019		08/24/13	08/24/13	16.00	63.04
257426	2	T1019		08/25/13	08/25/13	16.00	63.04
257426	3	T1019		08/26/13	08/26/13	28.00	110.32
257426	4	T1019		08/27/13	08/27/13	28.00	110.32
257426	5	T1019		08/28/13	08/28/13	28.00	110.32
257426	6	T1019		08/29/13	08/29/13	28.00	110.32
257426	7	T1019		08/30/13	08/30/13	28.00	110.32
CLAIM TOTAL							677.68
							CLAIM ACCOUNT REF. 2574260011997789SUP

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
257460	1	T1019		08/10/13	08/10/13	28.00	110.32
257460	2	T1019		08/11/13	08/11/13	28.00	110.32
257460	3	T1019		08/24/13	08/24/13	28.00	110.32
257460	4	T1019		08/25/13	08/25/13	28.00	110.32
257460	5	T1019		08/26/13	08/26/13	40.00	157.60
257460	6	T1019		08/27/13	08/27/13	39.00	153.66
257460	7	T1019		08/28/13	08/28/13	40.00	157.60
257460	8	T1019		08/29/13	08/29/13	40.00	157.60
257460	9	T1019		08/30/13	08/30/13	40.00	157.60
CLAIM TOTAL							1,225.34
							CLAIM ACCOUNT REF. 2574600011999328SUP

REPORT DATE 09/04/13 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
257402	1	S5125 TT		08/23/13	08/23/13	20.00	83.80
257402	2	S5125 TT		08/24/13	08/24/13	20.00	83.80
257402	3	S5125 TT		08/25/13	08/25/13	20.00	83.80
257402	4	S5125 TT		08/26/13	08/26/13	20.00	83.80
257402	5	S5125 TT		08/27/13	08/27/13	20.00	83.80
257402	6	S5125 TT		08/29/13	08/29/13	20.00	83.80
257402	7	S5125 TT		08/30/13	08/30/13	20.00	83.80
CLAIM TOTAL							586.60

CLAIM ACCOUNT REF. 2574020012002109SUP

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
257434	1	T1019		08/25/13	08/25/13	28.00	110.32
257434	2	T1019		08/26/13	08/26/13	28.00	110.32
257434	3	T1019		08/27/13	08/27/13	28.00	110.32
257434	4	T1019		08/28/13	08/28/13	28.00	110.32
257434	5	T1019		08/29/13	08/29/13	28.00	110.32
257434	6	T1019		08/30/13	08/30/13	27.00	106.38
CLAIM TOTAL							657.98

CLAIM ACCOUNT REF. 2574340012002124SUP

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
257379	1	T1019		08/24/13	08/24/13	24.00	94.56
257379	2	T1019		08/25/13	08/25/13	22.00	86.68
257379	3	T1019		08/26/13	08/26/13	32.00	126.08
257379	4	T1019		08/27/13	08/27/13	32.00	126.08
257379	5	T1019		08/28/13	08/28/13	32.00	126.08
257379	6	T1019		08/29/13	08/29/13	32.00	126.08
CLAIM TOTAL							685.56

CLAIM ACCOUNT REF. 2573790012002162SUP

REPORT DATE 09/04/13 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 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	
257382	1	S5125		08/26/13	08/26/13	20.00	78.80	
257382	2	S5125		08/27/13	08/27/13	20.00	78.80	
257382	3	S5125		08/28/13	08/28/13	20.00	78.80	
257382	4	S5125		08/29/13	08/29/13	20.00	78.80	
257382	5	S5125		08/30/13	08/30/13	20.00	78.80	
CLAIM TOTAL							394.00	CLAIM ACCOUNT REF. 2573820012002531SUP

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	
257303	1	S5125		08/26/13	08/26/13	24.00	94.56	
CLAIM TOTAL							94.56	CLAIM ACCOUNT REF. 2573030012002769SUP

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	
257456	1	T1019		08/24/13	08/24/13	20.00	78.80	
257456	2	T1019		08/25/13	08/25/13	20.00	78.80	
257456	3	T1019		08/26/13	08/26/13	24.00	94.56	
257456	4	T1019		08/27/13	08/27/13	24.00	94.56	
257456	5	T1019		08/28/13	08/28/13	24.00	94.56	
257456	6	T1019		08/29/13	08/29/13	24.00	94.56	
257456	7	T1019		08/30/13	08/30/13	24.00	94.56	
CLAIM TOTAL							630.40	CLAIM ACCOUNT REF. 2574560012003177SUP

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	
257353	1	T1019		08/24/13	08/24/13	42.00	165.48	
257353	2	T1019		08/25/13	08/25/13	45.00	177.30	
257353	3	T1019		08/26/13	08/26/13	46.00	181.24	
257353	4	T1019		08/27/13	08/27/13	46.00	181.24	
257353	5	T1019		08/28/13	08/28/13	46.00	181.24	

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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	
257353	6	T1019		08/29/13	08/29/13	46.00	181.24	
257353	7	T1019		08/30/13	08/30/13	40.00	157.60	
CLAIM TOTAL							1,225.34	CLAIM ACCOUNT REF. 2573530012003254SUP

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	
257313	1	S5125		08/26/13	08/26/13	24.00	94.56	
257313	2	S5125		08/27/13	08/27/13	24.00	94.56	
257313	3	S5125		08/29/13	08/29/13	24.00	94.56	
257313	4	S5125		08/30/13	08/30/13	24.00	94.56	
CLAIM TOTAL							378.24	CLAIM ACCOUNT REF. 2573130012004554SUP

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	
257383	1	T1019		08/26/13	08/26/13	16.00	63.04	
257383	2	T1019		08/27/13	08/27/13	16.00	63.04	
257383	3	T1019		08/28/13	08/28/13	16.00	63.04	
257383	4	T1019		08/29/13	08/29/13	16.00	63.04	
257383	5	T1019		08/30/13	08/30/13	16.00	63.04	
CLAIM TOTAL							315.20	CLAIM ACCOUNT REF. 2573830012004768SUP

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	
257354	1	S5125		08/24/13	08/24/13	45.00	177.30	
257354	2	S5125		08/25/13	08/25/13	44.00	173.36	
257354	3	S5125		08/26/13	08/26/13	48.00	189.12	
257354	4	S5125		08/27/13	08/27/13	48.00	189.12	
257354	5	S5125		08/28/13	08/28/13	48.00	189.12	
257354	6	S5125		08/29/13	08/29/13	48.00	189.12	
257354	7	S5125		08/30/13	08/30/13	48.00	189.12	
CLAIM TOTAL							1,296.26	CLAIM ACCOUNT REF. 2573540012006080SUP

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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 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
257380	1	S5125		08/26/13	08/26/13	16.00	63.04
257380	2	S5125		08/28/13	08/28/13	16.00	63.04
257380	3	S5125		08/30/13	08/30/13	16.00	63.04
CLAIM TOTAL							189.12
CLAIM ACCOUNT REF.							2573800012006117SUP

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
257281	1	S5125		08/24/13	08/24/13	22.00	86.68
257281	2	S5125		08/26/13	08/26/13	36.00	141.84
257281	3	S5125		08/27/13	08/27/13	12.00	47.28
257281	4	S5125		08/28/13	08/28/13	36.00	141.84
257281	5	S5125		08/29/13	08/29/13	36.00	141.84
257281	6	S5125		08/30/13	08/30/13	36.00	141.84
CLAIM TOTAL							701.32
CLAIM ACCOUNT REF.							2572810012006118SUP

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
257315	1	S5125		08/24/13	08/24/13	24.00	94.56
257315	2	S5125		08/26/13	08/26/13	28.00	110.32
257315	3	S5125		08/27/13	08/27/13	28.00	110.32
257315	4	S5125		08/28/13	08/28/13	28.00	110.32
257315	5	S5125		08/29/13	08/29/13	28.00	110.32
257315	6	S5125		08/30/13	08/30/13	28.00	110.32
CLAIM TOTAL							646.16
CLAIM ACCOUNT REF.							2573150012006124SUP

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
257457	1	S5125		08/24/13	08/24/13	16.00	63.04
257457	2	S5125		08/26/13	08/26/13	16.00	63.04
257457	3	S5125		08/27/13	08/27/13	16.00	63.04

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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	
257457	4	S5125		08/28/13	08/28/13	16.00	63.04	
257457	5	S5125		08/29/13	08/29/13	16.00	63.04	
257457	6	S5125		08/30/13	08/30/13	16.00	63.04	
					CLAIM TOTAL		378.24	CLAIM ACCOUNT REF. 2574570012006152SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2003981	2006632	BUCARO, CONCETTA	02/27/1916	GNT04556300	6/24/2009-00543-0018
DIAGNOSIS	CODES:	331.0	272.0	365.9	401.9	733.00	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
257292	1	S5125		08/12/13	08/12/13	36.00	141.84	
257292	2	S5125		08/13/13	08/13/13	36.00	141.84	
257292	3	S5125		08/14/13	08/14/13	36.00	141.84	
257292	4	S5125		08/15/13	08/15/13	36.00	141.84	
257292	5	S5125		08/16/13	08/16/13	36.00	141.84	
257292	6	S5125		08/19/13	08/19/13	36.00	141.84	
257292	7	S5125		08/20/13	08/20/13	36.00	141.84	
257292	8	S5125		08/21/13	08/21/13	36.00	141.84	
257292	9	S5125		08/22/13	08/22/13	36.00	141.84	
257292	10	S5125		08/26/13	08/26/13	36.00	141.84	
257292	11	S5125		08/27/13	08/27/13	36.00	141.84	
257292	12	S5125		08/28/13	08/28/13	36.00	141.84	
257292	13	S5125		08/29/13	08/29/13	36.00	141.84	
257292	14	S5125		08/30/13	08/30/13	36.00	141.84	
					CLAIM TOTAL		1,985.76	CLAIM ACCOUNT REF. 2572920012006632SUP

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	
257422	1	S5125		08/26/13	08/26/13	22.00	86.68	
257422	2	S5125		08/27/13	08/27/13	22.00	86.68	
257422	3	S5125		08/28/13	08/28/13	21.00	82.74	
257422	4	S5125		08/29/13	08/29/13	22.00	86.68	
257422	5	S5125		08/30/13	08/30/13	22.00	86.68	
					CLAIM TOTAL		429.46	CLAIM ACCOUNT REF. 2574220012006828SUP

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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 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	
257403	1	S5125 TT		08/23/13	08/23/13	20.00	83.80	
257403	2	S5125 TT		08/24/13	08/24/13	20.00	83.80	
257403	3	S5125 TT		08/25/13	08/25/13	20.00	83.80	
257403	4	S5125 TT		08/26/13	08/26/13	20.00	83.80	
257403	5	S5125 TT		08/27/13	08/27/13	20.00	83.80	
257403	6	S5125 TT		08/28/13	08/28/13	20.00	83.80	
257403	7	S5125 TT		08/29/13	08/29/13	20.00	83.80	
257403	8	S5125 TT		08/30/13	08/30/13	20.00	83.80	
				CLAIM TOTAL		670.40		CLAIM ACCOUNT REF. 2574030012007728SUP

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	
257416	1	T1019		08/24/13	08/24/13	36.00	141.84	
257416	2	T1019		08/25/13	08/25/13	36.00	141.84	
257416	3	T1019		08/26/13	08/26/13	36.00	141.84	
257416	4	T1019		08/27/13	08/27/13	36.00	141.84	
257416	5	T1019		08/28/13	08/28/13	36.00	141.84	
257416	6	T1019		08/29/13	08/29/13	36.00	141.84	
257416	7	T1019		08/30/13	08/30/13	36.00	141.84	
				CLAIM TOTAL		992.88		CLAIM ACCOUNT REF. 2574160012007969SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2005886 2008200 VLAHOS, 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	
257451	1	S5125		08/24/13	08/24/13	48.00	189.12	
257451	2	S5125		08/25/13	08/25/13	48.00	189.12	
257451	3	S5125		08/26/13	08/26/13	32.00	126.08	
257451	4	S5125		08/27/13	08/27/13	32.00	126.08	
257451	5	S5125		08/28/13	08/28/13	32.00	126.08	
257451	6	S5125		08/29/13	08/29/13	32.00	126.08	
257451	7	S5125		08/30/13	08/30/13	32.00	126.08	
				CLAIM TOTAL		1,008.64		CLAIM ACCOUNT REF. 2574510012008200SUP

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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 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
257327	1	S5125		08/24/13	08/24/13	16.00	63.04
257327	2	S5125		08/25/13	08/25/13	16.00	63.04
257327	3	S5125		08/27/13	08/27/13	16.00	63.04
257327	4	S5125		08/28/13	08/28/13	16.00	63.04
257327	5	S5125		08/29/13	08/29/13	16.00	63.04
257327	6	S5125		08/30/13	08/30/13	16.00	63.04
CLAIM TOTAL							378.24
							CLAIM ACCOUNT REF. 2573270012008314SUP

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
257407	1	S5125		08/26/13	08/26/13	16.00	63.04
257407	2	S5125		08/27/13	08/27/13	16.00	63.04
257407	3	S5125		08/28/13	08/28/13	16.00	63.04
257407	4	S5125		08/29/13	08/29/13	16.00	63.04
257407	5	S5125		08/30/13	08/30/13	16.00	63.04
CLAIM TOTAL							315.20
							CLAIM ACCOUNT REF. 2574070012008453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2004555 2008892 WEISZ, KLARA 06/27/1920 GNT04606900 6/19/2013-00016-0001
DIAGNOSIS CODES: 401.9 242.90 272.0 311. 530.81 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
257454	1	S5125		08/28/13	08/28/13	16.00	63.04
CLAIM TOTAL							63.04
							CLAIM ACCOUNT REF. 2574540012008892SUP

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
257370	1	S5125		08/26/13	08/26/13	20.00	78.80
257370	2	S5125		08/27/13	08/27/13	20.00	78.80
257370	3	S5125		08/28/13	08/28/13	20.00	78.80
257370	4	S5125		08/29/13	08/29/13	20.00	78.80
257370	5	S5125		08/30/13	08/30/13	20.00	78.80
CLAIM TOTAL							394.00
							CLAIM ACCOUNT REF. 2573700012009202SUP

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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
257397	1	T1019		08/23/13	08/23/13	24.00	94.56
257397	2	T1019		08/26/13	08/26/13	24.00	94.56
257397	3	T1019		08/27/13	08/27/13	24.00	94.56
257397	4	T1019		08/28/13	08/28/13	24.00	94.56
257397	5	T1019		08/29/13	08/29/13	24.00	94.56
257397	6	T1019		08/30/13	08/30/13	24.00	94.56
CLAIM TOTAL						567.36	CLAIM ACCOUNT REF. 2573970012009232SUP

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
257384	1	S5125		08/26/13	08/26/13	14.00	55.16
257384	2	S5125		08/27/13	08/27/13	23.00	90.62
257384	3	S5125		08/28/13	08/28/13	20.00	78.80
257384	4	S5125		08/29/13	08/29/13	24.00	94.56
257384	5	S5125		08/30/13	08/30/13	24.00	94.56
CLAIM TOTAL						413.70	CLAIM ACCOUNT REF. 2573840012009392SUP

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
257316	1	T1020		08/24/13	08/24/13	1.00	200.00
257316	2	T1020		08/25/13	08/25/13	1.00	200.00
257316	3	T1020		08/26/13	08/26/13	1.00	200.00
257316	4	T1020		08/27/13	08/27/13	1.00	200.00
257316	5	T1020		08/28/13	08/28/13	1.00	200.00
257316	6	T1020		08/29/13	08/29/13	1.00	200.00
257316	7	T1020		08/30/13	08/30/13	1.00	200.00
CLAIM TOTAL						1,400.00	CLAIM ACCOUNT REF. 2573160012009394SUP

REPORT DATE 09/04/13 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 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
257334	1	T1019		08/26/13	08/26/13	16.00	63.04
257334	2	T1019		08/28/13	08/28/13	16.00	63.04
257334	3	T1019		08/30/13	08/30/13	20.00	78.80
CLAIM TOTAL						204.88	CLAIM ACCOUNT REF. 2573340012009435SUP

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
257396	1	S5125		08/24/13	08/24/13	44.00	173.36
257396	2	S5125		08/25/13	08/25/13	44.00	173.36
257396	3	S5125		08/26/13	08/26/13	44.00	173.36
257396	4	S5125		08/27/13	08/27/13	44.00	173.36
257396	5	S5125		08/28/13	08/28/13	44.00	173.36
CLAIM TOTAL						866.80	CLAIM ACCOUNT REF. 2573960012009576SUP

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
257330	1	T1019		08/24/13	08/24/13	24.00	94.56
257330	2	T1019		08/25/13	08/25/13	16.00	63.04
257330	3	T1019		08/26/13	08/26/13	48.00	189.12
257330	4	T1019		08/27/13	08/27/13	48.00	189.12
257330	5	T1019		08/28/13	08/28/13	48.00	189.12
257330	6	T1019		08/29/13	08/29/13	48.00	189.12
257330	7	T1020		08/30/13	08/30/13	24.00	4,800.00
CLAIM TOTAL						5,714.08	CLAIM ACCOUNT REF. 2573300012009589SUP

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
257455	1	T1019		08/26/13	08/26/13	16.00	63.04
257455	2	T1019		08/27/13	08/27/13	16.00	63.04
257455	3	T1019		08/28/13	08/28/13	16.00	63.04

REPORT DATE 09/04/13 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	
257455	4	T1019		08/29/13	08/29/13	16.00	63.04	
257455	5	T1019		08/30/13	08/30/13	16.00	63.04	
CLAIM TOTAL							315.20	CLAIM ACCOUNT REF. 2574550012009618SUP

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	
257305	1	S5125		08/19/13	08/19/13	12.00	47.28	
257305	2	S5125		08/20/13	08/20/13	12.00	47.28	
257305	3	S5125		08/26/13	08/26/13	20.00	78.80	
257305	4	S5125		08/27/13	08/27/13	20.00	78.80	
257305	5	S5125		08/28/13	08/28/13	20.00	78.80	
257305	6	S5125		08/29/13	08/29/13	20.00	78.80	
257305	7	S5125		08/30/13	08/30/13	20.00	78.80	
CLAIM TOTAL							488.56	CLAIM ACCOUNT REF. 2573050012009790SUP

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	
257389	1	T1019		08/26/13	08/26/13	20.00	78.80	
257389	2	T1019		08/27/13	08/27/13	20.00	78.80	
257389	3	T1019		08/28/13	08/28/13	20.00	78.80	
257389	4	T1019		08/29/13	08/29/13	20.00	78.80	
257389	5	T1019		08/30/13	08/30/13	20.00	78.80	
CLAIM TOTAL							394.00	CLAIM ACCOUNT REF. 2573890012010198SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
257375	1	T1019		08/29/13	08/29/13	16.00	63.04	
CLAIM TOTAL							63.04	CLAIM ACCOUNT REF. 2573750012010407SUP

REPORT DATE 09/04/13 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 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
257406	1	T1019		08/26/13	08/26/13	12.00	47.28
257406	2	T1019		08/27/13	08/27/13	16.00	63.04
257406	3	T1019		08/28/13	08/28/13	16.00	63.04
257406	4	T1019		08/29/13	08/29/13	12.00	47.28
257406	5	T1019		08/30/13	08/30/13	15.00	59.10
CLAIM TOTAL							279.74
CLAIM ACCOUNT REF.							2574060012010409SUP

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
257415	1	S5125		08/24/13	08/24/13	16.00	63.04
257415	2	S5125		08/26/13	08/26/13	16.00	63.04
257415	3	S5125		08/27/13	08/27/13	20.00	78.80
257415	4	S5125		08/28/13	08/28/13	16.00	63.04
257415	5	S5125		08/29/13	08/29/13	16.00	63.04
257415	6	S5125		08/30/13	08/30/13	16.00	63.04
CLAIM TOTAL							394.00
CLAIM ACCOUNT REF.							2574150012010412SUP

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
257401	1	T1019		08/27/13	08/27/13	16.00	63.04
257401	2	T1019		08/28/13	08/28/13	16.00	63.04
257401	3	T1019		08/29/13	08/29/13	16.00	63.04
CLAIM TOTAL							189.12
CLAIM ACCOUNT REF.							2574010012010647SUP

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
257284	1	S5125		08/24/13	08/24/13	32.00	126.08
257284	2	S5125		08/25/13	08/25/13	32.00	126.08
257284	3	S5125		08/26/13	08/26/13	32.00	126.08
257284	4	S5125		08/27/13	08/27/13	32.00	126.08

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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	
257284	5	S5125		08/28/13	08/28/13	32.00	126.08	
257284	6	S5125		08/29/13	08/29/13	32.00	126.08	
257284	7	S5125		08/30/13	08/30/13	32.00	126.08	
					CLAIM TOTAL		882.56	CLAIM ACCOUNT REF. 2572840012010843SUP

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	
257371	1	S5125		08/24/13	08/24/13	12.00	47.28	
257371	2	S5125		08/26/13	08/26/13	20.00	78.80	
257371	3	S5125		08/27/13	08/27/13	20.00	78.80	
257371	4	S5125		08/28/13	08/28/13	20.00	78.80	
257371	5	S5125		08/29/13	08/29/13	20.00	78.80	
257371	6	S5125		08/30/13	08/30/13	20.00	78.80	
					CLAIM TOTAL		441.28	CLAIM ACCOUNT REF. 2573710012011036SUP

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	
257344	1	S5125		08/24/13	08/24/13	16.00	63.04	
257344	2	S5125		08/25/13	08/25/13	16.00	63.04	
257344	3	S5125		08/26/13	08/26/13	32.00	126.08	
257344	4	S5125		08/27/13	08/27/13	32.00	126.08	
257344	5	S5125		08/28/13	08/28/13	32.00	126.08	
257344	6	S5125		08/29/13	08/29/13	32.00	126.08	
257344	7	S5125		08/30/13	08/30/13	32.00	126.08	
					CLAIM TOTAL		756.48	CLAIM ACCOUNT REF. 2573440012011252SUP

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	
257314	1	S5125		08/26/13	08/26/13	26.00	102.44	
257314	2	S5125		08/27/13	08/27/13	26.00	102.44	
257314	3	S5125		08/28/13	08/28/13	26.00	102.44	
					CLAIM TOTAL		307.32	CLAIM ACCOUNT REF. 2573140012011256SUP

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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 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
257372	1	S5125		08/24/13	08/24/13	40.00	157.60
257372	2	S5125		08/25/13	08/25/13	40.00	157.60
257372	3	S5125		08/26/13	08/26/13	48.00	189.12
257372	4	S5125		08/27/13	08/27/13	48.00	189.12
257372	5	S5125		08/28/13	08/28/13	48.00	189.12
257372	6	S5125		08/29/13	08/29/13	48.00	189.12
257372	7	S5125		08/30/13	08/30/13	48.00	189.12
CLAIM TOTAL						1,260.80	CLAIM ACCOUNT REF. 2573720012011350SUP

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
257398	1	T1019		08/24/13	08/24/13	36.00	141.84
257398	2	T1019		08/25/13	08/25/13	36.00	141.84
257398	3	T1019		08/26/13	08/26/13	36.00	141.84
CLAIM TOTAL						425.52	CLAIM ACCOUNT REF. 2573980012011411SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1997780 2011411 PICHARDO, MARIA 05/14/1923 GNT02908700 8/24/2005-00382-0055
DIAGNOSIS CODES: 290.0 311. 493.00 530.81 780.96

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
257399	1	T1019		08/30/13	08/30/13	36.00	141.84
CLAIM TOTAL						141.84	CLAIM ACCOUNT REF. 2573990012011411SUP

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
257343	1	T1019		08/24/13	08/24/13	48.00	189.12
257343	2	T1019		08/25/13	08/25/13	48.00	189.12
257343	3	T1019		08/26/13	08/26/13	48.00	189.12
257343	4	T1019		08/27/13	08/27/13	48.00	189.12
257343	5	T1019		08/28/13	08/28/13	48.00	189.12
257343	6	T1019		08/29/13	08/29/13	48.00	189.12
257343	7	T1019		08/30/13	08/30/13	48.00	189.12

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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	1,323.84	2573430012011472SUP

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	CLAIM ACCOUNT REF.
257290	1	T1019		08/26/13	08/26/13	16.00	63.04	
257290	2	T1019		08/30/13	08/30/13	28.00	110.32	
						CLAIM TOTAL	173.36	2572900012011503SUP

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	CLAIM ACCOUNT REF.
257286	1	T1019		08/26/13	08/26/13	15.00	59.10	
257286	2	T1019		08/28/13	08/28/13	16.00	63.04	
257286	3	T1019		08/30/13	08/30/13	16.00	63.04	
						CLAIM TOTAL	185.18	2572860012011581SUP

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	CLAIM ACCOUNT REF.
257435	1	S5125		08/24/13	08/24/13	48.00	189.12	
257435	2	S5125		08/25/13	08/25/13	48.00	189.12	
257435	3	S5125		08/26/13	08/26/13	48.00	189.12	
257435	4	S5125		08/27/13	08/27/13	48.00	189.12	
						CLAIM TOTAL	756.48	2574350012011597SUP

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	CLAIM ACCOUNT REF.
257311	1	S5125		08/26/13	08/26/13	24.00	94.56	
257311	2	S5125		08/27/13	08/27/13	24.00	94.56	
257311	3	S5125		08/28/13	08/28/13	24.00	94.56	
257311	4	S5125		08/29/13	08/29/13	24.00	94.56	
257311	5	S5125		08/30/13	08/30/13	24.00	94.56	
						CLAIM TOTAL	472.80	2573110012011599SUP

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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 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	
257342	1	S5125		08/26/13	08/26/13	14.00	55.16	
257342	2	S5125		08/29/13	08/29/13	22.00	86.68	
257342	3	S5125		08/30/13	08/30/13	14.00	55.16	
CLAIM TOTAL							197.00	CLAIM ACCOUNT REF. 2573420012011600SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011601 2011601 JACKSON, PATRICIA 08/10/1960 GNT04501100 1/26/2009-00708-0047
DIAGNOSIS CODES: 042. 311. 401.9 493.90 944.14

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
257350	1	T1030		06/27/13	06/27/13	1.00	90.00	
257350	2	T1030		07/10/13	07/10/13	1.00	90.00	
257350	3	T1030		07/25/13	07/25/13	1.00	90.00	
CLAIM TOTAL							270.00	CLAIM ACCOUNT REF. 2573500012011601SUP

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	
257351	1	T1019		08/26/13	08/26/13	20.00	78.80	
257351	2	T1019		08/27/13	08/27/13	20.00	78.80	
257351	3	T1019		08/28/13	08/28/13	20.00	78.80	
257351	4	T1019		08/29/13	08/29/13	20.00	78.80	
257351	5	T1019		08/30/13	08/30/13	20.00	78.80	
CLAIM TOTAL							394.00	CLAIM ACCOUNT REF. 2573510012011601SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011654 2011654 ALIX, PEDRO 01/31/1937 GNT03916300 7/26/2011-00282-0020
DIAGNOSIS CODES: 294.10 401.9 602.8

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
257282	1	T1030		07/03/13	07/03/13	1.00	90.00	
257282	2	T1030		07/31/13	07/31/13	1.00	90.00	
CLAIM TOTAL							180.00	CLAIM ACCOUNT REF. 2572820012011654SUP

REPORT DATE 09/04/13 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 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	
257283	1	S5126		08/24/13	08/24/13	1.00	200.00	
257283	2	S5126		08/25/13	08/25/13	1.00	200.00	
257283	3	S5126		08/26/13	08/26/13	1.00	200.00	
257283	4	S5126		08/27/13	08/27/13	1.00	200.00	
257283	5	S5126		08/28/13	08/28/13	1.00	200.00	
257283	6	S5126		08/29/13	08/29/13	1.00	200.00	
257283	7	S5126		08/30/13	08/30/13	1.00	200.00	
				CLAIM TOTAL		1,400.00		CLAIM ACCOUNT REF. 2572830012011654SUP

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	
257391	1	S5125		08/24/13	08/24/13	16.00	63.04	
257391	2	S5125		08/25/13	08/25/13	16.00	63.04	
257391	3	S5125		08/26/13	08/26/13	28.00	110.32	
257391	4	S5125		08/27/13	08/27/13	28.00	110.32	
257391	5	S5125		08/28/13	08/28/13	28.00	110.32	
257391	6	S5125		08/29/13	08/29/13	28.00	110.32	
257391	7	S5125		08/30/13	08/30/13	28.00	110.32	
				CLAIM TOTAL		677.68		CLAIM ACCOUNT REF. 2573910012011657SUP

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	
257413	1	S5125		08/24/13	08/24/13	28.00	110.32	
257413	2	S5125		08/25/13	08/25/13	28.00	110.32	
257413	3	S5125		08/27/13	08/27/13	28.00	110.32	
257413	4	S5125		08/28/13	08/28/13	28.00	110.32	
257413	5	S5125		08/29/13	08/29/13	28.00	110.32	
257413	6	S5125		08/30/13	08/30/13	28.00	110.32	
				CLAIM TOTAL		661.92		CLAIM ACCOUNT REF. 2574130012011659SUP

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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 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
257335	1	S5125		08/24/13	08/24/13	16.00	63.04
257335	2	S5125		08/25/13	08/25/13	16.00	63.04
257335	3	S5125		08/26/13	08/26/13	16.00	63.04
257335	4	S5125		08/27/13	08/27/13	16.00	63.04
257335	5	S5125		08/28/13	08/28/13	16.00	63.04
257335	6	S5125		08/29/13	08/29/13	16.00	63.04
257335	7	S5125		08/30/13	08/30/13	16.00	63.04
CLAIM TOTAL							441.28
CLAIM ACCOUNT REF.							2573350012011662SUP

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
257368	1	S5126		08/18/13	08/18/13	1.00	200.00
257368	2	S5126		08/24/13	08/24/13	1.00	200.00
257368	3	S5126		08/25/13	08/25/13	1.00	200.00
257368	4	S5126		08/26/13	08/26/13	1.00	200.00
257368	5	S5126		08/27/13	08/27/13	1.00	200.00
257368	6	S5126		08/28/13	08/28/13	1.00	200.00
257368	7	S5126		08/29/13	08/29/13	1.00	200.00
257368	8	S5126		08/30/13	08/30/13	1.00	200.00
CLAIM TOTAL							1,600.00
CLAIM ACCOUNT REF.							2573680012011663SUP

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
257361	1	S5125		08/05/13	08/05/13	32.00	126.08
257361	2	S5125		08/06/13	08/06/13	32.00	126.08
257361	3	S5125		08/07/13	08/07/13	32.00	126.08
257361	4	S5125		08/08/13	08/08/13	32.00	126.08
257361	5	S5125		08/09/13	08/09/13	24.00	94.56
257361	6	S5125		08/26/13	08/26/13	32.00	126.08
257361	7	S5125		08/27/13	08/27/13	32.00	126.08
257361	8	S5125		08/28/13	08/28/13	32.00	126.08
257361	9	S5125		08/29/13	08/29/13	32.00	126.08
257361	10	S5125		08/30/13	08/30/13	24.00	94.56

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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	1,197.76	2573610012011694SUP

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	CLAIM ACCOUNT REF.
257307	1	T1019		08/26/13	08/26/13	24.00	94.56	
257307	2	T1019		08/27/13	08/27/13	24.00	94.56	
257307	3	T1019		08/28/13	08/28/13	24.00	94.56	
257307	4	T1019		08/29/13	08/29/13	24.00	94.56	
257307	5	T1019		08/30/13	08/30/13	24.00	94.56	
						CLAIM TOTAL	472.80	2573070012011769SUP

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	CLAIM ACCOUNT REF.
257341	1	T1019		08/27/13	08/27/13	16.00	63.04	
257341	2	T1019		08/28/13	08/28/13	16.00	63.04	
257341	3	T1019		08/29/13	08/29/13	16.00	63.04	
257341	4	T1019		08/30/13	08/30/13	16.00	63.04	
						CLAIM TOTAL	252.16	2573410012011770SUP

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	CLAIM ACCOUNT REF.
257359	1	S5125		08/24/13	08/24/13	16.00	63.04	
257359	2	S5125		08/25/13	08/25/13	16.00	63.04	
257359	3	S5125		08/26/13	08/26/13	16.00	63.04	
257359	4	S5125		08/27/13	08/27/13	16.00	63.04	
257359	5	S5125		08/28/13	08/28/13	16.00	63.04	
257359	6	S5125		08/29/13	08/29/13	16.00	63.04	
257359	7	S5125		08/30/13	08/30/13	16.00	63.04	
						CLAIM TOTAL	441.28	2573590012011771SUP

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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 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	
257366	1	T1019		08/26/13	08/26/13	16.00	63.04	
257366	2	T1019		08/27/13	08/27/13	16.00	63.04	
257366	3	T1019		08/28/13	08/28/13	16.00	63.04	
257366	4	T1019		08/29/13	08/29/13	16.00	63.04	
257366	5	T1019		08/30/13	08/30/13	16.00	63.04	
CLAIM TOTAL							315.20	CLAIM ACCOUNT REF. 2573660012011772SUP

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	
257385	1	T1019		08/26/13	08/26/13	16.00	63.04	
257385	2	T1019		08/27/13	08/27/13	16.00	63.04	
257385	3	T1019		08/28/13	08/28/13	15.00	59.10	
257385	4	T1019		08/29/13	08/29/13	16.00	63.04	
257385	5	T1019		08/30/13	08/30/13	16.00	63.04	
CLAIM TOTAL							311.26	CLAIM ACCOUNT REF. 2573850012011773SUP

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	
257404	1	T1019		08/26/13	08/26/13	16.00	63.04	
257404	2	T1019		08/27/13	08/27/13	16.00	63.04	
257404	3	T1019		08/28/13	08/28/13	16.00	63.04	
257404	4	T1019		08/29/13	08/29/13	16.00	63.04	
257404	5	T1019		08/30/13	08/30/13	16.00	63.04	
CLAIM TOTAL							315.20	CLAIM ACCOUNT REF. 2574040012011774SUP

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	
257420	1	S5125		08/24/13	08/24/13	32.00	126.08	
257420	2	S5125		08/25/13	08/25/13	32.00	126.08	
257420	3	S5125		08/26/13	08/26/13	32.00	126.08	

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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	
257420	4	S5125		08/27/13	08/27/13	32.00	126.08	
257420	5	S5125		08/28/13	08/28/13	32.00	126.08	
257420	6	S5125		08/29/13	08/29/13	32.00	126.08	
257420	7	S5125		08/30/13	08/30/13	32.00	126.08	
					CLAIM TOTAL		882.56	CLAIM ACCOUNT REF. 2574200012011777SUP

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	
257437	1	S5125		08/26/13	08/26/13	36.00	141.84	
257437	2	S5125		08/27/13	08/27/13	12.00	47.28	
257437	3	S5125		08/28/13	08/28/13	36.00	141.84	
257437	4	S5125		08/29/13	08/29/13	12.00	47.28	
257437	5	S5125		08/30/13	08/30/13	36.00	141.84	
					CLAIM TOTAL		520.08	CLAIM ACCOUNT REF. 2574370012011781SUP

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	
257438	1	S5125		08/24/13	08/24/13	20.00	78.80	
257438	2	S5125		08/26/13	08/26/13	32.00	126.08	
257438	3	S5125		08/27/13	08/27/13	32.00	126.08	
257438	4	S5125		08/28/13	08/28/13	32.00	126.08	
257438	5	S5125		08/29/13	08/29/13	32.00	126.08	
257438	6	S5125		08/30/13	08/30/13	32.00	126.08	
					CLAIM TOTAL		709.20	CLAIM ACCOUNT REF. 2574380012011782SUP

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	
257444	1	T1019		08/24/13	08/24/13	20.00	78.80	
257444	2	T1019		08/25/13	08/25/13	20.00	78.80	
257444	3	T1019		08/26/13	08/26/13	20.00	78.80	
257444	4	T1019		08/27/13	08/27/13	20.00	78.80	
257444	5	T1019		08/28/13	08/28/13	20.00	78.80	
257444	6	T1019		08/29/13	08/29/13	20.00	78.80	
257444	7	T1019		08/30/13	08/30/13	20.00	78.80	

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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
						CLAIM TOTAL	551.60
						CLAIM ACCOUNT REF.	2574440012011783SUP

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
257429	1	T1019		08/13/13	08/13/13	16.00	63.04
257429	2	T1019		08/15/13	08/15/13	16.00	63.04
257429	3	T1019		08/26/13	08/26/13	16.00	63.04
257429	4	T1019		08/27/13	08/27/13	16.00	63.04
257429	5	T1019		08/28/13	08/28/13	16.00	63.04
257429	6	T1019		08/29/13	08/29/13	16.00	63.04
257429	7	T1019		08/30/13	08/30/13	16.00	63.04
						CLAIM TOTAL	441.28
						CLAIM ACCOUNT REF.	2574290012011787SUP

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
257432	1	T1019 TT		08/26/13	08/26/13	16.00	67.04
257432	2	T1019 TT		08/27/13	08/27/13	16.00	67.04
257432	3	T1019 TT		08/28/13	08/28/13	16.00	67.04
257432	4	T1019 TT		08/29/13	08/29/13	16.00	67.04
257432	5	T1019 TT		08/30/13	08/30/13	15.00	62.85
						CLAIM TOTAL	331.01
						CLAIM ACCOUNT REF.	2574320012011788SUP

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
257301	1	T1019		08/26/13	08/26/13	20.00	78.80
257301	2	T1019		08/30/13	08/30/13	20.00	78.80
						CLAIM TOTAL	157.60
						CLAIM ACCOUNT REF.	2573010012011797SUP

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
257331	1	S5125		08/24/13	08/24/13	28.00	110.32

REPORT DATE 09/04/13 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	
257331	2	S5125		08/26/13	08/26/13	28.00	110.32	
257331	3	S5125		08/27/13	08/27/13	28.00	110.32	
257331	4	S5125		08/28/13	08/28/13	28.00	110.32	
257331	5	S5125		08/29/13	08/29/13	28.00	110.32	
257331	6	S5125		08/30/13	08/30/13	28.00	110.32	
				CLAIM TOTAL		661.92		CLAIM ACCOUNT REF. 2573310012011800SUP

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	
257333	1	S5125		08/24/13	08/24/13	28.00	110.32	
257333	2	S5125		08/25/13	08/25/13	28.00	110.32	
257333	3	S5125		08/26/13	08/26/13	28.00	110.32	
257333	4	S5125		08/27/13	08/27/13	28.00	110.32	
257333	5	S5125		08/28/13	08/28/13	28.00	110.32	
257333	6	S5125		08/29/13	08/29/13	27.00	106.38	
257333	7	S5125		08/30/13	08/30/13	28.00	110.32	
				CLAIM TOTAL		768.30		CLAIM ACCOUNT REF. 2573330012011801SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011821	2011821	GONZALEZ, CARMEN	08/15/1948	GNT0098100	12/20/2003-00011-0061
DIAGNOSIS	CODES:	138.					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
257336	1	T1030		06/27/13	06/27/13	1.00	90.00	
257336	2	T1030		07/24/13	07/24/13	1.00	90.00	
				CLAIM TOTAL		180.00		CLAIM ACCOUNT REF. 2573360012011821SUP

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	
257337	1	S5125		08/26/13	08/26/13	16.00	63.04	
257337	2	S5125		08/27/13	08/27/13	16.00	63.04	
257337	3	S5125		08/28/13	08/28/13	16.00	63.04	
257337	4	S5125		08/29/13	08/29/13	16.00	63.04	
				CLAIM TOTAL		252.16		CLAIM ACCOUNT REF. 2573370012011821SUP

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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 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	
257338	1	T1019		08/26/13	08/26/13	16.00	63.04	
257338	2	T1019		08/28/13	08/28/13	16.00	63.04	
257338	3	T1019		08/30/13	08/30/13	16.00	63.04	
CLAIM TOTAL							189.12	CLAIM ACCOUNT REF. 2573380012011822SUP

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	
257345	1	S5125		08/26/13	08/26/13	24.00	94.56	
257345	2	S5125		08/27/13	08/27/13	24.00	94.56	
257345	3	S5125		08/29/13	08/29/13	24.00	94.56	
257345	4	S5125		08/30/13	08/30/13	24.00	94.56	
CLAIM TOTAL							378.24	CLAIM ACCOUNT REF. 2573450012011823SUP

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	
257346	1	S5125		08/24/13	08/24/13	16.00	63.04	
257346	2	S5125		08/25/13	08/25/13	16.00	63.04	
257346	3	S5125		08/26/13	08/26/13	30.00	118.20	
257346	4	S5125		08/27/13	08/27/13	26.00	102.44	
257346	5	S5125		08/28/13	08/28/13	30.00	118.20	
257346	6	S5125		08/29/13	08/29/13	26.00	102.44	
257346	7	S5125		08/30/13	08/30/13	30.00	118.20	
CLAIM TOTAL							685.56	CLAIM ACCOUNT REF. 2573460012011824SUP

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	
257428	1	T1019		08/26/13	08/26/13	20.00	78.80	
257428	2	T1019		08/27/13	08/27/13	20.00	78.80	
257428	3	T1019		08/28/13	08/28/13	20.00	78.80	
257428	4	T1019		08/29/13	08/29/13	20.00	78.80	

REPORT DATE 09/04/13 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
257428	5	T1019		08/30/13	08/30/13	20.00	78.80
CLAIM TOTAL							394.00
CLAIM ACCOUNT REF.							2574280012011841SUP

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
257374	1	S5125		08/24/13	08/24/13	24.00	94.56
257374	2	S5125		08/25/13	08/25/13	24.00	94.56
257374	3	S5125		08/26/13	08/26/13	24.00	94.56
257374	4	S5125		08/27/13	08/27/13	24.00	94.56
257374	5	S5125		08/28/13	08/28/13	24.00	94.56
257374	6	S5125		08/29/13	08/29/13	24.00	94.56
257374	7	S5125		08/30/13	08/30/13	24.00	94.56
CLAIM TOTAL							661.92
CLAIM ACCOUNT REF.							2573740012011844SUP

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
257364	1	S5125		08/27/13	08/27/13	16.00	63.04
257364	2	S5125		08/28/13	08/28/13	16.00	63.04
257364	3	S5125		08/29/13	08/29/13	16.00	63.04
CLAIM TOTAL							189.12
CLAIM ACCOUNT REF.							2573640012011845SUP

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
257459	1	S5125		08/26/13	08/26/13	32.00	126.08
257459	2	S5125		08/27/13	08/27/13	32.00	126.08
257459	3	S5125		08/28/13	08/28/13	32.00	126.08
257459	4	S5125		08/29/13	08/29/13	32.00	126.08
257459	5	S5125		08/30/13	08/30/13	32.00	126.08
CLAIM TOTAL							630.40
CLAIM ACCOUNT REF.							2574590012011846SUP

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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 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
257405	1	S5125		08/24/13	08/24/13	32.00	126.08
257405	2	S5125		08/25/13	08/25/13	32.00	126.08
257405	3	S5125		08/26/13	08/26/13	40.00	157.60
257405	4	S5125		08/27/13	08/27/13	40.00	157.60
257405	5	S5125		08/28/13	08/28/13	40.00	157.60
257405	6	S5125		08/29/13	08/29/13	40.00	157.60
257405	7	S5125		08/30/13	08/30/13	40.00	157.60
CLAIM TOTAL						1,040.16	CLAIM ACCOUNT REF. 2574050012011847SUP

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
257357	1	S5125		08/24/13	08/24/13	16.00	63.04
257357	2	S5125		08/25/13	08/25/13	16.00	63.04
257357	3	S5125		08/26/13	08/26/13	32.00	126.08
257357	4	S5125		08/27/13	08/27/13	32.00	126.08
257357	5	S5125		08/28/13	08/28/13	32.00	126.08
257357	6	S5125		08/29/13	08/29/13	32.00	126.08
257357	7	S5125		08/30/13	08/30/13	32.00	126.08
CLAIM TOTAL						756.48	CLAIM ACCOUNT REF. 2573570012011848SUP

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
257430	1	S5125		08/24/13	08/24/13	32.00	126.08
257430	2	S5125		08/25/13	08/25/13	32.00	126.08
257430	3	S5125		08/26/13	08/26/13	32.00	126.08
257430	4	S5125		08/27/13	08/27/13	32.00	126.08
257430	5	S5125		08/28/13	08/28/13	32.00	126.08
257430	6	S5125		08/29/13	08/29/13	31.00	122.14
257430	7	S5125		08/30/13	08/30/13	32.00	126.08
CLAIM TOTAL						878.62	CLAIM ACCOUNT REF. 2574300012011851SUP

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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 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
257328	1	S5125		08/26/13	08/26/13	16.00	63.04
257328	2	S5125		08/27/13	08/27/13	16.00	63.04
257328	3	S5125		08/28/13	08/28/13	16.00	63.04
257328	4	S5125		08/29/13	08/29/13	16.00	63.04
CLAIM TOTAL						252.16	CLAIM ACCOUNT REF. 2573280012011852SUP

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
257360	1	S5125		08/25/13	08/25/13	24.00	94.56
257360	2	S5125		08/26/13	08/26/13	28.00	110.32
257360	3	S5125		08/27/13	08/27/13	28.00	110.32
257360	4	S5125		08/28/13	08/28/13	28.00	110.32
257360	5	S5125		08/29/13	08/29/13	27.00	106.38
257360	6	S5125		08/30/13	08/30/13	28.00	110.32
CLAIM TOTAL						642.22	CLAIM ACCOUNT REF. 2573600012011854SUP

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
257355	1	T1019		08/26/13	08/26/13	16.00	63.04
257355	2	T1019		08/28/13	08/28/13	16.00	63.04
CLAIM TOTAL						126.08	CLAIM ACCOUNT REF. 2573550012011855SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011859 2011859 SANTIAGO, IVETH 10/24/1945 93703401100 6/20/2012-00649-0017
DIAGNOSIS CODES: 428.32 250.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
257431	1	T1030		08/24/13	08/24/13	7.00	630.00
257431	2	T1030		08/25/13	08/25/13	6.75	607.50
257431	3	T1030		08/26/13	08/26/13	7.00	630.00
257431	4	T1030		08/27/13	08/27/13	6.75	607.50
257431	5	T1030		08/28/13	08/28/13	7.00	630.00
257431	6	T1030		08/29/13	08/29/13	7.00	630.00

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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	
257431	7	T1030		08/30/13	08/30/13	7.00	630.00	
					CLAIM TOTAL		4,365.00	CLAIM ACCOUNT REF. 2574310012011859SUP

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	
257378	1	S5125		08/24/13	08/24/13	20.00	78.80	
257378	2	S5125		08/25/13	08/25/13	20.00	78.80	
257378	3	S5125		08/26/13	08/26/13	24.00	94.56	
257378	4	S5125		08/27/13	08/27/13	24.00	94.56	
257378	5	S5125		08/28/13	08/28/13	24.00	94.56	
257378	6	S5125		08/29/13	08/29/13	24.00	94.56	
257378	7	S5125		08/30/13	08/30/13	24.00	94.56	
					CLAIM TOTAL		630.40	CLAIM ACCOUNT REF. 2573780012011860SUP

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	
257440	1	T1019		08/25/13	08/25/13	24.00	94.56	
257440	2	T1019		08/26/13	08/26/13	32.00	126.08	
257440	3	T1019		08/27/13	08/27/13	32.00	126.08	
257440	4	T1019		08/28/13	08/28/13	32.00	126.08	
257440	5	T1019		08/29/13	08/29/13	32.00	126.08	
257440	6	T1019		08/30/13	08/30/13	32.00	126.08	
					CLAIM TOTAL		724.96	CLAIM ACCOUNT REF. 2574400012011861SUP

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	
257449	1	T1019		08/26/13	08/26/13	20.00	78.80	
257449	2	T1019		08/27/13	08/27/13	20.00	78.80	
257449	3	T1019		08/28/13	08/28/13	20.00	78.80	
257449	4	T1019		08/29/13	08/29/13	20.00	78.80	
257449	5	T1019		08/30/13	08/30/13	20.00	78.80	
					CLAIM TOTAL		394.00	CLAIM ACCOUNT REF. 2574490012011862SUP

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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 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	
257388	1	S5125		08/24/13	08/24/13	16.00	63.04	
257388	2	S5125		08/25/13	08/25/13	16.00	63.04	
257388	3	S5125		08/26/13	08/26/13	16.00	63.04	
257388	4	S5125		08/27/13	08/27/13	16.00	63.04	
257388	5	S5125		08/28/13	08/28/13	16.00	63.04	
257388	6	S5125		08/29/13	08/29/13	16.00	63.04	
257388	7	S5125		08/30/13	08/30/13	16.00	63.04	
CLAIM TOTAL							441.28	CLAIM ACCOUNT REF. 2573880012011863SUP

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	
257347	1	S5125		08/24/13	08/24/13	96.00	378.24	
257347	2	S5125		08/25/13	08/25/13	96.00	378.24	
257347	3	S5125		08/26/13	08/26/13	80.00	315.20	
257347	4	S5125		08/27/13	08/27/13	80.00	315.20	
257347	5	S5125		08/28/13	08/28/13	80.00	315.20	
257347	6	S5125		08/29/13	08/29/13	80.00	315.20	
CLAIM TOTAL							2,017.28	CLAIM ACCOUNT REF. 2573470012011864SUP

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	
257326	1	S5125		08/24/13	08/24/13	16.00	63.04	
257326	2	S5125		08/25/13	08/25/13	16.00	63.04	
257326	3	S5125		08/26/13	08/26/13	16.00	63.04	
257326	4	S5125		08/27/13	08/27/13	16.00	63.04	
257326	5	S5125		08/28/13	08/28/13	16.00	63.04	
257326	6	S5125		08/29/13	08/29/13	16.00	63.04	
257326	7	S5125		08/30/13	08/30/13	16.00	63.04	
CLAIM TOTAL							441.28	CLAIM ACCOUNT REF. 2573260012011866SUP

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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 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	
257387	1	S5125 TT		08/24/13	08/24/13	20.00	83.80	
257387	2	S5125 TT		08/25/13	08/25/13	20.00	83.80	
257387	3	S5125 TT		08/26/13	08/26/13	20.00	83.80	
257387	4	S5125 TT		08/28/13	08/28/13	32.00	134.08	
257387	5	S5125 TT		08/30/13	08/30/13	32.00	134.08	
CLAIM TOTAL							519.56	CLAIM ACCOUNT REF. 2573870012011871SUP

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	
257373	1	T1019		08/26/13	08/26/13	20.00	78.80	
257373	2	T1019		08/27/13	08/27/13	20.00	78.80	
257373	3	T1019		08/28/13	08/28/13	20.00	78.80	
257373	4	T1019		08/29/13	08/29/13	20.00	78.80	
257373	5	T1019		08/30/13	08/30/13	20.00	78.80	
CLAIM TOTAL							394.00	CLAIM ACCOUNT REF. 2573730012011877SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011912 2011912 CANINO, CARMEN 12/06/1941 GNT0279200 5/26/2005-00169-0064
DIAGNOSIS CODES: 715.00 250.00 401.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
257297	1	T1030		07/02/13	07/02/13	1.00	90.00	
CLAIM TOTAL							90.00	CLAIM ACCOUNT REF. 2572970012011912SUP

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	
257298	1	S5125		08/24/13	08/24/13	16.00	63.04	
257298	2	S5125		08/25/13	08/25/13	16.00	63.04	
257298	3	S5125		08/26/13	08/26/13	24.00	94.56	
257298	4	S5125		08/27/13	08/27/13	24.00	94.56	
257298	5	S5125		08/28/13	08/28/13	24.00	94.56	
257298	6	S5125		08/29/13	08/29/13	24.00	94.56	
CLAIM TOTAL							504.32	CLAIM ACCOUNT REF. 2572980012011912SUP

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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 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
257394	1	S5125		08/23/13	08/23/13	16.00	63.04
257394	2	S5125		08/28/13	08/28/13	16.00	63.04
257394	3	S5125		08/29/13	08/29/13	16.00	63.04
CLAIM TOTAL							189.12
CLAIM ACCOUNT REF.							2573940012011913SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011953 2011953 DE LA CRUZ, AGUSTINA 08/28/1935 GNT030536 2/1/2006-00399-0071
DIAGNOSIS CODES: 716.50

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
257309	1	T1030		06/27/13	06/27/13	1.00	90.00
CLAIM TOTAL							90.00
CLAIM ACCOUNT REF.							2573090012011953SUP

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
257310	1	T1030		07/10/13	07/10/13	1.00	90.00
257310	2	T1030		07/25/13	07/25/13	1.00	90.00
257310	3	S5125		08/24/13	08/24/13	16.00	63.04
257310	4	S5125		08/25/13	08/25/13	16.00	63.04
257310	5	S5125		08/26/13	08/26/13	22.00	86.68
257310	6	S5125		08/27/13	08/27/13	22.00	86.68
257310	7	S5125		08/28/13	08/28/13	22.00	86.68
257310	8	S5125		08/29/13	08/29/13	22.00	86.68
257310	9	S5125		08/30/13	08/30/13	20.00	78.80
CLAIM TOTAL							731.60
CLAIM ACCOUNT REF.							2573100012011953SUP

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
257367	1	S5126		08/24/13	08/24/13	1.00	200.00
257367	2	S5126		08/25/13	08/25/13	1.00	200.00
257367	3	S5126		08/26/13	08/26/13	1.00	200.00
257367	4	S5126		08/27/13	08/27/13	1.00	200.00
257367	5	S5126		08/28/13	08/28/13	1.00	200.00

REPORT DATE 09/04/13 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	
257367	6	S5126		08/29/13	08/29/13	1.00	200.00	
257367	7	S5126		08/30/13	08/30/13	1.00	200.00	
CLAIM TOTAL							1,400.00	CLAIM ACCOUNT REF. 2573670012011957SUP

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	
257293	1	S5125		08/24/13	08/24/13	18.00	70.92	
257293	2	S5125		08/26/13	08/26/13	20.00	78.80	
257293	3	S5125		08/27/13	08/27/13	20.00	78.80	
257293	4	S5125		08/28/13	08/28/13	20.00	78.80	
257293	5	S5125		08/29/13	08/29/13	14.00	55.16	
257293	6	S5125		08/30/13	08/30/13	20.00	78.80	
CLAIM TOTAL							441.28	CLAIM ACCOUNT REF. 2572930012011960SUP

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	
257377	1	T1019		08/26/13	08/26/13	20.00	78.80	
257377	2	T1019		08/27/13	08/27/13	20.00	78.80	
257377	3	T1019		08/28/13	08/28/13	20.00	78.80	
257377	4	T1019		08/29/13	08/29/13	20.00	78.80	
257377	5	T1019		08/30/13	08/30/13	20.00	78.80	
CLAIM TOTAL							394.00	CLAIM ACCOUNT REF. 2573770012011967SUP

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	
257299	1	S5125		08/26/13	08/26/13	16.00	63.04	
257299	2	S5125		08/27/13	08/27/13	16.00	63.04	
257299	3	S5125		08/28/13	08/28/13	16.00	63.04	
257299	4	S5125		08/30/13	08/30/13	16.00	63.04	
CLAIM TOTAL							252.16	CLAIM ACCOUNT REF. 2572990012011978SUP

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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 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
257291	1	S5125		08/25/13	08/25/13	32.00	126.08
257291	2	S5125		08/26/13	08/26/13	32.00	126.08
257291	3	S5125		08/27/13	08/27/13	32.00	126.08
257291	4	S5125		08/28/13	08/28/13	32.00	126.08
257291	5	S5125		08/29/13	08/29/13	32.00	126.08
257291	6	S5125		08/30/13	08/30/13	32.00	126.08
CLAIM TOTAL							756.48
CLAIM ACCOUNT REF.							2572910012011979SUP

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
257349	1	S5125		08/24/13	08/24/13	20.00	78.80
257349	2	S5125		08/25/13	08/25/13	20.00	78.80
CLAIM TOTAL							157.60
CLAIM ACCOUNT REF.							2573490012011980SUP

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
257447	1	S5126		08/24/13	08/24/13	1.00	200.00
257447	2	S5126		08/25/13	08/25/13	1.00	200.00
257447	3	S5126		08/26/13	08/26/13	1.00	200.00
257447	4	S5126		08/27/13	08/27/13	1.00	200.00
257447	5	S5126		08/29/13	08/29/13	1.00	200.00
257447	6	S5126		08/30/13	08/30/13	1.00	200.00
CLAIM TOTAL							1,200.00
CLAIM ACCOUNT REF.							2574470012011982SUP

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
257442	1	S5125		08/24/13	08/24/13	16.00	63.04
257442	2	S5125		08/25/13	08/25/13	16.00	63.04
257442	3	S5125		08/26/13	08/26/13	20.00	78.80
257442	4	S5125		08/27/13	08/27/13	20.00	78.80

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
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PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
257442	5	S5125		08/28/13	08/28/13	20.00	78.80	
257442	6	S5125		08/29/13	08/29/13	17.00	66.98	
257442	7	S5125		08/30/13	08/30/13	20.00	78.80	
					CLAIM TOTAL		508.26	CLAIM ACCOUNT REF. 2574420012011983SUP

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	
257423	1	S5125 TT		08/24/13	08/24/13	12.00	50.28	
257423	2	S5125 TT		08/25/13	08/25/13	12.00	50.28	
257423	3	S5125 TT		08/26/13	08/26/13	12.00	50.28	
257423	4	S5125 TT		08/27/13	08/27/13	12.00	50.28	
257423	5	S5125 TT		08/28/13	08/28/13	12.00	50.28	
257423	6	S5125 TT		08/29/13	08/29/13	12.00	50.28	
257423	7	S5125 TT		08/30/13	08/30/13	12.00	50.28	
					CLAIM TOTAL		351.96	CLAIM ACCOUNT REF. 2574230012011986SUP

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	
257424	1	S5125 TT		08/24/13	08/24/13	12.00	50.28	
257424	2	S5125 TT		08/25/13	08/25/13	12.00	50.28	
257424	3	S5125 TT		08/26/13	08/26/13	12.00	50.28	
257424	4	S5125 TT		08/27/13	08/27/13	12.00	50.28	
257424	5	S5125 TT		08/28/13	08/28/13	12.00	50.28	
257424	6	S5125 TT		08/29/13	08/29/13	12.00	50.28	
257424	7	S5125 TT		08/30/13	08/30/13	12.00	50.28	
					CLAIM TOTAL		351.96	CLAIM ACCOUNT REF. 2574240012011987SUP

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	
257414	1	S5125		08/26/13	08/26/13	28.00	110.32	
257414	2	S5125		08/27/13	08/27/13	28.00	110.32	
257414	3	S5125		08/28/13	08/28/13	28.00	110.32	
257414	4	S5125		08/29/13	08/29/13	27.00	106.38	
257414	5	S5125		08/30/13	08/30/13	28.00	110.32	

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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.
							547.66	2574140012011988SUP
						CLAIM TOTAL		

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	CLAIM ACCOUNT REF.
257332	1	S5125		08/26/13	08/26/13	28.00	110.32	
257332	2	S5125		08/27/13	08/27/13	28.00	110.32	
257332	3	S5125		08/29/13	08/29/13	28.00	110.32	
257332	4	S5125		08/30/13	08/30/13	28.00	110.32	
						CLAIM TOTAL	441.28	2573320012012000SUP

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	CLAIM ACCOUNT REF.
257410	1	T1019 TT		08/24/13	08/24/13	24.00	100.56	
257410	2	T1019 TT		08/25/13	08/25/13	24.00	100.56	
257410	3	T1019 TT		08/26/13	08/26/13	24.00	100.56	
257410	4	T1019 TT		08/27/13	08/27/13	24.00	100.56	
257410	5	T1019 TT		08/28/13	08/28/13	24.00	100.56	
257410	6	T1019 TT		08/29/13	08/29/13	24.00	100.56	
257410	7	T1019 TT		08/30/13	08/30/13	24.00	100.56	
						CLAIM TOTAL	703.92	2574100012012001SUP

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	CLAIM ACCOUNT REF.
257365	1	T1019		08/24/13	08/24/13	24.00	94.56	
257365	2	T1019		08/26/13	08/26/13	24.00	94.56	
257365	3	T1019		08/27/13	08/27/13	24.00	94.56	
257365	4	T1019		08/28/13	08/28/13	24.00	94.56	
257365	5	T1019		08/29/13	08/29/13	24.00	94.56	
257365	6	T1019		08/30/13	08/30/13	24.00	94.56	
						CLAIM TOTAL	567.36	2573650012012018SUP

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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 9/7/2012-00083-0008
DIAGNOSIS CODES: 428.9 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
257322	1	T1030		06/28/13	06/28/13	1.00	90.00
CLAIM TOTAL							90.00

CLAIM ACCOUNT REF. 2573220012012026SUP

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
257323	1	T1030		07/24/13	07/24/13	1.00	90.00
257323	2	S5125		08/26/13	08/26/13	24.00	94.56
257323	3	S5125		08/28/13	08/28/13	24.00	94.56
257323	4	S5125		08/30/13	08/30/13	24.00	94.56
CLAIM TOTAL							373.68

CLAIM ACCOUNT REF. 2573230012012026SUP

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
257340	1	T1019		08/24/13	08/24/13	20.00	78.80
257340	2	T1019		08/25/13	08/25/13	20.00	78.80
257340	3	T1019		08/26/13	08/26/13	24.00	94.56
257340	4	T1019		08/27/13	08/27/13	24.00	94.56
257340	5	T1019		08/28/13	08/28/13	24.00	94.56
257340	6	T1019		08/29/13	08/29/13	24.00	94.56
257340	7	T1019		08/30/13	08/30/13	24.00	94.56
CLAIM TOTAL							630.40

CLAIM ACCOUNT REF. 2573400012012037SUP

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
257417	1	S5125		08/25/13	08/25/13	24.00	94.56
257417	2	S5125		08/26/13	08/26/13	28.00	110.32
257417	3	S5125		08/27/13	08/27/13	28.00	110.32
257417	4	S5125		08/28/13	08/28/13	28.00	110.32
257417	5	S5125		08/29/13	08/29/13	28.00	110.32
257417	6	S5125		08/30/13	08/30/13	28.00	110.32

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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	646.16	2574170012012056SUP

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	CLAIM ACCOUNT REF.
257304	1	S5125	TT	08/24/13	08/24/13	12.00	50.28	
257304	2	S5125	TT	08/25/13	08/25/13	12.00	50.28	
257304	3	S5125	TT	08/26/13	08/26/13	12.00	50.28	
257304	4	S5125	TT	08/27/13	08/27/13	12.00	50.28	
257304	5	S5125	TT	08/28/13	08/28/13	12.00	50.28	
257304	6	S5125	TT	08/29/13	08/29/13	12.00	50.28	
257304	7	S5125	TT	08/30/13	08/30/13	12.00	50.28	
						CLAIM TOTAL	351.96	2573040012012059SUP

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	CLAIM ACCOUNT REF.
257306	1	S5125		08/24/13	08/24/13	16.00	63.04	
257306	2	S5125		08/25/13	08/25/13	16.00	63.04	
257306	3	S5125		08/26/13	08/26/13	48.00	189.12	
257306	4	S5125		08/27/13	08/27/13	48.00	189.12	
257306	5	S5125		08/28/13	08/28/13	48.00	189.12	
257306	6	S5125		08/29/13	08/29/13	48.00	189.12	
257306	7	S5125		08/30/13	08/30/13	48.00	189.12	
						CLAIM TOTAL	1,071.68	2573060012012060SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012061	2012061	ENCARNACION, 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	CLAIM ACCOUNT REF.
257318	1	T1019	TT	08/26/13	08/26/13	12.00	50.28	
257318	2	T1019	TT	08/27/13	08/27/13	12.00	50.28	
257318	3	T1019	TT	08/28/13	08/28/13	12.00	50.28	
257318	4	T1019	TT	08/29/13	08/29/13	12.00	50.28	
257318	5	T1019	TT	08/30/13	08/30/13	12.00	50.28	
						CLAIM TOTAL	251.40	2573180012012061SUP

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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
257363	1	T1019		08/24/13	08/24/13	24.00	94.56
257363	2	T1019		08/26/13	08/26/13	24.00	94.56
257363	3	T1019		08/27/13	08/27/13	24.00	94.56
257363	4	T1019		08/28/13	08/28/13	24.00	94.56
257363	5	T1019		08/30/13	08/30/13	24.00	94.56
CLAIM TOTAL							472.80
							CLAIM ACCOUNT REF. 2573630012012062SUP

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
257376	1	S5125		08/24/13	08/24/13	24.00	94.56
257376	2	S5125		08/25/13	08/25/13	24.00	94.56
257376	3	S5125		08/26/13	08/26/13	24.00	94.56
257376	4	S5125		08/27/13	08/27/13	24.00	94.56
257376	5	S5125		08/28/13	08/28/13	24.00	94.56
257376	6	S5125		08/29/13	08/29/13	24.00	94.56
257376	7	S5125		08/30/13	08/30/13	23.00	90.62
CLAIM TOTAL							657.98
							CLAIM ACCOUNT REF. 2573760012012071SUP

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
257392	1	T1019		08/24/13	08/24/13	40.00	157.60
257392	2	T1019		08/25/13	08/25/13	40.00	157.60
257392	3	T1019		08/26/13	08/26/13	40.00	157.60
257392	4	T1019		08/27/13	08/27/13	40.00	157.60
257392	5	T1019		08/28/13	08/28/13	40.00	157.60
257392	6	T1019		08/29/13	08/29/13	40.00	157.60
257392	7	T1019		08/30/13	08/30/13	40.00	157.60
CLAIM TOTAL							1,103.20
							CLAIM ACCOUNT REF. 2573920012012073SUP

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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	
257452	1	S5125		08/26/13	08/26/13	8.00	31.52	
257452	2	S5125		08/28/13	08/28/13	8.00	31.52	
257452	3	S5125		08/29/13	08/29/13	8.00	31.52	
257452	4	S5125		08/30/13	08/30/13	8.00	31.52	
CLAIM TOTAL							126.08	CLAIM ACCOUNT REF. 2574520012012077SUP

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	
257453	1	S5131		08/24/13	08/24/13	16.00	58.40	
CLAIM TOTAL							58.40	CLAIM ACCOUNT REF. 2574530012012079SUP

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	
257427	1	S5125		08/26/13	08/26/13	24.00	94.56	
257427	2	S5125		08/27/13	08/27/13	24.00	94.56	
257427	3	S5125		08/28/13	08/28/13	24.00	94.56	
257427	4	S5125		08/29/13	08/29/13	24.00	94.56	
257427	5	S5125		08/30/13	08/30/13	24.00	94.56	
CLAIM TOTAL							472.80	CLAIM ACCOUNT REF. 2574270012012082SUP

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	
257425	1	S5125 TT		08/24/13	08/24/13	28.00	117.32	
257425	2	S5125 TT		08/25/13	08/25/13	28.00	117.32	
257425	3	S5125 TT		08/26/13	08/26/13	20.00	83.80	
257425	4	S5125 TT		08/27/13	08/27/13	20.00	83.80	
257425	5	S5125 TT		08/28/13	08/28/13	20.00	83.80	
257425	6	S5125 TT		08/29/13	08/29/13	20.00	83.80	
257425	7	S5125 TT		08/30/13	08/30/13	20.00	83.80	
CLAIM TOTAL							653.64	CLAIM ACCOUNT REF. 2574250012012084SUP

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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	
257450	1	S5125		08/24/13	08/24/13	20.00	78.80	
257450	2	S5125		08/25/13	08/25/13	20.00	78.80	
257450	3	S5125		08/26/13	08/26/13	44.00	173.36	
257450	4	S5125		08/27/13	08/27/13	44.00	173.36	
257450	5	S5125		08/28/13	08/28/13	44.00	173.36	
257450	6	S5125		08/29/13	08/29/13	44.00	173.36	
257450	7	S5125		08/30/13	08/30/13	44.00	173.36	
CLAIM TOTAL						1,024.40	CLAIM ACCOUNT REF.	2574500012012091SUP

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	
257324	1	S5125		08/24/13	08/24/13	24.00	94.56	
257324	2	S5125		08/29/13	08/29/13	24.00	94.56	
257324	3	S5125		08/30/13	08/30/13	24.00	94.56	
CLAIM TOTAL						283.68	CLAIM ACCOUNT REF.	2573240012012112SUP

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	
257408	1	S5125		08/24/13	08/24/13	32.00	126.08	
257408	2	S5125		08/25/13	08/25/13	32.00	126.08	
257408	3	S5125		08/26/13	08/26/13	32.00	126.08	
257408	4	S5125		08/27/13	08/27/13	32.00	126.08	
257408	5	S5125		08/28/13	08/28/13	32.00	126.08	
257408	6	S5125		08/29/13	08/29/13	32.00	126.08	
CLAIM TOTAL						756.48	CLAIM ACCOUNT REF.	2574080012012113SUP

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	
257445	1	T1019 TT		08/24/13	08/24/13	20.00	83.80	
257445	2	T1019 TT		08/25/13	08/25/13	20.00	83.80	

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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	
257445	3	T1019	TT		08/26/13	08/26/13	20.00	83.80	
257445	4	T1019	TT		08/27/13	08/27/13	20.00	83.80	
257445	5	T1019	TT		08/28/13	08/28/13	20.00	83.80	
257445	6	T1019	TT		08/29/13	08/29/13	20.00	83.80	
257445	7	T1019	TT		08/30/13	08/30/13	20.00	83.80	
					CLAIM TOTAL			586.60	CLAIM ACCOUNT REF. 2574450012012160SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012164	2012164	CALDERON, JUSTINA	10/26/1929	GNT00036800	12/17/2003-00077-0065
DIAGNOSIS	CODES:	250.00	401.9	493.90	716.90		

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
257295	1	T1030			06/24/13	06/24/13	1.00	90.00	
					CLAIM TOTAL			90.00	CLAIM ACCOUNT REF. 2572950012012164SUP

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	
257296	1	T1030			07/01/13	07/01/13	1.00	90.00	
257296	2	T1030			07/08/13	07/08/13	1.00	90.00	
257296	3	T1030			07/15/13	07/15/13	1.00	90.00	
257296	4	T1030			07/22/13	07/22/13	1.00	90.00	
257296	5	T1030			07/29/13	07/29/13	1.00	90.00	
257296	6	S5125			08/24/13	08/24/13	48.00	189.12	
257296	7	S5125			08/25/13	08/25/13	48.00	189.12	
257296	8	S5125			08/26/13	08/26/13	48.00	189.12	
257296	9	S5125			08/27/13	08/27/13	48.00	189.12	
257296	10	S5125			08/28/13	08/28/13	48.00	189.12	
257296	11	S5125			08/29/13	08/29/13	48.00	189.12	
257296	12	S5125			08/30/13	08/30/13	48.00	189.12	
					CLAIM TOTAL			1,773.84	CLAIM ACCOUNT REF. 2572960012012164SUP

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	
257446	1	S5125			08/26/13	08/26/13	16.00	63.04	
257446	2	S5125			08/27/13	08/27/13	16.00	63.04	
257446	3	S5125			08/28/13	08/28/13	16.00	63.04	
257446	4	S5125			08/29/13	08/29/13	16.00	63.04	

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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	
257446	5	S5125		08/30/13	08/30/13	16.00	63.04	
					CLAIM TOTAL		315.20	CLAIM ACCOUNT REF. 2574460012012168SUP

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	
257418	1	T1019		08/26/13	08/26/13	16.00	63.04	
257418	2	T1019		08/27/13	08/27/13	16.00	63.04	
257418	3	T1019		08/28/13	08/28/13	16.00	63.04	
257418	4	T1019		08/29/13	08/29/13	16.00	63.04	
257418	5	T1019		08/30/13	08/30/13	16.00	63.04	
					CLAIM TOTAL		315.20	CLAIM ACCOUNT REF. 2574180012012182SUP

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	
257308	1	S5125		08/26/13	08/26/13	12.00	47.28	
257308	2	S5125		08/28/13	08/28/13	12.00	47.28	
257308	3	S5125		08/30/13	08/30/13	12.00	47.28	
					CLAIM TOTAL		141.84	CLAIM ACCOUNT REF. 2573080012012185SUP

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	
257439	1	T1019		08/24/13	08/24/13	32.00	126.08	
257439	2	T1019		08/25/13	08/25/13	32.00	126.08	
257439	3	T1019		08/26/13	08/26/13	32.00	126.08	
257439	4	T1019		08/27/13	08/27/13	32.00	126.08	
257439	5	T1019		08/28/13	08/28/13	32.00	126.08	
257439	6	T1019		08/29/13	08/29/13	32.00	126.08	
257439	7	T1019		08/30/13	08/30/13	32.00	126.08	
					CLAIM TOTAL		882.56	CLAIM ACCOUNT REF. 2574390012012197SUP

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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 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
257395	1	S5125		08/24/13	08/24/13	28.00	110.32
257395	2	S5125		08/26/13	08/26/13	28.00	110.32
257395	3	S5125		08/27/13	08/27/13	28.00	110.32
257395	4	S5125		08/28/13	08/28/13	28.00	110.32
257395	5	S5125		08/29/13	08/29/13	28.00	110.32
257395	6	S5125		08/30/13	08/30/13	28.00	110.32
CLAIM TOTAL						661.92	CLAIM ACCOUNT REF. 2573950012012225SUP

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
257348	1	T1019		08/24/13	08/24/13	32.00	126.08
257348	2	T1019		08/25/13	08/25/13	32.00	126.08
257348	3	T1019		08/26/13	08/26/13	32.00	126.08
257348	4	T1019		08/27/13	08/27/13	32.00	126.08
257348	5	T1019		08/28/13	08/28/13	32.00	126.08
257348	6	T1019		08/29/13	08/29/13	32.00	126.08
257348	7	T1019		08/30/13	08/30/13	32.00	126.08
CLAIM TOTAL						882.56	CLAIM ACCOUNT REF. 2573480012012309SUP

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
257320	1	T1019		08/24/13	08/24/13	21.00	82.74
257320	2	T1019		08/25/13	08/25/13	20.00	78.80
CLAIM TOTAL						161.54	CLAIM ACCOUNT REF. 2573200012012493SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012493 2012493 ESPINOZA, LUPE E 08/06/1929 GNT06559300 1/17/2013-00685-0007
DIAGNOSIS CODES: 331.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
257321	1	T1019		08/26/13	08/26/13	48.00	189.12
257321	2	T1019		08/27/13	08/27/13	48.00	189.12
257321	3	T1019		08/28/13	08/28/13	48.00	189.12

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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	
257321	4	T1019		08/29/13	08/29/13	48.00	189.12	
257321	5	T1019		08/30/13	08/30/13	48.00	189.12	
					CLAIM TOTAL	945.60		CLAIM ACCOUNT REF. 2573210012012493SUP

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	
257419	1	S5125		08/25/13	08/25/13	16.00	63.04	
257419	2	S5125		08/26/13	08/26/13	20.00	78.80	
257419	3	S5125		08/27/13	08/27/13	20.00	78.80	
257419	4	S5125		08/28/13	08/28/13	20.00	78.80	
257419	5	S5125		08/29/13	08/29/13	20.00	78.80	
257419	6	S5125		08/30/13	08/30/13	20.00	78.80	
					CLAIM TOTAL	457.04		CLAIM ACCOUNT REF. 2574190012012496SUP

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	
257285	1	S5125		08/24/13	08/24/13	47.00	185.18	
257285	2	S5125		08/25/13	08/25/13	48.00	189.12	
257285	3	S5125		08/26/13	08/26/13	48.00	189.12	
257285	4	S5125		08/27/13	08/27/13	48.00	189.12	
257285	5	S5125		08/28/13	08/28/13	48.00	189.12	
257285	6	S5125		08/29/13	08/29/13	48.00	189.12	
257285	7	S5125		08/30/13	08/30/13	48.00	189.12	
					CLAIM TOTAL	1,319.90		CLAIM ACCOUNT REF. 2572850012012602SUP

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	
257409	1	T1020		08/24/13	08/24/13	1.00	200.00	
257409	2	T1020		08/25/13	08/25/13	1.00	200.00	
257409	3	T1020		08/26/13	08/26/13	1.00	200.00	
257409	4	T1020		08/27/13	08/27/13	1.00	200.00	
257409	5	T1020		08/28/13	08/28/13	1.00	200.00	
257409	6	T1020		08/29/13	08/29/13	1.00	200.00	
257409	7	T1020		08/30/13	08/30/13	1.00	200.00	

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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	CLAIM ACCOUNT REF.
						CLAIM TOTAL	1,400.00	2574090012012710SUP

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	CLAIM ACCOUNT REF.
257411	1	S5125		08/26/13	08/26/13	28.00	110.32	
257411	2	S5125		08/27/13	08/27/13	28.00	110.32	
257411	3	S5125		08/28/13	08/28/13	28.00	110.32	
257411	4	S5125		08/29/13	08/29/13	28.00	110.32	
						CLAIM TOTAL	441.28	2574110012012756SUP

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	CLAIM ACCOUNT REF.
257352	1	T1019		08/21/13	08/21/13	4.00	15.76	
257352	2	T1019		08/24/13	08/24/13	36.00	141.84	
257352	3	T1019		08/26/13	08/26/13	36.00	141.84	
257352	4	T1019		08/27/13	08/27/13	36.00	141.84	
257352	5	T1019		08/28/13	08/28/13	36.00	141.84	
257352	6	T1019		08/29/13	08/29/13	36.00	141.84	
257352	7	T1019		08/30/13	08/30/13	36.00	141.84	
						CLAIM TOTAL	866.80	2573520012012758SUP

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	CLAIM ACCOUNT REF.
257362	1	T1019		08/24/13	08/24/13	36.00	141.84	
257362	2	T1019		08/25/13	08/25/13	36.00	141.84	
257362	3	T1019		08/26/13	08/26/13	36.00	141.84	
257362	4	T1019		08/27/13	08/27/13	36.00	141.84	
257362	5	T1019		08/28/13	08/28/13	36.00	141.84	
257362	6	T1019		08/30/13	08/30/13	36.00	141.84	
						CLAIM TOTAL	851.04	2573620012012759SUP

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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
257443	1	T1019		08/24/13	08/24/13	32.00	126.08
257443	2	T1019		08/26/13	08/26/13	32.00	126.08
257443	3	T1019		08/27/13	08/27/13	32.00	126.08
257443	4	T1019		08/28/13	08/28/13	32.00	126.08
257443	5	T1019		08/29/13	08/29/13	32.00	126.08
257443	6	T1019		08/30/13	08/30/13	32.00	126.08
CLAIM TOTAL							756.48
							CLAIM ACCOUNT REF. 2574430012012778SUP

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
257433	1	T1019		08/24/13	08/24/13	32.00	126.08
257433	2	T1019		08/25/13	08/25/13	32.00	126.08
257433	3	T1019		08/26/13	08/26/13	32.00	126.08
257433	4	T1019		08/27/13	08/27/13	32.00	126.08
257433	5	T1019		08/28/13	08/28/13	32.00	126.08
257433	6	T1019		08/29/13	08/29/13	32.00	126.08
257433	7	T1019		08/30/13	08/30/13	32.00	126.08
CLAIM TOTAL							882.56
							CLAIM ACCOUNT REF. 2574330012013201SUP

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
257319	1	T1019		08/26/13	08/26/13	20.00	78.80
257319	2	T1019		08/27/13	08/27/13	20.00	78.80
257319	3	T1019		08/28/13	08/28/13	16.00	63.04
257319	4	T1019		08/29/13	08/29/13	16.00	63.04
CLAIM TOTAL							283.68
							CLAIM ACCOUNT REF. 2573190012013206SUP

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
257436	1	T1020		08/24/13	08/24/13	1.00	200.00

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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	
257436	2	T1020		08/25/13	08/25/13	1.00	200.00	
257436	3	T1020		08/26/13	08/26/13	1.00	200.00	
257436	4	T1020		08/27/13	08/27/13	1.00	200.00	
257436	5	T1020		08/28/13	08/28/13	1.00	200.00	
257436	6	T1020		08/29/13	08/29/13	1.00	200.00	
257436	7	T1020		08/30/13	08/30/13	1.00	200.00	
CLAIM TOTAL							1,400.00	CLAIM ACCOUNT REF. 2574360012013226SUP

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	
257393	1	S5125		08/26/13	08/26/13	24.00	94.56	
257393	2	S5125		08/27/13	08/27/13	24.00	94.56	
257393	3	S5125		08/28/13	08/28/13	24.00	94.56	
257393	4	S5125		08/29/13	08/29/13	24.00	94.56	
257393	5	S5125		08/30/13	08/30/13	24.00	94.56	
CLAIM TOTAL							472.80	CLAIM ACCOUNT REF. 2573930012013228SUP

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	
257390	1	S5125		08/24/13	08/24/13	48.00	189.12	
257390	2	S5125		08/25/13	08/25/13	48.00	189.12	
257390	3	S5125		08/26/13	08/26/13	48.00	189.12	
257390	4	S5125		08/27/13	08/27/13	48.00	189.12	
257390	5	S5125		08/28/13	08/28/13	48.00	189.12	
257390	6	S5125		08/29/13	08/29/13	48.00	189.12	
257390	7	S5125		08/30/13	08/30/13	48.00	189.12	
CLAIM TOTAL							1,323.84	CLAIM ACCOUNT REF. 2573900012013256SUP

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	
257369	1	T1019		08/06/13	08/06/13	24.00	94.56	
257369	2	T1019		08/24/13	08/24/13	20.00	78.80	
257369	3	T1019		08/26/13	08/26/13	48.00	189.12	
257369	4	T1019		08/27/13	08/27/13	48.00	189.12	

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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
257369	5	T1019		08/28/13	08/28/13	48.00	189.12
257369	6	T1019		08/29/13	08/29/13	48.00	189.12
257369	7	T1019		08/30/13	08/30/13	48.00	189.12
						CLAIM TOTAL	1,118.96
							CLAIM ACCOUNT REF. 2573690012013276SUP

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
257302	1	S5125		08/24/13	08/24/13	32.00	126.08
257302	2	S5125		08/25/13	08/25/13	32.00	126.08
257302	3	S5125		08/26/13	08/26/13	24.00	94.56
257302	4	S5125		08/27/13	08/27/13	24.00	94.56
257302	5	S5125		08/28/13	08/28/13	24.00	94.56
257302	6	S5125		08/29/13	08/29/13	32.00	126.08
257302	7	S5125		08/30/13	08/30/13	32.00	126.08
						CLAIM TOTAL	788.00
							CLAIM ACCOUNT REF. 2573020012013284SUP

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
257356	1	S5125		08/24/13	08/24/13	48.00	189.12
257356	2	S5125		08/25/13	08/25/13	48.00	189.12
257356	3	S5125		08/26/13	08/26/13	48.00	189.12
257356	4	S5125		08/27/13	08/27/13	48.00	189.12
257356	5	S5125		08/28/13	08/28/13	48.00	189.12
257356	6	S5125		08/29/13	08/29/13	48.00	189.12
257356	7	S5125		08/30/13	08/30/13	48.00	189.12
						CLAIM TOTAL	1,323.84
							CLAIM ACCOUNT REF. 2573560012013411SUP

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
257294	1	T1019		08/26/13	08/26/13	24.00	94.56
257294	2	T1019		08/27/13	08/27/13	24.00	94.56
257294	3	T1019		08/28/13	08/28/13	24.00	94.56
257294	4	T1019		08/29/13	08/29/13	24.00	94.56
257294	5	T1019		08/30/13	08/30/13	24.00	94.56

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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	CLAIM ACCOUNT REF.
						CLAIM TOTAL	472.80	2572940012013413SUP

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	CLAIM ACCOUNT REF.
257386	1	S5125		08/27/13	08/27/13	24.00	94.56	
257386	2	S5125		08/29/13	08/29/13	24.00	94.56	
						CLAIM TOTAL	189.12	2573860012013423SUP

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	CLAIM ACCOUNT REF.
257317	1	T1019 TT		08/26/13	08/26/13	16.00	67.04	
257317	2	T1019 TT		08/27/13	08/27/13	16.00	67.04	
257317	3	T1019 TT		08/28/13	08/28/13	16.00	67.04	
257317	4	T1019 TT		08/29/13	08/29/13	16.00	67.04	
257317	5	T1019 TT		08/30/13	08/30/13	16.00	67.04	
						CLAIM TOTAL	335.20	2573170012013553SUP

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	CLAIM ACCOUNT REF.
257325	1	T1030		08/06/13	08/06/13	1.00	90.00	
257325	2	T1030		08/12/13	08/12/13	1.00	90.00	
257325	3	S5125		08/24/13	08/24/13	32.00	126.08	
257325	4	S5125		08/25/13	08/25/13	32.00	126.08	
257325	5	S5125		08/26/13	08/26/13	32.00	126.08	
257325	6	S5125		08/27/13	08/27/13	20.00	78.80	
						CLAIM TOTAL	637.04	2573250012013590SUP

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
257358	1	S5125		08/26/13	08/26/13	16.00	63.04
257358	2	S5125		08/27/13	08/27/13	16.00	63.04

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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
257358	3	S5125		08/29/13	08/29/13	16.00	63.04
257358	4	S5125		08/30/13	08/30/13	16.00	63.04
CLAIM TOTAL							252.16
							CLAIM ACCOUNT REF. 2573580012013624SUP

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
257458	1	S5125		08/27/13	08/27/13	16.00	63.04
CLAIM TOTAL							63.04
							CLAIM ACCOUNT REF. 2574580012013639SUP

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
257287	1	T1019		08/26/13	08/26/13	16.00	63.04
257287	2	T1019		08/28/13	08/28/13	16.00	63.04
257287	3	T1019		08/30/13	08/30/13	16.00	63.04
CLAIM TOTAL							189.12
							CLAIM ACCOUNT REF. 2572870012013678SUP

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
257312	1	S5125		08/17/13	08/17/13	44.00	173.36
257312	2	S5125		08/18/13	08/18/13	44.00	173.36
257312	3	S5125		08/24/13	08/24/13	44.00	173.36
257312	4	S5125		08/25/13	08/25/13	44.00	173.36
257312	5	S5125		08/26/13	08/26/13	28.00	110.32
257312	6	S5125		08/27/13	08/27/13	28.00	110.32
257312	7	S5125		08/28/13	08/28/13	28.00	110.32
CLAIM TOTAL							1,024.40
							CLAIM ACCOUNT REF. 2573120012013684SUP

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
257329	1	S5126		08/24/13	08/24/13	1.00	200.00
257329	2	S5126		08/25/13	08/25/13	1.00	200.00

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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	
257329	3	S5126		08/26/13	08/26/13	1.00	200.00	
257329	4	S5126		08/27/13	08/27/13	1.00	200.00	
257329	5	S5126		08/28/13	08/28/13	1.00	200.00	
257329	6	S5126		08/29/13	08/29/13	1.00	200.00	
257329	7	S5126		08/30/13	08/30/13	1.00	200.00	
CLAIM TOTAL							1,400.00	CLAIM ACCOUNT REF. 2573290012013799SUP

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	
257400	1	S5125		08/24/13	08/24/13	36.00	141.84	
257400	2	S5125		08/25/13	08/25/13	36.00	141.84	
257400	3	S5125		08/26/13	08/26/13	36.00	141.84	
257400	4	S5125		08/27/13	08/27/13	36.00	141.84	
CLAIM TOTAL							567.36	CLAIM ACCOUNT REF. 2574000012013808SUP

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	
257441	1	S5125		08/26/13	08/26/13	32.00	126.08	
257441	2	S5125		08/27/13	08/27/13	32.00	126.08	
257441	3	S5125		08/28/13	08/28/13	32.00	126.08	
257441	4	S5125		08/29/13	08/29/13	32.00	126.08	
257441	5	S5125		08/30/13	08/30/13	32.00	126.08	
CLAIM TOTAL							630.40	CLAIM ACCOUNT REF. 2574410012013822SUP

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	
257289	1	S5125		08/24/13	08/24/13	16.00	63.04	
257289	2	S5125		08/26/13	08/26/13	16.00	63.04	
257289	3	S5125		08/27/13	08/27/13	16.00	63.04	
257289	4	S5125		08/28/13	08/28/13	16.00	63.04	
257289	5	S5125		08/29/13	08/29/13	16.00	63.04	
257289	6	S5125		08/30/13	08/30/13	16.00	63.04	
CLAIM TOTAL							378.24	CLAIM ACCOUNT REF. 2572890012013852SUP

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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 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
257421	1	S5125		08/28/13	08/28/13	28.00	110.32
257421	2	S5125		08/29/13	08/29/13	28.00	110.32
257421	3	S5125		08/30/13	08/30/13	28.00	110.32
CLAIM TOTAL							330.96
CLAIM ACCOUNT REF.							2574210012013879SUP

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
257448	1	S5125		08/24/13	08/24/13	16.00	63.04
257448	2	S5125		08/25/13	08/25/13	16.00	63.04
257448	3	S5125		08/26/13	08/26/13	24.00	94.56
257448	4	S5125		08/27/13	08/27/13	24.00	94.56
257448	5	S5125		08/28/13	08/28/13	24.00	94.56
257448	6	S5125		08/29/13	08/29/13	24.00	94.56
257448	7	S5125		08/30/13	08/30/13	24.00	94.56
CLAIM TOTAL							598.88
CLAIM ACCOUNT REF.							2574480012013895SUP

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
257339	1	S5125		08/24/13	08/24/13	30.00	118.20
257339	2	S5125		08/25/13	08/25/13	30.00	118.20
257339	3	S5125		08/26/13	08/26/13	16.00	63.04
257339	4	S5125		08/27/13	08/27/13	16.00	63.04
257339	5	S5125		08/28/13	08/28/13	16.00	63.04
257339	6	S5125		08/29/13	08/29/13	16.00	63.04
257339	7	S5125		08/30/13	08/30/13	16.00	63.04
CLAIM TOTAL							551.60
CLAIM ACCOUNT REF.							2573390012013898SUP

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
257288	1	S5125		08/26/13	08/26/13	48.00	189.12

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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	
257288	2	S5125		08/27/13	08/27/13	48.00	189.12	
257288	3	S5125		08/28/13	08/28/13	40.00	157.60	
257288	4	S5125		08/29/13	08/29/13	44.00	173.36	
257288	5	S5125		08/30/13	08/30/13	40.00	157.60	
					CLAIM TOTAL		866.80	CLAIM ACCOUNT REF. 2572880012013918SUP

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	
257300	1	S5125		08/27/13	08/27/13	32.00	126.08	
257300	2	S5125		08/28/13	08/28/13	32.00	126.08	
257300	3	S5125		08/29/13	08/29/13	32.00	126.08	
257300	4	S5125		08/30/13	08/30/13	32.00	126.08	
					CLAIM TOTAL		504.32	CLAIM ACCOUNT REF. 2573000012013926SUP

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	
257381	1	S5125 TT		08/24/13	08/24/13	24.00	100.56	
257381	2	S5125 TT		08/25/13	08/25/13	24.00	100.56	
257381	3	S5125 TT		08/26/13	08/26/13	24.00	100.56	
257381	4	S5125 TT		08/28/13	08/28/13	12.00	50.28	
257381	5	S5125 TT		08/30/13	08/30/13	12.00	50.28	
					CLAIM TOTAL		402.24	CLAIM ACCOUNT REF. 2573810012013951SUP

PAYER TOTALS:	GUILDNET	# OF CLAIMS =	972	TOTAL CLAIM AMOUNT =	115,085.91
		# SERVICES =	171		

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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
257265	1	T1019	1C		08/26/13	08/26/13	6.00	98.40
257265	2	T1019	1C		08/27/13	08/27/13	6.00	98.40
257265	3	T1019	1C		08/28/13	08/28/13	6.00	98.40
257265	4	T1019	1C		08/29/13	08/29/13	6.00	98.40
257265	5	T1019	1C		08/30/13	08/30/13	6.00	98.40
CLAIM TOTAL								492.00

CLAIM ACCOUNT REF. 2572650012011453SUP

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
257262	1	T1019	1C		08/26/13	08/26/13	6.00	98.40
257262	2	T1019	1C		08/27/13	08/27/13	6.00	98.40
257262	3	T1019	1C		08/28/13	08/28/13	6.00	98.40
257262	4	T1019	1C		08/29/13	08/29/13	6.00	98.40
257262	5	T1019	1C		08/30/13	08/30/13	6.00	98.40
CLAIM TOTAL								492.00

CLAIM ACCOUNT REF. 2572620012011870SUP

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
257263	1	T1019	1C		08/25/13	08/25/13	4.00	65.60
257263	2	T1019	1C		08/26/13	08/26/13	4.00	65.60
257263	3	T1019	1C		08/27/13	08/27/13	4.00	65.60
257263	4	T1019	1C		08/28/13	08/28/13	4.00	65.60
257263	5	T1019	1C		08/29/13	08/29/13	4.00	65.60
257263	6	T1019	1C		08/30/13	08/30/13	4.00	65.60
CLAIM TOTAL								393.60

CLAIM ACCOUNT REF. 2572630012012213SUP

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
257268	1	T1019	1C		08/24/13	08/24/13	8.00	131.20
257268	2	T1019	1C		08/25/13	08/25/13	8.00	131.20

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013090403275947RRSUP

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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
257268	3	T1019	1C		08/26/13	08/26/13	7.75	127.10
257268	4	T1019	1C		08/27/13	08/27/13	8.00	131.20
257268	5	T1019	1C		08/28/13	08/28/13	8.00	131.20
257268	6	T1019	1C		08/29/13	08/29/13	8.00	131.20
257268	7	T1019	1C		08/30/13	08/30/13	8.00	131.20
CLAIM TOTAL								914.30

CLAIM ACCOUNT REF. 2572680012013010SUP

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
257266	1	T1019	1C		08/24/13	08/24/13	22.75	373.10
257266	2	T1019	1C		08/25/13	08/25/13	23.50	385.40
257266	3	T1019	1C		08/26/13	08/26/13	24.00	393.60
257266	4	T1019	1C		08/27/13	08/27/13	24.00	393.60
257266	5	T1019	1C		08/28/13	08/28/13	24.00	393.60
257266	6	T1019	1C		08/29/13	08/29/13	24.00	393.60
257266	7	T1019	1C		08/30/13	08/30/13	24.00	393.60
CLAIM TOTAL								2,726.50

CLAIM ACCOUNT REF. 2572660012013320SUP

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
257267	1	T1019	1C		08/24/13	08/24/13	12.00	196.80
257267	2	T1019	1C		08/25/13	08/25/13	11.50	188.60
257267	3	T1019	1C		08/26/13	08/26/13	12.00	196.80
257267	4	T1019	1C		08/27/13	08/27/13	12.00	196.80
257267	5	T1019	1C		08/28/13	08/28/13	12.00	196.80
257267	6	T1019	1C		08/29/13	08/29/13	12.00	196.80
257267	7	T1019	1C		08/30/13	08/30/13	12.00	196.80
CLAIM TOTAL								1,369.40

CLAIM ACCOUNT REF. 2572670012013470SUP

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
257264	1	T1019	1C		08/26/13	08/26/13	4.00	65.60
257264	2	T1019	1C		08/27/13	08/27/13	4.00	65.60
257264	3	T1019	1C		08/28/13	08/28/13	4.00	65.60

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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	
257264	4	T1019 1C		08/29/13	08/29/13	4.00	65.60	
257264	5	T1019 1C		08/30/13	08/30/13	4.00	65.60	
					CLAIM TOTAL		328.00	CLAIM ACCOUNT REF. 2572640012013587SUP

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	
257269	1	T1019 1C		08/26/13	08/26/13	4.00	65.60	
257269	2	T1019 1C		08/28/13	08/28/13	4.00	65.60	
257269	3	T1019 1C		08/29/13	08/29/13	4.00	65.60	
					CLAIM TOTAL		196.80	CLAIM ACCOUNT REF. 2572690012013676SUP

PAYER TOTALS: ICS # OF CLAIMS = 45 TOTAL CLAIM AMOUNT = 6,912.60
SERVICES = 8

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
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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 2013082715400003
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	
257261	1	T1019	0580	08/27/13	08/27/13	16.00	67.52	
257261	2	T1019	0580	08/28/13	08/28/13	16.00	67.52	
257261	3	T1019	0580	08/29/13	08/29/13	16.00	67.52	
257261	4	T1019	0580	08/30/13	08/30/13	16.00	67.52	
					CLAIM TOTAL		270.08	CLAIM ACCOUNT REF. 2572610012010804SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012890 2012890 SCOTT, AKHNATON 04/28/1992 JPQ49578E01 2013053115500003
DIAGNOSIS CODES: 299.00 317.
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
257259	1	T1019	0580	07/02/13	07/02/13	16.00	67.52	
					CLAIM TOTAL		67.52	CLAIM ACCOUNT REF. 2572590012012890SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012890 2012890 SCOTT, AKHNATON 04/28/1992 JPQ49578E01 2013082315400001
DIAGNOSIS CODES: 299.00 317.
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
257260	1	T1019	0580	08/26/13	08/26/13	32.00	135.04	
257260	2	T1019	0580	08/27/13	08/27/13	32.00	135.04	
257260	3	T1019	0580	08/28/13	08/28/13	32.00	135.04	
257260	4	T1019	0580	08/29/13	08/29/13	32.00	135.04	
257260	5	T1019	0580	08/30/13	08/30/13	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2572600012012890SUP

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	
257258	1	T1019	0580	08/26/13	08/26/13	20.00	84.40	
257258	2	T1019	0580	08/27/13	08/27/13	24.00	101.28	
257258	3	T1019	0580	08/28/13	08/28/13	24.00	101.28	
257258	4	T1019	0580	08/29/13	08/29/13	24.00	101.28	

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NPI = 1154407492

CLAIM ACCOUNT REF. 2572580012013851SUP

PAYER TOTALS:	HEALTHCARE PARTNERS IPA I	# OF CLAIMS =	15	TOTAL CLAIM AMOUNT =	1,485.44
		# SERVICES =	3		

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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
257277	1	T1019	0580	08/26/13	08/26/13	13.00	51.22
257277	2	T1019	0580	08/28/13	08/28/13	15.00	59.10
257277	3	T1019	0580	08/30/13	08/30/13	16.00	63.04
CLAIM TOTAL							173.36
CLAIM ACCOUNT REF.							2572770012013600SUP

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
257272	1	T1019	0580	08/26/13	08/26/13	16.00	63.04
257272	2	T1019	0580	08/28/13	08/28/13	16.00	63.04
CLAIM TOTAL							126.08
CLAIM ACCOUNT REF.							2572720012013622SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013623 2013623 MORAN VAZQUEZ, ANGEL 12/16/1945 10000265801 062713005407
DIAGNOSIS CODES: 715.90 272.4 386.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
257276	1	T1019	0580	08/24/13	08/24/13	12.00	47.28
257276	2	T1019	0580	08/25/13	08/25/13	12.00	47.28
CLAIM TOTAL							94.56
CLAIM ACCOUNT REF.							2572760012013623SUP

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
257275	1	T1019	0580	08/24/13	08/24/13	16.00	63.04
257275	2	T1019	0580	08/25/13	08/25/13	16.00	63.04
257275	3	T1019	0580	08/26/13	08/26/13	16.00	63.04
257275	4	T1019	0580	08/27/13	08/27/13	16.00	63.04
257275	5	T1019	0580	08/28/13	08/28/13	16.00	63.04
257275	6	T1019	0580	08/29/13	08/29/13	16.00	63.04
257275	7	T1019	0580	08/30/13	08/30/13	16.00	63.04
CLAIM TOTAL							441.28
CLAIM ACCOUNT REF.							2572750012013758SUP

REPORT DATE 09/04/13 SUNNYSIDE CITYWIDE
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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	2014010	2014010	FAY, JULIA	10/29/1939	10000292201	073113006128
DIAGNOSIS CODES: 496. 493.90							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
257273	1	T1019	0580	08/26/13	08/26/13	28.00	110.32
257273	2	T1019	0580	08/27/13	08/27/13	28.00	110.32
257273	3	T1019	0580	08/28/13	08/28/13	28.00	110.32
CLAIM TOTAL							330.96
CLAIM ACCOUNT REF.							2572730012014010SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2014010	2014010	FAY, JULIA	10/29/1939	10000292201	073113006128
DIAGNOSIS CODES: 496. 493.90							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
257274	1	T1019	0580	08/29/13	08/29/13	28.00	110.32
257274	2	T1019	0580	08/30/13	08/30/13	28.00	110.32
CLAIM TOTAL							220.64
CLAIM ACCOUNT REF.							2572740012014010SUP

PAYER TOTALS:	VILLAGE CARE	# OF CLAIMS =	19	TOTAL CLAIM AMOUNT =	1,386.88
		# SERVICES =	5		

PROVIDER TOTALS:	SUNNYSIDE CITYWIDE	# OF CLAIMS =	2090	TOTAL CLAIM AMOUNT =	269,560.11
		# SERVICES =	378		