

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259045 | 1 | T1020 | | 09/07/13 | 09/07/13 | 11.00 | 185.57 |
| 259045 | 2 | T1020 | | 09/09/13 | 09/09/13 | 6.00 | 101.22 |
| 259045 | 3 | T1020 | | 09/10/13 | 09/10/13 | 6.00 | 101.22 |
| 259045 | 4 | T1020 | | 09/11/13 | 09/11/13 | 6.00 | 101.22 |
| 259045 | 5 | T1020 | | 09/12/13 | 09/12/13 | 6.00 | 101.22 |
| 259045 | 6 | T1020 | | 09/13/13 | 09/13/13 | 6.00 | 101.22 |
| CLAIM TOTAL | | | | | | | 691.67 |
| CLAIM ACCOUNT REF. | | | | | | | 2590450012008267SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259041 | 1 | T1020 | | 09/09/13 | 09/09/13 | 9.00 | 151.83 |
| 259041 | 2 | T1020 | | 09/10/13 | 09/10/13 | 9.00 | 151.83 |
| 259041 | 3 | T1020 | | 09/11/13 | 09/11/13 | 9.00 | 151.83 |
| 259041 | 4 | T1020 | | 09/12/13 | 09/12/13 | 9.00 | 151.83 |
| 259041 | 5 | T1020 | | 09/13/13 | 09/13/13 | 9.00 | 151.83 |
| CLAIM TOTAL | | | | | | | 759.15 |
| CLAIM ACCOUNT REF. | | | | | | | 2590410012008268SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259035 | 1 | T1020 | | 09/02/13 | 09/02/13 | 7.00 | 118.09 |
| 259035 | 2 | T1020 | | 09/07/13 | 09/07/13 | 7.00 | 118.09 |
| 259035 | 3 | T1020 | | 09/08/13 | 09/08/13 | 7.00 | 118.09 |
| 259035 | 4 | T1020 | | 09/09/13 | 09/09/13 | 7.00 | 118.09 |
| 259035 | 5 | T1020 | | 09/10/13 | 09/10/13 | 7.00 | 118.09 |
| 259035 | 6 | T1020 | | 09/11/13 | 09/11/13 | 7.00 | 118.09 |
| 259035 | 7 | T1020 | | 09/12/13 | 09/12/13 | 7.00 | 118.09 |
| 259035 | 8 | T1020 | | 09/13/13 | 09/13/13 | 7.00 | 118.09 |
| CLAIM TOTAL | | | | | | | 944.72 |
| CLAIM ACCOUNT REF. | | | | | | | 2590350012008386SUP |

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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 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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259044 | 1 | T1020 | | 09/10/13 | 09/10/13 | 8.00 | 134.96 |
| 259044 | 2 | T1020 | | 09/11/13 | 09/11/13 | 9.00 | 151.83 |
| 259044 | 3 | T1020 | | 09/12/13 | 09/12/13 | 5.00 | 84.35 |
| 259044 | 4 | T1020 | | 09/13/13 | 09/13/13 | 8.00 | 134.96 |
| CLAIM TOTAL | | | | | | | 506.10 |
| CLAIM ACCOUNT REF. | | | | | | | 2590440012008400SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259039 | 1 | T1020 | | 09/07/13 | 09/07/13 | 4.00 | 67.48 |
| 259039 | 2 | T1020 | | 09/09/13 | 09/09/13 | 5.00 | 84.35 |
| 259039 | 3 | T1020 | | 09/11/13 | 09/11/13 | 4.00 | 67.48 |
| 259039 | 4 | T1020 | | 09/13/13 | 09/13/13 | 4.00 | 67.48 |
| CLAIM TOTAL | | | | | | | 286.79 |
| CLAIM ACCOUNT REF. | | | | | | | 2590390012010712SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259040 | 1 | T1020 | | 09/09/13 | 09/09/13 | 7.00 | 118.09 |
| 259040 | 2 | T1020 | | 09/11/13 | 09/11/13 | 7.00 | 118.09 |
| CLAIM TOTAL | | | | | | | 236.18 |
| CLAIM ACCOUNT REF. | | | | | | | 2590400012013021SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259043 | 1 | T1020 | | 09/07/13 | 09/07/13 | 12.00 | 202.44 |
| 259043 | 2 | T1020 | | 09/08/13 | 09/08/13 | 12.00 | 202.44 |
| 259043 | 3 | T1020 | | 09/09/13 | 09/09/13 | 12.00 | 202.44 |
| 259043 | 4 | T1020 | | 09/10/13 | 09/10/13 | 12.00 | 202.44 |
| 259043 | 5 | T1020 | | 09/11/13 | 09/11/13 | 12.00 | 202.44 |
| 259043 | 6 | T1020 | | 09/12/13 | 09/12/13 | 12.00 | 202.44 |
| 259043 | 7 | T1020 | | 09/13/13 | 09/13/13 | 12.00 | 202.44 |
| CLAIM TOTAL | | | | | | | 1,417.08 |
| CLAIM ACCOUNT REF. | | | | | | | 2590430012013080SUP |

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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 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 |
|-------------|--------|----------------|------------|----------|----------|----------|--|
| 259038 | 1 | T1020 | | 09/07/13 | 09/07/13 | 12.00 | 202.44 |
| 259038 | 2 | T1020 | | 09/08/13 | 09/08/13 | 12.00 | 202.44 |
| 259038 | 3 | T1020 | | 09/09/13 | 09/09/13 | 12.00 | 202.44 |
| 259038 | 4 | T1020 | | 09/10/13 | 09/10/13 | 12.00 | 202.44 |
| 259038 | 5 | T1020 | | 09/11/13 | 09/11/13 | 12.00 | 202.44 |
| 259038 | 6 | T1020 | | 09/12/13 | 09/12/13 | 12.00 | 202.44 |
| 259038 | 7 | T1020 | | 09/13/13 | 09/13/13 | 12.00 | 202.44 |
| CLAIM TOTAL | | | | | | 1,417.08 | CLAIM ACCOUNT REF. 2590380012013422SUP |

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 |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 259042 | 1 | T1020 | | 09/09/13 | 09/09/13 | 7.00 | 118.09 |
| 259042 | 2 | T1020 | | 09/10/13 | 09/10/13 | 7.00 | 118.09 |
| 259042 | 3 | T1020 | | 09/11/13 | 09/11/13 | 7.00 | 118.09 |
| 259042 | 4 | T1020 | | 09/12/13 | 09/12/13 | 7.00 | 118.09 |
| 259042 | 5 | T1020 | | 09/13/13 | 09/13/13 | 7.00 | 118.09 |
| CLAIM TOTAL | | | | | | 590.45 | CLAIM ACCOUNT REF. 2590420012013910SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2014032 2014032 CASTILLO, ALTAGRACIA 12/11/1928 742521646 132460849
DIAGNOSIS CODES: 401.0

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 259037 | 1 | T1020 | | 09/09/13 | 09/09/13 | 4.00 | 67.48 |
| 259037 | 2 | T1020 | | 09/10/13 | 09/10/13 | 4.00 | 67.48 |
| 259037 | 3 | T1020 | | 09/11/13 | 09/11/13 | 4.00 | 67.48 |
| 259037 | 4 | T1020 | | 09/12/13 | 09/12/13 | 4.00 | 67.48 |
| 259037 | 5 | T1020 | | 09/13/13 | 09/13/13 | 4.00 | 67.48 |
| CLAIM TOTAL | | | | | | 337.40 | CLAIM ACCOUNT REF. 2590370012014032SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2014050 2014050 BOYADJIAN, ZAROUY 07/08/1933 742505527 132491494
DIAGNOSIS CODES: 250.00 272.2 401.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 259036 | 1 | T1020 | | 09/02/13 | 09/02/13 | 6.00 | 101.22 |

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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 | |
|--------|--------|----------------|------------|----------|----------|-------------|----------|--|
| 259036 | 2 | T1020 | | 09/03/13 | 09/03/13 | 6.00 | 101.22 | |
| 259036 | 3 | T1020 | | 09/04/13 | 09/04/13 | 6.00 | 101.22 | |
| 259036 | 4 | T1020 | | 09/05/13 | 09/05/13 | 6.00 | 101.22 | |
| 259036 | 5 | T1020 | | 09/06/13 | 09/06/13 | 6.00 | 101.22 | |
| 259036 | 6 | T1020 | | 09/07/13 | 09/07/13 | 6.00 | 101.22 | |
| 259036 | 7 | T1020 | | 09/09/13 | 09/09/13 | 6.00 | 101.22 | |
| 259036 | 8 | T1020 | | 09/10/13 | 09/10/13 | 6.00 | 101.22 | |
| 259036 | 9 | T1020 | | 09/11/13 | 09/11/13 | 6.00 | 101.22 | |
| 259036 | 10 | T1020 | | 09/12/13 | 09/12/13 | 6.00 | 101.22 | |
| 259036 | 11 | T1020 | | 09/13/13 | 09/13/13 | 6.00 | 101.22 | |
| | | | | | | CLAIM TOTAL | 1,113.42 | CLAIM ACCOUNT REF. 2590360012014050SUP |

| | | | | | |
|---------------|-----------------|---------------|----|----------------------|----------|
| PAYER TOTALS: | FIDELIS CARE NY | # OF CLAIMS = | 64 | TOTAL CLAIM AMOUNT = | 8,300.04 |
| | | # SERVICES = | 11 | | |

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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 | |
|-------------|--------|----------------|------------|----------|----------|-------|----------|---|
| 259068 | 1 | T1019 | | 09/07/13 | 09/07/13 | 4.00 | 68.60 | |
| 259068 | 2 | T1019 | | 09/08/13 | 09/08/13 | 4.00 | 68.60 | |
| 259068 | 3 | T1019 | | 09/09/13 | 09/09/13 | 12.00 | 205.80 | |
| 259068 | 4 | T1019 | | 09/10/13 | 09/10/13 | 12.00 | 205.80 | |
| 259068 | 5 | T1019 | | 09/11/13 | 09/11/13 | 12.00 | 205.80 | |
| 259068 | 6 | T1019 | | 09/12/13 | 09/12/13 | 12.00 | 205.80 | |
| 259068 | 7 | T1019 | | 09/13/13 | 09/13/13 | 12.00 | 205.80 | |
| CLAIM TOTAL | | | | | | | 1,166.20 | CLAIM ACCOUNT REF. 2590680012008233SUP |

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 | |
|-------------|--------|----------------|------------|----------|----------|-------|----------|---|
| 259074 | 1 | T1019 | | 09/07/13 | 09/07/13 | 8.00 | 137.20 | |
| 259074 | 2 | T1019 | | 09/09/13 | 09/09/13 | 11.00 | 188.65 | |
| 259074 | 3 | T1019 | | 09/10/13 | 09/10/13 | 11.00 | 188.65 | |
| 259074 | 4 | T1019 | | 09/11/13 | 09/11/13 | 11.00 | 188.65 | |
| 259074 | 5 | T1019 | | 09/12/13 | 09/12/13 | 11.00 | 188.65 | |
| 259074 | 6 | T1019 | | 09/13/13 | 09/13/13 | 11.00 | 188.65 | |
| CLAIM TOTAL | | | | | | | 1,080.45 | CLAIM ACCOUNT REF. 2590740012008236SUP |

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 | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|---|
| 259072 | 1 | T1019 | | 09/09/13 | 09/09/13 | 10.00 | 171.50 | |
| 259072 | 2 | T1019 | | 09/10/13 | 09/10/13 | 10.00 | 171.50 | |
| 259072 | 3 | T1019 | | 09/11/13 | 09/11/13 | 10.00 | 171.50 | |
| 259072 | 4 | T1019 | | 09/12/13 | 09/12/13 | 9.00 | 154.35 | |
| 259072 | 5 | T1019 | | 09/13/13 | 09/13/13 | 9.00 | 154.35 | |
| CLAIM TOTAL | | | | | | | 823.20 | CLAIM ACCOUNT REF. 2590720012008385SUP |

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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 | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|---|
| 259075 | 1 | T1019 | | 09/09/13 | 09/09/13 | 8.00 | 137.20 | |
| 259075 | 2 | T1019 | | 09/11/13 | 09/11/13 | 8.00 | 137.20 | |
| 259075 | 3 | T1019 | | 09/12/13 | 09/12/13 | 8.00 | 137.20 | |
| 259075 | 4 | T1019 | | 09/13/13 | 09/13/13 | 8.00 | 137.20 | |
| CLAIM TOTAL | | | | | | | 548.80 | CLAIM ACCOUNT REF. 2590750012008418SUP |

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 | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|---|
| 259076 | 1 | T1019 | | 09/07/13 | 09/07/13 | 5.00 | 85.75 | |
| 259076 | 2 | T1019 | | 09/08/13 | 09/08/13 | 5.00 | 85.75 | |
| 259076 | 3 | T1019 | | 09/09/13 | 09/09/13 | 5.00 | 85.75 | |
| 259076 | 4 | T1019 | | 09/10/13 | 09/10/13 | 5.00 | 85.75 | |
| 259076 | 5 | T1019 | | 09/11/13 | 09/11/13 | 5.00 | 85.75 | |
| 259076 | 6 | T1019 | | 09/12/13 | 09/12/13 | 5.00 | 85.75 | |
| 259076 | 7 | T1019 | | 09/13/13 | 09/13/13 | 5.00 | 85.75 | |
| CLAIM TOTAL | | | | | | | 600.25 | CLAIM ACCOUNT REF. 2590760012009377SUP |

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 | |
|-------------|--------|----------------|------------|----------|----------|-------|----------|---|
| 259078 | 1 | T1019 | | 09/07/13 | 09/07/13 | 10.00 | 171.50 | |
| 259078 | 2 | T1019 | | 09/09/13 | 09/09/13 | 10.00 | 171.50 | |
| 259078 | 3 | T1019 | | 09/10/13 | 09/10/13 | 10.00 | 171.50 | |
| 259078 | 4 | T1019 | | 09/11/13 | 09/11/13 | 10.00 | 171.50 | |
| 259078 | 5 | T1019 | | 09/12/13 | 09/12/13 | 10.00 | 171.50 | |
| 259078 | 6 | T1019 | | 09/13/13 | 09/13/13 | 10.00 | 171.50 | |
| CLAIM TOTAL | | | | | | | 1,029.00 | CLAIM ACCOUNT REF. 2590780012010213SUP |

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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 259073 | 1 | T1019 | | 09/07/13 | 09/07/13 | 5.00 | 85.75 |

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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 | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|--|
| 259073 | 2 | T1019 | | 09/09/13 | 09/09/13 | 5.00 | 85.75 | |
| 259073 | 3 | T1019 | | 09/10/13 | 09/10/13 | 5.00 | 85.75 | |
| 259073 | 4 | T1019 | | 09/11/13 | 09/11/13 | 5.00 | 85.75 | |
| 259073 | 5 | T1019 | | 09/12/13 | 09/12/13 | 5.00 | 85.75 | |
| 259073 | 6 | T1019 | | 09/13/13 | 09/13/13 | 5.00 | 85.75 | |
| CLAIM TOTAL | | | | | | | 514.50 | CLAIM ACCOUNT REF. 2590730012010886SUP |

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 | |
|-------------|--------|----------------|------------|----------|----------|-------|----------|--|
| 259069 | 1 | T1019 | | 09/07/13 | 09/07/13 | 24.00 | 411.60 | |
| 259069 | 2 | T1019 | | 09/08/13 | 09/08/13 | 24.00 | 411.60 | |
| 259069 | 3 | T1019 | | 09/09/13 | 09/09/13 | 24.00 | 411.60 | |
| 259069 | 4 | T1019 | | 09/10/13 | 09/10/13 | 24.00 | 411.60 | |
| 259069 | 5 | T1019 | | 09/11/13 | 09/11/13 | 24.00 | 411.60 | |
| 259069 | 6 | T1019 | | 09/12/13 | 09/12/13 | 24.00 | 411.60 | |
| 259069 | 7 | T1019 | | 09/13/13 | 09/13/13 | 24.00 | 411.60 | |
| CLAIM TOTAL | | | | | | | 2,881.20 | CLAIM ACCOUNT REF. 2590690012011286SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|--|
| 259071 | 1 | T1019 | | 09/07/13 | 09/07/13 | 8.00 | 137.20 | |
| 259071 | 2 | T1019 | | 09/08/13 | 09/08/13 | 8.00 | 137.20 | |
| 259071 | 3 | T1019 | | 09/09/13 | 09/09/13 | 8.00 | 137.20 | |
| 259071 | 4 | T1019 | | 09/10/13 | 09/10/13 | 8.00 | 137.20 | |
| 259071 | 5 | T1019 | | 09/11/13 | 09/11/13 | 8.00 | 137.20 | |
| 259071 | 6 | T1019 | | 09/12/13 | 09/12/13 | 8.00 | 137.20 | |
| CLAIM TOTAL | | | | | | | 823.20 | CLAIM ACCOUNT REF. 2590710012013185SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|----------|-------|--------|--|
| 259077 | 1 | T1019 | | 08/31/13 | 08/31/13 | 5.00 | 85.75 | |
| 259077 | 2 | T1019 | | 09/02/13 | 09/02/13 | 5.00 | 85.75 | |
| 259077 | 3 | T1019 | | 09/03/13 | 09/03/13 | 5.00 | 85.75 | |
| 259077 | 4 | T1019 | | 09/04/13 | 09/04/13 | 5.00 | 85.75 | |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 | |
|--------|--------|----------------|------------|-------------|----------|----------|--------|--|
| 259077 | 5 | T1019 | | 09/05/13 | 09/05/13 | 5.00 | 85.75 | |
| 259077 | 6 | T1019 | | 09/06/13 | 09/06/13 | 5.00 | 85.75 | |
| 259077 | 7 | T1019 | | 09/07/13 | 09/07/13 | 5.00 | 85.75 | |
| 259077 | 8 | T1019 | | 09/09/13 | 09/09/13 | 5.00 | 85.75 | |
| 259077 | 9 | T1019 | | 09/10/13 | 09/10/13 | 5.00 | 85.75 | |
| 259077 | 10 | T1019 | | 09/11/13 | 09/11/13 | 5.00 | 85.75 | |
| 259077 | 11 | T1019 | | 09/12/13 | 09/12/13 | 5.00 | 85.75 | |
| 259077 | 12 | T1019 | | 09/13/13 | 09/13/13 | 5.00 | 85.75 | |
| | | | | CLAIM TOTAL | | 1,029.00 | | CLAIM ACCOUNT REF. 2590770012013663SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-------------------------|-----|---------|---------|-----------------|------------|--------------|-----------------------|
| NY | 001 | 2014079 | 2014079 | FERNANDEZ, JOSE | 09/21/1926 | 523000096 | 0109061390352 |
| DIAGNOSIS CODES: 799.89 | | | | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|-------------|----------|-------|--------|--|
| 259070 | 1 | T1019 | | 09/10/13 | 09/10/13 | 1.00 | 17.15 | |
| 259070 | 2 | T1019 | | 09/11/13 | 09/11/13 | 1.00 | 17.15 | |
| 259070 | 3 | T1019 | | 09/12/13 | 09/12/13 | 1.00 | 17.15 | |
| 259070 | 4 | T1019 | | 09/13/13 | 09/13/13 | 1.00 | 17.15 | |
| | | | | CLAIM TOTAL | | 68.60 | | CLAIM ACCOUNT REF. 2590700012014079SUP |

| | | | | | |
|---------------|-----------------------|---------------|----|----------------------|-----------|
| PAYER TOTALS: | METROPLUS HEALTH PLAN | # OF CLAIMS = | 70 | TOTAL CLAIM AMOUNT = | 10,564.40 |
| | | # 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 | | |
|--------|--------|----------------|------------|----------|-------------|-------|----------|--------------------|---------------------|
| 259067 | 1 | T1019 | | 09/01/13 | 09/01/13 | 16.00 | 96.00 | | |
| 259067 | 2 | T1019 | | 09/03/13 | 09/03/13 | 24.00 | 144.00 | | |
| 259067 | 3 | T1019 | | 09/04/13 | 09/04/13 | 24.00 | 144.00 | | |
| 259067 | 4 | T1019 | | 09/05/13 | 09/05/13 | 24.00 | 144.00 | | |
| 259067 | 5 | T1019 | | 09/06/13 | 09/06/13 | 24.00 | 144.00 | | |
| 259067 | 6 | T1019 | | 09/07/13 | 09/07/13 | 16.00 | 96.00 | | |
| 259067 | 7 | T1019 | | 09/09/13 | 09/09/13 | 24.00 | 144.00 | | |
| 259067 | 8 | T1019 | | 09/10/13 | 09/10/13 | 24.00 | 144.00 | | |
| 259067 | 9 | T1019 | | 09/11/13 | 09/11/13 | 24.00 | 144.00 | | |
| 259067 | 10 | T1019 | | 09/12/13 | 09/12/13 | 24.00 | 144.00 | | |
| 259067 | 11 | T1019 | | 09/13/13 | 09/13/13 | 24.00 | 144.00 | | |
| | | | | | CLAIM TOTAL | | 1,488.00 | CLAIM ACCOUNT REF. | 2590670012013681SUP |

| | | | | | |
|---------------|-----------------|---------------|----|----------------------|----------|
| PAYER TOTALS: | AFFINITY HEALTH | # OF CLAIMS = | 11 | TOTAL CLAIM AMOUNT = | 1,488.00 |
| | | # SERVICES = | 1 | | |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 |
|-------------|--------|----------------|------------|----------|----------|----------|--|
| 259107 | 1 | T1019 | | 09/07/13 | 09/07/13 | 36.00 | 154.80 |
| 259107 | 2 | T1019 | | 09/08/13 | 09/08/13 | 36.00 | 154.80 |
| 259107 | 3 | T1019 | | 09/09/13 | 09/09/13 | 36.00 | 154.80 |
| 259107 | 4 | T1019 | | 09/10/13 | 09/10/13 | 36.00 | 154.80 |
| 259107 | 5 | T1019 | | 09/11/13 | 09/11/13 | 36.00 | 154.80 |
| 259107 | 6 | T1019 | | 09/12/13 | 09/12/13 | 36.00 | 154.80 |
| 259107 | 7 | T1019 | | 09/13/13 | 09/13/13 | 36.00 | 154.80 |
| CLAIM TOTAL | | | | | | 1,083.60 | CLAIM ACCOUNT REF. 2591070012008286SUP |

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 |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 259094 | 1 | T1019 | | 09/09/13 | 09/09/13 | 24.00 | 103.20 |
| 259094 | 2 | T1019 | | 09/10/13 | 09/10/13 | 24.00 | 103.20 |
| 259094 | 3 | T1019 | | 09/11/13 | 09/11/13 | 24.00 | 103.20 |
| 259094 | 4 | T1019 | | 09/12/13 | 09/12/13 | 24.00 | 103.20 |
| 259094 | 5 | T1019 | | 09/13/13 | 09/13/13 | 24.00 | 103.20 |
| CLAIM TOTAL | | | | | | 516.00 | CLAIM ACCOUNT REF. 2590940012008495SUP |

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 |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 259080 | 1 | T1019 | | 09/07/13 | 09/07/13 | 28.00 | 120.40 |
| 259080 | 2 | T1019 | | 09/08/13 | 09/08/13 | 28.00 | 120.40 |
| 259080 | 3 | T1019 | | 09/09/13 | 09/09/13 | 28.00 | 120.40 |
| 259080 | 4 | T1019 | | 09/10/13 | 09/10/13 | 28.00 | 120.40 |
| 259080 | 5 | T1019 | | 09/11/13 | 09/11/13 | 28.00 | 120.40 |
| 259080 | 6 | T1019 | | 09/12/13 | 09/12/13 | 28.00 | 120.40 |
| 259080 | 7 | T1019 | | 09/13/13 | 09/13/13 | 28.00 | 120.40 |
| CLAIM TOTAL | | | | | | 842.80 | CLAIM ACCOUNT REF. 2590800012012101SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 259081 | 1 | T1019 | | 09/09/13 | 09/09/13 | 16.00 | 68.80 |
| 259081 | 2 | T1019 | | 09/10/13 | 09/10/13 | 16.00 | 68.80 |
| 259081 | 3 | T1019 | | 09/11/13 | 09/11/13 | 16.00 | 68.80 |
| 259081 | 4 | T1019 | | 09/12/13 | 09/12/13 | 16.00 | 68.80 |
| 259081 | 5 | T1019 | | 09/13/13 | 09/13/13 | 16.00 | 68.80 |
| CLAIM TOTAL | | | | | | | 344.00 |

CLAIM ACCOUNT REF. 2590810012012102SUP

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 |
|-------------|--------|----------------|------------|----------|----------|-------|----------|
| 259082 | 1 | T1019 | | 09/07/13 | 09/07/13 | 40.00 | 172.00 |
| 259082 | 2 | T1019 | | 09/08/13 | 09/08/13 | 40.00 | 172.00 |
| 259082 | 3 | T1019 | | 09/09/13 | 09/09/13 | 40.00 | 172.00 |
| 259082 | 4 | T1019 | | 09/10/13 | 09/10/13 | 40.00 | 172.00 |
| 259082 | 5 | T1019 | | 09/11/13 | 09/11/13 | 40.00 | 172.00 |
| 259082 | 6 | T1019 | | 09/12/13 | 09/12/13 | 40.00 | 172.00 |
| 259082 | 7 | T1019 | | 09/13/13 | 09/13/13 | 40.00 | 172.00 |
| CLAIM TOTAL | | | | | | | 1,204.00 |

CLAIM ACCOUNT REF. 2590820012012104SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012108 2012108 GODINOT, CARMEN 07/16/1939 695752 112161051
DIAGNOSIS CODES: 369.3 250.00 401.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 259086 | 1 | T1019 | | 09/09/13 | 09/09/13 | 24.00 | 103.20 |
| 259086 | 2 | T1019 | | 09/10/13 | 09/10/13 | 24.00 | 103.20 |
| 259086 | 3 | T1019 | | 09/11/13 | 09/11/13 | 24.00 | 103.20 |
| 259086 | 4 | T1019 | | 09/12/13 | 09/12/13 | 24.00 | 103.20 |
| 259086 | 5 | T1019 | | 09/13/13 | 09/13/13 | 24.00 | 103.20 |
| CLAIM TOTAL | | | | | | | 516.00 |

CLAIM ACCOUNT REF. 2590860012012108SUP

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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 259087 | 1 | T1019 | | 09/09/13 | 09/09/13 | 28.00 | 120.40 |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 259087 | 2 | T1019 | | 09/10/13 | 09/10/13 | 28.00 | 120.40 |
| 259087 | 3 | T1019 | | 09/11/13 | 09/11/13 | 28.00 | 120.40 |
| 259087 | 4 | T1019 | | 09/12/13 | 09/12/13 | 28.00 | 120.40 |
| 259087 | 5 | T1019 | | 09/13/13 | 09/13/13 | 28.00 | 120.40 |
| CLAIM TOTAL | | | | | | | 602.00 |
| | | | | | | | CLAIM ACCOUNT REF. 2590870012012110SUP |

| 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 |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 259088 | 1 | T1019 | | 09/07/13 | 09/07/13 | 32.00 | 137.60 |
| 259088 | 2 | T1019 | | 09/08/13 | 09/08/13 | 32.00 | 137.60 |
| CLAIM TOTAL | | | | | | | 275.20 |
| | | | | | | | CLAIM ACCOUNT REF. 2590880012012116SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|--|-----|---------|---------|----------------|------------|--------------|-----------------------|
| NY | 001 | 2012117 | 2012117 | HAYNES, LAMONT | 08/22/1920 | 695748 | 112161929 |
| DIAGNOSIS CODES: 428.0 250.00 401.9 600.91 | | | | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 259089 | 1 | T1019 | | 09/07/13 | 09/07/13 | 20.00 | 86.00 |
| 259089 | 2 | T1019 | | 09/08/13 | 09/08/13 | 20.00 | 86.00 |
| 259089 | 3 | T1019 | | 09/09/13 | 09/09/13 | 16.00 | 68.80 |
| 259089 | 4 | T1019 | | 09/10/13 | 09/10/13 | 16.00 | 68.80 |
| 259089 | 5 | T1019 | | 09/11/13 | 09/11/13 | 16.00 | 68.80 |
| 259089 | 6 | T1019 | | 09/12/13 | 09/12/13 | 16.00 | 68.80 |
| 259089 | 7 | T1019 | | 09/13/13 | 09/13/13 | 16.00 | 68.80 |
| CLAIM TOTAL | | | | | | | 516.00 |
| | | | | | | | CLAIM ACCOUNT REF. 2590890012012117SUP |

| 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 |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 259091 | 1 | T1019 | | 09/09/13 | 09/09/13 | 28.00 | 120.40 |
| 259091 | 2 | T1019 | | 09/10/13 | 09/10/13 | 28.00 | 120.40 |
| 259091 | 3 | T1019 | | 09/11/13 | 09/11/13 | 28.00 | 120.40 |
| 259091 | 4 | T1019 | | 09/12/13 | 09/12/13 | 28.00 | 120.40 |
| 259091 | 5 | T1019 | | 09/13/13 | 09/13/13 | 28.00 | 120.40 |
| CLAIM TOTAL | | | | | | | 602.00 |
| | | | | | | | CLAIM ACCOUNT REF. 2590910012012120SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 2012121 2012121 MOHAMED, DENISE 06/14/1959 691722 112139533
DIAGNOSIS CODES: 715.98

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|----------|--|
| 259096 | 1 | T1019 | | 09/04/13 | 09/04/13 | 32.00 | 137.60 |
| 259096 | 2 | T1019 | | 09/05/13 | 09/05/13 | 32.00 | 137.60 |
| 259096 | 3 | T1019 | | 09/07/13 | 09/07/13 | 32.00 | 137.60 |
| 259096 | 4 | T1019 | | 09/08/13 | 09/08/13 | 32.00 | 137.60 |
| 259096 | 5 | T1019 | | 09/09/13 | 09/09/13 | 32.00 | 137.60 |
| 259096 | 6 | T1019 | | 09/10/13 | 09/10/13 | 32.00 | 137.60 |
| 259096 | 7 | T1019 | | 09/11/13 | 09/11/13 | 32.00 | 137.60 |
| 259096 | 8 | T1019 | | 09/12/13 | 09/12/13 | 32.00 | 137.60 |
| 259096 | 9 | T1019 | | 09/13/13 | 09/13/13 | 32.00 | 137.60 |
| CLAIM TOTAL | | | | | | 1,238.40 | CLAIM ACCOUNT REF. 2590960012012121SUP |

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 |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 259097 | 1 | T1019 | | 09/07/13 | 09/07/13 | 20.00 | 86.00 |
| 259097 | 2 | T1019 | | 09/08/13 | 09/08/13 | 20.00 | 86.00 |
| 259097 | 3 | T1019 | | 09/09/13 | 09/09/13 | 20.00 | 86.00 |
| 259097 | 4 | T1019 | | 09/10/13 | 09/10/13 | 20.00 | 86.00 |
| 259097 | 5 | T1019 | | 09/11/13 | 09/11/13 | 20.00 | 86.00 |
| 259097 | 6 | T1019 | | 09/12/13 | 09/12/13 | 20.00 | 86.00 |
| 259097 | 7 | T1019 | | 09/13/13 | 09/13/13 | 20.00 | 86.00 |
| CLAIM TOTAL | | | | | | 602.00 | CLAIM ACCOUNT REF. 2590970012012122SUP |

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 |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 259099 | 1 | T1019 | | 09/07/13 | 09/07/13 | 20.00 | 86.00 |
| 259099 | 2 | T1019 | | 09/08/13 | 09/08/13 | 20.00 | 86.00 |
| 259099 | 3 | T1019 | | 09/09/13 | 09/09/13 | 28.00 | 120.40 |
| 259099 | 4 | T1019 | | 09/10/13 | 09/10/13 | 28.00 | 120.40 |
| 259099 | 5 | T1019 | | 09/11/13 | 09/11/13 | 28.00 | 120.40 |
| 259099 | 6 | T1019 | | 09/12/13 | 09/12/13 | 28.00 | 120.40 |
| 259099 | 7 | T1019 | | 09/13/13 | 09/13/13 | 28.00 | 120.40 |
| CLAIM TOTAL | | | | | | 774.00 | CLAIM ACCOUNT REF. 2590990012012130SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 | 2012131 | 2012131 | ORTIZ, JOSE | 04/19/1925 | 691721 | 112154359 |
| DIAGNOSIS CODES: 250.00 401.9 414.01 | | | | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259101 | 1 | T1019 | | 09/11/13 | 09/11/13 | 16.00 | 68.80 |
| 259101 | 2 | T1019 | | 09/13/13 | 09/13/13 | 16.00 | 68.80 |
| CLAIM TOTAL | | | | | | | 137.60 |
| CLAIM ACCOUNT REF. | | | | | | | 2591010012012131SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|--|-----|---------|---------|-----------------|------------|--------------|-----------------------|
| NY | 001 | 2012134 | 2012134 | SERRANO, CARMEN | 09/14/1948 | 695740 | 112113101 |
| DIAGNOSIS CODES: 093.89 253.5 311. 429.9 | | | | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259114 | 1 | T1019 | | 09/09/13 | 09/09/13 | 28.00 | 120.40 |
| 259114 | 2 | T1019 | | 09/10/13 | 09/10/13 | 28.00 | 120.40 |
| 259114 | 3 | T1019 | | 09/11/13 | 09/11/13 | 28.00 | 120.40 |
| 259114 | 4 | T1019 | | 09/12/13 | 09/12/13 | 28.00 | 120.40 |
| 259114 | 5 | T1019 | | 09/13/13 | 09/13/13 | 28.00 | 120.40 |
| CLAIM TOTAL | | | | | | | 602.00 |
| CLAIM ACCOUNT REF. | | | | | | | 2591140012012134SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-------------------------------------|-----|---------|---------|-----------------|------------|--------------|-----------------------|
| NY | 001 | 2012137 | 2012137 | VAZQUEZ 1, ROSA | 08/08/1934 | 695667 | 112166050 |
| DIAGNOSIS CODES: 715.90 244.9 401.9 | | | | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259117 | 1 | T1019 | | 09/09/13 | 09/09/13 | 32.00 | 137.60 |
| 259117 | 2 | T1019 | | 09/10/13 | 09/10/13 | 32.00 | 137.60 |
| 259117 | 3 | T1019 | | 09/11/13 | 09/11/13 | 32.00 | 137.60 |
| 259117 | 4 | T1019 | | 09/12/13 | 09/12/13 | 32.00 | 137.60 |
| 259117 | 5 | T1019 | | 09/13/13 | 09/13/13 | 32.00 | 137.60 |
| CLAIM TOTAL | | | | | | | 688.00 |
| CLAIM ACCOUNT REF. | | | | | | | 2591170012012137SUP |

| 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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259118 | 1 | T1019 | | 09/11/13 | 09/11/13 | 16.00 | 68.80 |
| 259118 | 2 | T1019 | | 09/12/13 | 09/12/13 | 16.00 | 68.80 |
| CLAIM TOTAL | | | | | | | 137.60 |
| CLAIM ACCOUNT REF. | | | | | | | 2591180012012138SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 2012140 2012140 PATRICK, IMAGE NE 03/27/1930 737028 112036835
DIAGNOSIS CODES: 294.10 153.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 259102 | 1 | T1019 | | 09/07/13 | 09/07/13 | 32.00 | 137.60 |
| 259102 | 2 | T1019 | | 09/09/13 | 09/09/13 | 32.00 | 137.60 |
| 259102 | 3 | T1019 | | 09/10/13 | 09/10/13 | 32.00 | 137.60 |
| 259102 | 4 | T1019 | | 09/11/13 | 09/11/13 | 32.00 | 137.60 |
| 259102 | 5 | T1019 | | 09/12/13 | 09/12/13 | 32.00 | 137.60 |
| 259102 | 6 | T1019 | | 09/13/13 | 09/13/13 | 32.00 | 137.60 |
| CLAIM TOTAL | | | | | | 825.60 | CLAIM ACCOUNT REF. 2591020012012140SUP |

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 |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 259113 | 1 | T1019 | | 09/09/13 | 09/09/13 | 16.00 | 68.80 |
| 259113 | 2 | T1019 | | 09/13/13 | 09/13/13 | 16.00 | 68.80 |
| CLAIM TOTAL | | | | | | 137.60 | CLAIM ACCOUNT REF. 2591130012012141SUP |

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 |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 259095 | 1 | T1019 | | 09/07/13 | 09/07/13 | 12.00 | 51.60 |
| 259095 | 2 | T1019 | | 09/09/13 | 09/09/13 | 12.00 | 51.60 |
| 259095 | 3 | T1019 | | 09/10/13 | 09/10/13 | 12.00 | 51.60 |
| 259095 | 4 | T1019 | | 09/11/13 | 09/11/13 | 12.00 | 51.60 |
| 259095 | 5 | T1019 | | 09/12/13 | 09/12/13 | 12.00 | 51.60 |
| 259095 | 6 | T1019 | | 09/13/13 | 09/13/13 | 12.00 | 51.60 |
| CLAIM TOTAL | | | | | | 309.60 | CLAIM ACCOUNT REF. 2590950012012142SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012143 2012143 MURPHY, RUBY 04/13/1955 698832 112050114
DIAGNOSIS CODES: 585.3 311. 401.9 493.90

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 259098 | 1 | T1019 | | 09/09/13 | 09/09/13 | 16.00 | 68.80 |
| 259098 | 2 | T1019 | | 09/11/13 | 09/11/13 | 16.00 | 68.80 |
| 259098 | 3 | T1019 | | 09/12/13 | 09/12/13 | 16.00 | 68.80 |
| CLAIM TOTAL | | | | | | 206.40 | CLAIM ACCOUNT REF. 2590980012012143SUP |

REPORT DATE 09/18/13 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 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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259105 | 1 | T1019 | | 09/09/13 | 09/09/13 | 20.00 | 86.00 |
| 259105 | 2 | T1019 | | 09/11/13 | 09/11/13 | 20.00 | 86.00 |
| 259105 | 3 | T1019 | | 09/13/13 | 09/13/13 | 20.00 | 86.00 |
| CLAIM TOTAL | | | | | | | 258.00 |
| CLAIM ACCOUNT REF. | | | | | | | 2591050012012144SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259103 | 1 | T1019 | | 09/09/13 | 09/09/13 | 16.00 | 68.80 |
| 259103 | 2 | T1019 | | 09/10/13 | 09/10/13 | 16.00 | 68.80 |
| 259103 | 3 | T1019 | | 09/11/13 | 09/11/13 | 16.00 | 68.80 |
| 259103 | 4 | T1019 | | 09/12/13 | 09/12/13 | 16.00 | 68.80 |
| 259103 | 5 | T1019 | | 09/13/13 | 09/13/13 | 16.00 | 68.80 |
| CLAIM TOTAL | | | | | | | 344.00 |
| CLAIM ACCOUNT REF. | | | | | | | 2591030012012145SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259104 | 1 | T1019 | | 09/09/13 | 09/09/13 | 16.00 | 68.80 |
| 259104 | 2 | T1019 | | 09/10/13 | 09/10/13 | 16.00 | 68.80 |
| 259104 | 3 | T1019 | | 09/11/13 | 09/11/13 | 16.00 | 68.80 |
| 259104 | 4 | T1019 | | 09/12/13 | 09/12/13 | 16.00 | 68.80 |
| 259104 | 5 | T1019 | | 09/13/13 | 09/13/13 | 16.00 | 68.80 |
| CLAIM TOTAL | | | | | | | 344.00 |
| CLAIM ACCOUNT REF. | | | | | | | 2591040012012146SUP |

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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 259108 | 1 | T1019 | | 09/09/13 | 09/09/13 | 20.00 | 86.00 |
| 259108 | 2 | T1019 | | 09/10/13 | 09/10/13 | 20.00 | 86.00 |
| 259108 | 3 | T1019 | | 09/11/13 | 09/11/13 | 20.00 | 86.00 |
| 259108 | 4 | T1019 | | 09/12/13 | 09/12/13 | 20.00 | 86.00 |
| 259108 | 5 | T1019 | | 09/13/13 | 09/13/13 | 20.00 | 86.00 |

REPORT DATE 09/18/13 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 | CLAIM ACCOUNT REF. |
|-------|--------|----------------|------------|---------|---------|-------------|--------|---------------------|
| | | | | | | CLAIM TOTAL | 430.00 | 2591080012012147SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|--------------------------------|-----|---------|---------|----------------|------------|--------------|-----------------------|
| NY | 001 | 2012149 | 2012149 | REGLA, MARIA F | 11/21/1933 | 691499 | 112206508 |
| DIAGNOSIS CODES: 250.00 715.09 | | | | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|--------|---------------------|
| 259109 | 1 | T1019 | | 09/07/13 | 09/07/13 | 32.00 | 137.60 | |
| 259109 | 2 | T1019 | | 09/09/13 | 09/09/13 | 32.00 | 137.60 | |
| 259109 | 3 | T1019 | | 09/10/13 | 09/10/13 | 32.00 | 137.60 | |
| 259109 | 4 | T1019 | | 09/11/13 | 09/11/13 | 32.00 | 137.60 | |
| 259109 | 5 | T1019 | | 09/12/13 | 09/12/13 | 32.00 | 137.60 | |
| 259109 | 6 | T1019 | | 09/13/13 | 09/13/13 | 32.00 | 137.60 | |
| | | | | | | CLAIM TOTAL | 825.60 | 2591090012012149SUP |

| 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 | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|--------|---------------------|
| 259112 | 1 | T1019 | | 09/04/13 | 09/04/13 | 20.00 | 86.00 | |
| 259112 | 2 | T1019 | | 09/07/13 | 09/07/13 | 20.00 | 86.00 | |
| 259112 | 3 | T1019 | | 09/08/13 | 09/08/13 | 20.00 | 86.00 | |
| 259112 | 4 | T1019 | | 09/09/13 | 09/09/13 | 20.00 | 86.00 | |
| 259112 | 5 | T1019 | | 09/10/13 | 09/10/13 | 20.00 | 86.00 | |
| 259112 | 6 | T1019 | | 09/11/13 | 09/11/13 | 20.00 | 86.00 | |
| 259112 | 7 | T1019 | | 09/12/13 | 09/12/13 | 20.00 | 86.00 | |
| 259112 | 8 | T1019 | | 09/13/13 | 09/13/13 | 20.00 | 86.00 | |
| | | | | | | CLAIM TOTAL | 688.00 | 2591120012012155SUP |

| 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 | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|----------|---------------------|
| 259092 | 1 | T1019 | | 09/07/13 | 09/07/13 | 48.00 | 206.40 | |
| 259092 | 2 | T1019 | | 09/08/13 | 09/08/13 | 48.00 | 206.40 | |
| 259092 | 3 | T1019 | | 09/09/13 | 09/09/13 | 48.00 | 206.40 | |
| 259092 | 4 | T1019 | | 09/10/13 | 09/10/13 | 48.00 | 206.40 | |
| 259092 | 5 | T1019 | | 09/11/13 | 09/11/13 | 48.00 | 206.40 | |
| 259092 | 6 | T1019 | | 09/12/13 | 09/12/13 | 48.00 | 206.40 | |
| 259092 | 7 | T1019 | | 09/13/13 | 09/13/13 | 48.00 | 206.40 | |
| | | | | | | CLAIM TOTAL | 1,444.80 | 2590920012012158SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 2012161 2012161 ALONSO, ANA 03/02/1943 739934 111910597
DIAGNOSIS CODES: 733.09 253.5 272.4

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|--|
| 259079 | 1 | T1019 | | 09/07/13 | 09/07/13 | 20.00 | 86.00 | |
| 259079 | 2 | T1019 | | 09/08/13 | 09/08/13 | 20.00 | 86.00 | |
| 259079 | 3 | T1019 | | 09/09/13 | 09/09/13 | 20.00 | 86.00 | |
| 259079 | 4 | T1019 | | 09/10/13 | 09/10/13 | 20.00 | 86.00 | |
| 259079 | 5 | T1019 | | 09/11/13 | 09/11/13 | 20.00 | 86.00 | |
| 259079 | 6 | T1019 | | 09/12/13 | 09/12/13 | 20.00 | 86.00 | |
| 259079 | 7 | T1019 | | 09/13/13 | 09/13/13 | 20.00 | 86.00 | |
| CLAIM TOTAL | | | | | | | 602.00 | CLAIM ACCOUNT REF. 2590790012012161SUP |

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 | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|--|
| 259115 | 1 | T1019 | | 09/09/13 | 09/09/13 | 24.00 | 103.20 | |
| 259115 | 2 | T1019 | | 09/12/13 | 09/12/13 | 24.00 | 103.20 | |
| 259115 | 3 | T1019 | | 09/13/13 | 09/13/13 | 24.00 | 103.20 | |
| CLAIM TOTAL | | | | | | | 309.60 | CLAIM ACCOUNT REF. 2591150012012261SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012136 2012266 SOTO, RAFAEL B 03/08/1937 700573 112134327
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 | |
|-------------|--------|----------------|------------|----------|----------|-------|----------|--|
| 259116 | 1 | T1019 | | 09/07/13 | 09/07/13 | 36.00 | 154.80 | |
| 259116 | 2 | T1019 | | 09/08/13 | 09/08/13 | 32.00 | 137.60 | |
| 259116 | 3 | T1019 | | 09/09/13 | 09/09/13 | 36.00 | 154.80 | |
| 259116 | 4 | T1019 | | 09/10/13 | 09/10/13 | 34.00 | 146.20 | |
| 259116 | 5 | T1019 | | 09/11/13 | 09/11/13 | 36.00 | 154.80 | |
| 259116 | 6 | T1019 | | 09/12/13 | 09/12/13 | 36.00 | 154.80 | |
| 259116 | 7 | T1019 | | 09/13/13 | 09/13/13 | 36.00 | 154.80 | |
| CLAIM TOTAL | | | | | | | 1,057.80 | CLAIM ACCOUNT REF. 2591160012012266SUP |

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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 259111 | 1 | T1019 | | 09/09/13 | 09/09/13 | 20.00 | 86.00 |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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PROVIDER ID = 113502051
PAYER ID = 14163

SUNNYSIDE CITYWIDE
WELLCARE OF NY

NPI = 1154407492

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 259111 | 2 | T1019 | | 09/10/13 | 09/10/13 | 20.00 | 86.00 | |
| 259111 | 3 | T1019 | | 09/11/13 | 09/11/13 | 20.00 | 86.00 | |
| 259111 | 4 | T1019 | | 09/12/13 | 09/12/13 | 20.00 | 86.00 | |
| 259111 | 5 | T1019 | | 09/13/13 | 09/13/13 | 20.00 | 86.00 | |
| | | | | | CLAIM TOTAL | | 430.00 | CLAIM ACCOUNT REF. 2591110012012719SUP |

| 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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 259093 | 1 | T1019 | | 08/29/13 | 08/29/13 | 48.00 | 206.40 | |
| | | | | | CLAIM TOTAL | | 206.40 | CLAIM ACCOUNT REF. 2590930012012948SUP |

| 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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 259085 | 1 | T1019 | | 09/07/13 | 09/07/13 | 20.00 | 86.00 | |
| 259085 | 2 | T1019 | | 09/08/13 | 09/08/13 | 20.00 | 86.00 | |
| 259085 | 3 | T1019 | | 09/09/13 | 09/09/13 | 20.00 | 86.00 | |
| 259085 | 4 | T1019 | | 09/10/13 | 09/10/13 | 20.00 | 86.00 | |
| 259085 | 5 | T1019 | | 09/11/13 | 09/11/13 | 20.00 | 86.00 | |
| 259085 | 6 | T1019 | | 09/12/13 | 09/12/13 | 20.00 | 86.00 | |
| 259085 | 7 | T1019 | | 09/13/13 | 09/13/13 | 20.00 | 86.00 | |
| | | | | | CLAIM TOTAL | | 602.00 | CLAIM ACCOUNT REF. 2590850012012952SUP |

| 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 | |
|--------|--------|----------------|------------|----------|-------------|-------|----------|--|
| 259084 | 1 | T1019 | | 09/07/13 | 09/07/13 | 84.00 | 361.20 | |
| 259084 | 2 | T1019 | | 09/08/13 | 09/08/13 | 76.00 | 326.80 | |
| 259084 | 3 | T1019 | | 09/10/13 | 09/10/13 | 84.00 | 361.20 | |
| 259084 | 4 | T1019 | | 09/11/13 | 09/11/13 | 84.00 | 361.20 | |
| 259084 | 5 | T1019 | | 09/12/13 | 09/12/13 | 84.00 | 361.20 | |
| 259084 | 6 | T1019 | | 09/13/13 | 09/13/13 | 84.00 | 361.20 | |
| | | | | | CLAIM TOTAL | | 2,132.80 | CLAIM ACCOUNT REF. 2590840012012953SUP |

REPORT DATE 09/18/13 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 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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259090 | 1 | T1019 | | 09/09/13 | 09/09/13 | 20.00 | 86.00 |
| 259090 | 2 | T1019 | | 09/10/13 | 09/10/13 | 19.00 | 81.70 |
| 259090 | 3 | T1019 | | 09/11/13 | 09/11/13 | 20.00 | 86.00 |
| 259090 | 4 | T1019 | | 09/12/13 | 09/12/13 | 20.00 | 86.00 |
| 259090 | 5 | T1019 | | 09/13/13 | 09/13/13 | 20.00 | 86.00 |
| CLAIM TOTAL | | | | | | | 425.70 |
| CLAIM ACCOUNT REF. | | | | | | | 2590900012012979SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012984 2012984 YOUNG, MARY 11/04/1926 762776 112084862
DIAGNOSIS CODES: 342.82 244.9 250.00 272.4 294.10 401.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259119 | 1 | T1019 | | 09/07/13 | 09/07/13 | 32.00 | 137.60 |
| 259119 | 2 | T1019 | | 09/08/13 | 09/08/13 | 32.00 | 137.60 |
| 259119 | 3 | T1019 | | 09/09/13 | 09/09/13 | 32.00 | 137.60 |
| 259119 | 4 | T1019 | | 09/10/13 | 09/10/13 | 32.00 | 137.60 |
| 259119 | 5 | T1019 | | 09/11/13 | 09/11/13 | 32.00 | 137.60 |
| 259119 | 6 | T1019 | | 09/12/13 | 09/12/13 | 32.00 | 137.60 |
| 259119 | 7 | T1019 | | 09/13/13 | 09/13/13 | 32.00 | 137.60 |
| CLAIM TOTAL | | | | | | | 963.20 |
| CLAIM ACCOUNT REF. | | | | | | | 2591190012012984SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259110 | 1 | T1019 | | 09/09/13 | 09/09/13 | 32.00 | 137.60 |
| 259110 | 2 | T1019 | | 09/10/13 | 09/10/13 | 32.00 | 137.60 |
| 259110 | 3 | T1019 | | 09/11/13 | 09/11/13 | 32.00 | 137.60 |
| 259110 | 4 | T1019 | | 09/12/13 | 09/12/13 | 20.00 | 86.00 |
| 259110 | 5 | T1019 | | 09/13/13 | 09/13/13 | 32.00 | 137.60 |
| CLAIM TOTAL | | | | | | | 636.40 |
| CLAIM ACCOUNT REF. | | | | | | | 2591100012013395SUP |

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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 259106 | 1 | T1019 | | 09/07/13 | 09/07/13 | 16.00 | 68.80 |

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NPI = 1154407492

CLAIM ACCOUNT REF. 2591060012013679SUP

PRIOR AUTHORIZATION #
112051869

CLAIM ACCOUNT REF. 2591000012013774SUP

PRIOR AUTHORIZATION #
112177389

CLAIM ACCOUNT REF. 2590830012013987SUP

| | | | | | |
|---------------|----------------|---------------|-----|----------------------|-----------|
| PAYER TOTALS: | WELLCARE OF NY | # OF CLAIMS = | 220 | TOTAL CLAIM AMOUNT = | 26,045.10 |
| | | # SERVICES = | 41 | | |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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

NPI = 1154407492

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 259066 | 1 | T1019 | 0580 | 09/09/13 | 09/09/13 | 16.00 | 67.52 |
| 259066 | 2 | T1019 | 0580 | 09/10/13 | 09/10/13 | 16.00 | 67.52 |
| 259066 | 3 | T1019 | 0580 | 09/11/13 | 09/11/13 | 16.00 | 67.52 |
| 259066 | 4 | T1019 | 0580 | 09/12/13 | 09/12/13 | 16.00 | 67.52 |
| 259066 | 5 | T1019 | 0580 | 09/13/13 | 09/13/13 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | | 337.60 |

CLAIM ACCOUNT REF. 2590660012008513SUP

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 259061 | 1 | T1019 | 0580 | 09/10/13 | 09/10/13 | 16.00 | 67.52 |
| 259061 | 2 | T1019 | 0580 | 09/12/13 | 09/12/13 | 16.00 | 67.52 |
| 259061 | 3 | T1019 | 0580 | 09/13/13 | 09/13/13 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | | 202.56 |

CLAIM ACCOUNT REF. 2590610012008723SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008793 2008793 COPE, WILLIE 02/17/1928 XR98607Q 0004050353006
DIAGNOSIS CODES: 331.0 401.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|----------|
| 259051 | 1 | T1019 | 0580 | 09/07/13 | 09/07/13 | 48.00 | 202.56 |
| 259051 | 2 | T1019 | 0580 | 09/08/13 | 09/08/13 | 48.00 | 202.56 |
| 259051 | 3 | T1019 | 0580 | 09/09/13 | 09/09/13 | 48.00 | 202.56 |
| 259051 | 4 | T1019 | 0580 | 09/10/13 | 09/10/13 | 48.00 | 202.56 |
| 259051 | 5 | T1019 | 0580 | 09/11/13 | 09/11/13 | 48.00 | 202.56 |
| 259051 | 6 | T1019 | 0580 | 09/12/13 | 09/12/13 | 48.00 | 202.56 |
| 259051 | 7 | T1019 | 0580 | 09/13/13 | 09/13/13 | 48.00 | 202.56 |
| CLAIM TOTAL | | | | | | | 1,417.92 |

CLAIM ACCOUNT REF. 2590510012008793SUP

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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 259062 | 1 | T1019 | 0580 | 09/07/13 | 09/07/13 | 32.00 | 135.04 |
| 259062 | 2 | T1019 | 0580 | 09/08/13 | 09/08/13 | 32.00 | 135.04 |
| 259062 | 3 | T1019 | 0580 | 09/10/13 | 09/10/13 | 32.00 | 135.04 |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|---|
| 259062 | 4 | T1019 | 0580 | 09/11/13 | 09/11/13 | 32.00 | 135.04 | |
| 259062 | 5 | T1019 | 0580 | 09/12/13 | 09/12/13 | 32.00 | 135.04 | |
| 259062 | 6 | T1019 | 0580 | 09/13/13 | 09/13/13 | 32.00 | 135.04 | |
| | | | | | CLAIM TOTAL | | 810.24 | CLAIM ACCOUNT REF. 2590620012009237SUP |

| 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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|---|
| 259065 | 1 | T1019 | 0580 | 09/13/13 | 09/13/13 | 20.00 | 84.40 | |
| | | | | | CLAIM TOTAL | | 84.40 | CLAIM ACCOUNT REF. 2590650012009269SUP |

| 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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|---|
| 259063 | 1 | T1019 | 0580 | 09/07/13 | 09/07/13 | 20.00 | 84.40 | |
| 259063 | 2 | T1019 | 0580 | 09/08/13 | 09/08/13 | 20.00 | 84.40 | |
| 259063 | 3 | T1019 | 0580 | 09/09/13 | 09/09/13 | 20.00 | 84.40 | |
| 259063 | 4 | T1019 | 0580 | 09/10/13 | 09/10/13 | 4.00 | 16.88 | |
| 259063 | 5 | T1019 | 0580 | 09/11/13 | 09/11/13 | 20.00 | 84.40 | |
| 259063 | 6 | T1019 | 0580 | 09/12/13 | 09/12/13 | 20.00 | 84.40 | |
| 259063 | 7 | T1019 | 0580 | 09/13/13 | 09/13/13 | 20.00 | 84.40 | |
| | | | | | CLAIM TOTAL | | 523.28 | CLAIM ACCOUNT REF. 2590630012009406SUP |

| 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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|---|
| 259064 | 1 | T1019 | 0580 | 09/11/13 | 09/11/13 | 40.00 | 168.80 | |
| 259064 | 2 | T1019 | 0580 | 09/12/13 | 09/12/13 | 32.00 | 135.04 | |
| | | | | | CLAIM TOTAL | | 303.84 | CLAIM ACCOUNT REF. 2590640012009562SUP |

| 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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 259054 | 1 | T1019 | 0580 | 09/10/13 | 09/10/13 | 16.00 | 67.52 |
| 259054 | 2 | T1019 | 0580 | 09/11/13 | 09/11/13 | 16.00 | 67.52 |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259054 | 3 | T1019 | 0580 | 09/12/13 | 09/12/13 | 16.00 | 67.52 |
| 259054 | 4 | T1019 | 0580 | 09/13/13 | 09/13/13 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | | 270.08 |
| CLAIM ACCOUNT REF. | | | | | | | 2590540012009686SUP |

| 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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259056 | 1 | T1019 | 0580 | 09/07/13 | 09/07/13 | 28.00 | 118.16 |
| 259056 | 2 | T1019 | 0580 | 09/08/13 | 09/08/13 | 28.00 | 118.16 |
| 259056 | 3 | T1019 | 0580 | 09/09/13 | 09/09/13 | 28.00 | 118.16 |
| 259056 | 4 | T1019 | 0580 | 09/10/13 | 09/10/13 | 28.00 | 118.16 |
| 259056 | 5 | T1019 | 0580 | 09/11/13 | 09/11/13 | 28.00 | 118.16 |
| 259056 | 6 | T1019 | 0580 | 09/12/13 | 09/12/13 | 28.00 | 118.16 |
| 259056 | 7 | T1019 | 0580 | 09/13/13 | 09/13/13 | 28.00 | 118.16 |
| CLAIM TOTAL | | | | | | | 827.12 |
| CLAIM ACCOUNT REF. | | | | | | | 2590560012009945SUP |

| 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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259055 | 1 | T1019 | 0580 | 09/07/13 | 09/07/13 | 36.00 | 151.92 |
| 259055 | 2 | T1019 | 0580 | 09/08/13 | 09/08/13 | 36.00 | 151.92 |
| 259055 | 3 | T1019 | 0580 | 09/09/13 | 09/09/13 | 36.00 | 151.92 |
| 259055 | 4 | T1019 | 0580 | 09/10/13 | 09/10/13 | 36.00 | 151.92 |
| 259055 | 5 | T1019 | 0580 | 09/11/13 | 09/11/13 | 36.00 | 151.92 |
| 259055 | 6 | T1019 | 0580 | 09/12/13 | 09/12/13 | 36.00 | 151.92 |
| 259055 | 7 | T1019 | 0580 | 09/13/13 | 09/13/13 | 36.00 | 151.92 |
| CLAIM TOTAL | | | | | | | 1,063.44 |
| CLAIM ACCOUNT REF. | | | | | | | 2590550012010991SUP |

| 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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 259052 | 1 | T1019 | 0580 | 09/07/13 | 09/07/13 | 48.00 | 202.56 |
| 259052 | 2 | T1019 | 0580 | 09/08/13 | 09/08/13 | 48.00 | 202.56 |
| 259052 | 3 | T1019 | 0580 | 09/09/13 | 09/09/13 | 36.00 | 151.92 |
| 259052 | 4 | T1019 | 0580 | 09/10/13 | 09/10/13 | 36.00 | 151.92 |
| 259052 | 5 | T1019 | 0580 | 09/11/13 | 09/11/13 | 36.00 | 151.92 |
| 259052 | 6 | T1019 | 0580 | 09/12/13 | 09/12/13 | 36.00 | 151.92 |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE
PAYER ID = 55247 HEALTH INSURANCE PLAN

NPI = 1154407492

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259052 | 7 | T1019 | 0580 | 09/13/13 | 09/13/13 | 36.00 | 151.92 |
| CLAIM TOTAL | | | | | | | 1,164.72 |
| CLAIM ACCOUNT REF. | | | | | | | 2590520012011066SUP |

| 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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259053 | 1 | T1019 | 0580 | 09/07/13 | 09/07/13 | 48.00 | 202.56 |
| 259053 | 2 | T1019 | 0580 | 09/08/13 | 09/08/13 | 48.00 | 202.56 |
| 259053 | 3 | T1019 | 0580 | 09/09/13 | 09/09/13 | 48.00 | 202.56 |
| 259053 | 4 | T1019 | 0580 | 09/10/13 | 09/10/13 | 23.00 | 97.06 |
| 259053 | 5 | T1019 | 0580 | 09/11/13 | 09/11/13 | 48.00 | 202.56 |
| 259053 | 6 | T1019 | 0580 | 09/12/13 | 09/12/13 | 48.00 | 202.56 |
| 259053 | 7 | T1019 | 0580 | 09/13/13 | 09/13/13 | 48.00 | 202.56 |
| CLAIM TOTAL | | | | | | | 1,312.42 |
| CLAIM ACCOUNT REF. | | | | | | | 2590530012011526SUP |

| 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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259058 | 1 | T1019 | 0580 | 09/07/13 | 09/07/13 | 24.00 | 101.28 |
| 259058 | 2 | T1019 | 0580 | 09/08/13 | 09/08/13 | 24.00 | 101.28 |
| 259058 | 3 | T1019 | 0580 | 09/09/13 | 09/09/13 | 24.00 | 101.28 |
| 259058 | 4 | T1019 | 0580 | 09/11/13 | 09/11/13 | 24.00 | 101.28 |
| 259058 | 5 | T1019 | 0580 | 09/12/13 | 09/12/13 | 20.00 | 84.40 |
| 259058 | 6 | T1019 | 0580 | 09/13/13 | 09/13/13 | 24.00 | 101.28 |
| CLAIM TOTAL | | | | | | | 590.80 |
| CLAIM ACCOUNT REF. | | | | | | | 2590580012012541SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|-----|---------|---------|-------------------|------------|--------------|-----------------------|
| NY | 001 | 2013402 | 2013402 | MCALLISTER, ANNIE | 03/29/1937 | ZP91513K | 0006313393 |
| DIAGNOSIS | | CODES: | V61.9 | 401.9 | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259059 | 1 | T1019 | 0580 | 09/09/13 | 09/09/13 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | | 67.52 |
| CLAIM ACCOUNT REF. | | | | | | | 2590590012013402SUP |

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NPI = 1154407492

PRIOR AUTHORIZATION #

| | | | |
|-------------|----------|--------------------|---------------------|
| CLAIM TOTAL | 2,430.72 | CLAIM ACCOUNT REF. | 2590570012013531SUP |
|-------------|----------|--------------------|---------------------|

PRIOR AUTHORIZATION #

| | | | |
|-------------|--------|--------------------|---------------------|
| CLAIM TOTAL | 151.92 | CLAIM ACCOUNT REF. | 2590600012013811SUP |
|-------------|--------|--------------------|---------------------|

| | | | | | |
|---------------|-----------------------|---------------|----|----------------------|-----------|
| PAYER TOTALS: | HEALTH INSURANCE PLAN | # OF CLAIMS = | 79 | TOTAL CLAIM AMOUNT = | 11,558.58 |
| | | # SERVICES = | 16 | | |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 | |
|--------|--------|----------------|------------|----------|-------------|--------|--------|--|
| 259193 | 1 | T1019 | | 09/09/13 | 09/09/13 | 28.00 | 120.12 | |
| 259193 | 2 | T1019 | | 09/10/13 | 09/10/13 | 28.00 | 120.12 | |
| 259193 | 3 | T1019 | | 09/11/13 | 09/11/13 | 28.00 | 120.12 | |
| 259193 | 4 | T1019 | | 09/12/13 | 09/12/13 | 28.00 | 120.12 | |
| | | | | | CLAIM TOTAL | 480.48 | | CLAIM ACCOUNT REF. 2591930012010958SUP |

PAYER TOTALS: VNSNY CHOICE # OF CLAIMS = 4 TOTAL CLAIM AMOUNT = 480.48
SERVICES = 1

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|--|
| 259136 | 1 | T1019 | | 09/09/13 | 09/09/13 | 44.00 | 156.64 | |
| 259136 | 2 | T1019 | | 09/10/13 | 09/10/13 | 28.00 | 99.68 | |
| 259136 | 3 | T1019 | | 09/11/13 | 09/11/13 | 28.00 | 99.68 | |
| 259136 | 4 | T1019 | | 09/12/13 | 09/12/13 | 28.00 | 99.68 | |
| 259136 | 5 | T1019 | | 09/13/13 | 09/13/13 | 36.00 | 128.16 | |
| CLAIM TOTAL | | | | | | | 583.84 | CLAIM ACCOUNT REF. 2591360012003583SUP |

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 | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|--|
| 259166 | 1 | T1019 | | 09/09/13 | 09/09/13 | 16.00 | 56.96 | |
| 259166 | 2 | T1019 | | 09/10/13 | 09/10/13 | 16.00 | 56.96 | |
| 259166 | 3 | T1019 | | 09/11/13 | 09/11/13 | 16.00 | 56.96 | |
| CLAIM TOTAL | | | | | | | 170.88 | CLAIM ACCOUNT REF. 2591660012003639SUP |

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 | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|--|
| 259122 | 1 | T1019 | | 09/02/13 | 09/02/13 | 16.00 | 56.96 | |
| CLAIM TOTAL | | | | | | | 56.96 | CLAIM ACCOUNT REF. 2591220012004602SUP |

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 | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|--|
| 259167 | 1 | S5130 | | 09/09/13 | 09/09/13 | 16.00 | 56.96 | |
| CLAIM TOTAL | | | | | | | 56.96 | CLAIM ACCOUNT REF. 2591670012004798SUP |

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 | |
|--------|--------|----------------|------------|----------|----------|-------|--------|--|
| 259161 | 1 | T1019 | | 09/10/13 | 09/10/13 | 16.00 | 56.96 | |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 |
|--------|--------|----------------|------------|----------|----------|-------|---|
| 259161 | 2 | T1019 | | 09/12/13 | 09/12/13 | 16.00 | 56.96 |
| | | | | | | | CLAIM TOTAL |
| | | | | | | | 113.92 CLAIM ACCOUNT REF. 2591610012005079SUP |

| 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 |
|--------|--------|----------------|------------|----------|----------|-------|---|
| 259144 | 1 | T1019 | | 09/07/13 | 09/07/13 | 48.00 | 170.88 |
| 259144 | 2 | T1019 | | 09/08/13 | 09/08/13 | 48.00 | 170.88 |
| 259144 | 3 | T1019 | | 09/09/13 | 09/09/13 | 48.00 | 170.88 |
| 259144 | 4 | T1019 | | 09/10/13 | 09/10/13 | 48.00 | 170.88 |
| 259144 | 5 | T1019 | | 09/11/13 | 09/11/13 | 48.00 | 170.88 |
| 259144 | 6 | T1019 | | 09/12/13 | 09/12/13 | 48.00 | 170.88 |
| 259144 | 7 | T1019 | | 09/13/13 | 09/13/13 | 48.00 | 170.88 |
| | | | | | | | CLAIM TOTAL |
| | | | | | | | 1,196.16 CLAIM ACCOUNT REF. 2591440012006762SUP |

| 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 |
|--------|--------|----------------|------------|----------|----------|-------|---|
| 259160 | 1 | T1019 | | 09/07/13 | 09/07/13 | 16.00 | 56.96 |
| 259160 | 2 | T1019 | | 09/08/13 | 09/08/13 | 16.00 | 56.96 |
| 259160 | 3 | T1019 | | 09/09/13 | 09/09/13 | 32.00 | 113.92 |
| 259160 | 4 | T1019 | | 09/10/13 | 09/10/13 | 32.00 | 113.92 |
| 259160 | 5 | T1019 | | 09/11/13 | 09/11/13 | 32.00 | 113.92 |
| 259160 | 6 | T1019 | | 09/12/13 | 09/12/13 | 32.00 | 113.92 |
| 259160 | 7 | T1019 | | 09/13/13 | 09/13/13 | 32.00 | 113.92 |
| | | | | | | | CLAIM TOTAL |
| | | | | | | | 683.52 CLAIM ACCOUNT REF. 2591600012007165SUP |

| 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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 259133 | 1 | S5125 | | 09/07/13 | 09/07/13 | 16.00 | 56.96 |
| 259133 | 2 | S5125 | | 09/08/13 | 09/08/13 | 16.00 | 56.96 |
| 259133 | 3 | S5125 | | 09/09/13 | 09/09/13 | 20.00 | 71.20 |
| 259133 | 4 | S5125 | | 09/10/13 | 09/10/13 | 20.00 | 71.20 |
| 259133 | 5 | S5125 | | 09/11/13 | 09/11/13 | 20.00 | 71.20 |
| 259133 | 6 | S5125 | | 09/12/13 | 09/12/13 | 20.00 | 71.20 |
| 259133 | 7 | S5125 | | 09/13/13 | 09/13/13 | 20.00 | 71.20 |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 | 469.92 | 2591330012007478SUP |

| 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 | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|----------|---------------------|
| 259134 | 1 | S5125 | | 09/07/13 | 09/07/13 | 80.00 | 284.80 | |
| 259134 | 2 | S5125 | | 09/08/13 | 09/08/13 | 80.00 | 284.80 | |
| 259134 | 3 | S5125 | | 09/09/13 | 09/09/13 | 76.00 | 270.56 | |
| 259134 | 4 | S5125 | | 09/10/13 | 09/10/13 | 76.00 | 270.56 | |
| 259134 | 5 | S5125 | | 09/11/13 | 09/11/13 | 76.00 | 270.56 | |
| 259134 | 6 | S5125 | | 09/12/13 | 09/12/13 | 76.00 | 270.56 | |
| 259134 | 7 | S5125 | | 09/13/13 | 09/13/13 | 76.00 | 270.56 | |
| | | | | | | CLAIM TOTAL | 1,922.40 | 2591340012007590SUP |

| 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 | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|--------|---------------------|
| 259014 | 1 | T1019 | | 09/07/13 | 09/07/13 | 44.00 | 185.68 | |
| 259014 | 2 | T1019 | | 09/08/13 | 09/08/13 | 44.00 | 185.68 | |
| 259014 | 3 | T1019 | | 09/09/13 | 09/09/13 | 44.00 | 185.68 | |
| 259014 | 4 | T1019 | | 09/10/13 | 09/10/13 | 44.00 | 185.68 | |
| | | | | | | CLAIM TOTAL | 742.72 | 2590140012008249SUP |

| 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 | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|--------|---------------------|
| 259022 | 1 | T1019 | | 09/07/13 | 09/07/13 | 32.00 | 135.04 | |
| 259022 | 2 | T1019 | | 09/08/13 | 09/08/13 | 32.00 | 135.04 | |
| 259022 | 3 | T1019 | | 09/09/13 | 09/09/13 | 32.00 | 135.04 | |
| 259022 | 4 | T1019 | | 09/10/13 | 09/10/13 | 32.00 | 135.04 | |
| 259022 | 5 | T1019 | | 09/11/13 | 09/11/13 | 32.00 | 135.04 | |
| 259022 | 6 | T1019 | | 09/12/13 | 09/12/13 | 32.00 | 135.04 | |
| 259022 | 7 | T1019 | | 09/13/13 | 09/13/13 | 32.00 | 135.04 | |
| | | | | | | CLAIM TOTAL | 945.28 | 2590220012008250SUP |

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 258996 | 1 | T1019 | | 09/07/13 | 09/07/13 | 32.00 | 135.04 |
| 258996 | 2 | T1019 | | 09/09/13 | 09/09/13 | 32.00 | 135.04 |
| 258996 | 3 | T1019 | | 09/10/13 | 09/10/13 | 32.00 | 135.04 |
| 258996 | 4 | T1019 | | 09/11/13 | 09/11/13 | 32.00 | 135.04 |
| 258996 | 5 | T1019 | | 09/12/13 | 09/12/13 | 32.00 | 135.04 |
| CLAIM TOTAL | | | | | | | 675.20 |
| | | | | | | | CLAIM ACCOUNT REF. 2589960012008251SUP |

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 259015 | 1 | T1019 | | 09/07/13 | 09/07/13 | 48.00 | 202.56 |
| 259015 | 2 | T1019 | | 09/08/13 | 09/08/13 | 48.00 | 202.56 |
| 259015 | 3 | T1019 | | 09/09/13 | 09/09/13 | 48.00 | 202.56 |
| 259015 | 4 | T1019 | | 09/10/13 | 09/10/13 | 48.00 | 202.56 |
| 259015 | 5 | T1019 | | 09/11/13 | 09/11/13 | 48.00 | 202.56 |
| 259015 | 6 | T1019 | | 09/12/13 | 09/12/13 | 48.00 | 202.56 |
| 259015 | 7 | T1019 | | 09/13/13 | 09/13/13 | 48.00 | 202.56 |
| CLAIM TOTAL | | | | | | | 1,417.92 |
| | | | | | | | CLAIM ACCOUNT REF. 2590150012008253SUP |

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 259025 | 1 | T1019 | | 09/09/13 | 09/09/13 | 32.00 | 135.04 |
| 259025 | 2 | T1019 | | 09/10/13 | 09/10/13 | 32.00 | 135.04 |
| 259025 | 3 | T1019 | | 09/11/13 | 09/11/13 | 32.00 | 135.04 |
| 259025 | 4 | T1019 | | 09/12/13 | 09/12/13 | 32.00 | 135.04 |
| CLAIM TOTAL | | | | | | | 540.16 |
| | | | | | | | CLAIM ACCOUNT REF. 2590250012008254SUP |

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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 258994 | 1 | T1019 | | 09/09/13 | 09/09/13 | 32.00 | 135.04 |
| 258994 | 2 | T1019 | | 09/10/13 | 09/10/13 | 32.00 | 135.04 |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 | |
|--------|--------|----------------|------------|-------------|----------|-------|--------|--|
| 258994 | 3 | T1019 | | 09/11/13 | 09/11/13 | 32.00 | 135.04 | |
| 258994 | 4 | T1019 | | 09/12/13 | 09/12/13 | 32.00 | 135.04 | |
| 258994 | 5 | T1019 | | 09/13/13 | 09/13/13 | 32.00 | 135.04 | |
| | | | | CLAIM TOTAL | | | 675.20 | CLAIM ACCOUNT REF. 2589940012008256SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008290 2008290 SALHUANA, YOLANDA 08/25/1935 SZ24247J 0103261301164
DIAGNOSIS CODES: 249.70 362.50 401.9 733.00

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|-------------|----------|-------|--------|--|
| 259023 | 1 | T1019 | | 09/09/13 | 09/09/13 | 32.00 | 135.04 | |
| 259023 | 2 | T1019 | | 09/10/13 | 09/10/13 | 32.00 | 135.04 | |
| 259023 | 3 | T1019 | | 09/11/13 | 09/11/13 | 32.00 | 135.04 | |
| 259023 | 4 | T1019 | | 09/12/13 | 09/12/13 | 32.00 | 135.04 | |
| 259023 | 5 | T1019 | | 09/13/13 | 09/13/13 | 32.00 | 135.04 | |
| | | | | CLAIM TOTAL | | | 675.20 | CLAIM ACCOUNT REF. 2590230012008290SUP |

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 | |
|--------|--------|----------------|------------|-------------|----------|-------|--------|--|
| 259021 | 1 | T1019 | | 09/09/13 | 09/09/13 | 16.00 | 67.52 | |
| 259021 | 2 | T1019 | | 09/10/13 | 09/10/13 | 16.00 | 67.52 | |
| 259021 | 3 | T1019 | | 09/11/13 | 09/11/13 | 16.00 | 67.52 | |
| 259021 | 4 | T1019 | | 09/12/13 | 09/12/13 | 16.00 | 67.52 | |
| 259021 | 5 | T1019 | | 09/13/13 | 09/13/13 | 16.00 | 67.52 | |
| | | | | CLAIM TOTAL | | | 337.60 | CLAIM ACCOUNT REF. 2590210012008368SUP |

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 | |
|--------|--------|----------------|------------|-------------|----------|-------|--------|--|
| 259003 | 1 | T1019 | | 09/07/13 | 09/07/13 | 32.00 | 135.04 | |
| 259003 | 2 | T1019 | | 09/08/13 | 09/08/13 | 32.00 | 135.04 | |
| 259003 | 3 | T1019 | | 09/09/13 | 09/09/13 | 32.00 | 135.04 | |
| 259003 | 4 | T1019 | | 09/10/13 | 09/10/13 | 32.00 | 135.04 | |
| 259003 | 5 | T1019 | | 09/11/13 | 09/11/13 | 32.00 | 135.04 | |
| 259003 | 6 | T1019 | | 09/12/13 | 09/12/13 | 32.00 | 135.04 | |
| | | | | CLAIM TOTAL | | | 810.24 | CLAIM ACCOUNT REF. 2590030012008411SUP |

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 2008411 2008411 FRANCISCO, RICHARD 07/10/1968 XR22414G 0108161301979
DIAGNOSIS CODES: 401.9 443.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259004 | 1 | T1019 | | 09/13/13 | 09/13/13 | 32.00 | 135.04 |
| CLAIM TOTAL | | | | | | | 135.04 |
| CLAIM ACCOUNT REF. | | | | | | | 2590040012008411SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 258991 | 1 | T1019 | | 09/07/13 | 09/07/13 | 32.00 | 135.04 |
| 258991 | 2 | T1019 | | 09/08/13 | 09/08/13 | 32.00 | 135.04 |
| 258991 | 3 | T1019 | | 09/09/13 | 09/09/13 | 32.00 | 135.04 |
| 258991 | 4 | T1019 | | 09/10/13 | 09/10/13 | 32.00 | 135.04 |
| 258991 | 5 | T1019 | | 09/11/13 | 09/11/13 | 32.00 | 135.04 |
| 258991 | 6 | T1019 | | 09/12/13 | 09/12/13 | 32.00 | 135.04 |
| 258991 | 7 | T1019 | | 09/13/13 | 09/13/13 | 32.00 | 135.04 |
| CLAIM TOTAL | | | | | | | 945.28 |
| CLAIM ACCOUNT REF. | | | | | | | 2589910012008433SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 258990 | 1 | T1019 | | 09/07/13 | 09/07/13 | 12.00 | 50.64 |
| 258990 | 2 | T1019 | | 09/09/13 | 09/09/13 | 20.00 | 84.40 |
| 258990 | 3 | T1019 | | 09/10/13 | 09/10/13 | 20.00 | 84.40 |
| 258990 | 4 | T1019 | | 09/11/13 | 09/11/13 | 20.00 | 84.40 |
| 258990 | 5 | T1019 | | 09/12/13 | 09/12/13 | 20.00 | 84.40 |
| 258990 | 6 | T1019 | | 09/13/13 | 09/13/13 | 20.00 | 84.40 |
| CLAIM TOTAL | | | | | | | 472.64 |
| CLAIM ACCOUNT REF. | | | | | | | 2589900012008487SUP |

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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 259028 | 1 | T1019 | | 09/07/13 | 09/07/13 | 48.00 | 202.56 |
| 259028 | 2 | T1019 | | 09/08/13 | 09/08/13 | 48.00 | 202.56 |
| 259028 | 3 | T1019 | | 09/09/13 | 09/09/13 | 48.00 | 202.56 |
| 259028 | 4 | T1019 | | 09/10/13 | 09/10/13 | 48.00 | 202.56 |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 | |
|--------|--------|----------------|------------|-------------|----------|----------|--------|--|
| 259028 | 5 | T1019 | | 09/11/13 | 09/11/13 | 48.00 | 202.56 | |
| 259028 | 6 | T1019 | | 09/12/13 | 09/12/13 | 48.00 | 202.56 | |
| 259028 | 7 | T1019 | | 09/13/13 | 09/13/13 | 48.00 | 202.56 | |
| | | | | CLAIM TOTAL | | 1,417.92 | | CLAIM ACCOUNT REF. 2590280012008558SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008571 2008571 ESPAILLAT, AMPARO 12/25/1949 ZG25447P R2194279
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 | |
|--------|--------|----------------|------------|-------------|----------|--------|--------|--|
| 259001 | 1 | T1019 | | 09/09/13 | 09/09/13 | 24.00 | 101.28 | |
| 259001 | 2 | T1019 | | 09/10/13 | 09/10/13 | 24.00 | 101.28 | |
| 259001 | 3 | T1019 | | 09/11/13 | 09/11/13 | 24.00 | 101.28 | |
| 259001 | 4 | T1019 | | 09/12/13 | 09/12/13 | 24.00 | 101.28 | |
| 259001 | 5 | T1019 | | 09/13/13 | 09/13/13 | 24.00 | 101.28 | |
| | | | | CLAIM TOTAL | | 506.40 | | CLAIM ACCOUNT REF. 2590010012008571SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008745 2008745 TORRESCAMPOS, JOVITA 02/15/1939 SK28000U R2430244
DIAGNOSIS CODES: 463. 272.2 401.9 462. V12.54

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|-------------|----------|--------|--------|--|
| 259165 | 1 | T1019 | | 09/09/13 | 09/09/13 | 32.00 | 113.92 | |
| 259165 | 2 | T1019 | | 09/10/13 | 09/10/13 | 32.00 | 113.92 | |
| 259165 | 3 | T1019 | | 09/11/13 | 09/11/13 | 32.00 | 113.92 | |
| 259165 | 4 | T1019 | | 09/12/13 | 09/12/13 | 32.00 | 113.92 | |
| 259165 | 5 | T1019 | | 09/13/13 | 09/13/13 | 32.00 | 113.92 | |
| | | | | CLAIM TOTAL | | 569.60 | | CLAIM ACCOUNT REF. 2591650012008745SUP |

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 | |
|--------|--------|----------------|------------|-------------|----------|--------|--------|--|
| 259123 | 1 | T1019 | | 09/08/13 | 09/08/13 | 28.00 | 99.68 | |
| 259123 | 2 | T1019 | | 09/10/13 | 09/10/13 | 28.00 | 99.68 | |
| 259123 | 3 | T1019 | | 09/11/13 | 09/11/13 | 28.00 | 99.68 | |
| 259123 | 4 | T1019 | | 09/12/13 | 09/12/13 | 28.00 | 99.68 | |
| | | | | CLAIM TOTAL | | 398.72 | | CLAIM ACCOUNT REF. 2591230012008919SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 2008271 2009270 CARRION, MARIA 06/30/1928 SC64434E 0104091302208
DIAGNOSIS CODES: 250.00 294.10 401.9 V12.54

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|----------|--|
| 258995 | 1 | T1019 | | 08/28/13 | 08/28/13 | 32.00 | 135.04 |
| 258995 | 2 | T1019 | | 08/29/13 | 08/29/13 | 32.00 | 135.04 |
| 258995 | 3 | T1019 | | 08/30/13 | 08/30/13 | 32.00 | 135.04 |
| 258995 | 4 | T1019 | | 08/31/13 | 08/31/13 | 32.00 | 135.04 |
| 258995 | 5 | T1019 | | 09/02/13 | 09/02/13 | 32.00 | 135.04 |
| 258995 | 6 | T1019 | | 09/03/13 | 09/03/13 | 32.00 | 135.04 |
| 258995 | 7 | T1019 | | 09/04/13 | 09/04/13 | 32.00 | 135.04 |
| 258995 | 8 | T1019 | | 09/05/13 | 09/05/13 | 32.00 | 135.04 |
| 258995 | 9 | T1019 | | 09/06/13 | 09/06/13 | 32.00 | 135.04 |
| 258995 | 10 | T1019 | | 09/07/13 | 09/07/13 | 32.00 | 135.04 |
| 258995 | 11 | T1019 | | 09/09/13 | 09/09/13 | 32.00 | 135.04 |
| 258995 | 12 | T1019 | | 09/10/13 | 09/10/13 | 32.00 | 135.04 |
| 258995 | 13 | T1019 | | 09/11/13 | 09/11/13 | 32.00 | 135.04 |
| 258995 | 14 | T1019 | | 09/12/13 | 09/12/13 | 32.00 | 135.04 |
| 258995 | 15 | T1019 | | 09/13/13 | 09/13/13 | 32.00 | 135.04 |
| CLAIM TOTAL | | | | | | 2,025.60 | CLAIM ACCOUNT REF. 2589950012009270SUP |

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 |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 259005 | 1 | T1019 | | 09/09/13 | 09/09/13 | 16.00 | 67.52 |
| 259005 | 2 | T1019 | | 09/11/13 | 09/11/13 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | 135.04 | CLAIM ACCOUNT REF. 2590050012009425SUP |

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 |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 259130 | 1 | T1019 | | 09/07/13 | 09/07/13 | 20.00 | 71.20 |
| 259130 | 2 | T1019 | | 09/08/13 | 09/08/13 | 20.00 | 71.20 |
| 259130 | 3 | T1019 | | 09/09/13 | 09/09/13 | 20.00 | 71.20 |
| 259130 | 4 | T1019 | | 09/10/13 | 09/10/13 | 20.00 | 71.20 |
| 259130 | 5 | T1019 | | 09/11/13 | 09/11/13 | 20.00 | 71.20 |
| 259130 | 6 | T1019 | | 09/12/13 | 09/12/13 | 20.00 | 71.20 |
| 259130 | 7 | T1019 | | 09/13/13 | 09/13/13 | 20.00 | 71.20 |
| CLAIM TOTAL | | | | | | 498.40 | CLAIM ACCOUNT REF. 2591300012009442SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 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 |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 258992 | 1 | T1019 | | 08/18/13 | 08/18/13 | 24.00 | 101.28 |
| 258992 | 2 | T1019 | | 08/25/13 | 08/25/13 | 24.00 | 101.28 |
| 258992 | 3 | T1019 | | 09/07/13 | 09/07/13 | 24.00 | 101.28 |
| 258992 | 4 | T1019 | | 09/08/13 | 09/08/13 | 24.00 | 101.28 |
| 258992 | 5 | T1019 | | 09/09/13 | 09/09/13 | 24.00 | 101.28 |
| 258992 | 6 | T1019 | | 09/10/13 | 09/10/13 | 24.00 | 101.28 |
| 258992 | 7 | T1019 | | 09/11/13 | 09/11/13 | 24.00 | 101.28 |
| 258992 | 8 | T1019 | | 09/12/13 | 09/12/13 | 24.00 | 101.28 |
| 258992 | 9 | T1019 | | 09/13/13 | 09/13/13 | 24.00 | 101.28 |
| CLAIM TOTAL | | | | | | 911.52 | CLAIM ACCOUNT REF. 2589920012009560SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008299 2010311 LAZALA, GLADYS 02/03/1950 ZT39863D R2308248
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 |
|-------------|--------|----------------|------------|----------|----------|----------|--|
| 259012 | 1 | T1019 | | 09/07/13 | 09/07/13 | 48.00 | 202.56 |
| 259012 | 2 | T1019 | | 09/08/13 | 09/08/13 | 48.00 | 202.56 |
| 259012 | 3 | T1019 | | 09/09/13 | 09/09/13 | 48.00 | 202.56 |
| 259012 | 4 | T1019 | | 09/10/13 | 09/10/13 | 48.00 | 202.56 |
| 259012 | 5 | T1019 | | 09/11/13 | 09/11/13 | 48.00 | 202.56 |
| 259012 | 6 | T1019 | | 09/12/13 | 09/12/13 | 48.00 | 202.56 |
| 259012 | 7 | T1019 | | 09/13/13 | 09/13/13 | 48.00 | 202.56 |
| CLAIM TOTAL | | | | | | 1,417.92 | CLAIM ACCOUNT REF. 2590120012010311SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010758 2010758 VASQUEZ, OLGA 11/20/1948 WU00136E R2094038
DIAGNOSIS CODES: 311. 244.9 253.5 401.9 429.9 493.90 948.11

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 259032 | 1 | T1019 | | 08/11/13 | 08/11/13 | 20.00 | 84.40 |
| 259032 | 2 | T1019 | | 09/07/13 | 09/07/13 | 20.00 | 84.40 |
| 259032 | 3 | T1019 | | 09/08/13 | 09/08/13 | 20.00 | 84.40 |
| CLAIM TOTAL | | | | | | 253.20 | CLAIM ACCOUNT REF. 2590320012010758SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 2010758 2010758 VASQUEZ, OLGA 11/20/1948 WU00136E 0108281302477
DIAGNOSIS CODES: 311. 244.9 253.5 401.9 429.9 493.90 948.11

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|--|
| 259033 | 1 | T1019 | | 09/12/13 | 09/12/13 | 20.00 | 84.40 | |
| 259033 | 2 | T1019 | | 09/13/13 | 09/13/13 | 20.00 | 84.40 | |
| CLAIM TOTAL | | | | | | | 168.80 | CLAIM ACCOUNT REF. 2590330012010758SUP |

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 | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|--|
| 259011 | 1 | T1019 | | 09/09/13 | 09/09/13 | 32.00 | 135.04 | |
| 259011 | 2 | T1019 | | 09/10/13 | 09/10/13 | 32.00 | 135.04 | |
| 259011 | 3 | T1019 | | 09/11/13 | 09/11/13 | 32.00 | 135.04 | |
| 259011 | 4 | T1019 | | 09/12/13 | 09/12/13 | 32.00 | 135.04 | |
| 259011 | 5 | T1019 | | 09/13/13 | 09/13/13 | 32.00 | 135.04 | |
| CLAIM TOTAL | | | | | | | 675.20 | CLAIM ACCOUNT REF. 2590110012010967SUP |

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 | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|--|
| 258993 | 1 | T1019 | | 09/09/13 | 09/09/13 | 40.00 | 168.80 | |
| 258993 | 2 | T1019 | | 09/10/13 | 09/10/13 | 40.00 | 168.80 | |
| 258993 | 3 | T1019 | | 09/11/13 | 09/11/13 | 40.00 | 168.80 | |
| 258993 | 4 | T1019 | | 09/12/13 | 09/12/13 | 40.00 | 168.80 | |
| 258993 | 5 | T1019 | | 09/13/13 | 09/13/13 | 40.00 | 168.80 | |
| CLAIM TOTAL | | | | | | | 844.00 | CLAIM ACCOUNT REF. 2589930012011528SUP |

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 | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|--|
| 259157 | 1 | T1019 | | 08/07/13 | 08/07/13 | 16.00 | 56.96 | |
| 259157 | 2 | T1019 | | 08/09/13 | 08/09/13 | 16.00 | 56.96 | |
| 259157 | 3 | T1019 | | 08/12/13 | 08/12/13 | 16.00 | 56.96 | |
| CLAIM TOTAL | | | | | | | 170.88 | CLAIM ACCOUNT REF. 2591570012011790SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 2011790 2011790 SALICRUP, CARMEN 08/27/1933 UM62649X R2421671
DIAGNOSIS CODES: 250.93 272.4

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 259158 | 1 | T1019 | | 09/09/13 | 09/09/13 | 16.00 | 56.96 |
| 259158 | 2 | T1019 | | 09/11/13 | 09/11/13 | 16.00 | 56.96 |
| 259158 | 3 | T1019 | | 09/13/13 | 09/13/13 | 16.00 | 56.96 |
| CLAIM TOTAL | | | | | | | 170.88 |

CLAIM ACCOUNT REF. 2591580012011790SUP

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 259148 | 1 | T1019 | | 09/09/13 | 09/09/13 | 32.00 | 113.92 |
| 259148 | 2 | T1019 | | 09/10/13 | 09/10/13 | 32.00 | 113.92 |
| 259148 | 3 | T1019 | | 09/11/13 | 09/11/13 | 32.00 | 113.92 |
| 259148 | 4 | T1019 | | 09/12/13 | 09/12/13 | 32.00 | 113.92 |
| 259148 | 5 | T1019 | | 09/13/13 | 09/13/13 | 32.00 | 113.92 |
| CLAIM TOTAL | | | | | | | 569.60 |

CLAIM ACCOUNT REF. 2591480012011791SUP

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 259156 | 1 | T1019 | | 09/10/13 | 09/10/13 | 36.00 | 128.16 |
| 259156 | 2 | T1019 | | 09/11/13 | 09/11/13 | 36.00 | 128.16 |
| 259156 | 3 | T1019 | | 09/12/13 | 09/12/13 | 36.00 | 128.16 |
| CLAIM TOTAL | | | | | | | 384.48 |

CLAIM ACCOUNT REF. 2591560012011794SUP

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 259154 | 1 | T1019 | | 09/09/13 | 09/09/13 | 32.00 | 113.92 |
| 259154 | 2 | T1019 | | 09/10/13 | 09/10/13 | 28.00 | 99.68 |
| 259154 | 3 | T1019 | | 09/11/13 | 09/11/13 | 20.00 | 71.20 |
| 259154 | 4 | T1019 | | 09/13/13 | 09/13/13 | 20.00 | 71.20 |
| CLAIM TOTAL | | | | | | | 356.00 |

CLAIM ACCOUNT REF. 2591540012011796SUP

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 2008405 2011820 ST ROMAINE, CLAUDE 10/01/1956 UZ14868C R2159493
DIAGNOSIS CODES: 952.9 344.9 596.54

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259026 | 1 | T1019 | | 08/09/13 | 08/09/13 | 40.00 | 168.80 |
| CLAIM TOTAL | | | | | | | 168.80 |
| CLAIM ACCOUNT REF. | | | | | | | 2590260012011820SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008405 2011820 ST ROMAINE, CLAUDE 10/01/1956 UZ14868C R2374924
DIAGNOSIS CODES: 952.9 344.9 596.54

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259027 | 1 | T1019 | | 09/02/13 | 09/02/13 | 40.00 | 168.80 |
| 259027 | 2 | T1019 | | 09/07/13 | 09/07/13 | 32.00 | 135.04 |
| 259027 | 3 | T1019 | | 09/08/13 | 09/08/13 | 32.00 | 135.04 |
| 259027 | 4 | T1019 | | 09/09/13 | 09/09/13 | 40.00 | 168.80 |
| 259027 | 5 | T1019 | | 09/10/13 | 09/10/13 | 36.00 | 151.92 |
| 259027 | 6 | T1019 | | 09/11/13 | 09/11/13 | 40.00 | 168.80 |
| 259027 | 7 | T1019 | | 09/12/13 | 09/12/13 | 40.00 | 168.80 |
| 259027 | 8 | T1019 | | 09/13/13 | 09/13/13 | 40.00 | 168.80 |
| CLAIM TOTAL | | | | | | | 1,266.00 |
| CLAIM ACCOUNT REF. | | | | | | | 2590270012011820SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259132 | 1 | T1019 | | 09/07/13 | 09/07/13 | 40.00 | 142.40 |
| 259132 | 2 | T1019 | | 09/08/13 | 09/08/13 | 40.00 | 142.40 |
| 259132 | 3 | T1019 | | 09/09/13 | 09/09/13 | 40.00 | 142.40 |
| 259132 | 4 | T1019 | | 09/10/13 | 09/10/13 | 40.00 | 142.40 |
| 259132 | 5 | T1019 | | 09/11/13 | 09/11/13 | 40.00 | 142.40 |
| 259132 | 6 | T1019 | | 09/12/13 | 09/12/13 | 40.00 | 142.40 |
| 259132 | 7 | T1019 | | 09/13/13 | 09/13/13 | 40.00 | 142.40 |
| CLAIM TOTAL | | | | | | | 996.80 |
| CLAIM ACCOUNT REF. | | | | | | | 2591320012011867SUP |

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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 259125 | 1 | T1019 | | 08/13/13 | 08/13/13 | 16.00 | 56.96 |
| 259125 | 2 | T1019 | | 08/15/13 | 08/15/13 | 16.00 | 56.96 |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 | |
|--------|--------|----------------|------------|-------------|----------|-------|--------|--|
| 259125 | 3 | T1019 | | 08/22/13 | 08/22/13 | 16.00 | 56.96 | |
| 259125 | 4 | T1019 | | 09/10/13 | 09/10/13 | 16.00 | 56.96 | |
| 259125 | 5 | T1019 | | 09/11/13 | 09/11/13 | 16.00 | 56.96 | |
| 259125 | 6 | T1019 | | 09/12/13 | 09/12/13 | 16.00 | 56.96 | |
| 259125 | 7 | T1019 | | 09/13/13 | 09/13/13 | 16.00 | 56.96 | |
| | | | | CLAIM TOTAL | | | 398.72 | CLAIM ACCOUNT REF. 2591250012011868SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|-------------|----------|-------|--------|--|
| 259159 | 1 | T1019 | | 09/09/13 | 09/09/13 | 32.00 | 113.92 | |
| 259159 | 2 | T1019 | | 09/10/13 | 09/10/13 | 32.00 | 113.92 | |
| 259159 | 3 | T1019 | | 09/11/13 | 09/11/13 | 32.00 | 113.92 | |
| 259159 | 4 | T1019 | | 09/12/13 | 09/12/13 | 32.00 | 113.92 | |
| 259159 | 5 | T1019 | | 09/13/13 | 09/13/13 | 32.00 | 113.92 | |
| | | | | CLAIM TOTAL | | | 569.60 | CLAIM ACCOUNT REF. 2591590012011884SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011885 2011885 TORRES, JOSE 06/23/1938 WB42614P R2440069
DIAGNOSIS CODES: 493.91 401.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|-------------|----------|-------|--------|--|
| 259164 | 1 | T1019 | | 09/09/13 | 09/09/13 | 16.00 | 56.96 | |
| 259164 | 2 | T1019 | | 09/10/13 | 09/10/13 | 16.00 | 56.96 | |
| 259164 | 3 | T1019 | | 09/11/13 | 09/11/13 | 16.00 | 56.96 | |
| 259164 | 4 | T1019 | | 09/12/13 | 09/12/13 | 16.00 | 56.96 | |
| | | | | CLAIM TOTAL | | | 227.84 | CLAIM ACCOUNT REF. 2591640012011885SUP |

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 | |
|--------|--------|----------------|------------|-------------|----------|-------|--------|--|
| 259143 | 1 | T1019 | | 09/07/13 | 09/07/13 | 24.00 | 85.44 | |
| 259143 | 2 | T1019 | | 09/08/13 | 09/08/13 | 24.00 | 85.44 | |
| 259143 | 3 | T1019 | | 09/09/13 | 09/09/13 | 24.00 | 85.44 | |
| 259143 | 4 | T1019 | | 09/10/13 | 09/10/13 | 20.00 | 71.20 | |
| 259143 | 5 | T1019 | | 09/11/13 | 09/11/13 | 24.00 | 85.44 | |
| 259143 | 6 | T1019 | | 09/12/13 | 09/12/13 | 20.00 | 71.20 | |
| 259143 | 7 | T1019 | | 09/13/13 | 09/13/13 | 24.00 | 85.44 | |
| | | | | CLAIM TOTAL | | | 569.60 | CLAIM ACCOUNT REF. 2591430012011886SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 259155 | 1 | T1019 | | 09/09/13 | 09/09/13 | 48.00 | 170.88 |
| 259155 | 2 | T1019 | | 09/10/13 | 09/10/13 | 48.00 | 170.88 |
| 259155 | 3 | T1019 | | 09/11/13 | 09/11/13 | 48.00 | 170.88 |
| 259155 | 4 | T1019 | | 09/12/13 | 09/12/13 | 48.00 | 170.88 |
| 259155 | 5 | T1019 | | 09/13/13 | 09/13/13 | 48.00 | 170.88 |
| CLAIM TOTAL | | | | | | | 854.40 |

CLAIM ACCOUNT REF. 2591550012011887SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011914 2011914 TORRES, ANTONIA 10/24/1924 ZM49732K 0108231303228
DIAGNOSIS CODES: 331.0 272.4

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|----------|
| 259163 | 1 | T1020 | | 09/07/13 | 09/07/13 | 1.00 | 200.00 |
| 259163 | 2 | T1020 | | 09/08/13 | 09/08/13 | 1.00 | 200.00 |
| 259163 | 3 | T1020 | | 09/09/13 | 09/09/13 | 1.00 | 200.00 |
| 259163 | 4 | T1020 | | 09/10/13 | 09/10/13 | 1.00 | 200.00 |
| 259163 | 5 | T1020 | | 09/11/13 | 09/11/13 | 1.00 | 200.00 |
| 259163 | 6 | T1020 | | 09/12/13 | 09/12/13 | 1.00 | 200.00 |
| 259163 | 7 | T1020 | | 09/13/13 | 09/13/13 | 1.00 | 200.00 |
| CLAIM TOTAL | | | | | | | 1,400.00 |

CLAIM ACCOUNT REF. 2591630012011914SUP

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 |
|-------------|--------|----------------|------------|----------|----------|-------|----------|
| 259124 | 1 | T1019 | | 09/07/13 | 09/07/13 | 48.00 | 170.88 |
| 259124 | 2 | T1019 | | 09/08/13 | 09/08/13 | 48.00 | 170.88 |
| 259124 | 3 | T1019 | | 09/09/13 | 09/09/13 | 48.00 | 170.88 |
| 259124 | 4 | T1019 | | 09/10/13 | 09/10/13 | 48.00 | 170.88 |
| 259124 | 5 | T1019 | | 09/11/13 | 09/11/13 | 48.00 | 170.88 |
| 259124 | 6 | T1019 | | 09/12/13 | 09/12/13 | 48.00 | 170.88 |
| 259124 | 7 | T1019 | | 09/13/13 | 09/13/13 | 48.00 | 170.88 |
| CLAIM TOTAL | | | | | | | 1,196.16 |

CLAIM ACCOUNT REF. 2591240012011943SUP

REPORT DATE 09/18/13 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 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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|---|
| 259151 | 1 | T1019 | | 09/09/13 | 09/09/13 | 16.00 | 56.96 | |
| 259151 | 2 | T1019 | | 09/10/13 | 09/10/13 | 32.00 | 113.92 | |
| 259151 | 3 | T1019 | | 09/11/13 | 09/11/13 | 28.00 | 99.68 | |
| 259151 | 4 | T1019 | | 09/12/13 | 09/12/13 | 32.00 | 113.92 | |
| 259151 | 5 | T1019 | | 09/13/13 | 09/13/13 | 28.00 | 99.68 | |
| | | | | | CLAIM TOTAL | | 484.16 | CLAIM ACCOUNT REF. 2591510012011950SUP |

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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|---|
| 259152 | 1 | S5131 | | 09/07/13 | 09/07/13 | 4.00 | 57.00 | |
| | | | | | CLAIM TOTAL | | 57.00 | CLAIM ACCOUNT REF. 2591520012011951SUP |

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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|---|
| 259138 | 1 | T1019 | | 09/09/13 | 09/09/13 | 16.00 | 56.96 | |
| | | | | | CLAIM TOTAL | | 56.96 | CLAIM ACCOUNT REF. 2591380012011961SUP |

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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|---|
| 259139 | 1 | S5130 | | 09/11/13 | 09/11/13 | 16.00 | 56.96 | |
| | | | | | CLAIM TOTAL | | 56.96 | CLAIM ACCOUNT REF. 2591390012011962SUP |

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 | |
|--------|--------|----------------|------------|----------|----------|-------|--------|--|
| 259128 | 1 | T1019 | | 09/07/13 | 09/07/13 | 40.00 | 142.40 | |
| 259128 | 2 | T1019 | | 09/08/13 | 09/08/13 | 40.00 | 142.40 | |
| 259128 | 3 | T1019 | | 09/09/13 | 09/09/13 | 40.00 | 142.40 | |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 259128 | 4 | T1019 | | 09/10/13 | 09/10/13 | 40.00 | 142.40 | |
| 259128 | 5 | T1019 | | 09/11/13 | 09/11/13 | 40.00 | 142.40 | |
| 259128 | 6 | T1019 | | 09/12/13 | 09/12/13 | 40.00 | 142.40 | |
| 259128 | 7 | T1019 | | 09/13/13 | 09/13/13 | 40.00 | 142.40 | |
| | | | | | CLAIM TOTAL | | 996.80 | CLAIM ACCOUNT REF. 2591280012011964SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011966 2011966 MATOS, AUREA 10/19/1927 TG62448J R2435250
DIAGNOSIS CODES: V44.1

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|----------|--|
| 259141 | 1 | T1019 | | 09/01/13 | 09/01/13 | 24.00 | 85.44 | |
| 259141 | 2 | T1019 | | 09/02/13 | 09/02/13 | 28.00 | 99.68 | |
| 259141 | 3 | T1019 | | 09/03/13 | 09/03/13 | 28.00 | 99.68 | |
| 259141 | 4 | T1019 | | 09/04/13 | 09/04/13 | 28.00 | 99.68 | |
| 259141 | 5 | T1019 | | 09/05/13 | 09/05/13 | 28.00 | 99.68 | |
| 259141 | 6 | T1019 | | 09/06/13 | 09/06/13 | 28.00 | 99.68 | |
| 259141 | 7 | T1019 | | 09/07/13 | 09/07/13 | 24.00 | 85.44 | |
| 259141 | 8 | T1019 | | 09/08/13 | 09/08/13 | 24.00 | 85.44 | |
| 259141 | 9 | T1019 | | 09/09/13 | 09/09/13 | 28.00 | 99.68 | |
| 259141 | 10 | T1019 | | 09/10/13 | 09/10/13 | 28.00 | 99.68 | |
| 259141 | 11 | T1019 | | 09/11/13 | 09/11/13 | 28.00 | 99.68 | |
| 259141 | 12 | T1019 | | 09/12/13 | 09/12/13 | 28.00 | 99.68 | |
| 259141 | 13 | T1019 | | 09/13/13 | 09/13/13 | 28.00 | 99.68 | |
| | | | | | CLAIM TOTAL | | 1,253.12 | CLAIM ACCOUNT REF. 2591410012011966SUP |

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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 259135 | 1 | T1019 | | 09/09/13 | 09/09/13 | 16.00 | 56.96 | |
| 259135 | 2 | T1019 | | 09/11/13 | 09/11/13 | 16.00 | 56.96 | |
| | | | | | CLAIM TOTAL | | 113.92 | CLAIM ACCOUNT REF. 2591350012011991SUP |

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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 259146 | 1 | T1019 | | 07/10/13 | 07/10/13 | 16.00 | 56.96 | |
| | | | | | CLAIM TOTAL | | 56.96 | CLAIM ACCOUNT REF. 2591460012011997SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 2011997 2011997 OSBORNE, DOROTHY 01/04/1931 VK20601M R2432133
DIAGNOSIS CODES: 427.31 250.00 401.9 428.0

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 259147 | 1 | T1019 | | 09/09/13 | 09/09/13 | 16.00 | 56.96 |
| 259147 | 2 | T1019 | | 09/10/13 | 09/10/13 | 16.00 | 56.96 |
| 259147 | 3 | T1019 | | 09/11/13 | 09/11/13 | 16.00 | 56.96 |
| 259147 | 4 | T1019 | | 09/12/13 | 09/12/13 | 16.00 | 56.96 |
| 259147 | 5 | T1019 | | 09/13/13 | 09/13/13 | 16.00 | 56.96 |
| CLAIM TOTAL | | | | | | | 284.80 |

CLAIM ACCOUNT REF. 2591470012011997SUP

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 259129 | 1 | T1019 | | 09/09/13 | 09/09/13 | 20.00 | 71.20 |
| 259129 | 2 | T1019 | | 09/10/13 | 09/10/13 | 20.00 | 71.20 |
| 259129 | 3 | T1019 | | 09/12/13 | 09/12/13 | 20.00 | 71.20 |
| 259129 | 4 | T1019 | | 09/13/13 | 09/13/13 | 20.00 | 71.20 |
| CLAIM TOTAL | | | | | | | 284.80 |

CLAIM ACCOUNT REF. 2591290012012030SUP

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 259145 | 1 | T1019 | | 09/09/13 | 09/09/13 | 40.00 | 142.40 |
| 259145 | 2 | T1019 | | 09/10/13 | 09/10/13 | 40.00 | 142.40 |
| 259145 | 3 | T1019 | | 09/11/13 | 09/11/13 | 40.00 | 142.40 |
| 259145 | 4 | T1019 | | 09/12/13 | 09/12/13 | 40.00 | 142.40 |
| 259145 | 5 | T1019 | | 09/13/13 | 09/13/13 | 40.00 | 142.40 |
| CLAIM TOTAL | | | | | | | 712.00 |

CLAIM ACCOUNT REF. 2591450012012032SUP

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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 259127 | 1 | T1019 | | 09/07/13 | 09/07/13 | 16.00 | 56.96 |
| 259127 | 2 | T1019 | | 09/09/13 | 09/09/13 | 32.00 | 113.92 |
| 259127 | 3 | T1019 | | 09/10/13 | 09/10/13 | 32.00 | 113.92 |
| 259127 | 4 | T1019 | | 09/11/13 | 09/11/13 | 32.00 | 113.92 |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 259127 | 5 | T1019 | | 09/12/13 | 09/12/13 | 32.00 | 113.92 | |
| 259127 | 6 | T1019 | | 09/13/13 | 09/13/13 | 32.00 | 113.92 | |
| | | | | | CLAIM TOTAL | | 626.56 | CLAIM ACCOUNT REF. 2591270012012039SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012041 2012041 ESCANIO, ANTONIO 06/13/1937 ST38273T R2333071
DIAGNOSIS CODES: 250.00 272.2 365.9 401.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 259126 | 1 | T1019 | | 08/11/13 | 08/11/13 | 16.00 | 56.96 | |
| 259126 | 2 | T1019 | | 08/13/13 | 08/13/13 | 8.00 | 28.48 | |
| 259126 | 3 | T1019 | | 08/15/13 | 08/15/13 | 8.00 | 28.48 | |
| 259126 | 4 | T1019 | | 08/18/13 | 08/18/13 | 16.00 | 56.96 | |
| 259126 | 5 | T1019 | | 08/20/13 | 08/20/13 | 8.00 | 28.48 | |
| 259126 | 6 | T1019 | | 08/22/13 | 08/22/13 | 8.00 | 28.48 | |
| 259126 | 7 | T1019 | | 08/23/13 | 08/23/13 | 8.00 | 28.48 | |
| 259126 | 8 | T1019 | | 09/07/13 | 09/07/13 | 16.00 | 56.96 | |
| 259126 | 9 | T1019 | | 09/08/13 | 09/08/13 | 16.00 | 56.96 | |
| 259126 | 10 | T1019 | | 09/09/13 | 09/09/13 | 16.00 | 56.96 | |
| 259126 | 11 | T1019 | | 09/10/13 | 09/10/13 | 8.00 | 28.48 | |
| 259126 | 12 | T1019 | | 09/12/13 | 09/12/13 | 8.00 | 28.48 | |
| 259126 | 13 | T1019 | | 09/13/13 | 09/13/13 | 8.00 | 28.48 | |
| | | | | | CLAIM TOTAL | | 512.64 | CLAIM ACCOUNT REF. 2591260012012041SUP |

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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 259140 | 1 | T1019 | | 09/07/13 | 09/07/13 | 16.00 | 56.96 | |
| 259140 | 2 | T1019 | | 09/10/13 | 09/10/13 | 16.00 | 56.96 | |
| | | | | | CLAIM TOTAL | | 113.92 | CLAIM ACCOUNT REF. 2591400012012042SUP |

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 | |
|--------|--------|----------------|------------|----------|----------|-------|--------|--|
| 259137 | 1 | T1020 | | 09/07/13 | 09/07/13 | 1.00 | 200.00 | |
| 259137 | 2 | T1020 | | 09/08/13 | 09/08/13 | 1.00 | 200.00 | |
| 259137 | 3 | T1020 | | 09/09/13 | 09/09/13 | 1.00 | 200.00 | |
| 259137 | 4 | T1020 | | 09/10/13 | 09/10/13 | 1.00 | 200.00 | |
| 259137 | 5 | T1020 | | 09/11/13 | 09/11/13 | 1.00 | 200.00 | |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 | |
|--------|--------|----------------|------------|----------|----------|-------|-------------|---|
| 259137 | 6 | T1020 | | 09/12/13 | 09/12/13 | 1.00 | 200.00 | |
| 259137 | 7 | T1020 | | 09/13/13 | 09/13/13 | 1.00 | 200.00 | |
| | | | | | | | CLAIM TOTAL | 1,400.00 CLAIM ACCOUNT REF. 2591370012012063SUP |

| 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 | |
|--------|--------|----------------|------------|----------|----------|-------|-------------|---|
| 259142 | 1 | T1019 | | 09/09/13 | 09/09/13 | 20.00 | 71.20 | |
| 259142 | 2 | T1019 | | 09/10/13 | 09/10/13 | 20.00 | 71.20 | |
| 259142 | 3 | T1019 | | 09/11/13 | 09/11/13 | 20.00 | 71.20 | |
| 259142 | 4 | T1019 | | 09/12/13 | 09/12/13 | 20.00 | 71.20 | |
| 259142 | 5 | T1019 | | 09/13/13 | 09/13/13 | 20.00 | 71.20 | |
| | | | | | | | CLAIM TOTAL | 356.00 CLAIM ACCOUNT REF. 2591420012012064SUP |

| 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 | |
|--------|--------|----------------|------------|----------|----------|-------|-------------|---|
| 259168 | 1 | T1019 | | 09/09/13 | 09/09/13 | 16.00 | 56.96 | |
| 259168 | 2 | T1019 | | 09/11/13 | 09/11/13 | 16.00 | 56.96 | |
| 259168 | 3 | T1019 | | 09/13/13 | 09/13/13 | 16.00 | 56.96 | |
| | | | | | | | CLAIM TOTAL | 170.88 CLAIM ACCOUNT REF. 2591680012012127SUP |

| 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 | |
|--------|--------|----------------|------------|----------|----------|-------|-------------|---|
| 259153 | 1 | T1020 | | 09/07/13 | 09/07/13 | 1.00 | 200.00 | |
| 259153 | 2 | T1020 | | 09/08/13 | 09/08/13 | 1.00 | 200.00 | |
| 259153 | 3 | T1020 | | 09/09/13 | 09/09/13 | 1.00 | 200.00 | |
| 259153 | 4 | T1020 | | 09/10/13 | 09/10/13 | 1.00 | 200.00 | |
| 259153 | 5 | T1020 | | 09/11/13 | 09/11/13 | 1.00 | 200.00 | |
| 259153 | 6 | T1020 | | 09/12/13 | 09/12/13 | 1.00 | 200.00 | |
| 259153 | 7 | T1020 | | 09/13/13 | 09/13/13 | 1.00 | 200.00 | |
| | | | | | | | CLAIM TOTAL | 1,400.00 CLAIM ACCOUNT REF. 2591530012012208SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 2012245 2012245 POLANCO, ANTONIA 11/10/1942 TH54120S R2307774
DIAGNOSIS CODES: 401.9 272.2 331.0

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 259149 | 1 | T1019 | | 08/31/13 | 08/31/13 | 16.00 | 56.96 |
| 259149 | 2 | T1019 | | 09/01/13 | 09/01/13 | 16.00 | 56.96 |
| 259149 | 3 | T1019 | | 09/02/13 | 09/02/13 | 16.00 | 56.96 |
| 259149 | 4 | T1019 | | 09/03/13 | 09/03/13 | 16.00 | 56.96 |
| 259149 | 5 | T1019 | | 09/04/13 | 09/04/13 | 16.00 | 56.96 |
| 259149 | 6 | T1019 | | 09/05/13 | 09/05/13 | 16.00 | 56.96 |
| 259149 | 7 | T1019 | | 09/06/13 | 09/06/13 | 16.00 | 56.96 |
| 259149 | 8 | T1019 | | 09/11/13 | 09/11/13 | 16.00 | 56.96 |
| 259149 | 9 | T1019 | | 09/12/13 | 09/12/13 | 16.00 | 56.96 |
| 259149 | 10 | T1019 | | 09/13/13 | 09/13/13 | 16.00 | 56.96 |
| CLAIM TOTAL | | | | | | | 569.60 |

CLAIM ACCOUNT REF. 2591490012012245SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012246 2012246 POLANCO, RAMON 02/08/1925 XH93227Q R2307817
DIAGNOSIS CODES: 250.00 401.9 414.01

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 259150 | 1 | T1019 | | 08/31/13 | 08/31/13 | 8.00 | 28.48 |
| 259150 | 2 | T1019 | | 09/01/13 | 09/01/13 | 8.00 | 28.48 |
| 259150 | 3 | T1019 | | 09/02/13 | 09/02/13 | 8.00 | 28.48 |
| 259150 | 4 | T1019 | | 09/03/13 | 09/03/13 | 8.00 | 28.48 |
| 259150 | 5 | T1019 | | 09/04/13 | 09/04/13 | 8.00 | 28.48 |
| 259150 | 6 | T1019 | | 09/05/13 | 09/05/13 | 8.00 | 28.48 |
| 259150 | 7 | T1019 | | 09/06/13 | 09/06/13 | 8.00 | 28.48 |
| 259150 | 8 | T1019 | | 09/11/13 | 09/11/13 | 8.00 | 28.48 |
| 259150 | 9 | T1019 | | 09/12/13 | 09/12/13 | 8.00 | 28.48 |
| 259150 | 10 | T1019 | | 09/13/13 | 09/13/13 | 8.00 | 28.48 |
| CLAIM TOTAL | | | | | | | 284.80 |

CLAIM ACCOUNT REF. 2591500012012246SUP

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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 259121 | 1 | T1019 | | 09/07/13 | 09/07/13 | 48.00 | 170.88 |
| 259121 | 2 | T1019 | | 09/08/13 | 09/08/13 | 48.00 | 170.88 |
| 259121 | 3 | T1019 | | 09/09/13 | 09/09/13 | 48.00 | 170.88 |
| 259121 | 4 | T1019 | | 09/10/13 | 09/10/13 | 48.00 | 170.88 |
| 259121 | 5 | T1019 | | 09/11/13 | 09/11/13 | 48.00 | 170.88 |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 | 854.40 | 2591210012012334SUP |

| 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 | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|--------|---------------------|
| 259008 | 1 | T1019 | | 09/07/13 | 09/07/13 | 32.00 | 135.04 | |
| 259008 | 2 | T1019 | | 09/08/13 | 09/08/13 | 32.00 | 135.04 | |
| 259008 | 3 | T1019 | | 09/09/13 | 09/09/13 | 32.00 | 135.04 | |
| 259008 | 4 | T1019 | | 09/10/13 | 09/10/13 | 32.00 | 135.04 | |
| 259008 | 5 | T1019 | | 09/11/13 | 09/11/13 | 32.00 | 135.04 | |
| 259008 | 6 | T1019 | | 09/12/13 | 09/12/13 | 32.00 | 135.04 | |
| 259008 | 7 | T1019 | | 09/13/13 | 09/13/13 | 32.00 | 135.04 | |
| | | | | | | CLAIM TOTAL | 945.28 | 2590080012012478SUP |

| 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 | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|--------|---------------------|
| 259030 | 1 | T1019 | | 09/07/13 | 09/07/13 | 32.00 | 135.04 | |
| 259030 | 2 | T1019 | | 09/08/13 | 09/08/13 | 32.00 | 135.04 | |
| 259030 | 3 | T1019 | | 09/09/13 | 09/09/13 | 20.00 | 84.40 | |
| 259030 | 4 | T1019 | | 09/10/13 | 09/10/13 | 32.00 | 135.04 | |
| 259030 | 5 | T1019 | | 09/11/13 | 09/11/13 | 20.00 | 84.40 | |
| 259030 | 6 | T1019 | | 09/12/13 | 09/12/13 | 32.00 | 135.04 | |
| 259030 | 7 | T1019 | | 09/13/13 | 09/13/13 | 16.00 | 67.52 | |
| | | | | | | CLAIM TOTAL | 776.48 | 2590300012012772SUP |

| 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 | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|--------|---------------------|
| 259120 | 1 | T1019 | | 09/07/13 | 09/07/13 | 32.00 | 113.92 | |
| 259120 | 2 | T1019 | | 09/08/13 | 09/08/13 | 32.00 | 113.92 | |
| 259120 | 3 | T1019 | | 09/09/13 | 09/09/13 | 32.00 | 113.92 | |
| 259120 | 4 | T1019 | | 09/10/13 | 09/10/13 | 28.00 | 99.68 | |
| 259120 | 5 | T1019 | | 09/11/13 | 09/11/13 | 32.00 | 113.92 | |
| 259120 | 6 | T1019 | | 09/12/13 | 09/12/13 | 32.00 | 113.92 | |
| 259120 | 7 | T1019 | | 09/13/13 | 09/13/13 | 32.00 | 113.92 | |
| | | | | | | CLAIM TOTAL | 783.20 | 2591200012012973SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259017 | 1 | T1020 | | 09/07/13 | 09/07/13 | 12.00 | 202.56 |
| 259017 | 2 | T1020 | | 09/08/13 | 09/08/13 | 12.00 | 202.56 |
| 259017 | 3 | T1020 | | 09/13/13 | 09/13/13 | 12.00 | 202.56 |
| CLAIM TOTAL | | | | | | | 607.68 |
| CLAIM ACCOUNT REF. | | | | | | | 2590170012013053SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013430 2013430 GONZALEZ, MANUELA 12/24/1936 ZF02298Y 0105311302408
DIAGNOSIS CODES: 369.11 250.12 401.9 716.90

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259131 | 1 | T1019 | | 09/09/13 | 09/09/13 | 32.00 | 113.92 |
| 259131 | 2 | T1019 | | 09/10/13 | 09/10/13 | 32.00 | 113.92 |
| CLAIM TOTAL | | | | | | | 227.84 |
| CLAIM ACCOUNT REF. | | | | | | | 2591310012013430SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259162 | 1 | T1019 | | 09/07/13 | 09/07/13 | 16.00 | 56.96 |
| 259162 | 2 | T1019 | | 09/09/13 | 09/09/13 | 16.00 | 56.96 |
| 259162 | 3 | T1019 | | 09/11/13 | 09/11/13 | 16.00 | 56.96 |
| 259162 | 4 | T1019 | | 09/13/13 | 09/13/13 | 16.00 | 56.96 |
| CLAIM TOTAL | | | | | | | 227.84 |
| CLAIM ACCOUNT REF. | | | | | | | 2591620012013439SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 258989 | 1 | T1019 | | 09/07/13 | 09/07/13 | 32.00 | 135.04 |
| 258989 | 2 | T1019 | | 09/08/13 | 09/08/13 | 32.00 | 135.04 |
| 258989 | 3 | T1019 | | 09/09/13 | 09/09/13 | 32.00 | 135.04 |
| 258989 | 4 | T1019 | | 09/10/13 | 09/10/13 | 32.00 | 135.04 |
| 258989 | 5 | T1019 | | 09/11/13 | 09/11/13 | 32.00 | 135.04 |
| 258989 | 6 | T1019 | | 09/12/13 | 09/12/13 | 32.00 | 135.04 |
| 258989 | 7 | T1019 | | 09/13/13 | 09/13/13 | 32.00 | 135.04 |
| CLAIM TOTAL | | | | | | | 945.28 |
| CLAIM ACCOUNT REF. | | | | | | | 2589890012013448SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 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 |
|-------------|--------|----------------|------------|----------|----------|----------|--|
| 258998 | 1 | T1019 | | 09/07/13 | 09/07/13 | 48.00 | 202.56 |
| 258998 | 2 | T1019 | | 09/08/13 | 09/08/13 | 48.00 | 202.56 |
| 258998 | 3 | T1019 | | 09/09/13 | 09/09/13 | 48.00 | 202.56 |
| 258998 | 4 | T1019 | | 09/10/13 | 09/10/13 | 48.00 | 202.56 |
| 258998 | 5 | T1019 | | 09/11/13 | 09/11/13 | 48.00 | 202.56 |
| 258998 | 6 | T1019 | | 09/12/13 | 09/12/13 | 48.00 | 202.56 |
| 258998 | 7 | T1019 | | 09/13/13 | 09/13/13 | 48.00 | 202.56 |
| CLAIM TOTAL | | | | | | 1,417.92 | CLAIM ACCOUNT REF. 2589980012013452SUP |

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 |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 258999 | 1 | T1019 | | 09/09/13 | 09/09/13 | 16.00 | 67.52 |
| 258999 | 2 | T1019 | | 09/10/13 | 09/10/13 | 24.00 | 101.28 |
| 258999 | 3 | T1019 | | 09/11/13 | 09/11/13 | 24.00 | 101.28 |
| 258999 | 4 | T1019 | | 09/12/13 | 09/12/13 | 24.00 | 101.28 |
| 258999 | 5 | T1019 | | 09/13/13 | 09/13/13 | 24.00 | 101.28 |
| CLAIM TOTAL | | | | | | 472.64 | CLAIM ACCOUNT REF. 2589990012013453SUP |

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 |
|-------------|--------|----------------|------------|----------|----------|----------|--|
| 259002 | 1 | T1019 | | 09/07/13 | 09/07/13 | 40.00 | 168.80 |
| 259002 | 2 | T1019 | | 09/08/13 | 09/08/13 | 40.00 | 168.80 |
| 259002 | 3 | T1019 | | 09/09/13 | 09/09/13 | 40.00 | 168.80 |
| 259002 | 4 | T1019 | | 09/10/13 | 09/10/13 | 40.00 | 168.80 |
| 259002 | 5 | T1019 | | 09/11/13 | 09/11/13 | 40.00 | 168.80 |
| 259002 | 6 | T1019 | | 09/12/13 | 09/12/13 | 40.00 | 168.80 |
| 259002 | 7 | T1019 | | 09/13/13 | 09/13/13 | 40.00 | 168.80 |
| CLAIM TOTAL | | | | | | 1,181.60 | CLAIM ACCOUNT REF. 2590020012013455SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 259009 | 1 | T1019 | | 08/28/13 | 08/28/13 | 20.00 | 84.40 | |
| 259009 | 2 | T1019 | | 08/29/13 | 08/29/13 | 20.00 | 84.40 | |
| | | | | | CLAIM TOTAL | | 168.80 | CLAIM ACCOUNT REF. 2590090012013458SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008742 2013461 KROLL, KATHERINE 09/22/1949 ZQ14882N 0107051302820
DIAGNOSIS CODES: 340. 244.8 272.0 311. 386.2 401.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|----------|--|
| 259010 | 1 | T1019 | | 09/02/13 | 09/02/13 | 28.00 | 118.16 | |
| 259010 | 2 | T1019 | | 09/03/13 | 09/03/13 | 28.00 | 118.16 | |
| 259010 | 3 | T1019 | | 09/04/13 | 09/04/13 | 28.00 | 118.16 | |
| 259010 | 4 | T1019 | | 09/05/13 | 09/05/13 | 28.00 | 118.16 | |
| 259010 | 5 | T1019 | | 09/06/13 | 09/06/13 | 28.00 | 118.16 | |
| 259010 | 6 | T1019 | | 09/09/13 | 09/09/13 | 28.00 | 118.16 | |
| 259010 | 7 | T1019 | | 09/10/13 | 09/10/13 | 28.00 | 118.16 | |
| 259010 | 8 | T1019 | | 09/11/13 | 09/11/13 | 28.00 | 118.16 | |
| 259010 | 9 | T1019 | | 09/12/13 | 09/12/13 | 28.00 | 118.16 | |
| 259010 | 10 | T1019 | | 09/13/13 | 09/13/13 | 28.00 | 118.16 | |
| | | | | | CLAIM TOTAL | | 1,181.60 | CLAIM ACCOUNT REF. 2590100012013461SUP |

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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 259016 | 1 | T1019 | | 09/07/13 | 09/07/13 | 24.00 | 101.28 | |
| 259016 | 2 | T1019 | | 09/08/13 | 09/08/13 | 24.00 | 101.28 | |
| 259016 | 3 | T1019 | | 09/09/13 | 09/09/13 | 24.00 | 101.28 | |
| 259016 | 4 | T1019 | | 09/10/13 | 09/10/13 | 24.00 | 101.28 | |
| 259016 | 5 | T1019 | | 09/11/13 | 09/11/13 | 24.00 | 101.28 | |
| 259016 | 6 | T1019 | | 09/12/13 | 09/12/13 | 24.00 | 101.28 | |
| 259016 | 7 | T1019 | | 09/13/13 | 09/13/13 | 24.00 | 101.28 | |
| | | | | | CLAIM TOTAL | | 708.96 | CLAIM ACCOUNT REF. 2590160012013462SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 2008531 2013465 RODRIGUEZ -2, MARIA 02/16/1949 SB98419Y 0105301304726
DIAGNOSIS CODES: 250.00 272.4 331.0 401.9 799.89

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 259019 | 1 | T1019 | | 09/09/13 | 09/09/13 | 24.00 | 101.28 |
| 259019 | 2 | T1019 | | 09/10/13 | 09/10/13 | 24.00 | 101.28 |
| 259019 | 3 | T1019 | | 09/11/13 | 09/11/13 | 24.00 | 101.28 |
| 259019 | 4 | T1019 | | 09/12/13 | 09/12/13 | 24.00 | 101.28 |
| 259019 | 5 | T1019 | | 09/13/13 | 09/13/13 | 24.00 | 101.28 |
| CLAIM TOTAL | | | | | | | 506.40 |

CLAIM ACCOUNT REF. 2590190012013465SUP

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 259020 | 1 | T1019 | | 09/09/13 | 09/09/13 | 20.00 | 84.40 |
| 259020 | 2 | T1019 | | 09/10/13 | 09/10/13 | 20.00 | 84.40 |
| 259020 | 3 | T1019 | | 09/11/13 | 09/11/13 | 20.00 | 84.40 |
| 259020 | 4 | T1019 | | 09/12/13 | 09/12/13 | 20.00 | 84.40 |
| 259020 | 5 | T1019 | | 09/13/13 | 09/13/13 | 20.00 | 84.40 |
| CLAIM TOTAL | | | | | | | 422.00 |

CLAIM ACCOUNT REF. 2590200012013466SUP

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 |
|-------------|--------|----------------|------------|----------|----------|-------|----------|
| 259024 | 1 | T1019 | | 09/07/13 | 09/07/13 | 32.00 | 135.04 |
| 259024 | 2 | T1019 | | 09/08/13 | 09/08/13 | 40.00 | 168.80 |
| 259024 | 3 | T1019 | | 09/09/13 | 09/09/13 | 40.00 | 168.80 |
| 259024 | 4 | T1019 | | 09/10/13 | 09/10/13 | 40.00 | 168.80 |
| 259024 | 5 | T1019 | | 09/11/13 | 09/11/13 | 40.00 | 168.80 |
| 259024 | 6 | T1019 | | 09/12/13 | 09/12/13 | 40.00 | 168.80 |
| 259024 | 7 | T1019 | | 09/13/13 | 09/13/13 | 40.00 | 168.80 |
| CLAIM TOTAL | | | | | | | 1,147.84 |

CLAIM ACCOUNT REF. 2590240012013467SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008425 2013468 WELLS, WYNORIA 09/10/1959 ZR27322A R2378418
DIAGNOSIS CODES: 278.01 253.5 272.4 356.9 401.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 259034 | 1 | T1019 | | 09/09/13 | 09/09/13 | 16.00 | 67.52 |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 259034 | 2 | T1019 | | 09/10/13 | 09/10/13 | 16.00 | 67.52 |
| 259034 | 3 | T1019 | | 09/13/13 | 09/13/13 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | | 202.56 |
| | | | | | | | CLAIM ACCOUNT REF. 2590340012013468SUP |

| 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 |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 259013 | 1 | T1019 | | 09/09/13 | 09/09/13 | 20.00 | 84.40 |
| 259013 | 2 | T1019 | | 09/10/13 | 09/10/13 | 20.00 | 84.40 |
| 259013 | 3 | T1019 | | 09/11/13 | 09/11/13 | 20.00 | 84.40 |
| 259013 | 4 | T1019 | | 09/12/13 | 09/12/13 | 20.00 | 84.40 |
| CLAIM TOTAL | | | | | | | 337.60 |
| | | | | | | | CLAIM ACCOUNT REF. 2590130012013602SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|--|-----|---------|---------|------------------------|------------|--------------|-----------------------|
| NY | 001 | 2013732 | 2013732 | GARCIA DE LA CRUZ, ANA | 05/27/1937 | 117528059 | R2379963 |
| DIAGNOSIS CODES: 715.09 338.4 401.9 493.90 | | | | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 259006 | 1 | T1019 | | 09/09/13 | 09/09/13 | 16.00 | 67.52 |
| 259006 | 2 | T1019 | | 09/10/13 | 09/10/13 | 16.00 | 67.52 |
| 259006 | 3 | T1019 | | 09/11/13 | 09/11/13 | 16.00 | 67.52 |
| 259006 | 4 | T1019 | | 09/12/13 | 09/12/13 | 16.00 | 67.52 |
| 259006 | 5 | T1019 | | 09/13/13 | 09/13/13 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | | 337.60 |
| | | | | | | | CLAIM ACCOUNT REF. 2590060012013732SUP |

| 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 |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 259007 | 1 | T1019 | | 09/07/13 | 09/07/13 | 32.00 | 135.04 |
| 259007 | 2 | T1019 | | 09/08/13 | 09/08/13 | 32.00 | 135.04 |
| 259007 | 3 | T1019 | | 09/09/13 | 09/09/13 | 32.00 | 135.04 |
| 259007 | 4 | T1019 | | 09/10/13 | 09/10/13 | 32.00 | 135.04 |
| 259007 | 5 | T1019 | | 09/11/13 | 09/11/13 | 32.00 | 135.04 |
| 259007 | 6 | T1019 | | 09/12/13 | 09/12/13 | 32.00 | 135.04 |
| 259007 | 7 | T1019 | | 09/13/13 | 09/13/13 | 32.00 | 135.04 |
| CLAIM TOTAL | | | | | | | 945.28 |
| | | | | | | | CLAIM ACCOUNT REF. 2590070012013739SUP |

REPORT DATE 09/18/13 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 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 | |
|--------|--------|----------------|------------|-------------|----------|----------|----------|---|
| 259018 | 1 | S5131 | | 08/31/13 | 08/31/13 | 5.00 | 1,012.80 | |
| 259018 | 2 | S5131 | | 09/07/13 | 09/07/13 | 5.00 | 1,012.80 | |
| 259018 | 3 | S5131 | | 09/09/13 | 09/09/13 | 5.00 | 1,012.80 | |
| 259018 | 4 | S5131 | | 09/10/13 | 09/10/13 | 5.00 | 1,012.80 | |
| 259018 | 5 | S5131 | | 09/11/13 | 09/11/13 | 5.00 | 1,012.80 | |
| 259018 | 6 | S5131 | | 09/12/13 | 09/12/13 | 5.00 | 1,012.80 | |
| 259018 | 7 | S5131 | | 09/13/13 | 09/13/13 | 5.00 | 1,012.80 | |
| | | | | CLAIM TOTAL | | 7,089.60 | | CLAIM ACCOUNT REF. 2590180012013849SUP |

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 | |
|--------|--------|----------------|------------|-------------|----------|----------|----------|---|
| 259000 | 1 | S5131 | | 09/07/13 | 09/07/13 | 5.00 | 1,012.80 | |
| 259000 | 2 | S5131 | | 09/09/13 | 09/09/13 | 5.00 | 1,012.80 | |
| 259000 | 3 | S5131 | | 09/10/13 | 09/10/13 | 5.00 | 1,012.80 | |
| 259000 | 4 | S5131 | | 09/11/13 | 09/11/13 | 5.00 | 1,012.80 | |
| 259000 | 5 | S5131 | | 09/12/13 | 09/12/13 | 5.00 | 1,012.80 | |
| 259000 | 6 | S5131 | | 09/13/13 | 09/13/13 | 5.00 | 1,012.80 | |
| | | | | CLAIM TOTAL | | 6,076.80 | | CLAIM ACCOUNT REF. 2590000012013850SUP |

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 | |
|--------|--------|----------------|------------|-------------|----------|--------|--------|---|
| 259029 | 1 | T1019 | | 09/09/13 | 09/09/13 | 16.00 | 67.52 | |
| 259029 | 2 | T1019 | | 09/10/13 | 09/10/13 | 16.00 | 67.52 | |
| 259029 | 3 | T1019 | | 09/11/13 | 09/11/13 | 16.00 | 67.52 | |
| 259029 | 4 | T1019 | | 09/12/13 | 09/12/13 | 16.00 | 67.52 | |
| 259029 | 5 | T1019 | | 09/13/13 | 09/13/13 | 16.00 | 67.52 | |
| | | | | CLAIM TOTAL | | 337.60 | | CLAIM ACCOUNT REF. 2590290012013941SUP |

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NPI = 1154407492

PRIOR AUTHORIZATION #
R2196521

CLAIM ACCOUNT REF. 2589970012013942SUP

PRIOR AUTHORIZATION #
0103041302631

CLAIM ACCOUNT REF. 2590310012014090SUP

| | | | | | |
|---------------|------------------|---------------|-----|----------------------|-----------|
| PAYER TOTALS: | HEALTHFIRST PHSP | # OF CLAIMS = | 501 | TOTAL CLAIM AMOUNT = | 70,899.56 |
| | | # SERVICES = | 90 | | |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008245 2008245 CALDERON, MIGDALIA 08/02/1961 100195559 611923967
DIAGNOSIS CODES: 250.00

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|----------|--|
| 259046 | 1 | T1019 | | 09/07/13 | 09/07/13 | 40.00 | 171.60 |
| 259046 | 2 | T1019 | | 09/08/13 | 09/08/13 | 40.00 | 171.60 |
| 259046 | 3 | T1019 | | 09/09/13 | 09/09/13 | 40.00 | 171.60 |
| 259046 | 4 | T1019 | | 09/10/13 | 09/10/13 | 40.00 | 171.60 |
| 259046 | 5 | T1019 | | 09/11/13 | 09/11/13 | 40.00 | 171.60 |
| 259046 | 6 | T1019 | | 09/12/13 | 09/12/13 | 40.00 | 171.60 |
| 259046 | 7 | T1019 | | 09/13/13 | 09/13/13 | 40.00 | 171.60 |
| CLAIM TOTAL | | | | | | 1,201.20 | CLAIM ACCOUNT REF. 2590460012008245SUP |

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 |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 259048 | 1 | T1019 | | 09/08/13 | 09/08/13 | 4.00 | 17.16 |
| 259048 | 2 | T1019 | | 09/09/13 | 09/09/13 | 36.00 | 154.44 |
| 259048 | 3 | T1019 | | 09/10/13 | 09/10/13 | 36.00 | 154.44 |
| 259048 | 4 | T1019 | | 09/11/13 | 09/11/13 | 36.00 | 154.44 |
| 259048 | 5 | T1019 | | 09/12/13 | 09/12/13 | 36.00 | 154.44 |
| 259048 | 6 | T1019 | | 09/13/13 | 09/13/13 | 36.00 | 154.44 |
| CLAIM TOTAL | | | | | | 789.36 | CLAIM ACCOUNT REF. 2590480012008287SUP |

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 |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 259050 | 1 | T1019 | | 09/07/13 | 09/07/13 | 32.00 | 137.28 |
| 259050 | 2 | T1019 | | 09/08/13 | 09/08/13 | 32.00 | 137.28 |
| 259050 | 3 | T1019 | | 09/09/13 | 09/09/13 | 32.00 | 137.28 |
| 259050 | 4 | T1019 | | 09/10/13 | 09/10/13 | 32.00 | 137.28 |
| 259050 | 5 | T1019 | | 09/11/13 | 09/11/13 | 32.00 | 137.28 |
| 259050 | 6 | T1019 | | 09/12/13 | 09/12/13 | 32.00 | 137.28 |
| 259050 | 7 | T1019 | | 09/13/13 | 09/13/13 | 32.00 | 137.28 |
| CLAIM TOTAL | | | | | | 960.96 | CLAIM ACCOUNT REF. 2590500012008401SUP |

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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 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 |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 259049 | 1 | T1019 | | 08/26/13 | 08/26/13 | 16.00 | 68.64 |
| 259049 | 2 | T1019 | | 09/07/13 | 09/07/13 | 16.00 | 68.64 |
| 259049 | 3 | T1019 | | 09/09/13 | 09/09/13 | 16.00 | 68.64 |
| 259049 | 4 | T1019 | | 09/10/13 | 09/10/13 | 16.00 | 68.64 |
| 259049 | 5 | T1019 | | 09/11/13 | 09/11/13 | 16.00 | 68.64 |
| 259049 | 6 | T1019 | | 09/12/13 | 09/12/13 | 16.00 | 68.64 |
| 259049 | 7 | T1019 | | 09/13/13 | 09/13/13 | 12.00 | 51.48 |
| CLAIM TOTAL | | | | | | 463.32 | |
| | | | | | | | CLAIM ACCOUNT REF. 2590490012013181SUP |

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 |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 259047 | 1 | T1019 | | 09/07/13 | 09/07/13 | 32.00 | 137.28 |
| 259047 | 2 | T1019 | | 09/08/13 | 09/08/13 | 32.00 | 137.28 |
| 259047 | 3 | T1019 | | 09/09/13 | 09/09/13 | 20.00 | 85.80 |
| 259047 | 4 | T1019 | | 09/10/13 | 09/10/13 | 32.00 | 137.28 |
| 259047 | 5 | T1019 | | 09/11/13 | 09/11/13 | 32.00 | 137.28 |
| 259047 | 6 | T1019 | | 09/12/13 | 09/12/13 | 32.00 | 137.28 |
| 259047 | 7 | T1019 | | 09/13/13 | 09/13/13 | 32.00 | 137.28 |
| CLAIM TOTAL | | | | | | 909.48 | |
| | | | | | | | CLAIM ACCOUNT REF. 2590470012013182SUP |

PAYER TOTALS: UNITEDHEALTHCARE # OF CLAIMS = 34 TOTAL CLAIM AMOUNT = 4,324.32
SERVICES = 5

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 259171 | 1 | T1019 | 0580 | 09/07/13 | 09/07/13 | 40.00 | 168.80 |
| 259171 | 2 | T1019 | 0580 | 09/08/13 | 09/08/13 | 40.00 | 168.80 |
| 259171 | 3 | T1019 | 0580 | 09/10/13 | 09/10/13 | 32.00 | 135.04 |
| 259171 | 4 | T1019 | 0580 | 09/11/13 | 09/11/13 | 32.00 | 135.04 |
| 259171 | 5 | T1019 | 0580 | 09/13/13 | 09/13/13 | 32.00 | 135.04 |
| CLAIM TOTAL | | | | | | | 742.72 |

CLAIM ACCOUNT REF. 2591710012008266SUP

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 259172 | 1 | S5130 | 0582 | 09/10/13 | 09/10/13 | 16.00 | 67.52 |
| 259172 | 2 | S5130 | 0582 | 09/12/13 | 09/12/13 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | | 135.04 |

CLAIM ACCOUNT REF. 2591720012009279SUP

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 259173 | 1 | T1019 | 0580 | 09/07/13 | 09/07/13 | 20.00 | 84.40 |
| 259173 | 2 | T1019 | 0580 | 09/08/13 | 09/08/13 | 20.00 | 84.40 |
| 259173 | 3 | T1019 | 0580 | 09/09/13 | 09/09/13 | 16.00 | 67.52 |
| 259173 | 4 | T1019 | 0580 | 09/10/13 | 09/10/13 | 16.00 | 67.52 |
| 259173 | 5 | T1019 | 0580 | 09/11/13 | 09/11/13 | 16.00 | 67.52 |
| 259173 | 6 | T1019 | 0580 | 09/12/13 | 09/12/13 | 16.00 | 67.52 |
| 259173 | 7 | T1019 | 0580 | 09/13/13 | 09/13/13 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | | 506.40 |

CLAIM ACCOUNT REF. 2591730012010729SUP

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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 259176 | 1 | T1019 | 0580 | 09/09/13 | 09/09/13 | 24.00 | 90.00 |
| 259176 | 2 | T1019 | 0580 | 09/10/13 | 09/10/13 | 24.00 | 90.00 |
| 259176 | 3 | T1019 | 0580 | 09/11/13 | 09/11/13 | 24.00 | 90.00 |
| 259176 | 4 | T1019 | 0580 | 09/12/13 | 09/12/13 | 24.00 | 90.00 |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259176 | 5 | T1019 | 0580 | 09/13/13 | 09/13/13 | 24.00 | 90.00 |
| CLAIM TOTAL | | | | | | | 450.00 |
| CLAIM ACCOUNT REF. | | | | | | | 2591760012012354SUP |

| 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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259179 | 1 | T1019 | 0580 | 09/09/13 | 09/09/13 | 16.00 | 60.00 |
| 259179 | 2 | T1019 | 0580 | 09/10/13 | 09/10/13 | 16.00 | 60.00 |
| 259179 | 3 | T1019 | 0580 | 09/11/13 | 09/11/13 | 16.00 | 60.00 |
| 259179 | 4 | T1019 | 0580 | 09/12/13 | 09/12/13 | 16.00 | 60.00 |
| 259179 | 5 | T1019 | 0580 | 09/13/13 | 09/13/13 | 16.00 | 60.00 |
| CLAIM TOTAL | | | | | | | 300.00 |
| CLAIM ACCOUNT REF. | | | | | | | 2591790012012358SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259180 | 1 | T1019 | 0580 | 09/10/13 | 09/10/13 | 20.00 | 75.00 |
| 259180 | 2 | T1019 | 0580 | 09/11/13 | 09/11/13 | 20.00 | 75.00 |
| 259180 | 3 | T1019 | 0580 | 09/12/13 | 09/12/13 | 20.00 | 75.00 |
| 259180 | 4 | T1019 | 0580 | 09/13/13 | 09/13/13 | 20.00 | 75.00 |
| CLAIM TOTAL | | | | | | | 300.00 |
| CLAIM ACCOUNT REF. | | | | | | | 2591800012012362SUP |

| 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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259177 | 1 | T1019 | 0580 | 09/09/13 | 09/09/13 | 32.00 | 120.00 |
| 259177 | 2 | T1019 | 0580 | 09/10/13 | 09/10/13 | 36.00 | 135.00 |
| 259177 | 3 | T1019 | 0580 | 09/11/13 | 09/11/13 | 32.00 | 120.00 |
| 259177 | 4 | T1019 | 0580 | 09/12/13 | 09/12/13 | 36.00 | 135.00 |
| 259177 | 5 | T1019 | 0580 | 09/13/13 | 09/13/13 | 32.00 | 120.00 |
| CLAIM TOTAL | | | | | | | 630.00 |
| CLAIM ACCOUNT REF. | | | | | | | 2591770012012374SUP |

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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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259175 | 1 | T1019 | 0580 | 09/09/13 | 09/09/13 | 28.00 | 105.00 |
| 259175 | 2 | T1019 | 0580 | 09/11/13 | 09/11/13 | 28.00 | 105.00 |
| 259175 | 3 | T1019 | 0580 | 09/12/13 | 09/12/13 | 28.00 | 105.00 |
| 259175 | 4 | T1019 | 0580 | 09/13/13 | 09/13/13 | 16.00 | 60.00 |
| CLAIM TOTAL | | | | | | | 375.00 |
| CLAIM ACCOUNT REF. | | | | | | | 2591750012012732SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259174 | 1 | T1019 | 0580 | 09/07/13 | 09/07/13 | 20.00 | 75.00 |
| 259174 | 2 | T1019 | 0580 | 09/08/13 | 09/08/13 | 20.00 | 75.00 |
| 259174 | 3 | T1019 | 0580 | 09/09/13 | 09/09/13 | 28.00 | 105.00 |
| 259174 | 4 | T1019 | 0580 | 09/10/13 | 09/10/13 | 28.00 | 105.00 |
| 259174 | 5 | T1019 | 0580 | 09/11/13 | 09/11/13 | 28.00 | 105.00 |
| 259174 | 6 | T1019 | 0580 | 09/12/13 | 09/12/13 | 28.00 | 105.00 |
| 259174 | 7 | T1019 | 0580 | 09/13/13 | 09/13/13 | 28.00 | 105.00 |
| CLAIM TOTAL | | | | | | | 675.00 |
| CLAIM ACCOUNT REF. | | | | | | | 2591740012012876SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259178 | 1 | T1019 | 0580 | 09/09/13 | 09/09/13 | 16.00 | 60.00 |
| 259178 | 2 | T1019 | 0580 | 09/10/13 | 09/10/13 | 16.00 | 60.00 |
| 259178 | 3 | T1019 | 0580 | 09/11/13 | 09/11/13 | 16.00 | 60.00 |
| 259178 | 4 | T1019 | 0580 | 09/12/13 | 09/12/13 | 16.00 | 60.00 |
| 259178 | 5 | T1019 | 0580 | 09/13/13 | 09/13/13 | 16.00 | 60.00 |
| CLAIM TOTAL | | | | | | | 300.00 |
| CLAIM ACCOUNT REF. | | | | | | | 2591780012013018SUP |

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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 259170 | 1 | T1019 | 0580 | 09/09/13 | 09/09/13 | 20.00 | 84.40 |
| 259170 | 2 | T1019 | 0580 | 09/10/13 | 09/10/13 | 20.00 | 84.40 |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 259170 | 3 | T1019 | 0580 | 09/11/13 | 09/11/13 | 20.00 | 84.40 | |
| 259170 | 4 | T1019 | 0580 | 09/12/13 | 09/12/13 | 20.00 | 84.40 | |
| 259170 | 5 | T1019 | 0580 | 09/13/13 | 09/13/13 | 20.00 | 84.40 | |
| | | | | | CLAIM TOTAL | | 422.00 | CLAIM ACCOUNT REF. 2591700012013352SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010671 2014097 AKHTER, SELINA 07/13/1960 717930679 103717989
DIAGNOSIS CODES: 093.9 253.5 272.4 401.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|----------|--|
| 259169 | 1 | T1019 | 0580 | 09/02/13 | 09/02/13 | 36.00 | 151.92 | |
| 259169 | 2 | T1019 | 0580 | 09/03/13 | 09/03/13 | 36.00 | 151.92 | |
| 259169 | 3 | T1019 | 0580 | 09/04/13 | 09/04/13 | 36.00 | 151.92 | |
| 259169 | 4 | T1019 | 0580 | 09/05/13 | 09/05/13 | 36.00 | 151.92 | |
| 259169 | 5 | T1019 | 0580 | 09/06/13 | 09/06/13 | 36.00 | 151.92 | |
| 259169 | 6 | T1019 | 0580 | 09/09/13 | 09/09/13 | 36.00 | 151.92 | |
| 259169 | 7 | T1019 | 0580 | 09/10/13 | 09/10/13 | 36.00 | 151.92 | |
| 259169 | 8 | T1019 | 0580 | 09/11/13 | 09/11/13 | 36.00 | 151.92 | |
| 259169 | 9 | T1019 | 0580 | 09/12/13 | 09/12/13 | 36.00 | 151.92 | |
| 259169 | 10 | T1019 | 0580 | 09/13/13 | 09/13/13 | 36.00 | 151.92 | |
| | | | | | CLAIM TOTAL | | 1,519.20 | CLAIM ACCOUNT REF. 2591690012014097SUP |

PAYER TOTALS: AMERIGROUP NEW YORK,LLC # OF CLAIMS = 64 TOTAL CLAIM AMOUNT = 6,355.36
SERVICES = 12

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259198 | 1 | T1019 | 0671 | 09/07/13 | 09/07/13 | 32.00 | 116.16 |
| 259198 | 2 | T1019 | 0671 | 09/08/13 | 09/08/13 | 31.00 | 112.53 |
| 259198 | 3 | T1019 | 0671 | 09/09/13 | 09/09/13 | 32.00 | 116.16 |
| 259198 | 4 | T1019 | 0671 | 09/10/13 | 09/10/13 | 32.00 | 116.16 |
| 259198 | 5 | T1019 | 0671 | 09/11/13 | 09/11/13 | 32.00 | 116.16 |
| 259198 | 6 | T1019 | 0671 | 09/12/13 | 09/12/13 | 32.00 | 116.16 |
| 259198 | 7 | T1019 | 0671 | 09/13/13 | 09/13/13 | 32.00 | 116.16 |
| CLAIM TOTAL | | | | | | | 809.49 |
| CLAIM ACCOUNT REF. | | | | | | | 2591980012013814SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259199 | 1 | T1019 | 0671 | 09/09/13 | 09/09/13 | 20.00 | 72.60 |
| 259199 | 2 | T1019 | 0671 | 09/10/13 | 09/10/13 | 20.00 | 72.60 |
| 259199 | 3 | T1019 | 0671 | 09/11/13 | 09/11/13 | 20.00 | 72.60 |
| 259199 | 4 | T1019 | 0671 | 09/12/13 | 09/12/13 | 20.00 | 72.60 |
| 259199 | 5 | T1019 | 0671 | 09/13/13 | 09/13/13 | 20.00 | 72.60 |
| CLAIM TOTAL | | | | | | | 363.00 |
| CLAIM ACCOUNT REF. | | | | | | | 2591990012013815SUP |

PAYER TOTALS: ELDERSERVE # OF CLAIMS = 12 TOTAL CLAIM AMOUNT = 1,172.49
SERVICES = 2

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 9/13/2011-00672-0010
DIAGNOSIS CODES: 250.81 272.0 311. 401.9 715.00

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 259334 | 1 | S5125 | | 09/09/13 | 09/09/13 | 24.00 | 94.56 |
| 259334 | 2 | S5125 | | 09/10/13 | 09/10/13 | 24.00 | 94.56 |
| 259334 | 3 | S5125 | | 09/11/13 | 09/11/13 | 24.00 | 94.56 |
| 259334 | 4 | S5125 | | 09/12/13 | 09/12/13 | 24.00 | 94.56 |
| 259334 | 5 | S5125 | | 09/13/13 | 09/13/13 | 24.00 | 94.56 |
| CLAIM TOTAL | | | | | | | 472.80 |
| | | | | | | | CLAIM ACCOUNT REF. 2593340011997785SUP |

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 259348 | 1 | T1019 | | 09/07/13 | 09/07/13 | 16.00 | 63.04 |
| 259348 | 2 | T1019 | | 09/08/13 | 09/08/13 | 16.00 | 63.04 |
| 259348 | 3 | T1019 | | 09/09/13 | 09/09/13 | 28.00 | 110.32 |
| 259348 | 4 | T1019 | | 09/10/13 | 09/10/13 | 28.00 | 110.32 |
| 259348 | 5 | T1019 | | 09/12/13 | 09/12/13 | 28.00 | 110.32 |
| 259348 | 6 | T1019 | | 09/13/13 | 09/13/13 | 28.00 | 110.32 |
| CLAIM TOTAL | | | | | | | 567.36 |
| | | | | | | | CLAIM ACCOUNT REF. 2593480011997789SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1999328 1999328 ZUMAETA, FANNY 04/09/1936 GNT03663500 4/27/2007-00047-0036
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 |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 259386 | 1 | T1019 | | 09/07/13 | 09/07/13 | 28.00 | 110.32 |
| 259386 | 2 | T1019 | | 09/08/13 | 09/08/13 | 28.00 | 110.32 |
| 259386 | 3 | T1019 | | 09/09/13 | 09/09/13 | 40.00 | 157.60 |
| 259386 | 4 | T1019 | | 09/10/13 | 09/10/13 | 40.00 | 157.60 |
| 259386 | 5 | T1019 | | 09/11/13 | 09/11/13 | 40.00 | 157.60 |
| 259386 | 6 | T1019 | | 09/12/13 | 09/12/13 | 40.00 | 157.60 |
| 259386 | 7 | T1019 | | 09/13/13 | 09/13/13 | 40.00 | 157.60 |
| CLAIM TOTAL | | | | | | | 1,008.64 |
| | | | | | | | CLAIM ACCOUNT REF. 2593860011999328SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259324 | 1 | S5125 TT | | 09/07/13 | 09/07/13 | 20.00 | 83.80 |
| 259324 | 2 | S5125 TT | | 09/08/13 | 09/08/13 | 20.00 | 83.80 |
| 259324 | 3 | S5125 TT | | 09/09/13 | 09/09/13 | 20.00 | 83.80 |
| 259324 | 4 | S5125 TT | | 09/10/13 | 09/10/13 | 20.00 | 83.80 |
| 259324 | 5 | S5125 TT | | 09/11/13 | 09/11/13 | 20.00 | 83.80 |
| 259324 | 6 | S5125 TT | | 09/12/13 | 09/12/13 | 20.00 | 83.80 |
| 259324 | 7 | S5125 TT | | 09/13/13 | 09/13/13 | 20.00 | 83.80 |
| CLAIM TOTAL | | | | | | | 586.60 |
| CLAIM ACCOUNT REF. | | | | | | | 2593240012002109SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259357 | 1 | T1019 | | 09/08/13 | 09/08/13 | 28.00 | 110.32 |
| 259357 | 2 | T1019 | | 09/09/13 | 09/09/13 | 28.00 | 110.32 |
| 259357 | 3 | T1019 | | 09/10/13 | 09/10/13 | 28.00 | 110.32 |
| 259357 | 4 | T1019 | | 09/11/13 | 09/11/13 | 28.00 | 110.32 |
| 259357 | 5 | T1019 | | 09/12/13 | 09/12/13 | 28.00 | 110.32 |
| 259357 | 6 | T1019 | | 09/13/13 | 09/13/13 | 26.00 | 102.44 |
| CLAIM TOTAL | | | | | | | 654.04 |
| CLAIM ACCOUNT REF. | | | | | | | 2593570012002124SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259299 | 1 | T1019 | | 09/07/13 | 09/07/13 | 24.00 | 94.56 |
| 259299 | 2 | T1019 | | 09/08/13 | 09/08/13 | 24.00 | 94.56 |
| 259299 | 3 | T1019 | | 09/09/13 | 09/09/13 | 32.00 | 126.08 |
| 259299 | 4 | T1019 | | 09/10/13 | 09/10/13 | 32.00 | 126.08 |
| 259299 | 5 | T1019 | | 09/11/13 | 09/11/13 | 32.00 | 126.08 |
| 259299 | 6 | T1019 | | 09/12/13 | 09/12/13 | 32.00 | 126.08 |
| 259299 | 7 | T1019 | | 09/13/13 | 09/13/13 | 32.00 | 126.08 |
| CLAIM TOTAL | | | | | | | 819.52 |
| CLAIM ACCOUNT REF. | | | | | | | 2592990012002162SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 10/27/2008-00400-0023
DIAGNOSIS CODES: 715.90 369.9 401.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 259302 | 1 | S5125 | | 09/09/13 | 09/09/13 | 20.00 | 78.80 |
| 259302 | 2 | S5125 | | 09/10/13 | 09/10/13 | 20.00 | 78.80 |
| 259302 | 3 | S5125 | | 09/11/13 | 09/11/13 | 20.00 | 78.80 |
| 259302 | 4 | S5125 | | 09/12/13 | 09/12/13 | 20.00 | 78.80 |
| 259302 | 5 | S5125 | | 09/13/13 | 09/13/13 | 20.00 | 78.80 |
| CLAIM TOTAL | | | | | | | 394.00 |

CLAIM ACCOUNT REF. 2593020012002531SUP

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 259220 | 1 | S5125 | | 08/27/13 | 08/27/13 | 40.00 | 157.60 |
| CLAIM TOTAL | | | | | | | 157.60 |

CLAIM ACCOUNT REF. 2592200012002769SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1997777 2002769 CEPEDA, TOMASA 09/07/1932 93700964900 12/4/2008-00022-0027
DIAGNOSIS CODES: 253.5 401.9 452. 462.

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 259221 | 1 | S5125 | | 09/07/13 | 09/07/13 | 20.00 | 78.80 |
| 259221 | 2 | S5125 | | 09/08/13 | 09/08/13 | 20.00 | 78.80 |
| 259221 | 3 | S5125 | | 09/09/13 | 09/09/13 | 24.00 | 94.56 |
| 259221 | 4 | S5125 | | 09/10/13 | 09/10/13 | 24.00 | 94.56 |
| 259221 | 5 | S5125 | | 09/11/13 | 09/11/13 | 24.00 | 94.56 |
| 259221 | 6 | S5125 | | 09/12/13 | 09/12/13 | 24.00 | 94.56 |
| 259221 | 7 | S5125 | | 09/13/13 | 09/13/13 | 24.00 | 94.56 |
| CLAIM TOTAL | | | | | | | 630.40 |

CLAIM ACCOUNT REF. 2592210012002769SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1997754 2003087 PAPHITIS, RICHARD 05/14/1923 GNT03006300 11/23/2005-00393-0046
DIAGNOSIS CODES: 343.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 259316 | 1 | T1019 | | 09/09/13 | 09/09/13 | 32.00 | 126.08 |
| 259316 | 2 | T1019 | | 09/10/13 | 09/10/13 | 32.00 | 126.08 |
| 259316 | 3 | T1019 | | 09/11/13 | 09/11/13 | 32.00 | 126.08 |
| 259316 | 4 | T1019 | | 09/12/13 | 09/12/13 | 32.00 | 126.08 |
| 259316 | 5 | T1019 | | 09/13/13 | 09/13/13 | 32.00 | 126.08 |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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. |
|-------|--------|----------------|------------|---------|---------|-------|--------|---------------------|
| | | | | | | | 630.40 | 2593160012003087SUP |

| 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 | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------|--------|---------------------|
| 259381 | 1 | T1019 | | 09/07/13 | 09/07/13 | 20.00 | 78.80 | |
| 259381 | 2 | T1019 | | 09/08/13 | 09/08/13 | 20.00 | 78.80 | |
| 259381 | 3 | T1019 | | 09/09/13 | 09/09/13 | 24.00 | 94.56 | |
| 259381 | 4 | T1019 | | 09/10/13 | 09/10/13 | 24.00 | 94.56 | |
| 259381 | 5 | T1019 | | 09/11/13 | 09/11/13 | 24.00 | 94.56 | |
| 259381 | 6 | T1019 | | 09/12/13 | 09/12/13 | 24.00 | 94.56 | |
| 259381 | 7 | T1019 | | 09/13/13 | 09/13/13 | 24.00 | 94.56 | |
| | | | | | | | 630.40 | 2593810012003177SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----|-----|---------|---------|------------------|------------|--------------|-----------------------|
| NY | 001 | 2003254 | 2003254 | JIMENEZ, EUGENIA | 03/15/1931 | GNT04164400 | 2/22/2012-00525-0008 |

DIAGNOSIS CODES: 331.0 311.

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------|----------|---------------------|
| 259272 | 1 | T1019 | | 09/07/13 | 09/07/13 | 42.00 | 165.48 | |
| 259272 | 2 | T1019 | | 09/08/13 | 09/08/13 | 46.00 | 181.24 | |
| 259272 | 3 | T1019 | | 09/09/13 | 09/09/13 | 46.00 | 181.24 | |
| 259272 | 4 | T1019 | | 09/10/13 | 09/10/13 | 46.00 | 181.24 | |
| 259272 | 5 | T1019 | | 09/11/13 | 09/11/13 | 46.00 | 181.24 | |
| 259272 | 6 | T1019 | | 09/12/13 | 09/12/13 | 46.00 | 181.24 | |
| 259272 | 7 | T1019 | | 09/13/13 | 09/13/13 | 40.00 | 157.60 | |
| | | | | | | | 1,229.28 | 2592720012003254SUP |

| 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 | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------|--------|---------------------|
| 259233 | 1 | S5125 | | 09/09/13 | 09/09/13 | 24.00 | 94.56 | |
| 259233 | 2 | S5125 | | 09/10/13 | 09/10/13 | 24.00 | 94.56 | |
| 259233 | 3 | S5125 | | 09/12/13 | 09/12/13 | 24.00 | 94.56 | |
| 259233 | 4 | S5125 | | 09/13/13 | 09/13/13 | 24.00 | 94.56 | |
| | | | | | | | 378.24 | 2592330012004554SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 2004768 2004768 NUNEZ, ANGELINA 10/01/1946 GNT02920000 9/28/2005-00256-0055
DIAGNOSIS CODES: 493.00 250.00 361.9 366.00 715.90

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259303 | 1 | T1019 | | 09/09/13 | 09/09/13 | 16.00 | 63.04 |
| 259303 | 2 | T1019 | | 09/10/13 | 09/10/13 | 16.00 | 63.04 |
| 259303 | 3 | T1019 | | 09/11/13 | 09/11/13 | 16.00 | 63.04 |
| 259303 | 4 | T1019 | | 09/12/13 | 09/12/13 | 16.00 | 63.04 |
| 259303 | 5 | T1019 | | 09/13/13 | 09/13/13 | 16.00 | 63.04 |
| CLAIM TOTAL | | | | | | | 315.20 |
| CLAIM ACCOUNT REF. | | | | | | | 2593030012004768SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259273 | 1 | S5125 | | 09/07/13 | 09/07/13 | 44.00 | 173.36 |
| 259273 | 2 | S5125 | | 09/08/13 | 09/08/13 | 46.00 | 181.24 |
| 259273 | 3 | S5125 | | 09/09/13 | 09/09/13 | 48.00 | 189.12 |
| 259273 | 4 | S5125 | | 09/10/13 | 09/10/13 | 48.00 | 189.12 |
| 259273 | 5 | S5125 | | 09/11/13 | 09/11/13 | 48.00 | 189.12 |
| 259273 | 6 | S5125 | | 09/12/13 | 09/12/13 | 48.00 | 189.12 |
| 259273 | 7 | S5125 | | 09/13/13 | 09/13/13 | 48.00 | 189.12 |
| CLAIM TOTAL | | | | | | | 1,300.20 |
| CLAIM ACCOUNT REF. | | | | | | | 2592730012006080SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259300 | 1 | S5125 | | 09/09/13 | 09/09/13 | 16.00 | 63.04 |
| 259300 | 2 | S5125 | | 09/11/13 | 09/11/13 | 16.00 | 63.04 |
| 259300 | 3 | S5125 | | 09/13/13 | 09/13/13 | 16.00 | 63.04 |
| CLAIM TOTAL | | | | | | | 189.12 |
| CLAIM ACCOUNT REF. | | | | | | | 2593000012006117SUP |

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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 259200 | 1 | S5125 | | 09/07/13 | 09/07/13 | 24.00 | 94.56 |
| 259200 | 2 | S5125 | | 09/09/13 | 09/09/13 | 35.00 | 137.90 |
| 259200 | 3 | S5125 | | 09/10/13 | 09/10/13 | 36.00 | 141.84 |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 259200 | 4 | S5125 | | 09/11/13 | 09/11/13 | 36.00 | 141.84 | |
| 259200 | 5 | S5125 | | 09/12/13 | 09/12/13 | 36.00 | 141.84 | |
| 259200 | 6 | S5125 | | 09/13/13 | 09/13/13 | 36.00 | 141.84 | |
| | | | | | CLAIM TOTAL | | 799.82 | CLAIM ACCOUNT REF. 2592000012006118SUP |

| 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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 259235 | 1 | S5125 | | 09/07/13 | 09/07/13 | 24.00 | 94.56 | |
| 259235 | 2 | S5125 | | 09/09/13 | 09/09/13 | 28.00 | 110.32 | |
| 259235 | 3 | S5125 | | 09/10/13 | 09/10/13 | 28.00 | 110.32 | |
| 259235 | 4 | S5125 | | 09/11/13 | 09/11/13 | 28.00 | 110.32 | |
| 259235 | 5 | S5125 | | 09/12/13 | 09/12/13 | 28.00 | 110.32 | |
| 259235 | 6 | S5125 | | 09/13/13 | 09/13/13 | 28.00 | 110.32 | |
| | | | | | CLAIM TOTAL | | 646.16 | CLAIM ACCOUNT REF. 2592350012006124SUP |

| 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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 259382 | 1 | S5125 | | 09/07/13 | 09/07/13 | 16.00 | 63.04 | |
| 259382 | 2 | S5125 | | 09/09/13 | 09/09/13 | 16.00 | 63.04 | |
| 259382 | 3 | S5125 | | 09/10/13 | 09/10/13 | 16.00 | 63.04 | |
| 259382 | 4 | S5125 | | 09/11/13 | 09/11/13 | 16.00 | 63.04 | |
| 259382 | 5 | S5125 | | 09/12/13 | 09/12/13 | 16.00 | 63.04 | |
| 259382 | 6 | S5125 | | 09/13/13 | 09/13/13 | 16.00 | 63.04 | |
| | | | | | CLAIM TOTAL | | 378.24 | CLAIM ACCOUNT REF. 2593820012006152SUP |

| 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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 259344 | 1 | S5125 | | 09/09/13 | 09/09/13 | 22.00 | 86.68 | |
| 259344 | 2 | S5125 | | 09/10/13 | 09/10/13 | 22.00 | 86.68 | |
| | | | | | CLAIM TOTAL | | 173.36 | CLAIM ACCOUNT REF. 2593440012006828SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 259325 | 1 | S5125 TT | | 09/07/13 | 09/07/13 | 20.00 | 83.80 |
| 259325 | 2 | S5125 TT | | 09/08/13 | 09/08/13 | 20.00 | 83.80 |
| 259325 | 3 | S5125 TT | | 09/09/13 | 09/09/13 | 20.00 | 83.80 |
| 259325 | 4 | S5125 TT | | 09/10/13 | 09/10/13 | 20.00 | 83.80 |
| 259325 | 5 | S5125 TT | | 09/11/13 | 09/11/13 | 20.00 | 83.80 |
| 259325 | 6 | S5125 TT | | 09/12/13 | 09/12/13 | 20.00 | 83.80 |
| 259325 | 7 | S5125 TT | | 09/13/13 | 09/13/13 | 20.00 | 83.80 |
| CLAIM TOTAL | | | | | | | 586.60 |
| | | | | | | | CLAIM ACCOUNT REF. 2593250012007728SUP |

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 259338 | 1 | T1019 | | 09/07/13 | 09/07/13 | 36.00 | 141.84 |
| 259338 | 2 | T1019 | | 09/08/13 | 09/08/13 | 36.00 | 141.84 |
| 259338 | 3 | T1019 | | 09/09/13 | 09/09/13 | 36.00 | 141.84 |
| 259338 | 4 | T1019 | | 09/10/13 | 09/10/13 | 36.00 | 141.84 |
| 259338 | 5 | T1019 | | 09/11/13 | 09/11/13 | 36.00 | 141.84 |
| 259338 | 6 | T1019 | | 09/12/13 | 09/12/13 | 36.00 | 141.84 |
| 259338 | 7 | T1019 | | 09/13/13 | 09/13/13 | 36.00 | 141.84 |
| CLAIM TOTAL | | | | | | | 992.88 |
| | | | | | | | CLAIM ACCOUNT REF. 2593380012007969SUP |

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 259377 | 1 | S5125 | | 09/07/13 | 09/07/13 | 48.00 | 189.12 |
| 259377 | 2 | S5125 | | 09/08/13 | 09/08/13 | 48.00 | 189.12 |
| 259377 | 3 | S5125 | | 09/09/13 | 09/09/13 | 32.00 | 126.08 |
| 259377 | 4 | S5125 | | 09/10/13 | 09/10/13 | 32.00 | 126.08 |
| 259377 | 5 | S5125 | | 09/11/13 | 09/11/13 | 32.00 | 126.08 |
| 259377 | 6 | S5125 | | 09/12/13 | 09/12/13 | 32.00 | 126.08 |
| 259377 | 7 | S5125 | | 09/13/13 | 09/13/13 | 32.00 | 126.08 |
| CLAIM TOTAL | | | | | | | 1,008.64 |
| | | | | | | | CLAIM ACCOUNT REF. 2593770012008200SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259245 | 1 | S5125 | | 08/26/13 | 08/26/13 | 16.00 | 63.04 |
| 259245 | 2 | S5125 | | 09/07/13 | 09/07/13 | 23.00 | 90.62 |
| 259245 | 3 | S5125 | | 09/08/13 | 09/08/13 | 24.00 | 94.56 |
| 259245 | 4 | S5125 | | 09/09/13 | 09/09/13 | 16.00 | 63.04 |
| 259245 | 5 | S5125 | | 09/10/13 | 09/10/13 | 16.00 | 63.04 |
| 259245 | 6 | S5125 | | 09/11/13 | 09/11/13 | 16.00 | 63.04 |
| 259245 | 7 | S5125 | | 09/12/13 | 09/12/13 | 4.00 | 15.76 |
| 259245 | 8 | S5125 | | 09/13/13 | 09/13/13 | 16.00 | 63.04 |
| CLAIM TOTAL | | | | | | | 516.14 |
| CLAIM ACCOUNT REF. | | | | | | | 2592450012008314SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2003982 2008320 COLAVITTI, JEAN 05/23/1911 GNT04482200 6/24/2009-00555-0031
DIAGNOSIS CODES: 716.90 272.0 362.51 401.9 V15.88

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259223 | 1 | S5125 | | 09/07/13 | 09/07/13 | 32.00 | 126.08 |
| 259223 | 2 | S5125 | | 09/08/13 | 09/08/13 | 32.00 | 126.08 |
| 259223 | 3 | S5125 | | 09/09/13 | 09/09/13 | 32.00 | 126.08 |
| 259223 | 4 | S5125 | | 09/10/13 | 09/10/13 | 32.00 | 126.08 |
| 259223 | 5 | S5125 | | 09/11/13 | 09/11/13 | 32.00 | 126.08 |
| 259223 | 6 | S5125 | | 09/12/13 | 09/12/13 | 32.00 | 126.08 |
| 259223 | 7 | S5125 | | 09/13/13 | 09/13/13 | 32.00 | 126.08 |
| CLAIM TOTAL | | | | | | | 882.56 |
| CLAIM ACCOUNT REF. | | | | | | | 2592230012008320SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008453 2008453 RESTULA, VINCENT 01/15/1929 GNT05473100 8/1/2011-00700-0009
DIAGNOSIS CODES: 389.9 369.9 V15.88

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259329 | 1 | S5125 | | 09/09/13 | 09/09/13 | 16.00 | 63.04 |
| 259329 | 2 | S5125 | | 09/10/13 | 09/10/13 | 16.00 | 63.04 |
| 259329 | 3 | S5125 | | 09/11/13 | 09/11/13 | 16.00 | 63.04 |
| 259329 | 4 | S5125 | | 09/12/13 | 09/12/13 | 16.00 | 63.04 |
| 259329 | 5 | S5125 | | 09/13/13 | 09/13/13 | 16.00 | 63.04 |
| CLAIM TOTAL | | | | | | | 315.20 |
| CLAIM ACCOUNT REF. | | | | | | | 2593290012008453SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 2008885 2008885 SOMRAJ, UMILLA 09/24/1973 GNT03813900 8/31/2007-00255-0064
DIAGNOSIS CODES: 585.6 311.

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|----------|--|
| 259359 | 1 | S5125 | | 08/03/13 | 08/03/13 | 16.00 | 63.04 |
| 259359 | 2 | S5125 | | 08/04/13 | 08/04/13 | 16.00 | 63.04 |
| 259359 | 3 | S5125 | | 08/06/13 | 08/06/13 | 16.00 | 63.04 |
| 259359 | 4 | S5125 | | 08/11/13 | 08/11/13 | 16.00 | 63.04 |
| 259359 | 5 | S5125 | | 08/13/13 | 08/13/13 | 16.00 | 63.04 |
| 259359 | 6 | S5125 | | 08/15/13 | 08/15/13 | 4.00 | 15.76 |
| 259359 | 7 | S5125 | | 08/17/13 | 08/17/13 | 16.00 | 63.04 |
| 259359 | 8 | S5125 | | 08/18/13 | 08/18/13 | 16.00 | 63.04 |
| 259359 | 9 | S5125 | | 08/20/13 | 08/20/13 | 16.00 | 63.04 |
| 259359 | 10 | S5125 | | 08/22/13 | 08/22/13 | 16.00 | 63.04 |
| 259359 | 11 | S5125 | | 08/29/13 | 08/29/13 | 16.00 | 63.04 |
| 259359 | 12 | S5125 | | 08/31/13 | 08/31/13 | 16.00 | 63.04 |
| 259359 | 13 | S5125 | | 09/01/13 | 09/01/13 | 16.00 | 63.04 |
| 259359 | 14 | S5125 | | 09/03/13 | 09/03/13 | 16.00 | 63.04 |
| 259359 | 15 | S5125 | | 09/05/13 | 09/05/13 | 16.00 | 63.04 |
| 259359 | 16 | S5125 | | 09/07/13 | 09/07/13 | 16.00 | 63.04 |
| 259359 | 17 | S5125 | | 09/08/13 | 09/08/13 | 16.00 | 63.04 |
| CLAIM TOTAL | | | | | | 1,024.40 | CLAIM ACCOUNT REF. 2593590012008885SUP |

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 |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 259379 | 1 | S5125 | | 09/09/13 | 09/09/13 | 16.00 | 63.04 |
| 259379 | 2 | S5125 | | 09/11/13 | 09/11/13 | 12.00 | 47.28 |
| CLAIM TOTAL | | | | | | 110.32 | CLAIM ACCOUNT REF. 2593790012008892SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008605 2009202 MARTINEZ, GLORIA 04/10/1937 GNT00444700 11/14/2003-00001-0102
DIAGNOSIS CODES: 345.90 272.0 311. 362.50

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 259288 | 1 | S5125 | | 09/05/13 | 09/05/13 | 10.00 | 39.40 |
| 259288 | 2 | S5125 | | 09/09/13 | 09/09/13 | 20.00 | 78.80 |
| 259288 | 3 | S5125 | | 09/10/13 | 09/10/13 | 20.00 | 78.80 |
| 259288 | 4 | S5125 | | 09/11/13 | 09/11/13 | 20.00 | 78.80 |
| 259288 | 5 | S5125 | | 09/12/13 | 09/12/13 | 20.00 | 78.80 |
| 259288 | 6 | S5125 | | 09/13/13 | 09/13/13 | 20.00 | 78.80 |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 | 433.40 | 2592880012009202SUP |

| 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 | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|--------|---------------------|
| 259320 | 1 | T1019 | | 09/09/13 | 09/09/13 | 24.00 | 94.56 | |
| 259320 | 2 | T1019 | | 09/10/13 | 09/10/13 | 24.00 | 94.56 | |
| 259320 | 3 | T1019 | | 09/11/13 | 09/11/13 | 24.00 | 94.56 | |
| 259320 | 4 | T1019 | | 09/12/13 | 09/12/13 | 24.00 | 94.56 | |
| | | | | | | CLAIM TOTAL | 378.24 | 2593200012009232SUP |

| 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 | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|--------|---------------------|
| 259304 | 1 | S5125 | | 08/24/13 | 08/24/13 | 22.00 | 86.68 | |
| 259304 | 2 | S5125 | | 09/07/13 | 09/07/13 | 24.00 | 94.56 | |
| 259304 | 3 | S5125 | | 09/10/13 | 09/10/13 | 24.00 | 94.56 | |
| 259304 | 4 | S5125 | | 09/11/13 | 09/11/13 | 24.00 | 94.56 | |
| 259304 | 5 | S5125 | | 09/12/13 | 09/12/13 | 24.00 | 94.56 | |
| 259304 | 6 | S5125 | | 09/13/13 | 09/13/13 | 24.00 | 94.56 | |
| | | | | | | CLAIM TOTAL | 559.48 | 2593040012009392SUP |

| 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 | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|----------|---------------------|
| 259236 | 1 | T1020 | | 09/07/13 | 09/07/13 | 1.00 | 200.00 | |
| 259236 | 2 | T1020 | | 09/08/13 | 09/08/13 | 1.00 | 200.00 | |
| 259236 | 3 | T1020 | | 09/09/13 | 09/09/13 | 1.00 | 200.00 | |
| 259236 | 4 | T1020 | | 09/10/13 | 09/10/13 | 1.00 | 200.00 | |
| 259236 | 5 | T1020 | | 09/11/13 | 09/11/13 | 1.00 | 200.00 | |
| 259236 | 6 | T1020 | | 09/12/13 | 09/12/13 | 1.00 | 200.00 | |
| 259236 | 7 | T1020 | | 09/13/13 | 09/13/13 | 1.00 | 200.00 | |
| | | | | | | CLAIM TOTAL | 1,400.00 | 2592360012009394SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009400 2009400 HUSTIU, SILVIA 02/04/1929 GNT05850100 11/29/2011-00252-0010
DIAGNOSIS CODES: 715.90

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|----------|-------------|--------|--|
| 259266 | 1 | S5125 | | 09/09/13 | 09/09/13 | 8.00 | 31.52 | |
| | | | | | | CLAIM TOTAL | 31.52 | CLAIM ACCOUNT REF. 2592660012009400SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009435 2009435 GOMEZ, YOLANDA 11/26/1934 GNT05745100 12/1/2011-00373-0016
DIAGNOSIS CODES: 250.00 401.9 429.89 715.90

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|----------|-------------|--------|--|
| 259252 | 1 | T1019 | | 09/09/13 | 09/09/13 | 16.00 | 63.04 | |
| 259252 | 2 | T1019 | | 09/11/13 | 09/11/13 | 16.00 | 63.04 | |
| 259252 | 3 | T1019 | | 09/13/13 | 09/13/13 | 20.00 | 78.80 | |
| | | | | | | CLAIM TOTAL | 204.88 | CLAIM ACCOUNT REF. 2592520012009435SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2003840 2009576 PAZIOULIS, KLEONIKI 10/16/1934 GNT04602500 6/2/2009-00124-0034
DIAGNOSIS CODES: 401.9 272.0 338.29

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|----------|-------------|--------|--|
| 259319 | 1 | S5125 | | 09/07/13 | 09/07/13 | 44.00 | 173.36 | |
| 259319 | 2 | S5125 | | 09/08/13 | 09/08/13 | 44.00 | 173.36 | |
| 259319 | 3 | S5125 | | 09/09/13 | 09/09/13 | 44.00 | 173.36 | |
| 259319 | 4 | S5125 | | 09/10/13 | 09/10/13 | 44.00 | 173.36 | |
| 259319 | 5 | S5125 | | 09/11/13 | 09/11/13 | 44.00 | 173.36 | |
| | | | | | | CLAIM TOTAL | 866.80 | CLAIM ACCOUNT REF. 2593190012009576SUP |

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 | |
|--------|--------|----------------|------------|----------|----------|-------------|----------|--|
| 259248 | 1 | T1019 | | 09/07/13 | 09/07/13 | 24.00 | 94.56 | |
| 259248 | 2 | T1019 | | 09/08/13 | 09/08/13 | 16.00 | 63.04 | |
| 259248 | 3 | T1019 | | 09/09/13 | 09/09/13 | 48.00 | 189.12 | |
| 259248 | 4 | T1019 | | 09/10/13 | 09/10/13 | 48.00 | 189.12 | |
| 259248 | 5 | T1019 | | 09/11/13 | 09/11/13 | 48.00 | 189.12 | |
| 259248 | 6 | T1019 | | 09/12/13 | 09/12/13 | 48.00 | 189.12 | |
| 259248 | 7 | T1019 | | 09/13/13 | 09/13/13 | 48.00 | 189.12 | |
| | | | | | | CLAIM TOTAL | 1,103.20 | CLAIM ACCOUNT REF. 2592480012009589SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 2009618 2009618 WEST, BALDWIN 09/14/1933 GNT05953700 1/3/2012-00952-0010
DIAGNOSIS CODES: 294.10

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 259380 | 1 | T1019 | | 09/02/13 | 09/02/13 | 16.00 | 63.04 |
| 259380 | 2 | T1019 | | 09/03/13 | 09/03/13 | 16.00 | 63.04 |
| 259380 | 3 | T1019 | | 09/04/13 | 09/04/13 | 16.00 | 63.04 |
| 259380 | 4 | T1019 | | 09/05/13 | 09/05/13 | 16.00 | 63.04 |
| 259380 | 5 | T1019 | | 09/06/13 | 09/06/13 | 16.00 | 63.04 |
| 259380 | 6 | T1019 | | 09/10/13 | 09/10/13 | 16.00 | 63.04 |
| 259380 | 7 | T1019 | | 09/11/13 | 09/11/13 | 16.00 | 63.04 |
| 259380 | 8 | T1019 | | 09/13/13 | 09/13/13 | 16.00 | 63.04 |
| CLAIM TOTAL | | | | | | | 504.32 |
| | | | | | | | CLAIM ACCOUNT REF. 2593800012009618SUP |

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 259309 | 1 | T1019 | | 09/09/13 | 09/09/13 | 20.00 | 78.80 |
| 259309 | 2 | T1019 | | 09/10/13 | 09/10/13 | 20.00 | 78.80 |
| 259309 | 3 | T1019 | | 09/11/13 | 09/11/13 | 20.00 | 78.80 |
| 259309 | 4 | T1019 | | 09/12/13 | 09/12/13 | 20.00 | 78.80 |
| 259309 | 5 | T1019 | | 09/13/13 | 09/13/13 | 20.00 | 78.80 |
| CLAIM TOTAL | | | | | | | 394.00 |
| | | | | | | | CLAIM ACCOUNT REF. 2593090012010198SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 259295 | 1 | T1019 | | 09/12/13 | 09/12/13 | 16.00 | 63.04 |
| CLAIM TOTAL | | | | | | | 63.04 |
| | | | | | | | CLAIM ACCOUNT REF. 2592950012010407SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010409 2010409 RAMOS, ESTHER 12/21/1933 GNT06136400 4/27/2012-00082-0008
DIAGNOSIS CODES: 331.0 250.00 272.2 401.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 259328 | 1 | T1019 | | 09/09/13 | 09/09/13 | 12.00 | 47.28 |
| 259328 | 2 | T1019 | | 09/10/13 | 09/10/13 | 16.00 | 63.04 |
| 259328 | 3 | T1019 | | 09/11/13 | 09/11/13 | 16.00 | 63.04 |
| 259328 | 4 | T1019 | | 09/12/13 | 09/12/13 | 12.00 | 47.28 |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259328 | 5 | T1019 | | 09/13/13 | 09/13/13 | 15.00 | 59.10 |
| CLAIM TOTAL | | | | | | | 279.74 |
| CLAIM ACCOUNT REF. | | | | | | | 2593280012010409SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|-----|---------|---------|--------------------|------------|--------------|-----------------------|
| NY | 001 | 2010412 | 2010412 | RODRIGUEZ, FABIOLA | 06/23/1931 | GNT06115800 | 8/27/2012-00184-0006 |
| DIAGNOSIS | | CODES: | 715.90 | 401.9 | 493.00 | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259337 | 1 | S5125 | | 09/02/13 | 09/02/13 | 16.00 | 63.04 |
| 259337 | 2 | S5125 | | 09/07/13 | 09/07/13 | 16.00 | 63.04 |
| 259337 | 3 | S5125 | | 09/09/13 | 09/09/13 | 16.00 | 63.04 |
| 259337 | 4 | S5125 | | 09/10/13 | 09/10/13 | 16.00 | 63.04 |
| 259337 | 5 | S5125 | | 09/11/13 | 09/11/13 | 16.00 | 63.04 |
| 259337 | 6 | S5125 | | 09/12/13 | 09/12/13 | 16.00 | 63.04 |
| 259337 | 7 | S5125 | | 09/13/13 | 09/13/13 | 16.00 | 63.04 |
| CLAIM TOTAL | | | | | | | 441.28 |
| CLAIM ACCOUNT REF. | | | | | | | 2593370012010412SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|-----|---------|---------|--------------|------------|--------------|-----------------------|
| NY | 001 | 2010647 | 2010647 | PRADO, NANCY | 04/02/1950 | GNT00201400 | 1/4/2006-00426-0021 |
| DIAGNOSIS | | CODES: | 311. | 750.7 | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259323 | 1 | T1019 | | 09/10/13 | 09/10/13 | 16.00 | 63.04 |
| 259323 | 2 | T1019 | | 09/11/13 | 09/11/13 | 16.00 | 63.04 |
| 259323 | 3 | T1019 | | 09/12/13 | 09/12/13 | 16.00 | 63.04 |
| CLAIM TOTAL | | | | | | | 189.12 |
| CLAIM ACCOUNT REF. | | | | | | | 2593230012010647SUP |

| 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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259202 | 1 | S5125 | | 09/07/13 | 09/07/13 | 32.00 | 126.08 |
| 259202 | 2 | S5125 | | 09/08/13 | 09/08/13 | 32.00 | 126.08 |
| 259202 | 3 | S5125 | | 09/09/13 | 09/09/13 | 32.00 | 126.08 |
| 259202 | 4 | S5125 | | 09/10/13 | 09/10/13 | 32.00 | 126.08 |
| 259202 | 5 | S5125 | | 09/11/13 | 09/11/13 | 32.00 | 126.08 |
| 259202 | 6 | S5125 | | 09/12/13 | 09/12/13 | 32.00 | 126.08 |
| 259202 | 7 | S5125 | | 09/13/13 | 09/13/13 | 32.00 | 126.08 |
| CLAIM TOTAL | | | | | | | 882.56 |
| CLAIM ACCOUNT REF. | | | | | | | 2592020012010843SUP |

REPORT DATE 09/18/13 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 2011036 2011036 MASSOL, PEDRO A 09/08/1934 GNT04564600 7/26/2012-00677-0015
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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259289 | 1 | S5125 | | 09/07/13 | 09/07/13 | 12.00 | 47.28 |
| 259289 | 2 | S5125 | | 09/09/13 | 09/09/13 | 20.00 | 78.80 |
| 259289 | 3 | S5125 | | 09/10/13 | 09/10/13 | 20.00 | 78.80 |
| 259289 | 4 | S5125 | | 09/11/13 | 09/11/13 | 20.00 | 78.80 |
| 259289 | 5 | S5125 | | 09/12/13 | 09/12/13 | 20.00 | 78.80 |
| 259289 | 6 | S5125 | | 09/13/13 | 09/13/13 | 20.00 | 78.80 |
| CLAIM TOTAL | | | | | | | 441.28 |
| CLAIM ACCOUNT REF. | | | | | | | 2592890012011036SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259263 | 1 | S5125 | | 09/07/13 | 09/07/13 | 16.00 | 63.04 |
| 259263 | 2 | S5125 | | 09/08/13 | 09/08/13 | 16.00 | 63.04 |
| 259263 | 3 | S5125 | | 09/09/13 | 09/09/13 | 32.00 | 126.08 |
| 259263 | 4 | S5125 | | 09/10/13 | 09/10/13 | 32.00 | 126.08 |
| 259263 | 5 | S5125 | | 09/11/13 | 09/11/13 | 32.00 | 126.08 |
| 259263 | 6 | S5125 | | 09/12/13 | 09/12/13 | 32.00 | 126.08 |
| 259263 | 7 | S5125 | | 09/13/13 | 09/13/13 | 32.00 | 126.08 |
| CLAIM TOTAL | | | | | | | 756.48 |
| CLAIM ACCOUNT REF. | | | | | | | 2592630012011252SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011256 2011256 DURAN, CARMEN 07/16/1925 GNT06350900 8/30/2012-00186-0008
DIAGNOSIS CODES: 894.0 244.8 401.9 733.00

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259234 | 1 | S5125 | | 09/09/13 | 09/09/13 | 26.00 | 102.44 |
| 259234 | 2 | S5125 | | 09/10/13 | 09/10/13 | 26.00 | 102.44 |
| 259234 | 3 | S5125 | | 09/11/13 | 09/11/13 | 26.00 | 102.44 |
| 259234 | 4 | S5125 | | 09/12/13 | 09/12/13 | 26.00 | 102.44 |
| 259234 | 5 | S5125 | | 09/13/13 | 09/13/13 | 26.00 | 102.44 |
| CLAIM TOTAL | | | | | | | 512.20 |
| CLAIM ACCOUNT REF. | | | | | | | 2592340012011256SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 9/13/2012-00602-0008
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 |
|-------------|--------|----------------|------------|----------|----------|----------|--|
| 259290 | 1 | S5125 | | 09/07/13 | 09/07/13 | 40.00 | 157.60 |
| 259290 | 2 | S5125 | | 09/08/13 | 09/08/13 | 40.00 | 157.60 |
| 259290 | 3 | S5125 | | 09/09/13 | 09/09/13 | 48.00 | 189.12 |
| 259290 | 4 | S5125 | | 09/10/13 | 09/10/13 | 48.00 | 189.12 |
| 259290 | 5 | S5125 | | 09/11/13 | 09/11/13 | 48.00 | 189.12 |
| 259290 | 6 | S5125 | | 09/12/13 | 09/12/13 | 48.00 | 189.12 |
| 259290 | 7 | S5125 | | 09/13/13 | 09/13/13 | 48.00 | 189.12 |
| CLAIM TOTAL | | | | | | 1,260.80 | CLAIM ACCOUNT REF. 2592900012011350SUP |

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 |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 259321 | 1 | T1019 | | 09/07/13 | 09/07/13 | 36.00 | 141.84 |
| 259321 | 2 | T1019 | | 09/08/13 | 09/08/13 | 36.00 | 141.84 |
| 259321 | 3 | T1019 | | 09/09/13 | 09/09/13 | 36.00 | 141.84 |
| 259321 | 4 | T1019 | | 09/10/13 | 09/10/13 | 36.00 | 141.84 |
| 259321 | 5 | T1019 | | 09/11/13 | 09/11/13 | 36.00 | 141.84 |
| 259321 | 6 | T1019 | | 09/12/13 | 09/12/13 | 36.00 | 141.84 |
| 259321 | 7 | T1019 | | 09/13/13 | 09/13/13 | 36.00 | 141.84 |
| CLAIM TOTAL | | | | | | 992.88 | CLAIM ACCOUNT REF. 2593210012011411SUP |

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 |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 259262 | 1 | T1019 | | 09/07/13 | 09/07/13 | 48.00 | 189.12 |
| 259262 | 2 | T1019 | | 09/08/13 | 09/08/13 | 48.00 | 189.12 |
| 259262 | 3 | T1019 | | 09/09/13 | 09/09/13 | 48.00 | 189.12 |
| 259262 | 4 | T1019 | | 09/10/13 | 09/10/13 | 48.00 | 189.12 |
| 259262 | 5 | T1019 | | 09/13/13 | 09/13/13 | 48.00 | 189.12 |
| CLAIM TOTAL | | | | | | 945.60 | CLAIM ACCOUNT REF. 2592620012011472SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 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 | |
|--------|--------|----------------|------------|----------|----------|-------------|--------|--|
| 259209 | 1 | T1019 | | 09/13/13 | 09/13/13 | 32.00 | 126.08 | |
| | | | | | | CLAIM TOTAL | 126.08 | CLAIM ACCOUNT REF. 2592090012011503SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009586 2011581 ASH, MARIE 08/11/1925 GNT06270600 9/28/2012-00709-0010
DIAGNOSIS CODES: 780.4 458.8 780.93 V45.01

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|----------|-------------|--------|--|
| 259205 | 1 | T1019 | | 09/09/13 | 09/09/13 | 16.00 | 63.04 | |
| 259205 | 2 | T1019 | | 09/11/13 | 09/11/13 | 16.00 | 63.04 | |
| 259205 | 3 | T1019 | | 09/13/13 | 09/13/13 | 16.00 | 63.04 | |
| | | | | | | CLAIM TOTAL | 189.12 | CLAIM ACCOUNT REF. 2592050012011581SUP |

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 | |
|--------|--------|----------------|------------|----------|----------|-------------|--------|--|
| 259358 | 1 | S5125 | | 09/07/13 | 09/07/13 | 48.00 | 189.12 | |
| 259358 | 2 | S5125 | | 09/08/13 | 09/08/13 | 48.00 | 189.12 | |
| 259358 | 3 | S5125 | | 09/09/13 | 09/09/13 | 48.00 | 189.12 | |
| 259358 | 4 | S5125 | | 09/10/13 | 09/10/13 | 48.00 | 189.12 | |
| | | | | | | CLAIM TOTAL | 756.48 | CLAIM ACCOUNT REF. 2593580012011597SUP |

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 | |
|--------|--------|----------------|------------|----------|----------|-------------|--------|--|
| 259229 | 1 | S5125 | | 09/09/13 | 09/09/13 | 24.00 | 94.56 | |
| 259229 | 2 | S5125 | | 09/10/13 | 09/10/13 | 24.00 | 94.56 | |
| 259229 | 3 | S5125 | | 09/11/13 | 09/11/13 | 24.00 | 94.56 | |
| 259229 | 4 | S5125 | | 09/12/13 | 09/12/13 | 24.00 | 94.56 | |
| 259229 | 5 | S5125 | | 09/13/13 | 09/13/13 | 24.00 | 94.56 | |
| | | | | | | CLAIM TOTAL | 472.80 | CLAIM ACCOUNT REF. 2592290012011599SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|--|
| 259261 | 1 | S5125 | | 09/10/13 | 09/10/13 | 22.00 | 86.68 | |
| 259261 | 2 | S5125 | | 09/12/13 | 09/12/13 | 22.00 | 86.68 | |
| CLAIM TOTAL | | | | | | | 173.36 | CLAIM ACCOUNT REF. 2592610012011600SUP |

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 | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|--|
| 259270 | 1 | T1019 | | 09/09/13 | 09/09/13 | 20.00 | 78.80 | |
| 259270 | 2 | T1019 | | 09/10/13 | 09/10/13 | 20.00 | 78.80 | |
| 259270 | 3 | T1019 | | 09/11/13 | 09/11/13 | 20.00 | 78.80 | |
| 259270 | 4 | T1019 | | 09/12/13 | 09/12/13 | 20.00 | 78.80 | |
| 259270 | 5 | T1019 | | 09/13/13 | 09/13/13 | 20.00 | 78.80 | |
| CLAIM TOTAL | | | | | | | 394.00 | CLAIM ACCOUNT REF. 2592700012011601SUP |

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 | |
|-------------|--------|----------------|------------|----------|----------|-------|----------|--|
| 259201 | 1 | S5126 | | 09/07/13 | 09/07/13 | 1.00 | 200.00 | |
| 259201 | 2 | S5126 | | 09/08/13 | 09/08/13 | 1.00 | 200.00 | |
| 259201 | 3 | S5126 | | 09/09/13 | 09/09/13 | 1.00 | 200.00 | |
| 259201 | 4 | S5126 | | 09/10/13 | 09/10/13 | 1.00 | 200.00 | |
| 259201 | 5 | S5126 | | 09/11/13 | 09/11/13 | 1.00 | 200.00 | |
| 259201 | 6 | S5126 | | 09/12/13 | 09/12/13 | 1.00 | 200.00 | |
| 259201 | 7 | S5126 | | 09/13/13 | 09/13/13 | 1.00 | 200.00 | |
| CLAIM TOTAL | | | | | | | 1,400.00 | CLAIM ACCOUNT REF. 2592010012011654SUP |

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 | |
|--------|--------|----------------|------------|----------|----------|-------|--------|--|
| 259313 | 1 | S5125 | | 09/07/13 | 09/07/13 | 16.00 | 63.04 | |
| 259313 | 2 | S5125 | | 09/08/13 | 09/08/13 | 16.00 | 63.04 | |
| 259313 | 3 | S5125 | | 09/09/13 | 09/09/13 | 28.00 | 110.32 | |
| 259313 | 4 | S5125 | | 09/10/13 | 09/10/13 | 28.00 | 110.32 | |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|--|
| 259313 | 5 | S5125 | | 09/11/13 | 09/11/13 | 28.00 | 110.32 | |
| 259313 | 6 | S5125 | | 09/12/13 | 09/12/13 | 28.00 | 110.32 | |
| 259313 | 7 | S5125 | | 09/13/13 | 09/13/13 | 28.00 | 110.32 | |
| CLAIM TOTAL | | | | | | | 677.68 | CLAIM ACCOUNT REF. 2593130012011657SUP |

| 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 | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|--|
| 259253 | 1 | S5125 | | 09/07/13 | 09/07/13 | 16.00 | 63.04 | |
| 259253 | 2 | S5125 | | 09/08/13 | 09/08/13 | 16.00 | 63.04 | |
| 259253 | 3 | S5125 | | 09/10/13 | 09/10/13 | 16.00 | 63.04 | |
| 259253 | 4 | S5125 | | 09/11/13 | 09/11/13 | 16.00 | 63.04 | |
| 259253 | 5 | S5125 | | 09/12/13 | 09/12/13 | 16.00 | 63.04 | |
| 259253 | 6 | S5125 | | 09/13/13 | 09/13/13 | 16.00 | 63.04 | |
| CLAIM TOTAL | | | | | | | 378.24 | CLAIM ACCOUNT REF. 2592530012011662SUP |

| 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 | |
|-------------|--------|----------------|------------|----------|----------|-------|----------|--|
| 259286 | 1 | S5126 | | 09/07/13 | 09/07/13 | 1.00 | 200.00 | |
| 259286 | 2 | S5126 | | 09/08/13 | 09/08/13 | 1.00 | 200.00 | |
| 259286 | 3 | S5126 | | 09/09/13 | 09/09/13 | 1.00 | 200.00 | |
| 259286 | 4 | S5126 | | 09/10/13 | 09/10/13 | 1.00 | 200.00 | |
| 259286 | 5 | S5126 | | 09/11/13 | 09/11/13 | 1.00 | 200.00 | |
| 259286 | 6 | S5126 | | 09/12/13 | 09/12/13 | 1.00 | 200.00 | |
| 259286 | 7 | S5126 | | 09/13/13 | 09/13/13 | 1.00 | 200.00 | |
| CLAIM TOTAL | | | | | | | 1,400.00 | CLAIM ACCOUNT REF. 2592860012011663SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|---|-----|---------|---------|----------------|------------|--------------|-----------------------|
| NY | 001 | 2011694 | 2011694 | LORA, FERNANDO | 08/20/1935 | GNT03342600 | 11/3/2006-00417-0039 |
| DIAGNOSIS CODES: 429.9 386.9 602.8 716.90 | | | | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|--|
| 259279 | 1 | S5125 | | 09/09/13 | 09/09/13 | 32.00 | 126.08 | |
| 259279 | 2 | S5125 | | 09/10/13 | 09/10/13 | 32.00 | 126.08 | |
| 259279 | 3 | S5125 | | 09/11/13 | 09/11/13 | 32.00 | 126.08 | |
| 259279 | 4 | S5125 | | 09/12/13 | 09/12/13 | 32.00 | 126.08 | |
| 259279 | 5 | S5125 | | 09/13/13 | 09/13/13 | 24.00 | 94.56 | |
| CLAIM TOTAL | | | | | | | 598.88 | CLAIM ACCOUNT REF. 2592790012011694SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1999409 2011750 ZARE, GLORIA 05/07/1943 GNT03716600 6/28/2007-00093-0102
DIAGNOSIS CODES: 716.00 250.00 272.2 311. 401.9 715.90 781.2

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|--------|--------|--|
| 259385 | 1 | S5125 | | 09/07/13 | 09/07/13 | 32.00 | 126.08 | |
| 259385 | 2 | S5125 | | 09/08/13 | 09/08/13 | 32.00 | 126.08 | |
| 259385 | 3 | S5125 | | 09/09/13 | 09/09/13 | 32.00 | 126.08 | |
| 259385 | 4 | S5125 | | 09/10/13 | 09/10/13 | 32.00 | 126.08 | |
| 259385 | 5 | S5125 | | 09/11/13 | 09/11/13 | 32.00 | 126.08 | |
| 259385 | 6 | S5125 | | 09/12/13 | 09/12/13 | 32.00 | 126.08 | |
| 259385 | 7 | S5125 | | 09/13/13 | 09/13/13 | 32.00 | 126.08 | |
| | | | | | CLAIM TOTAL | 882.56 | | CLAIM ACCOUNT REF. 2593850012011750SUP |

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 | |
|--------|--------|----------------|------------|----------|-------------|--------|--------|--|
| 259225 | 1 | T1019 | | 09/09/13 | 09/09/13 | 24.00 | 94.56 | |
| 259225 | 2 | T1019 | | 09/10/13 | 09/10/13 | 24.00 | 94.56 | |
| 259225 | 3 | T1019 | | 09/11/13 | 09/11/13 | 24.00 | 94.56 | |
| 259225 | 4 | T1019 | | 09/12/13 | 09/12/13 | 24.00 | 94.56 | |
| 259225 | 5 | T1019 | | 09/13/13 | 09/13/13 | 24.00 | 94.56 | |
| | | | | | CLAIM TOTAL | 472.80 | | CLAIM ACCOUNT REF. 2592250012011769SUP |

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 | |
|--------|--------|----------------|------------|----------|-------------|--------|--------|--|
| 259260 | 1 | T1019 | | 09/10/13 | 09/10/13 | 16.00 | 63.04 | |
| 259260 | 2 | T1019 | | 09/11/13 | 09/11/13 | 16.00 | 63.04 | |
| 259260 | 3 | T1019 | | 09/12/13 | 09/12/13 | 16.00 | 63.04 | |
| 259260 | 4 | T1019 | | 09/13/13 | 09/13/13 | 16.00 | 63.04 | |
| | | | | | CLAIM TOTAL | 252.16 | | CLAIM ACCOUNT REF. 2592600012011770SUP |

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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 259277 | 1 | S5125 | | 09/07/13 | 09/07/13 | 16.00 | 63.04 |
| 259277 | 2 | S5125 | | 09/08/13 | 09/08/13 | 16.00 | 63.04 |

REPORT DATE 09/18/13 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 | |
|--------|--------|----------------|------------|-------------|----------|-------|--------|--|
| 259277 | 3 | S5125 | | 09/09/13 | 09/09/13 | 16.00 | 63.04 | |
| 259277 | 4 | S5125 | | 09/10/13 | 09/10/13 | 16.00 | 63.04 | |
| 259277 | 5 | S5125 | | 09/11/13 | 09/11/13 | 16.00 | 63.04 | |
| 259277 | 6 | S5125 | | 09/12/13 | 09/12/13 | 16.00 | 63.04 | |
| 259277 | 7 | S5125 | | 09/13/13 | 09/13/13 | 16.00 | 63.04 | |
| | | | | CLAIM TOTAL | | | 441.28 | CLAIM ACCOUNT REF. 2592770012011771SUP |

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 | |
|--------|--------|----------------|------------|-------------|----------|-------|--------|--|
| 259284 | 1 | T1019 | | 09/09/13 | 09/09/13 | 16.00 | 63.04 | |
| 259284 | 2 | T1019 | | 09/10/13 | 09/10/13 | 16.00 | 63.04 | |
| 259284 | 3 | T1019 | | 09/11/13 | 09/11/13 | 16.00 | 63.04 | |
| 259284 | 4 | T1019 | | 09/12/13 | 09/12/13 | 16.00 | 63.04 | |
| 259284 | 5 | T1019 | | 09/13/13 | 09/13/13 | 16.00 | 63.04 | |
| | | | | CLAIM TOTAL | | | 315.20 | CLAIM ACCOUNT REF. 2592840012011772SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011773 2011773 NUNEZ, REYNA 11/28/1964 GNT02970200 10/27/2005-00154-0072
DIAGNOSIS CODES: 296.80

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|-------------|----------|-------|--------|--|
| 259305 | 1 | T1019 | | 09/09/13 | 09/09/13 | 16.00 | 63.04 | |
| 259305 | 2 | T1019 | | 09/10/13 | 09/10/13 | 16.00 | 63.04 | |
| 259305 | 3 | T1019 | | 09/11/13 | 09/11/13 | 16.00 | 63.04 | |
| 259305 | 4 | T1019 | | 09/12/13 | 09/12/13 | 15.00 | 59.10 | |
| | | | | CLAIM TOTAL | | | 248.22 | CLAIM ACCOUNT REF. 2593050012011773SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011774 2011774 QUINONES, ENEIDA 02/29/1936 GNT03606700 10/3/2007-00270-0037
DIAGNOSIS CODES: 493.92 714.0

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|-------------|----------|-------|--------|--|
| 259326 | 1 | T1019 | | 09/09/13 | 09/09/13 | 16.00 | 63.04 | |
| 259326 | 2 | T1019 | | 09/10/13 | 09/10/13 | 16.00 | 63.04 | |
| 259326 | 3 | T1019 | | 09/11/13 | 09/11/13 | 16.00 | 63.04 | |
| 259326 | 4 | T1019 | | 09/12/13 | 09/12/13 | 16.00 | 63.04 | |
| 259326 | 5 | T1019 | | 09/13/13 | 09/13/13 | 16.00 | 63.04 | |
| | | | | CLAIM TOTAL | | | 315.20 | CLAIM ACCOUNT REF. 2593260012011774SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 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 | |
|--------|--------|----------------|------------|----------|-------------|--------|--------|---|
| 259342 | 1 | S5125 | | 09/07/13 | 09/07/13 | 32.00 | 126.08 | |
| 259342 | 2 | S5125 | | 09/08/13 | 09/08/13 | 32.00 | 126.08 | |
| 259342 | 3 | S5125 | | 09/09/13 | 09/09/13 | 32.00 | 126.08 | |
| 259342 | 4 | S5125 | | 09/10/13 | 09/10/13 | 32.00 | 126.08 | |
| 259342 | 5 | S5125 | | 09/11/13 | 09/11/13 | 32.00 | 126.08 | |
| 259342 | 6 | S5125 | | 09/12/13 | 09/12/13 | 32.00 | 126.08 | |
| 259342 | 7 | S5125 | | 09/13/13 | 09/13/13 | 32.00 | 126.08 | |
| | | | | | CLAIM TOTAL | 882.56 | | CLAIM ACCOUNT REF. 2593420012011777SUP |

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 | |
|--------|--------|----------------|------------|----------|-------------|--------|--------|---|
| 259361 | 1 | S5125 | | 09/09/13 | 09/09/13 | 36.00 | 141.84 | |
| 259361 | 2 | S5125 | | 09/10/13 | 09/10/13 | 12.00 | 47.28 | |
| 259361 | 3 | S5125 | | 09/11/13 | 09/11/13 | 36.00 | 141.84 | |
| 259361 | 4 | S5125 | | 09/12/13 | 09/12/13 | 12.00 | 47.28 | |
| 259361 | 5 | S5125 | | 09/13/13 | 09/13/13 | 36.00 | 141.84 | |
| | | | | | CLAIM TOTAL | 520.08 | | CLAIM ACCOUNT REF. 2593610012011781SUP |

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 | |
|--------|--------|----------------|------------|----------|-------------|--------|--------|---|
| 259362 | 1 | S5125 | | 09/07/13 | 09/07/13 | 20.00 | 78.80 | |
| 259362 | 2 | S5125 | | 09/09/13 | 09/09/13 | 32.00 | 126.08 | |
| 259362 | 3 | S5125 | | 09/10/13 | 09/10/13 | 32.00 | 126.08 | |
| 259362 | 4 | S5125 | | 09/11/13 | 09/11/13 | 32.00 | 126.08 | |
| 259362 | 5 | S5125 | | 09/12/13 | 09/12/13 | 32.00 | 126.08 | |
| 259362 | 6 | S5125 | | 09/13/13 | 09/13/13 | 32.00 | 126.08 | |
| | | | | | CLAIM TOTAL | 709.20 | | CLAIM ACCOUNT REF. 2593620012011782SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259369 | 1 | T1019 | | 09/07/13 | 09/07/13 | 20.00 | 78.80 |
| 259369 | 2 | T1019 | | 09/08/13 | 09/08/13 | 20.00 | 78.80 |
| 259369 | 3 | T1019 | | 09/09/13 | 09/09/13 | 20.00 | 78.80 |
| 259369 | 4 | T1019 | | 09/10/13 | 09/10/13 | 20.00 | 78.80 |
| 259369 | 5 | T1019 | | 09/11/13 | 09/11/13 | 20.00 | 78.80 |
| 259369 | 6 | T1019 | | 09/12/13 | 09/12/13 | 20.00 | 78.80 |
| 259369 | 7 | T1019 | | 09/13/13 | 09/13/13 | 20.00 | 78.80 |
| CLAIM TOTAL | | | | | | | 551.60 |
| CLAIM ACCOUNT REF. | | | | | | | 2593690012011783SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011787 2011787 SANTIAGO, ARMINDA 05/19/1932 GNT02860500 7/26/2005-00146-0055
DIAGNOSIS CODES: 253.5 250.00 401.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259351 | 1 | T1019 | | 09/09/13 | 09/09/13 | 16.00 | 63.04 |
| 259351 | 2 | T1019 | | 09/10/13 | 09/10/13 | 16.00 | 63.04 |
| 259351 | 3 | T1019 | | 09/11/13 | 09/11/13 | 16.00 | 63.04 |
| 259351 | 4 | T1019 | | 09/12/13 | 09/12/13 | 16.00 | 63.04 |
| 259351 | 5 | T1019 | | 09/13/13 | 09/13/13 | 16.00 | 63.04 |
| CLAIM TOTAL | | | | | | | 315.20 |
| CLAIM ACCOUNT REF. | | | | | | | 2593510012011787SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259354 | 1 | T1019 TT | | 09/09/13 | 09/09/13 | 16.00 | 67.04 |
| 259354 | 2 | T1019 TT | | 09/10/13 | 09/10/13 | 15.00 | 62.85 |
| 259354 | 3 | T1019 TT | | 09/11/13 | 09/11/13 | 16.00 | 67.04 |
| 259354 | 4 | T1019 TT | | 09/12/13 | 09/12/13 | 16.00 | 67.04 |
| 259354 | 5 | T1019 TT | | 09/13/13 | 09/13/13 | 16.00 | 67.04 |
| CLAIM TOTAL | | | | | | | 331.01 |
| CLAIM ACCOUNT REF. | | | | | | | 2593540012011788SUP |

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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 259217 | 1 | T1019 | | 08/09/13 | 08/09/13 | 20.00 | 78.80 |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 | 78.80 | 2592170012011797SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|--|-----|---------|---------|----------------|------------|--------------|-----------------------|
| NY | 001 | 2011797 | 2011797 | CARTAGENA, LUZ | 10/05/1948 | GNT00039700 | 2/1/2012-01193-0009 |
| DIAGNOSIS CODES: 369.9 272.4 300.00 401.9 | | | | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|--------|---------------------|
| 259218 | 1 | T1019 | | 09/09/13 | 09/09/13 | 20.00 | 78.80 | |
| 259218 | 2 | T1019 | | 09/13/13 | 09/13/13 | 20.00 | 78.80 | |
| | | | | | | CLAIM TOTAL | 157.60 | 2592180012011797SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|------------------------|-----|---------|---------|---------------|------------|--------------|-----------------------|
| NY | 001 | 2011798 | 2011798 | CUCALON, INES | 04/20/1926 | GNT05761000 | 6/28/2012-00905-0012 |
| DIAGNOSIS CODES: 331.0 | | | | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|--------|---------------------|
| 259226 | 1 | S5125 | | 09/07/13 | 09/07/13 | 32.00 | 126.08 | |
| 259226 | 2 | S5125 | | 09/08/13 | 09/08/13 | 32.00 | 126.08 | |
| 259226 | 3 | S5125 | | 09/09/13 | 09/09/13 | 44.00 | 173.36 | |
| 259226 | 4 | S5125 | | 09/10/13 | 09/10/13 | 44.00 | 173.36 | |
| 259226 | 5 | S5125 | | 09/12/13 | 09/12/13 | 44.00 | 173.36 | |
| 259226 | 6 | S5125 | | 09/13/13 | 09/13/13 | 43.00 | 169.42 | |
| | | | | | | CLAIM TOTAL | 941.66 | 2592260012011798SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|------------------------|-----|---------|---------|-------------------|------------|--------------|-----------------------|
| NY | 001 | 2011800 | 2011800 | FRANCIS, VICTORIA | 11/22/1924 | GNT03398100 | 9/26/2006-00356-0043 |
| DIAGNOSIS CODES: 290.0 | | | | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|--------|---------------------|
| 259249 | 1 | S5125 | | 09/07/13 | 09/07/13 | 28.00 | 110.32 | |
| 259249 | 2 | S5125 | | 09/09/13 | 09/09/13 | 28.00 | 110.32 | |
| 259249 | 3 | S5125 | | 09/10/13 | 09/10/13 | 28.00 | 110.32 | |
| 259249 | 4 | S5125 | | 09/11/13 | 09/11/13 | 28.00 | 110.32 | |
| 259249 | 5 | S5125 | | 09/12/13 | 09/12/13 | 28.00 | 110.32 | |
| 259249 | 6 | S5125 | | 09/13/13 | 09/13/13 | 28.00 | 110.32 | |
| | | | | | | CLAIM TOTAL | 661.92 | 2592490012011800SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|--|-----|---------|---------|------------------|------------|--------------|-----------------------|
| NY | 001 | 2011801 | 2011801 | GARCIA2, MARIA A | 09/09/1930 | GNT02860800 | 8/10/2012-00011-0010 |
| 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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 259251 | 1 | S5125 | | 09/07/13 | 09/07/13 | 28.00 | 110.32 |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 259251 | 2 | S5125 | | 09/08/13 | 09/08/13 | 28.00 | 110.32 |
| 259251 | 3 | S5125 | | 09/09/13 | 09/09/13 | 28.00 | 110.32 |
| 259251 | 4 | S5125 | | 09/10/13 | 09/10/13 | 28.00 | 110.32 |
| 259251 | 5 | S5125 | | 09/11/13 | 09/11/13 | 28.00 | 110.32 |
| 259251 | 6 | S5125 | | 09/12/13 | 09/12/13 | 28.00 | 110.32 |
| 259251 | 7 | S5125 | | 09/13/13 | 09/13/13 | 28.00 | 110.32 |
| CLAIM TOTAL | | | | | | | 772.24 |

CLAIM ACCOUNT REF. 2592510012011801SUP

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 259254 | 1 | S5125 | | 09/09/13 | 09/09/13 | 16.00 | 63.04 |
| 259254 | 2 | S5125 | | 09/10/13 | 09/10/13 | 16.00 | 63.04 |
| 259254 | 3 | S5125 | | 09/11/13 | 09/11/13 | 16.00 | 63.04 |
| 259254 | 4 | S5125 | | 09/12/13 | 09/12/13 | 16.00 | 63.04 |
| 259254 | 5 | S5125 | | 09/13/13 | 09/13/13 | 16.00 | 63.04 |
| CLAIM TOTAL | | | | | | | 315.20 |

CLAIM ACCOUNT REF. 2592540012011821SUP

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 259256 | 1 | T1019 | | 09/09/13 | 09/09/13 | 16.00 | 63.04 |
| 259256 | 2 | T1019 | | 09/11/13 | 09/11/13 | 16.00 | 63.04 |
| 259256 | 3 | T1019 | | 09/13/13 | 09/13/13 | 16.00 | 63.04 |
| CLAIM TOTAL | | | | | | | 189.12 |

CLAIM ACCOUNT REF. 2592560012011822SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011823 2011823 HERNANDEZ, LUZ 01/01/1933 GNT00568800 3/10/2009-00033-0008
DIAGNOSIS CODES: 250.00 530.81 715.00 780.93 781.2

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 259264 | 1 | S5125 | | 09/09/13 | 09/09/13 | 24.00 | 94.56 |
| 259264 | 2 | S5125 | | 09/10/13 | 09/10/13 | 24.00 | 94.56 |
| 259264 | 3 | S5125 | | 09/11/13 | 09/11/13 | 24.00 | 94.56 |
| 259264 | 4 | S5125 | | 09/12/13 | 09/12/13 | 24.00 | 94.56 |
| 259264 | 5 | S5125 | | 09/13/13 | 09/13/13 | 24.00 | 94.56 |
| CLAIM TOTAL | | | | | | | 472.80 |

CLAIM ACCOUNT REF. 2592640012011823SUP

REPORT DATE 09/18/13 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 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 | |
|--------|--------|----------------|------------|----------|-------------|--------|--------|--|
| 259265 | 1 | S5125 | | 09/07/13 | 09/07/13 | 16.00 | 63.04 | |
| 259265 | 2 | S5125 | | 09/08/13 | 09/08/13 | 16.00 | 63.04 | |
| 259265 | 3 | S5125 | | 09/09/13 | 09/09/13 | 30.00 | 118.20 | |
| 259265 | 4 | S5125 | | 09/10/13 | 09/10/13 | 26.00 | 102.44 | |
| 259265 | 5 | S5125 | | 09/11/13 | 09/11/13 | 30.00 | 118.20 | |
| 259265 | 6 | S5125 | | 09/12/13 | 09/12/13 | 26.00 | 102.44 | |
| 259265 | 7 | S5125 | | 09/13/13 | 09/13/13 | 30.00 | 118.20 | |
| | | | | | CLAIM TOTAL | 685.56 | | CLAIM ACCOUNT REF. 2592650012011824SUP |

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 | |
|--------|--------|----------------|------------|----------|-------------|--------|--------|--|
| 259350 | 1 | T1019 | | 09/09/13 | 09/09/13 | 20.00 | 78.80 | |
| 259350 | 2 | T1019 | | 09/10/13 | 09/10/13 | 20.00 | 78.80 | |
| 259350 | 3 | T1019 | | 09/11/13 | 09/11/13 | 20.00 | 78.80 | |
| 259350 | 4 | T1019 | | 09/12/13 | 09/12/13 | 20.00 | 78.80 | |
| 259350 | 5 | T1019 | | 09/13/13 | 09/13/13 | 20.00 | 78.80 | |
| | | | | | CLAIM TOTAL | 394.00 | | CLAIM ACCOUNT REF. 2593500012011841SUP |

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 | |
|--------|--------|----------------|------------|----------|-------------|--------|--------|--|
| 259294 | 1 | S5125 | | 09/07/13 | 09/07/13 | 24.00 | 94.56 | |
| 259294 | 2 | S5125 | | 09/08/13 | 09/08/13 | 24.00 | 94.56 | |
| 259294 | 3 | S5125 | | 09/09/13 | 09/09/13 | 24.00 | 94.56 | |
| 259294 | 4 | S5125 | | 09/10/13 | 09/10/13 | 24.00 | 94.56 | |
| 259294 | 5 | S5125 | | 09/11/13 | 09/11/13 | 24.00 | 94.56 | |
| 259294 | 6 | S5125 | | 09/12/13 | 09/12/13 | 24.00 | 94.56 | |
| 259294 | 7 | S5125 | | 09/13/13 | 09/13/13 | 24.00 | 94.56 | |
| | | | | | CLAIM TOTAL | 661.92 | | CLAIM ACCOUNT REF. 2592940012011844SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 2011845 2011845 LUGO, DOLORES 12/19/1928 93702878100 9/132010-00502-0024
DIAGNOSIS CODES: 253.5 272.4 401.9 715.00

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259282 | 1 | S5125 | | 09/10/13 | 09/10/13 | 16.00 | 63.04 |
| 259282 | 2 | S5125 | | 09/11/13 | 09/11/13 | 16.00 | 63.04 |
| 259282 | 3 | S5125 | | 09/12/13 | 09/12/13 | 16.00 | 63.04 |
| CLAIM TOTAL | | | | | | | 189.12 |
| CLAIM ACCOUNT REF. | | | | | | | 2592820012011845SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259384 | 1 | S5125 | | 09/09/13 | 09/09/13 | 32.00 | 126.08 |
| 259384 | 2 | S5125 | | 09/10/13 | 09/10/13 | 32.00 | 126.08 |
| 259384 | 3 | S5125 | | 09/11/13 | 09/11/13 | 32.00 | 126.08 |
| 259384 | 4 | S5125 | | 09/12/13 | 09/12/13 | 32.00 | 126.08 |
| 259384 | 5 | S5125 | | 09/13/13 | 09/13/13 | 32.00 | 126.08 |
| CLAIM TOTAL | | | | | | | 630.40 |
| CLAIM ACCOUNT REF. | | | | | | | 2593840012011846SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259327 | 1 | S5125 | | 09/07/13 | 09/07/13 | 32.00 | 126.08 |
| 259327 | 2 | S5125 | | 09/08/13 | 09/08/13 | 32.00 | 126.08 |
| 259327 | 3 | S5125 | | 09/09/13 | 09/09/13 | 40.00 | 157.60 |
| 259327 | 4 | S5125 | | 09/10/13 | 09/10/13 | 40.00 | 157.60 |
| 259327 | 5 | S5125 | | 09/11/13 | 09/11/13 | 40.00 | 157.60 |
| 259327 | 6 | S5125 | | 09/12/13 | 09/12/13 | 40.00 | 157.60 |
| 259327 | 7 | S5125 | | 09/13/13 | 09/13/13 | 40.00 | 157.60 |
| CLAIM TOTAL | | | | | | | 1,040.16 |
| CLAIM ACCOUNT REF. | | | | | | | 2593270012011847SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011848 2011848 LANZILOTTA, ROSA 06/05/1925 93702509600 3/10/2010-00013-0032
DIAGNOSIS CODES: 733.00 401.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 259275 | 1 | S5125 | | 09/07/13 | 09/07/13 | 16.00 | 63.04 |
| 259275 | 2 | S5125 | | 09/08/13 | 09/08/13 | 16.00 | 63.04 |
| 259275 | 3 | S5125 | | 09/09/13 | 09/09/13 | 32.00 | 126.08 |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 259275 | 4 | S5125 | | 09/10/13 | 09/10/13 | 32.00 | 126.08 | |
| 259275 | 5 | S5125 | | 09/11/13 | 09/11/13 | 32.00 | 126.08 | |
| 259275 | 6 | S5125 | | 09/12/13 | 09/12/13 | 32.00 | 126.08 | |
| 259275 | 7 | S5125 | | 09/13/13 | 09/13/13 | 32.00 | 126.08 | |
| | | | | | CLAIM TOTAL | | 756.48 | CLAIM ACCOUNT REF. 2592750012011848SUP |

| 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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 259352 | 1 | S5125 | | 09/07/13 | 09/07/13 | 32.00 | 126.08 | |
| 259352 | 2 | S5125 | | 09/08/13 | 09/08/13 | 32.00 | 126.08 | |
| 259352 | 3 | S5125 | | 09/09/13 | 09/09/13 | 32.00 | 126.08 | |
| 259352 | 4 | S5125 | | 09/10/13 | 09/10/13 | 32.00 | 126.08 | |
| 259352 | 5 | S5125 | | 09/11/13 | 09/11/13 | 32.00 | 126.08 | |
| 259352 | 6 | S5125 | | 09/12/13 | 09/12/13 | 32.00 | 126.08 | |
| 259352 | 7 | S5125 | | 09/13/13 | 09/13/13 | 32.00 | 126.08 | |
| | | | | | CLAIM TOTAL | | 882.56 | CLAIM ACCOUNT REF. 2593520012011851SUP |

| 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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 259246 | 1 | S5125 | | 09/09/13 | 09/09/13 | 16.00 | 63.04 | |
| 259246 | 2 | S5125 | | 09/10/13 | 09/10/13 | 16.00 | 63.04 | |
| 259246 | 3 | S5125 | | 09/11/13 | 09/11/13 | 16.00 | 63.04 | |
| 259246 | 4 | S5125 | | 09/12/13 | 09/12/13 | 16.00 | 63.04 | |
| 259246 | 5 | S5125 | | 09/13/13 | 09/13/13 | 16.00 | 63.04 | |
| | | | | | CLAIM TOTAL | | 315.20 | CLAIM ACCOUNT REF. 2592460012011852SUP |

| 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 | |
|--------|--------|----------------|------------|----------|----------|-------|--------|--|
| 259278 | 1 | S5125 | | 08/24/13 | 08/24/13 | 24.00 | 94.56 | |
| 259278 | 2 | S5125 | | 09/08/13 | 09/08/13 | 24.00 | 94.56 | |
| 259278 | 3 | S5125 | | 09/09/13 | 09/09/13 | 28.00 | 110.32 | |
| 259278 | 4 | S5125 | | 09/10/13 | 09/10/13 | 24.00 | 94.56 | |
| 259278 | 5 | S5125 | | 09/12/13 | 09/12/13 | 28.00 | 110.32 | |
| 259278 | 6 | S5125 | | 09/13/13 | 09/13/13 | 28.00 | 110.32 | |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 | 614.64 | 2592780012011854SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|--------------------------------|-----|---------|---------|-----------------|------------|--------------|-----------------------|
| NY | 001 | 2011859 | 2011859 | SANTIAGO, IVETH | 10/24/1945 | 93703401100 | 6/20/2012-00649-0016 |
| DIAGNOSIS CODES: 428.32 250.00 | | | | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|-------------|-------|----------|---------------------|
| 259353 | 1 | S5125 | | 08/05/13 | 08/05/13 | 28.00 | 110.32 | |
| 259353 | 2 | S5125 | | 08/06/13 | 08/06/13 | 28.00 | 110.32 | |
| 259353 | 3 | S5125 | | 08/07/13 | 08/07/13 | 28.00 | 110.32 | |
| 259353 | 4 | S5125 | | 08/08/13 | 08/08/13 | 28.00 | 110.32 | |
| 259353 | 5 | S5125 | | 08/09/13 | 08/09/13 | 28.00 | 110.32 | |
| 259353 | 6 | S5125 | | 08/12/13 | 08/12/13 | 28.00 | 110.32 | |
| 259353 | 7 | S5125 | | 08/13/13 | 08/13/13 | 28.00 | 110.32 | |
| 259353 | 8 | S5125 | | 08/14/13 | 08/14/13 | 20.00 | 78.80 | |
| 259353 | 9 | S5125 | | 08/15/13 | 08/15/13 | 28.00 | 110.32 | |
| 259353 | 10 | S5125 | | 08/16/13 | 08/16/13 | 28.00 | 110.32 | |
| 259353 | 11 | S5125 | | 08/21/13 | 08/21/13 | 28.00 | 110.32 | |
| 259353 | 12 | S5125 | | 08/22/13 | 08/22/13 | 28.00 | 110.32 | |
| 259353 | 13 | S5125 | | 08/23/13 | 08/23/13 | 28.00 | 110.32 | |
| 259353 | 14 | S5125 | | 09/07/13 | 09/07/13 | 28.00 | 110.32 | |
| 259353 | 15 | S5125 | | 09/08/13 | 09/08/13 | 28.00 | 110.32 | |
| 259353 | 16 | S5125 | | 09/09/13 | 09/09/13 | 27.00 | 106.38 | |
| 259353 | 17 | S5125 | | 09/10/13 | 09/10/13 | 27.00 | 106.38 | |
| 259353 | 18 | S5125 | | 09/11/13 | 09/11/13 | 28.00 | 110.32 | |
| 259353 | 19 | S5125 | | 09/12/13 | 09/12/13 | 26.00 | 102.44 | |
| 259353 | 20 | S5125 | | 09/13/13 | 09/13/13 | 27.00 | 106.38 | |
| | | | | | CLAIM TOTAL | | 2,155.18 | 2593530012011859SUP |

| 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 | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|-------------|-------|--------|---------------------|
| 259298 | 1 | S5125 | | 09/07/13 | 09/07/13 | 20.00 | 78.80 | |
| 259298 | 2 | S5125 | | 09/11/13 | 09/11/13 | 24.00 | 94.56 | |
| 259298 | 3 | S5125 | | 09/12/13 | 09/12/13 | 24.00 | 94.56 | |
| 259298 | 4 | S5125 | | 09/13/13 | 09/13/13 | 24.00 | 94.56 | |
| | | | | | CLAIM TOTAL | | 362.48 | 2592980012011860SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 2011861 2011861 TORRES, JUANITA 06/21/1931 GNT03848300 9/26/2007-00282-0075
DIAGNOSIS CODES: 715.00 272.4 401.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 259364 | 1 | T1019 | | 09/08/13 | 09/08/13 | 24.00 | 94.56 |
| 259364 | 2 | T1019 | | 09/09/13 | 09/09/13 | 32.00 | 126.08 |
| 259364 | 3 | T1019 | | 09/10/13 | 09/10/13 | 32.00 | 126.08 |
| 259364 | 4 | T1019 | | 09/11/13 | 09/11/13 | 32.00 | 126.08 |
| 259364 | 5 | T1019 | | 09/12/13 | 09/12/13 | 32.00 | 126.08 |
| 259364 | 6 | T1019 | | 09/13/13 | 09/13/13 | 32.00 | 126.08 |
| CLAIM TOTAL | | | | | | 724.96 | CLAIM ACCOUNT REF. 2593640012011861SUP |

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 |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 259375 | 1 | T1019 | | 09/09/13 | 09/09/13 | 20.00 | 78.80 |
| 259375 | 2 | T1019 | | 09/10/13 | 09/10/13 | 20.00 | 78.80 |
| 259375 | 3 | T1019 | | 09/11/13 | 09/11/13 | 20.00 | 78.80 |
| 259375 | 4 | T1019 | | 09/12/13 | 09/12/13 | 20.00 | 78.80 |
| 259375 | 5 | T1019 | | 09/13/13 | 09/13/13 | 20.00 | 78.80 |
| CLAIM TOTAL | | | | | | 394.00 | CLAIM ACCOUNT REF. 2593750012011862SUP |

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 |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 259308 | 1 | S5125 | | 09/07/13 | 09/07/13 | 16.00 | 63.04 |
| 259308 | 2 | S5125 | | 09/08/13 | 09/08/13 | 12.00 | 47.28 |
| 259308 | 3 | S5125 | | 09/09/13 | 09/09/13 | 16.00 | 63.04 |
| 259308 | 4 | S5125 | | 09/10/13 | 09/10/13 | 16.00 | 63.04 |
| 259308 | 5 | S5125 | | 09/11/13 | 09/11/13 | 16.00 | 63.04 |
| 259308 | 6 | S5125 | | 09/12/13 | 09/12/13 | 16.00 | 63.04 |
| 259308 | 7 | S5125 | | 09/13/13 | 09/13/13 | 16.00 | 63.04 |
| CLAIM TOTAL | | | | | | 425.52 | CLAIM ACCOUNT REF. 2593080012011863SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 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 |
|-------------|--------|----------------|------------|----------|----------|----------|--|
| 259267 | 1 | S5125 | | 08/30/13 | 08/30/13 | 32.00 | 126.08 |
| 259267 | 2 | S5125 | | 09/02/13 | 09/02/13 | 80.00 | 315.20 |
| 259267 | 3 | S5125 | | 09/03/13 | 09/03/13 | 48.00 | 189.12 |
| 259267 | 4 | S5125 | | 09/07/13 | 09/07/13 | 96.00 | 378.24 |
| 259267 | 5 | S5125 | | 09/08/13 | 09/08/13 | 96.00 | 378.24 |
| 259267 | 6 | S5125 | | 09/09/13 | 09/09/13 | 80.00 | 315.20 |
| 259267 | 7 | S5125 | | 09/10/13 | 09/10/13 | 80.00 | 315.20 |
| 259267 | 8 | S5125 | | 09/11/13 | 09/11/13 | 80.00 | 315.20 |
| 259267 | 9 | S5125 | | 09/12/13 | 09/12/13 | 80.00 | 315.20 |
| 259267 | 10 | S5125 | | 09/13/13 | 09/13/13 | 80.00 | 315.20 |
| CLAIM TOTAL | | | | | | 2,962.88 | CLAIM ACCOUNT REF. 2592670012011864SUP |

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 |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 259244 | 1 | S5125 | | 09/07/13 | 09/07/13 | 16.00 | 63.04 |
| 259244 | 2 | S5125 | | 09/08/13 | 09/08/13 | 16.00 | 63.04 |
| 259244 | 3 | S5125 | | 09/09/13 | 09/09/13 | 16.00 | 63.04 |
| 259244 | 4 | S5125 | | 09/10/13 | 09/10/13 | 16.00 | 63.04 |
| 259244 | 5 | S5125 | | 09/11/13 | 09/11/13 | 16.00 | 63.04 |
| 259244 | 6 | S5125 | | 09/12/13 | 09/12/13 | 16.00 | 63.04 |
| 259244 | 7 | S5125 | | 09/13/13 | 09/13/13 | 16.00 | 63.04 |
| CLAIM TOTAL | | | | | | 441.28 | CLAIM ACCOUNT REF. 2592440012011866SUP |

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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 259307 | 1 | S5125 TT | | 08/29/13 | 08/29/13 | 32.00 | 134.08 |
| 259307 | 2 | S5125 TT | | 09/07/13 | 09/07/13 | 20.00 | 83.80 |
| 259307 | 3 | S5125 TT | | 09/08/13 | 09/08/13 | 20.00 | 83.80 |
| 259307 | 4 | S5125 TT | | 09/09/13 | 09/09/13 | 32.00 | 134.08 |
| 259307 | 5 | S5125 TT | | 09/10/13 | 09/10/13 | 32.00 | 134.08 |
| 259307 | 6 | S5125 TT | | 09/11/13 | 09/11/13 | 32.00 | 134.08 |
| 259307 | 7 | S5125 TT | | 09/12/13 | 09/12/13 | 32.00 | 134.08 |
| 259307 | 8 | S5125 TT | | 09/13/13 | 09/13/13 | 32.00 | 134.08 |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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. |
|-------|--------|----------------|------------|---------|---------|-------|--------|---------------------|
| | | | | | | | 972.08 | 2593070012011871SUP |

| 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 | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|--------|---------------------|
| 259293 | 1 | T1019 | | 09/09/13 | 09/09/13 | 20.00 | 78.80 | |
| 259293 | 2 | T1019 | | 09/10/13 | 09/10/13 | 20.00 | 78.80 | |
| 259293 | 3 | T1019 | | 09/11/13 | 09/11/13 | 20.00 | 78.80 | |
| 259293 | 4 | T1019 | | 09/12/13 | 09/12/13 | 20.00 | 78.80 | |
| 259293 | 5 | T1019 | | 09/13/13 | 09/13/13 | 20.00 | 78.80 | |
| | | | | | | CLAIM TOTAL | 394.00 | 2592930012011877SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----|-----|---------|---------|----------------|------------|--------------|-----------------------|
| NY | 001 | 2011912 | 2011912 | CANINO, CARMEN | 12/06/1941 | GNT0279200 | 5/26/2005-00169-0071 |

DIAGNOSIS CODES: 715.00 250.00 401.9 493.00

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|--------|---------------------|
| 259214 | 1 | S5125 | | 09/07/13 | 09/07/13 | 16.00 | 63.04 | |
| 259214 | 2 | S5125 | | 09/08/13 | 09/08/13 | 16.00 | 63.04 | |
| 259214 | 3 | S5125 | | 09/09/13 | 09/09/13 | 24.00 | 94.56 | |
| 259214 | 4 | S5125 | | 09/10/13 | 09/10/13 | 24.00 | 94.56 | |
| 259214 | 5 | S5125 | | 09/11/13 | 09/11/13 | 24.00 | 94.56 | |
| 259214 | 6 | S5125 | | 09/12/13 | 09/12/13 | 24.00 | 94.56 | |
| 259214 | 7 | S5125 | | 09/13/13 | 09/13/13 | 24.00 | 94.56 | |
| | | | | | | CLAIM TOTAL | 598.88 | 2592140012011912SUP |

| 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 | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|--------|---------------------|
| 259317 | 1 | S5125 | | 09/09/13 | 09/09/13 | 16.00 | 63.04 | |
| 259317 | 2 | S5125 | | 09/10/13 | 09/10/13 | 16.00 | 63.04 | |
| 259317 | 3 | S5125 | | 09/11/13 | 09/11/13 | 16.00 | 63.04 | |
| 259317 | 4 | S5125 | | 09/12/13 | 09/12/13 | 16.00 | 63.04 | |
| 259317 | 5 | S5125 | | 09/13/13 | 09/13/13 | 16.00 | 63.04 | |
| | | | | | | CLAIM TOTAL | 315.20 | 2593170012011913SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 2011916 2011916 ORTIZ, ANTHONY 10/31/1940 93700799800 8/7/2008-00011-0047
DIAGNOSIS CODES: 428.0 369.3 253.5

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259310 | 1 | T1030 | | 05/31/13 | 05/31/13 | 1.00 | 90.00 |
| 259310 | 2 | T1030 | | 06/12/13 | 06/12/13 | 1.00 | 90.00 |
| 259310 | 3 | T1030 | | 06/27/13 | 06/27/13 | 1.00 | 90.00 |
| 259310 | 4 | T1030 | | 07/12/13 | 07/12/13 | 1.00 | 90.00 |
| 259310 | 5 | T1030 | | 07/24/13 | 07/24/13 | 1.00 | 90.00 |
| CLAIM TOTAL | | | | | | | 450.00 |
| CLAIM ACCOUNT REF. | | | | | | | 2593100012011916SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011916 2011916 ORTIZ, ANTHONY 10/31/1940 93700799800 8/7/2008-00011-0049
DIAGNOSIS CODES: 428.0 369.3 253.5

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 259311 | 1 | S5125 | | 08/03/13 | 08/03/13 | 28.00 | 110.32 |
| 259311 | 2 | S5125 | | 08/05/13 | 08/05/13 | 28.00 | 110.32 |
| 259311 | 3 | S5125 | | 08/06/13 | 08/06/13 | 28.00 | 110.32 |
| 259311 | 4 | S5125 | | 08/07/13 | 08/07/13 | 28.00 | 110.32 |
| 259311 | 5 | S5125 | | 08/08/13 | 08/08/13 | 28.00 | 110.32 |
| 259311 | 6 | S5125 | | 08/09/13 | 08/09/13 | 28.00 | 110.32 |
| 259311 | 7 | S5125 | | 08/17/13 | 08/17/13 | 28.00 | 110.32 |
| 259311 | 8 | S5125 | | 08/19/13 | 08/19/13 | 28.00 | 110.32 |
| 259311 | 9 | S5125 | | 08/20/13 | 08/20/13 | 28.00 | 110.32 |
| 259311 | 10 | S5125 | | 08/21/13 | 08/21/13 | 28.00 | 110.32 |
| 259311 | 11 | S5125 | | 08/22/13 | 08/22/13 | 28.00 | 110.32 |
| 259311 | 12 | S5125 | | 08/23/13 | 08/23/13 | 28.00 | 110.32 |
| 259311 | 13 | S5125 | | 08/24/13 | 08/24/13 | 28.00 | 110.32 |
| 259311 | 14 | S5125 | | 08/26/13 | 08/26/13 | 28.00 | 110.32 |
| 259311 | 15 | S5125 | | 08/27/13 | 08/27/13 | 28.00 | 110.32 |
| 259311 | 16 | S5125 | | 08/28/13 | 08/28/13 | 28.00 | 110.32 |
| 259311 | 17 | S5125 | | 08/29/13 | 08/29/13 | 28.00 | 110.32 |
| 259311 | 18 | S5125 | | 08/30/13 | 08/30/13 | 28.00 | 110.32 |
| 259311 | 19 | S5125 | | 08/31/13 | 08/31/13 | 28.00 | 110.32 |
| 259311 | 20 | S5125 | | 09/02/13 | 09/02/13 | 28.00 | 110.32 |
| 259311 | 21 | S5125 | | 09/03/13 | 09/03/13 | 28.00 | 110.32 |
| 259311 | 22 | S5125 | | 09/04/13 | 09/04/13 | 28.00 | 110.32 |
| 259311 | 23 | S5125 | | 09/05/13 | 09/05/13 | 28.00 | 110.32 |
| 259311 | 24 | S5125 | | 09/06/13 | 09/06/13 | 28.00 | 110.32 |
| 259311 | 25 | S5125 | | 09/07/13 | 09/07/13 | 28.00 | 110.32 |
| 259311 | 26 | S5125 | | 09/09/13 | 09/09/13 | 28.00 | 110.32 |
| 259311 | 27 | S5125 | | 09/10/13 | 09/10/13 | 28.00 | 110.32 |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 | |
|--------|--------|----------------|------------|-------------|----------|----------|--------|--|
| 259311 | 28 | S5125 | | 09/11/13 | 09/11/13 | 28.00 | 110.32 | |
| 259311 | 29 | S5125 | | 09/12/13 | 09/12/13 | 28.00 | 110.32 | |
| 259311 | 30 | S5125 | | 09/13/13 | 09/13/13 | 28.00 | 110.32 | |
| | | | | CLAIM TOTAL | | 3,309.60 | | CLAIM ACCOUNT REF. 2593110012011916SUP |

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 | |
|--------|--------|----------------|------------|-------------|----------|--------|--------|--|
| 259228 | 1 | S5125 | | 09/09/13 | 09/09/13 | 22.00 | 86.68 | |
| 259228 | 2 | S5125 | | 09/10/13 | 09/10/13 | 20.00 | 78.80 | |
| 259228 | 3 | S5125 | | 09/11/13 | 09/11/13 | 22.00 | 86.68 | |
| 259228 | 4 | S5125 | | 09/12/13 | 09/12/13 | 22.00 | 86.68 | |
| 259228 | 5 | S5125 | | 09/13/13 | 09/13/13 | 22.00 | 86.68 | |
| | | | | CLAIM TOTAL | | 425.52 | | CLAIM ACCOUNT REF. 2592280012011953SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011957 2011957 MARRERO, PHILLIP 07/16/1945 GNT00157200 6/21/2012-00200-0006
DIAGNOSIS CODES: 314.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|-------------|----------|----------|--------|--|
| 259285 | 1 | S5126 | | 09/07/13 | 09/07/13 | 1.00 | 200.00 | |
| 259285 | 2 | S5126 | | 09/08/13 | 09/08/13 | 1.00 | 200.00 | |
| 259285 | 3 | S5126 | | 09/09/13 | 09/09/13 | 1.00 | 200.00 | |
| 259285 | 4 | S5126 | | 09/10/13 | 09/10/13 | 1.00 | 200.00 | |
| 259285 | 5 | S5126 | | 09/11/13 | 09/11/13 | 1.00 | 200.00 | |
| 259285 | 6 | S5126 | | 09/12/13 | 09/12/13 | 1.00 | 200.00 | |
| 259285 | 7 | S5126 | | 09/13/13 | 09/13/13 | 1.00 | 200.00 | |
| | | | | CLAIM TOTAL | | 1,400.00 | | CLAIM ACCOUNT REF. 2592850012011957SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011960 2011960 BUSTAMANTE, GABRIEL 07/08/1938 93702523200 1/8/2010-00120-0020
DIAGNOSIS CODES: 250.00 428.0 716.98

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|-------------|----------|--------|--------|--|
| 259211 | 1 | S5125 | | 09/07/13 | 09/07/13 | 16.00 | 63.04 | |
| 259211 | 2 | S5125 | | 09/09/13 | 09/09/13 | 20.00 | 78.80 | |
| 259211 | 3 | S5125 | | 09/10/13 | 09/10/13 | 20.00 | 78.80 | |
| 259211 | 4 | S5125 | | 09/11/13 | 09/11/13 | 20.00 | 78.80 | |
| 259211 | 5 | S5125 | | 09/12/13 | 09/12/13 | 20.00 | 78.80 | |
| 259211 | 6 | S5125 | | 09/13/13 | 09/13/13 | 20.00 | 78.80 | |
| | | | | CLAIM TOTAL | | 457.04 | | CLAIM ACCOUNT REF. 2592110012011960SUP |

REPORT DATE 09/18/13 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 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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 259297 | 1 | T1019 | | 09/09/13 | 09/09/13 | 20.00 | 78.80 |
| 259297 | 2 | T1019 | | 09/10/13 | 09/10/13 | 20.00 | 78.80 |
| 259297 | 3 | T1019 | | 09/11/13 | 09/11/13 | 20.00 | 78.80 |
| 259297 | 4 | T1019 | | 09/12/13 | 09/12/13 | 20.00 | 78.80 |
| 259297 | 5 | T1019 | | 09/13/13 | 09/13/13 | 20.00 | 78.80 |
| CLAIM TOTAL | | | | | | | 394.00 |

CLAIM ACCOUNT REF. 2592970012011967SUP

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 259215 | 1 | S5125 | | 09/09/13 | 09/09/13 | 16.00 | 63.04 |
| 259215 | 2 | S5125 | | 09/10/13 | 09/10/13 | 16.00 | 63.04 |
| 259215 | 3 | S5125 | | 09/11/13 | 09/11/13 | 16.00 | 63.04 |
| 259215 | 4 | S5125 | | 09/12/13 | 09/12/13 | 16.00 | 63.04 |
| 259215 | 5 | S5125 | | 09/13/13 | 09/13/13 | 16.00 | 63.04 |
| CLAIM TOTAL | | | | | | | 315.20 |

CLAIM ACCOUNT REF. 2592150012011978SUP

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 259210 | 1 | S5125 | | 09/07/13 | 09/07/13 | 32.00 | 126.08 |
| 259210 | 2 | S5125 | | 09/08/13 | 09/08/13 | 32.00 | 126.08 |
| 259210 | 3 | S5125 | | 09/09/13 | 09/09/13 | 32.00 | 126.08 |
| 259210 | 4 | S5125 | | 09/10/13 | 09/10/13 | 32.00 | 126.08 |
| 259210 | 5 | S5125 | | 09/11/13 | 09/11/13 | 32.00 | 126.08 |
| 259210 | 6 | S5125 | | 09/12/13 | 09/12/13 | 32.00 | 126.08 |
| 259210 | 7 | S5125 | | 09/13/13 | 09/13/13 | 32.00 | 126.08 |
| CLAIM TOTAL | | | | | | | 882.56 |

CLAIM ACCOUNT REF. 2592100012011979SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011980 2011980 IRIZARRY, ESTRELLA 05/16/1927 GNT02485000 7/26/2004-00047-0059
DIAGNOSIS CODES: 716.90 250.00

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 259269 | 1 | S5125 | | 09/07/13 | 09/07/13 | 20.00 | 78.80 |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 | |
|--------|--------|----------------|------------|-------------|----------|-------|--------|--|
| 259269 | 2 | S5125 | | 09/08/13 | 09/08/13 | 20.00 | 78.80 | |
| 259269 | 3 | S5125 | | 09/09/13 | 09/09/13 | 20.00 | 78.80 | |
| 259269 | 4 | S5125 | | 09/10/13 | 09/10/13 | 20.00 | 78.80 | |
| 259269 | 5 | S5125 | | 09/11/13 | 09/11/13 | 20.00 | 78.80 | |
| 259269 | 6 | S5125 | | 09/12/13 | 09/12/13 | 20.00 | 78.80 | |
| 259269 | 7 | S5125 | | 09/13/13 | 09/13/13 | 20.00 | 78.80 | |
| | | | | CLAIM TOTAL | | | 551.60 | CLAIM ACCOUNT REF. 2592690012011980SUP |

| REG LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|---------|---------|----------------|------------|--------------|-----------------------|
| NY 001 | 2011982 | 2011982 | VEGA, ADELAIDA | 12/16/1934 | 93702952000 | 11/3/2010-00278-0026 |
| DIAGNOSIS | CODES: | 715.09 | 272.4 | 401.9 | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|-------------|----------|-------|----------|--|
| 259372 | 1 | S5126 | | 09/08/13 | 09/08/13 | 1.00 | 200.00 | |
| 259372 | 2 | S5126 | | 09/09/13 | 09/09/13 | 1.00 | 200.00 | |
| 259372 | 3 | S5126 | | 09/11/13 | 09/11/13 | 1.00 | 200.00 | |
| 259372 | 4 | S5126 | | 09/12/13 | 09/12/13 | 1.00 | 200.00 | |
| 259372 | 5 | S5126 | | 09/13/13 | 09/13/13 | 1.00 | 200.00 | |
| | | | | CLAIM TOTAL | | | 1,000.00 | CLAIM ACCOUNT REF. 2593720012011982SUP |

| 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 | |
|--------|--------|----------------|------------|-------------|----------|-------|--------|--|
| 259367 | 1 | S5125 | | 09/07/13 | 09/07/13 | 16.00 | 63.04 | |
| 259367 | 2 | S5125 | | 09/08/13 | 09/08/13 | 16.00 | 63.04 | |
| 259367 | 3 | S5125 | | 09/09/13 | 09/09/13 | 20.00 | 78.80 | |
| 259367 | 4 | S5125 | | 09/10/13 | 09/10/13 | 20.00 | 78.80 | |
| 259367 | 5 | S5125 | | 09/11/13 | 09/11/13 | 20.00 | 78.80 | |
| 259367 | 6 | S5125 | | 09/12/13 | 09/12/13 | 20.00 | 78.80 | |
| 259367 | 7 | S5125 | | 09/13/13 | 09/13/13 | 14.00 | 55.16 | |
| | | | | CLAIM TOTAL | | | 496.44 | CLAIM ACCOUNT REF. 2593670012011983SUP |

| 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 | |
|--------|--------|----------------|------------|----------|----------|-------|--------|--|
| 259345 | 1 | S5125 TT | | 09/07/13 | 09/07/13 | 12.00 | 50.28 | |
| 259345 | 2 | S5125 TT | | 09/08/13 | 09/08/13 | 12.00 | 50.28 | |
| 259345 | 3 | S5125 TT | | 09/09/13 | 09/09/13 | 12.00 | 50.28 | |
| 259345 | 4 | S5125 TT | | 09/10/13 | 09/10/13 | 12.00 | 50.28 | |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 | |
|--------|--------|-----------|------|------------|----------|-------------|-------|--------|--|
| 259345 | 5 | S5125 | TT | | 09/11/13 | 09/11/13 | 12.00 | 50.28 | |
| 259345 | 6 | S5125 | TT | | 09/12/13 | 09/12/13 | 12.00 | 50.28 | |
| 259345 | 7 | S5125 | TT | | 09/13/13 | 09/13/13 | 12.00 | 50.28 | |
| | | | | | | CLAIM TOTAL | | 351.96 | CLAIM ACCOUNT REF. 2593450012011986SUP |

| 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 | |
|--------|--------|-----------|------|------------|----------|-------------|-------|--------|--|
| 259346 | 1 | S5125 | TT | | 09/07/13 | 09/07/13 | 12.00 | 50.28 | |
| 259346 | 2 | S5125 | TT | | 09/08/13 | 09/08/13 | 12.00 | 50.28 | |
| 259346 | 3 | S5125 | TT | | 09/09/13 | 09/09/13 | 12.00 | 50.28 | |
| 259346 | 4 | S5125 | TT | | 09/10/13 | 09/10/13 | 12.00 | 50.28 | |
| 259346 | 5 | S5125 | TT | | 09/11/13 | 09/11/13 | 12.00 | 50.28 | |
| 259346 | 6 | S5125 | TT | | 09/12/13 | 09/12/13 | 12.00 | 50.28 | |
| 259346 | 7 | S5125 | TT | | 09/13/13 | 09/13/13 | 12.00 | 50.28 | |
| | | | | | | CLAIM TOTAL | | 351.96 | CLAIM ACCOUNT REF. 2593460012011987SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|------------------------|-----|---------|---------|---------------|------------|--------------|-----------------------|
| NY | 001 | 2011988 | 2011988 | RIVERA, LIDIA | 12/01/1942 | GNT02751500 | 4/27/2005-00174-0049 |
| DIAGNOSIS CODES: 294.8 | | | | | | | |

| INV # | LINE # | PROCEDURE | CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|-----------|------|------------|----------|-------------|-------|--------|--|
| 259335 | 1 | S5125 | | | 09/09/13 | 09/09/13 | 28.00 | 110.32 | |
| 259335 | 2 | S5125 | | | 09/10/13 | 09/10/13 | 28.00 | 110.32 | |
| | | | | | | CLAIM TOTAL | | 220.64 | CLAIM ACCOUNT REF. 2593350012011988SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-------------------------|-----|---------|---------|----------------|------------|--------------|-----------------------|
| NY | 001 | 2012000 | 2012000 | GARCIA, LUCILA | 11/01/1935 | GNT02564500 | 10/25/2004-00009-0077 |
| DIAGNOSIS CODES: 438.85 | | | | | | | |

| INV # | LINE # | PROCEDURE | CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|-----------|------|------------|----------|-------------|-------|--------|--|
| 259250 | 1 | S5125 | | | 09/09/13 | 09/09/13 | 28.00 | 110.32 | |
| 259250 | 2 | S5125 | | | 09/10/13 | 09/10/13 | 28.00 | 110.32 | |
| 259250 | 3 | S5125 | | | 09/11/13 | 09/11/13 | 28.00 | 110.32 | |
| 259250 | 4 | S5125 | | | 09/12/13 | 09/12/13 | 28.00 | 110.32 | |
| 259250 | 5 | S5125 | | | 09/13/13 | 09/13/13 | 28.00 | 110.32 | |
| | | | | | | CLAIM TOTAL | | 551.60 | CLAIM ACCOUNT REF. 2592500012012000SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 2012001 2012001 REYES, MILAGROS 05/05/1957 GNT00210100 5/28/2010-00011-0034
DIAGNOSIS CODES: 319. 244.9 250.00 401.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259332 | 1 | T1019 TT | | 09/07/13 | 09/07/13 | 24.00 | 100.56 |
| 259332 | 2 | T1019 TT | | 09/08/13 | 09/08/13 | 24.00 | 100.56 |
| 259332 | 3 | T1019 TT | | 09/09/13 | 09/09/13 | 24.00 | 100.56 |
| 259332 | 4 | T1019 TT | | 09/10/13 | 09/10/13 | 24.00 | 100.56 |
| 259332 | 5 | T1019 TT | | 09/11/13 | 09/11/13 | 24.00 | 100.56 |
| 259332 | 6 | T1019 TT | | 09/12/13 | 09/12/13 | 24.00 | 100.56 |
| 259332 | 7 | T1019 TT | | 09/13/13 | 09/13/13 | 24.00 | 100.56 |
| CLAIM TOTAL | | | | | | | 703.92 |
| CLAIM ACCOUNT REF. | | | | | | | 2593320012012001SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259283 | 1 | T1019 | | 09/07/13 | 09/07/13 | 24.00 | 94.56 |
| 259283 | 2 | T1019 | | 09/09/13 | 09/09/13 | 24.00 | 94.56 |
| 259283 | 3 | T1019 | | 09/10/13 | 09/10/13 | 24.00 | 94.56 |
| 259283 | 4 | T1019 | | 09/11/13 | 09/11/13 | 24.00 | 94.56 |
| 259283 | 5 | T1019 | | 09/12/13 | 09/12/13 | 24.00 | 94.56 |
| 259283 | 6 | T1019 | | 09/13/13 | 09/13/13 | 24.00 | 94.56 |
| CLAIM TOTAL | | | | | | | 567.36 |
| CLAIM ACCOUNT REF. | | | | | | | 2592830012012018SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012026 2012026 ESTEVEZ, JULIO M 07/04/1955 GNT04657700 9/7/2012-00083-0014
DIAGNOSIS CODES: 428.9 250.00 401.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259241 | 1 | S5125 | | 09/10/13 | 09/10/13 | 16.00 | 63.04 |
| CLAIM TOTAL | | | | | | | 63.04 |
| CLAIM ACCOUNT REF. | | | | | | | 2592410012012026SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012037 2012037 GUERRA, MAYRA 01/24/1958 GNT02427000 7/30/2012-00572-0011
DIAGNOSIS CODES: 716.90 311. 493.90 530.81

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 259258 | 1 | T1019 | | 04/18/13 | 04/18/13 | 6.00 | 23.28 |
| 259258 | 2 | T1019 | | 04/22/13 | 04/22/13 | 4.00 | 15.52 |
| 259258 | 3 | T1019 | | 05/21/13 | 05/21/13 | 8.00 | 31.52 |
| 259258 | 4 | T1019 | | 06/06/13 | 06/06/13 | 4.00 | 15.76 |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259258 | 5 | T1019 | | 06/21/13 | 06/21/13 | 8.00 | 31.52 |
| CLAIM TOTAL | | | | | | | 117.60 |
| CLAIM ACCOUNT REF. | | | | | | | 2592580012012037SUP |

| 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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259259 | 1 | T1019 | | 08/22/13 | 08/22/13 | 10.00 | 39.40 |
| 259259 | 2 | T1019 | | 08/30/13 | 08/30/13 | 8.00 | 31.52 |
| 259259 | 3 | T1019 | | 09/03/13 | 09/03/13 | 4.00 | 15.76 |
| 259259 | 4 | T1019 | | 09/04/13 | 09/04/13 | 8.00 | 31.52 |
| 259259 | 5 | T1019 | | 09/07/13 | 09/07/13 | 20.00 | 78.80 |
| 259259 | 6 | T1019 | | 09/08/13 | 09/08/13 | 20.00 | 78.80 |
| 259259 | 7 | T1019 | | 09/09/13 | 09/09/13 | 24.00 | 94.56 |
| 259259 | 8 | T1019 | | 09/10/13 | 09/10/13 | 24.00 | 94.56 |
| 259259 | 9 | T1019 | | 09/11/13 | 09/11/13 | 24.00 | 94.56 |
| 259259 | 10 | T1019 | | 09/12/13 | 09/12/13 | 24.00 | 94.56 |
| 259259 | 11 | T1019 | | 09/13/13 | 09/13/13 | 24.00 | 94.56 |
| CLAIM TOTAL | | | | | | | 748.60 |
| CLAIM ACCOUNT REF. | | | | | | | 2592590012012037SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-------------------------------|-----|---------|---------|-----------------|------------|--------------|-----------------------|
| NY | 001 | 2012056 | 2012056 | RODRIGUEZ, JUAN | 11/04/1920 | 93702665700 | 4/15/2010-00429-0020 |
| DIAGNOSIS CODES: 290.40 401.9 | | | | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259339 | 1 | S5125 | | 09/07/13 | 09/07/13 | 24.00 | 94.56 |
| 259339 | 2 | S5125 | | 09/08/13 | 09/08/13 | 24.00 | 94.56 |
| 259339 | 3 | S5125 | | 09/09/13 | 09/09/13 | 28.00 | 110.32 |
| 259339 | 4 | S5125 | | 09/10/13 | 09/10/13 | 28.00 | 110.32 |
| 259339 | 5 | S5125 | | 09/11/13 | 09/11/13 | 28.00 | 110.32 |
| 259339 | 6 | S5125 | | 09/12/13 | 09/12/13 | 28.00 | 110.32 |
| 259339 | 7 | S5125 | | 09/13/13 | 09/13/13 | 28.00 | 110.32 |
| CLAIM TOTAL | | | | | | | 740.72 |
| CLAIM ACCOUNT REF. | | | | | | | 2593390012012056SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-------------------------|-----|---------|---------|------------|------------|--------------|-----------------------|
| NY | 001 | 2012059 | 2012059 | CHICO, ANA | 03/15/1957 | GNT02386300 | 3/19/2013-00932-0003 |
| DIAGNOSIS CODES: 295.72 | | | | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 259222 | 1 | S5125 TT | | 09/07/13 | 09/07/13 | 12.00 | 50.28 |
| 259222 | 2 | S5125 TT | | 09/08/13 | 09/08/13 | 12.00 | 50.28 |
| 259222 | 3 | S5125 TT | | 09/09/13 | 09/09/13 | 12.00 | 50.28 |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 | |
|--------|--------|-----------|------|------------|----------|-------------|-------|--------|--|
| 259222 | 4 | S5125 | TT | | 09/10/13 | 09/10/13 | 12.00 | 50.28 | |
| 259222 | 5 | S5125 | TT | | 09/11/13 | 09/11/13 | 12.00 | 50.28 | |
| 259222 | 6 | S5125 | TT | | 09/12/13 | 09/12/13 | 12.00 | 50.28 | |
| 259222 | 7 | S5125 | TT | | 09/13/13 | 09/13/13 | 12.00 | 50.28 | |
| | | | | | | CLAIM TOTAL | | 351.96 | CLAIM ACCOUNT REF. 2592220012012059SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012060 2012060 COLON, MARIA 05/10/1925 GNT05960000 2/1/2012-01191-0018
DIAGNOSIS CODES: 331.0 401.9 733.00

| INV # | LINE # | PROCEDURE | CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|-----------|------|------------|----------|-------------|-------|----------|--|
| 259224 | 1 | S5125 | | | 09/07/13 | 09/07/13 | 16.00 | 63.04 | |
| 259224 | 2 | S5125 | | | 09/08/13 | 09/08/13 | 16.00 | 63.04 | |
| 259224 | 3 | S5125 | | | 09/09/13 | 09/09/13 | 48.00 | 189.12 | |
| 259224 | 4 | S5125 | | | 09/10/13 | 09/10/13 | 48.00 | 189.12 | |
| 259224 | 5 | S5125 | | | 09/11/13 | 09/11/13 | 48.00 | 189.12 | |
| 259224 | 6 | S5125 | | | 09/12/13 | 09/12/13 | 48.00 | 189.12 | |
| 259224 | 7 | S5125 | | | 09/13/13 | 09/13/13 | 48.00 | 189.12 | |
| | | | | | | CLAIM TOTAL | | 1,071.68 | CLAIM ACCOUNT REF. 2592240012012060SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012061 2012061 ENCARNACION, MARTIN 05/07/1965 GNT04160000 8/5/2008-00305-0022
DIAGNOSIS CODES: 294.9

| INV # | LINE # | PROCEDURE | CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|-----------|------|------------|----------|-------------|-------|--------|--|
| 259238 | 1 | T1019 | TT | | 09/09/13 | 09/09/13 | 12.00 | 50.28 | |
| 259238 | 2 | T1019 | TT | | 09/10/13 | 09/10/13 | 12.00 | 50.28 | |
| 259238 | 3 | T1019 | TT | | 09/11/13 | 09/11/13 | 12.00 | 50.28 | |
| 259238 | 4 | T1019 | TT | | 09/12/13 | 09/12/13 | 12.00 | 50.28 | |
| 259238 | 5 | T1019 | TT | | 09/13/13 | 09/13/13 | 12.00 | 50.28 | |
| | | | | | | CLAIM TOTAL | | 251.40 | CLAIM ACCOUNT REF. 2592380012012061SUP |

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 | |
|--------|--------|-----------|------|------------|----------|----------|-------|--------|--|
| 259281 | 1 | T1019 | | | 09/07/13 | 09/07/13 | 24.00 | 94.56 | |
| 259281 | 2 | T1019 | | | 09/09/13 | 09/09/13 | 24.00 | 94.56 | |
| 259281 | 3 | T1019 | | | 09/10/13 | 09/10/13 | 24.00 | 94.56 | |
| 259281 | 4 | T1019 | | | 09/11/13 | 09/11/13 | 24.00 | 94.56 | |
| 259281 | 5 | T1019 | | | 09/12/13 | 09/12/13 | 24.00 | 94.56 | |
| 259281 | 6 | T1019 | | | 09/13/13 | 09/13/13 | 24.00 | 94.56 | |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 | 567.36 | 2592810012012062SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|--|-----|---------|---------|-----------------|------------|--------------|-----------------------|
| NY | 001 | 2012071 | 2012071 | MORALES, ISIDRO | 04/05/1923 | GNT04846200 | 3/24/2010-00406-0022 |
| DIAGNOSIS CODES: 715.00 250.00 272.2 401.9 | | | | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|--------|---------------------|
| 259296 | 1 | S5125 | | 09/07/13 | 09/07/13 | 24.00 | 94.56 | |
| 259296 | 2 | S5125 | | 09/08/13 | 09/08/13 | 24.00 | 94.56 | |
| 259296 | 3 | S5125 | | 09/09/13 | 09/09/13 | 24.00 | 94.56 | |
| 259296 | 4 | S5125 | | 09/10/13 | 09/10/13 | 22.00 | 86.68 | |
| 259296 | 5 | S5125 | | 09/11/13 | 09/11/13 | 24.00 | 94.56 | |
| 259296 | 6 | S5125 | | 09/12/13 | 09/12/13 | 24.00 | 94.56 | |
| 259296 | 7 | S5125 | | 09/13/13 | 09/13/13 | 24.00 | 94.56 | |
| | | | | | | CLAIM TOTAL | 654.04 | 2592960012012071SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|--|-----|---------|---------|---------------|------------|--------------|-----------------------|
| NY | 001 | 2012073 | 2012073 | PAGAN, ADRIEL | 09/29/1931 | GNT00189300 | 3/29/2012-00738-0007 |
| DIAGNOSIS CODES: 331.0 244.9 253.5 369.3 401.9 | | | | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|----------|---------------------|
| 259314 | 1 | T1019 | | 09/07/13 | 09/07/13 | 40.00 | 157.60 | |
| 259314 | 2 | T1019 | | 09/08/13 | 09/08/13 | 40.00 | 157.60 | |
| 259314 | 3 | T1019 | | 09/09/13 | 09/09/13 | 40.00 | 157.60 | |
| 259314 | 4 | T1019 | | 09/10/13 | 09/10/13 | 40.00 | 157.60 | |
| 259314 | 5 | T1019 | | 09/11/13 | 09/11/13 | 40.00 | 157.60 | |
| 259314 | 6 | T1019 | | 09/12/13 | 09/12/13 | 40.00 | 157.60 | |
| 259314 | 7 | T1019 | | 09/13/13 | 09/13/13 | 40.00 | 157.60 | |
| | | | | | | CLAIM TOTAL | 1,103.20 | 2593140012012073SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|--------------------------------|-----|---------|---------|--------------|------------|--------------|-----------------------|
| NY | 001 | 2012077 | 2012079 | WARD, ALTHEA | 08/13/1956 | 93703608100 | 12/14/2011-00450-0017 |
| DIAGNOSIS CODES: 715.09 250.00 | | | | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|--------|---------------------|
| 259378 | 1 | S5131 | | 09/07/13 | 09/07/13 | 16.00 | 58.40 | |
| | | | | | | CLAIM TOTAL | 58.40 | 2593780012012079SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259349 | 1 | S5125 | | 09/09/13 | 09/09/13 | 24.00 | 94.56 |
| 259349 | 2 | S5125 | | 09/11/13 | 09/11/13 | 24.00 | 94.56 |
| 259349 | 3 | S5125 | | 09/12/13 | 09/12/13 | 24.00 | 94.56 |
| 259349 | 4 | S5125 | | 09/13/13 | 09/13/13 | 24.00 | 94.56 |
| CLAIM TOTAL | | | | | | | 378.24 |
| CLAIM ACCOUNT REF. | | | | | | | 2593490012012082SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012084 2012084 SANCHEZ, ANA MARIA 04/01/1925 GNT02386400 1/3/2013-00647-0007
DIAGNOSIS CODES: 716.90

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259347 | 1 | S5125 TT | | 09/07/13 | 09/07/13 | 28.00 | 117.32 |
| 259347 | 2 | S5125 TT | | 09/08/13 | 09/08/13 | 28.00 | 117.32 |
| 259347 | 3 | S5125 TT | | 09/09/13 | 09/09/13 | 20.00 | 83.80 |
| 259347 | 4 | S5125 TT | | 09/10/13 | 09/10/13 | 20.00 | 83.80 |
| 259347 | 5 | S5125 TT | | 09/11/13 | 09/11/13 | 20.00 | 83.80 |
| 259347 | 6 | S5125 TT | | 09/12/13 | 09/12/13 | 20.00 | 83.80 |
| 259347 | 7 | S5125 TT | | 09/13/13 | 09/13/13 | 20.00 | 83.80 |
| CLAIM TOTAL | | | | | | | 653.64 |
| CLAIM ACCOUNT REF. | | | | | | | 2593470012012084SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012091 2012091 VICTORIO, ROQUE 08/16/1928 GNT02618000 12/23/2004-00024-0113
DIAGNOSIS CODES: 332.0

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259376 | 1 | S5125 | | 09/07/13 | 09/07/13 | 20.00 | 78.80 |
| 259376 | 2 | S5125 | | 09/09/13 | 09/09/13 | 44.00 | 173.36 |
| 259376 | 3 | S5125 | | 09/10/13 | 09/10/13 | 44.00 | 173.36 |
| 259376 | 4 | S5125 | | 09/11/13 | 09/11/13 | 44.00 | 173.36 |
| 259376 | 5 | S5125 | | 09/12/13 | 09/12/13 | 44.00 | 173.36 |
| 259376 | 6 | S5125 | | 09/13/13 | 09/13/13 | 44.00 | 173.36 |
| CLAIM TOTAL | | | | | | | 945.60 |
| CLAIM ACCOUNT REF. | | | | | | | 2593760012012091SUP |

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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 259242 | 1 | S5125 | | 09/07/13 | 09/07/13 | 24.00 | 94.56 |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|--|
| 259242 | 2 | S5125 | | 09/12/13 | 09/12/13 | 24.00 | 94.56 | |
| 259242 | 3 | S5125 | | 09/13/13 | 09/13/13 | 24.00 | 94.56 | |
| CLAIM TOTAL | | | | | | | 283.68 | CLAIM ACCOUNT REF. 2592420012012112SUP |

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 | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|--|
| 259330 | 1 | S5125 | | 09/07/13 | 09/07/13 | 32.00 | 126.08 | |
| 259330 | 2 | S5125 | | 09/08/13 | 09/08/13 | 32.00 | 126.08 | |
| 259330 | 3 | S5125 | | 09/09/13 | 09/09/13 | 32.00 | 126.08 | |
| 259330 | 4 | S5125 | | 09/10/13 | 09/10/13 | 32.00 | 126.08 | |
| 259330 | 5 | S5125 | | 09/11/13 | 09/11/13 | 34.00 | 133.96 | |
| 259330 | 6 | S5125 | | 09/12/13 | 09/12/13 | 32.00 | 126.08 | |
| 259330 | 7 | S5125 | | 09/13/13 | 09/13/13 | 32.00 | 126.08 | |
| CLAIM TOTAL | | | | | | | 890.44 | CLAIM ACCOUNT REF. 2593300012012113SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012160 2012160 VARGAS, AUREA 01/16/1936 GNT0026740 11/7/2008-00560-0049
DIAGNOSIS CODES: 250.00 493.91

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|--|
| 259370 | 1 | T1019 TT | | 09/07/13 | 09/07/13 | 20.00 | 83.80 | |
| 259370 | 2 | T1019 TT | | 09/08/13 | 09/08/13 | 20.00 | 83.80 | |
| 259370 | 3 | T1019 TT | | 09/09/13 | 09/09/13 | 20.00 | 83.80 | |
| 259370 | 4 | T1019 TT | | 09/10/13 | 09/10/13 | 20.00 | 83.80 | |
| 259370 | 5 | T1019 TT | | 09/11/13 | 09/11/13 | 20.00 | 83.80 | |
| 259370 | 6 | T1019 TT | | 09/12/13 | 09/12/13 | 20.00 | 83.80 | |
| 259370 | 7 | T1019 TT | | 09/13/13 | 09/13/13 | 20.00 | 83.80 | |
| CLAIM TOTAL | | | | | | | 586.60 | CLAIM ACCOUNT REF. 2593700012012160SUP |

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 | |
|--------|--------|----------------|------------|----------|----------|-------|--------|--|
| 259213 | 1 | S5125 | | 09/07/13 | 09/07/13 | 48.00 | 189.12 | |
| 259213 | 2 | S5125 | | 09/08/13 | 09/08/13 | 48.00 | 189.12 | |
| 259213 | 3 | S5125 | | 09/09/13 | 09/09/13 | 48.00 | 189.12 | |
| 259213 | 4 | S5125 | | 09/10/13 | 09/10/13 | 48.00 | 189.12 | |
| 259213 | 5 | S5125 | | 09/11/13 | 09/11/13 | 48.00 | 189.12 | |
| 259213 | 6 | S5125 | | 09/12/13 | 09/12/13 | 48.00 | 189.12 | |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 | |
|--------|--------|----------------|------------|----------|-------------|-------|----------|--|
| 259213 | 7 | S5125 | | 09/13/13 | 09/13/13 | 48.00 | 189.12 | |
| | | | | | CLAIM TOTAL | | 1,323.84 | CLAIM ACCOUNT REF. 2592130012012164SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|--------|---------|---------|-----------------|------------|--------------|-----------------------|
| NY | 001 | 2012168 | 2012168 | VAZQUEZ 2, ROSA | 12/05/1940 | GNT00268900 | 12/5/2003-00042-0033 |
| DIAGNOSIS | CODES: | 250.00 | 244.9 | 401.9 | 729.1 | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 259371 | 1 | S5125 | | 09/09/13 | 09/09/13 | 16.00 | 63.04 | |
| 259371 | 2 | S5125 | | 09/10/13 | 09/10/13 | 16.00 | 63.04 | |
| 259371 | 3 | S5125 | | 09/11/13 | 09/11/13 | 16.00 | 63.04 | |
| 259371 | 4 | S5125 | | 09/12/13 | 09/12/13 | 16.00 | 63.04 | |
| | | | | | CLAIM TOTAL | | 252.16 | CLAIM ACCOUNT REF. 2593710012012168SUP |

| 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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 259340 | 1 | T1019 | | 09/10/13 | 09/10/13 | 16.00 | 63.04 | |
| 259340 | 2 | T1019 | | 09/12/13 | 09/12/13 | 16.00 | 63.04 | |
| 259340 | 3 | T1019 | | 09/13/13 | 09/13/13 | 16.00 | 63.04 | |
| | | | | | CLAIM TOTAL | | 189.12 | CLAIM ACCOUNT REF. 2593400012012182SUP |

| 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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 259227 | 1 | S5125 | | 09/13/13 | 09/13/13 | 12.00 | 47.28 | |
| | | | | | CLAIM TOTAL | | 47.28 | CLAIM ACCOUNT REF. 2592270012012185SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|--------|---------|---------|---------------|------------|--------------|-----------------------|
| NY | 001 | 2012197 | 2012197 | TORO, ROSARIO | 02/15/1929 | GNT00261000 | 12/19/2003-00064-0056 |
| DIAGNOSIS | CODES: | 369.10 | 493.91 | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|----------|-------|--------|--|
| 259363 | 1 | T1019 | | 09/07/13 | 09/07/13 | 32.00 | 126.08 | |
| 259363 | 2 | T1019 | | 09/08/13 | 09/08/13 | 32.00 | 126.08 | |
| 259363 | 3 | T1019 | | 09/09/13 | 09/09/13 | 32.00 | 126.08 | |
| 259363 | 4 | T1019 | | 09/10/13 | 09/10/13 | 32.00 | 126.08 | |
| 259363 | 5 | T1019 | | 09/11/13 | 09/11/13 | 32.00 | 126.08 | |
| 259363 | 6 | T1019 | | 09/12/13 | 09/12/13 | 32.00 | 126.08 | |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 259363 | 7 | T1019 | | 09/13/13 | 09/13/13 | 32.00 | 126.08 | |
| | | | | | CLAIM TOTAL | | 882.56 | CLAIM ACCOUNT REF. 2593630012012197SUP |

| 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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 259318 | 1 | S5125 | | 09/07/13 | 09/07/13 | 28.00 | 110.32 | |
| 259318 | 2 | S5125 | | 09/09/13 | 09/09/13 | 28.00 | 110.32 | |
| 259318 | 3 | S5125 | | 09/10/13 | 09/10/13 | 28.00 | 110.32 | |
| 259318 | 4 | S5125 | | 09/11/13 | 09/11/13 | 28.00 | 110.32 | |
| 259318 | 5 | S5125 | | 09/12/13 | 09/12/13 | 28.00 | 110.32 | |
| 259318 | 6 | S5125 | | 09/13/13 | 09/13/13 | 28.00 | 110.32 | |
| | | | | | CLAIM TOTAL | | 661.92 | CLAIM ACCOUNT REF. 2593180012012225SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|--------|---------|---------|----------------|------------|--------------|-----------------------|
| NY | 001 | 2010983 | 2012309 | IRIMIA, SIMONA | 09/19/1938 | GNT0360570 | 3/27/2007-00064-0042 |
| DIAGNOSIS | CODES: | 714.0 | 244.9 | 428.0 | 719.7 | 786.05 | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 259268 | 1 | T1019 | | 09/07/13 | 09/07/13 | 32.00 | 126.08 | |
| 259268 | 2 | T1019 | | 09/09/13 | 09/09/13 | 28.00 | 110.32 | |
| 259268 | 3 | T1019 | | 09/10/13 | 09/10/13 | 32.00 | 126.08 | |
| 259268 | 4 | T1019 | | 09/11/13 | 09/11/13 | 32.00 | 126.08 | |
| 259268 | 5 | T1019 | | 09/12/13 | 09/12/13 | 32.00 | 126.08 | |
| 259268 | 6 | T1019 | | 09/13/13 | 09/13/13 | 32.00 | 126.08 | |
| | | | | | CLAIM TOTAL | | 740.72 | CLAIM ACCOUNT REF. 2592680012012309SUP |

| 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 | |
|--------|--------|----------------|------------|----------|-------------|-------|----------|--|
| 259240 | 1 | T1019 | | 09/07/13 | 09/07/13 | 48.00 | 189.12 | |
| 259240 | 2 | T1019 | | 09/08/13 | 09/08/13 | 48.00 | 189.12 | |
| 259240 | 3 | T1019 | | 09/09/13 | 09/09/13 | 48.00 | 189.12 | |
| 259240 | 4 | T1019 | | 09/10/13 | 09/10/13 | 48.00 | 189.12 | |
| 259240 | 5 | T1019 | | 09/12/13 | 09/12/13 | 48.00 | 189.12 | |
| 259240 | 6 | T1019 | | 09/13/13 | 09/13/13 | 48.00 | 189.12 | |
| | | | | | CLAIM TOTAL | | 1,134.72 | CLAIM ACCOUNT REF. 2592400012012493SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259341 | 1 | S5125 | | 09/07/13 | 09/07/13 | 16.00 | 63.04 |
| 259341 | 2 | S5125 | | 09/08/13 | 09/08/13 | 16.00 | 63.04 |
| 259341 | 3 | S5125 | | 09/09/13 | 09/09/13 | 20.00 | 78.80 |
| 259341 | 4 | S5125 | | 09/10/13 | 09/10/13 | 20.00 | 78.80 |
| 259341 | 5 | S5125 | | 09/11/13 | 09/11/13 | 20.00 | 78.80 |
| 259341 | 6 | S5125 | | 09/12/13 | 09/12/13 | 20.00 | 78.80 |
| 259341 | 7 | S5125 | | 09/13/13 | 09/13/13 | 20.00 | 78.80 |
| CLAIM TOTAL | | | | | | | 520.08 |
| CLAIM ACCOUNT REF. | | | | | | | 2593410012012496SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012602 2012602 ALVARADO, SARA E 07/15/1922 GNT03713600 6/28/2007-00019-0030
DIAGNOSIS CODES: 290.0

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259203 | 1 | S5125 | | 09/07/13 | 09/07/13 | 46.00 | 181.24 |
| 259203 | 2 | S5125 | | 09/08/13 | 09/08/13 | 48.00 | 189.12 |
| 259203 | 3 | S5125 | | 09/09/13 | 09/09/13 | 48.00 | 189.12 |
| 259203 | 4 | S5125 | | 09/10/13 | 09/10/13 | 48.00 | 189.12 |
| 259203 | 5 | S5125 | | 09/11/13 | 09/11/13 | 48.00 | 189.12 |
| 259203 | 6 | S5125 | | 09/12/13 | 09/12/13 | 48.00 | 189.12 |
| 259203 | 7 | S5125 | | 09/13/13 | 09/13/13 | 46.00 | 181.24 |
| CLAIM TOTAL | | | | | | | 1,308.08 |
| CLAIM ACCOUNT REF. | | | | | | | 2592030012012602SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259331 | 1 | T1020 | | 09/07/13 | 09/07/13 | 1.00 | 200.00 |
| 259331 | 2 | T1020 | | 09/08/13 | 09/08/13 | 1.00 | 200.00 |
| 259331 | 3 | T1020 | | 09/09/13 | 09/09/13 | 1.00 | 200.00 |
| 259331 | 4 | T1020 | | 09/10/13 | 09/10/13 | 1.00 | 200.00 |
| 259331 | 5 | T1020 | | 09/11/13 | 09/11/13 | 1.00 | 200.00 |
| 259331 | 6 | T1020 | | 09/12/13 | 09/12/13 | 1.00 | 200.00 |
| 259331 | 7 | T1020 | | 09/13/13 | 09/13/13 | 1.00 | 200.00 |
| CLAIM TOTAL | | | | | | | 1,400.00 |
| CLAIM ACCOUNT REF. | | | | | | | 2593310012012710SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011011 2012756 RICKS, WALTER 04/27/1940 GNT03856800 2/27/2013-01282-0003
DIAGNOSIS CODES: 369.3 401.9 493.92 496.

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 259333 | 1 | S5125 | | 09/09/13 | 09/09/13 | 28.00 | 110.32 |
| 259333 | 2 | S5125 | | 09/10/13 | 09/10/13 | 24.00 | 94.56 |
| 259333 | 3 | S5125 | | 09/11/13 | 09/11/13 | 28.00 | 110.32 |
| 259333 | 4 | S5125 | | 09/12/13 | 09/12/13 | 28.00 | 110.32 |
| 259333 | 5 | S5125 | | 09/13/13 | 09/13/13 | 28.00 | 110.32 |
| CLAIM TOTAL | | | | | | | 535.84 |

CLAIM ACCOUNT REF. 2593330012012756SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012758 2012758 JAIME, ROSALBA 05/27/1915 GNT03692000 5/25/2007-00094-0044
DIAGNOSIS CODES: 290.0 244.9 458.9 781.2

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 259271 | 1 | T1019 | | 09/07/13 | 09/07/13 | 36.00 | 141.84 |
| 259271 | 2 | T1019 | | 09/09/13 | 09/09/13 | 36.00 | 141.84 |
| 259271 | 3 | T1019 | | 09/10/13 | 09/10/13 | 36.00 | 141.84 |
| 259271 | 4 | T1019 | | 09/11/13 | 09/11/13 | 36.00 | 141.84 |
| 259271 | 5 | T1019 | | 09/12/13 | 09/12/13 | 36.00 | 141.84 |
| 259271 | 6 | T1019 | | 09/13/13 | 09/13/13 | 36.00 | 141.84 |
| CLAIM TOTAL | | | | | | | 851.04 |

CLAIM ACCOUNT REF. 2592710012012758SUP

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 259280 | 1 | T1019 | | 09/07/13 | 09/07/13 | 36.00 | 141.84 |
| 259280 | 2 | T1019 | | 09/08/13 | 09/08/13 | 36.00 | 141.84 |
| 259280 | 3 | T1019 | | 09/09/13 | 09/09/13 | 34.00 | 133.96 |
| 259280 | 4 | T1019 | | 09/11/13 | 09/11/13 | 36.00 | 141.84 |
| 259280 | 5 | T1019 | | 09/12/13 | 09/12/13 | 36.00 | 141.84 |
| 259280 | 6 | T1019 | | 09/13/13 | 09/13/13 | 36.00 | 141.84 |
| CLAIM TOTAL | | | | | | | 843.16 |

CLAIM ACCOUNT REF. 2592800012012759SUP

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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 259368 | 1 | T1019 | | 09/07/13 | 09/07/13 | 32.00 | 126.08 |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 | |
|--------|--------|----------------|------------|-------------|----------|-------|--------|--|
| 259368 | 2 | T1019 | | 09/09/13 | 09/09/13 | 32.00 | 126.08 | |
| 259368 | 3 | T1019 | | 09/10/13 | 09/10/13 | 32.00 | 126.08 | |
| 259368 | 4 | T1019 | | 09/11/13 | 09/11/13 | 32.00 | 126.08 | |
| 259368 | 5 | T1019 | | 09/12/13 | 09/12/13 | 32.00 | 126.08 | |
| 259368 | 6 | T1019 | | 09/13/13 | 09/13/13 | 32.00 | 126.08 | |
| | | | | CLAIM TOTAL | | | 756.48 | CLAIM ACCOUNT REF. 2593680012012778SUP |

| REG LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|---------|---------|-------------|------------|--------------|-----------------------|
| NY 001 | 2013017 | 2013017 | SCHENK, ENI | 12/04/1948 | GNT06973400 | 3/28/2013-00322-0007 |
| DIAGNOSIS | CODES: | 290.0 | 244.9 | 300.00 | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|-------------|----------|-------|--------|--|
| 259355 | 1 | S5125 | | 09/05/13 | 09/05/13 | 16.00 | 63.04 | |
| 259355 | 2 | S5125 | | 09/06/13 | 09/06/13 | 16.00 | 63.04 | |
| 259355 | 3 | S5125 | | 09/08/13 | 09/08/13 | 20.00 | 78.80 | |
| 259355 | 4 | S5125 | | 09/11/13 | 09/11/13 | 16.00 | 63.04 | |
| 259355 | 5 | S5125 | | 09/12/13 | 09/12/13 | 16.00 | 63.04 | |
| 259355 | 6 | S5125 | | 09/13/13 | 09/13/13 | 16.00 | 63.04 | |
| | | | | CLAIM TOTAL | | | 394.00 | CLAIM ACCOUNT REF. 2593550012013017SUP |

| REG LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|---------|---------|-----------------|------------|--------------|-----------------------|
| NY 001 | 2013201 | 2013201 | SCHNEIDER, RUTH | 02/22/1936 | 07136300 | 4/30/2013-00656-0003 |
| DIAGNOSIS | CODES: | 369.00 | 401.9 | 715.90 | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|-------------|----------|-------|--------|--|
| 259356 | 1 | T1019 | | 09/07/13 | 09/07/13 | 32.00 | 126.08 | |
| 259356 | 2 | T1019 | | 09/08/13 | 09/08/13 | 32.00 | 126.08 | |
| 259356 | 3 | T1019 | | 09/09/13 | 09/09/13 | 32.00 | 126.08 | |
| 259356 | 4 | T1019 | | 09/10/13 | 09/10/13 | 32.00 | 126.08 | |
| 259356 | 5 | T1019 | | 09/11/13 | 09/11/13 | 32.00 | 126.08 | |
| 259356 | 6 | T1019 | | 09/12/13 | 09/12/13 | 32.00 | 126.08 | |
| 259356 | 7 | T1019 | | 09/13/13 | 09/13/13 | 32.00 | 126.08 | |
| | | | | CLAIM TOTAL | | | 882.56 | CLAIM ACCOUNT REF. 2593560012013201SUP |

| 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 | |
|--------|--------|----------------|------------|-------------|----------|-------|--------|--|
| 259239 | 1 | T1019 | | 08/02/13 | 08/02/13 | 16.00 | 63.04 | |
| | | | | CLAIM TOTAL | | | 63.04 | CLAIM ACCOUNT REF. 2592390012013206SUP |

REPORT DATE 09/18/13 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 2013226 2013226 SWABY, CLARENCE 04/23/1921 93704635800 5/2/2013-00350-0003
DIAGNOSIS CODES: 294.20 093.9 272.4 602.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|----------|--|
| 259360 | 1 | T1020 | | 09/07/13 | 09/07/13 | 1.00 | 200.00 |
| 259360 | 2 | T1020 | | 09/08/13 | 09/08/13 | 1.00 | 200.00 |
| 259360 | 3 | T1020 | | 09/09/13 | 09/09/13 | 1.00 | 200.00 |
| 259360 | 4 | T1020 | | 09/10/13 | 09/10/13 | 1.00 | 200.00 |
| 259360 | 5 | T1020 | | 09/11/13 | 09/11/13 | 1.00 | 200.00 |
| 259360 | 6 | T1020 | | 09/12/13 | 09/12/13 | 1.00 | 200.00 |
| 259360 | 7 | T1020 | | 09/13/13 | 09/13/13 | 1.00 | 200.00 |
| CLAIM TOTAL | | | | | | 1,400.00 | CLAIM ACCOUNT REF. 2593600012013226SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013228 2013228 PAGLIA, CARMELA 03/08/1945 GNT06942100 5/1/2013-00108-0006
DIAGNOSIS CODES: 278.00 429.9 715.89

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 259315 | 1 | S5125 | | 09/09/13 | 09/09/13 | 24.00 | 94.56 |
| 259315 | 2 | S5125 | | 09/10/13 | 09/10/13 | 24.00 | 94.56 |
| 259315 | 3 | S5125 | | 09/11/13 | 09/11/13 | 24.00 | 94.56 |
| 259315 | 4 | S5125 | | 09/12/13 | 09/12/13 | 24.00 | 94.56 |
| 259315 | 5 | S5125 | | 09/13/13 | 09/13/13 | 24.00 | 94.56 |
| CLAIM TOTAL | | | | | | 472.80 | CLAIM ACCOUNT REF. 2593150012013228SUP |

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 |
|-------------|--------|----------------|------------|----------|----------|----------|--|
| 259312 | 1 | S5125 | | 09/07/13 | 09/07/13 | 48.00 | 189.12 |
| 259312 | 2 | S5125 | | 09/08/13 | 09/08/13 | 48.00 | 189.12 |
| 259312 | 3 | S5125 | | 09/09/13 | 09/09/13 | 48.00 | 189.12 |
| 259312 | 4 | S5125 | | 09/10/13 | 09/10/13 | 48.00 | 189.12 |
| 259312 | 5 | S5125 | | 09/11/13 | 09/11/13 | 48.00 | 189.12 |
| 259312 | 6 | S5125 | | 09/12/13 | 09/12/13 | 48.00 | 189.12 |
| 259312 | 7 | S5125 | | 09/13/13 | 09/13/13 | 48.00 | 189.12 |
| CLAIM TOTAL | | | | | | 1,323.84 | CLAIM ACCOUNT REF. 2593120012013256SUP |

REPORT DATE 09/18/13 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 2006830 2013276 MARTINEZ 1, EMMA 05/09/1920 GNT05091300 3/30/2012-00070-0010
DIAGNOSIS CODES: 331.0 365.9 715.90 733.00

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 259287 | 1 | T1019 | | 09/07/13 | 09/07/13 | 19.00 | 74.86 |
| 259287 | 2 | T1019 | | 09/09/13 | 09/09/13 | 36.00 | 141.84 |
| 259287 | 3 | T1019 | | 09/10/13 | 09/10/13 | 32.00 | 126.08 |
| 259287 | 4 | T1019 | | 09/11/13 | 09/11/13 | 48.00 | 189.12 |
| 259287 | 5 | T1019 | | 09/12/13 | 09/12/13 | 40.00 | 157.60 |
| 259287 | 6 | T1019 | | 09/13/13 | 09/13/13 | 44.00 | 173.36 |
| CLAIM TOTAL | | | | | | 862.86 | CLAIM ACCOUNT REF. 2592870012013276SUP |

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 |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 259219 | 1 | S5125 | | 09/07/13 | 09/07/13 | 32.00 | 126.08 |
| 259219 | 2 | S5125 | | 09/08/13 | 09/08/13 | 32.00 | 126.08 |
| 259219 | 3 | S5125 | | 09/09/13 | 09/09/13 | 24.00 | 94.56 |
| 259219 | 4 | S5125 | | 09/10/13 | 09/10/13 | 24.00 | 94.56 |
| 259219 | 5 | S5125 | | 09/11/13 | 09/11/13 | 24.00 | 94.56 |
| 259219 | 6 | S5125 | | 09/12/13 | 09/12/13 | 32.00 | 126.08 |
| 259219 | 7 | S5125 | | 09/13/13 | 09/13/13 | 32.00 | 126.08 |
| CLAIM TOTAL | | | | | | 788.00 | CLAIM ACCOUNT REF. 2592190012013284SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013411 2013411 JORGE, ANA 02/07/1930 GNT07185600 6/4/2013-00485-0005
DIAGNOSIS CODES: 332.0 365.9 366.9 401.9 715.90

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 259274 | 1 | S5125 | | 09/10/13 | 09/10/13 | 48.00 | 189.12 |
| 259274 | 2 | S5125 | | 09/11/13 | 09/11/13 | 48.00 | 189.12 |
| 259274 | 3 | S5125 | | 09/12/13 | 09/12/13 | 48.00 | 189.12 |
| 259274 | 4 | S5125 | | 09/13/13 | 09/13/13 | 48.00 | 189.12 |
| CLAIM TOTAL | | | | | | 756.48 | CLAIM ACCOUNT REF. 2592740012013411SUP |

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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 259212 | 1 | T1019 | | 09/09/13 | 09/09/13 | 24.00 | 94.56 |

REPORT DATE 09/18/13 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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 259212 | 2 | T1019 | | 09/10/13 | 09/10/13 | 24.00 | 94.56 | |
| 259212 | 3 | T1019 | | 09/11/13 | 09/11/13 | 24.00 | 94.56 | |
| 259212 | 4 | T1019 | | 09/12/13 | 09/12/13 | 24.00 | 94.56 | |
| 259212 | 5 | T1019 | | 09/13/13 | 09/13/13 | 24.00 | 94.56 | |
| | | | | | CLAIM TOTAL | | 472.80 | CLAIM ACCOUNT REF. 2592120012013413SUP |

| 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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 259306 | 1 | S5125 | | 09/10/13 | 09/10/13 | 24.00 | 94.56 | |
| 259306 | 2 | S5125 | | 09/12/13 | 09/12/13 | 24.00 | 94.56 | |
| | | | | | CLAIM TOTAL | | 189.12 | CLAIM ACCOUNT REF. 2593060012013423SUP |

| REG LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|---------|---------|-------------------|------------|--------------|-----------------------|
| NY 001 | 2011491 | 2013551 | RIVERA, RAMONITA | 08/23/1943 | GNT06231700 | 9/28/2012-00956-0009 |
| DIAGNOSIS | CODES: | 785.9 | 244.9 245.2 272.4 | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 259336 | 1 | S5125 | | 09/10/13 | 09/10/13 | 16.00 | 63.04 | |
| 259336 | 2 | S5125 | | 09/11/13 | 09/11/13 | 16.00 | 63.04 | |
| 259336 | 3 | S5125 | | 09/12/13 | 09/12/13 | 16.00 | 63.04 | |
| 259336 | 4 | S5125 | | 09/13/13 | 09/13/13 | 16.00 | 63.04 | |
| | | | | | CLAIM TOTAL | | 252.16 | CLAIM ACCOUNT REF. 2593360012013551SUP |

| 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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 259237 | 1 | T1019 TT | | 09/09/13 | 09/09/13 | 16.00 | 67.04 | |
| 259237 | 2 | T1019 TT | | 09/10/13 | 09/10/13 | 16.00 | 67.04 | |
| 259237 | 3 | T1019 TT | | 09/11/13 | 09/11/13 | 16.00 | 67.04 | |
| 259237 | 4 | T1019 TT | | 09/12/13 | 09/12/13 | 16.00 | 67.04 | |
| 259237 | 5 | T1019 TT | | 09/13/13 | 09/13/13 | 16.00 | 67.04 | |
| | | | | | CLAIM TOTAL | | 335.20 | CLAIM ACCOUNT REF. 2592370012013553SUP |

REPORT DATE 09/18/13 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 2000600 2013590 FELICIANO, JOAN 10/17/1935 GNT04140800 1/30/2008-00551-0041
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 | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|--|
| 259243 | 1 | S5125 | | 09/07/13 | 09/07/13 | 32.00 | 126.08 | |
| 259243 | 2 | S5125 | | 09/08/13 | 09/08/13 | 32.00 | 126.08 | |
| 259243 | 3 | S5125 | | 09/09/13 | 09/09/13 | 32.00 | 126.08 | |
| 259243 | 4 | S5125 | | 09/10/13 | 09/10/13 | 32.00 | 126.08 | |
| 259243 | 5 | S5125 | | 09/11/13 | 09/11/13 | 32.00 | 126.08 | |
| 259243 | 6 | S5125 | | 09/12/13 | 09/12/13 | 32.00 | 126.08 | |
| 259243 | 7 | S5125 | | 09/13/13 | 09/13/13 | 32.00 | 126.08 | |
| CLAIM TOTAL | | | | | | | 882.56 | CLAIM ACCOUNT REF. 2592430012013590SUP |

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 | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|--|
| 259276 | 1 | S5125 | | 09/09/13 | 09/09/13 | 16.00 | 63.04 | |
| 259276 | 2 | S5125 | | 09/10/13 | 09/10/13 | 16.00 | 63.04 | |
| 259276 | 3 | S5125 | | 09/11/13 | 09/11/13 | 14.00 | 55.16 | |
| 259276 | 4 | S5125 | | 09/12/13 | 09/12/13 | 16.00 | 63.04 | |
| 259276 | 5 | S5125 | | 09/13/13 | 09/13/13 | 16.00 | 63.04 | |
| CLAIM TOTAL | | | | | | | 307.32 | CLAIM ACCOUNT REF. 2592760012013624SUP |

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 | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|--|
| 259383 | 1 | S5125 | | 09/10/13 | 09/10/13 | 16.00 | 63.04 | |
| CLAIM TOTAL | | | | | | | 63.04 | CLAIM ACCOUNT REF. 2593830012013639SUP |

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 | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|--|
| 259206 | 1 | T1019 | | 09/09/13 | 09/09/13 | 16.00 | 63.04 | |
| 259206 | 2 | T1019 | | 09/11/13 | 09/11/13 | 16.00 | 63.04 | |
| 259206 | 3 | T1019 | | 09/13/13 | 09/13/13 | 16.00 | 63.04 | |
| CLAIM TOTAL | | | | | | | 189.12 | CLAIM ACCOUNT REF. 2592060012013678SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 259231 | 1 | S5125 | | 08/29/13 | 08/29/13 | 28.00 | 110.32 | |
| 259231 | 2 | S5125 | | 08/30/13 | 08/30/13 | 28.00 | 110.32 | |
| 259231 | 3 | S5125 | | 09/13/13 | 09/13/13 | 28.00 | 110.32 | |
| | | | | | CLAIM TOTAL | | 330.96 | CLAIM ACCOUNT REF. 2592310012013684SUP |

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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 259247 | 1 | S5126 | | 08/02/13 | 08/02/13 | .64 | 128.00 | |
| | | | | | CLAIM TOTAL | | 128.00 | CLAIM ACCOUNT REF. 2592470012013799SUP |

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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 259322 | 1 | S5125 | | 09/07/13 | 09/07/13 | 36.00 | 141.84 | |
| 259322 | 2 | S5125 | | 09/08/13 | 09/08/13 | 36.00 | 141.84 | |
| 259322 | 3 | S5125 | | 09/09/13 | 09/09/13 | 36.00 | 141.84 | |
| 259322 | 4 | S5125 | | 09/10/13 | 09/10/13 | 36.00 | 141.84 | |
| | | | | | CLAIM TOTAL | | 567.36 | CLAIM ACCOUNT REF. 2593220012013808SUP |

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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 259365 | 1 | S5125 | | 09/09/13 | 09/09/13 | 32.00 | 126.08 | |
| 259365 | 2 | S5125 | | 09/10/13 | 09/10/13 | 32.00 | 126.08 | |
| 259365 | 3 | S5125 | | 09/11/13 | 09/11/13 | 32.00 | 126.08 | |
| 259365 | 4 | S5125 | | 09/12/13 | 09/12/13 | 32.00 | 126.08 | |
| | | | | | CLAIM TOTAL | | 504.32 | CLAIM ACCOUNT REF. 2593650012013822SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 | 2013822 | 2013822 | TORRES, SANTIAGO, BASI | 03/22/1934 | GNT07417900 | 8/2/2013-00550-0004 |
| DIAGNOSIS CODES: 290.0 294.10 401.9 493.00 733.00 | | | | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259366 | 1 | S5125 | | 09/13/13 | 09/13/13 | 31.00 | 122.14 |
| CLAIM TOTAL | | | | | | | 122.14 |
| CLAIM ACCOUNT REF. | | | | | | | 2593660012013822SUP |

| 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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259208 | 1 | S5125 | | 09/07/13 | 09/07/13 | 16.00 | 63.04 |
| 259208 | 2 | S5125 | | 09/09/13 | 09/09/13 | 16.00 | 63.04 |
| 259208 | 3 | S5125 | | 09/10/13 | 09/10/13 | 16.00 | 63.04 |
| 259208 | 4 | S5125 | | 09/11/13 | 09/11/13 | 16.00 | 63.04 |
| 259208 | 5 | S5125 | | 09/12/13 | 09/12/13 | 16.00 | 63.04 |
| 259208 | 6 | S5125 | | 09/13/13 | 09/13/13 | 16.00 | 63.04 |
| CLAIM TOTAL | | | | | | | 378.24 |
| CLAIM ACCOUNT REF. | | | | | | | 2592080012013852SUP |

| 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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259343 | 1 | S5125 | | 09/09/13 | 09/09/13 | 28.00 | 110.32 |
| 259343 | 2 | S5125 | | 09/10/13 | 09/10/13 | 28.00 | 110.32 |
| 259343 | 3 | S5125 | | 09/11/13 | 09/11/13 | 27.00 | 106.38 |
| 259343 | 4 | S5125 | | 09/12/13 | 09/12/13 | 28.00 | 110.32 |
| 259343 | 5 | S5125 | | 09/13/13 | 09/13/13 | 28.00 | 110.32 |
| CLAIM TOTAL | | | | | | | 547.66 |
| CLAIM ACCOUNT REF. | | | | | | | 2593430012013879SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|---|-----|---------|---------|---------------|------------|--------------|-----------------------|
| NY | 001 | 2012027 | 2013895 | VELEZ, CARMEN | 06/21/1932 | GNT00271900 | 12/4/2003-00229-0072 |
| DIAGNOSIS CODES: 695.4 250.00 272.2 401.9 | | | | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 259373 | 1 | S5125 | | 09/07/13 | 09/07/13 | 16.00 | 63.04 |
| 259373 | 2 | S5125 | | 09/08/13 | 09/08/13 | 16.00 | 63.04 |
| 259373 | 3 | S5125 | | 09/09/13 | 09/09/13 | 24.00 | 94.56 |
| 259373 | 4 | S5125 | | 09/10/13 | 09/10/13 | 24.00 | 94.56 |
| 259373 | 5 | S5125 | | 09/11/13 | 09/11/13 | 24.00 | 94.56 |
| 259373 | 6 | S5125 | | 09/12/13 | 09/12/13 | 24.00 | 94.56 |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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. |
|-------|--------|----------------|------------|---------|---------|-------|--------|---------------------|
| | | | | | | | 504.32 | 2593730012013895SUP |

| 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 | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|--------|---------------------|
| 259257 | 1 | S5125 | | 09/07/13 | 09/07/13 | 30.00 | 118.20 | |
| 259257 | 2 | S5125 | | 09/08/13 | 09/08/13 | 30.00 | 118.20 | |
| 259257 | 3 | S5125 | | 09/09/13 | 09/09/13 | 16.00 | 63.04 | |
| 259257 | 4 | S5125 | | 09/10/13 | 09/10/13 | 16.00 | 63.04 | |
| 259257 | 5 | S5125 | | 09/11/13 | 09/11/13 | 16.00 | 63.04 | |
| 259257 | 6 | S5125 | | 09/12/13 | 09/12/13 | 16.00 | 63.04 | |
| 259257 | 7 | S5125 | | 09/13/13 | 09/13/13 | 16.00 | 63.04 | |
| | | | | | | CLAIM TOTAL | 551.60 | 2592570012013898SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|--------|---------|---------|---------------|------------|--------------|-----------------------|
| NY | 001 | 2007817 | 2013918 | BEGUM, JAMILA | 02/19/1919 | GNT00018500 | 12/1/2003-00110-0103 |
| 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 | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|----------|---------------------|
| 259207 | 1 | S5125 | | 09/07/13 | 09/07/13 | 36.00 | 141.84 | |
| 259207 | 2 | S5125 | | 09/09/13 | 09/09/13 | 48.00 | 189.12 | |
| 259207 | 3 | S5125 | | 09/10/13 | 09/10/13 | 48.00 | 189.12 | |
| 259207 | 4 | S5125 | | 09/11/13 | 09/11/13 | 40.00 | 157.60 | |
| 259207 | 5 | S5125 | | 09/12/13 | 09/12/13 | 42.00 | 165.48 | |
| 259207 | 6 | S5125 | | 09/13/13 | 09/13/13 | 40.00 | 157.60 | |
| | | | | | | CLAIM TOTAL | 1,000.76 | 2592070012013918SUP |

| 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 | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|--------|---------------------|
| 259216 | 1 | S5125 | | 09/09/13 | 09/09/13 | 32.00 | 126.08 | |
| 259216 | 2 | S5125 | | 09/10/13 | 09/10/13 | 32.00 | 126.08 | |
| 259216 | 3 | S5125 | | 09/11/13 | 09/11/13 | 31.00 | 122.14 | |
| 259216 | 4 | S5125 | | 09/12/13 | 09/12/13 | 32.00 | 126.08 | |
| 259216 | 5 | S5125 | | 09/13/13 | 09/13/13 | 32.00 | 126.08 | |
| | | | | | | CLAIM TOTAL | 626.46 | 2592160012013926SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 2013946 2013946 DONE, SUSANA 07/29/1945 93704706900 7/12/2013-00078-0002
DIAGNOSIS CODES: 401.9 272.4 715.00

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259232 | 1 | S5125 | | 09/08/13 | 09/08/13 | 32.00 | 126.08 |
| 259232 | 2 | S5125 | | 09/11/13 | 09/11/13 | 32.00 | 126.08 |
| 259232 | 3 | S5125 | | 09/13/13 | 09/13/13 | 32.00 | 126.08 |
| CLAIM TOTAL | | | | | | | 378.24 |
| CLAIM ACCOUNT REF. | | | | | | | 2592320012013946SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259301 | 1 | S5125 TT | | 08/29/13 | 08/29/13 | 12.00 | 50.28 |
| 259301 | 2 | S5125 TT | | 09/07/13 | 09/07/13 | 24.00 | 100.56 |
| 259301 | 3 | S5125 TT | | 09/08/13 | 09/08/13 | 24.00 | 100.56 |
| 259301 | 4 | S5125 TT | | 09/09/13 | 09/09/13 | 12.00 | 50.28 |
| 259301 | 5 | S5125 TT | | 09/10/13 | 09/10/13 | 12.00 | 50.28 |
| 259301 | 6 | S5125 TT | | 09/11/13 | 09/11/13 | 12.00 | 50.28 |
| 259301 | 7 | S5125 TT | | 09/12/13 | 09/12/13 | 12.00 | 50.28 |
| 259301 | 8 | S5125 TT | | 09/13/13 | 09/13/13 | 12.00 | 50.28 |
| CLAIM TOTAL | | | | | | | 502.80 |
| CLAIM ACCOUNT REF. | | | | | | | 2593010012013951SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2014024 2014024 DELPOZO, MIGUEL 11/07/1926 GNT07503600 8/30/2013-00039-0002
DIAGNOSIS CODES: 714.0 401.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259230 | 1 | S5125 TT | | 09/07/13 | 09/07/13 | 20.00 | 83.80 |
| 259230 | 2 | S5125 TT | | 09/08/13 | 09/08/13 | 20.00 | 83.80 |
| 259230 | 3 | S5125 TT | | 09/09/13 | 09/09/13 | 20.00 | 83.80 |
| 259230 | 4 | S5125 TT | | 09/10/13 | 09/10/13 | 20.00 | 83.80 |
| 259230 | 5 | S5125 TT | | 09/11/13 | 09/11/13 | 20.00 | 83.80 |
| 259230 | 6 | S5125 TT | | 09/12/13 | 09/12/13 | 20.00 | 83.80 |
| 259230 | 7 | S5125 TT | | 09/13/13 | 09/13/13 | 20.00 | 83.80 |
| CLAIM TOTAL | | | | | | | 586.60 |
| CLAIM ACCOUNT REF. | | | | | | | 2592300012014024SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 2014027 2014027 MEDINA, CECILIA 09/06/1928 GNT07399200 9/6/2013-00216-0001
DIAGNOSIS CODES: 416.8 447.6

| INV # | LINE # | PROCEDURE | CODE | REVENUE | CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|-------------|--------|-----------|------|---------|----|----------|----------|-------|--------|--|
| 259291 | 1 | S5125 | | | | 09/09/13 | 09/09/13 | 16.00 | 63.04 | |
| 259291 | 2 | S5125 | | | | 09/10/13 | 09/10/13 | 16.00 | 63.04 | |
| 259291 | 3 | S5125 | | | | 09/11/13 | 09/11/13 | 16.00 | 63.04 | |
| 259291 | 4 | S5125 | | | | 09/12/13 | 09/12/13 | 16.00 | 63.04 | |
| 259291 | 5 | S5125 | | | | 09/13/13 | 09/13/13 | 16.00 | 63.04 | |
| CLAIM TOTAL | | | | | | | | | 315.20 | CLAIM ACCOUNT REF. 2592910012014027SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2014040 2014040 GOYES, ELBA 01/14/1931 GNT07503500 9/3/2013-00532-0001
DIAGNOSIS CODES: 714.9 250.00 401.9

| INV # | LINE # | PROCEDURE | CODE | REVENUE | CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|-------------|--------|-----------|------|---------|----|----------|----------|-------|--------|--|
| 259255 | 1 | S5125 | TT | | | 09/07/13 | 09/07/13 | 16.00 | 67.04 | |
| 259255 | 2 | S5125 | TT | | | 09/08/13 | 09/08/13 | 16.00 | 67.04 | |
| 259255 | 3 | S5125 | TT | | | 09/09/13 | 09/09/13 | 16.00 | 67.04 | |
| 259255 | 4 | S5125 | TT | | | 09/10/13 | 09/10/13 | 16.00 | 67.04 | |
| CLAIM TOTAL | | | | | | | | | 268.16 | CLAIM ACCOUNT REF. 2592550012014040SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010425 2014099 MONCRIEF, LOIS 05/29/1926 GNT06140100 4/26/2012-00801-0016
DIAGNOSIS CODES: 401.9

| INV # | LINE # | PROCEDURE | CODE | REVENUE | CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|-------------|--------|-----------|------|---------|----|----------|----------|-------|--------|--|
| 259292 | 1 | S5125 | | | | 09/13/13 | 09/13/13 | 24.00 | 94.56 | |
| CLAIM TOTAL | | | | | | | | | 94.56 | CLAIM ACCOUNT REF. 2592920012014099SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011615 2014114 ANGEL, LUCY 04/01/1936 GNT07280100 9/5/2013-00643-0001
DIAGNOSIS CODES: 437.9

| INV # | LINE # | PROCEDURE | CODE | REVENUE | CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|-------------|--------|-----------|------|---------|----|----------|----------|-------|--------|--|
| 259204 | 1 | S5125 | | | | 09/05/13 | 09/05/13 | 14.00 | 55.16 | |
| 259204 | 2 | S5125 | | | | 09/06/13 | 09/06/13 | 16.00 | 63.04 | |
| 259204 | 3 | S5125 | | | | 09/07/13 | 09/07/13 | 16.00 | 63.04 | |
| 259204 | 4 | S5125 | | | | 09/09/13 | 09/09/13 | 16.00 | 63.04 | |
| 259204 | 5 | S5125 | | | | 09/12/13 | 09/12/13 | 16.00 | 63.04 | |
| 259204 | 6 | S5125 | | | | 09/13/13 | 09/13/13 | 16.00 | 63.04 | |
| CLAIM TOTAL | | | | | | | | | 370.36 | CLAIM ACCOUNT REF. 2592040012014114SUP |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 2012002 2014116 VELEZ, WILLIAM 12/11/1934 GNT04940600 6/28/2010-00123-0016
DIAGNOSIS CODES: 250.01 401.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 259374 | 1 | S5125 | | 07/18/13 | 07/18/13 | 16.00 | 63.04 |
| 259374 | 2 | S5125 | | 07/19/13 | 07/19/13 | 16.00 | 63.04 |
| 259374 | 3 | S5125 | | 07/22/13 | 07/22/13 | 16.00 | 63.04 |
| 259374 | 4 | S5125 | | 07/23/13 | 07/23/13 | 16.00 | 63.04 |
| 259374 | 5 | S5125 | | 07/24/13 | 07/24/13 | 16.00 | 63.04 |
| 259374 | 6 | S5125 | | 07/25/13 | 07/25/13 | 16.00 | 63.04 |
| 259374 | 7 | S5125 | | 07/26/13 | 07/26/13 | 16.00 | 63.04 |
| 259374 | 8 | S5125 | | 07/29/13 | 07/29/13 | 16.00 | 63.04 |
| 259374 | 9 | S5125 | | 07/30/13 | 07/30/13 | 16.00 | 63.04 |
| 259374 | 10 | S5125 | | 07/31/13 | 07/31/13 | 16.00 | 63.04 |
| 259374 | 11 | S5125 | | 08/01/13 | 08/01/13 | 16.00 | 63.04 |
| 259374 | 12 | S5125 | | 08/02/13 | 08/02/13 | 16.00 | 63.04 |
| 259374 | 13 | S5125 | | 08/05/13 | 08/05/13 | 16.00 | 63.04 |
| 259374 | 14 | S5125 | | 08/06/13 | 08/06/13 | 16.00 | 63.04 |
| 259374 | 15 | S5125 | | 08/07/13 | 08/07/13 | 16.00 | 63.04 |
| 259374 | 16 | S5125 | | 08/08/13 | 08/08/13 | 16.00 | 63.04 |
| 259374 | 17 | S5125 | | 08/09/13 | 08/09/13 | 16.00 | 63.04 |
| 259374 | 18 | S5125 | | 08/12/13 | 08/12/13 | 16.00 | 63.04 |
| 259374 | 19 | S5125 | | 08/13/13 | 08/13/13 | 16.00 | 63.04 |
| 259374 | 20 | S5125 | | 08/14/13 | 08/14/13 | 16.00 | 63.04 |
| 259374 | 21 | S5125 | | 08/15/13 | 08/15/13 | 16.00 | 63.04 |
| 259374 | 22 | S5125 | | 08/16/13 | 08/16/13 | 16.00 | 63.04 |
| 259374 | 23 | S5125 | | 08/19/13 | 08/19/13 | 16.00 | 63.04 |
| 259374 | 24 | S5125 | | 08/20/13 | 08/20/13 | 16.00 | 63.04 |
| 259374 | 25 | S5125 | | 08/21/13 | 08/21/13 | 16.00 | 63.04 |
| 259374 | 26 | S5125 | | 08/22/13 | 08/22/13 | 16.00 | 63.04 |
| 259374 | 27 | S5125 | | 08/23/13 | 08/23/13 | 16.00 | 63.04 |
| 259374 | 28 | S5125 | | 08/26/13 | 08/26/13 | 16.00 | 63.04 |
| 259374 | 29 | S5125 | | 08/27/13 | 08/27/13 | 16.00 | 63.04 |
| 259374 | 30 | S5125 | | 08/28/13 | 08/28/13 | 16.00 | 63.04 |
| 259374 | 31 | S5125 | | 08/29/13 | 08/29/13 | 16.00 | 63.04 |
| 259374 | 32 | S5125 | | 08/30/13 | 08/30/13 | 16.00 | 63.04 |
| 259374 | 33 | S5125 | | 09/02/13 | 09/02/13 | 16.00 | 63.04 |
| 259374 | 34 | S5125 | | 09/03/13 | 09/03/13 | 16.00 | 63.04 |
| 259374 | 35 | S5125 | | 09/04/13 | 09/04/13 | 16.00 | 63.04 |
| 259374 | 36 | S5125 | | 09/05/13 | 09/05/13 | 16.00 | 63.04 |
| 259374 | 37 | S5125 | | 09/06/13 | 09/06/13 | 16.00 | 63.04 |
| 259374 | 38 | S5125 | | 09/09/13 | 09/09/13 | 16.00 | 63.04 |
| 259374 | 39 | S5125 | | 09/10/13 | 09/10/13 | 16.00 | 63.04 |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 | |
|--------|--------|----------------|------------|----------|-------------|----------|--------|--|
| 259374 | 40 | S5125 | | 09/11/13 | 09/11/13 | 16.00 | 63.04 | |
| 259374 | 41 | S5125 | | 09/12/13 | 09/12/13 | 16.00 | 63.04 | |
| 259374 | 42 | S5125 | | 09/13/13 | 09/13/13 | 16.00 | 63.04 | |
| | | | | | CLAIM TOTAL | 2,647.68 | | CLAIM ACCOUNT REF. 2593740012014116SUP |

| | | | | | |
|---------------|----------|---------------|------|----------------------|------------|
| PAYER TOTALS: | GUILDNET | # OF CLAIMS = | 1094 | TOTAL CLAIM AMOUNT = | 115,751.41 |
| | | # SERVICES = | 182 | | |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

PAGE: 121

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 |
|-------------|--------|-----------|------|------------|----------|----------|-------|--|
| 259188 | 1 | T1019 | 1C | 0570 | 09/09/13 | 09/09/13 | 6.00 | 98.40 |
| 259188 | 2 | T1019 | 1C | 0570 | 09/10/13 | 09/10/13 | 6.00 | 98.40 |
| 259188 | 3 | T1019 | 1C | 0570 | 09/11/13 | 09/11/13 | 6.00 | 98.40 |
| 259188 | 4 | T1019 | 1C | 0570 | 09/12/13 | 09/12/13 | 6.00 | 98.40 |
| 259188 | 5 | T1019 | 1C | 0570 | 09/13/13 | 09/13/13 | 6.00 | 98.40 |
| CLAIM TOTAL | | | | | | | | 492.00 |
| | | | | | | | | CLAIM ACCOUNT REF. 2591880012011453SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011869 2011869 JONES, VALERIE 10/10/1948 1457 479978
DIAGNOSIS CODES: 438.9

| INV # | LINE # | PROCEDURE | CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|-----------|------|------------|----------|----------|-------|--|
| 259187 | 1 | T1019 | 1C | 0570 | 09/09/13 | 09/09/13 | 4.00 | 65.60 |
| 259187 | 2 | T1019 | 1C | 0570 | 09/10/13 | 09/10/13 | 4.00 | 65.60 |
| 259187 | 3 | T1019 | 1C | 0570 | 09/11/13 | 09/11/13 | 4.00 | 65.60 |
| 259187 | 4 | T1019 | 1C | 0570 | 09/12/13 | 09/12/13 | 4.00 | 65.60 |
| 259187 | 5 | T1019 | 1C | 0570 | 09/13/13 | 09/13/13 | 4.00 | 65.60 |
| CLAIM TOTAL | | | | | | | | 328.00 |
| | | | | | | | | CLAIM ACCOUNT REF. 2591870012011869SUP |

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 |
|-------------|--------|-----------|------|------------|----------|----------|-------|--|
| 259184 | 1 | T1019 | 1C | 0570 | 09/09/13 | 09/09/13 | 3.75 | 61.50 |
| 259184 | 2 | T1019 | 1C | 0570 | 09/10/13 | 09/10/13 | 6.00 | 98.40 |
| 259184 | 3 | T1019 | 1C | 0570 | 09/11/13 | 09/11/13 | 6.00 | 98.40 |
| 259184 | 4 | T1019 | 1C | 0570 | 09/12/13 | 09/12/13 | 6.00 | 98.40 |
| 259184 | 5 | T1019 | 1C | 0570 | 09/13/13 | 09/13/13 | 6.00 | 98.40 |
| CLAIM TOTAL | | | | | | | | 455.10 |
| | | | | | | | | CLAIM ACCOUNT REF. 2591840012011870SUP |

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 |
|--------|--------|-----------|------|------------|----------|----------|-------|--------|
| 259185 | 1 | T1019 | 1C | 0570 | 09/07/13 | 09/07/13 | 4.00 | 65.60 |
| 259185 | 2 | T1019 | 1C | 0570 | 09/08/13 | 09/08/13 | 4.00 | 65.60 |
| 259185 | 3 | T1019 | 1C | 0570 | 09/10/13 | 09/10/13 | 4.00 | 65.60 |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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PROVIDER ID = 113502051
PAYER ID = ICS01

SUNNYSIDE CITYWIDE
ICS

NPI = 1154407492

| INV # | LINE # | PROCEDURE | CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|-----------|------|------------|----------|----------|-------|--------|
| 259185 | 4 | T1019 | 1C | 0570 | 09/11/13 | 09/11/13 | 4.00 | 65.60 |
| 259185 | 5 | T1019 | 1C | 0570 | 09/12/13 | 09/12/13 | 4.00 | 65.60 |
| 259185 | 6 | T1019 | 1C | 0570 | 09/13/13 | 09/13/13 | 4.00 | 65.60 |
| CLAIM TOTAL | | | | | | | | 393.60 |

CLAIM ACCOUNT REF. 2591850012012213SUP

| 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 |
|-------------|--------|-----------|------|------------|----------|----------|-------|--------|
| 259191 | 1 | T1019 | 1C | 0570 | 09/07/13 | 09/07/13 | 8.00 | 131.20 |
| 259191 | 2 | T1019 | 1C | 0570 | 09/08/13 | 09/08/13 | 8.00 | 131.20 |
| 259191 | 3 | T1019 | 1C | 0570 | 09/09/13 | 09/09/13 | 8.00 | 131.20 |
| 259191 | 4 | T1019 | 1C | 0570 | 09/10/13 | 09/10/13 | 8.00 | 131.20 |
| 259191 | 5 | T1019 | 1C | 0570 | 09/11/13 | 09/11/13 | 8.00 | 131.20 |
| 259191 | 6 | T1019 | 1C | 0570 | 09/12/13 | 09/12/13 | 8.00 | 131.20 |
| 259191 | 7 | T1019 | 1C | 0570 | 09/13/13 | 09/13/13 | 8.00 | 131.20 |
| CLAIM TOTAL | | | | | | | | 918.40 |

CLAIM ACCOUNT REF. 2591910012013010SUP

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----|-----|---------|---------|----------------|------------|--------------|-----------------------|
| NY | 001 | 2013320 | 2013320 | PEREZ, RAFAELA | 12/05/1934 | 8249 | 470412 |

DIAGNOSIS CODES: 781.2

| INV # | LINE # | PROCEDURE | CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|-----------|------|------------|----------|----------|-------|----------|
| 259189 | 1 | T1019 | 1C | 0570 | 09/07/13 | 09/07/13 | 22.25 | 364.90 |
| 259189 | 2 | T1019 | 1C | 0570 | 09/08/13 | 09/08/13 | 24.00 | 393.60 |
| 259189 | 3 | T1019 | 1C | 0570 | 09/09/13 | 09/09/13 | 24.00 | 393.60 |
| 259189 | 4 | T1019 | 1C | 0570 | 09/10/13 | 09/10/13 | 24.00 | 393.60 |
| 259189 | 5 | T1019 | 1C | 0570 | 09/11/13 | 09/11/13 | 23.50 | 385.40 |
| 259189 | 6 | T1019 | 1C | 0570 | 09/12/13 | 09/12/13 | 23.75 | 389.50 |
| 259189 | 7 | T1019 | 1C | 0570 | 09/13/13 | 09/13/13 | 11.00 | 180.40 |
| CLAIM TOTAL | | | | | | | | 2,501.00 |

CLAIM ACCOUNT REF. 2591890012013320SUP

| 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 |
|--------|--------|-----------|------|------------|----------|----------|-------|--------|
| 259190 | 1 | T1019 | 1C | 0570 | 09/07/13 | 09/07/13 | 12.00 | 196.80 |
| 259190 | 2 | T1019 | 1C | 0570 | 09/08/13 | 09/08/13 | 10.50 | 172.20 |
| 259190 | 3 | T1019 | 1C | 0570 | 09/09/13 | 09/09/13 | 12.00 | 196.80 |
| 259190 | 4 | T1019 | 1C | 0570 | 09/10/13 | 09/10/13 | 11.50 | 188.60 |
| 259190 | 5 | T1019 | 1C | 0570 | 09/11/13 | 09/11/13 | 11.50 | 188.60 |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 |
|--------------------|--------|-----------|------|---------|----|----------|----------|-------|---------------------|
| 259190 | 6 | T1019 | 1C | 0570 | | 09/12/13 | 09/12/13 | 9.75 | 159.90 |
| 259190 | 7 | T1019 | 1C | 0570 | | 09/13/13 | 09/13/13 | 11.75 | 192.70 |
| CLAIM TOTAL | | | | | | | | | 1,295.60 |
| CLAIM ACCOUNT REF. | | | | | | | | | 2591900012013470SUP |

| 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 |
|--------------------|--------|-----------|------|---------|----|----------|----------|-------|---------------------|
| 259186 | 1 | T1019 | 1C | 0570 | | 09/09/13 | 09/09/13 | 4.00 | 65.60 |
| 259186 | 2 | T1019 | 1C | 0570 | | 09/10/13 | 09/10/13 | 4.00 | 65.60 |
| 259186 | 3 | T1019 | 1C | 0570 | | 09/11/13 | 09/11/13 | 4.00 | 65.60 |
| 259186 | 4 | T1019 | 1C | 0570 | | 09/12/13 | 09/12/13 | 4.00 | 65.60 |
| 259186 | 5 | T1019 | 1C | 0570 | | 09/13/13 | 09/13/13 | 4.00 | 65.60 |
| CLAIM TOTAL | | | | | | | | | 328.00 |
| CLAIM ACCOUNT REF. | | | | | | | | | 2591860012013587SUP |

| 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 |
|--------------------|--------|-----------|------|---------|----|----------|----------|-------|---------------------|
| 259192 | 1 | T1019 | 1C | 0570 | | 09/09/13 | 09/09/13 | 4.00 | 65.60 |
| 259192 | 2 | T1019 | 1C | 0570 | | 09/10/13 | 09/10/13 | 4.00 | 65.60 |
| 259192 | 3 | T1019 | 1C | 0570 | | 09/11/13 | 09/11/13 | 4.00 | 65.60 |
| 259192 | 4 | T1019 | 1C | 0570 | | 09/12/13 | 09/12/13 | 4.00 | 65.60 |
| CLAIM TOTAL | | | | | | | | | 262.40 |
| CLAIM ACCOUNT REF. | | | | | | | | | 2591920012013676SUP |

| | | | | | |
|---------------|-----|---------------|----|----------------------|----------|
| PAYER TOTALS: | ICS | # OF CLAIMS = | 51 | TOTAL CLAIM AMOUNT = | 6,974.10 |
| | | # SERVICES = | 9 | | |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259197 | 1 | T1019 | 0580 | 09/11/13 | 09/11/13 | 16.00 | 63.04 |
| 259197 | 2 | T1019 | 0580 | 09/12/13 | 09/12/13 | 16.00 | 63.04 |
| 259197 | 3 | T1019 | 0580 | 09/13/13 | 09/13/13 | 16.00 | 63.04 |
| CLAIM TOTAL | | | | | | | 189.12 |
| CLAIM ACCOUNT REF. | | | | | | | 2591970012013600SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259194 | 1 | T1019 | 0580 | 08/09/13 | 08/09/13 | 16.00 | 63.04 |
| 259194 | 2 | T1019 | 0580 | 09/09/13 | 09/09/13 | 16.00 | 63.04 |
| 259194 | 3 | T1019 | 0580 | 09/11/13 | 09/11/13 | 12.00 | 47.28 |
| 259194 | 4 | T1019 | 0580 | 09/13/13 | 09/13/13 | 15.00 | 59.10 |
| CLAIM TOTAL | | | | | | | 232.46 |
| CLAIM ACCOUNT REF. | | | | | | | 2591940012013622SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 259196 | 1 | T1019 | 0580 | 09/07/13 | 09/07/13 | 16.00 | 63.04 |
| 259196 | 2 | T1019 | 0580 | 09/08/13 | 09/08/13 | 16.00 | 63.04 |
| 259196 | 3 | T1019 | 0580 | 09/09/13 | 09/09/13 | 16.00 | 63.04 |
| 259196 | 4 | T1019 | 0580 | 09/10/13 | 09/10/13 | 16.00 | 63.04 |
| 259196 | 5 | T1019 | 0580 | 09/11/13 | 09/11/13 | 16.00 | 63.04 |
| 259196 | 6 | T1019 | 0580 | 09/12/13 | 09/12/13 | 16.00 | 63.04 |
| 259196 | 7 | T1019 | 0580 | 09/13/13 | 09/13/13 | 16.00 | 63.04 |
| CLAIM TOTAL | | | | | | | 441.28 |
| CLAIM ACCOUNT REF. | | | | | | | 2591960012013758SUP |

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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 259195 | 1 | T1019 | 0580 | 09/09/13 | 09/09/13 | 28.00 | 110.32 |
| 259195 | 2 | T1019 | 0580 | 09/10/13 | 09/10/13 | 28.00 | 110.32 |
| 259195 | 3 | T1019 | 0580 | 09/11/13 | 09/11/13 | 28.00 | 110.32 |
| 259195 | 4 | T1019 | 0580 | 09/12/13 | 09/12/13 | 28.00 | 110.32 |

REPORT DATE 09/18/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091803573737RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = VCMINST VILLAGE CARE

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 259195 | 5 | T1019 | 0580 | 09/13/13 | 09/13/13 | 28.00 | 110.32 | |
| | | | | | CLAIM TOTAL | | 551.60 | CLAIM ACCOUNT REF. 2591950012014010SUP |

| | | | | | |
|---------------|--------------|---------------|----|----------------------|----------|
| PAYER TOTALS: | VILLAGE CARE | # OF CLAIMS = | 19 | TOTAL CLAIM AMOUNT = | 1,414.46 |
| | | # SERVICES = | 4 | | |

| | | | | | |
|------------------|--------------------|---------------|------|----------------------|------------|
| PROVIDER TOTALS: | SUNNYSIDE CITYWIDE | # OF CLAIMS = | 2235 | TOTAL CLAIM AMOUNT = | 266,509.90 |
| | | # SERVICES = | 388 | | |