

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121205264120

HIPAA DATA FILE REPORT (PHLT837/EDIS)

PAGE 1

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2004478	2004478	ACERNO	CLAIRE	01/28/1922	GNT04447100	
INV #	LINE #	PROCEDURE	CODE		FROM DT	THRU DT	UNITS	AMOUNT
219674	1	T1019			12/03/12	12/03/12	17.00	64.26
219674	2	T1019			12/04/12	12/04/12	20.00	75.60
219674	3	T1019			12/06/12	12/06/12	20.00	75.60
219674	4	T1019			12/07/12	12/07/12	20.00	75.60
							CLAIM TOTAL	291.06
								CLAIM ACCOUNT REF. 2196740012004478

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2006118	2006118	ALI	AMRUNIS	10/05/1934	93703296700	
INV #	LINE #	PROCEDURE	CODE		FROM DT	THRU DT	UNITS	AMOUNT
219675	1	S5125			12/01/12	12/01/12	16.00	60.48
219675	2	S5125			12/03/12	12/03/12	16.00	60.48
219675	3	S5125			12/05/12	12/05/12	16.00	60.48
219675	4	S5125			12/06/12	12/06/12	16.00	60.48
219675	5	S5125			12/07/12	12/07/12	16.00	60.48
							CLAIM TOTAL	302.40
								CLAIM ACCOUNT REF. 2196750012006118

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011654	2011654	ALIX	PEDRO	01/31/1937	GNT03916300	
INV #	LINE #	PROCEDURE	CODE		FROM DT	THRU DT	UNITS	AMOUNT
219676	1	S5126			12/04/12	12/04/12	1.00	196.56
219676	2	S5126			12/05/12	12/05/12	1.00	196.56
219676	3	S5126			12/06/12	12/06/12	1.00	196.56
219676	4	S5126			12/07/12	12/07/12	1.00	196.56
							CLAIM TOTAL	786.24
								CLAIM ACCOUNT REF. 2196760012011654

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2010843	2010843	ALSTON	ZULINE	05/07/1927	GNT06188400	
INV #	LINE #	PROCEDURE	CODE		FROM DT	THRU DT	UNITS	AMOUNT
219677	1	T1019			12/01/12	12/01/12	32.00	120.96
219677	2	T1019			12/02/12	12/02/12	32.00	120.96
219677	3	T1019			12/03/12	12/03/12	32.00	120.96
219677	4	T1019			12/04/12	12/04/12	32.00	120.96
219677	5	T1019			12/05/12	12/05/12	32.00	120.96
219677	6	T1019			12/06/12	12/06/12	32.00	120.96
219677	7	T1019			12/07/12	12/07/12	32.00	120.96
							CLAIM TOTAL	846.72
								CLAIM ACCOUNT REF. 2196770012010843

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2010843	2010843	ALSTON	ZULINE	05/07/1927	GNT06188400	
INV #	LINE #	PROCEDURE	CODE		FROM DT	THRU DT	UNITS	AMOUNT
219678	1	T1030			10/02/12	10/02/12	1.00	85.00
219678	2	T1030			10/17/12	10/17/12	1.00	85.00

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121205264120

HIPAA DATA FILE REPORT (PHLT837/EDIS)

PAGE 2

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

CLAIM TOTAL 170.00 CLAIM ACCOUNT REF. 2196780012010843

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2010843	2010843	ALSTON	ZULINE	05/07/1927	GNT06188400	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219679	1	T1030		11/02/12	11/02/12	1.00	85.00
219679	2	T1030		11/15/12	11/15/12	1.00	85.00
219679	3	T1030		11/28/12	11/28/12	1.00	85.00

CLAIM TOTAL 255.00 CLAIM ACCOUNT REF. 2196790012010843

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2012029	2012029	ALVARADO	RUFINA	02/01/1913	93701384300	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219680	1	S5125		12/04/12	12/04/12	28.00	105.84
219680	2	S5125		12/05/12	12/05/12	28.00	105.84
219680	3	S5125		12/06/12	12/06/12	28.00	105.84
219680	4	S5125		12/07/12	12/07/12	28.00	105.84

CLAIM TOTAL 423.36 CLAIM ACCOUNT REF. 2196800012012029

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2007817	2007817	BEGUM	JAMILA	02/19/1919	GNT00018500	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219681	1	S5125		12/01/12	12/01/12	36.00	136.08
219681	2	S5125		12/02/12	12/02/12	32.00	120.96
219681	3	S5125		12/03/12	12/03/12	48.00	181.44
219681	4	S5125		12/04/12	12/04/12	48.00	181.44
219681	5	S5125		12/05/12	12/05/12	40.00	151.20
219681	6	S5125		12/06/12	12/06/12	44.00	166.32
219681	7	S5125		12/07/12	12/07/12	40.00	151.20

CLAIM TOTAL 1,088.64 CLAIM ACCOUNT REF. 2196810012007817

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011503	2011503	BERJASHEVIC	LIME	10/30/1926	GNT06467800	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219682	1	T1019		12/03/12	12/03/12	16.00	60.48
219682	2	T1019		12/07/12	12/07/12	32.00	120.96

CLAIM TOTAL 181.44 CLAIM ACCOUNT REF. 2196820012011503

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011767	2011767	BERROCAL	ISABEL	11/08/1924	GNT00493600	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219683	1	S5125		12/01/12	12/01/12	20.00	75.60
219683	2	S5125		12/02/12	12/02/12	20.00	75.60
219683	3	S5125		12/03/12	12/03/12	20.00	75.60
219683	4	S5125		12/04/12	12/04/12	20.00	75.60
219683	5	S5125		12/05/12	12/05/12	20.00	75.60

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121205264120

HIPAA DATA FILE REPORT (PHLT837/EDIS)

PAGE 3

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

219683	6	S5125	12/06/12	12/06/12	20.00	75.60	
219683	7	S5125	12/07/12	12/07/12	20.00	75.60	
219683	8	T1001	11/10/12	11/10/12	1.00	100.00	
				CLAIM TOTAL		629.20	CLAIM ACCOUNT REF. 2196830012011767

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011979	2011979	BERRY	LEONOR	11/14/1934	GNT03239600	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
219684	1	S5125		12/01/12	12/01/12	32.00	120.96	
219684	2	S5125		12/02/12	12/02/12	32.00	120.96	
219684	3	S5125		12/03/12	12/03/12	32.00	120.96	
219684	4	S5125		12/04/12	12/04/12	32.00	120.96	
219684	5	S5125		12/05/12	12/05/12	32.00	120.96	
219684	6	S5125		12/06/12	12/06/12	32.00	120.96	
219684	7	S5125		12/07/12	12/07/12	8.00	30.24	
					CLAIM TOTAL		756.00	CLAIM ACCOUNT REF. 2196840012011979

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2006632	2006632	BUCARO	CONCETT	02/27/1916	GNT04556300	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
219685	1	S5125		12/03/12	12/03/12	36.00	136.08	
219685	2	S5125		12/04/12	12/04/12	36.00	136.08	
219685	3	S5125		12/05/12	12/05/12	36.00	136.08	
219685	4	S5125		12/06/12	12/06/12	16.00	60.48	
219685	5	S5125		12/07/12	12/07/12	36.00	136.08	
					CLAIM TOTAL		604.80	CLAIM ACCOUNT REF. 2196850012006632

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011960	2011960	BUSTAMENTE	GABRIEL	07/08/1938	93702523200	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
219686	1	S5125		12/01/12	12/01/12	18.00	68.04	
219686	2	S5125		12/03/12	12/03/12	20.00	75.60	
219686	3	S5125		12/04/12	12/04/12	20.00	75.60	
219686	4	S5125		12/05/12	12/05/12	20.00	75.60	
219686	5	S5125		12/06/12	12/06/12	20.00	75.60	
219686	6	S5125		12/07/12	12/07/12	20.00	75.60	
					CLAIM TOTAL		446.04	CLAIM ACCOUNT REF. 2196860012011960

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011912	2011912	CANINO	CARMEN	12/06/1941	GNT0279200	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
219687	1	S5125		12/03/12	12/03/12	24.00	90.72	
219687	2	S5125		12/04/12	12/04/12	24.00	90.72	
219687	3	S5125		12/05/12	12/05/12	24.00	90.72	
219687	4	S5125		12/06/12	12/06/12	24.00	90.72	
219687	5	S5125		12/07/12	12/07/12	24.00	90.72	
					CLAIM TOTAL		453.60	CLAIM ACCOUNT REF. 2196870012011912

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121205264120

HIPAA DATA FILE REPORT (PHLT837/EDIS)

PAGE 4

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
	001	2011978	2011978	CAQUIAS	LILLIAN	01/11/1936	GNT02965400		
INV #	LINE #	PROCEDURE	CODE			FROM DT	THRU DT	UNITS	AMOUNT
219688	1	S5125				12/03/12	12/03/12	16.00	60.48
219688	2	S5125				12/04/12	12/04/12	16.00	60.48
						CLAIM TOTAL		120.96	
									CLAIM ACCOUNT REF. 2196880012011978

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
	001	2011797	2011797	CARTAGENA	LUZ	10/05/1948	GNT00039700		
INV #	LINE #	PROCEDURE	CODE			FROM DT	THRU DT	UNITS	AMOUNT
219689	1	T1019				12/03/12	12/03/12	20.00	75.60
219689	2	T1019				12/07/12	12/07/12	20.00	75.60
						CLAIM TOTAL		151.20	
									CLAIM ACCOUNT REF. 2196890012011797

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
	001	2002769	2002769	CEPEDA	TOMASA	09/07/1932	93700964900		
INV #	LINE #	PROCEDURE	CODE			FROM DT	THRU DT	UNITS	AMOUNT
219690	1	T1019				12/03/12	12/03/12	24.00	90.72
219690	2	T1019				12/04/12	12/04/12	24.00	90.72
219690	3	T1019				12/05/12	12/05/12	24.00	90.72
219690	4	T1019				12/06/12	12/06/12	24.00	90.72
219690	5	T1019				12/07/12	12/07/12	24.00	90.72
						CLAIM TOTAL		453.60	
									CLAIM ACCOUNT REF. 2196900012002769

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
	001	2011981	2011981	COHEN	ETHEL	09/19/1937	GNT06348000		
INV #	LINE #	PROCEDURE	CODE			FROM DT	THRU DT	UNITS	AMOUNT
219691	1	S5125				11/29/12	11/29/12	32.00	120.96
219691	2	S5125				11/30/12	11/30/12	32.00	120.96
219691	3	S5125				12/01/12	12/01/12	32.00	120.96
219691	4	S5125				12/02/12	12/02/12	32.00	120.96
219691	5	S5125				12/03/12	12/03/12	32.00	120.96
219691	6	S5125				12/04/12	12/04/12	32.00	120.96
219691	7	S5125				12/05/12	12/05/12	32.00	120.96
219691	8	S5125				12/06/12	12/06/12	32.00	120.96
219691	9	S5125				12/07/12	12/07/12	32.00	120.96
						CLAIM TOTAL		1,088.64	
									CLAIM ACCOUNT REF. 2196910012011981

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
	001	2008320	2008320	COLAVITTI	JEAN	05/23/1911	GNT04482200		
INV #	LINE #	PROCEDURE	CODE			FROM DT	THRU DT	UNITS	AMOUNT
219692	1	S5125				12/01/12	12/01/12	31.00	117.18
219692	2	S5125				12/02/12	12/02/12	32.00	120.96
219692	3	S5125				12/03/12	12/03/12	32.00	120.96
219692	4	S5125				12/04/12	12/04/12	32.00	120.96

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121205264120

HIPAA DATA FILE REPORT (PHLT837/EDIS)

PAGE 5

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

219692	5	S5125	12/05/12	12/05/12	32.00	120.96	
219692	6	S5125	12/06/12	12/06/12	32.00	120.96	
219692	7	S5125	12/07/12	12/07/12	32.00	120.96	
			CLAIM TOTAL			842.94	CLAIM ACCOUNT REF. 2196920012008320

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2009790	2009790	COLEMAN	REGINA	11/26/1958	GNT060020000

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT	
219693	1	S5125	12/01/12	12/01/12	32.00	120.96	
219693	2	S5125	12/02/12	12/02/12	32.00	120.96	
219693	3	S5125	12/03/12	12/03/12	12.00	45.36	
219693	4	S5125	12/04/12	12/04/12	19.00	71.82	
219693	5	S5125	12/05/12	12/05/12	20.00	75.60	
219693	6	S5125	12/06/12	12/06/12	8.00	30.24	
219693	7	S5125	12/07/12	12/07/12	20.00	75.60	
			CLAIM TOTAL			540.54	CLAIM ACCOUNT REF. 2196930012009790

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011769	2011769	COMET	JULIA	10/07/1934	GNT04442600

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT	
219694	1	T1001	11/12/12	11/12/12	1.00	100.00	
219694	2	T1019	12/03/12	12/03/12	24.00	90.72	
219694	3	T1019	12/04/12	12/04/12	24.00	90.72	
219694	4	T1019	12/05/12	12/05/12	24.00	90.72	
219694	5	T1019	12/06/12	12/06/12	24.00	90.72	
			CLAIM TOTAL			462.88	CLAIM ACCOUNT REF. 2196940012011769

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011798	2011798	CUCALON	INES	04/20/1926	GNT05761000

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT	
219695	1	S5125	12/05/12	12/05/12	44.00	166.32	
219695	2	S5125	12/06/12	12/06/12	44.00	166.32	
219695	3	S5125	12/07/12	12/07/12	44.00	166.32	
			CLAIM TOTAL			498.96	CLAIM ACCOUNT REF. 2196950012011798

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011953	2011953	DE LA CRUZ	AGUSTIN	08/28/1935	GNT030053600

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT	
219696	1	T1019	11/24/12	11/24/12	16.00	60.48	
219696	2	T1019	11/25/12	11/25/12	16.00	60.48	
219696	3	T1019	12/01/12	12/01/12	16.00	60.48	
219696	4	T1019	12/02/12	12/02/12	16.00	60.48	
219696	5	T1019	12/04/12	12/04/12	22.00	83.16	
219696	6	T1019	12/05/12	12/05/12	22.00	83.16	
219696	7	T1019	12/06/12	12/06/12	22.00	83.16	
219696	8	T1019	12/07/12	12/07/12	14.00	52.92	
			CLAIM TOTAL			544.32	CLAIM ACCOUNT REF. 2196960012011953

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121205264120

HIPAA DATA FILE REPORT (PHLT837/EDIS)

PAGE 6

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
	001	2011599	2011599	DELEON	JUANA	04/18/1918	GNT04795000		
INV #	LINE #	PROCEDURE	CODE			FROM DT	THRU DT	UNITS	AMOUNT
219697	1	S5125				12/03/12	12/03/12	24.00	90.72
219697	2	S5125				12/04/12	12/04/12	24.00	90.72
219697	3	S5125				12/05/12	12/05/12	24.00	90.72
219697	4	S5125				12/06/12	12/06/12	24.00	90.72
219697	5	S5125				12/07/12	12/07/12	24.00	90.72
						CLAIM TOTAL		453.60	CLAIM ACCOUNT REF. 2196970012011599

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
	001	2011799	2011799	DEZUNIGA	LEONORA	03/06/1924	GNT04191700		
INV #	LINE #	PROCEDURE	CODE			FROM DT	THRU DT	UNITS	AMOUNT
219698	1	T1019				12/04/12	12/04/12	16.00	60.48
219698	2	T1019				12/05/12	12/05/12	16.00	60.48
219698	3	T1019				12/06/12	12/06/12	16.00	60.48
219698	4	T1019				12/07/12	12/07/12	16.00	60.48
						CLAIM TOTAL		241.92	CLAIM ACCOUNT REF. 2196980012011799

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
	001	2009982	2009982	DIAZ 2	CARMEN	04/28/1919	GNT6048400		
INV #	LINE #	PROCEDURE	CODE			FROM DT	THRU DT	UNITS	AMOUNT
219699	1	S5125				12/01/12	12/01/12	24.00	90.72
219699	2	S5125				12/03/12	12/03/12	31.00	117.18
219699	3	S5125				12/04/12	12/04/12	32.00	120.96
219699	4	S5125				12/05/12	12/05/12	32.00	120.96
219699	5	S5125				12/06/12	12/06/12	32.00	120.96
219699	6	S5125				12/07/12	12/07/12	32.00	120.96
						CLAIM TOTAL		691.74	CLAIM ACCOUNT REF. 2196990012009982

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
	001	2006667	2006667	DIAZ	ALICIA	09/21/1918	GNT05048800		
INV #	LINE #	PROCEDURE	CODE			FROM DT	THRU DT	UNITS	AMOUNT
219700	1	T1019				12/01/12	12/01/12	20.00	75.60
219700	2	T1019				12/02/12	12/02/12	20.00	75.60
219700	3	T1019				12/03/12	12/03/12	28.00	105.84
219700	4	T1019				12/04/12	12/04/12	28.00	105.84
219700	5	T1019				12/05/12	12/05/12	28.00	105.84
219700	6	T1019				12/06/12	12/06/12	28.00	105.84
219700	7	T1019				12/07/12	12/07/12	28.00	105.84
						CLAIM TOTAL		680.40	CLAIM ACCOUNT REF. 2197000012006667

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
	001	2004554	2004554	DONOSO	MARGARE	09/17/1938	GNT01219900		
INV #	LINE #	PROCEDURE	CODE			FROM DT	THRU DT	UNITS	AMOUNT

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121205264120

HIPAA DATA FILE REPORT (PHLT837/EDIS)

PAGE 7

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

219701	1	S5125	12/03/12	12/03/12	24.00	90.72
219701	2	S5125	12/04/12	12/04/12	24.00	90.72
219701	3	S5125	12/06/12	12/06/12	24.00	90.72
219701	4	S5125	12/07/12	12/07/12	24.00	90.72

CLAIM TOTAL 362.88 CLAIM ACCOUNT REF. 2197010012004554

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011256	2011256	DURAN	CARMEN	07/16/1925	GNT06350900	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219702	1	S5125	11/29/12	11/29/12	26.00	98.28
219702	2	S5125	11/30/12	11/30/12	26.00	98.28
219702	3	S5125	12/03/12	12/03/12	26.00	98.28
219702	4	S5125	12/04/12	12/04/12	26.00	98.28
219702	5	S5125	12/07/12	12/07/12	26.00	98.28
219702	6	T1030	10/24/12	10/24/12	1.00	85.00

CLAIM TOTAL 576.40 CLAIM ACCOUNT REF. 2197020012011256

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2006124	2006124	EARLINGTON	ALBERTH	06/25/1947	GNT04981500	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219703	1	S5125	11/03/12	11/03/12	24.00	90.72
219703	2	S5125	12/01/12	12/01/12	24.00	90.72
219703	3	S5125	12/03/12	12/03/12	28.00	105.84
219703	4	S5125	12/04/12	12/04/12	28.00	105.84
219703	5	S5125	12/05/12	12/05/12	28.00	105.84
219703	6	S5125	12/06/12	12/06/12	28.00	105.84
219703	7	S5125	12/07/12	12/07/12	28.00	105.84

CLAIM TOTAL 710.64 CLAIM ACCOUNT REF. 2197030012006124

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2009394	2009394	ECKMAN	LOIS	04/02/1919	GNT05317600	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219704	1	T1020	12/01/12	12/01/12	1.00	196.56
219704	2	T1020	12/02/12	12/02/12	1.00	196.56
219704	3	T1020	12/03/12	12/03/12	1.00	196.56
219704	4	T1020	12/04/12	12/04/12	1.00	196.56
219704	5	T1020	12/05/12	12/05/12	1.00	196.56
219704	6	T1020	12/06/12	12/06/12	1.00	196.56
219704	7	T1020	12/07/12	12/07/12	1.00	196.56

CLAIM TOTAL 1,375.92 CLAIM ACCOUNT REF. 2197040012009394

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011963	2011963	ENCARNACION	LUZ	05/03/1934	GNT03902000	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219705	1	T1019 TT	12/03/12	12/03/12	16.00	64.48
219705	2	T1019 TT	12/04/12	12/04/12	16.00	64.48
219705	3	T1019 TT	12/05/12	12/05/12	16.00	64.48

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121205264120

HIPAA DATA FILE REPORT (PHLT837/EDIS)

PAGE 8

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

219705	4	T1019	TT	12/06/12	12/06/12	16.00	64.48	
219705	5	T1019	TT	12/07/12	12/07/12	16.00	64.48	
CLAIM TOTAL							322.40	CLAIM ACCOUNT REF. 2197050012011963

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2003052	2003052	ESCOBAR	DOMINGA	08/04/1937	GNT04459300	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
219706	1	S5125		11/26/12	11/26/12	24.00	90.72	
219706	2	S5125		11/27/12	11/27/12	24.00	90.72	
219706	3	S5125		11/28/12	11/28/12	24.00	90.72	
219706	4	S5125		11/29/12	11/29/12	24.00	90.72	
219706	5	S5125		11/30/12	11/30/12	24.00	90.72	
CLAIM TOTAL							453.60	CLAIM ACCOUNT REF. 2197060012003052

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2003052	2003052	ESCOBAR	DOMINGA	08/04/1937	GNT04459300	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
219707	1	S5125		12/03/12	12/03/12	24.00	90.72	
219707	2	S5125		12/04/12	12/04/12	24.00	90.72	
219707	3	S5125		12/05/12	12/05/12	24.00	90.72	
219707	4	S5125		12/06/12	12/06/12	24.00	90.72	
219707	5	S5125		12/07/12	12/07/12	24.00	90.72	
CLAIM TOTAL							453.60	CLAIM ACCOUNT REF. 2197070012003052

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2007377	2007377	ESPINOZA	MARIA	02/23/1918	GNT03780300	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
219708	1	S5125		12/01/12	12/01/12	30.00	113.40	
219708	2	S5125		12/03/12	12/03/12	30.00	113.40	
219708	3	S5125		12/04/12	12/04/12	30.00	113.40	
219708	4	S5125		12/05/12	12/05/12	30.00	113.40	
219708	5	S5125		12/06/12	12/06/12	30.00	113.40	
219708	6	S5125		12/07/12	12/07/12	30.00	113.40	
CLAIM TOTAL							680.40	CLAIM ACCOUNT REF. 2197080012007377

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011890	2011890	ESTEVEZ	CARMEN	00/00/0000	GNT033896	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
219709	1	S5125		11/26/12	11/26/12	20.00	75.60	
219709	2	S5125		11/27/12	11/27/12	20.00	75.60	
219709	3	S5125		11/28/12	11/28/12	20.00	75.60	
219709	4	S5125		11/29/12	11/29/12	20.00	75.60	
219709	5	S5125		11/30/12	11/30/12	20.00	75.60	
219709	6	S5125		12/03/12	12/03/12	20.00	75.60	
219709	7	S5125		12/04/12	12/04/12	20.00	75.60	
219709	8	S5125		12/05/12	12/05/12	20.00	75.60	
219709	9	S5125		12/06/12	12/06/12	20.00	75.60	

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
-------	--------	----------------	---------	---------	-------	--------

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121205264120

HIPAA DATA FILE REPORT (PHLT837/EDIS)

PAGE 10

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

219714	1	S5125	12/03/12	12/03/12	16.00	60.48
219714	2	S5125	12/05/12	12/05/12	16.00	60.48
219714	3	S5125	12/06/12	12/06/12	16.00	60.48
219714	4	S5125	12/07/12	12/07/12	16.00	60.48

CLAIM TOTAL 241.92

CLAIM ACCOUNT REF. 2197140012011852

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2009960	2009960	FERRARA	ANN	07/27/1925	GNT05748600	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219715	1	S5125	12/01/12	12/01/12	24.00	90.72
219715	2	S5125	12/02/12	12/02/12	24.00	90.72
219715	3	S5125	12/03/12	12/03/12	32.00	120.96
219715	4	S5125	12/04/12	12/04/12	32.00	120.96
219715	5	S5125	12/05/12	12/05/12	32.00	120.96
219715	6	S5125	12/06/12	12/06/12	32.00	120.96
219715	7	S5125	12/07/12	12/07/12	32.00	120.96

CLAIM TOTAL 786.24

CLAIM ACCOUNT REF. 2197150012009960

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2009589	2009589	FERRO	JOSEPHI	10/09/1915	GNT05940400	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219716	1	T1019	12/01/12	12/01/12	24.00	90.72
219716	2	T1019	12/02/12	12/02/12	16.00	60.48
219716	3	T1019	12/03/12	12/03/12	48.00	181.44
219716	4	T1019	12/04/12	12/04/12	48.00	181.44
219716	5	T1019	12/05/12	12/05/12	48.00	181.44
219716	6	T1019	12/06/12	12/06/12	48.00	181.44
219716	7	T1019	12/07/12	12/07/12	48.00	181.44

CLAIM TOTAL 1,058.40

CLAIM ACCOUNT REF. 2197160012009589

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011800	2011800	FRANCIS	VICTORI	11/22/1924	GNT03398100	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219717	1	S5125	12/03/12	12/03/12	28.00	105.84
219717	2	S5125	12/04/12	12/04/12	28.00	105.84
219717	3	S5125	12/05/12	12/05/12	28.00	105.84
219717	4	S5125	12/06/12	12/06/12	28.00	105.84
219717	5	S5125	12/07/12	12/07/12	28.00	105.84
219717	6	T1001	11/15/12	11/15/12	1.00	100.00

CLAIM TOTAL 629.20

CLAIM ACCOUNT REF. 2197170012011800

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011801	2011801	GARCIA	MARIA A	09/09/1930	GNT02860800	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219718	1	S5125	12/01/12	12/01/12	26.00	98.28
219718	2	S5125	12/02/12	12/02/12	28.00	105.84
219718	3	S5125	12/03/12	12/03/12	28.00	105.84

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121205264120

HIPAA DATA FILE REPORT (PHLT837/EDIS)

PAGE 11

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

219718	4	S5125	12/04/12	12/04/12	28.00	105.84
219718	5	S5125	12/05/12	12/05/12	28.00	105.84
219718	6	S5125	12/06/12	12/06/12	28.00	105.84
219718	7	S5125	12/07/12	12/07/12	28.00	105.84
CLAIM TOTAL						733.32
CLAIM ACCOUNT REF.						2197180012011801

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2009435	2009435	GOMEZ	YOLANDA	11/26/1934	GNT05745100

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219719	1	T1019	12/03/12	12/03/12	16.00	60.48
219719	2	T1019	12/05/12	12/05/12	16.00	60.48
219719	3	T1019	12/07/12	12/07/12	20.00	75.60
CLAIM TOTAL						196.56
CLAIM ACCOUNT REF.						2197190012009435

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011662	2011662	GONZALEZ	MO RAMON	02/10/1935	GNT02343300

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219720	1	S5125	12/01/12	12/01/12	16.00	60.48
219720	2	S5125	12/02/12	12/02/12	16.00	60.48
219720	3	S5125	12/03/12	12/03/12	16.00	60.48
219720	4	S5125	12/04/12	12/04/12	16.00	60.48
219720	5	S5125	12/05/12	12/05/12	16.00	60.48
219720	6	S5125	12/06/12	12/06/12	16.00	60.48
CLAIM TOTAL						362.88
CLAIM ACCOUNT REF.						2197200012011662

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011821	2011821	GONZALEZ	CARMEN	08/15/1948	GNT0098100

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219721	1	S5125	11/26/12	11/26/12	16.00	60.48
219721	2	S5125	11/27/12	11/27/12	16.00	60.48
219721	3	S5125	11/28/12	11/28/12	16.00	60.48
219721	4	S5125	11/29/12	11/29/12	16.00	60.48
219721	5	S5125	11/30/12	11/30/12	16.00	60.48
219721	6	S5125	12/03/12	12/03/12	16.00	60.48
219721	7	S5125	12/04/12	12/04/12	16.00	60.48
219721	8	S5125	12/05/12	12/05/12	16.00	60.48
219721	9	S5125	12/06/12	12/06/12	16.00	60.48
219721	10	S5125	12/07/12	12/07/12	16.00	60.48
219721	11	T1001	11/12/12	11/12/12	1.00	100.00
CLAIM TOTAL						704.80
CLAIM ACCOUNT REF.						2197210012011821

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011822	2011822	GREAVES	BARBARA	08/15/1945	GNT03748500

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219722	1	T1001	11/12/12	11/12/12	1.00	100.00
219722	2	T1019	12/03/12	12/03/12	16.00	60.48
219722	3	T1019	12/05/12	12/05/12	16.00	60.48

PAGE 12

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219727	1	S5125	11/26/12	11/26/12	22.00	83.16
219727	2	S5125	11/27/12	11/27/12	22.00	83.16

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

219727	3	S5125	11/28/12	11/28/12	22.00	83.16	
219727	4	S5125	11/29/12	11/29/12	22.00	83.16	
219727	5	S5125	11/30/12	11/30/12	22.00	83.16	
			CLAIM TOTAL		415.80		CLAIM ACCOUNT REF. 2197270012011600

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011472	2011472	HENLEY	LUVENIA	08/23/1927	GNT06160900	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT	
219728	1	T1019	10/31/12	10/31/12	40.00	151.20	
219728	2	T1019	11/27/12	11/27/12	40.00	151.20	
219728	3	T1019	11/28/12	11/28/12	40.00	151.20	
219728	4	T1019	11/29/12	11/29/12	40.00	151.20	
219728	5	T1019	11/30/12	11/30/12	40.00	151.20	
219728	6	T1019	12/01/12	12/01/12	32.00	120.96	
219728	7	T1019	12/02/12	12/02/12	32.00	120.96	
219728	8	T1019	12/03/12	12/03/12	40.00	151.20	
219728	9	T1019	12/04/12	12/04/12	40.00	151.20	
219728	10	T1019	12/05/12	12/05/12	40.00	151.20	
219728	11	T1019	12/06/12	12/06/12	40.00	151.20	
219728	12	T1019	12/07/12	12/07/12	40.00	151.20	
			CLAIM TOTAL		1,753.92		CLAIM ACCOUNT REF. 2197280012011472

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011252	2011252	HENRIQUEZ	TERESA	10/15/1938	GNT06350600	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT	
219729	1	S5125	12/01/12	12/01/12	16.00	60.48	
219729	2	S5125	12/02/12	12/02/12	16.00	60.48	
219729	3	S5125	12/03/12	12/03/12	32.00	120.96	
219729	4	S5125	12/04/12	12/04/12	32.00	120.96	
219729	5	S5125	12/05/12	12/05/12	32.00	120.96	
219729	6	S5125	12/06/12	12/06/12	32.00	120.96	
219729	7	S5125	12/07/12	12/07/12	32.00	120.96	
			CLAIM TOTAL		725.76		CLAIM ACCOUNT REF. 2197290012011252

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011823	2011823	HERNANDEZ	LUZ	00/00/0000	GNT00568800	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT	
219730	1	S5125	12/03/12	12/03/12	24.00	90.72	
219730	2	S5125	12/04/12	12/04/12	24.00	90.72	
219730	3	S5125	12/05/12	12/05/12	24.00	90.72	
219730	4	S5125	12/06/12	12/06/12	24.00	90.72	
219730	5	S5125	12/07/12	12/07/12	24.00	90.72	
			CLAIM TOTAL		453.60		CLAIM ACCOUNT REF. 2197300012011823

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011824	2011824	HICKS	SYLVIA	00/00/0000	9370331550	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT	
-------	--------	----------------	---------	---------	-------	--------	--

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121205264120

HIPAA DATA FILE REPORT (PHLT837/EDIS)

PAGE 14

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

219731	1	S5125	12/01/12	12/01/12	16.00	60.48
219731	2	S5125	12/02/12	12/02/12	16.00	60.48
219731	3	S5125	12/03/12	12/03/12	30.00	113.40
219731	4	S5125	12/04/12	12/04/12	26.00	98.28
219731	5	S5125	12/05/12	12/05/12	30.00	113.40
219731	6	S5125	12/06/12	12/06/12	26.00	98.28
219731	7	S5125	12/07/12	12/07/12	30.00	113.40
219731	8	T1001	11/13/12	11/13/12	1.00	100.00
					CLAIM TOTAL	757.72

CLAIM ACCOUNT REF. 2197310012011824

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2009400	2009400	HUSTIU	SILVIA	02/04/1929	GNT05850100

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219732	1	S5125		12/03/12	12/03/12	8.00	30.24
219732	2	S5125		12/05/12	12/05/12	8.00	30.24
					CLAIM TOTAL	60.48	

CLAIM ACCOUNT REF. 2197320012009400

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011864	2011864	IGLESIAS	JUANA	09/23/1918	GNT00117600

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219733	1	S5125		12/01/12	12/01/12	96.00	362.88
219733	2	S5125		12/02/12	12/02/12	96.00	362.88
219733	3	S5125		12/03/12	12/03/12	96.00	362.88
219733	4	S5125		12/04/12	12/04/12	96.00	362.88
219733	5	S5125		12/05/12	12/05/12	96.00	362.88
219733	6	S5125		12/06/12	12/06/12	96.00	362.88
219733	7	S5125		12/07/12	12/07/12	96.00	362.88
					CLAIM TOTAL	2,540.16	

CLAIM ACCOUNT REF. 2197330012011864

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011980	2011980	IRIZARRY	ESTRELL	05/16/1927	GNT02485000

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219734	1	S5125		12/01/12	12/01/12	20.00	75.60
219734	2	S5125		12/02/12	12/02/12	19.00	71.82
219734	3	S5125		12/03/12	12/03/12	4.00	15.12
219734	4	S5125		12/04/12	12/04/12	20.00	75.60
219734	5	S5125		12/07/12	12/07/12	20.00	75.60
					CLAIM TOTAL	313.74	

CLAIM ACCOUNT REF. 2197340012011980

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011601	2011601	JACKSON	PATRICI	08/10/1960	GNT04501100

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219735	1	T1019		12/03/12	12/03/12	20.00	75.60
219735	2	T1019		12/04/12	12/04/12	20.00	75.60
219735	3	T1019		12/05/12	12/05/12	20.00	75.60
219735	4	T1019		12/06/12	12/06/12	20.00	75.60
219735	5	T1019		12/07/12	12/07/12	20.00	75.60

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121205264120

HIPAA DATA FILE REPORT (PHLT837/EDIS)

PAGE 15

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

CLAIM TOTAL 378.00 CLAIM ACCOUNT REF. 2197350012011601

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2003254	2003254	JIMENEZ	EUGENIA	03/15/1931	GNT04164400	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219736	1	T1019		11/18/12	11/18/12	46.00	173.88
219736	2	T1019		11/22/12	11/22/12	46.00	173.88
219736	3	T1019		11/24/12	11/24/12	42.00	158.76
219736	4	T1019		12/01/12	12/01/12	40.00	151.20
219736	5	T1019		12/03/12	12/03/12	46.00	173.88
219736	6	T1019		12/04/12	12/04/12	46.00	173.88
219736	7	T1019		12/06/12	12/06/12	46.00	173.88
219736	8	T1019		12/07/12	12/07/12	42.00	158.76

CLAIM TOTAL 1,338.12 CLAIM ACCOUNT REF. 2197360012003254

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2006080	2006080	JOHNSON	DOROTHY	03/14/1932	GNT04334500	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219737	1	S5125		12/01/12	12/01/12	48.00	181.44
219737	2	S5125		12/02/12	12/02/12	48.00	181.44
219737	3	S5125		12/03/12	12/03/12	32.00	120.96
219737	4	S5125		12/04/12	12/04/12	32.00	120.96
219737	5	S5125		12/05/12	12/05/12	32.00	120.96
219737	6	S5125		12/06/12	12/06/12	32.00	120.96
219737	7	S5125		12/07/12	12/07/12	32.00	120.96

CLAIM TOTAL 967.68 CLAIM ACCOUNT REF. 2197370012006080

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011855	2011855	JONES	LUCILLE	02/05/1925	GNT04367400	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219738	1	T1019		12/03/12	12/03/12	16.00	60.48
219738	2	T1019		12/05/12	12/05/12	16.00	60.48
219738	3	T1019		12/07/12	12/07/12	16.00	60.48

CLAIM TOTAL 181.44 CLAIM ACCOUNT REF. 2197380012011855

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011848	2011848	LANZILOTTA	ROSA	06/05/1925	93702509600	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219739	1	S5125		12/01/12	12/01/12	16.00	60.48
219739	2	S5125		12/02/12	12/02/12	16.00	60.48
219739	3	S5125		12/03/12	12/03/12	16.00	60.48
219739	4	S5125		12/04/12	12/04/12	16.00	60.48
219739	5	S5125		12/05/12	12/05/12	16.00	60.48
219739	6	S5125		12/06/12	12/06/12	16.00	60.48
219739	7	S5125		12/07/12	12/07/12	16.00	60.48

CLAIM TOTAL 423.36 CLAIM ACCOUNT REF. 2197390012011848

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011771	2011771	LEMOINE	RICARDA	05/14/2012	GNT03700100	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
-------	--------	-----------	------	---------	---------	-------	--------

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121205264120

HIPAA DATA FILE REPORT (PHLT837/EDIS)

PAGE 16

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

219740	1	S5125	12/01/12	12/01/12	16.00	60.48
219740	2	S5125	12/02/12	12/02/12	16.00	60.48
219740	3	S5125	12/03/12	12/03/12	16.00	60.48
219740	4	S5125	12/04/12	12/04/12	16.00	60.48
219740	5	S5125	12/05/12	12/05/12	16.00	60.48
219740	6	S5125	12/06/12	12/06/12	16.00	60.48
219740	7	S5125	12/07/12	12/07/12	16.00	60.48

CLAIM TOTAL

423.36

CLAIM ACCOUNT REF. 2197400012011771

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011854	2011854	LOPEZ	CARMEN	12/05/1929	GNT02469800

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219741	1	S5125	12/01/12	12/01/12	24.00	90.72
219741	2	S5125	12/02/12	12/02/12	24.00	90.72
219741	3	S5125	12/03/12	12/03/12	28.00	105.84
219741	4	S5125	12/04/12	12/04/12	28.00	105.84

CLAIM TOTAL

393.12

CLAIM ACCOUNT REF. 2197410012011854

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011694	2011694	LORA	FERNAND	08/20/1935	GNT03342600

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219742	1	S5125	11/26/12	11/26/12	32.00	120.96
219742	2	S5125	11/27/12	11/27/12	32.00	120.96
219742	3	S5125	11/28/12	11/28/12	32.00	120.96
219742	4	S5125	11/29/12	11/29/12	32.00	120.96
219742	5	S5125	11/30/12	11/30/12	24.00	90.72
219742	6	S5125	12/03/12	12/03/12	32.00	120.96
219742	7	S5125	12/04/12	12/04/12	32.00	120.96
219742	8	S5125	12/05/12	12/05/12	32.00	120.96
219742	9	S5125	12/06/12	12/06/12	32.00	120.96
219742	10	S5125	12/07/12	12/07/12	24.00	90.72

CLAIM TOTAL

1,149.12

CLAIM ACCOUNT REF. 2197420012011694

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011845	2011845	LUGO	DOLORES	12/19/1928	93702878100

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219743	1	S5125	12/04/12	12/04/12	16.00	60.48
219743	2	S5125	12/05/12	12/05/12	16.00	60.48
219743	3	S5125	12/06/12	12/06/12	16.00	60.48

CLAIM TOTAL

181.44

CLAIM ACCOUNT REF. 2197430012011845

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011658	2011658	LUIS	MAXIMIN	10/22/1941	GNT02759600

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219744	1	T1019	12/03/12	12/03/12	24.00	90.72
219744	2	T1019	12/05/12	12/05/12	24.00	90.72
219744	3	T1019	12/07/12	12/07/12	24.00	90.72

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121205264120

HIPAA DATA FILE REPORT (PHLT837/EDIS)

PAGE 17

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

CLAIM TOTAL 272.16 CLAIM ACCOUNT REF. 2197440012011658

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2012018	2012018	LUNA	ELDA	06/21/1945	GNT06614700	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219745	1	T1019		12/03/12	12/03/12	24.00	90.72
219745	2	T1019		12/04/12	12/04/12	24.00	90.72
219745	3	T1019		12/05/12	12/05/12	24.00	90.72
219745	4	T1019		12/06/12	12/06/12	24.00	90.72
219745	5	T1019		12/07/12	12/07/12	24.00	90.72

CLAIM TOTAL 453.60 CLAIM ACCOUNT REF. 2197450012012018

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2002713	2002713	MANGRAY	KARMADA	02/10/1937	GNT04443200	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219746	1	T1019		12/03/12	12/03/12	32.00	120.96
219746	2	T1019		12/04/12	12/04/12	32.00	120.96
219746	3	T1019		12/05/12	12/05/12	32.00	120.96
219746	4	T1019		12/06/12	12/06/12	32.00	120.96

CLAIM TOTAL 483.84 CLAIM ACCOUNT REF. 2197460012002713

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011985	2011985	MANTILLA	BEATRIZ	07/30/1941	GNT00533700	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219747	1	S5125		12/03/12	12/03/12	32.00	120.96
219747	2	S5125		12/04/12	12/04/12	32.00	120.96
219747	3	S5125		12/05/12	12/05/12	32.00	120.96
219747	4	S5125		12/06/12	12/06/12	32.00	120.96
219747	5	S5125		12/07/12	12/07/12	32.00	120.96

CLAIM TOTAL 604.80 CLAIM ACCOUNT REF. 2197470012011985

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011772	2011772	MARIANI	MARIA	03/24/1934	GNT03761400	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219748	1	T1001		11/12/12	11/12/12	1.00	100.00
219748	2	T1019		11/26/12	11/26/12	20.00	75.60
219748	3	T1019		11/28/12	11/28/12	20.00	75.60
219748	4	T1019		11/30/12	11/30/12	20.00	75.60
219748	5	T1019		12/03/12	12/03/12	20.00	75.60
219748	6	T1019		12/05/12	12/05/12	20.00	75.60
219748	7	T1019		12/07/12	12/07/12	20.00	75.60

CLAIM TOTAL 553.60 CLAIM ACCOUNT REF. 2197480012011772

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011957	2011957	MARRERO	PHILLIP	07/16/1945	GNT00157200	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
-------	--------	-----------	------	---------	---------	-------	--------

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121205264120

HIPAA DATA FILE REPORT (PHLT837/EDIS)

PAGE 18

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

219749	1	S5126	12/01/12	12/01/12	1.00	196.56
219749	2	S5126	12/02/12	12/02/12	1.00	196.56
219749	3	S5126	12/03/12	12/03/12	1.00	196.56
219749	4	S5126	12/04/12	12/04/12	1.00	196.56
219749	5	S5126	12/05/12	12/05/12	1.00	196.56
219749	6	S5126	12/06/12	12/06/12	1.00	196.56
219749	7	S5126	12/07/12	12/07/12	1.00	196.56

CLAIM TOTAL 1,375.92

CLAIM ACCOUNT REF. 2197490012011957

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011663	2011663	MARTIN	RUTH	08/25/1927	GNT06371400	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219750	1	S5126	12/01/12	12/01/12	1.00	196.56
219750	2	S5126	12/02/12	12/02/12	1.00	196.56
219750	3	S5126	12/03/12	12/03/12	1.00	196.56
219750	4	S5126	12/04/12	12/04/12	1.00	196.56
219750	5	S5126	12/05/12	12/05/12	1.00	196.56
219750	6	S5126	12/06/12	12/06/12	1.00	196.56
219750	7	S5126	12/07/12	12/07/12	1.00	196.56

CLAIM TOTAL 1,375.92

CLAIM ACCOUNT REF. 2197500012011663

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2006830	2006830	MARTINEZ	EMMA	05/09/1920	GNT05091300	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219751	1	T1019	12/01/12	12/01/12	24.00	90.72
219751	2	T1019	12/03/12	12/03/12	24.00	90.72
219751	3	T1019	12/04/12	12/04/12	24.00	90.72
219751	4	T1019	12/05/12	12/05/12	24.00	90.72
219751	5	T1019	12/06/12	12/06/12	24.00	90.72
219751	6	T1019	12/07/12	12/07/12	24.00	90.72

CLAIM TOTAL 544.32

CLAIM ACCOUNT REF. 2197510012006830

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2009202	2009202	MARTINEZ	GLORIA	04/10/1937	GNT00444700	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219752	1	S5125	12/03/12	12/03/12	20.00	75.60
219752	2	S5125	12/04/12	12/04/12	20.00	75.60
219752	3	S5125	12/05/12	12/05/12	20.00	75.60
219752	4	S5125	12/06/12	12/06/12	20.00	75.60
219752	5	S5125	12/07/12	12/07/12	20.00	75.60

CLAIM TOTAL 378.00

CLAIM ACCOUNT REF. 2197520012009202

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011036	2011036	MASSOL	PEDRO A	09/08/1934	GNT04564600	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219753	1	S5125	12/03/12	12/03/12	20.00	75.60
219753	2	S5125	12/04/12	12/04/12	20.00	75.60

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121205264120

HIPAA DATA FILE REPORT (PHLT837/EDIS)

PAGE 19

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

219753	3	S5125	12/05/12	12/05/12	20.00	75.60	
219753	4	S5125	12/06/12	12/06/12	20.00	75.60	
219753	5	S5125	12/07/12	12/07/12	20.00	75.60	
			CLAIM TOTAL			378.00	CLAIM ACCOUNT REF. 2197530012011036

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011965	2011965	MATEO	RAFAEL	06/10/1939	GNT00408600

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT	
219754	1	S5125	11/25/12	11/25/12	16.00	60.48	
219754	2	S5125	11/26/12	11/26/12	32.00	120.96	
219754	3	S5125	11/27/12	11/27/12	32.00	120.96	
219754	4	S5125	12/01/12	12/01/12	16.00	60.48	
219754	5	S5125	12/02/12	12/02/12	16.00	60.48	
219754	6	S5125	12/03/12	12/03/12	32.00	120.96	
219754	7	S5125	12/04/12	12/04/12	32.00	120.96	
219754	8	S5125	12/05/12	12/05/12	32.00	120.96	
219754	9	S5125	12/06/12	12/06/12	32.00	120.96	
219754	10	S5125	12/07/12	12/07/12	32.00	120.96	
			CLAIM TOTAL			1,028.16	CLAIM ACCOUNT REF. 2197540012011965

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011350	2011350	MCQUAIL	MAUREEN	10/23/1934	GNT06367800

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT	
219755	1	S5125	12/01/12	12/01/12	40.00	151.20	
219755	2	S5125	12/02/12	12/02/12	40.00	151.20	
219755	3	S5125	12/03/12	12/03/12	40.00	151.20	
219755	4	S5125	12/04/12	12/04/12	40.00	151.20	
219755	5	S5125	12/05/12	12/05/12	40.00	151.20	
219755	6	S5125	12/06/12	12/06/12	40.00	151.20	
219755	7	S5125	12/07/12	12/07/12	40.00	151.20	
			CLAIM TOTAL			1,058.40	CLAIM ACCOUNT REF. 2197550012011350

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2005943	2005943	MICHEL	DOROTHY	06/05/1930	GNT03107500

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT	
219756	1	S5125	12/01/12	12/01/12	32.00	120.96	
219756	2	S5125	12/02/12	12/02/12	32.00	120.96	
219756	3	S5125	12/03/12	12/03/12	32.00	120.96	
219756	4	S5125	12/04/12	12/04/12	32.00	120.96	
219756	5	S5125	12/05/12	12/05/12	32.00	120.96	
219756	6	S5125	12/06/12	12/06/12	32.00	120.96	
219756	7	S5125	12/07/12	12/07/12	32.00	120.96	
			CLAIM TOTAL			846.72	CLAIM ACCOUNT REF. 2197560012005943

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011911	2011911	MIMMS	GRACE T	08/24/1937	GNT05194600

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT	
-------	--------	----------------	---------	---------	-------	--------	--

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

219757	1	S5125	12/01/12	12/01/12	20.00	75.60	
219757	2	S5125	12/03/12	12/03/12	24.00	90.72	
219757	3	S5125	12/04/12	12/04/12	24.00	90.72	
219757	4	S5125	12/05/12	12/05/12	24.00	90.72	
219757	5	S5125	12/06/12	12/06/12	24.00	90.72	
219757	6	S5125	12/07/12	12/07/12	24.00	90.72	
						CLAIM TOTAL	529.20
							CLAIM ACCOUNT REF. 2197570012011911

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2010425	2010425	MONCRIEF	LOIS	05/29/1926	GNT06140100	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT	
219758	1	S5125	12/01/12	12/01/12	32.00	120.96	
219758	2	S5125	12/02/12	12/02/12	32.00	120.96	
219758	3	S5125	12/03/12	12/03/12	31.00	117.18	
219758	4	S5125	12/04/12	12/04/12	32.00	120.96	
219758	5	S5125	12/05/12	12/05/12	32.00	120.96	
219758	6	S5125	12/06/12	12/06/12	32.00	120.96	
219758	7	S5125	12/07/12	12/07/12	32.00	120.96	
						CLAIM TOTAL	842.94
							CLAIM ACCOUNT REF. 2197580012010425

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011877	2011877	MONTALVO	VERONIC	01/13/1932	GNT03799400	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT	
219759	1	T1001	11/13/12	11/13/12	1.00	100.00	
219759	2	T1019	12/05/12	12/05/12	20.00	75.60	
219759	3	T1019	12/06/12	12/06/12	20.00	75.60	
219759	4	T1019	12/07/12	12/07/12	20.00	75.60	
						CLAIM TOTAL	326.80
							CLAIM ACCOUNT REF. 2197590012011877

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011844	2011844	MONTES	ADOLFO	05/31/1930	GNT02561100	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT	
219760	1	S5125	12/01/12	12/01/12	24.00	90.72	
219760	2	S5125	12/02/12	12/02/12	24.00	90.72	
219760	3	S5125	12/03/12	12/03/12	24.00	90.72	
219760	4	S5125	12/04/12	12/04/12	24.00	90.72	
219760	5	S5125	12/05/12	12/05/12	24.00	90.72	
219760	6	S5125	12/06/12	12/06/12	24.00	90.72	
219760	7	S5125	12/07/12	12/07/12	24.00	90.72	
						CLAIM TOTAL	635.04
							CLAIM ACCOUNT REF. 2197600012011844

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2010407	2010407	MORA	PAULA	06/14/1931	GNT06124800	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT	
219761	1	T1019	12/06/12	12/06/12	16.00	60.48	
						CLAIM TOTAL	60.48
							CLAIM ACCOUNT REF. 2197610012010407

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011967	2011967	MORALES	MARGARI	11/10/1950	GNT02797600	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
-------	--------	----------------	---------	---------	-------	--------

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121205264120

HIPAA DATA FILE REPORT (PHLT837/EDIS)

PAGE 21

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

219762	1	T1019	12/03/12	12/03/12	16.00	60.48	
219762	2	T1019	12/04/12	12/04/12	16.00	60.48	
219762	3	T1019	12/05/12	12/05/12	16.00	60.48	
219762	4	T1019	12/06/12	12/06/12	16.00	60.48	
219762	5	T1019	12/07/12	12/07/12	16.00	60.48	
CLAIM TOTAL						302.40	CLAIM ACCOUNT REF. 2197620012011967

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2008149	2008149	MOSCICKA	JADWIGA	03/07/1916	GNT04975800	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
219763	1	T1019		12/01/12	12/01/12	48.00	181.44	
219763	2	T1019		12/02/12	12/02/12	48.00	181.44	
CLAIM TOTAL							362.88	CLAIM ACCOUNT REF. 2197630012008149

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011860	2011860	MOYA	MARINA	11/25/1914	GNT02982600	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
219764	1	S5125		11/17/12	11/17/12	20.00	75.60	
219764	2	S5125		11/18/12	11/18/12	20.00	75.60	
219764	3	S5125		12/01/12	12/01/12	20.00	75.60	
219764	4	S5125		12/02/12	12/02/12	20.00	75.60	
219764	5	S5125		12/04/12	12/04/12	24.00	90.72	
219764	6	S5125		12/05/12	12/05/12	24.00	90.72	
219764	7	S5125		12/06/12	12/06/12	24.00	90.72	
219764	8	S5125		12/07/12	12/07/12	24.00	90.72	
CLAIM TOTAL							665.28	CLAIM ACCOUNT REF. 2197640012011860

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2002162	2002162	MUSCAT	CARMEN	02/28/1927	GNT04082300	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
219765	1	T1019		12/03/12	12/03/12	20.00	75.60	
219765	2	T1019		12/04/12	12/04/12	20.00	75.60	
219765	3	T1019		12/05/12	12/05/12	20.00	75.60	
219765	4	T1019		12/06/12	12/06/12	20.00	75.60	
219765	5	T1019		12/07/12	12/07/12	20.00	75.60	
CLAIM TOTAL							378.00	CLAIM ACCOUNT REF. 2197650012002162

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2006117	2006117	NETTLES	DONNA	09/21/1955	GNT04987100	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
219766	1	S5125		12/05/12	12/05/12	16.00	60.48	
CLAIM TOTAL							60.48	CLAIM ACCOUNT REF. 2197660012006117

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011874	2011874	NEVAREZ	MARTA	02/23/1941	GNT06134500	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
-------	--------	-----------	------	---------	---------	-------	--------	--

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121205264120

HIPAA DATA FILE REPORT (PHLT837/EDIS)

PAGE 22

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

219767	1	S5125	TT	12/01/12	12/01/12	24.00	96.72
219767	2	S5125	TT	12/02/12	12/02/12	24.00	96.72
219767	3	S5125	TT	12/03/12	12/03/12	12.00	48.36
219767	4	S5125	TT	12/04/12	12/04/12	12.00	48.36
219767	5	S5125	TT	12/05/12	12/05/12	12.00	48.36
219767	6	S5125	TT	12/06/12	12/06/12	12.00	48.36
219767	7	S5125	TT	12/07/12	12/07/12	12.00	48.36

CLAIM TOTAL 435.24 CLAIM ACCOUNT REF. 2197670012011874

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2002531	2002531	NEWBOLD	RAMONA	09/24/1934	GNT04415000	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219768	1	S5125		12/03/12	12/03/12	20.00	75.60
219768	2	S5125		12/05/12	12/05/12	20.00	75.60
219768	3	S5125		12/06/12	12/06/12	11.00	41.58
219768	4	S5125		12/07/12	12/07/12	20.00	75.60

CLAIM TOTAL 268.38 CLAIM ACCOUNT REF. 2197680012002531

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2010595	2010595	NISHIMURA	ALBERT	11/01/1919	GNT04994800	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219769	1	S5125		12/01/12	12/01/12	48.00	181.44
219769	2	S5125		12/02/12	12/02/12	48.00	181.44
219769	3	S5125		12/03/12	12/03/12	24.00	90.72
219769	4	S5125		12/04/12	12/04/12	48.00	181.44
219769	5	S5125		12/05/12	12/05/12	24.00	90.72
219769	6	S5125		12/06/12	12/06/12	48.00	181.44
219769	7	S5125		12/07/12	12/07/12	24.00	90.72

CLAIM TOTAL 997.92 CLAIM ACCOUNT REF. 2197690012010595

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2004768	2004768	NUNEZ	ANGELIN	10/01/1946	GNT02920000	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219770	1	T1019		12/03/12	12/03/12	16.00	60.48
219770	2	T1019		12/04/12	12/04/12	16.00	60.48
219770	3	T1019		12/05/12	12/05/12	16.00	60.48
219770	4	T1019		12/06/12	12/06/12	16.00	60.48
219770	5	T1019		12/07/12	12/07/12	16.00	60.48

CLAIM TOTAL 302.40 CLAIM ACCOUNT REF. 2197700012004768

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2009392	2009392	NUNEZ	IRIS	09/07/1963	GNT05481000	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219771	1	S5125		11/24/12	11/24/12	16.00	60.48
219771	2	S5125		11/26/12	11/26/12	16.00	60.48
219771	3	S5125		11/27/12	11/27/12	16.00	60.48
219771	4	S5125		11/28/12	11/28/12	16.00	60.48

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121205264120

HIPAA DATA FILE REPORT (PHLT837/EDIS)

PAGE 23

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

219771	5	S5125	11/29/12	11/29/12	16.00	60.48
219771	6	S5125	12/01/12	12/01/12	16.00	60.48
219771	7	S5125	12/03/12	12/03/12	16.00	60.48
219771	8	S5125	12/04/12	12/04/12	16.00	60.48
219771	9	S5125	12/05/12	12/05/12	16.00	60.48
219771	10	S5125	12/06/12	12/06/12	16.00	60.48
219771	11	S5125	12/07/12	12/07/12	16.00	60.48

CLAIM TOTAL 665.28

CLAIM ACCOUNT REF. 2197710012009392

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011773	2011773	NUNEZ	REYNA	11/28/1964	GNT02970200	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219772	1	T1019	12/03/12	12/03/12	16.00	60.48
219772	2	T1019	12/04/12	12/04/12	16.00	60.48
219772	3	T1019	12/05/12	12/05/12	16.00	60.48
219772	4	T1019	12/06/12	12/06/12	16.00	60.48
219772	5	T1019	12/07/12	12/07/12	16.00	60.48
219772	6	T1030	11/14/12	11/14/12	1.00	85.00

CLAIM TOTAL 387.40

CLAIM ACCOUNT REF. 2197720012011773

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011875	2011875	OCASIO	FELIX	05/28/1929	GNT00182000	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219773	1	T1019	11/30/12	11/30/12	40.00	151.20
219773	2	T1019	12/01/12	12/01/12	40.00	151.20
219773	3	T1019	12/02/12	12/02/12	40.00	151.20
219773	4	T1019	12/03/12	12/03/12	40.00	151.20
219773	5	T1019	12/04/12	12/04/12	40.00	151.20
219773	6	T1019	12/05/12	12/05/12	40.00	151.20

CLAIM TOTAL 907.20

CLAIM ACCOUNT REF. 2197730012011875

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011915	2011915	OJEDA	MANUEL	01/29/1936	GNT05774800	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219774	1	T1019	11/19/12	11/19/12	16.00	60.48
219774	2	T1019	11/20/12	11/20/12	16.00	60.48
219774	3	T1019	11/21/12	11/21/12	16.00	60.48
219774	4	T1019	11/22/12	11/22/12	16.00	60.48
219774	5	T1019	11/23/12	11/23/12	16.00	60.48
219774	6	T1019	11/24/12	11/24/12	16.00	60.48
219774	7	T1019	11/25/12	11/25/12	16.00	60.48
219774	8	T1019	11/26/12	11/26/12	16.00	60.48
219774	9	T1019	11/27/12	11/27/12	16.00	60.48
219774	10	T1019	11/28/12	11/28/12	16.00	60.48
219774	11	T1019	11/29/12	11/29/12	16.00	60.48
219774	12	T1019	11/30/12	11/30/12	16.00	60.48
219774	13	T1019	12/01/12	12/01/12	16.00	60.48
219774	14	T1019	12/02/12	12/02/12	16.00	60.48

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121205264120

HIPAA DATA FILE REPORT (PHLT837/EDIS)

PAGE 24

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

CLAIM TOTAL 846.72 CLAIM ACCOUNT REF. 2197740012011915

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011871	2011871	OJEDA	SARA	10/14/1939	GNT02646000	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219775	1	S5125	TT	12/01/12	12/01/12	20.00	80.60
219775	2	S5125	TT	12/02/12	12/02/12	20.00	80.60
219775	3	S5125	TT	12/03/12	12/03/12	20.00	80.60
219775	4	S5125	TT	12/04/12	12/04/12	20.00	80.60
219775	5	S5125	TT	12/05/12	12/05/12	32.00	128.96
219775	6	S5125	TT	12/06/12	12/06/12	32.00	128.96
219775	7	S5125	TT	12/07/12	12/07/12	32.00	128.96

CLAIM TOTAL 709.28 CLAIM ACCOUNT REF. 2197750012011871

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011863	2011863	OLMO	GLORIA	04/20/1923	GNT03506500	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219776	1	S5125		12/03/12	12/03/12	16.00	60.48
219776	2	S5125		12/04/12	12/04/12	16.00	60.48
219776	3	S5125		12/05/12	12/05/12	16.00	60.48
219776	4	S5125		12/06/12	12/06/12	16.00	60.48
219776	5	S5125		12/07/12	12/07/12	16.00	60.48

CLAIM TOTAL 302.40 CLAIM ACCOUNT REF. 2197760012011863

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2010198	2010198	ORLANDO	ANNE	02/09/1923	GNT06098400	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219777	1	T1019		12/03/12	12/03/12	20.00	75.60
219777	2	T1019		12/04/12	12/04/12	20.00	75.60
219777	3	T1019		12/05/12	12/05/12	20.00	75.60
219777	4	T1019		12/06/12	12/06/12	20.00	75.60
219777	5	T1019		12/07/12	12/07/12	20.00	75.60

CLAIM TOTAL 378.00 CLAIM ACCOUNT REF. 2197770012010198

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011916	2011916	ORTIZ	ANTHONY	10/31/1940	93700799800	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219778	1	S5125		12/01/12	12/01/12	28.00	105.84
219778	2	S5125		12/03/12	12/03/12	28.00	105.84
219778	3	S5125		12/04/12	12/04/12	28.00	105.84
219778	4	S5125		12/05/12	12/05/12	28.00	105.84
219778	5	S5125		12/06/12	12/06/12	28.00	105.84
219778	6	S5125		12/07/12	12/07/12	28.00	105.84

CLAIM TOTAL 635.04 CLAIM ACCOUNT REF. 2197780012011916

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2005165	2005165	ORTIZ	LAURA	07/04/1919	GNT03867300	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
-------	--------	-----------	------	---------	---------	-------	--------

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121205264120

HIPAA DATA FILE REPORT (PHLT837/EDIS)

PAGE 25

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

219779	1	S5125	12/01/12	12/01/12	36.00	136.08
219779	2	S5125	12/02/12	12/02/12	36.00	136.08
219779	3	S5125	12/03/12	12/03/12	36.00	136.08
219779	4	S5125	12/04/12	12/04/12	36.00	136.08
219779	5	S5125	12/05/12	12/05/12	36.00	136.08
219779	6	S5125	12/06/12	12/06/12	36.00	136.08
219779	7	S5125	12/07/12	12/07/12	36.00	136.08

CLAIM TOTAL 952.56

CLAIM ACCOUNT REF. 2197790012005165

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011999	2011999	ORTIZ	LUISA	02/09/1921	GNT04429700	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219780	1	S5125	12/03/12	12/03/12	4.00	15.12
219780	2	S5125	12/05/12	12/05/12	16.00	60.48
219780	3	S5125	12/07/12	12/07/12	16.00	60.48

CLAIM TOTAL 136.08

CLAIM ACCOUNT REF. 2197800012011999

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011657	2011657	ORTIZ	MERCEDE	11/03/1932	GNT05073800	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219781	1	S5125	12/01/12	12/01/12	16.00	60.48
219781	2	S5125	12/02/12	12/02/12	16.00	60.48
219781	3	S5125	12/04/12	12/04/12	28.00	105.84
219781	4	S5125	12/05/12	12/05/12	28.00	105.84
219781	5	S5125	12/06/12	12/06/12	28.00	105.84
219781	6	S5125	12/07/12	12/07/12	28.00	105.84

CLAIM TOTAL 544.32

CLAIM ACCOUNT REF. 2197810012011657

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2003087	2003087	PAPHITIS	RICHARD	05/14/1923	GNT03006300	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219782	1	T1019	11/28/12	11/28/12	32.00	120.96
219782	2	T1019	11/29/12	11/29/12	32.00	120.96
219782	3	T1019	12/03/12	12/03/12	32.00	120.96
219782	4	T1019	12/04/12	12/04/12	32.00	120.96
219782	5	T1019	12/05/12	12/05/12	32.00	120.96
219782	6	T1019	12/06/12	12/06/12	32.00	120.96
219782	7	T1019	12/07/12	12/07/12	32.00	120.96

CLAIM TOTAL 846.72

CLAIM ACCOUNT REF. 2197820012003087

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011913	2011913	PATTERSON	RUMELLA	04/29/1939	GNT02544200	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219783	1	S5125	12/03/12	12/03/12	16.00	60.48
219783	2	S5125	12/04/12	12/04/12	16.00	60.48
219783	3	S5125	12/05/12	12/05/12	16.00	60.48
219783	4	S5125	12/07/12	12/07/12	16.00	60.48

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121205264120

HIPAA DATA FILE REPORT (PHLT837/EDIS)

PAGE 26

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

CLAIM TOTAL 241.92 CLAIM ACCOUNT REF. 2197830012011913

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2009576	2009576	PAZIOULIS	KLEONIK	10/16/1934	GNT04602500	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219784	1	S5125		12/01/12	12/01/12	44.00	166.32
219784	2	S5125		12/02/12	12/02/12	44.00	166.32
219784	3	S5125		12/03/12	12/03/12	44.00	166.32
219784	4	S5125		12/04/12	12/04/12	44.00	166.32
219784	5	S5125		12/05/12	12/05/12	44.00	166.32

CLAIM TOTAL 831.60 CLAIM ACCOUNT REF. 2197840012009576

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2000140	2000140	PENA	WALESKA	07/06/1978	GNT02097600	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219785	1	T1019		12/01/12	12/01/12	32.00	120.96
219785	2	T1019		12/02/12	12/02/12	32.00	120.96
219785	3	T1019		12/03/12	12/03/12	32.00	120.96
219785	4	T1019		12/04/12	12/04/12	32.00	120.96
219785	5	T1019		12/05/12	12/05/12	32.00	120.96
219785	6	T1019		12/06/12	12/06/12	32.00	120.96
219785	7	T1019		12/07/12	12/07/12	32.00	120.96

CLAIM TOTAL 846.72 CLAIM ACCOUNT REF. 2197850012000140

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2009232	2009232	PEREZ	MARIA	02/04/1931	93703475500	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219786	1	T1019		12/03/12	12/03/12	24.00	90.72
219786	2	T1019		12/04/12	12/04/12	24.00	90.72
219786	3	T1019		12/06/12	12/06/12	24.00	90.72

CLAIM TOTAL 272.16 CLAIM ACCOUNT REF. 2197860012009232

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011411	2011411	PICHARDO	MARIA	05/14/1923	GNT02908700	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219787	1	T1019		12/01/12	12/01/12	36.00	136.08
219787	2	T1019		12/02/12	12/02/12	36.00	136.08
219787	3	T1019		12/03/12	12/03/12	36.00	136.08
219787	4	T1019		12/04/12	12/04/12	36.00	136.08
219787	5	T1019		12/05/12	12/05/12	36.00	136.08
219787	6	T1019		12/06/12	12/06/12	36.00	136.08
219787	7	T1019		12/07/12	12/07/12	36.00	136.08

CLAIM TOTAL 952.56 CLAIM ACCOUNT REF. 2197870012011411

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011989	2011989	PICHARDO	OLGA	09/18/1974	GNT05056600	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
-------	--------	-----------	------	---------	---------	-------	--------

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121205264120

HIPAA DATA FILE REPORT (PHLT837/EDIS)

PAGE 27

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

219788	1	S5125	12/01/12	12/01/12	16.00	60.48
219788	2	S5125	12/02/12	12/02/12	16.00	60.48
219788	3	S5125	12/03/12	12/03/12	16.00	60.48
219788	4	S5125	12/04/12	12/04/12	16.00	60.48
219788	5	S5125	12/05/12	12/05/12	16.00	60.48
219788	6	S5125	12/06/12	12/06/12	16.00	60.48
219788	7	S5125	12/07/12	12/07/12	16.00	60.48

CLAIM TOTAL 423.36

CLAIM ACCOUNT REF. 2197880012011989

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2010606	2010606	PINILLA	VICTOR	03/23/1933	GNT05972000	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219789	1	S5125		12/01/12	12/01/12	20.00	75.60
219789	2	S5125		12/02/12	12/02/12	20.00	75.60
219789	3	S5125		12/03/12	12/03/12	20.00	75.60
219789	4	S5125		12/04/12	12/04/12	20.00	75.60

CLAIM TOTAL 302.40

CLAIM ACCOUNT REF. 2197890012010606

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011990	2011990	POLANCO	BRIGIDA	07/04/2012	GNT03633500	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219790	1	S5126		12/03/12	12/03/12	1.00	196.56
219790	2	S5126		12/04/12	12/04/12	1.00	196.56
219790	3	S5126		12/05/12	12/05/12	1.00	196.56
219790	4	S5126		12/06/12	12/06/12	1.00	196.56
219790	5	S5126		12/07/12	12/07/12	1.00	196.56

CLAIM TOTAL 982.80

CLAIM ACCOUNT REF. 2197900012011990

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2010647	2010647	PRADO	NANCY	04/02/1950	GNT00201400	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219791	1	T1019		11/13/12	11/13/12	16.00	60.48
219791	2	T1019		11/27/12	11/27/12	16.00	60.48
219791	3	T1019		11/28/12	11/28/12	16.00	60.48
219791	4	T1019		11/29/12	11/29/12	16.00	60.48
219791	5	T1019		12/04/12	12/04/12	16.00	60.48
219791	6	T1019		12/05/12	12/05/12	16.00	60.48
219791	7	T1019		12/06/12	12/06/12	16.00	60.48

CLAIM TOTAL 423.36

CLAIM ACCOUNT REF. 2197910012010647

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2002109	2002109	PROANO	ALICIA	09/18/1924	93700845900	

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219792	1	S5125	TT	12/01/12	12/01/12	12.00	48.36
219792	2	S5125	TT	12/02/12	12/02/12	12.00	48.36
219792	3	S5125	TT	12/03/12	12/03/12	12.00	48.36
219792	4	S5125	TT	12/04/12	12/04/12	12.00	48.36

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121205264120

HIPAA DATA FILE REPORT (PHLT837/EDIS)

PAGE 28

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

219792	5	S5125	TT	12/05/12	12/05/12	12.00	48.36	
219792	6	S5125	TT	12/06/12	12/06/12	12.00	48.36	
219792	7	S5125	TT	12/07/12	12/07/12	12.00	48.36	
							CLAIM TOTAL	338.52
								CLAIM ACCOUNT REF. 2197920012002109

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2007728	2007728	PROANO	BRUNO	10/06/1918	GNT04361600

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
219793	1	S5125	TT	12/01/12	12/01/12	16.00	64.48	
219793	2	S5125	TT	12/02/12	12/02/12	16.00	64.48	
219793	3	S5125	TT	12/03/12	12/03/12	20.00	80.60	
219793	4	S5125	TT	12/04/12	12/04/12	20.00	80.60	
219793	5	S5125	TT	12/05/12	12/05/12	20.00	80.60	
219793	6	S5125	TT	12/06/12	12/06/12	20.00	80.60	
219793	7	S5125	TT	12/07/12	12/07/12	20.00	80.60	
							CLAIM TOTAL	531.96
								CLAIM ACCOUNT REF. 2197930012007728

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011774	2011774	QUINONES	ENEIDA	02/29/1936	GNT03606700

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
219794	1	T1019		11/26/12	11/26/12	16.00	60.48	
219794	2	T1019		11/27/12	11/27/12	16.00	60.48	
219794	3	T1019		11/28/12	11/28/12	16.00	60.48	
219794	4	T1019		11/29/12	11/29/12	16.00	60.48	
219794	5	T1019		11/30/12	11/30/12	16.00	60.48	
							CLAIM TOTAL	302.40
								CLAIM ACCOUNT REF. 2197940012011774

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011847	2011847	RAMOS	CECILIA	08/06/1922	GNT00206000

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
219795	1	S5125		12/01/12	12/01/12	32.00	120.96	
219795	2	S5125		12/02/12	12/02/12	32.00	120.96	
219795	3	S5125		12/03/12	12/03/12	40.00	151.20	
219795	4	S5125		12/04/12	12/04/12	40.00	151.20	
219795	5	S5125		12/05/12	12/05/12	40.00	151.20	
219795	6	S5125		12/06/12	12/06/12	40.00	151.20	
219795	7	S5125		12/07/12	12/07/12	40.00	151.20	
							CLAIM TOTAL	997.92
								CLAIM ACCOUNT REF. 2197950012011847

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2010409	2010409	RAMOS	ESTHER	12/21/1933	GNT06136400

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
219796	1	T1019		12/03/12	12/03/12	12.00	45.36	
219796	2	T1019		12/04/12	12/04/12	16.00	60.48	
219796	3	T1019		12/05/12	12/05/12	16.00	60.48	
219796	4	T1019		12/07/12	12/07/12	16.00	60.48	
							CLAIM TOTAL	226.80
								CLAIM ACCOUNT REF. 2197960012010409

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121205264120

HIPAA DATA FILE REPORT (PHLT837/EDIS)

PAGE 29

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2008453	2008453	RESTULA	VINCENT	01/15/1929	GNT05473100	
INV #	LINE #	PROCEDURE	CODE		FROM DT	THRU DT	UNITS	AMOUNT
219797	1	S5125			12/03/12	12/03/12	16.00	60.48
219797	2	S5125			12/04/12	12/04/12	16.00	60.48
219797	3	S5125			12/05/12	12/05/12	16.00	60.48
219797	4	S5125			12/06/12	12/06/12	16.00	60.48
219797	5	S5125			12/07/12	12/07/12	16.00	60.48
					CLAIM TOTAL		302.40	CLAIM ACCOUNT REF. 2197970012008453

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2012113	2012113	REYES	DORILA	05/02/1929	GNT02461500	
INV #	LINE #	PROCEDURE	CODE		FROM DT	THRU DT	UNITS	AMOUNT
219798	1	S5125			12/07/12	12/07/12	32.00	120.96
					CLAIM TOTAL		120.96	CLAIM ACCOUNT REF. 2197980012012113

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2012001	2012001	REYES	MILAGRO	05/05/1957	GNT00210100	
INV #	LINE #	PROCEDURE	CODE		FROM DT	THRU DT	UNITS	AMOUNT
219799	1	T1019	TT		11/29/12	11/29/12	24.00	96.72
219799	2	T1019	TT		11/30/12	11/30/12	24.00	96.72
219799	3	T1019	TT		12/01/12	12/01/12	24.00	96.72
219799	4	T1019	TT		12/02/12	12/02/12	24.00	96.72
219799	5	T1019	TT		12/03/12	12/03/12	24.00	96.72
219799	6	T1019	TT		12/04/12	12/04/12	24.00	96.72
219799	7	T1019	TT		12/05/12	12/05/12	24.00	96.72
219799	8	T1019	TT		12/06/12	12/06/12	24.00	96.72
219799	9	T1019	TT		12/07/12	12/07/12	24.00	96.72
					CLAIM TOTAL		870.48	CLAIM ACCOUNT REF. 2197990012012001

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011865	2011865	RIVAS	ANA	02/21/1929	GNT04947100	
INV #	LINE #	PROCEDURE	CODE		FROM DT	THRU DT	UNITS	AMOUNT
219800	1	S5125			12/06/12	12/06/12	20.00	75.60
					CLAIM TOTAL		75.60	CLAIM ACCOUNT REF. 2198000012011865

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	1997785	1997785	RIVAS	GERTRUD	10/14/1931	GNT00533400	
INV #	LINE #	PROCEDURE	CODE		FROM DT	THRU DT	UNITS	AMOUNT
219801	1	S5125			12/03/12	12/03/12	24.00	90.72
219801	2	S5125			12/04/12	12/04/12	24.00	90.72
219801	3	S5125			12/05/12	12/05/12	24.00	90.72
219801	4	S5125			12/07/12	12/07/12	24.00	90.72
					CLAIM TOTAL		362.88	CLAIM ACCOUNT REF. 2198010011997785

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011659	2011659	RIVERA MARTI	GLORIA	01/22/1938	GNT02887600	
INV #	LINE #	PROCEDURE	CODE		FROM DT	THRU DT	UNITS	AMOUNT

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121205264120

HIPAA DATA FILE REPORT (PHLT837/EDIS)

PAGE 30

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

219802	1	S5125	12/01/12	12/01/12	28.00	105.84
219802	2	S5125	12/02/12	12/02/12	28.00	105.84
219802	3	S5125	12/03/12	12/03/12	28.00	105.84
219802	4	S5125	12/04/12	12/04/12	28.00	105.84
219802	5	S5125	12/05/12	12/05/12	28.00	105.84
219802	6	S5125	12/06/12	12/06/12	28.00	105.84
219802	7	S5125	12/07/12	12/07/12	28.00	105.84

CLAIM TOTAL 740.88

CLAIM ACCOUNT REF. 2198020012011659

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011491	2011491	RIVERA	RAMONIT	08/23/1943	GNT06231700	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219803	1	S5125	11/27/12	11/27/12	16.00	60.48
219803	2	S5125	12/03/12	12/03/12	16.00	60.48
219803	3	S5125	12/04/12	12/04/12	16.00	60.48
219803	4	S5125	12/05/12	12/05/12	16.00	60.48
219803	5	S5125	12/06/12	12/06/12	16.00	60.48
219803	6	S5125	12/07/12	12/07/12	16.00	60.48

CLAIM TOTAL 362.88

CLAIM ACCOUNT REF. 2198030012011491

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2010412	2010412	RODRIGUEZ	FABIOLA	06/23/1931	GNT06115800	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219804	1	T1019	12/01/12	12/01/12	16.00	60.48
219804	2	T1019	12/03/12	12/03/12	16.00	60.48
219804	3	T1019	12/04/12	12/04/12	16.00	60.48
219804	4	T1019	12/05/12	12/05/12	16.00	60.48
219804	5	T1019	12/07/12	12/07/12	16.00	60.48

CLAIM TOTAL 302.40

CLAIM ACCOUNT REF. 2198040012010412

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2007969	2007969	RODRIGUEZ	HOLGER	10/27/1938	GNT05256300	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219805	1	T1019	12/01/12	12/01/12	36.00	136.08
219805	2	T1019	12/02/12	12/02/12	36.00	136.08
219805	3	T1019	12/03/12	12/03/12	36.00	136.08
219805	4	T1019	12/04/12	12/04/12	36.00	136.08
219805	5	T1019	12/05/12	12/05/12	36.00	136.08
219805	6	T1019	12/06/12	12/06/12	36.00	136.08
219805	7	T1019	12/07/12	12/07/12	36.00	136.08

CLAIM TOTAL 952.56

CLAIM ACCOUNT REF. 2198050012007969

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2012056	2012056	RODRIGUEZ	JUAN	11/04/1920	93702665700	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219806	1	S5125	12/05/12	12/05/12	28.00	105.84
219806	2	S5125	12/06/12	12/06/12	28.00	105.84

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121205264120

HIPAA DATA FILE REPORT (PHLT837/EDIS)

PAGE 31

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

219806	3	S5125			12/07/12	12/07/12	28.00	105.84	
						CLAIM TOTAL		317.52	CLAIM ACCOUNT REF. 2198060012012056

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2012097	2012097	RODRIGUEZ	SILVIO	11/03/1930	GNT06106100	

INV #	LINE #	PROCEDURE	CODE		FROM DT	THRU DT	UNITS	AMOUNT	
219807	1	S5125			12/07/12	12/07/12	32.00	120.96	
						CLAIM TOTAL		120.96	CLAIM ACCOUNT REF. 2198070012012097

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2006650	2006650	ROJAS	ANGEL	01/22/1923	GNT04856900	

INV #	LINE #	PROCEDURE	CODE		FROM DT	THRU DT	UNITS	AMOUNT	
219808	1	S5125	TT		12/03/12	12/03/12	12.00	48.36	
219808	2	S5125	TT		12/04/12	12/04/12	12.00	48.36	
219808	3	S5125	TT		12/05/12	12/05/12	12.00	48.36	
219808	4	S5125	TT		12/06/12	12/06/12	12.00	48.36	
219808	5	S5125	TT		12/07/12	12/07/12	12.00	48.36	
						CLAIM TOTAL		241.80	CLAIM ACCOUNT REF. 2198080012006650

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2006651	2006651	ROJAS	HAYDEE	02/15/1935	GNT04856800	

INV #	LINE #	PROCEDURE	CODE		FROM DT	THRU DT	UNITS	AMOUNT	
219809	1	S5125	TT		12/03/12	12/03/12	16.00	64.48	
219809	2	S5125	TT		12/04/12	12/04/12	16.00	64.48	
219809	3	S5125	TT		12/05/12	12/05/12	16.00	64.48	
219809	4	S5125	TT		12/06/12	12/06/12	16.00	64.48	
219809	5	S5125	TT		12/07/12	12/07/12	16.00	64.48	
						CLAIM TOTAL		322.40	CLAIM ACCOUNT REF. 2198090012006651

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011777	2011777	ROMAN	GLADYS	09/15/1934	GNT02933300	

INV #	LINE #	PROCEDURE	CODE		FROM DT	THRU DT	UNITS	AMOUNT	
219810	1	S5125			12/03/12	12/03/12	32.00	120.96	
219810	2	S5125			12/04/12	12/04/12	32.00	120.96	
219810	3	S5125			12/05/12	12/05/12	32.00	120.96	
219810	4	S5125			12/06/12	12/06/12	32.00	120.96	
219810	5	S5125			12/07/12	12/07/12	32.00	120.96	
219810	6	T1001			11/10/12	11/10/12	1.00	100.00	
						CLAIM TOTAL		704.80	CLAIM ACCOUNT REF. 2198100012011777

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011866	2011866	ROSA	FELIPE	12/13/1930	GNT02393600	

INV #	LINE #	PROCEDURE	CODE		FROM DT	THRU DT	UNITS	AMOUNT	
219811	1	S5125			11/16/12	11/16/12	16.00	60.48	
219811	2	S5125			11/17/12	11/17/12	16.00	60.48	
219811	3	S5125			11/18/12	11/18/12	16.00	60.48	

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121205264120

HIPAA DATA FILE REPORT (PHLT837/EDIS)

PAGE 32

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

219811	4	S5125	11/19/12	11/19/12	16.00	60.48
219811	5	S5125	11/20/12	11/20/12	16.00	60.48
219811	6	S5125	11/21/12	11/21/12	16.00	60.48
219811	7	S5125	11/22/12	11/22/12	16.00	60.48
219811	8	S5125	11/23/12	11/23/12	16.00	60.48
219811	9	S5125	11/24/12	11/24/12	16.00	60.48
219811	10	S5125	11/25/12	11/25/12	16.00	60.48
219811	11	S5125	11/26/12	11/26/12	16.00	60.48
219811	12	S5125	11/27/12	11/27/12	16.00	60.48
219811	13	S5125	11/28/12	11/28/12	16.00	60.48
219811	14	S5125	11/29/12	11/29/12	16.00	60.48
219811	15	S5125	11/30/12	11/30/12	16.00	60.48
219811	16	S5125	12/01/12	12/01/12	16.00	60.48
219811	17	S5125	12/02/12	12/02/12	16.00	60.48
219811	18	S5125	12/03/12	12/03/12	16.00	60.48
219811	19	S5125	12/04/12	12/04/12	16.00	60.48
219811	20	S5125	12/05/12	12/05/12	16.00	60.48
219811	21	S5125	12/06/12	12/06/12	16.00	60.48
219811	22	S5125	12/07/12	12/07/12	16.00	60.48

CLAIM TOTAL 1,330.56 CLAIM ACCOUNT REF. 2198110012011866

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2006828	2006828	RUBIANO	MARIA	11/12/1925	GNT03390400

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219812	1	S5125		11/20/12	11/20/12	16.00	60.48
219812	2	S5125		11/21/12	11/21/12	16.00	60.48
219812	3	S5125		11/22/12	11/22/12	16.00	60.48
219812	4	S5125		11/23/12	11/23/12	16.00	60.48

CLAIM TOTAL 241.92 CLAIM ACCOUNT REF. 2198120012006828

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2006828	2006828	RUBIANO	MARIA	11/12/1925	GNT03390400

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219813	1	S5125		12/05/12	12/05/12	22.00	83.16
219813	2	S5125		12/06/12	12/06/12	22.00	83.16
219813	3	S5125		12/07/12	12/07/12	22.00	83.16

CLAIM TOTAL 249.48 CLAIM ACCOUNT REF. 2198130012006828

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011986	2011986	RUIZ	JAMES	05/04/1929	GNT00225800

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219814	1	T1019	TT	12/01/12	12/01/12	12.00	48.36
219814	2	T1019	TT	12/03/12	12/03/12	12.00	48.36
219814	3	T1019	TT	12/04/12	12/04/12	12.00	48.36
219814	4	T1019	TT	12/05/12	12/05/12	12.00	48.36
219814	5	T1019	TT	12/06/12	12/06/12	12.00	48.36
219814	6	T1019	TT	12/07/12	12/07/12	12.00	48.36

CLAIM TOTAL 290.16 CLAIM ACCOUNT REF. 2198140012011986

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121205264120

HIPAA DATA FILE REPORT (PHLT837/EDIS)

PAGE 33

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
	001	2011987	2011987	RUIZ	ROSA	11/30/1934	GNT00225900		
INV #	LINE #	PROCEDURE	CODE			FROM DT	THRU DT	UNITS	AMOUNT
219815	1	T1019	TT			12/01/12	12/01/12	12.00	48.36
219815	2	T1019	TT			12/02/12	12/02/12	12.00	48.36
219815	3	T1019	TT			12/03/12	12/03/12	12.00	48.36
219815	4	T1019	TT			12/04/12	12/04/12	12.00	48.36
219815	5	T1019	TT			12/05/12	12/05/12	12.00	48.36
219815	6	T1019	TT			12/06/12	12/06/12	12.00	48.36
219815	7	T1019	TT			12/07/12	12/07/12	12.00	48.36
CLAIM TOTAL								338.52	CLAIM ACCOUNT REF. 2198150012011987

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
	001	2003430	2003430	SALJANIN	DILJA	06/05/1922	GNT03006000		
INV #	LINE #	PROCEDURE	CODE			FROM DT	THRU DT	UNITS	AMOUNT
219816	1	T1019				12/01/12	12/01/12	32.00	120.96
219816	2	T1019				12/02/12	12/02/12	32.00	120.96
219816	3	T1019				12/03/12	12/03/12	36.00	136.08
219816	4	T1019				12/04/12	12/04/12	36.00	136.08
219816	5	T1019				12/05/12	12/05/12	36.00	136.08
219816	6	T1019				12/06/12	12/06/12	36.00	136.08
219816	7	T1019				12/07/12	12/07/12	36.00	136.08
CLAIM TOTAL								922.32	CLAIM ACCOUNT REF. 2198160012003430

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
	001	1997789	1997789	SANCHEZ	ELIZABE	01/03/1956	GNT00370600		
INV #	LINE #	PROCEDURE	CODE			FROM DT	THRU DT	UNITS	AMOUNT
219817	1	T1019				12/01/12	12/01/12	16.00	60.48
219817	2	T1019				12/02/12	12/02/12	16.00	60.48
219817	3	T1019				12/03/12	12/03/12	28.00	105.84
219817	4	T1019				12/04/12	12/04/12	28.00	105.84
219817	5	T1019				12/05/12	12/05/12	28.00	105.84
219817	6	T1019				12/06/12	12/06/12	28.00	105.84
219817	7	T1019				12/07/12	12/07/12	28.00	105.84
CLAIM TOTAL								650.16	CLAIM ACCOUNT REF. 2198170011997789

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
	001	2011841	2011841	SANTANA	OCTAVIO	00/00/0000	GNT00231600		
INV #	LINE #	PROCEDURE	CODE			FROM DT	THRU DT	UNITS	AMOUNT
219818	1	T1001				11/13/12	11/13/12	1.00	100.00
219818	2	T1019				12/03/12	12/03/12	20.00	75.60
219818	3	T1019				12/04/12	12/04/12	20.00	75.60
219818	4	T1019				12/05/12	12/05/12	20.00	75.60
219818	5	T1019				12/06/12	12/06/12	20.00	75.60
219818	6	T1019				12/07/12	12/07/12	20.00	75.60
CLAIM TOTAL								478.00	CLAIM ACCOUNT REF. 2198180012011841

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121205264120

HIPAA DATA FILE REPORT (PHLT837/EDIS)

PAGE 34

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
	001	2011787	2011787	SANTIAGO	ARMINDA	05/19/1932	GNT02860500		
INV #	LINE #	PROCEDURE	CODE			FROM DT	THRU DT	UNITS	AMOUNT
219819	1	T1019				12/03/12	12/03/12	16.00	60.48
219819	2	T1019				12/04/12	12/04/12	16.00	60.48
219819	3	T1019				12/05/12	12/05/12	16.00	60.48
219819	4	T1019				12/06/12	12/06/12	16.00	60.48
219819	5	T1019				12/07/12	12/07/12	16.00	60.48
						CLAIM TOTAL		302.40	CLAIM ACCOUNT REF. 2198190012011787

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
	001	2011851	2011851	SANTIAGO	ILIA	11/16/1924	GNT02886300		
INV #	LINE #	PROCEDURE	CODE			FROM DT	THRU DT	UNITS	AMOUNT
219820	1	S5125				12/01/12	12/01/12	32.00	120.96
219820	2	S5125				12/02/12	12/02/12	32.00	120.96
219820	3	S5125				12/03/12	12/03/12	32.00	120.96
219820	4	S5125				12/04/12	12/04/12	32.00	120.96
219820	5	S5125				12/05/12	12/05/12	32.00	120.96
219820	6	S5125				12/06/12	12/06/12	32.00	120.96
219820	7	S5125				12/07/12	12/07/12	32.00	120.96
						CLAIM TOTAL		846.72	CLAIM ACCOUNT REF. 2198200012011851

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
	001	2011859	2011859	SANTIAGO	IVETH	00/00/0000	93703401100		
INV #	LINE #	PROCEDURE	CODE			FROM DT	THRU DT	UNITS	AMOUNT
219821	1	S5125				11/10/12	11/10/12	16.00	60.48
219821	2	S5125				11/11/12	11/11/12	16.00	60.48
219821	3	S5125				11/12/12	11/12/12	24.00	90.72
219821	4	S5125				11/13/12	11/13/12	24.00	90.72
219821	5	S5125				11/14/12	11/14/12	32.00	120.96
219821	6	S5125				11/15/12	11/15/12	24.00	90.72
						CLAIM TOTAL		514.08	CLAIM ACCOUNT REF. 2198210012011859

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
	001	2011859	2011859	SANTIAGO	IVETH	00/00/0000	93703401100		
INV #	LINE #	PROCEDURE	CODE			FROM DT	THRU DT	UNITS	AMOUNT
219822	1	S5125				12/01/12	12/01/12	20.00	75.60
219822	2	S5125				12/02/12	12/02/12	20.00	75.60
219822	3	S5125				12/03/12	12/03/12	24.00	90.72
219822	4	S5125				12/04/12	12/04/12	24.00	90.72
219822	5	S5125				12/05/12	12/05/12	28.00	105.84
219822	6	S5125				12/06/12	12/06/12	24.00	90.72
						CLAIM TOTAL		529.20	CLAIM ACCOUNT REF. 2198220012011859

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
	001	2011788	2011788	SANTIAGO	VICTORI	11/18/1941	93701469700		
INV #	LINE #	PROCEDURE	CODE			FROM DT	THRU DT	UNITS	AMOUNT

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121205264120

HIPAA DATA FILE REPORT (PHLT837/EDIS)

PAGE 35

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

219823	1	T1019	12/03/12	12/03/12	16.00	60.48
219823	2	T1019	12/04/12	12/04/12	16.00	60.48
219823	3	T1019	12/05/12	12/05/12	16.00	60.48
219823	4	T1019	12/06/12	12/06/12	16.00	60.48
219823	5	T1019	12/07/12	12/07/12	16.00	60.48
CLAIM TOTAL						302.40
						CLAIM ACCOUNT REF. 2198230012011788

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2002124	2002124	SHELTON	AGUEDA	02/05/1919	GNT03123900	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219824	1	T1019	12/02/12	12/02/12	28.00	105.84
219824	2	T1019	12/03/12	12/03/12	28.00	105.84
219824	3	T1019	12/05/12	12/05/12	28.00	105.84
219824	4	T1019	12/06/12	12/06/12	28.00	105.84
219824	5	T1019	12/07/12	12/07/12	28.00	105.84
CLAIM TOTAL						529.20
						CLAIM ACCOUNT REF. 2198240012002124

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2008885	2008885	SOMRAJ	UMILLA	09/24/1973	GNT03813900	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219825	1	S5125	11/25/12	11/25/12	16.00	60.48
219825	2	S5125	11/27/12	11/27/12	16.00	60.48
219825	3	S5125	11/29/12	11/29/12	16.00	60.48
CLAIM TOTAL						181.44
						CLAIM ACCOUNT REF. 2198250012008885

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011781	2011781	THEN	MARIA	02/12/1942	GNT04429300	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219826	1	S5125	12/03/12	12/03/12	36.00	136.08
219826	2	S5125	12/04/12	12/04/12	12.00	45.36
219826	3	S5125	12/05/12	12/05/12	36.00	136.08
219826	4	S5125	12/06/12	12/06/12	12.00	45.36
219826	5	S5125	12/07/12	12/07/12	36.00	136.08
CLAIM TOTAL						498.96
						CLAIM ACCOUNT REF. 2198260012011781

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011782	2011782	THERMOSY	MARIE P	06/10/1917	GNT02791600	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219827	1	S5125	11/24/12	11/24/12	20.00	75.60
219827	2	S5125	11/26/12	11/26/12	32.00	120.96
219827	3	S5125	11/27/12	11/27/12	32.00	120.96
219827	4	S5125	11/28/12	11/28/12	32.00	120.96
219827	5	S5125	11/29/12	11/29/12	32.00	120.96
219827	6	S5125	11/30/12	11/30/12	32.00	120.96
219827	7	S5125	12/01/12	12/01/12	20.00	75.60
219827	8	S5125	12/03/12	12/03/12	32.00	120.96
219827	9	S5125	12/04/12	12/04/12	32.00	120.96

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121205264120

HIPAA DATA FILE REPORT (PHLT837/EDIS)

PAGE 36

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

219827	10	S5125	12/05/12	12/05/12	32.00	120.96
219827	11	S5125	12/06/12	12/06/12	32.00	120.96
219827	12	S5125	12/07/12	12/07/12	32.00	120.96
219827	13	T1001	11/13/12	11/13/12	1.00	100.00
CLAIM TOTAL						1,460.80
CLAIM ACCOUNT REF. 2198270012011782						

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011861	2011861	TORRES	JUANITA	06/21/1931	GNT03848300

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219828	1	T1019	12/02/12	12/02/12	24.00	90.72
219828	2	T1019	12/03/12	12/03/12	32.00	120.96
219828	3	T1019	12/04/12	12/04/12	32.00	120.96
219828	4	T1019	12/05/12	12/05/12	32.00	120.96
219828	5	T1019	12/06/12	12/06/12	32.00	120.96
219828	6	T1019	12/07/12	12/07/12	32.00	120.96
CLAIM TOTAL						695.52
CLAIM ACCOUNT REF. 2198280012011861						

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011983	2011983	TOUSSAINT	MIGUEL	03/28/1936	93702919600

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219829	1	S5125	12/01/12	12/01/12	16.00	60.48
219829	2	S5125	12/02/12	12/02/12	16.00	60.48
219829	3	S5125	12/03/12	12/03/12	20.00	75.60
219829	4	S5125	12/04/12	12/04/12	20.00	75.60
219829	5	S5125	12/05/12	12/05/12	20.00	75.60
219829	6	S5125	12/06/12	12/06/12	20.00	75.60
219829	7	S5125	12/07/12	12/07/12	20.00	75.60
CLAIM TOTAL						498.96
CLAIM ACCOUNT REF. 2198290012011983						

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011050	2011050	TROISI	DELIA	12/30/1925	GNT06177500

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219830	1	T1019	12/01/12	12/01/12	32.00	120.96
219830	2	T1019	12/03/12	12/03/12	32.00	120.96
219830	3	T1019	12/04/12	12/04/12	32.00	120.96
219830	4	T1019	12/05/12	12/05/12	32.00	120.96
219830	5	T1019	12/06/12	12/06/12	32.00	120.96
219830	6	T1019	12/07/12	12/07/12	32.00	120.96
CLAIM TOTAL						725.76
CLAIM ACCOUNT REF. 2198300012011050						

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011783	2011783	VARGAS	ALCIBIA	07/06/1918	GNT00492400

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219831	1	T1019	12/01/12	12/01/12	20.00	75.60
219831	2	T1019	12/02/12	12/02/12	20.00	75.60
219831	3	T1019	12/03/12	12/03/12	20.00	75.60
219831	4	T1019	12/04/12	12/04/12	20.00	75.60

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121205264120

HIPAA DATA FILE REPORT (PHLT837/EDIS)

PAGE 37

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

219831	5	T1019	12/05/12	12/05/12	20.00	75.60	
219831	6	T1019	12/06/12	12/06/12	20.00	75.60	
219831	7	T1019	12/07/12	12/07/12	20.00	75.60	
CLAIM TOTAL						529.20	CLAIM ACCOUNT REF. 2198310012011783

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2012160	2012160	VARGAS	AUREA	01/16/1936	GNT0026740

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219832	1	T1019	TT	11/24/12	11/24/12	20.00	80.60
219832	2	T1019	TT	11/25/12	11/25/12	20.00	80.60
219832	3	T1019	TT	11/26/12	11/26/12	20.00	80.60
219832	4	T1019	TT	11/27/12	11/27/12	20.00	80.60
219832	5	T1019	TT	11/28/12	11/28/12	20.00	80.60
219832	6	T1019	TT	11/29/12	11/29/12	20.00	80.60
219832	7	T1019	TT	11/30/12	11/30/12	20.00	80.60
CLAIM TOTAL						564.20	CLAIM ACCOUNT REF. 2198320012012160

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011483	2011483	VARGAS	RAMON	10/23/1965	GNT02027100

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219833	1	T1019		12/03/12	12/03/12	24.00	90.72
219833	2	T1019		12/04/12	12/04/12	12.00	45.36
219833	3	T1019		12/05/12	12/05/12	12.00	45.36
219833	4	T1019		12/06/12	12/06/12	24.00	90.72
CLAIM TOTAL						272.16	CLAIM ACCOUNT REF. 2198330012011483

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2012168	2012168	VAZQUEZ	ROSA	12/05/1940	GNT00268900

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219834	1	S5125		12/03/12	12/03/12	16.00	60.48
219834	2	S5125		12/04/12	12/04/12	16.00	60.48
219834	3	S5125		12/05/12	12/05/12	16.00	60.48
219834	4	S5125		12/06/12	12/06/12	16.00	60.48
219834	5	S5125		12/07/12	12/07/12	16.00	60.48
CLAIM TOTAL						302.40	CLAIM ACCOUNT REF. 2198340012012168

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011982	2011982	VEGA	ADELAID	12/16/1934	93702952000

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
219835	1	S5126		12/01/12	12/01/12	1.00	196.56
219835	2	S5126		12/02/12	12/02/12	1.00	196.56
219835	3	S5126		12/03/12	12/03/12	1.00	196.56
219835	4	S5126		12/04/12	12/04/12	1.00	196.56
219835	5	S5126		12/05/12	12/05/12	1.00	196.56
219835	6	S5126		12/07/12	12/07/12	1.00	196.56
CLAIM TOTAL						1,179.36	CLAIM ACCOUNT REF. 2198350012011982

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2012027	2012027	VELEZ	CARMEN	06/21/1932	GNT00271900

INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT
-------	--------	-----------	------	---------	---------	-------	--------

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121205264120

HIPAA DATA FILE REPORT (PHLT837/EDIS)

PAGE 38

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

219836	1	S5125	12/03/12	12/03/12	24.00	90.72
219836	2	S5125	12/04/12	12/04/12	24.00	90.72
219836	3	S5125	12/05/12	12/05/12	24.00	90.72
219836	4	S5125	12/07/12	12/07/12	24.00	90.72

CLAIM TOTAL 362.88 CLAIM ACCOUNT REF. 2198360012012027

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2012002	2012002	VELEZ	WILLIAM	12/11/1934	GNT04940600

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219837	1	S5125	12/03/12	12/03/12	16.00	60.48
219837	2	S5125	12/04/12	12/04/12	16.00	60.48
219837	3	S5125	12/05/12	12/05/12	16.00	60.48
219837	4	S5125	12/06/12	12/06/12	16.00	60.48
219837	5	S5125	12/07/12	12/07/12	16.00	60.48

CLAIM TOTAL 302.40 CLAIM ACCOUNT REF. 2198370012012002

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011862	2011862	VENTURA	DAISY	03/02/1951	GNT04421500

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219838	1	T1019	11/26/12	11/26/12	20.00	75.60
219838	2	T1019	11/27/12	11/27/12	20.00	75.60
219838	3	T1019	11/28/12	11/28/12	20.00	75.60
219838	4	T1019	11/29/12	11/29/12	20.00	75.60
219838	5	T1019	11/30/12	11/30/12	20.00	75.60
219838	6	T1019	12/03/12	12/03/12	20.00	75.60
219838	7	T1019	12/04/12	12/04/12	20.00	75.60
219838	8	T1019	12/05/12	12/05/12	20.00	75.60
219838	9	T1019	12/06/12	12/06/12	20.00	75.60
219838	10	T1019	12/07/12	12/07/12	20.00	75.60

CLAIM TOTAL 756.00 CLAIM ACCOUNT REF. 2198380012011862

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2008200	2008200	VLAHOS	MARIE	09/04/1932	GNT04780800

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219839	1	S5125	12/01/12	12/01/12	48.00	181.44
219839	2	S5125	12/02/12	12/02/12	48.00	181.44
219839	3	S5125	12/03/12	12/03/12	31.00	117.18
219839	4	S5125	12/04/12	12/04/12	32.00	120.96
219839	5	S5125	12/05/12	12/05/12	32.00	120.96
219839	6	S5125	12/06/12	12/06/12	32.00	120.96
219839	7	S5125	12/07/12	12/07/12	32.00	120.96

CLAIM TOTAL 963.90 CLAIM ACCOUNT REF. 2198390012008200

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2008892	2008892	WEISZ	KLARA	06/27/1920	GNT04606900

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
219840	1	S5125	12/03/12	12/03/12	16.00	60.48

PAGE 39

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT
-------	--------	----------------	---------	---------	-------	--------

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121205264120

HIPAA DATA FILE REPORT (PHLT837/EDIS)

PAGE 40

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

219845	1	T1030	11/06/12	11/06/12	1.00	85.00	
219845	2	T1030	11/19/12	11/19/12	1.00	85.00	
						CLAIM TOTAL	170.00
						CLAIM ACCOUNT REF.	2198450012005645

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011846	2011846	ZARAGOZA	ISABEL	07/14/1933	GNT06005500	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT	
219846	1	S5125	12/03/12	12/03/12	32.00	120.96	
219846	2	S5125	12/04/12	12/04/12	32.00	120.96	
219846	3	S5125	12/05/12	12/05/12	32.00	120.96	
219846	4	S5125	12/06/12	12/06/12	32.00	120.96	
219846	5	S5125	12/07/12	12/07/12	32.00	120.96	
						CLAIM TOTAL	604.80
						CLAIM ACCOUNT REF.	2198460012011846

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2009849	2009849	ZARE	GLORIA	05/07/1943	GNT03716600	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT	
219847	1	T1030	10/02/12	10/02/12	1.00	85.00	
						CLAIM TOTAL	85.00
						CLAIM ACCOUNT REF.	2198470012009849

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2011750	2011750	ZARE	GLORIA	05/07/1943	GNT03716600	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT	
219848	1	S5125	12/01/12	12/01/12	48.00	181.44	
219848	2	S5125	12/02/12	12/02/12	48.00	181.44	
219848	3	S5125	12/03/12	12/03/12	48.00	181.44	
219848	4	S5125	12/04/12	12/04/12	47.00	177.66	
219848	5	S5125	12/05/12	12/05/12	47.00	177.66	
219848	6	S5125	12/06/12	12/06/12	46.00	173.88	
219848	7	S5125	12/07/12	12/07/12	48.00	181.44	
						CLAIM TOTAL	1,254.96
						CLAIM ACCOUNT REF.	2198480012011750

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	1999328	1999328	ZUMAETA	FANNY	04/09/1936	GNT03663500	

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT	
219849	1	T1019	12/01/12	12/01/12	28.00	105.84	
219849	2	T1019	12/02/12	12/02/12	28.00	105.84	
219849	3	T1019	12/03/12	12/03/12	40.00	151.20	
219849	4	T1019	12/04/12	12/04/12	40.00	151.20	
219849	5	T1019	12/05/12	12/05/12	40.00	151.20	
219849	6	T1019	12/07/12	12/07/12	40.00	151.20	
						CLAIM TOTAL	816.48
						CLAIM ACCOUNT REF.	2198490011999328

PROVIDER TOTALS, ID = 113502051

TOTAL # OF CLAIMS = 1004

TOTAL CLAIM AMOUNT = 98,353.16

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121205264120

HIPAA DATA FILE REPORT (PHLT837/EDIS)

PAGE 41

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE

NPI = 1154407492

SUBMITTER TOTALS, ID = SUNNYSI

TOTAL # OF CLAIMS = 1004

TOTAL CLAIM AMOUNT = 98,353.16