

REPORT DATE 09/12/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012091203320621RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209210	1	T1020		09/01/12	09/01/12	6.00	101.22
209210	2	T1020		09/03/12	09/03/12	7.00	118.09
209210	3	T1020		09/04/12	09/04/12	7.00	118.09
209210	4	T1020		09/05/12	09/05/12	7.00	118.09
209210	5	T1020		09/06/12	09/06/12	7.00	118.09
209210	6	T1020		09/07/12	09/07/12	7.00	118.09
CLAIM TOTAL							691.67
CLAIM ACCOUNT REF.							2092100012008267SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008268 2008268 PANOS, DESPINA D 05/11/1950 64126998700 111800517  
DIAGNOSIS CODES: 340. 345.90 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209208	1	T1020		08/27/12	08/27/12	6.50	109.66
209208	2	T1020		08/28/12	08/28/12	9.00	151.83
209208	3	T1020		08/29/12	08/29/12	9.00	151.83
209208	4	T1020		08/30/12	08/30/12	9.00	151.83
209208	5	T1020		08/31/12	08/31/12	9.00	151.83
209208	6	T1020		09/03/12	09/03/12	9.00	151.83
209208	7	T1020		09/04/12	09/04/12	9.00	151.83
209208	8	T1020		09/05/12	09/05/12	9.00	151.83
209208	9	T1020		09/06/12	09/06/12	9.00	151.83
209208	10	T1020		09/07/12	09/07/12	9.00	151.83
CLAIM TOTAL							1,476.13
CLAIM ACCOUNT REF.							2092080012008268SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209204	1	T1020		06/18/12	06/18/12	2.00	33.74
CLAIM TOTAL							33.74
CLAIM ACCOUNT REF.							2092040012008306SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209205	1	T1020		09/03/12	09/03/12	7.00	118.09

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209205	2	T1020		09/04/12	09/04/12	7.00	118.09
209205	3	T1020		09/05/12	09/05/12	7.00	118.09
209205	4	T1020		09/06/12	09/06/12	7.00	118.09
209205	5	T1020		09/07/12	09/07/12	7.00	118.09
CLAIM TOTAL							590.45

CLAIM ACCOUNT REF. 2092050012008306SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008386 2008386 BATISTA, JOSE 07/20/1950 74170038700 120820411  
DIAGNOSIS CODES: 344.1 401.9 599.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209203	1	T1020		09/01/12	09/01/12	7.00	118.09
209203	2	T1020		09/02/12	09/02/12	7.00	118.09
209203	3	T1020		09/03/12	09/03/12	7.00	118.09
209203	4	T1020		09/04/12	09/04/12	7.00	118.09
209203	5	T1020		09/05/12	09/05/12	7.00	118.09
209203	6	T1020		09/06/12	09/06/12	7.00	118.09
209203	7	T1020		09/07/12	09/07/12	7.00	118.09
CLAIM TOTAL							826.63

CLAIM ACCOUNT REF. 2092030012008386SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209209	1	T1020		09/04/12	09/04/12	4.00	67.48
209209	2	T1020		09/06/12	09/06/12	5.00	84.35
209209	3	T1020		09/07/12	09/07/12	4.00	67.48
CLAIM TOTAL							219.31

CLAIM ACCOUNT REF. 2092090012008400SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008388 2009283 MARTINEZ, LUISA 02/14/1954 74179809800 11951467  
DIAGNOSIS CODES: 340. 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209207	1	T1020		09/01/12	09/01/12	12.00	202.44
209207	2	T1020		09/02/12	09/02/12	12.00	202.44
209207	3	T1020		09/03/12	09/03/12	12.00	202.44
209207	4	T1020		09/04/12	09/04/12	12.00	202.44
209207	5	T1020		09/05/12	09/05/12	12.00	202.44
209207	6	T1020		09/06/12	09/06/12	12.00	202.44
209207	7	T1020		09/07/12	09/07/12	12.00	202.44
CLAIM TOTAL							1,417.08

CLAIM ACCOUNT REF. 2092070012009283SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #  
121291101

1,062.81 CLAIM ACCOUNT REF. 2092110012010041SUP

PRIOR AUTHORIZATION #  
111951068

CLAIM ACCOUNT REF. 2092060012010712SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	51	TOTAL CLAIM AMOUNT =	6,722.70
		# SERVICES =	8		

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = 11325                      NEIGHBORHOOD HEALTH

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008261 2008261 FERNANDEZ, MARIA 07/24/1943 10062577601 072111255060  
DIAGNOSIS CODES: 250.00 272.2 493.00 536.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209187	1	T1019		09/05/12	09/05/12	16.00	67.52
209187	2	T1019		09/06/12	09/06/12	16.00	67.52
209187	3	T1019		09/07/12	09/07/12	16.00	67.52
CLAIM TOTAL						202.56	CLAIM ACCOUNT REF. 2091870012008261SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008263 2008263 MORALES HERNANDEZ, EDW 10/28/1952 10062883101 083111260220  
DIAGNOSIS CODES: 344.1 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209194	1	T1019		09/01/12	09/01/12	24.00	101.28
209194	2	T1019		09/02/12	09/02/12	24.00	101.28
209194	3	T1019		09/03/12	09/03/12	24.00	101.28
209194	4	T1019		09/04/12	09/04/12	24.00	101.28
209194	5	T1019		09/05/12	09/05/12	24.00	101.28
209194	6	T1019		09/06/12	09/06/12	24.00	101.28
209194	7	T1019		09/07/12	09/07/12	24.00	101.28
CLAIM TOTAL						708.96	CLAIM ACCOUNT REF. 2091940012008263SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008265 2008265 SHEPPARD, ERMA 10/05/1954 10043001301 052212292391  
DIAGNOSIS CODES: 295.90 250.00 272.0 401.9 440.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209200	1	T1019		09/01/12	09/01/12	40.00	168.80
209200	2	T1019		09/02/12	09/02/12	40.00	168.80
209200	3	T1019		09/03/12	09/03/12	36.00	151.92
209200	4	T1019		09/04/12	09/04/12	40.00	168.80
209200	5	T1019		09/05/12	09/05/12	40.00	168.80
209200	6	T1019		09/06/12	09/06/12	40.00	168.80
209200	7	T1019		09/07/12	09/07/12	40.00	168.80
CLAIM TOTAL						1,164.72	CLAIM ACCOUNT REF. 2092000012008265SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008303 2008303 WILSON, SHERYL 08/28/1956 10060476901 082611259599  
DIAGNOSIS CODES: 737.39 344.9 493.90 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209202	1	T1019		08/31/12	08/31/12	24.00	101.28

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = 11325                      NEIGHBORHOOD HEALTH

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209202	2	T1019		09/01/12	09/01/12	16.00	67.52	
209202	3	T1019		09/02/12	09/02/12	16.00	67.52	
209202	4	T1019		09/04/12	09/04/12	24.00	101.28	
209202	5	T1019		09/05/12	09/05/12	24.00	101.28	
209202	6	T1019		09/06/12	09/06/12	24.00	101.28	
209202	7	T1019		09/07/12	09/07/12	24.00	101.28	
					CLAIM TOTAL		641.44	CLAIM ACCOUNT REF. 2092020012008303SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008305	2008305	ARDITTO, PATRICIA	10/29/1952	10053196701	072911256276
DIAGNOSIS	CODES:	493.00    042.	300.00    311.	530.81    780.4		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209184	1	T1019		09/03/12	09/03/12	24.00	101.28	
209184	2	T1019		09/04/12	09/04/12	20.00	84.40	
209184	3	T1019		09/05/12	09/05/12	24.00	101.28	
209184	4	T1019		09/06/12	09/06/12	24.00	101.28	
209184	5	T1019		09/07/12	09/07/12	20.00	84.40	
					CLAIM TOTAL		472.64	CLAIM ACCOUNT REF. 2091840012008305SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008366	2008366	JONES, CYNTHIA	03/17/1950	10063968601	072211255308
DIAGNOSIS	CODES:	799.89				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209190	1	T1019		09/03/12	09/03/12	4.00	16.88	
					CLAIM TOTAL		16.88	CLAIM ACCOUNT REF. 2091900012008366SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008403	2008403	CHUKWUJIORAH, TARELL	10/30/1988	10082619401	072211255317
DIAGNOSIS	CODES:	343.9        737.43        742.3				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209185	1	T1019		08/20/12	08/20/12	32.00	135.04	
209185	2	T1019		09/01/12	09/01/12	28.00	118.16	
209185	3	T1019		09/02/12	09/02/12	28.00	118.16	
209185	4	T1019		09/03/12	09/03/12	32.00	135.04	
209185	5	T1019		09/04/12	09/04/12	28.00	118.16	
209185	6	T1019		09/05/12	09/05/12	28.00	118.16	
209185	7	T1019		09/06/12	09/06/12	28.00	118.16	
209185	8	T1019		09/07/12	09/07/12	28.00	118.16	
					CLAIM TOTAL		979.04	CLAIM ACCOUNT REF. 2091850012008403SUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492  
PAYER ID = 11325 NEIGHBORHOOD HEALTH

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008420 2008420 SALVATO, MARY 04/06/1954 10064119301 072211255313  
DIAGNOSIS CODES: 340. 244.9 250.00 272.0 401.9 493.00 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209199	1	T1019		09/01/12	09/01/12	32.00	135.04
209199	2	T1019		09/02/12	09/02/12	32.00	135.04
209199	3	T1019		09/03/12	09/03/12	32.00	135.04
209199	4	T1019		09/04/12	09/04/12	32.00	135.04
209199	5	T1019		09/05/12	09/05/12	32.00	135.04
209199	6	T1019		09/06/12	09/06/12	32.00	135.04
209199	7	T1019		09/07/12	09/07/12	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2091990012008420SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008421 2008421 OCASIO, VIRGINIA 05/24/1949 10063483101 082012303730  
DIAGNOSIS CODES: 250.00 278.00 300.00 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209196	1	T1019		09/03/12	09/03/12	4.00	16.88
209196	2	T1019		09/04/12	09/04/12	24.00	101.28
209196	3	T1019		09/07/12	09/07/12	24.00	101.28
CLAIM TOTAL							219.44
CLAIM ACCOUNT REF.							2091960012008421SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008422 2008422 MOSKOWITZ, RONA 02/16/1952 10063710601 072211255325  
DIAGNOSIS CODES: 799.89 401.9 493.92 729.0 V02.62

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209195	1	T1019		09/01/12	09/01/12	20.00	84.40
209195	2	T1019		09/04/12	09/04/12	24.00	101.28
209195	3	T1019		09/05/12	09/05/12	24.00	101.28
209195	4	T1019		09/06/12	09/06/12	24.00	101.28
209195	5	T1019		09/07/12	09/07/12	24.00	101.28
CLAIM TOTAL							489.52
CLAIM ACCOUNT REF.							2091950012008422SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008425 2008425 WELLS, WYNORIA 09/10/1959 10063849801 081911258799  
DIAGNOSIS CODES: 278.01 253.5 272.4 356.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209201	1	T1019		09/04/12	09/04/12	16.00	67.52
209201	2	T1019		09/06/12	09/06/12	16.00	67.52
209201	3	T1019		09/07/12	09/07/12	16.00	67.52

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = 11325                      NEIGHBORHOOD HEALTH

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	202.56	2092010012008425SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008427	2008427	FLORES, MARITZA	09/26/1953	10044817901	072911256156
DIAGNOSIS	CODES:	427.31	278.01	285.9	311.	425.8	799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
209188	1	T1019		08/23/12	08/23/12	40.00	168.80	
209188	2	T1019		08/31/12	08/31/12	40.00	168.80	
209188	3	T1019		09/01/12	09/01/12	40.00	168.80	
209188	4	T1019		09/02/12	09/02/12	40.00	168.80	
209188	5	T1019		09/03/12	09/03/12	40.00	168.80	
209188	6	T1019		09/04/12	09/04/12	40.00	168.80	
209188	7	T1019		09/05/12	09/05/12	40.00	168.80	
209188	8	T1019		09/06/12	09/06/12	40.00	168.80	
						CLAIM TOTAL	1,350.40	2091880012008427SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008531	2008531	RODRIGUEZ, MARIA	02/16/1949	10057325401	070912298224
DIAGNOSIS	CODES:	250.00	272.4	331.0	401.9	799.89	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
209198	1	T1019		09/03/12	09/03/12	16.00	67.52	
209198	2	T1019		09/04/12	09/04/12	16.00	67.52	
209198	3	T1019		09/05/12	09/05/12	16.00	67.52	
209198	4	T1019		09/06/12	09/06/12	16.00	67.52	
209198	5	T1019		09/07/12	09/07/12	16.00	67.52	
						CLAIM TOTAL	337.60	2091980012008531SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008742	2008742	KROLL, KATHERINE	09/22/1949	10088829601	080811257332
DIAGNOSIS	CODES:	340.	244.8	272.0	311.	386.2	401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
209193	1	T1019		08/24/12	08/24/12	28.00	118.16	
209193	2	T1019		09/02/12	09/02/12	16.00	67.52	
209193	3	T1019		09/03/12	09/03/12	28.00	118.16	
209193	4	T1019		09/06/12	09/06/12	28.00	118.16	
209193	5	T1019		09/07/12	09/07/12	28.00	118.16	
						CLAIM TOTAL	540.16	2091930012008742SUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER        ID = 11325                      NEIGHBORHOOD HEALTH

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID        PRIOR AUTHORIZATION #  
NY    001    2008802    2008802    DIAZ, CARMEN            07/29/1950    10089557301        062712297011  
DIAGNOSIS CODES:    V02.62    300.00    401.9    719.89    733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209186	1	T1019		09/03/12	09/03/12	16.00	67.52	
209186	2	T1019		09/04/12	09/04/12	24.00	101.28	
209186	3	T1019		09/05/12	09/05/12	24.00	101.28	
209186	4	T1019		09/06/12	09/06/12	24.00	101.28	
209186	5	T1019		09/07/12	09/07/12	24.00	101.28	
CLAIM TOTAL							472.64	CLAIM ACCOUNT REF.    2091860012008802SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID        PRIOR AUTHORIZATION #  
NY    001    2008260    2009221    KHALIL, RASHAN           02/11/1989    10060620501        062512296643  
DIAGNOSIS CODES:    799.89    294.8    343.9    345.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209191	1	T1019		09/03/12	09/03/12	28.00	118.16	
209191	2	T1019		09/04/12	09/04/12	28.00	118.16	
209191	3	T1019		09/05/12	09/05/12	28.00	118.16	
209191	4	T1019		09/06/12	09/06/12	28.00	118.16	
209191	5	T1019		09/07/12	09/07/12	32.00	135.04	
CLAIM TOTAL							607.68	CLAIM ACCOUNT REF.    2091910012009221SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID        PRIOR AUTHORIZATION #  
NY    001    2009356    2009356    KHAN, FARUQUE            02/08/1949    10076892101        112111269647  
DIAGNOSIS CODES:    696.8    253.5    272.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209192	1	T1019		09/01/12	09/01/12	48.00	202.56	
209192	2	T1019		09/02/12	09/02/12	48.00	202.56	
209192	3	T1019		09/03/12	09/03/12	48.00	202.56	
209192	4	T1019		09/04/12	09/04/12	48.00	202.56	
209192	5	T1019		09/05/12	09/05/12	48.00	202.56	
209192	6	T1019		09/06/12	09/06/12	48.00	202.56	
209192	7	T1019		09/07/12	09/07/12	36.00	151.92	
CLAIM TOTAL							1,367.28	CLAIM ACCOUNT REF.    2091920012009356SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID        PRIOR AUTHORIZATION #  
NY    001    2010143    2010143    AHMED, UMARA            11/15/1985    10062660901        072211255328  
DIAGNOSIS CODES:    335.19    695.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209182	1	T1019		08/25/12	08/25/12	32.00	135.04



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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = 11325                      NEIGHBORHOOD HEALTH

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209182	2	T1019		09/01/12	09/01/12	32.00	135.04
209182	3	T1019		09/02/12	09/02/12	32.00	135.04
209182	4	T1019		09/03/12	09/03/12	32.00	135.04
209182	5	T1019		09/04/12	09/04/12	32.00	135.04
209182	6	T1019		09/05/12	09/05/12	32.00	135.04
209182	7	T1019		09/06/12	09/06/12	32.00	135.04
209182	8	T1019		09/07/12	09/07/12	32.00	135.04
CLAIM TOTAL						1,080.32	CLAIM ACCOUNT REF. 2091820012010143SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008398	2010353	RODRIGUEZ, JESSE	03/23/1984	10063030901	072211255272
DIAGNOSIS	CODES:	799.89	253.5	278.00	401.9	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209197	1	T1019		08/16/12	08/16/12	20.00	84.40
209197	2	T1019		09/03/12	09/03/12	20.00	84.40
209197	3	T1019		09/04/12	09/04/12	20.00	84.40
209197	4	T1019		09/05/12	09/05/12	20.00	84.40
209197	5	T1019		09/06/12	09/06/12	20.00	84.40
209197	6	T1019		09/07/12	09/07/12	20.00	84.40
CLAIM TOTAL						506.40	CLAIM ACCOUNT REF. 2091970012010353SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2010639	2010639	HAMPTON, PRISCILLA	07/21/1952	10094572501	060112293626
DIAGNOSIS	CODES:	447.6	311.	401.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209189	1	T1019		09/01/12	09/01/12	24.00	101.28
209189	2	T1019		09/02/12	09/02/12	24.00	101.28
209189	3	T1019		09/03/12	09/03/12	24.00	101.28
209189	4	T1019		09/04/12	09/04/12	28.00	118.16
209189	5	T1019		09/05/12	09/05/12	24.00	101.28
209189	6	T1019		09/06/12	09/06/12	28.00	118.16
209189	7	T1019		09/07/12	09/07/12	28.00	118.16
CLAIM TOTAL						759.60	CLAIM ACCOUNT REF. 2091890012010639SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2010671	2010878	AKHTER, SELINA	07/13/1960	10087504801	073112301172
DIAGNOSIS	CODES:	093.9	253.5	272.4	401.9	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209183	1	T1019		09/03/12	09/03/12	36.00	151.92
209183	2	T1019		09/04/12	09/04/12	36.00	151.92

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PAYER ID = 11325                      NEIGHBORHOOD HEALTH

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209183	3	T1019		09/05/12	09/05/12	36.00	151.92	
209183	4	T1019		09/06/12	09/06/12	36.00	151.92	
209183	5	T1019		09/07/12	09/07/12	36.00	151.92	
					CLAIM TOTAL		759.60	CLAIM ACCOUNT REF. 2091830012010878SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	117	TOTAL CLAIM AMOUNT =	13,824.72
		# SERVICES =	21		

REPORT DATE 09/12/12 SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492  
PAYER ID = 13265 METROPLUS HEALTH PLAN

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008233 2008233 ARIAS, NORA 03/31/1981 RB08739R 0106191290349  
DIAGNOSIS CODES: 356.9 348.2 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209235	1	T1019		09/01/12	09/01/12	4.00	68.60
209235	2	T1019		09/02/12	09/02/12	4.00	68.60
209235	3	T1019		09/03/12	09/03/12	12.00	205.80
209235	4	T1019		09/04/12	09/04/12	12.00	205.80
209235	5	T1019		09/05/12	09/05/12	12.00	205.80
209235	6	T1019		09/06/12	09/06/12	12.00	205.80
209235	7	T1019		09/07/12	09/07/12	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2092350012008233SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008236 2008236 PERSAD, USHA 07/05/1955 TS79090G 0103301290322  
DIAGNOSIS CODES: 250.10 272.0 401.9 225.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209245	1	T1019		09/01/12	09/01/12	8.00	137.20
209245	2	T1019		09/02/12	09/02/12	8.00	137.20
209245	3	T1019		09/04/12	09/04/12	11.00	188.65
209245	4	T1019		09/05/12	09/05/12	11.00	188.65
209245	5	T1019		09/06/12	09/06/12	11.00	188.65
209245	6	T1019		09/07/12	09/07/12	11.00	188.65
CLAIM TOTAL						1,029.00	CLAIM ACCOUNT REF. 2092450012008236SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008237 2008237 DURHAM, CYNTHIA 05/23/1960 ZB21969Z 01-070312-900-05  
DIAGNOSIS CODES: 401.9 250.00 300.00 345.90 493.90 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209240	1	T1019		08/27/12	08/27/12	4.00	68.60
209240	2	T1019		08/28/12	08/28/12	7.00	120.05
209240	3	T1019		08/30/12	08/30/12	4.00	68.60
CLAIM TOTAL						257.25	CLAIM ACCOUNT REF. 2092400012008237SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008284 2008284 ANDERSON, BETH 12/18/1947 YC43135F 0103131290194  
DIAGNOSIS CODES: 340. 286.0 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209234	1	T1019		09/03/12	09/03/12	6.00	102.90
209234	2	T1019		09/04/12	09/04/12	6.00	102.90

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PAYER ID = 13265                      METROPLUS HEALTH PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209234	3	T1019		09/05/12	09/05/12	6.00	102.90	
209234	4	T1019		09/06/12	09/06/12	6.00	102.90	
209234	5	T1019		09/07/12	09/07/12	6.00	102.90	
					CLAIM TOTAL		514.50	CLAIM ACCOUNT REF. 2092340012008284SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008385	2008385	MURDOCK, GERTRUDE	11/01/1917	SS71357M	0106221290271
DIAGNOSIS	CODES:	536.9	365.9	369.10	389.9	401.9	715.90 733.00 V15.88

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209243	1	T1019		09/03/12	09/03/12	8.00	137.20	
209243	2	T1019		09/04/12	09/04/12	8.00	137.20	
209243	3	T1019		09/05/12	09/05/12	8.00	137.20	
209243	4	T1019		09/06/12	09/06/12	8.00	137.20	
209243	5	T1019		09/07/12	09/07/12	8.00	137.20	
					CLAIM TOTAL		686.00	CLAIM ACCOUNT REF. 2092430012008385SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008415	2008415	BEDOYA, MONICA	09/30/1958	WP66802A	0103281290468
DIAGNOSIS	CODES:	345.90	272.0	295.90	401.9	493.90	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209236	1	T1019		09/03/12	09/03/12	5.00	85.75	
209236	2	T1019		09/05/12	09/05/12	2.00	34.30	
209236	3	T1019		09/07/12	09/07/12	1.00	17.15	
					CLAIM TOTAL		137.20	CLAIM ACCOUNT REF. 2092360012008415SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008417	2008417	GALAS, TERESA	06/08/1955	ZX91437V	0106191290406
DIAGNOSIS	CODES:	345.90					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209242	1	T1019		09/01/12	09/01/12	5.00	85.75	
209242	2	T1019		09/02/12	09/02/12	5.00	85.75	
209242	3	T1019		09/03/12	09/03/12	5.00	85.75	
209242	4	T1019		09/04/12	09/04/12	5.00	85.75	
209242	5	T1019		09/05/12	09/05/12	5.00	85.75	
209242	6	T1019		09/06/12	09/06/12	5.00	85.75	
209242	7	T1019		09/07/12	09/07/12	5.00	85.75	
					CLAIM TOTAL		600.25	CLAIM ACCOUNT REF. 2092420012008417SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008418 2008418 RYALS, CHARLES 11/03/1950 ZZ49620T 0103051290159  
DIAGNOSIS CODES: 401.9 250.00 272.0 278.00 295.00 311. 780.57

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209247	1	T1019		09/03/12	09/03/12	8.00	137.20
209247	2	T1019		09/04/12	09/04/12	8.00	137.20
209247	3	T1019		09/05/12	09/05/12	8.00	137.20
209247	4	T1019		09/06/12	09/06/12	8.00	137.20
209247	5	T1019		09/07/12	09/07/12	8.00	137.20
CLAIM TOTAL							686.00
CLAIM ACCOUNT REF.							2092470012008418SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008743 2008743 CORDERO, ROSENDO 08/26/1926 QM62108S 0101231290569  
DIAGNOSIS CODES: 492.0 272.0 401.9 715.00 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209237	1	T1019		09/03/12	09/03/12	9.00	154.35
209237	2	T1019		09/04/12	09/04/12	10.00	171.50
209237	3	T1019		09/06/12	09/06/12	7.00	120.05
209237	4	T1019		09/07/12	09/07/12	10.00	171.50
CLAIM TOTAL							617.40
CLAIM ACCOUNT REF.							2092370012008743SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008283 2009137 DAVIS, ANGIE 11/15/1958 UT00109J 0107061290221  
DIAGNOSIS CODES: 340. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209238	1	T1019		09/01/12	09/01/12	19.00	325.85
209238	2	T1019		09/02/12	09/02/12	19.00	325.85
209238	3	T1019		09/03/12	09/03/12	19.00	325.85
209238	4	T1019		09/04/12	09/04/12	19.00	325.85
209238	5	T1019		09/05/12	09/05/12	19.00	325.85
209238	6	T1019		09/06/12	09/06/12	19.00	325.85
209238	7	T1019		09/07/12	09/07/12	19.00	325.85
CLAIM TOTAL							2,280.95
CLAIM ACCOUNT REF.							2092380012009137SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009377 2009377 SANTORO, MATTHEW 08/20/1949 SP38021Q 0102291290309  
DIAGNOSIS CODES: 299.01 453.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209248	1	T1019		08/27/12	08/27/12	6.00	102.90
209248	2	T1019		08/28/12	08/28/12	6.00	102.90

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PAYER ID = 13265                      METROPLUS HEALTH PLAN

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209248	3	T1019		08/29/12	08/29/12	6.00	102.90
CLAIM TOTAL							308.70
CLAIM ACCOUNT REF.							2092480012009377SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009377	2009377	SANTORO, MATTHEW	08/20/1949	SP38021Q	0102291290309
DIAGNOSIS CODES: 299.01 453.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209249	1	T1019		08/30/12	08/30/12	6.00	102.90
209249	2	T1019		09/03/12	09/03/12	6.00	102.90
209249	3	T1019		09/04/12	09/04/12	6.00	102.90
209249	4	T1019		09/05/12	09/05/12	6.00	102.90
209249	5	T1019		09/06/12	09/06/12	6.00	102.90
209249	6	T1019		09/07/12	09/07/12	6.00	102.90
CLAIM TOTAL							617.40
CLAIM ACCOUNT REF.							2092490012009377SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008235	2009688	RAMPERSAID, ALISSA	08/04/1992	SZ46585R	0107031290329
DIAGNOSIS CODES: 319. 315.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209246	1	T1019		09/03/12	09/03/12	8.00	137.20
209246	2	T1019		09/04/12	09/04/12	3.00	51.45
209246	3	T1019		09/05/12	09/05/12	3.00	51.45
209246	4	T1019		09/06/12	09/06/12	3.00	51.45
209246	5	T1019		09/07/12	09/07/12	4.00	68.60
CLAIM TOTAL							360.15
CLAIM ACCOUNT REF.							2092460012009688SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008280	2009919	SHUMON, NUK-FNU	01/21/1981	QQ82218A	0108151290153
DIAGNOSIS CODES: 952.9 344.1 564.00 599.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209250	1	T1019		09/06/12	09/06/12	4.00	68.60
209250	2	T1019		09/07/12	09/07/12	4.00	68.60
CLAIM TOTAL							137.20
CLAIM ACCOUNT REF.							2092500012009919SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008279	2010213	VALLE, BLASINA	02/03/1929	QG00558G	0106011290042
DIAGNOSIS CODES: 428.0 244.9 272.4 331.0 537.9 746.85							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209251	1	T1019		08/23/12	08/23/12	8.00	137.20

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209251	2	T1019		08/24/12	08/24/12	8.00	137.20	
209251	3	T1019		09/03/12	09/03/12	8.00	137.20	
209251	4	T1019		09/04/12	09/04/12	8.00	137.20	
209251	5	T1019		09/05/12	09/05/12	8.00	137.20	
209251	6	T1019		09/06/12	09/06/12	8.00	137.20	
209251	7	T1019		09/07/12	09/07/12	8.00	137.20	
				CLAIM TOTAL			960.40	CLAIM ACCOUNT REF. 2092510012010213SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2010860	2010860	ESPINOSA, MONICA	09/16/1974	YB82018Q	0107021290070
DIAGNOSIS	CODES:	758.0	244.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209241	1	T1019		07/30/12	07/30/12	8.00	137.20	
				CLAIM TOTAL			137.20	CLAIM ACCOUNT REF. 2092410012010860SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2010886	2010886	OSORIO, ELVIA	07/05/1943	SM10426S	0106111290284
DIAGNOSIS	CODES:	253.5	272.4	354.0	401.9	733.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209244	1	T1019		09/03/12	09/03/12	3.00	51.45	
209244	2	T1019		09/04/12	09/04/12	3.00	51.45	
209244	3	T1019		09/07/12	09/07/12	3.00	51.45	
				CLAIM TOTAL			154.35	CLAIM ACCOUNT REF. 2092440012010886SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011286	2011286	DOBBINS, SANDRA	02/05/1953	ZA50099X	0109041290009
DIAGNOSIS	CODES:	799.89				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209239	1	T1019		09/04/12	09/04/12	24.00	411.60	
209239	2	T1019		09/05/12	09/05/12	24.00	411.60	
				CLAIM TOTAL			823.20	CLAIM ACCOUNT REF. 2092390012011286SUP

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	81	TOTAL CLAIM AMOUNT =	11,473.35
		# SERVICES =	17		

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PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008286 2008286 RAMIREZ, ALIDA A 12/10/1950 ZN85118U 110614772  
DIAGNOSIS CODES: 250.00 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209255	1	T1019		09/01/12	09/01/12	36.00	154.80
209255	2	T1019		09/02/12	09/02/12	36.00	154.80
209255	3	T1019		09/03/12	09/03/12	36.00	154.80
209255	4	T1019		09/04/12	09/04/12	36.00	154.80
209255	5	T1019		09/05/12	09/05/12	36.00	154.80
209255	6	T1019		09/06/12	09/06/12	36.00	154.80
209255	7	T1019		09/07/12	09/07/12	36.00	154.80
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2092550012008286SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008495 2008495 MARTINEZ, MARIA 09/05/1958 ZV42745Q 110885355  
DIAGNOSIS CODES: 250.00 244.8 295.90 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209254	1	T1019		09/01/12	09/01/12	24.00	103.20
209254	2	T1019		09/02/12	09/02/12	24.00	103.20
209254	3	T1019		09/03/12	09/03/12	24.00	103.20
209254	4	T1019		09/04/12	09/04/12	24.00	103.20
209254	5	T1019		09/05/12	09/05/12	24.00	103.20
209254	6	T1019		09/06/12	09/06/12	24.00	103.20
209254	7	T1019		09/07/12	09/07/12	24.00	103.20
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2092540012008495SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010404 2010404 GUERRERO, MIRTHA 09/14/1931 740496 110568543  
DIAGNOSIS CODES: 253.5 401.9 733.00 750.27

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209252	1	T1019		08/28/12	08/28/12	28.00	120.40
CLAIM TOTAL						120.40	CLAIM ACCOUNT REF. 2092520012010404SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010404 2010404 GUERRERO, MIRTHA 09/14/1931 740496 110890509  
DIAGNOSIS CODES: 253.5 401.9 733.00 750.27

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209253	1	T1019		09/01/12	09/01/12	40.00	172.00
209253	2	T1019		09/02/12	09/02/12	40.00	172.00
209253	3	T1019		09/03/12	09/03/12	40.00	172.00



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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209253	4	T1019		09/04/12	09/04/12	40.00	172.00	
209253	5	T1019		09/05/12	09/05/12	28.00	120.40	
209253	6	T1019		09/06/12	09/06/12	16.00	68.80	
					CLAIM TOTAL		877.20	CLAIM ACCOUNT REF. 2092530012010404SUP

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	21	TOTAL CLAIM AMOUNT =	2,803.60
		# SERVICES =	3		

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008276 2008491 LOYOLA, MARIA 06/11/1981 ZR32498A01 0005044162  
DIAGNOSIS CODES: 952.9 806.8 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209230	1	T1019	0580	09/03/12	09/03/12	40.00	168.80
CLAIM TOTAL							168.80
CLAIM ACCOUNT REF.							2092300012008491SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209233	1	T1019	0580	09/03/12	09/03/12	16.00	67.52
209233	2	T1019	0580	09/04/12	09/04/12	16.00	67.52
209233	3	T1019	0580	09/05/12	09/05/12	16.00	67.52
209233	4	T1019	0580	09/06/12	09/06/12	16.00	67.52
209233	5	T1019	0580	09/07/12	09/07/12	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2092330012008513SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008227 2008544 ORR, LOUISE 03/04/1956 ZK40327Q 0005050233  
DIAGNOSIS CODES: 250.00 401.9 428.0 435.9 429.9 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209231	1	T1019	0580	09/01/12	09/01/12	20.00	84.40
209231	2	T1019	0580	09/02/12	09/02/12	20.00	84.40
209231	3	T1019	0580	09/04/12	09/04/12	20.00	84.40
209231	4	T1019	0580	09/05/12	09/05/12	20.00	84.40
209231	5	T1019	0580	09/06/12	09/06/12	20.00	84.40
209231	6	T1019	0580	09/07/12	09/07/12	20.00	84.40
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2092310012008544SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008793 2008793 COPE, WILLIE 02/17/1928 XR98607Q 0004050353-003  
DIAGNOSIS CODES: 331.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209219	1	T1019	0580	09/01/12	09/01/12	48.00	168.00
209219	2	T1019	0580	09/02/12	09/02/12	48.00	168.00
209219	3	T1019	0580	09/03/12	09/03/12	48.00	168.00
209219	4	T1019	0580	09/04/12	09/04/12	48.00	168.00
209219	5	T1019	0580	09/05/12	09/05/12	48.00	168.00
209219	6	T1019	0580	09/06/12	09/06/12	48.00	168.00

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	1,008.00	2092190012008793SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008793	COPE, WILLIE	02/17/1928	XR98607Q	0004050353-004
DIAGNOSIS	CODES:	331.0 401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
209220	1	T1019	0580	09/07/12	09/07/12	48.00	168.00	
						CLAIM TOTAL	168.00	2092200012008793SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
209227	1	T1019	0580	09/01/12	09/01/12	32.00	112.00	
209227	2	T1019	0580	09/02/12	09/02/12	32.00	112.00	
209227	3	T1019	0580	09/03/12	09/03/12	32.00	112.00	
209227	4	T1019	0580	09/04/12	09/04/12	31.00	108.50	
209227	5	T1019	0580	09/05/12	09/05/12	32.00	112.00	
209227	6	T1019	0580	09/06/12	09/06/12	32.00	112.00	
209227	7	T1019	0580	09/07/12	09/07/12	32.00	112.00	
						CLAIM TOTAL	780.50	2092270012009237SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
209232	1	T1019	0580	09/07/12	09/07/12	20.00	84.40	
						CLAIM TOTAL	84.40	2092320012009269SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209228	1	T1019	0580	09/01/12	09/01/12	4.00	16.88
209228	2	T1019	0580	09/02/12	09/02/12	4.00	16.88
209228	3	T1019	0580	09/03/12	09/03/12	16.00	67.52
209228	4	T1019	0580	09/04/12	09/04/12	4.00	16.88
209228	5	T1019	0580	09/05/12	09/05/12	16.00	67.52
209228	6	T1019	0580	09/06/12	09/06/12	16.00	67.52

REPORT DATE 09/12/12                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE  
PAYER       ID = 55247                      HEALTH INSURANCE PLAN

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209228	7	T1019	0580	09/07/12	09/07/12	16.00	67.52
CLAIM TOTAL							320.72
							CLAIM ACCOUNT REF.    2092280012009406SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209225	1	T1019	0580	09/01/12	09/01/12	48.00	168.00
209225	2	T1019	0580	09/02/12	09/02/12	48.00	168.00
209225	3	T1019	0580	09/03/12	09/03/12	48.00	168.00
209225	4	T1019	0580	09/04/12	09/04/12	48.00	168.00
209225	5	T1019	0580	09/05/12	09/05/12	48.00	168.00
209225	6	T1019	0580	09/06/12	09/06/12	48.00	168.00
209225	7	T1019	0580	09/07/12	09/07/12	48.00	168.00
CLAIM TOTAL							1,176.00
							CLAIM ACCOUNT REF.    2092250012009467SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209229	1	T1019	0580	08/23/12	08/23/12	40.00	168.80
209229	2	T1019	0580	09/05/12	09/05/12	40.00	168.80
209229	3	T1019	0580	09/06/12	09/06/12	40.00	168.80
CLAIM TOTAL							506.40
							CLAIM ACCOUNT REF.    2092290012009562SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209222	1	T1019	0580	09/03/12	09/03/12	16.00	56.00
209222	2	T1019	0580	09/04/12	09/04/12	16.00	56.00
209222	3	T1019	0580	09/05/12	09/05/12	16.00	56.00
209222	4	T1019	0580	09/06/12	09/06/12	16.00	56.00
209222	5	T1019	0580	09/07/12	09/07/12	16.00	56.00
CLAIM TOTAL							280.00
							CLAIM ACCOUNT REF.    2092220012009686SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009945 2009945 JACKSON, FRANCES 03/12/1934 12030545001 4676295  
DIAGNOSIS CODES: 332.0 250.00 401.9 722.10 785.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209224	1	T1019	0580	09/03/12	09/03/12	28.00	98.00
209224	2	T1019	0580	09/04/12	09/04/12	28.00	98.00
209224	3	T1019	0580	09/05/12	09/05/12	28.00	98.00
209224	4	T1019	0580	09/06/12	09/06/12	28.00	98.00
209224	5	T1019	0580	09/07/12	09/07/12	28.00	98.00
CLAIM TOTAL							490.00

CLAIM ACCOUNT REF. 2092240012009945SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010293 2010293 CAMPBELL, CAROL 01/17/1945 ZW64229J 14408709  
DIAGNOSIS CODES: 722.2 272.0 338.29 401.9 780.79 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209218	1	T1019	0580	09/07/12	09/07/12	5.00	17.50
CLAIM TOTAL							17.50

CLAIM ACCOUNT REF. 2092180012010293SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010316 2010316 WEATHERS, VERDNA 02/05/1927 XK12367V 0004884724  
DIAGNOSIS CODES: 331.0 365.00 428.0 714.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209226	1	T1019	0580	09/03/12	09/03/12	48.00	168.00
209226	2	T1019	0580	09/04/12	09/04/12	47.00	164.50
209226	3	T1019	0580	09/05/12	09/05/12	48.00	168.00
209226	4	T1019	0580	09/06/12	09/06/12	48.00	168.00
209226	5	T1019	0580	09/07/12	09/07/12	48.00	168.00
CLAIM TOTAL							836.50

CLAIM ACCOUNT REF. 2092260012010316SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209223	1	T1019	0580	09/01/12	09/01/12	36.00	126.00
209223	2	T1019	0580	09/02/12	09/02/12	36.00	126.00
209223	3	T1019	0580	09/03/12	09/03/12	36.00	126.00
209223	4	T1019	0580	09/04/12	09/04/12	36.00	126.00
209223	5	T1019	0580	09/05/12	09/05/12	36.00	126.00
209223	6	T1019	0580	09/06/12	09/06/12	36.00	126.00
209223	7	T1019	0580	09/07/12	09/07/12	36.00	126.00

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	882.00	2092230012010991SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008113	2011066	COPELAND, ELISE	10/05/1928	QJ28865K	0005111746
DIAGNOSIS CODES: 250.00 369.9 311. 401.9 716.90							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
209221	1	G0156	0572	09/01/12	09/01/12	6.00	85.50	
209221	2	G0156	0572	09/03/12	09/03/12	7.00	99.75	
209221	3	G0156	0572	09/04/12	09/04/12	7.00	99.75	
209221	4	G0156	0572	09/05/12	09/05/12	7.00	99.75	
209221	5	G0156	0572	09/06/12	09/06/12	7.00	99.75	
209221	6	G0156	0572	09/07/12	09/07/12	7.00	99.75	
						CLAIM TOTAL	584.25	2092210012011066SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	73	TOTAL CLAIM AMOUNT =	8,147.07
		# SERVICES =	15		

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NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2092710012010958SUP

PAYER TOTALS:	VNSNY CHOICE	# OF CLAIMS =	5	TOTAL CLAIM AMOUNT =	600.60
		# SERVICES =	1		

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008246 2008246 RIVERA, CHRISTOPHER 09/03/1996 UW23596M R1817676  
DIAGNOSIS CODES: 314.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209173	1	T1019		08/25/12	08/25/12	12.00	50.64
209173	2	T1019		08/26/12	08/26/12	12.00	50.64
209173	3	T1019		08/27/12	08/27/12	12.00	50.64
209173	4	T1019		08/28/12	08/28/12	12.00	50.64
209173	5	T1019		08/29/12	08/29/12	12.00	50.64
209173	6	T1019		08/30/12	08/30/12	12.00	50.64
209173	7	T1019		08/31/12	08/31/12	12.00	50.64
209173	8	T1019		09/01/12	09/01/12	12.00	50.64
209173	9	T1019		09/02/12	09/02/12	12.00	50.64
209173	10	T1019		09/03/12	09/03/12	12.00	50.64
209173	11	T1019		09/04/12	09/04/12	12.00	50.64
209173	12	T1019		09/05/12	09/05/12	12.00	50.64
209173	13	T1019		09/06/12	09/06/12	12.00	50.64
209173	14	T1019		09/07/12	09/07/12	12.00	50.64
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2091730012008246SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008248 2008248 RIVERA, EDDIE 01/29/1960 YP34893V R1860318  
DIAGNOSIS CODES: 339.02 367.1 369.10

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209174	1	T1019		08/27/12	08/27/12	12.00	50.64
209174	2	T1019		08/29/12	08/29/12	12.00	50.64
209174	3	T1019		08/31/12	08/31/12	12.00	50.64
209174	4	T1019		09/03/12	09/03/12	12.00	50.64
209174	5	T1019		09/05/12	09/05/12	12.00	50.64
209174	6	T1019		09/07/12	09/07/12	12.00	50.64
CLAIM TOTAL							303.84
CLAIM ACCOUNT REF.							2091740012008248SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008249 2008249 LOPEZ-RAMIREZ, CARLOTA 01/20/1936 QR43529V R1800800  
DIAGNOSIS CODES: 714.0 272.4 401.9 536.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209170	1	T1019		09/01/12	09/01/12	44.00	185.68
209170	2	T1019		09/03/12	09/03/12	44.00	185.68
209170	3	T1019		09/04/12	09/04/12	44.00	185.68
209170	4	T1019		09/05/12	09/05/12	44.00	185.68
209170	5	T1019		09/06/12	09/06/12	44.00	185.68



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PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209170	6	T1019		09/07/12	09/07/12	44.00	185.68	
						CLAIM TOTAL	1,114.08	CLAIM ACCOUNT REF. 2091700012008249SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008250	2008250	SALAZAR, LUZ MARIA	02/19/1970	SC60317K	R1824834
DIAGNOSIS	CODES:	952.9	564.81	596.54	806.05		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209176	1	T1019		09/01/12	09/01/12	32.00	135.04	
209176	2	T1019		09/02/12	09/02/12	32.00	135.04	
209176	3	T1019		09/03/12	09/03/12	32.00	135.04	
209176	4	T1019		09/04/12	09/04/12	32.00	135.04	
209176	5	T1019		09/05/12	09/05/12	32.00	135.04	
209176	6	T1019		09/06/12	09/06/12	32.00	135.04	
209176	7	T1019		09/07/12	09/07/12	32.00	135.04	
						CLAIM TOTAL	945.28	CLAIM ACCOUNT REF. 2091760012008250SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008251	2008251	CEBALLOS, ANA	12/31/1919	UH02585Q	R1828722
DIAGNOSIS	CODES:	294.10	244.9				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209155	1	T1019		09/03/12	09/03/12	32.00	135.04	
209155	2	T1019		09/04/12	09/04/12	32.00	135.04	
209155	3	T1019		09/05/12	09/05/12	32.00	135.04	
209155	4	T1019		09/06/12	09/06/12	32.00	135.04	
209155	5	T1019		09/07/12	09/07/12	32.00	135.04	
						CLAIM TOTAL	675.20	CLAIM ACCOUNT REF. 2091550012008251SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008253	2008253	MACARENA, SAHARA	09/12/1965	VT07830U	R1904276
DIAGNOSIS	CODES:	359.0	719.45				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209171	1	T1019		09/01/12	09/01/12	48.00	202.56	
209171	2	T1019		09/02/12	09/02/12	48.00	202.56	
209171	3	T1019		09/03/12	09/03/12	48.00	202.56	
209171	4	T1019		09/04/12	09/04/12	48.00	202.56	
209171	5	T1019		09/05/12	09/05/12	48.00	202.56	
209171	6	T1019		09/06/12	09/06/12	48.00	202.56	
209171	7	T1019		09/07/12	09/07/12	48.00	202.56	
						CLAIM TOTAL	1,417.92	CLAIM ACCOUNT REF. 2091710012008253SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008254 2008254 SPIVEY, PATRICIA 04/06/1965 WE52435B R1802635  
DIAGNOSIS CODES: 250.00 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209178	1	T1019		09/03/12	09/03/12	20.00	84.40
209178	2	T1019		09/05/12	09/05/12	20.00	84.40
209178	3	T1019		09/06/12	09/06/12	20.00	84.40
209178	4	T1019		09/07/12	09/07/12	20.00	84.40
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2091780012008254SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008256 2008256 CARMONA, LUZ 08/10/1954 XJ24416K R1839723  
DIAGNOSIS CODES: 294.8 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209153	1	T1019		09/03/12	09/03/12	32.00	135.04
209153	2	T1019		09/04/12	09/04/12	32.00	135.04
209153	3	T1019		09/05/12	09/05/12	32.00	135.04
209153	4	T1019		09/06/12	09/06/12	32.00	135.04
209153	5	T1019		09/07/12	09/07/12	32.00	135.04
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2091530012008256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008257 2008257 ESTEVES, JOSE 09/04/1948 YD71377C R1832858  
DIAGNOSIS CODES: 345.40

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209161	1	T1019		09/01/12	09/01/12	24.00	101.28
209161	2	T1019		09/02/12	09/02/12	24.00	101.28
209161	3	T1019		09/03/12	09/03/12	24.00	101.28
209161	4	T1019		09/04/12	09/04/12	24.00	101.28
209161	5	T1019		09/05/12	09/05/12	24.00	101.28
209161	6	T1019		09/06/12	09/06/12	24.00	101.28
209161	7	T1019		09/07/12	09/07/12	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2091610012008257SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008290 2008290 SALHUANA, YOLANDA 08/25/1935 SZ24247J R1825265  
DIAGNOSIS CODES: 249.70 362.50 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209177	1	T1019		09/05/12	09/05/12	32.00	135.04
209177	2	T1019		09/06/12	09/06/12	32.00	135.04

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PAYER       ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209177	3	T1019		09/07/12	09/07/12	32.00	135.04	
					CLAIM TOTAL		405.12	CLAIM ACCOUNT REF.    2091770012008290SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008297	2008297	MARTIN, ARIANA	12/25/1968	XD64969X	R1831741
DIAGNOSIS	CODES:	250.63	401.9	493.11			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209172	1	T1019		09/03/12	09/03/12	16.00	67.52	
209172	2	T1019		09/05/12	09/05/12	16.00	67.52	
209172	3	T1019		09/07/12	09/07/12	16.00	67.52	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF.    2091720012008297SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008362	2008362	FONTANES, PEDRO	08/27/1948	RX10287Z	R1804541
DIAGNOSIS	CODES:	724.3	278.00	427.31    428.0	724.2		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209163	1	T1019		09/01/12	09/01/12	28.00	118.16	
209163	2	T1019		09/02/12	09/02/12	28.00	118.16	
209163	3	T1019		09/04/12	09/04/12	28.00	118.16	
209163	4	T1019		09/05/12	09/05/12	28.00	118.16	
209163	5	T1019		09/06/12	09/06/12	28.00	118.16	
209163	6	T1019		09/07/12	09/07/12	28.00	118.16	
					CLAIM TOTAL		708.96	CLAIM ACCOUNT REF.    2091630012008362SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008368	2008368	RODRIGUEZ, MARGARET	06/25/1950	ZP21043J	R1955871
DIAGNOSIS	CODES:	295.90	250.00	272.4    311.	401.9    414.3	733.00	780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209175	1	T1019		09/03/12	09/03/12	16.00	67.52	
209175	2	T1019		09/04/12	09/04/12	16.00	67.52	
209175	3	T1019		09/05/12	09/05/12	16.00	67.52	
209175	4	T1019		09/06/12	09/06/12	16.00	67.52	
209175	5	T1019		09/07/12	09/07/12	16.00	67.52	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF.    2091750012008368SUP

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REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008405 2008405 ST ROMAINE, CLAUDE 10/01/1956 UZ14868C 0103151202185  
DIAGNOSIS CODES: 952.9 344.9 596.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209179	1	T1019		09/01/12	09/01/12	36.00	151.92
209179	2	T1019		09/02/12	09/02/12	36.00	151.92
209179	3	T1019		09/03/12	09/03/12	40.00	168.80
209179	4	T1019		09/04/12	09/04/12	40.00	168.80
209179	5	T1019		09/05/12	09/05/12	40.00	168.80
209179	6	T1019		09/06/12	09/06/12	40.00	168.80
CLAIM TOTAL							979.04
CLAIM ACCOUNT REF.							2091790012008405SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008411 2008411 FRANCISCO, RICHARD 07/10/1968 XR22414G 0103221200941  
DIAGNOSIS CODES: 401.9 443.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209164	1	T1019		09/01/12	09/01/12	32.00	135.04
209164	2	T1019		09/02/12	09/02/12	32.00	135.04
209164	3	T1019		09/03/12	09/03/12	32.00	135.04
209164	4	T1019		09/04/12	09/04/12	32.00	135.04
209164	5	T1019		09/05/12	09/05/12	32.00	135.04
209164	6	T1019		09/06/12	09/06/12	32.00	135.04
209164	7	T1019		09/07/12	09/07/12	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2091640012008411SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008428 2008428 KAUR, HARBANS 02/03/1937 VB22061J R1804436  
DIAGNOSIS CODES: 401.9 272.4 332.1 453.42

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209167	1	T1019		09/01/12	09/01/12	28.00	118.16
209167	2	T1019		09/02/12	09/02/12	28.00	118.16
209167	3	T1019		09/03/12	09/03/12	28.00	118.16
209167	4	T1019		09/04/12	09/04/12	28.00	118.16
209167	5	T1019		09/05/12	09/05/12	28.00	118.16
209167	6	T1019		09/06/12	09/06/12	28.00	118.16
209167	7	T1019		09/07/12	09/07/12	28.00	118.16
CLAIM TOTAL							827.12
CLAIM ACCOUNT REF.							2091670012008428SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008433 2008433 BHAIRO, KOWSILILLI 05/13/1954 VG15691D R1917814  
DIAGNOSIS CODES: 340. 286.0 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209151	1	T1019		09/01/12	09/01/12	32.00	135.04
209151	2	T1019		09/02/12	09/02/12	32.00	135.04
209151	3	T1019		09/04/12	09/04/12	32.00	135.04
209151	4	T1019		09/05/12	09/05/12	32.00	135.04
209151	5	T1019		09/06/12	09/06/12	32.00	135.04
209151	6	T1019		09/07/12	09/07/12	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2091510012008433SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z R1903232  
DIAGNOSIS CODES: 250.00 244.8 311. 401.9 428.0 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209150	1	T1019		09/01/12	09/01/12	16.00	67.52
209150	2	T1019		09/02/12	09/02/12	16.00	67.52
209150	3	T1019		09/03/12	09/03/12	16.00	67.52
209150	4	T1019		09/04/12	09/04/12	16.00	67.52
209150	5	T1019		09/05/12	09/05/12	16.00	67.52
209150	6	T1019		09/06/12	09/06/12	16.00	67.52
209150	7	T1019		09/07/12	09/07/12	16.00	67.52
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2091500012008487SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008571 2008571 ESPAILLAT, AMPARO 12/25/1949 ZG25447P R1869116  
DIAGNOSIS CODES: 401.9 272.0 311. 365.9 366.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209160	1	T1019		09/01/12	09/01/12	16.00	67.52
209160	2	T1019		09/02/12	09/02/12	16.00	67.52
209160	3	T1019		09/03/12	09/03/12	16.00	67.52
209160	4	T1019		09/04/12	09/04/12	16.00	67.52
209160	5	T1019		09/05/12	09/05/12	16.00	67.52
209160	6	T1019		09/06/12	09/06/12	16.00	67.52
209160	7	T1019		09/07/12	09/07/12	16.00	67.52
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2091600012008571SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008380 2009001 FERRERA, FRANCISCA 06/06/1948 YH55651V R1695654  
DIAGNOSIS CODES: 301.9 401.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209162	1	T1019		09/03/12	09/03/12	20.00	84.40
209162	2	T1019		09/05/12	09/05/12	20.00	84.40
209162	3	T1019		09/07/12	09/07/12	20.00	84.40
CLAIM TOTAL							253.20
CLAIM ACCOUNT REF.							2091620012009001SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008300 2009256 CHARITAR, RAMKALIE 06/23/1953 UY13756G R1812089  
DIAGNOSIS CODES: 250.00 311. 401.9 414.00 414.01 466.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209156	1	T1019		09/02/12	09/02/12	20.00	84.40
209156	2	T1019		09/03/12	09/03/12	20.00	84.40
209156	3	T1019		09/04/12	09/04/12	20.00	84.40
209156	4	T1019		09/05/12	09/05/12	20.00	84.40
209156	5	T1019		09/06/12	09/06/12	20.00	84.40
209156	6	T1019		09/07/12	09/07/12	20.00	84.40
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2091560012009256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008271 2009270 CARRION, MARIA 06/30/1928 SC64434E R1825085  
DIAGNOSIS CODES: 250.00 294.10 401.9 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209154	1	T1019		09/01/12	09/01/12	32.00	135.04
209154	2	T1019		09/03/12	09/03/12	32.00	135.04
209154	3	T1019		09/04/12	09/04/12	32.00	135.04
209154	4	T1019		09/05/12	09/05/12	32.00	135.04
209154	5	T1019		09/06/12	09/06/12	32.00	135.04
209154	6	T1019		09/07/12	09/07/12	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2091540012009270SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009405 2009405 CORTES DE GALINDO, NEL 05/25/1925 PF03624B R1797023  
DIAGNOSIS CODES: 401.9 537.9 648.12

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209157	1	T1019		08/28/12	08/28/12	24.00	101.28
209157	2	T1019		08/29/12	08/29/12	24.00	101.28
209157	3	T1019		08/30/12	08/30/12	24.00	101.28

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PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
						CLAIM TOTAL	303.84
							CLAIM ACCOUNT REF. 2091570012009405SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2009425	2009425 FRIAS, BARBARA	04/01/1954	YQ10410R	R1869904
DIAGNOSIS	CODES:	785.9 V44.2			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209165	1	T1019		09/05/12	09/05/12	4.00	16.88
209165	2	T1019		09/07/12	09/07/12	4.00	16.88
						CLAIM TOTAL	33.76
							CLAIM ACCOUNT REF. 2091650012009425SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2009560	2009560 BOCHENEC, JOLANTA	07/08/1964	ZT71147Q	0104121200913
DIAGNOSIS	CODES:	854.00 272.4 300.00 307.42 781.0			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209152	1	T1019		09/01/12	09/01/12	24.00	101.28
209152	2	T1019		09/02/12	09/02/12	24.00	101.28
209152	3	T1019		09/03/12	09/03/12	16.00	67.52
209152	4	T1019		09/04/12	09/04/12	24.00	101.28
209152	5	T1019		09/05/12	09/05/12	24.00	101.28
209152	6	T1019		09/06/12	09/06/12	24.00	101.28
209152	7	T1019		09/07/12	09/07/12	24.00	101.28
						CLAIM TOTAL	675.20
							CLAIM ACCOUNT REF. 2091520012009560SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2009657	2009657 HERRING, CHARLEN	10/27/1949	ZE93972Y	R1947878
DIAGNOSIS	CODES:	493.91 250.00 401.9 462. 780.52			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209166	1	T1019		09/03/12	09/03/12	16.00	67.52
209166	2	T1019		09/05/12	09/05/12	16.00	67.52
209166	3	T1019		09/07/12	09/07/12	16.00	67.52
						CLAIM TOTAL	202.56
							CLAIM ACCOUNT REF. 2091660012009657SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2010009	2010009 VEGA, GLORIA	07/06/1955	ZU45073J	R1843447
DIAGNOSIS	CODES:	340. 250.00 272.2 311.			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209181	1	T1019		09/03/12	09/03/12	32.00	135.04
209181	2	T1019		09/04/12	09/04/12	32.00	135.04
209181	3	T1019		09/05/12	09/05/12	32.00	135.04

REPORT DATE 09/12/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012091203320621RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209181	4	T1019		09/06/12	09/06/12	32.00	135.04	
209181	5	T1019		09/07/12	09/07/12	32.00	135.04	
CLAIM TOTAL							675.20	CLAIM ACCOUNT REF. 2091810012010009SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008299	2010311	LAZALA, GLADYS	02/03/1950	ZT39863D	R1866346
DIAGNOSIS		CODES:	340.	250.00	278.00	401.9	440.9 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209169	1	T1020		09/01/12	09/01/12	7.00	118.16	
209169	2	T1020		09/02/12	09/02/12	7.00	118.16	
209169	3	T1020		09/03/12	09/03/12	7.00	118.16	
209169	4	T1020		09/04/12	09/04/12	7.00	118.16	
209169	5	T1020		09/05/12	09/05/12	7.00	118.16	
209169	6	T1020		09/06/12	09/06/12	7.00	118.16	
209169	7	T1020		09/07/12	09/07/12	7.00	118.16	
CLAIM TOTAL							827.12	CLAIM ACCOUNT REF. 2091690012010311SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010758	2010758	VASQUEZ, OLGA	11/20/1948	WU00136E	R1906129
DIAGNOSIS		CODES:	311.	244.9	253.5	401.9	429.9 493.90 948.11

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209180	1	T1019		09/01/12	09/01/12	20.00	84.40	
209180	2	T1019		09/02/12	09/02/12	20.00	84.40	
209180	3	T1019		09/06/12	09/06/12	20.00	84.40	
209180	4	T1019		09/07/12	09/07/12	20.00	84.40	
CLAIM TOTAL							337.60	CLAIM ACCOUNT REF. 2091800012010758SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008498	2010933	DORNELLAS, STELLA	04/30/1949	RG61445M	R1683724
DIAGNOSIS		CODES:	401.9	253.5	272.1	369.60	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209158	1	T1019		07/28/12	07/28/12	16.00	67.52	
CLAIM TOTAL							67.52	CLAIM ACCOUNT REF. 2091580012010933SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008498	2010933	DORNELLAS, STELLA	04/30/1949	RG61445M	R1944291
DIAGNOSIS		CODES:	401.9	253.5	272.1	369.60	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209159	1	T1019		08/18/12	08/18/12	16.00	67.52



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NPI = 1154407492

CLAIM ACCOUNT REF. 2091590012010933SUP

PRIOR AUTHORIZATION #  
R1921929

CLAIM ACCOUNT REF. 2091680012010967SUP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	177	TOTAL CLAIM AMOUNT =	19,057.52
		# SERVICES =	31		

REPORT DATE 09/12/12 SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492  
PAYER ID = 87726 UNITEDHEALTHCARE

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008245 2008245 CALDERON, MIGDALIA 08/02/1961 100195559 607641299  
DIAGNOSIS CODES: 250.00 428.0 724.00 724.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209212	1	T1019		09/01/12	09/01/12	40.00	171.60
209212	2	T1019		09/02/12	09/02/12	40.00	171.60
209212	3	T1019		09/03/12	09/03/12	40.00	171.60
209212	4	T1019		09/04/12	09/04/12	40.00	171.60
209212	5	T1019		09/05/12	09/05/12	40.00	171.60
209212	6	T1019		09/06/12	09/06/12	40.00	171.60
209212	7	T1019		09/07/12	09/07/12	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2092120012008245SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008287 2008287 MILLAN, ARMIDA 09/13/1928 100063356 608047620  
DIAGNOSIS CODES: 250.00 272.4 311. 356.9 365.9 401.9 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209213	1	T1019		09/01/12	09/01/12	16.00	68.64
209213	2	T1019		09/02/12	09/02/12	16.00	68.64
209213	3	T1019		09/03/12	09/03/12	36.00	154.44
209213	4	T1019		09/04/12	09/04/12	36.00	154.44
209213	5	T1019		09/05/12	09/05/12	36.00	154.44
209213	6	T1019		09/06/12	09/06/12	36.00	154.44
209213	7	T1019		09/07/12	09/07/12	36.00	154.44
CLAIM TOTAL						909.48	CLAIM ACCOUNT REF. 2092130012008287SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008401 2008401 SAFOS, PATRA 12/18/1948 100029836 607678036  
DIAGNOSIS CODES: 340. 244.8 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209215	1	T1019		09/01/12	09/01/12	32.00	137.28
209215	2	T1019		09/02/12	09/02/12	32.00	137.28
209215	3	T1019		09/03/12	09/03/12	32.00	137.28
209215	4	T1019		09/04/12	09/04/12	32.00	137.28
209215	5	T1019		09/05/12	09/05/12	32.00	137.28
209215	6	T1019		09/06/12	09/06/12	32.00	137.28
209215	7	T1019		09/07/12	09/07/12	32.00	137.28
CLAIM TOTAL						960.96	CLAIM ACCOUNT REF. 2092150012008401SUP

REPORT DATE 09/12/12 SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492  
PAYER ID = 87726 UNITEDHEALTHCARE

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008432 2008432 YUSUPOV, PULAT 08/11/1948 100600278 607630266  
DIAGNOSIS CODES: 250.00 272.4 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209216	1	T1019		09/01/12	09/01/12	16.00	68.64
209216	2	T1019		09/03/12	09/03/12	16.00	68.64
209216	3	T1019		09/04/12	09/04/12	16.00	68.64
CLAIM TOTAL							205.92
CLAIM ACCOUNT REF.							2092160012008432SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008432 2008432 YUSUPOV, PULAT 08/11/1948 100600278 608803902  
DIAGNOSIS CODES: 250.00 272.4 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209217	1	T1019		09/05/12	09/05/12	16.00	68.64
209217	2	T1019		09/06/12	09/06/12	16.00	68.64
209217	3	T1019		09/07/12	09/07/12	16.00	68.64
CLAIM TOTAL							205.92
CLAIM ACCOUNT REF.							2092170012008432SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010774 2010774 PAUL, PUTUL 10/10/1956 101218709 6083933452  
DIAGNOSIS CODES: 959.6 245.9 401.9 733.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209214	1	T1019		09/03/12	09/03/12	16.00	68.64
209214	2	T1019		09/05/12	09/05/12	16.00	68.64
209214	3	T1019		09/07/12	09/07/12	16.00	68.64
CLAIM TOTAL							205.92
CLAIM ACCOUNT REF.							2092140012010774SUP

PAYER TOTALS: UNITEDHEALTHCARE # OF CLAIMS = 30 TOTAL CLAIM AMOUNT = 3,689.40  
# SERVICES = 5

REPORT DATE 09/12/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012091203320621RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008266 2008266 GUERRA, LORRAINE 03/22/1948 712731594 102602255  
DIAGNOSIS CODES: 431. 784.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209259	1	T1019	0580	09/02/12	09/02/12	40.00	168.80
209259	2	T1019	0580	09/03/12	09/03/12	32.00	135.04
209259	3	T1019	0580	09/04/12	09/04/12	32.00	135.04
209259	4	T1019	0580	09/05/12	09/05/12	32.00	135.04
209259	5	T1019	0580	09/06/12	09/06/12	32.00	135.04
209259	6	T1019	0580	09/07/12	09/07/12	32.00	135.04
CLAIM TOTAL							844.00

CLAIM ACCOUNT REF. 2092590012008266SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008409 2009279 PRUITT, JOHNNY 10/26/1956 712824266 102602130  
DIAGNOSIS CODES: 249.00 272.4 295.00 401.9 585.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209261	1	S5130	0582	09/07/12	09/07/12	16.00	67.52
CLAIM TOTAL							67.52

CLAIM ACCOUNT REF. 2092610012009279SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209258	1	T1019	0580	09/03/12	09/03/12	32.00	135.04
209258	2	T1019	0580	09/04/12	09/04/12	36.00	151.92
209258	3	T1019	0580	09/05/12	09/05/12	32.00	135.04
209258	4	T1019	0580	09/06/12	09/06/12	36.00	151.92
209258	5	T1019	0580	09/07/12	09/07/12	32.00	135.04
CLAIM TOTAL							708.96

CLAIM ACCOUNT REF. 2092580012009647SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010003 2010724 DENNISON, KELVIN 09/23/1991 6944796 103006820  
DIAGNOSIS CODES: 799.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209256	1	T1019	0580	09/03/12	09/03/12	24.00	101.28
209256	2	T1019	0580	09/04/12	09/04/12	24.00	101.28
209256	3	T1019	0580	09/05/12	09/05/12	24.00	101.28
209256	4	T1019	0580	09/06/12	09/06/12	24.00	101.28
209256	5	T1019	0580	09/07/12	09/07/12	16.00	67.52
CLAIM TOTAL							472.64

CLAIM ACCOUNT REF. 2092560012010724SUP

REPORT DATE 09/12/12 SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492  
PAYER ID = AMRGRI AMERIGROUP NEW YORK,LLC

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008406 2010728 YOUNG, KALEILE 06/17/1994 006532755 HP0008379  
DIAGNOSIS CODES: 319. 493.90 742.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209264	1	T1019	0580	08/25/12	08/25/12	16.00	67.52
209264	2	T1019	0580	08/26/12	08/26/12	16.00	67.52
209264	3	T1019	0580	08/27/12	08/27/12	8.00	33.76
209264	4	T1019	0580	08/28/12	08/28/12	8.00	33.76
209264	5	T1019	0580	08/29/12	08/29/12	8.00	33.76
209264	6	T1019	0580	08/30/12	08/30/12	8.00	33.76
209264	7	T1019	0580	08/31/12	08/31/12	8.00	33.76
CLAIM TOTAL							303.84
CLAIM ACCOUNT REF.							2092640012010728SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209265	1	T1019	0580	09/01/12	09/01/12	16.00	67.52
209265	2	T1019	0580	09/02/12	09/02/12	16.00	67.52
209265	3	T1019	0580	09/03/12	09/03/12	8.00	33.76
209265	4	T1019	0580	09/04/12	09/04/12	8.00	33.76
209265	5	T1019	0580	09/05/12	09/05/12	8.00	33.76
209265	6	T1019	0580	09/06/12	09/06/12	8.00	33.76
209265	7	T1019	0580	09/07/12	09/07/12	8.00	33.76
CLAIM TOTAL							303.84
CLAIM ACCOUNT REF.							2092650012010728SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008407 2010729 WALTERS, BYRON 05/18/2000 006600539 HP0000064  
DIAGNOSIS CODES: 319. 493.90 742.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209262	1	T1019	0580	08/25/12	08/25/12	20.00	84.40
209262	2	T1019	0580	08/26/12	08/26/12	20.00	84.40
209262	3	T1019	0580	08/27/12	08/27/12	12.00	50.64
209262	4	T1019	0580	08/28/12	08/28/12	12.00	50.64
209262	5	T1019	0580	08/29/12	08/29/12	12.00	50.64
209262	6	T1019	0580	08/30/12	08/30/12	12.00	50.64
209262	7	T1019	0580	08/31/12	08/31/12	12.00	50.64
CLAIM TOTAL							422.00
CLAIM ACCOUNT REF.							2092620012010729SUP

REPORT DATE 09/12/12 SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012091203320621RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209263	1	T1019	0580	09/01/12	09/01/12	20.00	84.40
209263	2	T1019	0580	09/02/12	09/02/12	20.00	84.40
209263	3	T1019	0580	09/03/12	09/03/12	12.00	50.64
209263	4	T1019	0580	09/04/12	09/04/12	12.00	50.64
209263	5	T1019	0580	09/05/12	09/05/12	12.00	50.64
209263	6	T1019	0580	09/06/12	09/06/12	12.00	50.64
209263	7	T1019	0580	09/07/12	09/07/12	12.00	50.64
CLAIM TOTAL							422.00
CLAIM ACCOUNT REF.							2092630012010729SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010389 2010730 ESPERSON, CLAUDE 04/28/1971 006900634 HP0003722  
DIAGNOSIS CODES: 340. 453.40

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209257	1	T1019	0580	09/03/12	09/03/12	16.00	67.52
209257	2	T1019	0580	09/04/12	09/04/12	16.00	67.52
209257	3	T1019	0580	09/06/12	09/06/12	16.00	67.52
209257	4	T1019	0580	09/07/12	09/07/12	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2092570012010730SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008365 2010731 HARDING, EDNA 05/17/1956 006274884 HP0009108  
DIAGNOSIS CODES: 493.90 253.5 272.4 296.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209260	1	T1019	0580	09/03/12	09/03/12	24.00	101.28
209260	2	T1019	0580	09/04/12	09/04/12	24.00	101.28
209260	3	T1019	0580	09/05/12	09/05/12	24.00	101.28
209260	4	T1019	0580	09/06/12	09/06/12	24.00	101.28
209260	5	T1019	0580	09/07/12	09/07/12	24.00	101.28
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2092600012010731SUP

PAYER TOTALS: AMERIGROUP NEW YORK,LLC # OF CLAIMS = 54 TOTAL CLAIM AMOUNT = 4,321.28  
# SERVICES = 8

REPORT DATE 09/12/12 SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492  
PAYER ID = ICS01 ICS

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010018 2010959 HAWKINS S, MALIK JR 04/13/1993 5681 364551  
DIAGNOSIS CODES: 344.1 344.5 599.9

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
209269	1	T1019	1C	0570		09/01/12	09/01/12	4.25	67.58
209269	2	T1019	1C	0570		09/02/12	09/02/12	5.00	79.50
209269	3	T1019	1C	0570		09/03/12	09/03/12	10.00	159.00
209269	4	T1019	1C	0570		09/04/12	09/04/12	10.00	159.00
209269	5	T1019	1C	0570		09/05/12	09/05/12	9.25	147.08
209269	6	T1019	1C	0570		09/06/12	09/06/12	10.00	159.00
209269	7	T1019	1C	0570		09/07/12	09/07/12	10.00	159.00
CLAIM TOTAL									930.16
CLAIM ACCOUNT REF.									2092690012010959SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008258 2011073 RUIZ JR, SAMUEL 11/20/1971 6470 372708  
DIAGNOSIS CODES: 741.90 331.4 552.21

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
209270	1	T1019	1C	0570		09/03/12	09/03/12	5.00	79.50
209270	2	T1019	1C	0570		09/04/12	09/04/12	5.00	79.50
209270	3	T1019	1C	0570		09/05/12	09/05/12	5.00	79.50
209270	4	T1019	1C	0570		09/06/12	09/06/12	5.00	79.50
209270	5	T1019	1C	0570		09/07/12	09/07/12	5.00	79.50
CLAIM TOTAL									397.50
CLAIM ACCOUNT REF.									2092700012011073SUP

PAYER TOTALS: ICS # OF CLAIMS = 12 TOTAL CLAIM AMOUNT = 1,327.66  
# SERVICES = 2

REPORT DATE 09/12/12 SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492  
PAYER ID = INIPA HEALTHCARE PARTNERS IPA I

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008382 2010800 GOMES, AGUSTINA 05/05/1933 JRX53860E01 2012081092600005  
DIAGNOSIS CODES: 230.3 153.0 401.9 733.00 V60.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209266	1	T1019	0580	09/01/12	09/01/12	36.00	151.92
209266	2	T1019	0580	09/02/12	09/02/12	36.00	151.92
209266	3	T1019	0580	09/03/12	09/03/12	36.00	151.92
209266	4	T1019	0580	09/04/12	09/04/12	36.00	151.92
209266	5	T1019	0580	09/05/12	09/05/12	36.00	151.92
209266	6	T1019	0580	09/06/12	09/06/12	36.00	151.92
209266	7	T1019	0580	09/07/12	09/07/12	36.00	151.92
CLAIM TOTAL						1,063.44	CLAIM ACCOUNT REF. 2092660012010800SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JSV04323R01 2012081592600002  
DIAGNOSIS CODES: 250.11 272.0 401.9 435.9 586.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209268	1	T1019	0580	09/04/12	09/04/12	16.00	67.52
209268	2	T1019	0580	09/05/12	09/05/12	16.00	67.52
209268	3	T1019	0580	09/06/12	09/06/12	16.00	67.52
209268	4	T1019	0580	09/07/12	09/07/12	16.00	67.52
CLAIM TOTAL						270.08	CLAIM ACCOUNT REF. 2092680012010804SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008228 2010805 TOWLES, ADA 12/10/1954 JZX17878Q01 2012072392600008  
DIAGNOSIS CODES: 722.10 401.9 724.3 750.7 V61.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209267	1	T1019	0580	09/03/12	09/03/12	16.00	67.52
209267	2	T1019	0580	09/04/12	09/04/12	16.00	67.52
209267	3	T1019	0580	09/07/12	09/07/12	16.00	67.52
CLAIM TOTAL						202.56	CLAIM ACCOUNT REF. 2092670012010805SUP

PAYER TOTALS: HEALTHCARE PARTNERS IPA I # OF CLAIMS = 14 TOTAL CLAIM AMOUNT = 1,536.08  
# SERVICES = 3

PROVIDER TOTALS: SUNNYSIDE CITYWIDE # OF CLAIMS = 635 TOTAL CLAIM AMOUNT = 73,503.98  
# SERVICES = 114