

REPORT DATE 10/03/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

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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
211473	1	T1020		09/13/12	09/13/12	7.00	118.09
211473	2	T1020		09/22/12	09/22/12	6.00	101.22
211473	3	T1020		09/24/12	09/24/12	7.00	118.09
211473	4	T1020		09/25/12	09/25/12	7.00	118.09
211473	5	T1020		09/26/12	09/26/12	7.00	118.09
211473	6	T1020		09/27/12	09/27/12	7.00	118.09
211473	7	T1020		09/28/12	09/28/12	7.00	118.09
CLAIM TOTAL							809.76
							CLAIM ACCOUNT REF.    2114730012008267SUP

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
211471	1	T1020		09/22/12	09/22/12	9.00	151.83
211471	2	T1020		09/23/12	09/23/12	9.00	151.83
211471	3	T1020		09/24/12	09/24/12	9.00	151.83
211471	4	T1020		09/25/12	09/25/12	9.00	151.83
211471	5	T1020		09/26/12	09/26/12	9.00	151.83
211471	6	T1020		09/27/12	09/27/12	9.00	151.83
211471	7	T1020		09/28/12	09/28/12	9.00	151.83
CLAIM TOTAL							1,062.81
							CLAIM ACCOUNT REF.    2114710012008268SUP

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
211468	1	T1020		09/22/12	09/22/12	7.00	118.09
211468	2	T1020		09/23/12	09/23/12	7.00	118.09
211468	3	T1020		09/24/12	09/24/12	7.00	118.09
211468	4	T1020		09/25/12	09/25/12	7.00	118.09
211468	5	T1020		09/26/12	09/26/12	7.00	118.09
211468	6	T1020		09/27/12	09/27/12	7.00	118.09
211468	7	T1020		09/28/12	09/28/12	7.00	118.09
CLAIM TOTAL							826.63
							CLAIM ACCOUNT REF.    2114680012008306SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
211466	1	T1020		09/22/12	09/22/12	7.00	118.09	
211466	2	T1020		09/23/12	09/23/12	7.00	118.09	
211466	3	T1020		09/24/12	09/24/12	7.00	118.09	
211466	4	T1020		09/25/12	09/25/12	7.00	118.09	
211466	5	T1020		09/26/12	09/26/12	7.00	118.09	
211466	6	T1020		09/27/12	09/27/12	7.00	118.09	
211466	7	T1020		09/28/12	09/28/12	7.00	118.09	
CLAIM TOTAL							826.63	CLAIM ACCOUNT REF.    2114660012008386SUP

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	
211472	1	T1020		09/25/12	09/25/12	4.00	67.48	
CLAIM TOTAL							67.48	CLAIM ACCOUNT REF.    2114720012008400SUP

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	
211470	1	T1020		09/22/12	09/22/12	12.00	202.44	
211470	2	T1020		09/23/12	09/23/12	12.00	202.44	
211470	3	T1020		09/24/12	09/24/12	12.00	202.44	
211470	4	T1020		09/25/12	09/25/12	12.00	202.44	
CLAIM TOTAL							809.76	CLAIM ACCOUNT REF.    2114700012009283SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008399    2010014    BERGES, MARITZA                      11/20/1968    74098062800                      120660869  
DIAGNOSIS CODES:    493.00        275.2        276.8        311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
211467	1	T1020		09/24/12	09/24/12	6.00	101.22	
211467	2	T1020		09/25/12	09/25/12	6.00	101.22	
211467	3	T1020		09/26/12	09/26/12	6.00	101.22	
211467	4	T1020		09/27/12	09/27/12	6.00	101.22	
211467	5	T1020		09/28/12	09/28/12	3.00	50.61	
CLAIM TOTAL							455.49	CLAIM ACCOUNT REF.    2114670012010014SUP

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NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009268	2010041	VARGAS, RAQUEL	07/05/1949	74201787700	121291101

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
211474	1	T1020		09/22/12	09/22/12	9.00	151.83		
211474	2	T1020		09/24/12	09/24/12	8.00	134.96		
211474	3	T1020		09/25/12	09/25/12	9.00	151.83		
211474	4	T1020		09/26/12	09/26/12	9.00	151.83		
211474	5	T1020		09/27/12	09/27/12	9.00	151.83		
211474	6	T1020		09/28/12	09/28/12	9.00	151.83		
CLAIM TOTAL							894.11	CLAIM ACCOUNT REF.	2114740012010041SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008376	2010712	LITMAN, GAIL	10/23/1952	74146355500	111951068
DIAGNOSIS		CODES:		401.9	780.2	V12.54	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
211469	1	T1020		09/26/12	09/26/12	5.00	84.35	
211469	2	T1020		09/27/12	09/27/12	5.00	84.35	
211469	3	T1020		09/28/12	09/28/12	4.00	67.48	
					CLAIM TOTAL		236.18	CLAIM ACCOUNT REF. 2114690012010712SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	47	TOTAL CLAIM AMOUNT =	5,988.85
		# SERVICES =	9		

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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
211450	1	T1019		09/26/12	09/26/12	16.00	67.52
211450	2	T1019		09/27/12	09/27/12	16.00	67.52
211450	3	T1019		09/28/12	09/28/12	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2114500012008261SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
211457	1	T1019		09/22/12	09/22/12	24.00	101.28
211457	2	T1019		09/23/12	09/23/12	24.00	101.28
211457	3	T1019		09/24/12	09/24/12	24.00	101.28
211457	4	T1019		09/25/12	09/25/12	24.00	101.28
211457	5	T1019		09/26/12	09/26/12	24.00	101.28
211457	6	T1019		09/27/12	09/27/12	24.00	101.28
211457	7	T1019		09/28/12	09/28/12	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2114570012008263SUP

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
211463	1	T1019		09/22/12	09/22/12	40.00	168.80
211463	2	T1019		09/23/12	09/23/12	40.00	168.80
211463	3	T1019		09/24/12	09/24/12	40.00	168.80
211463	4	T1019		09/25/12	09/25/12	40.00	168.80
211463	5	T1019		09/26/12	09/26/12	40.00	168.80
211463	6	T1019		09/27/12	09/27/12	40.00	168.80
211463	7	T1019		09/28/12	09/28/12	40.00	168.80
CLAIM TOTAL							1,181.60
CLAIM ACCOUNT REF.							2114630012008265SUP

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
211465	1	T1019		09/22/12	09/22/12	16.00	67.52

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PAYER ID = 11325                      NEIGHBORHOOD HEALTH

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
211465	2	T1019		09/23/12	09/23/12	16.00	67.52	
211465	3	T1019		09/24/12	09/24/12	24.00	101.28	
211465	4	T1019		09/25/12	09/25/12	16.00	67.52	
211465	5	T1019		09/26/12	09/26/12	24.00	101.28	
211465	6	T1019		09/27/12	09/27/12	24.00	101.28	
211465	7	T1019		09/28/12	09/28/12	24.00	101.28	
					CLAIM TOTAL		607.68	CLAIM ACCOUNT REF. 2114650012008303SUP

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	
211453	1	T1019		09/24/12	09/24/12	20.00	84.40	
211453	2	T1019		09/25/12	09/25/12	20.00	84.40	
211453	3	T1019		09/27/12	09/27/12	20.00	84.40	
					CLAIM TOTAL		253.20	CLAIM ACCOUNT REF. 2114530012008366SUP

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	
211448	1	T1019		09/22/12	09/22/12	28.00	118.16	
211448	2	T1019		09/23/12	09/23/12	28.00	118.16	
211448	3	T1019		09/24/12	09/24/12	32.00	135.04	
211448	4	T1019		09/25/12	09/25/12	28.00	118.16	
211448	5	T1019		09/26/12	09/26/12	28.00	118.16	
211448	6	T1019		09/27/12	09/27/12	28.00	118.16	
211448	7	T1019		09/28/12	09/28/12	28.00	118.16	
					CLAIM TOTAL		844.00	CLAIM ACCOUNT REF. 2114480012008403SUP

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	
211462	1	T1019		09/22/12	09/22/12	32.00	135.04	
211462	2	T1019		09/23/12	09/23/12	32.00	135.04	
211462	3	T1019		09/24/12	09/24/12	32.00	135.04	
211462	4	T1019		09/25/12	09/25/12	32.00	135.04	
211462	5	T1019		09/26/12	09/26/12	32.00	135.04	
211462	6	T1019		09/27/12	09/27/12	32.00	135.04	

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PAYER        ID = 11325                      NEIGHBORHOOD HEALTH

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
211462	7	T1019		09/28/12	09/28/12	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF.    2114620012008420SUP

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	
211459	1	T1019		09/25/12	09/25/12	24.00	101.28	
211459	2	T1019		09/26/12	09/26/12	24.00	101.28	
211459	3	T1019		09/27/12	09/27/12	24.00	101.28	
211459	4	T1019		09/28/12	09/28/12	24.00	101.28	
					CLAIM TOTAL		405.12	CLAIM ACCOUNT REF.    2114590012008421SUP

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	
211458	1	T1019		09/22/12	09/22/12	24.00	101.28	
211458	2	T1019		09/24/12	09/24/12	24.00	101.28	
211458	3	T1019		09/26/12	09/26/12	24.00	101.28	
211458	4	T1019		09/27/12	09/27/12	24.00	101.28	
					CLAIM TOTAL		405.12	CLAIM ACCOUNT REF.    2114580012008422SUP

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	
211464	1	T1019		09/24/12	09/24/12	16.00	67.52	
211464	2	T1019		09/25/12	09/25/12	16.00	67.52	
211464	3	T1019		09/27/12	09/27/12	16.00	67.52	
211464	4	T1019		09/28/12	09/28/12	16.00	67.52	
					CLAIM TOTAL		270.08	CLAIM ACCOUNT REF.    2114640012008425SUP

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
211451	1	T1019		09/22/12	09/22/12	40.00	168.80
211451	2	T1019		09/23/12	09/23/12	40.00	168.80

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PAYER        ID = 11325                      NEIGHBORHOOD HEALTH

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
211451	3	T1019		09/24/12	09/24/12	40.00	168.80	
211451	4	T1019		09/25/12	09/25/12	40.00	168.80	
211451	5	T1019		09/26/12	09/26/12	40.00	168.80	
211451	6	T1019		09/27/12	09/27/12	40.00	168.80	
211451	7	T1019		09/28/12	09/28/12	40.00	168.80	
CLAIM TOTAL							1,181.60	CLAIM ACCOUNT REF. 2114510012008427SUP

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	
211461	1	T1019		09/24/12	09/24/12	16.00	67.52	
211461	2	T1019		09/25/12	09/25/12	16.00	67.52	
211461	3	T1019		09/27/12	09/27/12	16.00	67.52	
211461	4	T1019		09/28/12	09/28/12	16.00	67.52	
CLAIM TOTAL							270.08	CLAIM ACCOUNT REF. 2114610012008531SUP

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	
211456	1	T1019		09/24/12	09/24/12	28.00	118.16	
211456	2	T1019		09/25/12	09/25/12	28.00	118.16	
211456	3	T1019		09/26/12	09/26/12	28.00	118.16	
211456	4	T1019		09/27/12	09/27/12	28.00	118.16	
211456	5	T1019		09/28/12	09/28/12	28.00	118.16	
CLAIM TOTAL							590.80	CLAIM ACCOUNT REF. 2114560012008742SUP

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	
211449	1	T1019		09/24/12	09/24/12	16.00	67.52	
211449	2	T1019		09/25/12	09/25/12	24.00	101.28	
211449	3	T1019		09/26/12	09/26/12	24.00	101.28	
211449	4	T1019		09/27/12	09/27/12	24.00	101.28	
211449	5	T1019		09/28/12	09/28/12	24.00	101.28	
CLAIM TOTAL							472.64	CLAIM ACCOUNT REF. 2114490012008802SUP

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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    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	
211454	1	T1019		09/25/12	09/25/12	28.00	118.16	
211454	2	T1019		09/26/12	09/26/12	28.00	118.16	
211454	3	T1019		09/27/12	09/27/12	28.00	118.16	
211454	4	T1019		09/28/12	09/28/12	32.00	135.04	
					CLAIM TOTAL	489.52		CLAIM ACCOUNT REF.    2114540012009221SUP

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	
211455	1	T1019		09/22/12	09/22/12	48.00	202.56	
211455	2	T1019		09/23/12	09/23/12	48.00	202.56	
211455	3	T1019		09/24/12	09/24/12	48.00	202.56	
211455	4	T1019		09/25/12	09/25/12	48.00	202.56	
211455	5	T1019		09/26/12	09/26/12	48.00	202.56	
211455	6	T1019		09/27/12	09/27/12	48.00	202.56	
211455	7	T1019		09/28/12	09/28/12	48.00	202.56	
					CLAIM TOTAL	1,417.92		CLAIM ACCOUNT REF.    2114550012009356SUP

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	
211446	1	T1019		09/22/12	09/22/12	32.00	135.04	
211446	2	T1019		09/23/12	09/23/12	32.00	135.04	
211446	3	T1019		09/24/12	09/24/12	28.00	118.16	
211446	4	T1019		09/25/12	09/25/12	32.00	135.04	
211446	5	T1019		09/26/12	09/26/12	32.00	135.04	
211446	6	T1019		09/27/12	09/27/12	32.00	135.04	
211446	7	T1019		09/28/12	09/28/12	32.00	135.04	
					CLAIM TOTAL	928.40		CLAIM ACCOUNT REF.    2114460012010143SUP



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NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
211460	1	T1019		09/24/12	09/24/12	20.00	84.40	
211460	2	T1019		09/25/12	09/25/12	20.00	84.40	
211460	3	T1019		09/26/12	09/26/12	20.00	84.40	
211460	4	T1019		09/27/12	09/27/12	20.00	84.40	
211460	5	T1019		09/28/12	09/28/12	20.00	84.40	
					CLAIM TOTAL	422.00		CLAIM ACCOUNT REF. 2114600012010353SUP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
211452	1	T1019		09/22/12	09/22/12	24.00	101.28	
211452	2	T1019		09/23/12	09/23/12	24.00	101.28	
211452	3	T1019		09/24/12	09/24/12	24.00	101.28	
211452	4	T1019		09/25/12	09/25/12	24.00	101.28	
211452	5	T1019		09/26/12	09/26/12	24.00	101.28	
211452	6	T1019		09/27/12	09/27/12	24.00	101.28	
211452	7	T1019		09/28/12	09/28/12	24.00	101.28	
					CLAIM TOTAL	708.96		CLAIM ACCOUNT REF. 2114520012010639SUP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
211447	1	T1019		09/24/12	09/24/12	36.00	151.92		
211447	2	T1019		09/25/12	09/25/12	36.00	151.92		
211447	3	T1019		09/26/12	09/26/12	36.00	151.92		
211447	4	T1019		09/27/12	09/27/12	36.00	151.92		
					CLAIM TOTAL		607.68	CLAIM ACCOUNT REF.	2114470012010878SU

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	108	TOTAL CLAIM AMOUNT =	12,913.20
		# SERVICES =	20		

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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
211497	1	T1019		09/22/12	09/22/12	4.00	68.60
211497	2	T1019		09/23/12	09/23/12	4.00	68.60
211497	3	T1019		09/24/12	09/24/12	8.00	137.20
211497	4	T1019		09/25/12	09/25/12	12.00	205.80
211497	5	T1019		09/26/12	09/26/12	12.00	205.80
211497	6	T1019		09/27/12	09/27/12	12.00	205.80
211497	7	T1019		09/28/12	09/28/12	12.00	205.80
CLAIM TOTAL						1,097.60	CLAIM ACCOUNT REF. 2114970012008233SUP

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
211505	1	T1019		09/22/12	09/22/12	8.00	137.20
211505	2	T1019		09/23/12	09/23/12	8.00	137.20
211505	3	T1019		09/24/12	09/24/12	11.00	188.65
211505	4	T1019		09/25/12	09/25/12	11.00	188.65
211505	5	T1019		09/26/12	09/26/12	11.00	188.65
211505	6	T1019		09/27/12	09/27/12	11.00	188.65
211505	7	T1019		09/28/12	09/28/12	11.00	188.65
CLAIM TOTAL						1,217.65	CLAIM ACCOUNT REF. 2115050012008236SUP

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
211501	1	T1019		09/24/12	09/24/12	4.00	68.60
211501	2	T1019		09/26/12	09/26/12	4.00	68.60
211501	3	T1019		09/28/12	09/28/12	4.00	68.60
CLAIM TOTAL						205.80	CLAIM ACCOUNT REF. 2115010012008237SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008284 2008284 ANDERSON, BETH 12/18/1947 YC43135F 0108141290047  
DIAGNOSIS CODES: 340. 286.0 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
211496	1	T1019		09/22/12	09/22/12	3.00	51.45

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PAYER ID = 13265                      METROPLUS HEALTH PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
211496	2	T1019		09/23/12	09/23/12	3.00	51.45	
211496	3	T1019		09/24/12	09/24/12	5.00	85.75	
211496	4	T1019		09/25/12	09/25/12	5.00	85.75	
211496	5	T1019		09/26/12	09/26/12	5.00	85.75	
211496	6	T1019		09/27/12	09/27/12	4.00	68.60	
211496	7	T1019		09/28/12	09/28/12	5.00	85.75	
CLAIM TOTAL							514.50	CLAIM ACCOUNT REF. 2114960012008284SUP

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	
211503	1	T1019		09/24/12	09/24/12	8.00	137.20	
211503	2	T1019		09/25/12	09/25/12	8.00	137.20	
211503	3	T1019		09/26/12	09/26/12	8.00	137.20	
211503	4	T1019		09/27/12	09/27/12	8.00	137.20	
211503	5	T1019		09/28/12	09/28/12	8.00	137.20	
CLAIM TOTAL							686.00	CLAIM ACCOUNT REF. 2115030012008385SUP

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	
211502	1	T1019		09/22/12	09/22/12	5.00	85.75	
211502	2	T1019		09/23/12	09/23/12	5.00	85.75	
211502	3	T1019		09/24/12	09/24/12	5.00	85.75	
211502	4	T1019		09/25/12	09/25/12	5.00	85.75	
211502	5	T1019		09/26/12	09/26/12	5.00	85.75	
211502	6	T1019		09/27/12	09/27/12	5.00	85.75	
211502	7	T1019		09/28/12	09/28/12	5.00	85.75	
CLAIM TOTAL							600.25	CLAIM ACCOUNT REF. 2115020012008417SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008418 2008418 RYALS, CHARLES 11/03/1950 ZZ49620T 0108071290383  
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	
211507	1	T1019		09/24/12	09/24/12	8.00	137.20	
211507	2	T1019		09/25/12	09/25/12	8.00	137.20	
211507	3	T1019		09/26/12	09/26/12	8.00	137.20	
211507	4	T1019		09/27/12	09/27/12	8.00	137.20	

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PAYER ID = 13265                      METROPLUS HEALTH PLAN

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	548.80	2115070012008418SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008743	2008743	CORDERO, ROSENDO	08/26/1926	QM62108S	0108071290054
DIAGNOSIS CODES: 492.0    272.0    401.9    715.00    788.30							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
211498	1	T1019		09/23/12	09/23/12	10.00	171.50	
211498	2	T1019		09/24/12	09/24/12	10.00	171.50	
211498	3	T1019		09/25/12	09/25/12	10.00	171.50	
211498	4	T1019		09/26/12	09/26/12	10.00	171.50	
211498	5	T1019		09/27/12	09/27/12	10.00	171.50	
211498	6	T1019		09/28/12	09/28/12	7.00	120.05	
						CLAIM TOTAL	977.55	2114980012008743SUP

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	CLAIM ACCOUNT REF.
211499	1	T1019		09/22/12	09/22/12	19.00	325.85	
211499	2	T1019		09/23/12	09/23/12	19.00	325.85	
211499	3	T1019		09/24/12	09/24/12	19.00	325.85	
211499	4	T1019		09/25/12	09/25/12	19.00	325.85	
211499	5	T1019		09/26/12	09/26/12	19.00	325.85	
211499	6	T1019		09/27/12	09/27/12	19.00	325.85	
211499	7	T1019		09/28/12	09/28/12	19.00	325.85	
						CLAIM TOTAL	2,280.95	2114990012009137SUP

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	CLAIM ACCOUNT REF.
211508	1	T1019		09/22/12	09/22/12	6.00	102.90	
211508	2	T1019		09/23/12	09/23/12	6.00	102.90	
211508	3	T1019		09/24/12	09/24/12	6.00	102.90	
						CLAIM TOTAL	308.70	2115080012009377SUP

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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 2009377 2009377 SANTORO, MATTHEW 08/20/1949 SP38021Q 01-082412-901-94  
DIAGNOSIS CODES: 299.01 453.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
211509	1	T1019		09/25/12	09/25/12	5.00	85.75
211509	2	T1019		09/26/12	09/26/12	5.00	85.75
211509	3	T1019		09/27/12	09/27/12	5.00	85.75
211509	4	T1019		09/28/12	09/28/12	5.00	85.75
CLAIM TOTAL							343.00
							CLAIM ACCOUNT REF. 2115090012009377SUP

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
211506	1	T1019		09/01/12	09/01/12	8.00	137.20
211506	2	T1019		09/10/12	09/10/12	3.00	51.45
211506	3	T1019		09/22/12	09/22/12	8.00	137.20
211506	4	T1019		09/24/12	09/24/12	3.00	51.45
211506	5	T1019		09/25/12	09/25/12	3.00	51.45
211506	6	T1019		09/26/12	09/26/12	3.00	51.45
211506	7	T1019		09/27/12	09/27/12	3.00	51.45
CLAIM TOTAL							531.65
							CLAIM ACCOUNT REF. 2115060012009688SUP

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
211510	1	T1019		09/22/12	09/22/12	4.00	68.60
211510	2	T1019		09/23/12	09/23/12	4.00	68.60
211510	3	T1019		09/24/12	09/24/12	4.00	68.60
211510	4	T1019		09/25/12	09/25/12	4.00	68.60
211510	5	T1019		09/26/12	09/26/12	4.00	68.60
211510	6	T1019		09/27/12	09/27/12	4.00	68.60
211510	7	T1019		09/28/12	09/28/12	4.00	68.60
CLAIM TOTAL							480.20
							CLAIM ACCOUNT REF. 2115100012009919SUP

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PAYER ID = 13265                      METROPLUS HEALTH PLAN

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
211511	1	T1019		09/17/12	09/17/12	8.00	137.20
211511	2	T1019		09/18/12	09/18/12	8.00	137.20
211511	3	T1019		09/19/12	09/19/12	8.00	137.20
211511	4	T1019		09/20/12	09/20/12	8.00	137.20
211511	5	T1019		09/21/12	09/21/12	8.00	137.20
211511	6	T1019		09/22/12	09/22/12	8.00	137.20
211511	7	T1019		09/24/12	09/24/12	8.00	137.20
211511	8	T1019		09/25/12	09/25/12	8.00	137.20
211511	9	T1019		09/26/12	09/26/12	8.00	137.20
211511	10	T1019		09/27/12	09/27/12	8.00	137.20
211511	11	T1019		09/28/12	09/28/12	8.00	137.20
CLAIM TOTAL						1,509.20	
CLAIM ACCOUNT REF. 2115110012010213SUP							

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
211504	1	T1019		09/20/12	09/20/12	3.00	51.45
211504	2	T1019		09/24/12	09/24/12	3.00	51.45
211504	3	T1019		09/25/12	09/25/12	3.00	51.45
211504	4	T1019		09/27/12	09/27/12	3.00	51.45
CLAIM TOTAL						205.80	
CLAIM ACCOUNT REF. 2115040012010886SUP							

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011286 2011286 DOBBINS, SANDRA 02/05/1953 ZA50099X 0109041290009  
DIAGNOSIS CODES: 295.90 369.10 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
211500	1	T1019		09/01/12	09/01/12	12.00	205.80
211500	2	T1019		09/02/12	09/02/12	12.00	205.80
211500	3	T1019		09/08/12	09/08/12	12.00	205.80
211500	4	T1019		09/09/12	09/09/12	12.00	205.80
211500	5	T1019		09/22/12	09/22/12	24.00	411.60
211500	6	T1019		09/23/12	09/23/12	24.00	411.60
211500	7	T1019		09/24/12	09/24/12	24.00	411.60
211500	8	T1019		09/25/12	09/25/12	24.00	411.60
211500	9	T1019		09/26/12	09/26/12	24.00	411.60
211500	10	T1019		09/27/12	09/27/12	24.00	411.60

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NPI = 1154407492

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	100	TOTAL CLAIM AMOUNT =	15,212.05
		# SERVICES =	15		

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
211514	1	T1019		09/22/12	09/22/12	36.00	154.80
211514	2	T1019		09/23/12	09/23/12	36.00	154.80
211514	3	T1019		09/24/12	09/24/12	36.00	154.80
211514	4	T1019		09/25/12	09/25/12	36.00	154.80
211514	5	T1019		09/26/12	09/26/12	36.00	154.80
211514	6	T1019		09/27/12	09/27/12	36.00	154.80
211514	7	T1019		09/28/12	09/28/12	36.00	154.80
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2115140012008286SUP

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
211513	1	T1019		09/22/12	09/22/12	24.00	103.20
211513	2	T1019		09/23/12	09/23/12	24.00	103.20
211513	3	T1019		09/24/12	09/24/12	24.00	103.20
211513	4	T1019		09/25/12	09/25/12	24.00	103.20
211513	5	T1019		09/26/12	09/26/12	24.00	103.20
211513	6	T1019		09/27/12	09/27/12	24.00	103.20
211513	7	T1019		09/28/12	09/28/12	24.00	103.20
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2115130012008495SUP

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
211512	1	T1019		09/22/12	09/22/12	28.00	120.40
211512	2	T1019		09/23/12	09/23/12	28.00	120.40
211512	3	T1019		09/24/12	09/24/12	28.00	120.40
211512	4	T1019		09/25/12	09/25/12	28.00	120.40
211512	5	T1019		09/26/12	09/26/12	28.00	120.40
211512	6	T1019		09/27/12	09/27/12	28.00	120.40
211512	7	T1019		09/28/12	09/28/12	28.00	120.40
CLAIM TOTAL						842.80	CLAIM ACCOUNT REF. 2115120012010404SUP



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

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	21	TOTAL CLAIM AMOUNT =	2,648.80
		# 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 2008273 2008471 DE JESUS, TIBURCIO 08/11/1947 XX16524S 0004980406  
DIAGNOSIS CODES: 250.03 369.60 401.9 414.04 799.89 V60.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
211492	1	T1019	0580	09/22/12	09/22/12	36.00	151.92
211492	2	T1019	0580	09/23/12	09/23/12	36.00	151.92
211492	3	T1019	0580	09/24/12	09/24/12	36.00	151.92
211492	4	T1019	0580	09/25/12	09/25/12	36.00	151.92
211492	5	T1019	0580	09/26/12	09/26/12	36.00	151.92
211492	6	T1019	0580	09/27/12	09/27/12	36.00	151.92
211492	7	T1019	0580	09/28/12	09/28/12	36.00	151.92
CLAIM TOTAL							1,063.44
CLAIM ACCOUNT REF.							2114920012008471SUP

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
211493	1	T1019	0580	09/24/12	09/24/12	40.00	168.80
211493	2	T1019	0580	09/25/12	09/25/12	40.00	168.80
211493	3	T1019	0580	09/26/12	09/26/12	40.00	168.80
211493	4	T1019	0580	09/27/12	09/27/12	40.00	168.80
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2114930012008491SUP

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
211495	1	T1019	0580	09/24/12	09/24/12	16.00	67.52
211495	2	T1019	0580	09/25/12	09/25/12	16.00	67.52
211495	3	T1019	0580	09/26/12	09/26/12	16.00	67.52
211495	4	T1019	0580	09/27/12	09/27/12	16.00	67.52
211495	5	T1019	0580	09/28/12	09/28/12	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2114950012008513SUP

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
211494	1	T1019	0580	09/22/12	09/22/12	20.00	84.40
211494	2	T1019	0580	09/23/12	09/23/12	20.00	84.40

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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	
211494	3	T1019	0580	09/24/12	09/24/12	20.00	84.40	
211494	4	T1019	0580	09/25/12	09/25/12	20.00	84.40	
211494	5	T1019	0580	09/26/12	09/26/12	20.00	84.40	
211494	6	T1019	0580	09/27/12	09/27/12	20.00	84.40	
211494	7	T1019	0580	09/28/12	09/28/12	20.00	84.40	
			CLAIM TOTAL				590.80	CLAIM ACCOUNT REF. 2114940012008544SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008193	2008723	REYNOLDS, HARRIET	07/01/1958	SR66809C	0003855084
DIAGNOSIS	CODES:	728.87	250.00	250.60	311.401.9	780.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
211487	1	T1019	0580	09/25/12	09/25/12	16.00	56.00	
211487	2	T1019	0580	09/27/12	09/27/12	16.00	56.00	
211487	3	T1019	0580	09/28/12	09/28/12	16.00	56.00	
			CLAIM TOTAL				168.00	CLAIM ACCOUNT REF. 2114870012008723SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
211481	1	T1019	0580	09/22/12	09/22/12	48.00	168.00	
211481	2	T1019	0580	09/23/12	09/23/12	48.00	168.00	
211481	3	T1019	0580	09/24/12	09/24/12	48.00	168.00	
211481	4	T1019	0580	09/25/12	09/25/12	48.00	168.00	
211481	5	T1019	0580	09/26/12	09/26/12	48.00	168.00	
211481	6	T1019	0580	09/27/12	09/27/12	48.00	168.00	
211481	7	T1019	0580	09/28/12	09/28/12	48.00	168.00	
			CLAIM TOTAL				1,176.00	CLAIM ACCOUNT REF. 2114810012008793SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
211489	1	T1019	0580	09/22/12	09/22/12	32.00	112.00	
211489	2	T1019	0580	09/23/12	09/23/12	32.00	112.00	
211489	3	T1019	0580	09/24/12	09/24/12	32.00	112.00	
211489	4	T1019	0580	09/25/12	09/25/12	32.00	112.00	
211489	5	T1019	0580	09/26/12	09/26/12	32.00	112.00	
211489	6	T1019	0580	09/27/12	09/27/12	32.00	112.00	
			CLAIM TOTAL				672.00	CLAIM ACCOUNT REF. 2114890012009237SUP

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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 2008395 2009406 AHMAD, AMATUL 08/03/1953 YG15821Z 0004979372  
DIAGNOSIS CODES: 799.89 253.5 272.4 401.9 493.92 696.8

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
211490	1	T1019	0580	09/24/12	09/24/12	16.00	67.52
211490	2	T1019	0580	09/25/12	09/25/12	16.00	67.52
211490	3	T1019	0580	09/26/12	09/26/12	16.00	67.52
211490	4	T1019	0580	09/27/12	09/27/12	16.00	67.52
211490	5	T1019	0580	09/28/12	09/28/12	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2114900012009406SUP

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
211486	1	T1019	0580	09/22/12	09/22/12	48.00	168.00
211486	2	T1019	0580	09/23/12	09/23/12	48.00	168.00
211486	3	T1019	0580	09/24/12	09/24/12	48.00	168.00
211486	4	T1019	0580	09/25/12	09/25/12	48.00	168.00
211486	5	T1019	0580	09/26/12	09/26/12	48.00	168.00
211486	6	T1019	0580	09/27/12	09/27/12	45.00	157.50
211486	7	T1019	0580	09/28/12	09/28/12	48.00	168.00
CLAIM TOTAL							1,165.50

CLAIM ACCOUNT REF. 2114860012009467SUP

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
211491	1	T1019	0580	09/26/12	09/26/12	40.00	168.80
211491	2	T1019	0580	09/27/12	09/27/12	40.00	168.80
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2114910012009562SUP

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
211483	1	T1019	0580	09/24/12	09/24/12	16.00	56.00
211483	2	T1019	0580	09/25/12	09/25/12	16.00	56.00
211483	3	T1019	0580	09/26/12	09/26/12	16.00	56.00
211483	4	T1019	0580	09/27/12	09/27/12	16.00	56.00

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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
211483	5	T1019	0580	09/28/12	09/28/12	16.00	56.00
CLAIM TOTAL							280.00
CLAIM ACCOUNT REF.							2114830012009686SUP

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
211485	1	T1019	0580	09/24/12	09/24/12	28.00	98.00
211485	2	T1019	0580	09/25/12	09/25/12	28.00	98.00
211485	3	T1019	0580	09/26/12	09/26/12	28.00	98.00
211485	4	T1019	0580	09/27/12	09/27/12	28.00	98.00
211485	5	T1019	0580	09/28/12	09/28/12	28.00	98.00
CLAIM TOTAL							490.00
CLAIM ACCOUNT REF.							2114850012009945SUP

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
211480	1	T1019	0580	09/25/12	09/25/12	24.00	84.00
211480	2	T1019	0580	09/26/12	09/26/12	20.00	70.00
211480	3	T1019	0580	09/27/12	09/27/12	20.00	70.00
CLAIM TOTAL							224.00
CLAIM ACCOUNT REF.							2114800012010293SUP

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
211488	1	T1019	0580	09/13/12	09/13/12	8.00	28.00
211488	2	T1019	0580	09/22/12	09/22/12	48.00	168.00
211488	3	T1019	0580	09/23/12	09/23/12	48.00	168.00
211488	4	T1019	0580	09/24/12	09/24/12	48.00	168.00
211488	5	T1019	0580	09/25/12	09/25/12	48.00	168.00
211488	6	T1019	0580	09/26/12	09/26/12	47.00	164.50
211488	7	T1019	0580	09/27/12	09/27/12	48.00	168.00
211488	8	T1019	0580	09/28/12	09/28/12	48.00	168.00
CLAIM TOTAL							1,200.50
CLAIM ACCOUNT REF.							2114880012010316SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #  
0005197384

CLAIM ACCOUNT REF. 2114840012010991SUP

PRIOR AUTHORIZATION #  
0005111746

CLAIM ACCOUNT REF. 2114820012011066SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	87	TOTAL CLAIM AMOUNT =	10,198.74
		# SERVICES =	16		

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NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2115300012010958SUP

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    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
211436	1	T1019		09/22/12	09/22/12	40.00	168.80
211436	2	T1019		09/23/12	09/23/12	44.00	185.68
211436	3	T1019		09/24/12	09/24/12	44.00	185.68
211436	4	T1019		09/25/12	09/25/12	44.00	185.68
211436	5	T1019		09/26/12	09/26/12	44.00	185.68
211436	6	T1019		09/27/12	09/27/12	44.00	185.68
211436	7	T1019		09/28/12	09/28/12	44.00	185.68
CLAIM TOTAL						1,282.88	CLAIM ACCOUNT REF.    2114360012008249SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008250    2008250    SALAZAR, LUZ MARIA       02/19/1970    SC60317K                      0103301200855  
DIAGNOSIS CODES:    952.9       564.81       596.54       806.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
211440	1	T1019		09/22/12	09/22/12	32.00	135.04
211440	2	T1019		09/23/12	09/23/12	32.00	135.04
211440	3	T1019		09/24/12	09/24/12	32.00	135.04
211440	4	T1019		09/25/12	09/25/12	32.00	135.04
211440	5	T1019		09/26/12	09/26/12	32.00	135.04
211440	6	T1019		09/27/12	09/27/12	32.00	135.04
211440	7	T1019		09/28/12	09/28/12	32.00	135.04
CLAIM TOTAL						945.28	CLAIM ACCOUNT REF.    2114400012008250SUP

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
211420	1	T1019		09/26/12	09/26/12	32.00	135.04
211420	2	T1019		09/27/12	09/27/12	32.00	135.04
211420	3	T1019		09/28/12	09/28/12	32.00	135.04
CLAIM TOTAL						405.12	CLAIM ACCOUNT REF.    2114200012008251SUP

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
211437	1	T1019		09/22/12	09/22/12	48.00	202.56



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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	
211437	2	T1019		09/23/12	09/23/12	48.00	202.56	
211437	3	T1019		09/24/12	09/24/12	48.00	202.56	
211437	4	T1019		09/25/12	09/25/12	48.00	202.56	
211437	5	T1019		09/26/12	09/26/12	48.00	202.56	
211437	6	T1019		09/27/12	09/27/12	48.00	202.56	
211437	7	T1019		09/28/12	09/28/12	48.00	202.56	
				CLAIM TOTAL		1,417.92		CLAIM ACCOUNT REF. 2114370012008253SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008254	2008254	SPIVEY, PATRICIA	04/06/1965	WE52435B	0103081202186
DIAGNOSIS	CODES:	250.00	401.9	733.00		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
211442	1	T1019		09/25/12	09/25/12	20.00	84.40	
211442	2	T1019		09/26/12	09/26/12	20.00	84.40	
211442	3	T1019		09/27/12	09/27/12	20.00	84.40	
211442	4	T1019		09/28/12	09/28/12	24.00	101.28	
				CLAIM TOTAL		354.48		CLAIM ACCOUNT REF. 2114420012008254SUP

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	
211418	1	T1019		09/24/12	09/24/12	32.00	135.04	
211418	2	T1019		09/25/12	09/25/12	32.00	135.04	
211418	3	T1019		09/26/12	09/26/12	32.00	135.04	
211418	4	T1019		09/27/12	09/27/12	32.00	135.04	
211418	5	T1019		09/28/12	09/28/12	32.00	135.04	
				CLAIM TOTAL		675.20		CLAIM ACCOUNT REF. 2114180012008256SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
211426	1	T1019		09/22/12	09/22/12	24.00	101.28	
211426	2	T1019		09/23/12	09/23/12	24.00	101.28	
211426	3	T1019		09/24/12	09/24/12	24.00	101.28	
211426	4	T1019		09/25/12	09/25/12	24.00	101.28	
211426	5	T1019		09/26/12	09/26/12	24.00	101.28	
211426	6	T1019		09/27/12	09/27/12	24.00	101.28	
211426	7	T1019		09/28/12	09/28/12	24.00	101.28	

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							708.96	2114260012008257SUP
						CLAIM TOTAL		

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	CLAIM ACCOUNT REF.
211441	1	T1019		09/24/12	09/24/12	32.00	135.04	
211441	2	T1019		09/25/12	09/25/12	32.00	135.04	
211441	3	T1019		09/26/12	09/26/12	32.00	135.04	
211441	4	T1019		09/27/12	09/27/12	32.00	135.04	
211441	5	T1019		09/28/12	09/28/12	32.00	135.04	
						CLAIM TOTAL	675.20	2114410012008290SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008362	2008362	FONTANES, PEDRO	08/27/1948	RX10287Z	0103121201612
DIAGNOSIS	CODES:	724.3	278.00	427.31	428.0	724.2	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
211429	1	T1019		09/19/12	09/19/12	16.00	67.52	
211429	2	T1019		09/20/12	09/20/12	16.00	67.52	
211429	3	T1019		09/22/12	09/22/12	28.00	118.16	
211429	4	T1019		09/23/12	09/23/12	28.00	118.16	
211429	5	T1019		09/24/12	09/24/12	28.00	118.16	
211429	6	T1019		09/25/12	09/25/12	28.00	118.16	
211429	7	T1019		09/26/12	09/26/12	28.00	118.16	
211429	8	T1019		09/27/12	09/27/12	16.00	67.52	
211429	9	T1019		09/28/12	09/28/12	28.00	118.16	
						CLAIM TOTAL	911.52	2114290012008362SUP

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	CLAIM ACCOUNT REF.
211439	1	T1019		09/24/12	09/24/12	16.00	67.52	
211439	2	T1019		09/25/12	09/25/12	16.00	67.52	
211439	3	T1019		09/26/12	09/26/12	16.00	67.52	
211439	4	T1019		09/27/12	09/27/12	16.00	67.52	
211439	5	T1019		09/28/12	09/28/12	16.00	67.52	
						CLAIM TOTAL	337.60	2114390012008368SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

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
211443	1	T1019		09/22/12	09/22/12	36.00	151.92
211443	2	T1019		09/23/12	09/23/12	36.00	151.92
211443	3	T1019		09/24/12	09/24/12	40.00	168.80
211443	4	T1019		09/25/12	09/25/12	40.00	168.80
211443	5	T1019		09/26/12	09/26/12	40.00	168.80
211443	6	T1019		09/27/12	09/27/12	40.00	168.80
211443	7	T1019		09/28/12	09/28/12	40.00	168.80
CLAIM TOTAL						1,147.84	CLAIM ACCOUNT REF. 2114430012008405SUP

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
211430	1	T1019		09/22/12	09/22/12	32.00	135.04
211430	2	T1019		09/23/12	09/23/12	32.00	135.04
211430	3	T1019		09/24/12	09/24/12	32.00	135.04
211430	4	T1019		09/25/12	09/25/12	32.00	135.04
211430	5	T1019		09/26/12	09/26/12	32.00	135.04
211430	6	T1019		09/27/12	09/27/12	32.00	135.04
211430	7	T1019		09/28/12	09/28/12	32.00	135.04
CLAIM TOTAL						945.28	CLAIM ACCOUNT REF. 2114300012008411SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008428 2008428 KAUR, HARBANS 02/03/1937 VB22061J 0103121201507  
DIAGNOSIS CODES: 401.9 272.4 332.1 453.42

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
211433	1	T1019		09/22/12	09/22/12	28.00	118.16
211433	2	T1019		09/23/12	09/23/12	28.00	118.16
211433	3	T1019		09/24/12	09/24/12	28.00	118.16
211433	4	T1019		09/25/12	09/25/12	28.00	118.16
211433	5	T1019		09/26/12	09/26/12	28.00	118.16
211433	6	T1019		09/27/12	09/27/12	28.00	118.16
211433	7	T1019		09/28/12	09/28/12	28.00	118.16
CLAIM TOTAL						827.12	CLAIM ACCOUNT REF. 2114330012008428SUP

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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
211416	1	T1019		09/22/12	09/22/12	32.00	135.04
211416	2	T1019		09/23/12	09/23/12	32.00	135.04
211416	3	T1019		09/24/12	09/24/12	32.00	135.04
211416	4	T1019		09/25/12	09/25/12	32.00	135.04
211416	5	T1019		09/26/12	09/26/12	32.00	135.04
211416	6	T1019		09/27/12	09/27/12	32.00	135.04
211416	7	T1019		09/28/12	09/28/12	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2114160012008433SUP

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
211415	1	T1019		09/22/12	09/22/12	16.00	67.52
211415	2	T1019		09/23/12	09/23/12	16.00	67.52
211415	3	T1019		09/25/12	09/25/12	16.00	67.52
211415	4	T1019		09/26/12	09/26/12	16.00	67.52
211415	5	T1019		09/27/12	09/27/12	16.00	67.52
211415	6	T1019		09/28/12	09/28/12	16.00	67.52
CLAIM TOTAL							405.12
CLAIM ACCOUNT REF.							2114150012008487SUP

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
211425	1	T1019		09/22/12	09/22/12	16.00	67.52
211425	2	T1019		09/23/12	09/23/12	16.00	67.52
211425	3	T1019		09/24/12	09/24/12	16.00	67.52
211425	4	T1019		09/25/12	09/25/12	16.00	67.52
211425	5	T1019		09/26/12	09/26/12	16.00	67.52
211425	6	T1019		09/27/12	09/27/12	16.00	67.52
211425	7	T1019		09/28/12	09/28/12	16.00	67.52
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2114250012008571SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008437 2009000 FERGERSON, TINA 08/11/1959 ZZ11460M R1992645  
DIAGNOSIS CODES: 135. 401.9 493.00 715.00 721.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
211427	1	T1019		09/25/12	09/25/12	32.00	135.04
211427	2	T1019		09/26/12	09/26/12	32.00	135.04
211427	3	T1019		09/27/12	09/27/12	32.00	135.04
211427	4	T1019		09/28/12	09/28/12	32.00	135.04
CLAIM TOTAL							540.16
CLAIM ACCOUNT REF.							2114270012009000SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008380 2009001 FERRERA, FRANCISCA 06/06/1948 YH55651V 0111141101308  
DIAGNOSIS CODES: 301.9 401.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
211428	1	T1019		09/28/12	09/28/12	20.00	84.40
CLAIM TOTAL							84.40
CLAIM ACCOUNT REF.							2114280012009001SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008300 2009256 CHARITAR, RAMKALIE 06/23/1953 UY13756G 0103191202030  
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
211421	1	T1019		09/23/12	09/23/12	20.00	84.40
211421	2	T1019		09/24/12	09/24/12	12.00	50.64
CLAIM TOTAL							135.04
CLAIM ACCOUNT REF.							2114210012009256SUP

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
211419	1	T1019		09/22/12	09/22/12	32.00	135.04
211419	2	T1019		09/24/12	09/24/12	32.00	135.04
211419	3	T1019		09/25/12	09/25/12	32.00	135.04
211419	4	T1019		09/26/12	09/26/12	32.00	135.04
211419	5	T1019		09/27/12	09/27/12	32.00	135.04
211419	6	T1019		09/28/12	09/28/12	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2114190012009270SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009322 2009322 HENRY, BRENDA 04/13/1954 ZE02356F R1892336  
DIAGNOSIS CODES: 253.5 401.9 429.9 447.6 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
211431	1	T1019		09/24/12	09/24/12	16.00	67.52
211431	2	T1019		09/26/12	09/26/12	16.00	67.52
211431	3	T1019		09/28/12	09/28/12	16.00	67.52
CLAIM TOTAL							202.56

CLAIM ACCOUNT REF. 2114310012009322SUP

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
211422	1	T1019		09/03/12	09/03/12	24.00	101.28
211422	2	T1019		09/04/12	09/04/12	24.00	101.28
211422	3	T1019		09/10/12	09/10/12	24.00	101.28
211422	4	T1019		09/11/12	09/11/12	24.00	101.28
211422	5	T1019		09/12/12	09/12/12	24.00	101.28
211422	6	T1019		09/13/12	09/13/12	24.00	101.28
211422	7	T1019		09/14/12	09/14/12	24.00	101.28
CLAIM TOTAL							708.96

CLAIM ACCOUNT REF. 2114220012009405SUP

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
211417	1	T1019		09/22/12	09/22/12	24.00	101.28
211417	2	T1019		09/23/12	09/23/12	24.00	101.28
211417	3	T1019		09/24/12	09/24/12	24.00	101.28
211417	4	T1019		09/25/12	09/25/12	24.00	101.28
211417	5	T1019		09/26/12	09/26/12	24.00	101.28
211417	6	T1019		09/27/12	09/27/12	24.00	101.28
211417	7	T1019		09/28/12	09/28/12	24.00	101.28
CLAIM TOTAL							708.96

CLAIM ACCOUNT REF. 2114170012009560SUP

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
211432	1	T1019		09/26/12	09/26/12	16.00	67.52

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PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
211432	2	T1019		09/28/12	09/28/12	16.00	67.52	
						CLAIM TOTAL	135.04	CLAIM ACCOUNT REF. 2114320012009657SUP

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	
211445	1	T1019		09/24/12	09/24/12	32.00	135.04	
211445	2	T1019		09/25/12	09/25/12	32.00	135.04	
211445	3	T1019		09/26/12	09/26/12	32.00	135.04	
211445	4	T1019		09/27/12	09/27/12	32.00	135.04	
211445	5	T1019		09/28/12	09/28/12	32.00	135.04	
						CLAIM TOTAL	675.20	CLAIM ACCOUNT REF. 2114450012010009SUP

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	
211435	1	T1020		09/22/12	09/22/12	7.00	118.16	
211435	2	T1020		09/23/12	09/23/12	7.00	118.16	
211435	3	T1020		09/26/12	09/26/12	7.00	118.16	
211435	4	T1020		09/27/12	09/27/12	7.00	118.16	
211435	5	T1020		09/28/12	09/28/12	7.00	118.16	
						CLAIM TOTAL	590.80	CLAIM ACCOUNT REF. 2114350012010311SUP

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	
211444	1	T1019		09/22/12	09/22/12	20.00	84.40	
211444	2	T1019		09/23/12	09/23/12	20.00	84.40	
211444	3	T1019		09/27/12	09/27/12	20.00	84.40	
211444	4	T1019		09/28/12	09/28/12	20.00	84.40	
						CLAIM TOTAL	337.60	CLAIM ACCOUNT REF. 2114440012010758SUP

REPORT DATE 10/03/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

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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 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
211424	1	T1019		09/22/12	09/22/12	16.00	67.52
211424	2	T1019		09/24/12	09/24/12	24.00	101.28
211424	3	T1019		09/26/12	09/26/12	24.00	101.28
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2114240012010933SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008813 2010967 LARA, TOMASA 10/11/1931 SX47950B R1921929  
DIAGNOSIS CODES: 401.9 244.9 272.4 715.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
211434	1	T1019		09/22/12	09/22/12	32.00	135.04
211434	2	T1019		09/24/12	09/24/12	32.00	135.04
211434	3	T1019		09/25/12	09/25/12	32.00	135.04
211434	4	T1019		09/26/12	09/26/12	32.00	135.04
211434	5	T1019		09/27/12	09/27/12	32.00	135.04
211434	6	T1019		09/28/12	09/28/12	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2114340012010967SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011058 2011058 DELACRUZ, ANA 06/20/1920 122053627 0107241201931  
DIAGNOSIS CODES: 294.20

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
211423	1	T1019		09/22/12	09/22/12	40.00	168.80
211423	2	T1019		09/23/12	09/23/12	40.00	168.80
211423	3	T1019		09/24/12	09/24/12	40.00	168.80
211423	4	T1019		09/25/12	09/25/12	40.00	168.80
211423	5	T1019		09/26/12	09/26/12	40.00	168.80
211423	6	T1019		09/27/12	09/27/12	40.00	168.80
211423	7	T1019		09/28/12	09/28/12	40.00	168.80
CLAIM TOTAL							1,181.60
CLAIM ACCOUNT REF.							2114230012011058SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011388 2011388 PALAZZOLO, FLORENCE 10/31/1948 PD96979S 0109141201497  
DIAGNOSIS CODES: 331.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
211438	1	T1020		09/16/12	09/16/12	24.00	405.12
211438	2	T1020		09/22/12	09/22/12	24.00	405.12



REPORT DATE 10/03/12                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER       ID = 80141                        HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
211438	3	T1020		09/23/12	09/23/12	24.00	405.12	
211438	4	T1020		09/24/12	09/24/12	24.00	405.12	
211438	5	T1020		09/25/12	09/25/12	24.00	405.12	
211438	6	T1020		09/26/12	09/26/12	24.00	405.12	
211438	7	T1020		09/28/12	09/28/12	24.00	405.12	
					CLAIM TOTAL	2,835.84		CLAIM ACCOUNT REF. 2114380012011388SUP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	169	TOTAL CLAIM AMOUNT =	22,484.16
		# SERVICES =	31		

REPORT DATE 10/03/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

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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
211475	1	T1019		09/22/12	09/22/12	40.00	171.60
211475	2	T1019		09/23/12	09/23/12	40.00	171.60
211475	3	T1019		09/24/12	09/24/12	40.00	171.60
211475	4	T1019		09/25/12	09/25/12	40.00	171.60
211475	5	T1019		09/26/12	09/26/12	40.00	171.60
211475	6	T1019		09/27/12	09/27/12	40.00	171.60
211475	7	T1019		09/28/12	09/28/12	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF.    2114750012008245SUP

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
211476	1	T1019		09/22/12	09/22/12	16.00	68.64
211476	2	T1019		09/24/12	09/24/12	36.00	154.44
211476	3	T1019		09/25/12	09/25/12	36.00	154.44
211476	4	T1019		09/26/12	09/26/12	36.00	154.44
211476	5	T1019		09/27/12	09/27/12	36.00	154.44
211476	6	T1019		09/28/12	09/28/12	36.00	154.44
CLAIM TOTAL						840.84	CLAIM ACCOUNT REF.    2114760012008287SUP

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
211478	1	T1019		09/22/12	09/22/12	32.00	137.28
211478	2	T1019		09/23/12	09/23/12	32.00	137.28
211478	3	T1019		09/24/12	09/24/12	32.00	137.28
211478	4	T1019		09/25/12	09/25/12	32.00	137.28
211478	5	T1019		09/26/12	09/26/12	32.00	137.28
211478	6	T1019		09/27/12	09/27/12	32.00	137.28
211478	7	T1019		09/28/12	09/28/12	32.00	137.28
CLAIM TOTAL						960.96	CLAIM ACCOUNT REF.    2114780012008401SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #  
608803902

CLAIM ACCOUNT REF. 2114790012008432SUP

PRIOR AUTHORIZATION #  
6083933452

CLAIM ACCOUNT REF. 2114770012010774SUP

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	28	TOTAL CLAIM AMOUNT =	3,552.12
		# SERVICES =	5		

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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
211519	1	T1019	0580	09/22/12	09/22/12	40.00	168.80
211519	2	T1019	0580	09/23/12	09/23/12	40.00	168.80
211519	3	T1019	0580	09/24/12	09/24/12	32.00	135.04
211519	4	T1019	0580	09/25/12	09/25/12	32.00	135.04
211519	5	T1019	0580	09/26/12	09/26/12	40.00	168.80
211519	6	T1019	0580	09/27/12	09/27/12	32.00	135.04
211519	7	T1019	0580	09/28/12	09/28/12	32.00	135.04
CLAIM TOTAL						1,046.56	CLAIM ACCOUNT REF. 2115190012008266SUP

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
211522	1	S5130	0582	09/28/12	09/28/12	16.00	67.52
CLAIM TOTAL						67.52	CLAIM ACCOUNT REF. 2115220012009279SUP

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
211517	1	T1019	0580	09/21/12	09/21/12	32.00	135.04
211517	2	T1019	0580	09/24/12	09/24/12	32.00	135.04
211517	3	T1019	0580	09/25/12	09/25/12	36.00	151.92
211517	4	T1019	0580	09/26/12	09/26/12	32.00	135.04
211517	5	T1019	0580	09/27/12	09/27/12	36.00	151.92
211517	6	T1019	0580	09/28/12	09/28/12	32.00	135.04
CLAIM TOTAL						844.00	CLAIM ACCOUNT REF. 2115170012009647SUP

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
211515	1	T1019	0580	09/24/12	09/24/12	24.00	101.28
211515	2	T1019	0580	09/25/12	09/25/12	24.00	101.28
211515	3	T1019	0580	09/26/12	09/26/12	24.00	101.28
211515	4	T1019	0580	09/28/12	09/28/12	16.00	67.52

REPORT DATE 10/03/12                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = AMRGRI                      AMERIGROUP NEW YORK,LLC

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							371.36	2115150012010724SUP

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	CLAIM ACCOUNT REF.
211524	1	T1019	0580	09/15/12	09/15/12	16.00	67.52	
211524	2	T1019	0580	09/16/12	09/16/12	16.00	67.52	
211524	3	T1019	0580	09/17/12	09/17/12	8.00	33.76	
211524	4	T1019	0580	09/18/12	09/18/12	8.00	33.76	
211524	5	T1019	0580	09/19/12	09/19/12	8.00	33.76	
211524	6	T1019	0580	09/20/12	09/20/12	8.00	33.76	
211524	7	T1019	0580	09/21/12	09/21/12	8.00	33.76	
211524	8	T1019	0580	09/22/12	09/22/12	16.00	67.52	
211524	9	T1019	0580	09/23/12	09/23/12	16.00	67.52	
211524	10	T1019	0580	09/24/12	09/24/12	8.00	33.76	
211524	11	T1019	0580	09/25/12	09/25/12	8.00	33.76	
211524	12	T1019	0580	09/26/12	09/26/12	8.00	33.76	
211524	13	T1019	0580	09/27/12	09/27/12	8.00	33.76	
211524	14	T1019	0580	09/28/12	09/28/12	8.00	33.76	
							607.68	2115240012010728SUP

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	CLAIM ACCOUNT REF.
211523	1	T1019	0580	09/15/12	09/15/12	20.00	84.40	
211523	2	T1019	0580	09/16/12	09/16/12	20.00	84.40	
211523	3	T1019	0580	09/17/12	09/17/12	12.00	50.64	
211523	4	T1019	0580	09/18/12	09/18/12	12.00	50.64	
211523	5	T1019	0580	09/19/12	09/19/12	12.00	50.64	
211523	6	T1019	0580	09/20/12	09/20/12	12.00	50.64	
211523	7	T1019	0580	09/21/12	09/21/12	12.00	50.64	
211523	8	T1019	0580	09/22/12	09/22/12	20.00	84.40	
211523	9	T1019	0580	09/23/12	09/23/12	20.00	84.40	
211523	10	T1019	0580	09/24/12	09/24/12	12.00	50.64	
211523	11	T1019	0580	09/25/12	09/25/12	12.00	50.64	
211523	12	T1019	0580	09/26/12	09/26/12	12.00	50.64	
211523	13	T1019	0580	09/27/12	09/27/12	12.00	50.64	
211523	14	T1019	0580	09/28/12	09/28/12	12.00	50.64	
							844.00	2115230012010729SUP

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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 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
211516	1	T1019	0580	09/24/12	09/24/12	16.00	67.52
211516	2	T1019	0580	09/25/12	09/25/12	16.00	67.52
211516	3	T1019	0580	09/27/12	09/27/12	16.00	67.52
211516	4	T1019	0580	09/28/12	09/28/12	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2115160012010730SUP

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
211520	1	T1019	0580	09/24/12	09/24/12	24.00	101.28
211520	2	T1019	0580	09/25/12	09/25/12	24.00	101.28
211520	3	T1019	0580	09/26/12	09/26/12	24.00	101.28
211520	4	T1019	0580	09/27/12	09/27/12	24.00	101.28
211520	5	T1019	0580	09/28/12	09/28/12	24.00	101.28
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2115200012010731SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011238 2011238 MICHEL, VERULIA 09/23/1932 712951733 103139267  
DIAGNOSIS CODES: 728.87 272.4 401.9 780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
211521	1	T1019	0580	09/24/12	09/24/12	32.00	135.04
211521	2	T1019	0580	09/25/12	09/25/12	32.00	135.04
211521	3	T1019	0580	09/26/12	09/26/12	32.00	135.04
211521	4	T1019	0580	09/27/12	09/27/12	32.00	135.04
CLAIM TOTAL							540.16
CLAIM ACCOUNT REF.							2115210012011238SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011322 2011322 FRASIEUR, GARY 04/14/1948 006585499 103155061  
DIAGNOSIS CODES: 416.9 401.9 492.8 493.92 602.8

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
211518	1	T1019	0580	09/17/12	09/17/12	12.00	50.64
211518	2	T1019	0580	09/19/12	09/19/12	12.00	50.64
211518	3	T1019	0580	09/21/12	09/21/12	16.00	67.52
CLAIM TOTAL							168.80
CLAIM ACCOUNT REF.							2115180012011322SUP

REPORT DATE 10/03/12                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER       ID = AMRGRI                      AMERIGROUP NEW YORK,LLC

PAYER TOTALS:	AMERIGROUP NEW YORK,LLC	# OF CLAIMS =	62	TOTAL CLAIM AMOUNT =	5,266.56
		# SERVICES =	10		

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NPI = 1154407492

PRIOR AUTHORIZATION #  
364551

CLAIM ACCOUNT REF. 2115280012010959SUP

PRIOR AUTHORIZATION #  
372708

CLAIM ACCOUNT REF. 2115290012011073SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	10	TOTAL CLAIM AMOUNT =	1,136.86
		# SERVICES =	2		



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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                      2012091792600005  
DIAGNOSIS CODES:    230.3       153.0       401.9       733.00    V60.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
211525	1	T1019	0580	09/22/12	09/22/12	36.00	151.92
211525	2	T1019	0580	09/23/12	09/23/12	36.00	151.92
211525	3	T1019	0580	09/24/12	09/24/12	36.00	151.92
211525	4	T1019	0580	09/25/12	09/25/12	36.00	151.92
211525	5	T1019	0580	09/26/12	09/26/12	36.00	151.92
211525	6	T1019	0580	09/27/12	09/27/12	36.00	151.92
211525	7	T1019	0580	09/28/12	09/28/12	36.00	151.92
CLAIM TOTAL						1,063.44	CLAIM ACCOUNT REF.    2115250012010800SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008396    2010804    ZAMBRANO, ZOILA                      12/03/1938    JSV04323R01                      2012091792600003  
DIAGNOSIS CODES:    250.11       272.0       401.9       435.9    586.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
211527	1	T1019	0580	09/25/12	09/25/12	16.00	67.52
211527	2	T1019	0580	09/26/12	09/26/12	16.00	67.52
211527	3	T1019	0580	09/27/12	09/27/12	16.00	67.52
211527	4	T1019	0580	09/28/12	09/28/12	16.00	67.52
CLAIM TOTAL						270.08	CLAIM ACCOUNT REF.    2115270012010804SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008228    2010805    TOWLES, ADA                      12/10/1954    JZX17878Q01                      2012091792600004  
DIAGNOSIS CODES:    722.10       401.9       724.3       750.7    V61.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
211526	1	T1019	0580	09/25/12	09/25/12	16.00	67.52
211526	2	T1019	0580	09/26/12	09/26/12	16.00	67.52
211526	3	T1019	0580	09/27/12	09/27/12	16.00	67.52
211526	4	T1019	0580	09/28/12	09/28/12	16.00	67.52
CLAIM TOTAL						270.08	CLAIM ACCOUNT REF.    2115260012010805SUP

PAYER TOTALS:    HEALTHCARE PARTNERS IPA I                      # OF CLAIMS =            15    TOTAL CLAIM AMOUNT =            1,603.60  
# SERVICES =            3

PROVIDER TOTALS: SUNNYSIDE CITYWIDE                      # OF CLAIMS =            652    TOTAL CLAIM AMOUNT =            81,605.54  
# SERVICES =            115