

REPORT DATE 10/10/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101004092334RRSUP

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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
212432	1	T1020		09/29/12	09/29/12	6.00	101.22
212432	2	T1020		10/01/12	10/01/12	7.00	118.09
212432	3	T1020		10/02/12	10/02/12	7.00	118.09
212432	4	T1020		10/03/12	10/03/12	7.00	118.09
212432	5	T1020		10/04/12	10/04/12	7.00	118.09
212432	6	T1020		10/05/12	10/05/12	7.00	118.09
CLAIM TOTAL						691.67	CLAIM ACCOUNT REF. 2124320012008267SUP

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
212430	1	T1020		09/29/12	09/29/12	9.00	151.83
212430	2	T1020		09/30/12	09/30/12	9.00	151.83
CLAIM TOTAL						303.66	CLAIM ACCOUNT REF. 2124300012008268SUP

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
212428	1	T1020		09/29/12	09/29/12	7.00	118.09
212428	2	T1020		09/30/12	09/30/12	7.00	118.09
212428	3	T1020		10/01/12	10/01/12	7.00	118.09
212428	4	T1020		10/02/12	10/02/12	7.00	118.09
212428	5	T1020		10/03/12	10/03/12	7.00	118.09
212428	6	T1020		10/04/12	10/04/12	7.00	118.09
212428	7	T1020		10/05/12	10/05/12	7.00	118.09
CLAIM TOTAL						826.63	CLAIM ACCOUNT REF. 2124280012008306SUP

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
212426	1	T1020		09/29/12	09/29/12	7.00	118.09
212426	2	T1020		09/30/12	09/30/12	7.00	118.09
212426	3	T1020		10/01/12	10/01/12	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	
212426	4	T1020		10/02/12	10/02/12	7.00	118.09	
212426	5	T1020		10/03/12	10/03/12	7.00	118.09	
212426	6	T1020		10/04/12	10/04/12	7.00	118.09	
212426	7	T1020		10/05/12	10/05/12	7.00	118.09	
					CLAIM TOTAL		826.63	CLAIM ACCOUNT REF. 2124260012008386SUP

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	
212431	1	T1020		10/02/12	10/02/12	4.00	67.48	
212431	2	T1020		10/04/12	10/04/12	4.00	67.48	
212431	3	T1020		10/05/12	10/05/12	4.00	67.48	
					CLAIM TOTAL		202.44	CLAIM ACCOUNT REF. 2124310012008400SUP

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	
212427	1	T1020		10/01/12	10/01/12	6.00	101.22	
212427	2	T1020		10/02/12	10/02/12	6.00	101.22	
212427	3	T1020		10/03/12	10/03/12	6.00	101.22	
212427	4	T1020		10/04/12	10/04/12	6.00	101.22	
212427	5	T1020		10/05/12	10/05/12	3.00	50.61	
					CLAIM TOTAL		455.49	CLAIM ACCOUNT REF. 2124270012010014SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2009268	2010041	VARGAS, RAQUEL	07/05/1949	74201787700	121291101
DIAGNOSIS	CODES:	437.9 253.5 345.91 E885.9				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
212433	1	T1020		09/29/12	09/29/12	9.00	151.83	
212433	2	T1020		09/30/12	09/30/12	9.00	151.83	
212433	3	T1020		10/01/12	10/01/12	9.00	151.83	
212433	4	T1020		10/02/12	10/02/12	9.00	151.83	
212433	5	T1020		10/03/12	10/03/12	9.00	151.83	
212433	6	T1020		10/04/12	10/04/12	9.00	151.83	
212433	7	T1020		10/05/12	10/05/12	9.00	151.83	
					CLAIM TOTAL		1,062.81	CLAIM ACCOUNT REF. 2124330012010041SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2124290012010712SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	42	TOTAL CLAIM AMOUNT =	4,774.21
		# 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
212410	1	T1019		10/03/12	10/03/12	16.00	67.52
212410	2	T1019		10/04/12	10/04/12	16.00	67.52
212410	3	T1019		10/05/12	10/05/12	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2124100012008261SUP

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
212417	1	T1019		09/29/12	09/29/12	24.00	101.28
212417	2	T1019		09/30/12	09/30/12	24.00	101.28
212417	3	T1019		10/01/12	10/01/12	24.00	101.28
212417	4	T1019		10/02/12	10/02/12	24.00	101.28
212417	5	T1019		10/03/12	10/03/12	24.00	101.28
212417	6	T1019		10/04/12	10/04/12	24.00	101.28
212417	7	T1019		10/05/12	10/05/12	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2124170012008263SUP

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
212423	1	T1019		09/29/12	09/29/12	40.00	168.80
212423	2	T1019		09/30/12	09/30/12	40.00	168.80
212423	3	T1019		10/01/12	10/01/12	40.00	168.80
212423	4	T1019		10/02/12	10/02/12	40.00	168.80
212423	5	T1019		10/03/12	10/03/12	40.00	168.80
212423	6	T1019		10/04/12	10/04/12	40.00	168.80
212423	7	T1019		10/05/12	10/05/12	40.00	168.80
CLAIM TOTAL							1,181.60
CLAIM ACCOUNT REF.							2124230012008265SUP

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
212425	1	T1019		09/29/12	09/29/12	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	
212425	2	T1019		09/30/12	09/30/12	16.00	67.52	
212425	3	T1019		10/01/12	10/01/12	24.00	101.28	
212425	4	T1019		10/02/12	10/02/12	24.00	101.28	
212425	5	T1019		10/03/12	10/03/12	16.00	67.52	
212425	6	T1019		10/04/12	10/04/12	24.00	101.28	
212425	7	T1019		10/05/12	10/05/12	24.00	101.28	
					CLAIM TOTAL		607.68	CLAIM ACCOUNT REF. 2124250012008303SUP

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	
212413	1	T1019		09/17/12	09/17/12	8.00	33.76	
212413	2	T1019		09/26/12	09/26/12	20.00	84.40	
212413	3	T1019		10/03/12	10/03/12	20.00	84.40	
212413	4	T1019		10/04/12	10/04/12	20.00	84.40	
212413	5	T1019		10/05/12	10/05/12	4.00	16.88	
					CLAIM TOTAL		303.84	CLAIM ACCOUNT REF. 2124130012008366SUP

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	
212408	1	T1019		09/29/12	09/29/12	28.00	118.16	
212408	2	T1019		09/30/12	09/30/12	28.00	118.16	
212408	3	T1019		10/01/12	10/01/12	32.00	135.04	
212408	4	T1019		10/02/12	10/02/12	28.00	118.16	
212408	5	T1019		10/03/12	10/03/12	28.00	118.16	
212408	6	T1019		10/04/12	10/04/12	28.00	118.16	
212408	7	T1019		10/05/12	10/05/12	28.00	118.16	
					CLAIM TOTAL		844.00	CLAIM ACCOUNT REF. 2124080012008403SUP

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	
212422	1	T1019		09/29/12	09/29/12	32.00	135.04	
212422	2	T1019		09/30/12	09/30/12	32.00	135.04	
					CLAIM TOTAL		270.08	CLAIM ACCOUNT REF. 2124220012008420SUP

REPORT DATE 10/10/12 SUNNYSIDE CITYWIDE
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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 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	
212419	1	T1019		10/01/12	10/01/12	24.00	101.28	
212419	2	T1019		10/02/12	10/02/12	24.00	101.28	
212419	3	T1019		10/03/12	10/03/12	24.00	101.28	
212419	4	T1019		10/04/12	10/04/12	24.00	101.28	
212419	5	T1019		10/05/12	10/05/12	24.00	101.28	
CLAIM TOTAL							506.40	CLAIM ACCOUNT REF. 2124190012008421SUP

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	
212418	1	T1019		10/01/12	10/01/12	24.00	101.28	
212418	2	T1019		10/02/12	10/02/12	24.00	101.28	
212418	3	T1019		10/03/12	10/03/12	24.00	101.28	
212418	4	T1019		10/04/12	10/04/12	24.00	101.28	
212418	5	T1019		10/05/12	10/05/12	20.00	84.40	
CLAIM TOTAL							489.52	CLAIM ACCOUNT REF. 2124180012008422SUP

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	
212424	1	T1019		10/01/12	10/01/12	16.00	67.52	
212424	2	T1019		10/02/12	10/02/12	16.00	67.52	
212424	3	T1019		10/04/12	10/04/12	16.00	67.52	
212424	4	T1019		10/05/12	10/05/12	16.00	67.52	
CLAIM TOTAL							270.08	CLAIM ACCOUNT REF. 2124240012008425SUP

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	
212411	1	T1019		09/29/12	09/29/12	40.00	168.80	
212411	2	T1019		09/30/12	09/30/12	40.00	168.80	
212411	3	T1019		10/01/12	10/01/12	40.00	168.80	
212411	4	T1019		10/02/12	10/02/12	40.00	168.80	

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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	
212411	5	T1019		10/03/12	10/03/12	40.00	168.80	
212411	6	T1019		10/04/12	10/04/12	40.00	168.80	
212411	7	T1019		10/05/12	10/05/12	40.00	168.80	
					CLAIM TOTAL	1,181.60		CLAIM ACCOUNT REF. 2124110012008427SUP

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	
212421	1	T1019		09/26/12	09/26/12	16.00	67.52	
212421	2	T1019		10/01/12	10/01/12	16.00	67.52	
212421	3	T1019		10/02/12	10/02/12	16.00	67.52	
212421	4	T1019		10/03/12	10/03/12	16.00	67.52	
212421	5	T1019		10/04/12	10/04/12	16.00	67.52	
212421	6	T1019		10/05/12	10/05/12	16.00	67.52	
					CLAIM TOTAL	405.12		CLAIM ACCOUNT REF. 2124210012008531SUP

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	
212416	1	T1019		09/30/12	09/30/12	16.00	67.52	
212416	2	T1019		10/01/12	10/01/12	28.00	118.16	
212416	3	T1019		10/02/12	10/02/12	28.00	118.16	
212416	4	T1019		10/03/12	10/03/12	28.00	118.16	
212416	5	T1019		10/04/12	10/04/12	28.00	118.16	
212416	6	T1019		10/05/12	10/05/12	28.00	118.16	
					CLAIM TOTAL	658.32		CLAIM ACCOUNT REF. 2124160012008742SUP

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	
212409	1	T1019		10/01/12	10/01/12	16.00	67.52	
212409	2	T1019		10/02/12	10/02/12	24.00	101.28	
212409	3	T1019		10/03/12	10/03/12	24.00	101.28	
212409	4	T1019		10/04/12	10/04/12	24.00	101.28	
212409	5	T1019		10/05/12	10/05/12	24.00	101.28	
					CLAIM TOTAL	472.64		CLAIM ACCOUNT REF. 2124090012008802SUP

REPORT DATE 10/10/12 SUNNYSIDE CITYWIDE
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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	
212414	1	T1019		10/01/12	10/01/12	28.00	118.16	
212414	2	T1019		10/02/12	10/02/12	28.00	118.16	
212414	3	T1019		10/03/12	10/03/12	28.00	118.16	
212414	4	T1019		10/04/12	10/04/12	28.00	118.16	
212414	5	T1019		10/05/12	10/05/12	32.00	135.04	
					CLAIM TOTAL		607.68	CLAIM ACCOUNT REF. 2124140012009221SUP

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	
212415	1	T1019		09/29/12	09/29/12	48.00	202.56	
212415	2	T1019		09/30/12	09/30/12	44.00	185.68	
212415	3	T1019		10/01/12	10/01/12	48.00	202.56	
212415	4	T1019		10/02/12	10/02/12	48.00	202.56	
212415	5	T1019		10/03/12	10/03/12	48.00	202.56	
212415	6	T1019		10/04/12	10/04/12	48.00	202.56	
212415	7	T1019		10/05/12	10/05/12	36.00	151.92	
					CLAIM TOTAL		1,350.40	CLAIM ACCOUNT REF. 2124150012009356SUP

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	
212406	1	T1019		09/29/12	09/29/12	32.00	135.04	
212406	2	T1019		09/30/12	09/30/12	24.00	101.28	
212406	3	T1019		10/01/12	10/01/12	32.00	135.04	
212406	4	T1019		10/02/12	10/02/12	32.00	135.04	
212406	5	T1019		10/03/12	10/03/12	32.00	135.04	
212406	6	T1019		10/04/12	10/04/12	32.00	135.04	
212406	7	T1019		10/05/12	10/05/12	32.00	135.04	
					CLAIM TOTAL		911.52	CLAIM ACCOUNT REF. 2124060012010143SUP

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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 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
212420	1	T1019		10/01/12	10/01/12	20.00	84.40
212420	2	T1019		10/02/12	10/02/12	20.00	84.40
212420	3	T1019		10/03/12	10/03/12	20.00	84.40
212420	4	T1019		10/04/12	10/04/12	20.00	84.40
212420	5	T1019		10/05/12	10/05/12	20.00	84.40
CLAIM TOTAL							422.00
CLAIM ACCOUNT REF.							2124200012010353SUP

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
212412	1	T1019		09/29/12	09/29/12	24.00	101.28
212412	2	T1019		09/30/12	09/30/12	24.00	101.28
212412	3	T1019		10/01/12	10/01/12	24.00	101.28
212412	4	T1019		10/02/12	10/02/12	24.00	101.28
212412	5	T1019		10/03/12	10/03/12	24.00	101.28
212412	6	T1019		10/04/12	10/04/12	24.00	101.28
212412	7	T1019		10/05/12	10/05/12	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2124120012010639SUP

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
212407	1	T1019		10/01/12	10/01/12	36.00	151.92
212407	2	T1019		10/02/12	10/02/12	36.00	151.92
212407	3	T1019		10/03/12	10/03/12	36.00	151.92
212407	4	T1019		10/04/12	10/04/12	36.00	151.92
212407	5	T1019		10/05/12	10/05/12	36.00	151.92
CLAIM TOTAL							759.60
CLAIM ACCOUNT REF.							2124070012010878SUP

PAYER TOTALS: NEIGHBORHOOD HEALTH # OF CLAIMS = 112 TOTAL CLAIM AMOUNT = 12,862.56
SERVICES = 20

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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
212457	1	T1019		09/29/12	09/29/12	4.00	68.60
212457	2	T1019		09/30/12	09/30/12	4.00	68.60
212457	3	T1019		10/01/12	10/01/12	12.00	205.80
212457	4	T1019		10/02/12	10/02/12	12.00	205.80
212457	5	T1019		10/03/12	10/03/12	12.00	205.80
212457	6	T1019		10/04/12	10/04/12	12.00	205.80
212457	7	T1019		10/05/12	10/05/12	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2124570012008233SUP

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
212465	1	T1019		09/17/12	09/17/12	11.00	188.65
212465	2	T1019		09/18/12	09/18/12	11.00	188.65
212465	3	T1019		09/19/12	09/19/12	11.00	188.65
212465	4	T1019		09/29/12	09/29/12	8.00	137.20
212465	5	T1019		09/30/12	09/30/12	8.00	137.20
212465	6	T1019		10/01/12	10/01/12	11.00	188.65
212465	7	T1019		10/02/12	10/02/12	11.00	188.65
212465	8	T1019		10/03/12	10/03/12	11.00	188.65
212465	9	T1019		10/04/12	10/04/12	11.00	188.65
CLAIM TOTAL						1,594.95	CLAIM ACCOUNT REF. 2124650012008236SUP

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
212461	1	T1019		10/01/12	10/01/12	4.00	68.60
212461	2	T1019		10/03/12	10/03/12	3.00	51.45
212461	3	T1019		10/04/12	10/04/12	4.00	68.60
212461	4	T1019		10/05/12	10/05/12	4.00	68.60
CLAIM TOTAL						257.25	CLAIM ACCOUNT REF. 2124610012008237SUP

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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 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
212456	1	T1019		09/29/12	09/29/12	3.00	51.45
212456	2	T1019		09/30/12	09/30/12	3.00	51.45
212456	3	T1019		10/01/12	10/01/12	5.00	85.75
212456	4	T1019		10/02/12	10/02/12	5.00	85.75
212456	5	T1019		10/03/12	10/03/12	5.00	85.75
CLAIM TOTAL							360.15
							CLAIM ACCOUNT REF. 2124560012008284SUP

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
212463	1	T1019		10/01/12	10/01/12	8.00	137.20
212463	2	T1019		10/03/12	10/03/12	8.00	137.20
212463	3	T1019		10/04/12	10/04/12	8.00	137.20
212463	4	T1019		10/05/12	10/05/12	8.00	137.20
CLAIM TOTAL							548.80
							CLAIM ACCOUNT REF. 2124630012008385SUP

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
212462	1	T1019		09/29/12	09/29/12	5.00	85.75
212462	2	T1019		09/30/12	09/30/12	5.00	85.75
212462	3	T1019		10/01/12	10/01/12	5.00	85.75
212462	4	T1019		10/02/12	10/02/12	5.00	85.75
212462	5	T1019		10/03/12	10/03/12	5.00	85.75
212462	6	T1019		10/04/12	10/04/12	5.00	85.75
212462	7	T1019		10/05/12	10/05/12	5.00	85.75
CLAIM TOTAL							600.25
							CLAIM ACCOUNT REF. 2124620012008417SUP

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
212467	1	T1019		10/02/12	10/02/12	8.00	137.20
212467	2	T1019		10/03/12	10/03/12	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	CLAIM TOTAL
							274.40	
								CLAIM ACCOUNT REF. 2124670012008418SUP

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 TOTAL
212458	1	T1019		09/29/12	09/29/12	10.00	171.50	
212458	2	T1019		09/30/12	09/30/12	10.00	171.50	
212458	3	T1019		10/01/12	10/01/12	10.00	171.50	
212458	4	T1019		10/02/12	10/02/12	10.00	171.50	
212458	5	T1019		10/03/12	10/03/12	10.00	171.50	
212458	6	T1019		10/04/12	10/04/12	10.00	171.50	
								CLAIM TOTAL 1,029.00
								CLAIM ACCOUNT REF. 2124580012008743SUP

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 TOTAL
212459	1	T1019		09/29/12	09/29/12	19.00	325.85	
212459	2	T1019		09/30/12	09/30/12	19.00	325.85	
212459	3	T1019		10/01/12	10/01/12	19.00	325.85	
212459	4	T1019		10/02/12	10/02/12	19.00	325.85	
212459	5	T1019		10/03/12	10/03/12	19.00	325.85	
212459	6	T1019		10/04/12	10/04/12	19.00	325.85	
212459	7	T1019		10/05/12	10/05/12	19.00	325.85	
								CLAIM TOTAL 2,280.95
								CLAIM ACCOUNT REF. 2124590012009137SUP

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	CLAIM TOTAL
212468	1	T1019		09/29/12	09/29/12	5.00	85.75	
212468	2	T1019		09/30/12	09/30/12	5.00	85.75	
212468	3	T1019		10/01/12	10/01/12	5.00	85.75	
212468	4	T1019		10/02/12	10/02/12	5.00	85.75	
212468	5	T1019		10/03/12	10/03/12	5.00	85.75	
212468	6	T1019		10/04/12	10/04/12	5.00	85.75	
212468	7	T1019		10/05/12	10/05/12	5.00	85.75	
								CLAIM TOTAL 600.25
								CLAIM ACCOUNT REF. 2124680012009377SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101004092334RRSUP

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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 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
212466	1	T1019		09/19/12	09/19/12	3.00	51.45
212466	2	T1019		10/01/12	10/01/12	3.00	51.45
212466	3	T1019		10/02/12	10/02/12	3.00	51.45
212466	4	T1019		10/03/12	10/03/12	3.00	51.45
212466	5	T1019		10/04/12	10/04/12	3.00	51.45
212466	6	T1019		10/05/12	10/05/12	4.00	68.60
CLAIM TOTAL							325.85
CLAIM ACCOUNT REF.							2124660012009688SUP

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
212469	1	T1019		09/29/12	09/29/12	4.00	68.60
212469	2	T1019		09/30/12	09/30/12	4.00	68.60
212469	3	T1019		10/01/12	10/01/12	4.00	68.60
212469	4	T1019		10/02/12	10/02/12	4.00	68.60
212469	5	T1019		10/03/12	10/03/12	4.00	68.60
212469	6	T1019		10/04/12	10/04/12	4.00	68.60
212469	7	T1019		10/05/12	10/05/12	4.00	68.60
CLAIM TOTAL							480.20
CLAIM ACCOUNT REF.							2124690012009919SUP

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
212470	1	T1019		09/29/12	09/29/12	8.00	137.20
212470	2	T1019		10/01/12	10/01/12	8.00	137.20
212470	3	T1019		10/02/12	10/02/12	8.00	137.20
212470	4	T1019		10/03/12	10/03/12	8.00	137.20
212470	5	T1019		10/04/12	10/04/12	8.00	137.20
212470	6	T1019		10/05/12	10/05/12	8.00	137.20
CLAIM TOTAL							823.20
CLAIM ACCOUNT REF.							2124700012010213SUP

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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	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	
212464	1	T1019		10/03/12	10/03/12	3.00	51.45	
212464	2	T1019		10/04/12	10/04/12	3.00	51.45	
CLAIM TOTAL							102.90	CLAIM ACCOUNT REF. 2124640012010886SUP

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	
212460	1	T1019		09/29/12	09/29/12	24.00	411.60	
212460	2	T1019		09/30/12	09/30/12	24.00	411.60	
212460	3	T1019		10/01/12	10/01/12	24.00	411.60	
212460	4	T1019		10/02/12	10/02/12	24.00	411.60	
212460	5	T1019		10/03/12	10/03/12	24.00	411.60	
212460	6	T1019		10/04/12	10/04/12	12.00	205.80	
CLAIM TOTAL							2,263.80	CLAIM ACCOUNT REF. 2124600012011286SUP

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	85	TOTAL CLAIM AMOUNT =	12,708.15
		# 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
212473	1	T1019		09/29/12	09/29/12	36.00	154.80
212473	2	T1019		09/30/12	09/30/12	36.00	154.80
212473	3	T1019		10/01/12	10/01/12	36.00	154.80
212473	4	T1019		10/02/12	10/02/12	36.00	154.80
212473	5	T1019		10/03/12	10/03/12	36.00	154.80
212473	6	T1019		10/04/12	10/04/12	36.00	154.80
212473	7	T1019		10/05/12	10/05/12	36.00	154.80
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2124730012008286SUP

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
212472	1	T1019		09/30/12	09/30/12	24.00	103.20
212472	2	T1019		10/01/12	10/01/12	24.00	103.20
212472	3	T1019		10/02/12	10/02/12	24.00	103.20
212472	4	T1019		10/03/12	10/03/12	24.00	103.20
212472	5	T1019		10/04/12	10/04/12	24.00	103.20
212472	6	T1019		10/05/12	10/05/12	24.00	103.20
CLAIM TOTAL						619.20	CLAIM ACCOUNT REF. 2124720012008495SUP

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
212471	1	T1019		09/29/12	09/29/12	28.00	120.40
212471	2	T1019		09/30/12	09/30/12	28.00	120.40
212471	3	T1019		10/01/12	10/01/12	28.00	120.40
212471	4	T1019		10/02/12	10/02/12	28.00	120.40
212471	5	T1019		10/03/12	10/03/12	28.00	120.40
CLAIM TOTAL						602.00	CLAIM ACCOUNT REF. 2124710012010404SUP

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

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	18	TOTAL CLAIM AMOUNT =	2,304.80
		# SERVICES =	3		

REPORT DATE 10/10/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101004092334RRSUP

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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
212452	1	T1019	0580	09/29/12	09/29/12	36.00	151.92
212452	2	T1019	0580	09/30/12	09/30/12	36.00	151.92
CLAIM TOTAL							303.84

CLAIM ACCOUNT REF. 2124520012008471SUP

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
212453	1	T1019	0580	10/01/12	10/01/12	40.00	168.80
212453	2	T1019	0580	10/02/12	10/02/12	40.00	168.80
212453	3	T1019	0580	10/03/12	10/03/12	40.00	168.80
212453	4	T1019	0580	10/04/12	10/04/12	40.00	168.80
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2124530012008491SUP

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
212455	1	T1019	0580	10/02/12	10/02/12	16.00	67.52
212455	2	T1019	0580	10/03/12	10/03/12	16.00	67.52
212455	3	T1019	0580	10/04/12	10/04/12	16.00	67.52
212455	4	T1019	0580	10/05/12	10/05/12	16.00	67.52
CLAIM TOTAL							270.08

CLAIM ACCOUNT REF. 2124550012008513SUP

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
212454	1	T1019	0580	09/29/12	09/29/12	20.00	84.40
212454	2	T1019	0580	09/30/12	09/30/12	20.00	84.40
212454	3	T1019	0580	10/01/12	10/01/12	20.00	84.40
212454	4	T1019	0580	10/02/12	10/02/12	20.00	84.40
212454	5	T1019	0580	10/03/12	10/03/12	20.00	84.40
212454	6	T1019	0580	10/04/12	10/04/12	20.00	84.40
212454	7	T1019	0580	10/05/12	10/05/12	20.00	84.40
CLAIM TOTAL							590.80

CLAIM ACCOUNT REF. 2124540012008544SUP

REPORT DATE 10/10/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101004092334RRSUP

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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 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
212447	1	T1019	0580	10/02/12	10/02/12	16.00	56.00
212447	2	T1019	0580	10/04/12	10/04/12	16.00	56.00
212447	3	T1019	0580	10/05/12	10/05/12	16.00	56.00
CLAIM TOTAL							168.00
							CLAIM ACCOUNT REF. 2124470012008723SUP

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
212440	1	T1019	0580	09/29/12	09/29/12	48.00	168.00
212440	2	T1019	0580	09/30/12	09/30/12	48.00	168.00
212440	3	T1019	0580	10/01/12	10/01/12	48.00	168.00
212440	4	T1019	0580	10/02/12	10/02/12	48.00	168.00
212440	5	T1019	0580	10/03/12	10/03/12	48.00	168.00
212440	6	T1019	0580	10/04/12	10/04/12	48.00	168.00
212440	7	T1019	0580	10/05/12	10/05/12	48.00	168.00
CLAIM TOTAL							1,176.00
							CLAIM ACCOUNT REF. 2124400012008793SUP

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
212449	1	T1019	0580	09/29/12	09/29/12	32.00	112.00
212449	2	T1019	0580	09/30/12	09/30/12	32.00	112.00
212449	3	T1019	0580	10/01/12	10/01/12	32.00	112.00
212449	4	T1019	0580	10/02/12	10/02/12	32.00	112.00
212449	5	T1019	0580	10/03/12	10/03/12	32.00	112.00
212449	6	T1019	0580	10/04/12	10/04/12	32.00	112.00
212449	7	T1019	0580	10/05/12	10/05/12	32.00	112.00
CLAIM TOTAL							784.00
							CLAIM ACCOUNT REF. 2124490012009237SUP

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
212450	1	T1019	0580	10/02/12	10/02/12	16.00	67.52

REPORT DATE 10/10/12 SUNNYSIDE CITYWIDE
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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	
212450	2	T1019	0580	10/03/12	10/03/12	16.00	67.52	
212450	3	T1019	0580	10/04/12	10/04/12	16.00	67.52	
						CLAIM TOTAL	202.56	CLAIM ACCOUNT REF. 2124500012009406SUP

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	
212446	1	T1019	0580	09/29/12	09/29/12	48.00	168.00	
212446	2	T1019	0580	09/30/12	09/30/12	47.00	164.50	
212446	3	T1019	0580	10/01/12	10/01/12	48.00	168.00	
212446	4	T1019	0580	10/02/12	10/02/12	48.00	168.00	
212446	5	T1019	0580	10/03/12	10/03/12	48.00	168.00	
212446	6	T1019	0580	10/04/12	10/04/12	48.00	168.00	
212446	7	T1019	0580	10/05/12	10/05/12	48.00	168.00	
						CLAIM TOTAL	1,172.50	CLAIM ACCOUNT REF. 2124460012009467SUP

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	
212451	1	T1019	0580	10/03/12	10/03/12	40.00	168.80	
212451	2	T1019	0580	10/04/12	10/04/12	40.00	168.80	
						CLAIM TOTAL	337.60	CLAIM ACCOUNT REF. 2124510012009562SUP

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	
212443	1	T1019	0580	10/01/12	10/01/12	16.00	56.00	
212443	2	T1019	0580	10/02/12	10/02/12	16.00	56.00	
212443	3	T1019	0580	10/03/12	10/03/12	16.00	56.00	
212443	4	T1019	0580	10/04/12	10/04/12	16.00	56.00	
212443	5	T1019	0580	10/05/12	10/05/12	16.00	56.00	
						CLAIM TOTAL	280.00	CLAIM ACCOUNT REF. 2124430012009686SUP

REPORT DATE 10/10/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101004092334RRSUP

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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
212445	1	T1019	0580	10/01/12	10/01/12	28.00	98.00
212445	2	T1019	0580	10/02/12	10/02/12	28.00	98.00
212445	3	T1019	0580	10/03/12	10/03/12	28.00	98.00
212445	4	T1019	0580	10/04/12	10/04/12	24.00	84.00
212445	5	T1019	0580	10/05/12	10/05/12	28.00	98.00
CLAIM TOTAL							476.00

CLAIM ACCOUNT REF. 2124450012009945SUP

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
212439	1	T1019	0580	10/01/12	10/01/12	20.00	70.00
212439	2	T1019	0580	10/02/12	10/02/12	24.00	84.00
212439	3	T1019	0580	10/03/12	10/03/12	20.00	70.00
212439	4	T1019	0580	10/04/12	10/04/12	20.00	70.00
212439	5	T1019	0580	10/05/12	10/05/12	20.00	70.00
CLAIM TOTAL							364.00

CLAIM ACCOUNT REF. 2124390012010293SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010316 2010316 WEATHERS, VERDENA 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
212448	1	T1019	0580	09/29/12	09/29/12	48.00	168.00
212448	2	T1019	0580	09/30/12	09/30/12	48.00	168.00
212448	3	T1019	0580	10/01/12	10/01/12	48.00	168.00
212448	4	T1019	0580	10/02/12	10/02/12	48.00	168.00
212448	5	T1019	0580	10/03/12	10/03/12	48.00	168.00
212448	6	T1019	0580	10/04/12	10/04/12	48.00	168.00
212448	7	T1019	0580	10/05/12	10/05/12	48.00	168.00
CLAIM TOTAL							1,176.00

CLAIM ACCOUNT REF. 2124480012010316SUP

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
212444	1	T1019	0580	09/29/12	09/29/12	35.00	122.50

REPORT DATE 10/10/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101004092334RRSUP

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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	
212444	2	T1019	0580	10/01/12	10/01/12	36.00	126.00	
212444	3	T1019	0580	10/02/12	10/02/12	36.00	126.00	
212444	4	T1019	0580	10/03/12	10/03/12	36.00	126.00	
212444	5	T1019	0580	10/04/12	10/04/12	36.00	126.00	
212444	6	T1019	0580	10/05/12	10/05/12	36.00	126.00	
			CLAIM TOTAL			752.50		CLAIM ACCOUNT REF. 2124440012010991SUP

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	
212441	1	G0156	0572	09/29/12	09/29/12	6.00	85.50	
212441	2	G0156	0572	10/01/12	10/01/12	7.00	99.75	
212441	3	G0156	0572	10/02/12	10/02/12	7.00	99.75	
212441	4	G0156	0572	10/03/12	10/03/12	7.00	99.75	
212441	5	G0156	0572	10/04/12	10/04/12	7.00	99.75	
212441	6	G0156	0572	10/05/12	10/05/12	7.00	99.75	
			CLAIM TOTAL			584.25		CLAIM ACCOUNT REF. 2124410012011066SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008273	2011526	DE JESUS, TIBURCIO	08/11/1947	XX16524L	0005503237-001
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	
212442	1	T1019	0580	10/01/12	10/01/12	36.00	126.00	
212442	2	T1019	0580	10/02/12	10/02/12	36.00	126.00	
212442	3	T1019	0580	10/03/12	10/03/12	36.00	126.00	
212442	4	T1019	0580	10/04/12	10/04/12	8.00	28.00	
212442	5	T1019	0580	10/05/12	10/05/12	36.00	126.00	
			CLAIM TOTAL			532.00		CLAIM ACCOUNT REF. 2124420012011526SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	85	TOTAL CLAIM AMOUNT =	9,845.33
		# SERVICES =	17		

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NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2124890012010958SUP

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

REPORT DATE 10/10/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101004092334RRSUP

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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
212394	1	T1019		09/29/12	09/29/12	32.00	135.04
212394	2	T1019		10/01/12	10/01/12	88.00	371.36
212394	3	T1019		10/02/12	10/02/12	44.00	185.68
212394	4	T1019		10/03/12	10/03/12	44.00	185.68
212394	5	T1019		10/04/12	10/04/12	44.00	185.68
212394	6	T1019		10/05/12	10/05/12	44.00	185.68
CLAIM TOTAL						1,249.12	CLAIM ACCOUNT REF. 2123940012008249SUP

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
212400	1	T1019		09/29/12	09/29/12	32.00	135.04
212400	2	T1019		09/30/12	09/30/12	32.00	135.04
212400	3	T1019		10/01/12	10/01/12	32.00	135.04
212400	4	T1019		10/02/12	10/02/12	32.00	135.04
212400	5	T1019		10/03/12	10/03/12	32.00	135.04
212400	6	T1019		10/04/12	10/04/12	32.00	135.04
212400	7	T1019		10/05/12	10/05/12	24.00	101.28
CLAIM TOTAL						911.52	CLAIM ACCOUNT REF. 2124000012008250SUP

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
212379	1	T1019		10/01/12	10/01/12	32.00	135.04
212379	2	T1019		10/02/12	10/02/12	32.00	135.04
212379	3	T1019		10/03/12	10/03/12	32.00	135.04
212379	4	T1019		10/04/12	10/04/12	32.00	135.04
212379	5	T1019		10/05/12	10/05/12	32.00	135.04
CLAIM TOTAL						675.20	CLAIM ACCOUNT REF. 2123790012008251SUP

REPORT DATE 10/10/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101004092334RRSUP

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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 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	
212395	1	T1019		09/29/12	09/29/12	48.00	202.56	
212395	2	T1019		09/30/12	09/30/12	48.00	202.56	
212395	3	T1019		10/01/12	10/01/12	48.00	202.56	
212395	4	T1019		10/02/12	10/02/12	48.00	202.56	
212395	5	T1019		10/03/12	10/03/12	48.00	202.56	
212395	6	T1019		10/04/12	10/04/12	48.00	202.56	
212395	7	T1019		10/05/12	10/05/12	48.00	202.56	
CLAIM TOTAL						1,417.92		CLAIM ACCOUNT REF. 2123950012008253SUP

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	
212402	1	T1019		10/01/12	10/01/12	24.00	101.28	
212402	2	T1019		10/02/12	10/02/12	20.00	84.40	
212402	3	T1019		10/03/12	10/03/12	20.00	84.40	
212402	4	T1019		10/04/12	10/04/12	20.00	84.40	
212402	5	T1019		10/05/12	10/05/12	20.00	84.40	
CLAIM TOTAL						438.88		CLAIM ACCOUNT REF. 2124020012008254SUP

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	
212377	1	T1019		10/01/12	10/01/12	32.00	135.04	
212377	2	T1019		10/02/12	10/02/12	32.00	135.04	
212377	3	T1019		10/03/12	10/03/12	32.00	135.04	
212377	4	T1019		10/04/12	10/04/12	32.00	135.04	
212377	5	T1019		10/05/12	10/05/12	32.00	135.04	
CLAIM TOTAL						675.20		CLAIM ACCOUNT REF. 2123770012008256SUP

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
212385	1	T1019		09/29/12	09/29/12	24.00	101.28

REPORT DATE 10/10/12 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	
212385	2	T1019		09/30/12	09/30/12	24.00	101.28	
212385	3	T1019		10/01/12	10/01/12	24.00	101.28	
212385	4	T1019		10/02/12	10/02/12	24.00	101.28	
212385	5	T1019		10/03/12	10/03/12	24.00	101.28	
212385	6	T1019		10/04/12	10/04/12	24.00	101.28	
212385	7	T1019		10/05/12	10/05/12	24.00	101.28	
					CLAIM TOTAL		708.96	CLAIM ACCOUNT REF. 2123850012008257SUP

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	
212401	1	T1019		10/01/12	10/01/12	32.00	135.04	
212401	2	T1019		10/02/12	10/02/12	32.00	135.04	
212401	3	T1019		10/03/12	10/03/12	32.00	135.04	
212401	4	T1019		10/04/12	10/04/12	32.00	135.04	
212401	5	T1019		10/05/12	10/05/12	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2124010012008290SUP

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	
212396	1	T1019		10/01/12	10/01/12	16.00	67.52	
212396	2	T1019		10/03/12	10/03/12	16.00	67.52	
212396	3	T1019		10/05/12	10/05/12	16.00	67.52	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2123960012008297SUP

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	
212387	1	T1019		10/02/12	10/02/12	28.00	118.16	
212387	2	T1019		10/03/12	10/03/12	28.00	118.16	
212387	3	T1019		10/04/12	10/04/12	28.00	118.16	
212387	4	T1019		10/05/12	10/05/12	28.00	118.16	
					CLAIM TOTAL		472.64	CLAIM ACCOUNT REF. 2123870012008362SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008368 2008368 RODRIGUEZ, MARGARET 06/25/1950 ZP21043J 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	
212399	1	T1019		10/01/12	10/01/12	16.00	67.52	
212399	2	T1019		10/02/12	10/02/12	16.00	67.52	
212399	3	T1019		10/03/12	10/03/12	16.00	67.52	
212399	4	T1019		10/05/12	10/05/12	16.00	67.52	
CLAIM TOTAL							270.08	CLAIM ACCOUNT REF. 2123990012008368SUP

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	
212403	1	T1019		09/29/12	09/29/12	36.00	151.92	
212403	2	T1019		09/30/12	09/30/12	36.00	151.92	
CLAIM TOTAL							303.84	CLAIM ACCOUNT REF. 2124030012008405SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008411 2008411 FRANCISCO, RICHARD 07/10/1968 XR22414G R2014482
DIAGNOSIS CODES: 401.9 443.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
212388	1	T1019		10/02/12	10/02/12	32.00	135.04	
212388	2	T1019		10/03/12	10/03/12	32.00	135.04	
212388	3	T1019		10/04/12	10/04/12	32.00	135.04	
212388	4	T1019		10/05/12	10/05/12	32.00	135.04	
CLAIM TOTAL							540.16	CLAIM ACCOUNT REF. 2123880012008411SUP

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	
212391	1	T1019		09/29/12	09/29/12	28.00	118.16	
212391	2	T1019		09/30/12	09/30/12	28.00	118.16	
212391	3	T1019		10/01/12	10/01/12	28.00	118.16	
212391	4	T1019		10/02/12	10/02/12	28.00	118.16	
212391	5	T1019		10/03/12	10/03/12	28.00	118.16	
212391	6	T1019		10/04/12	10/04/12	28.00	118.16	
212391	7	T1019		10/05/12	10/05/12	28.00	118.16	
CLAIM TOTAL							827.12	CLAIM ACCOUNT REF. 2123910012008428SUP

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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
212374	1	T1019		09/29/12	09/29/12	32.00	135.04
212374	2	T1019		09/30/12	09/30/12	32.00	135.04
212374	3	T1019		10/01/12	10/01/12	32.00	135.04
212374	4	T1019		10/02/12	10/02/12	32.00	135.04
212374	5	T1019		10/03/12	10/03/12	32.00	135.04
212374	6	T1019		10/04/12	10/04/12	32.00	135.04
212374	7	T1019		10/05/12	10/05/12	32.00	135.04
CLAIM TOTAL							945.28
							CLAIM ACCOUNT REF. 2123740012008433SUP

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
212373	1	T1019		09/29/12	09/29/12	16.00	67.52
212373	2	T1019		09/30/12	09/30/12	16.00	67.52
212373	3	T1019		10/01/12	10/01/12	16.00	67.52
212373	4	T1019		10/02/12	10/02/12	16.00	67.52
212373	5	T1019		10/03/12	10/03/12	16.00	67.52
212373	6	T1019		10/04/12	10/04/12	16.00	67.52
212373	7	T1019		10/05/12	10/05/12	16.00	67.52
CLAIM TOTAL							472.64
							CLAIM ACCOUNT REF. 2123730012008487SUP

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
212383	1	T1019		09/29/12	09/29/12	16.00	67.52
212383	2	T1019		09/30/12	09/30/12	16.00	67.52
212383	3	T1019		10/01/12	10/01/12	16.00	67.52
212383	4	T1019		10/02/12	10/02/12	16.00	67.52
212383	5	T1019		10/03/12	10/03/12	16.00	67.52
212383	6	T1019		10/04/12	10/04/12	16.00	67.52
CLAIM TOTAL							405.12
							CLAIM ACCOUNT REF. 2123830012008571SUP

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REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008571 2008571 ESPAILLAT, AMPARO 12/25/1949 ZG25447P R2016893
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
212384	1	T1019		10/05/12	10/05/12	16.00	67.52
							CLAIM TOTAL
							67.52 CLAIM ACCOUNT REF. 2123840012008571SUP

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
212386	1	T1019		10/01/12	10/01/12	20.00	84.40
212386	2	T1019		10/03/12	10/03/12	20.00	84.40
212386	3	T1019		10/05/12	10/05/12	20.00	84.40
							CLAIM TOTAL
							253.20 CLAIM ACCOUNT REF. 2123860012009001SUP

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
212380	1	T1019		09/30/12	09/30/12	20.00	84.40
212380	2	T1019		10/01/12	10/01/12	20.00	84.40
212380	3	T1019		10/02/12	10/02/12	20.00	84.40
212380	4	T1019		10/03/12	10/03/12	20.00	84.40
212380	5	T1019		10/04/12	10/04/12	20.00	84.40
212380	6	T1019		10/05/12	10/05/12	20.00	84.40
							CLAIM TOTAL
							506.40 CLAIM ACCOUNT REF. 2123800012009256SUP

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
212378	1	T1019		09/29/12	09/29/12	32.00	135.04
212378	2	T1019		10/01/12	10/01/12	32.00	135.04
212378	3	T1019		10/02/12	10/02/12	32.00	135.04
212378	4	T1019		10/03/12	10/03/12	32.00	135.04
212378	5	T1019		10/04/12	10/04/12	32.00	135.04
212378	6	T1019		10/05/12	10/05/12	32.00	135.04
							CLAIM TOTAL
							810.24 CLAIM ACCOUNT REF. 2123780012009270SUP

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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 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
212390	1	T1019		10/01/12	10/01/12	16.00	67.52
212390	2	T1019		10/03/12	10/03/12	16.00	67.52
212390	3	T1019		10/05/12	10/05/12	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2123900012009322SUP

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
212381	1	T1019		09/07/12	09/07/12	24.00	101.28
212381	2	T1019		09/24/12	09/24/12	24.00	101.28
212381	3	T1019		09/25/12	09/25/12	24.00	101.28
212381	4	T1019		09/26/12	09/26/12	24.00	101.28
212381	5	T1019		09/27/12	09/27/12	24.00	101.28
212381	6	T1019		10/01/12	10/01/12	24.00	101.28
212381	7	T1019		10/02/12	10/02/12	24.00	101.28
212381	8	T1019		10/03/12	10/03/12	24.00	101.28
212381	9	T1019		10/04/12	10/04/12	24.00	101.28
212381	10	T1019		10/05/12	10/05/12	24.00	101.28
CLAIM TOTAL							1,012.80
CLAIM ACCOUNT REF.							2123810012009405SUP

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
212389	1	T1019		10/03/12	10/03/12	16.00	67.52
CLAIM TOTAL							67.52
CLAIM ACCOUNT REF.							2123890012009425SUP

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
212375	1	T1019		09/29/12	09/29/12	24.00	101.28
212375	2	T1019		09/30/12	09/30/12	24.00	101.28
212375	3	T1019		10/01/12	10/01/12	24.00	101.28
212375	4	T1019		10/02/12	10/02/12	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	
212375	5	T1019		10/03/12	10/03/12	24.00	101.28	
212375	6	T1019		10/04/12	10/04/12	24.00	101.28	
212375	7	T1019		10/05/12	10/05/12	24.00	101.28	
					CLAIM TOTAL		708.96	CLAIM ACCOUNT REF. 2123750012009560SUP

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	
212405	1	T1019		10/01/12	10/01/12	32.00	135.04	
212405	2	T1019		10/02/12	10/02/12	32.00	135.04	
212405	3	T1019		10/03/12	10/03/12	32.00	135.04	
212405	4	T1019		10/04/12	10/04/12	32.00	135.04	
212405	5	T1019		10/05/12	10/05/12	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2124050012010009SUP

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	
212393	1	T1020		09/29/12	09/29/12	7.00	118.16	
212393	2	T1020		09/30/12	09/30/12	7.00	118.16	
212393	3	T1020		10/01/12	10/01/12	7.00	118.16	
212393	4	T1020		10/03/12	10/03/12	7.00	118.16	
212393	5	T1020		10/04/12	10/04/12	7.00	118.16	
212393	6	T1020		10/05/12	10/05/12	7.00	118.16	
					CLAIM TOTAL		708.96	CLAIM ACCOUNT REF. 2123930012010311SUP

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	
212404	1	T1019		09/29/12	09/29/12	20.00	84.40	
212404	2	T1019		09/30/12	09/30/12	20.00	84.40	
212404	3	T1019		10/04/12	10/04/12	20.00	84.40	
212404	4	T1019		10/05/12	10/05/12	20.00	84.40	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2124040012010758SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
212392	1	T1019		09/29/12	09/29/12	32.00	135.04
212392	2	T1019		10/01/12	10/01/12	32.00	135.04
212392	3	T1019		10/02/12	10/02/12	32.00	135.04
212392	4	T1019		10/03/12	10/03/12	32.00	135.04
212392	5	T1019		10/04/12	10/04/12	32.00	135.04
212392	6	T1019		10/05/12	10/05/12	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2123920012010967SUP

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
212382	1	T1019		09/29/12	09/29/12	40.00	168.80
212382	2	T1019		09/30/12	09/30/12	40.00	168.80
212382	3	T1019		10/01/12	10/01/12	40.00	168.80
212382	4	T1019		10/02/12	10/02/12	40.00	168.80
212382	5	T1019		10/03/12	10/03/12	40.00	168.80
212382	6	T1019		10/04/12	10/04/12	40.00	168.80
212382	7	T1019		10/05/12	10/05/12	40.00	168.80
CLAIM TOTAL							1,181.60
CLAIM ACCOUNT REF.							2123820012011058SUP

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
212397	1	T1020		09/15/12	09/15/12	12.00	202.56
212397	2	T1020		09/17/12	09/17/12	12.00	202.56
212397	3	T1020		09/18/12	09/18/12	12.00	202.56
212397	4	T1020		09/19/12	09/19/12	12.00	202.56
212397	5	T1020		09/20/12	09/20/12	12.00	202.56
212397	6	T1020		09/27/12	09/27/12	12.00	202.56
212397	7	T1020		09/29/12	09/29/12	12.00	202.56
212397	8	T1020		09/30/12	09/30/12	12.00	202.56
CLAIM TOTAL							1,620.48
CLAIM ACCOUNT REF.							2123970012011388SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101004092334RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011388 2011388 PALAZZOLO, FLORENCE 10/31/1948 PD96979S R1998236
DIAGNOSIS CODES: 331.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
212398	1	T1020		10/01/12	10/01/12	12.00	202.56	
212398	2	T1020		10/02/12	10/02/12	12.00	202.56	
212398	3	T1020		10/03/12	10/03/12	12.00	202.56	
212398	4	T1020		10/04/12	10/04/12	12.00	202.56	
212398	5	T1020		10/05/12	10/05/12	12.00	202.56	
CLAIM TOTAL						1,012.80		CLAIM ACCOUNT REF. 2123980012011388SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008378 2011528 BOWERS, DIANE 10/01/1946 129232187 0109201201746
DIAGNOSIS CODES: 250.11 300.02 410.90 413.0 428.0 440.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
212376	1	T1019		10/01/12	10/01/12	40.00	168.80	
212376	2	T1019		10/02/12	10/02/12	40.00	168.80	
212376	3	T1019		10/03/12	10/03/12	40.00	168.80	
212376	4	T1019		10/04/12	10/04/12	40.00	168.80	
212376	5	T1019		10/05/12	10/05/12	40.00	168.80	
CLAIM TOTAL						844.00		CLAIM ACCOUNT REF. 2123760012011528SUP

PAYER TOTALS: HEALTHFIRST PHSP # OF CLAIMS = 174 TOTAL CLAIM AMOUNT = 22,011.52
SERVICES = 31

REPORT DATE 10/10/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101004092334RRSUP

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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
212434	1	T1019		09/29/12	09/29/12	40.00	171.60
212434	2	T1019		09/30/12	09/30/12	40.00	171.60
212434	3	T1019		10/01/12	10/01/12	40.00	171.60
212434	4	T1019		10/02/12	10/02/12	40.00	171.60
212434	5	T1019		10/03/12	10/03/12	40.00	171.60
212434	6	T1019		10/04/12	10/04/12	40.00	171.60
212434	7	T1019		10/05/12	10/05/12	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2124340012008245SUP

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
212435	1	T1019		09/29/12	09/29/12	16.00	68.64
212435	2	T1019		09/30/12	09/30/12	16.00	68.64
212435	3	T1019		10/01/12	10/01/12	36.00	154.44
212435	4	T1019		10/02/12	10/02/12	36.00	154.44
212435	5	T1019		10/03/12	10/03/12	36.00	154.44
212435	6	T1019		10/04/12	10/04/12	36.00	154.44
212435	7	T1019		10/05/12	10/05/12	36.00	154.44
CLAIM TOTAL						909.48	CLAIM ACCOUNT REF. 2124350012008287SUP

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
212437	1	T1019		09/29/12	09/29/12	32.00	137.28
212437	2	T1019		09/30/12	09/30/12	32.00	137.28
CLAIM TOTAL						274.56	CLAIM ACCOUNT REF. 2124370012008401SUP

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
212438	1	T1019		09/29/12	09/29/12	16.00	68.64
212438	2	T1019		09/30/12	09/30/12	16.00	68.64

REPORT DATE 10/10/12
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101004092334RRSUP

PROVIDER ID = 113502051
PAYER ID = 87726

SUNNYSIDE CITYWIDE
UNITEDHEALTHCARE

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
						CLAIM TOTAL	137.28	CLAIM ACCOUNT REF.	2124380012008432SUP
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		
212436	1	T1019		10/03/12	10/03/12	16.00	68.64		
212436	2	T1019		10/05/12	10/05/12	16.00	68.64		
						CLAIM TOTAL	137.28	CLAIM ACCOUNT REF.	2124360012010774SUP

PAYER TOTALS: UNITEDHEALTHCARE

OF CLAIMS = 20
SERVICES = 5

TOTAL CLAIM AMOUNT = 2,659.80

REPORT DATE 10/10/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101004092334RRSUP

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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
212478	1	T1019	0580	09/29/12	09/29/12	40.00	168.80
212478	2	T1019	0580	09/30/12	09/30/12	40.00	168.80
212478	3	T1019	0580	10/01/12	10/01/12	36.00	151.92
212478	4	T1019	0580	10/02/12	10/02/12	32.00	135.04
212478	5	T1019	0580	10/03/12	10/03/12	32.00	135.04
212478	6	T1019	0580	10/04/12	10/04/12	32.00	135.04
212478	7	T1019	0580	10/05/12	10/05/12	32.00	135.04
CLAIM TOTAL						1,029.68	CLAIM ACCOUNT REF. 2124780012008266SUP

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
212481	1	S5130	0582	10/01/12	10/01/12	16.00	67.52
212481	2	S5130	0582	10/05/12	10/05/12	16.00	67.52
CLAIM TOTAL						135.04	CLAIM ACCOUNT REF. 2124810012009279SUP

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
212476	1	T1019	0580	10/01/12	10/01/12	32.00	135.04
212476	2	T1019	0580	10/02/12	10/02/12	36.00	151.92
212476	3	T1019	0580	10/03/12	10/03/12	32.00	135.04
212476	4	T1019	0580	10/04/12	10/04/12	36.00	151.92
212476	5	T1019	0580	10/05/12	10/05/12	32.00	135.04
CLAIM TOTAL						708.96	CLAIM ACCOUNT REF. 2124760012009647SUP

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
212474	1	T1019	0580	10/01/12	10/01/12	24.00	101.28
212474	2	T1019	0580	10/02/12	10/02/12	24.00	101.28
212474	3	T1019	0580	10/03/12	10/03/12	24.00	101.28
212474	4	T1019	0580	10/04/12	10/04/12	24.00	101.28

REPORT DATE 10/10/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101004092334RRSUP

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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
212474	5	T1019	0580	10/05/12	10/05/12	16.00	67.52
							CLAIM TOTAL
							472.64
							CLAIM ACCOUNT REF. 2124740012010724SUP

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
212483	1	T1019	0580	09/29/12	09/29/12	16.00	67.52
212483	2	T1019	0580	09/30/12	09/30/12	16.00	67.52
212483	3	T1019	0580	10/01/12	10/01/12	8.00	33.76
212483	4	T1019	0580	10/02/12	10/02/12	8.00	33.76
212483	5	T1019	0580	10/03/12	10/03/12	8.00	33.76
212483	6	T1019	0580	10/04/12	10/04/12	8.00	33.76
212483	7	T1019	0580	10/05/12	10/05/12	8.00	33.76
							CLAIM TOTAL
							303.84
							CLAIM ACCOUNT REF. 2124830012010728SUP

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
212482	1	T1019	0580	09/29/12	09/29/12	20.00	84.40
212482	2	T1019	0580	09/30/12	09/30/12	20.00	84.40
212482	3	T1019	0580	10/01/12	10/01/12	12.00	50.64
212482	4	T1019	0580	10/02/12	10/02/12	12.00	50.64
212482	5	T1019	0580	10/03/12	10/03/12	12.00	50.64
212482	6	T1019	0580	10/04/12	10/04/12	12.00	50.64
212482	7	T1019	0580	10/05/12	10/05/12	12.00	50.64
							CLAIM TOTAL
							422.00
							CLAIM ACCOUNT REF. 2124820012010729SUP

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
212475	1	T1019	0580	10/02/12	10/02/12	16.00	67.52
212475	2	T1019	0580	10/04/12	10/04/12	16.00	67.52
212475	3	T1019	0580	10/05/12	10/05/12	16.00	67.52
							CLAIM TOTAL
							202.56
							CLAIM ACCOUNT REF. 2124750012010730SUP

REPORT DATE 10/10/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101004092334RRSUP

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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 2008365 2010731 HARDING, EDNA 05/17/1956 006274884 103201397
DIAGNOSIS CODES: 493.90 253.5 272.4 296.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
212479	1	T1019	0580	10/01/12	10/01/12	24.00	101.28
212479	2	T1019	0580	10/02/12	10/02/12	24.00	101.28
212479	3	T1019	0580	10/03/12	10/03/12	12.00	50.64
212479	4	T1019	0580	10/04/12	10/04/12	12.00	50.64
212479	5	T1019	0580	10/05/12	10/05/12	8.00	33.76
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2124790012010731SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011238 2011238 MICHEL, VERULIA * 09/23/1932 712951733 103212745
DIAGNOSIS CODES: 728.87 272.4 401.9 780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
212480	1	T1019	0580	10/01/12	10/01/12	32.00	135.04
212480	2	T1019	0580	10/02/12	10/02/12	32.00	135.04
212480	3	T1019	0580	10/03/12	10/03/12	28.00	118.16
212480	4	T1019	0580	10/04/12	10/04/12	24.00	101.28
212480	5	T1019	0580	10/05/12	10/05/12	28.00	118.16
CLAIM TOTAL							607.68

CLAIM ACCOUNT REF. 2124800012011238SUP

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
212477	1	T1019	0580	09/13/12	09/13/12	8.00	33.76
212477	2	T1019	0580	09/24/12	09/24/12	12.00	50.64
212477	3	T1019	0580	09/26/12	09/26/12	12.00	50.64
212477	4	T1019	0580	09/28/12	09/28/12	16.00	67.52
CLAIM TOTAL							202.56

CLAIM ACCOUNT REF. 2124770012011322SUP

PAYER TOTALS: AMERIGROUP NEW YORK,LLC # OF CLAIMS = 50 TOTAL CLAIM AMOUNT = 4,422.56
SERVICES = 10

REPORT DATE 10/10/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101004092334RRSUP

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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
212487	1	T1019	1C	0570		09/30/12	09/30/12	10.00	159.00
									CLAIM TOTAL
									159.00
									CLAIM ACCOUNT REF. 2124870012010959SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008389 2011453 MUSHAYEV, BORIS 08/14/1947 7235 387543
DIAGNOSIS CODES: 401.9 250.00 425.8 428.0 441.00 715.90

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
212488	1	T1019	1C	0570		10/01/12	10/01/12	4.00	63.60
212488	2	T1019	1C	0570		10/02/12	10/02/12	4.00	63.60
212488	3	T1019	1C	0570		10/03/12	10/03/12	4.00	63.60
212488	4	T1019	1C	0570		10/05/12	10/05/12	4.00	63.60
									CLAIM TOTAL
									254.40
									CLAIM ACCOUNT REF. 2124880012011453SUP

PAYER TOTALS: ICS # OF CLAIMS = 5 TOTAL CLAIM AMOUNT = 413.40
SERVICES = 2

REPORT DATE 10/10/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101004092334RRSUP

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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
212484	1	T1019	0580	09/29/12	09/29/12	36.00	151.92
212484	2	T1019	0580	09/30/12	09/30/12	36.00	151.92
212484	3	T1019	0580	10/02/12	10/02/12	36.00	151.92
212484	4	T1019	0580	10/03/12	10/03/12	36.00	151.92
212484	5	T1019	0580	10/04/12	10/04/12	36.00	151.92
212484	6	T1019	0580	10/05/12	10/05/12	36.00	151.92
CLAIM TOTAL							911.52
CLAIM ACCOUNT REF.							2124840012010800SUP

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
212486	1	T1019	0580	10/02/12	10/02/12	16.00	67.52
212486	2	T1019	0580	10/03/12	10/03/12	16.00	67.52
212486	3	T1019	0580	10/04/12	10/04/12	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2124860012010804SUP

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
212485	1	T1019	0580	10/02/12	10/02/12	16.00	67.52
212485	2	T1019	0580	10/03/12	10/03/12	16.00	67.52
212485	3	T1019	0580	10/04/12	10/04/12	16.00	67.52
212485	4	T1019	0580	10/05/12	10/05/12	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2124850012010805SUP

PAYER TOTALS: HEALTHCARE PARTNERS IPA I # OF CLAIMS = 13 TOTAL CLAIM AMOUNT = 1,384.16
SERVICES = 3

PROVIDER TOTALS: SUNNYSIDE CITYWIDE # OF CLAIMS = 609 TOTAL CLAIM AMOUNT = 73,987.09
SERVICES = 115