

REPORT DATE 07/11/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071103500250RRSUP

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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
201920	1	T1020		06/30/12	06/30/12	6.00	101.22
201920	2	T1020		07/02/12	07/02/12	5.00	84.35
201920	3	T1020		07/03/12	07/03/12	5.00	84.35
201920	4	T1020		07/04/12	07/04/12	5.00	84.35
201920	5	T1020		07/05/12	07/05/12	5.00	84.35
201920	6	T1020		07/06/12	07/06/12	5.00	84.35
CLAIM TOTAL						522.97	CLAIM ACCOUNT REF. 2019200012008267SUP

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
201916	1	T1020		06/30/12	06/30/12	9.00	151.83
201916	2	T1020		07/01/12	07/01/12	9.00	151.83
201916	3	T1020		07/02/12	07/02/12	9.00	151.83
201916	4	T1020		07/03/12	07/03/12	9.00	151.83
201916	5	T1020		07/04/12	07/04/12	9.00	151.83
201916	6	T1020		07/05/12	07/05/12	9.00	151.83
201916	7	T1020		07/06/12	07/06/12	9.00	151.83
CLAIM TOTAL						1,062.81	CLAIM ACCOUNT REF. 2019160012008268SUP

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
201912	1	T1020		06/30/12	06/30/12	7.00	118.09
201912	2	T1020		07/01/12	07/01/12	7.00	118.09
201912	3	T1020		07/02/12	07/02/12	7.00	118.09
201912	4	T1020		07/03/12	07/03/12	7.00	118.09
201912	5	T1020		07/04/12	07/04/12	7.00	118.09
201912	6	T1020		07/05/12	07/05/12	7.00	118.09
201912	7	T1020		07/06/12	07/06/12	7.00	118.09
CLAIM TOTAL						826.63	CLAIM ACCOUNT REF. 2019120012008386SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #
113550568

CLAIM ACCOUNT REF. 2019190012008400SUP

PRIOR AUTHORIZATION #
11951467

CLAIM ACCOUNT REF. 2019150012009283SUP

PRIOR AUTHORIZATION #
120550698

CLAIM ACCOUNT REF. 2019170012009956SUP

PRIOR AUTHORIZATION #
120550698

CLAIM ACCOUNT REF. 2019180012009956SUP

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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 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	
201913	1	T1020		07/02/12	07/02/12	6.00	101.22	
201913	2	T1020		07/03/12	07/03/12	6.00	101.22	
201913	3	T1020		07/04/12	07/04/12	6.00	101.22	
201913	4	T1020		07/05/12	07/05/12	6.00	101.22	
201913	5	T1020		07/06/12	07/06/12	3.00	50.61	
					CLAIM TOTAL		455.49	CLAIM ACCOUNT REF. 2019130012010014SUP

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	
201921	1	T1020		06/30/12	06/30/12	9.00	151.83	
					CLAIM TOTAL		151.83	CLAIM ACCOUNT REF. 2019210012010041SUP

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	
201922	1	T1020		07/01/12	07/01/12	9.00	151.83	
201922	2	T1020		07/02/12	07/02/12	9.00	151.83	
201922	3	T1020		07/03/12	07/03/12	9.00	151.83	
201922	4	T1020		07/04/12	07/04/12	9.00	151.83	
201922	5	T1020		07/05/12	07/05/12	9.00	151.83	
201922	6	T1020		07/06/12	07/06/12	9.00	151.83	
					CLAIM TOTAL		910.98	CLAIM ACCOUNT REF. 2019220012010041SUP

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	
201914	1	T1020		07/02/12	07/02/12	5.00	84.35	
201914	2	T1020		07/05/12	07/05/12	5.00	84.35	
201914	3	T1020		07/06/12	07/06/12	4.00	67.48	
					CLAIM TOTAL		236.18	CLAIM ACCOUNT REF. 2019140012010712SUP

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

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	50	TOTAL CLAIM AMOUNT =	6,427.47
		# SERVICES =	9		

REPORT DATE 07/11/12 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 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
201896	1	T1019		07/04/12	07/04/12	16.00	67.52
201896	2	T1019		07/05/12	07/05/12	16.00	67.52
201896	3	T1019		07/06/12	07/06/12	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2018960012008261SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
201903	1	T1019		06/30/12	06/30/12	24.00	101.28
201903	2	T1019		07/01/12	07/01/12	24.00	101.28
201903	3	T1019		07/02/12	07/02/12	24.00	101.28
201903	4	T1019		07/03/12	07/03/12	24.00	101.28
201903	5	T1019		07/04/12	07/04/12	24.00	101.28
201903	6	T1019		07/05/12	07/05/12	24.00	101.28
201903	7	T1019		07/06/12	07/06/12	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2019030012008263SUP

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
201909	1	T1019		06/30/12	06/30/12	40.00	168.80
201909	2	T1019		07/01/12	07/01/12	40.00	168.80
201909	3	T1019		07/02/12	07/02/12	40.00	168.80
201909	4	T1019		07/03/12	07/03/12	40.00	168.80
201909	5	T1019		07/04/12	07/04/12	32.00	135.04
201909	6	T1019		07/05/12	07/05/12	40.00	168.80
201909	7	T1019		07/06/12	07/06/12	40.00	168.80
CLAIM TOTAL							1,147.84
CLAIM ACCOUNT REF.							2019090012008265SUP

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
201911	1	T1019		06/30/12	06/30/12	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	
201911	2	T1019		07/01/12	07/01/12	16.00	67.52	
201911	3	T1019		07/02/12	07/02/12	24.00	101.28	
201911	4	T1019		07/03/12	07/03/12	24.00	101.28	
201911	5	T1019		07/05/12	07/05/12	24.00	101.28	
201911	6	T1019		07/06/12	07/06/12	24.00	101.28	
				CLAIM TOTAL		540.16		CLAIM ACCOUNT REF. 2019110012008303SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
201892	1	T1019		07/02/12	07/02/12	24.00	101.28	
201892	2	T1019		07/04/12	07/04/12	24.00	101.28	
201892	3	T1019		07/05/12	07/05/12	24.00	101.28	
201892	4	T1019		07/06/12	07/06/12	24.00	101.28	
				CLAIM TOTAL		405.12		CLAIM ACCOUNT REF. 2018920012008305SUP

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	
201899	1	T1019		07/03/12	07/03/12	36.00	151.92	
201899	2	T1019		07/04/12	07/04/12	36.00	151.92	
201899	3	T1019		07/05/12	07/05/12	36.00	151.92	
201899	4	T1019		07/06/12	07/06/12	36.00	151.92	
				CLAIM TOTAL		607.68		CLAIM ACCOUNT REF. 2018990012008366SUP

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	
201893	1	T1019		06/19/12	06/19/12	28.00	118.16	
201893	2	T1019		06/30/12	06/30/12	28.00	118.16	
201893	3	T1019		07/01/12	07/01/12	28.00	118.16	
201893	4	T1019		07/02/12	07/02/12	32.00	135.04	
201893	5	T1019		07/03/12	07/03/12	28.00	118.16	
201893	6	T1019		07/04/12	07/04/12	28.00	118.16	
201893	7	T1019		07/05/12	07/05/12	28.00	118.16	
201893	8	T1019		07/06/12	07/06/12	28.00	118.16	
				CLAIM TOTAL		962.16		CLAIM ACCOUNT REF. 2018930012008403SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
201908	1	T1019		06/30/12	06/30/12	32.00	135.04
201908	2	T1019		07/01/12	07/01/12	32.00	135.04
201908	3	T1019		07/02/12	07/02/12	32.00	135.04
201908	4	T1019		07/03/12	07/03/12	32.00	135.04
201908	5	T1019		07/04/12	07/04/12	32.00	135.04
201908	6	T1019		07/05/12	07/05/12	32.00	135.04
201908	7	T1019		07/06/12	07/06/12	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2019080012008420SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008421 2008421 OCASIO, VIRGINIA 05/24/1949 10063483101 072211255340
DIAGNOSIS CODES: 250.00 278.00 300.00 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
201905	1	T1019		06/30/12	06/30/12	8.00	33.76
201905	2	T1019		07/02/12	07/02/12	16.00	67.52
201905	3	T1019		07/03/12	07/03/12	16.00	67.52
201905	4	T1019		07/04/12	07/04/12	16.00	67.52
201905	5	T1019		07/05/12	07/05/12	16.00	67.52
201905	6	T1019		07/06/12	07/06/12	16.00	67.52
CLAIM TOTAL							371.36
CLAIM ACCOUNT REF.							2019050012008421SUP

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
201904	1	T1019		06/28/12	06/28/12	24.00	101.28
201904	2	T1019		06/29/12	06/29/12	24.00	101.28
201904	3	T1019		06/30/12	06/30/12	24.00	101.28
201904	4	T1019		07/02/12	07/02/12	24.00	101.28
201904	5	T1019		07/03/12	07/03/12	24.00	101.28
201904	6	T1019		07/04/12	07/04/12	24.00	101.28
201904	7	T1019		07/05/12	07/05/12	24.00	101.28
201904	8	T1019		07/06/12	07/06/12	24.00	101.28
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2019040012008422SUP

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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	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
201910	1	T1019		07/02/12	07/02/12	16.00	67.52
201910	2	T1019		07/05/12	07/05/12	16.00	67.52
201910	3	T1019		07/06/12	07/06/12	16.00	67.52
				CLAIM TOTAL		202.56	
					CLAIM ACCOUNT REF.	2019100012008425SUP	

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
201897	1	T1019		06/30/12	06/30/12	40.00	168.80
201897	2	T1019		07/01/12	07/01/12	40.00	168.80
201897	3	T1019		07/02/12	07/02/12	40.00	168.80
201897	4	T1019		07/03/12	07/03/12	40.00	168.80
201897	5	T1019		07/04/12	07/04/12	40.00	168.80
201897	6	T1019		07/05/12	07/05/12	40.00	168.80
201897	7	T1019		07/06/12	07/06/12	40.00	168.80
				CLAIM TOTAL		1,181.60	
					CLAIM ACCOUNT REF.	2018970012008427SUP	

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008531	2008531	RODRIGUEZ, MARIA	02/16/1949	10057325401	082911259802
DIAGNOSIS	CODES:	250.00 272.4 331.0 401.9		799.89		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
201907	1	T1019		06/27/12	06/27/12	16.00	67.52
201907	2	T1019		06/29/12	06/29/12	16.00	67.52
201907	3	T1019		07/02/12	07/02/12	16.00	67.52
201907	4	T1019		07/04/12	07/04/12	16.00	67.52
201907	5	T1019		07/06/12	07/06/12	16.00	67.52
				CLAIM TOTAL		337.60	
					CLAIM ACCOUNT REF.	2019070012008531SUP	

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
201902	1	T1019		07/01/12	07/01/12	16.00	67.52
201902	2	T1019		07/02/12	07/02/12	28.00	118.16
201902	3	T1019		07/03/12	07/03/12	28.00	118.16

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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	
201902	4	T1019		07/04/12	07/04/12	28.00	118.16	
201902	5	T1019		07/06/12	07/06/12	28.00	118.16	
CLAIM TOTAL							540.16	CLAIM ACCOUNT REF. 2019020012008742SUP

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	
201895	1	T1019		07/02/12	07/02/12	16.00	67.52	
201895	2	T1019		07/03/12	07/03/12	16.00	67.52	
201895	3	T1019		07/04/12	07/04/12	24.00	101.28	
201895	4	T1019		07/05/12	07/05/12	24.00	101.28	
201895	5	T1019		07/06/12	07/06/12	24.00	101.28	
CLAIM TOTAL							438.88	CLAIM ACCOUNT REF. 2018950012008802SUP

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	
201900	1	T1019		07/02/12	07/02/12	28.00	118.16	
201900	2	T1019		07/03/12	07/03/12	28.00	118.16	
201900	3	T1019		07/04/12	07/04/12	28.00	118.16	
201900	4	T1019		07/05/12	07/05/12	28.00	118.16	
201900	5	T1019		07/06/12	07/06/12	32.00	135.04	
CLAIM TOTAL							607.68	CLAIM ACCOUNT REF. 2019000012009221SUP

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	
201901	1	T1019		07/06/12	07/06/12	48.00	202.56	
CLAIM TOTAL							202.56	CLAIM ACCOUNT REF. 2019010012009356SUP

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
201890	1	T1019		06/23/12	06/23/12	32.00	135.04
201890	2	T1019		06/30/12	06/30/12	32.00	135.04

REPORT DATE 07/11/12 SUNNYSIDE CITYWIDE
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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
201890	3	T1019		07/01/12	07/01/12	32.00	135.04
201890	4	T1019		07/02/12	07/02/12	32.00	135.04
201890	5	T1019		07/03/12	07/03/12	32.00	135.04
201890	6	T1019		07/04/12	07/04/12	32.00	135.04
201890	7	T1019		07/05/12	07/05/12	32.00	135.04
201890	8	T1019		07/06/12	07/06/12	32.00	135.04
CLAIM TOTAL						1,080.32	CLAIM ACCOUNT REF. 2018900012010143SUP

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
201906	1	T1019		07/02/12	07/02/12	20.00	84.40
201906	2	T1019		07/03/12	07/03/12	20.00	84.40
201906	3	T1019		07/04/12	07/04/12	20.00	84.40
201906	4	T1019		07/05/12	07/05/12	20.00	84.40
201906	5	T1019		07/06/12	07/06/12	20.00	84.40
CLAIM TOTAL						422.00	CLAIM ACCOUNT REF. 2019060012010353SUP

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
201898	1	T1019		06/30/12	06/30/12	24.00	101.28
201898	2	T1019		07/01/12	07/01/12	24.00	101.28
201898	3	T1019		07/02/12	07/02/12	24.00	101.28
201898	4	T1019		07/03/12	07/03/12	28.00	118.16
201898	5	T1019		07/04/12	07/04/12	24.00	101.28
201898	6	T1019		07/05/12	07/05/12	28.00	118.16
201898	7	T1019		07/06/12	07/06/12	28.00	118.16
CLAIM TOTAL						759.60	CLAIM ACCOUNT REF. 2018980012010639SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008505 2010726 DARWISH, NADIA 09/08/1952 10057476401 061112294691
DIAGNOSIS CODES: 799.89 311. 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
201894	1	T1019		07/02/12	07/02/12	36.00	151.92
201894	2	T1019		07/03/12	07/03/12	36.00	151.92
201894	3	T1019		07/04/12	07/04/12	36.00	151.92
201894	4	T1019		07/05/12	07/05/12	36.00	151.92

REPORT DATE 07/11/12 SUNNYSIDE CITYWIDE
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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	
201894	5	T1019		07/06/12	07/06/12	36.00	151.92	
					CLAIM TOTAL		759.60	CLAIM ACCOUNT REF. 2018940012010726SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
201891	1	T1019		07/02/12	07/02/12	36.00	151.92	
201891	2	T1019		07/03/12	07/03/12	36.00	151.92	
201891	3	T1019		07/04/12	07/04/12	36.00	151.92	
201891	4	T1019		07/05/12	07/05/12	36.00	151.92	
201891	5	T1019		07/06/12	07/06/12	36.00	151.92	
					CLAIM TOTAL		759.60	CLAIM ACCOUNT REF. 2018910012010878SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	121	TOTAL CLAIM AMOUNT =	13,993.52
		# SERVICES =	22		

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NPI = 1154407492

PRIOR AUTHORIZATION #
2012062692600004

CLAIM ACCOUNT REF. 2019670012010800SUP

PRIOR AUTHORIZATION #
2012062692600006

CLAIM ACCOUNT REF. 2019690012010804SUP

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2019680012010805SUP

PAYER TOTALS:	HEALTHCARE PARTNERS	# OF CLAIMS =	14	TOTAL CLAIM AMOUNT =	1,451.68
		# SERVICES =	3		

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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 0106151290058
DIAGNOSIS CODES: 356.9 348.2 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
201946	1	T1019		06/28/12	06/28/12	12.00	205.80
201946	2	T1019		06/30/12	06/30/12	4.00	68.60
201946	3	T1019		07/01/12	07/01/12	4.00	68.60
201946	4	T1019		07/02/12	07/02/12	12.00	205.80
201946	5	T1019		07/03/12	07/03/12	12.00	205.80
201946	6	T1019		07/04/12	07/04/12	12.00	205.80
201946	7	T1019		07/05/12	07/05/12	12.00	205.80
201946	8	T1019		07/06/12	07/06/12	12.00	205.80
CLAIM TOTAL						1,372.00	
							CLAIM ACCOUNT REF. 2019460012008233SUP

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
201955	1	T1019		06/30/12	06/30/12	8.00	137.20
201955	2	T1019		07/01/12	07/01/12	8.00	137.20
201955	3	T1019		07/02/12	07/02/12	11.00	188.65
201955	4	T1019		07/03/12	07/03/12	11.00	188.65
201955	5	T1019		07/05/12	07/05/12	11.00	188.65
201955	6	T1019		07/06/12	07/06/12	11.00	188.65
CLAIM TOTAL						1,029.00	
							CLAIM ACCOUNT REF. 2019550012008236SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008237 2008237 DURHAM, CYNTHIA 05/23/1960 ZB21969Z 0101041290393
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
201951	1	T1019		04/16/12	04/16/12	4.00	68.60
201951	2	T1019		04/20/12	04/20/12	4.00	68.60
201951	3	T1019		05/01/12	05/01/12	1.00	17.15
201951	4	T1019		05/22/12	05/22/12	4.00	68.60
201951	5	T1019		05/23/12	05/23/12	4.00	68.60
201951	6	T1019		05/24/12	05/24/12	4.00	68.60
201951	7	T1019		05/25/12	05/25/12	4.00	68.60
201951	8	T1019		06/05/12	06/05/12	4.00	68.60
201951	9	T1019		06/18/12	06/18/12	4.00	68.60
201951	10	T1019		06/25/12	06/25/12	4.00	68.60
201951	11	T1019		07/02/12	07/02/12	4.00	68.60

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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	
201951	12	T1019		07/03/12	07/03/12	4.00	68.60	
201951	13	T1019		07/04/12	07/04/12	4.00	68.60	
201951	14	T1019		07/05/12	07/05/12	4.00	68.60	
CLAIM TOTAL							908.95	CLAIM ACCOUNT REF. 2019510012008237SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008281 2008281 PUCHUELA, MARIA 12/02/1923 SN86933H 0101271290335
DIAGNOSIS CODES: 435.9 552.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
201956	1	T1019		06/30/12	06/30/12	8.00	137.20	
201956	2	T1019		07/01/12	07/01/12	8.00	137.20	
201956	3	T1019		07/02/12	07/02/12	8.00	137.20	
201956	4	T1019		07/03/12	07/03/12	8.00	137.20	
201956	5	T1019		07/04/12	07/04/12	8.00	137.20	
201956	6	T1019		07/05/12	07/05/12	8.00	137.20	
201956	7	T1019		07/06/12	07/06/12	8.00	137.20	
CLAIM TOTAL							960.40	CLAIM ACCOUNT REF. 2019560012008281SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
201945	1	T1019		06/26/12	06/26/12	5.00	85.75	
201945	2	T1019		07/02/12	07/02/12	5.00	85.75	
201945	3	T1019		07/03/12	07/03/12	5.00	85.75	
201945	4	T1019		07/04/12	07/04/12	5.00	85.75	
201945	5	T1019		07/05/12	07/05/12	5.00	85.75	
201945	6	T1019		07/06/12	07/06/12	6.00	102.90	
CLAIM TOTAL							531.65	CLAIM ACCOUNT REF. 2019450012008284SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008384 2008384 BRIGGS, LOUIS 07/03/1947 ZU46784Z 0102291290368
DIAGNOSIS CODES: 463. 135. 492.8 365.9 369.10 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
201948	1	T1019		06/22/12	06/22/12	6.00	102.90	
201948	2	T1019		06/30/12	06/30/12	6.00	102.90	
201948	3	T1019		07/01/12	07/01/12	6.00	102.90	
201948	4	T1019		07/02/12	07/02/12	6.00	102.90	
201948	5	T1019		07/03/12	07/03/12	6.00	102.90	
201948	6	T1019		07/04/12	07/04/12	6.00	102.90	

REPORT DATE 07/11/12 SUNNYSIDE CITYWIDE
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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	
201948	7	T1019		07/05/12	07/05/12	6.00	102.90	
201948	8	T1019		07/06/12	07/06/12	6.00	102.90	
CLAIM TOTAL							823.20	CLAIM ACCOUNT REF. 2019480012008384SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #			
NY 001	2008385	2008385	MURDOCK, GERTRUDE	11/01/1917	SS71357M	0108291190057			
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	
201954	1	T1019		07/02/12	07/02/12	8.00	137.20	
201954	2	T1019		07/03/12	07/03/12	8.00	137.20	
201954	3	T1019		07/04/12	07/04/12	8.00	137.20	
201954	4	T1019		07/05/12	07/05/12	8.00	137.20	
201954	5	T1019		07/06/12	07/06/12	8.00	137.20	
CLAIM TOTAL							686.00	CLAIM ACCOUNT REF. 2019540012008385SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
201947	1	T1019		07/02/12	07/02/12	5.00	85.75	
201947	2	T1019		07/04/12	07/04/12	5.00	85.75	
201947	3	T1019		07/06/12	07/06/12	5.00	85.75	
CLAIM TOTAL							257.25	CLAIM ACCOUNT REF. 2019470012008415SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #		
NY 001	2008417	2008417	GALAS, TERESA	06/08/1955	ZX91437V	0112011190228		
DIAGNOSIS	CODES:	345.90						

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
201953	1	T1019		06/30/12	06/30/12	5.00	85.75	
201953	2	T1019		07/01/12	07/01/12	5.00	85.75	
201953	3	T1019		07/02/12	07/02/12	5.00	85.75	
201953	4	T1019		07/03/12	07/03/12	5.00	85.75	
201953	5	T1019		07/04/12	07/04/12	5.00	85.75	
201953	6	T1019		07/05/12	07/05/12	5.00	85.75	
201953	7	T1019		07/06/12	07/06/12	5.00	85.75	
CLAIM TOTAL							600.25	CLAIM ACCOUNT REF. 2019530012008417SUP

REPORT DATE 07/11/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 13265 METROPLUS HEALTH PLAN

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
201958	1	T1019		07/02/12	07/02/12	8.00	137.20
201958	2	T1019		07/03/12	07/03/12	8.00	137.20
201958	3	T1019		07/05/12	07/05/12	8.00	137.20
201958	4	T1019		07/06/12	07/06/12	8.00	137.20
CLAIM TOTAL							548.80
CLAIM ACCOUNT REF.							2019580012008418SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
201949	1	T1019		06/30/12	06/30/12	10.00	171.50
201949	2	T1019		07/01/12	07/01/12	10.00	171.50
201949	3	T1019		07/02/12	07/02/12	10.00	171.50
201949	4	T1019		07/03/12	07/03/12	10.00	171.50
201949	5	T1019		07/04/12	07/04/12	10.00	171.50
201949	6	T1019		07/05/12	07/05/12	10.00	171.50
201949	7	T1019		07/06/12	07/06/12	10.00	171.50
CLAIM TOTAL							1,200.50
CLAIM ACCOUNT REF.							2019490012008743SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008283 2009137 DAVIS, ANGIE 11/15/1958 UT00109J 0106141290368
DIAGNOSIS CODES: 340. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
201950	1	T1019		06/30/12	06/30/12	19.00	325.85
201950	2	T1019		07/01/12	07/01/12	19.00	325.85
201950	3	T1019		07/02/12	07/02/12	19.00	325.85
201950	4	T1019		07/03/12	07/03/12	19.00	325.85
201950	5	T1019		07/04/12	07/04/12	19.00	325.85
201950	6	T1019		07/05/12	07/05/12	19.00	325.85
201950	7	T1019		07/06/12	07/06/12	19.00	325.85
CLAIM TOTAL							2,280.95
CLAIM ACCOUNT REF.							2019500012009137SUP

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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 0102291290309
DIAGNOSIS CODES: 299.01 453.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
201959	1	T1019		07/02/12	07/02/12	6.00	102.90
201959	2	T1019		07/03/12	07/03/12	6.00	102.90
201959	3	T1019		07/04/12	07/04/12	6.00	102.90
201959	4	T1019		07/05/12	07/05/12	6.00	102.90
201959	5	T1019		07/06/12	07/06/12	6.00	102.90
CLAIM TOTAL							514.50

CLAIM ACCOUNT REF. 2019590012009377SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008235 2009688 RAMPERSAID, ALISSA 08/04/1992 SZ46585R 0101131290465
DIAGNOSIS CODES: 319. 315.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
201957	1	T1019		06/30/12	06/30/12	8.00	137.20
201957	2	T1019		07/02/12	07/02/12	3.00	51.45
201957	3	T1019		07/03/12	07/03/12	3.00	51.45
201957	4	T1019		07/04/12	07/04/12	3.00	51.45
201957	5	T1019		07/05/12	07/05/12	3.00	51.45
201957	6	T1019		07/06/12	07/06/12	4.00	68.60
CLAIM TOTAL							411.60

CLAIM ACCOUNT REF. 2019570012009688SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008280 2009919 SHUMON, NUK-FNU 01/21/1981 QQ82218A 0102101290257
DIAGNOSIS CODES: 952.9 344.1 564.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
201960	1	T1019		06/30/12	06/30/12	4.00	68.60
201960	2	T1019		07/01/12	07/01/12	4.00	68.60
201960	3	T1019		07/02/12	07/02/12	4.00	68.60
201960	4	T1019		07/03/12	07/03/12	4.00	68.60
201960	5	T1019		07/04/12	07/04/12	4.00	68.60
201960	6	T1019		07/05/12	07/05/12	4.00	68.60
201960	7	T1019		07/06/12	07/06/12	4.00	68.60
CLAIM TOTAL							480.20

CLAIM ACCOUNT REF. 2019600012009919SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #

1.097.60 CLAIM ACCOUNT REF. 2019610012010213SUP

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2019520012010860SUP

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	111	TOTAL CLAIM AMOUNT =	14,045.85
		# SERVICES =	17		

REPORT DATE 07/11/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071103500250RRSUP

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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
201965	1	T1019		06/30/12	06/30/12	36.00	154.80
201965	2	T1019		07/01/12	07/01/12	36.00	154.80
201965	3	T1019		07/02/12	07/02/12	36.00	154.80
201965	4	T1019		07/03/12	07/03/12	36.00	154.80
201965	5	T1019		07/04/12	07/04/12	36.00	154.80
201965	6	T1019		07/05/12	07/05/12	36.00	154.80
201965	7	T1019		07/06/12	07/06/12	36.00	154.80
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2019650012008286SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008495 2008495 MARTINEZ, MARIA 09/05/1958 ZV42745Q 109653828
DIAGNOSIS CODES: 250.00 244.8 295.90 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
201964	1	T1019		06/30/12	06/30/12	24.00	103.20
201964	2	T1019		07/01/12	07/01/12	24.00	103.20
201964	3	T1019		07/02/12	07/02/12	24.00	103.20
201964	4	T1019		07/03/12	07/03/12	24.00	103.20
201964	5	T1019		07/04/12	07/04/12	24.00	103.20
201964	6	T1019		07/05/12	07/05/12	24.00	103.20
201964	7	T1019		07/06/12	07/06/12	24.00	103.20
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2019640012008495SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009373 2009373 GENAO, DANIELA I 03/02/1975 TW73757Z 110046354
DIAGNOSIS CODES: 758.0 696.8

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
201962	1	T1019		07/02/12	07/02/12	44.00	189.20
201962	2	T1019		07/03/12	07/03/12	44.00	189.20
201962	3	T1019		07/04/12	07/04/12	44.00	189.20
201962	4	T1019		07/05/12	07/05/12	44.00	189.20
201962	5	T1019		07/06/12	07/06/12	40.00	172.00
CLAIM TOTAL						928.80	CLAIM ACCOUNT REF. 2019620012009373SUP

REPORT DATE 07/11/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
201963	1	T1019		07/01/12	07/01/12	28.00	120.40
201963	2	T1019		07/02/12	07/02/12	28.00	120.40
201963	3	T1019		07/03/12	07/03/12	28.00	120.40
201963	4	T1019		07/04/12	07/04/12	28.00	120.40
201963	5	T1019		07/05/12	07/05/12	28.00	120.40
201963	6	T1019		07/06/12	07/06/12	26.00	111.80
CLAIM TOTAL						713.80	CLAIM ACCOUNT REF. 2019630012010404SUP

PAYER TOTALS: WELLCARE OF NY # OF CLAIMS = 25 TOTAL CLAIM AMOUNT = 3,448.60
SERVICES = 4

REPORT DATE 07/11/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 24819 NY PRESBYTERIAN SELECT

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008374 2008374 KARASSAVIDES, ARISTOTI 10/09/1962 10000300701 072911005409
DIAGNOSIS CODES: 042. 202.88 436. 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
201966	1	T1019		07/02/12	07/02/12	28.00	120.12	
201966	2	T1019		07/03/12	07/03/12	28.00	120.12	
201966	3	T1019		07/04/12	07/04/12	28.00	120.12	
201966	4	T1019		07/05/12	07/05/12	28.00	120.12	
201966	5	T1019		07/06/12	07/06/12	28.00	120.12	
					CLAIM TOTAL	600.60		CLAIM ACCOUNT REF. 2019660012008374SUP

PAYER TOTALS: NY PRESBYTERIAN SELECT # OF CLAIMS = 5 TOTAL CLAIM AMOUNT = 600.60
SERVICES = 1

REPORT DATE 07/11/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE
PAYER ID = 55247 HEALTH INSURANCE PLAN

NPI = 1154407492

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 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
201939	1	T1019	0580	06/30/12	06/30/12	36.00	151.92
201939	2	T1019	0580	07/01/12	07/01/12	36.00	151.92
201939	3	T1019	0580	07/02/12	07/02/12	36.00	151.92
201939	4	T1019	0580	07/03/12	07/03/12	36.00	151.92
201939	5	T1019	0580	07/04/12	07/04/12	36.00	151.92
201939	6	T1019	0580	07/05/12	07/05/12	36.00	151.92
201939	7	T1019	0580	07/06/12	07/06/12	36.00	151.92
CLAIM TOTAL							1,063.44
CLAIM ACCOUNT REF.							2019390012008471SUP

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
201940	1	T1019	0580	07/03/12	07/03/12	40.00	168.80
CLAIM TOTAL							168.80
CLAIM ACCOUNT REF.							2019400012008491SUP

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
201944	1	T1019	0580	07/02/12	07/02/12	16.00	67.52
201944	2	T1019	0580	07/03/12	07/03/12	16.00	67.52
201944	3	T1019	0580	07/04/12	07/04/12	16.00	67.52
201944	4	T1019	0580	07/05/12	07/05/12	16.00	67.52
201944	5	T1019	0580	07/06/12	07/06/12	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2019440012008513SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008227 2008544 ORR, LOUISE 03/04/1956 ZK40327Q 000505233
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
201941	1	T1019	0580	06/30/12	06/30/12	20.00	84.40
201941	2	T1019	0580	07/01/12	07/01/12	20.00	84.40
201941	3	T1019	0580	07/02/12	07/02/12	20.00	84.40
201941	4	T1019	0580	07/03/12	07/03/12	20.00	84.40
201941	5	T1019	0580	07/06/12	07/06/12	20.00	84.40

REPORT DATE 07/11/12 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	CLAIM ACCOUNT REF.
							422.00	2019410012008544SUP

REG	LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008193	2008723 REYNOLDS, HARRIET	07/01/1958	SR66809C	0003855084-003

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	CLAIM ACCOUNT REF.
201934	1	T1019	0580	07/03/12	07/03/12	16.00	56.00	
201934	2	T1019	0580	07/05/12	07/05/12	16.00	56.00	
201934	3	T1019	0580	07/06/12	07/06/12	16.00	56.00	
							168.00	2019340012008723SUP

REG	LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008793	2008793 COPE, WILLIE	02/17/1928	XR98607Q	0004050353003

DIAGNOSIS CODES: 331.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
201929	1	T1019	0580	06/30/12	06/30/12	48.00	168.00	
201929	2	T1019	0580	07/01/12	07/01/12	48.00	168.00	
201929	3	T1019	0580	07/02/12	07/02/12	48.00	168.00	
201929	4	T1019	0580	07/03/12	07/03/12	48.00	168.00	
201929	5	T1019	0580	07/04/12	07/04/12	48.00	168.00	
201929	6	T1019	0580	07/05/12	07/05/12	48.00	168.00	
201929	7	T1019	0580	07/06/12	07/06/12	48.00	168.00	
							1,176.00	2019290012008793SUP

REG	LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009237	2009237 WESTFIELD, BRENDA	01/13/1953	PT26237P	0004291129-002

DIAGNOSIS CODES: 710.4 250.00 401.9 414.00 493.90 530.81 728.87

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
201936	1	T1019	0580	06/30/12	06/30/12	32.00	112.00	
201936	2	T1019	0580	07/01/12	07/01/12	32.00	112.00	
201936	3	T1019	0580	07/02/12	07/02/12	32.00	112.00	
201936	4	T1019	0580	07/03/12	07/03/12	32.00	112.00	
201936	5	T1019	0580	07/04/12	07/04/12	32.00	112.00	
201936	6	T1019	0580	07/05/12	07/05/12	32.00	112.00	
201936	7	T1019	0580	07/06/12	07/06/12	32.00	112.00	
							784.00	2019360012009237SUP

REPORT DATE 07/11/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071103500250RRSUP

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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 2008223 2009269 SHAH, HANSIKABEN 09/28/1948 UR74418G 0005080096
DIAGNOSIS CODES: 296.20 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
201943	1	T1019	0580	07/06/12	07/06/12	20.00	84.40
CLAIM TOTAL							84.40

CLAIM ACCOUNT REF. 2019430012009269SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009355 2009393 PARADISE, ANITA 02/09/1948 JWB78931B01 0005079871
DIAGNOSIS CODES: 300.4 311. 443.89 724.00 750.27 V60.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
201942	1	T1019	0580	07/03/12	07/03/12	32.00	135.04
CLAIM TOTAL							135.04

CLAIM ACCOUNT REF. 2019420012009393SUP

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
201937	1	T1019	0580	07/02/12	07/02/12	16.00	67.52
201937	2	T1019	0580	07/03/12	07/03/12	16.00	67.52
CLAIM TOTAL							135.04

CLAIM ACCOUNT REF. 2019370012009406SUP

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
201933	1	T1019	0580	06/30/12	06/30/12	48.00	168.00
201933	2	T1019	0580	07/01/12	07/01/12	48.00	168.00
201933	3	T1019	0580	07/02/12	07/02/12	48.00	168.00
201933	4	T1019	0580	07/03/12	07/03/12	48.00	168.00
201933	5	T1019	0580	07/04/12	07/04/12	48.00	168.00
201933	6	T1019	0580	07/05/12	07/05/12	48.00	168.00
201933	7	T1019	0580	07/06/12	07/06/12	48.00	168.00
CLAIM TOTAL							1,176.00

CLAIM ACCOUNT REF. 2019330012009467SUP

REPORT DATE 07/11/12 SUNNYSIDE CITYWIDE
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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 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
201938	1	T1019	0580	07/04/12	07/04/12	32.00	135.04
201938	2	T1019	0580	07/05/12	07/05/12	32.00	135.04
CLAIM TOTAL							270.08

CLAIM ACCOUNT REF. 2019380012009562SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009945 2009945 JACKSON, FRANCES 03/12/1934 12030545001 0004676295-001
DIAGNOSIS CODES: 332.0 250.00 401.9 722.10 785.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
201932	1	T1019	0580	07/02/12	07/02/12	28.00	98.00
201932	2	T1019	0580	07/03/12	07/03/12	28.00	98.00
201932	3	T1019	0580	07/04/12	07/04/12	28.00	98.00
201932	4	T1019	0580	07/05/12	07/05/12	28.00	98.00
201932	5	T1019	0580	07/06/12	07/06/12	28.00	98.00
CLAIM TOTAL							490.00

CLAIM ACCOUNT REF. 2019320012009945SUP

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
201928	1	T1019	0580	07/02/12	07/02/12	20.00	70.00
201928	2	T1019	0580	07/03/12	07/03/12	24.00	84.00
201928	3	T1019	0580	07/04/12	07/04/12	20.00	70.00
201928	4	T1019	0580	07/05/12	07/05/12	19.00	66.50
CLAIM TOTAL							290.50

CLAIM ACCOUNT REF. 2019280012010293SUP

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
201935	1	T1019	0580	07/02/12	07/02/12	48.00	168.00
201935	2	T1019	0580	07/03/12	07/03/12	48.00	168.00
201935	3	T1019	0580	07/04/12	07/04/12	48.00	168.00
201935	4	T1019	0580	07/05/12	07/05/12	48.00	168.00
201935	5	T1019	0580	07/06/12	07/06/12	48.00	168.00
CLAIM TOTAL							840.00

CLAIM ACCOUNT REF. 2019350012010316SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #
0004956737001

CLAIM ACCOUNT REF. 2019310012010522SUP

PRIOR AUTHORIZATION #
0005111746

CLAIM ACCOUNT REF. 2019300012010754SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	74	TOTAL CLAIM AMOUNT =	8,419.40
		# SERVICES =	17		

REPORT DATE 07/11/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071103500250RRSUP

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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
201877	1	T1019		06/30/12	06/30/12	44.00	185.68
201877	2	T1019		07/01/12	07/01/12	44.00	185.68
201877	3	T1019		07/02/12	07/02/12	44.00	185.68
201877	4	T1019		07/03/12	07/03/12	44.00	185.68
201877	5	T1019		07/04/12	07/04/12	44.00	185.68
201877	6	T1019		07/05/12	07/05/12	44.00	185.68
201877	7	T1019		07/06/12	07/06/12	44.00	185.68
CLAIM TOTAL						1,299.76	CLAIM ACCOUNT REF. 2018770012008249SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
201882	1	T1019		06/30/12	06/30/12	32.00	135.04
201882	2	T1019		07/01/12	07/01/12	32.00	135.04
201882	3	T1019		07/02/12	07/02/12	32.00	135.04
201882	4	T1019		07/03/12	07/03/12	32.00	135.04
201882	5	T1019		07/04/12	07/04/12	32.00	135.04
201882	6	T1019		07/05/12	07/05/12	32.00	135.04
201882	7	T1019		07/06/12	07/06/12	32.00	135.04
CLAIM TOTAL						945.28	CLAIM ACCOUNT REF. 2018820012008250SUP

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
201863	1	T1019		06/20/12	06/20/12	32.00	135.04
201863	2	T1019		06/28/12	06/28/12	32.00	135.04
201863	3	T1019		07/02/12	07/02/12	32.00	135.04
201863	4	T1019		07/03/12	07/03/12	32.00	135.04
201863	5	T1019		07/04/12	07/04/12	16.00	67.52
201863	6	T1019		07/05/12	07/05/12	32.00	135.04
201863	7	T1019		07/06/12	07/06/12	32.00	135.04
CLAIM TOTAL						877.76	CLAIM ACCOUNT REF. 2018630012008251SUP

REPORT DATE 07/11/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071103500250RRSUP

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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 0106151202389
DIAGNOSIS CODES: 359.0 719.45

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
201878	1	T1019		06/30/12	06/30/12	48.00	202.56
201878	2	T1019		07/02/12	07/02/12	48.00	202.56
201878	3	T1019		07/03/12	07/03/12	48.00	202.56
201878	4	T1019		07/04/12	07/04/12	48.00	202.56
201878	5	T1019		07/05/12	07/05/12	48.00	202.56
201878	6	T1019		07/06/12	07/06/12	48.00	202.56
CLAIM TOTAL						1,215.36	CLAIM ACCOUNT REF. 2018780012008253SUP

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
201883	1	T1019		07/03/12	07/03/12	20.00	84.40
201883	2	T1019		07/04/12	07/04/12	20.00	84.40
201883	3	T1019		07/05/12	07/05/12	20.00	84.40
201883	4	T1019		07/06/12	07/06/12	20.00	84.40
CLAIM TOTAL						337.60	CLAIM ACCOUNT REF. 2018830012008254SUP

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
201861	1	T1019		07/02/12	07/02/12	32.00	135.04
201861	2	T1019		07/03/12	07/03/12	32.00	135.04
201861	3	T1019		07/04/12	07/04/12	32.00	135.04
201861	4	T1019		07/05/12	07/05/12	32.00	135.04
201861	5	T1019		07/06/12	07/06/12	32.00	135.04
CLAIM TOTAL						675.20	CLAIM ACCOUNT REF. 2018610012008256SUP

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
201867	1	T1019		06/30/12	06/30/12	24.00	101.28
201867	2	T1019		07/01/12	07/01/12	24.00	101.28
201867	3	T1019		07/02/12	07/02/12	24.00	101.28

REPORT DATE 07/11/12 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	
201867	4	T1019		07/03/12	07/03/12	24.00	101.28	
201867	5	T1019		07/04/12	07/04/12	24.00	101.28	
201867	6	T1019		07/05/12	07/05/12	24.00	101.28	
201867	7	T1019		07/06/12	07/06/12	24.00	101.28	
					CLAIM TOTAL		708.96	CLAIM ACCOUNT REF. 2018670012008257SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008258	2008258	RUIZ JR, SAMUEL	11/20/1971	ZA59624E	R1867838
DIAGNOSIS	CODES:	741.90	331.4	552.21		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
201881	1	T1019		07/02/12	07/02/12	12.00	50.64	
201881	2	T1019		07/03/12	07/03/12	12.00	50.64	
201881	3	T1019		07/04/12	07/04/12	12.00	50.64	
201881	4	T1019		07/05/12	07/05/12	16.00	67.52	
201881	5	T1019		07/06/12	07/06/12	16.00	67.52	
					CLAIM TOTAL		286.96	CLAIM ACCOUNT REF. 2018810012008258SUP

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	
201879	1	T1019		07/02/12	07/02/12	16.00	67.52	
201879	2	T1019		07/04/12	07/04/12	16.00	67.52	
201879	3	T1019		07/06/12	07/06/12	16.00	67.52	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2018790012008297SUP

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	
201870	1	T1019		06/30/12	06/30/12	28.00	118.16	
201870	2	T1019		07/01/12	07/01/12	28.00	118.16	
201870	3	T1019		07/02/12	07/02/12	28.00	118.16	
201870	4	T1019		07/04/12	07/04/12	28.00	118.16	
201870	5	T1019		07/05/12	07/05/12	28.00	118.16	
201870	6	T1019		07/06/12	07/06/12	28.00	118.16	
					CLAIM TOTAL		708.96	CLAIM ACCOUNT REF. 2018700012008362SUP

REPORT DATE 07/11/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071103500250RRSUP

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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 0112291101368
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	
201880	1	T1019		07/02/12	07/02/12	16.00	67.52	
201880	2	T1019		07/04/12	07/04/12	16.00	67.52	
201880	3	T1019		07/05/12	07/05/12	16.00	67.52	
201880	4	T1019		07/06/12	07/06/12	16.00	67.52	
					CLAIM TOTAL		270.08	CLAIM ACCOUNT REF. 2018800012008368SUP

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	
201884	1	T1019		06/30/12	06/30/12	36.00	151.92	
201884	2	T1019		07/01/12	07/01/12	36.00	151.92	
201884	3	T1019		07/02/12	07/02/12	40.00	168.80	
201884	4	T1019		07/03/12	07/03/12	40.00	168.80	
201884	5	T1019		07/04/12	07/04/12	40.00	168.80	
201884	6	T1019		07/05/12	07/05/12	40.00	168.80	
201884	7	T1019		07/06/12	07/06/12	40.00	168.80	
					CLAIM TOTAL		1,147.84	CLAIM ACCOUNT REF. 2018840012008405SUP

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	
201871	1	T1019		06/30/12	06/30/12	32.00	135.04	
201871	2	T1019		07/01/12	07/01/12	32.00	135.04	
201871	3	T1019		07/02/12	07/02/12	32.00	135.04	
201871	4	T1019		07/03/12	07/03/12	32.00	135.04	
201871	5	T1019		07/04/12	07/04/12	32.00	135.04	
201871	6	T1019		07/05/12	07/05/12	32.00	135.04	
201871	7	T1019		07/06/12	07/06/12	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2018710012008411SUP

REPORT DATE 07/11/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
201875	1	T1019		06/30/12	06/30/12	28.00	118.16
201875	2	T1019		07/01/12	07/01/12	28.00	118.16
201875	3	T1019		07/02/12	07/02/12	28.00	118.16
201875	4	T1019		07/03/12	07/03/12	28.00	118.16
201875	5	T1019		07/04/12	07/04/12	28.00	118.16
201875	6	T1019		07/05/12	07/05/12	28.00	118.16
201875	7	T1019		07/06/12	07/06/12	28.00	118.16
CLAIM TOTAL							827.12
CLAIM ACCOUNT REF.							2018750012008428SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008433 2008433 BHAIRO, KOWSILILLI 05/13/1954 VG15691D R1796627
DIAGNOSIS CODES: 340. 286.0 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
201859	1	T1019		06/30/12	06/30/12	32.00	135.04
201859	2	T1019		07/01/12	07/01/12	32.00	135.04
201859	3	T1019		07/02/12	07/02/12	32.00	135.04
201859	4	T1019		07/03/12	07/03/12	32.00	135.04
CLAIM TOTAL							540.16
CLAIM ACCOUNT REF.							2018590012008433SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z 0111011101457
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
201858	1	T1019		06/30/12	06/30/12	16.00	67.52
201858	2	T1019		07/01/12	07/01/12	16.00	67.52
201858	3	T1019		07/02/12	07/02/12	16.00	67.52
201858	4	T1019		07/03/12	07/03/12	16.00	67.52
201858	5	T1019		07/04/12	07/04/12	16.00	67.52
201858	6	T1019		07/05/12	07/05/12	16.00	67.52
201858	7	T1019		07/06/12	07/06/12	16.00	67.52
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2018580012008487SUP

REPORT DATE 07/11/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008558 2008558 SURIEL, GERTRUDIS 03/17/1950 ZE67447D 0111011101247
DIAGNOSIS CODES: 493.90 401.9 414.00 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
201885	1	T1019		07/02/12	07/02/12	16.00	67.52
201885	2	T1019		07/03/12	07/03/12	16.00	67.52
201885	3	T1019		07/04/12	07/04/12	16.00	67.52
201885	4	T1019		07/05/12	07/05/12	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2018850012008558SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008558 2008558 SURIEL, GERTRUDIS 03/17/1950 ZE67447D R1901123
DIAGNOSIS CODES: 493.90 401.9 414.00 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
201886	1	T1019		07/06/12	07/06/12	16.00	67.52
CLAIM TOTAL							67.52
CLAIM ACCOUNT REF.							2018860012008558SUP

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
201866	1	T1019		06/30/12	06/30/12	16.00	67.52
201866	2	T1019		07/01/12	07/01/12	16.00	67.52
201866	3	T1019		07/02/12	07/02/12	16.00	67.52
201866	4	T1019		07/03/12	07/03/12	16.00	67.52
201866	5	T1019		07/04/12	07/04/12	16.00	67.52
201866	6	T1019		07/05/12	07/05/12	16.00	67.52
201866	7	T1019		07/06/12	07/06/12	16.00	67.52
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2018660012008571SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008998 2008998 WILLIAMS, RODNEY 06/19/1960 TS36386P R1865486
DIAGNOSIS CODES: 253.5 750.7 897.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
201889	1	T1019		07/03/12	07/03/12	24.00	101.28
201889	2	T1019		07/04/12	07/04/12	24.00	101.28
201889	3	T1019		07/06/12	07/06/12	24.00	101.28
CLAIM TOTAL							303.84
CLAIM ACCOUNT REF.							2018890012008998SUP

REPORT DATE 07/11/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008437 2009000 FERGERSON, TINA 08/11/1959 ZZ11460M R1901742
DIAGNOSIS CODES: 135. 401.9 493.00 715.00 721.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
201868	1	T1019		07/02/12	07/02/12	16.00	67.52
201868	2	T1019		07/03/12	07/03/12	16.00	67.52
201868	3	T1019		07/04/12	07/04/12	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2018680012009000SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
201869	1	T1019		07/03/12	07/03/12	12.00	50.64
201869	2	T1019		07/04/12	07/04/12	12.00	50.64
201869	3	T1019		07/05/12	07/05/12	12.00	50.64
CLAIM TOTAL							151.92
CLAIM ACCOUNT REF.							2018690012009001SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
201864	1	T1019		07/01/12	07/01/12	20.00	84.40
201864	2	T1019		07/02/12	07/02/12	20.00	84.40
201864	3	T1019		07/03/12	07/03/12	20.00	84.40
201864	4	T1019		07/04/12	07/04/12	20.00	84.40
201864	5	T1019		07/05/12	07/05/12	20.00	84.40
201864	6	T1019		07/06/12	07/06/12	20.00	84.40
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2018640012009256SUP

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
201862	1	T1019		06/30/12	06/30/12	32.00	135.04
201862	2	T1019		07/02/12	07/02/12	32.00	135.04
201862	3	T1019		07/03/12	07/03/12	32.00	135.04
201862	4	T1019		07/04/12	07/04/12	32.00	135.04
201862	5	T1019		07/05/12	07/05/12	32.00	135.04
201862	6	T1019		07/06/12	07/06/12	32.00	135.04

REPORT DATE 07/11/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071103500250RRSUP

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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.
							810.24	2018620012009270SUP
						CLAIM TOTAL		

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	CLAIM ACCOUNT REF.
201873	1	T1019		06/29/12	06/29/12	16.00	67.52	
201873	2	T1019		07/02/12	07/02/12	16.00	67.52	
201873	3	T1019		07/06/12	07/06/12	16.00	67.52	
						CLAIM TOTAL	202.56	2018730012009322SUP

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	CLAIM ACCOUNT REF.
201865	1	T1019		06/29/12	06/29/12	24.00	101.28	
201865	2	T1019		07/02/12	07/02/12	24.00	101.28	
201865	3	T1019		07/03/12	07/03/12	24.00	101.28	
201865	4	T1019		07/04/12	07/04/12	24.00	101.28	
201865	5	T1019		07/05/12	07/05/12	24.00	101.28	
201865	6	T1019		07/06/12	07/06/12	24.00	101.28	
						CLAIM TOTAL	607.68	2018650012009405SUP

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	CLAIM ACCOUNT REF.
201872	1	T1019		06/25/12	06/25/12	16.00	67.52	
201872	2	T1019		06/27/12	06/27/12	16.00	67.52	
201872	3	T1019		06/29/12	06/29/12	16.00	67.52	
201872	4	T1019		07/02/12	07/02/12	16.00	67.52	
201872	5	T1019		07/04/12	07/04/12	16.00	67.52	
201872	6	T1019		07/06/12	07/06/12	16.00	67.52	
						CLAIM TOTAL	405.12	2018720012009425SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071103500250RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009560 2009560 BOCHENEC, JOLANTA 07/08/1964 ZT71147Q 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
201860	1	T1019		06/26/12	06/26/12	24.00	101.28
201860	2	T1019		06/30/12	06/30/12	24.00	101.28
201860	3	T1019		07/01/12	07/01/12	24.00	101.28
201860	4	T1019		07/02/12	07/02/12	24.00	101.28
201860	5	T1019		07/03/12	07/03/12	24.00	101.28
201860	6	T1019		07/04/12	07/04/12	24.00	101.28
201860	7	T1019		07/05/12	07/05/12	24.00	101.28
201860	8	T1019		07/06/12	07/06/12	24.00	101.28
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2018600012009560SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009657 2009657 HERRING, CHARLEN 10/27/1949 ZE93972Y R1837001
DIAGNOSIS CODES: 493.91 250.00 401.9 462. 780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
201874	1	T1019		07/02/12	07/02/12	16.00	67.52
201874	2	T1019		07/04/12	07/04/12	16.00	67.52
201874	3	T1019		07/06/12	07/06/12	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2018740012009657SUP

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
201888	1	T1019		07/02/12	07/02/12	32.00	135.04
201888	2	T1019		07/03/12	07/03/12	32.00	135.04
201888	3	T1019		07/04/12	07/04/12	32.00	135.04
201888	4	T1019		07/05/12	07/05/12	32.00	135.04
CLAIM TOTAL							540.16
CLAIM ACCOUNT REF.							2018880012010009SUP

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
201876	1	T1020		06/30/12	06/30/12	7.00	118.16
201876	2	T1020		07/01/12	07/01/12	7.00	118.16
201876	3	T1020		07/02/12	07/02/12	7.00	118.16

REPORT DATE 07/11/12 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	
201876	4	T1020		07/03/12	07/03/12	7.00	118.16	
201876	5	T1020		07/04/12	07/04/12	7.00	118.16	
201876	6	T1020		07/05/12	07/05/12	7.00	118.16	
201876	7	T1020		07/06/12	07/06/12	7.00	118.16	
					CLAIM TOTAL		827.12	CLAIM ACCOUNT REF. 2018760012010311SUP

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	
201887	1	T1019		06/30/12	06/30/12	20.00	84.40	
201887	2	T1019		07/01/12	07/01/12	20.00	84.40	
201887	3	T1019		07/05/12	07/05/12	20.00	84.40	
201887	4	T1019		07/06/12	07/06/12	14.00	59.08	
					CLAIM TOTAL		312.28	CLAIM ACCOUNT REF. 2018870012010758SUP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	167	TOTAL CLAIM AMOUNT =	18,154.44
		# SERVICES =	31		

REPORT DATE 07/11/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 87726 UNITEDHEALTHCARE

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
201923	1	T1019		06/30/12	06/30/12	40.00	171.60
201923	2	T1019		07/01/12	07/01/12	40.00	171.60
201923	3	T1019		07/02/12	07/02/12	40.00	171.60
201923	4	T1019		07/03/12	07/03/12	40.00	171.60
201923	5	T1019		07/04/12	07/04/12	40.00	171.60
201923	6	T1019		07/05/12	07/05/12	40.00	171.60
201923	7	T1019		07/06/12	07/06/12	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2019230012008245SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008287 2008287 MILLAN, ARMIDA 09/13/1928 19686415 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
201924	1	T1019		06/30/12	06/30/12	16.00	68.64
201924	2	T1019		07/01/12	07/01/12	16.00	68.64
201924	3	T1019		07/02/12	07/02/12	36.00	154.44
201924	4	T1019		07/03/12	07/03/12	36.00	154.44
201924	5	T1019		07/04/12	07/04/12	36.00	154.44
201924	6	T1019		07/05/12	07/05/12	36.00	154.44
201924	7	T1019		07/06/12	07/06/12	36.00	154.44
CLAIM TOTAL						909.48	CLAIM ACCOUNT REF. 2019240012008287SUP

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
201926	1	T1019		06/17/12	06/17/12	32.00	137.28
201926	2	T1019		06/30/12	06/30/12	32.00	137.28
201926	3	T1019		07/01/12	07/01/12	32.00	137.28
201926	4	T1019		07/02/12	07/02/12	32.00	137.28
201926	5	T1019		07/03/12	07/03/12	32.00	137.28
201926	6	T1019		07/04/12	07/04/12	32.00	137.28
201926	7	T1019		07/05/12	07/05/12	32.00	137.28
201926	8	T1019		07/06/12	07/06/12	32.00	137.28
CLAIM TOTAL						1,098.24	CLAIM ACCOUNT REF. 2019260012008401SUP

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

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008432	2008432	YUSUPOV, PULAT	08/11/1948	VV04939D	607630266
DIAGNOSIS CODES: 250.00 272.4 530.81							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
201927	1	T1019		06/30/12	06/30/12	16.00	68.64	
201927	2	T1019		07/01/12	07/01/12	16.00	68.64	
CLAIM TOTAL							137.28	CLAIM ACCOUNT REF. 2019270012008432SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010774	2010774	PAUL, PUTUL	10/10/1956	VK16842E	
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
201925	1	T1019		07/02/12	07/02/12	16.00	68.64	
201925	2	T1019		07/04/12	07/04/12	16.00	68.64	
201925	3	T1019		07/06/12	07/06/12	16.00	68.64	
CLAIM TOTAL							205.92	CLAIM ACCOUNT REF. 2019250012010774SUP

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	27	TOTAL CLAIM AMOUNT =	3,552.12
		# SERVICES =	5		

REPORT DATE 07/11/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = AMRGRI AMERIGROUP NEW YORK,LLC

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 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
201973	1	T1019	0580	06/30/12	06/30/12	10.00	168.70
201973	2	T1019	0580	07/01/12	07/01/12	10.00	168.70
201973	3	T1019	0580	07/02/12	07/02/12	9.00	151.83
201973	4	T1019	0580	07/03/12	07/03/12	8.00	134.96
201973	5	T1019	0580	07/04/12	07/04/12	8.00	134.96
201973	6	T1019	0580	07/05/12	07/05/12	8.00	134.96
201973	7	T1019	0580	07/06/12	07/06/12	8.00	134.96
CLAIM TOTAL						1,029.07	CLAIM ACCOUNT REF. 2019730012008266SUP

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
201976	1	S5130	0582	07/02/12	07/02/12	16.00	67.52
201976	2	S5130	0582	07/06/12	07/06/12	16.00	67.52
CLAIM TOTAL						135.04	CLAIM ACCOUNT REF. 2019760012009279SUP

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
201972	1	T1019	0580	07/02/12	07/02/12	8.00	134.96
201972	2	T1019	0580	07/03/12	07/03/12	9.00	151.83
201972	3	T1019	0580	07/04/12	07/04/12	8.00	134.96
201972	4	T1019	0580	07/05/12	07/05/12	9.00	151.83
201972	5	T1019	0580	07/06/12	07/06/12	8.00	134.96
CLAIM TOTAL						708.54	CLAIM ACCOUNT REF. 2019720012009647SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010018 2010018 HAWKINS S, MALIK JR 04/13/1993 715434799 102912869
DIAGNOSIS CODES: 344.1 344.5 599.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
201975	1	T1019	0580	06/27/12	06/27/12	10.00	168.70
201975	2	T1019	0580	06/28/12	06/28/12	10.00	168.70
201975	3	T1019	0580	06/29/12	06/29/12	10.00	168.70
201975	4	T1019	0580	06/30/12	06/30/12	10.00	168.70

REPORT DATE 07/11/12 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
201975	5	T1019	0580	07/01/12	07/01/12	10.00	168.70
CLAIM TOTAL							843.50

CLAIM ACCOUNT REF. 2019750012010018SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008406	2010728	YOUNG, KALEILE	06/17/1994	6532755	120450364

DIAGNOSIS CODES: 319. 493.90 742.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
201978	1	T1019	0580	06/30/12	06/30/12	4.00	67.48
201978	2	T1019	0580	07/01/12	07/01/12	4.00	67.48
201978	3	T1019	0580	07/02/12	07/02/12	2.00	33.74
201978	4	T1019	0580	07/03/12	07/03/12	2.00	33.74
201978	5	T1019	0580	07/04/12	07/04/12	2.00	33.74
201978	6	T1019	0580	07/05/12	07/05/12	2.00	33.74
201978	7	T1019	0580	07/06/12	07/06/12	2.00	33.74
CLAIM TOTAL							303.66

CLAIM ACCOUNT REF. 2019780012010728SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008407	2010729	WALTERS, BYRON	05/18/2000	6600539	120450432

DIAGNOSIS CODES: 319. 493.90 742.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
201977	1	T1019	0580	06/30/12	06/30/12	5.00	84.35
201977	2	T1019	0580	07/01/12	07/01/12	5.00	84.35
201977	3	T1019	0580	07/02/12	07/02/12	3.00	50.61
201977	4	T1019	0580	07/03/12	07/03/12	3.00	50.61
201977	5	T1019	0580	07/04/12	07/04/12	3.00	50.61
201977	6	T1019	0580	07/05/12	07/05/12	3.00	50.61
201977	7	T1019	0580	07/06/12	07/06/12	3.00	50.61
CLAIM TOTAL							421.75

CLAIM ACCOUNT REF. 2019770012010729SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010389	2010730	ESPERSON, CLAUDE	04/28/1971	6900634	121070468

DIAGNOSIS CODES: 340. 453.40

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
201971	1	T1019	0580	07/05/12	07/05/12	4.00	67.48
201971	2	T1019	0580	07/06/12	07/06/12	4.00	67.48
CLAIM TOTAL							134.96

CLAIM ACCOUNT REF. 2019710012010730SUP

REPORT DATE 07/11/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071103500250RRSUP

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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	6274884	120800341
DIAGNOSIS CODES: 493.90 253.5 272.4 296.80							

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
201974	1	T1019		0580		07/02/12	07/02/12	6.00	101.22
201974	2	T1019		0580		07/03/12	07/03/12	6.00	101.22
201974	3	T1019		0580		07/04/12	07/04/12	6.00	101.22
201974	4	T1019		0580		07/05/12	07/05/12	6.00	101.22
201974	5	T1019		0580		07/06/12	07/06/12	6.00	101.22
CLAIM TOTAL									506.10
									CLAIM ACCOUNT REF. 2019740012010731SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010746	2010746	DELEON, IRIS	04/06/1983	006951830	103017266
DIAGNOSIS CODES: 401.9							

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
201970	1	T1019		0580		06/20/12	06/20/12	5.00	84.35
201970	2	T1019		0580		06/21/12	06/21/12	5.00	84.35
201970	3	T1019		0580		06/22/12	06/22/12	5.00	84.35
201970	4	T1019		0580		06/25/12	06/25/12	5.00	84.35
201970	5	T1019		0580		07/03/12	07/03/12	5.00	84.35
201970	6	T1019		0580		07/04/12	07/04/12	5.00	84.35
201970	7	T1019		0580		07/05/12	07/05/12	5.00	84.35
CLAIM TOTAL									590.45
									CLAIM ACCOUNT REF. 2019700012010746SUP

PAYER TOTALS:	AMERIGROUP NEW YORK,LLC	# OF CLAIMS =	47	TOTAL CLAIM AMOUNT =	4,673.07
		# SERVICES =	9		

PROVIDER TOTALS:	SUNNYSIDE CITYWIDE	# OF CLAIMS =	641	TOTAL CLAIM AMOUNT =	74,766.75
		# SERVICES =	118		