

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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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
248859	1	T1020		06/22/13	06/22/13	11.00	185.57
248859	2	T1020		06/24/13	06/24/13	6.00	101.22
248859	3	T1020		06/25/13	06/25/13	6.00	101.22
248859	4	T1020		06/26/13	06/26/13	6.00	101.22
248859	5	T1020		06/27/13	06/27/13	6.00	101.22
248859	6	T1020		06/28/13	06/28/13	6.00	101.22
CLAIM TOTAL							691.67
CLAIM ACCOUNT REF.							2488590012008267SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008268 2008268 PANOS, DESPINA D 05/11/1950 641269987 111800517
DIAGNOSIS CODES: 340. 345.90 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248856	1	T1020		06/22/13	06/22/13	9.00	151.83
248856	2	T1020		06/23/13	06/23/13	9.00	151.83
248856	3	T1020		06/25/13	06/25/13	9.00	151.83
CLAIM TOTAL							455.49
CLAIM ACCOUNT REF.							2488560012008268SUP

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
248853	1	T1020		06/22/13	06/22/13	7.00	118.09
248853	2	T1020		06/23/13	06/23/13	7.00	118.09
248853	3	T1020		06/24/13	06/24/13	7.00	118.09
248853	4	T1020		06/25/13	06/25/13	7.00	118.09
248853	5	T1020		06/26/13	06/26/13	7.00	118.09
248853	6	T1020		06/27/13	06/27/13	7.00	118.09
248853	7	T1020		06/28/13	06/28/13	7.00	118.09
CLAIM TOTAL							826.63
CLAIM ACCOUNT REF.							2488530012008306SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008386 2008386 BATISTA, JOSE 07/20/1950 741700387 120820411
DIAGNOSIS CODES: 344.1 250.93 401.9 599.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248851	1	T1020		06/22/13	06/22/13	7.00	118.09
248851	2	T1020		06/23/13	06/23/13	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
248851	3	T1020		06/24/13	06/24/13	7.00	118.09
248851	4	T1020		06/25/13	06/25/13	7.00	118.09
248851	5	T1020		06/26/13	06/26/13	7.00	118.09
248851	6	T1020		06/27/13	06/27/13	7.00	118.09
248851	7	T1020		06/28/13	06/28/13	7.00	118.09
CLAIM TOTAL							826.63

CLAIM ACCOUNT REF. 2488510012008386SUP

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
248858	1	T1020		06/25/13	06/25/13	8.00	134.96
248858	2	T1020		06/26/13	06/26/13	9.00	151.83
CLAIM TOTAL							286.79

CLAIM ACCOUNT REF. 2488580012008400SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008376	2010712	LITMAN, GAIL	10/23/1952	74146355500	130631283
DIAGNOSIS CODES: 401.9 780.2 V12.54							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248854	1	T1020		06/22/13	06/22/13	4.00	67.48
248854	2	T1020		06/24/13	06/24/13	5.00	84.35
248854	3	T1020		06/26/13	06/26/13	5.00	84.35
248854	4	T1020		06/27/13	06/27/13	5.00	84.35
CLAIM TOTAL							320.53

CLAIM ACCOUNT REF. 2488540012010712SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010777	2013021	ORTIZ, EDUARDO	03/20/1938	74192987700	130932078
DIAGNOSIS CODES: 715.00 250.00 253.5 733.09							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248855	1	T1020		06/24/13	06/24/13	7.00	118.09
248855	2	T1020		06/25/13	06/25/13	7.00	118.09
248855	3	T1020		06/26/13	06/26/13	7.00	118.09
248855	4	T1020		06/28/13	06/28/13	7.00	118.09
CLAIM TOTAL							472.36

CLAIM ACCOUNT REF. 2488550012013021SUP

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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 2013080 2013080 SALABERRY, ANA 07/26/1920 74237467100 130780781
DIAGNOSIS CODES: 401.9 427.89 536.9 780.93

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248857	1	T1020		06/22/13	06/22/13	12.00	202.44	
248857	2	T1020		06/23/13	06/23/13	5.00	84.35	
248857	3	T1020		06/24/13	06/24/13	12.00	202.44	
248857	4	T1020		06/25/13	06/25/13	12.00	202.44	
248857	5	T1020		06/26/13	06/26/13	12.00	202.44	
248857	6	T1020		06/27/13	06/27/13	12.00	202.44	
248857	7	T1020		06/28/13	06/28/13	12.00	202.44	
CLAIM TOTAL						1,298.99		CLAIM ACCOUNT REF. 2488570012013080SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013405 2013405 ARJONA, ANA 09/02/1952 74244158200 131491737
DIAGNOSIS CODES: 747.81 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248850	1	T1020		06/24/13	06/24/13	5.00	84.35	
248850	2	T1020		06/25/13	06/25/13	5.00	84.35	
248850	3	T1020		06/26/13	06/26/13	5.00	84.35	
248850	4	T1020		06/27/13	06/27/13	5.00	84.35	
248850	5	T1020		06/28/13	06/28/13	5.00	84.35	
CLAIM TOTAL						421.75		CLAIM ACCOUNT REF. 2488500012013405SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012726 2013422 GARCIA, CLEMENTE 11/22/1928 74237634600 130731588
DIAGNOSIS CODES: 331.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248852	1	T1020		06/22/13	06/22/13	12.00	202.44	
248852	2	T1020		06/23/13	06/23/13	12.00	202.44	
248852	3	T1020		06/24/13	06/24/13	12.00	202.44	
248852	4	T1020		06/25/13	06/25/13	12.00	202.44	
248852	5	T1020		06/26/13	06/26/13	12.00	202.44	
248852	6	T1020		06/27/13	06/27/13	12.00	202.44	
248852	7	T1020		06/28/13	06/28/13	12.00	202.44	
CLAIM TOTAL						1,417.08		CLAIM ACCOUNT REF. 2488520012013422SUP

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

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	52	TOTAL CLAIM AMOUNT =	7,017.92
		# SERVICES =	10		

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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 0101231390513
DIAGNOSIS CODES: 356.9 348.2 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248883	1	T1019		06/22/13	06/22/13	4.00	68.60
248883	2	T1019		06/23/13	06/23/13	4.00	68.60
248883	3	T1019		06/24/13	06/24/13	12.00	205.80
248883	4	T1019		06/25/13	06/25/13	12.00	205.80
248883	5	T1019		06/26/13	06/26/13	12.00	205.80
248883	6	T1019		06/27/13	06/27/13	12.00	205.80
248883	7	T1019		06/28/13	06/28/13	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2488830012008233SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008236 2008236 PERSAD, USHA 07/05/1955 TS79090G 0105221390339
DIAGNOSIS CODES: 250.10 272.0 401.9 225.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248890	1	T1019		06/21/13	06/21/13	11.00	188.65
248890	2	T1019		06/22/13	06/22/13	8.00	137.20
248890	3	T1019		06/23/13	06/23/13	8.00	137.20
248890	4	T1019		06/24/13	06/24/13	11.00	188.65
248890	5	T1019		06/25/13	06/25/13	11.00	188.65
248890	6	T1019		06/26/13	06/26/13	11.00	188.65
248890	7	T1019		06/27/13	06/27/13	11.00	188.65
248890	8	T1019		06/28/13	06/28/13	11.00	188.65
CLAIM TOTAL						1,406.30	CLAIM ACCOUNT REF. 2488900012008236SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008385 2008385 MURDOCK, GERTRUDE 11/01/1917 SS71357M 0112031290138
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
248888	1	T1019		06/25/13	06/25/13	10.00	171.50
248888	2	T1019		06/26/13	06/26/13	10.00	171.50
248888	3	T1019		06/27/13	06/27/13	9.00	154.35
248888	4	T1019		06/28/13	06/28/13	9.00	154.35
CLAIM TOTAL						651.70	CLAIM ACCOUNT REF. 2488880012008385SUP

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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 2008417 2008417 GALAS, TERESA 06/08/1955 ZX91437V 0102111390699
DIAGNOSIS CODES: 345.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248886	1	T1019		06/18/13	06/18/13	5.00	85.75
CLAIM TOTAL							85.75
CLAIM ACCOUNT REF.							2488860012008417SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008418 2008418 RYALS, CHARLES 11/03/1950 ZZ49620T 0104191390258
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
248892	1	T1019		06/25/13	06/25/13	8.00	137.20
248892	2	T1019		06/26/13	06/26/13	8.00	137.20
248892	3	T1019		06/27/13	06/27/13	8.00	137.20
248892	4	T1019		06/28/13	06/28/13	8.00	137.20
CLAIM TOTAL							548.80
CLAIM ACCOUNT REF.							2488920012008418SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008743 2008743 CORDERO, ROSENDO 08/26/1926 QM62108S 0101231390317
DIAGNOSIS CODES: 492.0 272.0 401.9 715.00 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248884	1	T1019		06/22/13	06/22/13	10.00	171.50
248884	2	T1019		06/23/13	06/23/13	10.00	171.50
248884	3	T1019		06/24/13	06/24/13	10.00	171.50
248884	4	T1019		06/25/13	06/25/13	10.00	171.50
248884	5	T1019		06/26/13	06/26/13	10.00	171.50
248884	6	T1019		06/27/13	06/27/13	10.00	171.50
248884	7	T1019		06/28/13	06/28/13	10.00	171.50
CLAIM TOTAL							1,200.50
CLAIM ACCOUNT REF.							2488840012008743SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009377 2009377 SANTORO, MATTHEW 08/20/1949 SP38021Q 0102071390382
DIAGNOSIS CODES: 299.01 453.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248893	1	T1019		06/15/13	06/15/13	5.00	85.75
248893	2	T1019		06/16/13	06/16/13	5.00	85.75
248893	3	T1019		06/22/13	06/22/13	5.00	85.75
248893	4	T1019		06/23/13	06/23/13	5.00	85.75
CLAIM TOTAL							343.00
CLAIM ACCOUNT REF.							2488930012009377SUP

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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 0112191290237
DIAGNOSIS CODES: 319. 315.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248891	1	T1019		06/22/13	06/22/13	8.00	137.20
248891	2	T1019		06/24/13	06/24/13	3.00	51.45
248891	3	T1019		06/25/13	06/25/13	3.00	51.45
248891	4	T1019		06/26/13	06/26/13	3.00	51.45
248891	5	T1019		06/27/13	06/27/13	3.00	51.45
248891	6	T1019		06/28/13	06/28/13	4.00	68.60
CLAIM TOTAL						411.60	CLAIM ACCOUNT REF. 2488910012009688SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008279 2010213 VALLE, BLASINA 02/03/1929 QG00558G 0102041390418
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
248895	1	T1019		06/08/13	06/08/13	5.00	85.75
248895	2	T1019		06/09/13	06/09/13	5.00	85.75
248895	3	T1019		06/10/13	06/10/13	6.00	102.90
248895	4	T1019		06/11/13	06/11/13	5.00	85.75
248895	5	T1019		06/12/13	06/12/13	5.00	85.75
248895	6	T1019		06/13/13	06/13/13	5.00	85.75
248895	7	T1019		06/14/13	06/14/13	6.00	102.90
248895	8	T1019		06/22/13	06/22/13	5.00	85.75
248895	9	T1019		06/23/13	06/23/13	5.00	85.75
248895	10	T1019		06/24/13	06/24/13	6.00	102.90
248895	11	T1019		06/25/13	06/25/13	5.00	85.75
248895	12	T1019		06/26/13	06/26/13	5.00	85.75
248895	13	T1019		06/27/13	06/27/13	5.00	85.75
248895	14	T1019		06/28/13	06/28/13	6.00	102.90
CLAIM TOTAL						1,269.10	CLAIM ACCOUNT REF. 2488950012010213SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010886 2010886 OSORIO, ELVIA 07/05/1943 SM10426S 0112031290291
DIAGNOSIS CODES: 253.5 272.4 354.0 401.9 733.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248889	1	T1019		06/22/13	06/22/13	3.00	51.45
248889	2	T1019		06/24/13	06/24/13	3.00	51.45
248889	3	T1019		06/25/13	06/25/13	3.00	51.45
248889	4	T1019		06/26/13	06/26/13	3.00	51.45
248889	5	T1019		06/27/13	06/27/13	3.00	51.45

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

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248889	6	T1019		06/28/13	06/28/13	3.00	51.45
CLAIM TOTAL							308.70
							CLAIM ACCOUNT REF. 2488890012010886SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011286	2011286	DOBBINS, SANDRA	02/05/1953	ZA50099X	0105141390497
DIAGNOSIS CODES: 295.90 369.10 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248885	1	T1019		06/22/13	06/22/13	24.00	411.60
248885	2	T1019		06/23/13	06/23/13	24.00	411.60
248885	3	T1019		06/24/13	06/24/13	24.00	411.60
248885	4	T1019		06/25/13	06/25/13	24.00	411.60
248885	5	T1019		06/26/13	06/26/13	24.00	411.60
248885	6	T1019		06/27/13	06/27/13	24.00	411.60
248885	7	T1019		06/28/13	06/28/13	24.00	411.60
CLAIM TOTAL							2,881.20
							CLAIM ACCOUNT REF. 2488850012011286SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008280	2013071	SHUMON, NUK-FNU	01/21/1981	QQ82218A	0103151390266
DIAGNOSIS CODES: 952.9 344.1 564.00 599.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248894	1	T1019		06/22/13	06/22/13	4.00	68.60
248894	2	T1019		06/23/13	06/23/13	4.00	68.60
248894	3	T1019		06/24/13	06/24/13	4.00	68.60
248894	4	T1019		06/25/13	06/25/13	4.00	68.60
248894	5	T1019		06/26/13	06/26/13	4.00	68.60
248894	6	T1019		06/27/13	06/27/13	4.00	68.60
248894	7	T1019		06/28/13	06/28/13	4.00	68.60
CLAIM TOTAL							480.20
							CLAIM ACCOUNT REF. 2488940012013071SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013185	2013185	GOMEZ, LUZ	02/18/1942	523000131	0106061390004
DIAGNOSIS CODES: 295.90 250.00 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248887	1	T1019		05/21/13	05/21/13	8.00	137.20
248887	2	T1019		06/22/13	06/22/13	8.00	137.20
248887	3	T1019		06/23/13	06/23/13	8.00	137.20
248887	4	T1019		06/24/13	06/24/13	8.00	137.20
248887	5	T1019		06/25/13	06/25/13	8.00	137.20
248887	6	T1019		06/26/13	06/26/13	8.00	137.20
248887	7	T1019		06/27/13	06/27/13	8.00	137.20

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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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	
248887	8	T1019		06/28/13	06/28/13	8.00	137.20	
					CLAIM TOTAL		1,097.60	CLAIM ACCOUNT REF. 2488870012013185SUP

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	83	TOTAL CLAIM AMOUNT =	11,850.65
		# SERVICES =	13		

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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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 111771985
DIAGNOSIS CODES: 250.00 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248927	1	T1019		06/22/13	06/22/13	36.00	154.80
248927	2	T1019		06/23/13	06/23/13	36.00	154.80
248927	3	T1019		06/24/13	06/24/13	36.00	154.80
248927	4	T1019		06/25/13	06/25/13	36.00	154.80
248927	5	T1019		06/26/13	06/26/13	36.00	154.80
248927	6	T1019		06/27/13	06/27/13	36.00	154.80
248927	7	T1019		06/28/13	06/28/13	36.00	154.80
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2489270012008286SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008495 2008495 MARTINEZ, MARIA 09/05/1952 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
248916	1	T1019		06/22/13	06/22/13	24.00	103.20
248916	2	T1019		06/23/13	06/23/13	24.00	103.20
248916	3	T1019		06/24/13	06/24/13	24.00	103.20
248916	4	T1019		06/25/13	06/25/13	24.00	103.20
248916	5	T1019		06/26/13	06/26/13	24.00	103.20
248916	6	T1019		06/27/13	06/27/13	24.00	103.20
248916	7	T1019		06/28/13	06/28/13	24.00	103.20
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2489160012008495SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012101 2012101 BATILO, MARTA 02/23/1917 708125 111757464
DIAGNOSIS CODES: 715.00 272.2 285.29 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248897	1	T1019		06/08/13	06/08/13	28.00	120.40
248897	2	T1019		06/22/13	06/22/13	28.00	120.40
248897	3	T1019		06/23/13	06/23/13	28.00	120.40
248897	4	T1019		06/24/13	06/24/13	28.00	120.40
248897	5	T1019		06/25/13	06/25/13	28.00	120.40
248897	6	T1019		06/26/13	06/26/13	28.00	120.40
248897	7	T1019		06/27/13	06/27/13	28.00	120.40
248897	8	T1019		06/28/13	06/28/13	28.00	120.40
CLAIM TOTAL						963.20	CLAIM ACCOUNT REF. 2488970012012101SUP

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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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 2012102 2012102 BISRAM, ROOPKALIA 01/03/1938 708029 111645476
DIAGNOSIS CODES: 401.9 272.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248898	1	T1019		06/24/13	06/24/13	16.00	68.80
248898	2	T1019		06/25/13	06/25/13	16.00	68.80
248898	3	T1019		06/26/13	06/26/13	16.00	68.80
248898	4	T1019		06/27/13	06/27/13	16.00	68.80
248898	5	T1019		06/28/13	06/28/13	16.00	68.80
CLAIM TOTAL							344.00

CLAIM ACCOUNT REF. 2488980012012102SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012104 2012104 CEBALLOS, FRANCISCA 11/10/1931 744474 111627893
DIAGNOSIS CODES: 331.0 093.9 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248899	1	T1019		06/24/13	06/24/13	40.00	172.00
248899	2	T1019		06/25/13	06/25/13	40.00	172.00
248899	3	T1019		06/26/13	06/26/13	40.00	172.00
248899	4	T1019		06/27/13	06/27/13	40.00	172.00
248899	5	T1019		06/28/13	06/28/13	40.00	172.00
CLAIM TOTAL							860.00

CLAIM ACCOUNT REF. 2488990012012104SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012107 2012107 CRUZ, LUIS 06/10/1952 706307 111855969
DIAGNOSIS CODES: 250.93 414.3 428.0 491.21

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248901	1	T1019		06/22/13	06/22/13	32.00	137.60
248901	2	T1019		06/23/13	06/23/13	32.00	137.60
CLAIM TOTAL							275.20

CLAIM ACCOUNT REF. 2489010012012107SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012108 2012108 GODINOT, CARMEN 07/16/1939 695752 111626854
DIAGNOSIS CODES: 369.3 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248903	1	T1019		06/24/13	06/24/13	24.00	103.20
248903	2	T1019		06/25/13	06/25/13	24.00	103.20
248903	3	T1019		06/26/13	06/26/13	24.00	103.20
248903	4	T1019		06/27/13	06/27/13	24.00	103.20
248903	5	T1019		06/28/13	06/28/13	24.00	103.20
CLAIM TOTAL							516.00

CLAIM ACCOUNT REF. 2489030012012108SUP

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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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 2012110 2012110 GOMEZ, RANNIE 09/11/1917 698802 111644524
DIAGNOSIS CODES: 401.9 272.2 365.9 428.0 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248904	1	T1019		06/24/13	06/24/13	28.00	120.40
248904	2	T1019		06/25/13	06/25/13	28.00	120.40
248904	3	T1019		06/26/13	06/26/13	28.00	120.40
248904	4	T1019		06/27/13	06/27/13	28.00	120.40
248904	5	T1019		06/28/13	06/28/13	28.00	120.40
CLAIM TOTAL							602.00
CLAIM ACCOUNT REF.							2489040012012110SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012116 2012116 GUERRERO, MARIA 07/09/1914 693949 111210140
DIAGNOSIS CODES: 355.71 250.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248905	1	T1019		12/22/12	12/22/12	32.00	137.60
248905	2	T1019		12/23/12	12/23/12	32.00	137.60
248905	3	T1019		12/29/12	12/29/12	32.00	137.60
248905	4	T1019		12/30/12	12/30/12	32.00	137.60
248905	5	T1019		12/31/12	12/31/12	32.00	137.60
248905	6	T1019		01/01/13	01/01/13	32.00	137.60
248905	7	T1019		01/02/13	01/02/13	32.00	137.60
248905	8	T1019		01/03/13	01/03/13	32.00	137.60
248905	9	T1019		01/04/13	01/04/13	32.00	137.60
248905	10	T1019		01/05/13	01/05/13	32.00	137.60
248905	11	T1019		01/06/13	01/06/13	32.00	137.60
248905	12	T1019		01/07/13	01/07/13	32.00	137.60
248905	13	T1019		01/08/13	01/08/13	32.00	137.60
248905	14	T1019		01/09/13	01/09/13	32.00	137.60
248905	15	T1019		01/10/13	01/10/13	32.00	137.60
248905	16	T1019		01/11/13	01/11/13	32.00	137.60
248905	17	T1019		01/12/13	01/12/13	32.00	137.60
248905	18	T1019		01/13/13	01/13/13	32.00	137.60
248905	19	T1019		01/14/13	01/14/13	32.00	137.60
248905	20	T1019		01/15/13	01/15/13	32.00	137.60
248905	21	T1019		01/16/13	01/16/13	32.00	137.60
248905	22	T1019		01/17/13	01/17/13	32.00	137.60
248905	23	T1019		01/18/13	01/18/13	32.00	137.60
248905	24	T1019		01/19/13	01/19/13	32.00	137.60
248905	25	T1019		01/20/13	01/20/13	32.00	137.60
248905	26	T1019		01/21/13	01/21/13	32.00	137.60
248905	27	T1019		01/22/13	01/22/13	32.00	137.60

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248905	28	T1019		01/23/13	01/23/13	32.00	137.60	
248905	29	T1019		01/24/13	01/24/13	32.00	137.60	
248905	30	T1019		01/25/13	01/25/13	32.00	137.60	
248905	31	T1019		01/26/13	01/26/13	32.00	137.60	
248905	32	T1019		01/27/13	01/27/13	32.00	137.60	
248905	33	T1019		01/28/13	01/28/13	32.00	137.60	
248905	34	T1019		01/29/13	01/29/13	32.00	137.60	
248905	35	T1019		01/30/13	01/30/13	32.00	137.60	
248905	36	T1019		01/31/13	01/31/13	32.00	137.60	
248905	37	T1019		02/01/13	02/01/13	32.00	137.60	
248905	38	T1019		02/02/13	02/02/13	32.00	137.60	
248905	39	T1019		02/03/13	02/03/13	32.00	137.60	
248905	40	T1019		02/04/13	02/04/13	32.00	137.60	
248905	41	T1019		02/05/13	02/05/13	32.00	137.60	
248905	42	T1019		02/06/13	02/06/13	32.00	137.60	
				CLAIM TOTAL		5,779.20		CLAIM ACCOUNT REF. 2489050012012116SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012116	2012116 GUERRERO, MARIA	07/09/1914	693949	111210140
DIAGNOSIS	CODES:	355.71 250.90			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248906	1	T1019		02/07/13	02/07/13	32.00	137.60
248906	2	T1019		02/08/13	02/08/13	32.00	137.60
248906	3	T1019		02/09/13	02/09/13	32.00	137.60
248906	4	T1019		02/10/13	02/10/13	32.00	137.60
248906	5	T1019		02/11/13	02/11/13	32.00	137.60
248906	6	T1019		02/12/13	02/12/13	32.00	137.60
248906	7	T1019		02/13/13	02/13/13	32.00	137.60
248906	8	T1019		02/14/13	02/14/13	32.00	137.60
248906	9	T1019		02/15/13	02/15/13	32.00	137.60
248906	10	T1019		02/16/13	02/16/13	32.00	137.60
248906	11	T1019		02/17/13	02/17/13	32.00	137.60
248906	12	T1019		02/18/13	02/18/13	32.00	137.60
248906	13	T1019		02/19/13	02/19/13	32.00	137.60
248906	14	T1019		02/20/13	02/20/13	32.00	137.60
248906	15	T1019		02/21/13	02/21/13	32.00	137.60
248906	16	T1019		02/22/13	02/22/13	32.00	137.60
248906	17	T1019		02/23/13	02/23/13	32.00	137.60
248906	18	T1019		02/24/13	02/24/13	32.00	137.60
248906	19	T1019		02/25/13	02/25/13	32.00	137.60
248906	20	T1019		02/26/13	02/26/13	32.00	137.60
248906	21	T1019		02/27/13	02/27/13	32.00	137.60

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248906	22	T1019		02/28/13	02/28/13	32.00	137.60	
					CLAIM TOTAL	3,027.20		CLAIM ACCOUNT REF. 2489060012012116SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012116	2012116	GUERRERO, MARIA	07/09/1914	693949	111521548
DIAGNOSIS		CODES:	355.71	250.90			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248907	1	T1019		03/01/13	03/01/13	32.00	137.60
248907	2	T1019		03/02/13	03/02/13	32.00	137.60
248907	3	T1019		03/03/13	03/03/13	32.00	137.60
248907	4	T1019		03/04/13	03/04/13	32.00	137.60
248907	5	T1019		03/05/13	03/05/13	32.00	137.60
248907	6	T1019		03/06/13	03/06/13	32.00	137.60
248907	7	T1019		03/07/13	03/07/13	32.00	137.60
248907	8	T1019		03/08/13	03/08/13	32.00	137.60
248907	9	T1019		03/09/13	03/09/13	32.00	137.60
248907	10	T1019		03/10/13	03/10/13	32.00	137.60
248907	11	T1019		03/11/13	03/11/13	32.00	137.60
248907	12	T1019		03/12/13	03/12/13	32.00	137.60
248907	13	T1019		03/13/13	03/13/13	32.00	137.60
248907	14	T1019		03/14/13	03/14/13	32.00	137.60
248907	15	T1019		03/15/13	03/15/13	32.00	137.60
248907	16	T1019		03/16/13	03/16/13	32.00	137.60
248907	17	T1019		03/17/13	03/17/13	32.00	137.60
248907	18	T1019		03/18/13	03/18/13	32.00	137.60
248907	19	T1019		03/19/13	03/19/13	32.00	137.60
248907	20	T1019		03/20/13	03/20/13	32.00	137.60
248907	21	T1019		03/21/13	03/21/13	32.00	137.60
248907	22	T1019		03/22/13	03/22/13	32.00	137.60
248907	23	T1019		03/23/13	03/23/13	32.00	137.60
248907	24	T1019		03/24/13	03/24/13	32.00	137.60
248907	25	T1019		03/25/13	03/25/13	32.00	137.60
248907	26	T1019		03/26/13	03/26/13	32.00	137.60
248907	27	T1019		03/27/13	03/27/13	32.00	137.60
248907	28	T1019		03/28/13	03/28/13	32.00	137.60
248907	29	T1019		03/29/13	03/29/13	32.00	137.60
248907	30	T1019		03/30/13	03/30/13	32.00	137.60
248907	31	T1019		03/31/13	03/31/13	32.00	137.60
248907	32	T1019		04/01/13	04/01/13	32.00	137.60
248907	33	T1019		04/02/13	04/02/13	32.00	137.60
248907	34	T1019		04/03/13	04/03/13	32.00	137.60
248907	35	T1019		04/04/13	04/04/13	32.00	137.60

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248907	36	T1019		04/05/13	04/05/13	32.00	137.60
248907	37	T1019		04/06/13	04/06/13	32.00	137.60
248907	38	T1019		04/07/13	04/07/13	32.00	137.60
248907	39	T1019		04/08/13	04/08/13	32.00	137.60
248907	40	T1019		04/09/13	04/09/13	32.00	137.60
248907	41	T1019		04/10/13	04/10/13	32.00	137.60
248907	42	T1019		04/11/13	04/11/13	32.00	137.60
CLAIM TOTAL						5,779.20	CLAIM ACCOUNT REF. 2489070012012116SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012116	2012116	GUERRERO, MARIA	07/09/1914	693949	111521548
DIAGNOSIS		CODES:	355.71	250.90			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248908	1	T1019		04/12/13	04/12/13	32.00	137.60
248908	2	T1019		04/13/13	04/13/13	32.00	137.60
248908	3	T1019		04/14/13	04/14/13	32.00	137.60
248908	4	T1019		04/15/13	04/15/13	32.00	137.60
248908	5	T1019		04/16/13	04/16/13	32.00	137.60
248908	6	T1019		04/17/13	04/17/13	32.00	137.60
248908	7	T1019		04/18/13	04/18/13	32.00	137.60
248908	8	T1019		04/19/13	04/19/13	32.00	137.60
248908	9	T1019		04/20/13	04/20/13	32.00	137.60
248908	10	T1019		04/21/13	04/21/13	32.00	137.60
248908	11	T1019		04/22/13	04/22/13	32.00	137.60
248908	12	T1019		04/23/13	04/23/13	32.00	137.60
248908	13	T1019		04/24/13	04/24/13	32.00	137.60
248908	14	T1019		04/25/13	04/25/13	32.00	137.60
248908	15	T1019		04/26/13	04/26/13	32.00	137.60
248908	16	T1019		04/27/13	04/27/13	32.00	137.60
248908	17	T1019		04/28/13	04/28/13	32.00	137.60
248908	18	T1019		04/29/13	04/29/13	32.00	137.60
248908	19	T1019		04/30/13	04/30/13	32.00	137.60
CLAIM TOTAL						2,614.40	CLAIM ACCOUNT REF. 2489080012012116SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012116	2012116	GUERRERO, MARIA	07/09/1914	693949	111669840
DIAGNOSIS		CODES:	355.71	250.90			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248909	1	T1019		05/01/13	05/01/13	32.00	137.60
248909	2	T1019		05/02/13	05/02/13	32.00	137.60
248909	3	T1019		05/03/13	05/03/13	32.00	137.60

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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PROVIDER ID = 113502051
PAYER ID = 14163

SUNNYSIDE CITYWIDE
WELLCARE OF NY

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248909	4	T1019		05/04/13	05/04/13	32.00	137.60
248909	5	T1019		05/05/13	05/05/13	32.00	137.60
248909	6	T1019		05/06/13	05/06/13	32.00	137.60
248909	7	T1019		05/07/13	05/07/13	32.00	137.60
248909	8	T1019		05/08/13	05/08/13	32.00	137.60
248909	9	T1019		05/09/13	05/09/13	32.00	137.60
248909	10	T1019		05/10/13	05/10/13	32.00	137.60
248909	11	T1019		05/11/13	05/11/13	32.00	137.60
248909	12	T1019		05/12/13	05/12/13	32.00	137.60
248909	13	T1019		05/13/13	05/13/13	32.00	137.60
248909	14	T1019		05/14/13	05/14/13	32.00	137.60
248909	15	T1019		05/15/13	05/15/13	32.00	137.60
248909	16	T1019		05/16/13	05/16/13	32.00	137.60
248909	17	T1019		05/17/13	05/17/13	32.00	137.60
248909	18	T1019		05/18/13	05/18/13	32.00	137.60
248909	19	T1019		05/19/13	05/19/13	32.00	137.60
248909	20	T1019		05/20/13	05/20/13	32.00	137.60
248909	21	T1019		05/21/13	05/21/13	32.00	137.60
248909	22	T1019		05/22/13	05/22/13	32.00	137.60
248909	23	T1019		05/23/13	05/23/13	32.00	137.60
248909	24	T1019		05/24/13	05/24/13	32.00	137.60
248909	25	T1019		05/25/13	05/25/13	32.00	137.60
248909	26	T1019		05/26/13	05/26/13	32.00	137.60
248909	27	T1019		05/27/13	05/27/13	32.00	137.60
248909	28	T1019		05/28/13	05/28/13	32.00	137.60
248909	29	T1019		05/29/13	05/29/13	32.00	137.60
248909	30	T1019		05/30/13	05/30/13	32.00	137.60
248909	31	T1019		05/31/13	05/31/13	32.00	137.60
248909	32	T1019		06/01/13	06/01/13	32.00	137.60
248909	33	T1019		06/02/13	06/02/13	32.00	137.60
248909	34	T1019		06/03/13	06/03/13	32.00	137.60
248909	35	T1019		06/04/13	06/04/13	32.00	137.60
248909	36	T1019		06/05/13	06/05/13	32.00	137.60
248909	37	T1019		06/06/13	06/06/13	32.00	137.60
248909	38	T1019		06/07/13	06/07/13	32.00	137.60
248909	39	T1019		06/08/13	06/08/13	32.00	137.60
248909	40	T1019		06/09/13	06/09/13	32.00	137.60
248909	41	T1019		06/10/13	06/10/13	32.00	137.60
248909	42	T1019		06/11/13	06/11/13	32.00	137.60

CLAIM TOTAL

5,779.20

CLAIM ACCOUNT REF. 2489090012012116SUP

REPORT DATE 07/02/13 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 2012116 2012116 GUERRERO, MARIA 07/09/1914 693949 111669840
DIAGNOSIS CODES: 355.71 250.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248910	1	T1019		06/12/13	06/12/13	32.00	137.60
248910	2	T1019		06/13/13	06/13/13	32.00	137.60
248910	3	T1019		06/14/13	06/14/13	32.00	137.60
248910	4	T1019		06/15/13	06/15/13	32.00	137.60
248910	5	T1019		06/16/13	06/16/13	32.00	137.60
248910	6	T1019		06/17/13	06/17/13	32.00	137.60
248910	7	T1019		06/18/13	06/18/13	32.00	137.60
248910	8	T1019		06/19/13	06/19/13	32.00	137.60
248910	9	T1019		06/20/13	06/20/13	32.00	137.60
248910	10	T1019		06/21/13	06/21/13	32.00	137.60

CLAIM TOTAL 1,376.00 CLAIM ACCOUNT REF. 2489100012012116SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012117 2012117 HAYNES, LAMONT 08/22/1920 695748 111817638
DIAGNOSIS CODES: 428.0 250.00 401.9 600.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248911	1	T1019		06/22/13	06/22/13	20.00	86.00
248911	2	T1019		06/23/13	06/23/13	20.00	86.00
248911	3	T1019		06/24/13	06/24/13	16.00	68.80
248911	4	T1019		06/25/13	06/25/13	16.00	68.80
248911	5	T1019		06/26/13	06/26/13	16.00	68.80
248911	6	T1019		06/27/13	06/27/13	16.00	68.80
248911	7	T1019		06/28/13	06/28/13	16.00	68.80

CLAIM TOTAL 516.00 CLAIM ACCOUNT REF. 2489110012012117SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012120 2012120 LOPEZ, ISABEL 12/24/1942 740574 111591487
DIAGNOSIS CODES: 715.90 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248913	1	T1019		06/24/13	06/24/13	28.00	120.40
248913	2	T1019		06/25/13	06/25/13	28.00	120.40
248913	3	T1019		06/27/13	06/27/13	28.00	120.40
248913	4	T1019		06/28/13	06/28/13	28.00	120.40

CLAIM TOTAL 481.60 CLAIM ACCOUNT REF. 2489130012012120SUP

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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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 2012121 2012121 MOHAMED, DENISE 06/14/1959 691722 111786776
DIAGNOSIS CODES: 715.98

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248918	1	T1019		06/22/13	06/22/13	32.00	137.60
248918	2	T1019		06/23/13	06/23/13	32.00	137.60
248918	3	T1019		06/24/13	06/24/13	32.00	137.60
248918	4	T1019		06/25/13	06/25/13	32.00	137.60
248918	5	T1019		06/26/13	06/26/13	32.00	137.60
248918	6	T1019		06/27/13	06/27/13	32.00	137.60
248918	7	T1019		06/28/13	06/28/13	32.00	137.60
CLAIM TOTAL							963.20

CLAIM ACCOUNT REF. 2489180012012121SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012122 2012122 MORALES, FRANCISCO 12/03/1935 744366 1115793538
DIAGNOSIS CODES: 250.00 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248919	1	T1019		06/22/13	06/22/13	20.00	86.00
248919	2	T1019		06/23/13	06/23/13	20.00	86.00
248919	3	T1019		06/24/13	06/24/13	20.00	86.00
248919	4	T1019		06/25/13	06/25/13	20.00	86.00
248919	5	T1019		06/26/13	06/26/13	20.00	86.00
248919	6	T1019		06/27/13	06/27/13	20.00	86.00
248919	7	T1019		06/28/13	06/28/13	20.00	86.00
CLAIM TOTAL							602.00

CLAIM ACCOUNT REF. 2489190012012122SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012130 2012130 NAVARRO, ANTONIA 07/23/1945 710368 111623951
DIAGNOSIS CODES: 493.92 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248921	1	T1019		06/22/13	06/22/13	20.00	86.00
248921	2	T1019		06/23/13	06/23/13	20.00	86.00
248921	3	T1019		06/24/13	06/24/13	28.00	120.40
248921	4	T1019		06/25/13	06/25/13	28.00	120.40
248921	5	T1019		06/26/13	06/26/13	28.00	120.40
248921	6	T1019		06/27/13	06/27/13	28.00	120.40
248921	7	T1019		06/28/13	06/28/13	28.00	120.40
CLAIM TOTAL							774.00

CLAIM ACCOUNT REF. 2489210012012130SUP

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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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 2012131 2012131 ORTIZ, JOSE 04/19/1925 691721 111894848
DIAGNOSIS CODES: 250.00 401.9 414.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248923	1	T1019		06/24/13	06/24/13	16.00	68.80
248923	2	T1019		06/26/13	06/26/13	16.00	68.80
248923	3	T1019		06/28/13	06/28/13	16.00	68.80
CLAIM TOTAL							206.40
CLAIM ACCOUNT REF.							2489230012012131SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012132 2012132 ORTIZ, DOLORES 06/30/1927 744365 111654437
DIAGNOSIS CODES: 719.7 272.4 401.9 750.7

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248922	1	T1019		06/22/13	06/22/13	20.00	86.00
248922	2	T1019		06/23/13	06/23/13	20.00	86.00
248922	3	T1019		06/26/13	06/26/13	32.00	137.60
248922	4	T1019		06/27/13	06/27/13	32.00	137.60
248922	5	T1019		06/28/13	06/28/13	32.00	137.60
CLAIM TOTAL							584.80
CLAIM ACCOUNT REF.							2489220012012132SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012134 2012134 SERRANO, CARMEN 09/14/1948 695740 111805504
DIAGNOSIS CODES: 093.89 253.5 311. 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248934	1	T1019		06/24/13	06/24/13	28.00	120.40
248934	2	T1019		06/25/13	06/25/13	28.00	120.40
248934	3	T1019		06/26/13	06/26/13	28.00	120.40
248934	4	T1019		06/27/13	06/27/13	28.00	120.40
CLAIM TOTAL							481.60
CLAIM ACCOUNT REF.							2489340012012134SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012137 2012137 VAZQUEZ 1, ROSA 08/08/1934 695667 111437135
DIAGNOSIS CODES: 715.90 244.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248937	1	T1019		03/15/13	03/15/13	32.00	137.60
CLAIM TOTAL							137.60
CLAIM ACCOUNT REF.							2489370012012137SUP

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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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 2012137 2012137 VAZQUEZ 1, ROSA 08/08/1934 695667 111807022
DIAGNOSIS CODES: 715.90 244.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248938	1	T1019		06/07/13	06/07/13	32.00	137.60
248938	2	T1019		06/11/13	06/11/13	32.00	137.60
248938	3	T1019		06/12/13	06/12/13	32.00	137.60
248938	4	T1019		06/13/13	06/13/13	32.00	137.60
248938	5	T1019		06/24/13	06/24/13	32.00	137.60
248938	6	T1019		06/25/13	06/25/13	32.00	137.60
248938	7	T1019		06/26/13	06/26/13	32.00	137.60
248938	8	T1019		06/27/13	06/27/13	32.00	137.60
248938	9	T1019		06/28/13	06/28/13	32.00	137.60

CLAIM TOTAL 1,238.40 CLAIM ACCOUNT REF. 2489380012012137SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012138 2012138 VENTURA, CLARA 09/17/1951 720456 111733742
DIAGNOSIS CODES: 253.5 401.9 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248939	1	T1019		06/24/13	06/24/13	16.00	68.80
248939	2	T1019		06/25/13	06/25/13	16.00	68.80
248939	3	T1019		06/26/13	06/26/13	16.00	68.80
248939	4	T1019		06/27/13	06/27/13	16.00	68.80
248939	5	T1019		06/28/13	06/28/13	16.00	68.80

CLAIM TOTAL 344.00 CLAIM ACCOUNT REF. 2489390012012138SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012141 2012141 SANTOS MARQUEZ, MARIA 07/16/1961 688801 111660656
DIAGNOSIS CODES: 958.8 599.70 692.9 795.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248933	1	T1019		06/24/13	06/24/13	8.00	34.40
248933	2	T1019		06/28/13	06/28/13	16.00	68.80

CLAIM TOTAL 103.20 CLAIM ACCOUNT REF. 2489330012012141SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012142 2012142 MEDINA, MARTHA 01/11/1944 697570 111623789
DIAGNOSIS CODES: 135. 250.00 426.4 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248917	1	T1019		06/22/13	06/22/13	12.00	51.60
248917	2	T1019		06/24/13	06/24/13	12.00	51.60

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248917	3	T1019		06/25/13	06/25/13	12.00	51.60	
248917	4	T1019		06/26/13	06/26/13	12.00	51.60	
248917	5	T1019		06/27/13	06/27/13	12.00	51.60	
248917	6	T1019		06/28/13	06/28/13	12.00	51.60	
					CLAIM TOTAL		309.60	CLAIM ACCOUNT REF. 2489170012012142SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012143	2012143	MURPHY, RUBY	04/13/1955	698832	111684344
DIAGNOSIS	CODES:	585.3	311.	401.9	493.90	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248920	1	T1019		06/24/13	06/24/13	16.00	68.80	
248920	2	T1019		06/25/13	06/25/13	16.00	68.80	
248920	3	T1019		06/26/13	06/26/13	16.00	68.80	
248920	4	T1019		06/27/13	06/27/13	16.00	68.80	
248920	5	T1019		06/28/13	06/28/13	16.00	68.80	
					CLAIM TOTAL		344.00	CLAIM ACCOUNT REF. 2489200012012143SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012144	2012144	PEREZ, JULIO	01/27/1936	709538	111597155
DIAGNOSIS	CODES:	715.90	244.9	272.4	401.9	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248926	1	T1019		06/24/13	06/24/13	20.00	86.00	
248926	2	T1019		06/26/13	06/26/13	20.00	86.00	
248926	3	T1019		06/28/13	06/28/13	20.00	86.00	
					CLAIM TOTAL		258.00	CLAIM ACCOUNT REF. 2489260012012144SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012145	2012145	PERALTA RODRIGO, JOSE	03/13/1942	715488	111633843
DIAGNOSIS	CODES:	715.90	272.0	274.9	278.00	401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248924	1	T1019		06/24/13	06/24/13	16.00	68.80	
248924	2	T1019		06/25/13	06/25/13	16.00	68.80	
248924	3	T1019		06/26/13	06/26/13	16.00	68.80	
248924	4	T1019		06/27/13	06/27/13	16.00	68.80	
248924	5	T1019		06/28/13	06/28/13	16.00	68.80	
					CLAIM TOTAL		344.00	CLAIM ACCOUNT REF. 2489240012012145SUP

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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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 2012146 2012146 PERALTA, INEZ 08/18/1942 715489 111633900
DIAGNOSIS CODES: 250.00 272.4 278.00 401.9 244.9 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248925	1	T1019		06/24/13	06/24/13	16.00	68.80
248925	2	T1019		06/25/13	06/25/13	16.00	68.80
248925	3	T1019		06/26/13	06/26/13	16.00	68.80
248925	4	T1019		06/27/13	06/27/13	16.00	68.80
248925	5	T1019		06/28/13	06/28/13	16.00	68.80
CLAIM TOTAL							344.00
CLAIM ACCOUNT REF.							2489250012012146SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012147 2012147 RAMOS, SILVIA 08/16/1957 707547 111551884
DIAGNOSIS CODES: 724.2 253.5 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248928	1	T1019		06/24/13	06/24/13	20.00	86.00
248928	2	T1019		06/25/13	06/25/13	20.00	86.00
248928	3	T1019		06/26/13	06/26/13	20.00	86.00
248928	4	T1019		06/27/13	06/27/13	20.00	86.00
248928	5	T1019		06/28/13	06/28/13	20.00	86.00
CLAIM TOTAL							430.00
CLAIM ACCOUNT REF.							2489280012012147SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012149 2012149 REGLA, MARIA F 11/21/1933 691499 111829761
DIAGNOSIS CODES: 250.00 715.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248929	1	T1019		06/13/13	06/13/13	32.00	137.60
248929	2	T1019		06/22/13	06/22/13	32.00	137.60
248929	3	T1019		06/24/13	06/24/13	32.00	137.60
248929	4	T1019		06/25/13	06/25/13	32.00	137.60
248929	5	T1019		06/26/13	06/26/13	32.00	137.60
248929	6	T1019		06/27/13	06/27/13	32.00	137.60
248929	7	T1019		06/28/13	06/28/13	32.00	137.60
CLAIM TOTAL							963.20
CLAIM ACCOUNT REF.							2489290012012149SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012155 2012155 SANCHEZ, BETANIA 05/10/1956 706048 111688299
DIAGNOSIS CODES: 555.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248932	1	T1019		06/25/13	06/25/13	20.00	86.00

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248932	2	T1019		06/26/13	06/26/13	20.00	86.00
248932	3	T1019		06/27/13	06/27/13	20.00	86.00
248932	4	T1019		06/28/13	06/28/13	20.00	86.00
CLAIM TOTAL							344.00
							CLAIM ACCOUNT REF. 2489320012012155SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012158	2012158	LOPEZ, MANUEL	02/25/1926	741094	111891649
DIAGNOSIS CODES: 401.9 272.4 429.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248914	1	T1019		06/22/13	06/22/13	48.00	206.40
248914	2	T1019		06/23/13	06/23/13	48.00	206.40
248914	3	T1019		06/24/13	06/24/13	48.00	206.40
248914	4	T1019		06/25/13	06/25/13	48.00	206.40
248914	5	T1019		06/26/13	06/26/13	48.00	206.40
248914	6	T1019		06/27/13	06/27/13	48.00	206.40
248914	7	T1019		06/28/13	06/28/13	48.00	206.40
CLAIM TOTAL							1,444.80
							CLAIM ACCOUNT REF. 2489140012012158SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012161	2012161	ALONSO, ANA	03/02/1943	739934	111560004
DIAGNOSIS CODES: 733.09 253.5 272.4							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248896	1	T1019		06/10/13	06/10/13	20.00	86.00
248896	2	T1019		06/11/13	06/11/13	20.00	86.00
248896	3	T1019		06/12/13	06/12/13	20.00	86.00
248896	4	T1019		06/13/13	06/13/13	20.00	86.00
248896	5	T1019		06/14/13	06/14/13	20.00	86.00
248896	6	T1019		06/22/13	06/22/13	16.00	68.80
248896	7	T1019		06/23/13	06/23/13	20.00	86.00
CLAIM TOTAL							584.80
							CLAIM ACCOUNT REF. 2488960012012161SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012261	2012261	SILVEIRA, BERTA	06/23/1938	753060	111885500
DIAGNOSIS CODES: 786.05							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248935	1	T1019		06/26/13	06/26/13	32.00	137.60
248935	2	T1019		06/27/13	06/27/13	32.00	137.60
248935	3	T1019		06/28/13	06/28/13	32.00	137.60
CLAIM TOTAL							412.80
							CLAIM ACCOUNT REF. 2489350012012261SUP

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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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 2012136 2012266 SOTO, RAFAEL B 03/08/1937 700573 111779429
DIAGNOSIS CODES: 715.09 250.00 272.2 401.9 428.0 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248936	1	T1019		06/22/13	06/22/13	36.00	154.80
248936	2	T1019		06/23/13	06/23/13	28.00	120.40
248936	3	T1019		06/24/13	06/24/13	36.00	154.80
248936	4	T1019		06/25/13	06/25/13	36.00	154.80
248936	5	T1019		06/26/13	06/26/13	36.00	154.80
248936	6	T1019		06/27/13	06/27/13	36.00	154.80
248936	7	T1019		06/28/13	06/28/13	36.00	154.80
CLAIM TOTAL						1,049.20	CLAIM ACCOUNT REF. 2489360012012266SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012719 2012719 SANCHEZ FLORES, ADELAI 11/03/1944 761166 11671604
DIAGNOSIS CODES: 401.9 300.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248931	1	T1019		06/24/13	06/24/13	16.00	68.80
248931	2	T1019		06/26/13	06/26/13	16.00	68.80
248931	3	T1019		06/28/13	06/28/13	16.00	68.80
CLAIM TOTAL						206.40	CLAIM ACCOUNT REF. 2489310012012719SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012159 2012948 LOPEZ, VITALIA 08/01/1922 691723 111822973
DIAGNOSIS CODES: 331.0 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248915	1	T1019		06/22/13	06/22/13	48.00	206.40
248915	2	T1019		06/23/13	06/23/13	48.00	206.40
248915	3	T1019		06/24/13	06/24/13	48.00	206.40
248915	4	T1019		06/25/13	06/25/13	48.00	206.40
248915	5	T1019		06/26/13	06/26/13	48.00	206.40
248915	6	T1019		06/27/13	06/27/13	48.00	206.40
248915	7	T1019		06/28/13	06/28/13	48.00	206.40
CLAIM TOTAL						1,444.80	CLAIM ACCOUNT REF. 2489150012012948SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012952 2012952 FRANCISCO, BRIGIDA 08/20/1957 761853 111640168
DIAGNOSIS CODES: 714.0 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248902	1	T1019		06/23/13	06/23/13	20.00	86.00

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248902	2	T1019		06/24/13	06/24/13	20.00	86.00
248902	3	T1019		06/25/13	06/25/13	20.00	86.00
248902	4	T1019		06/26/13	06/26/13	20.00	86.00
248902	5	T1019		06/27/13	06/27/13	20.00	86.00
248902	6	T1019		06/28/13	06/28/13	20.00	86.00
CLAIM TOTAL							516.00

CLAIM ACCOUNT REF. 2489020012012952SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012953 2012953 CHOUDHURY, MEHER A 08/16/1974 762773 111694030
DIAGNOSIS CODES: 344.00 493.90 742.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248900	1	T1019		06/22/13	06/22/13	48.00	206.40
248900	2	T1019		06/23/13	06/23/13	48.00	206.40
248900	3	T1019		06/24/13	06/24/13	48.00	206.40
248900	4	T1019		06/25/13	06/25/13	48.00	206.40
248900	5	T1019		06/26/13	06/26/13	48.00	206.40
248900	6	T1019		06/27/13	06/27/13	48.00	206.40
248900	7	T1019		06/28/13	06/28/13	48.00	206.40
CLAIM TOTAL							1,444.80

CLAIM ACCOUNT REF. 2489000012012953SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1031950 2012979 HUDGINS, LOUZETTA 05/18/1944 761959 111697308
DIAGNOSIS CODES: 401.9 250.00 278.00 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248912	1	T1019		06/24/13	06/24/13	20.00	86.00
248912	2	T1019		06/25/13	06/25/13	20.00	86.00
248912	3	T1019		06/26/13	06/26/13	20.00	86.00
248912	4	T1019		06/27/13	06/27/13	20.00	86.00
248912	5	T1019		06/28/13	06/28/13	20.00	86.00
CLAIM TOTAL							430.00

CLAIM ACCOUNT REF. 2489120012012979SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012984 2012984 YOUNG, MARY 11/04/1926 762776 111711486
DIAGNOSIS CODES: 342.82 244.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248940	1	T1019		06/22/13	06/22/13	32.00	137.60
248940	2	T1019		06/23/13	06/23/13	32.00	137.60
248940	3	T1019		06/24/13	06/24/13	32.00	137.60
248940	4	T1019		06/25/13	06/25/13	32.00	137.60
248940	5	T1019		06/26/13	06/26/13	32.00	137.60

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248940	6	T1019		06/27/13	06/27/13	32.00	137.60
248940	7	T1019		06/28/13	06/28/13	32.00	137.60
CLAIM TOTAL							963.20

CLAIM ACCOUNT REF. 2489400012012984SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012152	2013395	REYES, TERESA	03/18/1941	697840	111628409

DIAGNOSIS CODES: 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248930	1	T1019		06/12/13	06/12/13	32.00	137.60
248930	2	T1019		06/22/13	06/22/13	32.00	137.60
248930	3	T1019		06/23/13	06/23/13	32.00	137.60
248930	4	T1019		06/24/13	06/24/13	32.00	137.60
248930	5	T1019		06/25/13	06/25/13	32.00	137.60
248930	6	T1019		06/26/13	06/26/13	32.00	137.60
248930	7	T1019		06/27/13	06/27/13	32.00	137.60
CLAIM TOTAL							963.20

CLAIM ACCOUNT REF. 2489300012013395SUP

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	388	TOTAL CLAIM AMOUNT =	48,951.20
		# SERVICES =	39		

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008276 2008491 LOYOLA, MARIA 06/11/1981 JZR32498A01 0005044162
DIAGNOSIS CODES: 952.9 806.8 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248880	1	T1019	0580	06/04/13	06/04/13	40.00	168.80
248880	2	T1019	0580	06/11/13	06/11/13	40.00	168.80
248880	3	T1019	0580	06/24/13	06/24/13	40.00	168.80
248880	4	T1019	0580	06/25/13	06/25/13	40.00	168.80
248880	5	T1019	0580	06/26/13	06/26/13	40.00	168.80
248880	6	T1019	0580	06/27/13	06/27/13	40.00	168.80
CLAIM TOTAL						1,012.80	CLAIM ACCOUNT REF. 2488800012008491SUP

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
248882	1	T1019	0580	06/24/13	06/24/13	16.00	67.52
248882	2	T1019	0580	06/25/13	06/25/13	16.00	67.52
248882	3	T1019	0580	06/26/13	06/26/13	16.00	67.52
248882	4	T1019	0580	06/27/13	06/27/13	16.00	67.52
CLAIM TOTAL						270.08	CLAIM ACCOUNT REF. 2488820012008513SUP

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
248876	1	T1019	0580	06/27/13	06/27/13	16.00	67.52
CLAIM TOTAL						67.52	CLAIM ACCOUNT REF. 2488760012008723SUP

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
248867	1	T1019	0580	06/22/13	06/22/13	48.00	202.56
248867	2	T1019	0580	06/23/13	06/23/13	48.00	202.56
248867	3	T1019	0580	06/24/13	06/24/13	48.00	202.56
248867	4	T1019	0580	06/25/13	06/25/13	48.00	202.56
248867	5	T1019	0580	06/26/13	06/26/13	48.00	202.56
248867	6	T1019	0580	06/27/13	06/27/13	48.00	202.56
248867	7	T1019	0580	06/28/13	06/28/13	48.00	202.56

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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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.
							1,417.92	2488670012008793SUP
						CLAIM TOTAL		

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	CLAIM ACCOUNT REF.
248877	1	T1019	0580	06/22/13	06/22/13	32.00	135.04	
248877	2	T1019	0580	06/23/13	06/23/13	32.00	135.04	
248877	3	T1019	0580	06/24/13	06/24/13	32.00	135.04	
248877	4	T1019	0580	06/25/13	06/25/13	32.00	135.04	
248877	5	T1019	0580	06/27/13	06/27/13	32.00	135.04	
248877	6	T1019	0580	06/28/13	06/28/13	32.00	135.04	
						CLAIM TOTAL	810.24	2488770012009237SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008223	2009269	SHAH, HANSIKABEN	09/28/1948	UR74418G	0005080096
DIAGNOSIS	CODES:	V61.9	296.20	733.00			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
248881	1	T1019	0580	06/28/13	06/28/13	20.00	84.40	
						CLAIM TOTAL	84.40	2488810012009269SUP

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	CLAIM ACCOUNT REF.
248878	1	T1019	0580	06/22/13	06/22/13	16.00	67.52	
248878	2	T1019	0580	06/23/13	06/23/13	16.00	67.52	
248878	3	T1019	0580	06/24/13	06/24/13	16.00	67.52	
248878	4	T1019	0580	06/25/13	06/25/13	16.00	67.52	
248878	5	T1019	0580	06/26/13	06/26/13	16.00	67.52	
248878	6	T1019	0580	06/27/13	06/27/13	16.00	67.52	
248878	7	T1019	0580	06/28/13	06/28/13	16.00	67.52	
						CLAIM TOTAL	472.64	2488780012009406SUP

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
248879	1	T1019	0580	06/26/13	06/26/13	40.00	168.80

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248879	2	T1019	0580	06/27/13	06/27/13	40.00	168.80
							CLAIM TOTAL
							337.60 CLAIM ACCOUNT REF. 2488790012009562SUP

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
248869	1	T1019	0580	06/24/13	06/24/13	16.00	67.52
248869	2	T1019	0580	06/25/13	06/25/13	16.00	67.52
248869	3	T1019	0580	06/26/13	06/26/13	16.00	67.52
248869	4	T1019	0580	06/28/13	06/28/13	16.00	67.52
							CLAIM TOTAL
							270.08 CLAIM ACCOUNT REF. 2488690012009686SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248871	1	T1019	0580	06/22/13	06/22/13	28.00	118.16
248871	2	T1019	0580	06/23/13	06/23/13	28.00	118.16
248871	3	T1019	0580	06/24/13	06/24/13	28.00	118.16
248871	4	T1019	0580	06/25/13	06/25/13	28.00	118.16
248871	5	T1019	0580	06/26/13	06/26/13	28.00	118.16
248871	6	T1019	0580	06/27/13	06/27/13	28.00	118.16
248871	7	T1019	0580	06/28/13	06/28/13	28.00	118.16
							CLAIM TOTAL
							827.12 CLAIM ACCOUNT REF. 2488710012009945SUP

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
248870	1	T1019	0580	06/22/13	06/22/13	36.00	151.92
248870	2	T1019	0580	06/23/13	06/23/13	36.00	151.92
248870	3	T1019	0580	06/24/13	06/24/13	36.00	151.92
248870	4	T1019	0580	06/25/13	06/25/13	36.00	151.92
248870	5	T1019	0580	06/26/13	06/26/13	36.00	151.92
248870	6	T1019	0580	06/27/13	06/27/13	36.00	151.92
248870	7	T1019	0580	06/28/13	06/28/13	36.00	151.92
							CLAIM TOTAL
							1,063.44 CLAIM ACCOUNT REF. 2488700012010991SUP

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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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 2011526 DE JESUS, TIBURCIO 08/11/1947 XX16524S 0006379371
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
248868	1	T1019	0580	06/22/13	06/22/13	48.00	202.56
248868	2	T1019	0580	06/23/13	06/23/13	48.00	202.56
248868	3	T1019	0580	06/24/13	06/24/13	48.00	202.56
248868	4	T1019	0580	06/25/13	06/25/13	48.00	202.56
248868	5	T1019	0580	06/26/13	06/26/13	48.00	202.56
248868	6	T1019	0580	06/27/13	06/27/13	48.00	202.56
248868	7	T1019	0580	06/28/13	06/28/13	48.00	202.56
CLAIM TOTAL							1,417.92
CLAIM ACCOUNT REF.							2488680012011526SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012541 2012541 LANGELOH, HOWARD 09/29/1923 16394107 0005921983
DIAGNOSIS CODES: 715.90 250.00 272.4 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248874	1	T1019	0580	06/22/13	06/22/13	24.00	101.28
248874	2	T1019	0580	06/23/13	06/23/13	24.00	101.28
248874	3	T1019	0580	06/24/13	06/24/13	24.00	101.28
248874	4	T1019	0580	06/26/13	06/26/13	24.00	101.28
248874	5	T1019	0580	06/27/13	06/27/13	24.00	101.28
248874	6	T1019	0580	06/28/13	06/28/13	24.00	101.28
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2488740012012541SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013402 2013402 MCALLISTER, ANNIE 03/29/1937 ZP91513K 0006313393
DIAGNOSIS CODES: V61.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248875	1	T1019	0580	06/24/13	06/24/13	16.00	67.52
248875	2	T1019	0580	06/26/13	06/26/13	16.00	67.52
248875	3	T1019	0580	06/28/13	06/28/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2488750012013402SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009467 2013523 KEATON, CATHERINE 08/30/1923 15705293 0004298435008
DIAGNOSIS CODES: 715.00 365.9 401.9 780.4 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248872	1	T1020	0580	06/21/13	06/21/13	1.00	185.00
248872	2	T1020	0580	06/22/13	06/22/13	1.00	185.00

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	370.00	2488720012013523SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009467	2013531	KEATON, CATHERINE	08/30/1923	15705292	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	CLAIM ACCOUNT REF.
248873	1	T1019	0580	06/23/13	06/23/13	48.00	202.56	
248873	2	T1019	0580	06/24/13	06/24/13	48.00	202.56	
248873	3	T1019	0580	06/25/13	06/25/13	48.00	202.56	
248873	4	T1019	0580	06/26/13	06/26/13	48.00	202.56	
248873	5	T1019	0580	06/27/13	06/27/13	48.00	202.56	
248873	6	T1019	0580	06/28/13	06/28/13	48.00	202.56	
						CLAIM TOTAL	1,215.36	2488730012013531SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	76	TOTAL CLAIM AMOUNT =	10,447.36
		# SERVICES =	16		

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NPI = 1154407492

PRIOR AUTHORIZATION #
123590054

CLAIM TOTAL

960.96 CLAIM ACCOUNT REF. 2489600012010958SUP

PRIOR AUTHORIZATION #
130240009

CLAIM TOTAL

377.52 CLAIM ACCOUNT REF. 2489610012012481SUP

PAYER TOTALS:	VNSNY CHOICE	# OF CLAIMS =	11	TOTAL CLAIM AMOUNT =	1,338.48
		# SERVICES =	2		

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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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 0105101301235
DIAGNOSIS CODES: 714.0 272.4 401.9 536.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248828	1	T1019		06/22/13	06/22/13	44.00	185.68	
248828	2	T1019		06/23/13	06/23/13	44.00	185.68	
248828	3	T1019		06/24/13	06/24/13	44.00	185.68	
248828	4	T1019		06/25/13	06/25/13	44.00	185.68	
248828	5	T1019		06/26/13	06/26/13	44.00	185.68	
248828	6	T1019		06/27/13	06/27/13	44.00	185.68	
248828	7	T1019		06/28/13	06/28/13	44.00	185.68	
CLAIM TOTAL							1,299.76	CLAIM ACCOUNT REF. 2488280012008249SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008250 2008250 SALAZAR, LUZ MARIA 02/19/1970 SC60317K R2270854
DIAGNOSIS CODES: 952.9 564.81 596.54 806.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248838	1	T1019		06/23/13	06/23/13	32.00	135.04	
248838	2	T1019		06/24/13	06/24/13	32.00	135.04	
248838	3	T1019		06/25/13	06/25/13	32.00	135.04	
248838	4	T1019		06/26/13	06/26/13	32.00	135.04	
248838	5	T1019		06/27/13	06/27/13	32.00	135.04	
248838	6	T1019		06/28/13	06/28/13	32.00	135.04	
CLAIM TOTAL							810.24	CLAIM ACCOUNT REF. 2488380012008250SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008251 2008251 CEBALLOS, ANA 12/31/1919 UH02585Q R2162064
DIAGNOSIS CODES: 294.10 244.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248811	1	T1019		06/22/13	06/22/13	32.00	135.04	
248811	2	T1019		06/24/13	06/24/13	32.00	135.04	
248811	3	T1019		06/25/13	06/25/13	32.00	135.04	
248811	4	T1019		06/26/13	06/26/13	32.00	135.04	
248811	5	T1019		06/28/13	06/28/13	32.00	135.04	
CLAIM TOTAL							675.20	CLAIM ACCOUNT REF. 2488110012008251SUP

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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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 0104171302386
DIAGNOSIS CODES: 359.0 719.45

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248829	1	T1019		06/22/13	06/22/13	48.00	202.56
248829	2	T1019		06/23/13	06/23/13	48.00	202.56
248829	3	T1019		06/24/13	06/24/13	48.00	202.56
248829	4	T1019		06/25/13	06/25/13	48.00	202.56
248829	5	T1019		06/26/13	06/26/13	48.00	202.56
248829	6	T1019		06/27/13	06/27/13	48.00	202.56
248829	7	T1019		06/28/13	06/28/13	48.00	202.56
CLAIM TOTAL						1,417.92	CLAIM ACCOUNT REF. 2488290012008253SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008254 2008254 SPIVEY, PATRICIA 04/06/1965 WE52435B 0104051303745
DIAGNOSIS CODES: 250.00 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248842	1	T1019		06/24/13	06/24/13	32.00	135.04
248842	2	T1019		06/25/13	06/25/13	32.00	135.04
248842	3	T1019		06/26/13	06/26/13	32.00	135.04
248842	4	T1019		06/27/13	06/27/13	32.00	135.04
248842	5	T1019		06/28/13	06/28/13	32.00	135.04
CLAIM TOTAL						675.20	CLAIM ACCOUNT REF. 2488420012008254SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008256 2008256 CARMONA, LUZ 08/10/1954 XJ24416K 0104121301251
DIAGNOSIS CODES: 294.8 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248809	1	T1019		06/24/13	06/24/13	32.00	135.04
248809	2	T1019		06/25/13	06/25/13	32.00	135.04
248809	3	T1019		06/26/13	06/26/13	32.00	135.04
248809	4	T1019		06/27/13	06/27/13	32.00	135.04
248809	5	T1019		06/28/13	06/28/13	32.00	135.04
CLAIM TOTAL						675.20	CLAIM ACCOUNT REF. 2488090012008256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008257 2008257 ESTEVES, JOSE 09/04/1948 YD71377C 0103261301993
DIAGNOSIS CODES: 345.40

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248815	1	T1019		06/23/13	06/23/13	24.00	101.28

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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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
248815	2	T1019		06/24/13	06/24/13	24.00	101.28
248815	3	T1019		06/25/13	06/25/13	24.00	101.28
248815	4	T1019		06/26/13	06/26/13	24.00	101.28
248815	5	T1019		06/27/13	06/27/13	24.00	101.28
248815	6	T1019		06/28/13	06/28/13	24.00	101.28
CLAIM TOTAL							607.68

CLAIM ACCOUNT REF. 2488150012008257SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008290 2008290 SALHUANA, YOLANDA 08/25/1935 SZ24247J 0103261301164
DIAGNOSIS CODES: 249.70 362.50 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248839	1	T1019		06/24/13	06/24/13	32.00	135.04
248839	2	T1019		06/25/13	06/25/13	32.00	135.04
248839	3	T1019		06/26/13	06/26/13	32.00	135.04
248839	4	T1019		06/27/13	06/27/13	32.00	135.04
248839	5	T1019		06/28/13	06/28/13	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2488390012008290SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008362 2008362 FONTANES, PEDRO 08/27/1948 RX10287Z 0104171301499
DIAGNOSIS CODES: 724.3 278.00 427.31 428.0 724.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248819	1	T1019		06/22/13	06/22/13	48.00	202.56
248819	2	T1019		06/23/13	06/23/13	48.00	202.56
248819	3	T1019		06/24/13	06/24/13	24.00	101.28
248819	4	T1019		06/25/13	06/25/13	48.00	202.56
248819	5	T1019		06/26/13	06/26/13	48.00	202.56
248819	6	T1019		06/27/13	06/27/13	48.00	202.56
248819	7	T1019		06/28/13	06/28/13	48.00	202.56
CLAIM TOTAL							1,316.64

CLAIM ACCOUNT REF. 2488190012008362SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008368 2008368 RODRIGUEZ, MARGARET 06/25/1950 ZP21043J R2259936
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
248837	1	T1019		06/24/13	06/24/13	16.00	67.52
248837	2	T1019		06/25/13	06/25/13	16.00	67.52
248837	3	T1019		06/26/13	06/26/13	16.00	67.52
248837	4	T1019		06/27/13	06/27/13	16.00	67.52
248837	5	T1019		06/28/13	06/28/13	16.00	67.52

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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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.
							337.60	2488370012008368SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008411	2008411	FRANCISCO, RICHARD	07/10/1968	XR22414G	R2176143

DIAGNOSIS CODES: 401.9 443.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
248820	1	T1019		06/22/13	06/22/13	32.00	135.04	
248820	2	T1019		06/23/13	06/23/13	32.00	135.04	
248820	3	T1019		06/24/13	06/24/13	32.00	135.04	
248820	4	T1019		06/25/13	06/25/13	32.00	135.04	
248820	5	T1019		06/26/13	06/26/13	32.00	135.04	
248820	6	T1019		06/27/13	06/27/13	32.00	135.04	
248820	7	T1019		06/28/13	06/28/13	32.00	135.04	
						CLAIM TOTAL	945.28	2488200012008411SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008433	2008433	BHAIRO, KOWSILILLI	05/13/1954	VG15691D	R2088833

DIAGNOSIS CODES: 340. 286.0 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
248805	1	T1019		06/22/13	06/22/13	32.00	135.04	
248805	2	T1019		06/23/13	06/23/13	32.00	135.04	
248805	3	T1019		06/24/13	06/24/13	32.00	135.04	
248805	4	T1019		06/25/13	06/25/13	32.00	135.04	
248805	5	T1019		06/26/13	06/26/13	32.00	135.04	
248805	6	T1019		06/27/13	06/27/13	32.00	135.04	
248805	7	T1019		06/28/13	06/28/13	32.00	135.04	
						CLAIM TOTAL	945.28	2488050012008433SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008487	2008487	BEGUM, MANWARA	11/23/1949	VD44720Z	0105161301593

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	CLAIM ACCOUNT REF.
248804	1	T1019		06/22/13	06/22/13	12.00	50.64	
248804	2	T1019		06/24/13	06/24/13	20.00	84.40	
248804	3	T1019		06/25/13	06/25/13	20.00	84.40	
248804	4	T1019		06/26/13	06/26/13	20.00	84.40	
248804	5	T1019		06/27/13	06/27/13	20.00	84.40	
248804	6	T1019		06/28/13	06/28/13	20.00	84.40	
						CLAIM TOTAL	472.64	2488040012008487SUP

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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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 R2223526
DIAGNOSIS CODES: 493.90 401.9 414.00 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248844	1	T1019		06/01/13	06/01/13	48.00	202.56
248844	2	T1019		06/12/13	06/12/13	48.00	202.56
248844	3	T1019		06/16/13	06/16/13	48.00	202.56
248844	4	T1019		06/17/13	06/17/13	48.00	202.56
248844	5	T1019		06/20/13	06/20/13	48.00	202.56
248844	6	T1019		06/22/13	06/22/13	48.00	202.56
248844	7	T1019		06/23/13	06/23/13	48.00	202.56
248844	8	T1019		06/24/13	06/24/13	48.00	202.56
248844	9	T1019		06/25/13	06/25/13	48.00	202.56
248844	10	T1019		06/26/13	06/26/13	48.00	202.56
248844	11	T1019		06/27/13	06/27/13	48.00	202.56
248844	12	T1019		06/28/13	06/28/13	48.00	202.56
CLAIM TOTAL						2,430.72	CLAIM ACCOUNT REF. 2488440012008558SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008571 2008571 ESPAILLAT, AMPARO 12/25/1949 ZG25447P 0103131301379
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
248814	1	T1019		06/22/13	06/22/13	16.00	67.52
248814	2	T1019		06/23/13	06/23/13	16.00	67.52
248814	3	T1019		06/24/13	06/24/13	24.00	101.28
248814	4	T1019		06/25/13	06/25/13	24.00	101.28
248814	5	T1019		06/26/13	06/26/13	24.00	101.28
248814	6	T1019		06/27/13	06/27/13	24.00	101.28
248814	7	T1019		06/28/13	06/28/13	24.00	101.28
CLAIM TOTAL						641.44	CLAIM ACCOUNT REF. 2488140012008571SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008380 2009001 FERRERA, FRANCISCA 06/06/1948 YH55651V R2113770
DIAGNOSIS CODES: 301.9 401.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248817	1	T1019		06/21/13	06/21/13	40.00	168.80
248817	2	T1019		06/22/13	06/22/13	40.00	168.80
248817	3	T1019		06/23/13	06/23/13	40.00	168.80
248817	4	T1019		06/24/13	06/24/13	40.00	168.80
248817	5	T1019		06/25/13	06/25/13	40.00	168.80
248817	6	T1019		06/26/13	06/26/13	40.00	168.80

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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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	
248817	7	T1019		06/27/13	06/27/13	40.00	168.80	
248817	8	T1019		06/28/13	06/28/13	40.00	168.80	
CLAIM TOTAL							1,350.40	CLAIM ACCOUNT REF. 2488170012009001SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008271	2009270	CARRION, MARIA	06/30/1928	SC64434E	R2230145
DIAGNOSIS	CODES:	250.00	294.10	401.9	V12.54	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248810	1	T1019		06/22/13	06/22/13	32.00	135.04	
248810	2	T1019		06/24/13	06/24/13	32.00	135.04	
248810	3	T1019		06/25/13	06/25/13	32.00	135.04	
248810	4	T1019		06/26/13	06/26/13	32.00	135.04	
248810	5	T1019		06/27/13	06/27/13	32.00	135.04	
248810	6	T1019		06/28/13	06/28/13	32.00	135.04	
CLAIM TOTAL							810.24	CLAIM ACCOUNT REF. 2488100012009270SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2009425	2009425	FRIAS, BARBARA	04/01/1954	YQ10410R	0103191302380
DIAGNOSIS	CODES:	785.9	V44.2			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248821	1	T1019		06/24/13	06/24/13	16.00	67.52	
248821	2	T1019		06/26/13	06/26/13	16.00	67.52	
248821	3	T1019		06/28/13	06/28/13	16.00	67.52	
CLAIM TOTAL							202.56	CLAIM ACCOUNT REF. 2488210012009425SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2009560	2009560	BOCHENEC, JOLANTA	07/08/1964	ZT71147Q	0104251302988
DIAGNOSIS	CODES:	854.00	272.4	300.00	307.42	781.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248807	1	T1019		06/22/13	06/22/13	24.00	101.28	
248807	2	T1019		06/23/13	06/23/13	24.00	101.28	
248807	3	T1019		06/24/13	06/24/13	24.00	101.28	
248807	4	T1019		06/25/13	06/25/13	24.00	101.28	
248807	5	T1019		06/26/13	06/26/13	24.00	101.28	
248807	6	T1019		06/27/13	06/27/13	24.00	101.28	
248807	7	T1019		06/28/13	06/28/13	24.00	101.28	
CLAIM TOTAL							708.96	CLAIM ACCOUNT REF. 2488070012009560SUP

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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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 2008299 2010311 LAZALA, GLADYS 02/03/1950 ZT39863D R2083859
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
248827	1	T1019		06/22/13	06/22/13	48.00	202.56
248827	2	T1019		06/23/13	06/23/13	48.00	202.56
248827	3	T1019		06/24/13	06/24/13	48.00	202.56
248827	4	T1019		06/25/13	06/25/13	48.00	202.56
248827	5	T1019		06/26/13	06/26/13	48.00	202.56
248827	6	T1019		06/27/13	06/27/13	48.00	202.56
248827	7	T1019		06/28/13	06/28/13	48.00	202.56
CLAIM TOTAL							1,417.92
CLAIM ACCOUNT REF.							2488270012010311SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010758 2010758 VASQUEZ, OLGA 11/20/1948 WU00136E R2094038
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
248847	1	T1019		06/27/13	06/27/13	20.00	84.40
248847	2	T1019		06/28/13	06/28/13	20.00	84.40
CLAIM TOTAL							168.80
CLAIM ACCOUNT REF.							2488470012010758SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008813 2010967 LARA, TOMASA 10/11/1931 SX47950B R2115813
DIAGNOSIS CODES: 401.9 244.9 272.4 715.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248826	1	T1019		06/20/13	06/20/13	32.00	135.04
248826	2	T1019		06/22/13	06/22/13	32.00	135.04
248826	3	T1019		06/24/13	06/24/13	32.00	135.04
248826	4	T1019		06/25/13	06/25/13	32.00	135.04
248826	5	T1019		06/26/13	06/26/13	32.00	135.04
248826	6	T1019		06/27/13	06/27/13	32.00	135.04
248826	7	T1019		06/28/13	06/28/13	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2488260012010967SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008378 2011528 BOWERS *, DIANE 10/01/1946 129232187 R2207419
DIAGNOSIS CODES: 250.11 300.02 410.90 413.9 428.0 440.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248808	1	T1019		06/24/13	06/24/13	40.00	168.80
248808	2	T1019		06/25/13	06/25/13	40.00	168.80

REPORT DATE 07/02/13 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	
248808	3	T1019		06/26/13	06/26/13	40.00	168.80	
248808	4	T1019		06/27/13	06/27/13	40.00	168.80	
248808	5	T1019		06/28/13	06/28/13	40.00	168.80	
					CLAIM TOTAL		844.00	CLAIM ACCOUNT REF. 2488080012011528SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008405 2011820 ST ROMAINE, CLAUDE 10/01/1956 UZ14868C 0102131302292
DIAGNOSIS CODES: 952.9 344.9 596.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248843	1	T1019		06/22/13	06/22/13	36.00	151.92	
248843	2	T1019		06/23/13	06/23/13	36.00	151.92	
248843	3	T1019		06/24/13	06/24/13	40.00	168.80	
248843	4	T1019		06/25/13	06/25/13	40.00	168.80	
248843	5	T1019		06/26/13	06/26/13	40.00	168.80	
248843	6	T1019		06/27/13	06/27/13	40.00	168.80	
248843	7	T1019		06/28/13	06/28/13	40.00	168.80	
					CLAIM TOTAL		1,147.84	CLAIM ACCOUNT REF. 2488430012011820SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012284 2012284 REINOSO, EMELIANNA 12/26/1931 115451707 R2106516
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248834	1	T1019		06/22/13	06/22/13	40.00	168.80	
248834	2	T1019		06/23/13	06/23/13	40.00	168.80	
248834	3	T1019		06/24/13	06/24/13	40.00	168.80	
248834	4	T1019		06/25/13	06/25/13	40.00	168.80	
248834	5	T1019		06/26/13	06/26/13	40.00	168.80	
248834	6	T1019		06/27/13	06/27/13	40.00	168.80	
248834	7	T1019		06/28/13	06/28/13	40.00	168.80	
					CLAIM TOTAL		1,181.60	CLAIM ACCOUNT REF. 2488340012012284SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011495 2012478 ISKANDER, JACOB S 04/14/1949 YS88012Z R2140203
DIAGNOSIS CODES: 748.60 253.5 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248822	1	T1019		06/22/13	06/22/13	32.00	135.04	
248822	2	T1019		06/23/13	06/23/13	32.00	135.04	
248822	3	T1019		06/24/13	06/24/13	32.00	135.04	
248822	4	T1019		06/25/13	06/25/13	32.00	135.04	
248822	5	T1019		06/26/13	06/26/13	32.00	135.04	

REPORT DATE 07/02/13 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	
248822	6	T1019		06/27/13	06/27/13	32.00	135.04	
248822	7	T1019		06/28/13	06/28/13	32.00	135.04	
						CLAIM TOTAL	945.28	CLAIM ACCOUNT REF. 2488220012012478SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012477	2012489	BLANCO, CARMELINA	08/19/1940	112990683	0101241301336
DIAGNOSIS	CODES:	715.90	250.00	272.0	401.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248806	1	T1019		06/24/13	06/24/13	16.00	67.52	
248806	2	T1019		06/25/13	06/25/13	16.00	67.52	
248806	3	T1019		06/26/13	06/26/13	16.00	67.52	
248806	4	T1019		06/27/13	06/27/13	16.00	67.52	
248806	5	T1019		06/28/13	06/28/13	16.00	67.52	
						CLAIM TOTAL	337.60	CLAIM ACCOUNT REF. 2488060012012489SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012498	2012498	SCHOONMAKER, JEAN	01/16/1944	116703035	0101171302362
DIAGNOSIS	CODES:	296.22	724.00				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248840	1	T1019		06/07/13	06/07/13	36.00	151.92	
248840	2	T1019		06/08/13	06/08/13	32.00	135.04	
248840	3	T1019		06/22/13	06/22/13	32.00	135.04	
248840	4	T1019		06/23/13	06/23/13	32.00	135.04	
248840	5	T1019		06/24/13	06/24/13	32.00	135.04	
248840	6	T1019		06/25/13	06/25/13	36.00	151.92	
248840	7	T1019		06/27/13	06/27/13	36.00	151.92	
248840	8	T1019		06/28/13	06/28/13	36.00	151.92	
						CLAIM TOTAL	1,147.84	CLAIM ACCOUNT REF. 2488400012012498SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009733	2012683	ORTIZ, TULA	10/30/1957	ST52677J	R2161864
DIAGNOSIS	CODES:	022.2	272.4	332.1			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248832	1	T1019		06/22/13	06/22/13	24.00	101.28	
248832	2	T1019		06/24/13	06/24/13	24.00	101.28	
248832	3	T1019		06/25/13	06/25/13	24.00	101.28	
248832	4	T1019		06/26/13	06/26/13	24.00	101.28	
248832	5	T1019		06/27/13	06/27/13	24.00	101.28	
248832	6	T1019		06/28/13	06/28/13	24.00	101.28	
						CLAIM TOTAL	607.68	CLAIM ACCOUNT REF. 2488320012012683SUP

REPORT DATE 07/02/13 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 2012772 2012772 THORNTON, SHIRLEY 09/02/1949 ZM67702P R2196393
DIAGNOSIS CODES: 253.5 493.92 V45.11

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248845	1	T1019		06/22/13	06/22/13	32.00	135.04	
248845	2	T1019		06/23/13	06/23/13	32.00	135.04	
248845	3	T1019		06/24/13	06/24/13	20.00	84.40	
248845	4	T1019		06/25/13	06/25/13	32.00	135.04	
248845	5	T1019		06/26/13	06/26/13	20.00	84.40	
248845	6	T1019		06/27/13	06/27/13	28.00	118.16	
248845	7	T1019		06/28/13	06/28/13	20.00	84.40	
					CLAIM TOTAL	776.48		CLAIM ACCOUNT REF. 2488450012012772SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012731 2012823 VALENCIA, ESTHER J 11/13/1930 UF20889J R2182130
DIAGNOSIS CODES: 401.9 414.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248846	1	T1019		06/17/13	06/17/13	24.00	101.28	
248846	2	T1019		06/18/13	06/18/13	24.00	101.28	
248846	3	T1019		06/19/13	06/19/13	24.00	101.28	
248846	4	T1019		06/20/13	06/20/13	24.00	101.28	
248846	5	T1019		06/24/13	06/24/13	24.00	101.28	
					CLAIM TOTAL	506.40		CLAIM ACCOUNT REF. 2488460012012823SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011388 2013053 PALAZZOLO, FLORENCE 10/31/1948 PD96979S 0103181301812
DIAGNOSIS CODES: 331.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248833	1	T1020		06/22/13	06/22/13	12.00	202.56	
248833	2	T1020		06/23/13	06/23/13	12.00	202.56	
248833	3	T1020		06/24/13	06/24/13	24.00	405.12	
248833	4	T1020		06/25/13	06/25/13	12.00	202.56	
248833	5	T1020		06/26/13	06/26/13	12.00	202.56	
248833	6	T1020		06/27/13	06/27/13	12.00	202.56	
					CLAIM TOTAL	1,417.92		CLAIM ACCOUNT REF. 2488330012013053SUP

REPORT DATE 07/02/13 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 2010143 2013448 AHMED, UMARA 11/15/1985 XK51476N 072211255328
DIAGNOSIS CODES: 335.19 695.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248802	1	T1019		06/23/13	06/23/13	32.00	135.04
248802	2	T1019		06/24/13	06/24/13	32.00	135.04
248802	3	T1019		06/25/13	06/25/13	32.00	135.04
248802	4	T1019		06/26/13	06/26/13	32.00	135.04
248802	5	T1019		06/27/13	06/27/13	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2488020012013448SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010671 2013451 AKHTER, SELINA 07/13/1960 SX51375D 0073112301172
DIAGNOSIS CODES: 093.9 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248803	1	T1019		06/24/13	06/24/13	36.00	151.92
248803	2	T1019		06/25/13	06/25/13	36.00	151.92
248803	3	T1019		06/26/13	06/26/13	36.00	151.92
248803	4	T1019		06/27/13	06/27/13	36.00	151.92
248803	5	T1019		06/28/13	06/28/13	36.00	151.92
CLAIM TOTAL							759.60

CLAIM ACCOUNT REF. 2488030012013451SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012500 2013452 DEKMAK, GRISEL 03/02/1964 VV95212H 020113323665
DIAGNOSIS CODES: 340. 285.8 311. 596.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248812	1	T1019		06/22/13	06/22/13	48.00	202.56
248812	2	T1019		06/23/13	06/23/13	48.00	202.56
248812	3	T1019		06/24/13	06/24/13	48.00	202.56
248812	4	T1019		06/25/13	06/25/13	48.00	202.56
248812	5	T1019		06/26/13	06/26/13	48.00	202.56
248812	6	T1019		06/27/13	06/27/13	48.00	202.56
248812	7	T1019		06/28/13	06/28/13	48.00	202.56
CLAIM TOTAL							1,417.92

CLAIM ACCOUNT REF. 2488120012013452SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008802 2013453 DIAZ 1, CARMEN 07/29/1950 WB78930D 072111255060
DIAGNOSIS CODES: V02.62 300.00 401.9 719.89 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248813	1	T1019		06/24/13	06/24/13	16.00	67.52

REPORT DATE 07/02/13 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	
248813	2	T1019		06/25/13	06/25/13	24.00	101.28	
248813	3	T1019		06/26/13	06/26/13	24.00	101.28	
248813	4	T1019		06/27/13	06/27/13	24.00	101.28	
248813	5	T1019		06/28/13	06/28/13	24.00	101.28	
					CLAIM TOTAL		472.64	CLAIM ACCOUNT REF. 2488130012013453SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008261	2013454	FERNANDEZ, MARIA	07/24/1943	XG23851A	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	
248816	1	T1019		06/26/13	06/26/13	16.00	67.52	
248816	2	T1019		06/27/13	06/27/13	16.00	67.52	
248816	3	T1019		06/28/13	06/28/13	16.00	67.52	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2488160012013454SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008427	2013455	FLORES, MARITZA	09/26/1953	ZG96532J	032613329851
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	
248818	1	T1019		06/22/13	06/22/13	36.00	151.92	
248818	2	T1019		06/23/13	06/23/13	40.00	168.80	
248818	3	T1019		06/24/13	06/24/13	40.00	168.80	
248818	4	T1019		06/25/13	06/25/13	40.00	168.80	
248818	5	T1019		06/26/13	06/26/13	40.00	168.80	
248818	6	T1019		06/27/13	06/27/13	40.00	168.80	
248818	7	T1019		06/28/13	06/28/13	40.00	168.80	
					CLAIM TOTAL		1,164.72	CLAIM ACCOUNT REF. 2488180012013455SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008366	2013458	JONES, CYNTHIA	03/17/1950	ZU54275V	021313325005
DIAGNOSIS	CODES:	333.4	401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248823	1	T1019		06/20/13	06/20/13	20.00	84.40	
					CLAIM TOTAL		84.40	CLAIM ACCOUNT REF. 2488230012013458SUP

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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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 2009356 2013459 KHAN, FARUQUE 02/08/1949 VM87355G 112111269647
DIAGNOSIS CODES: 696.8 253.5 272.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248824	1	T1019		06/22/13	06/22/13	48.00	202.56	
248824	2	T1019		06/23/13	06/23/13	36.00	151.92	
248824	3	T1019		06/24/13	06/24/13	48.00	202.56	
248824	4	T1019		06/25/13	06/25/13	48.00	202.56	
248824	5	T1019		06/26/13	06/26/13	48.00	202.56	
248824	6	T1019		06/27/13	06/27/13	48.00	202.56	
248824	7	T1019		06/28/13	06/28/13	48.00	202.56	
					CLAIM TOTAL	1,367.28		CLAIM ACCOUNT REF. 2488240012013459SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008742 2013461 KROLL, KATHERINE 09/22/1949 ZQ14882N R2302722
DIAGNOSIS CODES: 340. 244.8 272.0 311. 386.2 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248825	1	T1019		06/17/13	06/17/13	28.00	118.16	
248825	2	T1019		06/18/13	06/18/13	28.00	118.16	
248825	3	T1019		06/19/13	06/19/13	28.00	118.16	
248825	4	T1019		06/20/13	06/20/13	28.00	118.16	
248825	5	T1019		06/21/13	06/21/13	28.00	118.16	
					CLAIM TOTAL	590.80		CLAIM ACCOUNT REF. 2488250012013461SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008263 2013462 MORALES HERNANDEZ, EDW 10/28/1952 XV26396D 083111260220
DIAGNOSIS CODES: 344.1 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248830	1	T1019		06/22/13	06/22/13	24.00	101.28	
248830	2	T1019		06/23/13	06/23/13	24.00	101.28	
248830	3	T1019		06/24/13	06/24/13	24.00	101.28	
248830	4	T1019		06/25/13	06/25/13	24.00	101.28	
248830	5	T1019		06/26/13	06/26/13	24.00	101.28	
248830	6	T1019		06/27/13	06/27/13	24.00	101.28	
248830	7	T1019		06/28/13	06/28/13	24.00	101.28	
					CLAIM TOTAL	708.96		CLAIM ACCOUNT REF. 2488300012013462SUP

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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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 2008422 2013463 MOSKOWITZ, RONA 02/16/1952 ZK67666G 020713324355
DIAGNOSIS CODES: 799.89 401.9 493.92 729.0 V02.62

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248831	1	T1019		06/22/13	06/22/13	24.00	101.28	
248831	2	T1019		06/25/13	06/25/13	24.00	101.28	
248831	3	T1019		06/26/13	06/26/13	24.00	101.28	
248831	4	T1019		06/27/13	06/27/13	24.00	101.28	
248831	5	T1019		06/28/13	06/28/13	24.00	101.28	
CLAIM TOTAL							506.40	CLAIM ACCOUNT REF. 2488310012013463SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008531 2013465 RODRIGUEZ -2, MARIA 02/16/1949 SB98419Y 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	
248835	1	T1019		06/24/13	06/24/13	24.00	101.28	
248835	2	T1019		06/25/13	06/25/13	24.00	101.28	
248835	3	T1019		06/26/13	06/26/13	24.00	101.28	
248835	4	T1019		06/27/13	06/27/13	24.00	101.28	
248835	5	T1019		06/28/13	06/28/13	24.00	101.28	
CLAIM TOTAL							506.40	CLAIM ACCOUNT REF. 2488350012013465SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008398 2013466 RODRIGUEZ, JESSE 03/23/1984 YC62425G 072211255272
DIAGNOSIS CODES: 799.89 253.5 278.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248836	1	T1019		06/17/13	06/17/13	20.00	84.40	
248836	2	T1019		06/25/13	06/25/13	20.00	84.40	
248836	3	T1019		06/26/13	06/26/13	20.00	84.40	
248836	4	T1019		06/27/13	06/27/13	20.00	84.40	
248836	5	T1019		06/28/13	06/28/13	20.00	84.40	
CLAIM TOTAL							422.00	CLAIM ACCOUNT REF. 2488360012013466SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008265 2013467 SHEPPARD, ERMA 10/05/1954 ZX55600A 0105301305797
DIAGNOSIS CODES: 295.90 250.00 272.0 401.9 440.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248841	1	T1019		06/22/13	06/22/13	40.00	168.80	
248841	2	T1019		06/23/13	06/23/13	40.00	168.80	
248841	3	T1019		06/24/13	06/24/13	40.00	168.80	

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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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	
248841	4	T1019		06/25/13	06/25/13	40.00	168.80	
248841	5	T1019		06/26/13	06/26/13	40.00	168.80	
248841	6	T1019		06/27/13	06/27/13	40.00	168.80	
248841	7	T1019		06/28/13	06/28/13	40.00	168.80	
					CLAIM TOTAL		1,181.60	CLAIM ACCOUNT REF. 2488410012013467SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008425	2013468	WELLS, WYNORIA	09/10/1959	ZR27322A	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	
248848	1	T1019		06/24/13	06/24/13	16.00	67.52	
248848	2	T1019		06/25/13	06/25/13	16.00	67.52	
248848	3	T1019		06/27/13	06/27/13	16.00	67.52	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2488480012013468SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008303	2013469	WILSON, SHERYL	08/28/1956	UR09425R	032613329815
DIAGNOSIS	CODES:	737.39	344.9	493.90	799.89		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248849	1	T1019		06/22/13	06/22/13	16.00	67.52	
248849	2	T1019		06/23/13	06/23/13	16.00	67.52	
248849	3	T1019		06/24/13	06/24/13	24.00	101.28	
248849	4	T1019		06/25/13	06/25/13	24.00	101.28	
248849	5	T1019		06/26/13	06/26/13	24.00	101.28	
248849	6	T1019		06/27/13	06/27/13	24.00	101.28	
248849	7	T1019		06/28/13	06/28/13	24.00	101.28	
					CLAIM TOTAL		641.44	CLAIM ACCOUNT REF. 2488490012013469SUP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	284	TOTAL CLAIM AMOUNT =	39,347.28
		# SERVICES =	48		

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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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 610563075
DIAGNOSIS CODES: 250.00 428.0 724.00 724.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248861	1	T1019		06/15/13	06/15/13	40.00	171.60
248861	2	T1019		06/16/13	06/16/13	40.00	171.60
248861	3	T1019		06/17/13	06/17/13	40.00	171.60
248861	4	T1019		06/18/13	06/18/13	40.00	171.60
248861	5	T1019		06/19/13	06/19/13	40.00	171.60
248861	6	T1019		06/20/13	06/20/13	40.00	171.60
248861	7	T1019		06/21/13	06/21/13	40.00	171.60
248861	8	T1019		06/22/13	06/22/13	40.00	171.60
248861	9	T1019		06/23/13	06/23/13	40.00	171.60
248861	10	T1019		06/24/13	06/24/13	40.00	171.60
248861	11	T1019		06/25/13	06/25/13	40.00	171.60
248861	12	T1019		06/26/13	06/26/13	40.00	171.60
248861	13	T1019		06/27/13	06/27/13	40.00	171.60
248861	14	T1019		06/28/13	06/28/13	40.00	171.60
CLAIM TOTAL						2,402.40	
						CLAIM ACCOUNT REF.	2488610012008245SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008287 2008287 MILLAN, ARMIDA 09/13/1928 100063356 610554187
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
248864	1	T1019		06/22/13	06/22/13	16.00	68.64
248864	2	T1019		06/23/13	06/23/13	16.00	68.64
248864	3	T1019		06/24/13	06/24/13	36.00	154.44
248864	4	T1019		06/25/13	06/25/13	36.00	154.44
248864	5	T1019		06/26/13	06/26/13	36.00	154.44
248864	6	T1019		06/27/13	06/27/13	36.00	154.44
248864	7	T1019		06/28/13	06/28/13	36.00	154.44
CLAIM TOTAL						909.48	
						CLAIM ACCOUNT REF.	2488640012008287SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008401 2008401 SAFOS, PATRA 12/18/1948 100029836 611012381
DIAGNOSIS CODES: 340. 244.8 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248866	1	T1019		06/22/13	06/22/13	32.00	137.28
248866	2	T1019		06/23/13	06/23/13	32.00	137.28
248866	3	T1019		06/24/13	06/24/13	32.00	137.28
248866	4	T1019		06/25/13	06/25/13	32.00	137.28

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248866	5	T1019		06/26/13	06/26/13	32.00	137.28	
248866	6	T1019		06/27/13	06/27/13	32.00	137.28	
248866	7	T1019		06/28/13	06/28/13	32.00	137.28	
					CLAIM TOTAL		960.96	CLAIM ACCOUNT REF. 2488660012008401SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011881 2011881 KHAN, FAZAL 06/28/1970 101344352 609951463
DIAGNOSIS CODES: 345.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248863	1	T1019		06/22/13	06/22/13	48.00	205.92	
248863	2	T1019		06/23/13	06/23/13	48.00	205.92	
248863	3	T1019		06/24/13	06/24/13	48.00	205.92	
248863	4	T1019		06/25/13	06/25/13	48.00	205.92	
248863	5	T1019		06/26/13	06/26/13	48.00	205.92	
248863	6	T1019		06/27/13	06/27/13	48.00	205.92	
248863	7	T1019		06/28/13	06/28/13	48.00	205.92	
					CLAIM TOTAL		1,441.44	CLAIM ACCOUNT REF. 2488630012011881SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013181 2013181 REYES, RODOLFO 04/17/1927 101465844 611028746
DIAGNOSIS CODES: 427.89 443.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248865	1	T1019		06/08/13	06/08/13	16.00	68.64	
248865	2	T1019		06/22/13	06/22/13	16.00	68.64	
248865	3	T1019		06/24/13	06/24/13	16.00	68.64	
248865	4	T1019		06/25/13	06/25/13	16.00	68.64	
248865	5	T1019		06/27/13	06/27/13	16.00	68.64	
248865	6	T1019		06/28/13	06/28/13	16.00	68.64	
					CLAIM TOTAL		411.84	CLAIM ACCOUNT REF. 2488650012013181SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013182 2013182 FARFAN, MARIA 06/17/1924 101465838 610697951
DIAGNOSIS CODES: 780.99 294.10 530.81 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248862	1	T1019		06/24/13	06/24/13	12.00	51.48	
248862	2	T1019		06/25/13	06/25/13	20.00	85.80	
248862	3	T1019		06/26/13	06/26/13	12.00	51.48	
248862	4	T1019		06/27/13	06/27/13	12.00	51.48	
248862	5	T1019		06/28/13	06/28/13	20.00	85.80	
					CLAIM TOTAL		326.04	CLAIM ACCOUNT REF. 2488620012013182SUP

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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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	2013415	2013415	BATISTA, LUCILA	06/30/1930	ZS74358H	
DIAGNOSIS CODES: 429.9 253.5 386.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248860	1	T1019		06/24/13	06/24/13	16.00	68.64	
248860	2	T1019		06/26/13	06/26/13	16.00	68.64	
CLAIM TOTAL							137.28	CLAIM ACCOUNT REF. 2488600012013415SUP

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	48	TOTAL CLAIM AMOUNT =	6,589.44
		# SERVICES =	7		

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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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 103536057
DIAGNOSIS CODES: 431. 784.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248942	1	T1019	0580	06/22/13	06/22/13	40.00	168.80
248942	2	T1019	0580	06/23/13	06/23/13	40.00	168.80
248942	3	T1019	0580	06/24/13	06/24/13	32.00	135.04
248942	4	T1019	0580	06/25/13	06/25/13	32.00	135.04
248942	5	T1019	0580	06/26/13	06/26/13	32.00	135.04
248942	6	T1019	0580	06/28/13	06/28/13	32.00	135.04
CLAIM TOTAL							877.76
CLAIM ACCOUNT REF.							2489420012008266SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012076 2012357 ESPINAL, MARIA 05/27/1951 713844209 103312722
DIAGNOSIS CODES: 311. 272.4 386.9 493.92

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248945	1	T1019	0580	06/22/13	06/22/13	24.00	90.00
248945	2	T1019	0580	06/24/13	06/24/13	24.00	90.00
248945	3	T1019	0580	06/25/13	06/25/13	24.00	90.00
248945	4	T1019	0580	06/26/13	06/26/13	24.00	90.00
248945	5	T1019	0580	06/27/13	06/27/13	24.00	90.00
248945	6	T1019	0580	06/28/13	06/28/13	24.00	90.00
CLAIM TOTAL							540.00
CLAIM ACCOUNT REF.							2489450012012357SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012078 2012358 MARTINEZ, TOMASITA 01/03/1944 714799688 103312469
DIAGNOSIS CODES: 715.09 311. 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248948	1	T1019	0580	06/24/13	06/24/13	16.00	60.00
248948	2	T1019	0580	06/25/13	06/25/13	16.00	60.00
248948	3	T1019	0580	06/26/13	06/26/13	16.00	60.00
248948	4	T1019	0580	06/27/13	06/27/13	16.00	60.00
248948	5	T1019	0580	06/28/13	06/28/13	16.00	60.00
CLAIM TOTAL							300.00
CLAIM ACCOUNT REF.							2489480012012358SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012080 2012362 RIVERA, CARMEN 05/17/1967 714280461 103312424
DIAGNOSIS CODES: 192.2 338.29 536.9 787.60 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248949	1	T1019	0580	06/24/13	06/24/13	20.00	75.00

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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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
248949	2	T1019	0580	06/25/13	06/25/13	20.00	75.00
248949	3	T1019	0580	06/26/13	06/26/13	20.00	75.00
248949	4	T1019	0580	06/27/13	06/27/13	20.00	75.00
248949	5	T1019	0580	06/28/13	06/28/13	20.00	75.00
CLAIM TOTAL							375.00

CLAIM ACCOUNT REF. 2489490012012362SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009647 2012374 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
248946	1	T1019	0580	06/24/13	06/24/13	32.00	120.00
248946	2	T1019	0580	06/25/13	06/25/13	36.00	135.00
248946	3	T1019	0580	06/26/13	06/26/13	32.00	120.00
248946	4	T1019	0580	06/27/13	06/27/13	36.00	135.00
248946	5	T1019	0580	06/28/13	06/28/13	32.00	120.00
CLAIM TOTAL							630.00

CLAIM ACCOUNT REF. 2489460012012374SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012732 2012732 COLCHAMIRO, ESTHER 02/01/1919 717373336 103441419
DIAGNOSIS CODES: 799.9 244.9 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248944	1	T1019	0580	06/24/13	06/24/13	28.00	105.00
248944	2	T1019	0580	06/26/13	06/26/13	28.00	105.00
248944	3	T1019	0580	06/27/13	06/27/13	28.00	105.00
248944	4	T1019	0580	06/28/13	06/28/13	16.00	60.00
CLAIM TOTAL							375.00

CLAIM ACCOUNT REF. 2489440012012732SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012163 2012876 AKHTAR, CATHRINE 11/07/1951 713952989 103312611
DIAGNOSIS CODES: 799.9 250.00 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248943	1	T1019	0580	06/15/13	06/15/13	20.00	75.00
248943	2	T1019	0580	06/16/13	06/16/13	20.00	75.00
248943	3	T1019	0580	06/17/13	06/17/13	28.00	105.00
248943	4	T1019	0580	06/18/13	06/18/13	28.00	105.00
248943	5	T1019	0580	06/19/13	06/19/13	28.00	105.00
248943	6	T1019	0580	06/20/13	06/20/13	28.00	105.00
248943	7	T1019	0580	06/21/13	06/21/13	28.00	105.00
248943	8	T1019	0580	06/22/13	06/22/13	20.00	75.00
248943	9	T1019	0580	06/23/13	06/23/13	20.00	75.00

REPORT DATE 07/02/13 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
248943	10	T1019	0580	06/24/13	06/24/13	28.00	105.00
248943	11	T1019	0580	06/25/13	06/25/13	28.00	105.00
248943	12	T1019	0580	06/26/13	06/26/13	28.00	105.00
248943	13	T1019	0580	06/27/13	06/27/13	28.00	105.00
248943	14	T1019	0580	06/28/13	06/28/13	28.00	105.00
CLAIM TOTAL							1,350.00
CLAIM ACCOUNT REF.							2489430012012876SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008365	2013018	HARDING, EDNA	05/17/1956	6274884	103437258
DIAGNOSIS CODES: 493.90 253.5 272.4 296.80						

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248947	1	T1019	0580	06/24/13	06/24/13	16.00	60.00
248947	2	T1019	0580	06/25/13	06/25/13	16.00	60.00
248947	3	T1019	0580	06/26/13	06/26/13	16.00	60.00
248947	4	T1019	0580	06/27/13	06/27/13	16.00	60.00
248947	5	T1019	0580	06/28/13	06/28/13	16.00	60.00
CLAIM TOTAL							300.00
CLAIM ACCOUNT REF.							2489470012013018SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2009247	2013352	CARRILLO, MARIA	05/18/1956	712689120	103584528
DIAGNOSIS CODES: 714.0 311. 401.9 493.90 696.1 780.52 799.9						

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248941	1	T1019	0580	06/24/13	06/24/13	20.00	84.40
248941	2	T1019	0580	06/25/13	06/25/13	20.00	84.40
248941	3	T1019	0580	06/26/13	06/26/13	20.00	84.40
248941	4	T1019	0580	06/28/13	06/28/13	20.00	84.40
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2489410012013352SUP

PAYER TOTALS:	AMERIGROUP NEW YORK,LLC	# OF CLAIMS =	54	TOTAL CLAIM AMOUNT =	5,085.36
		# SERVICES =	9		

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = ICS01 ICS

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008389 2011453 MUSHAYEV, BORIS 08/14/1947 7235 464780
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	
248955	1	T1019	1C		06/24/13	06/24/13	6.00	98.40	
248955	2	T1019	1C		06/25/13	06/25/13	6.00	98.40	
248955	3	T1019	1C		06/26/13	06/26/13	6.00	98.40	
248955	4	T1019	1C		06/27/13	06/27/13	6.00	98.40	
248955	5	T1019	1C		06/28/13	06/28/13	6.00	98.40	
CLAIM TOTAL								492.00	CLAIM ACCOUNT REF. 2489550012011453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011869 2011869 JONES, VALERIE 10/10/1948 1457 418547
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248954	1	T1019	1C		06/24/13	06/24/13	4.00	65.60	
248954	2	T1019	1C		06/25/13	06/25/13	4.00	65.60	
248954	3	T1019	1C		06/26/13	06/26/13	4.00	65.60	
248954	4	T1019	1C		06/27/13	06/27/13	4.00	65.60	
248954	5	T1019	1C		06/28/13	06/28/13	4.00	65.60	
CLAIM TOTAL								328.00	CLAIM ACCOUNT REF. 2489540012011869SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011870 2011870 AGOSTINI, MONSERRATE 07/18/1944 558 418549
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248952	1	T1019	1C		06/24/13	06/24/13	6.00	98.40	
248952	2	T1019	1C		06/25/13	06/25/13	6.00	98.40	
248952	3	T1019	1C		06/26/13	06/26/13	6.00	98.40	
248952	4	T1019	1C		06/27/13	06/27/13	6.00	98.40	
248952	5	T1019	1C		06/28/13	06/28/13	6.00	98.40	
CLAIM TOTAL								492.00	CLAIM ACCOUNT REF. 2489520012011870SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012213 2012213 BERRY, ANGELINA 10/21/1956 1784 456200
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248953	1	T1019	1C		06/22/13	06/22/13	4.00	65.60	
248953	2	T1019	1C		06/23/13	06/23/13	4.00	65.60	
248953	3	T1019	1C		06/24/13	06/24/13	4.00	65.60	

REPORT DATE 07/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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PROVIDER ID = 113502051
PAYER ID = ICS01

SUNNYSIDE CITYWIDE
ICS

NPI = 1154407492

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248953	4	T1019	1C		06/25/13	06/25/13	4.00	65.60	
248953	5	T1019	1C		06/26/13	06/26/13	4.00	65.60	
248953	6	T1019	1C		06/27/13	06/27/13	4.00	65.60	
248953	7	T1019	1C		06/28/13	06/28/13	4.00	65.60	
						CLAIM TOTAL		459.20	CLAIM ACCOUNT REF. 2489530012012213SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012097	2013010	RODRIGUEZ, SILVIO	11/03/1930	9624	446238
DIAGNOSIS	CODES:	290.0	280.9	401.9			

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248959	1	T1019	1C		06/22/13	06/22/13	8.00	131.20	
248959	2	T1019	1C		06/23/13	06/23/13	8.00	131.20	
248959	3	T1019	1C		06/24/13	06/24/13	8.00	131.20	
248959	4	T1019	1C		06/25/13	06/25/13	8.00	131.20	
248959	5	T1019	1C		06/26/13	06/26/13	8.00	131.20	
248959	6	T1019	1C		06/27/13	06/27/13	8.00	131.20	
248959	7	T1019	1C		06/28/13	06/28/13	8.00	131.20	
						CLAIM TOTAL		918.40	CLAIM ACCOUNT REF. 2489590012013010SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013320	2013320	PEREZ, RAFAELA	12/05/1934	8249	468055
DIAGNOSIS	CODES:	781.2					

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248956	1	T1019	1C		06/05/13	06/05/13	12.00	196.80	
						CLAIM TOTAL		196.80	CLAIM ACCOUNT REF. 2489560012013320SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013320	2013320	PEREZ, RAFAELA	12/05/1934	8249	468055
DIAGNOSIS	CODES:	781.2					

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248957	1	T1019	1C		06/24/13	06/24/13	24.00	393.60	
248957	2	T1019	1C		06/25/13	06/25/13	24.00	393.60	
248957	3	T1019	1C		06/26/13	06/26/13	24.00	393.60	
248957	4	T1019	1C		06/27/13	06/27/13	23.50	385.40	
248957	5	T1019	1C		06/28/13	06/28/13	24.00	393.60	
						CLAIM TOTAL		1,959.80	CLAIM ACCOUNT REF. 2489570012013320SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #
468763

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
248958	1	T1019	1C		06/22/13	06/22/13	11.50	188.60		
248958	2	T1019	1C		06/23/13	06/23/13	11.50	188.60		
248958	3	T1019	1C		06/24/13	06/24/13	12.00	196.80		
248958	4	T1019	1C		06/25/13	06/25/13	12.00	196.80		
248958	5	T1019	1C		06/26/13	06/26/13	12.00	196.80		
248958	6	T1019	1C		06/27/13	06/27/13	12.00	196.80		
248958	7	T1019	1C		06/28/13	06/28/13	12.00	196.80		
							CLAIM TOTAL	1,361.20	CLAIM ACCOUNT REF.	2489580012013470SUP
PAYER TOTALS:		ICS			# OF CLAIMS =	42	TOTAL CLAIM AMOUNT =		6,207.40	
					# SERVICES =	7				

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013070203061735RRSUP

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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 GOMEZ, AGUSTINA 05/15/1933 JRX53860E01 2013051715500001
DIAGNOSIS CODES: 230.3 153.0 401.9 733.00 V60.3
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248950	1	T1019	0580	06/22/13	06/22/13	36.00	151.92	
248950	2	T1019	0580	06/23/13	06/23/13	36.00	151.92	
					CLAIM TOTAL		303.84	CLAIM ACCOUNT REF. 2489500012010800SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JSV04323R01 2013031115500001
DIAGNOSIS CODES: 250.11 272.0 401.9 435.9 586.
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248951	1	T1019	0580	06/25/13	06/25/13	16.00	67.52	
248951	2	T1019	0580	06/26/13	06/26/13	16.00	67.52	
248951	3	T1019	0580	06/28/13	06/28/13	16.00	67.52	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2489510012010804SUP

PAYER TOTALS: HEALTHCARE PARTNERS IPA I # OF CLAIMS = 5 TOTAL CLAIM AMOUNT = 506.40
SERVICES = 2

PROVIDER TOTALS: SUNNYSIDE CITYWIDE # OF CLAIMS = 1043 TOTAL CLAIM AMOUNT = 137,341.49
SERVICES = 153