

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013051505074372RRSUP

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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
242550	1	T1020		05/04/13	05/04/13	11.00	185.57
242550	2	T1020		05/06/13	05/06/13	6.00	101.22
242550	3	T1020		05/07/13	05/07/13	6.00	101.22
242550	4	T1020		05/08/13	05/08/13	6.00	101.22
242550	5	T1020		05/09/13	05/09/13	6.00	101.22
242550	6	T1020		05/10/13	05/10/13	6.00	101.22
CLAIM TOTAL							691.67
CLAIM ACCOUNT REF.							2425500012008267SUP

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
242546	1	T1020		05/04/13	05/04/13	7.00	118.09
242546	2	T1020		05/05/13	05/05/13	7.00	118.09
242546	3	T1020		05/07/13	05/07/13	7.00	118.09
242546	4	T1020		05/08/13	05/08/13	7.00	118.09
242546	5	T1020		05/09/13	05/09/13	7.00	118.09
242546	6	T1020		05/10/13	05/10/13	7.00	118.09
CLAIM TOTAL							708.54
CLAIM ACCOUNT REF.							2425460012008306SUP

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
242543	1	T1020		05/04/13	05/04/13	7.00	118.09
242543	2	T1020		05/05/13	05/05/13	7.00	118.09
242543	3	T1020		05/06/13	05/06/13	7.00	118.09
242543	4	T1020		05/07/13	05/07/13	7.00	118.09
242543	5	T1020		05/08/13	05/08/13	7.00	118.09
242543	6	T1020		05/09/13	05/09/13	7.00	118.09
242543	7	T1020		05/10/13	05/10/13	7.00	118.09
CLAIM TOTAL							826.63
CLAIM ACCOUNT REF.							2425430012008386SUP

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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 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
242549	1	T1020		01/31/13	01/31/13	1.00	16.87
242549	2	T1020		04/03/13	04/03/13	1.00	16.87
242549	3	T1020		05/07/13	05/07/13	8.00	134.96
242549	4	T1020		05/08/13	05/08/13	8.00	134.96
242549	5	T1020		05/09/13	05/09/13	5.00	84.35
242549	6	T1020		05/10/13	05/10/13	9.00	151.83
CLAIM TOTAL						539.84	CLAIM ACCOUNT REF. 2425490012008400SUP

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
242547	1	T1020		05/04/13	05/04/13	4.00	67.48
242547	2	T1020		05/06/13	05/06/13	5.00	84.35
242547	3	T1020		05/07/13	05/07/13	5.00	84.35
242547	4	T1020		05/08/13	05/08/13	5.00	84.35
242547	5	T1020		05/09/13	05/09/13	5.00	84.35
242547	6	T1020		05/10/13	05/10/13	4.00	67.48
CLAIM TOTAL						472.36	CLAIM ACCOUNT REF. 2425470012010712SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242545	1	T1020		05/04/13	05/04/13	1.00	16.87
242545	2	T1020		05/05/13	05/05/13	1.00	16.87
242545	3	T1020		05/06/13	05/06/13	1.00	16.87
242545	4	T1020		05/07/13	05/07/13	1.00	16.87
242545	5	T1020		05/08/13	05/08/13	1.00	16.87
242545	6	T1020		05/09/13	05/09/13	1.00	16.87
242545	7	T1020		05/10/13	05/10/13	1.00	16.87
CLAIM TOTAL						118.09	CLAIM ACCOUNT REF. 2425450012012726SUP

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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 2012985 2012985 BROWN, CARMEN 05/23/1943 742392928 130931917
DIAGNOSIS CODES: 780.99

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242544	1	T1020		05/04/13	05/04/13	1.00	16.87
242544	2	T1020		05/05/13	05/05/13	1.00	16.87
242544	3	T1020		05/06/13	05/06/13	1.00	16.87
242544	4	T1020		05/07/13	05/07/13	1.00	16.87
242544	5	T1020		05/08/13	05/08/13	1.00	16.87
242544	6	T1020		05/09/13	05/09/13	1.00	16.87
242544	7	T1020		05/10/13	05/10/13	1.00	16.87
CLAIM TOTAL							118.09
CLAIM ACCOUNT REF.							2425440012012985SUP

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
242548	1	T1020		05/04/13	05/04/13	12.00	202.44
242548	2	T1020		05/05/13	05/05/13	12.00	202.44
242548	3	T1020		05/06/13	05/06/13	12.00	202.44
242548	4	T1020		05/07/13	05/07/13	12.00	202.44
242548	5	T1020		05/08/13	05/08/13	12.00	202.44
242548	6	T1020		05/09/13	05/09/13	12.00	202.44
242548	7	T1020		05/10/13	05/10/13	12.00	202.44
CLAIM TOTAL							1,417.08
CLAIM ACCOUNT REF.							2425480012013080SUP

PAYER TOTALS: FIDELIS CARE NY # OF CLAIMS = 52 TOTAL CLAIM AMOUNT = 4,892.30
SERVICES = 8

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242530	1	T1019		05/08/13	05/08/13	16.00	67.52
242530	2	T1019		05/09/13	05/09/13	16.00	67.52
242530	3	T1019		05/10/13	05/10/13	16.00	67.52
						CLAIM TOTAL	202.56
						CLAIM ACCOUNT REF.	2425300012008261SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242535	1	T1019		05/04/13	05/04/13	24.00	101.28
242535	2	T1019		05/06/13	05/06/13	24.00	101.28
242535	3	T1019		05/07/13	05/07/13	24.00	101.28
242535	4	T1019		05/08/13	05/08/13	24.00	101.28
242535	5	T1019		05/09/13	05/09/13	24.00	101.28
242535	6	T1019		05/10/13	05/10/13	24.00	101.28
						CLAIM TOTAL	607.68
						CLAIM ACCOUNT REF.	2425350012008263SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242540	1	T1019		05/04/13	05/04/13	40.00	168.80
242540	2	T1019		05/05/13	05/05/13	40.00	168.80
242540	3	T1019		05/06/13	05/06/13	36.00	151.92
242540	4	T1019		05/07/13	05/07/13	40.00	168.80
242540	5	T1019		05/08/13	05/08/13	40.00	168.80
242540	6	T1019		05/09/13	05/09/13	40.00	168.80
242540	7	T1019		05/10/13	05/10/13	40.00	168.80
						CLAIM TOTAL	1,164.72
						CLAIM ACCOUNT REF.	2425400012008265SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008303 2008303 WILSON, SHERYL 08/28/1956 10060476901 032613329815
DIAGNOSIS CODES: 737.39 344.9 493.90 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242542	1	T1019		05/05/13	05/05/13	16.00	67.52
242542	2	T1019		05/06/13	05/06/13	24.00	101.28

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
242542	3	T1019		05/07/13	05/07/13	24.00	101.28	
242542	4	T1019		05/08/13	05/08/13	24.00	101.28	
242542	5	T1019		05/09/13	05/09/13	24.00	101.28	
242542	6	T1019		05/10/13	05/10/13	24.00	101.28	
					CLAIM TOTAL	573.92		CLAIM ACCOUNT REF. 2425420012008303SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008366	2008366	JONES, CYNTHIA	03/17/1950	10063968601	021313325005
DIAGNOSIS	CODES:	333.4	401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
242533	1	T1019		04/26/13	04/26/13	20.00	84.40	
242533	2	T1019		05/06/13	05/06/13	20.00	84.40	
242533	3	T1019		05/07/13	05/07/13	20.00	84.40	
242533	4	T1019		05/08/13	05/08/13	4.00	16.88	
242533	5	T1019		05/09/13	05/09/13	20.00	84.40	
242533	6	T1019		05/10/13	05/10/13	20.00	84.40	
					CLAIM TOTAL	438.88		CLAIM ACCOUNT REF. 2425330012008366SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
242537	1	T1019		05/06/13	05/06/13	24.00	101.28	
242537	2	T1019		05/07/13	05/07/13	24.00	101.28	
242537	3	T1019		05/08/13	05/08/13	24.00	101.28	
242537	4	T1019		05/09/13	05/09/13	24.00	101.28	
242537	5	T1019		05/10/13	05/10/13	24.00	101.28	
					CLAIM TOTAL	506.40		CLAIM ACCOUNT REF. 2425370012008421SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008422	2008422	MOSKOWITZ, RONA	02/16/1952	10063710601	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	
242536	1	T1019		04/30/13	04/30/13	24.00	101.28	
242536	2	T1019		05/04/13	05/04/13	24.00	101.28	
242536	3	T1019		05/06/13	05/06/13	24.00	101.28	
242536	4	T1019		05/07/13	05/07/13	24.00	101.28	
242536	5	T1019		05/08/13	05/08/13	24.00	101.28	
242536	6	T1019		05/09/13	05/09/13	24.00	101.28	
242536	7	T1019		05/10/13	05/10/13	24.00	101.28	

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 11325 NEIGHBORHOOD HEALTH

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	708.96	2425360012008422SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
242541	1	T1019		05/06/13	05/06/13	16.00	67.52	
242541	2	T1019		05/07/13	05/07/13	16.00	67.52	
242541	3	T1019		05/09/13	05/09/13	16.00	67.52	
242541	4	T1019		05/10/13	05/10/13	16.00	67.52	
						CLAIM TOTAL	270.08	2425410012008425SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008427	2008427	FLORES, MARITZA	09/26/1953	10044817901	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	CLAIM ACCOUNT REF.
242531	1	T1019		05/04/13	05/04/13	40.00	168.80	
242531	2	T1019		05/05/13	05/05/13	40.00	168.80	
242531	3	T1019		05/06/13	05/06/13	40.00	168.80	
242531	4	T1019		05/07/13	05/07/13	40.00	168.80	
242531	5	T1019		05/08/13	05/08/13	40.00	168.80	
242531	6	T1019		05/09/13	05/09/13	40.00	168.80	
242531	7	T1019		05/10/13	05/10/13	40.00	168.80	
						CLAIM TOTAL	1,181.60	2425310012008427SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008531	2008531	RODRIGUEZ -2, MARIA	02/16/1949	10057325401	070912298224
DIAGNOSIS	CODES:	250.00	272.4	331.0	401.9	799.89	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
242538	1	T1019		05/06/13	05/06/13	24.00	101.28	
242538	2	T1019		05/07/13	05/07/13	24.00	101.28	
242538	3	T1019		05/08/13	05/08/13	24.00	101.28	
242538	4	T1019		05/09/13	05/09/13	24.00	101.28	
242538	5	T1019		05/10/13	05/10/13	24.00	101.28	
						CLAIM TOTAL	506.40	2425380012008531SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008802 2008802 DIAZ 1, CARMEN 07/29/1950 10089557301 062712297011
DIAGNOSIS CODES: V02.62 300.00 401.9 719.89 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
242529	1	T1019		05/06/13	05/06/13	16.00	67.52	
242529	2	T1019		05/07/13	05/07/13	24.00	101.28	
242529	3	T1019		05/08/13	05/08/13	24.00	101.28	
242529	4	T1019		05/09/13	05/09/13	24.00	101.28	
242529	5	T1019		05/10/13	05/10/13	24.00	101.28	
CLAIM TOTAL							472.64	CLAIM ACCOUNT REF. 2425290012008802SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
242534	1	T1019		05/04/13	05/04/13	48.00	202.56	
242534	2	T1019		05/05/13	05/05/13	44.00	185.68	
242534	3	T1019		05/06/13	05/06/13	48.00	202.56	
242534	4	T1019		05/07/13	05/07/13	48.00	202.56	
242534	5	T1019		05/09/13	05/09/13	48.00	202.56	
242534	6	T1019		05/10/13	05/10/13	48.00	202.56	
CLAIM TOTAL							1,198.48	CLAIM ACCOUNT REF. 2425340012009356SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
242526	1	T1019		05/04/13	05/04/13	32.00	135.04	
242526	2	T1019		05/05/13	05/05/13	32.00	135.04	
242526	3	T1019		05/06/13	05/06/13	32.00	135.04	
242526	4	T1019		05/07/13	05/07/13	32.00	135.04	
242526	5	T1019		05/08/13	05/08/13	28.00	118.16	
242526	6	T1019		05/09/13	05/09/13	32.00	135.04	
242526	7	T1019		05/10/13	05/10/13	32.00	135.04	
CLAIM TOTAL							928.40	CLAIM ACCOUNT REF. 2425260012010143SUP

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 11325 NEIGHBORHOOD HEALTH

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242539	1	T1019		05/06/13	05/06/13	20.00	84.40
242539	2	T1019		05/07/13	05/07/13	20.00	84.40
242539	3	T1019		05/08/13	05/08/13	20.00	84.40
242539	4	T1019		05/09/13	05/09/13	20.00	84.40
242539	5	T1019		05/10/13	05/10/13	20.00	84.40
CLAIM TOTAL							422.00
CLAIM ACCOUNT REF.							2425390012010353SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242527	1	T1019		05/06/13	05/06/13	36.00	151.92
242527	2	T1019		05/07/13	05/07/13	36.00	151.92
242527	3	T1019		05/08/13	05/08/13	36.00	151.92
242527	4	T1019		05/09/13	05/09/13	36.00	151.92
242527	5	T1019		05/10/13	05/10/13	36.00	151.92
CLAIM TOTAL							759.60
CLAIM ACCOUNT REF.							2425270012010878SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012500 2012500 DEKMAK, GRISEL 03/02/1964 10061526701 020113323665
DIAGNOSIS CODES: 340. 285.8 311. 596.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242528	1	T1019		05/04/13	05/04/13	48.00	202.56
242528	2	T1019		05/05/13	05/05/13	48.00	202.56
242528	3	T1019		05/06/13	05/06/13	48.00	202.56
242528	4	T1019		05/07/13	05/07/13	48.00	202.56
242528	5	T1019		05/08/13	05/08/13	48.00	202.56
242528	6	T1019		05/09/13	05/09/13	48.00	202.56
242528	7	T1019		05/10/13	05/10/13	48.00	202.56
CLAIM TOTAL							1,417.92
CLAIM ACCOUNT REF.							2425280012012500SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008419 2013207 GARDNER, DIANE 05/05/1948 ZK72750T 082212304015
DIAGNOSIS CODES: 799.89 093.89 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242532	1	T1019		05/06/13	05/06/13	16.00	67.52

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013051505074372RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
242532	2	T1019		05/07/13	05/07/13	16.00	67.52	
242532	3	T1019		05/09/13	05/09/13	16.00	67.52	
242532	4	T1019		05/10/13	05/10/13	16.00	67.52	
					CLAIM TOTAL		270.08	CLAIM ACCOUNT REF. 2425320012013207SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	95	TOTAL CLAIM AMOUNT =	11,630.32
		# SERVICES =	17		

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013051505074372RRSUP

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

NPI = 1154407492

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
242575	1	T1019		05/04/13	05/04/13	4.00	68.60
242575	2	T1019		05/05/13	05/05/13	4.00	68.60
242575	3	T1019		05/06/13	05/06/13	12.00	205.80
242575	4	T1019		05/07/13	05/07/13	11.00	188.65
242575	5	T1019		05/08/13	05/08/13	12.00	205.80
242575	6	T1019		05/09/13	05/09/13	12.00	205.80
242575	7	T1019		05/10/13	05/10/13	12.00	205.80
CLAIM TOTAL						1,149.05	CLAIM ACCOUNT REF. 2425750012008233SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008236 2008236 PERSAD, USHA 07/05/1955 TS79090G 0111301290246
DIAGNOSIS CODES: 250.10 272.0 401.9 225.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242582	1	T1019		05/04/13	05/04/13	7.00	120.05
242582	2	T1019		05/05/13	05/05/13	8.00	137.20
242582	3	T1019		05/06/13	05/06/13	11.00	188.65
242582	4	T1019		05/07/13	05/07/13	11.00	188.65
242582	5	T1019		05/08/13	05/08/13	11.00	188.65
242582	6	T1019		05/09/13	05/09/13	11.00	188.65
242582	7	T1019		05/10/13	05/10/13	11.00	188.65
CLAIM TOTAL						1,200.50	CLAIM ACCOUNT REF. 2425820012008236SUP

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
242580	1	T1019		04/25/13	04/25/13	10.00	171.50
242580	2	T1019		05/06/13	05/06/13	10.00	171.50
242580	3	T1019		05/07/13	05/07/13	10.00	171.50
242580	4	T1019		05/08/13	05/08/13	10.00	171.50
242580	5	T1019		05/09/13	05/09/13	9.00	154.35
242580	6	T1019		05/10/13	05/10/13	9.00	154.35
CLAIM TOTAL						994.70	CLAIM ACCOUNT REF. 2425800012008385SUP

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013051505074372RRSUP

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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
242578	1	T1019		05/04/13	05/04/13	5.00	85.75
242578	2	T1019		05/05/13	05/05/13	5.00	85.75
242578	3	T1019		05/06/13	05/06/13	5.00	85.75
242578	4	T1019		05/07/13	05/07/13	5.00	85.75
242578	5	T1019		05/08/13	05/08/13	5.00	85.75
242578	6	T1019		05/09/13	05/09/13	5.00	85.75
242578	7	T1019		05/10/13	05/10/13	5.00	85.75
CLAIM TOTAL						600.25	CLAIM ACCOUNT REF. 2425780012008417SUP

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
242584	1	T1019		05/06/13	05/06/13	8.00	137.20
242584	2	T1019		05/07/13	05/07/13	8.00	137.20
242584	3	T1019		05/08/13	05/08/13	7.00	120.05
242584	4	T1019		05/09/13	05/09/13	8.00	137.20
242584	5	T1019		05/10/13	05/10/13	8.00	137.20
CLAIM TOTAL						668.85	CLAIM ACCOUNT REF. 2425840012008418SUP

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
242576	1	T1019		05/04/13	05/04/13	10.00	171.50
242576	2	T1019		05/05/13	05/05/13	10.00	171.50
242576	3	T1019		05/06/13	05/06/13	10.00	171.50
242576	4	T1019		05/07/13	05/07/13	10.00	171.50
242576	5	T1019		05/08/13	05/08/13	10.00	171.50
242576	6	T1019		05/09/13	05/09/13	10.00	171.50
242576	7	T1019		05/10/13	05/10/13	10.00	171.50
CLAIM TOTAL						1,200.50	CLAIM ACCOUNT REF. 2425760012008743SUP

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013051505074372RRSUP

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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
242583	1	T1019		05/04/13	05/04/13	8.00	137.20
242583	2	T1019		05/06/13	05/06/13	3.00	51.45
242583	3	T1019		05/07/13	05/07/13	3.00	51.45
242583	4	T1019		05/08/13	05/08/13	3.00	51.45
242583	5	T1019		05/09/13	05/09/13	3.00	51.45
242583	6	T1019		05/10/13	05/10/13	4.00	68.60
CLAIM TOTAL							411.60
CLAIM ACCOUNT REF.							2425830012009688SUP

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
242585	1	T1019		05/04/13	05/04/13	5.00	85.75
242585	2	T1019		05/05/13	05/05/13	5.00	85.75
242585	3	T1019		05/06/13	05/06/13	6.00	102.90
242585	4	T1019		05/07/13	05/07/13	5.00	85.75
242585	5	T1019		05/08/13	05/08/13	5.00	85.75
242585	6	T1019		05/09/13	05/09/13	5.00	85.75
242585	7	T1019		05/10/13	05/10/13	6.00	102.90
CLAIM TOTAL							634.55
CLAIM ACCOUNT REF.							2425850012010213SUP

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
242581	1	T1019		05/05/13	05/05/13	3.00	51.45
242581	2	T1019		05/06/13	05/06/13	3.00	51.45
242581	3	T1019		05/07/13	05/07/13	3.00	51.45
242581	4	T1019		05/08/13	05/08/13	3.00	51.45
242581	5	T1019		05/09/13	05/09/13	3.00	51.45
242581	6	T1019		05/10/13	05/10/13	3.00	51.45
CLAIM TOTAL							308.70
CLAIM ACCOUNT REF.							2425810012010886SUP

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REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011286	2011286	DOBBINS, SANDRA	02/05/1953	ZA50099X	0111191290232
DIAGNOSIS		CODES:	295.90	369.10	401.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
242577	1	T1019		05/04/13	05/04/13	24.00	411.60		
242577	2	T1019		05/05/13	05/05/13	24.00	411.60		
242577	3	T1019		05/06/13	05/06/13	24.00	411.60		
242577	4	T1019		05/07/13	05/07/13	24.00	411.60		
242577	5	T1019		05/08/13	05/08/13	24.00	411.60		
242577	6	T1019		05/09/13	05/09/13	24.00	411.60		
242577	7	T1019		05/10/13	05/10/13	24.00	411.60		
					CLAIM TOTAL		2,881.20	CLAIM ACCOUNT REF.	2425770012011286SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013185	2013185	GOMEZ, LUZ	02/18/1942	WU38342Y	
DIAGNOSIS		CODES:	295.90	250.0	401.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
242579	1	T1019		05/05/13	05/05/13	8.00	137.20		
242579	2	T1019		05/06/13	05/06/13	8.00	137.20		
242579	3	T1019		05/07/13	05/07/13	8.00	137.20		
242579	4	T1019		05/08/13	05/08/13	8.00	137.20		
242579	5	T1019		05/09/13	05/09/13	8.00	137.20		
					CLAIM TOTAL		686.00	CLAIM ACCOUNT REF.	2425790012013185SUP

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	70	TOTAL CLAIM AMOUNT =	10,735.90
		# SERVICES =	11		

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013051505074372RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242612	1	T1019		05/04/13	05/04/13	36.00	154.80
242612	2	T1019		05/05/13	05/05/13	36.00	154.80
242612	3	T1019		05/06/13	05/06/13	36.00	154.80
242612	4	T1019		05/07/13	05/07/13	36.00	154.80
242612	5	T1019		05/08/13	05/08/13	36.00	154.80
242612	6	T1019		05/09/13	05/09/13	36.00	154.80
242612	7	T1019		05/10/13	05/10/13	36.00	154.80
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2426120012008286SUP

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
242600	1	T1019		05/06/13	05/06/13	24.00	103.20
242600	2	T1019		05/07/13	05/07/13	24.00	103.20
242600	3	T1019		05/08/13	05/08/13	24.00	103.20
242600	4	T1019		05/09/13	05/09/13	24.00	103.20
242600	5	T1019		05/10/13	05/10/13	24.00	103.20
CLAIM TOTAL						516.00	CLAIM ACCOUNT REF. 2426000012008495SUP

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
242587	1	T1019		05/04/13	05/04/13	28.00	120.40
242587	2	T1019		05/05/13	05/05/13	28.00	120.40
242587	3	T1019		05/06/13	05/06/13	28.00	120.40
242587	4	T1019		05/07/13	05/07/13	28.00	120.40
242587	5	T1019		05/08/13	05/08/13	12.00	51.60
242587	6	T1019		05/09/13	05/09/13	28.00	120.40
242587	7	T1019		05/10/13	05/10/13	28.00	120.40
CLAIM TOTAL						774.00	CLAIM ACCOUNT REF. 2425870012012101SUP

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013051505074372RRSUP

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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
242588	1	T1019		05/06/13	05/06/13	16.00	68.80
242588	2	T1019		05/07/13	05/07/13	16.00	68.80
242588	3	T1019		05/08/13	05/08/13	16.00	68.80
242588	4	T1019		05/09/13	05/09/13	16.00	68.80
242588	5	T1019		05/10/13	05/10/13	16.00	68.80
CLAIM TOTAL							344.00

CLAIM ACCOUNT REF. 2425880012012102SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012104 2012104 CEBALLOS, FRANCISCA 11/10/1931 744474 111627893
DIAGNOSIS CODES: 294.20 093.9 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242589	1	T1019		05/06/13	05/06/13	40.00	172.00
242589	2	T1019		05/07/13	05/07/13	40.00	172.00
242589	3	T1019		05/08/13	05/08/13	40.00	172.00
242589	4	T1019		05/09/13	05/09/13	40.00	172.00
242589	5	T1019		05/10/13	05/10/13	40.00	172.00
CLAIM TOTAL							860.00

CLAIM ACCOUNT REF. 2425890012012104SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012107 2012107 CRUZ, LUIS 06/10/1952 706307 111208204
DIAGNOSIS CODES: 250.93 414.3 428.0 491.21

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242591	1	T1019		04/27/13	04/27/13	32.00	137.60
242591	2	T1019		04/28/13	04/28/13	32.00	137.60
242591	3	T1019		05/06/13	05/06/13	32.00	137.60
242591	4	T1019		05/07/13	05/07/13	32.00	137.60
242591	5	T1019		05/08/13	05/08/13	32.00	137.60
242591	6	T1019		05/09/13	05/09/13	32.00	137.60
242591	7	T1019		05/10/13	05/10/13	32.00	137.60
CLAIM TOTAL							963.20

CLAIM ACCOUNT REF. 2425910012012107SUP

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
242593	1	T1019		05/06/13	05/06/13	24.00	103.20

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013051505074372RRSUP

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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	
242593	2	T1019		05/07/13	05/07/13	24.00	103.20	
242593	3	T1019		05/08/13	05/08/13	24.00	103.20	
242593	4	T1019		05/09/13	05/09/13	24.00	103.20	
242593	5	T1019		05/10/13	05/10/13	24.00	103.20	
					CLAIM TOTAL		516.00	CLAIM ACCOUNT REF. 2425930012012108SUP

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	
242594	1	T1019		05/07/13	05/07/13	28.00	120.40	
242594	2	T1019		05/08/13	05/08/13	28.00	120.40	
242594	3	T1019		05/09/13	05/09/13	28.00	120.40	
242594	4	T1019		05/10/13	05/10/13	28.00	120.40	
					CLAIM TOTAL		481.60	CLAIM ACCOUNT REF. 2425940012012110SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012117	2012117	HAYNES, LAMONT	08/22/1920	695748	111524712
DIAGNOSIS	CODES:	799.89				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
242595	1	T1019		05/04/13	05/04/13	20.00	86.00	
242595	2	T1019		05/05/13	05/05/13	20.00	86.00	
242595	3	T1019		05/06/13	05/06/13	16.00	68.80	
242595	4	T1019		05/07/13	05/07/13	16.00	68.80	
242595	5	T1019		05/08/13	05/08/13	16.00	68.80	
242595	6	T1019		05/09/13	05/09/13	16.00	68.80	
242595	7	T1019		05/10/13	05/10/13	16.00	68.80	
					CLAIM TOTAL		516.00	CLAIM ACCOUNT REF. 2425950012012117SUP

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				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
242597	1	T1019		05/06/13	05/06/13	28.00	120.40	
242597	2	T1019		05/07/13	05/07/13	28.00	120.40	
242597	3	T1019		05/08/13	05/08/13	28.00	120.40	
242597	4	T1019		05/09/13	05/09/13	28.00	120.40	
242597	5	T1019		05/10/13	05/10/13	28.00	120.40	
					CLAIM TOTAL		602.00	CLAIM ACCOUNT REF. 2425970012012120SUP

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013051505074372RRSUP

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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 111447605
DIAGNOSIS CODES: 715.98

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242602	1	T1019		05/04/13	05/04/13	15.00	64.50
242602	2	T1019		05/06/13	05/06/13	32.00	137.60
242602	3	T1019		05/08/13	05/08/13	32.00	137.60
242602	4	T1019		05/09/13	05/09/13	32.00	137.60
242602	5	T1019		05/10/13	05/10/13	12.00	51.60
CLAIM TOTAL							528.90

CLAIM ACCOUNT REF. 2426020012012121SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242603	1	T1019		05/04/13	05/04/13	20.00	86.00
242603	2	T1019		05/05/13	05/05/13	20.00	86.00
242603	3	T1019		05/06/13	05/06/13	20.00	86.00
242603	4	T1019		05/07/13	05/07/13	20.00	86.00
242603	5	T1019		05/08/13	05/08/13	20.00	86.00
242603	6	T1019		05/09/13	05/09/13	20.00	86.00
242603	7	T1019		05/10/13	05/10/13	20.00	86.00
CLAIM TOTAL							602.00

CLAIM ACCOUNT REF. 2426030012012122SUP

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
242605	1	T1019		05/04/13	05/04/13	20.00	86.00
242605	2	T1019		05/05/13	05/05/13	20.00	86.00
242605	3	T1019		05/06/13	05/06/13	28.00	120.40
242605	4	T1019		05/07/13	05/07/13	28.00	120.40
242605	5	T1019		05/08/13	05/08/13	28.00	120.40
242605	6	T1019		05/09/13	05/09/13	28.00	120.40
242605	7	T1019		05/10/13	05/10/13	28.00	120.40
CLAIM TOTAL							774.00

CLAIM ACCOUNT REF. 2426050012012130SUP

REPORT DATE 05/15/13 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 2012131 2012131 ORTIZ, JOSE 04/19/1925 691721 111599493
DIAGNOSIS CODES: 250.00 401.9 414.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
242607	1	T1019		05/06/13	05/06/13	16.00	68.80	
242607	2	T1019		05/08/13	05/08/13	16.00	68.80	
CLAIM TOTAL							137.60	CLAIM ACCOUNT REF. 2426070012012131SUP

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	
242606	1	T1019		05/04/13	05/04/13	20.00	86.00	
242606	2	T1019		05/05/13	05/05/13	20.00	86.00	
242606	3	T1019		05/08/13	05/08/13	32.00	137.60	
CLAIM TOTAL							309.60	CLAIM ACCOUNT REF. 2426060012012132SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012134 2012134 SERRANO, CARMEN 09/14/1948 695740 111497071
DIAGNOSIS CODES: 093.89 253.5 311. 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
242618	1	T1019		05/06/13	05/06/13	28.00	120.40	
242618	2	T1019		05/07/13	05/07/13	28.00	120.40	
242618	3	T1019		05/09/13	05/09/13	28.00	120.40	
242618	4	T1019		05/10/13	05/10/13	28.00	120.40	
CLAIM TOTAL							481.60	CLAIM ACCOUNT REF. 2426180012012134SUP

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: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
242620	1	T1019		05/06/13	05/06/13	32.00	137.60	
242620	2	T1019		05/07/13	05/07/13	32.00	137.60	
242620	3	T1019		05/08/13	05/08/13	32.00	137.60	
242620	4	T1019		05/09/13	05/09/13	32.00	137.60	
242620	5	T1019		05/10/13	05/10/13	32.00	137.60	
CLAIM TOTAL							688.00	CLAIM ACCOUNT REF. 2426200012012137SUP

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013051505074372RRSUP

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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 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
242621	1	T1019		05/06/13	05/06/13	16.00	68.80
242621	2	T1019		05/07/13	05/07/13	16.00	68.80
242621	3	T1019		05/08/13	05/08/13	16.00	68.80
242621	4	T1019		05/09/13	05/09/13	16.00	68.80
242621	5	T1019		05/10/13	05/10/13	14.00	60.20
CLAIM TOTAL							335.40

CLAIM ACCOUNT REF. 2426210012012138SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012140 2012140 PATRICK, IMAGENE 03/27/1930 737028 111597004
DIAGNOSIS CODES: 294.10 153.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242608	1	T1019		04/27/13	04/27/13	32.00	137.60
242608	2	T1019		05/01/13	05/01/13	32.00	137.60
242608	3	T1019		05/02/13	05/02/13	32.00	137.60
242608	4	T1019		05/03/13	05/03/13	32.00	137.60
242608	5	T1019		05/04/13	05/04/13	32.00	137.60
242608	6	T1019		05/06/13	05/06/13	32.00	137.60
242608	7	T1019		05/07/13	05/07/13	32.00	137.60
242608	8	T1019		05/08/13	05/08/13	32.00	137.60
242608	9	T1019		05/09/13	05/09/13	32.00	137.60
242608	10	T1019		05/10/13	05/10/13	32.00	137.60
CLAIM TOTAL							1,376.00

CLAIM ACCOUNT REF. 2426080012012140SUP

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
242617	1	T1019		05/03/13	05/03/13	16.00	68.80
242617	2	T1019		05/08/13	05/08/13	16.00	68.80
242617	3	T1019		05/10/13	05/10/13	16.00	68.80
CLAIM TOTAL							206.40

CLAIM ACCOUNT REF. 2426170012012141SUP

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013051505074372RRSUP

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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 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
242601	1	T1019		05/06/13	05/06/13	12.00	51.60
242601	2	T1019		05/07/13	05/07/13	12.00	51.60
242601	3	T1019		05/08/13	05/08/13	12.00	51.60
242601	4	T1019		05/10/13	05/10/13	12.00	51.60
CLAIM TOTAL							206.40
CLAIM ACCOUNT REF.							2426010012012142SUP

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. 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242604	1	T1019		05/06/13	05/06/13	12.00	51.60
242604	2	T1019		05/07/13	05/07/13	16.00	68.80
242604	3	T1019		05/08/13	05/08/13	16.00	68.80
CLAIM TOTAL							189.20
CLAIM ACCOUNT REF.							2426040012012143SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242611	1	T1019		05/06/13	05/06/13	20.00	86.00
242611	2	T1019		05/08/13	05/08/13	20.00	86.00
242611	3	T1019		05/10/13	05/10/13	20.00	86.00
CLAIM TOTAL							258.00
CLAIM ACCOUNT REF.							2426110012012144SUP

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
242609	1	T1019		05/06/13	05/06/13	16.00	68.80
242609	2	T1019		05/07/13	05/07/13	16.00	68.80
242609	3	T1019		05/08/13	05/08/13	16.00	68.80
242609	4	T1019		05/09/13	05/09/13	16.00	68.80
242609	5	T1019		05/10/13	05/10/13	16.00	68.80
CLAIM TOTAL							344.00
CLAIM ACCOUNT REF.							2426090012012145SUP

REPORT DATE 05/15/13 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 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
242610	1	T1019		05/06/13	05/06/13	16.00	68.80
242610	2	T1019		05/07/13	05/07/13	16.00	68.80
242610	3	T1019		05/08/13	05/08/13	16.00	68.80
242610	4	T1019		05/09/13	05/09/13	16.00	68.80
242610	5	T1019		05/10/13	05/10/13	16.00	68.80
CLAIM TOTAL							344.00
CLAIM ACCOUNT REF.							2426100012012146SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012149 2012149 REGLA, MARIA F 11/21/1933 691499 111552012
DIAGNOSIS CODES: 250.00 715.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242613	1	T1019		05/04/13	05/04/13	32.00	137.60
242613	2	T1019		05/06/13	05/06/13	32.00	137.60
242613	3	T1019		05/07/13	05/07/13	32.00	137.60
242613	4	T1019		05/08/13	05/08/13	32.00	137.60
242613	5	T1019		05/09/13	05/09/13	32.00	137.60
242613	6	T1019		05/10/13	05/10/13	32.00	137.60
CLAIM TOTAL							825.60
CLAIM ACCOUNT REF.							2426130012012149SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012152 2012152 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
242614	1	T1019		05/06/13	05/06/13	32.00	137.60
242614	2	T1019		05/08/13	05/08/13	32.00	137.60
242614	3	T1019		05/09/13	05/09/13	32.00	137.60
242614	4	T1019		05/10/13	05/10/13	32.00	137.60
CLAIM TOTAL							550.40
CLAIM ACCOUNT REF.							2426140012012152SUP

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
242616	1	T1019		05/04/13	05/04/13	20.00	86.00
242616	2	T1019		05/05/13	05/05/13	20.00	86.00
242616	3	T1019		05/06/13	05/06/13	20.00	86.00

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
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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	
242616	4	T1019		05/07/13	05/07/13	20.00	86.00	
242616	5	T1019		05/08/13	05/08/13	20.00	86.00	
242616	6	T1019		05/09/13	05/09/13	20.00	86.00	
242616	7	T1019		05/10/13	05/10/13	20.00	86.00	
					CLAIM TOTAL		602.00	CLAIM ACCOUNT REF. 2426160012012155SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012158	2012158	LOPEZ, MANUEL	02/25/1926	741094	111216021
DIAGNOSIS	CODES:	799.89				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
242598	1	T1019		05/04/13	05/04/13	48.00	206.40	
242598	2	T1019		05/05/13	05/05/13	48.00	206.40	
242598	3	T1019		05/06/13	05/06/13	48.00	206.40	
242598	4	T1019		05/07/13	05/07/13	48.00	206.40	
242598	5	T1019		05/08/13	05/08/13	48.00	206.40	
242598	6	T1019		05/09/13	05/09/13	48.00	206.40	
242598	7	T1019		05/10/13	05/10/13	48.00	206.40	
					CLAIM TOTAL		1,444.80	CLAIM ACCOUNT REF. 2425980012012158SUP

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	
242586	1	T1019		05/04/13	05/04/13	20.00	86.00	
242586	2	T1019		05/05/13	05/05/13	20.00	86.00	
242586	3	T1019		05/06/13	05/06/13	20.00	86.00	
242586	4	T1019		05/07/13	05/07/13	20.00	86.00	
242586	5	T1019		05/08/13	05/08/13	20.00	86.00	
242586	6	T1019		05/09/13	05/09/13	20.00	86.00	
242586	7	T1019		05/10/13	05/10/13	20.00	86.00	
					CLAIM TOTAL		602.00	CLAIM ACCOUNT REF. 2425860012012161SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012136	2012266	SOTO, RAFAEL B	03/08/1937	700573	111447220
DIAGNOSIS	CODES:	715.09				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
242619	1	T1019		05/04/13	05/04/13	36.00	154.80	
242619	2	T1019		05/05/13	05/05/13	34.00	146.20	
242619	3	T1019		05/06/13	05/06/13	36.00	154.80	
242619	4	T1019		05/07/13	05/07/13	26.00	111.80	

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013051505074372RRSUP

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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
242619	5	T1019		05/08/13	05/08/13	36.00	154.80
242619	6	T1019		05/09/13	05/09/13	36.00	154.80
242619	7	T1019		05/10/13	05/10/13	36.00	154.80
CLAIM TOTAL						1,032.00	CLAIM ACCOUNT REF. 2426190012012266SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242615	1	T1019		05/06/13	05/06/13	16.00	68.80
242615	2	T1019		05/08/13	05/08/13	16.00	68.80
242615	3	T1019		05/10/13	05/10/13	16.00	68.80
CLAIM TOTAL						206.40	CLAIM ACCOUNT REF. 2426150012012719SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012159 2012948 LOPEZ, VITALIA 08/01/1922 691723 111601802
DIAGNOSIS CODES: 331.0 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242599	1	T1019		05/04/13	05/04/13	48.00	206.40
242599	2	T1019		05/05/13	05/05/13	48.00	206.40
242599	3	T1019		05/06/13	05/06/13	48.00	206.40
242599	4	T1019		05/07/13	05/07/13	48.00	206.40
242599	5	T1019		05/08/13	05/08/13	48.00	206.40
242599	6	T1019		05/09/13	05/09/13	48.00	206.40
242599	7	T1019		05/10/13	05/10/13	48.00	206.40
CLAIM TOTAL						1,444.80	CLAIM ACCOUNT REF. 2425990012012948SUP

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
242592	1	T1019		05/04/13	05/04/13	20.00	86.00
242592	2	T1019		05/05/13	05/05/13	20.00	86.00
242592	3	T1019		05/06/13	05/06/13	20.00	86.00
242592	4	T1019		05/07/13	05/07/13	20.00	86.00
242592	5	T1019		05/08/13	05/08/13	20.00	86.00
242592	6	T1019		05/09/13	05/09/13	20.00	86.00
242592	7	T1019		05/10/13	05/10/13	20.00	86.00
CLAIM TOTAL						602.00	CLAIM ACCOUNT REF. 2425920012012952SUP

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013051505074372RRSUP

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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 2012953 2012953 CHOUDHURY, MEHER A 08/16/1974 762773 111605216
DIAGNOSIS CODES: 344.00 493.90 742.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242590	1	T1019		05/04/13	05/04/13	48.00	206.40
242590	2	T1019		05/05/13	05/05/13	48.00	206.40
242590	3	T1019		05/06/13	05/06/13	48.00	206.40
242590	4	T1019		05/07/13	05/07/13	48.00	206.40
242590	5	T1019		05/08/13	05/08/13	48.00	206.40
242590	6	T1019		05/09/13	05/09/13	48.00	206.40
CLAIM TOTAL						1,238.40	CLAIM ACCOUNT REF. 2425900012012953SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1031950 2012979 HUDGINS, LOUZETTA 05/18/1944 761959 111606565
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242596	1	T1019		05/04/13	05/04/13	20.00	86.00
242596	2	T1019		05/06/13	05/06/13	20.00	86.00
242596	3	T1019		05/07/13	05/07/13	20.00	86.00
242596	4	T1019		05/08/13	05/08/13	20.00	86.00
242596	5	T1019		05/09/13	05/09/13	20.00	86.00
242596	6	T1019		05/10/13	05/10/13	20.00	86.00
CLAIM TOTAL						516.00	CLAIM ACCOUNT REF. 2425960012012979SUP

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
242622	1	T1019		05/04/13	05/04/13	32.00	137.60
242622	2	T1019		05/05/13	05/05/13	32.00	137.60
242622	3	T1019		05/06/13	05/06/13	32.00	137.60
242622	4	T1019		05/07/13	05/07/13	32.00	137.60
242622	5	T1019		05/08/13	05/08/13	32.00	137.60
242622	6	T1019		05/09/13	05/09/13	32.00	137.60
242622	7	T1019		05/10/13	05/10/13	32.00	137.60
CLAIM TOTAL						963.20	CLAIM ACCOUNT REF. 2426220012012984SUP

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013051505074372RRSUP

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

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	202	TOTAL CLAIM AMOUNT =	23,465.10
		# SERVICES =	37		

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013051505074372RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242571	1	T1019	0580	05/06/13	05/06/13	40.00	168.80
242571	2	T1019	0580	05/07/13	05/07/13	40.00	168.80
242571	3	T1019	0580	05/09/13	05/09/13	40.00	168.80
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2425710012008491SUP

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
242574	1	T1019	0580	05/06/13	05/06/13	16.00	67.52
242574	2	T1019	0580	05/07/13	05/07/13	16.00	67.52
242574	3	T1019	0580	05/08/13	05/08/13	16.00	67.52
242574	4	T1019	0580	05/09/13	05/09/13	16.00	67.52
242574	5	T1019	0580	05/10/13	05/10/13	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2425740012008513SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242572	1	T1019	0580	05/04/13	05/04/13	20.00	84.40
242572	2	T1019	0580	05/05/13	05/05/13	20.00	84.40
242572	3	T1019	0580	05/06/13	05/06/13	20.00	84.40
242572	4	T1019	0580	05/07/13	05/07/13	20.00	84.40
242572	5	T1019	0580	05/08/13	05/08/13	20.00	84.40
242572	6	T1019	0580	05/09/13	05/09/13	20.00	84.40
242572	7	T1019	0580	05/10/13	05/10/13	20.00	84.40
CLAIM TOTAL							590.80

CLAIM ACCOUNT REF. 2425720012008544SUP

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
242566	1	T1019	0580	05/07/13	05/07/13	16.00	67.52
242566	2	T1019	0580	05/09/13	05/09/13	16.00	67.52
242566	3	T1019	0580	05/10/13	05/10/13	16.00	67.52

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 55247 HEALTH INSURANCE PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	202.56	2425660012008723SUP

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	CLAIM ACCOUNT REF.
242558	1	T1019	0580	05/04/13	05/04/13	48.00	202.56	
242558	2	T1019	0580	05/05/13	05/05/13	48.00	202.56	
242558	3	T1019	0580	05/06/13	05/06/13	48.00	202.56	
242558	4	T1019	0580	05/07/13	05/07/13	48.00	202.56	
242558	5	T1019	0580	05/08/13	05/08/13	48.00	202.56	
242558	6	T1019	0580	05/09/13	05/09/13	48.00	202.56	
242558	7	T1019	0580	05/10/13	05/10/13	48.00	202.56	
						CLAIM TOTAL	1,417.92	2425580012008793SUP

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.
242567	1	T1019	0580	05/04/13	05/04/13	32.00	135.04	
242567	2	T1019	0580	05/05/13	05/05/13	32.00	135.04	
242567	3	T1019	0580	05/06/13	05/06/13	32.00	135.04	
242567	4	T1019	0580	05/07/13	05/07/13	32.00	135.04	
242567	5	T1019	0580	05/08/13	05/08/13	32.00	135.04	
242567	6	T1019	0580	05/09/13	05/09/13	32.00	135.04	
242567	7	T1019	0580	05/10/13	05/10/13	32.00	135.04	
						CLAIM TOTAL	945.28	2425670012009237SUP

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.
242573	1	T1019	0580	05/10/13	05/10/13	20.00	84.40	
						CLAIM TOTAL	84.40	2425730012009269SUP

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013051505074372RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008395 2009406 AHMAD, AMATUL 08/03/1953 YG15821Z 0004979372
DIAGNOSIS CODES: 799.89 253.5 272.4 401.9 493.92 696.8

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242569	1	T1019	0580	05/04/13	05/04/13	16.00	67.52
242569	2	T1019	0580	05/06/13	05/06/13	16.00	67.52
242569	3	T1019	0580	05/07/13	05/07/13	16.00	67.52
242569	4	T1019	0580	05/08/13	05/08/13	16.00	67.52
242569	5	T1019	0580	05/09/13	05/09/13	16.00	67.52
242569	6	T1019	0580	05/10/13	05/10/13	16.00	67.52
CLAIM TOTAL							405.12
CLAIM ACCOUNT REF.							2425690012009406SUP

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
242570	1	T1019	0580	05/08/13	05/08/13	40.00	168.80
242570	2	T1019	0580	05/09/13	05/09/13	40.00	168.80
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2425700012009562SUP

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
242561	1	T1019	0580	05/06/13	05/06/13	16.00	67.52
242561	2	T1019	0580	05/07/13	05/07/13	16.00	67.52
242561	3	T1019	0580	05/08/13	05/08/13	16.00	67.52
242561	4	T1019	0580	05/09/13	05/09/13	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2425610012009686SUP

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
242563	1	T1019	0580	05/04/13	05/04/13	28.00	118.16
242563	2	T1019	0580	05/05/13	05/05/13	28.00	118.16
242563	3	T1019	0580	05/06/13	05/06/13	28.00	118.16
242563	4	T1019	0580	05/07/13	05/07/13	28.00	118.16
242563	5	T1019	0580	05/08/13	05/08/13	28.00	118.16
242563	6	T1019	0580	05/09/13	05/09/13	28.00	118.16

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013051505074372RRSUP

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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
242563	7	T1019	0580	05/10/13	05/10/13	28.00	118.16
CLAIM TOTAL							827.12
							CLAIM ACCOUNT REF. 2425630012009945SUP

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
242562	1	T1019	0580	05/04/13	05/04/13	36.00	151.92
242562	2	T1019	0580	05/05/13	05/05/13	36.00	151.92
242562	3	T1019	0580	05/06/13	05/06/13	36.00	151.92
242562	4	T1019	0580	05/07/13	05/07/13	24.00	101.28
242562	5	T1019	0580	05/08/13	05/08/13	36.00	151.92
242562	6	T1019	0580	05/09/13	05/09/13	36.00	151.92
242562	7	T1019	0580	05/10/13	05/10/13	36.00	151.92
CLAIM TOTAL							1,012.80
							CLAIM ACCOUNT REF. 2425620012010991SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008113	2011066	COPELAND, ELISE	10/05/1928	QJ28865K	0006093352
DIAGNOSIS CODES: 250.00 369.9 311. 401.9 716.90							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242559	1	G0156	0572	05/04/13	05/04/13	8.00	114.00
242559	2	G0156	0572	05/05/13	05/05/13	8.00	114.00
242559	3	G0156	0572	05/06/13	05/06/13	8.00	114.00
242559	4	G0156	0572	05/07/13	05/07/13	8.00	114.00
242559	5	G0156	0572	05/08/13	05/08/13	8.00	114.00
242559	6	G0156	0572	05/09/13	05/09/13	8.00	114.00
242559	7	G0156	0572	05/10/13	05/10/13	8.00	114.00
CLAIM TOTAL							798.00
							CLAIM ACCOUNT REF. 2425590012011066SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008273	2011526	DE JESUS, TIBURCIO	08/11/1947	XX16524S	0005503237
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
242560	1	T1019	0580	05/04/13	05/04/13	48.00	202.56
242560	2	T1019	0580	05/05/13	05/05/13	48.00	202.56
242560	3	T1019	0580	05/07/13	05/07/13	28.00	118.16
242560	4	T1019	0580	05/08/13	05/08/13	48.00	202.56
242560	5	T1019	0580	05/09/13	05/09/13	48.00	202.56
242560	6	T1019	0580	05/10/13	05/10/13	48.00	202.56
CLAIM TOTAL							1,130.96
							CLAIM ACCOUNT REF. 2425600012011526SUP

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013051505074372RRSUP

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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 2009467 2011833 KEATON, CATHERINE 08/30/1923 WC81742E 0004298435
DIAGNOSIS CODES: 715.00 365.9 401.9 780.4 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242564	1	T1019	0580	05/04/13	05/04/13	48.00	202.56
242564	2	T1019	0580	05/05/13	05/05/13	48.00	202.56
242564	3	T1019	0580	05/06/13	05/06/13	48.00	202.56
242564	4	T1019	0580	05/07/13	05/07/13	48.00	202.56
242564	5	T1019	0580	05/08/13	05/08/13	48.00	202.56
242564	6	T1019	0580	05/09/13	05/09/13	48.00	202.56
242564	7	T1019	0580	05/10/13	05/10/13	48.00	202.56
CLAIM TOTAL						1,417.92	CLAIM ACCOUNT REF. 2425640012011833SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010634 2012343 YIANNITSIS, LEO 07/13/1934 15438872 0005825708
DIAGNOSIS CODES: 253.5 272.4 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242568	1	T1019	0580	05/07/13	05/07/13	16.00	67.52
242568	2	T1019	0580	05/08/13	05/08/13	20.00	84.40
242568	3	T1019	0580	05/09/13	05/09/13	20.00	84.40
242568	4	T1019	0580	05/10/13	05/10/13	20.00	84.40
CLAIM TOTAL						320.72	CLAIM ACCOUNT REF. 2425680012012343SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012541 2012541 LANGELOH, HOWARD 09/29/1923 134135965A 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
242565	1	T1019	0580	05/04/13	05/04/13	24.00	101.28
242565	2	T1019	0580	05/05/13	05/05/13	24.00	101.28
242565	3	T1019	0580	05/06/13	05/06/13	24.00	101.28
242565	4	T1019	0580	05/07/13	05/07/13	24.00	101.28
242565	5	T1019	0580	05/08/13	05/08/13	24.00	101.28
242565	6	T1019	0580	05/09/13	05/09/13	24.00	101.28
242565	7	T1019	0580	05/10/13	05/10/13	24.00	101.28
CLAIM TOTAL						708.96	CLAIM ACCOUNT REF. 2425650012012541SUP

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013051505074372RRSUP

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

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	90	TOTAL CLAIM AMOUNT =	11,314.24
		# SERVICES =	17		

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NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2426470012010958SUP

PAYER TOTALS:	VNSNY CHOICE	# OF CLAIMS =	4	TOTAL CLAIM AMOUNT =	463.32
		# SERVICES =	1		

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013051505074372RRSUP

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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 2008248 2008248 RIVERA, EDDIE 01/29/1960 YP34893V R2226367
DIAGNOSIS CODES: 339.02 367.1 369.10

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242514	1	T1019		05/06/13	05/06/13	12.00	50.64
242514	2	T1019		05/07/13	05/07/13	12.00	50.64
242514	3	T1019		05/08/13	05/08/13	12.00	50.64
242514	4	T1019		05/09/13	05/09/13	12.00	50.64
CLAIM TOTAL						202.56	
							CLAIM ACCOUNT REF. 2425140012008248SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008249 2008249 LOPEZ-RAMIREZ, CARLOTA 01/20/1936 QR43529V R2256328
DIAGNOSIS CODES: 714.0 272.4 401.9 536.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242508	1	T1019		05/04/13	05/04/13	44.00	185.68
242508	2	T1019		05/05/13	05/05/13	44.00	185.68
242508	3	T1019		05/06/13	05/06/13	44.00	185.68
242508	4	T1019		05/07/13	05/07/13	44.00	185.68
242508	5	T1019		05/08/13	05/08/13	44.00	185.68
242508	6	T1019		05/09/13	05/09/13	44.00	185.68
CLAIM TOTAL						1,114.08	
							CLAIM ACCOUNT REF. 2425080012008249SUP

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
242509	1	T1019		05/10/13	05/10/13	44.00	185.68
CLAIM TOTAL						185.68	
							CLAIM ACCOUNT REF. 2425090012008249SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008250 2008250 SALAZAR, LUZ MARIA 02/19/1970 SC60317K R2266641
DIAGNOSIS CODES: 952.9 564.81 596.54 806.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242516	1	T1019		05/04/13	05/04/13	32.00	135.04
242516	2	T1019		05/05/13	05/05/13	32.00	135.04
242516	3	T1019		05/06/13	05/06/13	32.00	135.04
242516	4	T1019		05/07/13	05/07/13	32.00	135.04
242516	5	T1019		05/08/13	05/08/13	28.00	118.16
242516	6	T1019		05/09/13	05/09/13	24.00	101.28
242516	7	T1019		05/10/13	05/10/13	32.00	135.04

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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.
							894.64	2425160012008250SUP

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	CLAIM ACCOUNT REF.
242496	1	T1019		05/04/13	05/04/13	32.00	135.04	
242496	2	T1019		05/06/13	05/06/13	32.00	135.04	
242496	3	T1019		05/07/13	05/07/13	32.00	135.04	
242496	4	T1019		05/08/13	05/08/13	32.00	135.04	
242496	5	T1019		05/09/13	05/09/13	32.00	135.04	
242496	6	T1019		05/10/13	05/10/13	32.00	135.04	
						CLAIM TOTAL	810.24	2424960012008251SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008253	2008253	MACARENA, SAHARA	09/12/1965	VT07830U	R2084101

DIAGNOSIS CODES: 359.0 719.45

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
242510	1	T1019		05/07/13	05/07/13	48.00	202.56	
242510	2	T1019		05/08/13	05/08/13	48.00	202.56	
242510	3	T1019		05/09/13	05/09/13	48.00	202.56	
242510	4	T1019		05/10/13	05/10/13	48.00	202.56	
						CLAIM TOTAL	810.24	2425100012008253SUP

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	CLAIM ACCOUNT REF.
242519	1	T1019		05/07/13	05/07/13	32.00	135.04	
242519	2	T1019		05/08/13	05/08/13	28.00	118.16	
242519	3	T1019		05/09/13	05/09/13	32.00	135.04	
242519	4	T1019		05/10/13	05/10/13	32.00	135.04	
						CLAIM TOTAL	523.28	2425190012008254SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008256	2008256	CARMONA, LUZ	08/10/1954	XJ24416K	R2052507

DIAGNOSIS CODES: 294.8 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242493	1	T1019		05/06/13	05/06/13	32.00	135.04

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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	
242493	2	T1019		05/07/13	05/07/13	32.00	135.04	
242493	3	T1019		05/08/13	05/08/13	32.00	135.04	
242493	4	T1019		05/09/13	05/09/13	32.00	135.04	
242493	5	T1019		05/10/13	05/10/13	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2424930012008256SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008257	2008257	ESTEVEZ, JOSE	09/04/1948	YD71377C	0110301200495
DIAGNOSIS	CODES:	345.40				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
242499	1	T1019		05/04/13	05/04/13	24.00	101.28	
242499	2	T1019		05/05/13	05/05/13	24.00	101.28	
242499	3	T1019		05/06/13	05/06/13	24.00	101.28	
242499	4	T1019		05/07/13	05/07/13	24.00	101.28	
242499	5	T1019		05/08/13	05/08/13	24.00	101.28	
242499	6	T1019		05/09/13	05/09/13	24.00	101.28	
242499	7	T1019		05/10/13	05/10/13	24.00	101.28	
					CLAIM TOTAL		708.96	CLAIM ACCOUNT REF. 2424990012008257SUP

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	
242517	1	T1019		05/07/13	05/07/13	32.00	135.04	
242517	2	T1019		05/08/13	05/08/13	32.00	135.04	
242517	3	T1019		05/09/13	05/09/13	32.00	135.04	
242517	4	T1019		05/10/13	05/10/13	32.00	135.04	
					CLAIM TOTAL		540.16	CLAIM ACCOUNT REF. 2425170012008290SUP

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	
242501	1	T1019		05/04/13	05/04/13	32.00	135.04	
242501	2	T1019		05/05/13	05/05/13	32.00	135.04	
242501	3	T1019		05/06/13	05/06/13	32.00	135.04	
242501	4	T1019		05/07/13	05/07/13	16.00	67.52	
242501	5	T1019		05/08/13	05/08/13	32.00	135.04	
242501	6	T1019		05/09/13	05/09/13	32.00	135.04	
242501	7	T1019		05/10/13	05/10/13	32.00	135.04	

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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.
							877.76	2425010012008362SUP

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	CLAIM ACCOUNT REF.
242515	1	T1019		05/06/13	05/06/13	16.00	67.52	
242515	2	T1019		05/07/13	05/07/13	16.00	67.52	
242515	3	T1019		05/08/13	05/08/13	16.00	67.52	
242515	4	T1019		05/09/13	05/09/13	16.00	67.52	
242515	5	T1019		05/10/13	05/10/13	16.00	67.52	
							337.60	2425150012008368SUP

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.
242502	1	T1019		04/21/13	04/21/13	32.00	135.04	
242502	2	T1019		05/04/13	05/04/13	32.00	135.04	
242502	3	T1019		05/05/13	05/05/13	32.00	135.04	
242502	4	T1019		05/06/13	05/06/13	32.00	135.04	
242502	5	T1019		05/07/13	05/07/13	32.00	135.04	
242502	6	T1019		05/08/13	05/08/13	32.00	135.04	
242502	7	T1019		05/09/13	05/09/13	32.00	135.04	
242502	8	T1019		05/10/13	05/10/13	32.00	135.04	
							1,080.32	2425020012008411SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008428	2008428	KAUR, HARBANS	02/03/1937	VB22061J	0103261301334
DIAGNOSIS	CODES:	401.9	272.4	332.1	453.42		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
242505	1	T1019		05/04/13	05/04/13	28.00	118.16	
242505	2	T1019		05/05/13	05/05/13	28.00	118.16	
242505	3	T1019		05/06/13	05/06/13	28.00	118.16	
242505	4	T1019		05/07/13	05/07/13	28.00	118.16	
242505	5	T1019		05/08/13	05/08/13	28.00	118.16	
242505	6	T1019		05/09/13	05/09/13	28.00	118.16	
242505	7	T1019		05/10/13	05/10/13	28.00	118.16	
							827.12	2425050012008428SUP

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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 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
242489	1	T1019		05/04/13	05/04/13	32.00	135.04
242489	2	T1019		05/05/13	05/05/13	32.00	135.04
242489	3	T1019		05/06/13	05/06/13	32.00	135.04
242489	4	T1019		05/07/13	05/07/13	32.00	135.04
242489	5	T1019		05/08/13	05/08/13	32.00	135.04
242489	6	T1019		05/09/13	05/09/13	32.00	135.04
242489	7	T1019		05/10/13	05/10/13	32.00	135.04
CLAIM TOTAL							945.28
							CLAIM ACCOUNT REF. 2424890012008433SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z 0101171302771
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
242488	1	T1019		05/04/13	05/04/13	12.00	50.64
242488	2	T1019		05/06/13	05/06/13	20.00	84.40
242488	3	T1019		05/07/13	05/07/13	20.00	84.40
242488	4	T1019		05/08/13	05/08/13	20.00	84.40
242488	5	T1019		05/09/13	05/09/13	20.00	84.40
242488	6	T1019		05/10/13	05/10/13	20.00	84.40
CLAIM TOTAL							472.64
							CLAIM ACCOUNT REF. 2424880012008487SUP

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
242521	1	T1019		05/04/13	05/04/13	48.00	202.56
242521	2	T1019		05/05/13	05/05/13	48.00	202.56
242521	3	T1019		05/06/13	05/06/13	48.00	202.56
242521	4	T1019		05/07/13	05/07/13	48.00	202.56
242521	5	T1019		05/08/13	05/08/13	48.00	202.56
242521	6	T1019		05/09/13	05/09/13	48.00	202.56
242521	7	T1019		05/10/13	05/10/13	48.00	202.56
CLAIM TOTAL							1,417.92
							CLAIM ACCOUNT REF. 2425210012008558SUP

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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 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
242498	1	T1019		05/04/13	05/04/13	16.00	67.52
242498	2	T1019		05/05/13	05/05/13	16.00	67.52
242498	3	T1019		05/06/13	05/06/13	24.00	101.28
242498	4	T1019		05/07/13	05/07/13	24.00	101.28
242498	5	T1019		05/08/13	05/08/13	24.00	101.28
242498	6	T1019		05/09/13	05/09/13	24.00	101.28
242498	7	T1019		05/10/13	05/10/13	24.00	101.28
CLAIM TOTAL							641.44
CLAIM ACCOUNT REF.							2424980012008571SUP

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
242500	1	T1019		05/04/13	05/04/13	40.00	168.80
242500	2	T1019		05/05/13	05/05/13	40.00	168.80
242500	3	T1019		05/06/13	05/06/13	40.00	168.80
242500	4	T1019		05/07/13	05/07/13	40.00	168.80
242500	5	T1019		05/08/13	05/08/13	40.00	168.80
242500	6	T1019		05/09/13	05/09/13	40.00	168.80
242500	7	T1019		05/10/13	05/10/13	40.00	168.80
CLAIM TOTAL							1,181.60
CLAIM ACCOUNT REF.							2425000012009001SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008271 2009270 CARRION, MARIA 06/30/1928 SC64434E 0104091302208
DIAGNOSIS CODES: 250.00 294.10 401.9 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242495	1	T1019		05/04/13	05/04/13	32.00	135.04
242495	2	T1019		05/06/13	05/06/13	32.00	135.04
242495	3	T1019		05/07/13	05/07/13	32.00	135.04
242495	4	T1019		05/08/13	05/08/13	32.00	135.04
242495	5	T1019		05/09/13	05/09/13	32.00	135.04
242495	6	T1019		05/10/13	05/10/13	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2424950012009270SUP

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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 2009405 2009405 CORTES DE GALINDO, NEL 05/25/1925 PF03624B 0103141302031
DIAGNOSIS CODES: 401.9 537.9 648.12

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242497	1	T1019		04/29/13	04/29/13	24.00	101.28
242497	2	T1019		04/30/13	04/30/13	24.00	101.28
242497	3	T1019		05/01/13	05/01/13	24.00	101.28
242497	4	T1019		05/02/13	05/02/13	24.00	101.28
242497	5	T1019		05/03/13	05/03/13	24.00	101.28
242497	6	T1019		05/06/13	05/06/13	24.00	101.28
242497	7	T1019		05/07/13	05/07/13	24.00	101.28
242497	8	T1019		05/08/13	05/08/13	24.00	101.28
242497	9	T1019		05/09/13	05/09/13	24.00	101.28
242497	10	T1019		05/10/13	05/10/13	24.00	101.28
CLAIM TOTAL						1,012.80	CLAIM ACCOUNT REF. 2424970012009405SUP

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
242503	1	T1019		05/06/13	05/06/13	16.00	67.52
242503	2	T1019		05/08/13	05/08/13	16.00	67.52
242503	3	T1019		05/10/13	05/10/13	16.00	67.52
CLAIM TOTAL						202.56	CLAIM ACCOUNT REF. 2425030012009425SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009560 2009560 BOCHENEC, JOLANTA 07/08/1964 ZT71147Q R2066168
DIAGNOSIS CODES: 854.00 272.4 300.00 307.42 781.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242491	1	T1019		05/04/13	05/04/13	24.00	101.28
242491	2	T1019		05/06/13	05/06/13	24.00	101.28
242491	3	T1019		05/07/13	05/07/13	24.00	101.28
242491	4	T1019		05/08/13	05/08/13	24.00	101.28
242491	5	T1019		05/09/13	05/09/13	24.00	101.28
242491	6	T1019		05/10/13	05/10/13	24.00	101.28
CLAIM TOTAL						607.68	CLAIM ACCOUNT REF. 2424910012009560SUP

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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 2010009 2010009 VEGA, GLORIA 07/06/1955 ZU45073J R2160981
DIAGNOSIS CODES: 340. 250.00 272.2 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242525	1	T1019		05/06/13	05/06/13	32.00	135.04
242525	2	T1019		05/07/13	05/07/13	32.00	135.04
242525	3	T1019		05/08/13	05/08/13	32.00	135.04
242525	4	T1019		05/09/13	05/09/13	32.00	135.04
242525	5	T1019		05/10/13	05/10/13	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2425250012010009SUP

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
242507	1	T1019		05/04/13	05/04/13	48.00	202.56
242507	2	T1019		05/05/13	05/05/13	48.00	202.56
242507	3	T1019		05/06/13	05/06/13	48.00	202.56
242507	4	T1019		05/07/13	05/07/13	48.00	202.56
242507	5	T1019		05/08/13	05/08/13	48.00	202.56
242507	6	T1019		05/09/13	05/09/13	48.00	202.56
242507	7	T1019		05/10/13	05/10/13	48.00	202.56
CLAIM TOTAL							1,417.92

CLAIM ACCOUNT REF. 2425070012010311SUP

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
242524	1	T1019		05/04/13	05/04/13	20.00	84.40
242524	2	T1019		05/05/13	05/05/13	20.00	84.40
242524	3	T1019		05/09/13	05/09/13	20.00	84.40
242524	4	T1019		05/10/13	05/10/13	20.00	84.40
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2425240012010758SUP

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
242506	1	T1019		05/04/13	05/04/13	32.00	135.04
242506	2	T1019		05/06/13	05/06/13	32.00	135.04

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013051505074372RRSUP

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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
242506	3	T1019		05/08/13	05/08/13	32.00	135.04
242506	4	T1019		05/09/13	05/09/13	32.00	135.04
242506	5	T1019		05/10/13	05/10/13	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2425060012010967SUP

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
242492	1	T1019		05/06/13	05/06/13	40.00	168.80
242492	2	T1019		05/07/13	05/07/13	40.00	168.80
242492	3	T1019		05/08/13	05/08/13	40.00	168.80
242492	4	T1019		05/09/13	05/09/13	40.00	168.80
242492	5	T1019		05/10/13	05/10/13	40.00	168.80
CLAIM TOTAL							844.00

CLAIM ACCOUNT REF. 2424920012011528SUP

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
242520	1	T1019		05/05/13	05/05/13	36.00	151.92
242520	2	T1019		05/06/13	05/06/13	40.00	168.80
242520	3	T1019		05/07/13	05/07/13	40.00	168.80
242520	4	T1019		05/08/13	05/08/13	40.00	168.80
242520	5	T1019		05/09/13	05/09/13	40.00	168.80
242520	6	T1019		05/10/13	05/10/13	40.00	168.80
CLAIM TOTAL							995.92

CLAIM ACCOUNT REF. 2425200012011820SUP

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
242513	1	T1019		05/04/13	05/04/13	40.00	168.80
242513	2	T1019		05/05/13	05/05/13	40.00	168.80
242513	3	T1019		05/06/13	05/06/13	40.00	168.80
242513	4	T1019		05/07/13	05/07/13	40.00	168.80
242513	5	T1019		05/08/13	05/08/13	40.00	168.80
242513	6	T1019		05/09/13	05/09/13	40.00	168.80
242513	7	T1019		05/10/13	05/10/13	40.00	168.80
CLAIM TOTAL							1,181.60

CLAIM ACCOUNT REF. 2425130012012284SUP

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013051505074372RRSUP

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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 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	
242504	1	T1019		05/04/13	05/04/13	32.00	135.04	
242504	2	T1019		05/05/13	05/05/13	32.00	135.04	
242504	3	T1019		05/06/13	05/06/13	32.00	135.04	
242504	4	T1019		05/07/13	05/07/13	32.00	135.04	
242504	5	T1019		05/08/13	05/08/13	32.00	135.04	
242504	6	T1019		05/09/13	05/09/13	32.00	135.04	
242504	7	T1019		05/10/13	05/10/13	32.00	135.04	
					CLAIM TOTAL	945.28		CLAIM ACCOUNT REF. 2425040012012478SUP

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	
242490	1	T1019		05/06/13	05/06/13	16.00	67.52	
242490	2	T1019		05/07/13	05/07/13	16.00	67.52	
242490	3	T1019		05/08/13	05/08/13	16.00	67.52	
242490	4	T1019		05/09/13	05/09/13	16.00	67.52	
242490	5	T1019		05/10/13	05/10/13	16.00	67.52	
					CLAIM TOTAL	337.60		CLAIM ACCOUNT REF. 2424900012012489SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012498 2012498 SCHOONMAKER, JEAN 01/16/1944 116703035 0101171302362
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
242518	1	T1019		05/04/13	05/04/13	32.00	135.04	
242518	2	T1019		05/05/13	05/05/13	32.00	135.04	
242518	3	T1019		05/06/13	05/06/13	36.00	151.92	
242518	4	T1019		05/07/13	05/07/13	36.00	151.92	
242518	5	T1019		05/08/13	05/08/13	36.00	151.92	
242518	6	T1019		05/10/13	05/10/13	36.00	151.92	
					CLAIM TOTAL	877.76		CLAIM ACCOUNT REF. 2425180012012498SUP

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013051505074372RRSUP

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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 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
242511	1	T1019		05/04/13	05/04/13	24.00	101.28
242511	2	T1019		05/06/13	05/06/13	24.00	101.28
242511	3	T1019		05/07/13	05/07/13	24.00	101.28
242511	4	T1019		05/08/13	05/08/13	24.00	101.28
242511	5	T1019		05/09/13	05/09/13	24.00	101.28
242511	6	T1019		05/10/13	05/10/13	24.00	101.28
CLAIM TOTAL						607.68	CLAIM ACCOUNT REF. 2425110012012683SUP

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
242522	1	T1019		05/04/13	05/04/13	32.00	135.04
242522	2	T1019		05/05/13	05/05/13	32.00	135.04
242522	3	T1019		05/06/13	05/06/13	20.00	84.40
242522	4	T1019		05/07/13	05/07/13	32.00	135.04
242522	5	T1019		05/08/13	05/08/13	16.00	67.52
242522	6	T1019		05/09/13	05/09/13	32.00	135.04
242522	7	T1019		05/10/13	05/10/13	20.00	84.40
CLAIM TOTAL						776.48	CLAIM ACCOUNT REF. 2425220012012772SUP

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
242523	1	T1019		05/07/13	05/07/13	24.00	101.28
242523	2	T1019		05/08/13	05/08/13	24.00	101.28
242523	3	T1019		05/09/13	05/09/13	24.00	101.28
242523	4	T1019		05/10/13	05/10/13	24.00	101.28
CLAIM TOTAL						405.12	CLAIM ACCOUNT REF. 2425230012012823SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009247 2012949 CARRILLO, MARIA 05/18/1956 129873243 0103191301995
DIAGNOSIS CODES: 714.0 311. 401.9 493.90 696.1 780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242494	1	T1019		05/06/13	05/06/13	16.00	67.52

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013051505074372RRSUP

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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	
242494	2	T1019		05/07/13	05/07/13	20.00	84.40	
242494	3	T1019		05/08/13	05/08/13	20.00	84.40	
242494	4	T1019		05/09/13	05/09/13	20.00	84.40	
242494	5	T1019		05/10/13	05/10/13	20.00	84.40	
					CLAIM TOTAL		405.12	CLAIM ACCOUNT REF. 2424940012012949SUP

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	
242512	1	T1020		04/29/13	04/29/13	12.00	202.56	
242512	2	T1020		05/04/13	05/04/13	11.00	185.68	
242512	3	T1020		05/05/13	05/05/13	12.00	202.56	
242512	4	T1020		05/06/13	05/06/13	12.00	202.56	
242512	5	T1020		05/07/13	05/07/13	12.00	202.56	
242512	6	T1020		05/09/13	05/09/13	24.00	405.12	
					CLAIM TOTAL		1,401.04	CLAIM ACCOUNT REF. 2425120012013053SUP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	219	TOTAL CLAIM AMOUNT =	28,763.52
		# SERVICES =	37		

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013051505074372RRSUP

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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
242551	1	T1019		05/04/13	05/04/13	40.00	171.60
242551	2	T1019		05/05/13	05/05/13	40.00	171.60
242551	3	T1019		05/06/13	05/06/13	40.00	171.60
242551	4	T1019		05/07/13	05/07/13	40.00	171.60
242551	5	T1019		05/08/13	05/08/13	40.00	171.60
242551	6	T1019		05/09/13	05/09/13	40.00	171.60
242551	7	T1019		05/10/13	05/10/13	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2425510012008245SUP

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
242555	1	T1019		05/05/13	05/05/13	16.00	68.64
242555	2	T1019		05/06/13	05/06/13	36.00	154.44
242555	3	T1019		05/07/13	05/07/13	36.00	154.44
242555	4	T1019		05/08/13	05/08/13	36.00	154.44
242555	5	T1019		05/09/13	05/09/13	36.00	154.44
242555	6	T1019		05/10/13	05/10/13	36.00	154.44
CLAIM TOTAL						840.84	CLAIM ACCOUNT REF. 2425550012008287SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008401 2008401 SAFOS, PATRA 12/18/1948 100029836 610562900
DIAGNOSIS CODES: 340. 244.8 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242557	1	T1019		05/04/13	05/04/13	32.00	137.28
242557	2	T1019		05/05/13	05/05/13	32.00	137.28
242557	3	T1019		05/06/13	05/06/13	32.00	137.28
242557	4	T1019		05/07/13	05/07/13	32.00	137.28
242557	5	T1019		05/08/13	05/08/13	32.00	137.28
242557	6	T1019		05/09/13	05/09/13	32.00	137.28
242557	7	T1019		05/10/13	05/10/13	32.00	137.28
CLAIM TOTAL						960.96	CLAIM ACCOUNT REF. 2425570012008401SUP

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013051505074372RRSUP

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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 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
242553	1	T1019		05/04/13	05/04/13	48.00	205.92
242553	2	T1019		05/05/13	05/05/13	48.00	205.92
242553	3	T1019		05/06/13	05/06/13	48.00	205.92
242553	4	T1019		05/07/13	05/07/13	48.00	205.92
242553	5	T1019		05/08/13	05/08/13	48.00	205.92
242553	6	T1019		05/09/13	05/09/13	48.00	205.92
242553	7	T1019		05/10/13	05/10/13	48.00	205.92
CLAIM TOTAL						1,441.44	CLAIM ACCOUNT REF. 2425530012011881SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013149 2013149 KOH, BYUNG CHOLL 05/06/1923 101428305 610504628
DIAGNOSIS CODES: 250.00 244.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242554	1	T1019		05/04/13	05/04/13	12.00	51.48
242554	2	T1019		05/05/13	05/05/13	12.00	51.48
242554	3	T1019		05/06/13	05/06/13	12.00	51.48
242554	4	T1019		05/07/13	05/07/13	12.00	51.48
242554	5	T1019		05/08/13	05/08/13	12.00	51.48
242554	6	T1019		05/09/13	05/09/13	12.00	51.48
242554	7	T1019		05/10/13	05/10/13	12.00	51.48
CLAIM TOTAL						360.36	CLAIM ACCOUNT REF. 2425540012013149SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013181 2013181 REYES, RODOLFO 04/17/1927 101465844 610722495
DIAGNOSIS CODES: 427.89 443.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242556	1	T1019		05/04/13	05/04/13	16.00	68.64
242556	2	T1019		05/06/13	05/06/13	16.00	68.64
242556	3	T1019		05/07/13	05/07/13	16.00	68.64
242556	4	T1019		05/09/13	05/09/13	16.00	68.64
242556	5	T1019		05/10/13	05/10/13	16.00	68.64
CLAIM TOTAL						343.20	CLAIM ACCOUNT REF. 2425560012013181SUP

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013051505074372RRSUP

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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 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	
242552	1	T1019		05/06/13	05/06/13	12.00	51.48	
242552	2	T1019		05/07/13	05/07/13	12.00	51.48	
242552	3	T1019		05/08/13	05/08/13	12.00	51.48	
242552	4	T1019		05/09/13	05/09/13	12.00	51.48	
242552	5	T1019		05/10/13	05/10/13	12.00	51.48	
					CLAIM TOTAL	257.40		CLAIM ACCOUNT REF. 2425520012013182SUP

PAYER TOTALS: UNITEDHEALTHCARE # OF CLAIMS = 44 TOTAL CLAIM AMOUNT = 5,405.40
SERVICES = 7

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013051505074372RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242623	1	T1019	0580	03/23/13	03/23/13	20.00	84.40
CLAIM TOTAL							84.40
CLAIM ACCOUNT REF.							2426230012008266SUP

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
242624	1	T1019	0580	05/07/13	05/07/13	32.00	135.04
242624	2	T1019	0580	05/08/13	05/08/13	32.00	135.04
242624	3	T1019	0580	05/09/13	05/09/13	32.00	135.04
242624	4	T1019	0580	05/10/13	05/10/13	32.00	135.04
CLAIM TOTAL							540.16
CLAIM ACCOUNT REF.							2426240012008266SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008409 2009279 PRUITT, JOHNNY 10/26/1956 712824266 103273331
DIAGNOSIS CODES: 249.00 272.4 295.00 401.9 585.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242625	1	S5130	0582	05/09/13	05/09/13	16.00	67.52
242625	2	S5130	0582	05/10/13	05/10/13	16.00	67.52
CLAIM TOTAL							135.04
CLAIM ACCOUNT REF.							2426250012009279SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242627	1	T1019	0580	04/27/13	04/27/13	16.00	67.52
242627	2	T1019	0580	04/28/13	04/28/13	16.00	67.52
242627	3	T1019	0580	04/29/13	04/29/13	12.00	50.64
242627	4	T1019	0580	04/30/13	04/30/13	12.00	50.64
242627	5	T1019	0580	05/01/13	05/01/13	12.00	50.64
242627	6	T1019	0580	05/02/13	05/02/13	12.00	50.64
242627	7	T1019	0580	05/03/13	05/03/13	12.00	50.64
242627	8	T1019	0580	05/04/13	05/04/13	16.00	67.52
242627	9	T1019	0580	05/05/13	05/05/13	16.00	67.52
242627	10	T1019	0580	05/06/13	05/06/13	12.00	50.64
242627	11	T1019	0580	05/07/13	05/07/13	12.00	50.64

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013051505074372RRSUP

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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
242627	12	T1019	0580	05/08/13	05/08/13	12.00	50.64
242627	13	T1019	0580	05/09/13	05/09/13	12.00	50.64
242627	14	T1019	0580	05/10/13	05/10/13	12.00	50.64
CLAIM TOTAL							776.48

CLAIM ACCOUNT REF. 2426270012010728SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242626	1	T1019	0580	04/27/13	04/27/13	20.00	84.40
242626	2	T1019	0580	04/28/13	04/28/13	20.00	84.40
242626	3	T1019	0580	04/29/13	04/29/13	16.00	67.52
242626	4	T1019	0580	04/30/13	04/30/13	16.00	67.52
242626	5	T1019	0580	05/01/13	05/01/13	16.00	67.52
242626	6	T1019	0580	05/02/13	05/02/13	16.00	67.52
242626	7	T1019	0580	05/03/13	05/03/13	16.00	67.52
242626	8	T1019	0580	05/04/13	05/04/13	20.00	84.40
242626	9	T1019	0580	05/05/13	05/05/13	20.00	84.40
242626	10	T1019	0580	05/06/13	05/06/13	16.00	67.52
242626	11	T1019	0580	05/07/13	05/07/13	16.00	67.52
242626	12	T1019	0580	05/08/13	05/08/13	16.00	67.52
242626	13	T1019	0580	05/09/13	05/09/13	16.00	67.52
242626	14	T1019	0580	05/10/13	05/10/13	16.00	67.52
CLAIM TOTAL							1,012.80

CLAIM ACCOUNT REF. 2426260012010729SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012083 2012354 CRUZ, SALVADOR 05/10/1932 713917795 103312801
DIAGNOSIS CODES: 290.0 401.9 447.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
242631	1	T1019	0580	05/07/13	05/07/13	24.00	90.00
242631	2	T1019	0580	05/08/13	05/08/13	24.00	90.00
242631	3	T1019	0580	05/09/13	05/09/13	24.00	90.00
242631	4	T1019	0580	05/10/13	05/10/13	24.00	90.00
CLAIM TOTAL							360.00

CLAIM ACCOUNT REF. 2426310012012354SUP

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
242633	1	T1019	0580	05/04/13	05/04/13	24.00	90.00

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013051505074372RRSUP

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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	
242633	2	T1019	0580	05/06/13	05/06/13	24.00	90.00	
242633	3	T1019	0580	05/07/13	05/07/13	24.00	90.00	
242633	4	T1019	0580	05/08/13	05/08/13	24.00	90.00	
242633	5	T1019	0580	05/09/13	05/09/13	24.00	90.00	
242633	6	T1019	0580	05/10/13	05/10/13	24.00	90.00	
CLAIM TOTAL							540.00	CLAIM ACCOUNT REF. 2426330012012357SUP

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	
242636	1	T1019	0580	05/06/13	05/06/13	16.00	60.00	
242636	2	T1019	0580	05/07/13	05/07/13	16.00	60.00	
242636	3	T1019	0580	05/08/13	05/08/13	16.00	60.00	
242636	4	T1019	0580	05/09/13	05/09/13	16.00	60.00	
242636	5	T1019	0580	05/10/13	05/10/13	16.00	60.00	
CLAIM TOTAL							300.00	CLAIM ACCOUNT REF. 2426360012012358SUP

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	
242637	1	T1019	0580	05/06/13	05/06/13	20.00	75.00	
242637	2	T1019	0580	05/07/13	05/07/13	20.00	75.00	
242637	3	T1019	0580	05/08/13	05/08/13	20.00	75.00	
242637	4	T1019	0580	05/09/13	05/09/13	20.00	75.00	
242637	5	T1019	0580	05/10/13	05/10/13	20.00	75.00	
CLAIM TOTAL							375.00	CLAIM ACCOUNT REF. 2426370012012362SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010003 2012373 DENNISON, KELVIN * 09/23/1991 6944796 103006820
DIAGNOSIS CODES: 799.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
242632	1	T1019	0580	05/07/13	05/07/13	24.00	90.00	
242632	2	T1019	0580	05/08/13	05/08/13	24.00	90.00	
CLAIM TOTAL							180.00	CLAIM ACCOUNT REF. 2426320012012373SUP

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013051505074372RRSUP

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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 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
242634	1	T1019	0580	05/06/13	05/06/13	24.00	90.00
242634	2	T1019	0580	05/07/13	05/07/13	36.00	135.00
242634	3	T1019	0580	05/08/13	05/08/13	32.00	120.00
242634	4	T1019	0580	05/09/13	05/09/13	36.00	135.00
242634	5	T1019	0580	05/10/13	05/10/13	32.00	120.00
CLAIM TOTAL							600.00

CLAIM ACCOUNT REF. 2426340012012374SUP

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
242630	1	T1019	0580	05/06/13	05/06/13	28.00	105.00
242630	2	T1019	0580	05/07/13	05/07/13	28.00	105.00
242630	3	T1019	0580	05/08/13	05/08/13	28.00	105.00
242630	4	T1019	0580	05/09/13	05/09/13	28.00	105.00
242630	5	T1019	0580	05/10/13	05/10/13	16.00	60.00
CLAIM TOTAL							480.00

CLAIM ACCOUNT REF. 2426300012012732SUP

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
242628	1	T1019	0580	04/27/13	04/27/13	20.00	75.00
242628	2	T1019	0580	04/28/13	04/28/13	20.00	75.00
242628	3	T1019	0580	04/29/13	04/29/13	28.00	105.00
242628	4	T1019	0580	04/30/13	04/30/13	28.00	105.00
CLAIM TOTAL							360.00

CLAIM ACCOUNT REF. 2426280012012876SUP

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
242629	1	T1019	0580	05/01/13	05/01/13	28.00	105.00
242629	2	T1019	0580	05/02/13	05/02/13	28.00	105.00
242629	3	T1019	0580	05/03/13	05/03/13	28.00	105.00
CLAIM TOTAL							315.00

CLAIM ACCOUNT REF. 2426290012012876SUP

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013051505074372RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008365 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	
242635	1	T1019	0580	05/06/13	05/06/13	16.00	60.00	
242635	2	T1019	0580	05/07/13	05/07/13	16.00	60.00	
242635	3	T1019	0580	05/08/13	05/08/13	16.00	60.00	
242635	4	T1019	0580	05/09/13	05/09/13	16.00	60.00	
242635	5	T1019	0580	05/10/13	05/10/13	16.00	60.00	
					CLAIM TOTAL	300.00		CLAIM ACCOUNT REF. 2426350012013018SUP

PAYER TOTALS: AMERIGROUP NEW YORK,LLC # OF CLAIMS = 79 TOTAL CLAIM AMOUNT = 6,358.88
SERVICES = 13

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013051505074372RRSUP

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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 457613
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
242644	1	T1019	1C		05/06/13	05/06/13	4.00	65.60
242644	2	T1019	1C		05/07/13	05/07/13	4.00	65.60
242644	3	T1019	1C		05/08/13	05/08/13	4.00	65.60
242644	4	T1019	1C		05/09/13	05/09/13	4.00	65.60
242644	5	T1019	1C		05/10/13	05/10/13	4.00	65.60
CLAIM TOTAL								328.00

CLAIM ACCOUNT REF. 2426440012011453SUP

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
242643	1	T1019	1C		05/06/13	05/06/13	4.00	65.60
242643	2	T1019	1C		05/07/13	05/07/13	4.00	65.60
242643	3	T1019	1C		05/08/13	05/08/13	4.00	65.60
242643	4	T1019	1C		05/09/13	05/09/13	4.00	65.60
242643	5	T1019	1C		05/10/13	05/10/13	4.00	65.60
CLAIM TOTAL								328.00

CLAIM ACCOUNT REF. 2426430012011869SUP

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
242641	1	T1019	1C		04/29/13	04/29/13	6.00	98.40
242641	2	T1019	1C		05/06/13	05/06/13	6.00	98.40
242641	3	T1019	1C		05/07/13	05/07/13	6.00	98.40
242641	4	T1019	1C		05/08/13	05/08/13	6.00	98.40
242641	5	T1019	1C		05/09/13	05/09/13	6.00	98.40
242641	6	T1019	1C		05/10/13	05/10/13	6.00	98.40
CLAIM TOTAL								590.40

CLAIM ACCOUNT REF. 2426410012011870SUP

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
242642	1	T1019	1C		05/04/13	05/04/13	4.00	65.60
242642	2	T1019	1C		05/05/13	05/05/13	4.00	65.60

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013051505074372RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = ICS01 ICS

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
242642	3	T1019 1C		05/06/13	05/06/13	4.00	65.60	
242642	4	T1019 1C		05/07/13	05/07/13	4.00	65.60	
242642	5	T1019 1C		05/08/13	05/08/13	4.00	65.60	
242642	6	T1019 1C		05/09/13	05/09/13	4.00	65.60	
242642	7	T1019 1C		05/10/13	05/10/13	4.00	65.60	
				CLAIM TOTAL			459.20	CLAIM ACCOUNT REF. 2426420012012213SUP

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	
242646	1	T1019 1C		05/08/13	05/08/13	8.00	131.20	
242646	2	T1019 1C		05/09/13	05/09/13	8.00	131.20	
242646	3	T1019 1C		05/10/13	05/10/13	8.00	131.20	
				CLAIM TOTAL			393.60	CLAIM ACCOUNT REF. 2426460012013010SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011990	2013223	POLANCO, BRIGIDA	07/04/2012	9575	457219
DIAGNOSIS	CODES:	369.4	401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
242645	1	T1019 1C 1F		05/07/13	05/07/13	1.00	225.00	
242645	2	T1019 1C 1F		05/08/13	05/08/13	1.00	225.00	
242645	3	T1019 1C 1F		05/09/13	05/09/13	1.00	225.00	
242645	4	T1019 1C 1F		05/10/13	05/10/13	1.00	225.00	
				CLAIM TOTAL			900.00	CLAIM ACCOUNT REF. 2426450012013223SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	30	TOTAL CLAIM AMOUNT =	2,999.20
		# SERVICES =	6		

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013051505074372RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = INIPA HEALTHCARE PARTNERS IPA I

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008382 2010800 GOMES, AGUSTINA 05/05/1933 JRX53860E01 2013030885700001
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	
242638	1	T1019	0580	05/04/13	05/04/13	36.00	151.92	
242638	2	T1019	0580	05/05/13	05/05/13	36.00	151.92	
242638	3	T1019	0580	05/06/13	05/06/13	36.00	151.92	
242638	4	T1019	0580	05/07/13	05/07/13	36.00	151.92	
242638	5	T1019	0580	05/08/13	05/08/13	36.00	151.92	
242638	6	T1019	0580	05/09/13	05/09/13	36.00	151.92	
242638	7	T1019	0580	05/10/13	05/10/13	36.00	151.92	
CLAIM TOTAL							1,063.44	CLAIM ACCOUNT REF. 2426380012010800SUP

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	
242640	1	T1019	0580	05/07/13	05/07/13	16.00	67.52	
242640	2	T1019	0580	05/10/13	05/10/13	16.00	67.52	
CLAIM TOTAL							135.04	CLAIM ACCOUNT REF. 2426400012010804SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012890 2012890 SCOTT, AKHNATON 04/28/1992 JPQ4958E01 2013032015500001
DIAGNOSIS CODES: 299.00 317.
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
242639	1	T1019	0580	05/04/13	05/04/13	32.00	135.04	
242639	2	T1019	0580	05/05/13	05/05/13	32.00	135.04	
242639	3	T1019	0580	05/07/13	05/07/13	16.00	67.52	
242639	4	T1019	0580	05/08/13	05/08/13	16.00	67.52	
242639	5	T1019	0580	05/09/13	05/09/13	16.00	67.52	
242639	6	T1019	0580	05/10/13	05/10/13	16.00	67.52	
CLAIM TOTAL							540.16	CLAIM ACCOUNT REF. 2426390012012890SUP

REPORT DATE 05/15/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013051505074372RRSUP

PAGE: 56

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = INIPA HEALTHCARE PARTNERS IPA I

PAYER TOTALS:	HEALTHCARE PARTNERS IPA I	# OF CLAIMS =	15	TOTAL CLAIM AMOUNT =	1,738.64
		# SERVICES =	3		

PROVIDER TOTALS:	SUNNYSIDE CITYWIDE	# OF CLAIMS =	900	TOTAL CLAIM AMOUNT =	107,766.82
		# SERVICES =	157		