

REPORT DATE 05/29/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

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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
244377	1	T1020		05/18/13	05/18/13	11.00	185.57
244377	2	T1020		05/20/13	05/20/13	6.00	101.22
244377	3	T1020		05/21/13	05/21/13	6.00	101.22
244377	4	T1020		05/22/13	05/22/13	6.00	101.22
244377	5	T1020		05/23/13	05/23/13	6.00	101.22
244377	6	T1020		05/24/13	05/24/13	6.00	101.22
CLAIM TOTAL						691.67	CLAIM ACCOUNT REF. 2443770012008267SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008268 2008268 PANOS, DESPINA D 05/11/1950 64126998700 111800517
DIAGNOSIS CODES: 340. 345.90 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
244374	1	T1020		05/18/13	05/18/13	9.00	151.83
244374	2	T1020		05/19/13	05/19/13	9.00	151.83
244374	3	T1020		05/20/13	05/20/13	9.00	151.83
244374	4	T1020		05/21/13	05/21/13	9.00	151.83
244374	5	T1020		05/22/13	05/22/13	9.00	151.83
244374	6	T1020		05/23/13	05/23/13	9.00	151.83
244374	7	T1020		05/24/13	05/24/13	9.00	151.83
CLAIM TOTAL						1,062.81	CLAIM ACCOUNT REF. 2443740012008268SUP

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
244371	1	T1020		05/18/13	05/18/13	7.00	118.09
244371	2	T1020		05/19/13	05/19/13	7.00	118.09
244371	3	T1020		05/20/13	05/20/13	7.00	118.09
244371	4	T1020		05/21/13	05/21/13	7.00	118.09
244371	5	T1020		05/22/13	05/22/13	7.00	118.09
244371	6	T1020		05/23/13	05/23/13	7.00	118.09
244371	7	T1020		05/24/13	05/24/13	7.00	118.09
CLAIM TOTAL						826.63	CLAIM ACCOUNT REF. 2443710012008306SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
244367	1	T1020		05/18/13	05/18/13	7.00	118.09
244367	2	T1020		05/19/13	05/19/13	7.00	118.09
244367	3	T1020		05/20/13	05/20/13	7.00	118.09
244367	4	T1020		05/21/13	05/21/13	7.00	118.09
244367	5	T1020		05/22/13	05/22/13	7.00	118.09
244367	6	T1020		05/23/13	05/23/13	7.00	118.09
244367	7	T1020		05/24/13	05/24/13	7.00	118.09
CLAIM TOTAL							826.63
CLAIM ACCOUNT REF.							2443670012008386SUP

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
244376	1	T1020		05/21/13	05/21/13	8.00	134.96
244376	2	T1020		05/22/13	05/22/13	9.00	151.83
244376	3	T1020		05/23/13	05/23/13	5.00	84.35
244376	4	T1020		05/24/13	05/24/13	8.00	134.96
CLAIM TOTAL							506.10
CLAIM ACCOUNT REF.							2443760012008400SUP

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
244372	1	T1020		05/18/13	05/18/13	4.00	67.48
244372	2	T1020		05/20/13	05/20/13	5.00	84.35
244372	3	T1020		05/21/13	05/21/13	5.00	84.35
244372	4	T1020		05/22/13	05/22/13	5.00	84.35
244372	5	T1020		05/23/13	05/23/13	5.00	84.35
244372	6	T1020		05/24/13	05/24/13	4.00	67.48
CLAIM TOTAL							472.36
CLAIM ACCOUNT REF.							2443720012010712SUP

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
244369	1	T1020		03/01/13	03/01/13	.44	7.42

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							7.42	2443690012012726SUP

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	CLAIM ACCOUNT REF.
244370	1	T1020		05/18/13	05/18/13	1.00	16.87	
244370	2	T1020		05/19/13	05/19/13	1.00	16.87	
244370	3	T1020		05/20/13	05/20/13	1.00	16.87	
244370	4	T1020		05/21/13	05/21/13	1.00	16.87	
244370	5	T1020		05/22/13	05/22/13	1.00	16.87	
244370	6	T1020		05/23/13	05/23/13	1.00	16.87	
244370	7	T1020		05/24/13	05/24/13	1.00	16.87	
						CLAIM TOTAL	118.09	2443700012012726SUP

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	CLAIM ACCOUNT REF.
244368	1	T1020		05/18/13	05/18/13	1.00	16.87	
244368	2	T1020		05/19/13	05/19/13	1.00	16.87	
244368	3	T1020		05/20/13	05/20/13	1.00	16.87	
244368	4	T1020		05/22/13	05/22/13	1.00	16.87	
244368	5	T1020		05/23/13	05/23/13	1.00	16.87	
244368	6	T1020		05/24/13	05/24/13	1.00	16.87	
						CLAIM TOTAL	101.22	2443680012012985SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010777	2013021	ORTIZ, EDUARDO	03/20/1938	741929877	130932078

DIAGNOSIS CODES: 715.00 250.00 253.5 733.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
244373	1	T1020		05/20/13	05/20/13	7.00	118.09	
244373	2	T1020		05/22/13	05/22/13	7.00	118.09	
244373	3	T1020		05/23/13	05/23/13	7.00	118.09	
244373	4	T1020		05/24/13	05/24/13	7.00	118.09	
						CLAIM TOTAL	472.36	2443730012013021SUP

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NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013080	2013080	SALABERRY, ANA	07/26/1920	74237467100	130780781

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
244375	1	T1020		05/18/13	05/18/13	12.00	202.44		
244375	2	T1020		05/19/13	05/19/13	12.00	202.44		
244375	3	T1020		05/20/13	05/20/13	12.00	202.44		
244375	4	T1020		05/21/13	05/21/13	12.00	202.44		
244375	5	T1020		05/22/13	05/22/13	12.00	202.44		
244375	6	T1020		05/23/13	05/23/13	12.00	202.44		
244375	7	T1020		05/24/13	05/24/13	12.00	202.44		
					CLAIM TOTAL		1,417.08	CLAIM ACCOUNT REF.	2443750012013080SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	62	TOTAL CLAIM AMOUNT =	6,502.37
		# SERVICES =	10		

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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
244353	1	T1019		05/22/13	05/22/13	16.00	67.52
244353	2	T1019		05/23/13	05/23/13	16.00	67.52
244353	3	T1019		05/24/13	05/24/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2443530012008261SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
244359	1	T1019		05/05/13	05/05/13	24.00	101.28
244359	2	T1019		05/18/13	05/18/13	24.00	101.28
244359	3	T1019		05/19/13	05/19/13	24.00	101.28
244359	4	T1019		05/20/13	05/20/13	24.00	101.28
244359	5	T1019		05/21/13	05/21/13	24.00	101.28
244359	6	T1019		05/22/13	05/22/13	24.00	101.28
244359	7	T1019		05/23/13	05/23/13	24.00	101.28
244359	8	T1019		05/24/13	05/24/13	24.00	101.28
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2443590012008263SUP

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
244364	1	T1019		05/18/13	05/18/13	40.00	168.80
244364	2	T1019		05/19/13	05/19/13	40.00	168.80
244364	3	T1019		05/20/13	05/20/13	40.00	168.80
244364	4	T1019		05/21/13	05/21/13	40.00	168.80
244364	5	T1019		05/22/13	05/22/13	40.00	168.80
244364	6	T1019		05/23/13	05/23/13	40.00	168.80
244364	7	T1019		05/24/13	05/24/13	40.00	168.80
CLAIM TOTAL							1,181.60
CLAIM ACCOUNT REF.							2443640012008265SUP

REPORT DATE 05/29/13 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 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	
244366	1	T1019		05/04/13	05/04/13	16.00	67.52	
244366	2	T1019		05/18/13	05/18/13	16.00	67.52	
244366	3	T1019		05/19/13	05/19/13	16.00	67.52	
244366	4	T1019		05/20/13	05/20/13	24.00	101.28	
244366	5	T1019		05/21/13	05/21/13	24.00	101.28	
244366	6	T1019		05/22/13	05/22/13	24.00	101.28	
244366	7	T1019		05/23/13	05/23/13	24.00	101.28	
244366	8	T1019		05/24/13	05/24/13	24.00	101.28	
CLAIM TOTAL							708.96	CLAIM ACCOUNT REF. 2443660012008303SUP

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	
244356	1	T1019		05/20/13	05/20/13	20.00	84.40	
244356	2	T1019		05/21/13	05/21/13	20.00	84.40	
244356	3	T1019		05/23/13	05/23/13	20.00	84.40	
244356	4	T1019		05/24/13	05/24/13	20.00	84.40	
CLAIM TOTAL							337.60	CLAIM ACCOUNT REF. 2443560012008366SUP

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	
244361	1	T1019		05/20/13	05/20/13	24.00	101.28	
244361	2	T1019		05/21/13	05/21/13	24.00	101.28	
244361	3	T1019		05/22/13	05/22/13	24.00	101.28	
244361	4	T1019		05/23/13	05/23/13	24.00	101.28	
244361	5	T1019		05/24/13	05/24/13	24.00	101.28	
CLAIM TOTAL							506.40	CLAIM ACCOUNT REF. 2443610012008421SUP

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
244360	1	T1019		05/18/13	05/18/13	24.00	101.28

REPORT DATE 05/29/13 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
244360	2	T1019		05/20/13	05/20/13	24.00	101.28
244360	3	T1019		05/21/13	05/21/13	24.00	101.28
244360	4	T1019		05/22/13	05/22/13	24.00	101.28
244360	5	T1019		05/23/13	05/23/13	24.00	101.28
244360	6	T1019		05/24/13	05/24/13	24.00	101.28
CLAIM TOTAL							607.68

CLAIM ACCOUNT REF. 2443600012008422SUP

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
244365	1	T1019		05/20/13	05/20/13	16.00	67.52
244365	2	T1019		05/21/13	05/21/13	16.00	67.52
244365	3	T1019		05/23/13	05/23/13	16.00	67.52
244365	4	T1019		05/24/13	05/24/13	16.00	67.52
CLAIM TOTAL							270.08

CLAIM ACCOUNT REF. 2443650012008425SUP

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
244354	1	T1019		05/18/13	05/18/13	40.00	168.80
244354	2	T1019		05/19/13	05/19/13	40.00	168.80
244354	3	T1019		05/20/13	05/20/13	40.00	168.80
244354	4	T1019		05/21/13	05/21/13	40.00	168.80
244354	5	T1019		05/22/13	05/22/13	40.00	168.80
244354	6	T1019		05/23/13	05/23/13	40.00	168.80
244354	7	T1019		05/24/13	05/24/13	40.00	168.80
CLAIM TOTAL							1,181.60

CLAIM ACCOUNT REF. 2443540012008427SUP

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
244362	1	T1019		05/20/13	05/20/13	24.00	101.28
244362	2	T1019		05/21/13	05/21/13	24.00	101.28
244362	3	T1019		05/22/13	05/22/13	24.00	101.28
244362	4	T1019		05/23/13	05/23/13	24.00	101.28
244362	5	T1019		05/24/13	05/24/13	24.00	101.28
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2443620012008531SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #
041013331477

1,249.12 CLAIM ACCOUNT REF. 2443580012008742SUP

PRIOR AUTHORIZATION #
062712297011

CLAIM ACCOUNT REF. 2443520012008802SUP

PRIOR AUTHORIZATION #
112111269647

CLAIM ACCOUNT REF. 2443570012009356SUP

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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 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
244349	1	T1019		05/18/13	05/18/13	32.00	135.04
244349	2	T1019		05/19/13	05/19/13	32.00	135.04
244349	3	T1019		05/20/13	05/20/13	32.00	135.04
244349	4	T1019		05/22/13	05/22/13	32.00	135.04
244349	5	T1019		05/23/13	05/23/13	32.00	135.04
244349	6	T1019		05/24/13	05/24/13	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2443490012010143SUP

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
244363	1	T1019		05/20/13	05/20/13	20.00	84.40
244363	2	T1019		05/22/13	05/22/13	20.00	84.40
244363	3	T1019		05/23/13	05/23/13	20.00	84.40
244363	4	T1019		05/24/13	05/24/13	20.00	84.40
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2443630012010353SUP

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
244350	1	T1019		05/17/13	05/17/13	36.00	151.92
244350	2	T1019		05/20/13	05/20/13	36.00	151.92
244350	3	T1019		05/21/13	05/21/13	36.00	151.92
244350	4	T1019		05/23/13	05/23/13	36.00	151.92
244350	5	T1019		05/24/13	05/24/13	32.00	135.04
CLAIM TOTAL							742.72
CLAIM ACCOUNT REF.							2443500012010878SUP

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
244351	1	T1019		05/18/13	05/18/13	48.00	202.56
244351	2	T1019		05/19/13	05/19/13	48.00	202.56
244351	3	T1019		05/20/13	05/20/13	48.00	202.56

REPORT DATE 05/29/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

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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	
244351	4	T1019		05/21/13	05/21/13	48.00	202.56	
244351	5	T1019		05/22/13	05/22/13	48.00	202.56	
244351	6	T1019		05/23/13	05/23/13	48.00	202.56	
					CLAIM TOTAL	1,215.36		CLAIM ACCOUNT REF. 2443510012012500SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008419	2013207	GARDNER, DIANE	05/05/1948	10063713201	082212304015

DIAGNOSIS CODES: 799.89 093.89 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
244355	1	T1019		05/20/13	05/20/13	16.00	67.52	
244355	2	T1019		05/21/13	05/21/13	16.00	67.52	
244355	3	T1019		05/22/13	05/22/13	16.00	67.52	
244355	4	T1019		05/23/13	05/23/13	16.00	67.52	
244355	5	T1019		05/24/13	05/24/13	16.00	67.52	
					CLAIM TOTAL	337.60		CLAIM ACCOUNT REF. 2443550012013207SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	106	TOTAL CLAIM AMOUNT =	12,896.32
		# SERVICES =	18		

REPORT DATE 05/29/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 13265 METROPLUS HEALTH PLAN

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008233 2008233 ARIAS, NORA 03/31/1981 RB08739R 0101231390513
DIAGNOSIS CODES: 356.9 348.2 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
244401	1	T1019		05/18/13	05/18/13	4.00	68.60
244401	2	T1019		05/19/13	05/19/13	4.00	68.60
244401	3	T1019		05/20/13	05/20/13	12.00	205.80
244401	4	T1019		05/21/13	05/21/13	12.00	205.80
244401	5	T1019		05/22/13	05/22/13	12.00	205.80
244401	6	T1019		05/23/13	05/23/13	12.00	205.80
244401	7	T1019		05/24/13	05/24/13	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2444010012008233SUP

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
244408	1	T1019		05/18/13	05/18/13	8.00	137.20
244408	2	T1019		05/19/13	05/19/13	8.00	137.20
244408	3	T1019		05/20/13	05/20/13	11.00	188.65
244408	4	T1019		05/21/13	05/21/13	11.00	188.65
244408	5	T1019		05/22/13	05/22/13	11.00	188.65
244408	6	T1019		05/23/13	05/23/13	11.00	188.65
244408	7	T1019		05/24/13	05/24/13	11.00	188.65
CLAIM TOTAL						1,217.65	CLAIM ACCOUNT REF. 2444080012008236SUP

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
244406	1	T1019		05/20/13	05/20/13	10.00	171.50
244406	2	T1019		05/21/13	05/21/13	10.00	171.50
244406	3	T1019		05/22/13	05/22/13	10.00	171.50
244406	4	T1019		05/23/13	05/23/13	9.00	154.35
244406	5	T1019		05/24/13	05/24/13	9.00	154.35
CLAIM TOTAL						823.20	CLAIM ACCOUNT REF. 2444060012008385SUP

REPORT DATE 05/29/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

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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
244404	1	T1019		05/01/13	05/01/13	5.00	85.75
244404	2	T1019		05/02/13	05/02/13	5.00	85.75
244404	3	T1019		05/18/13	05/18/13	5.00	85.75
244404	4	T1019		05/19/13	05/19/13	5.00	85.75
244404	5	T1019		05/20/13	05/20/13	5.00	85.75
244404	6	T1019		05/21/13	05/21/13	5.00	85.75
244404	7	T1019		05/22/13	05/22/13	5.00	85.75
244404	8	T1019		05/23/13	05/23/13	5.00	85.75
244404	9	T1019		05/24/13	05/24/13	5.00	85.75

CLAIM TOTAL 771.75 CLAIM ACCOUNT REF. 2444040012008417SUP

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
244410	1	T1019		05/20/13	05/20/13	8.00	137.20
244410	2	T1019		05/21/13	05/21/13	8.00	137.20
244410	3	T1019		05/22/13	05/22/13	8.00	137.20
244410	4	T1019		05/23/13	05/23/13	8.00	137.20
244410	5	T1019		05/24/13	05/24/13	8.00	137.20

CLAIM TOTAL 686.00 CLAIM ACCOUNT REF. 2444100012008418SUP

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
244402	1	T1019		05/18/13	05/18/13	10.00	171.50
244402	2	T1019		05/19/13	05/19/13	10.00	171.50
244402	3	T1019		05/20/13	05/20/13	10.00	171.50
244402	4	T1019		05/21/13	05/21/13	10.00	171.50
244402	5	T1019		05/22/13	05/22/13	10.00	171.50
244402	6	T1019		05/23/13	05/23/13	10.00	171.50
244402	7	T1019		05/24/13	05/24/13	10.00	171.50

CLAIM TOTAL 1,200.50 CLAIM ACCOUNT REF. 2444020012008743SUP

REPORT DATE 05/29/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 13265 METROPLUS HEALTH PLAN

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
244411	1	T1019		05/04/13	05/04/13	5.00	85.75
244411	2	T1019		05/05/13	05/05/13	5.00	85.75
244411	3	T1019		05/11/13	05/11/13	5.00	85.75
244411	4	T1019		05/12/13	05/12/13	5.00	85.75
244411	5	T1019		05/13/13	05/13/13	5.00	85.75
244411	6	T1019		05/14/13	05/14/13	5.00	85.75
244411	7	T1019		05/15/13	05/15/13	5.00	85.75
244411	8	T1019		05/16/13	05/16/13	5.00	85.75
244411	9	T1019		05/17/13	05/17/13	5.00	85.75
244411	10	T1019		05/18/13	05/18/13	5.00	85.75
244411	11	T1019		05/19/13	05/19/13	5.00	85.75
244411	12	T1019		05/20/13	05/20/13	5.00	85.75
244411	13	T1019		05/21/13	05/21/13	5.00	85.75
244411	14	T1019		05/22/13	05/22/13	5.00	85.75
244411	15	T1019		05/23/13	05/23/13	5.00	85.75
244411	16	T1019		05/24/13	05/24/13	5.00	85.75
CLAIM TOTAL						1,372.00	CLAIM ACCOUNT REF. 2444110012009377SUP

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
244409	1	T1019		05/18/13	05/18/13	8.00	137.20
244409	2	T1019		05/20/13	05/20/13	3.00	51.45
244409	3	T1019		05/22/13	05/22/13	3.00	51.45
244409	4	T1019		05/23/13	05/23/13	3.00	51.45
244409	5	T1019		05/24/13	05/24/13	4.00	68.60
CLAIM TOTAL						360.15	CLAIM ACCOUNT REF. 2444090012009688SUP

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
244413	1	T1019		05/20/13	05/20/13	6.00	102.90
244413	2	T1019		05/21/13	05/21/13	5.00	85.75
244413	3	T1019		05/22/13	05/22/13	5.00	85.75
244413	4	T1019		05/23/13	05/23/13	5.00	85.75

REPORT DATE 05/29/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 13265 METROPLUS HEALTH PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
244413	5	T1019		05/24/13	05/24/13	6.00	102.90
							CLAIM TOTAL
							463.05
							CLAIM ACCOUNT REF. 2444130012010213SUP

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
244407	1	T1019		05/18/13	05/18/13	3.00	51.45
244407	2	T1019		05/19/13	05/19/13	3.00	51.45
244407	3	T1019		05/20/13	05/20/13	3.00	51.45
244407	4	T1019		05/21/13	05/21/13	3.00	51.45
244407	5	T1019		05/22/13	05/22/13	3.00	51.45
244407	6	T1019		05/23/13	05/23/13	3.00	51.45
244407	7	T1019		05/24/13	05/24/13	3.00	51.45
							CLAIM TOTAL
							360.15
							CLAIM ACCOUNT REF. 2444070012010886SUP

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
244403	1	T1019		05/18/13	05/18/13	12.00	205.80
244403	2	T1019		05/19/13	05/19/13	24.00	411.60
244403	3	T1019		05/20/13	05/20/13	24.00	411.60
244403	4	T1019		05/21/13	05/21/13	24.00	411.60
244403	5	T1019		05/22/13	05/22/13	24.00	411.60
244403	6	T1019		05/23/13	05/23/13	24.00	411.60
244403	7	T1019		05/24/13	05/24/13	24.00	411.60
							CLAIM TOTAL
							2,675.40
							CLAIM ACCOUNT REF. 2444030012011286SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
244412	1	T1019		05/24/13	05/24/13	4.00	68.60
							CLAIM TOTAL
							68.60
							CLAIM ACCOUNT REF. 2444120012013071SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

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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 2013185 2013185 GOMEZ, LUZ 02/18/1942 WU38342Y
DIAGNOSIS CODES: 295.90 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
244405	1	T1019		05/18/13	05/18/13	8.00	137.20
244405	2	T1019		05/19/13	05/19/13	8.00	137.20
244405	3	T1019		05/20/13	05/20/13	8.00	137.20
244405	4	T1019		05/22/13	05/22/13	8.00	137.20
244405	5	T1019		05/23/13	05/23/13	8.00	137.20
244405	6	T1019		05/24/13	05/24/13	8.00	137.20
CLAIM TOTAL						823.20	
CLAIM ACCOUNT REF. 2444050012013185SUP							

PAYER TOTALS: METROPLUS HEALTH PLAN # OF CLAIMS = 87 TOTAL CLAIM AMOUNT = 11,987.85
SERVICES = 13

REPORT DATE 05/29/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008286 2008286 RAMIREZ, ALIDA A 12/10/1950 ZN85118U 111771985
DIAGNOSIS CODES: 250.00 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
244440	1	T1019		05/18/13	05/18/13	36.00	154.80
244440	2	T1019		05/19/13	05/19/13	36.00	154.80
244440	3	T1019		05/20/13	05/20/13	36.00	154.80
244440	4	T1019		05/21/13	05/21/13	36.00	154.80
244440	5	T1019		05/22/13	05/22/13	36.00	154.80
244440	6	T1019		05/23/13	05/23/13	36.00	154.80
CLAIM TOTAL							928.80
CLAIM ACCOUNT REF.							2444400012008286SUP

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
244428	1	T1019		05/20/13	05/20/13	24.00	103.20
244428	2	T1019		05/21/13	05/21/13	24.00	103.20
244428	3	T1019		05/22/13	05/22/13	24.00	103.20
244428	4	T1019		05/23/13	05/23/13	24.00	103.20
244428	5	T1019		05/24/13	05/24/13	24.00	103.20
CLAIM TOTAL							516.00
CLAIM ACCOUNT REF.							2444280012008495SUP

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
244415	1	T1019		05/18/13	05/18/13	28.00	120.40
244415	2	T1019		05/19/13	05/19/13	28.00	120.40
244415	3	T1019		05/20/13	05/20/13	26.00	111.80
244415	4	T1019		05/21/13	05/21/13	26.00	111.80
244415	5	T1019		05/22/13	05/22/13	28.00	120.40
244415	6	T1019		05/23/13	05/23/13	28.00	120.40
244415	7	T1019		05/24/13	05/24/13	28.00	120.40
CLAIM TOTAL							825.60
CLAIM ACCOUNT REF.							2444150012012101SUP

REPORT DATE 05/29/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

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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
244416	1	T1019		05/20/13	05/20/13	16.00	68.80
244416	2	T1019		05/21/13	05/21/13	16.00	68.80
244416	3	T1019		05/22/13	05/22/13	16.00	68.80
244416	4	T1019		05/23/13	05/23/13	16.00	68.80
244416	5	T1019		05/24/13	05/24/13	16.00	68.80
CLAIM TOTAL							344.00
							CLAIM ACCOUNT REF. 2444160012012102SUP

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
244417	1	T1019		05/18/13	05/18/13	40.00	172.00
244417	2	T1019		05/19/13	05/19/13	40.00	172.00
244417	3	T1019		05/20/13	05/20/13	40.00	172.00
244417	4	T1019		05/21/13	05/21/13	40.00	172.00
244417	5	T1019		05/22/13	05/22/13	40.00	172.00
244417	6	T1019		05/23/13	05/23/13	40.00	172.00
244417	7	T1019		05/24/13	05/24/13	40.00	172.00
CLAIM TOTAL							1,204.00
							CLAIM ACCOUNT REF. 2444170012012104SUP

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
244419	1	T1019		05/04/13	05/04/13	32.00	137.60
244419	2	T1019		05/05/13	05/05/13	32.00	137.60
244419	3	T1019		05/18/13	05/18/13	32.00	137.60
244419	4	T1019		05/19/13	05/19/13	32.00	137.60
244419	5	T1019		05/20/13	05/20/13	32.00	137.60
244419	6	T1019		05/21/13	05/21/13	32.00	137.60
244419	7	T1019		05/22/13	05/22/13	32.00	137.60
244419	8	T1019		05/23/13	05/23/13	32.00	137.60
244419	9	T1019		05/24/13	05/24/13	32.00	137.60
CLAIM TOTAL							1,238.40
							CLAIM ACCOUNT REF. 2444190012012107SUP

REPORT DATE 05/29/13 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 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
244421	1	T1019		05/20/13	05/20/13	24.00	103.20
244421	2	T1019		05/21/13	05/21/13	24.00	103.20
244421	3	T1019		05/22/13	05/22/13	24.00	103.20
244421	4	T1019		05/23/13	05/23/13	24.00	103.20
244421	5	T1019		05/24/13	05/24/13	24.00	103.20
CLAIM TOTAL							516.00
CLAIM ACCOUNT REF.							2444210012012108SUP

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
244422	1	T1019		05/20/13	05/20/13	28.00	120.40
244422	2	T1019		05/21/13	05/21/13	28.00	120.40
244422	3	T1019		05/22/13	05/22/13	28.00	120.40
244422	4	T1019		05/23/13	05/23/13	28.00	120.40
244422	5	T1019		05/24/13	05/24/13	28.00	120.40
CLAIM TOTAL							602.00
CLAIM ACCOUNT REF.							2444220012012110SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012117 2012117 HAYNES, LAMONT 08/22/1920 695748 111524712
DIAGNOSIS CODES: 428.0 250.00 401.9 600.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
244423	1	T1019		05/18/13	05/18/13	20.00	86.00
244423	2	T1019		05/19/13	05/19/13	20.00	86.00
244423	3	T1019		05/20/13	05/20/13	16.00	68.80
244423	4	T1019		05/21/13	05/21/13	16.00	68.80
244423	5	T1019		05/22/13	05/22/13	16.00	68.80
244423	6	T1019		05/23/13	05/23/13	16.00	68.80
244423	7	T1019		05/24/13	05/24/13	16.00	68.80
CLAIM TOTAL							516.00
CLAIM ACCOUNT REF.							2444230012012117SUP

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
244425	1	T1019		05/20/13	05/20/13	28.00	120.40

REPORT DATE 05/29/13 SUNNYSIDE CITYWIDE
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SUNNYSIDE CITYWIDE
WELLCARE OF NY

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
244425	2	T1019		05/21/13	05/21/13	28.00	120.40
244425	3	T1019		05/22/13	05/22/13	28.00	120.40
244425	4	T1019		05/23/13	05/23/13	28.00	120.40
244425	5	T1019		05/24/13	05/24/13	28.00	120.40
CLAIM TOTAL							602.00

CLAIM ACCOUNT REF. 2444250012012120SUP

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
244430	1	T1019		05/14/13	05/14/13	32.00	137.60
244430	2	T1019		05/15/13	05/15/13	32.00	137.60
244430	3	T1019		05/18/13	05/18/13	32.00	137.60
244430	4	T1019		05/19/13	05/19/13	32.00	137.60
244430	5	T1019		05/20/13	05/20/13	32.00	137.60
244430	6	T1019		05/21/13	05/21/13	32.00	137.60
244430	7	T1019		05/22/13	05/22/13	32.00	137.60
244430	8	T1019		05/23/13	05/23/13	32.00	137.60
244430	9	T1019		05/24/13	05/24/13	32.00	137.60
CLAIM TOTAL							1,238.40

CLAIM ACCOUNT REF. 2444300012012121SUP

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
244431	1	T1019		05/18/13	05/18/13	20.00	86.00
244431	2	T1019		05/19/13	05/19/13	20.00	86.00
244431	3	T1019		05/20/13	05/20/13	20.00	86.00
244431	4	T1019		05/21/13	05/21/13	20.00	86.00
244431	5	T1019		05/22/13	05/22/13	20.00	86.00
244431	6	T1019		05/23/13	05/23/13	20.00	86.00
244431	7	T1019		05/24/13	05/24/13	20.00	86.00
CLAIM TOTAL							602.00

CLAIM ACCOUNT REF. 2444310012012122SUP

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
244433	1	T1019		05/18/13	05/18/13	20.00	86.00
244433	2	T1019		05/19/13	05/19/13	20.00	86.00

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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	
244433	3	T1019		05/20/13	05/20/13	28.00	120.40	
244433	4	T1019		05/21/13	05/21/13	28.00	120.40	
244433	5	T1019		05/22/13	05/22/13	28.00	120.40	
244433	6	T1019		05/23/13	05/23/13	28.00	120.40	
244433	7	T1019		05/24/13	05/24/13	28.00	120.40	
CLAIM TOTAL							774.00	CLAIM ACCOUNT REF. 2444330012012130SUP

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	
244435	1	T1019		05/20/13	05/20/13	16.00	68.80	
244435	2	T1019		05/22/13	05/22/13	16.00	68.80	
CLAIM TOTAL							137.60	CLAIM ACCOUNT REF. 2444350012012131SUP

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	
244434	1	T1019		05/18/13	05/18/13	20.00	86.00	
244434	2	T1019		05/19/13	05/19/13	20.00	86.00	
244434	3	T1019		05/21/13	05/21/13	32.00	137.60	
244434	4	T1019		05/22/13	05/22/13	32.00	137.60	
244434	5	T1019		05/23/13	05/23/13	32.00	137.60	
244434	6	T1019		05/24/13	05/24/13	32.00	137.60	
CLAIM TOTAL							722.40	CLAIM ACCOUNT REF. 2444340012012132SUP

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	
244448	1	T1019		05/20/13	05/20/13	28.00	120.40	
244448	2	T1019		05/21/13	05/21/13	28.00	120.40	
244448	3	T1019		05/22/13	05/22/13	28.00	120.40	
244448	4	T1019		05/24/13	05/24/13	28.00	120.40	
CLAIM TOTAL							481.60	CLAIM ACCOUNT REF. 2444480012012134SUP

REPORT DATE 05/29/13 SUNNYSIDE CITYWIDE
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PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012137 2012137 VAZQUEZ 1, ROSA 08/08/1934 695667 111437135
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
244450	1	T1019		05/20/13	05/20/13	32.00	137.60
244450	2	T1019		05/21/13	05/21/13	32.00	137.60
244450	3	T1019		05/22/13	05/22/13	32.00	137.60
244450	4	T1019		05/24/13	05/24/13	32.00	137.60
CLAIM TOTAL							550.40
CLAIM ACCOUNT REF.							2444500012012137SUP

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
244451	1	T1019		05/20/13	05/20/13	16.00	68.80
244451	2	T1019		05/22/13	05/22/13	16.00	68.80
244451	3	T1019		05/23/13	05/23/13	16.00	68.80
CLAIM TOTAL							206.40
CLAIM ACCOUNT REF.							2444510012012138SUP

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
244436	1	T1019		05/18/13	05/18/13	32.00	137.60
244436	2	T1019		05/20/13	05/20/13	32.00	137.60
244436	3	T1019		05/21/13	05/21/13	32.00	137.60
244436	4	T1019		05/22/13	05/22/13	32.00	137.60
244436	5	T1019		05/23/13	05/23/13	32.00	137.60
244436	6	T1019		05/24/13	05/24/13	32.00	137.60
CLAIM TOTAL							825.60
CLAIM ACCOUNT REF.							2444360012012140SUP

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
244447	1	T1019		05/20/13	05/20/13	16.00	68.80
244447	2	T1019		05/22/13	05/22/13	16.00	68.80
244447	3	T1019		05/24/13	05/24/13	16.00	68.80
CLAIM TOTAL							206.40
CLAIM ACCOUNT REF.							2444470012012141SUP

REPORT DATE 05/29/13 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 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	
244429	1	T1019		05/20/13	05/20/13	12.00	51.60	
244429	2	T1019		05/21/13	05/21/13	12.00	51.60	
244429	3	T1019		05/22/13	05/22/13	12.00	51.60	
244429	4	T1019		05/23/13	05/23/13	12.00	51.60	
244429	5	T1019		05/24/13	05/24/13	12.00	51.60	
CLAIM TOTAL							258.00	CLAIM ACCOUNT REF. 2444290012012142SUP

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	
244432	1	T1019		05/09/13	05/09/13	16.00	68.80	
244432	2	T1019		05/14/13	05/14/13	16.00	68.80	
244432	3	T1019		05/15/13	05/15/13	16.00	68.80	
244432	4	T1019		05/16/13	05/16/13	16.00	68.80	
CLAIM TOTAL							275.20	CLAIM ACCOUNT REF. 2444320012012143SUP

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	
244439	1	T1019		05/20/13	05/20/13	20.00	86.00	
244439	2	T1019		05/22/13	05/22/13	20.00	86.00	
244439	3	T1019		05/24/13	05/24/13	20.00	86.00	
CLAIM TOTAL							258.00	CLAIM ACCOUNT REF. 2444390012012144SUP

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	
244437	1	T1019		05/20/13	05/20/13	16.00	68.80	
244437	2	T1019		05/21/13	05/21/13	16.00	68.80	
244437	3	T1019		05/22/13	05/22/13	16.00	68.80	
244437	4	T1019		05/23/13	05/23/13	16.00	68.80	
CLAIM TOTAL							275.20	CLAIM ACCOUNT REF. 2444370012012145SUP

REPORT DATE 05/29/13 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
244438	1	T1019		05/20/13	05/20/13	16.00	68.80
244438	2	T1019		05/21/13	05/21/13	16.00	68.80
244438	3	T1019		05/22/13	05/22/13	16.00	68.80
244438	4	T1019		05/23/13	05/23/13	16.00	68.80
244438	5	T1019		05/24/13	05/24/13	16.00	68.80
CLAIM TOTAL							344.00
CLAIM ACCOUNT REF.							2444380012012146SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
244441	1	T1019		05/22/13	05/22/13	20.00	86.00
244441	2	T1019		05/23/13	05/23/13	20.00	86.00
244441	3	T1019		05/24/13	05/24/13	20.00	86.00
CLAIM TOTAL							258.00
CLAIM ACCOUNT REF.							2444410012012147SUP

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
244442	1	T1019		05/18/13	05/18/13	32.00	137.60
244442	2	T1019		05/20/13	05/20/13	32.00	137.60
244442	3	T1019		05/21/13	05/21/13	32.00	137.60
244442	4	T1019		05/22/13	05/22/13	32.00	137.60
244442	5	T1019		05/23/13	05/23/13	32.00	137.60
244442	6	T1019		05/24/13	05/24/13	32.00	137.60
CLAIM TOTAL							825.60
CLAIM ACCOUNT REF.							2444420012012149SUP

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
244443	1	T1019		05/20/13	05/20/13	32.00	137.60
244443	2	T1019		05/21/13	05/21/13	32.00	137.60
244443	3	T1019		05/22/13	05/22/13	32.00	137.60
244443	4	T1019		05/23/13	05/23/13	32.00	137.60

REPORT DATE 05/29/13 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
244443	5	T1019		05/24/13	05/24/13	32.00	137.60
CLAIM TOTAL							688.00
CLAIM ACCOUNT REF.							2444430012012152SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012154	2012154	RODRIGUEZ, FRANKLIN	03/26/1989	697529	111632714
DIAGNOSIS CODES: 319.							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
244444	1	T1019		05/04/13	05/04/13	24.00	103.20
244444	2	T1019		05/06/13	05/06/13	24.00	103.20
244444	3	T1019		05/07/13	05/07/13	24.00	103.20
244444	4	T1019		05/08/13	05/08/13	24.00	103.20
244444	5	T1019		05/09/13	05/09/13	24.00	103.20
244444	6	T1019		05/10/13	05/10/13	24.00	103.20
244444	7	T1019		05/18/13	05/18/13	24.00	103.20
244444	8	T1019		05/20/13	05/20/13	24.00	103.20
244444	9	T1019		05/21/13	05/21/13	24.00	103.20
244444	10	T1019		05/22/13	05/22/13	24.00	103.20
244444	11	T1019		05/23/13	05/23/13	24.00	103.20
244444	12	T1019		05/24/13	05/24/13	24.00	103.20
CLAIM TOTAL							1,238.40
CLAIM ACCOUNT REF.							2444440012012154SUP

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
244446	1	T1019		05/18/13	05/18/13	20.00	86.00
244446	2	T1019		05/19/13	05/19/13	20.00	86.00
244446	3	T1019		05/20/13	05/20/13	20.00	86.00
244446	4	T1019		05/21/13	05/21/13	20.00	86.00
244446	5	T1019		05/22/13	05/22/13	20.00	86.00
244446	6	T1019		05/23/13	05/23/13	20.00	86.00
244446	7	T1019		05/24/13	05/24/13	20.00	86.00
CLAIM TOTAL							602.00
CLAIM ACCOUNT REF.							2444460012012155SUP

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
244426	1	T1019		05/02/13	05/02/13	48.00	206.40
244426	2	T1019		05/18/13	05/18/13	48.00	206.40

REPORT DATE 05/29/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

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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
244426	3	T1019		05/19/13	05/19/13	48.00	206.40
244426	4	T1019		05/20/13	05/20/13	48.00	206.40
244426	5	T1019		05/21/13	05/21/13	48.00	206.40
244426	6	T1019		05/22/13	05/22/13	48.00	206.40
244426	7	T1019		05/23/13	05/23/13	48.00	206.40
244426	8	T1019		05/24/13	05/24/13	48.00	206.40
CLAIM TOTAL							1,651.20

CLAIM ACCOUNT REF. 2444260012012158SUP

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
244414	1	T1019		05/18/13	05/18/13	20.00	86.00
244414	2	T1019		05/19/13	05/19/13	20.00	86.00
244414	3	T1019		05/20/13	05/20/13	20.00	86.00
244414	4	T1019		05/21/13	05/21/13	20.00	86.00
244414	5	T1019		05/22/13	05/22/13	20.00	86.00
244414	6	T1019		05/23/13	05/23/13	20.00	86.00
244414	7	T1019		05/24/13	05/24/13	20.00	86.00
CLAIM TOTAL							602.00

CLAIM ACCOUNT REF. 2444140012012161SUP

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
244449	1	T1019		05/12/13	05/12/13	36.00	154.80
244449	2	T1019		05/18/13	05/18/13	35.00	150.50
244449	3	T1019		05/19/13	05/19/13	36.00	154.80
244449	4	T1019		05/20/13	05/20/13	36.00	154.80
244449	5	T1019		05/21/13	05/21/13	28.00	120.40
244449	6	T1019		05/22/13	05/22/13	36.00	154.80
244449	7	T1019		05/23/13	05/23/13	36.00	154.80
244449	8	T1019		05/24/13	05/24/13	36.00	154.80
CLAIM TOTAL							1,199.70

CLAIM ACCOUNT REF. 2444490012012266SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
244445	1	T1019		05/20/13	05/20/13	16.00	68.80

REPORT DATE 05/29/13 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	
244445	2	T1019		05/22/13	05/22/13	16.00	68.80	
244445	3	T1019		05/24/13	05/24/13	16.00	68.80	
CLAIM TOTAL							206.40	CLAIM ACCOUNT REF. 2444450012012719SUP

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	
244427	1	T1019		05/18/13	05/18/13	48.00	206.40	
244427	2	T1019		05/19/13	05/19/13	48.00	206.40	
244427	3	T1019		05/20/13	05/20/13	48.00	206.40	
244427	4	T1019		05/21/13	05/21/13	48.00	206.40	
244427	5	T1019		05/22/13	05/22/13	48.00	206.40	
244427	6	T1019		05/23/13	05/23/13	48.00	206.40	
244427	7	T1019		05/24/13	05/24/13	48.00	206.40	
CLAIM TOTAL							1,444.80	CLAIM ACCOUNT REF. 2444270012012948SUP

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	
244420	1	T1019		05/18/13	05/18/13	20.00	86.00	
244420	2	T1019		05/19/13	05/19/13	20.00	86.00	
244420	3	T1019		05/20/13	05/20/13	20.00	86.00	
244420	4	T1019		05/21/13	05/21/13	20.00	86.00	
244420	5	T1019		05/22/13	05/22/13	20.00	86.00	
244420	6	T1019		05/23/13	05/23/13	20.00	86.00	
244420	7	T1019		05/24/13	05/24/13	20.00	86.00	
CLAIM TOTAL							602.00	CLAIM ACCOUNT REF. 2444200012012952SUP

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	
244418	1	T1019		05/18/13	05/18/13	48.00	206.40	
244418	2	T1019		05/19/13	05/19/13	48.00	206.40	
244418	3	T1019		05/20/13	05/20/13	48.00	206.40	
244418	4	T1019		05/21/13	05/21/13	48.00	206.40	
244418	5	T1019		05/22/13	05/22/13	48.00	206.40	
244418	6	T1019		05/23/13	05/23/13	48.00	206.40	

REPORT DATE 05/29/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

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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
244418	7	T1019		05/24/13	05/24/13	48.00	206.40
CLAIM TOTAL							1,444.80
CLAIM ACCOUNT REF.							2444180012012953SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	1031950	2012979	HUDGINS, LOUZETTA	05/18/1944	761959	111606565
DIAGNOSIS CODES: 401.9 250.00 278.00 311.							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
244424	1	T1019		05/20/13	05/20/13	20.00	86.00
244424	2	T1019		05/21/13	05/21/13	20.00	86.00
244424	3	T1019		05/22/13	05/22/13	20.00	86.00
244424	4	T1019		05/23/13	05/23/13	20.00	86.00
244424	5	T1019		05/24/13	05/24/13	20.00	86.00
CLAIM TOTAL							430.00
CLAIM ACCOUNT REF.							2444240012012979SUP

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
244452	1	T1019		05/18/13	05/18/13	32.00	137.60
244452	2	T1019		05/19/13	05/19/13	32.00	137.60
244452	3	T1019		05/20/13	05/20/13	32.00	137.60
244452	4	T1019		05/21/13	05/21/13	32.00	137.60
244452	5	T1019		05/22/13	05/22/13	32.00	137.60
244452	6	T1019		05/23/13	05/23/13	32.00	137.60
244452	7	T1019		05/24/13	05/24/13	32.00	137.60
CLAIM TOTAL							963.20
CLAIM ACCOUNT REF.							2444520012012984SUP

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	225	TOTAL CLAIM AMOUNT =	26,604.10
		# SERVICES =	39		

REPORT DATE 05/29/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
244398	1	T1019	0580	05/20/13	05/20/13	40.00	168.80
244398	2	T1019	0580	05/22/13	05/22/13	40.00	168.80
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2443980012008491SUP

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
244400	1	T1019	0580	05/20/13	05/20/13	16.00	67.52
244400	2	T1019	0580	05/21/13	05/21/13	16.00	67.52
244400	3	T1019	0580	05/22/13	05/22/13	16.00	67.52
244400	4	T1019	0580	05/23/13	05/23/13	16.00	67.52
244400	5	T1019	0580	05/24/13	05/24/13	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2444000012008513SUP

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
244399	1	T1019	0580	05/18/13	05/18/13	20.00	84.40
244399	2	T1019	0580	05/19/13	05/19/13	20.00	84.40
244399	3	T1019	0580	05/20/13	05/20/13	20.00	84.40
244399	4	T1019	0580	05/21/13	05/21/13	20.00	84.40
244399	5	T1019	0580	05/22/13	05/22/13	20.00	84.40
244399	6	T1019	0580	05/23/13	05/23/13	20.00	84.40
244399	7	T1019	0580	05/24/13	05/24/13	20.00	84.40
CLAIM TOTAL							590.80

CLAIM ACCOUNT REF. 2443990012008544SUP

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
244393	1	T1019	0580	05/21/13	05/21/13	16.00	67.52
244393	2	T1019	0580	05/23/13	05/23/13	16.00	67.52
CLAIM TOTAL							135.04

CLAIM ACCOUNT REF. 2443930012008723SUP

REPORT DATE 05/29/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

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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 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
244385	1	T1019	0580	05/18/13	05/18/13	48.00	202.56
244385	2	T1019	0580	05/19/13	05/19/13	48.00	202.56
244385	3	T1019	0580	05/20/13	05/20/13	48.00	202.56
244385	4	T1019	0580	05/21/13	05/21/13	48.00	202.56
244385	5	T1019	0580	05/22/13	05/22/13	48.00	202.56
244385	6	T1019	0580	05/23/13	05/23/13	48.00	202.56
244385	7	T1019	0580	05/24/13	05/24/13	48.00	202.56
CLAIM TOTAL							1,417.92
CLAIM ACCOUNT REF.							2443850012008793SUP

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
244394	1	T1019	0580	05/18/13	05/18/13	32.00	135.04
244394	2	T1019	0580	05/19/13	05/19/13	32.00	135.04
244394	3	T1019	0580	05/20/13	05/20/13	32.00	135.04
244394	4	T1019	0580	05/21/13	05/21/13	32.00	135.04
244394	5	T1019	0580	05/22/13	05/22/13	32.00	135.04
244394	6	T1019	0580	05/23/13	05/23/13	32.00	135.04
244394	7	T1019	0580	05/24/13	05/24/13	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2443940012009237SUP

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
244396	1	T1019	0580	05/18/13	05/18/13	16.00	67.52
244396	2	T1019	0580	05/19/13	05/19/13	16.00	67.52
244396	3	T1019	0580	05/20/13	05/20/13	16.00	67.52
244396	4	T1019	0580	05/21/13	05/21/13	16.00	67.52
244396	5	T1019	0580	05/22/13	05/22/13	16.00	67.52
244396	6	T1019	0580	05/23/13	05/23/13	16.00	67.52
244396	7	T1019	0580	05/24/13	05/24/13	16.00	67.52
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2443960012009406SUP

REPORT DATE 05/29/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008414 2009562 CIPRIAN, JACQUELINE 12/03/1963 ZU96435W 0004979520
DIAGNOSIS CODES: 345.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
244397	1	T1019	0580	05/22/13	05/22/13	40.00	168.80
244397	2	T1019	0580	05/23/13	05/23/13	40.00	168.80
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2443970012009562SUP

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
244388	1	T1019	0580	05/20/13	05/20/13	16.00	67.52
244388	2	T1019	0580	05/21/13	05/21/13	16.00	67.52
244388	3	T1019	0580	05/22/13	05/22/13	16.00	67.52
244388	4	T1019	0580	05/23/13	05/23/13	16.00	67.52
244388	5	T1019	0580	05/24/13	05/24/13	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2443880012009686SUP

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
244390	1	T1019	0580	05/18/13	05/18/13	28.00	118.16
244390	2	T1019	0580	05/19/13	05/19/13	28.00	118.16
244390	3	T1019	0580	05/20/13	05/20/13	28.00	118.16
244390	4	T1019	0580	05/21/13	05/21/13	28.00	118.16
244390	5	T1019	0580	05/22/13	05/22/13	28.00	118.16
244390	6	T1019	0580	05/23/13	05/23/13	28.00	118.16
244390	7	T1019	0580	05/24/13	05/24/13	24.00	101.28
CLAIM TOTAL							810.24

CLAIM ACCOUNT REF. 2443900012009945SUP

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
244389	1	T1019	0580	05/18/13	05/18/13	36.00	151.92
244389	2	T1019	0580	05/19/13	05/19/13	36.00	151.92
244389	3	T1019	0580	05/20/13	05/20/13	36.00	151.92
244389	4	T1019	0580	05/21/13	05/21/13	36.00	151.92

REPORT DATE 05/29/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

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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
244389	5	T1019	0580	05/22/13	05/22/13	36.00	151.92
244389	6	T1019	0580	05/23/13	05/23/13	36.00	151.92
244389	7	T1019	0580	05/24/13	05/24/13	36.00	151.92
CLAIM TOTAL						1,063.44	CLAIM ACCOUNT REF. 2443890012010991SUP

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
244386	1	G0156	0572	05/18/13	05/18/13	8.00	114.00
244386	2	G0156	0572	05/19/13	05/19/13	8.00	114.00
244386	3	G0156	0572	05/20/13	05/20/13	8.00	114.00
244386	4	G0156	0572	05/21/13	05/21/13	8.00	114.00
244386	5	G0156	0572	05/22/13	05/22/13	8.00	114.00
244386	6	G0156	0572	05/23/13	05/23/13	8.00	114.00
244386	7	G0156	0572	05/24/13	05/24/13	8.00	114.00
CLAIM TOTAL						798.00	CLAIM ACCOUNT REF. 2443860012011066SUP

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
244387	1	T1019	0580	05/18/13	05/18/13	48.00	202.56
244387	2	T1019	0580	05/19/13	05/19/13	48.00	202.56
244387	3	T1019	0580	05/20/13	05/20/13	48.00	202.56
244387	4	T1019	0580	05/21/13	05/21/13	48.00	202.56
244387	5	T1019	0580	05/22/13	05/22/13	48.00	202.56
244387	6	T1019	0580	05/23/13	05/23/13	48.00	202.56
244387	7	T1019	0580	05/24/13	05/24/13	48.00	202.56
CLAIM TOTAL						1,417.92	CLAIM ACCOUNT REF. 2443870012011526SUP

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
244391	1	T1019	0580	05/18/13	05/18/13	48.00	202.56
244391	2	T1019	0580	05/19/13	05/19/13	48.00	202.56
244391	3	T1019	0580	05/20/13	05/20/13	48.00	202.56
244391	4	T1019	0580	05/21/13	05/21/13	48.00	202.56
244391	5	T1019	0580	05/22/13	05/22/13	48.00	202.56

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NPI = 1154407492

CLAIM ACCOUNT REF. 2443910012011833SUP

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2443950012012343SUP

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2443920012012541SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	90	TOTAL CLAIM AMOUNT =	11,449.28
		# SERVICES =	16		

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REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008374	2010958	KARASSAVIDES, ARISTOTI	10/09/1962	V80041904	123590054
DIAGNOSIS		CODES:	042.	202.88	436.	799.89	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
244478	1	S5125		05/20/13	05/20/13	28.00	120.12		
244478	2	S5125		05/21/13	05/21/13	28.00	120.12		
244478	3	S5125		05/22/13	05/22/13	28.00	120.12		
244478	4	S5125		05/23/13	05/23/13	28.00	120.12		
					CLAIM TOTAL		480.48	CLAIM ACCOUNT REF.	2444780012010958SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012481	2012481	REYES, LORGIO	05/15/1982	V80024771	130240009
DIAGNOSIS		CODES:	585.6	294.9	315.34	389.9	401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
244479	1	S5125		05/18/13	05/18/13	24.00	102.96	
244479	2	S5125		05/20/13	05/20/13	40.00	171.60	
244479	3	S5125		05/21/13	05/21/13	24.00	102.96	
244479	4	S5125		05/22/13	05/22/13	40.00	171.60	
244479	5	S5125		05/23/13	05/23/13	24.00	102.96	
244479	6	S5125		05/24/13	05/24/13	40.00	171.60	
					CLAIM TOTAL		823.68	CLAIM ACCOUNT REF. 2444790012012481SUP

PAYER TOTALS:	VNSNY CHOICE	# OF CLAIMS =	10	TOTAL CLAIM AMOUNT =	1,304.16
		# SERVICES =	2		

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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 2008246 2008246 RIVERA, CHRISTOPHER 09/03/1996 UW23596M R2269158
DIAGNOSIS CODES: 314.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
244338	1	T1019		05/18/13	05/18/13	12.00	50.64
244338	2	T1019		05/19/13	05/19/13	12.00	50.64
244338	3	T1019		05/20/13	05/20/13	12.00	50.64
244338	4	T1019		05/21/13	05/21/13	12.00	50.64
244338	5	T1019		05/22/13	05/22/13	12.00	50.64
244338	6	T1019		05/23/13	05/23/13	12.00	50.64
244338	7	T1019		05/24/13	05/24/13	12.00	50.64
CLAIM TOTAL							354.48
CLAIM ACCOUNT REF.							2443380012008246SUP

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
244339	1	T1019		05/20/13	05/20/13	12.00	50.64
244339	2	T1019		05/21/13	05/21/13	12.00	50.64
244339	3	T1019		05/22/13	05/22/13	12.00	50.64
244339	4	T1019		05/23/13	05/23/13	12.00	50.64
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2443390012008248SUP

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
244333	1	T1019		05/18/13	05/18/13	44.00	185.68
244333	2	T1019		05/19/13	05/19/13	44.00	185.68
244333	3	T1019		05/20/13	05/20/13	44.00	185.68
244333	4	T1019		05/21/13	05/21/13	20.00	84.40
244333	5	T1019		05/22/13	05/22/13	44.00	185.68
244333	6	T1019		05/23/13	05/23/13	44.00	185.68
244333	7	T1019		05/24/13	05/24/13	44.00	185.68
CLAIM TOTAL							1,198.48
CLAIM ACCOUNT REF.							2443330012008249SUP

REPORT DATE 05/29/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 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	
244341	1	T1019		05/18/13	05/18/13	32.00	135.04	
244341	2	T1019		05/19/13	05/19/13	32.00	135.04	
244341	3	T1019		05/20/13	05/20/13	32.00	135.04	
244341	4	T1019		05/21/13	05/21/13	32.00	135.04	
244341	5	T1019		05/22/13	05/22/13	32.00	135.04	
244341	6	T1019		05/23/13	05/23/13	32.00	135.04	
244341	7	T1019		05/24/13	05/24/13	32.00	135.04	
CLAIM TOTAL							945.28	CLAIM ACCOUNT REF. 2443410012008250SUP

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	
244321	1	T1019		05/20/13	05/20/13	32.00	135.04	
244321	2	T1019		05/21/13	05/21/13	32.00	135.04	
244321	3	T1019		05/22/13	05/22/13	32.00	135.04	
244321	4	T1019		05/23/13	05/23/13	32.00	135.04	
CLAIM TOTAL							540.16	CLAIM ACCOUNT REF. 2443210012008251SUP

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	
244334	1	T1019		05/18/13	05/18/13	48.00	202.56	
244334	2	T1019		05/19/13	05/19/13	48.00	202.56	
244334	3	T1019		05/20/13	05/20/13	48.00	202.56	
244334	4	T1019		05/21/13	05/21/13	48.00	202.56	
244334	5	T1019		05/22/13	05/22/13	48.00	202.56	
244334	6	T1019		05/23/13	05/23/13	48.00	202.56	
244334	7	T1019		05/24/13	05/24/13	48.00	202.56	
CLAIM TOTAL							1,417.92	CLAIM ACCOUNT REF. 2443340012008253SUP

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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 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
244317	1	T1019		05/20/13	05/20/13	32.00	135.04
244317	2	T1019		05/21/13	05/21/13	32.00	135.04
244317	3	T1019		05/22/13	05/22/13	32.00	135.04
CLAIM TOTAL							405.12
CLAIM ACCOUNT REF.							2443170012008256SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
244318	1	T1019		05/23/13	05/23/13	32.00	135.04
244318	2	T1019		05/24/13	05/24/13	32.00	135.04
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2443180012008256SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
244324	1	T1019		05/18/13	05/18/13	24.00	101.28
244324	2	T1019		05/19/13	05/19/13	24.00	101.28
244324	3	T1019		05/20/13	05/20/13	24.00	101.28
244324	4	T1019		05/21/13	05/21/13	24.00	101.28
244324	5	T1019		05/23/13	05/23/13	24.00	101.28
244324	6	T1019		05/24/13	05/24/13	24.00	101.28
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2443240012008257SUP

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
244342	1	T1019		05/20/13	05/20/13	32.00	135.04
244342	2	T1019		05/21/13	05/21/13	32.00	135.04
244342	3	T1019		05/22/13	05/22/13	32.00	135.04
244342	4	T1019		05/23/13	05/23/13	32.00	135.04
244342	5	T1019		05/24/13	05/24/13	32.00	135.04
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2443420012008290SUP

REPORT DATE 05/29/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008362 2008362 FONTANES, PEDRO 08/27/1948 RX10287Z R2240716
DIAGNOSIS CODES: 724.3 278.00 427.31 428.0 724.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
244326	1	T1019		05/19/13	05/19/13	32.00	135.04
244326	2	T1019		05/20/13	05/20/13	32.00	135.04
244326	3	T1019		05/21/13	05/21/13	32.00	135.04
244326	4	T1019		05/22/13	05/22/13	32.00	135.04
244326	5	T1019		05/23/13	05/23/13	32.00	135.04
244326	6	T1019		05/24/13	05/24/13	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2443260012008362SUP

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
244340	1	T1019		05/20/13	05/20/13	16.00	67.52
244340	2	T1019		05/21/13	05/21/13	16.00	67.52
244340	3	T1019		05/22/13	05/22/13	16.00	67.52
244340	4	T1019		05/23/13	05/23/13	16.00	67.52
244340	5	T1019		05/24/13	05/24/13	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2443400012008368SUP

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
244327	1	T1019		05/18/13	05/18/13	32.00	135.04
244327	2	T1019		05/19/13	05/19/13	32.00	135.04
244327	3	T1019		05/20/13	05/20/13	32.00	135.04
244327	4	T1019		05/21/13	05/21/13	32.00	135.04
244327	5	T1019		05/22/13	05/22/13	32.00	135.04
244327	6	T1019		05/23/13	05/23/13	32.00	135.04
244327	7	T1019		05/24/13	05/24/13	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2443270012008411SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
244330	1	T1019		05/18/13	05/18/13	24.00	101.28
244330	2	T1019		05/19/13	05/19/13	4.00	16.88
244330	3	T1019		05/20/13	05/20/13	28.00	118.16
244330	4	T1019		05/21/13	05/21/13	28.00	118.16
244330	5	T1019		05/22/13	05/22/13	28.00	118.16
244330	6	T1019		05/23/13	05/23/13	28.00	118.16
244330	7	T1019		05/24/13	05/24/13	28.00	118.16
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2443300012008428SUP

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
244313	1	T1019		05/18/13	05/18/13	32.00	135.04
244313	2	T1019		05/19/13	05/19/13	32.00	135.04
244313	3	T1019		05/20/13	05/20/13	32.00	135.04
244313	4	T1019		05/21/13	05/21/13	32.00	135.04
244313	5	T1019		05/22/13	05/22/13	32.00	135.04
244313	6	T1019		05/23/13	05/23/13	32.00	135.04
244313	7	T1019		05/24/13	05/24/13	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2443130012008433SUP

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
244312	1	T1019		05/18/13	05/18/13	12.00	50.64
244312	2	T1019		05/20/13	05/20/13	20.00	84.40
244312	3	T1019		05/21/13	05/21/13	20.00	84.40
244312	4	T1019		05/22/13	05/22/13	20.00	84.40
244312	5	T1019		05/23/13	05/23/13	20.00	84.40
244312	6	T1019		05/24/13	05/24/13	20.00	84.40
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2443120012008487SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008558 2008558 SURIEL, GERTRUDIS 03/17/1950 ZE67447D R2223526
DIAGNOSIS CODES: 493.90 401.9 414.00 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
244345	1	T1019		05/18/13	05/18/13	48.00	202.56
244345	2	T1019		05/19/13	05/19/13	48.00	202.56
244345	3	T1019		05/20/13	05/20/13	48.00	202.56
244345	4	T1019		05/21/13	05/21/13	48.00	202.56
244345	5	T1019		05/22/13	05/22/13	48.00	202.56
244345	6	T1019		05/23/13	05/23/13	48.00	202.56
244345	7	T1019		05/24/13	05/24/13	48.00	202.56
CLAIM TOTAL						1,417.92	CLAIM ACCOUNT REF. 2443450012008558SUP

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
244323	1	T1019		05/18/13	05/18/13	16.00	67.52
244323	2	T1019		05/19/13	05/19/13	16.00	67.52
244323	3	T1019		05/20/13	05/20/13	24.00	101.28
244323	4	T1019		05/21/13	05/21/13	24.00	101.28
244323	5	T1019		05/22/13	05/22/13	24.00	101.28
244323	6	T1019		05/23/13	05/23/13	24.00	101.28
244323	7	T1019		05/24/13	05/24/13	24.00	101.28
CLAIM TOTAL						641.44	CLAIM ACCOUNT REF. 2443230012008571SUP

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
244325	1	T1019		05/18/13	05/18/13	40.00	168.80
244325	2	T1019		05/19/13	05/19/13	40.00	168.80
244325	3	T1019		05/20/13	05/20/13	40.00	168.80
244325	4	T1019		05/21/13	05/21/13	40.00	168.80
244325	5	T1019		05/22/13	05/22/13	40.00	168.80
244325	6	T1019		05/23/13	05/23/13	40.00	168.80
244325	7	T1019		05/24/13	05/24/13	40.00	168.80
CLAIM TOTAL						1,181.60	CLAIM ACCOUNT REF. 2443250012009001SUP

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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 2008271 2009270 CARRION, MARIA 06/30/1928 SC64434E R2230145
DIAGNOSIS CODES: 250.00 294.10 401.9 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
244320	1	T1019		05/18/13	05/18/13	32.00	135.04
244320	2	T1019		05/20/13	05/20/13	32.00	135.04
244320	3	T1019		05/21/13	05/21/13	32.00	135.04
244320	4	T1019		05/22/13	05/22/13	32.00	135.04
244320	5	T1019		05/23/13	05/23/13	32.00	135.04
244320	6	T1019		05/24/13	05/24/13	32.00	135.04
CLAIM TOTAL							810.24
							CLAIM ACCOUNT REF. 2443200012009270SUP

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
244322	1	T1019		05/20/13	05/20/13	24.00	101.28
244322	2	T1019		05/21/13	05/21/13	24.00	101.28
CLAIM TOTAL							202.56
							CLAIM ACCOUNT REF. 2443220012009405SUP

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
244328	1	T1019		05/20/13	05/20/13	16.00	67.52
244328	2	T1019		05/22/13	05/22/13	16.00	67.52
244328	3	T1019		05/24/13	05/24/13	16.00	67.52
CLAIM TOTAL							202.56
							CLAIM ACCOUNT REF. 2443280012009425SUP

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
244315	1	T1019		05/18/13	05/18/13	24.00	101.28
244315	2	T1019		05/19/13	05/19/13	20.00	84.40
244315	3	T1019		05/20/13	05/20/13	24.00	101.28
244315	4	T1019		05/21/13	05/21/13	24.00	101.28
244315	5	T1019		05/22/13	05/22/13	24.00	101.28
244315	6	T1019		05/24/13	05/24/13	24.00	101.28
CLAIM TOTAL							590.80
							CLAIM ACCOUNT REF. 2443150012009560SUP

REPORT DATE 05/29/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 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
244348	1	T1019		05/20/13	05/20/13	32.00	135.04
244348	2	T1019		05/21/13	05/21/13	32.00	135.04
244348	3	T1019		05/22/13	05/22/13	32.00	135.04
244348	4	T1019		05/23/13	05/23/13	32.00	135.04
244348	5	T1019		05/24/13	05/24/13	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2443480012010009SUP

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
244332	1	T1019		05/18/13	05/18/13	48.00	202.56
244332	2	T1019		05/19/13	05/19/13	48.00	202.56
244332	3	T1019		05/20/13	05/20/13	48.00	202.56
244332	4	T1019		05/21/13	05/21/13	48.00	202.56
244332	5	T1019		05/22/13	05/22/13	48.00	202.56
244332	6	T1019		05/23/13	05/23/13	48.00	202.56
244332	7	T1019		05/24/13	05/24/13	48.00	202.56
CLAIM TOTAL							1,417.92

CLAIM ACCOUNT REF. 2443320012010311SUP

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
244347	1	T1019		05/18/13	05/18/13	20.00	84.40
244347	2	T1019		05/19/13	05/19/13	20.00	84.40
244347	3	T1019		05/23/13	05/23/13	20.00	84.40
244347	4	T1019		05/24/13	05/24/13	20.00	84.40
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2443470012010758SUP

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
244331	1	T1019		05/18/13	05/18/13	32.00	135.04
244331	2	T1019		05/20/13	05/20/13	32.00	135.04

REPORT DATE 05/29/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

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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	
244331	3	T1019		05/21/13	05/21/13	32.00	135.04	
244331	4	T1019		05/22/13	05/22/13	32.00	135.04	
244331	5	T1019		05/23/13	05/23/13	32.00	135.04	
244331	6	T1019		05/24/13	05/24/13	32.00	135.04	
					CLAIM TOTAL		810.24	CLAIM ACCOUNT REF. 2443310012010967SUP

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	
244316	1	T1019		05/20/13	05/20/13	40.00	168.80	
244316	2	T1019		05/21/13	05/21/13	40.00	168.80	
244316	3	T1019		05/22/13	05/22/13	40.00	168.80	
244316	4	T1019		05/23/13	05/23/13	40.00	168.80	
244316	5	T1019		05/24/13	05/24/13	40.00	168.80	
					CLAIM TOTAL		844.00	CLAIM ACCOUNT REF. 2443160012011528SUP

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	
244344	1	T1019		05/18/13	05/18/13	36.00	151.92	
244344	2	T1019		05/19/13	05/19/13	36.00	151.92	
244344	3	T1019		05/20/13	05/20/13	40.00	168.80	
244344	4	T1019		05/21/13	05/21/13	40.00	168.80	
244344	5	T1019		05/22/13	05/22/13	40.00	168.80	
244344	6	T1019		05/23/13	05/23/13	40.00	168.80	
244344	7	T1019		05/24/13	05/24/13	40.00	168.80	
					CLAIM TOTAL		1,147.84	CLAIM ACCOUNT REF. 2443440012011820SUP

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	
244337	1	T1019		05/18/13	05/18/13	40.00	168.80	
244337	2	T1019		05/19/13	05/19/13	40.00	168.80	
244337	3	T1019		05/20/13	05/20/13	40.00	168.80	
244337	4	T1019		05/21/13	05/21/13	40.00	168.80	
244337	5	T1019		05/22/13	05/22/13	40.00	168.80	
244337	6	T1019		05/23/13	05/23/13	40.00	168.80	

REPORT DATE 05/29/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
244337	7	T1019		05/24/13	05/24/13	40.00	168.80	
					CLAIM TOTAL		1,181.60	CLAIM ACCOUNT REF. 2443370012012284SUP

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	
244329	1	T1019		05/18/13	05/18/13	32.00	135.04	
244329	2	T1019		05/19/13	05/19/13	32.00	135.04	
244329	3	T1019		05/20/13	05/20/13	32.00	135.04	
244329	4	T1019		05/21/13	05/21/13	32.00	135.04	
244329	5	T1019		05/22/13	05/22/13	32.00	135.04	
244329	6	T1019		05/23/13	05/23/13	32.00	135.04	
244329	7	T1019		05/24/13	05/24/13	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2443290012012478SUP

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	
244314	1	T1019		05/21/13	05/21/13	16.00	67.52	
244314	2	T1019		05/22/13	05/22/13	16.00	67.52	
244314	3	T1019		05/23/13	05/23/13	16.00	67.52	
244314	4	T1019		05/24/13	05/24/13	16.00	67.52	
					CLAIM TOTAL		270.08	CLAIM ACCOUNT REF. 2443140012012489SUP

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	
244343	1	T1019		05/18/13	05/18/13	32.00	135.04	
244343	2	T1019		05/19/13	05/19/13	32.00	135.04	
244343	3	T1019		05/20/13	05/20/13	36.00	151.92	
244343	4	T1019		05/21/13	05/21/13	36.00	151.92	
244343	5	T1019		05/22/13	05/22/13	36.00	151.92	
244343	6	T1019		05/23/13	05/23/13	36.00	151.92	
					CLAIM TOTAL		877.76	CLAIM ACCOUNT REF. 2443430012012498SUP

REPORT DATE 05/29/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 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
244335	1	T1019		05/18/13	05/18/13	24.00	101.28
244335	2	T1019		05/20/13	05/20/13	24.00	101.28
244335	3	T1019		05/21/13	05/21/13	24.00	101.28
244335	4	T1019		05/22/13	05/22/13	24.00	101.28
244335	5	T1019		05/23/13	05/23/13	24.00	101.28
244335	6	T1019		05/24/13	05/24/13	24.00	101.28
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2443350012012683SUP

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
244346	1	T1019		05/18/13	05/18/13	32.00	135.04
244346	2	T1019		05/19/13	05/19/13	32.00	135.04
244346	3	T1019		05/20/13	05/20/13	20.00	84.40
244346	4	T1019		05/21/13	05/21/13	32.00	135.04
244346	5	T1019		05/22/13	05/22/13	20.00	84.40
244346	6	T1019		05/23/13	05/23/13	32.00	135.04
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2443460012012772SUP

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
244319	1	T1019		05/20/13	05/20/13	20.00	84.40
CLAIM TOTAL							84.40
CLAIM ACCOUNT REF.							2443190012012949SUP

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
244336	1	T1020		05/18/13	05/18/13	12.00	202.56
244336	2	T1020		05/19/13	05/19/13	12.00	202.56
244336	3	T1020		05/20/13	05/20/13	12.00	202.56
244336	4	T1020		05/21/13	05/21/13	12.00	202.56
244336	5	T1020		05/22/13	05/22/13	12.00	202.56

REPORT DATE 05/29/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
244336	6	T1020		05/23/13	05/23/13	24.00	405.12	
244336	7	T1020		05/24/13	05/24/13	12.00	202.56	
					CLAIM TOTAL	1,620.48		CLAIM ACCOUNT REF. 2443360012013053SUP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	206	TOTAL CLAIM AMOUNT =	27,413.12
		# SERVICES =	36		

REPORT DATE 05/29/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

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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
244378	1	T1019		05/18/13	05/18/13	40.00	171.60
244378	2	T1019		05/19/13	05/19/13	40.00	171.60
244378	3	T1019		05/20/13	05/20/13	40.00	171.60
244378	4	T1019		05/21/13	05/21/13	40.00	171.60
244378	5	T1019		05/22/13	05/22/13	40.00	171.60
244378	6	T1019		05/23/13	05/23/13	40.00	171.60
244378	7	T1019		05/24/13	05/24/13	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2443780012008245SUP

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
244382	1	T1019		05/18/13	05/18/13	16.00	68.64
244382	2	T1019		05/19/13	05/19/13	16.00	68.64
244382	3	T1019		05/20/13	05/20/13	36.00	154.44
244382	4	T1019		05/21/13	05/21/13	36.00	154.44
244382	5	T1019		05/22/13	05/22/13	36.00	154.44
244382	6	T1019		05/23/13	05/23/13	36.00	154.44
244382	7	T1019		05/24/13	05/24/13	36.00	154.44
CLAIM TOTAL						909.48	CLAIM ACCOUNT REF. 2443820012008287SUP

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
244384	1	T1019		05/18/13	05/18/13	32.00	137.28
244384	2	T1019		05/19/13	05/19/13	32.00	137.28
244384	3	T1019		05/20/13	05/20/13	32.00	137.28
244384	4	T1019		05/21/13	05/21/13	32.00	137.28
244384	5	T1019		05/22/13	05/22/13	32.00	137.28
244384	6	T1019		05/23/13	05/23/13	32.00	137.28
244384	7	T1019		05/24/13	05/24/13	32.00	137.28
CLAIM TOTAL						960.96	CLAIM ACCOUNT REF. 2443840012008401SUP

REPORT DATE 05/29/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 87726 UNITEDHEALTHCARE

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 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
244380	1	T1019		05/18/13	05/18/13	48.00	205.92
244380	2	T1019		05/19/13	05/19/13	48.00	205.92
244380	3	T1019		05/20/13	05/20/13	48.00	205.92
244380	4	T1019		05/21/13	05/21/13	48.00	205.92
244380	5	T1019		05/22/13	05/22/13	48.00	205.92
244380	6	T1019		05/23/13	05/23/13	48.00	205.92
244380	7	T1019		05/24/13	05/24/13	48.00	205.92
CLAIM TOTAL						1,441.44	CLAIM ACCOUNT REF. 2443800012011881SUP

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
244381	1	T1019		05/18/13	05/18/13	12.00	51.48
244381	2	T1019		05/19/13	05/19/13	12.00	51.48
244381	3	T1019		05/20/13	05/20/13	12.00	51.48
244381	4	T1019		05/21/13	05/21/13	16.00	68.64
244381	5	T1019		05/22/13	05/22/13	16.00	68.64
244381	6	T1019		05/23/13	05/23/13	16.00	68.64
244381	7	T1019		05/24/13	05/24/13	16.00	68.64
CLAIM TOTAL						429.00	CLAIM ACCOUNT REF. 2443810012013149SUP

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
244383	1	T1019		05/18/13	05/18/13	16.00	68.64
244383	2	T1019		05/20/13	05/20/13	16.00	68.64
244383	3	T1019		05/21/13	05/21/13	8.00	34.32
244383	4	T1019		05/22/13	05/22/13	16.00	68.64
244383	5	T1019		05/23/13	05/23/13	16.00	68.64
244383	6	T1019		05/24/13	05/24/13	16.00	68.64
CLAIM TOTAL						377.52	CLAIM ACCOUNT REF. 2443830012013181SUP

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NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013182	2013182	FARFAN, MARIA	06/17/1924	101465838	610697951

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
244379	1	T1019		05/08/13	05/08/13	4.00	17.16		
244379	2	T1019		05/20/13	05/20/13	12.00	51.48		
244379	3	T1019		05/21/13	05/21/13	12.00	51.48		
244379	4	T1019		05/22/13	05/22/13	12.00	51.48		
244379	5	T1019		05/23/13	05/23/13	12.00	51.48		
244379	6	T1019		05/24/13	05/24/13	12.00	51.48		
					CLAIM TOTAL		274.56	CLAIM ACCOUNT REF.	2443790012013182SUP

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	47	TOTAL CLAIM AMOUNT =	5,594.16
		# SERVICES =	7		

REPORT DATE 05/29/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008266 2008266 GUERRA, LORRAINE 03/22/1948 712731594 103536057
DIAGNOSIS CODES: 431. 784.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
244454	1	T1019	0580	05/18/13	05/18/13	40.00	168.80
244454	2	T1019	0580	05/20/13	05/20/13	32.00	135.04
244454	3	T1019	0580	05/21/13	05/21/13	32.00	135.04
244454	4	T1019	0580	05/22/13	05/22/13	32.00	135.04
244454	5	T1019	0580	05/23/13	05/23/13	32.00	135.04
244454	6	T1019	0580	05/24/13	05/24/13	32.00	135.04
CLAIM TOTAL							844.00
CLAIM ACCOUNT REF.							2444540012008266SUP

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
244455	1	S5130	0582	05/23/13	05/23/13	16.00	67.52
244455	2	S5130	0582	05/24/13	05/24/13	16.00	67.52
CLAIM TOTAL							135.04
CLAIM ACCOUNT REF.							2444550012009279SUP

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
244457	1	T1019	0580	05/18/13	05/18/13	16.00	67.52
244457	2	T1019	0580	05/19/13	05/19/13	16.00	67.52
244457	3	T1019	0580	05/20/13	05/20/13	12.00	50.64
244457	4	T1019	0580	05/21/13	05/21/13	12.00	50.64
244457	5	T1019	0580	05/22/13	05/22/13	12.00	50.64
244457	6	T1019	0580	05/23/13	05/23/13	12.00	50.64
244457	7	T1019	0580	05/24/13	05/24/13	12.00	50.64
CLAIM TOTAL							388.24
CLAIM ACCOUNT REF.							2444570012010728SUP

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
244456	1	T1019	0580	05/18/13	05/18/13	20.00	84.40
244456	2	T1019	0580	05/19/13	05/19/13	20.00	84.40
244456	3	T1019	0580	05/20/13	05/20/13	16.00	67.52

REPORT DATE 05/29/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

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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	
244456	4	T1019	0580	05/21/13	05/21/13	16.00	67.52	
244456	5	T1019	0580	05/22/13	05/22/13	16.00	67.52	
244456	6	T1019	0580	05/23/13	05/23/13	16.00	67.52	
244456	7	T1019	0580	05/24/13	05/24/13	16.00	67.52	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2444560012010729SUP

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	
244460	1	T1019	0580	05/20/13	05/20/13	24.00	90.00	
244460	2	T1019	0580	05/22/13	05/22/13	24.00	90.00	
244460	3	T1019	0580	05/24/13	05/24/13	24.00	90.00	
					CLAIM TOTAL		270.00	CLAIM ACCOUNT REF. 2444600012012354SUP

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	
244461	1	T1019	0580	05/18/13	05/18/13	24.00	90.00	
244461	2	T1019	0580	05/20/13	05/20/13	24.00	90.00	
244461	3	T1019	0580	05/21/13	05/21/13	24.00	90.00	
244461	4	T1019	0580	05/22/13	05/22/13	24.00	90.00	
244461	5	T1019	0580	05/23/13	05/23/13	24.00	90.00	
244461	6	T1019	0580	05/24/13	05/24/13	24.00	90.00	
					CLAIM TOTAL		540.00	CLAIM ACCOUNT REF. 2444610012012357SUP

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	
244464	1	T1019	0580	05/20/13	05/20/13	16.00	60.00	
244464	2	T1019	0580	05/21/13	05/21/13	16.00	60.00	
244464	3	T1019	0580	05/22/13	05/22/13	16.00	60.00	
244464	4	T1019	0580	05/23/13	05/23/13	16.00	60.00	
244464	5	T1019	0580	05/24/13	05/24/13	16.00	60.00	
					CLAIM TOTAL		300.00	CLAIM ACCOUNT REF. 2444640012012358SUP

REPORT DATE 05/29/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

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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 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
244465	1	T1019	0580	05/20/13	05/20/13	20.00	75.00
244465	2	T1019	0580	05/21/13	05/21/13	20.00	75.00
244465	3	T1019	0580	05/22/13	05/22/13	20.00	75.00
244465	4	T1019	0580	05/23/13	05/23/13	20.00	75.00
244465	5	T1019	0580	05/24/13	05/24/13	20.00	75.00
CLAIM TOTAL							375.00

CLAIM ACCOUNT REF. 2444650012012362SUP

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
244462	1	T1019	0580	05/20/13	05/20/13	32.00	120.00
244462	2	T1019	0580	05/21/13	05/21/13	36.00	135.00
244462	3	T1019	0580	05/22/13	05/22/13	32.00	120.00
244462	4	T1019	0580	05/23/13	05/23/13	36.00	135.00
244462	5	T1019	0580	05/24/13	05/24/13	32.00	120.00
CLAIM TOTAL							630.00

CLAIM ACCOUNT REF. 2444620012012374SUP

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
244459	1	T1019	0580	05/20/13	05/20/13	28.00	105.00
244459	2	T1019	0580	05/21/13	05/21/13	32.00	120.00
244459	3	T1019	0580	05/22/13	05/22/13	28.00	105.00
244459	4	T1019	0580	05/23/13	05/23/13	28.00	105.00
244459	5	T1019	0580	05/24/13	05/24/13	16.00	60.00
CLAIM TOTAL							495.00

CLAIM ACCOUNT REF. 2444590012012732SUP

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
244458	1	T1019	0580	05/18/13	05/18/13	20.00	75.00
244458	2	T1019	0580	05/19/13	05/19/13	20.00	75.00
244458	3	T1019	0580	05/20/13	05/20/13	28.00	105.00

REPORT DATE 05/29/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

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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	
244458	4	T1019	0580	05/21/13	05/21/13	28.00	105.00	
244458	5	T1019	0580	05/22/13	05/22/13	28.00	105.00	
244458	6	T1019	0580	05/23/13	05/23/13	28.00	105.00	
244458	7	T1019	0580	05/24/13	05/24/13	28.00	105.00	
					CLAIM TOTAL		675.00	CLAIM ACCOUNT REF. 2444580012012876SUP

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	
244463	1	T1019	0580	05/20/13	05/20/13	16.00	60.00	
244463	2	T1019	0580	05/21/13	05/21/13	16.00	60.00	
244463	3	T1019	0580	05/22/13	05/22/13	16.00	60.00	
244463	4	T1019	0580	05/23/13	05/23/13	16.00	60.00	
244463	5	T1019	0580	05/24/13	05/24/13	16.00	60.00	
					CLAIM TOTAL		300.00	CLAIM ACCOUNT REF. 2444630012013018SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2009247	2013352	CARRILLO, MARIA	05/18/1956	UM13171B	
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	
244453	1	T1019	0580	05/21/13	05/21/13	20.00	84.40	
244453	2	T1019	0580	05/22/13	05/22/13	20.00	84.40	
244453	3	T1019	0580	05/23/13	05/23/13	20.00	84.40	
244453	4	T1019	0580	05/24/13	05/24/13	20.00	84.40	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2444530012013352SUP

PAYER TOTALS:	AMERIGROUP NEW YORK,LLC	# OF CLAIMS =	67	TOTAL CLAIM AMOUNT =	5,796.28
		# SERVICES =	13		

REPORT DATE 05/29/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

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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	
244472	1	T1019 1C		05/20/13	05/20/13	4.00	65.60	
244472	2	T1019 1C		05/21/13	05/21/13	4.00	65.60	
244472	3	T1019 1C		05/22/13	05/22/13	4.00	65.60	
244472	4	T1019 1C		05/23/13	05/23/13	4.00	65.60	
CLAIM TOTAL							262.40	CLAIM ACCOUNT REF. 2444720012011453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008389 2011453 MUSHAYEV, BORIS 08/14/1947 7235 464780
DIAGNOSIS CODES: 401.9 250.00 425.8 428.0 441.00 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
244473	1	T1019 1C		05/24/13	05/24/13	6.00	98.40	
CLAIM TOTAL							98.40	CLAIM ACCOUNT REF. 2444730012011453SUP

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	
244471	1	T1019 1C		05/20/13	05/20/13	4.00	65.60	
244471	2	T1019 1C		05/21/13	05/21/13	4.00	65.60	
244471	3	T1019 1C		05/22/13	05/22/13	4.00	65.60	
244471	4	T1019 1C		05/23/13	05/23/13	4.00	65.60	
244471	5	T1019 1C		05/24/13	05/24/13	4.00	65.60	
CLAIM TOTAL							328.00	CLAIM ACCOUNT REF. 2444710012011869SUP

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	
244469	1	T1019 1C		05/21/13	05/21/13	6.00	98.40	
244469	2	T1019 1C		05/22/13	05/22/13	6.00	98.40	
244469	3	T1019 1C		05/23/13	05/23/13	6.00	98.40	
244469	4	T1019 1C		05/24/13	05/24/13	6.00	98.40	
CLAIM TOTAL							393.60	CLAIM ACCOUNT REF. 2444690012011870SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

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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 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
244470	1	T1019 1C		05/18/13	05/18/13	4.00	65.60
244470	2	T1019 1C		05/19/13	05/19/13	2.50	41.00
244470	3	T1019 1C		05/20/13	05/20/13	4.00	65.60
244470	4	T1019 1C		05/21/13	05/21/13	4.00	65.60
244470	5	T1019 1C		05/22/13	05/22/13	4.00	65.60
244470	6	T1019 1C		05/23/13	05/23/13	4.00	65.60
244470	7	T1019 1C		05/24/13	05/24/13	4.00	65.60
CLAIM TOTAL							434.60
CLAIM ACCOUNT REF.							2444700012012213SUP

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
244477	1	T1019 1C		05/18/13	05/18/13	8.00	131.20
244477	2	T1019 1C		05/19/13	05/19/13	8.00	131.20
244477	3	T1019 1C		05/20/13	05/20/13	8.00	131.20
244477	4	T1019 1C		05/21/13	05/21/13	8.00	131.20
244477	5	T1019 1C		05/22/13	05/22/13	8.00	131.20
244477	6	T1019 1C		05/23/13	05/23/13	8.00	131.20
244477	7	T1019 1C		05/24/13	05/24/13	8.00	131.20
CLAIM TOTAL							918.40
CLAIM ACCOUNT REF.							2444770012013010SUP

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
244475	1	T1019 1C 1F		05/20/13	05/20/13	1.00	225.00
244475	2	T1019 1C 1F		05/21/13	05/21/13	1.00	225.00
CLAIM TOTAL							450.00
CLAIM ACCOUNT REF.							2444750012013223SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013320 2013320 PEREZ, RAFAELA 12/05/1934 8249 462100
DIAGNOSIS CODES: 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
244474	1	T1019 1C		05/18/13	05/18/13	8.00	131.20
244474	2	T1019 1C		05/19/13	05/19/13	8.00	131.20

REPORT DATE 05/29/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

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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
244474	3	T1019	1C		05/20/13	05/20/13	8.00	131.20
244474	4	T1019	1C		05/21/13	05/21/13	8.00	131.20
244474	5	T1019	1C		05/22/13	05/22/13	8.00	131.20
244474	6	T1019	1C		05/23/13	05/23/13	8.00	131.20
244474	7	T1019	1C		05/24/13	05/24/13	8.00	131.20
CLAIM TOTAL								918.40

CLAIM ACCOUNT REF. 2444740012013320SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011990	2013361	POLANCO, BRIGIDA	07/04/2012	9575	464363

DIAGNOSIS CODES: 369.4 401.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
244476	1	T1019	1C		05/22/13	05/22/13	12.00	196.80
244476	2	T1019	1C		05/23/13	05/23/13	12.00	196.80
244476	3	T1019	1C		05/24/13	05/24/13	12.00	196.80
CLAIM TOTAL								590.40

CLAIM ACCOUNT REF. 2444760012013361SUP

PAYER TOTALS: ICS # OF CLAIMS = 40 TOTAL CLAIM AMOUNT = 4,394.20
SERVICES = 8

REPORT DATE 05/29/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008382 2010800 GOMEZ, AGUSTINA 05/15/1933 JRX53860E01 2013051715500001
DIAGNOSIS CODES: 230.3 153.0 401.9 733.00 V60.3
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
244466	1	T1019	0580	05/18/13	05/18/13	36.00	151.92	
244466	2	T1019	0580	05/19/13	05/19/13	36.00	151.92	
244466	3	T1019	0580	05/20/13	05/20/13	36.00	151.92	
244466	4	T1019	0580	05/21/13	05/21/13	36.00	151.92	
244466	5	T1019	0580	05/22/13	05/22/13	36.00	151.92	
244466	6	T1019	0580	05/23/13	05/23/13	36.00	151.92	
244466	7	T1019	0580	05/24/13	05/24/13	36.00	151.92	
CLAIM TOTAL							1,063.44	CLAIM ACCOUNT REF. 2444660012010800SUP

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	
244468	1	T1019	0580	05/21/13	05/21/13	16.00	67.52	
244468	2	T1019	0580	05/22/13	05/22/13	16.00	67.52	
244468	3	T1019	0580	05/23/13	05/23/13	16.00	67.52	
244468	4	T1019	0580	05/24/13	05/24/13	16.00	67.52	
CLAIM TOTAL							270.08	CLAIM ACCOUNT REF. 2444680012010804SUP

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	
244467	1	T1019	0580	05/18/13	05/18/13	32.00	135.04	
244467	2	T1019	0580	05/19/13	05/19/13	32.00	135.04	
244467	3	T1019	0580	05/20/13	05/20/13	16.00	67.52	
244467	4	T1019	0580	05/21/13	05/21/13	16.00	67.52	
244467	5	T1019	0580	05/22/13	05/22/13	16.00	67.52	
244467	6	T1019	0580	05/23/13	05/23/13	16.00	67.52	
244467	7	T1019	0580	05/24/13	05/24/13	16.00	67.52	
CLAIM TOTAL							607.68	CLAIM ACCOUNT REF. 2444670012012890SUP

REPORT DATE 05/29/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

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

PAYER TOTALS:	HEALTHCARE PARTNERS IPA I	# OF CLAIMS =	18	TOTAL CLAIM AMOUNT =	1,941.20
		# SERVICES =	3		

PROVIDER TOTALS:	SUNNYSIDE CITYWIDE	# OF CLAIMS =	958	TOTAL CLAIM AMOUNT =	115,883.04
		# SERVICES =	165		