

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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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
241575	1	T1020		04/27/13	04/27/13	11.00	185.57
241575	2	T1020		04/29/13	04/29/13	6.00	101.22
241575	3	T1020		04/30/13	04/30/13	6.00	101.22
241575	4	T1020		05/01/13	05/01/13	6.00	101.22
241575	5	T1020		05/02/13	05/02/13	6.00	101.22
241575	6	T1020		05/03/13	05/03/13	6.00	101.22
CLAIM TOTAL						691.67	CLAIM ACCOUNT REF. 2415750012008267SUP

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
241572	1	T1020		04/27/13	04/27/13	9.00	151.83
241572	2	T1020		04/28/13	04/28/13	9.00	151.83
CLAIM TOTAL						303.66	CLAIM ACCOUNT REF. 2415720012008268SUP

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
241569	1	T1020		04/27/13	04/27/13	7.00	118.09
241569	2	T1020		04/28/13	04/28/13	7.00	118.09
241569	3	T1020		04/29/13	04/29/13	7.00	118.09
241569	4	T1020		04/30/13	04/30/13	7.00	118.09
241569	5	T1020		05/01/13	05/01/13	7.00	118.09
241569	6	T1020		05/02/13	05/02/13	7.00	118.09
241569	7	T1020		05/03/13	05/03/13	7.00	118.09
CLAIM TOTAL						826.63	CLAIM ACCOUNT REF. 2415690012008306SUP

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
241565	1	T1020		04/27/13	04/27/13	7.00	118.09
241565	2	T1020		04/28/13	04/28/13	7.00	118.09
241565	3	T1020		04/29/13	04/29/13	7.00	118.09

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PROVIDER ID = 113502051
PAYER ID = 11315

SUNNYSIDE CITYWIDE
FIDELIS CARE NY

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
241565	4	T1020		04/30/13	04/30/13	7.00	118.09	
241565	5	T1020		05/01/13	05/01/13	7.00	118.09	
241565	6	T1020		05/02/13	05/02/13	7.00	118.09	
241565	7	T1020		05/03/13	05/03/13	7.00	118.09	
					CLAIM TOTAL		826.63	CLAIM ACCOUNT REF. 2415650012008386SUP

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	
241574	1	T1020		04/30/13	04/30/13	8.00	134.96	
241574	2	T1020		05/01/13	05/01/13	8.00	134.96	
241574	3	T1020		05/02/13	05/02/13	5.00	84.35	
241574	4	T1020		05/03/13	05/03/13	9.00	151.83	
					CLAIM TOTAL		506.10	CLAIM ACCOUNT REF. 2415740012008400SUP

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	
241570	1	T1020		04/27/13	04/27/13	4.00	67.48	
241570	2	T1020		04/29/13	04/29/13	5.00	84.35	
241570	3	T1020		04/30/13	04/30/13	5.00	84.35	
241570	4	T1020		05/01/13	05/01/13	5.00	84.35	
241570	5	T1020		05/02/13	05/02/13	5.00	84.35	
241570	6	T1020		05/03/13	05/03/13	4.00	67.48	
					CLAIM TOTAL		472.36	CLAIM ACCOUNT REF. 2415700012010712SUP

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	
241567	1	T1020		04/27/13	04/27/13	1.00	16.87	
241567	2	T1020		04/28/13	04/28/13	1.00	16.87	
241567	3	T1020		04/29/13	04/29/13	1.00	16.87	
241567	4	T1020		04/30/13	04/30/13	1.00	16.87	
					CLAIM TOTAL		67.48	CLAIM ACCOUNT REF. 2415670012012726SUP

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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 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
241568	1	T1020		05/01/13	05/01/13	1.00	16.87
241568	2	T1020		05/02/13	05/02/13	1.00	16.87
241568	3	T1020		05/03/13	05/03/13	1.00	16.87
CLAIM TOTAL							50.61
CLAIM ACCOUNT REF.							2415680012012726SUP

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
241566	1	T1020		04/27/13	04/27/13	1.00	16.87
241566	2	T1020		04/28/13	04/28/13	1.00	16.87
241566	3	T1020		04/29/13	04/29/13	1.00	16.87
241566	4	T1020		04/30/13	04/30/13	1.00	16.87
241566	5	T1020		05/01/13	05/01/13	1.00	16.87
241566	6	T1020		05/03/13	05/03/13	1.00	16.87
CLAIM TOTAL							101.22
CLAIM ACCOUNT REF.							2415660012012985SUP

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
241571	1	T1020		04/29/13	04/29/13	7.00	118.09
241571	2	T1020		04/30/13	04/30/13	7.00	118.09
241571	3	T1020		05/01/13	05/01/13	7.00	118.09
241571	4	T1020		05/02/13	05/02/13	7.00	118.09
CLAIM TOTAL							472.36
CLAIM ACCOUNT REF.							2415710012013021SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013080 2013080 SALABERRY, ANA 07/26/1920 74237467100 130780781
DIAGNOSIS CODES: 401.9 427.89 536.9 780.93

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
241573	1	T1020		04/27/13	04/27/13	12.00	202.44
241573	2	T1020		04/29/13	04/29/13	12.00	202.44
241573	3	T1020		04/30/13	04/30/13	11.00	185.57
241573	4	T1020		05/01/13	05/01/13	12.00	202.44
241573	5	T1020		05/02/13	05/02/13	12.00	202.44

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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	
241573	6	T1020		05/03/13	05/03/13	12.00	202.44	
					CLAIM TOTAL		1,197.77	CLAIM ACCOUNT REF. 2415730012013080SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	55	TOTAL CLAIM AMOUNT =	5,516.49
		# SERVICES =	10		

REPORT DATE 05/08/13 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 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
241551	1	T1019		05/02/13	05/02/13	16.00	67.52
241551	2	T1019		05/03/13	05/03/13	16.00	67.52
CLAIM TOTAL							135.04

CLAIM ACCOUNT REF. 2415510012008261SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
241557	1	T1019		04/27/13	04/27/13	24.00	101.28
241557	2	T1019		04/28/13	04/28/13	24.00	101.28
241557	3	T1019		04/29/13	04/29/13	24.00	101.28
241557	4	T1019		04/30/13	04/30/13	24.00	101.28
241557	5	T1019		05/01/13	05/01/13	24.00	101.28
241557	6	T1019		05/02/13	05/02/13	24.00	101.28
241557	7	T1019		05/03/13	05/03/13	24.00	101.28
CLAIM TOTAL							708.96

CLAIM ACCOUNT REF. 2415570012008263SUP

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
241562	1	T1019		04/27/13	04/27/13	40.00	168.80
241562	2	T1019		04/28/13	04/28/13	40.00	168.80
241562	3	T1019		04/29/13	04/29/13	40.00	168.80
241562	4	T1019		04/30/13	04/30/13	40.00	168.80
241562	5	T1019		05/01/13	05/01/13	40.00	168.80
241562	6	T1019		05/02/13	05/02/13	40.00	168.80
241562	7	T1019		05/03/13	05/03/13	40.00	168.80
CLAIM TOTAL							1,181.60

CLAIM ACCOUNT REF. 2415620012008265SUP

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
241564	1	T1019		04/27/13	04/27/13	16.00	67.52
241564	2	T1019		04/28/13	04/28/13	16.00	67.52

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
241564	3	T1019		04/29/13	04/29/13	24.00	101.28
241564	4	T1019		04/30/13	04/30/13	24.00	101.28
241564	5	T1019		05/01/13	05/01/13	24.00	101.28
241564	6	T1019		05/02/13	05/02/13	24.00	101.28
241564	7	T1019		05/03/13	05/03/13	24.00	101.28
CLAIM TOTAL							641.44

CLAIM ACCOUNT REF. 2415640012008303SUP

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
241554	1	T1019		04/29/13	04/29/13	20.00	84.40
241554	2	T1019		04/30/13	04/30/13	20.00	84.40
241554	3	T1019		05/01/13	05/01/13	4.00	16.88
241554	4	T1019		05/02/13	05/02/13	16.00	67.52
241554	5	T1019		05/03/13	05/03/13	16.00	67.52
CLAIM TOTAL							320.72

CLAIM ACCOUNT REF. 2415540012008366SUP

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
241559	1	T1019		04/29/13	04/29/13	24.00	101.28
241559	2	T1019		04/30/13	04/30/13	24.00	101.28
241559	3	T1019		05/01/13	05/01/13	24.00	101.28
241559	4	T1019		05/02/13	05/02/13	24.00	101.28
241559	5	T1019		05/03/13	05/03/13	24.00	101.28
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2415590012008421SUP

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
241558	1	T1019		04/27/13	04/27/13	24.00	101.28
241558	2	T1019		04/29/13	04/29/13	24.00	101.28
241558	3	T1019		05/01/13	05/01/13	24.00	101.28
241558	4	T1019		05/02/13	05/02/13	24.00	101.28
241558	5	T1019		05/03/13	05/03/13	24.00	101.28
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2415580012008422SUP

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
241563	1	T1019		04/29/13	04/29/13	16.00	67.52
241563	2	T1019		04/30/13	04/30/13	16.00	67.52
241563	3	T1019		05/02/13	05/02/13	16.00	67.52
241563	4	T1019		05/03/13	05/03/13	16.00	67.52
CLAIM TOTAL						270.08	CLAIM ACCOUNT REF. 2415630012008425SUP

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
241552	1	T1019		04/25/13	04/25/13	40.00	168.80
241552	2	T1019		04/27/13	04/27/13	40.00	168.80
241552	3	T1019		04/28/13	04/28/13	40.00	168.80
241552	4	T1019		04/29/13	04/29/13	40.00	168.80
241552	5	T1019		04/30/13	04/30/13	40.00	168.80
241552	6	T1019		05/02/13	05/02/13	40.00	168.80
241552	7	T1019		05/03/13	05/03/13	40.00	168.80
CLAIM TOTAL						1,181.60	CLAIM ACCOUNT REF. 2415520012008427SUP

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
241560	1	T1019		04/29/13	04/29/13	24.00	101.28
241560	2	T1019		04/30/13	04/30/13	24.00	101.28
241560	3	T1019		05/01/13	05/01/13	24.00	101.28
241560	4	T1019		05/02/13	05/02/13	24.00	101.28
241560	5	T1019		05/03/13	05/03/13	24.00	101.28
CLAIM TOTAL						506.40	CLAIM ACCOUNT REF. 2415600012008531SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008742 2008742 KROLL, KATHERINE 09/22/1949 10088829601 041013331477
DIAGNOSIS CODES: 340. 244.8 272.0 311. 386.2 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
241556	1	T1019		04/28/13	04/28/13	16.00	67.52
241556	2	T1019		04/29/13	04/29/13	28.00	118.16

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
241556	3	T1019		04/30/13	04/30/13	28.00	118.16	
241556	4	T1019		05/02/13	05/02/13	28.00	118.16	
241556	5	T1019		05/03/13	05/03/13	28.00	118.16	
					CLAIM TOTAL		540.16	CLAIM ACCOUNT REF. 2415560012008742SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
241550	1	T1019		04/29/13	04/29/13	16.00	67.52	
241550	2	T1019		04/30/13	04/30/13	24.00	101.28	
241550	3	T1019		05/01/13	05/01/13	24.00	101.28	
241550	4	T1019		05/02/13	05/02/13	24.00	101.28	
					CLAIM TOTAL		371.36	CLAIM ACCOUNT REF. 2415500012008802SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
241555	1	T1019		04/27/13	04/27/13	40.00	168.80	
241555	2	T1019		04/28/13	04/28/13	40.00	168.80	
241555	3	T1019		04/29/13	04/29/13	48.00	202.56	
241555	4	T1019		04/30/13	04/30/13	48.00	202.56	
241555	5	T1019		05/01/13	05/01/13	44.00	185.68	
241555	6	T1019		05/02/13	05/02/13	48.00	202.56	
241555	7	T1019		05/03/13	05/03/13	48.00	202.56	
					CLAIM TOTAL		1,333.52	CLAIM ACCOUNT REF. 2415550012009356SUP

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	
241547	1	T1019		04/24/13	04/24/13	32.00	135.04	
241547	2	T1019		04/27/13	04/27/13	32.00	135.04	
241547	3	T1019		04/28/13	04/28/13	32.00	135.04	
241547	4	T1019		04/29/13	04/29/13	32.00	135.04	
241547	5	T1019		04/30/13	04/30/13	32.00	135.04	
241547	6	T1019		05/01/13	05/01/13	32.00	135.04	
241547	7	T1019		05/02/13	05/02/13	32.00	135.04	
241547	8	T1019		05/03/13	05/03/13	32.00	135.04	

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							1,080.32	2415470012010143SUP
							CLAIM TOTAL	

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	CLAIM ACCOUNT REF.
241561	1	T1019		04/29/13	04/29/13	20.00	84.40	
241561	2	T1019		04/30/13	04/30/13	20.00	84.40	
241561	3	T1019		05/01/13	05/01/13	20.00	84.40	
241561	4	T1019		05/02/13	05/02/13	20.00	84.40	
241561	5	T1019		05/03/13	05/03/13	20.00	84.40	
							CLAIM TOTAL	422.00
								2415610012010353SUP

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	CLAIM ACCOUNT REF.
241548	1	T1019		04/29/13	04/29/13	36.00	151.92	
241548	2	T1019		04/30/13	04/30/13	36.00	151.92	
241548	3	T1019		05/01/13	05/01/13	36.00	151.92	
241548	4	T1019		05/02/13	05/02/13	36.00	151.92	
241548	5	T1019		05/03/13	05/03/13	36.00	151.92	
							CLAIM TOTAL	759.60
								2415480012010878SUP

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	CLAIM ACCOUNT REF.
241549	1	T1019		04/27/13	04/27/13	48.00	202.56	
241549	2	T1019		04/28/13	04/28/13	44.00	185.68	
241549	3	T1019		04/29/13	04/29/13	48.00	202.56	
241549	4	T1019		04/30/13	04/30/13	48.00	202.56	
241549	5	T1019		05/01/13	05/01/13	48.00	202.56	
241549	6	T1019		05/02/13	05/02/13	48.00	202.56	
241549	7	T1019		05/03/13	05/03/13	48.00	202.56	
							CLAIM TOTAL	1,401.04
								2415490012012500SUP

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NPI = 1154407492

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
241553	1	T1019		05/02/13	05/02/13	16.00	67.52	
241553	2	T1019		05/03/13	05/03/13	16.00	67.52	
					CLAIM TOTAL		135.04	CLAIM ACCOUNT REF. 2415530012013207SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	97	TOTAL CLAIM AMOUNT =	12,001.68
		# SERVICES =	18		

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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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
241603	1	T1019		04/27/13	04/27/13	4.00	68.60
241603	2	T1019		04/28/13	04/28/13	4.00	68.60
241603	3	T1019		04/29/13	04/29/13	12.00	205.80
241603	4	T1019		04/30/13	04/30/13	12.00	205.80
241603	5	T1019		05/01/13	05/01/13	12.00	205.80
241603	6	T1019		05/02/13	05/02/13	12.00	205.80
241603	7	T1019		05/03/13	05/03/13	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2416030012008233SUP

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
241610	1	T1019		04/27/13	04/27/13	8.00	137.20
241610	2	T1019		04/28/13	04/28/13	7.00	120.05
241610	3	T1019		04/29/13	04/29/13	11.00	188.65
241610	4	T1019		04/30/13	04/30/13	11.00	188.65
241610	5	T1019		05/01/13	05/01/13	11.00	188.65
241610	6	T1019		05/02/13	05/02/13	11.00	188.65
241610	7	T1019		05/03/13	05/03/13	11.00	188.65
CLAIM TOTAL						1,200.50	CLAIM ACCOUNT REF. 2416100012008236SUP

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
241608	1	T1019		04/30/13	04/30/13	10.00	171.50
241608	2	T1019		05/01/13	05/01/13	10.00	171.50
241608	3	T1019		05/02/13	05/02/13	9.00	154.35
241608	4	T1019		05/03/13	05/03/13	9.00	154.35
CLAIM TOTAL						651.70	CLAIM ACCOUNT REF. 2416080012008385SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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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
241606	1	T1019		04/19/13	04/19/13	1.00	17.15
241606	2	T1019		04/27/13	04/27/13	5.00	85.75
241606	3	T1019		04/28/13	04/28/13	5.00	85.75
241606	4	T1019		04/29/13	04/29/13	3.00	51.45
241606	5	T1019		04/30/13	04/30/13	4.00	68.60
241606	6	T1019		05/03/13	05/03/13	5.00	85.75
CLAIM TOTAL							394.45
CLAIM ACCOUNT REF.							2416060012008417SUP

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
241612	1	T1019		04/29/13	04/29/13	1.00	17.15
241612	2	T1019		04/30/13	04/30/13	8.00	137.20
241612	3	T1019		05/01/13	05/01/13	8.00	137.20
241612	4	T1019		05/03/13	05/03/13	8.00	137.20
CLAIM TOTAL							428.75
CLAIM ACCOUNT REF.							2416120012008418SUP

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
241604	1	T1019		04/27/13	04/27/13	10.00	171.50
241604	2	T1019		04/28/13	04/28/13	10.00	171.50
241604	3	T1019		04/29/13	04/29/13	10.00	171.50
241604	4	T1019		04/30/13	04/30/13	10.00	171.50
241604	5	T1019		05/01/13	05/01/13	10.00	171.50
241604	6	T1019		05/02/13	05/02/13	10.00	171.50
241604	7	T1019		05/03/13	05/03/13	10.00	171.50
CLAIM TOTAL							1,200.50
CLAIM ACCOUNT REF.							2416040012008743SUP

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
241613	1	T1019		04/22/13	04/22/13	5.00	85.75

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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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
241613	2	T1019		04/23/13	04/23/13	5.00	85.75
CLAIM TOTAL							171.50
							CLAIM ACCOUNT REF. 2416130012009377SUP

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
241614	1	T1019		04/24/13	04/24/13	5.00	85.75
241614	2	T1019		04/25/13	04/25/13	5.00	85.75
241614	3	T1019		04/28/13	04/28/13	5.00	85.75
241614	4	T1019		04/29/13	04/29/13	5.00	85.75
241614	5	T1019		05/02/13	05/02/13	5.00	85.75
241614	6	T1019		05/03/13	05/03/13	5.00	85.75
CLAIM TOTAL							514.50
							CLAIM ACCOUNT REF. 2416140012009377SUP

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
241611	1	T1019		04/27/13	04/27/13	8.00	137.20
241611	2	T1019		04/29/13	04/29/13	3.00	51.45
241611	3	T1019		04/30/13	04/30/13	3.00	51.45
241611	4	T1019		05/01/13	05/01/13	3.00	51.45
241611	5	T1019		05/02/13	05/02/13	3.00	51.45
241611	6	T1019		05/03/13	05/03/13	4.00	68.60
CLAIM TOTAL							411.60
							CLAIM ACCOUNT REF. 2416110012009688SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008279	2010213	VALLE, BLASINA	02/03/1929	QG00558G	0110231290062
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
241616	1	T1019		02/28/13	02/28/13	8.00	137.20
CLAIM TOTAL							137.20
							CLAIM ACCOUNT REF. 2416160012010213SUP

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
241617	1	T1019		04/27/13	04/27/13	5.00	85.75

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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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
241617	2	T1019		04/28/13	04/28/13	5.00	85.75
241617	3	T1019		04/29/13	04/29/13	6.00	102.90
241617	4	T1019		04/30/13	04/30/13	5.00	85.75
241617	5	T1019		05/01/13	05/01/13	5.00	85.75
241617	6	T1019		05/02/13	05/02/13	5.00	85.75
241617	7	T1019		05/03/13	05/03/13	6.00	102.90
CLAIM TOTAL							634.55

CLAIM ACCOUNT REF. 2416170012010213SUP

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
241609	1	T1019		04/27/13	04/27/13	3.00	51.45
241609	2	T1019		04/28/13	04/28/13	3.00	51.45
241609	3	T1019		04/29/13	04/29/13	3.00	51.45
241609	4	T1019		04/30/13	04/30/13	3.00	51.45
241609	5	T1019		05/01/13	05/01/13	3.00	51.45
241609	6	T1019		05/02/13	05/02/13	3.00	51.45
241609	7	T1019		05/03/13	05/03/13	3.00	51.45
CLAIM TOTAL							360.15

CLAIM ACCOUNT REF. 2416090012010886SUP

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
241605	1	T1019		04/27/13	04/27/13	23.00	394.45
241605	2	T1019		04/28/13	04/28/13	24.00	411.60
241605	3	T1019		04/29/13	04/29/13	24.00	411.60
241605	4	T1019		04/30/13	04/30/13	23.00	394.45
241605	5	T1019		05/01/13	05/01/13	24.00	411.60
241605	6	T1019		05/02/13	05/02/13	24.00	411.60
241605	7	T1019		05/03/13	05/03/13	24.00	411.60
CLAIM TOTAL							2,846.90

CLAIM ACCOUNT REF. 2416050012011286SUP

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
241615	1	T1019		04/27/13	04/27/13	4.00	68.60
241615	2	T1019		04/28/13	04/28/13	4.00	68.60

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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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	
241615	3	T1019		04/29/13	04/29/13	4.00	68.60	
241615	4	T1019		04/30/13	04/30/13	4.00	68.60	
241615	5	T1019		05/01/13	05/01/13	4.00	68.60	
241615	6	T1019		05/02/13	05/02/13	4.00	68.60	
241615	7	T1019		05/03/13	05/03/13	4.00	68.60	
				CLAIM TOTAL			480.20	CLAIM ACCOUNT REF. 2416150012013071SUP

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	
241607	1	T1019		05/01/13	05/01/13	8.00	137.20	
241607	2	T1019		05/02/13	05/02/13	8.00	137.20	
241607	3	T1019		05/03/13	05/03/13	8.00	137.20	
				CLAIM TOTAL			411.60	CLAIM ACCOUNT REF. 2416070012013185SUP

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	81	TOTAL CLAIM AMOUNT =	11,010.30
		# SERVICES =	13		

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
241647	1	T1019		04/27/13	04/27/13	36.00	154.80
241647	2	T1019		04/28/13	04/28/13	36.00	154.80
241647	3	T1019		04/29/13	04/29/13	36.00	154.80
241647	4	T1019		04/30/13	04/30/13	36.00	154.80
241647	5	T1019		05/01/13	05/01/13	36.00	154.80
241647	6	T1019		05/02/13	05/02/13	36.00	154.80
241647	7	T1019		05/03/13	05/03/13	36.00	154.80
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2416470012008286SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008495 2008495 MARTINEZ, MARIA 09/05/1958 ZV42745Q 110885355
DIAGNOSIS CODES: 250.00 244.8 295.90 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
241634	1	T1019		04/27/13	04/27/13	24.00	103.20
241634	2	T1019		04/28/13	04/28/13	24.00	103.20
241634	3	T1019		04/29/13	04/29/13	24.00	103.20
241634	4	T1019		04/30/13	04/30/13	24.00	103.20
241634	5	T1019		05/01/13	05/01/13	24.00	103.20
241634	6	T1019		05/02/13	05/02/13	24.00	103.20
241634	7	T1019		05/03/13	05/03/13	24.00	103.20
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2416340012008495SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012101 2012101 BATILO, MARTA 02/23/1917 708125 111458770
DIAGNOSIS CODES: 715.00 272.2 285.29 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
241619	1	T1019		04/27/13	04/27/13	28.00	120.40
241619	2	T1019		04/29/13	04/29/13	28.00	120.40
241619	3	T1019		04/30/13	04/30/13	28.00	120.40
241619	4	T1019		05/01/13	05/01/13	28.00	120.40
241619	5	T1019		05/02/13	05/02/13	28.00	120.40
241619	6	T1019		05/03/13	05/03/13	28.00	120.40
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2416190012012101SUP

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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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 111353605
DIAGNOSIS CODES: 401.9 272.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
241620	1	T1019		04/29/13	04/29/13	16.00	68.80
241620	2	T1019		04/30/13	04/30/13	16.00	68.80
CLAIM TOTAL							137.60

CLAIM ACCOUNT REF. 2416200012012102SUP

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
241621	1	T1019		05/01/13	05/01/13	16.00	68.80
241621	2	T1019		05/02/13	05/02/13	16.00	68.80
241621	3	T1019		05/03/13	05/03/13	16.00	68.80
CLAIM TOTAL							206.40

CLAIM ACCOUNT REF. 2416210012012102SUP

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
241622	1	T1019		04/27/13	04/27/13	40.00	172.00
241622	2	T1019		04/28/13	04/28/13	40.00	172.00
241622	3	T1019		04/29/13	04/29/13	40.00	172.00
241622	4	T1019		04/30/13	04/30/13	40.00	172.00
241622	5	T1019		05/01/13	05/01/13	40.00	172.00
241622	6	T1019		05/02/13	05/02/13	40.00	172.00
241622	7	T1019		05/03/13	05/03/13	40.00	172.00
CLAIM TOTAL							1,204.00

CLAIM ACCOUNT REF. 2416220012012104SUP

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
241624	1	T1019		04/29/13	04/29/13	32.00	137.60
241624	2	T1019		04/30/13	04/30/13	32.00	137.60
241624	3	T1019		05/01/13	05/01/13	32.00	137.60
241624	4	T1019		05/02/13	05/02/13	32.00	137.60
241624	5	T1019		05/03/13	05/03/13	32.00	137.60
CLAIM TOTAL							688.00

CLAIM ACCOUNT REF. 2416240012012107SUP

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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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
241626	1	T1019		04/29/13	04/29/13	24.00	103.20
241626	2	T1019		04/30/13	04/30/13	24.00	103.20
241626	3	T1019		05/01/13	05/01/13	24.00	103.20
241626	4	T1019		05/02/13	05/02/13	24.00	103.20
241626	5	T1019		05/03/13	05/03/13	24.00	103.20
CLAIM TOTAL							516.00

CLAIM ACCOUNT REF. 2416260012012108SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012110 2012110 GOMEZ, RANNIE 09/11/1917 698802 111549523
DIAGNOSIS CODES: 401.9 272.2 365.9 428.0 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
241627	1	T1019		04/29/13	04/29/13	28.00	120.40
241627	2	T1019		04/30/13	04/30/13	28.00	120.40
CLAIM TOTAL							240.80

CLAIM ACCOUNT REF. 2416270012012110SUP

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
241628	1	T1019		05/01/13	05/01/13	28.00	120.40
241628	2	T1019		05/02/13	05/02/13	28.00	120.40
241628	3	T1019		05/03/13	05/03/13	28.00	120.40
CLAIM TOTAL							361.20

CLAIM ACCOUNT REF. 2416280012012110SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
241629	1	T1019		04/27/13	04/27/13	20.00	86.00
241629	2	T1019		04/28/13	04/28/13	20.00	86.00
241629	3	T1019		04/29/13	04/29/13	16.00	68.80
241629	4	T1019		04/30/13	04/30/13	16.00	68.80
241629	5	T1019		05/01/13	05/01/13	16.00	68.80
241629	6	T1019		05/02/13	05/02/13	16.00	68.80
241629	7	T1019		05/03/13	05/03/13	16.00	68.80
CLAIM TOTAL							516.00

CLAIM ACCOUNT REF. 2416290012012117SUP

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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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 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
241631	1	T1019		04/29/13	04/29/13	28.00	120.40
241631	2	T1019		04/30/13	04/30/13	28.00	120.40
241631	3	T1019		05/01/13	05/01/13	28.00	120.40
241631	4	T1019		05/02/13	05/02/13	28.00	120.40
241631	5	T1019		05/03/13	05/03/13	28.00	120.40
CLAIM TOTAL							602.00

CLAIM ACCOUNT REF. 2416310012012120SUP

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
241636	1	T1019		04/15/13	04/15/13	32.00	137.60
241636	2	T1019		04/22/13	04/22/13	32.00	137.60
241636	3	T1019		04/24/13	04/24/13	32.00	137.60
241636	4	T1019		04/27/13	04/27/13	32.00	137.60
241636	5	T1019		04/28/13	04/28/13	32.00	137.60
241636	6	T1019		04/29/13	04/29/13	32.00	137.60
241636	7	T1019		04/30/13	04/30/13	32.00	137.60
241636	8	T1019		05/01/13	05/01/13	32.00	137.60
241636	9	T1019		05/02/13	05/02/13	32.00	137.60
241636	10	T1019		05/03/13	05/03/13	32.00	137.60
CLAIM TOTAL							1,376.00

CLAIM ACCOUNT REF. 2416360012012121SUP

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
241637	1	T1019		04/27/13	04/27/13	20.00	86.00
241637	2	T1019		04/28/13	04/28/13	20.00	86.00
241637	3	T1019		04/29/13	04/29/13	20.00	86.00
241637	4	T1019		04/30/13	04/30/13	20.00	86.00
241637	5	T1019		05/01/13	05/01/13	20.00	86.00
241637	6	T1019		05/02/13	05/02/13	20.00	86.00
241637	7	T1019		05/03/13	05/03/13	20.00	86.00
CLAIM TOTAL							602.00

CLAIM ACCOUNT REF. 2416370012012122SUP

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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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 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	
241640	1	T1019		04/27/13	04/27/13	20.00	86.00	
241640	2	T1019		04/28/13	04/28/13	20.00	86.00	
241640	3	T1019		04/29/13	04/29/13	28.00	120.40	
241640	4	T1019		04/30/13	04/30/13	28.00	120.40	
241640	5	T1019		05/01/13	05/01/13	28.00	120.40	
241640	6	T1019		05/02/13	05/02/13	28.00	120.40	
241640	7	T1019		05/03/13	05/03/13	28.00	120.40	
					CLAIM TOTAL		774.00	CLAIM ACCOUNT REF. 2416400012012130SUP

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	
241642	1	T1019		04/29/13	04/29/13	16.00	68.80	
241642	2	T1019		05/01/13	05/01/13	16.00	68.80	
					CLAIM TOTAL		137.60	CLAIM ACCOUNT REF. 2416420012012131SUP

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	
241641	1	T1019		04/15/13	04/15/13	32.00	137.60	
241641	2	T1019		04/19/13	04/19/13	32.00	137.60	
241641	3	T1019		04/22/13	04/22/13	32.00	137.60	
241641	4	T1019		04/27/13	04/27/13	20.00	86.00	
241641	5	T1019		04/28/13	04/28/13	20.00	86.00	
241641	6	T1019		04/29/13	04/29/13	32.00	137.60	
241641	7	T1019		04/30/13	04/30/13	32.00	137.60	
241641	8	T1019		05/01/13	05/01/13	32.00	137.60	
241641	9	T1019		05/02/13	05/02/13	32.00	137.60	
241641	10	T1019		05/03/13	05/03/13	32.00	137.60	
					CLAIM TOTAL		1,272.80	CLAIM ACCOUNT REF. 2416410012012132SUP

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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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 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	
241655	1	T1019		04/29/13	04/29/13	28.00	120.40	
241655	2	T1019		04/30/13	04/30/13	28.00	120.40	
241655	3	T1019		05/01/13	05/01/13	28.00	120.40	
241655	4	T1019		05/02/13	05/02/13	28.00	120.40	
241655	5	T1019		05/03/13	05/03/13	28.00	120.40	
CLAIM TOTAL							602.00	CLAIM ACCOUNT REF. 2416550012012134SUP

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	
241657	1	T1019		04/29/13	04/29/13	32.00	137.60	
241657	2	T1019		04/30/13	04/30/13	32.00	137.60	
241657	3	T1019		05/01/13	05/01/13	32.00	137.60	
241657	4	T1019		05/02/13	05/02/13	32.00	137.60	
241657	5	T1019		05/03/13	05/03/13	32.00	137.60	
CLAIM TOTAL							688.00	CLAIM ACCOUNT REF. 2416570012012137SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012138 2012138 VENTURA, CLARA 09/17/1951 720456 111324838
DIAGNOSIS CODES: 253.5 401.9 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
241658	1	T1019		04/29/13	04/29/13	16.00	68.80	
241658	2	T1019		04/30/13	04/30/13	16.00	68.80	
CLAIM TOTAL							137.60	CLAIM ACCOUNT REF. 2416580012012138SUP

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	
241659	1	T1019		05/01/13	05/01/13	16.00	68.80	
241659	2	T1019		05/02/13	05/02/13	16.00	68.80	
241659	3	T1019		05/03/13	05/03/13	16.00	68.80	
CLAIM TOTAL							206.40	CLAIM ACCOUNT REF. 2416590012012138SUP

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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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 2012140 2012140 PATRICK, IMAGE 03/27/1930 737028 111597004
DIAGNOSIS CODES: 294.10 153.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
241643	1	T1019		04/29/13	04/29/13	32.00	137.60	
241643	2	T1019		04/30/13	04/30/13	32.00	137.60	
CLAIM TOTAL							275.20	CLAIM ACCOUNT REF. 2416430012012140SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012141 2012141 SANTOS MARQUEZ, MARIA 07/16/1961 688801 111336515
DIAGNOSIS CODES: 958.8 599.70 692.9 795.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
241653	1	T1019		04/29/13	04/29/13	16.00	68.80	
CLAIM TOTAL							68.80	CLAIM ACCOUNT REF. 2416530012012141SUP

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	
241654	1	T1019		05/01/13	05/01/13	16.00	68.80	
CLAIM TOTAL							68.80	CLAIM ACCOUNT REF. 2416540012012141SUP

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	
241635	1	T1019		04/29/13	04/29/13	12.00	51.60	
241635	2	T1019		04/30/13	04/30/13	12.00	51.60	
241635	3	T1019		05/01/13	05/01/13	12.00	51.60	
241635	4	T1019		05/02/13	05/02/13	12.00	51.60	
241635	5	T1019		05/03/13	05/03/13	12.00	51.60	
CLAIM TOTAL							258.00	CLAIM ACCOUNT REF. 2416350012012142SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012143 2012143 MURPHY, RUBY 04/13/1955 698832 111381584
DIAGNOSIS CODES: 585.3 311. 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
241638	1	T1019		04/29/13	04/29/13	16.00	68.80	
241638	2	T1019		04/30/13	04/30/13	16.00	68.80	

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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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	CLAIM ACCOUNT REF.
						CLAIM TOTAL	137.60	2416380012012143SUP

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	CLAIM ACCOUNT REF.
241639	1	T1019		05/01/13	05/01/13	16.00	68.80	
241639	2	T1019		05/02/13	05/02/13	16.00	68.80	
						CLAIM TOTAL	137.60	2416390012012143SUP

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	CLAIM ACCOUNT REF.
241646	1	T1019		04/29/13	04/29/13	20.00	86.00	
241646	2	T1019		05/01/13	05/01/13	20.00	86.00	
241646	3	T1019		05/03/13	05/03/13	20.00	86.00	
						CLAIM TOTAL	258.00	2416460012012144SUP

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	CLAIM ACCOUNT REF.
241644	1	T1019		04/29/13	04/29/13	16.00	68.80	
241644	2	T1019		04/30/13	04/30/13	16.00	68.80	
241644	3	T1019		05/01/13	05/01/13	16.00	68.80	
241644	4	T1019		05/02/13	05/02/13	16.00	68.80	
241644	5	T1019		05/03/13	05/03/13	16.00	68.80	
						CLAIM TOTAL	344.00	2416440012012145SUP

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
241645	1	T1019		04/29/13	04/29/13	16.00	68.80
241645	2	T1019		04/30/13	04/30/13	16.00	68.80
241645	3	T1019		05/01/13	05/01/13	16.00	68.80
241645	4	T1019		05/02/13	05/02/13	16.00	68.80
241645	5	T1019		05/03/13	05/03/13	16.00	68.80

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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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	CLAIM ACCOUNT REF.
						CLAIM TOTAL	344.00	2416450012012146SUP

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	CLAIM ACCOUNT REF.
241648	1	T1019		04/23/13	04/23/13	32.00	137.60	
241648	2	T1019		04/27/13	04/27/13	32.00	137.60	
241648	3	T1019		04/29/13	04/29/13	32.00	137.60	
241648	4	T1019		04/30/13	04/30/13	32.00	137.60	
241648	5	T1019		05/01/13	05/01/13	32.00	137.60	
241648	6	T1019		05/02/13	05/02/13	32.00	137.60	
241648	7	T1019		05/03/13	05/03/13	32.00	137.60	
						CLAIM TOTAL	963.20	2416480012012149SUP

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	CLAIM ACCOUNT REF.
241649	1	T1019		04/27/13	04/27/13	32.00	137.60	
241649	2	T1019		04/28/13	04/28/13	32.00	137.60	
241649	3	T1019		04/29/13	04/29/13	32.00	137.60	
241649	4	T1019		04/30/13	04/30/13	32.00	137.60	
241649	5	T1019		05/01/13	05/01/13	32.00	137.60	
241649	6	T1019		05/02/13	05/02/13	32.00	137.60	
241649	7	T1019		05/03/13	05/03/13	32.00	137.60	
						CLAIM TOTAL	963.20	2416490012012152SUP

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
241650	1	T1019		04/20/13	04/20/13	24.00	103.20
241650	2	T1019		04/22/13	04/22/13	24.00	103.20
241650	3	T1019		04/23/13	04/23/13	24.00	103.20
241650	4	T1019		04/24/13	04/24/13	24.00	103.20
241650	5	T1019		04/25/13	04/25/13	24.00	103.20
241650	6	T1019		04/26/13	04/26/13	24.00	103.20
241650	7	T1019		04/27/13	04/27/13	24.00	103.20
241650	8	T1019		04/29/13	04/29/13	24.00	103.20

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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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	
241650	9	T1019		04/30/13	04/30/13	24.00	103.20	
241650	10	T1019		05/01/13	05/01/13	24.00	103.20	
241650	11	T1019		05/02/13	05/02/13	24.00	103.20	
241650	12	T1019		05/03/13	05/03/13	24.00	103.20	
				CLAIM TOTAL		1,238.40		CLAIM ACCOUNT REF. 2416500012012154SUP

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	
241652	1	T1019		04/29/13	04/29/13	20.00	86.00	
241652	2	T1019		04/30/13	04/30/13	20.00	86.00	
241652	3	T1019		05/01/13	05/01/13	20.00	86.00	
241652	4	T1019		05/02/13	05/02/13	20.00	86.00	
241652	5	T1019		05/03/13	05/03/13	20.00	86.00	
				CLAIM TOTAL		430.00		CLAIM ACCOUNT REF. 2416520012012155SUP

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	
241632	1	T1019		04/27/13	04/27/13	48.00	206.40	
241632	2	T1019		04/28/13	04/28/13	48.00	206.40	
241632	3	T1019		04/29/13	04/29/13	48.00	206.40	
241632	4	T1019		04/30/13	04/30/13	48.00	206.40	
241632	5	T1019		05/01/13	05/01/13	48.00	206.40	
241632	6	T1019		05/03/13	05/03/13	48.00	206.40	
				CLAIM TOTAL		1,238.40		CLAIM ACCOUNT REF. 2416320012012158SUP

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	
241618	1	T1019		04/20/13	04/20/13	20.00	86.00	
241618	2	T1019		04/21/13	04/21/13	20.00	86.00	
241618	3	T1019		04/22/13	04/22/13	20.00	86.00	
241618	4	T1019		04/23/13	04/23/13	20.00	86.00	
241618	5	T1019		04/24/13	04/24/13	20.00	86.00	
241618	6	T1019		04/25/13	04/25/13	20.00	86.00	
241618	7	T1019		04/26/13	04/26/13	20.00	86.00	

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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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
241618	8	T1019		04/27/13	04/27/13	20.00	86.00
241618	9	T1019		04/28/13	04/28/13	20.00	86.00
241618	10	T1019		04/29/13	04/29/13	20.00	86.00
241618	11	T1019		04/30/13	04/30/13	20.00	86.00
241618	12	T1019		05/01/13	05/01/13	20.00	86.00
241618	13	T1019		05/02/13	05/02/13	20.00	86.00
241618	14	T1019		05/03/13	05/03/13	20.00	86.00
CLAIM TOTAL							1,204.00
							CLAIM ACCOUNT REF. 2416180012012161SUP

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
241656	1	T1019		04/27/13	04/27/13	36.00	154.80
241656	2	T1019		04/28/13	04/28/13	36.00	154.80
241656	3	T1019		04/29/13	04/29/13	36.00	154.80
241656	4	T1019		04/30/13	04/30/13	36.00	154.80
241656	5	T1019		05/01/13	05/01/13	36.00	154.80
241656	6	T1019		05/02/13	05/02/13	36.00	154.80
241656	7	T1019		05/03/13	05/03/13	36.00	154.80
CLAIM TOTAL							1,083.60
							CLAIM ACCOUNT REF. 2416560012012266SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
241651	1	T1019		04/19/13	04/19/13	16.00	68.80
241651	2	T1019		04/22/13	04/22/13	16.00	68.80
241651	3	T1019		04/24/13	04/24/13	16.00	68.80
241651	4	T1019		04/26/13	04/26/13	16.00	68.80
241651	5	T1019		04/29/13	04/29/13	16.00	68.80
241651	6	T1019		05/01/13	05/01/13	16.00	68.80
241651	7	T1019		05/03/13	05/03/13	16.00	68.80
CLAIM TOTAL							481.60
							CLAIM ACCOUNT REF. 2416510012012719SUP

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
241633	1	T1019		04/27/13	04/27/13	48.00	206.40

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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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	
241633	2	T1019		04/28/13	04/28/13	48.00	206.40	
241633	3	T1019		04/29/13	04/29/13	48.00	206.40	
241633	4	T1019		04/30/13	04/30/13	48.00	206.40	
241633	5	T1019		05/01/13	05/01/13	48.00	206.40	
241633	6	T1019		05/02/13	05/02/13	48.00	206.40	
241633	7	T1019		05/03/13	05/03/13	48.00	206.40	
				CLAIM TOTAL		1,444.80		CLAIM ACCOUNT REF. 2416330012012948SUP

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	
241625	1	T1019		04/25/13	04/25/13	20.00	86.00	
241625	2	T1019		04/27/13	04/27/13	20.00	86.00	
241625	3	T1019		04/28/13	04/28/13	20.00	86.00	
241625	4	T1019		04/29/13	04/29/13	20.00	86.00	
241625	5	T1019		04/30/13	04/30/13	20.00	86.00	
241625	6	T1019		05/01/13	05/01/13	20.00	86.00	
241625	7	T1019		05/02/13	05/02/13	20.00	86.00	
241625	8	T1019		05/03/13	05/03/13	20.00	86.00	
				CLAIM TOTAL		688.00		CLAIM ACCOUNT REF. 2416250012012952SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012953	2012953	CHOUHURY, 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	
241623	1	T1019		04/01/13	04/01/13	48.00	206.40	
241623	2	T1019		04/02/13	04/02/13	48.00	206.40	
241623	3	T1019		04/08/13	04/08/13	48.00	206.40	
241623	4	T1019		04/09/13	04/09/13	48.00	206.40	
241623	5	T1019		04/15/13	04/15/13	48.00	206.40	
241623	6	T1019		04/27/13	04/27/13	48.00	206.40	
241623	7	T1019		04/28/13	04/28/13	48.00	206.40	
241623	8	T1019		04/29/13	04/29/13	48.00	206.40	
241623	9	T1019		04/30/13	04/30/13	48.00	206.40	
241623	10	T1019		05/01/13	05/01/13	48.00	206.40	
241623	11	T1019		05/02/13	05/02/13	48.00	206.40	
241623	12	T1019		05/03/13	05/03/13	48.00	206.40	
				CLAIM TOTAL		2,476.80		CLAIM ACCOUNT REF. 2416230012012953SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #
111606565

CLAIM ACCOUNT REF. 2416300012012979SUP

PRIOR AUTHORIZATION #
111600572

CLAIM ACCOUNT REF. 2416600012012984SUP

PRIOR AUTHORIZATION #
111711486

CLAIM ACCOUNT REF. 2416610012012984SUP

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	242	TOTAL CLAIM AMOUNT =	28,638.00
		# SERVICES =	38		

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
241597	1	T1019	0580	03/19/13	03/19/13	40.00	168.80	
241597	2	T1019	0580	04/01/13	04/01/13	40.00	168.80	
CLAIM TOTAL							337.60	CLAIM ACCOUNT REF. 2415970012008491SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
241598	1	T1019	0580	04/29/13	04/29/13	40.00	168.80	
241598	2	T1019	0580	04/30/13	04/30/13	40.00	168.80	
241598	3	T1019	0580	05/01/13	05/01/13	40.00	168.80	
CLAIM TOTAL							506.40	CLAIM ACCOUNT REF. 2415980012008491SUP

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	
241601	1	T1019	0580	04/29/13	04/29/13	16.00	67.52	
241601	2	T1019	0580	04/30/13	04/30/13	16.00	67.52	
CLAIM TOTAL							135.04	CLAIM ACCOUNT REF. 2416010012008513SUP

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	
241602	1	T1019	0580	05/01/13	05/01/13	16.00	67.52	
241602	2	T1019	0580	05/02/13	05/02/13	16.00	67.52	
241602	3	T1019	0580	05/03/13	05/03/13	16.00	67.52	
CLAIM TOTAL							202.56	CLAIM ACCOUNT REF. 2416020012008513SUP

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
241599	1	T1019	0580	04/27/13	04/27/13	20.00	84.40

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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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
241599	2	T1019	0580	04/28/13	04/28/13	20.00	84.40
241599	3	T1019	0580	04/29/13	04/29/13	20.00	84.40
241599	4	T1019	0580	04/30/13	04/30/13	20.00	84.40
241599	5	T1019	0580	05/01/13	05/01/13	20.00	84.40
241599	6	T1019	0580	05/02/13	05/02/13	20.00	84.40
241599	7	T1019	0580	05/03/13	05/03/13	20.00	84.40
CLAIM TOTAL							590.80

CLAIM ACCOUNT REF. 2415990012008544SUP

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
241592	1	T1019	0580	05/02/13	05/02/13	16.00	67.52
241592	2	T1019	0580	05/03/13	05/03/13	16.00	67.52
CLAIM TOTAL							135.04

CLAIM ACCOUNT REF. 2415920012008723SUP

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
241584	1	T1019	0580	04/27/13	04/27/13	48.00	202.56
241584	2	T1019	0580	04/28/13	04/28/13	48.00	202.56
241584	3	T1019	0580	04/29/13	04/29/13	48.00	202.56
241584	4	T1019	0580	04/30/13	04/30/13	48.00	202.56
241584	5	T1019	0580	05/01/13	05/01/13	48.00	202.56
241584	6	T1019	0580	05/02/13	05/02/13	48.00	202.56
241584	7	T1019	0580	05/03/13	05/03/13	48.00	202.56
CLAIM TOTAL							1,417.92

CLAIM ACCOUNT REF. 2415840012008793SUP

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
241593	1	T1019	0580	04/27/13	04/27/13	32.00	135.04
241593	2	T1019	0580	04/28/13	04/28/13	32.00	135.04
241593	3	T1019	0580	04/29/13	04/29/13	32.00	135.04
241593	4	T1019	0580	04/30/13	04/30/13	32.00	135.04
241593	5	T1019	0580	05/01/13	05/01/13	32.00	135.04
241593	6	T1019	0580	05/02/13	05/02/13	32.00	135.04
241593	7	T1019	0580	05/03/13	05/03/13	32.00	135.04

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL
							945.28	
								CLAIM ACCOUNT REF. 2415930012009237SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL
241600	1	T1019	0580	05/03/13	05/03/13	20.00	84.40	
							84.40	
								CLAIM ACCOUNT REF. 2416000012009269SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL
241595	1	T1019	0580	04/27/13	04/27/13	16.00	67.52	
241595	2	T1019	0580	04/28/13	04/28/13	16.00	67.52	
241595	3	T1019	0580	04/29/13	04/29/13	16.00	67.52	
241595	4	T1019	0580	04/30/13	04/30/13	16.00	67.52	
241595	5	T1019	0580	05/01/13	05/01/13	16.00	67.52	
241595	6	T1019	0580	05/02/13	05/02/13	16.00	67.52	
241595	7	T1019	0580	05/03/13	05/03/13	16.00	67.52	
							472.64	
								CLAIM ACCOUNT REF. 2415950012009406SUP

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	CLAIM TOTAL
241596	1	T1019	0580	05/01/13	05/01/13	40.00	168.80	
241596	2	T1019	0580	05/02/13	05/02/13	40.00	168.80	
							337.60	
								CLAIM ACCOUNT REF. 2415960012009562SUP

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
241587	1	T1019	0580	04/29/13	04/29/13	16.00	67.52
241587	2	T1019	0580	04/30/13	04/30/13	16.00	67.52
241587	3	T1019	0580	05/01/13	05/01/13	16.00	67.52
241587	4	T1019	0580	05/02/13	05/02/13	16.00	67.52
241587	5	T1019	0580	05/03/13	05/03/13	16.00	67.52

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
							337.60		2415870012009686SUP

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	CLAIM TOTAL	CLAIM ACCOUNT REF.
241589	1	T1019	0580	04/27/13	04/27/13	28.00	118.16		
241589	2	T1019	0580	04/28/13	04/28/13	28.00	118.16		
241589	3	T1019	0580	04/29/13	04/29/13	28.00	118.16		
241589	4	T1019	0580	04/30/13	04/30/13	28.00	118.16		
241589	5	T1019	0580	05/01/13	05/01/13	28.00	118.16		
241589	6	T1019	0580	05/02/13	05/02/13	28.00	118.16		
241589	7	T1019	0580	05/03/13	05/03/13	28.00	118.16		
							827.12		2415890012009945SUP

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	CLAIM TOTAL	CLAIM ACCOUNT REF.
241588	1	T1019	0580	04/27/13	04/27/13	36.00	151.92		
241588	2	T1019	0580	04/28/13	04/28/13	36.00	151.92		
241588	3	T1019	0580	04/29/13	04/29/13	36.00	151.92		
241588	4	T1019	0580	04/30/13	04/30/13	36.00	151.92		
241588	5	T1019	0580	05/01/13	05/01/13	36.00	151.92		
241588	6	T1019	0580	05/02/13	05/02/13	36.00	151.92		
241588	7	T1019	0580	05/03/13	05/03/13	36.00	151.92		
							1,063.44		2415880012010991SUP

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	CLAIM TOTAL	CLAIM ACCOUNT REF.
241585	1	G0156	0572	04/27/13	04/27/13	8.00	114.00		
241585	2	G0156	0572	04/28/13	04/28/13	8.00	114.00		
241585	3	G0156	0572	04/29/13	04/29/13	8.00	114.00		
241585	4	G0156	0572	04/30/13	04/30/13	8.00	114.00		
241585	5	G0156	0572	05/01/13	05/01/13	8.00	114.00		
241585	6	G0156	0572	05/02/13	05/02/13	8.00	114.00		
241585	7	G0156	0572	05/03/13	05/03/13	8.00	114.00		
							798.00		2415850012011066SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008273 2011526 DE JESUS, TIBURCIO 08/11/1947 XX16524S 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
241586	1	G0156	0572	04/27/13	04/27/13	12.00	171.00
241586	2	G0156	0572	04/28/13	04/28/13	12.00	171.00
241586	3	G0156	0572	04/29/13	04/29/13	11.00	156.75
241586	4	G0156	0572	04/30/13	04/30/13	11.00	156.75
241586	5	G0156	0572	05/01/13	05/01/13	9.50	135.38
241586	6	G0156	0572	05/02/13	05/02/13	12.00	171.00
241586	7	G0156	0572	05/03/13	05/03/13	12.00	171.00
CLAIM TOTAL						1,132.88	CLAIM ACCOUNT REF. 2415860012011526SUP

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
241590	1	T1019	0580	04/27/13	04/27/13	48.00	202.56
241590	2	T1019	0580	04/28/13	04/28/13	48.00	202.56
241590	3	T1019	0580	04/29/13	04/29/13	48.00	202.56
241590	4	T1019	0580	04/30/13	04/30/13	48.00	202.56
241590	5	T1019	0580	05/01/13	05/01/13	48.00	202.56
241590	6	T1019	0580	05/02/13	05/02/13	44.00	185.68
241590	7	T1019	0580	05/03/13	05/03/13	48.00	202.56
CLAIM TOTAL						1,401.04	CLAIM ACCOUNT REF. 2415900012011833SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
241594	1	T1019	0580	04/29/13	04/29/13	20.00	84.40
241594	2	T1019	0580	04/30/13	04/30/13	20.00	84.40
241594	3	T1019	0580	05/01/13	05/01/13	20.00	84.40
241594	4	T1019	0580	05/02/13	05/02/13	20.00	84.40
241594	5	T1019	0580	05/03/13	05/03/13	20.00	84.40
CLAIM TOTAL						422.00	CLAIM ACCOUNT REF. 2415940012012343SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #
0005921983

CLAIM ACCOUNT REF. 2415910012012541SUP

PRIOR AUTHORIZATION #
0005923488

CLAIM ACCOUNT REF. 2415830012012547SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	98	TOTAL CLAIM AMOUNT =	12,160.16
		# SERVICES =	18		

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 77073 VNSNY CHOICE

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
241681	1	S5125		04/29/13	04/29/13	28.00	120.12
241681	2	S5125		05/01/13	05/01/13	28.00	120.12
241681	3	S5125		05/02/13	05/02/13	28.00	120.12
						CLAIM TOTAL	360.36
						CLAIM ACCOUNT REF.	2416810012010958SUP

PAYER TOTALS: VNSNY CHOICE # OF CLAIMS = 3 TOTAL CLAIM AMOUNT = 360.36
SERVICES = 1

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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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 R2212949
DIAGNOSIS CODES: 314.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
241530	1	T1019		04/27/13	04/27/13	12.00	50.64
241530	2	T1019		04/28/13	04/28/13	12.00	50.64
241530	3	T1019		04/29/13	04/29/13	12.00	50.64
241530	4	T1019		04/30/13	04/30/13	12.00	50.64
CLAIM TOTAL							202.56

CLAIM ACCOUNT REF. 2415300012008246SUP

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
241531	1	T1019		05/01/13	05/01/13	12.00	50.64
241531	2	T1019		05/02/13	05/02/13	12.00	50.64
241531	3	T1019		05/03/13	05/03/13	12.00	50.64
CLAIM TOTAL							151.92

CLAIM ACCOUNT REF. 2415310012008246SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008248 2008248 RIVERA, EDDIE 01/29/1960 YP34893V R2167051
DIAGNOSIS CODES: 339.02 367.1 369.10

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
241532	1	T1019		04/29/13	04/29/13	12.00	50.64
241532	2	T1019		04/30/13	04/30/13	12.00	50.64
CLAIM TOTAL							101.28

CLAIM ACCOUNT REF. 2415320012008248SUP

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
241533	1	T1019		05/01/13	05/01/13	12.00	50.64
241533	2	T1019		05/02/13	05/02/13	12.00	50.64
CLAIM TOTAL							101.28

CLAIM ACCOUNT REF. 2415330012008248SUP

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
241525	1	T1019		04/30/13	04/30/13	40.00	168.80
241525	2	T1019		05/01/13	05/01/13	44.00	185.68
241525	3	T1019		05/02/13	05/02/13	44.00	185.68
241525	4	T1019		05/03/13	05/03/13	44.00	185.68
CLAIM TOTAL							725.84
CLAIM ACCOUNT REF.							2415250012008249SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008250 2008250 SALAZAR, LUZ MARIA 02/19/1970 SC60317K R2048722
DIAGNOSIS CODES: 952.9 564.81 596.54 806.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
241536	1	T1019		04/27/13	04/27/13	32.00	135.04
241536	2	T1019		04/28/13	04/28/13	32.00	135.04
241536	3	T1019		04/29/13	04/29/13	32.00	135.04
241536	4	T1019		04/30/13	04/30/13	32.00	135.04
241536	5	T1019		05/01/13	05/01/13	32.00	135.04
241536	6	T1019		05/02/13	05/02/13	32.00	135.04
241536	7	T1019		05/03/13	05/03/13	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2415360012008250SUP

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
241513	1	T1019		04/27/13	04/27/13	32.00	135.04
241513	2	T1019		04/29/13	04/29/13	32.00	135.04
241513	3	T1019		04/30/13	04/30/13	32.00	135.04
241513	4	T1019		05/01/13	05/01/13	32.00	135.04
241513	5	T1019		05/02/13	05/02/13	32.00	135.04
241513	6	T1019		05/03/13	05/03/13	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2415130012008251SUP

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
241526	1	T1019		04/27/13	04/27/13	48.00	202.56

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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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	
241526	2	T1019		04/28/13	04/28/13	48.00	202.56	
241526	3	T1019		04/29/13	04/29/13	48.00	202.56	
241526	4	T1019		04/30/13	04/30/13	48.00	202.56	
241526	5	T1019		05/01/13	05/01/13	48.00	202.56	
241526	6	T1019		05/02/13	05/02/13	48.00	202.56	
241526	7	T1019		05/03/13	05/03/13	48.00	202.56	
				CLAIM TOTAL		1,417.92		CLAIM ACCOUNT REF. 2415260012008253SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
241539	1	T1019		04/30/13	04/30/13	32.00	135.04	
241539	2	T1019		05/01/13	05/01/13	32.00	135.04	
241539	3	T1019		05/02/13	05/02/13	24.00	101.28	
241539	4	T1019		05/03/13	05/03/13	28.00	118.16	
				CLAIM TOTAL		489.52		CLAIM ACCOUNT REF. 2415390012008254SUP

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	
241510	1	T1019		04/29/13	04/29/13	32.00	135.04	
241510	2	T1019		04/30/13	04/30/13	32.00	135.04	
241510	3	T1019		05/01/13	05/01/13	32.00	135.04	
241510	4	T1019		05/02/13	05/02/13	32.00	135.04	
241510	5	T1019		05/03/13	05/03/13	32.00	135.04	
				CLAIM TOTAL		675.20		CLAIM ACCOUNT REF. 2415100012008256SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
241516	1	T1019		04/27/13	04/27/13	24.00	101.28	
241516	2	T1019		04/28/13	04/28/13	24.00	101.28	
241516	3	T1019		04/29/13	04/29/13	4.00	16.88	
241516	4	T1019		04/30/13	04/30/13	24.00	101.28	
241516	5	T1019		05/01/13	05/01/13	24.00	101.28	
241516	6	T1019		05/02/13	05/02/13	24.00	101.28	
241516	7	T1019		05/03/13	05/03/13	24.00	101.28	

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	624.56	2415160012008257SUP

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	CLAIM ACCOUNT REF.
241537	1	T1019		04/29/13	04/29/13	32.00	135.04	
241537	2	T1019		04/30/13	04/30/13	32.00	135.04	
241537	3	T1019		05/01/13	05/01/13	32.00	135.04	
241537	4	T1019		05/02/13	05/02/13	32.00	135.04	
241537	5	T1019		05/03/13	05/03/13	32.00	135.04	
						CLAIM TOTAL	675.20	2415370012008290SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
241518	1	T1019		04/27/13	04/27/13	32.00	135.04	
241518	2	T1019		04/28/13	04/28/13	32.00	135.04	
241518	3	T1019		04/29/13	04/29/13	32.00	135.04	
241518	4	T1019		04/30/13	04/30/13	32.00	135.04	
241518	5	T1019		05/01/13	05/01/13	32.00	135.04	
241518	6	T1019		05/02/13	05/02/13	32.00	135.04	
241518	7	T1019		05/03/13	05/03/13	32.00	135.04	
						CLAIM TOTAL	945.28	2415180012008362SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008368	2008368 RODRIGUEZ, MARGARET	06/25/1950	ZP21043J	R2162380
DIAGNOSIS	CODES:	295.90 250.00 272.4 311. 401.9 414.3 733.00			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
241534	1	T1019		04/29/13	04/29/13	16.00	67.52	
241534	2	T1019		04/30/13	04/30/13	16.00	67.52	
						CLAIM TOTAL	135.04	2415340012008368SUP

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			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
241535	1	T1019		05/01/13	05/01/13	16.00	67.52

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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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	
241535	2	T1019		05/02/13	05/02/13	16.00	67.52	
241535	3	T1019		05/03/13	05/03/13	16.00	67.52	
CLAIM TOTAL							202.56	CLAIM ACCOUNT REF. 2415350012008368SUP

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	
241519	1	T1019		04/27/13	04/27/13	32.00	135.04	
241519	2	T1019		04/28/13	04/28/13	32.00	135.04	
241519	3	T1019		04/29/13	04/29/13	32.00	135.04	
241519	4	T1019		04/30/13	04/30/13	32.00	135.04	
241519	5	T1019		05/01/13	05/01/13	32.00	135.04	
241519	6	T1019		05/02/13	05/02/13	32.00	135.04	
241519	7	T1019		05/03/13	05/03/13	32.00	135.04	
CLAIM TOTAL							945.28	CLAIM ACCOUNT REF. 2415190012008411SUP

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	
241522	1	T1019		04/27/13	04/27/13	28.00	118.16	
241522	2	T1019		04/28/13	04/28/13	28.00	118.16	
241522	3	T1019		04/29/13	04/29/13	28.00	118.16	
241522	4	T1019		04/30/13	04/30/13	28.00	118.16	
241522	5	T1019		05/01/13	05/01/13	28.00	118.16	
241522	6	T1019		05/02/13	05/02/13	28.00	118.16	
241522	7	T1019		05/03/13	05/03/13	24.00	101.28	
CLAIM TOTAL							810.24	CLAIM ACCOUNT REF. 2415220012008428SUP

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	
241506	1	T1019		04/27/13	04/27/13	32.00	135.04	
241506	2	T1019		04/28/13	04/28/13	32.00	135.04	
241506	3	T1019		04/29/13	04/29/13	32.00	135.04	
241506	4	T1019		04/30/13	04/30/13	32.00	135.04	
241506	5	T1019		05/01/13	05/01/13	32.00	135.04	
241506	6	T1019		05/02/13	05/02/13	32.00	135.04	

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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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
241506	7	T1019		05/03/13	05/03/13	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2415060012008433SUP

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
241505	1	T1019		04/27/13	04/27/13	12.00	50.64
241505	2	T1019		04/29/13	04/29/13	20.00	84.40
241505	3	T1019		04/30/13	04/30/13	20.00	84.40
241505	4	T1019		05/01/13	05/01/13	20.00	84.40
241505	5	T1019		05/02/13	05/02/13	20.00	84.40
241505	6	T1019		05/03/13	05/03/13	20.00	84.40
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2415050012008487SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008558	2008558	SURIEL, GERTRUDIS	03/17/1950	ZE67447D	0112191201069
DIAGNOSIS		CODES:	493.90	401.9	414.00	715.00	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
241541	1	T1019		04/02/13	04/02/13	32.00	135.04
CLAIM TOTAL							135.04
CLAIM ACCOUNT REF.							2415410012008558SUP

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
241542	1	T1019		04/29/13	04/29/13	48.00	202.56
241542	2	T1019		04/30/13	04/30/13	48.00	202.56
241542	3	T1019		05/01/13	05/01/13	48.00	202.56
241542	4	T1019		05/02/13	05/02/13	48.00	202.56
241542	5	T1019		05/03/13	05/03/13	48.00	202.56
CLAIM TOTAL							1,012.80
CLAIM ACCOUNT REF.							2415420012008558SUP

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
241515	1	T1019		04/27/13	04/27/13	16.00	67.52
241515	2	T1019		04/28/13	04/28/13	16.00	67.52

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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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
241515	3	T1019		04/29/13	04/29/13	24.00	101.28
241515	4	T1019		04/30/13	04/30/13	24.00	101.28
241515	5	T1019		05/01/13	05/01/13	24.00	101.28
241515	6	T1019		05/02/13	05/02/13	24.00	101.28
241515	7	T1019		05/03/13	05/03/13	24.00	101.28
CLAIM TOTAL							641.44

CLAIM ACCOUNT REF. 2415150012008571SUP

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
241517	1	T1019		04/27/13	04/27/13	40.00	168.80
241517	2	T1019		04/28/13	04/28/13	40.00	168.80
241517	3	T1019		04/29/13	04/29/13	40.00	168.80
241517	4	T1019		04/30/13	04/30/13	40.00	168.80
241517	5	T1019		05/01/13	05/01/13	40.00	168.80
241517	6	T1019		05/02/13	05/02/13	40.00	168.80
241517	7	T1019		05/03/13	05/03/13	40.00	168.80
CLAIM TOTAL							1,181.60

CLAIM ACCOUNT REF. 2415170012009001SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008271 2009270 CARRION, MARIA 06/30/1928 SC64434E R2044577
DIAGNOSIS CODES: 250.00 294.10 401.9 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
241512	1	T1019		04/27/13	04/27/13	32.00	135.04
241512	2	T1019		04/29/13	04/29/13	32.00	135.04
241512	3	T1019		04/30/13	04/30/13	32.00	135.04
241512	4	T1019		05/01/13	05/01/13	32.00	135.04
241512	5	T1019		05/02/13	05/02/13	32.00	135.04
241512	6	T1019		05/03/13	05/03/13	32.00	135.04
CLAIM TOTAL							810.24

CLAIM ACCOUNT REF. 2415120012009270SUP

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
241514	1	T1019		04/22/13	04/22/13	24.00	101.28
241514	2	T1019		04/23/13	04/23/13	24.00	101.28
241514	3	T1019		04/24/13	04/24/13	24.00	101.28
241514	4	T1019		04/25/13	04/25/13	24.00	101.28

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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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	
241514	5	T1019		04/26/13	04/26/13	24.00	101.28	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2415140012009405SUP

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	
241520	1	T1019		04/29/13	04/29/13	16.00	67.52	
241520	2	T1019		05/01/13	05/01/13	16.00	67.52	
241520	3	T1019		05/03/13	05/03/13	16.00	67.52	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2415200012009425SUP

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	
241508	1	T1019		04/27/13	04/27/13	24.00	101.28	
241508	2	T1019		04/29/13	04/29/13	24.00	101.28	
241508	3	T1019		04/30/13	04/30/13	24.00	101.28	
241508	4	T1019		05/01/13	05/01/13	24.00	101.28	
241508	5	T1019		05/02/13	05/02/13	24.00	101.28	
241508	6	T1019		05/03/13	05/03/13	24.00	101.28	
					CLAIM TOTAL		607.68	CLAIM ACCOUNT REF. 2415080012009560SUP

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	
241546	1	T1019		04/29/13	04/29/13	32.00	135.04	
241546	2	T1019		04/30/13	04/30/13	32.00	135.04	
241546	3	T1019		05/01/13	05/01/13	32.00	135.04	
241546	4	T1019		05/02/13	05/02/13	32.00	135.04	
241546	5	T1019		05/03/13	05/03/13	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2415460012010009SUP

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008299 2010311 LAZALA, GLADYS 02/03/1950 ZT39863D R2083859
DIAGNOSIS CODES: 340. 250.00 278.00 401.9 440.9 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
241524	1	T1019		04/27/13	04/27/13	48.00	202.56	
241524	2	T1019		04/28/13	04/28/13	48.00	202.56	
241524	3	T1019		04/29/13	04/29/13	48.00	202.56	
241524	4	T1019		04/30/13	04/30/13	48.00	202.56	
241524	5	T1019		05/01/13	05/01/13	48.00	202.56	
241524	6	T1019		05/02/13	05/02/13	48.00	202.56	
241524	7	T1019		05/03/13	05/03/13	28.00	118.16	
CLAIM TOTAL							1,333.52	CLAIM ACCOUNT REF. 2415240012010311SUP

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	
241545	1	T1019		04/27/13	04/27/13	20.00	84.40	
241545	2	T1019		04/28/13	04/28/13	20.00	84.40	
241545	3	T1019		05/02/13	05/02/13	20.00	84.40	
241545	4	T1019		05/03/13	05/03/13	20.00	84.40	
CLAIM TOTAL							337.60	CLAIM ACCOUNT REF. 2415450012010758SUP

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	
241523	1	T1019		04/10/13	04/10/13	32.00	135.04	
241523	2	T1019		04/18/13	04/18/13	32.00	135.04	
241523	3	T1019		04/29/13	04/29/13	32.00	135.04	
241523	4	T1019		04/30/13	04/30/13	32.00	135.04	
241523	5	T1019		05/01/13	05/01/13	32.00	135.04	
241523	6	T1019		05/02/13	05/02/13	32.00	135.04	
241523	7	T1019		05/03/13	05/03/13	32.00	135.04	
CLAIM TOTAL							945.28	CLAIM ACCOUNT REF. 2415230012010967SUP

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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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 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	
241509	1	T1019		04/29/13	04/29/13	40.00	168.80	
241509	2	T1019		04/30/13	04/30/13	40.00	168.80	
241509	3	T1019		05/01/13	05/01/13	40.00	168.80	
241509	4	T1019		05/02/13	05/02/13	40.00	168.80	
241509	5	T1019		05/03/13	05/03/13	40.00	168.80	
					CLAIM TOTAL		844.00	CLAIM ACCOUNT REF. 2415090012011528SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008405 2011820 ST ROMAIN, 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	
241540	1	T1019		04/27/13	04/27/13	36.00	151.92	
241540	2	T1019		04/28/13	04/28/13	36.00	151.92	
241540	3	T1019		04/29/13	04/29/13	40.00	168.80	
241540	4	T1019		04/30/13	04/30/13	40.00	168.80	
241540	5	T1019		05/01/13	05/01/13	40.00	168.80	
241540	6	T1019		05/02/13	05/02/13	40.00	168.80	
241540	7	T1019		05/03/13	05/03/13	40.00	168.80	
					CLAIM TOTAL		1,147.84	CLAIM ACCOUNT REF. 2415400012011820SUP

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	
241529	1	T1019		04/27/13	04/27/13	40.00	168.80	
241529	2	T1019		04/28/13	04/28/13	40.00	168.80	
241529	3	T1019		04/29/13	04/29/13	40.00	168.80	
241529	4	T1019		04/30/13	04/30/13	40.00	168.80	
241529	5	T1019		05/01/13	05/01/13	40.00	168.80	
241529	6	T1019		05/02/13	05/02/13	40.00	168.80	
241529	7	T1019		05/03/13	05/03/13	40.00	168.80	
					CLAIM TOTAL		1,181.60	CLAIM ACCOUNT REF. 2415290012012284SUP

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
241521	1	T1019		04/26/13	04/26/13	32.00	135.04	
241521	2	T1019		04/27/13	04/27/13	32.00	135.04	
241521	3	T1019		04/28/13	04/28/13	32.00	135.04	
241521	4	T1019		04/29/13	04/29/13	32.00	135.04	
241521	5	T1019		04/30/13	04/30/13	32.00	135.04	
241521	6	T1019		05/01/13	05/01/13	32.00	135.04	
241521	7	T1019		05/02/13	05/02/13	32.00	135.04	
241521	8	T1019		05/03/13	05/03/13	32.00	135.04	
CLAIM TOTAL						1,080.32		CLAIM ACCOUNT REF. 2415210012012478SUP

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	
241507	1	T1019		04/29/13	04/29/13	16.00	67.52	
241507	2	T1019		04/30/13	04/30/13	16.00	67.52	
241507	3	T1019		05/01/13	05/01/13	16.00	67.52	
241507	4	T1019		05/02/13	05/02/13	16.00	67.52	
241507	5	T1019		05/03/13	05/03/13	16.00	67.52	
CLAIM TOTAL						337.60		CLAIM ACCOUNT REF. 2415070012012489SUP

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	
241538	1	T1019		04/04/13	04/04/13	36.00	151.92	
241538	2	T1019		04/27/13	04/27/13	36.00	151.92	
241538	3	T1019		04/28/13	04/28/13	32.00	135.04	
241538	4	T1019		04/29/13	04/29/13	36.00	151.92	
241538	5	T1019		04/30/13	04/30/13	36.00	151.92	
241538	6	T1019		05/01/13	05/01/13	36.00	151.92	
241538	7	T1019		05/03/13	05/03/13	36.00	151.92	
CLAIM TOTAL						1,046.56		CLAIM ACCOUNT REF. 2415380012012498SUP

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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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
241527	1	T1019		04/27/13	04/27/13	24.00	101.28
241527	2	T1019		04/29/13	04/29/13	24.00	101.28
241527	3	T1019		04/30/13	04/30/13	24.00	101.28
241527	4	T1019		05/01/13	05/01/13	24.00	101.28
241527	5	T1019		05/02/13	05/02/13	24.00	101.28
241527	6	T1019		05/03/13	05/03/13	24.00	101.28
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2415270012012683SUP

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
241543	1	T1019		04/27/13	04/27/13	32.00	135.04
241543	2	T1019		04/28/13	04/28/13	32.00	135.04
241543	3	T1019		04/29/13	04/29/13	16.00	67.52
241543	4	T1019		04/30/13	04/30/13	32.00	135.04
241543	5	T1019		05/01/13	05/01/13	20.00	84.40
241543	6	T1019		05/02/13	05/02/13	32.00	135.04
241543	7	T1019		05/03/13	05/03/13	20.00	84.40
CLAIM TOTAL							776.48
CLAIM ACCOUNT REF.							2415430012012772SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
241544	1	T1019		04/22/13	04/22/13	24.00	101.28
241544	2	T1019		04/23/13	04/23/13	24.00	101.28
241544	3	T1019		04/24/13	04/24/13	24.00	101.28
241544	4	T1019		04/30/13	04/30/13	24.00	101.28
241544	5	T1019		05/01/13	05/01/13	24.00	101.28
241544	6	T1019		05/02/13	05/02/13	24.00	101.28
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2415440012012823SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #
0103191301995

CLAIM ACCOUNT REF. 2415110012012949SUP

PRIOR AUTHORIZATION #
0103181301812

CLAIM ACCOUNT REF. 2415280012013053SUP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	227	TOTAL CLAIM AMOUNT =	29,033.60
		# SERVICES =	38		

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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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
241576	1	T1019		04/27/13	04/27/13	40.00	171.60
241576	2	T1019		04/28/13	04/28/13	40.00	171.60
241576	3	T1019		04/29/13	04/29/13	40.00	171.60
241576	4	T1019		04/30/13	04/30/13	40.00	171.60
241576	5	T1019		05/01/13	05/01/13	40.00	171.60
241576	6	T1019		05/02/13	05/02/13	40.00	171.60
241576	7	T1019		05/03/13	05/03/13	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2415760012008245SUP

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
241580	1	T1019		04/27/13	04/27/13	16.00	68.64
241580	2	T1019		04/28/13	04/28/13	16.00	68.64
241580	3	T1019		04/29/13	04/29/13	36.00	154.44
241580	4	T1019		04/30/13	04/30/13	36.00	154.44
241580	5	T1019		05/01/13	05/01/13	36.00	154.44
241580	6	T1019		05/02/13	05/02/13	36.00	154.44
241580	7	T1019		05/03/13	05/03/13	36.00	154.44
CLAIM TOTAL						909.48	CLAIM ACCOUNT REF. 2415800012008287SUP

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
241582	1	T1019		04/22/13	04/22/13	32.00	137.28
241582	2	T1019		04/27/13	04/27/13	32.00	137.28
241582	3	T1019		04/28/13	04/28/13	32.00	137.28
241582	4	T1019		04/29/13	04/29/13	32.00	137.28
241582	5	T1019		04/30/13	04/30/13	32.00	137.28
241582	6	T1019		05/01/13	05/01/13	32.00	137.28
241582	7	T1019		05/02/13	05/02/13	32.00	137.28
241582	8	T1019		05/03/13	05/03/13	32.00	137.28
CLAIM TOTAL						1,098.24	CLAIM ACCOUNT REF. 2415820012008401SUP

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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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
241578	1	T1019		04/27/13	04/27/13	48.00	205.92
241578	2	T1019		04/28/13	04/28/13	48.00	205.92
241578	3	T1019		04/29/13	04/29/13	48.00	205.92
241578	4	T1019		04/30/13	04/30/13	48.00	205.92
241578	5	T1019		05/01/13	05/01/13	48.00	205.92
241578	6	T1019		05/02/13	05/02/13	48.00	205.92
241578	7	T1019		05/03/13	05/03/13	48.00	205.92
CLAIM TOTAL						1,441.44	CLAIM ACCOUNT REF. 2415780012011881SUP

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: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
241579	1	T1019		04/27/13	04/27/13	12.00	51.48
241579	2	T1019		04/28/13	04/28/13	12.00	51.48
241579	3	T1019		04/29/13	04/29/13	12.00	51.48
241579	4	T1019		04/30/13	04/30/13	16.00	68.64
241579	5	T1019		05/01/13	05/01/13	16.00	68.64
241579	6	T1019		05/02/13	05/02/13	16.00	68.64
241579	7	T1019		05/03/13	05/03/13	16.00	68.64
CLAIM TOTAL						429.00	CLAIM ACCOUNT REF. 2415790012013149SUP

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
241581	1	T1019		05/01/13	05/01/13	16.00	68.64
241581	2	T1019		05/02/13	05/02/13	16.00	68.64
241581	3	T1019		05/03/13	05/03/13	16.00	68.64
CLAIM TOTAL						205.92	CLAIM ACCOUNT REF. 2415810012013181SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
241577	1	T1019		05/01/13	05/01/13	12.00	51.48

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
241577	2	T1019		05/02/13	05/02/13	12.00	51.48	
241577	3	T1019		05/03/13	05/03/13	12.00	51.48	
					CLAIM TOTAL	154.44		CLAIM ACCOUNT REF. 2415770012013182SUP

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	42	TOTAL CLAIM AMOUNT =	5,439.72
		# SERVICES =	7		

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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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 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	
241662	1	S5130	0582	05/02/13	05/02/13	16.00	67.52	
241662	2	S5130	0582	05/03/13	05/03/13	16.00	67.52	
CLAIM TOTAL							135.04	CLAIM ACCOUNT REF. 2416620012009279SUP

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	
241664	1	T1019	0580	04/29/13	04/29/13	16.00	60.00	
241664	2	T1019	0580	04/30/13	04/30/13	16.00	60.00	
CLAIM TOTAL							120.00	CLAIM ACCOUNT REF. 2416640012012354SUP

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	
241665	1	T1019	0580	05/01/13	05/01/13	24.00	90.00	
241665	2	T1019	0580	05/02/13	05/02/13	24.00	90.00	
241665	3	T1019	0580	05/03/13	05/03/13	24.00	90.00	
CLAIM TOTAL							270.00	CLAIM ACCOUNT REF. 2416650012012354SUP

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	
241667	1	T1019	0580	04/27/13	04/27/13	24.00	90.00	
241667	2	T1019	0580	04/29/13	04/29/13	24.00	90.00	
241667	3	T1019	0580	04/30/13	04/30/13	24.00	90.00	
241667	4	T1019	0580	05/01/13	05/01/13	24.00	90.00	
241667	5	T1019	0580	05/02/13	05/02/13	24.00	90.00	
241667	6	T1019	0580	05/03/13	05/03/13	24.00	90.00	
CLAIM TOTAL							540.00	CLAIM ACCOUNT REF. 2416670012012357SUP

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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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 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
241670	1	T1019	0580	04/29/13	04/29/13	16.00	60.00
241670	2	T1019	0580	04/30/13	04/30/13	16.00	60.00
241670	3	T1019	0580	05/01/13	05/01/13	16.00	60.00
241670	4	T1019	0580	05/02/13	05/02/13	16.00	60.00
241670	5	T1019	0580	05/03/13	05/03/13	16.00	60.00
CLAIM TOTAL							300.00
CLAIM ACCOUNT REF.							2416700012012358SUP

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
241671	1	T1019	0580	04/29/13	04/29/13	20.00	75.00
241671	2	T1019	0580	04/30/13	04/30/13	20.00	75.00
241671	3	T1019	0580	05/01/13	05/01/13	20.00	75.00
241671	4	T1019	0580	05/02/13	05/02/13	20.00	75.00
241671	5	T1019	0580	05/03/13	05/03/13	20.00	75.00
CLAIM TOTAL							375.00
CLAIM ACCOUNT REF.							2416710012012362SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
241666	1	T1019	0580	04/29/13	04/29/13	16.00	60.00
241666	2	T1019	0580	04/30/13	04/30/13	24.00	90.00
241666	3	T1019	0580	05/01/13	05/01/13	24.00	90.00
241666	4	T1019	0580	05/02/13	05/02/13	24.00	90.00
241666	5	T1019	0580	05/03/13	05/03/13	16.00	60.00
CLAIM TOTAL							390.00
CLAIM ACCOUNT REF.							2416660012012373SUP

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
241668	1	T1019	0580	04/29/13	04/29/13	32.00	120.00
241668	2	T1019	0580	04/30/13	04/30/13	36.00	135.00
241668	3	T1019	0580	05/01/13	05/01/13	32.00	120.00

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NPI = 1154407492

CLAIM ACCOUNT REF. 2416680012012374SUP

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2416630012012732SUP

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2416690012013018SUP

TOTAL CLAIM AMOUNT = 3,480.04

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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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
241678	1	T1019	1C		04/29/13	04/29/13	4.00	65.60
241678	2	T1019	1C		04/30/13	04/30/13	4.00	65.60
241678	3	T1019	1C		05/01/13	05/01/13	4.00	65.60
241678	4	T1019	1C		05/02/13	05/02/13	4.00	65.60
241678	5	T1019	1C		05/03/13	05/03/13	4.00	65.60
CLAIM TOTAL								328.00

CLAIM ACCOUNT REF. 2416780012011453SUP

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
241677	1	T1019	1C		04/29/13	04/29/13	4.00	65.60
241677	2	T1019	1C		04/30/13	04/30/13	4.00	65.60
241677	3	T1019	1C		05/01/13	05/01/13	4.00	65.60
241677	4	T1019	1C		05/02/13	05/02/13	4.00	65.60
241677	5	T1019	1C		05/03/13	05/03/13	4.00	65.60
CLAIM TOTAL								328.00

CLAIM ACCOUNT REF. 2416770012011869SUP

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
241675	1	T1019	1C		04/22/13	04/22/13	6.00	98.40
241675	2	T1019	1C		04/30/13	04/30/13	6.00	98.40
241675	3	T1019	1C		05/01/13	05/01/13	6.00	98.40
241675	4	T1019	1C		05/02/13	05/02/13	6.00	98.40
241675	5	T1019	1C		05/03/13	05/03/13	6.00	98.40
CLAIM TOTAL								492.00

CLAIM ACCOUNT REF. 2416750012011870SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012213 2012213 BERRY, ANGELINA 10/21/1956 1784 405555
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
241676	1	T1019	1C		04/27/13	04/27/13	4.00	65.60
241676	2	T1019	1C		04/28/13	04/28/13	4.00	65.60
241676	3	T1019	1C		04/29/13	04/29/13	4.00	65.60

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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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	
241676	4	T1019 1C		04/30/13	04/30/13	4.00	65.60	
241676	5	T1019 1C		05/01/13	05/01/13	4.00	65.60	
241676	6	T1019 1C		05/02/13	05/02/13	4.00	65.60	
241676	7	T1019 1C		05/03/13	05/03/13	4.00	65.60	
				CLAIM TOTAL			459.20	CLAIM ACCOUNT REF. 2416760012012213SUP

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	
241680	1	T1019 1C		04/27/13	04/27/13	8.00	131.20	
241680	2	T1019 1C		04/28/13	04/28/13	8.00	131.20	
241680	3	T1019 1C		04/29/13	04/29/13	8.00	131.20	
241680	4	T1019 1C		04/30/13	04/30/13	8.00	131.20	
241680	5	T1019 1C		05/01/13	05/01/13	8.00	131.20	
241680	6	T1019 1C		05/02/13	05/02/13	8.00	131.20	
241680	7	T1019 1C		05/03/13	05/03/13	8.00	131.20	
				CLAIM TOTAL			918.40	CLAIM ACCOUNT REF. 2416800012013010SUP

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	
241679	1	T1019 1C 1F		05/03/13	05/03/13	1.00	225.00	
				CLAIM TOTAL			225.00	CLAIM ACCOUNT REF. 2416790012013223SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	30	TOTAL CLAIM AMOUNT =	2,750.60
		# SERVICES =	6		

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008382 2010800 GOMES, AGUSTINA 05/05/1933 JRX53860E01 2013030885700001
DIAGNOSIS CODES: 230.3 153.0 401.9 733.00 V60.3
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
241672	1	T1019	0580	04/27/13	04/27/13	36.00	151.92
241672	2	T1019	0580	04/28/13	04/28/13	36.00	151.92
241672	3	T1019	0580	04/29/13	04/29/13	36.00	151.92
241672	4	T1019	0580	04/30/13	04/30/13	36.00	151.92
241672	5	T1019	0580	05/01/13	05/01/13	36.00	151.92
241672	6	T1019	0580	05/02/13	05/02/13	36.00	151.92
241672	7	T1019	0580	05/03/13	05/03/13	36.00	151.92
CLAIM TOTAL							1,063.44
							CLAIM ACCOUNT REF. 2416720012010800SUP

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
241674	1	T1019	0580	04/25/13	04/25/13	16.00	67.52
241674	2	T1019	0580	04/26/13	04/26/13	16.00	67.52
241674	3	T1019	0580	04/30/13	04/30/13	16.00	67.52
241674	4	T1019	0580	05/01/13	05/01/13	16.00	67.52
241674	5	T1019	0580	05/02/13	05/02/13	16.00	67.52
241674	6	T1019	0580	05/03/13	05/03/13	16.00	67.52
CLAIM TOTAL							405.12
							CLAIM ACCOUNT REF. 2416740012010804SUP

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
241673	1	T1019	0580	04/27/13	04/27/13	32.00	135.04
241673	2	T1019	0580	04/28/13	04/28/13	32.00	135.04
241673	3	T1019	0580	04/29/13	04/29/13	16.00	67.52
241673	4	T1019	0580	04/30/13	04/30/13	16.00	67.52
241673	5	T1019	0580	05/01/13	05/01/13	16.00	67.52
241673	6	T1019	0580	05/02/13	05/02/13	16.00	67.52
241673	7	T1019	0580	05/03/13	05/03/13	16.00	67.52
CLAIM TOTAL							607.68
							CLAIM ACCOUNT REF. 2416730012012890SUP

REPORT DATE 05/08/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050805591222RRSUP

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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 =	20	TOTAL CLAIM AMOUNT =	2,076.24
		# SERVICES =	3		

PROVIDER TOTALS:	SUNNYSIDE CITYWIDE	# OF CLAIMS =	937	TOTAL CLAIM AMOUNT =	112,467.19
		# SERVICES =	161		