

REPORT DATE 04/24/13                      SUNNYSIDE CITYWIDE  
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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
239252	1	T1020		04/13/13	04/13/13	11.00	185.57
239252	2	T1020		04/15/13	04/15/13	6.00	101.22
239252	3	T1020		04/16/13	04/16/13	6.00	101.22
239252	4	T1020		04/17/13	04/17/13	6.00	101.22
239252	5	T1020		04/18/13	04/18/13	6.00	101.22
239252	6	T1020		04/19/13	04/19/13	6.00	101.22
CLAIM TOTAL							691.67
CLAIM ACCOUNT REF.							2392520012008267SUP

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
239249	1	G0162		03/08/13	03/08/13	1.00	80.00
239249	2	T1020		04/13/13	04/13/13	9.00	151.83
239249	3	T1020		04/14/13	04/14/13	9.00	151.83
239249	4	T1020		04/18/13	04/18/13	9.00	151.83
CLAIM TOTAL							535.49
CLAIM ACCOUNT REF.							2392490012008268SUP

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
239246	1	T1020		04/15/13	04/15/13	7.00	118.09
239246	2	T1020		04/16/13	04/16/13	7.00	118.09
239246	3	T1020		04/17/13	04/17/13	7.00	118.09
239246	4	T1020		04/18/13	04/18/13	7.00	118.09
239246	5	T1020		04/19/13	04/19/13	7.00	118.09
CLAIM TOTAL							590.45
CLAIM ACCOUNT REF.							2392460012008306SUP

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
239242	1	G0162		02/20/13	02/20/13	1.00	80.00
CLAIM TOTAL							80.00
CLAIM ACCOUNT REF.							2392420012008386SUP

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PAYER        ID = 11315                      FIDELIS CARE NY

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
239243	1	T1020		04/13/13	04/13/13	7.00	118.09
239243	2	T1020		04/14/13	04/14/13	7.00	118.09
239243	3	T1020		04/15/13	04/15/13	7.00	118.09
239243	4	T1020		04/16/13	04/16/13	7.00	118.09
239243	5	T1020		04/17/13	04/17/13	7.00	118.09
239243	6	T1020		04/18/13	04/18/13	7.00	118.09
239243	7	T1020		04/19/13	04/19/13	7.00	118.09
CLAIM TOTAL							826.63
CLAIM ACCOUNT REF.							2392430012008386SUP

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
239251	1	T1020		04/16/13	04/16/13	8.00	134.96
239251	2	T1020		04/17/13	04/17/13	8.00	134.96
239251	3	T1020		04/18/13	04/18/13	5.00	84.35
239251	4	T1020		04/19/13	04/19/13	9.00	151.83
CLAIM TOTAL							506.10
CLAIM ACCOUNT REF.							2392510012008400SUP

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
239247	1	T1020		04/13/13	04/13/13	4.00	67.48
239247	2	T1020		04/15/13	04/15/13	5.00	84.35
239247	3	T1020		04/16/13	04/16/13	5.00	84.35
239247	4	T1020		04/17/13	04/17/13	5.00	84.35
239247	5	T1020		04/18/13	04/18/13	5.00	84.35
239247	6	T1020		04/19/13	04/19/13	4.00	67.48
CLAIM TOTAL							472.36
CLAIM ACCOUNT REF.							2392470012010712SUP

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
239245	1	T1001		03/01/13	03/01/13	1.00	90.00

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PAYER ID = 11315                      FIDELIS CARE NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
239245	2	T1020		04/13/13	04/13/13	1.00	16.87
239245	3	T1020		04/14/13	04/14/13	1.00	16.87
239245	4	T1020		04/15/13	04/15/13	1.00	16.87
239245	5	T1020		04/16/13	04/16/13	1.00	16.87
239245	6	T1020		04/17/13	04/17/13	1.00	16.87
239245	7	T1020		04/18/13	04/18/13	1.00	16.87
239245	8	T1020		04/19/13	04/19/13	1.00	16.87
CLAIM TOTAL							208.09

CLAIM ACCOUNT REF.    2392450012012726SUP

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
239244	1	T1001		04/10/13	04/10/13	1.00	90.00
239244	2	T1020		04/13/13	04/13/13	1.00	16.87
239244	3	T1020		04/14/13	04/14/13	1.00	16.87
239244	4	T1020		04/15/13	04/15/13	1.00	16.87
239244	5	T1020		04/16/13	04/16/13	1.00	16.87
239244	6	T1020		04/17/13	04/17/13	1.00	16.87
239244	7	T1020		04/18/13	04/18/13	1.00	16.87
239244	8	T1020		04/19/13	04/19/13	1.00	16.87
CLAIM TOTAL							208.09

CLAIM ACCOUNT REF.    2392440012012985SUP

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
239248	1	T1001		04/08/13	04/08/13	1.00	90.00
239248	2	T1020		04/15/13	04/15/13	7.00	118.09
239248	3	T1020		04/16/13	04/16/13	7.00	118.09
239248	4	T1020		04/17/13	04/17/13	7.00	118.09
239248	5	T1020		04/18/13	04/18/13	7.00	118.09
239248	6	T1020		04/19/13	04/19/13	7.00	118.09
CLAIM TOTAL							680.45

CLAIM ACCOUNT REF.    2392480012013021SUP

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
239250	1	T1001		04/11/13	04/11/13	1.00	90.00

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PAYER ID = 11315                              FIDELIS CARE NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
239250	2	T1020		04/13/13	04/13/13	9.00	151.83	
239250	3	T1020		04/14/13	04/14/13	12.00	202.44	
239250	4	T1020		04/15/13	04/15/13	12.00	202.44	
239250	5	T1020		04/16/13	04/16/13	12.00	202.44	
239250	6	T1020		04/17/13	04/17/13	12.00	202.44	
239250	7	T1020		04/18/13	04/18/13	12.00	202.44	
239250	8	T1020		04/19/13	04/19/13	12.00	202.44	
				CLAIM TOTAL		1,456.47		CLAIM ACCOUNT REF. 2392500012013080SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	63	TOTAL CLAIM AMOUNT =	6,255.80
		# SERVICES =	10		

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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
239229	1	T1019		04/17/13	04/17/13	16.00	67.52
239229	2	T1019		04/18/13	04/18/13	12.00	50.64
239229	3	T1019		04/19/13	04/19/13	16.00	67.52
CLAIM TOTAL							185.68
CLAIM ACCOUNT REF.							2392290012008261SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
239234	1	T1019		04/13/13	04/13/13	24.00	101.28
239234	2	T1019		04/14/13	04/14/13	24.00	101.28
239234	3	T1019		04/15/13	04/15/13	24.00	101.28
239234	4	T1019		04/16/13	04/16/13	24.00	101.28
239234	5	T1019		04/17/13	04/17/13	24.00	101.28
239234	6	T1019		04/18/13	04/18/13	24.00	101.28
239234	7	T1019		04/19/13	04/19/13	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2392340012008263SUP

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
239239	1	T1019		04/13/13	04/13/13	40.00	168.80
239239	2	T1019		04/14/13	04/14/13	40.00	168.80
239239	3	T1019		04/15/13	04/15/13	40.00	168.80
239239	4	T1019		04/16/13	04/16/13	40.00	168.80
239239	5	T1019		04/17/13	04/17/13	40.00	168.80
239239	6	T1019		04/18/13	04/18/13	40.00	168.80
239239	7	T1019		04/19/13	04/19/13	40.00	168.80
CLAIM TOTAL							1,181.60
CLAIM ACCOUNT REF.							2392390012008265SUP

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
239241	1	T1019		04/13/13	04/13/13	16.00	67.52

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PAYER ID = 11325                      NEIGHBORHOOD HEALTH

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
239241	2	T1019		04/14/13	04/14/13	16.00	67.52	
239241	3	T1019		04/15/13	04/15/13	24.00	101.28	
239241	4	T1019		04/16/13	04/16/13	24.00	101.28	
239241	5	T1019		04/17/13	04/17/13	24.00	101.28	
239241	6	T1019		04/18/13	04/18/13	24.00	101.28	
239241	7	T1019		04/19/13	04/19/13	24.00	101.28	
					CLAIM TOTAL		641.44	CLAIM ACCOUNT REF. 2392410012008303SUP

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	
239231	1	T1019		04/15/13	04/15/13	20.00	84.40	
239231	2	T1019		04/16/13	04/16/13	20.00	84.40	
239231	3	T1019		04/17/13	04/17/13	20.00	84.40	
239231	4	T1019		04/18/13	04/18/13	20.00	84.40	
239231	5	T1019		04/19/13	04/19/13	20.00	84.40	
					CLAIM TOTAL		422.00	CLAIM ACCOUNT REF. 2392310012008366SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008403	2008403	CHUKWUJIORAH, TARELL	10/30/1988	10082619401	072211255317
DIAGNOSIS	CODES:	343.9	737.43 742.3			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
239226	1	T1019		04/13/13	04/13/13	28.00	118.16	
239226	2	T1019		04/14/13	04/14/13	28.00	118.16	
239226	3	T1019		04/15/13	04/15/13	32.00	135.04	
239226	4	T1019		04/16/13	04/16/13	28.00	118.16	
239226	5	T1019		04/17/13	04/17/13	28.00	118.16	
239226	6	T1019		04/18/13	04/18/13	28.00	118.16	
239226	7	T1019		04/19/13	04/19/13	28.00	118.16	
					CLAIM TOTAL		844.00	CLAIM ACCOUNT REF. 2392260012008403SUP

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	
239236	1	T1019		04/15/13	04/15/13	24.00	101.28	
239236	2	T1019		04/16/13	04/16/13	24.00	101.28	
239236	3	T1019		04/17/13	04/17/13	24.00	101.28	
239236	4	T1019		04/18/13	04/18/13	24.00	101.28	

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PAYER ID = 11325                      NEIGHBORHOOD HEALTH

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
239236	5	T1019		04/19/13	04/19/13	24.00	101.28	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2392360012008421SUP

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	
239235	1	T1019		04/13/13	04/13/13	24.00	101.28	
239235	2	T1019		04/15/13	04/15/13	24.00	101.28	
239235	3	T1019		04/17/13	04/17/13	24.00	101.28	
239235	4	T1019		04/18/13	04/18/13	24.00	101.28	
239235	5	T1019		04/19/13	04/19/13	24.00	101.28	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2392350012008422SUP

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	
239240	1	T1019		04/15/13	04/15/13	16.00	67.52	
239240	2	T1019		04/16/13	04/16/13	16.00	67.52	
239240	3	T1019		04/18/13	04/18/13	16.00	67.52	
239240	4	T1019		04/19/13	04/19/13	16.00	67.52	
					CLAIM TOTAL		270.08	CLAIM ACCOUNT REF. 2392400012008425SUP

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	
239230	1	T1019		04/13/13	04/13/13	40.00	168.80	
239230	2	T1019		04/14/13	04/14/13	40.00	168.80	
239230	3	T1019		04/15/13	04/15/13	40.00	168.80	
239230	4	T1019		04/16/13	04/16/13	40.00	168.80	
239230	5	T1019		04/17/13	04/17/13	40.00	168.80	
239230	6	T1019		04/18/13	04/18/13	40.00	168.80	
239230	7	T1019		04/19/13	04/19/13	40.00	168.80	
					CLAIM TOTAL		1,181.60	CLAIM ACCOUNT REF. 2392300012008427SUP

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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 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
239237	1	T1019		03/22/13	03/22/13	24.00	101.28
239237	2	T1019		04/15/13	04/15/13	24.00	101.28
239237	3	T1019		04/16/13	04/16/13	24.00	101.28
239237	4	T1019		04/17/13	04/17/13	24.00	101.28
239237	5	T1019		04/18/13	04/18/13	24.00	101.28
239237	6	T1019		04/19/13	04/19/13	24.00	101.28
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2392370012008531SUP

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
239233	1	T1019		04/14/13	04/14/13	16.00	67.52
239233	2	T1019		04/15/13	04/15/13	28.00	118.16
239233	3	T1019		04/16/13	04/16/13	28.00	118.16
239233	4	T1019		04/17/13	04/17/13	28.00	118.16
239233	5	T1019		04/18/13	04/18/13	28.00	118.16
239233	6	T1019		04/19/13	04/19/13	28.00	118.16
CLAIM TOTAL							658.32
CLAIM ACCOUNT REF.							2392330012008742SUP

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
239228	1	T1019		04/15/13	04/15/13	16.00	67.52
239228	2	T1019		04/16/13	04/16/13	24.00	101.28
239228	3	T1019		04/17/13	04/17/13	24.00	101.28
239228	4	T1019		04/18/13	04/18/13	24.00	101.28
239228	5	T1019		04/19/13	04/19/13	24.00	101.28
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2392280012008802SUP

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
239232	1	T1019		04/13/13	04/13/13	48.00	202.56



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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
239232	2	T1019		04/14/13	04/14/13	32.00	135.04
239232	3	T1019		04/15/13	04/15/13	48.00	202.56
239232	4	T1019		04/16/13	04/16/13	48.00	202.56
239232	5	T1019		04/17/13	04/17/13	48.00	202.56
239232	6	T1019		04/18/13	04/18/13	48.00	202.56
239232	7	T1019		04/19/13	04/19/13	32.00	135.04
CLAIM TOTAL						1,282.88	CLAIM ACCOUNT REF. 2392320012009356SUP

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
239224	1	T1019		04/13/13	04/13/13	32.00	135.04
239224	2	T1019		04/14/13	04/14/13	32.00	135.04
239224	3	T1019		04/15/13	04/15/13	32.00	135.04
239224	4	T1019		04/16/13	04/16/13	32.00	135.04
239224	5	T1019		04/17/13	04/17/13	32.00	135.04
239224	6	T1019		04/18/13	04/18/13	32.00	135.04
239224	7	T1019		04/19/13	04/19/13	32.00	135.04
CLAIM TOTAL						945.28	CLAIM ACCOUNT REF. 2392240012010143SUP

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
239238	1	T1019		04/15/13	04/15/13	20.00	84.40
239238	2	T1019		04/16/13	04/16/13	20.00	84.40
239238	3	T1019		04/17/13	04/17/13	20.00	84.40
239238	4	T1019		04/18/13	04/18/13	20.00	84.40
239238	5	T1019		04/19/13	04/19/13	20.00	84.40
CLAIM TOTAL						422.00	CLAIM ACCOUNT REF. 2392380012010353SUP

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
239225	1	T1019		04/15/13	04/15/13	36.00	151.92
239225	2	T1019		04/16/13	04/16/13	36.00	151.92
239225	3	T1019		04/17/13	04/17/13	36.00	151.92
239225	4	T1019		04/18/13	04/18/13	36.00	151.92

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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	
239225	5	T1019		04/19/13	04/19/13	36.00	151.92	
					CLAIM TOTAL		759.60	CLAIM ACCOUNT REF. 2392250012010878SUP

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	
239227	1	T1019		03/31/13	03/31/13	48.00	202.56	
239227	2	T1019		04/13/13	04/13/13	48.00	202.56	
239227	3	T1019		04/14/13	04/14/13	44.00	185.68	
239227	4	T1019		04/15/13	04/15/13	48.00	202.56	
239227	5	T1019		04/16/13	04/16/13	48.00	202.56	
239227	6	T1019		04/17/13	04/17/13	48.00	202.56	
239227	7	T1019		04/18/13	04/18/13	48.00	202.56	
239227	8	T1019		04/19/13	04/19/13	48.00	202.56	
					CLAIM TOTAL		1,603.60	CLAIM ACCOUNT REF. 2392270012012500SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	106	TOTAL CLAIM AMOUNT =	13,200.16
		# SERVICES =	18		

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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
239278	1	T1019		04/13/13	04/13/13	4.00	68.60
239278	2	T1019		04/14/13	04/14/13	4.00	68.60
239278	3	T1019		04/15/13	04/15/13	12.00	205.80
239278	4	T1019		04/16/13	04/16/13	12.00	205.80
239278	5	T1019		04/17/13	04/17/13	12.00	205.80
239278	6	T1019		04/18/13	04/18/13	12.00	205.80
239278	7	T1019		04/19/13	04/19/13	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2392780012008233SUP

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
239284	1	T1019		04/13/13	04/13/13	8.00	137.20
239284	2	T1019		04/14/13	04/14/13	8.00	137.20
239284	3	T1019		04/15/13	04/15/13	11.00	188.65
239284	4	T1019		04/16/13	04/16/13	11.00	188.65
239284	5	T1019		04/17/13	04/17/13	11.00	188.65
239284	6	T1019		04/18/13	04/18/13	11.00	188.65
239284	7	T1019		04/19/13	04/19/13	10.00	171.50
CLAIM TOTAL						1,200.50	CLAIM ACCOUNT REF. 2392840012008236SUP

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
239282	1	T1019		04/15/13	04/15/13	10.00	171.50
239282	2	T1019		04/16/13	04/16/13	10.00	171.50
239282	3	T1019		04/17/13	04/17/13	10.00	171.50
239282	4	T1019		04/18/13	04/18/13	9.00	154.35
239282	5	T1019		04/19/13	04/19/13	9.00	154.35
CLAIM TOTAL						823.20	CLAIM ACCOUNT REF. 2392820012008385SUP

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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
239281	1	T1019		04/13/13	04/13/13	5.00	85.75
239281	2	T1019		04/14/13	04/14/13	5.00	85.75
CLAIM TOTAL							171.50

CLAIM ACCOUNT REF. 2392810012008417SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008418 2008418 RYALS, CHARLES 11/03/1950 ZZ49620T 0101241390277  
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
239286	1	T1019		04/15/13	04/15/13	8.00	137.20
239286	2	T1019		04/16/13	04/16/13	8.00	137.20
239286	3	T1019		04/18/13	04/18/13	8.00	137.20
CLAIM TOTAL							411.60

CLAIM ACCOUNT REF. 2392860012008418SUP

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
239287	1	T1019		04/19/13	04/19/13	8.00	137.20
CLAIM TOTAL							137.20

CLAIM ACCOUNT REF. 2392870012008418SUP

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
239279	1	T1019		04/13/13	04/13/13	10.00	171.50
239279	2	T1019		04/14/13	04/14/13	10.00	171.50
239279	3	T1019		04/15/13	04/15/13	10.00	171.50
239279	4	T1019		04/16/13	04/16/13	10.00	171.50
239279	5	T1019		04/17/13	04/17/13	10.00	171.50
239279	6	T1019		04/18/13	04/18/13	10.00	171.50
239279	7	T1019		04/19/13	04/19/13	10.00	171.50
CLAIM TOTAL							1,200.50

CLAIM ACCOUNT REF. 2392790012008743SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
239288	1	T1019		04/13/13	04/13/13	5.00	85.75
239288	2	T1019		04/14/13	04/14/13	5.00	85.75
239288	3	T1019		04/15/13	04/15/13	5.00	85.75
239288	4	T1019		04/16/13	04/16/13	5.00	85.75
239288	5	T1019		04/17/13	04/17/13	5.00	85.75
239288	6	T1019		04/18/13	04/18/13	5.00	85.75
239288	7	T1019		04/19/13	04/19/13	5.00	85.75
CLAIM TOTAL							600.25
CLAIM ACCOUNT REF.							2392880012009377SUP

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
239285	1	T1019		04/03/13	04/03/13	3.00	51.45
239285	2	T1019		04/13/13	04/13/13	8.00	137.20
239285	3	T1019		04/15/13	04/15/13	3.00	51.45
239285	4	T1019		04/16/13	04/16/13	3.00	51.45
239285	5	T1019		04/17/13	04/17/13	3.00	51.45
239285	6	T1019		04/18/13	04/18/13	3.00	51.45
239285	7	T1019		04/19/13	04/19/13	4.00	68.60
CLAIM TOTAL							463.05
CLAIM ACCOUNT REF.							2392850012009688SUP

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
239290	1	T1019		04/13/13	04/13/13	5.00	85.75
239290	2	T1019		04/14/13	04/14/13	5.00	85.75
239290	3	T1019		04/15/13	04/15/13	6.00	102.90
239290	4	T1019		04/16/13	04/16/13	5.00	85.75
239290	5	T1019		04/17/13	04/17/13	5.00	85.75
239290	6	T1019		04/18/13	04/18/13	5.00	85.75
239290	7	T1019		04/19/13	04/19/13	6.00	102.90
CLAIM TOTAL							634.55
CLAIM ACCOUNT REF.							2392900012010213SUP

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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 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
239283	1	T1019		04/13/13	04/13/13	3.00	51.45
239283	2	T1019		04/14/13	04/14/13	3.00	51.45
239283	3	T1019		04/15/13	04/15/13	3.00	51.45
239283	4	T1019		04/16/13	04/16/13	3.00	51.45
239283	5	T1019		04/17/13	04/17/13	3.00	51.45
239283	6	T1019		04/18/13	04/18/13	3.00	51.45
239283	7	T1019		04/19/13	04/19/13	3.00	51.45
CLAIM TOTAL							360.15
							CLAIM ACCOUNT REF. 2392830012010886SUP

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
239280	1	T1019		04/13/13	04/13/13	24.00	411.60
239280	2	T1019		04/14/13	04/14/13	24.00	411.60
239280	3	T1019		04/15/13	04/15/13	24.00	411.60
239280	4	T1019		04/16/13	04/16/13	24.00	411.60
239280	5	T1019		04/17/13	04/17/13	24.00	411.60
239280	6	T1019		04/18/13	04/18/13	24.00	411.60
239280	7	T1019		04/19/13	04/19/13	24.00	411.60
CLAIM TOTAL							2,881.20
							CLAIM ACCOUNT REF. 2392800012011286SUP

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
239289	1	T1019		04/13/13	04/13/13	4.00	68.60
239289	2	T1019		04/14/13	04/14/13	4.00	68.60
239289	3	T1019		04/15/13	04/15/13	4.00	68.60
239289	4	T1019		04/16/13	04/16/13	4.00	68.60
239289	5	T1019		04/17/13	04/17/13	4.00	68.60
239289	6	T1019		04/18/13	04/18/13	4.00	68.60
239289	7	T1019		04/19/13	04/19/13	4.00	68.60
CLAIM TOTAL							480.20
							CLAIM ACCOUNT REF. 2392890012013071SUP

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

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	74	TOTAL CLAIM AMOUNT =	10,530.10
		# SERVICES =	12		

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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
239319	1	T1019		04/13/13	04/13/13	36.00	154.80
239319	2	T1019		04/14/13	04/14/13	36.00	154.80
239319	3	T1019		04/15/13	04/15/13	36.00	154.80
239319	4	T1019		04/16/13	04/16/13	36.00	154.80
239319	5	T1019		04/17/13	04/17/13	36.00	154.80
239319	6	T1019		04/18/13	04/18/13	36.00	154.80
239319	7	T1019		04/19/13	04/19/13	36.00	154.80
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2393190012008286SUP

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
239305	1	T1019		04/06/13	04/06/13	24.00	103.20
239305	2	T1019		04/13/13	04/13/13	24.00	103.20
239305	3	T1019		04/14/13	04/14/13	24.00	103.20
239305	4	T1019		04/15/13	04/15/13	24.00	103.20
239305	5	T1019		04/16/13	04/16/13	24.00	103.20
239305	6	T1019		04/17/13	04/17/13	24.00	103.20
239305	7	T1019		04/18/13	04/18/13	24.00	103.20
239305	8	T1019		04/19/13	04/19/13	24.00	103.20
CLAIM TOTAL						825.60	CLAIM ACCOUNT REF. 2393050012008495SUP

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
239292	1	T1019		04/13/13	04/13/13	28.00	120.40
239292	2	T1019		04/14/13	04/14/13	28.00	120.40
239292	3	T1019		04/15/13	04/15/13	28.00	120.40
239292	4	T1019		04/16/13	04/16/13	28.00	120.40
239292	5	T1019		04/17/13	04/17/13	28.00	120.40
239292	6	T1019		04/18/13	04/18/13	28.00	120.40
239292	7	T1019		04/19/13	04/19/13	28.00	120.40
CLAIM TOTAL						842.80	CLAIM ACCOUNT REF. 2392920012012101SUP



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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
239293	1	T1019		04/15/13	04/15/13	16.00	68.80
239293	2	T1019		04/16/13	04/16/13	16.00	68.80
239293	3	T1019		04/17/13	04/17/13	16.00	68.80
239293	4	T1019		04/18/13	04/18/13	16.00	68.80
239293	5	T1019		04/19/13	04/19/13	16.00	68.80
CLAIM TOTAL							344.00
							CLAIM ACCOUNT REF. 2392930012012102SUP

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
239294	1	T1019		04/13/13	04/13/13	40.00	172.00
239294	2	T1019		04/14/13	04/14/13	40.00	172.00
239294	3	T1019		04/15/13	04/15/13	40.00	172.00
239294	4	T1019		04/16/13	04/16/13	40.00	172.00
239294	5	T1019		04/17/13	04/17/13	40.00	172.00
239294	6	T1019		04/18/13	04/18/13	40.00	172.00
239294	7	T1019		04/19/13	04/19/13	40.00	172.00
CLAIM TOTAL							1,204.00
							CLAIM ACCOUNT REF. 2392940012012104SUP

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
239296	1	T1030		12/12/12	12/12/12	1.00	90.00
239296	2	T1030		01/16/13	01/16/13	1.00	90.00
239296	3	T1030		01/30/13	01/30/13	1.00	90.00
239296	4	T1030		02/06/13	02/06/13	1.00	90.00
239296	5	T1030		02/27/13	02/27/13	1.00	90.00
239296	6	T1030		03/20/13	03/20/13	1.00	90.00
239296	7	T1030		03/27/13	03/27/13	1.00	90.00
239296	8	T1019		04/13/13	04/13/13	32.00	137.60
239296	9	T1019		04/14/13	04/14/13	32.00	137.60
239296	10	T1019		04/15/13	04/15/13	32.00	137.60
239296	11	T1019		04/16/13	04/16/13	32.00	137.60
239296	12	T1019		04/17/13	04/17/13	32.00	137.60
239296	13	T1019		04/18/13	04/18/13	32.00	137.60

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PAYER ID = 14163                      WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
239296	14	T1019		04/19/13	04/19/13	32.00	137.60	
					CLAIM TOTAL		1,593.20	CLAIM ACCOUNT REF. 2392960012012107SUP

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	
239298	1	T1019		04/15/13	04/15/13	24.00	103.20	
239298	2	T1019		04/16/13	04/16/13	24.00	103.20	
239298	3	T1019		04/17/13	04/17/13	24.00	103.20	
239298	4	T1019		04/18/13	04/18/13	24.00	103.20	
239298	5	T1019		04/19/13	04/19/13	24.00	103.20	
					CLAIM TOTAL		516.00	CLAIM ACCOUNT REF. 2392980012012108SUP

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	
239299	1	T1019		04/11/13	04/11/13	12.00	51.60	
239299	2	T1019		04/15/13	04/15/13	28.00	120.40	
239299	3	T1019		04/16/13	04/16/13	28.00	120.40	
239299	4	T1019		04/18/13	04/18/13	28.00	120.40	
239299	5	T1019		04/19/13	04/19/13	28.00	120.40	
					CLAIM TOTAL		533.20	CLAIM ACCOUNT REF. 2392990012012110SUP

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	
239300	1	T1019		04/13/13	04/13/13	20.00	86.00	
239300	2	T1019		04/14/13	04/14/13	20.00	86.00	
239300	3	T1019		04/15/13	04/15/13	16.00	68.80	
239300	4	T1019		04/16/13	04/16/13	16.00	68.80	
239300	5	T1019		04/17/13	04/17/13	16.00	68.80	
239300	6	T1019		04/18/13	04/18/13	16.00	68.80	
239300	7	T1019		04/19/13	04/19/13	16.00	68.80	
					CLAIM TOTAL		516.00	CLAIM ACCOUNT REF. 2393000012012117SUP

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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
239302	1	T1019		04/15/13	04/15/13	28.00	120.40
239302	2	T1019		04/16/13	04/16/13	28.00	120.40
239302	3	T1019		04/17/13	04/17/13	28.00	120.40
239302	4	T1019		04/18/13	04/18/13	28.00	120.40
239302	5	T1019		04/19/13	04/19/13	28.00	120.40
CLAIM TOTAL							602.00

CLAIM ACCOUNT REF. 2393020012012120SUP

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
239307	1	T1019		04/13/13	04/13/13	32.00	137.60
239307	2	T1019		04/14/13	04/14/13	32.00	137.60
239307	3	T1019		04/16/13	04/16/13	32.00	137.60
239307	4	T1019		04/17/13	04/17/13	32.00	137.60
239307	5	T1019		04/18/13	04/18/13	32.00	137.60
239307	6	T1019		04/19/13	04/19/13	32.00	137.60
CLAIM TOTAL							825.60

CLAIM ACCOUNT REF. 2393070012012121SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012122 2012122 MORALES, FRANCISCO 12/03/1935 744366 111218452  
DIAGNOSIS CODES: 250.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
239308	1	T1030		01/02/13	01/02/13	1.00	90.00
239308	2	T1030		01/15/13	01/15/13	1.00	90.00
239308	3	T1030		01/29/13	01/29/13	1.00	90.00
239308	4	T1030		02/26/13	02/26/13	1.00	90.00
239308	5	T1030		03/12/13	03/12/13	1.00	90.00
239308	6	T1030		03/25/13	03/25/13	1.00	90.00
CLAIM TOTAL							540.00

CLAIM ACCOUNT REF. 2393080012012122SUP

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
239309	1	T1019		04/13/13	04/13/13	20.00	86.00

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
239309	2	T1019		04/14/13	04/14/13	20.00	86.00	
239309	3	T1019		04/15/13	04/15/13	20.00	86.00	
239309	4	T1019		04/16/13	04/16/13	20.00	86.00	
239309	5	T1019		04/17/13	04/17/13	20.00	86.00	
239309	6	T1019		04/18/13	04/18/13	20.00	86.00	
239309	7	T1019		04/19/13	04/19/13	20.00	86.00	
					CLAIM TOTAL		602.00	CLAIM ACCOUNT REF. 2393090012012122SUP

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	
239311	1	T1019		04/13/13	04/13/13	20.00	86.00	
239311	2	T1019		04/14/13	04/14/13	20.00	86.00	
239311	3	T1019		04/15/13	04/15/13	28.00	120.40	
239311	4	T1019		04/16/13	04/16/13	28.00	120.40	
239311	5	T1019		04/17/13	04/17/13	28.00	120.40	
239311	6	T1019		04/18/13	04/18/13	28.00	120.40	
239311	7	T1019		04/19/13	04/19/13	28.00	120.40	
					CLAIM TOTAL		774.00	CLAIM ACCOUNT REF. 2393110012012130SUP

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	
239313	1	T1019		04/15/13	04/15/13	16.00	68.80	
239313	2	T1019		04/17/13	04/17/13	16.00	68.80	
					CLAIM TOTAL		137.60	CLAIM ACCOUNT REF. 2393130012012131SUP

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	
239312	1	T1019		04/09/13	04/09/13	32.00	137.60	
239312	2	T1019		04/10/13	04/10/13	32.00	137.60	
239312	3	T1019		04/11/13	04/11/13	32.00	137.60	
239312	4	T1019		04/12/13	04/12/13	32.00	137.60	
239312	5	T1019		04/13/13	04/13/13	20.00	86.00	
239312	6	T1019		04/14/13	04/14/13	20.00	86.00	
239312	7	T1019		04/16/13	04/16/13	32.00	137.60	

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
239312	8	T1019		04/17/13	04/17/13	32.00	137.60	
239312	9	T1019		04/18/13	04/18/13	32.00	137.60	
CLAIM TOTAL							1,135.20	CLAIM ACCOUNT REF. 2393120012012132SUP

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	
239325	1	T1019		04/15/13	04/15/13	28.00	120.40	
239325	2	T1019		04/16/13	04/16/13	28.00	120.40	
239325	3	T1019		04/17/13	04/17/13	28.00	120.40	
239325	4	T1019		04/18/13	04/18/13	28.00	120.40	
239325	5	T1019		04/19/13	04/19/13	28.00	120.40	
CLAIM TOTAL							602.00	CLAIM ACCOUNT REF. 2393250012012134SUP

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	
239329	1	T1019		04/15/13	04/15/13	32.00	137.60	
239329	2	T1019		04/16/13	04/16/13	32.00	137.60	
239329	3	T1019		04/18/13	04/18/13	32.00	137.60	
239329	4	T1019		04/19/13	04/19/13	32.00	137.60	
CLAIM TOTAL							550.40	CLAIM ACCOUNT REF. 2393290012012137SUP

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	
239330	1	T1019		04/16/13	04/16/13	16.00	68.80	
239330	2	T1019		04/18/13	04/18/13	16.00	68.80	
239330	3	T1019		04/19/13	04/19/13	16.00	68.80	
CLAIM TOTAL							206.40	CLAIM ACCOUNT REF. 2393300012012138SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012140	2012140	PATRICK, IMAGEENE	03/27/1930	737028	111282273
DIAGNOSIS CODES: 294.10 153.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
239314	1	T1019		03/30/13	03/30/13	32.00	137.60

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PAYER ID = 14163                      WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
							137.60		2393140012012140SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
239315	1	T1019		04/08/13	04/08/13	32.00	137.60		
239315	2	T1019		04/09/13	04/09/13	32.00	137.60		
239315	3	T1019		04/13/13	04/13/13	32.00	137.60		
239315	4	T1019		04/15/13	04/15/13	32.00	137.60		
239315	5	T1019		04/16/13	04/16/13	32.00	137.60		
239315	6	T1019		04/17/13	04/17/13	32.00	137.60		
239315	7	T1019		04/18/13	04/18/13	32.00	137.60		
239315	8	T1019		04/19/13	04/19/13	32.00	137.60		
							1,100.80		2393150012012140SUP

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	CLAIM TOTAL	CLAIM ACCOUNT REF.
239324	1	T1019		04/15/13	04/15/13	16.00	68.80		
239324	2	T1019		04/17/13	04/17/13	16.00	68.80		
239324	3	T1019		04/19/13	04/19/13	16.00	68.80		
							206.40		2393240012012141SUP

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	CLAIM TOTAL	CLAIM ACCOUNT REF.
239306	1	T1019		04/15/13	04/15/13	12.00	51.60		
239306	2	T1019		04/16/13	04/16/13	12.00	51.60		
239306	3	T1019		04/17/13	04/17/13	12.00	51.60		
239306	4	T1019		04/18/13	04/18/13	12.00	51.60		
239306	5	T1019		04/19/13	04/19/13	12.00	51.60		
							258.00		2393060012012142SUP

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PAYER ID = 14163                      WELLCARE OF NY

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
239310	1	T1019		03/05/13	03/05/13	8.00	34.40
239310	2	T1019		03/06/13	03/06/13	16.00	68.80
239310	3	T1019		03/25/13	03/25/13	16.00	68.80
239310	4	T1019		04/16/13	04/16/13	16.00	68.80
239310	5	T1019		04/18/13	04/18/13	16.00	68.80
CLAIM TOTAL							309.60

CLAIM ACCOUNT REF. 2393100012012143SUP

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
239318	1	T1019		04/15/13	04/15/13	20.00	86.00
239318	2	T1019		04/17/13	04/17/13	20.00	86.00
CLAIM TOTAL							172.00

CLAIM ACCOUNT REF. 2393180012012144SUP

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
239316	1	T1019		04/15/13	04/15/13	16.00	68.80
239316	2	T1019		04/16/13	04/16/13	16.00	68.80
239316	3	T1019		04/17/13	04/17/13	16.00	68.80
239316	4	T1019		04/18/13	04/18/13	16.00	68.80
239316	5	T1019		04/19/13	04/19/13	16.00	68.80
CLAIM TOTAL							344.00

CLAIM ACCOUNT REF. 2393160012012145SUP

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
239317	1	T1019		04/15/13	04/15/13	16.00	68.80
239317	2	T1019		04/16/13	04/16/13	16.00	68.80
239317	3	T1019		04/17/13	04/17/13	16.00	68.80
239317	4	T1019		04/18/13	04/18/13	16.00	68.80
239317	5	T1019		04/19/13	04/19/13	16.00	68.80
CLAIM TOTAL							344.00

CLAIM ACCOUNT REF. 2393170012012146SUP

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PAYER       ID = 14163                      WELLCARE OF NY

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
239320	1	T1019		04/13/13	04/13/13	32.00	137.60
239320	2	T1019		04/15/13	04/15/13	32.00	137.60
239320	3	T1019		04/16/13	04/16/13	32.00	137.60
239320	4	T1019		04/17/13	04/17/13	32.00	137.60
239320	5	T1019		04/18/13	04/18/13	32.00	137.60
239320	6	T1019		04/19/13	04/19/13	32.00	137.60
CLAIM TOTAL						825.60	CLAIM ACCOUNT REF.    2393200012012149SUP

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
239321	1	T1019		04/13/13	04/13/13	32.00	137.60
239321	2	T1019		04/14/13	04/14/13	32.00	137.60
239321	3	T1019		04/15/13	04/15/13	32.00	137.60
239321	4	T1019		04/16/13	04/16/13	32.00	137.60
239321	5	T1019		04/17/13	04/17/13	32.00	137.60
239321	6	T1019		04/18/13	04/18/13	32.00	137.60
239321	7	T1019		04/19/13	04/19/13	32.00	137.60
CLAIM TOTAL						963.20	CLAIM ACCOUNT REF.    2393210012012152SUP

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
239322	1	T1019		04/13/13	04/13/13	24.00	103.20
239322	2	T1019		04/15/13	04/15/13	24.00	103.20
239322	3	T1019		04/16/13	04/16/13	24.00	103.20
239322	4	T1019		04/17/13	04/17/13	24.00	103.20
239322	5	T1019		04/18/13	04/18/13	24.00	103.20
239322	6	T1019		04/19/13	04/19/13	24.00	103.20
CLAIM TOTAL						619.20	CLAIM ACCOUNT REF.    2393220012012154SUP



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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012155 2012155 SANCHEZ, BETANIA 05/10/1956 706048 111655816  
DIAGNOSIS CODES: 555.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
239323	1	T1019		04/15/13	04/15/13	32.00	137.60	
239323	2	T1019		04/16/13	04/16/13	32.00	137.60	
239323	3	T1019		04/17/13	04/17/13	32.00	137.60	
239323	4	T1019		04/18/13	04/18/13	32.00	137.60	
239323	5	T1019		04/19/13	04/19/13	32.00	137.60	
				CLAIM TOTAL		688.00		CLAIM ACCOUNT REF. 2393230012012155SUP

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	
239303	1	T1019		04/13/13	04/13/13	48.00	206.40	
239303	2	T1019		04/14/13	04/14/13	48.00	206.40	
239303	3	T1019		04/15/13	04/15/13	48.00	206.40	
239303	4	T1019		04/16/13	04/16/13	48.00	206.40	
239303	5	T1019		04/17/13	04/17/13	48.00	206.40	
239303	6	T1019		04/18/13	04/18/13	48.00	206.40	
239303	7	T1019		04/19/13	04/19/13	48.00	206.40	
				CLAIM TOTAL		1,444.80		CLAIM ACCOUNT REF. 2393030012012158SUP

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	
239291	1	T1019		04/13/13	04/13/13	20.00	86.00	
239291	2	T1019		04/14/13	04/14/13	20.00	86.00	
239291	3	T1019		04/15/13	04/15/13	20.00	86.00	
239291	4	T1019		04/16/13	04/16/13	20.00	86.00	
239291	5	T1019		04/17/13	04/17/13	20.00	86.00	
239291	6	T1019		04/18/13	04/18/13	20.00	86.00	
239291	7	T1019		04/19/13	04/19/13	20.00	86.00	
				CLAIM TOTAL		602.00		CLAIM ACCOUNT REF. 2392910012012161SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012261 2012261 SILVEIRA, BERTA 06/23/1938 753060 111595604  
DIAGNOSIS CODES: 786.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
239326	1	T1019		04/15/13	04/15/13	16.00	68.80
239326	2	T1019		04/17/13	04/17/13	16.00	68.80
239326	3	T1019		04/18/13	04/18/13	16.00	68.80
CLAIM TOTAL							206.40
CLAIM ACCOUNT REF.							2393260012012261SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012136 2012266 SOTO, RAFAEL B 03/08/1937 700573 111213199  
DIAGNOSIS CODES: 715.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
239327	1	T1030		01/04/13	01/04/13	1.00	90.00
239327	2	T1030		01/17/13	01/17/13	1.00	90.00
239327	3	T1030		01/31/13	01/31/13	1.00	90.00
239327	4	T1030		02/06/13	02/06/13	1.00	90.00
239327	5	T1030		02/27/13	02/27/13	1.00	90.00
CLAIM TOTAL							450.00
CLAIM ACCOUNT REF.							2393270012012266SUP

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
239328	1	T1030		03/13/13	03/13/13	1.00	90.00
239328	2	T1030		03/27/13	03/27/13	1.00	90.00
239328	3	T1019		04/13/13	04/13/13	36.00	154.80
239328	4	T1019		04/15/13	04/15/13	36.00	154.80
239328	5	T1019		04/16/13	04/16/13	36.00	154.80
239328	6	T1019		04/17/13	04/17/13	36.00	154.80
239328	7	T1019		04/18/13	04/18/13	36.00	154.80
239328	8	T1019		04/19/13	04/19/13	36.00	154.80
CLAIM TOTAL							1,108.80
CLAIM ACCOUNT REF.							2393280012012266SUP

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
239304	1	T1019		04/10/13	04/10/13	48.00	206.40
239304	2	T1019		04/13/13	04/13/13	48.00	206.40

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PAYER ID = 14163                      WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
239304	3	T1019		04/14/13	04/14/13	48.00	206.40
239304	4	T1019		04/15/13	04/15/13	48.00	206.40
239304	5	T1019		04/16/13	04/16/13	48.00	206.40
239304	6	T1019		04/17/13	04/17/13	48.00	206.40
239304	7	T1019		04/18/13	04/18/13	48.00	206.40
239304	8	T1019		04/19/13	04/19/13	48.00	206.40
CLAIM TOTAL							1,651.20

CLAIM ACCOUNT REF. 2393040012012948SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012952 2012952 FRANCISCO, BRIGIDA 08/20/1957 761853 111640168  
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
239297	1	T1019		04/15/13	04/15/13	20.00	86.00
239297	2	T1019		04/16/13	04/16/13	20.00	86.00
239297	3	T1019		04/17/13	04/17/13	20.00	86.00
239297	4	T1019		04/18/13	04/18/13	20.00	86.00
239297	5	T1019		04/19/13	04/19/13	20.00	86.00
CLAIM TOTAL							430.00

CLAIM ACCOUNT REF. 2392970012012952SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012953 2012953 CHOUDHURY, MEHER A 08/16/1974 762773 111605216  
DIAGNOSIS CODES: 344.00 493.90 742.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
239295	1	T1019		04/03/13	04/03/13	48.00	206.40
239295	2	T1019		04/04/13	04/04/13	48.00	206.40
239295	3	T1019		04/05/13	04/05/13	48.00	206.40
239295	4	T1019		04/10/13	04/10/13	48.00	206.40
239295	5	T1019		04/11/13	04/11/13	48.00	206.40
239295	6	T1019		04/12/13	04/12/13	48.00	206.40
239295	7	T1019		04/16/13	04/16/13	48.00	206.40
239295	8	T1019		04/17/13	04/17/13	48.00	206.40
239295	9	T1019		04/18/13	04/18/13	48.00	206.40
239295	10	T1019		04/19/13	04/19/13	48.00	206.40
CLAIM TOTAL							2,064.00

CLAIM ACCOUNT REF. 2392950012012953SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
239301	1	T1019		04/02/13	04/02/13	20.00	86.00

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PAYER ID = 14163                      WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
239301	2	T1019		04/03/13	04/03/13	20.00	86.00
239301	3	T1019		04/09/13	04/09/13	20.00	86.00
239301	4	T1019		04/10/13	04/10/13	20.00	86.00
239301	5	T1019		04/11/13	04/11/13	20.00	86.00
239301	6	T1019		04/12/13	04/12/13	20.00	86.00
239301	7	T1019		04/13/13	04/13/13	20.00	86.00
239301	8	T1019		04/15/13	04/15/13	20.00	86.00
CLAIM TOTAL							688.00
							CLAIM ACCOUNT REF. 2393010012012979SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012984	2012984	YOUNG, MARY	11/04/1926	762776	111600572
DIAGNOSIS CODES: 342.82 244.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
239331	1	T1019		04/13/13	04/13/13	36.00	154.80
239331	2	T1019		04/14/13	04/14/13	36.00	154.80
239331	3	T1019		04/15/13	04/15/13	36.00	154.80
239331	4	T1019		04/16/13	04/16/13	36.00	154.80
239331	5	T1019		04/17/13	04/17/13	36.00	154.80
239331	6	T1019		04/18/13	04/18/13	32.00	137.60
239331	7	T1019		04/19/13	04/19/13	36.00	154.80
CLAIM TOTAL							1,066.40
							CLAIM ACCOUNT REF. 2393310012012984SUP

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	245	TOTAL CLAIM AMOUNT =	29,113.60
		# SERVICES =	38		

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

NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	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
239274	1	T1019	0580	04/15/13	04/15/13	40.00	168.80
CLAIM TOTAL							168.80
CLAIM ACCOUNT REF.							2392740012008491SUP

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
239275	1	T1019	0580	04/16/13	04/16/13	40.00	168.80
239275	2	T1019	0580	04/17/13	04/17/13	40.00	168.80
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2392750012008491SUP

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
239277	1	T1019	0580	04/15/13	04/15/13	16.00	67.52
239277	2	T1019	0580	04/16/13	04/16/13	16.00	67.52
239277	3	T1019	0580	04/17/13	04/17/13	16.00	67.52
239277	4	T1019	0580	04/18/13	04/18/13	16.00	67.52
239277	5	T1019	0580	04/19/13	04/19/13	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2392770012008513SUP

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
239269	1	T1019	0580	04/16/13	04/16/13	16.00	67.52
239269	2	T1019	0580	04/18/13	04/18/13	16.00	67.52
239269	3	T1019	0580	04/19/13	04/19/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2392690012008723SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008793 2008793 COPE, WILLIE 02/17/1928 XR98607Q 0004050353  
DIAGNOSIS CODES: 331.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
239259	1	T1019	0580	04/13/13	04/13/13	48.00	202.56
239259	2	T1019	0580	04/14/13	04/14/13	48.00	202.56
239259	3	T1019	0580	04/15/13	04/15/13	48.00	202.56
239259	4	T1019	0580	04/16/13	04/16/13	48.00	202.56
239259	5	T1019	0580	04/17/13	04/17/13	48.00	202.56
239259	6	T1019	0580	04/18/13	04/18/13	48.00	202.56
239259	7	T1019	0580	04/19/13	04/19/13	48.00	202.56
CLAIM TOTAL						1,417.92	CLAIM ACCOUNT REF. 2392590012008793SUP

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
239270	1	T1019	0580	04/13/13	04/13/13	32.00	135.04
239270	2	T1019	0580	04/14/13	04/14/13	32.00	135.04
239270	3	T1019	0580	04/15/13	04/15/13	24.00	101.28
239270	4	T1019	0580	04/16/13	04/16/13	32.00	135.04
239270	5	T1019	0580	04/17/13	04/17/13	32.00	135.04
239270	6	T1019	0580	04/18/13	04/18/13	32.00	135.04
239270	7	T1019	0580	04/19/13	04/19/13	32.00	135.04
CLAIM TOTAL						911.52	CLAIM ACCOUNT REF. 2392700012009237SUP

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
239276	1	T1019	0580	04/19/13	04/19/13	20.00	84.40
CLAIM TOTAL						84.40	CLAIM ACCOUNT REF. 2392760012009269SUP

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
239272	1	T1019	0580	04/13/13	04/13/13	16.00	67.52
239272	2	T1019	0580	04/14/13	04/14/13	16.00	67.52
239272	3	T1019	0580	04/15/13	04/15/13	16.00	67.52

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PAYER ID = 55247                      HEALTH INSURANCE PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
239272	4	T1019	0580	04/16/13	04/16/13	16.00	67.52	
239272	5	T1019	0580	04/17/13	04/17/13	16.00	67.52	
239272	6	T1019	0580	04/18/13	04/18/13	16.00	67.52	
239272	7	T1019	0580	04/19/13	04/19/13	16.00	67.52	
					CLAIM TOTAL		472.64	CLAIM ACCOUNT REF. 2392720012009406SUP

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	
239273	1	T1019	0580	04/17/13	04/17/13	40.00	168.80	
239273	2	T1019	0580	04/18/13	04/18/13	40.00	168.80	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2392730012009562SUP

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	
239262	1	T1019	0580	04/15/13	04/15/13	16.00	67.52	
239262	2	T1019	0580	04/16/13	04/16/13	16.00	67.52	
239262	3	T1019	0580	04/18/13	04/18/13	16.00	67.52	
239262	4	T1019	0580	04/19/13	04/19/13	16.00	67.52	
					CLAIM TOTAL		270.08	CLAIM ACCOUNT REF. 2392620012009686SUP

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	
239264	1	T1019	0580	04/13/13	04/13/13	28.00	118.16	
					CLAIM TOTAL		118.16	CLAIM ACCOUNT REF. 2392640012009945SUP

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	
239265	1	T1019	0580	04/14/13	04/14/13	28.00	118.16	
239265	2	T1019	0580	04/15/13	04/15/13	28.00	118.16	
239265	3	T1019	0580	04/16/13	04/16/13	28.00	118.16	
239265	4	T1019	0580	04/17/13	04/17/13	28.00	118.16	

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PAYER ID = 55247                      HEALTH INSURANCE PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
239265	5	T1019	0580	04/18/13	04/18/13	28.00	118.16	
239265	6	T1019	0580	04/19/13	04/19/13	28.00	118.16	
						CLAIM TOTAL	708.96	CLAIM ACCOUNT REF. 2392650012009945SUP

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	
239263	1	T1019	0580	04/13/13	04/13/13	36.00	151.92	
239263	2	T1019	0580	04/14/13	04/14/13	36.00	151.92	
239263	3	T1019	0580	04/15/13	04/15/13	36.00	151.92	
239263	4	T1019	0580	04/16/13	04/16/13	36.00	151.92	
239263	5	T1019	0580	04/17/13	04/17/13	36.00	151.92	
239263	6	T1019	0580	04/18/13	04/18/13	36.00	151.92	
239263	7	T1019	0580	04/19/13	04/19/13	36.00	151.92	
						CLAIM TOTAL	1,063.44	CLAIM ACCOUNT REF. 2392630012010991SUP

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	
239260	1	G0156	0572	04/13/13	04/13/13	8.00	114.00	
239260	2	G0156	0572	04/14/13	04/14/13	8.00	114.00	
239260	3	G0156	0572	04/15/13	04/15/13	8.00	114.00	
239260	4	G0156	0572	04/16/13	04/16/13	8.00	114.00	
239260	5	G0156	0572	04/17/13	04/17/13	8.00	114.00	
239260	6	G0156	0572	04/18/13	04/18/13	8.00	114.00	
239260	7	G0156	0572	04/19/13	04/19/13	8.00	114.00	
						CLAIM TOTAL	798.00	CLAIM ACCOUNT REF. 2392600012011066SUP

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	
239261	1	G0156	0572	04/13/13	04/13/13	12.00	171.00	
239261	2	G0156	0572	04/15/13	04/15/13	12.00	171.00	
239261	3	G0156	0572	04/16/13	04/16/13	12.00	171.00	
239261	4	G0156	0572	04/18/13	04/18/13	12.00	171.00	
239261	5	G0156	0572	04/19/13	04/19/13	12.00	171.00	
						CLAIM TOTAL	855.00	CLAIM ACCOUNT REF. 2392610012011526SUP



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PAYER ID = 55247                      HEALTH INSURANCE PLAN

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009467 2011833 KEATON, CATHERINE 08/30/1923 WC81742E 0004298435  
DIAGNOSIS CODES: 715.00 365.9 401.9 780.4 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
239266	1	T1019	0580	04/13/13	04/13/13	48.00	202.56
239266	2	T1019	0580	04/14/13	04/14/13	48.00	202.56
239266	3	T1019	0580	04/15/13	04/15/13	48.00	202.56
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2392660012011833SUP

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
239267	1	T1019	0580	04/16/13	04/16/13	48.00	202.56
239267	2	T1019	0580	04/18/13	04/18/13	48.00	202.56
239267	3	T1019	0580	04/19/13	04/19/13	48.00	202.56
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2392670012011833SUP

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
239271	1	T1019	0580	04/15/13	04/15/13	12.00	50.64
239271	2	T1019	0580	04/16/13	04/16/13	20.00	84.40
239271	3	T1019	0580	04/17/13	04/17/13	20.00	84.40
239271	4	T1019	0580	04/18/13	04/18/13	20.00	84.40
239271	5	T1019	0580	04/19/13	04/19/13	20.00	84.40
CLAIM TOTAL							388.24
CLAIM ACCOUNT REF.							2392710012012343SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012541 2012541 LANGELOH, HOWARD 09/29/1923 134135965A 0005921983  
DIAGNOSIS CODES: 715.90 250.00 272.4 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
239268	1	T1019	0580	04/13/13	04/13/13	24.00	101.28
239268	2	T1019	0580	04/14/13	04/14/13	24.00	101.28
239268	3	T1019	0580	04/15/13	04/15/13	24.00	101.28
239268	4	T1019	0580	04/16/13	04/16/13	24.00	101.28
239268	5	T1019	0580	04/17/13	04/17/13	24.00	101.28
239268	6	T1019	0580	04/18/13	04/18/13	24.00	101.28
239268	7	T1019	0580	04/19/13	04/19/13	24.00	101.28

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NPI = 1154407492

CLAIM ACCOUNT REF. 2392680012012541SUP

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2392580012012547SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	88	TOTAL CLAIM AMOUNT =	10,903.24
		# SERVICES =	17		

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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
239353	1	S5125		04/15/13	04/15/13	12.00	51.48
239353	2	S5125		04/16/13	04/16/13	28.00	120.12
239353	3	S5125		04/17/13	04/17/13	28.00	120.12
239353	4	S5125		04/18/13	04/18/13	28.00	120.12
CLAIM TOTAL							411.84
CLAIM ACCOUNT REF.							2393530012010958SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
239354	1	S5125		04/16/13	04/16/13	24.00	102.96
239354	2	S5125		04/17/13	04/17/13	40.00	171.60
239354	3	S5125		04/18/13	04/18/13	24.00	102.96
239354	4	S5125		04/19/13	04/19/13	40.00	171.60
CLAIM TOTAL							549.12
CLAIM ACCOUNT REF.							2393540012012481SUP

PAYER TOTALS:                      VNSNY CHOICE                      # OF CLAIMS = 8                      TOTAL CLAIM AMOUNT = 960.96  
# SERVICES = 2

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008246 2008246 RIVERA, CHRISTOPHER 09/03/1996 UW23596M R2212949  
DIAGNOSIS CODES: 314.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
239211	1	T1019		04/13/13	04/13/13	12.00	50.64	
239211	2	T1019		04/14/13	04/14/13	12.00	50.64	
239211	3	T1019		04/15/13	04/15/13	12.00	50.64	
239211	4	T1019		04/16/13	04/16/13	12.00	50.64	
239211	5	T1019		04/17/13	04/17/13	12.00	50.64	
239211	6	T1019		04/18/13	04/18/13	12.00	50.64	
239211	7	T1019		04/19/13	04/19/13	12.00	50.64	
CLAIM TOTAL							354.48	CLAIM ACCOUNT REF. 2392110012008246SUP

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	
239212	1	T1019		04/15/13	04/15/13	12.00	50.64	
239212	2	T1019		04/16/13	04/16/13	12.00	50.64	
239212	3	T1019		04/17/13	04/17/13	12.00	50.64	
239212	4	T1019		04/18/13	04/18/13	12.00	50.64	
CLAIM TOTAL							202.56	CLAIM ACCOUNT REF. 2392120012008248SUP

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	
239214	1	T1019		04/13/13	04/13/13	32.00	135.04	
239214	2	T1019		04/14/13	04/14/13	32.00	135.04	
239214	3	T1019		04/15/13	04/15/13	32.00	135.04	
239214	4	T1019		04/16/13	04/16/13	32.00	135.04	
239214	5	T1019		04/17/13	04/17/13	32.00	135.04	
239214	6	T1019		04/18/13	04/18/13	32.00	135.04	
239214	7	T1019		04/19/13	04/19/13	32.00	135.04	
CLAIM TOTAL							945.28	CLAIM ACCOUNT REF. 2392140012008250SUP

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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 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
239195	1	T1019		04/13/13	04/13/13	32.00	135.04
239195	2	T1019		04/15/13	04/15/13	32.00	135.04
239195	3	T1019		04/16/13	04/16/13	32.00	135.04
239195	4	T1019		04/17/13	04/17/13	32.00	135.04
239195	5	T1019		04/18/13	04/18/13	32.00	135.04
239195	6	T1019		04/19/13	04/19/13	32.00	135.04
CLAIM TOTAL						810.24	CLAIM ACCOUNT REF. 2391950012008251SUP

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
239207	1	T1019		04/13/13	04/13/13	48.00	202.56
239207	2	T1019		04/14/13	04/14/13	48.00	202.56
239207	3	T1019		04/15/13	04/15/13	48.00	202.56
239207	4	T1019		04/16/13	04/16/13	48.00	202.56
239207	5	T1019		04/17/13	04/17/13	48.00	202.56
239207	6	T1019		04/18/13	04/18/13	48.00	202.56
239207	7	T1019		04/19/13	04/19/13	48.00	202.56
CLAIM TOTAL						1,417.92	CLAIM ACCOUNT REF. 2392070012008253SUP

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
239217	1	T1019		04/16/13	04/16/13	20.00	84.40
239217	2	T1019		04/17/13	04/17/13	32.00	135.04
239217	3	T1019		04/18/13	04/18/13	32.00	135.04
239217	4	T1019		04/19/13	04/19/13	32.00	135.04
CLAIM TOTAL						489.52	CLAIM ACCOUNT REF. 2392170012008254SUP

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
239192	1	T1019		04/15/13	04/15/13	32.00	135.04

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
239192	2	T1019		04/16/13	04/16/13	32.00	135.04	
239192	3	T1019		04/17/13	04/17/13	32.00	135.04	
239192	4	T1019		04/18/13	04/18/13	32.00	135.04	
239192	5	T1019		04/19/13	04/19/13	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2391920012008256SUP

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	
239198	1	T1019		03/30/13	03/30/13	24.00	101.28	
239198	2	T1019		04/06/13	04/06/13	24.00	101.28	
239198	3	T1019		04/13/13	04/13/13	24.00	101.28	
239198	4	T1019		04/14/13	04/14/13	24.00	101.28	
239198	5	T1019		04/15/13	04/15/13	24.00	101.28	
239198	6	T1019		04/16/13	04/16/13	24.00	101.28	
239198	7	T1019		04/17/13	04/17/13	24.00	101.28	
239198	8	T1019		04/18/13	04/18/13	24.00	101.28	
239198	9	T1019		04/19/13	04/19/13	24.00	101.28	
					CLAIM TOTAL		911.52	CLAIM ACCOUNT REF. 2391980012008257SUP

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	
239215	1	T1019		04/15/13	04/15/13	32.00	135.04	
239215	2	T1019		04/16/13	04/16/13	32.00	135.04	
239215	3	T1019		04/17/13	04/17/13	32.00	135.04	
239215	4	T1019		04/18/13	04/18/13	32.00	135.04	
239215	5	T1019		04/19/13	04/19/13	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2392150012008290SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008362	2008362	FONTANES, PEDRO	08/27/1948	RX10287Z	R2016955
DIAGNOSIS CODES: 724.3 278.00 427.31 428.0 724.2							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
239200	1	T1019		03/27/13	03/27/13	16.00	67.52	
239200	2	T1019		04/13/13	04/13/13	28.00	118.16	
239200	3	T1019		04/14/13	04/14/13	28.00	118.16	
239200	4	T1019		04/15/13	04/15/13	28.00	118.16	

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PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
239200	5	T1019		04/16/13	04/16/13	28.00	118.16	
239200	6	T1019		04/17/13	04/17/13	28.00	118.16	
239200	7	T1019		04/18/13	04/18/13	28.00	118.16	
239200	8	T1019		04/19/13	04/19/13	28.00	118.16	
					CLAIM TOTAL		894.64	CLAIM ACCOUNT REF. 2392000012008362SUP

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	780.52	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
239213	1	T1019		04/15/13	04/15/13	16.00	67.52	
239213	2	T1019		04/16/13	04/16/13	16.00	67.52	
239213	3	T1019		04/17/13	04/17/13	16.00	67.52	
239213	4	T1019		04/18/13	04/18/13	16.00	67.52	
239213	5	T1019		04/19/13	04/19/13	16.00	67.52	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2392130012008368SUP

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	
239201	1	T1019		04/13/13	04/13/13	32.00	135.04	
239201	2	T1019		04/14/13	04/14/13	32.00	135.04	
239201	3	T1019		04/15/13	04/15/13	32.00	135.04	
239201	4	T1019		04/16/13	04/16/13	32.00	135.04	
239201	5	T1019		04/17/13	04/17/13	32.00	135.04	
239201	6	T1019		04/18/13	04/18/13	32.00	135.04	
239201	7	T1019		04/19/13	04/19/13	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2392010012008411SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #				
NY 001	2008428	2008428	KAUR, HARBANS	02/03/1937	VB22061J	R2021143				
DIAGNOSIS	CODES:	401.9	272.4	332.1	453.42					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
239204	1	T1019		04/13/13	04/13/13	28.00	118.16	
239204	2	T1019		04/14/13	04/14/13	28.00	118.16	
239204	3	T1019		04/15/13	04/15/13	28.00	118.16	
239204	4	T1019		04/16/13	04/16/13	28.00	118.16	
239204	5	T1019		04/17/13	04/17/13	28.00	118.16	
239204	6	T1019		04/18/13	04/18/13	28.00	118.16	

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PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
239204	7	T1019		04/19/13	04/19/13	28.00	118.16	
					CLAIM TOTAL		827.12	CLAIM ACCOUNT REF. 2392040012008428SUP

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	
239188	1	T1019		04/13/13	04/13/13	32.00	135.04	
239188	2	T1019		04/14/13	04/14/13	32.00	135.04	
239188	3	T1019		04/15/13	04/15/13	32.00	135.04	
239188	4	T1019		04/16/13	04/16/13	32.00	135.04	
239188	5	T1019		04/17/13	04/17/13	32.00	135.04	
239188	6	T1019		04/18/13	04/18/13	32.00	135.04	
239188	7	T1019		04/19/13	04/19/13	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2391880012008433SUP

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	
239187	1	T1019		04/13/13	04/13/13	12.00	50.64	
239187	2	T1019		04/15/13	04/15/13	20.00	84.40	
239187	3	T1019		04/16/13	04/16/13	20.00	84.40	
239187	4	T1019		04/17/13	04/17/13	20.00	84.40	
239187	5	T1019		04/18/13	04/18/13	20.00	84.40	
239187	6	T1019		04/19/13	04/19/13	20.00	84.40	
					CLAIM TOTAL		472.64	CLAIM ACCOUNT REF. 2391870012008487SUP

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	
239219	1	T1019		04/18/13	04/18/13	4.00	16.88	
239219	2	T1019		04/19/13	04/19/13	48.00	202.56	
					CLAIM TOTAL		219.44	CLAIM ACCOUNT REF. 2392190012008558SUP



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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008571 2008571 ESPAILLAT, AMPARO 12/25/1949 ZG25447P 0103131301379  
DIAGNOSIS CODES: 401.9 272.0 311. 365.9 366.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
239197	1	T1019		04/13/13	04/13/13	16.00	67.52
239197	2	T1019		04/14/13	04/14/13	16.00	67.52
239197	3	T1019		04/15/13	04/15/13	24.00	101.28
239197	4	T1019		04/16/13	04/16/13	24.00	101.28
239197	5	T1019		04/17/13	04/17/13	24.00	101.28
239197	6	T1019		04/18/13	04/18/13	24.00	101.28
239197	7	T1019		04/19/13	04/19/13	24.00	101.28
CLAIM TOTAL							641.44
CLAIM ACCOUNT REF.							2391970012008571SUP

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
239199	1	T1019		04/13/13	04/13/13	40.00	168.80
239199	2	T1019		04/14/13	04/14/13	40.00	168.80
239199	3	T1019		04/15/13	04/15/13	40.00	168.80
239199	4	T1019		04/16/13	04/16/13	40.00	168.80
239199	5	T1019		04/17/13	04/17/13	40.00	168.80
239199	6	T1019		04/18/13	04/18/13	40.00	168.80
239199	7	T1019		04/19/13	04/19/13	40.00	168.80
CLAIM TOTAL							1,181.60
CLAIM ACCOUNT REF.							2391990012009001SUP

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
239194	1	T1019		04/13/13	04/13/13	32.00	135.04
239194	2	T1019		04/15/13	04/15/13	32.00	135.04
239194	3	T1019		04/16/13	04/16/13	32.00	135.04
239194	4	T1019		04/17/13	04/17/13	32.00	135.04
239194	5	T1019		04/18/13	04/18/13	32.00	135.04
239194	6	T1019		04/19/13	04/19/13	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2391940012009270SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009405 2009405 CORTES DE GALINDO, NEL 05/25/1925 PF03624B R2063747  
DIAGNOSIS CODES: 401.9 537.9 648.12

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
239196	1	T1019		04/15/13	04/15/13	24.00	101.28
239196	2	T1019		04/16/13	04/16/13	24.00	101.28
239196	3	T1019		04/17/13	04/17/13	24.00	101.28
239196	4	T1019		04/18/13	04/18/13	24.00	101.28
239196	5	T1019		04/19/13	04/19/13	24.00	101.28
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2391960012009405SUP

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
239202	1	T1019		04/15/13	04/15/13	16.00	67.52
239202	2	T1019		04/17/13	04/17/13	16.00	67.52
239202	3	T1019		04/19/13	04/19/13	16.00	67.52
CLAIM TOTAL							202.56

CLAIM ACCOUNT REF. 2392020012009425SUP

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
239190	1	T1019		04/13/13	04/13/13	24.00	101.28
239190	2	T1019		04/15/13	04/15/13	24.00	101.28
239190	3	T1019		04/16/13	04/16/13	24.00	101.28
239190	4	T1019		04/17/13	04/17/13	20.00	84.40
239190	5	T1019		04/18/13	04/18/13	24.00	101.28
239190	6	T1019		04/19/13	04/19/13	24.00	101.28
CLAIM TOTAL							590.80

CLAIM ACCOUNT REF. 2391900012009560SUP

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
239223	1	T1019		04/15/13	04/15/13	32.00	135.04
239223	2	T1019		04/16/13	04/16/13	32.00	135.04
239223	3	T1019		04/17/13	04/17/13	32.00	135.04
239223	4	T1019		04/18/13	04/18/13	32.00	135.04

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PAYER       ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
239223	5	T1019		04/19/13	04/19/13	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF.    2392230012010009SUP

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	
239206	1	T1019		04/13/13	04/13/13	48.00	202.56	
239206	2	T1019		04/14/13	04/14/13	48.00	202.56	
239206	3	T1019		04/15/13	04/15/13	48.00	202.56	
239206	4	T1019		04/16/13	04/16/13	48.00	202.56	
239206	5	T1019		04/17/13	04/17/13	48.00	202.56	
239206	6	T1019		04/18/13	04/18/13	48.00	202.56	
239206	7	T1019		04/19/13	04/19/13	48.00	202.56	
					CLAIM TOTAL		1,417.92	CLAIM ACCOUNT REF.    2392060012010311SUP

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	
239222	1	T1019		04/13/13	04/13/13	20.00	84.40	
239222	2	T1019		04/14/13	04/14/13	20.00	84.40	
239222	3	T1019		04/18/13	04/18/13	20.00	84.40	
239222	4	T1019		04/19/13	04/19/13	20.00	84.40	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF.    2392220012010758SUP

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	
239205	1	T1019		04/13/13	04/13/13	32.00	135.04	
239205	2	T1019		04/15/13	04/15/13	32.00	135.04	
239205	3	T1019		04/16/13	04/16/13	32.00	135.04	
239205	4	T1019		04/17/13	04/17/13	32.00	135.04	
239205	5	T1019		04/19/13	04/19/13	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF.    2392050012010967SUP

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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	
239191	1	T1019		04/15/13	04/15/13	40.00	168.80	
239191	2	T1019		04/16/13	04/16/13	40.00	168.80	
239191	3	T1019		04/17/13	04/17/13	40.00	168.80	
239191	4	T1019		04/18/13	04/18/13	40.00	168.80	
239191	5	T1019		04/19/13	04/19/13	40.00	168.80	
					CLAIM TOTAL		844.00	CLAIM ACCOUNT REF.    2391910012011528SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
239218	1	T1019		04/13/13	04/13/13	36.00	151.92	
239218	2	T1019		04/14/13	04/14/13	36.00	151.92	
239218	3	T1019		04/15/13	04/15/13	40.00	168.80	
239218	4	T1019		04/16/13	04/16/13	40.00	168.80	
239218	5	T1019		04/17/13	04/17/13	40.00	168.80	
239218	6	T1019		04/18/13	04/18/13	40.00	168.80	
239218	7	T1019		04/19/13	04/19/13	40.00	168.80	
					CLAIM TOTAL		1,147.84	CLAIM ACCOUNT REF.    2392180012011820SUP

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	
239210	1	T1019		04/13/13	04/13/13	40.00	168.80	
239210	2	T1019		04/14/13	04/14/13	40.00	168.80	
239210	3	T1019		04/15/13	04/15/13	40.00	168.80	
239210	4	T1019		04/16/13	04/16/13	40.00	168.80	
239210	5	T1019		04/17/13	04/17/13	40.00	168.80	
239210	6	T1019		04/18/13	04/18/13	40.00	168.80	
239210	7	T1019		04/19/13	04/19/13	40.00	168.80	
					CLAIM TOTAL		1,181.60	CLAIM ACCOUNT REF.    2392100012012284SUP

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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
239203	1	T1019		04/13/13	04/13/13	32.00	135.04
239203	2	T1019		04/14/13	04/14/13	32.00	135.04
239203	3	T1019		04/15/13	04/15/13	32.00	135.04
239203	4	T1019		04/16/13	04/16/13	32.00	135.04
239203	5	T1019		04/17/13	04/17/13	32.00	135.04
239203	6	T1019		04/18/13	04/18/13	32.00	135.04
239203	7	T1019		04/19/13	04/19/13	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2392030012012478SUP

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
239189	1	T1019		04/15/13	04/15/13	16.00	67.52
239189	2	T1019		04/16/13	04/16/13	16.00	67.52
239189	3	T1019		04/17/13	04/17/13	16.00	67.52
239189	4	T1019		04/18/13	04/18/13	16.00	67.52
239189	5	T1019		04/19/13	04/19/13	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2391890012012489SUP

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
239216	1	T1019		04/13/13	04/13/13	32.00	135.04
239216	2	T1019		04/14/13	04/14/13	32.00	135.04
239216	3	T1019		04/15/13	04/15/13	36.00	151.92
239216	4	T1019		04/16/13	04/16/13	36.00	151.92
239216	5	T1019		04/17/13	04/17/13	36.00	151.92
239216	6	T1019		04/18/13	04/18/13	36.00	151.92
239216	7	T1019		04/19/13	04/19/13	36.00	151.92
CLAIM TOTAL							1,029.68
CLAIM ACCOUNT REF.							2392160012012498SUP

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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
239208	1	T1019		04/13/13	04/13/13	24.00	101.28
239208	2	T1019		04/15/13	04/15/13	24.00	101.28
239208	3	T1019		04/16/13	04/16/13	24.00	101.28
239208	4	T1019		04/17/13	04/17/13	24.00	101.28
239208	5	T1019		04/18/13	04/18/13	24.00	101.28
239208	6	T1019		04/19/13	04/19/13	24.00	101.28
CLAIM TOTAL							607.68
							CLAIM ACCOUNT REF. 2392080012012683SUP

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
239220	1	T1019		04/13/13	04/13/13	32.00	135.04
239220	2	T1019		04/14/13	04/14/13	32.00	135.04
239220	3	T1019		04/15/13	04/15/13	20.00	84.40
239220	4	T1019		04/16/13	04/16/13	32.00	135.04
239220	5	T1019		04/17/13	04/17/13	20.00	84.40
239220	6	T1019		04/18/13	04/18/13	32.00	135.04
239220	7	T1019		04/19/13	04/19/13	20.00	84.40
CLAIM TOTAL							793.36
							CLAIM ACCOUNT REF. 2392200012012772SUP

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
239221	1	T1019		04/08/13	04/08/13	24.00	101.28
239221	2	T1019		04/09/13	04/09/13	24.00	101.28
239221	3	T1019		04/10/13	04/10/13	24.00	101.28
239221	4	T1019		04/15/13	04/15/13	24.00	101.28
239221	5	T1019		04/16/13	04/16/13	24.00	101.28
239221	6	T1019		04/17/13	04/17/13	24.00	101.28
239221	7	T1019		04/18/13	04/18/13	24.00	101.28
239221	8	T1019		04/19/13	04/19/13	24.00	101.28
CLAIM TOTAL							810.24
							CLAIM ACCOUNT REF. 2392210012012823SUP

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PRIOR AUTHORIZATION #  
0103191301995

CLAIM ACCOUNT REF. 2391930012012949SUP

PRIOR AUTHORIZATION #  
0103181301812

CLAIM ACCOUNT REF. 2392090012013053SUP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	219	TOTAL CLAIM AMOUNT =	27,092.40
		# SERVICES =	37		

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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 609107821  
DIAGNOSIS CODES: 250.00 428.0 724.00 724.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
239253	1	T1019		04/13/13	04/13/13	40.00	171.60
CLAIM TOTAL							171.60
CLAIM ACCOUNT REF.							2392530012008245SUP

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
239254	1	T1019		04/14/13	04/14/13	40.00	171.60
239254	2	T1019		04/15/13	04/15/13	40.00	171.60
239254	3	T1019		04/16/13	04/16/13	40.00	171.60
239254	4	T1019		04/17/13	04/17/13	40.00	171.60
239254	5	T1019		04/18/13	04/18/13	40.00	171.60
239254	6	T1019		04/19/13	04/19/13	40.00	171.60
CLAIM TOTAL							1,029.60
CLAIM ACCOUNT REF.							2392540012008245SUP

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
239256	1	T1019		04/13/13	04/13/13	16.00	68.64
239256	2	T1019		04/14/13	04/14/13	16.00	68.64
239256	3	T1019		04/15/13	04/15/13	36.00	154.44
239256	4	T1019		04/16/13	04/16/13	36.00	154.44
239256	5	T1019		04/17/13	04/17/13	36.00	154.44
239256	6	T1019		04/18/13	04/18/13	36.00	154.44
239256	7	T1019		04/19/13	04/19/13	36.00	154.44
CLAIM TOTAL							909.48
CLAIM ACCOUNT REF.							2392560012008287SUP

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
239257	1	T1019		04/13/13	04/13/13	32.00	137.28
239257	2	T1019		04/14/13	04/14/13	32.00	137.28
239257	3	T1019		04/15/13	04/15/13	32.00	137.28
239257	4	T1019		04/16/13	04/16/13	32.00	137.28



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PAYER       ID = 87726                      UNITEDHEALTHCARE

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
239257	5	T1019		04/17/13	04/17/13	40.00	171.60	
239257	6	T1019		04/18/13	04/18/13	32.00	137.28	
239257	7	T1019		04/19/13	04/19/13	24.00	102.96	
					CLAIM TOTAL		960.96	CLAIM ACCOUNT REF.    2392570012008401SUP

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	
239255	1	T1019		04/13/13	04/13/13	48.00	205.92	
239255	2	T1019		04/14/13	04/14/13	48.00	205.92	
239255	3	T1019		04/15/13	04/15/13	48.00	205.92	
239255	4	T1019		04/16/13	04/16/13	48.00	205.92	
239255	5	T1019		04/17/13	04/17/13	48.00	205.92	
239255	6	T1019		04/18/13	04/18/13	48.00	205.92	
239255	7	T1019		04/19/13	04/19/13	48.00	205.92	
					CLAIM TOTAL		1,441.44	CLAIM ACCOUNT REF.    2392550012011881SUP

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	28	TOTAL CLAIM AMOUNT =	4,513.08
		# SERVICES =	4		

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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
239333	1	S5130	0582	02/28/13	02/28/13	16.00	67.52
239333	2	S5130	0582	04/18/13	04/18/13	16.00	67.52
239333	3	S5130	0582	04/19/13	04/19/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2393330012009279SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
239335	1	T1019	0580	04/13/13	04/13/13	16.00	67.52
239335	2	T1019	0580	04/14/13	04/14/13	16.00	67.52
239335	3	T1019	0580	04/15/13	04/15/13	12.00	50.64
239335	4	T1019	0580	04/16/13	04/16/13	12.00	50.64
239335	5	T1019	0580	04/17/13	04/17/13	12.00	50.64
239335	6	T1019	0580	04/18/13	04/18/13	12.00	50.64
239335	7	T1019	0580	04/19/13	04/19/13	12.00	50.64
CLAIM TOTAL							388.24
CLAIM ACCOUNT REF.							2393350012010728SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
239334	1	T1019	0580	04/13/13	04/13/13	20.00	84.40
239334	2	T1019	0580	04/14/13	04/14/13	20.00	84.40
239334	3	T1019	0580	04/15/13	04/15/13	16.00	67.52
239334	4	T1019	0580	04/16/13	04/16/13	16.00	67.52
239334	5	T1019	0580	04/17/13	04/17/13	16.00	67.52
239334	6	T1019	0580	04/18/13	04/18/13	16.00	67.52
239334	7	T1019	0580	04/19/13	04/19/13	16.00	67.52
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2393340012010729SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011322 2011322 FRASIEUR, GARY 04/14/1948 006585499 103155061  
DIAGNOSIS CODES: 416.9 401.9 492.8 493.92 602.8

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
239332	1	T1019	0580	04/13/13	04/13/13	20.00	84.40

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PAYER ID = AMRGRI                      AMERIGROUP NEW YORK,LLC

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
239332	2	T1019	0580	04/18/13	04/18/13	4.00	16.88
CLAIM TOTAL							101.28
							CLAIM ACCOUNT REF. 2393320012011322SUP

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
239338	1	T1019	0580	04/15/13	04/15/13	16.00	60.00
239338	2	T1019	0580	04/16/13	04/16/13	16.00	60.00
239338	3	T1019	0580	04/17/13	04/17/13	16.00	60.00
239338	4	T1019	0580	04/18/13	04/18/13	16.00	60.00
239338	5	T1019	0580	04/19/13	04/19/13	16.00	60.00
CLAIM TOTAL							300.00
							CLAIM ACCOUNT REF. 2393380012012354SUP

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
239339	1	T1019	0580	04/13/13	04/13/13	24.00	90.00
239339	2	T1019	0580	04/15/13	04/15/13	24.00	90.00
239339	3	T1019	0580	04/16/13	04/16/13	24.00	90.00
239339	4	T1019	0580	04/17/13	04/17/13	24.00	90.00
239339	5	T1019	0580	04/18/13	04/18/13	24.00	90.00
239339	6	T1019	0580	04/19/13	04/19/13	24.00	90.00
CLAIM TOTAL							540.00
							CLAIM ACCOUNT REF. 2393390012012357SUP

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
239342	1	T1019	0580	04/15/13	04/15/13	16.00	60.00
239342	2	T1019	0580	04/16/13	04/16/13	16.00	60.00
239342	3	T1019	0580	04/17/13	04/17/13	16.00	60.00
239342	4	T1019	0580	04/18/13	04/18/13	16.00	60.00
239342	5	T1019	0580	04/19/13	04/19/13	16.00	60.00
CLAIM TOTAL							300.00
							CLAIM ACCOUNT REF. 2393420012012358SUP

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PAYER ID = AMRGRI                      AMERIGROUP NEW YORK,LLC

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
239343	1	T1019	0580	04/15/13	04/15/13	20.00	75.00
239343	2	T1019	0580	04/16/13	04/16/13	20.00	75.00
239343	3	T1019	0580	04/17/13	04/17/13	20.00	75.00
239343	4	T1019	0580	04/18/13	04/18/13	20.00	75.00
239343	5	T1019	0580	04/19/13	04/19/13	20.00	75.00
CLAIM TOTAL							375.00

CLAIM ACCOUNT REF. 2393430012012362SUP

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
239340	1	T1019	0580	04/15/13	04/15/13	32.00	120.00
239340	2	T1019	0580	04/16/13	04/16/13	36.00	135.00
239340	3	T1019	0580	04/17/13	04/17/13	32.00	120.00
239340	4	T1019	0580	04/18/13	04/18/13	36.00	135.00
239340	5	T1019	0580	04/19/13	04/19/13	32.00	120.00
CLAIM TOTAL							630.00

CLAIM ACCOUNT REF. 2393400012012374SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
239337	1	T1019	0580	04/15/13	04/15/13	28.00	105.00
239337	2	T1019	0580	04/16/13	04/16/13	28.00	105.00
239337	3	T1019	0580	04/17/13	04/17/13	28.00	105.00
239337	4	T1019	0580	04/18/13	04/18/13	28.00	105.00
239337	5	T1019	0580	04/19/13	04/19/13	16.00	60.00
CLAIM TOTAL							480.00

CLAIM ACCOUNT REF. 2393370012012732SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
239336	1	T1019	0580	04/15/13	04/15/13	28.00	105.00
239336	2	T1019	0580	04/16/13	04/16/13	28.00	105.00
239336	3	T1019	0580	04/17/13	04/17/13	28.00	105.00

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PAYER       ID = AMRGRI                      AMERIGROUP NEW YORK,LLC

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
239336	4	T1019	0580	04/18/13	04/18/13	28.00	105.00	
239336	5	T1019	0580	04/19/13	04/19/13	28.00	105.00	
					CLAIM TOTAL		525.00	CLAIM ACCOUNT REF.    2393360012012876SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
239341	1	T1019	0580	04/15/13	04/15/13	16.00	60.00	
239341	2	T1019	0580	04/16/13	04/16/13	16.00	60.00	
239341	3	T1019	0580	04/17/13	04/17/13	4.00	15.00	
239341	4	T1019	0580	04/18/13	04/18/13	16.00	60.00	
239341	5	T1019	0580	04/19/13	04/19/13	16.00	60.00	
					CLAIM TOTAL		255.00	CLAIM ACCOUNT REF.    2393410012013018SUP

PAYER TOTALS:	AMERIGROUP NEW YORK,LLC	# OF CLAIMS =	60	TOTAL CLAIM AMOUNT =	4,603.48
		# SERVICES =	12		

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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 387543  
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	
239351	1	T1019	1C	0570	04/15/13	04/15/13	4.00	65.60	
239351	2	T1019	1C	0570	04/16/13	04/16/13	4.00	65.60	
239351	3	T1019	1C	0570	04/17/13	04/17/13	4.00	65.60	
239351	4	T1019	1C	0570	04/18/13	04/18/13	4.00	65.60	
239351	5	T1019	1C	0570	04/19/13	04/19/13	4.00	65.60	
CLAIM TOTAL								328.00	CLAIM ACCOUNT REF. 2393510012011453SUP

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	
239350	1	T1019	1C	0570	04/15/13	04/15/13	4.00	65.60	
239350	2	T1019	1C	0570	04/16/13	04/16/13	4.00	65.60	
239350	3	T1019	1C	0570	04/17/13	04/17/13	4.00	65.60	
239350	4	T1019	1C	0570	04/18/13	04/18/13	4.00	65.60	
239350	5	T1019	1C	0570	04/19/13	04/19/13	4.00	65.60	
CLAIM TOTAL								328.00	CLAIM ACCOUNT REF. 2393500012011869SUP

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	
239348	1	T1019	1C	0570	04/15/13	04/15/13	6.00	98.40	
239348	2	T1019	1C	0570	04/16/13	04/16/13	6.00	98.40	
239348	3	T1019	1C	0570	04/17/13	04/17/13	6.00	98.40	
239348	4	T1019	1C	0570	04/18/13	04/18/13	6.00	98.40	
CLAIM TOTAL								393.60	CLAIM ACCOUNT REF. 2393480012011870SUP

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	
239349	1	T1019	1C	0570	04/13/13	04/13/13	4.00	65.60	
239349	2	T1019	1C	0570	04/14/13	04/14/13	4.00	65.60	
239349	3	T1019	1C	0570	04/15/13	04/15/13	4.00	65.60	
239349	4	T1019	1C	0570	04/16/13	04/16/13	4.00	65.60	

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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	
239349	5	T1019 1C	0570	04/17/13	04/17/13	4.00	65.60	
239349	6	T1019 1C	0570	04/18/13	04/18/13	4.00	65.60	
239349	7	T1019 1C	0570	04/19/13	04/19/13	4.00	65.60	
					CLAIM TOTAL		459.20	CLAIM ACCOUNT REF. 2393490012012213SUP

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	
239352	1	T1019 1C	0570	04/01/13	04/01/13	8.00	131.20	
239352	2	T1019 1C	0570	04/02/13	04/02/13	8.00	131.20	
239352	3	T1019 1C	0570	04/13/13	04/13/13	8.00	131.20	
239352	4	T1019 1C	0570	04/14/13	04/14/13	8.00	131.20	
239352	5	T1019 1C	0570	04/15/13	04/15/13	8.00	131.20	
239352	6	T1019 1C	0570	04/16/13	04/16/13	8.00	131.20	
239352	7	T1019 1C	0570	04/17/13	04/17/13	8.00	131.20	
239352	8	T1019 1C	0570	04/18/13	04/18/13	8.00	131.20	
239352	9	T1019 1C	0570	04/19/13	04/19/13	8.00	131.20	
					CLAIM TOTAL		1,180.80	CLAIM ACCOUNT REF. 2393520012013010SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	30	TOTAL CLAIM AMOUNT =	2,689.60
		# SERVICES =	5		

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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	
239344	1	T1019	0580	04/13/13	04/13/13	36.00	151.92	
239344	2	T1019	0580	04/14/13	04/14/13	36.00	151.92	
239344	3	T1019	0580	04/15/13	04/15/13	36.00	151.92	
239344	4	T1019	0580	04/16/13	04/16/13	36.00	151.92	
239344	5	T1019	0580	04/17/13	04/17/13	36.00	151.92	
239344	6	T1019	0580	04/18/13	04/18/13	36.00	151.92	
239344	7	T1019	0580	04/19/13	04/19/13	36.00	151.92	
CLAIM TOTAL							1,063.44	CLAIM ACCOUNT REF. 2393440012010800SUP

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	
239347	1	T1019	0580	04/16/13	04/16/13	16.00	67.52	
239347	2	T1019	0580	04/17/13	04/17/13	16.00	67.52	
239347	3	T1019	0580	04/18/13	04/18/13	16.00	67.52	
239347	4	T1019	0580	04/19/13	04/19/13	16.00	67.52	
CLAIM TOTAL							270.08	CLAIM ACCOUNT REF. 2393470012010804SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008228 2010805 TOWLES, ADA 12/10/1954 JZX17878Q01 2013031115500002  
DIAGNOSIS CODES: 722.10 401.9 724.3 750.7 V61.9  
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
239346	1	T1019	0580	04/15/13	04/15/13	16.00	67.52	
239346	2	T1019	0580	04/16/13	04/16/13	16.00	67.52	
239346	3	T1019	0580	04/17/13	04/17/13	16.00	67.52	
239346	4	T1019	0580	04/18/13	04/18/13	16.00	67.52	
239346	5	T1019	0580	04/19/13	04/19/13	16.00	67.52	
CLAIM TOTAL							337.60	CLAIM ACCOUNT REF. 2393460012010805SUP



REPORT DATE 04/24/13                      SUNNYSIDE CITYWIDE  
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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 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
239345	1	T1019	0580	04/15/13	04/15/13	16.00	67.52
239345	2	T1019	0580	04/16/13	04/16/13	16.00	67.52
239345	3	T1019	0580	04/17/13	04/17/13	16.00	67.52
239345	4	T1019	0580	04/18/13	04/18/13	16.00	67.52
239345	5	T1019	0580	04/19/13	04/19/13	16.00	67.52
						CLAIM TOTAL	337.60
						CLAIM ACCOUNT REF.	2393450012012890SUP

PAYER TOTALS: HEALTHCARE PARTNERS IPA I                      # OF CLAIMS = 21    TOTAL CLAIM AMOUNT = 2,008.72  
# SERVICES = 4

PROVIDER TOTALS: SUNNYSIDE CITYWIDE                      # OF CLAIMS = 942    TOTAL CLAIM AMOUNT = 111,871.14  
# SERVICES = 159