

REPORT DATE 10/31/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012103102313126RRSUP

PAGE: 1

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	
214688	1	T1020		10/20/12	10/20/12	6.00	101.22	
214688	2	T1020		10/22/12	10/22/12	7.00	118.09	
214688	3	T1020		10/23/12	10/23/12	7.00	118.09	
214688	4	T1020		10/24/12	10/24/12	7.00	118.09	
214688	5	T1020		10/25/12	10/25/12	7.00	118.09	
214688	6	T1020		10/26/12	10/26/12	7.00	118.09	
CLAIM TOTAL							691.67	CLAIM ACCOUNT REF. 2146880012008267SUP

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	
214684	1	T1020		10/20/12	10/20/12	7.00	118.09	
CLAIM TOTAL							118.09	CLAIM ACCOUNT REF. 2146840012008306SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008386 2008386 BATISTA, JOSE 07/20/1950 74170038700 120820411
DIAGNOSIS CODES: 344.1 401.9 599.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214682	1	T1020		10/20/12	10/20/12	7.00	118.09	
214682	2	T1020		10/21/12	10/21/12	7.00	118.09	
214682	3	T1020		10/22/12	10/22/12	7.00	118.09	
214682	4	T1020		10/23/12	10/23/12	7.00	118.09	
214682	5	T1020		10/24/12	10/24/12	7.00	118.09	
214682	6	T1020		10/25/12	10/25/12	7.00	118.09	
214682	7	T1020		10/26/12	10/26/12	7.00	118.09	
CLAIM TOTAL							826.63	CLAIM ACCOUNT REF. 2146820012008386SUP

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	
214687	1	T1020		10/23/12	10/23/12	4.00	67.48	
214687	2	T1020		10/25/12	10/25/12	4.00	67.48	
214687	3	T1020		10/26/12	10/26/12	4.00	67.48	
CLAIM TOTAL							202.44	CLAIM ACCOUNT REF. 2146870012008400SUP

REPORT DATE 10/31/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012103102313126RRSUP

PAGE: 2

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 2008399 2010014 BERGES, MARITZA 11/20/1968 74098062800 120660869
DIAGNOSIS CODES: 493.00 275.2 276.8 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214683	1	T1020		10/22/12	10/22/12	6.00	101.22	
214683	2	T1020		10/23/12	10/23/12	6.00	101.22	
214683	3	T1020		10/24/12	10/24/12	6.00	101.22	
214683	4	T1020		10/25/12	10/25/12	6.00	101.22	
214683	5	T1020		10/26/12	10/26/12	3.00	50.61	
							CLAIM TOTAL	455.49
								CLAIM ACCOUNT REF. 2146830012010014SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009268 2010041 VARGAS, RAQUEL 07/05/1949 74201787700 121291101
DIAGNOSIS CODES: 437.9 253.5 345.91 E885.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214689	1	T1020		10/20/12	10/20/12	9.00	151.83	
214689	2	T1020		10/21/12	10/21/12	9.00	151.83	
214689	3	T1020		10/22/12	10/22/12	9.00	151.83	
214689	4	T1020		10/23/12	10/23/12	6.00	101.22	
214689	5	T1020		10/24/12	10/24/12	9.00	151.83	
214689	6	T1020		10/25/12	10/25/12	9.00	151.83	
214689	7	T1020		10/26/12	10/26/12	9.00	151.83	
							CLAIM TOTAL	1,012.20
								CLAIM ACCOUNT REF. 2146890012010041SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008376 2010712 LITMAN, GAIL 10/23/1952 74146355500 111951068
DIAGNOSIS CODES: 401.9 780.2 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214686	1	T1020		10/22/12	10/22/12	5.00	84.35	
214686	2	T1020		10/23/12	10/23/12	5.00	84.35	
214686	3	T1020		10/24/12	10/24/12	5.00	84.35	
214686	4	T1020		10/25/12	10/25/12	5.00	84.35	
214686	5	T1020		10/26/12	10/26/12	4.00	67.48	
							CLAIM TOTAL	404.88
								CLAIM ACCOUNT REF. 2146860012010712SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011495 2011495 ISKANDER, JACOB S 04/14/1949 74226723400 122720054
DIAGNOSIS CODES: 748.60 253.5 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214685	1	T1020		10/20/12	10/20/12	8.00	134.96

REPORT DATE 10/31/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012103102313126RRSUP

PAGE: 3

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214685	2	T1020		10/22/12	10/22/12	8.00	134.96	
214685	3	T1020		10/23/12	10/23/12	8.00	134.96	
214685	4	T1020		10/24/12	10/24/12	8.00	134.96	
214685	5	T1020		10/25/12	10/25/12	8.00	134.96	
214685	6	T1020		10/26/12	10/26/12	8.00	134.96	
					CLAIM TOTAL	809.76		CLAIM ACCOUNT REF. 2146850012011495SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	40	TOTAL CLAIM AMOUNT =	4,521.16
		# SERVICES =	8		

REPORT DATE 10/31/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012103102313126RRSUP

PAGE: 4

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214669	1	T1019		10/24/12	10/24/12	16.00	67.52	
214669	2	T1019		10/25/12	10/25/12	16.00	67.52	
214669	3	T1019		10/26/12	10/26/12	16.00	67.52	
							CLAIM TOTAL	202.56
							CLAIM ACCOUNT REF.	2146690012008261SUP

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	
214679	1	T1019		10/21/12	10/21/12	40.00	168.80	
214679	2	T1019		10/22/12	10/22/12	40.00	168.80	
214679	3	T1019		10/23/12	10/23/12	40.00	168.80	
214679	4	T1019		10/24/12	10/24/12	40.00	168.80	
214679	5	T1019		10/25/12	10/25/12	36.00	151.92	
214679	6	T1019		10/26/12	10/26/12	40.00	168.80	
							CLAIM TOTAL	995.92
							CLAIM ACCOUNT REF.	2146790012008265SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008303 2008303 WILSON, SHERYL 08/28/1956 10060476901 082611259599
DIAGNOSIS CODES: 737.39 344.9 493.90 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214681	1	T1019		10/20/12	10/20/12	16.00	67.52	
214681	2	T1019		10/21/12	10/21/12	16.00	67.52	
214681	3	T1019		10/22/12	10/22/12	24.00	101.28	
214681	4	T1019		10/23/12	10/23/12	24.00	101.28	
214681	5	T1019		10/24/12	10/24/12	24.00	101.28	
214681	6	T1019		10/25/12	10/25/12	24.00	101.28	
							CLAIM TOTAL	540.16
							CLAIM ACCOUNT REF.	2146810012008303SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008366 2008366 JONES, CYNTHIA 03/17/1950 10063968601 072211255308
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214672	1	T1019		10/24/12	10/24/12	20.00	84.40	
							CLAIM TOTAL	84.40
							CLAIM ACCOUNT REF.	2146720012008366SUP

REPORT DATE 10/31/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012103102313126RRSUP

PAGE: 5

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 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
214667	1	T1019		10/20/12	10/20/12	28.00	118.16
214667	2	T1019		10/21/12	10/21/12	28.00	118.16
214667	3	T1019		10/22/12	10/22/12	32.00	135.04
214667	4	T1019		10/23/12	10/23/12	28.00	118.16
214667	5	T1019		10/24/12	10/24/12	28.00	118.16
214667	6	T1019		10/25/12	10/25/12	28.00	118.16
214667	7	T1019		10/26/12	10/26/12	28.00	118.16
CLAIM TOTAL							844.00
CLAIM ACCOUNT REF.							2146670012008403SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008422 2008422 MOSKOWITZ, RONA 02/16/1952 10063710601 072211255325
DIAGNOSIS CODES: 799.89 401.9 493.92 729.0 V02.62

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214676	1	T1019		10/20/12	10/20/12	24.00	101.28
214676	2	T1019		10/22/12	10/22/12	24.00	101.28
214676	3	T1019		10/23/12	10/23/12	24.00	101.28
214676	4	T1019		10/24/12	10/24/12	24.00	101.28
214676	5	T1019		10/25/12	10/25/12	24.00	101.28
214676	6	T1019		10/26/12	10/26/12	24.00	101.28
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2146760012008422SUP

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
214680	1	T1019		10/22/12	10/22/12	16.00	67.52
214680	2	T1019		10/23/12	10/23/12	16.00	67.52
214680	3	T1019		10/25/12	10/25/12	16.00	67.52
214680	4	T1019		10/26/12	10/26/12	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2146800012008425SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008427 2008427 FLORES, MARITZA 09/26/1953 10044817901 072911256156
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
214670	1	T1019		10/20/12	10/20/12	40.00	168.80

REPORT DATE 10/31/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012103102313126RRSUP

PAGE: 6

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214670	2	T1019		10/21/12	10/21/12	40.00	168.80	
214670	3	T1019		10/22/12	10/22/12	40.00	168.80	
214670	4	T1019		10/23/12	10/23/12	40.00	168.80	
214670	5	T1019		10/24/12	10/24/12	40.00	168.80	
214670	6	T1019		10/26/12	10/26/12	40.00	168.80	
CLAIM TOTAL							1,012.80	CLAIM ACCOUNT REF. 2146700012008427SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008531	2008531	RODRIGUEZ, 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	
214678	1	T1019		10/22/12	10/22/12	16.00	67.52	
214678	2	T1019		10/23/12	10/23/12	16.00	67.52	
214678	3	T1019		10/24/12	10/24/12	16.00	67.52	
214678	4	T1019		10/25/12	10/25/12	16.00	67.52	
214678	5	T1019		10/26/12	10/26/12	16.00	67.52	
CLAIM TOTAL							337.60	CLAIM ACCOUNT REF. 2146780012008531SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008742	2008742	KROLL, KATHERINE	09/22/1949	10088829601	080811257332
DIAGNOSIS CODES: 340. 244.8 272.0 311. 386.2 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214675	1	T1019		10/22/12	10/22/12	28.00	118.16	
214675	2	T1019		10/23/12	10/23/12	28.00	118.16	
214675	3	T1019		10/24/12	10/24/12	28.00	118.16	
214675	4	T1019		10/25/12	10/25/12	28.00	118.16	
214675	5	T1019		10/26/12	10/26/12	28.00	118.16	
CLAIM TOTAL							590.80	CLAIM ACCOUNT REF. 2146750012008742SUP

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	
214668	1	T1019		10/22/12	10/22/12	16.00	67.52	
214668	2	T1019		10/23/12	10/23/12	24.00	101.28	
214668	3	T1019		10/24/12	10/24/12	24.00	101.28	
214668	4	T1019		10/25/12	10/25/12	24.00	101.28	
214668	5	T1019		10/26/12	10/26/12	24.00	101.28	
CLAIM TOTAL							472.64	CLAIM ACCOUNT REF. 2146680012008802SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012103102313126RRSUP

PAGE: 7

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 2008260 2009221 KHALIL, RASHAN 02/11/1989 10060620501 062512296643
DIAGNOSIS CODES: 799.89 294.8 343.9 345.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214673	1	T1019		10/22/12	10/22/12	28.00	118.16
214673	2	T1019		10/24/12	10/24/12	28.00	118.16
214673	3	T1019		10/25/12	10/25/12	28.00	118.16
214673	4	T1019		10/26/12	10/26/12	32.00	135.04
CLAIM TOTAL						489.52	CLAIM ACCOUNT REF. 2146730012009221SUP

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
214674	1	T1019		10/20/12	10/20/12	48.00	202.56
214674	2	T1019		10/21/12	10/21/12	44.00	185.68
214674	3	T1019		10/22/12	10/22/12	48.00	202.56
214674	4	T1019		10/23/12	10/23/12	48.00	202.56
214674	5	T1019		10/24/12	10/24/12	48.00	202.56
214674	6	T1019		10/25/12	10/25/12	48.00	202.56
214674	7	T1019		10/26/12	10/26/12	48.00	202.56
CLAIM TOTAL						1,401.04	CLAIM ACCOUNT REF. 2146740012009356SUP

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
214665	1	T1019		10/20/12	10/20/12	32.00	135.04
214665	2	T1019		10/21/12	10/21/12	32.00	135.04
214665	3	T1019		10/22/12	10/22/12	32.00	135.04
214665	4	T1019		10/23/12	10/23/12	32.00	135.04
214665	5	T1019		10/25/12	10/25/12	32.00	135.04
214665	6	T1019		10/26/12	10/26/12	32.00	135.04
CLAIM TOTAL						810.24	CLAIM ACCOUNT REF. 2146650012010143SUP

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
214677	1	T1019		10/22/12	10/22/12	20.00	84.40

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012103102313126RRSUP

PAGE: 8

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214677	2	T1019		10/23/12	10/23/12	20.00	84.40	
214677	3	T1019		10/24/12	10/24/12	20.00	84.40	
					CLAIM TOTAL	253.20		CLAIM ACCOUNT REF. 2146770012010353SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010639	2010639	HAMPTON, PRISCILLA	07/21/1952	10094572501	060112293626
DIAGNOSIS	CODES:	447.6	311.	401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214671	1	T1019		10/21/12	10/21/12	24.00	101.28	
214671	2	T1019		10/22/12	10/22/12	24.00	101.28	
214671	3	T1019		10/23/12	10/23/12	28.00	118.16	
214671	4	T1019		10/24/12	10/24/12	24.00	101.28	
214671	5	T1019		10/25/12	10/25/12	28.00	118.16	
214671	6	T1019		10/26/12	10/26/12	28.00	118.16	
					CLAIM TOTAL	658.32		CLAIM ACCOUNT REF. 2146710012010639SUP

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	
214666	1	T1019		10/22/12	10/22/12	36.00	151.92	
214666	2	T1019		10/23/12	10/23/12	36.00	151.92	
214666	3	T1019		10/24/12	10/24/12	36.00	151.92	
214666	4	T1019		10/25/12	10/25/12	36.00	151.92	
214666	5	T1019		10/26/12	10/26/12	36.00	151.92	
					CLAIM TOTAL	759.60		CLAIM ACCOUNT REF. 2146660012010878SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	85	TOTAL CLAIM AMOUNT =	10,330.56
		# SERVICES =	17		

REPORT DATE 10/31/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012103102313126RRSUP

PAGE: 9

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 0106191290349
DIAGNOSIS CODES: 356.9 348.2 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214709	1	T1019		10/20/12	10/20/12	4.00	68.60
214709	2	T1019		10/21/12	10/21/12	4.00	68.60
214709	3	T1019		10/22/12	10/22/12	12.00	205.80
214709	4	T1019		10/23/12	10/23/12	12.00	205.80
214709	5	T1019		10/24/12	10/24/12	12.00	205.80
214709	6	T1019		10/25/12	10/25/12	12.00	205.80
214709	7	T1019		10/26/12	10/26/12	12.00	205.80
CLAIM TOTAL						1,166.20	

CLAIM ACCOUNT REF. 2147090012008233SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008236 2008236 PERSAD, USHA 07/05/1955 TS79090G 0103301290322
DIAGNOSIS CODES: 250.10 272.0 401.9 225.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214717	1	T1019		10/20/12	10/20/12	8.00	137.20
214717	2	T1019		10/21/12	10/21/12	8.00	137.20
214717	3	T1019		10/22/12	10/22/12	11.00	188.65
214717	4	T1019		10/23/12	10/23/12	11.00	188.65
214717	5	T1019		10/24/12	10/24/12	11.00	188.65
214717	6	T1019		10/26/12	10/26/12	11.00	188.65
CLAIM TOTAL						1,029.00	

CLAIM ACCOUNT REF. 2147170012008236SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008237 2008237 DURHAM, CYNTHIA 05/23/1960 ZB21969Z 01-070312-900-05
DIAGNOSIS CODES: 401.9 250.00 300.00 345.90 493.90 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214713	1	T1019		10/25/12	10/25/12	4.00	68.60
CLAIM TOTAL						68.60	

CLAIM ACCOUNT REF. 2147130012008237SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008284 2008284 ANDERSON, BETH 12/18/1947 YC43135F 0108141290047
DIAGNOSIS CODES: 340. 286.0 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214708	1	T1019		10/20/12	10/20/12	3.00	51.45
214708	2	T1019		10/21/12	10/21/12	3.00	51.45
214708	3	T1019		10/22/12	10/22/12	5.00	85.75
214708	4	T1019		10/23/12	10/23/12	5.00	85.75

REPORT DATE 10/31/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012103102313126RRSUP

PAGE: 10

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214708	5	T1019		10/24/12	10/24/12	5.00	85.75	
214708	6	T1019		10/26/12	10/26/12	5.00	85.75	
CLAIM TOTAL							445.90	CLAIM ACCOUNT REF. 2147080012008284SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008385	2008385	MURDOCK, GERTRUDE	11/01/1917	SS71357M	0106221290271
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	
214715	1	T1019		10/22/12	10/22/12	8.00	137.20	
214715	2	T1019		10/23/12	10/23/12	8.00	137.20	
214715	3	T1019		10/24/12	10/24/12	8.00	137.20	
214715	4	T1019		10/25/12	10/25/12	8.00	137.20	
214715	5	T1019		10/26/12	10/26/12	8.00	137.20	
CLAIM TOTAL							686.00	CLAIM ACCOUNT REF. 2147150012008385SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008417	2008417	GALAS, TERESA	06/08/1955	ZX91437V	0106191290406
DIAGNOSIS	CODES:	345.90					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214714	1	T1019		10/20/12	10/20/12	5.00	85.75	
214714	2	T1019		10/21/12	10/21/12	5.00	85.75	
214714	3	T1019		10/22/12	10/22/12	5.00	85.75	
214714	4	T1019		10/23/12	10/23/12	5.00	85.75	
214714	5	T1019		10/25/12	10/25/12	5.00	85.75	
214714	6	T1019		10/26/12	10/26/12	5.00	85.75	
CLAIM TOTAL							514.50	CLAIM ACCOUNT REF. 2147140012008417SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008418	2008418	RYALS, CHARLES	11/03/1950	ZZ49620T	0108071290383
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	
214719	1	T1019		10/25/12	10/25/12	5.00	85.75	
CLAIM TOTAL							85.75	CLAIM ACCOUNT REF. 2147190012008418SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008743	2008743	CORDERO, ROSENDO	08/26/1926	QM62108S	0108071290054
DIAGNOSIS	CODES:	492.0	272.0	401.9	715.00	788.30	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214710	1	T1019		10/20/12	10/20/12	10.00	171.50

REPORT DATE 10/31/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012103102313126RRSUP

PAGE: 11

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214710	2	T1019		10/21/12	10/21/12	10.00	171.50
214710	3	T1019		10/22/12	10/22/12	10.00	171.50
214710	4	T1019		10/23/12	10/23/12	10.00	171.50
214710	5	T1019		10/24/12	10/24/12	10.00	171.50
214710	6	T1019		10/25/12	10/25/12	10.00	171.50
CLAIM TOTAL							1,029.00

CLAIM ACCOUNT REF. 2147100012008743SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008283 2009137 DAVIS, ANGIE 11/15/1958 UT00109J 0107061290221
DIAGNOSIS CODES: 340. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214711	1	T1019		10/20/12	10/20/12	19.00	325.85
214711	2	T1019		10/21/12	10/21/12	19.00	325.85
214711	3	T1019		10/22/12	10/22/12	19.00	325.85
214711	4	T1019		10/23/12	10/23/12	19.00	325.85
214711	5	T1019		10/24/12	10/24/12	18.00	308.70
214711	6	T1019		10/25/12	10/25/12	19.00	325.85
214711	7	T1019		10/26/12	10/26/12	19.00	325.85
CLAIM TOTAL							2,263.80

CLAIM ACCOUNT REF. 2147110012009137SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008235 2009688 RAMPERSAID, ALISSA 08/04/1992 SZ46585R 0107031290329
DIAGNOSIS CODES: 319. 315.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214718	1	T1019		10/22/12	10/22/12	3.00	51.45
214718	2	T1019		10/23/12	10/23/12	3.00	51.45
214718	3	T1019		10/24/12	10/24/12	3.00	51.45
214718	4	T1019		10/25/12	10/25/12	3.00	51.45
214718	5	T1019		10/26/12	10/26/12	4.00	68.60
CLAIM TOTAL							274.40

CLAIM ACCOUNT REF. 2147180012009688SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008280 2009919 SHUMON, NUK-FNU 01/21/1981 QQ82218A 0108151290153
DIAGNOSIS CODES: 952.9 344.1 564.00 599.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214720	1	T1019		10/20/12	10/20/12	4.00	68.60
214720	2	T1019		10/21/12	10/21/12	4.00	68.60
214720	3	T1019		10/22/12	10/22/12	4.00	68.60
214720	4	T1019		10/23/12	10/23/12	4.00	68.60
214720	5	T1019		10/24/12	10/24/12	4.00	68.60

REPORT DATE 10/31/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012103102313126RRSUP

PAGE: 12

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214720	6	T1019		10/25/12	10/25/12	4.00	68.60	
214720	7	T1019		10/26/12	10/26/12	4.00	68.60	
CLAIM TOTAL							480.20	CLAIM ACCOUNT REF. 2147200012009919SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010886	2010886	OSORIO, ELVIA	07/05/1943	SM10426S	0106111290284
DIAGNOSIS		CODES:	253.5	272.4	354.0	401.9	733.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214716	1	T1019		10/22/12	10/22/12	3.00	51.45	
214716	2	T1019		10/23/12	10/23/12	3.00	51.45	
214716	3	T1019		10/24/12	10/24/12	3.00	51.45	
214716	4	T1019		10/25/12	10/25/12	3.00	51.45	
214716	5	T1019		10/26/12	10/26/12	3.00	51.45	
CLAIM TOTAL							257.25	CLAIM ACCOUNT REF. 2147160012010886SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011286	2011286	DOBBINS, SANDRA	02/05/1953	ZA50099X	0109041290009
DIAGNOSIS		CODES:	295.90	369.10	401.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214712	1	T1019		10/20/12	10/20/12	24.00	411.60	
214712	2	T1019		10/21/12	10/21/12	24.00	411.60	
214712	3	T1019		10/22/12	10/22/12	24.00	411.60	
214712	4	T1019		10/23/12	10/23/12	24.00	411.60	
214712	5	T1019		10/24/12	10/24/12	24.00	411.60	
214712	6	T1019		10/25/12	10/25/12	24.00	411.60	
214712	7	T1019		10/26/12	10/26/12	24.00	411.60	
CLAIM TOTAL							2,881.20	CLAIM ACCOUNT REF. 2147120012011286SUP

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	69	TOTAL CLAIM AMOUNT =	11,181.80
		# SERVICES =	13		

REPORT DATE 10/31/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012103102313126RRSUP

PAGE: 13

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
214723	1	T1019		10/20/12	10/20/12	36.00	154.80
214723	2	T1019		10/21/12	10/21/12	36.00	154.80
214723	3	T1019		10/22/12	10/22/12	36.00	154.80
214723	4	T1019		10/23/12	10/23/12	36.00	154.80
214723	5	T1019		10/24/12	10/24/12	36.00	154.80
214723	6	T1019		10/25/12	10/25/12	36.00	154.80
214723	7	T1019		10/26/12	10/26/12	32.00	137.60
CLAIM TOTAL						1,066.40	CLAIM ACCOUNT REF. 2147230012008286SUP

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
214722	1	T1019		10/20/12	10/20/12	24.00	103.20
214722	2	T1019		10/21/12	10/21/12	24.00	103.20
214722	3	T1019		10/22/12	10/22/12	24.00	103.20
214722	4	T1019		10/23/12	10/23/12	24.00	103.20
214722	5	T1019		10/24/12	10/24/12	24.00	103.20
214722	6	T1019		10/25/12	10/25/12	24.00	103.20
214722	7	T1019		10/26/12	10/26/12	12.00	51.60
CLAIM TOTAL						670.80	CLAIM ACCOUNT REF. 2147220012008495SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010404 2010404 GUERRERO, MIRTHA 09/14/1931 740496 110890509
DIAGNOSIS CODES: 253.5 401.9 733.00 750.27

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214721	1	T1019		10/20/12	10/20/12	28.00	120.40
214721	2	T1019		10/21/12	10/21/12	28.00	120.40
214721	3	T1019		10/22/12	10/22/12	28.00	120.40
214721	4	T1019		10/23/12	10/23/12	28.00	120.40
214721	5	T1019		10/24/12	10/24/12	28.00	120.40
214721	6	T1019		10/25/12	10/25/12	28.00	120.40
214721	7	T1019		10/26/12	10/26/12	28.00	120.40
CLAIM TOTAL						842.80	CLAIM ACCOUNT REF. 2147210012010404SUP

REPORT DATE 10/31/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012103102313126RRSUP

PAGE: 14

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

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	21	TOTAL CLAIM AMOUNT =	2,580.00
		# SERVICES =	3		

REPORT DATE 10/31/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012103102313126RRSUP

PAGE: 15

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 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
214707	1	T1019	0580	10/22/12	10/22/12	16.00	67.52
214707	2	T1019	0580	10/23/12	10/23/12	16.00	67.52
214707	3	T1019	0580	10/24/12	10/24/12	16.00	67.52
214707	4	T1019	0580	10/25/12	10/25/12	16.00	67.52
214707	5	T1019	0580	10/26/12	10/26/12	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2147070012008513SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214705	1	T1019	0580	10/20/12	10/20/12	20.00	84.40
214705	2	T1019	0580	10/21/12	10/21/12	20.00	84.40
214705	3	T1019	0580	10/22/12	10/22/12	20.00	84.40
214705	4	T1019	0580	10/23/12	10/23/12	20.00	84.40
214705	5	T1019	0580	10/24/12	10/24/12	20.00	84.40
214705	6	T1019	0580	10/25/12	10/25/12	20.00	84.40
214705	7	T1019	0580	10/26/12	10/26/12	20.00	84.40
CLAIM TOTAL							590.80

CLAIM ACCOUNT REF. 2147050012008544SUP

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
214694	1	T1019	0580	10/20/12	10/20/12	48.00	168.00
214694	2	T1019	0580	10/21/12	10/21/12	48.00	168.00
214694	3	T1019	0580	10/22/12	10/22/12	48.00	168.00
214694	4	T1019	0580	10/23/12	10/23/12	48.00	168.00
214694	5	T1019	0580	10/24/12	10/24/12	48.00	168.00
214694	6	T1019	0580	10/25/12	10/25/12	48.00	168.00
214694	7	T1019	0580	10/26/12	10/26/12	48.00	168.00
CLAIM TOTAL							1,176.00

CLAIM ACCOUNT REF. 2146940012008793SUP

REPORT DATE 10/31/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012103102313126RRSUP

PAGE: 16

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 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
214702	1	T1019	0580	10/20/12	10/20/12	32.00	112.00
214702	2	T1019	0580	10/21/12	10/21/12	32.00	112.00
214702	3	T1019	0580	10/22/12	10/22/12	32.00	112.00
214702	4	T1019	0580	10/23/12	10/23/12	32.00	112.00
214702	5	T1019	0580	10/24/12	10/24/12	32.00	112.00
214702	6	T1019	0580	10/25/12	10/25/12	32.00	112.00
214702	7	T1019	0580	10/26/12	10/26/12	32.00	112.00
CLAIM TOTAL							784.00
CLAIM ACCOUNT REF.							2147020012009237SUP

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
214706	1	T1019	0580	10/26/12	10/26/12	20.00	84.40
CLAIM TOTAL							84.40
CLAIM ACCOUNT REF.							2147060012009269SUP

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
214703	1	T1019	0580	10/22/12	10/22/12	16.00	67.52
214703	2	T1019	0580	10/23/12	10/23/12	16.00	67.52
214703	3	T1019	0580	10/24/12	10/24/12	16.00	67.52
214703	4	T1019	0580	10/25/12	10/25/12	16.00	67.52
214703	5	T1019	0580	10/26/12	10/26/12	12.00	50.64
CLAIM TOTAL							320.72
CLAIM ACCOUNT REF.							2147030012009406SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009467 2009467 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
214700	1	T1019	0580	10/20/12	10/20/12	48.00	168.00
214700	2	T1019	0580	10/21/12	10/21/12	48.00	168.00
214700	3	T1019	0580	10/22/12	10/22/12	48.00	168.00
214700	4	T1019	0580	10/23/12	10/23/12	48.00	168.00
214700	5	T1019	0580	10/24/12	10/24/12	48.00	168.00

REPORT DATE 10/31/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012103102313126RRSUP

PAGE: 17

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214700	6	T1019	0580	10/25/12	10/25/12	48.00	168.00
214700	7	T1019	0580	10/26/12	10/26/12	48.00	168.00
CLAIM TOTAL							1,176.00

CLAIM ACCOUNT REF. 2147000012009467SUP

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
214704	1	T1019	0580	10/24/12	10/24/12	40.00	168.80
214704	2	T1019	0580	10/25/12	10/25/12	40.00	168.80
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2147040012009562SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009686 2009686 GAFFNEY, FREDERICK 01/04/1939 RH10373H 0005177081-002
DIAGNOSIS CODES: 315.8 357.4 389.8 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214697	1	T1019	0580	10/22/12	10/22/12	16.00	56.00
214697	2	T1019	0580	10/23/12	10/23/12	16.00	56.00
214697	3	T1019	0580	10/24/12	10/24/12	16.00	56.00
214697	4	T1019	0580	10/26/12	10/26/12	16.00	56.00
CLAIM TOTAL							224.00

CLAIM ACCOUNT REF. 2146970012009686SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009945 2009945 JACKSON, FRANCES 03/12/1934 12030545001 4676295
DIAGNOSIS CODES: 332.0 250.00 401.9 722.10 785.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214699	1	T1019	0580	10/22/12	10/22/12	28.00	98.00
214699	2	T1019	0580	10/23/12	10/23/12	28.00	98.00
214699	3	T1019	0580	10/24/12	10/24/12	28.00	98.00
214699	4	T1019	0580	10/25/12	10/25/12	23.00	80.50
214699	5	T1019	0580	10/26/12	10/26/12	25.00	87.50
CLAIM TOTAL							462.00

CLAIM ACCOUNT REF. 2146990012009945SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010293 2010293 CAMPBELL, CAROL 01/17/1945 ZW64229J 0004864776
DIAGNOSIS CODES: 722.2 272.0 338.29 401.9 780.79 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214693	1	T1019	0580	10/22/12	10/22/12	20.00	70.00
214693	2	T1019	0580	10/23/12	10/23/12	24.00	84.00

REPORT DATE 10/31/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012103102313126RRSUP

PAGE: 18

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

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214693	3	T1019	0580	10/24/12	10/24/12	20.00	70.00	
214693	4	T1019	0580	10/25/12	10/25/12	20.00	70.00	
214693	5	T1019	0580	10/26/12	10/26/12	20.00	70.00	
					CLAIM TOTAL		364.00	CLAIM ACCOUNT REF. 2146930012010293SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010316 2010316 WEATHERS, VERDNA 02/05/1927 XK12367V 0004884724
DIAGNOSIS CODES: 331.0 365.00 428.0 714.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214701	1	T1019	0580	10/20/12	10/20/12	48.00	168.00	
214701	2	T1019	0580	10/21/12	10/21/12	48.00	168.00	
214701	3	T1019	0580	10/22/12	10/22/12	48.00	168.00	
214701	4	T1019	0580	10/23/12	10/23/12	48.00	168.00	
214701	5	T1019	0580	10/24/12	10/24/12	48.00	168.00	
214701	6	T1019	0580	10/25/12	10/25/12	48.00	168.00	
214701	7	T1019	0580	10/26/12	10/26/12	48.00	168.00	
					CLAIM TOTAL		1,176.00	CLAIM ACCOUNT REF. 2147010012010316SUP

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	
214698	1	T1019	0580	10/20/12	10/20/12	36.00	126.00	
214698	2	T1019	0580	10/21/12	10/21/12	36.00	126.00	
214698	3	T1019	0580	10/22/12	10/22/12	36.00	126.00	
214698	4	T1019	0580	10/23/12	10/23/12	36.00	126.00	
214698	5	T1019	0580	10/24/12	10/24/12	36.00	126.00	
214698	6	T1019	0580	10/25/12	10/25/12	36.00	126.00	
214698	7	T1019	0580	10/26/12	10/26/12	36.00	126.00	
					CLAIM TOTAL		882.00	CLAIM ACCOUNT REF. 2146980012010991SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008113 2011066 COPELAND, ELISE 10/05/1928 QJ28865K 0005111746
DIAGNOSIS CODES: 250.00 369.9 311. 401.9 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214695	1	G0156	0572	10/20/12	10/20/12	7.00	99.75	
214695	2	G0156	0572	10/21/12	10/21/12	7.00	99.75	
214695	3	G0156	0572	10/22/12	10/22/12	7.00	99.75	
214695	4	G0156	0572	10/23/12	10/23/12	7.00	99.75	
214695	5	G0156	0572	10/24/12	10/24/12	7.00	99.75	

PAGE: 19

NPI = 1154407492

CLAIM ACCOUNT REF. 2146950012011066SUP

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2146960012011526SUP

TOTAL CLAIM AMOUNT = 9.810.37

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# SERVICES = 15
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PAGE: 20

NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2147350012010958SUP

PAYER TOTALS:	VNSNY CHOICE	# OF CLAIMS =	5	TOTAL CLAIM AMOUNT =	600.60
		# SERVICES =	1		

REPORT DATE 10/31/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012103102313126RRSUP

PAGE: 21

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008249 2008249 LOPEZ-RAMIREZ, CARLOTA 01/20/1936 QR43529V R1800800
DIAGNOSIS CODES: 714.0 272.4 401.9 536.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214654	1	T1019		10/20/12	10/20/12	44.00	185.68	
214654	2	T1019		10/21/12	10/21/12	44.00	185.68	
214654	3	T1019		10/22/12	10/22/12	44.00	185.68	
214654	4	T1019		10/23/12	10/23/12	44.00	185.68	
214654	5	T1019		10/24/12	10/24/12	44.00	185.68	
214654	6	T1019		10/25/12	10/25/12	44.00	185.68	
214654	7	T1019		10/26/12	10/26/12	44.00	185.68	
CLAIM TOTAL							1,299.76	CLAIM ACCOUNT REF. 2146540012008249SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008250 2008250 SALAZAR, LUZ MARIA 02/19/1970 SC60317K 0103301200855
DIAGNOSIS CODES: 952.9 564.81 596.54 806.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214659	1	T1019		10/26/12	10/26/12	32.00	135.04	
CLAIM TOTAL							135.04	CLAIM ACCOUNT REF. 2146590012008250SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008251 2008251 CEBALLOS, ANA 12/31/1919 UH02585Q 0104031202128
DIAGNOSIS CODES: 294.10 244.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214641	1	T1019		10/22/12	10/22/12	32.00	135.04	
214641	2	T1019		10/23/12	10/23/12	32.00	135.04	
214641	3	T1019		10/24/12	10/24/12	32.00	135.04	
214641	4	T1019		10/25/12	10/25/12	32.00	135.04	
214641	5	T1019		10/26/12	10/26/12	32.00	135.04	
CLAIM TOTAL							675.20	CLAIM ACCOUNT REF. 2146410012008251SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008253 2008253 MACARENA, SAHARA 09/12/1965 VT07830U R1904276
DIAGNOSIS CODES: 359.0 719.45

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214655	1	T1019		10/20/12	10/20/12	48.00	202.56	
214655	2	T1019		10/21/12	10/21/12	48.00	202.56	
214655	3	T1019		10/22/12	10/22/12	48.00	202.56	
214655	4	T1019		10/23/12	10/23/12	48.00	202.56	
214655	5	T1019		10/24/12	10/24/12	48.00	202.56	

REPORT DATE 10/31/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012103102313126RRSUP

PAGE: 22

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214655	6	T1019		10/25/12	10/25/12	48.00	202.56	
214655	7	T1019		10/26/12	10/26/12	48.00	202.56	
CLAIM TOTAL							1,417.92	CLAIM ACCOUNT REF. 2146550012008253SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008254	2008254	SPIVEY, PATRICIA	04/06/1965	WE52435B	R1802635
DIAGNOSIS	CODES:	250.00	401.9	733.00		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214661	1	T1019		10/22/12	10/22/12	20.00	84.40	
214661	2	T1019		10/23/12	10/23/12	20.00	84.40	
214661	3	T1019		10/24/12	10/24/12	20.00	84.40	
214661	4	T1019		10/25/12	10/25/12	20.00	84.40	
214661	5	T1019		10/26/12	10/26/12	20.00	84.40	
CLAIM TOTAL							422.00	CLAIM ACCOUNT REF. 2146610012008254SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008256	2008256	CARMONA, LUZ	08/10/1954	XJ24416K	R1839723
DIAGNOSIS	CODES:	294.8	401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214639	1	T1019		10/22/12	10/22/12	32.00	135.04	
214639	2	T1019		10/23/12	10/23/12	32.00	135.04	
214639	3	T1019		10/24/12	10/24/12	32.00	135.04	
214639	4	T1019		10/25/12	10/25/12	32.00	135.04	
214639	5	T1019		10/26/12	10/26/12	32.00	135.04	
CLAIM TOTAL							675.20	CLAIM ACCOUNT REF. 2146390012008256SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008257	2008257	ESTEVEZ, JOSE	09/04/1948	YD71377C	0104091201122
DIAGNOSIS	CODES:	345.40				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214645	1	T1019		10/20/12	10/20/12	24.00	101.28	
214645	2	T1019		10/21/12	10/21/12	24.00	101.28	
214645	3	T1019		10/22/12	10/22/12	24.00	101.28	
214645	4	T1019		10/23/12	10/23/12	24.00	101.28	
214645	5	T1019		10/24/12	10/24/12	24.00	101.28	
214645	6	T1019		10/25/12	10/25/12	24.00	101.28	
214645	7	T1019		10/26/12	10/26/12	24.00	101.28	
CLAIM TOTAL							708.96	CLAIM ACCOUNT REF. 2146450012008257SUP

REPORT DATE 10/31/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012103102313126RRSUP

PAGE: 23

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 2008290 2008290 SALHUANA, YOLANDA 08/25/1935 SZ24247J R1825265
DIAGNOSIS CODES: 249.70 362.50 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214660	1	T1019		10/22/12	10/22/12	32.00	135.04
214660	2	T1019		10/23/12	10/23/12	32.00	135.04
214660	3	T1019		10/24/12	10/24/12	32.00	135.04
214660	4	T1019		10/25/12	10/25/12	32.00	135.04
214660	5	T1019		10/26/12	10/26/12	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2146600012008290SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008297 2008297 MARTIN, ARIANA 12/25/1968 XD64969X R2028439
DIAGNOSIS CODES: 250.63 401.9 493.11

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214656	1	T1019		10/22/12	10/22/12	16.00	67.52
214656	2	T1019		10/24/12	10/24/12	16.00	67.52
214656	3	T1019		10/26/12	10/26/12	16.00	67.52
CLAIM TOTAL							202.56

CLAIM ACCOUNT REF. 2146560012008297SUP

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
214647	1	T1019		10/20/12	10/20/12	28.00	118.16
214647	2	T1019		10/21/12	10/21/12	28.00	118.16
214647	3	T1019		10/22/12	10/22/12	12.00	50.64
214647	4	T1019		10/23/12	10/23/12	28.00	118.16
214647	5	T1019		10/24/12	10/24/12	24.00	101.28
214647	6	T1019		10/25/12	10/25/12	28.00	118.16
CLAIM TOTAL							624.56

CLAIM ACCOUNT REF. 2146470012008362SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008368 2008368 RODRIGUEZ, MARGARET 06/25/1950 ZP21043J R1955871
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
214658	1	T1019		10/22/12	10/22/12	16.00	67.52
214658	2	T1019		10/23/12	10/23/12	16.00	67.52
214658	3	T1019		10/24/12	10/24/12	16.00	67.52
214658	4	T1019		10/25/12	10/25/12	16.00	67.52

REPORT DATE 10/31/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012103102313126RRSUP

PAGE: 24

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214658	5	T1019		10/26/12	10/26/12	16.00	67.52	
						CLAIM TOTAL	337.60	CLAIM ACCOUNT REF. 2146580012008368SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008411	2008411	FRANCISCO, RICHARD	07/10/1968	XR22414G	R2014482
DIAGNOSIS CODES: 401.9 443.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214648	1	T1019		10/20/12	10/20/12	32.00	135.04	
214648	2	T1019		10/21/12	10/21/12	32.00	135.04	
214648	3	T1019		10/22/12	10/22/12	32.00	135.04	
214648	4	T1019		10/23/12	10/23/12	32.00	135.04	
214648	5	T1019		10/24/12	10/24/12	32.00	135.04	
214648	6	T1019		10/25/12	10/25/12	32.00	135.04	
214648	7	T1019		10/26/12	10/26/12	32.00	135.04	
						CLAIM TOTAL	945.28	CLAIM ACCOUNT REF. 2146480012008411SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008428	2008428	KAUR, HARBANS	02/03/1937	VB22061J	R1804436
DIAGNOSIS CODES: 401.9 272.4 332.1 453.42							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214650	1	T1019		10/20/12	10/20/12	28.00	118.16	
214650	2	T1019		10/21/12	10/21/12	28.00	118.16	
214650	3	T1019		10/22/12	10/22/12	28.00	118.16	
						CLAIM TOTAL	354.48	CLAIM ACCOUNT REF. 2146500012008428SUP

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	
214651	1	T1019		10/23/12	10/23/12	28.00	118.16	
214651	2	T1019		10/24/12	10/24/12	28.00	118.16	
214651	3	T1019		10/25/12	10/25/12	28.00	118.16	
214651	4	T1019		10/26/12	10/26/12	28.00	118.16	
						CLAIM TOTAL	472.64	CLAIM ACCOUNT REF. 2146510012008428SUP

REPORT DATE 10/31/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012103102313126RRSUP

PAGE: 25

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008433 2008433 BHAIRO, KOWSILILLI 05/13/1954 VG15691D R1917814
DIAGNOSIS CODES: 340. 286.0 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214636	1	T1019		10/20/12	10/20/12	32.00	135.04
214636	2	T1019		10/21/12	10/21/12	32.00	135.04
214636	3	T1019		10/22/12	10/22/12	32.00	135.04
214636	4	T1019		10/23/12	10/23/12	32.00	135.04
214636	5	T1019		10/24/12	10/24/12	32.00	135.04
214636	6	T1019		10/25/12	10/25/12	32.00	135.04
214636	7	T1019		10/26/12	10/26/12	32.00	135.04
CLAIM TOTAL							945.28
							CLAIM ACCOUNT REF. 2146360012008433SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z R1903232
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
214635	1	T1019		10/20/12	10/20/12	16.00	67.52
214635	2	T1019		10/21/12	10/21/12	16.00	67.52
214635	3	T1019		10/22/12	10/22/12	16.00	67.52
214635	4	T1019		10/23/12	10/23/12	16.00	67.52
214635	5	T1019		10/24/12	10/24/12	16.00	67.52
214635	6	T1019		10/25/12	10/25/12	16.00	67.52
214635	7	T1019		10/26/12	10/26/12	16.00	67.52
CLAIM TOTAL							472.64
							CLAIM ACCOUNT REF. 2146350012008487SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008558 2008558 SURIEL, GERTRUDIS 03/17/1950 ZE67447D 0106131202138
DIAGNOSIS CODES: 493.90 401.9 414.00 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214662	1	T1019		10/20/12	10/20/12	48.00	202.56
214662	2	T1019		10/21/12	10/21/12	48.00	202.56
214662	3	T1019		10/22/12	10/22/12	48.00	202.56
214662	4	T1019		10/23/12	10/23/12	48.00	202.56
214662	5	T1019		10/24/12	10/24/12	48.00	202.56
214662	6	T1019		10/25/12	10/25/12	48.00	202.56
214662	7	T1019		10/26/12	10/26/12	48.00	202.56
CLAIM TOTAL							1,417.92
							CLAIM ACCOUNT REF. 2146620012008558SUP

REPORT DATE 10/31/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012103102313126RRSUP

PAGE: 26

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 2008380 2009001 FERRERA, FRANCISCA 06/06/1948 YH55651V 0111141101308
DIAGNOSIS CODES: 301.9 401.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214646	1	T1019		10/22/12	10/22/12	20.00	84.40
214646	2	T1019		10/24/12	10/24/12	20.00	84.40
214646	3	T1019		10/26/12	10/26/12	20.00	84.40
CLAIM TOTAL							253.20
CLAIM ACCOUNT REF.							2146460012009001SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008300 2009256 CHARITAR, RAMKALIE 06/23/1953 UY13756G 0103191202030
DIAGNOSIS CODES: 250.00 311. 401.9 414.00 414.01 466.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214642	1	T1019		10/21/12	10/21/12	20.00	84.40
214642	2	T1019		10/22/12	10/22/12	20.00	84.40
CLAIM TOTAL							168.80
CLAIM ACCOUNT REF.							2146420012009256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008300 2009256 CHARITAR, RAMKALIE 06/23/1953 UY13756G R2016936
DIAGNOSIS CODES: 250.00 311. 401.9 414.00 414.01 466.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214643	1	T1019		10/23/12	10/23/12	20.00	84.40
214643	2	T1019		10/24/12	10/24/12	20.00	84.40
214643	3	T1019		10/25/12	10/25/12	20.00	84.40
214643	4	T1019		10/26/12	10/26/12	20.00	84.40
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2146430012009256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008271 2009270 CARRION, MARIA 06/30/1928 SC64434E R1825085
DIAGNOSIS CODES: 250.00 294.10 401.9 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214640	1	T1019		10/20/12	10/20/12	32.00	135.04
214640	2	T1019		10/22/12	10/22/12	32.00	135.04
214640	3	T1019		10/23/12	10/23/12	32.00	135.04
214640	4	T1019		10/24/12	10/24/12	32.00	135.04
214640	5	T1019		10/25/12	10/25/12	32.00	135.04
214640	6	T1019		10/26/12	10/26/12	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2146400012009270SUP

REPORT DATE 10/31/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012103102313126RRSUP

PAGE: 27

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 2009322 2009322 HENRY, BRENDA 04/13/1954 ZE02356F R1892336
DIAGNOSIS CODES: 253.5 401.9 429.9 447.6 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214649	1	T1019		10/24/12	10/24/12	16.00	67.52
CLAIM TOTAL							67.52
CLAIM ACCOUNT REF.							2146490012009322SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009560 2009560 BOCHENEC, JOLANTA 07/08/1964 ZT71147Q 0104121200913
DIAGNOSIS CODES: 854.00 272.4 300.00 307.42 781.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214637	1	T1019		10/20/12	10/20/12	24.00	101.28
214637	2	T1019		10/21/12	10/21/12	16.00	67.52
214637	3	T1019		10/22/12	10/22/12	24.00	101.28
214637	4	T1019		10/23/12	10/23/12	24.00	101.28
214637	5	T1019		10/24/12	10/24/12	24.00	101.28
214637	6	T1019		10/25/12	10/25/12	24.00	101.28
214637	7	T1019		10/26/12	10/26/12	24.00	101.28
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2146370012009560SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010009 2010009 VEGA, GLORIA 07/06/1955 ZU45073J R1843447
DIAGNOSIS CODES: 340. 250.00 272.2 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214664	1	T1019		10/22/12	10/22/12	32.00	135.04
214664	2	T1019		10/23/12	10/23/12	32.00	135.04
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2146640012010009SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008299 2010311 LAZALA, GLADYS 02/03/1950 ZT39863D R1866346
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
214653	1	T1020		10/20/12	10/20/12	7.00	118.16
214653	2	T1020		10/21/12	10/21/12	7.00	118.16
214653	3	T1020		10/22/12	10/22/12	7.00	118.16
214653	4	T1020		10/23/12	10/23/12	7.00	118.16
214653	5	T1020		10/24/12	10/24/12	7.00	118.16
214653	6	T1020		10/25/12	10/25/12	7.00	118.16
214653	7	T1020		10/26/12	10/26/12	7.00	118.16
CLAIM TOTAL							827.12
CLAIM ACCOUNT REF.							2146530012010311SUP

REPORT DATE 10/31/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012103102313126RRSUP

PAGE: 28

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 2010758 2010758 VASQUEZ, OLGA 11/20/1948 WU00136E R1906129
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
214663	1	T1019		10/20/12	10/20/12	20.00	84.40
214663	2	T1019		10/21/12	10/21/12	20.00	84.40
214663	3	T1019		10/25/12	10/25/12	20.00	84.40
214663	4	T1019		10/26/12	10/26/12	20.00	84.40
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2146630012010758SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008813 2010967 LARA, TOMASA 10/11/1931 SX47950B R1921929
DIAGNOSIS CODES: 401.9 244.9 272.4 715.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214652	1	T1019		10/20/12	10/20/12	32.00	135.04
214652	2	T1019		10/22/12	10/22/12	32.00	135.04
214652	3	T1019		10/23/12	10/23/12	32.00	135.04
214652	4	T1019		10/24/12	10/24/12	32.00	135.04
214652	5	T1019		10/25/12	10/25/12	32.00	135.04
214652	6	T1019		10/26/12	10/26/12	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2146520012010967SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011058 2011058 DELACRUZ, ANA 06/20/1920 122053627 0107241201931
DIAGNOSIS CODES: 294.20

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214644	1	T1019		10/20/12	10/20/12	40.00	168.80
214644	2	T1019		10/21/12	10/21/12	40.00	168.80
214644	3	T1019		10/22/12	10/22/12	40.00	168.80
214644	4	T1019		10/23/12	10/23/12	40.00	168.80
214644	5	T1019		10/24/12	10/24/12	40.00	168.80
214644	6	T1019		10/25/12	10/25/12	40.00	168.80
214644	7	T1019		10/26/12	10/26/12	40.00	168.80
CLAIM TOTAL							1,181.60
CLAIM ACCOUNT REF.							2146440012011058SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011388 2011388 PALAZZOLO, FLORENCE 10/31/1948 PD96979S R1998236
DIAGNOSIS CODES: 331.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214657	1	T1020		10/20/12	10/20/12	12.00	202.56

REPORT DATE 10/31/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012103102313126RRSUP

PAGE: 29

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214657	2	T1020		10/21/12	10/21/12	12.00	202.56
214657	3	T1020		10/22/12	10/22/12	12.00	202.56
214657	4	T1020		10/23/12	10/23/12	12.00	202.56
214657	5	T1020		10/25/12	10/25/12	12.00	202.56
214657	6	T1020		10/26/12	10/26/12	12.00	202.56
CLAIM TOTAL							1,215.36

CLAIM ACCOUNT REF. 2146570012011388SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008378	2011528	BOWERS, DIANE	10/01/1946	129232187	0109201201746

DIAGNOSIS CODES: 250.11 300.02 410.90 413.0 428.0 440.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214638	1	T1019		10/22/12	10/22/12	40.00	168.80
214638	2	T1019		10/23/12	10/23/12	40.00	168.80
214638	3	T1019		10/24/12	10/24/12	40.00	168.80
214638	4	T1019		10/25/12	10/25/12	40.00	168.80
214638	5	T1019		10/26/12	10/26/12	40.00	168.80
CLAIM TOTAL							844.00

CLAIM ACCOUNT REF. 2146380012011528SUP

PAYER TOTALS: HEALTHFIRST PHSP # OF CLAIMS = 151 TOTAL CLAIM AMOUNT = 19,580.80
SERVICES = 28

REPORT DATE 10/31/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012103102313126RRSUP

PAGE: 30

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008245 2008245 CALDERON, MIGDALIA 08/02/1961 100195559 609107821
DIAGNOSIS CODES: 250.00 428.0 724.00 724.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214690	1	T1019		10/13/12	10/13/12	40.00	171.60
214690	2	T1019		10/14/12	10/14/12	40.00	171.60
214690	3	T1019		10/17/12	10/17/12	40.00	171.60
214690	4	T1019		10/18/12	10/18/12	40.00	171.60
214690	5	T1019		10/19/12	10/19/12	40.00	171.60
214690	6	T1019		10/20/12	10/20/12	40.00	171.60
214690	7	T1019		10/21/12	10/21/12	40.00	171.60
214690	8	T1019		10/22/12	10/22/12	40.00	171.60
214690	9	T1019		10/23/12	10/23/12	40.00	171.60
214690	10	T1019		10/24/12	10/24/12	40.00	171.60
214690	11	T1019		10/25/12	10/25/12	40.00	171.60
214690	12	T1019		10/26/12	10/26/12	40.00	171.60

CLAIM TOTAL 2,059.20 CLAIM ACCOUNT REF. 2146900012008245SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008287 2008287 MILLAN, ARMIDA 09/13/1928 100063356 608047620
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
214691	1	T1019		10/20/12	10/20/12	16.00	68.64
214691	2	T1019		10/21/12	10/21/12	16.00	68.64
214691	3	T1019		10/22/12	10/22/12	36.00	154.44
214691	4	T1019		10/23/12	10/23/12	36.00	154.44
214691	5	T1019		10/24/12	10/24/12	36.00	154.44
214691	6	T1019		10/25/12	10/25/12	36.00	154.44
214691	7	T1019		10/26/12	10/26/12	36.00	154.44

CLAIM TOTAL 909.48 CLAIM ACCOUNT REF. 2146910012008287SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008401 2008401 SAFOS, PATRA 12/18/1948 100029836 607678036
DIAGNOSIS CODES: 340. 244.8 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214692	1	T1019		10/20/12	10/20/12	32.00	137.28
214692	2	T1019		10/21/12	10/21/12	32.00	137.28
214692	3	T1019		10/22/12	10/22/12	32.00	137.28
214692	4	T1019		10/23/12	10/23/12	32.00	137.28
214692	5	T1019		10/24/12	10/24/12	32.00	137.28
214692	6	T1019		10/25/12	10/25/12	32.00	137.28

REPORT DATE 10/31/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012103102313126RRSUP

PAGE: 31

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214692	7	T1019		10/26/12	10/26/12	32.00	137.28	
					CLAIM TOTAL		960.96	CLAIM ACCOUNT REF. 2146920012008401SUP

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	26	TOTAL CLAIM AMOUNT =	3,929.64
		# SERVICES =	3		

REPORT DATE 10/31/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012103102313126RRSUP

PAGE: 32

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214727	1	T1019	0580	10/20/12	10/20/12	40.00	168.80
214727	2	T1019	0580	10/21/12	10/21/12	40.00	168.80
214727	3	T1019	0580	10/22/12	10/22/12	32.00	135.04
214727	4	T1019	0580	10/23/12	10/23/12	36.00	151.92
214727	5	T1019	0580	10/24/12	10/24/12	36.00	151.92
214727	6	T1019	0580	10/25/12	10/25/12	32.00	135.04
214727	7	T1019	0580	10/26/12	10/26/12	32.00	135.04
CLAIM TOTAL						1,046.56	

CLAIM ACCOUNT REF. 2147270012008266SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008409 2009279 PRUITT, JOHNNY 10/26/1956 712824266 102602130
DIAGNOSIS CODES: 249.00 272.4 295.00 401.9 585.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214730	1	S5130	0582	10/22/12	10/22/12	16.00	67.52
CLAIM TOTAL						67.52	

CLAIM ACCOUNT REF. 2147300012009279SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009647 2009647 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
214726	1	T1019	0580	10/22/12	10/22/12	32.00	135.04
214726	2	T1019	0580	10/23/12	10/23/12	36.00	151.92
214726	3	T1019	0580	10/24/12	10/24/12	32.00	135.04
214726	4	T1019	0580	10/25/12	10/25/12	36.00	151.92
214726	5	T1019	0580	10/26/12	10/26/12	32.00	135.04
CLAIM TOTAL						708.96	

CLAIM ACCOUNT REF. 2147260012009647SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010003 2010724 DENNISON, KELVIN * 09/23/1991 6944796 103006820
DIAGNOSIS CODES: 799.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214724	1	T1019	0580	10/22/12	10/22/12	24.00	101.28
214724	2	T1019	0580	10/23/12	10/23/12	24.00	101.28
214724	3	T1019	0580	10/24/12	10/24/12	24.00	101.28
214724	4	T1019	0580	10/25/12	10/25/12	24.00	101.28
214724	5	T1019	0580	10/26/12	10/26/12	16.00	67.52

REPORT DATE 10/31/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012103102313126RRSUP

PAGE: 33

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							472.64	2147240012010724SUP
						CLAIM TOTAL		

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010389	2010730	ESPERSON, CLAUDE	04/28/1971	006900634	HP0003722
DIAGNOSIS	CODES:	340.	453.40				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
214725	1	T1019	0580	10/22/12	10/22/12	16.00	67.52	
214725	2	T1019	0580	10/23/12	10/23/12	16.00	67.52	
214725	3	T1019	0580	10/25/12	10/25/12	16.00	67.52	
214725	4	T1019	0580	10/26/12	10/26/12	16.00	67.52	
						CLAIM TOTAL	270.08	2147250012010730SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008365	2010731	HARDING, EDNA	05/17/1956	006274884	103201397
DIAGNOSIS	CODES:	493.90	253.5	272.4	296.80		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
214728	1	T1019	0580	10/22/12	10/22/12	16.00	67.52	
214728	2	T1019	0580	10/23/12	10/23/12	16.00	67.52	
214728	3	T1019	0580	10/24/12	10/24/12	16.00	67.52	
214728	4	T1019	0580	10/25/12	10/25/12	16.00	67.52	
214728	5	T1019	0580	10/26/12	10/26/12	16.00	67.52	
						CLAIM TOTAL	337.60	2147280012010731SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011238	2011238	MICHEL, VERULIA *	09/23/1932	712951733	103212745
DIAGNOSIS	CODES:	728.87	272.4	401.9	780.52		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
214729	1	T1019	0580	10/23/12	10/23/12	24.00	101.28	
214729	2	T1019	0580	10/24/12	10/24/12	24.00	101.28	
214729	3	T1019	0580	10/25/12	10/25/12	24.00	101.28	
214729	4	T1019	0580	10/26/12	10/26/12	24.00	101.28	
						CLAIM TOTAL	405.12	2147290012011238SUP

PAYER TOTALS:	AMERIGROUP NEW YORK,LLC	# OF CLAIMS =	31	TOTAL CLAIM AMOUNT =	3,308.48
		# SERVICES =	7		

REPORT DATE 10/31/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012103102313126RRSUP

PAGE: 34

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
214734	1	T1019	1C	0570		10/22/12	10/22/12	4.00	63.60
214734	2	T1019	1C	0570		10/23/12	10/23/12	4.00	63.60
214734	3	T1019	1C	0570		10/24/12	10/24/12	4.00	63.60
214734	4	T1019	1C	0570		10/25/12	10/25/12	4.00	63.60
214734	5	T1019	1C	0570		10/26/12	10/26/12	4.00	63.60
CLAIM TOTAL									318.00
CLAIM ACCOUNT REF.									2147340012011453SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	5	TOTAL CLAIM AMOUNT =	318.00
		# SERVICES =	1		

REPORT DATE 10/31/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012103102313126RRSUP

PAGE: 35

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 2012091792600005
DIAGNOSIS CODES: 230.3 153.0 401.9 733.00 V60.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214731	1	T1019	0580	10/20/12	10/20/12	36.00	151.92
214731	2	T1019	0580	10/21/12	10/21/12	36.00	151.92
214731	3	T1019	0580	10/22/12	10/22/12	36.00	151.92
214731	4	T1019	0580	10/23/12	10/23/12	36.00	151.92
214731	5	T1019	0580	10/24/12	10/24/12	36.00	151.92
214731	6	T1019	0580	10/25/12	10/25/12	36.00	151.92
214731	7	T1019	0580	10/26/12	10/26/12	36.00	151.92
CLAIM TOTAL						1,063.44	CLAIM ACCOUNT REF. 2147310012010800SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JSV04323R01 2012091792600003
DIAGNOSIS CODES: 250.11 272.0 401.9 435.9 586.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214733	1	T1019	0580	10/24/12	10/24/12	16.00	67.52
214733	2	T1019	0580	10/25/12	10/25/12	16.00	67.52
214733	3	T1019	0580	10/26/12	10/26/12	16.00	67.52
CLAIM TOTAL						202.56	CLAIM ACCOUNT REF. 2147330012010804SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008228 2010805 TOWLES, ADA 12/10/1954 JZX17878Q01 2012091792600004
DIAGNOSIS CODES: 722.10 401.9 724.3 750.7 V61.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214732	1	T1019	0580	10/23/12	10/23/12	16.00	67.52
214732	2	T1019	0580	10/24/12	10/24/12	16.00	67.52
214732	3	T1019	0580	10/26/12	10/26/12	16.00	67.52
CLAIM TOTAL						202.56	CLAIM ACCOUNT REF. 2147320012010805SUP

PAYER TOTALS: HEALTHCARE PARTNERS IPA I # OF CLAIMS = 13 TOTAL CLAIM AMOUNT = 1,468.56
SERVICES = 3

PROVIDER TOTALS: SUNNYSIDE CITYWIDE # OF CLAIMS = 529 TOTAL CLAIM AMOUNT = 67,629.97
SERVICES = 99