

REPORT DATE 01/23/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013012308344682RRSUP

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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
225830	1	T1020		01/12/13	01/12/13	11.00	185.57
225830	2	T1020		01/14/13	01/14/13	6.00	101.22
225830	3	T1020		01/15/13	01/15/13	6.00	101.22
225830	4	T1020		01/16/13	01/16/13	6.00	101.22
225830	5	T1020		01/17/13	01/17/13	6.00	101.22
225830	6	T1020		01/18/13	01/18/13	6.00	101.22
CLAIM TOTAL						691.67	CLAIM ACCOUNT REF. 2258300012008267SUP

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
225828	1	T1020		01/12/13	01/12/13	9.00	151.83
225828	2	T1020		01/13/13	01/13/13	9.00	151.83
CLAIM TOTAL						303.66	CLAIM ACCOUNT REF. 2258280012008268SUP

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
225825	1	T1020		01/12/13	01/12/13	7.00	118.09
225825	2	T1020		01/13/13	01/13/13	7.00	118.09
225825	3	T1020		01/14/13	01/14/13	7.00	118.09
225825	4	T1020		01/15/13	01/15/13	7.00	118.09
225825	5	T1020		01/16/13	01/16/13	7.00	118.09
225825	6	T1020		01/17/13	01/17/13	7.00	118.09
225825	7	T1020		01/18/13	01/18/13	7.00	118.09
CLAIM TOTAL						826.63	CLAIM ACCOUNT REF. 2258250012008306SUP

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
225824	1	T1020		01/13/13	01/13/13	7.00	118.09
225824	2	T1020		01/14/13	01/14/13	7.00	118.09
225824	3	T1020		01/15/13	01/15/13	7.00	118.09

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225824	4	T1020		01/16/13	01/16/13	7.00	118.09
225824	5	T1020		01/18/13	01/18/13	7.00	118.09
CLAIM TOTAL							590.45
							CLAIM ACCOUNT REF. 2258240012008386SUP

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
225829	1	T1020		01/15/13	01/15/13	4.00	67.48
225829	2	T1020		01/18/13	01/18/13	5.00	84.35
CLAIM TOTAL							151.83
							CLAIM ACCOUNT REF. 2258290012008400SUP

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
225831	1	T1020		12/28/12	12/28/12	9.00	151.83
225831	2	T1020		01/12/13	01/12/13	9.00	151.83
225831	3	T1020		01/13/13	01/13/13	9.00	151.83
225831	4	T1020		01/14/13	01/14/13	9.00	151.83
225831	5	T1020		01/15/13	01/15/13	9.00	151.83
225831	6	T1020		01/16/13	01/16/13	9.00	151.83
225831	7	T1020		01/17/13	01/17/13	9.00	151.83
225831	8	T1020		01/18/13	01/18/13	9.00	151.83
CLAIM TOTAL							1,214.64
							CLAIM ACCOUNT REF. 2258310012010041SUP

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
225827	1	T1020		01/14/13	01/14/13	5.00	84.35
225827	2	T1020		01/15/13	01/15/13	5.00	84.35
225827	3	T1020		01/16/13	01/16/13	5.00	84.35
225827	4	T1020		01/17/13	01/17/13	5.00	84.35
225827	5	T1020		01/18/13	01/18/13	4.00	67.48
CLAIM TOTAL							404.88
							CLAIM ACCOUNT REF. 2258270012010712SUP

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NPI = 1154407492

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
225826	1	T1020		01/12/13	01/12/13	8.00	134.96		
225826	2	T1020		01/13/13	01/13/13	8.00	134.96		
225826	3	T1020		01/14/13	01/14/13	8.00	134.96		
225826	4	T1020		01/15/13	01/15/13	8.00	134.96		
225826	5	T1020		01/16/13	01/16/13	8.00	134.96		
225826	6	T1020		01/17/13	01/17/13	8.00	134.96		
225826	7	T1020		01/18/13	01/18/13	8.00	134.96		
					CLAIM TOTAL		944.72	CLAIM ACCOUNT REF.	2258260012011495SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	42	TOTAL CLAIM AMOUNT =	5,128.48
		# SERVICES =	8		

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225810	1	T1019		01/16/13	01/16/13	16.00	67.52
225810	2	T1019		01/17/13	01/17/13	16.00	67.52
225810	3	T1019		01/18/13	01/18/13	16.00	67.52
						CLAIM TOTAL	202.56
						CLAIM ACCOUNT REF.	2258100012008261SUP

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
225816	1	T1019		01/12/13	01/12/13	24.00	101.28
225816	2	T1019		01/13/13	01/13/13	24.00	101.28
225816	3	T1019		01/14/13	01/14/13	24.00	101.28
225816	4	T1019		01/15/13	01/15/13	24.00	101.28
225816	5	T1019		01/16/13	01/16/13	24.00	101.28
225816	6	T1019		01/17/13	01/17/13	24.00	101.28
225816	7	T1019		01/18/13	01/18/13	24.00	101.28
						CLAIM TOTAL	708.96
						CLAIM ACCOUNT REF.	2258160012008263SUP

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
225821	1	T1019		01/12/13	01/12/13	40.00	168.80
225821	2	T1019		01/14/13	01/14/13	40.00	168.80
225821	3	T1019		01/15/13	01/15/13	40.00	168.80
225821	4	T1019		01/16/13	01/16/13	38.00	160.36
225821	5	T1019		01/17/13	01/17/13	40.00	168.80
225821	6	T1019		01/18/13	01/18/13	40.00	168.80
						CLAIM TOTAL	1,004.36
						CLAIM ACCOUNT REF.	2258210012008265SUP

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
225823	1	T1019		01/12/13	01/12/13	16.00	67.52
225823	2	T1019		01/13/13	01/13/13	16.00	67.52

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
225823	3	T1019		01/14/13	01/14/13	24.00	101.28	
225823	4	T1019		01/15/13	01/15/13	24.00	101.28	
225823	5	T1019		01/16/13	01/16/13	24.00	101.28	
					CLAIM TOTAL		438.88	CLAIM ACCOUNT REF. 2258230012008303SUP

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	
225813	1	T1019		01/14/13	01/14/13	16.00	67.52	
225813	2	T1019		01/16/13	01/16/13	16.00	67.52	
225813	3	T1019		01/17/13	01/17/13	16.00	67.52	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2258130012008366SUP

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	
225808	1	T1019		12/30/12	12/30/12	28.00	118.16	
225808	2	T1019		01/05/13	01/05/13	28.00	118.16	
225808	3	T1019		01/06/13	01/06/13	28.00	118.16	
225808	4	T1019		01/09/13	01/09/13	28.00	118.16	
225808	5	T1019		01/12/13	01/12/13	28.00	118.16	
225808	6	T1019		01/13/13	01/13/13	28.00	118.16	
225808	7	T1019		01/14/13	01/14/13	32.00	135.04	
225808	8	T1019		01/15/13	01/15/13	28.00	118.16	
225808	9	T1019		01/16/13	01/16/13	20.00	84.40	
225808	10	T1019		01/17/13	01/17/13	28.00	118.16	
225808	11	T1019		01/18/13	01/18/13	28.00	118.16	
					CLAIM TOTAL		1,282.88	CLAIM ACCOUNT REF. 2258080012008403SUP

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	
225818	1	T1019		12/24/12	12/24/12	24.00	101.28	
225818	2	T1019		12/25/12	12/25/12	24.00	101.28	
225818	3	T1019		12/26/12	12/26/12	24.00	101.28	
225818	4	T1019		12/27/12	12/27/12	24.00	101.28	
225818	5	T1019		12/28/12	12/28/12	24.00	101.28	

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
225818	6	T1019		01/14/13	01/14/13	24.00	101.28	
225818	7	T1019		01/15/13	01/15/13	24.00	101.28	
225818	8	T1019		01/16/13	01/16/13	24.00	101.28	
225818	9	T1019		01/17/13	01/17/13	24.00	101.28	
225818	10	T1019		01/18/13	01/18/13	24.00	101.28	
				CLAIM TOTAL		1,012.80		CLAIM ACCOUNT REF. 2258180012008421SUP

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	
225817	1	T1019		01/12/13	01/12/13	24.00	101.28	
225817	2	T1019		01/14/13	01/14/13	24.00	101.28	
225817	3	T1019		01/15/13	01/15/13	24.00	101.28	
225817	4	T1019		01/16/13	01/16/13	24.00	101.28	
225817	5	T1019		01/17/13	01/17/13	24.00	101.28	
225817	6	T1019		01/18/13	01/18/13	24.00	101.28	
				CLAIM TOTAL		607.68		CLAIM ACCOUNT REF. 2258170012008422SUP

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	
225822	1	T1019		01/14/13	01/14/13	16.00	67.52	
225822	2	T1019		01/15/13	01/15/13	16.00	67.52	
225822	3	T1019		01/17/13	01/17/13	16.00	67.52	
225822	4	T1019		01/18/13	01/18/13	16.00	67.52	
				CLAIM TOTAL		270.08		CLAIM ACCOUNT REF. 2258220012008425SUP

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	
225811	1	T1019		01/12/13	01/12/13	40.00	168.80	
225811	2	T1019		01/13/13	01/13/13	40.00	168.80	
225811	3	T1019		01/14/13	01/14/13	40.00	168.80	
225811	4	T1019		01/15/13	01/15/13	40.00	168.80	
225811	5	T1019		01/16/13	01/16/13	40.00	168.80	
225811	6	T1019		01/17/13	01/17/13	40.00	168.80	
225811	7	T1019		01/18/13	01/18/13	40.00	168.80	

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PAYER ID = 11325 NEIGHBORHOOD HEALTH

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	1,181.60	2258110012008427SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
225819	1	T1019		01/14/13	01/14/13	24.00	101.28	
225819	2	T1019		01/15/13	01/15/13	24.00	101.28	
225819	3	T1019		01/16/13	01/16/13	24.00	101.28	
225819	4	T1019		01/17/13	01/17/13	24.00	101.28	
225819	5	T1019		01/18/13	01/18/13	24.00	101.28	
						CLAIM TOTAL	506.40	2258190012008531SUP

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	CLAIM ACCOUNT REF.
225815	1	T1019		01/14/13	01/14/13	28.00	118.16	
225815	2	T1019		01/15/13	01/15/13	25.80	108.88	
225815	3	T1019		01/16/13	01/16/13	28.00	118.16	
225815	4	T1019		01/17/13	01/17/13	28.00	118.16	
225815	5	T1019		01/18/13	01/18/13	28.00	118.16	
						CLAIM TOTAL	581.52	2258150012008742SUP

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	CLAIM ACCOUNT REF.
225809	1	T1019		01/14/13	01/14/13	16.00	67.52	
225809	2	T1019		01/15/13	01/15/13	16.00	67.52	
225809	3	T1019		01/16/13	01/16/13	24.00	101.28	
225809	4	T1019		01/17/13	01/17/13	24.00	101.28	
225809	5	T1019		01/18/13	01/18/13	24.00	101.28	
						CLAIM TOTAL	438.88	2258090012008802SUP

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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 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
225814	1	T1019		01/12/13	01/12/13	48.00	202.56
225814	2	T1019		01/13/13	01/13/13	48.00	202.56
225814	3	T1019		01/14/13	01/14/13	48.00	202.56
225814	4	T1019		01/15/13	01/15/13	48.00	202.56
225814	5	T1019		01/16/13	01/16/13	48.00	202.56
225814	6	T1019		01/17/13	01/17/13	48.00	202.56
225814	7	T1019		01/18/13	01/18/13	48.00	202.56
CLAIM TOTAL						1,417.92	CLAIM ACCOUNT REF. 2258140012009356SUP

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
225806	1	T1019		01/12/13	01/12/13	32.00	135.04
225806	2	T1019		01/13/13	01/13/13	32.00	135.04
225806	3	T1019		01/14/13	01/14/13	32.00	135.04
225806	4	T1019		01/15/13	01/15/13	32.00	135.04
225806	5	T1019		01/16/13	01/16/13	32.00	135.04
225806	6	T1019		01/17/13	01/17/13	32.00	135.04
225806	7	T1019		01/18/13	01/18/13	32.00	135.04
CLAIM TOTAL						945.28	CLAIM ACCOUNT REF. 2258060012010143SUP

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
225820	1	T1019		01/14/13	01/14/13	20.00	84.40
225820	2	T1019		01/16/13	01/16/13	20.00	84.40
225820	3	T1019		01/17/13	01/17/13	20.00	84.40
225820	4	T1019		01/18/13	01/18/13	20.00	84.40
CLAIM TOTAL						337.60	CLAIM ACCOUNT REF. 2258200012010353SUP

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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		
225812	1	T1019		01/12/13	01/12/13	24.00	101.28		
225812	2	T1019		01/13/13	01/13/13	24.00	101.28		
225812	3	T1019		01/14/13	01/14/13	24.00	101.28		
225812	4	T1019		01/15/13	01/15/13	28.00	118.16		
225812	5	T1019		01/16/13	01/16/13	24.00	101.28		
225812	6	T1019		01/17/13	01/17/13	28.00	118.16		
225812	7	T1019		01/18/13	01/18/13	28.00	118.16		
					CLAIM TOTAL		759.60	CLAIM ACCOUNT REF.	2258120012010639SUP

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		
225807	1	T1019		01/14/13	01/14/13	36.00	151.92		
225807	2	T1019		01/15/13	01/15/13	36.00	151.92		
225807	3	T1019		01/16/13	01/16/13	36.00	151.92		
225807	4	T1019		01/17/13	01/17/13	36.00	151.92		
225807	5	T1019		01/18/13	01/18/13	36.00	151.92		
					CLAIM TOTAL		759.60	CLAIM ACCOUNT REF.	2258070012010878SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	107	TOTAL CLAIM AMOUNT =	12,659.16
		# SERVICES =	18		

REPORT DATE 01/23/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE
PAYER ID = 13265 METROPLUS HEALTH PLAN

NPI = 1154407492

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008233 2008233 ARIAS, NORA 03/31/1981 RB08739R 0106191290349
DIAGNOSIS CODES: 356.9 348.2 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225855	1	T1019		01/12/13	01/12/13	4.00	68.60
225855	2	T1019		01/13/13	01/13/13	4.00	68.60
225855	3	T1019		01/14/13	01/14/13	12.00	205.80
225855	4	T1019		01/15/13	01/15/13	12.00	205.80
225855	5	T1019		01/16/13	01/16/13	12.00	205.80
225855	6	T1019		01/17/13	01/17/13	12.00	205.80
225855	7	T1019		01/18/13	01/18/13	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2258550012008233SUP

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
225862	1	T1019		01/12/13	01/12/13	8.00	137.20
225862	2	T1019		01/13/13	01/13/13	8.00	137.20
225862	3	T1019		01/14/13	01/14/13	11.00	188.65
225862	4	T1019		01/15/13	01/15/13	11.00	188.65
225862	5	T1019		01/16/13	01/16/13	11.00	188.65
225862	6	T1019		01/17/13	01/17/13	11.00	188.65
225862	7	T1019		01/18/13	01/18/13	11.00	188.65
CLAIM TOTAL						1,217.65	CLAIM ACCOUNT REF. 2258620012008236SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008237 2008237 DURHAM, CYNTHIA 05/23/1960 ZB21969Z 0107031290005
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
225858	1	T1019		01/14/13	01/14/13	4.00	68.60
225858	2	T1019		01/15/13	01/15/13	4.00	68.60
225858	3	T1019		01/16/13	01/16/13	4.00	68.60
225858	4	T1019		01/17/13	01/17/13	4.00	68.60
225858	5	T1019		01/18/13	01/18/13	4.00	68.60
CLAIM TOTAL						343.00	CLAIM ACCOUNT REF. 2258580012008237SUP

REPORT DATE 01/23/13 SUNNYSIDE CITYWIDE
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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 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
225854	1	T1019		01/12/13	01/12/13	3.00	51.45
225854	2	T1019		01/13/13	01/13/13	2.00	34.30
225854	3	T1019		01/14/13	01/14/13	5.00	85.75
225854	4	T1019		01/15/13	01/15/13	5.00	85.75
225854	5	T1019		01/16/13	01/16/13	5.00	85.75
225854	6	T1019		01/17/13	01/17/13	5.00	85.75
225854	7	T1019		01/18/13	01/18/13	5.00	85.75
CLAIM TOTAL							514.50
CLAIM ACCOUNT REF.							2258540012008284SUP

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
225860	1	T1019		01/14/13	01/14/13	10.00	171.50
225860	2	T1019		01/15/13	01/15/13	10.00	171.50
225860	3	T1019		01/16/13	01/16/13	10.00	171.50
225860	4	T1019		01/17/13	01/17/13	9.00	154.35
225860	5	T1019		01/18/13	01/18/13	9.00	154.35
CLAIM TOTAL							823.20
CLAIM ACCOUNT REF.							2258600012008385SUP

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
225859	1	T1019		01/12/13	01/12/13	5.00	85.75
225859	2	T1019		01/13/13	01/13/13	5.00	85.75
225859	3	T1019		01/14/13	01/14/13	5.00	85.75
225859	4	T1019		01/15/13	01/15/13	5.00	85.75
225859	5	T1019		01/16/13	01/16/13	5.00	85.75
225859	6	T1019		01/17/13	01/17/13	5.00	85.75
225859	7	T1019		01/18/13	01/18/13	5.00	85.75
CLAIM TOTAL							600.25
CLAIM ACCOUNT REF.							2258590012008417SUP

REPORT DATE 01/23/13 SUNNYSIDE CITYWIDE
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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 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
225864	1	T1019		01/16/13	01/16/13	8.00	137.20
225864	2	T1019		01/17/13	01/17/13	7.00	120.05
CLAIM TOTAL							257.25
CLAIM ACCOUNT REF.							2258640012008418SUP

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
225856	1	T1019		01/12/13	01/12/13	10.00	171.50
225856	2	T1019		01/13/13	01/13/13	10.00	171.50
225856	3	T1019		01/14/13	01/14/13	10.00	171.50
225856	4	T1019		01/15/13	01/15/13	10.00	171.50
225856	5	T1019		01/16/13	01/16/13	10.00	171.50
225856	6	T1019		01/17/13	01/17/13	10.00	171.50
225856	7	T1019		01/18/13	01/18/13	10.00	171.50
CLAIM TOTAL							1,200.50
CLAIM ACCOUNT REF.							2258560012008743SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009377 2009377 SANTORO, MATTHEW 08/20/1949 SP38021Q 01-082412-901-94
DIAGNOSIS CODES: 299.01 453.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225865	1	T1019		01/12/13	01/12/13	5.00	85.75
225865	2	T1019		01/13/13	01/13/13	5.00	85.75
225865	3	T1019		01/14/13	01/14/13	5.00	85.75
225865	4	T1019		01/15/13	01/15/13	5.00	85.75
225865	5	T1019		01/17/13	01/17/13	5.00	85.75
CLAIM TOTAL							428.75
CLAIM ACCOUNT REF.							2258650012009377SUP

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
225863	1	T1019		01/12/13	01/12/13	5.00	85.75
225863	2	T1019		01/14/13	01/14/13	3.00	51.45
225863	3	T1019		01/15/13	01/15/13	3.00	51.45
225863	4	T1019		01/17/13	01/17/13	3.00	51.45

REPORT DATE 01/23/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013012308344682RRSUP

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

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225863	5	T1019		01/18/13	01/18/13	4.00	68.60
CLAIM TOTAL							308.70
							CLAIM ACCOUNT REF. 2258630012009688SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008279	2010213	VALLE, BLASINA	02/03/1929	QG00558G	0110231290062
DIAGNOSIS		CODES:	428.0	244.9	272.4	331.0	537.9 746.85

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225866	1	T1019		01/14/13	01/14/13	8.00	137.20
225866	2	T1019		01/15/13	01/15/13	8.00	137.20
225866	3	T1019		01/16/13	01/16/13	8.00	137.20
CLAIM TOTAL							411.60
							CLAIM ACCOUNT REF. 2258660012010213SUP

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
225861	1	T1019		01/14/13	01/14/13	8.00	137.20
225861	2	T1019		01/15/13	01/15/13	8.00	137.20
225861	3	T1019		01/16/13	01/16/13	8.00	137.20
225861	4	T1019		01/17/13	01/17/13	8.00	137.20
225861	5	T1019		01/18/13	01/18/13	8.00	137.20
CLAIM TOTAL							686.00
							CLAIM ACCOUNT REF. 2258610012010886SUP

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
225857	1	T1019		01/12/13	01/12/13	24.00	411.60
225857	2	T1019		01/13/13	01/13/13	24.00	411.60
225857	3	T1019		01/14/13	01/14/13	24.00	411.60
225857	4	T1019		01/15/13	01/15/13	24.00	411.60
225857	5	T1019		01/16/13	01/16/13	24.00	411.60
225857	6	T1019		01/17/13	01/17/13	24.00	411.60
225857	7	T1019		01/18/13	01/18/13	24.00	411.60
CLAIM TOTAL							2,881.20
							CLAIM ACCOUNT REF. 2258570012011286SUP

REPORT DATE 01/23/13 SUNNYSIDE CITYWIDE
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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 2012382 2012382 VERAS, EMMA 04/08/1957 2012382
DIAGNOSIS CODES: V44.0 253.5 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
225867	1	T1019		01/14/13	01/14/13	12.00	205.80	
225867	2	T1019		01/15/13	01/15/13	12.00	205.80	
225867	3	T1019		01/16/13	01/16/13	12.00	205.80	
225867	4	T1019		01/17/13	01/17/13	12.00	205.80	
225867	5	T1019		01/18/13	01/18/13	12.00	205.80	
					CLAIM TOTAL	1,029.00		CLAIM ACCOUNT REF. 2258670012012382SUP

PAYER TOTALS: METROPLUS HEALTH PLAN # OF CLAIMS = 77 TOTAL CLAIM AMOUNT = 11,867.80
SERVICES = 14

REPORT DATE 01/23/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013012308344682RRSUP

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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
225893	1	T1019		01/01/13	01/01/13	36.00	154.80
225893	2	T1019		01/12/13	01/12/13	36.00	154.80
225893	3	T1019		01/13/13	01/13/13	36.00	154.80
225893	4	T1019		01/14/13	01/14/13	36.00	154.80
225893	5	T1019		01/15/13	01/15/13	36.00	154.80
225893	6	T1019		01/16/13	01/16/13	36.00	154.80
225893	7	T1019		01/17/13	01/17/13	36.00	154.80
225893	8	T1019		01/18/13	01/18/13	35.00	150.50
CLAIM TOTAL						1,234.10	
							CLAIM ACCOUNT REF. 2258930012008286SUP

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
225883	1	T1019		01/12/13	01/12/13	24.00	103.20
225883	2	T1019		01/13/13	01/13/13	24.00	103.20
225883	3	T1019		01/14/13	01/14/13	24.00	103.20
225883	4	T1019		01/15/13	01/15/13	24.00	103.20
225883	5	T1019		01/16/13	01/16/13	24.00	103.20
225883	6	T1019		01/17/13	01/17/13	24.00	103.20
225883	7	T1019		01/18/13	01/18/13	24.00	103.20
CLAIM TOTAL						722.40	
							CLAIM ACCOUNT REF. 2258830012008495SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010404 2010404 GUERRERO *, MIRTHA 09/14/1931 740496 111194903
DIAGNOSIS CODES: 253.5 401.9 733.00 750.27

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225876	1	T1019		01/12/13	01/12/13	28.00	120.40
225876	2	T1019		01/13/13	01/13/13	28.00	120.40
225876	3	T1019		01/14/13	01/14/13	28.00	120.40
225876	4	T1019		01/15/13	01/15/13	28.00	120.40
225876	5	T1019		01/16/13	01/16/13	28.00	120.40
225876	6	T1019		01/17/13	01/17/13	28.00	120.40
225876	7	T1019		01/18/13	01/18/13	28.00	120.40
CLAIM TOTAL						842.80	
							CLAIM ACCOUNT REF. 2258760012010404SUP

REPORT DATE 01/23/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012101 2012101 BATILO, MARTA 02/23/1917 708125 111205102
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
225869	1	T1019		01/12/13	01/12/13	28.00	120.40	
225869	2	T1019		01/13/13	01/13/13	28.00	120.40	
225869	3	T1019		01/14/13	01/14/13	28.00	120.40	
225869	4	T1019		01/15/13	01/15/13	28.00	120.40	
225869	5	T1019		01/16/13	01/16/13	28.00	120.40	
225869	6	T1019		01/17/13	01/17/13	28.00	120.40	
225869	7	T1019		01/18/13	01/18/13	28.00	120.40	
CLAIM TOTAL							842.80	CLAIM ACCOUNT REF. 2258690012012101SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012102 2012102 BISRAM, ROOPKALIA 01/03/1938 708029 111205223
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
225870	1	T1019		01/14/13	01/14/13	16.00	68.80	
225870	2	T1019		01/15/13	01/15/13	16.00	68.80	
225870	3	T1019		01/16/13	01/16/13	16.00	68.80	
225870	4	T1019		01/17/13	01/17/13	16.00	68.80	
225870	5	T1019		01/18/13	01/18/13	16.00	68.80	
CLAIM TOTAL							344.00	CLAIM ACCOUNT REF. 2258700012012102SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012103 2012103 CABRERA, VINICIO 10/10/1949 702015 111205412
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
225871	1	T1019		01/12/13	01/12/13	20.00	86.00	
225871	2	T1019		01/15/13	01/15/13	28.00	120.40	
225871	3	T1019		01/16/13	01/16/13	28.00	120.40	
225871	4	T1019		01/17/13	01/17/13	20.00	86.00	
225871	5	T1019		01/18/13	01/18/13	16.00	68.80	
CLAIM TOTAL							481.60	CLAIM ACCOUNT REF. 2258710012012103SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012104 2012104 CEBALLOS, FRANCISCA 11/10/1931 744474 111205448
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225872	1	T1019		01/14/13	01/14/13	40.00	172.00

REPORT DATE 01/23/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225872	2	T1019		01/15/13	01/15/13	40.00	172.00
225872	3	T1019		01/16/13	01/16/13	40.00	172.00
225872	4	T1019		01/17/13	01/17/13	40.00	172.00
225872	5	T1019		01/18/13	01/18/13	40.00	172.00
CLAIM TOTAL							860.00

CLAIM ACCOUNT REF. 2258720012012104SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012107 2012107 CRUZ, LUIS 06/10/1952 706307 111208204
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225873	1	T1019		01/05/13	01/05/13	32.00	137.60
225873	2	T1019		01/06/13	01/06/13	32.00	137.60
225873	3	T1019		01/14/13	01/14/13	32.00	137.60
225873	4	T1019		01/15/13	01/15/13	32.00	137.60
225873	5	T1019		01/16/13	01/16/13	32.00	137.60
225873	6	T1019		01/17/13	01/17/13	32.00	137.60
225873	7	T1019		01/18/13	01/18/13	32.00	137.60
CLAIM TOTAL							963.20

CLAIM ACCOUNT REF. 2258730012012107SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012108 2012108 GODINOT, CARMEN 07/16/1939 695752 111208481
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225874	1	T1019		01/14/13	01/14/13	24.00	103.20
225874	2	T1019		01/15/13	01/15/13	24.00	103.20
225874	3	T1019		01/16/13	01/16/13	24.00	103.20
225874	4	T1019		01/17/13	01/17/13	24.00	103.20
225874	5	T1019		01/18/13	01/18/13	24.00	103.20
CLAIM TOTAL							516.00

CLAIM ACCOUNT REF. 2258740012012108SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012110 2012110 GOMEZ, RANNIE 09/11/1917 698802 111208906
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225875	1	T1019		01/14/13	01/14/13	16.00	68.80
225875	2	T1019		01/18/13	01/18/13	16.00	68.80
CLAIM TOTAL							137.60

CLAIM ACCOUNT REF. 2258750012012110SUP

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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 2012114 2012114 GUERRERO, FIRPO A 06/13/1929 698839 111209283
DIAGNOSIS CODES: 331.0 290.0 311. 401.9 600.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225877	1	T1019		01/12/13	01/12/13	48.00	206.40
225877	2	T1019		01/13/13	01/13/13	36.00	154.80
225877	3	T1019		01/14/13	01/14/13	36.00	154.80
225877	4	T1019		01/15/13	01/15/13	48.00	206.40
225877	5	T1019		01/16/13	01/16/13	36.00	154.80
225877	6	T1019		01/17/13	01/17/13	48.00	206.40
225877	7	T1019		01/18/13	01/18/13	36.00	154.80
CLAIM TOTAL						1,238.40	CLAIM ACCOUNT REF. 2258770012012114SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012115 2012115 GUERRERO, ISABEL 11/08/1935 698840 111209413
DIAGNOSIS CODES: 715.90 244.9 272.0 413.9 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225878	1	T1019		01/13/13	01/13/13	12.00	51.60
225878	2	T1019		01/14/13	01/14/13	12.00	51.60
225878	3	T1019		01/16/13	01/16/13	12.00	51.60
225878	4	T1019		01/18/13	01/18/13	12.00	51.60
CLAIM TOTAL						206.40	CLAIM ACCOUNT REF. 2258780012012115SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012117 2012117 HAYNES, LAMONT 08/22/1920 695748 111213173
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225879	1	T1019		01/12/13	01/12/13	20.00	86.00
225879	2	T1019		01/13/13	01/13/13	20.00	86.00
225879	3	T1019		01/14/13	01/14/13	16.00	68.80
225879	4	T1019		01/15/13	01/15/13	16.00	68.80
225879	5	T1019		01/16/13	01/16/13	16.00	68.80
225879	6	T1019		01/17/13	01/17/13	16.00	68.80
225879	7	T1019		01/18/13	01/18/13	16.00	68.80
CLAIM TOTAL						516.00	CLAIM ACCOUNT REF. 2258790012012117SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012120 2012120 LOPEZ, ISABEL 12/24/1942 740574 111213601
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
225880	1	T1019		01/14/13	01/14/13	28.00	120.40	
225880	2	T1019		01/15/13	01/15/13	28.00	120.40	
225880	3	T1019		01/16/13	01/16/13	28.00	120.40	
225880	4	T1019		01/17/13	01/17/13	28.00	120.40	
225880	5	T1019		01/18/13	01/18/13	28.00	120.40	
					CLAIM TOTAL	602.00		CLAIM ACCOUNT REF. 2258800012012120SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012121 2012121 MOHAMED, DENISE 06/14/1959 691722 111211059
DIAGNOSIS CODES: 715.98

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
225885	1	T1019		01/12/13	01/12/13	32.00	137.60	
225885	2	T1019		01/13/13	01/13/13	32.00	137.60	
225885	3	T1019		01/14/13	01/14/13	32.00	137.60	
225885	4	T1019		01/15/13	01/15/13	32.00	137.60	
225885	5	T1019		01/16/13	01/16/13	32.00	137.60	
225885	6	T1019		01/17/13	01/17/13	32.00	137.60	
225885	7	T1019		01/18/13	01/18/13	32.00	137.60	
					CLAIM TOTAL	963.20		CLAIM ACCOUNT REF. 2258850012012121SUP

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	
225886	1	T1019		01/12/13	01/12/13	20.00	86.00	
225886	2	T1019		01/13/13	01/13/13	20.00	86.00	
225886	3	T1019		01/14/13	01/14/13	20.00	86.00	
225886	4	T1019		01/15/13	01/15/13	20.00	86.00	
225886	5	T1019		01/16/13	01/16/13	20.00	86.00	
225886	6	T1019		01/17/13	01/17/13	20.00	86.00	
225886	7	T1019		01/18/13	01/18/13	20.00	86.00	
					CLAIM TOTAL	602.00		CLAIM ACCOUNT REF. 2258860012012122SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012130 2012130 NAVARRO, ANTONIA 07/23/1945 710368 111289272
DIAGNOSIS CODES: 493.92 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225887	1	T1019		01/12/13	01/12/13	20.00	86.00
225887	2	T1019		01/17/13	01/17/13	28.00	120.40
225887	3	T1019		01/18/13	01/18/13	28.00	120.40
CLAIM TOTAL							326.80
CLAIM ACCOUNT REF.							2258870012012130SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012132 2012132 ORTIZ, DOLORES 06/30/1927 744365 111228861
DIAGNOSIS CODES: 401.9 272.4 750.7

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225888	1	T1019		01/12/13	01/12/13	20.00	86.00
225888	2	T1019		01/13/13	01/13/13	20.00	86.00
225888	3	T1019		01/14/13	01/14/13	32.00	137.60
225888	4	T1019		01/15/13	01/15/13	32.00	137.60
225888	5	T1019		01/16/13	01/16/13	32.00	137.60
225888	6	T1019		01/17/13	01/17/13	32.00	137.60
225888	7	T1019		01/18/13	01/18/13	32.00	137.60
CLAIM TOTAL							860.00
CLAIM ACCOUNT REF.							2258880012012132SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012134 2012134 SERRANO, CARMEN 09/14/1948 695740 111218213
DIAGNOSIS CODES: 093.89 253.5 311. 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225900	1	T1019		01/14/13	01/14/13	28.00	120.40
225900	2	T1019		01/15/13	01/15/13	28.00	120.40
225900	3	T1019		01/16/13	01/16/13	28.00	120.40
225900	4	T1019		01/17/13	01/17/13	28.00	120.40
225900	5	T1019		01/18/13	01/18/13	28.00	120.40
CLAIM TOTAL							602.00
CLAIM ACCOUNT REF.							2259000012012134SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012137 2012137 VAZQUEZ, ROSA 08/08/1934 695667 111202597
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225903	1	T1019		01/14/13	01/14/13	32.00	137.60
225903	2	T1019		01/15/13	01/15/13	32.00	137.60
225903	3	T1019		01/16/13	01/16/13	32.00	137.60

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
225903	4	T1019		01/17/13	01/17/13	32.00	137.60	
225903	5	T1019		01/18/13	01/18/13	32.00	137.60	
CLAIM TOTAL							688.00	CLAIM ACCOUNT REF. 2259030012012137SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012138	2012138	VENTURA, CLARA	09/17/1951	720456	111218008
DIAGNOSIS CODES: 253.5 401.9 429.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
225904	1	T1019		01/14/13	01/14/13	16.00	68.80	
225904	2	T1019		01/15/13	01/15/13	16.00	68.80	
225904	3	T1019		01/16/13	01/16/13	16.00	68.80	
225904	4	T1019		01/17/13	01/17/13	16.00	68.80	
CLAIM TOTAL							275.20	CLAIM ACCOUNT REF. 2259040012012138SUP

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	
225889	1	T1019		01/14/13	01/14/13	32.00	137.60	
225889	2	T1019		01/15/13	01/15/13	32.00	137.60	
CLAIM TOTAL							275.20	CLAIM ACCOUNT REF. 2258890012012140SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012141	2012141	SANTOS MARQUEZ, MARIA	07/16/1961	688801	111209898
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
225899	1	T1019		01/14/13	01/14/13	16.00	68.80	
225899	2	T1019		01/16/13	01/16/13	16.00	68.80	
225899	3	T1019		01/18/13	01/18/13	16.00	68.80	
CLAIM TOTAL							206.40	CLAIM ACCOUNT REF. 2258990012012141SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012142	2012142	MEDINA, MARTHA	01/11/1944	697570	111217848
DIAGNOSIS CODES: 135. 250.00 426.4 716.90							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
225884	1	T1019		01/14/13	01/14/13	12.00	51.60	
225884	2	T1019		01/15/13	01/15/13	12.00	51.60	
225884	3	T1019		01/16/13	01/16/13	12.00	51.60	
225884	4	T1019		01/17/13	01/17/13	12.00	51.60	

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
225884	5	T1019		01/18/13	01/18/13	12.00	51.60	
					CLAIM TOTAL		258.00	CLAIM ACCOUNT REF. 2258840012012142SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012144	2012144	PEREZ, JULIO	01/27/1936	709538	111222702
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
225892	1	T1019		01/14/13	01/14/13	20.00	86.00	
225892	2	T1019		01/16/13	01/16/13	20.00	86.00	
225892	3	T1019		01/18/13	01/18/13	20.00	86.00	
					CLAIM TOTAL		258.00	CLAIM ACCOUNT REF. 2258920012012144SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012145	2012145	PERALTA RODRIGO, JOSE	03/13/1942	715488	111220442
DIAGNOSIS CODES: 715.90 272.0 274.9 278.00 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
225890	1	T1019		01/14/13	01/14/13	16.00	68.80	
225890	2	T1019		01/15/13	01/15/13	16.00	68.80	
225890	3	T1019		01/16/13	01/16/13	16.00	68.80	
225890	4	T1019		01/17/13	01/17/13	16.00	68.80	
225890	5	T1019		01/18/13	01/18/13	16.00	68.80	
					CLAIM TOTAL		344.00	CLAIM ACCOUNT REF. 2258900012012145SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012146	2012146	PERALTA, INEZ	08/18/1942	715489	111220390
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	
225891	1	T1019		01/14/13	01/14/13	16.00	68.80	
225891	2	T1019		01/15/13	01/15/13	16.00	68.80	
225891	3	T1019		01/16/13	01/16/13	16.00	68.80	
225891	4	T1019		01/17/13	01/17/13	16.00	68.80	
225891	5	T1019		01/18/13	01/18/13	16.00	68.80	
					CLAIM TOTAL		344.00	CLAIM ACCOUNT REF. 2258910012012146SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012147	2012147	RAMOS, SILVIA	08/16/1957	707547	111223057
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225894	1	T1019		01/14/13	01/14/13	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	
225894	2	T1019		01/15/13	01/15/13	20.00	86.00	
225894	3	T1019		01/16/13	01/16/13	20.00	86.00	
225894	4	T1019		01/17/13	01/17/13	20.00	86.00	
225894	5	T1019		01/18/13	01/18/13	20.00	86.00	
					CLAIM TOTAL		430.00	CLAIM ACCOUNT REF. 2258940012012147SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012149	2012149	REGLA, MARIA F	11/21/1933	691499	111223158
DIAGNOSIS CODES: 250.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
225895	1	T1019		01/14/13	01/14/13	32.00	137.60	
225895	2	T1019		01/15/13	01/15/13	32.00	137.60	
225895	3	T1019		01/16/13	01/16/13	32.00	137.60	
225895	4	T1019		01/17/13	01/17/13	32.00	137.60	
225895	5	T1019		01/18/13	01/18/13	32.00	137.60	
					CLAIM TOTAL		688.00	CLAIM ACCOUNT REF. 2258950012012149SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012153	2012153	RIVERA, ALIDA	12/25/1927	713396	111223378
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
225896	1	T1019		01/14/13	01/14/13	15.00	64.50	
					CLAIM TOTAL		64.50	CLAIM ACCOUNT REF. 2258960012012153SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012154	2012154	RODRIGUEZ, FRANKLIN	12/08/2012	697529	111223936
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
225897	1	T1019		01/05/13	01/05/13	24.00	103.20	
225897	2	T1019		01/07/13	01/07/13	24.00	103.20	
225897	3	T1019		01/08/13	01/08/13	24.00	103.20	
225897	4	T1019		01/09/13	01/09/13	24.00	103.20	
225897	5	T1019		01/10/13	01/10/13	24.00	103.20	
225897	6	T1019		01/11/13	01/11/13	24.00	103.20	
					CLAIM TOTAL		619.20	CLAIM ACCOUNT REF. 2258970012012154SUP

REPORT DATE 01/23/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013012308344682RRSUP

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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 2012155 2012155 SANCHEZ, BETANIA 05/10/1956 706048 111227610
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225898	1	T1019		01/14/13	01/14/13	20.00	86.00
225898	2	T1019		01/15/13	01/15/13	20.00	86.00
225898	3	T1019		01/16/13	01/16/13	20.00	86.00
225898	4	T1019		01/17/13	01/17/13	20.00	86.00
225898	5	T1019		01/18/13	01/18/13	20.00	86.00
CLAIM TOTAL						430.00	

CLAIM ACCOUNT REF. 2258980012012155SUP

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
225881	1	T1019		01/01/13	01/01/13	48.00	206.40
225881	2	T1019		01/12/13	01/12/13	48.00	206.40
225881	3	T1019		01/13/13	01/13/13	48.00	206.40
225881	4	T1019		01/14/13	01/14/13	48.00	206.40
225881	5	T1019		01/15/13	01/15/13	48.00	206.40
225881	6	T1019		01/16/13	01/16/13	48.00	206.40
225881	7	T1019		01/17/13	01/17/13	48.00	206.40
225881	8	T1019		01/18/13	01/18/13	48.00	206.40
CLAIM TOTAL						1,651.20	

CLAIM ACCOUNT REF. 2258810012012158SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012159 2012159 LOPEZ, VITALIA 08/01/1922 691723 111216060
DIAGNOSIS CODES: 331.0 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225882	1	T1019		01/12/13	01/12/13	48.00	206.40
225882	2	T1019		01/13/13	01/13/13	48.00	206.40
225882	3	T1019		01/14/13	01/14/13	48.00	206.40
225882	4	T1019		01/15/13	01/15/13	48.00	206.40
225882	5	T1019		01/16/13	01/16/13	48.00	206.40
225882	6	T1019		01/17/13	01/17/13	48.00	206.40
225882	7	T1019		01/18/13	01/18/13	48.00	206.40
CLAIM TOTAL						1,444.80	

CLAIM ACCOUNT REF. 2258820012012159SUP

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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 2012161 2012161 ALONSO, ANA 03/02/1943 739934 111204846
DIAGNOSIS CODES: 733.09 253.5 272.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225868	1	T1019		01/12/13	01/12/13	20.00	86.00
225868	2	T1019		01/13/13	01/13/13	20.00	86.00
225868	3	T1019		01/14/13	01/14/13	20.00	86.00
225868	4	T1019		01/15/13	01/15/13	20.00	86.00
225868	5	T1019		01/16/13	01/16/13	20.00	86.00
225868	6	T1019		01/17/13	01/17/13	20.00	86.00
225868	7	T1019		01/18/13	01/18/13	20.00	86.00
CLAIM TOTAL							602.00
CLAIM ACCOUNT REF.							2258680012012161SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012261 2012261 SILVEIRA, BERTA 06/23/1938 753060 111269031
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225901	1	T1019		12/31/12	12/31/12	16.00	68.80
225901	2	T1019		01/03/13	01/03/13	16.00	68.80
225901	3	T1019		01/14/13	01/14/13	16.00	68.80
225901	4	T1019		01/17/13	01/17/13	16.00	68.80
CLAIM TOTAL							275.20
CLAIM ACCOUNT REF.							2259010012012261SUP

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: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225902	1	T1019		01/12/13	01/12/13	36.00	154.80
225902	2	T1019		01/13/13	01/13/13	36.00	154.80
225902	3	T1019		01/14/13	01/14/13	36.00	154.80
225902	4	T1019		01/15/13	01/15/13	36.00	154.80
225902	5	T1019		01/16/13	01/16/13	36.00	154.80
225902	6	T1019		01/17/13	01/17/13	36.00	154.80
225902	7	T1019		01/18/13	01/18/13	36.00	154.80
CLAIM TOTAL							1,083.60
CLAIM ACCOUNT REF.							2259020012012266SUP

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

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	197	TOTAL CLAIM AMOUNT =	22,798.60
		# SERVICES =	37		

REPORT DATE 01/23/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 55247 HEALTH INSURANCE PLAN

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225850	1	T1019	0580	01/14/13	01/14/13	40.00	168.80
225850	2	T1019	0580	01/15/13	01/15/13	40.00	168.80
225850	3	T1019	0580	01/16/13	01/16/13	40.00	168.80
225850	4	T1019	0580	01/17/13	01/17/13	40.00	168.80
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2258500012008491SUP

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
225853	1	T1019	0580	01/14/13	01/14/13	16.00	67.52
225853	2	T1019	0580	01/15/13	01/15/13	16.00	67.52
225853	3	T1019	0580	01/16/13	01/16/13	16.00	67.52
225853	4	T1019	0580	01/18/13	01/18/13	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2258530012008513SUP

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
225851	1	T1019	0580	01/12/13	01/12/13	20.00	84.40
225851	2	T1019	0580	01/13/13	01/13/13	20.00	84.40
225851	3	T1019	0580	01/14/13	01/14/13	12.00	50.64
225851	4	T1019	0580	01/15/13	01/15/13	20.00	84.40
225851	5	T1019	0580	01/16/13	01/16/13	20.00	84.40
225851	6	T1019	0580	01/17/13	01/17/13	20.00	84.40
225851	7	T1019	0580	01/18/13	01/18/13	20.00	84.40
CLAIM TOTAL							557.04
CLAIM ACCOUNT REF.							2258510012008544SUP

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
225844	1	T1019	0580	01/15/13	01/15/13	16.00	56.00
225844	2	T1019	0580	01/17/13	01/17/13	16.00	56.00
225844	3	T1019	0580	01/18/13	01/18/13	16.00	56.00

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	168.00	2258440012008723SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
225837	1	T1019	0580	01/14/13	01/14/13	48.00	168.00	
225837	2	T1019	0580	01/15/13	01/15/13	48.00	168.00	
225837	3	T1019	0580	01/16/13	01/16/13	48.00	168.00	
225837	4	T1019	0580	01/17/13	01/17/13	48.00	168.00	
225837	5	T1019	0580	01/18/13	01/18/13	48.00	168.00	
						CLAIM TOTAL	840.00	2258370012008793SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2009237	2009237 WESTFIELD, BRENDA	01/13/1953	PT26237P	0004291129
DIAGNOSIS	CODES:	710.4 250.00 401.9 414.00 493.90 530.81 728.87			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
225846	1	T1019	0580	01/12/13	01/12/13	32.00	112.00	
225846	2	T1019	0580	01/13/13	01/13/13	32.00	112.00	
225846	3	T1019	0580	01/14/13	01/14/13	32.00	112.00	
225846	4	T1019	0580	01/15/13	01/15/13	32.00	112.00	
225846	5	T1019	0580	01/16/13	01/16/13	32.00	112.00	
225846	6	T1019	0580	01/17/13	01/17/13	32.00	112.00	
225846	7	T1019	0580	01/18/13	01/18/13	32.00	112.00	
						CLAIM TOTAL	784.00	2258460012009237SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
225852	1	T1019	0580	01/18/13	01/18/13	20.00	84.40	
						CLAIM TOTAL	84.40	2258520012009269SUP

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
225848	1	T1019	0580	01/14/13	01/14/13	16.00	67.52
225848	2	T1019	0580	01/15/13	01/15/13	16.00	67.52

REPORT DATE 01/23/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013012308344682RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225848	3	T1019	0580	01/18/13	01/18/13	16.00	67.52
CLAIM TOTAL							202.56
							CLAIM ACCOUNT REF. 2258480012009406SUP

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
225849	1	T1019	0580	01/17/13	01/17/13	40.00	168.80
CLAIM TOTAL							168.80
							CLAIM ACCOUNT REF. 2258490012009562SUP

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
225840	1	T1019	0580	01/14/13	01/14/13	16.00	56.00
225840	2	T1019	0580	01/15/13	01/15/13	16.00	56.00
225840	3	T1019	0580	01/16/13	01/16/13	16.00	56.00
225840	4	T1019	0580	01/17/13	01/17/13	16.00	56.00
225840	5	T1019	0580	01/18/13	01/18/13	16.00	56.00
CLAIM TOTAL							280.00
							CLAIM ACCOUNT REF. 2258400012009686SUP

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
225842	1	T1019	0580	01/12/13	01/12/13	28.00	98.00
225842	2	T1019	0580	01/13/13	01/13/13	28.00	98.00
225842	3	T1019	0580	01/14/13	01/14/13	28.00	98.00
225842	4	T1019	0580	01/15/13	01/15/13	28.00	98.00
225842	5	T1019	0580	01/16/13	01/16/13	28.00	98.00
225842	6	T1019	0580	01/18/13	01/18/13	28.00	98.00
CLAIM TOTAL							588.00
							CLAIM ACCOUNT REF. 2258420012009945SUP

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
225836	1	T1019	0580	01/16/13	01/16/13	20.00	70.00
225836	2	T1019	0580	01/17/13	01/17/13	19.00	66.50

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

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225836	3	T1019	0580	01/18/13	01/18/13	20.00	70.00
CLAIM TOTAL							206.50
CLAIM ACCOUNT REF.							2258360012010293SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010316	2010316	WEATHERS, VERDENA	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
225845	1	T1019	0580	01/12/13	01/12/13	48.00	168.00
225845	2	T1019	0580	01/13/13	01/13/13	48.00	168.00
225845	3	T1019	0580	01/15/13	01/15/13	48.00	168.00
225845	4	T1019	0580	01/16/13	01/16/13	48.00	168.00
225845	5	T1019	0580	01/17/13	01/17/13	48.00	168.00
225845	6	T1019	0580	01/18/13	01/18/13	48.00	168.00
CLAIM TOTAL							1,008.00
CLAIM ACCOUNT REF.							2258450012010316SUP

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
225841	1	T1019	0580	01/12/13	01/12/13	36.00	126.00
225841	2	T1019	0580	01/13/13	01/13/13	36.00	126.00
225841	3	T1019	0580	01/15/13	01/15/13	36.00	126.00
225841	4	T1019	0580	01/16/13	01/16/13	36.00	126.00
225841	5	T1019	0580	01/17/13	01/17/13	36.00	126.00
225841	6	T1019	0580	01/18/13	01/18/13	36.00	126.00
CLAIM TOTAL							756.00
CLAIM ACCOUNT REF.							2258410012010991SUP

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
225838	1	G0156	0572	01/12/13	01/12/13	8.00	114.00
225838	2	G0156	0572	01/13/13	01/13/13	8.00	114.00
225838	3	G0156	0572	01/14/13	01/14/13	8.00	114.00
225838	4	G0156	0572	01/15/13	01/15/13	8.00	114.00
225838	5	G0156	0572	01/16/13	01/16/13	8.00	114.00
225838	6	G0156	0572	01/17/13	01/17/13	8.00	114.00
225838	7	G0156	0572	01/18/13	01/18/13	8.00	114.00
CLAIM TOTAL							798.00
CLAIM ACCOUNT REF.							2258380012011066SUP

REPORT DATE 01/23/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013012308344682RRSUP

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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 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
225839	1	G0156	0572	01/12/13	01/12/13	12.00	171.00
225839	2	G0156	0572	01/13/13	01/13/13	12.00	171.00
225839	3	G0156	0572	01/14/13	01/14/13	12.00	171.00
225839	4	G0156	0572	01/15/13	01/15/13	9.00	128.25
225839	5	G0156	0572	01/16/13	01/16/13	12.00	171.00
225839	6	G0156	0572	01/17/13	01/17/13	12.00	171.00
225839	7	G0156	0572	01/18/13	01/18/13	12.00	171.00
CLAIM TOTAL						1,154.25	CLAIM ACCOUNT REF. 2258390012011526SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009467 2011833 KEATON, CATHERINE 08/30/1923 WC81742E 113502051-001-0001
DIAGNOSIS CODES: 715.00 365.9 401.9 780.4 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225843	1	T1019	0580	01/12/13	01/12/13	48.00	168.00
225843	2	T1019	0580	01/13/13	01/13/13	48.00	168.00
225843	3	T1019	0580	01/14/13	01/14/13	48.00	168.00
225843	4	T1019	0580	01/15/13	01/15/13	48.00	168.00
225843	5	T1019	0580	01/16/13	01/16/13	48.00	168.00
225843	6	T1019	0580	01/17/13	01/17/13	48.00	168.00
225843	7	T1019	0580	01/18/13	01/18/13	48.00	168.00
CLAIM TOTAL						1,176.00	CLAIM ACCOUNT REF. 2258430012011833SUP

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
225847	1	T1019	0580	01/11/13	01/11/13	4.00	14.00
225847	2	T1019	0580	01/14/13	01/14/13	20.00	70.00
225847	3	T1019	0580	01/15/13	01/15/13	20.00	70.00
225847	4	T1019	0580	01/16/13	01/16/13	20.00	70.00
225847	5	T1019	0580	01/17/13	01/17/13	20.00	70.00
CLAIM TOTAL						294.00	CLAIM ACCOUNT REF. 2258470012012343SUP

REPORT DATE 01/23/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013012308344682RRSUP

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

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	87	TOTAL CLAIM AMOUNT =	10,010.83
		# SERVICES =	18		

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NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2259170012010958SUP

PAYER TOTALS:	VNSNY CHOICE	# OF CLAIMS =	4	TOTAL CLAIM AMOUNT =	480.48
		# SERVICES =	1		

REPORT DATE 01/23/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013012308344682RRSUP

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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 R2013357
DIAGNOSIS CODES: 314.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
225796	1	T1019		01/12/13	01/12/13	12.00	50.64	
225796	2	T1019		01/13/13	01/13/13	12.00	50.64	
225796	3	T1019		01/14/13	01/14/13	12.00	50.64	
225796	4	T1019		01/15/13	01/15/13	12.00	50.64	
225796	5	T1019		01/16/13	01/16/13	12.00	50.64	
225796	6	T1019		01/17/13	01/17/13	12.00	50.64	
225796	7	T1019		01/18/13	01/18/13	12.00	50.64	
CLAIM TOTAL							354.48	CLAIM ACCOUNT REF. 2257960012008246SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008248 2008248 RIVERA, EDDIE 01/29/1960 YP34893V 0105031202381
DIAGNOSIS CODES: 339.02 367.1 369.10

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
225797	1	T1019		01/14/13	01/14/13	12.00	50.64	
225797	2	T1019		01/15/13	01/15/13	12.00	50.64	
225797	3	T1019		01/16/13	01/16/13	12.00	50.64	
225797	4	T1019		01/17/13	01/17/13	12.00	50.64	
CLAIM TOTAL							202.56	CLAIM ACCOUNT REF. 2257970012008248SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008249 2008249 LOPEZ-RAMIREZ, CARLOTA 01/20/1936 QR43529V 0110041201764
DIAGNOSIS CODES: 714.0 272.4 401.9 536.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
225792	1	T1019		01/12/13	01/12/13	40.00	168.80	
225792	2	T1019		01/13/13	01/13/13	44.00	185.68	
225792	3	T1019		01/14/13	01/14/13	44.00	185.68	
225792	4	T1019		01/15/13	01/15/13	44.00	185.68	
225792	5	T1019		01/16/13	01/16/13	44.00	185.68	
225792	6	T1019		01/17/13	01/17/13	44.00	185.68	
225792	7	T1019		01/18/13	01/18/13	44.00	185.68	
CLAIM TOTAL							1,282.88	CLAIM ACCOUNT REF. 2257920012008249SUP

REPORT DATE 01/23/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013012308344682RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225799	1	T1019		01/12/13	01/12/13	32.00	135.04
225799	2	T1019		01/13/13	01/13/13	32.00	135.04
225799	3	T1019		01/14/13	01/14/13	32.00	135.04
225799	4	T1019		01/15/13	01/15/13	32.00	135.04
225799	5	T1019		01/16/13	01/16/13	32.00	135.04
225799	6	T1019		01/17/13	01/17/13	32.00	135.04
225799	7	T1019		01/18/13	01/18/13	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2257990012008250SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008251 2008251 CEBALLOS, ANA 12/31/1919 UH02585Q R1828722
DIAGNOSIS CODES: 294.10 244.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225780	1	T1019		01/14/13	01/14/13	32.00	135.04
225780	2	T1019		01/15/13	01/15/13	32.00	135.04
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2257800012008251SUP

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
225793	1	T1019		01/12/13	01/12/13	48.00	202.56
225793	2	T1019		01/13/13	01/13/13	48.00	202.56
225793	3	T1019		01/14/13	01/14/13	48.00	202.56
225793	4	T1019		01/15/13	01/15/13	48.00	202.56
225793	5	T1019		01/16/13	01/16/13	48.00	202.56
225793	6	T1019		01/17/13	01/17/13	48.00	202.56
225793	7	T1019		01/18/13	01/18/13	48.00	202.56
CLAIM TOTAL							1,417.92
CLAIM ACCOUNT REF.							2257930012008253SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008254 2008254 SPIVEY, PATRICIA 04/06/1965 WE52435B R2061243
DIAGNOSIS CODES: 250.00 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225801	1	T1019		01/14/13	01/14/13	20.00	84.40
225801	2	T1019		01/15/13	01/15/13	20.00	84.40

REPORT DATE 01/23/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013012308344682RRSUP

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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	
225801	3	T1019		01/16/13	01/16/13	20.00	84.40	
225801	4	T1019		01/17/13	01/17/13	20.00	84.40	
225801	5	T1019		01/18/13	01/18/13	20.00	84.40	
					CLAIM TOTAL		422.00	CLAIM ACCOUNT REF. 2258010012008254SUP

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	
225778	1	T1019		01/14/13	01/14/13	32.00	135.04	
225778	2	T1019		01/15/13	01/15/13	32.00	135.04	
225778	3	T1019		01/16/13	01/16/13	32.00	135.04	
225778	4	T1019		01/17/13	01/17/13	32.00	135.04	
225778	5	T1019		01/18/13	01/18/13	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2257780012008256SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
225784	1	T1019		01/12/13	01/12/13	24.00	101.28	
225784	2	T1019		01/13/13	01/13/13	24.00	101.28	
225784	3	T1019		01/14/13	01/14/13	24.00	101.28	
225784	4	T1019		01/15/13	01/15/13	24.00	101.28	
225784	5	T1019		01/16/13	01/16/13	24.00	101.28	
225784	6	T1019		01/17/13	01/17/13	24.00	101.28	
225784	7	T1019		01/18/13	01/18/13	24.00	101.28	
					CLAIM TOTAL		708.96	CLAIM ACCOUNT REF. 2257840012008257SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008290 2008290 SALHUANA, YOLANDA 08/25/1935 SZ24247J R2048371
DIAGNOSIS CODES: 249.70 362.50 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
225800	1	T1019		01/14/13	01/14/13	32.00	135.04	
225800	2	T1019		01/15/13	01/15/13	32.00	135.04	
225800	3	T1019		01/16/13	01/16/13	32.00	135.04	
225800	4	T1019		01/17/13	01/17/13	32.00	135.04	
					CLAIM TOTAL		540.16	CLAIM ACCOUNT REF. 2258000012008290SUP

REPORT DATE 01/23/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013012308344682RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008362 2008362 FONTANES, PEDRO 08/27/1948 RX10287Z 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	
225785	1	T1019		01/12/13	01/12/13	28.00	118.16	
225785	2	T1019		01/13/13	01/13/13	28.00	118.16	
225785	3	T1019		01/14/13	01/14/13	28.00	118.16	
225785	4	T1019		01/15/13	01/15/13	28.00	118.16	
225785	5	T1019		01/16/13	01/16/13	28.00	118.16	
225785	6	T1019		01/17/13	01/17/13	28.00	118.16	
225785	7	T1019		01/18/13	01/18/13	28.00	118.16	
					CLAIM TOTAL	827.12		CLAIM ACCOUNT REF. 2257850012008362SUP

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	
225798	1	T1019		01/14/13	01/14/13	16.00	67.52	
225798	2	T1019		01/15/13	01/15/13	16.00	67.52	
225798	3	T1019		01/16/13	01/16/13	16.00	67.52	
225798	4	T1019		01/17/13	01/17/13	16.00	67.52	
225798	5	T1019		01/18/13	01/18/13	16.00	67.52	
					CLAIM TOTAL	337.60		CLAIM ACCOUNT REF. 2257980012008368SUP

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	
225786	1	T1019		01/12/13	01/12/13	32.00	135.04	
225786	2	T1019		01/13/13	01/13/13	32.00	135.04	
225786	3	T1019		01/14/13	01/14/13	32.00	135.04	
225786	4	T1019		01/15/13	01/15/13	32.00	135.04	
225786	5	T1019		01/16/13	01/16/13	32.00	135.04	
225786	6	T1019		01/17/13	01/17/13	32.00	135.04	
225786	7	T1019		01/18/13	01/18/13	32.00	135.04	
					CLAIM TOTAL	945.28		CLAIM ACCOUNT REF. 2257860012008411SUP

REPORT DATE 01/23/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013012308344682RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225789	1	T1019		01/12/13	01/12/13	28.00	118.16
225789	2	T1019		01/13/13	01/13/13	28.00	118.16
225789	3	T1019		01/14/13	01/14/13	28.00	118.16
225789	4	T1019		01/15/13	01/15/13	28.00	118.16
225789	5	T1019		01/16/13	01/16/13	28.00	118.16
225789	6	T1019		01/17/13	01/17/13	28.00	118.16
225789	7	T1019		01/18/13	01/18/13	28.00	118.16
CLAIM TOTAL							827.12
CLAIM ACCOUNT REF.							2257890012008428SUP

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
225775	1	T1019		01/12/13	01/12/13	32.00	135.04
225775	2	T1019		01/13/13	01/13/13	32.00	135.04
225775	3	T1019		01/14/13	01/14/13	32.00	135.04
225775	4	T1019		01/15/13	01/15/13	32.00	135.04
225775	5	T1019		01/16/13	01/16/13	32.00	135.04
225775	6	T1019		01/17/13	01/17/13	32.00	135.04
225775	7	T1019		01/18/13	01/18/13	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2257750012008433SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z R2083270
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
225774	1	T1019		01/14/13	01/14/13	20.00	84.40
225774	2	T1019		01/15/13	01/15/13	20.00	84.40
225774	3	T1019		01/16/13	01/16/13	20.00	84.40
225774	4	T1019		01/17/13	01/17/13	20.00	84.40
225774	5	T1019		01/18/13	01/18/13	16.00	67.52
CLAIM TOTAL							405.12
CLAIM ACCOUNT REF.							2257740012008487SUP

REPORT DATE 01/23/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013012308344682RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008558 2008558 SURIEL, GERTRUDIS 03/17/1950 ZE67447D R2096046
DIAGNOSIS CODES: 493.90 401.9 414.00 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
225803	1	T1019		01/14/13	01/14/13	32.00	135.04	
225803	2	T1019		01/15/13	01/15/13	32.00	135.04	
225803	3	T1019		01/16/13	01/16/13	32.00	135.04	
225803	4	T1019		01/17/13	01/17/13	32.00	135.04	
225803	5	T1019		01/18/13	01/18/13	32.00	135.04	
CLAIM TOTAL							675.20	CLAIM ACCOUNT REF. 2258030012008558SUP

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	
225781	1	T1019		01/13/13	01/13/13	20.00	84.40	
225781	2	T1019		01/14/13	01/14/13	20.00	84.40	
225781	3	T1019		01/15/13	01/15/13	20.00	84.40	
225781	4	T1019		01/16/13	01/16/13	20.00	84.40	
225781	5	T1019		01/17/13	01/17/13	20.00	84.40	
225781	6	T1019		01/18/13	01/18/13	20.00	84.40	
CLAIM TOTAL							506.40	CLAIM ACCOUNT REF. 2257810012009256SUP

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	
225779	1	T1019		01/14/13	01/14/13	32.00	135.04	
225779	2	T1019		01/15/13	01/15/13	32.00	135.04	
225779	3	T1019		01/16/13	01/16/13	32.00	135.04	
225779	4	T1019		01/17/13	01/17/13	32.00	135.04	
225779	5	T1019		01/18/13	01/18/13	32.00	135.04	
CLAIM TOTAL							675.20	CLAIM ACCOUNT REF. 2257790012009270SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009322 2009322 HENRY, BRENDA 04/13/1954 ZE02356F 0106061201117
DIAGNOSIS CODES: 253.5 401.9 429.9 447.6 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
225788	1	T1019		01/14/13	01/14/13	16.00	67.52	
CLAIM TOTAL							67.52	CLAIM ACCOUNT REF. 2257880012009322SUP

REPORT DATE 01/23/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013012308344682RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225782	1	T1019		01/14/13	01/14/13	24.00	101.28
225782	2	T1019		01/15/13	01/15/13	24.00	101.28
CLAIM TOTAL							202.56

CLAIM ACCOUNT REF. 2257820012009405SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009425 2009425 FRIAS, BARBARA 04/01/1954 YQ10410R R1869904
DIAGNOSIS CODES: 785.9 V44.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225787	1	T1019		01/14/13	01/14/13	16.00	67.52
225787	2	T1019		01/16/13	01/16/13	16.00	67.52
225787	3	T1019		01/18/13	01/18/13	16.00	67.52
CLAIM TOTAL							202.56

CLAIM ACCOUNT REF. 2257870012009425SUP

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
225776	1	T1019		01/12/13	01/12/13	24.00	101.28
225776	2	T1019		01/13/13	01/13/13	24.00	101.28
225776	3	T1019		01/14/13	01/14/13	24.00	101.28
225776	4	T1019		01/15/13	01/15/13	24.00	101.28
225776	5	T1019		01/16/13	01/16/13	24.00	101.28
225776	6	T1019		01/17/13	01/17/13	24.00	101.28
225776	7	T1019		01/18/13	01/18/13	24.00	101.28
CLAIM TOTAL							708.96

CLAIM ACCOUNT REF. 2257760012009560SUP

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
225805	1	T1019		01/14/13	01/14/13	32.00	135.04
225805	2	T1019		01/15/13	01/15/13	32.00	135.04
225805	3	T1019		01/16/13	01/16/13	32.00	135.04
225805	4	T1019		01/17/13	01/17/13	32.00	135.04
225805	5	T1019		01/18/13	01/18/13	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2258050012010009SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225791	1	T1019		01/12/13	01/12/13	28.00	118.16
225791	2	T1019		01/13/13	01/13/13	28.00	118.16
225791	3	T1019		01/14/13	01/14/13	28.00	118.16
225791	4	T1019		01/15/13	01/15/13	28.00	118.16
225791	5	T1019		01/16/13	01/16/13	28.00	118.16
225791	6	T1019		01/17/13	01/17/13	28.00	118.16
225791	7	T1019		01/18/13	01/18/13	48.00	202.56
CLAIM TOTAL							911.52
CLAIM ACCOUNT REF.							2257910012010311SUP

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
225804	1	T1019		01/12/13	01/12/13	20.00	84.40
225804	2	T1019		01/13/13	01/13/13	20.00	84.40
225804	3	T1019		01/17/13	01/17/13	20.00	84.40
225804	4	T1019		01/18/13	01/18/13	20.00	84.40
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2258040012010758SUP

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
225790	1	T1019		01/12/13	01/12/13	32.00	135.04
225790	2	T1019		01/14/13	01/14/13	32.00	135.04
225790	3	T1019		01/15/13	01/15/13	28.00	118.16
225790	4	T1019		01/16/13	01/16/13	32.00	135.04
225790	5	T1019		01/17/13	01/17/13	32.00	135.04
225790	6	T1019		01/18/13	01/18/13	32.00	135.04
CLAIM TOTAL							793.36
CLAIM ACCOUNT REF.							2257900012010967SUP

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
225783	1	T1019		01/12/13	01/12/13	40.00	168.80

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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	
225783	2	T1019		01/13/13	01/13/13	40.00	168.80	
225783	3	T1019		01/14/13	01/14/13	40.00	168.80	
225783	4	T1019		01/15/13	01/15/13	40.00	168.80	
225783	5	T1019		01/16/13	01/16/13	40.00	168.80	
225783	6	T1019		01/17/13	01/17/13	40.00	168.80	
CLAIM TOTAL							1,012.80	CLAIM ACCOUNT REF. 2257830012011058SUP

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	
225794	1	T1020		01/12/13	01/12/13	12.00	202.56	
225794	2	T1020		01/13/13	01/13/13	12.00	202.56	
225794	3	T1020		01/14/13	01/14/13	12.00	202.56	
225794	4	T1020		01/15/13	01/15/13	12.00	202.56	
225794	5	T1020		01/16/13	01/16/13	24.00	405.12	
225794	6	T1020		01/17/13	01/17/13	12.00	202.56	
225794	7	T1020		01/18/13	01/18/13	12.00	202.56	
CLAIM TOTAL							1,620.48	CLAIM ACCOUNT REF. 2257940012011388SUP

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	
225777	1	T1019		01/15/13	01/15/13	40.00	168.80	
225777	2	T1019		01/16/13	01/16/13	40.00	168.80	
225777	3	T1019		01/17/13	01/17/13	40.00	168.80	
225777	4	T1019		01/18/13	01/18/13	40.00	168.80	
CLAIM TOTAL							675.20	CLAIM ACCOUNT REF. 2257770012011528SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008405 2011820 ST ROMAINE, CLAUDE 10/01/1956 UZ14868C R2050170
DIAGNOSIS CODES: 952.9 344.9 596.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
225802	1	T1019		01/12/13	01/12/13	36.00	151.92	
225802	2	T1019		01/13/13	01/13/13	36.00	151.92	
225802	3	T1019		01/14/13	01/14/13	40.00	168.80	
225802	4	T1019		01/15/13	01/15/13	40.00	168.80	
225802	5	T1019		01/16/13	01/16/13	40.00	168.80	
225802	6	T1019		01/17/13	01/17/13	40.00	168.80	

REPORT DATE 01/23/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
225802	7	T1019		01/18/13	01/18/13	40.00	168.80	
					CLAIM TOTAL		1,147.84	CLAIM ACCOUNT REF. 2258020012011820SUP

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	
225795	1	T1019		01/14/13	01/14/13	40.00	168.80	
225795	2	T1019		01/15/13	01/15/13	40.00	168.80	
225795	3	T1019		01/16/13	01/16/13	24.00	101.28	
225795	4	T1019		01/17/13	01/17/13	40.00	168.80	
225795	5	T1019		01/18/13	01/18/13	40.00	168.80	
					CLAIM TOTAL		776.48	CLAIM ACCOUNT REF. 2257950012012284SUP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	173	TOTAL CLAIM AMOUNT =	22,095.92
		# SERVICES =	32		

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225832	1	T1019		01/12/13	01/12/13	40.00	171.60
225832	2	T1019		01/13/13	01/13/13	40.00	171.60
225832	3	T1019		01/14/13	01/14/13	40.00	171.60
225832	4	T1019		01/15/13	01/15/13	40.00	171.60
225832	5	T1019		01/16/13	01/16/13	40.00	171.60
225832	6	T1019		01/17/13	01/17/13	40.00	171.60
225832	7	T1019		01/18/13	01/18/13	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2258320012008245SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008287 2008287 MILLAN, ARMIDA 09/13/1928 100063356 609358474
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
225834	1	T1019		01/12/13	01/12/13	16.00	68.64
225834	2	T1019		01/13/13	01/13/13	16.00	68.64
225834	3	T1019		01/14/13	01/14/13	36.00	154.44
225834	4	T1019		01/15/13	01/15/13	36.00	154.44
225834	5	T1019		01/16/13	01/16/13	36.00	154.44
225834	6	T1019		01/17/13	01/17/13	36.00	154.44
225834	7	T1019		01/18/13	01/18/13	36.00	154.44
CLAIM TOTAL						909.48	CLAIM ACCOUNT REF. 2258340012008287SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008401 2008401 SAFOS, PATRA 12/18/1948 100029836 609009121
DIAGNOSIS CODES: 340. 244.8 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225835	1	T1019		01/12/13	01/12/13	32.00	137.28
225835	2	T1019		01/13/13	01/13/13	32.00	137.28
225835	3	T1019		01/14/13	01/14/13	32.00	137.28
225835	4	T1019		01/15/13	01/15/13	32.00	137.28
225835	5	T1019		01/16/13	01/16/13	32.00	137.28
225835	6	T1019		01/17/13	01/17/13	32.00	137.28
225835	7	T1019		01/18/13	01/18/13	32.00	137.28
CLAIM TOTAL						960.96	CLAIM ACCOUNT REF. 2258350012008401SUP

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NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011881	2011881	KHAN, FAZAL	06/28/1970	101344352	609738941

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
225833	1	T1019		01/12/13	01/12/13	48.00	205.92		
225833	2	T1019		01/13/13	01/13/13	48.00	205.92		
225833	3	T1019		01/14/13	01/14/13	48.00	205.92		
225833	4	T1019		01/15/13	01/15/13	48.00	205.92		
225833	5	T1019		01/16/13	01/16/13	48.00	205.92		
225833	6	T1019		01/17/13	01/17/13	48.00	205.92		
225833	7	T1019		01/18/13	01/18/13	48.00	205.92		
						CLAIM TOTAL	1,441.44	CLAIM ACCOUNT REF.	2258330012011881SUP

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

REPORT DATE 01/23/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = AMRGRI AMERIGROUP NEW YORK,LLC

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225906	1	T1019	0580	01/10/13	01/10/13	40.00	168.80
225906	2	T1019	0580	01/12/13	01/12/13	40.00	168.80
225906	3	T1019	0580	01/13/13	01/13/13	40.00	168.80
225906	4	T1019	0580	01/14/13	01/14/13	40.00	168.80
225906	5	T1019	0580	01/15/13	01/15/13	40.00	168.80
225906	6	T1019	0580	01/16/13	01/16/13	40.00	168.80
225906	7	T1019	0580	01/17/13	01/17/13	40.00	168.80
225906	8	T1019	0580	01/18/13	01/18/13	40.00	168.80
CLAIM TOTAL							1,350.40
CLAIM ACCOUNT REF.							2259060012008266SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
225908	1	S5130	0582	01/14/13	01/14/13	16.00	67.52
CLAIM TOTAL							67.52
CLAIM ACCOUNT REF.							2259080012009279SUP

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
225907	1	T1019	0580	01/14/13	01/14/13	16.00	67.52
225907	2	T1019	0580	01/15/13	01/15/13	16.00	67.52
225907	3	T1019	0580	01/16/13	01/16/13	16.00	67.52
225907	4	T1019	0580	01/17/13	01/17/13	16.00	67.52
225907	5	T1019	0580	01/18/13	01/18/13	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2259070012010731SUP

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
225905	1	T1019	0580	12/24/12	12/24/12	12.00	50.64
225905	2	T1019	0580	12/26/12	12/26/12	12.00	50.64
225905	3	T1019	0580	12/28/12	12/28/12	16.00	67.52
225905	4	T1019	0580	12/31/12	12/31/12	12.00	50.64

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013012308344682RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
225905	5	T1019	0580	01/02/13	01/02/13	12.00	50.64	
225905	6	T1019	0580	01/04/13	01/04/13	16.00	67.52	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2259050012011322SUP

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	
225909	1	T1019	0580	01/12/13	01/12/13	24.00	90.00	
225909	2	T1019	0580	01/14/13	01/14/13	24.00	90.00	
225909	3	T1019	0580	01/15/13	01/15/13	24.00	90.00	
225909	4	T1019	0580	01/16/13	01/16/13	24.00	90.00	
225909	5	T1019	0580	01/17/13	01/17/13	24.00	90.00	
225909	6	T1019	0580	01/18/13	01/18/13	24.00	90.00	
					CLAIM TOTAL		540.00	CLAIM ACCOUNT REF. 2259090012012357SUP

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	
225910	1	T1019	0580	01/14/13	01/14/13	32.00	120.00	
225910	2	T1019	0580	01/15/13	01/15/13	36.00	135.00	
225910	3	T1019	0580	01/16/13	01/16/13	32.00	120.00	
225910	4	T1019	0580	01/17/13	01/17/13	36.00	135.00	
225910	5	T1019	0580	01/18/13	01/18/13	32.00	120.00	
					CLAIM TOTAL		630.00	CLAIM ACCOUNT REF. 2259100012012374SUP

PAYER TOTALS:	AMERIGROUP NEW YORK,LLC	# OF CLAIMS =	31	TOTAL CLAIM AMOUNT =	3,263.12
		# SERVICES =	6		

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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
225916	1	T1019	1C	0570	01/14/13	01/14/13	4.00	63.60
225916	2	T1019	1C	0570	01/15/13	01/15/13	4.00	63.60
225916	3	T1019	1C	0570	01/16/13	01/16/13	4.00	63.60
225916	4	T1019	1C	0570	01/17/13	01/17/13	4.00	63.60
225916	5	T1019	1C	0570	01/18/13	01/18/13	4.00	63.60
CLAIM TOTAL								318.00
								CLAIM ACCOUNT REF. 2259160012011453SUP

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
225915	1	T1019	1C	0570	01/07/13	01/07/13	4.00	63.60
225915	2	T1019	1C	0570	01/08/13	01/08/13	4.00	63.60
225915	3	T1019	1C	0570	01/09/13	01/09/13	4.00	63.60
225915	4	T1019	1C	0570	01/10/13	01/10/13	4.00	63.60
225915	5	T1019	1C	0570	01/11/13	01/11/13	4.00	63.60
225915	6	T1019	1C	0570	01/14/13	01/14/13	4.00	63.60
225915	7	T1019	1C	0570	01/15/13	01/15/13	4.00	63.60
225915	8	T1019	1C	0570	01/16/13	01/16/13	4.00	63.60
225915	9	T1019	1C	0570	01/17/13	01/17/13	4.00	63.60
225915	10	T1019	1C	0570	01/18/13	01/18/13	4.00	63.60
CLAIM TOTAL								636.00
								CLAIM ACCOUNT REF. 2259150012011869SUP

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
225914	1	T1019	1C	0570	01/15/13	01/15/13	6.00	95.40
225914	2	T1019	1C	0570	01/16/13	01/16/13	6.00	95.40
225914	3	T1019	1C	0570	01/17/13	01/17/13	6.00	95.40
225914	4	T1019	1C	0570	01/18/13	01/18/13	6.00	95.40
CLAIM TOTAL								381.60
								CLAIM ACCOUNT REF. 2259140012011870SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013012308344682RRSUP

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

PAYER TOTALS:	ICS	# OF CLAIMS =	19	TOTAL CLAIM AMOUNT =	1,335.60
		# SERVICES =	3		

REPORT DATE 01/23/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013012308344682RRSUP

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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 2013011515500003
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
225911	1	T1019	0580	01/12/13	01/12/13	36.00	151.92
225911	2	T1019	0580	01/13/13	01/13/13	36.00	151.92
225911	3	T1019	0580	01/14/13	01/14/13	32.00	135.04
225911	4	T1019	0580	01/15/13	01/15/13	36.00	151.92
225911	5	T1019	0580	01/16/13	01/16/13	36.00	151.92
225911	6	T1019	0580	01/17/13	01/17/13	36.00	151.92
225911	7	T1019	0580	01/18/13	01/18/13	36.00	151.92
CLAIM TOTAL							1,046.56
CLAIM ACCOUNT REF.							2259110012010800SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JSV04323R01 2013011515500002
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
225913	1	T1019	0580	01/15/13	01/15/13	16.00	67.52
225913	2	T1019	0580	01/16/13	01/16/13	16.00	67.52
225913	3	T1019	0580	01/17/13	01/17/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2259130012010804SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008228 2010805 TOWLES, ADA 12/10/1954 JZX17878Q01 2013011515500004
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
225912	1	T1019	0580	01/14/13	01/14/13	16.00	67.52
225912	2	T1019	0580	01/15/13	01/15/13	16.00	67.52
225912	3	T1019	0580	01/16/13	01/16/13	16.00	67.52
225912	4	T1019	0580	01/17/13	01/17/13	16.00	67.52
225912	5	T1019	0580	01/18/13	01/18/13	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2259120012010805SUP

REPORT DATE 01/23/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013012308344682RRSUP

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

PAYER TOTALS:	HEALTHCARE PARTNERS IPA I	# OF CLAIMS =	15	TOTAL CLAIM AMOUNT =	1,586.72
		# SERVICES =	3		

PROVIDER TOTALS:	SUNNYSIDE CITYWIDE	# OF CLAIMS =	780	TOTAL CLAIM AMOUNT =	95,739.79
		# SERVICES =	144		