REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 1

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SUBMITTER ID = SUNNYSI SUNNYSIDE

PROVIDER ID = 113502051 SUNNYSIDE NPI = 1154407492

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REG LOC 001	CLIENT 2004478	SERVICE 2004478	NAME ACERNO		RTH DATE /28/1922	RECIPIENT ID GNT04447100	PRIOR	AUTHORIZATION #
INV # 213072 213072 213072 213072 213072	LINE # 1 2 3 4 5	PROCEDURE T1019 T1019 T1019 T1019 T1019	CODE	10/09/12 10/10/12 10/11/12	10/10/12 10/11/12 10/12/12	20.00 20.00 20.00	AMOUNT 75.60 75.60 75.60 75.60 60.48 362.88	CLAIM ACCOUNT REF. 2130720012004478
REG LOC 001	CLIENT 2006118	SERVICE 2006118	NAME ALI		RTH DATE /05/1934	RECIPIENT ID 93703296700	PRIOR	AUTHORIZATION #
INV # 213073 213073 213073 213073 213073 213073	LINE # 1 2 3 4 5 6	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125	CODE	10/08/12 10/09/12 10/10/12 10/11/12	10/09/12 10/10/12 10/11/12 10/12/12	16.00 16.00 16.00 16.00	AMOUNT 60.48 60.48 60.48 60.48 60.48 60.48	CLAIM ACCOUNT REF. 2130730012006118
REG LOC 001	CLIENT 2010843	SERVICE 2010843	NAME ALSTON		RTH DATE /07/1927	RECIPIENT ID GNT06188400	PRIOR	AUTHORIZATION #
INV # 213074 213074 213074 213074 213074 213074 213074	LINE # 1 2 3 4 5 6 7	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019 T1019	CODE	10/07/12 10/08/12 10/09/12	10/08/12 10/09/12 10/10/12 10/11/12 10/12/12	2 32.00 2 32.00 2 32.00 2 32.00 2 32.00	AMOUNT 120.96 120.96 120.96 120.96 120.96 120.96 120.96 846.72	CLAIM ACCOUNT REF. 2130740012010843
REG LOC 001	CLIENT 2007817	SERVICE 2007817	NAME BEGUM		RTH DATE /19/1919	RECIPIENT ID GNT00018500	PRIOR	AUTHORIZATION #
INV # 213075 213075 213075 213075 213075 213075 213075	LINE # 1 2 3 4 5 6 7	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125	CODE	10/07/12 10/08/12 10/09/12 10/10/12 10/11/12	10/08/12 10/09/12 10/10/12 10/11/12 10/12/12	2 32.00 2 48.00 2 48.00 2 40.00 2 44.00 40.00	AMOUNT 136.08 120.96 181.44 181.44 151.20 166.32 151.20	CLAIM ACCOUNT REF. 2130750012007817
REG LOC 001	CLIENT 2011503	SERVICE 2011503	NAME BERJASHEVIC		RTH DATE /30/1926	RECIPIENT ID GNT06467800	PRIOR	AUTHORIZATION #
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	

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213076 1 T1019 213076 2 T1019	10/08/12 10/08/3 10/12/12 10/12/3 CI		6
REG LOC CLIENT SERVICE NAME 001 2006632 2006632 BUCARO	BIRTH DATE 02/27/1916	RECIPIENT ID PRIOR GNT04556300	R AUTHORIZATION #
INV # LINE # PROCEDURE CODE 213077 1 S5125 213077 2 S5125 213077 3 S5125 213077 4 S5125	FROM DT THRU DT 10/09/12 10/09/12 10/10/12 10/11/12 10/11/12 10/11/12 10/12/12 CT	12 36.00 136.0 12 36.00 136.0 12 36.00 136.0	8 8 8 8
REG LOC CLIENT SERVICE NAME 001 2010374 2010374 CARSWELL	BIRTH DATE 10/04/1935	RECIPIENT ID PRIO	R AUTHORIZATION #
INV # LINE # PROCEDURE CODE 213078	FROM DT THRU DT 10/06/12 10/06/12 10/06/12 10/07/12 10/07/12 10/08/12 10/08/12 10/09/12 10/10/12 10/11	12 40.00 151.2 12 40.00 151.2 12 40.00 151.2 12 40.00 151.2 12 40.00 151.2 12 40.00 151.2 12 40.00 151.2 15 151.2 151.2	0 0 0 0 0 0 0
REG LOC CLIENT SERVICE NAME 001 2002769 2002769 CEPEDA	BIRTH DATE TOMASA 09/07/1932	·	R AUTHORIZATION #
INV # LINE # PROCEDURE CODE 213079	FROM DT THRU DT 10/08/12 10/08/12 10/09/12 10/10/12 10/11/12 10/11/12 10/11/12 10/12/12 10/12/12 CT	12 24.00 90.7 12 24.00 90.7 12 24.00 90.7 12 24.00 90.7 12 24.00 90.7	2 2 2 2 2 2
REG LOC CLIENT SERVICE NAME 001 2008320 2008320 COLAVITTI	BIRTH DATE JEAN 05/23/1911	RECIPIENT ID PRIO	R AUTHORIZATION #
INV # LINE # PROCEDURE CODE 213080	FROM DT THRU DT 10/06/12 10/06/12 10/07/12 10/07/1 10/08/12 10/08/12 10/09/1 10/10/12 10/11/12 10/11/12 10/11/12 10/11/12 10/11/12 10/11/12 10/11/12 10/11/12	12 32.00 120.9 12 32.00 120.9 12 32.00 120.9 12 32.00 120.9 12 32.00 120.9 12 32.00 120.9 12 32.00 120.9 12 32.00 120.9	6 6 6 6 6 6
REG LOC CLIENT SERVICE NAME 001 2009790 2009790 COLEMAN	BIRTH DATE REGINA 11/26/1958	RECIPIENT ID PRIOGRAPHICATION PRIOGRAPHI	R AUTHORIZATION #
INV # LINE # PROCEDURE CODE	FROM DT THRU DO	T UNITS AMOUN	г

REPORT DATE 10/17	/12 SUNN 444/COMPSID/HIDAAIN/F320	YSIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 3 2012101702101695
SUBMITTER ID = SUI PROVIDER ID = 11:	NNYSI SUNNYSID 3502051 SUNNYSIDE	NPI = 1154407492
213081 1 213081 2 213081 3 213081 4 213081 5 213081 6 213081 7	S5125 S5125 S5125 S5125 S5125 S5125 S5125	10/06/12 10/06/12 32.00 120.96 10/07/12 10/07/12 32.00 120.96 10/08/12 10/08/12 8.00 30.24 10/09/12 10/09/12 20.00 75.60 10/10/12 10/11/12 20.00 75.60 10/11/12 10/11/12 20.00 75.60 10/12/12 10/12/12 20.00 75.60 10/12/12 10/12/12 574.56 CLAIM ACCOUNT REF. 2130810012009790
REG LOC CLIENT 001 2006667	SERVICE NAME 2006667 DIAZ	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # ALICIA 09/21/1918 GNT05048800
INV # LINE # 213082 1 213082 2 213082 3 213082 4 213082 5 213082 6 213082 7	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 10/06/12 10/06/12 20.00 75.60 10/07/12 10/07/12 20.00 75.60 10/08/12 10/08/12 28.00 105.84 10/09/12 10/09/12 28.00 105.84 10/10/12 10/11/12 28.00 105.84 10/11/12 10/11/12 28.00 105.84 10/12/12 10/12/12 28.00 105.84 10/12/12 10/12/12 28.00 105.84 10/12/12 10/12/12 68.00 105.84 10/12/12 10/12/12 68.00 105.84
REG LOC CLIENT 001 2009982	SERVICE NAME 2009982 DIAZ	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # CARMEN 04/28/1919 GNT6048400
INV # LINE # 213083 1 213083 2 213083 3 213083 4 213083 5 213083 6	PROCEDURE CODE S5125 S5125 S5125 S5125 S5125 S5125	FROM DT THRU DT UNITS AMOUNT 10/06/12 10/06/12 24.00 90.72 10/08/12 10/08/12 30.00 113.40 10/09/12 10/09/12 32.00 120.96 10/10/12 10/11/12 30.00 113.40 10/11/12 10/11/12 32.00 120.96 10/12/12 10/12/12 32.00 120.96 10/12/12 10/12/12 32.00 120.96 CLAIM TOTAL 680.40 CLAIM ACCOUNT REF. 2130830012009982
REG LOC CLIENT 001 2004554	SERVICE NAME 2004554 DONOSO	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # MARGARE 09/17/1938 GNT01219900
INV # LINE # 213084 1 213084 2 213084 3 213084 4	PROCEDURE CODE S5125 S5125 S5125 S5125	FROM DT THRU DT UNITS AMOUNT 10/08/12 10/08/12 24.00 90.72 10/09/12 10/09/12 24.00 90.72 10/11/12 10/11/12 24.00 90.72 10/12/12 10/12/12 24.00 90.72 10/12/12 10/12/12 24.00 90.72 CLAIM TOTAL 362.88 CLAIM ACCOUNT REF. 2130840012004554
REG LOC CLIENT 001 2011256	SERVICE NAME 2011256 DURAN	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # CARMEN 07/16/1925 GNT06350900
INV # LINE # 213085 1 213085 2 213085 3	PROCEDURE CODE S5125 S5125 S5125	FROM DT THRU DT UNITS AMOUNT 10/08/12 10/08/12 26.00 98.28 10/09/12 10/09/12 26.00 98.28 10/10/12 10/10/12 26.00 98.28

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213085 4 213085 5	S5125 S5125	10/11/12 10/11/12 26.00 98.28 10/12/12 10/12/12 26.00 98.28 CLAIM TOTAL 491.40 CLAIM ACCOUNT REF. 2130850012011256
REG LOC CLIENT 001 2006124	SERVICE NAME 2006124 EARLINGTON	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # ALBERTH 06/25/1947 GNT04981500
INV # LINE # 213086	PROCEDURE CODE S5125 S5125 S5125 S5125 S5125 S5125	FROM DT THRU DT UNITS AMOUNT 10/06/12 10/06/12 24.00 90.72 10/08/12 10/08/12 28.00 105.84 10/09/12 10/09/12 28.00 105.84 10/10/12 10/10/12 28.00 105.84 10/11/12 10/11/12 28.00 105.84 10/12/12 10/12/12 28.00 105.84 10/12/12 10/12/12 28.00 105.84 CLAIM TOTAL 619.92 CLAIM ACCOUNT REF. 2130860012006124
REG LOC CLIENT 001 2009394	SERVICE NAME 2009394 ECKMAN	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # LOIS 04/02/1919 GNT05317600
INV # LINE # 213087 1 213087 2 213087 3 213087 4 213087 5 213087 6 213087 7	PROCEDURE CODE T1020 T1020 T1020 T1020 T1020 T1020 T1020	FROM DT THRU DT UNITS AMOUNT 10/06/12 10/06/12 1.00 196.56 10/07/12 10/07/12 1.00 196.56 10/08/12 10/08/12 1.00 196.56 10/09/12 10/09/12 1.00 196.56 10/10/12 10/10/12 1.00 196.56 10/11/12 10/11/12 1.00 196.56 10/11/12 10/11/12 1.00 196.56 10/12/12 10/12/12 1.00 196.56 10/12/12 10/12/12 1.00 196.56 CLAIM TOTAL 1,375.92 CLAIM ACCOUNT REF. 2130870012009394
REG LOC CLIENT 001 2007377	SERVICE NAME 2007377 ESPINOZA	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # MARIA 02/23/1918 GNT03780300
INV # LINE # 213088 1 213088 2 213088 3 213088 4 213088 5 213088 6	PROCEDURE CODE S5125 S5125 S5125 S5125 S5125 S5125	FROM DT THRU DT UNITS AMOUNT 10/06/12 10/06/12 30.00 113.40 10/08/12 10/08/12 30.00 113.40 10/09/12 10/09/12 30.00 113.40 10/10/12 10/10/12 30.00 113.40 10/11/12 10/11/12 30.00 113.40 10/11/12 10/11/12 30.00 113.40 10/12/12 10/12/12 30.00 113.40 CLAIM TOTAL 680.40 CLAIM ACCOUNT REF. 2130880012007377
REG LOC CLIENT 001 2011220	SERVICE NAME 2011220 EXPOSITO	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # ALFONSO 07/28/1924 GNT04265900
INV # LINE # 213089 1 213089 2 213089 3 213089 4 213089 5	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 10/06/12 10/06/12 32.00 120.96 10/08/12 10/08/12 32.00 120.96 10/10/12 10/10/12 32.00 120.96 10/11/12 10/11/12 32.00 120.96 10/12/12 10/12/12 32.00 120.96 10/12/12 10/12/12 32.00 120.96 CLAIM TOTAL 604.80 CLAIM ACCOUNT REF. 2130890012011220

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 5

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INV # 213090 213090 213090 213090 213090 213090 213090	LINE # 1 2 3 4 5 6 7	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019 T1019	CODE		10/07/12 10/08/12 10/09/12 10/10/12 10/11/12	THRU DT 10/06/12 10/07/12 10/08/12 10/09/12 10/10/12 10/11/12 10/12/12 CLA	16.00 24.00 24.00	AMOUNT 60.48 60.48 90.72 90.72 90.72 90.72 90.72	CLAIM ACCOUNT REF. 213090001	2000600
REG LOC 001	CLIENT 2008314	SERVICE 2008314	NAME FERNANDEZ	ANA		TH DATE 14/1947	RECIPIENT ID GNT05242300	PRIOR	AUTHORIZATION #	
INV # 213091 213091 213091 213091 213091 213091	LINE # 1 2 3 4 5	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125 S5125	CODE		10/07/12 10/08/12 10/09/12 10/10/12	THRU DT 10/06/12 10/07/12 10/08/12 10/09/12 10/10/12 10/11/12 CLA	16.00 16.00 16.00 16.00	AMOUNT 60.48 60.48 60.48 60.48 60.48 362.88	CLAIM ACCOUNT REF. 213091001	2008314
REG LOC 001	CLIENT 2009960	SERVICE 2009960	NAME FERRARA	ANN		TH DATE 27/1925	RECIPIENT ID GNT05748600	PRIOR	AUTHORIZATION #	
			FERRARA	ANN	07/ FROM DT 10/06/12 10/07/12 10/08/12 10/09/12 10/10/12 10/11/12	THRU DT 10/06/12 10/07/12 10/08/12 10/09/12 10/10/12 10/11/12 10/11/12	UNITS 24.00 24.00 32.00 32.00 32.00 32.00 32.00	PRIOR AMOUNT 90.72 90.72 120.96 120.96 120.96 120.96 120.96 786.24	AUTHORIZATION # CLAIM ACCOUNT REF. 213092001	2009960
1NV # 213092 213092 213092 213092 213092 213092 213092	2009960 LINE # 1 2 3 4 5 6	2009960 PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125 S5125	FERRARA	ANN	07/ FROM DT 10/06/12 10/07/12 10/08/12 10/09/12 10/10/12 10/11/12 10/12/12 BIF	THRU DT 10/06/12 10/07/12 10/08/12 10/09/12 10/10/12 10/11/12 10/11/12	UNITS 24.00 24.00 32.00 32.00 32.00 32.00 32.00 32.00	AMOUNT 90.72 90.72 120.96 120.96 120.96 120.96 786.24		2009960
001 INV # 213092 213092 213092 213092 213092 213092 REG LOC	2009960 LINE # 1 2 3 4 5 6 7	2009960 PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125	FERRARA CODE NAME FERRO		07/ FROM DT 10/06/12 10/07/12 10/08/12 10/09/12 10/10/12 10/11/12 10/12/12 BIF	THRU DT 10/06/12 10/07/12 10/08/12 10/09/12 10/10/12 10/11/12 10/11/12 10/12/12 CLA TH DATE 09/1915 THRU DT 10/06/12	UNITS 24.00 24.00 32.00 32.00 32.00 32.00 32.00 MTOTAL RECIPIENT ID GNT05940400 UNITS	AMOUNT 90.72 90.72 120.96 120.96 120.96 120.96 786.24	CLAIM ACCOUNT REF. 213092001	
INV # 213092 213092 213092 213092 213092 213092 REG LOC 001 INV #	2009960 LINE # 1 2 3 4 5 6 7 CLIENT 2009589 LINE #	2009960 PROCEDURE \$5125 \$5125 \$5125 \$5125 \$5125 \$5125 \$5125 \$5125 SERVICE 2009589 PROCEDURE	FERRARA CODE NAME FERRO		FROM DT 10/06/12 10/07/12 10/08/12 10/09/12 10/10/12 10/11/12 10/12/12 BIF PHI 10/ FROM DT 10/06/12 BIF	THRU DT 10/06/12 10/07/12 10/08/12 10/09/12 10/10/12 10/11/12 10/11/12 10/12/12 CLA TH DATE 09/1915 THRU DT 10/06/12	UNITS 24.00 24.00 32.00 32.00 32.00 32.00 32.00 32.00 GRECIPIENT ID GNT05940400 UNITS 24.00	AMOUNT 90.72 90.72 120.96 120.96 120.96 120.96 786.24 PRIOR AMOUNT 90.72 90.72	CLAIM ACCOUNT REF. 213092001 AUTHORIZATION #	

REPORT DATE 10/17/12 SUI INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E32	NNYSIDE CITYWIDE 202012101702101695	HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 6
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213094 2 T1019 213094 3 T1019		16.00 60.48 20.00 75.60 TOTAL 196.56 CLAIM ACCOUNT REF. 2130940012009435
REG LOC CLIENT SERVICE NAME 001 2010494 2010494 GREENSPAN		CIPIENT ID PRIOR AUTHORIZATION # C04498400
INV # LINE # PROCEDURE CODE 213095	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	UNITS AMOUNT 20.00 75.60 20.00 75.60 20.00 75.60 20.00 75.60 20.00 75.60 20.00 75.60 20.00 75.60 20.00 75.60 20.01 453.60 CLAIM ACCOUNT REF. 2130950012010494
REG LOC CLIENT SERVICE NAME 001 2011472 2011472 HENLEY		CIPIENT ID PRIOR AUTHORIZATION # CO6160900
INV # LINE # PROCEDURE CODE 213096	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	UNITS AMOUNT 10.00 151.20 10.00 151.20 10.00 151.20 10.00 151.20 10.00 151.20 10.00 151.20 120.96 120.96 120.96 120.96 120.96 120.96 120.96 120.96 120.96 120.96 120.96 120.96
REG LOC CLIENT SERVICE NAME 001 2011252 2011252 HENRIQUEZ		CIPIENT ID PRIOR AUTHORIZATION # CO6350600
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REG LOC CLIENT SERVICE NAME 001 2009400 2009400 HUSTIU		CIPIENT ID PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 213098 1 S5125		UNITS AMOUNT 12.00 45.36 TOTAL 45.36 CLAIM ACCOUNT REF. 2130980012009400
REG LOC CLIENT SERVICE NAME 001 2010983 2010983 IRIMIA	BIRTH DATE REC	CIPIENT ID PRIOR AUTHORIZATION # C0360570
INV # LINE # PROCEDURE CODE	FROM DT THRU DT	UNITS AMOUNT

REPORT DATE 10/17 INPUT FILE = /VOL	/12 SUNNY 444/COMPSUP/HIPAAIN/E3202	ZSIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 7 2012101702101695
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213099 6	T1019	10/11/12 10/11/12 31.00 117.18 CLAIM TOTAL 721.98 CLAIM ACCOUNT REF. 2130990012010983
REG LOC CLIENT 001 2003254	SERVICE NAME 2003254 JIMENEZ	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # EUGENIA 03/15/1931 GNT04164400
INV # LINE # 213100 1 213100 2 213100 3 213100 4 213100 5 213100 6	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 10/06/12 10/06/12 42.00 158.76 10/07/12 10/07/12 46.00 173.88 10/08/12 10/08/12 46.00 173.88 10/09/12 10/09/12 46.00 173.88 10/11/12 10/11/12 46.00 173.88 10/11/12 10/11/12 42.00 158.76 CLAIM TOTAL 1,013.04 CLAIM ACCOUNT REF. 2131000012003254
REG LOC CLIENT 001 2006080	SERVICE NAME 2006080 JOHNSON	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # DOROTHY 03/14/1932 GNT04334500
INV # LINE # 213101 1 2 213101 3 213101 4 213101 5 213101 6 213101 7	PROCEDURE CODE \$5125 \$5125 \$5125 \$5125 \$5125 \$5125 \$5125 \$5125	FROM DT THRU DT UNITS AMOUNT 10/06/12 10/06/12 48.00 181.44 10/07/12 10/07/12 47.00 177.66 10/08/12 10/08/12 32.00 120.96 10/09/12 10/09/12 32.00 120.96 10/10/12 10/11/12 32.00 120.96 10/11/12 10/11/12 32.00 120.96 10/11/12 10/11/12 32.00 120.96 10/12/12 10/12/12 32.00 120.96 CLAIM TOTAL 963.90 CLAIM ACCOUNT REF. 2131010012006080
REG LOC CLIENT 001 2002713	SERVICE NAME 2002713 MANGRAY	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # KARMADA 02/10/1937 GNT04443200
INV # LINE # 213102 1 213102 2 213102 3 213102 4 213102 5	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 10/08/12 10/08/12 32.00 120.96 10/09/12 10/09/12 32.00 120.96 10/10/12 10/10/12 32.00 120.96 10/11/12 10/11/12 32.00 120.96 10/12/12 10/12/12 32.00 120.96 10/12/12 10/12/12 32.00 120.96 CLAIM TOTAL 604.80 CLAIM ACCOUNT REF. 2131020012002713
REG LOC CLIENT 001 2011498	SERVICE NAME 2011498 MARTIN	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # RUTH 08/25/1927 GNT06371400
INV # LINE # 213103 1 213103 2 213103 3	PROCEDURE CODE S5125 S5125 S5125	FROM DT THRU DT UNITS AMOUNT 10/06/12 10/06/12 24.00 90.72 10/07/12 10/07/12 24.00 90.72 10/09/12 10/09/12 24.00 90.72

REPORT DATE 10/17/1	2 SUNNY 4/COMPSID/HIDAATN/F3201	SIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 8
	17 COM BUT / HIT AATN / E3202	1012101702101075
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	S5125	10/11/12 10/11/12 24.00 90.72
213103 6	S5125	10/12/12 10/12/12 24.00 90.72
		CLAIM TOTAL 544.32 CLAIM ACCOUNT REF. 2131030012011498
REG LOC CLIENT	SERVICE NAME	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
001 2006830	2006830 MARTINEZ	EMMA 05/09/1920 GNT05091300
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	T1019	10/06/12 10/06/12 24.00 90.72
213104 2	T1019	10/08/12 10/08/12 24.00 90.72
213104 3	T1019	10/09/12 10/09/12 24.00 90.72
	T1019	10/10/12 10/10/12 24.00 90.72
	T1019	10/11/12 10/11/12 24.00 90.72
213104 6	T1019	10/12/12 10/12/12 24.00 90.72
		CLAIM TOTAL 544.32 CLAIM ACCOUNT REF. 2131040012006830
REG LOC CLIENT	SERVICE NAME	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
001 2009202	2009202 MARTINEZ	GLORIA 04/10/1937 GNT00444700
INV # LINE #	PROCEDURE CODE	FROM DT THRU DT UNITS AMOUNT
	S5125	10/09/12 10/09/12 20.00 75.60
	S5125	10/10/12 10/10/12 20.00 75.60
	S5125	10/11/12 10/11/12 20.00 75.60
213105 4	S5125	10/12/12 10/12/12 20.00 75.60
		CLAIM TOTAL 302.40 CLAIM ACCOUNT REF. 2131050012009202
REG LOC CLIENT	SERVICE NAME	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
001 2011036	2011036 MASSOL	PEDRO A 09/08/1934 GNT04564600
INV # LINE #	PROCEDURE CODE	FROM DT THRU DT UNITS AMOUNT
	S5125	10/08/12 10/08/12 44.00 166.32
	23123	CLAIM TOTAL 166.32 CLAIM ACCOUNT REF. 2131060012011036
REG LOC CLIENT 001 2011350	SERVICE NAME 2011350 MCOUAIL	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # MAUREEN 10/23/1934 GNT06367800
001 2011350	ZUII350 MCQUAIL	MAUREEN 10/25/1934 GN10030/000
INV # LINE #	PROCEDURE CODE	FROM DT THRU DT UNITS AMOUNT
	S5125	10/06/12 10/06/12 40.00 151.20
	S5125	10/07/12 10/07/12 40.00 151.20
	\$5125	10/08/12 10/08/12 40.00 151.20
	S5125	10/09/12 10/09/12 40.00 151.20
	S5125 S5125	10/10/12 $10/10/12$ 40.00 151.20 $10/11/12$ $10/11/12$ 40.00 151.20
	S5125	10/11/12 10/11/12 40.00 151.20
		CLAIM TOTAL 1,058.40 CLAIM ACCOUNT REF. 2131070012011350
	annua	
REG LOC CLIENT 001 2005943	SERVICE NAME 2005943 MICHEL	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # DOROTHY 06/05/1930 GNT03107500
001 2003943	Z003)43 MICREH	DOVOTHI 00/03/1520 GM10310/300
INV # LINE #	PROCEDURE CODE	FROM DT THRU DT UNITS AMOUNT
1		

REPORT DAT				SIDE CITYWIDE 01210170210169	5	HIPAA	DATA FII	LE REPORT (PHLT837/EDIS)	PAGE 9
SUBMITTER PROVIDER		NYSI 502051 SUNN	SUNNYSIDE IYSIDE			NPI	= 11544	107492	
213108 213108 213108 213108 213108 213108 213108	1 2 3 4 5 6	S5125 S5125 S5125 S5125 S5125 S5125 S5125		10/07/12 10/08/12 10/09/12 10/10/12 10/11/12	10/06/12 10/07/12 10/08/12 10/09/12 10/10/12 10/11/12 10/12/12 CLA	32.00 32.00 32.00 32.00 32.00 32.00	120.96 120.96 120.96 120.96 120.96 120.96 120.96 846.72	CLAIM ACCOUNT REF. 213108001	.2005943
REG LOC 001	CLIENT 2010425		NAME MONCRIEF		RTH DATE /29/1926	RECIPIENT ID GNT06140100	PRIOR	AUTHORIZATION #	
INV # 213109 213109 213109 213109 213109 213109 213109	LINE # 1 2 3 4 5 6	PROCEDURE C S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125	CODE	10/07/12 10/08/12 10/09/12 10/10/12 10/11/12	10/08/12 10/09/12 10/10/12 10/11/12 10/12/12	32.00 32.00 32.00 32.00 32.00	AMOUNT 120.96 120.96 120.96 120.96 120.96 120.96 120.96 846.72	CLAIM ACCOUNT REF. 213109001	.2010425
REG LOC 001	CLIENT 2010407		NAME MORA		RTH DATE /14/1931	RECIPIENT ID GNT06124800	PRIOR	AUTHORIZATION #	
INV # 213110	LINE # 1	PROCEDURE C	CODE	FROM DT 10/11/12		UNITS 16.00 IM TOTAL	AMOUNT 60.48 60.48	CLAIM ACCOUNT REF. 213110001	.2010407
REG LOC 001	CLIENT 2008149		NAME MOSCICKA		RTH DATE /07/1916	RECIPIENT ID GNT04975800	PRIOR	AUTHORIZATION #	
INV # 213111 213111 213111	LINE # 1 2 3	PROCEDURE C T1019 T1019 T1019	CODE	10/07/12	10/08/12	48.00	AMOUNT 181.44 181.44 120.96 483.84	CLAIM ACCOUNT REF. 213111001	.2008149
REG LOC 001	CLIENT 2002162		NAME MUSCAT		RTH DATE /28/1927	RECIPIENT ID GNT04082300	PRIOR	AUTHORIZATION #	
INV # 213112 213112 213112 213112 213112	LINE # 1 2 3 4 5	PROCEDURE C T1019 T1019 T1019 T1019 T1019	CODE	10/09/12	10/12/12	20.00 20.00 20.00	AMOUNT 75.60 75.60 75.60 75.60 75.60 378.00	CLAIM ACCOUNT REF. 213112001	.2002162
REG LOC 001	CLIENT 2006117		NAME NETTLES		RTH DATE /21/1955	RECIPIENT ID GNT04987100	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE C	CODE	FROM DT	THRU DT	UNITS	AMOUNT		

REPORT DATE 10/17/12 SUNN INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E320		DATA FILE REPORT (PHLT837/EDIS) PAGE 10
SUBMITTER ID = SUNNYSI SUNNYSIDE PROVIDER ID = 113502051 SUNNYSIDE		I = 1154407492
213113 1 S5125 213113 2 S5125	10/08/12 10/08/12 16.00 10/12/12 10/12/12 15.00 CLAIM TOTAL	60.48 56.70 117.18 CLAIM ACCOUNT REF. 2131130012006117
REG LOC CLIENT SERVICE NAME 001 2002531 2002531 NEWBOLD	BIRTH DATE RECIPIENT ID RAMONA 09/24/1934 GNT04415000	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE	FROM DT THRU DT UNITS	AMOUNT
213114 1 S5125	10/08/12 10/08/12 20.00	75.60
213114 2 S5125	10/09/12 10/09/12 20.00	75.60
213114 3 S5125 213114 4 S5125	10/10/12 10/10/12 20.00 10/11/12 10/11/12 20.00	75.60 75.60
213114 4 S3125 213114 5 S5125	10/11/12 10/11/12 20.00	75.60
2 2012	CLAIM TOTAL	378.00 CLAIM ACCOUNT REF. 2131140012002531
REG LOC CLIENT SERVICE NAME 001 2004768 2004768 NUNEZ	BIRTH DATE RECIPIENT ID ANGELIN 10/01/1946 GNT02920000	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE	FROM DT THRU DT UNITS	AMOUNT
213115 1 T1019	10/08/12 10/08/12 16.00	60.48
213115 2 T1019	10/09/12 10/09/12 16.00	60.48
213115 3 T1019 213115 4 T1019	10/10/12 10/10/12 16.00 10/11/12 10/11/12 16.00	60.48 60.48
213115 4 11019 213115 5 T1019	10/11/12 10/11/12 16.00	60.48
213113 3 11017	CLAIM TOTAL	302.40 CLAIM ACCOUNT REF. 2131150012004768
REG LOC CLIENT SERVICE NAME 001 2009392 2009392 NUNEZ	BIRTH DATE RECIPIENT ID 09/07/1963 GNT05481000	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE	FROM DT THRU DT UNITS	AMOUNT
213116 1 S5125	10/08/12 10/08/12 4.00	15.12
213116 2 S5125	10/09/12 10/09/12 4.00	15.12
213116 3 S5125	10/10/12 10/10/12 16.00	60.48
213116 4 S5125 213116 5 S5125	10/11/12 10/11/12 16.00 10/12/12 10/12/12 16.00	60.48 60.48
213110 3 33123	CLAIM TOTAL	211.68 CLAIM ACCOUNT REF. 2131160012009392
REG LOC CLIENT SERVICE NAME 001 2010198 2010198 ORLANDO	BIRTH DATE RECIPIENT ID 02/09/1923 GNT06098400	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE	FROM DT THRU DT UNITS	AMOUNT
213117 1 T1019	10/08/12 10/08/12 20.00	75.60
213117 2 T1019	10/09/12 10/09/12 20.00	75.60
213117 3 T1019 213117 4 T1019	10/10/12 10/10/12 20.00 10/11/12 10/11/12 20.00	75.60 75.60
213117 4 11019 213117 5 T1019	10/11/12 10/11/12 20.00	75.60
	CLAIM TOTAL	378.00 CLAIM ACCOUNT REF. 2131170012010198
REG LOC CLIENT SERVICE NAME 001 2005165 2005165 ORTIZ	BIRTH DATE RECIPIENT ID 07/04/1919 GNT03867300	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE	FROM DT THRU DT UNITS	AMOUNT

REPORT DATE 10/17/12 INPUT FILE = /VOL444/COMPSUP/1	SUNNYSIDE CITYWIDE	HIPAA 1	DATA FILE REPORT (PHLT837/EDIS) PAGE 11
INPUT FILE = /VOL444/COMPSUP/I	HIPAAIN/E3202012101702101695		
SUBMITTER ID = SUNNYSI PROVIDER ID = 113502051 SUNI	SUNNYSIDE NYSIDE	NPI	= 1154407492
213118	10/09/12 10/10/12	10/07/12 36.00 10/08/12 36.00 10/09/12 36.00 10/10/12 36.00 10/11/12 36.00	136.08 136.08 136.08 136.08 136.08 136.08 136.08 136.08 952.56 CLAIM ACCOUNT REF. 2131180012005165
REG LOC CLIENT SERVICE 001 2003087 2003087		TH DATE RECIPIENT ID 14/1923 GNT03006300	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE (213119 1 T1019 213119 2 T1019 213119 3 T1019 213119 4 T1019 213119 5 T1019	10/08/12 10/09/12 10/10/12	10/09/12 32.00 10/10/12 32.00 10/11/12 32.00	AMOUNT 120.96 120.96 120.96 120.96 120.96 120.96 604.80 CLAIM ACCOUNT REF. 2131190012003087
REG LOC CLIENT SERVICE 001 2009576 2009576		TH DATE RECIPIENT ID 16/1934 GNT04602500	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE (213120 1 S5125 213120 2 S5125 213120 3 S5125 213120 4 S5125 213120 5 S5125	10/06/12 10/07/12 10/08/12	10/07/12 44.00 10/08/12 44.00 10/09/12 44.00	AMOUNT 166.32 166.32 166.32 166.32 166.32 166.32 166.32 831.60 CLAIM ACCOUNT REF. 2131200012009576
REG LOC CLIENT SERVICE 001 2000140 2000140		TH DATE RECIPIENT ID 06/1978 GNT02097600	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE (213121 1 T1019 213121 2 T1019 213121 3 T1019 213121 4 T1019 213121 5 T1019 213121 6 T1019 213121 7 T1019	10/06/12 10/07/12 10/08/12 10/09/12 10/10/12	10/07/12 32.00 10/08/12 32.00 10/09/12 38.00 10/10/12 32.00 10/11/12 32.00	AMOUNT 120.96 120.96 120.96 143.64 120.96 120.96 120.96 120.96 120.96 869.40 CLAIM ACCOUNT REF. 2131210012000140
REG LOC CLIENT SERVICE 001 2009232 2009232		TH DATE RECIPIENT ID 04/1931 93703475500	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE (213122 1 T1019 213122 2 T1019 213122 3 T1019	10/08/12	10/09/12 24.00	AMOUNT 90.72 90.72 90.72

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 12
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012101702101695

SUBMITTER ID = SUNNYSI SUNNYSIDE
PROVIDER ID = 113502051 SUNNYSIDE NPI = 1154407492

213122 4 T1019 10/11/12 10/11/12 24.00 90.72 CLAIM TOTAL 362.88 CLAIM ACCOUNT REF. 2131220012009232

										· · · · · · · · · · · · · · · · · · ·
REG	LOC 001	CLIENT 2011411	SERVICE 2011411	NAME PICHARDO	MARIA		RTH DATE /14/1923	RECIPIENT ID GNT02908700	PRIOR	AUTHORIZATION #
INV 2131 2131 2131 2131 2131 2131 2131	.23 .23 .23 .23 .23 .23	LINE # 1 2 3 4 5 6 7	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019 T1019	CODE	10/0 10/0 10/0 10/1 10/1	6/12 7/12 8/12 9/12 0/12 1/12	THRU DT 10/06/12 10/07/12 10/08/12 10/09/12 10/10/12 10/11/12 10/12/12 CLA	36.00 36.00 36.00 36.00 36.00	AMOUNT 136.08 136.08 136.08 136.08 136.08 136.08 952.56	
REG	LOC 001	CLIENT 2010606	SERVICE 2010606	NAME PINILLA	VICTOR		RTH DATE /23/1933	RECIPIENT ID GNT05972000	PRIOR	AUTHORIZATION #
INV 2131 2131 2131 2131 2131 2131 2131	24 24 24 24 24 24 24	LINE # 1 2 3 4 5 6 7	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125	CODE	10/0 10/0 10/0 10/1 10/1	6/12 17/12 18/12 19/12 10/12	THRU DT 10/06/12 10/07/12 10/08/12 10/09/12 10/10/12 10/11/12 10/11/12 CLA	20.00 20.00 20.00 20.00 20.00	AMOUNT 75.60 75.60 75.60 75.60 75.60 75.60 75.60 529.20	
REG	LOC 001	CLIENT 2002109	SERVICE 2002109	NAME PROANO	ALICIA		RTH DATE /18/1924	RECIPIENT ID 93700845900	PRIOR	AUTHORIZATION #
INV 2131 2131 2131 2131 2131 2131 2131	25 25 25 25 25 25 25	LINE # 1 2 3 4 5 6 7	PROCEDURE \$5125 TT \$5125 TT \$5125 TT \$5125 TT \$5125 TT \$5125 TT \$5125 TT	CODE	10/0 10/0 10/0 10/1 10/1	6/12 17/12 18/12 19/12 10/12 1/12	THRU DT 10/06/12 10/07/12 10/08/12 10/09/12 10/10/12 10/11/12 10/12/12 CLA	12.00 12.00 12.00 12.00 12.00	AMOUNT 48.36 48.36 48.36 48.36 48.36 48.36 338.52	
REG	LOC 001	CLIENT 2007728	SERVICE 2007728	NAME PROANO	BRUNO		RTH DATE /06/1918	RECIPIENT ID GNT04361600	PRIOR	AUTHORIZATION #
INV 2131 2131 2131 2131 2131	.26 .26 .26 .26	LINE # 1 2 3 4 5	PROCEDURE S5125 TT S5125 TT S5125 TT S5125 TT S5125 TT	CODE	10/0 10/0 10/0	6/12 7/12 8/12 9/12	THRU DT 10/06/12 10/07/12 10/08/12 10/09/12 10/10/12	16.00 20.00 20.00	AMOUNT 64.48 64.48 80.60 80.60	

	TE 10/17/ E = /VOL4			SIDE CITYWIDE 012101702101695		HIPAA	DATA FII	LE REPORT (PHLT837/EDIS) PAGE 13
	ID = SUN ID = 113	NYSI 502051 SUNN	SUNNYSIDE YSIDE			NPI	= 11544	407492
213126 213126	6 7	S5125 TT S5125 TT		10/11/12 10/12/12	10/12/12		80.60 80.60 531.96	CLAIM ACCOUNT REF. 2131260012007728
REG LOC 001	CLIENT 2010917		NAME RAMOS		TH DATE 03/1940	RECIPIENT ID GNT06205800	PRIOR	AUTHORIZATION #
INV # 213127 213127 213127	LINE # 1 2 3	PROCEDURE C T1019 T1019 T1019	ODE	FROM DT 10/08/12 10/10/12 10/11/12	10/10/12 10/11/12	16.00	AMOUNT 60.48 60.48 60.48 181.44	CLAIM ACCOUNT REF. 2131270012010917
REG LOC 001	CLIENT 2010409		NAME RAMOS		TH DATE 21/1933	RECIPIENT ID GNT06136400	PRIOR	AUTHORIZATION #
INV # 213128 213128 213128 213128	LINE # 1 2 3 4	PROCEDURE C T1019 T1019 T1019 T1019	ODE	FROM DT 10/09/12 10/10/12 10/11/12 10/12/12	10/10/12 10/11/12 10/12/12	16.00 12.00	AMOUNT 60.48 60.48 45.36 60.48 226.80	CLAIM ACCOUNT REF. 2131280012010409
REG LOC 001	CLIENT 2008453		NAME RESTULA		TH DATE 15/1929	RECIPIENT ID GNT05473100	PRIOR	AUTHORIZATION #
INV # 213129 213129 213129 213129 213129	LINE # 1 2 3 4 5	PROCEDURE C S5125 S5125 S5125 S5125 S5125	ODE	FROM DT 10/08/12 10/09/12 10/10/12 10/11/12 10/12/12	10/09/12 10/10/12 10/11/12 10/12/12	14.00 16.00 16.00	AMOUNT 60.48 52.92 60.48 60.48 294.84	CLAIM ACCOUNT REF. 2131290012008453
REG LOC 001	CLIENT 1997785		NAME RIVAS		TH DATE 14/1931	RECIPIENT ID GNT00533400	PRIOR	AUTHORIZATION #
INV # 213130 213130 213130 213130 213130	LINE # 1 2 3 4 5	PROCEDURE C S5125 S5125 S5125 S5125 S5125	ODE	FROM DT 10/08/12 10/09/12 10/10/12 10/11/12 10/12/12	10/09/12 10/10/12 10/11/12 10/12/12	24.00 24.00 24.00	AMOUNT 90.72 90.72 90.72 90.72 90.72 453.60	CLAIM ACCOUNT REF. 2131300011997785
REG LOC 001	CLIENT 2011491		NAME RIVERA		TH DATE 23/1943	RECIPIENT ID GNT06231700		AUTHORIZATION #
INV # 213131 213131	LINE # 1 2	PROCEDURE C S5125 S5125	ODE	FROM DT 10/08/12 10/10/12			AMOUNT 15.12 15.12	

REPORT DATE 10/17/12	SUNNY	SIDE CITYWIDE 012101702101695	HIPAA	DATA FILE	REPORT (PHLT837/EDIS)	PAGE 14
INPUT FILE - / VOL444	/ COMPSUP/ HIPAAIN/ E3202	012101702101093				
SUBMITTER ID = SUNNY	SI SUNNYSIDE					
PROVIDER ID = 11350	2051 SUNNYSIDE		NPI	= 1154407	7492	
010101	51.05	70/77/70 70/77/7	16.00	60.40		
	5125	10/11/12 10/11/12 10/12/12 10/12/12	16.00	60.48		
213131 4 S	5125	10/12/12 10/12/12	IN TOTAL	60.48 151.20	CLAIM ACCOUNT REF. 2	0121210012011401
		CLIF	IIM IOIAL	151.20	CLAIM ACCOUNT REF. 2	1131310012011491
REG LOC CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AU	THORIZATION #	
	2010412 RODRIGUEZ		GNT06115800			
	ROCEDURE CODE	FROM DT THRU DT	UNITS	AMOUNT		
	1019	10/06/12 10/06/12	16.00	60.48		
	1019	10/07/12 10/07/12	16.00	60.48		
	1019	10/08/12 10/08/12	16.00	60.48		
	'1019 '1019	10/09/12 10/09/12	16.00 16.00	60.48 60.48		
	1019	10/10/12 10/10/12	16.00	60.48		
	1019	10/06/12 10/06/12 10/06/12 10/06/12 10/07/12 10/07/12 10/08/12 10/08/12 10/09/12 10/09/12 10/10/12 10/10/12 10/11/12 10/11/12 10/12/12 10/12/12	16.00	60.48		
213132 / 1	1019	10/12/12 10/12/12 CT.A	IM TOTAL	423.36	CLAIM ACCOUNT REF. 2	2131320012010412
		321		120.00		.131320012010112
	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AU	JTHORIZATION #	
001 2007969	2007969 RODRIGUEZ	HOLGER 10/27/1938	GNT05256300			
	ROCEDURE CODE	FROM DT THRU DT 10/06/12 10/06/12 10/07/12 10/07/12 10/08/12 10/08/12 10/09/12 10/09/12 10/10/12 10/10/12 10/11/12 10/11/12	UNITS	AMOUNT		
	1019	10/06/12 10/06/12	36.00	136.08		
	1019 1019	10/07/12 10/07/12	36.00 36.00	136.08 136.08		
	1019	10/08/12 10/08/12	36.00	136.08		
	1019	10/09/12 10/09/12	36.00	136.08		
	1019	10/10/12 10/10/12	36.00	136.08		
	1019	10/12/12 10/12/12	36.00	136.08		
		CLA	IM TOTAL	952.56	CLAIM ACCOUNT REF. 2	2131330012007969
	SERVICE NAME	BIRTH DATE		PRIOR AU	THORIZATION #	
001 2006650	2006650 ROJAS	ANGEL 01/22/1923	GNT04856900			
INV # LINE # P	ROCEDURE CODE	FROM DT THRU DT	UNITS	AMOUNT		
	S5125 TT	10/08/12 10/08/12		48.36		
	5125 TT	10/09/12 10/09/12		48.36		
	5125 TT	10/10/12 10/10/12		48.36		
	5125 TT	10/11/12 10/11/12		48.36		
	5125 TT	10/12/12 10/12/12		48.36		
		CLA	IM TOTAL	241.80	CLAIM ACCOUNT REF. 2	2131340012006650
	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AU	JTHORIZATION #	
001 2006651	2006651 ROJAS	HAYDEE 02/15/1935	GNT04856800			
INV # LINE # P	ROCEDURE CODE	FROM DT THRU DT	UNITS	AMOUNT		
	S5125 TT	10/08/12 10/08/12		64.48		
	5125 TT	10/09/12 10/09/12		64.48		
	5125 TT	10/10/12 10/10/12		64.48		
213135 4 S	5125 TT	10/11/12 10/11/12		64.48		
213135 5 S	5125 TT	10/12/12 10/12/12	16.00	64.48		
		CLA	IM TOTAL	322.40	CLAIM ACCOUNT REF. 2	2131350012006651

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 15

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012101702101695

SUBMITTER ID = SUNNYSI SUNNYSIDE

PROVIDER ID =	113502051	SUNNYSIDE	NPI = 1154407492

F	REG	LOC 001	CLIENT 2006828	SERVICE 2006828	NAME RUBIANO	MARIA		RTH DATE 12/1925	RECIPIENT ID GNT03390400	PRIOR	AUTHORIZATION #
	IN 213: 213: 213: 213: 213:	136 136 136 136	LINE # 1 2 3 4 5	PROCEDURE S5125 S5125 S5125 S5125 S5125	CODE	10/0 10/1 10/1	8/12 9/12 0/12 1/12	THRU DT 10/08/12 10/09/12 10/10/12 10/11/12 10/12/12 CLA	16.00 16.00 16.00	AMOUNT 60.48 60.48 60.48 60.48 302.40	
F	REG	LOC 001	CLIENT 2003430	SERVICE 2003430	NAME SALJANIN	DILJA		RTH DATE 05/1922	RECIPIENT ID GNT03006000	PRIOR	AUTHORIZATION #
	IN 213: 213: 213: 213: 213: 213: 213: 213:	137 137 137 137	LINE # 1 2 3 4 5	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019	CODE	10/0 10/0 10/0 10/1	6/12 7/12 8/12 9/12 0/12	THRU DT 10/06/12 10/07/12 10/08/12 10/09/12 10/10/12 10/11/12 CLA	36.00 36.00	AMOUNT 120.96 120.96 136.08 136.08 136.08 136.24	
F	REG	LOC 001	CLIENT 1997789	SERVICE 1997789	NAME SANCHEZ	ELIZABE		RTH DATE '03/1956	RECIPIENT ID GNT00370600	PRIOR	AUTHORIZATION #
	IN 213: 213: 213: 213: 213: 213: 213: 213:	138 138 138 138 138	LINE # 1 2 3 4 5 6 7	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019 T1019	CODE	10/0 10/0 10/0 10/1 10/1	6/12 7/12 8/12 9/12 0/12		UNITS 16.00 16.00 28.00 28.00 28.00 28.00 28.00 28.00 IM TOTAL	AMOUNT 60.48 60.48 105.84 105.84 105.84 105.84 650.16	
F	REG	LOC 001	CLIENT 2002124	SERVICE 2002124	NAME SHELTON	AGUEDA		RTH DATE '05/1919	RECIPIENT ID GNT03123900	PRIOR	AUTHORIZATION #
	IN 213: 213: 213: 213: 213: 213: 213: 213:	139 139 139 139 139	LINE # 1 2 3 4 5 6 7	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019 T1019	CODE	10/0 10/0 10/0 10/1 10/1	3/12 7/12 8/12 9/12 0/12 1/12	THRU DT 10/03/12 10/07/12 10/08/12 10/09/12 10/10/12 10/11/12 10/12/12 CLA	UNITS 28.00 28.00 28.00 28.00 28.00 28.00 28.00 27.00 IM TOTAL	AMOUNT 105.84 105.84 105.84 105.84 105.84 105.84 102.06 737.10	
F	REG	LOC 001	CLIENT 2008885	SERVICE 2008885	NAME SOMRAJ	UMILLA		RTH DATE 24/1973	RECIPIENT ID GNT03813900	PRIOR	AUTHORIZATION #
	IN	V #	LINE #	PROCEDURE	CODE	FROM	T DT	THRU DT	UNITS	AMOUNT	

REPORT DA	TE 10/17/	12	S	UNNYSIDE CITYWIDE		HIPAA	DATA FI	LE REPORT (PHLT837/EDIS)	PAGE 16
INPUT FIL	E = /VOL4	44/COMPSUP	/HIPAAIN/E	UNNYSIDE CITYWIDE 3202012101702101695					
SUBMITTER			SUNNY	SIDE					
PROVIDER	ID = 113	502051 SUI	NNYSIDE			NPI	I = 1154 ⁴	407492	
213140	1	S5125		10/07/12			60.48		
213140 213140	2	S5125 S5125		10/09/12 10/11/12			60.48 60.48		
						IM TOTAL	181.44	CLAIM ACCOUNT REF. 2131	400012008885
REG LOC	CLIENT	SERVICE	NAME	BIRT	TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #	
001	2011050	2011050	TROISI	DELIA 12/3	30/1925	GNT06177500			
INV #	LINE #	PROCEDURE	CODE		THRU DT	UNITS	AMOUNT		
213141	1	T1019		10/06/12			120.96		
213141	2	T1019 T1019		10/08/12			120.96		
213141 213141	4	T1019 T1019		10/09/12 10/10/12			120.96 120.96		
213141	5	T1019		10/10/12			120.96		
213141	6	T1019		10/12/12			120.96		
						IM TOTAL	725.76	CLAIM ACCOUNT REF. 2131	410012011050
REG LOC 001	CLIENT 2011483	SERVICE 2011483	NAME VARGAS		TH DATE 23/1965	RECIPIENT ID GNT02027100	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
213142	1	T1019		10/09/12			41.58		
213142	2	T1019		10/10/12			45.36		
213142	3	T1019		10/11/12	- ,	24.00 IM TOTAL	90.72 177.66	CLAIM ACCOUNT REF. 2131	420012011483
	GT T. T. T. T.	G=D111 G=		2.22					
REG LOC 001	CLIENT 2008200	SERVICE 2008200	NAME VLAHOS		TH DATE 04/1932	GNT04780800	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
213143	1	S5125		10/06/12			181.44		
213143	2	S5125		10/07/12			181.44		
213143	3	S5125		10/08/12			120.96		
213143 213143	4 5	S5125 S5125		10/10/12			120.96 120.96		
213143	5 6	S5125 S5125		10/11/12 10/12/12			120.96		
213113	· ·	53123		10/12/12		IM TOTAL	846.72	CLAIM ACCOUNT REF. 2131	430012008200
REG LOC	CLIENT	SERVICE	NAME	BIRT	TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #	
001	2008892	2008892	WEISZ	KLARA 06/2	27/1920	GNT04606900			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
213144	1	S5125		10/08/12			60.48		
213144	2	S5125		10/10/12			60.48		
					CLA	IM TOTAL	120.96	CLAIM ACCOUNT REF. 2131	.440012008892
REG LOC 001	CLIENT 2009618	SERVICE 2009618	NAME WEST		TH DATE 14/1933	RECIPIENT ID GNT05953700	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE		THRU DT	UNITS	AMOUNT		
213145	1	T1019		10/08/12	10/08/12	16.00	60.48		

REPORT DATE 10/17/2 INPUT FILE = /VOL4	12 SUNN 44/COMPSUP/HIPAAIN/E320:	YSIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 17 2012101702101695
SUBMITTER ID = SUNI PROVIDER ID = 113		NPI = 1154407492
213145 2 213145 3 213145 4 213145 5	T1019 T1019 T1019 T1019	10/09/12 10/09/12 16.00 60.48 10/10/12 10/10/12 16.00 60.48 10/11/12 10/11/12 16.00 60.48 10/12/12 10/12/12 16.00 60.48 CLAIM TOTAL 302.40 CLAIM ACCOUNT REF. 2131450012009618
REG LOC CLIENT 001 2003177	SERVICE NAME 2003177 WHITLEY	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # MYRNA 07/04/1950 GNT04373700
INV # LINE # 213146 1 213146 2 213146 3 213146 4 213146 5 213146 6	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 10/03/12 10/03/12 16.00 60.48 10/04/12 10/04/12 16.00 60.48 10/08/12 10/08/12 16.00 60.48 10/09/12 10/09/12 16.00 60.48 10/10/12 10/10/12 16.00 60.48 10/11/12 10/11/12 16.00 60.48 10/11/12 10/11/12 16.00 60.48 10/11/12 10/11/12 16.00 60.48 CLAIM TOTAL 362.88 CLAIM ACCOUNT REF. 2131460012003177
REG LOC CLIENT 001 2006152	SERVICE NAME 2006152 YI	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # CARLOS 04/16/1959 GNT04057700
INV # LINE # 213147 1 213147 2 213147 3 213147 4 213147 5 213147 6	PROCEDURE CODE \$5125 \$5125 \$5125 \$5125 \$5125 \$5125 \$5125	FROM DT THRU DT UNITS AMOUNT 10/06/12 10/06/12 16.00 60.48 10/08/12 10/08/12 16.00 60.48 10/09/12 10/09/12 16.00 60.48 10/10/12 10/10/12 16.00 60.48 10/11/12 10/11/12 16.00 60.48 10/11/12 10/11/12 16.00 60.48 10/12/12 10/12/12 16.00 60.48 10/12/12 10/12/12 16.00 60.48 CLAIM TOTAL 362.88 CLAIM ACCOUNT REF. 2131470012006152
REG LOC CLIENT 001 2005645	SERVICE NAME 2005645 YIANTSELIS	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # VIRGINI 02/05/1930 GNT04795200
INV # LINE # 213148 1 213148 2 213148 3 213148 4 213148 5 213148 6 213148 7	PROCEDURE CODE T1020 T1020 T1020 T1020 T1020 T1020 T1020	FROM DT THRU DT UNITS AMOUNT 10/06/12 10/06/12 1.00 196.56 10/07/12 10/07/12 1.00 196.56 10/08/12 10/08/12 1.00 196.56 10/09/12 10/09/12 1.00 196.56 10/10/12 10/10/12 1.00 196.56 10/11/12 10/11/12 1.00 196.56 10/11/12 10/11/12 1.00 196.56 10/12/12 10/12/12 1.00 196.56 10/12/12 10/12/12 1.00 196.56 CLAIM TOTAL 1.375.92 CLAIM ACCOUNT REF. 2131480012005645
REG LOC CLIENT 001 2009849	SERVICE NAME 2009849 ZARE	CLAIM TOTAL 1,375.92 CLAIM ACCOUNT REF. 2131480012005645 BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # GLORIA 05/07/1943 GNT03716600
INV # LINE # 213149 1	PROCEDURE CODE S5125	FROM DT THRU DT UNITS AMOUNT 10/01/12 10/01/12 8.00 30.24 CLAIM TOTAL 30.24 CLAIM ACCOUNT REF. 2131490012009849
REG LOC CLIENT 001 1999328	SERVICE NAME 1999328 ZUMAETA	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # FANNY 04/09/1936 GNT03663500
INV # LINE #	PROCEDURE CODE	FROM DT THRU DT UNITS AMOUNT

REPORT DAT	- , ,		SUNNYSID SUP/HIPAAIN/E3202012	E CITYWIDE 2101702101695	5	H	IPAA DATA FILE REPORT	(PHLT837/EDI	S) PAGE	18
SUBMITTER PROVIDER			SUNNYSIDE SUNNYSIDE				NPI = 1154407492			
PROVIDER	10 - 11.	3302031	SUNNISIDE				NPI = 1134407492			
213150	1	T1019		10/06/12	10/06/12	28.00	105.84			
213150	2	T1019		10/07/12	10/07/12	28.00	105.84			
213150	3	T1019		10/08/12	10/08/12	40.00	151.20			
213150	4	T1019		10/09/12	10/09/12	40.00	151.20			
213150	5	T1019		10/10/12	10/10/12	40.00	151.20			
213150	6	T1019		10/11/12	10/11/12	40.00	151.20			
213150	7	T1019		10/12/12	10/12/12	40.00	151.20			
					CLAIM	I TOTAL	967.68 CLAI	M ACCOUNT REF	. 2131500011999	328
PROVIDER	TOTALS,	ID =	113502051 TOT	AL # OF CLAI	MS = 42	20	TOTAL CLAIM	AMOUNT =	43,177.22	

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 19
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SUBMITTER ID = SUNNYSI SUNNYSIDE

PROVIDER ID = 113502051 SUNNYSIDE NPI = 1154407492

SUBMITTER TOTALS, ID = SUNNYSI TOTAL # OF CLAIMS = 420 TOTAL CLAIM AMOUNT = 43,177.22