

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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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
258136	1	T1020		08/20/13	08/20/13	6.00	101.22
258136	2	T1020		08/31/13	08/31/13	11.00	185.57
258136	3	T1020		09/02/13	09/02/13	6.00	101.22
258136	4	T1020		09/03/13	09/03/13	6.00	101.22
258136	5	T1020		09/04/13	09/04/13	6.00	101.22
258136	6	T1020		09/05/13	09/05/13	6.00	101.22
258136	7	T1020		09/06/13	09/06/13	6.00	101.22
CLAIM TOTAL							792.89
CLAIM ACCOUNT REF.							2581360012008267SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008268 2008268 PANOS, DESPINA D 05/11/1950 641269987 111800517
DIAGNOSIS CODES: 340. 345.90 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258131	1	T1020		08/31/13	08/31/13	9.00	151.83
258131	2	T1020		09/01/13	09/01/13	9.00	151.83
258131	3	T1020		09/02/13	09/02/13	9.00	151.83
258131	4	T1020		09/03/13	09/03/13	9.00	151.83
258131	5	T1020		09/04/13	09/04/13	9.00	151.83
258131	6	T1020		09/05/13	09/05/13	9.00	151.83
258131	7	T1020		09/06/13	09/06/13	9.00	151.83
CLAIM TOTAL							1,062.81
CLAIM ACCOUNT REF.							2581310012008268SUP

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
258128	1	T1020		08/31/13	08/31/13	7.00	118.09
CLAIM TOTAL							118.09
CLAIM ACCOUNT REF.							2581280012008306SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008386 2008386 BATISTA, JOSE 07/20/1950 741700387 120820411
DIAGNOSIS CODES: 344.1 250.00 401.9 599.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258124	1	T1020		08/31/13	08/31/13	7.00	118.09
258124	2	T1020		09/01/13	09/01/13	7.00	118.09
258124	3	T1020		09/04/13	09/04/13	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	
258124	4	T1020		09/05/13	09/05/13	7.00	118.09	
258124	5	T1020		09/06/13	09/06/13	7.00	118.09	
						CLAIM TOTAL	590.45	CLAIM ACCOUNT REF. 2581240012008386SUP

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	
258135	1	T1020		09/03/13	09/03/13	8.00	134.96	
258135	2	T1020		09/04/13	09/04/13	9.00	151.83	
258135	3	T1020		09/05/13	09/05/13	5.00	84.35	
258135	4	T1020		09/06/13	09/06/13	8.00	134.96	
						CLAIM TOTAL	506.10	CLAIM ACCOUNT REF. 2581350012008400SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008376	2010712	LITMAN, GAIL	10/23/1952	74146355500	130631283
DIAGNOSIS	CODES:	401.9	780.2	V12.54			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258129	1	T1020		08/31/13	08/31/13	4.00	67.48	
258129	2	T1020		09/02/13	09/02/13	5.00	84.35	
258129	3	T1020		09/04/13	09/04/13	5.00	84.35	
258129	4	T1020		09/05/13	09/05/13	5.00	84.35	
						CLAIM TOTAL	320.53	CLAIM ACCOUNT REF. 2581290012010712SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010777	2013021	ORTIZ, EDUARDO	03/20/1938	74192987700	130932078
DIAGNOSIS	CODES:	715.00	250.00	253.5	733.09		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258130	1	T1020		08/19/13	08/19/13	7.00	118.09	
258130	2	T1020		09/02/13	09/02/13	7.00	118.09	
258130	3	T1020		09/03/13	09/03/13	7.00	118.09	
258130	4	T1020		09/04/13	09/04/13	7.00	118.09	
258130	5	T1020		09/05/13	09/05/13	7.00	118.09	
258130	6	T1020		09/06/13	09/06/13	7.00	118.09	
						CLAIM TOTAL	708.54	CLAIM ACCOUNT REF. 2581300012013021SUP

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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 2013080 2013080 SALABERRY, ANA 07/26/1920 74237467100 130780781
DIAGNOSIS CODES: 401.9 427.89 536.9 780.93 711.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258133	1	T1020		08/31/13	08/31/13	12.00	202.44
CLAIM TOTAL							202.44
CLAIM ACCOUNT REF.							2581330012013080SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013080 2013080 SALABERRY, ANA 07/26/1920 74237467100 130780781
DIAGNOSIS CODES: 401.9 427.89 536.9 780.93 711.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258134	1	T1020		09/01/13	09/01/13	12.00	202.44
258134	2	T1020		09/02/13	09/02/13	12.00	202.44
258134	3	T1020		09/03/13	09/03/13	12.00	202.44
258134	4	T1020		09/04/13	09/04/13	12.00	202.44
258134	5	T1020		09/05/13	09/05/13	12.00	202.44
258134	6	T1020		09/06/13	09/06/13	12.00	202.44
CLAIM TOTAL							1,214.64
CLAIM ACCOUNT REF.							2581340012013080SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012726 2013422 GARCIA, CLEMENTE 11/22/1928 74237634600 130731588
DIAGNOSIS CODES: 331.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258126	1	T1020		08/31/13	08/31/13	12.00	202.44
CLAIM TOTAL							202.44
CLAIM ACCOUNT REF.							2581260012013422SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012726 2013422 GARCIA, CLEMENTE 11/22/1928 74237634600 130731588
DIAGNOSIS CODES: 331.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258127	1	T1020		09/01/13	09/01/13	12.00	202.44
258127	2	T1020		09/02/13	09/02/13	12.00	202.44
258127	3	T1020		09/03/13	09/03/13	12.00	202.44
258127	4	T1020		09/04/13	09/04/13	12.00	202.44
258127	5	T1020		09/05/13	09/05/13	12.00	202.44
258127	6	T1020		09/06/13	09/06/13	12.00	202.44
CLAIM TOTAL							1,214.64
CLAIM ACCOUNT REF.							2581270012013422SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #
132260570

CLAIM ACCOUNT REF. 2581320012013910SUP

PRIOR AUTHORIZATION #
132460849

CLAIM ACCOUNT REF. 2581250012014032SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	56	TOTAL CLAIM AMOUNT =	7,726.46
		# SERVICES =	11		

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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 0106201390068
DIAGNOSIS CODES: 356.9 348.2 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258161	1	T1019		08/31/13	08/31/13	4.00	68.60
258161	2	T1019		09/01/13	09/01/13	4.00	68.60
258161	3	T1019		09/02/13	09/02/13	12.00	205.80
258161	4	T1019		09/03/13	09/03/13	12.00	205.80
258161	5	T1019		09/04/13	09/04/13	12.00	205.80
258161	6	T1019		09/05/13	09/05/13	12.00	205.80
258161	7	T1019		09/06/13	09/06/13	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2581610012008233SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008236 2008236 PERSAD, USHA 07/05/1955 TS79090G 0105221390339
DIAGNOSIS CODES: 250.10 272.0 401.9 225.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258166	1	T1019		08/27/13	08/27/13	11.00	188.65
258166	2	T1019		08/31/13	08/31/13	8.00	137.20
258166	3	T1019		09/01/13	09/01/13	8.00	137.20
258166	4	T1019		09/02/13	09/02/13	11.00	188.65
258166	5	T1019		09/03/13	09/03/13	11.00	188.65
258166	6	T1019		09/04/13	09/04/13	11.00	188.65
258166	7	T1019		09/05/13	09/05/13	11.00	188.65
258166	8	T1019		09/06/13	09/06/13	5.00	85.75
CLAIM TOTAL						1,303.40	CLAIM ACCOUNT REF. 2581660012008236SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008385 2008385 MURDOCK, GERTRUDE 11/01/1917 SS71357M 0106251390383
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
258164	1	T1019		09/02/13	09/02/13	10.00	171.50
258164	2	T1019		09/03/13	09/03/13	10.00	171.50
258164	3	T1019		09/04/13	09/04/13	10.00	171.50
258164	4	T1019		09/05/13	09/05/13	8.00	137.20
258164	5	T1019		09/06/13	09/06/13	9.00	154.35
CLAIM TOTAL						806.05	CLAIM ACCOUNT REF. 2581640012008385SUP

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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 0104191390258
DIAGNOSIS CODES: 401.9 250.00 272.0 278.00 295.00 311. 780.57

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258167	1	T1019		09/02/13	09/02/13	8.00	137.20
258167	2	T1019		09/03/13	09/03/13	8.00	137.20
258167	3	T1019		09/04/13	09/04/13	8.00	137.20
258167	4	T1019		09/05/13	09/05/13	8.00	137.20
258167	5	T1019		09/06/13	09/06/13	8.00	137.20
CLAIM TOTAL							686.00
CLAIM ACCOUNT REF.							2581670012008418SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258168	1	T1019		08/25/13	08/25/13	5.00	85.75
258168	2	T1019		08/31/13	08/31/13	5.00	85.75
258168	3	T1019		09/01/13	09/01/13	5.00	85.75
258168	4	T1019		09/02/13	09/02/13	5.00	85.75
258168	5	T1019		09/03/13	09/03/13	5.00	85.75
258168	6	T1019		09/05/13	09/05/13	5.00	85.75
258168	7	T1019		09/06/13	09/06/13	5.00	85.75
CLAIM TOTAL							600.25
CLAIM ACCOUNT REF.							2581680012009377SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008279 2010213 VALLE, BLASINA 02/03/1929 QG00558G 0107111390405
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
258170	1	T1019		08/22/13	08/22/13	10.00	171.50
258170	2	T1019		08/23/13	08/23/13	10.00	171.50
258170	3	T1019		08/31/13	08/31/13	10.00	171.50
258170	4	T1019		09/02/13	09/02/13	10.00	171.50
258170	5	T1019		09/03/13	09/03/13	10.00	171.50
258170	6	T1019		09/04/13	09/04/13	10.00	171.50
258170	7	T1019		09/05/13	09/05/13	10.00	171.50
258170	8	T1019		09/06/13	09/06/13	10.00	171.50
CLAIM TOTAL							1,372.00
CLAIM ACCOUNT REF.							2581700012010213SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010886 2010886 OSORIO, ELVIA 07/05/1943 SM10426S 01-081613-904-64
DIAGNOSIS CODES: 253.5 272.4 354.0 401.9 733.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258165	1	T1019		08/31/13	08/31/13	5.00	85.75
258165	2	T1019		09/02/13	09/02/13	5.00	85.75
258165	3	T1019		09/03/13	09/03/13	5.00	85.75
258165	4	T1019		09/04/13	09/04/13	5.00	85.75
258165	5	T1019		09/05/13	09/05/13	5.00	85.75
258165	6	T1019		09/06/13	09/06/13	5.00	85.75
CLAIM TOTAL							514.50
CLAIM ACCOUNT REF.							2581650012010886SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011286 2011286 DOBBINS, SANDRA 02/05/1953 ZA50099X 0105141390497
DIAGNOSIS CODES: 295.90 369.10 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258162	1	T1019		08/31/13	08/31/13	24.00	411.60
258162	2	T1019		09/01/13	09/01/13	24.00	411.60
258162	3	T1019		09/02/13	09/02/13	24.00	411.60
258162	4	T1019		09/03/13	09/03/13	24.00	411.60
258162	5	T1019		09/04/13	09/04/13	24.00	411.60
258162	6	T1019		09/05/13	09/05/13	24.00	411.60
258162	7	T1019		09/06/13	09/06/13	24.00	411.60
CLAIM TOTAL							2,881.20
CLAIM ACCOUNT REF.							2581620012011286SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013185 2013185 GOMEZ, LUZ 02/18/1942 523000131 0106061390004
DIAGNOSIS CODES: 295.90 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258163	1	T1019		08/31/13	08/31/13	8.00	137.20
258163	2	T1019		09/01/13	09/01/13	8.00	137.20
258163	3	T1019		09/02/13	09/02/13	8.00	137.20
258163	4	T1019		09/03/13	09/03/13	8.00	137.20
258163	5	T1019		09/04/13	09/04/13	8.00	137.20
258163	6	T1019		09/05/13	09/05/13	8.00	137.20
258163	7	T1019		09/06/13	09/06/13	8.00	137.20
CLAIM TOTAL							960.40
CLAIM ACCOUNT REF.							2581630012013185SUP

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NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013663	2013663	TILAK, VEERAMA	01/01/1933	523000176	0106281390150

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258169	1	T1019		08/24/13	08/24/13	5.00	85.75	
258169	2	T1019		08/27/13	08/27/13	5.00	85.75	
258169	3	T1019		08/28/13	08/28/13	5.00	85.75	
258169	4	T1019		08/29/13	08/29/13	5.00	85.75	
258169	5	T1019		08/30/13	08/30/13	5.00	85.75	
					CLAIM TOTAL		428.75	CLAIM ACCOUNT REF. 2581690012013663SUP

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	65	TOTAL CLAIM AMOUNT =	10,718.75
		# SERVICES =	10		

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 13334 AFFINITY HEALTH

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008303 2013681 WILSON, SHERYL 08/28/1956 13060338700 0713E2553
DIAGNOSIS CODES: 737.39 344.9 493.90 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258160	1	T1019		07/01/13	07/01/13	24.00	144.00
258160	2	T1019		07/02/13	07/02/13	24.00	144.00
258160	3	T1019		07/03/13	07/03/13	24.00	144.00
258160	4	T1019		07/05/13	07/05/13	24.00	144.00
258160	5	T1019		07/13/13	07/13/13	16.00	96.00
258160	6	T1019		07/14/13	07/14/13	16.00	96.00
258160	7	T1019		07/15/13	07/15/13	24.00	144.00
258160	8	T1019		07/16/13	07/16/13	24.00	144.00
258160	9	T1019		07/17/13	07/17/13	24.00	144.00
258160	10	T1019		07/18/13	07/18/13	24.00	144.00
258160	11	T1019		07/19/13	07/19/13	24.00	144.00
258160	12	T1019		07/20/13	07/20/13	16.00	96.00
258160	13	T1019		07/22/13	07/22/13	24.00	144.00
258160	14	T1019		07/23/13	07/23/13	24.00	144.00
258160	15	T1019		07/24/13	07/24/13	24.00	144.00
258160	16	T1019		07/25/13	07/25/13	24.00	144.00
258160	17	T1019		07/26/13	07/26/13	24.00	144.00
258160	18	T1019		07/27/13	07/27/13	16.00	96.00
258160	19	T1019		07/28/13	07/28/13	16.00	96.00
258160	20	T1019		07/29/13	07/29/13	24.00	144.00
258160	21	T1019		08/06/13	08/06/13	24.00	144.00
258160	22	T1019		08/07/13	08/07/13	24.00	144.00
258160	23	T1019		08/08/13	08/08/13	24.00	144.00
258160	24	T1019		08/09/13	08/09/13	24.00	144.00
258160	25	T1019		08/31/13	08/31/13	16.00	96.00
CLAIM TOTAL						3,312.00	CLAIM ACCOUNT REF. 2581600012013681SUP

PAYER TOTALS: AFFINITY HEALTH # OF CLAIMS = 25 TOTAL CLAIM AMOUNT = 3,312.00
SERVICES = 1

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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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	111771985
DIAGNOSIS CODES: 250.00 272.4 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258202	1	T1019		08/31/13	08/31/13	36.00	154.80
CLAIM TOTAL							154.80
CLAIM ACCOUNT REF.							2582020012008286SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008286	2008286	RAMIREZ, ALIDA A	12/10/1950	ZN85118U	111771985
DIAGNOSIS CODES: 250.00 272.4 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258203	1	T1019		09/01/13	09/01/13	36.00	154.80
258203	2	T1019		09/02/13	09/02/13	36.00	154.80
258203	3	T1019		09/03/13	09/03/13	36.00	154.80
258203	4	T1019		09/04/13	09/04/13	36.00	154.80
258203	5	T1019		09/05/13	09/05/13	36.00	154.80
258203	6	T1019		09/06/13	09/06/13	36.00	154.80
CLAIM TOTAL							928.80
CLAIM ACCOUNT REF.							2582030012008286SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008495	2008495	MARTINEZ, MARIA	09/05/1952	ZV42745Q	112094558
DIAGNOSIS CODES: 250.00 244.8 295.90 401.9 493.90							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258186	1	T1019		08/31/13	08/31/13	24.00	103.20
258186	2	T1019		09/01/13	09/01/13	24.00	103.20
258186	3	T1019		09/03/13	09/03/13	24.00	103.20
258186	4	T1019		09/04/13	09/04/13	24.00	103.20
258186	5	T1019		09/05/13	09/05/13	24.00	103.20
258186	6	T1019		09/06/13	09/06/13	24.00	103.20
CLAIM TOTAL							619.20
CLAIM ACCOUNT REF.							2581860012008495SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012101	2012101	BATILO, MARTA	02/23/1917	708125	111963534
DIAGNOSIS CODES: 715.00 272.2 285.29 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258172	1	T1019		08/31/13	08/31/13	28.00	120.40
258172	2	T1019		09/01/13	09/01/13	28.00	120.40
258172	3	T1019		09/02/13	09/02/13	28.00	120.40
258172	4	T1019		09/03/13	09/03/13	28.00	120.40
258172	5	T1019		09/04/13	09/04/13	28.00	120.40

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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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	
258172	6	T1019		09/05/13	09/05/13	28.00	120.40	
258172	7	T1019		09/06/13	09/06/13	28.00	120.40	
CLAIM TOTAL							842.80	CLAIM ACCOUNT REF. 2581720012012101SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012102	2012102	BISRAM, ROOPKALIA	01/03/1938	708029	112039564
DIAGNOSIS CODES: 401.9 272.2							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258173	1	T1019		09/02/13	09/02/13	16.00	68.80	
258173	2	T1019		09/03/13	09/03/13	16.00	68.80	
258173	3	T1019		09/04/13	09/04/13	16.00	68.80	
258173	4	T1019		09/05/13	09/05/13	16.00	68.80	
258173	5	T1019		09/06/13	09/06/13	16.00	68.80	
CLAIM TOTAL							344.00	CLAIM ACCOUNT REF. 2581730012012102SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012104	2012104	CEBALLOS, FRANCISCA	11/10/1931	744474	111954642
DIAGNOSIS CODES: 331.0 093.9 253.5							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258174	1	T1019		08/31/13	08/31/13	40.00	172.00	
258174	2	T1019		09/01/13	09/01/13	40.00	172.00	
258174	3	T1019		09/02/13	09/02/13	40.00	172.00	
258174	4	T1019		09/03/13	09/03/13	40.00	172.00	
258174	5	T1019		09/04/13	09/04/13	40.00	172.00	
258174	6	T1019		09/05/13	09/05/13	40.00	172.00	
258174	7	T1019		09/06/13	09/06/13	40.00	172.00	
CLAIM TOTAL							1,204.00	CLAIM ACCOUNT REF. 2581740012012104SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012108	2012108	GODINOT, CARMEN	07/16/1939	695752	112161051
DIAGNOSIS CODES: 369.3 250.00 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258177	1	T1019		09/02/13	09/02/13	24.00	103.20	
258177	2	T1019		09/03/13	09/03/13	24.00	103.20	
258177	3	T1019		09/05/13	09/05/13	24.00	103.20	
258177	4	T1019		09/06/13	09/06/13	24.00	103.20	
CLAIM TOTAL							412.80	CLAIM ACCOUNT REF. 2581770012012108SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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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 2012110 2012110 GOMEZ, RANNIE 09/11/1917 698802 112009902
DIAGNOSIS CODES: 401.9 272.2 365.9 428.0 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258178	1	T1019		09/03/13	09/03/13	28.00	120.40
258178	2	T1019		09/04/13	09/04/13	28.00	120.40
CLAIM TOTAL							240.80
CLAIM ACCOUNT REF.							2581780012012110SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012116 2012116 GUERRERO, MARIA 07/09/1914 693949 111977380
DIAGNOSIS CODES: 355.71 250.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258179	1	T1019		08/31/13	08/31/13	32.00	137.60
258179	2	T1019		09/01/13	09/01/13	32.00	137.60
258179	3	T1019		09/02/13	09/02/13	32.00	137.60
258179	4	T1019		09/03/13	09/03/13	32.00	137.60
258179	5	T1019		09/04/13	09/04/13	32.00	137.60
258179	6	T1019		09/05/13	09/05/13	32.00	137.60
258179	7	T1019		09/06/13	09/06/13	32.00	137.60
CLAIM TOTAL							963.20
CLAIM ACCOUNT REF.							2581790012012116SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012117 2012117 HAYNES, LAMONT 08/22/1920 695748 111817638
DIAGNOSIS CODES: 428.0 250.00 401.9 600.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258180	1	T1019		08/31/13	08/31/13	20.00	86.00
CLAIM TOTAL							86.00
CLAIM ACCOUNT REF.							2581800012012117SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012117 2012117 HAYNES, LAMONT 08/22/1920 695748 112161929
DIAGNOSIS CODES: 428.0 250.00 401.9 600.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258181	1	T1019		09/01/13	09/01/13	20.00	86.00
258181	2	T1019		09/02/13	09/02/13	16.00	68.80
258181	3	T1019		09/03/13	09/03/13	16.00	68.80
258181	4	T1019		09/04/13	09/04/13	16.00	68.80
258181	5	T1019		09/05/13	09/05/13	16.00	68.80
258181	6	T1019		09/06/13	09/06/13	16.00	68.80
CLAIM TOTAL							430.00
CLAIM ACCOUNT REF.							2581810012012117SUP

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REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012120 2012120 LOPEZ, ISABEL 12/24/1942 740574 111906404
DIAGNOSIS CODES: 715.90 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258183	1	T1019		09/02/13	09/02/13	28.00	120.40	
258183	2	T1019		09/03/13	09/03/13	28.00	120.40	
258183	3	T1019		09/04/13	09/04/13	28.00	120.40	
258183	4	T1019		09/05/13	09/05/13	28.00	120.40	
258183	5	T1019		09/06/13	09/06/13	28.00	120.40	
CLAIM TOTAL							602.00	CLAIM ACCOUNT REF. 2581830012012120SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012121 2012121 MOHAMED, DENISE 06/14/1959 691722 111786776
DIAGNOSIS CODES: 715.98

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258188	1	T1019		08/31/13	08/31/13	32.00	137.60	
CLAIM TOTAL							137.60	CLAIM ACCOUNT REF. 2581880012012121SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012121 2012121 MOHAMED, DENISE 06/14/1959 691722 112139533
DIAGNOSIS CODES: 715.98

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258189	1	T1019		09/01/13	09/01/13	32.00	137.60	
258189	2	T1019		09/02/13	09/02/13	32.00	137.60	
258189	3	T1019		09/03/13	09/03/13	32.00	137.60	
258189	4	T1019		09/06/13	09/06/13	32.00	137.60	
CLAIM TOTAL							550.40	CLAIM ACCOUNT REF. 2581890012012121SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012122 2012122 MORALES, FRANCISCO 12/03/1935 744366 1115793538
DIAGNOSIS CODES: 250.00 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258190	1	T1030		05/29/13	05/29/13	1.00	90.00	
258190	2	T1030		06/10/13	06/10/13	1.00	90.00	
CLAIM TOTAL							180.00	CLAIM ACCOUNT REF. 2581900012012122SUP

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PROVIDER ID = 113502051
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NPI = 1154407492

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012122 2012122 MORALES, FRANCISCO 12/03/1935 744366 111934024
DIAGNOSIS CODES: 250.00 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258191	1	T1019		08/31/13	08/31/13	20.00	86.00
258191	2	T1019		09/01/13	09/01/13	20.00	86.00
258191	3	T1019		09/02/13	09/02/13	20.00	86.00
258191	4	T1019		09/03/13	09/03/13	20.00	86.00
258191	5	T1019		09/04/13	09/04/13	20.00	86.00
258191	6	T1019		09/05/13	09/05/13	20.00	86.00
258191	7	T1019		09/06/13	09/06/13	20.00	86.00
CLAIM TOTAL							602.00
CLAIM ACCOUNT REF.							2581910012012122SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012130 2012130 NAVARRO, ANTONIA 07/23/1945 710368 111896928
DIAGNOSIS CODES: 493.92 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258193	1	T1019		08/31/13	08/31/13	20.00	86.00
258193	2	T1019		09/01/13	09/01/13	20.00	86.00
258193	3	T1019		09/02/13	09/02/13	28.00	120.40
258193	4	T1019		09/03/13	09/03/13	28.00	120.40
258193	5	T1019		09/04/13	09/04/13	28.00	120.40
258193	6	T1019		09/05/13	09/05/13	28.00	120.40
258193	7	T1019		09/06/13	09/06/13	28.00	120.40
CLAIM TOTAL							774.00
CLAIM ACCOUNT REF.							2581930012012130SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012131 2012131 ORTIZ, JOSE 04/19/1925 691721 112154359
DIAGNOSIS CODES: 250.00 401.9 414.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258196	1	T1019		09/02/13	09/02/13	16.00	68.80
258196	2	T1019		09/04/13	09/04/13	16.00	68.80
258196	3	T1019		09/06/13	09/06/13	16.00	68.80
CLAIM TOTAL							206.40
CLAIM ACCOUNT REF.							2581960012012131SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012132 2012132 ORTIZ, DOLORES 06/30/1927 744365 111654437
DIAGNOSIS CODES: 719.7 272.4 401.9 750.7

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258194	1	T1030		06/26/13	06/26/13	1.00	90.00

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	90.00	2581940012012132SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012134	2012134	SERRANO, CARMEN	09/14/1948	695740	112113101
DIAGNOSIS CODES: 093.89 253.5 311. 429.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
258211	1	T1019		09/02/13	09/02/13	28.00	120.40	
258211	2	T1019		09/03/13	09/03/13	28.00	120.40	
258211	3	T1019		09/04/13	09/04/13	28.00	120.40	
258211	4	T1019		09/06/13	09/06/13	28.00	120.40	
						CLAIM TOTAL	481.60	2582110012012134SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012137	2012137	VAZQUEZ 1, ROSA	08/08/1934	695667	112166050
DIAGNOSIS CODES: 715.90 244.9 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
258215	1	T1019		09/02/13	09/02/13	32.00	137.60	
258215	2	T1019		09/03/13	09/03/13	32.00	137.60	
258215	3	T1019		09/05/13	09/05/13	32.00	137.60	
258215	4	T1019		09/06/13	09/06/13	32.00	137.60	
						CLAIM TOTAL	550.40	2582150012012137SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012138	2012138	VENTURA, CLARA	09/17/1951	720456	112060162
DIAGNOSIS CODES: 253.5 401.9 429.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
258216	1	T1019		09/03/13	09/03/13	16.00	68.80	
258216	2	T1019		09/04/13	09/04/13	16.00	68.80	
258216	3	T1019		09/05/13	09/05/13	16.00	68.80	
						CLAIM TOTAL	206.40	2582160012012138SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012140	2012140	PATRICK, IMAGE	03/27/1930	737028	112036835
DIAGNOSIS CODES: 294.10 153.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258197	1	T1019		08/30/13	08/30/13	32.00	137.60
258197	2	T1019		08/31/13	08/31/13	32.00	137.60
258197	3	T1019		09/02/13	09/02/13	32.00	137.60
258197	4	T1019		09/03/13	09/03/13	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	
258197	5	T1019		09/04/13	09/04/13	32.00	137.60	
258197	6	T1019		09/05/13	09/05/13	32.00	137.60	
258197	7	T1019		09/06/13	09/06/13	32.00	137.60	
				CLAIM TOTAL			963.20	CLAIM ACCOUNT REF. 2581970012012140SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012141	2012141	SANTOS MARQUEZ, MARIA	07/16/1961	688801	112001629
DIAGNOSIS	CODES:	958.8	599.70	692.9	795.05		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258210	1	T1019		08/30/13	08/30/13	16.00	68.80	
258210	2	T1019		09/02/13	09/02/13	16.00	68.80	
258210	3	T1019		09/04/13	09/04/13	16.00	68.80	
258210	4	T1019		09/06/13	09/06/13	16.00	68.80	
				CLAIM TOTAL			275.20	CLAIM ACCOUNT REF. 2582100012012141SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012142	2012142	MEDINA, MARTHA	01/11/1944	697570	111896672
DIAGNOSIS	CODES:	135.	250.00	426.4	716.90		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258187	1	T1019		08/31/13	08/31/13	12.00	51.60	
258187	2	T1019		09/02/13	09/02/13	12.00	51.60	
258187	3	T1019		09/03/13	09/03/13	12.00	51.60	
258187	4	T1019		09/04/13	09/04/13	12.00	51.60	
258187	5	T1019		09/05/13	09/05/13	12.00	51.60	
258187	6	T1019		09/06/13	09/06/13	12.00	51.60	
				CLAIM TOTAL			309.60	CLAIM ACCOUNT REF. 2581870012012142SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012143	2012143	MURPHY, RUBY	04/13/1955	698832	112050114
DIAGNOSIS	CODES:	585.3	311.	401.9	493.90		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258192	1	T1019		08/13/13	08/13/13	16.00	68.80	
258192	2	T1019		08/14/13	08/14/13	16.00	68.80	
258192	3	T1019		08/16/13	08/16/13	16.00	68.80	
258192	4	T1019		08/20/13	08/20/13	16.00	68.80	
258192	5	T1019		08/21/13	08/21/13	16.00	68.80	
258192	6	T1019		08/22/13	08/22/13	16.00	68.80	
258192	7	T1019		08/23/13	08/23/13	16.00	68.80	
258192	8	T1019		08/27/13	08/27/13	16.00	68.80	
258192	9	T1019		08/28/13	08/28/13	16.00	68.80	

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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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
258192	10	T1019		08/30/13	08/30/13	16.00	68.80
258192	11	T1019		09/04/13	09/04/13	16.00	68.80
258192	12	T1019		09/05/13	09/05/13	16.00	68.80
258192	13	T1019		09/06/13	09/06/13	16.00	68.80
CLAIM TOTAL							894.40
CLAIM ACCOUNT REF.							2581920012012143SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012144 2012144 PEREZ, JULIO 01/27/1936 709538 111942930
DIAGNOSIS CODES: 715.90 244.9 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258200	1	T1019		09/02/13	09/02/13	20.00	86.00
258200	2	T1019		09/04/13	09/04/13	20.00	86.00
258200	3	T1019		09/06/13	09/06/13	20.00	86.00
CLAIM TOTAL							258.00
CLAIM ACCOUNT REF.							2582000012012144SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012145 2012145 PERALTA RODRIGO, JOSE 03/13/1942 715488 111867165
DIAGNOSIS CODES: 715.90 272.0 274.9 278.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258198	1	T1019		09/02/13	09/02/13	16.00	68.80
258198	2	T1019		09/03/13	09/03/13	16.00	68.80
258198	3	T1019		09/04/13	09/04/13	16.00	68.80
258198	4	T1019		09/05/13	09/05/13	16.00	68.80
258198	5	T1019		09/06/13	09/06/13	16.00	68.80
CLAIM TOTAL							344.00
CLAIM ACCOUNT REF.							2581980012012145SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012146 2012146 PERALTA, INEZ 08/18/1942 715489 111886580
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
258199	1	T1019		09/02/13	09/02/13	16.00	68.80
258199	2	T1019		09/03/13	09/03/13	16.00	68.80
258199	3	T1019		09/04/13	09/04/13	16.00	68.80
258199	4	T1019		09/05/13	09/05/13	16.00	68.80
258199	5	T1019		09/06/13	09/06/13	16.00	68.80
CLAIM TOTAL							344.00
CLAIM ACCOUNT REF.							2581990012012146SUP

REPORT DATE 09/11/13 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 2012147 2012147 RAMOS, SILVIA 08/16/1957 707547 112060920
DIAGNOSIS CODES: 724.2 253.5 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258204	1	T1019		09/02/13	09/02/13	20.00	86.00
258204	2	T1019		09/03/13	09/03/13	20.00	86.00
258204	3	T1019		09/04/13	09/04/13	20.00	86.00
258204	4	T1019		09/05/13	09/05/13	20.00	86.00
258204	5	T1019		09/06/13	09/06/13	20.00	86.00
CLAIM TOTAL							430.00
CLAIM ACCOUNT REF.							2582040012012147SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012149 2012149 REGLA, MARIA F 11/21/1933 691499 112206508
DIAGNOSIS CODES: 250.00 715.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258205	1	T1019		09/02/13	09/02/13	32.00	137.60
258205	2	T1019		09/03/13	09/03/13	32.00	137.60
258205	3	T1019		09/04/13	09/04/13	32.00	137.60
258205	4	T1019		09/05/13	09/05/13	32.00	137.60
258205	5	T1019		09/06/13	09/06/13	32.00	137.60
CLAIM TOTAL							688.00
CLAIM ACCOUNT REF.							2582050012012149SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012154 2012154 RODRIGUEZ, FRANKLIN 03/26/1989 697529 112133949
DIAGNOSIS CODES: 319. 345.10 705.83

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258207	1	T1019		08/20/13	08/20/13	24.00	103.20
258207	2	T1019		08/21/13	08/21/13	24.00	103.20
258207	3	T1019		08/22/13	08/22/13	24.00	103.20
258207	4	T1019		08/23/13	08/23/13	24.00	103.20
CLAIM TOTAL							412.80
CLAIM ACCOUNT REF.							2582070012012154SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012155 2012155 SANCHEZ, BETANIA 05/10/1956 706048 111980325
DIAGNOSIS CODES: 555.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258209	1	T1019		08/31/13	08/31/13	20.00	86.00
258209	2	T1019		09/01/13	09/01/13	20.00	86.00
258209	3	T1019		09/02/13	09/02/13	20.00	86.00
258209	4	T1019		09/03/13	09/03/13	16.00	68.80

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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	
258209	5	T1019		09/05/13	09/05/13	20.00	86.00	
258209	6	T1019		09/06/13	09/06/13	20.00	86.00	
					CLAIM TOTAL	498.80		CLAIM ACCOUNT REF. 2582090012012155SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012158	2012158	LOPEZ, MANUEL	02/25/1926	741094	111891649
DIAGNOSIS	CODES:	401.9	272.4	429.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258184	1	T1019		08/31/13	08/31/13	48.00	206.40	
258184	2	T1019		09/02/13	09/02/13	48.00	206.40	
258184	3	T1019		09/03/13	09/03/13	48.00	206.40	
258184	4	T1019		09/04/13	09/04/13	48.00	206.40	
258184	5	T1019		09/05/13	09/05/13	48.00	206.40	
258184	6	T1019		09/06/13	09/06/13	48.00	206.40	
					CLAIM TOTAL	1,238.40		CLAIM ACCOUNT REF. 2581840012012158SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012161	2012161	ALONSO, ANA	03/02/1943	739934	111910597
DIAGNOSIS	CODES:	733.09	253.5	272.4			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258171	1	T1019		08/24/13	08/24/13	20.00	86.00	
258171	2	T1019		08/25/13	08/25/13	20.00	86.00	
258171	3	T1019		08/26/13	08/26/13	20.00	86.00	
258171	4	T1019		08/27/13	08/27/13	20.00	86.00	
258171	5	T1019		08/28/13	08/28/13	20.00	86.00	
258171	6	T1019		08/29/13	08/29/13	20.00	86.00	
258171	7	T1019		08/30/13	08/30/13	20.00	86.00	
258171	8	T1019		08/31/13	08/31/13	20.00	86.00	
258171	9	T1019		09/01/13	09/01/13	20.00	86.00	
258171	10	T1019		09/02/13	09/02/13	20.00	86.00	
258171	11	T1019		09/03/13	09/03/13	20.00	86.00	
258171	12	T1019		09/04/13	09/04/13	20.00	86.00	
258171	13	T1019		09/05/13	09/05/13	20.00	86.00	
258171	14	T1019		09/06/13	09/06/13	20.00	86.00	
					CLAIM TOTAL	1,204.00		CLAIM ACCOUNT REF. 2581710012012161SUP

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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 2012261 2012261 SILVEIRA, BERTA 06/23/1938 753060 112151886
DIAGNOSIS CODES: 786.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258212	1	T1019		08/31/13	08/31/13	24.00	103.20
258212	2	T1019		09/02/13	09/02/13	24.00	103.20
258212	3	T1019		09/03/13	09/03/13	24.00	103.20
258212	4	T1019		09/04/13	09/04/13	24.00	103.20
258212	5	T1019		09/05/13	09/05/13	24.00	103.20
258212	6	T1019		09/06/13	09/06/13	24.00	103.20
CLAIM TOTAL						619.20	CLAIM ACCOUNT REF. 2582120012012261SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012136 2012266 SOTO, RAFAEL B 03/08/1937 700573 111779429
DIAGNOSIS CODES: 715.09 250.00 272.2 401.9 428.0 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258213	1	T1030		07/08/13	07/08/13	1.00	90.00
258213	2	T1019		08/31/13	08/31/13	36.00	154.80
CLAIM TOTAL						244.80	CLAIM ACCOUNT REF. 2582130012012266SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012136 2012266 SOTO, RAFAEL B 03/08/1937 700573 112134327
DIAGNOSIS CODES: 715.09 250.00 272.2 401.9 428.0 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258214	1	T1019		09/01/13	09/01/13	36.00	154.80
258214	2	T1019		09/02/13	09/02/13	32.00	137.60
258214	3	T1019		09/03/13	09/03/13	20.00	86.00
258214	4	T1019		09/04/13	09/04/13	36.00	154.80
258214	5	T1019		09/05/13	09/05/13	36.00	154.80
258214	6	T1019		09/06/13	09/06/13	36.00	154.80
CLAIM TOTAL						842.80	CLAIM ACCOUNT REF. 2582140012012266SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012719 2012719 SANCHEZ FLORES, ADELAI 11/03/1944 761166 112056773
DIAGNOSIS CODES: 401.9 300.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258208	1	T1019		09/02/13	09/02/13	20.00	86.00
258208	2	T1019		09/03/13	09/03/13	20.00	86.00
258208	3	T1019		09/04/13	09/04/13	20.00	86.00
258208	4	T1019		09/05/13	09/05/13	20.00	86.00

REPORT DATE 09/11/13 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
258208	5	T1019		09/06/13	09/06/13	20.00	86.00
							CLAIM TOTAL
							430.00
							CLAIM ACCOUNT REF. 2582080012012719SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012159	2012948	LOPEZ, VITALIA	08/01/1922	691723	111822973
DIAGNOSIS CODES: 331.0 253.5 272.4 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258185	1	T1019		08/31/13	08/31/13	48.00	206.40
							CLAIM TOTAL
							206.40
							CLAIM ACCOUNT REF. 2581850012012948SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012952	2012952	FRANCISCO, BRIGIDA	08/20/1957	761853	112037017
DIAGNOSIS CODES: 714.0 253.5							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258176	1	T1019		08/17/13	08/17/13	20.00	86.00
258176	2	T1019		08/18/13	08/18/13	20.00	86.00
258176	3	T1019		08/31/13	08/31/13	20.00	86.00
258176	4	T1019		09/01/13	09/01/13	20.00	86.00
258176	5	T1019		09/02/13	09/02/13	20.00	86.00
258176	6	T1019		09/03/13	09/03/13	20.00	86.00
258176	7	T1019		09/04/13	09/04/13	20.00	86.00
258176	8	T1019		09/05/13	09/05/13	20.00	86.00
258176	9	T1019		09/06/13	09/06/13	20.00	86.00
							CLAIM TOTAL
							774.00
							CLAIM ACCOUNT REF. 2581760012012952SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012953	2012953	CHOUDHURY, MEHER A	08/16/1974	762773	112124061
DIAGNOSIS CODES: 344.00 493.90 742.3							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258175	1	T1019		08/31/13	08/31/13	96.00	412.80
258175	2	T1019		09/01/13	09/01/13	95.00	408.50
258175	3	T1019		09/02/13	09/02/13	96.00	412.80
258175	4	T1019		09/03/13	09/03/13	96.00	412.80
258175	5	T1019		09/04/13	09/04/13	96.00	412.80
258175	6	T1019		09/05/13	09/05/13	96.00	412.80
258175	7	T1019		09/06/13	09/06/13	94.00	404.20
							CLAIM TOTAL
							2,876.70
							CLAIM ACCOUNT REF. 2581750012012953SUP

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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 1031950 2012979 HUDGINS, LOUZETTA 05/18/1944 761959 112038867
DIAGNOSIS CODES: 401.9 250.00 278.00 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258182	1	T1019		08/29/13	08/29/13	20.00	86.00
258182	2	T1019		08/31/13	08/31/13	20.00	86.00
258182	3	T1019		09/02/13	09/02/13	20.00	86.00
258182	4	T1019		09/03/13	09/03/13	20.00	86.00
258182	5	T1019		09/04/13	09/04/13	20.00	86.00
258182	6	T1019		09/06/13	09/06/13	20.00	86.00
CLAIM TOTAL						516.00	CLAIM ACCOUNT REF. 2581820012012979SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012984 2012984 YOUNG, MARY 11/04/1926 762776 112084862
DIAGNOSIS CODES: 342.82 244.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258217	1	T1019		08/10/13	08/10/13	32.00	137.60
258217	2	T1019		08/11/13	08/11/13	24.00	103.20
258217	3	T1019		08/12/13	08/12/13	32.00	137.60
258217	4	T1019		08/13/13	08/13/13	32.00	137.60
258217	5	T1019		08/14/13	08/14/13	32.00	137.60
258217	6	T1019		08/15/13	08/15/13	32.00	137.60
258217	7	T1019		08/16/13	08/16/13	32.00	137.60
258217	8	T1019		08/17/13	08/17/13	32.00	137.60
258217	9	T1019		08/18/13	08/18/13	32.00	137.60
258217	10	T1019		08/19/13	08/19/13	32.00	137.60
258217	11	T1019		08/20/13	08/20/13	32.00	137.60
258217	12	T1019		08/21/13	08/21/13	32.00	137.60
258217	13	T1019		08/22/13	08/22/13	32.00	137.60
258217	14	T1019		08/23/13	08/23/13	32.00	137.60
258217	15	T1019		08/24/13	08/24/13	32.00	137.60
258217	16	T1019		08/25/13	08/25/13	32.00	137.60
258217	17	T1019		08/26/13	08/26/13	32.00	137.60
258217	18	T1019		08/27/13	08/27/13	32.00	137.60
258217	19	T1019		08/28/13	08/28/13	32.00	137.60
258217	20	T1019		08/29/13	08/29/13	32.00	137.60
258217	21	T1019		08/30/13	08/30/13	32.00	137.60
258217	22	T1019		08/31/13	08/31/13	32.00	137.60
258217	23	T1019		09/01/13	09/01/13	32.00	137.60
258217	24	T1019		09/02/13	09/02/13	32.00	137.60
258217	25	T1019		09/03/13	09/03/13	32.00	137.60
258217	26	T1019		09/04/13	09/04/13	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
258217	27	T1019		09/05/13	09/05/13	32.00	137.60
258217	28	T1019		09/06/13	09/06/13	32.00	137.60
CLAIM TOTAL							3,818.40
CLAIM ACCOUNT REF.							2582170012012984SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012152 2013395 REYES, TERESA 03/18/1941 697840 111904006
DIAGNOSIS CODES: 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258206	1	T1019		09/02/13	09/02/13	32.00	137.60
258206	2	T1019		09/03/13	09/03/13	32.00	137.60
258206	3	T1019		09/04/13	09/04/13	32.00	137.60
258206	4	T1019		09/05/13	09/05/13	32.00	137.60
258206	5	T1019		09/06/13	09/06/13	32.00	137.60
CLAIM TOTAL							688.00
CLAIM ACCOUNT REF.							2582060012013395SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013679 2013679 PRISCO, FILOMENA 09/15/1921 769526 111988449
DIAGNOSIS CODES: 728.87 250.00 477.9 493.90 782.3 276.8

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258201	1	T1019		08/31/13	08/31/13	16.00	68.80
258201	2	T1019		09/01/13	09/01/13	16.00	68.80
258201	3	T1019		09/02/13	09/02/13	16.00	68.80
258201	4	T1019		09/03/13	09/03/13	16.00	68.80
258201	5	T1019		09/04/13	09/04/13	16.00	68.80
258201	6	T1019		09/05/13	09/05/13	16.00	68.80
258201	7	T1019		09/06/13	09/06/13	16.00	68.80
CLAIM TOTAL							481.60
CLAIM ACCOUNT REF.							2582010012013679SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012132 2013774 ORTIZ, DOLORES 06/30/1927 744365 112051869
DIAGNOSIS CODES: 719.7 272.4 401.9 750.7

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258195	1	T1019		08/31/13	08/31/13	48.00	206.40
258195	2	T1019		09/01/13	09/01/13	48.00	206.40
258195	3	T1019		09/02/13	09/02/13	48.00	206.40
258195	4	T1019		09/03/13	09/03/13	48.00	206.40
258195	5	T1019		09/04/13	09/04/13	48.00	206.40
258195	6	T1019		09/05/13	09/05/13	48.00	206.40
258195	7	T1019		09/06/13	09/06/13	48.00	206.40
CLAIM TOTAL							1,444.80
CLAIM ACCOUNT REF.							2581950012013774SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	265	TOTAL CLAIM AMOUNT =	31,410.30
		# SERVICES =	42		

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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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 JZR32498A01 0005044162
DIAGNOSIS CODES: 952.9 806.8 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258158	1	T1019	0580	07/03/13	07/03/13	40.00	168.80	
						CLAIM TOTAL	168.80	CLAIM ACCOUNT REF. 2581580012008491SUP

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	
258159	1	T1019	0580	09/02/13	09/02/13	16.00	67.52	
258159	2	T1019	0580	09/03/13	09/03/13	16.00	67.52	
258159	3	T1019	0580	09/04/13	09/04/13	16.00	67.52	
258159	4	T1019	0580	09/05/13	09/05/13	16.00	67.52	
258159	5	T1019	0580	09/06/13	09/06/13	16.00	67.52	
						CLAIM TOTAL	337.60	CLAIM ACCOUNT REF. 2581590012008513SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008193 2008723 REYNOLDS, HARRIET 07/01/1958 SR66809C 0003855084-008
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	
258154	1	T1019	0580	09/05/13	09/05/13	16.00	67.52	
						CLAIM TOTAL	67.52	CLAIM ACCOUNT REF. 2581540012008723SUP

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	
258143	1	T1019	0580	08/31/13	08/31/13	48.00	202.56	
258143	2	T1019	0580	09/01/13	09/01/13	48.00	202.56	
258143	3	T1019	0580	09/02/13	09/02/13	48.00	202.56	
258143	4	T1019	0580	09/03/13	09/03/13	48.00	202.56	
						CLAIM TOTAL	810.24	CLAIM ACCOUNT REF. 2581430012008793SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008793 2008793 COPE, WILLIE 02/17/1928 XR98607Q 0004050353006
DIAGNOSIS CODES: 331.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258144	1	T1019	0580	09/04/13	09/04/13	48.00	202.56
258144	2	T1019	0580	09/05/13	09/05/13	48.00	202.56
258144	3	T1019	0580	09/06/13	09/06/13	48.00	202.56
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2581440012008793SUP

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
258155	1	T1019	0580	08/31/13	08/31/13	32.00	135.04
258155	2	T1019	0580	09/01/13	09/01/13	32.00	135.04
258155	3	T1019	0580	09/02/13	09/02/13	32.00	135.04
258155	4	T1019	0580	09/03/13	09/03/13	32.00	135.04
258155	5	T1019	0580	09/04/13	09/04/13	32.00	135.04
258155	6	T1019	0580	09/05/13	09/05/13	32.00	135.04
258155	7	T1019	0580	09/06/13	09/06/13	20.00	84.40
CLAIM TOTAL							894.64
CLAIM ACCOUNT REF.							2581550012009237SUP

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
258156	1	T1019	0580	08/31/13	08/31/13	20.00	84.40
258156	2	T1019	0580	09/01/13	09/01/13	20.00	84.40
258156	3	T1019	0580	09/02/13	09/02/13	20.00	84.40
258156	4	T1019	0580	09/03/13	09/03/13	20.00	84.40
258156	5	T1019	0580	09/04/13	09/04/13	20.00	84.40
258156	6	T1019	0580	09/05/13	09/05/13	20.00	84.40
258156	7	T1019	0580	09/06/13	09/06/13	20.00	84.40
CLAIM TOTAL							590.80
CLAIM ACCOUNT REF.							2581560012009406SUP

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
258157	1	T1019	0580	09/04/13	09/04/13	40.00	168.80

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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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	
258157	2	T1019	0580	09/05/13	09/05/13	40.00	168.80	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2581570012009562SUP

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	
258147	1	T1019	0580	09/02/13	09/02/13	16.00	67.52	
258147	2	T1019	0580	09/03/13	09/03/13	16.00	67.52	
258147	3	T1019	0580	09/04/13	09/04/13	16.00	67.52	
258147	4	T1019	0580	09/05/13	09/05/13	16.00	67.52	
258147	5	T1019	0580	09/06/13	09/06/13	16.00	67.52	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2581470012009686SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009945	2009945	JACKSON, FRANCES	03/12/1934	12030545001	0004676295-009
DIAGNOSIS	CODES:	332.0	250.00	401.9	722.10	785.2	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258149	1	T1019	0580	08/31/13	08/31/13	28.00	118.16	
258149	2	T1019	0580	09/01/13	09/01/13	28.00	118.16	
258149	3	T1019	0580	09/02/13	09/02/13	28.00	118.16	
258149	4	T1019	0580	09/03/13	09/03/13	28.00	118.16	
258149	5	T1019	0580	09/04/13	09/04/13	28.00	118.16	
258149	6	T1019	0580	09/05/13	09/05/13	28.00	118.16	
258149	7	T1019	0580	09/06/13	09/06/13	28.00	118.16	
					CLAIM TOTAL		827.12	CLAIM ACCOUNT REF. 2581490012009945SUP

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	
258148	1	T1019	0580	08/31/13	08/31/13	36.00	151.92	
258148	2	T1019	0580	09/01/13	09/01/13	36.00	151.92	
258148	3	T1019	0580	09/03/13	09/03/13	36.00	151.92	
258148	4	T1019	0580	09/04/13	09/04/13	36.00	151.92	
258148	5	T1019	0580	09/05/13	09/05/13	36.00	151.92	
258148	6	T1019	0580	09/06/13	09/06/13	36.00	151.92	
					CLAIM TOTAL		911.52	CLAIM ACCOUNT REF. 2581480012010991SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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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 2008113 2011066 COPELAND, ELISE 10/05/1928 QJ28865K 0006093352
DIAGNOSIS CODES: 250.00 369.9 311. 401.9 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258145	1	T1019	0580	08/31/13	08/31/13	48.00	202.56
258145	2	T1019	0580	09/01/13	09/01/13	48.00	202.56
258145	3	T1019	0580	09/02/13	09/02/13	36.00	151.92
258145	4	T1019	0580	09/03/13	09/03/13	36.00	151.92
258145	5	T1019	0580	09/04/13	09/04/13	36.00	151.92
258145	6	T1019	0580	09/05/13	09/05/13	36.00	151.92
258145	7	T1019	0580	09/06/13	09/06/13	36.00	151.92
CLAIM TOTAL						1,164.72	CLAIM ACCOUNT REF. 2581450012011066SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008273 2011526 DE JESUS, TIBURCIO 08/11/1947 XX16524S 0006379371
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
258146	1	T1019	0580	08/31/13	08/31/13	34.00	143.48
258146	2	T1019	0580	09/02/13	09/02/13	48.00	202.56
258146	3	T1019	0580	09/03/13	09/03/13	48.00	202.56
258146	4	T1019	0580	09/04/13	09/04/13	48.00	202.56
258146	5	T1019	0580	09/05/13	09/05/13	48.00	202.56
258146	6	T1019	0580	09/06/13	09/06/13	48.00	202.56
CLAIM TOTAL						1,156.28	CLAIM ACCOUNT REF. 2581460012011526SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012541 2012541 LANGELOH, HOWARD 09/29/1923 16394107 0006625755
DIAGNOSIS CODES: 715.90 250.00 272.4 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258151	1	T1019	0580	09/01/13	09/01/13	24.00	101.28
258151	2	T1019	0580	09/02/13	09/02/13	24.00	101.28
258151	3	T1019	0580	09/03/13	09/03/13	24.00	101.28
258151	4	T1019	0580	09/04/13	09/04/13	24.00	101.28
258151	5	T1019	0580	09/05/13	09/05/13	24.00	101.28
258151	6	T1019	0580	09/06/13	09/06/13	24.00	101.28
CLAIM TOTAL						607.68	CLAIM ACCOUNT REF. 2581510012012541SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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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 2013402 2013402 MCALLISTER, ANNIE 03/29/1937 ZP91513K 0006313393
DIAGNOSIS CODES: V61.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258152	1	T1019	0580	09/02/13	09/02/13	16.00	67.52
258152	2	T1019	0580	09/04/13	09/04/13	16.00	67.52
CLAIM TOTAL							135.04
CLAIM ACCOUNT REF.							2581520012013402SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009467 2013531 KEATON, CATHERINE 08/30/1923 WC81742E 0004298435
DIAGNOSIS CODES: 715.00 365.9 401.9 780.4 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258150	1	T1019	0580	08/30/13	08/30/13	48.00	202.56
258150	2	T1019	0580	08/31/13	08/31/13	95.00	400.90
258150	3	T1019	0580	09/01/13	09/01/13	96.00	405.12
258150	4	T1019	0580	09/02/13	09/02/13	96.00	405.12
258150	5	T1019	0580	09/03/13	09/03/13	95.00	400.90
258150	6	T1019	0580	09/04/13	09/04/13	96.00	405.12
258150	7	T1019	0580	09/05/13	09/05/13	96.00	405.12
258150	8	T1019	0580	09/06/13	09/06/13	96.00	405.12
CLAIM TOTAL							3,029.96
CLAIM ACCOUNT REF.							2581500012013531SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013497 2013811 QUINTERO, ISAIAS 08/17/1945 PZ78774H 0006600227
DIAGNOSIS CODES: 250.00 244.9 368.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258153	1	T1019	0580	09/02/13	09/02/13	12.00	50.64
258153	2	T1019	0580	09/04/13	09/04/13	12.00	50.64
258153	3	T1019	0580	09/06/13	09/06/13	12.00	50.64
CLAIM TOTAL							151.92
CLAIM ACCOUNT REF.							2581530012013811SUP

PAYER TOTALS: HEALTH INSURANCE PLAN # OF CLAIMS = 80 TOTAL CLAIM AMOUNT = 12,136.72
SERVICES = 16

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NPI = 1154407492

PRIOR AUTHORIZATION #
131610065

CLAIM ACCOUNT REF. 2582920012010958SUP

PRIOR AUTHORIZATION #
130240009

CLAIM ACCOUNT REF. 2582930012012481SUP

TOTAL CLAIM AMOUNT = 583.44

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# SERVICES = 2
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REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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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 2003480 2003583 HERNANDEZ, FRANCISCA 02/07/1925 PX35079P R2220226
DIAGNOSIS CODES: 294.10 272.2 293.84 311. 401.9 715.98

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258236	1	T1019		08/31/13	08/31/13	40.00	142.40	
258236	2	T1019		09/01/13	09/01/13	40.00	142.40	
258236	3	T1019		09/02/13	09/02/13	44.00	156.64	
258236	4	T1019		09/03/13	09/03/13	28.00	99.68	
258236	5	T1019		09/04/13	09/04/13	28.00	99.68	
258236	6	T1019		09/05/13	09/05/13	28.00	99.68	
258236	7	T1019		09/06/13	09/06/13	36.00	128.16	
					CLAIM TOTAL		868.64	CLAIM ACCOUNT REF. 2582360012003583SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2003639 2003639 WOO, LUZ 02/27/1931 ZT83637F R2250302
DIAGNOSIS CODES: 492.0 212.3 213.2 223.0 311. 401.9 724.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258266	1	T1019		09/02/13	09/02/13	16.00	56.96	
258266	2	T1019		09/03/13	09/03/13	16.00	56.96	
258266	3	T1019		09/04/13	09/04/13	16.00	56.96	
					CLAIM TOTAL		170.88	CLAIM ACCOUNT REF. 2582660012003639SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2004602 2004602 BROOKS, NATALIE 11/30/1940 QH90085M R2218238
DIAGNOSIS CODES: 820.8 244.9 250.00 272.0 343.9 530.81 715.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258220	1	T1019		09/03/13	09/03/13	16.00	56.96	
258220	2	T1019		09/04/13	09/04/13	16.00	56.96	
					CLAIM TOTAL		113.92	CLAIM ACCOUNT REF. 2582200012004602SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2004798 2004798 WOO, LUZ 02/27/1931 ZT83637F R2250302
DIAGNOSIS CODES: 492.0 212.3 213.2 223.0 311. 401.9 724.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258267	1	S5130		09/02/13	09/02/13	16.00	56.96	
					CLAIM TOTAL		56.96	CLAIM ACCOUNT REF. 2582670012004798SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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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 2005079 2005079 SIMON, LUPE 12/12/1934 YC26622R R2303923
DIAGNOSIS CODES: 250.00 272.0 401.9 530.81 596.51 733.00 780.52 V44.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258260	1	T1019		09/03/13	09/03/13	16.00	56.96
CLAIM TOTAL							56.96
CLAIM ACCOUNT REF.							2582600012005079SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2006762 2006762 MOROCHO, MANUEL 12/10/1914 TZ67231W 0104291302785
DIAGNOSIS CODES: 369.00 462. 530.81 600.00 719.7 780.97

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258244	1	T1019		08/31/13	08/31/13	48.00	170.88
258244	2	T1019		09/01/13	09/01/13	48.00	170.88
258244	3	T1019		09/02/13	09/02/13	48.00	170.88
258244	4	T1019		09/03/13	09/03/13	48.00	170.88
258244	5	T1019		09/04/13	09/04/13	48.00	170.88
258244	6	T1019		09/05/13	09/05/13	48.00	170.88
258244	7	T1019		09/06/13	09/06/13	48.00	170.88
CLAIM TOTAL							1,196.16
CLAIM ACCOUNT REF.							2582440012006762SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2007165 2007165 SIERRA, MIRIAM 10/18/1953 YH89624C R2365310
DIAGNOSIS CODES: 294.20 272.0 311. 369.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258259	1	T1019		08/31/13	08/31/13	16.00	56.96
258259	2	T1019		09/02/13	09/02/13	28.00	99.68
258259	3	T1019		09/03/13	09/03/13	32.00	113.92
258259	4	T1019		09/04/13	09/04/13	32.00	113.92
258259	5	T1019		09/05/13	09/05/13	32.00	113.92
258259	6	T1019		09/06/13	09/06/13	32.00	113.92
CLAIM TOTAL							612.32
CLAIM ACCOUNT REF.							2582590012007165SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2007478 2007478 HARIDIN, KHAMATTIE 04/19/1941 WS44546W R2252889
DIAGNOSIS CODES: 715.90 135. 250.00 311. 401.9 530.81 724.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258233	1	S5125		08/31/13	08/31/13	16.00	56.96
258233	2	S5125		09/01/13	09/01/13	16.00	56.96
258233	3	S5125		09/02/13	09/02/13	20.00	71.20
258233	4	S5125		09/03/13	09/03/13	20.00	71.20

REPORT DATE 09/11/13 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
258233	5	S5125		09/04/13	09/04/13	20.00	71.20
258233	6	S5125		09/05/13	09/05/13	20.00	71.20
258233	7	S5125		09/06/13	09/06/13	20.00	71.20
CLAIM TOTAL							469.92

CLAIM ACCOUNT REF. 2582330012007478SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2007477 2007590 HARIDIN, RAMDIAL 08/08/1935 SE14035X R2362509
DIAGNOSIS CODES: 331.0 250.00 366.00 401.9 780.93 V12.59

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258234	1	S5125		08/31/13	08/31/13	72.00	256.32
258234	2	S5125		09/01/13	09/01/13	80.00	284.80
258234	3	S5125		09/02/13	09/02/13	76.00	270.56
258234	4	S5125		09/03/13	09/03/13	76.00	270.56
258234	5	S5125		09/04/13	09/04/13	76.00	270.56
258234	6	S5125		09/05/13	09/05/13	76.00	270.56
258234	7	S5125		09/06/13	09/06/13	76.00	270.56
CLAIM TOTAL							1,893.92

CLAIM ACCOUNT REF. 2582340012007590SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008246 2008246 RIVERA, CHRISTOPHER 09/03/1996 UW23596M R2269158
DIAGNOSIS CODES: 314.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258107	1	T1019		08/31/13	08/31/13	12.00	50.64
258107	2	T1019		09/01/13	09/01/13	12.00	50.64
258107	3	T1019		09/02/13	09/02/13	12.00	50.64
258107	4	T1019		09/03/13	09/03/13	12.00	50.64
258107	5	T1019		09/04/13	09/04/13	12.00	50.64
258107	6	T1019		09/05/13	09/05/13	12.00	50.64
258107	7	T1019		09/06/13	09/06/13	12.00	50.64
CLAIM TOTAL							354.48

CLAIM ACCOUNT REF. 2581070012008246SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008248 2008248 RIVERA, EDDIE 01/29/1960 YP34893V R2226367
DIAGNOSIS CODES: 339.02 367.1 369.10

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258108	1	T1019		09/02/13	09/02/13	12.00	50.64
258108	2	T1019		09/03/13	09/03/13	12.00	50.64
258108	3	T1019		09/04/13	09/04/13	12.00	50.64
258108	4	T1019		09/05/13	09/05/13	12.00	50.64
CLAIM TOTAL							202.56

CLAIM ACCOUNT REF. 2581080012008248SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008249 2008249 LOPEZ-RAMIREZ, CARLOTA 01/20/1936 QR43529V 0105101301235
DIAGNOSIS CODES: 714.0 272.4 401.9 536.9 586. 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258102	1	T1019		08/31/13	08/31/13	32.00	135.04	
258102	2	T1019		09/03/13	09/03/13	44.00	185.68	
258102	3	T1019		09/04/13	09/04/13	44.00	185.68	
258102	4	T1019		09/05/13	09/05/13	44.00	185.68	
258102	5	T1019		09/06/13	09/06/13	44.00	185.68	
					CLAIM TOTAL		877.76	CLAIM ACCOUNT REF. 2581020012008249SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008250 2008250 SALAZAR, LUZ MARIA 02/19/1970 SC60317K R2270854
DIAGNOSIS CODES: 952.9 564.81 596.54 806.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258111	1	T1019		08/31/13	08/31/13	32.00	135.04	
258111	2	T1019		09/01/13	09/01/13	32.00	135.04	
258111	3	T1019		09/02/13	09/02/13	32.00	135.04	
258111	4	T1019		09/03/13	09/03/13	32.00	135.04	
258111	5	T1019		09/04/13	09/04/13	32.00	135.04	
258111	6	T1019		09/05/13	09/05/13	32.00	135.04	
258111	7	T1019		09/06/13	09/06/13	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2581110012008250SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008251 2008251 CEBALLOS, ANA 12/31/1919 UH02585Q R2388879
DIAGNOSIS CODES: 294.10 244.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258084	1	T1019		09/02/13	09/02/13	32.00	135.04	
258084	2	T1019		09/03/13	09/03/13	32.00	135.04	
258084	3	T1019		09/04/13	09/04/13	32.00	135.04	
258084	4	T1019		09/05/13	09/05/13	32.00	135.04	
258084	5	T1019		09/06/13	09/06/13	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2580840012008251SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008253 2008253 MACARENA, SAHARA 09/12/1965 VT07830U 0104171302386
DIAGNOSIS CODES: 359.0 719.45

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258103	1	T1019		08/31/13	08/31/13	48.00	202.56

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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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	
258103	2	T1019		09/01/13	09/01/13	48.00	202.56	
258103	3	T1019		09/02/13	09/02/13	48.00	202.56	
258103	4	T1019		09/03/13	09/03/13	48.00	202.56	
258103	5	T1019		09/04/13	09/04/13	48.00	202.56	
258103	6	T1019		09/05/13	09/05/13	48.00	202.56	
258103	7	T1019		09/06/13	09/06/13	36.00	151.92	
				CLAIM TOTAL			1,367.28	CLAIM ACCOUNT REF. 2581030012008253SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258115	1	T1019		09/02/13	09/02/13	32.00	135.04	
258115	2	T1019		09/03/13	09/03/13	32.00	135.04	
258115	3	T1019		09/04/13	09/04/13	32.00	135.04	
258115	4	T1019		09/05/13	09/05/13	32.00	135.04	
258115	5	T1019		09/06/13	09/06/13	32.00	135.04	
				CLAIM TOTAL			675.20	CLAIM ACCOUNT REF. 2581150012008254SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008256 2008256 CARMONA, LUZ 08/10/1954 XJ24416K 0104121301251
DIAGNOSIS CODES: 294.8 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258083	1	T1019		09/02/13	09/02/13	32.00	135.04	
258083	2	T1019		09/03/13	09/03/13	32.00	135.04	
258083	3	T1019		09/04/13	09/04/13	32.00	135.04	
258083	4	T1019		09/05/13	09/05/13	32.00	135.04	
258083	5	T1019		09/06/13	09/06/13	32.00	135.04	
				CLAIM TOTAL			675.20	CLAIM ACCOUNT REF. 2580830012008256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008257 2008257 ESTEVES, JOSE 09/04/1948 YD71377C 0103261301993
DIAGNOSIS CODES: 345.40

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258090	1	T1019		08/31/13	08/31/13	24.00	101.28	
258090	2	T1019		09/01/13	09/01/13	24.00	101.28	
258090	3	T1019		09/02/13	09/02/13	24.00	101.28	
258090	4	T1019		09/03/13	09/03/13	24.00	101.28	
258090	5	T1019		09/04/13	09/04/13	24.00	101.28	
				CLAIM TOTAL			506.40	CLAIM ACCOUNT REF. 2580900012008257SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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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 2008290 2008290 SALHUANA, YOLANDA 08/25/1935 SZ24247J 0103261301164
DIAGNOSIS CODES: 249.70 362.50 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258112	1	T1019		09/05/13	09/05/13	32.00	135.04	
258112	2	T1019		09/06/13	09/06/13	32.00	135.04	
CLAIM TOTAL							270.08	CLAIM ACCOUNT REF. 2581120012008290SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258092	1	T1019		08/31/13	08/31/13	48.00	202.56	
258092	2	T1019		09/01/13	09/01/13	48.00	202.56	
258092	3	T1019		09/02/13	09/02/13	48.00	202.56	
258092	4	T1019		09/03/13	09/03/13	48.00	202.56	
CLAIM TOTAL							810.24	CLAIM ACCOUNT REF. 2580920012008362SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008368 2008368 RODRIGUEZ, MARGARET 06/25/1950 ZP21043J R2259936
DIAGNOSIS CODES: 295.90 250.00 272.4 311. 401.9 414.3 733.00 780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258110	1	T1019		09/02/13	09/02/13	16.00	67.52	
258110	2	T1019		09/03/13	09/03/13	16.00	67.52	
258110	3	T1019		09/04/13	09/04/13	16.00	67.52	
258110	4	T1019		09/05/13	09/05/13	16.00	67.52	
258110	5	T1019		09/06/13	09/06/13	16.00	67.52	
CLAIM TOTAL							337.60	CLAIM ACCOUNT REF. 2581100012008368SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008411 2008411 FRANCISCO, RICHARD 07/10/1968 XR22414G R2176143
DIAGNOSIS CODES: 401.9 443.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258093	1	T1019		08/31/13	08/31/13	32.00	135.04	
258093	2	T1019		09/01/13	09/01/13	32.00	135.04	
258093	3	T1019		09/02/13	09/02/13	32.00	135.04	
258093	4	T1019		09/03/13	09/03/13	32.00	135.04	
258093	5	T1019		09/04/13	09/04/13	28.00	118.16	
258093	6	T1019		09/05/13	09/05/13	32.00	135.04	
258093	7	T1019		09/06/13	09/06/13	32.00	135.04	

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	928.40	2580930012008411SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008433	2008433	BHAIRO, KOWSILILLI	05/13/1954	VG15691D	R2362824
DIAGNOSIS CODES: 340. 286.0 311. 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
258080	1	T1019		08/31/13	08/31/13	32.00	135.04	
258080	2	T1019		09/01/13	09/01/13	32.00	135.04	
258080	3	T1019		09/02/13	09/02/13	32.00	135.04	
258080	4	T1019		09/03/13	09/03/13	32.00	135.04	
258080	5	T1019		09/04/13	09/04/13	32.00	135.04	
258080	6	T1019		09/05/13	09/05/13	32.00	135.04	
258080	7	T1019		09/06/13	09/06/13	32.00	135.04	
						CLAIM TOTAL	945.28	2580800012008433SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008487	2008487	BEGUM, MANWARA	11/23/1949	VD44720Z	0105161301593
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	CLAIM ACCOUNT REF.
258079	1	T1019		08/31/13	08/31/13	10.00	42.20	
258079	2	T1019		09/02/13	09/02/13	20.00	84.40	
258079	3	T1019		09/03/13	09/03/13	20.00	84.40	
258079	4	T1019		09/04/13	09/04/13	20.00	84.40	
258079	5	T1019		09/05/13	09/05/13	20.00	84.40	
258079	6	T1019		09/06/13	09/06/13	20.00	84.40	
						CLAIM TOTAL	464.20	2580790012008487SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008558	2008558	SURIEL, GERTRUDIS	03/17/1950	ZE67447D	R2223526
DIAGNOSIS CODES: 493.90 401.9 414.00 715.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
258118	1	T1019		08/31/13	08/31/13	48.00	202.56	
258118	2	T1019		09/01/13	09/01/13	48.00	202.56	
258118	3	T1019		09/02/13	09/02/13	48.00	202.56	
258118	4	T1019		09/03/13	09/03/13	48.00	202.56	
258118	5	T1019		09/04/13	09/04/13	48.00	202.56	
258118	6	T1019		09/05/13	09/05/13	48.00	202.56	
258118	7	T1019		09/06/13	09/06/13	48.00	202.56	
						CLAIM TOTAL	1,417.92	2581180012008558SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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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 2008571 2008571 ESPAILLAT, AMPARO 12/25/1949 ZG25447P 0103131301379
DIAGNOSIS CODES: 401.9 272.0 311. 365.9 366.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258089	1	T1019		08/31/13	08/31/13	16.00	67.52
258089	2	T1019		09/01/13	09/01/13	16.00	67.52
258089	3	T1019		09/02/13	09/02/13	24.00	101.28
258089	4	T1019		09/03/13	09/03/13	24.00	101.28
258089	5	T1019		09/04/13	09/04/13	24.00	101.28
258089	6	T1019		09/05/13	09/05/13	24.00	101.28
258089	7	T1019		09/06/13	09/06/13	24.00	101.28
CLAIM TOTAL							641.44
CLAIM ACCOUNT REF.							2580890012008571SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008745 2008745 TORRESCAMPOS, JOVITA 02/15/1939 SK28000U R2430244
DIAGNOSIS CODES: 463. 272.2 401.9 462. V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258265	1	T1019		09/02/13	09/02/13	32.00	113.92
258265	2	T1019		09/03/13	09/03/13	32.00	113.92
258265	3	T1019		09/04/13	09/04/13	32.00	113.92
258265	4	T1019		09/05/13	09/05/13	32.00	113.92
258265	5	T1019		09/06/13	09/06/13	32.00	113.92
CLAIM TOTAL							569.60
CLAIM ACCOUNT REF.							2582650012008745SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008919 2008919 COLON, RAYMUNDA 07/01/1939 ZQ72180D R2394992
DIAGNOSIS CODES: 253.5 272.4 401.9 447.6

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258221	1	T1019		09/01/13	09/01/13	28.00	99.68
258221	2	T1019		09/02/13	09/02/13	28.00	99.68
258221	3	T1019		09/03/13	09/03/13	20.00	71.20
258221	4	T1019		09/05/13	09/05/13	28.00	99.68
CLAIM TOTAL							370.24
CLAIM ACCOUNT REF.							2582210012008919SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009425 2009425 FRIAS, BARBARA 04/01/1954 YQ10410R 0103191302380
DIAGNOSIS CODES: 785.9 V44.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258094	1	T1019		09/02/13	09/02/13	16.00	67.52
258094	2	T1019		09/04/13	09/04/13	16.00	67.52

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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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	
258094	3	T1019		09/06/13	09/06/13	16.00	67.52	
						CLAIM TOTAL	202.56	CLAIM ACCOUNT REF. 2580940012009425SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009442	2009442	GHILIOTTY, FLORENTINA	07/18/1927	ZN29900K	R2300287
DIAGNOSIS	CODES:	427.9	250.00	272.0	366.00	401.9	733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258228	1	T1019		08/31/13	08/31/13	20.00	71.20	
258228	2	T1019		09/01/13	09/01/13	20.00	71.20	
258228	3	T1019		09/03/13	09/03/13	20.00	71.20	
258228	4	T1019		09/04/13	09/04/13	20.00	71.20	
258228	5	T1019		09/05/13	09/05/13	20.00	71.20	
258228	6	T1019		09/06/13	09/06/13	20.00	71.20	
						CLAIM TOTAL	427.20	CLAIM ACCOUNT REF. 2582280012009442SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009560	2009560	BOCHENEC, JOLANTA	07/08/1964	ZT71147Q	0104251302988
DIAGNOSIS	CODES:	854.00	272.4	300.00	307.42	781.0	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258081	1	T1019		09/01/13	09/01/13	24.00	101.28	
258081	2	T1019		09/02/13	09/02/13	24.00	101.28	
258081	3	T1019		09/03/13	09/03/13	24.00	101.28	
258081	4	T1019		09/04/13	09/04/13	24.00	101.28	
258081	5	T1019		09/05/13	09/05/13	24.00	101.28	
258081	6	T1019		09/06/13	09/06/13	24.00	101.28	
						CLAIM TOTAL	607.68	CLAIM ACCOUNT REF. 2580810012009560SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010009	2010009	VEGA, GLORIA	07/06/1955	ZU45073J	R2160981
DIAGNOSIS	CODES:	340.	250.00	272.2	311.		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258122	1	T1019		09/02/13	09/02/13	32.00	135.04	
258122	2	T1019		09/03/13	09/03/13	32.00	135.04	
						CLAIM TOTAL	270.08	CLAIM ACCOUNT REF. 2581220012010009SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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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 2010009 2010009 VEGA, GLORIA 07/06/1955 ZU45073J 0108211301415
DIAGNOSIS CODES: 340. 250.00 272.2 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258123	1	T1019		09/04/13	09/04/13	32.00	135.04
258123	2	T1019		09/05/13	09/05/13	32.00	135.04
258123	3	T1019		09/06/13	09/06/13	32.00	135.04
CLAIM TOTAL							405.12
CLAIM ACCOUNT REF.							2581230012010009SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008299 2010311 LAZALA, GLADYS 02/03/1950 ZT39863D R2308248
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
258100	1	T1019		08/31/13	08/31/13	48.00	202.56
258100	2	T1019		09/01/13	09/01/13	48.00	202.56
258100	3	T1019		09/02/13	09/02/13	48.00	202.56
258100	4	T1019		09/03/13	09/03/13	48.00	202.56
258100	5	T1019		09/04/13	09/04/13	48.00	202.56
258100	6	T1019		09/05/13	09/05/13	48.00	202.56
258100	7	T1019		09/06/13	09/06/13	48.00	202.56
CLAIM TOTAL							1,417.92
CLAIM ACCOUNT REF.							2581000012010311SUP

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
258121	1	T1019		08/10/13	08/10/13	20.00	84.40
258121	2	T1019		09/05/13	09/05/13	20.00	84.40
258121	3	T1019		09/06/13	09/06/13	20.00	84.40
CLAIM TOTAL							253.20
CLAIM ACCOUNT REF.							2581210012010758SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008813 2010967 LARA, TOMASA 10/11/1931 SX47950B R2366558
DIAGNOSIS CODES: 401.9 244.9 272.4 715.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258099	1	T1019		09/02/13	09/02/13	28.00	118.16
258099	2	T1019		09/03/13	09/03/13	32.00	135.04
258099	3	T1019		09/04/13	09/04/13	32.00	135.04
258099	4	T1019		09/05/13	09/05/13	32.00	135.04
258099	5	T1019		09/06/13	09/06/13	28.00	118.16

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							641.44	2580990012010967SUP
						CLAIM TOTAL		

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008378	2011528 BOWERS *, DIANE	10/01/1946	129232187	R2207419
DIAGNOSIS	CODES:	250.11 300.02 410.90 413.9	428.0	440.9	493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
258082	1	T1019		09/02/13	09/02/13	40.00	168.80	
258082	2	T1019		09/03/13	09/03/13	40.00	168.80	
258082	3	T1019		09/04/13	09/04/13	40.00	168.80	
258082	4	T1019		09/05/13	09/05/13	40.00	168.80	
258082	5	T1019		09/06/13	09/06/13	40.00	168.80	
						CLAIM TOTAL	844.00	2580820012011528SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2009509	2011545 GRAFSTEIN, LILLIAN	03/17/1926	PY21098S	01022513001785
DIAGNOSIS	CODES:	331.0 244.9 733.00			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
258231	1	T1020		08/31/13	08/31/13	1.00	200.00	
						CLAIM TOTAL	200.00	2582310012011545SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2009509	2011545 GRAFSTEIN, LILLIAN	03/17/1926	PY21098S	R2441211
DIAGNOSIS	CODES:	331.0 244.9 733.00			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
258232	1	T1020		09/01/13	09/01/13	1.00	200.00	
258232	2	T1020		09/02/13	09/02/13	1.00	200.00	
						CLAIM TOTAL	400.00	2582320012011545SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011790	2011790 SALICRUP, CARMEN	08/27/1933	UM62649X	R2421671
DIAGNOSIS	CODES:	250.93 272.4			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
258257	1	T1019		09/02/13	09/02/13	16.00	56.96	
258257	2	T1019		09/06/13	09/06/13	16.00	56.96	
						CLAIM TOTAL	113.92	2582570012011790SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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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 2011791 2011791 PERALTA, ANTONIO 06/27/1946 WD92450J R2341378
DIAGNOSIS CODES: 331.0 253.5 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258247	1	T1019		09/02/13	09/02/13	32.00	113.92	
258247	2	T1019		09/03/13	09/03/13	32.00	113.92	
258247	3	T1019		09/04/13	09/04/13	32.00	113.92	
258247	4	T1019		09/05/13	09/05/13	32.00	113.92	
258247	5	T1019		09/06/13	09/06/13	32.00	113.92	
CLAIM TOTAL							569.60	CLAIM ACCOUNT REF. 2582470012011791SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011794 2011794 RUIZ, MIRTA 08/16/1949 ZS10861D R2288940
DIAGNOSIS CODES: 250.02 311. 401.9 436.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258256	1	T1019		09/03/13	09/03/13	36.00	128.16	
258256	2	T1019		09/04/13	09/04/13	36.00	128.16	
258256	3	T1019		09/05/13	09/05/13	36.00	128.16	
CLAIM TOTAL							384.48	CLAIM ACCOUNT REF. 2582560012011794SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011796 2011796 ROSA, CARMEN 06/16/1945 VH41068Z R2320780
DIAGNOSIS CODES: 715.90 295.70

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258254	1	T1019		09/02/13	09/02/13	32.00	113.92	
258254	2	T1019		09/03/13	09/03/13	28.00	99.68	
258254	3	T1019		09/04/13	09/04/13	20.00	71.20	
258254	4	T1019		09/06/13	09/06/13	20.00	71.20	
CLAIM TOTAL							356.00	CLAIM ACCOUNT REF. 2582540012011796SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008405 2011820 ST ROMAINE, CLAUDE 10/01/1956 UZ14868C R2159493
DIAGNOSIS CODES: 952.9 344.9 596.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258116	1	T1019		08/31/13	08/31/13	36.00	151.92	
CLAIM TOTAL							151.92	CLAIM ACCOUNT REF. 2581160012011820SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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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 2008405 2011820 ST ROMAINE, CLAUDE 10/01/1956 UZ14868C R2374924
DIAGNOSIS CODES: 952.9 344.9 596.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258117	1	T1019		09/01/13	09/01/13	36.00	151.92
258117	2	T1019		09/03/13	09/03/13	40.00	168.80
258117	3	T1019		09/04/13	09/04/13	40.00	168.80
258117	4	T1019		09/05/13	09/05/13	40.00	168.80
258117	5	T1019		09/06/13	09/06/13	40.00	168.80
CLAIM TOTAL							827.12

CLAIM ACCOUNT REF. 2581170012011820SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011867 2011867 GOODWIN, CLYDE 09/20/1925 RF40230A R2345549
DIAGNOSIS CODES: 362.50 272.4 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258230	1	T1019		08/31/13	08/31/13	40.00	142.40
258230	2	T1019		09/01/13	09/01/13	40.00	142.40
258230	3	T1019		09/02/13	09/02/13	40.00	142.40
258230	4	T1019		09/03/13	09/03/13	40.00	142.40
258230	5	T1019		09/04/13	09/04/13	40.00	142.40
258230	6	T1019		09/05/13	09/05/13	40.00	142.40
258230	7	T1019		09/06/13	09/06/13	40.00	142.40
CLAIM TOTAL							996.80

CLAIM ACCOUNT REF. 2582300012011867SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011868 2011868 DEJESUS, YSABEL 11/13/1934 VP60263T R2402920
DIAGNOSIS CODES: 428.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258223	1	T1019		09/03/13	09/03/13	16.00	56.96
258223	2	T1019		09/04/13	09/04/13	16.00	56.96
258223	3	T1019		09/05/13	09/05/13	16.00	56.96
258223	4	T1019		09/06/13	09/06/13	16.00	56.96
CLAIM TOTAL							227.84

CLAIM ACCOUNT REF. 2582230012011868SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011884 2011884 SIERRA, DOMINGA 07/01/1933 YH21412B R2363274
DIAGNOSIS CODES: 250.00 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258258	1	T1019		08/26/13	08/26/13	32.00	113.92
258258	2	T1019		08/27/13	08/27/13	32.00	113.92

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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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	
258258	3	T1019		08/28/13	08/28/13	32.00	113.92	
258258	4	T1019		08/29/13	08/29/13	32.00	113.92	
258258	5	T1019		08/30/13	08/30/13	32.00	113.92	
258258	6	T1019		09/02/13	09/02/13	32.00	113.92	
258258	7	T1019		09/03/13	09/03/13	32.00	113.92	
258258	8	T1019		09/04/13	09/04/13	32.00	113.92	
258258	9	T1019		09/05/13	09/05/13	32.00	113.92	
258258	10	T1019		09/06/13	09/06/13	32.00	113.92	
				CLAIM TOTAL		1,139.20		CLAIM ACCOUNT REF. 2582580012011884SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011885 2011885 TORRES, JOSE 06/23/1938 WB42614P R2440069
DIAGNOSIS CODES: 493.91 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258264	1	T1019		09/02/13	09/02/13	16.00	56.96	
258264	2	T1019		09/03/13	09/03/13	16.00	56.96	
258264	3	T1019		09/04/13	09/04/13	16.00	56.96	
258264	4	T1019		09/05/13	09/05/13	16.00	56.96	
258264	5	T1019		09/06/13	09/06/13	16.00	56.96	
				CLAIM TOTAL		284.80		CLAIM ACCOUNT REF. 2582640012011885SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011886 2011886 MERCADO, ELVA 06/15/1932 YW12212B 0104051301925
DIAGNOSIS CODES: 250.00 332.1 714.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258243	1	T1019		08/31/13	08/31/13	24.00	85.44	
258243	2	T1019		09/01/13	09/01/13	24.00	85.44	
258243	3	T1019		09/02/13	09/02/13	24.00	85.44	
258243	4	T1019		09/03/13	09/03/13	20.00	71.20	
258243	5	T1019		09/04/13	09/04/13	24.00	85.44	
258243	6	T1019		09/05/13	09/05/13	20.00	71.20	
258243	7	T1019		09/06/13	09/06/13	24.00	85.44	
				CLAIM TOTAL		569.60		CLAIM ACCOUNT REF. 2582430012011886SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011887 2011887 ROSADO, CARMEN 01/20/1919 ZT37222K R2200478
DIAGNOSIS CODES: 733.09 274.00 362.50 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258255	1	T1019		09/02/13	09/02/13	48.00	170.88
258255	2	T1019		09/03/13	09/03/13	48.00	170.88

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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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	
258255	3	T1019		09/04/13	09/04/13	48.00	170.88	
258255	4	T1019		09/05/13	09/05/13	48.00	170.88	
258255	5	T1019		09/06/13	09/06/13	48.00	170.88	
					CLAIM TOTAL		854.40	CLAIM ACCOUNT REF. 2582550012011887SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011914	2011914 TORRES, ANTONIA	10/24/1924	ZM49732K	R2182496
DIAGNOSIS	CODES: 331.0	272.4			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258262	1	T1020		08/31/13	08/31/13	1.00	200.00	
					CLAIM TOTAL		200.00	CLAIM ACCOUNT REF. 2582620012011914SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011914	2011914 TORRES, ANTONIA	10/24/1924	ZM49732K	0108231303228
DIAGNOSIS	CODES: 331.0	272.4			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258263	1	T1020		09/01/13	09/01/13	1.00	200.00	
258263	2	T1020		09/02/13	09/02/13	1.00	200.00	
258263	3	T1020		09/03/13	09/03/13	1.00	200.00	
258263	4	T1020		09/04/13	09/04/13	1.00	200.00	
258263	5	T1020		09/05/13	09/05/13	1.00	200.00	
258263	6	T1020		09/06/13	09/06/13	1.00	200.00	
					CLAIM TOTAL		1,200.00	CLAIM ACCOUNT REF. 2582630012011914SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011943	2011943 CUEVA, RAFAELA	05/26/1934	WF24218W	R2249691
DIAGNOSIS	CODES: 294.10	429.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258222	1	T1019		08/31/13	08/31/13	48.00	170.88	
258222	2	T1019		09/01/13	09/01/13	48.00	170.88	
258222	3	T1019		09/02/13	09/02/13	48.00	170.88	
258222	4	T1019		09/03/13	09/03/13	48.00	170.88	
258222	5	T1019		09/04/13	09/04/13	48.00	170.88	
258222	6	T1019		09/05/13	09/05/13	48.00	170.88	
258222	7	T1019		09/06/13	09/06/13	48.00	170.88	
					CLAIM TOTAL		1,196.16	CLAIM ACCOUNT REF. 2582220012011943SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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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 2011950 2011950 RAMOS, ISABEL 03/27/1928 WF45444N R2295212
DIAGNOSIS CODES: V56.8 253.5 785.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258250	1	T1019		09/02/13	09/02/13	20.00	71.20	
258250	2	T1019		09/03/13	09/03/13	32.00	113.92	
258250	3	T1019		09/04/13	09/04/13	28.00	99.68	
258250	4	T1019		09/05/13	09/05/13	32.00	113.92	
258250	5	T1019		09/06/13	09/06/13	28.00	99.68	
					CLAIM TOTAL		498.40	CLAIM ACCOUNT REF. 2582500012011950SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011950 2011951 RAMOS, ISABEL 03/27/1928 WF45444N R2295212
DIAGNOSIS CODES: V56.8 253.5 785.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258251	1	S5131		08/31/13	08/31/13	4.00	57.00	
					CLAIM TOTAL		57.00	CLAIM ACCOUNT REF. 2582510012011951SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011961 2011961 MARTINEZ 2, EMMA 10/17/1944 ZK99698A R2338273
DIAGNOSIS CODES: 401.9 244.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258238	1	T1019		08/31/13	08/31/13	16.00	56.96	
258238	2	T1019		09/02/13	09/02/13	16.00	56.96	
					CLAIM TOTAL		113.92	CLAIM ACCOUNT REF. 2582380012011961SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011961 2011962 MARTINEZ 2, EMMA 10/17/1944 ZK99698A R2338273
DIAGNOSIS CODES: 401.9 244.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258239	1	S5130		09/04/13	09/04/13	16.00	56.96	
					CLAIM TOTAL		56.96	CLAIM ACCOUNT REF. 2582390012011962SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011964 2011964 FULLER, WILLIAM 09/28/1935 YX25158Y R2361055
DIAGNOSIS CODES: 250.01 331.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258226	1	T1019		08/31/13	08/31/13	40.00	142.40	
258226	2	T1019		09/01/13	09/01/13	40.00	142.40	

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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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	
258226	3	T1019		09/02/13	09/02/13	40.00	142.40	
258226	4	T1019		09/03/13	09/03/13	40.00	142.40	
258226	5	T1019		09/04/13	09/04/13	40.00	142.40	
258226	6	T1019		09/05/13	09/05/13	40.00	142.40	
258226	7	T1019		09/06/13	09/06/13	40.00	142.40	
				CLAIM TOTAL			996.80	CLAIM ACCOUNT REF. 2582260012011964SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011966 2011966 MATOS, AUREA 10/19/1927 TG62448J R2164221
DIAGNOSIS CODES: V44.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258241	1	T1019		08/31/13	08/31/13	24.00	85.44	
				CLAIM TOTAL			85.44	CLAIM ACCOUNT REF. 2582410012011966SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011991 2011991 HARLEY, ETHEL 01/24/1939 ZP72741M R2331024
DIAGNOSIS CODES: 250.03 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258235	1	T1019		09/02/13	09/02/13	16.00	56.96	
258235	2	T1019		09/04/13	09/04/13	16.00	56.96	
258235	3	T1019		09/05/13	09/05/13	16.00	56.96	
				CLAIM TOTAL			170.88	CLAIM ACCOUNT REF. 2582350012011991SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011997 2011997 OSBORNE, DOROTHY 01/04/1931 VK20601M R2432133
DIAGNOSIS CODES: 427.31 250.00 401.9 428.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258246	1	T1019		09/02/13	09/02/13	16.00	56.96	
258246	2	T1019		09/03/13	09/03/13	16.00	56.96	
258246	3	T1019		09/04/13	09/04/13	16.00	56.96	
258246	4	T1019		09/05/13	09/05/13	16.00	56.96	
258246	5	T1019		09/06/13	09/06/13	16.00	56.96	
				CLAIM TOTAL			284.80	CLAIM ACCOUNT REF. 2582460012011997SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012030 2012030 GARCIA, VICTORIA 05/26/1926 YP32446E R2216342
DIAGNOSIS CODES: 401.9 272.2 715.00 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258227	1	T1019		09/03/13	09/03/13	20.00	71.20

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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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	
258227	2	T1019		09/04/13	09/04/13	20.00	71.20	
258227	3	T1019		09/05/13	09/05/13	20.00	71.20	
258227	4	T1019		09/06/13	09/06/13	20.00	71.20	
				CLAIM TOTAL			284.80	CLAIM ACCOUNT REF. 2582270012012030SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012032 2012032 ORTIZ, SANTIAGO 04/12/1936 ZA54595T 0103151301546
DIAGNOSIS CODES: 294.10 250.00 272.4 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258245	1	T1019		09/02/13	09/02/13	40.00	142.40	
258245	2	T1019		09/03/13	09/03/13	40.00	142.40	
258245	3	T1019		09/04/13	09/04/13	40.00	142.40	
258245	4	T1019		09/05/13	09/05/13	40.00	142.40	
258245	5	T1019		09/06/13	09/06/13	40.00	142.40	
				CLAIM TOTAL			712.00	CLAIM ACCOUNT REF. 2582450012012032SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012039 2012039 ESTRADA, MIRIAM 01/09/1947 ZX12851A R2286465
DIAGNOSIS CODES: 493.92 253.5 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258225	1	T1019		08/31/13	08/31/13	16.00	56.96	
258225	2	T1019		09/02/13	09/02/13	32.00	113.92	
258225	3	T1019		09/03/13	09/03/13	32.00	113.92	
258225	4	T1019		09/04/13	09/04/13	32.00	113.92	
258225	5	T1019		09/05/13	09/05/13	32.00	113.92	
258225	6	T1019		09/06/13	09/06/13	32.00	113.92	
				CLAIM TOTAL			626.56	CLAIM ACCOUNT REF. 2582250012012039SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012041 2012041 ESCANIO, ANTONIO 06/13/1937 ST38273T R2333071
DIAGNOSIS CODES: 250.00 272.2 365.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258224	1	T1019		08/31/13	08/31/13	16.00	56.96	
258224	2	T1019		09/01/13	09/01/13	16.00	56.96	
258224	3	T1019		09/03/13	09/03/13	8.00	28.48	
258224	4	T1019		09/05/13	09/05/13	8.00	28.48	
258224	5	T1019		09/06/13	09/06/13	8.00	28.48	
				CLAIM TOTAL			199.36	CLAIM ACCOUNT REF. 2582240012012041SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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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 2012042 2012042 MARTINEZ, ROSARIO 07/25/1951 XE62541Y 0104301301154
DIAGNOSIS CODES: 493.92 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258240	1	T1019		08/31/13	08/31/13	16.00	56.96
258240	2	T1019		09/03/13	09/03/13	16.00	56.96
CLAIM TOTAL							113.92
CLAIM ACCOUNT REF.							2582400012012042SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012063 2012063 MALDONADO, MARIA 10/15/1920 ZN07021G R2247100
DIAGNOSIS CODES: 331.0 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258237	1	T1020		08/31/13	08/31/13	1.00	200.00
258237	2	T1020		09/01/13	09/01/13	1.00	200.00
258237	3	T1020		09/02/13	09/02/13	1.00	200.00
258237	4	T1020		09/03/13	09/03/13	1.00	200.00
258237	5	T1020		09/04/13	09/04/13	1.00	200.00
258237	6	T1020		09/05/13	09/05/13	1.00	200.00
258237	7	T1020		09/06/13	09/06/13	1.00	200.00
CLAIM TOTAL							1,400.00
CLAIM ACCOUNT REF.							2582370012012063SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012064 2012064 MAYNARD, LILLIAN 03/01/1947 ZH47128X R2292790
DIAGNOSIS CODES: 253.5 401.9 493.92

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258242	1	T1019		09/02/13	09/02/13	20.00	71.20
258242	2	T1019		09/03/13	09/03/13	20.00	71.20
258242	3	T1019		09/04/13	09/04/13	20.00	71.20
258242	4	T1019		09/05/13	09/05/13	20.00	71.20
258242	5	T1019		09/06/13	09/06/13	20.00	71.20
CLAIM TOTAL							356.00
CLAIM ACCOUNT REF.							2582420012012064SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012127 2012127 ZAPATA, SIMON 05/26/1926 UA23241S R2350814
DIAGNOSIS CODES: 414.04 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258268	1	T1019		08/30/13	08/30/13	16.00	56.96
258268	2	T1019		09/02/13	09/02/13	16.00	56.96
258268	3	T1019		09/04/13	09/04/13	16.00	56.96
258268	4	T1019		09/06/13	09/06/13	16.00	56.96

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	227.84	2582680012012127SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012208	2012208	RODRIGUEZ, PAULA	03/21/1929	XZ33242G	R2238025
DIAGNOSIS	CODES:	294.10	272.4	401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
258253	1	T1020		08/31/13	08/31/13	1.00	200.00	
258253	2	T1020		09/01/13	09/01/13	1.00	200.00	
258253	3	T1020		09/02/13	09/02/13	1.00	200.00	
258253	4	T1020		09/03/13	09/03/13	1.00	200.00	
258253	5	T1020		09/04/13	09/04/13	1.00	200.00	
258253	6	T1020		09/05/13	09/05/13	1.00	200.00	
258253	7	T1020		09/06/13	09/06/13	1.00	200.00	
						CLAIM TOTAL	1,400.00	2582530012012208SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012245	2012245	POLANCO, ANTONIA	11/10/1942	TH54120S	R2307774
DIAGNOSIS	CODES:	401.9	272.2	331.0			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
258248	1	T1019		08/15/13	08/15/13	16.00	56.96	
258248	2	T1019		08/16/13	08/16/13	16.00	56.96	
258248	3	T1019		08/17/13	08/17/13	16.00	56.96	
258248	4	T1019		08/18/13	08/18/13	16.00	56.96	
258248	5	T1019		08/19/13	08/19/13	16.00	56.96	
258248	6	T1019		08/20/13	08/20/13	16.00	56.96	
258248	7	T1019		08/21/13	08/21/13	16.00	56.96	
258248	8	T1019		08/22/13	08/22/13	16.00	56.96	
258248	9	T1019		08/23/13	08/23/13	16.00	56.96	
258248	10	T1019		08/24/13	08/24/13	16.00	56.96	
258248	11	T1019		08/25/13	08/25/13	16.00	56.96	
258248	12	T1019		08/26/13	08/26/13	16.00	56.96	
258248	13	T1019		08/27/13	08/27/13	16.00	56.96	
258248	14	T1019		08/28/13	08/28/13	16.00	56.96	
258248	15	T1019		08/29/13	08/29/13	16.00	56.96	
258248	16	T1019		08/30/13	08/30/13	16.00	56.96	
						CLAIM TOTAL	911.36	2582480012012245SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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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 2012246 2012246 POLANCO, RAMON 02/08/1925 XH93227Q R2307817
DIAGNOSIS CODES: 250.00 401.9 414.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258249	1	T1019		08/15/13	08/15/13	8.00	28.48
258249	2	T1019		08/16/13	08/16/13	8.00	28.48
258249	3	T1019		08/17/13	08/17/13	8.00	28.48
258249	4	T1019		08/18/13	08/18/13	8.00	28.48
258249	5	T1019		08/19/13	08/19/13	8.00	28.48
258249	6	T1019		08/20/13	08/20/13	8.00	28.48
258249	7	T1019		08/21/13	08/21/13	8.00	28.48
258249	8	T1019		08/22/13	08/22/13	8.00	28.48
258249	9	T1019		08/23/13	08/23/13	8.00	28.48
258249	10	T1019		08/24/13	08/24/13	8.00	28.48
258249	11	T1019		08/25/13	08/25/13	8.00	28.48
258249	12	T1019		08/26/13	08/26/13	8.00	28.48
258249	13	T1019		08/27/13	08/27/13	8.00	28.48
258249	14	T1019		08/28/13	08/28/13	8.00	28.48
258249	15	T1019		08/29/13	08/29/13	8.00	28.48
258249	16	T1019		08/30/13	08/30/13	8.00	28.48
CLAIM TOTAL							455.68
							CLAIM ACCOUNT REF. 2582490012012246SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008651 2012334 APOSTOLOVA, LJUBKA 02/07/1944 RS76119U R2316572
DIAGNOSIS CODES: 331.0 311. 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258219	1	T1019		08/24/13	08/24/13	48.00	170.88
258219	2	T1019		08/25/13	08/25/13	48.00	170.88
258219	3	T1019		08/26/13	08/26/13	48.00	170.88
258219	4	T1019		08/27/13	08/27/13	48.00	170.88
258219	5	T1019		08/28/13	08/28/13	48.00	170.88
258219	6	T1019		08/31/13	08/31/13	48.00	170.88
258219	7	T1019		09/01/13	09/01/13	48.00	170.88
258219	8	T1019		09/02/13	09/02/13	48.00	170.88
258219	9	T1019		09/03/13	09/03/13	48.00	170.88
258219	10	T1019		09/04/13	09/04/13	48.00	170.88
CLAIM TOTAL							1,708.80
							CLAIM ACCOUNT REF. 2582190012012334SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011495 2012478 ISKANDER, JACOB S 04/14/1949 YS88012Z R2296271
DIAGNOSIS CODES: 748.60 253.5 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258097	1	T1019		08/31/13	08/31/13	32.00	135.04
258097	2	T1019		09/01/13	09/01/13	32.00	135.04
258097	3	T1019		09/03/13	09/03/13	32.00	135.04
258097	4	T1019		09/04/13	09/04/13	32.00	135.04
258097	5	T1019		09/05/13	09/05/13	32.00	135.04
258097	6	T1019		09/06/13	09/06/13	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2580970012012478SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012498 2012498 SCHOONMAKER, JEAN 01/16/1944 116703035 0101171302362
DIAGNOSIS CODES: 296.22 724.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258113	1	T1019		08/31/13	08/31/13	32.00	135.04
CLAIM TOTAL							135.04
CLAIM ACCOUNT REF.							2581130012012498SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012772 2012772 THORNTON, SHIRLEY 09/02/1949 ZM67702P R2196393
DIAGNOSIS CODES: 253.5 493.92 V45.11

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258120	1	T1019		08/27/13	08/27/13	32.00	135.04
258120	2	T1019		08/29/13	08/29/13	32.00	135.04
258120	3	T1019		08/30/13	08/30/13	20.00	84.40
258120	4	T1019		08/31/13	08/31/13	32.00	135.04
258120	5	T1019		09/01/13	09/01/13	32.00	135.04
258120	6	T1019		09/02/13	09/02/13	20.00	84.40
258120	7	T1019		09/03/13	09/03/13	36.00	151.92
258120	8	T1019		09/04/13	09/04/13	20.00	84.40
258120	9	T1019		09/05/13	09/05/13	32.00	135.04
CLAIM TOTAL							1,080.32
CLAIM ACCOUNT REF.							2581200012012772SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008284 2012973 ANDERSON, BETH 12/18/1947 YC43135F R2221344
DIAGNOSIS CODES: 340. 286.0 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258218	1	T1019		08/30/13	08/30/13	32.00	113.92
258218	2	T1019		08/31/13	08/31/13	32.00	113.92

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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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	
258218	3	T1019		09/01/13	09/01/13	32.00	113.92	
258218	4	T1019		09/02/13	09/02/13	32.00	113.92	
258218	5	T1019		09/03/13	09/03/13	32.00	113.92	
258218	6	T1019		09/04/13	09/04/13	32.00	113.92	
258218	7	T1019		09/05/13	09/05/13	32.00	113.92	
258218	8	T1019		09/06/13	09/06/13	32.00	113.92	
				CLAIM TOTAL			911.36	CLAIM ACCOUNT REF. 2582180012012973SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011388 2013053 PALAZZOLO, FLORENCE 10/31/1948 PD96979S 0103181301812
DIAGNOSIS CODES: 331.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258105	1	T1020		08/31/13	08/31/13	12.00	202.56	
258105	2	T1020		09/01/13	09/01/13	12.00	202.56	
258105	3	T1020		09/02/13	09/02/13	12.00	202.56	
258105	4	T1020		09/03/13	09/03/13	12.00	202.56	
258105	5	T1020		09/04/13	09/04/13	12.00	202.56	
258105	6	T1020		09/05/13	09/05/13	12.00	202.56	
258105	7	T1020		09/06/13	09/06/13	12.00	202.56	
				CLAIM TOTAL			1,417.92	CLAIM ACCOUNT REF. 2581050012013053SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013430 2013430 GONZALEZ, MANUELA 12/24/1936 ZF02298Y 0105311302408
DIAGNOSIS CODES: 369.11 250.12 401.9 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258229	1	T1019		09/02/13	09/02/13	24.00	85.44	
258229	2	T1019		09/04/13	09/04/13	32.00	113.92	
258229	3	T1019		09/05/13	09/05/13	32.00	113.92	
				CLAIM TOTAL			313.28	CLAIM ACCOUNT REF. 2582290012013430SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2005079 2013439 SIMON, LUPE 12/12/1934 YC26622R 0105311301339
DIAGNOSIS CODES: 250.00 272.0 401.9 530.81 596.51 733.00 780.52 V44.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258261	1	T1019		09/02/13	09/02/13	16.00	56.96	
258261	2	T1019		09/04/13	09/04/13	16.00	56.96	
				CLAIM TOTAL			113.92	CLAIM ACCOUNT REF. 2582610012013439SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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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 2007980 2013443 RODRIGUEZ -1, MARIA 01/03/1941 QP71506E R2450270
DIAGNOSIS CODES: 174.0 244.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258252	1	T1019		09/05/13	09/05/13	16.00	56.96
258252	2	T1019		09/06/13	09/06/13	16.00	56.96
CLAIM TOTAL							113.92

CLAIM ACCOUNT REF. 2582520012013443SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010143 2013448 AHMED, UMARA 11/15/1985 XK51476N R2412138
DIAGNOSIS CODES: 335.19 695.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258077	1	T1019		08/31/13	08/31/13	32.00	135.04
258077	2	T1019		09/01/13	09/01/13	32.00	135.04
258077	3	T1019		09/02/13	09/02/13	32.00	135.04
258077	4	T1019		09/03/13	09/03/13	32.00	135.04
258077	5	T1019		09/04/13	09/04/13	32.00	135.04
258077	6	T1019		09/05/13	09/05/13	32.00	135.04
258077	7	T1019		09/06/13	09/06/13	32.00	135.04
CLAIM TOTAL							945.28

CLAIM ACCOUNT REF. 2580770012013448SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010671 2013451 AKHTER, SELINA 07/13/1960 SX51375D R2301599
DIAGNOSIS CODES: 093.9 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258078	1	T1019		08/19/13	08/19/13	36.00	151.92
CLAIM TOTAL							151.92

CLAIM ACCOUNT REF. 2580780012013451SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012500 2013452 DEKMAK, GRISEL 03/02/1964 VV95212H 020113323665
DIAGNOSIS CODES: 340. 285.8 311. 596.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258086	1	T1019		08/31/13	08/31/13	48.00	202.56
258086	2	T1019		09/01/13	09/01/13	48.00	202.56
258086	3	T1019		09/02/13	09/02/13	48.00	202.56
258086	4	T1019		09/03/13	09/03/13	48.00	202.56
258086	5	T1019		09/04/13	09/04/13	48.00	202.56
258086	6	T1019		09/05/13	09/05/13	48.00	202.56
258086	7	T1019		09/06/13	09/06/13	48.00	202.56
CLAIM TOTAL							1,417.92

CLAIM ACCOUNT REF. 2580860012013452SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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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 2008802 2013453 DIAZ 1, CARMEN 07/29/1950 WB78930D R2397419
DIAGNOSIS CODES: V02.62 300.00 401.9 719.89 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258087	1	T1019		08/20/13	08/20/13	24.00	101.28
258087	2	T1019		09/02/13	09/02/13	16.00	67.52
258087	3	T1019		09/03/13	09/03/13	24.00	101.28
258087	4	T1019		09/04/13	09/04/13	24.00	101.28
258087	5	T1019		09/05/13	09/05/13	28.00	118.16
258087	6	T1019		09/06/13	09/06/13	20.00	84.40
CLAIM TOTAL							573.92
CLAIM ACCOUNT REF.							2580870012013453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008427 2013455 FLORES, MARITZA 09/26/1953 ZG96532J R2303561
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
258091	1	T1019		08/31/13	08/31/13	40.00	168.80
258091	2	T1019		09/01/13	09/01/13	40.00	168.80
258091	3	T1019		09/02/13	09/02/13	40.00	168.80
258091	4	T1019		09/03/13	09/03/13	40.00	168.80
258091	5	T1019		09/04/13	09/04/13	40.00	168.80
258091	6	T1019		09/05/13	09/05/13	40.00	168.80
258091	7	T1019		09/06/13	09/06/13	40.00	168.80
CLAIM TOTAL							1,181.60
CLAIM ACCOUNT REF.							2580910012013455SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008366 2013458 JONES, CYNTHIA 03/17/1950 ZU54275V R2303721
DIAGNOSIS CODES: 333.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258098	1	T1019		08/27/13	08/27/13	20.00	84.40
258098	2	T1019		08/30/13	08/30/13	20.00	84.40
CLAIM TOTAL							168.80
CLAIM ACCOUNT REF.							2580980012013458SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008263 2013462 MORALES HERNANDEZ, EDW 10/28/1952 XV26396D 0107171301672
DIAGNOSIS CODES: 344.1 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258104	1	T1019		08/31/13	08/31/13	24.00	101.28
258104	2	T1019		09/01/13	09/01/13	24.00	101.28
258104	3	T1019		09/02/13	09/02/13	24.00	101.28

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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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
258104	4	T1019		09/03/13	09/03/13	24.00	101.28
258104	5	T1019		09/04/13	09/04/13	24.00	101.28
258104	6	T1019		09/05/13	09/05/13	24.00	101.28
258104	7	T1019		09/06/13	09/06/13	24.00	101.28
CLAIM TOTAL							708.96
							CLAIM ACCOUNT REF. 2581040012013462SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008531	2013465	RODRIGUEZ -2, MARIA	02/16/1949	SB98419Y	0105301304726
DIAGNOSIS		CODES:	250.00	272.4	331.0	401.9	799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258109	1	T1019		08/19/13	08/19/13	24.00	101.28
258109	2	T1019		08/20/13	08/20/13	24.00	101.28
258109	3	T1019		08/21/13	08/21/13	24.00	101.28
258109	4	T1019		08/22/13	08/22/13	24.00	101.28
258109	5	T1019		08/23/13	08/23/13	24.00	101.28
258109	6	T1019		08/26/13	08/26/13	24.00	101.28
258109	7	T1019		08/27/13	08/27/13	24.00	101.28
258109	8	T1019		08/28/13	08/28/13	24.00	101.28
258109	9	T1019		08/29/13	08/29/13	24.00	101.28
258109	10	T1019		08/30/13	08/30/13	24.00	101.28
258109	11	T1019		09/02/13	09/02/13	24.00	101.28
258109	12	T1019		09/03/13	09/03/13	24.00	101.28
258109	13	T1019		09/04/13	09/04/13	24.00	101.28
258109	14	T1019		09/05/13	09/05/13	24.00	101.28
258109	15	T1019		09/06/13	09/06/13	24.00	101.28
CLAIM TOTAL							1,519.20
							CLAIM ACCOUNT REF. 2581090012013465SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008265	2013467	SHEPPARD, ERMA	10/05/1954	ZX55600A	0105301305797
DIAGNOSIS		CODES:	295.90	250.00	272.0	401.9	440.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258114	1	T1019		08/31/13	08/31/13	40.00	168.80
258114	2	T1019		09/01/13	09/01/13	40.00	168.80
258114	3	T1019		09/02/13	09/02/13	36.00	151.92
258114	4	T1019		09/03/13	09/03/13	40.00	168.80
258114	5	T1019		09/04/13	09/04/13	40.00	168.80
258114	6	T1019		09/05/13	09/05/13	40.00	168.80
258114	7	T1019		09/06/13	09/06/13	40.00	168.80
CLAIM TOTAL							1,164.72
							CLAIM ACCOUNT REF. 2581140012013467SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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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 2013602 2013602 LOPEZ, YAMILETH 11/22/1957 129932699 R2346153
DIAGNOSIS CODES: 250.00 272.4 401.9 530.81 719.7

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258101	1	T1019		09/02/13	09/02/13	20.00	84.40	
258101	2	T1019		09/03/13	09/03/13	20.00	84.40	
258101	3	T1019		09/04/13	09/04/13	20.00	84.40	
258101	4	T1019		09/05/13	09/05/13	20.00	84.40	
258101	5	T1019		09/06/13	09/06/13	20.00	84.40	
CLAIM TOTAL							422.00	CLAIM ACCOUNT REF. 2581010012013602SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013732 2013732 GARCIA DE LA CRUZ, ANA 05/27/1937 117528059 R2379963
DIAGNOSIS CODES: 715.09 338.4 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258095	1	T1019		09/03/13	09/03/13	16.00	67.52	
258095	2	T1019		09/04/13	09/04/13	16.00	67.52	
258095	3	T1019		09/05/13	09/05/13	16.00	67.52	
258095	4	T1019		09/06/13	09/06/13	16.00	67.52	
CLAIM TOTAL							270.08	CLAIM ACCOUNT REF. 2580950012013732SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013739 2013739 GUERRA, MAYRA 07/10/1957 130005275 R2380289
DIAGNOSIS CODES: 332.0 311. 338.4 719.7 V15.88

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258096	1	T1019		08/31/13	08/31/13	32.00	135.04	
258096	2	T1019		09/01/13	09/01/13	32.00	135.04	
258096	3	T1019		09/02/13	09/02/13	32.00	135.04	
258096	4	T1019		09/03/13	09/03/13	32.00	135.04	
258096	5	T1019		09/04/13	09/04/13	32.00	135.04	
258096	6	T1019		09/05/13	09/05/13	32.00	135.04	
258096	7	T1019		09/06/13	09/06/13	32.00	135.04	
CLAIM TOTAL							945.28	CLAIM ACCOUNT REF. 2580960012013739SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008886 2013849 REINA, JOSE 05/31/1928 130116891 0107311303394
DIAGNOSIS CODES: 244.9 272.4 600.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258106	1	S5131		09/02/13	09/02/13	5.00	1,012.80
258106	2	S5131		09/03/13	09/03/13	5.00	1,012.80

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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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
258106	3	S5131		09/04/13	09/04/13	5.00	1,012.80
258106	4	S5131		09/05/13	09/05/13	5.00	1,012.80
258106	5	S5131		09/06/13	09/06/13	5.00	1,012.80
CLAIM TOTAL							5,064.00

CLAIM ACCOUNT REF. 2581060012013849SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009337 2013850 DOMINGUEZ-REIN, ANA T 09/02/1932 113539931 R2397139
DIAGNOSIS CODES: 401.9 715.00 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258088	1	S5131		08/31/13	08/31/13	5.00	1,012.80
258088	2	S5131		09/02/13	09/02/13	5.00	1,012.80
258088	3	S5131		09/03/13	09/03/13	5.00	1,012.80
258088	4	S5131		09/04/13	09/04/13	5.00	1,012.80
258088	5	S5131		09/05/13	09/05/13	5.00	1,012.80
258088	6	S5131		09/06/13	09/06/13	5.00	1,012.80
CLAIM TOTAL							6,076.80

CLAIM ACCOUNT REF. 2580880012013850SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013941 2013941 TELLO, ZOILA 11/04/1954 WF19113P R2389724
DIAGNOSIS CODES: 727.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258119	1	T1019		09/02/13	09/02/13	16.00	67.52
258119	2	T1019		09/03/13	09/03/13	16.00	67.52
258119	3	T1019		09/04/13	09/04/13	16.00	67.52
258119	4	T1019		09/05/13	09/05/13	16.00	67.52
258119	5	T1019		09/06/13	09/06/13	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2581190012013941SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009405 2013942 CORTES DE GALINDO, NEL 05/25/1925 PF03624B R2196521
DIAGNOSIS CODES: 401.9 244.9 537.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258085	1	T1019		08/26/13	08/26/13	24.00	101.28
258085	2	T1019		08/27/13	08/27/13	24.00	101.28
258085	3	T1019		08/28/13	08/28/13	24.00	101.28
258085	4	T1019		08/29/13	08/29/13	24.00	101.28
258085	5	T1019		08/30/13	08/30/13	24.00	101.28
258085	6	T1019		09/02/13	09/02/13	24.00	101.28
258085	7	T1019		09/03/13	09/03/13	24.00	101.28
258085	8	T1019		09/05/13	09/05/13	24.00	101.28

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NPI = 1154407492

AMOUNT	
810.24	CLAIM ACCOUNT REF. 2580850012013942SUP

# OF CLAIMS =	509	TOTAL CLAIM AMOUNT =	70,529.92
# SERVICES =	94		

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008245 2008245 CALDERON, MIGDALIA 08/02/1961 100195559 610563075
DIAGNOSIS CODES: 250.00 428.0 724.00 724.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258137	1	T1019		08/10/13	08/10/13	40.00	171.60
258137	2	T1019		08/11/13	08/11/13	40.00	171.60
258137	3	T1019		08/12/13	08/12/13	40.00	171.60
258137	4	T1019		08/13/13	08/13/13	40.00	171.60
258137	5	T1019		08/14/13	08/14/13	40.00	171.60
258137	6	T1019		08/15/13	08/15/13	40.00	171.60
258137	7	T1019		08/16/13	08/16/13	40.00	171.60
258137	8	T1019		08/17/13	08/17/13	40.00	171.60
258137	9	T1019		08/18/13	08/18/13	40.00	171.60
258137	10	T1019		08/19/13	08/19/13	40.00	171.60
258137	11	T1019		08/20/13	08/20/13	40.00	171.60
258137	12	T1019		08/21/13	08/21/13	40.00	171.60
258137	13	T1019		08/22/13	08/22/13	40.00	171.60
258137	14	T1019		08/23/13	08/23/13	40.00	171.60
258137	15	T1019		08/24/13	08/24/13	40.00	171.60
258137	16	T1019		08/25/13	08/25/13	40.00	171.60
258137	17	T1019		08/26/13	08/26/13	40.00	171.60
258137	18	T1019		08/27/13	08/27/13	40.00	171.60
258137	19	T1019		08/29/13	08/29/13	4.00	17.16
258137	20	T1019		08/31/13	08/31/13	31.00	132.99
258137	21	T1019		09/01/13	09/01/13	40.00	171.60
258137	22	T1019		09/02/13	09/02/13	40.00	171.60
258137	23	T1019		09/03/13	09/03/13	40.00	171.60
258137	24	T1019		09/04/13	09/04/13	40.00	171.60
258137	25	T1019		09/05/13	09/05/13	40.00	171.60
258137	26	T1019		09/06/13	09/06/13	40.00	171.60
CLAIM TOTAL						4,268.55	CLAIM ACCOUNT REF. 2581370012008245SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008287 2008287 MILLAN, ARMIDA 09/13/1928 100063356 610554187
DIAGNOSIS CODES: 250.00 272.4 311. 356.9 365.9 401.9 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258139	1	T1019		09/01/13	09/01/13	16.00	68.64
258139	2	T1019		09/02/13	09/02/13	36.00	154.44
258139	3	T1019		09/03/13	09/03/13	36.00	154.44
258139	4	T1019		09/04/13	09/04/13	36.00	154.44
258139	5	T1019		09/05/13	09/05/13	36.00	154.44
258139	6	T1019		09/06/13	09/06/13	36.00	154.44

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	840.84	2581390012008287SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008401	2008401	SAFOS, PATRA	12/18/1948	100029836	611508024
DIAGNOSIS CODES: 340. 244.8 272.0 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
258141	1	T1019		08/31/13	08/31/13	32.00	137.28	
258141	2	T1019		09/01/13	09/01/13	32.00	137.28	
258141	3	T1019		09/02/13	09/02/13	32.00	137.28	
258141	4	T1019		09/03/13	09/03/13	32.00	137.28	
258141	5	T1019		09/04/13	09/04/13	32.00	137.28	
258141	6	T1019		09/05/13	09/05/13	32.00	137.28	
258141	7	T1019		09/06/13	09/06/13	32.00	137.28	
						CLAIM TOTAL	960.96	2581410012008401SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013181	2013181	REYES, RODOLFO	04/17/1927	101465844	611028746
DIAGNOSIS CODES: 427.89 443.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
258140	1	T1019		08/31/13	08/31/13	16.00	68.64	
258140	2	T1019		09/04/13	09/04/13	16.00	68.64	
						CLAIM TOTAL	137.28	2581400012013181SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013182	2013182	FARFAN, MARIA	06/17/1924	101465838	611033079
DIAGNOSIS CODES: 780.99 294.10 530.81 733.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
258138	1	T1019		08/31/13	08/31/13	32.00	137.28	
258138	2	T1019		09/01/13	09/01/13	32.00	137.28	
258138	3	T1019		09/02/13	09/02/13	32.00	137.28	
258138	4	T1019		09/03/13	09/03/13	32.00	137.28	
258138	5	T1019		09/04/13	09/04/13	32.00	137.28	
258138	6	T1019		09/05/13	09/05/13	32.00	137.28	
258138	7	T1019		09/06/13	09/06/13	32.00	137.28	
						CLAIM TOTAL	960.96	2581380012013182SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2581420012013609SUP

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	52	TOTAL CLAIM AMOUNT =	7,666.23
		# SERVICES =	6		

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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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 103536057
DIAGNOSIS CODES: 431. 784.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258270	1	T1019	0580	08/31/13	08/31/13	40.00	168.80
258270	2	T1019	0580	09/01/13	09/01/13	40.00	168.80
258270	3	T1019	0580	09/02/13	09/02/13	32.00	135.04
258270	4	T1019	0580	09/03/13	09/03/13	32.00	135.04
258270	5	T1019	0580	09/04/13	09/04/13	32.00	135.04
258270	6	T1019	0580	09/05/13	09/05/13	32.00	135.04
258270	7	T1019	0580	09/06/13	09/06/13	32.00	135.04
CLAIM TOTAL						1,012.80	CLAIM ACCOUNT REF. 2582700012008266SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008409 2009279 PRUITT, JOHNNY 10/26/1956 712824266 103273331
DIAGNOSIS CODES: 249.00 272.4 295.00 401.9 585.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258271	1	S5130	0582	09/03/13	09/03/13	16.00	67.52
258271	2	S5130	0582	09/05/13	09/05/13	16.00	67.52
CLAIM TOTAL						135.04	CLAIM ACCOUNT REF. 2582710012009279SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258273	1	T1019	0580	08/31/13	08/31/13	16.00	67.52
CLAIM TOTAL						67.52	CLAIM ACCOUNT REF. 2582730012010728SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258272	1	T1019	0580	08/31/13	08/31/13	20.00	84.40
258272	2	T1019	0580	09/01/13	09/01/13	20.00	84.40
258272	3	T1019	0580	09/02/13	09/02/13	16.00	67.52
258272	4	T1019	0580	09/03/13	09/03/13	16.00	67.52
258272	5	T1019	0580	09/04/13	09/04/13	16.00	67.52
258272	6	T1019	0580	09/05/13	09/05/13	16.00	67.52
258272	7	T1019	0580	09/06/13	09/06/13	16.00	67.52
CLAIM TOTAL						506.40	CLAIM ACCOUNT REF. 2582720012010729SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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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 2012083 2012354 CRUZ, SALVADOR 05/10/1932 713917795 103312801
DIAGNOSIS CODES: 290.0 401.9 447.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258276	1	T1019	0580	08/12/13	08/12/13	24.00	90.00	
258276	2	T1019	0580	08/13/13	08/13/13	24.00	90.00	
CLAIM TOTAL							180.00	CLAIM ACCOUNT REF. 2582760012012354SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012083 2012354 CRUZ, SALVADOR 05/10/1932 713917795 103312801
DIAGNOSIS CODES: 290.0 401.9 447.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258277	1	T1019	0580	09/02/13	09/02/13	24.00	90.00	
258277	2	T1019	0580	09/03/13	09/03/13	24.00	90.00	
258277	3	T1019	0580	09/04/13	09/04/13	24.00	90.00	
258277	4	T1019	0580	09/05/13	09/05/13	24.00	90.00	
CLAIM TOTAL							360.00	CLAIM ACCOUNT REF. 2582770012012354SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012078 2012358 MARTINEZ, TOMASITA 01/03/1944 714799688 103312469
DIAGNOSIS CODES: 715.09 311. 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258280	1	T1019	0580	09/02/13	09/02/13	16.00	60.00	
258280	2	T1019	0580	09/03/13	09/03/13	16.00	60.00	
258280	3	T1019	0580	09/04/13	09/04/13	16.00	60.00	
258280	4	T1019	0580	09/05/13	09/05/13	16.00	60.00	
258280	5	T1019	0580	09/06/13	09/06/13	16.00	60.00	
CLAIM TOTAL							300.00	CLAIM ACCOUNT REF. 2582800012012358SUP

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	
258278	1	T1019	0580	09/02/13	09/02/13	32.00	120.00	
258278	2	T1019	0580	09/03/13	09/03/13	36.00	135.00	
258278	3	T1019	0580	09/04/13	09/04/13	32.00	120.00	
258278	4	T1019	0580	09/05/13	09/05/13	36.00	135.00	
258278	5	T1019	0580	09/06/13	09/06/13	32.00	120.00	
CLAIM TOTAL							630.00	CLAIM ACCOUNT REF. 2582780012012374SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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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 2012732 2012732 COLCHAMIRO, ESTHER 02/01/1919 717373336 103441419
DIAGNOSIS CODES: 799.9 244.9 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258275	1	T1019	0580	09/02/13	09/02/13	28.00	105.00
258275	2	T1019	0580	09/03/13	09/03/13	28.00	105.00
CLAIM TOTAL							210.00
CLAIM ACCOUNT REF.							2582750012012732SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012163 2012876 AKHTAR, CATHRINE 11/07/1951 713952989 103312611
DIAGNOSIS CODES: 799.9 250.00 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258274	1	T1019	0580	08/31/13	08/31/13	20.00	75.00
258274	2	T1019	0580	09/01/13	09/01/13	20.00	75.00
258274	3	T1019	0580	09/02/13	09/02/13	28.00	105.00
258274	4	T1019	0580	09/03/13	09/03/13	28.00	105.00
258274	5	T1019	0580	09/04/13	09/04/13	28.00	105.00
258274	6	T1019	0580	09/05/13	09/05/13	28.00	105.00
258274	7	T1019	0580	09/06/13	09/06/13	28.00	105.00
CLAIM TOTAL							675.00
CLAIM ACCOUNT REF.							2582740012012876SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258279	1	T1019	0580	09/02/13	09/02/13	16.00	60.00
258279	2	T1019	0580	09/03/13	09/03/13	16.00	60.00
258279	3	T1019	0580	09/05/13	09/05/13	16.00	60.00
258279	4	T1019	0580	09/06/13	09/06/13	16.00	60.00
CLAIM TOTAL							240.00
CLAIM ACCOUNT REF.							2582790012013018SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009247 2013352 CARRILLO, MARIA 05/18/1956 712689120 103584528
DIAGNOSIS CODES: 714.0 311. 401.9 493.90 696.1 780.52 799.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258269	1	T1019	0580	09/03/13	09/03/13	20.00	84.40
258269	2	T1019	0580	09/05/13	09/05/13	20.00	84.40
258269	3	T1019	0580	09/06/13	09/06/13	20.00	84.40
CLAIM TOTAL							253.20
CLAIM ACCOUNT REF.							2582690012013352SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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

PAYER TOTALS:	AMERIGROUP NEW YORK,LLC	# OF CLAIMS =	49	TOTAL CLAIM AMOUNT =	4,569.96
		# SERVICES =	11		

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = ELDER ELDERSERVE

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009623 2013814 BEAN, ELMIRA 10/09/1948 00001678800 8/22/2012-00581-0006
DIAGNOSIS CODES: 250.00 272.2 311. 401.9 436. 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258298	1	T1019	0671	08/31/13	08/31/13	20.00	72.60
258298	2	T1019	0671	09/02/13	09/02/13	32.00	116.16
258298	3	T1019	0671	09/03/13	09/03/13	32.00	116.16
258298	4	T1019	0671	09/04/13	09/04/13	32.00	116.16
258298	5	T1019	0671	09/05/13	09/05/13	32.00	116.16
258298	6	T1019	0671	09/06/13	09/06/13	32.00	116.16
CLAIM TOTAL							653.40
CLAIM ACCOUNT REF.							2582980012013814SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012728 2013815 MEYSTER, LYUBOV 01/08/1930 00002862300 3/5/2013-00134-0001
DIAGNOSIS CODES: V68.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258299	1	T1019	0671	09/02/13	09/02/13	20.00	72.60
258299	2	T1019	0671	09/03/13	09/03/13	20.00	72.60
258299	3	T1019	0671	09/04/13	09/04/13	20.00	72.60
258299	4	T1019	0671	09/05/13	09/05/13	20.00	72.60
258299	5	T1019	0671	09/06/13	09/06/13	20.00	72.60
CLAIM TOTAL							363.00
CLAIM ACCOUNT REF.							2582990012013815SUP

PAYER TOTALS: ELDERSERVE # OF CLAIMS = 11 TOTAL CLAIM AMOUNT = 1,016.40
SERVICES = 2

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1997785 1997785 RIVAS, GERTRUDIS 10/14/1931 GNT00533400 9/13/2011-00672-0010
DIAGNOSIS CODES: 250.81 272.0 311. 401.9 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258460	1	S5125		09/02/13	09/02/13	24.00	94.56
258460	2	S5125		09/03/13	09/03/13	24.00	94.56
258460	3	S5125		09/04/13	09/04/13	24.00	94.56
258460	4	S5125		09/05/13	09/05/13	24.00	94.56
258460	5	S5125		09/06/13	09/06/13	24.00	94.56
CLAIM TOTAL							472.80
							CLAIM ACCOUNT REF. 2584600011997785SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1997789 1997789 SANCHEZ, ELIZABETH 01/03/1956 GNT00370600 11/17/2003-00133-0144
DIAGNOSIS CODES: 345.90 316. 369.4 462. 781.2 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258479	1	T1019		08/31/13	08/31/13	16.00	63.04
258479	2	T1019		09/01/13	09/01/13	16.00	63.04
258479	3	T1019		09/02/13	09/02/13	28.00	110.32
258479	4	T1019		09/03/13	09/03/13	28.00	110.32
258479	5	T1019		09/04/13	09/04/13	28.00	110.32
258479	6	T1019		09/05/13	09/05/13	28.00	110.32
258479	7	T1019		09/06/13	09/06/13	28.00	110.32
CLAIM TOTAL							677.68
							CLAIM ACCOUNT REF. 2584790011997789SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1999328 1999328 ZUMAETA, FANNY 04/09/1936 GNT03663500 4/27/2007-00047-0033
DIAGNOSIS CODES: 318.1 345.91 369.4 389.10 453.8 784.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258523	1	T1019		08/31/13	08/31/13	28.00	110.32
CLAIM TOTAL							110.32
							CLAIM ACCOUNT REF. 2585230011999328SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1999328 1999328 ZUMAETA, FANNY 04/09/1936 GNT03663500 4/27/2007-00047-0036
DIAGNOSIS CODES: 318.1 345.91 369.4 389.10 453.8 784.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258524	1	T1019		09/01/13	09/01/13	28.00	110.32
258524	2	T1019		09/02/13	09/02/13	40.00	157.60
258524	3	T1019		09/03/13	09/03/13	40.00	157.60
258524	4	T1019		09/04/13	09/04/13	40.00	157.60
258524	5	T1019		09/05/13	09/05/13	40.00	157.60

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258524	6	T1019		09/06/13	09/06/13	40.00	157.60
CLAIM TOTAL							898.32
CLAIM ACCOUNT REF.							2585240011999328SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2002109	2002109	PROANO, ALICIA	09/18/1924	93700845900	7/27/2010-00116-0013
DIAGNOSIS CODES: 250.00 212.2 485. 272.0 401.9 493.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258446	1	T1030		07/15/13	07/15/13	1.00	90.00
CLAIM TOTAL							90.00
CLAIM ACCOUNT REF.							2584460012002109SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2002109	2002109	PROANO, ALICIA	09/18/1924	93700845900	7/27/2010-00116-0014
DIAGNOSIS CODES: 250.00 212.2 485. 272.0 401.9 493.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258447	1	S5125 TT		08/31/13	08/31/13	20.00	83.80
258447	2	S5125 TT		09/01/13	09/01/13	20.00	83.80
258447	3	S5125 TT		09/02/13	09/02/13	20.00	83.80
258447	4	S5125 TT		09/04/13	09/04/13	20.00	83.80
258447	5	S5125 TT		09/05/13	09/05/13	20.00	83.80
258447	6	S5125 TT		09/06/13	09/06/13	20.00	83.80
CLAIM TOTAL							502.80
CLAIM ACCOUNT REF.							2584470012002109SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	1997798	2002124	SHELTON, AGUEDA	02/05/1919	GNT03123900	3/3/2009-00651-0023
DIAGNOSIS CODES: 331.0 401.9 716.90 733.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258491	1	T1019		09/01/13	09/01/13	28.00	110.32
258491	2	T1019		09/02/13	09/02/13	28.00	110.32
258491	3	T1019		09/03/13	09/03/13	28.00	110.32
258491	4	T1019		09/04/13	09/04/13	28.00	110.32
258491	5	T1019		09/05/13	09/05/13	28.00	110.32
258491	6	T1019		09/06/13	09/06/13	28.00	110.32
CLAIM TOTAL							661.92
CLAIM ACCOUNT REF.							2584910012002124SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2000377	2002162	MUSCAT, CARMEN	02/28/1927	GNT04082300	7/13/2012-00639-0005
DIAGNOSIS CODES: 250.00 272.2 401.9 564.09 733.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258414	1	T1019		08/31/13	08/31/13	23.00	90.62

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258414	2	T1019		09/01/13	09/01/13	22.00	86.68	
258414	3	T1019		09/04/13	09/04/13	32.00	126.08	
258414	4	T1019		09/05/13	09/05/13	32.00	126.08	
258414	5	T1019		09/06/13	09/06/13	32.00	126.08	
					CLAIM TOTAL		555.54	CLAIM ACCOUNT REF. 2584140012002162SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2002531	2002531	NEWBOLD, RAMONA	09/24/1934	GNT04415000	10/27/2008-00400-0023
DIAGNOSIS	CODES:	715.90	369.9	401.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258417	1	S5125		09/02/13	09/02/13	20.00	78.80	
258417	2	S5125		09/03/13	09/03/13	20.00	78.80	
258417	3	S5125		09/04/13	09/04/13	20.00	78.80	
258417	4	S5125		09/05/13	09/05/13	20.00	78.80	
258417	5	S5125		09/06/13	09/06/13	20.00	78.80	
					CLAIM TOTAL		394.00	CLAIM ACCOUNT REF. 2584170012002531SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	1997777	2002769	CEPEDA, TOMASA	09/07/1932	93700964900	12/4/2008-00022-0024
DIAGNOSIS	CODES:	253.5	401.9	452.	462.	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258322	1	S5125		08/05/13	08/05/13	24.00	94.56	
					CLAIM TOTAL		94.56	CLAIM ACCOUNT REF. 2583220012002769SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	1997777	2002769	CEPEDA, TOMASA	09/07/1932	93700964900	12/4/2008-00022-0027
DIAGNOSIS	CODES:	253.5	401.9	452.	462.	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258323	1	S5125		09/06/13	09/06/13	24.00	94.56	
					CLAIM TOTAL		94.56	CLAIM ACCOUNT REF. 2583230012002769SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2003052	2003052	ESCOBAR, DOMINGA	08/04/1937	GNT04459300	12/26/2008-00295-0062
DIAGNOSIS	CODES:	586.	250.00	272.0	401.9	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258342	1	T1019		09/03/13	09/03/13	24.00	94.56	
					CLAIM TOTAL		94.56	CLAIM ACCOUNT REF. 2583420012003052SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1997754 2003087 PAPHITIS, RICHARD 05/14/1923 GNT03006300 11/23/2005-00393-0046
DIAGNOSIS CODES: 343.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258435	1	T1019		08/26/13	08/26/13	32.00	126.08
258435	2	T1019		08/27/13	08/27/13	32.00	126.08
258435	3	T1019		08/28/13	08/28/13	32.00	126.08
258435	4	T1019		08/29/13	08/29/13	32.00	126.08
258435	5	T1019		08/30/13	08/30/13	32.00	126.08
258435	6	T1019		09/03/13	09/03/13	32.00	126.08
258435	7	T1019		09/04/13	09/04/13	32.00	126.08
258435	8	T1019		09/05/13	09/05/13	32.00	126.08
258435	9	T1019		09/06/13	09/06/13	32.00	126.08
CLAIM TOTAL						1,134.72	CLAIM ACCOUNT REF. 2584350012003087SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2003177 2003177 WHITLEY, MYRNA 07/04/1950 GNT04373700 2/11/2009-00446-0023
DIAGNOSIS CODES: 340. 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258517	1	T1019		09/02/13	09/02/13	24.00	94.56
258517	2	T1019		09/03/13	09/03/13	24.00	94.56
258517	3	T1019		09/04/13	09/04/13	24.00	94.56
258517	4	T1019		09/05/13	09/05/13	24.00	94.56
258517	5	T1019		09/06/13	09/06/13	24.00	94.56
CLAIM TOTAL						472.80	CLAIM ACCOUNT REF. 2585170012003177SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2003254 2003254 JIMENEZ, EUGENIA 03/15/1931 GNT04164400 2/22/2012-00525-0006
DIAGNOSIS CODES: 331.0 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258380	1	T1019		08/31/13	08/31/13	42.00	165.48
CLAIM TOTAL						165.48	CLAIM ACCOUNT REF. 2583800012003254SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2003254 2003254 JIMENEZ, EUGENIA 03/15/1931 GNT04164400 2/22/2012-00525-0008
DIAGNOSIS CODES: 331.0 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258381	1	T1019		09/01/13	09/01/13	45.00	177.30
258381	2	T1019		09/02/13	09/02/13	46.00	181.24
258381	3	T1019		09/03/13	09/03/13	46.00	181.24

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258381	4	T1019		09/04/13	09/04/13	46.00	181.24	
258381	5	T1019		09/05/13	09/05/13	46.00	181.24	
258381	6	T1019		09/06/13	09/06/13	40.00	157.60	
				CLAIM TOTAL		1,059.86		CLAIM ACCOUNT REF. 2583810012003254SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2004554	2004554	DONOSO, MARGARETHA	09/17/1938	GNT01219900	9/25/2009-00474-0021
DIAGNOSIS	CODES:	250.00	362.74	401.9	781.2		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258336	1	S5125		09/02/13	09/02/13	24.00	94.56	
258336	2	S5125		09/03/13	09/03/13	24.00	94.56	
258336	3	S5125		09/05/13	09/05/13	24.00	94.56	
258336	4	S5125		09/06/13	09/06/13	24.00	94.56	
				CLAIM TOTAL		378.24		CLAIM ACCOUNT REF. 2583360012004554SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2004768	2004768	NUNEZ, ANGELINA	10/01/1946	GNT02920000	9/28/2005-00256-0055
DIAGNOSIS	CODES:	493.00	250.00	361.9	366.00	715.90	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258418	1	T1019		09/02/13	09/02/13	16.00	63.04	
258418	2	T1019		09/03/13	09/03/13	16.00	63.04	
258418	3	T1019		09/04/13	09/04/13	16.00	63.04	
258418	4	T1019		09/05/13	09/05/13	16.00	63.04	
258418	5	T1019		09/06/13	09/06/13	16.00	63.04	
				CLAIM TOTAL		315.20		CLAIM ACCOUNT REF. 2584180012004768SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2002344	2006080	JOHNSON, DOROTHY	03/14/1932	GNT04334500	10/6/2008-00633-0045
DIAGNOSIS	CODES:	331.0	250.00	272.2	401.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258382	1	S5125		08/31/13	08/31/13	46.00	181.24	
258382	2	S5125		09/01/13	09/01/13	44.00	173.36	
258382	3	S5125		09/02/13	09/02/13	46.00	181.24	
258382	4	S5125		09/03/13	09/03/13	48.00	189.12	
258382	5	S5125		09/04/13	09/04/13	48.00	189.12	
258382	6	S5125		09/05/13	09/05/13	48.00	189.12	
258382	7	S5125		09/06/13	09/06/13	48.00	189.12	
				CLAIM TOTAL		1,292.32		CLAIM ACCOUNT REF. 2583820012006080SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2006117 2006117 NETTLES, DONNA 09/21/1955 GNT04987100 7/27/2010-00646-0016
DIAGNOSIS CODES: 042. 070.54 218.9 311. 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258415	1	S5125		09/02/13	09/02/13	16.00	63.04
258415	2	S5125		09/04/13	09/04/13	16.00	63.04
258415	3	S5125		09/06/13	09/06/13	16.00	63.04
CLAIM TOTAL							189.12
CLAIM ACCOUNT REF.							2584150012006117SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2006118 2006118 ALI, AMRUNISSA 10/05/1934 93703296700 4/6/2011-00677-0014
DIAGNOSIS CODES: 250.00 272.0 401.9 462. 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258300	1	S5125		08/31/13	08/31/13	24.00	94.56
258300	2	S5125		09/02/13	09/02/13	36.00	141.84
258300	3	S5125		09/03/13	09/03/13	36.00	141.84
258300	4	S5125		09/04/13	09/04/13	36.00	141.84
258300	5	S5125		09/05/13	09/05/13	36.00	141.84
258300	6	S5125		09/06/13	09/06/13	36.00	141.84
CLAIM TOTAL							803.76
CLAIM ACCOUNT REF.							2583000012006118SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2006124 2006124 EARLINGTON, ALBERTHA 06/25/1947 GNT04981500 7/29/2010-00715-0015
DIAGNOSIS CODES: 463. 429.9 493.00 715.90 781.2 250.93 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258338	1	S5125		09/02/13	09/02/13	28.00	110.32
258338	2	S5125		09/03/13	09/03/13	28.00	110.32
258338	3	S5125		09/04/13	09/04/13	28.00	110.32
258338	4	S5125		09/05/13	09/05/13	28.00	110.32
258338	5	S5125		09/06/13	09/06/13	28.00	110.32
CLAIM TOTAL							551.60
CLAIM ACCOUNT REF.							2583380012006124SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2000279 2006152 YI, CARLOS 04/16/1959 GNT04057700 11/30/2007-00350-0092
DIAGNOSIS CODES: 250.00 311. 338.29 365.9 401.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258518	1	S5125		08/31/13	08/31/13	16.00	63.04
258518	2	S5125		09/02/13	09/02/13	16.00	63.04
258518	3	S5125		09/03/13	09/03/13	16.00	63.04
258518	4	S5125		09/04/13	09/04/13	16.00	63.04

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258518	5	S5125		09/05/13	09/05/13	16.00	63.04
258518	6	S5125		09/06/13	09/06/13	16.00	63.04
CLAIM TOTAL							378.24

CLAIM ACCOUNT REF. 2585180012006152SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2003981	2006632	BUCARO, CONCETTA	02/27/1916	GNT04556300	6/24/2009-00543-0018
DIAGNOSIS	CODES:	331.0	272.0	365.9	401.9	733.00	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258312	1	S5125		09/02/13	09/02/13	36.00	141.84
258312	2	S5125		09/03/13	09/03/13	36.00	141.84
258312	3	S5125		09/04/13	09/04/13	36.00	141.84
258312	4	S5125		09/05/13	09/05/13	36.00	141.84
258312	5	S5125		09/06/13	09/06/13	36.00	141.84
CLAIM TOTAL							709.20

CLAIM ACCOUNT REF. 2583120012006632SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2001974	2006828	RUBIANO, MARIA	11/12/1925	GNT03390400	9/27/2006-00154-0038
DIAGNOSIS	CODES:	716.90	345.90	414.00	428.0	294.20	401.9

530.81

564.00

733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258473	1	S5125		09/03/13	09/03/13	22.00	86.68
258473	2	S5125		09/04/13	09/04/13	22.00	86.68
258473	3	S5125		09/05/13	09/05/13	22.00	86.68
258473	4	S5125		09/06/13	09/06/13	22.00	86.68
CLAIM TOTAL							346.72

CLAIM ACCOUNT REF. 2584730012006828SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2002103	2007728	PROANO, BRUNO	10/06/1918	GNT04361600	8/28/2008-00367-0038
DIAGNOSIS	CODES:	715.90	290.0	780.96			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258448	1	S5125	TT	08/31/13	08/31/13	20.00	83.80
258448	2	S5125	TT	09/01/13	09/01/13	20.00	83.80
258448	3	S5125	TT	09/02/13	09/02/13	20.00	83.80
258448	4	S5125	TT	09/04/13	09/04/13	20.00	83.80
258448	5	S5125	TT	09/05/13	09/05/13	20.00	83.80
258448	6	S5125	TT	09/06/13	09/06/13	20.00	83.80
CLAIM TOTAL							502.80

CLAIM ACCOUNT REF. 2584480012007728SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2007969 2007969 RODRIGUEZ, HOLGER 10/27/1938 GNT05256300 2/29/2012-00253-0013
DIAGNOSIS CODES: 401.9 250.00 332.0 369.00 600.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258465	1	T1019		08/31/13	08/31/13	36.00	141.84
258465	2	T1019		09/01/13	09/01/13	36.00	141.84
258465	3	T1019		09/02/13	09/02/13	36.00	141.84
258465	4	T1019		09/03/13	09/03/13	36.00	141.84
258465	5	T1019		09/04/13	09/04/13	36.00	141.84
258465	6	T1019		09/05/13	09/05/13	36.00	141.84
258465	7	T1019		09/06/13	09/06/13	36.00	141.84
CLAIM TOTAL							992.88
CLAIM ACCOUNT REF.							2584650012007969SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2005886 2008200 VLAHOS, MARIE 09/04/1932 GNT04780800 1/5/2010-00429-0027
DIAGNOSIS CODES: 331.0 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258514	1	S5125		08/31/13	08/31/13	48.00	189.12
258514	2	S5125		09/01/13	09/01/13	48.00	189.12
258514	3	S5125		09/02/13	09/02/13	32.00	126.08
258514	4	S5125		09/03/13	09/03/13	32.00	126.08
258514	5	S5125		09/04/13	09/04/13	32.00	126.08
258514	6	S5125		09/05/13	09/05/13	32.00	126.08
258514	7	S5125		09/06/13	09/06/13	32.00	126.08
CLAIM TOTAL							1,008.64
CLAIM ACCOUNT REF.							2585140012008200SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2007979 2008314 FERNANDEZ, ANA 08/14/1947 GNT05242300 6/2/2011-00474-0019
DIAGNOSIS CODES: 460. 311. 401.9 780.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258348	1	S5125		08/31/13	08/31/13	24.00	94.56
258348	2	S5125		09/01/13	09/01/13	24.00	94.56
258348	3	S5125		09/02/13	09/02/13	16.00	63.04
258348	4	S5125		09/03/13	09/03/13	16.00	63.04
258348	5	S5125		09/04/13	09/04/13	16.00	63.04
258348	6	S5125		09/05/13	09/05/13	16.00	63.04
258348	7	S5125		09/06/13	09/06/13	16.00	63.04
CLAIM TOTAL							504.32
CLAIM ACCOUNT REF.							2583480012008314SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2003982 2008320 COLAVITTI, JEAN 05/23/1911 GNT04482200 6/24/2009-00555-0031
DIAGNOSIS CODES: 716.90 272.0 362.51 401.9 V15.88

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258326	1	S5125		08/22/13	08/22/13	28.00	110.32	
258326	2	S5125		08/23/13	08/23/13	32.00	126.08	
258326	3	S5125		08/24/13	08/24/13	32.00	126.08	
258326	4	S5125		08/25/13	08/25/13	32.00	126.08	
258326	5	S5125		08/26/13	08/26/13	32.00	126.08	
258326	6	S5125		08/27/13	08/27/13	30.00	118.20	
258326	7	S5125		08/28/13	08/28/13	30.00	118.20	
258326	8	S5125		08/29/13	08/29/13	32.00	126.08	
258326	9	S5125		08/30/13	08/30/13	32.00	126.08	
258326	10	S5125		08/31/13	08/31/13	32.00	126.08	
258326	11	S5125		09/01/13	09/01/13	32.00	126.08	
258326	12	S5125		09/02/13	09/02/13	32.00	126.08	
258326	13	S5125		09/03/13	09/03/13	32.00	126.08	
258326	14	S5125		09/04/13	09/04/13	32.00	126.08	
258326	15	S5125		09/05/13	09/05/13	32.00	126.08	
258326	16	S5125		09/06/13	09/06/13	32.00	126.08	
CLAIM TOTAL						1,985.76		CLAIM ACCOUNT REF. 2583260012008320SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008453 2008453 RESTULA, VINCENT 01/15/1929 GNT05473100 8/1/2011-00700-0009
DIAGNOSIS CODES: 389.9 369.9 V15.88

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258452	1	S5125		09/02/13	09/02/13	16.00	63.04	
258452	2	S5125		09/03/13	09/03/13	16.00	63.04	
258452	3	S5125		09/04/13	09/04/13	16.00	63.04	
258452	4	S5125		09/05/13	09/05/13	16.00	63.04	
258452	5	S5125		09/06/13	09/06/13	16.00	63.04	
CLAIM TOTAL						315.20		CLAIM ACCOUNT REF. 2584520012008453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2004555 2008892 WEISZ, KLARA 06/27/1920 GNT04606900 6/19/2013-00016-0001
DIAGNOSIS CODES: 401.9 242.90 272.0 311. 530.81 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258516	1	S5125		09/02/13	09/02/13	16.00	63.04	
258516	2	S5125		09/04/13	09/04/13	16.00	63.04	
CLAIM TOTAL						126.08		CLAIM ACCOUNT REF. 2585160012008892SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008605 2009202 MARTINEZ, GLORIA 04/10/1937 GNT00444700 11/14/2003-00001-0102
DIAGNOSIS CODES: 345.90 272.0 311. 362.50

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258401	1	S5125		09/02/13	09/02/13	20.00	78.80
258401	2	S5125		09/03/13	09/03/13	20.00	78.80
258401	3	S5125		09/04/13	09/04/13	20.00	78.80
258401	4	S5125		09/05/13	09/05/13	20.00	78.80
258401	5	S5125		09/06/13	09/06/13	20.00	78.80
CLAIM TOTAL							394.00
CLAIM ACCOUNT REF.							2584010012009202SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2002546 2009232 PEREZ, MARIA 02/04/1931 93703475500 11/9/2011-00055-0008
DIAGNOSIS CODES: 715.00 385.00 401.9 564.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258440	1	T1019		09/02/13	09/02/13	24.00	94.56
258440	2	T1019		09/03/13	09/03/13	24.00	94.56
258440	3	T1019		09/04/13	09/04/13	24.00	94.56
258440	4	T1019		09/05/13	09/05/13	24.00	94.56
258440	5	T1019		09/06/13	09/06/13	24.00	94.56
CLAIM TOTAL							472.80
CLAIM ACCOUNT REF.							2584400012009232SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009392 2009392 NUNEZ, IRIS 09/07/1963 GNT05481000 11/29/2011-00245-0003
DIAGNOSIS CODES: 585.6 369.9 458.9 716.90 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258419	1	S5125		08/31/13	08/31/13	20.00	78.80
258419	2	S5125		09/02/13	09/02/13	23.00	90.62
258419	3	S5125		09/03/13	09/03/13	24.00	94.56
258419	4	S5125		09/04/13	09/04/13	22.00	86.68
258419	5	S5125		09/05/13	09/05/13	18.00	70.92
CLAIM TOTAL							421.58
CLAIM ACCOUNT REF.							2584190012009392SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009394 2009394 ECKMAN, LOIS 04/02/1919 GNT05317600 12/1/2011-00331-0011
DIAGNOSIS CODES: 331.0 564.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258339	1	T1020		08/31/13	08/31/13	1.00	200.00
258339	2	T1020		09/01/13	09/01/13	1.00	200.00
258339	3	T1020		09/02/13	09/02/13	1.00	200.00

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258339	4	T1020		09/03/13	09/03/13	1.00	200.00	
258339	5	T1020		09/04/13	09/04/13	1.00	200.00	
258339	6	T1020		09/05/13	09/05/13	1.00	200.00	
258339	7	T1020		09/06/13	09/06/13	1.00	200.00	
CLAIM TOTAL							1,400.00	CLAIM ACCOUNT REF. 2583390012009394SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009400 2009400 HUSTIU, SILVIA 02/04/1929 GNT05850100 11/29/2011-00252-0010
DIAGNOSIS CODES: 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258371	1	S5125		08/26/13	08/26/13	7.00	27.58	
258371	2	S5125		08/28/13	08/28/13	6.00	23.64	
258371	3	S5125		09/04/13	09/04/13	8.00	31.52	
CLAIM TOTAL							82.74	CLAIM ACCOUNT REF. 2583710012009400SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009435 2009435 GOMEZ, YOLANDA 11/26/1934 GNT05745100 12/1/2011-00373-0016
DIAGNOSIS CODES: 250.00 401.9 429.89 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258357	1	T1019		09/02/13	09/02/13	16.00	63.04	
258357	2	T1019		09/04/13	09/04/13	16.00	63.04	
258357	3	T1019		09/06/13	09/06/13	20.00	78.80	
CLAIM TOTAL							204.88	CLAIM ACCOUNT REF. 2583570012009435SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2003840 2009576 PAZIOULIS, KLEONIKI 10/16/1934 GNT04602500 6/2/2009-00124-0033
DIAGNOSIS CODES: 401.9 272.0 338.29

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258438	1	S5125		08/31/13	08/31/13	44.00	173.36	
CLAIM TOTAL							173.36	CLAIM ACCOUNT REF. 2584380012009576SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2003840 2009576 PAZIOULIS, KLEONIKI 10/16/1934 GNT04602500 6/2/2009-00124-0034
DIAGNOSIS CODES: 401.9 272.0 338.29

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258439	1	S5125		09/01/13	09/01/13	44.00	173.36	
258439	2	S5125		09/02/13	09/02/13	44.00	173.36	
258439	3	S5125		09/03/13	09/03/13	44.00	173.36	
258439	4	S5125		09/04/13	09/04/13	44.00	173.36	

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
							693.44		2584390012009576SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009589	2009589	FERRO, JOSEPHINE	10/09/1915	GNT05940400	12/28/2011-00570-0010

DIAGNOSIS CODES: 294.20 362.51 455.3 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
258351	1	T1020		08/31/13	08/31/13	24.00	4,800.00		
258351	2	T1020		09/01/13	09/01/13	24.00	4,800.00		
258351	3	T1020		09/02/13	09/02/13	24.00	4,800.00		
258351	4	T1019		09/03/13	09/03/13	48.00	189.12		
258351	5	T1019		09/04/13	09/04/13	48.00	189.12		
258351	6	T1019		09/05/13	09/05/13	48.00	189.12		
258351	7	T1019		09/06/13	09/06/13	48.00	189.12		
							15,156.48		2583510012009589SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009790	2009790	COLEMAN, REGINA	11/26/1958	GNT060020000	2/1/2012-01152-0006

DIAGNOSIS CODES: 331.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
258327	1	S5125		08/24/13	08/24/13	32.00	126.08		
258327	2	S5125		08/31/13	08/31/13	32.00	126.08		
							252.16		2583270012009790SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010198	2010198	ORLANDO, ANNE	02/09/1923	GNT06098400	4/2/2012-00930-0008

DIAGNOSIS CODES: 294.20 401.9 496. 719.7

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
258428	1	T1019		09/03/13	09/03/13	20.00	78.80		
258428	2	T1019		09/04/13	09/04/13	20.00	78.80		
258428	3	T1019		09/05/13	09/05/13	20.00	78.80		
258428	4	T1019		09/06/13	09/06/13	20.00	78.80		
							315.20		2584280012010198SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010409	2010409	RAMOS, ESTHER	12/21/1933	GNT06136400	4/27/2012-00082-0008

DIAGNOSIS CODES: 331.0 250.00 272.2 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258451	1	T1019		09/02/13	09/02/13	12.00	47.28
258451	2	T1019		09/03/13	09/03/13	16.00	63.04

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258451	3	T1019		09/04/13	09/04/13	16.00	63.04	
258451	4	T1019		09/05/13	09/05/13	11.00	43.34	
258451	5	T1019		09/06/13	09/06/13	16.00	63.04	
					CLAIM TOTAL		279.74	CLAIM ACCOUNT REF. 2584510012010409SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2010412	2010412	RODRIGUEZ, FABIOLA	06/23/1931	GNT06115800	8/27/2012-00184-0005
DIAGNOSIS	CODES:	715.90	401.9	493.00		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258463	1	S5125		08/21/13	08/21/13	6.00	23.64	
258463	2	S5125		08/31/13	08/31/13	16.00	63.04	
					CLAIM TOTAL		86.68	CLAIM ACCOUNT REF. 2584630012010412SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2010412	2010412	RODRIGUEZ, FABIOLA	06/23/1931	GNT06115800	8/27/2012-00184-0006
DIAGNOSIS	CODES:	715.90	401.9	493.00		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258464	1	S5125		09/03/13	09/03/13	16.00	63.04	
258464	2	S5125		09/04/13	09/04/13	16.00	63.04	
258464	3	S5125		09/05/13	09/05/13	16.00	63.04	
258464	4	S5125		09/06/13	09/06/13	16.00	63.04	
					CLAIM TOTAL		252.16	CLAIM ACCOUNT REF. 2584640012010412SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2010647	2010647	PRADO, NANCY	04/02/1950	GNT00201400	1/4/2006-00426-0021
DIAGNOSIS	CODES:	311.	750.7			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258445	1	T1019		09/03/13	09/03/13	16.00	63.04	
258445	2	T1019		09/04/13	09/04/13	16.00	63.04	
258445	3	T1019		09/05/13	09/05/13	16.00	63.04	
					CLAIM TOTAL		189.12	CLAIM ACCOUNT REF. 2584450012010647SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2010843	2010843	ALSTON, ZULINE	05/07/1927	GNT06188400	6/28/2012-00942-0012
DIAGNOSIS	CODES:	290.0	272.0	365.9	401.9	733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258302	1	S5125		08/21/13	08/21/13	32.00	126.08
258302	2	S5125		08/31/13	08/31/13	32.00	126.08
258302	3	S5125		09/01/13	09/01/13	32.00	126.08

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258302	4	S5125		09/02/13	09/02/13	32.00	126.08	
258302	5	S5125		09/03/13	09/03/13	32.00	126.08	
258302	6	S5125		09/04/13	09/04/13	32.00	126.08	
258302	7	S5125		09/05/13	09/05/13	32.00	126.08	
258302	8	S5125		09/06/13	09/06/13	32.00	126.08	
				CLAIM TOTAL		1,008.64		CLAIM ACCOUNT REF. 2583020012010843SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011036	2011036	MASSOL, PEDRO A	09/08/1934	GNT04564600	7/26/2012-00677-0014
DIAGNOSIS	CODES:	290.40	250.00	272.2	285.9	401.9	600.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258402	1	S5125		08/31/13	08/31/13	12.00	47.28	
				CLAIM TOTAL		47.28		CLAIM ACCOUNT REF. 2584020012011036SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011036	2011036	MASSOL, PEDRO A	09/08/1934	GNT04564600	7/26/2012-00677-0015
DIAGNOSIS	CODES:	290.40	250.00	272.2	285.9	401.9	600.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258403	1	S5125		09/02/13	09/02/13	20.00	78.80	
258403	2	S5125		09/03/13	09/03/13	20.00	78.80	
258403	3	S5125		09/04/13	09/04/13	20.00	78.80	
258403	4	S5125		09/05/13	09/05/13	20.00	78.80	
258403	5	S5125		09/06/13	09/06/13	20.00	78.80	
				CLAIM TOTAL		394.00		CLAIM ACCOUNT REF. 2584030012011036SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011252	2011252	HENRIQUEZ, TERESA	10/15/1938	GNT06350600	8/30/2012-00144-0006
DIAGNOSIS	CODES:	203.01	272.2	311.	401.9	530.81	564.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258367	1	S5125		08/31/13	08/31/13	16.00	63.04	
258367	2	S5125		09/01/13	09/01/13	16.00	63.04	
258367	3	S5125		09/02/13	09/02/13	32.00	126.08	
258367	4	S5125		09/03/13	09/03/13	32.00	126.08	
258367	5	S5125		09/04/13	09/04/13	32.00	126.08	
258367	6	S5125		09/05/13	09/05/13	32.00	126.08	
258367	7	S5125		09/06/13	09/06/13	32.00	126.08	
				CLAIM TOTAL		756.48		CLAIM ACCOUNT REF. 2583670012011252SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011256 2011256 DURAN, CARMEN 07/16/1925 GNT06350900 8/30/2012-00186-0008
DIAGNOSIS CODES: 894.0 244.8 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258337	1	S5125		09/02/13	09/02/13	26.00	102.44
258337	2	S5125		09/03/13	09/03/13	26.00	102.44
258337	3	S5125		09/04/13	09/04/13	26.00	102.44
258337	4	S5125		09/05/13	09/05/13	26.00	102.44
258337	5	S5125		09/06/13	09/06/13	26.00	102.44
CLAIM TOTAL							512.20
							CLAIM ACCOUNT REF. 2583370012011256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010773 2011350 MCQUAIL, MAUREEN 10/23/1934 GNT06367800 9/13/2012-00602-0007
DIAGNOSIS CODES: 331.0 244.9 250.80 278.02 447.8 715.98

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258405	1	S5125		08/31/13	08/31/13	40.00	157.60
CLAIM TOTAL							157.60
							CLAIM ACCOUNT REF. 2584050012011350SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010773 2011350 MCQUAIL, MAUREEN 10/23/1934 GNT06367800 9/13/2012-00602-0008
DIAGNOSIS CODES: 331.0 244.9 250.80 278.02 447.8 715.98

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258406	1	S5125		09/01/13	09/01/13	40.00	157.60
258406	2	S5125		09/02/13	09/02/13	48.00	189.12
258406	3	S5125		09/03/13	09/03/13	48.00	189.12
258406	4	S5125		09/04/13	09/04/13	48.00	189.12
258406	5	S5125		09/05/13	09/05/13	48.00	189.12
258406	6	S5125		09/06/13	09/06/13	48.00	189.12
CLAIM TOTAL							1,103.20
							CLAIM ACCOUNT REF. 2584060012011350SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1997780 2011411 PICHARDO, MARIA 05/14/1923 GNT02908700 8/24/2005-00382-0055
DIAGNOSIS CODES: 290.0 311. 493.00 530.81 780.96

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258441	1	T1019		08/31/13	08/31/13	36.00	141.84
258441	2	T1019		09/01/13	09/01/13	36.00	141.84
258441	3	T1019		09/02/13	09/02/13	36.00	141.84
258441	4	T1019		09/03/13	09/03/13	36.00	141.84
258441	5	T1019		09/04/13	09/04/13	36.00	141.84
258441	6	T1019		09/05/13	09/05/13	36.00	141.84

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258441	7	T1019		09/06/13	09/06/13	36.00	141.84
CLAIM TOTAL							992.88
							CLAIM ACCOUNT REF. 2584410012011411SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011472	2011472	HENLEY, LUVENIA	08/23/1927	GNT06160900	9/28/2012-00806-0009
DIAGNOSIS CODES: 294.10 253.5 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258366	1	T1019		08/31/13	08/31/13	48.00	189.12
258366	2	T1019		09/01/13	09/01/13	48.00	189.12
258366	3	T1019		09/02/13	09/02/13	48.00	189.12
258366	4	T1019		09/03/13	09/03/13	48.00	189.12
258366	5	T1019		09/04/13	09/04/13	48.00	189.12
258366	6	T1019		09/05/13	09/05/13	48.00	189.12
258366	7	T1019		09/06/13	09/06/13	48.00	189.12
CLAIM TOTAL							1,323.84
							CLAIM ACCOUNT REF. 2583660012011472SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011503	2011503	BERJASHEVIC, LIME	10/30/1926	GNT06467800	10/3/2012-00231-0006
DIAGNOSIS CODES: 093.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258310	1	T1019		09/02/13	09/02/13	16.00	63.04
258310	2	T1019		09/06/13	09/06/13	32.00	126.08
CLAIM TOTAL							189.12
							CLAIM ACCOUNT REF. 2583100012011503SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009586	2011581	ASH, MARIE	08/11/1925	GNT06270600	9/28/2012-00709-0010
DIAGNOSIS CODES: 780.4 458.8 780.93 V45.01							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258305	1	T1019		09/02/13	09/02/13	16.00	63.04
258305	2	T1019		09/06/13	09/06/13	16.00	63.04
CLAIM TOTAL							126.08
							CLAIM ACCOUNT REF. 2583050012011581SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011597	2011597	SOLIS, JUDITH	12/26/1931	GNT03904400	10/29/2007-00547-0029
DIAGNOSIS CODES: 294.10 290.0 296.22 429.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258492	1	S5125		08/31/13	08/31/13	48.00	189.12
258492	2	S5125		09/01/13	09/01/13	48.00	189.12
258492	3	S5125		09/02/13	09/02/13	48.00	189.12

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258492	4	S5125		09/03/13	09/03/13	48.00	189.12	
						CLAIM TOTAL	756.48	CLAIM ACCOUNT REF. 2584920012011597SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011599	2011599	DELEON, JUANA	04/18/1918	GNT04795000	1/28/2010-00406-0023
DIAGNOSIS	CODES:	294.10	365.89	401.9	V12.54		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258333	1	S5125		09/02/13	09/02/13	24.00	94.56	
258333	2	S5125		09/03/13	09/03/13	24.00	94.56	
258333	3	S5125		09/04/13	09/04/13	24.00	94.56	
258333	4	S5125		09/05/13	09/05/13	24.00	94.56	
258333	5	S5125		09/06/13	09/06/13	24.00	94.56	
						CLAIM TOTAL	472.80	CLAIM ACCOUNT REF. 2583330012011599SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011600	2011600	GUZMAN, EDELMIRA	02/19/1944	GNT03023100	12/29/2005-00309-0033
DIAGNOSIS	CODES:	250.00	244.9	401.9	569.89	781.2	789.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258365	1	S5125		08/27/13	08/27/13	22.00	86.68	
258365	2	S5125		08/28/13	08/28/13	14.00	55.16	
258365	3	S5125		09/02/13	09/02/13	14.00	55.16	
258365	4	S5125		09/03/13	09/03/13	22.00	86.68	
258365	5	S5125		09/05/13	09/05/13	22.00	86.68	
258365	6	S5125		09/06/13	09/06/13	14.00	55.16	
						CLAIM TOTAL	425.52	CLAIM ACCOUNT REF. 2583650012011600SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011601	2011601	JACKSON, PATRICIA	08/10/1960	GNT04501100	1/26/2009-00708-0049
DIAGNOSIS	CODES:	042.	311.	401.9	493.90	944.14	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258377	1	T1019		09/02/13	09/02/13	20.00	78.80	
258377	2	T1019		09/03/13	09/03/13	20.00	78.80	
258377	3	T1019		09/04/13	09/04/13	20.00	78.80	
258377	4	T1019		09/05/13	09/05/13	20.00	78.80	
258377	5	T1019		09/06/13	09/06/13	20.00	78.80	
						CLAIM TOTAL	394.00	CLAIM ACCOUNT REF. 2583770012011601SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011654 2011654 ALIX, PEDRO 01/31/1937 GNT03916300 7/26/2011-00282-0022
DIAGNOSIS CODES: 294.10 401.9 602.8

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258301	1	S5126		08/31/13	08/31/13	1.00	200.00
258301	2	S5126		09/01/13	09/01/13	1.00	200.00
258301	3	S5126		09/02/13	09/02/13	1.00	200.00
258301	4	S5126		09/03/13	09/03/13	1.00	200.00
258301	5	S5126		09/04/13	09/04/13	1.00	200.00
258301	6	S5126		09/05/13	09/05/13	1.00	200.00
258301	7	S5126		09/06/13	09/06/13	1.00	200.00
CLAIM TOTAL						1,400.00	CLAIM ACCOUNT REF. 2583010012011654SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011657 2011657 ORTIZ, MERCEDES 11/03/1932 GNT05073800 6/1/2012-00856-0009
DIAGNOSIS CODES: 447.6 294.10 365.44 369.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258431	1	S5125		08/31/13	08/31/13	16.00	63.04
258431	2	S5125		09/01/13	09/01/13	16.00	63.04
258431	3	S5125		09/02/13	09/02/13	28.00	110.32
258431	4	S5125		09/03/13	09/03/13	28.00	110.32
258431	5	S5125		09/04/13	09/04/13	28.00	110.32
258431	6	S5125		09/05/13	09/05/13	28.00	110.32
258431	7	S5125		09/06/13	09/06/13	28.00	110.32
CLAIM TOTAL						677.68	CLAIM ACCOUNT REF. 2584310012011657SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011659 2011659 RIVERA MARTINEZ, GLORI 01/22/1938 GNT02887600 8/23/2005-00354-0059
DIAGNOSIS CODES: 253.5 244.9 272.4 369.00 401.9 493.92

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258461	1	S5125		08/31/13	08/31/13	28.00	110.32
CLAIM TOTAL						110.32	CLAIM ACCOUNT REF. 2584610012011659SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011662 2011662 GONZALEZ MONTALVO, RA 02/10/1935 GNT02343300 3/24/2004-00008-0046
DIAGNOSIS CODES: 253.5 272.4 369.60 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258358	1	S5125		08/31/13	08/31/13	16.00	63.04
258358	2	S5125		09/01/13	09/01/13	16.00	63.04
258358	3	S5125		09/02/13	09/02/13	16.00	63.04

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258358	4	S5125		09/03/13	09/03/13	16.00	63.04	
258358	5	S5125		09/04/13	09/04/13	16.00	63.04	
258358	6	S5125		09/05/13	09/05/13	16.00	63.04	
258358	7	S5125		09/06/13	09/06/13	16.00	63.04	
					CLAIM TOTAL		441.28	CLAIM ACCOUNT REF. 2583580012011662SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008342 2011663 MARTIN, RUTH 08/25/1927 GNT06371400 9/28/2012-00964-0010
DIAGNOSIS CODES: 331.0 208.91 290.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258398	1	S5126		08/31/13	08/31/13	1.00	200.00	
258398	2	S5126		09/01/13	09/01/13	1.00	200.00	
258398	3	S5126		09/02/13	09/02/13	1.00	200.00	
258398	4	S5126		09/03/13	09/03/13	1.00	200.00	
258398	5	S5126		09/04/13	09/04/13	1.00	200.00	
258398	6	S5126		09/05/13	09/05/13	1.00	200.00	
258398	7	S5126		09/06/13	09/06/13	1.00	200.00	
					CLAIM TOTAL		1,400.00	CLAIM ACCOUNT REF. 2583980012011663SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011694 2011694 LORA, FERNANDO 08/20/1935 GNT03342600 11/3/2006-00417-0039
DIAGNOSIS CODES: 429.9 386.9 602.8 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258390	1	S5125		09/02/13	09/02/13	32.00	126.08	
258390	2	S5125		09/03/13	09/03/13	32.00	126.08	
258390	3	S5125		09/04/13	09/04/13	32.00	126.08	
258390	4	S5125		09/05/13	09/05/13	32.00	126.08	
258390	5	S5125		09/06/13	09/06/13	24.00	94.56	
					CLAIM TOTAL		598.88	CLAIM ACCOUNT REF. 2583900012011694SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1999409 2011750 ZARE, GLORIA 05/07/1943 GNT03716600 6/28/2007-00093-0101
DIAGNOSIS CODES: 716.00 250.00 272.2 311. 401.9 715.90 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258521	1	S5125		08/24/13	08/24/13	32.00	126.08	
258521	2	S5125		08/25/13	08/25/13	32.00	126.08	
258521	3	S5125		08/26/13	08/26/13	32.00	126.08	
258521	4	S5125		08/27/13	08/27/13	32.00	126.08	
258521	5	S5125		08/28/13	08/28/13	32.00	126.08	
258521	6	S5125		08/29/13	08/29/13	32.00	126.08	

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258521	7	S5125		08/30/13	08/30/13	32.00	126.08	
258521	8	S5125		08/31/13	08/31/13	28.00	110.32	
					CLAIM TOTAL	992.88		CLAIM ACCOUNT REF. 2585210012011750SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #		
NY 001	1999409	2011750	ZARE, GLORIA	05/07/1943	GNT03716600	6/28/2007-00093-0102		
DIAGNOSIS	CODES:	716.00	250.00	272.2	311.	401.9	715.90	781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258522	1	S5125		09/01/13	09/01/13	32.00	126.08	
258522	2	S5125		09/02/13	09/02/13	32.00	126.08	
258522	3	S5125		09/03/13	09/03/13	32.00	126.08	
258522	4	S5125		09/04/13	09/04/13	32.00	126.08	
258522	5	S5125		09/05/13	09/05/13	32.00	126.08	
258522	6	S5125		09/06/13	09/06/13	32.00	126.08	
					CLAIM TOTAL	756.48		CLAIM ACCOUNT REF. 2585220012011750SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #		
NY 001	2011769	2011769	COMET, JULIA	10/07/1934	GNT04442600	11/25/2008-00698-0024		
DIAGNOSIS	CODES:	401.9	272.2	365.9	530.81			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258330	1	T1019		09/02/13	09/02/13	24.00	94.56	
258330	2	T1019		09/03/13	09/03/13	24.00	94.56	
258330	3	T1019		09/04/13	09/04/13	24.00	94.56	
258330	4	T1019		09/05/13	09/05/13	24.00	94.56	
258330	5	T1019		09/06/13	09/06/13	24.00	94.56	
					CLAIM TOTAL	472.80		CLAIM ACCOUNT REF. 2583300012011769SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #		
NY 001	2011770	2011770	GUZMAN, ALICIA	05/26/1937	GNT00484900	12/5/2003-00110-0042		
DIAGNOSIS	CODES:	300.20	300.00	715.00				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258364	1	T1019		09/04/13	09/04/13	16.00	63.04	
258364	2	T1019		09/05/13	09/05/13	16.00	63.04	
258364	3	T1019		09/06/13	09/06/13	16.00	63.04	
					CLAIM TOTAL	189.12		CLAIM ACCOUNT REF. 2583640012011770SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011771 2011771 LEMOINE, RICARDA 05/14/1925 GNT03700100 12/4/2008-00072-0006
DIAGNOSIS CODES: 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258388	1	S5125		08/31/13	08/31/13	16.00	63.04
258388	2	S5125		09/01/13	09/01/13	16.00	63.04
258388	3	S5125		09/02/13	09/02/13	16.00	63.04
258388	4	S5125		09/03/13	09/03/13	16.00	63.04
258388	5	S5125		09/04/13	09/04/13	16.00	63.04
258388	6	S5125		09/05/13	09/05/13	16.00	63.04
258388	7	S5125		09/06/13	09/06/13	16.00	63.04
CLAIM TOTAL						441.28	
CLAIM ACCOUNT REF.							2583880012011771SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011772 2011772 MARIANI, MARIA 03/24/1934 GNT03761400 7/30/2007-00421-0031
DIAGNOSIS CODES: 401.9 714.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258395	1	T1019		09/02/13	09/02/13	16.00	63.04
258395	2	T1019		09/03/13	09/03/13	16.00	63.04
258395	3	T1019		09/04/13	09/04/13	16.00	63.04
258395	4	T1019		09/05/13	09/05/13	16.00	63.04
258395	5	T1019		09/06/13	09/06/13	16.00	63.04
CLAIM TOTAL						315.20	
CLAIM ACCOUNT REF.							2583950012011772SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011773 2011773 NUNEZ, REYNA 11/28/1964 GNT02970200 10/27/2005-00154-0070
DIAGNOSIS CODES: 296.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258420	1	T1030		06/20/13	06/20/13	1.00	90.00
258420	2	T1030		07/11/13	07/11/13	1.00	90.00
CLAIM TOTAL						180.00	
CLAIM ACCOUNT REF.							2584200012011773SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011773 2011773 NUNEZ, REYNA 11/28/1964 GNT02970200 10/27/2005-00154-0072
DIAGNOSIS CODES: 296.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258421	1	T1019		09/02/13	09/02/13	16.00	63.04
258421	2	T1019		09/03/13	09/03/13	15.00	59.10
258421	3	T1019		09/05/13	09/05/13	15.00	59.10
258421	4	T1019		09/06/13	09/06/13	16.00	63.04

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							244.28	2584210012011773SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011774	2011774	QUINONES, ENEIDA	02/29/1936	GNT03606700	10/3/2007-00270-0037

DIAGNOSIS CODES: 493.92 714.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
258449	1	T1019		09/02/13	09/02/13	16.00	63.04	
258449	2	T1019		09/03/13	09/03/13	16.00	63.04	
258449	3	T1019		09/04/13	09/04/13	16.00	63.04	
258449	4	T1019		09/05/13	09/05/13	16.00	63.04	
258449	5	T1019		09/06/13	09/06/13	16.00	63.04	
						CLAIM TOTAL	315.20	2584490012011774SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011777	2011777	ROMAN, GLADYS	09/15/1934	GNT02933300	9/30/2005-00315-0043

DIAGNOSIS CODES: 493.00 244.9 295.90 716.98

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
258470	1	S5125		08/31/13	08/31/13	32.00	126.08	
258470	2	S5125		09/01/13	09/01/13	32.00	126.08	
258470	3	S5125		09/02/13	09/02/13	32.00	126.08	
258470	4	S5125		09/03/13	09/03/13	32.00	126.08	
258470	5	S5125		09/04/13	09/04/13	32.00	126.08	
258470	6	S5125		09/05/13	09/05/13	32.00	126.08	
258470	7	S5125		09/06/13	09/06/13	32.00	126.08	
						CLAIM TOTAL	882.56	2584700012011777SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011781	2011781	THEN, MARIA	02/12/1942	GNT04429300	10/27/2008-00334-0090

DIAGNOSIS CODES: 585.6 250.93 401.9 428.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
258495	1	S5125		09/02/13	09/02/13	36.00	141.84	
258495	2	S5125		09/03/13	09/03/13	12.00	47.28	
258495	3	S5125		09/04/13	09/04/13	36.00	141.84	
258495	4	S5125		09/06/13	09/06/13	36.00	141.84	
						CLAIM TOTAL	472.80	2584950012011781SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011782 2011782 THERMOSY, MARIE P 06/10/1917 GNT02791600 6/23/2005-00052-0045
DIAGNOSIS CODES: 369.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258496	1	S5125		08/31/13	08/31/13	20.00	78.80
258496	2	S5125		09/02/13	09/02/13	32.00	126.08
258496	3	S5125		09/03/13	09/03/13	32.00	126.08
258496	4	S5125		09/04/13	09/04/13	32.00	126.08
258496	5	S5125		09/05/13	09/05/13	32.00	126.08
258496	6	S5125		09/06/13	09/06/13	32.00	126.08
CLAIM TOTAL							709.20
CLAIM ACCOUNT REF.							2584960012011782SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011783 2011783 VARGAS, ALCIBIADES 07/06/1918 GNT00492400 12/5/2003-00041-0044
DIAGNOSIS CODES: 715.00 401.9 530.81 696.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258503	1	T1019		08/31/13	08/31/13	20.00	78.80
258503	2	T1019		09/01/13	09/01/13	20.00	78.80
258503	3	T1019		09/02/13	09/02/13	20.00	78.80
258503	4	T1019		09/03/13	09/03/13	20.00	78.80
258503	5	T1019		09/04/13	09/04/13	20.00	78.80
258503	6	T1019		09/05/13	09/05/13	20.00	78.80
258503	7	T1019		09/06/13	09/06/13	20.00	78.80
CLAIM TOTAL							551.60
CLAIM ACCOUNT REF.							2585030012011783SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011787 2011787 SANTIAGO, ARMINDA 05/19/1932 GNT02860500 7/26/2005-00146-0055
DIAGNOSIS CODES: 253.5 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258482	1	T1019		09/02/13	09/02/13	16.00	63.04
258482	2	T1019		09/03/13	09/03/13	16.00	63.04
258482	3	T1019		09/04/13	09/04/13	16.00	63.04
258482	4	T1019		09/05/13	09/05/13	16.00	63.04
258482	5	T1019		09/06/13	09/06/13	16.00	63.04
CLAIM TOTAL							315.20
CLAIM ACCOUNT REF.							2584820012011787SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011788 2011788 SANTIAGO, VICTORIO 11/18/1941 93701469700 8/30/2012-00607-0004
DIAGNOSIS CODES: 401.9 244.9 272.4 715.93

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258486	1	T1030		06/18/13	06/18/13	1.00	90.00
CLAIM TOTAL							90.00
CLAIM ACCOUNT REF.							2584860012011788SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011788 2011788 SANTIAGO, VICTORIO 11/18/1941 93701469700 8/30/2012-00607-0005
DIAGNOSIS CODES: 401.9 244.9 272.4 715.93

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258487	1	T1030		07/02/13	07/02/13	1.00	90.00
258487	2	T1030		07/11/13	07/11/13	1.00	90.00
258487	3	T1030		07/17/13	07/17/13	1.00	90.00
258487	4	T1030		07/31/13	07/31/13	1.00	90.00
258487	5	T1019 TT		09/02/13	09/02/13	16.00	67.04
258487	6	T1019 TT		09/03/13	09/03/13	16.00	67.04
258487	7	T1019 TT		09/04/13	09/04/13	16.00	67.04
258487	8	T1019 TT		09/05/13	09/05/13	16.00	67.04
258487	9	T1019 TT		09/06/13	09/06/13	16.00	67.04
CLAIM TOTAL							695.20
CLAIM ACCOUNT REF.							2584870012011788SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011797 2011797 CARTAGENA, LUZ 10/05/1948 GNT00039700 2/1/2012-01193-0009
DIAGNOSIS CODES: 369.9 272.4 300.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258320	1	T1019		09/06/13	09/06/13	20.00	78.80
CLAIM TOTAL							78.80
CLAIM ACCOUNT REF.							2583200012011797SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011798 2011798 CUCALON, INES 04/20/1926 GNT05761000 6/28/2012-00905-0012
DIAGNOSIS CODES: 331.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258331	1	S5125		09/06/13	09/06/13	44.00	173.36
CLAIM TOTAL							173.36
CLAIM ACCOUNT REF.							2583310012011798SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011800 2011800 FRANCIS, VICTORIA 11/22/1924 GNT03398100 9/26/2006-00356-0042
DIAGNOSIS CODES: 290.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258352	1	S5125		08/31/13	08/31/13	28.00	110.32	
						CLAIM TOTAL	110.32	CLAIM ACCOUNT REF. 2583520012011800SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011800 2011800 FRANCIS, VICTORIA 11/22/1924 GNT03398100 9/26/2006-00356-0043
DIAGNOSIS CODES: 290.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258353	1	S5125		09/02/13	09/02/13	28.00	110.32	
258353	2	S5125		09/03/13	09/03/13	28.00	110.32	
258353	3	S5125		09/04/13	09/04/13	28.00	110.32	
258353	4	S5125		09/05/13	09/05/13	28.00	110.32	
258353	5	S5125		09/06/13	09/06/13	28.00	110.32	
						CLAIM TOTAL	551.60	CLAIM ACCOUNT REF. 2583530012011800SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011801 2011801 GARCIA2, MARIA A 09/09/1930 GNT02860800 8/10/2012-00011-0007
DIAGNOSIS CODES: 250.00 244.9 272.4 311. 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258355	1	S5125		08/31/13	08/31/13	28.00	110.32	
						CLAIM TOTAL	110.32	CLAIM ACCOUNT REF. 2583550012011801SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011801 2011801 GARCIA2, MARIA A 09/09/1930 GNT02860800 8/10/2012-00011-0010
DIAGNOSIS CODES: 250.00 244.9 272.4 311. 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258356	1	S5125		09/01/13	09/01/13	28.00	110.32	
258356	2	S5125		09/02/13	09/02/13	28.00	110.32	
258356	3	S5125		09/03/13	09/03/13	28.00	110.32	
258356	4	S5125		09/04/13	09/04/13	28.00	110.32	
258356	5	S5125		09/05/13	09/05/13	28.00	110.32	
258356	6	S5125		09/06/13	09/06/13	28.00	110.32	
						CLAIM TOTAL	661.92	CLAIM ACCOUNT REF. 2583560012011801SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011821 2011821 GONZALEZ, CARMEN 08/15/1948 GNT0098100 12/20/2003-00011-0062
DIAGNOSIS CODES: 138.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258359	1	S5125		09/02/13	09/02/13	16.00	63.04
258359	2	S5125		09/03/13	09/03/13	16.00	63.04
258359	3	S5125		09/04/13	09/04/13	16.00	63.04
258359	4	S5125		09/05/13	09/05/13	16.00	63.04
258359	5	S5125		09/06/13	09/06/13	16.00	63.04
CLAIM TOTAL							315.20

CLAIM ACCOUNT REF. 2583590012011821SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011822 2011822 GREAVES, BARBARA 08/15/1945 GNT03748500 3/26/2012-00496-0006
DIAGNOSIS CODES: 436. 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258361	1	T1019		09/02/13	09/02/13	16.00	63.04
258361	2	T1019		09/04/13	09/04/13	16.00	63.04
258361	3	T1019		09/06/13	09/06/13	16.00	63.04
CLAIM TOTAL							189.12

CLAIM ACCOUNT REF. 2583610012011822SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011823 2011823 HERNANDEZ, LUZ 01/01/1933 GNT00568800 3/10/2009-00033-0006
DIAGNOSIS CODES: 250.00 530.81 715.00 780.93 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258368	1	S5125		08/28/13	08/28/13	24.00	94.56
CLAIM TOTAL							94.56

CLAIM ACCOUNT REF. 2583680012011823SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011823 2011823 HERNANDEZ, LUZ 01/01/1933 GNT00568800 3/10/2009-00033-0008
DIAGNOSIS CODES: 250.00 530.81 715.00 780.93 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258369	1	S5125		09/03/13	09/03/13	24.00	94.56
258369	2	S5125		09/04/13	09/04/13	24.00	94.56
258369	3	S5125		09/05/13	09/05/13	24.00	94.56
258369	4	S5125		09/06/13	09/06/13	24.00	94.56
CLAIM TOTAL							378.24

CLAIM ACCOUNT REF. 2583690012011823SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011824 2011824 HICKS, SYLVIA 03/03/1937 9370331550 5/5/2011-00713-0013
DIAGNOSIS CODES: 717.0 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258370	1	S5125		08/31/13	08/31/13	16.00	63.04
258370	2	S5125		09/01/13	09/01/13	16.00	63.04
258370	3	S5125		09/02/13	09/02/13	30.00	118.20
258370	4	S5125		09/03/13	09/03/13	26.00	102.44
258370	5	S5125		09/04/13	09/04/13	30.00	118.20
258370	6	S5125		09/05/13	09/05/13	26.00	102.44
258370	7	S5125		09/06/13	09/06/13	30.00	118.20
CLAIM TOTAL							685.56
CLAIM ACCOUNT REF.							2583700012011824SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011841 2011841 SANTANA, OCTAVIO 12/03/1934 GNT00231600 12/5/2003-00017-0065
DIAGNOSIS CODES: 717.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258481	1	T1019		09/02/13	09/02/13	20.00	78.80
258481	2	T1019		09/03/13	09/03/13	20.00	78.80
258481	3	T1019		09/04/13	09/04/13	20.00	78.80
258481	4	T1019		09/05/13	09/05/13	20.00	78.80
258481	5	T1019		09/06/13	09/06/13	20.00	78.80
CLAIM TOTAL							394.00
CLAIM ACCOUNT REF.							2584810012011841SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011844 2011844 MONTES, ADOLFO 05/31/1930 GNT02561100 10/27/2004-00028-0054
DIAGNOSIS CODES: 250.70 331.0 365.9 436.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258409	1	S5125		08/31/13	08/31/13	24.00	94.56
258409	2	S5125		09/01/13	09/01/13	24.00	94.56
258409	3	S5125		09/02/13	09/02/13	24.00	94.56
258409	4	S5125		09/03/13	09/03/13	24.00	94.56
258409	5	S5125		09/04/13	09/04/13	24.00	94.56
258409	6	S5125		09/05/13	09/05/13	24.00	94.56
258409	7	S5125		09/06/13	09/06/13	24.00	94.56
CLAIM TOTAL							661.92
CLAIM ACCOUNT REF.							2584090012011844SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011845	2011845	LUGO, DOLORES	12/19/1928	93702878100	9/132010-00502-0024
DIAGNOSIS CODES: 253.5 272.4 401.9 715.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258393	1	S5125		09/04/13	09/04/13	16.00	63.04	
258393	2	S5125		09/05/13	09/05/13	16.00	63.04	
CLAIM TOTAL							126.08	CLAIM ACCOUNT REF. 2583930012011845SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011846	2011846	ZARAGOZA, ISABEL	07/14/1933	GNT06005500	2/27/2012-00405-0009
DIAGNOSIS CODES: 781.2 244.9 272.4 401.9 715.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258520	1	S5125		09/02/13	09/02/13	32.00	126.08	
258520	2	S5125		09/03/13	09/03/13	32.00	126.08	
258520	3	S5125		09/04/13	09/04/13	32.00	126.08	
258520	4	S5125		09/05/13	09/05/13	32.00	126.08	
258520	5	S5125		09/06/13	09/06/13	32.00	126.08	
CLAIM TOTAL							630.40	CLAIM ACCOUNT REF. 2585200012011846SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011847	2011847	RAMOS, CECILIA	08/06/1922	GNT00206000	1/27/2010-00192-0021
DIAGNOSIS CODES: 401.9 188.9 244.9 272.4 311.							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258450	1	S5125		08/17/13	08/17/13	32.00	126.08	
258450	2	S5125		08/31/13	08/31/13	32.00	126.08	
258450	3	S5125		09/01/13	09/01/13	32.00	126.08	
258450	4	S5125		09/02/13	09/02/13	40.00	157.60	
258450	5	S5125		09/03/13	09/03/13	40.00	157.60	
258450	6	S5125		09/04/13	09/04/13	40.00	157.60	
258450	7	S5125		09/05/13	09/05/13	40.00	157.60	
258450	8	S5125		09/06/13	09/06/13	40.00	157.60	
CLAIM TOTAL							1,166.24	CLAIM ACCOUNT REF. 2584500012011847SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011848	2011848	LANZILOTTA, ROSA	06/05/1925	93702509600	3/10/2010-00013-0030
DIAGNOSIS CODES: 733.00 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258385	1	T1030		07/11/13	07/11/13	1.00	90.00	
258385	2	S5125		08/31/13	08/31/13	16.00	63.04	
CLAIM TOTAL							153.04	CLAIM ACCOUNT REF. 2583850012011848SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011848 2011848 LANZILOTTA, ROSA 06/05/1925 93702509600 3/10/2010-00013-0032
DIAGNOSIS CODES: 733.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258386	1	S5125		09/01/13	09/01/13	16.00	63.04
258386	2	S5125		09/02/13	09/02/13	32.00	126.08
258386	3	S5125		09/03/13	09/03/13	32.00	126.08
258386	4	S5125		09/04/13	09/04/13	16.00	63.04
258386	5	S5125		09/05/13	09/05/13	32.00	126.08
258386	6	S5125		09/06/13	09/06/13	32.00	126.08
CLAIM TOTAL						630.40	CLAIM ACCOUNT REF. 2583860012011848SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011851 2011851 SANTIAGO, ILIA 11/16/1924 GNT02886300 5/27/2011-00318-0013
DIAGNOSIS CODES: 436. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258483	1	S5125		08/31/13	08/31/13	32.00	126.08
258483	2	S5125		09/01/13	09/01/13	32.00	126.08
258483	3	S5125		09/02/13	09/02/13	32.00	126.08
258483	4	S5125		09/03/13	09/03/13	32.00	126.08
258483	5	S5125		09/04/13	09/04/13	32.00	126.08
258483	6	S5125		09/05/13	09/05/13	32.00	126.08
258483	7	S5125		09/06/13	09/06/13	32.00	126.08
CLAIM TOTAL						882.56	CLAIM ACCOUNT REF. 2584830012011851SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011852 2011852 FERNANDEZ, FELIX 11/20/1935 GNT04997300 8/27/2010-00570-0017
DIAGNOSIS CODES: 715.00 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258349	1	S5125		09/02/13	09/02/13	16.00	63.04
258349	2	S5125		09/03/13	09/03/13	16.00	63.04
258349	3	S5125		09/04/13	09/04/13	16.00	63.04
258349	4	S5125		09/05/13	09/05/13	16.00	63.04
258349	5	S5125		09/06/13	09/06/13	16.00	63.04
CLAIM TOTAL						315.20	CLAIM ACCOUNT REF. 2583490012011852SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011854 2011854 LOPEZ, CARMEN 12/05/1929 GNT02469800 7/26/2004-00050-0050
DIAGNOSIS CODES: 331.0 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258389	1	S5125		08/31/13	08/31/13	24.00	94.56
258389	2	S5125		09/01/13	09/01/13	22.00	86.68
258389	3	S5125		09/02/13	09/02/13	26.00	102.44
258389	4	S5125		09/03/13	09/03/13	26.00	102.44
258389	5	S5125		09/04/13	09/04/13	28.00	110.32
258389	6	S5125		09/05/13	09/05/13	28.00	110.32
258389	7	S5125		09/06/13	09/06/13	28.00	110.32
CLAIM TOTAL							717.08
CLAIM ACCOUNT REF.							2583890012011854SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011855 2011855 JONES, LUCILLE 02/05/1925 GNT04367400 1/6/2009-00489-0025
DIAGNOSIS CODES: 715.00 401.9 783.21

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258383	1	T1019		09/04/13	09/04/13	16.00	63.04
258383	2	T1019		09/06/13	09/06/13	16.00	63.04
CLAIM TOTAL							126.08
CLAIM ACCOUNT REF.							2583830012011855SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011859 2011859 SANTIAGO, IVETH 10/24/1945 93703401100 9/19/2011-00249-0013
DIAGNOSIS CODES: 428.32 250.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258484	1	S5125		07/12/13	07/12/13	4.00	15.76
CLAIM TOTAL							15.76
CLAIM ACCOUNT REF.							2584840012011859SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011859 2011859 SANTIAGO, IVETH 10/24/1945 93703401100 6/20/2012-00649-0017
DIAGNOSIS CODES: 428.32 250.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258485	1	T1030		08/31/13	08/31/13	7.00	630.00
258485	2	T1030		09/01/13	09/01/13	6.50	585.00
258485	3	T1030		09/02/13	09/02/13	7.00	630.00
258485	4	T1030		09/03/13	09/03/13	7.00	630.00
258485	5	T1030		09/04/13	09/04/13	7.00	630.00
258485	6	T1030		09/05/13	09/05/13	7.00	630.00
258485	7	T1030		09/06/13	09/06/13	7.00	630.00
CLAIM TOTAL							4,365.00
CLAIM ACCOUNT REF.							2584850012011859SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011860 2011860 MOYA, MARINA 11/25/1914 GNT02982600 11/28/2005-00193-0063
DIAGNOSIS CODES: 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258413	1	S5125		08/31/13	08/31/13	20.00	78.80	
258413	2	S5125		09/01/13	09/01/13	20.00	78.80	
258413	3	S5125		09/02/13	09/02/13	24.00	94.56	
258413	4	S5125		09/03/13	09/03/13	24.00	94.56	
258413	5	S5125		09/04/13	09/04/13	24.00	94.56	
258413	6	S5125		09/05/13	09/05/13	24.00	94.56	
258413	7	S5125		09/06/13	09/06/13	24.00	94.56	
CLAIM TOTAL							630.40	CLAIM ACCOUNT REF. 2584130012011860SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011861 2011861 TORRES, JUANITA 06/21/1931 GNT03848300 9/26/2007-00282-0075
DIAGNOSIS CODES: 715.00 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258499	1	T1019		09/01/13	09/01/13	24.00	94.56	
258499	2	T1019		09/02/13	09/02/13	32.00	126.08	
258499	3	T1019		09/03/13	09/03/13	32.00	126.08	
258499	4	T1019		09/04/13	09/04/13	32.00	126.08	
258499	5	T1019		09/05/13	09/05/13	32.00	126.08	
258499	6	T1019		09/06/13	09/06/13	32.00	126.08	
CLAIM TOTAL							724.96	CLAIM ACCOUNT REF. 2584990012011861SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011862 2011862 VENTURA, DAISY 03/02/1951 GNT04421500 3/28/2012-00715-0007
DIAGNOSIS CODES: 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258511	1	T1019		09/02/13	09/02/13	20.00	78.80	
258511	2	T1019		09/03/13	09/03/13	20.00	78.80	
258511	3	T1019		09/04/13	09/04/13	20.00	78.80	
258511	4	T1019		09/05/13	09/05/13	20.00	78.80	
258511	5	T1019		09/06/13	09/06/13	20.00	78.80	
CLAIM TOTAL							394.00	CLAIM ACCOUNT REF. 2585110012011862SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011863 2011863 OLMO, GLORIA 04/20/1923 GNT03506500 11/28/2006-00378-0048
DIAGNOSIS CODES: 250.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258427	1	S5125		08/31/13	08/31/13	16.00	63.04
258427	2	S5125		09/01/13	09/01/13	16.00	63.04
258427	3	S5125		09/02/13	09/02/13	16.00	63.04
258427	4	S5125		09/03/13	09/03/13	16.00	63.04
258427	5	S5125		09/04/13	09/04/13	16.00	63.04
258427	6	S5125		09/05/13	09/05/13	16.00	63.04
258427	7	S5125		09/06/13	09/06/13	16.00	63.04
CLAIM TOTAL							441.28
CLAIM ACCOUNT REF.							2584270012011863SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011864 2011864 IGLESIAS, JUANA 09/23/1918 GNT00117600 12/9/2003-00125-0097
DIAGNOSIS CODES: 331.82

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258372	1	S5125		08/30/13	08/30/13	48.00	189.12
258372	2	S5125		08/31/13	08/31/13	96.00	378.24
258372	3	S5125		09/01/13	09/01/13	96.00	378.24
258372	4	S5125		09/04/13	09/04/13	80.00	315.20
258372	5	S5125		09/05/13	09/05/13	80.00	315.20
258372	6	S5125		09/06/13	09/06/13	80.00	315.20
CLAIM TOTAL							1,891.20
CLAIM ACCOUNT REF.							2583720012011864SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011866 2011866 FELIPE, ROSA 12/13/1930 GNT02393600 4/26/2004-00011-0047
DIAGNOSIS CODES: 716.90 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258347	1	S5125		08/31/13	08/31/13	16.00	63.04
258347	2	S5125		09/01/13	09/01/13	16.00	63.04
258347	3	S5125		09/02/13	09/02/13	16.00	63.04
258347	4	S5125		09/03/13	09/03/13	16.00	63.04
258347	5	S5125		09/04/13	09/04/13	16.00	63.04
258347	6	S5125		09/05/13	09/05/13	16.00	63.04
258347	7	S5125		09/06/13	09/06/13	16.00	63.04
CLAIM TOTAL							441.28
CLAIM ACCOUNT REF.							2583470012011866SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011871	2011871	OJEDA, SARA	10/14/1939	GNT02646000	7/27/2006-00037-0055
DIAGNOSIS CODES: 331.0 250.02							

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
258423	1	T1030				06/06/13	06/06/13	1.00	90.00
CLAIM TOTAL									90.00
CLAIM ACCOUNT REF. 2584230012011871SUP									

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011871	2011871	OJEDA, SARA	10/14/1939	GNT02646000	7/27/2006-0037-0057
DIAGNOSIS CODES: 331.0 250.02							

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
258424	1	T1030				06/21/13	06/21/13	1.00	90.00
CLAIM TOTAL									90.00
CLAIM ACCOUNT REF. 2584240012011871SUP									

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011871	2011871	OJEDA, SARA	10/14/1939	GNT02646000	7/27/2006-00037-0058
DIAGNOSIS CODES: 331.0 250.02							

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
258425	1	T1030				07/03/13	07/03/13	1.00	90.00
258425	2	T1030				07/29/13	07/29/13	1.00	90.00
CLAIM TOTAL									180.00
CLAIM ACCOUNT REF. 2584250012011871SUP									

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011871	2011871	OJEDA, SARA	10/14/1939	GNT02646000	7/27/2006-00037-0059
DIAGNOSIS CODES: 331.0 250.02							

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
258426	1	S5125	TT			08/31/13	08/31/13	20.00	83.80
258426	2	S5125	TT			09/01/13	09/01/13	20.00	83.80
258426	3	S5125	TT			09/02/13	09/02/13	32.00	134.08
258426	4	S5125	TT			09/03/13	09/03/13	32.00	134.08
258426	5	S5125	TT			09/04/13	09/04/13	32.00	134.08
258426	6	S5125	TT			09/05/13	09/05/13	32.00	134.08
258426	7	S5125	TT			09/06/13	09/06/13	32.00	134.08
CLAIM TOTAL									838.00
CLAIM ACCOUNT REF. 2584260012011871SUP									

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011877 2011877 MONTALVO, VERONICA 01/13/1932 GNT03799400 8/3/2007-00249-0027
DIAGNOSIS CODES: 733.00 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258408	1	T1019		09/02/13	09/02/13	20.00	78.80
258408	2	T1019		09/03/13	09/03/13	20.00	78.80
258408	3	T1019		09/04/13	09/04/13	20.00	78.80
258408	4	T1019		09/05/13	09/05/13	20.00	78.80
258408	5	T1019		09/06/13	09/06/13	20.00	78.80

CLAIM TOTAL

394.00

CLAIM ACCOUNT REF. 2584080012011877SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011912 2011912 CANINO, CARMEN 12/06/1941 GNT0279200 5/26/2005-00169-0071
DIAGNOSIS CODES: 715.00 250.00 401.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258317	1	S5125		09/01/13	09/01/13	16.00	63.04
258317	2	S5125		09/02/13	09/02/13	24.00	94.56
258317	3	S5125		09/03/13	09/03/13	24.00	94.56
258317	4	S5125		09/04/13	09/04/13	24.00	94.56
258317	5	S5125		09/05/13	09/05/13	24.00	94.56
258317	6	S5125		09/06/13	09/06/13	24.00	94.56

CLAIM TOTAL

535.84

CLAIM ACCOUNT REF. 2583170012011912SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011913 2011913 PATTERSON, RUMELLA 04/29/1939 GNT02544200 10/28/2004-00029-0058
DIAGNOSIS CODES: 443.9 250.00 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258436	1	S5125		09/03/13	09/03/13	16.00	63.04
258436	2	S5125		09/04/13	09/04/13	16.00	63.04
258436	3	S5125		09/05/13	09/05/13	16.00	63.04
258436	4	S5125		09/06/13	09/06/13	16.00	63.04

CLAIM TOTAL

252.16

CLAIM ACCOUNT REF. 2584360012011913SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011953 2011953 DE LA CRUZ, AGUSTINA 08/28/1935 GNT030536 2/1/2006-00399-0072
DIAGNOSIS CODES: 716.50

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258332	1	S5125		08/31/13	08/31/13	16.00	63.04
258332	2	S5125		09/01/13	09/01/13	16.00	63.04
258332	3	S5125		09/02/13	09/02/13	22.00	86.68

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258332	4	S5125		09/03/13	09/03/13	22.00	86.68	
258332	5	S5125		09/04/13	09/04/13	22.00	86.68	
258332	6	S5125		09/05/13	09/05/13	22.00	86.68	
258332	7	S5125		09/06/13	09/06/13	22.00	86.68	
					CLAIM TOTAL		559.48	CLAIM ACCOUNT REF. 2583320012011953SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011957	2011957	MARRERO, PHILLIP	07/16/1945	GNT00157200	6/21/2012-00200-0005
DIAGNOSIS CODES: 314.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258396	1	S5126		08/31/13	08/31/13	1.00	200.00	
					CLAIM TOTAL		200.00	CLAIM ACCOUNT REF. 2583960012011957SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011957	2011957	MARRERO, PHILLIP	07/16/1945	GNT00157200	6/21/2012-00200-0006
DIAGNOSIS CODES: 314.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258397	1	S5126		09/01/13	09/01/13	1.00	200.00	
258397	2	S5126		09/02/13	09/02/13	1.00	200.00	
258397	3	S5126		09/03/13	09/03/13	1.00	200.00	
258397	4	S5126		09/04/13	09/04/13	1.00	200.00	
258397	5	S5126		09/05/13	09/05/13	1.00	200.00	
258397	6	S5126		09/06/13	09/06/13	1.00	200.00	
					CLAIM TOTAL		1,200.00	CLAIM ACCOUNT REF. 2583970012011957SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011960	2011960	BUSTAMANTE, GABRIEL	07/08/1938	93702523200	1/8/2010-00120-0019
DIAGNOSIS CODES: 250.00 428.0 716.98							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258313	1	S5125		08/31/13	08/31/13	18.00	70.92	
					CLAIM TOTAL		70.92	CLAIM ACCOUNT REF. 2583130012011960SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011960	2011960	BUSTAMANTE, GABRIEL	07/08/1938	93702523200	1/8/2010-00120-0020
DIAGNOSIS CODES: 250.00 428.0 716.98							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258314	1	S5125		09/02/13	09/02/13	20.00	78.80
258314	2	S5125		09/03/13	09/03/13	20.00	78.80
258314	3	S5125		09/04/13	09/04/13	20.00	78.80

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258314	4	S5125		09/05/13	09/05/13	20.00	78.80	
258314	5	S5125		09/06/13	09/06/13	20.00	78.80	
					CLAIM TOTAL	394.00		CLAIM ACCOUNT REF. 2583140012011960SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011965	2011965	MATEO, RAFAEL	06/10/1939	93704189600	7/17/2013-00189-0001
DIAGNOSIS	CODES:	250.50					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258404	1	S5125		08/03/13	08/03/13	24.00	94.56	
258404	2	S5125		08/04/13	08/04/13	24.00	94.56	
258404	3	S5125		08/05/13	08/05/13	11.00	43.34	
258404	4	S5125		08/06/13	08/06/13	28.00	110.32	
258404	5	S5125		08/07/13	08/07/13	28.00	110.32	
258404	6	S5125		08/08/13	08/08/13	28.00	110.32	
258404	7	S5125		08/09/13	08/09/13	32.00	126.08	
258404	8	S5125		08/10/13	08/10/13	24.00	94.56	
258404	9	S5125		08/11/13	08/11/13	24.00	94.56	
258404	10	S5125		08/12/13	08/12/13	28.00	110.32	
258404	11	S5125		08/13/13	08/13/13	28.00	110.32	
258404	12	S5125		08/14/13	08/14/13	28.00	110.32	
258404	13	S5125		08/15/13	08/15/13	28.00	110.32	
258404	14	S5125		08/16/13	08/16/13	32.00	126.08	
258404	15	S5125		08/17/13	08/17/13	24.00	94.56	
258404	16	S5125		08/18/13	08/18/13	24.00	94.56	
258404	17	S5125		08/19/13	08/19/13	16.00	63.04	
258404	18	S5125		08/20/13	08/20/13	28.00	110.32	
258404	19	S5125		08/21/13	08/21/13	28.00	110.32	
258404	20	S5125		08/22/13	08/22/13	28.00	110.32	
258404	21	S5125		08/23/13	08/23/13	32.00	126.08	
258404	22	S5125		08/24/13	08/24/13	24.00	94.56	
258404	23	S5125		08/25/13	08/25/13	24.00	94.56	
258404	24	S5125		08/26/13	08/26/13	28.00	110.32	
258404	25	S5125		08/27/13	08/27/13	28.00	110.32	
258404	26	S5125		08/28/13	08/28/13	28.00	110.32	
258404	27	S5125		08/29/13	08/29/13	28.00	110.32	
258404	28	S5125		08/30/13	08/30/13	32.00	126.08	
258404	29	S5125		08/31/13	08/31/13	24.00	94.56	
258404	30	S5125		09/01/13	09/01/13	24.00	94.56	
					CLAIM TOTAL	3,100.78		CLAIM ACCOUNT REF. 2584040012011965SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011967 2011967 MORALES, MARGARITA 11/10/1950 GNT02797600 5/31/2005-00081-0048
DIAGNOSIS CODES: 715.90 401.9 493.92 753.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258412	1	T1019		09/02/13	09/02/13	20.00	78.80
258412	2	T1019		09/03/13	09/03/13	20.00	78.80
258412	3	T1019		09/04/13	09/04/13	20.00	78.80
258412	4	T1019		09/05/13	09/05/13	20.00	78.80
258412	5	T1019		09/06/13	09/06/13	20.00	78.80
CLAIM TOTAL							394.00

CLAIM ACCOUNT REF. 2584120012011967SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011978 2011978 CAQUIAS, LILLIAN 01/11/1936 GNT02965400 10/31/2005-00141-0049
DIAGNOSIS CODES: 443.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258318	1	S5125		09/02/13	09/02/13	16.00	63.04
258318	2	S5125		09/03/13	09/03/13	16.00	63.04
258318	3	S5125		09/04/13	09/04/13	16.00	63.04
258318	4	S5125		09/05/13	09/05/13	16.00	63.04
258318	5	S5125		09/06/13	09/06/13	16.00	63.04
CLAIM TOTAL							315.20

CLAIM ACCOUNT REF. 2583180012011978SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011979 2011979 BERRY, LEONOR 11/14/1934 GNT03239600 6/28/2006-00039-0046
DIAGNOSIS CODES: 331.7 244.9 272.4 369.60 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258311	1	S5125		08/31/13	08/31/13	32.00	126.08
258311	2	S5125		09/01/13	09/01/13	32.00	126.08
258311	3	S5125		09/02/13	09/02/13	32.00	126.08
258311	4	S5125		09/03/13	09/03/13	32.00	126.08
258311	5	S5125		09/04/13	09/04/13	32.00	126.08
258311	6	S5125		09/05/13	09/05/13	32.00	126.08
258311	7	S5125		09/06/13	09/06/13	32.00	126.08
CLAIM TOTAL							882.56

CLAIM ACCOUNT REF. 2583110012011979SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011980 2011980 IRIZARRY, ESTRELLA 05/16/1927 GNT02485000 7/26/2004-00047-0058
DIAGNOSIS CODES: 716.90 250.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258375	1	S5125		08/19/13	08/19/13	20.00	78.80

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258375	2	S5125		08/20/13	08/20/13	20.00	78.80	
258375	3	S5125		08/21/13	08/21/13	20.00	78.80	
258375	4	S5125		08/22/13	08/22/13	20.00	78.80	
258375	5	S5125		08/23/13	08/23/13	20.00	78.80	
258375	6	S5125		08/26/13	08/26/13	20.00	78.80	
258375	7	S5125		08/27/13	08/27/13	20.00	78.80	
258375	8	S5125		08/28/13	08/28/13	20.00	78.80	
258375	9	S5125		08/29/13	08/29/13	20.00	78.80	
258375	10	S5125		08/31/13	08/31/13	20.00	78.80	
CLAIM TOTAL							788.00	CLAIM ACCOUNT REF. 2583750012011980SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011980 2011980 IRIZARRY, ESTRELLA 05/16/1927 GNT02485000 7/26/2004-00047-0059
DIAGNOSIS CODES: 716.90 250.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258376	1	S5125		09/01/13	09/01/13	20.00	78.80	
258376	2	S5125		09/02/13	09/02/13	20.00	78.80	
258376	3	S5125		09/03/13	09/03/13	20.00	78.80	
258376	4	S5125		09/04/13	09/04/13	20.00	78.80	
258376	5	S5125		09/05/13	09/05/13	20.00	78.80	
258376	6	S5125		09/06/13	09/06/13	20.00	78.80	
CLAIM TOTAL							472.80	CLAIM ACCOUNT REF. 2583760012011980SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011982 2011982 VEGA, ADELAIDA 12/16/1934 93702952000 11/3/2010-00278-0023
DIAGNOSIS CODES: 715.09 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258507	1	S5126		08/31/13	08/31/13	1.00	200.00	
CLAIM TOTAL							200.00	CLAIM ACCOUNT REF. 2585070012011982SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011982 2011982 VEGA, ADELAIDA 12/16/1934 93702952000 11/3/2010-00278-0026
DIAGNOSIS CODES: 715.09 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258508	1	S5126		09/01/13	09/01/13	1.00	200.00	
258508	2	S5126		09/02/13	09/02/13	1.00	200.00	
258508	3	S5126		09/03/13	09/03/13	1.00	200.00	
258508	4	S5126		09/04/13	09/04/13	1.00	200.00	
258508	5	S5126		09/05/13	09/05/13	1.00	200.00	
258508	6	S5126		09/06/13	09/06/13	1.00	200.00	

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	1,200.00	2585080012011982SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011983	2011983	TOUSSAINT, MIGUEL	03/28/1936	93702919600	10/8/2010-00520-0018
DIAGNOSIS CODES: 715.90							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
258501	1	S5125		08/31/13	08/31/13	16.00	63.04	
258501	2	S5125		09/01/13	09/01/13	16.00	63.04	
258501	3	S5125		09/02/13	09/02/13	20.00	78.80	
258501	4	S5125		09/03/13	09/03/13	20.00	78.80	
258501	5	S5125		09/04/13	09/04/13	20.00	78.80	
258501	6	S5125		09/05/13	09/05/13	20.00	78.80	
258501	7	S5125		09/06/13	09/06/13	20.00	78.80	
						CLAIM TOTAL	520.08	2585010012011983SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011986	2011986	RUIZ, JAMES	05/04/1929	GNT00225800	12/26/2003-00008-0044
DIAGNOSIS CODES: 362.01 250.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
258474	1	T1030		07/12/13	07/12/13	1.00	90.00	
						CLAIM TOTAL	90.00	2584740012011986SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011986	2011986	RUIZ, JAMES	05/04/1929	GNT00225800	12/26/2003-0008-0046
DIAGNOSIS CODES: 362.01 250.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
258475	1	T1030		07/18/13	07/18/13	1.00	90.00	
258475	2	S5125 TT		08/31/13	08/31/13	12.00	50.28	
258475	3	S5125 TT		09/01/13	09/01/13	12.00	50.28	
258475	4	S5125 TT		09/02/13	09/02/13	12.00	50.28	
258475	5	S5125 TT		09/03/13	09/03/13	12.00	50.28	
258475	6	S5125 TT		09/04/13	09/04/13	12.00	50.28	
258475	7	S5125 TT		09/05/13	09/05/13	12.00	50.28	
258475	8	S5125 TT		09/06/13	09/06/13	12.00	50.28	
						CLAIM TOTAL	441.96	2584750012011986SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011987 2011987 RUIZ, ROSA 11/30/1934 GNT00225900 12/26/2003-00009-0036
DIAGNOSIS CODES: 369.00

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
258476	1	S5125	TT			08/31/13	08/31/13	12.00	50.28
258476	2	S5125	TT			09/01/13	09/01/13	12.00	50.28
258476	3	S5125	TT			09/02/13	09/02/13	12.00	50.28
258476	4	S5125	TT			09/03/13	09/03/13	12.00	50.28
258476	5	S5125	TT			09/04/13	09/04/13	12.00	50.28
258476	6	S5125	TT			09/05/13	09/05/13	12.00	50.28
258476	7	S5125	TT			09/06/13	09/06/13	12.00	50.28
CLAIM TOTAL									351.96

CLAIM ACCOUNT REF. 2584760012011987SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011988 2011988 RIVERA, LIDIA 12/01/1942 GNT02751500 4/27/2005-00174-0049
DIAGNOSIS CODES: 294.8

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
258462	1	S5125				09/02/13	09/02/13	28.00	110.32
258462	2	S5125				09/04/13	09/04/13	28.00	110.32
258462	3	S5125				09/05/13	09/05/13	28.00	110.32
258462	4	S5125				09/06/13	09/06/13	28.00	110.32
CLAIM TOTAL									441.28

CLAIM ACCOUNT REF. 2584620012011988SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011999 2011999 ORTIZ, LUISA 02/09/1921 GNT04429700 10/28/2008-00534-0045
DIAGNOSIS CODES: 715.90 401.9

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
258430	1	T1030				06/05/13	06/05/13	1.00	90.00
CLAIM TOTAL									90.00

CLAIM ACCOUNT REF. 2584300012011999SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012000 2012000 GARCIA, LUCILA 11/01/1935 GNT02564500 10/25/2004-00009-0077
DIAGNOSIS CODES: 438.85 250.31 272.4 401.9

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
258354	1	S5125				09/02/13	09/02/13	28.00	110.32
258354	2	S5125				09/03/13	09/03/13	28.00	110.32
258354	3	S5125				09/04/13	09/04/13	28.00	110.32
258354	4	S5125				09/05/13	09/05/13	28.00	110.32
258354	5	S5125				09/06/13	09/06/13	28.00	110.32
CLAIM TOTAL									551.60

CLAIM ACCOUNT REF. 2583540012012000SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012001 2012001 REYES, MILAGROS 05/05/1957 GNT00210100 5/28/2010-00011-0033
DIAGNOSIS CODES: 319. 244.9 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258457	1	T1030		06/25/13	06/25/13	1.00	90.00	
258457	2	T1030		07/10/13	07/10/13	1.00	90.00	
258457	3	T1019 TT		08/31/13	08/31/13	24.00	100.56	
					CLAIM TOTAL		280.56	CLAIM ACCOUNT REF. 2584570012012001SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012001 2012001 REYES, MILAGROS 05/05/1957 GNT00210100 5/28/2010-00011-0034
DIAGNOSIS CODES: 319. 244.9 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258458	1	T1019 TT		09/03/13	09/03/13	24.00	100.56	
258458	2	T1019 TT		09/04/13	09/04/13	24.00	100.56	
258458	3	T1019 TT		09/05/13	09/05/13	24.00	100.56	
258458	4	T1019 TT		09/06/13	09/06/13	24.00	100.56	
					CLAIM TOTAL		402.24	CLAIM ACCOUNT REF. 2584580012012001SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012018 2012018 LUNA, ELDA 06/21/1945 GNT06614700 11/30/2012-00607-0004
DIAGNOSIS CODES: 714.0 285.8 733.00 780.96

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258394	1	T1019		08/31/13	08/31/13	24.00	94.56	
258394	2	T1019		09/02/13	09/02/13	24.00	94.56	
258394	3	T1019		09/03/13	09/03/13	24.00	94.56	
258394	4	T1019		09/04/13	09/04/13	24.00	94.56	
258394	5	T1019		09/05/13	09/05/13	24.00	94.56	
258394	6	T1019		09/06/13	09/06/13	24.00	94.56	
					CLAIM TOTAL		567.36	CLAIM ACCOUNT REF. 2583940012012018SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012026 2012026 ESTEVEZ, JULIO M 07/04/1955 GNT04657700 9/7/2012-00083-0011
DIAGNOSIS CODES: 428.9 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258344	1	S5125		09/02/13	09/02/13	24.00	94.56	
258344	2	S5125		09/03/13	09/03/13	16.00	63.04	
258344	3	S5125		09/04/13	09/04/13	24.00	94.56	
					CLAIM TOTAL		252.16	CLAIM ACCOUNT REF. 2583440012012026SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012037 2012037 GUERRA, MAYRA 01/24/1958 GNT02427000 7/30/2012-00572-0015
DIAGNOSIS CODES: 716.90 311. 493.90 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258363	1	T1019		08/31/13	08/31/13	20.00	78.80	
258363	2	T1019		09/01/13	09/01/13	20.00	78.80	
258363	3	T1019		09/02/13	09/02/13	24.00	94.56	
258363	4	T1019		09/03/13	09/03/13	24.00	94.56	
258363	5	T1019		09/04/13	09/04/13	24.00	94.56	
258363	6	T1019		09/05/13	09/05/13	24.00	94.56	
258363	7	T1019		09/06/13	09/06/13	24.00	94.56	
CLAIM TOTAL							630.40	CLAIM ACCOUNT REF. 2583630012012037SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012056 2012056 RODRIGUEZ, JUAN 11/04/1920 93702665700 4/15/2010-00429-0019
DIAGNOSIS CODES: 290.40 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258466	1	S5125		08/31/13	08/31/13	24.00	94.56	
CLAIM TOTAL							94.56	CLAIM ACCOUNT REF. 2584660012012056SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012056 2012056 RODRIGUEZ, JUAN 11/04/1920 93702665700 4/15/2010-00429-0020
DIAGNOSIS CODES: 290.40 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258467	1	S5125		09/02/13	09/02/13	28.00	110.32	
258467	2	S5125		09/03/13	09/03/13	28.00	110.32	
258467	3	S5125		09/04/13	09/04/13	28.00	110.32	
258467	4	S5125		09/05/13	09/05/13	28.00	110.32	
258467	5	S5125		09/06/13	09/06/13	28.00	110.32	
CLAIM TOTAL							551.60	CLAIM ACCOUNT REF. 2584670012012056SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012059 2012059 CHICO, ANA 03/15/1957 GNT02386300 3/19/2013-00932-0002
DIAGNOSIS CODES: 295.72

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258324	1	S5125 TT		08/31/13	08/31/13	12.00	50.28	
CLAIM TOTAL							50.28	CLAIM ACCOUNT REF. 2583240012012059SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012059 2012059 CHICO, ANA 03/15/1957 GNT02386300 3/19/2013-00932-0003
DIAGNOSIS CODES: 295.72

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258325	1	S5125 TT		09/01/13	09/01/13	12.00	50.28
258325	2	S5125 TT		09/02/13	09/02/13	12.00	50.28
258325	3	S5125 TT		09/03/13	09/03/13	12.00	50.28
258325	4	S5125 TT		09/04/13	09/04/13	12.00	50.28
258325	5	S5125 TT		09/05/13	09/05/13	12.00	50.28
258325	6	S5125 TT		09/06/13	09/06/13	12.00	50.28
CLAIM TOTAL						301.68	CLAIM ACCOUNT REF. 2583250012012059SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012060 2012060 COLON, MARIA 05/10/1925 GNT05960000 2/1/2012-01191-0017
DIAGNOSIS CODES: 331.0 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258328	1	S5125		08/14/13	08/14/13	48.00	189.12
258328	2	S5125		08/31/13	08/31/13	16.00	63.04
CLAIM TOTAL						252.16	CLAIM ACCOUNT REF. 2583280012012060SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012060 2012060 COLON, MARIA 05/10/1925 GNT05960000 2/1/2012-01191-0018
DIAGNOSIS CODES: 331.0 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258329	1	S5125		09/01/13	09/01/13	16.00	63.04
258329	2	S5125		09/02/13	09/02/13	48.00	189.12
258329	3	S5125		09/03/13	09/03/13	48.00	189.12
258329	4	S5125		09/04/13	09/04/13	48.00	189.12
258329	5	S5125		09/05/13	09/05/13	48.00	189.12
258329	6	S5125		09/06/13	09/06/13	48.00	189.12
CLAIM TOTAL						1,008.64	CLAIM ACCOUNT REF. 2583290012012060SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012061 2012061 ENCARNACION, MARTIN 05/07/1965 GNT04160000 8/5/2008-00305-0022
DIAGNOSIS CODES: 294.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258341	1	T1019 TT		09/02/13	09/02/13	12.00	50.28
258341	2	T1019 TT		09/03/13	09/03/13	12.00	50.28
258341	3	T1019 TT		09/04/13	09/04/13	12.00	50.28
258341	4	T1019 TT		09/06/13	09/06/13	12.00	50.28

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
							201.12		2583410012012061SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012062	2012062	LOZADA, RAMON	12/17/1946	GNT00424300	3/23/2012-00756-0013
DIAGNOSIS CODES: 250.03 401.9 571.5 780.57							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
258392	1	T1019		08/29/13	08/29/13	24.00	94.56		
258392	2	T1019		08/31/13	08/31/13	24.00	94.56		
258392	3	T1019		09/02/13	09/02/13	24.00	94.56		
258392	4	T1019		09/03/13	09/03/13	24.00	94.56		
258392	5	T1019		09/04/13	09/04/13	24.00	94.56		
258392	6	T1019		09/05/13	09/05/13	24.00	94.56		
258392	7	T1019		09/06/13	09/06/13	24.00	94.56		
							661.92		2583920012012062SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012071	2012071	MORALES, ISIDRO	04/05/1923	GNT04846200	3/24/2010-00406-0021
DIAGNOSIS CODES: 715.00 250.00 272.2 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
258410	1	S5125		08/31/13	08/31/13	24.00	94.56		
							94.56		2584100012012071SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012071	2012071	MORALES, ISIDRO	04/05/1923	GNT04846200	3/24/2010-00406-0022
DIAGNOSIS CODES: 715.00 250.00 272.2 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
258411	1	S5125		09/01/13	09/01/13	24.00	94.56		
258411	2	S5125		09/02/13	09/02/13	24.00	94.56		
258411	3	S5125		09/03/13	09/03/13	24.00	94.56		
258411	4	S5125		09/04/13	09/04/13	24.00	94.56		
258411	5	S5125		09/05/13	09/05/13	24.00	94.56		
258411	6	S5125		09/06/13	09/06/13	24.00	94.56		
							567.36		2584110012012071SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012073	2012073	PAGAN, ADRIEL	09/29/1931	GNT00189300	3/29/2012-00738-0006
DIAGNOSIS CODES: 331.0 244.9 253.5 369.3 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258432	1	T1019		08/31/13	08/31/13	40.00	157.60

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	157.60	2584320012012073SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012073	2012073	PAGAN, ADRIEL	09/29/1931	GNT00189300	3/29/2012-00738-0007
DIAGNOSIS	CODES:	331.0	244.9	253.5	369.3	401.9	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
258433	1	T1019		09/01/13	09/01/13	40.00	157.60	
258433	2	T1019		09/02/13	09/02/13	40.00	157.60	
258433	3	T1019		09/03/13	09/03/13	40.00	157.60	
258433	4	T1019		09/04/13	09/04/13	40.00	157.60	
258433	5	T1019		09/05/13	09/05/13	40.00	157.60	
258433	6	T1019		09/06/13	09/06/13	40.00	157.60	
						CLAIM TOTAL	945.60	2584330012012073SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012077	2012079	WARD, ALTHEA	08/13/1956	93703608100	12/14/2011-00450-0017
DIAGNOSIS	CODES:	715.09	250.00				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
258515	1	S5131		09/02/13	09/02/13	8.00	29.20	
258515	2	S5131		09/03/13	09/03/13	8.00	29.20	
258515	3	S5131		09/04/13	09/04/13	8.00	29.20	
258515	4	S5131		09/05/13	09/05/13	7.00	25.55	
258515	5	S5131		09/06/13	09/06/13	6.00	21.90	
						CLAIM TOTAL	135.05	2585150012012079SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012082	2012082	SANCHEZ, ESTERVINA	04/17/1936	GNT05030100	9/28/2010-00216-0015
DIAGNOSIS	CODES:	714.0	250.00	272.2	401.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
258480	1	S5125		09/02/13	09/02/13	24.00	94.56	
258480	2	S5125		09/03/13	09/03/13	24.00	94.56	
258480	3	S5125		09/04/13	09/04/13	24.00	94.56	
258480	4	S5125		09/05/13	09/05/13	24.00	94.56	
258480	5	S5125		09/06/13	09/06/13	24.00	94.56	
						CLAIM TOTAL	472.80	2584800012012082SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012084 2012084 SANCHEZ, ANA MARIA 04/01/1925 GNT02386400 1/3/2013-00647-0004
DIAGNOSIS CODES: 716.90

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258477	1	T1030			06/06/13	06/06/13	1.00	90.00	
258477	2	T1030			06/13/13	06/13/13	1.00	90.00	
258477	3	T1030			06/18/13	06/18/13	1.00	90.00	
258477	4	T1030			08/31/13	08/31/13	7.00	630.00	
					CLAIM TOTAL		900.00		CLAIM ACCOUNT REF. 2584770012012084SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012084 2012084 SANCHEZ, ANA MARIA 04/01/1925 GNT02386400 1/3/2013-00647-0007
DIAGNOSIS CODES: 716.90

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258478	1	S5125	TT		09/01/13	09/01/13	28.00	117.32	
258478	2	S5125	TT		09/02/13	09/02/13	20.00	83.80	
258478	3	S5125	TT		09/03/13	09/03/13	20.00	83.80	
258478	4	S5125	TT		09/05/13	09/05/13	20.00	83.80	
258478	5	S5125	TT		09/06/13	09/06/13	40.00	167.60	
					CLAIM TOTAL		536.32		CLAIM ACCOUNT REF. 2584780012012084SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012091 2012091 VICTORIO, ROQUE 08/16/1928 GNT02618000 12/23/2004-00024-0111
DIAGNOSIS CODES: 332.0

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258512	1	S5125			08/20/13	08/20/13	44.00	173.36	
258512	2	S5125			08/31/13	08/31/13	20.00	78.80	
					CLAIM TOTAL		252.16		CLAIM ACCOUNT REF. 2585120012012091SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012091 2012091 VICTORIO, ROQUE 08/16/1928 GNT02618000 12/23/2004-00024-0113
DIAGNOSIS CODES: 332.0

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258513	1	S5125			09/01/13	09/01/13	20.00	78.80	
258513	2	S5125			09/02/13	09/02/13	44.00	173.36	
258513	3	S5125			09/03/13	09/03/13	44.00	173.36	
258513	4	S5125			09/04/13	09/04/13	44.00	173.36	
258513	5	S5125			09/05/13	09/05/13	44.00	173.36	
258513	6	S5125			09/06/13	09/06/13	44.00	173.36	
					CLAIM TOTAL		945.60		CLAIM ACCOUNT REF. 2585130012012091SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012112 2012112 ESTEVEZ, MARCIA 05/04/1942 GNT00342800 5/1/2007-00421-0035
DIAGNOSIS CODES: 369.3 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258345	1	S5125		08/31/13	08/31/13	24.00	94.56	
258345	2	S5125		09/05/13	09/05/13	24.00	94.56	
258345	3	S5125		09/06/13	09/06/13	24.00	94.56	
CLAIM TOTAL							283.68	CLAIM ACCOUNT REF. 2583450012012112SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012113 2012113 REYES, DORILA 05/02/1929 GNT02461500 7/26/2004-00021-0068
DIAGNOSIS CODES: 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258453	1	T1030		06/27/13	06/27/13	1.00	90.00	
CLAIM TOTAL							90.00	CLAIM ACCOUNT REF. 2584530012012113SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012113 2012113 REYES, DORILA 05/02/1929 GNT02461500 7/26/2004-00021-0070
DIAGNOSIS CODES: 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258454	1	S5125		08/31/13	08/31/13	32.00	126.08	
258454	2	S5125		09/01/13	09/01/13	32.00	126.08	
258454	3	S5125		09/02/13	09/02/13	32.00	126.08	
258454	4	S5125		09/03/13	09/03/13	32.00	126.08	
258454	5	S5125		09/04/13	09/04/13	32.00	126.08	
258454	6	S5125		09/05/13	09/05/13	32.00	126.08	
258454	7	S5125		09/06/13	09/06/13	32.00	126.08	
CLAIM TOTAL							882.56	CLAIM ACCOUNT REF. 2584540012012113SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012160 2012160 VARGAS, AUREA 01/16/1936 GNT0026740 11/7/2008-00560-0048
DIAGNOSIS CODES: 250.00 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258504	1	T1030		07/13/13	07/13/13	1.00	90.00	
258504	2	T1030		07/26/13	07/26/13	1.00	90.00	
258504	3	T1019 TT		08/31/13	08/31/13	20.00	83.80	
CLAIM TOTAL							263.80	CLAIM ACCOUNT REF. 2585040012012160SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012160 2012160 VARGAS, AUREA 01/16/1936 GNT0026740 11/7/2008-00560-0049
DIAGNOSIS CODES: 250.00 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258505	1	T1019 TT		09/03/13	09/03/13	20.00	83.80
258505	2	T1019 TT		09/04/13	09/04/13	20.00	83.80
258505	3	T1019 TT		09/05/13	09/05/13	20.00	83.80
258505	4	T1019 TT		09/06/13	09/06/13	20.00	83.80
CLAIM TOTAL							335.20
CLAIM ACCOUNT REF.							2585050012012160SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012164 2012164 CALDERON, JUSTINA 10/26/1929 GNT00036800 12/17/2003-00077-0066
DIAGNOSIS CODES: 250.00 401.9 493.90 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258316	1	S5125		08/31/13	08/31/13	48.00	189.12
258316	2	S5125		09/01/13	09/01/13	48.00	189.12
258316	3	S5125		09/02/13	09/02/13	48.00	189.12
258316	4	S5125		09/03/13	09/03/13	48.00	189.12
258316	5	S5125		09/04/13	09/04/13	48.00	189.12
258316	6	S5125		09/05/13	09/05/13	48.00	189.12
258316	7	S5125		09/06/13	09/06/13	48.00	189.12
CLAIM TOTAL							1,323.84
CLAIM ACCOUNT REF.							2583160012012164SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012168 2012168 VAZQUEZ 2, ROSA 12/05/1940 GNT00268900 12/5/2003-00042-0033
DIAGNOSIS CODES: 250.00 244.9 401.9 729.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258506	1	S5125		09/02/13	09/02/13	16.00	63.04
258506	2	S5125		09/03/13	09/03/13	16.00	63.04
258506	3	S5125		09/04/13	09/04/13	16.00	63.04
258506	4	S5125		09/05/13	09/05/13	16.00	63.04
258506	5	S5125		09/06/13	09/06/13	16.00	63.04
CLAIM TOTAL							315.20
CLAIM ACCOUNT REF.							2585060012012168SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012182 2012182 RODRIGUEZ, LIDIA 10/13/1939 GNT03481200 11/29/2006-00339-0033
DIAGNOSIS CODES: 253.5 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258468	1	T1019		09/04/13	09/04/13	16.00	63.04
258468	2	T1019		09/06/13	09/06/13	16.00	63.04

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	126.08	2584680012012182SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012197	2012197 TORO, ROSARIO	02/15/1929	GNT00261000	12/19/2003-00064-0055
DIAGNOSIS	CODES:	369.10 493.91			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
258497	1	T1019		08/31/13	08/31/13	32.00	126.08	
						CLAIM TOTAL	126.08	2584970012012197SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012197	2012197 TORO, ROSARIO	02/15/1929	GNT00261000	12/19/2003-00064-0056
DIAGNOSIS	CODES:	369.10 493.91			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
258498	1	T1019		09/01/13	09/01/13	32.00	126.08	
258498	2	T1019		09/02/13	09/02/13	32.00	126.08	
258498	3	T1019		09/03/13	09/03/13	32.00	126.08	
258498	4	T1019		09/04/13	09/04/13	32.00	126.08	
258498	5	T1019		09/05/13	09/05/13	32.00	126.08	
258498	6	T1019		09/06/13	09/06/13	32.00	126.08	
						CLAIM TOTAL	756.48	2584980012012197SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012225	2012225 PATTERSON, SHYRLE	12/02/1956	GNT00191700	12/5/2003-00049-0078
DIAGNOSIS	CODES:	401.9 250.03 272.0 493.00 530.11			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
258437	1	S5125		08/25/13	08/25/13	4.00	15.76	
258437	2	S5125		08/31/13	08/31/13	28.00	110.32	
258437	3	S5125		09/01/13	09/01/13	28.00	110.32	
258437	4	S5125		09/02/13	09/02/13	28.00	110.32	
258437	5	S5125		09/03/13	09/03/13	28.00	110.32	
258437	6	S5125		09/04/13	09/04/13	28.00	110.32	
258437	7	S5125		09/05/13	09/05/13	28.00	110.32	
258437	8	S5125		09/06/13	09/06/13	28.00	110.32	
						CLAIM TOTAL	788.00	2584370012012225SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010983 2012309 IRIMIA, SIMONA 09/19/1938 GNT0360570 3/27/2007-00064-0041
DIAGNOSIS CODES: 714.0 244.9 428.0 719.7 786.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258373	1	T1019		08/31/13	08/31/13	32.00	126.08
CLAIM TOTAL							126.08
CLAIM ACCOUNT REF.							2583730012012309SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010983 2012309 IRIMIA, SIMONA 09/19/1938 GNT0360570 3/27/2007-00064-0042
DIAGNOSIS CODES: 714.0 244.9 428.0 719.7 786.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258374	1	T1019		09/01/13	09/01/13	32.00	126.08
258374	2	T1019		09/02/13	09/02/13	32.00	126.08
258374	3	T1019		09/03/13	09/03/13	32.00	126.08
258374	4	T1019		09/04/13	09/04/13	32.00	126.08
258374	5	T1019		09/05/13	09/05/13	32.00	126.08
258374	6	T1019		09/06/13	09/06/13	32.00	126.08
CLAIM TOTAL							756.48
CLAIM ACCOUNT REF.							2583740012012309SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012493 2012493 ESPINOZA, LUPE E 08/06/1929 GNT06559300 1/17/2013-00685-0007
DIAGNOSIS CODES: 331.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258343	1	T1019		08/31/13	08/31/13	48.00	189.12
258343	2	T1019		09/01/13	09/01/13	48.00	189.12
258343	3	T1019		09/02/13	09/02/13	48.00	189.12
258343	4	T1019		09/03/13	09/03/13	48.00	189.12
258343	5	T1019		09/04/13	09/04/13	48.00	189.12
258343	6	T1019		09/05/13	09/05/13	48.00	189.12
258343	7	T1019		09/06/13	09/06/13	48.00	189.12
CLAIM TOTAL							1,323.84
CLAIM ACCOUNT REF.							2583430012012493SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2006651 2012496 ROJAS, HAYDEE 02/15/1935 GNT04856800 10/28/2010-00256-0025
DIAGNOSIS CODES: 952.9 365.9 366.00 782.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258469	1	S5125		08/16/13	08/16/13	20.00	78.80
258469	2	S5125		08/19/13	08/19/13	20.00	78.80
258469	3	S5125		08/31/13	08/31/13	16.00	63.04
258469	4	S5125		09/01/13	09/01/13	16.00	63.04

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258469	5	S5125		09/02/13	09/02/13	20.00	78.80	
258469	6	S5125		09/03/13	09/03/13	20.00	78.80	
258469	7	S5125		09/04/13	09/04/13	20.00	78.80	
258469	8	S5125		09/05/13	09/05/13	20.00	78.80	
					CLAIM TOTAL		598.88	CLAIM ACCOUNT REF. 2584690012012496SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012602	2012602	ALVARADO, SARA E	07/15/1922	GNT03713600	6/28/2007-00019-0029
DIAGNOSIS	CODES:	290.0				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258303	1	S5125		08/31/13	08/31/13	47.00	185.18	
					CLAIM TOTAL		185.18	CLAIM ACCOUNT REF. 2583030012012602SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012602	2012602	ALVARADO, SARA E	07/15/1922	GNT03713600	6/28/2007-00019-0030
DIAGNOSIS	CODES:	290.0				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258304	1	S5125		09/01/13	09/01/13	47.00	185.18	
258304	2	S5125		09/02/13	09/02/13	48.00	189.12	
258304	3	S5125		09/03/13	09/03/13	48.00	189.12	
258304	4	S5125		09/04/13	09/04/13	48.00	189.12	
258304	5	S5125		09/05/13	09/05/13	48.00	189.12	
258304	6	S5125		09/06/13	09/06/13	48.00	189.12	
					CLAIM TOTAL		1,130.78	CLAIM ACCOUNT REF. 2583040012012602SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012627	2012710	REYES, DUNNY	04/28/1944	GNT06774000	2/27/2013-00264-0001
DIAGNOSIS	CODES:	332.0 294.20 401.9				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258455	1	T1030		06/08/13	06/08/13	1.00	90.00	
258455	2	T1030		06/20/13	06/20/13	1.00	90.00	
					CLAIM TOTAL		180.00	CLAIM ACCOUNT REF. 2584550012012710SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012627	2012710	REYES, DUNNY	04/28/1944	GNT06774000	2/27/2013-00264-0006
DIAGNOSIS	CODES:	332.0 294.20 401.9				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258456	1	T1030		07/02/13	07/02/13	1.00	90.00
258456	2	T1030		07/29/13	07/29/13	1.00	90.00

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258456	3	T1020		08/31/13	08/31/13	1.00	200.00
258456	4	T1020		09/01/13	09/01/13	1.00	200.00
258456	5	T1020		09/02/13	09/02/13	1.00	200.00
258456	6	T1020		09/03/13	09/03/13	1.00	200.00
258456	7	T1020		09/04/13	09/04/13	1.00	200.00
258456	8	T1020		09/05/13	09/05/13	1.00	200.00
258456	9	T1020		09/06/13	09/06/13	1.00	200.00
CLAIM TOTAL							1,580.00
							CLAIM ACCOUNT REF. 2584560012012710SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011011	2012756	RICKS, WALTER	04/27/1940	GNT03856800	2/27/2013-01282-0003
DIAGNOSIS	CODES:	369.3	401.9	493.92	496.	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258459	1	S5125		08/30/13	08/30/13	28.00	110.32
258459	2	S5125		09/02/13	09/02/13	28.00	110.32
258459	3	S5125		09/03/13	09/03/13	28.00	110.32
258459	4	S5125		09/04/13	09/04/13	26.00	102.44
258459	5	S5125		09/05/13	09/05/13	28.00	110.32
258459	6	S5125		09/06/13	09/06/13	28.00	110.32
CLAIM TOTAL							654.04
							CLAIM ACCOUNT REF. 2584590012012756SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012758	2012758	JAIME, ROSALBA	05/27/1915	GNT03692000	5/25/2007-00094-0043
DIAGNOSIS	CODES:	290.0	244.9	458.9	781.2	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258378	1	T1019		08/31/13	08/31/13	36.00	141.84
CLAIM TOTAL							141.84
							CLAIM ACCOUNT REF. 2583780012012758SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012758	2012758	JAIME, ROSALBA	05/27/1915	GNT03692000	5/25/2007-00094-0044
DIAGNOSIS	CODES:	290.0	244.9	458.9	781.2	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258379	1	T1019		09/02/13	09/02/13	36.00	141.84
258379	2	T1019		09/03/13	09/03/13	36.00	141.84
258379	3	T1019		09/04/13	09/04/13	36.00	141.84
258379	4	T1019		09/05/13	09/05/13	36.00	141.84
258379	5	T1019		09/06/13	09/06/13	36.00	141.84
CLAIM TOTAL							709.20
							CLAIM ACCOUNT REF. 2583790012012758SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012759 2012759 LORUSSO, ANNA 01/25/1929 GNT06851500 3/1/2013-01282-0003
DIAGNOSIS CODES: 290.0 278.00 401.9 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258391	1	T1019		08/29/13	08/29/13	36.00	141.84
258391	2	T1019		08/31/13	08/31/13	36.00	141.84
258391	3	T1019		09/01/13	09/01/13	36.00	141.84
258391	4	T1019		09/03/13	09/03/13	36.00	141.84
258391	5	T1019		09/04/13	09/04/13	36.00	141.84
258391	6	T1019		09/05/13	09/05/13	36.00	141.84
258391	7	T1019		09/06/13	09/06/13	36.00	141.84
CLAIM TOTAL							992.88
							CLAIM ACCOUNT REF. 2583910012012759SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011050 2012778 TROISI, DELIA 12/30/1925 GNT06177500 7/26/2012-00651-0007
DIAGNOSIS CODES: 401.9 272.2 294.10 311. V15.88

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258502	1	T1019		08/31/13	08/31/13	32.00	126.08
258502	2	T1019		09/02/13	09/02/13	32.00	126.08
258502	3	T1019		09/03/13	09/03/13	32.00	126.08
258502	4	T1019		09/04/13	09/04/13	32.00	126.08
258502	5	T1019		09/05/13	09/05/13	32.00	126.08
258502	6	T1019		09/06/13	09/06/13	32.00	126.08
CLAIM TOTAL							756.48
							CLAIM ACCOUNT REF. 2585020012012778SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012822 2012822 ROMERO, JOSE 10/10/1940 GNT06691900 12/29/2012-00032-0006
DIAGNOSIS CODES: 585.6

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258471	1	T1030		07/18/13	07/18/13	1.00	90.00
CLAIM TOTAL							90.00
							CLAIM ACCOUNT REF. 2584710012012822SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009984 2012852 PINILLA, VICTOR 03/23/1933 GNT05972000 3/2/2012-00173-0015
DIAGNOSIS CODES: 294.10 272.2 401.9 780.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258442	1	T1030		06/03/13	06/03/13	1.00	90.00
258442	2	T1030		06/17/13	06/17/13	1.00	90.00
CLAIM TOTAL							180.00
							CLAIM ACCOUNT REF. 2584420012012852SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013091103522222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009984 2012852 PINILLA, VICTOR 03/23/1933 GNT05972000 3/2/2012-00173-0016
DIAGNOSIS CODES: 294.10 272.2 401.9 780.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258443	1	T1030		07/01/13	07/01/13	1.00	90.00	
258443	2	T1030		07/15/13	07/15/13	1.00	90.00	
CLAIM TOTAL							180.00	CLAIM ACCOUNT REF. 2584430012012852SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013017 2013017 SCHENK, ENI 12/04/1948 GNT06973400 3/28/2013-00322-0003
DIAGNOSIS CODES: 290.0 244.9 300.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258488	1	S5125		08/13/13	08/13/13	16.00	63.04	
258488	2	S5125		08/14/13	08/14/13	16.00	63.04	
CLAIM TOTAL							126.08	CLAIM ACCOUNT REF. 2584880012013017SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013201 2013201 SCHNEIDER, RUTH 02/22/1936 07136300 4/30/2013-00656-0001
DIAGNOSIS CODES: 369.00 401.9 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258489	1	T1019		08/31/13	08/31/13	32.00	126.08	
CLAIM TOTAL							126.08	CLAIM ACCOUNT REF. 2584890012013201SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013201 2013201 SCHNEIDER, RUTH 02/22/1936 07136300 4/30/2013-00656-0003
DIAGNOSIS CODES: 369.00 401.9 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258490	1	T1019		09/01/13	09/01/13	32.00	126.08	
258490	2	T1019		09/02/13	09/02/13	32.00	126.08	
258490	3	T1019		09/03/13	09/03/13	32.00	126.08	
258490	4	T1019		09/04/13	09/04/13	32.00	126.08	
258490	5	T1019		09/05/13	09/05/13	32.00	126.08	
258490	6	T1019		09/06/13	09/06/13	32.00	126.08	
CLAIM TOTAL							756.48	CLAIM ACCOUNT REF. 2584900012013201SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013226 2013226 SWABY, CLARENCE 04/23/1921 93704635800 5/2/2013-00350-0001
DIAGNOSIS CODES: 294.20 093.9 272.4 602.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258493	1	T1030		05/29/13	05/29/13	1.00	90.00
258493	2	T1030		06/08/13	06/08/13	1.00	90.00
258493	3	T1030		06/20/13	06/20/13	1.00	90.00
258493	4	T1030		07/30/13	07/30/13	1.00	90.00
258493	5	T1020		08/31/13	08/31/13	1.00	200.00
CLAIM TOTAL							560.00

CLAIM ACCOUNT REF. 2584930012013226SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013226 2013226 SWABY, CLARENCE 04/23/1921 93704635800 5/2/2013-00350-0003
DIAGNOSIS CODES: 294.20 093.9 272.4 602.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258494	1	T1020		09/01/13	09/01/13	1.00	200.00
258494	2	T1020		09/02/13	09/02/13	1.00	200.00
258494	3	T1020		09/03/13	09/03/13	1.00	200.00
258494	4	T1020		09/04/13	09/04/13	1.00	200.00
258494	5	T1020		09/05/13	09/05/13	1.00	200.00
258494	6	T1020		09/06/13	09/06/13	1.00	200.00
CLAIM TOTAL							1,200.00

CLAIM ACCOUNT REF. 2584940012013226SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013228 2013228 PAGLIA, CARMELA 03/08/1945 GNT06942100 5/1/2013-00108-0006
DIAGNOSIS CODES: 278.00 429.9 715.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258434	1	S5125		09/02/13	09/02/13	24.00	94.56
258434	2	S5125		09/03/13	09/03/13	24.00	94.56
258434	3	S5125		09/04/13	09/04/13	24.00	94.56
258434	4	S5125		09/05/13	09/05/13	24.00	94.56
258434	5	S5125		09/06/13	09/06/13	24.00	94.56
CLAIM TOTAL							472.80

CLAIM ACCOUNT REF. 2584340012013228SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2001032 2013256 ORTIZ, LAURA 07/04/1919 GNT03867300 7/9/2013-00458-0002
DIAGNOSIS CODES: 733.00 401.9 719.7 362.51 365.9 716.90 486.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258429	1	S5125		08/31/13	08/31/13	48.00	189.12
258429	2	S5125		09/01/13	09/01/13	48.00	189.12

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258429	3	S5125		09/02/13	09/02/13	48.00	189.12	
258429	4	S5125		09/03/13	09/03/13	48.00	189.12	
258429	5	S5125		09/04/13	09/04/13	48.00	189.12	
258429	6	S5125		09/05/13	09/05/13	48.00	189.12	
258429	7	S5125		09/06/13	09/06/13	48.00	189.12	
				CLAIM TOTAL		1,323.84		CLAIM ACCOUNT REF. 2584290012013256SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2006830	2013276	MARTINEZ 1, EMMA	05/09/1920	GNT05091300	3/30/2012-00070-0009
DIAGNOSIS	CODES:	331.0	365.9	715.90	733.00		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258399	1	T1019		08/31/13	08/31/13	20.00	78.80	
				CLAIM TOTAL		78.80		CLAIM ACCOUNT REF. 2583990012013276SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2006830	2013276	MARTINEZ 1, EMMA	05/09/1920	GNT05091300	3/30/2012-00070-0010
DIAGNOSIS	CODES:	331.0	365.9	715.90	733.00		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258400	1	T1019		09/02/13	09/02/13	46.00	181.24	
258400	2	T1019		09/03/13	09/03/13	48.00	189.12	
258400	3	T1019		09/04/13	09/04/13	46.00	181.24	
258400	4	T1019		09/05/13	09/05/13	48.00	189.12	
258400	5	T1019		09/06/13	09/06/13	48.00	189.12	
				CLAIM TOTAL		929.84		CLAIM ACCOUNT REF. 2584000012013276SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013284	2013284	CASTANEDA, MIRIAM	10/11/1951	GNT06079700	5/23/2013-00357-0003
DIAGNOSIS	CODES:	715.90	311.	401.9	493.91		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258321	1	S5125		08/31/13	08/31/13	32.00	126.08	
258321	2	S5125		09/01/13	09/01/13	32.00	126.08	
258321	3	S5125		09/02/13	09/02/13	24.00	94.56	
258321	4	S5125		09/03/13	09/03/13	24.00	94.56	
258321	5	S5125		09/04/13	09/04/13	24.00	94.56	
258321	6	S5125		09/05/13	09/05/13	32.00	126.08	
258321	7	S5125		09/06/13	09/06/13	32.00	126.08	
				CLAIM TOTAL		788.00		CLAIM ACCOUNT REF. 2583210012013284SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013411 2013411 JORGE, ANA 02/07/1930 GNT07185600 6/4/2013-00485-0004
DIAGNOSIS CODES: 332.0 365.9 366.9 401.9 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258384	1	S5125		08/31/13	08/31/13	48.00	189.12
258384	2	S5125		09/01/13	09/01/13	48.00	189.12
258384	3	S5125		09/02/13	09/02/13	48.00	189.12
258384	4	S5125		09/03/13	09/03/13	48.00	189.12
258384	5	S5125		09/04/13	09/04/13	48.00	189.12
258384	6	S5125		09/05/13	09/05/13	48.00	189.12
258384	7	S5125		09/06/13	09/06/13	48.00	189.12
CLAIM TOTAL						1,323.84	CLAIM ACCOUNT REF. 2583840012013411SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013413 2013413 CABRERA, MARIELA 09/13/1932 GNT07154900 6/4/2013-00479-0001
DIAGNOSIS CODES: 715.90 138. 389.22 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258315	1	T1019		09/02/13	09/02/13	24.00	94.56
258315	2	T1019		09/03/13	09/03/13	24.00	94.56
258315	3	T1019		09/04/13	09/04/13	24.00	94.56
258315	4	T1019		09/05/13	09/05/13	24.00	94.56
258315	5	T1019		09/06/13	09/06/13	24.00	94.56
CLAIM TOTAL						472.80	CLAIM ACCOUNT REF. 2583150012013413SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013423 2013423 OCHOA, ORLANDO 06/15/1929 GNT06982300 6/3/2013-00335-0001
DIAGNOSIS CODES: 715.90 290.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258422	1	S5125		09/03/13	09/03/13	24.00	94.56
258422	2	S5125		09/05/13	09/05/13	24.00	94.56
CLAIM TOTAL						189.12	CLAIM ACCOUNT REF. 2584220012013423SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011963 2013553 ENCARNACION, LUZ 05/03/1934 GNT03902000 10/25/2010-0071-0026
DIAGNOSIS CODES: 715.90 253.5 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258340	1	T1019 TT		09/02/13	09/02/13	16.00	67.04
258340	2	T1019 TT		09/03/13	09/03/13	16.00	67.04
258340	3	T1019 TT		09/04/13	09/04/13	16.00	67.04
258340	4	T1019 TT		09/05/13	09/05/13	16.00	67.04

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258340	5	T1019 TT		09/06/13	09/06/13	16.00	67.04	
						CLAIM TOTAL	335.20	CLAIM ACCOUNT REF. 2583400012013553SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
NY	001	2000600	2013590	FELICIANO, JOAN	10/17/1935	GNT04140800	1/30/2008-00551-0041	
DIAGNOSIS	CODES:	716.90	250.00	272.0	338.29	369.9	401.9	493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258346	1	S5125		09/05/13	09/05/13	32.00	126.08	
258346	2	S5125		09/06/13	09/06/13	32.00	126.08	
						CLAIM TOTAL	252.16	CLAIM ACCOUNT REF. 2583460012013590SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
NY	001	2013624	2013624	LARKIN, ANNIE	09/09/1928	GNT00419300	7/2/2013-00144-0001	
DIAGNOSIS	CODES:	715.00	244.9	401.9				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258387	1	S5125		09/02/13	09/02/13	16.00	63.04	
258387	2	S5125		09/03/13	09/03/13	16.00	63.04	
258387	3	S5125		09/04/13	09/04/13	16.00	63.04	
258387	4	S5125		09/05/13	09/05/13	16.00	63.04	
258387	5	S5125		09/06/13	09/06/13	16.00	63.04	
						CLAIM TOTAL	315.20	CLAIM ACCOUNT REF. 2583870012013624SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
NY	001	2013639	2013639	YOUNUS, MOHAMMAD	11/13/1946	GNT07273500	7/3/2013-00137-0001	
DIAGNOSIS	CODES:	250.00	311.	401.9	715.90			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258519	1	S5125		09/03/13	09/03/13	16.00	63.04	
						CLAIM TOTAL	63.04	CLAIM ACCOUNT REF. 2585190012013639SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
NY	001	2013415	2013678	BATISTA, LUCILA	06/30/1930	GNT07265700	7/10/2013-00650-0001	
DIAGNOSIS	CODES:	429.9	253.5	386.9				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258306	1	T1019		09/02/13	09/02/13	16.00	63.04	
258306	2	T1019		09/04/13	09/04/13	16.00	63.04	
258306	3	T1019		09/06/13	09/06/13	16.00	63.04	
						CLAIM TOTAL	189.12	CLAIM ACCOUNT REF. 2583060012013678SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009960 2013799 FERRARA, ANN 07/27/1925 GNT05748600 2/27/2012-01098-0016
DIAGNOSIS CODES: 290.0 311. 365.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258350	1	S5126		08/31/13	08/31/13	1.00	200.00
CLAIM TOTAL							200.00
CLAIM ACCOUNT REF.							2583500012013799SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009984 2013808 PINILLA, VICTOR 03/23/1933 GNT05972000 3/2/2012-00173-0019
DIAGNOSIS CODES: 294.10 272.2 401.9 780.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258444	1	S5125		08/31/13	08/31/13	36.00	141.84
258444	2	S5125		09/01/13	09/01/13	36.00	141.84
258444	3	S5125		09/02/13	09/02/13	35.00	137.90
258444	4	S5125		09/03/13	09/03/13	36.00	141.84
CLAIM TOTAL							563.42
CLAIM ACCOUNT REF.							2584440012013808SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013822 2013822 TORRES, SANTIAGO, BASI 03/22/1934 GNT07417900 8/2/2013-00550-0003
DIAGNOSIS CODES: 290.0 294.10 401.9 493.00 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258500	1	S5125		09/02/13	09/02/13	32.00	126.08
258500	2	S5125		09/03/13	09/03/13	32.00	126.08
258500	3	S5125		09/04/13	09/04/13	32.00	126.08
258500	4	S5125		09/05/13	09/05/13	32.00	126.08
258500	5	S5125		09/06/13	09/06/13	32.00	126.08
CLAIM TOTAL							630.40
CLAIM ACCOUNT REF.							2585000012013822SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012941 2013852 BENZ, ROBERT 07/30/1925 GNT07334800 7/30/2013-00400-0001
DIAGNOSIS CODES: 401.9 362.50

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258309	1	S5125		08/31/13	08/31/13	16.00	63.04
258309	2	S5125		09/02/13	09/02/13	16.00	63.04
258309	3	S5125		09/03/13	09/03/13	16.00	63.04
258309	4	S5125		09/04/13	09/04/13	16.00	63.04
258309	5	S5125		09/05/13	09/05/13	16.00	63.04
258309	6	S5125		09/06/13	09/06/13	16.00	63.04
CLAIM TOTAL							378.24
CLAIM ACCOUNT REF.							2583090012013852SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012085 2013879 ROSARIO, ANA 06/23/1949 GNT03285400 7/27/2006-00183-0055
DIAGNOSIS CODES: 715.90 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258472	1	S5125		09/02/13	09/02/13	28.00	110.32
258472	2	S5125		09/03/13	09/03/13	28.00	110.32
258472	3	S5125		09/04/13	09/04/13	28.00	110.32
258472	4	S5125		09/05/13	09/05/13	28.00	110.32
258472	5	S5125		09/06/13	09/06/13	28.00	110.32
CLAIM TOTAL							551.60
							CLAIM ACCOUNT REF. 2584720012013879SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012027 2013895 VELEZ, CARMEN 06/21/1932 GNT00271900 12/4/2003-00229-0069
DIAGNOSIS CODES: 695.4 250.00 272.2 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258509	1	S5125		08/31/13	08/31/13	16.00	63.04
CLAIM TOTAL							63.04
							CLAIM ACCOUNT REF. 2585090012013895SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012027 2013895 VELEZ, CARMEN 06/21/1932 GNT00271900 12/4/2003-00229-0072
DIAGNOSIS CODES: 695.4 250.00 272.2 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258510	1	S5125		09/01/13	09/01/13	16.00	63.04
258510	2	S5125		09/02/13	09/02/13	24.00	94.56
258510	3	S5125		09/03/13	09/03/13	24.00	94.56
258510	4	S5125		09/04/13	09/04/13	24.00	94.56
258510	5	S5125		09/05/13	09/05/13	24.00	94.56
258510	6	S5125		09/06/13	09/06/13	24.00	94.56
CLAIM TOTAL							535.84
							CLAIM ACCOUNT REF. 2585100012013895SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2003103 2013898 GREENSPAN, ALICE 04/15/1942 GNT04498400 1/27/2009-00682-0061
DIAGNOSIS CODES: 331.0 250.00 272.2 311. 401.9 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258362	1	S5125		08/31/13	08/31/13	30.00	118.20
258362	2	S5125		09/01/13	09/01/13	30.00	118.20
258362	3	S5125		09/02/13	09/02/13	16.00	63.04
258362	4	S5125		09/03/13	09/03/13	16.00	63.04
258362	5	S5125		09/04/13	09/04/13	16.00	63.04
258362	6	S5125		09/05/13	09/05/13	16.00	63.04

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258362	7	S5125		09/06/13	09/06/13	16.00	63.04
CLAIM TOTAL							551.60
CLAIM ACCOUNT REF.							2583620012013898SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2007817	2013918	BEGUM, JAMILA	02/19/1919	GNT00018500	12/1/2003-00110-0101
DIAGNOSIS		CODES:	250.00	294.20	401.9	714.0	715.00 486.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258307	1	S5125		08/17/13	08/17/13	36.00	141.84
258307	2	S5125		08/18/13	08/18/13	32.00	126.08
258307	3	S5125		08/24/13	08/24/13	36.00	141.84
258307	4	S5125		08/25/13	08/25/13	32.00	126.08
258307	5	S5125		08/31/13	08/31/13	36.00	141.84
CLAIM TOTAL							677.68
CLAIM ACCOUNT REF.							2583070012013918SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2007817	2013918	BEGUM, JAMILA	02/19/1919	GNT00018500	12/1/2003-00110-0103
DIAGNOSIS		CODES:	250.00	294.20	401.9	714.0	715.00 486.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258308	1	S5125		09/01/13	09/01/13	32.00	126.08
258308	2	S5125		09/02/13	09/02/13	48.00	189.12
258308	3	S5125		09/03/13	09/03/13	48.00	189.12
258308	4	S5125		09/04/13	09/04/13	40.00	157.60
258308	5	S5125		09/05/13	09/05/13	44.00	173.36
258308	6	S5125		09/06/13	09/06/13	40.00	157.60
CLAIM TOTAL							992.88
CLAIM ACCOUNT REF.							2583080012013918SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009226	2013926	CARDENAS, GUSTAVO	11/25/1933	GNT07420300	7/31/2013-00140-0001
DIAGNOSIS		CODES:	331.0	290.0			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258319	1	S5125		09/02/13	09/02/13	32.00	126.08
258319	2	S5125		09/03/13	09/03/13	32.00	126.08
258319	3	S5125		09/04/13	09/04/13	32.00	126.08
258319	4	S5125		09/05/13	09/05/13	32.00	126.08
258319	5	S5125		09/06/13	09/06/13	32.00	126.08
CLAIM TOTAL							630.40
CLAIM ACCOUNT REF.							2583190012013926SUP

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013946 2013946 DONE, SUSANA 07/29/1945 93704706900 7/12/2013-00078-0002
DIAGNOSIS CODES: 401.9 272.4 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258335	1	S5125		08/21/13	08/21/13	32.00	126.08
258335	2	S5125		08/22/13	08/22/13	32.00	126.08
258335	3	S5125		08/26/13	08/26/13	4.00	15.76
258335	4	S5125		08/27/13	08/27/13	31.00	122.14
258335	5	S5125		08/28/13	08/28/13	32.00	126.08
CLAIM TOTAL							516.14

CLAIM ACCOUNT REF. 2583350012013946SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011874 2013951 NEVAREZ, MARTA 02/23/1941 GNT06134500 5/1/2012-00680-0012
DIAGNOSIS CODES: 386.10 250.01 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258416	1	S5125 TT		08/31/13	08/31/13	24.00	100.56
258416	2	S5125 TT		09/01/13	09/01/13	24.00	100.56
258416	3	S5125 TT		09/02/13	09/02/13	12.00	50.28
258416	4	S5125 TT		09/03/13	09/03/13	12.00	50.28
258416	5	S5125 TT		09/04/13	09/04/13	12.00	50.28
258416	6	S5125 TT		09/06/13	09/06/13	12.00	50.28
CLAIM TOTAL							402.24

CLAIM ACCOUNT REF. 2584160012013951SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2014024 2014024 DELPOZO, MIGUEL 11/07/1926 GNT07503600 8/30/2013-00039-0002
DIAGNOSIS CODES: 714.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258334	1	S5125 TT		09/01/13	09/01/13	20.00	83.80
258334	2	S5125 TT		09/02/13	09/02/13	16.00	67.04
258334	3	S5125 TT		09/03/13	09/03/13	20.00	83.80
258334	4	S5125 TT		09/04/13	09/04/13	20.00	83.80
258334	5	S5125 TT		09/05/13	09/05/13	20.00	83.80
258334	6	S5125 TT		09/06/13	09/06/13	20.00	83.80
CLAIM TOTAL							486.04

CLAIM ACCOUNT REF. 2583340012014024SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2014027 2014027 MEDINA, CECILIA 09/06/1928 GNT07399200 9/6/2013-00216-0001
DIAGNOSIS CODES: 416.8 447.6

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258407	1	S5125		09/02/13	09/02/13	16.00	63.04

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258407	2	S5125		09/04/13	09/04/13	16.00	63.04	
258407	3	S5125		09/05/13	09/05/13	16.00	63.04	
258407	4	S5125		09/06/13	09/06/13	16.00	63.04	
					CLAIM TOTAL		252.16	CLAIM ACCOUNT REF. 2584070012014027SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2014040	2014040	GOYES, ELBA	01/14/1931	GNT07503500	9/3/2013-00532-0001

DIAGNOSIS CODES: 714.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258360	1	S5125 TT		09/01/13	09/01/13	16.00	67.04	
258360	2	S5125 TT		09/02/13	09/02/13	16.00	67.04	
258360	3	S5125 TT		09/03/13	09/03/13	16.00	67.04	
258360	4	S5125 TT		09/04/13	09/04/13	16.00	67.04	
258360	5	S5125 TT		09/05/13	09/05/13	16.00	67.04	
258360	6	S5125 TT		09/06/13	09/06/13	16.00	67.04	
					CLAIM TOTAL		402.24	CLAIM ACCOUNT REF. 2583600012014040SUP

PAYER TOTALS:	GUILDNET	# OF CLAIMS =	1062	TOTAL CLAIM AMOUNT =	134,341.57
		# SERVICES =	180		

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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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 464780
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	
258287	1	T1019	1C		09/02/13	09/02/13	6.00	98.40	
258287	2	T1019	1C		09/03/13	09/03/13	6.00	98.40	
258287	3	T1019	1C		09/04/13	09/04/13	6.00	98.40	
258287	4	T1019	1C		09/05/13	09/05/13	6.00	98.40	
258287	5	T1019	1C		09/06/13	09/06/13	6.00	98.40	
CLAIM TOTAL								492.00	CLAIM ACCOUNT REF. 2582870012011453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011869 2011869 JONES, VALERIE 10/10/1948 1457 479978
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258286	1	T1019	1C		09/02/13	09/02/13	4.00	65.60	
258286	2	T1019	1C		09/03/13	09/03/13	4.00	65.60	
258286	3	T1019	1C		09/04/13	09/04/13	4.00	65.60	
258286	4	T1019	1C		09/05/13	09/05/13	4.00	65.60	
258286	5	T1019	1C		09/06/13	09/06/13	4.00	65.60	
CLAIM TOTAL								328.00	CLAIM ACCOUNT REF. 2582860012011869SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011870 2011870 AGOSTINI, MONSERRATE 07/18/1944 558 480096
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258283	1	T1019	1C		09/02/13	09/02/13	6.00	98.40	
258283	2	T1019	1C		09/03/13	09/03/13	6.00	98.40	
258283	3	T1019	1C		09/05/13	09/05/13	6.00	98.40	
258283	4	T1019	1C		09/06/13	09/06/13	3.00	49.20	
CLAIM TOTAL								344.40	CLAIM ACCOUNT REF. 2582830012011870SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012213 2012213 BERRY, ANGELINA 10/21/1956 1784 456200
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258284	1	T1019	1C		08/31/13	08/31/13	4.00	65.60	
258284	2	T1019	1C		09/01/13	09/01/13	4.00	65.60	
258284	3	T1019	1C		09/02/13	09/02/13	4.00	65.60	
258284	4	T1019	1C		09/03/13	09/03/13	4.00	65.60	

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201309110352222RRSUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258284	5	T1019	1C		09/04/13	09/04/13	4.00	65.60
258284	6	T1019	1C		09/05/13	09/05/13	4.00	65.60
258284	7	T1019	1C		09/06/13	09/06/13	4.00	65.60
CLAIM TOTAL								459.20

CLAIM ACCOUNT REF. 2582840012012213SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012097 2013010 RODRIGUEZ, SILVIO 11/03/1930 9624 446238
DIAGNOSIS CODES: 290.0 280.9 401.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258290	1	T1019	1C		08/31/13	08/31/13	8.00	131.20
258290	2	T1019	1C		09/01/13	09/01/13	8.00	131.20
258290	3	T1019	1C		09/02/13	09/02/13	8.00	131.20
258290	4	T1019	1C		09/03/13	09/03/13	8.00	131.20
258290	5	T1019	1C		09/04/13	09/04/13	8.00	131.20
258290	6	T1019	1C		09/05/13	09/05/13	7.75	127.10
258290	7	T1019	1C		09/06/13	09/06/13	8.00	131.20
CLAIM TOTAL								914.30

CLAIM ACCOUNT REF. 2582900012013010SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013320 2013320 PEREZ, RAFAELA 12/05/1934 8249 468055
DIAGNOSIS CODES: 781.2

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258288	1	T1019	1C		08/31/13	08/31/13	22.00	360.80
258288	2	T1019	1C		09/01/13	09/01/13	22.00	360.80
258288	3	T1019	1C		09/02/13	09/02/13	22.00	360.80
258288	4	T1019	1C		09/03/13	09/03/13	24.00	393.60
258288	5	T1019	1C		09/04/13	09/04/13	24.00	393.60
258288	6	T1019	1C		09/05/13	09/05/13	23.50	385.40
258288	7	T1019	1C		09/06/13	09/06/13	12.00	196.80
CLAIM TOTAL								2,451.80

CLAIM ACCOUNT REF. 2582880012013320SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013470 2013470 RIVERS, DEBRA 09/14/1958 9863 468763
DIAGNOSIS CODES: 907.2 135. 344.1 493.90 564.81 592.0 596.54

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258289	1	T1019	1C		08/31/13	08/31/13	10.00	164.00
258289	2	T1019	1C		09/01/13	09/01/13	12.00	196.80
258289	3	T1019	1C		09/02/13	09/02/13	12.00	196.80
258289	4	T1019	1C		09/03/13	09/03/13	12.00	196.80
258289	5	T1019	1C		09/04/13	09/04/13	11.75	192.70

REPORT DATE 09/11/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = ICS01 ICS

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
258289	6	T1019	1C			09/05/13	09/05/13	10.00	164.00
258289	7	T1019	1C			09/06/13	09/06/13	12.00	196.80
CLAIM TOTAL									1,307.90
CLAIM ACCOUNT REF.									2582890012013470SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #				
NY	001	2013587	2013587	CHANCELLOR, IRA	06/01/1948	10443	476564				
DIAGNOSIS		CODES:	724.00	042.	250.00	272.0	296.80	300.00	365.00	427.31	781.2

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
258285	1	T1019	1C			09/02/13	09/02/13	4.00	65.60
258285	2	T1019	1C			09/03/13	09/03/13	4.00	65.60
258285	3	T1019	1C			09/04/13	09/04/13	4.00	65.60
258285	4	T1019	1C			09/05/13	09/05/13	4.00	65.60
258285	5	T1019	1C			09/06/13	09/06/13	4.00	65.60
CLAIM TOTAL									328.00
CLAIM ACCOUNT REF.									2582850012013587SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013676	2013676	TORRES, YNES	01/21/1930	10504	477166
DIAGNOSIS		CODES:	401.9				

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
258291	1	T1019	1C			09/02/13	09/02/13	4.00	65.60
258291	2	T1019	1C			09/03/13	09/03/13	4.00	65.60
258291	3	T1019	1C			09/04/13	09/04/13	4.00	65.60
258291	4	T1019	1C			09/05/13	09/05/13	4.00	65.60
CLAIM TOTAL									262.40
CLAIM ACCOUNT REF.									2582910012013676SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	51	TOTAL CLAIM AMOUNT =	6,888.00
		# SERVICES =	9		

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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 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JSV04323R01 2013082715400003
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	
258282	1	T1019	0580	09/03/13	09/03/13	16.00	67.52	
258282	2	T1019	0580	09/04/13	09/04/13	16.00	67.52	
258282	3	T1019	0580	09/05/13	09/05/13	16.00	67.52	
258282	4	T1019	0580	09/06/13	09/06/13	16.00	67.52	
					CLAIM TOTAL		270.08	CLAIM ACCOUNT REF. 2582820012010804SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013851 2013851 ARTEAGA, ANA 12/15/1954 JYU81582H01 2013072615400005
DIAGNOSIS CODES: 571.5 401.9
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
258281	1	T1019	0580	09/03/13	09/03/13	24.00	101.28	
258281	2	T1019	0580	09/04/13	09/04/13	24.00	101.28	
258281	3	T1019	0580	09/05/13	09/05/13	24.00	101.28	
258281	4	T1019	0580	09/06/13	09/06/13	24.00	101.28	
					CLAIM TOTAL		405.12	CLAIM ACCOUNT REF. 2582810012013851SUP

PAYER TOTALS: HEALTHCARE PARTNERS IPA I # OF CLAIMS = 8 TOTAL CLAIM AMOUNT = 675.20
SERVICES = 2

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = VCMINST VILLAGE CARE

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013600 2013600 MULLINGS, LUCILLE 11/20/1941 10000258001 062713005394
DIAGNOSIS CODES: 715.90 311. 695.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258297	1	T1019	0580	09/04/13	09/04/13	16.00	63.04
258297	2	T1019	0580	09/05/13	09/05/13	16.00	63.04
258297	3	T1019	0580	09/06/13	09/06/13	16.00	63.04
CLAIM TOTAL							189.12
CLAIM ACCOUNT REF.							2582970012013600SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013622 2013622 BERNARDI, SOLMARIA 06/28/1931 10000270501 062713005409
DIAGNOSIS CODES: 715.90 311. 401.9 553.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258294	1	T1019	0580	09/02/13	09/02/13	16.00	63.04
258294	2	T1019	0580	09/04/13	09/04/13	16.00	63.04
CLAIM TOTAL							126.08
CLAIM ACCOUNT REF.							2582940012013622SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013758 2013758 KLEIN, SHIRLEY 08/05/1929 2013758 072313005746
DIAGNOSIS CODES: 781.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258296	1	T1019	0580	08/31/13	08/31/13	16.00	63.04
258296	2	T1019	0580	09/01/13	09/01/13	16.00	63.04
258296	3	T1019	0580	09/02/13	09/02/13	16.00	63.04
258296	4	T1019	0580	09/03/13	09/03/13	16.00	63.04
258296	5	T1019	0580	09/04/13	09/04/13	16.00	63.04
258296	6	T1019	0580	09/05/13	09/05/13	16.00	63.04
258296	7	T1019	0580	09/06/13	09/06/13	15.00	59.10
CLAIM TOTAL							437.34
CLAIM ACCOUNT REF.							2582960012013758SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2014010 2014010 FAY, JULIA 10/29/1939 10000292201 073113006128
DIAGNOSIS CODES: 496. 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
258295	1	T1019	0580	09/02/13	09/02/13	28.00	110.32
258295	2	T1019	0580	09/03/13	09/03/13	28.00	110.32
258295	3	T1019	0580	09/04/13	09/04/13	28.00	110.32
258295	4	T1019	0580	09/05/13	09/05/13	28.00	110.32
258295	5	T1019	0580	09/06/13	09/06/13	28.00	110.32
CLAIM TOTAL							551.60
CLAIM ACCOUNT REF.							2582950012014010SUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = VCMINST VILLAGE CARE

PAYER TOTALS:	VILLAGE CARE	# OF CLAIMS =	17	TOTAL CLAIM AMOUNT =	1,304.14
		# SERVICES =	4		

PROVIDER TOTALS:	SUNNYSIDE CITYWIDE	# OF CLAIMS =	2255	TOTAL CLAIM AMOUNT =	292,879.09
		# SERVICES =	390		