

REPORT DATE 03/13/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013031303023244RRSUP

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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
233345	1	T1020		03/02/13	03/02/13	11.00	185.57
233345	2	T1020		03/04/13	03/04/13	6.00	101.22
233345	3	T1020		03/05/13	03/05/13	6.00	101.22
233345	4	T1020		03/06/13	03/06/13	6.00	101.22
233345	5	T1020		03/07/13	03/07/13	6.00	101.22
233345	6	T1020		03/08/13	03/08/13	6.00	101.22
CLAIM TOTAL							691.67
CLAIM ACCOUNT REF.							2333450012008267SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008268 2008268 PANOS, DESPINA D 05/11/1950 64126998700 111800517  
DIAGNOSIS CODES: 340. 345.90 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233342	1	T1020		03/02/13	03/02/13	9.00	151.83
233342	2	T1020		03/03/13	03/03/13	9.00	151.83
233342	3	T1020		03/04/13	03/04/13	9.00	151.83
233342	4	T1020		03/05/13	03/05/13	9.00	151.83
233342	5	T1020		03/06/13	03/06/13	9.00	151.83
233342	6	T1020		03/07/13	03/07/13	9.00	151.83
233342	7	T1020		03/08/13	03/08/13	9.00	151.83
CLAIM TOTAL							1,062.81
CLAIM ACCOUNT REF.							2333420012008268SUP

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
233341	1	T1020		03/02/13	03/02/13	7.00	118.09
233341	2	T1020		03/03/13	03/03/13	7.00	118.09
CLAIM TOTAL							236.18
CLAIM ACCOUNT REF.							2333410012008306SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233339	1	T1020		03/02/13	03/02/13	7.00	118.09
233339	2	T1020		03/03/13	03/03/13	7.00	118.09
233339	3	T1020		03/04/13	03/04/13	7.00	118.09

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PAYER        ID = 11315                      FIDELIS CARE NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233339	4	T1020		03/05/13	03/05/13	7.00	118.09	
233339	5	T1020		03/06/13	03/06/13	7.00	118.09	
233339	6	T1020		03/07/13	03/07/13	7.00	118.09	
233339	7	T1020		03/08/13	03/08/13	7.00	118.09	
					CLAIM TOTAL		826.63	CLAIM ACCOUNT REF. 2333390012008386SUP

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	
233344	1	T1020		03/05/13	03/05/13	8.00	134.96	
233344	2	T1020		03/06/13	03/06/13	8.00	134.96	
233344	3	T1020		03/07/13	03/07/13	5.00	84.35	
233344	4	T1020		03/08/13	03/08/13	9.00	151.83	
					CLAIM TOTAL		506.10	CLAIM ACCOUNT REF. 2333440012008400SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012627	2012627	REYES, DUNNY	04/28/1944	74236117600	130431458
DIAGNOSIS	CODES:	799.89				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233343	1	T1020		02/01/13	02/01/13	1.00	16.87	
233343	2	T1020		02/02/13	02/02/13	1.00	16.87	
233343	3	T1020		02/03/13	02/03/13	1.00	16.87	
233343	4	T1020		02/09/13	02/09/13	1.00	16.87	
233343	5	T1020		02/10/13	02/10/13	1.00	16.87	
233343	6	T1020		02/22/13	02/22/13	1.00	16.87	
233343	7	T1020		02/23/13	02/23/13	1.00	16.87	
					CLAIM TOTAL		118.09	CLAIM ACCOUNT REF. 2333430012012627SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012726	2012726	GARCIA, CLEMENTE	11/22/1928	PT33146N	
DIAGNOSIS	CODES:	331.0				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233340	1	T1019		03/02/13	03/02/13	1.00	16.87	
233340	2	T1019		03/03/13	03/03/13	1.00	16.87	
233340	3	T1019		03/04/13	03/04/13	1.00	16.87	
233340	4	T1019		03/05/13	03/05/13	1.00	16.87	
233340	5	T1019		03/06/13	03/06/13	1.00	16.87	
233340	6	T1019		03/07/13	03/07/13	1.00	16.87	
233340	7	T1019		03/08/13	03/08/13	1.00	16.87	

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NPI = 1154407492

AMOUNT			
118.09	CLAIM ACCOUNT REF.	2333400012012726	SUP

TOTAL CLAIM AMOUNT = 3,559.57

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# SERVICES = 7
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER        ID = 11325                      NEIGHBORHOOD HEALTH

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233324	1	T1019		03/06/13	03/06/13	4.00	16.88
233324	2	T1019		03/07/13	03/07/13	4.00	16.88
233324	3	T1019		03/08/13	03/08/13	4.00	16.88
CLAIM TOTAL							50.64
CLAIM ACCOUNT REF.							2333240012008261SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233331	1	T1019		03/02/13	03/02/13	24.00	101.28
233331	2	T1019		03/03/13	03/03/13	24.00	101.28
233331	3	T1019		03/04/13	03/04/13	24.00	101.28
233331	4	T1019		03/05/13	03/05/13	24.00	101.28
233331	5	T1019		03/06/13	03/06/13	24.00	101.28
233331	6	T1019		03/07/13	03/07/13	24.00	101.28
233331	7	T1019		03/08/13	03/08/13	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2333310012008263SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008265    2008265    SHEPPARD, ERMA                      10/05/1954    10043001301                      052212292391  
DIAGNOSIS CODES:    295.90    250.00    272.0    401.9    440.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233336	1	T1019		03/02/13	03/02/13	40.00	168.80
233336	2	T1019		03/03/13	03/03/13	40.00	168.80
233336	3	T1019		03/04/13	03/04/13	40.00	168.80
233336	4	T1019		03/05/13	03/05/13	40.00	168.80
233336	5	T1019		03/06/13	03/06/13	40.00	168.80
233336	6	T1019		03/07/13	03/07/13	40.00	168.80
233336	7	T1019		03/08/13	03/08/13	40.00	168.80
CLAIM TOTAL							1,181.60
CLAIM ACCOUNT REF.							2333360012008265SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233338	1	T1019		01/19/13	01/19/13	16.00	67.52

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PAYER ID = 11325                      NEIGHBORHOOD HEALTH

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233338	2	T1019		01/20/13	01/20/13	16.00	67.52	
233338	3	T1019		01/23/13	01/23/13	24.00	101.28	
233338	4	T1019		03/02/13	03/02/13	16.00	67.52	
233338	5	T1019		03/03/13	03/03/13	16.00	67.52	
233338	6	T1019		03/04/13	03/04/13	24.00	101.28	
233338	7	T1019		03/05/13	03/05/13	24.00	101.28	
233338	8	T1019		03/06/13	03/06/13	24.00	101.28	
233338	9	T1019		03/07/13	03/07/13	24.00	101.28	
233338	10	T1019		03/08/13	03/08/13	20.00	84.40	
				CLAIM TOTAL			860.88	CLAIM ACCOUNT REF. 2333380012008303SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008366	2008366	JONES, CYNTHIA	03/17/1950	10063968601	021313325005
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233327	1	T1019		03/04/13	03/04/13	16.00	67.52	
233327	2	T1019		03/05/13	03/05/13	20.00	84.40	
				CLAIM TOTAL			151.92	CLAIM ACCOUNT REF. 2333270012008366SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233321	1	T1019		03/02/13	03/02/13	28.00	118.16	
233321	2	T1019		03/03/13	03/03/13	28.00	118.16	
233321	3	T1019		03/04/13	03/04/13	32.00	135.04	
233321	4	T1019		03/05/13	03/05/13	28.00	118.16	
233321	5	T1019		03/06/13	03/06/13	28.00	118.16	
233321	6	T1019		03/07/13	03/07/13	28.00	118.16	
233321	7	T1019		03/08/13	03/08/13	28.00	118.16	
				CLAIM TOTAL			844.00	CLAIM ACCOUNT REF. 2333210012008403SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008421	2008421	OCASIO, VIRGINIA	05/24/1949	10063483101	082012303730
DIAGNOSIS CODES: 250.00        278.00        300.00        715.90							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233333	1	T1019		03/04/13	03/04/13	24.00	101.28	
233333	2	T1019		03/05/13	03/05/13	24.00	101.28	
233333	3	T1019		03/06/13	03/06/13	24.00	101.28	
233333	4	T1019		03/07/13	03/07/13	24.00	101.28	

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233333	5	T1019		03/08/13	03/08/13	24.00	101.28	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2333330012008421SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233332	1	T1019		03/02/13	03/02/13	24.00	101.28	
233332	2	T1019		03/04/13	03/04/13	24.00	101.28	
233332	3	T1019		03/05/13	03/05/13	24.00	101.28	
233332	4	T1019		03/06/13	03/06/13	24.00	101.28	
233332	5	T1019		03/07/13	03/07/13	24.00	101.28	
233332	6	T1019		03/08/13	03/08/13	24.00	101.28	
					CLAIM TOTAL		607.68	CLAIM ACCOUNT REF. 2333320012008422SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008425	2008425	WELLS, WYNORIA	09/10/1959	10063849801	081911258799
DIAGNOSIS	CODES:	278.01	253.5	272.4	356.9	401.9	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233337	1	T1019		03/04/13	03/04/13	16.00	67.52	
233337	2	T1019		03/05/13	03/05/13	16.00	67.52	
233337	3	T1019		03/07/13	03/07/13	16.00	67.52	
233337	4	T1019		03/08/13	03/08/13	16.00	67.52	
					CLAIM TOTAL		270.08	CLAIM ACCOUNT REF. 2333370012008425SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008427	2008427	FLORES, MARITZA	09/26/1953	10044817901	072911256156
DIAGNOSIS	CODES:	427.31	278.01	285.9	311.	425.8	799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233325	1	T1019		02/28/13	02/28/13	40.00	168.80	
233325	2	T1019		03/02/13	03/02/13	40.00	168.80	
233325	3	T1019		03/03/13	03/03/13	40.00	168.80	
233325	4	T1019		03/04/13	03/04/13	40.00	168.80	
233325	5	T1019		03/05/13	03/05/13	40.00	168.80	
233325	6	T1019		03/06/13	03/06/13	40.00	168.80	
233325	7	T1019		03/07/13	03/07/13	40.00	168.80	
233325	8	T1019		03/08/13	03/08/13	40.00	168.80	
					CLAIM TOTAL		1,350.40	CLAIM ACCOUNT REF. 2333250012008427SUP

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PAYER ID = 11325                      NEIGHBORHOOD HEALTH

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233334	1	T1019		03/04/13	03/04/13	24.00	101.28
233334	2	T1019		03/05/13	03/05/13	24.00	101.28
233334	3	T1019		03/06/13	03/06/13	24.00	101.28
233334	4	T1019		03/07/13	03/07/13	24.00	101.28
233334	5	T1019		03/08/13	03/08/13	24.00	101.28
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2333340012008531SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233329	1	T1019		03/04/13	03/04/13	28.00	118.16
233329	2	T1019		03/05/13	03/05/13	28.00	118.16
233329	3	T1019		03/06/13	03/06/13	28.00	118.16
CLAIM TOTAL							354.48

CLAIM ACCOUNT REF. 2333290012008742SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233330	1	T1019		03/07/13	03/07/13	28.00	118.16
233330	2	T1019		03/08/13	03/08/13	28.00	118.16
CLAIM TOTAL							236.32

CLAIM ACCOUNT REF. 2333300012008742SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008802 2008802 DIAZ 1, CARMEN 07/29/1950 10089557301 062712297011  
DIAGNOSIS CODES: V02.62 300.00 401.9 719.89 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233323	1	T1019		03/04/13	03/04/13	16.00	67.52
233323	2	T1019		03/05/13	03/05/13	24.00	101.28
233323	3	T1019		03/06/13	03/06/13	24.00	101.28
233323	4	T1019		03/08/13	03/08/13	24.00	101.28
CLAIM TOTAL							371.36

CLAIM ACCOUNT REF. 2333230012008802SUP

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

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2009356    2009356    KHAN, FARUQUE                      02/08/1949    10076892101                      112111269647  
DIAGNOSIS CODES:    696.8        253.5        272.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233328	1	T1019		03/02/13	03/02/13	40.00	168.80	
233328	2	T1019		03/03/13	03/03/13	48.00	202.56	
233328	3	T1019		03/04/13	03/04/13	48.00	202.56	
233328	4	T1019		03/05/13	03/05/13	48.00	202.56	
233328	5	T1019		03/06/13	03/06/13	48.00	202.56	
233328	6	T1019		03/07/13	03/07/13	48.00	202.56	
233328	7	T1019		03/08/13	03/08/13	48.00	202.56	
				CLAIM TOTAL		1,384.16		CLAIM ACCOUNT REF.    2333280012009356SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2010143    2010143    AHMED, UMARA                      11/15/1985    10062660901                      072211255328  
DIAGNOSIS CODES:    335.19        695.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233319	1	T1019		02/18/13	02/18/13	32.00	135.04	
233319	2	T1019		03/02/13	03/02/13	32.00	135.04	
233319	3	T1019		03/03/13	03/03/13	32.00	135.04	
233319	4	T1019		03/04/13	03/04/13	32.00	135.04	
233319	5	T1019		03/05/13	03/05/13	32.00	135.04	
233319	6	T1019		03/06/13	03/06/13	20.00	84.40	
233319	7	T1019		03/07/13	03/07/13	32.00	135.04	
233319	8	T1019		03/08/13	03/08/13	32.00	135.04	
				CLAIM TOTAL		1,029.68		CLAIM ACCOUNT REF.    2333190012010143SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008398    2010353    RODRIGUEZ, JESSE                      03/23/1984    10063030901                      072211255272  
DIAGNOSIS CODES:    799.89        253.5        278.00        401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233335	1	T1019		03/04/13	03/04/13	20.00	84.40	
233335	2	T1019		03/05/13	03/05/13	20.00	84.40	
233335	3	T1019		03/06/13	03/06/13	20.00	84.40	
233335	4	T1019		03/07/13	03/07/13	20.00	84.40	
233335	5	T1019		03/08/13	03/08/13	20.00	84.40	
				CLAIM TOTAL		422.00		CLAIM ACCOUNT REF.    2333350012010353SUP



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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233326	1	T1019		03/02/13	03/02/13	24.00	101.28
233326	2	T1019		03/03/13	03/03/13	24.00	101.28
233326	3	T1019		03/04/13	03/04/13	24.00	101.28
233326	4	T1019		03/05/13	03/05/13	28.00	118.16
233326	5	T1019		03/06/13	03/06/13	24.00	101.28
233326	6	T1019		03/07/13	03/07/13	28.00	118.16
233326	7	T1019		03/08/13	03/08/13	28.00	118.16
CLAIM TOTAL							759.60
CLAIM ACCOUNT REF.							2333260012010639SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010671 2010878 AKHTER, SELINA 07/13/1960 10087504801 073112301172  
DIAGNOSIS CODES: 093.9 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233320	1	T1019		03/04/13	03/04/13	36.00	151.92
233320	2	T1019		03/05/13	03/05/13	36.00	151.92
233320	3	T1019		03/06/13	03/06/13	36.00	151.92
233320	4	T1019		03/07/13	03/07/13	36.00	151.92
233320	5	T1019		03/08/13	03/08/13	36.00	151.92
CLAIM TOTAL							759.60
CLAIM ACCOUNT REF.							2333200012010878SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012500 2012500 DEKMAK, GRISEL 03/02/1964 10061526701 020113323665  
DIAGNOSIS CODES: 340. 285.8 311. 596.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233322	1	T1019		03/02/13	03/02/13	48.00	202.56
233322	2	T1019		03/03/13	03/03/13	48.00	202.56
233322	3	T1019		03/04/13	03/04/13	48.00	202.56
233322	4	T1019		03/05/13	03/05/13	48.00	202.56
233322	5	T1019		03/06/13	03/06/13	48.00	202.56
233322	6	T1019		03/07/13	03/07/13	48.00	202.56
233322	7	T1019		03/08/13	03/08/13	48.00	202.56
CLAIM TOTAL							1,417.92
CLAIM ACCOUNT REF.							2333220012012500SUP

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

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	112	TOTAL CLAIM AMOUNT =	13,774.08
		# SERVICES =	19		

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008233 2008233 ARIAS, NORA 03/31/1981 RB08739R 0101231390513  
DIAGNOSIS CODES: 356.9 348.2 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233369	1	T1019		03/02/13	03/02/13	5.00	85.75
233369	2	T1019		03/03/13	03/03/13	5.00	85.75
233369	3	T1019		03/04/13	03/04/13	11.00	188.65
233369	4	T1019		03/05/13	03/05/13	11.00	188.65
233369	5	T1019		03/06/13	03/06/13	11.00	188.65
233369	6	T1019		03/07/13	03/07/13	11.00	188.65
233369	7	T1019		03/08/13	03/08/13	11.00	188.65
CLAIM TOTAL						1,114.75	CLAIM ACCOUNT REF. 2333690012008233SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008236 2008236 PERSAD, USHA 07/05/1955 TS79090G 0111301290246  
DIAGNOSIS CODES: 250.10 272.0 401.9 225.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233377	1	T1019		03/02/13	03/02/13	9.00	154.35
233377	2	T1019		03/03/13	03/03/13	8.00	137.20
233377	3	T1019		03/04/13	03/04/13	11.00	188.65
233377	4	T1019		03/05/13	03/05/13	11.00	188.65
233377	5	T1019		03/06/13	03/06/13	11.00	188.65
233377	6	T1019		03/07/13	03/07/13	11.00	188.65
233377	7	T1019		03/08/13	03/08/13	11.00	188.65
CLAIM TOTAL						1,234.80	CLAIM ACCOUNT REF. 2333770012008236SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008237 2008237 DURHAM, CYNTHIA 05/23/1960 ZB21969Z 0101181390150  
DIAGNOSIS CODES: 401.9 250.00 300.00 345.90 493.90 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233373	1	T1019		03/04/13	03/04/13	4.00	68.60
233373	2	T1019		03/05/13	03/05/13	4.00	68.60
233373	3	T1019		03/06/13	03/06/13	4.00	68.60
233373	4	T1019		03/07/13	03/07/13	4.00	68.60
233373	5	T1019		03/08/13	03/08/13	4.00	68.60
CLAIM TOTAL						343.00	CLAIM ACCOUNT REF. 2333730012008237SUP

REPORT DATE 03/13/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = 13265                      METROPLUS HEALTH PLAN

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233368	1	T1019		03/02/13	03/02/13	3.00	51.45
233368	2	T1019		03/03/13	03/03/13	2.00	34.30
233368	3	T1019		03/04/13	03/04/13	5.00	85.75
CLAIM TOTAL							171.50
							CLAIM ACCOUNT REF. 2333680012008284SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008385 2008385 MURDOCK, GERTRUDE 11/01/1917 SS71357M 0112031290138  
DIAGNOSIS CODES: 536.9 365.9 369.10 389.9 401.9 715.90 733.00 V15.88

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233375	1	T1019		03/04/13	03/04/13	10.00	171.50
233375	2	T1019		03/05/13	03/05/13	10.00	171.50
233375	3	T1019		03/06/13	03/06/13	10.00	171.50
233375	4	T1019		03/07/13	03/07/13	10.00	171.50
CLAIM TOTAL							686.00
							CLAIM ACCOUNT REF. 2333750012008385SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008417 2008417 GALAS, TERESA 06/08/1955 ZX91437V 0112061290395  
DIAGNOSIS CODES: 345.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233374	1	T1019		03/02/13	03/02/13	5.00	85.75
233374	2	T1019		03/03/13	03/03/13	5.00	85.75
233374	3	T1019		03/04/13	03/04/13	5.00	85.75
233374	4	T1019		03/05/13	03/05/13	5.00	85.75
233374	5	T1019		03/06/13	03/06/13	5.00	85.75
233374	6	T1019		03/07/13	03/07/13	5.00	85.75
233374	7	T1019		03/08/13	03/08/13	5.00	85.75
CLAIM TOTAL							600.25
							CLAIM ACCOUNT REF. 2333740012008417SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008418 2008418 RYALS, CHARLES 11/03/1950 ZZ49620T 0108071290383  
DIAGNOSIS CODES: 401.9 250.00 272.0 278.00 295.00 311. 780.57

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233379	1	T1019		03/04/13	03/04/13	8.00	137.20
233379	2	T1019		03/05/13	03/05/13	8.00	137.20
233379	3	T1019		03/06/13	03/06/13	8.00	137.20
233379	4	T1019		03/07/13	03/07/13	8.00	137.20

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233379	5	T1019		03/08/13	03/08/13	8.00	137.20
CLAIM TOTAL							686.00
							CLAIM ACCOUNT REF. 2333790012008418SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233370	1	T1019		02/01/13	02/01/13	10.00	171.50
CLAIM TOTAL							171.50
							CLAIM ACCOUNT REF. 2333700012008743SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008743	2008743	CORDERO, ROSENDO	08/26/1926	QM62108S	0101231390317
DIAGNOSIS CODES: 492.0      272.0      401.9      715.00      788.30							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233371	1	T1019		03/02/13	03/02/13	10.00	171.50
233371	2	T1019		03/03/13	03/03/13	10.00	171.50
233371	3	T1019		03/04/13	03/04/13	10.00	171.50
233371	4	T1019		03/05/13	03/05/13	10.00	171.50
233371	5	T1019		03/06/13	03/06/13	10.00	171.50
233371	6	T1019		03/07/13	03/07/13	10.00	171.50
233371	7	T1019		03/08/13	03/08/13	10.00	171.50
CLAIM TOTAL							1,200.50
							CLAIM ACCOUNT REF. 2333710012008743SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233380	1	T1019		03/02/13	03/02/13	5.00	85.75
233380	2	T1019		03/03/13	03/03/13	5.00	85.75
CLAIM TOTAL							171.50
							CLAIM ACCOUNT REF. 2333800012009377SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233378	1	T1019		03/04/13	03/04/13	3.00	51.45
233378	2	T1019		03/05/13	03/05/13	3.00	51.45
233378	3	T1019		03/06/13	03/06/13	3.00	51.45
233378	4	T1019		03/07/13	03/07/13	3.00	51.45

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013031303023244RRSUP

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

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233378	5	T1019		03/08/13	03/08/13	4.00	68.60
CLAIM TOTAL							274.40
CLAIM ACCOUNT REF.							2333780012009688SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233381	1	T1019		02/15/13	02/15/13	8.00	137.20
233381	2	T1019		02/16/13	02/16/13	8.00	137.20
CLAIM TOTAL							274.40
CLAIM ACCOUNT REF.							2333810012010213SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008279	2010213	VALLE, BLASINA	02/03/1929	QG00558G	0102041390418
DIAGNOSIS		CODES:	428.0	244.9	272.4	331.0	537.9
						746.85	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233382	1	T1019		03/04/13	03/04/13	8.00	137.20
233382	2	T1019		03/05/13	03/05/13	8.00	137.20
233382	3	T1019		03/06/13	03/06/13	8.00	137.20
233382	4	T1019		03/07/13	03/07/13	5.00	85.75
CLAIM TOTAL							497.35
CLAIM ACCOUNT REF.							2333820012010213SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010886	2010886	OSORIO, ELVIA	07/05/1943	SM10426S	0112031290291
DIAGNOSIS		CODES:	253.5	272.4	354.0	401.9	733.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233376	1	T1019		03/02/13	03/02/13	3.00	51.45
233376	2	T1019		03/03/13	03/03/13	3.00	51.45
233376	3	T1019		03/04/13	03/04/13	3.00	51.45
233376	4	T1019		03/05/13	03/05/13	3.00	51.45
233376	5	T1019		03/06/13	03/06/13	3.00	51.45
233376	6	T1019		03/07/13	03/07/13	3.00	51.45
233376	7	T1019		03/08/13	03/08/13	3.00	51.45
CLAIM TOTAL							360.15
CLAIM ACCOUNT REF.							2333760012010886SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011286	2011286	DOBBINS, SANDRA	02/05/1953	ZA50099X	0111191290232
DIAGNOSIS		CODES:	295.90	369.10	401.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233372	1	T1019		03/02/13	03/02/13	24.00	411.60

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013031303023244RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233372	2	T1019		03/03/13	03/03/13	24.00	411.60	
233372	3	T1019		03/04/13	03/04/13	24.00	411.60	
233372	4	T1019		03/05/13	03/05/13	24.00	411.60	
233372	5	T1019		03/06/13	03/06/13	24.00	411.60	
233372	6	T1019		03/07/13	03/07/13	24.00	411.60	
233372	7	T1019		03/08/13	03/08/13	24.00	411.60	
					CLAIM TOTAL		2,881.20	CLAIM ACCOUNT REF. 2333720012011286SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012382 2012382 VERAS, EMMA 04/08/1957 YR88751T 0101291390106  
DIAGNOSIS CODES: V44.0 253.5 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233383	1	T1019		03/02/13	03/02/13	12.00	205.80	
233383	2	T1019		03/03/13	03/03/13	12.00	205.80	
233383	3	T1019		03/04/13	03/04/13	12.00	205.80	
233383	4	T1019		03/05/13	03/05/13	12.00	205.80	
233383	5	T1019		03/06/13	03/06/13	12.00	205.80	
233383	6	T1019		03/07/13	03/07/13	12.00	205.80	
					CLAIM TOTAL		1,234.80	CLAIM ACCOUNT REF. 2333830012012382SUP

PAYER TOTALS: METROPLUS HEALTH PLAN                      # OF CLAIMS = 79                      TOTAL CLAIM AMOUNT = 11,902.10  
# SERVICES = 14

REPORT DATE 03/13/13 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 2008286 2008286 RAMIREZ, ALIDA A 12/10/1950 ZN85118U 110614772  
DIAGNOSIS CODES: 250.00 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233408	1	T1019		03/02/13	03/02/13	36.00	154.80
233408	2	T1019		03/03/13	03/03/13	36.00	154.80
233408	3	T1019		03/04/13	03/04/13	36.00	154.80
233408	4	T1019		03/05/13	03/05/13	36.00	154.80
233408	5	T1019		03/06/13	03/06/13	36.00	154.80
233408	6	T1019		03/07/13	03/07/13	36.00	154.80
233408	7	T1019		03/08/13	03/08/13	36.00	154.80
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2334080012008286SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008495 2008495 MARTINEZ, MARIA 09/05/1958 ZV42745Q 110885355  
DIAGNOSIS CODES: 250.00 244.8 295.90 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233396	1	T1019		03/02/13	03/02/13	24.00	103.20
233396	2	T1019		03/03/13	03/03/13	24.00	103.20
233396	3	T1019		03/04/13	03/04/13	24.00	103.20
233396	4	T1019		03/05/13	03/05/13	24.00	103.20
233396	5	T1019		03/06/13	03/06/13	24.00	103.20
233396	6	T1019		03/07/13	03/07/13	24.00	103.20
233396	7	T1019		03/08/13	03/08/13	24.00	103.20
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2333960012008495SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233389	1	T1019		02/25/13	02/25/13	28.00	120.40
CLAIM TOTAL						120.40	CLAIM ACCOUNT REF. 2333890012010404SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012101 2012101 BATILO, MARTA 02/23/1917 708125 111458770  
DIAGNOSIS CODES: 715.00 272.2 285.29 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233384	1	T1019		03/02/13	03/02/13	28.00	120.40
233384	2	T1019		03/03/13	03/03/13	28.00	120.40
233384	3	T1019		03/04/13	03/04/13	28.00	120.40



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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233384	4	T1019		03/05/13	03/05/13	28.00	120.40	
233384	5	T1019		03/06/13	03/06/13	28.00	120.40	
233384	6	T1019		03/07/13	03/07/13	28.00	120.40	
233384	7	T1019		03/08/13	03/08/13	28.00	120.40	
					CLAIM TOTAL		842.80	CLAIM ACCOUNT REF. 2333840012012101SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012102	2012102	BISRAM, ROOPKALIA	01/03/1938	708029	111353605
DIAGNOSIS	CODES:	401.9	272.2			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233385	1	T1019		03/04/13	03/04/13	16.00	68.80	
233385	2	T1019		03/05/13	03/05/13	16.00	68.80	
233385	3	T1019		03/06/13	03/06/13	16.00	68.80	
233385	4	T1019		03/07/13	03/07/13	16.00	68.80	
233385	5	T1019		03/08/13	03/08/13	16.00	68.80	
					CLAIM TOTAL		344.00	CLAIM ACCOUNT REF. 2333850012012102SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012104	2012104	CEBALLOS, FRANCISCA	11/10/1931	744474	111205448
DIAGNOSIS	CODES:	294.20	093.9 253.5			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233386	1	T1019		02/11/13	02/11/13	40.00	172.00	
233386	2	T1019		02/14/13	02/14/13	40.00	172.00	
233386	3	T1019		03/02/13	03/02/13	40.00	172.00	
233386	4	T1019		03/03/13	03/03/13	40.00	172.00	
233386	5	T1019		03/04/13	03/04/13	40.00	172.00	
233386	6	T1019		03/05/13	03/05/13	40.00	172.00	
233386	7	T1019		03/06/13	03/06/13	40.00	172.00	
233386	8	T1019		03/07/13	03/07/13	40.00	172.00	
233386	9	T1019		03/08/13	03/08/13	40.00	172.00	
					CLAIM TOTAL		1,548.00	CLAIM ACCOUNT REF. 2333860012012104SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012108	2012108	GODINOT, CARMEN	07/16/1939	695752	111208481
DIAGNOSIS	CODES:	369.3				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233387	1	T1019		03/04/13	03/04/13	24.00	103.20	
233387	2	T1019		03/05/13	03/05/13	24.00	103.20	
233387	3	T1019		03/06/13	03/06/13	24.00	103.20	
233387	4	T1019		03/07/13	03/07/13	24.00	103.20	

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233387	5	T1019		03/08/13	03/08/13	24.00	103.20
							CLAIM TOTAL
							516.00
							CLAIM ACCOUNT REF. 2333870012012108SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012110	2012110	GOMEZ, RANNIE	09/11/1917	698802	111339768
DIAGNOSIS CODES: 428.0 272.2 365.9 401.9 733.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233388	1	T1019		03/04/13	03/04/13	16.00	68.80
233388	2	T1019		03/08/13	03/08/13	16.00	68.80
							CLAIM TOTAL
							137.60
							CLAIM ACCOUNT REF. 2333880012012110SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012114	2012114	GUERRERO, FIRPO A	06/13/1929	698839	111414803
DIAGNOSIS CODES: 331.0 290.0 311. 401.9 600.91							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233390	1	T1019		03/02/13	03/02/13	48.00	206.40
233390	2	T1019		03/03/13	03/03/13	36.00	154.80
233390	3	T1019		03/04/13	03/04/13	36.00	154.80
233390	4	T1019		03/05/13	03/05/13	48.00	206.40
233390	5	T1019		03/06/13	03/06/13	36.00	154.80
233390	6	T1019		03/07/13	03/07/13	48.00	206.40
233390	7	T1019		03/08/13	03/08/13	36.00	154.80
							CLAIM TOTAL
							1,238.40
							CLAIM ACCOUNT REF. 2333900012012114SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012115	2012115	GUERRERO, ISABEL	11/08/1935	698840	111414603
DIAGNOSIS CODES: 715.90 244.9 272.0 413.9 788.30							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233391	1	T1019		03/03/13	03/03/13	12.00	51.60
233391	2	T1019		03/04/13	03/04/13	12.00	51.60
233391	3	T1019		03/06/13	03/06/13	12.00	51.60
233391	4	T1019		03/08/13	03/08/13	12.00	51.60
							CLAIM TOTAL
							206.40
							CLAIM ACCOUNT REF. 2333910012012115SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012117	2012117	HAYNES, LAMONT	08/22/1920	695748	111524712
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233392	1	T1019		03/02/13	03/02/13	20.00	86.00

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233392	2	T1019		03/03/13	03/03/13	20.00	86.00
233392	3	T1019		03/04/13	03/04/13	16.00	68.80
233392	4	T1019		03/05/13	03/05/13	16.00	68.80
233392	5	T1019		03/06/13	03/06/13	16.00	68.80
233392	6	T1019		03/07/13	03/07/13	16.00	68.80
233392	7	T1019		03/08/13	03/08/13	16.00	68.80
CLAIM TOTAL							516.00

CLAIM ACCOUNT REF. 2333920012012117SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012120 2012120 LOPEZ, ISABEL 12/24/1942 740574 111213601  
DIAGNOSIS CODES: 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233393	1	T1019		03/04/13	03/04/13	28.00	120.40
233393	2	T1019		03/05/13	03/05/13	28.00	120.40
233393	3	T1019		03/06/13	03/06/13	28.00	120.40
233393	4	T1019		03/07/13	03/07/13	28.00	120.40
233393	5	T1019		03/08/13	03/08/13	28.00	120.40
CLAIM TOTAL							602.00

CLAIM ACCOUNT REF. 2333930012012120SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012121 2012121 MOHAMED, DENISE 06/14/1959 691722 111447605  
DIAGNOSIS CODES: 715.98

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233398	1	T1019		03/02/13	03/02/13	32.00	137.60
233398	2	T1019		03/03/13	03/03/13	32.00	137.60
233398	3	T1019		03/04/13	03/04/13	32.00	137.60
233398	4	T1019		03/05/13	03/05/13	32.00	137.60
233398	5	T1019		03/06/13	03/06/13	32.00	137.60
233398	6	T1019		03/07/13	03/07/13	32.00	137.60
233398	7	T1019		03/08/13	03/08/13	32.00	137.60
CLAIM TOTAL							963.20

CLAIM ACCOUNT REF. 2333980012012121SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233399	1	T1019		03/02/13	03/02/13	20.00	86.00
233399	2	T1019		03/03/13	03/03/13	20.00	86.00
233399	3	T1019		03/04/13	03/04/13	20.00	86.00
233399	4	T1019		03/05/13	03/05/13	20.00	86.00

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233399	5	T1019		03/06/13	03/06/13	20.00	86.00	
233399	6	T1019		03/07/13	03/07/13	20.00	86.00	
233399	7	T1019		03/08/13	03/08/13	20.00	86.00	
					CLAIM TOTAL		602.00	CLAIM ACCOUNT REF. 2333990012012122SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233401	1	T1019		03/02/13	03/02/13	20.00	86.00	
233401	2	T1019		03/03/13	03/03/13	20.00	86.00	
233401	3	T1019		03/05/13	03/05/13	28.00	120.40	
233401	4	T1019		03/06/13	03/06/13	28.00	120.40	
233401	5	T1019		03/07/13	03/07/13	28.00	120.40	
233401	6	T1019		03/08/13	03/08/13	28.00	120.40	
					CLAIM TOTAL		653.60	CLAIM ACCOUNT REF. 2334010012012130SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012131	2012131	ORTIZ, JOSE	04/19/1925	691721	111219494
DIAGNOSIS	CODES:	799.89					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233403	1	T1019		03/04/13	03/04/13	16.00	68.80	
233403	2	T1019		03/06/13	03/06/13	16.00	68.80	
					CLAIM TOTAL		137.60	CLAIM ACCOUNT REF. 2334030012012131SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233402	1	T1019		03/02/13	03/02/13	20.00	86.00	
233402	2	T1019		03/03/13	03/03/13	20.00	86.00	
233402	3	T1019		03/04/13	03/04/13	32.00	137.60	
233402	4	T1019		03/05/13	03/05/13	32.00	137.60	
233402	5	T1019		03/06/13	03/06/13	32.00	137.60	
					CLAIM TOTAL		584.80	CLAIM ACCOUNT REF. 2334020012012132SUP

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REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012134 2012134 SERRANO, CARMEN 09/14/1948 695740 111497071  
DIAGNOSIS CODES: 093.89 253.5 311. 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233416	1	T1019		03/04/13	03/04/13	28.00	120.40
233416	2	T1019		03/05/13	03/05/13	28.00	120.40
233416	3	T1019		03/06/13	03/06/13	28.00	120.40
233416	4	T1019		03/07/13	03/07/13	28.00	120.40
233416	5	T1019		03/08/13	03/08/13	28.00	120.40
CLAIM TOTAL							602.00
CLAIM ACCOUNT REF.							2334160012012134SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012137 2012137 VAZQUEZ, ROSA 08/08/1934 695667 111437135  
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233419	1	T1019		03/04/13	03/04/13	32.00	137.60
233419	2	T1019		03/05/13	03/05/13	32.00	137.60
233419	3	T1019		03/06/13	03/06/13	32.00	137.60
233419	4	T1019		03/07/13	03/07/13	32.00	137.60
233419	5	T1019		03/08/13	03/08/13	32.00	137.60
CLAIM TOTAL							688.00
CLAIM ACCOUNT REF.							2334190012012137SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012138 2012138 VENTURA, CLARA 09/17/1951 720456 111324838  
DIAGNOSIS CODES: 253.5 401.9 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233420	1	T1019		03/06/13	03/06/13	16.00	68.80
233420	2	T1019		03/07/13	03/07/13	16.00	68.80
233420	3	T1019		03/08/13	03/08/13	16.00	68.80
CLAIM TOTAL							206.40
CLAIM ACCOUNT REF.							2334200012012138SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233404	1	T1019		03/02/13	03/02/13	32.00	137.60
233404	2	T1019		03/04/13	03/04/13	32.00	137.60
233404	3	T1019		03/05/13	03/05/13	32.00	137.60
233404	4	T1019		03/06/13	03/06/13	32.00	137.60
233404	5	T1019		03/07/13	03/07/13	32.00	137.60

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233404	6	T1019		03/08/13	03/08/13	32.00	137.60	
					CLAIM TOTAL		825.60	CLAIM ACCOUNT REF. 2334040012012140SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012141	2012141	SANTOS MARQUEZ, MARIA	07/16/1961	688801	111336515
DIAGNOSIS	CODES:	958.8	599.70	692.9	795.05		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233415	1	T1019		03/04/13	03/04/13	16.00	68.80	
233415	2	T1019		03/06/13	03/06/13	16.00	68.80	
233415	3	T1019		03/08/13	03/08/13	16.00	68.80	
					CLAIM TOTAL		206.40	CLAIM ACCOUNT REF. 2334150012012141SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233397	1	T1019		03/04/13	03/04/13	12.00	51.60	
233397	2	T1019		03/05/13	03/05/13	12.00	51.60	
233397	3	T1019		03/06/13	03/06/13	12.00	51.60	
233397	4	T1019		03/07/13	03/07/13	12.00	51.60	
233397	5	T1019		03/08/13	03/08/13	12.00	51.60	
					CLAIM TOTAL		258.00	CLAIM ACCOUNT REF. 2333970012012142SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012143	2012143	MURPHY, RUBY	04/13/1955	698832	111381584
DIAGNOSIS	CODES:	585.3	311.	493.90			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233400	1	T1019		02/26/13	02/26/13	16.00	68.80	
233400	2	T1019		03/01/13	03/01/13	16.00	68.80	
233400	3	T1019		03/07/13	03/07/13	16.00	68.80	
233400	4	T1019		03/08/13	03/08/13	16.00	68.80	
					CLAIM TOTAL		275.20	CLAIM ACCOUNT REF. 2334000012012143SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012144	2012144	PEREZ, JULIO	01/27/1936	709538	111222702
DIAGNOSIS	CODES:	715.90					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233407	1	T1019		03/04/13	03/04/13	20.00	86.00
233407	2	T1019		03/06/13	03/06/13	20.00	86.00

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233407	3	T1019		03/08/13	03/08/13	20.00	86.00
CLAIM TOTAL							258.00
CLAIM ACCOUNT REF.							2334070012012144SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233405	1	T1019		03/04/13	03/04/13	16.00	68.80
233405	2	T1019		03/05/13	03/05/13	16.00	68.80
233405	3	T1019		03/06/13	03/06/13	16.00	68.80
CLAIM TOTAL							206.40
CLAIM ACCOUNT REF.							2334050012012145SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012146	2012146	PERALTA, INEZ	08/18/1942	715489	111220390
DIAGNOSIS CODES: 250.00 272.4 278.00 401.9 244.9 311.							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233406	1	T1019		03/04/13	03/04/13	16.00	68.80
233406	2	T1019		03/05/13	03/05/13	16.00	68.80
233406	3	T1019		03/06/13	03/06/13	16.00	68.80
CLAIM TOTAL							206.40
CLAIM ACCOUNT REF.							2334060012012146SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233409	1	T1019		02/28/13	02/28/13	20.00	86.00
233409	2	T1019		03/01/13	03/01/13	20.00	86.00
233409	3	T1019		03/04/13	03/04/13	20.00	86.00
233409	4	T1019		03/05/13	03/05/13	20.00	86.00
233409	5	T1019		03/06/13	03/06/13	20.00	86.00
233409	6	T1019		03/07/13	03/07/13	20.00	86.00
233409	7	T1019		03/08/13	03/08/13	20.00	86.00
CLAIM TOTAL							602.00
CLAIM ACCOUNT REF.							2334090012012147SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233410	1	T1019		03/04/13	03/04/13	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	
233410	2	T1019		03/05/13	03/05/13	32.00	137.60	
233410	3	T1019		03/06/13	03/06/13	32.00	137.60	
233410	4	T1019		03/07/13	03/07/13	32.00	137.60	
233410	5	T1019		03/08/13	03/08/13	32.00	137.60	
					CLAIM TOTAL		688.00	CLAIM ACCOUNT REF. 2334100012012149SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012152	2012152	REYES, TERESA	03/18/1941	697840	111476685
DIAGNOSIS CODES: 799.89						

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233411	1	T1019		03/02/13	03/02/13	32.00	137.60	
233411	2	T1019		03/04/13	03/04/13	32.00	137.60	
233411	3	T1019		03/05/13	03/05/13	32.00	137.60	
233411	4	T1019		03/06/13	03/06/13	32.00	137.60	
233411	5	T1019		03/07/13	03/07/13	32.00	137.60	
233411	6	T1019		03/08/13	03/08/13	32.00	137.60	
					CLAIM TOTAL		825.60	CLAIM ACCOUNT REF. 2334110012012152SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012154	2012154	RODRIGUEZ, FRANKLIN	03/26/1989	697529	111223936
DIAGNOSIS CODES: 799.89						

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233412	1	T1019		02/23/13	02/23/13	24.00	103.20	
233412	2	T1019		02/25/13	02/25/13	24.00	103.20	
233412	3	T1019		02/26/13	02/26/13	24.00	103.20	
233412	4	T1019		02/27/13	02/27/13	24.00	103.20	
233412	5	T1019		02/28/13	02/28/13	24.00	103.20	
233412	6	T1019		03/01/13	03/01/13	24.00	103.20	
233412	7	T1019		03/02/13	03/02/13	24.00	103.20	
233412	8	T1019		03/04/13	03/04/13	24.00	103.20	
233412	9	T1019		03/05/13	03/05/13	24.00	103.20	
233412	10	T1019		03/06/13	03/06/13	24.00	103.20	
233412	11	T1019		03/07/13	03/07/13	24.00	103.20	
233412	12	T1019		03/08/13	03/08/13	24.00	103.20	
					CLAIM TOTAL		1,238.40	CLAIM ACCOUNT REF. 2334120012012154SUP



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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012155 2012155 SANCHEZ, BETANIA 05/10/1956 706048 111501905  
DIAGNOSIS CODES: 555.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233414	1	T1019		03/04/13	03/04/13	20.00	86.00
233414	2	T1019		03/05/13	03/05/13	20.00	86.00
233414	3	T1019		03/06/13	03/06/13	20.00	86.00
233414	4	T1019		03/07/13	03/07/13	20.00	86.00
CLAIM TOTAL							344.00
CLAIM ACCOUNT REF.							2334140012012155SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012158 2012158 LOPEZ, MANUEL 02/25/1926 741094 111216021  
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233394	1	T1019		03/02/13	03/02/13	48.00	206.40
233394	2	T1019		03/03/13	03/03/13	48.00	206.40
233394	3	T1019		03/04/13	03/04/13	48.00	206.40
233394	4	T1019		03/05/13	03/05/13	48.00	206.40
233394	5	T1019		03/06/13	03/06/13	48.00	206.40
233394	6	T1019		03/07/13	03/07/13	48.00	206.40
233394	7	T1019		03/08/13	03/08/13	48.00	206.40
CLAIM TOTAL							1,444.80
CLAIM ACCOUNT REF.							2333940012012158SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012159 2012159 LOPEZ, VITALIA 08/01/1922 691723 111519695  
DIAGNOSIS CODES: 331.0 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233395	1	T1019		03/02/13	03/02/13	48.00	206.40
233395	2	T1019		03/03/13	03/03/13	48.00	206.40
233395	3	T1019		03/04/13	03/04/13	48.00	206.40
233395	4	T1019		03/05/13	03/05/13	48.00	206.40
233395	5	T1019		03/06/13	03/06/13	48.00	206.40
233395	6	T1019		03/07/13	03/07/13	48.00	206.40
233395	7	T1019		03/08/13	03/08/13	48.00	206.40
CLAIM TOTAL							1,444.80
CLAIM ACCOUNT REF.							2333950012012159SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012261 2012261 SILVEIRA, BERTA 06/23/1938 753060 111523951  
DIAGNOSIS CODES: 786.05

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233417	1	T1019			03/04/13	03/04/13	16.00	68.80
233417	2	T1019			03/07/13	03/07/13	4.00	17.20
CLAIM TOTAL								86.00

CLAIM ACCOUNT REF. 2334170012012261SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012136 2012266 SOTO, RAFAEL B 03/08/1937 700573 111447220  
DIAGNOSIS CODES: 715.09

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233418	1	T1019			03/02/13	03/02/13	20.00	86.00
233418	2	T1019			03/03/13	03/03/13	36.00	154.80
233418	3	T1019			03/04/13	03/04/13	36.00	154.80
233418	4	T1019			03/05/13	03/05/13	36.00	154.80
233418	5	T1019			03/06/13	03/06/13	36.00	154.80
233418	6	T1019			03/07/13	03/07/13	36.00	154.80
233418	7	T1019			03/08/13	03/08/13	36.00	154.80
CLAIM TOTAL								1,014.80

CLAIM ACCOUNT REF. 2334180012012266SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012719 2012719 SANCHEZ FLORES, ADELAI 11/03/1944 761166 111494412  
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233413	1	T1019			03/02/13	03/02/13	20.00	86.00
233413	2	T1019			03/03/13	03/03/13	20.00	86.00
233413	3	T1019			03/04/13	03/04/13	20.00	86.00
CLAIM TOTAL								258.00

CLAIM ACCOUNT REF. 2334130012012719SUP

PAYER TOTALS:                      WELLCARE OF NY                      # OF CLAIMS =                      193                      TOTAL CLAIM AMOUNT =                      22,497.60  
# SERVICES =                      37

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

NPI = 1154407492

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233364	1	T1019	0580	03/04/13	03/04/13	40.00	168.80
233364	2	T1019	0580	03/05/13	03/05/13	40.00	168.80
233364	3	T1019	0580	03/06/13	03/06/13	40.00	168.80
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2333640012008491SUP

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
233367	1	T1019	0580	03/04/13	03/04/13	16.00	67.52
233367	2	T1019	0580	03/05/13	03/05/13	16.00	67.52
233367	3	T1019	0580	03/06/13	03/06/13	16.00	67.52
233367	4	T1019	0580	03/07/13	03/07/13	16.00	67.52
CLAIM TOTAL							270.08

CLAIM ACCOUNT REF. 2333670012008513SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233365	1	T1019	0580	03/02/13	03/02/13	20.00	84.40
233365	2	T1019	0580	03/03/13	03/03/13	20.00	84.40
233365	3	T1019	0580	03/05/13	03/05/13	20.00	84.40
233365	4	T1019	0580	03/06/13	03/06/13	20.00	84.40
233365	5	T1019	0580	03/07/13	03/07/13	20.00	84.40
233365	6	T1019	0580	03/08/13	03/08/13	20.00	84.40
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2333650012008544SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008193 2008723 REYNOLDS, HARRIET 07/01/1958 SR66809C 0003855084  
DIAGNOSIS CODES: 728.87 250.00 250.60 311. 401.9 780.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233359	1	T1019	0580	03/05/13	03/05/13	16.00	67.52
233359	2	T1019	0580	03/07/13	03/07/13	16.00	67.52
233359	3	T1019	0580	03/08/13	03/08/13	16.00	67.52
CLAIM TOTAL							202.56

CLAIM ACCOUNT REF. 2333590012008723SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233352	1	T1019	0580	03/02/13	03/02/13	48.00	202.56
233352	2	T1019	0580	03/03/13	03/03/13	48.00	202.56
233352	3	T1019	0580	03/04/13	03/04/13	48.00	202.56
233352	4	T1019	0580	03/05/13	03/05/13	48.00	202.56
233352	5	T1019	0580	03/06/13	03/06/13	48.00	202.56
233352	6	T1019	0580	03/07/13	03/07/13	48.00	202.56
233352	7	T1019	0580	03/08/13	03/08/13	48.00	202.56
CLAIM TOTAL						1,417.92	CLAIM ACCOUNT REF. 2333520012008793SUP

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
233361	1	T1019	0580	03/02/13	03/02/13	32.00	135.04
233361	2	T1019	0580	03/03/13	03/03/13	32.00	135.04
233361	3	T1019	0580	03/04/13	03/04/13	32.00	135.04
233361	4	T1019	0580	03/05/13	03/05/13	32.00	135.04
233361	5	T1019	0580	03/06/13	03/06/13	32.00	135.04
233361	6	T1019	0580	03/07/13	03/07/13	32.00	135.04
233361	7	T1019	0580	03/08/13	03/08/13	32.00	135.04
CLAIM TOTAL						945.28	CLAIM ACCOUNT REF. 2333610012009237SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233366	1	T1019	0580	03/08/13	03/08/13	20.00	84.40
CLAIM TOTAL						84.40	CLAIM ACCOUNT REF. 2333660012009269SUP

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
233363	1	T1019	0580	03/06/13	03/06/13	40.00	168.80
233363	2	T1019	0580	03/07/13	03/07/13	40.00	168.80
CLAIM TOTAL						337.60	CLAIM ACCOUNT REF. 2333630012009562SUP

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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 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
233354	1	T1019	0580	03/04/13	03/04/13	16.00	67.52
233354	2	T1019	0580	03/05/13	03/05/13	16.00	67.52
233354	3	T1019	0580	03/06/13	03/06/13	16.00	67.52
233354	4	T1019	0580	03/07/13	03/07/13	16.00	67.52
233354	5	T1019	0580	03/08/13	03/08/13	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2333540012009686SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233356	1	T1019	0580	03/02/13	03/02/13	28.00	118.16
233356	2	T1019	0580	03/03/13	03/03/13	28.00	118.16
233356	3	T1019	0580	03/04/13	03/04/13	28.00	118.16
233356	4	T1019	0580	03/05/13	03/05/13	28.00	118.16
233356	5	T1019	0580	03/06/13	03/06/13	28.00	118.16
233356	6	T1019	0580	03/07/13	03/07/13	28.00	118.16
233356	7	T1019	0580	03/08/13	03/08/13	28.00	118.16
CLAIM TOTAL							827.12

CLAIM ACCOUNT REF. 2333560012009945SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233351	1	T1019	0580	03/04/13	03/04/13	32.00	135.04
233351	2	T1019	0580	03/05/13	03/05/13	32.00	135.04
233351	3	T1019	0580	03/07/13	03/07/13	32.00	135.04
233351	4	T1019	0580	03/08/13	03/08/13	32.00	135.04
CLAIM TOTAL							540.16

CLAIM ACCOUNT REF. 2333510012010293SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233360	1	T1019	0580	03/02/13	03/02/13	48.00	202.56
233360	2	T1019	0580	03/03/13	03/03/13	48.00	202.56

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PAYER ID = 55247                      HEALTH INSURANCE PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233360	3	T1019	0580	03/04/13	03/04/13	48.00	202.56
233360	4	T1019	0580	03/05/13	03/05/13	46.00	194.12
233360	5	T1019	0580	03/06/13	03/06/13	48.00	202.56
233360	6	T1019	0580	03/07/13	03/07/13	48.00	202.56
233360	7	T1019	0580	03/08/13	03/08/13	48.00	202.56
CLAIM TOTAL							1,409.48
							CLAIM ACCOUNT REF. 2333600012010316SUP

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
233355	1	T1019	0580	03/02/13	03/02/13	36.00	151.92
233355	2	T1019	0580	03/03/13	03/03/13	36.00	151.92
233355	3	T1019	0580	03/04/13	03/04/13	36.00	151.92
233355	4	T1019	0580	03/05/13	03/05/13	36.00	151.92
233355	5	T1019	0580	03/06/13	03/06/13	36.00	151.92
233355	6	T1019	0580	03/07/13	03/07/13	36.00	151.92
CLAIM TOTAL							911.52
							CLAIM ACCOUNT REF. 2333550012010991SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008273 2011526 DE JESUS, TIBURCIO 08/11/1947 XX16524S 0005503237  
DIAGNOSIS CODES: 250.03 369.60 401.9 414.04 799.89 V60.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233353	1	G0156	0572	03/02/13	03/02/13	12.00	171.00
233353	2	G0156	0572	03/03/13	03/03/13	12.00	171.00
233353	3	G0156	0572	03/04/13	03/04/13	8.75	124.69
233353	4	G0156	0572	03/05/13	03/05/13	7.50	106.88
233353	5	G0156	0572	03/06/13	03/06/13	9.50	135.38
233353	6	G0156	0572	03/07/13	03/07/13	9.50	135.38
233353	7	G0156	0572	03/08/13	03/08/13	12.00	171.00
CLAIM TOTAL							1,015.33
							CLAIM ACCOUNT REF. 2333530012011526SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233357	1	T1019	0580	03/02/13	03/02/13	48.00	202.56
233357	2	T1019	0580	03/03/13	03/03/13	48.00	202.56
233357	3	T1019	0580	03/04/13	03/04/13	48.00	202.56
233357	4	T1019	0580	03/05/13	03/05/13	48.00	202.56

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PAYER ID = 55247                      HEALTH INSURANCE PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233357	5	T1019	0580	03/06/13	03/06/13	48.00	202.56	
233357	6	T1019	0580	03/07/13	03/07/13	48.00	202.56	
233357	7	T1019	0580	03/08/13	03/08/13	48.00	202.56	
					CLAIM TOTAL	1,417.92		CLAIM ACCOUNT REF. 2333570012011833SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010634	2012343	YIANNITSIS, LEO	07/13/1934	15438872	0005825708
DIAGNOSIS	CODES:	253.5	272.4	311.	401.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233362	1	T1019	0580	03/04/13	03/04/13	20.00	84.40	
233362	2	T1019	0580	03/05/13	03/05/13	20.00	84.40	
233362	3	T1019	0580	03/07/13	03/07/13	20.00	84.40	
233362	4	T1019	0580	03/08/13	03/08/13	20.00	84.40	
					CLAIM TOTAL	337.60		CLAIM ACCOUNT REF. 2333620012012343SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233358	1	T1019	0580	02/05/13	02/05/13	24.00	101.28
233358	2	T1019	0580	02/07/13	02/07/13	24.00	101.28
233358	3	T1019	0580	02/08/13	02/08/13	23.00	97.06
233358	4	T1019	0580	02/09/13	02/09/13	24.00	101.28
233358	5	T1019	0580	02/10/13	02/10/13	24.00	101.28
233358	6	T1019	0580	02/11/13	02/11/13	24.00	101.28
233358	7	T1019	0580	02/12/13	02/12/13	24.00	101.28
233358	8	T1019	0580	02/13/13	02/13/13	24.00	101.28
233358	9	T1019	0580	02/14/13	02/14/13	24.00	101.28
233358	10	T1019	0580	02/15/13	02/15/13	24.00	101.28
233358	11	T1019	0580	02/16/13	02/16/13	24.00	101.28
233358	12	T1019	0580	02/17/13	02/17/13	24.00	101.28
233358	13	T1019	0580	02/18/13	02/18/13	24.00	101.28
233358	14	T1019	0580	02/19/13	02/19/13	24.00	101.28
233358	15	T1019	0580	02/20/13	02/20/13	24.00	101.28
233358	16	T1019	0580	02/21/13	02/21/13	24.00	101.28
233358	17	T1019	0580	02/22/13	02/22/13	24.00	101.28
233358	18	T1019	0580	02/23/13	02/23/13	24.00	101.28
233358	19	T1019	0580	02/24/13	02/24/13	24.00	101.28
233358	20	T1019	0580	02/25/13	02/25/13	24.00	101.28
233358	21	T1019	0580	02/26/13	02/26/13	24.00	101.28
233358	22	T1019	0580	02/27/13	02/27/13	24.00	101.28

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233358	23	T1019	0580	03/01/13	03/01/13	24.00	101.28	
233358	24	T1019	0580	03/02/13	03/02/13	24.00	101.28	
233358	25	T1019	0580	03/03/13	03/03/13	24.00	101.28	
233358	26	T1019	0580	03/04/13	03/04/13	24.00	101.28	
233358	27	T1019	0580	03/05/13	03/05/13	24.00	101.28	
233358	28	T1019	0580	03/06/13	03/06/13	24.00	101.28	
233358	29	T1019	0580	03/07/13	03/07/13	24.00	101.28	
233358	30	T1019	0580	03/08/13	03/08/13	24.00	101.28	
					CLAIM TOTAL	3,034.18		CLAIM ACCOUNT REF. 2333580012012541SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008564	2012547	BERNARD, SOPHIE	09/30/1922	10722480A	0005923488001
		DIAGNOSIS	CODES:				
			724.00				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233350	1	T1019	0580	03/04/13	03/04/13	24.00	101.28	
233350	2	T1019	0580	03/05/13	03/05/13	24.00	101.28	
233350	3	T1019	0580	03/06/13	03/06/13	24.00	101.28	
233350	4	T1019	0580	03/07/13	03/07/13	24.00	101.28	
233350	5	T1019	0580	03/08/13	03/08/13	24.00	101.28	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2333500012012547SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	115	TOTAL CLAIM AMOUNT =	14,607.95
		# SERVICES =	18		



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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = 77073                      VNSNY CHOICE

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008374 2010958 KARASSAVIDES, ARISTOTI 10/09/1962 V80041904 123590054  
DIAGNOSIS CODES: 042. 202.88 436. 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233445	1	S5125		03/04/13	03/04/13	28.00	120.12
233445	2	S5125		03/05/13	03/05/13	28.00	120.12
233445	3	S5125		03/07/13	03/07/13	28.00	120.12
CLAIM TOTAL							360.36
CLAIM ACCOUNT REF.							2334450012010958SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233446	1	S5125		03/02/13	03/02/13	24.00	102.96
233446	2	S5125		03/04/13	03/04/13	40.00	171.60
233446	3	S5125		03/05/13	03/05/13	24.00	102.96
233446	4	S5125		03/06/13	03/06/13	40.00	171.60
233446	5	S5125		03/07/13	03/07/13	24.00	102.96
233446	6	S5125		03/08/13	03/08/13	40.00	171.60
CLAIM TOTAL							823.68
CLAIM ACCOUNT REF.							2334460012012481SUP

PAYER TOTALS: VNSNY CHOICE                      # OF CLAIMS = 9    TOTAL CLAIM AMOUNT = 1,184.04  
# SERVICES = 2

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008246 2008246 RIVERA, CHRISTOPHER 09/03/1996 UW23596M 0110011202225  
DIAGNOSIS CODES: 314.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233307	1	T1019		03/02/13	03/02/13	12.00	50.64
233307	2	T1019		03/03/13	03/03/13	12.00	50.64
233307	3	T1019		03/04/13	03/04/13	12.00	50.64
233307	4	T1019		03/05/13	03/05/13	12.00	50.64
233307	5	T1019		03/06/13	03/06/13	12.00	50.64
233307	6	T1019		03/07/13	03/07/13	12.00	50.64
233307	7	T1019		03/08/13	03/08/13	12.00	50.64
CLAIM TOTAL							354.48
CLAIM ACCOUNT REF.							2333070012008246SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008248 2008248 RIVERA, EDDIE 01/29/1960 YP34893V R2167051  
DIAGNOSIS CODES: 339.02 367.1 369.10

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233308	1	T1019		03/04/13	03/04/13	12.00	50.64
233308	2	T1019		03/05/13	03/05/13	12.00	50.64
233308	3	T1019		03/06/13	03/06/13	12.00	50.64
233308	4	T1019		03/07/13	03/07/13	12.00	50.64
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2333080012008248SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233302	1	T1019		03/02/13	03/02/13	28.00	118.16
233302	2	T1019		03/03/13	03/03/13	44.00	185.68
233302	3	T1019		03/04/13	03/04/13	44.00	185.68
233302	4	T1019		03/05/13	03/05/13	44.00	185.68
233302	5	T1019		03/06/13	03/06/13	44.00	185.68
233302	6	T1019		03/07/13	03/07/13	44.00	185.68
233302	7	T1019		03/08/13	03/08/13	40.00	168.80
CLAIM TOTAL							1,215.36
CLAIM ACCOUNT REF.							2333020012008249SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233310	1	T1019		03/02/13	03/02/13	32.00	135.04	
233310	2	T1019		03/03/13	03/03/13	32.00	135.04	
233310	3	T1019		03/06/13	03/06/13	32.00	135.04	
233310	4	T1019		03/07/13	03/07/13	32.00	135.04	
233310	5	T1019		03/08/13	03/08/13	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2333100012008250SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008251 2008251 CEBALLOS, ANA 12/31/1919 UH02585Q R2162064  
DIAGNOSIS CODES: 294.10 244.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233289	1	T1019		03/02/13	03/02/13	32.00	135.04	
233289	2	T1019		03/03/13	03/03/13	32.00	135.04	
233289	3	T1019		03/04/13	03/04/13	32.00	135.04	
233289	4	T1019		03/05/13	03/05/13	32.00	135.04	
233289	5	T1019		03/06/13	03/06/13	32.00	135.04	
233289	6	T1019		03/07/13	03/07/13	32.00	135.04	
233289	7	T1019		03/08/13	03/08/13	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2332890012008251SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008253 2008253 MACARENA, SAHARA 09/12/1965 VT07830U R2084101  
DIAGNOSIS CODES: 359.0 719.45

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233303	1	T1019		03/02/13	03/02/13	48.00	202.56	
233303	2	T1019		03/03/13	03/03/13	48.00	202.56	
233303	3	T1019		03/04/13	03/04/13	48.00	202.56	
233303	4	T1019		03/05/13	03/05/13	48.00	202.56	
233303	5	T1019		03/06/13	03/06/13	48.00	202.56	
233303	6	T1019		03/07/13	03/07/13	48.00	202.56	
233303	7	T1019		03/08/13	03/08/13	48.00	202.56	
					CLAIM TOTAL		1,417.92	CLAIM ACCOUNT REF. 2333030012008253SUP

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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 2008254 2008254 SPIVEY, PATRICIA 04/06/1965 WE52435B R2061243  
DIAGNOSIS CODES: 250.00 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233313	1	T1019		03/04/13	03/04/13	20.00	84.40	
233313	2	T1019		03/05/13	03/05/13	20.00	84.40	
233313	3	T1019		03/06/13	03/06/13	20.00	84.40	
233313	4	T1019		03/08/13	03/08/13	20.00	84.40	
CLAIM TOTAL							337.60	CLAIM ACCOUNT REF. 2333130012008254SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008256 2008256 CARMONA, LUZ 08/10/1954 XJ24416K R2052507  
DIAGNOSIS CODES: 294.8 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233287	1	T1019		03/04/13	03/04/13	32.00	135.04	
233287	2	T1019		03/05/13	03/05/13	32.00	135.04	
233287	3	T1019		03/06/13	03/06/13	32.00	135.04	
233287	4	T1019		03/07/13	03/07/13	32.00	135.04	
233287	5	T1019		03/08/13	03/08/13	32.00	135.04	
CLAIM TOTAL							675.20	CLAIM ACCOUNT REF. 2332870012008256SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233293	1	T1019		03/02/13	03/02/13	24.00	101.28	
233293	2	T1019		03/03/13	03/03/13	24.00	101.28	
233293	3	T1019		03/04/13	03/04/13	24.00	101.28	
233293	4	T1019		03/05/13	03/05/13	24.00	101.28	
233293	5	T1019		03/06/13	03/06/13	24.00	101.28	
233293	6	T1019		03/07/13	03/07/13	24.00	101.28	
233293	7	T1019		03/08/13	03/08/13	24.00	101.28	
CLAIM TOTAL							708.96	CLAIM ACCOUNT REF. 2332930012008257SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233311	1	T1019		03/04/13	03/04/13	32.00	135.04	
233311	2	T1019		03/05/13	03/05/13	32.00	135.04	

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PAYER ID = 80141

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HEALTHFIRST PHSP

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233311	3	T1019		03/06/13	03/06/13	32.00	135.04	
233311	4	T1019		03/07/13	03/07/13	32.00	135.04	
233311	5	T1019		03/08/13	03/08/13	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2333110012008290SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233295	1	T1019		02/18/13	02/18/13	16.00	67.52	
233295	2	T1019		02/19/13	02/19/13	16.00	67.52	
233295	3	T1019		03/02/13	03/02/13	28.00	118.16	
233295	4	T1019		03/03/13	03/03/13	28.00	118.16	
233295	5	T1019		03/04/13	03/04/13	28.00	118.16	
233295	6	T1019		03/05/13	03/05/13	28.00	118.16	
233295	7	T1019		03/06/13	03/06/13	28.00	118.16	
233295	8	T1019		03/07/13	03/07/13	28.00	118.16	
233295	9	T1019		03/08/13	03/08/13	28.00	118.16	
					CLAIM TOTAL		962.16	CLAIM ACCOUNT REF. 2332950012008362SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008368	2008368	RODRIGUEZ, MARGARET	06/25/1950	ZP21043J	R2162380
DIAGNOSIS	CODES:	295.90	250.00	272.4	311.	401.9	414.3

733.00

780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233309	1	T1019		03/04/13	03/04/13	16.00	67.52	
233309	2	T1019		03/05/13	03/05/13	16.00	67.52	
233309	3	T1019		03/06/13	03/06/13	16.00	67.52	
233309	4	T1019		03/07/13	03/07/13	16.00	67.52	
233309	5	T1019		03/08/13	03/08/13	16.00	67.52	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2333090012008368SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233296	1	T1019		03/02/13	03/02/13	32.00	135.04	
233296	2	T1019		03/03/13	03/03/13	32.00	135.04	
233296	3	T1019		03/04/13	03/04/13	32.00	135.04	
233296	4	T1019		03/05/13	03/05/13	32.00	135.04	
233296	5	T1019		03/06/13	03/06/13	32.00	135.04	

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PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233296	6	T1019		03/07/13	03/07/13	32.00	135.04
233296	7	T1019		03/08/13	03/08/13	32.00	135.04
CLAIM TOTAL							945.28

CLAIM ACCOUNT REF. 2332960012008411SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233299	1	T1019		03/02/13	03/02/13	28.00	118.16
233299	2	T1019		03/03/13	03/03/13	28.00	118.16
233299	3	T1019		03/04/13	03/04/13	28.00	118.16
233299	4	T1019		03/05/13	03/05/13	28.00	118.16
233299	5	T1019		03/06/13	03/06/13	28.00	118.16
233299	6	T1019		03/07/13	03/07/13	28.00	118.16
233299	7	T1019		03/08/13	03/08/13	28.00	118.16
CLAIM TOTAL							827.12

CLAIM ACCOUNT REF. 2332990012008428SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008433 2008433 BHAIRO, KOWSILILLI 05/13/1954 VG15691D R2088833  
DIAGNOSIS CODES: 340. 286.0 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233283	1	T1019		03/02/13	03/02/13	32.00	135.04
233283	2	T1019		03/03/13	03/03/13	32.00	135.04
233283	3	T1019		03/04/13	03/04/13	32.00	135.04
233283	4	T1019		03/05/13	03/05/13	32.00	135.04
233283	5	T1019		03/06/13	03/06/13	32.00	135.04
233283	6	T1019		03/07/13	03/07/13	32.00	135.04
233283	7	T1019		03/08/13	03/08/13	32.00	135.04
CLAIM TOTAL							945.28

CLAIM ACCOUNT REF. 2332830012008433SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z 0101171302771  
DIAGNOSIS CODES: 250.00 244.8 311. 401.9 428.0 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233282	1	T1019		03/07/13	03/07/13	20.00	84.40
233282	2	T1019		03/08/13	03/08/13	20.00	84.40
CLAIM TOTAL							168.80

CLAIM ACCOUNT REF. 2332820012008487SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008558 2008558 SURIEL, GERTRUDIS 03/17/1950 ZE67447D 0112191201069  
DIAGNOSIS CODES: 493.90 401.9 414.00 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233315	1	T1019		03/02/13	03/02/13	32.00	135.04
233315	2	T1019		03/03/13	03/03/13	32.00	135.04
233315	3	T1019		03/04/13	03/04/13	32.00	135.04
233315	4	T1019		03/05/13	03/05/13	32.00	135.04
233315	5	T1019		03/06/13	03/06/13	32.00	135.04
233315	6	T1019		03/07/13	03/07/13	32.00	135.04
233315	7	T1019		03/08/13	03/08/13	32.00	135.04
CLAIM TOTAL							945.28
							CLAIM ACCOUNT REF. 2333150012008558SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008571 2008571 ESPAILLAT, AMPARO 12/25/1949 ZG25447P R2016893  
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
233292	1	T1019		03/02/13	03/02/13	16.00	67.52
233292	2	T1019		03/03/13	03/03/13	16.00	67.52
233292	3	T1019		03/04/13	03/04/13	24.00	101.28
233292	4	T1019		03/05/13	03/05/13	24.00	101.28
233292	5	T1019		03/06/13	03/06/13	24.00	101.28
233292	6	T1019		03/07/13	03/07/13	24.00	101.28
233292	7	T1019		03/08/13	03/08/13	24.00	101.28
CLAIM TOTAL							641.44
							CLAIM ACCOUNT REF. 2332920012008571SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008380 2009001 FERRERA, FRANCISCA 06/06/1948 YH55651V R2113770  
DIAGNOSIS CODES: 301.9 401.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233294	1	T1019		03/02/13	03/02/13	24.00	101.28
233294	2	T1019		03/03/13	03/03/13	40.00	168.80
233294	3	T1019		03/04/13	03/04/13	40.00	168.80
233294	4	T1019		03/05/13	03/05/13	40.00	168.80
233294	5	T1019		03/06/13	03/06/13	40.00	168.80
233294	6	T1019		03/07/13	03/07/13	40.00	168.80
233294	7	T1019		03/08/13	03/08/13	36.00	151.92
CLAIM TOTAL							1,097.20
							CLAIM ACCOUNT REF. 2332940012009001SUP

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PAYER ID = 80141 HEALTHFIRST PHSP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233290	1	T1019		03/01/13	03/01/13	20.00	84.40
233290	2	T1019		03/03/13	03/03/13	20.00	84.40
233290	3	T1019		03/04/13	03/04/13	20.00	84.40
233290	4	T1019		03/05/13	03/05/13	20.00	84.40
233290	5	T1019		03/06/13	03/06/13	20.00	84.40
233290	6	T1019		03/07/13	03/07/13	20.00	84.40
233290	7	T1019		03/08/13	03/08/13	20.00	84.40
CLAIM TOTAL							590.80
CLAIM ACCOUNT REF.							2332900012009256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008271 2009270 CARRION, MARIA 06/30/1928 SC64434E R2044577  
DIAGNOSIS CODES: 250.00 294.10 401.9 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233288	1	T1019		03/02/13	03/02/13	32.00	135.04
233288	2	T1019		03/04/13	03/04/13	32.00	135.04
233288	3	T1019		03/05/13	03/05/13	32.00	135.04
233288	4	T1019		03/06/13	03/06/13	32.00	135.04
233288	5	T1019		03/07/13	03/07/13	32.00	135.04
233288	6	T1019		03/08/13	03/08/13	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2332880012009270SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233291	1	T1019		03/04/13	03/04/13	24.00	101.28
233291	2	T1019		03/05/13	03/05/13	24.00	101.28
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2332910012009405SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009425 2009425 FRIAS, BARBARA 04/01/1954 YQ10410R R2162289  
DIAGNOSIS CODES: 785.9 V44.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233297	1	T1019		03/04/13	03/04/13	16.00	67.52
233297	2	T1019		03/06/13	03/06/13	16.00	67.52
233297	3	T1019		03/08/13	03/08/13	16.00	67.52



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PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
							202.56		2332970012009425SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009560	2009560	BOCHENEC, JOLANTA	07/08/1964	ZT71147Q	R2066168
DIAGNOSIS CODES: 854.00 272.4 300.00 307.42 781.0							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
233285	1	T1019		03/02/13	03/02/13	24.00	101.28		
233285	2	T1019		03/03/13	03/03/13	20.00	84.40		
233285	3	T1019		03/04/13	03/04/13	24.00	101.28		
233285	4	T1019		03/05/13	03/05/13	24.00	101.28		
233285	5	T1019		03/06/13	03/06/13	16.00	67.52		
233285	6	T1019		03/07/13	03/07/13	20.00	84.40		
233285	7	T1019		03/08/13	03/08/13	16.00	67.52		
							607.68		2332850012009560SUP

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	CLAIM TOTAL	CLAIM ACCOUNT REF.
233318	1	T1019		03/04/13	03/04/13	32.00	135.04		
233318	2	T1019		03/05/13	03/05/13	32.00	135.04		
233318	3	T1019		03/06/13	03/06/13	32.00	135.04		
233318	4	T1019		03/07/13	03/07/13	32.00	135.04		
233318	5	T1019		03/08/13	03/08/13	32.00	135.04		
							675.20		2333180012010009SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
233301	1	T1019		03/02/13	03/02/13	48.00	202.56		
233301	2	T1019		03/03/13	03/03/13	48.00	202.56		
233301	3	T1019		03/04/13	03/04/13	44.00	185.68		
233301	4	T1019		03/05/13	03/05/13	48.00	202.56		
233301	5	T1019		03/06/13	03/06/13	48.00	202.56		
233301	6	T1019		03/07/13	03/07/13	48.00	202.56		
233301	7	T1019		03/08/13	03/08/13	48.00	202.56		
							1,401.04		2333010012010311SUP

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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    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	
233317	1	T1019		03/02/13	03/02/13	20.00	84.40	
233317	2	T1019		03/03/13	03/03/13	20.00	84.40	
233317	3	T1019		03/07/13	03/07/13	20.00	84.40	
233317	4	T1019		03/08/13	03/08/13	20.00	84.40	
					CLAIM TOTAL	337.60		CLAIM ACCOUNT REF.    2333170012010758SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008813    2010967    LARA, TOMASA                      10/11/1931    SX47950B                      R2115813  
DIAGNOSIS CODES:    401.9            244.9       272.4       715.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233300	1	T1019		03/04/13	03/04/13	28.00	118.16	
233300	2	T1019		03/05/13	03/05/13	32.00	135.04	
233300	3	T1019		03/06/13	03/06/13	32.00	135.04	
233300	4	T1019		03/07/13	03/07/13	32.00	135.04	
233300	5	T1019		03/08/13	03/08/13	32.00	135.04	
					CLAIM TOTAL	658.32		CLAIM ACCOUNT REF.    2333000012010967SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233305	1	T1020		03/02/13	03/02/13	12.00	202.56	
233305	2	T1020		03/03/13	03/03/13	12.00	202.56	
233305	3	T1020		03/04/13	03/04/13	12.00	202.56	
233305	4	T1020		03/05/13	03/05/13	12.00	202.56	
233305	5	T1020		03/06/13	03/06/13	12.00	202.56	
233305	6	T1020		03/07/13	03/07/13	12.00	202.56	
233305	7	T1020		03/08/13	03/08/13	12.00	202.56	
					CLAIM TOTAL	1,417.92		CLAIM ACCOUNT REF.    2333050012011388SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008378    2011528    BOWERS \*, DIANE                      10/01/1946    129232187                      0109201201746  
DIAGNOSIS CODES:    250.11       300.02       410.90       413.0       428.0       440.9       493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233286	1	T1019		02/28/13	02/28/13	40.00	168.80	
233286	2	T1019		03/04/13	03/04/13	40.00	168.80	

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PAYER       ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233286	3	T1019		03/05/13	03/05/13	40.00	168.80
233286	4	T1019		03/06/13	03/06/13	40.00	168.80
233286	5	T1019		03/07/13	03/07/13	40.00	168.80
233286	6	T1019		03/08/13	03/08/13	40.00	168.80
CLAIM TOTAL							1,012.80
							CLAIM ACCOUNT REF.    2332860012011528SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233314	1	T1019		03/02/13	03/02/13	36.00	151.92
233314	2	T1019		03/03/13	03/03/13	36.00	151.92
233314	3	T1019		03/04/13	03/04/13	40.00	168.80
233314	4	T1019		03/05/13	03/05/13	40.00	168.80
233314	5	T1019		03/06/13	03/06/13	40.00	168.80
233314	6	T1019		03/07/13	03/07/13	40.00	168.80
233314	7	T1019		03/08/13	03/08/13	40.00	168.80
CLAIM TOTAL							1,147.84
							CLAIM ACCOUNT REF.    2333140012011820SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY    001	2012284	2012284	REINOSO, EMELIANNA	12/26/1931	115451707	R2106516
DIAGNOSIS	CODES:	799.89				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233306	1	T1019		03/02/13	03/02/13	40.00	168.80
233306	2	T1019		03/03/13	03/03/13	40.00	168.80
233306	3	T1019		03/04/13	03/04/13	40.00	168.80
233306	4	T1019		03/05/13	03/05/13	40.00	168.80
233306	5	T1019		03/06/13	03/06/13	40.00	168.80
233306	6	T1019		03/07/13	03/07/13	40.00	168.80
233306	7	T1019		03/08/13	03/08/13	40.00	168.80
CLAIM TOTAL							1,181.60
							CLAIM ACCOUNT REF.    2333060012012284SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY    001	2011495	2012478	ISKANDER, JACOB S	04/14/1949	YS88012Z	R2140203
DIAGNOSIS	CODES:	748.60    253.5    401.9				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233298	1	T1019		03/02/13	03/02/13	32.00	135.04
233298	2	T1019		03/03/13	03/03/13	32.00	135.04
233298	3	T1019		03/04/13	03/04/13	32.00	135.04
233298	4	T1019		03/05/13	03/05/13	32.00	135.04

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PAYER       ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233298	5	T1019		03/06/13	03/06/13	32.00	135.04	
233298	6	T1019		03/07/13	03/07/13	32.00	135.04	
233298	7	T1019		03/08/13	03/08/13	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF.    2332980012012478SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2012477    2012489    BLANCO, CARMELINA    08/19/1940    112990683                      R2134909  
DIAGNOSIS CODES:    799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233284	1	T1019		03/04/13	03/04/13	16.00	67.52	
233284	2	T1019		03/05/13	03/05/13	16.00	67.52	
233284	3	T1019		03/06/13	03/06/13	16.00	67.52	
233284	4	T1019		03/07/13	03/07/13	16.00	67.52	
233284	5	T1019		03/08/13	03/08/13	16.00	67.52	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF.    2332840012012489SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2012498    2012498    SCHOONMAKER, JEAN    01/16/1944    UJ54950A                      R2161864  
DIAGNOSIS CODES:    799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233312	1	T1019		02/02/13	02/02/13	32.00	135.04	
233312	2	T1019		02/09/13	02/09/13	32.00	135.04	
233312	3	T1019		02/16/13	02/16/13	32.00	135.04	
233312	4	T1019		03/02/13	03/02/13	32.00	135.04	
233312	5	T1019		03/03/13	03/03/13	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF.    2333120012012498SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2009733    2012683    ORTIZ, TULA                      10/30/1957    ST52677J                      R2161864  
DIAGNOSIS CODES:    022.2       272.4       332.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233304	1	T1019		03/02/13	03/02/13	24.00	101.28	
233304	2	T1019		03/04/13	03/04/13	24.00	101.28	
233304	3	T1019		03/05/13	03/05/13	24.00	101.28	
233304	4	T1019		03/06/13	03/06/13	24.00	101.28	
233304	5	T1019		03/07/13	03/07/13	24.00	101.28	
233304	6	T1019		03/08/13	03/08/13	24.00	101.28	
					CLAIM TOTAL		607.68	CLAIM ACCOUNT REF.    2333040012012683SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2333160012012823SUP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	217	TOTAL CLAIM AMOUNT =	27,396.24
		# SERVICES =	37		

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PAYER ID = 87726                      UNITEDHEALTHCARE

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233346	1	T1019		03/02/13	03/02/13	40.00	171.60
233346	2	T1019		03/03/13	03/03/13	40.00	171.60
233346	3	T1019		03/04/13	03/04/13	40.00	171.60
233346	4	T1019		03/05/13	03/05/13	40.00	171.60
233346	5	T1019		03/06/13	03/06/13	40.00	171.60
233346	6	T1019		03/07/13	03/07/13	40.00	171.60
233346	7	T1019		03/08/13	03/08/13	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2333460012008245SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008287 2008287 MILLAN, ARMIDA 09/13/1928 100063356 609358474  
DIAGNOSIS CODES: 250.00 272.4 311. 356.9 365.9 401.9 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233348	1	T1019		03/02/13	03/02/13	16.00	68.64
233348	2	T1019		03/03/13	03/03/13	16.00	68.64
CLAIM TOTAL						137.28	CLAIM ACCOUNT REF. 2333480012008287SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233349	1	T1019		03/02/13	03/02/13	32.00	137.28
233349	2	T1019		03/03/13	03/03/13	32.00	137.28
233349	3	T1019		03/04/13	03/04/13	32.00	137.28
233349	4	T1019		03/05/13	03/05/13	32.00	137.28
233349	5	T1019		03/06/13	03/06/13	32.00	137.28
233349	6	T1019		03/07/13	03/07/13	32.00	137.28
233349	7	T1019		03/08/13	03/08/13	32.00	137.28
CLAIM TOTAL						960.96	CLAIM ACCOUNT REF. 2333490012008401SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011881 2011881 KHAN, FAZAL 06/28/1970 101344352 609951463  
DIAGNOSIS CODES: 649.40

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233347	1	T1019		03/02/13	03/02/13	48.00	205.92
233347	2	T1019		03/03/13	03/03/13	48.00	205.92

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PAYER ID = 87726                              UNITEDHEALTHCARE

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233347	3	T1019		03/04/13	03/04/13	48.00	205.92	
233347	4	T1019		03/05/13	03/05/13	48.00	205.92	
233347	5	T1019		03/06/13	03/06/13	48.00	205.92	
233347	6	T1019		03/07/13	03/07/13	48.00	205.92	
233347	7	T1019		03/08/13	03/08/13	48.00	205.92	
				CLAIM TOTAL		1,441.44		CLAIM ACCOUNT REF. 2333470012011881SUP

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	23	TOTAL CLAIM AMOUNT =	3,740.88
		# SERVICES =	4		

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PAYER ID = AMRGRI                      AMERIGROUP NEW YORK,LLC

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233423	1	T1019	0580	03/02/13	03/02/13	20.00	84.40
233423	2	T1019	0580	03/03/13	03/03/13	20.00	84.40
233423	3	T1019	0580	03/05/13	03/05/13	32.00	135.04
233423	4	T1019	0580	03/06/13	03/06/13	32.00	135.04
233423	5	T1019	0580	03/07/13	03/07/13	32.00	135.04
CLAIM TOTAL							573.92

CLAIM ACCOUNT REF. 2334230012008266SUP

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
233425	1	S5130	0582	01/07/13	01/07/13	16.00	67.52
233425	2	S5130	0582	01/11/13	01/11/13	16.00	67.52
233425	3	S5130	0582	03/07/13	03/07/13	16.00	67.52
233425	4	S5130	0582	03/08/13	03/08/13	16.00	67.52
CLAIM TOTAL							270.08

CLAIM ACCOUNT REF. 2334250012009279SUP

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
233428	1	T1019	0580	02/23/13	02/23/13	16.00	67.52
233428	2	T1019	0580	02/24/13	02/24/13	16.00	67.52
233428	3	T1019	0580	02/25/13	02/25/13	8.00	33.76
233428	4	T1019	0580	02/26/13	02/26/13	8.00	33.76
233428	5	T1019	0580	02/27/13	02/27/13	8.00	33.76
233428	6	T1019	0580	02/28/13	02/28/13	8.00	33.76
CLAIM TOTAL							270.08

CLAIM ACCOUNT REF. 2334280012010728SUP

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
233429	1	T1019	0580	03/01/13	03/01/13	24.00	101.28
233429	2	T1019	0580	03/02/13	03/02/13	28.00	118.16
233429	3	T1019	0580	03/03/13	03/03/13	24.00	101.28



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PAYER ID = AMRGRI                      AMERIGROUP NEW YORK,LLC

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233429	4	T1019	0580	03/04/13	03/04/13	24.00	101.28
233429	5	T1019	0580	03/05/13	03/05/13	24.00	101.28
233429	6	T1019	0580	03/06/13	03/06/13	24.00	101.28
233429	7	T1019	0580	03/07/13	03/07/13	24.00	101.28
233429	8	T1019	0580	03/08/13	03/08/13	24.00	101.28
CLAIM TOTAL							827.12

CLAIM ACCOUNT REF. 2334290012010728SUP

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
233426	1	T1019	0580	02/23/13	02/23/13	20.00	84.40
233426	2	T1019	0580	02/24/13	02/24/13	20.00	84.40
233426	3	T1019	0580	02/25/13	02/25/13	12.00	50.64
233426	4	T1019	0580	02/26/13	02/26/13	12.00	50.64
233426	5	T1019	0580	02/27/13	02/27/13	12.00	50.64
233426	6	T1019	0580	02/28/13	02/28/13	12.00	50.64
CLAIM TOTAL							371.36

CLAIM ACCOUNT REF. 2334260012010729SUP

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
233427	1	T1019	0580	03/01/13	03/01/13	12.00	50.64
233427	2	T1019	0580	03/02/13	03/02/13	20.00	84.40
233427	3	T1019	0580	03/03/13	03/03/13	20.00	84.40
233427	4	T1019	0580	03/04/13	03/04/13	12.00	50.64
233427	5	T1019	0580	03/05/13	03/05/13	12.00	50.64
233427	6	T1019	0580	03/06/13	03/06/13	12.00	50.64
233427	7	T1019	0580	03/07/13	03/07/13	12.00	50.64
233427	8	T1019	0580	03/08/13	03/08/13	12.00	50.64
CLAIM TOTAL							472.64

CLAIM ACCOUNT REF. 2334270012010729SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008365 2010731 HARDING, EDNA 05/17/1956 006274884 103437258  
DIAGNOSIS CODES: 493.90 253.5 272.4 296.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233424	1	T1019	0580	03/04/13	03/04/13	16.00	67.52
233424	2	T1019	0580	03/05/13	03/05/13	16.00	67.52
233424	3	T1019	0580	03/06/13	03/06/13	16.00	67.52

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PAYER ID = AMRGRI                      AMERIGROUP NEW YORK,LLC

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233424	4	T1019	0580	03/07/13	03/07/13	16.00	67.52	
233424	5	T1019	0580	03/08/13	03/08/13	16.00	67.52	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2334240012010731SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233422	1	T1019	0580	03/02/13	03/02/13	20.00	84.40	
233422	2	T1019	0580	03/06/13	03/06/13	20.00	84.40	
233422	3	T1019	0580	03/07/13	03/07/13	20.00	84.40	
					CLAIM TOTAL		253.20	CLAIM ACCOUNT REF. 2334220012011322SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012083	2012083	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	
233421	1	T1019	0580	12/18/12	12/18/12	16.00	67.52	
233421	2	T1019	0580	12/19/12	12/19/12	16.00	67.52	
233421	3	T1019	0580	12/20/12	12/20/12	16.00	67.52	
233421	4	T1019	0580	12/21/12	12/21/12	16.00	67.52	
233421	5	T1019	0580	12/24/12	12/24/12	16.00	67.52	
233421	6	T1019	0580	12/25/12	12/25/12	16.00	67.52	
233421	7	T1019	0580	12/26/12	12/26/12	16.00	67.52	
233421	8	T1019	0580	12/28/12	12/28/12	16.00	67.52	
233421	9	T1019	0580	12/31/12	12/31/12	16.00	67.52	
233421	10	T1019	0580	01/01/13	01/01/13	16.00	67.52	
233421	11	T1019	0580	01/02/13	01/02/13	16.00	67.52	
233421	12	T1019	0580	01/03/13	01/03/13	16.00	67.52	
233421	13	T1019	0580	01/04/13	01/04/13	16.00	67.52	
233421	14	T1019	0580	01/07/13	01/07/13	16.00	67.52	
233421	15	T1019	0580	01/08/13	01/08/13	16.00	67.52	
233421	16	T1019	0580	01/10/13	01/10/13	16.00	67.52	
233421	17	T1019	0580	01/11/13	01/11/13	16.00	67.52	
					CLAIM TOTAL		1,147.84	CLAIM ACCOUNT REF. 2334210012012083SUP

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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
233430	1	T1019	0580	01/14/13	01/14/13	16.00	60.00
233430	2	T1019	0580	01/15/13	01/15/13	16.00	60.00
233430	3	T1019	0580	01/16/13	01/16/13	16.00	60.00
233430	4	T1019	0580	01/17/13	01/17/13	16.00	60.00
233430	5	T1019	0580	01/18/13	01/18/13	16.00	60.00
233430	6	T1019	0580	01/21/13	01/21/13	16.00	60.00
233430	7	T1019	0580	01/22/13	01/22/13	16.00	60.00
233430	8	T1019	0580	01/24/13	01/24/13	16.00	60.00
233430	9	T1019	0580	01/25/13	01/25/13	16.00	60.00
233430	10	T1019	0580	01/28/13	01/28/13	16.00	60.00
233430	11	T1019	0580	01/29/13	01/29/13	16.00	60.00
233430	12	T1019	0580	01/30/13	01/30/13	16.00	60.00
233430	13	T1019	0580	01/31/13	01/31/13	16.00	60.00
233430	14	T1019	0580	02/01/13	02/01/13	16.00	60.00
233430	15	T1019	0580	02/04/13	02/04/13	16.00	60.00
233430	16	T1019	0580	02/05/13	02/05/13	16.00	60.00
233430	17	T1019	0580	02/06/13	02/06/13	16.00	60.00
233430	18	T1019	0580	02/07/13	02/07/13	16.00	60.00
233430	19	T1019	0580	02/08/13	02/08/13	16.00	60.00
233430	20	T1019	0580	02/11/13	02/11/13	16.00	60.00
233430	21	T1019	0580	02/12/13	02/12/13	16.00	60.00
233430	22	T1019	0580	02/13/13	02/13/13	16.00	60.00
233430	23	T1019	0580	02/14/13	02/14/13	16.00	60.00
233430	24	T1019	0580	02/15/13	02/15/13	16.00	60.00
233430	25	T1019	0580	02/18/13	02/18/13	16.00	60.00
233430	26	T1019	0580	02/21/13	02/21/13	16.00	60.00
233430	27	T1019	0580	02/22/13	02/22/13	16.00	60.00
233430	28	T1019	0580	02/25/13	02/25/13	16.00	60.00
233430	29	T1019	0580	02/26/13	02/26/13	16.00	60.00
233430	30	T1019	0580	02/28/13	02/28/13	16.00	60.00
233430	31	T1019	0580	03/01/13	03/01/13	16.00	60.00
233430	32	T1019	0580	03/04/13	03/04/13	16.00	60.00
233430	33	T1019	0580	03/05/13	03/05/13	16.00	60.00
233430	34	T1019	0580	03/06/13	03/06/13	16.00	60.00
CLAIM TOTAL						2,040.00	
						CLAIM ACCOUNT REF.	2334300012012354SUP

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PAYER ID = AMRGRI                      AMERIGROUP NEW YORK,LLC

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012076 2012357 ESPINAL, MARIA 05/27/1951 713844209 103312722  
DIAGNOSIS CODES: 311. 272.4 386.9 493.92

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233433	1	T1019	0580	03/02/13	03/02/13	24.00	90.00
233433	2	T1019	0580	03/04/13	03/04/13	24.00	90.00
233433	3	T1019	0580	03/05/13	03/05/13	24.00	90.00
233433	4	T1019	0580	03/06/13	03/06/13	24.00	90.00
233433	5	T1019	0580	03/07/13	03/07/13	24.00	90.00
233433	6	T1019	0580	03/08/13	03/08/13	24.00	90.00
CLAIM TOTAL							540.00
CLAIM ACCOUNT REF.							2334330012012357SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233435	1	T1019	0580	03/04/13	03/04/13	20.00	75.00
233435	2	T1019	0580	03/05/13	03/05/13	20.00	75.00
233435	3	T1019	0580	03/06/13	03/06/13	20.00	75.00
233435	4	T1019	0580	03/07/13	03/07/13	20.00	75.00
233435	5	T1019	0580	03/08/13	03/08/13	20.00	75.00
CLAIM TOTAL							375.00
CLAIM ACCOUNT REF.							2334350012012362SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010003 2012373 DENNISON, KELVIN \* 09/23/1991 6944796 103006820  
DIAGNOSIS CODES: 799.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233432	1	T1019	0580	03/06/13	03/06/13	16.00	60.00
233432	2	T1019	0580	03/08/13	03/08/13	16.00	60.00
CLAIM TOTAL							120.00
CLAIM ACCOUNT REF.							2334320012012373SUP

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
233434	1	T1019	0580	03/04/13	03/04/13	32.00	120.00
233434	2	T1019	0580	03/05/13	03/05/13	36.00	135.00
233434	3	T1019	0580	03/06/13	03/06/13	32.00	120.00
233434	4	T1019	0580	03/07/13	03/07/13	36.00	135.00
233434	5	T1019	0580	03/08/13	03/08/13	32.00	120.00

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NPI = 1154407492

CLAIM ACCOUNT REF. 2334340012012374SUP

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2334310012012562SUP

TOTAL CLAIM AMOUNT = 8,243.84

REPORT DATE 03/13/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = ICS01                      ICS

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008389 2011453 MUSHAYEV, BORIS 08/14/1947 7235 387543  
DIAGNOSIS CODES: 401.9 250.00 425.8 428.0 441.00 715.90

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233444	1	T1019	1C	0570	03/04/13	03/04/13	4.00	65.60
233444	2	T1019	1C	0570	03/05/13	03/05/13	4.00	65.60
233444	3	T1019	1C	0570	03/06/13	03/06/13	4.00	65.60
233444	4	T1019	1C	0570	03/07/13	03/07/13	4.00	65.60
233444	5	T1019	1C	0570	03/08/13	03/08/13	4.00	65.60
CLAIM TOTAL								328.00
								CLAIM ACCOUNT REF. 2334440012011453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011869 2011869 JONES, VALERIE 10/10/1948 1457 418547  
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233443	1	T1019	1C	0570	03/04/13	03/04/13	4.00	65.60
233443	2	T1019	1C	0570	03/05/13	03/05/13	4.00	65.60
233443	3	T1019	1C	0570	03/06/13	03/06/13	4.00	65.60
233443	4	T1019	1C	0570	03/07/13	03/07/13	4.00	65.60
233443	5	T1019	1C	0570	03/08/13	03/08/13	4.00	65.60
CLAIM TOTAL								328.00
								CLAIM ACCOUNT REF. 2334430012011869SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011870 2011870 AGOSTINI, MONSERRATE 07/18/1944 558 418549  
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233441	1	T1019	1C	0570	03/05/13	03/05/13	6.00	98.40
233441	2	T1019	1C	0570	03/06/13	03/06/13	6.00	98.40
233441	3	T1019	1C	0570	03/07/13	03/07/13	6.00	98.40
233441	4	T1019	1C	0570	03/08/13	03/08/13	6.00	98.40
CLAIM TOTAL								393.60
								CLAIM ACCOUNT REF. 2334410012011870SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012213 2012213 BERRY, ANGELINA 10/21/1956 1784 405555  
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
233442	1	T1019	1C	0570	03/02/13	03/02/13	4.00	65.60
233442	2	T1019	1C	0570	03/03/13	03/03/13	4.00	65.60
233442	3	T1019	1C	0570	03/04/13	03/04/13	4.00	65.60
233442	4	T1019	1C	0570	03/05/13	03/05/13	4.00	65.60

REPORT DATE 03/13/13                      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	
233442	5	T1019 1C	0570	03/06/13	03/06/13	4.00	65.60	
233442	6	T1019 1C	0570	03/07/13	03/07/13	4.00	65.60	
233442	7	T1019 1C	0570	03/08/13	03/08/13	4.00	65.60	
					CLAIM TOTAL		459.20	CLAIM ACCOUNT REF. 2334420012012213SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	21	TOTAL CLAIM AMOUNT =	1,508.80
		# SERVICES =	4		

REPORT DATE 03/13/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013031303023244RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008382 2010800 GOMES, AGUSTINA 05/05/1933 JRX53860E01 2013011515500003  
DIAGNOSIS CODES: 230.3 153.0 401.9 733.00 V60.3  
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233436	1	T1019	0580	02/18/13	02/18/13	36.00	151.92	
233436	2	T1019	0580	03/02/13	03/02/13	36.00	151.92	
233436	3	T1019	0580	03/03/13	03/03/13	36.00	151.92	
233436	4	T1019	0580	03/04/13	03/04/13	36.00	151.92	
233436	5	T1019	0580	03/05/13	03/05/13	36.00	151.92	
233436	6	T1019	0580	03/06/13	03/06/13	36.00	151.92	
CLAIM TOTAL							911.52	CLAIM ACCOUNT REF. 2334360012010800SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008382 2010800 GOMES, AGUSTINA 05/05/1933 JRX53860E01 2013030885700001  
DIAGNOSIS CODES: 230.3 153.0 401.9 733.00 V60.3  
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233437	1	T1019	0580	03/07/13	03/07/13	36.00	151.92	
233437	2	T1019	0580	03/08/13	03/08/13	36.00	151.92	
CLAIM TOTAL							303.84	CLAIM ACCOUNT REF. 2334370012010800SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JSV04323R01 2013011515500002  
DIAGNOSIS CODES: 250.11 272.0 401.9 435.9 586.  
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233439	1	T1019	0580	03/05/13	03/05/13	12.00	50.64	
233439	2	T1019	0580	03/06/13	03/06/13	12.00	50.64	
CLAIM TOTAL							101.28	CLAIM ACCOUNT REF. 2334390012010804SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JSV04323R01 2013031115500001  
DIAGNOSIS CODES: 250.11 272.0 401.9 435.9 586.  
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233440	1	T1019	0580	03/07/13	03/07/13	16.00	67.52	
CLAIM TOTAL							67.52	CLAIM ACCOUNT REF. 2334400012010804SUP



REPORT DATE 03/13/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = INIPA                      HEALTHCARE PARTNERS IPA I

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
233438	1	T1019	0580	03/06/13	03/06/13	16.00	67.52	
233438	2	T1019	0580	03/07/13	03/07/13	16.00	67.52	
					CLAIM TOTAL	135.04		CLAIM ACCOUNT REF. 2334380012010805SUP

PAYER TOTALS: HEALTHCARE PARTNERS IPA I                      # OF CLAIMS = 13    TOTAL CLAIM AMOUNT = 1,519.20  
# SERVICES = 3

PROVIDER TOTALS: SUNNYSIDE CITYWIDE                      # OF CLAIMS = 937    TOTAL CLAIM AMOUNT = 109,934.30  
# SERVICES = 158