

REPORT DATE 08/22/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

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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 08/10/1992 741244251 111891261  
DIAGNOSIS CODES: 343.9 737.9 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207007	1	T1020		08/11/12	08/11/12	6.00	101.22
207007	2	T1020		08/13/12	08/13/12	5.00	84.35
207007	3	T1020		08/14/12	08/14/12	5.00	84.35
207007	4	T1020		08/15/12	08/15/12	5.00	84.35
207007	5	T1020		08/16/12	08/16/12	5.00	84.35
207007	6	T1020		08/17/12	08/17/12	5.00	84.35
CLAIM TOTAL							522.97
CLAIM ACCOUNT REF.							2070070012008267SUP

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
207004	1	T1020		08/11/12	08/11/12	9.00	151.83
207004	2	T1020		08/12/12	08/12/12	9.00	151.83
207004	3	T1020		08/13/12	08/13/12	9.00	151.83
207004	4	T1020		08/14/12	08/14/12	9.00	151.83
207004	5	T1020		08/15/12	08/15/12	9.00	151.83
207004	6	T1020		08/16/12	08/16/12	9.00	151.83
207004	7	T1020		08/17/12	08/17/12	9.00	151.83
CLAIM TOTAL							1,062.81
CLAIM ACCOUNT REF.							2070040012008268SUP

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
207000	1	T1020		08/13/12	08/13/12	7.00	118.09
207000	2	T1020		08/14/12	08/14/12	7.00	118.09
207000	3	T1020		08/15/12	08/15/12	7.00	118.09
207000	4	T1020		08/16/12	08/16/12	7.00	118.09
207000	5	T1020		08/17/12	08/17/12	7.00	118.09
CLAIM TOTAL							590.45
CLAIM ACCOUNT REF.							2070000012008306SUP

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PAYER        ID = 11315                      FIDELIS CARE NY

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
206999	1	T1020		08/11/12	08/11/12	7.00	118.09	
206999	2	T1020		08/12/12	08/12/12	7.00	118.09	
206999	3	T1020		08/13/12	08/13/12	4.00	67.48	
206999	4	T1020		08/14/12	08/14/12	7.00	118.09	
206999	5	T1020		08/15/12	08/15/12	7.00	118.09	
206999	6	T1020		08/16/12	08/16/12	7.00	118.09	
206999	7	T1020		08/17/12	08/17/12	7.00	118.09	
CLAIM TOTAL							776.02	CLAIM ACCOUNT REF.    2069990012008386SUP

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	
207006	1	T1020		08/14/12	08/14/12	4.00	67.48	
207006	2	T1020		08/16/12	08/16/12	4.00	67.48	
207006	3	T1020		08/17/12	08/17/12	5.00	84.35	
CLAIM TOTAL							219.31	CLAIM ACCOUNT REF.    2070060012008400SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008388    2009283    MARTINEZ, LUISA                      02/14/1954    74179809800                      11951467  
DIAGNOSIS CODES:    340.        799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
207003	1	T1020		08/11/12	08/11/12	12.00	202.44	
207003	2	T1020		08/12/12	08/12/12	12.00	202.44	
207003	3	T1020		08/13/12	08/13/12	12.00	202.44	
207003	4	T1020		08/14/12	08/14/12	12.00	202.44	
207003	5	T1020		08/15/12	08/15/12	12.00	202.44	
207003	6	T1020		08/16/12	08/16/12	12.00	202.44	
207003	7	T1020		08/17/12	08/17/12	12.00	202.44	
CLAIM TOTAL							1,417.08	CLAIM ACCOUNT REF.    2070030012009283SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2009956    2009956    PURNELL, ROSE                      02/06/1961    74207950500                      120550698  
DIAGNOSIS CODES:    493.00        311.        401.9        462.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
207005	1	T1020		08/07/12	08/07/12	4.00	67.48	

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207005	2	T1020		08/11/12	08/11/12	4.00	67.48
207005	3	T1020		08/12/12	08/12/12	4.00	67.48
207005	4	T1020		08/13/12	08/13/12	4.00	67.48
207005	5	T1020		08/14/12	08/14/12	4.00	67.48
207005	6	T1020		08/15/12	08/15/12	4.00	67.48
207005	7	T1020		08/16/12	08/16/12	4.00	67.48
207005	8	T1020		08/17/12	08/17/12	4.00	67.48
CLAIM TOTAL							539.84
							CLAIM ACCOUNT REF. 2070050012009956SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207008	1	T1020		08/11/12	08/11/12	9.00	151.83
207008	2	T1020		08/12/12	08/12/12	9.00	151.83
207008	3	T1020		08/13/12	08/13/12	9.00	151.83
207008	4	T1020		08/14/12	08/14/12	9.00	151.83
207008	5	T1020		08/15/12	08/15/12	9.00	151.83
207008	6	T1020		08/16/12	08/16/12	9.00	151.83
207008	7	T1020		08/17/12	08/17/12	9.00	151.83
CLAIM TOTAL							1,062.81
							CLAIM ACCOUNT REF. 2070080012010041SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207001	1	T1020		07/11/12	07/11/12	5.00	84.35
CLAIM TOTAL							84.35
							CLAIM ACCOUNT REF. 2070010012010712SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207002	1	T1020		08/13/12	08/13/12	5.00	84.35
207002	2	T1020		08/14/12	08/14/12	5.00	84.35
207002	3	T1020		08/15/12	08/15/12	5.00	84.35
207002	4	T1020		08/16/12	08/16/12	5.00	84.35
207002	5	T1020		08/17/12	08/17/12	4.00	67.48
CLAIM TOTAL							404.88
							CLAIM ACCOUNT REF. 2070020012010712SUP

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

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	56	TOTAL CLAIM AMOUNT =	6,680.52
		# SERVICES =	9		

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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
206984	1	T1019		08/15/12	08/15/12	16.00	67.52
206984	2	T1019		08/16/12	08/16/12	16.00	67.52
206984	3	T1019		08/17/12	08/17/12	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2069840012008261SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206991	1	T1019		08/11/12	08/11/12	24.00	101.28
206991	2	T1019		08/12/12	08/12/12	24.00	101.28
206991	3	T1019		08/13/12	08/13/12	24.00	101.28
206991	4	T1019		08/14/12	08/14/12	24.00	101.28
206991	5	T1019		08/15/12	08/15/12	24.00	101.28
206991	6	T1019		08/16/12	08/16/12	24.00	101.28
206991	7	T1019		08/17/12	08/17/12	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2069910012008263SUP

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
206996	1	T1019		08/11/12	08/11/12	40.00	168.80
206996	2	T1019		08/12/12	08/12/12	40.00	168.80
206996	3	T1019		08/13/12	08/13/12	40.00	168.80
206996	4	T1019		08/14/12	08/14/12	40.00	168.80
206996	5	T1019		08/15/12	08/15/12	40.00	168.80
206996	6	T1019		08/16/12	08/16/12	40.00	168.80
206996	7	T1019		08/17/12	08/17/12	32.00	135.04
CLAIM TOTAL							1,147.84
CLAIM ACCOUNT REF.							2069960012008265SUP

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
206998	1	T1019		08/11/12	08/11/12	16.00	67.52

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
206998	2	T1019		08/12/12	08/12/12	16.00	67.52	
206998	3	T1019		08/13/12	08/13/12	24.00	101.28	
206998	4	T1019		08/14/12	08/14/12	24.00	101.28	
206998	5	T1019		08/15/12	08/15/12	24.00	101.28	
206998	6	T1019		08/16/12	08/16/12	24.00	101.28	
206998	7	T1019		08/17/12	08/17/12	24.00	101.28	
				CLAIM TOTAL			641.44	CLAIM ACCOUNT REF. 2069980012008303SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008305 2008305 ARDITTO, PATRICIA 10/29/1952 10053196701 072911256276  
DIAGNOSIS CODES: 493.00 042. 300.00 311. 530.81 780.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
206981	1	T1019		08/13/12	08/13/12	24.00	101.28	
206981	2	T1019		08/14/12	08/14/12	24.00	101.28	
206981	3	T1019		08/16/12	08/16/12	24.00	101.28	
206981	4	T1019		08/17/12	08/17/12	24.00	101.28	
				CLAIM TOTAL			405.12	CLAIM ACCOUNT REF. 2069810012008305SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
206987	1	T1019		08/13/12	08/13/12	36.00	151.92	
206987	2	T1019		08/14/12	08/14/12	36.00	151.92	
206987	3	T1019		08/17/12	08/17/12	36.00	151.92	
				CLAIM TOTAL			455.76	CLAIM ACCOUNT REF. 2069870012008366SUP

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	
206982	1	T1019		08/11/12	08/11/12	28.00	118.16	
206982	2	T1019		08/12/12	08/12/12	28.00	118.16	
206982	3	T1019		08/13/12	08/13/12	32.00	135.04	
206982	4	T1019		08/14/12	08/14/12	28.00	118.16	
206982	5	T1019		08/15/12	08/15/12	28.00	118.16	
206982	6	T1019		08/16/12	08/16/12	28.00	118.16	
206982	7	T1019		08/17/12	08/17/12	28.00	118.16	
				CLAIM TOTAL			844.00	CLAIM ACCOUNT REF. 2069820012008403SUP

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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	2008420	2008420	SALVATO, MARY	04/06/1954	10064119301	072211255313
DIAGNOSIS	CODES:	340.	244.9    250.00    272.0	401.9    493.00    799.89		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206995	1	T1019		08/12/12	08/12/12	32.00	135.04
206995	2	T1019		08/13/12	08/13/12	32.00	135.04
206995	3	T1019		08/14/12	08/14/12	32.00	135.04
206995	4	T1019		08/15/12	08/15/12	32.00	135.04
206995	5	T1019		08/16/12	08/16/12	32.00	135.04
206995	6	T1019		08/17/12	08/17/12	32.00	135.04
				CLAIM TOTAL		810.24	CLAIM ACCOUNT REF. 2069950012008420SUP

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
206992	1	T1019		08/11/12	08/11/12	24.00	101.28
206992	2	T1019		08/13/12	08/13/12	24.00	101.28
206992	3	T1019		08/14/12	08/14/12	24.00	101.28
206992	4	T1019		08/15/12	08/15/12	24.00	101.28
206992	5	T1019		08/16/12	08/16/12	24.00	101.28
206992	6	T1019		08/17/12	08/17/12	24.00	101.28
				CLAIM TOTAL		607.68	CLAIM ACCOUNT REF. 2069920012008422SUP

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
206997	1	T1019		08/13/12	08/13/12	16.00	67.52
206997	2	T1019		08/14/12	08/14/12	16.00	67.52
206997	3	T1019		08/17/12	08/17/12	16.00	67.52
				CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2069970012008425SUP

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
206985	1	T1019		08/11/12	08/11/12	40.00	168.80
206985	2	T1019		08/12/12	08/12/12	40.00	168.80
206985	3	T1019		08/13/12	08/13/12	40.00	168.80

REPORT DATE 08/22/12                      SUNNYSIDE CITYWIDE  
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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	
206985	4	T1019		08/14/12	08/14/12	40.00	168.80	
206985	5	T1019		08/15/12	08/15/12	40.00	168.80	
206985	6	T1019		08/16/12	08/16/12	40.00	168.80	
206985	7	T1019		08/17/12	08/17/12	40.00	168.80	
					CLAIM TOTAL		1,181.60	CLAIM ACCOUNT REF. 2069850012008427SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
206994	1	T1019		08/13/12	08/13/12	16.00	67.52	
206994	2	T1019		08/14/12	08/14/12	16.00	67.52	
206994	3	T1019		08/15/12	08/15/12	16.00	67.52	
206994	4	T1019		08/16/12	08/16/12	16.00	67.52	
206994	5	T1019		08/17/12	08/17/12	16.00	67.52	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2069940012008531SUP

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	
206990	1	T1019		08/13/12	08/13/12	28.00	118.16	
206990	2	T1019		08/14/12	08/14/12	28.00	118.16	
206990	3	T1019		08/15/12	08/15/12	28.00	118.16	
206990	4	T1019		08/16/12	08/16/12	28.00	118.16	
206990	5	T1019		08/17/12	08/17/12	28.00	118.16	
					CLAIM TOTAL		590.80	CLAIM ACCOUNT REF. 2069900012008742SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008802	2008802	DIAZ, 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	
206983	1	T1019		08/13/12	08/13/12	16.00	67.52	
206983	2	T1019		08/14/12	08/14/12	24.00	101.28	
206983	3	T1019		08/16/12	08/16/12	24.00	101.28	
206983	4	T1019		08/17/12	08/17/12	24.00	101.28	
					CLAIM TOTAL		371.36	CLAIM ACCOUNT REF. 2069830012008802SUP



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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206988	1	T1019		08/13/12	08/13/12	28.00	118.16
206988	2	T1019		08/15/12	08/15/12	28.00	118.16
206988	3	T1019		08/16/12	08/16/12	28.00	118.16
206988	4	T1019		08/17/12	08/17/12	32.00	135.04
CLAIM TOTAL						489.52	CLAIM ACCOUNT REF. 2069880012009221SUP

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
206989	1	T1019		08/11/12	08/11/12	48.00	202.56
206989	2	T1019		08/12/12	08/12/12	44.00	185.68
206989	3	T1019		08/13/12	08/13/12	48.00	202.56
206989	4	T1019		08/14/12	08/14/12	48.00	202.56
206989	5	T1019		08/15/12	08/15/12	48.00	202.56
206989	6	T1019		08/16/12	08/16/12	48.00	202.56
206989	7	T1019		08/17/12	08/17/12	48.00	202.56
CLAIM TOTAL						1,401.04	CLAIM ACCOUNT REF. 2069890012009356SUP

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
206979	1	T1019		08/12/12	08/12/12	32.00	135.04
206979	2	T1019		08/13/12	08/13/12	32.00	135.04
206979	3	T1019		08/14/12	08/14/12	32.00	135.04
206979	4	T1019		08/15/12	08/15/12	32.00	135.04
206979	5	T1019		08/16/12	08/16/12	32.00	135.04
206979	6	T1019		08/17/12	08/17/12	32.00	135.04
CLAIM TOTAL						810.24	CLAIM ACCOUNT REF. 2069790012010143SUP

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
206993	1	T1019		08/13/12	08/13/12	20.00	84.40

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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	
206993	2	T1019		08/14/12	08/14/12	20.00	84.40	
206993	3	T1019		08/15/12	08/15/12	20.00	84.40	
206993	4	T1019		08/17/12	08/17/12	20.00	84.40	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2069930012010353SUP

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	
206986	1	T1019		07/26/12	07/26/12	28.00	118.16	
206986	2	T1019		08/11/12	08/11/12	24.00	101.28	
206986	3	T1019		08/12/12	08/12/12	24.00	101.28	
206986	4	T1019		08/13/12	08/13/12	24.00	101.28	
206986	5	T1019		08/14/12	08/14/12	28.00	118.16	
206986	6	T1019		08/15/12	08/15/12	24.00	101.28	
206986	7	T1019		08/16/12	08/16/12	28.00	118.16	
206986	8	T1019		08/17/12	08/17/12	28.00	118.16	
					CLAIM TOTAL		877.76	CLAIM ACCOUNT REF. 2069860012010639SUP

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	
206980	1	T1019		08/13/12	08/13/12	36.00	151.92	
206980	2	T1019		08/14/12	08/14/12	36.00	151.92	
206980	3	T1019		08/15/12	08/15/12	36.00	151.92	
206980	4	T1019		08/16/12	08/16/12	36.00	151.92	
206980	5	T1019		08/17/12	08/17/12	36.00	151.92	
					CLAIM TOTAL		759.60	CLAIM ACCOUNT REF. 2069800012010878SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	108	TOTAL CLAIM AMOUNT =	13,183.28
		# SERVICES =	20		

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PAYER ID = 13265                      METROPLUS HEALTH PLAN

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207032	1	T1019		08/11/12	08/11/12	4.00	68.60
207032	2	T1019		08/12/12	08/12/12	4.00	68.60
207032	3	T1019		08/13/12	08/13/12	12.00	205.80
207032	4	T1019		08/14/12	08/14/12	12.00	205.80
207032	5	T1019		08/15/12	08/15/12	12.00	205.80
207032	6	T1019		08/16/12	08/16/12	12.00	205.80
207032	7	T1019		08/17/12	08/17/12	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2070320012008233SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207040	1	T1019		08/11/12	08/11/12	8.00	137.20
207040	2	T1019		08/12/12	08/12/12	8.00	137.20
207040	3	T1019		08/13/12	08/13/12	11.00	188.65
207040	4	T1019		08/14/12	08/14/12	11.00	188.65
207040	5	T1019		08/15/12	08/15/12	11.00	188.65
207040	6	T1019		08/17/12	08/17/12	11.00	188.65
CLAIM TOTAL						1,029.00	CLAIM ACCOUNT REF. 2070400012008236SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207036	1	T1019		08/13/12	08/13/12	4.00	68.60
207036	2	T1019		08/14/12	08/14/12	4.00	68.60
207036	3	T1019		08/15/12	08/15/12	4.00	68.60
207036	4	T1019		08/16/12	08/16/12	4.00	68.60
207036	5	T1019		08/17/12	08/17/12	4.00	68.60
CLAIM TOTAL						343.00	CLAIM ACCOUNT REF. 2070360012008237SUP

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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 0103131290194  
DIAGNOSIS CODES: 340. 286.0 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207031	1	T1019		08/13/12	08/13/12	6.00	102.90
207031	2	T1019		08/14/12	08/14/12	6.00	102.90
207031	3	T1019		08/15/12	08/15/12	6.00	102.90
207031	4	T1019		08/16/12	08/16/12	6.00	102.90
207031	5	T1019		08/17/12	08/17/12	6.00	102.90
CLAIM TOTAL							514.50

CLAIM ACCOUNT REF. 2070310012008284SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008385 2008385 MURDOCK, GERTRUDE 11/01/1917 SS71357M 0106221290271  
DIAGNOSIS CODES: 536.9 365.9 369.10 389.9 401.9 715.90 733.00 V15.88

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207038	1	T1019		08/13/12	08/13/12	8.00	137.20
207038	2	T1019		08/14/12	08/14/12	8.00	137.20
207038	3	T1019		08/15/12	08/15/12	8.00	137.20
207038	4	T1019		08/16/12	08/16/12	8.00	137.20
207038	5	T1019		08/17/12	08/17/12	8.00	137.20
CLAIM TOTAL							686.00

CLAIM ACCOUNT REF. 2070380012008385SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008415 2008415 BEDOYA, MONICA 09/30/1958 WP66802A 0103281290468  
DIAGNOSIS CODES: 345.90 272.0 295.90 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207033	1	T1019		08/15/12	08/15/12	5.00	85.75
207033	2	T1019		08/17/12	08/17/12	5.00	85.75
CLAIM TOTAL							171.50

CLAIM ACCOUNT REF. 2070330012008415SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207037	1	T1019		08/11/12	08/11/12	5.00	85.75
207037	2	T1019		08/12/12	08/12/12	5.00	85.75
207037	3	T1019		08/13/12	08/13/12	5.00	85.75
207037	4	T1019		08/14/12	08/14/12	5.00	85.75
207037	5	T1019		08/15/12	08/15/12	5.00	85.75
207037	6	T1019		08/16/12	08/16/12	5.00	85.75

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PAYER ID = 13265                      METROPLUS HEALTH PLAN

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207037	7	T1019		08/17/12	08/17/12	5.00	85.75
CLAIM TOTAL							600.25
							CLAIM ACCOUNT REF. 2070370012008417SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008418	2008418	RYALS, CHARLES	11/03/1950	ZZ49620T	0103051290159
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
207042	1	T1019		08/09/12	08/09/12	8.00	137.20
207042	2	T1019		08/13/12	08/13/12	8.00	137.20
207042	3	T1019		08/14/12	08/14/12	7.00	120.05
207042	4	T1019		08/15/12	08/15/12	8.00	137.20
207042	5	T1019		08/16/12	08/16/12	8.00	137.20
207042	6	T1019		08/17/12	08/17/12	8.00	137.20
CLAIM TOTAL							806.05
							CLAIM ACCOUNT REF. 2070420012008418SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008743	2008743	CORDERO, ROSENDO	08/26/1926	QM62108S	0101231290569
DIAGNOSIS		CODES:	492.0	272.0	401.9	715.00	788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207034	1	T1019		08/11/12	08/11/12	10.00	171.50
207034	2	T1019		08/12/12	08/12/12	10.00	171.50
207034	3	T1019		08/13/12	08/13/12	10.00	171.50
207034	4	T1019		08/14/12	08/14/12	10.00	171.50
207034	5	T1019		08/15/12	08/15/12	10.00	171.50
207034	6	T1019		08/16/12	08/16/12	10.00	171.50
207034	7	T1019		08/17/12	08/17/12	10.00	171.50
CLAIM TOTAL							1,200.50
							CLAIM ACCOUNT REF. 2070340012008743SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207035	1	T1019		08/11/12	08/11/12	19.00	325.85
207035	2	T1019		08/12/12	08/12/12	19.00	325.85
207035	3	T1019		08/13/12	08/13/12	19.00	325.85
207035	4	T1019		08/14/12	08/14/12	19.00	325.85
207035	5	T1019		08/15/12	08/15/12	7.00	120.05
CLAIM TOTAL							1,423.45
							CLAIM ACCOUNT REF. 2070350012009137SUP

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

NPI = 1154407492

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009377 2009377 SANTORO, MATTHEW 08/20/1949 SP38021Q 0102291290309  
DIAGNOSIS CODES: 299.01 453.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207043	1	T1019		08/13/12	08/13/12	6.00	102.90
207043	2	T1019		08/14/12	08/14/12	6.00	102.90
207043	3	T1019		08/15/12	08/15/12	6.00	102.90
207043	4	T1019		08/16/12	08/16/12	6.00	102.90
207043	5	T1019		08/17/12	08/17/12	6.00	102.90
CLAIM TOTAL							514.50

CLAIM ACCOUNT REF. 2070430012009377SUP

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
207041	1	T1019		08/11/12	08/11/12	8.00	137.20
207041	2	T1019		08/13/12	08/13/12	3.00	51.45
207041	3	T1019		08/14/12	08/14/12	3.00	51.45
207041	4	T1019		08/15/12	08/15/12	8.00	137.20
207041	5	T1019		08/16/12	08/16/12	8.00	137.20
207041	6	T1019		08/17/12	08/17/12	8.00	137.20
CLAIM TOTAL							651.70

CLAIM ACCOUNT REF. 2070410012009688SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008280 2009919 SHUMON, NUK-FNU 01/21/1981 QQ82218A 0102101290257  
DIAGNOSIS CODES: 952.9 344.1 564.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207044	1	T1019		08/11/12	08/11/12	4.00	68.60
207044	2	T1019		08/12/12	08/12/12	4.00	68.60
207044	3	T1019		08/13/12	08/13/12	4.00	68.60
207044	4	T1019		08/14/12	08/14/12	4.00	68.60
207044	5	T1019		08/15/12	08/15/12	4.00	68.60
207044	6	T1019		08/16/12	08/16/12	4.00	68.60
207044	7	T1019		08/17/12	08/17/12	4.00	68.60
CLAIM TOTAL							480.20

CLAIM ACCOUNT REF. 2070440012009919SUP

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PAYER ID = 13265                      METROPLUS HEALTH PLAN

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008279 2010213 VALLE, BLASINA 02/03/1929 QG00558G 0106011290042  
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
207045	1	T1019		08/06/12	08/06/12	8.00	137.20
207045	2	T1019		08/07/12	08/07/12	8.00	137.20
207045	3	T1019		08/08/12	08/08/12	8.00	137.20
207045	4	T1019		08/11/12	08/11/12	8.00	137.20
207045	5	T1019		08/13/12	08/13/12	8.00	137.20
207045	6	T1019		08/14/12	08/14/12	7.00	120.05
207045	7	T1019		08/15/12	08/15/12	8.00	137.20
CLAIM TOTAL							943.25
CLAIM ACCOUNT REF.							2070450012010213SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207039	1	T1019		08/14/12	08/14/12	3.00	51.45
207039	2	T1019		08/16/12	08/16/12	3.00	51.45
CLAIM TOTAL							102.90
CLAIM ACCOUNT REF.							2070390012010886SUP

PAYER TOTALS: METROPLUS HEALTH PLAN                      # OF CLAIMS = 82                      TOTAL CLAIM AMOUNT = 10,633.00  
# SERVICES = 15

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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
207048	1	T1019		08/11/12	08/11/12	36.00	154.80
207048	2	T1019		08/12/12	08/12/12	36.00	154.80
207048	3	T1019		08/13/12	08/13/12	36.00	154.80
207048	4	T1019		08/14/12	08/14/12	36.00	154.80
207048	5	T1019		08/15/12	08/15/12	20.00	86.00
207048	6	T1019		08/16/12	08/16/12	36.00	154.80
207048	7	T1019		08/17/12	08/17/12	36.00	154.80
CLAIM TOTAL						1,014.80	CLAIM ACCOUNT REF. 2070480012008286SUP

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
207047	1	T1019		08/11/12	08/11/12	24.00	103.20
207047	2	T1019		08/12/12	08/12/12	24.00	103.20
207047	3	T1019		08/13/12	08/13/12	24.00	103.20
207047	4	T1019		08/14/12	08/14/12	24.00	103.20
207047	5	T1019		08/15/12	08/15/12	24.00	103.20
207047	6	T1019		08/16/12	08/16/12	24.00	103.20
207047	7	T1019		08/17/12	08/17/12	24.00	103.20
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2070470012008495SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010404 2010404 GUERRERO, MIRTHA 09/14/1931 740496 110568543  
DIAGNOSIS CODES: 253.5 401.9 733.00 750.27

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207046	1	T1019		08/11/12	08/11/12	28.00	120.40
207046	2	T1019		08/12/12	08/12/12	28.00	120.40
207046	3	T1019		08/13/12	08/13/12	28.00	120.40
207046	4	T1019		08/14/12	08/14/12	28.00	120.40
207046	5	T1019		08/15/12	08/15/12	28.00	120.40
207046	6	T1019		08/16/12	08/16/12	28.00	120.40
207046	7	T1019		08/17/12	08/17/12	28.00	120.40
CLAIM TOTAL						842.80	CLAIM ACCOUNT REF. 2070460012010404SUP



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

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

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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 2008273 2008471 DE JESUS, TIBURCIO 08/11/1947 XX16524S 0004980406  
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	
207026	1	T1019	0580	08/11/12	08/11/12	36.00	151.92	
207026	2	T1019	0580	08/12/12	08/12/12	36.00	151.92	
207026	3	T1019	0580	08/15/12	08/15/12	36.00	151.92	
207026	4	T1019	0580	08/16/12	08/16/12	36.00	151.92	
207026	5	T1019	0580	08/17/12	08/17/12	36.00	151.92	
CLAIM TOTAL							759.60	CLAIM ACCOUNT REF. 2070260012008471SUP

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	
207027	1	T1019	0580	08/13/12	08/13/12	40.00	168.80	
207027	2	T1019	0580	08/14/12	08/14/12	40.00	168.80	
207027	3	T1019	0580	08/15/12	08/15/12	40.00	168.80	
207027	4	T1019	0580	08/16/12	08/16/12	40.00	168.80	
CLAIM TOTAL							675.20	CLAIM ACCOUNT REF. 2070270012008491SUP

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	
207030	1	T1019	0580	08/13/12	08/13/12	16.00	67.52	
207030	2	T1019	0580	08/14/12	08/14/12	16.00	67.52	
207030	3	T1019	0580	08/15/12	08/15/12	16.00	67.52	
207030	4	T1019	0580	08/16/12	08/16/12	16.00	67.52	
207030	5	T1019	0580	08/17/12	08/17/12	16.00	67.52	
CLAIM TOTAL							337.60	CLAIM ACCOUNT REF. 2070300012008513SUP

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	
207028	1	T1019	0580	08/11/12	08/11/12	20.00	84.40	
207028	2	T1019	0580	08/12/12	08/12/12	20.00	84.40	
207028	3	T1019	0580	08/13/12	08/13/12	20.00	84.40	
207028	4	T1019	0580	08/14/12	08/14/12	16.00	67.52	

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
207028	5	T1019	0580	08/15/12	08/15/12	20.00	84.40	
207028	6	T1019	0580	08/16/12	08/16/12	20.00	84.40	
207028	7	T1019	0580	08/17/12	08/17/12	20.00	84.40	
					CLAIM TOTAL		573.92	CLAIM ACCOUNT REF. 2070280012008544SUP

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	311.	401.9	780.4	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
207021	1	T1019	0580	08/14/12	08/14/12	16.00	56.00	
207021	2	T1019	0580	08/16/12	08/16/12	16.00	56.00	
207021	3	T1019	0580	08/17/12	08/17/12	16.00	56.00	
					CLAIM TOTAL		168.00	CLAIM ACCOUNT REF. 2070210012008723SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008793	2008793	COPE, WILLIE	02/17/1928	XR98607Q	0004050353003
DIAGNOSIS	CODES:	331.0	401.9				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
207015	1	T1019	0580	08/11/12	08/11/12	48.00	168.00	
207015	2	T1019	0580	08/12/12	08/12/12	48.00	168.00	
207015	3	T1019	0580	08/13/12	08/13/12	24.00	84.00	
207015	4	T1019	0580	08/14/12	08/14/12	48.00	168.00	
207015	5	T1019	0580	08/15/12	08/15/12	48.00	168.00	
207015	6	T1019	0580	08/16/12	08/16/12	48.00	168.00	
207015	7	T1019	0580	08/17/12	08/17/12	48.00	168.00	
					CLAIM TOTAL		1,092.00	CLAIM ACCOUNT REF. 2070150012008793SUP

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	
207023	1	T1019	0580	07/31/12	07/31/12	32.00	112.00	
207023	2	T1019	0580	08/11/12	08/11/12	32.00	112.00	
207023	3	T1019	0580	08/12/12	08/12/12	32.00	112.00	
207023	4	T1019	0580	08/13/12	08/13/12	32.00	112.00	
207023	5	T1019	0580	08/14/12	08/14/12	32.00	112.00	
207023	6	T1019	0580	08/15/12	08/15/12	32.00	112.00	
207023	7	T1019	0580	08/16/12	08/16/12	32.00	112.00	
207023	8	T1019	0580	08/17/12	08/17/12	32.00	112.00	
					CLAIM TOTAL		896.00	CLAIM ACCOUNT REF. 2070230012009237SUP

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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 2008223 2009269 SHAH, HANSIKABEN 09/28/1948 UR74418G 0005080096  
DIAGNOSIS CODES: 296.20 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207029	1	T1019	0580	08/17/12	08/17/12	20.00	84.40
CLAIM TOTAL							84.40
CLAIM ACCOUNT REF.							2070290012009269SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008395 2009406 AHMAD, AMATUL 08/03/1953 YG15821Z 0004979372  
DIAGNOSIS CODES: 799.89 253.5 272.4 401.9 493.92 696.8

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207024	1	T1019	0580	08/13/12	08/13/12	16.00	67.52
207024	2	T1019	0580	08/15/12	08/15/12	16.00	67.52
207024	3	T1019	0580	08/16/12	08/16/12	16.00	67.52
207024	4	T1019	0580	08/17/12	08/17/12	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2070240012009406SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207020	1	T1019	0580	08/11/12	08/11/12	48.00	168.00
207020	2	T1019	0580	08/12/12	08/12/12	48.00	168.00
207020	3	T1019	0580	08/13/12	08/13/12	48.00	168.00
207020	4	T1019	0580	08/14/12	08/14/12	48.00	168.00
207020	5	T1019	0580	08/15/12	08/15/12	48.00	168.00
207020	6	T1019	0580	08/16/12	08/16/12	48.00	168.00
207020	7	T1019	0580	08/17/12	08/17/12	48.00	168.00
CLAIM TOTAL							1,176.00
CLAIM ACCOUNT REF.							2070200012009467SUP

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
207025	1	T1019	0580	08/15/12	08/15/12	40.00	168.80
207025	2	T1019	0580	08/16/12	08/16/12	40.00	168.80
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2070250012009562SUP

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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
207017	1	T1019	0580	08/13/12	08/13/12	16.00	56.00
207017	2	T1019	0580	08/14/12	08/14/12	16.00	56.00
207017	3	T1019	0580	08/15/12	08/15/12	16.00	56.00
207017	4	T1019	0580	08/16/12	08/16/12	16.00	56.00
207017	5	T1019	0580	08/17/12	08/17/12	16.00	56.00
CLAIM TOTAL							280.00

CLAIM ACCOUNT REF. 2070170012009686SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207019	1	T1019	0580	08/13/12	08/13/12	28.00	98.00
207019	2	T1019	0580	08/14/12	08/14/12	28.00	98.00
207019	3	T1019	0580	08/15/12	08/15/12	28.00	98.00
207019	4	T1019	0580	08/17/12	08/17/12	28.00	98.00
CLAIM TOTAL							392.00

CLAIM ACCOUNT REF. 2070190012009945SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010293 2010293 CAMPBELL, CAROL 01/17/1945 ZW64229J 14408709  
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
207014	1	T1019	0580	08/14/12	08/14/12	24.00	84.00
207014	2	T1019	0580	08/17/12	08/17/12	18.00	63.00
CLAIM TOTAL							147.00

CLAIM ACCOUNT REF. 2070140012010293SUP

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
207022	1	T1019	0580	08/13/12	08/13/12	16.00	56.00
207022	2	T1019	0580	08/14/12	08/14/12	48.00	168.00
207022	3	T1019	0580	08/15/12	08/15/12	48.00	168.00
207022	4	T1019	0580	08/16/12	08/16/12	48.00	168.00
207022	5	T1019	0580	08/17/12	08/17/12	47.00	164.50
CLAIM TOTAL							724.50

CLAIM ACCOUNT REF. 2070220012010316SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #  
0005197384

CLAIM ACCOUNT REF. 2070180012010991SUP

PRIOR AUTHORIZATION #  
0005111746

CLAIM ACCOUNT REF. 2070160012011066SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	82	TOTAL CLAIM AMOUNT =	9,340.96
		# SERVICES =	17		

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NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2070620012010958SUP

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

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206968	1	T1019		08/12/12	08/12/12	44.00	185.68
206968	2	T1019		08/13/12	08/13/12	44.00	185.68
206968	3	T1019		08/14/12	08/14/12	44.00	185.68
206968	4	T1019		08/15/12	08/15/12	44.00	185.68
206968	5	T1019		08/16/12	08/16/12	44.00	185.68
206968	6	T1019		08/17/12	08/17/12	44.00	185.68
CLAIM TOTAL						1,114.08	CLAIM ACCOUNT REF. 2069680012008249SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008250 2008250 SALAZAR, LUZ MARIA 02/19/1970 SC60317K R1824834  
DIAGNOSIS CODES: 952.9 564.81 596.54 806.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206972	1	T1019		08/11/12	08/11/12	32.00	135.04
206972	2	T1019		08/12/12	08/12/12	32.00	135.04
206972	3	T1019		08/13/12	08/13/12	32.00	135.04
206972	4	T1019		08/14/12	08/14/12	32.00	135.04
206972	5	T1019		08/15/12	08/15/12	32.00	135.04
206972	6	T1019		08/16/12	08/16/12	32.00	135.04
206972	7	T1019		08/17/12	08/17/12	32.00	135.04
CLAIM TOTAL						945.28	CLAIM ACCOUNT REF. 2069720012008250SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206952	1	T1019		08/13/12	08/13/12	32.00	135.04
206952	2	T1019		08/14/12	08/14/12	32.00	135.04
206952	3	T1019		08/15/12	08/15/12	32.00	135.04
206952	4	T1019		08/16/12	08/16/12	32.00	135.04
206952	5	T1019		08/17/12	08/17/12	32.00	135.04
CLAIM TOTAL						675.20	CLAIM ACCOUNT REF. 2069520012008251SUP



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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 2008253 2008253 MACARENA, SAHARA 09/12/1965 VT07830U R1904276  
DIAGNOSIS CODES: 359.0 719.45

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206969	1	T1019		08/17/12	08/17/12	40.00	168.80
CLAIM TOTAL							168.80
CLAIM ACCOUNT REF.							2069690012008253SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206974	1	T1019		08/13/12	08/13/12	20.00	84.40
206974	2	T1019		08/14/12	08/14/12	20.00	84.40
206974	3	T1019		08/15/12	08/15/12	20.00	84.40
206974	4	T1019		08/16/12	08/16/12	20.00	84.40
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2069740012008254SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206950	1	T1019		08/13/12	08/13/12	32.00	135.04
206950	2	T1019		08/14/12	08/14/12	32.00	135.04
206950	3	T1019		08/15/12	08/15/12	32.00	135.04
206950	4	T1019		08/16/12	08/16/12	32.00	135.04
CLAIM TOTAL							540.16
CLAIM ACCOUNT REF.							2069500012008256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008257 2008257 ESTEVES, JOSE 09/04/1948 YD71377C R1832858  
DIAGNOSIS CODES: 345.40

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206958	1	T1019		08/11/12	08/11/12	24.00	101.28
206958	2	T1019		08/12/12	08/12/12	24.00	101.28
206958	3	T1019		08/13/12	08/13/12	24.00	101.28
206958	4	T1019		08/14/12	08/14/12	24.00	101.28
206958	5	T1019		08/15/12	08/15/12	24.00	101.28
206958	6	T1019		08/16/12	08/16/12	24.00	101.28
206958	7	T1019		08/17/12	08/17/12	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2069580012008257SUP

REPORT DATE 08/22/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008290 2008290 SALHUANA, YOLANDA 08/25/1935 SZ24247J R1825265  
DIAGNOSIS CODES: 249.70 362.50 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206973	1	T1019		08/13/12	08/13/12	32.00	135.04
206973	2	T1019		08/14/12	08/14/12	32.00	135.04
206973	3	T1019		08/15/12	08/15/12	32.00	135.04
206973	4	T1019		08/16/12	08/16/12	32.00	135.04
206973	5	T1019		08/17/12	08/17/12	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2069730012008290SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008297 2008297 MARTIN, ARIANA 12/25/1968 XD64969X R1831741  
DIAGNOSIS CODES: 250.63 401.9 493.11

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206970	1	T1019		08/13/12	08/13/12	16.00	67.52
206970	2	T1019		08/15/12	08/15/12	16.00	67.52
206970	3	T1019		08/17/12	08/17/12	16.00	67.52
CLAIM TOTAL							202.56

CLAIM ACCOUNT REF. 2069700012008297SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008362 2008362 FONTANES, PEDRO 08/27/1948 RX10287Z R1804541  
DIAGNOSIS CODES: 724.3 278.00 427.31 428.0 724.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206960	1	T1019		08/11/12	08/11/12	28.00	118.16
206960	2	T1019		08/12/12	08/12/12	28.00	118.16
206960	3	T1019		08/13/12	08/13/12	28.00	118.16
206960	4	T1019		08/14/12	08/14/12	28.00	118.16
206960	5	T1019		08/15/12	08/15/12	28.00	118.16
206960	6	T1019		08/16/12	08/16/12	28.00	118.16
206960	7	T1019		08/17/12	08/17/12	28.00	118.16
CLAIM TOTAL							827.12

CLAIM ACCOUNT REF. 2069600012008362SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008368 2008368 RODRIGUEZ, MARGARET 06/25/1950 ZP21043J R1955871  
DIAGNOSIS CODES: 295.90 250.00 272.4 311. 401.9 414.3 733.00 780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206971	1	T1019		08/13/12	08/13/12	16.00	67.52
206971	2	T1019		08/14/12	08/14/12	16.00	67.52
206971	3	T1019		08/15/12	08/15/12	16.00	67.52

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206971	4	T1019		08/16/12	08/16/12	16.00	67.52
206971	5	T1019		08/17/12	08/17/12	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2069710012008368SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008405 2008405 ST ROMAINE, CLAUDE 10/01/1956 UZ14868C 0103151202185  
DIAGNOSIS CODES: 952.9 344.9 596.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206975	1	T1019		08/11/12	08/11/12	36.00	151.92
206975	2	T1019		08/12/12	08/12/12	36.00	151.92
206975	3	T1019		08/13/12	08/13/12	40.00	168.80
206975	4	T1019		08/14/12	08/14/12	20.00	84.40
206975	5	T1019		08/16/12	08/16/12	40.00	168.80
206975	6	T1019		08/17/12	08/17/12	40.00	168.80
CLAIM TOTAL							894.64

CLAIM ACCOUNT REF. 2069750012008405SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008411 2008411 FRANCISCO, RICHARD 07/10/1968 XR22414G 0103221200941  
DIAGNOSIS CODES: 401.9 443.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206961	1	T1019		08/11/12	08/11/12	32.00	135.04
206961	2	T1019		08/12/12	08/12/12	32.00	135.04
206961	3	T1019		08/13/12	08/13/12	32.00	135.04
206961	4	T1019		08/14/12	08/14/12	20.00	84.40
206961	5	T1019		08/15/12	08/15/12	32.00	135.04
206961	6	T1019		08/16/12	08/16/12	32.00	135.04
206961	7	T1019		08/17/12	08/17/12	32.00	135.04
CLAIM TOTAL							894.64

CLAIM ACCOUNT REF. 2069610012008411SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206965	1	T1019		08/11/12	08/11/12	28.00	118.16
206965	2	T1019		08/12/12	08/12/12	28.00	118.16
206965	3	T1019		08/13/12	08/13/12	28.00	118.16
206965	4	T1019		08/14/12	08/14/12	28.00	118.16
206965	5	T1019		08/15/12	08/15/12	28.00	118.16
206965	6	T1019		08/16/12	08/16/12	28.00	118.16
206965	7	T1019		08/17/12	08/17/12	28.00	118.16

REPORT DATE 08/22/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							827.12	2069650012008428SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008433	2008433	BHAIRO, KOWSILILLI	05/13/1954	VG15691D	R1917814

DIAGNOSIS CODES: 340.      286.0      311.      401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
206948	1	T1019		08/11/12	08/11/12	32.00	135.04	
206948	2	T1019		08/12/12	08/12/12	32.00	135.04	
206948	3	T1019		08/13/12	08/13/12	32.00	135.04	
206948	4	T1019		08/14/12	08/14/12	32.00	135.04	
206948	5	T1019		08/15/12	08/15/12	32.00	135.04	
206948	6	T1019		08/16/12	08/16/12	32.00	135.04	
206948	7	T1019		08/17/12	08/17/12	32.00	135.04	
						CLAIM TOTAL	945.28	2069480012008433SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008487	2008487	BEGUM, MANWARA	11/23/1949	VD44720Z	R1903232

DIAGNOSIS CODES: 250.00      244.8      311.      401.9      428.0      733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
206947	1	T1019		08/11/12	08/11/12	16.00	67.52	
206947	2	T1019		08/12/12	08/12/12	16.00	67.52	
206947	3	T1019		08/13/12	08/13/12	16.00	67.52	
206947	4	T1019		08/14/12	08/14/12	16.00	67.52	
206947	5	T1019		08/15/12	08/15/12	16.00	67.52	
206947	6	T1019		08/16/12	08/16/12	16.00	67.52	
206947	7	T1019		08/17/12	08/17/12	16.00	67.52	
						CLAIM TOTAL	472.64	2069470012008487SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008558	2008558	SURIEL, GERTRUDIS	03/17/1950	ZE67447D	R1901123

DIAGNOSIS CODES: 493.90      401.9      414.00      715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
206976	1	T1019		08/13/12	08/13/12	16.00	67.52	
206976	2	T1019		08/14/12	08/14/12	16.00	67.52	
206976	3	T1019		08/15/12	08/15/12	16.00	67.52	
206976	4	T1019		08/16/12	08/16/12	16.00	67.52	
206976	5	T1019		08/17/12	08/17/12	16.00	67.52	
						CLAIM TOTAL	337.60	2069760012008558SUP

REPORT DATE 08/22/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008571 2008571 ESPAILLAT, AMPARO 12/25/1949 ZG25447P R1869116  
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
206957	1	T1019		08/11/12	08/11/12	16.00	67.52
206957	2	T1019		08/12/12	08/12/12	16.00	67.52
206957	3	T1019		08/13/12	08/13/12	16.00	67.52
CLAIM TOTAL							202.56

CLAIM ACCOUNT REF. 2069570012008571SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008380 2009001 FERRERA, FRANCISCA 06/06/1948 YH55651V 0111141101308  
DIAGNOSIS CODES: 301.9 401.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206959	1	T1019		08/13/12	08/13/12	20.00	84.40
206959	2	T1019		08/15/12	08/15/12	20.00	84.40
206959	3	T1019		08/17/12	08/17/12	20.00	84.40
CLAIM TOTAL							253.20

CLAIM ACCOUNT REF. 2069590012009001SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008300 2009256 CHARITAR, RAMKALIE 06/23/1953 UY13756G R1812089  
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
206953	1	T1019		08/12/12	08/12/12	20.00	84.40
206953	2	T1019		08/13/12	08/13/12	20.00	84.40
206953	3	T1019		08/14/12	08/14/12	20.00	84.40
206953	4	T1019		08/15/12	08/15/12	20.00	84.40
206953	5	T1019		08/16/12	08/16/12	20.00	84.40
206953	6	T1019		08/17/12	08/17/12	20.00	84.40
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2069530012009256SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206951	1	T1019		08/11/12	08/11/12	32.00	135.04
206951	2	T1019		08/13/12	08/13/12	32.00	135.04
206951	3	T1019		08/14/12	08/14/12	32.00	135.04
206951	4	T1019		08/15/12	08/15/12	32.00	135.04
206951	5	T1019		08/16/12	08/16/12	32.00	135.04
206951	6	T1019		08/17/12	08/17/12	32.00	135.04

REPORT DATE 08/22/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	810.24	2069510012009270SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2009322	2009322 HENRY, BRENDA	04/13/1954	ZE02356F	R1892336
DIAGNOSIS	CODES:	253.5 401.9 429.9 447.6	493.90		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
206963	1	T1019		08/06/12	08/06/12	16.00	67.52	
						CLAIM TOTAL	67.52	2069630012009322SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2009405	2009405 CORTES DE GALINDO, NEL	05/25/1925	PF03624B	R1797023
DIAGNOSIS	CODES:	401.9 537.9 648.12			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
206954	1	T1019		08/06/12	08/06/12	24.00	101.28	
206954	2	T1019		08/07/12	08/07/12	24.00	101.28	
206954	3	T1019		08/08/12	08/08/12	24.00	101.28	
206954	4	T1019		08/13/12	08/13/12	24.00	101.28	
206954	5	T1019		08/14/12	08/14/12	24.00	101.28	
206954	6	T1019		08/15/12	08/15/12	24.00	101.28	
206954	7	T1019		08/16/12	08/16/12	24.00	101.28	
206954	8	T1019		08/17/12	08/17/12	24.00	101.28	
						CLAIM TOTAL	810.24	2069540012009405SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
206962	1	T1019		08/08/12	08/08/12	16.00	67.52	
206962	2	T1019		08/10/12	08/10/12	16.00	67.52	
206962	3	T1019		08/15/12	08/15/12	16.00	67.52	
206962	4	T1019		08/17/12	08/17/12	16.00	67.52	
						CLAIM TOTAL	270.08	2069620012009425SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206949	1	T1019		08/11/12	08/11/12	24.00	101.28
206949	2	T1019		08/12/12	08/12/12	24.00	101.28

REPORT DATE 08/22/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
206949	3	T1019		08/13/12	08/13/12	24.00	101.28	
206949	4	T1019		08/14/12	08/14/12	24.00	101.28	
206949	5	T1019		08/15/12	08/15/12	16.00	67.52	
206949	6	T1019		08/16/12	08/16/12	24.00	101.28	
206949	7	T1019		08/17/12	08/17/12	24.00	101.28	
				CLAIM TOTAL			675.20	CLAIM ACCOUNT REF. 2069490012009560SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009657	2009657	HERRING, CHARLEN	10/27/1949	ZE93972Y	R1947878
DIAGNOSIS	CODES:	493.91	250.00	401.9 462.	780.52		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
206964	1	T1019		08/13/12	08/13/12	16.00	67.52	
206964	2	T1019		08/15/12	08/15/12	16.00	67.52	
206964	3	T1019		08/17/12	08/17/12	16.00	67.52	
				CLAIM TOTAL			202.56	CLAIM ACCOUNT REF. 2069640012009657SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
206978	1	T1019		08/13/12	08/13/12	32.00	135.04	
206978	2	T1019		08/14/12	08/14/12	32.00	135.04	
206978	3	T1019		08/15/12	08/15/12	32.00	135.04	
206978	4	T1019		08/16/12	08/16/12	32.00	135.04	
206978	5	T1019		08/17/12	08/17/12	32.00	135.04	
				CLAIM TOTAL			675.20	CLAIM ACCOUNT REF. 2069780012010009SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008299	2010311	LAZALA, GLADYS	02/03/1950	ZT39863D	R1866346
DIAGNOSIS	CODES:	340.	250.00	278.00 401.9	440.9 781.2		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
206967	1	T1020		08/11/12	08/11/12	7.00	118.16	
206967	2	T1020		08/12/12	08/12/12	7.00	118.16	
206967	3	T1020		08/13/12	08/13/12	7.00	118.16	
206967	4	T1020		08/14/12	08/14/12	7.00	118.16	
206967	5	T1020		08/15/12	08/15/12	7.00	118.16	
206967	6	T1020		08/16/12	08/16/12	7.00	118.16	
206967	7	T1020		08/17/12	08/17/12	4.00	67.52	
				CLAIM TOTAL			776.48	CLAIM ACCOUNT REF. 2069670012010311SUP

REPORT DATE 08/22/12                      SUNNYSIDE CITYWIDE  
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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 R1906129  
DIAGNOSIS CODES: 311. 244.9 253.5 401.9 429.9 493.90 948.11

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206977	1	T1019		08/11/12	08/11/12	20.00	84.40
206977	2	T1019		08/12/12	08/12/12	20.00	84.40
206977	3	T1019		08/16/12	08/16/12	20.00	84.40
206977	4	T1019		08/17/12	08/17/12	20.00	84.40
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2069770012010758SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008498 2010933 DORNELLAS, STELLA 04/30/1949 RG61445M R1683724  
DIAGNOSIS CODES: 401.9 253.5 272.1 369.60

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206955	1	T1019		07/23/12	07/23/12	16.00	67.52
CLAIM TOTAL							67.52
CLAIM ACCOUNT REF.							2069550012010933SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008498 2010933 DORNELLAS, STELLA 04/30/1949 RG61445M R1944291  
DIAGNOSIS CODES: 401.9 253.5 272.1 369.60

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206956	1	T1019		08/07/12	08/07/12	16.00	67.52
206956	2	T1019		08/17/12	08/17/12	24.00	101.28
CLAIM TOTAL							168.80
CLAIM ACCOUNT REF.							2069560012010933SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206966	1	T1019		08/10/12	08/10/12	32.00	135.04
206966	2	T1019		08/11/12	08/11/12	32.00	135.04
206966	3	T1019		08/13/12	08/13/12	32.00	135.04
206966	4	T1019		08/14/12	08/14/12	32.00	135.04
206966	5	T1019		08/15/12	08/15/12	32.00	135.04
206966	6	T1019		08/16/12	08/16/12	32.00	135.04
206966	7	T1019		08/17/12	08/17/12	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2069660012010967SUP



REPORT DATE 08/22/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

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

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	160	TOTAL CLAIM AMOUNT =	17,673.36
		# SERVICES =	31		

REPORT DATE 08/22/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

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

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008245    2008245    CALDERON, MIGDALIA                      08/02/1961    100195559                      607641299  
DIAGNOSIS CODES:    250.00    428.0    724.00    724.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207009	1	T1019		08/11/12	08/11/12	40.00	171.60
207009	2	T1019		08/12/12	08/12/12	40.00	171.60
207009	3	T1019		08/13/12	08/13/12	40.00	171.60
207009	4	T1019		08/14/12	08/14/12	40.00	171.60
207009	5	T1019		08/15/12	08/15/12	40.00	171.60
207009	6	T1019		08/16/12	08/16/12	40.00	171.60
207009	7	T1019		08/17/12	08/17/12	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF.    2070090012008245SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008287    2008287    MILLAN, ARMIDA                      09/13/1928    100063356                      608047620  
DIAGNOSIS CODES:    250.00    272.4    311.    356.9    365.9    401.9    530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207010	1	T1019		08/11/12	08/11/12	16.00	68.64
207010	2	T1019		08/12/12	08/12/12	16.00	68.64
207010	3	T1019		08/13/12	08/13/12	36.00	154.44
207010	4	T1019		08/14/12	08/14/12	36.00	154.44
207010	5	T1019		08/15/12	08/15/12	36.00	154.44
207010	6	T1019		08/16/12	08/16/12	36.00	154.44
207010	7	T1019		08/17/12	08/17/12	20.00	85.80
CLAIM TOTAL						840.84	CLAIM ACCOUNT REF.    2070100012008287SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207012	1	T1019		08/11/12	08/11/12	32.00	137.28
207012	2	T1019		08/12/12	08/12/12	32.00	137.28
207012	3	T1019		08/13/12	08/13/12	32.00	137.28
207012	4	T1019		08/14/12	08/14/12	32.00	137.28
207012	5	T1019		08/15/12	08/15/12	32.00	137.28
207012	6	T1019		08/16/12	08/16/12	32.00	137.28
207012	7	T1019		08/17/12	08/17/12	32.00	137.28
CLAIM TOTAL						960.96	CLAIM ACCOUNT REF.    2070120012008401SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008432 2008432 YUSUPOV, PULAT 08/11/1948 100600278 607630266  
DIAGNOSIS CODES: 250.00 272.4 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207013	1	T1019		08/11/12	08/11/12	16.00	68.64
207013	2	T1019		08/12/12	08/12/12	16.00	68.64
207013	3	T1019		08/13/12	08/13/12	16.00	68.64
207013	4	T1019		08/14/12	08/14/12	16.00	68.64
207013	5	T1019		08/15/12	08/15/12	16.00	68.64
207013	6	T1019		08/16/12	08/16/12	16.00	68.64
207013	7	T1019		08/17/12	08/17/12	16.00	68.64
CLAIM TOTAL							480.48
CLAIM ACCOUNT REF.							2070130012008432SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010774 2010774 PAUL, PUTUL 10/10/1956 101218709 6083933452  
DIAGNOSIS CODES: 959.6 245.9 401.9 733.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207011	1	T1019		08/13/12	08/13/12	16.00	68.64
207011	2	T1019		08/15/12	08/15/12	16.00	68.64
207011	3	T1019		08/17/12	08/17/12	16.00	68.64
CLAIM TOTAL							205.92
CLAIM ACCOUNT REF.							2070110012010774SUP

PAYER TOTALS: UNITEDHEALTHCARE                      # OF CLAIMS = 31                      TOTAL CLAIM AMOUNT = 3,689.40  
# SERVICES = 5

REPORT DATE 08/22/12 SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207052	1	T1019	0580	08/11/12	08/11/12	40.00	168.80
207052	2	T1019	0580	08/12/12	08/12/12	40.00	168.80
207052	3	T1019	0580	08/13/12	08/13/12	32.00	135.04
207052	4	T1019	0580	08/14/12	08/14/12	32.00	135.04
207052	5	T1019	0580	08/15/12	08/15/12	32.00	135.04
207052	6	T1019	0580	08/16/12	08/16/12	32.00	135.04
207052	7	T1019	0580	08/17/12	08/17/12	32.00	135.04
CLAIM TOTAL						1,012.80	CLAIM ACCOUNT REF. 2070520012008266SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207054	1	S5130	0582	08/13/12	08/13/12	16.00	67.52
207054	2	S5130	0582	08/17/12	08/17/12	16.00	67.52
CLAIM TOTAL						135.04	CLAIM ACCOUNT REF. 2070540012009279SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009647 2009647 FERNANDEZ, NORKA 07/14/1948 715856872 102806651  
DIAGNOSIS CODES: 401.9 311. 492.8 715.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207051	1	T1019	0580	08/13/12	08/13/12	32.00	135.04
207051	2	T1019	0580	08/14/12	08/14/12	36.00	151.92
207051	3	T1019	0580	08/15/12	08/15/12	32.00	135.04
207051	4	T1019	0580	08/16/12	08/16/12	36.00	151.92
207051	5	T1019	0580	08/17/12	08/17/12	32.00	135.04
CLAIM TOTAL						708.96	CLAIM ACCOUNT REF. 2070510012009647SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207049	1	T1019	0580	08/13/12	08/13/12	24.00	101.28
207049	2	T1019	0580	08/14/12	08/14/12	24.00	101.28
207049	3	T1019	0580	08/15/12	08/15/12	24.00	101.28
207049	4	T1019	0580	08/16/12	08/16/12	24.00	101.28

REPORT DATE 08/22/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207049	5	T1019	0580	08/17/12	08/17/12	16.00	67.52
							CLAIM TOTAL
							472.64
							CLAIM ACCOUNT REF. 2070490012010724SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008406	2010728	YOUNG, KALEILE	06/17/1994	006532755	HP0008379
DIAGNOSIS	CODES: 319.	493.90	742.1			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207056	1	T1019	0580	08/11/12	08/11/12	16.00	67.52
207056	2	T1019	0580	08/12/12	08/12/12	16.00	67.52
207056	3	T1019	0580	08/13/12	08/13/12	8.00	33.76
207056	4	T1019	0580	08/14/12	08/14/12	8.00	33.76
207056	5	T1019	0580	08/15/12	08/15/12	8.00	33.76
207056	6	T1019	0580	08/16/12	08/16/12	8.00	33.76
207056	7	T1019	0580	08/17/12	08/17/12	8.00	33.76
							CLAIM TOTAL
							303.84
							CLAIM ACCOUNT REF. 2070560012010728SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008407	2010729	WALTERS, BYRON	05/18/2000	006600539	HP0000064
DIAGNOSIS	CODES: 319.	493.90	742.1			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207055	1	T1019	0580	08/11/12	08/11/12	20.00	84.40
207055	2	T1019	0580	08/12/12	08/12/12	20.00	84.40
207055	3	T1019	0580	08/13/12	08/13/12	12.00	50.64
207055	4	T1019	0580	08/14/12	08/14/12	12.00	50.64
207055	5	T1019	0580	08/15/12	08/15/12	12.00	50.64
207055	6	T1019	0580	08/16/12	08/16/12	12.00	50.64
207055	7	T1019	0580	08/17/12	08/17/12	12.00	50.64
							CLAIM TOTAL
							422.00
							CLAIM ACCOUNT REF. 2070550012010729SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207050	1	T1019	0580	08/13/12	08/13/12	16.00	67.52
207050	2	T1019	0580	08/14/12	08/14/12	16.00	67.52
207050	3	T1019	0580	08/16/12	08/16/12	16.00	67.52
207050	4	T1019	0580	08/17/12	08/17/12	16.00	67.52
							CLAIM TOTAL
							270.08
							CLAIM ACCOUNT REF. 2070500012010730SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008365 2010731 HARDING, EDNA 05/17/1956 006274884 HP0009108  
DIAGNOSIS CODES: 493.90 253.5 272.4 296.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
207053	1	T1019	0580	08/13/12	08/13/12	24.00	101.28	
207053	2	T1019	0580	08/14/12	08/14/12	24.00	101.28	
207053	3	T1019	0580	08/15/12	08/15/12	24.00	101.28	
207053	4	T1019	0580	08/16/12	08/16/12	24.00	101.28	
207053	5	T1019	0580	08/17/12	08/17/12	24.00	101.28	
					CLAIM TOTAL	506.40		CLAIM ACCOUNT REF. 2070530012010731SUP

PAYER TOTALS: AMERIGROUP NEW YORK,LLC                      # OF CLAIMS = 42    TOTAL CLAIM AMOUNT = 3,831.76  
# SERVICES = 8

REPORT DATE 08/22/12 SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

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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 2010018 2010959 HAWKINS S, MALIK JR 04/13/1993 5681 364551  
DIAGNOSIS CODES: 344.1 344.5 599.9

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
207060	1	T1019	1C	0570		08/13/12	08/13/12	10.00	159.00
207060	2	T1019	1C	0570		08/14/12	08/14/12	10.00	159.00
207060	3	T1019	1C	0570		08/15/12	08/15/12	9.75	155.03
207060	4	T1019	1C	0570		08/16/12	08/16/12	10.00	159.00
207060	5	T1019	1C	0570		08/17/12	08/17/12	10.00	159.00
CLAIM TOTAL									791.03
CLAIM ACCOUNT REF.									2070600012010959SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008258 2011073 RUIZ JR, SAMUEL 11/20/1971 6470 372708  
DIAGNOSIS CODES: 741.90 331.4 552.21

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
207061	1	T1019	1C	0570		08/13/12	08/13/12	5.00	79.50
207061	2	T1019	1C	0570		08/14/12	08/14/12	5.00	79.50
207061	3	T1019	1C	0570		08/15/12	08/15/12	5.00	79.50
207061	4	T1019	1C	0570		08/16/12	08/16/12	5.00	79.50
207061	5	T1019	1C	0570		08/17/12	08/17/12	5.00	79.50
CLAIM TOTAL									397.50
CLAIM ACCOUNT REF.									2070610012011073SUP

PAYER TOTALS: ICS # OF CLAIMS = 10 TOTAL CLAIM AMOUNT = 1,188.53  
# SERVICES = 2

REPORT DATE 08/22/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

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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                      2012081092600005  
DIAGNOSIS CODES:    V60.3       153.0       230.3       401.9       733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
207057	1	T1019	0580	08/15/12	08/15/12	36.00	151.92	
207057	2	T1019	0580	08/16/12	08/16/12	36.00	151.92	
207057	3	T1019	0580	08/17/12	08/17/12	36.00	151.92	
					CLAIM TOTAL		455.76	CLAIM ACCOUNT REF.    2070570012010800SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008396    2010804    ZAMBRANO, ZOILA                      12/03/1938    JSV04323R01                      2012081592600002  
DIAGNOSIS CODES:    250.11       272.0       401.9       435.9       586.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
207059	1	T1019	0580	08/14/12	08/14/12	16.00	67.52	
207059	2	T1019	0580	08/15/12	08/15/12	16.00	67.52	
207059	3	T1019	0580	08/16/12	08/16/12	16.00	67.52	
207059	4	T1019	0580	08/17/12	08/17/12	16.00	67.52	
					CLAIM TOTAL		270.08	CLAIM ACCOUNT REF.    2070590012010804SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008228    2010805    TOWLES, ADA                      12/10/1954    JZX17878Q01                      2012072392600008  
DIAGNOSIS CODES:    V61.9       401.9       722.10       724.3       750.7

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
207058	1	T1019	0580	08/13/12	08/13/12	16.00	67.52	
207058	2	T1019	0580	08/14/12	08/14/12	16.00	67.52	
207058	3	T1019	0580	08/15/12	08/15/12	16.00	67.52	
207058	4	T1019	0580	08/16/12	08/16/12	16.00	67.52	
					CLAIM TOTAL		270.08	CLAIM ACCOUNT REF.    2070580012010805SUP

PAYER TOTALS:    HEALTHCARE PARTNERS IPA I                      # OF CLAIMS =                      11    TOTAL CLAIM AMOUNT =                      995.92  
# SERVICES =                      3

PROVIDER TOTALS:    SUNNYSIDE CITYWIDE                      # OF CLAIMS =                      608    TOTAL CLAIM AMOUNT =                      70,397.33  
# SERVICES =                      114