

REPORT DATE 01/09/13 SUNNYSIDE CITYWIDE
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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
223908	1	T1020		12/29/12	12/29/12	7.00	118.09
223908	2	T1020		12/31/12	12/31/12	7.00	118.09
223908	3	T1020		01/01/13	01/01/13	7.00	118.09
223908	4	T1020		01/02/13	01/02/13	7.00	118.09
223908	5	T1020		01/03/13	01/03/13	7.00	118.09
223908	6	T1020		01/04/13	01/04/13	7.00	118.09
CLAIM TOTAL						708.54	CLAIM ACCOUNT REF. 2239080012008267SUP

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
223906	1	T1020		12/17/12	12/17/12	9.00	151.83
223906	2	T1020		12/18/12	12/18/12	9.00	151.83
223906	3	T1020		12/19/12	12/19/12	9.00	151.83
223906	4	T1020		12/20/12	12/20/12	9.00	151.83
223906	5	T1020		12/21/12	12/21/12	9.00	151.83
223906	6	T1020		12/24/12	12/24/12	9.00	151.83
223906	7	T1020		12/25/12	12/25/12	9.00	151.83
223906	8	T1020		12/26/12	12/26/12	9.00	151.83
223906	9	T1020		12/27/12	12/27/12	9.00	151.83
223906	10	T1020		12/28/12	12/28/12	9.00	151.83
223906	11	T1020		12/29/12	12/29/12	9.00	151.83
223906	12	T1020		12/30/12	12/30/12	9.00	151.83
CLAIM TOTAL						1,821.96	CLAIM ACCOUNT REF. 2239060012008268SUP

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
223903	1	T1020		01/02/13	01/02/13	7.00	118.09
223903	2	T1020		01/03/13	01/03/13	7.00	118.09
CLAIM TOTAL						236.18	CLAIM ACCOUNT REF. 2239030012008306SUP

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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 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
223902	1	T1020		12/29/12	12/29/12	7.00	118.09
223902	2	T1020		12/30/12	12/30/12	7.00	118.09
223902	3	T1020		12/31/12	12/31/12	7.00	118.09
223902	4	T1020		01/01/13	01/01/13	7.00	118.09
223902	5	T1020		01/02/13	01/02/13	7.00	118.09
223902	6	T1020		01/03/13	01/03/13	7.00	118.09
223902	7	T1020		01/04/13	01/04/13	7.00	118.09
CLAIM TOTAL							826.63

CLAIM ACCOUNT REF. 2239020012008386SUP

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
223907	1	T1020		01/01/13	01/01/13	4.00	67.48
223907	2	T1020		01/03/13	01/03/13	4.00	67.48
223907	3	T1020		01/04/13	01/04/13	5.00	84.35
CLAIM TOTAL							219.31

CLAIM ACCOUNT REF. 2239070012008400SUP

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
223909	1	T1020		12/29/12	12/29/12	9.00	151.83
223909	2	T1020		12/30/12	12/30/12	9.00	151.83
223909	3	T1020		12/31/12	12/31/12	9.00	151.83
223909	4	T1020		01/02/13	01/02/13	9.00	151.83
223909	5	T1020		01/03/13	01/03/13	9.00	151.83
223909	6	T1020		01/04/13	01/04/13	9.00	151.83
CLAIM TOTAL							910.98

CLAIM ACCOUNT REF. 2239090012010041SUP

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
223905	1	T1020		12/31/12	12/31/12	5.00	84.35
223905	2	T1020		01/01/13	01/01/13	5.00	84.35

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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	
223905	3	T1020		01/02/13	01/02/13	5.00	84.35	
223905	4	T1020		01/03/13	01/03/13	5.00	84.35	
223905	5	T1020		01/04/13	01/04/13	4.00	67.48	
					CLAIM TOTAL		404.88	CLAIM ACCOUNT REF. 2239050012010712SUP

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

DIAGNOSIS CODES: 748.60 253.5 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
223904	1	T1020		12/29/12	12/29/12	8.00	134.96	
223904	2	T1020		12/30/12	12/30/12	8.00	134.96	
223904	3	T1020		12/31/12	12/31/12	8.00	134.96	
223904	4	T1020		01/01/13	01/01/13	8.00	134.96	
223904	5	T1020		01/02/13	01/02/13	8.00	134.96	
223904	6	T1020		01/03/13	01/03/13	8.00	134.96	
223904	7	T1020		01/04/13	01/04/13	8.00	134.96	
					CLAIM TOTAL		944.72	CLAIM ACCOUNT REF. 2239040012011495SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	48	TOTAL CLAIM AMOUNT =	6,073.20
		# SERVICES =	8		

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
223888	1	T1019		01/02/13	01/02/13	16.00	67.52
223888	2	T1019		01/03/13	01/03/13	16.00	67.52
223888	3	T1019		01/04/13	01/04/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2238880012008261SUP

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
223894	1	T1019		12/29/12	12/29/12	24.00	101.28
223894	2	T1019		12/30/12	12/30/12	24.00	101.28
223894	3	T1019		12/31/12	12/31/12	24.00	101.28
223894	4	T1019		01/01/13	01/01/13	24.00	101.28
223894	5	T1019		01/02/13	01/02/13	24.00	101.28
223894	6	T1019		01/03/13	01/03/13	24.00	101.28
223894	7	T1019		01/04/13	01/04/13	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2238940012008263SUP

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
223899	1	T1019		12/29/12	12/29/12	40.00	168.80
223899	2	T1019		12/30/12	12/30/12	40.00	168.80
223899	3	T1019		12/31/12	12/31/12	35.00	147.70
223899	4	T1019		01/01/13	01/01/13	40.00	168.80
223899	5	T1019		01/02/13	01/02/13	40.00	168.80
223899	6	T1019		01/03/13	01/03/13	40.00	168.80
223899	7	T1019		01/04/13	01/04/13	40.00	168.80
CLAIM TOTAL							1,160.50
CLAIM ACCOUNT REF.							2238990012008265SUP

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
223901	1	T1019		12/29/12	12/29/12	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	
223901	2	T1019		12/30/12	12/30/12	16.00	67.52	
223901	3	T1019		12/31/12	12/31/12	24.00	101.28	
223901	4	T1019		01/02/13	01/02/13	24.00	101.28	
223901	5	T1019		01/03/13	01/03/13	24.00	101.28	
223901	6	T1019		01/04/13	01/04/13	24.00	101.28	
				CLAIM TOTAL		540.16		CLAIM ACCOUNT REF. 2239010012008303SUP

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	
223891	1	T1019		12/31/12	12/31/12	16.00	67.52	
223891	2	T1019		01/02/13	01/02/13	16.00	67.52	
223891	3	T1019		01/03/13	01/03/13	16.00	67.52	
223891	4	T1019		01/04/13	01/04/13	16.00	67.52	
				CLAIM TOTAL		270.08		CLAIM ACCOUNT REF. 2238910012008366SUP

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	
223886	1	T1019		12/16/12	12/16/12	28.00	118.16	
223886	2	T1019		12/21/12	12/21/12	28.00	118.16	
223886	3	T1019		12/22/12	12/22/12	28.00	118.16	
223886	4	T1019		12/23/12	12/23/12	28.00	118.16	
223886	5	T1019		12/29/12	12/29/12	28.00	118.16	
223886	6	T1019		12/31/12	12/31/12	32.00	135.04	
223886	7	T1019		01/02/13	01/02/13	28.00	118.16	
223886	8	T1019		01/03/13	01/03/13	28.00	118.16	
				CLAIM TOTAL		962.16		CLAIM ACCOUNT REF. 2238860012008403SUP

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	
223896	1	T1019		12/31/12	12/31/12	24.00	101.28	
223896	2	T1019		01/01/13	01/01/13	24.00	101.28	
223896	3	T1019		01/02/13	01/02/13	24.00	101.28	
223896	4	T1019		01/03/13	01/03/13	24.00	101.28	
223896	5	T1019		01/04/13	01/04/13	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	CLAIM ACCOUNT REF.
						CLAIM TOTAL	506.40	2238960012008421SUP

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	CLAIM ACCOUNT REF.
223895	1	T1019		12/28/12	12/28/12	24.00	101.28	
223895	2	T1019		12/29/12	12/29/12	24.00	101.28	
223895	3	T1019		12/31/12	12/31/12	24.00	101.28	
223895	4	T1019		01/02/13	01/02/13	24.00	101.28	
223895	5	T1019		01/03/13	01/03/13	24.00	101.28	
223895	6	T1019		01/04/13	01/04/13	24.00	101.28	
						CLAIM TOTAL	607.68	2238950012008422SUP

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	CLAIM ACCOUNT REF.
223900	1	T1019		12/31/12	12/31/12	16.00	67.52	
223900	2	T1019		01/01/13	01/01/13	16.00	67.52	
223900	3	T1019		01/03/13	01/03/13	16.00	67.52	
223900	4	T1019		01/04/13	01/04/13	16.00	67.52	
						CLAIM TOTAL	270.08	2239000012008425SUP

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	CLAIM ACCOUNT REF.
223889	1	T1019		12/29/12	12/29/12	40.00	168.80	
223889	2	T1019		12/30/12	12/30/12	40.00	168.80	
223889	3	T1019		12/31/12	12/31/12	40.00	168.80	
223889	4	T1019		01/01/13	01/01/13	40.00	168.80	
223889	5	T1019		01/02/13	01/02/13	40.00	168.80	
223889	6	T1019		01/03/13	01/03/13	40.00	168.80	
223889	7	T1019		01/04/13	01/04/13	40.00	168.80	
						CLAIM TOTAL	1,181.60	2238890012008427SUP

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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 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
223898	1	T1019		12/31/12	12/31/12	24.00	101.28
223898	2	T1019		01/01/13	01/01/13	24.00	101.28
223898	3	T1019		01/02/13	01/02/13	24.00	101.28
223898	4	T1019		01/03/13	01/03/13	24.00	101.28
223898	5	T1019		01/04/13	01/04/13	24.00	101.28
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2238980012008531SUP

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
223893	1	T1019		12/31/12	12/31/12	28.00	118.16
223893	2	T1019		01/02/13	01/02/13	28.00	118.16
223893	3	T1019		01/03/13	01/03/13	28.00	118.16
223893	4	T1019		01/04/13	01/04/13	28.00	118.16
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2238930012008742SUP

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
223887	1	T1019		12/31/12	12/31/12	16.00	67.52
223887	2	T1019		01/01/13	01/01/13	24.00	101.28
223887	3	T1019		01/02/13	01/02/13	24.00	101.28
223887	4	T1019		01/03/13	01/03/13	24.00	101.28
223887	5	T1019		01/04/13	01/04/13	24.00	101.28
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2238870012008802SUP

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
223892	1	T1019		12/29/12	12/29/12	44.00	185.68
223892	2	T1019		12/30/12	12/30/12	48.00	202.56
223892	3	T1019		12/31/12	12/31/12	48.00	202.56
223892	4	T1019		01/01/13	01/01/13	48.00	202.56

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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	
223892	5	T1019		01/02/13	01/02/13	48.00	202.56	
223892	6	T1019		01/03/13	01/03/13	48.00	202.56	
223892	7	T1019		01/04/13	01/04/13	44.00	185.68	
					CLAIM TOTAL		1,384.16	CLAIM ACCOUNT REF. 2238920012009356SUP

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	
223884	1	T1019		12/02/12	12/02/12	32.00	135.04	
223884	2	T1019		12/29/12	12/29/12	32.00	135.04	
223884	3	T1019		12/30/12	12/30/12	32.00	135.04	
223884	4	T1019		12/31/12	12/31/12	32.00	135.04	
223884	5	T1019		01/01/13	01/01/13	32.00	135.04	
223884	6	T1019		01/02/13	01/02/13	32.00	135.04	
223884	7	T1019		01/03/13	01/03/13	32.00	135.04	
223884	8	T1019		01/04/13	01/04/13	32.00	135.04	
					CLAIM TOTAL		1,080.32	CLAIM ACCOUNT REF. 2238840012010143SUP

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	
223897	1	T1019		12/24/12	12/24/12	20.00	84.40	
223897	2	T1019		12/25/12	12/25/12	20.00	84.40	
223897	3	T1019		12/28/12	12/28/12	20.00	84.40	
223897	4	T1019		12/31/12	12/31/12	20.00	84.40	
223897	5	T1019		01/01/13	01/01/13	20.00	84.40	
223897	6	T1019		01/02/13	01/02/13	20.00	84.40	
223897	7	T1019		01/03/13	01/03/13	20.00	84.40	
223897	8	T1019		01/04/13	01/04/13	20.00	84.40	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2238970012010353SUP

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	
223890	1	T1019		12/29/12	12/29/12	24.00	101.28	
223890	2	T1019		12/30/12	12/30/12	24.00	101.28	
223890	3	T1019		12/31/12	12/31/12	24.00	101.28	

REPORT DATE 01/09/13 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	
223890	4	T1019		01/01/13	01/01/13	28.00	118.16	
223890	5	T1019		01/02/13	01/02/13	24.00	101.28	
223890	6	T1019		01/03/13	01/03/13	28.00	118.16	
					CLAIM TOTAL		641.44	CLAIM ACCOUNT REF. 2238900012010639SUP

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	
223885	1	T1019		12/31/12	12/31/12	36.00	151.92	
223885	2	T1019		01/02/13	01/02/13	36.00	151.92	
223885	3	T1019		01/03/13	01/03/13	36.00	151.92	
223885	4	T1019		01/04/13	01/04/13	36.00	151.92	
					CLAIM TOTAL		607.68	CLAIM ACCOUNT REF. 2238850012010878SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	104	TOTAL CLAIM AMOUNT =	12,250.66
		# SERVICES =	18		

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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 0106191290349
DIAGNOSIS CODES: 356.9 348.2 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
223932	1	T1019		12/29/12	12/29/12	4.00	68.60
223932	2	T1019		12/30/12	12/30/12	4.00	68.60
223932	3	T1019		12/31/12	12/31/12	12.00	205.80
223932	4	T1019		01/02/13	01/02/13	12.00	205.80
223932	5	T1019		01/03/13	01/03/13	12.00	205.80
223932	6	T1019		01/04/13	01/04/13	12.00	205.80
CLAIM TOTAL						960.40	CLAIM ACCOUNT REF. 2239320012008233SUP

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
223939	1	T1019		12/29/12	12/29/12	8.00	137.20
223939	2	T1019		12/30/12	12/30/12	8.00	137.20
223939	3	T1019		12/31/12	12/31/12	11.00	188.65
223939	4	T1019		01/01/13	01/01/13	11.00	188.65
223939	5	T1019		01/02/13	01/02/13	11.00	188.65
223939	6	T1019		01/03/13	01/03/13	11.00	188.65
223939	7	T1019		01/04/13	01/04/13	11.00	188.65
CLAIM TOTAL						1,217.65	CLAIM ACCOUNT REF. 2239390012008236SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008237 2008237 DURHAM, CYNTHIA 05/23/1960 ZB21969Z 0107031290005
DIAGNOSIS CODES: 401.9 250.00 300.00 345.90 493.90 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
223935	1	T1019		12/31/12	12/31/12	4.00	68.60
223935	2	T1019		01/01/13	01/01/13	4.00	68.60
223935	3	T1019		01/02/13	01/02/13	4.00	68.60
223935	4	T1019		01/03/13	01/03/13	4.00	68.60
223935	5	T1019		01/04/13	01/04/13	4.00	68.60
CLAIM TOTAL						343.00	CLAIM ACCOUNT REF. 2239350012008237SUP

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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
223931	1	T1019		12/29/12	12/29/12	3.00	51.45
223931	2	T1019		12/30/12	12/30/12	2.00	34.30
223931	3	T1019		12/31/12	12/31/12	5.00	85.75
223931	4	T1019		01/01/13	01/01/13	5.00	85.75
223931	5	T1019		01/02/13	01/02/13	5.00	85.75
223931	6	T1019		01/03/13	01/03/13	5.00	85.75
223931	7	T1019		01/04/13	01/04/13	5.00	85.75
CLAIM TOTAL							514.50
							CLAIM ACCOUNT REF. 2239310012008284SUP

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
223937	1	T1019		12/25/12	12/25/12	8.00	137.20
223937	2	T1019		12/31/12	12/31/12	8.00	137.20
223937	3	T1019		01/01/13	01/01/13	8.00	137.20
223937	4	T1019		01/02/13	01/02/13	8.00	137.20
223937	5	T1019		01/03/13	01/03/13	7.75	132.91
223937	6	T1019		01/04/13	01/04/13	8.00	137.20
CLAIM TOTAL							818.91
							CLAIM ACCOUNT REF. 2239370012008385SUP

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
223936	1	T1019		12/29/12	12/29/12	5.00	85.75
223936	2	T1019		12/30/12	12/30/12	5.00	85.75
223936	3	T1019		12/31/12	12/31/12	5.00	85.75
223936	4	T1019		01/01/13	01/01/13	5.00	85.75
223936	5	T1019		01/02/13	01/02/13	5.00	85.75
223936	6	T1019		01/03/13	01/03/13	5.00	85.75
223936	7	T1019		01/04/13	01/04/13	5.00	85.75
CLAIM TOTAL							600.25
							CLAIM ACCOUNT REF. 2239360012008417SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
223941	1	T1019		12/31/12	12/31/12	8.00	137.20
223941	2	T1019		01/02/13	01/02/13	8.00	137.20
223941	3	T1019		01/03/13	01/03/13	8.00	137.20
CLAIM TOTAL							411.60
CLAIM ACCOUNT REF.							2239410012008418SUP

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
223933	1	T1019		12/29/12	12/29/12	10.00	171.50
223933	2	T1019		12/30/12	12/30/12	10.00	171.50
223933	3	T1019		12/31/12	12/31/12	10.00	171.50
223933	4	T1019		01/02/13	01/02/13	10.00	171.50
223933	5	T1019		01/03/13	01/03/13	10.00	171.50
223933	6	T1019		01/04/13	01/04/13	8.00	137.20
CLAIM TOTAL							994.70
CLAIM ACCOUNT REF.							2239330012008743SUP

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
223942	1	T1019		12/22/12	12/22/12	5.00	85.75
223942	2	T1019		12/23/12	12/23/12	5.00	85.75
223942	3	T1019		12/29/12	12/29/12	5.00	85.75
223942	4	T1019		12/30/12	12/30/12	5.00	85.75
223942	5	T1019		12/31/12	12/31/12	5.00	85.75
223942	6	T1019		01/01/13	01/01/13	5.00	85.75
223942	7	T1019		01/02/13	01/02/13	5.00	85.75
223942	8	T1019		01/03/13	01/03/13	5.00	85.75
223942	9	T1019		01/04/13	01/04/13	5.00	85.75
CLAIM TOTAL							771.75
CLAIM ACCOUNT REF.							2239420012009377SUP

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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 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	
223940	1	T1019		12/20/12	12/20/12	3.00	51.45	
223940	2	T1019		12/27/12	12/27/12	3.00	51.45	
223940	3	T1019		12/29/12	12/29/12	8.00	137.20	
223940	4	T1019		12/31/12	12/31/12	3.00	51.45	
223940	5	T1019		01/02/13	01/02/13	3.00	51.45	
223940	6	T1019		01/03/13	01/03/13	3.00	51.45	
223940	7	T1019		01/04/13	01/04/13	4.00	68.60	
					CLAIM TOTAL		463.05	CLAIM ACCOUNT REF. 2239400012009688SUP

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	
223938	1	T1019		12/31/12	12/31/12	8.00	137.20	
223938	2	T1019		01/01/13	01/01/13	8.00	137.20	
223938	3	T1019		01/02/13	01/02/13	8.00	137.20	
223938	4	T1019		01/03/13	01/03/13	8.00	137.20	
223938	5	T1019		01/04/13	01/04/13	8.00	137.20	
					CLAIM TOTAL		686.00	CLAIM ACCOUNT REF. 2239380012010886SUP

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	
223934	1	T1019		12/29/12	12/29/12	24.00	411.60	
223934	2	T1019		12/30/12	12/30/12	24.00	411.60	
223934	3	T1019		12/31/12	12/31/12	24.00	411.60	
223934	4	T1019		01/01/13	01/01/13	24.00	411.60	
223934	5	T1019		01/02/13	01/02/13	24.00	411.60	
223934	6	T1019		01/03/13	01/03/13	24.00	411.60	
					CLAIM TOTAL		2,469.60	CLAIM ACCOUNT REF. 2239340012011286SUP

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

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	74	TOTAL CLAIM AMOUNT =	10,251.41
		# SERVICES =	12		

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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
223971	1	T1019		12/13/12	12/13/12	36.00	154.80
223971	2	T1019		12/29/12	12/29/12	36.00	154.80
223971	3	T1019		12/30/12	12/30/12	36.00	154.80
223971	4	T1019		12/31/12	12/31/12	36.00	154.80
223971	5	T1019		01/02/13	01/02/13	36.00	154.80
223971	6	T1019		01/03/13	01/03/13	36.00	154.80
223971	7	T1019		01/04/13	01/04/13	36.00	154.80
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2239710012008286SUP

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
223958	1	T1019		12/29/12	12/29/12	24.00	103.20
223958	2	T1019		12/30/12	12/30/12	24.00	103.20
223958	3	T1019		12/31/12	12/31/12	24.00	103.20
223958	4	T1019		01/01/13	01/01/13	24.00	103.20
223958	5	T1019		01/02/13	01/02/13	24.00	103.20
223958	6	T1019		01/03/13	01/03/13	24.00	103.20
223958	7	T1019		01/04/13	01/04/13	24.00	103.20
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2239580012008495SUP

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
223951	1	T1019		12/29/12	12/29/12	28.00	120.40
223951	2	T1019		12/30/12	12/30/12	28.00	120.40
223951	3	T1019		12/31/12	12/31/12	28.00	120.40
223951	4	T1019		01/01/13	01/01/13	28.00	120.40
223951	5	T1019		01/02/13	01/02/13	28.00	120.40
223951	6	T1019		01/03/13	01/03/13	28.00	120.40
223951	7	T1019		01/04/13	01/04/13	28.00	120.40
CLAIM TOTAL						842.80	CLAIM ACCOUNT REF. 2239510012010404SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
223944	1	T1019		12/29/12	12/29/12	28.00	120.40
223944	2	T1019		12/30/12	12/30/12	28.00	120.40
223944	3	T1019		12/31/12	12/31/12	28.00	120.40
223944	4	T1019		01/01/13	01/01/13	28.00	120.40
223944	5	T1019		01/02/13	01/02/13	28.00	120.40
223944	6	T1019		01/03/13	01/03/13	28.00	120.40
223944	7	T1019		01/04/13	01/04/13	28.00	120.40
CLAIM TOTAL						842.80	
							CLAIM ACCOUNT REF. 2239440012012101SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
223945	1	T1019		12/31/12	12/31/12	16.00	68.80
223945	2	T1019		01/01/13	01/01/13	16.00	68.80
223945	3	T1019		01/02/13	01/02/13	16.00	68.80
223945	4	T1019		01/03/13	01/03/13	16.00	68.80
223945	5	T1019		01/04/13	01/04/13	16.00	68.80
CLAIM TOTAL						344.00	
							CLAIM ACCOUNT REF. 2239450012012102SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
223946	1	T1019		12/15/12	12/15/12	20.00	86.00
223946	2	T1019		12/29/12	12/29/12	20.00	86.00
223946	3	T1019		12/30/12	12/30/12	20.00	86.00
CLAIM TOTAL						258.00	
							CLAIM ACCOUNT REF. 2239460012012103SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012106 2012106 CORNIEL, NICIA 01/01/1950 663394 111205505
DIAGNOSIS CODES: 250.02

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
223947	1	T1019		01/01/13	01/01/13	16.00	68.80
223947	2	T1019		01/02/13	01/02/13	16.00	68.80
223947	3	T1019		01/03/13	01/03/13	16.00	68.80

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	206.40	2239470012012106SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
223948	1	T1019		01/01/13	01/01/13	32.00	137.60	
223948	2	T1019		01/02/13	01/02/13	32.00	137.60	
						CLAIM TOTAL	275.20	2239480012012107SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
223949	1	T1019		12/17/12	12/17/12	24.00	103.20	
223949	2	T1019		12/18/12	12/18/12	24.00	103.20	
223949	3	T1019		12/19/12	12/19/12	24.00	103.20	
223949	4	T1019		12/20/12	12/20/12	24.00	103.20	
223949	5	T1019		12/21/12	12/21/12	24.00	103.20	
223949	6	T1019		12/24/12	12/24/12	24.00	103.20	
223949	7	T1019		12/25/12	12/25/12	24.00	103.20	
223949	8	T1019		12/26/12	12/26/12	24.00	103.20	
223949	9	T1019		12/27/12	12/27/12	24.00	103.20	
223949	10	T1019		12/31/12	12/31/12	24.00	103.20	
223949	11	T1019		01/01/13	01/01/13	24.00	103.20	
223949	12	T1019		01/02/13	01/02/13	24.00	103.20	
223949	13	T1019		01/03/13	01/03/13	24.00	103.20	
223949	14	T1019		01/04/13	01/04/13	24.00	103.20	
						CLAIM TOTAL	1,444.80	2239490012012108SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
223950	1	T1019		12/31/12	12/31/12	16.00	68.80	
223950	2	T1019		01/04/13	01/04/13	16.00	68.80	
						CLAIM TOTAL	137.60	2239500012012110SUP

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REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012114 2012114 GUERRERO, FIRPO A 06/13/1929 698839 111209283
DIAGNOSIS CODES: 331.0 290.0 311. 401.9 600.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
223952	1	T1019		12/29/12	12/29/12	48.00	206.40
223952	2	T1019		12/31/12	12/31/12	36.00	154.80
223952	3	T1019		01/01/13	01/01/13	48.00	206.40
223952	4	T1019		01/02/13	01/02/13	36.00	154.80
223952	5	T1019		01/03/13	01/03/13	48.00	206.40
CLAIM TOTAL							928.80

CLAIM ACCOUNT REF. 2239520012012114SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
223953	1	T1019		12/31/12	12/31/12	12.00	51.60
223953	2	T1019		01/02/13	01/02/13	12.00	51.60
CLAIM TOTAL							103.20

CLAIM ACCOUNT REF. 2239530012012115SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
223954	1	T1019		12/29/12	12/29/12	20.00	86.00
223954	2	T1019		12/30/12	12/30/12	20.00	86.00
223954	3	T1019		12/31/12	12/31/12	16.00	68.80
223954	4	T1019		01/01/13	01/01/13	16.00	68.80
223954	5	T1019		01/02/13	01/02/13	16.00	68.80
223954	6	T1019		01/03/13	01/03/13	16.00	68.80
223954	7	T1019		01/04/13	01/04/13	16.00	68.80
CLAIM TOTAL							516.00

CLAIM ACCOUNT REF. 2239540012012117SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
223955	1	T1019		12/31/12	12/31/12	20.00	86.00
223955	2	T1019		01/01/13	01/01/13	20.00	86.00
223955	3	T1019		01/02/13	01/02/13	20.00	86.00
223955	4	T1019		01/03/13	01/03/13	20.00	86.00

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
223955	5	T1019		01/04/13	01/04/13	20.00	86.00	
					CLAIM TOTAL		430.00	CLAIM ACCOUNT REF. 2239550012012120SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
223960	1	T1019		12/29/12	12/29/12	32.00	137.60	
223960	2	T1019		12/30/12	12/30/12	32.00	137.60	
223960	3	T1019		12/31/12	12/31/12	32.00	137.60	
223960	4	T1019		01/01/13	01/01/13	32.00	137.60	
223960	5	T1019		01/02/13	01/02/13	32.00	137.60	
223960	6	T1019		01/03/13	01/03/13	32.00	137.60	
223960	7	T1019		01/04/13	01/04/13	32.00	137.60	
					CLAIM TOTAL		963.20	CLAIM ACCOUNT REF. 2239600012012121SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012122	2012122	MORALES, FRANCISCO	12/03/1935	744366	111218452
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
223961	1	T1019		12/29/12	12/29/12	20.00	86.00	
223961	2	T1019		12/30/12	12/30/12	20.00	86.00	
223961	3	T1019		12/31/12	12/31/12	20.00	86.00	
223961	4	T1019		01/01/13	01/01/13	20.00	86.00	
223961	5	T1019		01/02/13	01/02/13	20.00	86.00	
223961	6	T1019		01/03/13	01/03/13	20.00	86.00	
223961	7	T1019		01/04/13	01/04/13	20.00	86.00	
					CLAIM TOTAL		602.00	CLAIM ACCOUNT REF. 2239610012012122SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012123	2012123	MORENO, BRUNILDA	03/19/1942	744490	111218620
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
223962	1	T1019		12/19/12	12/19/12	20.00	86.00	
223962	2	T1019		12/20/12	12/20/12	20.00	86.00	
223962	3	T1019		12/21/12	12/21/12	20.00	86.00	
					CLAIM TOTAL		258.00	CLAIM ACCOUNT REF. 2239620012012123SUP

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REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012130	2012130	NAVARRO, ANTONIA	07/23/1945	710368	111219033
DIAGNOSIS CODES: 493.92 311. 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
223964	1	T1019		12/08/12	12/08/12	20.00	86.00
CLAIM TOTAL							86.00
CLAIM ACCOUNT REF.							2239640012012130SUP

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
223965	1	T1019		12/31/12	12/31/12	28.00	120.40
223965	2	T1019		01/01/13	01/01/13	28.00	120.40
223965	3	T1019		01/02/13	01/02/13	28.00	120.40
223965	4	T1019		01/03/13	01/03/13	28.00	120.40
223965	5	T1019		01/04/13	01/04/13	28.00	120.40
CLAIM TOTAL							602.00
CLAIM ACCOUNT REF.							2239650012012130SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
223978	1	T1019		12/31/12	12/31/12	28.00	120.40
223978	2	T1019		01/01/13	01/01/13	28.00	120.40
223978	3	T1019		01/02/13	01/02/13	28.00	120.40
223978	4	T1019		01/03/13	01/03/13	28.00	120.40
223978	5	T1019		01/04/13	01/04/13	28.00	120.40
CLAIM TOTAL							602.00
CLAIM ACCOUNT REF.							2239780012012134SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
223980	1	T1019		12/31/12	12/31/12	32.00	137.60
223980	2	T1019		01/01/13	01/01/13	32.00	137.60
223980	3	T1019		01/02/13	01/02/13	32.00	137.60
223980	4	T1019		01/03/13	01/03/13	32.00	137.60
223980	5	T1019		01/04/13	01/04/13	32.00	137.60
CLAIM TOTAL							688.00
CLAIM ACCOUNT REF.							2239800012012137SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
223981	1	T1019		01/01/13	01/01/13	16.00	68.80
223981	2	T1019		01/02/13	01/02/13	16.00	68.80
223981	3	T1019		01/03/13	01/03/13	16.00	68.80
223981	4	T1019		01/04/13	01/04/13	16.00	68.80
CLAIM TOTAL							275.20
CLAIM ACCOUNT REF.							2239810012012138SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012140 2012140 PATRICK, IMAGENE 03/27/1930 737028 111209513
DIAGNOSIS CODES: 294.10 153.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
223966	1	T1019		12/29/12	12/29/12	32.00	137.60
223966	2	T1019		12/31/12	12/31/12	32.00	137.60
CLAIM TOTAL							275.20
CLAIM ACCOUNT REF.							2239660012012140SUP

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
223967	1	T1019		01/01/13	01/01/13	32.00	137.60
223967	2	T1019		01/02/13	01/02/13	32.00	137.60
223967	3	T1019		01/03/13	01/03/13	32.00	137.60
223967	4	T1019		01/04/13	01/04/13	32.00	137.60
CLAIM TOTAL							550.40
CLAIM ACCOUNT REF.							2239670012012140SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
223977	1	T1019		12/12/12	12/12/12	16.00	68.80
223977	2	T1019		12/14/12	12/14/12	16.00	68.80
223977	3	T1019		12/17/12	12/17/12	16.00	68.80
223977	4	T1019		12/19/12	12/19/12	16.00	68.80
223977	5	T1019		12/21/12	12/21/12	16.00	68.80
223977	6	T1019		12/24/12	12/24/12	16.00	68.80
223977	7	T1019		12/26/12	12/26/12	16.00	68.80
223977	8	T1019		12/28/12	12/28/12	16.00	68.80

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
223977	9	T1019		12/31/12	12/31/12	16.00	68.80	
223977	10	T1019		01/02/13	01/02/13	16.00	68.80	
223977	11	T1019		01/04/13	01/04/13	16.00	68.80	
					CLAIM TOTAL		756.80	CLAIM ACCOUNT REF. 2239770012012141SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012142	2012142	MEDINA, MARTHA	01/11/1944	697570	111217848
DIAGNOSIS	CODES:	799.89				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
223959	1	T1019		12/31/12	12/31/12	12.00	51.60	
223959	2	T1019		01/01/13	01/01/13	12.00	51.60	
223959	3	T1019		01/02/13	01/02/13	12.00	51.60	
223959	4	T1019		01/03/13	01/03/13	12.00	51.60	
223959	5	T1019		01/04/13	01/04/13	12.00	51.60	
					CLAIM TOTAL		258.00	CLAIM ACCOUNT REF. 2239590012012142SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012143	2012143	MURPHY, RUBY	04/13/1955	698832	111218894
DIAGNOSIS	CODES:	799.89				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
223963	1	T1019		01/02/13	01/02/13	16.00	68.80	
223963	2	T1019		01/03/13	01/03/13	16.00	68.80	
223963	3	T1019		01/04/13	01/04/13	16.00	68.80	
					CLAIM TOTAL		206.40	CLAIM ACCOUNT REF. 2239630012012143SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
223970	1	T1019		12/31/12	12/31/12	20.00	86.00	
223970	2	T1019		01/02/13	01/02/13	20.00	86.00	
223970	3	T1019		01/04/13	01/04/13	20.00	86.00	
					CLAIM TOTAL		258.00	CLAIM ACCOUNT REF. 2239700012012144SUP

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
223968	1	T1019		12/31/12	12/31/12	16.00	68.80

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	68.80	2239680012012145SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012146	2012146	PERALTA, INEZ	08/18/1942	715489	111220390
DIAGNOSIS CODES: 799.89						

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
223969	1	T1019		12/31/12	12/31/12	16.00	68.80	
						CLAIM TOTAL	68.80	2239690012012146SUP

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	CLAIM ACCOUNT REF.
223972	1	T1019		12/31/12	12/31/12	20.00	86.00	
223972	2	T1019		01/01/13	01/01/13	20.00	86.00	
223972	3	T1019		01/02/13	01/02/13	20.00	86.00	
223972	4	T1019		01/03/13	01/03/13	20.00	86.00	
						CLAIM TOTAL	344.00	2239720012012147SUP

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: 799.89						

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
223973	1	T1019		12/29/12	12/29/12	32.00	137.60	
223973	2	T1019		01/01/13	01/01/13	32.00	137.60	
223973	3	T1019		01/02/13	01/02/13	32.00	137.60	
223973	4	T1019		01/03/13	01/03/13	32.00	137.60	
223973	5	T1019		01/04/13	01/04/13	32.00	137.60	
						CLAIM TOTAL	688.00	2239730012012149SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
223974	1	T1019		12/28/12	12/28/12	16.00	68.80	
223974	2	T1019		12/31/12	12/31/12	16.00	68.80	
223974	3	T1019		01/04/13	01/04/13	16.00	68.80	
						CLAIM TOTAL	206.40	2239740012012153SUP

REPORT DATE 01/09/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013010904125126RRSUP

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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 2012154 2012154 RODRIGUEZ, FRANKLIN 12/08/2012 697529 111223936
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
223975	1	T1019		12/29/12	12/29/12	24.00	103.20
223975	2	T1019		12/31/12	12/31/12	24.00	103.20
223975	3	T1019		01/01/13	01/01/13	24.00	103.20
223975	4	T1019		01/02/13	01/02/13	24.00	103.20
223975	5	T1019		01/03/13	01/03/13	24.00	103.20
223975	6	T1019		01/04/13	01/04/13	24.00	103.20
CLAIM TOTAL						619.20	CLAIM ACCOUNT REF. 2239750012012154SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012155 2012155 SANCHEZ, BETANIA 05/10/1956 706048 111227610
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
223976	1	T1019		12/10/12	12/10/12	16.00	68.80
223976	2	T1019		12/11/12	12/11/12	20.00	86.00
223976	3	T1019		12/12/12	12/12/12	20.00	86.00
223976	4	T1019		12/13/12	12/13/12	20.00	86.00
223976	5	T1019		12/14/12	12/14/12	20.00	86.00
223976	6	T1019		12/17/12	12/17/12	20.00	86.00
223976	7	T1019		12/18/12	12/18/12	20.00	86.00
223976	8	T1019		12/19/12	12/19/12	20.00	86.00
223976	9	T1019		12/20/12	12/20/12	20.00	86.00
223976	10	T1019		12/21/12	12/21/12	20.00	86.00
223976	11	T1019		12/24/12	12/24/12	20.00	86.00
223976	12	T1019		12/26/12	12/26/12	20.00	86.00
223976	13	T1019		12/27/12	12/27/12	20.00	86.00
223976	14	T1019		12/28/12	12/28/12	20.00	86.00
223976	15	T1019		12/31/12	12/31/12	20.00	86.00
223976	16	T1019		01/02/13	01/02/13	20.00	86.00
223976	17	T1019		01/03/13	01/03/13	16.00	68.80
CLAIM TOTAL						1,427.60	CLAIM ACCOUNT REF. 2239760012012155SUP

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
223956	1	T1019		12/29/12	12/29/12	48.00	206.40
223956	2	T1019		12/30/12	12/30/12	48.00	206.40

REPORT DATE 01/09/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
223956	3	T1019		12/31/12	12/31/12	48.00	206.40	
223956	4	T1019		01/02/13	01/02/13	48.00	206.40	
223956	5	T1019		01/03/13	01/03/13	48.00	206.40	
223956	6	T1019		01/04/13	01/04/13	48.00	206.40	
				CLAIM TOTAL		1,238.40		CLAIM ACCOUNT REF. 2239560012012158SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
223957	1	T1019		12/08/12	12/08/12	48.00	206.40	
223957	2	T1019		12/29/12	12/29/12	48.00	206.40	
223957	3	T1019		12/30/12	12/30/12	48.00	206.40	
223957	4	T1019		12/31/12	12/31/12	48.00	206.40	
223957	5	T1019		01/01/13	01/01/13	48.00	206.40	
223957	6	T1019		01/02/13	01/02/13	48.00	206.40	
223957	7	T1019		01/03/13	01/03/13	48.00	206.40	
223957	8	T1019		01/04/13	01/04/13	48.00	206.40	
				CLAIM TOTAL		1,651.20		CLAIM ACCOUNT REF. 2239570012012159SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012161	2012161	ALONSO, ANA	03/02/1943	739934	111204846
DIAGNOSIS	CODES:	733.09	253.5	272.4			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
223943	1	T1019		12/10/12	12/10/12	20.00	86.00	
223943	2	T1019		12/11/12	12/11/12	20.00	86.00	
223943	3	T1019		12/12/12	12/12/12	20.00	86.00	
223943	4	T1019		12/13/12	12/13/12	20.00	86.00	
223943	5	T1019		12/14/12	12/14/12	20.00	86.00	
223943	6	T1019		12/15/12	12/15/12	20.00	86.00	
223943	7	T1019		12/16/12	12/16/12	20.00	86.00	
223943	8	T1019		12/17/12	12/17/12	20.00	86.00	
223943	9	T1019		12/18/12	12/18/12	20.00	86.00	
223943	10	T1019		12/19/12	12/19/12	20.00	86.00	
223943	11	T1019		12/20/12	12/20/12	20.00	86.00	
223943	12	T1019		12/21/12	12/21/12	20.00	86.00	
223943	13	T1019		12/22/12	12/22/12	20.00	86.00	
223943	14	T1019		12/23/12	12/23/12	20.00	86.00	
223943	15	T1019		12/24/12	12/24/12	20.00	86.00	
223943	16	T1019		12/25/12	12/25/12	20.00	86.00	
223943	17	T1019		12/26/12	12/26/12	20.00	86.00	

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NPI = 1154407492

2,236.00	CLAIM ACCOUNT REF.	2239430012012161SUP
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PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2239790012012266SUP

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	223	TOTAL CLAIM AMOUNT =	23,839.20
		# SERVICES =	37		

REPORT DATE 01/09/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 55247 HEALTH INSURANCE PLAN

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
223928	1	T1019	0580	11/21/12	11/21/12	40.00	168.80
223928	2	T1019	0580	11/22/12	11/22/12	40.00	168.80
223928	3	T1019	0580	12/06/12	12/06/12	40.00	168.80
223928	4	T1019	0580	12/11/12	12/11/12	40.00	168.80
223928	5	T1019	0580	12/31/12	12/31/12	40.00	168.80
223928	6	T1019	0580	01/01/13	01/01/13	40.00	168.80
223928	7	T1019	0580	01/02/13	01/02/13	40.00	168.80
223928	8	T1019	0580	01/03/13	01/03/13	40.00	168.80
CLAIM TOTAL						1,350.40	CLAIM ACCOUNT REF. 2239280012008491SUP

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
223930	1	T1019	0580	12/31/12	12/31/12	16.00	67.52
223930	2	T1019	0580	01/01/13	01/01/13	16.00	67.52
223930	3	T1019	0580	01/02/13	01/02/13	16.00	67.52
223930	4	T1019	0580	01/03/13	01/03/13	16.00	67.52
223930	5	T1019	0580	01/04/13	01/04/13	16.00	67.52
CLAIM TOTAL						337.60	CLAIM ACCOUNT REF. 2239300012008513SUP

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
223929	1	T1019	0580	12/29/12	12/29/12	20.00	84.40
223929	2	T1019	0580	01/03/13	01/03/13	20.00	84.40
223929	3	T1019	0580	01/04/13	01/04/13	20.00	84.40
CLAIM TOTAL						253.20	CLAIM ACCOUNT REF. 2239290012008544SUP

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
223922	1	T1019	0580	01/01/13	01/01/13	16.00	56.00
223922	2	T1019	0580	01/03/13	01/03/13	16.00	56.00

REPORT DATE 01/09/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013010904125126RRSUP

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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
223922	3	T1019	0580	01/04/13	01/04/13	16.00	56.00
							CLAIM TOTAL
							168.00 CLAIM ACCOUNT REF. 2239220012008723SUP

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
223915	1	T1019	0580	12/29/12	12/29/12	48.00	168.00
223915	2	T1019	0580	12/30/12	12/30/12	48.00	168.00
223915	3	T1019	0580	12/31/12	12/31/12	48.00	168.00
223915	4	T1019	0580	01/01/13	01/01/13	48.00	168.00
223915	5	T1019	0580	01/02/13	01/02/13	48.00	168.00
223915	6	T1019	0580	01/03/13	01/03/13	48.00	168.00
223915	7	T1019	0580	01/04/13	01/04/13	48.00	168.00
							CLAIM TOTAL
							1,176.00 CLAIM ACCOUNT REF. 2239150012008793SUP

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
223924	1	T1019	0580	12/29/12	12/29/12	32.00	112.00
223924	2	T1019	0580	12/30/12	12/30/12	32.00	112.00
223924	3	T1019	0580	12/31/12	12/31/12	32.00	112.00
							CLAIM TOTAL
							336.00 CLAIM ACCOUNT REF. 2239240012009237SUP

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
223925	1	T1019	0580	01/01/13	01/01/13	32.00	112.00
223925	2	T1019	0580	01/02/13	01/02/13	32.00	112.00
223925	3	T1019	0580	01/03/13	01/03/13	32.00	112.00
223925	4	T1019	0580	01/04/13	01/04/13	32.00	112.00
							CLAIM TOTAL
							448.00 CLAIM ACCOUNT REF. 2239250012009237SUP

REPORT DATE 01/09/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 55247 HEALTH INSURANCE PLAN

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 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
223926	1	T1019	0580	12/31/12	12/31/12	16.00	67.52
223926	2	T1019	0580	01/01/13	01/01/13	16.00	67.52
223926	3	T1019	0580	01/02/13	01/02/13	16.00	67.52
223926	4	T1019	0580	01/03/13	01/03/13	16.00	67.52
223926	5	T1019	0580	01/04/13	01/04/13	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2239260012009406SUP

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
223927	1	T1019	0580	01/02/13	01/02/13	40.00	168.80
223927	2	T1019	0580	01/03/13	01/03/13	40.00	168.80
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2239270012009562SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009686 2009686 GAFFNEY, FREDERICK 01/04/1939 RH10373H 0005177081-002
DIAGNOSIS CODES: 315.8 357.4 389.8 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
223918	1	T1019	0580	12/31/12	12/31/12	16.00	56.00
223918	2	T1019	0580	01/02/13	01/02/13	16.00	56.00
CLAIM TOTAL							112.00

CLAIM ACCOUNT REF. 2239180012009686SUP

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
223920	1	T1019	0580	12/29/12	12/29/12	28.00	98.00
223920	2	T1019	0580	12/30/12	12/30/12	28.00	98.00
223920	3	T1019	0580	12/31/12	12/31/12	28.00	98.00
223920	4	T1019	0580	01/02/13	01/02/13	28.00	98.00
223920	5	T1019	0580	01/03/13	01/03/13	28.00	98.00
223920	6	T1019	0580	01/04/13	01/04/13	28.00	98.00
CLAIM TOTAL							588.00

CLAIM ACCOUNT REF. 2239200012009945SUP

REPORT DATE 01/09/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 55247 HEALTH INSURANCE PLAN

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 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
223914	1	T1019	0580	11/27/12	11/27/12	24.00	84.00
223914	2	T1019	0580	12/31/12	12/31/12	20.00	70.00
223914	3	T1019	0580	01/03/13	01/03/13	20.00	70.00
223914	4	T1019	0580	01/04/13	01/04/13	20.00	70.00
CLAIM TOTAL							294.00
CLAIM ACCOUNT REF.							2239140012010293SUP

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
223923	1	T1019	0580	12/29/12	12/29/12	48.00	168.00
223923	2	T1019	0580	12/30/12	12/30/12	48.00	168.00
223923	3	T1019	0580	12/31/12	12/31/12	36.00	126.00
223923	4	T1019	0580	01/01/13	01/01/13	48.00	168.00
223923	5	T1019	0580	01/02/13	01/02/13	48.00	168.00
223923	6	T1019	0580	01/03/13	01/03/13	48.00	168.00
223923	7	T1019	0580	01/04/13	01/04/13	48.00	168.00
CLAIM TOTAL							1,134.00
CLAIM ACCOUNT REF.							2239230012010316SUP

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
223919	1	T1019	0580	12/29/12	12/29/12	36.00	126.00
223919	2	T1019	0580	12/30/12	12/30/12	36.00	126.00
223919	3	T1019	0580	12/31/12	12/31/12	34.00	119.00
223919	4	T1019	0580	01/02/13	01/02/13	32.00	112.00
223919	5	T1019	0580	01/03/13	01/03/13	32.00	112.00
223919	6	T1019	0580	01/04/13	01/04/13	36.00	126.00
CLAIM TOTAL							721.00
CLAIM ACCOUNT REF.							2239190012010991SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008113 2011066 COPELAND, ELISE 10/05/1928 QJ28865K 0005111746
DIAGNOSIS CODES: 250.00 369.9 311. 401.9 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
223916	1	G0156	0572	12/09/12	12/09/12	7.00	99.75

REPORT DATE 01/09/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013010904125126RRSUP

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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
223916	2	G0156	0572	12/29/12	12/29/12	7.00	99.75
223916	3	G0156	0572	12/30/12	12/30/12	8.00	114.00
223916	4	G0156	0572	12/31/12	12/31/12	8.00	114.00
223916	5	G0156	0572	01/01/13	01/01/13	8.00	114.00
223916	6	G0156	0572	01/02/13	01/02/13	8.00	114.00
223916	7	G0156	0572	01/03/13	01/03/13	8.00	114.00
223916	8	G0156	0572	01/04/13	01/04/13	8.00	114.00
CLAIM TOTAL							883.50
CLAIM ACCOUNT REF.							2239160012011066SUP

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
223917	1	G0156	0572	12/29/12	12/29/12	12.00	171.00
223917	2	G0156	0572	12/30/12	12/30/12	12.00	171.00
223917	3	G0156	0572	12/31/12	12/31/12	12.00	171.00
223917	4	G0156	0572	01/02/13	01/02/13	12.00	171.00
223917	5	G0156	0572	01/03/13	01/03/13	12.00	171.00
223917	6	G0156	0572	01/04/13	01/04/13	12.00	171.00
CLAIM TOTAL							1,026.00
CLAIM ACCOUNT REF.							2239170012011526SUP

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
223921	1	T1019	0580	12/29/12	12/29/12	48.00	168.00
223921	2	T1019	0580	12/30/12	12/30/12	48.00	168.00
223921	3	T1019	0580	12/31/12	12/31/12	48.00	168.00
223921	4	T1019	0580	01/01/13	01/01/13	48.00	168.00
223921	5	T1019	0580	01/02/13	01/02/13	48.00	168.00
223921	6	T1019	0580	01/03/13	01/03/13	32.00	112.00
CLAIM TOTAL							952.00
CLAIM ACCOUNT REF.							2239210012011833SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	85	TOTAL CLAIM AMOUNT =	10,454.90
		# SERVICES =	16		

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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	121790012
DIAGNOSIS CODES: 042. 202.88 436. 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
223997	1	S5125		12/31/12	12/31/12	28.00	120.12
CLAIM TOTAL							120.12
CLAIM ACCOUNT REF.							2239970012010958SUP

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
223998	1	S5125		01/01/13	01/01/13	28.00	120.12
223998	2	S5125		01/02/13	01/02/13	28.00	120.12
223998	3	S5125		01/03/13	01/03/13	28.00	120.12
223998	4	S5125		01/04/13	01/04/13	28.00	120.12
CLAIM TOTAL							480.48
CLAIM ACCOUNT REF.							2239980012010958SUP

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 2008246 2008246 RIVERA, CHRISTOPHER 09/03/1996 UW23596M R2013357
DIAGNOSIS CODES: 314.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
223874	1	T1019		12/29/12	12/29/12	12.00	50.64
223874	2	T1019		12/30/12	12/30/12	12.00	50.64
223874	3	T1019		12/31/12	12/31/12	12.00	50.64
223874	4	T1019		01/01/13	01/01/13	12.00	50.64
223874	5	T1019		01/02/13	01/02/13	12.00	50.64
223874	6	T1019		01/03/13	01/03/13	12.00	50.64
223874	7	T1019		01/04/13	01/04/13	12.00	50.64
CLAIM TOTAL							354.48
CLAIM ACCOUNT REF.							2238740012008246SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
223875	1	T1019		12/31/12	12/31/12	12.00	50.64
223875	2	T1019		01/01/13	01/01/13	12.00	50.64
223875	3	T1019		01/02/13	01/02/13	12.00	50.64
223875	4	T1019		01/03/13	01/03/13	12.00	50.64
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2238750012008248SUP

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
223870	1	T1019		12/29/12	12/29/12	44.00	185.68
223870	2	T1019		12/30/12	12/30/12	40.00	168.80
223870	3	T1019		12/31/12	12/31/12	44.00	185.68
223870	4	T1019		01/01/13	01/01/13	40.00	168.80
223870	5	T1019		01/03/13	01/03/13	44.00	185.68
223870	6	T1019		01/04/13	01/04/13	44.00	185.68
CLAIM TOTAL							1,080.32
CLAIM ACCOUNT REF.							2238700012008249SUP

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
223877	1	T1019		12/29/12	12/29/12	32.00	135.04

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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	
223877	2	T1019		12/30/12	12/30/12	32.00	135.04	
223877	3	T1019		12/31/12	12/31/12	32.00	135.04	
223877	4	T1019		01/01/13	01/01/13	32.00	135.04	
223877	5	T1019		01/02/13	01/02/13	32.00	135.04	
223877	6	T1019		01/03/13	01/03/13	32.00	135.04	
223877	7	T1019		01/04/13	01/04/13	32.00	135.04	
				CLAIM TOTAL			945.28	CLAIM ACCOUNT REF. 2238770012008250SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008251 2008251 CEBALLOS, ANA 12/31/1919 UH02585Q 0104031202128
DIAGNOSIS CODES: 294.10 244.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
223856	1	T1019		12/31/12	12/31/12	32.00	135.04	
223856	2	T1019		01/02/13	01/02/13	32.00	135.04	
223856	3	T1019		01/03/13	01/03/13	32.00	135.04	
223856	4	T1019		01/04/13	01/04/13	32.00	135.04	
				CLAIM TOTAL			540.16	CLAIM ACCOUNT REF. 2238560012008251SUP

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	
223871	1	T1019		12/18/12	12/18/12	48.00	202.56	
223871	2	T1019		12/25/12	12/25/12	48.00	202.56	
223871	3	T1019		12/29/12	12/29/12	48.00	202.56	
223871	4	T1019		12/30/12	12/30/12	48.00	202.56	
223871	5	T1019		12/31/12	12/31/12	48.00	202.56	
223871	6	T1019		01/01/13	01/01/13	48.00	202.56	
223871	7	T1019		01/02/13	01/02/13	48.00	202.56	
223871	8	T1019		01/03/13	01/03/13	48.00	202.56	
223871	9	T1019		01/04/13	01/04/13	48.00	202.56	
				CLAIM TOTAL			1,823.04	CLAIM ACCOUNT REF. 2238710012008253SUP

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	
223879	1	T1019		12/31/12	12/31/12	20.00	84.40	
223879	2	T1019		01/02/13	01/02/13	20.00	84.40	
223879	3	T1019		01/03/13	01/03/13	20.00	84.40	

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013010904125126RRSUP

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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
223879	4	T1019		01/04/13	01/04/13	20.00	84.40
CLAIM TOTAL							337.60
							CLAIM ACCOUNT REF. 2238790012008254SUP

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
223854	1	T1019		12/31/12	12/31/12	32.00	135.04
223854	2	T1019		01/01/13	01/01/13	32.00	135.04
223854	3	T1019		01/02/13	01/02/13	32.00	135.04
223854	4	T1019		01/03/13	01/03/13	32.00	135.04
223854	5	T1019		01/04/13	01/04/13	32.00	135.04
CLAIM TOTAL							675.20
							CLAIM ACCOUNT REF. 2238540012008256SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
223861	1	T1019		12/29/12	12/29/12	24.00	101.28
223861	2	T1019		12/30/12	12/30/12	24.00	101.28
223861	3	T1019		01/01/13	01/01/13	24.00	101.28
223861	4	T1019		01/02/13	01/02/13	24.00	101.28
223861	5	T1019		01/03/13	01/03/13	24.00	101.28
223861	6	T1019		01/04/13	01/04/13	24.00	101.28
CLAIM TOTAL							607.68
							CLAIM ACCOUNT REF. 2238610012008257SUP

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
223878	1	T1019		12/31/12	12/31/12	32.00	135.04
223878	2	T1019		01/01/13	01/01/13	32.00	135.04
223878	3	T1019		01/02/13	01/02/13	32.00	135.04
223878	4	T1019		01/03/13	01/03/13	32.00	135.04
223878	5	T1019		01/04/13	01/04/13	32.00	135.04
CLAIM TOTAL							675.20
							CLAIM ACCOUNT REF. 2238780012008290SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013010904125126RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
223863	1	T1019		12/29/12	12/29/12	28.00	118.16
223863	2	T1019		12/30/12	12/30/12	28.00	118.16
223863	3	T1019		12/31/12	12/31/12	28.00	118.16
223863	4	T1019		01/01/13	01/01/13	28.00	118.16
223863	5	T1019		01/02/13	01/02/13	28.00	118.16
223863	6	T1019		01/03/13	01/03/13	28.00	118.16
223863	7	T1019		01/04/13	01/04/13	28.00	118.16
CLAIM TOTAL							827.12
CLAIM ACCOUNT REF.							2238630012008362SUP

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
223876	1	T1019		12/31/12	12/31/12	16.00	67.52
223876	2	T1019		01/01/13	01/01/13	16.00	67.52
223876	3	T1019		01/02/13	01/02/13	16.00	67.52
223876	4	T1019		01/03/13	01/03/13	16.00	67.52
223876	5	T1019		01/04/13	01/04/13	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2238760012008368SUP

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
223864	1	T1019		12/29/12	12/29/12	32.00	135.04
223864	2	T1019		12/30/12	12/30/12	32.00	135.04
223864	3	T1019		12/31/12	12/31/12	28.00	118.16
223864	4	T1019		01/01/13	01/01/13	32.00	135.04
223864	5	T1019		01/02/13	01/02/13	32.00	135.04
223864	6	T1019		01/03/13	01/03/13	32.00	135.04
223864	7	T1019		01/04/13	01/04/13	32.00	135.04
CLAIM TOTAL							928.40
CLAIM ACCOUNT REF.							2238640012008411SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
223867	1	T1019		12/29/12	12/29/12	28.00	118.16
223867	2	T1019		12/30/12	12/30/12	28.00	118.16
223867	3	T1019		12/31/12	12/31/12	28.00	118.16
223867	4	T1019		01/01/13	01/01/13	28.00	118.16
223867	5	T1019		01/02/13	01/02/13	28.00	118.16
223867	6	T1019		01/03/13	01/03/13	28.00	118.16
223867	7	T1019		01/04/13	01/04/13	28.00	118.16
CLAIM TOTAL							827.12
CLAIM ACCOUNT REF.							2238670012008428SUP

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
223851	1	T1019		12/29/12	12/29/12	32.00	135.04
223851	2	T1019		12/30/12	12/30/12	32.00	135.04
223851	3	T1019		12/31/12	12/31/12	32.00	135.04
223851	4	T1019		01/01/13	01/01/13	32.00	135.04
223851	5	T1019		01/02/13	01/02/13	32.00	135.04
223851	6	T1019		01/03/13	01/03/13	32.00	135.04
223851	7	T1019		01/04/13	01/04/13	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2238510012008433SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z R2083270
DIAGNOSIS CODES: 250.00 244.8 311. 401.9 428.0 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
223850	1	T1019		12/29/12	12/29/12	16.00	67.52
223850	2	T1019		12/30/12	12/30/12	16.00	67.52
223850	3	T1019		12/31/12	12/31/12	20.00	84.40
223850	4	T1019		01/01/13	01/01/13	20.00	84.40
223850	5	T1019		01/02/13	01/02/13	20.00	84.40
223850	6	T1019		01/03/13	01/03/13	20.00	84.40
223850	7	T1019		01/04/13	01/04/13	20.00	84.40
CLAIM TOTAL							557.04
CLAIM ACCOUNT REF.							2238500012008487SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008558 2008558 SURIEL, GERTRUDIS 03/17/1950 ZE67447D R1901123
DIAGNOSIS CODES: 493.90 401.9 414.00 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
223881	1	T1019		12/29/12	12/29/12	48.00	202.56
223881	2	T1019		12/30/12	12/30/12	48.00	202.56
223881	3	T1019		12/31/12	12/31/12	48.00	202.56
223881	4	T1019		01/01/13	01/01/13	48.00	202.56
223881	5	T1019		01/02/13	01/02/13	48.00	202.56
223881	6	T1019		01/03/13	01/03/13	48.00	202.56
223881	7	T1019		01/04/13	01/04/13	48.00	202.56
CLAIM TOTAL						1,417.92	CLAIM ACCOUNT REF. 2238810012008558SUP

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
223860	1	T1019		12/29/12	12/29/12	16.00	67.52
223860	2	T1019		12/30/12	12/30/12	16.00	67.52
223860	3	T1019		12/31/12	12/31/12	24.00	101.28
223860	4	T1019		01/01/13	01/01/13	24.00	101.28
223860	5	T1019		01/02/13	01/02/13	24.00	101.28
223860	6	T1019		01/03/13	01/03/13	24.00	101.28
223860	7	T1019		01/04/13	01/04/13	24.00	101.28
CLAIM TOTAL						641.44	CLAIM ACCOUNT REF. 2238600012008571SUP

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
223862	1	T1019		12/14/12	12/14/12	20.00	84.40
223862	2	T1019		12/31/12	12/31/12	20.00	84.40
223862	3	T1019		01/02/13	01/02/13	20.00	84.40
223862	4	T1019		01/04/13	01/04/13	20.00	84.40
CLAIM TOTAL						337.60	CLAIM ACCOUNT REF. 2238620012009001SUP

REPORT DATE 01/09/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013010904125126RRSUP

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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 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
223857	1	T1019		12/30/12	12/30/12	20.00	84.40
223857	2	T1019		01/01/13	01/01/13	20.00	84.40
CLAIM TOTAL							168.80

CLAIM ACCOUNT REF. 2238570012009256SUP

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
223855	1	T1019		12/29/12	12/29/12	32.00	135.04
223855	2	T1019		12/31/12	12/31/12	32.00	135.04
223855	3	T1019		01/01/13	01/01/13	32.00	135.04
223855	4	T1019		01/02/13	01/02/13	32.00	135.04
223855	5	T1019		01/03/13	01/03/13	32.00	135.04
223855	6	T1019		01/04/13	01/04/13	32.00	135.04
CLAIM TOTAL							810.24

CLAIM ACCOUNT REF. 2238550012009270SUP

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
223866	1	T1019		12/17/12	12/17/12	16.00	67.52
223866	2	T1019		12/19/12	12/19/12	16.00	67.52
223866	3	T1019		12/21/12	12/21/12	16.00	67.52
223866	4	T1019		12/24/12	12/24/12	12.00	50.64
223866	5	T1019		12/26/12	12/26/12	16.00	67.52
223866	6	T1019		12/28/12	12/28/12	16.00	67.52
223866	7	T1019		12/31/12	12/31/12	16.00	67.52
223866	8	T1019		01/02/13	01/02/13	16.00	67.52
223866	9	T1019		01/04/13	01/04/13	16.00	67.52
CLAIM TOTAL							590.80

CLAIM ACCOUNT REF. 2238660012009322SUP

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
223858	1	T1019		12/31/12	12/31/12	24.00	101.28

REPORT DATE 01/09/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013010904125126RRSUP

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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	
223858	2	T1019		01/02/13	01/02/13	24.00	101.28	
223858	3	T1019		01/03/13	01/03/13	24.00	101.28	
223858	4	T1019		01/04/13	01/04/13	24.00	101.28	
					CLAIM TOTAL		405.12	CLAIM ACCOUNT REF. 2238580012009405SUP

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	
223865	1	T1019		12/31/12	12/31/12	16.00	67.52	
223865	2	T1019		01/02/13	01/02/13	16.00	67.52	
223865	3	T1019		01/04/13	01/04/13	16.00	67.52	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2238650012009425SUP

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	
223852	1	T1019		12/29/12	12/29/12	24.00	101.28	
223852	2	T1019		12/30/12	12/30/12	24.00	101.28	
223852	3	T1019		12/31/12	12/31/12	24.00	101.28	
223852	4	T1019		01/01/13	01/01/13	24.00	101.28	
223852	5	T1019		01/02/13	01/02/13	24.00	101.28	
223852	6	T1019		01/03/13	01/03/13	24.00	101.28	
223852	7	T1019		01/04/13	01/04/13	24.00	101.28	
					CLAIM TOTAL		708.96	CLAIM ACCOUNT REF. 2238520012009560SUP

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	
223883	1	T1019		12/31/12	12/31/12	32.00	135.04	
223883	2	T1019		01/01/13	01/01/13	32.00	135.04	
223883	3	T1019		01/02/13	01/02/13	32.00	135.04	
223883	4	T1019		01/03/13	01/03/13	32.00	135.04	
223883	5	T1019		01/04/13	01/04/13	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2238830012010009SUP

REPORT DATE 01/09/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013010904125126RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
223869	1	T1019		12/29/12	12/29/12	28.00	118.16
223869	2	T1019		12/30/12	12/30/12	28.00	118.16
223869	3	T1019		12/31/12	12/31/12	28.00	118.16
223869	4	T1019		01/02/13	01/02/13	28.00	118.16
223869	5	T1019		01/03/13	01/03/13	28.00	118.16
223869	6	T1019		01/04/13	01/04/13	28.00	118.16
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2238690012010311SUP

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
223882	1	T1019		12/29/12	12/29/12	20.00	84.40
223882	2	T1019		12/30/12	12/30/12	20.00	84.40
223882	3	T1019		01/03/13	01/03/13	20.00	84.40
223882	4	T1019		01/04/13	01/04/13	20.00	84.40
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2238820012010758SUP

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
223868	1	T1019		12/18/12	12/18/12	32.00	135.04
223868	2	T1019		12/29/12	12/29/12	32.00	135.04
223868	3	T1019		12/31/12	12/31/12	32.00	135.04
223868	4	T1019		01/01/13	01/01/13	32.00	135.04
223868	5	T1019		01/02/13	01/02/13	32.00	135.04
223868	6	T1019		01/03/13	01/03/13	32.00	135.04
223868	7	T1019		01/04/13	01/04/13	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2238680012010967SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011058 2011058 DELACRUZ, ANA 06/20/1920 122053627 0107241201931
DIAGNOSIS CODES: 294.20

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
223859	1	T1019		12/29/12	12/29/12	40.00	168.80

REPORT DATE 01/09/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013010904125126RRSUP

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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	
223859	2	T1019		12/30/12	12/30/12	40.00	168.80	
223859	3	T1019		12/31/12	12/31/12	40.00	168.80	
223859	4	T1019		01/01/13	01/01/13	40.00	168.80	
223859	5	T1019		01/02/13	01/02/13	40.00	168.80	
223859	6	T1019		01/03/13	01/03/13	40.00	168.80	
223859	7	T1019		01/04/13	01/04/13	40.00	168.80	
CLAIM TOTAL							1,181.60	CLAIM ACCOUNT REF. 2238590012011058SUP

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	
223872	1	T1020		12/27/12	12/27/12	12.00	202.56	
223872	2	T1020		12/28/12	12/28/12	24.00	405.12	
223872	3	T1020		12/29/12	12/29/12	12.00	202.56	
223872	4	T1020		12/30/12	12/30/12	12.00	202.56	
223872	5	T1020		12/31/12	12/31/12	12.00	202.56	
223872	6	T1020		01/01/13	01/01/13	12.00	202.56	
223872	7	T1020		01/02/13	01/02/13	12.00	202.56	
CLAIM TOTAL							1,620.48	CLAIM ACCOUNT REF. 2238720012011388SUP

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	
223853	1	T1019		12/31/12	12/31/12	40.00	168.80	
223853	2	T1019		01/01/13	01/01/13	40.00	168.80	
223853	3	T1019		01/02/13	01/02/13	40.00	168.80	
223853	4	T1019		01/03/13	01/03/13	40.00	168.80	
223853	5	T1019		01/04/13	01/04/13	40.00	168.80	
CLAIM TOTAL							844.00	CLAIM ACCOUNT REF. 2238530012011528SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
223880	1	T1019		12/29/12	12/29/12	36.00	151.92	
223880	2	T1019		12/30/12	12/30/12	36.00	151.92	
223880	3	T1019		12/31/12	12/31/12	40.00	168.80	
223880	4	T1019		01/01/13	01/01/13	40.00	168.80	

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NPI = 1154407492

CLAIM ACCOUNT REF. 2238800012011820SUP

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2238730012012284SUP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	197	TOTAL CLAIM AMOUNT =	24,914.88
		# SERVICES =	34		

REPORT DATE 01/09/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013010904125126RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
223910	1	T1019		12/29/12	12/29/12	40.00	171.60
223910	2	T1019		12/30/12	12/30/12	40.00	171.60
223910	3	T1019		12/31/12	12/31/12	40.00	171.60
223910	4	T1019		01/01/13	01/01/13	40.00	171.60
223910	5	T1019		01/02/13	01/02/13	40.00	171.60
223910	6	T1019		01/03/13	01/03/13	40.00	171.60
223910	7	T1019		01/04/13	01/04/13	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2239100012008245SUP

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
223912	1	T1019		12/29/12	12/29/12	16.00	68.64
223912	2	T1019		12/30/12	12/30/12	16.00	68.64
223912	3	T1019		12/31/12	12/31/12	36.00	154.44
223912	4	T1019		01/02/13	01/02/13	36.00	154.44
223912	5	T1019		01/03/13	01/03/13	36.00	154.44
223912	6	T1019		01/04/13	01/04/13	36.00	154.44
CLAIM TOTAL						755.04	CLAIM ACCOUNT REF. 2239120012008287SUP

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
223913	1	T1019		12/15/12	12/15/12	32.00	137.28
223913	2	T1019		12/16/12	12/16/12	32.00	137.28
223913	3	T1019		12/17/12	12/17/12	32.00	137.28
223913	4	T1019		12/19/12	12/19/12	32.00	137.28
223913	5	T1019		12/20/12	12/20/12	32.00	137.28
223913	6	T1019		12/21/12	12/21/12	32.00	137.28
223913	7	T1019		12/29/12	12/29/12	32.00	137.28
223913	8	T1019		12/30/12	12/30/12	32.00	137.28
223913	9	T1019		12/31/12	12/31/12	32.00	137.28
223913	10	T1019		01/01/13	01/01/13	32.00	137.28
223913	11	T1019		01/02/13	01/02/13	32.00	137.28
223913	12	T1019		01/03/13	01/03/13	32.00	137.28

REPORT DATE 01/09/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013010904125126RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
223913	13	T1019		01/04/13	01/04/13	32.00	137.28	
					CLAIM TOTAL		1,784.64	CLAIM ACCOUNT REF. 2239130012008401SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011881	2011881	KHAN, FAZAL	06/28/1970	2011881	
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
223911	1	T1019		11/19/12	11/19/12	48.00	205.92	
223911	2	T1019		11/20/12	11/20/12	48.00	205.92	
223911	3	T1019		11/21/12	11/21/12	48.00	205.92	
223911	4	T1019		11/22/12	11/22/12	48.00	205.92	
223911	5	T1019		11/26/12	11/26/12	48.00	205.92	
223911	6	T1019		11/27/12	11/27/12	48.00	205.92	
223911	7	T1019		11/28/12	11/28/12	48.00	205.92	
223911	8	T1019		11/29/12	11/29/12	48.00	205.92	
223911	9	T1019		12/03/12	12/03/12	48.00	205.92	
223911	10	T1019		12/15/12	12/15/12	48.00	205.92	
223911	11	T1019		12/16/12	12/16/12	48.00	205.92	
223911	12	T1019		12/17/12	12/17/12	48.00	205.92	
223911	13	T1019		12/18/12	12/18/12	48.00	205.92	
223911	14	T1019		12/19/12	12/19/12	48.00	205.92	
223911	15	T1019		12/20/12	12/20/12	48.00	205.92	
223911	16	T1019		12/21/12	12/21/12	48.00	205.92	
223911	17	T1019		12/22/12	12/22/12	48.00	205.92	
223911	18	T1019		12/23/12	12/23/12	48.00	205.92	
223911	19	T1019		12/24/12	12/24/12	40.00	171.60	
223911	20	T1019		12/25/12	12/25/12	48.00	205.92	
223911	21	T1019		12/26/12	12/26/12	48.00	205.92	
223911	22	T1019		12/27/12	12/27/12	48.00	205.92	
223911	23	T1019		12/28/12	12/28/12	48.00	205.92	
					CLAIM TOTAL		4,701.84	CLAIM ACCOUNT REF. 2239110012011881SUP

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	49	TOTAL CLAIM AMOUNT =	8,442.72
		# SERVICES =	4		

REPORT DATE 01/09/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013010904125126RRSUP

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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
223984	1	T1019	0580	12/22/12	12/22/12	40.00	168.80
223984	2	T1019	0580	12/29/12	12/29/12	40.00	168.80
223984	3	T1019	0580	12/30/12	12/30/12	40.00	168.80
223984	4	T1019	0580	12/31/12	12/31/12	36.00	151.92
223984	5	T1019	0580	01/01/13	01/01/13	36.00	151.92
223984	6	T1019	0580	01/02/13	01/02/13	32.00	135.04
223984	7	T1019	0580	01/03/13	01/03/13	32.00	135.04
223984	8	T1019	0580	01/04/13	01/04/13	32.00	135.04
CLAIM TOTAL						1,215.36	CLAIM ACCOUNT REF. 2239840012008266SUP

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
223983	1	T1019	0580	12/31/12	12/31/12	32.00	135.04
223983	2	T1019	0580	01/02/13	01/02/13	32.00	135.04
223983	3	T1019	0580	01/03/13	01/03/13	36.00	151.92
223983	4	T1019	0580	01/04/13	01/04/13	32.00	135.04
CLAIM TOTAL						557.04	CLAIM ACCOUNT REF. 2239830012009647SUP

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
223988	1	T1019	0580	12/31/12	12/31/12	8.00	33.76
223988	2	T1019	0580	01/01/13	01/01/13	8.00	33.76
223988	3	T1019	0580	01/02/13	01/02/13	8.00	33.76
223988	4	T1019	0580	01/03/13	01/03/13	8.00	33.76
223988	5	T1019	0580	01/04/13	01/04/13	8.00	33.76
CLAIM TOTAL						168.80	CLAIM ACCOUNT REF. 2239880012010728SUP

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
223987	1	T1019	0580	12/31/12	12/31/12	12.00	50.64

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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	
223987	2	T1019	0580	01/01/13	01/01/13	12.00	50.64	
223987	3	T1019	0580	01/02/13	01/02/13	12.00	50.64	
223987	4	T1019	0580	01/03/13	01/03/13	12.00	50.64	
223987	5	T1019	0580	01/04/13	01/04/13	12.00	50.64	
					CLAIM TOTAL		253.20	CLAIM ACCOUNT REF. 2239870012010729SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008365	2010731	HARDING, EDNA	05/17/1956	006274884	103201397
DIAGNOSIS	CODES:	493.90	253.5	272.4	296.80	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
223985	1	T1019	0580	12/31/12	12/31/12	16.00	67.52	
223985	2	T1019	0580	01/03/13	01/03/13	16.00	67.52	
223985	3	T1019	0580	01/04/13	01/04/13	16.00	67.52	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2239850012010731SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012076	2012076	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	
223982	1	T1019	0580	12/08/12	12/08/12	16.00	67.52	
223982	2	T1019	0580	12/10/12	12/10/12	16.00	67.52	
223982	3	T1019	0580	12/11/12	12/11/12	16.00	67.52	
223982	4	T1019	0580	12/12/12	12/12/12	16.00	67.52	
223982	5	T1019	0580	12/13/12	12/13/12	16.00	67.52	
223982	6	T1019	0580	12/14/12	12/14/12	16.00	67.52	
223982	7	T1019	0580	12/15/12	12/15/12	16.00	67.52	
223982	8	T1019	0580	12/17/12	12/17/12	16.00	67.52	
223982	9	T1019	0580	12/18/12	12/18/12	16.00	67.52	
223982	10	T1019	0580	12/19/12	12/19/12	16.00	67.52	
223982	11	T1019	0580	12/20/12	12/20/12	16.00	67.52	
223982	12	T1019	0580	12/21/12	12/21/12	16.00	67.52	
223982	13	T1019	0580	12/22/12	12/22/12	16.00	67.52	
223982	14	T1019	0580	12/24/12	12/24/12	16.00	67.52	
223982	15	T1019	0580	12/25/12	12/25/12	16.00	67.52	
223982	16	T1019	0580	12/26/12	12/26/12	20.00	84.40	
223982	17	T1019	0580	12/27/12	12/27/12	24.00	101.28	
223982	18	T1019	0580	12/28/12	12/28/12	24.00	101.28	
223982	19	T1019	0580	12/29/12	12/29/12	24.00	101.28	
223982	20	T1019	0580	12/31/12	12/31/12	24.00	101.28	
223982	21	T1019	0580	01/01/13	01/01/13	24.00	101.28	
223982	22	T1019	0580	01/02/13	01/02/13	24.00	101.28	

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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	
223982	23	T1019	0580	01/03/13	01/03/13	24.00	101.28	
223982	24	T1019	0580	01/04/13	01/04/13	24.00	101.28	
				CLAIM TOTAL		1,907.44		CLAIM ACCOUNT REF. 2239820012012076SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012080	2012080	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	
223986	1	T1019	0580	12/10/12	12/10/12	20.00	84.40	
223986	2	T1019	0580	12/11/12	12/11/12	20.00	84.40	
223986	3	T1019	0580	12/12/12	12/12/12	20.00	84.40	
223986	4	T1019	0580	12/13/12	12/13/12	20.00	84.40	
223986	5	T1019	0580	12/17/12	12/17/12	20.00	84.40	
223986	6	T1019	0580	12/18/12	12/18/12	20.00	84.40	
223986	7	T1019	0580	12/19/12	12/19/12	20.00	84.40	
223986	8	T1019	0580	12/20/12	12/20/12	20.00	84.40	
223986	9	T1019	0580	12/21/12	12/21/12	20.00	84.40	
223986	10	T1019	0580	12/24/12	12/24/12	20.00	84.40	
223986	11	T1019	0580	12/25/12	12/25/12	20.00	84.40	
223986	12	T1019	0580	12/26/12	12/26/12	20.00	84.40	
223986	13	T1019	0580	12/27/12	12/27/12	20.00	84.40	
223986	14	T1019	0580	12/28/12	12/28/12	20.00	84.40	
223986	15	T1019	0580	12/31/12	12/31/12	20.00	84.40	
223986	16	T1019	0580	01/01/13	01/01/13	20.00	84.40	
223986	17	T1019	0580	01/02/13	01/02/13	20.00	84.40	
				CLAIM TOTAL		1,434.80		CLAIM ACCOUNT REF. 2239860012012080SUP

PAYER TOTALS:	AMERIGROUP NEW YORK,LLC	# OF CLAIMS =	66	TOTAL CLAIM AMOUNT =	5,739.20
		# SERVICES =	7		

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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	
223996	1	T1019	1C	0570	12/31/12	12/31/12	4.00	63.60	
223996	2	T1019	1C	0570	01/01/13	01/01/13	4.00	63.60	
223996	3	T1019	1C	0570	01/02/13	01/02/13	4.00	63.60	
223996	4	T1019	1C	0570	01/03/13	01/03/13	4.00	63.60	
223996	5	T1019	1C	0570	01/04/13	01/04/13	4.00	63.60	
									CLAIM TOTAL
								318.00	CLAIM ACCOUNT REF. 2239960012011453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011869 2011869 JONES, VALERIE 10/10/1948 1457 401533
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
223994	1	T1019	1C	0570	12/31/12	12/31/12	4.00	63.60	
									CLAIM TOTAL
								63.60	CLAIM ACCOUNT REF. 2239940012011869SUP

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	
223995	1	T1019	1C	0570	01/01/13	01/01/13	4.00	63.60	
223995	2	T1019	1C	0570	01/02/13	01/02/13	4.00	63.60	
223995	3	T1019	1C	0570	01/03/13	01/03/13	4.00	63.60	
223995	4	T1019	1C	0570	01/04/13	01/04/13	4.00	63.60	
									CLAIM TOTAL
								254.40	CLAIM ACCOUNT REF. 2239950012011869SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011870 2011870 AGOSTINI, MONSERRATE 07/18/1944 558 401516
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
223992	1	T1019	1C	0570	12/31/12	12/31/12	5.75	91.43	
									CLAIM TOTAL
								91.43	CLAIM ACCOUNT REF. 2239920012011870SUP

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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 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	
223993	1	T1019	1C	0570	01/01/13	01/01/13	6.00	95.40	
223993	2	T1019	1C	0570	01/02/13	01/02/13	6.00	95.40	
223993	3	T1019	1C	0570	01/03/13	01/03/13	6.00	95.40	
223993	4	T1019	1C	0570	01/04/13	01/04/13	6.00	95.40	
					CLAIM TOTAL		381.60		CLAIM ACCOUNT REF. 2239930012011870SUP

PAYER TOTALS: ICS # OF CLAIMS = 15 TOTAL CLAIM AMOUNT = 1,109.03
SERVICES = 3

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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 2012112192600003
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
223989	1	T1019	0580	12/29/12	12/29/12	36.00	151.92
223989	2	T1019	0580	12/30/12	12/30/12	36.00	151.92
223989	3	T1019	0580	01/02/13	01/02/13	36.00	151.92
223989	4	T1019	0580	01/03/13	01/03/13	36.00	151.92
223989	5	T1019	0580	01/04/13	01/04/13	36.00	151.92
CLAIM TOTAL							759.60
CLAIM ACCOUNT REF.							2239890012010800SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JSV04323R01 2012112192600002
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
223991	1	T1019	0580	01/03/13	01/03/13	16.00	67.52
223991	2	T1019	0580	01/04/13	01/04/13	16.00	67.52
CLAIM TOTAL							135.04
CLAIM ACCOUNT REF.							2239910012010804SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008228 2010805 TOWLES, ADA 12/10/1954 JZX17878Q01 2012112192600001
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
223990	1	T1019	0580	12/31/12	12/31/12	16.00	67.52
223990	2	T1019	0580	01/02/13	01/02/13	16.00	67.52
223990	3	T1019	0580	01/03/13	01/03/13	16.00	67.52
223990	4	T1019	0580	01/04/13	01/04/13	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2239900012010805SUP

PAYER TOTALS: HEALTHCARE PARTNERS IPA I # OF CLAIMS = 11 TOTAL CLAIM AMOUNT = 1,164.72
SERVICES = 3

PROVIDER TOTALS: SUNNYSIDE CITYWIDE # OF CLAIMS = 877 TOTAL CLAIM AMOUNT = 104,840.52
SERVICES = 143