

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 1

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
234298	1	T1020		03/09/13	03/09/13	11.00	185.57
234298	2	T1020		03/11/13	03/11/13	6.00	101.22
234298	3	T1020		03/12/13	03/12/13	6.00	101.22
234298	4	T1020		03/13/13	03/13/13	6.00	101.22
234298	5	T1020		03/14/13	03/14/13	6.00	101.22
234298	6	T1020		03/15/13	03/15/13	6.00	101.22
CLAIM TOTAL							691.67
CLAIM ACCOUNT REF.							2342980012008267SUP

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
234296	1	T1020		03/09/13	03/09/13	9.00	151.83
234296	2	T1020		03/10/13	03/10/13	9.00	151.83
234296	3	T1020		03/11/13	03/11/13	9.00	151.83
234296	4	T1020		03/12/13	03/12/13	9.00	151.83
234296	5	T1020		03/13/13	03/13/13	9.00	151.83
234296	6	T1020		03/14/13	03/14/13	9.00	151.83
234296	7	T1020		03/15/13	03/15/13	9.00	151.83
CLAIM TOTAL							1,062.81
CLAIM ACCOUNT REF.							2342960012008268SUP

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
234294	1	T1020		03/09/13	03/09/13	7.00	118.09
234294	2	T1020		03/10/13	03/10/13	7.00	118.09
234294	3	T1020		03/11/13	03/11/13	7.00	118.09
234294	4	T1020		03/12/13	03/12/13	7.00	118.09
234294	5	T1020		03/13/13	03/13/13	7.00	118.09
234294	6	T1020		03/14/13	03/14/13	7.00	118.09
234294	7	T1020		03/15/13	03/15/13	7.00	118.09
CLAIM TOTAL							826.63
CLAIM ACCOUNT REF.							2342940012008386SUP

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 2

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	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	
234297	1	T1020		03/12/13	03/12/13	8.00	134.96	
234297	2	T1020		03/15/13	03/15/13	9.00	151.83	
CLAIM TOTAL							286.79	CLAIM ACCOUNT REF. 2342970012008400SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
234295	1	T1019		03/09/13	03/09/13	1.00	16.87	
234295	2	T1019		03/10/13	03/10/13	1.00	16.87	
234295	3	T1019		03/11/13	03/11/13	1.00	16.87	
234295	4	T1019		03/12/13	03/12/13	1.00	16.87	
234295	5	T1019		03/13/13	03/13/13	1.00	16.87	
234295	6	T1019		03/14/13	03/14/13	1.00	16.87	
234295	7	T1019		03/15/13	03/15/13	.56	9.45	
CLAIM TOTAL							110.67	CLAIM ACCOUNT REF. 2342950012012726SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	29	TOTAL CLAIM AMOUNT =	2,978.57
		# SERVICES =	5		

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 3

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
234280	1	T1019		03/14/13	03/14/13	16.00	67.52
234280	2	T1019		03/15/13	03/15/13	16.00	67.52
CLAIM TOTAL							135.04
CLAIM ACCOUNT REF.							2342800012008261SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234286	1	T1019		03/09/13	03/09/13	24.00	101.28
234286	2	T1019		03/10/13	03/10/13	24.00	101.28
234286	3	T1019		03/11/13	03/11/13	24.00	101.28
234286	4	T1019		03/12/13	03/12/13	24.00	101.28
234286	5	T1019		03/13/13	03/13/13	24.00	101.28
234286	6	T1019		03/14/13	03/14/13	24.00	101.28
234286	7	T1019		03/15/13	03/15/13	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2342860012008263SUP

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
234291	1	T1019		03/09/13	03/09/13	40.00	168.80
234291	2	T1019		03/10/13	03/10/13	40.00	168.80
234291	3	T1019		03/11/13	03/11/13	40.00	168.80
234291	4	T1019		03/12/13	03/12/13	40.00	168.80
234291	5	T1019		03/13/13	03/13/13	40.00	168.80
234291	6	T1019		03/14/13	03/14/13	40.00	168.80
234291	7	T1019		03/15/13	03/15/13	40.00	168.80
CLAIM TOTAL							1,181.60
CLAIM ACCOUNT REF.							2342910012008265SUP

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
234293	1	T1019		03/09/13	03/09/13	16.00	67.52
234293	2	T1019		03/10/13	03/10/13	16.00	67.52

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 4

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234293	3	T1019		03/11/13	03/11/13	24.00	101.28
234293	4	T1019		03/12/13	03/12/13	24.00	101.28
234293	5	T1019		03/13/13	03/13/13	24.00	101.28
234293	6	T1019		03/14/13	03/14/13	24.00	101.28
234293	7	T1019		03/15/13	03/15/13	24.00	101.28
CLAIM TOTAL							641.44

CLAIM ACCOUNT REF. 2342930012008303SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234283	1	T1019		03/01/13	03/01/13	20.00	84.40
234283	2	T1019		03/11/13	03/11/13	20.00	84.40
234283	3	T1019		03/12/13	03/12/13	20.00	84.40
234283	4	T1019		03/13/13	03/13/13	20.00	84.40
234283	5	T1019		03/14/13	03/14/13	20.00	84.40
CLAIM TOTAL							422.00

CLAIM ACCOUNT REF. 2342830012008366SUP

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
234277	1	T1019		03/09/13	03/09/13	28.00	118.16
234277	2	T1019		03/10/13	03/10/13	28.00	118.16
234277	3	T1019		03/11/13	03/11/13	32.00	135.04
234277	4	T1019		03/12/13	03/12/13	28.00	118.16
234277	5	T1019		03/13/13	03/13/13	28.00	118.16
234277	6	T1019		03/14/13	03/14/13	28.00	118.16
234277	7	T1019		03/15/13	03/15/13	28.00	118.16
CLAIM TOTAL							844.00

CLAIM ACCOUNT REF. 2342770012008403SUP

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
234288	1	T1019		03/11/13	03/11/13	24.00	101.28
234288	2	T1019		03/12/13	03/12/13	24.00	101.28
234288	3	T1019		03/13/13	03/13/13	24.00	101.28
234288	4	T1019		03/14/13	03/14/13	24.00	101.28
234288	5	T1019		03/15/13	03/15/13	24.00	101.28

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PAGE: 5

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.
							506.40	2342880012008421SUP

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.
234287	1	T1019		03/09/13	03/09/13	24.00	101.28	
234287	2	T1019		03/11/13	03/11/13	24.00	101.28	
234287	3	T1019		03/12/13	03/12/13	24.00	101.28	
234287	4	T1019		03/13/13	03/13/13	24.00	101.28	
234287	5	T1019		03/14/13	03/14/13	24.00	101.28	
234287	6	T1019		03/15/13	03/15/13	24.00	101.28	
						CLAIM TOTAL	607.68	2342870012008422SUP

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.
234292	1	T1019		03/11/13	03/11/13	16.00	67.52	
234292	2	T1019		03/12/13	03/12/13	16.00	67.52	
234292	3	T1019		03/15/13	03/15/13	16.00	67.52	
						CLAIM TOTAL	202.56	2342920012008425SUP

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.
234281	1	T1019		03/09/13	03/09/13	40.00	168.80	
234281	2	T1019		03/10/13	03/10/13	40.00	168.80	
234281	3	T1019		03/11/13	03/11/13	40.00	168.80	
234281	4	T1019		03/12/13	03/12/13	40.00	168.80	
234281	5	T1019		03/13/13	03/13/13	40.00	168.80	
234281	6	T1019		03/14/13	03/14/13	40.00	168.80	
234281	7	T1019		03/15/13	03/15/13	40.00	168.80	
						CLAIM TOTAL	1,181.60	2342810012008427SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 6

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 -2, MARIA 02/16/1949 10057325401 070912298224
DIAGNOSIS CODES: 250.00 272.4 331.0 401.9 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234289	1	T1019		03/11/13	03/11/13	24.00	101.28
234289	2	T1019		03/12/13	03/12/13	24.00	101.28
234289	3	T1019		03/13/13	03/13/13	24.00	101.28
234289	4	T1019		03/14/13	03/14/13	24.00	101.28
234289	5	T1019		03/15/13	03/15/13	24.00	101.28
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2342890012008531SUP

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
234285	1	T1019		03/10/13	03/10/13	16.00	67.52
234285	2	T1019		03/11/13	03/11/13	28.00	118.16
234285	3	T1019		03/14/13	03/14/13	28.00	118.16
234285	4	T1019		03/15/13	03/15/13	28.00	118.16
CLAIM TOTAL							422.00

CLAIM ACCOUNT REF. 2342850012008742SUP

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
234279	1	T1019		03/11/13	03/11/13	16.00	67.52
234279	2	T1019		03/12/13	03/12/13	24.00	101.28
234279	3	T1019		03/13/13	03/13/13	24.00	101.28
234279	4	T1019		03/14/13	03/14/13	24.00	101.28
234279	5	T1019		03/15/13	03/15/13	24.00	101.28
CLAIM TOTAL							472.64

CLAIM ACCOUNT REF. 2342790012008802SUP

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
234284	1	T1019		03/09/13	03/09/13	48.00	202.56
234284	2	T1019		03/10/13	03/10/13	48.00	202.56
234284	3	T1019		03/11/13	03/11/13	48.00	202.56
234284	4	T1019		03/12/13	03/12/13	48.00	202.56

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 7

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
234284	5	T1019		03/13/13	03/13/13	48.00	202.56	
234284	6	T1019		03/14/13	03/14/13	24.00	101.28	
234284	7	T1019		03/15/13	03/15/13	48.00	202.56	
					CLAIM TOTAL		1,316.64	CLAIM ACCOUNT REF. 2342840012009356SUP

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	
234275	1	T1019		03/09/13	03/09/13	32.00	135.04	
234275	2	T1019		03/10/13	03/10/13	32.00	135.04	
234275	3	T1019		03/11/13	03/11/13	32.00	135.04	
234275	4	T1019		03/12/13	03/12/13	32.00	135.04	
234275	5	T1019		03/13/13	03/13/13	32.00	135.04	
234275	6	T1019		03/14/13	03/14/13	32.00	135.04	
234275	7	T1019		03/15/13	03/15/13	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2342750012010143SUP

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	
234290	1	T1019		03/11/13	03/11/13	20.00	84.40	
					CLAIM TOTAL		84.40	CLAIM ACCOUNT REF. 2342900012010353SUP

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	
234282	1	T1019		03/09/13	03/09/13	24.00	101.28	
234282	2	T1019		03/10/13	03/10/13	24.00	101.28	
234282	3	T1019		03/11/13	03/11/13	24.00	101.28	
234282	4	T1019		03/12/13	03/12/13	24.00	101.28	
234282	5	T1019		03/13/13	03/13/13	24.00	101.28	
234282	6	T1019		03/14/13	03/14/13	24.00	101.28	
234282	7	T1019		03/15/13	03/15/13	28.00	118.16	
					CLAIM TOTAL		725.84	CLAIM ACCOUNT REF. 2342820012010639SUP

PAGE: 8

NPI = 1154407492

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		
234276	1	T1019		03/11/13	03/11/13	36.00	151.92		
234276	2	T1019		03/12/13	03/12/13	36.00	151.92		
234276	3	T1019		03/13/13	03/13/13	36.00	151.92		
234276	4	T1019		03/14/13	03/14/13	36.00	151.92		
234276	5	T1019		03/15/13	03/15/13	36.00	151.92		
					CLAIM TOTAL		759.60	CLAIM ACCOUNT REF.	2342760012010878SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
234278	1	T1019		03/09/13	03/09/13	48.00	202.56		
234278	2	T1019		03/10/13	03/10/13	44.00	185.68		
234278	3	T1019		03/11/13	03/11/13	48.00	202.56		
234278	4	T1019		03/12/13	03/12/13	48.00	202.56		
234278	5	T1019		03/13/13	03/13/13	48.00	202.56		
234278	6	T1019		03/14/13	03/14/13	48.00	202.56		
234278	7	T1019		03/15/13	03/15/13	48.00	202.56		
					CLAIM TOTAL		1,401.04	CLAIM ACCOUNT REF.	2342780012012500SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	104	TOTAL CLAIM AMOUNT =	13,065.12
		# SERVICES =	19		

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 9

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234321	1	T1019		03/09/13	03/09/13	4.00	68.60
234321	2	T1019		03/10/13	03/10/13	4.00	68.60
234321	3	T1019		03/11/13	03/11/13	11.00	188.65
234321	4	T1019		03/12/13	03/12/13	11.00	188.65
234321	5	T1019		03/13/13	03/13/13	11.00	188.65
234321	6	T1019		03/14/13	03/14/13	11.00	188.65
234321	7	T1019		03/15/13	03/15/13	11.00	188.65
CLAIM TOTAL						1,080.45	CLAIM ACCOUNT REF. 2343210012008233SUP

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
234329	1	T1019		03/09/13	03/09/13	6.00	102.90
234329	2	T1019		03/10/13	03/10/13	8.00	137.20
234329	3	T1019		03/11/13	03/11/13	11.00	188.65
234329	4	T1019		03/12/13	03/12/13	11.00	188.65
234329	5	T1019		03/13/13	03/13/13	11.00	188.65
234329	6	T1019		03/14/13	03/14/13	11.00	188.65
234329	7	T1019		03/15/13	03/15/13	11.00	188.65
CLAIM TOTAL						1,183.35	CLAIM ACCOUNT REF. 2343290012008236SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234324	1	T1019		02/25/13	02/25/13	4.00	68.60
234324	2	T1019		03/01/13	03/01/13	4.00	68.60
234324	3	T1019		03/11/13	03/11/13	4.00	68.60
234324	4	T1019		03/12/13	03/12/13	4.00	68.60
234324	5	T1019		03/13/13	03/13/13	4.00	68.60
234324	6	T1019		03/14/13	03/14/13	4.00	68.60
234324	7	T1019		03/15/13	03/15/13	4.00	68.60
CLAIM TOTAL						480.20	CLAIM ACCOUNT REF. 2343240012008237SUP

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 10

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 2008385 2008385 MURDOCK, GERTRUDE 11/01/1917 SS71357M 0112031290138
DIAGNOSIS CODES: 536.9 365.9 369.10 389.9 401.9 715.90 733.00 V15.88

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234327	1	T1019		03/12/13	03/12/13	10.00	171.50
234327	2	T1019		03/13/13	03/13/13	10.00	171.50
234327	3	T1019		03/14/13	03/14/13	9.00	154.35
234327	4	T1019		03/15/13	03/15/13	9.00	154.35
CLAIM TOTAL							651.70

CLAIM ACCOUNT REF. 2343270012008385SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234325	1	T1019		03/09/13	03/09/13	5.00	85.75
234325	2	T1019		03/11/13	03/11/13	5.00	85.75
234325	3	T1019		03/12/13	03/12/13	5.00	85.75
234325	4	T1019		03/13/13	03/13/13	5.00	85.75
CLAIM TOTAL							343.00

CLAIM ACCOUNT REF. 2343250012008417SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008417 2008417 GALAS, TERESA 06/08/1955 ZX91437V 0102111390699
DIAGNOSIS CODES: 345.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234326	1	T1019		03/14/13	03/14/13	4.00	68.60
234326	2	T1019		03/15/13	03/15/13	4.00	68.60
CLAIM TOTAL							137.20

CLAIM ACCOUNT REF. 2343260012008417SUP

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
234331	1	T1019		03/11/13	03/11/13	8.00	137.20
234331	2	T1019		03/12/13	03/12/13	8.00	137.20
234331	3	T1019		03/13/13	03/13/13	8.00	137.20
234331	4	T1019		03/14/13	03/14/13	8.00	137.20
234331	5	T1019		03/15/13	03/15/13	8.00	137.20
CLAIM TOTAL							686.00

CLAIM ACCOUNT REF. 2343310012008418SUP

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 11

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 2008743 2008743 CORDERO, ROSENDO 08/26/1926 QM62108S 0101231390317
DIAGNOSIS CODES: 492.0 272.0 401.9 715.00 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234322	1	T1019		03/09/13	03/09/13	10.00	171.50
234322	2	T1019		03/10/13	03/10/13	10.00	171.50
234322	3	T1019		03/12/13	03/12/13	10.00	171.50
234322	4	T1019		03/13/13	03/13/13	10.00	171.50
234322	5	T1019		03/14/13	03/14/13	10.00	171.50
234322	6	T1019		03/15/13	03/15/13	10.00	171.50
CLAIM TOTAL						1,029.00	CLAIM ACCOUNT REF. 2343220012008743SUP

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
234332	1	T1019		03/09/13	03/09/13	5.00	85.75
234332	2	T1019		03/10/13	03/10/13	5.00	85.75
CLAIM TOTAL						171.50	CLAIM ACCOUNT REF. 2343320012009377SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008235 2009688 RAMPERSAID, ALISSA 08/04/1992 SZ46585R 0112191290237
DIAGNOSIS CODES: 319. 315.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234330	1	T1019		03/11/13	03/11/13	3.00	51.45
234330	2	T1019		03/12/13	03/12/13	3.00	51.45
234330	3	T1019		03/13/13	03/13/13	3.00	51.45
234330	4	T1019		03/14/13	03/14/13	3.00	51.45
234330	5	T1019		03/15/13	03/15/13	4.00	68.60
CLAIM TOTAL						274.40	CLAIM ACCOUNT REF. 2343300012009688SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234333	1	T1019		03/01/13	03/01/13	8.00	137.20
234333	2	T1019		03/02/13	03/02/13	8.00	137.20
CLAIM TOTAL						274.40	CLAIM ACCOUNT REF. 2343330012010213SUP

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 12

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 2008279 2010213 VALLE, BLASINA 02/03/1929 QG00558G 0102041390418
DIAGNOSIS CODES: 428.0 244.9 272.4 331.0 537.9 746.85

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234334	1	T1019		03/08/13	03/08/13	6.00	102.90
234334	2	T1019		03/09/13	03/09/13	7.00	120.05
234334	3	T1019		03/11/13	03/11/13	8.00	137.20
234334	4	T1019		03/12/13	03/12/13	6.00	102.90
234334	5	T1019		03/13/13	03/13/13	6.00	102.90
234334	6	T1019		03/14/13	03/14/13	6.00	102.90
CLAIM TOTAL							668.85
CLAIM ACCOUNT REF.							2343340012010213SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234328	1	T1019		03/09/13	03/09/13	3.00	51.45
234328	2	T1019		03/10/13	03/10/13	3.00	51.45
234328	3	T1019		03/11/13	03/11/13	3.00	51.45
234328	4	T1019		03/12/13	03/12/13	3.00	51.45
234328	5	T1019		03/13/13	03/13/13	3.00	51.45
234328	6	T1019		03/14/13	03/14/13	3.00	51.45
234328	7	T1019		03/15/13	03/15/13	3.00	51.45
CLAIM TOTAL							360.15
CLAIM ACCOUNT REF.							2343280012010886SUP

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
234323	1	T1019		03/09/13	03/09/13	24.00	411.60
234323	2	T1019		03/10/13	03/10/13	24.00	411.60
234323	3	T1019		03/11/13	03/11/13	24.00	411.60
234323	4	T1019		03/12/13	03/12/13	24.00	411.60
234323	5	T1019		03/13/13	03/13/13	24.00	411.60
234323	6	T1019		03/14/13	03/14/13	24.00	411.60
234323	7	T1019		03/15/13	03/15/13	24.00	411.60
CLAIM TOTAL							2,881.20
CLAIM ACCOUNT REF.							2343230012011286SUP

PAGE: 13

NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2343350012012382SUP

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	78	TOTAL CLAIM AMOUNT =	11,662.00
		# SERVICES =	13		

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 14

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
234361	1	T1019		03/09/13	03/09/13	36.00	154.80
234361	2	T1019		03/10/13	03/10/13	36.00	154.80
234361	3	T1019		03/11/13	03/11/13	36.00	154.80
234361	4	T1019		03/12/13	03/12/13	36.00	154.80
234361	5	T1019		03/13/13	03/13/13	36.00	154.80
234361	6	T1019		03/14/13	03/14/13	36.00	154.80
CLAIM TOTAL						928.80	CLAIM ACCOUNT REF. 2343610012008286SUP

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
234350	1	T1019		03/09/13	03/09/13	24.00	103.20
234350	2	T1019		03/10/13	03/10/13	24.00	103.20
234350	3	T1019		03/11/13	03/11/13	24.00	103.20
234350	4	T1019		03/12/13	03/12/13	24.00	103.20
234350	5	T1019		03/13/13	03/13/13	24.00	103.20
234350	6	T1019		03/14/13	03/14/13	24.00	103.20
CLAIM TOTAL						619.20	CLAIM ACCOUNT REF. 2343500012008495SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234336	1	T1019		03/09/13	03/09/13	28.00	120.40
234336	2	T1019		03/10/13	03/10/13	28.00	120.40
234336	3	T1019		03/11/13	03/11/13	28.00	120.40
234336	4	T1019		03/12/13	03/12/13	28.00	120.40
234336	5	T1019		03/13/13	03/13/13	28.00	120.40
234336	6	T1019		03/14/13	03/14/13	28.00	120.40
234336	7	T1019		03/15/13	03/15/13	28.00	120.40
CLAIM TOTAL						842.80	CLAIM ACCOUNT REF. 2343360012012101SUP

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 15

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 2012102 2012102 BISRAM, ROOPKALIA 01/03/1938 708029 111353605
DIAGNOSIS CODES: 401.9 272.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234337	1	T1019		03/12/13	03/12/13	16.00	68.80
234337	2	T1019		03/13/13	03/13/13	16.00	68.80
234337	3	T1019		03/14/13	03/14/13	16.00	68.80
234337	4	T1019		03/15/13	03/15/13	16.00	68.80
CLAIM TOTAL						275.20	CLAIM ACCOUNT REF. 2343370012012102SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234338	1	T1019		03/09/13	03/09/13	40.00	172.00
234338	2	T1019		03/10/13	03/10/13	16.00	68.80
234338	3	T1019		03/11/13	03/11/13	40.00	172.00
234338	4	T1019		03/12/13	03/12/13	40.00	172.00
234338	5	T1019		03/13/13	03/13/13	40.00	172.00
234338	6	T1019		03/14/13	03/14/13	40.00	172.00
234338	7	T1019		03/15/13	03/15/13	40.00	172.00
CLAIM TOTAL						1,100.80	CLAIM ACCOUNT REF. 2343380012012104SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012107 2012107 CRUZ, LUIS 06/10/1952 706307 111208204
DIAGNOSIS CODES: 250.93 414.3 428.0 491.21

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234339	1	T1019		03/14/13	03/14/13	32.00	137.60
234339	2	T1019		03/15/13	03/15/13	32.00	137.60
CLAIM TOTAL						275.20	CLAIM ACCOUNT REF. 2343390012012107SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234340	1	T1019		03/11/13	03/11/13	24.00	103.20
234340	2	T1019		03/12/13	03/12/13	24.00	103.20
234340	3	T1019		03/13/13	03/13/13	24.00	103.20
234340	4	T1019		03/14/13	03/14/13	24.00	103.20
234340	5	T1019		03/15/13	03/15/13	24.00	103.20

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 16

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	CLAIM TOTAL
							516.00	
								CLAIM ACCOUNT REF. 2343400012012108SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL
234341	1	T1019		03/11/13	03/11/13	16.00	68.80	
							68.80	
								CLAIM ACCOUNT REF. 2343410012012110SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012110	2012110	GOMEZ, RANNIE	09/11/1917	698802	111549523
DIAGNOSIS	CODES:	428.0	272.2	365.9	401.9	733.00	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL
234342	1	T1019		03/15/13	03/15/13	28.00	120.40	
							120.40	
								CLAIM ACCOUNT REF. 2343420012012110SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL
234343	1	T1019		03/09/13	03/09/13	48.00	206.40	
234343	2	T1019		03/10/13	03/10/13	36.00	154.80	
234343	3	T1019		03/11/13	03/11/13	12.00	51.60	
234343	4	T1019		03/12/13	03/12/13	48.00	206.40	
234343	5	T1019		03/13/13	03/13/13	20.00	86.00	
234343	6	T1019		03/14/13	03/14/13	48.00	206.40	
234343	7	T1019		03/15/13	03/15/13	36.00	154.80	
							1,066.40	
								CLAIM ACCOUNT REF. 2343430012012114SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL
234344	1	T1019		03/10/13	03/10/13	12.00	51.60	
234344	2	T1019		03/11/13	03/11/13	12.00	51.60	
234344	3	T1019		03/13/13	03/13/13	12.00	51.60	
234344	4	T1019		03/15/13	03/15/13	12.00	51.60	
							206.40	
								CLAIM ACCOUNT REF. 2343440012012115SUP

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 17

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 2012117 2012117 HAYNES, LAMONT 08/22/1920 695748 111524712
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
234345	1	T1019		03/09/13	03/09/13	20.00	86.00	
234345	2	T1019		03/10/13	03/10/13	20.00	86.00	
234345	3	T1019		03/11/13	03/11/13	16.00	68.80	
234345	4	T1019		03/12/13	03/12/13	16.00	68.80	
234345	5	T1019		03/13/13	03/13/13	16.00	68.80	
234345	6	T1019		03/14/13	03/14/13	16.00	68.80	
234345	7	T1019		03/15/13	03/15/13	16.00	68.80	
				CLAIM TOTAL		516.00		CLAIM ACCOUNT REF. 2343450012012117SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
234346	1	T1019		03/11/13	03/11/13	28.00	120.40	
234346	2	T1019		03/12/13	03/12/13	28.00	120.40	
234346	3	T1019		03/13/13	03/13/13	28.00	120.40	
234346	4	T1019		03/14/13	03/14/13	28.00	120.40	
234346	5	T1019		03/15/13	03/15/13	28.00	120.40	
				CLAIM TOTAL		602.00		CLAIM ACCOUNT REF. 2343460012012120SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
234352	1	T1019		03/09/13	03/09/13	32.00	137.60	
234352	2	T1019		03/11/13	03/11/13	32.00	137.60	
234352	3	T1019		03/12/13	03/12/13	40.00	172.00	
234352	4	T1019		03/13/13	03/13/13	32.00	137.60	
234352	5	T1019		03/14/13	03/14/13	24.00	103.20	
234352	6	T1019		03/15/13	03/15/13	32.00	137.60	
				CLAIM TOTAL		825.60		CLAIM ACCOUNT REF. 2343520012012121SUP

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 18

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 2012122 2012122 MORALES, FRANCISCO 12/03/1935 744366 111218452
DIAGNOSIS CODES: 250.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234353	1	T1019		03/09/13	03/09/13	20.00	86.00
234353	2	T1019		03/10/13	03/10/13	20.00	86.00
234353	3	T1019		03/11/13	03/11/13	20.00	86.00
234353	4	T1019		03/12/13	03/12/13	20.00	86.00
234353	5	T1019		03/13/13	03/13/13	20.00	86.00
234353	6	T1019		03/14/13	03/14/13	20.00	86.00
234353	7	T1019		03/15/13	03/15/13	20.00	86.00
CLAIM TOTAL						602.00	CLAIM ACCOUNT REF. 2343530012012122SUP

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
234354	1	T1019		03/09/13	03/09/13	20.00	86.00
234354	2	T1019		03/10/13	03/10/13	20.00	86.00
234354	3	T1019		03/11/13	03/11/13	28.00	120.40
234354	4	T1019		03/12/13	03/12/13	28.00	120.40
234354	5	T1019		03/13/13	03/13/13	28.00	120.40
234354	6	T1019		03/14/13	03/14/13	28.00	120.40
234354	7	T1019		03/15/13	03/15/13	28.00	120.40
CLAIM TOTAL						774.00	CLAIM ACCOUNT REF. 2343540012012130SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234356	1	T1019		03/11/13	03/11/13	16.00	68.80
234356	2	T1019		03/13/13	03/13/13	16.00	68.80
234356	3	T1019		03/15/13	03/15/13	16.00	68.80
CLAIM TOTAL						206.40	CLAIM ACCOUNT REF. 2343560012012131SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234355	1	T1019		03/07/13	03/07/13	32.00	137.60

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 19

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	
234355	2	T1019		03/08/13	03/08/13	32.00	137.60	
234355	3	T1019		03/09/13	03/09/13	20.00	86.00	
234355	4	T1019		03/10/13	03/10/13	20.00	86.00	
234355	5	T1019		03/11/13	03/11/13	32.00	137.60	
234355	6	T1019		03/12/13	03/12/13	32.00	137.60	
234355	7	T1019		03/13/13	03/13/13	32.00	137.60	
				CLAIM TOTAL			860.00	CLAIM ACCOUNT REF. 2343550012012132SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
234368	1	T1019		03/11/13	03/11/13	28.00	120.40	
234368	2	T1019		03/12/13	03/12/13	28.00	120.40	
234368	3	T1019		03/13/13	03/13/13	28.00	120.40	
234368	4	T1019		03/14/13	03/14/13	28.00	120.40	
234368	5	T1019		03/15/13	03/15/13	28.00	120.40	
				CLAIM TOTAL			602.00	CLAIM ACCOUNT REF. 2343680012012134SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
234371	1	T1019		03/11/13	03/11/13	32.00	137.60	
234371	2	T1019		03/12/13	03/12/13	32.00	137.60	
234371	3	T1019		03/13/13	03/13/13	32.00	137.60	
234371	4	T1019		03/14/13	03/14/13	32.00	137.60	
				CLAIM TOTAL			550.40	CLAIM ACCOUNT REF. 2343710012012137SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
234372	1	T1019		03/11/13	03/11/13	16.00	68.80	
234372	2	T1019		03/12/13	03/12/13	16.00	68.80	
234372	3	T1019		03/14/13	03/14/13	16.00	68.80	
234372	4	T1019		03/15/13	03/15/13	16.00	68.80	
				CLAIM TOTAL			275.20	CLAIM ACCOUNT REF. 2343720012012138SUP

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 20

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 2012140 2012140 PATRICK, IMAGE NE 03/27/1930 737028 111282273
DIAGNOSIS CODES: 294.10 153.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234357	1	T1019		03/09/13	03/09/13	32.00	137.60
234357	2	T1019		03/11/13	03/11/13	32.00	137.60
234357	3	T1019		03/12/13	03/12/13	32.00	137.60
234357	4	T1019		03/13/13	03/13/13	32.00	137.60
234357	5	T1019		03/14/13	03/14/13	32.00	137.60
234357	6	T1019		03/15/13	03/15/13	32.00	137.60
CLAIM TOTAL							825.60
CLAIM ACCOUNT REF.							2343570012012140SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234367	1	T1019		03/11/13	03/11/13	16.00	68.80
234367	2	T1019		03/13/13	03/13/13	16.00	68.80
234367	3	T1019		03/15/13	03/15/13	16.00	68.80
CLAIM TOTAL							206.40
CLAIM ACCOUNT REF.							2343670012012141SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234351	1	T1019		03/11/13	03/11/13	12.00	51.60
234351	2	T1019		03/12/13	03/12/13	12.00	51.60
234351	3	T1019		03/13/13	03/13/13	12.00	51.60
234351	4	T1019		03/14/13	03/14/13	12.00	51.60
234351	5	T1019		03/15/13	03/15/13	12.00	51.60
CLAIM TOTAL							258.00
CLAIM ACCOUNT REF.							2343510012012142SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234360	1	T1019		03/11/13	03/11/13	20.00	86.00
234360	2	T1019		03/13/13	03/13/13	20.00	86.00
234360	3	T1019		03/15/13	03/15/13	20.00	86.00
CLAIM TOTAL							258.00
CLAIM ACCOUNT REF.							2343600012012144SUP

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 21

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 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
234358	1	T1019		03/11/13	03/11/13	16.00	68.80
234358	2	T1019		03/12/13	03/12/13	16.00	68.80
234358	3	T1019		03/13/13	03/13/13	16.00	68.80
234358	4	T1019		03/14/13	03/14/13	16.00	68.80
234358	5	T1019		03/15/13	03/15/13	16.00	68.80
CLAIM TOTAL							344.00

CLAIM ACCOUNT REF. 2343580012012145SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234359	1	T1019		03/11/13	03/11/13	16.00	68.80
234359	2	T1019		03/12/13	03/12/13	16.00	68.80
234359	3	T1019		03/13/13	03/13/13	16.00	68.80
234359	4	T1019		03/14/13	03/14/13	16.00	68.80
234359	5	T1019		03/15/13	03/15/13	16.00	68.80
CLAIM TOTAL							344.00

CLAIM ACCOUNT REF. 2343590012012146SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012149 2012149 REGLA, MARIA F 11/21/1933 691499 111223158
DIAGNOSIS CODES: 250.00 715.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234362	1	T1019		01/31/13	01/31/13	32.00	137.60
234362	2	T1019		02/01/13	02/01/13	32.00	137.60
234362	3	T1019		03/11/13	03/11/13	32.00	137.60
234362	4	T1019		03/12/13	03/12/13	32.00	137.60
234362	5	T1019		03/13/13	03/13/13	32.00	137.60
234362	6	T1019		03/15/13	03/15/13	32.00	137.60
CLAIM TOTAL							825.60

CLAIM ACCOUNT REF. 2343620012012149SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234363	1	T1019		03/03/13	03/03/13	32.00	137.60
234363	2	T1019		03/09/13	03/09/13	32.00	137.60

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 22

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	
234363	3	T1019		03/10/13	03/10/13	32.00	137.60	
234363	4	T1019		03/11/13	03/11/13	32.00	137.60	
234363	5	T1019		03/12/13	03/12/13	32.00	137.60	
234363	6	T1019		03/13/13	03/13/13	32.00	137.60	
234363	7	T1019		03/14/13	03/14/13	32.00	137.60	
234363	8	T1019		03/15/13	03/15/13	32.00	137.60	
CLAIM TOTAL							1,100.80	CLAIM ACCOUNT REF. 2343630012012152SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
234364	1	T1019		03/09/13	03/09/13	24.00	103.20	
234364	2	T1019		03/11/13	03/11/13	24.00	103.20	
234364	3	T1019		03/12/13	03/12/13	24.00	103.20	
234364	4	T1019		03/13/13	03/13/13	24.00	103.20	
234364	5	T1019		03/14/13	03/14/13	24.00	103.20	
234364	6	T1019		03/15/13	03/15/13	24.00	103.20	
CLAIM TOTAL							619.20	CLAIM ACCOUNT REF. 2343640012012154SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
234366	1	T1019		03/11/13	03/11/13	20.00	86.00	
234366	2	T1019		03/12/13	03/12/13	20.00	86.00	
234366	3	T1019		03/13/13	03/13/13	20.00	86.00	
CLAIM TOTAL							258.00	CLAIM ACCOUNT REF. 2343660012012155SUP

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	
234347	1	T1019		03/09/13	03/09/13	48.00	206.40	
234347	2	T1019		03/10/13	03/10/13	48.00	206.40	
234347	3	T1019		03/11/13	03/11/13	48.00	206.40	
CLAIM TOTAL							619.20	CLAIM ACCOUNT REF. 2343470012012158SUP

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 23

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 2012159 2012159 LOPEZ, VITALIA 08/01/1922 691723 111519695
DIAGNOSIS CODES: 331.0 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234348	1	T1019		03/09/13	03/09/13	48.00	206.40
234348	2	T1019		03/10/13	03/10/13	48.00	206.40
234348	3	T1019		03/11/13	03/11/13	48.00	206.40
CLAIM TOTAL							619.20

CLAIM ACCOUNT REF. 2343480012012159SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234369	1	T1019		03/11/13	03/11/13	16.00	68.80
234369	2	T1019		03/14/13	03/14/13	16.00	68.80
CLAIM TOTAL							137.60

CLAIM ACCOUNT REF. 2343690012012261SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234370	1	T1019		03/09/13	03/09/13	36.00	154.80
234370	2	T1019		03/10/13	03/10/13	32.00	137.60
234370	3	T1019		03/11/13	03/11/13	36.00	154.80
234370	4	T1019		03/12/13	03/12/13	36.00	154.80
234370	5	T1019		03/13/13	03/13/13	36.00	154.80
234370	6	T1019		03/14/13	03/14/13	36.00	154.80
234370	7	T1019		03/15/13	03/15/13	36.00	154.80
CLAIM TOTAL							1,066.40

CLAIM ACCOUNT REF. 2343700012012266SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012719 2012719 SANCHEZ FLORES, ADELAI 11/03/1944 761166 111548538
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234365	1	T1019		03/13/13	03/13/13	20.00	86.00
CLAIM TOTAL							86.00

CLAIM ACCOUNT REF. 2343650012012719SUP

PAGE: 24

NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012159	2012838	LOPEZ, VITALIA	08/01/1922	691723	111519695

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
234349	1	T1019		03/12/13	03/12/13	4.00	17.20	
234349	2	T1019		03/13/13	03/13/13	4.00	17.20	
234349	3	T1019		03/14/13	03/14/13	4.00	17.20	
234349	4	T1019		03/15/13	03/15/13	4.00	17.20	
						CLAIM TOTAL	68.80	CLAIM ACCOUNT REF. 2343490012012838SUP

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	175	TOTAL CLAIM AMOUNT =	19,470.40
		# SERVICES =	36		

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 25

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
234316	1	T1019	0580	03/11/13	03/11/13	40.00	168.80
234316	2	T1019	0580	03/12/13	03/12/13	40.00	168.80
234316	3	T1019	0580	03/14/13	03/14/13	40.00	168.80
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2343160012008491SUP

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
234320	1	T1019	0580	03/13/13	03/13/13	16.00	67.52
234320	2	T1019	0580	03/14/13	03/14/13	16.00	67.52
234320	3	T1019	0580	03/15/13	03/15/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2343200012008513SUP

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
234317	1	T1019	0580	03/09/13	03/09/13	20.00	84.40
234317	2	T1019	0580	03/10/13	03/10/13	20.00	84.40
234317	3	T1019	0580	03/11/13	03/11/13	20.00	84.40
234317	4	T1019	0580	03/12/13	03/12/13	20.00	84.40
234317	5	T1019	0580	03/13/13	03/13/13	20.00	84.40
234317	6	T1019	0580	03/14/13	03/14/13	20.00	84.40
234317	7	T1019	0580	03/15/13	03/15/13	20.00	84.40
CLAIM TOTAL							590.80
CLAIM ACCOUNT REF.							2343170012008544SUP

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
234312	1	T1019	0580	03/12/13	03/12/13	16.00	67.52
234312	2	T1019	0580	03/14/13	03/14/13	16.00	67.52
234312	3	T1019	0580	03/15/13	03/15/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2343120012008723SUP

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 26

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234305	1	T1019	0580	03/09/13	03/09/13	48.00	202.56
234305	2	T1019	0580	03/10/13	03/10/13	48.00	202.56
234305	3	T1019	0580	03/11/13	03/11/13	48.00	202.56
234305	4	T1019	0580	03/12/13	03/12/13	48.00	202.56
234305	5	T1019	0580	03/13/13	03/13/13	48.00	202.56
234305	6	T1019	0580	03/14/13	03/14/13	48.00	202.56
234305	7	T1019	0580	03/15/13	03/15/13	48.00	202.56
CLAIM TOTAL						1,417.92	CLAIM ACCOUNT REF. 2343050012008793SUP

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
234314	1	T1019	0580	03/09/13	03/09/13	32.00	135.04
234314	2	T1019	0580	03/10/13	03/10/13	32.00	135.04
234314	3	T1019	0580	03/11/13	03/11/13	32.00	135.04
234314	4	T1019	0580	03/12/13	03/12/13	32.00	135.04
234314	5	T1019	0580	03/13/13	03/13/13	32.00	135.04
234314	6	T1019	0580	03/14/13	03/14/13	32.00	135.04
234314	7	T1019	0580	03/15/13	03/15/13	32.00	135.04
CLAIM TOTAL						945.28	CLAIM ACCOUNT REF. 2343140012009237SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234319	1	T1019	0580	03/15/13	03/15/13	20.00	84.40
CLAIM TOTAL						84.40	CLAIM ACCOUNT REF. 2343190012009269SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234307	1	T1019	0580	03/11/13	03/11/13	16.00	67.52
234307	2	T1019	0580	03/12/13	03/12/13	16.00	67.52
234307	3	T1019	0580	03/13/13	03/13/13	16.00	67.52

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 27

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
234307	4	T1019	0580	03/14/13	03/14/13	16.00	67.52
234307	5	T1019	0580	03/15/13	03/15/13	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2343070012009686SUP

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
234309	1	T1019	0580	03/09/13	03/09/13	28.00	118.16
234309	2	T1019	0580	03/10/13	03/10/13	27.00	113.94
234309	3	T1019	0580	03/11/13	03/11/13	28.00	118.16
234309	4	T1019	0580	03/12/13	03/12/13	28.00	118.16
234309	5	T1019	0580	03/13/13	03/13/13	28.00	118.16
234309	6	T1019	0580	03/14/13	03/14/13	28.00	118.16
234309	7	T1019	0580	03/15/13	03/15/13	28.00	118.16
CLAIM TOTAL							822.90

CLAIM ACCOUNT REF. 2343090012009945SUP

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
234304	1	T1019	0580	03/11/13	03/11/13	32.00	135.04
234304	2	T1019	0580	03/12/13	03/12/13	32.00	135.04
234304	3	T1019	0580	03/13/13	03/13/13	32.00	135.04
234304	4	T1019	0580	03/14/13	03/14/13	32.00	135.04
234304	5	T1019	0580	03/15/13	03/15/13	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2343040012010293SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010316 2010316 WEATHERS, VERDNA 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
234313	1	T1019	0580	03/09/13	03/09/13	48.00	202.56
234313	2	T1019	0580	03/10/13	03/10/13	48.00	202.56
234313	3	T1019	0580	03/11/13	03/11/13	48.00	202.56
234313	4	T1019	0580	03/12/13	03/12/13	48.00	202.56
234313	5	T1019	0580	03/13/13	03/13/13	48.00	202.56
234313	6	T1019	0580	03/14/13	03/14/13	20.00	84.40
234313	7	T1019	0580	03/15/13	03/15/13	48.00	202.56
CLAIM TOTAL							1,299.76

CLAIM ACCOUNT REF. 2343130012010316SUP

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 28

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 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
234308	1	T1019	0580	03/09/13	03/09/13	36.00	151.92
234308	2	T1019	0580	03/10/13	03/10/13	36.00	151.92
234308	3	T1019	0580	03/11/13	03/11/13	36.00	151.92
234308	4	T1019	0580	03/12/13	03/12/13	36.00	151.92
234308	5	T1019	0580	03/13/13	03/13/13	36.00	151.92
234308	6	T1019	0580	03/14/13	03/14/13	36.00	151.92
CLAIM TOTAL							911.52
CLAIM ACCOUNT REF.							2343080012010991SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011146 2011146 PADILLA, ALBA 01/02/1948 QH19791B 0005276247
DIAGNOSIS CODES: 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234318	1	T1019	0580	08/14/12	08/14/12	4.00	16.88
CLAIM TOTAL							16.88
CLAIM ACCOUNT REF.							2343180012011146SUP

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
234306	1	G0156	0572	03/09/13	03/09/13	12.00	171.00
234306	2	G0156	0572	03/11/13	03/11/13	12.00	171.00
234306	3	G0156	0572	03/12/13	03/12/13	11.50	163.88
234306	4	G0156	0572	03/13/13	03/13/13	12.00	171.00
234306	5	G0156	0572	03/14/13	03/14/13	6.00	85.50
234306	6	G0156	0572	03/15/13	03/15/13	12.00	171.00
CLAIM TOTAL							933.38
CLAIM ACCOUNT REF.							2343060012011526SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009467 2011833 KEATON, CATHERINE 08/30/1923 WC81742E 0004298435
DIAGNOSIS CODES: 715.00 365.9 401.9 780.4 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234310	1	T1019	0580	03/09/13	03/09/13	48.00	202.56
234310	2	T1019	0580	03/10/13	03/10/13	48.00	202.56
234310	3	T1019	0580	03/11/13	03/11/13	48.00	202.56
234310	4	T1019	0580	03/12/13	03/12/13	48.00	202.56
234310	5	T1019	0580	03/13/13	03/13/13	48.00	202.56

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 29

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

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234310	6	T1019	0580	03/14/13	03/14/13	48.00	202.56
234310	7	T1019	0580	03/15/13	03/15/13	48.00	202.56
CLAIM TOTAL							1,417.92
CLAIM ACCOUNT REF.							2343100012011833SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234315	1	T1019	0580	03/11/13	03/11/13	20.00	84.40
234315	2	T1019	0580	03/12/13	03/12/13	20.00	84.40
234315	3	T1019	0580	03/13/13	03/13/13	20.00	84.40
234315	4	T1019	0580	03/14/13	03/14/13	20.00	84.40
234315	5	T1019	0580	03/15/13	03/15/13	20.00	84.40
CLAIM TOTAL							422.00
CLAIM ACCOUNT REF.							2343150012012343SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234311	1	T1019	0580	03/09/13	03/09/13	24.00	101.28
234311	2	T1019	0580	03/10/13	03/10/13	24.00	101.28
234311	3	T1019	0580	03/11/13	03/11/13	24.00	101.28
234311	4	T1019	0580	03/12/13	03/12/13	24.00	101.28
234311	5	T1019	0580	03/13/13	03/13/13	24.00	101.28
234311	6	T1019	0580	03/14/13	03/14/13	24.00	101.28
234311	7	T1019	0580	03/15/13	03/15/13	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2343110012012541SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234303	1	T1019	0580	03/11/13	03/11/13	24.00	101.28
234303	2	T1019	0580	03/12/13	03/12/13	24.00	101.28
234303	3	T1019	0580	03/13/13	03/13/13	24.00	101.28
234303	4	T1019	0580	03/14/13	03/14/13	24.00	101.28
234303	5	T1019	0580	03/15/13	03/15/13	24.00	101.28
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2343030012012547SUP

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 30

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

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	92	TOTAL CLAIM AMOUNT =	12,002.44
		# SERVICES =	18		

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 31

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234393	1	S5125		03/11/13	03/11/13	28.00	120.12
234393	2	S5125		03/12/13	03/12/13	28.00	120.12
234393	3	S5125		03/13/13	03/13/13	28.00	120.12
234393	4	S5125		03/14/13	03/14/13	28.00	120.12
CLAIM TOTAL							480.48
CLAIM ACCOUNT REF.							2343930012010958SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234394	1	S5125		03/09/13	03/09/13	24.00	102.96
234394	2	S5125		03/11/13	03/11/13	40.00	171.60
234394	3	S5125		03/12/13	03/12/13	24.00	102.96
234394	4	S5125		03/13/13	03/13/13	40.00	171.60
234394	5	S5125		03/14/13	03/14/13	24.00	102.96
234394	6	S5125		03/15/13	03/15/13	40.00	171.60
CLAIM TOTAL							823.68
CLAIM ACCOUNT REF.							2343940012012481SUP

PAYER TOTALS: VNSNY CHOICE # OF CLAIMS = 10 TOTAL CLAIM AMOUNT = 1,304.16
SERVICES = 2

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 32

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
234262	1	T1019		03/09/13	03/09/13	12.00	50.64	
234262	2	T1019		03/10/13	03/10/13	12.00	50.64	
234262	3	T1019		03/11/13	03/11/13	12.00	50.64	
234262	4	T1019		03/12/13	03/12/13	12.00	50.64	
234262	5	T1019		03/13/13	03/13/13	12.00	50.64	
234262	6	T1019		03/14/13	03/14/13	12.00	50.64	
234262	7	T1019		03/15/13	03/15/13	12.00	50.64	
CLAIM TOTAL							354.48	CLAIM ACCOUNT REF. 2342620012008246SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
234263	1	T1019		03/11/13	03/11/13	12.00	50.64	
234263	2	T1019		03/12/13	03/12/13	12.00	50.64	
234263	3	T1019		03/13/13	03/13/13	12.00	50.64	
234263	4	T1019		03/14/13	03/14/13	12.00	50.64	
CLAIM TOTAL							202.56	CLAIM ACCOUNT REF. 2342630012008248SUP

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	
234257	1	T1019		03/09/13	03/09/13	44.00	185.68	
234257	2	T1019		03/10/13	03/10/13	44.00	185.68	
234257	3	T1019		03/11/13	03/11/13	44.00	185.68	
234257	4	T1019		03/12/13	03/12/13	44.00	185.68	
234257	5	T1019		03/13/13	03/13/13	44.00	185.68	
234257	6	T1019		03/14/13	03/14/13	44.00	185.68	
234257	7	T1019		03/15/13	03/15/13	44.00	185.68	
CLAIM TOTAL							1,299.76	CLAIM ACCOUNT REF. 2342570012008249SUP

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 33

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234265	1	T1019		03/09/13	03/09/13	32.00	135.04
234265	2	T1019		03/10/13	03/10/13	32.00	135.04
234265	3	T1019		03/11/13	03/11/13	32.00	135.04
234265	4	T1019		03/12/13	03/12/13	32.00	135.04
234265	5	T1019		03/13/13	03/13/13	32.00	135.04
234265	6	T1019		03/14/13	03/14/13	32.00	135.04
234265	7	T1019		03/15/13	03/15/13	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2342650012008250SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234243	1	T1019		03/09/13	03/09/13	32.00	135.04
234243	2	T1019		03/10/13	03/10/13	32.00	135.04
234243	3	T1019		03/11/13	03/11/13	32.00	135.04
234243	4	T1019		03/12/13	03/12/13	32.00	135.04
234243	5	T1019		03/13/13	03/13/13	32.00	135.04
234243	6	T1019		03/14/13	03/14/13	32.00	135.04
234243	7	T1019		03/15/13	03/15/13	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2342430012008251SUP

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
234258	1	T1019		03/10/13	03/10/13	48.00	202.56
234258	2	T1019		03/11/13	03/11/13	48.00	202.56
234258	3	T1019		03/12/13	03/12/13	48.00	202.56
234258	4	T1019		03/13/13	03/13/13	48.00	202.56
234258	5	T1019		03/14/13	03/14/13	48.00	202.56
234258	6	T1019		03/15/13	03/15/13	48.00	202.56
CLAIM TOTAL							1,215.36
CLAIM ACCOUNT REF.							2342580012008253SUP

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
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PAGE: 34

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008254 2008254 SPIVEY, PATRICIA 04/06/1965 WE52435B R2061243
DIAGNOSIS CODES: 250.00 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234268	1	T1019		03/11/13	03/11/13	20.00	84.40
234268	2	T1019		03/12/13	03/12/13	20.00	84.40
234268	3	T1019		03/13/13	03/13/13	20.00	84.40
234268	4	T1019		03/14/13	03/14/13	20.00	84.40
234268	5	T1019		03/15/13	03/15/13	20.00	84.40
CLAIM TOTAL							422.00
CLAIM ACCOUNT REF.							2342680012008254SUP

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
234241	1	T1019		03/11/13	03/11/13	32.00	135.04
234241	2	T1019		03/12/13	03/12/13	32.00	135.04
234241	3	T1019		03/13/13	03/13/13	32.00	135.04
234241	4	T1019		03/14/13	03/14/13	32.00	135.04
234241	5	T1019		03/15/13	03/15/13	32.00	135.04
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2342410012008256SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234247	1	T1019		03/09/13	03/09/13	24.00	101.28
234247	2	T1019		03/11/13	03/11/13	24.00	101.28
234247	3	T1019		03/12/13	03/12/13	24.00	101.28
234247	4	T1019		03/13/13	03/13/13	24.00	101.28
234247	5	T1019		03/14/13	03/14/13	24.00	101.28
234247	6	T1019		03/15/13	03/15/13	24.00	101.28
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2342470012008257SUP

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
234266	1	T1019		03/11/13	03/11/13	32.00	135.04
234266	2	T1019		03/12/13	03/12/13	32.00	135.04

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
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PAGE: 35

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
234266	3	T1019		03/13/13	03/13/13	32.00	135.04	
234266	4	T1019		03/14/13	03/14/13	32.00	135.04	
234266	5	T1019		03/15/13	03/15/13	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2342660012008290SUP

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	
234249	1	T1019		02/05/13	02/05/13	16.00	67.52	
234249	2	T1019		02/06/13	02/06/13	16.00	67.52	
234249	3	T1019		03/09/13	03/09/13	28.00	118.16	
234249	4	T1019		03/10/13	03/10/13	28.00	118.16	
234249	5	T1019		03/11/13	03/11/13	28.00	118.16	
234249	6	T1019		03/12/13	03/12/13	28.00	118.16	
234249	7	T1019		03/13/13	03/13/13	28.00	118.16	
234249	8	T1019		03/14/13	03/14/13	28.00	118.16	
234249	9	T1019		03/15/13	03/15/13	28.00	118.16	
					CLAIM TOTAL		962.16	CLAIM ACCOUNT REF. 2342490012008362SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008368 2008368 RODRIGUEZ, MARGARET 06/25/1950 ZP21043J R2162380
DIAGNOSIS CODES: 295.90 250.00 272.4 311. 401.9 414.3 733.00 780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
234264	1	T1019		03/11/13	03/11/13	16.00	67.52	
234264	2	T1019		03/12/13	03/12/13	16.00	67.52	
234264	3	T1019		03/13/13	03/13/13	16.00	67.52	
234264	4	T1019		03/14/13	03/14/13	16.00	67.52	
234264	5	T1019		03/15/13	03/15/13	16.00	67.52	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2342640012008368SUP

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	
234250	1	T1019		02/13/13	02/13/13	32.00	135.04	
234250	2	T1019		03/09/13	03/09/13	32.00	135.04	
234250	3	T1019		03/10/13	03/10/13	32.00	135.04	
234250	4	T1019		03/11/13	03/11/13	36.00	151.92	
					CLAIM TOTAL		557.04	CLAIM ACCOUNT REF. 2342500012008411SUP

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
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PAGE: 36

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 2008411 2008411 FRANCISCO, RICHARD 07/10/1968 XR22414G R2176143
DIAGNOSIS CODES: 401.9 443.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234251	1	T1019		03/12/13	03/12/13	32.00	135.04
234251	2	T1019		03/13/13	03/13/13	32.00	135.04
234251	3	T1019		03/14/13	03/14/13	32.00	135.04
234251	4	T1019		03/15/13	03/15/13	32.00	135.04
CLAIM TOTAL							540.16
CLAIM ACCOUNT REF.							2342510012008411SUP

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
234254	1	T1019		03/11/13	03/11/13	28.00	118.16
234254	2	T1019		03/12/13	03/12/13	28.00	118.16
234254	3	T1019		03/13/13	03/13/13	28.00	118.16
234254	4	T1019		03/14/13	03/14/13	28.00	118.16
234254	5	T1019		03/15/13	03/15/13	28.00	118.16
CLAIM TOTAL							590.80
CLAIM ACCOUNT REF.							2342540012008428SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234237	1	T1019		03/09/13	03/09/13	32.00	135.04
234237	2	T1019		03/10/13	03/10/13	32.00	135.04
234237	3	T1019		03/11/13	03/11/13	32.00	135.04
234237	4	T1019		03/12/13	03/12/13	32.00	135.04
234237	5	T1019		03/13/13	03/13/13	32.00	135.04
234237	6	T1019		03/14/13	03/14/13	32.00	135.04
234237	7	T1019		03/15/13	03/15/13	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2342370012008433SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234236	1	T1019		03/09/13	03/09/13	12.00	50.64
234236	2	T1019		03/11/13	03/11/13	20.00	84.40

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 37

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
234236	3	T1019		03/12/13	03/12/13	20.00	84.40	
234236	4	T1019		03/13/13	03/13/13	20.00	84.40	
234236	5	T1019		03/14/13	03/14/13	20.00	84.40	
234236	6	T1019		03/15/13	03/15/13	20.00	84.40	
					CLAIM TOTAL		472.64	CLAIM ACCOUNT REF. 2342360012008487SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
234270	1	T1019		03/09/13	03/09/13	32.00	135.04	
234270	2	T1019		03/10/13	03/10/13	32.00	135.04	
234270	3	T1019		03/11/13	03/11/13	32.00	135.04	
234270	4	T1019		03/12/13	03/12/13	32.00	135.04	
234270	5	T1019		03/13/13	03/13/13	32.00	135.04	
234270	6	T1019		03/14/13	03/14/13	24.00	101.28	
234270	7	T1019		03/15/13	03/15/13	32.00	135.04	
					CLAIM TOTAL		911.52	CLAIM ACCOUNT REF. 2342700012008558SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008571	2008571	ESPAILLAT, AMPARO	12/25/1949	ZG25447P	0110031201909
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	
234246	1	T1019		03/09/13	03/09/13	16.00	67.52	
234246	2	T1019		03/10/13	03/10/13	16.00	67.52	
234246	3	T1019		03/11/13	03/11/13	24.00	101.28	
234246	4	T1019		03/12/13	03/12/13	24.00	101.28	
234246	5	T1019		03/13/13	03/13/13	24.00	101.28	
234246	6	T1019		03/14/13	03/14/13	24.00	101.28	
234246	7	T1019		03/15/13	03/15/13	24.00	101.28	
					CLAIM TOTAL		641.44	CLAIM ACCOUNT REF. 2342460012008571SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
234248	1	T1019		03/09/13	03/09/13	40.00	168.80	
234248	2	T1019		03/10/13	03/10/13	40.00	168.80	
234248	3	T1019		03/11/13	03/11/13	40.00	168.80	
234248	4	T1019		03/12/13	03/12/13	28.00	118.16	

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
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PAGE: 38

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
234248	5	T1019		03/13/13	03/13/13	40.00	168.80	
234248	6	T1019		03/14/13	03/14/13	40.00	168.80	
234248	7	T1019		03/15/13	03/15/13	40.00	168.80	
					CLAIM TOTAL		1,130.96	CLAIM ACCOUNT REF. 2342480012009001SUP

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	
234244	1	T1019		03/10/13	03/10/13	20.00	84.40	
234244	2	T1019		03/12/13	03/12/13	20.00	84.40	
234244	3	T1019		03/13/13	03/13/13	20.00	84.40	
234244	4	T1019		03/14/13	03/14/13	20.00	84.40	
234244	5	T1019		03/15/13	03/15/13	20.00	84.40	
					CLAIM TOTAL		422.00	CLAIM ACCOUNT REF. 2342440012009256SUP

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	
234242	1	T1019		03/09/13	03/09/13	32.00	135.04	
234242	2	T1019		03/11/13	03/11/13	32.00	135.04	
234242	3	T1019		03/12/13	03/12/13	32.00	135.04	
234242	4	T1019		03/13/13	03/13/13	32.00	135.04	
234242	5	T1019		03/14/13	03/14/13	32.00	135.04	
234242	6	T1019		03/15/13	03/15/13	32.00	135.04	
					CLAIM TOTAL		810.24	CLAIM ACCOUNT REF. 2342420012009270SUP

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	
234245	1	T1019		03/11/13	03/11/13	24.00	101.28	
234245	2	T1019		03/12/13	03/12/13	24.00	101.28	
234245	3	T1019		03/13/13	03/13/13	24.00	101.28	
234245	4	T1019		03/14/13	03/14/13	24.00	101.28	
234245	5	T1019		03/15/13	03/15/13	24.00	101.28	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2342450012009405SUP

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 39

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 2009425 2009425 FRIAS, BARBARA 04/01/1954 YQ10410R R2162289
DIAGNOSIS CODES: 785.9 V44.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234252	1	T1019		03/11/13	03/11/13	16.00	67.52
234252	2	T1019		03/13/13	03/13/13	16.00	67.52
234252	3	T1019		03/15/13	03/15/13	16.00	67.52
CLAIM TOTAL							202.56

CLAIM ACCOUNT REF. 2342520012009425SUP

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
234239	1	T1019		03/10/13	03/10/13	20.00	84.40
234239	2	T1019		03/11/13	03/11/13	24.00	101.28
234239	3	T1019		03/12/13	03/12/13	20.00	84.40
234239	4	T1019		03/13/13	03/13/13	24.00	101.28
234239	5	T1019		03/14/13	03/14/13	20.00	84.40
234239	6	T1019		03/15/13	03/15/13	24.00	101.28
CLAIM TOTAL							557.04

CLAIM ACCOUNT REF. 2342390012009560SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234274	1	T1019		03/11/13	03/11/13	32.00	135.04
234274	2	T1019		03/12/13	03/12/13	32.00	135.04
234274	3	T1019		03/13/13	03/13/13	32.00	135.04
234274	4	T1019		03/14/13	03/14/13	32.00	135.04
234274	5	T1019		03/15/13	03/15/13	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2342740012010009SUP

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
234256	1	T1019		03/09/13	03/09/13	48.00	202.56
234256	2	T1019		03/10/13	03/10/13	48.00	202.56
234256	3	T1019		03/11/13	03/11/13	48.00	202.56
234256	4	T1019		03/12/13	03/12/13	48.00	202.56

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 40

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
234256	5	T1019		03/13/13	03/13/13	48.00	202.56	
234256	6	T1019		03/14/13	03/14/13	48.00	202.56	
234256	7	T1019		03/15/13	03/15/13	48.00	202.56	
					CLAIM TOTAL		1,417.92	CLAIM ACCOUNT REF. 2342560012010311SUP

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	
234273	1	T1019		03/09/13	03/09/13	20.00	84.40	
234273	2	T1019		03/10/13	03/10/13	20.00	84.40	
234273	3	T1019		03/14/13	03/14/13	20.00	84.40	
234273	4	T1019		03/15/13	03/15/13	20.00	84.40	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2342730012010758SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
234255	1	T1019		02/02/13	02/02/13	32.00	135.04	
234255	2	T1019		02/12/13	02/12/13	32.00	135.04	
234255	3	T1019		03/11/13	03/11/13	32.00	135.04	
234255	4	T1019		03/12/13	03/12/13	32.00	135.04	
234255	5	T1019		03/13/13	03/13/13	32.00	135.04	
234255	6	T1019		03/14/13	03/14/13	32.00	135.04	
234255	7	T1019		03/15/13	03/15/13	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2342550012010967SUP

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	
234260	1	T1020		03/09/13	03/09/13	12.00	202.56	
234260	2	T1020		03/10/13	03/10/13	12.00	202.56	
234260	3	T1020		03/11/13	03/11/13	12.00	202.56	
234260	4	T1020		03/12/13	03/12/13	12.00	202.56	
234260	5	T1020		03/13/13	03/13/13	12.00	202.56	
234260	6	T1020		03/15/13	03/15/13	12.00	202.56	
					CLAIM TOTAL		1,215.36	CLAIM ACCOUNT REF. 2342600012011388SUP

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 41

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 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
234240	1	T1019		03/11/13	03/11/13	40.00	168.80
234240	2	T1019		03/12/13	03/12/13	40.00	168.80
234240	3	T1019		03/13/13	03/13/13	40.00	168.80
234240	4	T1019		03/14/13	03/14/13	40.00	168.80
234240	5	T1019		03/15/13	03/15/13	40.00	168.80
CLAIM TOTAL							844.00

CLAIM ACCOUNT REF. 2342400012011528SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234269	1	T1019		03/09/13	03/09/13	36.00	151.92
234269	2	T1019		03/10/13	03/10/13	36.00	151.92
234269	3	T1019		03/11/13	03/11/13	40.00	168.80
234269	4	T1019		03/12/13	03/12/13	40.00	168.80
234269	5	T1019		03/13/13	03/13/13	40.00	168.80
234269	6	T1019		03/14/13	03/14/13	40.00	168.80
234269	7	T1019		03/15/13	03/15/13	40.00	168.80
CLAIM TOTAL							1,147.84

CLAIM ACCOUNT REF. 2342690012011820SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234261	1	T1019		03/09/13	03/09/13	40.00	168.80
234261	2	T1019		03/10/13	03/10/13	40.00	168.80
234261	3	T1019		03/11/13	03/11/13	40.00	168.80
234261	4	T1019		03/12/13	03/12/13	40.00	168.80
234261	5	T1019		03/15/13	03/15/13	40.00	168.80
CLAIM TOTAL							844.00

CLAIM ACCOUNT REF. 2342610012012284SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234253	1	T1019		03/09/13	03/09/13	32.00	135.04

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 42

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
234253	2	T1019		03/10/13	03/10/13	32.00	135.04	
234253	3	T1019		03/11/13	03/11/13	32.00	135.04	
234253	4	T1019		03/12/13	03/12/13	32.00	135.04	
234253	5	T1019		03/13/13	03/13/13	32.00	135.04	
234253	6	T1019		03/14/13	03/14/13	32.00	135.04	
234253	7	T1019		03/15/13	03/15/13	32.00	135.04	
				CLAIM TOTAL			945.28	CLAIM ACCOUNT REF. 2342530012012478SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012477	2012489	BLANCO, CARMELINA	08/19/1940	112990683	0101241301336
DIAGNOSIS	CODES:	715.90 250.00 272.0 401.9				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
234238	1	T1019		03/11/13	03/11/13	16.00	67.52	
234238	2	T1019		03/12/13	03/12/13	16.00	67.52	
234238	3	T1019		03/13/13	03/13/13	16.00	67.52	
234238	4	T1019		03/14/13	03/14/13	16.00	67.52	
234238	5	T1019		03/15/13	03/15/13	16.00	67.52	
				CLAIM TOTAL			337.60	CLAIM ACCOUNT REF. 2342380012012489SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012498	2012498	SCHOONMAKER, JEAN	01/16/1944	116703035	0101171302362
DIAGNOSIS	CODES:	799.89				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
234267	1	T1019		03/09/13	03/09/13	32.00	135.04	
234267	2	T1019		03/10/13	03/10/13	32.00	135.04	
234267	3	T1019		03/14/13	03/14/13	32.00	135.04	
234267	4	T1019		03/15/13	03/15/13	28.00	118.16	
				CLAIM TOTAL			523.28	CLAIM ACCOUNT REF. 2342670012012498SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
234259	1	T1019		03/09/13	03/09/13	24.00	101.28	
234259	2	T1019		03/11/13	03/11/13	24.00	101.28	
234259	3	T1019		03/12/13	03/12/13	24.00	101.28	
234259	4	T1019		03/13/13	03/13/13	24.00	101.28	
234259	5	T1019		03/14/13	03/14/13	24.00	101.28	
234259	6	T1019		03/15/13	03/15/13	24.00	101.28	
				CLAIM TOTAL			607.68	CLAIM ACCOUNT REF. 2342590012012683SUP

PAGE: 43

NPI = 1154407492

PRIOR AUTHORIZATION #
0102281303005

CLAIM ACCOUNT REF. 2342710012012772SUP

PRIOR AUTHORIZATION #
R2182130

CLAIM ACCOUNT REF. 2342720012012823SUP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	225	TOTAL CLAIM AMOUNT =	27,936.40
		# SERVICES =	38		

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 44

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	
234299	1	T1019		03/09/13	03/09/13	40.00	171.60	
234299	2	T1019		03/10/13	03/10/13	40.00	171.60	
234299	3	T1019		03/11/13	03/11/13	40.00	171.60	
234299	4	T1019		03/12/13	03/12/13	40.00	171.60	
234299	5	T1019		03/13/13	03/13/13	40.00	171.60	
234299	6	T1019		03/14/13	03/14/13	40.00	171.60	
234299	7	T1019		03/15/13	03/15/13	40.00	171.60	
				CLAIM TOTAL		1,201.20		CLAIM ACCOUNT REF. 2342990012008245SUP

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	
234301	1	T1019		03/04/13	03/04/13	36.00	154.44	
234301	2	T1019		03/05/13	03/05/13	36.00	154.44	
234301	3	T1019		03/06/13	03/06/13	36.00	154.44	
234301	4	T1019		03/07/13	03/07/13	36.00	154.44	
234301	5	T1019		03/08/13	03/08/13	36.00	154.44	
				CLAIM TOTAL		772.20		CLAIM ACCOUNT REF. 2343010012008287SUP

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	
234302	1	T1019		03/09/13	03/09/13	32.00	137.28	
234302	2	T1019		03/10/13	03/10/13	32.00	137.28	
234302	3	T1019		03/11/13	03/11/13	32.00	137.28	
234302	4	T1019		03/12/13	03/12/13	32.00	137.28	
234302	5	T1019		03/13/13	03/13/13	32.00	137.28	
234302	6	T1019		03/14/13	03/14/13	32.00	137.28	
234302	7	T1019		03/15/13	03/15/13	32.00	137.28	
				CLAIM TOTAL		960.96		CLAIM ACCOUNT REF. 2343020012008401SUP

PAGE: 45

NPI = 1154407492

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
234300	1	T1019		03/09/13	03/09/13	48.00	205.92	
234300	2	T1019		03/10/13	03/10/13	48.00	205.92	
234300	3	T1019		03/11/13	03/11/13	48.00	205.92	
234300	4	T1019		03/12/13	03/12/13	48.00	205.92	
234300	5	T1019		03/13/13	03/13/13	48.00	205.92	
234300	6	T1019		03/14/13	03/14/13	48.00	205.92	
234300	7	T1019		03/15/13	03/15/13	48.00	205.92	
					CLAIM TOTAL		1,441.44	CLAIM ACCOUNT REF. 2343000012011881SUP

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	26	TOTAL CLAIM AMOUNT =	4,375.80
		# SERVICES =	4		

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 46

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
234374	1	T1019	0580	03/04/13	03/04/13	32.00	135.04
234374	2	T1019	0580	03/08/13	03/08/13	32.00	135.04
234374	3	T1019	0580	03/09/13	03/09/13	20.00	84.40
234374	4	T1019	0580	03/10/13	03/10/13	20.00	84.40
234374	5	T1019	0580	03/11/13	03/11/13	32.00	135.04
234374	6	T1019	0580	03/12/13	03/12/13	32.00	135.04
234374	7	T1019	0580	03/13/13	03/13/13	32.00	135.04
234374	8	T1019	0580	03/14/13	03/14/13	32.00	135.04
234374	9	T1019	0580	03/15/13	03/15/13	32.00	135.04

CLAIM TOTAL 1,114.08 CLAIM ACCOUNT REF. 2343740012008266SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234377	1	S5130	0582	03/14/13	03/14/13	16.00	67.52
234377	2	S5130	0582	03/15/13	03/15/13	16.00	67.52

CLAIM TOTAL 135.04 CLAIM ACCOUNT REF. 2343770012009279SUP

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
234379	1	T1019	0580	03/09/13	03/09/13	28.00	118.16
234379	2	T1019	0580	03/10/13	03/10/13	24.00	101.28
234379	3	T1019	0580	03/11/13	03/11/13	12.00	50.64
234379	4	T1019	0580	03/12/13	03/12/13	12.00	50.64
234379	5	T1019	0580	03/13/13	03/13/13	12.00	50.64
234379	6	T1019	0580	03/14/13	03/14/13	12.00	50.64
234379	7	T1019	0580	03/15/13	03/15/13	12.00	50.64

CLAIM TOTAL 472.64 CLAIM ACCOUNT REF. 2343790012010728SUP

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 47

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 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
234378	1	T1019	0580	03/09/13	03/09/13	20.00	84.40
234378	2	T1019	0580	03/10/13	03/10/13	20.00	84.40
234378	3	T1019	0580	03/11/13	03/11/13	12.00	50.64
234378	4	T1019	0580	03/12/13	03/12/13	12.00	50.64
234378	5	T1019	0580	03/13/13	03/13/13	12.00	50.64
234378	6	T1019	0580	03/14/13	03/14/13	12.00	50.64
234378	7	T1019	0580	03/15/13	03/15/13	12.00	50.64
CLAIM TOTAL							422.00
CLAIM ACCOUNT REF.							2343780012010729SUP

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
234375	1	T1019	0580	02/19/13	02/19/13	16.00	67.52
234375	2	T1019	0580	02/21/13	02/21/13	16.00	67.52
CLAIM TOTAL							135.04
CLAIM ACCOUNT REF.							2343750012010731SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234376	1	T1019	0580	03/11/13	03/11/13	16.00	67.52
234376	2	T1019	0580	03/12/13	03/12/13	16.00	67.52
234376	3	T1019	0580	03/13/13	03/13/13	16.00	67.52
234376	4	T1019	0580	03/14/13	03/14/13	16.00	67.52
234376	5	T1019	0580	03/15/13	03/15/13	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2343760012010731SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234373	1	T1019	0580	03/09/13	03/09/13	20.00	84.40
234373	2	T1019	0580	03/13/13	03/13/13	20.00	84.40
234373	3	T1019	0580	03/14/13	03/14/13	20.00	84.40
234373	4	T1019	0580	03/15/13	03/15/13	20.00	84.40

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 48

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	CLAIM TOTAL	CLAIM ACCOUNT REF.
							337.60		2343730012011322SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
234381	1	T1019	0580	03/11/13	03/11/13	16.00	60.00		
234381	2	T1019	0580	03/12/13	03/12/13	16.00	60.00		
234381	3	T1019	0580	03/14/13	03/14/13	16.00	60.00		
234381	4	T1019	0580	03/15/13	03/15/13	16.00	60.00		
							240.00		2343810012012354SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
234383	1	T1019	0580	03/09/13	03/09/13	24.00	90.00		
234383	2	T1019	0580	03/11/13	03/11/13	24.00	90.00		
234383	3	T1019	0580	03/12/13	03/12/13	24.00	90.00		
234383	4	T1019	0580	03/13/13	03/13/13	24.00	90.00		
234383	5	T1019	0580	03/14/13	03/14/13	24.00	90.00		
234383	6	T1019	0580	03/15/13	03/15/13	24.00	90.00		
							540.00		2343830012012357SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
234385	1	T1019	0580	03/11/13	03/11/13	16.00	60.00		
234385	2	T1019	0580	03/12/13	03/12/13	16.00	60.00		
234385	3	T1019	0580	03/13/13	03/13/13	16.00	60.00		
234385	4	T1019	0580	03/14/13	03/14/13	16.00	60.00		
234385	5	T1019	0580	03/15/13	03/15/13	16.00	60.00		
							300.00		2343850012012358SUP

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 49

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 2012080 2012362 RIVERA, CARMEN 05/17/1967 714280461 103312424
DIAGNOSIS CODES: 192.2 338.29 536.9 787.60 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234386	1	T1019	0580	03/11/13	03/11/13	20.00	75.00
234386	2	T1019	0580	03/12/13	03/12/13	20.00	75.00
234386	3	T1019	0580	03/13/13	03/13/13	20.00	75.00
234386	4	T1019	0580	03/14/13	03/14/13	20.00	75.00
234386	5	T1019	0580	03/15/13	03/15/13	20.00	75.00
CLAIM TOTAL							375.00

CLAIM ACCOUNT REF. 2343860012012362SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234382	1	T1019	0580	03/01/13	03/01/13	16.00	60.00
234382	2	T1019	0580	03/04/13	03/04/13	16.00	60.00
234382	3	T1019	0580	03/05/13	03/05/13	16.00	60.00
234382	4	T1019	0580	03/07/13	03/07/13	16.00	60.00
234382	5	T1019	0580	03/11/13	03/11/13	16.00	60.00
234382	6	T1019	0580	03/12/13	03/12/13	16.00	60.00
234382	7	T1019	0580	03/14/13	03/14/13	16.00	60.00
CLAIM TOTAL							420.00

CLAIM ACCOUNT REF. 2343820012012373SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009647 2012374 FERNANDEZ, NORKA * 07/14/1948 715856872 102806651
DIAGNOSIS CODES: 401.9 311. 492.8 715.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234384	1	T1019	0580	03/11/13	03/11/13	32.00	120.00
234384	2	T1019	0580	03/12/13	03/12/13	36.00	135.00
234384	3	T1019	0580	03/13/13	03/13/13	32.00	120.00
234384	4	T1019	0580	03/14/13	03/14/13	36.00	135.00
234384	5	T1019	0580	03/15/13	03/15/13	32.00	120.00
CLAIM TOTAL							630.00

CLAIM ACCOUNT REF. 2343840012012374SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012732 2012732 COLCHAMIRO, ESTHER 02/01/1919 717373336 103441419
DIAGNOSIS CODES: 799.9 244.9 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234380	1	T1019	0580	03/12/13	03/12/13	28.00	105.00

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 50

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	
234380	2	T1019	0580	03/13/13	03/13/13	28.00	105.00	
234380	3	T1019	0580	03/14/13	03/14/13	28.00	105.00	
234380	4	T1019	0580	03/15/13	03/15/13	16.00	60.00	
					CLAIM TOTAL		375.00	CLAIM ACCOUNT REF. 2343800012012732SUP

PAYER TOTALS:	AMERIGROUP NEW YORK,LLC	# OF CLAIMS =	72	TOTAL CLAIM AMOUNT =	5,834.00
		# SERVICES =	13		

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 51

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
234392	1	T1019	1C	0570	03/11/13	03/11/13	4.00	65.60
234392	2	T1019	1C	0570	03/12/13	03/12/13	4.00	65.60
234392	3	T1019	1C	0570	03/13/13	03/13/13	4.00	65.60
234392	4	T1019	1C	0570	03/14/13	03/14/13	4.00	65.60
234392	5	T1019	1C	0570	03/15/13	03/15/13	4.00	65.60
CLAIM TOTAL								328.00
								CLAIM ACCOUNT REF. 2343920012011453SUP

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
234390	1	T1019	1C	0570	03/12/13	03/12/13	6.00	98.40
234390	2	T1019	1C	0570	03/13/13	03/13/13	6.00	98.40
234390	3	T1019	1C	0570	03/14/13	03/14/13	6.00	98.40
234390	4	T1019	1C	0570	03/15/13	03/15/13	6.00	98.40
CLAIM TOTAL								393.60
								CLAIM ACCOUNT REF. 2343900012011870SUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234391	1	T1019	1C	0570	03/09/13	03/09/13	4.00	65.60
234391	2	T1019	1C	0570	03/10/13	03/10/13	4.00	65.60
234391	3	T1019	1C	0570	03/11/13	03/11/13	4.00	65.60
234391	4	T1019	1C	0570	03/12/13	03/12/13	4.00	65.60
234391	5	T1019	1C	0570	03/13/13	03/13/13	4.00	65.60
234391	6	T1019	1C	0570	03/14/13	03/14/13	4.00	65.60
234391	7	T1019	1C	0570	03/15/13	03/15/13	4.00	65.60
CLAIM TOTAL								459.20
								CLAIM ACCOUNT REF. 2343910012012213SUP

PAYER TOTALS: ICS # OF CLAIMS = 16 TOTAL CLAIM AMOUNT = 1,180.80
SERVICES = 3

REPORT DATE 03/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032001555024RRSUP

PAGE: 52

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 2013030885700001
DIAGNOSIS CODES: 230.3 153.0 401.9 733.00 V60.3
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234387	1	T1019	0580	03/09/13	03/09/13	36.00	151.92
234387	2	T1019	0580	03/10/13	03/10/13	36.00	151.92
234387	3	T1019	0580	03/11/13	03/11/13	36.00	151.92
234387	4	T1019	0580	03/12/13	03/12/13	36.00	151.92
234387	5	T1019	0580	03/13/13	03/13/13	36.00	151.92
234387	6	T1019	0580	03/14/13	03/14/13	36.00	151.92
234387	7	T1019	0580	03/15/13	03/15/13	36.00	151.92
CLAIM TOTAL							1,063.44
CLAIM ACCOUNT REF.							2343870012010800SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234389	1	T1019	0580	03/12/13	03/12/13	16.00	67.52
234389	2	T1019	0580	03/13/13	03/13/13	12.00	50.64
234389	3	T1019	0580	03/15/13	03/15/13	16.00	67.52
CLAIM TOTAL							185.68
CLAIM ACCOUNT REF.							2343890012010804SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
234388	1	T1019	0580	03/12/13	03/12/13	16.00	67.52
234388	2	T1019	0580	03/13/13	03/13/13	16.00	67.52
234388	3	T1019	0580	03/14/13	03/14/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2343880012010805SUP

PAYER TOTALS: HEALTHCARE PARTNERS IPA I # OF CLAIMS = 13 TOTAL CLAIM AMOUNT = 1,451.68
SERVICES = 3

PROVIDER TOTALS: SUNNYSIDE CITYWIDE # OF CLAIMS = 840 TOTAL CLAIM AMOUNT = 101,261.37
SERVICES = 154