

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008267 2008267 SZE, BECKY 10/30/1992 741244251 111891261
DIAGNOSIS CODES: 343.9 737.9 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259889	1	T1020		09/14/13	09/14/13	11.00	185.57
259889	2	T1020		09/16/13	09/16/13	6.00	101.22
259889	3	T1020		09/17/13	09/17/13	6.00	101.22
259889	4	T1020		09/18/13	09/18/13	6.00	101.22
259889	5	T1020		09/19/13	09/19/13	6.00	101.22
259889	6	T1020		09/20/13	09/20/13	6.00	101.22
CLAIM TOTAL						691.67	CLAIM ACCOUNT REF. 2598890012008267SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259885	1	T1020		09/07/13	09/07/13	9.00	151.83
259885	2	T1020		09/08/13	09/08/13	9.00	151.83
259885	3	T1020		09/14/13	09/14/13	9.00	151.83
259885	4	T1020		09/15/13	09/15/13	9.00	151.83
259885	5	T1020		09/16/13	09/16/13	9.00	151.83
259885	6	T1020		09/17/13	09/17/13	9.00	151.83
259885	7	T1020		09/18/13	09/18/13	9.00	151.83
259885	8	T1020		09/19/13	09/19/13	9.00	151.83
259885	9	T1020		09/20/13	09/20/13	9.00	151.83
CLAIM TOTAL						1,366.47	CLAIM ACCOUNT REF. 2598850012008268SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008306 2008306 GIL, ALICIA M 12/05/1941 741488524 111891265
DIAGNOSIS CODES: 340. 733.00 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259882	1	T1020		09/01/13	09/01/13	7.00	118.09
259882	2	T1020		09/02/13	09/02/13	7.00	118.09
259882	3	T1020		09/03/13	09/03/13	7.00	118.09
259882	4	T1020		09/04/13	09/04/13	7.00	118.09
259882	5	T1020		09/05/13	09/05/13	7.00	118.09
259882	6	T1020		09/06/13	09/06/13	7.00	118.09
259882	7	T1020		09/09/13	09/09/13	7.00	118.09
259882	8	T1020		09/10/13	09/10/13	7.00	118.09
259882	9	T1020		09/11/13	09/11/13	7.00	118.09
259882	10	T1020		09/12/13	09/12/13	7.00	118.09

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259882	11	T1020		09/13/13	09/13/13	7.00	118.09
259882	12	T1020		09/14/13	09/14/13	7.00	118.09
259882	13	T1020		09/15/13	09/15/13	7.00	118.09
259882	14	T1020		09/16/13	09/16/13	7.00	118.09
259882	15	T1020		09/17/13	09/17/13	7.00	118.09
259882	16	T1020		09/18/13	09/18/13	7.00	118.09
259882	17	T1020		09/19/13	09/19/13	7.00	118.09
CLAIM TOTAL							2,007.53
CLAIM ACCOUNT REF.							2598820012008306SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259878	1	T1020		09/03/13	09/03/13	7.00	118.09
259878	2	T1020		09/14/13	09/14/13	7.00	118.09
259878	3	T1020		09/16/13	09/16/13	7.00	118.09
259878	4	T1020		09/17/13	09/17/13	7.00	118.09
259878	5	T1020		09/18/13	09/18/13	7.00	118.09
259878	6	T1020		09/19/13	09/19/13	7.00	118.09
259878	7	T1020		09/20/13	09/20/13	7.00	118.09
CLAIM TOTAL							826.63
CLAIM ACCOUNT REF.							2598780012008386SUP

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
259888	1	T1020		09/17/13	09/17/13	8.00	134.96
259888	2	T1020		09/18/13	09/18/13	9.00	151.83
259888	3	T1020		09/19/13	09/19/13	5.00	84.35
259888	4	T1020		09/20/13	09/20/13	8.00	134.96
CLAIM TOTAL							506.10
CLAIM ACCOUNT REF.							2598880012008400SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259883	1	T1020		09/14/13	09/14/13	4.00	67.48
259883	2	T1020		09/16/13	09/16/13	5.00	84.35
259883	3	T1020		09/17/13	09/17/13	5.00	84.35
259883	4	T1020		09/18/13	09/18/13	5.00	84.35

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259883	5	T1020		09/19/13	09/19/13	5.00	84.35
259883	6	T1020		09/20/13	09/20/13	4.00	67.48
CLAIM TOTAL							472.36

CLAIM ACCOUNT REF. 2598830012010712SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259884	1	T1020		09/10/13	09/10/13	7.00	118.09
259884	2	T1020		09/12/13	09/12/13	7.00	118.09
259884	3	T1020		09/13/13	09/13/13	7.00	118.09
259884	4	T1020		09/16/13	09/16/13	7.00	118.09
259884	5	T1020		09/17/13	09/17/13	7.00	118.09
259884	6	T1020		09/18/13	09/18/13	7.00	118.09
259884	7	T1020		09/19/13	09/19/13	7.00	118.09
259884	8	T1020		09/20/13	09/20/13	7.00	118.09
CLAIM TOTAL							944.72

CLAIM ACCOUNT REF. 2598840012013021SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259887	1	T1020		09/14/13	09/14/13	12.00	202.44
259887	2	T1020		09/15/13	09/15/13	12.00	202.44
259887	3	T1020		09/16/13	09/16/13	12.00	202.44
259887	4	T1020		09/17/13	09/17/13	12.00	202.44
259887	5	T1020		09/18/13	09/18/13	12.00	202.44
259887	6	T1020		09/19/13	09/19/13	12.00	202.44
259887	7	T1020		09/20/13	09/20/13	12.00	202.44
CLAIM TOTAL							1,417.08

CLAIM ACCOUNT REF. 2598870012013080SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259881	1	T1020		09/14/13	09/14/13	12.00	202.44
259881	2	T1020		09/15/13	09/15/13	12.00	202.44
259881	3	T1020		09/16/13	09/16/13	12.00	202.44
259881	4	T1020		09/17/13	09/17/13	12.00	202.44
259881	5	T1020		09/18/13	09/18/13	12.00	202.44

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259881	6	T1020		09/19/13	09/19/13	12.00	202.44	
259881	7	T1020		09/20/13	09/20/13	12.00	202.44	
CLAIM TOTAL							1,417.08	CLAIM ACCOUNT REF. 2598810012013422SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2013910	2013910	PRIMERO, ARMIDA	12/29/1932	742134970	132260570
DIAGNOSIS	CODES:	401.9	244.9	429.9	785.9	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259886	1	T1020		09/16/13	09/16/13	7.00	118.09	
259886	2	T1020		09/17/13	09/17/13	7.00	118.09	
259886	3	T1020		09/18/13	09/18/13	7.00	118.09	
259886	4	T1020		09/19/13	09/19/13	7.00	118.09	
259886	5	T1020		09/20/13	09/20/13	7.00	118.09	
CLAIM TOTAL							590.45	CLAIM ACCOUNT REF. 2598860012013910SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2014032	2014032	CASTILLO, ALTAGRACIA	12/11/1928	742521646	132460849
DIAGNOSIS	CODES:	401.0	285.9	562.00		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259880	1	T1020		09/16/13	09/16/13	4.00	67.48	
259880	2	T1020		09/17/13	09/17/13	4.00	67.48	
259880	3	T1020		09/18/13	09/18/13	4.00	67.48	
259880	4	T1020		09/19/13	09/19/13	4.00	67.48	
259880	5	T1020		09/20/13	09/20/13	4.00	67.48	
CLAIM TOTAL							337.40	CLAIM ACCOUNT REF. 2598800012014032SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2014050	2014050	BOYADJIAN, ZAROU	07/08/1933	742505527	132491494
DIAGNOSIS	CODES:	250.00	272.2	401.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259879	1	T1020		09/14/13	09/14/13	6.00	101.22	
259879	2	T1020		09/16/13	09/16/13	6.00	101.22	
259879	3	T1020		09/17/13	09/17/13	6.00	101.22	
259879	4	T1020		09/18/13	09/18/13	6.00	101.22	
259879	5	T1020		09/19/13	09/19/13	6.00	101.22	
CLAIM TOTAL							506.10	CLAIM ACCOUNT REF. 2598790012014050SUP

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

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	86	TOTAL CLAIM AMOUNT =	11,083.59
		# SERVICES =	12		

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008233 2008233 ARIAS, NORA 03/31/1981 RB08739R 0106201390068
DIAGNOSIS CODES: 356.9 348.2 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259911	1	T1019		09/14/13	09/14/13	4.00	68.60
259911	2	T1019		09/15/13	09/15/13	4.00	68.60
259911	3	T1019		09/16/13	09/16/13	12.00	205.80
259911	4	T1019		09/17/13	09/17/13	12.00	205.80
259911	5	T1019		09/18/13	09/18/13	12.00	205.80
259911	6	T1019		09/19/13	09/19/13	12.00	205.80
259911	7	T1019		09/20/13	09/20/13	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2599110012008233SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259917	1	T1019		09/14/13	09/14/13	7.00	120.05
259917	2	T1019		09/15/13	09/15/13	8.00	137.20
259917	3	T1019		09/16/13	09/16/13	11.00	188.65
259917	4	T1019		09/17/13	09/17/13	11.00	188.65
259917	5	T1019		09/18/13	09/18/13	11.00	188.65
259917	6	T1019		09/19/13	09/19/13	11.00	188.65
259917	7	T1019		09/20/13	09/20/13	11.00	188.65
CLAIM TOTAL						1,200.50	CLAIM ACCOUNT REF. 2599170012008236SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008385 2008385 MURDOCK, GERTRUDE 11/01/1917 SS71357M 0106251390383
DIAGNOSIS CODES: 536.9 365.9 369.10 389.9 401.9 715.90 733.00 V15.88

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259915	1	T1019		09/16/13	09/16/13	10.00	171.50
259915	2	T1019		09/17/13	09/17/13	10.00	171.50
259915	3	T1019		09/18/13	09/18/13	10.00	171.50
259915	4	T1019		09/19/13	09/19/13	9.00	154.35
259915	5	T1019		09/20/13	09/20/13	9.00	154.35
CLAIM TOTAL						823.20	CLAIM ACCOUNT REF. 2599150012008385SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008418 2008418 RYALS, CHARLES 11/03/1950 ZZ49620T 0104191390258
DIAGNOSIS CODES: 401.9 250.00 272.0 278.00 295.00 311. 780.57

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259918	1	T1019		09/10/13	09/10/13	8.00	137.20
259918	2	T1019		09/16/13	09/16/13	8.00	137.20
259918	3	T1019		09/17/13	09/17/13	8.00	137.20
259918	4	T1019		09/18/13	09/18/13	8.00	137.20
259918	5	T1019		09/19/13	09/19/13	8.00	137.20
259918	6	T1019		09/20/13	09/20/13	8.00	137.20
						CLAIM TOTAL	823.20
						CLAIM ACCOUNT REF.	2599180012008418SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259919	1	T1019		09/14/13	09/14/13	5.00	85.75
259919	2	T1019		09/15/13	09/15/13	5.00	85.75
259919	3	T1019		09/16/13	09/16/13	5.00	85.75
259919	4	T1019		09/17/13	09/17/13	5.00	85.75
259919	5	T1019		09/18/13	09/18/13	5.00	85.75
259919	6	T1019		09/19/13	09/19/13	5.00	85.75
259919	7	T1019		09/20/13	09/20/13	5.00	85.75
						CLAIM TOTAL	600.25
						CLAIM ACCOUNT REF.	2599190012009377SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008279 2010213 VALLE, BLASINA 02/03/1929 QG00558G 0107111390405
DIAGNOSIS CODES: 428.0 244.9 272.4 331.0 537.9 746.85

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259921	1	T1019		09/14/13	09/14/13	10.00	171.50
259921	2	T1019		09/16/13	09/16/13	10.00	171.50
259921	3	T1019		09/17/13	09/17/13	10.00	171.50
259921	4	T1019		09/18/13	09/18/13	10.00	171.50
259921	5	T1019		09/19/13	09/19/13	10.00	171.50
259921	6	T1019		09/20/13	09/20/13	10.00	171.50
						CLAIM TOTAL	1,029.00
						CLAIM ACCOUNT REF.	2599210012010213SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259916	1	T1019		09/14/13	09/14/13	5.00	85.75
259916	2	T1019		09/16/13	09/16/13	5.00	85.75
259916	3	T1019		09/17/13	09/17/13	5.00	85.75
259916	4	T1019		09/18/13	09/18/13	5.00	85.75
259916	5	T1019		09/19/13	09/19/13	5.00	85.75
259916	6	T1019		09/20/13	09/20/13	2.00	34.30
CLAIM TOTAL						463.05	CLAIM ACCOUNT REF. 2599160012010886SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259912	1	T1019		08/11/13	08/11/13	12.00	205.80
259912	2	T1019		09/14/13	09/14/13	24.00	411.60
259912	3	T1019		09/15/13	09/15/13	24.00	411.60
259912	4	T1019		09/16/13	09/16/13	24.00	411.60
259912	5	T1019		09/17/13	09/17/13	24.00	411.60
259912	6	T1019		09/18/13	09/18/13	24.00	411.60
259912	7	T1019		09/19/13	09/19/13	24.00	411.60
259912	8	T1019		09/20/13	09/20/13	24.00	411.60
CLAIM TOTAL						3,087.00	CLAIM ACCOUNT REF. 2599120012011286SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259914	1	T1019		08/24/13	08/24/13	8.00	137.20
259914	2	T1019		09/14/13	09/14/13	8.00	137.20
CLAIM TOTAL						274.40	CLAIM ACCOUNT REF. 2599140012013185SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013663 2013663 TILAK, VEERAMA 01/01/1933 523000176 0106281390150
DIAGNOSIS CODES: 250.00 272.4 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259920	1	T1019		09/14/13	09/14/13	5.00	85.75
259920	2	T1019		09/17/13	09/17/13	5.00	85.75

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NPI = 1154407492

CLAIM ACCOUNT REF. 2599200012013663SUP

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2599130012014079SUP

TOTAL CLAIM AMOUNT = 9.947.00

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# SERVICES = 11
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REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259950	1	T1019		09/14/13	09/14/13	36.00	154.80
259950	2	T1019		09/15/13	09/15/13	36.00	154.80
259950	3	T1019		09/16/13	09/16/13	36.00	154.80
259950	4	T1019		09/17/13	09/17/13	36.00	154.80
259950	5	T1019		09/18/13	09/18/13	36.00	154.80
259950	6	T1019		09/19/13	09/19/13	36.00	154.80
259950	7	T1019		09/20/13	09/20/13	36.00	154.80
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2599500012008286SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259937	1	T1019		09/07/13	09/07/13	24.00	103.20
259937	2	T1019		09/08/13	09/08/13	24.00	103.20
259937	3	T1019		09/14/13	09/14/13	24.00	103.20
259937	4	T1019		09/15/13	09/15/13	24.00	103.20
259937	5	T1019		09/16/13	09/16/13	24.00	103.20
259937	6	T1019		09/17/13	09/17/13	24.00	103.20
259937	7	T1019		09/18/13	09/18/13	24.00	103.20
259937	8	T1019		09/19/13	09/19/13	24.00	103.20
CLAIM TOTAL						825.60	CLAIM ACCOUNT REF. 2599370012008495SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259923	1	T1019		09/14/13	09/14/13	28.00	120.40
259923	2	T1019		09/15/13	09/15/13	28.00	120.40
259923	3	T1019		09/16/13	09/16/13	28.00	120.40
259923	4	T1019		09/17/13	09/17/13	28.00	120.40
259923	5	T1019		09/18/13	09/18/13	28.00	120.40
259923	6	T1019		09/19/13	09/19/13	28.00	120.40
259923	7	T1019		09/20/13	09/20/13	28.00	120.40
CLAIM TOTAL						842.80	CLAIM ACCOUNT REF. 2599230012012101SUP

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259924	1	T1019		09/16/13	09/16/13	16.00	68.80
259924	2	T1019		09/17/13	09/17/13	16.00	68.80
259924	3	T1019		09/18/13	09/18/13	16.00	68.80
259924	4	T1019		09/19/13	09/19/13	16.00	68.80
259924	5	T1019		09/20/13	09/20/13	16.00	68.80
CLAIM TOTAL							344.00

CLAIM ACCOUNT REF. 2599240012012102SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259925	1	T1019		09/14/13	09/14/13	40.00	172.00
259925	2	T1019		09/15/13	09/15/13	40.00	172.00
259925	3	T1019		09/16/13	09/16/13	40.00	172.00
259925	4	T1019		09/17/13	09/17/13	40.00	172.00
259925	5	T1019		09/18/13	09/18/13	40.00	172.00
259925	6	T1019		09/19/13	09/19/13	40.00	172.00
259925	7	T1019		09/20/13	09/20/13	40.00	172.00
CLAIM TOTAL							1,204.00

CLAIM ACCOUNT REF. 2599250012012104SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259929	1	T1019		09/16/13	09/16/13	24.00	103.20
259929	2	T1019		09/17/13	09/17/13	24.00	103.20
259929	3	T1019		09/18/13	09/18/13	24.00	103.20
259929	4	T1019		09/19/13	09/19/13	24.00	103.20
259929	5	T1019		09/20/13	09/20/13	24.00	103.20
CLAIM TOTAL							516.00

CLAIM ACCOUNT REF. 2599290012012108SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012110 2012110 GOMEZ, RANNIE 09/11/1917 698802 112009902
DIAGNOSIS CODES: 401.9 272.2 365.9 428.0 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259930	1	T1019		09/16/13	09/16/13	28.00	120.40

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259930	2	T1019		09/17/13	09/17/13	28.00	120.40	
259930	3	T1019		09/18/13	09/18/13	28.00	120.40	
259930	4	T1019		09/19/13	09/19/13	28.00	120.40	
259930	5	T1019		09/20/13	09/20/13	28.00	120.40	
					CLAIM TOTAL		602.00	CLAIM ACCOUNT REF. 2599300012012110SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259931	1	T1019		09/09/13	09/09/13	32.00	137.60	
					CLAIM TOTAL		137.60	CLAIM ACCOUNT REF. 2599310012012116SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259932	1	T1019		09/14/13	09/14/13	20.00	86.00	
259932	2	T1019		09/15/13	09/15/13	20.00	86.00	
259932	3	T1019		09/16/13	09/16/13	16.00	68.80	
259932	4	T1019		09/17/13	09/17/13	16.00	68.80	
259932	5	T1019		09/18/13	09/18/13	16.00	68.80	
259932	6	T1019		09/19/13	09/19/13	16.00	68.80	
259932	7	T1019		09/20/13	09/20/13	16.00	68.80	
					CLAIM TOTAL		516.00	CLAIM ACCOUNT REF. 2599320012012117SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259934	1	T1019		09/16/13	09/16/13	28.00	120.40	
259934	2	T1019		09/17/13	09/17/13	28.00	120.40	
259934	3	T1019		09/18/13	09/18/13	28.00	120.40	
259934	4	T1019		09/19/13	09/19/13	28.00	120.40	
259934	5	T1019		09/20/13	09/20/13	28.00	120.40	
					CLAIM TOTAL		602.00	CLAIM ACCOUNT REF. 2599340012012120SUP

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259939	1	T1019		09/14/13	09/14/13	32.00	137.60
259939	2	T1019		09/15/13	09/15/13	32.00	137.60
259939	3	T1019		09/17/13	09/17/13	32.00	137.60
259939	4	T1019		09/18/13	09/18/13	32.00	137.60
259939	5	T1019		09/19/13	09/19/13	32.00	137.60
259939	6	T1019		09/20/13	09/20/13	32.00	137.60
CLAIM TOTAL						825.60	CLAIM ACCOUNT REF. 2599390012012121SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259940	1	T1019		09/14/13	09/14/13	20.00	86.00
259940	2	T1019		09/15/13	09/15/13	20.00	86.00
259940	3	T1019		09/16/13	09/16/13	20.00	86.00
259940	4	T1019		09/17/13	09/17/13	20.00	86.00
259940	5	T1019		09/18/13	09/18/13	20.00	86.00
259940	6	T1019		09/19/13	09/19/13	20.00	86.00
259940	7	T1019		09/20/13	09/20/13	20.00	86.00
CLAIM TOTAL						602.00	CLAIM ACCOUNT REF. 2599400012012122SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259942	1	T1019		09/14/13	09/14/13	20.00	86.00
CLAIM TOTAL						86.00	CLAIM ACCOUNT REF. 2599420012012130SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259944	1	T1019		09/16/13	09/16/13	16.00	68.80
259944	2	T1019		09/18/13	09/18/13	16.00	68.80
259944	3	T1019		09/20/13	09/20/13	16.00	68.80
CLAIM TOTAL						206.40	CLAIM ACCOUNT REF. 2599440012012131SUP

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012134 2012134 SERRANO, CARMEN 09/14/1948 695740 112022986
DIAGNOSIS CODES: 093.89 253.5 311. 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259957	1	T1019		08/27/13	08/27/13	28.00	120.40
259957	2	T1019		08/28/13	08/28/13	28.00	120.40
CLAIM TOTAL							240.80
CLAIM ACCOUNT REF.							2599570012012134SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259958	1	T1019		09/16/13	09/16/13	28.00	120.40
259958	2	T1019		09/17/13	09/17/13	28.00	120.40
259958	3	T1019		09/18/13	09/18/13	28.00	120.40
CLAIM TOTAL							361.20
CLAIM ACCOUNT REF.							2599580012012134SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259961	1	T1019		09/16/13	09/16/13	32.00	137.60
259961	2	T1019		09/17/13	09/17/13	32.00	137.60
259961	3	T1019		09/18/13	09/18/13	32.00	137.60
259961	4	T1019		09/19/13	09/19/13	32.00	137.60
259961	5	T1019		09/20/13	09/20/13	32.00	137.60
CLAIM TOTAL							688.00
CLAIM ACCOUNT REF.							2599610012012137SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259962	1	T1019		09/16/13	09/16/13	16.00	68.80
259962	2	T1019		09/17/13	09/17/13	16.00	68.80
259962	3	T1019		09/18/13	09/18/13	16.00	68.80
259962	4	T1019		09/19/13	09/19/13	16.00	68.80
CLAIM TOTAL							275.20
CLAIM ACCOUNT REF.							2599620012012138SUP

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PAYER ID = 14163 WELLCARE OF NY

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259945	1	T1019		09/14/13	09/14/13	32.00	137.60
259945	2	T1019		09/16/13	09/16/13	32.00	137.60
259945	3	T1019		09/17/13	09/17/13	32.00	137.60
259945	4	T1019		09/18/13	09/18/13	32.00	137.60
259945	5	T1019		09/19/13	09/19/13	32.00	137.60
259945	6	T1019		09/20/13	09/20/13	32.00	137.60
CLAIM TOTAL							825.60
CLAIM ACCOUNT REF.							2599450012012140SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259956	1	T1019		09/16/13	09/16/13	16.00	68.80
259956	2	T1019		09/18/13	09/18/13	16.00	68.80
259956	3	T1019		09/20/13	09/20/13	16.00	68.80
CLAIM TOTAL							206.40
CLAIM ACCOUNT REF.							2599560012012141SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259938	1	T1019		09/14/13	09/14/13	12.00	51.60
259938	2	T1019		09/16/13	09/16/13	12.00	51.60
259938	3	T1019		09/17/13	09/17/13	12.00	51.60
259938	4	T1019		09/18/13	09/18/13	12.00	51.60
259938	5	T1019		09/19/13	09/19/13	12.00	51.60
259938	6	T1019		09/20/13	09/20/13	12.00	51.60
CLAIM TOTAL							309.60
CLAIM ACCOUNT REF.							2599380012012142SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259941	1	T1019		09/16/13	09/16/13	16.00	68.80
259941	2	T1019		09/18/13	09/18/13	16.00	68.80
259941	3	T1019		09/19/13	09/19/13	16.00	68.80

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PAYER ID = 14163 WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
							206.40		2599410012012143SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
259948	1	T1019		09/16/13	09/16/13	20.00	86.00		
259948	2	T1019		09/18/13	09/18/13	20.00	86.00		
259948	3	T1019		09/20/13	09/20/13	20.00	86.00		
							258.00		2599480012012144SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
259946	1	T1019		09/16/13	09/16/13	16.00	68.80		
259946	2	T1019		09/17/13	09/17/13	16.00	68.80		
259946	3	T1019		09/18/13	09/18/13	16.00	68.80		
259946	4	T1019		09/19/13	09/19/13	16.00	68.80		
259946	5	T1019		09/20/13	09/20/13	16.00	68.80		
							344.00		2599460012012145SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012146	2012146 PERALTA, INEZ	08/18/1942	715489	111886580
DIAGNOSIS	CODES:	250.00 272.4 278.00 401.9 244.9 311.			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
259947	1	T1019		09/16/13	09/16/13	16.00	68.80		
259947	2	T1019		09/17/13	09/17/13	16.00	68.80		
259947	3	T1019		09/18/13	09/18/13	16.00	68.80		
259947	4	T1019		09/19/13	09/19/13	16.00	68.80		
259947	5	T1019		09/20/13	09/20/13	16.00	68.80		
							344.00		2599470012012146SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012147	2012147 RAMOS, SILVIA	08/16/1957	707547	112060920
DIAGNOSIS	CODES:	724.2 253.5 401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259951	1	T1019		09/16/13	09/16/13	20.00	86.00
259951	2	T1019		09/17/13	09/17/13	20.00	86.00

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259951	3	T1019		09/18/13	09/18/13	20.00	86.00	
259951	4	T1019		09/19/13	09/19/13	20.00	86.00	
259951	5	T1019		09/20/13	09/20/13	20.00	86.00	
					CLAIM TOTAL		430.00	CLAIM ACCOUNT REF. 2599510012012147SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259952	1	T1019		09/14/13	09/14/13	32.00	137.60	
259952	2	T1019		09/16/13	09/16/13	32.00	137.60	
259952	3	T1019		09/17/13	09/17/13	32.00	137.60	
259952	4	T1019		09/18/13	09/18/13	32.00	137.60	
259952	5	T1019		09/19/13	09/19/13	32.00	137.60	
259952	6	T1019		09/20/13	09/20/13	32.00	137.60	
					CLAIM TOTAL		825.60	CLAIM ACCOUNT REF. 2599520012012149SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259955	1	T1019		09/14/13	09/14/13	20.00	86.00	
259955	2	T1019		09/15/13	09/15/13	20.00	86.00	
259955	3	T1019		09/16/13	09/16/13	20.00	86.00	
259955	4	T1019		09/17/13	09/17/13	20.00	86.00	
259955	5	T1019		09/18/13	09/18/13	20.00	86.00	
259955	6	T1019		09/19/13	09/19/13	20.00	86.00	
259955	7	T1019		09/20/13	09/20/13	20.00	86.00	
					CLAIM TOTAL		602.00	CLAIM ACCOUNT REF. 2599550012012155SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259935	1	T1019		09/01/13	09/01/13	48.00	206.40	
259935	2	T1019		09/14/13	09/14/13	48.00	206.40	
259935	3	T1019		09/15/13	09/15/13	48.00	206.40	
259935	4	T1019		09/16/13	09/16/13	48.00	206.40	
259935	5	T1019		09/17/13	09/17/13	48.00	206.40	
259935	6	T1019		09/18/13	09/18/13	48.00	206.40	

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259935	7	T1019		09/19/13	09/19/13	48.00	206.40	
259935	8	T1019		09/20/13	09/20/13	48.00	206.40	
CLAIM TOTAL							1,651.20	CLAIM ACCOUNT REF. 2599350012012158SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259922	1	T1019		09/14/13	09/14/13	20.00	86.00	
259922	2	T1019		09/15/13	09/15/13	20.00	86.00	
259922	3	T1019		09/16/13	09/16/13	20.00	86.00	
259922	4	T1019		09/17/13	09/17/13	20.00	86.00	
259922	5	T1019		09/18/13	09/18/13	20.00	86.00	
259922	6	T1019		09/19/13	09/19/13	20.00	86.00	
259922	7	T1019		09/20/13	09/20/13	20.00	86.00	
CLAIM TOTAL							602.00	CLAIM ACCOUNT REF. 2599220012012161SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012261	2012261	SILVEIRA, BERTA	06/23/1938	753060	112151886
DIAGNOSIS CODES: 786.05							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259959	1	T1019		09/18/13	09/18/13	24.00	103.20	
259959	2	T1019		09/19/13	09/19/13	24.00	103.20	
CLAIM TOTAL							206.40	CLAIM ACCOUNT REF. 2599590012012261SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259960	1	T1019		09/14/13	09/14/13	36.00	154.80	
259960	2	T1019		09/15/13	09/15/13	32.00	137.60	
259960	3	T1019		09/16/13	09/16/13	36.00	154.80	
259960	4	T1019		09/17/13	09/17/13	28.00	120.40	
259960	5	T1019		09/18/13	09/18/13	36.00	154.80	
259960	6	T1019		09/19/13	09/19/13	36.00	154.80	
259960	7	T1019		09/20/13	09/20/13	36.00	154.80	
CLAIM TOTAL							1,032.00	CLAIM ACCOUNT REF. 2599600012012266SUP

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259954	1	T1019		09/16/13	09/16/13	20.00	86.00
259954	2	T1019		09/17/13	09/17/13	20.00	86.00
259954	3	T1019		09/18/13	09/18/13	20.00	86.00
259954	4	T1019		09/19/13	09/19/13	20.00	86.00
259954	5	T1019		09/20/13	09/20/13	20.00	86.00
CLAIM TOTAL							430.00
							CLAIM ACCOUNT REF. 2599540012012719SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012159 2012948 LOPEZ, VITALIA 08/01/1922 691723 112149058
DIAGNOSIS CODES: 331.0 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259936	1	T1019		09/01/13	09/01/13	48.00	206.40
259936	2	T1019		09/02/13	09/02/13	48.00	206.40
259936	3	T1019		09/03/13	09/03/13	48.00	206.40
259936	4	T1019		09/04/13	09/04/13	48.00	206.40
259936	5	T1019		09/05/13	09/05/13	48.00	206.40
259936	6	T1019		09/06/13	09/06/13	48.00	206.40
259936	7	T1019		09/07/13	09/07/13	48.00	206.40
259936	8	T1019		09/08/13	09/08/13	48.00	206.40
259936	9	T1019		09/09/13	09/09/13	48.00	206.40
259936	10	T1019		09/10/13	09/10/13	48.00	206.40
259936	11	T1019		09/12/13	09/12/13	48.00	206.40
259936	12	T1019		09/13/13	09/13/13	48.00	206.40
259936	13	T1019		09/14/13	09/14/13	48.00	206.40
259936	14	T1019		09/15/13	09/15/13	48.00	206.40
259936	15	T1019		09/16/13	09/16/13	48.00	206.40
259936	16	T1019		09/19/13	09/19/13	48.00	206.40
259936	17	T1019		09/20/13	09/20/13	48.00	206.40
CLAIM TOTAL							3,508.80
							CLAIM ACCOUNT REF. 2599360012012948SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259928	1	T1019		09/14/13	09/14/13	20.00	86.00
259928	2	T1019		09/15/13	09/15/13	20.00	86.00
259928	3	T1019		09/16/13	09/16/13	20.00	86.00

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259928	4	T1019		09/17/13	09/17/13	20.00	86.00
259928	5	T1019		09/18/13	09/18/13	20.00	86.00
259928	6	T1019		09/19/13	09/19/13	20.00	86.00
CLAIM TOTAL							516.00

CLAIM ACCOUNT REF. 2599280012012952SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012953 2012953 CHOUDHURY, MEHER A 08/16/1974 762773 112190529
DIAGNOSIS CODES: 344.00 493.90 742.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259927	1	T1019		09/14/13	09/14/13	84.00	361.20
259927	2	T1019		09/15/13	09/15/13	84.00	361.20
259927	3	T1019		09/16/13	09/16/13	84.00	361.20
259927	4	T1019		09/17/13	09/17/13	84.00	361.20
259927	5	T1019		09/18/13	09/18/13	84.00	361.20
259927	6	T1019		09/19/13	09/19/13	84.00	361.20
259927	7	T1019		09/20/13	09/20/13	84.00	361.20
CLAIM TOTAL							2,528.40

CLAIM ACCOUNT REF. 2599270012012953SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1031950 2012979 HUDGINS, LOUZETTA 05/18/1944 761959 112038867
DIAGNOSIS CODES: 401.9 250.00 278.00 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259933	1	T1019		09/16/13	09/16/13	20.00	86.00
259933	2	T1019		09/17/13	09/17/13	20.00	86.00
259933	3	T1019		09/18/13	09/18/13	20.00	86.00
259933	4	T1019		09/19/13	09/19/13	20.00	86.00
259933	5	T1019		09/20/13	09/20/13	20.00	86.00
CLAIM TOTAL							430.00

CLAIM ACCOUNT REF. 2599330012012979SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012984 2012984 YOUNG, MARY 11/04/1926 762776 112084862
DIAGNOSIS CODES: 342.82 244.9 250.00 272.4 294.10 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259963	1	T1019		09/14/13	09/14/13	32.00	137.60
259963	2	T1019		09/15/13	09/15/13	32.00	137.60
259963	3	T1019		09/16/13	09/16/13	32.00	137.60
259963	4	T1019		09/17/13	09/17/13	32.00	137.60
259963	5	T1019		09/18/13	09/18/13	32.00	137.60
259963	6	T1019		09/19/13	09/19/13	32.00	137.60
259963	7	T1019		09/20/13	09/20/13	32.00	137.60

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	963.20	2599630012012984SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012152	2013395	REYES, TERESA	03/18/1941	697840	112241220
DIAGNOSIS CODES: 250.00 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
259953	1	T1019		09/16/13	09/16/13	32.00	137.60	
259953	2	T1019		09/17/13	09/17/13	32.00	137.60	
259953	3	T1019		09/18/13	09/18/13	32.00	137.60	
259953	4	T1019		09/19/13	09/19/13	32.00	137.60	
259953	5	T1019		09/20/13	09/20/13	32.00	137.60	
						CLAIM TOTAL	688.00	2599530012013395SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
259949	1	T1019		09/14/13	09/14/13	16.00	68.80	
259949	2	T1019		09/15/13	09/15/13	16.00	68.80	
259949	3	T1019		09/16/13	09/16/13	16.00	68.80	
259949	4	T1019		09/17/13	09/17/13	16.00	68.80	
259949	5	T1019		09/18/13	09/18/13	16.00	68.80	
259949	6	T1019		09/19/13	09/19/13	16.00	68.80	
259949	7	T1019		09/20/13	09/20/13	16.00	68.80	
						CLAIM TOTAL	481.60	2599490012013679SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
259943	1	T1019		09/14/13	09/14/13	48.00	206.40	
259943	2	T1019		09/15/13	09/15/13	48.00	206.40	
259943	3	T1019		09/16/13	09/16/13	48.00	206.40	
259943	4	T1019		09/17/13	09/17/13	48.00	206.40	
259943	5	T1019		09/18/13	09/18/13	48.00	206.40	
259943	6	T1019		09/19/13	09/19/13	48.00	206.40	
259943	7	T1019		09/20/13	09/20/13	48.00	206.40	
						CLAIM TOTAL	1,444.80	2599430012013774SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2599260012013987SUP

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	232	TOTAL CLAIM AMOUNT =	29,050.80
		# SERVICES =	41		

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008276 2008491 LOYOLA, MARIA 06/11/1981 JZR32498A01 0005044162
DIAGNOSIS CODES: 952.9 806.8 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259908	1	T1019	0580	09/17/13	09/17/13	24.00	101.28
259908	2	T1019	0580	09/18/13	09/18/13	24.00	101.28
259908	3	T1019	0580	09/19/13	09/19/13	24.00	101.28
CLAIM TOTAL							303.84
CLAIM ACCOUNT REF.							2599080012008491SUP

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
259910	1	T1019	0580	09/16/13	09/16/13	16.00	67.52
259910	2	T1019	0580	09/17/13	09/17/13	16.00	67.52
259910	3	T1019	0580	09/18/13	09/18/13	16.00	67.52
259910	4	T1019	0580	09/19/13	09/19/13	16.00	67.52
259910	5	T1019	0580	09/20/13	09/20/13	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2599100012008513SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008193 2008723 REYNOLDS, HARRIET 07/01/1958 SR66809C 0003855084-008
DIAGNOSIS CODES: 728.87 250.00 250.60 311. 401.9 780.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259904	1	T1019	0580	09/17/13	09/17/13	16.00	67.52
259904	2	T1019	0580	09/19/13	09/19/13	16.00	67.52
259904	3	T1019	0580	09/20/13	09/20/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2599040012008723SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259895	1	T1019	0580	09/14/13	09/14/13	48.00	202.56
259895	2	T1019	0580	09/15/13	09/15/13	48.00	202.56
259895	3	T1019	0580	09/16/13	09/16/13	48.00	202.56
259895	4	T1019	0580	09/17/13	09/17/13	48.00	202.56
259895	5	T1019	0580	09/18/13	09/18/13	48.00	202.56
259895	6	T1019	0580	09/19/13	09/19/13	48.00	202.56
259895	7	T1019	0580	09/20/13	09/20/13	48.00	202.56

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							1,417.92	2598950012008793SUP
						CLAIM TOTAL		

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	CLAIM ACCOUNT REF.
259905	1	T1019	0580	09/14/13	09/14/13	32.00	135.04	
259905	2	T1019	0580	09/15/13	09/15/13	32.00	135.04	
259905	3	T1019	0580	09/16/13	09/16/13	32.00	135.04	
259905	4	T1019	0580	09/17/13	09/17/13	32.00	135.04	
259905	5	T1019	0580	09/18/13	09/18/13	32.00	135.04	
259905	6	T1019	0580	09/19/13	09/19/13	32.00	135.04	
259905	7	T1019	0580	09/20/13	09/20/13	32.00	135.04	
						CLAIM TOTAL	945.28	2599050012009237SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008223	2009269	SHAH, HANSIKABEN	09/28/1948	UR74418G	0005080096
DIAGNOSIS	CODES:	401.9	296.20	733.00	V61.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
259909	1	T1019	0580	09/20/13	09/20/13	20.00	84.40	
						CLAIM TOTAL	84.40	2599090012009269SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
259906	1	T1019	0580	09/14/13	09/14/13	20.00	84.40	
259906	2	T1019	0580	09/15/13	09/15/13	20.00	84.40	
259906	3	T1019	0580	09/16/13	09/16/13	20.00	84.40	
259906	4	T1019	0580	09/17/13	09/17/13	20.00	84.40	
259906	5	T1019	0580	09/18/13	09/18/13	20.00	84.40	
259906	6	T1019	0580	09/19/13	09/19/13	20.00	84.40	
259906	7	T1019	0580	09/20/13	09/20/13	20.00	84.40	
						CLAIM TOTAL	590.80	2599060012009406SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008414 2009562 CIPRIAN, JACQUELINE 12/03/1963 ZU96435W 0004979520
DIAGNOSIS CODES: 345.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259907	1	T1019	0580	08/21/13	08/21/13	40.00	168.80
259907	2	T1019	0580	09/18/13	09/18/13	40.00	168.80
259907	3	T1019	0580	09/19/13	09/19/13	40.00	168.80
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2599070012009562SUP

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
259898	1	T1019	0580	09/16/13	09/16/13	16.00	67.52
259898	2	T1019	0580	09/17/13	09/17/13	16.00	67.52
259898	3	T1019	0580	09/18/13	09/18/13	16.00	67.52
259898	4	T1019	0580	09/19/13	09/19/13	16.00	67.52
259898	5	T1019	0580	09/20/13	09/20/13	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2598980012009686SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259900	1	T1019	0580	09/14/13	09/14/13	28.00	118.16
259900	2	T1019	0580	09/15/13	09/15/13	28.00	118.16
259900	3	T1019	0580	09/16/13	09/16/13	28.00	118.16
259900	4	T1019	0580	09/17/13	09/17/13	28.00	118.16
259900	5	T1019	0580	09/18/13	09/18/13	28.00	118.16
259900	6	T1019	0580	09/19/13	09/19/13	28.00	118.16
259900	7	T1019	0580	09/20/13	09/20/13	28.00	118.16
CLAIM TOTAL							827.12

CLAIM ACCOUNT REF. 2599000012009945SUP

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
259899	1	T1019	0580	09/14/13	09/14/13	36.00	151.92
259899	2	T1019	0580	09/15/13	09/15/13	36.00	151.92
259899	3	T1019	0580	09/16/13	09/16/13	36.00	151.92

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259899	4	T1019	0580	09/17/13	09/17/13	36.00	151.92
259899	5	T1019	0580	09/18/13	09/18/13	36.00	151.92
259899	6	T1019	0580	09/19/13	09/19/13	36.00	151.92
259899	7	T1019	0580	09/20/13	09/20/13	36.00	151.92
CLAIM TOTAL							1,063.44
CLAIM ACCOUNT REF.							2598990012010991SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008113	2011066	COPELAND, ELISE	10/05/1928	QJ28865K	0006093352
DIAGNOSIS	CODES:	250.00	369.9	311.	401.9	716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259896	1	T1019	0580	09/14/13	09/14/13	47.00	198.34
259896	2	T1019	0580	09/15/13	09/15/13	48.00	202.56
259896	3	T1019	0580	09/16/13	09/16/13	36.00	151.92
259896	4	T1019	0580	09/17/13	09/17/13	36.00	151.92
259896	5	T1019	0580	09/18/13	09/18/13	36.00	151.92
259896	6	T1019	0580	09/19/13	09/19/13	36.00	151.92
259896	7	T1019	0580	09/20/13	09/20/13	36.00	151.92
CLAIM TOTAL							1,160.50
CLAIM ACCOUNT REF.							2598960012011066SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008273	2011526	DE JESUS, TIBURCIO	08/11/1947	XX16524S	0006379371
DIAGNOSIS	CODES:	250.03	369.60	401.9	414.04	799.89
						V60.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259897	1	T1019	0580	09/14/13	09/14/13	48.00	202.56
259897	2	T1019	0580	09/15/13	09/15/13	48.00	202.56
259897	3	T1019	0580	09/16/13	09/16/13	48.00	202.56
259897	4	T1019	0580	09/17/13	09/17/13	48.00	202.56
259897	5	T1019	0580	09/18/13	09/18/13	48.00	202.56
259897	6	T1019	0580	09/19/13	09/19/13	48.00	202.56
259897	7	T1019	0580	09/20/13	09/20/13	48.00	202.56
CLAIM TOTAL							1,417.92
CLAIM ACCOUNT REF.							2598970012011526SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259901	1	T1019	0580	09/14/13	09/14/13	24.00	101.28
259901	2	T1019	0580	09/16/13	09/16/13	24.00	101.28
259901	3	T1019	0580	09/17/13	09/17/13	24.00	101.28
259901	4	T1019	0580	09/18/13	09/18/13	24.00	101.28

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259901	5	T1019	0580	09/19/13	09/19/13	24.00	101.28	
259901	6	T1019	0580	09/20/13	09/20/13	16.00	67.52	
					CLAIM TOTAL		573.92	CLAIM ACCOUNT REF. 2599010012012541SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013402	2013402	MCALLISTER, ANNIE	03/29/1937	ZP91513K	0006313393
DIAGNOSIS	CODES:	V61.9	401.9				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259902	1	T1019	0580	09/16/13	09/16/13	16.00	67.52	
259902	2	T1019	0580	09/18/13	09/18/13	16.00	67.52	
259902	3	T1019	0580	09/20/13	09/20/13	16.00	67.52	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2599020012013402SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259903	1	T1019	0580	09/16/13	09/16/13	12.00	50.64	
259903	2	T1019	0580	09/18/13	09/18/13	12.00	50.64	
259903	3	T1019	0580	09/20/13	09/20/13	12.00	50.64	
					CLAIM TOTAL		151.92	CLAIM ACCOUNT REF. 2599030012013811SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	81	TOTAL CLAIM AMOUNT =	10,123.78
		# SERVICES =	16		

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NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2600360012010958SUP

TOTAL CLAIM AMOUNT = 120.12

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2003480	2003583	HERNANDEZ, FRANCISCA	02/07/1925	PX35079P	R2220226
DIAGNOSIS	CODES:	294.10	272.2	293.84	311.	401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259980	1	T1019		09/14/13	09/14/13	40.00	142.40
259980	2	T1019		09/15/13	09/15/13	40.00	142.40
259980	3	T1019		09/16/13	09/16/13	44.00	156.64
259980	4	T1019		09/17/13	09/17/13	28.00	99.68
259980	5	T1019		09/18/13	09/18/13	28.00	99.68
259980	6	T1019		09/19/13	09/19/13	28.00	99.68
259980	7	T1019		09/20/13	09/20/13	36.00	128.16
				CLAIM TOTAL			868.64

CLAIM ACCOUNT REF. 2599800012003583SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260009	1	T1019		09/16/13	09/16/13	16.00	56.96
260009	2	T1019		09/17/13	09/17/13	16.00	56.96
260009	3	T1019		09/18/13	09/18/13	16.00	56.96
				CLAIM TOTAL			170.88

CLAIM ACCOUNT REF. 2600090012003639SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260010	1	S5130		09/16/13	09/16/13	16.00	56.96
				CLAIM TOTAL			56.96

CLAIM ACCOUNT REF. 2600100012004798SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2005079	2005079	SIMON, LUPE	12/12/1934	YC26622R	R2303923
DIAGNOSIS	CODES:	250.00	272.0	401.9	530.81	596.51

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260004	1	T1019		09/17/13	09/17/13	16.00	56.96
260004	2	T1019		09/19/13	09/19/13	16.00	56.96
				CLAIM TOTAL			113.92

CLAIM ACCOUNT REF. 2600040012005079SUP

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259988	1	T1019		09/14/13	09/14/13	48.00	170.88
259988	2	T1019		09/15/13	09/15/13	48.00	170.88
259988	3	T1019		09/16/13	09/16/13	48.00	170.88
259988	4	T1019		09/17/13	09/17/13	48.00	170.88
259988	5	T1019		09/18/13	09/18/13	48.00	170.88
259988	6	T1019		09/19/13	09/19/13	48.00	170.88
259988	7	T1019		09/20/13	09/20/13	48.00	170.88
						CLAIM TOTAL	1,196.16
						CLAIM ACCOUNT REF.	2599880012006762SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2006897 2006897 ALVAREZ, ANGELA 05/20/1942 ZU47022Y R2474296
DIAGNOSIS CODES: 311. 401.9 462. 715.00 780.96

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259964	1	S5130		09/20/13	09/20/13	16.00	56.96
						CLAIM TOTAL	56.96
						CLAIM ACCOUNT REF.	2599640012006897SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260003	1	T1019		09/14/13	09/14/13	16.00	56.96
260003	2	T1019		09/15/13	09/15/13	16.00	56.96
260003	3	T1019		09/16/13	09/16/13	32.00	113.92
260003	4	T1019		09/17/13	09/17/13	32.00	113.92
260003	5	T1019		09/18/13	09/18/13	32.00	113.92
260003	6	T1019		09/19/13	09/19/13	32.00	113.92
260003	7	T1019		09/20/13	09/20/13	32.00	113.92
						CLAIM TOTAL	683.52
						CLAIM ACCOUNT REF.	2600030012007165SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259977	1	S5125		08/24/13	08/24/13	16.00	56.96
259977	2	S5125		09/14/13	09/14/13	16.00	56.96
259977	3	S5125		09/15/13	09/15/13	16.00	56.96

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259977	4	S5125		09/16/13	09/16/13	20.00	71.20	
259977	5	S5125		09/17/13	09/17/13	20.00	71.20	
259977	6	S5125		09/18/13	09/18/13	20.00	71.20	
259977	7	S5125		09/19/13	09/19/13	20.00	71.20	
259977	8	S5125		09/20/13	09/20/13	20.00	71.20	
				CLAIM TOTAL			526.88	CLAIM ACCOUNT REF. 2599770012007478SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259978	1	S5125		09/14/13	09/14/13	80.00	284.80	
259978	2	S5125		09/15/13	09/15/13	80.00	284.80	
259978	3	S5125		09/16/13	09/16/13	76.00	270.56	
259978	4	S5125		09/17/13	09/17/13	76.00	270.56	
259978	5	S5125		09/18/13	09/18/13	76.00	270.56	
259978	6	S5125		09/19/13	09/19/13	76.00	270.56	
259978	7	S5125		09/20/13	09/20/13	76.00	270.56	
				CLAIM TOTAL			1,922.40	CLAIM ACCOUNT REF. 2599780012007590SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259861	1	T1019		09/07/13	09/07/13	12.00	50.64	
259861	2	T1019		09/08/13	09/08/13	12.00	50.64	
259861	3	T1019		09/09/13	09/09/13	12.00	50.64	
259861	4	T1019		09/10/13	09/10/13	12.00	50.64	
259861	5	T1019		09/11/13	09/11/13	12.00	50.64	
259861	6	T1019		09/12/13	09/12/13	12.00	50.64	
259861	7	T1019		09/13/13	09/13/13	12.00	50.64	
259861	8	T1019		09/14/13	09/14/13	12.00	50.64	
259861	9	T1019		09/15/13	09/15/13	12.00	50.64	
259861	10	T1019		09/16/13	09/16/13	12.00	50.64	
259861	11	T1019		09/17/13	09/17/13	12.00	50.64	
259861	12	T1019		09/18/13	09/18/13	12.00	50.64	
259861	13	T1019		09/19/13	09/19/13	12.00	50.64	
259861	14	T1019		09/20/13	09/20/13	12.00	50.64	
				CLAIM TOTAL			708.96	CLAIM ACCOUNT REF. 2598610012008246SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259862	1	T1019		09/09/13	09/09/13	12.00	50.64
259862	2	T1019		09/10/13	09/10/13	12.00	50.64
259862	3	T1019		09/11/13	09/11/13	12.00	50.64
259862	4	T1019		09/12/13	09/12/13	12.00	50.64
259862	5	T1019		09/16/13	09/16/13	12.00	50.64
259862	6	T1019		09/17/13	09/17/13	12.00	50.64
259862	7	T1019		09/18/13	09/18/13	12.00	50.64
259862	8	T1019		09/19/13	09/19/13	12.00	50.64
CLAIM TOTAL							405.12
CLAIM ACCOUNT REF.							2598620012008248SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259866	1	T1019		09/14/13	09/14/13	32.00	135.04
259866	2	T1019		09/15/13	09/15/13	32.00	135.04
259866	3	T1019		09/17/13	09/17/13	32.00	135.04
259866	4	T1019		09/18/13	09/18/13	28.00	118.16
259866	5	T1019		09/19/13	09/19/13	32.00	135.04
259866	6	T1019		09/20/13	09/20/13	32.00	135.04
CLAIM TOTAL							793.36
CLAIM ACCOUNT REF.							2598660012008250SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259842	1	T1019		09/14/13	09/14/13	32.00	135.04
259842	2	T1019		09/16/13	09/16/13	32.00	135.04
259842	3	T1019		09/18/13	09/18/13	32.00	135.04
259842	4	T1019		09/19/13	09/19/13	32.00	135.04
259842	5	T1019		09/20/13	09/20/13	32.00	135.04
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2598420012008251SUP

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PAYER ID = 80141 HEALTHFIRST PHSP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259857	1	T1019		09/14/13	09/14/13	48.00	202.56
259857	2	T1019		09/15/13	09/15/13	48.00	202.56
259857	3	T1019		09/16/13	09/16/13	48.00	202.56
259857	4	T1019		09/17/13	09/17/13	48.00	202.56
259857	5	T1019		09/18/13	09/18/13	48.00	202.56
259857	6	T1019		09/19/13	09/19/13	48.00	202.56
259857	7	T1019		09/20/13	09/20/13	48.00	202.56
CLAIM TOTAL						1,417.92	CLAIM ACCOUNT REF. 2598570012008253SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259869	1	T1019		09/16/13	09/16/13	32.00	135.04
259869	2	T1019		09/17/13	09/17/13	32.00	135.04
259869	3	T1019		09/18/13	09/18/13	32.00	135.04
259869	4	T1019		09/19/13	09/19/13	32.00	135.04
259869	5	T1019		09/20/13	09/20/13	32.00	135.04
CLAIM TOTAL						675.20	CLAIM ACCOUNT REF. 2598690012008254SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259840	1	T1019		09/16/13	09/16/13	32.00	135.04
259840	2	T1019		09/17/13	09/17/13	32.00	135.04
259840	3	T1019		09/18/13	09/18/13	32.00	135.04
259840	4	T1019		09/19/13	09/19/13	32.00	135.04
259840	5	T1019		09/20/13	09/20/13	32.00	135.04
CLAIM TOTAL						675.20	CLAIM ACCOUNT REF. 2598400012008256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008290 2008290 SALHUANA, YOLANDA 08/25/1935 SZ24247J 0103261301164
DIAGNOSIS CODES: 249.70 362.50 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259867	1	T1019		09/16/13	09/16/13	32.00	135.04

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259867	2	T1019		09/17/13	09/17/13	32.00	135.04	
259867	3	T1019		09/18/13	09/18/13	28.00	118.16	
259867	4	T1019		09/19/13	09/19/13	32.00	135.04	
259867	5	T1019		09/20/13	09/20/13	32.00	135.04	
					CLAIM TOTAL		658.32	CLAIM ACCOUNT REF. 2598670012008290SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259865	1	T1019		09/16/13	09/16/13	16.00	67.52	
259865	2	T1019		09/17/13	09/17/13	16.00	67.52	
259865	3	T1019		09/18/13	09/18/13	16.00	67.52	
259865	4	T1019		09/19/13	09/19/13	16.00	67.52	
259865	5	T1019		09/20/13	09/20/13	16.00	67.52	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2598650012008368SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008411	2008411	FRANCISCO, RICHARD	07/10/1968	XR22414G	0108161301979
DIAGNOSIS	CODES:	401.9	443.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259849	1	T1019		09/14/13	09/14/13	32.00	135.04	
259849	2	T1019		09/15/13	09/15/13	32.00	135.04	
259849	3	T1019		09/16/13	09/16/13	32.00	135.04	
259849	4	T1019		09/17/13	09/17/13	32.00	135.04	
259849	5	T1019		09/18/13	09/18/13	32.00	135.04	
259849	6	T1019		09/19/13	09/19/13	32.00	135.04	
259849	7	T1019		09/20/13	09/20/13	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2598490012008411SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259837	1	T1019		09/14/13	09/14/13	32.00	135.04	
259837	2	T1019		09/15/13	09/15/13	32.00	135.04	
259837	3	T1019		09/16/13	09/16/13	32.00	135.04	
259837	4	T1019		09/17/13	09/17/13	32.00	135.04	
259837	5	T1019		09/18/13	09/18/13	32.00	135.04	
259837	6	T1019		09/19/13	09/19/13	32.00	135.04	

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PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259837	7	T1019		09/20/13	09/20/13	32.00	135.04
CLAIM TOTAL							945.28
							CLAIM ACCOUNT REF. 2598370012008433SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008487	2008487	BEGUM, MANWARA	11/23/1949	VD44720Z	0105161301593
DIAGNOSIS CODES: 250.00 244.8 311. 401.9 428.0 733.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259836	1	T1019		09/14/13	09/14/13	12.00	50.64
259836	2	T1019		09/16/13	09/16/13	20.00	84.40
259836	3	T1019		09/17/13	09/17/13	20.00	84.40
259836	4	T1019		09/18/13	09/18/13	20.00	84.40
259836	5	T1019		09/19/13	09/19/13	20.00	84.40
259836	6	T1019		09/20/13	09/20/13	20.00	84.40
CLAIM TOTAL							472.64
							CLAIM ACCOUNT REF. 2598360012008487SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259871	1	T1019		09/14/13	09/14/13	48.00	202.56
259871	2	T1019		09/15/13	09/15/13	48.00	202.56
259871	3	T1019		09/16/13	09/16/13	48.00	202.56
259871	4	T1019		09/17/13	09/17/13	48.00	202.56
259871	5	T1019		09/18/13	09/18/13	48.00	202.56
259871	6	T1019		09/19/13	09/19/13	48.00	202.56
CLAIM TOTAL							1,215.36
							CLAIM ACCOUNT REF. 2598710012008558SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008571	2008571	ESPAILLAT, AMPARO	12/25/1949	ZG25447P	R2194279
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
259847	1	T1019		09/14/13	09/14/13	16.00	67.52
259847	2	T1019		09/15/13	09/15/13	16.00	67.52
259847	3	T1019		09/16/13	09/16/13	24.00	101.28
259847	4	T1019		09/17/13	09/17/13	24.00	101.28
259847	5	T1019		09/18/13	09/18/13	24.00	101.28
259847	6	T1019		09/19/13	09/19/13	24.00	101.28
259847	7	T1019		09/20/13	09/20/13	24.00	101.28
CLAIM TOTAL							641.44
							CLAIM ACCOUNT REF. 2598470012008571SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260008	1	T1019		09/16/13	09/16/13	32.00	113.92
260008	2	T1019		09/17/13	09/17/13	32.00	113.92
260008	3	T1019		09/18/13	09/18/13	32.00	113.92
260008	4	T1019		09/19/13	09/19/13	32.00	113.92
260008	5	T1019		09/20/13	09/20/13	32.00	113.92
CLAIM TOTAL							569.60

CLAIM ACCOUNT REF. 2600080012008745SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259967	1	T1019		09/15/13	09/15/13	28.00	99.68
259967	2	T1019		09/16/13	09/16/13	28.00	99.68
259967	3	T1019		09/17/13	09/17/13	28.00	99.68
259967	4	T1019		09/18/13	09/18/13	28.00	99.68
259967	5	T1019		09/19/13	09/19/13	28.00	99.68
CLAIM TOTAL							498.40

CLAIM ACCOUNT REF. 2599670012008919SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008271 2009270 CARRION, MARIA 06/30/1928 SC64434E 0104091302208
DIAGNOSIS CODES: 250.00 294.10 401.9 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259841	1	T1019		09/14/13	09/14/13	32.00	135.04
259841	2	T1019		09/16/13	09/16/13	32.00	135.04
259841	3	T1019		09/17/13	09/17/13	32.00	135.04
259841	4	T1019		09/18/13	09/18/13	28.00	118.16
259841	5	T1019		09/19/13	09/19/13	32.00	135.04
259841	6	T1019		09/20/13	09/20/13	32.00	135.04
CLAIM TOTAL							793.36

CLAIM ACCOUNT REF. 2598410012009270SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259974	1	T1019		09/14/13	09/14/13	20.00	71.20
259974	2	T1019		09/15/13	09/15/13	20.00	71.20

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259974	3	T1019		09/16/13	09/16/13	20.00	71.20	
259974	4	T1019		09/17/13	09/17/13	20.00	71.20	
259974	5	T1019		09/18/13	09/18/13	20.00	71.20	
259974	6	T1019		09/19/13	09/19/13	20.00	71.20	
					CLAIM TOTAL		427.20	CLAIM ACCOUNT REF. 2599740012009442SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259838	1	T1019		09/14/13	09/14/13	24.00	101.28	
259838	2	T1019		09/15/13	09/15/13	24.00	101.28	
259838	3	T1019		09/16/13	09/16/13	24.00	101.28	
259838	4	T1019		09/17/13	09/17/13	24.00	101.28	
259838	5	T1019		09/18/13	09/18/13	24.00	101.28	
259838	6	T1019		09/19/13	09/19/13	24.00	101.28	
259838	7	T1019		09/20/13	09/20/13	24.00	101.28	
					CLAIM TOTAL		708.96	CLAIM ACCOUNT REF. 2598380012009560SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2010009	2010009	VEGA, GLORIA	07/06/1955	ZU45073J	0108211301415
DIAGNOSIS	CODES:	340.	250.00	272.2	311.	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259876	1	T1019		09/09/13	09/09/13	32.00	135.04	
259876	2	T1019		09/10/13	09/10/13	32.00	135.04	
259876	3	T1019		09/11/13	09/11/13	32.00	135.04	
259876	4	T1019		09/12/13	09/12/13	32.00	135.04	
259876	5	T1019		09/13/13	09/13/13	32.00	135.04	
259876	6	T1019		09/16/13	09/16/13	32.00	135.04	
259876	7	T1019		09/17/13	09/17/13	32.00	135.04	
259876	8	T1019		09/18/13	09/18/13	32.00	135.04	
259876	9	T1019		09/19/13	09/19/13	32.00	135.04	
					CLAIM TOTAL		1,215.36	CLAIM ACCOUNT REF. 2598760012010009SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008299	2010311	LAZALA, GLADYS	02/03/1950	ZT39863D	R2308248
DIAGNOSIS	CODES:	340.	250.00	278.00	401.9	440.9 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259855	1	T1019		09/14/13	09/14/13	48.00	202.56
259855	2	T1019		09/15/13	09/15/13	48.00	202.56

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	405.12	2598550012010311SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
NY	001	2010758	2010758	VASQUEZ, OLGA	11/20/1948	WU00136E	0112171202767	
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	CLAIM ACCOUNT REF.
259875	1	T1019		09/14/13	09/14/13	20.00	84.40	
259875	2	T1019		09/15/13	09/15/13	20.00	84.40	
259875	3	T1019		09/19/13	09/19/13	20.00	84.40	
259875	4	T1019		09/20/13	09/20/13	20.00	84.40	
						CLAIM TOTAL	337.60	2598750012010758SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
259854	1	T1019		09/17/13	09/17/13	32.00	135.04	
259854	2	T1019		09/18/13	09/18/13	32.00	135.04	
259854	3	T1019		09/19/13	09/19/13	32.00	135.04	
259854	4	T1019		09/20/13	09/20/13	32.00	135.04	
						CLAIM TOTAL	540.16	2598540012010967SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
259839	1	T1019		09/16/13	09/16/13	40.00	168.80	
259839	2	T1019		09/17/13	09/17/13	40.00	168.80	
259839	3	T1019		09/18/13	09/18/13	40.00	168.80	
259839	4	T1019		09/19/13	09/19/13	40.00	168.80	
259839	5	T1019		09/20/13	09/20/13	40.00	168.80	
						CLAIM TOTAL	844.00	2598390012011528SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260001	1	T1019		09/16/13	09/16/13	16.00	56.96
260001	2	T1019		09/18/13	09/18/13	16.00	56.96

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260001	3	T1019		09/20/13	09/20/13	16.00	56.96
CLAIM TOTAL							170.88
CLAIM ACCOUNT REF.							2600010012011790SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011791	2011791	PERALTA, ANTONIO	06/27/1946	WD92450J	R2341378
DIAGNOSIS CODES: 331.0 253.5 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259991	1	T1019		09/16/13	09/16/13	32.00	113.92
259991	2	T1019		09/17/13	09/17/13	32.00	113.92
259991	3	T1019		09/18/13	09/18/13	32.00	113.92
259991	4	T1019		09/19/13	09/19/13	32.00	113.92
259991	5	T1019		09/20/13	09/20/13	32.00	113.92
CLAIM TOTAL							569.60
CLAIM ACCOUNT REF.							2599910012011791SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011792	2011792	RIVERA, BRIGIDA	02/01/1926	ZT21439N	0107011302907
DIAGNOSIS CODES: 401.9 272.4 311. 733.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259996	1	T1019		09/17/13	09/17/13	32.00	113.92
259996	2	T1019		09/18/13	09/18/13	32.00	113.92
259996	3	T1019		09/20/13	09/20/13	32.00	113.92
CLAIM TOTAL							341.76
CLAIM ACCOUNT REF.							2599960012011792SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011794	2011794	RUIZ, MIRTA	08/16/1949	ZS10861D	0105211302709
DIAGNOSIS CODES: 250.02 311. 401.9 436.							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260000	1	T1019		09/17/13	09/17/13	36.00	128.16
260000	2	T1019		09/18/13	09/18/13	36.00	128.16
260000	3	T1019		09/19/13	09/19/13	36.00	128.16
CLAIM TOTAL							384.48
CLAIM ACCOUNT REF.							2600000012011794SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259998	1	T1019		09/16/13	09/16/13	32.00	113.92
259998	2	T1019		09/17/13	09/17/13	28.00	99.68
259998	3	T1019		09/20/13	09/20/13	20.00	71.20

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	284.80	2599980012011796SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008405	2011820	ST ROMAIN, CLAUDE	10/01/1956	UZ14868C	R2374924
DIAGNOSIS CODES: 952.9 344.9 596.54							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
259870	1	T1019		09/14/13	09/14/13	32.00	135.04	
259870	2	T1019		09/15/13	09/15/13	32.00	135.04	
259870	3	T1019		09/16/13	09/16/13	40.00	168.80	
259870	4	T1019		09/17/13	09/17/13	40.00	168.80	
259870	5	T1019		09/18/13	09/18/13	40.00	168.80	
259870	6	T1019		09/19/13	09/19/13	40.00	168.80	
259870	7	T1019		09/20/13	09/20/13	40.00	168.80	
						CLAIM TOTAL	1,114.08	2598700012011820SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
259976	1	T1019		09/14/13	09/14/13	40.00	142.40	
259976	2	T1019		09/15/13	09/15/13	40.00	142.40	
259976	3	T1019		09/16/13	09/16/13	40.00	142.40	
259976	4	T1019		09/17/13	09/17/13	40.00	142.40	
259976	5	T1019		09/18/13	09/18/13	40.00	142.40	
259976	6	T1019		09/19/13	09/19/13	40.00	142.40	
						CLAIM TOTAL	854.40	2599760012011867SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
259969	1	T1019		09/17/13	09/17/13	16.00	56.96	
259969	2	T1019		09/18/13	09/18/13	16.00	56.96	
259969	3	T1019		09/19/13	09/19/13	16.00	56.96	
259969	4	T1019		09/20/13	09/20/13	16.00	56.96	
						CLAIM TOTAL	227.84	2599690012011868SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260002	1	T1019		09/16/13	09/16/13	32.00	113.92
260002	2	T1019		09/17/13	09/17/13	32.00	113.92
260002	3	T1019		09/18/13	09/18/13	32.00	113.92
260002	4	T1019		09/19/13	09/19/13	32.00	113.92
260002	5	T1019		09/20/13	09/20/13	32.00	113.92
CLAIM TOTAL							569.60

CLAIM ACCOUNT REF. 2600020012011884SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260007	1	T1019		09/13/13	09/13/13	16.00	56.96
260007	2	T1019		09/16/13	09/16/13	16.00	56.96
260007	3	T1019		09/17/13	09/17/13	16.00	56.96
260007	4	T1019		09/18/13	09/18/13	16.00	56.96
260007	5	T1019		09/19/13	09/19/13	16.00	56.96
260007	6	T1019		09/20/13	09/20/13	16.00	56.96
CLAIM TOTAL							341.76

CLAIM ACCOUNT REF. 2600070012011885SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259987	1	T1019		09/14/13	09/14/13	24.00	85.44
259987	2	T1019		09/17/13	09/17/13	20.00	71.20
259987	3	T1019		09/18/13	09/18/13	24.00	85.44
259987	4	T1019		09/19/13	09/19/13	20.00	71.20
259987	5	T1019		09/20/13	09/20/13	24.00	85.44
CLAIM TOTAL							398.72

CLAIM ACCOUNT REF. 2599870012011886SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259999	1	T1019		09/16/13	09/16/13	48.00	170.88
259999	2	T1019		09/17/13	09/17/13	48.00	170.88

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259999	3	T1019		09/18/13	09/18/13	48.00	170.88	
259999	4	T1019		09/19/13	09/19/13	48.00	170.88	
259999	5	T1019		09/20/13	09/20/13	48.00	170.88	
					CLAIM TOTAL		854.40	CLAIM ACCOUNT REF. 2599990012011887SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260006	1	T1020		09/14/13	09/14/13	1.00	200.00	
260006	2	T1020		09/15/13	09/15/13	1.00	200.00	
260006	3	T1020		09/16/13	09/16/13	1.00	200.00	
260006	4	T1020		09/17/13	09/17/13	1.00	200.00	
260006	5	T1020		09/18/13	09/18/13	1.00	200.00	
260006	6	T1020		09/19/13	09/19/13	1.00	200.00	
260006	7	T1020		09/20/13	09/20/13	1.00	200.00	
					CLAIM TOTAL		1,400.00	CLAIM ACCOUNT REF. 2600060012011914SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259968	1	T1019		09/14/13	09/14/13	48.00	170.88	
259968	2	T1019		09/15/13	09/15/13	48.00	170.88	
259968	3	T1019		09/16/13	09/16/13	48.00	170.88	
259968	4	T1019		09/17/13	09/17/13	48.00	170.88	
259968	5	T1019		09/18/13	09/18/13	48.00	170.88	
259968	6	T1019		09/19/13	09/19/13	48.00	170.88	
259968	7	T1019		09/20/13	09/20/13	48.00	170.88	
					CLAIM TOTAL		1,196.16	CLAIM ACCOUNT REF. 2599680012011943SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259994	1	T1019		09/16/13	09/16/13	28.00	99.68	
259994	2	T1019		09/17/13	09/17/13	32.00	113.92	
259994	3	T1019		09/18/13	09/18/13	28.00	99.68	
259994	4	T1019		09/19/13	09/19/13	32.00	113.92	
					CLAIM TOTAL		427.20	CLAIM ACCOUNT REF. 2599940012011950SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259995	1	S5131		09/14/13	09/14/13	4.00	57.00
CLAIM TOTAL							57.00
CLAIM ACCOUNT REF.							2599950012011951SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011961	2011961	MARTINEZ 2, EMMA	10/17/1944	ZK99698A	0106211302516
DIAGNOSIS CODES: 401.9 244.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259982	1	T1019		09/14/13	09/14/13	16.00	56.96
259982	2	T1019		09/16/13	09/16/13	16.00	56.96
CLAIM TOTAL							113.92
CLAIM ACCOUNT REF.							2599820012011961SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259983	1	S5130		09/18/13	09/18/13	16.00	56.96
CLAIM TOTAL							56.96
CLAIM ACCOUNT REF.							2599830012011962SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259972	1	T1019		09/14/13	09/14/13	40.00	142.40
259972	2	T1019		09/15/13	09/15/13	40.00	142.40
259972	3	T1019		09/16/13	09/16/13	40.00	142.40
259972	4	T1019		09/17/13	09/17/13	40.00	142.40
259972	5	T1019		09/18/13	09/18/13	40.00	142.40
259972	6	T1019		09/19/13	09/19/13	40.00	142.40
259972	7	T1019		09/20/13	09/20/13	40.00	142.40
CLAIM TOTAL							996.80
CLAIM ACCOUNT REF.							2599720012011964SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011966 2011966 MATOS, AUREA 10/19/1927 TG62448J 0108261301887
DIAGNOSIS CODES: V44.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259985	1	T1019		09/14/13	09/14/13	24.00	85.44	
259985	2	T1019		09/15/13	09/15/13	24.00	85.44	
259985	3	T1019		09/16/13	09/16/13	28.00	99.68	
259985	4	T1019		09/17/13	09/17/13	28.00	99.68	
259985	5	T1019		09/18/13	09/18/13	28.00	99.68	
259985	6	T1019		09/19/13	09/19/13	28.00	99.68	
259985	7	T1019		09/20/13	09/20/13	28.00	99.68	
					CLAIM TOTAL	669.28		CLAIM ACCOUNT REF. 2599850012011966SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259979	1	T1019		09/18/13	09/18/13	16.00	56.96	
259979	2	T1019		09/19/13	09/19/13	16.00	56.96	
					CLAIM TOTAL	113.92		CLAIM ACCOUNT REF. 2599790012011991SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259990	1	T1019		09/16/13	09/16/13	16.00	56.96	
259990	2	T1019		09/17/13	09/17/13	16.00	56.96	
259990	3	T1019		09/18/13	09/18/13	16.00	56.96	
259990	4	T1019		09/19/13	09/19/13	16.00	56.96	
259990	5	T1019		09/20/13	09/20/13	16.00	56.96	
					CLAIM TOTAL	284.80		CLAIM ACCOUNT REF. 2599900012011997SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259973	1	T1019		09/16/13	09/16/13	20.00	71.20	
259973	2	T1019		09/17/13	09/17/13	20.00	71.20	
259973	3	T1019		09/18/13	09/18/13	20.00	71.20	
259973	4	T1019		09/19/13	09/19/13	20.00	71.20	

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PROVIDER ID = 113502051
PAYER ID = 80141

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NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259973	5	T1019		09/20/13	09/20/13	20.00	71.20
CLAIM TOTAL							356.00
CLAIM ACCOUNT REF.							2599730012012030SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259989	1	T1019		09/16/13	09/16/13	40.00	142.40
259989	2	T1019		09/17/13	09/17/13	40.00	142.40
259989	3	T1019		09/18/13	09/18/13	40.00	142.40
259989	4	T1019		09/19/13	09/19/13	40.00	142.40
259989	5	T1019		09/20/13	09/20/13	40.00	142.40
CLAIM TOTAL							712.00
CLAIM ACCOUNT REF.							2599890012012032SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259971	1	T1019		09/14/13	09/14/13	16.00	56.96
259971	2	T1019		09/16/13	09/16/13	32.00	113.92
259971	3	T1019		09/17/13	09/17/13	32.00	113.92
259971	4	T1019		09/18/13	09/18/13	32.00	113.92
259971	5	T1019		09/19/13	09/19/13	32.00	113.92
259971	6	T1019		09/20/13	09/20/13	32.00	113.92
CLAIM TOTAL							626.56
CLAIM ACCOUNT REF.							2599710012012039SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259970	1	T1019		09/14/13	09/14/13	16.00	56.96
259970	2	T1019		09/15/13	09/15/13	16.00	56.96
259970	3	T1019		09/16/13	09/16/13	16.00	56.96
259970	4	T1019		09/17/13	09/17/13	8.00	28.48
259970	5	T1019		09/19/13	09/19/13	8.00	28.48
259970	6	T1019		09/20/13	09/20/13	8.00	28.48
CLAIM TOTAL							256.32
CLAIM ACCOUNT REF.							2599700012012041SUP

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012042 2012042 MARTINEZ, ROSARIO 07/25/1951 XE62541Y 0104301301154
DIAGNOSIS CODES: 493.92 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259984	1	99082		09/06/13	09/06/13	4.00	57.00
259984	2	T1019		09/14/13	09/14/13	16.00	56.96
259984	3	T1019		09/17/13	09/17/13	16.00	56.96
CLAIM TOTAL						170.92	CLAIM ACCOUNT REF. 2599840012012042SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012063 2012063 MALDONADO, MARIA 10/15/1920 ZN07021G 0104221302747
DIAGNOSIS CODES: 331.0 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259981	1	T1020		09/14/13	09/14/13	1.00	200.00
259981	2	T1020		09/15/13	09/15/13	1.00	200.00
259981	3	T1020		09/16/13	09/16/13	1.00	200.00
259981	4	T1020		09/17/13	09/17/13	1.00	200.00
259981	5	T1020		09/18/13	09/18/13	1.00	200.00
259981	6	T1020		09/19/13	09/19/13	1.00	200.00
259981	7	T1020		09/20/13	09/20/13	1.00	200.00
CLAIM TOTAL						1,400.00	CLAIM ACCOUNT REF. 2599810012012063SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259986	1	T1019		09/16/13	09/16/13	20.00	71.20
259986	2	T1019		09/17/13	09/17/13	20.00	71.20
259986	3	T1019		09/18/13	09/18/13	20.00	71.20
259986	4	T1019		09/19/13	09/19/13	20.00	71.20
259986	5	T1019		09/20/13	09/20/13	20.00	71.20
CLAIM TOTAL						356.00	CLAIM ACCOUNT REF. 2599860012012064SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260011	1	T1019		09/16/13	09/16/13	16.00	56.96
260011	2	T1019		09/18/13	09/18/13	16.00	56.96
260011	3	T1019		09/20/13	09/20/13	16.00	56.96

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	170.88	2600110012012127SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
259997	1	T1020		09/14/13	09/14/13	1.00	200.00	
259997	2	T1020		09/15/13	09/15/13	1.00	200.00	
259997	3	T1020		09/16/13	09/16/13	1.00	200.00	
259997	4	T1020		09/17/13	09/17/13	1.00	200.00	
259997	5	T1020		09/18/13	09/18/13	1.00	200.00	
259997	6	T1020		09/19/13	09/19/13	1.00	200.00	
259997	7	T1020		09/20/13	09/20/13	1.00	200.00	
						CLAIM TOTAL	1,400.00	2599970012012208SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
259992	1	T1019		09/07/13	09/07/13	16.00	56.96	
259992	2	T1019		09/08/13	09/08/13	16.00	56.96	
259992	3	T1019		09/09/13	09/09/13	16.00	56.96	
259992	4	T1019		09/10/13	09/10/13	16.00	56.96	
259992	5	T1019		09/14/13	09/14/13	16.00	56.96	
259992	6	T1019		09/15/13	09/15/13	16.00	56.96	
259992	7	T1019		09/16/13	09/16/13	16.00	56.96	
259992	8	T1019		09/17/13	09/17/13	16.00	56.96	
259992	9	T1019		09/18/13	09/18/13	16.00	56.96	
259992	10	T1019		09/19/13	09/19/13	16.00	56.96	
259992	11	T1019		09/20/13	09/20/13	16.00	56.96	
						CLAIM TOTAL	626.56	2599920012012245SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012246	2012246	POLANCO, RAMON	02/08/1925	XH93227Q	R2307817
DIAGNOSIS CODES: 250.00 401.9 414.01							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259993	1	T1019		09/07/13	09/07/13	8.00	28.48
259993	2	T1019		09/08/13	09/08/13	8.00	28.48
259993	3	T1019		09/09/13	09/09/13	8.00	28.48
259993	4	T1019		09/10/13	09/10/13	8.00	28.48

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259993	5	T1019		09/14/13	09/14/13	8.00	28.48
259993	6	T1019		09/15/13	09/15/13	8.00	28.48
259993	7	T1019		09/16/13	09/16/13	8.00	28.48
259993	8	T1019		09/17/13	09/17/13	8.00	28.48
259993	9	T1019		09/18/13	09/18/13	8.00	28.48
259993	10	T1019		09/19/13	09/19/13	8.00	28.48
259993	11	T1019		09/20/13	09/20/13	8.00	28.48
CLAIM TOTAL							313.28
							CLAIM ACCOUNT REF. 2599930012012246SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259966	1	T1019		09/14/13	09/14/13	48.00	170.88
259966	2	T1019		09/15/13	09/15/13	48.00	170.88
259966	3	T1019		09/16/13	09/16/13	48.00	170.88
259966	4	T1019		09/17/13	09/17/13	48.00	170.88
259966	5	T1019		09/18/13	09/18/13	48.00	170.88
CLAIM TOTAL							854.40
							CLAIM ACCOUNT REF. 2599660012012334SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259852	1	T1019		09/14/13	09/14/13	32.00	135.04
259852	2	T1019		09/15/13	09/15/13	32.00	135.04
259852	3	T1019		09/16/13	09/16/13	32.00	135.04
259852	4	T1019		09/17/13	09/17/13	32.00	135.04
259852	5	T1019		09/18/13	09/18/13	32.00	135.04
259852	6	T1019		09/19/13	09/19/13	32.00	135.04
259852	7	T1019		09/20/13	09/20/13	32.00	135.04
CLAIM TOTAL							945.28
							CLAIM ACCOUNT REF. 2598520012012478SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012772 2012772 THORNTON, SHIRLEY 09/02/1949 ZM67702P 0103141301902
DIAGNOSIS CODES: 253.5 493.92 V45.11

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259873	1	T1019		09/14/13	09/14/13	32.00	135.04
259873	2	T1019		09/15/13	09/15/13	24.00	101.28
259873	3	T1019		09/16/13	09/16/13	20.00	84.40

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259873	4	T1019		09/17/13	09/17/13	32.00	135.04	
259873	5	T1019		09/19/13	09/19/13	32.00	135.04	
259873	6	T1019		09/20/13	09/20/13	20.00	84.40	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2598730012012772SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259965	1	T1019		09/14/13	09/14/13	32.00	113.92	
259965	2	T1019		09/15/13	09/15/13	32.00	113.92	
259965	3	T1019		09/16/13	09/16/13	32.00	113.92	
259965	4	T1019		09/17/13	09/17/13	32.00	113.92	
259965	5	T1019		09/18/13	09/18/13	28.00	99.68	
259965	6	T1019		09/19/13	09/19/13	32.00	113.92	
259965	7	T1019		09/20/13	09/20/13	32.00	113.92	
					CLAIM TOTAL		783.20	CLAIM ACCOUNT REF. 2599650012012973SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259859	1	T1020		09/09/13	09/09/13	12.00	202.56	
259859	2	T1020		09/10/13	09/10/13	12.00	202.56	
259859	3	T1020		09/11/13	09/11/13	12.00	202.56	
259859	4	T1020		09/12/13	09/12/13	12.00	202.56	
259859	5	T1020		09/14/13	09/14/13	12.00	202.56	
259859	6	T1020		09/15/13	09/15/13	12.00	202.56	
259859	7	T1020		09/16/13	09/16/13	12.00	202.56	
259859	8	T1020		09/17/13	09/17/13	12.00	202.56	
259859	9	T1020		09/18/13	09/18/13	12.00	202.56	
259859	10	T1020		09/19/13	09/19/13	12.00	202.56	
259859	11	T1020		09/20/13	09/20/13	12.00	202.56	
					CLAIM TOTAL		2,228.16	CLAIM ACCOUNT REF. 2598590012013053SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259975	1	T1019		09/16/13	09/16/13	32.00	113.92

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							113.92	2599750012013430SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
260005	1	T1019		09/06/13	09/06/13	16.00	56.96	
260005	2	T1019		09/14/13	09/14/13	16.00	56.96	
260005	3	T1019		09/16/13	09/16/13	16.00	56.96	
260005	4	T1019		09/20/13	09/20/13	16.00	56.96	
							227.84	2600050012013439SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
259835	1	T1019		09/14/13	09/14/13	32.00	135.04	
259835	2	T1019		09/15/13	09/15/13	32.00	135.04	
259835	3	T1019		09/16/13	09/16/13	32.00	135.04	
259835	4	T1019		09/17/13	09/17/13	32.00	135.04	
259835	5	T1019		09/18/13	09/18/13	32.00	135.04	
259835	6	T1019		09/19/13	09/19/13	32.00	135.04	
259835	7	T1019		09/20/13	09/20/13	32.00	135.04	
							945.28	2598350012013448SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
259844	1	T1019		09/14/13	09/14/13	48.00	202.56	
259844	2	T1019		09/15/13	09/15/13	48.00	202.56	
259844	3	T1019		09/16/13	09/16/13	48.00	202.56	
259844	4	T1019		09/17/13	09/17/13	48.00	202.56	
259844	5	T1019		09/18/13	09/18/13	48.00	202.56	
259844	6	T1019		09/19/13	09/19/13	48.00	202.56	
259844	7	T1019		09/20/13	09/20/13	48.00	202.56	
							1,417.92	2598440012013452SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008802 2013453 DIAZ 1, CARMEN 07/29/1950 WB78930D R2397419
DIAGNOSIS CODES: V02.62 300.00 401.9 719.89 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259845	1	T1019		09/16/13	09/16/13	16.00	67.52
259845	2	T1019		09/17/13	09/17/13	24.00	101.28
259845	3	T1019		09/18/13	09/18/13	24.00	101.28
259845	4	T1019		09/19/13	09/19/13	24.00	101.28
259845	5	T1019		09/20/13	09/20/13	24.00	101.28
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2598450012013453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008427 2013455 FLORES, MARITZA 09/26/1953 ZG96532J R2303561
DIAGNOSIS CODES: 427.31 278.01 285.9 311. 425.8 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259848	1	T1019		09/14/13	09/14/13	40.00	168.80
259848	2	T1019		09/15/13	09/15/13	40.00	168.80
259848	3	T1019		09/16/13	09/16/13	40.00	168.80
259848	4	T1019		09/17/13	09/17/13	40.00	168.80
259848	5	T1019		09/18/13	09/18/13	40.00	168.80
259848	6	T1019		09/19/13	09/19/13	40.00	168.80
259848	7	T1019		09/20/13	09/20/13	40.00	168.80
CLAIM TOTAL							1,181.60
CLAIM ACCOUNT REF.							2598480012013455SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008742 2013461 KROLL, KATHERINE 09/22/1949 ZQ14882N 0107051302820
DIAGNOSIS CODES: 340. 244.8 272.0 311. 386.2 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259853	1	T1019		09/16/13	09/16/13	28.00	118.16
259853	2	T1019		09/17/13	09/17/13	28.00	118.16
259853	3	T1019		09/18/13	09/18/13	28.00	118.16
259853	4	T1019		09/19/13	09/19/13	28.00	118.16
259853	5	T1019		09/20/13	09/20/13	28.00	118.16
CLAIM TOTAL							590.80
CLAIM ACCOUNT REF.							2598530012013461SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259858	1	T1019		09/14/13	09/14/13	24.00	101.28

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259858	2	T1019		09/15/13	09/15/13	24.00	101.28
259858	3	T1019		09/16/13	09/16/13	24.00	101.28
259858	4	T1019		09/17/13	09/17/13	24.00	101.28
259858	5	T1019		09/18/13	09/18/13	24.00	101.28
259858	6	T1019		09/19/13	09/19/13	24.00	101.28
259858	7	T1019		09/20/13	09/20/13	24.00	101.28
CLAIM TOTAL							708.96

CLAIM ACCOUNT REF. 2598580012013462SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259863	1	T1019		09/16/13	09/16/13	24.00	101.28
259863	2	T1019		09/17/13	09/17/13	24.00	101.28
259863	3	T1019		09/18/13	09/18/13	24.00	101.28
259863	4	T1019		09/19/13	09/19/13	24.00	101.28
259863	5	T1019		09/20/13	09/20/13	24.00	101.28
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2598630012013465SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008398 2013466 RODRIGUEZ, JESSE 03/23/1984 YC62425G R2303381
DIAGNOSIS CODES: 799.89 253.5 278.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259864	1	T1019		09/16/13	09/16/13	16.00	67.52
259864	2	T1019		09/17/13	09/17/13	20.00	84.40
259864	3	T1019		09/18/13	09/18/13	20.00	84.40
259864	4	T1019		09/19/13	09/19/13	20.00	84.40
259864	5	T1019		09/20/13	09/20/13	20.00	84.40
CLAIM TOTAL							405.12

CLAIM ACCOUNT REF. 2598640012013466SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259868	1	T1019		09/14/13	09/14/13	40.00	168.80
259868	2	T1019		09/15/13	09/15/13	40.00	168.80
259868	3	T1019		09/16/13	09/16/13	36.00	151.92
259868	4	T1019		09/17/13	09/17/13	40.00	168.80
259868	5	T1019		09/18/13	09/18/13	40.00	168.80
259868	6	T1019		09/19/13	09/19/13	40.00	168.80

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051
PAYER ID = 80141

SUNNYSIDE CITYWIDE
HEALTHFIRST PHSP

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259868	7	T1019		09/20/13	09/20/13	40.00	168.80
CLAIM TOTAL							1,164.72
CLAIM ACCOUNT REF.							2598680012013467SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008425	2013468	WELLS, WYNORIA	09/10/1959	ZR27322A	R2378418
DIAGNOSIS CODES: 278.01 253.5 272.4 356.9 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259877	1	T1019		09/16/13	09/16/13	16.00	67.52
259877	2	T1019		09/17/13	09/17/13	16.00	67.52
259877	3	T1019		09/19/13	09/19/13	16.00	67.52
259877	4	T1019		09/20/13	09/20/13	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2598770012013468SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013602	2013602	LOPEZ, YAMILETH	11/22/1957	129932699	R2346153
DIAGNOSIS CODES: 250.00 272.4 401.9 530.81 719.7							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259856	1	T1019		09/16/13	09/16/13	20.00	84.40
259856	2	T1019		09/17/13	09/17/13	20.00	84.40
259856	3	T1019		09/18/13	09/18/13	20.00	84.40
259856	4	T1019		09/19/13	09/19/13	20.00	84.40
259856	5	T1019		09/20/13	09/20/13	20.00	84.40
CLAIM TOTAL							422.00
CLAIM ACCOUNT REF.							2598560012013602SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259850	1	T1019		09/18/13	09/18/13	16.00	67.52
259850	2	T1019		09/19/13	09/19/13	16.00	67.52
259850	3	T1019		09/20/13	09/20/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2598500012013732SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259851	1	T1019		09/16/13	09/16/13	32.00	135.04
259851	2	T1019		09/17/13	09/17/13	32.00	135.04

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259851	3	T1019		09/18/13	09/18/13	32.00	135.04	
259851	4	T1019		09/19/13	09/19/13	32.00	135.04	
259851	5	T1019		09/20/13	09/20/13	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2598510012013739SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259860	1	S5131		09/14/13	09/14/13	5.00	1,012.80	
259860	2	S5131		09/16/13	09/16/13	5.00	1,012.80	
259860	3	S5131		09/17/13	09/17/13	5.00	1,012.80	
259860	4	S5131		09/18/13	09/18/13	5.00	1,012.80	
259860	5	S5131		09/19/13	09/19/13	5.00	1,012.80	
259860	6	S5131		09/20/13	09/20/13	5.00	1,012.80	
					CLAIM TOTAL		6,076.80	CLAIM ACCOUNT REF. 2598600012013849SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259846	1	S5131		09/14/13	09/14/13	5.00	1,012.80	
259846	2	S5131		09/16/13	09/16/13	5.00	1,012.80	
259846	3	S5131		09/17/13	09/17/13	5.00	1,012.80	
259846	4	S5131		09/18/13	09/18/13	5.00	1,012.80	
259846	5	S5131		09/19/13	09/19/13	5.00	1,012.80	
259846	6	S5131		09/20/13	09/20/13	5.00	1,012.80	
					CLAIM TOTAL		6,076.80	CLAIM ACCOUNT REF. 2598460012013850SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
259872	1	T1019		09/20/13	09/20/13	16.00	67.52	
					CLAIM TOTAL		67.52	CLAIM ACCOUNT REF. 2598720012013941SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #
R2196521

CLAIM ACCOUNT REF. 2598430012013942SUP

PRIOR AUTHORIZATION #
0103041302631

CLAIM ACCOUNT REF. 2598740012014090SUP

TOTAL CLAIM AMOUNT = 67,838.64

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# OF CLAIMS = 187
# SERVICES = 91
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REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 87726 UNITEDHEALTHCARE

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008245 2008245 CALDERON, MIGDALIA 08/02/1961 100195559 611923967
DIAGNOSIS CODES: 250.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259890	1	T1019		09/14/13	09/14/13	40.00	171.60
259890	2	T1019		09/15/13	09/15/13	40.00	171.60
259890	3	T1019		09/16/13	09/16/13	40.00	171.60
259890	4	T1019		09/17/13	09/17/13	40.00	171.60
259890	5	T1019		09/18/13	09/18/13	40.00	171.60
259890	6	T1019		09/19/13	09/19/13	40.00	171.60
259890	7	T1019		09/20/13	09/20/13	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2598900012008245SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259892	1	T1019		09/16/13	09/16/13	36.00	154.44
259892	2	T1019		09/17/13	09/17/13	36.00	154.44
259892	3	T1019		09/18/13	09/18/13	32.00	137.28
259892	4	T1019		09/19/13	09/19/13	36.00	154.44
259892	5	T1019		09/20/13	09/20/13	36.00	154.44
CLAIM TOTAL						755.04	CLAIM ACCOUNT REF. 2598920012008287SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
259894	1	T1019		09/14/13	09/14/13	32.00	137.28
259894	2	T1019		09/15/13	09/15/13	32.00	137.28
259894	3	T1019		09/16/13	09/16/13	32.00	137.28
259894	4	T1019		09/17/13	09/17/13	32.00	137.28
259894	5	T1019		09/18/13	09/18/13	32.00	137.28
259894	6	T1019		09/19/13	09/19/13	32.00	137.28
259894	7	T1019		09/20/13	09/20/13	32.00	137.28
CLAIM TOTAL						960.96	CLAIM ACCOUNT REF. 2598940012008401SUP

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NPI = 1154407492

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
259893	1	T1019		09/02/13	09/02/13	16.00	68.64		
259893	2	T1019		09/03/13	09/03/13	16.00	68.64		
259893	3	T1019		09/05/13	09/05/13	16.00	68.64		
259893	4	T1019		09/06/13	09/06/13	16.00	68.64		
259893	5	T1019		09/14/13	09/14/13	16.00	68.64		
259893	6	T1019		09/16/13	09/16/13	16.00	68.64		
259893	7	T1019		09/17/13	09/17/13	16.00	68.64		
259893	8	T1019		09/18/13	09/18/13	16.00	68.64		
259893	9	T1019		09/19/13	09/19/13	16.00	68.64		
259893	10	T1019		09/20/13	09/20/13	16.00	68.64		
					CLAIM TOTAL		686.40	CLAIM ACCOUNT REF.	2598930012013181SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013182	2013182	FARFAN, MARIA	06/17/1924	101465838	611033079

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
259891	1	T1019		09/14/13	09/14/13	32.00	137.28		
259891	2	T1019		09/15/13	09/15/13	32.00	137.28		
259891	3	T1019		09/16/13	09/16/13	32.00	137.28		
259891	4	T1019		09/17/13	09/17/13	32.00	137.28		
259891	5	T1019		09/18/13	09/18/13	32.00	137.28		
259891	6	T1019		09/19/13	09/19/13	32.00	137.28		
259891	7	T1019		09/20/13	09/20/13	32.00	137.28		
						CLAIM TOTAL	960.96	CLAIM ACCOUNT REF.	2598910012013182SUP

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	36	TOTAL CLAIM AMOUNT =	4,564.56
		# SERVICES =	5		

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = AMRGRI AMERIGROUP NEW YORK,LLC

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008266 2008266 GUERRA, LORRAINE 03/22/1948 712731594 103536057
DIAGNOSIS CODES: 431. 784.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260014	1	T1019	0580	09/09/13	09/09/13	32.00	135.04
260014	2	T1019	0580	09/12/13	09/12/13	32.00	135.04
260014	3	T1019	0580	09/14/13	09/14/13	40.00	168.80
260014	4	T1019	0580	09/15/13	09/15/13	40.00	168.80
260014	5	T1019	0580	09/16/13	09/16/13	32.00	135.04
260014	6	T1019	0580	09/17/13	09/17/13	32.00	135.04
260014	7	T1019	0580	09/18/13	09/18/13	28.00	118.16
260014	8	T1019	0580	09/19/13	09/19/13	32.00	135.04
260014	9	T1019	0580	09/20/13	09/20/13	32.00	135.04

CLAIM TOTAL 1,266.00 CLAIM ACCOUNT REF. 2600140012008266SUP

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
260015	1	S5130	0582	09/17/13	09/17/13	16.00	67.52
260015	2	S5130	0582	09/19/13	09/19/13	16.00	67.52

CLAIM TOTAL 135.04 CLAIM ACCOUNT REF. 2600150012009279SUP

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
260018	1	T1019	0580	09/01/13	09/01/13	16.00	67.52
260018	2	T1019	0580	09/02/13	09/02/13	12.00	50.64
260018	3	T1019	0580	09/03/13	09/03/13	12.00	50.64
260018	4	T1019	0580	09/04/13	09/04/13	12.00	50.64
260018	5	T1019	0580	09/05/13	09/05/13	12.00	50.64
260018	6	T1019	0580	09/06/13	09/06/13	12.00	50.64
260018	7	T1019	0580	09/07/13	09/07/13	16.00	67.52
260018	8	T1019	0580	09/08/13	09/08/13	16.00	67.52
260018	9	T1019	0580	09/09/13	09/09/13	12.00	50.64
260018	10	T1019	0580	09/10/13	09/10/13	12.00	50.64
260018	11	T1019	0580	09/11/13	09/11/13	12.00	50.64
260018	12	T1019	0580	09/12/13	09/12/13	12.00	50.64
260018	13	T1019	0580	09/13/13	09/13/13	12.00	50.64
260018	14	T1019	0580	09/14/13	09/14/13	16.00	67.52

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = AMRGRI AMERIGROUP NEW YORK,LLC

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260018	15	T1019	0580	09/15/13	09/15/13	16.00	67.52
260018	16	T1019	0580	09/16/13	09/16/13	12.00	50.64
260018	17	T1019	0580	09/17/13	09/17/13	12.00	50.64
260018	18	T1019	0580	09/18/13	09/18/13	12.00	50.64
260018	19	T1019	0580	09/19/13	09/19/13	12.00	50.64
260018	20	T1019	0580	09/20/13	09/20/13	12.00	50.64
CLAIM TOTAL							1,097.20

CLAIM ACCOUNT REF. 2600180012010728SUP

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
260017	1	T1019	0580	09/14/13	09/14/13	20.00	84.40
260017	2	T1019	0580	09/15/13	09/15/13	20.00	84.40
260017	3	T1019	0580	09/16/13	09/16/13	16.00	67.52
260017	4	T1019	0580	09/17/13	09/17/13	16.00	67.52
260017	5	T1019	0580	09/18/13	09/18/13	16.00	67.52
260017	6	T1019	0580	09/19/13	09/19/13	16.00	67.52
260017	7	T1019	0580	09/20/13	09/20/13	16.00	67.52
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2600170012010729SUP

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
260021	1	T1019	0580	09/16/13	09/16/13	24.00	90.00
260021	2	T1019	0580	09/17/13	09/17/13	24.00	90.00
260021	3	T1019	0580	09/18/13	09/18/13	24.00	90.00
260021	4	T1019	0580	09/19/13	09/19/13	24.00	90.00
260021	5	T1019	0580	09/20/13	09/20/13	24.00	90.00
CLAIM TOTAL							450.00

CLAIM ACCOUNT REF. 2600210012012354SUP

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
260024	1	T1019	0580	09/16/13	09/16/13	16.00	60.00
260024	2	T1019	0580	09/17/13	09/17/13	16.00	60.00
260024	3	T1019	0580	09/18/13	09/18/13	16.00	60.00
260024	4	T1019	0580	09/19/13	09/19/13	16.00	60.00

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = AMRGRI AMERIGROUP NEW YORK,LLC

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260024	5	T1019	0580	09/20/13	09/20/13	16.00	60.00
CLAIM TOTAL							300.00
CLAIM ACCOUNT REF.							2600240012012358SUP

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
260025	1	T1019	0580	09/16/13	09/16/13	20.00	75.00
260025	2	T1019	0580	09/17/13	09/17/13	20.00	75.00
260025	3	T1019	0580	09/18/13	09/18/13	20.00	75.00
260025	4	T1019	0580	09/19/13	09/19/13	20.00	75.00
260025	5	T1019	0580	09/20/13	09/20/13	20.00	75.00
CLAIM TOTAL							375.00
CLAIM ACCOUNT REF.							2600250012012362SUP

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
260022	1	T1019	0580	09/16/13	09/16/13	32.00	120.00
260022	2	T1019	0580	09/17/13	09/17/13	36.00	135.00
260022	3	T1019	0580	09/18/13	09/18/13	32.00	120.00
260022	4	T1019	0580	09/19/13	09/19/13	36.00	135.00
260022	5	T1019	0580	09/20/13	09/20/13	32.00	120.00
CLAIM TOTAL							630.00
CLAIM ACCOUNT REF.							2600220012012374SUP

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
260020	1	T1019	0580	09/16/13	09/16/13	28.00	105.00
260020	2	T1019	0580	09/17/13	09/17/13	28.00	105.00
CLAIM TOTAL							210.00
CLAIM ACCOUNT REF.							2600200012012732SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260019	1	T1019	0580	09/14/13	09/14/13	20.00	75.00
260019	2	T1019	0580	09/15/13	09/15/13	20.00	75.00

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260019	3	T1019	0580	09/16/13	09/16/13	28.00	105.00
260019	4	T1019	0580	09/17/13	09/17/13	28.00	105.00
260019	5	T1019	0580	09/18/13	09/18/13	28.00	105.00
260019	6	T1019	0580	09/19/13	09/19/13	28.00	105.00
260019	7	T1019	0580	09/20/13	09/20/13	28.00	105.00
CLAIM TOTAL							675.00

CLAIM ACCOUNT REF. 2600190012012876SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260023	1	T1019	0580	09/04/13	09/04/13	16.00	60.00
260023	2	T1019	0580	09/16/13	09/16/13	16.00	60.00
260023	3	T1019	0580	09/17/13	09/17/13	16.00	60.00
260023	4	T1019	0580	09/18/13	09/18/13	16.00	60.00
260023	5	T1019	0580	09/19/13	09/19/13	16.00	60.00
260023	6	T1019	0580	09/20/13	09/20/13	20.00	75.00
CLAIM TOTAL							375.00

CLAIM ACCOUNT REF. 2600230012013018SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260013	1	T1019	0580	09/16/13	09/16/13	20.00	84.40
260013	2	T1019	0580	09/17/13	09/17/13	20.00	84.40
260013	3	T1019	0580	09/18/13	09/18/13	20.00	84.40
260013	4	T1019	0580	09/19/13	09/19/13	20.00	84.40
260013	5	T1019	0580	09/20/13	09/20/13	20.00	84.40
CLAIM TOTAL							422.00

CLAIM ACCOUNT REF. 2600130012013352SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010671 2014097 AKHTER, SELINA 07/13/1960 717930679 103717989
DIAGNOSIS CODES: 093.9 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260012	1	T1019	0580	09/16/13	09/16/13	36.00	151.92
260012	2	T1019	0580	09/17/13	09/17/13	36.00	151.92
260012	3	T1019	0580	09/18/13	09/18/13	36.00	151.92
260012	4	T1019	0580	09/19/13	09/19/13	36.00	151.92
260012	5	T1019	0580	09/20/13	09/20/13	36.00	151.92
CLAIM TOTAL							759.60

CLAIM ACCOUNT REF. 2600120012014097SUP

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NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2014101	2014101	RAHIM, SHANEEZA	06/15/1997	713027020	103726470

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260016	1	T1019	0580	09/16/13	09/16/13	16.00	67.52	
260016	2	T1019	0580	09/19/13	09/19/13	16.00	67.52	
260016	3	T1019	0580	09/20/13	09/20/13	16.00	67.52	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2600160012014101SUP

PAYER TOTALS:	AMERIGROUP NEW YORK,LLC	# OF CLAIMS =	86	TOTAL CLAIM AMOUNT =	7,403.80
		# SERVICES =	14		

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = ELDER ELDERSERVE

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260042	1	T1019	0671	08/25/13	08/25/13	32.00	116.16	
260042	2	T1019	0671	09/14/13	09/14/13	32.00	116.16	
260042	3	T1019	0671	09/15/13	09/15/13	28.00	101.64	
260042	4	T1019	0671	09/16/13	09/16/13	32.00	116.16	
260042	5	T1019	0671	09/17/13	09/17/13	32.00	116.16	
260042	6	T1019	0671	09/18/13	09/18/13	32.00	116.16	
260042	7	T1019	0671	09/19/13	09/19/13	32.00	116.16	
260042	8	T1019	0671	09/20/13	09/20/13	32.00	116.16	
				CLAIM TOTAL		914.76		CLAIM ACCOUNT REF. 2600420012013814SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260043	1	T1019	0671	09/16/13	09/16/13	20.00	72.60	
260043	2	T1019	0671	09/17/13	09/17/13	20.00	72.60	
260043	3	T1019	0671	09/18/13	09/18/13	20.00	72.60	
260043	4	T1019	0671	09/19/13	09/19/13	20.00	72.60	
260043	5	T1019	0671	09/20/13	09/20/13	20.00	72.60	
				CLAIM TOTAL		363.00		CLAIM ACCOUNT REF. 2600430012013815SUP

PAYER TOTALS: ELDERSERVE # OF CLAIMS = 13 TOTAL CLAIM AMOUNT = 1,277.76
SERVICES = 2

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260185	1	S5125		09/16/13	09/16/13	24.00	94.56	
260185	2	S5125		09/17/13	09/17/13	24.00	94.56	
260185	3	S5125		09/18/13	09/18/13	24.00	94.56	
260185	4	S5125		09/19/13	09/19/13	24.00	94.56	
260185	5	S5125		09/20/13	09/20/13	24.00	94.56	
						CLAIM TOTAL	472.80	CLAIM ACCOUNT REF. 2601850011997785SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260201	1	T1019		09/11/13	09/11/13	4.00	15.76	
260201	2	T1019		09/14/13	09/14/13	16.00	63.04	
260201	3	T1019		09/15/13	09/15/13	16.00	63.04	
260201	4	T1019		09/17/13	09/17/13	28.00	110.32	
260201	5	T1019		09/18/13	09/18/13	28.00	110.32	
260201	6	T1019		09/19/13	09/19/13	28.00	110.32	
260201	7	T1019		09/20/13	09/20/13	28.00	110.32	
						CLAIM TOTAL	583.12	CLAIM ACCOUNT REF. 2602010011997789SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260237	1	T1019		09/14/13	09/14/13	28.00	110.32	
260237	2	T1019		09/16/13	09/16/13	40.00	157.60	
260237	3	T1019		09/17/13	09/17/13	40.00	157.60	
260237	4	T1019		09/18/13	09/18/13	40.00	157.60	
260237	5	T1019		09/19/13	09/19/13	40.00	157.60	
260237	6	T1019		09/20/13	09/20/13	40.00	157.60	
						CLAIM TOTAL	898.32	CLAIM ACCOUNT REF. 2602370011999328SUP

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2000140 2000140 PENA, WALESKA 07/06/1978 GNT02097600 4/2/2010-00212-0018
DIAGNOSIS CODES: 724.2 225.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260168	1	T1019		08/03/13	08/03/13	32.00	126.08
260168	2	T1019		08/04/13	08/04/13	32.00	126.08
260168	3	T1019		08/05/13	08/05/13	32.00	126.08
260168	4	T1019		08/06/13	08/06/13	32.00	126.08
260168	5	T1019		08/07/13	08/07/13	32.00	126.08
260168	6	T1019		08/08/13	08/08/13	32.00	126.08
260168	7	T1019		08/09/13	08/09/13	32.00	126.08
260168	8	T1019		08/10/13	08/10/13	32.00	126.08
260168	9	T1019		08/11/13	08/11/13	32.00	126.08
260168	10	T1019		08/12/13	08/12/13	32.00	126.08
260168	11	T1019		08/13/13	08/13/13	32.00	126.08
260168	12	T1019		08/14/13	08/14/13	27.00	106.38
260168	13	T1019		08/15/13	08/15/13	32.00	126.08
260168	14	T1019		08/16/13	08/16/13	32.00	126.08
260168	15	T1019		08/17/13	08/17/13	32.00	126.08
260168	16	T1019		08/18/13	08/18/13	32.00	126.08
260168	17	T1019		08/19/13	08/19/13	32.00	126.08
260168	18	T1019		08/20/13	08/20/13	32.00	126.08
260168	19	T1019		08/21/13	08/21/13	32.00	126.08
260168	20	T1019		08/22/13	08/22/13	32.00	126.08
260168	21	T1019		08/23/13	08/23/13	32.00	126.08
260168	22	T1019		08/25/13	08/25/13	32.00	126.08
260168	23	T1019		08/26/13	08/26/13	32.00	126.08
260168	24	T1019		08/27/13	08/27/13	32.00	126.08
260168	25	T1019		08/28/13	08/28/13	32.00	126.08
260168	26	T1019		08/29/13	08/29/13	32.00	126.08
260168	27	T1019		08/30/13	08/30/13	32.00	126.08
260168	28	T1019		08/31/13	08/31/13	32.00	126.08
260168	29	T1019		09/01/13	09/01/13	32.00	126.08
260168	30	T1019		09/02/13	09/02/13	32.00	126.08
260168	31	T1019		09/03/13	09/03/13	32.00	126.08
260168	32	T1019		09/04/13	09/04/13	32.00	126.08
260168	33	T1019		09/05/13	09/05/13	32.00	126.08
260168	34	T1019		09/06/13	09/06/13	28.00	110.32
260168	35	T1019		09/07/13	09/07/13	32.00	126.08
260168	36	T1019		09/08/13	09/08/13	32.00	126.08
260168	37	T1019		09/09/13	09/09/13	32.00	126.08
260168	38	T1019		09/10/13	09/10/13	32.00	126.08
260168	39	T1019		09/11/13	09/11/13	32.00	126.08

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260168	40	T1019		09/12/13	09/12/13	32.00	126.08	
260168	41	T1019		09/13/13	09/13/13	32.00	126.08	
260168	42	T1019		09/14/13	09/14/13	32.00	126.08	
CLAIM TOTAL							5,259.90	CLAIM ACCOUNT REF. 2601680012000140SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2000140	2000140	PENA, WALESKA	07/06/1978	GNT02097600	4/2/2010-00212-0018
DIAGNOSIS CODES: 724.2 225.0							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260169	1	T1019		09/15/13	09/15/13	32.00	126.08	
260169	2	T1019		09/16/13	09/16/13	22.00	86.68	
260169	3	T1019		09/17/13	09/17/13	32.00	126.08	
260169	4	T1019		09/18/13	09/18/13	32.00	126.08	
260169	5	T1019		09/19/13	09/19/13	32.00	126.08	
260169	6	T1019		09/20/13	09/20/13	32.00	126.08	
CLAIM TOTAL							717.08	CLAIM ACCOUNT REF. 2601690012000140SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260175	1	S5125 TT		09/14/13	09/14/13	20.00	83.80	
260175	2	S5125 TT		09/15/13	09/15/13	20.00	83.80	
260175	3	S5125 TT		09/17/13	09/17/13	20.00	83.80	
260175	4	S5125 TT		09/18/13	09/18/13	20.00	83.80	
260175	5	S5125 TT		09/19/13	09/19/13	20.00	83.80	
260175	6	S5125 TT		09/20/13	09/20/13	20.00	83.80	
CLAIM TOTAL							502.80	CLAIM ACCOUNT REF. 2601750012002109SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260210	1	T1019		09/15/13	09/15/13	28.00	110.32	
260210	2	T1019		09/16/13	09/16/13	28.00	110.32	
260210	3	T1019		09/17/13	09/17/13	28.00	110.32	
260210	4	T1019		09/18/13	09/18/13	24.00	94.56	
260210	5	T1019		09/19/13	09/19/13	28.00	110.32	
260210	6	T1019		09/20/13	09/20/13	28.00	110.32	
CLAIM TOTAL							646.16	CLAIM ACCOUNT REF. 2602100012002124SUP

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260148	1	T1019		09/14/13	09/14/13	21.00	82.74
260148	2	T1019		09/15/13	09/15/13	24.00	94.56
260148	3	T1019		09/16/13	09/16/13	32.00	126.08
260148	4	T1019		09/17/13	09/17/13	32.00	126.08
260148	5	T1019		09/18/13	09/18/13	32.00	126.08
260148	6	T1019		09/19/13	09/19/13	32.00	126.08
260148	7	T1019		09/20/13	09/20/13	32.00	126.08
CLAIM TOTAL							807.70
CLAIM ACCOUNT REF.							2601480012002162SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260151	1	S5125		09/16/13	09/16/13	20.00	78.80
260151	2	S5125		09/17/13	09/17/13	20.00	78.80
260151	3	S5125		09/18/13	09/18/13	20.00	78.80
260151	4	S5125		09/19/13	09/19/13	20.00	78.80
260151	5	S5125		09/20/13	09/20/13	20.00	78.80
CLAIM TOTAL							394.00
CLAIM ACCOUNT REF.							2601510012002531SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260067	1	S5125		09/14/13	09/14/13	20.00	78.80
260067	2	S5125		09/15/13	09/15/13	20.00	78.80
260067	3	S5125		09/16/13	09/16/13	24.00	94.56
260067	4	S5125		09/17/13	09/17/13	36.00	141.84
260067	5	S5125		09/18/13	09/18/13	24.00	94.56
260067	6	S5125		09/19/13	09/19/13	24.00	94.56
260067	7	S5125		09/20/13	09/20/13	24.00	94.56
CLAIM TOTAL							677.68
CLAIM ACCOUNT REF.							2600670012002769SUP

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260087	1	T1019		09/18/13	09/18/13	24.00	94.56
260087	2	T1019		09/19/13	09/19/13	24.00	94.56
260087	3	T1019		09/20/13	09/20/13	24.00	94.56
CLAIM TOTAL							283.68
CLAIM ACCOUNT REF.							2600870012003052SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260164	1	T1019		09/16/13	09/16/13	32.00	126.08
260164	2	T1019		09/17/13	09/17/13	32.00	126.08
260164	3	T1019		09/18/13	09/18/13	32.00	126.08
260164	4	T1019		09/19/13	09/19/13	32.00	126.08
260164	5	T1019		09/20/13	09/20/13	32.00	126.08
CLAIM TOTAL							630.40
CLAIM ACCOUNT REF.							2601640012003087SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260233	1	T1019		09/14/13	09/14/13	20.00	78.80
260233	2	T1019		09/16/13	09/16/13	24.00	94.56
260233	3	T1019		09/17/13	09/17/13	24.00	94.56
260233	4	T1019		09/18/13	09/18/13	24.00	94.56
260233	5	T1019		09/19/13	09/19/13	24.00	94.56
260233	6	T1019		09/20/13	09/20/13	24.00	94.56
CLAIM TOTAL							551.60
CLAIM ACCOUNT REF.							2602330012003177SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260118	1	T1019		09/14/13	09/14/13	42.00	165.48
260118	2	T1019		09/15/13	09/15/13	46.00	181.24
260118	3	T1019		09/16/13	09/16/13	46.00	181.24
260118	4	T1019		09/17/13	09/17/13	46.00	181.24

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260118	5	T1019		09/18/13	09/18/13	46.00	181.24	
260118	6	T1019		09/19/13	09/19/13	46.00	181.24	
CLAIM TOTAL							1,071.68	CLAIM ACCOUNT REF. 2601180012003254SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260081	1	S5125		09/16/13	09/16/13	24.00	94.56	
260081	2	S5125		09/17/13	09/17/13	24.00	94.56	
260081	3	S5125		09/19/13	09/19/13	24.00	94.56	
260081	4	S5125		09/20/13	09/20/13	24.00	94.56	
CLAIM TOTAL							378.24	CLAIM ACCOUNT REF. 2600810012004554SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260152	1	T1019		09/16/13	09/16/13	16.00	63.04	
260152	2	T1019		09/17/13	09/17/13	16.00	63.04	
260152	3	T1019		09/18/13	09/18/13	16.00	63.04	
260152	4	T1019		09/19/13	09/19/13	16.00	63.04	
260152	5	T1019		09/20/13	09/20/13	16.00	63.04	
CLAIM TOTAL							315.20	CLAIM ACCOUNT REF. 2601520012004768SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260119	1	S5125		09/14/13	09/14/13	43.00	169.42	
260119	2	S5125		09/16/13	09/16/13	48.00	189.12	
260119	3	S5125		09/17/13	09/17/13	48.00	189.12	
260119	4	S5125		09/18/13	09/18/13	48.00	189.12	
260119	5	S5125		09/19/13	09/19/13	48.00	189.12	
260119	6	S5125		09/20/13	09/20/13	46.00	181.24	
CLAIM TOTAL							1,107.14	CLAIM ACCOUNT REF. 2601190012006080SUP

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260149	1	S5125		09/16/13	09/16/13	16.00	63.04
260149	2	S5125		09/18/13	09/18/13	16.00	63.04
260149	3	S5125		09/20/13	09/20/13	16.00	63.04
CLAIM TOTAL							189.12
							CLAIM ACCOUNT REF. 2601490012006117SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260044	1	S5125		09/14/13	09/14/13	24.00	94.56
260044	2	S5125		09/16/13	09/16/13	36.00	141.84
260044	3	S5125		09/17/13	09/17/13	36.00	141.84
260044	4	S5125		09/18/13	09/18/13	36.00	141.84
260044	5	S5125		09/19/13	09/19/13	36.00	141.84
260044	6	S5125		09/20/13	09/20/13	36.00	141.84
CLAIM TOTAL							803.76
							CLAIM ACCOUNT REF. 2600440012006118SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260083	1	S5125		09/16/13	09/16/13	28.00	110.32
260083	2	S5125		09/17/13	09/17/13	28.00	110.32
260083	3	S5125		09/18/13	09/18/13	28.00	110.32
260083	4	S5125		09/19/13	09/19/13	28.00	110.32
260083	5	S5125		09/20/13	09/20/13	28.00	110.32
CLAIM TOTAL							551.60
							CLAIM ACCOUNT REF. 2600830012006124SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260234	1	S5125		09/14/13	09/14/13	16.00	63.04
260234	2	S5125		09/16/13	09/16/13	16.00	63.04
260234	3	S5125		09/17/13	09/17/13	16.00	63.04
260234	4	S5125		09/18/13	09/18/13	16.00	63.04

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260234	5	S5125		09/19/13	09/19/13	16.00	63.04
260234	6	S5125		09/20/13	09/20/13	16.00	63.04
CLAIM TOTAL							378.24

CLAIM ACCOUNT REF. 2602340012006152SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260057	1	S5125		09/09/13	09/09/13	36.00	141.84
260057	2	S5125		09/10/13	09/10/13	36.00	141.84
260057	3	S5125		09/11/13	09/11/13	36.00	141.84
260057	4	S5125		09/12/13	09/12/13	36.00	141.84
260057	5	S5125		09/13/13	09/13/13	36.00	141.84
260057	6	S5125		09/16/13	09/16/13	36.00	141.84
260057	7	S5125		09/17/13	09/17/13	36.00	141.84
260057	8	S5125		09/18/13	09/18/13	36.00	141.84
260057	9	S5125		09/19/13	09/19/13	36.00	141.84
260057	10	S5125		09/20/13	09/20/13	36.00	141.84
CLAIM TOTAL							1,418.40

CLAIM ACCOUNT REF. 2600570012006632SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2001974 2006828 RUBIANO, MARIA 11/12/1925 GNT03390400 9/27/2006-00154-0038
DIAGNOSIS CODES: 716.90 345.90 414.00 428.0 294.20 401.9 530.81 564.00 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260196	1	S5125		09/16/13	09/16/13	22.00	86.68
260196	2	S5125		09/17/13	09/17/13	22.00	86.68
260196	3	S5125		09/18/13	09/18/13	22.00	86.68
260196	4	S5125		09/19/13	09/19/13	22.00	86.68
260196	5	S5125		09/20/13	09/20/13	22.00	86.68
CLAIM TOTAL							433.40

CLAIM ACCOUNT REF. 2601960012006828SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260176	1	S5125 TT		09/14/13	09/14/13	20.00	83.80
260176	2	S5125 TT		09/15/13	09/15/13	20.00	83.80
260176	3	S5125 TT		09/16/13	09/16/13	20.00	83.80
260176	4	S5125 TT		09/17/13	09/17/13	20.00	83.80
260176	5	S5125 TT		09/18/13	09/18/13	20.00	83.80

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260176	6	S5125 TT		09/19/13	09/19/13	20.00	83.80
260176	7	S5125 TT		09/20/13	09/20/13	20.00	83.80
CLAIM TOTAL							586.60

CLAIM ACCOUNT REF. 2601760012007728SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2007969	2007969	RODRIGUEZ, HOLGER	10/27/1938	GNT05256300	2/29/2012-00253-0013

DIAGNOSIS CODES: 401.9 250.00 332.0 369.00 600.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260190	1	T1019		09/14/13	09/14/13	36.00	141.84
260190	2	T1019		09/15/13	09/15/13	36.00	141.84
260190	3	T1019		09/16/13	09/16/13	36.00	141.84
260190	4	T1019		09/17/13	09/17/13	36.00	141.84
260190	5	T1019		09/18/13	09/18/13	36.00	141.84
260190	6	T1019		09/19/13	09/19/13	36.00	141.84
260190	7	T1019		09/20/13	09/20/13	36.00	141.84
CLAIM TOTAL							992.88

CLAIM ACCOUNT REF. 2601900012007969SUP

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

DIAGNOSIS CODES: 331.0 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260229	1	S5125		09/14/13	09/14/13	47.00	185.18
260229	2	S5125		09/15/13	09/15/13	48.00	189.12
260229	3	S5125		09/16/13	09/16/13	32.00	126.08
260229	4	S5125		09/17/13	09/17/13	32.00	126.08
260229	5	S5125		09/18/13	09/18/13	32.00	126.08
260229	6	S5125		09/19/13	09/19/13	32.00	126.08
260229	7	S5125		09/20/13	09/20/13	32.00	126.08
CLAIM TOTAL							1,004.70

CLAIM ACCOUNT REF. 2602290012008200SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2007979	2008314	FERNANDEZ, ANA	08/14/1947	GNT05242300	6/2/2011-00474-0019

DIAGNOSIS CODES: 460. 311. 401.9 780.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260092	1	S5125		09/14/13	09/14/13	24.00	94.56
260092	2	S5125		09/15/13	09/15/13	18.00	70.92
260092	3	S5125		09/16/13	09/16/13	16.00	63.04
260092	4	S5125		09/17/13	09/17/13	16.00	63.04
260092	5	S5125		09/18/13	09/18/13	16.00	63.04
260092	6	S5125		09/19/13	09/19/13	16.00	63.04

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260092	7	S5125		09/20/13	09/20/13	16.00	63.04	
					CLAIM TOTAL		480.68	CLAIM ACCOUNT REF. 2600920012008314SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260070	1	S5125		09/14/13	09/14/13	32.00	126.08	
260070	2	S5125		09/15/13	09/15/13	32.00	126.08	
260070	3	S5125		09/16/13	09/16/13	32.00	126.08	
260070	4	S5125		09/17/13	09/17/13	32.00	126.08	
260070	5	S5125		09/18/13	09/18/13	32.00	126.08	
260070	6	S5125		09/19/13	09/19/13	32.00	126.08	
260070	7	S5125		09/20/13	09/20/13	32.00	126.08	
					CLAIM TOTAL		882.56	CLAIM ACCOUNT REF. 2600700012008320SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260180	1	S5125		09/16/13	09/16/13	16.00	63.04	
260180	2	S5125		09/17/13	09/17/13	16.00	63.04	
260180	3	S5125		09/18/13	09/18/13	16.00	63.04	
260180	4	S5125		09/19/13	09/19/13	16.00	63.04	
260180	5	S5125		09/20/13	09/20/13	16.00	63.04	
					CLAIM TOTAL		315.20	CLAIM ACCOUNT REF. 2601800012008453SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008885	2008885	SOMRAJ, UMILLA	09/24/1973	GNT03813900	8/31/2007-00255-0064
DIAGNOSIS	CODES:	585.6	311.				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260212	1	S5125		09/14/13	09/14/13	16.00	63.04	
260212	2	S5125		09/15/13	09/15/13	16.00	63.04	
260212	3	S5125		09/17/13	09/17/13	16.00	63.04	
260212	4	S5125		09/19/13	09/19/13	4.00	15.76	
					CLAIM TOTAL		204.88	CLAIM ACCOUNT REF. 2602120012008885SUP

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260231	1	S5125		09/16/13	09/16/13	16.00	63.04
260231	2	S5125		09/18/13	09/18/13	16.00	63.04
CLAIM TOTAL							126.08
CLAIM ACCOUNT REF.							2602310012008892SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260136	1	S5125		09/12/13	09/12/13	4.00	15.76
260136	2	S5125		09/16/13	09/16/13	30.00	118.20
260136	3	S5125		09/17/13	09/17/13	20.00	78.80
260136	4	S5125		09/18/13	09/18/13	20.00	78.80
260136	5	S5125		09/19/13	09/19/13	20.00	78.80
260136	6	S5125		09/20/13	09/20/13	20.00	78.80
CLAIM TOTAL							449.16
CLAIM ACCOUNT REF.							2601360012009202SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260170	1	T1019		09/13/13	09/13/13	24.00	94.56
260170	2	T1019		09/16/13	09/16/13	24.00	94.56
260170	3	T1019		09/17/13	09/17/13	24.00	94.56
260170	4	T1019		09/18/13	09/18/13	24.00	94.56
260170	5	T1019		09/20/13	09/20/13	24.00	94.56
CLAIM TOTAL							472.80
CLAIM ACCOUNT REF.							2601700012009232SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260153	1	S5125		09/16/13	09/16/13	24.00	94.56
260153	2	S5125		09/17/13	09/17/13	24.00	94.56
260153	3	S5125		09/18/13	09/18/13	24.00	94.56
260153	4	S5125		09/19/13	09/19/13	23.00	90.62
260153	5	S5125		09/20/13	09/20/13	24.00	94.56

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
							468.86		2601530012009392SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
260084	1	T1020		09/14/13	09/14/13	1.00	200.00		
260084	2	T1020		09/15/13	09/15/13	1.00	200.00		
260084	3	T1020		09/16/13	09/16/13	1.00	200.00		
260084	4	T1020		09/17/13	09/17/13	1.00	200.00		
260084	5	T1020		09/18/13	09/18/13	1.00	200.00		
260084	6	T1020		09/19/13	09/19/13	1.00	200.00		
260084	7	T1020		09/20/13	09/20/13	1.00	200.00		
							1,400.00		2600840012009394SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
260111	1	S5125		09/16/13	09/16/13	7.00	27.58		
260111	2	S5125		09/18/13	09/18/13	8.00	31.52		
							59.10		2601110012009400SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
260099	1	T1019		09/16/13	09/16/13	16.00	63.04		
260099	2	T1019		09/18/13	09/18/13	16.00	63.04		
260099	3	T1019		09/20/13	09/20/13	20.00	78.80		
							204.88		2600990012009435SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260167	1	S5125		09/14/13	09/14/13	44.00	173.36
260167	2	S5125		09/15/13	09/15/13	44.00	173.36
260167	3	S5125		09/16/13	09/16/13	44.00	173.36

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260167	4	S5125		09/17/13	09/17/13	44.00	173.36
260167	5	S5125		09/18/13	09/18/13	44.00	173.36
CLAIM TOTAL							866.80

CLAIM ACCOUNT REF. 2601670012009576SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009589 2009589 FERRO, JOSEPHINE 10/09/1915 GNT05940400 12/28/2011-00570-0010
DIAGNOSIS CODES: 294.20 362.51 455.3 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260095	1	T1019		09/14/13	09/14/13	24.00	94.56
260095	2	T1019		09/15/13	09/15/13	16.00	63.04
260095	3	T1019		09/16/13	09/16/13	48.00	189.12
260095	4	T1019		09/17/13	09/17/13	48.00	189.12
260095	5	T1019		09/18/13	09/18/13	48.00	189.12
260095	6	T1019		09/19/13	09/19/13	48.00	189.12
260095	7	T1019		09/20/13	09/20/13	48.00	189.12
CLAIM TOTAL							1,103.20

CLAIM ACCOUNT REF. 2600950012009589SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009618 2009618 WEST, BALDWIN 09/14/1933 GNT05953700 1/3/2012-00952-0010
DIAGNOSIS CODES: 294.10

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260232	1	T1019		09/16/13	09/16/13	12.00	47.28
260232	2	T1019		09/17/13	09/17/13	16.00	63.04
260232	3	T1019		09/18/13	09/18/13	16.00	63.04
260232	4	T1019		09/19/13	09/19/13	16.00	63.04
260232	5	T1019		09/20/13	09/20/13	16.00	63.04
CLAIM TOTAL							299.44

CLAIM ACCOUNT REF. 2602320012009618SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009790 2009790 COLEMAN, REGINA 11/26/1958 GNT060020000 2/1/2012-01152-0007
DIAGNOSIS CODES: 331.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260071	1	S5125		09/01/13	09/01/13	32.00	126.08
260071	2	S5125		09/02/13	09/02/13	16.00	63.04
260071	3	S5125		09/03/13	09/03/13	20.00	78.80
260071	4	S5125		09/04/13	09/04/13	20.00	78.80
260071	5	S5125		09/05/13	09/05/13	20.00	78.80
260071	6	S5125		09/06/13	09/06/13	20.00	78.80
260071	7	S5125		09/07/13	09/07/13	32.00	126.08
260071	8	S5125		09/08/13	09/08/13	32.00	126.08

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260071	9	S5125		09/09/13	09/09/13	19.00	74.86
260071	10	S5125		09/10/13	09/10/13	12.00	47.28
260071	11	S5125		09/11/13	09/11/13	8.00	31.52
260071	12	S5125		09/12/13	09/12/13	8.00	31.52
260071	13	S5125		09/13/13	09/13/13	8.00	31.52
260071	14	S5125		09/14/13	09/14/13	32.00	126.08
260071	15	S5125		09/17/13	09/17/13	12.00	47.28
260071	16	S5125		09/18/13	09/18/13	12.00	47.28
260071	17	S5125		09/20/13	09/20/13	8.00	31.52
CLAIM TOTAL							1,225.34
							CLAIM ACCOUNT REF. 2600710012009790SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010198 2010198 ORLANDO, ANNE 02/09/1923 GNT06098400 4/2/2012-00930-0008
DIAGNOSIS CODES: 294.20 401.9 496. 719.7

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260158	1	T1019		09/16/13	09/16/13	20.00	78.80
260158	2	T1019		09/17/13	09/17/13	20.00	78.80
260158	3	T1019		09/18/13	09/18/13	20.00	78.80
260158	4	T1019		09/19/13	09/19/13	20.00	78.80
260158	5	T1019		09/20/13	09/20/13	20.00	78.80
CLAIM TOTAL							394.00
							CLAIM ACCOUNT REF. 2601580012010198SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010407 2010407 MORA, PAULA 06/14/1931 GNT06124800 4/27/2012-00052-0007
DIAGNOSIS CODES: 401.9 244.9 250.00 366.00 389.9 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260144	1	T1019		09/19/13	09/19/13	16.00	63.04
CLAIM TOTAL							63.04
							CLAIM ACCOUNT REF. 2601440012010407SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010409 2010409 RAMOS, ESTHER 12/21/1933 GNT06136400 4/27/2012-00082-0008
DIAGNOSIS CODES: 331.0 250.00 272.2 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260179	1	T1019		09/16/13	09/16/13	12.00	47.28
260179	2	T1019		09/17/13	09/17/13	16.00	63.04
260179	3	T1019		09/18/13	09/18/13	16.00	63.04
260179	4	T1019		09/19/13	09/19/13	12.00	47.28
260179	5	T1019		09/20/13	09/20/13	14.00	55.16
CLAIM TOTAL							275.80
							CLAIM ACCOUNT REF. 2601790012010409SUP

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260189	1	S5125		09/14/13	09/14/13	16.00	63.04
260189	2	S5125		09/16/13	09/16/13	16.00	63.04
260189	3	S5125		09/17/13	09/17/13	16.00	63.04
260189	4	S5125		09/18/13	09/18/13	16.00	63.04
260189	5	S5125		09/19/13	09/19/13	16.00	63.04
260189	6	S5125		09/20/13	09/20/13	16.00	63.04
CLAIM TOTAL							378.24
CLAIM ACCOUNT REF.							2601890012010412SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010425 2010425 MONCRIEF, LOIS 05/29/1926 GNT06140100 4/26/2012-00801-0015
DIAGNOSIS CODES: 401.9 244.9 250.00 272.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260140	1	S5125		08/04/13	08/04/13	32.00	126.08
CLAIM TOTAL							126.08
CLAIM ACCOUNT REF.							2601400012010425SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260046	1	S5125		09/14/13	09/14/13	32.00	126.08
260046	2	S5125		09/15/13	09/15/13	32.00	126.08
260046	3	S5125		09/16/13	09/16/13	32.00	126.08
260046	4	S5125		09/17/13	09/17/13	32.00	126.08
260046	5	S5125		09/18/13	09/18/13	32.00	126.08
260046	6	S5125		09/19/13	09/19/13	32.00	126.08
CLAIM TOTAL							756.48
CLAIM ACCOUNT REF.							2600460012010843SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260137	1	S5125		09/14/13	09/14/13	12.00	47.28
260137	2	S5125		09/16/13	09/16/13	20.00	78.80
260137	3	S5125		09/17/13	09/17/13	20.00	78.80
260137	4	S5125		09/18/13	09/18/13	20.00	78.80
260137	5	S5125		09/19/13	09/19/13	20.00	78.80

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260137	6	S5125		09/20/13	09/20/13	20.00	78.80
CLAIM TOTAL							441.28
CLAIM ACCOUNT REF.							2601370012011036SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011252	2011252	HENRIQUEZ, TERESA	10/15/1938	GNT06350600	8/30/2012-00144-0006
DIAGNOSIS		CODES:	203.01	272.2	311.	401.9	530.81 564.00 780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260108	1	S5125		09/14/13	09/14/13	16.00	63.04
260108	2	S5125		09/15/13	09/15/13	16.00	63.04
260108	3	S5125		09/16/13	09/16/13	32.00	126.08
260108	4	S5125		09/17/13	09/17/13	32.00	126.08
260108	5	S5125		09/18/13	09/18/13	32.00	126.08
260108	6	S5125		09/19/13	09/19/13	32.00	126.08
260108	7	S5125		09/20/13	09/20/13	32.00	126.08
CLAIM TOTAL							756.48
CLAIM ACCOUNT REF.							2601080012011252SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260082	1	S5125		09/16/13	09/16/13	26.00	102.44
260082	2	S5125		09/17/13	09/17/13	26.00	102.44
260082	3	S5125		09/18/13	09/18/13	26.00	102.44
260082	4	S5125		09/19/13	09/19/13	26.00	102.44
260082	5	S5125		09/20/13	09/20/13	26.00	102.44
CLAIM TOTAL							512.20
CLAIM ACCOUNT REF.							2600820012011256SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260138	1	S5125		09/14/13	09/14/13	40.00	157.60
260138	2	S5125		09/15/13	09/15/13	40.00	157.60
260138	3	S5125		09/16/13	09/16/13	48.00	189.12
260138	4	S5125		09/17/13	09/17/13	48.00	189.12
260138	5	S5125		09/18/13	09/18/13	48.00	189.12
260138	6	S5125		09/19/13	09/19/13	48.00	189.12
260138	7	S5125		09/20/13	09/20/13	48.00	189.12
CLAIM TOTAL							1,260.80
CLAIM ACCOUNT REF.							2601380012011350SUP

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1997780 2011411 PICHARDO, MARIA 05/14/1923 GNT02908700 8/24/2005-00382-0053
DIAGNOSIS CODES: 290.0 311. 493.00 530.81 780.96

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260171	1	T1019		07/24/13	07/24/13	36.00	141.84
CLAIM TOTAL							141.84
CLAIM ACCOUNT REF.							2601710012011411SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1997780 2011411 PICHARDO, MARIA 05/14/1923 GNT02908700 8/24/2005-00382-0054
DIAGNOSIS CODES: 290.0 311. 493.00 530.81 780.96

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260172	1	T1019		08/27/13	08/27/13	36.00	141.84
CLAIM TOTAL							141.84
CLAIM ACCOUNT REF.							2601720012011411SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260173	1	T1019		09/14/13	09/14/13	36.00	141.84
260173	2	T1019		09/15/13	09/15/13	36.00	141.84
260173	3	T1019		09/16/13	09/16/13	36.00	141.84
260173	4	T1019		09/17/13	09/17/13	36.00	141.84
260173	5	T1019		09/18/13	09/18/13	36.00	141.84
260173	6	T1019		09/20/13	09/20/13	36.00	141.84
CLAIM TOTAL							851.04
CLAIM ACCOUNT REF.							2601730012011411SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011472 2011472 HENLEY, LUVENIA 08/23/1927 GNT06160900 9/28/2012-00806-0009
DIAGNOSIS CODES: 294.10 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260107	1	T1019		09/11/13	09/11/13	48.00	189.12
260107	2	T1019		09/12/13	09/12/13	48.00	189.12
260107	3	T1019		09/14/13	09/14/13	48.00	189.12
260107	4	T1019		09/18/13	09/18/13	48.00	189.12
260107	5	T1019		09/19/13	09/19/13	48.00	189.12
CLAIM TOTAL							945.60
CLAIM ACCOUNT REF.							2601070012011472SUP

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260054	1	T1019		09/16/13	09/16/13	12.00	47.28
260054	2	T1019		09/20/13	09/20/13	32.00	126.08
CLAIM TOTAL							173.36

CLAIM ACCOUNT REF. 2600540012011503SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260049	1	T1019		09/16/13	09/16/13	16.00	63.04
260049	2	T1019		09/18/13	09/18/13	16.00	63.04
260049	3	T1019		09/20/13	09/20/13	16.00	63.04
CLAIM TOTAL							189.12

CLAIM ACCOUNT REF. 2600490012011581SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260211	1	S5125		09/14/13	09/14/13	48.00	189.12
260211	2	S5125		09/15/13	09/15/13	48.00	189.12
260211	3	S5125		09/16/13	09/16/13	48.00	189.12
260211	4	S5125		09/17/13	09/17/13	48.00	189.12
CLAIM TOTAL							756.48

CLAIM ACCOUNT REF. 2602110012011597SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260077	1	S5125		09/16/13	09/16/13	24.00	94.56
260077	2	S5125		09/17/13	09/17/13	24.00	94.56
260077	3	S5125		09/18/13	09/18/13	24.00	94.56
260077	4	S5125		09/19/13	09/19/13	24.00	94.56
CLAIM TOTAL							378.24

CLAIM ACCOUNT REF. 2600770012011599SUP

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260106	1	S5125		09/16/13	09/16/13	14.00	55.16
CLAIM TOTAL							55.16
CLAIM ACCOUNT REF.							2601060012011600SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260116	1	T1019		09/16/13	09/16/13	20.00	78.80
260116	2	T1019		09/17/13	09/17/13	20.00	78.80
260116	3	T1019		09/18/13	09/18/13	20.00	78.80
260116	4	T1019		09/19/13	09/19/13	20.00	78.80
260116	5	T1019		09/20/13	09/20/13	20.00	78.80
CLAIM TOTAL							394.00
CLAIM ACCOUNT REF.							2601160012011601SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260045	1	S5126		09/14/13	09/14/13	1.00	200.00
260045	2	S5126		09/15/13	09/15/13	1.00	200.00
260045	3	S5126		09/16/13	09/16/13	1.00	200.00
260045	4	S5126		09/17/13	09/17/13	1.00	200.00
260045	5	S5126		09/18/13	09/18/13	1.00	200.00
260045	6	S5126		09/19/13	09/19/13	1.00	200.00
260045	7	S5126		09/20/13	09/20/13	1.00	200.00
CLAIM TOTAL							1,400.00
CLAIM ACCOUNT REF.							2600450012011654SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260161	1	S5125		09/14/13	09/14/13	16.00	63.04
260161	2	S5125		09/15/13	09/15/13	16.00	63.04
260161	3	S5125		09/16/13	09/16/13	28.00	110.32
260161	4	S5125		09/17/13	09/17/13	28.00	110.32
260161	5	S5125		09/18/13	09/18/13	28.00	110.32

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260161	6	S5125		09/19/13	09/19/13	28.00	110.32	
260161	7	S5125		09/20/13	09/20/13	28.00	110.32	
					CLAIM TOTAL	677.68		CLAIM ACCOUNT REF. 2601610012011657SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011659	2011659	RIVERA MARTINEZ, GLORI	01/22/1938	GNT02887600	8/23/2005-00354-0060
DIAGNOSIS	CODES:	253.5	244.9	272.4	369.00	401.9	493.92

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260186	1	S5125		09/01/13	09/01/13	28.00	110.32	
260186	2	S5125		09/02/13	09/02/13	28.00	110.32	
260186	3	S5125		09/03/13	09/03/13	28.00	110.32	
260186	4	S5125		09/04/13	09/04/13	28.00	110.32	
260186	5	S5125		09/05/13	09/05/13	28.00	110.32	
260186	6	S5125		09/06/13	09/06/13	28.00	110.32	
260186	7	S5125		09/07/13	09/07/13	28.00	110.32	
260186	8	S5125		09/08/13	09/08/13	28.00	110.32	
260186	9	S5125		09/09/13	09/09/13	28.00	110.32	
260186	10	S5125		09/10/13	09/10/13	28.00	110.32	
260186	11	S5125		09/11/13	09/11/13	28.00	110.32	
260186	12	S5125		09/12/13	09/12/13	28.00	110.32	
260186	13	S5125		09/13/13	09/13/13	28.00	110.32	
260186	14	S5125		09/14/13	09/14/13	28.00	110.32	
260186	15	S5125		09/15/13	09/15/13	28.00	110.32	
260186	16	S5125		09/16/13	09/16/13	28.00	110.32	
260186	17	S5125		09/17/13	09/17/13	28.00	110.32	
260186	18	S5125		09/18/13	09/18/13	28.00	110.32	
260186	19	S5125		09/20/13	09/20/13	28.00	110.32	
					CLAIM TOTAL	2,096.08		CLAIM ACCOUNT REF. 2601860012011659SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260100	1	S5125		09/14/13	09/14/13	16.00	63.04	
260100	2	S5125		09/15/13	09/15/13	16.00	63.04	
260100	3	S5125		09/16/13	09/16/13	16.00	63.04	
260100	4	S5125		09/17/13	09/17/13	16.00	63.04	
260100	5	S5125		09/18/13	09/18/13	16.00	63.04	
260100	6	S5125		09/20/13	09/20/13	16.00	63.04	
					CLAIM TOTAL	378.24		CLAIM ACCOUNT REF. 2601000012011662SUP

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260134	1	S5126		09/14/13	09/14/13	1.00	200.00
260134	2	S5126		09/15/13	09/15/13	1.00	200.00
260134	3	S5126		09/16/13	09/16/13	1.00	200.00
260134	4	S5126		09/17/13	09/17/13	1.00	200.00
260134	5	S5126		09/18/13	09/18/13	1.00	200.00
260134	6	S5126		09/19/13	09/19/13	1.00	200.00
260134	7	S5126		09/20/13	09/20/13	1.00	200.00
CLAIM TOTAL						1,400.00	
CLAIM ACCOUNT REF.							2601340012011663SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260126	1	S5125		09/16/13	09/16/13	32.00	126.08
260126	2	S5125		09/17/13	09/17/13	32.00	126.08
260126	3	S5125		09/18/13	09/18/13	32.00	126.08
260126	4	S5125		09/19/13	09/19/13	32.00	126.08
260126	5	S5125		09/20/13	09/20/13	24.00	94.56
CLAIM TOTAL						598.88	
CLAIM ACCOUNT REF.							2601260012011694SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260236	1	S5125		09/14/13	09/14/13	32.00	126.08
260236	2	S5125		09/15/13	09/15/13	32.00	126.08
260236	3	S5125		09/16/13	09/16/13	32.00	126.08
260236	4	S5125		09/17/13	09/17/13	32.00	126.08
260236	5	S5125		09/18/13	09/18/13	32.00	126.08
260236	6	S5125		09/19/13	09/19/13	32.00	126.08
260236	7	S5125		09/20/13	09/20/13	32.00	126.08
CLAIM TOTAL						882.56	
CLAIM ACCOUNT REF.							2602360012011750SUP

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260073	1	T1019		09/16/13	09/16/13	24.00	94.56
260073	2	T1019		09/17/13	09/17/13	24.00	94.56
260073	3	T1019		09/18/13	09/18/13	24.00	94.56
260073	4	T1019		09/19/13	09/19/13	24.00	94.56
260073	5	T1019		09/20/13	09/20/13	24.00	94.56
CLAIM TOTAL							472.80

CLAIM ACCOUNT REF. 2600730012011769SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260105	1	T1019		09/17/13	09/17/13	16.00	63.04
260105	2	T1019		09/18/13	09/18/13	16.00	63.04
260105	3	T1019		09/19/13	09/19/13	16.00	63.04
260105	4	T1019		09/20/13	09/20/13	16.00	63.04
CLAIM TOTAL							252.16

CLAIM ACCOUNT REF. 2601050012011770SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260124	1	S5125		09/14/13	09/14/13	16.00	63.04
260124	2	S5125		09/15/13	09/15/13	16.00	63.04
260124	3	S5125		09/16/13	09/16/13	16.00	63.04
260124	4	S5125		09/17/13	09/17/13	16.00	63.04
260124	5	S5125		09/18/13	09/18/13	16.00	63.04
260124	6	S5125		09/19/13	09/19/13	16.00	63.04
260124	7	S5125		09/20/13	09/20/13	16.00	63.04
CLAIM TOTAL							441.28

CLAIM ACCOUNT REF. 2601240012011771SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260132	1	T1019		09/16/13	09/16/13	16.00	63.04
260132	2	T1019		09/17/13	09/17/13	16.00	63.04

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260132	3	T1019		09/18/13	09/18/13	16.00	63.04	
260132	4	T1019		09/19/13	09/19/13	16.00	63.04	
260132	5	T1019		09/20/13	09/20/13	16.00	63.04	
					CLAIM TOTAL		315.20	CLAIM ACCOUNT REF. 2601320012011772SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260154	1	T1019		09/16/13	09/16/13	16.00	63.04	
260154	2	T1019		09/17/13	09/17/13	16.00	63.04	
260154	3	T1019		09/18/13	09/18/13	16.00	63.04	
260154	4	T1019		09/19/13	09/19/13	16.00	63.04	
260154	5	T1019		09/20/13	09/20/13	16.00	63.04	
					CLAIM TOTAL		315.20	CLAIM ACCOUNT REF. 2601540012011773SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011774 2011774 QUINONES, ENEIDA 02/29/1936 GNT03606700 10/3/2007-00270-0037
DIAGNOSIS CODES: 493.92 714.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260177	1	T1019		09/16/13	09/16/13	16.00	63.04	
260177	2	T1019		09/17/13	09/17/13	16.00	63.04	
260177	3	T1019		09/18/13	09/18/13	16.00	63.04	
260177	4	T1019		09/19/13	09/19/13	16.00	63.04	
260177	5	T1019		09/20/13	09/20/13	16.00	63.04	
					CLAIM TOTAL		315.20	CLAIM ACCOUNT REF. 2601770012011774SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011777 2011777 ROMAN, GLADYS 09/15/1934 GNT02933300 9/30/2005-00315-0043
DIAGNOSIS CODES: 493.00 244.9 295.90 716.98

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260194	1	S5125		09/14/13	09/14/13	32.00	126.08	
260194	2	S5125		09/15/13	09/15/13	32.00	126.08	
260194	3	S5125		09/16/13	09/16/13	32.00	126.08	
260194	4	S5125		09/17/13	09/17/13	32.00	126.08	
260194	5	S5125		09/18/13	09/18/13	32.00	126.08	
260194	6	S5125		09/19/13	09/19/13	32.00	126.08	
260194	7	S5125		09/20/13	09/20/13	32.00	126.08	
					CLAIM TOTAL		882.56	CLAIM ACCOUNT REF. 2601940012011777SUP

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011781 2011781 THEN, MARIA 02/12/1942 GNT04429300 10/27/2008-00334-0090
DIAGNOSIS CODES: 585.6 250.93 401.9 428.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260214	1	S5125		09/16/13	09/16/13	36.00	141.84	
260214	2	S5125		09/17/13	09/17/13	12.00	47.28	
260214	3	S5125		09/18/13	09/18/13	36.00	141.84	
260214	4	S5125		09/19/13	09/19/13	12.00	47.28	
260214	5	S5125		09/20/13	09/20/13	36.00	141.84	
					CLAIM TOTAL	520.08		CLAIM ACCOUNT REF. 2602140012011781SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260215	1	S5125		09/14/13	09/14/13	20.00	78.80	
260215	2	S5125		09/16/13	09/16/13	32.00	126.08	
260215	3	S5125		09/17/13	09/17/13	32.00	126.08	
260215	4	S5125		09/18/13	09/18/13	32.00	126.08	
260215	5	S5125		09/19/13	09/19/13	32.00	126.08	
260215	6	S5125		09/20/13	09/20/13	32.00	126.08	
					CLAIM TOTAL	709.20		CLAIM ACCOUNT REF. 2602150012011782SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260221	1	T1019		09/14/13	09/14/13	20.00	78.80	
260221	2	T1019		09/15/13	09/15/13	20.00	78.80	
260221	3	T1019		09/16/13	09/16/13	20.00	78.80	
260221	4	T1019		09/17/13	09/17/13	20.00	78.80	
260221	5	T1019		09/18/13	09/18/13	20.00	78.80	
260221	6	T1019		09/19/13	09/19/13	20.00	78.80	
260221	7	T1019		09/20/13	09/20/13	20.00	78.80	
					CLAIM TOTAL	551.60		CLAIM ACCOUNT REF. 2602210012011783SUP

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260204	1	T1019		09/16/13	09/16/13	16.00	63.04
260204	2	T1019		09/17/13	09/17/13	16.00	63.04
260204	3	T1019		09/18/13	09/18/13	16.00	63.04
260204	4	T1019		09/19/13	09/19/13	16.00	63.04
260204	5	T1019		09/20/13	09/20/13	16.00	63.04
CLAIM TOTAL							315.20

CLAIM ACCOUNT REF. 2602040012011787SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260207	1	T1019 TT		09/16/13	09/16/13	16.00	67.04
260207	2	T1019 TT		09/17/13	09/17/13	16.00	67.04
260207	3	T1019 TT		09/18/13	09/18/13	16.00	67.04
260207	4	T1019 TT		09/19/13	09/19/13	16.00	67.04
260207	5	T1019 TT		09/20/13	09/20/13	16.00	67.04
CLAIM TOTAL							335.20

CLAIM ACCOUNT REF. 2602070012011788SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260065	1	T1019		09/16/13	09/16/13	20.00	78.80
260065	2	T1019		09/20/13	09/20/13	20.00	78.80
CLAIM TOTAL							157.60

CLAIM ACCOUNT REF. 2600650012011797SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260074	1	S5125		09/14/13	09/14/13	32.00	126.08
260074	2	S5125		09/16/13	09/16/13	44.00	173.36
260074	3	S5125		09/17/13	09/17/13	38.00	149.72
260074	4	S5125		09/18/13	09/18/13	38.00	149.72
260074	5	S5125		09/19/13	09/19/13	38.00	149.72
260074	6	S5125		09/20/13	09/20/13	40.00	157.60

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	906.20	2600740012011798SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
260096	1	S5125		09/16/13	09/16/13	28.00	110.32	
260096	2	S5125		09/17/13	09/17/13	28.00	110.32	
260096	3	S5125		09/18/13	09/18/13	28.00	110.32	
260096	4	S5125		09/19/13	09/19/13	28.00	110.32	
260096	5	S5125		09/20/13	09/20/13	28.00	110.32	
						CLAIM TOTAL	551.60	2600960012011800SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
260098	1	S5125		09/14/13	09/14/13	28.00	110.32	
260098	2	S5125		09/15/13	09/15/13	28.00	110.32	
260098	3	S5125		09/16/13	09/16/13	28.00	110.32	
260098	4	S5125		09/17/13	09/17/13	28.00	110.32	
260098	5	S5125		09/18/13	09/18/13	28.00	110.32	
260098	6	S5125		09/19/13	09/19/13	28.00	110.32	
260098	7	S5125		09/20/13	09/20/13	28.00	110.32	
						CLAIM TOTAL	772.24	2600980012011801SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
260101	1	S5125		09/16/13	09/16/13	16.00	63.04	
260101	2	S5125		09/17/13	09/17/13	16.00	63.04	
260101	3	S5125		09/18/13	09/18/13	16.00	63.04	
260101	4	S5125		09/19/13	09/19/13	16.00	63.04	
260101	5	S5125		09/20/13	09/20/13	16.00	63.04	
						CLAIM TOTAL	315.20	2601010012011821SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260102	1	T1019		09/16/13	09/16/13	16.00	63.04
260102	2	T1019		09/18/13	09/18/13	16.00	63.04
260102	3	T1019		09/20/13	09/20/13	16.00	63.04
CLAIM TOTAL							189.12
CLAIM ACCOUNT REF.							2601020012011822SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260109	1	S5125		09/16/13	09/16/13	24.00	94.56
260109	2	S5125		09/17/13	09/17/13	24.00	94.56
260109	3	S5125		09/18/13	09/18/13	24.00	94.56
260109	4	S5125		09/19/13	09/19/13	24.00	94.56
260109	5	S5125		09/20/13	09/20/13	24.00	94.56
CLAIM TOTAL							472.80
CLAIM ACCOUNT REF.							2601090012011823SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260110	1	S5125		09/14/13	09/14/13	16.00	63.04
260110	2	S5125		09/15/13	09/15/13	16.00	63.04
260110	3	S5125		09/16/13	09/16/13	30.00	118.20
260110	4	S5125		09/17/13	09/17/13	26.00	102.44
260110	5	S5125		09/18/13	09/18/13	30.00	118.20
260110	6	S5125		09/19/13	09/19/13	26.00	102.44
260110	7	S5125		09/20/13	09/20/13	30.00	118.20
CLAIM TOTAL							685.56
CLAIM ACCOUNT REF.							2601100012011824SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260203	1	T1019		09/16/13	09/16/13	20.00	78.80
260203	2	T1019		09/17/13	09/17/13	20.00	78.80
260203	3	T1019		09/18/13	09/18/13	20.00	78.80

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260203	4	T1019		09/19/13	09/19/13	20.00	78.80
260203	5	T1019		09/20/13	09/20/13	20.00	78.80
CLAIM TOTAL							394.00

CLAIM ACCOUNT REF. 2602030012011841SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260143	1	S5125		09/14/13	09/14/13	24.00	94.56
260143	2	S5125		09/15/13	09/15/13	24.00	94.56
260143	3	S5125		09/16/13	09/16/13	24.00	94.56
260143	4	S5125		09/17/13	09/17/13	24.00	94.56
260143	5	S5125		09/18/13	09/18/13	24.00	94.56
260143	6	S5125		09/19/13	09/19/13	24.00	94.56
260143	7	S5125		09/20/13	09/20/13	24.00	94.56
CLAIM TOTAL							661.92

CLAIM ACCOUNT REF. 2601430012011844SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260129	1	S5125		09/17/13	09/17/13	16.00	63.04
260129	2	S5125		09/18/13	09/18/13	16.00	63.04
260129	3	S5125		09/19/13	09/19/13	16.00	63.04
CLAIM TOTAL							189.12

CLAIM ACCOUNT REF. 2601290012011845SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260235	1	S5125		09/16/13	09/16/13	32.00	126.08
260235	2	S5125		09/17/13	09/17/13	32.00	126.08
260235	3	S5125		09/18/13	09/18/13	32.00	126.08
260235	4	S5125		09/19/13	09/19/13	32.00	126.08
260235	5	S5125		09/20/13	09/20/13	32.00	126.08
CLAIM TOTAL							630.40

CLAIM ACCOUNT REF. 2602350012011846SUP

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260178	1	S5125		09/14/13	09/14/13	32.00	126.08
260178	2	S5125		09/15/13	09/15/13	32.00	126.08
260178	3	S5125		09/16/13	09/16/13	40.00	157.60
260178	4	S5125		09/17/13	09/17/13	40.00	157.60
260178	5	S5125		09/18/13	09/18/13	40.00	157.60
260178	6	S5125		09/19/13	09/19/13	40.00	157.60
260178	7	S5125		09/20/13	09/20/13	40.00	157.60
CLAIM TOTAL						1,040.16	CLAIM ACCOUNT REF. 2601780012011847SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260122	1	S5125		09/14/13	09/14/13	16.00	63.04
260122	2	S5125		09/15/13	09/15/13	16.00	63.04
260122	3	S5125		09/16/13	09/16/13	32.00	126.08
260122	4	S5125		09/17/13	09/17/13	32.00	126.08
260122	5	S5125		09/18/13	09/18/13	32.00	126.08
260122	6	S5125		09/19/13	09/19/13	32.00	126.08
260122	7	S5125		09/20/13	09/20/13	32.00	126.08
CLAIM TOTAL						756.48	CLAIM ACCOUNT REF. 2601220012011848SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260205	1	S5125		09/14/13	09/14/13	32.00	126.08
260205	2	S5125		09/15/13	09/15/13	32.00	126.08
260205	3	S5125		09/16/13	09/16/13	32.00	126.08
260205	4	S5125		09/17/13	09/17/13	32.00	126.08
260205	5	S5125		09/18/13	09/18/13	32.00	126.08
260205	6	S5125		09/19/13	09/19/13	32.00	126.08
260205	7	S5125		09/20/13	09/20/13	32.00	126.08
CLAIM TOTAL						882.56	CLAIM ACCOUNT REF. 2602050012011851SUP

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260093	1	S5125		09/16/13	09/16/13	16.00	63.04
260093	2	S5125		09/17/13	09/17/13	16.00	63.04
260093	3	S5125		09/18/13	09/18/13	16.00	63.04
260093	4	S5125		09/19/13	09/19/13	16.00	63.04
260093	5	S5125		09/20/13	09/20/13	16.00	63.04
CLAIM TOTAL							315.20

CLAIM ACCOUNT REF. 2600930012011852SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260125	1	S5125		09/14/13	09/14/13	24.00	94.56
260125	2	S5125		09/15/13	09/15/13	24.00	94.56
260125	3	S5125		09/17/13	09/17/13	28.00	110.32
260125	4	S5125		09/18/13	09/18/13	28.00	110.32
260125	5	S5125		09/19/13	09/19/13	28.00	110.32
260125	6	S5125		09/20/13	09/20/13	28.00	110.32
CLAIM TOTAL							630.40

CLAIM ACCOUNT REF. 2601250012011854SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260120	1	T1019		08/23/13	08/23/13	16.00	63.04
CLAIM TOTAL							63.04

CLAIM ACCOUNT REF. 2601200012011855SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011859 2011859 SANTIAGO, IVETH 10/24/1945 93703401100 6/20/2012-00649-0016
DIAGNOSIS CODES: 428.32 250.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260206	1	S5125		09/14/13	09/14/13	27.00	106.38
260206	2	S5125		09/15/13	09/15/13	27.00	106.38
260206	3	S5125		09/16/13	09/16/13	28.00	110.32
260206	4	S5125		09/17/13	09/17/13	26.00	102.44
260206	5	S5125		09/18/13	09/18/13	28.00	110.32
260206	6	S5125		09/19/13	09/19/13	28.00	110.32

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260206	7	S5125		09/20/13	09/20/13	28.00	110.32	
					CLAIM TOTAL		756.48	CLAIM ACCOUNT REF. 2602060012011859SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260147	1	S5125		09/14/13	09/14/13	20.00	78.80	
260147	2	S5125		09/15/13	09/15/13	20.00	78.80	
260147	3	S5125		09/16/13	09/16/13	22.00	86.68	
260147	4	S5125		09/17/13	09/17/13	24.00	94.56	
260147	5	S5125		09/18/13	09/18/13	24.00	94.56	
260147	6	S5125		09/19/13	09/19/13	24.00	94.56	
260147	7	S5125		09/20/13	09/20/13	24.00	94.56	
					CLAIM TOTAL		622.52	CLAIM ACCOUNT REF. 2601470012011860SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260217	1	T1019		09/15/13	09/15/13	24.00	94.56	
260217	2	T1019		09/16/13	09/16/13	32.00	126.08	
260217	3	T1019		09/17/13	09/17/13	32.00	126.08	
260217	4	T1019		09/18/13	09/18/13	32.00	126.08	
260217	5	T1019		09/19/13	09/19/13	32.00	126.08	
260217	6	T1019		09/20/13	09/20/13	32.00	126.08	
					CLAIM TOTAL		724.96	CLAIM ACCOUNT REF. 2602170012011861SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260227	1	T1019		09/16/13	09/16/13	20.00	78.80	
260227	2	T1019		09/17/13	09/17/13	20.00	78.80	
260227	3	T1019		09/18/13	09/18/13	20.00	78.80	
260227	4	T1019		09/19/13	09/19/13	20.00	78.80	
260227	5	T1019		09/20/13	09/20/13	20.00	78.80	
					CLAIM TOTAL		394.00	CLAIM ACCOUNT REF. 2602270012011862SUP

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260157	1	S5125		09/14/13	09/14/13	16.00	63.04
260157	2	S5125		09/15/13	09/15/13	16.00	63.04
260157	3	S5125		09/16/13	09/16/13	16.00	63.04
260157	4	S5125		09/17/13	09/17/13	16.00	63.04
260157	5	S5125		09/18/13	09/18/13	16.00	63.04
260157	6	S5125		09/19/13	09/19/13	16.00	63.04
260157	7	S5125		09/20/13	09/20/13	16.00	63.04
CLAIM TOTAL							441.28
CLAIM ACCOUNT REF.							2601570012011863SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260113	1	S5125		09/03/13	09/03/13	32.00	126.08
260113	2	S5125		09/14/13	09/14/13	96.00	378.24
260113	3	S5125		09/15/13	09/15/13	96.00	378.24
260113	4	S5125		09/16/13	09/16/13	48.00	189.12
260113	5	S5125		09/17/13	09/17/13	48.00	189.12
260113	6	S5125		09/18/13	09/18/13	48.00	189.12
260113	7	S5125		09/20/13	09/20/13	48.00	189.12
CLAIM TOTAL							1,639.04
CLAIM ACCOUNT REF.							2601130012011864SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011866 2011866 IGLESIAS, JUANA 09/23/1918 GNT02393600 4/26/2004-00011-0047
DIAGNOSIS CODES: 716.90 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260112	1	S5125		09/14/13	09/14/13	16.00	63.04
260112	2	S5125		09/15/13	09/15/13	16.00	63.04
260112	3	S5125		09/17/13	09/17/13	16.00	63.04
260112	4	S5125		09/18/13	09/18/13	16.00	63.04
260112	5	S5125		09/19/13	09/19/13	16.00	63.04
260112	6	S5125		09/20/13	09/20/13	16.00	63.04
CLAIM TOTAL							378.24
CLAIM ACCOUNT REF.							2601120012011866SUP

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260156	1	S5125 TT		09/14/13	09/14/13	20.00	83.80	
260156	2	S5125 TT		09/15/13	09/15/13	20.00	83.80	
260156	3	S5125 TT		09/16/13	09/16/13	32.00	134.08	
260156	4	S5125 TT		09/17/13	09/17/13	32.00	134.08	
260156	5	S5125 TT		09/18/13	09/18/13	32.00	134.08	
260156	6	S5125 TT		09/19/13	09/19/13	32.00	134.08	
260156	7	S5125 TT		09/20/13	09/20/13	32.00	134.08	
CLAIM TOTAL							838.00	CLAIM ACCOUNT REF. 2601560012011871SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260142	1	T1019		09/16/13	09/16/13	20.00	78.80	
260142	2	T1019		09/17/13	09/17/13	20.00	78.80	
260142	3	T1019		09/18/13	09/18/13	20.00	78.80	
260142	4	T1019		09/19/13	09/19/13	20.00	78.80	
260142	5	T1019		09/20/13	09/20/13	20.00	78.80	
CLAIM TOTAL							394.00	CLAIM ACCOUNT REF. 2601420012011877SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011912 2011912 CANINO, CARMEN 12/06/1941 GNT0279200 5/26/2005-00169-0070
DIAGNOSIS CODES: 715.00 250.00 401.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260061	1	S5125		08/30/13	08/30/13	24.00	94.56	
260061	2	S5125		08/31/13	08/31/13	16.00	63.04	
CLAIM TOTAL							157.60	CLAIM ACCOUNT REF. 2600610012011912SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260062	1	S5125		09/14/13	09/14/13	16.00	63.04	
260062	2	S5125		09/15/13	09/15/13	16.00	63.04	
260062	3	S5125		09/16/13	09/16/13	24.00	94.56	
260062	4	S5125		09/17/13	09/17/13	22.00	86.68	

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260062	5	S5125		09/18/13	09/18/13	24.00	94.56	
260062	6	S5125		09/19/13	09/19/13	24.00	94.56	
				CLAIM TOTAL		496.44		CLAIM ACCOUNT REF. 2600620012011912SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260165	1	S5125		09/12/13	09/12/13	4.00	15.76	
260165	2	S5125		09/16/13	09/16/13	20.00	78.80	
260165	3	S5125		09/17/13	09/17/13	16.00	63.04	
260165	4	S5125		09/18/13	09/18/13	16.00	63.04	
260165	5	S5125		09/19/13	09/19/13	16.00	63.04	
260165	6	S5125		09/20/13	09/20/13	16.00	63.04	
				CLAIM TOTAL		346.72		CLAIM ACCOUNT REF. 2601650012011913SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011916	2011916	ORTIZ, ANTHONY	10/31/1940	93700799800	8/7/2008-00011-0049
DIAGNOSIS	CODES:	428.0	369.3	253.5		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260159	1	S5125		09/14/13	09/14/13	28.00	110.32	
260159	2	S5125		09/16/13	09/16/13	28.00	110.32	
260159	3	S5125		09/17/13	09/17/13	28.00	110.32	
260159	4	S5125		09/18/13	09/18/13	28.00	110.32	
260159	5	S5125		09/19/13	09/19/13	28.00	110.32	
260159	6	S5125		09/20/13	09/20/13	28.00	110.32	
				CLAIM TOTAL		661.92		CLAIM ACCOUNT REF. 2601590012011916SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260076	1	S5125		09/14/13	09/14/13	16.00	63.04	
260076	2	S5125		09/15/13	09/15/13	16.00	63.04	
260076	3	S5125		09/16/13	09/16/13	22.00	86.68	
260076	4	S5125		09/17/13	09/17/13	22.00	86.68	
260076	5	S5125		09/18/13	09/18/13	22.00	86.68	
260076	6	S5125		09/19/13	09/19/13	22.00	86.68	
260076	7	S5125		09/20/13	09/20/13	22.00	86.68	
				CLAIM TOTAL		559.48		CLAIM ACCOUNT REF. 2600760012011953SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260133	1	S5126		09/14/13	09/14/13	1.00	200.00
260133	2	S5126		09/15/13	09/15/13	1.00	200.00
260133	3	S5126		09/16/13	09/16/13	1.00	200.00
260133	4	S5126		09/17/13	09/17/13	1.00	200.00
260133	5	S5126		09/18/13	09/18/13	1.00	200.00
260133	6	S5126		09/20/13	09/20/13	1.00	200.00
CLAIM TOTAL						1,200.00	CLAIM ACCOUNT REF. 2601330012011957SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260058	1	S5125		09/14/13	09/14/13	18.00	70.92
260058	2	S5125		09/16/13	09/16/13	20.00	78.80
260058	3	S5125		09/17/13	09/17/13	20.00	78.80
260058	4	S5125		09/18/13	09/18/13	20.00	78.80
260058	5	S5125		09/19/13	09/19/13	16.00	63.04
260058	6	S5125		09/20/13	09/20/13	20.00	78.80
CLAIM TOTAL						449.16	CLAIM ACCOUNT REF. 2600580012011960SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260146	1	T1019		09/16/13	09/16/13	20.00	78.80
260146	2	T1019		09/17/13	09/17/13	20.00	78.80
260146	3	T1019		09/18/13	09/18/13	20.00	78.80
260146	4	T1019		09/19/13	09/19/13	20.00	78.80
260146	5	T1019		09/20/13	09/20/13	20.00	78.80
CLAIM TOTAL						394.00	CLAIM ACCOUNT REF. 2601460012011967SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260063	1	S5125		08/29/13	08/29/13	16.00	63.04

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260063	2	S5125		09/16/13	09/16/13	16.00	63.04
CLAIM TOTAL							126.08
CLAIM ACCOUNT REF.							2600630012011978SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260056	1	S5125		09/14/13	09/14/13	32.00	126.08
260056	2	S5125		09/15/13	09/15/13	32.00	126.08
260056	3	S5125		09/16/13	09/16/13	32.00	126.08
260056	4	S5125		09/17/13	09/17/13	32.00	126.08
260056	5	S5125		09/18/13	09/18/13	32.00	126.08
260056	6	S5125		09/19/13	09/19/13	32.00	126.08
CLAIM TOTAL							756.48
CLAIM ACCOUNT REF.							2600560012011979SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011980	2011980	IRIZARRY, ESTRELLA	05/16/1927	GNT02485000	7/26/2004-00047-0059
DIAGNOSIS		CODES:	716.90	250.00			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260115	1	S5125		09/14/13	09/14/13	20.00	78.80
260115	2	S5125		09/16/13	09/16/13	20.00	78.80
260115	3	S5125		09/17/13	09/17/13	20.00	78.80
260115	4	S5125		09/18/13	09/18/13	20.00	78.80
260115	5	S5125		09/19/13	09/19/13	20.00	78.80
260115	6	S5125		09/20/13	09/20/13	20.00	78.80
CLAIM TOTAL							472.80
CLAIM ACCOUNT REF.							2601150012011980SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011982	2011982	VEGA, ADELAIDA	12/16/1934	93702952000	11/3/2010-00278-0026
DIAGNOSIS		CODES:	715.09	272.4	401.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260224	1	S5126		09/14/13	09/14/13	1.00	200.00
260224	2	S5126		09/15/13	09/15/13	1.00	200.00
260224	3	S5126		09/16/13	09/16/13	1.00	200.00
260224	4	S5126		09/17/13	09/17/13	1.00	200.00
260224	5	S5126		09/18/13	09/18/13	1.00	200.00
260224	6	S5126		09/19/13	09/19/13	1.00	200.00
260224	7	S5126		09/20/13	09/20/13	1.00	200.00
CLAIM TOTAL							1,400.00
CLAIM ACCOUNT REF.							2602240012011982SUP

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011983 2011983 TOUSSAINT, MIGUEL 03/28/1936 93702919600 10/8/2010-00520-0018
DIAGNOSIS CODES: 715.90

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260219	1	S5125			09/14/13	09/14/13	16.00	63.04
260219	2	S5125			09/15/13	09/15/13	16.00	63.04
260219	3	S5125			09/16/13	09/16/13	20.00	78.80
260219	4	S5125			09/17/13	09/17/13	20.00	78.80
260219	5	S5125			09/18/13	09/18/13	20.00	78.80
260219	6	S5125			09/19/13	09/19/13	20.00	78.80
260219	7	S5125			09/20/13	09/20/13	20.00	78.80
CLAIM TOTAL								520.08
								CLAIM ACCOUNT REF. 2602190012011983SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011986 2011986 RUIZ, JAMES 05/04/1929 GNT00225800 12/26/2003-0008-0046
DIAGNOSIS CODES: 362.01 250.00

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260197	1	S5125	TT		09/14/13	09/14/13	12.00	50.28
260197	2	S5125	TT		09/15/13	09/15/13	12.00	50.28
260197	3	S5125	TT		09/16/13	09/16/13	12.00	50.28
260197	4	S5125	TT		09/17/13	09/17/13	12.00	50.28
260197	5	S5125	TT		09/18/13	09/18/13	12.00	50.28
260197	6	S5125	TT		09/19/13	09/19/13	12.00	50.28
260197	7	S5125	TT		09/20/13	09/20/13	12.00	50.28
CLAIM TOTAL								351.96
								CLAIM ACCOUNT REF. 2601970012011986SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011987 2011987 RUIZ, ROSA 11/30/1934 GNT00225900 12/26/2003-00009-0036
DIAGNOSIS CODES: 369.00

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260198	1	S5125	TT		09/14/13	09/14/13	12.00	50.28
260198	2	S5125	TT		09/15/13	09/15/13	12.00	50.28
260198	3	S5125	TT		09/16/13	09/16/13	12.00	50.28
260198	4	S5125	TT		09/17/13	09/17/13	12.00	50.28
260198	5	S5125	TT		09/18/13	09/18/13	12.00	50.28
260198	6	S5125	TT		09/19/13	09/19/13	12.00	50.28
260198	7	S5125	TT		09/20/13	09/20/13	12.00	50.28
CLAIM TOTAL								351.96
								CLAIM ACCOUNT REF. 2601980012011987SUP

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011988 2011988 RIVERA, LIDIA 12/01/1942 GNT02751500 4/27/2005-00174-0049
DIAGNOSIS CODES: 294.8

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260187	1	S5125		09/03/13	09/03/13	28.00	110.32
260187	2	S5125		09/18/13	09/18/13	16.00	63.04
260187	3	S5125		09/19/13	09/19/13	28.00	110.32
260187	4	S5125		09/20/13	09/20/13	28.00	110.32
CLAIM TOTAL							394.00

CLAIM ACCOUNT REF. 2601870012011988SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012000 2012000 GARCIA, LUCILA 11/01/1935 GNT02564500 10/25/2004-00009-0077
DIAGNOSIS CODES: 438.85

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260097	1	S5125		09/16/13	09/16/13	28.00	110.32
260097	2	S5125		09/17/13	09/17/13	28.00	110.32
260097	3	S5125		09/19/13	09/19/13	28.00	110.32
260097	4	S5125		09/20/13	09/20/13	28.00	110.32
CLAIM TOTAL							441.28

CLAIM ACCOUNT REF. 2600970012012000SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012001 2012001 REYES, MILAGROS 05/05/1957 GNT00210100 5/28/2010-00011-0034
DIAGNOSIS CODES: 319. 244.9 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260183	1	T1019 TT		09/14/13	09/14/13	24.00	100.56
260183	2	T1019 TT		09/15/13	09/15/13	24.00	100.56
260183	3	T1019 TT		09/16/13	09/16/13	24.00	100.56
260183	4	T1019 TT		09/17/13	09/17/13	24.00	100.56
260183	5	T1019 TT		09/18/13	09/18/13	24.00	100.56
260183	6	T1019 TT		09/19/13	09/19/13	24.00	100.56
260183	7	T1019 TT		09/20/13	09/20/13	24.00	100.56
CLAIM TOTAL							703.92

CLAIM ACCOUNT REF. 2601830012012001SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012018 2012018 LUNA, ELDA 06/21/1945 GNT06614700 11/30/2012-00607-0004
DIAGNOSIS CODES: 714.0 285.8 733.00 780.96

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260130	1	T1019		09/14/13	09/14/13	24.00	94.56
CLAIM TOTAL							94.56

CLAIM ACCOUNT REF. 2601300012012018SUP

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012018 2012018 LUNA, ELDA 06/21/1945 GNT06614700 11/30/2012-00607-0005
DIAGNOSIS CODES: 714.0 285.8 733.00 780.96

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260131	1	T1019		09/19/13	09/19/13	24.00	94.56
260131	2	T1019		09/20/13	09/20/13	24.00	94.56
CLAIM TOTAL							189.12
CLAIM ACCOUNT REF.							2601310012012018SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012026 2012026 ESTEVEZ, JULIO M 07/04/1955 GNT04657700 9/7/2012-00083-0014
DIAGNOSIS CODES: 428.9 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260089	1	S5125		09/05/13	09/05/13	16.00	63.04
260089	2	S5125		09/11/13	09/11/13	14.00	55.16
CLAIM TOTAL							118.20
CLAIM ACCOUNT REF.							2600890012012026SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012037 2012037 GUERRA, MAYRA 01/24/1958 GNT02427000 7/30/2012-00572-0015
DIAGNOSIS CODES: 716.90 311. 493.90 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260104	1	T1019		09/14/13	09/14/13	20.00	78.80
260104	2	T1019		09/15/13	09/15/13	20.00	78.80
260104	3	T1019		09/16/13	09/16/13	24.00	94.56
260104	4	T1019		09/17/13	09/17/13	24.00	94.56
260104	5	T1019		09/18/13	09/18/13	24.00	94.56
260104	6	T1019		09/19/13	09/19/13	24.00	94.56
260104	7	T1019		09/20/13	09/20/13	24.00	94.56
CLAIM TOTAL							630.40
CLAIM ACCOUNT REF.							2601040012012037SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012056 2012056 RODRIGUEZ, JUAN 11/04/1920 93702665700 4/15/2010-00429-0020
DIAGNOSIS CODES: 290.40 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260191	1	S5125		09/14/13	09/14/13	24.00	94.56
260191	2	S5125		09/16/13	09/16/13	28.00	110.32
260191	3	S5125		09/17/13	09/17/13	28.00	110.32
260191	4	S5125		09/18/13	09/18/13	28.00	110.32
260191	5	S5125		09/19/13	09/19/13	28.00	110.32
260191	6	S5125		09/20/13	09/20/13	28.00	110.32
CLAIM TOTAL							646.16
CLAIM ACCOUNT REF.							2601910012012056SUP

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012059 2012059 CHICO, ANA 03/15/1957 GNT02386300 3/19/2013-00932-0002
DIAGNOSIS CODES: 295.72

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
260068	1	S5125	TT			08/11/13	08/11/13	12.00	50.28
CLAIM TOTAL									50.28
CLAIM ACCOUNT REF. 2600680012012059SUP									

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012059 2012059 CHICO, ANA 03/15/1957 GNT02386300 3/19/2013-00932-0003
DIAGNOSIS CODES: 295.72

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
260069	1	S5125	TT			09/14/13	09/14/13	12.00	50.28
260069	2	S5125	TT			09/15/13	09/15/13	12.00	50.28
260069	3	S5125	TT			09/16/13	09/16/13	12.00	50.28
260069	4	S5125	TT			09/17/13	09/17/13	12.00	50.28
260069	5	S5125	TT			09/18/13	09/18/13	12.00	50.28
260069	6	S5125	TT			09/19/13	09/19/13	12.00	50.28
260069	7	S5125	TT			09/20/13	09/20/13	12.00	50.28
CLAIM TOTAL									351.96
CLAIM ACCOUNT REF. 2600690012012059SUP									

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012060 2012060 COLON, MARIA 05/10/1925 GNT05960000 2/1/2012-01191-0018
DIAGNOSIS CODES: 331.0 401.9 733.00

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
260072	1	S5125				09/14/13	09/14/13	16.00	63.04
260072	2	S5125				09/15/13	09/15/13	16.00	63.04
260072	3	S5125				09/16/13	09/16/13	48.00	189.12
260072	4	S5125				09/17/13	09/17/13	48.00	189.12
260072	5	S5125				09/18/13	09/18/13	48.00	189.12
260072	6	S5125				09/19/13	09/19/13	48.00	189.12
260072	7	S5125				09/20/13	09/20/13	48.00	189.12
CLAIM TOTAL									1,071.68
CLAIM ACCOUNT REF. 2600720012012060SUP									

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012061 2012061 ENCARNACION, MARTIN 05/07/1965 GNT04160000 8/5/2008-00305-0022
DIAGNOSIS CODES: 294.9

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
260086	1	T1019	TT			09/16/13	09/16/13	12.00	50.28
260086	2	T1019	TT			09/17/13	09/17/13	12.00	50.28
260086	3	T1019	TT			09/18/13	09/18/13	12.00	50.28

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260086	4	T1019 TT		09/19/13	09/19/13	12.00	50.28
260086	5	T1019 TT		09/20/13	09/20/13	12.00	50.28
CLAIM TOTAL							251.40
							CLAIM ACCOUNT REF. 2600860012012061SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012062	2012062	LOZADA, RAMON	12/17/1946	GNT00424300	3/23/2012-00756-0013
DIAGNOSIS CODES: 250.03 401.9 571.5 780.57							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260128	1	T1019		09/14/13	09/14/13	24.00	94.56
260128	2	T1019		09/16/13	09/16/13	24.00	94.56
260128	3	T1019		09/17/13	09/17/13	24.00	94.56
260128	4	T1019		09/20/13	09/20/13	24.00	94.56
CLAIM TOTAL							378.24
							CLAIM ACCOUNT REF. 2601280012012062SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012071	2012071	MORALES, ISIDRO	04/05/1923	GNT04846200	3/24/2010-00406-0022
DIAGNOSIS CODES: 715.00 250.00 272.2 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260145	1	S5125		09/14/13	09/14/13	24.00	94.56
260145	2	S5125		09/15/13	09/15/13	24.00	94.56
260145	3	S5125		09/16/13	09/16/13	24.00	94.56
260145	4	S5125		09/17/13	09/17/13	24.00	94.56
260145	5	S5125		09/18/13	09/18/13	24.00	94.56
260145	6	S5125		09/19/13	09/19/13	24.00	94.56
260145	7	S5125		09/20/13	09/20/13	24.00	94.56
CLAIM TOTAL							661.92
							CLAIM ACCOUNT REF. 2601450012012071SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012073	2012073	PAGAN, ADRIEL	09/29/1931	GNT00189300	3/29/2012-00738-0007
DIAGNOSIS CODES: 331.0 244.9 253.5 369.3 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260162	1	T1019		09/14/13	09/14/13	40.00	157.60
260162	2	T1019		09/15/13	09/15/13	40.00	157.60
260162	3	T1019		09/16/13	09/16/13	40.00	157.60
260162	4	T1019		09/17/13	09/17/13	40.00	157.60
260162	5	T1019		09/18/13	09/18/13	40.00	157.60
260162	6	T1019		09/19/13	09/19/13	40.00	157.60
260162	7	T1019		09/20/13	09/20/13	40.00	157.60
CLAIM TOTAL							1,103.20
							CLAIM ACCOUNT REF. 2601620012012073SUP

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012077 2012077 WARD, ALTHEA 08/13/1956 93703608100 12/14/2011-00450-0018
DIAGNOSIS CODES: 715.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260230	1	S5125		09/14/13	09/14/13	16.00	63.04
260230	2	S5125		09/16/13	09/16/13	8.00	31.52
260230	3	S5125		09/17/13	09/17/13	8.00	31.52
260230	4	S5125		09/18/13	09/18/13	8.00	31.52
260230	5	S5125		09/19/13	09/19/13	8.00	31.52
260230	6	S5125		09/20/13	09/20/13	8.00	31.52
CLAIM TOTAL							220.64
CLAIM ACCOUNT REF.							2602300012012077SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012082 2012082 SANCHEZ, ESTERVINA 04/17/1936 GNT05030100 9/28/2010-00216-0015
DIAGNOSIS CODES: 714.0 250.00 272.2 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260202	1	S5125		09/16/13	09/16/13	24.00	94.56
260202	2	S5125		09/17/13	09/17/13	24.00	94.56
260202	3	S5125		09/18/13	09/18/13	24.00	94.56
260202	4	S5125		09/19/13	09/19/13	24.00	94.56
260202	5	S5125		09/20/13	09/20/13	24.00	94.56
CLAIM TOTAL							472.80
CLAIM ACCOUNT REF.							2602020012012082SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012084 2012084 SANCHEZ, ANA MARIA 04/01/1925 GNT02386400 1/3/2013-00647-0004
DIAGNOSIS CODES: 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260199	1	S5125 TT		08/11/13	08/11/13	28.00	117.32
CLAIM TOTAL							117.32
CLAIM ACCOUNT REF.							2601990012012084SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012084 2012084 SANCHEZ, ANA MARIA 04/01/1925 GNT02386400 1/3/2013-00647-0007
DIAGNOSIS CODES: 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260200	1	S5125 TT		09/14/13	09/14/13	28.00	117.32
260200	2	S5125 TT		09/15/13	09/15/13	28.00	117.32
260200	3	S5125 TT		09/16/13	09/16/13	20.00	83.80
260200	4	S5125 TT		09/17/13	09/17/13	20.00	83.80
260200	5	S5125 TT		09/18/13	09/18/13	20.00	83.80
260200	6	S5125 TT		09/19/13	09/19/13	20.00	83.80

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260200	7	S5125 TT		09/20/13	09/20/13	20.00	83.80	
					CLAIM TOTAL		653.64	CLAIM ACCOUNT REF. 2602000012012084SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012091	2012091	VICTORIO, ROQUE	08/16/1928	GNT02618000	12/23/2004-00024-0113
DIAGNOSIS CODES: 332.0							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260228	1	S5125		09/14/13	09/14/13	20.00	78.80	
260228	2	S5125		09/15/13	09/15/13	20.00	78.80	
260228	3	S5125		09/16/13	09/16/13	44.00	173.36	
260228	4	S5125		09/17/13	09/17/13	44.00	173.36	
260228	5	S5125		09/18/13	09/18/13	44.00	173.36	
260228	6	S5125		09/19/13	09/19/13	44.00	173.36	
260228	7	S5125		09/20/13	09/20/13	44.00	173.36	
					CLAIM TOTAL		1,024.40	CLAIM ACCOUNT REF. 2602280012012091SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012112	2012112	ESTEVEZ, MARCIA	05/04/1942	GNT00342800	5/1/2007-00421-0035
DIAGNOSIS CODES: 369.3 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260090	1	S5125		09/14/13	09/14/13	24.00	94.56	
260090	2	S5125		09/19/13	09/19/13	24.00	94.56	
260090	3	S5125		09/20/13	09/20/13	24.00	94.56	
					CLAIM TOTAL		283.68	CLAIM ACCOUNT REF. 2600900012012112SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012113	2012113	REYES, DORILA	05/02/1929	GNT02461500	7/26/2004-00021-0070
DIAGNOSIS CODES: 716.90							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260181	1	S5125		09/14/13	09/14/13	32.00	126.08	
260181	2	S5125		09/15/13	09/15/13	32.00	126.08	
260181	3	S5125		09/16/13	09/16/13	32.00	126.08	
260181	4	S5125		09/17/13	09/17/13	32.00	126.08	
260181	5	S5125		09/18/13	09/18/13	32.00	126.08	
260181	6	S5125		09/19/13	09/19/13	32.00	126.08	
260181	7	S5125		09/20/13	09/20/13	32.00	126.08	
					CLAIM TOTAL		882.56	CLAIM ACCOUNT REF. 2601810012012113SUP

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012160 2012160 VARGAS, AUREA 01/16/1936 GNT0026740 11/7/2008-00560-0049
DIAGNOSIS CODES: 250.00 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260222	1	T1019 TT		09/14/13	09/14/13	20.00	83.80
260222	2	T1019 TT		09/15/13	09/15/13	20.00	83.80
260222	3	T1019 TT		09/16/13	09/16/13	20.00	83.80
260222	4	T1019 TT		09/17/13	09/17/13	20.00	83.80
260222	5	T1019 TT		09/18/13	09/18/13	20.00	83.80
260222	6	T1019 TT		09/19/13	09/19/13	20.00	83.80
260222	7	T1019 TT		09/20/13	09/20/13	20.00	83.80
CLAIM TOTAL							586.60

CLAIM ACCOUNT REF. 2602220012012160SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012164 2012164 CALDERON, JUSTINA 10/26/1929 GNT00036800 12/17/2003-00077-0066
DIAGNOSIS CODES: 250.00 401.9 493.90 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260060	1	S5125		09/14/13	09/14/13	48.00	189.12
260060	2	S5125		09/15/13	09/15/13	48.00	189.12
260060	3	S5125		09/16/13	09/16/13	48.00	189.12
260060	4	S5125		09/17/13	09/17/13	48.00	189.12
260060	5	S5125		09/18/13	09/18/13	48.00	189.12
260060	6	S5125		09/19/13	09/19/13	48.00	189.12
260060	7	S5125		09/20/13	09/20/13	48.00	189.12
CLAIM TOTAL							1,323.84

CLAIM ACCOUNT REF. 2600600012012164SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012168 2012168 VAZQUEZ 2, ROSA 12/05/1940 GNT00268900 12/5/2003-00042-0033
DIAGNOSIS CODES: 250.00 244.9 401.9 729.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260223	1	S5125		09/16/13	09/16/13	16.00	63.04
260223	2	S5125		09/17/13	09/17/13	16.00	63.04
260223	3	S5125		09/18/13	09/18/13	16.00	63.04
260223	4	S5125		09/19/13	09/19/13	16.00	63.04
260223	5	S5125		09/20/13	09/20/13	16.00	63.04
CLAIM TOTAL							315.20

CLAIM ACCOUNT REF. 2602230012012168SUP

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012182 2012182 RODRIGUEZ, LIDIA 10/13/1939 GNT03481200 11/29/2006-00339-0033
DIAGNOSIS CODES: 253.5 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260192	1	T1019		09/09/13	09/09/13	16.00	63.04
260192	2	T1019		09/11/13	09/11/13	16.00	63.04
260192	3	T1019		09/16/13	09/16/13	16.00	63.04
260192	4	T1019		09/17/13	09/17/13	16.00	63.04
260192	5	T1019		09/18/13	09/18/13	16.00	63.04
260192	6	T1019		09/20/13	09/20/13	16.00	63.04
CLAIM TOTAL						378.24	CLAIM ACCOUNT REF. 2601920012012182SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012185 2012185 DANIELS, MAGGIE 07/25/1932 GNT00057300 12/23/2003-00101-0049
DIAGNOSIS CODES: 369.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260075	1	S5125		09/16/13	09/16/13	12.00	47.28
260075	2	S5125		09/18/13	09/18/13	12.00	47.28
260075	3	S5125		09/20/13	09/20/13	12.00	47.28
CLAIM TOTAL						141.84	CLAIM ACCOUNT REF. 2600750012012185SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012197 2012197 TORO, ROSARIO 02/15/1929 GNT00261000 12/19/2003-00064-0056
DIAGNOSIS CODES: 369.10 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260216	1	T1019		09/14/13	09/14/13	31.00	122.14
260216	2	T1019		09/15/13	09/15/13	32.00	126.08
260216	3	T1019		09/16/13	09/16/13	32.00	126.08
260216	4	T1019		09/18/13	09/18/13	32.00	126.08
260216	5	T1019		09/19/13	09/19/13	32.00	126.08
260216	6	T1019		09/20/13	09/20/13	32.00	126.08
CLAIM TOTAL						752.54	CLAIM ACCOUNT REF. 2602160012012197SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012225 2012225 PATTERSON, SHYRLE 12/02/1956 GNT00191700 12/5/2003-00049-0078
DIAGNOSIS CODES: 401.9 250.03 272.0 493.00 530.11

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260166	1	S5125		09/14/13	09/14/13	28.00	110.32
260166	2	S5125		09/15/13	09/15/13	28.00	110.32
260166	3	S5125		09/16/13	09/16/13	28.00	110.32

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260166	4	S5125		09/17/13	09/17/13	54.00	212.76	
260166	5	S5125		09/18/13	09/18/13	28.00	110.32	
260166	6	S5125		09/19/13	09/19/13	28.00	110.32	
260166	7	S5125		09/20/13	09/20/13	28.00	110.32	
					CLAIM TOTAL		874.68	CLAIM ACCOUNT REF. 2601660012012225SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2010983	2012309	IRIMIA, SIMONA	09/19/1938	GNT0360570	3/27/2007-00064-0042
DIAGNOSIS	CODES:	714.0	244.9	428.0	719.7	786.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260114	1	T1019		09/14/13	09/14/13	32.00	126.08	
260114	2	T1019		09/15/13	09/15/13	32.00	126.08	
260114	3	T1019		09/16/13	09/16/13	32.00	126.08	
260114	4	T1019		09/17/13	09/17/13	32.00	126.08	
260114	5	T1019		09/18/13	09/18/13	32.00	126.08	
260114	6	T1019		09/19/13	09/19/13	32.00	126.08	
260114	7	T1019		09/20/13	09/20/13	32.00	126.08	
					CLAIM TOTAL		882.56	CLAIM ACCOUNT REF. 2601140012012309SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012493	2012493	ESPINOZA, LUPE E	08/06/1929	GNT06559300	1/17/2013-00685-0007
DIAGNOSIS	CODES:	331.0	401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260088	1	T1019		09/14/13	09/14/13	48.00	189.12	
260088	2	T1019		09/15/13	09/15/13	48.00	189.12	
260088	3	T1019		09/16/13	09/16/13	48.00	189.12	
260088	4	T1019		09/17/13	09/17/13	48.00	189.12	
260088	5	T1019		09/18/13	09/18/13	48.00	189.12	
260088	6	T1019		09/19/13	09/19/13	48.00	189.12	
260088	7	T1019		09/20/13	09/20/13	48.00	189.12	
					CLAIM TOTAL		1,323.84	CLAIM ACCOUNT REF. 2600880012012493SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2006651	2012496	ROJAS, HAYDEE	02/15/1935	GNT04856800	10/28/2010-00256-0025
DIAGNOSIS	CODES:	952.9	365.9	366.00	782.3	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260193	1	S5125		09/14/13	09/14/13	16.00	63.04	
260193	2	S5125		09/17/13	09/17/13	20.00	78.80	
260193	3	S5125		09/18/13	09/18/13	20.00	78.80	
260193	4	S5125		09/19/13	09/19/13	20.00	78.80	

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260193	5	S5125		09/20/13	09/20/13	20.00	78.80	
					CLAIM TOTAL		378.24	CLAIM ACCOUNT REF. 2601930012012496SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012602	2012602	ALVARADO, SARA E	07/15/1922	GNT03713600	6/28/2007-00019-0030
DIAGNOSIS CODES: 290.0							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260047	1	S5125		09/14/13	09/14/13	48.00	189.12	
260047	2	S5125		09/15/13	09/15/13	48.00	189.12	
260047	3	S5125		09/16/13	09/16/13	48.00	189.12	
260047	4	S5125		09/17/13	09/17/13	48.00	189.12	
260047	5	S5125		09/18/13	09/18/13	48.00	189.12	
260047	6	S5125		09/19/13	09/19/13	48.00	189.12	
260047	7	S5125		09/20/13	09/20/13	48.00	189.12	
					CLAIM TOTAL		1,323.84	CLAIM ACCOUNT REF. 2600470012012602SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012627	2012710	REYES, DUNNY	04/28/1944	GNT06774000	2/27/2013-00264-0006
DIAGNOSIS CODES: 332.0 294.20 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260182	1	T1020		09/14/13	09/14/13	1.00	200.00	
260182	2	T1020		09/15/13	09/15/13	1.00	200.00	
260182	3	T1020		09/16/13	09/16/13	1.00	200.00	
260182	4	T1020		09/17/13	09/17/13	1.00	200.00	
260182	5	T1020		09/18/13	09/18/13	1.00	200.00	
260182	6	T1020		09/19/13	09/19/13	1.00	200.00	
260182	7	T1020		09/20/13	09/20/13	1.00	200.00	
					CLAIM TOTAL		1,400.00	CLAIM ACCOUNT REF. 2601820012012710SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011011	2012756	RICKS, WALTER	04/27/1940	GNT03856800	2/27/2013-01282-0003
DIAGNOSIS CODES: 369.3 401.9 493.92 496.							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260184	1	S5125		09/16/13	09/16/13	28.00	110.32	
260184	2	S5125		09/17/13	09/17/13	28.00	110.32	
260184	3	S5125		09/18/13	09/18/13	28.00	110.32	
260184	4	S5125		09/19/13	09/19/13	28.00	110.32	
260184	5	S5125		09/20/13	09/20/13	28.00	110.32	
					CLAIM TOTAL		551.60	CLAIM ACCOUNT REF. 2601840012012756SUP

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012758 2012758 JAIME, ROSALBA 05/27/1915 GNT03692000 5/25/2007-00094-0044
DIAGNOSIS CODES: 290.0 244.9 458.9 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260117	1	T1019		09/14/13	09/14/13	36.00	141.84
260117	2	T1019		09/16/13	09/16/13	36.00	141.84
260117	3	T1019		09/17/13	09/17/13	36.00	141.84
260117	4	T1019		09/18/13	09/18/13	36.00	141.84
260117	5	T1019		09/19/13	09/19/13	36.00	141.84
260117	6	T1019		09/20/13	09/20/13	36.00	141.84
CLAIM TOTAL							851.04
							CLAIM ACCOUNT REF. 2601170012012758SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012759 2012759 LORUSSO, ANNA 01/25/1929 GNT06851500 3/1/2013-01282-0003
DIAGNOSIS CODES: 290.0 278.00 401.9 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260127	1	T1019		09/14/13	09/14/13	36.00	141.84
260127	2	T1019		09/15/13	09/15/13	36.00	141.84
260127	3	T1019		09/16/13	09/16/13	36.00	141.84
260127	4	T1019		09/17/13	09/17/13	36.00	141.84
260127	5	T1019		09/18/13	09/18/13	36.00	141.84
260127	6	T1019		09/19/13	09/19/13	36.00	141.84
260127	7	T1019		09/20/13	09/20/13	36.00	141.84
CLAIM TOTAL							992.88
							CLAIM ACCOUNT REF. 2601270012012759SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011050 2012778 TROISI, DELIA 12/30/1925 GNT06177500 7/26/2012-00651-0007
DIAGNOSIS CODES: 401.9 272.2 294.10 311. V15.88

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260220	1	T1019		09/14/13	09/14/13	32.00	126.08
260220	2	T1019		09/16/13	09/16/13	32.00	126.08
260220	3	T1019		09/17/13	09/17/13	32.00	126.08
260220	4	T1019		09/18/13	09/18/13	32.00	126.08
260220	5	T1019		09/19/13	09/19/13	32.00	126.08
260220	6	T1019		09/20/13	09/20/13	32.00	126.08
CLAIM TOTAL							756.48
							CLAIM ACCOUNT REF. 2602200012012778SUP

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013017 2013017 SCHENK, ENI 12/04/1948 GNT06973400 3/28/2013-00322-0007
DIAGNOSIS CODES: 290.0 244.9 300.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260208	1	S5125		09/14/13	09/14/13	20.00	78.80
260208	2	S5125		09/15/13	09/15/13	20.00	78.80
CLAIM TOTAL							157.60
CLAIM ACCOUNT REF.							2602080012013017SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013201 2013201 SCHNEIDER, RUTH 02/22/1936 07136300 4/30/2013-00656-0003
DIAGNOSIS CODES: 369.00 401.9 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260209	1	T1019		09/14/13	09/14/13	32.00	126.08
260209	2	T1019		09/15/13	09/15/13	32.00	126.08
260209	3	T1019		09/16/13	09/16/13	32.00	126.08
260209	4	T1019		09/17/13	09/17/13	32.00	126.08
260209	5	T1019		09/18/13	09/18/13	32.00	126.08
260209	6	T1019		09/19/13	09/19/13	32.00	126.08
260209	7	T1019		09/20/13	09/20/13	32.00	126.08
CLAIM TOTAL							882.56
CLAIM ACCOUNT REF.							2602090012013201SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013226 2013226 SWABY, CLARENCE 04/23/1921 93704635800 5/2/2013-00350-0003
DIAGNOSIS CODES: 294.20 093.9 272.4 602.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260213	1	T1020		09/14/13	09/14/13	1.00	200.00
260213	2	T1020		09/15/13	09/15/13	1.00	200.00
260213	3	T1020		09/16/13	09/16/13	1.00	200.00
260213	4	T1020		09/17/13	09/17/13	1.00	200.00
260213	5	T1020		09/18/13	09/18/13	1.00	200.00
260213	6	T1020		09/19/13	09/19/13	1.00	200.00
260213	7	T1020		09/20/13	09/20/13	1.00	200.00
CLAIM TOTAL							1,400.00
CLAIM ACCOUNT REF.							2602130012013226SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013228 2013228 PAGLIA, CARMELA 03/08/1945 GNT06942100 5/1/2013-00108-0006
DIAGNOSIS CODES: 278.00 429.9 715.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260163	1	S5125		09/16/13	09/16/13	24.00	94.56
260163	2	S5125		09/17/13	09/17/13	24.00	94.56

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	189.12	2601630012013228SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
NY	001	2001032	2013256	ORTIZ, LAURA	07/04/1919	GNT03867300	7/9/2013-00458-0002	
DIAGNOSIS	CODES:	733.00	401.9	719.7	362.51	365.9	716.90	486.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
260160	1	S5125		09/14/13	09/14/13	48.00	189.12	
260160	2	S5125		09/15/13	09/15/13	48.00	189.12	
260160	3	S5125		09/16/13	09/16/13	48.00	189.12	
260160	4	S5125		09/17/13	09/17/13	48.00	189.12	
260160	5	S5125		09/18/13	09/18/13	48.00	189.12	
260160	6	S5125		09/19/13	09/19/13	48.00	189.12	
260160	7	S5125		09/20/13	09/20/13	48.00	189.12	
						CLAIM TOTAL	1,323.84	2601600012013256SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2006830	2013276	MARTINEZ 1, EMMA	05/09/1920	GNT05091300	3/30/2012-00070-0010
DIAGNOSIS	CODES:	331.0	365.9	715.90	733.00		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
260135	1	T1019		09/14/13	09/14/13	20.00	78.80	
260135	2	T1019		09/16/13	09/16/13	48.00	189.12	
260135	3	T1019		09/17/13	09/17/13	46.00	181.24	
260135	4	T1019		09/18/13	09/18/13	48.00	189.12	
260135	5	T1019		09/19/13	09/19/13	48.00	189.12	
260135	6	T1019		09/20/13	09/20/13	46.00	181.24	
						CLAIM TOTAL	1,008.64	2601350012013276SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013284	2013284	CASTANEDA, MIRIAM	10/11/1951	GNT06079700	5/23/2013-00357-0003
DIAGNOSIS	CODES:	715.90	311.	401.9	493.91		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
260066	1	S5125		09/14/13	09/14/13	32.00	126.08	
260066	2	S5125		09/16/13	09/16/13	24.00	94.56	
260066	3	S5125		09/17/13	09/17/13	24.00	94.56	
260066	4	S5125		09/18/13	09/18/13	24.00	94.56	
260066	5	S5125		09/19/13	09/19/13	32.00	126.08	
260066	6	S5125		09/20/13	09/20/13	32.00	126.08	
						CLAIM TOTAL	661.92	2600660012013284SUP

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013411 2013411 JORGE, ANA 02/07/1930 GNT07185600 6/4/2013-00485-0005
DIAGNOSIS CODES: 332.0 365.9 366.9 401.9 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260121	1	S5125		09/14/13	09/14/13	48.00	189.12
260121	2	S5125		09/15/13	09/15/13	48.00	189.12
260121	3	S5125		09/16/13	09/16/13	48.00	189.12
260121	4	S5125		09/17/13	09/17/13	48.00	189.12
260121	5	S5125		09/19/13	09/19/13	48.00	189.12
260121	6	S5125		09/20/13	09/20/13	48.00	189.12
CLAIM TOTAL						1,134.72	CLAIM ACCOUNT REF. 2601210012013411SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013413 2013413 CABRERA, MARIELA 09/13/1932 GNT07154900 6/4/2013-00479-0001
DIAGNOSIS CODES: 715.90 138. 389.22 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260059	1	T1019		09/16/13	09/16/13	24.00	94.56
260059	2	T1019		09/17/13	09/17/13	24.00	94.56
260059	3	T1019		09/18/13	09/18/13	24.00	94.56
260059	4	T1019		09/19/13	09/19/13	24.00	94.56
260059	5	T1019		09/20/13	09/20/13	24.00	94.56
CLAIM TOTAL						472.80	CLAIM ACCOUNT REF. 2600590012013413SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013423 2013423 OCHOA, ORLANDO 06/15/1929 GNT06982300 6/3/2013-00335-0001
DIAGNOSIS CODES: 715.90 290.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260155	1	S5125		09/17/13	09/17/13	24.00	94.56
260155	2	S5125		09/19/13	09/19/13	24.00	94.56
CLAIM TOTAL						189.12	CLAIM ACCOUNT REF. 2601550012013423SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011491 2013551 RIVERA, RAMONITA 08/23/1943 GNT06231700 9/28/2012-00956-0009
DIAGNOSIS CODES: 785.9 244.9 245.2 272.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260188	1	S5125		09/19/13	09/19/13	16.00	63.04
CLAIM TOTAL						63.04	CLAIM ACCOUNT REF. 2601880012013551SUP

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011963 2013553 ENCARNACION, LUZ 05/03/1934 GNT03902000 10/25/2010-0071-0026
DIAGNOSIS CODES: 715.90 253.5 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260085	1	T1019 TT		09/16/13	09/16/13	16.00	67.04
260085	2	T1019 TT		09/17/13	09/17/13	16.00	67.04
260085	3	T1019 TT		09/18/13	09/18/13	16.00	67.04
260085	4	T1019 TT		09/19/13	09/19/13	16.00	67.04
260085	5	T1019 TT		09/20/13	09/20/13	16.00	67.04
CLAIM TOTAL							335.20

CLAIM ACCOUNT REF. 2600850012013553SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2000600 2013590 FELICIANO, JOAN 10/17/1935 GNT04140800 1/30/2008-00551-0041
DIAGNOSIS CODES: 716.90 250.00 272.0 338.29 369.9 401.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260091	1	S5125		09/14/13	09/14/13	32.00	126.08
260091	2	S5125		09/15/13	09/15/13	32.00	126.08
260091	3	S5125		09/16/13	09/16/13	32.00	126.08
260091	4	S5125		09/17/13	09/17/13	32.00	126.08
260091	5	S5125		09/18/13	09/18/13	32.00	126.08
260091	6	S5125		09/19/13	09/19/13	32.00	126.08
260091	7	S5125		09/20/13	09/20/13	32.00	126.08
CLAIM TOTAL							882.56

CLAIM ACCOUNT REF. 2600910012013590SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013624 2013624 LARKIN, ANNIE 09/09/1928 GNT00419300 7/2/2013-00144-0001
DIAGNOSIS CODES: 715.00 244.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260123	1	S5125		09/17/13	09/17/13	16.00	63.04
260123	2	S5125		09/18/13	09/18/13	16.00	63.04
260123	3	S5125		09/19/13	09/19/13	16.00	63.04
260123	4	S5125		09/20/13	09/20/13	16.00	63.04
CLAIM TOTAL							252.16

CLAIM ACCOUNT REF. 2601230012013624SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013415 2013678 BATISTA, LUCILA 06/30/1930 GNT07265700 7/10/2013-00650-0001
DIAGNOSIS CODES: 429.9 253.5 386.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260050	1	T1019		09/16/13	09/16/13	16.00	63.04
260050	2	T1019		09/18/13	09/18/13	16.00	63.04

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260050	3	T1019		09/20/13	09/20/13	16.00	63.04
CLAIM TOTAL							189.12
CLAIM ACCOUNT REF.							2600500012013678SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013684	2013684	DIAZ, HILDA	04/04/1932	GNT07351600	7/9/2013-00177-0004
DIAGNOSIS CODES: V68.9 250.00 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260079	1	S5125		09/02/13	09/02/13	28.00	110.32
260079	2	S5125		09/03/13	09/03/13	28.00	110.32
260079	3	S5125		09/04/13	09/04/13	28.00	110.32
260079	4	S5125		09/05/13	09/05/13	28.00	110.32
260079	5	S5125		09/06/13	09/06/13	28.00	110.32
260079	6	S5125		09/14/13	09/14/13	44.00	173.36
260079	7	S5125		09/16/13	09/16/13	28.00	110.32
260079	8	S5125		09/17/13	09/17/13	28.00	110.32
260079	9	S5125		09/18/13	09/18/13	28.00	110.32
260079	10	S5125		09/19/13	09/19/13	28.00	110.32
CLAIM TOTAL							1,166.24
CLAIM ACCOUNT REF.							2600790012013684SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009960	2013799	FERRARA, ANN	07/27/1925	GNT05748600	2/27/2012-01098-0017
DIAGNOSIS CODES: 290.0 311. 365.00 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260094	1	S5126		09/01/13	09/01/13	1.00	200.00
260094	2	S5126		09/02/13	09/02/13	1.00	200.00
260094	3	S5126		09/03/13	09/03/13	1.00	200.00
260094	4	S5126		09/04/13	09/04/13	1.00	200.00
260094	5	S5126		09/05/13	09/05/13	1.00	200.00
260094	6	S5126		09/06/13	09/06/13	1.00	200.00
260094	7	S5126		09/07/13	09/07/13	1.00	200.00
260094	8	S5126		09/08/13	09/08/13	1.00	200.00
260094	9	S5126		09/09/13	09/09/13	1.00	200.00
260094	10	S5126		09/10/13	09/10/13	1.00	200.00
260094	11	S5126		09/11/13	09/11/13	1.00	200.00
260094	12	S5126		09/12/13	09/12/13	1.00	200.00
260094	13	S5126		09/13/13	09/13/13	1.00	200.00
260094	14	S5126		09/14/13	09/14/13	1.00	200.00
260094	15	S5126		09/15/13	09/15/13	1.00	200.00
260094	16	S5126		09/16/13	09/16/13	1.00	200.00
260094	17	S5126		09/17/13	09/17/13	1.00	200.00
260094	18	S5126		09/18/13	09/18/13	1.00	200.00

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260094	19	S5126		09/19/13	09/19/13	1.00	200.00
260094	20	S5126		09/20/13	09/20/13	1.00	200.00
CLAIM TOTAL							4,000.00
							CLAIM ACCOUNT REF. 2600940012013799SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2009984	2013808	PINILLA, VICTOR	03/23/1933	GNT05972000	3/2/2012-00173-0019
DIAGNOSIS	CODES:	294.10	272.2	401.9	780.4	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260174	1	S5125		09/14/13	09/14/13	36.00	141.84
260174	2	S5125		09/15/13	09/15/13	36.00	141.84
260174	3	S5125		09/16/13	09/16/13	36.00	141.84
260174	4	S5125		09/17/13	09/17/13	36.00	141.84
CLAIM TOTAL							567.36
							CLAIM ACCOUNT REF. 2601740012013808SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2013820	2013820	BERNSTEIN, ADI	10/15/1928	GNT04925700	7/26/2010-00354-0005
DIAGNOSIS	CODES:	714.0				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260055	1	T1019		09/17/13	09/17/13	12.00	47.28
CLAIM TOTAL							47.28
							CLAIM ACCOUNT REF. 2600550012013820SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2013822	2013822	TORRES, SANTIAGO, BASI	03/22/1934	GNT07417900	8/2/2013-00550-0004
DIAGNOSIS	CODES:	290.0	294.10	401.9	493.00	733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260218	1	S5125		09/16/13	09/16/13	31.00	122.14
260218	2	S5125		09/17/13	09/17/13	31.00	122.14
260218	3	S5125		09/18/13	09/18/13	32.00	126.08
260218	4	S5125		09/19/13	09/19/13	32.00	126.08
260218	5	S5125		09/20/13	09/20/13	31.00	122.14
CLAIM TOTAL							618.58
							CLAIM ACCOUNT REF. 2602180012013822SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012941	2013852	BENZ, ROBERT	07/30/1925	GNT07334800	7/30/2013-00400-0001
DIAGNOSIS	CODES:	401.9	362.50			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260053	1	S5125		09/14/13	09/14/13	16.00	63.04
260053	2	S5125		09/16/13	09/16/13	16.00	63.04
260053	3	S5125		09/17/13	09/17/13	16.00	63.04

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260053	4	S5125		09/18/13	09/18/13	16.00	63.04	
260053	5	S5125		09/19/13	09/19/13	16.00	63.04	
260053	6	S5125		09/20/13	09/20/13	16.00	63.04	
					CLAIM TOTAL		378.24	CLAIM ACCOUNT REF. 2600530012013852SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012085	2013879	ROSARIO, ANA	06/23/1949	GNT03285400	7/27/2006-00183-0055
DIAGNOSIS	CODES:	715.90	250.00	401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260195	1	S5125		09/16/13	09/16/13	28.00	110.32	
260195	2	S5125		09/17/13	09/17/13	28.00	110.32	
260195	3	S5125		09/18/13	09/18/13	28.00	110.32	
260195	4	S5125		09/19/13	09/19/13	28.00	110.32	
					CLAIM TOTAL		441.28	CLAIM ACCOUNT REF. 2601950012013879SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012027	2013895	VELEZ, CARMEN	06/21/1932	GNT00271900	12/4/2003-00229-0072
DIAGNOSIS	CODES:	695.4	250.00	272.2	401.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260225	1	S5125		09/14/13	09/14/13	16.00	63.04	
260225	2	S5125		09/15/13	09/15/13	16.00	63.04	
260225	3	S5125		09/16/13	09/16/13	24.00	94.56	
260225	4	S5125		09/17/13	09/17/13	24.00	94.56	
260225	5	S5125		09/18/13	09/18/13	24.00	94.56	
260225	6	S5125		09/19/13	09/19/13	24.00	94.56	
260225	7	S5125		09/20/13	09/20/13	24.00	94.56	
					CLAIM TOTAL		598.88	CLAIM ACCOUNT REF. 2602250012013895SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2003103	2013898	GREENSPAN, ALICE	04/15/1942	GNT04498400	1/27/2009-00682-0061
DIAGNOSIS	CODES:	331.0	250.00	272.2	311.0	401.9	530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260103	1	S5125		09/14/13	09/14/13	30.00	118.20	
260103	2	S5125		09/15/13	09/15/13	30.00	118.20	
260103	3	S5125		09/16/13	09/16/13	16.00	63.04	
260103	4	S5125		09/17/13	09/17/13	16.00	63.04	
260103	5	S5125		09/18/13	09/18/13	16.00	63.04	
260103	6	S5125		09/19/13	09/19/13	16.00	63.04	
260103	7	S5125		09/20/13	09/20/13	16.00	63.04	
					CLAIM TOTAL		551.60	CLAIM ACCOUNT REF. 2601030012013898SUP

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2007817 2013918 BEGUM, JAMILA 02/19/1919 GNT00018500 12/1/2003-00110-0103
DIAGNOSIS CODES: 250.00 294.20 401.9 714.0 715.00 486.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260051	1	S5125		09/14/13	09/14/13	35.00	137.90	
260051	2	S5125		09/15/13	09/15/13	32.00	126.08	
260051	3	S5125		09/16/13	09/16/13	48.00	189.12	
260051	4	S5125		09/17/13	09/17/13	48.00	189.12	
260051	5	S5125		09/18/13	09/18/13	40.00	157.60	
					CLAIM TOTAL		799.82	CLAIM ACCOUNT REF. 2600510012013918SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2007817 2013918 BEGUM, JAMILA 02/19/1919 GNT00018500 12/1/2003-00110-0104
DIAGNOSIS CODES: 250.00 294.20 401.9 714.0 715.00 486.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260052	1	S5125		09/19/13	09/19/13	48.00	189.12	
260052	2	S5125		09/20/13	09/20/13	37.00	145.78	
					CLAIM TOTAL		334.90	CLAIM ACCOUNT REF. 2600520012013918SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009226 2013926 CARDENAS, GUSTAVO 11/25/1933 GNT07420300 7/31/2013-00140-0001
DIAGNOSIS CODES: 331.0 290.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260064	1	S5125		09/14/13	09/14/13	16.00	63.04	
260064	2	S5125		09/15/13	09/15/13	16.00	63.04	
260064	3	S5125		09/16/13	09/16/13	32.00	126.08	
260064	4	S5125		09/17/13	09/17/13	32.00	126.08	
260064	5	S5125		09/18/13	09/18/13	32.00	126.08	
260064	6	S5125		09/19/13	09/19/13	32.00	126.08	
260064	7	S5125		09/20/13	09/20/13	32.00	126.08	
					CLAIM TOTAL		756.48	CLAIM ACCOUNT REF. 2600640012013926SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013946 2013946 DONE, SUSANA 07/29/1945 93704706900 7/12/2013-00078-0002
DIAGNOSIS CODES: 401.9 272.4 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260080	1	S5125		09/15/13	09/15/13	32.00	126.08	
260080	2	S5125		09/16/13	09/16/13	32.00	126.08	
260080	3	S5125		09/17/13	09/17/13	32.00	126.08	
260080	4	S5125		09/18/13	09/18/13	32.00	126.08	

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260080	5	S5125		09/19/13	09/19/13	32.00	126.08	
260080	6	S5125		09/20/13	09/20/13	32.00	126.08	
					CLAIM TOTAL		756.48	CLAIM ACCOUNT REF. 2600800012013946SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011874	2013951	NEVAREZ, MARTA	02/23/1941	GNT06134500	5/1/2012-00680-0012
DIAGNOSIS	CODES:	386.10	250.01	272.4	401.9	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260150	1	S5125 TT		09/14/13	09/14/13	24.00	100.56	
260150	2	S5125 TT		09/15/13	09/15/13	24.00	100.56	
260150	3	S5125 TT		09/16/13	09/16/13	12.00	50.28	
260150	4	S5125 TT		09/17/13	09/17/13	12.00	50.28	
260150	5	S5125 TT		09/18/13	09/18/13	12.00	50.28	
260150	6	S5125 TT		09/19/13	09/19/13	12.00	50.28	
260150	7	S5125 TT		09/20/13	09/20/13	12.00	50.28	
					CLAIM TOTAL		452.52	CLAIM ACCOUNT REF. 2601500012013951SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2014024	2014024	DELPOZO, MIGUEL	11/07/1926	GNT07503600	8/30/2013-00039-0002
DIAGNOSIS	CODES:	714.0	401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260078	1	S5125 TT		09/14/13	09/14/13	20.00	83.80	
260078	2	S5125 TT		09/15/13	09/15/13	20.00	83.80	
260078	3	S5125 TT		09/16/13	09/16/13	20.00	83.80	
260078	4	S5125 TT		09/17/13	09/17/13	20.00	83.80	
260078	5	S5125 TT		09/18/13	09/18/13	20.00	83.80	
260078	6	S5125 TT		09/19/13	09/19/13	20.00	83.80	
260078	7	S5125 TT		09/20/13	09/20/13	20.00	83.80	
					CLAIM TOTAL		586.60	CLAIM ACCOUNT REF. 2600780012014024SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2014027	2014027	MEDINA, CECILIA	09/06/1928	GNT07399200	9/6/2013-00216-0001
DIAGNOSIS	CODES:	416.8	447.6			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260139	1	S5125		09/17/13	09/17/13	16.00	63.04	
260139	2	S5125		09/18/13	09/18/13	16.00	63.04	
260139	3	S5125		09/19/13	09/19/13	16.00	63.04	
260139	4	S5125		09/20/13	09/20/13	16.00	63.04	
					CLAIM TOTAL		252.16	CLAIM ACCOUNT REF. 2601390012014027SUP

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NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260141	1	S5125		09/14/13	09/14/13	32.00	126.08	
260141	2	S5125		09/15/13	09/15/13	32.00	126.08	
260141	3	S5125		09/16/13	09/16/13	32.00	126.08	
260141	4	S5125		09/17/13	09/17/13	29.00	114.26	
260141	5	S5125		09/18/13	09/18/13	31.00	122.14	
260141	6	S5125		09/19/13	09/19/13	31.00	122.14	
260141	7	S5125		09/20/13	09/20/13	32.00	126.08	
CLAIM TOTAL							862.86	CLAIM ACCOUNT REF. 2601410012014099SUP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260048	1	S5125		09/14/13	09/14/13	16.00	63.04	
260048	2	S5125		09/16/13	09/16/13	32.00	126.08	
260048	3	S5125		09/17/13	09/17/13	30.00	118.20	
260048	4	S5125		09/19/13	09/19/13	32.00	126.08	
260048	5	S5125		09/20/13	09/20/13	31.00	122.14	
					CLAIM TOTAL		555.54	CLAIM ACCOUNT REF. 2600480012014114SUP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260226	1	S5125		09/16/13	09/16/13	16.00	63.04	
260226	2	S5125		09/17/13	09/17/13	16.00	63.04	
260226	3	S5125		09/18/13	09/18/13	16.00	63.04	
260226	4	S5125		09/19/13	09/19/13	16.00	63.04	
260226	5	S5125		09/20/13	09/20/13	16.00	63.04	
					CLAIM TOTAL		315.20	CLAIM ACCOUNT REF. 2602260012014116SU

PAYER TOTALS:	GUILDNET	# OF CLAIMS =	1110	TOTAL CLAIM AMOUNT =	122,871.38
		# SERVICES =	186		

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013092503330488RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = ICS01 ICS

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008389 2011453 MUSHAYEV, BORIS 08/14/1947 7235 464780
DIAGNOSIS CODES: 401.9 250.00 425.8 428.0 441.00 715.90

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260031	1	T1019	1C	0570	09/16/13	09/16/13	6.00	98.40
260031	2	T1019	1C	0570	09/17/13	09/17/13	6.00	98.40
260031	3	T1019	1C	0570	09/18/13	09/18/13	6.00	98.40
260031	4	T1019	1C	0570	09/19/13	09/19/13	6.00	98.40
260031	5	T1019	1C	0570	09/20/13	09/20/13	6.00	98.40

CLAIM TOTAL 492.00 CLAIM ACCOUNT REF. 2600310012011453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011870 2011870 AGOSTINI, MONSERRATE 07/18/1944 558 480096
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260028	1	T1019	1C	0570	09/16/13	09/16/13	6.00	98.40
260028	2	T1019	1C	0570	09/17/13	09/17/13	6.00	98.40
260028	3	T1019	1C	0570	09/18/13	09/18/13	6.00	98.40
260028	4	T1019	1C	0570	09/19/13	09/19/13	6.00	98.40
260028	5	T1019	1C	0570	09/20/13	09/20/13	6.00	98.40

CLAIM TOTAL 492.00 CLAIM ACCOUNT REF. 2600280012011870SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012213 2012213 BERRY, ANGELINA 10/21/1956 1784 456200
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260029	1	T1019	1C	0570	09/14/13	09/14/13	4.00	65.60
260029	2	T1019	1C	0570	09/15/13	09/15/13	4.00	65.60
260029	3	T1019	1C	0570	09/16/13	09/16/13	4.00	65.60
260029	4	T1019	1C	0570	09/17/13	09/17/13	4.00	65.60
260029	5	T1019	1C	0570	09/18/13	09/18/13	4.00	65.60
260029	6	T1019	1C	0570	09/19/13	09/19/13	4.00	65.60
260029	7	T1019	1C	0570	09/20/13	09/20/13	4.00	65.60

CLAIM TOTAL 459.20 CLAIM ACCOUNT REF. 2600290012012213SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012097 2013010 RODRIGUEZ, SILVIO 11/03/1930 9624 446238
DIAGNOSIS CODES: 290.0 280.9 401.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260034	1	T1019	1C	0570	09/14/13	09/14/13	8.00	131.20

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = ICS01 ICS

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260034	2	T1019	1C	0570	09/15/13	09/15/13	8.00	131.20
260034	3	T1019	1C	0570	09/16/13	09/16/13	8.00	131.20
260034	4	T1019	1C	0570	09/17/13	09/17/13	8.00	131.20
260034	5	T1019	1C	0570	09/18/13	09/18/13	8.00	131.20
260034	6	T1019	1C	0570	09/19/13	09/19/13	8.00	131.20
260034	7	T1019	1C	0570	09/20/13	09/20/13	8.00	131.20
CLAIM TOTAL								918.40

CLAIM ACCOUNT REF. 2600340012013010SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013320 2013320 PEREZ, RAFAELA 12/05/1934 8249 470412
DIAGNOSIS CODES: 781.2

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260032	1	T1019	1C	0570	09/14/13	09/14/13	24.00	393.60
260032	2	T1019	1C	0570	09/15/13	09/15/13	23.00	377.20
260032	3	T1019	1C	0570	09/16/13	09/16/13	24.00	393.60
260032	4	T1019	1C	0570	09/17/13	09/17/13	24.00	393.60
260032	5	T1019	1C	0570	09/18/13	09/18/13	12.00	196.80
260032	6	T1019	1C	0570	09/19/13	09/19/13	12.00	196.80
260032	7	T1019	1C	0570	09/20/13	09/20/13	12.00	196.80
CLAIM TOTAL								2,148.40

CLAIM ACCOUNT REF. 2600320012013320SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013470 2013470 RIVERS, DEBRA 09/14/1958 9863 468763
DIAGNOSIS CODES: 907.2 135. 344.1 493.90 564.81 592.0 596.54

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260033	1	T1019	1C	0570	09/14/13	09/14/13	12.00	196.80
260033	2	T1019	1C	0570	09/15/13	09/15/13	11.00	180.40
260033	3	T1019	1C	0570	09/16/13	09/16/13	11.00	180.40
260033	4	T1019	1C	0570	09/17/13	09/17/13	12.00	196.80
260033	5	T1019	1C	0570	09/18/13	09/18/13	11.00	180.40
260033	6	T1019	1C	0570	09/19/13	09/19/13	11.00	180.40
260033	7	T1019	1C	0570	09/20/13	09/20/13	12.00	196.80
CLAIM TOTAL								1,312.00

CLAIM ACCOUNT REF. 2600330012013470SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013587 2013587 CHANCELLOR, IRA 06/01/1948 10443 476564
DIAGNOSIS CODES: 724.00 042. 250.00 272.0 296.80 300.00 365.00 427.31 781.2

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260030	1	T1019	1C	0570	09/16/13	09/16/13	4.00	65.60
260030	2	T1019	1C	0570	09/17/13	09/17/13	4.00	65.60

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NPI = 1154407492

CLAIM ACCOUNT REF. 2600300012013587SUP

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2600350012013676SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	46	TOTAL CLAIM AMOUNT =	6,346.80
		# SERVICES =	8		

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JSV04323R01 2013082715400003
DIAGNOSIS CODES: 250.11 272.0 401.9 435.9 586.
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260027	1	T1019	0580	09/17/13	09/17/13	16.00	67.52	
260027	2	T1019	0580	09/18/13	09/18/13	16.00	67.52	
260027	3	T1019	0580	09/19/13	09/19/13	16.00	67.52	
260027	4	T1019	0580	09/20/13	09/20/13	16.00	67.52	
					CLAIM TOTAL		270.08	CLAIM ACCOUNT REF. 2600270012010804SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013851 2013851 ARTEAGA, ANA 12/15/1954 JYU81582H01 2013072615400005
DIAGNOSIS CODES: 571.5 401.9
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260026	1	T1019	0580	09/16/13	09/16/13	24.00	101.28	
260026	2	T1019	0580	09/17/13	09/17/13	24.00	101.28	
260026	3	T1019	0580	09/19/13	09/19/13	24.00	101.28	
260026	4	T1019	0580	09/20/13	09/20/13	24.00	101.28	
					CLAIM TOTAL		405.12	CLAIM ACCOUNT REF. 2600260012013851SUP

PAYER TOTALS: HEALTHCARE PARTNERS IPA I # OF CLAIMS = 8 TOTAL CLAIM AMOUNT = 675.20
SERVICES = 2

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = VCMINST VILLAGE CARE

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013600 2013600 MULLINGS, LUCILLE 11/20/1941 10000258001 062713005394
DIAGNOSIS CODES: 715.90 311. 695.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260041	1	T1019	0580	09/18/13	09/18/13	16.00	63.04
260041	2	T1019	0580	09/19/13	09/19/13	16.00	63.04
260041	3	T1019	0580	09/20/13	09/20/13	16.00	63.04
CLAIM TOTAL							189.12
CLAIM ACCOUNT REF.							2600410012013600SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013622 2013622 BERNARDI, SOLMARIA 06/28/1931 10000270501 062713005409
DIAGNOSIS CODES: 715.90 311. 401.9 553.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260037	1	T1019	0580	09/16/13	09/16/13	16.00	63.04
260037	2	T1019	0580	09/18/13	09/18/13	14.00	55.16
260037	3	T1019	0580	09/20/13	09/20/13	16.00	63.04
CLAIM TOTAL							181.24
CLAIM ACCOUNT REF.							2600370012013622SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013623 2013623 MORAN VAZQUEZ, ANGEL 12/16/1945 10000265801 062713005407
DIAGNOSIS CODES: 715.90 272.4 386.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260040	1	T1019	0580	09/14/13	09/14/13	12.00	47.28
260040	2	T1019	0580	09/15/13	09/15/13	12.00	47.28
CLAIM TOTAL							94.56
CLAIM ACCOUNT REF.							2600400012013623SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013758 2013758 KLEIN, SHIRLEY 08/05/1929 2013758 072313005746
DIAGNOSIS CODES: 781.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260039	1	T1019	0580	09/14/13	09/14/13	16.00	63.04
260039	2	T1019	0580	09/15/13	09/15/13	16.00	63.04
260039	3	T1019	0580	09/16/13	09/16/13	16.00	63.04
260039	4	T1019	0580	09/17/13	09/17/13	16.00	63.04
260039	5	T1019	0580	09/18/13	09/18/13	16.00	63.04
260039	6	T1019	0580	09/19/13	09/19/13	16.00	63.04
260039	7	T1019	0580	09/20/13	09/20/13	16.00	63.04
CLAIM TOTAL							441.28
CLAIM ACCOUNT REF.							2600390012013758SUP

REPORT DATE 09/25/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = VCMINST VILLAGE CARE

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2014010 2014010 FAY, JULIA 10/29/1939 10000292201 073113006128
DIAGNOSIS CODES: 496. 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260038	1	T1019	0580	09/16/13	09/16/13	28.00	110.32	
260038	2	T1019	0580	09/17/13	09/17/13	28.00	110.32	
260038	3	T1019	0580	09/18/13	09/18/13	28.00	110.32	
260038	4	T1019	0580	09/19/13	09/19/13	28.00	110.32	
260038	5	T1019	0580	09/20/13	09/20/13	28.00	110.32	
					CLAIM TOTAL	551.60		CLAIM ACCOUNT REF. 2600380012014010SUP

PAYER TOTALS: VILLAGE CARE # OF CLAIMS = 20 TOTAL CLAIM AMOUNT = 1,457.80
SERVICES = 5

PROVIDER TOTALS: SUNNYSIDE CITYWIDE # OF CLAIMS = 2272 TOTAL CLAIM AMOUNT = 272,761.23
SERVICES = 394