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PROVIDER ID = 113502051 NPI = 1154407492 SUNNYSIDE CITYWIDE

PAYER ID = 11315FIDELIS CARE NY

REG LOC CLIENT NY 001 2008267 DIAGNOSIS CODES:	SERVICE NAME 2008267 SZE, BECKY 343.9 737.9 799.89	BIRTH DATE 10/30/1992	RECIPIENT ID 741244251	PRIOR AUTHORIZATION # 111891261	
INV # LINE # 210710 1 2 2 2 1 0 7 1 0 3 2 1 0 7 1 0 4 2 1 0 7 1 0 6	PROCEDURE CODE REVENUE T1020 T1020 T1020 T1020 T1020 T1020	09/15/12 09/15/1 09/17/12 09/17/1 09/18/12 09/18/1 09/19/12 09/19/1 09/20/12 09/20/1 09/21/12 09/21/1	2 6.00 2 7.00 2 7.00 2 7.00 2 7.00 2 7.00	AMOUNT 101.22 118.09 118.09 118.09 118.09 118.09 691.67 CLAIM ACCOUNT REF.	2107100012008267SUP
REG LOC CLIENT NY 001 2008268 DIAGNOSIS CODES:	SERVICE NAME 2008268 PANOS, DESP 340. 345.90 401.9	BIRTH DATE NA D 05/11/1950 493.90	RECIPIENT ID 64126998700	PRIOR AUTHORIZATION # 111800517	
INV # LINE # 210708 1 210708 2 210708 3 210708 4 210708 5 210708 6 210708 7 210708 8 210708 9	PROCEDURE CODE REVENUE T1020	09/01/12 09/01/1 09/02/12 09/02/1 09/15/12 09/15/1 09/16/12 09/16/1 09/17/12 09/17/1 09/18/12 09/18/1 09/19/12 09/19/1 09/20/12 09/20/1 09/21/12 09/21/1	2 9.00 2 9.00 2 9.00 2 9.00 2 9.00 2 9.00 2 9.00 2 9.00 2 9.00	AMOUNT 151.83 151.83 151.83 151.83 151.83 151.83 151.83 151.83 1,366.47 CLAIM ACCOUNT REF.	2107080012008268SUP
REG LOC CLIENT NY 001 2008306 DIAGNOSIS CODES:	SERVICE NAME 2008306 GIL, ALICIA 340. 733.00 530.83		RECIPIENT ID 74148852400	PRIOR AUTHORIZATION # 111891265	
INV # LINE # 210705 1 210705 2 210705 3 210705 4 210705 5 210705 6 210705 7	PROCEDURE CODE REVENUE T1020 T1020 T1020 T1020 T1020 T1020 T1020 T1020	CD FROM DT THRU DT 09/15/12 09/15/1 09/16/12 09/16/1 09/17/12 09/17/1 09/18/12 09/18/1 09/19/12 09/19/1 09/20/12 09/20/1 09/21/12 09/21/1	2 7.00 2 7.00 2 7.00 2 7.00 2 7.00 2 7.00 2 7.00	AMOUNT 118.09 118.09 118.09 118.09 118.09 118.09	

CLAIM TOTAL

PAGE:

826.63 CLAIM ACCOUNT REF. 2107050012008306SUP

1

2

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 11315 FIDELIS CARE NY REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008386 2008386 BATISTA, JOSE 07/20/1950 74170038700 120820411 DIAGNOSIS CODES: 344.1 401.9 599.0 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 118.09 210703 1 09/08/12 09/08/12 7.00 210703 T1020 09/15/12 09/15/12 7.00 118.09 210703 3 T1020 09/16/12 09/16/12 7.00 118.09 210703 4 T1020 09/17/12 09/17/12 7.00 118.09 210703 5 T1020 09/18/12 09/18/12 7.00 118.09 210703 6 T1020 09/19/12 09/19/12 7.00 118.09 7 T1020 210703 09/20/12 09/20/12 7.00 118.09 210703 8 T1020 09/21/12 09/21/12 7.00 118.09 CLAIM TOTAL 944.72 CLAIM ACCOUNT REF. 2107030012008386SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008400 SAMOJEDNY, MICHAEL 01/20/1954 74102201600 113550568 DIAGNOSIS CODES: 436. 401.9 571.5 780.4 799.89 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT LINE # 1 09/18/12 09/18/12 4.00 67.48 210709 T1020 2 T1020 09/20/12 09/20/12 4.00 67.48 210709 09/21/12 09/21/12 4.00 /12 4.00 67.48 CLAIM TOTAL 202.44 CLAIM ACCOUNT REF. 2107090012008400SUP 210709 3 T1020 REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008388 2009283 MARTINEZ, LUISA 02/14/1954 74179809800 11951467 REG LOC CLIENT SERVICE NAME DIAGNOSIS CODES: 340. 799.89 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 210707 1 T1020 09/15/12 09/15/12 12.00 202.44 210707 2 T1020 09/16/12 09/16/12 12.00 202.44 210707 3 т1020 09/17/12 09/17/12 12.00 202.44 4 T1020 09/18/12 09/18/12 12.00 210707 202.44 5 T1020 210707 09/19/12 09/19/12 12.00 202.44 6 T1020 09/20/12 09/20/12 12.00 202.44 210707 7 T1020 09/21/12 09/21/12 12.00 202.44 210707

CLAIM TOTAL 1,417.08 CLAIM ACCOUNT REF. 2107070012009283SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 11315FIDELIS CARE NY

١										
	REG LOC	CLIENT	SERVICE	NAME	BIR	TH DATE	RECIPIENT ID	PRI	OR AUTHORIZATION #	
	NY 001	2008399		BERGES, MARITZA	11/	20/1968	74098062800	120	660869	
	DIAGNOSIS	CODES:	493.00 275	5.2 276.8 33	11.					
	T3777	T TATE	DD OGEDIEDE (SODE DEVENIUE OD	EDOM DE	minii pm	IBITEO	7.140TT3TE		
	INV # 210704	LINE # 1	PROCEDURE (CODE REVENUE CD	FROM DT 09/05/12	THRU DT 09/05/12	UNITS 6.00	AMOUNT 101.22		
	210704	2	T1020		09/05/12	09/05/12		101.22		
	210701	3	T1020		09/17/12			101.22		
	210704	4	T1020		09/18/12	,		101.22		
	210704	5	T1020		09/19/12	09/19/12		101.22		
	210704	6	T1020		09/20/12	09/20/12	6.00	101.22		
	210704	7	T1020		09/21/12	09/21/12	3.00	50.61		
						CL	AIM TOTAL	657.93	CLAIM ACCOUNT REF.	2107040012010014SUP
	REG LOC	CLIENT	SERVICE	NAME	BIR	TH DATE	RECIPIENT ID	PRI	OR AUTHORIZATION #	
	NY 001	2009268		VARGAS, RAQUEL			74201787700		291101	
	DIAGNOSIS	CODES:	437.9 253	3.5 345.91 E88	85.9					
	INV #	LINE #	PROCEDURE (CODE REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
	210711	1	T1020	CODE REVENUE CD	09/15/12	09/15/12		151.83		
	210711	2	T1020		09/16/12	09/16/12		151.83		
	210711	3	T1020		09/17/12			151.83		
	210711	4	T1020		09/18/12	09/18/12	9.00	151.83		
	210711	5	T1020		09/19/12	09/19/12	9.00	151.83		
	210711	6	T1020		09/20/12	09/20/12	9.00	151.83		
	210711	7	T1020		09/21/12			151.83		
						CL	AIM TOTAL	1,062.81	CLAIM ACCOUNT REF.	2107110012010041SUP
	REG LOC	CLIENT	SERVICE	NAME	BIR	TH DATE	RECIPIENT ID	PRI	OR AUTHORIZATION #	
- 1	NY 001	2008376		LITMAN, GAIL		23/1952	74146355500		951068	
	DIAGNOSIS	CODES:	401.9 780	0.2 V12.54						
	INV #	LINE #	PROCEDURE (CODE REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
	210706	1	T1020		09/17/12	09/17/12		84.35		
	210706	2	T1020		09/18/12	09/18/12		84.35		
	210706	3	T1020		09/19/12	09/19/12		84.35		
	210706	4	T1020		09/20/12	09/20/12		84.35		
	210706	5	T1020		09/21/12	09/21/12		67.48		
- 1						CT.	A TM TOTAT	101 00	OT A TM A COOTING DEE	21070600120107120110

CLAIM TOTAL

404.88 CLAIM ACCOUNT REF. 2107060012010712SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 11315 FIDELIS CARE NY

PAYER TOTALS: FIDELIS CARE NY # OF CLAIMS = 59 TOTAL CLAIM AMOUNT = 7,574.63

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

PROVIDER ID = 113502051 NPI = 1154407492 SUNNYSIDE CITYWIDE

PAYER ID = 11325 NEIGHBORHOOD HEALTH

REG LOC CLIENT SERVICE NAM NY 001 2008261 2008261 FEF DIAGNOSIS CODES: 250.00 272.2	DE BIRTH DAT: 07/24/194 493.00 536.9 733.00		OR AUTHORIZATION # 111255060	
INV # LINE # PROCEDURE CODE 210688 1 T1019 210688 2 T1019 210688 3 T1019	E REVENUE CD FROM DT THRU: 09/19/12 09/19 09/20/12 09/20 09/21/12 09/21	/12 16.00 67.52 /12 16.00 67.52	CLAIM ACCOUNT REF.	2106880012008261SUP
REG LOC CLIENT SERVICE NAM NY 001 2008263 2008263 MOF DIAGNOSIS CODES: 344.1 799.89	RALES HERNADEZ, EDW 10/28/195		OR AUTHORIZATION # 111260220	
INV # LINE # PROCEDURE CODE 210695 1 T1019 210695 2 T1019 210695 3 T1019 210695 4 T1019 210695 5 T1019 210695 6 T1019 210695 7 T1019	E REVENUE CD FROM DT THRU: 09/15/12 09/15 09/16/12 09/16 09/17/12 09/17 09/18/12 09/18 09/19/12 09/19 09/20/12 09/20 09/21/12 09/21	/12 24.00 101.28 /12 24.00 101.28 /12 24.00 101.28 /12 24.00 101.28 /12 24.00 101.28 /12 24.00 101.28 /12 24.00 101.28	CLAIM ACCOUNT REF.	2106950012008263SUP
REG LOC CLIENT SERVICE NAM NY 001 2008265 2008265 SHE DIAGNOSIS CODES: 295.90 250.00	PPARD, ERMA 10/05/195		OR AUTHORIZATION # 212292391	
INV # LINE # PROCEDURE CODE 210700 1 T1019 210700 2 T1019 210700 3 T1019 210700 4 T1019 210700 5 T1019 210700 6 T1019 210700 7 T1019	E REVENUE CD FROM DT THRU: 09/15/12 09/15 09/16/12 09/16 09/17/12 09/17 09/18/12 09/18 09/19/12 09/19 09/20/12 09/20 09/21/12 09/21	/12 40.00 168.80 /12 40.00 168.80 /12 40.00 168.80 /12 40.00 168.80 /12 40.00 168.80 /12 40.00 168.80	CLAIM ACCOUNT REF.	2107000012008265SUP
REG LOC CLIENT SERVICE NAM NY 001 2008303 2008303 WII DIAGNOSIS CODES: 737.39 344.9	ME BIRTH DAT: 08/28/195 493.90 799.89		OR AUTHORIZATION # 611259599	
INV # LINE # PROCEDURE CODE 210702 1 T1019	REVENUE CD FROM DT THRU: 09/15/12 09/15			

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PROVIDER ID = 113502051 PAYER ID = 11325	SUNNYSIDE CITYWIDE NEIGHBORHOOD HEALTH	NE	PI = 1154407492	
210702 2 T1019 210702 3 T1019 210702 4 T1019 210702 5 T1019 210702 6 T1019 210702 7 T1019	REVENUE CD FROM DT 09/16/12 09/17/12 09/18/12 09/19/12 09/20/12 09/21/12	09/16/12 16.00 09/17/12 24.00 09/18/12 24.00 09/19/12 24.00 09/20/12 24.00 09/21/12 24.00 CLAIM TOTAL		2107020012008303SUP
REG LOC CLIENT SERVICE NAMI NY 001 2008366 2008366 JONI DIAGNOSIS CODES: 799.89	E BIR ES, CYNTHIA 03/	RTH DATE RECIPIENT ID 10063968601	PRIOR AUTHORIZATION # 072211255308	
210691 1 T1019 210691 2 T1019	09/20/12	09/20/12 20.00 CLAIM TOTAL	AMOUNT 84.40 84.40 168.80 CLAIM ACCOUNT REF.	2106910012008366SUP
REG LOC CLIENT SERVICE NAMI NY 001 2008403 2008403 CHUI DIAGNOSIS CODES: 343.9 737.43	E BIR KWUJIORAH, TARELL 10/ 742.3	TH DATE RECIPIENT ID 10082619401	PRIOR AUTHORIZATION # 072211255317	
INV # LINE # PROCEDURE CODE 210686 1 T1019 210686 2 T1019 210686 3 T1019 210686 4 T1019 210686 5 T1019 210686 6 T1019 210686 7 T1019 210686 7 T1019 210686 8 T1019	REVENUE CD FROM DT 09/13/12 09/15/12 09/16/12 09/17/12 09/18/12 09/19/12 09/20/12 09/21/12	09/13/12 28.00 09/15/12 28.00 09/16/12 28.00 09/17/12 32.00 09/18/12 28.00	AMOUNT 118.16 118.16 118.16 118.16 118.16 118.16 118.16 118.16 962.16 CLAIM ACCOUNT REF.	2106860012008403SUP
REG LOC CLIENT SERVICE NAMI NY 001 2008420 2008420 SALV DIAGNOSIS CODES: 340. 244.9	E BIR VATO, MARY 04/ 250.00 272.0 401	TH DATE RECIPIENT ID 06/1954 10064119301 9 493.00 799.89	PRIOR AUTHORIZATION # 072211255313	
INV # LINE # PROCEDURE CODE 210699 1 T1019 210699 2 T1019 210699 3 T1019 210699 4 T1019 210699 5 T1019 210699 6 T1019	REVENUE CD FROM DT 09/15/12 09/16/12 09/17/12 09/18/12 09/19/12 09/20/12	THRU DT UNITS 09/15/12 32.00 09/16/12 32.00 09/17/12 32.00 09/18/12 32.00 09/19/12 32.00 09/20/12 32.00	AMOUNT 135.04 135.04 135.04 135.04 135.04	

REPORT DATE 09/26/12 PAGE: SUNNYSIDE CITYWIDE

09/21/12 09/21/12 32.00

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

210699 7 T1019

REG LOC CLIENT SERVICE NAME

NY 001 2008422 2008422 MOSKOWITZ, RONA

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

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT

CLAIM TOTAL 945.28 CLAIM ACCOUNT REF. 2106990012008420SUP

02/16/1952 10063710601

135.04

CLAIM TOTAL 607.68 CLAIM ACCOUNT REF. 2106960012008422SUP

BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 02/16/1952 10063710601 072211255325

DIAGNOSIS CODES: 799.89 401.9 493.92 729.0 V02.62 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 210696 1 09/15/12 09/15/12 24.00 101.28 210696 2 T1019 09/17/12 09/17/12 24.00 101.28 3 T1019 210696 09/18/12 09/18/12 24.00 101.28 210696 4 T1019 09/19/12 09/19/12 24.00 101.28 5 T1019 6 T1019 210696 09/20/12 09/20/12 24.00 101.28 210696 09/21/12 09/21/12 24.00 101.28

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008425 2008425 WELLS, WYNORIA 09/10/1959 10063849801 081911258799

DIAGNOSIS CODES: 278.01 253.5 272.4 356.9 401.9

AMOUNT INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 09/17/12 09/17/12 16.00 210701 1 T1019 67.52 210701 2. T1019 09/18/12 09/18/12 16.00 67.52 210701 3 T1019 09/20/12 09/20/12 16.00 67.52 09/21/12 09/21/12 16.00 210701 T1019 67.52 CLAIM TOTAL 270.08 CLAIM ACCOUNT REF. 2107010012008425SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008427 2008427 FLORES, MARITZA 09/26/1953 10044817901 072911256156

DIAGNOSIS CODES: 427.31 278.01 285.9 311. 425.8 799.89

LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # 09/15/12 09/15/12 40.00 T1019 210689 1 168.80 T1019 09/16/12 09/16/12 40.00 210689 2 168.80 3 T1019 09/17/12 09/17/12 40.00 210689 168.80 4 T1019 210689 09/18/12 09/18/12 40.00 168.80 5 T1019 6 T1019 7 T1019 09/19/12 09/19/12 40.00 168.80 210689 168.80 09/20/12 09/20/12 40.00 210689 7 T1019 168.80 09/21/12 09/21/12 40.00 210689

1,181.60 CLAIM ACCOUNT REF. 2106890012008427SUP CLAIM TOTAL

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

SUNNYSIDE CITYWIDE NPI = 1154407492

PROVIDER ID = 113502051 PAYER ID = 11325NEIGHBORHOOD HEALTH

REG LOC CLIENT NY 001 2008531 DIAGNOSIS CODES:	2008531 RODRIGUEZ, MARIA	BIRTH DATE RECIPIENT ID 02/16/1949 10057325401 799.89	PRIOR AUTHORIZATION # 070912298224	
INV # LINE # 210698 1 210698 2 210698 3 210698 4 210698 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 09/17/12 09/17/12 16.00 09/18/12 09/18/12 16.00 09/19/12 09/19/12 16.00 09/20/12 09/20/12 16.00 09/21/12 09/21/12 16.00 CLAIM TOTAL	AMOUNT 67.52 67.52 67.52 67.52 67.52 337.60 CLAIM ACCOUNT REF.	2106980012008531SUP
REG LOC CLIENT NY 001 2008742 DIAGNOSIS CODES:	2008742 KROLL, KATHERINE	BIRTH DATE RECIPIENT ID 09/22/1949 10088829601 1. 386.2 401.9	PRIOR AUTHORIZATION # 080811257332	
INV # LINE # 210694 1 210694 2 210694 3 210694 4 2 210694 5 210694 6	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 09/16/12 09/16/12 16.00 09/17/12 09/17/12 28.00 09/18/12 09/18/12 28.00 09/19/12 09/19/12 28.00 09/20/12 09/20/12 28.00 09/21/12 09/21/12 28.00 09/21/12 09/21/12 28.00 CLAIM TOTAL	AMOUNT 67.52 118.16 118.16 118.16 118.16 118.16 658.32 CLAIM ACCOUNT REF.	2106940012008742SUP
REG LOC CLIENT NY 001 2008802 DIAGNOSIS CODES:	2008802 DIAZ, CARMEN	BIRTH DATE RECIPIENT ID 07/29/1950 10089557301 9.89 733.00	PRIOR AUTHORIZATION # 062712297011	
INV # LINE # 210687 1 210687 2 210687 3 210687 4	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 09/17/12 09/17/12 16.00 09/18/12 09/18/12 24.00 09/19/12 09/19/12 24.00 09/21/12 09/21/12 24.00 CLAIM TOTAL	AMOUNT 67.52 101.28 101.28 101.28 371.36 CLAIM ACCOUNT REF.	2106870012008802SUP
REG LOC CLIENT NY 001 2008260 DIAGNOSIS CODES:	2009221 KHALIL, RASHAN	BIRTH DATE RECIPIENT ID 02/11/1989 10060620501	PRIOR AUTHORIZATION # 062512296643	
INV # LINE # 210692 1 210692 2 210692 3	PROCEDURE CODE REVENUE CD T1019 T1019 T1019	FROM DT THRU DT UNITS 09/17/12 09/17/12 28.00 09/18/12 09/18/12 28.00 09/19/12 09/19/12 28.00	AMOUNT 118.16 118.16 118.16	

PAGE:

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

T1019

210697

	,		,	,						
PROVIDER ID	= 113	502051		SUNNYSIDE C	ITYWIDE NPI = 1154407492					
PAYER ID	= 113	25		NEIGHBORHOO) HEALTH					
INV # L	INE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
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210692	5	T1019			09/21/12	09/21/12	32.00	135.04		
						CL	AIM TOTAL	607.68	CLAIM ACCOUNT REF.	2106920012009221SUP
	CLIENT	SERVICE	NAME		BIR	TH DATE	RECIPIENT ID		R AUTHORIZATION #	
NY 001 2		2009356		FARUQUE	02/	08/1949	10076892101	1121	11269647	
DIAGNOSIS C	ODES:	696.8 25	3.5	272.4						
	INE #		CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
210693	1	T1019			09/09/12			202.56		
210693	2	T1019			09/15/12			202.56		
210693	3	T1019			09/16/12			202.56		
210693	4	T1019			09/17/12			202.56		
210693	5	T1019			09/18/12			202.56		
210693	6	T1019			09/19/12			202.56		
210693	7	T1019			09/20/12			202.56		
210693	8	T1019			09/21/12			202.56		
						CL	AIM TOTAL	1,620.48	CLAIM ACCOUNT REF.	2106930012009356SUP
	CLIENT	SERVICE	NAME		BIR		RECIPIENT ID		OR AUTHORIZATION #	
NY 001 2		2010143), UMARA	11/	15/1985	10062660901	0.722	211255328	
DIAGNOSIS C	ODES:	335.19 69	95.4							
	T3TE		G0DF	D = 1 = 1 = 1 = 0 = 0						
	INE #		CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
210684	1	T1019			09/10/12			135.04		
210684	2	T1019			09/16/12			135.04		
210684	3	T1019			09/17/12	,		135.04		
210684	4	T1019			09/18/12			135.04		
210684	5	T1019			114/14/19					
210684	_					09/19/12		135.04		
	6	T1019			09/20/12	09/20/12	32.00	135.04		
210684	6 7	T1019 T1019				09/20/12 09/21/12	32.00 32.00	135.04 135.04		
	-				09/20/12	09/20/12 09/21/12	32.00	135.04	CLAIM ACCOUNT REF.	2106840012010143SUP
210684	7	T1019	NAME		09/20/12 09/21/12	09/20/12 09/21/12 CL	32.00 32.00 AIM TOTAL	135.04 135.04 945.28		2106840012010143SUP
210684 REG LOC	7 CLIENT	T1019 SERVICE	NAME	CUEZ TECCE	09/20/12 09/21/12	09/20/12 09/21/12 CL	32.00 32.00 AIM TOTAL RECIPIENT ID	135.04 135.04 945.28	OR AUTHORIZATION #	2106840012010143SUP
210684 REG LOC NY 001 2	7 CLIENT 008398	T1019 SERVICE 2010353	RODRI	GUEZ, JESSE	09/20/12 09/21/12 BIR 03/	09/20/12 09/21/12 CL	32.00 32.00 AIM TOTAL	135.04 135.04 945.28		2106840012010143SUP
210684 REG LOC	7 CLIENT 008398	T1019 SERVICE 2010353	NAME RODRI 53.5	GUEZ, JESSE 278.00 40	09/20/12 09/21/12 BIR 03/	09/20/12 09/21/12 CL	32.00 32.00 AIM TOTAL RECIPIENT ID	135.04 135.04 945.28	OR AUTHORIZATION #	2106840012010143SUP
REG LOC NY 001 2 DIAGNOSIS C	7 CLIENT 008398 CODES:	T1019 SERVICE 2010353 799.89 25	RODRI 53.5	278.00 40	09/20/12 09/21/12 BIR 03/	09/20/12 09/21/12 CL TH DATE 23/1984	32.00 32.00 AIM TOTAL RECIPIENT ID 10063030901	135.04 135.04 945.28 PRIC 0722	OR AUTHORIZATION #	2106840012010143SUP
210684 REG LOC NY 001 2 DIAGNOSIS C INV # L	7 CLIENT 008398 CODES:	T1019 SERVICE 2010353 799.89 25 PROCEDURE	RODRI 53.5	GUEZ, JESSE 278.00 40 REVENUE CD	09/20/12 09/21/12 BIR 03/ 1.9	09/20/12 09/21/12 CL TH DATE 23/1984	32.00 32.00 AIM TOTAL RECIPIENT ID 10063030901 UNITS	135.04 135.04 945.28 PRIC 0722	OR AUTHORIZATION #	2106840012010143SUP
210684 REG LOC NY 001 2 DIAGNOSIS C INV # L 210697	7 CLIENT 008398 ODES:	T1019 SERVICE 2010353 799.89 25 PROCEDURE T1019	RODRI 53.5	278.00 40	09/20/12 09/21/12 BIR 03/ 1.9 FROM DT 09/17/12	09/20/12 09/21/12 CLJ TH DATE 23/1984 THRU DT 09/17/12	32.00 32.00 AIM TOTAL RECIPIENT ID 10063030901 UNITS 20.00	135.04 135.04 945.28 PRIC 0722 AMOUNT 84.40	OR AUTHORIZATION #	2106840012010143SUP
210684 REG LOC NY 001 2 DIAGNOSIS C INV # L 210697 210697	7 CLIENT 008398 ODES:	T1019 SERVICE 2010353 799.89 25 PROCEDURE T1019 T1019	RODRI 53.5	278.00 40	09/20/12 09/21/12 BIR 03/ 1.9 FROM DT 09/17/12 09/18/12	09/20/12 09/21/12 CL. TH DATE 23/1984 THRU DT 09/17/12 09/18/12	32.00 32.00 AIM TOTAL RECIPIENT ID 10063030901 UNITS 20.00 20.00	135.04 135.04 945.28 PRIC 0722 AMOUNT 84.40 84.40	OR AUTHORIZATION #	2106840012010143SUP
210684 REG LOC NY 001 2 DIAGNOSIS C INV # L 210697	7 CLIENT 008398 ODES:	T1019 SERVICE 2010353 799.89 25 PROCEDURE T1019	RODRI 53.5	278.00 40	09/20/12 09/21/12 BIR 03/ 1.9 FROM DT 09/17/12	09/20/12 09/21/12 CL TH DATE 23/1984 THRU DT 09/17/12 09/18/12 09/19/12	32.00 32.00 AIM TOTAL RECIPIENT ID 10063030901 UNITS 20.00 20.00 20.00	135.04 135.04 945.28 PRIC 0722 AMOUNT 84.40	OR AUTHORIZATION #	2106840012010143SUP

09/21/12 09/21/12 20.00

84.40

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

PROVIDER ID = 113502051 NPI = 1154407492SUNNYSIDE CITYWIDE

PAYER ID = 11325NEIGHBORHOOD HEALTH

INV #	LINE #	PROCEDURE CODE REVENUE CD	FROM DT THRU DT UNITS CLAIM TOTAL	AMOUNT 388.24 CLAIM ACCOUNT REF.	2106970012010353SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2010639 CODES:	SERVICE NAME 2010639 HAMPTON, PRISCIL 447.6 311. 401.9	BIRTH DATE RECIPIENT ID 07/21/1952 10094572501	PRIOR AUTHORIZATION # 060112293626	
INV # 210690 210690 210690 210690 210690 210690 210690 210690	LINE # 1 2 3 4 5 6 7 8	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 09/08/12 09/08/12 24.00 09/15/12 09/15/12 24.00 09/16/12 09/16/12 24.00 09/17/12 09/17/12 24.00 09/18/12 09/18/12 28.00 09/19/12 09/18/12 28.00 09/20/12 09/20/12 28.00 09/21/12 09/21/12 28.00 CLAIM TOTAL	AMOUNT 101.28 101.28 101.28 101.28 118.16 101.28 118.16 118.16 860.88 CLAIM ACCOUNT REF.	2106900012010639SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2010671 CODES:	SERVICE NAME 2010878 AKHTER, SELINA 093.9 253.5 272.4 4	BIRTH DATE RECIPIENT ID 07/13/1960 10087504801	PRIOR AUTHORIZATION # 073112301172	
INV # 210685 210685 210685 210685 210685	LINE # 1 2 3 4 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 09/17/12 09/17/12 36.00 09/18/12 09/18/12 36.00 09/19/12 09/19/12 26.00 09/20/12 09/20/12 36.00 09/21/12 09/21/12 36.00 CLAIM TOTAL	AMOUNT 151.92 151.92 109.72 151.92 151.92 717.40 CLAIM ACCOUNT REF.	2106850012010878SUP

PAYER TOTALS: NEIGHBORHOOD HEALTH # OF CLAIMS = 111 TOTAL CLAIM AMOUNT = 13,377.40

REPORT DATE 09/26/12 PAGE: 11 SUNNYSIDE CITYWIDE

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

2 T1019 3 T1019 4 T1019

210733

210733

210733

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 13265 METROPLUS HEALTH PLAN REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008233 2008233 ARIAS, NORA 03/31/1981 RB08739R 0106191290349 DIAGNOSIS CODES: 356.9 348.2 401.9 733.00 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 210734 09/15/12 09/15/12 4.00 68.60 2 T1019 09/16/12 09/16/12 4.00 68.60 210734 09/17/12 09/17/12 12.00 210734 3 T1019 205.80 210734 4 T1019 09/18/12 09/18/12 12.00 205.80 5 T1019 6 T1019 7 T1019 210734 09/19/12 09/19/12 12.00 205.80 210734 09/20/12 09/20/12 12.00 205.80 210734 09/21/12 09/21/12 12.00 205.80 CLAIM TOTAL 1,166.20 CLAIM ACCOUNT REF. 2107340012008233SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008236 2008236 PERSAD, USHA 07/05/1955 TS79090G 0103301290322 DIAGNOSIS CODES: 250.10 272.0 401.9 225.0 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 1 T1019 09/03/12 09/03/12 11.00 210743 188.65 2 T1019 09/15/12 09/15/12 8.00 210743 137.20 09/16/12 09/16/12 8.00 3 T1019 137.20 210743 4 T1019 5 T1019 09/20/12 09/20/12 11.00 210743 188.65 09/20/12 09/20/12 11.00 188.65 09/21/12 09/21/12 11.00 188.65 CLAIM TOTAL 840.35 CLAIM ACCOUNT REF. 2107430012008236SUP 210743 BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 05/23/1960 ZB21969Z 01-070312-900-05 REG LOC CLIENT SERVICE NAME NY 001 2008237 2008237 DURHAM, CYNTHIA 05/23/1960 ZB21969Z DIAGNOSIS CODES: 401.9 250.00 300.00 345.90 493.90 530.81 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 210739 1 T1019 09/18/12 09/18/12 4.00 68.60 09/20/12 09/20/12 4.00 68.60 CLAIM TOTAL 137.20 CLAIM ACCOUNT REF. 2107390012008237SUP 210739 2 т1019 REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008284 2008284 ANDERSON, BETH 12/18/1947 YC43135F 0108141290047 DIAGNOSIS CODES: 340. 286.0 311. 401.9 AMOUNT 51.45 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 09/15/12 09/15/12 3.00 09/16/12 09/16/12 3.00 09/17/12 09/17/12 5.00 09/18/12 09/18/12 5.00 1 T1019 210733

51.45

85.75

85.75

PAGE: REPORT DATE 09/26/12 SUNNYSIDE CITYWIDE 12

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

210740

T1019

PROVIDER	ID =	113502051	SUNNYSIDE CITYWIDE	NPI = 1154407492
DATIED	T-D	12265	MERRODILIO HEALEH DIAM	

2 PAYER ID = 13265METROPLUS HEALTH PLAN INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 210733 5 T1019 09/19/12 09/19/12 4.00 68.60 210733 6 T1019 09/20/12 09/20/12 4.00 68.60 210733 T1019 09/21/12 09/21/12 4.00 68.60 CLAIM TOTAL 480.20 CLAIM ACCOUNT REF. 2107330012008284SUP REG LOC CLIENT BIRTH DATE RECIPIENT ID SERVICE NAME PRIOR AUTHORIZATION # 2008385 MURDOCK, GERTRUDE 11/01/1917 SS71357M NY 001 2008385 0106221290271 DIAGNOSIS CODES: 536.9 365.9 369.10 389.9 401.9 715.90 733.00 V15.88 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 210741 1 09/17/12 09/17/12 8.00 137.20 210741 T1019 09/18/12 09/18/12 8.00 137.20 210741 T1019 09/19/12 09/19/12 8.00 137.20 210741 T1019 09/20/12 09/20/12 8.00 137.20 210741 5 T1019 09/21/12 09/21/12 8.00 137.20 CLAIM TOTAL 686.00 CLAIM ACCOUNT REF. 2107410012008385SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008415 2008415 BEDOYA, MONICA 09/30/1958 WP66802A 0103281290468 DIAGNOSIS CODES: 345.90 272.0 295.90 401.9 493.90 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # 210735 1 T1019 09/17/12 09/17/12 5.00 85.75 210735 2 T1019 09/19/12 09/19/12 5.00 85.75 210735 3 T1019 09/21/12 09/21/12 5.00 85.75 CLAIM TOTAL 257.25 CLAIM ACCOUNT REF. 2107350012008415SUP PRIOR AUTHORIZATION # REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID NY 001 2008417 2008417 GALAS, TERESA 06/08/1955 ZX91437V 0106191290406 DIAGNOSIS CODES: 345.90 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # 09/15/12 09/15/12 210740 1 T1019 5.00 85.75 210740 2 T1019 09/16/12 09/16/12 5.00 85.75 210740 3 T1019 09/17/12 09/17/12 5.00 85.75 210740 T1019 09/18/12 09/18/12 5.00 85.75 210740 09/19/12 09/19/12 5 T1019 5.00 85.75 09/20/12 09/20/12 210740 T1019 5.00 85.75

5.00

CLAIM TOTAL

85.75

600.25 CLAIM ACCOUNT REF. 2107400012008417SUP

09/21/12 09/21/12

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

PAYER ID	= 132	65	METROPLUS	HEALTH PLAN	1				
			_						
	CLIENT 008418	SERVICE NAM 2008418 RYA			RTH DATE	RECIPIENT ID		OR AUTHORIZATION #	
NY 001 20 DIAGNOSIS CO		401.9 250.00	LS, CHARLES 272.0 2		/03/1950 5.00 311	ZZ49620T . 780.57	0108	30/1290383	
DIAGNOSIS CC	ODES.	401.9 250.00	2/2.0 2	270.00 295	3.00 311	. /60.5/			
INV # L]	INE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
210745	1	T1019		09/17/12	09/17/12	8.00	137.20		
210745	2	T1019			09/18/12		137.20		
210745	3	T1019		09/19/12	09/19/12	8.00	137.20		
210745	4	T1019		09/20/12	09/20/12	8.00	137.20		
210745	5	T1019		09/21/12	09/21/12	8.00	137.20		
					CL	AIM TOTAL	686.00	CLAIM ACCOUNT REF.	2107450012008418SUP
REG LOC C	CLIENT	SERVICE NAM	IE.	BIF	RTH DATE	RECIPIENT ID	PRIC	OR AUTHORIZATION #	
	008743		DERO, ROSENDO		/26/1926	OM62108S		3071290054	
DIAGNOSIS CO	ODES:	492.0 272.0			3.30	~			
	INE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
210736	1	T1019		09/15/12			171.50		
210736	2	T1019			09/16/12		171.50		
210736	3	T1019			09/17/12		171.50		
210736	4	T1019			09/18/12		171.50		
210736	5	T1019			09/19/12		171.50		
210736	6	T1019			09/20/12		154.35		
210736	7	T1019		09/21/12	09/21/12		102.90	CLATM ACCOUNT DEE	21.07.26.001.20.007.42.017
					CL	AIM TOTAL	1,114.75	CLAIM ACCOUNT REF.	2107360012008743SUP
REG LOC C	CLIENT	SERVICE NAM	IE	BIF	RTH DATE	RECIPIENT ID	PRIC	OR AUTHORIZATION #	
NY 001 20	008283	2009137 DAV	IS, ANGIE	11/	/15/1958	UT00109J	0107	7061290221	
DIAGNOSIS CO	ODES:	340. 401.9							
INV # L]	INE #	PROCEDURE CODE	י ספיזיפאווופ כיס	FROM DT	THRU DT	UNITS	AMOUNT		
210737	1	T1019	KEVENUE CD		09/15/12		325.85		
210737	2	T1019		09/16/12			325.85		
210737	3	T1019		09/10/12			325.85		
210737	4	T1019		09/17/12			325.85		
210737	5	T1019			09/19/12		325.85		
210737	6	T1019		09/20/12			325.85		
210737	7	T1019		09/21/12			325.85		
220.57	•			35,21,12		AIM TOTAL	2,280.95	CLAIM ACCOUNT REF	2107370012009137SUP
					CL		_,		, , , , , , , , , , , , , , , , , ,

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

	= 13265	METROPLUS HEALTH PLAN		- 1134407492	
NY 001 20	CLIENT SERVICE NA 009377 2009377 SA DDES: 299.01 453.9	NTORO, MATTHEW 08/	TH DATE RECIPIENT ID 20/1949 SP38021Q	PRIOR AUTHORIZATION # 0102291290309	
INV # LI 210746 210746 210746 210746 210746 210746 210746 210746 210746 210746	INE # PROCEDURE CODE 1 T1019 2 T1019 3 T1019 4 T1019 5 T1019 6 T1019 7 T1019 8 T1019 9 T1019	09/09/12 09/15/12 09/16/12 09/17/12 09/18/12 09/19/12 09/20/12	THRU DT UNITS 09/08/12 6.00 09/09/12 6.00 09/15/12 6.00 09/16/12 6.00 09/17/12 6.00 09/18/12 6.00 09/18/12 6.00 09/19/12 6.00 09/20/12 6.00 09/20/12 6.00 09/21/12 6.00 CLAIM TOTAL	AMOUNT 102.90 102.90 102.90 102.90 102.90 102.90 102.90 102.90 102.90 926.10 CLAIM ACCOUNT REF.	2107460012009377SUP
REG LOC C NY 001 20 DIAGNOSIS CO	CLIENT SERVICE NA 008235 2009688 RA DDES: 319. 315.9	ME BIR MPERSAID, ALISSA 08/	TH DATE RECIPIENT ID 04/1992 SZ46585R	PRIOR AUTHORIZATION # 0107031290329	
210744 210744	INE # PROCEDURE CODE 1 T1019 2 T1019 3 T1019 4 T1019 5 T1019	09/17/12 09/18/12 09/20/12	09/15/12 8.00 09/17/12 3.00 09/18/12 3.00 09/20/12 3.00	AMOUNT 137.20 51.45 51.45 51.45 68.60 360.15 CLAIM ACCOUNT REF.	2107440012009688SUP
REG LOC C NY 001 20 DIAGNOSIS CO	CLIENT SERVICE NA 008280 2009919 SH DDES: 952.9 344.1	ME BIR UMON, NUK-FNU 01/ 564.00 599.9	TH DATE RECIPIENT ID 21/1981 QQ82218A	PRIOR AUTHORIZATION # 0108151290153	
INV # LI 210747 210747 210747 210747 210747 210747 210747	INE # PROCEDURE CODE 1 T1019 2 T1019 3 T1019 4 T1019 5 T1019 6 T1019 7 T1019	09/16/12 09/17/12 09/18/12 09/19/12 09/20/12	09/15/12 4.00 09/16/12 4.00 09/17/12 4.00 09/18/12 4.00		2107470012009919SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

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

 REG LOC CLIENT SERVICE NAME
 BIRTH DATE RECIPIENT ID
 PRIOR AUTHORIZATION #

 NY 001 2008279 2010213 VALLE, BLASINA
 02/03/1929 QG00558G
 0106011290042

 DIAGNOSIS CODES: 428.0 244.9 272.4 331.0
 537.9 746.85

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 210748 1 T1019 09/15/12 09/15/12 8.00 137.20 CLAIM TOTAL 137.20 CLAIM ACCOUNT REF. 2107480012010213SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2010886 2010886 OSORIO, ELVIA 07/05/1943 SM10426S 0106111290284

DIAGNOSIS CODES: 253.5 272.4 354.0 401.9 733.09 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 210742 1 T1019 09/17/12 09/17/12 3.00 51.45 210742 2 T1019 09/18/12 09/18/12 3.00 51.45 210742 3 T1019 09/19/12 09/19/12 3.00 51.45 210742 4 T1019 09/21/12 09/21/12 3.00 51.45

CLAIM TOTAL 205.80 CLAIM ACCOUNT REF. 2107420012010886SUP

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

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT

210738 1 T1019 09/01/12 09/01/12 12.00 205.80 09/02/12 09/02/12 12.00 205.80 210738 T1019 210738 3 т1019 09/03/12 09/03/12 24.00 411.60 210738 4 T1019 09/06/12 09/06/12 24.00 411.60 210738 5 T1019 09/07/12 09/07/12 24.00 411.60 210738 6 T1019 09/08/12 09/08/12 12.00 205.80 210738 7 T1019 09/09/12 09/09/12 12.00 205.80 8 T1019 210738 09/15/12 09/15/12 24.00 411.60 9 T1019 09/16/12 09/16/12 210738 24.00 411.60 10 T1019 09/17/12 09/17/12 210738 24.00 411.60 11 T1019 210738 09/18/12 09/18/12 24.00 411.60 12 T1019 09/19/12 09/19/12 24.00 210738 411.60 13 T1019 210738 09/20/12 09/20/12 24.00 411.60

210738 14 T1019 09/21/12 09/21/12 24.00 411.60 CLAIM TOTAL 4,939.20 CLAIM ACCOUNT REF. 2107380012011286SUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 13265 METROPLUS HEALTH PLAN

PAYER TOTALS: METROPLUS HEALTH PLAN # OF CLAIMS = 95 TOTAL CLAIM AMOUNT = 15,297.80

REPORT DATE 09/26/12 PAGE: SUNNYSIDE CITYWIDE 17

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492PAYER ID = 14163WELLCARE OF NY SERVICE NAME BIRTH DATE RECIPIENT ID 2008286 RAMIREZ, ALIDA A 12/10/1950 ZN85118U REG LOC CLIENT PRIOR AUTHORIZATION # NY 001 2008286 110614772 DIAGNOSIS CODES: 250.00 272.4 401.9 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS TRUDOMA 210751 1 09/15/12 09/15/12 36.00 154.80 36.00 154.80 210751 T1019 09/16/12 09/16/12 210751 T1019 09/17/12 09/17/12 36.00 154.80 210751 4 T1019 09/18/12 09/18/12 36.00 154.80 210751 5 T1019 09/19/12 09/19/12 36.00 154.80 210751 6 T1019 09/20/12 09/20/12 36.00 154.80 210751 7 T1019 09/21/12 09/21/12 36.00 154.80 CLAIM TOTAL 1,083.60 CLAIM ACCOUNT REF. 2107510012008286SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 110885355 09/05/1958 ZV42745Q NY 001 2008495 2008495 MARTINEZ, MARIA DIAGNOSIS CODES: 250.00 244.8 295.90 401.9 493.90 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS TRUIOMA 09/15/12 09/15/12 103.20 210750 1 T1019 24.00 103.20 210750 2 T1019 09/16/12 09/16/12 24.00 103.20 210750 3 T1019 09/17/12 09/17/12 24.00 210750 T1019 09/18/12 09/18/12 24.00 103.20 210750 5 T1019 09/19/12 09/19/12 24.00 103.20 210750 T1019 09/20/12 09/20/12 24.00 103.20 6 210750 T1019 09/21/12 09/21/12 24.00 103.20 CLAIM TOTAL 722.40 CLAIM ACCOUNT REF. 2107500012008495SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #

NY 001	2010404	2010404 GUER	RERO, MIRTHA	09/	14/1931	740496	110890	509	
DIAGNOSIS	CODES:	253.5 401.9	733.00 75	50.27					
INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
210749	1	T1019		09/15/12	09/15/12	28.00	120.40		
210749	2	T1019		09/17/12	09/17/12	28.00	120.40		
210749	3	T1019		09/18/12	09/18/12	28.00	120.40		
210749	4	T1019		09/19/12	09/19/12	28.00	120.40		
210749	5	T1019		09/20/12	09/20/12	28.00	120.40		
210749	6	T1019		09/21/12	09/21/12	28.00	120.40		
					CLA	IM TOTAL		LAIM ACCOUNT REF.	2107490012010404SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 14163 WELLCARE OF NY

PAYER TOTALS: WELLCARE OF NY # OF CLAIMS = 20 TOTAL CLAIM AMOUNT = 2,528.40

REPORT DATE 09/26/12 PAGE: SUNNYSIDE CITYWIDE 19

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

2 T1019

210724

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 55247HEALTH INSURANCE PLAN BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # MARIA 06/11/1981 ZR32498A01 0005044162 REG LOC CLIENT SERVICE NAME NY 001 2008276 2008491 LOYOLA, MARIA DIAGNOSIS CODES: 952.9 806.8 799.89 UNITS INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT AMOUNT 0580 210729 1 09/17/12 09/17/12 40.00 168.80 0580 2 09/18/12 09/18/12 40.00 168.80 210729 T1019 09/19/12 09/19/12 40.00 09/20/12 09/20/12 40.00 0580 210729 3 T1019 168.80 210729 4 T1019 0580 168.80 CLAIM TOTAL 675.20 CLAIM ACCOUNT REF. 2107290012008491SUP 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 210732 1 0580 09/17/12 09/17/12 16.00 67.52 T1019 0580 0580 0580 0580 210732 2 T1019 09/18/12 09/18/12 16.00 67.52 09/18/12 09/18/12 16.00 09/19/12 09/19/12 16.00 09/20/12 09/20/12 16.00 09/21/12 09/21/12 16.00 210732 3 T1019 67.52 210732 4 T1019 67.52 67.52 337.60 CLAIM ACCOUNT REF. 2107320012008513SUP 5 T1019 210732 CLAIM TOTAL CLIENT SERVICE NAME REG LOC BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 03/04/1956 ZK40327Q 0005050233 NY 001 2008227 2008544 ORR, LOUISE DIAGNOSIS CODES: 250.00 401.9 428.0 435.9 429.9 799.89 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # 09/15/12 09/15/12 210730 1 T1019 0580 20.00 84.40 0580 0580 0580 0580 0580 0580 210730 2 T1019 09/16/12 09/16/12 20.00 84.40 210730 3 T1019 09/17/12 09/17/12 20.00 84.40 210730 4 T1019 09/18/12 09/18/12 20.00 84.40 09/19/12 09/19/12 20.00 09/20/12 09/20/12 20.00 09/21/12 09/21/12 20.00210730 5 T1019 84.40 6 T1019 210730 84.40 7 T1019 210730 84.40 CLAIM TOTAL 590.80 CLAIM ACCOUNT REF. 2107300012008544SUP
 REG
 LOC
 CLIENT
 SERVICE
 NAME
 BIRTH DATE
 RECIPIENT ID

 NY
 001
 2008193
 2008723
 REYNOLDS, HARRIET
 07/01/1958
 SR66809C

 DIAGNOSIS
 CODES:
 728.87
 250.00
 250.60
 311.
 401.9
 780.4
 SERVICE NAME PRIOR AUTHORIZATION # 0003855084 AMOUNT 56.00 PROCEDURE CODE REVENUE CD FROM DT THRU DT LINE # UNITS T1019 0580 09/11/12 09/11/12 16.00 T1019 0580 09/13/12 09/13/12 16.00 1 210724

56.00

REPORT DAT		'12 1444/COMPSUP/HIP.							PAGE: 20
PROVIDER I	ID = 113 ID = 552		SUNNYSIDE C HEALTH INSU		I	1	NPI = 1154	407492	
INV # 210724 210724 210724 210724	LINE # 3 4 5 6	PROCEDURE CODE T1019 T1019 T1019 T1019	REVENUE CD 0580 0580 0580 0580	09/18/12 09/20/12	THRU DT 09/14/12 09/18/12 09/20/12 09/21/12	16.00 16.00	AMOUNT 56.00 56.00 56.00 56.00		
776 706	GT T TIME	a=pa=	_			AIM TOTAL	336.00		2107240012008723SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2008793 CODES:		E, WILLIE		TH DATE 17/1928	RECIPIENT ID XR98607Q		OR AUTHORIZATION # 4050353	
INV # 210718 210718 210718 210718 210718 210718 210718 210718	LINE # 1 2 3 4 5 6 7	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019 T1019	REVENUE CD 0580 0580 0580 0580 0580 0580 0580	09/16/12 09/17/12 09/18/12 09/19/12 09/20/12	09/19/12 09/20/12 09/21/12	48.00 48.00 48.00 48.00 48.00	AMOUNT 168.00 168.00 168.00 168.00 168.00 168.00 168.00	CLAIM ACCOUNT REF.	2107180012008793SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2009237 CODES:		TFIELD, BRENDA	01/	TH DATE 13/1953 3.90 530	RECIPIENT ID PT26237P .81 728.87		OR AUTHORIZATION # 4291129	
INV # 210726 210726 210726 210726 210726 210726 210726 210726	LINE # 1 2 3 4 5 6 7	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019 T1019 SERVICE NAM	0580 0580 0580 0580 0580 0580 0580	09/16/12 09/17/12 09/18/12 09/19/12 09/20/12 09/21/12	09/18/12 09/19/12 09/20/12 09/21/12	32.00 32.00 32.00 32.00 32.00	AMOUNT 112.00 112.00 112.00 112.00 112.00 112.00 784.00	CLAIM ACCOUNT REF. OR AUTHORIZATION #	2107260012009237SUP
NY 001 DIAGNOSIS	2009355	2009393 PAR	ADISE, ANITA 443.89 72	02/		WB78931B		5079871	
INV # 210731	LINE # 1	PROCEDURE CODE T1019	REVENUE CD 0580	FROM DT 07/11/12	THRU DT 07/11/12		AMOUNT 135.04	CLAIM ACCOUNT PEE	21073100120003035110

CLAIM TOTAL

135.04 CLAIM ACCOUNT REF. 2107310012009393SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 55247HEALTH INSURANCE PLAN REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008395 2009406 AHMAD, AMATUL 08/03/1953 YG15821Z 0004979372 DIAGNOSIS CODES: 799.89 253.5 272.4 401.9 493.92 696.8 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 0580 210727 1 09/17/12 09/17/12 16.00 67.52 2 0580 210727 09/18/12 09/18/12 16.00 67.52 T1019 0580 09/20/12 09/20/12 16.00 09/21/12 09/21/12 16.00 210727 3 T1019 67.52 210727 T1019 0580 /12 16.00 67.52 CLAIM TOTAL 270.08 CLAIM ACCOUNT REF. 2107270012009406SUP SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 2009467 KEATON, CATHERINE 08/30/1923 WC81742E 0004298435 REG LOC CLIENT 001 2009467 DIAGNOSIS CODES: 715.00 365.9 401.9 780.4 788.30 AMOUNT LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 168.00 210723 0580 09/15/12 09/15/12 48.00 1 0580 0580 0580 0580 0580 0580 210723 2 T1019 09/16/12 09/16/12 47.00 164.50 $\begin{array}{ccccc} 09/16/12 & 09/16/12 & 47.00 \\ 09/17/12 & 09/17/12 & 48.00 \\ 09/18/12 & 09/18/12 & 47.00 \\ 09/19/12 & 09/19/12 & 47.00 \\ 09/20/12 & 09/20/12 & 47.00 \\ 09/21/12 & 09/21/12 & 48.00 \\ \end{array}$ 210723 3 T1019 168.00 210723 4 T1019 164.50 5 T1019 210723 164.50 6 T1019 210723 164.50 168.00 7 T1019 210723 CLAIM TOTAL 1,162.00 CLAIM ACCOUNT REF. 2107230012009467SUP 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 210728 1 T1019 0580 09/19/12 09/19/12 40.00 168.80 210728 2 т1019 0580 09/20/12 09/20/12 28.00 118.16 286.96 CLAIM ACCOUNT REF. 2107280012009562SUP CLAIM TOTAL 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 UNITS LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT AMOUNT 09/17/12 09/17/12 16.00 210720 1 T1019 0580 56.00 09/18/12 09/18/12 16.00 09/18/12 09/18/12 16.00 09/19/12 09/19/12 16.00 09/20/12 09/20/12 16.00 09/21/12 09/21/12 16.00 2 0580 56.00 210720 T1019 0580 0580 0580 0580 3 T1019 4 T1019 5 T1019 210720 56.00 56.00 210720 56.00 210720

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

NPI = 1154407492 SUNNYSIDE CITYWIDE

PROVIDER ID = 113502051 PAYER ID = 55247HEALTH INSURANCE PLAN

INV # LIN			-	UNITS IM TOTAL	AMOUNT 280.00	CLAIM ACCOUNT REF.	2107200012009686SUP
	IENT SERVICE NAMI 19945 2009945 JACI	='		RECIPIENT ID	PRIC 4676	OR AUTHORIZATION #	
DIAGNOSIS COD			3/12/1934 . 85.2	12030545001	4076	0290	
INV # LIN		REVENUE CD FROM DT		UNITS	AMOUNT		
210722 210722	1 T1019 2 T1019	0580 09/17/1		28.00 28.00	98.00		
210722		0580 09/18/1			98.00		
210722	3 T1019 4 T1019	0580 09/19/1 0580 09/20/1	2 09/19/12 2 09/20/12	28.00 28.00	98.00 98.00		
210722	5 T1019	0580 09/20/1		28.00	98.00		
210/22	5 11019	0560 09/21/1		Z6.00 IM TOTAL	490.00	CIAIM ACCOUNT DEE	2107220012009945SUP
			CLA.	IM IOIAL	490.00	CLAIM ACCOUNT REF.	210722001200994330P
	IENT SERVICE NAM	C B	IRTH DATE	RECIPIENT ID	PRIC	OR AUTHORIZATION #	
				ZW64229J	1440	08709	
DIAGNOSIS COD	DES: 722.2 272.0	338.29 401.9 7	80.79 781.2	2			
INV # LIN	E # PROCEDURE CODE	REVENUE CD FROM DT	THRU DT	UNITS	AMOUNT		
210717	1 T1019	0580 09/18/1		24.00	84.00		
210717	2 T1019	0580 09/19/1		20.00	70.00		
210717	3 T1019	0580 09/20/1		19.00	66.50		
210717	4 T1019	0580 09/21/1	2 09/21/12	4.00	14.00		
			CLA	IM TOTAL	234.50	CLAIM ACCOUNT REF.	2107170012010293SUP
	IENT SERVICE NAMI	E E	IRTH DATE	RECIPIENT ID	PRIC	OR AUTHORIZATION #	
			2/05/1927	XK12367V	0004	1884724	
DIAGNOSIS COD	DES: 331.0 365.00	428.0 714.0					
INV # LIN	E # PROCEDURE CODE	REVENUE CD FROM DI	THRU DT	UNITS	AMOUNT		
210725	1 T1019	0580 09/15/1		48.00	168.00		
210725	2 T1019	0580 09/17/1		48.00	168.00		
210725	3 T1019	0580 09/18/1		48.00	168.00		
210725	4 T1019	0580 09/19/1		48.00	168.00		
210725	5 T1019	0580 09/20/1		48.00	168.00		
210725	6 T1019	0580 09/21/1		48.00	168.00		
1					1 000.00	GI 3 TM 3 GGGGIDITE DEE	0100000100100160

CLAIM TOTAL

1,008.00 CLAIM ACCOUNT REF. 2107250012010316SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 55247 HEALTH INSURANCE PLAN

REG LOC CLIE NY 001 20109 DIAGNOSIS CODES	991 2010991 IANNAZZO, ANGELIN	BIRTH DATE RECIPIENT ID 06/04/1921 RD78526M	PRIOR AUTHORIZATION # 0005197384	
210721 4 210721 5	T1019 0580 T1019 0580 T1019 0580	FROM DT THRU DT UNITS 09/16/12 09/16/12 36.00 09/17/12 09/17/12 36.00 09/18/12 09/18/12 20.00 09/19/12 09/19/12 36.00 09/20/12 09/20/12 36.00 09/21/12 09/21/12 36.00 CLAIM TOTAL	AMOUNT 126.00 126.00 70.00 126.00 126.00 126.00 700.00 CLAIM ACCOUNT REF.	2107210012010991SUP
REG LOC CLIE NY 001 20081 DIAGNOSIS CODES	13 2011066 COPELAND, ELISE	BIRTH DATE RECIPIENT ID 10/05/1928 QJ28865K 1.9 716.90	PRIOR AUTHORIZATION # 0005111746	
INV # LINE 210719 2 210719 2 210719 3 210719 4 210719 5 210719 6	G0156 0572 G0156 0572 G0156 0572 G0156 0572 G0156 0572 G0156 0572	FROM DT THRU DT UNITS 09/15/12 09/15/12 7.00 09/17/12 09/17/12 7.00 09/18/12 09/18/12 5.50 09/19/12 09/19/12 7.00 09/20/12 09/20/12 7.00 09/21/12 09/21/12 7.00	AMOUNT 99.75 99.75 78.38 99.75 99.75	

CLAIM TOTAL

577.13 CLAIM ACCOUNT REF. 2107190012011066SUP

PAYER TOTALS: HEALTH INSURANCE PLAN # OF CLAIMS = 82 TOTAL CLAIM AMOUNT = 9,043.31

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 77073 VNSNY CHOICE

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #

NY 001 2008374 2010958 KARASSAVIDES, ARISTOTI 10/09/1962 V80041904 121790012

DIAGNOSIS CODES: 042. 202.88 436. 799.89

PROCEDURE CODE REVENUE CD FROM DT THRU DT INV # LINE # UNITS AMOUNT 210767 1 T1019 09/17/12 09/17/12 28.00 120.12 2 210767 T1019 28.00 120.12 09/18/12 09/18/12 3 210767 T1019 09/19/12 09/19/12 28.00 120.12 210767 4 T1019 09/20/12 09/20/12 28.00 120.12

CLAIM TOTAL 480.48 CLAIM ACCOUNT REF. 2107670012010958SUP

PAYER TOTALS: VNSNY CHOICE # OF CLAIMS = 4 TOTAL CLAIM AMOUNT = 480.48

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141 HEALTHFIRST PHSP

	CLIENT 2008246 CODES: 3	SERVICE 2008246 314.01	NAME RIVERA	A, CHRISTOPH		TH DATE 03/1996	RECIPIENT UW23596M		IOR AUTHORIZATION # 817676	
INV # L 210674 210674 210674 210674 210674 210674 210674 210674 210674 210674 210674 210674 210674 210674	2 3 4 5 6 7 8 9 10 11 12 13	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019		REVENUE CD	FROM DT 09/08/12 09/09/12 09/10/12 09/11/12 09/12/12 09/13/12 09/14/12 09/16/12 09/16/12 09/17/12 09/18/12 09/19/12 09/20/12 09/20/12	09/09/12 09/10/12 09/11/12 09/12/12 09/13/12 09/14/12 09/15/12 09/16/12 09/17/12 09/18/12 09/19/12	12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00	AMOUNT 50.64 50.64 50.64 50.64 50.64 50.64 50.64 50.64 50.64 50.64		
REG LOC	CLIENT	SERVICE 2008248	NAME	A, EDDIE 369.10		CL.	AIM TOTAL	708.96 ID PR		2106740012008246SUP
INV # L 210675 210675 210675	2	PROCEDURE T1019 T1019 T1019	CODE F	REVENUE CD	09/12/12	THRU DT 09/10/12 09/12/12 09/14/12 CL	12.00	AMOUNT 50.64 50.64 50.64 151.92		2106750012008248SUP
	CLIENT 2008249 CODES: 7	SERVICE 2008249 714.0 27	NAME LOPEZ- 72.4	-RAMIREZ, CA 401.9 53	RLOTA 01/	TH DATE 20/1936 3.00	RECIPIENT QR43529V		IOR AUTHORIZATION # 800800	
INV # L 210670 210670 210670 210670 210670 210670 210670	2 3 4 5 6	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019 T1019	CODE F	REVENUE CD	FROM DT 09/15/12 09/16/12 09/17/12 09/18/12 09/19/12 09/20/12 09/21/12		44.00 44.00 44.00 44.00 44.00	AMOUNT 185.68 185.68 185.68 185.68 185.68 185.68 185.68		2106700012008249SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

SUNNYSIDE CITYWIDE NPI = 1154407492

PROVIDER ID = 113502051 PAYER ID = 80141HEALTHFIRST PHSP

REG LOC CLIEN NY 001 200825 DIAGNOSIS CODES:	0 2008250 SALAZAR, LUZ MARI	BIRTH DATE RECIPIENT ID 02/19/1970 SC60317K	PRIOR AUTHORIZATION # R1824834	
INV # LINE # 210677	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 09/15/12 09/15/12 32.00 09/16/12 09/16/12 32.00 09/17/12 09/17/12 32.00 09/18/12 09/18/12 32.00 09/19/12 09/19/12 32.00 09/20/12 09/20/12 32.00 09/21/12 09/21/12 32.00 09/21/12 09/21/12 32.00 CLAIM TOTAL	AMOUNT 135.04 135.04 135.04 135.04 135.04 135.04 135.04 135.04 945.28 CLAIM ACCOUNT REF.	2106770012008250SUP
REG LOC CLIEN NY 001 200825 DIAGNOSIS CODES:	1 2008251 CEBALLOS, ANA	BIRTH DATE RECIPIENT ID 12/31/1919 UH02585Q	PRIOR AUTHORIZATION # R1828722	
INV # LINE # 210653 1 210653 2 210653 3	PROCEDURE CODE REVENUE CD T1019 T1019 T1019	FROM DT THRU DT UNITS 09/13/12 09/13/12 32.00 09/17/12 09/17/12 32.00 09/18/12 09/18/12 32.00 CLAIM TOTAL	AMOUNT 135.04 135.04 135.04 405.12 CLAIM ACCOUNT REF.	2106530012008251SUP
REG LOC CLIEN NY 001 200825 DIAGNOSIS CODES:	3 2008253 MACARENA, SAHARA	BIRTH DATE RECIPIENT ID 09/12/1965 VT07830U	PRIOR AUTHORIZATION # R1904276	
INV # LINE # 210671 1 210671 2 210671 3 210671 4 210671 5 210671 6 210671 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 09/15/12 09/15/12 48.00 09/16/12 09/16/12 48.00 09/17/12 09/17/12 48.00 09/18/12 09/18/12 48.00 09/19/12 09/19/12 48.00 09/20/12 09/20/12 48.00 09/21/12 09/21/12 48.00 CLAIM TOTAL	AMOUNT 202.56 202.56 202.56 202.56 202.56 202.56 202.56 202.56 1,417.92 CLAIM ACCOUNT REF.	2106710012008253SUP
REG LOC CLIEN NY 001 200825 DIAGNOSIS CODES:	4 2008254 SPIVEY, PATRICIA	BIRTH DATE RECIPIENT ID 04/06/1965 WE52435B	PRIOR AUTHORIZATION # R1802635	
INV # LINE # 210679 1	PROCEDURE CODE REVENUE CD T1019	FROM DT THRU DT UNITS 09/17/12 09/17/12 24.00	AMOUNT 101.28	

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

PROVIDER	ID	=	113502051	SUNNYSIDE CITYWIDE	NPI =	1154407492
DAVED	TD	_	Q N 1 A 1	UENTTUETDOT DUOD		

INIOI FILE - / VOI	IIII/ COM BOI/ HII AAIN/ ESOUZUIZO			
PROVIDER ID = 113 PAYER ID = 801	502051 SUNNYSIDE (41 HEALTHFIRST		NPI = 1154407492	
INV # LINE # 210679 2 210679 3 210679 4	PROCEDURE CODE REVENUE CD T1019 T1019 T1019	FROM DT THRU DT UNITS 09/19/12 09/19/12 24.00 09/20/12 09/20/12 20.00 09/21/12 09/21/12 20.00 CLAIM TOTAL	AMOUNT 101.28 84.40 84.40 371.36 CLAIM ACCOUNT REF.	2106790012008254SUP
REG LOC CLIENT NY 001 2008256 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID 08/10/1954 XJ24416K	PRIOR AUTHORIZATION # R1839723	
INV # LINE # 210651 1 210651 2 210651 3 210651 4 210651 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 09/17/12 09/17/12 32.00 09/18/12 09/18/12 32.00 09/19/12 09/19/12 32.00 09/20/12 09/20/12 32.00 09/21/12 09/21/12 32.00 CLAIM TOTAL	AMOUNT 135.04 135.04 135.04 135.04 675.20 CLAIM ACCOUNT REF.	2106510012008256SUP
REG LOC CLIENT NY 001 2008257 DIAGNOSIS CODES:	2008257 ESTEVES, JOSE	BIRTH DATE RECIPIENT ID 09/04/1948 YD71377C	PRIOR AUTHORIZATION # R1832858	
INV # LINE # 210659 1 210659 2 210659 3 210659 4 210659 5 210659 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 09/15/12 09/15/12 24.00 09/16/12 09/16/12 24.00 09/17/12 09/17/12 24.00 09/18/12 09/18/12 24.00 09/18/12 09/18/12 24.00 09/19/12 09/19/12 24.00 09/20/12 09/20/12 24.00 09/21/12 09/21/12 24.00 CLAIM TOTAL	AMOUNT 101.28 101.28 101.28 101.28 101.28 101.28 101.28 101.28 708.96 CLAIM ACCOUNT REF.	2106590012008257SUP
REG LOC CLIENT NY 001 2008290 DIAGNOSIS CODES:	SERVICE NAME 2008290 SALHUANA, YOLANDA 249.70 362.50 401.9 73	BIRTH DATE RECIPIENT ID A 08/25/1935 SZ24247J 33.00	PRIOR AUTHORIZATION # R1825265	
INV # LINE # 210678 1 210678 2 210678 3 210678 4 210678 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 09/17/12 09/17/12 32.00 09/18/12 09/18/12 32.00 09/19/12 09/19/12 32.00 09/20/12 09/20/12 32.00 09/21/12 09/21/12 32.00 CLAIM TOTAL	AMOUNT 135.04 135.04 135.04 135.04 675.20 CLAIM ACCOUNT REF.	2106780012008290SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

PAYER ID = 80141

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

HEALTHFIRST PHSP

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

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 210672 1 T1019 09/17/12 09/17/12 16.00 67.52 CLAIM TOTAL 67.52 CLAIM ACCOUNT REF. 2106720012008297SUP

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

PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # LINE # 210662 1 09/03/12 09/03/12 28.00 118.16 210662 T1019 09/12/12 09/12/12 28.00 118.16 210662 3 T1019 09/13/12 09/13/12 28.00 118.16 210662 4 T1019 09/14/12 09/14/12 28.00 5 T1019 6 T1019 7 T1019 8 T1019 9 T1019 210662 09/15/12 09/15/12 28.00 118.16 210662 09/16/12 09/16/12 28.00 118.16 09/17/12 09/17/12 16.00 210662 67.52 09/18/12 09/18/12 16.00 210662 67.52 09/21/12 09/21/12 28.00 210662

/12 28.00 118.16 CLAIM TOTAL 962.16 CLAIM ACCOUNT REF. 2106620012008362SUP

BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 06/25/1950 ZP21043J R1955871 REG LOC CLIENT SERVICE NAME NY 001 2008368 2008368 RODRIGUEZ, MARGARET 06/25/1950 ZP21043J 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 1 T1019 210676 09/17/12 09/17/12 16.00 67.52 210676 2 T1019 09/18/12 09/18/12 16.00 67.52 3 T1019 210676 09/19/12 09/19/12 16.00 67.52 4 T1019 09/20/12 09/20/12 16.00 210676 67.52 5 T1019 09/21/12 09/21/12 16.00 210676 67.52 337.60 CLAIM ACCOUNT REF. 2106760012008368SUP CLAIM TOTAL

REG LOC CLIENT SERVICE NAME

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

LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 09/15/12 09/15/12 1 T1019 36.00 210680 151.92 09/16/12 09/16/12 36.00 2 T1019 151.92 210680 09/17/12 09/17/12 40.00 3 T1019 210680 168.80

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

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

PAYER	ID = 80.	141	HEALTHFIRST	PHSP					
INV # 210680 210680 210680 210680	LINE # 4 5 6 7	PROCEDURE CODE T1019 T1019 T1019 T1019	REVENUE CD	09/19/12 09/20/12	THRU DT 09/18/12 09/19/12 09/20/12 09/21/12 CL	20.00 40.00	AMOUNT 168.80 84.40 168.80 168.80	CLAIM ACCOUNT REF.	2106800012008405SUP
REG LOONY 000 DIAGNOS		2008411 FRAN	CISCO, RICHAR		TH DATE 10/1968	RECIPIENT XR22414G		OR AUTHORIZATION # 221200941	
INV # 210663 210663 210663 210663 210663 210663	LINE # 1 2 3 4 5 6 7	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019 T1019	REVENUE CD	09/16/12 09/17/12 09/18/12 09/19/12 09/20/12	THRU DT 09/15/12 09/16/12 09/17/12 09/18/12 09/19/12 09/20/12 09/21/12	32.00 32.00 32.00 32.00 32.00	AMOUNT 135.04 135.04 135.04 135.04 135.04 135.04 135.04 945.28	CLAIM ACCOUNT REF.	2106630012008411SUP
REG LOONY 000		2008428 KAUR	, HARBANS		RTH DATE 03/1937	RECIPIENT VB22061J		OR AUTHORIZATION # 121201507	
INV # 210667 210667 210667 210667 210667 210667	1 2 3 4	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019 T1019	REVENUE CD	09/16/12 09/17/12 09/18/12 09/19/12 09/20/12	THRU DT 09/15/12 09/16/12 09/17/12 09/18/12 09/19/12 09/20/12 09/21/12	28.00 28.00 28.00 28.00 28.00	AMOUNT 118.16 118.16 118.16 118.16 118.16 118.16 118.16 827.12	CLAIM ACCOUNT REF.	2106670012008428SUP
REG LOONY 000 DIAGNOS		2008433 BHAI	RO, KOWSILILL		RTH DATE 13/1954	RECIPIENT VG15691D		OR AUTHORIZATION # .7814	
INV # 210649 210649 210649 210649	LINE # 1 2 3 4	PROCEDURE CODE T1019 T1019 T1019 T1019	REVENUE CD	09/16/12 09/17/12	THRU DT 09/15/12 09/16/12 09/17/12 09/18/12	32.00 32.00	AMOUNT 135.04 135.04 135.04 135.04		

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

T1019

T1019

T1019

T1019

4

5

6

210658

210658

210658

210658

PROVIDER ID =	113502051	SUNNYSIDE CITYWIDE	NPI = 1154407492

PAYER ID = 801	.41 HEALTHFIRS	T PHSP		
INV # LINE # 210649 5 210649 6 210649 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019	FROM DT THRU DT UNITS 09/19/12 09/19/12 32.00 09/20/12 09/20/12 32.00 09/21/12 09/21/12 32.00 CLAIM TOTAL	AMOUNT 135.04 135.04 135.04 945.28 CLAIM ACCOUNT REF.	2106490012008433SUP
REG LOC CLIENT NY 001 2008487 DIAGNOSIS CODES:	SERVICE NAME 2008487 BEGUM, MANWARA 250.00 244.8 311. 4	BIRTH DATE RECIPIENT ID 11/23/1949 VD44720Z 01.9 428.0 733.00	PRIOR AUTHORIZATION # R1903232	
INV # LINE # 210648 1 210648 2 210648 3 210648 4 210648 5 210648 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 09/15/12 09/15/12 16.00 09/16/12 09/16/12 16.00 09/17/12 09/17/12 16.00 09/18/12 09/18/12 16.00 09/19/12 09/19/12 16.00 09/20/12 09/20/12 16.00 09/21/12 09/21/12 16.00 CLAIM TOTAL	AMOUNT 67.52 67.52 67.52 67.52 67.52 67.52 67.52 472.64 CLAIM ACCOUNT REF.	2106480012008487SUP
REG LOC CLIENT NY 001 2008558 DIAGNOSIS CODES:	SERVICE NAME 2008558 SURIEL, GERTRUDI 493.90 401.9 414.00 7	BIRTH DATE RECIPIENT ID S 03/17/1950 ZE67447D 15.00	PRIOR AUTHORIZATION # R1901123	
INV # LINE # 210681 1	PROCEDURE CODE REVENUE CD T1019	FROM DT THRU DT UNITS 08/31/12 08/31/12 32.00 CLAIM TOTAL	AMOUNT 135.04 CLAIM ACCOUNT REF.	2106810012008558SUP
REG LOC CLIENT NY 001 2008571 DIAGNOSIS CODES:	SERVICE NAME 2008571 ESPAILLAT, AMPAR 401.9 272.0 311. 3	BIRTH DATE RECIPIENT ID 0 12/25/1949 ZG25447P 65.9 366.9 733.00	PRIOR AUTHORIZATION # R1869116	
INV # LINE # 210658 1 210658 2 210658 3	PROCEDURE CODE REVENUE CD T1019 T1019 T1019	FROM DT THRU DT UNITS 09/15/12 09/15/12 16.00 09/16/12 09/16/12 16.00 09/17/12 09/17/12 16.00	AMOUNT 67.52 67.52 67.52	

09/18/12 09/18/12

09/19/12 09/19/12

09/20/12 09/20/12

09/21/12 09/21/12

16.00

16.00

16.00

16.00 CLAIM TOTAL 67.52

67.52

67.52

67.52

472.64 CLAIM ACCOUNT REF. 2106580012008571SUP

31

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

6 T1019

210652

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 2008437 2009000 FERGERSON, TINA 08/11/1959 ZZ11460M R1992645 DIAGNOSIS CODES: 135. 401.9 493.00 715.00 721.0 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 135.04 1 210660 09/17/12 09/17/12 32.00 210660 T1019 09/18/12 09/18/12 32.00 135.04 09/19/12 09/19/12 32.00 135.04 210660 3 T1019 210660 4 T1019 09/20/12 09/20/12 32.00 135.04 210660 5 T1019 09/21/12 09/21/12 32.00 135.04 CLAIM TOTAL 675.20 CLAIM ACCOUNT REF. 2106600012009000SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 06/06/1948 YH55651V R1695654 REG LOC CLIENT SERVICE NAME NY 001 2008380 2009001 FERRERA, FRANCISCA 06/06/1948 YH55651V DIAGNOSIS CODES: 301.9 401.9 493.00 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 210661 08/27/12 08/27/12 20.00 84.40 1 T1019 CLAIM TOTAL 84.40 CLAIM ACCOUNT REF. 2106610012009001SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008300 2009256 CHARITAR, RAMKALIE 06/23/1953 UY13756G R1812089 DIAGNOSIS CODES: 250.00 311. 401.9 414.00 414.01 466.0 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # LINE # T1019 09/16/12 09/16/12 210654 1 20.00 84.40 210654 2 T1019 09/17/12 09/17/12 20.00 84.40 210654 3 т1019 09/18/12 09/18/12 20.00 84.40 4 T1019 210654 09/19/12 09/19/12 20.00 84.40 5 T1019 6 T1019 210654 09/20/12 09/20/12 20.00 84.40 210654 6 T1019 09/21/12 09/21/12 20.00 84.40 CLAIM TOTAL 506.40 CLAIM ACCOUNT REF. 2106540012009256SUP PRIOR AUTHORIZATION # R1825085 REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID NY 001 2008271 2009270 CARRION, MARIA 06/30/1928 SC64434E DIAGNOSIS CODES: 250.00 294.10 401.9 V12.54 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT LINE # 09/15/12 09/15/12 135.04 210652 1 T1019 32.00 2 210652 T1019 09/17/12 09/17/12 32.00 135.04 09/18/12 09/18/12 32.00 210652 3 T1019 135.04 32.00 210652 4 T1019 09/19/12 09/19/12 135.04 5 09/20/12 09/20/12 210652 T1019 32.00 135.04

09/21/12 09/21/12 32.00

135.04

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141HEALTHFIRST PHSP

PAYER ID = 80	141 HEALTHFIRST	PHSP		
INV # LINE #	PROCEDURE CODE REVENUE CD	FROM DT THRU DT UNITS CLAIM TOTAL	AMOUNT 810.24 CLAIM ACCOUNT REF.	2106520012009270SUP
REG LOC CLIENT NY 001 2009322 DIAGNOSIS CODES:	SERVICE NAME 2009322 HENRY, BRENDA 253.5 401.9 429.9 44	BIRTH DATE RECIPIENT ID 04/13/1954 ZE02356F 493.90	PRIOR AUTHORIZATION # R1892336	
INV # LINE # 210665 1 210665 2 210665 3 210665 4	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 09/03/12 09/03/12 16.00 09/05/12 09/05/12 16.00 09/07/12 09/07/12 16.00 09/21/12 09/21/12 16.00 CLAIM TOTAL	AMOUNT 67.52 67.52 67.52 67.52 270.08 CLAIM ACCOUNT REF.	2106650012009322SUP
REG LOC CLIENT NY 001 2009405 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID 0, NEL 05/25/1925 PF03624B	PRIOR AUTHORIZATION # R1797023	
INV # LINE # 210655 1 210655 2 210655 3 210655 4 210655 5 210655 7 210655 8	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 08/27/12 08/27/12 20.00 09/05/12 09/05/12 12.00 09/06/12 09/06/12 24.00 09/17/12 09/17/12 24.00 09/18/12 09/18/12 24.00 09/19/12 09/19/12 24.00 09/20/12 09/20/12 24.00 09/21/12 09/21/12 24.00 09/21/12 09/21/12 24.00 CLAIM TOTAL	AMOUNT 84.40 50.64 101.28 101.28 101.28 101.28 101.28 101.28 101.28 742.72 CLAIM ACCOUNT REF.	2106550012009405SUP
REG LOC CLIENT NY 001 2009425 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID 04/01/1954 YQ10410R	PRIOR AUTHORIZATION # R1869904	
INV # LINE # 210664 1 210664 2 210664 3 210664 4 210664 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 08/22/12 08/22/12 16.00 09/14/12 09/14/12 16.00 09/17/12 09/17/12 16.00 09/19/12 09/19/12 16.00 09/21/12 09/21/12 16.00 CLAIM TOTAL	AMOUNT 67.52 67.52 67.52 67.52 67.52 337.60 CLAIM ACCOUNT REF.	2106640012009425SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

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 2009560 2009560 BOCHENEC, JOLANTA 07/08/1964 ZT71147Q 0104121200913 DIAGNOSIS CODES: 854.00 272.4 300.00 307.42 781.0 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT T1019 09/15/12 09/15/12 24.00 101.28 210650 2 T1019 09/16/12 09/16/12 24.00 101.28 210650 3 T1019 09/17/12 09/17/12 24.00 101.28 210650 210650 4 T1019 09/18/12 09/18/12 24.00 101.28 5 T1019 6 T1019 7 T1019 210650 09/19/12 09/19/12 24.00 101.28 09/20/12 09/20/12 24.00 210650 101.28 210650 09/21/12 09/21/12 16.00 67.52 CLAIM TOTAL 675.20 CLAIM ACCOUNT REF. 2106500012009560SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2009657 2009657 HERRING, CHARLEN 10/27/1949 ZE93972Y R1947878 DIAGNOSIS CODES: 493.91 250.00 401.9 462. 780.52 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 1 T1019 09/17/12 09/17/12 16.00 67.52 210666 2 T1019 67.52 210666 09/19/12 09/19/12 16.00 67.52 202.56 CLAIM ACCOUNT REF. 2106660012009657SUP 09/21/12 09/21/12 16.00 210666 3 T1019 CLAIM TOTAL REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2010009 VEGA, GLORIA 07/06/1955 ZU45073J R1843447 DIAGNOSIS CODES: 340. 250.00 272.2 311. AMOUNT INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 1 T1019 210683 09/17/12 09/17/12 32.00 135.04 210683 2 T1019 09/18/12 09/18/12 32.00 135.04 3 T1019 4 T1019 210683 09/19/12 09/19/12 32.00 135.04 09/20/12 09/20/12 32.00 135.04 210683 5 T1019 09/21/12 09/21/12 32.00 135.04 210683 675.20 CLAIM ACCOUNT REF. 2106830012010009SUP CLAIM TOTAL REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008299 2010311 LAZALA, GLADYS 02/03/1950 ZT39863D R1866346 DIAGNOSIS CODES: 340. 250.00 278.00 401.9 440.9 781.2 AMOUNT 118.16 118.16 118.16 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 09/15/12 09/15/12 1 T1020 7.00 210669 09/16/12 09/16/12 2 T1020 210669 7.00 3 T1020 09/17/12 09/17/12 7.00 210669

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PROVIDER ID = 113502051 PAYER ID = 80141	SUNNYSIDE CITYWIDE HEALTHFIRST PHSP	NPI	I = 1154407492	
INV # LINE # PROCEDU 210669 4 T1020 210669 5 T1020 210669 6 T1020	09/19/12	2 09/18/12 7.00 2 09/19/12 7.00 2 09/21/12 7.00	AMOUNT 118.16 118.16 118.16 708.96 CLAIM ACCOUNT REF.	2106690012010311SUP
REG LOC CLIENT SERVICENY 001 2010758 201075 DIAGNOSIS CODES: 311.	8 VASQUEZ, OLGA 11	RETH DATE RECIPIENT ID ./20/1948 WU00136E .9.9 493.90 948.11	PRIOR AUTHORIZATION # R1906129	
INV # LINE # PROCEDU 210682 1 T1019 210682 2 T1019 210682 3 T1019 210682 4 T1019	09/16/12 09/20/12	2 09/15/12 20.00 2 09/16/12 20.00 2 09/20/12 20.00 2 09/21/12 20.00	AMOUNT 84.40 84.40 84.40 84.40 337.60 CLAIM ACCOUNT REF.	2106820012010758SUP
REG LOC CLIENT SERVICE NY 001 2008498 201093 DIAGNOSIS CODES: 401.9	3 DORNELLAS, STELLA 04	RECIPIENT ID RG61445M	PRIOR AUTHORIZATION # R1944291	
INV # LINE # PROCEDU 210657 1 T1019 210657 2 T1019 210657 3 T1019 210657 4 T1019 210657 5 T1019	09/18/12 09/19/12 09/20/12	2 09/17/12 24.00 2 09/18/12 24.00 2 09/19/12 24.00 2 09/20/12 24.00	AMOUNT 101.28 101.28 101.28 101.28 101.28 506.40 CLAIM ACCOUNT REF.	2106570012010933SUP
REG LOC CLIENT SERVICE NY 001 2008813 201096 DIAGNOSIS CODES: 401.9		RRTH DATE RECIPIENT ID 0/11/1931 SX47950B	PRIOR AUTHORIZATION # R1921929	
INV # LINE # PROCEDU 210668 1 T1019 210668 2 T1019 210668 3 T1019 210668 4 T1019 210668 5 T1019 210668 6 T1019 210668 7 T1019	09/11/12 09/17/12 09/18/12 09/19/12 09/20/12	2 09/08/12 32.00 2 09/11/12 32.00 2 09/17/12 32.00 2 09/18/12 32.00 2 09/19/12 32.00 2 09/20/12 32.00 2 09/21/12 32.00	AMOUNT 135.04 135.04 135.04 135.04 135.04 135.04 135.04 945.28 CLAIM ACCOUNT REF.	2106680012010967SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC NY 001 DIAGNOSIS	CLIENT 2011058 CODES:	SERVICE 2011058 294.20	NAME DELA	CRUZ, ANA		TH DATE 20/1920	RECIPIENT 122053627		DR AUTHORIZATION # 7241201931	
INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
210656	1	T1019			09/15/12	09/15/12	40.00	168.80		
210656	2	T1019			09/16/12	09/16/12	40.00	168.80		
210656	3	T1019			09/17/12	09/17/12	40.00	168.80		
210656	4	T1019			09/18/12	09/18/12	40.00	168.80		
210656	5	T1019			09/19/12	09/19/12	40.00	168.80		
210656	6	T1019			09/20/12	09/20/12	40.00	168.80		
210656	7	T1019			09/21/12	09/21/12	40.00	168.80		
						CL	AIM TOTAL	1,181.60	CLAIM ACCOUNT REF.	2106560012011058SUP
REG LOC	CLIENT	SERVICE	NAME		BIR	TH DATE	RECIPIENT	ID PRIC	OR AUTHORIZATION #	
NY 001	2011388	2011388	PALA	ZZOLO, FLOREN	NCE 10/	31/1948	PD96979S	0109	9141201497	
DIAGNOSIS	CODES:	331.0								
INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
210673	1	T1020			09/01/12	09/01/12	12.00	202.56		
210673	2	T1020			09/02/12	09/02/12	12.00	202.56		
210673	3	T1020			09/03/12	09/03/12	12.00	202.56		
210673	4	T1020			09/04/12	09/04/12	12.00	202.56		
210673	5	T1020			09/05/12	09/05/12	12.00	202.56		
210673	6	T1020			09/06/12	09/06/12	12.00	202.56		
210673	7	T1020			09/07/12	09/07/12	12.00	202.56		
210673	8	T1020			09/08/12	09/08/12	12.00	202.56		
210673	9	T1020			09/09/12	09/09/12	12.00	202.56		
210673	10	T1020			09/10/12	09/10/12	12.00	202.56		
210673	11	T1020			09/11/12	09/11/12	12.00	202.56		
210673	12	T1020			09/12/12	09/12/12	12.00	202.56		
210673	13	T1020			09/13/12	09/13/12	12.00	202.56		
210673	14	T1020			09/14/12	09/14/12	12.00	202.56		

CLAIM TOTAL 2,835.84 CLAIM ACCOUNT REF. 2106730012011388SUP

PAYER TOTALS: HEALTHFIRST PHSP # OF CLAIMS = 213 TOTAL CLAIM AMOUNT = 25,083.68

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

PROVIDER ID = 113502051 NPI = 1154407492 SUNNYSIDE CITYWIDE

PAYER ID = 87726UNITEDHEALTHCARE

REG LOC CLIE		BIRTH DATE RECIPIENT ID	PRIOR AUTHORIZATION #	
NY 001 20082 DIAGNOSIS CODES		A 08/02/1961 100195559 4.3	607641299	
210712 2 210712 3 210712 4 210712 5 210712 6	# PROCEDURE CODE REVENUE CD 1 T1019 2 T1019 3 T1019 4 T1019 5 T1019 6 T1019 7 T1019	FROM DT THRU DT UNITS 09/15/12 09/15/12 40.00 09/16/12 09/16/12 40.00 09/17/12 09/17/12 40.00 09/18/12 09/18/12 40.00 09/19/12 09/18/12 40.00 09/20/12 09/20/12 40.00 09/21/12 09/21/12 40.00 09/21/12 09/21/12 40.00 CLAIM TOTAL	AMOUNT 171.60 171.60 171.60 171.60 171.60 171.60 171.60 1,201.20 CLAIM ACCOUNT REF.	2107120012008245SUP
REG LOC CLIE NY 001 20082 DIAGNOSIS CODES	287 2008287 MILLAN, ARMIDA	BIRTH DATE RECIPIENT ID 09/13/1928 100063356 6.9 365.9 401.9 530.81	PRIOR AUTHORIZATION # 608047620	
210713 2 210713 3 210713 4 210713 5 210713 6	# PROCEDURE CODE REVENUE CD 1 T1019 2 T1019 3 T1019 4 T1019 5 T1019 6 T1019 7 T1019	FROM DT THRU DT UNITS 09/15/12 09/15/12 16.00 09/16/12 09/16/12 16.00 09/17/12 09/17/12 36.00 09/18/12 09/18/12 36.00 09/19/12 09/19/12 36.00 09/20/12 09/20/12 36.00 09/21/12 09/21/12 36.00 CLAIM TOTAL	AMOUNT 68.64 68.64 154.44 154.44 154.44 154.44 909.48 CLAIM ACCOUNT REF.	2107130012008287SUP
REG LOC CLIE NY 001 20084 DIAGNOSIS CODES	401 2008401 SAFOS, PATRA	BIRTH DATE RECIPIENT ID 12/18/1948 100029836 1.9	PRIOR AUTHORIZATION # 607678036	
210715 210715 210715 210715 210715 210715	# PROCEDURE CODE REVENUE CD 1	FROM DT THRU DT UNITS 09/15/12 09/15/12 32.00 09/16/12 09/16/12 32.00 09/17/12 09/17/12 32.00 09/18/12 09/18/12 32.00 09/19/12 09/19/12 32.00 09/20/12 09/20/12 32.00 09/21/12 09/21/12 32.00 CLAIM TOTAL	AMOUNT 137.28 137.28 137.28 137.28 137.28 137.28 137.28 137.28 960.96 CLAIM ACCOUNT REF.	2107150012008401 <i>S</i> UP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 87726 UNITEDHEALTHCARE

REG LOC CLIENT NY 001 2008432 DIAGNOSIS CODES:	SERVICE NAME 2008432 YUSUPOV, PULAT 250.00 272.4 530.81	BIRTH DATE 08/11/1948	RECIPIENT ID 100600278	PRIOR AUTHORIZATION # 608803902	
INV # LINE #	PROCEDURE CODE REVENUE CD	FROM DT THRU DT	UNITS	AMOUNT	
210716 1	T1019	09/12/12 09/12/12		68.64	
210716 2	T1019	09/13/12 09/13/12		68.64	
210716 3	T1019	09/14/12 09/14/12		68.64	
210716 4	T1019	09/17/12 09/17/12		68.64	
210716 5	T1019	09/18/12 09/18/12		68.64	
210716 6	T1019	09/19/12 09/19/12		68.64	
210716 7	T1019	09/20/12 09/20/12		68.64	
210716 8	T1019	09/21/12 09/21/12		68.64	
210710	11013		AIM TOTAL	549.12 CLAIM ACCOUNT REF.	2107160012008432SUP
REG LOC CLIENT NY 001 2010774 DIAGNOSIS CODES:	SERVICE NAME 2010774 PAUL, PUTUL 959.6 245.9 401.9 73	BIRTH DATE 10/10/1956 33.09	RECIPIENT ID 101218709	PRIOR AUTHORIZATION # 6083933452	

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 210714 1 T1019 09/17/12 09/17/12 16.00 68.64 210714 2 T1019 09/19/12 09/19/12 16.00 68.64

CLAIM TOTAL 137.28 CLAIM ACCOUNT REF. 2107140012010774SUP

PAYER TOTALS: UNITEDHEALTHCARE # OF CLAIMS = 31 TOTAL CLAIM AMOUNT = 3,758.04

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

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

PAILK	ID – AM	IKGKI	AMERIGROUP	NEW IORK,I	TIC				
REG LOC NY 001 DIAGNOSI		2008266	NAME GUERRA, LORRAINE 84.3	BIF 03/	RTH DATE 22/1948	RECIPIENT II 712731594		DR AUTHORIZATION # 602255	
INV # 210755 210755 210755 210755 210755 210755 210755	LINE # 1 2 3 4 5 6 7 8	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	CODE REVENUE CD 0580 0580 0580 0580 0580 0580 0580 058	09/17/12 09/18/12 09/19/12 09/20/12	09/15/12 09/16/12 09/17/12 09/18/12 09/19/12 09/20/12 09/21/12	40.00 40.00 32.00 40.00 32.00 32.00	AMOUNT 168.80 168.80 135.04 168.80 135.04 135.04 135.04 135.04	CLAIM ACCOUNT REF.	2107550012008266SUP
REG LOC NY 001 DIAGNOSI		2009279	NAME PRUITT, JOHNNY 72.4 295.00 40	10/	26/1956	RECIPIENT II 712824266		OR AUTHORIZATION # 502130	
INV # 210758 210758	LINE # 1 2	PROCEDURE S5130 S5130	CODE REVENUE CD 0582 0582		THRU DT 09/17/12 09/21/12 CL		AMOUNT 67.52 67.52 135.04	CLAIM ACCOUNT REF.	2107580012009279SUP
REG LOC NY 001 DIAGNOSI		2009647	NAME FERNANDEZ, NORKA 11. 492.8 71	BIF 07/ .5.80	RTH DATE 14/1948	RECIPIENT II 715856872		DR AUTHORIZATION # 806651	
INV # 210754 210754 210754 210754	LINE # 1 2 3 4	PROCEDURE T1019 T1019 T1019 T1019	CODE REVENUE CD 0580 0580 0580 0580 0580	09/18/12 09/19/12	09/19/12 09/20/12	36.00 32.00	AMOUNT 135.04 151.92 135.04 151.92 573.92	CLAIM ACCOUNT REF.	2107540012009647SUP
REG LOC NY 001 DIAGNOSI		2010724	NAME DENNISON, KELVIN	BIF 09/	RTH DATE /23/1991	RECIPIENT II 6944796		DR AUTHORIZATION # 006820	
INV # 210752	LINE # 1	PROCEDURE T1019	CODE REVENUE CD 0580	FROM DT 09/21/12	THRU DT 09/21/12 CL	UNITS 16.00 AIM TOTAL	AMOUNT 67.52 67.52	CLAIM ACCOUNT REF.	2107520012010724SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

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

REG LOC CLIENT NY 001 2008406 DIAGNOSIS CODES:	SERVICE NAME 2010728 YOUNG, KALEILE 319. 493.90 742.1	BIRTH DATE RECIPIENT ID 06/17/1994 006532755	PRIOR AUTHORIZATION # 103177976	
INV # LINE # 210760 1 210760 2 210760 3 210760 4 210760 5 210760 6 210760 7	PROCEDURE CODE REVENUE CD T1019 0580	FROM DT THRU DT UNITS 09/08/12 09/08/12 16.00 09/09/12 09/09/12 16.00 09/10/12 09/10/12 8.00 09/11/12 09/11/12 8.00 09/12/12 09/12/12 8.00 09/13/12 09/13/12 8.00 09/14/12 09/14/12 8.00 09/14/12 09/14/12 8.00 CLAIM TOTAL	AMOUNT 67.52 67.52 33.76 33.76 33.76 33.76 33.76 33.76 33.76 33.84 CLAIM ACCOUNT REF.	2107600012010728SUP
REG LOC CLIENT NY 001 2008407 DIAGNOSIS CODES:	SERVICE NAME 2010729 WALTERS, BYRON 319. 493.90 742.1	BIRTH DATE RECIPIENT ID 05/18/2000 006600539	PRIOR AUTHORIZATION # 103177687	
INV # LINE # 210759 1 210759 2 210759 3 210759 5 210759 6 210759 7	PROCEDURE CODE REVENUE CD T1019 0580	FROM DT THRU DT UNITS 09/08/12 09/08/12 20.00 09/09/12 09/09/12 20.00 09/10/12 09/10/12 12.00 09/11/12 09/11/12 12.00 09/12/12 09/12/12 12.00 09/13/12 09/13/12 12.00 09/14/12 09/14/12 12.00 09/14/12 09/14/12 12.00 CLAIM TOTAL	AMOUNT 84.40 84.40 50.64 50.64 50.64 50.64 422.00 CLAIM ACCOUNT REF.	2107590012010729SUP
REG LOC CLIENT NY 001 2010389 DIAGNOSIS CODES:	SERVICE NAME 2010730 ESPERSON, CLAUDE 340. 453.40	BIRTH DATE RECIPIENT ID 04/28/1971 006900634	PRIOR AUTHORIZATION # HP0003722	
INV # LINE # 210753 1 210753 2 210753 3 210753 4	PROCEDURE CODE REVENUE CD 0580 0580 0580 0580 0580 0580 0580 058	FROM DT THRU DT UNITS 09/17/12 09/17/12 16.00 09/18/12 09/18/12 16.00 09/20/12 09/20/12 16.00 09/21/12 09/21/12 16.00	AMOUNT 67.52 67.52 67.52 67.52	010000000000000000000000000000000000000

CLAIM TOTAL

270.08 CLAIM ACCOUNT REF. 2107530012010730SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = AMRGRI AMERIGROUP NEW YORK, LLC

REG	LOC	CLIFNI	SERVICE	MAME			BIKIH DAIE	KECIPIENI ID	PRIOR AUTHORIZATION #
NY	001	2008365	2010731	HARD]	NG, EDNA		05/17/1956	006274884	HP0009108
DIAG	NOSIS	CODES:	493.90	253.5	272.4	296.80			

INV #	LINE #	PROCEDURE COI	DE REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
210756	1	T1019	0580	09/17/12	09/17/12	24.00	101.28		
210756	2	T1019	0580	09/18/12	09/18/12	24.00	101.28		
210756	3	T1019	0580	09/19/12	09/19/12	24.00	101.28		
210756	4	T1019	0580	09/20/12	09/20/12	24.00	101.28		
210756	5	T1019	0580	09/21/12	09/21/12	24.00	101.28		
					CLA	IM TOTAL	506.40	CLAIM ACCOUNT REF.	2107560012010731SUP
REG LOC	CLIENT	SERVICE NA	AME	BIR	TH DATE	RECIPIENT ID	PRIC	OR AUTHORIZATION #	

NY	001	2011238	2011238	3 MICH	EL, VERTU	JLIA	09	/23/1932	712951733	103139267	
DIAGN	OSIS	CODES:	728.87	272.4	401.9	780.	52				
TATE	7 44	TIME #	DDOGEDII	DE CODE	ם דוואים אים כו	an E	DOM DA	שת זוחוו היי	IMITTO	AMOTINE	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
210757	1	T1019	0580	09/03/12	09/03/12	32.00	135.04		
210757	2	T1019	0580	09/07/12	09/07/12	32.00	135.04		
210757	3	T1019	0580	09/17/12	09/17/12	32.00	135.04		
					CLAI	M TOTAL	405.12	CLAIM ACCOUNT REF.	2107570012011238SUP

OF CLAIMS = 41 TOTAL CLAIM AMOUNT = 3,899.28 # SERVICES = 9 PAYER TOTALS: AMERIGROUP NEW YORK, LLC

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = ICS01 ICS

REG LOC CLIENT NY 001 2010018 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID IK JR 04/13/1993 5681	PRIOR AUTHORIZATION # 364551	
INV # LINE # 210765 1 210765 2 210765 3 210765 4 210765 5 210765 6	PROCEDURE CODE REVENUE CD T1019 1C 0570	FROM DT THRU DT UNITS 09/15/12 09/15/12 10.00 09/16/12 09/16/12 10.00 09/17/12 09/17/12 8.25 09/18/12 09/18/12 10.00 09/19/12 09/19/12 10.00 09/21/12 09/21/12 10.00 CLAIM TOTAL	AMOUNT 159.00 159.00 131.18 159.00 159.00 159.00 159.00 926.18 CLAIM ACCOUNT REF. 2107650012010959SU	UP
REG LOC CLIENT NY 001 2008258 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID 11/20/1971 6470	PRIOR AUTHORIZATION # 372708	
INV # LINE # 210766 1 210766 2 210766 3 210766 4 210766 5	PROCEDURE CODE REVENUE CD T1019 1C 0570	FROM DT THRU DT UNITS 09/17/12 09/17/12 5.00 09/18/12 09/18/12 5.00 09/19/12 09/19/12 5.00 09/20/12 09/20/12 5.00 09/21/12 09/21/12 5.00 CLAIM TOTAL	AMOUNT 79.50 79.50 79.50 79.50 79.50 397.50 CLAIM ACCOUNT REF. 2107660012011073SU	UP

OF CLAIMS = 11 TOTAL CLAIM AMOUNT = 1,323.68
SERVICES = 2 PAYER TOTALS: ICS

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = INIPA HEALTHCARE PARTNERS IPA I

REG LOC	CLIENT 2008382	SERVICE 2010800	NAME	S, AGUSTI	NT 7\		RTH DATE /05/1933	RECIPIENT ID JRX53860E01		OR AUTHORIZATION # 2081092600005	
DIAGNOSIS			53.0	401.9		3.00 V6		UKASSOUEUI	2012	2001092000003	
INV # 210761	LINE #	PROCEDURE T1019	CODE	REVENUE 0580	CD	FROM DT 09/15/12	THRU DT 09/15/12	UNITS 36.00	AMOUNT		
210761	2	T1019		0580			09/15/12		151.92		
							CI	AIM TOTAL	303.84	CLAIM ACCOUNT REF.	2107610012010800SUP
REG LOC	CLIENT	SERVICE	NAME				RTH DATE	RECIPIENT ID		OR AUTHORIZATION #	
NY 001 DIAGNOSIS	2008382	2010800 230.3 15	GOMES	S, AGUSTI 401.9			/05/1933 0.3	JRX53860E01	2012	2091792600005	
INV # 210762	LINE # 1	PROCEDURE T1019	CODE	REVENUE 0580	CD	FROM DT 09/17/12	THRU DT 09/17/12	UNITS 36.00	AMOUNT 151.92		
210762	2	T1019		0580		09/18/12			151.92		
210762	3	T1019		0580		09/19/12	09/19/12	36.00	151.92		
210762	4	T1019		0580			09/20/12		151.92		
210762	5	T1019		0580		09/21/12		36.00 AIM TOTAL	151.92 759.60	CIAIM ACCOUNT DEE	2107620012010800SUP
							CI	AIM IOIAL	739.00	CLAIM ACCOUNT REF.	210/02001201080030P
DEC TOC	OT TENTE										
REG LOC	CLIENT	SERVICE	NAME				RTH DATE	RECIPIENT ID		OR AUTHORIZATION #	
NY 001	2008396	2010804	ZAMBI	RANO, ZOI		12	/03/1938	RECIPIENT ID JSV04323R01		OR AUTHORIZATION # 2091792600003	
NY 001 DIAGNOSIS	2008396 CODES:	2010804 250.11 27	ZAMBI 72.0	401.9	435	12 5.9 58	/03/1938 6.	JSV04323R01	2012		
NY 001 DIAGNOSIS INV #	2008396 CODES: LINE #	2010804 250.11 27 PROCEDURE	ZAMBI 72.0	401.9 REVENUE	435	12 5.9 58 FROM DT	/03/1938 6. THRU DT	JSV04323R01 UNITS	2012 AMOUNT		
NY 001 DIAGNOSIS INV # 210764	2008396 CODES: LINE #	2010804 250.11 27 PROCEDURE T1019	ZAMBI 72.0	401.9 REVENUE 0580	435	12 5.9 58 FROM DT 09/18/12	/03/1938 6. THRU DT 09/18/12	JSV04323R01 UNITS 16.00	2012 AMOUNT 67.52		
NY 001 DIAGNOSIS INV #	2008396 CODES: LINE #	2010804 250.11 27 PROCEDURE	ZAMBI 72.0	401.9 REVENUE	435	12 5.9 58 FROM DT 09/18/12	/03/1938 6. THRU DT 09/18/12 09/19/12	UNITS 16.00 16.00	2012 AMOUNT		
NY 001 DIAGNOSIS INV # 210764 210764	2008396 CODES: LINE # 1 2	2010804 250.11 27 PROCEDURE T1019 T1019	ZAMBI 72.0	401.9 REVENUE 0580 0580	435	12 5.9 58 FROM DT 09/18/12 09/19/12 09/20/12	/03/1938 6. THRU DT 09/18/12 09/19/12 09/20/12 09/21/12	UNITS 16.00 16.00 16.00 16.00	AMOUNT 67.52 67.52 67.52 67.52	2091792600003	
NY 001 DIAGNOSIS INV # 210764 210764 210764	2008396 CODES: LINE # 1 2 3	2010804 250.11 27 PROCEDURE T1019 T1019 T1019	ZAMBI 72.0	401.9 REVENUE 0580 0580 0580	435	12 5.9 58 FROM DT 09/18/12 09/19/12 09/20/12	/03/1938 6. THRU DT 09/18/12 09/19/12 09/20/12 09/21/12	UNITS 16.00 16.00 16.00	AMOUNT 67.52 67.52 67.52	2091792600003	2107640012010804SUP
NY 001 DIAGNOSIS INV # 210764 210764 210764 210764 REG LOC	2008396 CODES: LINE # 1 2 3 4	2010804 250.11 27 PROCEDURE T1019 T1019 T1019 T1019 SERVICE	ZAMBI 72.0 CODE NAME	401.9 REVENUE 0580 0580 0580 0580	435	12 5.9 58 FROM DT 09/18/12 09/19/12 09/20/12 09/21/12	/03/1938 6. THRU DT 09/18/12 09/19/12 09/20/12 09/21/12 CI RTH DATE	UNITS 16.00 16.00 16.00 16.00 AIM TOTAL RECIPIENT ID	AMOUNT 67.52 67.52 67.52 67.52 270.08	CLAIM ACCOUNT REF.	2107640012010804SUP
NY 001 DIAGNOSIS INV # 210764 210764 210764 210764 REG LOC NY 001	2008396 CODES: LINE # 1 2 3 4 CLIENT 2008228	2010804 250.11 27 PROCEDURE T1019 T1019 T1019 T1019 SERVICE 2010805	ZAMBI 72.0 CODE NAME TOWLI	401.9 REVENUE 0580 0580 0580 0580	435 CD	12 5.9 58 FROM DT 09/18/12 09/19/12 09/20/12 09/21/12 BI: 12	/03/1938 6. THRU DT 09/18/12 09/19/12 09/20/12 09/21/12 CI RTH DATE /10/1954	UNITS 16.00 16.00 16.00 16.00 16.00	AMOUNT 67.52 67.52 67.52 67.52 270.08	CLAIM ACCOUNT REF.	2107640012010804SUP
NY 001 DIAGNOSIS INV # 210764 210764 210764 210764 REG LOC	2008396 CODES: LINE # 1 2 3 4 CLIENT 2008228	2010804 250.11 27 PROCEDURE T1019 T1019 T1019 T1019 SERVICE 2010805	ZAMBI 72.0 CODE NAME	401.9 REVENUE 0580 0580 0580 0580	435 CD	12 5.9 58 FROM DT 09/18/12 09/19/12 09/20/12 09/21/12 BI: 12	/03/1938 6. THRU DT 09/18/12 09/19/12 09/20/12 09/21/12 CI RTH DATE	UNITS 16.00 16.00 16.00 16.00 AIM TOTAL RECIPIENT ID	AMOUNT 67.52 67.52 67.52 67.52 270.08	CLAIM ACCOUNT REF.	2107640012010804SUP
NY 001 DIAGNOSIS INV # 210764 210764 210764 210764 REG LOC NY 001 DIAGNOSIS INV #	2008396 CODES: LINE # 1 2 3 4 CLIENT 2008228 CODES: LINE #	2010804 250.11 27 PROCEDURE T1019 T1019 T1019 T1019 SERVICE 2010805 722.10 40 PROCEDURE	ZAMBI 72.0 CODE NAME TOWLI	401.9 REVENUE 0580 0580 0580 0580 0580 ES, ADA 724.3 REVENUE	439 CD 750	12 5.9 58 FROM DT 09/18/12 09/19/12 09/20/12 09/21/12 BII 12 0.7 V6 FROM DT	/03/1938 6. THRU DT 09/18/12 09/19/12 09/20/12 09/21/12 CI RTH DATE /10/1954 1.9 THRU DT	UNITS 16.00 16.00 16.00 16.00 AIM TOTAL RECIPIENT ID JZX17878Q01 UNITS	2012 AMOUNT 67.52 67.52 67.52 67.52 270.08 PRIC 2012	CLAIM ACCOUNT REF.	2107640012010804SUP
NY 001 DIAGNOSIS INV # 210764 210764 210764 210764 REG LOC NY 001 DIAGNOSIS INV # 210763	2008396 CODES: LINE # 1 2 3 4 CLIENT 2008228 CODES: LINE # 1	2010804 250.11 27 PROCEDURE T1019 T1019 T1019 T1019 SERVICE 2010805 722.10 40 PROCEDURE T1019	ZAMBI 72.0 CODE NAME TOWLI	401.9 REVENUE 0580 0580 0580 0580 0580 ES, ADA 724.3 REVENUE 0580	439 CD 750	5.9 58 FROM DT 09/18/12 09/19/12 09/20/12 09/21/12 BI: 12 0.7 V6 FROM DT 09/17/12	/03/1938 6. THRU DT 09/18/12 09/19/12 09/20/12 09/21/12 CI RTH DATE /10/1954 1.9 THRU DT 09/17/12	UNITS 16.00 16.00 16.00 16.00 AIM TOTAL RECIPIENT ID JZX17878Q01 UNITS 16.00	AMOUNT 67.52 67.52 67.52 67.52 270.08 PRIC 2012 AMOUNT 67.52	CLAIM ACCOUNT REF.	2107640012010804SUP
NY 001 DIAGNOSIS INV # 210764 210764 210764 210764 REG LOC NY 001 DIAGNOSIS INV # 210763 210763	2008396 CODES: LINE # 1 2 3 4 CLIENT 2008228 CODES: LINE # 1 2	2010804 250.11 27 PROCEDURE T1019 T1019 T1019 T1019 SERVICE 2010805 722.10 40 PROCEDURE T1019 T1019	ZAMBI 72.0 CODE NAME TOWLI	401.9 REVENUE 0580 0580 0580 0580 0580 ES, ADA 724.3 REVENUE 0580 0580	439 CD 750	12 5.9 58 FROM DT 09/18/12 09/19/12 09/20/12 09/21/12 BI: 12 0.7 V6 FROM DT 09/17/12 09/18/12	/03/1938 6. THRU DT 09/18/12 09/19/12 09/20/12 09/21/12 CI RTH DATE /10/1954 1.9 THRU DT 09/17/12 09/18/12	UNITS 16.00 16.00 16.00 16.00 16.00 21.00 21.00 21.00 21.00 21.00 21.00 21.00 21.00 21.00 21.00 21.00 21.00 21.00 21.00 21.00 21.00 21.00 21.00	AMOUNT 67.52 67.52 67.52 67.52 270.08 PRIC 2012 AMOUNT 67.52 67.52	CLAIM ACCOUNT REF.	2107640012010804SUP
NY 001 DIAGNOSIS INV # 210764 210764 210764 210764 REG LOC NY 001 DIAGNOSIS INV # 210763	2008396 CODES: LINE # 1 2 3 4 CLIENT 2008228 CODES: LINE # 1	2010804 250.11 27 PROCEDURE T1019 T1019 T1019 T1019 SERVICE 2010805 722.10 40 PROCEDURE T1019	ZAMBI 72.0 CODE NAME TOWLI	401.9 REVENUE 0580 0580 0580 0580 0580 ES, ADA 724.3 REVENUE 0580	439 CD 750	12 5.9 58 FROM DT 09/18/12 09/19/12 09/20/12 09/21/12 BI: 12 0.7 V6 FROM DT 09/17/12 09/18/12	/03/1938 6. THRU DT 09/18/12 09/19/12 09/20/12 09/21/12 CI RTH DATE /10/1954 1.9 THRU DT 09/17/12 09/18/12 09/19/12	UNITS 16.00 16.00 16.00 16.00 16.01 16.00 16.00 10 10 10 10 10 10 10 10 10 10 10 10 1	AMOUNT 67.52 67.52 67.52 67.52 270.08 PRIC 2012 AMOUNT 67.52	CLAIM ACCOUNT REF.	2107640012010804SUP
NY 001 DIAGNOSIS INV # 210764 210764 210764 210764 REG LOC NY 001 DIAGNOSIS INV # 210763 210763 210763	2008396 CODES: LINE # 1 2 3 4 4 CLIENT 2008228 CODES: LINE # 1 2 3	2010804 250.11 27 PROCEDURE T1019 T1019 T1019 T1019 SERVICE 2010805 722.10 40 PROCEDURE T1019 T1019 T1019	ZAMBI 72.0 CODE NAME TOWLI	401.9 REVENUE 0580 0580 0580 0580 0580 ES, ADA 724.3 REVENUE 0580 0580 0580	439 CD 750	12 5.9 58 FROM DT 09/18/12 09/20/12 09/21/12 BI: 12 0.7 V6 FROM DT 09/17/12 09/18/12 09/19/12	/03/1938 6. THRU DT 09/18/12 09/19/12 09/20/12 09/21/12 RTH DATE /10/1954 1.9 THRU DT 09/17/12 09/18/12 09/19/12 09/20/12 09/21/12	UNITS 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00	AMOUNT 67.52 67.52 67.52 67.52 270.08 PRIC 2012 AMOUNT 67.52 67.52 67.52 67.52	CLAIM ACCOUNT REF. OR AUTHORIZATION # 2091792600004	2107640012010804SUP

CLAIM TOTAL

337.60 CLAIM ACCOUNT REF. 2107630012010805SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = INIPA HEALTHCARE PARTNERS IPA I

PAYER TOTALS: HEALTHCARE PARTNERS IPA I # OF CLAIMS = 16 TOTAL CLAIM AMOUNT = 1,671.12

SERVICES =

PROVIDER TOTALS: SUNNYSIDE CITYWIDE # OF CLAIMS = 683 TOTAL CLAIM AMOUNT = 84,037.82