

REPORT DATE 04/10/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

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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 03/30/1992 741244251 111891261
DIAGNOSIS CODES: 343.9 737.9 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237386	1	T1020		03/30/13	03/30/13	11.00	185.57
237386	2	T1020		04/01/13	04/01/13	6.00	101.22
237386	3	T1020		04/02/13	04/02/13	6.00	101.22
237386	4	T1020		04/03/13	04/03/13	6.00	101.22
237386	5	T1020		04/04/13	04/04/13	6.00	101.22
237386	6	T1020		04/05/13	04/05/13	6.00	101.22
CLAIM TOTAL							691.67
CLAIM ACCOUNT REF.							2373860012008267SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008268 2008268 PANOS, DESPINA D 05/11/1950 64126998700 111800517
DIAGNOSIS CODES: 340. 345.90 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237384	1	T1020		03/30/13	03/30/13	9.00	151.83
237384	2	T1020		03/31/13	03/31/13	9.00	151.83
237384	3	T1020		04/01/13	04/01/13	9.00	151.83
237384	4	T1020		04/02/13	04/02/13	9.00	151.83
237384	5	T1020		04/03/13	04/03/13	9.00	151.83
237384	6	T1020		04/04/13	04/04/13	9.00	151.83
237384	7	T1020		04/05/13	04/05/13	9.00	151.83
CLAIM TOTAL							1,062.81
CLAIM ACCOUNT REF.							2373840012008268SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008306 2008306 GIL, ALICIA M 12/05/1941 74148852400 111891265
DIAGNOSIS CODES: 340. 733.00 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237381	1	T1020		04/01/13	04/01/13	7.00	118.09
237381	2	T1020		04/02/13	04/02/13	7.00	118.09
237381	3	T1020		04/03/13	04/03/13	7.00	118.09
237381	4	T1020		04/04/13	04/04/13	7.00	118.09
237381	5	T1020		04/05/13	04/05/13	7.00	118.09
CLAIM TOTAL							590.45
CLAIM ACCOUNT REF.							2373810012008306SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008386 2008386 BATISTA, JOSE 07/20/1950 741700387 120820411
DIAGNOSIS CODES: 344.1 250.93 401.9 599.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237379	1	T1020		03/29/13	03/29/13	7.00	118.09	
237379	2	T1020		03/30/13	03/30/13	7.00	118.09	
237379	3	T1020		03/31/13	03/31/13	7.00	118.09	
237379	4	T1020		04/01/13	04/01/13	7.00	118.09	
237379	5	T1020		04/02/13	04/02/13	7.00	118.09	
237379	6	T1020		04/03/13	04/03/13	7.00	118.09	
237379	7	T1020		04/04/13	04/04/13	7.00	118.09	
237379	8	T1020		04/05/13	04/05/13	7.00	118.09	
					CLAIM TOTAL	944.72		CLAIM ACCOUNT REF. 2373790012008386SUP

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	
237385	1	T1020		04/02/13	04/02/13	8.00	134.96	
237385	2	T1020		04/03/13	04/03/13	8.00	134.96	
237385	3	T1020		04/04/13	04/04/13	5.00	84.35	
237385	4	T1020		04/05/13	04/05/13	8.00	134.96	
					CLAIM TOTAL	489.23		CLAIM ACCOUNT REF. 2373850012008400SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237382	1	T1020		02/08/13	02/08/13	4.00	67.48	
237382	2	T1020		02/13/13	02/13/13	5.00	84.35	
237382	3	T1020		03/01/13	03/01/13	5.00	84.35	
					CLAIM TOTAL	236.18		CLAIM ACCOUNT REF. 2373820012010712SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237380	1	T1020		03/15/13	03/15/13	.44	7.42	
237380	2	T1020		03/29/13	03/29/13	.56	9.45	
237380	3	T1020		03/30/13	03/30/13	1.00	16.87	

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NPI = 1154407492

CLAIM ACCOUNT REF. 2373800012012726SUP

PRIOR AUTHORIZATION #
130932078

CLAIM ACCOUNT REF. 2373830012013021SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	43	TOTAL CLAIM AMOUNT =	4,217.50
		# SERVICES =	8		

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237363	1	T1019		04/04/13	04/04/13	16.00	67.52	
237363	2	T1019		04/05/13	04/05/13	16.00	67.52	
CLAIM TOTAL							135.04	CLAIM ACCOUNT REF. 2373630012008261SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237370	1	T1019		03/30/13	03/30/13	24.00	101.28	
237370	2	T1019		03/31/13	03/31/13	24.00	101.28	
237370	3	T1019		04/01/13	04/01/13	24.00	101.28	
237370	4	T1019		04/02/13	04/02/13	24.00	101.28	
237370	5	T1019		04/03/13	04/03/13	24.00	101.28	
237370	6	T1019		04/04/13	04/04/13	24.00	101.28	
237370	7	T1019		04/05/13	04/05/13	24.00	101.28	
CLAIM TOTAL							708.96	CLAIM ACCOUNT REF. 2373700012008263SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008265 2008265 SHEPPARD, ERMA 10/05/1954 10043001301 052212292391
DIAGNOSIS CODES: 295.90 250.00 272.0 401.9 440.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237376	1	T1019		03/30/13	03/30/13	40.00	168.80	
237376	2	T1019		03/31/13	03/31/13	40.00	168.80	
237376	3	T1019		04/01/13	04/01/13	40.00	168.80	
237376	4	T1019		04/02/13	04/02/13	40.00	168.80	
237376	5	T1019		04/03/13	04/03/13	40.00	168.80	
237376	6	T1019		04/04/13	04/04/13	40.00	168.80	
237376	7	T1019		04/05/13	04/05/13	40.00	168.80	
CLAIM TOTAL							1,181.60	CLAIM ACCOUNT REF. 2373760012008265SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008303 2008303 WILSON, SHERYL 08/28/1956 10060476901 032613329815
DIAGNOSIS CODES: 737.39 344.9 493.90 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237378	1	T1019		04/01/13	04/01/13	20.00	84.40	
237378	2	T1019		04/02/13	04/02/13	24.00	101.28	

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237378	3	T1019		04/03/13	04/03/13	24.00	101.28	
237378	4	T1019		04/04/13	04/04/13	24.00	101.28	
237378	5	T1019		04/05/13	04/05/13	24.00	101.28	
					CLAIM TOTAL		489.52	CLAIM ACCOUNT REF. 2373780012008303SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008366 2008366 JONES, CYNTHIA 03/17/1950 10063968601 021313325005
DIAGNOSIS CODES: 333.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237367	1	T1019		03/22/13	03/22/13	20.00	84.40	
237367	2	T1019		03/29/13	03/29/13	20.00	84.40	
237367	3	T1019		04/01/13	04/01/13	20.00	84.40	
237367	4	T1019		04/03/13	04/03/13	20.00	84.40	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2373670012008366SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008403 2008403 CHUKWUJIORAH, TARELL 10/30/1988 10082619401 072211255317
DIAGNOSIS CODES: 343.9 737.43 742.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237360	1	T1019		03/21/13	03/21/13	28.00	118.16	
237360	2	T1019		03/22/13	03/22/13	28.00	118.16	
237360	3	T1019		03/30/13	03/30/13	28.00	118.16	
237360	4	T1019		04/01/13	04/01/13	32.00	135.04	
237360	5	T1019		04/02/13	04/02/13	28.00	118.16	
237360	6	T1019		04/03/13	04/03/13	28.00	118.16	
237360	7	T1019		04/04/13	04/04/13	28.00	118.16	
237360	8	T1019		04/05/13	04/05/13	28.00	118.16	
					CLAIM TOTAL		962.16	CLAIM ACCOUNT REF. 2373600012008403SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008421 2008421 OCASIO, VIRGINIA 05/24/1949 10063483101 082012303730
DIAGNOSIS CODES: 250.00 278.00 300.00 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237373	1	T1019		04/01/13	04/01/13	24.00	101.28	
237373	2	T1019		04/02/13	04/02/13	24.00	101.28	
237373	3	T1019		04/03/13	04/03/13	24.00	101.28	
237373	4	T1019		04/04/13	04/04/13	24.00	101.28	
237373	5	T1019		04/05/13	04/05/13	24.00	101.28	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2373730012008421SUP

REPORT DATE 04/10/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 11325 NEIGHBORHOOD HEALTH

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008422 2008422 MOSKOWITZ, RONA 02/16/1952 10063710601 072211255325
DIAGNOSIS CODES: 799.89 401.9 493.92 729.0 V02.62

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237371	1	T1019		03/30/13	03/30/13	24.00	101.28	
						CLAIM TOTAL	101.28	CLAIM ACCOUNT REF. 2373710012008422SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008422 2008422 MOSKOWITZ, RONA 02/16/1952 10063710601 020713324355
DIAGNOSIS CODES: 799.89 401.9 493.92 729.0 V02.62

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237372	1	T1019		04/01/13	04/01/13	24.00	101.28	
237372	2	T1019		04/02/13	04/02/13	24.00	101.28	
237372	3	T1019		04/03/13	04/03/13	24.00	101.28	
237372	4	T1019		04/04/13	04/04/13	24.00	101.28	
237372	5	T1019		04/05/13	04/05/13	24.00	101.28	
						CLAIM TOTAL	506.40	CLAIM ACCOUNT REF. 2373720012008422SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008425 2008425 WELLS, WYNORIA 09/10/1959 10063849801 081911258799
DIAGNOSIS CODES: 278.01 253.5 272.4 356.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237377	1	T1019		04/01/13	04/01/13	16.00	67.52	
237377	2	T1019		04/02/13	04/02/13	16.00	67.52	
237377	3	T1019		04/04/13	04/04/13	16.00	67.52	
237377	4	T1019		04/05/13	04/05/13	16.00	67.52	
						CLAIM TOTAL	270.08	CLAIM ACCOUNT REF. 2373770012008425SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008427 2008427 FLORES, MARITZA 09/26/1953 10044817901 072911256156
DIAGNOSIS CODES: 427.31 278.01 285.9 311. 425.8 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237364	1	T1019		03/30/13	03/30/13	40.00	168.80	
						CLAIM TOTAL	168.80	CLAIM ACCOUNT REF. 2373640012008427SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008427 2008427 FLORES, MARITZA 09/26/1953 10044817901 032613329851
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	
237365	1	T1019		03/31/13	03/31/13	40.00	168.80	
237365	2	T1019		04/01/13	04/01/13	40.00	168.80	
237365	3	T1019		04/03/13	04/03/13	40.00	168.80	
237365	4	T1019		04/04/13	04/04/13	40.00	168.80	
237365	5	T1019		04/05/13	04/05/13	40.00	168.80	
					CLAIM TOTAL		844.00	CLAIM ACCOUNT REF. 2373650012008427SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008531 2008531 RODRIGUEZ -2, MARIA 02/16/1949 10057325401 070912298224
DIAGNOSIS CODES: 250.00 272.4 331.0 401.9 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237374	1	T1019		04/01/13	04/01/13	24.00	101.28	
237374	2	T1019		04/02/13	04/02/13	24.00	101.28	
237374	3	T1019		04/03/13	04/03/13	24.00	101.28	
237374	4	T1019		04/04/13	04/04/13	24.00	101.28	
237374	5	T1019		04/05/13	04/05/13	24.00	101.28	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2373740012008531SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008742 2008742 KROLL, KATHERINE 09/22/1949 10088829601 080811257332
DIAGNOSIS CODES: 340. 244.8 272.0 311. 386.2 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237369	1	T1019		04/01/13	04/01/13	28.00	118.16	
237369	2	T1019		04/02/13	04/02/13	28.00	118.16	
237369	3	T1019		04/03/13	04/03/13	28.00	118.16	
237369	4	T1019		04/04/13	04/04/13	28.00	118.16	
237369	5	T1019		04/05/13	04/05/13	28.00	118.16	
					CLAIM TOTAL		590.80	CLAIM ACCOUNT REF. 2373690012008742SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008802 2008802 DIAZ 1, CARMEN 07/29/1950 10089557301 062712297011
DIAGNOSIS CODES: V02.62 300.00 401.9 719.89 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237362	1	T1019		03/07/13	03/07/13	24.00	101.28	
237362	2	T1019		04/01/13	04/01/13	16.00	67.52	
237362	3	T1019		04/02/13	04/02/13	24.00	101.28	

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237362	4	T1019		04/03/13	04/03/13	24.00	101.28	
237362	5	T1019		04/04/13	04/04/13	24.00	101.28	
237362	6	T1019		04/05/13	04/05/13	24.00	101.28	
					CLAIM TOTAL		573.92	CLAIM ACCOUNT REF. 2373620012008802SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009356	2009356	KHAN, FARUQUE	02/08/1949	10076892101	112111269647
DIAGNOSIS	CODES:	696.8	253.5	272.4			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237368	1	T1019		03/30/13	03/30/13	44.00	185.68	
237368	2	T1019		04/01/13	04/01/13	48.00	202.56	
237368	3	T1019		04/02/13	04/02/13	48.00	202.56	
237368	4	T1019		04/03/13	04/03/13	48.00	202.56	
237368	5	T1019		04/04/13	04/04/13	48.00	202.56	
237368	6	T1019		04/05/13	04/05/13	40.00	168.80	
					CLAIM TOTAL		1,164.72	CLAIM ACCOUNT REF. 2373680012009356SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010143	2010143	AHMED, UMARA	11/15/1985	10062660901	072211255328
DIAGNOSIS	CODES:	335.19	695.4				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237358	1	T1019		03/16/13	03/16/13	32.00	135.04	
237358	2	T1019		03/30/13	03/30/13	32.00	135.04	
237358	3	T1019		03/31/13	03/31/13	32.00	135.04	
237358	4	T1019		04/01/13	04/01/13	32.00	135.04	
237358	5	T1019		04/02/13	04/02/13	32.00	135.04	
237358	6	T1019		04/03/13	04/03/13	32.00	135.04	
237358	7	T1019		04/04/13	04/04/13	32.00	135.04	
237358	8	T1019		04/05/13	04/05/13	32.00	135.04	
					CLAIM TOTAL		1,080.32	CLAIM ACCOUNT REF. 2373580012010143SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008398	2010353	RODRIGUEZ, JESSE	03/23/1984	10063030901	072211255272
DIAGNOSIS	CODES:	799.89	253.5	278.00 401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237375	1	T1019		04/03/13	04/03/13	20.00	84.40	
237375	2	T1019		04/05/13	04/05/13	20.00	84.40	
					CLAIM TOTAL		168.80	CLAIM ACCOUNT REF. 2373750012010353SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #
060112293626

CLAIM ACCOUNT REF. 2373660012010639SUP

PRIOR AUTHORIZATION #
073112301172

CLAIM ACCOUNT REF. 2373590012010878SUP

PRIOR AUTHORIZATION #
020113323665

CLAIM ACCOUNT REF. 2373610012012500SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	98	TOTAL CLAIM AMOUNT =	12,170.48
		# SERVICES =	19		

REPORT DATE 04/10/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

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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 0101231390513
DIAGNOSIS CODES: 356.9 348.2 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237409	1	T1019		03/30/13	03/30/13	4.00	68.60
237409	2	T1019		03/31/13	03/31/13	4.00	68.60
237409	3	T1019		04/01/13	04/01/13	12.00	205.80
237409	4	T1019		04/02/13	04/02/13	12.00	205.80
237409	5	T1019		04/03/13	04/03/13	12.00	205.80
237409	6	T1019		04/04/13	04/04/13	12.00	205.80
237409	7	T1019		04/05/13	04/05/13	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2374090012008233SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008236 2008236 PERSAD, USHA 07/05/1955 TS79090G 0111301290246
DIAGNOSIS CODES: 250.10 272.0 401.9 225.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237416	1	T1019		03/30/13	03/30/13	8.00	137.20
237416	2	T1019		03/31/13	03/31/13	8.00	137.20
237416	3	T1019		04/01/13	04/01/13	11.00	188.65
237416	4	T1019		04/02/13	04/02/13	11.00	188.65
237416	5	T1019		04/03/13	04/03/13	11.00	188.65
237416	6	T1019		04/04/13	04/04/13	11.00	188.65
237416	7	T1019		04/05/13	04/05/13	11.00	188.65
CLAIM TOTAL						1,217.65	CLAIM ACCOUNT REF. 2374160012008236SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237412	1	T1019		04/01/13	04/01/13	4.00	68.60
237412	2	T1019		04/02/13	04/02/13	4.00	68.60
237412	3	T1019		04/03/13	04/03/13	4.00	68.60
237412	4	T1019		04/05/13	04/05/13	4.00	68.60
CLAIM TOTAL						274.40	CLAIM ACCOUNT REF. 2374120012008237SUP

REPORT DATE 04/10/13 SUNNYSIDE CITYWIDE
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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 2008385 2008385 MURDOCK, GERTRUDE 11/01/1917 SS71357M 0112031290138
DIAGNOSIS CODES: 536.9 365.9 369.10 389.9 401.9 715.90 733.00 V15.88

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237414	1	T1019		03/11/13	03/11/13	10.00	171.50
237414	2	T1019		04/01/13	04/01/13	10.00	171.50
237414	3	T1019		04/02/13	04/02/13	10.00	171.50
237414	4	T1019		04/03/13	04/03/13	10.00	171.50
237414	5	T1019		04/04/13	04/04/13	9.00	154.35
237414	6	T1019		04/05/13	04/05/13	9.00	154.35
CLAIM TOTAL						994.70	CLAIM ACCOUNT REF. 2374140012008385SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237413	1	T1019		03/30/13	03/30/13	5.00	85.75
237413	2	T1019		03/31/13	03/31/13	5.00	85.75
237413	3	T1019		04/01/13	04/01/13	5.00	85.75
237413	4	T1019		04/02/13	04/02/13	5.00	85.75
237413	5	T1019		04/03/13	04/03/13	5.00	85.75
237413	6	T1019		04/04/13	04/04/13	5.00	85.75
237413	7	T1019		04/05/13	04/05/13	5.00	85.75
CLAIM TOTAL						600.25	CLAIM ACCOUNT REF. 2374130012008417SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008418 2008418 RYALS, CHARLES 11/03/1950 ZZ49620T 0101241390277
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
237418	1	T1019		04/01/13	04/01/13	8.00	137.20
237418	2	T1019		04/02/13	04/02/13	4.00	68.60
237418	3	T1019		04/03/13	04/03/13	8.00	137.20
237418	4	T1019		04/05/13	04/05/13	8.00	137.20
CLAIM TOTAL						480.20	CLAIM ACCOUNT REF. 2374180012008418SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008743 2008743 CORDERO, ROSENDO 08/26/1926 QM62108S 0101231390317
DIAGNOSIS CODES: 492.0 272.0 401.9 715.00 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237410	1	T1019		03/30/13	03/30/13	10.00	171.50

REPORT DATE 04/10/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 13265 METROPLUS HEALTH PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237410	2	T1019		03/31/13	03/31/13	10.00	171.50	
237410	3	T1019		04/01/13	04/01/13	10.00	171.50	
237410	4	T1019		04/02/13	04/02/13	10.00	171.50	
237410	5	T1019		04/03/13	04/03/13	10.00	171.50	
237410	6	T1019		04/04/13	04/04/13	10.00	171.50	
237410	7	T1019		04/05/13	04/05/13	10.00	171.50	
CLAIM TOTAL							1,200.50	CLAIM ACCOUNT REF. 2374100012008743SUP

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	
237419	1	T1019		03/25/13	03/25/13	5.00	85.75	
237419	2	T1019		03/26/13	03/26/13	5.00	85.75	
237419	3	T1019		03/27/13	03/27/13	5.00	85.75	
237419	4	T1019		03/28/13	03/28/13	5.00	85.75	
237419	5	T1019		03/29/13	03/29/13	5.00	85.75	
237419	6	T1019		03/30/13	03/30/13	5.00	85.75	
237419	7	T1019		03/31/13	03/31/13	5.00	85.75	
237419	8	T1019		04/01/13	04/01/13	5.00	85.75	
237419	9	T1019		04/02/13	04/02/13	5.00	85.75	
237419	10	T1019		04/03/13	04/03/13	5.00	85.75	
237419	11	T1019		04/04/13	04/04/13	5.00	85.75	
237419	12	T1019		04/05/13	04/05/13	5.00	85.75	
CLAIM TOTAL							1,029.00	CLAIM ACCOUNT REF. 2374190012009377SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237417	1	T1019		03/19/13	03/19/13	3.00	51.45	
237417	2	T1019		03/30/13	03/30/13	8.00	137.20	
237417	3	T1019		04/01/13	04/01/13	3.00	51.45	
237417	4	T1019		04/02/13	04/02/13	3.00	51.45	
237417	5	T1019		04/04/13	04/04/13	3.00	51.45	
237417	6	T1019		04/05/13	04/05/13	4.00	68.60	
CLAIM TOTAL							411.60	CLAIM ACCOUNT REF. 2374170012009688SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #
0102041390418

1,029.00 CLAIM ACCOUNT REF. 2374200012010213SUP

PRIOR AUTHORIZATION #
0112031290291

CLAIM ACCOUNT REF. 2374150012010886SUP

PRIOR AUTHORIZATION #
0111191290232

2,881.20	CLAIM ACCOUNT REF.	2374110012011286SUP
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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 2012382 2012382 VERAS, EMMA 04/08/1957 YR88751T 0101291390106
DIAGNOSIS CODES: V44.0 253.5 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237421	1	T1019		03/30/13	03/30/13	12.00	205.80	
237421	2	T1019		03/31/13	03/31/13	12.00	205.80	
					CLAIM TOTAL	411.60		CLAIM ACCOUNT REF. 2374210012012382SUP

PAYER TOTALS: METROPLUS HEALTH PLAN # OF CLAIMS = 86 TOTAL CLAIM AMOUNT = 12,005.00
SERVICES = 13

REPORT DATE 04/10/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051
PAYER ID = 14163

SUNNYSIDE CITYWIDE
WELLCARE OF NY

NPI = 1154407492

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008286	2008286	RAMIREZ, ALIDA A	12/10/1950	ZN85118U	110614772
DIAGNOSIS	CODES:	250.00	272.4	401.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237450	1	T1019		03/30/13	03/30/13	36.00	154.80
237450	2	T1019		03/31/13	03/31/13	36.00	154.80
237450	3	T1019		04/01/13	04/01/13	36.00	154.80
237450	4	T1019		04/02/13	04/02/13	36.00	154.80
237450	5	T1019		04/03/13	04/03/13	36.00	154.80
237450	6	T1019		04/04/13	04/04/13	36.00	154.80
237450	7	T1019		04/05/13	04/05/13	36.00	154.80

CLAIM TOTAL 1,083.60 CLAIM ACCOUNT REF. 2374500012008286SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008495	2008495	MARTINEZ, MARIA	09/05/1958	ZV42745Q	110885355
DIAGNOSIS	CODES:	250.00	244.8	295.90	401.9	493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237436	1	T1019		03/24/13	03/24/13	24.00	103.20
237436	2	T1019		03/30/13	03/30/13	24.00	103.20
237436	3	T1019		03/31/13	03/31/13	24.00	103.20
237436	4	T1019		04/01/13	04/01/13	24.00	103.20
237436	5	T1019		04/02/13	04/02/13	24.00	103.20
237436	6	T1019		04/03/13	04/03/13	24.00	103.20
237436	7	T1019		04/04/13	04/04/13	24.00	103.20
237436	8	T1019		04/05/13	04/05/13	24.00	103.20

CLAIM TOTAL 825.60 CLAIM ACCOUNT REF. 2374360012008495SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237424	1	T1019		03/30/13	03/30/13	28.00	120.40
237424	2	T1019		03/31/13	03/31/13	28.00	120.40
237424	3	T1019		04/01/13	04/01/13	28.00	120.40
237424	4	T1019		04/02/13	04/02/13	28.00	120.40
237424	5	T1019		04/03/13	04/03/13	28.00	120.40
237424	6	T1019		04/04/13	04/04/13	28.00	120.40
237424	7	T1019		04/05/13	04/05/13	28.00	120.40

CLAIM TOTAL 842.80 CLAIM ACCOUNT REF. 2374240012012101SUP

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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 111353605
DIAGNOSIS CODES: 401.9 272.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237425	1	T1019		04/01/13	04/01/13	16.00	68.80
237425	2	T1019		04/02/13	04/02/13	16.00	68.80
237425	3	T1019		04/03/13	04/03/13	16.00	68.80
237425	4	T1019		04/04/13	04/04/13	16.00	68.80
237425	5	T1019		04/05/13	04/05/13	16.00	68.80
CLAIM TOTAL							344.00

CLAIM ACCOUNT REF. 2374250012012102SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237426	1	T1019		03/30/13	03/30/13	40.00	172.00
237426	2	T1019		03/31/13	03/31/13	40.00	172.00
CLAIM TOTAL							344.00

CLAIM ACCOUNT REF. 2374260012012104SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012104 2012104 CEBALLOS, FRANCISCA 11/10/1931 744474 111627893
DIAGNOSIS CODES: 294.20 093.9 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237427	1	T1019		04/01/13	04/01/13	40.00	172.00
237427	2	T1019		04/02/13	04/02/13	40.00	172.00
237427	3	T1019		04/03/13	04/03/13	40.00	172.00
237427	4	T1019		04/04/13	04/04/13	40.00	172.00
237427	5	T1019		04/05/13	04/05/13	40.00	172.00
CLAIM TOTAL							860.00

CLAIM ACCOUNT REF. 2374270012012104SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237428	1	T1019		03/30/13	03/30/13	32.00	137.60
237428	2	T1019		03/31/13	03/31/13	32.00	137.60
237428	3	T1019		04/01/13	04/01/13	32.00	137.60
237428	4	T1019		04/02/13	04/02/13	32.00	137.60
237428	5	T1019		04/03/13	04/03/13	32.00	137.60
237428	6	T1019		04/04/13	04/04/13	32.00	137.60

REPORT DATE 04/10/13 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
237428	7	T1019		04/05/13	04/05/13	32.00	137.60
CLAIM TOTAL							963.20
CLAIM ACCOUNT REF.							2374280012012107SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012108	2012108	GODINOT, CARMEN	07/16/1939	695752	111626854
DIAGNOSIS CODES: 369.3 250.00 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237429	1	T1019		04/01/13	04/01/13	24.00	103.20
237429	2	T1019		04/02/13	04/02/13	24.00	103.20
237429	3	T1019		04/03/13	04/03/13	24.00	103.20
237429	4	T1019		04/04/13	04/04/13	24.00	103.20
237429	5	T1019		04/05/13	04/05/13	24.00	103.20
CLAIM TOTAL							516.00
CLAIM ACCOUNT REF.							2374290012012108SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237430	1	T1019		04/01/13	04/01/13	28.00	120.40
237430	2	T1019		04/02/13	04/02/13	28.00	120.40
237430	3	T1019		04/03/13	04/03/13	28.00	120.40
237430	4	T1019		04/04/13	04/04/13	28.00	120.40
237430	5	T1019		04/05/13	04/05/13	28.00	120.40
CLAIM TOTAL							602.00
CLAIM ACCOUNT REF.							2374300012012110SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237431	1	T1019		03/30/13	03/30/13	48.00	206.40
237431	2	T1019		03/31/13	03/31/13	36.00	154.80
CLAIM TOTAL							361.20
CLAIM ACCOUNT REF.							2374310012012114SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012117	2012117	HAYNES, LAMONT	08/22/1920	695748	111524712
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237433	1	T1019		03/30/13	03/30/13	20.00	86.00
237433	2	T1019		03/31/13	03/31/13	20.00	86.00

REPORT DATE 04/10/13 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	
237433	3	T1019		04/01/13	04/01/13	16.00	68.80	
237433	4	T1019		04/02/13	04/02/13	16.00	68.80	
237433	5	T1019		04/03/13	04/03/13	16.00	68.80	
237433	6	T1019		04/04/13	04/04/13	16.00	68.80	
237433	7	T1019		04/05/13	04/05/13	16.00	68.80	
				CLAIM TOTAL			516.00	CLAIM ACCOUNT REF. 2374330012012117SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012120 2012120 LOPEZ, ISABEL 12/24/1942 740574 111591487
DIAGNOSIS CODES: 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237434	1	T1019		04/01/13	04/01/13	28.00	120.40	
237434	2	T1019		04/02/13	04/02/13	28.00	120.40	
237434	3	T1019		04/03/13	04/03/13	28.00	120.40	
237434	4	T1019		04/04/13	04/04/13	28.00	120.40	
237434	5	T1019		04/05/13	04/05/13	28.00	120.40	
				CLAIM TOTAL			602.00	CLAIM ACCOUNT REF. 2374340012012120SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237438	1	T1019		03/30/13	03/30/13	32.00	137.60	
237438	2	T1019		03/31/13	03/31/13	28.00	120.40	
237438	3	T1019		04/01/13	04/01/13	32.00	137.60	
237438	4	T1019		04/02/13	04/02/13	32.00	137.60	
237438	5	T1019		04/03/13	04/03/13	32.00	137.60	
237438	6	T1019		04/04/13	04/04/13	32.00	137.60	
237438	7	T1019		04/05/13	04/05/13	32.00	137.60	
				CLAIM TOTAL			946.00	CLAIM ACCOUNT REF. 2374380012012121SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012122 2012122 MORALES, FRANCISCO 12/03/1935 744366 111218452
DIAGNOSIS CODES: 250.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237439	1	T1019		03/24/13	03/24/13	20.00	86.00	
237439	2	T1019		03/30/13	03/30/13	20.00	86.00	
				CLAIM TOTAL			172.00	CLAIM ACCOUNT REF. 2374390012012122SUP

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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 2012122 2012122 MORALES, FRANCISCO 12/03/1935 744366 1115793538
DIAGNOSIS CODES: 250.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237440	1	T1019		04/01/13	04/01/13	20.00	86.00
237440	2	T1019		04/02/13	04/02/13	20.00	86.00
237440	3	T1019		04/03/13	04/03/13	20.00	86.00
237440	4	T1019		04/04/13	04/04/13	20.00	86.00
237440	5	T1019		04/05/13	04/05/13	20.00	86.00
CLAIM TOTAL							430.00

CLAIM ACCOUNT REF. 2374400012012122SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012130 2012130 NAVARRO, ANTONIA 07/23/1945 710368 111289272
DIAGNOSIS CODES: 493.92 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237442	1	T1019		03/30/13	03/30/13	20.00	86.00
237442	2	T1019		03/31/13	03/31/13	20.00	86.00
CLAIM TOTAL							172.00

CLAIM ACCOUNT REF. 2374420012012130SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012130 2012130 NAVARRO, ANTONIA 07/23/1945 710368 111623951
DIAGNOSIS CODES: 493.92 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237443	1	T1019		04/01/13	04/01/13	28.00	120.40
237443	2	T1019		04/02/13	04/02/13	28.00	120.40
237443	3	T1019		04/03/13	04/03/13	28.00	120.40
237443	4	T1019		04/04/13	04/04/13	28.00	120.40
237443	5	T1019		04/05/13	04/05/13	28.00	120.40
CLAIM TOTAL							602.00

CLAIM ACCOUNT REF. 2374430012012130SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012131 2012131 ORTIZ, JOSE 04/19/1925 691721 111599493
DIAGNOSIS CODES: 250.00 401.9 414.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237445	1	T1019		04/01/13	04/01/13	16.00	68.80
237445	2	T1019		04/03/13	04/03/13	16.00	68.80
CLAIM TOTAL							137.60

CLAIM ACCOUNT REF. 2374450012012131SUP

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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 2012132 2012132 ORTIZ, DOLORES 06/30/1927 744365 111228861
DIAGNOSIS CODES: 401.9 272.4 750.7

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237444	1	T1019		03/25/13	03/25/13	32.00	137.60
237444	2	T1019		03/29/13	03/29/13	32.00	137.60
237444	3	T1019		03/30/13	03/30/13	20.00	86.00
237444	4	T1019		03/31/13	03/31/13	20.00	86.00
237444	5	T1019		04/01/13	04/01/13	32.00	137.60
237444	6	T1019		04/02/13	04/02/13	32.00	137.60
237444	7	T1019		04/03/13	04/03/13	32.00	137.60
237444	8	T1019		04/04/13	04/04/13	32.00	137.60
237444	9	T1019		04/05/13	04/05/13	32.00	137.60
CLAIM TOTAL						1,135.20	CLAIM ACCOUNT REF. 2374440012012132SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237459	1	T1019		02/28/13	02/28/13	28.00	120.40
237459	2	T1019		04/01/13	04/01/13	28.00	120.40
237459	3	T1019		04/02/13	04/02/13	28.00	120.40
237459	4	T1019		04/03/13	04/03/13	28.00	120.40
237459	5	T1019		04/04/13	04/04/13	28.00	120.40
237459	6	T1019		04/05/13	04/05/13	28.00	120.40
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2374590012012134SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012137 2012137 VAZQUEZ 1, ROSA 08/08/1934 695667 111437135
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237462	1	T1019		04/01/13	04/01/13	32.00	137.60
237462	2	T1019		04/02/13	04/02/13	32.00	137.60
237462	3	T1019		04/03/13	04/03/13	32.00	137.60
237462	4	T1019		04/04/13	04/04/13	32.00	137.60
237462	5	T1019		04/05/13	04/05/13	32.00	137.60
CLAIM TOTAL						688.00	CLAIM ACCOUNT REF. 2374620012012137SUP

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PAYER ID = 14163 WELLCARE OF NY

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237463	1	T1019		04/01/13	04/01/13	16.00	68.80
237463	2	T1019		04/02/13	04/02/13	16.00	68.80
237463	3	T1019		04/04/13	04/04/13	16.00	68.80
237463	4	T1019		04/05/13	04/05/13	16.00	68.80
CLAIM TOTAL							275.20

CLAIM ACCOUNT REF. 2374630012012138SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012140 2012140 PATRICK, IMAGENE 03/27/1930 737028 111597004
DIAGNOSIS CODES: 294.10 153.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237446	1	T1019		04/01/13	04/01/13	32.00	137.60
237446	2	T1019		04/02/13	04/02/13	32.00	137.60
237446	3	T1019		04/03/13	04/03/13	32.00	137.60
237446	4	T1019		04/04/13	04/04/13	32.00	137.60
237446	5	T1019		04/05/13	04/05/13	32.00	137.60
CLAIM TOTAL							688.00

CLAIM ACCOUNT REF. 2374460012012140SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237458	1	T1019		04/01/13	04/01/13	16.00	68.80
237458	2	T1019		04/03/13	04/03/13	16.00	68.80
237458	3	T1019		04/05/13	04/05/13	16.00	68.80
CLAIM TOTAL							206.40

CLAIM ACCOUNT REF. 2374580012012141SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012142 2012142 MEDINA, MARTHA 01/11/1944 697570 111623789
DIAGNOSIS CODES: 135. 250.00 426.4 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237437	1	T1019		04/01/13	04/01/13	12.00	51.60
237437	2	T1019		04/02/13	04/02/13	12.00	51.60
237437	3	T1019		04/03/13	04/03/13	12.00	51.60
237437	4	T1019		04/04/13	04/04/13	12.00	51.60
237437	5	T1019		04/05/13	04/05/13	12.00	51.60
CLAIM TOTAL							258.00

CLAIM ACCOUNT REF. 2374370012012142SUP

REPORT DATE 04/10/13 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 2012143 2012143 MURPHY, RUBY 04/13/1955 698832 111381584
DIAGNOSIS CODES: 585.3 311. 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237441	1	T1019		04/01/13	04/01/13	16.00	68.80	
237441	2	T1019		04/02/13	04/02/13	16.00	68.80	
237441	3	T1019		04/04/13	04/04/13	16.00	68.80	
237441	4	T1019		04/05/13	04/05/13	16.00	68.80	
CLAIM TOTAL							275.20	CLAIM ACCOUNT REF. 2374410012012143SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012144 2012144 PEREZ, JULIO 01/27/1936 709538 111597155
DIAGNOSIS CODES: 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237449	1	T1019		04/01/13	04/01/13	20.00	86.00	
237449	2	T1019		04/03/13	04/03/13	20.00	86.00	
237449	3	T1019		04/05/13	04/05/13	20.00	86.00	
CLAIM TOTAL							258.00	CLAIM ACCOUNT REF. 2374490012012144SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012145 2012145 PERALTA RODRIGO, JOSE 03/13/1942 715488 111633843
DIAGNOSIS CODES: 715.90 272.0 274.9 278.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237447	1	T1019		04/01/13	04/01/13	16.00	68.80	
237447	2	T1019		04/02/13	04/02/13	16.00	68.80	
237447	3	T1019		04/03/13	04/03/13	16.00	68.80	
237447	4	T1019		04/04/13	04/04/13	16.00	68.80	
237447	5	T1019		04/05/13	04/05/13	16.00	68.80	
CLAIM TOTAL							344.00	CLAIM ACCOUNT REF. 2374470012012145SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012146 2012146 PERALTA, INEZ 08/18/1942 715489 111633900
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	
237448	1	T1019		04/01/13	04/01/13	16.00	68.80	
237448	2	T1019		04/02/13	04/02/13	16.00	68.80	
237448	3	T1019		04/03/13	04/03/13	16.00	68.80	
237448	4	T1019		04/04/13	04/04/13	16.00	68.80	
237448	5	T1019		04/05/13	04/05/13	16.00	68.80	
CLAIM TOTAL							344.00	CLAIM ACCOUNT REF. 2374480012012146SUP

REPORT DATE 04/10/13 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	2012149	2012149	REGLA, MARIA F	11/21/1933	691499	111223158
DIAGNOSIS CODES: 250.00 715.09							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237451	1	T1019		03/29/13	03/29/13	32.00	137.60
CLAIM TOTAL							137.60
CLAIM ACCOUNT REF.							2374510012012149SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012149	2012149	REGLA, MARIA F	11/21/1933	691499	111552012
DIAGNOSIS CODES: 250.00 715.09							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237452	1	T1019		04/01/13	04/01/13	32.00	137.60
237452	2	T1019		04/02/13	04/02/13	32.00	137.60
237452	3	T1019		04/03/13	04/03/13	32.00	137.60
237452	4	T1019		04/04/13	04/04/13	32.00	137.60
237452	5	T1019		04/05/13	04/05/13	32.00	137.60
CLAIM TOTAL							688.00
CLAIM ACCOUNT REF.							2374520012012149SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012152	2012152	REYES, TERESA	03/18/1941	697840	111476685
DIAGNOSIS CODES: 250.00 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237453	1	T1019		03/30/13	03/30/13	28.00	120.40
237453	2	T1019		03/31/13	03/31/13	32.00	137.60
CLAIM TOTAL							258.00
CLAIM ACCOUNT REF.							2374530012012152SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012152	2012152	REYES, TERESA	03/18/1941	697840	111628409
DIAGNOSIS CODES: 250.00 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237454	1	T1019		04/01/13	04/01/13	32.00	137.60
237454	2	T1019		04/02/13	04/02/13	32.00	137.60
237454	3	T1019		04/03/13	04/03/13	32.00	137.60
237454	4	T1019		04/04/13	04/04/13	32.00	137.60
237454	5	T1019		04/05/13	04/05/13	32.00	137.60
CLAIM TOTAL							688.00
CLAIM ACCOUNT REF.							2374540012012152SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012154 2012154 RODRIGUEZ, FRANKLIN 03/26/1989 697529 111223936
DIAGNOSIS CODES: 319.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237455	1	T1019		03/30/13	03/30/13	24.00	103.20
CLAIM TOTAL							103.20
CLAIM ACCOUNT REF.							2374550012012154SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012154 2012154 RODRIGUEZ, FRANKLIN 03/26/1989 697529 111632714
DIAGNOSIS CODES: 319.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237456	1	T1019		04/01/13	04/01/13	24.00	103.20
237456	2	T1019		04/02/13	04/02/13	24.00	103.20
237456	3	T1019		04/03/13	04/03/13	24.00	103.20
237456	4	T1019		04/04/13	04/04/13	24.00	103.20
CLAIM TOTAL							412.80
CLAIM ACCOUNT REF.							2374560012012154SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012155 2012155 SANCHEZ, BETANIA 05/10/1956 706048 111605391
DIAGNOSIS CODES: 555.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237457	1	T1019		04/01/13	04/01/13	20.00	86.00
237457	2	T1019		04/02/13	04/02/13	32.00	137.60
237457	3	T1019		04/03/13	04/03/13	32.00	137.60
237457	4	T1019		04/04/13	04/04/13	32.00	137.60
237457	5	T1019		04/05/13	04/05/13	32.00	137.60
CLAIM TOTAL							636.40
CLAIM ACCOUNT REF.							2374570012012155SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237422	1	T1019		03/23/13	03/23/13	20.00	86.00
237422	2	T1019		03/24/13	03/24/13	20.00	86.00
237422	3	T1019		03/25/13	03/25/13	20.00	86.00
237422	4	T1019		03/26/13	03/26/13	20.00	86.00
237422	5	T1019		03/27/13	03/27/13	20.00	86.00
237422	6	T1019		03/28/13	03/28/13	20.00	86.00
237422	7	T1019		03/29/13	03/29/13	20.00	86.00
237422	8	T1019		03/30/13	03/30/13	20.00	86.00

REPORT DATE 04/10/13 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	
237422	9	T1019		03/31/13	03/31/13	20.00	86.00	
					CLAIM TOTAL		774.00	CLAIM ACCOUNT REF. 2374220012012161SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012161	2012161	ALONSO, ANA	03/02/1943	739934	111560004
DIAGNOSIS	CODES:	733.09	253.5	272.4			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237423	1	T1019		04/01/13	04/01/13	20.00	86.00	
237423	2	T1019		04/02/13	04/02/13	20.00	86.00	
237423	3	T1019		04/03/13	04/03/13	20.00	86.00	
237423	4	T1019		04/04/13	04/04/13	20.00	86.00	
237423	5	T1019		04/05/13	04/05/13	20.00	86.00	
					CLAIM TOTAL		430.00	CLAIM ACCOUNT REF. 2374230012012161SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012261	2012261	SILVEIRA, BERTA	06/23/1938	753060	111595604
DIAGNOSIS	CODES:	786.05					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237460	1	T1019		04/01/13	04/01/13	16.00	68.80	
237460	2	T1019		04/03/13	04/03/13	16.00	68.80	
237460	3	T1019		04/04/13	04/04/13	16.00	68.80	
					CLAIM TOTAL		206.40	CLAIM ACCOUNT REF. 2374600012012261SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237461	1	T1019		03/30/13	03/30/13	36.00	154.80	
237461	2	T1019		03/31/13	03/31/13	36.00	154.80	
237461	3	T1019		04/01/13	04/01/13	36.00	154.80	
237461	4	T1019		04/02/13	04/02/13	36.00	154.80	
237461	5	T1019		04/03/13	04/03/13	36.00	154.80	
237461	6	T1019		04/04/13	04/04/13	36.00	154.80	
237461	7	T1019		04/05/13	04/05/13	36.00	154.80	
					CLAIM TOTAL		1,083.60	CLAIM ACCOUNT REF. 2374610012012266SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #
111414603

CLAIM ACCOUNT REF. 2374320012012920SUP

PRIOR AUTHORIZATION #
111601802

CLAIM ACCOUNT REF. 2374350012012948SUP

PRIOR AUTHORIZATION #
111600572

CLAIM ACCOUNT REF. 2374640012012984SUP

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	200	TOTAL CLAIM AMOUNT =	22,979.20
		# SERVICES =	36		

REPORT DATE 04/10/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 55247 HEALTH INSURANCE PLAN

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237405	1	T1019	0580	03/07/13	03/07/13	40.00	168.80
237405	2	T1019	0580	03/13/13	03/13/13	40.00	168.80
237405	3	T1019	0580	03/26/13	03/26/13	40.00	168.80
237405	4	T1019	0580	04/02/13	04/02/13	40.00	168.80
237405	5	T1019	0580	04/03/13	04/03/13	40.00	168.80
237405	6	T1019	0580	04/04/13	04/04/13	40.00	168.80
CLAIM TOTAL						1,012.80	CLAIM ACCOUNT REF. 2374050012008491SUP

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
237408	1	T1019	0580	04/01/13	04/01/13	16.00	67.52
237408	2	T1019	0580	04/02/13	04/02/13	16.00	67.52
237408	3	T1019	0580	04/03/13	04/03/13	16.00	67.52
CLAIM TOTAL						202.56	CLAIM ACCOUNT REF. 2374080012008513SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008227 2008544 ORR, LOUISE 03/04/1956 ZK40327Q 0005050233
DIAGNOSIS CODES: 250.00 401.9 428.0 435.9 429.9 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237406	1	T1019	0580	03/30/13	03/30/13	20.00	84.40
237406	2	T1019	0580	03/31/13	03/31/13	20.00	84.40
237406	3	T1019	0580	04/01/13	04/01/13	20.00	84.40
237406	4	T1019	0580	04/02/13	04/02/13	20.00	84.40
237406	5	T1019	0580	04/03/13	04/03/13	20.00	84.40
237406	6	T1019	0580	04/04/13	04/04/13	20.00	84.40
237406	7	T1019	0580	04/05/13	04/05/13	20.00	84.40
CLAIM TOTAL						590.80	CLAIM ACCOUNT REF. 2374060012008544SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237399	1	T1019	0580	04/02/13	04/02/13	16.00	67.52
237399	2	T1019	0580	04/04/13	04/04/13	16.00	67.52

REPORT DATE 04/10/13 SUNNYSIDE CITYWIDE
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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
237399	3	T1019	0580	04/05/13	04/05/13	16.00	67.52
CLAIM TOTAL							202.56
							CLAIM ACCOUNT REF. 2373990012008723SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237391	1	T1019	0580	03/30/13	03/30/13	48.00	202.56
237391	2	T1019	0580	03/31/13	03/31/13	48.00	202.56
237391	3	T1019	0580	04/01/13	04/01/13	48.00	202.56
237391	4	T1019	0580	04/02/13	04/02/13	48.00	202.56
237391	5	T1019	0580	04/03/13	04/03/13	48.00	202.56
237391	6	T1019	0580	04/04/13	04/04/13	48.00	202.56
237391	7	T1019	0580	04/05/13	04/05/13	48.00	202.56
CLAIM TOTAL							1,417.92
							CLAIM ACCOUNT REF. 2373910012008793SUP

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
237401	1	T1019	0580	03/30/13	03/30/13	32.00	135.04
237401	2	T1019	0580	03/31/13	03/31/13	32.00	135.04
237401	3	T1019	0580	04/02/13	04/02/13	32.00	135.04
237401	4	T1019	0580	04/03/13	04/03/13	32.00	135.04
237401	5	T1019	0580	04/04/13	04/04/13	32.00	135.04
237401	6	T1019	0580	04/05/13	04/05/13	32.00	135.04
CLAIM TOTAL							810.24
							CLAIM ACCOUNT REF. 2374010012009237SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237407	1	T1019	0580	04/05/13	04/05/13	20.00	84.40
CLAIM TOTAL							84.40
							CLAIM ACCOUNT REF. 2374070012009269SUP

REPORT DATE 04/10/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237403	1	T1019	0580	04/01/13	04/01/13	16.00	67.52
237403	2	T1019	0580	04/02/13	04/02/13	16.00	67.52
237403	3	T1019	0580	04/03/13	04/03/13	16.00	67.52
237403	4	T1019	0580	04/04/13	04/04/13	16.00	67.52
237403	5	T1019	0580	04/05/13	04/05/13	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2374030012009406SUP

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
237404	1	T1019	0580	04/03/13	04/03/13	40.00	168.80
237404	2	T1019	0580	04/04/13	04/04/13	40.00	168.80
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2374040012009562SUP

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
237394	1	T1019	0580	04/01/13	04/01/13	16.00	67.52
237394	2	T1019	0580	04/02/13	04/02/13	16.00	67.52
237394	3	T1019	0580	04/04/13	04/04/13	16.00	67.52
237394	4	T1019	0580	04/05/13	04/05/13	16.00	67.52
CLAIM TOTAL							270.08

CLAIM ACCOUNT REF. 2373940012009686SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237396	1	T1019	0580	03/30/13	03/30/13	28.00	118.16
237396	2	T1019	0580	03/31/13	03/31/13	28.00	118.16
237396	3	T1019	0580	04/01/13	04/01/13	28.00	118.16
237396	4	T1019	0580	04/02/13	04/02/13	28.00	118.16
237396	5	T1019	0580	04/03/13	04/03/13	28.00	118.16
237396	6	T1019	0580	04/04/13	04/04/13	28.00	118.16
237396	7	T1019	0580	04/05/13	04/05/13	28.00	118.16

REPORT DATE 04/10/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

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

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	827.12	2373960012009945SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010316	2010316	WEATHERS, VERDENA	02/05/1927	XK12367V	0004884724
DIAGNOSIS	CODES:	331.0	365.00	428.0	714.0		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
237400	1	T1019	0580	03/30/13	03/30/13	48.00	202.56	
237400	2	T1019	0580	03/31/13	03/31/13	48.00	202.56	
237400	3	T1019	0580	04/01/13	04/01/13	48.00	202.56	
237400	4	T1019	0580	04/02/13	04/02/13	48.00	202.56	
						CLAIM TOTAL	810.24	2374000012010316SUP

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	CLAIM ACCOUNT REF.
237395	1	T1019	0580	03/30/13	03/30/13	34.00	143.48	
237395	2	T1019	0580	04/01/13	04/01/13	36.00	151.92	
237395	3	T1019	0580	04/02/13	04/02/13	36.00	151.92	
237395	4	T1019	0580	04/03/13	04/03/13	36.00	151.92	
237395	5	T1019	0580	04/04/13	04/04/13	36.00	151.92	
237395	6	T1019	0580	04/05/13	04/05/13	36.00	151.92	
						CLAIM TOTAL	903.08	2373950012010991SUP

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	CLAIM ACCOUNT REF.
237392	1	G0156	0572	03/30/13	03/30/13	8.00	114.00	
237392	2	G0156	0572	03/31/13	03/31/13	8.00	114.00	
237392	3	G0156	0572	04/01/13	04/01/13	8.00	114.00	
237392	4	G0156	0572	04/02/13	04/02/13	8.00	114.00	
237392	5	G0156	0572	04/03/13	04/03/13	8.00	114.00	
237392	6	G0156	0572	04/04/13	04/04/13	8.00	114.00	
237392	7	G0156	0572	04/05/13	04/05/13	8.00	114.00	
						CLAIM TOTAL	798.00	2373920012011066SUP

REPORT DATE 04/10/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

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

NPI = 1154407492

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008273 2011526 DE JESUS, TIBURCIO 08/11/1947 XX16524S 0005503237
DIAGNOSIS CODES: 250.03 369.60 401.9 414.04 799.89 V60.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237393	1	G0156	0572	03/30/13	03/30/13	12.00	171.00
237393	2	G0156	0572	03/31/13	03/31/13	12.00	171.00
237393	3	G0156	0572	04/02/13	04/02/13	11.00	156.75
237393	4	G0156	0572	04/03/13	04/03/13	12.00	171.00
237393	5	G0156	0572	04/04/13	04/04/13	12.00	171.00
237393	6	G0156	0572	04/05/13	04/05/13	12.00	171.00

CLAIM TOTAL 1,011.75 CLAIM ACCOUNT REF. 2373930012011526SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237397	1	T1019	0580	03/30/13	03/30/13	48.00	202.56
237397	2	T1019	0580	03/31/13	03/31/13	48.00	202.56
237397	3	T1019	0580	04/01/13	04/01/13	48.00	202.56
237397	4	T1019	0580	04/02/13	04/02/13	48.00	202.56
237397	5	T1019	0580	04/03/13	04/03/13	48.00	202.56
237397	6	T1019	0580	04/04/13	04/04/13	48.00	202.56
237397	7	T1019	0580	04/05/13	04/05/13	48.00	202.56

CLAIM TOTAL 1,417.92 CLAIM ACCOUNT REF. 2373970012011833SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237402	1	T1019	0580	04/01/13	04/01/13	20.00	84.40
237402	2	T1019	0580	04/02/13	04/02/13	20.00	84.40
237402	3	T1019	0580	04/03/13	04/03/13	20.00	84.40
237402	4	T1019	0580	04/04/13	04/04/13	20.00	84.40

CLAIM TOTAL 337.60 CLAIM ACCOUNT REF. 2374020012012343SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012541 2012541 LANGELOH, HOWARD 09/29/1923 134135965A 0005921983
DIAGNOSIS CODES: 715.90 250.00 272.4 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237398	1	T1019	0580	03/30/13	03/30/13	24.00	101.28

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NPI = 1154407492

CLAIM ACCOUNT REF. 2373980012012541SUP

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2373900012012547SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	97	TOTAL CLAIM AMOUNT =	12,587.63
		# SERVICES =	19		

REPORT DATE 04/10/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237488	1	S5125		04/01/13	04/01/13	28.00	120.12
237488	2	S5125		04/02/13	04/02/13	28.00	120.12
237488	3	S5125		04/03/13	04/03/13	28.00	120.12
237488	4	S5125		04/04/13	04/04/13	28.00	120.12
CLAIM TOTAL							480.48
CLAIM ACCOUNT REF.							2374880012010958SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237489	1	S5125		03/30/13	03/30/13	24.00	102.96
237489	2	S5125		04/01/13	04/01/13	40.00	171.60
237489	3	S5125		04/02/13	04/02/13	24.00	102.96
237489	4	S5125		04/03/13	04/03/13	40.00	171.60
237489	5	S5125		04/04/13	04/04/13	24.00	102.96
237489	6	S5125		04/05/13	04/05/13	40.00	171.60
CLAIM TOTAL							823.68
CLAIM ACCOUNT REF.							2374890012012481SUP

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

REPORT DATE 04/10/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237344	1	T1019		03/30/13	03/30/13	12.00	50.64
237344	2	T1019		03/31/13	03/31/13	12.00	50.64
237344	3	T1019		04/01/13	04/01/13	12.00	50.64
237344	4	T1019		04/02/13	04/02/13	12.00	50.64
237344	5	T1019		04/03/13	04/03/13	12.00	50.64
237344	6	T1019		04/04/13	04/04/13	12.00	50.64
237344	7	T1019		04/05/13	04/05/13	12.00	50.64
CLAIM TOTAL							354.48
CLAIM ACCOUNT REF.							2373440012008246SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237345	1	T1019		04/01/13	04/01/13	12.00	50.64
237345	2	T1019		04/02/13	04/02/13	12.00	50.64
237345	3	T1019		04/03/13	04/03/13	12.00	50.64
237345	4	T1019		04/04/13	04/04/13	12.00	50.64
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2373450012008248SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008249 2008249 LOPEZ-RAMIREZ, CARLOTA 01/20/1936 QR43529V 0110041201764
DIAGNOSIS CODES: 714.0 272.4 401.9 536.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237337	1	T1019		03/30/13	03/30/13	44.00	185.68
237337	2	T1019		04/01/13	04/01/13	44.00	185.68
237337	3	T1019		04/02/13	04/02/13	44.00	185.68
237337	4	T1019		04/03/13	04/03/13	44.00	185.68
237337	5	T1019		04/04/13	04/04/13	44.00	185.68
237337	6	T1019		04/05/13	04/05/13	44.00	185.68
CLAIM TOTAL							1,114.08
CLAIM ACCOUNT REF.							2373370012008249SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237347	1	T1019		03/30/13	03/30/13	32.00	135.04

REPORT DATE 04/10/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

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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	
237347	2	T1019		03/31/13	03/31/13	32.00	135.04	
237347	3	T1019		04/01/13	04/01/13	32.00	135.04	
237347	4	T1019		04/02/13	04/02/13	32.00	135.04	
237347	5	T1019		04/03/13	04/03/13	32.00	135.04	
237347	6	T1019		04/04/13	04/04/13	32.00	135.04	
237347	7	T1019		04/05/13	04/05/13	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2373470012008250SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237324	1	T1019		03/30/13	03/30/13	32.00	135.04	
237324	2	T1019		04/01/13	04/01/13	32.00	135.04	
237324	3	T1019		04/02/13	04/02/13	32.00	135.04	
237324	4	T1019		04/03/13	04/03/13	32.00	135.04	
237324	5	T1019		04/05/13	04/05/13	24.00	101.28	
					CLAIM TOTAL		641.44	CLAIM ACCOUNT REF. 2373240012008251SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008253 2008253 MACARENA, SAHARA 09/12/1965 VT07830U R2084101
DIAGNOSIS CODES: 359.0 719.45

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237338	1	T1019		03/30/13	03/30/13	48.00	202.56	
237338	2	T1019		03/31/13	03/31/13	48.00	202.56	
237338	3	T1019		04/02/13	04/02/13	48.00	202.56	
237338	4	T1019		04/03/13	04/03/13	48.00	202.56	
237338	5	T1019		04/04/13	04/04/13	48.00	202.56	
237338	6	T1019		04/05/13	04/05/13	48.00	202.56	
					CLAIM TOTAL		1,215.36	CLAIM ACCOUNT REF. 2373380012008253SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237351	1	T1019		04/03/13	04/03/13	20.00	84.40	
237351	2	T1019		04/05/13	04/05/13	20.00	84.40	
					CLAIM TOTAL		168.80	CLAIM ACCOUNT REF. 2373510012008254SUP

REPORT DATE 04/10/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

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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 2008256 2008256 CARMONA, LUZ 08/10/1954 XJ24416K R2052507
DIAGNOSIS CODES: 294.8 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237321	1	T1019		04/01/13	04/01/13	32.00	135.04
237321	2	T1019		04/02/13	04/02/13	32.00	135.04
237321	3	T1019		04/03/13	04/03/13	32.00	135.04
237321	4	T1019		04/04/13	04/04/13	32.00	135.04
237321	5	T1019		04/05/13	04/05/13	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2373210012008256SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237328	1	T1019		03/29/13	03/29/13	24.00	101.28
237328	2	T1019		04/02/13	04/02/13	24.00	101.28
237328	3	T1019		04/03/13	04/03/13	24.00	101.28
237328	4	T1019		04/04/13	04/04/13	24.00	101.28
237328	5	T1019		04/05/13	04/05/13	24.00	101.28
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2373280012008257SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008290 2008290 SALHUANA, YOLANDA 08/25/1935 SZ24247J R2048371
DIAGNOSIS CODES: 249.70 362.50 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237348	1	T1019		04/01/13	04/01/13	32.00	135.04
237348	2	T1019		04/02/13	04/02/13	32.00	135.04
237348	3	T1019		04/03/13	04/03/13	32.00	135.04
CLAIM TOTAL							405.12

CLAIM ACCOUNT REF. 2373480012008290SUP

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
237349	1	T1019		04/04/13	04/04/13	32.00	135.04
237349	2	T1019		04/05/13	04/05/13	32.00	135.04
CLAIM TOTAL							270.08

CLAIM ACCOUNT REF. 2373490012008290SUP

REPORT DATE 04/10/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237330	1	T1019		03/30/13	03/30/13	28.00	118.16	
237330	2	T1019		03/31/13	03/31/13	28.00	118.16	
237330	3	T1019		04/01/13	04/01/13	28.00	118.16	
237330	4	T1019		04/02/13	04/02/13	28.00	118.16	
237330	5	T1019		04/03/13	04/03/13	28.00	118.16	
237330	6	T1019		04/04/13	04/04/13	28.00	118.16	
237330	7	T1019		04/05/13	04/05/13	28.00	118.16	
					CLAIM TOTAL	827.12		CLAIM ACCOUNT REF. 2373300012008362SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237346	1	T1019		04/01/13	04/01/13	16.00	67.52	
237346	2	T1019		04/02/13	04/02/13	16.00	67.52	
237346	3	T1019		04/03/13	04/03/13	16.00	67.52	
237346	4	T1019		04/04/13	04/04/13	16.00	67.52	
237346	5	T1019		04/05/13	04/05/13	16.00	67.52	
					CLAIM TOTAL	337.60		CLAIM ACCOUNT REF. 2373460012008368SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008411 2008411 FRANCISCO, RICHARD 07/10/1968 XR22414G R2176143
DIAGNOSIS CODES: 401.9 443.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237331	1	T1019		03/30/13	03/30/13	32.00	135.04	
237331	2	T1019		03/31/13	03/31/13	32.00	135.04	
237331	3	T1019		04/01/13	04/01/13	32.00	135.04	
237331	4	T1019		04/02/13	04/02/13	32.00	135.04	
237331	5	T1019		04/03/13	04/03/13	32.00	135.04	
237331	6	T1019		04/04/13	04/04/13	32.00	135.04	
237331	7	T1019		04/05/13	04/05/13	32.00	135.04	
					CLAIM TOTAL	945.28		CLAIM ACCOUNT REF. 2373310012008411SUP

REPORT DATE 04/10/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237334	1	T1019		03/30/13	03/30/13	28.00	118.16
237334	2	T1019		03/31/13	03/31/13	28.00	118.16
237334	3	T1019		04/01/13	04/01/13	28.00	118.16
237334	4	T1019		04/02/13	04/02/13	28.00	118.16
237334	5	T1019		04/03/13	04/03/13	28.00	118.16
237334	6	T1019		04/04/13	04/04/13	28.00	118.16
237334	7	T1019		04/05/13	04/05/13	28.00	118.16
CLAIM TOTAL							827.12
							CLAIM ACCOUNT REF. 2373340012008428SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237317	1	T1019		03/30/13	03/30/13	32.00	135.04
237317	2	T1019		03/31/13	03/31/13	32.00	135.04
237317	3	T1019		04/01/13	04/01/13	32.00	135.04
237317	4	T1019		04/02/13	04/02/13	32.00	135.04
237317	5	T1019		04/03/13	04/03/13	32.00	135.04
237317	6	T1019		04/04/13	04/04/13	32.00	135.04
237317	7	T1019		04/05/13	04/05/13	32.00	135.04
CLAIM TOTAL							945.28
							CLAIM ACCOUNT REF. 2373170012008433SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237316	1	T1019		03/30/13	03/30/13	12.00	50.64
237316	2	T1019		04/01/13	04/01/13	20.00	84.40
237316	3	T1019		04/02/13	04/02/13	20.00	84.40
237316	4	T1019		04/03/13	04/03/13	20.00	84.40
237316	5	T1019		04/04/13	04/04/13	20.00	84.40
237316	6	T1019		04/05/13	04/05/13	20.00	84.40
CLAIM TOTAL							472.64
							CLAIM ACCOUNT REF. 2373160012008487SUP

REPORT DATE 04/10/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237353	1	T1019		04/03/13	04/03/13	32.00	135.04
237353	2	T1019		04/04/13	04/04/13	32.00	135.04
237353	3	T1019		04/05/13	04/05/13	32.00	135.04
CLAIM TOTAL							405.12
CLAIM ACCOUNT REF.							2373530012008558SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008571 2008571 ESPAILLAT, AMPARO 12/25/1949 ZG25447P 0103131301379
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
237327	1	T1019		03/30/13	03/30/13	16.00	67.52
237327	2	T1019		03/31/13	03/31/13	16.00	67.52
237327	3	T1019		04/01/13	04/01/13	24.00	101.28
237327	4	T1019		04/02/13	04/02/13	24.00	101.28
237327	5	T1019		04/03/13	04/03/13	24.00	101.28
237327	6	T1019		04/04/13	04/04/13	24.00	101.28
237327	7	T1019		04/05/13	04/05/13	24.00	101.28
CLAIM TOTAL							641.44
CLAIM ACCOUNT REF.							2373270012008571SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237329	1	T1019		03/30/13	03/30/13	36.00	151.92
237329	2	T1019		03/31/13	03/31/13	40.00	168.80
237329	3	T1019		04/01/13	04/01/13	40.00	168.80
237329	4	T1019		04/02/13	04/02/13	40.00	168.80
237329	5	T1019		04/03/13	04/03/13	40.00	168.80
237329	6	T1019		04/04/13	04/04/13	40.00	168.80
237329	7	T1019		04/05/13	04/05/13	40.00	168.80
CLAIM TOTAL							1,164.72
CLAIM ACCOUNT REF.							2373290012009001SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008300 2009256 CHARITAR, RAMKALIE 06/23/1953 UY13756G R2016936
DIAGNOSIS CODES: 250.00 311. 401.9 414.00 414.01 466.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237325	1	T1019		03/31/13	03/31/13	20.00	84.40

REPORT DATE 04/10/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

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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.
							84.40	2373250012009256SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008271	2009270	CARRION, MARIA	06/30/1928	SC64434E	R2044577

DIAGNOSIS CODES: 250.00 294.10 401.9 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
237323	1	T1019		03/30/13	03/30/13	32.00	135.04	
237323	2	T1019		04/01/13	04/01/13	32.00	135.04	
237323	3	T1019		04/02/13	04/02/13	32.00	135.04	
237323	4	T1019		04/03/13	04/03/13	32.00	135.04	
237323	5	T1019		04/04/13	04/04/13	32.00	135.04	
237323	6	T1019		04/05/13	04/05/13	32.00	135.04	
							810.24	2373230012009270SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009405	2009405	CORTES DE GALINDO, NEL	05/25/1925	PF03624B	R2063747

DIAGNOSIS CODES: 401.9 537.9 648.12

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
237326	1	T1019		04/01/13	04/01/13	24.00	101.28	
237326	2	T1019		04/02/13	04/02/13	24.00	101.28	
237326	3	T1019		04/03/13	04/03/13	24.00	101.28	
237326	4	T1019		04/04/13	04/04/13	24.00	101.28	
237326	5	T1019		04/05/13	04/05/13	24.00	101.28	
							506.40	2373260012009405SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009425	2009425	FRIAS, BARBARA	04/01/1954	YQ10410R	0103191302380

DIAGNOSIS CODES: 785.9 V44.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
237332	1	T1019		04/01/13	04/01/13	16.00	67.52	
237332	2	T1019		04/03/13	04/03/13	16.00	67.52	
237332	3	T1019		04/05/13	04/05/13	16.00	67.52	
							202.56	2373320012009425SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010009	2010009	VEGA, GLORIA	07/06/1955	ZU45073J	R2160981

DIAGNOSIS CODES: 340. 250.00 272.2 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237357	1	T1019		04/01/13	04/01/13	32.00	135.04

REPORT DATE 04/10/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201304100721359RRSUP

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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	
237357	2	T1019		04/02/13	04/02/13	32.00	135.04	
237357	3	T1019		04/03/13	04/03/13	32.00	135.04	
237357	4	T1019		04/04/13	04/04/13	32.00	135.04	
237357	5	T1019		04/05/13	04/05/13	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2373570012010009SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237336	1	T1019		03/30/13	03/30/13	48.00	202.56	
237336	2	T1019		03/31/13	03/31/13	48.00	202.56	
237336	3	T1019		04/01/13	04/01/13	48.00	202.56	
237336	4	T1019		04/02/13	04/02/13	48.00	202.56	
237336	5	T1019		04/03/13	04/03/13	48.00	202.56	
237336	6	T1019		04/04/13	04/04/13	48.00	202.56	
237336	7	T1019		04/05/13	04/05/13	48.00	202.56	
					CLAIM TOTAL		1,417.92	CLAIM ACCOUNT REF. 2373360012010311SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2010758	2010758	VASQUEZ, OLGA	11/20/1948	WU00136E	R2094038
DIAGNOSIS	CODES:	311.	244.9	253.5	401.9	429.9 493.90 948.11

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237356	1	T1019		03/29/13	03/29/13	20.00	84.40	
237356	2	T1019		03/30/13	03/30/13	20.00	84.40	
237356	3	T1019		03/31/13	03/31/13	20.00	84.40	
237356	4	T1019		04/04/13	04/04/13	20.00	84.40	
237356	5	T1019		04/05/13	04/05/13	20.00	84.40	
					CLAIM TOTAL		422.00	CLAIM ACCOUNT REF. 2373560012010758SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237335	1	T1019		03/30/13	03/30/13	32.00	135.04	
237335	2	T1019		04/01/13	04/01/13	32.00	135.04	
237335	3	T1019		04/02/13	04/02/13	32.00	135.04	
237335	4	T1019		04/03/13	04/03/13	32.00	135.04	
237335	5	T1019		04/04/13	04/04/13	32.00	135.04	
237335	6	T1019		04/05/13	04/05/13	32.00	135.04	

REPORT DATE 04/10/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

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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 TOTAL	CLAIM ACCOUNT REF.
							810.24		2373350012010967SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011388	2011388	PALAZZOLO, FLORENCE	10/31/1948	PD96979S	R1998236
DIAGNOSIS	CODES:	331.0				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
237340	1	T1020		03/14/13	03/14/13	12.00	202.56		
							202.56		2373400012011388SUP

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 TOTAL	CLAIM ACCOUNT REF.
237320	1	T1019		04/01/13	04/01/13	40.00	168.80		
237320	2	T1019		04/02/13	04/02/13	40.00	168.80		
237320	3	T1019		04/03/13	04/03/13	40.00	168.80		
237320	4	T1019		04/04/13	04/04/13	40.00	168.80		
237320	5	T1019		04/05/13	04/05/13	40.00	168.80		
							844.00		2373200012011528SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
237352	1	T1019		03/30/13	03/30/13	36.00	151.92		
237352	2	T1019		03/31/13	03/31/13	36.00	151.92		
237352	3	T1019		04/01/13	04/01/13	40.00	168.80		
237352	4	T1019		04/02/13	04/02/13	40.00	168.80		
237352	5	T1019		04/03/13	04/03/13	40.00	168.80		
237352	6	T1019		04/04/13	04/04/13	40.00	168.80		
237352	7	T1019		04/05/13	04/05/13	40.00	168.80		
							1,147.84		2373520012011820SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237343	1	T1019		03/31/13	03/31/13	40.00	168.80
237343	2	T1019		04/01/13	04/01/13	40.00	168.80

REPORT DATE 04/10/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

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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	
237343	3	T1019		04/02/13	04/02/13	40.00	168.80	
237343	4	T1019		04/03/13	04/03/13	40.00	168.80	
237343	5	T1019		04/04/13	04/04/13	40.00	168.80	
237343	6	T1019		04/05/13	04/05/13	40.00	168.80	
				CLAIM TOTAL		1,012.80		CLAIM ACCOUNT REF. 2373430012012284SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237333	1	T1019		03/30/13	03/30/13	32.00	135.04	
237333	2	T1019		03/31/13	03/31/13	32.00	135.04	
237333	3	T1019		04/01/13	04/01/13	32.00	135.04	
237333	4	T1019		04/02/13	04/02/13	32.00	135.04	
237333	5	T1019		04/03/13	04/03/13	32.00	135.04	
237333	6	T1019		04/04/13	04/04/13	32.00	135.04	
237333	7	T1019		04/05/13	04/05/13	32.00	135.04	
				CLAIM TOTAL		945.28		CLAIM ACCOUNT REF. 2373330012012478SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237318	1	T1019		04/01/13	04/01/13	16.00	67.52	
237318	2	T1019		04/02/13	04/02/13	16.00	67.52	
237318	3	T1019		04/03/13	04/03/13	16.00	67.52	
237318	4	T1019		04/04/13	04/04/13	16.00	67.52	
				CLAIM TOTAL		270.08		CLAIM ACCOUNT REF. 2373180012012489SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237319	1	T1019		04/05/13	04/05/13	16.00	67.52	
				CLAIM TOTAL		67.52		CLAIM ACCOUNT REF. 2373190012012489SUP

REPORT DATE 04/10/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

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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 2012498 2012498 SCHOONMAKER, JEAN 01/16/1944 116703035 0101171302362
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237350	1	T1019		03/30/13	03/30/13	32.00	135.04	
237350	2	T1019		04/01/13	04/01/13	36.00	151.92	
237350	3	T1019		04/02/13	04/02/13	36.00	151.92	
237350	4	T1019		04/03/13	04/03/13	28.00	118.16	
237350	5	T1019		04/05/13	04/05/13	36.00	151.92	
					CLAIM TOTAL		708.96	CLAIM ACCOUNT REF. 2373500012012498SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237339	1	T1019		03/30/13	03/30/13	24.00	101.28	
237339	2	T1019		04/02/13	04/02/13	24.00	101.28	
237339	3	T1019		04/03/13	04/03/13	24.00	101.28	
237339	4	T1019		04/04/13	04/04/13	24.00	101.28	
237339	5	T1019		04/05/13	04/05/13	24.00	101.28	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2373390012012683SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012772 2012772 THORNTON, SHIRLEY 09/02/1949 ZM67702P R2196393
DIAGNOSIS CODES: 253.5 493.92 V45.11

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237354	1	T1019		04/01/13	04/01/13	20.00	84.40	
237354	2	T1019		04/02/13	04/02/13	32.00	135.04	
237354	3	T1019		04/03/13	04/03/13	20.00	84.40	
237354	4	T1019		04/04/13	04/04/13	32.00	135.04	
237354	5	T1019		04/05/13	04/05/13	20.00	84.40	
					CLAIM TOTAL		523.28	CLAIM ACCOUNT REF. 2373540012012772SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012731 2012823 VALENCIA, ESTHER J 11/13/1930 UF20889J R2182130
DIAGNOSIS CODES: 401.9 414.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237355	1	T1019		03/29/13	03/29/13	24.00	101.28	
237355	2	T1019		04/01/13	04/01/13	24.00	101.28	
237355	3	T1019		04/02/13	04/02/13	24.00	101.28	

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NPI = 1154407492

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	209	TOTAL CLAIM AMOUNT =	26,569.12
		# SERVICES =	39		

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237387	1	T1019		03/30/13	03/30/13	40.00	171.60
237387	2	T1019		03/31/13	03/31/13	40.00	171.60
237387	3	T1019		04/01/13	04/01/13	40.00	171.60
237387	4	T1019		04/02/13	04/02/13	40.00	171.60
237387	5	T1019		04/03/13	04/03/13	40.00	171.60
237387	6	T1019		04/04/13	04/04/13	40.00	171.60
237387	7	T1019		04/05/13	04/05/13	40.00	171.60
CLAIM TOTAL						1,201.20	
CLAIM ACCOUNT REF.							2373870012008245SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008287 2008287 MILLAN, ARMIDA 09/13/1928 100063356 609358474
DIAGNOSIS CODES: 250.00 272.4 311. 356.9 365.9 401.9 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237389	1	T1019		04/01/13	04/01/13	36.00	154.44
237389	2	T1019		04/02/13	04/02/13	36.00	154.44
237389	3	T1019		04/03/13	04/03/13	36.00	154.44
237389	4	T1019		04/04/13	04/04/13	36.00	154.44
237389	5	T1019		04/05/13	04/05/13	36.00	154.44
CLAIM TOTAL						772.20	
CLAIM ACCOUNT REF.							2373890012008287SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011881 2011881 KHAN, FAZAL 06/28/1970 101344352 609951463
DIAGNOSIS CODES: 345.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237388	1	T1019		03/30/13	03/30/13	48.00	205.92
237388	2	T1019		03/31/13	03/31/13	48.00	205.92
237388	3	T1019		04/01/13	04/01/13	48.00	205.92
237388	4	T1019		04/02/13	04/02/13	48.00	205.92
237388	5	T1019		04/03/13	04/03/13	48.00	205.92
237388	6	T1019		04/04/13	04/04/13	48.00	205.92
237388	7	T1019		04/05/13	04/05/13	48.00	205.92
CLAIM TOTAL						1,441.44	
CLAIM ACCOUNT REF.							2373880012011881SUP

REPORT DATE 04/10/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 87726 UNITEDHEALTHCARE

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	19	TOTAL CLAIM AMOUNT =	3,414.84
		# SERVICES =	3		

REPORT DATE 04/10/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237466	1	T1019	0580	03/30/13	03/30/13	20.00	84.40	
237466	2	T1019	0580	03/31/13	03/31/13	20.00	84.40	
CLAIM TOTAL							168.80	CLAIM ACCOUNT REF. 2374660012008266SUP

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	
237468	1	S5130	0582	04/04/13	04/04/13	16.00	67.52	
CLAIM TOTAL							67.52	CLAIM ACCOUNT REF. 2374680012009279SUP

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	
237470	1	T1019	0580	03/30/13	03/30/13	28.00	118.16	
237470	2	T1019	0580	03/31/13	03/31/13	24.00	101.28	
237470	3	T1019	0580	04/01/13	04/01/13	24.00	101.28	
237470	4	T1019	0580	04/02/13	04/02/13	24.00	101.28	
237470	5	T1019	0580	04/03/13	04/03/13	12.00	50.64	
237470	6	T1019	0580	04/04/13	04/04/13	12.00	50.64	
237470	7	T1019	0580	04/05/13	04/05/13	12.00	50.64	
CLAIM TOTAL							573.92	CLAIM ACCOUNT REF. 2374700012010728SUP

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	
237469	1	T1019	0580	03/30/13	03/30/13	20.00	84.40	
237469	2	T1019	0580	03/31/13	03/31/13	20.00	84.40	
CLAIM TOTAL							168.80	CLAIM ACCOUNT REF. 2374690012010729SUP

REPORT DATE 04/10/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237467	1	T1019	0580	04/01/13	04/01/13	16.00	67.52
237467	2	T1019	0580	04/02/13	04/02/13	16.00	67.52
237467	3	T1019	0580	04/03/13	04/03/13	16.00	67.52
CLAIM TOTAL							202.56

CLAIM ACCOUNT REF. 2374670012010731SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237465	1	T1019	0580	03/30/13	03/30/13	20.00	84.40
237465	2	T1019	0580	04/03/13	04/03/13	20.00	84.40
237465	3	T1019	0580	04/05/13	04/05/13	20.00	84.40
CLAIM TOTAL							253.20

CLAIM ACCOUNT REF. 2374650012011322SUP

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
237473	1	T1019	0580	04/01/13	04/01/13	16.00	60.00
237473	2	T1019	0580	04/02/13	04/02/13	16.00	60.00
237473	3	T1019	0580	04/03/13	04/03/13	16.00	60.00
237473	4	T1019	0580	04/04/13	04/04/13	16.00	60.00
237473	5	T1019	0580	04/05/13	04/05/13	16.00	60.00
CLAIM TOTAL							300.00

CLAIM ACCOUNT REF. 2374730012012354SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237475	1	T1019	0580	03/30/13	03/30/13	24.00	90.00
237475	2	T1019	0580	04/01/13	04/01/13	24.00	90.00
237475	3	T1019	0580	04/02/13	04/02/13	24.00	90.00
237475	4	T1019	0580	04/03/13	04/03/13	24.00	90.00
237475	5	T1019	0580	04/04/13	04/04/13	24.00	90.00
237475	6	T1019	0580	04/05/13	04/05/13	24.00	90.00
CLAIM TOTAL							540.00

CLAIM ACCOUNT REF. 2374750012012357SUP

REPORT DATE 04/10/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

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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 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
237478	1	T1019	0580	04/01/13	04/01/13	20.00	75.00
237478	2	T1019	0580	04/02/13	04/02/13	20.00	75.00
237478	3	T1019	0580	04/03/13	04/03/13	20.00	75.00
237478	4	T1019	0580	04/04/13	04/04/13	20.00	75.00
237478	5	T1019	0580	04/05/13	04/05/13	20.00	75.00
CLAIM TOTAL							375.00

CLAIM ACCOUNT REF. 2374780012012362SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237474	1	T1019	0580	04/01/13	04/01/13	16.00	60.00
237474	2	T1019	0580	04/02/13	04/02/13	16.00	60.00
237474	3	T1019	0580	04/03/13	04/03/13	16.00	60.00
237474	4	T1019	0580	04/04/13	04/04/13	16.00	60.00
237474	5	T1019	0580	04/05/13	04/05/13	16.00	60.00
CLAIM TOTAL							300.00

CLAIM ACCOUNT REF. 2374740012012373SUP

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
237476	1	T1019	0580	04/01/13	04/01/13	32.00	120.00
237476	2	T1019	0580	04/02/13	04/02/13	36.00	135.00
237476	3	T1019	0580	04/03/13	04/03/13	32.00	120.00
237476	4	T1019	0580	04/04/13	04/04/13	36.00	135.00
237476	5	T1019	0580	04/05/13	04/05/13	32.00	120.00
CLAIM TOTAL							630.00

CLAIM ACCOUNT REF. 2374760012012374SUP

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
237472	1	T1019	0580	04/04/13	04/04/13	28.00	105.00
237472	2	T1019	0580	04/05/13	04/05/13	24.00	90.00
CLAIM TOTAL							195.00

CLAIM ACCOUNT REF. 2374720012012732SUP

REPORT DATE 04/10/13 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 2012163 2012876 AKHTAR, CATHRINE 11/07/1951 713952989 103312611
DIAGNOSIS CODES: 799.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237471	1	T1019	0580	04/01/13	04/01/13	28.00	105.00	
237471	2	T1019	0580	04/02/13	04/02/13	28.00	105.00	
237471	3	T1019	0580	04/03/13	04/03/13	28.00	105.00	
237471	4	T1019	0580	04/04/13	04/04/13	28.00	105.00	
237471	5	T1019	0580	04/05/13	04/05/13	28.00	105.00	
					CLAIM TOTAL	525.00		CLAIM ACCOUNT REF. 2374710012012876SUP

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	
237477	1	T1019	0580	04/04/13	04/04/13	16.00	60.00	
237477	2	T1019	0580	04/05/13	04/05/13	16.00	60.00	
					CLAIM TOTAL	120.00		CLAIM ACCOUNT REF. 2374770012013018SUP

PAYER TOTALS: AMERIGROUP NEW YORK,LLC # OF CLAIMS = 53 TOTAL CLAIM AMOUNT = 4,419.80
SERVICES = 14

REPORT DATE 04/10/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = ICS01 ICS

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008389 2011453 MUSHAYEV, BORIS 08/14/1947 7235 387543
DIAGNOSIS CODES: 401.9 250.00 425.8 428.0 441.00 715.90

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237486	1	T1019	1C	0570	04/01/13	04/01/13	4.00	65.60
237486	2	T1019	1C	0570	04/02/13	04/02/13	4.00	65.60
237486	3	T1019	1C	0570	04/03/13	04/03/13	4.00	65.60
237486	4	T1019	1C	0570	04/04/13	04/04/13	4.00	65.60
237486	5	T1019	1C	0570	04/05/13	04/05/13	4.00	65.60
CLAIM TOTAL								328.00

CLAIM ACCOUNT REF. 2374860012011453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011869 2011869 JONES, VALERIE 10/10/1948 1457 418547
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237485	1	T1019	1C	0570	04/01/13	04/01/13	4.00	65.60
237485	2	T1019	1C	0570	04/02/13	04/02/13	4.00	65.60
237485	3	T1019	1C	0570	04/03/13	04/03/13	4.00	65.60
237485	4	T1019	1C	0570	04/04/13	04/04/13	4.00	65.60
237485	5	T1019	1C	0570	04/05/13	04/05/13	4.00	65.60
CLAIM TOTAL								328.00

CLAIM ACCOUNT REF. 2374850012011869SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011870 2011870 AGOSTINI, MONSERRATE 07/18/1944 558 418549
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237483	1	T1019	1C	0570	04/01/13	04/01/13	6.00	98.40
237483	2	T1019	1C	0570	04/02/13	04/02/13	6.00	98.40
237483	3	T1019	1C	0570	04/03/13	04/03/13	6.00	98.40
237483	4	T1019	1C	0570	04/04/13	04/04/13	6.00	98.40
237483	5	T1019	1C	0570	04/05/13	04/05/13	6.00	98.40
CLAIM TOTAL								492.00

CLAIM ACCOUNT REF. 2374830012011870SUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237484	1	T1019	1C	0570	03/30/13	03/30/13	4.00	65.60
237484	2	T1019	1C	0570	03/31/13	03/31/13	4.00	65.60
237484	3	T1019	1C	0570	04/01/13	04/01/13	4.00	65.60

REPORT DATE 04/10/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

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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	
237484	4	T1019	1C	0570	04/02/13	04/02/13	4.00	65.60	
237484	5	T1019	1C	0570	04/03/13	04/03/13	4.00	65.60	
237484	6	T1019	1C	0570	04/04/13	04/04/13	4.00	65.60	
237484	7	T1019	1C	0570	04/05/13	04/05/13	4.00	65.60	
						CLAIM TOTAL		459.20	CLAIM ACCOUNT REF. 2374840012012213SUP

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	
237487	1	T1019	1C	0570	04/03/13	04/03/13	8.00	131.20	
237487	2	T1019	1C	0570	04/04/13	04/04/13	8.00	131.20	
237487	3	T1019	1C	0570	04/05/13	04/05/13	8.00	131.20	
						CLAIM TOTAL		393.60	CLAIM ACCOUNT REF. 2374870012013010SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	25	TOTAL CLAIM AMOUNT =	2,000.80
		# SERVICES =	5		

REPORT DATE 04/10/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = INIPA HEALTHCARE PARTNERS IPA I

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008382 2010800 GOMES, AGUSTINA 05/05/1933 JRX53860E01 2013030885700001
DIAGNOSIS CODES: 230.3 153.0 401.9 733.00 V60.3
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237479	1	T1019	0580	03/30/13	03/30/13	36.00	151.92
237479	2	T1019	0580	03/31/13	03/31/13	36.00	151.92
237479	3	T1019	0580	04/01/13	04/01/13	36.00	151.92
237479	4	T1019	0580	04/02/13	04/02/13	36.00	151.92
237479	5	T1019	0580	04/03/13	04/03/13	36.00	151.92
237479	6	T1019	0580	04/04/13	04/04/13	36.00	151.92
237479	7	T1019	0580	04/05/13	04/05/13	36.00	151.92
CLAIM TOTAL							1,063.44
CLAIM ACCOUNT REF.							2374790012010800SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237482	1	T1019	0580	04/02/13	04/02/13	16.00	67.52
237482	2	T1019	0580	04/03/13	04/03/13	16.00	67.52
237482	3	T1019	0580	04/04/13	04/04/13	16.00	67.52
237482	4	T1019	0580	04/05/13	04/05/13	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2374820012010804SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237481	1	T1019	0580	04/02/13	04/02/13	16.00	67.52
237481	2	T1019	0580	04/03/13	04/03/13	16.00	67.52
237481	3	T1019	0580	04/04/13	04/04/13	16.00	67.52
237481	4	T1019	0580	04/05/13	04/05/13	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2374810012010805SUP

REPORT DATE 04/10/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

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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 2012890 2012890 SCOTT, AKHNATON 04/28/1992 JPQ4958E01 2013032015500001
DIAGNOSIS CODES: 299.00 317.
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237480	1	T1019	0580	03/30/13	03/30/13	32.00	135.04	
237480	2	T1019	0580	03/31/13	03/31/13	32.00	135.04	
237480	3	T1019	0580	04/01/13	04/01/13	16.00	67.52	
237480	4	T1019	0580	04/02/13	04/02/13	16.00	67.52	
237480	5	T1019	0580	04/03/13	04/03/13	16.00	67.52	
237480	6	T1019	0580	04/04/13	04/04/13	16.00	67.52	
					CLAIM TOTAL		540.16	CLAIM ACCOUNT REF. 2374800012012890SUP

PAYER TOTALS: HEALTHCARE PARTNERS IPA I # OF CLAIMS = 21 TOTAL CLAIM AMOUNT = 2,143.76
SERVICES = 4

PROVIDER TOTALS: SUNNYSIDE CITYWIDE # OF CLAIMS = 861 TOTAL CLAIM AMOUNT = 103,812.29
SERVICES = 162