

REPORT DATE 08/07/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013080701460612RRSUP

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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 07/30/1992 741244251 111891261
DIAGNOSIS CODES: 343.9 737.9 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253859	1	T1020		07/27/13	07/27/13	11.00	185.57
253859	2	T1020		07/29/13	07/29/13	6.00	101.22
253859	3	T1020		07/30/13	07/30/13	6.00	101.22
253859	4	T1020		07/31/13	07/31/13	6.00	101.22
253859	5	T1020		08/01/13	08/01/13	6.00	101.22
253859	6	T1020		08/02/13	08/02/13	6.00	101.22
CLAIM TOTAL							691.67
CLAIM ACCOUNT REF.							2538590012008267SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253856	1	T1020		07/27/13	07/27/13	9.00	151.83
253856	2	T1020		07/28/13	07/28/13	9.00	151.83
253856	3	T1020		07/29/13	07/29/13	9.00	151.83
253856	4	T1020		07/30/13	07/30/13	9.00	151.83
253856	5	T1020		07/31/13	07/31/13	9.00	151.83
253856	6	T1020		08/01/13	08/01/13	9.00	151.83
253856	7	T1020		08/02/13	08/02/13	9.00	151.83
CLAIM TOTAL							1,062.81
CLAIM ACCOUNT REF.							2538560012008268SUP

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
253853	1	T1020		07/29/13	07/29/13	7.00	118.09
253853	2	T1020		07/30/13	07/30/13	7.00	118.09
253853	3	T1020		07/31/13	07/31/13	7.00	118.09
253853	4	T1020		08/01/13	08/01/13	7.00	118.09
253853	5	T1020		08/02/13	08/02/13	7.00	118.09
CLAIM TOTAL							590.45
CLAIM ACCOUNT REF.							2538530012008306SUP

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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
253851	1	T1020		07/27/13	07/27/13	7.00	118.09
253851	2	T1020		07/28/13	07/28/13	7.00	118.09
253851	3	T1020		07/29/13	07/29/13	7.00	118.09
253851	4	T1020		07/30/13	07/30/13	7.00	118.09
253851	5	T1020		07/31/13	07/31/13	7.00	118.09
253851	6	T1020		08/01/13	08/01/13	7.00	118.09
253851	7	T1020		08/02/13	08/02/13	7.00	118.09
CLAIM TOTAL							826.63
CLAIM ACCOUNT REF.							2538510012008386SUP

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
253858	1	T1020		07/30/13	07/30/13	8.00	134.96
253858	2	T1020		07/31/13	07/31/13	9.00	151.83
253858	3	T1020		08/01/13	08/01/13	5.00	84.35
253858	4	T1020		08/02/13	08/02/13	8.00	134.96
CLAIM TOTAL							506.10
CLAIM ACCOUNT REF.							2538580012008400SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253854	1	T1020		07/27/13	07/27/13	4.00	67.48
253854	2	T1020		07/30/13	07/30/13	5.00	84.35
253854	3	T1020		07/31/13	07/31/13	5.00	84.35
253854	4	T1020		08/01/13	08/01/13	5.00	84.35
253854	5	T1020		08/02/13	08/02/13	4.00	67.48
CLAIM TOTAL							388.01
CLAIM ACCOUNT REF.							2538540012010712SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253855	1	T1020		07/29/13	07/29/13	7.00	118.09
253855	2	T1020		07/30/13	07/30/13	7.00	118.09

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253855	3	T1020		07/31/13	07/31/13	7.00	118.09	
253855	4	T1020		08/01/13	08/01/13	7.00	118.09	
253855	5	T1020		08/02/13	08/02/13	7.00	118.09	
					CLAIM TOTAL		590.45	CLAIM ACCOUNT REF. 2538550012013021SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253857	1	T1020		07/27/13	07/27/13	12.00	202.44	
253857	2	T1020		07/28/13	07/28/13	12.00	202.44	
253857	3	T1020		07/29/13	07/29/13	12.00	202.44	
253857	4	T1020		07/30/13	07/30/13	12.00	202.44	
253857	5	T1020		07/31/13	07/31/13	12.00	202.44	
253857	6	T1020		08/01/13	08/01/13	12.00	202.44	
253857	7	T1020		08/02/13	08/02/13	12.00	202.44	
					CLAIM TOTAL		1,417.08	CLAIM ACCOUNT REF. 2538570012013080SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253852	1	T1020		07/27/13	07/27/13	12.00	202.44	
253852	2	T1020		07/28/13	07/28/13	12.00	202.44	
					CLAIM TOTAL		404.88	CLAIM ACCOUNT REF. 2538520012013422SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	48	TOTAL CLAIM AMOUNT =	6,478.08
		# SERVICES =	9		

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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
253885	1	T1019		07/27/13	07/27/13	4.00	68.60
253885	2	T1019		07/28/13	07/28/13	4.00	68.60
253885	3	T1019		07/29/13	07/29/13	12.00	205.80
253885	4	T1019		07/30/13	07/30/13	11.00	188.65
253885	5	T1019		07/31/13	07/31/13	12.00	205.80
253885	6	T1019		08/01/13	08/01/13	12.00	205.80
253885	7	T1019		08/02/13	08/02/13	12.00	205.80
CLAIM TOTAL						1,149.05	CLAIM ACCOUNT REF. 2538850012008233SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253890	1	T1019		07/27/13	07/27/13	7.00	120.05
253890	2	T1019		07/28/13	07/28/13	8.00	137.20
253890	3	T1019		07/29/13	07/29/13	11.00	188.65
253890	4	T1019		07/30/13	07/30/13	11.00	188.65
253890	5	T1019		07/31/13	07/31/13	11.00	188.65
253890	6	T1019		08/01/13	08/01/13	11.00	188.65
253890	7	T1019		08/02/13	08/02/13	11.00	188.65
CLAIM TOTAL						1,200.50	CLAIM ACCOUNT REF. 2538900012008236SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253889	1	T1019		07/29/13	07/29/13	10.00	171.50
253889	2	T1019		07/30/13	07/30/13	10.00	171.50
253889	3	T1019		07/31/13	07/31/13	10.00	171.50
253889	4	T1019		08/01/13	08/01/13	9.00	154.35
253889	5	T1019		08/02/13	08/02/13	9.00	154.35
CLAIM TOTAL						823.20	CLAIM ACCOUNT REF. 2538890012008385SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253891	1	T1019		07/30/13	07/30/13	8.00	137.20
CLAIM TOTAL							137.20
CLAIM ACCOUNT REF.							2538910012008418SUP

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
253886	1	T1019		07/31/13	07/31/13	10.00	171.50
253886	2	T1019		08/01/13	08/01/13	10.00	171.50
253886	3	T1019		08/02/13	08/02/13	10.00	171.50
CLAIM TOTAL							514.50
CLAIM ACCOUNT REF.							2538860012008743SUP

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
253892	1	T1019		07/28/13	07/28/13	5.00	85.75
253892	2	T1019		07/29/13	07/29/13	5.00	85.75
253892	3	T1019		07/30/13	07/30/13	5.00	85.75
253892	4	T1019		07/31/13	07/31/13	5.00	85.75
253892	5	T1019		08/01/13	08/01/13	5.00	85.75
CLAIM TOTAL							428.75
CLAIM ACCOUNT REF.							2538920012009377SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253887	1	T1019		07/27/13	07/27/13	24.00	411.60
253887	2	T1019		07/28/13	07/28/13	24.00	411.60
253887	3	T1019		07/29/13	07/29/13	24.00	411.60
253887	4	T1019		07/30/13	07/30/13	24.00	411.60
253887	5	T1019		07/31/13	07/31/13	24.00	411.60
253887	6	T1019		08/01/13	08/01/13	24.00	411.60
253887	7	T1019		08/02/13	08/02/13	24.00	411.60
CLAIM TOTAL							2,881.20
CLAIM ACCOUNT REF.							2538870012011286SUP

REPORT DATE 08/07/13 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 2008280 2013071 SHUMON, NUK-FNU 01/21/1981 QQ82218A 0103151390266
DIAGNOSIS CODES: 952.9 344.1 564.00 599.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253893	1	T1019		07/27/13	07/27/13	4.00	68.60	
253893	2	T1019		07/28/13	07/28/13	4.00	68.60	
253893	3	T1019		07/29/13	07/29/13	4.00	68.60	
253893	4	T1019		07/30/13	07/30/13	4.00	68.60	
253893	5	T1019		07/31/13	07/31/13	4.00	68.60	
253893	6	T1019		08/01/13	08/01/13	4.00	68.60	
253893	7	T1019		08/02/13	08/02/13	4.00	68.60	
CLAIM TOTAL							480.20	CLAIM ACCOUNT REF. 2538930012013071SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253888	1	T1019		07/27/13	07/27/13	8.00	137.20	
253888	2	T1019		07/28/13	07/28/13	8.00	137.20	
253888	3	T1019		07/29/13	07/29/13	8.00	137.20	
253888	4	T1019		07/30/13	07/30/13	8.00	137.20	
253888	5	T1019		07/31/13	07/31/13	8.00	137.20	
253888	6	T1019		08/01/13	08/01/13	8.00	137.20	
253888	7	T1019		08/02/13	08/02/13	8.00	137.20	
CLAIM TOTAL							960.40	CLAIM ACCOUNT REF. 2538880012013185SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253894	1	T1019		07/20/13	07/20/13	5.00	85.75	
253894	2	T1019		07/22/13	07/22/13	5.00	85.75	
253894	3	T1019		07/23/13	07/23/13	5.00	85.75	
253894	4	T1019		07/24/13	07/24/13	5.00	85.75	
253894	5	T1019		07/25/13	07/25/13	5.00	85.75	
253894	6	T1019		07/26/13	07/26/13	5.00	85.75	
CLAIM TOTAL							514.50	CLAIM ACCOUNT REF. 2538940012013663SUP

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

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	55	TOTAL CLAIM AMOUNT =	9,089.50
		# SERVICES =	10		

REPORT DATE 08/07/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253929	1	T1019		07/27/13	07/27/13	36.00	154.80
253929	2	T1019		07/28/13	07/28/13	36.00	154.80
253929	3	T1019		07/29/13	07/29/13	36.00	154.80
253929	4	T1019		07/30/13	07/30/13	36.00	154.80
253929	5	T1019		07/31/13	07/31/13	36.00	154.80
253929	6	T1019		08/01/13	08/01/13	36.00	154.80
253929	7	T1019		08/02/13	08/02/13	36.00	154.80
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2539290012008286SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008495 2008495 MARTINEZ, MARIA 09/05/1952 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
253916	1	T1019		07/27/13	07/27/13	24.00	103.20
253916	2	T1019		07/28/13	07/28/13	24.00	103.20
253916	3	T1019		07/29/13	07/29/13	24.00	103.20
253916	4	T1019		07/30/13	07/30/13	24.00	103.20
253916	5	T1019		07/31/13	07/31/13	24.00	103.20
253916	6	T1019		08/01/13	08/01/13	24.00	103.20
253916	7	T1019		08/02/13	08/02/13	24.00	103.20
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2539160012008495SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012101 2012101 BATILO, MARTA 02/23/1917 708125 111757464
DIAGNOSIS CODES: 715.00 272.2 285.29 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253895	1	T1019		07/27/13	07/27/13	28.00	120.40
253895	2	T1019		07/28/13	07/28/13	28.00	120.40
253895	3	T1019		07/29/13	07/29/13	28.00	120.40
253895	4	T1019		07/30/13	07/30/13	28.00	120.40
253895	5	T1019		07/31/13	07/31/13	28.00	120.40
CLAIM TOTAL						602.00	CLAIM ACCOUNT REF. 2538950012012101SUP

REPORT DATE 08/07/13 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 2012101 2012101 BATILO, MARTA 02/23/1917 708125 111963534
DIAGNOSIS CODES: 715.00 272.2 285.29 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253896	1	T1019		08/01/13	08/01/13	28.00	120.40	
253896	2	T1019		08/02/13	08/02/13	28.00	120.40	
					CLAIM TOTAL		240.80	CLAIM ACCOUNT REF. 2538960012012101SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012102 2012102 BISRAM, ROOPKALIA 01/03/1938 708029 111645476
DIAGNOSIS CODES: 401.9 272.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253897	1	T1019		07/29/13	07/29/13	16.00	68.80	
253897	2	T1019		07/30/13	07/30/13	16.00	68.80	
253897	3	T1019		07/31/13	07/31/13	16.00	68.80	
					CLAIM TOTAL		206.40	CLAIM ACCOUNT REF. 2538970012012102SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253898	1	T1019		08/01/13	08/01/13	16.00	68.80	
253898	2	T1019		08/02/13	08/02/13	16.00	68.80	
					CLAIM TOTAL		137.60	CLAIM ACCOUNT REF. 2538980012012102SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253899	1	T1019		07/27/13	07/27/13	40.00	172.00	
253899	2	T1019		07/28/13	07/28/13	40.00	172.00	
253899	3	T1019		07/29/13	07/29/13	40.00	172.00	
253899	4	T1019		07/30/13	07/30/13	40.00	172.00	
253899	5	T1019		07/31/13	07/31/13	40.00	172.00	
253899	6	T1019		08/01/13	08/01/13	40.00	172.00	
253899	7	T1019		08/02/13	08/02/13	40.00	172.00	
					CLAIM TOTAL		1,204.00	CLAIM ACCOUNT REF. 2538990012012104SUP

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PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012107 2012107 CRUZ, LUIS 06/10/1952 706307 111992323
DIAGNOSIS CODES: 250.93 414.3 428.0 491.21

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253902	1	T1019		07/27/13	07/27/13	48.00	206.40	
							CLAIM TOTAL	206.40
								CLAIM ACCOUNT REF. 2539020012012107SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012108 2012108 GODINOT, CARMEN 07/16/1939 695752 111993137
DIAGNOSIS CODES: 369.3 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253905	1	T1019		07/29/13	07/29/13	24.00	103.20	
253905	2	T1019		07/30/13	07/30/13	24.00	103.20	
253905	3	T1019		07/31/13	07/31/13	24.00	103.20	
253905	4	T1019		08/01/13	08/01/13	24.00	103.20	
253905	5	T1019		08/02/13	08/02/13	24.00	103.20	
							CLAIM TOTAL	516.00
								CLAIM ACCOUNT REF. 2539050012012108SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012110 2012110 GOMEZ, RANNIE 09/11/1917 698802 111644524
DIAGNOSIS CODES: 401.9 272.2 365.9 428.0 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253906	1	T1019		07/29/13	07/29/13	28.00	120.40	
253906	2	T1019		07/30/13	07/30/13	28.00	120.40	
253906	3	T1019		07/31/13	07/31/13	28.00	120.40	
							CLAIM TOTAL	361.20
								CLAIM ACCOUNT REF. 2539060012012110SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253907	1	T1019		08/01/13	08/01/13	28.00	120.40	
							CLAIM TOTAL	120.40
								CLAIM ACCOUNT REF. 2539070012012110SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012116 2012116 GUERRERO, MARIA 07/09/1914 693949 111669840
DIAGNOSIS CODES: 355.71 250.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253908	1	T1019		07/27/13	07/27/13	32.00	137.60

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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	
253908	2	T1019		07/28/13	07/28/13	32.00	137.60	
253908	3	T1019		07/29/13	07/29/13	32.00	137.60	
253908	4	T1019		07/30/13	07/30/13	32.00	137.60	
253908	5	T1019		07/31/13	07/31/13	32.00	137.60	
					CLAIM TOTAL		688.00	CLAIM ACCOUNT REF. 2539080012012116SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253909	1	T1019		08/01/13	08/01/13	32.00	137.60	
253909	2	T1019		08/02/13	08/02/13	32.00	137.60	
					CLAIM TOTAL		275.20	CLAIM ACCOUNT REF. 2539090012012116SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012117	2012117	HAYNES, LAMONT	08/22/1920	695748	111817638
DIAGNOSIS CODES: 428.0 250.00 401.9 600.91							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253910	1	T1019		07/27/13	07/27/13	20.00	86.00	
253910	2	T1019		07/28/13	07/28/13	20.00	86.00	
253910	3	T1019		07/29/13	07/29/13	16.00	68.80	
253910	4	T1019		07/30/13	07/30/13	16.00	68.80	
253910	5	T1019		07/31/13	07/31/13	16.00	68.80	
253910	6	T1019		08/01/13	08/01/13	16.00	68.80	
253910	7	T1019		08/02/13	08/02/13	16.00	68.80	
					CLAIM TOTAL		516.00	CLAIM ACCOUNT REF. 2539100012012117SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253913	1	T1019		07/29/13	07/29/13	28.00	120.40	
253913	2	T1019		07/30/13	07/30/13	28.00	120.40	
253913	3	T1019		07/31/13	07/31/13	28.00	120.40	
253913	4	T1019		08/01/13	08/01/13	28.00	120.40	
253913	5	T1019		08/02/13	08/02/13	28.00	120.40	
					CLAIM TOTAL		602.00	CLAIM ACCOUNT REF. 2539130012012120SUP

REPORT DATE 08/07/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012121 2012121 MOHAMED, DENISE 06/14/1959 691722 111786776
DIAGNOSIS CODES: 715.98

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253918	1	T1019		07/27/13	07/27/13	32.00	137.60
253918	2	T1019		07/28/13	07/28/13	32.00	137.60
253918	3	T1019		07/29/13	07/29/13	24.00	103.20
253918	4	T1019		07/30/13	07/30/13	32.00	137.60
253918	5	T1019		07/31/13	07/31/13	32.00	137.60
253918	6	T1019		08/01/13	08/01/13	32.00	137.60
253918	7	T1019		08/02/13	08/02/13	32.00	137.60
CLAIM TOTAL							928.80
CLAIM ACCOUNT REF.							2539180012012121SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253919	1	T1019		07/09/13	07/09/13	20.00	86.00
253919	2	T1019		07/27/13	07/27/13	20.00	86.00
253919	3	T1019		07/28/13	07/28/13	20.00	86.00
253919	4	T1019		07/29/13	07/29/13	20.00	86.00
253919	5	T1019		07/30/13	07/30/13	20.00	86.00
253919	6	T1019		07/31/13	07/31/13	20.00	86.00
253919	7	T1019		08/01/13	08/01/13	20.00	86.00
253919	8	T1019		08/02/13	08/02/13	20.00	86.00
CLAIM TOTAL							688.00
CLAIM ACCOUNT REF.							2539190012012122SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253921	1	T1019		07/27/13	07/27/13	20.00	86.00
253921	2	T1019		07/28/13	07/28/13	20.00	86.00
253921	3	T1019		07/29/13	07/29/13	28.00	120.40
253921	4	T1019		07/30/13	07/30/13	28.00	120.40
253921	5	T1019		07/31/13	07/31/13	28.00	120.40
253921	6	T1019		08/01/13	08/01/13	28.00	120.40
253921	7	T1019		08/02/13	08/02/13	28.00	120.40
CLAIM TOTAL							774.00
CLAIM ACCOUNT REF.							2539210012012130SUP

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PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012131 2012131 ORTIZ, JOSE 04/19/1925 691721 111894848
DIAGNOSIS CODES: 250.00 401.9 414.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253923	1	T1019		07/31/13	07/31/13	16.00	68.80	
253923	2	T1019		08/02/13	08/02/13	16.00	68.80	
CLAIM TOTAL							137.60	CLAIM ACCOUNT REF. 2539230012012131SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253938	1	T1019		07/29/13	07/29/13	28.00	120.40	
253938	2	T1019		07/30/13	07/30/13	28.00	120.40	
253938	3	T1019		07/31/13	07/31/13	28.00	120.40	
253938	4	T1019		08/01/13	08/01/13	28.00	120.40	
253938	5	T1019		08/02/13	08/02/13	28.00	120.40	
CLAIM TOTAL							602.00	CLAIM ACCOUNT REF. 2539380012012134SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012137 2012137 VAZQUEZ 1, ROSA 08/08/1934 695667 111807022
DIAGNOSIS CODES: 715.90 244.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253941	1	T1019		07/29/13	07/29/13	32.00	137.60	
253941	2	T1019		07/30/13	07/30/13	32.00	137.60	
253941	3	T1019		07/31/13	07/31/13	32.00	137.60	
253941	4	T1019		08/01/13	08/01/13	32.00	137.60	
253941	5	T1019		08/02/13	08/02/13	32.00	137.60	
CLAIM TOTAL							688.00	CLAIM ACCOUNT REF. 2539410012012137SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012138 2012138 VENTURA, CLARA 09/17/1951 720456 111733742
DIAGNOSIS CODES: 253.5 401.9 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253942	1	T1019		07/29/13	07/29/13	16.00	68.80	
253942	2	T1019		07/30/13	07/30/13	16.00	68.80	
253942	3	T1019		07/31/13	07/31/13	16.00	68.80	
CLAIM TOTAL							206.40	CLAIM ACCOUNT REF. 2539420012012138SUP

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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 2012138 2012138 VENTURA, CLARA 09/17/1951 720456 112060162
DIAGNOSIS CODES: 253.5 401.9 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253943	1	T1019		08/01/13	08/01/13	16.00	68.80
CLAIM TOTAL							68.80
CLAIM ACCOUNT REF.							2539430012012138SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253924	1	T1019		07/29/13	07/29/13	32.00	137.60
253924	2	T1019		07/30/13	07/30/13	32.00	137.60
CLAIM TOTAL							275.20
CLAIM ACCOUNT REF.							2539240012012140SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012141 2012141 SANTOS MARQUEZ, MARIA 07/16/1961 688801 111660656
DIAGNOSIS CODES: 958.8 599.70 692.9 795.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253937	1	T1019		07/29/13	07/29/13	16.00	68.80
253937	2	T1019		07/31/13	07/31/13	16.00	68.80
CLAIM TOTAL							137.60
CLAIM ACCOUNT REF.							2539370012012141SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253917	1	T1019		07/27/13	07/27/13	12.00	51.60
253917	2	T1019		07/29/13	07/29/13	12.00	51.60
253917	3	T1019		07/30/13	07/30/13	12.00	51.60
253917	4	T1019		08/01/13	08/01/13	12.00	51.60
253917	5	T1019		08/02/13	08/02/13	12.00	51.60
CLAIM TOTAL							258.00
CLAIM ACCOUNT REF.							2539170012012142SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012143 2012143 MURPHY, RUBY 04/13/1955 698832 111684344
DIAGNOSIS CODES: 585.3 311. 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253920	1	T1019		07/29/13	07/29/13	16.00	68.80

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PAYER ID = 14163 WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253920	2	T1019		07/30/13	07/30/13	16.00	68.80	
253920	3	T1019		07/31/13	07/31/13	16.00	68.80	
253920	4	T1019		08/01/13	08/01/13	16.00	68.80	
253920	5	T1019		08/02/13	08/02/13	16.00	68.80	
					CLAIM TOTAL		344.00	CLAIM ACCOUNT REF. 2539200012012143SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253927	1	T1019		07/29/13	07/29/13	20.00	86.00	
253927	2	T1019		07/31/13	07/31/13	20.00	86.00	
					CLAIM TOTAL		172.00	CLAIM ACCOUNT REF. 2539270012012144SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253925	1	T1019		07/29/13	07/29/13	16.00	68.80	
253925	2	T1019		07/30/13	07/30/13	16.00	68.80	
253925	3	T1019		07/31/13	07/31/13	16.00	68.80	
253925	4	T1019		08/01/13	08/01/13	16.00	68.80	
253925	5	T1019		08/02/13	08/02/13	16.00	68.80	
					CLAIM TOTAL		344.00	CLAIM ACCOUNT REF. 2539250012012145SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253926	1	T1019		07/29/13	07/29/13	16.00	68.80	
253926	2	T1019		07/30/13	07/30/13	16.00	68.80	
253926	3	T1019		07/31/13	07/31/13	16.00	68.80	
253926	4	T1019		08/01/13	08/01/13	16.00	68.80	
253926	5	T1019		08/02/13	08/02/13	16.00	68.80	
					CLAIM TOTAL		344.00	CLAIM ACCOUNT REF. 2539260012012146SUP

REPORT DATE 08/07/13 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 2012147 2012147 RAMOS, SILVIA 08/16/1957 707547 111551884
DIAGNOSIS CODES: 724.2 253.5 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253930	1	T1019		07/22/13	07/22/13	20.00	86.00	
253930	2	T1019		07/23/13	07/23/13	20.00	86.00	
253930	3	T1019		07/24/13	07/24/13	20.00	86.00	
253930	4	T1019		07/25/13	07/25/13	20.00	86.00	
253930	5	T1019		07/26/13	07/26/13	20.00	86.00	
253930	6	T1019		07/29/13	07/29/13	20.00	86.00	
253930	7	T1019		07/30/13	07/30/13	20.00	86.00	
253930	8	T1019		07/31/13	07/31/13	20.00	86.00	
CLAIM TOTAL							688.00	CLAIM ACCOUNT REF. 2539300012012147SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253931	1	T1019		08/01/13	08/01/13	20.00	86.00	
253931	2	T1019		08/02/13	08/02/13	20.00	86.00	
CLAIM TOTAL							172.00	CLAIM ACCOUNT REF. 2539310012012147SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012149 2012149 REGLA, MARIA F 11/21/1933 691499 111829761
DIAGNOSIS CODES: 250.00 715.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253932	1	T1019		07/27/13	07/27/13	32.00	137.60	
253932	2	T1019		07/29/13	07/29/13	32.00	137.60	
CLAIM TOTAL							275.20	CLAIM ACCOUNT REF. 2539320012012149SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012155 2012155 SANCHEZ, BETANIA 05/10/1956 706048 111688299
DIAGNOSIS CODES: 555.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253936	1	T1019		07/17/13	07/17/13	20.00	86.00	
CLAIM TOTAL							86.00	CLAIM ACCOUNT REF. 2539360012012155SUP

REPORT DATE 08/07/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013080701460612RRSUP

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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 2012158 2012158 LOPEZ, MANUEL 02/25/1926 741094 111891649
DIAGNOSIS CODES: 401.9 272.4 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253914	1	T1019		07/27/13	07/27/13	48.00	206.40
253914	2	T1019		07/28/13	07/28/13	48.00	206.40
253914	3	T1019		07/29/13	07/29/13	48.00	206.40
253914	4	T1019		07/30/13	07/30/13	48.00	206.40
253914	5	T1019		07/31/13	07/31/13	48.00	206.40
253914	6	T1019		08/01/13	08/01/13	48.00	206.40
253914	7	T1019		08/02/13	08/02/13	48.00	206.40
CLAIM TOTAL						1,444.80	CLAIM ACCOUNT REF. 2539140012012158SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012261 2012261 SILVEIRA, BERTA 06/23/1938 753060 111981021
DIAGNOSIS CODES: 786.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253939	1	T1019		07/27/13	07/27/13	24.00	103.20
253939	2	T1019		07/28/13	07/28/13	4.00	17.20
253939	3	T1019		07/29/13	07/29/13	24.00	103.20
253939	4	T1019		07/30/13	07/30/13	24.00	103.20
253939	5	T1019		07/31/13	07/31/13	24.00	103.20
253939	6	T1019		08/01/13	08/01/13	24.00	103.20
253939	7	T1019		08/02/13	08/02/13	24.00	103.20
CLAIM TOTAL						636.40	CLAIM ACCOUNT REF. 2539390012012261SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012136 2012266 SOTO, RAFAEL B 03/08/1937 700573 111779429
DIAGNOSIS CODES: 715.09 250.00 272.2 401.9 428.0 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253940	1	T1019		07/07/13	07/07/13	36.00	154.80
253940	2	T1019		07/27/13	07/27/13	36.00	154.80
253940	3	T1019		07/28/13	07/28/13	36.00	154.80
253940	4	T1019		07/29/13	07/29/13	36.00	154.80
253940	5	T1019		07/30/13	07/30/13	36.00	154.80
253940	6	T1019		07/31/13	07/31/13	36.00	154.80
253940	7	T1019		08/01/13	08/01/13	36.00	154.80
253940	8	T1019		08/02/13	08/02/13	36.00	154.80
CLAIM TOTAL						1,238.40	CLAIM ACCOUNT REF. 2539400012012266SUP

REPORT DATE 08/07/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013080701460612RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012719 2012719 SANCHEZ FLORES, ADELAI 11/03/1944 761166 111909448
DIAGNOSIS CODES: 401.9 300.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253934	1	T1019		07/29/13	07/29/13	16.00	68.80
CLAIM TOTAL							68.80
CLAIM ACCOUNT REF.							2539340012012719SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253935	1	T1019		07/30/13	07/30/13	20.00	86.00
253935	2	T1019		07/31/13	07/31/13	20.00	86.00
253935	3	T1019		08/01/13	08/01/13	20.00	86.00
253935	4	T1019		08/02/13	08/02/13	12.00	51.60
CLAIM TOTAL							309.60
CLAIM ACCOUNT REF.							2539350012012719SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012159 2012948 LOPEZ, VITALIA 08/01/1922 691723 111822973
DIAGNOSIS CODES: 331.0 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253915	1	T1019		07/27/13	07/27/13	48.00	206.40
253915	2	T1019		07/28/13	07/28/13	48.00	206.40
253915	3	T1019		07/29/13	07/29/13	48.00	206.40
253915	4	T1019		07/30/13	07/30/13	48.00	206.40
253915	5	T1019		07/31/13	07/31/13	48.00	206.40
253915	6	T1019		08/01/13	08/01/13	48.00	206.40
253915	7	T1019		08/02/13	08/02/13	48.00	206.40
CLAIM TOTAL							1,444.80
CLAIM ACCOUNT REF.							2539150012012948SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012952 2012952 FRANCISCO, BRIGIDA 08/20/1957 761853 111640168
DIAGNOSIS CODES: 714.0 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253903	1	T1019		07/27/13	07/27/13	20.00	86.00
253903	2	T1019		07/28/13	07/28/13	20.00	86.00
253903	3	T1019		07/29/13	07/29/13	20.00	86.00
253903	4	T1019		07/30/13	07/30/13	20.00	86.00
253903	5	T1019		07/31/13	07/31/13	20.00	86.00
CLAIM TOTAL							430.00
CLAIM ACCOUNT REF.							2539030012012952SUP

REPORT DATE 08/07/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013080701460612RRSUP

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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 2012952 2012952 FRANCISCO, BRIGIDA 08/20/1957 761853 112037017
DIAGNOSIS CODES: 714.0 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253904	1	T1019		08/01/13	08/01/13	20.00	86.00	
253904	2	T1019		08/02/13	08/02/13	20.00	86.00	
CLAIM TOTAL							172.00	CLAIM ACCOUNT REF. 2539040012012952SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012953 2012953 CHOUDHURY, MEHER A 08/16/1974 762773 111694030
DIAGNOSIS CODES: 344.00 493.90 742.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253900	1	T1019		07/27/13	07/27/13	48.00	206.40	
253900	2	T1019		07/28/13	07/28/13	48.00	206.40	
253900	3	T1019		07/29/13	07/29/13	48.00	206.40	
253900	4	T1019		07/30/13	07/30/13	48.00	206.40	
253900	5	T1019		07/31/13	07/31/13	48.00	206.40	
CLAIM TOTAL							1,032.00	CLAIM ACCOUNT REF. 2539000012012953SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012953 2012953 CHOUDHURY, MEHER A 08/16/1974 762773 112028287
DIAGNOSIS CODES: 344.00 493.90 742.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253901	1	T1019		08/01/13	08/01/13	48.00	206.40	
253901	2	T1019		08/02/13	08/02/13	48.00	206.40	
CLAIM TOTAL							412.80	CLAIM ACCOUNT REF. 2539010012012953SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1031950 2012979 HUDGINS, LOUZETTA 05/18/1944 761959 111697308
DIAGNOSIS CODES: 401.9 250.00 278.00 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253911	1	T1019		07/27/13	07/27/13	20.00	86.00	
253911	2	T1019		07/29/13	07/29/13	20.00	86.00	
253911	3	T1019		07/30/13	07/30/13	20.00	86.00	
253911	4	T1019		07/31/13	07/31/13	20.00	86.00	
CLAIM TOTAL							344.00	CLAIM ACCOUNT REF. 2539110012012979SUP

REPORT DATE 08/07/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013080701460612RRSUP

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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 1031950 2012979 HUDGINS, LOUZETTA 05/18/1944 761959 112038867
DIAGNOSIS CODES: 401.9 250.00 278.00 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253912	1	T1019		08/01/13	08/01/13	20.00	86.00	
253912	2	T1019		08/02/13	08/02/13	20.00	86.00	
CLAIM TOTAL							172.00	CLAIM ACCOUNT REF. 2539120012012979SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012984 2012984 YOUNG, MARY 11/04/1926 762776 111711486
DIAGNOSIS CODES: 342.82 244.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253944	1	T1019		07/27/13	07/27/13	32.00	137.60	
253944	2	T1019		07/28/13	07/28/13	32.00	137.60	
253944	3	T1019		07/29/13	07/29/13	32.00	137.60	
253944	4	T1019		07/30/13	07/30/13	32.00	137.60	
253944	5	T1019		07/31/13	07/31/13	28.00	120.40	
253944	6	T1019		08/01/13	08/01/13	32.00	137.60	
253944	7	T1019		08/02/13	08/02/13	32.00	137.60	
CLAIM TOTAL							946.00	CLAIM ACCOUNT REF. 2539440012012984SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012152 2013395 REYES, TERESA 03/18/1941 697840 111904006
DIAGNOSIS CODES: 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253933	1	T1019		07/29/13	07/29/13	32.00	137.60	
253933	2	T1019		07/30/13	07/30/13	32.00	137.60	
253933	3	T1019		07/31/13	07/31/13	32.00	137.60	
253933	4	T1019		08/01/13	08/01/13	32.00	137.60	
CLAIM TOTAL							550.40	CLAIM ACCOUNT REF. 2539330012013395SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253928	1	T1019		07/27/13	07/27/13	16.00	68.80	
253928	2	T1019		07/28/13	07/28/13	16.00	68.80	
253928	3	T1019		07/29/13	07/29/13	16.00	68.80	
253928	4	T1019		07/30/13	07/30/13	16.00	68.80	
253928	5	T1019		07/31/13	07/31/13	16.00	68.80	

REPORT DATE 08/07/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013080701460612RRSUP

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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
253928	6	T1019		08/01/13	08/01/13	16.00	68.80
253928	7	T1019		08/02/13	08/02/13	16.00	68.80
CLAIM TOTAL							481.60

CLAIM ACCOUNT REF. 2539280012013679SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012132	2013774	ORTIZ, DOLORES	06/30/1927	744365	112051869

DIAGNOSIS CODES: 719.7 272.4 401.9 750.7

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253922	1	T1019		07/27/13	07/27/13	48.00	206.40
253922	2	T1019		07/28/13	07/28/13	48.00	206.40
253922	3	T1019		07/29/13	07/29/13	48.00	206.40
253922	4	T1019		07/30/13	07/30/13	48.00	206.40
253922	5	T1019		07/31/13	07/31/13	48.00	206.40
253922	6	T1019		08/01/13	08/01/13	48.00	206.40
253922	7	T1019		08/02/13	08/02/13	48.00	206.40
CLAIM TOTAL							1,444.80

CLAIM ACCOUNT REF. 2539220012013774SUP

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	218	TOTAL CLAIM AMOUNT =	25,800.00
		# SERVICES =	40		

REPORT DATE 08/07/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013080701460612RRSUP

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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 2008276 2008491 LOYOLA, MARIA 06/11/1981 JZR32498A01 0005044162
DIAGNOSIS CODES: 952.9 806.8 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253882	1	T1019	0580	07/29/13	07/29/13	40.00	168.80
253882	2	T1019	0580	07/30/13	07/30/13	40.00	168.80
253882	3	T1019	0580	07/31/13	07/31/13	40.00	168.80
253882	4	T1019	0580	08/01/13	08/01/13	40.00	168.80
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2538820012008491SUP

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
253884	1	T1019	0580	07/29/13	07/29/13	16.00	67.52
253884	2	T1019	0580	07/30/13	07/30/13	16.00	67.52
253884	3	T1019	0580	07/31/13	07/31/13	16.00	67.52
253884	4	T1019	0580	08/01/13	08/01/13	16.00	67.52
253884	5	T1019	0580	08/02/13	08/02/13	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2538840012008513SUP

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
253877	1	T1019	0580	07/30/13	07/30/13	16.00	67.52
253877	2	T1019	0580	08/01/13	08/01/13	16.00	67.52
253877	3	T1019	0580	08/02/13	08/02/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2538770012008723SUP

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
253868	1	T1019	0580	07/27/13	07/27/13	48.00	202.56
253868	2	T1019	0580	07/28/13	07/28/13	48.00	202.56
253868	3	T1019	0580	07/29/13	07/29/13	48.00	202.56
253868	4	T1019	0580	07/30/13	07/30/13	48.00	202.56
253868	5	T1019	0580	07/31/13	07/31/13	48.00	202.56
253868	6	T1019	0580	08/01/13	08/01/13	48.00	202.56

REPORT DATE 08/07/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013080701460612RRSUP

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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	
253868	7	T1019	0580	08/02/13	08/02/13	48.00	202.56	
					CLAIM TOTAL		1,417.92	CLAIM ACCOUNT REF. 2538680012008793SUP

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	
253878	1	T1019	0580	06/26/13	06/26/13	32.00	135.04	
253878	2	T1019	0580	07/27/13	07/27/13	32.00	135.04	
253878	3	T1019	0580	07/28/13	07/28/13	32.00	135.04	
253878	4	T1019	0580	07/29/13	07/29/13	32.00	135.04	
253878	5	T1019	0580	07/30/13	07/30/13	32.00	135.04	
253878	6	T1019	0580	07/31/13	07/31/13	32.00	135.04	
253878	7	T1019	0580	08/01/13	08/01/13	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2538780012009237SUP

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	
253883	1	T1019	0580	08/02/13	08/02/13	20.00	84.40	
					CLAIM TOTAL		84.40	CLAIM ACCOUNT REF. 2538830012009269SUP

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	
253879	1	T1019	0580	05/05/13	05/05/13	16.00	67.52	
					CLAIM TOTAL		67.52	CLAIM ACCOUNT REF. 2538790012009406SUP

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	
253880	1	T1019	0580	07/27/13	07/27/13	20.00	84.40	
253880	2	T1019	0580	07/28/13	07/28/13	16.00	67.52	
253880	3	T1019	0580	07/29/13	07/29/13	20.00	84.40	
253880	4	T1019	0580	07/30/13	07/30/13	20.00	84.40	
253880	5	T1019	0580	07/31/13	07/31/13	20.00	84.40	

REPORT DATE 08/07/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013080701460612RRSUP

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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	
253880	6	T1019	0580	08/01/13	08/01/13	20.00	84.40	
253880	7	T1019	0580	08/02/13	08/02/13	16.00	67.52	
					CLAIM TOTAL		557.04	CLAIM ACCOUNT REF. 2538800012009406SUP

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	
253881	1	T1019	0580	07/31/13	07/31/13	40.00	168.80	
253881	2	T1019	0580	08/01/13	08/01/13	40.00	168.80	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2538810012009562SUP

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	
253871	1	T1019	0580	07/29/13	07/29/13	16.00	67.52	
253871	2	T1019	0580	07/30/13	07/30/13	16.00	67.52	
253871	3	T1019	0580	07/31/13	07/31/13	16.00	67.52	
253871	4	T1019	0580	08/01/13	08/01/13	16.00	67.52	
253871	5	T1019	0580	08/02/13	08/02/13	16.00	67.52	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2538710012009686SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253873	1	T1019	0580	07/27/13	07/27/13	28.00	118.16	
253873	2	T1019	0580	07/28/13	07/28/13	28.00	118.16	
253873	3	T1019	0580	07/29/13	07/29/13	28.00	118.16	
253873	4	T1019	0580	07/30/13	07/30/13	28.00	118.16	
253873	5	T1019	0580	07/31/13	07/31/13	28.00	118.16	
253873	6	T1019	0580	08/01/13	08/01/13	28.00	118.16	
253873	7	T1019	0580	08/02/13	08/02/13	28.00	118.16	
					CLAIM TOTAL		827.12	CLAIM ACCOUNT REF. 2538730012009945SUP

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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 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
253872	1	T1019	0580	07/27/13	07/27/13	36.00	151.92
253872	2	T1019	0580	07/29/13	07/29/13	36.00	151.92
253872	3	T1019	0580	07/30/13	07/30/13	36.00	151.92
253872	4	T1019	0580	07/31/13	07/31/13	36.00	151.92
253872	5	T1019	0580	08/01/13	08/01/13	36.00	151.92
253872	6	T1019	0580	08/02/13	08/02/13	36.00	151.92
CLAIM TOTAL							911.52
							CLAIM ACCOUNT REF. 2538720012010991SUP

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
253869	1	G0156	0572	07/27/13	07/27/13	12.00	171.00
253869	2	G0156	0572	07/28/13	07/28/13	12.00	171.00
253869	3	G0156	0572	07/29/13	07/29/13	12.00	171.00
253869	4	G0156	0572	07/30/13	07/30/13	12.00	171.00
253869	5	G0156	0572	07/31/13	07/31/13	12.00	171.00
253869	6	G0156	0572	08/01/13	08/01/13	12.00	171.00
253869	7	G0156	0572	08/02/13	08/02/13	12.00	171.00
CLAIM TOTAL							1,197.00
							CLAIM ACCOUNT REF. 2538690012011066SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253870	1	T1019	0580	07/27/13	07/27/13	48.00	202.56
253870	2	T1019	0580	07/28/13	07/28/13	48.00	202.56
253870	3	T1019	0580	07/29/13	07/29/13	48.00	202.56
253870	4	T1019	0580	07/30/13	07/30/13	48.00	202.56
253870	5	T1019	0580	07/31/13	07/31/13	48.00	202.56
253870	6	T1019	0580	08/01/13	08/01/13	48.00	202.56
253870	7	T1019	0580	08/02/13	08/02/13	48.00	202.56
CLAIM TOTAL							1,417.92
							CLAIM ACCOUNT REF. 2538700012011526SUP

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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 2012541 2012541 LANGELOH, HOWARD 09/29/1923 16394107 0006625755
DIAGNOSIS CODES: 715.90 250.00 272.4 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253876	1	T1019	0580	07/27/13	07/27/13	24.00	101.28
253876	2	T1019	0580	07/28/13	07/28/13	24.00	101.28
253876	3	T1019	0580	07/29/13	07/29/13	24.00	101.28
253876	4	T1019	0580	07/31/13	07/31/13	24.00	101.28
253876	5	T1019	0580	08/01/13	08/01/13	24.00	101.28
253876	6	T1019	0580	08/02/13	08/02/13	24.00	101.28
CLAIM TOTAL						607.68	CLAIM ACCOUNT REF. 2538760012012541SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009467 2013531 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
253874	1	T1019	0580	07/27/13	07/27/13	48.00	202.56
253874	2	T1019	0580	07/28/13	07/28/13	48.00	202.56
253874	3	T1019	0580	07/29/13	07/29/13	48.00	202.56
253874	4	T1019	0580	07/30/13	07/30/13	48.00	202.56
253874	5	T1019	0580	07/31/13	07/31/13	48.00	202.56
CLAIM TOTAL						1,012.80	CLAIM ACCOUNT REF. 2538740012013531SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009467 2013531 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
253875	1	T1019	0580	08/01/13	08/01/13	88.00	371.36
253875	2	T1019	0580	08/02/13	08/02/13	96.00	405.12
CLAIM TOTAL						776.48	CLAIM ACCOUNT REF. 2538750012013531SUP

PAYER TOTALS: HEALTH INSURANCE PLAN # OF CLAIMS = 82 TOTAL CLAIM AMOUNT = 11,713.24
SERVICES = 15

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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 131610065
DIAGNOSIS CODES: 042. 202.88 436. 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254016	1	T1019		07/29/13	07/29/13	28.00	120.12
254016	2	T1019		07/30/13	07/30/13	28.00	120.12
254016	3	T1019		07/31/13	07/31/13	28.00	120.12
254016	4	T1019		08/01/13	08/01/13	28.00	120.12
CLAIM TOTAL						480.48	
						CLAIM ACCOUNT REF.	2540160012010958SUP

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
254017	1	T1019		07/27/13	07/27/13	24.00	102.96
254017	2	T1019		07/29/13	07/29/13	40.00	171.60
254017	3	T1019		08/01/13	08/01/13	24.00	102.96
254017	4	T1019		08/02/13	08/02/13	40.00	171.60
CLAIM TOTAL						549.12	
						CLAIM ACCOUNT REF.	2540170012012481SUP

PAYER TOTALS: VNSNY CHOICE # OF CLAIMS = 8 TOTAL CLAIM AMOUNT = 1,029.60
SERVICES = 2

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2003480 2003583 HERNANDEZ, FRANCISCA 02/07/1925 PX35079P R2220226
DIAGNOSIS CODES: 294.10 272.2 293.84 311. 401.9 715.98

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253962	1	T1019		07/29/13	07/29/13	44.00	156.64	
253962	2	T1019		07/30/13	07/30/13	28.00	99.68	
253962	3	T1019		07/31/13	07/31/13	28.00	99.68	
253962	4	T1019		08/01/13	08/01/13	28.00	99.68	
253962	5	T1019		08/02/13	08/02/13	36.00	128.16	
						CLAIM TOTAL	583.84	CLAIM ACCOUNT REF. 2539620012003583SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2003639 2003639 WOO, LUZ 02/27/1931 ZT83637F R2250302
DIAGNOSIS CODES: 492.0 212.3 213.2 223.0 311. 401.9 724.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253993	1	T1019		07/29/13	07/29/13	16.00	56.96	
253993	2	T1019		07/30/13	07/30/13	16.00	56.96	
253993	3	T1019		07/31/13	07/31/13	16.00	56.96	
						CLAIM TOTAL	170.88	CLAIM ACCOUNT REF. 2539930012003639SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2004602 2004602 BROOKS, NATALIE 11/30/1940 QH90085M R2218238
DIAGNOSIS CODES: 820.8 244.9 250.00 272.0 343.9 530.81 715.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253949	1	T1019		07/29/13	07/29/13	16.00	56.96	
253949	2	T1019		07/30/13	07/30/13	16.00	56.96	
253949	3	T1019		07/31/13	07/31/13	16.00	56.96	
253949	4	T1019		08/01/13	08/01/13	24.00	85.44	
253949	5	T1019		08/02/13	08/02/13	16.00	56.96	
						CLAIM TOTAL	313.28	CLAIM ACCOUNT REF. 2539490012004602SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2004798 2004798 WOO, LUZ 02/27/1931 ZT83637F R2250302
DIAGNOSIS CODES: 492.0 212.3 213.2 223.0 311. 401.9 724.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253994	1	S5130		07/29/13	07/29/13	16.00	56.96	
						CLAIM TOTAL	56.96	CLAIM ACCOUNT REF. 2539940012004798SUP

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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 2005079 2005079 SIMON, LUPE 12/12/1934 YC26622R R2303923
DIAGNOSIS CODES: 250.00 272.0 401.9 530.81 596.51 733.00 780.52 V44.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253986	1	T1019		07/30/13	07/30/13	16.00	56.96	
253986	2	T1019		08/01/13	08/01/13	16.00	56.96	
CLAIM TOTAL							113.92	CLAIM ACCOUNT REF. 2539860012005079SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253971	1	T1019		07/27/13	07/27/13	48.00	170.88	
253971	2	T1019		07/28/13	07/28/13	48.00	170.88	
253971	3	T1019		07/29/13	07/29/13	48.00	170.88	
253971	4	T1019		07/30/13	07/30/13	48.00	170.88	
253971	5	T1019		07/31/13	07/31/13	48.00	170.88	
253971	6	T1019		08/01/13	08/01/13	48.00	170.88	
253971	7	T1019		08/02/13	08/02/13	48.00	170.88	
CLAIM TOTAL							1,196.16	CLAIM ACCOUNT REF. 2539710012006762SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2006897 2006897 ALVAREZ, ANGELA 05/20/1942 ZU47022Y R2247983
DIAGNOSIS CODES: 311. 401.9 462. 715.00 780.96

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253945	1	S5130		07/29/13	07/29/13	16.00	56.96	
CLAIM TOTAL							56.96	CLAIM ACCOUNT REF. 2539450012006897SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253985	1	T1019		07/27/13	07/27/13	16.00	56.96	
253985	2	T1019		07/28/13	07/28/13	16.00	56.96	
253985	3	T1019		07/29/13	07/29/13	32.00	113.92	
253985	4	T1019		07/30/13	07/30/13	32.00	113.92	
253985	5	T1019		07/31/13	07/31/13	32.00	113.92	
253985	6	T1019		08/01/13	08/01/13	32.00	113.92	
253985	7	T1019		08/02/13	08/02/13	28.00	99.68	
CLAIM TOTAL							669.28	CLAIM ACCOUNT REF. 2539850012007165SUP

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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 2007478 2007478 HARIDIN, KHAMATTIE 04/19/1941 WS44546W R2252889
DIAGNOSIS CODES: 715.90 135. 250.00 311. 401.9 530.81 724.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253959	1	S5125		07/27/13	07/27/13	16.00	56.96
253959	2	S5125		07/28/13	07/28/13	16.00	56.96
253959	3	S5125		07/29/13	07/29/13	20.00	71.20
253959	4	S5125		07/30/13	07/30/13	20.00	71.20
253959	5	S5125		07/31/13	07/31/13	20.00	71.20
253959	6	S5125		08/01/13	08/01/13	20.00	71.20
253959	7	S5125		08/02/13	08/02/13	20.00	71.20
CLAIM TOTAL							469.92
CLAIM ACCOUNT REF.							2539590012007478SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253960	1	S5125		07/27/13	07/27/13	80.00	284.80
253960	2	S5125		07/28/13	07/28/13	80.00	284.80
253960	3	S5125		07/29/13	07/29/13	76.00	270.56
253960	4	S5125		07/30/13	07/30/13	76.00	270.56
253960	5	S5125		07/31/13	07/31/13	76.00	270.56
253960	6	S5125		08/01/13	08/01/13	76.00	270.56
253960	7	S5125		08/02/13	08/02/13	76.00	270.56
CLAIM TOTAL							1,922.40
CLAIM ACCOUNT REF.							2539600012007590SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008182 2008182 VASQUEZ, CORNELIA 12/08/1928 UA27940P R2123536
DIAGNOSIS CODES: 331.0 272.0 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253992	1	T1019		07/30/13	07/30/13	16.00	56.96
253992	2	T1019		08/01/13	08/01/13	16.00	56.96
CLAIM TOTAL							113.92
CLAIM ACCOUNT REF.							2539920012008182SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253836	1	T1019		07/27/13	07/27/13	12.00	50.64
253836	2	T1019		07/28/13	07/28/13	12.00	50.64

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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	
253836	3	T1019		07/29/13	07/29/13	12.00	50.64	
253836	4	T1019		07/30/13	07/30/13	12.00	50.64	
253836	5	T1019		07/31/13	07/31/13	12.00	50.64	
253836	6	T1019		08/01/13	08/01/13	12.00	50.64	
253836	7	T1019		08/02/13	08/02/13	12.00	50.64	
				CLAIM TOTAL			354.48	CLAIM ACCOUNT REF. 2538360012008246SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253837	1	T1019		07/29/13	07/29/13	12.00	50.64	
253837	2	T1019		07/30/13	07/30/13	12.00	50.64	
253837	3	T1019		07/31/13	07/31/13	12.00	50.64	
253837	4	T1019		08/01/13	08/01/13	12.00	50.64	
				CLAIM TOTAL			202.56	CLAIM ACCOUNT REF. 2538370012008248SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008249 2008249 LOPEZ-RAMIREZ, CARLOTA 01/20/1936 QR43529V 0105101301235
DIAGNOSIS CODES: 714.0 272.4 401.9 536.9 586. 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253830	1	T1019		07/27/13	07/27/13	44.00	185.68	
253830	2	T1019		07/28/13	07/28/13	40.00	168.80	
253830	3	T1019		07/29/13	07/29/13	44.00	185.68	
253830	4	T1019		07/30/13	07/30/13	44.00	185.68	
253830	5	T1019		07/31/13	07/31/13	44.00	185.68	
253830	6	T1019		08/01/13	08/01/13	44.00	185.68	
253830	7	T1019		08/02/13	08/02/13	44.00	185.68	
				CLAIM TOTAL			1,282.88	CLAIM ACCOUNT REF. 2538300012008249SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253841	1	T1019		07/28/13	07/28/13	32.00	135.04	
253841	2	T1019		07/29/13	07/29/13	32.00	135.04	
253841	3	T1019		07/30/13	07/30/13	32.00	135.04	
253841	4	T1019		07/31/13	07/31/13	32.00	135.04	
253841	5	T1019		08/01/13	08/01/13	32.00	135.04	
253841	6	T1019		08/02/13	08/02/13	32.00	135.04	

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PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	810.24	2538410012008250SUP

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	CLAIM ACCOUNT REF.
253810	1	T1019		07/27/13	07/27/13	32.00	135.04	
253810	2	T1019		07/29/13	07/29/13	32.00	135.04	
253810	3	T1019		07/30/13	07/30/13	32.00	135.04	
253810	4	T1019		07/31/13	07/31/13	32.00	135.04	
253810	5	T1019		08/01/13	08/01/13	32.00	135.04	
253810	6	T1019		08/02/13	08/02/13	32.00	135.04	
						CLAIM TOTAL	810.24	2538100012008251SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
253831	1	T1019		07/27/13	07/27/13	48.00	202.56	
253831	2	T1019		07/28/13	07/28/13	48.00	202.56	
253831	3	T1019		07/29/13	07/29/13	48.00	202.56	
253831	4	T1019		07/30/13	07/30/13	48.00	202.56	
253831	5	T1019		07/31/13	07/31/13	48.00	202.56	
253831	6	T1019		08/01/13	08/01/13	48.00	202.56	
253831	7	T1019		08/02/13	08/02/13	48.00	202.56	
						CLAIM TOTAL	1,417.92	2538310012008253SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
253845	1	T1019		07/29/13	07/29/13	32.00	135.04	
253845	2	T1019		07/30/13	07/30/13	32.00	135.04	
253845	3	T1019		07/31/13	07/31/13	32.00	135.04	
253845	4	T1019		08/01/13	08/01/13	32.00	135.04	
253845	5	T1019		08/02/13	08/02/13	32.00	135.04	
						CLAIM TOTAL	675.20	2538450012008254SUP

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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 0104121301251
DIAGNOSIS CODES: 294.8 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253808	1	T1019		07/29/13	07/29/13	32.00	135.04
253808	2	T1019		07/30/13	07/30/13	32.00	135.04
253808	3	T1019		07/31/13	07/31/13	32.00	135.04
253808	4	T1019		08/01/13	08/01/13	32.00	135.04
253808	5	T1019		08/02/13	08/02/13	32.00	135.04
CLAIM TOTAL							675.20
							CLAIM ACCOUNT REF. 2538080012008256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008257 2008257 ESTEVES, JOSE 09/04/1948 YD71377C 0103261301993
DIAGNOSIS CODES: 345.40

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253815	1	T1019		07/27/13	07/27/13	24.00	101.28
253815	2	T1019		07/28/13	07/28/13	24.00	101.28
253815	3	T1019		07/29/13	07/29/13	24.00	101.28
253815	4	T1019		07/30/13	07/30/13	24.00	101.28
253815	5	T1019		07/31/13	07/31/13	24.00	101.28
253815	6	T1019		08/01/13	08/01/13	24.00	101.28
253815	7	T1019		08/02/13	08/02/13	24.00	101.28
CLAIM TOTAL							708.96
							CLAIM ACCOUNT REF. 2538150012008257SUP

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
253842	1	T1019		07/29/13	07/29/13	32.00	135.04
253842	2	T1019		07/30/13	07/30/13	32.00	135.04
253842	3	T1019		07/31/13	07/31/13	32.00	135.04
253842	4	T1019		08/01/13	08/01/13	32.00	135.04
CLAIM TOTAL							540.16
							CLAIM ACCOUNT REF. 2538420012008290SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008362 2008362 FONTANES, PEDRO 08/27/1948 RX10287Z 0104171301499
DIAGNOSIS CODES: 724.3 278.00 427.31 428.0 724.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253818	1	T1019		07/16/13	07/16/13	48.00	202.56
253818	2	T1019		07/22/13	07/22/13	48.00	202.56

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253818	3	T1019		07/24/13	07/24/13	48.00	202.56	
253818	4	T1019		07/27/13	07/27/13	48.00	202.56	
253818	5	T1019		07/28/13	07/28/13	48.00	202.56	
253818	6	T1019		07/29/13	07/29/13	48.00	202.56	
253818	7	T1019		07/30/13	07/30/13	48.00	202.56	
253818	8	T1019		07/31/13	07/31/13	48.00	202.56	
253818	9	T1019		08/01/13	08/01/13	48.00	202.56	
253818	10	T1019		08/02/13	08/02/13	48.00	202.56	
				CLAIM TOTAL		2,025.60		CLAIM ACCOUNT REF. 2538180012008362SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253840	1	T1019		07/29/13	07/29/13	16.00	67.52	
253840	2	T1019		07/30/13	07/30/13	16.00	67.52	
253840	3	T1019		07/31/13	07/31/13	16.00	67.52	
253840	4	T1019		08/01/13	08/01/13	16.00	67.52	
253840	5	T1019		08/02/13	08/02/13	16.00	67.52	
				CLAIM TOTAL		337.60		CLAIM ACCOUNT REF. 2538400012008368SUP

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	
253819	1	T1019		07/27/13	07/27/13	32.00	135.04	
253819	2	T1019		07/28/13	07/28/13	32.00	135.04	
253819	3	T1019		07/29/13	07/29/13	32.00	135.04	
253819	4	T1019		07/30/13	07/30/13	32.00	135.04	
253819	5	T1019		07/31/13	07/31/13	32.00	135.04	
253819	6	T1019		08/01/13	08/01/13	32.00	135.04	
253819	7	T1019		08/02/13	08/02/13	32.00	135.04	
				CLAIM TOTAL		945.28		CLAIM ACCOUNT REF. 2538190012008411SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253804	1	T1019		07/27/13	07/27/13	32.00	135.04
253804	2	T1019		07/28/13	07/28/13	32.00	135.04

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253804	3	T1019		07/29/13	07/29/13	32.00	135.04	
253804	4	T1019		07/30/13	07/30/13	32.00	135.04	
253804	5	T1019		07/31/13	07/31/13	32.00	135.04	
253804	6	T1019		08/01/13	08/01/13	32.00	135.04	
253804	7	T1019		08/02/13	08/02/13	32.00	135.04	
				CLAIM TOTAL		945.28		CLAIM ACCOUNT REF. 2538040012008433SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253803	1	T1019		07/27/13	07/27/13	12.00	50.64	
253803	2	T1019		07/29/13	07/29/13	20.00	84.40	
253803	3	T1019		07/30/13	07/30/13	20.00	84.40	
253803	4	T1019		07/31/13	07/31/13	20.00	84.40	
253803	5	T1019		08/01/13	08/01/13	20.00	84.40	
253803	6	T1019		08/02/13	08/02/13	20.00	84.40	
				CLAIM TOTAL		472.64		CLAIM ACCOUNT REF. 2538030012008487SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253847	1	T1019		07/27/13	07/27/13	48.00	202.56	
253847	2	T1019		07/28/13	07/28/13	48.00	202.56	
253847	3	T1019		07/29/13	07/29/13	48.00	202.56	
253847	4	T1019		07/30/13	07/30/13	48.00	202.56	
253847	5	T1019		07/31/13	07/31/13	48.00	202.56	
253847	6	T1019		08/01/13	08/01/13	48.00	202.56	
253847	7	T1019		08/02/13	08/02/13	48.00	202.56	
				CLAIM TOTAL		1,417.92		CLAIM ACCOUNT REF. 2538470012008558SUP

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	
253814	1	T1019		07/27/13	07/27/13	16.00	67.52	
253814	2	T1019		07/28/13	07/28/13	16.00	67.52	
253814	3	T1019		07/29/13	07/29/13	24.00	101.28	
253814	4	T1019		07/30/13	07/30/13	20.00	84.40	

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PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253814	5	T1019		07/31/13	07/31/13	24.00	101.28	
253814	6	T1019		08/01/13	08/01/13	24.00	101.28	
253814	7	T1019		08/02/13	08/02/13	24.00	101.28	
					CLAIM TOTAL		624.56	CLAIM ACCOUNT REF. 2538140012008571SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008745 2008745 TORRESCAMPOS, JOVITA 02/15/1939 SK28000U 0102201302714
DIAGNOSIS CODES: 463. 272.2 401.9 462. V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253991	1	T1019		07/29/13	07/29/13	32.00	113.92	
253991	2	T1019		07/30/13	07/30/13	32.00	113.92	
253991	3	T1019		07/31/13	07/31/13	32.00	113.92	
253991	4	T1019		08/01/13	08/01/13	32.00	113.92	
253991	5	T1019		08/02/13	08/02/13	32.00	113.92	
					CLAIM TOTAL		569.60	CLAIM ACCOUNT REF. 2539910012008745SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008919 2008919 COLON, RAYMUNDA 07/01/1939 ZQ72180D 0101171302683
DIAGNOSIS CODES: 253.5 272.4 401.9 447.6

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253950	1	T1019		07/28/13	07/28/13	28.00	99.68	
253950	2	T1019		07/29/13	07/29/13	28.00	99.68	
253950	3	T1019		07/30/13	07/30/13	28.00	99.68	
253950	4	T1019		07/31/13	07/31/13	28.00	99.68	
253950	5	T1019		08/01/13	08/01/13	28.00	99.68	
					CLAIM TOTAL		498.40	CLAIM ACCOUNT REF. 2539500012008919SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008271 2009270 CARRION, MARIA 06/30/1928 SC64434E R2230145
DIAGNOSIS CODES: 250.00 294.10 401.9 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253809	1	T1019		07/27/13	07/27/13	32.00	135.04	
253809	2	T1019		07/29/13	07/29/13	32.00	135.04	
253809	3	T1019		07/30/13	07/30/13	32.00	135.04	
253809	4	T1019		07/31/13	07/31/13	32.00	135.04	
253809	5	T1019		08/01/13	08/01/13	32.00	135.04	
253809	6	T1019		08/02/13	08/02/13	32.00	135.04	
					CLAIM TOTAL		810.24	CLAIM ACCOUNT REF. 2538090012009270SUP

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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 2009405 2009405 CORTES DE GALINDO, NEL 05/25/1925 PF03624B R2196521
DIAGNOSIS CODES: 401.9 244.9 537.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253811	1	T1019		07/22/13	07/22/13	24.00	101.28
253811	2	T1019		07/23/13	07/23/13	24.00	101.28
253811	3	T1019		07/24/13	07/24/13	24.00	101.28
253811	4	T1019		07/25/13	07/25/13	24.00	101.28
253811	5	T1019		07/26/13	07/26/13	24.00	101.28
253811	6	T1019		07/29/13	07/29/13	24.00	101.28
253811	7	T1019		07/31/13	07/31/13	24.00	101.28
253811	8	T1019		08/01/13	08/01/13	24.00	101.28
253811	9	T1019		08/02/13	08/02/13	24.00	101.28
CLAIM TOTAL						911.52	CLAIM ACCOUNT REF. 2538110012009405SUP

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
253820	1	T1019		07/29/13	07/29/13	16.00	67.52
253820	2	T1019		07/31/13	07/31/13	16.00	67.52
253820	3	T1019		08/02/13	08/02/13	16.00	67.52
CLAIM TOTAL						202.56	CLAIM ACCOUNT REF. 2538200012009425SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253955	1	T1019		07/27/13	07/27/13	20.00	71.20
253955	2	T1019		07/28/13	07/28/13	20.00	71.20
253955	3	T1019		07/29/13	07/29/13	20.00	71.20
253955	4	T1019		07/30/13	07/30/13	20.00	71.20
253955	5	T1019		07/31/13	07/31/13	8.00	28.48
253955	6	T1019		08/01/13	08/01/13	20.00	71.20
253955	7	T1019		08/02/13	08/02/13	20.00	71.20
CLAIM TOTAL						455.68	CLAIM ACCOUNT REF. 2539550012009442SUP

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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 2009560 2009560 BOCHENEC, JOLANTA 07/08/1964 ZT71147Q 0104251302988
DIAGNOSIS CODES: 854.00 272.4 300.00 307.42 781.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253806	1	T1019		07/27/13	07/27/13	24.00	101.28
253806	2	T1019		07/28/13	07/28/13	24.00	101.28
253806	3	T1019		07/30/13	07/30/13	24.00	101.28
253806	4	T1019		07/31/13	07/31/13	24.00	101.28
253806	5	T1019		08/02/13	08/02/13	24.00	101.28
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2538060012009560SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008299 2010311 LAZALA, GLADYS 02/03/1950 ZT39863D 0106041301563
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
253828	1	T1019		07/27/13	07/27/13	48.00	202.56
253828	2	T1019		07/28/13	07/28/13	48.00	202.56
253828	3	T1019		07/29/13	07/29/13	48.00	202.56
253828	4	T1019		07/30/13	07/30/13	48.00	202.56
253828	5	T1019		07/31/13	07/31/13	48.00	202.56
253828	6	T1019		08/01/13	08/01/13	48.00	202.56
253828	7	T1019		08/02/13	08/02/13	48.00	202.56
CLAIM TOTAL							1,417.92

CLAIM ACCOUNT REF. 2538280012010311SUP

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
253849	1	T1019		07/27/13	07/27/13	20.00	84.40
253849	2	T1019		07/28/13	07/28/13	20.00	84.40
253849	3	T1019		08/01/13	08/01/13	20.00	84.40
253849	4	T1019		08/02/13	08/02/13	20.00	84.40
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2538490012010758SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008813 2010967 LARA, TOMASA 10/11/1931 SX47950B R2317742
DIAGNOSIS CODES: 401.9 244.9 272.4 715.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253827	1	T1019		07/27/13	07/27/13	32.00	135.04
253827	2	T1019		07/29/13	07/29/13	32.00	135.04

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PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253827	3	T1019		07/30/13	07/30/13	32.00	135.04	
253827	4	T1019		07/31/13	07/31/13	32.00	135.04	
253827	5	T1019		08/01/13	08/01/13	32.00	135.04	
253827	6	T1019		08/02/13	08/02/13	32.00	135.04	
					CLAIM TOTAL		810.24	CLAIM ACCOUNT REF. 2538270012010967SUP

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	
253807	1	T1019		07/29/13	07/29/13	40.00	168.80	
253807	2	T1019		07/30/13	07/30/13	40.00	168.80	
253807	3	T1019		07/31/13	07/31/13	40.00	168.80	
253807	4	T1019		08/01/13	08/01/13	40.00	168.80	
253807	5	T1019		08/02/13	08/02/13	40.00	168.80	
					CLAIM TOTAL		844.00	CLAIM ACCOUNT REF. 2538070012011528SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2009509	2011545	GRAFSTEIN, LILLIAN	03/17/1926	PY21098S	01022513001785
DIAGNOSIS	CODES:	331.0	244.9	733.00		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253958	1	T1020		07/27/13	07/27/13	1.00	200.00	
253958	2	T1020		07/28/13	07/28/13	1.00	200.00	
253958	3	T1020		07/29/13	07/29/13	1.00	200.00	
					CLAIM TOTAL		600.00	CLAIM ACCOUNT REF. 2539580012011545SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
NY 001	2011602	2011602	MALDONADO, VICENTE	05/12/1930	ZY87436H	R2348032	
DIAGNOSIS	CODES:	331.0	401.9	493.90	601.1	719.50	879.8

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253964	1	T1020		07/29/13	07/29/13	1.00	200.00	
253964	2	T1020		07/30/13	07/30/13	1.00	200.00	
					CLAIM TOTAL		400.00	CLAIM ACCOUNT REF. 2539640012011602SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011790	2011790	SALICRUP, CARMEN	08/27/1933	UM62649X	R2174502
DIAGNOSIS	CODES:	250.93	272.4			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253983	1	T1019		07/29/13	07/29/13	16.00	56.96

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253983	2	T1019		07/31/13	07/31/13	16.00	56.96	
253983	3	T1019		08/02/13	08/02/13	16.00	56.96	
CLAIM TOTAL							170.88	CLAIM ACCOUNT REF. 2539830012011790SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011792 2011792 RIVERA, BRIGIDA 02/01/1926 ZT21439N R2351065
DIAGNOSIS CODES: 401.9 272.4 311. 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253978	1	T1019		07/29/13	07/29/13	36.00	128.16	
253978	2	T1019		07/30/13	07/30/13	32.00	113.92	
253978	3	T1019		07/31/13	07/31/13	32.00	113.92	
253978	4	T1019		08/01/13	08/01/13	36.00	128.16	
253978	5	T1019		08/02/13	08/02/13	32.00	113.92	
CLAIM TOTAL							598.08	CLAIM ACCOUNT REF. 2539780012011792SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011794 2011794 RUIZ, MIRTA 08/16/1949 ZS10861D R2288940
DIAGNOSIS CODES: 250.02 311. 401.9 436.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253982	1	T1019		07/23/13	07/23/13	36.00	128.16	
253982	2	T1019		07/24/13	07/24/13	36.00	128.16	
253982	3	T1019		07/25/13	07/25/13	36.00	128.16	
253982	4	T1019		07/30/13	07/30/13	36.00	128.16	
253982	5	T1019		07/31/13	07/31/13	36.00	128.16	
253982	6	T1019		08/01/13	08/01/13	36.00	128.16	
CLAIM TOTAL							768.96	CLAIM ACCOUNT REF. 2539820012011794SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011795 2011795 SOTO, AGRIPIA 12/01/1919 YY63880T R2186247
DIAGNOSIS CODES: 493.92 244.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253988	1	T1019		07/22/13	07/22/13	16.00	56.96	
253988	2	T1019		07/25/13	07/25/13	16.00	56.96	
253988	3	T1019		07/29/13	07/29/13	16.00	56.96	
253988	4	T1019		07/30/13	07/30/13	16.00	56.96	
253988	5	T1019		07/31/13	07/31/13	16.00	56.96	
253988	6	T1019		08/01/13	08/01/13	16.00	56.96	
CLAIM TOTAL							341.76	CLAIM ACCOUNT REF. 2539880012011795SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253980	1	T1019		07/29/13	07/29/13	32.00	113.92
253980	2	T1019		07/30/13	07/30/13	28.00	99.68
253980	3	T1019		07/31/13	07/31/13	20.00	71.20
253980	4	T1019		08/02/13	08/02/13	20.00	71.20
CLAIM TOTAL						356.00	

CLAIM ACCOUNT REF. 2539800012011796SUP

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
253846	1	T1019		07/27/13	07/27/13	36.00	151.92
253846	2	T1019		07/28/13	07/28/13	36.00	151.92
253846	3	T1019		07/29/13	07/29/13	40.00	168.80
253846	4	T1019		07/30/13	07/30/13	40.00	168.80
253846	5	T1019		07/31/13	07/31/13	40.00	168.80
253846	6	T1019		08/01/13	08/01/13	40.00	168.80
253846	7	T1019		08/02/13	08/02/13	40.00	168.80
CLAIM TOTAL						1,147.84	

CLAIM ACCOUNT REF. 2538460012011820SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253957	1	T1019		07/27/13	07/27/13	40.00	142.40
253957	2	T1019		07/28/13	07/28/13	40.00	142.40
253957	3	T1019		07/29/13	07/29/13	40.00	142.40
253957	4	T1019		07/30/13	07/30/13	40.00	142.40
253957	5	T1019		07/31/13	07/31/13	40.00	142.40
253957	6	T1019		08/01/13	08/01/13	40.00	142.40
253957	7	T1019		08/02/13	08/02/13	40.00	142.40
CLAIM TOTAL						996.80	

CLAIM ACCOUNT REF. 2539570012011867SUP

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PAYER ID = 80141 HEALTHFIRST PHSP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253984	1	T1019		07/29/13	07/29/13	32.00	113.92	
253984	2	T1019		07/30/13	07/30/13	32.00	113.92	
253984	3	T1019		07/31/13	07/31/13	32.00	113.92	
253984	4	T1019		08/01/13	08/01/13	32.00	113.92	
253984	5	T1019		08/02/13	08/02/13	32.00	113.92	
					CLAIM TOTAL		569.60	CLAIM ACCOUNT REF. 2539840012011884SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011885 2011885 TORRES, JOSE 06/23/1938 WB42614P R2178349
DIAGNOSIS CODES: 493.91 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253990	1	T1019		07/29/13	07/29/13	16.00	56.96	
253990	2	T1019		07/31/13	07/31/13	16.00	56.96	
253990	3	T1019		08/01/13	08/01/13	16.00	56.96	
253990	4	T1019		08/02/13	08/02/13	16.00	56.96	
					CLAIM TOTAL		227.84	CLAIM ACCOUNT REF. 2539900012011885SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253970	1	T1019		07/24/13	07/24/13	16.00	56.96	
253970	2	T1019		07/25/13	07/25/13	20.00	71.20	
253970	3	T1019		07/26/13	07/26/13	24.00	85.44	
253970	4	T1019		07/27/13	07/27/13	24.00	85.44	
253970	5	T1019		07/28/13	07/28/13	24.00	85.44	
253970	6	T1019		07/29/13	07/29/13	24.00	85.44	
253970	7	T1019		07/30/13	07/30/13	20.00	71.20	
253970	8	T1019		07/31/13	07/31/13	24.00	85.44	
253970	9	T1019		08/01/13	08/01/13	20.00	71.20	
253970	10	T1019		08/02/13	08/02/13	24.00	85.44	
					CLAIM TOTAL		783.20	CLAIM ACCOUNT REF. 2539700012011886SUP

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PAYER ID = 80141 HEALTHFIRST PHSP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253981	1	T1019		07/29/13	07/29/13	48.00	170.88	
253981	2	T1019		07/30/13	07/30/13	48.00	170.88	
253981	3	T1019		07/31/13	07/31/13	48.00	170.88	
253981	4	T1019		08/01/13	08/01/13	48.00	170.88	
253981	5	T1019		08/02/13	08/02/13	48.00	170.88	
					CLAIM TOTAL		854.40	CLAIM ACCOUNT REF. 2539810012011887SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011914 2011914 TORRES, ANTONIA 10/24/1924 ZM49732K R2182496
DIAGNOSIS CODES: 331.0 272.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253989	1	T1020		07/27/13	07/27/13	1.00	200.00	
253989	2	T1020		07/29/13	07/29/13	1.00	200.00	
253989	3	T1020		07/30/13	07/30/13	1.00	200.00	
253989	4	T1020		07/31/13	07/31/13	1.00	200.00	
253989	5	T1020		08/01/13	08/01/13	1.00	200.00	
253989	6	T1020		08/02/13	08/02/13	1.00	200.00	
					CLAIM TOTAL		1,200.00	CLAIM ACCOUNT REF. 2539890012011914SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253951	1	T1019		07/27/13	07/27/13	48.00	170.88	
253951	2	T1019		07/28/13	07/28/13	48.00	170.88	
253951	3	T1019		07/29/13	07/29/13	48.00	170.88	
253951	4	T1019		07/30/13	07/30/13	48.00	170.88	
253951	5	T1019		07/31/13	07/31/13	48.00	170.88	
253951	6	T1019		08/01/13	08/01/13	48.00	170.88	
253951	7	T1019		08/02/13	08/02/13	48.00	170.88	
					CLAIM TOTAL		1,196.16	CLAIM ACCOUNT REF. 2539510012011943SUP

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PAYER ID = 80141 HEALTHFIRST PHSP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253976	1	T1019		07/29/13	07/29/13	28.00	99.68	
253976	2	T1019		07/30/13	07/30/13	32.00	113.92	
253976	3	T1019		07/31/13	07/31/13	28.00	99.68	
253976	4	T1019		08/01/13	08/01/13	32.00	113.92	
253976	5	T1019		08/02/13	08/02/13	28.00	99.68	
					CLAIM TOTAL		526.88	CLAIM ACCOUNT REF. 2539760012011950SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253977	1	S5131		07/27/13	07/27/13	4.00	57.00	
					CLAIM TOTAL		57.00	CLAIM ACCOUNT REF. 2539770012011951SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253965	1	T1019		07/29/13	07/29/13	16.00	56.96	
					CLAIM TOTAL		56.96	CLAIM ACCOUNT REF. 2539650012011961SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011961 2011962 MARTINEZ 2, EMMA 10/17/1944 ZK99698A R2101095
DIAGNOSIS CODES: 401.9 244.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253966	1	S5130		07/03/13	07/03/13	16.00	56.96	
253966	2	S5130		07/31/13	07/31/13	16.00	56.96	
					CLAIM TOTAL		113.92	CLAIM ACCOUNT REF. 2539660012011962SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253953	1	T1019		07/27/13	07/27/13	40.00	142.40	
253953	2	T1019		07/28/13	07/28/13	40.00	142.40	

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PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253953	3	T1019		07/29/13	07/29/13	40.00	142.40
253953	4	T1019		07/30/13	07/30/13	40.00	142.40
253953	5	T1019		07/31/13	07/31/13	40.00	142.40
253953	6	T1019		08/01/13	08/01/13	40.00	142.40
253953	7	T1019		08/02/13	08/02/13	40.00	142.40
CLAIM TOTAL							996.80

CLAIM ACCOUNT REF. 2539530012011964SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011966 2011966 MATOS, AUREA 10/19/1927 TG62448J R2164221
DIAGNOSIS CODES: V44.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253968	1	T1019		07/27/13	07/27/13	24.00	85.44
253968	2	T1019		07/28/13	07/28/13	24.00	85.44
253968	3	T1019		07/29/13	07/29/13	28.00	99.68
253968	4	T1019		07/30/13	07/30/13	28.00	99.68
253968	5	T1019		07/31/13	07/31/13	28.00	99.68
253968	6	T1019		08/01/13	08/01/13	28.00	99.68
253968	7	T1019		08/02/13	08/02/13	28.00	99.68
CLAIM TOTAL							669.28

CLAIM ACCOUNT REF. 2539680012011966SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253961	1	T1019		07/29/13	07/29/13	16.00	56.96
253961	2	T1019		07/31/13	07/31/13	16.00	56.96
253961	3	T1019		08/01/13	08/01/13	16.00	56.96
CLAIM TOTAL							170.88

CLAIM ACCOUNT REF. 2539610012011991SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011997 2011997 OSBORNE, DOROTHY 01/04/1931 VK20601M R2176436
DIAGNOSIS CODES: 427.31 250.00 401.9 428.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253973	1	T1019		07/29/13	07/29/13	16.00	56.96
253973	2	T1019		07/30/13	07/30/13	16.00	56.96
253973	3	T1019		07/31/13	07/31/13	16.00	56.96
253973	4	T1019		08/01/13	08/01/13	16.00	56.96
253973	5	T1019		08/02/13	08/02/13	16.00	56.96
CLAIM TOTAL							284.80

CLAIM ACCOUNT REF. 2539730012011997SUP

REPORT DATE 08/07/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253954	1	T1019		07/29/13	07/29/13	20.00	71.20
253954	2	T1019		07/30/13	07/30/13	20.00	71.20
253954	3	T1019		07/31/13	07/31/13	20.00	71.20
253954	4	T1019		08/01/13	08/01/13	20.00	71.20
253954	5	T1019		08/02/13	08/02/13	20.00	71.20
CLAIM TOTAL							356.00

CLAIM ACCOUNT REF. 2539540012012030SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253972	1	T1019		07/29/13	07/29/13	40.00	142.40
253972	2	T1019		07/30/13	07/30/13	40.00	142.40
253972	3	T1019		07/31/13	07/31/13	40.00	142.40
253972	4	T1019		08/01/13	08/01/13	40.00	142.40
253972	5	T1019		08/02/13	08/02/13	40.00	142.40
CLAIM TOTAL							712.00

CLAIM ACCOUNT REF. 2539720012012032SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012041 2012041 ESCANIO, ANTONIO 06/13/1937 ST328273T R2333071
DIAGNOSIS CODES: 250.00 365.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253952	1	T1019		07/27/13	07/27/13	16.00	56.96
253952	2	T1019		07/28/13	07/28/13	16.00	56.96
253952	3	T1019		07/29/13	07/29/13	16.00	56.96
253952	4	T1019		07/30/13	07/30/13	8.00	28.48
253952	5	T1019		08/01/13	08/01/13	8.00	28.48
253952	6	T1019		08/02/13	08/02/13	8.00	28.48
CLAIM TOTAL							256.32

CLAIM ACCOUNT REF. 2539520012012041SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253967	1	T1019		07/27/13	07/27/13	16.00	56.96
253967	2	T1019		07/30/13	07/30/13	16.00	56.96

REPORT DATE 08/07/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	113.92	2539670012012042SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012063	2012063	MALDONADO, MARIA	10/15/1920	ZN07021G	R2247100
DIAGNOSIS CODES: 331.0 250.00 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
253963	1	T1020		07/27/13	07/27/13	1.00	200.00	
253963	2	T1020		07/28/13	07/28/13	1.00	200.00	
253963	3	T1020		07/29/13	07/29/13	1.00	200.00	
253963	4	T1020		07/30/13	07/30/13	1.00	200.00	
253963	5	T1020		07/31/13	07/31/13	1.00	200.00	
253963	6	T1020		08/01/13	08/01/13	1.00	200.00	
253963	7	T1020		08/02/13	08/02/13	1.00	200.00	
						CLAIM TOTAL	1,400.00	2539630012012063SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
253969	1	T1019		07/29/13	07/29/13	20.00	71.20	
253969	2	T1019		07/30/13	07/30/13	16.00	56.96	
253969	3	T1019		07/31/13	07/31/13	20.00	71.20	
253969	4	T1019		08/01/13	08/01/13	16.00	56.96	
253969	5	T1019		08/02/13	08/02/13	20.00	71.20	
						CLAIM TOTAL	327.52	2539690012012064SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
253995	1	T1019		07/31/13	07/31/13	16.00	56.96	
253995	2	T1019		08/02/13	08/02/13	16.00	56.96	
						CLAIM TOTAL	113.92	2539950012012127SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253979	1	T1020		07/27/13	07/27/13	1.00	200.00

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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	
253979	2	T1020		07/28/13	07/28/13	1.00	200.00	
253979	3	T1020		07/29/13	07/29/13	1.00	200.00	
253979	4	T1020		07/30/13	07/30/13	1.00	200.00	
253979	5	T1020		07/31/13	07/31/13	1.00	200.00	
253979	6	T1020		08/01/13	08/01/13	1.00	200.00	
253979	7	T1020		08/02/13	08/02/13	1.00	200.00	
CLAIM TOTAL							1,400.00	CLAIM ACCOUNT REF. 2539790012012208SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253974	1	T1019		07/27/13	07/27/13	16.00	56.96	
253974	2	T1019		07/28/13	07/28/13	16.00	56.96	
253974	3	T1019		07/29/13	07/29/13	16.00	56.96	
253974	4	T1019		07/30/13	07/30/13	16.00	56.96	
253974	5	T1019		07/31/13	07/31/13	16.00	56.96	
253974	6	T1019		08/01/13	08/01/13	16.00	56.96	
253974	7	T1019		08/02/13	08/02/13	16.00	56.96	
CLAIM TOTAL							398.72	CLAIM ACCOUNT REF. 2539740012012245SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253975	1	T1019		07/28/13	07/28/13	8.00	28.48	
253975	2	T1019		07/29/13	07/29/13	8.00	28.48	
253975	3	T1019		07/30/13	07/30/13	8.00	28.48	
253975	4	T1019		07/31/13	07/31/13	8.00	28.48	
253975	5	T1019		08/01/13	08/01/13	8.00	28.48	
CLAIM TOTAL							142.40	CLAIM ACCOUNT REF. 2539750012012246SUP

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	
253835	1	T1019		07/27/13	07/27/13	40.00	168.80	
253835	2	T1019		07/28/13	07/28/13	40.00	168.80	
253835	3	T1019		07/29/13	07/29/13	40.00	168.80	
253835	4	T1019		07/30/13	07/30/13	40.00	168.80	

REPORT DATE 08/07/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253835	5	T1019		07/31/13	07/31/13	40.00	168.80	
253835	6	T1019		08/01/13	08/01/13	40.00	168.80	
253835	7	T1019		08/02/13	08/02/13	40.00	168.80	
				CLAIM TOTAL		1,181.60		CLAIM ACCOUNT REF. 2538350012012284SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253948	1	T1019		07/27/13	07/27/13	48.00	170.88	
253948	2	T1019		07/28/13	07/28/13	48.00	170.88	
253948	3	T1019		07/29/13	07/29/13	48.00	170.88	
253948	4	T1019		07/30/13	07/30/13	48.00	170.88	
253948	5	T1019		07/31/13	07/31/13	48.00	170.88	
				CLAIM TOTAL		854.40		CLAIM ACCOUNT REF. 2539480012012334SUP

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	
253822	1	T1019		07/27/13	07/27/13	32.00	135.04	
253822	2	T1019		07/28/13	07/28/13	32.00	135.04	
253822	3	T1019		07/29/13	07/29/13	32.00	135.04	
253822	4	T1019		07/30/13	07/30/13	32.00	135.04	
253822	5	T1019		07/31/13	07/31/13	32.00	135.04	
				CLAIM TOTAL		675.20		CLAIM ACCOUNT REF. 2538220012012478SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253823	1	T1019		08/01/13	08/01/13	32.00	135.04	
				CLAIM TOTAL		135.04		CLAIM ACCOUNT REF. 2538230012012478SUP

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
253805	1	T1019		07/29/13	07/29/13	16.00	67.52

REPORT DATE 08/07/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253805	2	T1019		07/30/13	07/30/13	16.00	67.52	
253805	3	T1019		07/31/13	07/31/13	12.00	50.64	
					CLAIM TOTAL		185.68	CLAIM ACCOUNT REF. 2538050012012489SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012498 2012498 SCHOONMAKER, JEAN 01/16/1944 116703035 0101171302362
DIAGNOSIS CODES: 296.22 724.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253843	1	T1019		07/27/13	07/27/13	32.00	135.04	
253843	2	T1019		07/29/13	07/29/13	36.00	151.92	
253843	3	T1019		07/30/13	07/30/13	36.00	151.92	
253843	4	T1019		07/31/13	07/31/13	36.00	151.92	
253843	5	T1019		08/02/13	08/02/13	36.00	151.92	
					CLAIM TOTAL		742.72	CLAIM ACCOUNT REF. 2538430012012498SUP

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	
253848	1	T1019		07/27/13	07/27/13	32.00	135.04	
253848	2	T1019		07/28/13	07/28/13	32.00	135.04	
253848	3	T1019		07/31/13	07/31/13	20.00	84.40	
253848	4	T1019		08/01/13	08/01/13	32.00	135.04	
253848	5	T1019		08/02/13	08/02/13	20.00	84.40	
					CLAIM TOTAL		573.92	CLAIM ACCOUNT REF. 2538480012012772SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2006897 2012951 ALVAREZ, ANGELA 05/20/1942 ZU470227 R2247938
DIAGNOSIS CODES: 311. 401.9 462. 715.00 780.96

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253946	1	T1019		08/02/13	08/02/13	16.00	56.96	
					CLAIM TOTAL		56.96	CLAIM ACCOUNT REF. 2539460012012951SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253947	1	T1019		07/27/13	07/27/13	32.00	113.92	
253947	2	T1019		07/28/13	07/28/13	32.00	113.92	

REPORT DATE 08/07/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253947	3	T1019		07/29/13	07/29/13	32.00	113.92	
253947	4	T1019		07/30/13	07/30/13	32.00	113.92	
253947	5	T1019		07/31/13	07/31/13	32.00	113.92	
253947	6	T1019		08/01/13	08/01/13	32.00	113.92	
253947	7	T1019		08/02/13	08/02/13	32.00	113.92	
				CLAIM TOTAL			797.44	CLAIM ACCOUNT REF. 2539470012012973SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253834	1	T1020		07/27/13	07/27/13	12.00	202.56	
253834	2	T1020		07/28/13	07/28/13	12.00	202.56	
253834	3	T1020		07/29/13	07/29/13	12.00	202.56	
253834	4	T1020		07/30/13	07/30/13	12.00	202.56	
253834	5	T1020		08/01/13	08/01/13	12.00	202.56	
253834	6	T1020		08/02/13	08/02/13	12.00	202.56	
				CLAIM TOTAL			1,215.36	CLAIM ACCOUNT REF. 2538340012013053SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253956	1	T1019		07/11/13	07/11/13	32.00	113.92	
253956	2	T1019		07/12/13	07/12/13	32.00	113.92	
253956	3	T1019		07/22/13	07/22/13	32.00	113.92	
253956	4	T1019		07/23/13	07/23/13	32.00	113.92	
253956	5	T1019		07/24/13	07/24/13	32.00	113.92	
253956	6	T1019		07/29/13	07/29/13	32.00	113.92	
253956	7	T1019		07/30/13	07/30/13	32.00	113.92	
253956	8	T1019		07/31/13	07/31/13	32.00	113.92	
253956	9	T1019		08/01/13	08/01/13	32.00	113.92	
				CLAIM TOTAL			1,025.28	CLAIM ACCOUNT REF. 2539560012013430SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253987	1	T1019		07/27/13	07/27/13	16.00	56.96	
253987	2	T1019		07/29/13	07/29/13	16.00	56.96	

REPORT DATE 08/07/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013080701460612RRSUP

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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	
253987	3	T1019		07/31/13	07/31/13	16.00	56.96	
253987	4	T1019		08/02/13	08/02/13	16.00	56.96	
					CLAIM TOTAL		227.84	CLAIM ACCOUNT REF. 2539870012013439SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010143	2013448	AHMED, UMARA	11/15/1985	KK51476N	072211255328
DIAGNOSIS CODES: 335.19 695.4							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253801	1	T1019		07/27/13	07/27/13	19.00	80.18	
253801	2	T1019		07/28/13	07/28/13	32.00	135.04	
253801	3	T1019		07/29/13	07/29/13	32.00	135.04	
253801	4	T1019		07/30/13	07/30/13	32.00	135.04	
253801	5	T1019		07/31/13	07/31/13	32.00	135.04	
253801	6	T1019		08/01/13	08/01/13	32.00	135.04	
253801	7	T1019		08/02/13	08/02/13	32.00	135.04	
					CLAIM TOTAL		890.42	CLAIM ACCOUNT REF. 2538010012013448SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010671	2013451	AKHTER, SELINA	07/13/1960	SX51375D	R2301599
DIAGNOSIS CODES: 093.9 253.5 272.4 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253802	1	T1019		07/29/13	07/29/13	36.00	151.92	
253802	2	T1019		07/30/13	07/30/13	36.00	151.92	
253802	3	T1019		07/31/13	07/31/13	36.00	151.92	
253802	4	T1019		08/01/13	08/01/13	36.00	151.92	
253802	5	T1019		08/02/13	08/02/13	36.00	151.92	
					CLAIM TOTAL		759.60	CLAIM ACCOUNT REF. 2538020012013451SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253812	1	T1019		07/27/13	07/27/13	48.00	202.56	
253812	2	T1019		07/28/13	07/28/13	48.00	202.56	
253812	3	T1019		07/29/13	07/29/13	48.00	202.56	
253812	4	T1019		07/30/13	07/30/13	48.00	202.56	
253812	5	T1019		07/31/13	07/31/13	48.00	202.56	
253812	6	T1019		08/01/13	08/01/13	48.00	202.56	
253812	7	T1019		08/02/13	08/02/13	48.00	202.56	
					CLAIM TOTAL		1,417.92	CLAIM ACCOUNT REF. 2538120012013452SUP

REPORT DATE 08/07/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013080701460612RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008802 2013453 DIAZ 1, CARMEN 07/29/1950 WB78930D R2303043
DIAGNOSIS CODES: V02.62 300.00 401.9 719.89 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253813	1	T1019		07/29/13	07/29/13	16.00	67.52	
253813	2	T1019		07/30/13	07/30/13	24.00	101.28	
253813	3	T1019		07/31/13	07/31/13	24.00	101.28	
253813	4	T1019		08/01/13	08/01/13	24.00	101.28	
253813	5	T1019		08/02/13	08/02/13	24.00	101.28	
					CLAIM TOTAL		472.64	CLAIM ACCOUNT REF. 2538130012013453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008261 2013454 FERNANDEZ, MARIA 07/24/1943 XG23851A R2302238
DIAGNOSIS CODES: 250.00 272.2 493.00 536.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253816	1	T1019		07/31/13	07/31/13	15.00	63.30	
253816	2	T1019		08/01/13	08/01/13	16.00	67.52	
253816	3	T1019		08/02/13	08/02/13	16.00	67.52	
					CLAIM TOTAL		198.34	CLAIM ACCOUNT REF. 2538160012013454SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253817	1	T1019		07/27/13	07/27/13	40.00	168.80	
253817	2	T1019		07/28/13	07/28/13	40.00	168.80	
253817	3	T1019		07/29/13	07/29/13	40.00	168.80	
253817	4	T1019		07/30/13	07/30/13	40.00	168.80	
253817	5	T1019		07/31/13	07/31/13	40.00	168.80	
253817	6	T1019		08/01/13	08/01/13	40.00	168.80	
253817	7	T1019		08/02/13	08/02/13	40.00	168.80	
					CLAIM TOTAL		1,181.60	CLAIM ACCOUNT REF. 2538170012013455SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008366 2013458 JONES, CYNTHIA 03/17/1950 ZU54275V R2303721
DIAGNOSIS CODES: 333.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253824	1	T1019		07/29/13	07/29/13	4.00	16.88	
253824	2	T1019		07/30/13	07/30/13	4.00	16.88	
					CLAIM TOTAL		33.76	CLAIM ACCOUNT REF. 2538240012013458SUP

REPORT DATE 08/07/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013080701460612RRSUP

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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 2009356 2013459 KHAN, FARUQUE 02/08/1949 VM87355G R2303230
DIAGNOSIS CODES: 696.8 253.5 272.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253825	1	T1019		07/27/13	07/27/13	48.00	202.56
253825	2	T1019		07/28/13	07/28/13	48.00	202.56
253825	3	T1019		07/29/13	07/29/13	48.00	202.56
253825	4	T1019		07/30/13	07/30/13	48.00	202.56
253825	5	T1019		07/31/13	07/31/13	48.00	202.56
253825	6	T1019		08/01/13	08/01/13	48.00	202.56
253825	7	T1019		08/02/13	08/02/13	44.00	185.68
CLAIM TOTAL						1,401.04	CLAIM ACCOUNT REF. 2538250012013459SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008742 2013461 KROLL, KATHERINE 09/22/1949 ZQ14882N R2302722
DIAGNOSIS CODES: 340. 244.8 272.0 311. 386.2 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253826	1	T1019		07/19/13	07/19/13	28.00	118.16
253826	2	T1019		07/22/13	07/22/13	28.00	118.16
253826	3	T1019		07/24/13	07/24/13	28.00	118.16
253826	4	T1019		07/30/13	07/30/13	28.00	118.16
253826	5	T1019		07/31/13	07/31/13	28.00	118.16
253826	6	T1019		08/01/13	08/01/13	24.00	101.28
253826	7	T1019		08/02/13	08/02/13	28.00	118.16
CLAIM TOTAL						810.24	CLAIM ACCOUNT REF. 2538260012013461SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253832	1	T1019		07/27/13	07/27/13	24.00	101.28
253832	2	T1019		07/28/13	07/28/13	24.00	101.28
253832	3	T1019		07/29/13	07/29/13	24.00	101.28
253832	4	T1019		07/30/13	07/30/13	24.00	101.28
253832	5	T1019		07/31/13	07/31/13	24.00	101.28
253832	6	T1019		08/01/13	08/01/13	24.00	101.28
253832	7	T1019		08/02/13	08/02/13	24.00	101.28
CLAIM TOTAL						708.96	CLAIM ACCOUNT REF. 2538320012013462SUP

REPORT DATE 08/07/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013080701460612RRSUP

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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 2008422 2013463 MOSKOWITZ, RONA 02/16/1952 ZK67666G R2302297
DIAGNOSIS CODES: 799.89 401.9 493.92 729.0 V02.62

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253833	1	T1019		07/27/13	07/27/13	24.00	101.28
253833	2	T1019		07/29/13	07/29/13	24.00	101.28
253833	3	T1019		07/30/13	07/30/13	24.00	101.28
253833	4	T1019		07/31/13	07/31/13	24.00	101.28
253833	5	T1019		08/01/13	08/01/13	24.00	101.28
253833	6	T1019		08/02/13	08/02/13	24.00	101.28
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2538330012013463SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008531 2013465 RODRIGUEZ -2, MARIA 02/16/1949 SB98419Y R2302685
DIAGNOSIS CODES: 250.00 272.4 331.0 401.9 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253838	1	T1019		07/29/13	07/29/13	24.00	101.28
253838	2	T1019		07/30/13	07/30/13	24.00	101.28
253838	3	T1019		07/31/13	07/31/13	24.00	101.28
253838	4	T1019		08/01/13	08/01/13	24.00	101.28
253838	5	T1019		08/02/13	08/02/13	24.00	101.28
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2538380012013465SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253839	1	T1019		07/29/13	07/29/13	20.00	84.40
253839	2	T1019		07/30/13	07/30/13	20.00	84.40
253839	3	T1019		07/31/13	07/31/13	20.00	84.40
253839	4	T1019		08/01/13	08/01/13	20.00	84.40
253839	5	T1019		08/02/13	08/02/13	20.00	84.40
CLAIM TOTAL							422.00
CLAIM ACCOUNT REF.							2538390012013466SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253844	1	T1019		07/27/13	07/27/13	40.00	168.80
253844	2	T1019		07/28/13	07/28/13	40.00	168.80

REPORT DATE 08/07/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013080701460612RRSUP

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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
253844	3	T1019		07/29/13	07/29/13	40.00	168.80
253844	4	T1019		07/30/13	07/30/13	40.00	168.80
253844	5	T1019		07/31/13	07/31/13	40.00	168.80
253844	6	T1019		08/01/13	08/01/13	40.00	168.80
253844	7	T1019		08/02/13	08/02/13	40.00	168.80
CLAIM TOTAL							1,181.60

CLAIM ACCOUNT REF. 2538440012013467SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008425	2013468	WELLS, WYNORIA	09/10/1959	ZR27322A	R2303664

DIAGNOSIS CODES: 278.01 253.5 272.4 356.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253850	1	T1019		07/29/13	07/29/13	16.00	67.52
253850	2	T1019		07/30/13	07/30/13	16.00	67.52
253850	3	T1019		08/01/13	08/01/13	16.00	67.52
253850	4	T1019		08/02/13	08/02/13	16.00	67.52
CLAIM TOTAL							270.08

CLAIM ACCOUNT REF. 2538500012013468SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013602	2013602	LOPEZ, YAMILETH	11/22/1957	129932699	R2346153

DIAGNOSIS CODES: 250.00 272.4 401.9 530.81 719.7

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253829	1	T1019		07/29/13	07/29/13	20.00	84.40
253829	2	T1019		07/30/13	07/30/13	20.00	84.40
253829	3	T1019		08/01/13	08/01/13	20.00	84.40
253829	4	T1019		08/02/13	08/02/13	20.00	84.40
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2538290012013602SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013739	2013739	GUERRA, MAYRA	07/10/1957	130005275	R2380289

DIAGNOSIS CODES: 332.0 311. 338.4 719.7 V15.88

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253821	1	T1019		08/01/13	08/01/13	32.00	135.04
253821	2	T1019		08/02/13	08/02/13	32.00	135.04
CLAIM TOTAL							270.08

CLAIM ACCOUNT REF. 2538210012013739SUP

REPORT DATE 08/07/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	526	TOTAL CLAIM AMOUNT =	64,728.64
		# SERVICES =	100		

REPORT DATE 08/07/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013080701460612RRSUP

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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 610563075
DIAGNOSIS CODES: 250.00 428.0 724.00 724.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253860	1	T1019		07/27/13	07/27/13	40.00	171.60
253860	2	T1019		07/28/13	07/28/13	40.00	171.60
253860	3	T1019		07/29/13	07/29/13	40.00	171.60
253860	4	T1019		07/30/13	07/30/13	40.00	171.60
253860	5	T1019		07/31/13	07/31/13	40.00	171.60
253860	6	T1019		08/01/13	08/01/13	40.00	171.60
253860	7	T1019		08/02/13	08/02/13	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2538600012008245SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253863	1	T1019		07/27/13	07/27/13	16.00	68.64
253863	2	T1019		07/28/13	07/28/13	16.00	68.64
253863	3	T1019		07/29/13	07/29/13	36.00	154.44
253863	4	T1019		07/30/13	07/30/13	36.00	154.44
253863	5	T1019		07/31/13	07/31/13	36.00	154.44
253863	6	T1019		08/01/13	08/01/13	36.00	154.44
253863	7	T1019		08/02/13	08/02/13	36.00	154.44
CLAIM TOTAL						909.48	CLAIM ACCOUNT REF. 2538630012008287SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008401 2008401 SAFOS, PATRA 12/18/1948 100029836 611012381
DIAGNOSIS CODES: 340. 244.8 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253865	1	T1019		07/27/13	07/27/13	32.00	137.28
253865	2	T1019		07/28/13	07/28/13	32.00	137.28
253865	3	T1019		07/29/13	07/29/13	32.00	137.28
253865	4	T1019		07/30/13	07/30/13	32.00	137.28
253865	5	T1019		07/31/13	07/31/13	32.00	137.28
253865	6	T1019		08/01/13	08/01/13	32.00	137.28
CLAIM TOTAL						823.68	CLAIM ACCOUNT REF. 2538650012008401SUP

REPORT DATE 08/07/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013080701460612RRSUP

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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 2008401 2008401 SAFOS, PATRA 12/18/1948 100029836 611508024
DIAGNOSIS CODES: 340. 244.8 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253866	1	T1019		08/02/13	08/02/13	32.00	137.28
CLAIM TOTAL							137.28
CLAIM ACCOUNT REF.							2538660012008401SUP

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
253862	1	T1019		07/27/13	07/27/13	48.00	205.92
253862	2	T1019		07/28/13	07/28/13	48.00	205.92
253862	3	T1019		07/29/13	07/29/13	48.00	205.92
253862	4	T1019		07/30/13	07/30/13	48.00	205.92
253862	5	T1019		07/31/13	07/31/13	48.00	205.92
253862	6	T1019		08/01/13	08/01/13	48.00	205.92
253862	7	T1019		08/02/13	08/02/13	48.00	205.92
CLAIM TOTAL							1,441.44
CLAIM ACCOUNT REF.							2538620012011881SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013181 2013181 REYES, RODOLFO 04/17/1927 101465844 611028746
DIAGNOSIS CODES: 427.89 443.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253864	1	T1019		07/27/13	07/27/13	4.00	17.16
253864	2	T1019		07/29/13	07/29/13	16.00	68.64
253864	3	T1019		07/30/13	07/30/13	16.00	68.64
253864	4	T1019		07/31/13	07/31/13	16.00	68.64
253864	5	T1019		08/01/13	08/01/13	16.00	68.64
253864	6	T1019		08/02/13	08/02/13	16.00	68.64
CLAIM TOTAL							360.36
CLAIM ACCOUNT REF.							2538640012013181SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013182 2013182 FARFAN, MARIA 06/17/1924 101465838 611033079
DIAGNOSIS CODES: 780.99 294.10 530.81 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253861	1	T1019		07/27/13	07/27/13	32.00	137.28
253861	2	T1019		07/28/13	07/28/13	32.00	137.28
253861	3	T1019		07/29/13	07/29/13	32.00	137.28
253861	4	T1019		07/30/13	07/30/13	32.00	137.28

REPORT DATE 08/07/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013080701460612RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253861	5	T1019		07/31/13	07/31/13	32.00	137.28	
253861	6	T1019		08/01/13	08/01/13	32.00	137.28	
253861	7	T1019		08/02/13	08/02/13	32.00	137.28	
					CLAIM TOTAL		960.96	CLAIM ACCOUNT REF. 2538610012013182SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2006396 2013609 TSOURATAKIS, ELEFTERIA 01/25/1919 101503810 611254933
DIAGNOSIS CODES: 799.3 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253867	1	T1019		07/01/13	07/01/13	48.00	205.92	
253867	2	T1019		07/02/13	07/02/13	48.00	205.92	
253867	3	T1019		07/03/13	07/03/13	48.00	205.92	
253867	4	T1019		07/08/13	07/08/13	48.00	205.92	
253867	5	T1019		07/09/13	07/09/13	48.00	205.92	
253867	6	T1019		07/10/13	07/10/13	48.00	205.92	
253867	7	T1019		07/14/13	07/14/13	48.00	205.92	
253867	8	T1019		07/15/13	07/15/13	48.00	205.92	
253867	9	T1019		07/16/13	07/16/13	48.00	205.92	
253867	10	T1019		07/21/13	07/21/13	48.00	205.92	
253867	11	T1019		07/22/13	07/22/13	48.00	205.92	
253867	12	T1019		07/23/13	07/23/13	48.00	205.92	
253867	13	T1019		07/24/13	07/24/13	48.00	205.92	
253867	14	T1019		07/29/13	07/29/13	48.00	205.92	
253867	15	T1019		07/30/13	07/30/13	48.00	205.92	
253867	16	T1019		07/31/13	07/31/13	48.00	205.92	
253867	17	T1019		08/02/13	08/02/13	48.00	205.92	
					CLAIM TOTAL		3,500.64	CLAIM ACCOUNT REF. 2538670012013609SUP

PAYER TOTALS: UNITEDHEALTHCARE # OF CLAIMS = 58 TOTAL CLAIM AMOUNT = 9,335.04
SERVICES = 7

REPORT DATE 08/07/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013080701460612RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
253997	1	T1019	0580	07/28/13	07/28/13	40.00	168.80
253997	2	T1019	0580	07/29/13	07/29/13	28.00	118.16
253997	3	T1019	0580	07/30/13	07/30/13	32.00	135.04
253997	4	T1019	0580	07/31/13	07/31/13	32.00	135.04
253997	5	T1019	0580	08/01/13	08/01/13	32.00	135.04
253997	6	T1019	0580	08/02/13	08/02/13	32.00	135.04
CLAIM TOTAL							827.12
CLAIM ACCOUNT REF.							2539970012008266SUP

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
253998	1	S5130	0582	08/01/13	08/01/13	16.00	67.52
253998	2	S5130	0582	08/02/13	08/02/13	16.00	67.52
CLAIM TOTAL							135.04
CLAIM ACCOUNT REF.							2539980012009279SUP

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
254000	1	T1019	0580	07/27/13	07/27/13	16.00	67.52
254000	2	T1019	0580	07/28/13	07/28/13	16.00	67.52
254000	3	T1019	0580	07/29/13	07/29/13	12.00	50.64
254000	4	T1019	0580	07/30/13	07/30/13	12.00	50.64
254000	5	T1019	0580	07/31/13	07/31/13	12.00	50.64
254000	6	T1019	0580	08/01/13	08/01/13	12.00	50.64
254000	7	T1019	0580	08/02/13	08/02/13	12.00	50.64
CLAIM TOTAL							388.24
CLAIM ACCOUNT REF.							2540000012010728SUP

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
253999	1	T1019	0580	07/27/13	07/27/13	20.00	84.40
253999	2	T1019	0580	07/28/13	07/28/13	20.00	84.40
253999	3	T1019	0580	07/29/13	07/29/13	16.00	67.52

REPORT DATE 08/07/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013080701460612RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253999	4	T1019	0580	07/30/13	07/30/13	16.00	67.52	
253999	5	T1019	0580	07/31/13	07/31/13	16.00	67.52	
253999	6	T1019	0580	08/01/13	08/01/13	16.00	67.52	
253999	7	T1019	0580	08/02/13	08/02/13	16.00	67.52	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2539990012010729SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254005	1	T1019	0580	07/29/13	07/29/13	16.00	60.00	
254005	2	T1019	0580	07/30/13	07/30/13	16.00	60.00	
254005	3	T1019	0580	07/31/13	07/31/13	16.00	60.00	
254005	4	T1019	0580	08/01/13	08/01/13	16.00	60.00	
254005	5	T1019	0580	08/02/13	08/02/13	16.00	60.00	
					CLAIM TOTAL		300.00	CLAIM ACCOUNT REF. 2540050012012358SUP

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	
254006	1	T1019	0580	07/29/13	07/29/13	20.00	75.00	
254006	2	T1019	0580	07/30/13	07/30/13	20.00	75.00	
254006	3	T1019	0580	07/31/13	07/31/13	20.00	75.00	
254006	4	T1019	0580	08/01/13	08/01/13	20.00	75.00	
254006	5	T1019	0580	08/02/13	08/02/13	20.00	75.00	
					CLAIM TOTAL		375.00	CLAIM ACCOUNT REF. 2540060012012362SUP

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	
254002	1	T1019	0580	07/29/13	07/29/13	32.00	120.00	
254002	2	T1019	0580	07/30/13	07/30/13	36.00	135.00	
254002	3	T1019	0580	07/31/13	07/31/13	32.00	120.00	
					CLAIM TOTAL		375.00	CLAIM ACCOUNT REF. 2540020012012374SUP

REPORT DATE 08/07/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013080701460612RRSUP

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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 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	
254003	1	T1019	0580	08/01/13	08/01/13	36.00	135.00	
254003	2	T1019	0580	08/02/13	08/02/13	32.00	120.00	
CLAIM TOTAL							255.00	CLAIM ACCOUNT REF. 2540030012012374SUP

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	
254001	1	T1019	0580	07/29/13	07/29/13	28.00	105.00	
254001	2	T1019	0580	07/30/13	07/30/13	28.00	105.00	
254001	3	T1019	0580	07/31/13	07/31/13	28.00	105.00	
254001	4	T1019	0580	08/01/13	08/01/13	28.00	105.00	
254001	5	T1019	0580	08/02/13	08/02/13	16.00	60.00	
CLAIM TOTAL							480.00	CLAIM ACCOUNT REF. 2540010012012732SUP

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	
254004	1	T1019	0580	07/29/13	07/29/13	16.00	60.00	
254004	2	T1019	0580	07/30/13	07/30/13	16.00	60.00	
254004	3	T1019	0580	07/31/13	07/31/13	16.00	60.00	
254004	4	T1019	0580	08/01/13	08/01/13	16.00	60.00	
254004	5	T1019	0580	08/02/13	08/02/13	16.00	60.00	
CLAIM TOTAL							300.00	CLAIM ACCOUNT REF. 2540040012013018SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
253996	1	T1019	0580	07/29/13	07/29/13	20.00	84.40	
253996	2	T1019	0580	07/30/13	07/30/13	20.00	84.40	
253996	3	T1019	0580	07/31/13	07/31/13	20.00	84.40	
253996	4	T1019	0580	08/01/13	08/01/13	20.00	84.40	
253996	5	T1019	0580	08/02/13	08/02/13	20.00	84.40	
CLAIM TOTAL							422.00	CLAIM ACCOUNT REF. 2539960012013352SUP

REPORT DATE 08/07/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013080701460612RRSUP

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

PAYER TOTALS:	AMERIGROUP NEW YORK,LLC	# OF CLAIMS =	52	TOTAL CLAIM AMOUNT =	4,363.80
		# SERVICES =	10		

REPORT DATE 08/07/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013080701460612RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = ELDER ELDERSERVE

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009623 2013814 BEAN, ELMIRA 10/09/1948 00001678800 8/22/2012-00581-0004
DIAGNOSIS CODES: 250.00 272.2 311. 401.9 436. 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254021	1	T1019	0671	07/29/13	07/29/13	20.00	72.60	
254021	2	T1019	0671	07/30/13	07/30/13	20.00	72.60	
254021	3	T1019	0671	07/31/13	07/31/13	20.00	72.60	
254021	4	T1019	0671	08/01/13	08/01/13	20.00	72.60	
254021	5	T1019	0671	08/02/13	08/02/13	20.00	72.60	
					CLAIM TOTAL	363.00		CLAIM ACCOUNT REF. 2540210012013814SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254022	1	T1019	0671	07/29/13	07/29/13	20.00	72.60	
254022	2	T1019	0671	07/30/13	07/30/13	20.00	72.60	
254022	3	T1019	0671	07/31/13	07/31/13	20.00	72.60	
254022	4	T1019	0671	08/01/13	08/01/13	20.00	72.60	
254022	5	T1019	0671	08/02/13	08/02/13	20.00	72.60	
					CLAIM TOTAL	363.00		CLAIM ACCOUNT REF. 2540220012013815SUP

PAYER TOTALS: ELDERSERVE # OF CLAIMS = 10 TOTAL CLAIM AMOUNT = 726.00
SERVICES = 2

REPORT DATE 08/07/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013080701460612RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008389 2011453 MUSHAYEV, BORIS 08/14/1947 7235 464780
DIAGNOSIS CODES: 401.9 250.00 425.8 428.0 441.00 715.90

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254011	1	T1019	1C		07/29/13	07/29/13	6.00	98.40	
254011	2	T1019	1C		07/30/13	07/30/13	6.00	98.40	
254011	3	T1019	1C		07/31/13	07/31/13	6.00	98.40	
254011	4	T1019	1C		08/01/13	08/01/13	6.00	98.40	
254011	5	T1019	1C		08/02/13	08/02/13	6.00	98.40	
CLAIM TOTAL								492.00	CLAIM ACCOUNT REF. 2540110012011453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011870 2011870 AGOSTINI, MONSERRATE 07/18/1944 558 480096
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254008	1	T1019	1C		07/29/13	07/29/13	6.00	98.40	
254008	2	T1019	1C		07/30/13	07/30/13	6.00	98.40	
254008	3	T1019	1C		07/31/13	07/31/13	6.00	98.40	
254008	4	T1019	1C		08/02/13	08/02/13	6.00	98.40	
CLAIM TOTAL								393.60	CLAIM ACCOUNT REF. 2540080012011870SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012213 2012213 BERRY, ANGELINA 10/21/1956 1784 456200
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254009	1	T1019	1C		07/27/13	07/27/13	4.00	65.60	
254009	2	T1019	1C		07/28/13	07/28/13	4.00	65.60	
254009	3	T1019	1C		07/29/13	07/29/13	4.00	65.60	
254009	4	T1019	1C		07/30/13	07/30/13	4.00	65.60	
254009	5	T1019	1C		07/31/13	07/31/13	4.00	65.60	
254009	6	T1019	1C		08/01/13	08/01/13	4.00	65.60	
254009	7	T1019	1C		08/02/13	08/02/13	4.00	65.60	
CLAIM TOTAL								459.20	CLAIM ACCOUNT REF. 2540090012012213SUP

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	
254014	1	T1019	1C		07/27/13	07/27/13	8.00	131.20	
254014	2	T1019	1C		07/28/13	07/28/13	8.00	131.20	

REPORT DATE 08/07/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013080701460612RRSUP

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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
254014	3	T1019	1C		07/29/13	07/29/13	7.50	123.00
254014	4	T1019	1C		07/30/13	07/30/13	8.00	131.20
254014	5	T1019	1C		07/31/13	07/31/13	8.00	131.20
254014	6	T1019	1C		08/01/13	08/01/13	8.00	131.20
254014	7	T1019	1C		08/02/13	08/02/13	8.00	131.20
CLAIM TOTAL								910.20

CLAIM ACCOUNT REF. 2540140012013010SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013320 2013320 PEREZ, RAFAELA 12/05/1934 8249 468055
DIAGNOSIS CODES: 781.2

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254012	1	T1019	1C		07/27/13	07/27/13	22.50	369.00
254012	2	T1019	1C		07/28/13	07/28/13	22.75	373.10
254012	3	T1019	1C		07/29/13	07/29/13	24.00	393.60
254012	4	T1019	1C		07/30/13	07/30/13	24.00	393.60
254012	5	T1019	1C		07/31/13	07/31/13	24.00	393.60
254012	6	T1019	1C		08/01/13	08/01/13	24.00	393.60
254012	7	T1019	1C		08/02/13	08/02/13	24.00	393.60
CLAIM TOTAL								2,710.10

CLAIM ACCOUNT REF. 2540120012013320SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013470 2013470 RIVERS, DEBRA 09/14/1958 9863 468763
DIAGNOSIS CODES: 907.2 135. 344.1 493.90 564.81 592.0 596.54

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254013	1	T1019	1C		07/27/13	07/27/13	11.50	188.60
254013	2	T1019	1C		07/28/13	07/28/13	12.00	196.80
254013	3	T1019	1C		07/29/13	07/29/13	12.00	196.80
254013	4	T1019	1C		07/30/13	07/30/13	12.00	196.80
254013	5	T1019	1C		07/31/13	07/31/13	12.00	196.80
254013	6	T1019	1C		08/01/13	08/01/13	9.00	147.60
254013	7	T1019	1C		08/02/13	08/02/13	12.00	196.80
CLAIM TOTAL								1,320.20

CLAIM ACCOUNT REF. 2540130012013470SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013587 2013587 CHANCELLOR, IRA 06/01/1948 10443 476564
DIAGNOSIS CODES: 724.00 042. 250.00 272.0 296.80 300.00 365.00 427.31 781.2

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254010	1	T1019	1C		07/29/13	07/29/13	4.00	65.60
254010	2	T1019	1C		07/30/13	07/30/13	4.00	65.60
254010	3	T1019	1C		07/31/13	07/31/13	4.00	65.60

REPORT DATE 08/07/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013080701460612RRSUP

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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	
254010	4	T1019	1C	08/01/13	08/01/13	4.00	65.60	
					CLAIM TOTAL		262.40	CLAIM ACCOUNT REF. 2540100012013587SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013676	2013676	TORRES, YNES	01/21/1930	10504	477166
DIAGNOSIS CODES: 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254015	1	T1019	1C	07/29/13	07/29/13	4.00	65.60	
254015	2	T1019	1C	07/30/13	07/30/13	4.00	65.60	
254015	3	T1019	1C	07/31/13	07/31/13	4.00	65.60	
254015	4	T1019	1C	08/01/13	08/01/13	4.00	65.60	
					CLAIM TOTAL		262.40	CLAIM ACCOUNT REF. 2540150012013676SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	45	TOTAL CLAIM AMOUNT =	6,810.10
		# SERVICES =	8		

REPORT DATE 08/07/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013080701460612RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JSV04323R01 2013062715500001
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	
254007	1	T1019	0580	07/30/13	07/30/13	16.00	67.52	
254007	2	T1019	0580	07/31/13	07/31/13	16.00	67.52	
					CLAIM TOTAL	135.04		CLAIM ACCOUNT REF. 2540070012010804SUP

PAYER TOTALS: HEALTHCARE PARTNERS IPA I # OF CLAIMS = 2 TOTAL CLAIM AMOUNT = 135.04
SERVICES = 1

REPORT DATE 08/07/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013080701460612RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = VCMINST VILLAGE CARE

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013600	2013600	MULLINGS, LUCILLE	11/20/1941	10000258001	062713005394
DIAGNOSIS CODES: 715.90 311. 695.4							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254020	1	T1019	0580	07/31/13	07/31/13	16.00	63.04	
254020	2	T1019	0580	08/02/13	08/02/13	15.00	59.10	
CLAIM TOTAL							122.14	CLAIM ACCOUNT REF. 2540200012013600SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013622	2013622	BERNARDI, SOLMARIA	06/28/1931	10000270501	062713005409
DIAGNOSIS CODES: 715.90 311. 401.9 553.3							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254018	1	T1019	0580	07/29/13	07/29/13	16.00	63.04	
254018	2	T1019	0580	08/02/13	08/02/13	16.00	63.04	
CLAIM TOTAL							126.08	CLAIM ACCOUNT REF. 2540180012013622SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013758	2013758	KLEIN, SHIRLEY	08/05/1929	2013758	072313005746
DIAGNOSIS CODES: 781.0							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254019	1	T1019	0580	07/29/13	07/29/13	12.00	47.28	
254019	2	T1019	0580	07/30/13	07/30/13	16.00	63.04	
254019	3	T1019	0580	07/31/13	07/31/13	16.00	63.04	
254019	4	T1019	0580	08/01/13	08/01/13	16.00	63.04	
254019	5	T1019	0580	08/02/13	08/02/13	16.00	63.04	
CLAIM TOTAL							299.44	CLAIM ACCOUNT REF. 2540190012013758SUP

PAYER TOTALS:	VILLAGE CARE	# OF CLAIMS =	9	TOTAL CLAIM AMOUNT =	547.66
		# SERVICES =	3		

PROVIDER TOTALS:	SUNNYSIDE CITYWIDE	# OF CLAIMS =	1113	TOTAL CLAIM AMOUNT =	140,756.70
		# SERVICES =	207		