

REPORT DATE 11/14/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012111403563600RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216548	1	T1020		11/05/12	11/05/12	7.00	118.09
216548	2	T1020		11/06/12	11/06/12	7.00	118.09
216548	3	T1020		11/07/12	11/07/12	7.00	118.09
216548	4	T1020		11/08/12	11/08/12	7.00	118.09
216548	5	T1020		11/09/12	11/09/12	7.00	118.09
CLAIM TOTAL							590.45

CLAIM ACCOUNT REF. 2165480012008267SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216546	1	T1020		10/20/12	10/20/12	9.00	151.83
216546	2	T1020		10/21/12	10/21/12	9.00	151.83
216546	3	T1020		11/03/12	11/03/12	9.00	151.83
216546	4	T1020		11/04/12	11/04/12	9.00	151.83
216546	5	T1020		11/05/12	11/05/12	9.00	151.83
216546	6	T1020		11/06/12	11/06/12	9.00	151.83
216546	7	T1020		11/07/12	11/07/12	9.00	151.83
216546	8	T1020		11/08/12	11/08/12	9.00	151.83
216546	9	T1020		11/09/12	11/09/12	9.00	151.83
CLAIM TOTAL							1,366.47

CLAIM ACCOUNT REF. 2165460012008268SUP

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
216543	1	T1020		11/03/12	11/03/12	7.00	118.09
216543	2	T1020		11/04/12	11/04/12	7.00	118.09
216543	3	T1020		11/05/12	11/05/12	7.00	118.09
216543	4	T1020		11/06/12	11/06/12	7.00	118.09
216543	5	T1020		11/07/12	11/07/12	7.00	118.09
216543	6	T1020		11/08/12	11/08/12	7.00	118.09
216543	7	T1020		11/09/12	11/09/12	7.00	118.09
CLAIM TOTAL							826.63

CLAIM ACCOUNT REF. 2165430012008306SUP

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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: 344.1 401.9 599.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216541	1	T1020		11/03/12	11/03/12	7.00	118.09
216541	2	T1020		11/04/12	11/04/12	7.00	118.09
216541	3	T1020		11/05/12	11/05/12	7.00	118.09
216541	4	T1020		11/06/12	11/06/12	7.00	118.09
216541	5	T1020		11/08/12	11/08/12	7.00	118.09
216541	6	T1020		11/09/12	11/09/12	7.00	118.09
CLAIM TOTAL							708.54
CLAIM ACCOUNT REF.							2165410012008386SUP

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
216547	1	T1020		11/06/12	11/06/12	4.00	67.48
216547	2	T1020		11/08/12	11/08/12	4.00	67.48
216547	3	T1020		11/09/12	11/09/12	4.00	67.48
CLAIM TOTAL							202.44
CLAIM ACCOUNT REF.							2165470012008400SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008399 2010014 BERGES, MARITZA 11/20/1968 74098062800 120660869
DIAGNOSIS CODES: 493.00 275.2 276.8 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216542	1	T1020		10/08/12	10/08/12	6.00	101.22
216542	2	T1020		10/09/12	10/09/12	6.00	101.22
216542	3	T1020		10/10/12	10/10/12	6.00	101.22
216542	4	T1020		10/11/12	10/11/12	6.00	101.22
216542	5	T1020		10/12/12	10/12/12	3.00	50.61
216542	6	T1020		11/05/12	11/05/12	6.00	101.22
216542	7	T1020		11/06/12	11/06/12	6.00	101.22
216542	8	T1020		11/07/12	11/07/12	6.00	101.22
216542	9	T1020		11/08/12	11/08/12	6.00	101.22
216542	10	T1020		11/09/12	11/09/12	3.00	50.61
CLAIM TOTAL							910.98
CLAIM ACCOUNT REF.							2165420012010014SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #
121291101

CLAIM ACCOUNT REF. 2165490012010041SUP

PRIOR AUTHORIZATION #
111951068

CLAIM ACCOUNT REF. 2165450012010712SUP

PRIOR AUTHORIZATION #
122720054

CLAIM ACCOUNT REF. 2165440012011495SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	54	TOTAL CLAIM AMOUNT =	6,343.12
		# SERVICES =	9		

REPORT DATE 11/14/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 11325 NEIGHBORHOOD HEALTH

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216527	1	T1019		11/07/12	11/07/12	16.00	67.52
216527	2	T1019		11/08/12	11/08/12	16.00	67.52
216527	3	T1019		11/09/12	11/09/12	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2165270012008261SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216538	1	T1019		11/03/12	11/03/12	32.00	135.04
216538	2	T1019		11/04/12	11/04/12	40.00	168.80
216538	3	T1019		11/05/12	11/05/12	40.00	168.80
216538	4	T1019		11/06/12	11/06/12	40.00	168.80
216538	5	T1019		11/07/12	11/07/12	32.00	135.04
216538	6	T1019		11/08/12	11/08/12	40.00	168.80
216538	7	T1019		11/09/12	11/09/12	40.00	168.80
CLAIM TOTAL							1,114.08
CLAIM ACCOUNT REF.							2165380012008265SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008303 2008303 WILSON, SHERYL 08/28/1956 10060476901 082611259599
DIAGNOSIS CODES: 737.39 344.9 493.90 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216540	1	T1019		11/03/12	11/03/12	16.00	67.52
216540	2	T1019		11/04/12	11/04/12	16.00	67.52
216540	3	T1019		11/05/12	11/05/12	24.00	101.28
216540	4	T1019		11/06/12	11/06/12	24.00	101.28
216540	5	T1019		11/07/12	11/07/12	24.00	101.28
216540	6	T1019		11/08/12	11/08/12	24.00	101.28
216540	7	T1019		11/09/12	11/09/12	24.00	101.28
CLAIM TOTAL							641.44
CLAIM ACCOUNT REF.							2165400012008303SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008366 2008366 JONES, CYNTHIA 03/17/1950 10063968601 072211255308
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216530	1	T1019		11/05/12	11/05/12	4.00	16.88

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
216530	2	T1019		11/06/12	11/06/12	4.00	16.88	
							33.76	CLAIM TOTAL
								CLAIM ACCOUNT REF. 2165300012008366SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
216525	1	T1019		11/03/12	11/03/12	28.00	118.16	
216525	2	T1019		11/05/12	11/05/12	32.00	135.04	
216525	3	T1019		11/07/12	11/07/12	28.00	118.16	
216525	4	T1019		11/08/12	11/08/12	28.00	118.16	
216525	5	T1019		11/09/12	11/09/12	28.00	118.16	
							607.68	CLAIM TOTAL
								CLAIM ACCOUNT REF. 2165250012008403SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
216535	1	T1019		11/05/12	11/05/12	24.00	101.28	
216535	2	T1019		11/06/12	11/06/12	24.00	101.28	
216535	3	T1019		11/07/12	11/07/12	24.00	101.28	
216535	4	T1019		11/08/12	11/08/12	24.00	101.28	
216535	5	T1019		11/09/12	11/09/12	24.00	101.28	
							506.40	CLAIM TOTAL
								CLAIM ACCOUNT REF. 2165350012008421SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
216534	1	T1019		11/03/12	11/03/12	24.00	101.28	
216534	2	T1019		11/05/12	11/05/12	24.00	101.28	
216534	3	T1019		11/06/12	11/06/12	24.00	101.28	
216534	4	T1019		11/07/12	11/07/12	24.00	101.28	
216534	5	T1019		11/08/12	11/08/12	24.00	101.28	
216534	6	T1019		11/09/12	11/09/12	24.00	101.28	
							607.68	CLAIM TOTAL
								CLAIM ACCOUNT REF. 2165340012008422SUP

REPORT DATE 11/14/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 11325 NEIGHBORHOOD HEALTH

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216539	1	T1019		11/05/12	11/05/12	16.00	67.52
216539	2	T1019		11/06/12	11/06/12	16.00	67.52
216539	3	T1019		11/08/12	11/08/12	16.00	67.52
216539	4	T1019		11/09/12	11/09/12	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2165390012008425SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216528	1	T1019		10/15/12	10/15/12	40.00	168.80
216528	2	T1019		10/25/12	10/25/12	40.00	168.80
216528	3	T1019		10/29/12	10/29/12	40.00	168.80
216528	4	T1019		10/30/12	10/30/12	40.00	168.80
216528	5	T1019		10/31/12	10/31/12	40.00	168.80
216528	6	T1019		11/01/12	11/01/12	40.00	168.80
216528	7	T1019		11/02/12	11/02/12	40.00	168.80
216528	8	T1019		11/03/12	11/03/12	40.00	168.80
216528	9	T1019		11/04/12	11/04/12	40.00	168.80
216528	10	T1019		11/05/12	11/05/12	40.00	168.80
216528	11	T1019		11/06/12	11/06/12	40.00	168.80
216528	12	T1019		11/08/12	11/08/12	40.00	168.80
216528	13	T1019		11/09/12	11/09/12	40.00	168.80
CLAIM TOTAL							2,194.40
CLAIM ACCOUNT REF.							2165280012008427SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216537	1	T1019		11/05/12	11/05/12	16.00	67.52
216537	2	T1019		11/06/12	11/06/12	16.00	67.52
216537	3	T1019		11/07/12	11/07/12	16.00	67.52
216537	4	T1019		11/08/12	11/08/12	16.00	67.52
216537	5	T1019		11/09/12	11/09/12	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2165370012008531SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216533	1	T1019		11/04/12	11/04/12	16.00	67.52
216533	2	T1019		11/05/12	11/05/12	28.00	118.16
216533	3	T1019		11/06/12	11/06/12	28.00	118.16
216533	4	T1019		11/07/12	11/07/12	28.00	118.16
216533	5	T1019		11/08/12	11/08/12	28.00	118.16
216533	6	T1019		11/09/12	11/09/12	28.00	118.16
CLAIM TOTAL							658.32
CLAIM ACCOUNT REF.							2165330012008742SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216526	1	T1019		11/05/12	11/05/12	16.00	67.52
216526	2	T1019		11/06/12	11/06/12	24.00	101.28
216526	3	T1019		11/07/12	11/07/12	24.00	101.28
216526	4	T1019		11/08/12	11/08/12	24.00	101.28
216526	5	T1019		11/09/12	11/09/12	24.00	101.28
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2165260012008802SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008260 2009221 KHALIL, RASHAN 02/11/1989 10060620501 062512296643
DIAGNOSIS CODES: 799.89 294.8 343.9 345.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216531	1	T1019		10/23/12	10/23/12	28.00	118.16
216531	2	T1019		10/31/12	10/31/12	28.00	118.16
216531	3	T1019		11/01/12	11/01/12	28.00	118.16
216531	4	T1019		11/02/12	11/02/12	32.00	135.04
216531	5	T1019		11/05/12	11/05/12	24.00	101.28
216531	6	T1019		11/06/12	11/06/12	28.00	118.16
216531	7	T1019		11/08/12	11/08/12	28.00	118.16
216531	8	T1019		11/09/12	11/09/12	32.00	135.04
CLAIM TOTAL							962.16
CLAIM ACCOUNT REF.							2165310012009221SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216532	1	T1019		11/04/12	11/04/12	48.00	202.56
216532	2	T1019		11/05/12	11/05/12	48.00	202.56
216532	3	T1019		11/06/12	11/06/12	48.00	202.56
216532	4	T1019		11/07/12	11/07/12	44.00	185.68
216532	5	T1019		11/08/12	11/08/12	48.00	202.56
216532	6	T1019		11/09/12	11/09/12	48.00	202.56
CLAIM TOTAL						1,198.48	CLAIM ACCOUNT REF. 2165320012009356SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216523	1	T1019		11/03/12	11/03/12	32.00	135.04
216523	2	T1019		11/04/12	11/04/12	32.00	135.04
216523	3	T1019		11/05/12	11/05/12	32.00	135.04
216523	4	T1019		11/06/12	11/06/12	32.00	135.04
216523	5	T1019		11/07/12	11/07/12	32.00	135.04
216523	6	T1019		11/08/12	11/08/12	32.00	135.04
216523	7	T1019		11/09/12	11/09/12	32.00	135.04
CLAIM TOTAL						945.28	CLAIM ACCOUNT REF. 2165230012010143SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216536	1	T1019		11/05/12	11/05/12	20.00	84.40
216536	2	T1019		11/06/12	11/06/12	20.00	84.40
216536	3	T1019		11/09/12	11/09/12	20.00	84.40
CLAIM TOTAL						253.20	CLAIM ACCOUNT REF. 2165360012010353SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010639 2010639 HAMPTON, PRISCILLA 07/21/1952 10094572501 060112293626
DIAGNOSIS CODES: 447.6 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216529	1	T1019		11/03/12	11/03/12	24.00	101.28
216529	2	T1019		11/04/12	11/04/12	24.00	101.28

REPORT DATE 11/14/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012111403563600RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216529	3	T1019		11/05/12	11/05/12	24.00	101.28
216529	4	T1019		11/06/12	11/06/12	28.00	118.16
216529	5	T1019		11/07/12	11/07/12	24.00	101.28
216529	6	T1019		11/08/12	11/08/12	28.00	118.16
216529	7	T1019		11/09/12	11/09/12	28.00	118.16
CLAIM TOTAL							759.60

CLAIM ACCOUNT REF. 2165290012010639SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010671	2010878	AKHTER, SELINA	07/13/1960	10087504801	073112301172

DIAGNOSIS CODES: 093.9 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216524	1	T1019		11/05/12	11/05/12	36.00	151.92
216524	2	T1019		11/06/12	11/06/12	36.00	151.92
216524	3	T1019		11/07/12	11/07/12	36.00	151.92
216524	4	T1019		11/08/12	11/08/12	36.00	151.92
216524	5	T1019		11/09/12	11/09/12	36.00	151.92
CLAIM TOTAL							759.60

CLAIM ACCOUNT REF. 2165240012010878SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	104	TOTAL CLAIM AMOUNT =	12,524.96
		# SERVICES =	18		

REPORT DATE 11/14/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012111403563600RRSUP

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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 0106191290349
DIAGNOSIS CODES: 356.9 348.2 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216570	1	T1019		10/12/12	10/12/12	12.00	205.80
216570	2	T1019		11/03/12	11/03/12	4.00	68.60
216570	3	T1019		11/04/12	11/04/12	4.00	68.60
216570	4	T1019		11/05/12	11/05/12	12.00	205.80
216570	5	T1019		11/06/12	11/06/12	12.00	205.80
216570	6	T1019		11/07/12	11/07/12	12.00	205.80
216570	7	T1019		11/09/12	11/09/12	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2165700012008233SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008236 2008236 PERSAD, USHA 07/05/1955 TS79090G 0103301290322
DIAGNOSIS CODES: 250.10 272.0 401.9 225.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216577	1	T1019		10/25/12	10/25/12	11.00	188.65
216577	2	T1019		11/03/12	11/03/12	8.00	137.20
216577	3	T1019		11/04/12	11/04/12	8.00	137.20
216577	4	T1019		11/05/12	11/05/12	11.00	188.65
216577	5	T1019		11/06/12	11/06/12	11.00	188.65
216577	6	T1019		11/07/12	11/07/12	10.00	171.50
216577	7	T1019		11/08/12	11/08/12	10.00	171.50
216577	8	T1019		11/09/12	11/09/12	11.00	188.65
CLAIM TOTAL						1,372.00	CLAIM ACCOUNT REF. 2165770012008236SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008237 2008237 DURHAM, CYNTHIA 05/23/1960 ZB21969Z 01-070312-900-05
DIAGNOSIS CODES: 401.9 250.00 300.00 345.90 493.90 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216573	1	T1019		10/30/12	10/30/12	4.00	68.60
216573	2	T1019		11/05/12	11/05/12	4.00	68.60
216573	3	T1019		11/06/12	11/06/12	4.00	68.60
216573	4	T1019		11/07/12	11/07/12	4.00	68.60
216573	5	T1019		11/08/12	11/08/12	4.00	68.60
216573	6	T1019		11/09/12	11/09/12	4.00	68.60
CLAIM TOTAL						411.60	CLAIM ACCOUNT REF. 2165730012008237SUP

REPORT DATE 11/14/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012111403563600RRSUP

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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 2008284 2008284 ANDERSON, BETH 12/18/1947 YC43135F 0108141290047
DIAGNOSIS CODES: 340. 286.0 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
216569	1	T1019		10/25/12	10/25/12	4.00	68.60	
216569	2	T1019		11/03/12	11/03/12	3.00	51.45	
216569	3	T1019		11/04/12	11/04/12	3.00	51.45	
216569	4	T1019		11/05/12	11/05/12	5.00	85.75	
216569	5	T1019		11/06/12	11/06/12	5.00	85.75	
216569	6	T1019		11/07/12	11/07/12	5.00	85.75	
216569	7	T1019		11/08/12	11/08/12	4.00	68.60	
216569	8	T1019		11/09/12	11/09/12	5.00	85.75	
					CLAIM TOTAL	583.10		CLAIM ACCOUNT REF. 2165690012008284SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008385 2008385 MURDOCK, GERTRUDE 11/01/1917 SS71357M 0106221290271
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	
216575	1	T1019		11/05/12	11/05/12	8.00	137.20	
216575	2	T1019		11/06/12	11/06/12	8.00	137.20	
216575	3	T1019		11/08/12	11/08/12	8.00	137.20	
216575	4	T1019		11/09/12	11/09/12	8.00	137.20	
					CLAIM TOTAL	548.80		CLAIM ACCOUNT REF. 2165750012008385SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008417 2008417 GALAS, TERESA 06/08/1955 ZX91437V 0106191290406
DIAGNOSIS CODES: 345.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
216574	1	T1019		11/03/12	11/03/12	5.00	85.75	
216574	2	T1019		11/04/12	11/04/12	5.00	85.75	
216574	3	T1019		11/05/12	11/05/12	5.00	85.75	
216574	4	T1019		11/06/12	11/06/12	5.00	85.75	
216574	5	T1019		11/07/12	11/07/12	5.00	85.75	
216574	6	T1019		11/08/12	11/08/12	5.00	85.75	
216574	7	T1019		11/09/12	11/09/12	5.00	85.75	
					CLAIM TOTAL	600.25		CLAIM ACCOUNT REF. 2165740012008417SUP

REPORT DATE 11/14/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012111403563600RRSUP

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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 0108071290383
DIAGNOSIS CODES: 401.9 250.00 272.0 278.00 295.00 311. 780.57

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216579	1	T1019		10/24/12	10/24/12	8.00	137.20
216579	2	T1019		10/26/12	10/26/12	8.00	137.20
216579	3	T1019		10/31/12	10/31/12	8.00	137.20
216579	4	T1019		11/01/12	11/01/12	8.00	137.20
216579	5	T1019		11/02/12	11/02/12	8.00	137.20
216579	6	T1019		11/05/12	11/05/12	8.00	137.20
216579	7	T1019		11/06/12	11/06/12	8.00	137.20
216579	8	T1019		11/07/12	11/07/12	8.00	137.20
216579	9	T1019		11/08/12	11/08/12	8.00	137.20
216579	10	T1019		11/09/12	11/09/12	8.00	137.20

CLAIM TOTAL 1,372.00 CLAIM ACCOUNT REF. 2165790012008418SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008743 2008743 CORDERO, ROSENDO 08/26/1926 QM62108S 0108071290054
DIAGNOSIS CODES: 492.0 272.0 401.9 715.00 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216571	1	T1019		11/03/12	11/03/12	10.00	171.50
216571	2	T1019		11/04/12	11/04/12	10.00	171.50
216571	3	T1019		11/05/12	11/05/12	10.00	171.50
216571	4	T1019		11/07/12	11/07/12	10.00	171.50
216571	5	T1019		11/08/12	11/08/12	10.00	171.50
216571	6	T1019		11/09/12	11/09/12	8.00	137.20

CLAIM TOTAL 994.70 CLAIM ACCOUNT REF. 2165710012008743SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009377 2009377 SANTORO, MATTHEW 08/20/1949 SP38021Q 01-082412-901-94
DIAGNOSIS CODES: 299.01 453.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216580	1	T1019		10/26/12	10/26/12	5.00	85.75
216580	2	T1019		11/03/12	11/03/12	5.00	85.75
216580	3	T1019		11/04/12	11/04/12	5.00	85.75
216580	4	T1019		11/05/12	11/05/12	5.00	85.75
216580	5	T1019		11/06/12	11/06/12	5.00	85.75
216580	6	T1019		11/07/12	11/07/12	5.00	85.75
216580	7	T1019		11/08/12	11/08/12	5.00	85.75
216580	8	T1019		11/09/12	11/09/12	5.00	85.75

CLAIM TOTAL 686.00 CLAIM ACCOUNT REF. 2165800012009377SUP

REPORT DATE 11/14/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012111403563600RRSUP

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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 2008235 2009688 RAMPERSAID, ALISSA 08/04/1992 SZ46585R 0107031290329
DIAGNOSIS CODES: 319. 315.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216578	1	T1019		11/03/12	11/03/12	8.00	137.20
216578	2	T1019		11/05/12	11/05/12	3.00	51.45
216578	3	T1019		11/06/12	11/06/12	3.00	51.45
216578	4	T1019		11/08/12	11/08/12	3.00	51.45
216578	5	T1019		11/09/12	11/09/12	3.00	51.45
CLAIM TOTAL							343.00

CLAIM ACCOUNT REF. 2165780012009688SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008279 2010213 VALLE, BLASINA 02/03/1929 QG00558G 0106011290042
DIAGNOSIS CODES: 428.0 244.9 272.4 331.0 537.9 746.85

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216581	1	T1019		10/27/12	10/27/12	8.00	137.20
216581	2	T1019		11/03/12	11/03/12	8.00	137.20
216581	3	T1019		11/05/12	11/05/12	8.00	137.20
216581	4	T1019		11/06/12	11/06/12	8.00	137.20
216581	5	T1019		11/07/12	11/07/12	8.00	137.20
216581	6	T1019		11/08/12	11/08/12	8.00	137.20
216581	7	T1019		11/09/12	11/09/12	6.00	102.90
CLAIM TOTAL							926.10

CLAIM ACCOUNT REF. 2165810012010213SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010886 2010886 OSORIO, ELVIA 07/05/1943 SM10426S 0106111290284
DIAGNOSIS CODES: 253.5 272.4 354.0 401.9 733.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216576	1	T1019		11/05/12	11/05/12	3.00	51.45
216576	2	T1019		11/06/12	11/06/12	3.00	51.45
216576	3	T1019		11/08/12	11/08/12	3.00	51.45
CLAIM TOTAL							154.35

CLAIM ACCOUNT REF. 2165760012010886SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011286 2011286 DOBBINS, SANDRA 02/05/1953 ZA50099X 0109041290009
DIAGNOSIS CODES: 295.90 369.10 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216572	1	T1019		11/01/12	11/01/12	24.00	411.60
216572	2	T1019		11/03/12	11/03/12	24.00	411.60
216572	3	T1019		11/04/12	11/04/12	22.00	377.30

REPORT DATE 11/14/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012111403563600RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
216572	4	T1019		11/05/12	11/05/12	24.00	411.60	
216572	5	T1019		11/06/12	11/06/12	24.00	411.60	
216572	6	T1019		11/07/12	11/07/12	24.00	411.60	
216572	7	T1019		11/08/12	11/08/12	24.00	411.60	
216572	8	T1019		11/09/12	11/09/12	24.00	411.60	
					CLAIM TOTAL	3,258.50		CLAIM ACCOUNT REF. 2165720012011286SUP

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	87	TOTAL CLAIM AMOUNT =	12,416.60
		# SERVICES =	13		

REPORT DATE 11/14/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012111403563600RRSUP

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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 110614772
DIAGNOSIS CODES: 250.00 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216584	1	T1019		11/04/12	11/04/12	36.00	154.80
216584	2	T1019		11/05/12	11/05/12	12.00	51.60
216584	3	T1019		11/06/12	11/06/12	36.00	154.80
216584	4	T1019		11/07/12	11/07/12	36.00	154.80
216584	5	T1019		11/08/12	11/08/12	36.00	154.80
216584	6	T1019		11/09/12	11/09/12	36.00	154.80
CLAIM TOTAL							825.60
CLAIM ACCOUNT REF.							2165840012008286SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216583	1	T1019		11/03/12	11/03/12	24.00	103.20
216583	2	T1019		11/04/12	11/04/12	24.00	103.20
216583	3	T1019		11/06/12	11/06/12	24.00	103.20
216583	4	T1019		11/07/12	11/07/12	24.00	103.20
216583	5	T1019		11/08/12	11/08/12	24.00	103.20
216583	6	T1019		11/09/12	11/09/12	24.00	103.20
CLAIM TOTAL							619.20
CLAIM ACCOUNT REF.							2165830012008495SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010404 2010404 GUERRERO, MIRTHA 09/14/1931 740496 110890509
DIAGNOSIS CODES: 253.5 401.9 733.00 750.27

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216582	1	T1019		11/03/12	11/03/12	28.00	120.40
216582	2	T1019		11/04/12	11/04/12	28.00	120.40
216582	3	T1019		11/05/12	11/05/12	28.00	120.40
216582	4	T1019		11/06/12	11/06/12	28.00	120.40
216582	5	T1019		11/07/12	11/07/12	28.00	120.40
216582	6	T1019		11/08/12	11/08/12	28.00	120.40
216582	7	T1019		11/09/12	11/09/12	28.00	120.40
CLAIM TOTAL							842.80
CLAIM ACCOUNT REF.							2165820012010404SUP

REPORT DATE 11/14/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012111403563600RRSUP

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

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	19	TOTAL CLAIM AMOUNT =	2,287.60
		# SERVICES =	3		

REPORT DATE 11/14/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012111403563600RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216565	1	T1019	0580	11/05/12	11/05/12	40.00	168.80
216565	2	T1019	0580	11/06/12	11/06/12	40.00	168.80
216565	3	T1019	0580	11/07/12	11/07/12	40.00	168.80
216565	4	T1019	0580	11/08/12	11/08/12	40.00	168.80
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2165650012008491SUP

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
216568	1	T1019	0580	11/05/12	11/05/12	16.00	67.52
216568	2	T1019	0580	11/06/12	11/06/12	16.00	67.52
216568	3	T1019	0580	11/07/12	11/07/12	16.00	67.52
216568	4	T1019	0580	11/08/12	11/08/12	16.00	67.52
216568	5	T1019	0580	11/09/12	11/09/12	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2165680012008513SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216566	1	T1019	0580	11/03/12	11/03/12	20.00	84.40
216566	2	T1019	0580	11/04/12	11/04/12	20.00	84.40
216566	3	T1019	0580	11/05/12	11/05/12	20.00	84.40
216566	4	T1019	0580	11/06/12	11/06/12	20.00	84.40
216566	5	T1019	0580	11/07/12	11/07/12	20.00	84.40
216566	6	T1019	0580	11/08/12	11/08/12	20.00	84.40
216566	7	T1019	0580	11/09/12	11/09/12	20.00	84.40
CLAIM TOTAL							590.80
CLAIM ACCOUNT REF.							2165660012008544SUP

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
216561	1	T1019	0580	11/06/12	11/06/12	16.00	56.00
216561	2	T1019	0580	11/08/12	11/08/12	16.00	56.00

REPORT DATE 11/14/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012111403563600RRSUP

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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
216561	3	T1019	0580	11/09/12	11/09/12	16.00	56.00
							CLAIM TOTAL
							168.00
							CLAIM ACCOUNT REF. 2165610012008723SUP

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
216554	1	T1019	0580	10/29/12	10/29/12	48.00	168.00
216554	2	T1019	0580	10/30/12	10/30/12	48.00	168.00
216554	3	T1019	0580	10/31/12	10/31/12	48.00	168.00
216554	4	T1019	0580	11/03/12	11/03/12	48.00	168.00
216554	5	T1019	0580	11/04/12	11/04/12	25.00	87.50
216554	6	T1019	0580	11/05/12	11/05/12	48.00	168.00
216554	7	T1019	0580	11/08/12	11/08/12	48.00	168.00
216554	8	T1019	0580	11/09/12	11/09/12	48.00	168.00
							CLAIM TOTAL
							1,263.50
							CLAIM ACCOUNT REF. 2165540012008793SUP

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
216567	1	T1019	0580	11/09/12	11/09/12	20.00	84.40
							CLAIM TOTAL
							84.40
							CLAIM ACCOUNT REF. 2165670012009269SUP

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
216563	1	T1019	0580	11/06/12	11/06/12	16.00	67.52
216563	2	T1019	0580	11/07/12	11/07/12	16.00	67.52
216563	3	T1019	0580	11/08/12	11/08/12	16.00	67.52
							CLAIM TOTAL
							202.56
							CLAIM ACCOUNT REF. 2165630012009406SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009467	2009467	KEATON, CATHERINE	08/30/1923	WC81742E	0004298435-003
DIAGNOSIS CODES: 715.00 365.9 401.9 780.4 788.30							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216560	1	T1019	0580	11/03/12	11/03/12	48.00	168.00
216560	2	T1019	0580	11/04/12	11/04/12	48.00	168.00

REPORT DATE 11/14/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 55247 HEALTH INSURANCE PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
216560	3	T1019	0580	11/05/12	11/05/12	48.00	168.00	
216560	4	T1019	0580	11/06/12	11/06/12	48.00	168.00	
216560	5	T1019	0580	11/07/12	11/07/12	48.00	168.00	
216560	6	T1019	0580	11/08/12	11/08/12	48.00	168.00	
216560	7	T1019	0580	11/09/12	11/09/12	46.00	161.00	
CLAIM TOTAL							1,169.00	CLAIM ACCOUNT REF. 2165600012009467SUP

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	
216564	1	T1019	0580	11/07/12	11/07/12	40.00	168.80	
216564	2	T1019	0580	11/08/12	11/08/12	40.00	168.80	
CLAIM TOTAL							337.60	CLAIM ACCOUNT REF. 2165640012009562SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009686 2009686 GAFFNEY, FREDERICK 01/04/1939 RH10373H 0005177081-002
DIAGNOSIS CODES: 315.8 357.4 389.8 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
216557	1	T1019	0580	11/05/12	11/05/12	16.00	56.00	
216557	2	T1019	0580	11/06/12	11/06/12	16.00	56.00	
216557	3	T1019	0580	11/07/12	11/07/12	16.00	56.00	
216557	4	T1019	0580	11/08/12	11/08/12	16.00	56.00	
216557	5	T1019	0580	11/09/12	11/09/12	16.00	56.00	
CLAIM TOTAL							280.00	CLAIM ACCOUNT REF. 2165570012009686SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
216559	1	T1019	0580	11/03/12	11/03/12	28.00	98.00	
216559	2	T1019	0580	11/04/12	11/04/12	28.00	98.00	
216559	3	T1019	0580	11/05/12	11/05/12	24.00	84.00	
216559	4	T1019	0580	11/06/12	11/06/12	28.00	98.00	
216559	5	T1019	0580	11/07/12	11/07/12	28.00	98.00	
216559	6	T1019	0580	11/08/12	11/08/12	28.00	98.00	
216559	7	T1019	0580	11/09/12	11/09/12	28.00	98.00	
CLAIM TOTAL							672.00	CLAIM ACCOUNT REF. 2165590012009945SUP

REPORT DATE 11/14/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012111403563600RRSUP

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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 2010293 2010293 CAMPBELL, CAROL 01/17/1945 ZW64229J 0004864776
DIAGNOSIS CODES: 722.2 272.0 338.29 401.9 780.79 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216553	1	T1019	0580	11/05/12	11/05/12	20.00	70.00
216553	2	T1019	0580	11/06/12	11/06/12	24.00	84.00
216553	3	T1019	0580	11/08/12	11/08/12	20.00	70.00
216553	4	T1019	0580	11/09/12	11/09/12	20.00	70.00
CLAIM TOTAL							294.00
CLAIM ACCOUNT REF.							2165530012010293SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216562	1	T1019	0580	11/03/12	11/03/12	48.00	168.00
216562	2	T1019	0580	11/04/12	11/04/12	47.00	164.50
216562	3	T1019	0580	11/05/12	11/05/12	48.00	168.00
216562	4	T1019	0580	11/06/12	11/06/12	48.00	168.00
216562	5	T1019	0580	11/07/12	11/07/12	47.00	164.50
216562	6	T1019	0580	11/08/12	11/08/12	48.00	168.00
216562	7	T1019	0580	11/09/12	11/09/12	48.00	168.00
CLAIM TOTAL							1,169.00
CLAIM ACCOUNT REF.							2165620012010316SUP

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
216558	1	T1019	0580	11/03/12	11/03/12	36.00	126.00
216558	2	T1019	0580	11/04/12	11/04/12	36.00	126.00
216558	3	T1019	0580	11/05/12	11/05/12	36.00	126.00
216558	4	T1019	0580	11/06/12	11/06/12	36.00	126.00
CLAIM TOTAL							504.00
CLAIM ACCOUNT REF.							2165580012010991SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008113 2011066 COPELAND, ELISE 10/05/1928 QJ28865K 0005111746
DIAGNOSIS CODES: 250.00 369.9 311. 401.9 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216555	1	G0156	0572	10/28/12	10/28/12	7.00	99.75
216555	2	G0156	0572	11/03/12	11/03/12	7.00	99.75
216555	3	G0156	0572	11/04/12	11/04/12	7.00	99.75

REPORT DATE 11/14/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 55247 HEALTH INSURANCE PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
216555	4	G0156	0572	11/05/12	11/05/12	7.00	99.75	
216555	5	G0156	0572	11/06/12	11/06/12	7.00	99.75	
216555	6	G0156	0572	11/07/12	11/07/12	7.00	99.75	
216555	7	G0156	0572	11/08/12	11/08/12	7.00	99.75	
216555	8	G0156	0572	11/09/12	11/09/12	7.00	99.75	
					CLAIM TOTAL		798.00	CLAIM ACCOUNT REF. 2165550012011066SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
216556	1	G0156	0572	11/03/12	11/03/12	12.00	171.00	
216556	2	G0156	0572	11/04/12	11/04/12	12.00	171.00	
216556	3	G0156	0572	11/05/12	11/05/12	12.00	171.00	
216556	4	G0156	0572	11/06/12	11/06/12	12.00	171.00	
216556	5	G0156	0572	11/07/12	11/07/12	12.00	171.00	
216556	6	G0156	0572	11/08/12	11/08/12	12.00	171.00	
216556	7	G0156	0572	11/09/12	11/09/12	12.00	171.00	
					CLAIM TOTAL		1,197.00	CLAIM ACCOUNT REF. 2165560012011526SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	82	TOTAL CLAIM AMOUNT =	9,742.66
		# SERVICES =	16		

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NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2165970012010958SUP

PAYER TOTALS:	VNSNY CHOICE	# OF CLAIMS =	5	TOTAL CLAIM AMOUNT =	600.60
		# SERVICES =	1		

REPORT DATE 11/14/12 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 2008246 2008246 RIVERA, CHRISTOPHER 09/03/1996 UW23596M R2013357
DIAGNOSIS CODES: 314.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216514	1	T1019		11/03/12	11/03/12	12.00	50.64
216514	2	T1019		11/04/12	11/04/12	12.00	50.64
216514	3	T1019		11/05/12	11/05/12	12.00	50.64
216514	4	T1019		11/06/12	11/06/12	12.00	50.64
216514	5	T1019		11/07/12	11/07/12	12.00	50.64
216514	6	T1019		11/08/12	11/08/12	12.00	50.64
216514	7	T1019		11/09/12	11/09/12	12.00	50.64
CLAIM TOTAL							354.48
CLAIM ACCOUNT REF.							2165140012008246SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008248 2008248 RIVERA, EDDIE 01/29/1960 YP34893V R1863464
DIAGNOSIS CODES: 339.02 367.1 369.10

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216515	1	T1019		11/03/12	11/03/12	12.00	50.64
216515	2	T1019		11/04/12	11/04/12	12.00	50.64
216515	3	T1019		11/05/12	11/05/12	12.00	50.64
216515	4	T1019		11/06/12	11/06/12	12.00	50.64
216515	5	T1019		11/07/12	11/07/12	12.00	50.64
216515	6	T1019		11/08/12	11/08/12	12.00	50.64
216515	7	T1019		11/09/12	11/09/12	12.00	50.64
CLAIM TOTAL							354.48
CLAIM ACCOUNT REF.							2165150012008248SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216510	1	T1019		11/03/12	11/03/12	44.00	185.68
216510	2	T1019		11/04/12	11/04/12	44.00	185.68
216510	3	T1019		11/05/12	11/05/12	44.00	185.68
216510	4	T1019		11/06/12	11/06/12	44.00	185.68
216510	5	T1019		11/07/12	11/07/12	44.00	185.68
216510	6	T1019		11/08/12	11/08/12	44.00	185.68
216510	7	T1019		11/09/12	11/09/12	44.00	185.68
CLAIM TOTAL							1,299.76
CLAIM ACCOUNT REF.							2165100012008249SUP

REPORT DATE 11/14/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012111403563600RRSUP

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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 2008250 2008250 SALAZAR, LUZ MARIA 02/19/1970 SC60317K R2048722
DIAGNOSIS CODES: 952.9 564.81 596.54 806.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216517	1	T1019		11/03/12	11/03/12	32.00	135.04
216517	2	T1019		11/04/12	11/04/12	32.00	135.04
216517	3	T1019		11/05/12	11/05/12	32.00	135.04
216517	4	T1019		11/06/12	11/06/12	32.00	135.04
216517	5	T1019		11/07/12	11/07/12	32.00	135.04
216517	6	T1019		11/08/12	11/08/12	32.00	135.04
216517	7	T1019		11/09/12	11/09/12	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2165170012008250SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008251 2008251 CEBALLOS, ANA 12/31/1919 UH02585Q R1828722
DIAGNOSIS CODES: 294.10 244.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216497	1	T1019		11/05/12	11/05/12	32.00	135.04
216497	2	T1019		11/06/12	11/06/12	32.00	135.04
216497	3	T1019		11/07/12	11/07/12	32.00	135.04
216497	4	T1019		11/08/12	11/08/12	32.00	135.04
CLAIM TOTAL							540.16
CLAIM ACCOUNT REF.							2164970012008251SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008253 2008253 MACARENA, SAHARA 09/12/1965 VT07830U R1904276
DIAGNOSIS CODES: 359.0 719.45

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216511	1	T1019		11/03/12	11/03/12	48.00	202.56
216511	2	T1019		11/04/12	11/04/12	48.00	202.56
216511	3	T1019		11/05/12	11/05/12	48.00	202.56
216511	4	T1019		11/06/12	11/06/12	48.00	202.56
216511	5	T1019		11/07/12	11/07/12	48.00	202.56
216511	6	T1019		11/08/12	11/08/12	48.00	202.56
216511	7	T1019		11/09/12	11/09/12	48.00	202.56
CLAIM TOTAL							1,417.92
CLAIM ACCOUNT REF.							2165110012008253SUP

REPORT DATE 11/14/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012111403563600RRSUP

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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 2008254 2008254 SPIVEY, PATRICIA 04/06/1965 WE52435B R1802635
DIAGNOSIS CODES: 250.00 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216519	1	T1019		11/05/12	11/05/12	20.00	84.40
216519	2	T1019		11/06/12	11/06/12	20.00	84.40
216519	3	T1019		11/07/12	11/07/12	20.00	84.40
216519	4	T1019		11/08/12	11/08/12	20.00	84.40
216519	5	T1019		11/09/12	11/09/12	16.00	67.52
CLAIM TOTAL							405.12

CLAIM ACCOUNT REF. 2165190012008254SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008256 2008256 CARMONA, LUZ 08/10/1954 XJ24416K 0104161201362
DIAGNOSIS CODES: 294.8 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216495	1	T1019		11/05/12	11/05/12	32.00	135.04
216495	2	T1019		11/06/12	11/06/12	32.00	135.04
216495	3	T1019		11/07/12	11/07/12	32.00	135.04
216495	4	T1019		11/08/12	11/08/12	32.00	135.04
216495	5	T1019		11/09/12	11/09/12	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2164950012008256SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216502	1	T1019		11/04/12	11/04/12	24.00	101.28
216502	2	T1019		11/05/12	11/05/12	24.00	101.28
216502	3	T1019		11/06/12	11/06/12	24.00	101.28
216502	4	T1019		11/07/12	11/07/12	24.00	101.28
216502	5	T1019		11/08/12	11/08/12	24.00	101.28
216502	6	T1019		11/09/12	11/09/12	24.00	101.28
CLAIM TOTAL							607.68

CLAIM ACCOUNT REF. 2165020012008257SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216518	1	T1019		11/05/12	11/05/12	32.00	135.04
216518	2	T1019		11/06/12	11/06/12	32.00	135.04

REPORT DATE 11/14/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012111403563600RRSUP

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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	
216518	3	T1019		11/07/12	11/07/12	32.00	135.04	
216518	4	T1019		11/08/12	11/08/12	32.00	135.04	
216518	5	T1019		11/09/12	11/09/12	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2165180012008290SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008297	2008297	MARTIN, ARIANA	12/25/1968	XD64969X	R2028439
DIAGNOSIS	CODES:	250.63	401.9	493.11			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
216512	1	T1019		11/05/12	11/05/12	16.00	67.52	
216512	2	T1019		11/07/12	11/07/12	16.00	67.52	
216512	3	T1019		11/09/12	11/09/12	16.00	67.52	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2165120012008297SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
216505	1	T1019		11/03/12	11/03/12	28.00	118.16	
216505	2	T1019		11/04/12	11/04/12	28.00	118.16	
216505	3	T1019		11/06/12	11/06/12	24.00	101.28	
216505	4	T1019		11/07/12	11/07/12	28.00	118.16	
216505	5	T1019		11/08/12	11/08/12	28.00	118.16	
216505	6	T1019		11/09/12	11/09/12	24.00	101.28	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2165050012008362SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008368	2008368	RODRIGUEZ, MARGARET	06/25/1950	ZP21043J	R1955871
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	
216516	1	T1019		11/05/12	11/05/12	16.00	67.52	
216516	2	T1019		11/06/12	11/06/12	16.00	67.52	
216516	3	T1019		11/07/12	11/07/12	16.00	67.52	
216516	4	T1019		11/08/12	11/08/12	16.00	67.52	
216516	5	T1019		11/09/12	11/09/12	16.00	67.52	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2165160012008368SUP

REPORT DATE 11/14/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012111403563600RRSUP

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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 2008411 2008411 FRANCISCO, RICHARD 07/10/1968 XR22414G R2014482
DIAGNOSIS CODES: 401.9 443.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216506	1	T1019		11/03/12	11/03/12	32.00	135.04
216506	2	T1019		11/04/12	11/04/12	32.00	135.04
216506	3	T1019		11/05/12	11/05/12	32.00	135.04
216506	4	T1019		11/06/12	11/06/12	32.00	135.04
216506	5	T1019		11/07/12	11/07/12	32.00	135.04
216506	6	T1019		11/08/12	11/08/12	32.00	135.04
216506	7	T1019		11/09/12	11/09/12	32.00	135.04
CLAIM TOTAL							945.28

CLAIM ACCOUNT REF. 2165060012008411SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216507	1	T1019		11/03/12	11/03/12	28.00	118.16
216507	2	T1019		11/04/12	11/04/12	28.00	118.16
216507	3	T1019		11/05/12	11/05/12	28.00	118.16
216507	4	T1019		11/06/12	11/06/12	28.00	118.16
216507	5	T1019		11/07/12	11/07/12	28.00	118.16
216507	6	T1019		11/08/12	11/08/12	28.00	118.16
216507	7	T1019		11/09/12	11/09/12	28.00	118.16
CLAIM TOTAL							827.12

CLAIM ACCOUNT REF. 2165070012008428SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008433 2008433 BHAIRO, KOWSILILLI 05/13/1954 VG15691D R1917814
DIAGNOSIS CODES: 340. 286.0 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216492	1	T1019		11/03/12	11/03/12	32.00	135.04
216492	2	T1019		11/04/12	11/04/12	32.00	135.04
216492	3	T1019		11/05/12	11/05/12	32.00	135.04
216492	4	T1019		11/06/12	11/06/12	32.00	135.04
216492	5	T1019		11/07/12	11/07/12	32.00	135.04
216492	6	T1019		11/08/12	11/08/12	32.00	135.04
216492	7	T1019		11/09/12	11/09/12	32.00	135.04
CLAIM TOTAL							945.28

CLAIM ACCOUNT REF. 2164920012008433SUP

REPORT DATE 11/14/12 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 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z R1903232
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
216491	1	T1019		11/03/12	11/03/12	16.00	67.52
216491	2	T1019		11/04/12	11/04/12	16.00	67.52
216491	3	T1019		11/05/12	11/05/12	16.00	67.52
216491	4	T1019		11/06/12	11/06/12	16.00	67.52
216491	5	T1019		11/07/12	11/07/12	16.00	67.52
216491	6	T1019		11/08/12	11/08/12	16.00	67.52
216491	7	T1019		11/09/12	11/09/12	16.00	67.52
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2164910012008487SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008558 2008558 SURIEL, GERTRUDIS 03/17/1950 ZE67447D 0106131202138
DIAGNOSIS CODES: 493.90 401.9 414.00 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216520	1	T1019		11/05/12	11/05/12	48.00	202.56
216520	2	T1019		11/06/12	11/06/12	40.00	168.80
216520	3	T1019		11/07/12	11/07/12	48.00	202.56
216520	4	T1019		11/08/12	11/08/12	48.00	202.56
216520	5	T1019		11/09/12	11/09/12	48.00	202.56
CLAIM TOTAL							979.04
CLAIM ACCOUNT REF.							2165200012008558SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008571 2008571 ESPAILLAT, AMPARO 12/25/1949 ZG25447P R2016893
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
216501	1	T1019		11/03/12	11/03/12	16.00	67.52
216501	2	T1019		11/04/12	11/04/12	16.00	67.52
216501	3	T1019		11/05/12	11/05/12	24.00	101.28
216501	4	T1019		11/06/12	11/06/12	24.00	101.28
216501	5	T1019		11/07/12	11/07/12	24.00	101.28
216501	6	T1019		11/08/12	11/08/12	24.00	101.28
216501	7	T1019		11/09/12	11/09/12	24.00	101.28
CLAIM TOTAL							641.44
CLAIM ACCOUNT REF.							2165010012008571SUP

REPORT DATE 11/14/12 SUNNYSIDE CITYWIDE
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PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008437 2009000 FERGERSON, TINA 08/11/1959 ZZ11460M R1992645
DIAGNOSIS CODES: 135. 401.9 493.00 715.00 721.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216503	1	T1019		10/29/12	10/29/12	32.00	135.04
216503	2	T1019		10/30/12	10/30/12	32.00	135.04
216503	3	T1019		10/31/12	10/31/12	32.00	135.04
216503	4	T1019		11/01/12	11/01/12	16.00	67.52
216503	5	T1019		11/02/12	11/02/12	16.00	67.52
CLAIM TOTAL							540.16

CLAIM ACCOUNT REF. 2165030012009000SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008380 2009001 FERRERA, FRANCISCA 06/06/1948 YH55651V 0111141101308
DIAGNOSIS CODES: 301.9 401.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216504	1	T1019		11/05/12	11/05/12	20.00	84.40
216504	2	T1019		11/07/12	11/07/12	20.00	84.40
216504	3	T1019		11/09/12	11/09/12	20.00	84.40
CLAIM TOTAL							253.20

CLAIM ACCOUNT REF. 2165040012009001SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216498	1	T1019		11/05/12	11/05/12	20.00	84.40
216498	2	T1019		11/06/12	11/06/12	20.00	84.40
216498	3	T1019		11/07/12	11/07/12	20.00	84.40
216498	4	T1019		11/08/12	11/08/12	20.00	84.40
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2164980012009256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008271 2009270 CARRION, MARIA 06/30/1928 SC64434E R2044577
DIAGNOSIS CODES: 250.00 294.10 401.9 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216496	1	T1019		11/03/12	11/03/12	32.00	135.04
216496	2	T1019		11/05/12	11/05/12	32.00	135.04
216496	3	T1019		11/06/12	11/06/12	32.00	135.04
216496	4	T1019		11/07/12	11/07/12	32.00	135.04
216496	5	T1019		11/08/12	11/08/12	32.00	135.04
216496	6	T1019		11/09/12	11/09/12	32.00	135.04

REPORT DATE 11/14/12 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 TOTAL	CLAIM ACCOUNT REF.
							810.24		2164960012009270SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009405	2009405	CORTES DE GALINDO, NEL	05/25/1925	PF03624B	R1797023
DIAGNOSIS CODES: 401.9 537.9 648.12							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
216499	1	T1019		10/31/12	10/31/12	24.00	101.28		
216499	2	T1019		11/01/12	11/01/12	24.00	101.28		
216499	3	T1019		11/02/12	11/02/12	24.00	101.28		
216499	4	T1019		11/05/12	11/05/12	24.00	101.28		
216499	5	T1019		11/06/12	11/06/12	24.00	101.28		
216499	6	T1019		11/07/12	11/07/12	24.00	101.28		
216499	7	T1019		11/08/12	11/08/12	24.00	101.28		
216499	8	T1019		11/09/12	11/09/12	24.00	101.28		
							810.24		2164990012009405SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009560	2009560	BOCHENEC, JOLANTA	07/08/1964	ZT71147Q	0104121200913
DIAGNOSIS CODES: 854.00 272.4 300.00 307.42 781.0							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
216493	1	T1019		11/03/12	11/03/12	24.00	101.28		
216493	2	T1019		11/04/12	11/04/12	24.00	101.28		
216493	3	T1019		11/05/12	11/05/12	24.00	101.28		
216493	4	T1019		11/06/12	11/06/12	20.00	84.40		
216493	5	T1019		11/07/12	11/07/12	24.00	101.28		
216493	6	T1019		11/08/12	11/08/12	24.00	101.28		
216493	7	T1019		11/09/12	11/09/12	24.00	101.28		
							692.08		2164930012009560SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010009	2010009	VEGA, GLORIA	07/06/1955	ZU45073J	R1843447
DIAGNOSIS CODES: 340. 250.00 272.2 311.							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216522	1	T1019		10/24/12	10/24/12	32.00	135.04
216522	2	T1019		10/25/12	10/25/12	32.00	135.04
216522	3	T1019		10/26/12	10/26/12	32.00	135.04
216522	4	T1019		10/29/12	10/29/12	32.00	135.04
216522	5	T1019		10/30/12	10/30/12	32.00	135.04
216522	6	T1019		10/31/12	10/31/12	32.00	135.04
216522	7	T1019		11/01/12	11/01/12	32.00	135.04

REPORT DATE 11/14/12 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	
216522	8	T1019		11/02/12	11/02/12	32.00	135.04	
216522	9	T1019		11/05/12	11/05/12	32.00	135.04	
216522	10	T1019		11/06/12	11/06/12	32.00	135.04	
216522	11	T1019		11/07/12	11/07/12	32.00	135.04	
216522	12	T1019		11/08/12	11/08/12	32.00	135.04	
216522	13	T1019		11/09/12	11/09/12	32.00	135.04	
CLAIM TOTAL							1,755.52	CLAIM ACCOUNT REF. 2165220012010009SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008299	2010311	LAZALA, GLADYS	02/03/1950	ZT39863D	R1866346
DIAGNOSIS CODES: 340. 250.00 278.00 401.9 440.9 781.2							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
216509	1	T1020		11/03/12	11/03/12	7.00	118.16	
216509	2	T1020		11/04/12	11/04/12	7.00	118.16	
216509	3	T1020		11/05/12	11/05/12	7.00	118.16	
216509	4	T1020		11/06/12	11/06/12	7.00	118.16	
216509	5	T1020		11/07/12	11/07/12	7.00	118.16	
216509	6	T1020		11/08/12	11/08/12	7.00	118.16	
216509	7	T1020		11/09/12	11/09/12	7.00	118.16	
CLAIM TOTAL							827.12	CLAIM ACCOUNT REF. 2165090012010311SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010758	2010758	VASQUEZ, OLGA	11/20/1948	WU00136E	R1906129
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	
216521	1	T1019		11/03/12	11/03/12	20.00	84.40	
216521	2	T1019		11/04/12	11/04/12	20.00	84.40	
216521	3	T1019		11/08/12	11/08/12	20.00	84.40	
216521	4	T1019		11/09/12	11/09/12	20.00	84.40	
CLAIM TOTAL							337.60	CLAIM ACCOUNT REF. 2165210012010758SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008813	2010967	LARA, TOMASA	10/11/1931	SX47950B	R1921929
DIAGNOSIS CODES: 401.9 244.9 272.4 715.80							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
216508	1	T1019		11/03/12	11/03/12	32.00	135.04	
216508	2	T1019		11/05/12	11/05/12	32.00	135.04	
216508	3	T1019		11/06/12	11/06/12	32.00	135.04	
216508	4	T1019		11/07/12	11/07/12	32.00	135.04	
216508	5	T1019		11/08/12	11/08/12	32.00	135.04	

REPORT DATE 11/14/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012111403563600RRSUP

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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	
216508	6	T1019		11/09/12	11/09/12	32.00	135.04	
					CLAIM TOTAL		810.24	CLAIM ACCOUNT REF. 2165080012010967SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011058	2011058	DELACRUZ, ANA	06/20/1920	122053627	0107241201931
DIAGNOSIS CODES: 294.20							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
216500	1	T1019		11/03/12	11/03/12	40.00	168.80	
216500	2	T1019		11/04/12	11/04/12	40.00	168.80	
216500	3	T1019		11/05/12	11/05/12	40.00	168.80	
216500	4	T1019		11/06/12	11/06/12	40.00	168.80	
216500	5	T1019		11/07/12	11/07/12	40.00	168.80	
216500	6	T1019		11/08/12	11/08/12	40.00	168.80	
216500	7	T1019		11/09/12	11/09/12	40.00	168.80	
					CLAIM TOTAL		1,181.60	CLAIM ACCOUNT REF. 2165000012011058SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
216513	1	T1020		10/24/12	10/24/12	12.00	202.56	
216513	2	T1020		10/29/12	10/29/12	24.00	405.12	
216513	3	T1020		11/01/12	11/01/12	24.00	405.12	
216513	4	T1020		11/05/12	11/05/12	12.00	202.56	
216513	5	T1020		11/06/12	11/06/12	12.00	202.56	
216513	6	T1020		11/07/12	11/07/12	12.00	202.56	
216513	7	T1020		11/08/12	11/08/12	12.00	202.56	
216513	8	T1020		11/09/12	11/09/12	12.00	202.56	
					CLAIM TOTAL		2,025.60	CLAIM ACCOUNT REF. 2165130012011388SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008378	2011528	BOWERS, DIANE	10/01/1946	129232187	0109201201746
DIAGNOSIS CODES: 250.11 300.02 410.90 413.0 428.0 440.9 493.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
216494	1	T1019		11/05/12	11/05/12	40.00	168.80	
216494	2	T1019		11/06/12	11/06/12	40.00	168.80	
216494	3	T1019		11/07/12	11/07/12	40.00	168.80	
216494	4	T1019		11/08/12	11/08/12	40.00	168.80	
216494	5	T1019		11/09/12	11/09/12	40.00	168.80	
					CLAIM TOTAL		844.00	CLAIM ACCOUNT REF. 2164940012011528SUP

REPORT DATE 11/14/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	197	TOTAL CLAIM AMOUNT =	24,526.64
		# SERVICES =	32		

REPORT DATE 11/14/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012111403563600RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216550	1	T1019		11/03/12	11/03/12	40.00	171.60
216550	2	T1019		11/04/12	11/04/12	40.00	171.60
216550	3	T1019		11/05/12	11/05/12	40.00	171.60
216550	4	T1019		11/06/12	11/06/12	40.00	171.60
216550	5	T1019		11/07/12	11/07/12	40.00	171.60
216550	6	T1019		11/08/12	11/08/12	40.00	171.60
216550	7	T1019		11/09/12	11/09/12	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2165500012008245SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008287 2008287 MILLAN, ARMIDA 09/13/1928 100063356 608047620
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
216551	1	T1019		11/03/12	11/03/12	16.00	68.64
216551	2	T1019		11/04/12	11/04/12	16.00	68.64
216551	3	T1019		11/05/12	11/05/12	36.00	154.44
216551	4	T1019		11/06/12	11/06/12	36.00	154.44
216551	5	T1019		11/07/12	11/07/12	36.00	154.44
216551	6	T1019		11/08/12	11/08/12	36.00	154.44
216551	7	T1019		11/09/12	11/09/12	36.00	154.44
CLAIM TOTAL						909.48	CLAIM ACCOUNT REF. 2165510012008287SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008401 2008401 SAFOS, PATRA 12/18/1948 100029836 607678036
DIAGNOSIS CODES: 340. 244.8 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216552	1	T1019		10/27/12	10/27/12	32.00	137.28
216552	2	T1019		10/28/12	10/28/12	32.00	137.28
216552	3	T1019		10/29/12	10/29/12	32.00	137.28
216552	4	T1019		10/30/12	10/30/12	32.00	137.28
216552	5	T1019		10/31/12	10/31/12	32.00	137.28
216552	6	T1019		11/01/12	11/01/12	32.00	137.28
216552	7	T1019		11/02/12	11/02/12	32.00	137.28
216552	8	T1019		11/03/12	11/03/12	32.00	137.28
216552	9	T1019		11/04/12	11/04/12	32.00	137.28
216552	10	T1019		11/05/12	11/05/12	32.00	137.28
216552	11	T1019		11/06/12	11/06/12	32.00	137.28

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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	
216552	12	T1019		11/07/12	11/07/12	32.00	137.28	
216552	13	T1019		11/08/12	11/08/12	32.00	137.28	
216552	14	T1019		11/09/12	11/09/12	32.00	137.28	
					CLAIM TOTAL		1,921.92	CLAIM ACCOUNT REF. 2165520012008401SUP

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	28	TOTAL CLAIM AMOUNT =	4,032.60
		# SERVICES =	3		

REPORT DATE 11/14/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012111403563600RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216589	1	T1019	0580	11/03/12	11/03/12	40.00	168.80
216589	2	T1019	0580	11/04/12	11/04/12	40.00	168.80
216589	3	T1019	0580	11/05/12	11/05/12	32.00	135.04
216589	4	T1019	0580	11/09/12	11/09/12	40.00	168.80
CLAIM TOTAL							641.44
CLAIM ACCOUNT REF.							2165890012008266SUP

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
216592	1	S5130	0582	11/05/12	11/05/12	16.00	67.52
216592	2	S5130	0582	11/09/12	11/09/12	16.00	67.52
CLAIM TOTAL							135.04
CLAIM ACCOUNT REF.							2165920012009279SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009647 2009647 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
216587	1	T1019	0580	11/05/12	11/05/12	32.00	135.04
216587	2	T1019	0580	11/06/12	11/06/12	36.00	151.92
216587	3	T1019	0580	11/07/12	11/07/12	32.00	135.04
216587	4	T1019	0580	11/08/12	11/08/12	36.00	151.92
216587	5	T1019	0580	11/09/12	11/09/12	32.00	135.04
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2165870012009647SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010003 2010724 DENNISON, KELVIN * 09/23/1991 6944796 103006820
DIAGNOSIS CODES: 799.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216585	1	T1019	0580	11/05/12	11/05/12	24.00	101.28
216585	2	T1019	0580	11/06/12	11/06/12	24.00	101.28
216585	3	T1019	0580	11/07/12	11/07/12	24.00	101.28
216585	4	T1019	0580	11/08/12	11/08/12	24.00	101.28
216585	5	T1019	0580	11/09/12	11/09/12	16.00	67.52
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2165850012010724SUP

REPORT DATE 11/14/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = AMRGRI AMERIGROUP NEW YORK,LLC

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010389 2010730 ESPERSON, CLAUDE 04/28/1971 006900634 103279541
DIAGNOSIS CODES: 340. 453.40

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216586	1	T1019	0580	11/05/12	11/05/12	16.00	67.52
216586	2	T1019	0580	11/06/12	11/06/12	16.00	67.52
CLAIM TOTAL							135.04

CLAIM ACCOUNT REF. 2165860012010730SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008365 2010731 HARDING, EDNA 05/17/1956 006274884 103201397
DIAGNOSIS CODES: 493.90 253.5 272.4 296.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216590	1	T1019	0580	11/05/12	11/05/12	16.00	67.52
216590	2	T1019	0580	11/07/12	11/07/12	16.00	67.52
216590	3	T1019	0580	11/08/12	11/08/12	16.00	67.52
216590	4	T1019	0580	11/09/12	11/09/12	16.00	67.52
CLAIM TOTAL							270.08

CLAIM ACCOUNT REF. 2165900012010731SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011238 2011238 MICHEL, VERULIA * 09/23/1932 712951733 103212745
DIAGNOSIS CODES: 728.87 272.4 401.9 780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216591	1	T1019	0580	10/31/12	10/31/12	24.00	101.28
216591	2	T1019	0580	11/04/12	11/04/12	24.00	101.28
216591	3	T1019	0580	11/05/12	11/05/12	24.00	101.28
216591	4	T1019	0580	11/06/12	11/06/12	24.00	101.28
216591	5	T1019	0580	11/07/12	11/07/12	24.00	101.28
216591	6	T1019	0580	11/08/12	11/08/12	24.00	101.28
216591	7	T1019	0580	11/09/12	11/09/12	24.00	101.28
CLAIM TOTAL							708.96

CLAIM ACCOUNT REF. 2165910012011238SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
216588	1	T1019	0580	10/31/12	10/31/12	12.00	50.64
216588	2	T1019	0580	11/02/12	11/02/12	16.00	67.52
216588	3	T1019	0580	11/05/12	11/05/12	12.00	50.64
216588	4	T1019	0580	11/07/12	11/07/12	12.00	50.64
216588	5	T1019	0580	11/09/12	11/09/12	16.00	67.52

REPORT DATE 11/14/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012111403563600RRSUP

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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	CLAIM ACCOUNT REF.
						CLAIM TOTAL	286.96	2165880012011322SUP

PAYER TOTALS:	AMERIGROUP NEW YORK,LLC	# OF CLAIMS =	34	TOTAL CLAIM AMOUNT =	3,359.12
		# SERVICES =	8		

REPORT DATE 11/14/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012111403563600RRSUP

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

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

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
216596	1	T1019	1C	0570		11/01/12	11/01/12	4.00	63.60
216596	2	T1019	1C	0570		11/02/12	11/02/12	4.00	63.60
216596	3	T1019	1C	0570		11/05/12	11/05/12	4.00	63.60
216596	4	T1019	1C	0570		11/06/12	11/06/12	4.00	63.60
216596	5	T1019	1C	0570		11/07/12	11/07/12	4.00	63.60
216596	6	T1019	1C	0570		11/08/12	11/08/12	4.00	63.60
216596	7	T1019	1C	0570		11/09/12	11/09/12	4.00	63.60
CLAIM TOTAL									445.20
CLAIM ACCOUNT REF.									2165960012011453SUP

PAYER TOTALS: ICS # OF CLAIMS = 7 TOTAL CLAIM AMOUNT = 445.20
SERVICES = 1

