

REPORT DATE 11/20/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112004361580RRSUP

PAGE: 1

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
217340	1	T1020		11/10/12	11/10/12	6.00	101.22
217340	2	T1020		11/12/12	11/12/12	6.00	101.22
217340	3	T1020		11/13/12	11/13/12	7.00	118.09
217340	4	T1020		11/14/12	11/14/12	7.00	118.09
217340	5	T1020		11/15/12	11/15/12	7.00	118.09
217340	6	T1020		11/16/12	11/16/12	7.00	118.09
CLAIM TOTAL						674.80	CLAIM ACCOUNT REF. 2173400012008267SUP

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
217338	1	T1020		11/10/12	11/10/12	9.00	151.83
217338	2	T1020		11/11/12	11/11/12	9.00	151.83
CLAIM TOTAL						303.66	CLAIM ACCOUNT REF. 2173380012008268SUP

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
217335	1	T1020		11/10/12	11/10/12	7.00	118.09
217335	2	T1020		11/11/12	11/11/12	7.00	118.09
217335	3	T1020		11/12/12	11/12/12	7.00	118.09
217335	4	T1020		11/13/12	11/13/12	7.00	118.09
217335	5	T1020		11/14/12	11/14/12	7.00	118.09
217335	6	T1020		11/15/12	11/15/12	7.00	118.09
217335	7	T1020		11/16/12	11/16/12	7.00	118.09
CLAIM TOTAL						826.63	CLAIM ACCOUNT REF. 2173350012008306SUP

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
217333	1	T1020		11/10/12	11/10/12	7.00	118.09
217333	2	T1020		11/11/12	11/11/12	7.00	118.09
217333	3	T1020		11/12/12	11/12/12	7.00	118.09

REPORT DATE 11/20/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112004361580RRSUP

PAGE:       2

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	
217333	4	T1020		11/13/12	11/13/12	7.00	118.09	
217333	5	T1020		11/14/12	11/14/12	7.00	118.09	
217333	6	T1020		11/15/12	11/15/12	7.00	118.09	
217333	7	T1020		11/16/12	11/16/12	7.00	118.09	
					CLAIM TOTAL		826.63	CLAIM ACCOUNT REF. 2173330012008386SUP

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	
217339	1	T1020		11/13/12	11/13/12	4.00	67.48	
217339	2	T1020		11/15/12	11/15/12	5.00	84.35	
217339	3	T1020		11/16/12	11/16/12	4.00	67.48	
					CLAIM TOTAL		219.31	CLAIM ACCOUNT REF. 2173390012008400SUP

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	
217334	1	T1020		11/12/12	11/12/12	6.00	101.22	
217334	2	T1020		11/13/12	11/13/12	6.00	101.22	
217334	3	T1020		11/14/12	11/14/12	6.00	101.22	
					CLAIM TOTAL		303.66	CLAIM ACCOUNT REF. 2173340012010014SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009268	2010041	VARGAS, RAQUEL	07/05/1949	74201787700	121291101
DIAGNOSIS	CODES:	437.9	253.5	345.91	E885.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
217341	1	T1020		11/11/12	11/11/12	9.00	151.83	
217341	2	T1020		11/12/12	11/12/12	9.00	151.83	
217341	3	T1020		11/13/12	11/13/12	9.00	151.83	
217341	4	T1020		11/14/12	11/14/12	9.00	151.83	
217341	5	T1020		11/15/12	11/15/12	9.00	151.83	
217341	6	T1020		11/16/12	11/16/12	9.00	151.83	
					CLAIM TOTAL		910.98	CLAIM ACCOUNT REF. 2173410012010041SUP

PAGE: 3

NPI = 1154407492

PRIOR AUTHORIZATION #  
111951068

CLAIM ACCOUNT REF. 2173370012010712SUP

PRIOR AUTHORIZATION #  
122720054

CLAIM ACCOUNT REF. 2173360012011495SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	44	TOTAL CLAIM AMOUNT =	5,179.09
		# SERVICES =	9		

REPORT DATE 11/20/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112004361580RRSUP

PAGE:        4

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
217318	1	T1019		11/14/12	11/14/12	16.00	67.52
217318	2	T1019		11/15/12	11/15/12	16.00	67.52
217318	3	T1019		11/16/12	11/16/12	16.00	67.52
CLAIM TOTAL						202.56	CLAIM ACCOUNT REF. 2173180012008261SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
217325	1	T1019		10/30/12	10/30/12	24.00	101.28
217325	2	T1019		10/31/12	10/31/12	24.00	101.28
217325	3	T1019		11/01/12	11/01/12	24.00	101.28
217325	4	T1019		11/02/12	11/02/12	24.00	101.28
217325	5	T1019		11/03/12	11/03/12	24.00	101.28
217325	6	T1019		11/04/12	11/04/12	24.00	101.28
217325	7	T1019		11/05/12	11/05/12	24.00	101.28
217325	8	T1019		11/06/12	11/06/12	24.00	101.28
217325	9	T1019		11/07/12	11/07/12	24.00	101.28
217325	10	T1019		11/08/12	11/08/12	24.00	101.28
217325	11	T1019		11/09/12	11/09/12	24.00	101.28
217325	12	T1019		11/10/12	11/10/12	24.00	101.28
217325	13	T1019		11/11/12	11/11/12	24.00	101.28
217325	14	T1019		11/12/12	11/12/12	24.00	101.28
217325	15	T1019		11/13/12	11/13/12	24.00	101.28
217325	16	T1019		11/14/12	11/14/12	24.00	101.28
217325	17	T1019		11/15/12	11/15/12	24.00	101.28
217325	18	T1019		11/16/12	11/16/12	24.00	101.28
CLAIM TOTAL						1,823.04	CLAIM ACCOUNT REF. 2173250012008263SUP

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
217330	1	T1019		11/10/12	11/10/12	40.00	168.80
217330	2	T1019		11/11/12	11/11/12	40.00	168.80
217330	3	T1019		11/12/12	11/12/12	40.00	168.80
217330	4	T1019		11/14/12	11/14/12	40.00	168.80

REPORT DATE 11/20/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112004361580RRSUP

PAGE:        5

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
217330	5	T1019		11/15/12	11/15/12	40.00	168.80	
217330	6	T1019		11/16/12	11/16/12	40.00	168.80	
CLAIM TOTAL							1,012.80	CLAIM ACCOUNT REF. 2173300012008265SUP

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	
217332	1	T1019		10/26/12	10/26/12	24.00	101.28	
217332	2	T1019		11/10/12	11/10/12	16.00	67.52	
217332	3	T1019		11/11/12	11/11/12	16.00	67.52	
217332	4	T1019		11/12/12	11/12/12	24.00	101.28	
217332	5	T1019		11/13/12	11/13/12	24.00	101.28	
217332	6	T1019		11/14/12	11/14/12	24.00	101.28	
217332	7	T1019		11/15/12	11/15/12	24.00	101.28	
217332	8	T1019		11/16/12	11/16/12	24.00	101.28	
CLAIM TOTAL							742.72	CLAIM ACCOUNT REF. 2173320012008303SUP

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	
217321	1	T1019		11/13/12	11/13/12	4.00	16.88	
CLAIM TOTAL							16.88	CLAIM ACCOUNT REF. 2173210012008366SUP

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	
217316	1	T1019		11/10/12	11/10/12	28.00	118.16	
217316	2	T1019		11/13/12	11/13/12	28.00	118.16	
217316	3	T1019		11/14/12	11/14/12	28.00	118.16	
217316	4	T1019		11/15/12	11/15/12	28.00	118.16	
CLAIM TOTAL							472.64	CLAIM ACCOUNT REF. 2173160012008403SUP

REPORT DATE 11/20/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112004361580RRSUP

PAGE:        6

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    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
217327	1	T1019		11/12/12	11/12/12	24.00	101.28
217327	2	T1019		11/13/12	11/13/12	24.00	101.28
217327	3	T1019		11/14/12	11/14/12	24.00	101.28
217327	4	T1019		11/15/12	11/15/12	24.00	101.28
217327	5	T1019		11/16/12	11/16/12	24.00	101.28
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF.    2173270012008421SUP

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
217326	1	T1019		11/10/12	11/10/12	24.00	101.28
217326	2	T1019		11/13/12	11/13/12	24.00	101.28
217326	3	T1019		11/14/12	11/14/12	24.00	101.28
217326	4	T1019		11/15/12	11/15/12	24.00	101.28
217326	5	T1019		11/16/12	11/16/12	24.00	101.28
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF.    2173260012008422SUP

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
217331	1	T1019		11/13/12	11/13/12	16.00	67.52
CLAIM TOTAL							67.52

CLAIM ACCOUNT REF.    2173310012008425SUP

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
217319	1	T1019		11/07/12	11/07/12	40.00	168.80
217319	2	T1019		11/10/12	11/10/12	40.00	168.80
217319	3	T1019		11/11/12	11/11/12	40.00	168.80
217319	4	T1019		11/14/12	11/14/12	40.00	168.80
217319	5	T1019		11/15/12	11/15/12	40.00	168.80
217319	6	T1019		11/16/12	11/16/12	40.00	168.80
CLAIM TOTAL							1,012.80

CLAIM ACCOUNT REF.    2173190012008427SUP

REPORT DATE 11/20/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112004361580RRSUP

PAGE:        7

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    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
217329	1	T1019		11/12/12	11/12/12	16.00	67.52
217329	2	T1019		11/13/12	11/13/12	16.00	67.52
217329	3	T1019		11/14/12	11/14/12	16.00	67.52
217329	4	T1019		11/15/12	11/15/12	16.00	67.52
217329	5	T1019		11/16/12	11/16/12	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF.    2173290012008531SUP

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
217324	1	T1019		11/11/12	11/11/12	16.00	67.52
217324	2	T1019		11/12/12	11/12/12	28.00	118.16
217324	3	T1019		11/13/12	11/13/12	28.00	118.16
217324	4	T1019		11/14/12	11/14/12	28.00	118.16
217324	5	T1019		11/15/12	11/15/12	28.00	118.16
217324	6	T1019		11/16/12	11/16/12	28.00	118.16
CLAIM TOTAL							658.32

CLAIM ACCOUNT REF.    2173240012008742SUP

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
217317	1	T1019		11/12/12	11/12/12	16.00	67.52
217317	2	T1019		11/13/12	11/13/12	24.00	101.28
217317	3	T1019		11/14/12	11/14/12	24.00	101.28
217317	4	T1019		11/15/12	11/15/12	24.00	101.28
217317	5	T1019		11/16/12	11/16/12	24.00	101.28
CLAIM TOTAL							472.64

CLAIM ACCOUNT REF.    2173170012008802SUP

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
217322	1	T1019		11/12/12	11/12/12	28.00	118.16
217322	2	T1019		11/13/12	11/13/12	28.00	118.16

REPORT DATE 11/20/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112004361580RRSUP

PAGE:        8

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
217322	3	T1019		11/14/12	11/14/12	28.00	118.16	
217322	4	T1019		11/15/12	11/15/12	28.00	118.16	
217322	5	T1019		11/16/12	11/16/12	28.00	118.16	
					CLAIM TOTAL		590.80	CLAIM ACCOUNT REF. 2173220012009221SUP

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	
217323	1	T1019		11/10/12	11/10/12	48.00	202.56	
217323	2	T1019		11/11/12	11/11/12	48.00	202.56	
217323	3	T1019		11/12/12	11/12/12	48.00	202.56	
217323	4	T1019		11/13/12	11/13/12	48.00	202.56	
217323	5	T1019		11/14/12	11/14/12	48.00	202.56	
217323	6	T1019		11/15/12	11/15/12	48.00	202.56	
					CLAIM TOTAL		1,215.36	CLAIM ACCOUNT REF. 2173230012009356SUP

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	
217314	1	T1019		11/10/12	11/10/12	32.00	135.04	
217314	2	T1019		11/11/12	11/11/12	32.00	135.04	
217314	3	T1019		11/12/12	11/12/12	32.00	135.04	
217314	4	T1019		11/13/12	11/13/12	32.00	135.04	
217314	5	T1019		11/14/12	11/14/12	32.00	135.04	
217314	6	T1019		11/15/12	11/15/12	32.00	135.04	
					CLAIM TOTAL		810.24	CLAIM ACCOUNT REF. 2173140012010143SUP

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	
217328	1	T1019		11/12/12	11/12/12	20.00	84.40	
217328	2	T1019		11/13/12	11/13/12	20.00	84.40	
217328	3	T1019		11/14/12	11/14/12	20.00	84.40	
217328	4	T1019		11/15/12	11/15/12	20.00	84.40	
217328	5	T1019		11/16/12	11/16/12	20.00	84.40	
					CLAIM TOTAL		422.00	CLAIM ACCOUNT REF. 2173280012010353SUP



PAGE : 9

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	
217320	1	T1019		11/10/12	11/10/12	24.00	101.28	
217320	2	T1019		11/11/12	11/11/12	24.00	101.28	
217320	3	T1019		11/12/12	11/12/12	24.00	101.28	
217320	4	T1019		11/13/12	11/13/12	28.00	118.16	
217320	5	T1019		11/14/12	11/14/12	24.00	101.28	
217320	6	T1019		11/15/12	11/15/12	28.00	118.16	
217320	7	T1019		11/16/12	11/16/12	28.00	118.16	
					CLAIM TOTAL		759.60	CLAIM ACCOUNT REF. 2173200012010639SUP

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	
217315	1	T1019		11/12/12	11/12/12	36.00	151.92	
217315	2	T1019		11/13/12	11/13/12	36.00	151.92	
217315	3	T1019		11/14/12	11/14/12	36.00	151.92	
217315	4	T1019		11/15/12	11/15/12	36.00	151.92	
217315	5	T1019		11/16/12	11/16/12	36.00	151.92	
					CLAIM TOTAL		759.60	CLAIM ACCOUNT REF. 2173150012010878SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	107	TOTAL CLAIM AMOUNT =	12,389.92
		# SERVICES =	19		

REPORT DATE 11/20/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112004361580RRSUP

PAGE: 10

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	
217361	1	T1019		11/08/12	11/08/12	12.00	205.80	
217361	2	T1019		11/10/12	11/10/12	4.00	68.60	
217361	3	T1019		11/11/12	11/11/12	4.00	68.60	
217361	4	T1019		11/12/12	11/12/12	12.00	205.80	
217361	5	T1019		11/13/12	11/13/12	12.00	205.80	
217361	6	T1019		11/14/12	11/14/12	12.00	205.80	
217361	7	T1019		11/15/12	11/15/12	12.00	205.80	
217361	8	T1019		11/16/12	11/16/12	12.00	205.80	
CLAIM TOTAL						1,372.00		CLAIM ACCOUNT REF. 2173610012008233SUP

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	
217368	1	T1019		11/10/12	11/10/12	8.00	137.20	
217368	2	T1019		11/11/12	11/11/12	8.00	137.20	
217368	3	T1019		11/12/12	11/12/12	10.50	180.08	
217368	4	T1019		11/13/12	11/13/12	10.50	180.08	
217368	5	T1019		11/14/12	11/14/12	10.50	180.08	
217368	6	T1019		11/15/12	11/15/12	10.20	174.93	
217368	7	T1019		11/16/12	11/16/12	16.00	274.40	
CLAIM TOTAL						1,263.97		CLAIM ACCOUNT REF. 2173680012008236SUP

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	
217364	1	T1019		11/12/12	11/12/12	4.00	68.60	
217364	2	T1019		11/13/12	11/13/12	4.00	68.60	
217364	3	T1019		11/14/12	11/14/12	4.00	68.60	
217364	4	T1019		11/15/12	11/15/12	4.00	68.60	
217364	5	T1019		11/16/12	11/16/12	4.00	68.60	
CLAIM TOTAL						343.00		CLAIM ACCOUNT REF. 2173640012008237SUP

REPORT DATE 11/20/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112004361580RRSUP

PAGE: 11

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

NPI = 1154407492

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
217360	1	T1019		11/10/12	11/10/12	3.00	51.45
217360	2	T1019		11/11/12	11/11/12	3.00	51.45
217360	3	T1019		11/13/12	11/13/12	5.00	85.75
217360	4	T1019		11/14/12	11/14/12	5.00	85.75
217360	5	T1019		11/15/12	11/15/12	4.00	68.60
217360	6	T1019		11/16/12	11/16/12	5.00	85.75
CLAIM TOTAL							428.75
CLAIM ACCOUNT REF.							2173600012008284SUP

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
217366	1	T1019		11/12/12	11/12/12	8.00	137.20
217366	2	T1019		11/13/12	11/13/12	8.00	137.20
217366	3	T1019		11/14/12	11/14/12	8.00	137.20
217366	4	T1019		11/15/12	11/15/12	8.00	137.20
217366	5	T1019		11/16/12	11/16/12	8.00	137.20
CLAIM TOTAL							686.00
CLAIM ACCOUNT REF.							2173660012008385SUP

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
217365	1	T1019		11/10/12	11/10/12	5.00	85.75
217365	2	T1019		11/11/12	11/11/12	5.00	85.75
217365	3	T1019		11/12/12	11/12/12	5.00	85.75
217365	4	T1019		11/13/12	11/13/12	5.00	85.75
217365	5	T1019		11/14/12	11/14/12	5.00	85.75
217365	6	T1019		11/15/12	11/15/12	5.00	85.75
217365	7	T1019		11/16/12	11/16/12	5.00	85.75
CLAIM TOTAL							600.25
CLAIM ACCOUNT REF.							2173650012008417SUP

REPORT DATE 11/20/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112004361580RRSUP

PAGE: 12

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
217370	1	T1019		11/12/12	11/12/12	8.00	137.20
217370	2	T1019		11/13/12	11/13/12	8.00	137.20
217370	3	T1019		11/14/12	11/14/12	8.00	137.20
217370	4	T1019		11/15/12	11/15/12	8.00	137.20
217370	5	T1019		11/16/12	11/16/12	8.00	137.20
CLAIM TOTAL							686.00
CLAIM ACCOUNT REF.							2173700012008418SUP

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
217362	1	T1019		11/10/12	11/10/12	10.00	171.50
217362	2	T1019		11/11/12	11/11/12	10.00	171.50
217362	3	T1019		11/12/12	11/12/12	10.00	171.50
217362	4	T1019		11/13/12	11/13/12	10.00	171.50
217362	5	T1019		11/14/12	11/14/12	10.00	171.50
217362	6	T1019		11/15/12	11/15/12	10.00	171.50
217362	7	T1019		11/16/12	11/16/12	10.00	171.50
CLAIM TOTAL							1,200.50
CLAIM ACCOUNT REF.							2173620012008743SUP

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
217371	1	T1019		11/10/12	11/10/12	5.00	85.75
217371	2	T1019		11/11/12	11/11/12	5.00	85.75
CLAIM TOTAL							171.50
CLAIM ACCOUNT REF.							2173710012009377SUP

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
217369	1	T1019		11/10/12	11/10/12	8.00	137.20
217369	2	T1019		11/12/12	11/12/12	3.00	51.45
217369	3	T1019		11/13/12	11/13/12	3.00	51.45
217369	4	T1019		11/14/12	11/14/12	3.00	51.45

REPORT DATE 11/20/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112004361580RRSUP

PAGE: 13

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

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
217369	5	T1019		11/15/12	11/15/12	3.00	51.45	
217369	6	T1019		11/16/12	11/16/12	3.00	51.45	
					CLAIM TOTAL		394.45	CLAIM ACCOUNT REF. 2173690012009688SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008280	2009919	SHUMON, NUK-FNU	01/21/1981	QQ82218A	0108151290153
DIAGNOSIS	CODES:	952.9	344.1	564.00	599.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
217372	1	T1019		11/11/12	11/11/12	4.00	68.60	
217372	2	T1019		11/12/12	11/12/12	4.00	68.60	
					CLAIM TOTAL		137.20	CLAIM ACCOUNT REF. 2173720012009919SUP

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	
217373	1	T1019		11/12/12	11/12/12	8.00	137.20	
217373	2	T1019		11/13/12	11/13/12	8.00	137.20	
217373	3	T1019		11/14/12	11/14/12	8.00	137.20	
217373	4	T1019		11/15/12	11/15/12	8.00	137.20	
217373	5	T1019		11/16/12	11/16/12	8.00	137.20	
					CLAIM TOTAL		686.00	CLAIM ACCOUNT REF. 2173730012010213SUP

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	
217367	1	T1019		11/07/12	11/07/12	3.00	51.45	
217367	2	T1019		11/09/12	11/09/12	3.00	51.45	
217367	3	T1019		11/12/12	11/12/12	3.00	51.45	
217367	4	T1019		11/13/12	11/13/12	3.00	51.45	
217367	5	T1019		11/14/12	11/14/12	3.00	51.45	
217367	6	T1019		11/15/12	11/15/12	3.00	51.45	
217367	7	T1019		11/16/12	11/16/12	3.00	51.45	
					CLAIM TOTAL		360.15	CLAIM ACCOUNT REF. 2173670012010886SUP

PAGE: 14

NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
1	1	1	1	1	1	1	1

BIRTH DATE

RECIPIENT ID

PRIOR AUTHORIZATION #

02/05/1953

7A50099X

0109041290009

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
217363	1	T1019		11/10/12	11/10/12	23.00	394.45
217363	2	T1019		11/11/12	11/11/12	18.00	308.70
217363	3	T1019		11/12/12	11/12/12	24.00	411.60
217363	4	T1019		11/13/12	11/13/12	24.00	411.60
217363	5	T1019		11/14/12	11/14/12	24.00	411.60
217363	6	T1019		11/15/12	11/15/12	24.00	411.60
217363	7	T1019		11/16/12	11/16/12	24.00	411.60

CLAIM TOTAL	2,761.15	CLAIM ACCOUNT REF.	2173630012011286SUP
-------------	----------	--------------------	---------------------

PAYER TOTALS:	METROPLIUS HEALTH PLAN	# OF CLAIMS =	79	TOTAL CLAIM AMOUNT =	11,090.92
---------------	------------------------	---------------	----	----------------------	-----------

```
# OF CLAIMS      =      75
# SERVICES       =      14
```

REPORT DATE 11/20/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112004361580RRSUP

PAGE: 15

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
217376	1	T1019		10/29/12	10/29/12	36.00	154.80
217376	2	T1019		11/10/12	11/10/12	36.00	154.80
217376	3	T1019		11/11/12	11/11/12	36.00	154.80
217376	4	T1019		11/12/12	11/12/12	36.00	154.80
217376	5	T1019		11/13/12	11/13/12	36.00	154.80
217376	6	T1019		11/14/12	11/14/12	36.00	154.80
217376	7	T1019		11/15/12	11/15/12	36.00	154.80
217376	8	T1019		11/16/12	11/16/12	36.00	154.80
CLAIM TOTAL						1,238.40	CLAIM ACCOUNT REF. 2173760012008286SUP

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
217375	1	T1019		11/10/12	11/10/12	24.00	103.20
217375	2	T1019		11/11/12	11/11/12	24.00	103.20
217375	3	T1019		11/12/12	11/12/12	24.00	103.20
217375	4	T1019		11/13/12	11/13/12	24.00	103.20
217375	5	T1019		11/14/12	11/14/12	24.00	103.20
217375	6	T1019		11/15/12	11/15/12	24.00	103.20
217375	7	T1019		11/16/12	11/16/12	24.00	103.20
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2173750012008495SUP

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
217374	1	T1019		11/10/12	11/10/12	28.00	120.40
217374	2	T1019		11/11/12	11/11/12	28.00	120.40
217374	3	T1019		11/12/12	11/12/12	28.00	120.40
217374	4	T1019		11/13/12	11/13/12	28.00	120.40
217374	5	T1019		11/14/12	11/14/12	28.00	120.40
217374	6	T1019		11/15/12	11/15/12	28.00	120.40
217374	7	T1019		11/16/12	11/16/12	28.00	120.40
CLAIM TOTAL						842.80	CLAIM ACCOUNT REF. 2173740012010404SUP

REPORT DATE 11/20/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112004361580RRSUP

PAGE:    16

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

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	22	TOTAL CLAIM AMOUNT =	2,803.60
		# SERVICES =	3		



REPORT DATE 11/20/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112004361580RRSUP

PAGE: 17

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
217356	1	T1019	0580	11/12/12	11/12/12	40.00	168.80
217356	2	T1019	0580	11/13/12	11/13/12	40.00	168.80
217356	3	T1019	0580	11/14/12	11/14/12	40.00	168.80
217356	4	T1019	0580	11/15/12	11/15/12	40.00	168.80
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2173560012008491SUP

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
217359	1	T1019	0580	11/12/12	11/12/12	16.00	67.52
217359	2	T1019	0580	11/13/12	11/13/12	16.00	67.52
217359	3	T1019	0580	11/14/12	11/14/12	16.00	67.52
217359	4	T1019	0580	11/15/12	11/15/12	16.00	67.52
217359	5	T1019	0580	11/16/12	11/16/12	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2173590012008513SUP

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
217357	1	T1019	0580	11/10/12	11/10/12	20.00	84.40
217357	2	T1019	0580	11/11/12	11/11/12	20.00	84.40
217357	3	T1019	0580	11/12/12	11/12/12	20.00	84.40
217357	4	T1019	0580	11/13/12	11/13/12	20.00	84.40
217357	5	T1019	0580	11/14/12	11/14/12	20.00	84.40
217357	6	T1019	0580	11/15/12	11/15/12	20.00	84.40
217357	7	T1019	0580	11/16/12	11/16/12	20.00	84.40
CLAIM TOTAL							590.80
CLAIM ACCOUNT REF.							2173570012008544SUP

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
217346	1	T1019	0580	11/06/12	11/06/12	48.00	168.00
217346	2	T1019	0580	11/07/12	11/07/12	48.00	168.00

REPORT DATE 11/20/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112004361580RRSUP

PAGE: 18

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
217346	3	T1019	0580	11/10/12	11/10/12	48.00	168.00
217346	4	T1019	0580	11/11/12	11/11/12	48.00	168.00
217346	5	T1019	0580	11/12/12	11/12/12	48.00	168.00
217346	6	T1019	0580	11/13/12	11/13/12	48.00	168.00
217346	7	T1019	0580	11/14/12	11/14/12	48.00	168.00
217346	8	T1019	0580	11/15/12	11/15/12	48.00	168.00
217346	9	T1019	0580	11/16/12	11/16/12	48.00	168.00
CLAIM TOTAL							1,512.00
CLAIM ACCOUNT REF.							2173460012008793SUP

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
217353	1	T1019	0580	11/12/12	11/12/12	32.00	112.00
217353	2	T1019	0580	11/13/12	11/13/12	32.00	112.00
217353	3	T1019	0580	11/14/12	11/14/12	32.00	112.00
217353	4	T1019	0580	11/15/12	11/15/12	32.00	112.00
217353	5	T1019	0580	11/16/12	11/16/12	32.00	112.00
CLAIM TOTAL							560.00
CLAIM ACCOUNT REF.							2173530012009237SUP

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
217358	1	T1019	0580	11/16/12	11/16/12	20.00	84.40
CLAIM TOTAL							84.40
CLAIM ACCOUNT REF.							2173580012009269SUP

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
217354	1	T1019	0580	11/13/12	11/13/12	16.00	67.52
217354	2	T1019	0580	11/14/12	11/14/12	16.00	67.52
217354	3	T1019	0580	11/15/12	11/15/12	16.00	67.52
217354	4	T1019	0580	11/16/12	11/16/12	12.00	50.64
CLAIM TOTAL							253.20
CLAIM ACCOUNT REF.							2173540012009406SUP

REPORT DATE 11/20/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112004361580RRSUP

PAGE: 19

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
217355	1	T1019	0580	11/14/12	11/14/12	40.00	168.80
217355	2	T1019	0580	11/15/12	11/15/12	40.00	168.80
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2173550012009562SUP

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
217349	1	T1019	0580	11/12/12	11/12/12	16.00	56.00
217349	2	T1019	0580	11/13/12	11/13/12	16.00	56.00
217349	3	T1019	0580	11/14/12	11/14/12	16.00	56.00
217349	4	T1019	0580	11/15/12	11/15/12	16.00	56.00
217349	5	T1019	0580	11/16/12	11/16/12	16.00	56.00
CLAIM TOTAL							280.00

CLAIM ACCOUNT REF. 2173490012009686SUP

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
217351	1	T1019	0580	11/10/12	11/10/12	28.00	98.00
217351	2	T1019	0580	11/11/12	11/11/12	28.00	98.00
217351	3	T1019	0580	11/12/12	11/12/12	28.00	98.00
217351	4	T1019	0580	11/13/12	11/13/12	28.00	98.00
217351	5	T1019	0580	11/14/12	11/14/12	28.00	98.00
217351	6	T1019	0580	11/15/12	11/15/12	28.00	98.00
217351	7	T1019	0580	11/16/12	11/16/12	28.00	98.00
CLAIM TOTAL							686.00

CLAIM ACCOUNT REF. 2173510012009945SUP

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
217345	1	T1019	0580	11/12/12	11/12/12	19.00	66.50
217345	2	T1019	0580	11/13/12	11/13/12	24.00	84.00
217345	3	T1019	0580	11/14/12	11/14/12	20.00	70.00
217345	4	T1019	0580	11/15/12	11/15/12	20.00	70.00

REPORT DATE 11/20/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112004361580RRSUP

PAGE:    20

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
217345	5	T1019	0580	11/16/12	11/16/12	20.00	70.00
CLAIM TOTAL							360.50
CLAIM ACCOUNT REF.							2173450012010293SUP

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
217352	1	T1019	0580	11/10/12	11/10/12	48.00	168.00
217352	2	T1019	0580	11/11/12	11/11/12	48.00	168.00
217352	3	T1019	0580	11/12/12	11/12/12	48.00	168.00
217352	4	T1019	0580	11/13/12	11/13/12	47.00	164.50
217352	5	T1019	0580	11/14/12	11/14/12	48.00	168.00
217352	6	T1019	0580	11/15/12	11/15/12	48.00	168.00
217352	7	T1019	0580	11/16/12	11/16/12	48.00	168.00
CLAIM TOTAL							1,172.50
CLAIM ACCOUNT REF.							2173520012010316SUP

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
217350	1	T1019	0580	11/07/12	11/07/12	36.00	126.00
217350	2	T1019	0580	11/08/12	11/08/12	36.00	126.00
217350	3	T1019	0580	11/09/12	11/09/12	36.00	126.00
217350	4	T1019	0580	11/10/12	11/10/12	36.00	126.00
217350	5	T1019	0580	11/11/12	11/11/12	36.00	126.00
217350	6	T1019	0580	11/13/12	11/13/12	36.00	126.00
217350	7	T1019	0580	11/14/12	11/14/12	36.00	126.00
217350	8	T1019	0580	11/15/12	11/15/12	36.00	126.00
217350	9	T1019	0580	11/16/12	11/16/12	34.00	119.00
CLAIM TOTAL							1,127.00
CLAIM ACCOUNT REF.							2173500012010991SUP

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
217347	1	G0156	0572	11/10/12	11/10/12	7.00	99.75
217347	2	G0156	0572	11/11/12	11/11/12	7.00	99.75
217347	3	G0156	0572	11/12/12	11/12/12	7.00	99.75
217347	4	G0156	0572	11/13/12	11/13/12	7.00	99.75
217347	5	G0156	0572	11/14/12	11/14/12	7.00	99.75

REPORT DATE 11/20/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112004361580RRSUP

PAGE: 21

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	
217347	6	G0156	0572	11/15/12	11/15/12	7.00	99.75	
217347	7	G0156	0572	11/16/12	11/16/12	7.00	99.75	
					CLAIM TOTAL		698.25	CLAIM ACCOUNT REF. 2173470012011066SUP

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	
217348	1	G0156	0572	11/10/12	11/10/12	12.00	171.00	
217348	2	G0156	0572	11/11/12	11/11/12	12.00	171.00	
217348	3	G0156	0572	11/12/12	11/12/12	12.00	171.00	
217348	4	G0156	0572	11/13/12	11/13/12	12.00	171.00	
217348	5	G0156	0572	11/14/12	11/14/12	12.00	171.00	
217348	6	G0156	0572	11/15/12	11/15/12	12.00	171.00	
217348	7	G0156	0572	11/16/12	11/16/12	12.00	171.00	
					CLAIM TOTAL		1,197.00	CLAIM ACCOUNT REF. 2173480012011526SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	84	TOTAL CLAIM AMOUNT =	9,872.05
		# SERVICES =	15		

PAGE: 22

NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2173890012010958SUP

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

REPORT DATE 11/20/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112004361580RRSUP

PAGE: 23

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
217305	1	T1019		11/10/12	11/10/12	12.00	50.64
217305	2	T1019		11/11/12	11/11/12	12.00	50.64
217305	3	T1019		11/12/12	11/12/12	12.00	50.64
217305	4	T1019		11/13/12	11/13/12	12.00	50.64
217305	5	T1019		11/14/12	11/14/12	12.00	50.64
217305	6	T1019		11/15/12	11/15/12	12.00	50.64
217305	7	T1019		11/16/12	11/16/12	12.00	50.64
CLAIM TOTAL							354.48
CLAIM ACCOUNT REF.							2173050012008246SUP

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
217306	1	T1019		11/10/12	11/10/12	12.00	50.64
217306	2	T1019		11/11/12	11/11/12	12.00	50.64
217306	3	T1019		11/12/12	11/12/12	12.00	50.64
217306	4	T1019		11/13/12	11/13/12	12.00	50.64
217306	5	T1019		11/14/12	11/14/12	12.00	50.64
217306	6	T1019		11/15/12	11/15/12	12.00	50.64
217306	7	T1019		11/16/12	11/16/12	12.00	50.64
CLAIM TOTAL							354.48
CLAIM ACCOUNT REF.							2173060012008248SUP

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
217301	1	T1019		11/10/12	11/10/12	44.00	185.68
217301	2	T1019		11/11/12	11/11/12	44.00	185.68
217301	3	T1019		11/12/12	11/12/12	44.00	185.68
217301	4	T1019		11/13/12	11/13/12	44.00	185.68
217301	5	T1019		11/14/12	11/14/12	44.00	185.68
217301	6	T1019		11/15/12	11/15/12	44.00	185.68
217301	7	T1019		11/16/12	11/16/12	44.00	185.68
CLAIM TOTAL							1,299.76
CLAIM ACCOUNT REF.							2173010012008249SUP

REPORT DATE 11/20/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112004361580RRSUP

PAGE:    24

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
217308	1	T1019		11/10/12	11/10/12	32.00	135.04
217308	2	T1019		11/11/12	11/11/12	32.00	135.04
217308	3	T1019		11/12/12	11/12/12	32.00	135.04
217308	4	T1019		11/13/12	11/13/12	32.00	135.04
217308	5	T1019		11/14/12	11/14/12	32.00	135.04
217308	6	T1019		11/15/12	11/15/12	32.00	135.04
217308	7	T1019		11/16/12	11/16/12	32.00	135.04
CLAIM TOTAL							945.28
							CLAIM ACCOUNT REF.    2173080012008250SUP

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
217287	1	T1019		11/09/12	11/09/12	32.00	135.04
217287	2	T1019		11/12/12	11/12/12	32.00	135.04
217287	3	T1019		11/13/12	11/13/12	32.00	135.04
217287	4	T1019		11/14/12	11/14/12	32.00	135.04
217287	5	T1019		11/15/12	11/15/12	32.00	135.04
217287	6	T1019		11/16/12	11/16/12	32.00	135.04
CLAIM TOTAL							810.24
							CLAIM ACCOUNT REF.    2172870012008251SUP

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
217302	1	T1019		11/10/12	11/10/12	48.00	202.56
217302	2	T1019		11/11/12	11/11/12	48.00	202.56
217302	3	T1019		11/12/12	11/12/12	48.00	202.56
217302	4	T1019		11/13/12	11/13/12	48.00	202.56
217302	5	T1019		11/14/12	11/14/12	48.00	202.56
217302	6	T1019		11/15/12	11/15/12	48.00	202.56
217302	7	T1019		11/16/12	11/16/12	48.00	202.56
CLAIM TOTAL							1,417.92
							CLAIM ACCOUNT REF.    2173020012008253SUP



REPORT DATE 11/20/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112004361580RRSUP

PAGE: 25

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 R2061243  
DIAGNOSIS CODES: 250.00 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
217310	1	T1019		11/12/12	11/12/12	20.00	84.40
217310	2	T1019		11/13/12	11/13/12	20.00	84.40
217310	3	T1019		11/14/12	11/14/12	20.00	84.40
217310	4	T1019		11/16/12	11/16/12	20.00	84.40
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2173100012008254SUP

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
217285	1	T1019		11/12/12	11/12/12	32.00	135.04
217285	2	T1019		11/13/12	11/13/12	32.00	135.04
217285	3	T1019		11/14/12	11/14/12	32.00	135.04
217285	4	T1019		11/15/12	11/15/12	32.00	135.04
217285	5	T1019		11/16/12	11/16/12	32.00	135.04
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2172850012008256SUP

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
217292	1	T1019		11/10/12	11/10/12	24.00	101.28
217292	2	T1019		11/11/12	11/11/12	24.00	101.28
217292	3	T1019		11/12/12	11/12/12	24.00	101.28
217292	4	T1019		11/13/12	11/13/12	24.00	101.28
217292	5	T1019		11/14/12	11/14/12	24.00	101.28
217292	6	T1019		11/15/12	11/15/12	24.00	101.28
217292	7	T1019		11/16/12	11/16/12	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2172920012008257SUP

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
217309	1	T1019		11/12/12	11/12/12	32.00	135.04
217309	2	T1019		11/13/12	11/13/12	32.00	135.04

REPORT DATE 11/20/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112004361580RRSUP

PAGE: 26

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
217309	3	T1019		11/14/12	11/14/12	32.00	135.04	
217309	4	T1019		11/15/12	11/15/12	32.00	135.04	
217309	5	T1019		11/16/12	11/16/12	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2173090012008290SUP

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	
217303	1	T1019		11/12/12	11/12/12	16.00	67.52	
217303	2	T1019		11/14/12	11/14/12	16.00	67.52	
217303	3	T1019		11/16/12	11/16/12	16.00	67.52	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2173030012008297SUP

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	
217294	1	T1019		11/10/12	11/10/12	28.00	118.16	
217294	2	T1019		11/11/12	11/11/12	28.00	118.16	
217294	3	T1019		11/12/12	11/12/12	28.00	118.16	
217294	4	T1019		11/14/12	11/14/12	28.00	118.16	
217294	5	T1019		11/16/12	11/16/12	28.00	118.16	
					CLAIM TOTAL		590.80	CLAIM ACCOUNT REF. 2172940012008362SUP

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	
217307	1	T1019		11/12/12	11/12/12	16.00	67.52	
217307	2	T1019		11/13/12	11/13/12	16.00	67.52	
217307	3	T1019		11/14/12	11/14/12	16.00	67.52	
217307	4	T1019		11/15/12	11/15/12	16.00	67.52	
217307	5	T1019		11/16/12	11/16/12	16.00	67.52	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2173070012008368SUP

REPORT DATE 11/20/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112004361580RRSUP

PAGE: 27

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
217295	1	T1019		11/10/12	11/10/12	32.00	135.04
217295	2	T1019		11/11/12	11/11/12	32.00	135.04
217295	3	T1019		11/12/12	11/12/12	32.00	135.04
217295	4	T1019		11/13/12	11/13/12	32.00	135.04
217295	5	T1019		11/14/12	11/14/12	32.00	135.04
217295	6	T1019		11/15/12	11/15/12	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2172950012008411SUP

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
217298	1	T1019		11/10/12	11/10/12	28.00	118.16
217298	2	T1019		11/11/12	11/11/12	28.00	118.16
217298	3	T1019		11/13/12	11/13/12	28.00	118.16
217298	4	T1019		11/14/12	11/14/12	28.00	118.16
217298	5	T1019		11/15/12	11/15/12	28.00	118.16
217298	6	T1019		11/16/12	11/16/12	28.00	118.16
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2172980012008428SUP

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
217282	1	T1019		11/10/12	11/10/12	32.00	135.04
217282	2	T1019		11/11/12	11/11/12	32.00	135.04
217282	3	T1019		11/12/12	11/12/12	32.00	135.04
217282	4	T1019		11/13/12	11/13/12	32.00	135.04
217282	5	T1019		11/14/12	11/14/12	32.00	135.04
217282	6	T1019		11/16/12	11/16/12	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2172820012008433SUP

REPORT DATE 11/20/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112004361580RRSUP

PAGE:    28

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
217281	1	T1019		11/10/12	11/10/12	16.00	67.52
217281	2	T1019		11/11/12	11/11/12	16.00	67.52
217281	3	T1019		11/12/12	11/12/12	16.00	67.52
217281	4	T1019		11/13/12	11/13/12	16.00	67.52
217281	5	T1019		11/14/12	11/14/12	16.00	67.52
217281	6	T1019		11/15/12	11/15/12	16.00	67.52
217281	7	T1019		11/16/12	11/16/12	16.00	67.52
CLAIM TOTAL							472.64
							CLAIM ACCOUNT REF.    2172810012008487SUP

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
217312	1	T1019		11/10/12	11/10/12	48.00	202.56
217312	2	T1019		11/11/12	11/11/12	48.00	202.56
217312	3	T1019		11/12/12	11/12/12	48.00	202.56
217312	4	T1019		11/13/12	11/13/12	48.00	202.56
217312	5	T1019		11/14/12	11/14/12	48.00	202.56
217312	6	T1019		11/15/12	11/15/12	24.00	101.28
217312	7	T1019		11/16/12	11/16/12	48.00	202.56
CLAIM TOTAL							1,316.64
							CLAIM ACCOUNT REF.    2173120012008558SUP

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
217291	1	T1019		11/10/12	11/10/12	16.00	67.52
217291	2	T1019		11/11/12	11/11/12	16.00	67.52
217291	3	T1019		11/12/12	11/12/12	24.00	101.28
217291	4	T1019		11/13/12	11/13/12	24.00	101.28
217291	5	T1019		11/14/12	11/14/12	24.00	101.28
217291	6	T1019		11/15/12	11/15/12	24.00	101.28
217291	7	T1019		11/16/12	11/16/12	24.00	101.28
CLAIM TOTAL							641.44
							CLAIM ACCOUNT REF.    2172910012008571SUP

REPORT DATE 11/20/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112004361580RRSUP

PAGE:    29

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    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
217293	1	T1019		11/12/12	11/12/12	20.00	84.40
217293	2	T1019		11/14/12	11/14/12	20.00	84.40
217293	3	T1019		11/16/12	11/16/12	20.00	84.40
CLAIM TOTAL							253.20
CLAIM ACCOUNT REF.							2172930012009001SUP

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
217288	1	T1019		11/04/12	11/04/12	20.00	84.40
217288	2	T1019		11/09/12	11/09/12	20.00	84.40
217288	3	T1019		11/11/12	11/11/12	20.00	84.40
217288	4	T1019		11/12/12	11/12/12	20.00	84.40
217288	5	T1019		11/13/12	11/13/12	20.00	84.40
217288	6	T1019		11/14/12	11/14/12	20.00	84.40
217288	7	T1019		11/15/12	11/15/12	20.00	84.40
217288	8	T1019		11/16/12	11/16/12	20.00	84.40
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2172880012009256SUP

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
217286	1	T1019		11/10/12	11/10/12	32.00	135.04
217286	2	T1019		11/12/12	11/12/12	32.00	135.04
217286	3	T1019		11/13/12	11/13/12	32.00	135.04
217286	4	T1019		11/14/12	11/14/12	32.00	135.04
217286	5	T1019		11/15/12	11/15/12	32.00	135.04
217286	6	T1019		11/16/12	11/16/12	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2172860012009270SUP

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
217289	1	T1019		11/12/12	11/12/12	24.00	101.28

REPORT DATE 11/20/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112004361580RRSUP

PAGE: 30

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
217289	2	T1019		11/13/12	11/13/12	24.00	101.28	
217289	3	T1019		11/14/12	11/14/12	24.00	101.28	
217289	4	T1019		11/15/12	11/15/12	24.00	101.28	
217289	5	T1019		11/16/12	11/16/12	24.00	101.28	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2172890012009405SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2009425	2009425	FRIAS, BARBARA	04/01/1954	YQ10410R	R1869904
DIAGNOSIS	CODES:	785.9	V44.2			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
217296	1	T1019		10/08/12	10/08/12	16.00	67.52	
217296	2	T1019		11/09/12	11/09/12	4.00	16.88	
					CLAIM TOTAL		84.40	CLAIM ACCOUNT REF. 2172960012009425SUP

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	
217283	1	T1019		11/10/12	11/10/12	24.00	101.28	
217283	2	T1019		11/11/12	11/11/12	24.00	101.28	
217283	3	T1019		11/12/12	11/12/12	24.00	101.28	
217283	4	T1019		11/13/12	11/13/12	24.00	101.28	
217283	5	T1019		11/14/12	11/14/12	24.00	101.28	
217283	6	T1019		11/15/12	11/15/12	24.00	101.28	
217283	7	T1019		11/16/12	11/16/12	24.00	101.28	
					CLAIM TOTAL		708.96	CLAIM ACCOUNT REF. 2172830012009560SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
217300	1	T1020		11/10/12	11/10/12	7.00	118.16	
217300	2	T1020		11/11/12	11/11/12	7.00	118.16	
217300	3	T1020		11/12/12	11/12/12	7.00	118.16	
217300	4	T1020		11/13/12	11/13/12	7.00	118.16	
217300	5	T1020		11/14/12	11/14/12	7.00	118.16	
217300	6	T1020		11/15/12	11/15/12	7.00	118.16	
217300	7	T1020		11/16/12	11/16/12	7.00	118.16	
					CLAIM TOTAL		827.12	CLAIM ACCOUNT REF. 2173000012010311SUP

REPORT DATE 11/20/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112004361580RRSUP

PAGE: 31

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 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
217313	1	T1019		11/10/12	11/10/12	20.00	84.40
217313	2	T1019		11/11/12	11/11/12	20.00	84.40
217313	3	T1019		11/15/12	11/15/12	20.00	84.40
217313	4	T1019		11/16/12	11/16/12	20.00	84.40
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2173130012010758SUP

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
217299	1	T1019		11/10/12	11/10/12	32.00	135.04
217299	2	T1019		11/12/12	11/12/12	32.00	135.04
217299	3	T1019		11/13/12	11/13/12	32.00	135.04
217299	4	T1019		11/14/12	11/14/12	32.00	135.04
217299	5	T1019		11/15/12	11/15/12	32.00	135.04
217299	6	T1019		11/16/12	11/16/12	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2172990012010967SUP

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
217290	1	T1019		11/10/12	11/10/12	40.00	168.80
217290	2	T1019		11/11/12	11/11/12	40.00	168.80
217290	3	T1019		11/12/12	11/12/12	40.00	168.80
217290	4	T1019		11/13/12	11/13/12	40.00	168.80
217290	5	T1019		11/14/12	11/14/12	40.00	168.80
217290	6	T1019		11/15/12	11/15/12	40.00	168.80
217290	7	T1019		11/16/12	11/16/12	40.00	168.80
CLAIM TOTAL							1,181.60
CLAIM ACCOUNT REF.							2172900012011058SUP

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
217304	1	T1020		11/10/12	11/10/12	12.00	202.56

REPORT DATE 11/20/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112004361580RRSUP

PAGE:    32

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
217304	2	T1020		11/11/12	11/11/12	12.00	202.56	
217304	3	T1020		11/12/12	11/12/12	12.00	202.56	
217304	4	T1020		11/13/12	11/13/12	12.00	202.56	
217304	5	T1020		11/14/12	11/14/12	12.00	202.56	
217304	6	T1020		11/15/12	11/15/12	12.00	202.56	
217304	7	T1020		11/16/12	11/16/12	12.00	202.56	
				CLAIM TOTAL			1,417.92	CLAIM ACCOUNT REF. 2173040012011388SUP

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	
217284	1	T1019		11/12/12	11/12/12	40.00	168.80	
217284	2	T1019		11/13/12	11/13/12	40.00	168.80	
217284	3	T1019		11/14/12	11/14/12	40.00	168.80	
217284	4	T1019		11/15/12	11/15/12	40.00	168.80	
217284	5	T1019		11/16/12	11/16/12	40.00	168.80	
				CLAIM TOTAL			844.00	CLAIM ACCOUNT REF. 2172840012011528SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011635	2011635	GARCIA, LEONARDO	03/22/2000	2011635	
DIAGNOSIS	CODES:	799.89				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
217297	1	T1019		11/03/12	11/03/12	32.00	135.04	
217297	2	T1019		11/05/12	11/05/12	20.00	84.40	
217297	3	T1019		11/06/12	11/06/12	20.00	84.40	
217297	4	T1019		11/07/12	11/07/12	20.00	84.40	
217297	5	T1019		11/08/12	11/08/12	20.00	84.40	
217297	6	T1019		11/09/12	11/09/12	20.00	84.40	
217297	7	T1019		11/10/12	11/10/12	32.00	135.04	
217297	8	T1019		11/12/12	11/12/12	20.00	84.40	
217297	9	T1019		11/13/12	11/13/12	20.00	84.40	
217297	10	T1019		11/14/12	11/14/12	20.00	84.40	
217297	11	T1019		11/15/12	11/15/12	20.00	84.40	
217297	12	T1019		11/16/12	11/16/12	20.00	84.40	
				CLAIM TOTAL			1,114.08	CLAIM ACCOUNT REF. 2172970012011635SUP



REPORT DATE 11/20/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112004361580RRSUP

PAGE:    33

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    2008405    2011820    ST ROMAIN, CLAUDE                      10/01/1956    UZ14868C                      R2050170  
DIAGNOSIS CODES:    952.9                      344.9                      596.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
217311	1	T1019		11/09/12	11/09/12	40.00	168.80	
217311	2	T1019		11/13/12	11/13/12	40.00	168.80	
217311	3	T1019		11/14/12	11/14/12	40.00	168.80	
217311	4	T1019		11/16/12	11/16/12	40.00	168.80	
					CLAIM TOTAL	675.20		CLAIM ACCOUNT REF.    2173110012011820SUP

PAYER TOTALS:                      HEALTHFIRST PHSP                      # OF CLAIMS =                      197    TOTAL CLAIM AMOUNT =                      23,716.40  
# SERVICES =                      33

REPORT DATE 11/20/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112004361580RRSUP

PAGE: 34

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
217342	1	T1019		11/10/12	11/10/12	40.00	171.60
217342	2	T1019		11/11/12	11/11/12	40.00	171.60
217342	3	T1019		11/12/12	11/12/12	40.00	171.60
217342	4	T1019		11/13/12	11/13/12	40.00	171.60
217342	5	T1019		11/14/12	11/14/12	40.00	171.60
217342	6	T1019		11/15/12	11/15/12	40.00	171.60
217342	7	T1019		11/16/12	11/16/12	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2173420012008245SUP

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
217343	1	T1019		11/10/12	11/10/12	16.00	68.64
217343	2	T1019		11/11/12	11/11/12	16.00	68.64
217343	3	T1019		11/12/12	11/12/12	36.00	154.44
217343	4	T1019		11/13/12	11/13/12	36.00	154.44
217343	5	T1019		11/14/12	11/14/12	36.00	154.44
217343	6	T1019		11/15/12	11/15/12	36.00	154.44
217343	7	T1019		11/16/12	11/16/12	36.00	154.44
CLAIM TOTAL						909.48	CLAIM ACCOUNT REF. 2173430012008287SUP

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
217344	1	T1019		11/10/12	11/10/12	32.00	137.28
217344	2	T1019		11/11/12	11/11/12	32.00	137.28
217344	3	T1019		11/12/12	11/12/12	32.00	137.28
217344	4	T1019		11/13/12	11/13/12	32.00	137.28
217344	5	T1019		11/14/12	11/14/12	32.00	137.28
217344	6	T1019		11/15/12	11/15/12	32.00	137.28
217344	7	T1019		11/16/12	11/16/12	32.00	137.28
CLAIM TOTAL						960.96	CLAIM ACCOUNT REF. 2173440012008401SUP

REPORT DATE 11/20/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112004361580RRSUP

PAGE:    35

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

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	21	TOTAL CLAIM AMOUNT =	3,071.64
		# SERVICES =	3		

REPORT DATE 11/20/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112004361580RRSUP

PAGE: 36

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
217380	1	T1019	0580	11/07/12	11/07/12	32.00	135.04
217380	2	T1019	0580	11/08/12	11/08/12	32.00	135.04
217380	3	T1019	0580	11/10/12	11/10/12	40.00	168.80
217380	4	T1019	0580	11/11/12	11/11/12	40.00	168.80
217380	5	T1019	0580	11/12/12	11/12/12	36.00	151.92
217380	6	T1019	0580	11/13/12	11/13/12	36.00	151.92
217380	7	T1019	0580	11/14/12	11/14/12	32.00	135.04
217380	8	T1019	0580	11/15/12	11/15/12	36.00	151.92
217380	9	T1019	0580	11/16/12	11/16/12	36.00	151.92

CLAIM TOTAL 1,350.40 CLAIM ACCOUNT REF. 2173800012008266SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008409 2009279 PRUITT, JOHNNY 10/26/1956 712824266 102602130  
DIAGNOSIS CODES: 249.00 272.4 295.00 401.9 585.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
217383	1	S5130	0582	11/12/12	11/12/12	16.00	67.52
217383	2	S5130	0582	11/16/12	11/16/12	16.00	67.52

CLAIM TOTAL 135.04 CLAIM ACCOUNT REF. 2173830012009279SUP

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
217379	1	T1019	0580	11/12/12	11/12/12	32.00	135.04
217379	2	T1019	0580	11/13/12	11/13/12	36.00	151.92
217379	3	T1019	0580	11/14/12	11/14/12	28.00	118.16
217379	4	T1019	0580	11/15/12	11/15/12	36.00	151.92
217379	5	T1019	0580	11/16/12	11/16/12	32.00	135.04

CLAIM TOTAL 692.08 CLAIM ACCOUNT REF. 2173790012009647SUP

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
217377	1	T1019	0580	11/12/12	11/12/12	24.00	101.28
217377	2	T1019	0580	11/13/12	11/13/12	24.00	101.28

REPORT DATE 11/20/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112004361580RRSUP

PAGE: 37

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	
217377	3	T1019	0580	11/14/12	11/14/12	24.00	101.28	
217377	4	T1019	0580	11/15/12	11/15/12	24.00	101.28	
217377	5	T1019	0580	11/16/12	11/16/12	16.00	67.52	
					CLAIM TOTAL		472.64	CLAIM ACCOUNT REF. 2173770012010724SUP

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	
217385	1	T1019	0580	11/03/12	11/03/12	16.00	67.52	
217385	2	T1019	0580	11/04/12	11/04/12	16.00	67.52	
217385	3	T1019	0580	11/05/12	11/05/12	8.00	33.76	
217385	4	T1019	0580	11/06/12	11/06/12	8.00	33.76	
217385	5	T1019	0580	11/07/12	11/07/12	8.00	33.76	
217385	6	T1019	0580	11/08/12	11/08/12	8.00	33.76	
217385	7	T1019	0580	11/09/12	11/09/12	8.00	33.76	
					CLAIM TOTAL		303.84	CLAIM ACCOUNT REF. 2173850012010728SUP

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	
217384	1	T1019	0580	11/03/12	11/03/12	20.00	84.40	
217384	2	T1019	0580	11/04/12	11/04/12	20.00	84.40	
217384	3	T1019	0580	11/05/12	11/05/12	12.00	50.64	
217384	4	T1019	0580	11/06/12	11/06/12	12.00	50.64	
217384	5	T1019	0580	11/07/12	11/07/12	12.00	50.64	
217384	6	T1019	0580	11/08/12	11/08/12	12.00	50.64	
217384	7	T1019	0580	11/09/12	11/09/12	12.00	50.64	
					CLAIM TOTAL		422.00	CLAIM ACCOUNT REF. 2173840012010729SUP

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	
217378	1	T1019	0580	11/16/12	11/16/12	16.00	67.52	
					CLAIM TOTAL		67.52	CLAIM ACCOUNT REF. 2173780012010730SUP

REPORT DATE 11/20/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112004361580RRSUP

PAGE: 38

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
217381	1	T1019	0580	11/12/12	11/12/12	16.00	67.52	
217381	2	T1019	0580	11/13/12	11/13/12	16.00	67.52	
217381	3	T1019	0580	11/14/12	11/14/12	16.00	67.52	
217381	4	T1019	0580	11/15/12	11/15/12	16.00	67.52	
217381	5	T1019	0580	11/16/12	11/16/12	16.00	67.52	
					CLAIM TOTAL	337.60		CLAIM ACCOUNT REF. 2173810012010731SUP

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	
217382	1	T1019	0580	11/11/12	11/11/12	24.00	101.28	
217382	2	T1019	0580	11/12/12	11/12/12	24.00	101.28	
217382	3	T1019	0580	11/13/12	11/13/12	24.00	101.28	
217382	4	T1019	0580	11/14/12	11/14/12	24.00	101.28	
217382	5	T1019	0580	11/15/12	11/15/12	24.00	101.28	
217382	6	T1019	0580	11/16/12	11/16/12	24.00	101.28	
					CLAIM TOTAL	607.68		CLAIM ACCOUNT REF. 2173820012011238SUP

PAYER TOTALS: AMERIGROUP NEW YORK,LLC                      # OF CLAIMS = 47                      TOTAL CLAIM AMOUNT = 4,388.80  
# SERVICES = 9

PAGE: 39

NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2173880012011453SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	5	TOTAL CLAIM AMOUNT =	318.00
		# SERVICES =	1		

REPORT DATE 11/20/12 SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112004361580RRSUP

PAGE: 40

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008382 2010800 GOMES, AGUSTINA 05/05/1933 JRX53860E01 2012091792600005  
DIAGNOSIS CODES: 230.3 153.0 401.9 733.00 V60.3  
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
217386	1	T1019	0580	11/10/12	11/10/12	36.00	151.92
217386	2	T1019	0580	11/11/12	11/11/12	36.00	151.92
217386	3	T1019	0580	11/12/12	11/12/12	36.00	151.92
217386	4	T1019	0580	11/13/12	11/13/12	36.00	151.92
217386	5	T1019	0580	11/14/12	11/14/12	36.00	151.92
217386	6	T1019	0580	11/15/12	11/15/12	36.00	151.92
217386	7	T1019	0580	11/16/12	11/16/12	36.00	151.92
CLAIM TOTAL						1,063.44	CLAIM ACCOUNT REF. 2173860012010800SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JSV04323R01 2012091792600003  
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
217387	1	T1019	0580	11/13/12	11/13/12	16.00	67.52
217387	2	T1019	0580	11/14/12	11/14/12	16.00	67.52
217387	3	T1019	0580	11/15/12	11/15/12	16.00	67.52
217387	4	T1019	0580	11/16/12	11/16/12	16.00	67.52
CLAIM TOTAL						270.08	CLAIM ACCOUNT REF. 2173870012010804SUP

PAYER TOTALS: HEALTHCARE PARTNERS IPA I # OF CLAIMS = 11 TOTAL CLAIM AMOUNT = 1,333.52  
# SERVICES = 2

PROVIDER TOTALS: SUNNYSIDE CITYWIDE # OF CLAIMS = 622 TOTAL CLAIM AMOUNT = 74,764.54  
# SERVICES = 109