

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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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
255462	1	T1020		08/07/13	08/07/13	6.00	101.22
255462	2	T1020		08/10/13	08/10/13	11.00	185.57
255462	3	T1020		08/12/13	08/12/13	6.00	101.22
255462	4	T1020		08/13/13	08/13/13	6.00	101.22
255462	5	T1020		08/14/13	08/14/13	6.00	101.22
255462	6	T1020		08/15/13	08/15/13	6.00	101.22
255462	7	T1020		08/16/13	08/16/13	6.00	101.22
CLAIM TOTAL							792.89
							CLAIM ACCOUNT REF. 2554620012008267SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255458	1	T1020		08/10/13	08/10/13	9.00	151.83
255458	2	T1020		08/11/13	08/11/13	9.00	151.83
255458	3	T1020		08/12/13	08/12/13	9.00	151.83
255458	4	T1020		08/13/13	08/13/13	9.00	151.83
255458	5	T1020		08/14/13	08/14/13	9.00	151.83
255458	6	T1020		08/15/13	08/15/13	9.00	151.83
255458	7	T1020		08/16/13	08/16/13	9.00	151.83
CLAIM TOTAL							1,062.81
							CLAIM ACCOUNT REF. 2554580012008268SUP

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
255455	1	T1020		08/12/13	08/12/13	7.00	118.09
255455	2	T1020		08/13/13	08/13/13	7.00	118.09
255455	3	T1020		08/14/13	08/14/13	7.00	118.09
255455	4	T1020		08/15/13	08/15/13	7.00	118.09
255455	5	T1020		08/16/13	08/16/13	7.00	118.09
CLAIM TOTAL							590.45
							CLAIM ACCOUNT REF. 2554550012008306SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255453	1	T1020		08/10/13	08/10/13	7.00	118.09
255453	2	T1020		08/11/13	08/11/13	7.00	118.09
255453	3	T1020		08/12/13	08/12/13	7.00	118.09
255453	4	T1020		08/13/13	08/13/13	7.00	118.09
255453	5	T1020		08/14/13	08/14/13	7.00	118.09
255453	6	T1020		08/15/13	08/15/13	7.00	118.09
255453	7	T1020		08/16/13	08/16/13	7.00	118.09
CLAIM TOTAL							826.63
CLAIM ACCOUNT REF.							2554530012008386SUP

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
255461	1	T1020		08/13/13	08/13/13	8.00	134.96
255461	2	T1020		08/14/13	08/14/13	9.00	151.83
255461	3	T1020		08/15/13	08/15/13	5.00	84.35
255461	4	T1020		08/16/13	08/16/13	8.00	134.96
CLAIM TOTAL							506.10
CLAIM ACCOUNT REF.							2554610012008400SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255456	1	T1020		08/10/13	08/10/13	4.00	67.48
255456	2	T1020		08/12/13	08/12/13	5.00	84.35
255456	3	T1020		08/13/13	08/13/13	5.00	84.35
255456	4	T1020		08/14/13	08/14/13	5.00	84.35
255456	5	T1020		08/15/13	08/15/13	5.00	84.35
CLAIM TOTAL							404.88
CLAIM ACCOUNT REF.							2554560012010712SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255457	1	T1020		08/12/13	08/12/13	7.00	118.09
255457	2	T1020		08/13/13	08/13/13	7.00	118.09

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255457	3	T1020		08/14/13	08/14/13	7.00	118.09	
255457	4	T1020		08/15/13	08/15/13	7.00	118.09	
255457	5	T1020		08/16/13	08/16/13	7.00	118.09	
					CLAIM TOTAL		590.45	CLAIM ACCOUNT REF. 2554570012013021SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255460	1	T1020		08/10/13	08/10/13	12.00	202.44	
255460	2	T1020		08/11/13	08/11/13	12.00	202.44	
255460	3	T1020		08/12/13	08/12/13	12.00	202.44	
255460	4	T1020		08/13/13	08/13/13	12.00	202.44	
255460	5	T1020		08/14/13	08/14/13	12.00	202.44	
255460	6	T1020		08/15/13	08/15/13	12.00	202.44	
255460	7	T1020		08/16/13	08/16/13	12.00	202.44	
					CLAIM TOTAL		1,417.08	CLAIM ACCOUNT REF. 2554600012013080SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255454	1	T1020		08/10/13	08/10/13	12.00	202.44	
255454	2	T1020		08/11/13	08/11/13	12.00	202.44	
255454	3	T1020		08/12/13	08/12/13	12.00	202.44	
255454	4	T1020		08/13/13	08/13/13	12.00	202.44	
255454	5	T1020		08/14/13	08/14/13	12.00	202.44	
255454	6	T1020		08/15/13	08/15/13	12.00	202.44	
255454	7	T1020		08/16/13	08/16/13	24.00	404.88	
					CLAIM TOTAL		1,619.52	CLAIM ACCOUNT REF. 2554540012013422SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013910	2013910	PRIMERO, ARMIDA	12/29/1932	742134970	132260570
DIAGNOSIS	CODES:	401.9	244.9	429.9	785.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255459	1	T1020		08/15/13	08/15/13	5.00	84.35	
255459	2	T1020		08/16/13	08/16/13	7.00	118.09	
					CLAIM TOTAL		202.44	CLAIM ACCOUNT REF. 2554590012013910SUP

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

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	56	TOTAL CLAIM AMOUNT =	8,013.25
		# SERVICES =	10		

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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 0106201390068
DIAGNOSIS CODES: 356.9 348.2 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255487	1	T1019		08/10/13	08/10/13	4.00	68.60
255487	2	T1019		08/11/13	08/11/13	4.00	68.60
255487	3	T1019		08/12/13	08/12/13	12.00	205.80
255487	4	T1019		08/13/13	08/13/13	12.00	205.80
255487	5	T1019		08/14/13	08/14/13	12.00	205.80
255487	6	T1019		08/15/13	08/15/13	12.00	205.80
255487	7	T1019		08/16/13	08/16/13	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2554870012008233SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255492	1	T1019		08/10/13	08/10/13	8.00	137.20
255492	2	T1019		08/11/13	08/11/13	8.00	137.20
255492	3	T1019		08/12/13	08/12/13	11.00	188.65
255492	4	T1019		08/13/13	08/13/13	11.00	188.65
255492	5	T1019		08/14/13	08/14/13	11.00	188.65
255492	6	T1019		08/15/13	08/15/13	11.00	188.65
255492	7	T1019		08/16/13	08/16/13	11.00	188.65
CLAIM TOTAL						1,217.65	CLAIM ACCOUNT REF. 2554920012008236SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255491	1	T1019		08/12/13	08/12/13	10.00	171.50
255491	2	T1019		08/13/13	08/13/13	10.00	171.50
255491	3	T1019		08/14/13	08/14/13	10.00	171.50
255491	4	T1019		08/15/13	08/15/13	10.00	171.50
255491	5	T1019		08/16/13	08/16/13	10.00	171.50
CLAIM TOTAL						857.50	CLAIM ACCOUNT REF. 2554910012008385SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255493	1	T1019		07/29/13	07/29/13	8.00	137.20
255493	2	T1019		07/31/13	07/31/13	8.00	137.20
255493	3	T1019		08/01/13	08/01/13	8.00	137.20
255493	4	T1019		08/12/13	08/12/13	8.00	137.20
255493	5	T1019		08/13/13	08/13/13	8.00	137.20
255493	6	T1019		08/14/13	08/14/13	8.00	137.20
CLAIM TOTAL							823.20
CLAIM ACCOUNT REF.							2554930012008418SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255488	1	T1019		08/10/13	08/10/13	10.00	171.50
255488	2	T1019		08/11/13	08/11/13	10.00	171.50
255488	3	T1019		08/12/13	08/12/13	10.00	171.50
CLAIM TOTAL							514.50
CLAIM ACCOUNT REF.							2554880012008743SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009377 2009377 SANTORO, MATTHEW 08/20/1949 SP38021Q 0102071390382
DIAGNOSIS CODES: 299.01 453.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255494	1	T1019		08/10/13	08/10/13	5.00	85.75
255494	2	T1019		08/11/13	08/11/13	5.00	85.75
255494	3	T1019		08/12/13	08/12/13	5.00	85.75
255494	4	T1019		08/13/13	08/13/13	5.00	85.75
255494	5	T1019		08/14/13	08/14/13	5.00	85.75
255494	6	T1019		08/15/13	08/15/13	5.00	85.75
255494	7	T1019		08/16/13	08/16/13	5.00	85.75
CLAIM TOTAL							600.25
CLAIM ACCOUNT REF.							2554940012009377SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008279 2010213 VALLE, BLASINA 02/03/1929 QG00558G 0107111390405
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
255496	1	T1019		08/10/13	08/10/13	10.00	171.50
255496	2	T1019		08/12/13	08/12/13	10.00	171.50

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 13265 METROPLUS HEALTH PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255496	3	T1019		08/13/13	08/13/13	10.00	171.50	
255496	4	T1019		08/14/13	08/14/13	10.00	171.50	
255496	5	T1019		08/15/13	08/15/13	10.00	171.50	
255496	6	T1019		08/16/13	08/16/13	10.00	171.50	
				CLAIM TOTAL		1,029.00		CLAIM ACCOUNT REF. 2554960012010213SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255489	1	T1019		08/10/13	08/10/13	24.00	411.60	
255489	2	T1019		08/11/13	08/11/13	12.00	205.80	
255489	3	T1019		08/12/13	08/12/13	24.00	411.60	
255489	4	T1019		08/13/13	08/13/13	24.00	411.60	
255489	5	T1019		08/14/13	08/14/13	24.00	411.60	
255489	6	T1019		08/15/13	08/15/13	24.00	411.60	
255489	7	T1019		08/16/13	08/16/13	24.00	411.60	
				CLAIM TOTAL		2,675.40		CLAIM ACCOUNT REF. 2554890012011286SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008280	2013071	SHUMON, NUK-FNU	01/21/1981	QQ82218A	0103151390266
DIAGNOSIS	CODES:	952.9	344.1	564.00	599.9	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255495	1	T1019		08/10/13	08/10/13	4.00	68.60	
255495	2	T1019		08/11/13	08/11/13	4.00	68.60	
255495	3	T1019		08/12/13	08/12/13	4.00	68.60	
255495	4	T1019		08/13/13	08/13/13	4.00	68.60	
255495	5	T1019		08/14/13	08/14/13	4.00	68.60	
255495	6	T1019		08/15/13	08/15/13	4.00	68.60	
255495	7	T1019		08/16/13	08/16/13	4.00	68.60	
				CLAIM TOTAL		480.20		CLAIM ACCOUNT REF. 2554950012013071SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255490	1	T1019		08/10/13	08/10/13	8.00	137.20	
255490	2	T1019		08/11/13	08/11/13	8.00	137.20	
255490	3	T1019		08/12/13	08/12/13	8.00	137.20	
255490	4	T1019		08/13/13	08/13/13	8.00	137.20	

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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	
255490	5	T1019		08/14/13	08/14/13	8.00	137.20	
255490	6	T1019		08/15/13	08/15/13	8.00	137.20	
255490	7	T1019		08/16/13	08/16/13	8.00	137.20	
					CLAIM TOTAL		960.40	CLAIM ACCOUNT REF. 2554900012013185SUP

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	62	TOTAL CLAIM AMOUNT =	10,324.30
		# SERVICES =	10		

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NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008303	2013681	WILSON, SHERYL	08/28/1956	13060338700	0713E2553

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255486	1	T1019		08/10/13	08/10/13	16.00	96.00	
255486	2	T1019		08/11/13	08/11/13	16.00	96.00	
255486	3	T1019		08/12/13	08/12/13	24.00	144.00	
255486	4	T1019		08/13/13	08/13/13	24.00	144.00	
255486	5	T1019		08/14/13	08/14/13	24.00	144.00	
255486	6	T1019		08/15/13	08/15/13	24.00	144.00	
255486	7	T1019		08/16/13	08/16/13	24.00	144.00	
					CLAIM TOTAL		912.00	CLAIM ACCOUNT REF. 2554860012013681SUP

PAYER TOTALS:	AFFINITY HEALTH	# OF CLAIMS =	7	TOTAL CLAIM AMOUNT =	912.00
		# SERVICES =	1		

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255527	1	T1019		08/10/13	08/10/13	36.00	154.80
255527	2	T1019		08/11/13	08/11/13	24.00	103.20
255527	3	T1019		08/12/13	08/12/13	36.00	154.80
255527	4	T1019		08/13/13	08/13/13	32.00	137.60
255527	5	T1019		08/14/13	08/14/13	36.00	154.80
255527	6	T1019		08/15/13	08/15/13	36.00	154.80
255527	7	T1019		08/16/13	08/16/13	36.00	154.80
CLAIM TOTAL						1,014.80	CLAIM ACCOUNT REF. 2555270012008286SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008495 2008495 MARTINEZ, MARIA 09/05/1952 ZV42745Q 112094558
DIAGNOSIS CODES: 250.00 244.8 295.90 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255515	1	T1019		08/10/13	08/10/13	24.00	103.20
255515	2	T1019		08/11/13	08/11/13	24.00	103.20
255515	3	T1019		08/12/13	08/12/13	24.00	103.20
255515	4	T1019		08/13/13	08/13/13	24.00	103.20
255515	5	T1019		08/14/13	08/14/13	24.00	103.20
255515	6	T1019		08/15/13	08/15/13	24.00	103.20
255515	7	T1019		08/16/13	08/16/13	24.00	103.20
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2555150012008495SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012101 2012101 BATILO, MARTA 02/23/1917 708125 111963534
DIAGNOSIS CODES: 715.00 272.2 285.29 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255498	1	T1019		08/10/13	08/10/13	28.00	120.40
255498	2	T1019		08/11/13	08/11/13	28.00	120.40
255498	3	T1019		08/12/13	08/12/13	28.00	120.40
255498	4	T1019		08/13/13	08/13/13	28.00	120.40
255498	5	T1019		08/14/13	08/14/13	28.00	120.40
255498	6	T1019		08/15/13	08/15/13	28.00	120.40
255498	7	T1019		08/16/13	08/16/13	28.00	120.40
CLAIM TOTAL						842.80	CLAIM ACCOUNT REF. 2554980012012101SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255499	1	T1019		08/12/13	08/12/13	16.00	68.80
255499	2	T1019		08/13/13	08/13/13	16.00	68.80
255499	3	T1019		08/14/13	08/14/13	16.00	68.80
255499	4	T1019		08/15/13	08/15/13	16.00	68.80
255499	5	T1019		08/16/13	08/16/13	16.00	68.80
CLAIM TOTAL							344.00
CLAIM ACCOUNT REF.							2554990012012102SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255500	1	T1019		08/12/13	08/12/13	40.00	172.00
255500	2	T1019		08/13/13	08/13/13	40.00	172.00
255500	3	T1019		08/14/13	08/14/13	40.00	172.00
255500	4	T1019		08/15/13	08/15/13	40.00	172.00
255500	5	T1019		08/16/13	08/16/13	40.00	172.00
CLAIM TOTAL							860.00
CLAIM ACCOUNT REF.							2555000012012104SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255503	1	T1019		07/29/13	07/29/13	48.00	206.40
255503	2	T1019		08/10/13	08/10/13	48.00	206.40
255503	3	T1019		08/11/13	08/11/13	48.00	206.40
255503	4	T1019		08/12/13	08/12/13	48.00	206.40
255503	5	T1019		08/13/13	08/13/13	48.00	206.40
255503	6	T1019		08/14/13	08/14/13	48.00	206.40
255503	7	T1019		08/15/13	08/15/13	48.00	206.40
255503	8	T1019		08/16/13	08/16/13	48.00	206.40
CLAIM TOTAL							1,651.20
CLAIM ACCOUNT REF.							2555030012012107SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255505	1	T1019		08/12/13	08/12/13	24.00	103.20
255505	2	T1019		08/13/13	08/13/13	24.00	103.20
255505	3	T1019		08/14/13	08/14/13	24.00	103.20
255505	4	T1019		08/15/13	08/15/13	24.00	103.20
255505	5	T1019		08/16/13	08/16/13	24.00	103.20
CLAIM TOTAL							516.00
CLAIM ACCOUNT REF.							2555050012012108SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255506	1	T1019		08/12/13	08/12/13	28.00	120.40
255506	2	T1019		08/13/13	08/13/13	28.00	120.40
255506	3	T1019		08/15/13	08/15/13	28.00	120.40
255506	4	T1019		08/16/13	08/16/13	28.00	120.40
CLAIM TOTAL							481.60
CLAIM ACCOUNT REF.							2555060012012110SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255508	1	T1019		08/12/13	08/12/13	32.00	137.60
255508	2	T1019		08/13/13	08/13/13	32.00	137.60
255508	3	T1019		08/14/13	08/14/13	32.00	137.60
255508	4	T1019		08/15/13	08/15/13	32.00	137.60
255508	5	T1019		08/16/13	08/16/13	32.00	137.60
CLAIM TOTAL							688.00
CLAIM ACCOUNT REF.							2555080012012116SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255509	1	T1019		08/10/13	08/10/13	20.00	86.00
255509	2	T1019		08/11/13	08/11/13	20.00	86.00
255509	3	T1019		08/12/13	08/12/13	16.00	68.80
255509	4	T1019		08/13/13	08/13/13	16.00	68.80

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255509	5	T1019		08/14/13	08/14/13	16.00	68.80	
255509	6	T1019		08/15/13	08/15/13	16.00	68.80	
255509	7	T1019		08/16/13	08/16/13	16.00	68.80	
					CLAIM TOTAL		516.00	CLAIM ACCOUNT REF. 2555090012012117SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255512	1	T1019		08/12/13	08/12/13	28.00	120.40	
255512	2	T1019		08/14/13	08/14/13	28.00	120.40	
					CLAIM TOTAL		240.80	CLAIM ACCOUNT REF. 2555120012012120SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255517	1	T1019		08/10/13	08/10/13	32.00	137.60	
255517	2	T1019		08/11/13	08/11/13	32.00	137.60	
255517	3	T1019		08/12/13	08/12/13	32.00	137.60	
255517	4	T1019		08/13/13	08/13/13	32.00	137.60	
255517	5	T1019		08/14/13	08/14/13	32.00	137.60	
255517	6	T1019		08/16/13	08/16/13	32.00	137.60	
					CLAIM TOTAL		825.60	CLAIM ACCOUNT REF. 2555170012012121SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255518	1	T1019		08/10/13	08/10/13	20.00	86.00	
255518	2	T1019		08/11/13	08/11/13	20.00	86.00	
255518	3	T1019		08/12/13	08/12/13	20.00	86.00	
255518	4	T1019		08/13/13	08/13/13	20.00	86.00	
255518	5	T1019		08/14/13	08/14/13	20.00	86.00	
255518	6	T1019		08/15/13	08/15/13	16.00	68.80	
255518	7	T1019		08/16/13	08/16/13	20.00	86.00	
					CLAIM TOTAL		584.80	CLAIM ACCOUNT REF. 2555180012012122SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255519	1	T1019		08/10/13	08/10/13	20.00	86.00
255519	2	T1019		08/11/13	08/11/13	20.00	86.00
255519	3	T1019		08/12/13	08/12/13	28.00	120.40
255519	4	T1019		08/13/13	08/13/13	28.00	120.40
255519	5	T1019		08/14/13	08/14/13	28.00	120.40
255519	6	T1019		08/15/13	08/15/13	28.00	120.40
255519	7	T1019		08/16/13	08/16/13	28.00	120.40
CLAIM TOTAL							774.00
CLAIM ACCOUNT REF.							2555190012012130SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255521	1	T1019		08/12/13	08/12/13	16.00	68.80
255521	2	T1019		08/14/13	08/14/13	16.00	68.80
255521	3	T1019		08/16/13	08/16/13	16.00	68.80
CLAIM TOTAL							206.40
CLAIM ACCOUNT REF.							2555210012012131SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255535	1	T1019		08/12/13	08/12/13	28.00	120.40
255535	2	T1019		08/13/13	08/13/13	28.00	120.40
255535	3	T1019		08/15/13	08/15/13	28.00	120.40
CLAIM TOTAL							361.20
CLAIM ACCOUNT REF.							2555350012012134SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255538	1	T1019		08/12/13	08/12/13	32.00	137.60
255538	2	T1019		08/13/13	08/13/13	32.00	137.60
255538	3	T1019		08/14/13	08/14/13	32.00	137.60
255538	4	T1019		08/15/13	08/15/13	32.00	137.60
255538	5	T1019		08/16/13	08/16/13	32.00	137.60

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	688.00	2555380012012137SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012138	2012138 VENTURA, CLARA	09/17/1951	720456	112060162
DIAGNOSIS	CODES:	253.5 401.9 429.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
255539	1	T1019		08/12/13	08/12/13	16.00	68.80	
255539	2	T1019		08/13/13	08/13/13	16.00	68.80	
255539	3	T1019		08/14/13	08/14/13	16.00	68.80	
255539	4	T1019		08/15/13	08/15/13	16.00	68.80	
255539	5	T1019		08/16/13	08/16/13	16.00	68.80	
						CLAIM TOTAL	344.00	2555390012012138SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
255522	1	T1019		08/10/13	08/10/13	32.00	137.60	
255522	2	T1019		08/12/13	08/12/13	32.00	137.60	
255522	3	T1019		08/13/13	08/13/13	32.00	137.60	
255522	4	T1019		08/14/13	08/14/13	32.00	137.60	
255522	5	T1019		08/15/13	08/15/13	32.00	137.60	
255522	6	T1019		08/16/13	08/16/13	32.00	137.60	
						CLAIM TOTAL	825.60	2555220012012140SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012141	2012141 SANTOS MARQUEZ, MARIA	07/16/1961	688801	112001629
DIAGNOSIS	CODES:	958.8 599.70 692.9 795.05			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
255534	1	T1019		08/12/13	08/12/13	16.00	68.80	
255534	2	T1019		08/14/13	08/14/13	16.00	68.80	
						CLAIM TOTAL	137.60	2555340012012141SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255516	1	T1019		08/10/13	08/10/13	12.00	51.60
255516	2	T1019		08/12/13	08/12/13	12.00	51.60

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255516	3	T1019		08/13/13	08/13/13	12.00	51.60	
255516	4	T1019		08/14/13	08/14/13	12.00	51.60	
255516	5	T1019		08/15/13	08/15/13	12.00	51.60	
255516	6	T1019		08/16/13	08/16/13	12.00	51.60	
					CLAIM TOTAL		309.60	CLAIM ACCOUNT REF. 2555160012012142SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255525	1	T1019		08/12/13	08/12/13	20.00	86.00	
255525	2	T1019		08/14/13	08/14/13	20.00	86.00	
255525	3	T1019		08/16/13	08/16/13	20.00	86.00	
					CLAIM TOTAL		258.00	CLAIM ACCOUNT REF. 2555250012012144SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255523	1	T1019		08/13/13	08/13/13	16.00	68.80	
255523	2	T1019		08/14/13	08/14/13	16.00	68.80	
255523	3	T1019		08/15/13	08/15/13	16.00	68.80	
255523	4	T1019		08/16/13	08/16/13	16.00	68.80	
					CLAIM TOTAL		275.20	CLAIM ACCOUNT REF. 2555230012012145SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255524	1	T1019		08/13/13	08/13/13	16.00	68.80	
255524	2	T1019		08/14/13	08/14/13	16.00	68.80	
255524	3	T1019		08/15/13	08/15/13	16.00	68.80	
255524	4	T1019		08/16/13	08/16/13	16.00	68.80	
					CLAIM TOTAL		275.20	CLAIM ACCOUNT REF. 2555240012012146SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255528	1	T1019		08/12/13	08/12/13	20.00	86.00
255528	2	T1019		08/13/13	08/13/13	20.00	86.00
255528	3	T1019		08/14/13	08/14/13	20.00	86.00
255528	4	T1019		08/15/13	08/15/13	20.00	86.00
255528	5	T1019		08/16/13	08/16/13	20.00	86.00
CLAIM TOTAL							430.00
CLAIM ACCOUNT REF.							2555280012012147SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255529	1	T1019		07/01/13	07/01/13	32.00	137.60
255529	2	T1019		07/08/13	07/08/13	32.00	137.60
255529	3	T1019		08/12/13	08/12/13	32.00	137.60
255529	4	T1019		08/13/13	08/13/13	32.00	137.60
255529	5	T1019		08/14/13	08/14/13	32.00	137.60
255529	6	T1019		08/15/13	08/15/13	32.00	137.60
255529	7	T1019		08/16/13	08/16/13	32.00	137.60
CLAIM TOTAL							963.20
CLAIM ACCOUNT REF.							2555290012012149SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012154 2012154 RODRIGUEZ, FRANKLIN 03/26/1989 697529 111871585
DIAGNOSIS CODES: 319. 345.10 705.83

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255531	1	T1019		07/06/13	07/06/13	24.00	103.20
255531	2	T1019		07/08/13	07/08/13	24.00	103.20
255531	3	T1019		07/09/13	07/09/13	24.00	103.20
255531	4	T1019		07/10/13	07/10/13	24.00	103.20
255531	5	T1019		07/11/13	07/11/13	24.00	103.20
255531	6	T1019		07/12/13	07/12/13	24.00	103.20
CLAIM TOTAL							619.20
CLAIM ACCOUNT REF.							2555310012012154SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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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 2012155 2012155 SANCHEZ, BETANIA 05/10/1956 706048 111980325
DIAGNOSIS CODES: 555.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255533	1	T1019		08/10/13	08/10/13	20.00	86.00
255533	2	T1019		08/11/13	08/11/13	20.00	86.00
255533	3	T1019		08/12/13	08/12/13	20.00	86.00
255533	4	T1019		08/13/13	08/13/13	20.00	86.00
255533	5	T1019		08/14/13	08/14/13	20.00	86.00
255533	6	T1019		08/15/13	08/15/13	20.00	86.00
255533	7	T1019		08/16/13	08/16/13	20.00	86.00
CLAIM TOTAL							602.00
							CLAIM ACCOUNT REF. 2555330012012155SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012158 2012158 LOPEZ, MANUEL 02/25/1926 741094 111891649
DIAGNOSIS CODES: 401.9 272.4 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255513	1	T1019		08/10/13	08/10/13	48.00	206.40
255513	2	T1019		08/11/13	08/11/13	48.00	206.40
255513	3	T1019		08/12/13	08/12/13	48.00	206.40
255513	4	T1019		08/13/13	08/13/13	48.00	206.40
255513	5	T1019		08/14/13	08/14/13	48.00	206.40
255513	6	T1019		08/15/13	08/15/13	48.00	206.40
255513	7	T1019		08/16/13	08/16/13	48.00	206.40
CLAIM TOTAL							1,444.80
							CLAIM ACCOUNT REF. 2555130012012158SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012161 2012161 ALONSO, ANA 03/02/1943 739934 111910597
DIAGNOSIS CODES: 733.09 253.5 272.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255497	1	T1019		08/10/13	08/10/13	20.00	86.00
255497	2	T1019		08/11/13	08/11/13	20.00	86.00
255497	3	T1019		08/12/13	08/12/13	20.00	86.00
255497	4	T1019		08/13/13	08/13/13	20.00	86.00
255497	5	T1019		08/14/13	08/14/13	20.00	86.00
255497	6	T1019		08/15/13	08/15/13	20.00	86.00
255497	7	T1019		08/16/13	08/16/13	20.00	86.00
CLAIM TOTAL							602.00
							CLAIM ACCOUNT REF. 2554970012012161SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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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 2012261 2012261 SILVEIRA, BERTA 06/23/1938 753060 111981021
DIAGNOSIS CODES: 786.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255536	1	T1019		08/10/13	08/10/13	24.00	103.20
255536	2	T1019		08/12/13	08/12/13	24.00	103.20
255536	3	T1019		08/14/13	08/14/13	24.00	103.20
255536	4	T1019		08/15/13	08/15/13	24.00	103.20
255536	5	T1019		08/16/13	08/16/13	24.00	103.20
CLAIM TOTAL							516.00

CLAIM ACCOUNT REF. 2555360012012261SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255537	1	T1019		08/10/13	08/10/13	36.00	154.80
255537	2	T1019		08/11/13	08/11/13	36.00	154.80
255537	3	T1019		08/12/13	08/12/13	36.00	154.80
255537	4	T1019		08/13/13	08/13/13	36.00	154.80
255537	5	T1019		08/14/13	08/14/13	36.00	154.80
255537	6	T1019		08/15/13	08/15/13	36.00	154.80
255537	7	T1019		08/16/13	08/16/13	36.00	154.80
CLAIM TOTAL							1,083.60

CLAIM ACCOUNT REF. 2555370012012266SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255532	1	T1019		08/12/13	08/12/13	20.00	86.00
255532	2	T1019		08/13/13	08/13/13	20.00	86.00
255532	3	T1019		08/14/13	08/14/13	20.00	86.00
255532	4	T1019		08/15/13	08/15/13	20.00	86.00
255532	5	T1019		08/16/13	08/16/13	20.00	86.00
CLAIM TOTAL							430.00

CLAIM ACCOUNT REF. 2555320012012719SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255514	1	T1019		08/10/13	08/10/13	48.00	206.40

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255514	2	T1019		08/11/13	08/11/13	48.00	206.40	
255514	3	T1019		08/12/13	08/12/13	48.00	206.40	
255514	4	T1019		08/13/13	08/13/13	48.00	206.40	
255514	5	T1019		08/14/13	08/14/13	48.00	206.40	
255514	6	T1019		08/15/13	08/15/13	48.00	206.40	
255514	7	T1019		08/16/13	08/16/13	48.00	206.40	
				CLAIM TOTAL		1,444.80		CLAIM ACCOUNT REF. 2555140012012948SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012952 2012952 FRANCISCO, BRIGIDA 08/20/1957 761853 112037017
DIAGNOSIS CODES: 714.0 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255504	1	T1019		08/10/13	08/10/13	20.00	86.00	
255504	2	T1019		08/11/13	08/11/13	20.00	86.00	
255504	3	T1019		08/12/13	08/12/13	20.00	86.00	
255504	4	T1019		08/13/13	08/13/13	20.00	86.00	
255504	5	T1019		08/14/13	08/14/13	20.00	86.00	
255504	6	T1019		08/15/13	08/15/13	20.00	86.00	
255504	7	T1019		08/16/13	08/16/13	20.00	86.00	
				CLAIM TOTAL		602.00		CLAIM ACCOUNT REF. 2555040012012952SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255501	1	T1019		08/10/13	08/10/13	48.00	206.40	
255501	2	T1019		08/11/13	08/11/13	48.00	206.40	
255501	3	T1019		08/12/13	08/12/13	48.00	206.40	
255501	4	T1019		08/13/13	08/13/13	48.00	206.40	
255501	5	T1019		08/14/13	08/14/13	48.00	206.40	
255501	6	T1019		08/15/13	08/15/13	48.00	206.40	
				CLAIM TOTAL		1,238.40		CLAIM ACCOUNT REF. 2555010012012953SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012953 2012953 CHOUDHURY, MEHER A 08/16/1974 762773 112124061
DIAGNOSIS CODES: 344.00 493.90 742.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255502	1	T1019		08/16/13	08/16/13	96.00	412.80	
				CLAIM TOTAL		412.80		CLAIM ACCOUNT REF. 2555020012012953SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255510	1	T1019		06/17/13	06/17/13	20.00	86.00
255510	2	T1019		06/19/13	06/19/13	20.00	86.00
255510	3	T1019		07/05/13	07/05/13	20.00	86.00
255510	4	T1019		07/09/13	07/09/13	20.00	86.00
CLAIM TOTAL							344.00
CLAIM ACCOUNT REF.							2555100012012979SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1031950 2012979 HUDGINS, LOUZETTA 05/18/1944 761959 112038867
DIAGNOSIS CODES: 401.9 250.00 278.00 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255511	1	T1019		08/05/13	08/05/13	20.00	86.00
255511	2	T1019		08/12/13	08/12/13	20.00	86.00
255511	3	T1019		08/13/13	08/13/13	20.00	86.00
255511	4	T1019		08/14/13	08/14/13	20.00	86.00
255511	5	T1019		08/15/13	08/15/13	20.00	86.00
255511	6	T1019		08/16/13	08/16/13	20.00	86.00
CLAIM TOTAL							516.00
CLAIM ACCOUNT REF.							2555110012012979SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255530	1	T1019		07/28/13	07/28/13	32.00	137.60
255530	2	T1019		08/04/13	08/04/13	32.00	137.60
255530	3	T1019		08/10/13	08/10/13	32.00	137.60
255530	4	T1019		08/11/13	08/11/13	32.00	137.60
255530	5	T1019		08/12/13	08/12/13	32.00	137.60
255530	6	T1019		08/13/13	08/13/13	32.00	137.60
255530	7	T1019		08/14/13	08/14/13	32.00	137.60
255530	8	T1019		08/16/13	08/16/13	32.00	137.60
CLAIM TOTAL							1,100.80
CLAIM ACCOUNT REF.							2555300012013395SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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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 2013679 2013679 PRISCO, FILOMENA 09/15/1921 769526 111988449
DIAGNOSIS CODES: 728.87 250.00 477.9 493.90 782.3 276.8

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255526	1	T1019		08/10/13	08/10/13	16.00	68.80
255526	2	T1019		08/11/13	08/11/13	16.00	68.80
255526	3	T1019		08/12/13	08/12/13	16.00	68.80
255526	4	T1019		08/13/13	08/13/13	16.00	68.80
255526	5	T1019		08/14/13	08/14/13	16.00	68.80
255526	6	T1019		08/15/13	08/15/13	16.00	68.80
255526	7	T1019		08/16/13	08/16/13	16.00	68.80
CLAIM TOTAL							481.60
CLAIM ACCOUNT REF.							2555260012013679SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012132 2013774 ORTIZ, DOLORES 06/30/1927 744365 112051869
DIAGNOSIS CODES: 719.7 272.4 401.9 750.7

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255520	1	T1019		08/10/13	08/10/13	48.00	206.40
255520	2	T1019		08/11/13	08/11/13	48.00	206.40
255520	3	T1019		08/12/13	08/12/13	48.00	206.40
255520	4	T1019		08/13/13	08/13/13	48.00	206.40
255520	5	T1019		08/14/13	08/14/13	48.00	206.40
255520	6	T1019		08/15/13	08/15/13	48.00	206.40
255520	7	T1019		08/16/13	08/16/13	48.00	206.40
CLAIM TOTAL							1,444.80
CLAIM ACCOUNT REF.							2555200012013774SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010404 2013868 GUERRERO *, MIRTHA 09/14/1931 740496 112093390
DIAGNOSIS CODES: 715.09 253.5 401.9 733.00 750.27

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255507	1	T1019		08/10/13	08/10/13	28.00	120.40
255507	2	T1019		08/11/13	08/11/13	28.00	120.40
255507	3	T1019		08/12/13	08/12/13	28.00	120.40
255507	4	T1019		08/13/13	08/13/13	28.00	120.40
255507	5	T1019		08/14/13	08/14/13	28.00	120.40
255507	6	T1019		08/15/13	08/15/13	28.00	120.40
255507	7	T1019		08/16/13	08/16/13	28.00	120.40
CLAIM TOTAL							842.80
CLAIM ACCOUNT REF.							2555070012013868SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	239	TOTAL CLAIM AMOUNT =	28,861.60
		# SERVICES =	41		

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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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 JZR32498A01 0005044162
DIAGNOSIS CODES: 952.9 806.8 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255483	1	T1019	0580	08/06/13	08/06/13	40.00	168.80
255483	2	T1019	0580	08/08/13	08/08/13	40.00	168.80
255483	3	T1019	0580	08/12/13	08/12/13	36.00	151.92
255483	4	T1019	0580	08/13/13	08/13/13	16.00	67.52
255483	5	T1019	0580	08/14/13	08/14/13	32.00	135.04
255483	6	T1019	0580	08/15/13	08/15/13	32.00	135.04
CLAIM TOTAL							827.12
CLAIM ACCOUNT REF.							2554830012008491SUP

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
255485	1	T1019	0580	08/13/13	08/13/13	16.00	67.52
255485	2	T1019	0580	08/14/13	08/14/13	16.00	67.52
255485	3	T1019	0580	08/15/13	08/15/13	16.00	67.52
255485	4	T1019	0580	08/16/13	08/16/13	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2554850012008513SUP

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
255479	1	T1019	0580	08/13/13	08/13/13	16.00	67.52
CLAIM TOTAL							67.52
CLAIM ACCOUNT REF.							2554790012008723SUP

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
255468	1	T1019	0580	08/10/13	08/10/13	48.00	202.56
255468	2	T1019	0580	08/11/13	08/11/13	48.00	202.56
255468	3	T1019	0580	08/12/13	08/12/13	48.00	202.56
255468	4	T1019	0580	08/13/13	08/13/13	48.00	202.56
255468	5	T1019	0580	08/14/13	08/14/13	48.00	202.56
255468	6	T1019	0580	08/15/13	08/15/13	48.00	202.56
255468	7	T1019	0580	08/16/13	08/16/13	48.00	202.56

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	1,417.92	2554680012008793SUP

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	CLAIM ACCOUNT REF.
255480	1	T1019	0580	08/10/13	08/10/13	32.00	135.04	
255480	2	T1019	0580	08/11/13	08/11/13	32.00	135.04	
255480	3	T1019	0580	08/12/13	08/12/13	32.00	135.04	
255480	4	T1019	0580	08/13/13	08/13/13	32.00	135.04	
255480	5	T1019	0580	08/14/13	08/14/13	32.00	135.04	
255480	6	T1019	0580	08/15/13	08/15/13	32.00	135.04	
255480	7	T1019	0580	08/16/13	08/16/13	32.00	135.04	
						CLAIM TOTAL	945.28	2554800012009237SUP

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	CLAIM ACCOUNT REF.
255484	1	T1019	0580	08/16/13	08/16/13	20.00	84.40	
						CLAIM TOTAL	84.40	2554840012009269SUP

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	CLAIM ACCOUNT REF.
255481	1	T1019	0580	08/10/13	08/10/13	20.00	84.40	
255481	2	T1019	0580	08/11/13	08/11/13	20.00	84.40	
255481	3	T1019	0580	08/12/13	08/12/13	20.00	84.40	
255481	4	T1019	0580	08/13/13	08/13/13	20.00	84.40	
255481	5	T1019	0580	08/14/13	08/14/13	20.00	84.40	
255481	6	T1019	0580	08/15/13	08/15/13	20.00	84.40	
255481	7	T1019	0580	08/16/13	08/16/13	20.00	84.40	
						CLAIM TOTAL	590.80	2554810012009406SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 55247 HEALTH INSURANCE PLAN

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 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
255482	1	T1019	0580	08/14/13	08/14/13	40.00	168.80
255482	2	T1019	0580	08/15/13	08/15/13	40.00	168.80
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2554820012009562SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255471	1	T1019	0580	08/12/13	08/12/13	16.00	67.52
255471	2	T1019	0580	08/13/13	08/13/13	16.00	67.52
255471	3	T1019	0580	08/14/13	08/14/13	16.00	67.52
255471	4	T1019	0580	08/15/13	08/15/13	16.00	67.52
255471	5	T1019	0580	08/16/13	08/16/13	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2554710012009686SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255473	1	T1019	0580	08/10/13	08/10/13	28.00	118.16
255473	2	T1019	0580	08/11/13	08/11/13	28.00	118.16
255473	3	T1019	0580	08/12/13	08/12/13	28.00	118.16
255473	4	T1019	0580	08/13/13	08/13/13	28.00	118.16
255473	5	T1019	0580	08/14/13	08/14/13	28.00	118.16
255473	6	T1019	0580	08/15/13	08/15/13	28.00	118.16
255473	7	T1019	0580	08/16/13	08/16/13	28.00	118.16
CLAIM TOTAL							827.12

CLAIM ACCOUNT REF. 2554730012009945SUP

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
255472	1	T1019	0580	08/10/13	08/10/13	36.00	151.92
255472	2	T1019	0580	08/11/13	08/11/13	36.00	151.92
255472	3	T1019	0580	08/12/13	08/12/13	36.00	151.92
255472	4	T1019	0580	08/13/13	08/13/13	36.00	151.92

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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
255472	5	T1019	0580	08/14/13	08/14/13	36.00	151.92
255472	6	T1019	0580	08/15/13	08/15/13	36.00	151.92
255472	7	T1019	0580	08/16/13	08/16/13	36.00	151.92
						CLAIM TOTAL	1,063.44
							CLAIM ACCOUNT REF. 2554720012010991SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008113 2011066 COPELAND, ELISE 10/05/1928 QJ28865K 0006093352
DIAGNOSIS CODES: 250.00 369.9 311. 401.9 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255469	1	G0156	0572	08/10/13	08/10/13	11.50	163.88
255469	2	G0156	0572	08/11/13	08/11/13	12.00	171.00
255469	3	G0156	0572	08/12/13	08/12/13	10.75	153.19
255469	4	G0156	0572	08/13/13	08/13/13	6.00	85.50
255469	5	G0156	0572	08/14/13	08/14/13	9.00	128.25
255469	6	G0156	0572	08/15/13	08/15/13	9.00	128.25
255469	7	T1019	0580	08/16/13	08/16/13	36.00	151.92
						CLAIM TOTAL	981.99
							CLAIM ACCOUNT REF. 2554690012011066SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255470	1	T1019	0580	08/10/13	08/10/13	48.00	202.56
255470	2	T1019	0580	08/11/13	08/11/13	48.00	202.56
255470	3	T1019	0580	08/12/13	08/12/13	48.00	202.56
255470	4	T1019	0580	08/13/13	08/13/13	48.00	202.56
255470	5	T1019	0580	08/14/13	08/14/13	48.00	202.56
255470	6	T1019	0580	08/15/13	08/15/13	47.00	198.34
255470	7	T1019	0580	08/16/13	08/16/13	4.00	16.88
						CLAIM TOTAL	1,228.02
							CLAIM ACCOUNT REF. 2554700012011526SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012541 2012541 LANGELOH, HOWARD 09/29/1923 16394107 0006625755
DIAGNOSIS CODES: 715.90 250.00 272.4 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255476	1	T1019	0580	08/10/13	08/10/13	24.00	101.28
255476	2	T1019	0580	08/11/13	08/11/13	24.00	101.28
255476	3	T1019	0580	08/12/13	08/12/13	24.00	101.28
255476	4	T1019	0580	08/13/13	08/13/13	24.00	101.28
255476	5	T1019	0580	08/14/13	08/14/13	20.00	84.40

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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	
255476	6	T1019	0580	08/15/13	08/15/13	24.00	101.28	
255476	7	T1019	0580	08/16/13	08/16/13	24.00	101.28	
						CLAIM TOTAL	692.08	CLAIM ACCOUNT REF. 2554760012012541SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013402 2013402 MCALLISTER, ANNIE 03/29/1937 ZP91513K 0006313393
DIAGNOSIS CODES: V61.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255477	1	T1019	0580	08/12/13	08/12/13	16.00	67.52	
255477	2	T1019	0580	08/14/13	08/14/13	16.00	67.52	
255477	3	T1019	0580	08/16/13	08/16/13	16.00	67.52	
						CLAIM TOTAL	202.56	CLAIM ACCOUNT REF. 2554770012013402SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009467 2013531 KEATON, CATHERINE 08/30/1923 WC81742E 0004298435
DIAGNOSIS CODES: 715.00 365.9 401.9 780.4 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255474	1	T1019	0580	08/10/13	08/10/13	96.00	405.12	
255474	2	T1019	0580	08/11/13	08/11/13	96.00	405.12	
255474	3	T1019	0580	08/12/13	08/12/13	96.00	405.12	
255474	4	T1019	0580	08/13/13	08/13/13	96.00	405.12	
255474	5	T1019	0580	08/14/13	08/14/13	96.00	405.12	
						CLAIM TOTAL	2,025.60	CLAIM ACCOUNT REF. 2554740012013531SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009467 2013531 KEATON, CATHERINE 08/30/1923 WC81742E 0004298435
DIAGNOSIS CODES: 715.00 365.9 401.9 780.4 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255475	1	T1019	0580	08/15/13	08/15/13	96.00	405.12	
255475	2	T1019	0580	08/16/13	08/16/13	96.00	405.12	
						CLAIM TOTAL	810.24	CLAIM ACCOUNT REF. 2554750012013531SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013497 2013811 QUINTERO, ISAIAS 08/17/1945 PZ78774H 0006600227
DIAGNOSIS CODES: 250.00 244.9 368.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255478	1	T1019	0580	08/12/13	08/12/13	12.00	50.64	
255478	2	T1019	0580	08/14/13	08/14/13	12.00	50.64	
255478	3	T1019	0580	08/16/13	08/16/13	12.00	50.64	

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 55247 HEALTH INSURANCE PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
						CLAIM TOTAL	151.92	CLAIM ACCOUNT REF. 2554780012013811SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	88	TOTAL CLAIM AMOUNT =	12,861.29
		# SERVICES =	17		

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008374 2010958 KARASSAVIDES, ARISTOTI 10/09/1962 V80041904 131610065
DIAGNOSIS CODES: 042. 202.88 436. 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255613	1	T1019		08/12/13	08/12/13	28.00	120.12
255613	2	T1019		08/13/13	08/13/13	28.00	120.12
255613	3	T1019		08/14/13	08/14/13	28.00	120.12
255613	4	T1019		08/15/13	08/15/13	28.00	120.12
CLAIM TOTAL							480.48
CLAIM ACCOUNT REF.							2556130012010958SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255614	1	T1019		08/10/13	08/10/13	24.00	102.96
255614	2	T1019		08/12/13	08/12/13	40.00	171.60
255614	3	T1019		08/13/13	08/13/13	24.00	102.96
255614	4	T1019		08/14/13	08/14/13	40.00	171.60
255614	5	T1019		08/15/13	08/15/13	24.00	102.96
255614	6	T1019		08/16/13	08/16/13	40.00	171.60
CLAIM TOTAL							823.68
CLAIM ACCOUNT REF.							2556140012012481SUP

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

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255557	1	T1019		08/12/13	08/12/13	44.00	156.64	
255557	2	T1019		08/13/13	08/13/13	28.00	99.68	
255557	3	T1019		08/14/13	08/14/13	28.00	99.68	
255557	4	T1019		08/15/13	08/15/13	28.00	99.68	
255557	5	T1019		08/16/13	08/16/13	36.00	128.16	
					CLAIM TOTAL		583.84	CLAIM ACCOUNT REF. 2555570012003583SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255587	1	T1019		08/12/13	08/12/13	16.00	56.96	
255587	2	T1019		08/13/13	08/13/13	16.00	56.96	
255587	3	T1019		08/14/13	08/14/13	16.00	56.96	
					CLAIM TOTAL		170.88	CLAIM ACCOUNT REF. 2555870012003639SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255545	1	T1019		06/24/13	06/24/13	16.00	56.96	
255545	2	T1019		08/05/13	08/05/13	16.00	56.96	
255545	3	T1019		08/12/13	08/12/13	16.00	56.96	
255545	4	T1019		08/13/13	08/13/13	16.00	56.96	
255545	5	T1019		08/14/13	08/14/13	16.00	56.96	
255545	6	T1019		08/15/13	08/15/13	24.00	85.44	
255545	7	T1019		08/16/13	08/16/13	16.00	56.96	
					CLAIM TOTAL		427.20	CLAIM ACCOUNT REF. 2555450012004602SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255588	1	S5130		08/12/13	08/12/13	16.00	56.96	
					CLAIM TOTAL		56.96	CLAIM ACCOUNT REF. 2555880012004798SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2005079 2005079 SIMON, LUPE 12/12/1934 YC26622R R2303923
DIAGNOSIS CODES: 250.00 272.0 401.9 530.81 596.51 733.00 780.52 V44.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255580	1	T1019		08/13/13	08/13/13	16.00	56.96	
255580	2	T1019		08/15/13	08/15/13	16.00	56.96	
CLAIM TOTAL							113.92	CLAIM ACCOUNT REF. 2555800012005079SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255565	1	T1019		08/10/13	08/10/13	48.00	170.88	
255565	2	T1019		08/11/13	08/11/13	48.00	170.88	
255565	3	T1019		08/12/13	08/12/13	48.00	170.88	
255565	4	T1019		08/13/13	08/13/13	48.00	170.88	
255565	5	T1019		08/14/13	08/14/13	48.00	170.88	
255565	6	T1019		08/15/13	08/15/13	48.00	170.88	
255565	7	T1019		08/16/13	08/16/13	48.00	170.88	
CLAIM TOTAL							1,196.16	CLAIM ACCOUNT REF. 2555650012006762SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255540	1	S5130		08/12/13	08/12/13	16.00	56.96	
CLAIM TOTAL							56.96	CLAIM ACCOUNT REF. 2555400012006897SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255579	1	T1019		08/10/13	08/10/13	16.00	56.96	
255579	2	T1019		08/12/13	08/12/13	32.00	113.92	
255579	3	T1019		08/13/13	08/13/13	32.00	113.92	
255579	4	T1019		08/14/13	08/14/13	32.00	113.92	
255579	5	T1019		08/15/13	08/15/13	32.00	113.92	
255579	6	T1019		08/16/13	08/16/13	32.00	113.92	
CLAIM TOTAL							626.56	CLAIM ACCOUNT REF. 2555790012007165SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2007478 2007478 HARIDIN, KHAMATTIE 04/19/1941 WS44546W R2252889
DIAGNOSIS CODES: 715.90 135. 250.00 311. 401.9 530.81 724.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255555	1	S5125		08/10/13	08/10/13	16.00	56.96
255555	2	S5125		08/11/13	08/11/13	16.00	56.96
255555	3	S5125		08/12/13	08/12/13	20.00	71.20
255555	4	S5125		08/13/13	08/13/13	20.00	71.20
255555	5	S5125		08/14/13	08/14/13	20.00	71.20
255555	6	S5125		08/15/13	08/15/13	20.00	71.20
255555	7	S5125		08/16/13	08/16/13	20.00	71.20
CLAIM TOTAL							469.92
CLAIM ACCOUNT REF.							2555550012007478SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255556	1	S5125		08/10/13	08/10/13	80.00	284.80
255556	2	S5125		08/11/13	08/11/13	80.00	284.80
255556	3	S5125		08/12/13	08/12/13	76.00	270.56
255556	4	S5125		08/13/13	08/13/13	76.00	270.56
255556	5	S5125		08/14/13	08/14/13	76.00	270.56
255556	6	S5125		08/15/13	08/15/13	76.00	270.56
255556	7	S5125		08/16/13	08/16/13	76.00	270.56
CLAIM TOTAL							1,922.40
CLAIM ACCOUNT REF.							2555560012007590SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008182 2008182 VASQUEZ, CORNELIA 12/08/1928 UA27940P 0107251302245
DIAGNOSIS CODES: 331.0 272.0 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255586	1	T1019		08/13/13	08/13/13	16.00	56.96
255586	2	T1019		08/15/13	08/15/13	16.00	56.96
CLAIM TOTAL							113.92
CLAIM ACCOUNT REF.							2555860012008182SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255438	1	T1019		08/10/13	08/10/13	12.00	50.64
255438	2	T1019		08/11/13	08/11/13	12.00	50.64

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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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	
255438	3	T1019		08/12/13	08/12/13	12.00	50.64	
255438	4	T1019		08/13/13	08/13/13	12.00	50.64	
255438	5	T1019		08/14/13	08/14/13	12.00	50.64	
255438	6	T1019		08/15/13	08/15/13	12.00	50.64	
255438	7	T1019		08/16/13	08/16/13	12.00	50.64	
				CLAIM TOTAL			354.48	CLAIM ACCOUNT REF. 2554380012008246SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255439	1	T1019		08/12/13	08/12/13	12.00	50.64	
255439	2	T1019		08/13/13	08/13/13	12.00	50.64	
255439	3	T1019		08/14/13	08/14/13	12.00	50.64	
255439	4	T1019		08/15/13	08/15/13	12.00	50.64	
				CLAIM TOTAL			202.56	CLAIM ACCOUNT REF. 2554390012008248SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255431	1	T1019		08/10/13	08/10/13	44.00	185.68	
255431	2	T1019		08/11/13	08/11/13	44.00	185.68	
255431	3	T1019		08/12/13	08/12/13	44.00	185.68	
255431	4	T1019		08/13/13	08/13/13	44.00	185.68	
255431	5	T1019		08/14/13	08/14/13	44.00	185.68	
255431	6	T1019		08/15/13	08/15/13	44.00	185.68	
255431	7	T1019		08/16/13	08/16/13	44.00	185.68	
				CLAIM TOTAL			1,299.76	CLAIM ACCOUNT REF. 2554310012008249SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255443	1	T1019		08/10/13	08/10/13	32.00	135.04	
255443	2	T1019		08/11/13	08/11/13	32.00	135.04	
255443	3	T1019		08/12/13	08/12/13	32.00	135.04	
255443	4	T1019		08/13/13	08/13/13	32.00	135.04	
255443	5	T1019		08/14/13	08/14/13	32.00	135.04	
255443	6	T1019		08/15/13	08/15/13	32.00	135.04	

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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
255443	7	T1019		08/16/13	08/16/13	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2554430012008250SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255412	1	T1019		08/10/13	08/10/13	32.00	135.04
255412	2	T1019		08/12/13	08/12/13	32.00	135.04
255412	3	T1019		08/13/13	08/13/13	32.00	135.04
255412	4	T1019		08/14/13	08/14/13	32.00	135.04
255412	5	T1019		08/15/13	08/15/13	32.00	135.04
255412	6	T1019		08/16/13	08/16/13	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2554120012008251SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255432	1	T1019		08/10/13	08/10/13	48.00	202.56
255432	2	T1019		08/11/13	08/11/13	48.00	202.56
255432	3	T1019		08/12/13	08/12/13	48.00	202.56
255432	4	T1019		08/13/13	08/13/13	48.00	202.56
255432	5	T1019		08/14/13	08/14/13	48.00	202.56
255432	6	T1019		08/15/13	08/15/13	48.00	202.56
255432	7	T1019		08/16/13	08/16/13	48.00	202.56
CLAIM TOTAL							1,417.92
CLAIM ACCOUNT REF.							2554320012008253SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255447	1	T1019		08/12/13	08/12/13	32.00	135.04
255447	2	T1019		08/13/13	08/13/13	32.00	135.04
255447	3	T1019		08/14/13	08/14/13	32.00	135.04
255447	4	T1019		08/15/13	08/15/13	32.00	135.04
255447	5	T1019		08/16/13	08/16/13	32.00	135.04
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2554470012008254SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008256 2008256 CARMONA, LUZ 08/10/1954 XJ24416K 0104121301251
DIAGNOSIS CODES: 294.8 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255410	1	T1019		08/07/13	08/07/13	32.00	135.04
255410	2	T1019		08/12/13	08/12/13	32.00	135.04
255410	3	T1019		08/13/13	08/13/13	32.00	135.04
255410	4	T1019		08/14/13	08/14/13	32.00	135.04
255410	5	T1019		08/15/13	08/15/13	32.00	135.04
255410	6	T1019		08/16/13	08/16/13	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2554100012008256SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255417	1	T1019		08/10/13	08/10/13	24.00	101.28
255417	2	T1019		08/11/13	08/11/13	24.00	101.28
255417	3	T1019		08/12/13	08/12/13	24.00	101.28
255417	4	T1019		08/13/13	08/13/13	24.00	101.28
255417	5	T1019		08/14/13	08/14/13	24.00	101.28
255417	6	T1019		08/15/13	08/15/13	24.00	101.28
255417	7	T1019		08/16/13	08/16/13	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2554170012008257SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008290 2008290 SALHUANA, YOLANDA 08/25/1935 SZ24247J 0103261301164
DIAGNOSIS CODES: 249.70 362.50 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255444	1	T1019		08/12/13	08/12/13	32.00	135.04
255444	2	T1019		08/13/13	08/13/13	32.00	135.04
255444	3	T1019		08/14/13	08/14/13	32.00	135.04
CLAIM TOTAL							405.12
CLAIM ACCOUNT REF.							2554440012008290SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255420	1	T1019		08/09/13	08/09/13	44.00	185.68
255420	2	T1019		08/10/13	08/10/13	48.00	202.56

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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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
255420	3	T1019		08/11/13	08/11/13	48.00	202.56
255420	4	T1019		08/12/13	08/12/13	48.00	202.56
255420	5	T1019		08/13/13	08/13/13	48.00	202.56
255420	6	T1019		08/14/13	08/14/13	48.00	202.56
255420	7	T1019		08/15/13	08/15/13	48.00	202.56
255420	8	T1019		08/16/13	08/16/13	48.00	202.56
CLAIM TOTAL							1,603.60

CLAIM ACCOUNT REF. 2554200012008362SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255442	1	T1019		08/12/13	08/12/13	16.00	67.52
255442	2	T1019		08/13/13	08/13/13	16.00	67.52
255442	3	T1019		08/14/13	08/14/13	16.00	67.52
255442	4	T1019		08/15/13	08/15/13	16.00	67.52
255442	5	T1019		08/16/13	08/16/13	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2554420012008368SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255421	1	T1019		08/10/13	08/10/13	32.00	135.04
255421	2	T1019		08/11/13	08/11/13	32.00	135.04
255421	3	T1019		08/12/13	08/12/13	32.00	135.04
255421	4	T1019		08/13/13	08/13/13	32.00	135.04
255421	5	T1019		08/14/13	08/14/13	32.00	135.04
255421	6	T1019		08/15/13	08/15/13	32.00	135.04
255421	7	T1019		08/16/13	08/16/13	32.00	135.04
CLAIM TOTAL							945.28

CLAIM ACCOUNT REF. 2554210012008411SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255407	1	T1019		08/10/13	08/10/13	32.00	135.04
255407	2	T1019		08/11/13	08/11/13	32.00	135.04
255407	3	T1019		08/12/13	08/12/13	32.00	135.04
255407	4	T1019		08/13/13	08/13/13	32.00	135.04

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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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	
255407	5	T1019		08/14/13	08/14/13	32.00	135.04	
255407	6	T1019		08/15/13	08/15/13	32.00	135.04	
255407	7	T1019		08/16/13	08/16/13	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2554070012008433SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255406	1	T1019		08/10/13	08/10/13	12.00	50.64	
255406	2	T1019		08/12/13	08/12/13	20.00	84.40	
255406	3	T1019		08/13/13	08/13/13	20.00	84.40	
255406	4	T1019		08/14/13	08/14/13	20.00	84.40	
255406	5	T1019		08/15/13	08/15/13	20.00	84.40	
255406	6	T1019		08/16/13	08/16/13	20.00	84.40	
					CLAIM TOTAL		472.64	CLAIM ACCOUNT REF. 2554060012008487SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255449	1	T1019		08/07/13	08/07/13	48.00	202.56	
255449	2	T1019		08/10/13	08/10/13	48.00	202.56	
255449	3	T1019		08/11/13	08/11/13	48.00	202.56	
255449	4	T1019		08/12/13	08/12/13	48.00	202.56	
255449	5	T1019		08/13/13	08/13/13	48.00	202.56	
255449	6	T1019		08/14/13	08/14/13	48.00	202.56	
255449	7	T1019		08/15/13	08/15/13	48.00	202.56	
255449	8	T1019		08/16/13	08/16/13	48.00	202.56	
					CLAIM TOTAL		1,620.48	CLAIM ACCOUNT REF. 2554490012008558SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008571	2008571 ESPAILLAT, AMPARO	12/25/1949	ZG25447P	0103131301379
DIAGNOSIS	CODES:	401.9 272.0 311. 365.9	366.9 733.00		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255416	1	T1019		08/07/13	08/07/13	24.00	101.28
255416	2	T1019		08/08/13	08/08/13	24.00	101.28
255416	3	T1019		08/10/13	08/10/13	16.00	67.52
255416	4	T1019		08/11/13	08/11/13	16.00	67.52
255416	5	T1019		08/12/13	08/12/13	24.00	101.28

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255416	6	T1019		08/14/13	08/14/13	24.00	101.28	
255416	7	T1019		08/15/13	08/15/13	24.00	101.28	
255416	8	T1019		08/16/13	08/16/13	24.00	101.28	
					CLAIM TOTAL		742.72	CLAIM ACCOUNT REF. 2554160012008571SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255585	1	T1019		08/12/13	08/12/13	32.00	113.92	
255585	2	T1019		08/13/13	08/13/13	32.00	113.92	
255585	3	T1019		08/14/13	08/14/13	32.00	113.92	
255585	4	T1019		08/15/13	08/15/13	32.00	113.92	
255585	5	T1019		08/16/13	08/16/13	32.00	113.92	
					CLAIM TOTAL		569.60	CLAIM ACCOUNT REF. 2555850012008745SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255411	1	T1019		08/10/13	08/10/13	32.00	135.04	
255411	2	T1019		08/12/13	08/12/13	32.00	135.04	
255411	3	T1019		08/13/13	08/13/13	32.00	135.04	
255411	4	T1019		08/14/13	08/14/13	32.00	135.04	
255411	5	T1019		08/15/13	08/15/13	32.00	135.04	
255411	6	T1019		08/16/13	08/16/13	32.00	135.04	
					CLAIM TOTAL		810.24	CLAIM ACCOUNT REF. 2554110012009270SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009425 2009425 FRIAS, BARBARA 04/01/1954 YQ10410R 0103191302380
DIAGNOSIS CODES: 785.9 V44.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255422	1	T1019		08/12/13	08/12/13	16.00	67.52	
255422	2	T1019		08/14/13	08/14/13	16.00	67.52	
255422	3	T1019		08/16/13	08/16/13	16.00	67.52	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2554220012009425SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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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 2009442 2009442 GHILLOTTY, FLORENTINA 07/18/1927 ZN29900K R2300287
DIAGNOSIS CODES: 427.9 250.00 272.0 366.00 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255552	1	T1019		08/10/13	08/10/13	20.00	71.20
255552	2	T1019		08/11/13	08/11/13	20.00	71.20
255552	3	T1019		08/12/13	08/12/13	20.00	71.20
255552	4	T1019		08/13/13	08/13/13	20.00	71.20
255552	5	T1019		08/14/13	08/14/13	20.00	71.20
255552	6	T1019		08/15/13	08/15/13	20.00	71.20
255552	7	T1019		08/16/13	08/16/13	20.00	71.20
CLAIM TOTAL							498.40
CLAIM ACCOUNT REF.							2555520012009442SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009560 2009560 BOCHENEC, JOLANTA 07/08/1964 ZT71147Q 0104251302988
DIAGNOSIS CODES: 854.00 272.4 300.00 307.42 781.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255408	1	T1019		08/10/13	08/10/13	24.00	101.28
255408	2	T1019		08/11/13	08/11/13	24.00	101.28
255408	3	T1019		08/12/13	08/12/13	24.00	101.28
255408	4	T1019		08/13/13	08/13/13	24.00	101.28
255408	5	T1019		08/14/13	08/14/13	24.00	101.28
255408	6	T1019		08/15/13	08/15/13	24.00	101.28
255408	7	T1019		08/16/13	08/16/13	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2554080012009560SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010009 2010009 VEGA, GLORIA 07/06/1955 ZU45073J R2160981
DIAGNOSIS CODES: 340. 250.00 272.2 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255451	1	T1019		07/29/13	07/29/13	32.00	135.04
255451	2	T1019		07/30/13	07/30/13	32.00	135.04
255451	3	T1019		07/31/13	07/31/13	32.00	135.04
255451	4	T1019		08/01/13	08/01/13	32.00	135.04
255451	5	T1019		08/02/13	08/02/13	32.00	135.04
255451	6	T1019		08/12/13	08/12/13	32.00	135.04
255451	7	T1019		08/13/13	08/13/13	32.00	135.04
255451	8	T1019		08/14/13	08/14/13	32.00	135.04
255451	9	T1019		08/15/13	08/15/13	32.00	135.04
255451	10	T1019		08/16/13	08/16/13	32.00	135.04
CLAIM TOTAL							1,350.40
CLAIM ACCOUNT REF.							2554510012010009SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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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 2008299 2010311 LAZALA, GLADYS 02/03/1950 ZT39863D 0106041301563
DIAGNOSIS CODES: 340. 250.00 278.00 401.9 440.9 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255429	1	T1019		08/10/13	08/10/13	48.00	202.56	
255429	2	T1019		08/11/13	08/11/13	48.00	202.56	
255429	3	T1019		08/12/13	08/12/13	48.00	202.56	
255429	4	T1019		08/13/13	08/13/13	48.00	202.56	
255429	5	T1019		08/14/13	08/14/13	48.00	202.56	
255429	6	T1019		08/15/13	08/15/13	48.00	202.56	
255429	7	T1019		08/16/13	08/16/13	48.00	202.56	
CLAIM TOTAL							1,417.92	CLAIM ACCOUNT REF. 2554290012010311SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255428	1	T1019		08/12/13	08/12/13	28.00	118.16	
255428	2	T1019		08/13/13	08/13/13	32.00	135.04	
255428	3	T1019		08/14/13	08/14/13	32.00	135.04	
255428	4	T1019		08/15/13	08/15/13	32.00	135.04	
255428	5	T1019		08/16/13	08/16/13	32.00	135.04	
CLAIM TOTAL							658.32	CLAIM ACCOUNT REF. 2554280012010967SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008378 2011528 BOWERS *, DIANE 10/01/1946 129232187 R2207419
DIAGNOSIS CODES: 250.11 300.02 410.90 413.9 428.0 440.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255409	1	T1019		08/12/13	08/12/13	40.00	168.80	
255409	2	T1019		08/13/13	08/13/13	40.00	168.80	
255409	3	T1019		08/14/13	08/14/13	40.00	168.80	
255409	4	T1019		08/15/13	08/15/13	40.00	168.80	
255409	5	T1019		08/16/13	08/16/13	40.00	168.80	
CLAIM TOTAL							844.00	CLAIM ACCOUNT REF. 2554090012011528SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255554	1	T1020		08/11/13	08/11/13	1.00	200.00

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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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	
255554	2	T1020		08/12/13	08/12/13	1.00	200.00	
					CLAIM TOTAL		400.00	CLAIM ACCOUNT REF. 2555540012011545SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255559	1	T1020		07/31/13	07/31/13	1.00	200.00	
255559	2	T1020		08/12/13	08/12/13	1.00	200.00	
255559	3	T1020		08/13/13	08/13/13	1.00	200.00	
					CLAIM TOTAL		600.00	CLAIM ACCOUNT REF. 2555590012011602SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255577	1	T1019		08/14/13	08/14/13	16.00	56.96	
255577	2	T1019		08/16/13	08/16/13	16.00	56.96	
					CLAIM TOTAL		113.92	CLAIM ACCOUNT REF. 2555770012011790SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011791	2011791	PERALTA, ANTONIO	06/27/1946	WD92450J	R2341378
DIAGNOSIS	CODES:	331.0	253.5	401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255568	1	T1019		08/16/13	08/16/13	32.00	113.92	
					CLAIM TOTAL		113.92	CLAIM ACCOUNT REF. 2555680012011791SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255572	1	T1019		08/16/13	08/16/13	32.00	113.92	
					CLAIM TOTAL		113.92	CLAIM ACCOUNT REF. 2555720012011792SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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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 2011794 2011794 RUIZ, MIRTA 08/16/1949 ZS10861D R2288940
DIAGNOSIS CODES: 250.02 311. 401.9 436.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255576	1	T1019		08/13/13	08/13/13	36.00	128.16
255576	2	T1019		08/14/13	08/14/13	36.00	128.16
255576	3	T1019		08/15/13	08/15/13	36.00	128.16
CLAIM TOTAL							384.48
CLAIM ACCOUNT REF.							2555760012011794SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255582	1	T1019		08/12/13	08/12/13	16.00	56.96
255582	2	T1019		08/13/13	08/13/13	16.00	56.96
255582	3	T1019		08/15/13	08/15/13	16.00	56.96
255582	4	T1019		08/16/13	08/16/13	16.00	56.96
CLAIM TOTAL							227.84
CLAIM ACCOUNT REF.							2555820012011795SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255574	1	T1019		08/05/13	08/05/13	32.00	113.92
255574	2	T1019		08/12/13	08/12/13	32.00	113.92
255574	3	T1019		08/13/13	08/13/13	28.00	99.68
255574	4	T1019		08/14/13	08/14/13	20.00	71.20
CLAIM TOTAL							398.72
CLAIM ACCOUNT REF.							2555740012011796SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255448	1	T1019		08/10/13	08/10/13	36.00	151.92
255448	2	T1019		08/11/13	08/11/13	36.00	151.92
255448	3	T1019		08/12/13	08/12/13	40.00	168.80
255448	4	T1019		08/13/13	08/13/13	40.00	168.80
255448	5	T1019		08/14/13	08/14/13	40.00	168.80
255448	6	T1019		08/15/13	08/15/13	40.00	168.80
255448	7	T1019		08/16/13	08/16/13	40.00	168.80

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	1,147.84	2554480012011820SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
255553	1	T1019		08/10/13	08/10/13	40.00	142.40	
255553	2	T1019		08/11/13	08/11/13	40.00	142.40	
255553	3	T1019		08/12/13	08/12/13	40.00	142.40	
255553	4	T1019		08/13/13	08/13/13	40.00	142.40	
255553	5	T1019		08/14/13	08/14/13	24.00	85.44	
255553	6	T1019		08/15/13	08/15/13	40.00	142.40	
255553	7	T1019		08/16/13	08/16/13	40.00	142.40	
						CLAIM TOTAL	939.84	2555530012011867SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011868	2011868	DEJESUS, YSABEL	11/13/1934	VP60263T	R2402920
DIAGNOSIS CODES: 428.0 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
255547	1	T1019		08/14/13	08/14/13	16.00	56.96	
						CLAIM TOTAL	56.96	2555470012011868SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
255578	1	T1019		08/05/13	08/05/13	32.00	113.92	
255578	2	T1019		08/06/13	08/06/13	32.00	113.92	
255578	3	T1019		08/07/13	08/07/13	32.00	113.92	
255578	4	T1019		08/08/13	08/08/13	32.00	113.92	
255578	5	T1019		08/09/13	08/09/13	32.00	113.92	
255578	6	T1019		08/12/13	08/12/13	32.00	113.92	
255578	7	T1019		08/13/13	08/13/13	32.00	113.92	
255578	8	T1019		08/14/13	08/14/13	32.00	113.92	
255578	9	T1019		08/15/13	08/15/13	32.00	113.92	
255578	10	T1019		08/16/13	08/16/13	32.00	113.92	
						CLAIM TOTAL	1,139.20	2555780012011884SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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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 2011885 2011885 TORRES, JOSE 06/23/1938 WB42614P R2178349
DIAGNOSIS CODES: 493.91 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255584	1	T1019		08/12/13	08/12/13	16.00	56.96
255584	2	T1019		08/14/13	08/14/13	16.00	56.96
CLAIM TOTAL							113.92

CLAIM ACCOUNT REF. 2555840012011885SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255564	1	T1019		08/10/13	08/10/13	24.00	85.44
255564	2	T1019		08/11/13	08/11/13	24.00	85.44
255564	3	T1019		08/12/13	08/12/13	24.00	85.44
255564	4	T1019		08/13/13	08/13/13	20.00	71.20
255564	5	T1019		08/14/13	08/14/13	24.00	85.44
255564	6	T1019		08/15/13	08/15/13	20.00	71.20
255564	7	T1019		08/16/13	08/16/13	24.00	85.44
CLAIM TOTAL							569.60

CLAIM ACCOUNT REF. 2555640012011886SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255575	1	T1019		08/12/13	08/12/13	48.00	170.88
255575	2	T1019		08/13/13	08/13/13	48.00	170.88
255575	3	T1019		08/14/13	08/14/13	48.00	170.88
255575	4	T1019		08/15/13	08/15/13	48.00	170.88
255575	5	T1019		08/16/13	08/16/13	48.00	170.88
CLAIM TOTAL							854.40

CLAIM ACCOUNT REF. 2555750012011887SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255583	1	T1020		08/10/13	08/10/13	1.00	200.00
255583	2	T1020		08/11/13	08/11/13	1.00	200.00
255583	3	T1020		08/12/13	08/12/13	1.00	200.00
255583	4	T1020		08/13/13	08/13/13	1.00	200.00

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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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	
255583	5	T1020		08/14/13	08/14/13	1.00	200.00	
255583	6	T1020		08/15/13	08/15/13	1.00	200.00	
255583	7	T1020		08/16/13	08/16/13	1.00	200.00	
							CLAIM TOTAL	1,400.00 CLAIM ACCOUNT REF. 2555830012011914SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255546	1	T1019		08/10/13	08/10/13	48.00	170.88	
255546	2	T1019		08/11/13	08/11/13	48.00	170.88	
255546	3	T1019		08/12/13	08/12/13	48.00	170.88	
255546	4	T1019		08/13/13	08/13/13	48.00	170.88	
255546	5	T1019		08/14/13	08/14/13	48.00	170.88	
255546	6	T1019		08/15/13	08/15/13	48.00	170.88	
255546	7	T1019		08/16/13	08/16/13	48.00	170.88	
							CLAIM TOTAL	1,196.16 CLAIM ACCOUNT REF. 2555460012011943SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255571	1	T1019		08/12/13	08/12/13	28.00	99.68	
255571	2	T1019		08/13/13	08/13/13	32.00	113.92	
255571	3	T1019		08/14/13	08/14/13	28.00	99.68	
255571	4	T1019		08/15/13	08/15/13	32.00	113.92	
255571	5	T1019		08/16/13	08/16/13	28.00	99.68	
							CLAIM TOTAL	526.88 CLAIM ACCOUNT REF. 2555710012011950SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255560	1	T1019		08/10/13	08/10/13	16.00	56.96	
255560	2	T1019		08/12/13	08/12/13	16.00	56.96	
255560	3	T1019		08/14/13	08/14/13	16.00	56.96	
							CLAIM TOTAL	170.88 CLAIM ACCOUNT REF. 2555600012011961SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255550	1	T1019		08/10/13	08/10/13	40.00	142.40
255550	2	T1019		08/11/13	08/11/13	40.00	142.40
255550	3	T1019		08/12/13	08/12/13	40.00	142.40
255550	4	T1019		08/13/13	08/13/13	40.00	142.40
255550	5	T1019		08/14/13	08/14/13	40.00	142.40
255550	6	T1019		08/15/13	08/15/13	40.00	142.40
255550	7	T1019		08/16/13	08/16/13	40.00	142.40
CLAIM TOTAL							996.80
							CLAIM ACCOUNT REF. 2555500012011964SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255562	1	T1019		08/10/13	08/10/13	24.00	85.44
255562	2	T1019		08/11/13	08/11/13	24.00	85.44
255562	3	T1019		08/12/13	08/12/13	28.00	99.68
255562	4	T1019		08/13/13	08/13/13	28.00	99.68
255562	5	T1019		08/14/13	08/14/13	28.00	99.68
255562	6	T1019		08/15/13	08/15/13	28.00	99.68
255562	7	T1019		08/16/13	08/16/13	28.00	99.68
CLAIM TOTAL							669.28
							CLAIM ACCOUNT REF. 2555620012011966SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255567	1	T1019		08/12/13	08/12/13	16.00	56.96
255567	2	T1019		08/13/13	08/13/13	16.00	56.96
255567	3	T1019		08/14/13	08/14/13	16.00	56.96
255567	4	T1019		08/15/13	08/15/13	16.00	56.96
255567	5	T1019		08/16/13	08/16/13	16.00	56.96
CLAIM TOTAL							284.80
							CLAIM ACCOUNT REF. 2555670012011997SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255551	1	T1019		08/12/13	08/12/13	20.00	71.20
255551	2	T1019		08/14/13	08/14/13	20.00	71.20
255551	3	T1019		08/15/13	08/15/13	20.00	71.20
255551	4	T1019		08/16/13	08/16/13	20.00	71.20
CLAIM TOTAL							284.80
CLAIM ACCOUNT REF.							2555510012012030SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255566	1	T1019		08/12/13	08/12/13	40.00	142.40
255566	2	T1019		08/13/13	08/13/13	40.00	142.40
255566	3	T1019		08/14/13	08/14/13	40.00	142.40
255566	4	T1019		08/15/13	08/15/13	40.00	142.40
255566	5	T1019		08/16/13	08/16/13	40.00	142.40
CLAIM TOTAL							712.00
CLAIM ACCOUNT REF.							2555660012012032SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012039 2012039 ESTRADA, MIRIAM 01/09/1947 ZX12851A R2286465
DIAGNOSIS CODES: 493.92 253.5 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255549	1	T1019		08/10/13	08/10/13	16.00	56.96
255549	2	T1019		08/12/13	08/12/13	32.00	113.92
255549	3	T1019		08/13/13	08/13/13	32.00	113.92
255549	4	T1019		08/14/13	08/14/13	32.00	113.92
255549	5	T1019		08/15/13	08/15/13	32.00	113.92
255549	6	T1019		08/16/13	08/16/13	16.00	56.96
CLAIM TOTAL							569.60
CLAIM ACCOUNT REF.							2555490012012039SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255548	1	T1019		08/12/13	08/12/13	16.00	56.96
255548	2	T1019		08/16/13	08/16/13	8.00	28.48
CLAIM TOTAL							85.44
CLAIM ACCOUNT REF.							2555480012012041SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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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 2012042 2012042 MARTINEZ, ROSARIO 07/25/1951 XE62541Y 0104301301154
DIAGNOSIS CODES: 493.92 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255561	1	T1019		08/10/13	08/10/13	16.00	56.96	
255561	2	T1019		08/13/13	08/13/13	16.00	56.96	
CLAIM TOTAL							113.92	CLAIM ACCOUNT REF. 2555610012012042SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255558	1	T1020		08/10/13	08/10/13	1.00	200.00	
255558	2	T1020		08/11/13	08/11/13	1.00	200.00	
255558	3	T1020		08/12/13	08/12/13	1.00	200.00	
255558	4	T1020		08/13/13	08/13/13	1.00	200.00	
255558	5	T1020		08/14/13	08/14/13	1.00	200.00	
255558	6	T1020		08/15/13	08/15/13	1.00	200.00	
255558	7	T1020		08/16/13	08/16/13	1.00	200.00	
CLAIM TOTAL							1,400.00	CLAIM ACCOUNT REF. 2555580012012063SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255563	1	T1019		08/12/13	08/12/13	20.00	71.20	
255563	2	T1019		08/13/13	08/13/13	20.00	71.20	
255563	3	T1019		08/14/13	08/14/13	20.00	71.20	
255563	4	T1019		08/15/13	08/15/13	20.00	71.20	
255563	5	T1019		08/16/13	08/16/13	20.00	71.20	
CLAIM TOTAL							356.00	CLAIM ACCOUNT REF. 2555630012012064SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255589	1	T1019		08/12/13	08/12/13	16.00	56.96	
255589	2	T1019		08/14/13	08/14/13	16.00	56.96	
255589	3	T1019		08/16/13	08/16/13	16.00	56.96	
CLAIM TOTAL							170.88	CLAIM ACCOUNT REF. 2555890012012127SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255573	1	T1020		08/10/13	08/10/13	1.00	200.00
255573	2	T1020		08/11/13	08/11/13	1.00	200.00
255573	3	T1020		08/12/13	08/12/13	1.00	200.00
255573	4	T1020		08/13/13	08/13/13	1.00	200.00
255573	5	T1020		08/16/13	08/16/13	1.00	200.00
CLAIM TOTAL						1,000.00	
							CLAIM ACCOUNT REF. 2555730012012208SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255569	1	T1019		08/03/13	08/03/13	16.00	56.96
255569	2	T1019		08/05/13	08/05/13	16.00	56.96
255569	3	T1019		08/10/13	08/10/13	16.00	56.96
255569	4	T1019		08/11/13	08/11/13	16.00	56.96
255569	5	T1019		08/12/13	08/12/13	16.00	56.96
255569	6	T1019		08/13/13	08/13/13	16.00	56.96
255569	7	T1019		08/14/13	08/14/13	16.00	56.96
CLAIM TOTAL						398.72	
							CLAIM ACCOUNT REF. 2555690012012245SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255570	1	T1019		07/27/13	07/27/13	8.00	28.48
255570	2	T1019		08/02/13	08/02/13	8.00	28.48
255570	3	T1019		08/03/13	08/03/13	8.00	28.48
255570	4	T1019		08/05/13	08/05/13	8.00	28.48
255570	5	T1019		08/10/13	08/10/13	8.00	28.48
255570	6	T1019		08/11/13	08/11/13	8.00	28.48
255570	7	T1019		08/12/13	08/12/13	8.00	28.48
255570	8	T1019		08/13/13	08/13/13	8.00	28.48
255570	9	T1019		08/14/13	08/14/13	8.00	28.48
CLAIM TOTAL						256.32	
							CLAIM ACCOUNT REF. 2555700012012246SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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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 2008651 2012334 APOSTOLOVA, LJUBKA 02/07/1944 RS76119U R2316572
DIAGNOSIS CODES: 331.0 311. 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255543	1	T1019		08/10/13	08/10/13	48.00	170.88
255543	2	T1019		08/11/13	08/11/13	48.00	170.88
255543	3	T1019		08/12/13	08/12/13	48.00	170.88
255543	4	T1019		08/13/13	08/13/13	48.00	170.88
255543	5	T1019		08/14/13	08/14/13	48.00	170.88
CLAIM TOTAL							854.40

CLAIM ACCOUNT REF. 2555430012012334SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008651 2012334 APOSTOLOVA, LJUBKA 02/07/1944 RS76119U 0107101303533
DIAGNOSIS CODES: 331.0 311. 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255544	1	T1019		08/15/13	08/15/13	48.00	170.88
CLAIM TOTAL							170.88

CLAIM ACCOUNT REF. 2555440012012334SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255424	1	T1019		08/10/13	08/10/13	32.00	135.04
255424	2	T1019		08/11/13	08/11/13	32.00	135.04
255424	3	T1019		08/12/13	08/12/13	32.00	135.04
255424	4	T1019		08/13/13	08/13/13	32.00	135.04
255424	5	T1019		08/14/13	08/14/13	32.00	135.04
255424	6	T1019		08/15/13	08/15/13	32.00	135.04
255424	7	T1019		08/16/13	08/16/13	32.00	135.04
CLAIM TOTAL							945.28

CLAIM ACCOUNT REF. 2554240012012478SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255445	1	T1019		08/10/13	08/10/13	32.00	135.04
255445	2	T1019		08/12/13	08/12/13	36.00	151.92
255445	3	T1019		08/13/13	08/13/13	36.00	151.92
255445	4	T1019		08/14/13	08/14/13	36.00	151.92
255445	5	T1019		08/15/13	08/15/13	36.00	151.92

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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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	
255445	6	T1019		08/16/13	08/16/13	36.00	151.92	
					CLAIM TOTAL		894.64	CLAIM ACCOUNT REF. 2554450012012498SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255450	1	T1019		08/10/13	08/10/13	32.00	135.04	
255450	2	T1019		08/11/13	08/11/13	32.00	135.04	
255450	3	T1019		08/12/13	08/12/13	20.00	84.40	
255450	4	T1019		08/13/13	08/13/13	32.00	135.04	
255450	5	T1019		08/14/13	08/14/13	20.00	84.40	
					CLAIM TOTAL		573.92	CLAIM ACCOUNT REF. 2554500012012772SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255541	1	T1019		08/16/13	08/16/13	16.00	56.96	
					CLAIM TOTAL		56.96	CLAIM ACCOUNT REF. 2555410012012951SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255542	1	T1019		08/10/13	08/10/13	32.00	113.92	
255542	2	T1019		08/11/13	08/11/13	32.00	113.92	
255542	3	T1019		08/12/13	08/12/13	32.00	113.92	
255542	4	T1019		08/13/13	08/13/13	32.00	113.92	
255542	5	T1019		08/14/13	08/14/13	32.00	113.92	
255542	6	T1019		08/15/13	08/15/13	32.00	113.92	
255542	7	T1019		08/16/13	08/16/13	32.00	113.92	
					CLAIM TOTAL		797.44	CLAIM ACCOUNT REF. 2555420012012973SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255436	1	T1020		08/10/13	08/10/13	12.00	202.56

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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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	
255436	2	T1020		08/11/13	08/11/13	12.00	202.56	
255436	3	T1020		08/12/13	08/12/13	12.00	202.56	
255436	4	T1020		08/13/13	08/13/13	12.00	202.56	
255436	5	T1020		08/14/13	08/14/13	12.00	202.56	
255436	6	T1020		08/15/13	08/15/13	12.00	202.56	
255436	7	T1020		08/16/13	08/16/13	12.00	202.56	
CLAIM TOTAL							1,417.92	CLAIM ACCOUNT REF. 2554360012013053SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255581	1	T1019		08/10/13	08/10/13	16.00	56.96	
255581	2	T1019		08/12/13	08/12/13	16.00	56.96	
255581	3	T1019		08/14/13	08/14/13	16.00	56.96	
255581	4	T1019		08/16/13	08/16/13	16.00	56.96	
CLAIM TOTAL							227.84	CLAIM ACCOUNT REF. 2555810012013439SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2010143	2013448	AHMED, UMARA	11/15/1985	XK51476N	R2412138
DIAGNOSIS	CODES:	335.19	695.4			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255404	1	T1019		08/10/13	08/10/13	32.00	135.04	
255404	2	T1019		08/11/13	08/11/13	32.00	135.04	
255404	3	T1019		08/12/13	08/12/13	32.00	135.04	
255404	4	T1019		08/13/13	08/13/13	32.00	135.04	
255404	5	T1019		08/14/13	08/14/13	32.00	135.04	
255404	6	T1019		08/15/13	08/15/13	32.00	135.04	
255404	7	T1019		08/16/13	08/16/13	32.00	135.04	
CLAIM TOTAL							945.28	CLAIM ACCOUNT REF. 2554040012013448SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255405	1	T1019		08/12/13	08/12/13	36.00	151.92	
255405	2	T1019		08/13/13	08/13/13	36.00	151.92	
255405	3	T1019		08/14/13	08/14/13	36.00	151.92	
255405	4	T1019		08/15/13	08/15/13	36.00	151.92	
255405	5	T1019		08/16/13	08/16/13	36.00	151.92	

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051
PAYER ID = 80141

SUNNYSIDE CITYWIDE
HEALTHFIRST PHSP

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	759.60	2554050012013451SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
255413	1	T1019		08/10/13	08/10/13	48.00	202.56	
255413	2	T1019		08/11/13	08/11/13	48.00	202.56	
255413	3	T1019		08/12/13	08/12/13	48.00	202.56	
255413	4	T1019		08/13/13	08/13/13	48.00	202.56	
255413	5	T1019		08/14/13	08/14/13	48.00	202.56	
255413	6	T1019		08/15/13	08/15/13	48.00	202.56	
255413	7	T1019		08/16/13	08/16/13	48.00	202.56	
						CLAIM TOTAL	1,417.92	2554130012013452SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
255414	1	T1019		08/12/13	08/12/13	16.00	67.52	
255414	2	T1019		08/13/13	08/13/13	24.00	101.28	
255414	3	T1019		08/14/13	08/14/13	24.00	101.28	
255414	4	T1019		08/15/13	08/15/13	24.00	101.28	
255414	5	T1019		08/16/13	08/16/13	24.00	101.28	
						CLAIM TOTAL	472.64	2554140012013453SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
255418	1	T1019		08/14/13	08/14/13	16.00	67.52	
255418	2	T1019		08/15/13	08/15/13	16.00	67.52	
255418	3	T1019		08/16/13	08/16/13	16.00	67.52	
						CLAIM TOTAL	202.56	2554180012013454SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255419	1	T1019		08/10/13	08/10/13	40.00	168.80
255419	2	T1019		08/11/13	08/11/13	40.00	168.80
255419	3	T1019		08/12/13	08/12/13	40.00	168.80
255419	4	T1019		08/13/13	08/13/13	40.00	168.80
255419	5	T1019		08/14/13	08/14/13	40.00	168.80
255419	6	T1019		08/15/13	08/15/13	40.00	168.80
255419	7	T1019		08/16/13	08/16/13	40.00	168.80
CLAIM TOTAL						1,181.60	CLAIM ACCOUNT REF. 2554190012013455SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255425	1	T1019		08/13/13	08/13/13	20.00	84.40
255425	2	T1019		08/14/13	08/14/13	20.00	84.40
255425	3	T1019		08/15/13	08/15/13	20.00	84.40
CLAIM TOTAL						253.20	CLAIM ACCOUNT REF. 2554250012013458SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009356 2013459 KHAN, FARUQUE 02/08/1949 VM87355G R2303230
DIAGNOSIS CODES: 696.8 253.5 272.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255426	1	T1019		08/10/13	08/10/13	48.00	202.56
255426	2	T1019		08/11/13	08/11/13	48.00	202.56
255426	3	T1019		08/12/13	08/12/13	48.00	202.56
255426	4	T1019		08/13/13	08/13/13	48.00	202.56
255426	5	T1019		08/14/13	08/14/13	48.00	202.56
255426	6	T1019		08/15/13	08/15/13	48.00	202.56
255426	7	T1019		08/16/13	08/16/13	48.00	202.56
CLAIM TOTAL						1,417.92	CLAIM ACCOUNT REF. 2554260012013459SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255427	1	T1019		07/08/13	07/08/13	28.00	118.16

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255427	2	T1019		07/09/13	07/09/13	28.00	118.16
255427	3	T1019		07/10/13	07/10/13	28.00	118.16
255427	4	T1019		07/11/13	07/11/13	28.00	118.16
255427	5	T1019		07/12/13	07/12/13	28.00	118.16
255427	6	T1019		08/12/13	08/12/13	28.00	118.16
255427	7	T1019		08/13/13	08/13/13	28.00	118.16
255427	8	T1019		08/14/13	08/14/13	28.00	118.16
255427	9	T1019		08/15/13	08/15/13	28.00	118.16
255427	10	T1019		08/16/13	08/16/13	28.00	118.16
						CLAIM TOTAL	1,181.60
						CLAIM ACCOUNT REF.	2554270012013461SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255433	1	T1019		08/10/13	08/10/13	24.00	101.28
255433	2	T1019		08/11/13	08/11/13	24.00	101.28
255433	3	T1019		08/12/13	08/12/13	24.00	101.28
255433	4	T1019		08/13/13	08/13/13	24.00	101.28
255433	5	T1019		08/14/13	08/14/13	24.00	101.28
255433	6	T1019		08/15/13	08/15/13	24.00	101.28
255433	7	T1019		08/16/13	08/16/13	24.00	101.28
						CLAIM TOTAL	708.96
						CLAIM ACCOUNT REF.	2554330012013462SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008422 2013463 MOSKOWITZ, RONA 02/16/1952 ZK67666G R2302297
DIAGNOSIS CODES: 799.89 401.9 493.92 729.0 V02.62

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255434	1	T1019		08/10/13	08/10/13	24.00	101.28
255434	2	T1019		08/12/13	08/12/13	24.00	101.28
255434	3	T1019		08/13/13	08/13/13	24.00	101.28
255434	4	T1019		08/14/13	08/14/13	24.00	101.28
255434	5	T1019		08/15/13	08/15/13	24.00	101.28
255434	6	T1019		08/16/13	08/16/13	24.00	101.28
						CLAIM TOTAL	607.68
						CLAIM ACCOUNT REF.	2554340012013463SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #
R2303508

1.012.80 CLAIM ACCOUNT REF. 2554350012013464SUP

PRIOR AUTHORIZATION #
R2302685

CLAIM ACCOUNT REF. 2554400012013465SUP

PRIOR AUTHORIZATION #
R2303381

CLAIM ACCOUNT REF. 2554410012013466SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255446	1	T1019		08/10/13	08/10/13	40.00	168.80
255446	2	T1019		08/11/13	08/11/13	40.00	168.80
255446	3	T1019		08/12/13	08/12/13	40.00	168.80
255446	4	T1019		08/13/13	08/13/13	40.00	168.80
255446	5	T1019		08/14/13	08/14/13	40.00	168.80
255446	6	T1019		08/15/13	08/15/13	40.00	168.80
255446	7	T1019		08/16/13	08/16/13	40.00	168.80
CLAIM TOTAL						1,181.60	CLAIM ACCOUNT REF. 2554460012013467SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008425 2013468 WELLS, WYNORIA 09/10/1959 ZR27322A R2303664
DIAGNOSIS CODES: 278.01 253.5 272.4 356.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255452	1	T1019		08/12/13	08/12/13	16.00	67.52
255452	2	T1019		08/15/13	08/15/13	16.00	67.52
255452	3	T1019		08/16/13	08/16/13	16.00	67.52
CLAIM TOTAL						202.56	CLAIM ACCOUNT REF. 2554520012013468SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013602 2013602 LOPEZ, YAMILETH 11/22/1957 129932699 R2346153
DIAGNOSIS CODES: 250.00 272.4 401.9 530.81 719.7

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255430	1	T1019		08/12/13	08/12/13	20.00	84.40
255430	2	T1019		08/13/13	08/13/13	20.00	84.40
255430	3	T1019		08/14/13	08/14/13	20.00	84.40
255430	4	T1019		08/15/13	08/15/13	20.00	84.40
CLAIM TOTAL						337.60	CLAIM ACCOUNT REF. 2554300012013602SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013739 2013739 GUERRA, MAYRA 07/10/1957 130005275 R2380289
DIAGNOSIS CODES: 332.0 311. 338.4 719.7 V15.88

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255423	1	T1019		08/10/13	08/10/13	32.00	135.04
255423	2	T1019		08/12/13	08/12/13	32.00	135.04
255423	3	T1019		08/13/13	08/13/13	32.00	135.04
255423	4	T1019		08/14/13	08/14/13	32.00	135.04

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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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	
255423	5	T1019		08/16/13	08/16/13	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2554230012013739SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008886	2013849	REINA, JOSE	05/31/1928	130116891	0107311303394
DIAGNOSIS CODES: 244.9 272.4 600.90							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255437	1	S5131		08/10/13	08/10/13	5.00	1,012.80	
255437	2	S5131		08/12/13	08/12/13	5.00	1,012.80	
255437	3	S5131		08/13/13	08/13/13	5.00	1,012.80	
255437	4	S5131		08/14/13	08/14/13	5.00	1,012.80	
255437	5	S5131		08/15/13	08/15/13	5.00	1,012.80	
255437	6	S5131		08/16/13	08/16/13	5.00	1,012.80	
					CLAIM TOTAL		6,076.80	CLAIM ACCOUNT REF. 2554370012013849SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009337	2013850	DOMINGUEZ-REIN, ANA T	09/02/1932	113539931	R2397139
DIAGNOSIS CODES: 401.9 715.00 733.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255415	1	S5131		08/10/13	08/10/13	5.00	1,012.80	
255415	2	S5131		08/12/13	08/12/13	5.00	1,012.80	
255415	3	S5131		08/13/13	08/13/13	5.00	1,012.80	
255415	4	S5131		08/14/13	08/14/13	5.00	1,012.80	
255415	5	S5131		08/15/13	08/15/13	5.00	1,012.80	
255415	6	S5131		08/16/13	08/16/13	5.00	1,012.80	
					CLAIM TOTAL		6,076.80	CLAIM ACCOUNT REF. 2554150012013850SUP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	527	TOTAL CLAIM AMOUNT =	76,443.52
		# SERVICES =	98		

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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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	2008287	2008287	MILLAN, ARMIDA	09/13/1928	100063356	610554187
DIAGNOSIS CODES: 250.00 272.4 311. 356.9 365.9 401.9 530.81							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255464	1	T1019		08/12/13	08/12/13	36.00	154.44
255464	2	T1019		08/13/13	08/13/13	36.00	154.44
255464	3	T1019		08/14/13	08/14/13	36.00	154.44
255464	4	T1019		08/15/13	08/15/13	36.00	154.44
255464	5	T1019		08/16/13	08/16/13	36.00	154.44
CLAIM TOTAL							772.20
							CLAIM ACCOUNT REF. 2554640012008287SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008401	2008401	SAFOS, PATRA	12/18/1948	100029836	611508024
DIAGNOSIS CODES: 340. 244.8 272.0 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255466	1	T1019		08/10/13	08/10/13	32.00	137.28
255466	2	T1019		08/11/13	08/11/13	32.00	137.28
255466	3	T1019		08/12/13	08/12/13	32.00	137.28
255466	4	T1019		08/13/13	08/13/13	32.00	137.28
255466	5	T1019		08/14/13	08/14/13	32.00	137.28
255466	6	T1019		08/15/13	08/15/13	32.00	137.28
255466	7	T1019		08/16/13	08/16/13	32.00	137.28
CLAIM TOTAL							960.96
							CLAIM ACCOUNT REF. 2554660012008401SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255465	1	T1019		08/12/13	08/12/13	16.00	68.64
255465	2	T1019		08/13/13	08/13/13	16.00	68.64
255465	3	T1019		08/14/13	08/14/13	16.00	68.64
255465	4	T1019		08/15/13	08/15/13	16.00	68.64
255465	5	T1019		08/16/13	08/16/13	16.00	68.64
CLAIM TOTAL							343.20
							CLAIM ACCOUNT REF. 2554650012013181SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255463	1	T1019		08/04/13	08/04/13	32.00	137.28

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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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
255463	2	T1019		08/10/13	08/10/13	32.00	137.28
255463	3	T1019		08/11/13	08/11/13	32.00	137.28
255463	4	T1019		08/12/13	08/12/13	32.00	137.28
255463	5	T1019		08/13/13	08/13/13	32.00	137.28
255463	6	T1019		08/14/13	08/14/13	32.00	137.28
255463	7	T1019		08/15/13	08/15/13	32.00	137.28
255463	8	T1019		08/16/13	08/16/13	32.00	137.28
CLAIM TOTAL						1,098.24	CLAIM ACCOUNT REF. 2554630012013182SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255467	1	T1019		08/11/13	08/11/13	48.00	205.92
255467	2	T1019		08/12/13	08/12/13	48.00	205.92
CLAIM TOTAL						411.84	CLAIM ACCOUNT REF. 2554670012013609SUP

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	27	TOTAL CLAIM AMOUNT =	3,586.44
		# SERVICES =	5		

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255591	1	T1019	0580	07/27/13	07/27/13	40.00	168.80
255591	2	T1019	0580	08/10/13	08/10/13	40.00	168.80
255591	3	T1019	0580	08/11/13	08/11/13	40.00	168.80
255591	4	T1019	0580	08/12/13	08/12/13	32.00	135.04
255591	5	T1019	0580	08/13/13	08/13/13	32.00	135.04
255591	6	T1019	0580	08/14/13	08/14/13	32.00	135.04
255591	7	T1019	0580	08/15/13	08/15/13	32.00	135.04
255591	8	T1019	0580	08/16/13	08/16/13	32.00	135.04
CLAIM TOTAL						1,181.60	CLAIM ACCOUNT REF. 2555910012008266SUP

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
255592	1	S5130	0582	08/13/13	08/13/13	16.00	67.52
255592	2	S5130	0582	08/15/13	08/15/13	16.00	67.52
CLAIM TOTAL						135.04	CLAIM ACCOUNT REF. 2555920012009279SUP

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
255594	1	T1019	0580	08/10/13	08/10/13	16.00	67.52
255594	2	T1019	0580	08/11/13	08/11/13	16.00	67.52
255594	3	T1019	0580	08/12/13	08/12/13	12.00	50.64
255594	4	T1019	0580	08/13/13	08/13/13	12.00	50.64
255594	5	T1019	0580	08/14/13	08/14/13	12.00	50.64
255594	6	T1019	0580	08/15/13	08/15/13	12.00	50.64
255594	7	T1019	0580	08/16/13	08/16/13	12.00	50.64
CLAIM TOTAL						388.24	CLAIM ACCOUNT REF. 2555940012010728SUP

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
255593	1	T1019	0580	08/10/13	08/10/13	20.00	84.40

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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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	
255593	2	T1019	0580	08/11/13	08/11/13	20.00	84.40	
255593	3	T1019	0580	08/12/13	08/12/13	16.00	67.52	
255593	4	T1019	0580	08/13/13	08/13/13	16.00	67.52	
255593	5	T1019	0580	08/14/13	08/14/13	16.00	67.52	
255593	6	T1019	0580	08/15/13	08/15/13	16.00	67.52	
255593	7	T1019	0580	08/16/13	08/16/13	16.00	67.52	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2555930012010729SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012083	2012354	CRUZ, SALVADOR	05/10/1932	713917795	103312801
DIAGNOSIS	CODES:	290.0	401.9	447.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255597	1	T1019	0580	08/14/13	08/14/13	24.00	90.00	
255597	2	T1019	0580	08/15/13	08/15/13	24.00	90.00	
255597	3	T1019	0580	08/16/13	08/16/13	24.00	90.00	
					CLAIM TOTAL		270.00	CLAIM ACCOUNT REF. 2555970012012354SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012080	2012362	RIVERA, CARMEN	05/17/1967	714280461	103312424
DIAGNOSIS	CODES:	192.2	338.29	536.9	787.60	788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255600	1	T1019	0580	08/12/13	08/12/13	20.00	75.00	
255600	2	T1019	0580	08/13/13	08/13/13	20.00	75.00	
255600	3	T1019	0580	08/14/13	08/14/13	20.00	75.00	
255600	4	T1019	0580	08/15/13	08/15/13	20.00	75.00	
255600	5	T1019	0580	08/16/13	08/16/13	16.00	60.00	
					CLAIM TOTAL		360.00	CLAIM ACCOUNT REF. 2556000012012362SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2009647	2012374	FERNANDEZ, NORKA *	07/14/1948	715856872	102806651
DIAGNOSIS	CODES:	401.9	311.	492.8	715.80	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255598	1	T1019	0580	08/12/13	08/12/13	32.00	120.00	
255598	2	T1019	0580	08/13/13	08/13/13	36.00	135.00	
255598	3	T1019	0580	08/14/13	08/14/13	32.00	120.00	
255598	4	T1019	0580	08/15/13	08/15/13	36.00	135.00	
255598	5	T1019	0580	08/16/13	08/16/13	32.00	120.00	
					CLAIM TOTAL		630.00	CLAIM ACCOUNT REF. 2555980012012374SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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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 2012732 2012732 COLCHAMIRO, ESTHER 02/01/1919 717373336 103441419
DIAGNOSIS CODES: 799.9 244.9 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255596	1	T1019	0580	08/08/13	08/08/13	28.00	105.00
255596	2	T1019	0580	08/12/13	08/12/13	28.00	105.00
255596	3	T1019	0580	08/13/13	08/13/13	28.00	105.00
255596	4	T1019	0580	08/14/13	08/14/13	28.00	105.00
255596	5	T1019	0580	08/15/13	08/15/13	28.00	105.00
255596	6	T1019	0580	08/16/13	08/16/13	16.00	60.00
CLAIM TOTAL						585.00	CLAIM ACCOUNT REF. 2555960012012732SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012163 2012876 AKHTAR, CATHRINE 11/07/1951 713952989 103312611
DIAGNOSIS CODES: 799.9 250.00 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255595	1	T1019	0580	08/03/13	08/03/13	20.00	75.00
255595	2	T1019	0580	08/04/13	08/04/13	20.00	75.00
255595	3	T1019	0580	08/05/13	08/05/13	28.00	105.00
255595	4	T1019	0580	08/06/13	08/06/13	28.00	105.00
255595	5	T1019	0580	08/07/13	08/07/13	28.00	105.00
255595	6	T1019	0580	08/08/13	08/08/13	28.00	105.00
255595	7	T1019	0580	08/09/13	08/09/13	28.00	105.00
255595	8	T1019	0580	08/10/13	08/10/13	20.00	75.00
255595	9	T1019	0580	08/11/13	08/11/13	20.00	75.00
255595	10	T1019	0580	08/12/13	08/12/13	28.00	105.00
255595	11	T1019	0580	08/13/13	08/13/13	28.00	105.00
255595	12	T1019	0580	08/14/13	08/14/13	28.00	105.00
255595	13	T1019	0580	08/15/13	08/15/13	28.00	105.00
255595	14	T1019	0580	08/16/13	08/16/13	28.00	105.00
CLAIM TOTAL						1,350.00	CLAIM ACCOUNT REF. 2555950012012876SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008365 2013018 HARDING, EDNA 05/17/1956 6274884 103437258
DIAGNOSIS CODES: 493.90 253.5 272.4 296.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255599	1	T1019	0580	08/12/13	08/12/13	16.00	60.00
255599	2	T1019	0580	08/13/13	08/13/13	16.00	60.00
255599	3	T1019	0580	08/14/13	08/14/13	16.00	60.00
255599	4	T1019	0580	08/15/13	08/15/13	16.00	60.00
255599	5	T1019	0580	08/16/13	08/16/13	16.00	60.00

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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	300.00	2555990012013018SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
255590	1	T1019	0580	08/13/13	08/13/13	20.00	84.40	
255590	2	T1019	0580	08/14/13	08/14/13	20.00	84.40	
255590	3	T1019	0580	08/15/13	08/15/13	20.00	84.40	
255590	4	T1019	0580	08/16/13	08/16/13	20.00	84.40	
						CLAIM TOTAL	337.60	2555900012013352SUP

PAYER TOTALS:	AMERIGROUP NEW YORK,LLC	# OF CLAIMS =	66	TOTAL CLAIM AMOUNT =	6,043.88
		# SERVICES =	11		

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009623	2013814	BEAN, ELMIRA	10/09/1948	00001678800	8/22/2012-00581-0006
DIAGNOSIS		CODES:	250.00 272.2 311. 401.9 436. 781.2				

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255619	1	T1019		0671	08/16/13	08/16/13	32.00	116.16
CLAIM TOTAL								116.16
CLAIM ACCOUNT REF.								2556190012013814SUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255620	1	T1019		0671	08/12/13	08/12/13	20.00	72.60
255620	2	T1019		0671	08/13/13	08/13/13	20.00	72.60
255620	3	T1019		0671	08/14/13	08/14/13	20.00	72.60
255620	4	T1019		0671	08/15/13	08/15/13	20.00	72.60
255620	5	T1019		0671	08/16/13	08/16/13	20.00	72.60
CLAIM TOTAL								363.00
CLAIM ACCOUNT REF.								2556200012013815SUP

PAYER TOTALS:	ELDERSERVE	# OF CLAIMS =	6	TOTAL CLAIM AMOUNT =	479.16
		# SERVICES =	2		

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1997785 1997785 RIVAS, GERTRUDIS 10/14/1931 GNT00533400 9/13/2011-00672-0009
DIAGNOSIS CODES: 250.81 272.0 311. 401.9 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255742	1	S5125		08/12/13	08/12/13	24.00	94.56	
255742	2	S5125		08/13/13	08/13/13	24.00	94.56	
255742	3	S5125		08/14/13	08/14/13	24.00	94.56	
255742	4	S5125		08/15/13	08/15/13	24.00	94.56	
255742	5	S5125		08/16/13	08/16/13	24.00	94.56	
					CLAIM TOTAL		472.80	CLAIM ACCOUNT REF. 2557420011997785SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1997789 1997789 SANCHEZ, ELIZABETH 01/03/1956 GNT00370600 11/17/2003-00133-0144
DIAGNOSIS CODES: 345.90 316. 369.4 462. 781.2 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255758	1	T1019		08/10/13	08/10/13	16.00	63.04	
255758	2	T1019		08/11/13	08/11/13	16.00	63.04	
255758	3	T1019		08/12/13	08/12/13	28.00	110.32	
255758	4	T1019		08/13/13	08/13/13	28.00	110.32	
255758	5	T1019		08/14/13	08/14/13	28.00	110.32	
255758	6	T1019		08/15/13	08/15/13	28.00	110.32	
255758	7	T1019		08/16/13	08/16/13	28.00	110.32	
					CLAIM TOTAL		677.68	CLAIM ACCOUNT REF. 2557580011997789SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1999328 1999328 ZUMAETA, FANNY 04/09/1936 GNT03663500 4/27/2007-00047-0033
DIAGNOSIS CODES: 318.1 345.91 369.4 389.10 453.8 784.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255790	1	T1019		07/27/13	07/27/13	28.00	110.32	
255790	2	T1019		08/12/13	08/12/13	40.00	157.60	
255790	3	T1019		08/13/13	08/13/13	40.00	157.60	
255790	4	T1019		08/14/13	08/14/13	40.00	157.60	
255790	5	T1019		08/15/13	08/15/13	40.00	157.60	
255790	6	T1019		08/16/13	08/16/13	40.00	157.60	
					CLAIM TOTAL		898.32	CLAIM ACCOUNT REF. 2557900011999328SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2002109 2002109 PROANO, ALICIA 09/18/1924 93700845900 7/27/2010-00116-0014
DIAGNOSIS CODES: 250.00 212.2 485. 272.0 401.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255733	1	S5125 TT		08/10/13	08/10/13	20.00	83.80
255733	2	S5125 TT		08/11/13	08/11/13	20.00	83.80
255733	3	S5125 TT		08/12/13	08/12/13	20.00	83.80
255733	4	S5125 TT		08/13/13	08/13/13	20.00	83.80
255733	5	S5125 TT		08/14/13	08/14/13	20.00	83.80
255733	6	S5125 TT		08/15/13	08/15/13	20.00	83.80
255733	7	S5125 TT		08/16/13	08/16/13	20.00	83.80
CLAIM TOTAL							586.60
							CLAIM ACCOUNT REF. 2557330012002109SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1997798 2002124 SHELTON, AGUEDA 02/05/1919 GNT03123900 3/3/2009-00651-0023
DIAGNOSIS CODES: 331.0 401.9 716.90 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255765	1	T1019		08/11/13	08/11/13	28.00	110.32
255765	2	T1019		08/12/13	08/12/13	28.00	110.32
255765	3	T1019		08/13/13	08/13/13	28.00	110.32
255765	4	T1019		08/14/13	08/14/13	28.00	110.32
255765	5	T1019		08/15/13	08/15/13	28.00	110.32
255765	6	T1019		08/16/13	08/16/13	28.00	110.32
CLAIM TOTAL							661.92
							CLAIM ACCOUNT REF. 2557650012002124SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2000377 2002162 MUSCAT, CARMEN 02/28/1927 GNT04082300 7/13/2012-00639-0005
DIAGNOSIS CODES: 250.00 272.2 401.9 564.09 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255711	1	T1019		08/10/13	08/10/13	24.00	94.56
255711	2	T1019		08/11/13	08/11/13	24.00	94.56
255711	3	T1019		08/12/13	08/12/13	32.00	126.08
255711	4	T1019		08/13/13	08/13/13	32.00	126.08
255711	5	T1019		08/14/13	08/14/13	32.00	126.08
255711	6	T1019		08/15/13	08/15/13	32.00	126.08
255711	7	T1019		08/16/13	08/16/13	32.00	126.08
CLAIM TOTAL							819.52
							CLAIM ACCOUNT REF. 2557110012002162SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2002531 2002531 NEWBOLD, RAMONA 09/24/1934 GNT04415000 10/27/2008-00400-0022
DIAGNOSIS CODES: 715.90 369.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255713	1	S5125		08/12/13	08/12/13	20.00	78.80
255713	2	S5125		08/13/13	08/13/13	20.00	78.80
255713	3	S5125		08/15/13	08/15/13	20.00	78.80
255713	4	S5125		08/16/13	08/16/13	20.00	78.80
CLAIM TOTAL						315.20	CLAIM ACCOUNT REF. 2557130012002531SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1997777 2002769 CEPEDA, TOMASA 09/07/1932 93700964900 12/4/2008-00022-0025
DIAGNOSIS CODES: 253.5 401.9 452. 462.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255641	1	S5125		08/10/13	08/10/13	17.00	66.98
255641	2	S5125		08/11/13	08/11/13	16.00	63.04
255641	3	S5125		08/12/13	08/12/13	24.00	94.56
255641	4	S5125		08/13/13	08/13/13	24.00	94.56
255641	5	S5125		08/14/13	08/14/13	24.00	94.56
255641	6	S5125		08/15/13	08/15/13	20.00	78.80
255641	7	S5125		08/16/13	08/16/13	20.00	78.80
CLAIM TOTAL						571.30	CLAIM ACCOUNT REF. 2556410012002769SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1997754 2003087 PAPHITIS, RICHARD 05/14/1923 GNT03006300 11/23/2005-00393-0046
DIAGNOSIS CODES: 343.8 272.0 338.19 530.81 733.00 737.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255725	1	T1019		08/12/13	08/12/13	32.00	126.08
255725	2	T1019		08/13/13	08/13/13	32.00	126.08
255725	3	T1019		08/14/13	08/14/13	32.00	126.08
255725	4	T1019		08/15/13	08/15/13	32.00	126.08
CLAIM TOTAL						504.32	CLAIM ACCOUNT REF. 2557250012003087SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2003177 2003177 WHITLEY, MYRNA 07/04/1950 GNT04373700 2/11/2009-00446-0023
DIAGNOSIS CODES: 340. 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255786	1	T1019		08/11/13	08/11/13	20.00	78.80
255786	2	T1019		08/12/13	08/12/13	24.00	94.56
255786	3	T1019		08/13/13	08/13/13	24.00	94.56

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255786	4	T1019		08/14/13	08/14/13	24.00	94.56	
255786	5	T1019		08/15/13	08/15/13	24.00	94.56	
255786	6	T1019		08/16/13	08/16/13	24.00	94.56	
					CLAIM TOTAL		551.60	CLAIM ACCOUNT REF. 2557860012003177SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2003254	2003254	JIMENEZ, EUGENIA	03/15/1931	GNT04164400	2/22/2012-00525-0006
DIAGNOSIS	CODES:	331.0	311.			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255687	1	T1019		08/10/13	08/10/13	42.00	165.48	
255687	2	T1019		08/11/13	08/11/13	46.00	181.24	
255687	3	T1019		08/12/13	08/12/13	46.00	181.24	
255687	4	T1019		08/13/13	08/13/13	46.00	181.24	
255687	5	T1019		08/14/13	08/14/13	46.00	181.24	
255687	6	T1019		08/15/13	08/15/13	36.00	141.84	
255687	7	T1019		08/16/13	08/16/13	42.00	165.48	
					CLAIM TOTAL		1,197.76	CLAIM ACCOUNT REF. 2556870012003254SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2004554	2004554	DONOSO, MARGARETHA	09/17/1938	GNT01219900	9/25/2009-00474-0021
DIAGNOSIS	CODES:	250.00	362.74 401.9 781.2			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255651	1	S5125		08/12/13	08/12/13	24.00	94.56	
255651	2	S5125		08/13/13	08/13/13	24.00	94.56	
255651	3	S5125		08/15/13	08/15/13	24.00	94.56	
255651	4	S5125		08/16/13	08/16/13	24.00	94.56	
					CLAIM TOTAL		378.24	CLAIM ACCOUNT REF. 2556510012004554SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2004768	2004768	NUNEZ, ANGELINA	10/01/1946	GNT02920000	9/28/2005-00256-0051
DIAGNOSIS	CODES:	493.00	250.00 361.9 366.00 715.90			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255714	1	T1019		08/12/13	08/12/13	16.00	63.04	
255714	2	T1019		08/13/13	08/13/13	16.00	63.04	
255714	3	T1019		08/14/13	08/14/13	16.00	63.04	
255714	4	T1019		08/15/13	08/15/13	16.00	63.04	
255714	5	T1019		08/16/13	08/16/13	16.00	63.04	
					CLAIM TOTAL		315.20	CLAIM ACCOUNT REF. 2557140012004768SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2002344 2006080 JOHNSON, DOROTHY 03/14/1932 GNT04334500 10/6/2008-00633-0045
DIAGNOSIS CODES: 331.0 250.00 272.2 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255688	1	S5125		08/12/13	08/12/13	48.00	189.12
255688	2	S5125		08/13/13	08/13/13	48.00	189.12
255688	3	S5125		08/14/13	08/14/13	48.00	189.12
255688	4	S5125		08/15/13	08/15/13	48.00	189.12
255688	5	S5125		08/16/13	08/16/13	48.00	189.12
CLAIM TOTAL							945.60

CLAIM ACCOUNT REF. 2556880012006080SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2006117 2006117 NETTLES, DONNA 09/21/1955 GNT04987100 7/27/2010-00646-0016
DIAGNOSIS CODES: 042. 070.54 218.9 311. 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255712	1	S5125		08/12/13	08/12/13	16.00	63.04
255712	2	S5125		08/14/13	08/14/13	16.00	63.04
255712	3	S5125		08/16/13	08/16/13	16.00	63.04
CLAIM TOTAL							189.12

CLAIM ACCOUNT REF. 2557120012006117SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2006118 2006118 ALI, AMRUNISSA 10/05/1934 93703296700 4/6/2011-00677-0014
DIAGNOSIS CODES: 250.00 272.0 401.9 462. 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255621	1	S5125		08/10/13	08/10/13	24.00	94.56
255621	2	S5125		08/12/13	08/12/13	36.00	141.84
255621	3	S5125		08/13/13	08/13/13	36.00	141.84
255621	4	S5125		08/14/13	08/14/13	36.00	141.84
255621	5	S5125		08/15/13	08/15/13	36.00	141.84
255621	6	S5125		08/16/13	08/16/13	36.00	141.84
CLAIM TOTAL							803.76

CLAIM ACCOUNT REF. 2556210012006118SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2006124 2006124 EARLINGTON, ALBERTHA 06/25/1947 GNT04981500 7/29/2010-00715-0015
DIAGNOSIS CODES: 463. 429.9 493.00 715.90 781.2 250.93 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255653	1	S5125		08/10/13	08/10/13	24.00	94.56
255653	2	S5125		08/12/13	08/12/13	28.00	110.32
255653	3	S5125		08/13/13	08/13/13	28.00	110.32
255653	4	S5125		08/14/13	08/14/13	28.00	110.32

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255653	5	S5125		08/15/13	08/15/13	28.00	110.32
255653	6	S5125		08/16/13	08/16/13	28.00	110.32
CLAIM TOTAL							646.16
CLAIM ACCOUNT REF.							2556530012006124SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2000279	2006152	YI, CARLOS	04/16/1959	GNT04057700	11/30/2007-00350-0092
DIAGNOSIS	CODES:	250.00	311.	338.29	365.9	401.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255787	1	S5125		08/10/13	08/10/13	16.00	63.04
255787	2	S5125		08/12/13	08/12/13	16.00	63.04
255787	3	S5125		08/13/13	08/13/13	16.00	63.04
255787	4	S5125		08/14/13	08/14/13	16.00	63.04
255787	5	S5125		08/15/13	08/15/13	16.00	63.04
255787	6	S5125		08/16/13	08/16/13	16.00	63.04
CLAIM TOTAL							378.24
CLAIM ACCOUNT REF.							2557870012006152SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2001974	2006828	RUBIANO, MARIA	11/12/1925	GNT03390400	9/27/2006-00154-0038
DIAGNOSIS	CODES:	716.90	345.90	414.00	428.0	294.20 401.9 530.81 564.00 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255754	1	S5125		08/13/13	08/13/13	22.00	86.68
255754	2	S5125		08/14/13	08/14/13	22.00	86.68
255754	3	S5125		08/15/13	08/15/13	22.00	86.68
CLAIM TOTAL							260.04
CLAIM ACCOUNT REF.							2557540012006828SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2002103	2007728	PROANO, BRUNO	10/06/1918	GNT04361600	8/28/2008-00367-0038
DIAGNOSIS	CODES:	715.90	290.0	780.96		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255734	1	S5125	TT	08/10/13	08/10/13	20.00	83.80
255734	2	S5125	TT	08/11/13	08/11/13	20.00	83.80
255734	3	S5125	TT	08/12/13	08/12/13	20.00	83.80
255734	4	S5125	TT	08/13/13	08/13/13	20.00	83.80
255734	5	S5125	TT	08/14/13	08/14/13	20.00	83.80
255734	6	S5125	TT	08/15/13	08/15/13	20.00	83.80
255734	7	S5125	TT	08/16/13	08/16/13	20.00	83.80
CLAIM TOTAL							586.60
CLAIM ACCOUNT REF.							2557340012007728SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2007969 2007969 RODRIGUEZ, HOLGER 10/27/1938 GNT05256300 2/29/2012-00253-0013
DIAGNOSIS CODES: 401.9 250.00 332.0 369.00 600.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255747	1	T1019		08/10/13	08/10/13	36.00	141.84
255747	2	T1019		08/11/13	08/11/13	36.00	141.84
255747	3	T1019		08/12/13	08/12/13	36.00	141.84
255747	4	T1019		08/13/13	08/13/13	36.00	141.84
255747	5	T1019		08/14/13	08/14/13	36.00	141.84
255747	6	T1019		08/15/13	08/15/13	36.00	141.84
255747	7	T1019		08/16/13	08/16/13	36.00	141.84
CLAIM TOTAL							992.88
CLAIM ACCOUNT REF.							2557470012007969SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2005886 2008200 VLAHOS, MARIE 09/04/1932 GNT04780800 1/5/2010-00429-0027
DIAGNOSIS CODES: 331.0 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255782	1	S5125		08/10/13	08/10/13	48.00	189.12
255782	2	S5125		08/11/13	08/11/13	46.00	181.24
255782	3	S5125		08/12/13	08/12/13	32.00	126.08
255782	4	S5125		08/13/13	08/13/13	32.00	126.08
255782	5	S5125		08/14/13	08/14/13	32.00	126.08
255782	6	S5125		08/16/13	08/16/13	32.00	126.08
CLAIM TOTAL							874.68
CLAIM ACCOUNT REF.							2557820012008200SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2007979 2008314 FERNANDEZ, ANA 08/14/1947 GNT05242300 6/2/2011-00474-0019
DIAGNOSIS CODES: 460. 311. 401.9 780.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255662	1	S5125		08/14/13	08/14/13	16.00	63.04
255662	2	S5125		08/15/13	08/15/13	16.00	63.04
255662	3	S5125		08/16/13	08/16/13	16.00	63.04
CLAIM TOTAL							189.12
CLAIM ACCOUNT REF.							2556620012008314SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008453 2008453 RESTULA, VINCENT 01/15/1929 GNT05473100 8/1/2011-00700-0008
DIAGNOSIS CODES: 389.9 369.9 V15.88

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255739	1	S5125		08/12/13	08/12/13	16.00	63.04
255739	2	S5125		08/13/13	08/13/13	16.00	63.04

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255739	3	S5125		08/15/13	08/15/13	16.00	63.04	
255739	4	S5125		08/16/13	08/16/13	16.00	63.04	
					CLAIM TOTAL		252.16	CLAIM ACCOUNT REF. 2557390012008453SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2004555	2008892	WEISZ, KLARA	06/27/1920	GNT04606900	6/19/2013-00016-0001
DIAGNOSIS	CODES:	401.9	242.90	272.0	311.	530.81 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255784	1	S5125		08/12/13	08/12/13	14.00	55.16	
					CLAIM TOTAL		55.16	CLAIM ACCOUNT REF. 2557840012008892SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008605	2009202	MARTINEZ, GLORIA	04/10/1937	GNT00444700	11/14/2003-00001-0097
DIAGNOSIS	CODES:	345.90	272.0	311.	362.50	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255702	1	S5125		08/12/13	08/12/13	20.00	78.80	
255702	2	S5125		08/13/13	08/13/13	20.00	78.80	
255702	3	S5125		08/14/13	08/14/13	20.00	78.80	
255702	4	S5125		08/15/13	08/15/13	20.00	78.80	
255702	5	S5125		08/16/13	08/16/13	20.00	78.80	
					CLAIM TOTAL		394.00	CLAIM ACCOUNT REF. 2557020012009202SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2002546	2009232	PEREZ, MARIA	02/04/1931	93703475500	11/9/2011-00055-0008
DIAGNOSIS	CODES:	715.00	385.00	401.9	564.00	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255729	1	T1019		08/12/13	08/12/13	24.00	94.56	
255729	2	T1019		08/13/13	08/13/13	24.00	94.56	
255729	3	T1019		08/15/13	08/15/13	24.00	94.56	
255729	4	T1019		08/16/13	08/16/13	24.00	94.56	
					CLAIM TOTAL		378.24	CLAIM ACCOUNT REF. 2557290012009232SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2009392	2009392	NUNEZ, IRIS	09/07/1963	GNT05481000	1/11/2012-00678-0009
DIAGNOSIS	CODES:	585.6	369.9	458.9	716.90	733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255715	1	S5125		07/06/13	07/06/13	24.00	94.56	
					CLAIM TOTAL		94.56	CLAIM ACCOUNT REF. 2557150012009392SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009394 2009394 ECKMAN, LOIS 04/02/1919 GNT05317600 12/1/2011-00331-0011
DIAGNOSIS CODES: 331.0 564.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255654	1	T1020		08/10/13	08/10/13	1.00	200.00
255654	2	T1020		08/11/13	08/11/13	1.00	200.00
255654	3	T1020		08/12/13	08/12/13	1.00	200.00
255654	4	T1020		08/13/13	08/13/13	1.00	200.00
255654	5	T1020		08/14/13	08/14/13	1.00	200.00
255654	6	T1020		08/15/13	08/15/13	1.00	200.00
255654	7	T1020		08/16/13	08/16/13	1.00	200.00
CLAIM TOTAL						1,400.00	
CLAIM ACCOUNT REF.						2556540012009394SUP	

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009400 2009400 HUSTIU, SILVIA 02/04/1929 GNT05850100 11/29/2011-00252-0010
DIAGNOSIS CODES: 250.00 272.0 338.19 362.51

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255681	1	S5125		08/12/13	08/12/13	7.00	27.58
255681	2	S5125		08/14/13	08/14/13	6.00	23.64
CLAIM TOTAL						51.22	
CLAIM ACCOUNT REF.						2556810012009400SUP	

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009435 2009435 GOMEZ, YOLANDA 11/26/1934 GNT05745100 12/1/2011-00373-0014
DIAGNOSIS CODES: 250.00 401.9 429.89 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255668	1	T1019		08/12/13	08/12/13	16.00	63.04
255668	2	T1019		08/14/13	08/14/13	16.00	63.04
255668	3	T1019		08/16/13	08/16/13	20.00	78.80
CLAIM TOTAL						204.88	
CLAIM ACCOUNT REF.						2556680012009435SUP	

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2003840 2009576 PAZIOULIS, KLEONIKI 10/16/1934 GNT04602500 6/2/2009-00124-0033
DIAGNOSIS CODES: 401.9 272.0 338.29

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255728	1	S5125		08/10/13	08/10/13	44.00	173.36
255728	2	S5125		08/11/13	08/11/13	44.00	173.36
255728	3	S5125		08/12/13	08/12/13	44.00	173.36
255728	4	S5125		08/13/13	08/13/13	44.00	173.36
CLAIM TOTAL						693.44	
CLAIM ACCOUNT REF.						2557280012009576SUP	

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009589 2009589 FERRO, JOSEPHINE 10/09/1915 GNT05940400 12/28/2011-00570-0010
DIAGNOSIS CODES: 294.20 362.51 455.3 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255664	1	T1019		08/10/13	08/10/13	24.00	94.56
255664	2	T1019		08/11/13	08/11/13	16.00	63.04
255664	3	T1019		08/12/13	08/12/13	48.00	189.12
255664	4	T1019		08/13/13	08/13/13	48.00	189.12
255664	5	T1019		08/14/13	08/14/13	48.00	189.12
255664	6	T1019		08/15/13	08/15/13	48.00	189.12
255664	7	T1019		08/16/13	08/16/13	48.00	189.12
CLAIM TOTAL						1,103.20	CLAIM ACCOUNT REF. 2556640012009589SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009618 2009618 WEST, BALDWIN 09/14/1933 GNT05953700 1/3/2012-00952-0009
DIAGNOSIS CODES: 294.10 250.00 365.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255785	1	T1019		08/13/13	08/13/13	16.00	63.04
CLAIM TOTAL						63.04	CLAIM ACCOUNT REF. 2557850012009618SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009790 2009790 COLEMAN, REGINA 11/26/1958 GNT060020000 2/1/2012-01152-0006
DIAGNOSIS CODES: 331.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255643	1	S5125		08/10/13	08/10/13	32.00	126.08
255643	2	S5125		08/11/13	08/11/13	32.00	126.08
255643	3	S5125		08/12/13	08/12/13	16.00	63.04
255643	4	S5125		08/13/13	08/13/13	20.00	78.80
255643	5	S5125		08/14/13	08/14/13	20.00	78.80
255643	6	S5125		08/15/13	08/15/13	20.00	78.80
255643	7	S5125		08/16/13	08/16/13	20.00	78.80
CLAIM TOTAL						630.40	CLAIM ACCOUNT REF. 2556430012009790SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010198 2010198 ORLANDO, ANNE 02/09/1923 GNT06098400 4/2/2012-00930-0008
DIAGNOSIS CODES: 294.20 401.9 496. 719.7

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255720	1	T1019		08/12/13	08/12/13	20.00	78.80
255720	2	T1019		08/13/13	08/13/13	20.00	78.80
255720	3	T1019		08/14/13	08/14/13	20.00	78.80

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255720	4	T1019		08/15/13	08/15/13	20.00	78.80	
255720	5	T1019		08/16/13	08/16/13	20.00	78.80	
						CLAIM TOTAL	394.00	CLAIM ACCOUNT REF. 2557200012010198SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010407	2010407	MORA, PAULA	06/14/1931	GNT06124800	4/27/2012-00052-0007
DIAGNOSIS	CODES:	401.9	244.9	250.00	366.00	389.9	715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255707	1	T1019		08/15/13	08/15/13	16.00	63.04	
						CLAIM TOTAL	63.04	CLAIM ACCOUNT REF. 2557070012010407SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010409	2010409	RAMOS, ESTHER	12/21/1933	GNT06136400	4/27/2012-00082-0007
DIAGNOSIS	CODES:	331.0	250.00	272.2	401.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255738	1	T1019		08/12/13	08/12/13	12.00	47.28	
255738	2	T1019		08/13/13	08/13/13	16.00	63.04	
255738	3	T1019		08/14/13	08/14/13	16.00	63.04	
255738	4	T1019		08/15/13	08/15/13	12.00	47.28	
255738	5	T1019		08/16/13	08/16/13	16.00	63.04	
						CLAIM TOTAL	283.68	CLAIM ACCOUNT REF. 2557380012010409SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010412	2010412	RODRIGUEZ, FABIOLA	06/23/1931	GNT06115800	8/27/2012-00184-0005
DIAGNOSIS	CODES:	715.90	401.9	493.00			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255746	1	S5125		08/12/13	08/12/13	16.00	63.04	
255746	2	S5125		08/13/13	08/13/13	16.00	63.04	
255746	3	S5125		08/14/13	08/14/13	16.00	63.04	
255746	4	S5125		08/15/13	08/15/13	16.00	63.04	
255746	5	S5125		08/16/13	08/16/13	16.00	63.04	
						CLAIM TOTAL	315.20	CLAIM ACCOUNT REF. 2557460012010412SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2003103	2010494	GREENSPAN, ALICE	04/15/1942	GNT04498400	1/27/2009-00682-0060
DIAGNOSIS	CODES:	331.0	250.00	272.2	311.	401.9	530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255672	1	S5125		08/06/13	08/06/13	4.00	15.76	
						CLAIM TOTAL	15.76	CLAIM ACCOUNT REF. 2556720012010494SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010647 2010647 PRADO, NANCY 04/02/1950 GNT00201400 11/3/2008-00778-0021
DIAGNOSIS CODES: 311. 750.7

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255732	1	T1019		08/06/13	08/06/13	16.00	63.04
255732	2	T1019		08/07/13	08/07/13	16.00	63.04
255732	3	T1019		08/08/13	08/08/13	16.00	63.04
255732	4	T1019		08/13/13	08/13/13	16.00	63.04
255732	5	T1019		08/14/13	08/14/13	16.00	63.04
255732	6	T1019		08/15/13	08/15/13	16.00	63.04
CLAIM TOTAL						378.24	CLAIM ACCOUNT REF. 2557320012010647SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010843 2010843 ALSTON, ZULINE 05/07/1927 GNT06188400 6/28/2012-00942-0012
DIAGNOSIS CODES: 290.0 272.0 365.9 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255625	1	S5125		08/08/13	08/08/13	32.00	126.08
255625	2	S5125		08/10/13	08/10/13	32.00	126.08
255625	3	S5125		08/11/13	08/11/13	32.00	126.08
255625	4	S5125		08/12/13	08/12/13	32.00	126.08
255625	5	S5125		08/13/13	08/13/13	32.00	126.08
255625	6	S5125		08/14/13	08/14/13	32.00	126.08
255625	7	S5125		08/15/13	08/15/13	30.00	118.20
255625	8	S5125		08/16/13	08/16/13	32.00	126.08
CLAIM TOTAL						1,000.76	CLAIM ACCOUNT REF. 2556250012010843SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011036 2011036 MASSOL, PEDRO A 09/08/1934 GNT04564600 7/26/2012-00677-0014
DIAGNOSIS CODES: 290.40 250.00 272.2 285.9 401.9 600.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255703	1	S5125		08/12/13	08/12/13	20.00	78.80
255703	2	S5125		08/13/13	08/13/13	20.00	78.80
255703	3	S5125		08/14/13	08/14/13	4.00	15.76
255703	4	S5125		08/15/13	08/15/13	19.00	74.86
255703	5	S5125		08/16/13	08/16/13	20.00	78.80
CLAIM TOTAL						327.02	CLAIM ACCOUNT REF. 2557030012011036SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011252 2011252 HENRIQUEZ, TERESA 10/15/1938 GNT06350600 8/30/2012-00144-0006
DIAGNOSIS CODES: 203.01 272.2 311. 401.9 530.81 564.00 780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255679	1	S5125		08/10/13	08/10/13	16.00	63.04
255679	2	S5125		08/11/13	08/11/13	16.00	63.04
255679	3	S5125		08/12/13	08/12/13	32.00	126.08
255679	4	S5125		08/13/13	08/13/13	32.00	126.08
255679	5	S5125		08/14/13	08/14/13	32.00	126.08
255679	6	S5125		08/15/13	08/15/13	32.00	126.08
255679	7	S5125		08/16/13	08/16/13	32.00	126.08
CLAIM TOTAL							756.48
CLAIM ACCOUNT REF.							2556790012011252SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011256 2011256 DURAN, CARMEN 07/16/1925 GNT06350900 8/30/2012-00186-0007
DIAGNOSIS CODES: 894.0 244.8 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255652	1	S5125		08/07/13	08/07/13	26.00	102.44
255652	2	S5125		08/12/13	08/12/13	26.00	102.44
255652	3	S5125		08/13/13	08/13/13	26.00	102.44
255652	4	S5125		08/14/13	08/14/13	26.00	102.44
255652	5	S5125		08/15/13	08/15/13	26.00	102.44
255652	6	S5125		08/16/13	08/16/13	26.00	102.44
CLAIM TOTAL							614.64
CLAIM ACCOUNT REF.							2556520012011256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010773 2011350 MCQUAIL, MAUREEN 10/23/1934 GNT06367800 9/13/2012-00602-0007
DIAGNOSIS CODES: 331.0 244.9 250.80 278.02 447.8 715.98

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255704	1	S5125		08/10/13	08/10/13	40.00	157.60
255704	2	S5125		08/11/13	08/11/13	40.00	157.60
255704	3	S5125		08/12/13	08/12/13	48.00	189.12
255704	4	S5125		08/13/13	08/13/13	48.00	189.12
255704	5	S5125		08/14/13	08/14/13	48.00	189.12
255704	6	S5125		08/15/13	08/15/13	48.00	189.12
255704	7	S5125		08/16/13	08/16/13	48.00	189.12
CLAIM TOTAL							1,260.80
CLAIM ACCOUNT REF.							2557040012011350SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1997780 2011411 PICHARDO, MARIA 05/14/1923 GNT02908700 8/24/2005-00382-0054
DIAGNOSIS CODES: 290.0 311. 493.00 530.81 780.96

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255730	1	T1019		08/10/13	08/10/13	36.00	141.84
255730	2	T1019		08/11/13	08/11/13	36.00	141.84
255730	3	T1019		08/12/13	08/12/13	36.00	141.84
255730	4	T1019		08/13/13	08/13/13	36.00	141.84
255730	5	T1019		08/14/13	08/14/13	36.00	141.84
255730	6	T1019		08/15/13	08/15/13	36.00	141.84
255730	7	T1019		08/16/13	08/16/13	36.00	141.84
CLAIM TOTAL							992.88
CLAIM ACCOUNT REF.							2557300012011411SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011472 2011472 HENLEY, LUVENIA 08/23/1927 GNT06160900 9/28/2012-00806-0008
DIAGNOSIS CODES: 294.10 253.5 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255677	1	T1019		07/31/13	07/31/13	48.00	189.12
CLAIM TOTAL							189.12
CLAIM ACCOUNT REF.							2556770012011472SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011472 2011472 HENLEY, LUVENIA 08/23/1927 GNT06160900 9/28/2012-00806-0009
DIAGNOSIS CODES: 294.10 253.5 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255678	1	T1019		08/01/13	08/01/13	48.00	189.12
255678	2	T1019		08/05/13	08/05/13	48.00	189.12
255678	3	T1019		08/06/13	08/06/13	48.00	189.12
255678	4	T1019		08/07/13	08/07/13	48.00	189.12
255678	5	T1019		08/09/13	08/09/13	48.00	189.12
255678	6	T1019		08/10/13	08/10/13	48.00	189.12
255678	7	T1019		08/11/13	08/11/13	48.00	189.12
CLAIM TOTAL							1,323.84
CLAIM ACCOUNT REF.							2556780012011472SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011503 2011503 BERJASHEVIC, LIME 10/30/1926 GNT06467800 10/3/2012-00231-0006
DIAGNOSIS CODES: 093.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255630	1	T1019		08/12/13	08/12/13	16.00	63.04
255630	2	T1019		08/16/13	08/16/13	32.00	126.08
CLAIM TOTAL							189.12
CLAIM ACCOUNT REF.							2556300012011503SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009586 2011581 ASH, MARIE 08/11/1925 GNT06270600 9/28/2012-00709-0009
DIAGNOSIS CODES: 780.4 458.8 780.93 V45.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255627	1	T1019		08/12/13	08/12/13	16.00	63.04	
255627	2	T1019		08/14/13	08/14/13	16.00	63.04	
255627	3	T1019		08/16/13	08/16/13	16.00	63.04	
CLAIM TOTAL							189.12	CLAIM ACCOUNT REF. 2556270012011581SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011597 2011597 SOLIS, JUDITH 12/26/1931 GNT03904400 10/29/2007-00547-0029
DIAGNOSIS CODES: 294.10 290.0 296.22 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255766	1	S5125		08/10/13	08/10/13	48.00	189.12	
255766	2	S5125		08/11/13	08/11/13	48.00	189.12	
255766	3	S5125		08/12/13	08/12/13	48.00	189.12	
255766	4	S5125		08/13/13	08/13/13	48.00	189.12	
CLAIM TOTAL							756.48	CLAIM ACCOUNT REF. 2557660012011597SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011599 2011599 DELEON, JUANA 04/18/1918 GNT04795000 1/28/2010-00406-0023
DIAGNOSIS CODES: 294.10 365.89 401.9 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255649	1	S5125		08/12/13	08/12/13	24.00	94.56	
255649	2	S5125		08/13/13	08/13/13	24.00	94.56	
255649	3	S5125		08/14/13	08/14/13	24.00	94.56	
255649	4	S5125		08/15/13	08/15/13	24.00	94.56	
255649	5	S5125		08/16/13	08/16/13	24.00	94.56	
CLAIM TOTAL							472.80	CLAIM ACCOUNT REF. 2556490012011599SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011600 2011600 GUZMAN, EDELMIRA 02/19/1944 GNT03023100 11/6/2008-00160-0008
DIAGNOSIS CODES: 250.00 244.9 401.9 569.89 781.2 789.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255676	1	T1019		08/12/13	08/12/13	4.00	15.76	
CLAIM TOTAL							15.76	CLAIM ACCOUNT REF. 2556760012011600SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011654	2011654	ALIX, PEDRO	01/31/1937	GNT03916300	7/26/2011-00282-0019
DIAGNOSIS CODES: 294.10 401.9 602.8							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255622	1	S5126		04/22/13	04/22/13	1.00	200.00
CLAIM TOTAL							200.00
CLAIM ACCOUNT REF.							2556220012011654SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011654	2011654	ALIX, PEDRO	01/31/1937	GNT03916300	7/26/2011-00282-0020
DIAGNOSIS CODES: 294.10 401.9 602.8							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255623	1	S5126		06/24/13	06/24/13	1.00	200.00
CLAIM TOTAL							200.00
CLAIM ACCOUNT REF.							2556230012011654SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011654	2011654	ALIX, PEDRO	01/31/1937	GNT03916300	7/26/2011-00282-0021
DIAGNOSIS CODES: 294.10 401.9 602.8							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255624	1	S5126		08/10/13	08/10/13	1.00	200.00
255624	2	S5126		08/11/13	08/11/13	1.00	200.00
255624	3	S5126		08/12/13	08/12/13	1.00	200.00
255624	4	S5126		08/13/13	08/13/13	1.00	200.00
255624	5	S5126		08/14/13	08/14/13	1.00	200.00
255624	6	S5126		08/15/13	08/15/13	1.00	200.00
255624	7	S5126		08/16/13	08/16/13	1.00	200.00
CLAIM TOTAL							1,400.00
CLAIM ACCOUNT REF.							2556240012011654SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011657	2011657	ORTIZ, MERCEDES	11/03/1932	GNT05073800	6/1/2012-00856-0009
DIAGNOSIS CODES: 447.6 294.10 365.44 369.4 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255722	1	S5125		08/10/13	08/10/13	16.00	63.04
255722	2	S5125		08/11/13	08/11/13	16.00	63.04
255722	3	S5125		08/12/13	08/12/13	28.00	110.32
255722	4	S5125		08/13/13	08/13/13	28.00	110.32
255722	5	S5125		08/14/13	08/14/13	28.00	110.32
255722	6	S5125		08/15/13	08/15/13	28.00	110.32
255722	7	S5125		08/16/13	08/16/13	28.00	110.32
CLAIM TOTAL							677.68
CLAIM ACCOUNT REF.							2557220012011657SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011659 2011659 RIVERA MARTINEZ, GLORI 01/22/1938 GNT02887600 8/23/2005-00354-0059
DIAGNOSIS CODES: 253.5 244.9 272.4 369.00 401.9 493.92

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255743	1	S5125		08/10/13	08/10/13	28.00	110.32
255743	2	S5125		08/11/13	08/11/13	28.00	110.32
255743	3	S5125		08/12/13	08/12/13	28.00	110.32
255743	4	S5125		08/13/13	08/13/13	28.00	110.32
255743	5	S5125		08/14/13	08/14/13	28.00	110.32
255743	6	S5125		08/15/13	08/15/13	28.00	110.32
255743	7	S5125		08/16/13	08/16/13	28.00	110.32
CLAIM TOTAL							772.24
CLAIM ACCOUNT REF.							2557430012011659SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011662 2011662 GONZALEZ MONTALVO, RA 02/10/1935 GNT02343300 3/24/2004-00008-0046
DIAGNOSIS CODES: 253.5 272.4 369.60 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255669	1	S5125		08/10/13	08/10/13	16.00	63.04
255669	2	S5125		08/12/13	08/12/13	16.00	63.04
255669	3	S5125		08/13/13	08/13/13	16.00	63.04
255669	4	S5125		08/14/13	08/14/13	16.00	63.04
255669	5	S5125		08/15/13	08/15/13	16.00	63.04
255669	6	S5125		08/16/13	08/16/13	16.00	63.04
CLAIM TOTAL							378.24
CLAIM ACCOUNT REF.							2556690012011662SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008342 2011663 MARTIN, RUTH 08/25/1927 GNT06371400 9/28/2012-00964-0010
DIAGNOSIS CODES: 331.0 208.91 290.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255700	1	S5126		08/10/13	08/10/13	1.00	200.00
255700	2	S5126		08/11/13	08/11/13	1.00	200.00
255700	3	S5126		08/12/13	08/12/13	1.00	200.00
255700	4	S5126		08/13/13	08/13/13	1.00	200.00
255700	5	S5126		08/14/13	08/14/13	1.00	200.00
255700	6	S5126		08/15/13	08/15/13	1.00	200.00
255700	7	S5126		08/16/13	08/16/13	1.00	200.00
CLAIM TOTAL							1,400.00
CLAIM ACCOUNT REF.							2557000012011663SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011694 2011694 LORA, FERNANDO 08/20/1935 GNT03342600 11/3/2006-00417-0038
DIAGNOSIS CODES: 429.9 386.9 602.8 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255693	1	S5125		08/12/13	08/12/13	32.00	126.08	
255693	2	S5125		08/13/13	08/13/13	32.00	126.08	
255693	3	S5125		08/14/13	08/14/13	32.00	126.08	
255693	4	S5125		08/15/13	08/15/13	32.00	126.08	
255693	5	S5125		08/16/13	08/16/13	24.00	94.56	
CLAIM TOTAL							598.88	CLAIM ACCOUNT REF. 2556930012011694SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1999409 2011750 ZARE, GLORIA 05/07/1943 GNT03716600 6/28/2007-00093-0098
DIAGNOSIS CODES: V68.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255789	1	S5125		08/10/13	08/10/13	32.00	126.08	
255789	2	S5125		08/11/13	08/11/13	12.00	47.28	
255789	3	S5125		08/12/13	08/12/13	32.00	126.08	
255789	4	S5125		08/13/13	08/13/13	32.00	126.08	
255789	5	S5125		08/14/13	08/14/13	32.00	126.08	
CLAIM TOTAL							551.60	CLAIM ACCOUNT REF. 2557890012011750SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011769 2011769 COMET, JULIA 10/07/1934 GNT04442600 11/25/2008-00698-0024
DIAGNOSIS CODES: 401.9 272.2 365.9 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255645	1	T1019		08/12/13	08/12/13	24.00	94.56	
255645	2	T1019		08/13/13	08/13/13	24.00	94.56	
255645	3	T1019		08/14/13	08/14/13	24.00	94.56	
255645	4	T1019		08/15/13	08/15/13	24.00	94.56	
255645	5	T1019		08/16/13	08/16/13	24.00	94.56	
CLAIM TOTAL							472.80	CLAIM ACCOUNT REF. 2556450012011769SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011770 2011770 GUZMAN, ALICIA 05/26/1937 GNT00484900 12/5/2003-00110-0041
DIAGNOSIS CODES: 300.20 300.00 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255674	1	T1019		07/31/13	07/31/13	16.00	63.04	
CLAIM TOTAL							63.04	CLAIM ACCOUNT REF. 2556740012011770SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011770 2011770 GUZMAN, ALICIA 05/26/1937 GNT00484900 12/5/2003-00110-0042
DIAGNOSIS CODES: 300.20 300.00 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255675	1	T1019		08/13/13	08/13/13	16.00	63.04	
255675	2	T1019		08/14/13	08/14/13	14.00	55.16	
255675	3	T1019		08/15/13	08/15/13	16.00	63.04	
255675	4	T1019		08/16/13	08/16/13	16.00	63.04	
CLAIM TOTAL							244.28	CLAIM ACCOUNT REF. 2556750012011770SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011772 2011772 MARIANI, MARIA 03/24/1934 GNT03761400 7/30/2007-00421-0031
DIAGNOSIS CODES: 401.9 714.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255698	1	T1019		08/12/13	08/12/13	16.00	63.04	
255698	2	T1019		08/13/13	08/13/13	16.00	63.04	
255698	3	T1019		08/14/13	08/14/13	16.00	63.04	
255698	4	T1019		08/15/13	08/15/13	16.00	63.04	
255698	5	T1019		08/16/13	08/16/13	16.00	63.04	
CLAIM TOTAL							315.20	CLAIM ACCOUNT REF. 2556980012011772SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011773 2011773 NUNEZ, REYNA 11/28/1964 GNT02970200 10/27/2005-00154-0070
DIAGNOSIS CODES: 296.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255716	1	T1019		07/31/13	07/31/13	8.00	31.52	
255716	2	T1019		08/05/13	08/05/13	16.00	63.04	
255716	3	T1019		08/12/13	08/12/13	16.00	63.04	
255716	4	T1019		08/13/13	08/13/13	16.00	63.04	
255716	5	T1019		08/14/13	08/14/13	16.00	63.04	
255716	6	T1019		08/15/13	08/15/13	16.00	63.04	
255716	7	T1019		08/16/13	08/16/13	16.00	63.04	
CLAIM TOTAL							409.76	CLAIM ACCOUNT REF. 2557160012011773SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011774 2011774 QUINONES, ENEIDA 02/29/1936 GNT03606700 10/3/2007-00270-0036
DIAGNOSIS CODES: 493.92 714.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255735	1	T1019		08/12/13	08/12/13	16.00	63.04	
255735	2	T1019		08/13/13	08/13/13	16.00	63.04	

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255735	3	T1019		08/14/13	08/14/13	16.00	63.04	
255735	4	T1019		08/15/13	08/15/13	16.00	63.04	
255735	5	T1019		08/16/13	08/16/13	16.00	63.04	
				CLAIM TOTAL			315.20	CLAIM ACCOUNT REF. 2557350012011774SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011777	2011777	ROMAN, GLADYS	09/15/1934	GNT02933300	9/30/2005-00315-0042
DIAGNOSIS	CODES:	493.00	244.9	295.90	716.98	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255751	1	S5125		07/26/13	07/26/13	32.00	126.08	
				CLAIM TOTAL			126.08	CLAIM ACCOUNT REF. 2557510012011777SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011777	2011777	ROMAN, GLADYS	09/15/1934	GNT02933300	9/30/2005-00315-0043
DIAGNOSIS	CODES:	493.00	244.9	295.90	716.98	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255752	1	S5125		08/10/13	08/10/13	32.00	126.08	
255752	2	S5125		08/11/13	08/11/13	32.00	126.08	
255752	3	S5125		08/12/13	08/12/13	32.00	126.08	
255752	4	S5125		08/13/13	08/13/13	32.00	126.08	
255752	5	S5125		08/14/13	08/14/13	32.00	126.08	
255752	6	S5125		08/15/13	08/15/13	32.00	126.08	
255752	7	S5125		08/16/13	08/16/13	32.00	126.08	
				CLAIM TOTAL			882.56	CLAIM ACCOUNT REF. 2557520012011777SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011781	2011781	THEN, MARIA	02/12/1942	GNT04429300	10/27/2008-00334-0090
DIAGNOSIS	CODES:	585.6	250.93	401.9	428.0	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255768	1	S5125		08/12/13	08/12/13	36.00	141.84	
255768	2	S5125		08/13/13	08/13/13	12.00	47.28	
255768	3	S5125		08/14/13	08/14/13	36.00	141.84	
255768	4	S5125		08/15/13	08/15/13	12.00	47.28	
255768	5	S5125		08/16/13	08/16/13	36.00	141.84	
				CLAIM TOTAL			520.08	CLAIM ACCOUNT REF. 2557680012011781SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011782 2011782 THERMOSY, MARIE P 06/10/1917 GNT02791600 6/23/2005-00052-0045
DIAGNOSIS CODES: 369.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255769	1	S5125		08/10/13	08/10/13	20.00	78.80
255769	2	S5125		08/12/13	08/12/13	32.00	126.08
255769	3	S5125		08/13/13	08/13/13	32.00	126.08
255769	4	S5125		08/14/13	08/14/13	20.00	78.80
255769	5	S5125		08/15/13	08/15/13	32.00	126.08
255769	6	S5125		08/16/13	08/16/13	32.00	126.08
CLAIM TOTAL						661.92	CLAIM ACCOUNT REF. 2557690012011782SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011783 2011783 VARGAS, ALCIBIADES 07/06/1918 GNT00492400 12/5/2003-00041-0044
DIAGNOSIS CODES: 715.00 401.9 530.81 696.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255775	1	T1019		08/10/13	08/10/13	20.00	78.80
255775	2	T1019		08/11/13	08/11/13	20.00	78.80
255775	3	T1019		08/12/13	08/12/13	20.00	78.80
255775	4	T1019		08/13/13	08/13/13	20.00	78.80
255775	5	T1019		08/14/13	08/14/13	20.00	78.80
255775	6	T1019		08/15/13	08/15/13	20.00	78.80
255775	7	T1019		08/16/13	08/16/13	19.00	74.86
CLAIM TOTAL						547.66	CLAIM ACCOUNT REF. 2557750012011783SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011787 2011787 SANTIAGO, ARMINDA 05/19/1932 GNT02860500 7/26/2005-00146-0054
DIAGNOSIS CODES: 253.5 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255761	1	T1019		08/12/13	08/12/13	16.00	63.04
255761	2	T1019		08/14/13	08/14/13	16.00	63.04
255761	3	T1019		08/16/13	08/16/13	16.00	63.04
CLAIM TOTAL						189.12	CLAIM ACCOUNT REF. 2557610012011787SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011788 2011788 SANTIAGO, VICTORIO 11/18/1941 93701469700 8/30/2012-00607-0005
DIAGNOSIS CODES: 401.9 244.9 272.4 715.93

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255762	1	T1019 TT		08/12/13	08/12/13	16.00	67.04
255762	2	T1019 TT		08/13/13	08/13/13	16.00	67.04

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255762	3	T1019 TT		08/14/13	08/14/13	16.00	67.04	
255762	4	T1019 TT		08/15/13	08/15/13	16.00	67.04	
255762	5	T1019 TT		08/16/13	08/16/13	16.00	67.04	
					CLAIM TOTAL		335.20	CLAIM ACCOUNT REF. 2557620012011788SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011797	2011797	CARTAGENA, LUZ	10/05/1948	GNT00039700	2/1/2012-01193-0008
DIAGNOSIS	CODES:	369.9	272.4	300.00	401.9	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255639	1	T1019		08/12/13	08/12/13	20.00	78.80	
255639	2	T1019		08/16/13	08/16/13	19.00	74.86	
					CLAIM TOTAL		153.66	CLAIM ACCOUNT REF. 2556390012011797SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011798	2011798	CUCALON, INES	04/20/1926	GNT05761000	6/28/2012-00905-0011
DIAGNOSIS	CODES:	331.0				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255646	1	S5125		08/10/13	08/10/13	32.00	126.08	
255646	2	S5125		08/13/13	08/13/13	44.00	173.36	
255646	3	S5125		08/14/13	08/14/13	44.00	173.36	
255646	4	S5125		08/15/13	08/15/13	44.00	173.36	
255646	5	S5125		08/16/13	08/16/13	44.00	173.36	
					CLAIM TOTAL		819.52	CLAIM ACCOUNT REF. 2556460012011798SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011800	2011800	FRANCIS, VICTORIA	11/22/1924	GNT03398100	9/26/2006-00356-0042
DIAGNOSIS	CODES:	290.0				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255665	1	S5125		08/10/13	08/10/13	28.00	110.32	
255665	2	S5125		08/12/13	08/12/13	28.00	110.32	
255665	3	S5125		08/13/13	08/13/13	28.00	110.32	
255665	4	S5125		08/14/13	08/14/13	28.00	110.32	
255665	5	S5125		08/15/13	08/15/13	28.00	110.32	
255665	6	S5125		08/16/13	08/16/13	28.00	110.32	
					CLAIM TOTAL		661.92	CLAIM ACCOUNT REF. 2556650012011800SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011801 2011801 GARCIA2, MARIA A 09/09/1930 GNT02860800 8/10/2012-00011-0007
DIAGNOSIS CODES: 250.00 244.9 272.4 311. 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255667	1	S5125		08/10/13	08/10/13	28.00	110.32
255667	2	S5125		08/11/13	08/11/13	28.00	110.32
255667	3	S5125		08/12/13	08/12/13	28.00	110.32
255667	4	S5125		08/13/13	08/13/13	28.00	110.32
255667	5	S5125		08/14/13	08/14/13	19.00	74.86
255667	6	S5125		08/15/13	08/15/13	28.00	110.32
255667	7	S5125		08/16/13	08/16/13	28.00	110.32
CLAIM TOTAL							736.78
CLAIM ACCOUNT REF.							2556670012011801SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011821 2011821 GONZALEZ, CARMEN 08/15/1948 GNT0098100 12/20/2003-00011-0062
DIAGNOSIS CODES: 138.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255670	1	S5125		08/12/13	08/12/13	16.00	63.04
255670	2	S5125		08/13/13	08/13/13	16.00	63.04
255670	3	S5125		08/14/13	08/14/13	16.00	63.04
255670	4	S5125		08/15/13	08/15/13	16.00	63.04
255670	5	S5125		08/16/13	08/16/13	16.00	63.04
CLAIM TOTAL							315.20
CLAIM ACCOUNT REF.							2556700012011821SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011822 2011822 GREAVES, BARBARA 08/15/1945 GNT03748500 3/26/2012-00496-0006
DIAGNOSIS CODES: 436. 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255671	1	T1019		08/14/13	08/14/13	16.00	63.04
255671	2	T1019		08/16/13	08/16/13	16.00	63.04
CLAIM TOTAL							126.08
CLAIM ACCOUNT REF.							2556710012011822SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011823 2011823 HERNANDEZ, LUZ 01/01/1933 GNT00568800 3/10/2009-00033-0006
DIAGNOSIS CODES: 250.00 530.81 715.00 780.93 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255680	1	S5125		08/05/13	08/05/13	24.00	94.56
255680	2	S5125		08/06/13	08/06/13	24.00	94.56
255680	3	S5125		08/07/13	08/07/13	24.00	94.56
255680	4	S5125		08/08/13	08/08/13	24.00	94.56

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255680	5	S5125		08/09/13	08/09/13	24.00	94.56	
255680	6	S5125		08/12/13	08/12/13	24.00	94.56	
255680	7	S5125		08/13/13	08/13/13	24.00	94.56	
255680	8	S5125		08/14/13	08/14/13	24.00	94.56	
255680	9	S5125		08/15/13	08/15/13	24.00	94.56	
255680	10	S5125		08/16/13	08/16/13	24.00	94.56	
				CLAIM TOTAL			945.60	CLAIM ACCOUNT REF. 2556800012011823SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011841 2011841 SANTANA, OCTAVIO 12/03/1934 GNT00231600 12/5/2003-00017-0065
DIAGNOSIS CODES: 717.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255760	1	T1019		08/12/13	08/12/13	20.00	78.80	
255760	2	T1019		08/13/13	08/13/13	20.00	78.80	
255760	3	T1019		08/14/13	08/14/13	20.00	78.80	
255760	4	T1019		08/15/13	08/15/13	20.00	78.80	
255760	5	T1019		08/16/13	08/16/13	20.00	78.80	
				CLAIM TOTAL			394.00	CLAIM ACCOUNT REF. 2557600012011841SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011844 2011844 MONTES, ADOLFO 05/31/1930 GNT02561100 10/27/2004-00028-0054
DIAGNOSIS CODES: 250.70 331.0 365.9 436.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255706	1	S5125		08/10/13	08/10/13	24.00	94.56	
255706	2	S5125		08/11/13	08/11/13	24.00	94.56	
255706	3	S5125		08/12/13	08/12/13	24.00	94.56	
255706	4	S5125		08/13/13	08/13/13	24.00	94.56	
255706	5	S5125		08/14/13	08/14/13	24.00	94.56	
255706	6	S5125		08/15/13	08/15/13	24.00	94.56	
255706	7	S5125		08/16/13	08/16/13	24.00	94.56	
				CLAIM TOTAL			661.92	CLAIM ACCOUNT REF. 2557060012011844SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011845 2011845 LUGO, DOLORES 12/19/1928 93702878100 9/13/2010-00502-0023
DIAGNOSIS CODES: 253.5 272.4 401.9 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255696	1	S5125		08/13/13	08/13/13	16.00	63.04	
255696	2	S5125		08/14/13	08/14/13	16.00	63.04	
255696	3	S5125		08/15/13	08/15/13	16.00	63.04	
				CLAIM TOTAL			189.12	CLAIM ACCOUNT REF. 2556960012011845SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011846 2011846 ZARAGOZA, ISABEL 07/14/1933 GNT06005500 2/27/2012-00405-0009
DIAGNOSIS CODES: 781.2 244.9 272.4 401.9 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255788	1	S5125		08/12/13	08/12/13	32.00	126.08
255788	2	S5125		08/13/13	08/13/13	32.00	126.08
255788	3	S5125		08/15/13	08/15/13	32.00	126.08
255788	4	S5125		08/16/13	08/16/13	32.00	126.08
CLAIM TOTAL							504.32
CLAIM ACCOUNT REF.							2557880012011846SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011847 2011847 RAMOS, CECILIA 08/06/1922 GNT00206000 1/27/2010-00192-0020
DIAGNOSIS CODES: 401.9 188.9 244.9 272.4 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255736	1	S5125		06/29/13	06/29/13	32.00	126.08
255736	2	S5125		07/13/13	07/13/13	32.00	126.08
255736	3	S5125		07/28/13	07/28/13	32.00	126.08
CLAIM TOTAL							378.24
CLAIM ACCOUNT REF.							2557360012011847SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011847 2011847 RAMOS, CECILIA 08/06/1922 GNT00206000 1/27/2010-00192-0021
DIAGNOSIS CODES: 401.9 188.9 244.9 272.4 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255737	1	S5125		08/11/13	08/11/13	32.00	126.08
255737	2	S5125		08/12/13	08/12/13	40.00	157.60
255737	3	S5125		08/13/13	08/13/13	40.00	157.60
255737	4	S5125		08/14/13	08/14/13	38.00	149.72
255737	5	S5125		08/15/13	08/15/13	40.00	157.60
255737	6	S5125		08/16/13	08/16/13	40.00	157.60
CLAIM TOTAL							906.20
CLAIM ACCOUNT REF.							2557370012011847SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011848 2011848 LANZILOTTA, ROSA 06/05/1925 93702509600 3/10/2010-00013-0030
DIAGNOSIS CODES: 733.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255690	1	S5125		08/06/13	08/06/13	32.00	126.08
255690	2	S5125		08/10/13	08/10/13	16.00	63.04
255690	3	S5125		08/11/13	08/11/13	16.00	63.04
255690	4	S5125		08/12/13	08/12/13	32.00	126.08
255690	5	S5125		08/13/13	08/13/13	32.00	126.08

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255690	6	S5125		08/14/13	08/14/13	32.00	126.08
255690	7	S5125		08/15/13	08/15/13	32.00	126.08
255690	8	S5125		08/16/13	08/16/13	32.00	126.08
CLAIM TOTAL							882.56
							CLAIM ACCOUNT REF. 2556900012011848SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011854	2011854	LOPEZ, CARMEN	12/05/1929	GNT02469800	7/26/2004-00050-0050
DIAGNOSIS CODES: 331.0 250.00 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255692	1	S5125		08/10/13	08/10/13	24.00	94.56
255692	2	S5125		08/11/13	08/11/13	24.00	94.56
255692	3	S5125		08/12/13	08/12/13	28.00	110.32
255692	4	S5125		08/13/13	08/13/13	28.00	110.32
255692	5	S5125		08/14/13	08/14/13	28.00	110.32
255692	6	S5125		08/15/13	08/15/13	28.00	110.32
255692	7	S5125		08/16/13	08/16/13	28.00	110.32
CLAIM TOTAL							740.72
							CLAIM ACCOUNT REF. 2556920012011854SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011860	2011860	MOYA, MARINA	11/25/1914	GNT02982600	11/28/2005-00193-0063
DIAGNOSIS CODES: 716.90							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255710	1	S5125		08/10/13	08/10/13	20.00	78.80
255710	2	S5125		08/11/13	08/11/13	20.00	78.80
255710	3	S5125		08/12/13	08/12/13	24.00	94.56
255710	4	S5125		08/13/13	08/13/13	24.00	94.56
255710	5	S5125		08/14/13	08/14/13	16.00	63.04
255710	6	S5125		08/15/13	08/15/13	23.00	90.62
255710	7	S5125		08/16/13	08/16/13	24.00	94.56
CLAIM TOTAL							594.94
							CLAIM ACCOUNT REF. 2557100012011860SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011861	2011861	TORRES, JUANITA	06/21/1931	GNT03848300	9/26/2007-00282-0074
DIAGNOSIS CODES: 715.00 272.4 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255771	1	T1019		08/11/13	08/11/13	24.00	94.56
255771	2	T1019		08/12/13	08/12/13	32.00	126.08
255771	3	T1019		08/13/13	08/13/13	32.00	126.08
255771	4	T1019		08/14/13	08/14/13	32.00	126.08
255771	5	T1019		08/15/13	08/15/13	32.00	126.08

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255771	6	T1019		08/16/13	08/16/13	32.00	126.08	
					CLAIM TOTAL		724.96	CLAIM ACCOUNT REF. 2557710012011861SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011862	2011862	VENTURA, DAISY	03/02/1951	GNT04421500	3/28/2012-00715-0007
DIAGNOSIS CODES: 311.							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255780	1	T1019		08/12/13	08/12/13	20.00	78.80	
255780	2	T1019		08/13/13	08/13/13	20.00	78.80	
255780	3	T1019		08/14/13	08/14/13	20.00	78.80	
255780	4	T1019		08/15/13	08/15/13	20.00	78.80	
255780	5	T1019		08/16/13	08/16/13	20.00	78.80	
					CLAIM TOTAL		394.00	CLAIM ACCOUNT REF. 2557800012011862SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011863	2011863	OLMO, GLORIA	04/20/1923	GNT03506500	11/28/2006-00378-0048
DIAGNOSIS CODES: 250.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255719	1	S5125		08/10/13	08/10/13	16.00	63.04	
255719	2	S5125		08/11/13	08/11/13	16.00	63.04	
255719	3	S5125		08/12/13	08/12/13	16.00	63.04	
255719	4	S5125		08/13/13	08/13/13	16.00	63.04	
255719	5	S5125		08/14/13	08/14/13	16.00	63.04	
255719	6	S5125		08/15/13	08/15/13	16.00	63.04	
					CLAIM TOTAL		378.24	CLAIM ACCOUNT REF. 2557190012011863SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011864	2011864	IGLESIAS, JUANA	09/23/1918	GNT00117600	12/9/2003-00125-0096
DIAGNOSIS CODES: 331.82							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255682	1	S5125		08/10/13	08/10/13	96.00	378.24	
255682	2	S5125		08/11/13	08/11/13	96.00	378.24	
255682	3	S5125		08/12/13	08/12/13	96.00	378.24	
					CLAIM TOTAL		1,134.72	CLAIM ACCOUNT REF. 2556820012011864SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011864 2011864 IGLESIAS, JUANA 09/23/1918 GNT00117600 12/9/2003-00125-0097
DIAGNOSIS CODES: 331.82

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255683	1	S5125		08/13/13	08/13/13	96.00	378.24	
255683	2	S5125		08/14/13	08/14/13	80.00	315.20	
255683	3	S5125		08/15/13	08/15/13	80.00	315.20	
255683	4	S5125		08/16/13	08/16/13	80.00	315.20	
CLAIM TOTAL							1,323.84	CLAIM ACCOUNT REF. 2556830012011864SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011866 2011866 FELIPE, ROSA 12/13/1930 GNT02393600 4/26/2004-00011-0047
DIAGNOSIS CODES: 716.90 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255661	1	S5125		08/10/13	08/10/13	16.00	63.04	
255661	2	S5125		08/11/13	08/11/13	16.00	63.04	
255661	3	S5125		08/12/13	08/12/13	16.00	63.04	
255661	4	S5125		08/13/13	08/13/13	16.00	63.04	
255661	5	S5125		08/14/13	08/14/13	16.00	63.04	
255661	6	S5125		08/15/13	08/15/13	16.00	63.04	
255661	7	S5125		08/16/13	08/16/13	16.00	63.04	
CLAIM TOTAL							441.28	CLAIM ACCOUNT REF. 2556610012011866SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011871 2011871 OJEDA, SARA 10/14/1939 GNT02646000 7/27/2006-00037-0058
DIAGNOSIS CODES: 331.0 250.02

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255718	1	S5125		08/10/13	08/10/13	24.00	94.56	
255718	2	S5125		08/11/13	08/11/13	24.00	94.56	
255718	3	S5125		08/12/13	08/12/13	40.00	157.60	
255718	4	S5125		08/13/13	08/13/13	38.00	149.72	
255718	5	S5125		08/14/13	08/14/13	40.00	157.60	
255718	6	S5125		08/15/13	08/15/13	40.00	157.60	
255718	7	S5125		08/16/13	08/16/13	40.00	157.60	
CLAIM TOTAL							969.24	CLAIM ACCOUNT REF. 2557180012011871SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011877 2011877 MONTALVO, VERONICA 01/13/1932 GNT03799400 8/3/2007-00249-0027
DIAGNOSIS CODES: 733.00 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255705	1	T1019		08/05/13	08/05/13	20.00	78.80
255705	2	T1019		08/06/13	08/06/13	20.00	78.80
255705	3	T1019		08/07/13	08/07/13	20.00	78.80
255705	4	T1019		08/08/13	08/08/13	20.00	78.80
255705	5	T1019		08/09/13	08/09/13	20.00	78.80
255705	6	T1019		08/12/13	08/12/13	20.00	78.80
255705	7	T1019		08/13/13	08/13/13	20.00	78.80
255705	8	T1019		08/14/13	08/14/13	20.00	78.80
255705	9	T1019		08/15/13	08/15/13	20.00	78.80
255705	10	T1019		08/16/13	08/16/13	20.00	78.80
CLAIM TOTAL							788.00
CLAIM ACCOUNT REF.							2557050012011877SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011912 2011912 CANINO, CARMEN 12/06/1941 GNT0279200 5/26/2005-00169-0070
DIAGNOSIS CODES: 715.00 250.00 401.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255635	1	S5125		08/10/13	08/10/13	16.00	63.04
255635	2	S5125		08/11/13	08/11/13	16.00	63.04
255635	3	S5125		08/12/13	08/12/13	23.00	90.62
255635	4	S5125		08/13/13	08/13/13	24.00	94.56
255635	5	S5125		08/14/13	08/14/13	24.00	94.56
255635	6	S5125		08/15/13	08/15/13	24.00	94.56
255635	7	S5125		08/16/13	08/16/13	24.00	94.56
CLAIM TOTAL							594.94
CLAIM ACCOUNT REF.							2556350012011912SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011913 2011913 PATTERSON, RUMELLA 04/29/1939 GNT02544200 10/28/2004-00029-0058
DIAGNOSIS CODES: 443.9 250.00 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255726	1	S5125		08/12/13	08/12/13	16.00	63.04
255726	2	S5125		08/13/13	08/13/13	16.00	63.04
255726	3	S5125		08/14/13	08/14/13	16.00	63.04
255726	4	S5125		08/15/13	08/15/13	16.00	63.04
255726	5	S5125		08/16/13	08/16/13	16.00	63.04
CLAIM TOTAL							315.20
CLAIM ACCOUNT REF.							2557260012011913SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011953 2011953 DE LA CRUZ, AGUSTINA 08/28/1935 GNT030536 2/1/2006-00399-0072
DIAGNOSIS CODES: 716.50

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255648	1	S5125		08/10/13	08/10/13	16.00	63.04
255648	2	S5125		08/11/13	08/11/13	16.00	63.04
255648	3	S5125		08/12/13	08/12/13	22.00	86.68
255648	4	S5125		08/13/13	08/13/13	22.00	86.68
255648	5	S5125		08/14/13	08/14/13	20.00	78.80
255648	6	S5125		08/15/13	08/15/13	22.00	86.68
255648	7	S5125		08/16/13	08/16/13	22.00	86.68
CLAIM TOTAL							551.60
CLAIM ACCOUNT REF.							2556480012011953SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011957 2011957 MARRERO, PHILLIP 07/16/1945 GNT00157200 6/21/2012-00200-0005
DIAGNOSIS CODES: 314.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255699	1	S5126		08/10/13	08/10/13	1.00	200.00
255699	2	S5126		08/11/13	08/11/13	1.00	200.00
255699	3	S5126		08/12/13	08/12/13	1.00	200.00
255699	4	S5126		08/13/13	08/13/13	1.00	200.00
255699	5	S5126		08/14/13	08/14/13	1.00	200.00
255699	6	S5126		08/15/13	08/15/13	1.00	200.00
255699	7	S5126		08/16/13	08/16/13	1.00	200.00
CLAIM TOTAL							1,400.00
CLAIM ACCOUNT REF.							2556990012011957SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011960 2011960 BUSTAMANTE, GABRIEL 07/08/1938 93702523200 1/8/2010-00120-0019
DIAGNOSIS CODES: 250.00 428.0 716.98

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255632	1	S5125		08/10/13	08/10/13	18.00	70.92
255632	2	S5125		08/12/13	08/12/13	20.00	78.80
255632	3	S5125		08/13/13	08/13/13	20.00	78.80
255632	4	S5125		08/14/13	08/14/13	20.00	78.80
255632	5	S5125		08/15/13	08/15/13	20.00	78.80
255632	6	S5125		08/16/13	08/16/13	20.00	78.80
CLAIM TOTAL							464.92
CLAIM ACCOUNT REF.							2556320012011960SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011967 2011967 MORALES, MARGARITA 11/10/1950 GNT02797600 5/31/2005-00081-0046
DIAGNOSIS CODES: 715.90 401.9 493.92 753.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255709	1	T1019		08/12/13	08/12/13	20.00	78.80	
255709	2	T1019		08/13/13	08/13/13	20.00	78.80	
255709	3	T1019		08/14/13	08/14/13	20.00	78.80	
255709	4	T1019		08/15/13	08/15/13	20.00	78.80	
255709	5	T1019		08/16/13	08/16/13	20.00	78.80	
CLAIM TOTAL							394.00	CLAIM ACCOUNT REF. 2557090012011967SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011978 2011978 CAQUIAS, LILLIAN 01/11/1936 GNT02965400 10/31/2005-00141-0045
DIAGNOSIS CODES: 443.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255636	1	S5125		07/29/13	07/29/13	16.00	63.04	
CLAIM TOTAL							63.04	CLAIM ACCOUNT REF. 2556360012011978SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011978 2011978 CAQUIAS, LILLIAN 01/11/1936 GNT02965400 10/31/2005-00141-0049
DIAGNOSIS CODES: 443.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255637	1	S5125		08/06/13	08/06/13	16.00	63.04	
255637	2	S5125		08/07/13	08/07/13	16.00	63.04	
255637	3	S5125		08/08/13	08/08/13	16.00	63.04	
255637	4	S5125		08/12/13	08/12/13	16.00	63.04	
255637	5	S5125		08/13/13	08/13/13	16.00	63.04	
255637	6	S5125		08/14/13	08/14/13	16.00	63.04	
255637	7	S5125		08/15/13	08/15/13	16.00	63.04	
255637	8	S5125		08/16/13	08/16/13	16.00	63.04	
CLAIM TOTAL							504.32	CLAIM ACCOUNT REF. 2556370012011978SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011979 2011979 BERRY, LEONOR 11/14/1934 GNT03239600 6/28/2006-00039-0046
DIAGNOSIS CODES: 331.7 244.9 272.4 369.60 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255631	1	S5125		08/08/13	08/08/13	32.00	126.08	
255631	2	S5125		08/09/13	08/09/13	32.00	126.08	
255631	3	S5125		08/10/13	08/10/13	32.00	126.08	
255631	4	S5125		08/11/13	08/11/13	32.00	126.08	

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255631	5	S5125		08/12/13	08/12/13	32.00	126.08
255631	6	S5125		08/13/13	08/13/13	32.00	126.08
255631	7	S5125		08/14/13	08/14/13	32.00	126.08
255631	8	S5125		08/15/13	08/15/13	32.00	126.08
255631	9	S5125		08/16/13	08/16/13	32.00	126.08
CLAIM TOTAL							1,134.72

CLAIM ACCOUNT REF. 2556310012011979SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011980 2011980 IRIZARRY, ESTRELLA 05/16/1927 GNT02485000 7/26/2004-00047-0058
DIAGNOSIS CODES: 716.90 250.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255685	1	S5125		08/10/13	08/10/13	20.00	78.80
255685	2	S5125		08/11/13	08/11/13	20.00	78.80
255685	3	S5125		08/12/13	08/12/13	20.00	78.80
255685	4	S5125		08/13/13	08/13/13	20.00	78.80
255685	5	S5125		08/15/13	08/15/13	20.00	78.80
255685	6	S5125		08/16/13	08/16/13	20.00	78.80
CLAIM TOTAL							472.80

CLAIM ACCOUNT REF. 2556850012011980SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011982 2011982 VEGA, ADELAIDA 12/16/1934 93702952000 11/3/2010-00278-0023
DIAGNOSIS CODES: 715.09 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255778	1	S5126		08/10/13	08/10/13	1.00	200.00
255778	2	S5126		08/11/13	08/11/13	1.00	200.00
255778	3	S5126		08/12/13	08/12/13	1.00	200.00
255778	4	S5126		08/13/13	08/13/13	1.00	200.00
255778	5	S5126		08/14/13	08/14/13	1.00	200.00
255778	6	S5126		08/15/13	08/15/13	1.00	200.00
255778	7	S5126		08/16/13	08/16/13	1.00	200.00
CLAIM TOTAL							1,400.00

CLAIM ACCOUNT REF. 2557780012011982SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011983 2011983 TOUSSAINT, MIGUEL 03/28/1936 93702919600 10/8/2010-00520-0018
DIAGNOSIS CODES: 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255773	1	S5125		08/10/13	08/10/13	16.00	63.04
255773	2	S5125		08/11/13	08/11/13	16.00	63.04
255773	3	S5125		08/12/13	08/12/13	20.00	78.80
255773	4	S5125		08/13/13	08/13/13	20.00	78.80

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255773	5	S5125		08/14/13	08/14/13	20.00	78.80	
255773	6	S5125		08/15/13	08/15/13	20.00	78.80	
255773	7	S5125		08/16/13	08/16/13	20.00	78.80	
					CLAIM TOTAL		520.08	CLAIM ACCOUNT REF. 2557730012011983SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011986	2011986 RUIZ, JAMES	05/04/1929	GNT00225800	12/26/2003-0008-0046
DIAGNOSIS	CODES:	362.01 250.00			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255755	1	S5125 TT		08/03/13	08/03/13	12.00	50.28	
255755	2	S5125 TT		08/04/13	08/04/13	12.00	50.28	
255755	3	S5125 TT		08/10/13	08/10/13	12.00	50.28	
255755	4	S5125 TT		08/11/13	08/11/13	12.00	50.28	
255755	5	S5125 TT		08/12/13	08/12/13	12.00	50.28	
255755	6	S5125 TT		08/13/13	08/13/13	12.00	50.28	
255755	7	S5125 TT		08/14/13	08/14/13	12.00	50.28	
255755	8	S5125 TT		08/16/13	08/16/13	12.00	50.28	
					CLAIM TOTAL		402.24	CLAIM ACCOUNT REF. 2557550012011986SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011987	2011987 RUIZ, ROSA	11/30/1934	GNT00225900	12/26/2003-00009-0036
DIAGNOSIS	CODES:	369.00			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255756	1	S5125 TT		08/03/13	08/03/13	12.00	50.28	
255756	2	S5125 TT		08/04/13	08/04/13	12.00	50.28	
255756	3	S5125 TT		08/10/13	08/10/13	12.00	50.28	
255756	4	S5125 TT		08/11/13	08/11/13	12.00	50.28	
255756	5	S5125 TT		08/12/13	08/12/13	12.00	50.28	
255756	6	S5125 TT		08/13/13	08/13/13	12.00	50.28	
255756	7	S5125 TT		08/14/13	08/14/13	12.00	50.28	
255756	8	S5125 TT		08/16/13	08/16/13	12.00	50.28	
					CLAIM TOTAL		402.24	CLAIM ACCOUNT REF. 2557560012011987SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011988	2011988 RIVERA, LIDIA	12/01/1942	GNT02751500	4/27/2005-00174-0048
DIAGNOSIS	CODES:	294.8			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255744	1	S5125		08/12/13	08/12/13	28.00	110.32
255744	2	S5125		08/13/13	08/13/13	28.00	110.32
255744	3	S5125		08/14/13	08/14/13	28.00	110.32

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255744	4	S5125		08/15/13	08/15/13	28.00	110.32	
255744	5	S5125		08/16/13	08/16/13	28.00	110.32	
				CLAIM TOTAL		551.60		CLAIM ACCOUNT REF. 2557440012011988SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012000	2012000	GARCIA, LUCILA	11/01/1935	GNT02564500	10/25/2004-00009-0076
DIAGNOSIS	CODES:	438.85	250.31	272.4	401.9	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255666	1	S5125		07/29/13	07/29/13	28.00	110.32	
255666	2	S5125		07/30/13	07/30/13	28.00	110.32	
255666	3	S5125		07/31/13	07/31/13	28.00	110.32	
255666	4	S5125		08/01/13	08/01/13	28.00	110.32	
255666	5	S5125		08/02/13	08/02/13	28.00	110.32	
255666	6	S5125		08/12/13	08/12/13	28.00	110.32	
255666	7	S5125		08/13/13	08/13/13	28.00	110.32	
255666	8	S5125		08/14/13	08/14/13	28.00	110.32	
255666	9	S5125		08/15/13	08/15/13	28.00	110.32	
255666	10	S5125		08/16/13	08/16/13	28.00	110.32	
				CLAIM TOTAL		1,103.20		CLAIM ACCOUNT REF. 2556660012012000SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012001	2012001	REYES, MILAGROS	05/05/1957	GNT00210100	5/28/2010-00011-0033
DIAGNOSIS	CODES:	319.	244.9	250.00	401.9	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255741	1	T1019 TT		08/10/13	08/10/13	24.00	100.56	
255741	2	T1019 TT		08/11/13	08/11/13	24.00	100.56	
255741	3	T1019 TT		08/13/13	08/13/13	24.00	100.56	
255741	4	T1019 TT		08/14/13	08/14/13	24.00	100.56	
255741	5	T1019 TT		08/15/13	08/15/13	24.00	100.56	
255741	6	T1019 TT		08/16/13	08/16/13	24.00	100.56	
				CLAIM TOTAL		603.36		CLAIM ACCOUNT REF. 2557410012012001SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012018	2012018	LUNA, ELDA	06/21/1945	GNT06614700	11/30/2012-00607-0004
DIAGNOSIS	CODES:	714.0	285.8	733.00	780.96	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255697	1	T1019		08/10/13	08/10/13	24.00	94.56	
255697	2	T1019		08/12/13	08/12/13	24.00	94.56	
255697	3	T1019		08/13/13	08/13/13	24.00	94.56	
255697	4	T1019		08/14/13	08/14/13	24.00	94.56	

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255697	5	T1019		08/15/13	08/15/13	24.00	94.56	
255697	6	T1019		08/16/13	08/16/13	24.00	94.56	
CLAIM TOTAL							567.36	CLAIM ACCOUNT REF. 2556970012012018SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012026	2012026	ESTEVEZ, JULIO M	07/04/1955	GNT04657700	9/7/2012-00083-0011
DIAGNOSIS CODES: 428.9 250.00 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255658	1	S5125		08/12/13	08/12/13	24.00	94.56	
255658	2	S5125		08/13/13	08/13/13	16.00	63.04	
255658	3	S5125		08/14/13	08/14/13	24.00	94.56	
255658	4	S5125		08/15/13	08/15/13	16.00	63.04	
255658	5	S5125		08/16/13	08/16/13	24.00	94.56	
CLAIM TOTAL							409.76	CLAIM ACCOUNT REF. 2556580012012026SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012037	2012037	GUERRA, MAYRA	01/24/1958	GNT02427000	7/30/2012-00572-0015
DIAGNOSIS CODES: 716.90 311. 493.90 530.81							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255673	1	T1019		08/10/13	08/10/13	20.00	78.80	
255673	2	T1019		08/11/13	08/11/13	20.00	78.80	
255673	3	T1019		08/12/13	08/12/13	24.00	94.56	
255673	4	T1019		08/13/13	08/13/13	24.00	94.56	
255673	5	T1019		08/14/13	08/14/13	24.00	94.56	
255673	6	T1019		08/15/13	08/15/13	24.00	94.56	
255673	7	T1019		08/16/13	08/16/13	24.00	94.56	
CLAIM TOTAL							630.40	CLAIM ACCOUNT REF. 2556730012012037SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012056	2012056	RODRIGUEZ, JUAN	11/04/1920	93702665700	4/15/2010-00429-0019
DIAGNOSIS CODES: 290.40 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255748	1	S5125		08/10/13	08/10/13	24.00	94.56	
255748	2	S5125		08/11/13	08/11/13	24.00	94.56	
255748	3	S5125		08/12/13	08/12/13	28.00	110.32	
255748	4	S5125		08/13/13	08/13/13	28.00	110.32	
255748	5	S5125		08/14/13	08/14/13	28.00	110.32	
255748	6	S5125		08/15/13	08/15/13	28.00	110.32	
CLAIM TOTAL							630.40	CLAIM ACCOUNT REF. 2557480012012056SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012059 2012059 CHICO, ANA 03/15/1957 GNT02386300 3/19/2013-00932-0002
DIAGNOSIS CODES: 295.72

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
255642	1	S5125	TT			08/10/13	08/10/13	12.00	50.28	
255642	2	S5125	TT			08/12/13	08/12/13	12.00	50.28	
255642	3	S5125	TT			08/13/13	08/13/13	12.00	50.28	
255642	4	S5125	TT			08/15/13	08/15/13	12.00	50.28	
255642	5	S5125	TT			08/16/13	08/16/13	12.00	50.28	
CLAIM TOTAL									251.40	CLAIM ACCOUNT REF. 2556420012012059SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012060 2012060 COLON, MARIA 05/10/1925 GNT05960000 2/1/2012-01191-0017
DIAGNOSIS CODES: 331.0 401.9 733.00

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
255644	1	S5125				08/10/13	08/10/13	16.00	63.04	
255644	2	S5125				08/11/13	08/11/13	16.00	63.04	
255644	3	S5125				08/12/13	08/12/13	48.00	189.12	
255644	4	S5125				08/13/13	08/13/13	48.00	189.12	
CLAIM TOTAL									504.32	CLAIM ACCOUNT REF. 2556440012012060SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012061 2012061 ENCARNACION, MARTIN 05/07/1965 GNT04160000 8/5/2008-00305-0021
DIAGNOSIS CODES: 294.9

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
255656	1	T1019	TT			08/12/13	08/12/13	12.00	50.28	
255656	2	T1019	TT			08/13/13	08/13/13	12.00	50.28	
255656	3	T1019	TT			08/14/13	08/14/13	12.00	50.28	
255656	4	T1019	TT			08/15/13	08/15/13	12.00	50.28	
255656	5	T1019	TT			08/16/13	08/16/13	12.00	50.28	
CLAIM TOTAL									251.40	CLAIM ACCOUNT REF. 2556560012012061SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012062 2012062 LOZADA, RAMON 12/17/1946 GNT00424300 3/23/2012-00756-0013
DIAGNOSIS CODES: 250.03 401.9 571.5 780.57

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
255695	1	T1019				08/10/13	08/10/13	24.00	94.56	
255695	2	T1019				08/12/13	08/12/13	24.00	94.56	
255695	3	T1019				08/13/13	08/13/13	24.00	94.56	
255695	4	T1019				08/14/13	08/14/13	24.00	94.56	

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255695	5	T1019		08/15/13	08/15/13	24.00	94.56
255695	6	T1019		08/16/13	08/16/13	24.00	94.56
CLAIM TOTAL							567.36

CLAIM ACCOUNT REF. 2556950012012062SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012071 2012071 MORALES, ISIDRO 04/05/1923 GNT04846200 3/24/2010-00406-0021
DIAGNOSIS CODES: 715.00 250.00 272.2 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255708	1	S5125		08/10/13	08/10/13	24.00	94.56
255708	2	S5125		08/12/13	08/12/13	24.00	94.56
255708	3	S5125		08/13/13	08/13/13	24.00	94.56
255708	4	S5125		08/14/13	08/14/13	24.00	94.56
255708	5	S5125		08/15/13	08/15/13	24.00	94.56
255708	6	S5125		08/16/13	08/16/13	24.00	94.56
CLAIM TOTAL							567.36

CLAIM ACCOUNT REF. 2557080012012071SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012073 2012073 PAGAN, ADRIEL 09/29/1931 GNT00189300 3/29/2012-00738-0006
DIAGNOSIS CODES: 331.0 244.9 253.5 369.3 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255723	1	T1019		08/10/13	08/10/13	40.00	157.60
255723	2	T1019		08/11/13	08/11/13	40.00	157.60
255723	3	T1019		08/12/13	08/12/13	40.00	157.60
255723	4	T1019		08/13/13	08/13/13	40.00	157.60
255723	5	T1019		08/14/13	08/14/13	40.00	157.60
255723	6	T1019		08/15/13	08/15/13	40.00	157.60
255723	7	T1019		08/16/13	08/16/13	40.00	157.60
CLAIM TOTAL							1,103.20

CLAIM ACCOUNT REF. 2557230012012073SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012077 2012077 WARD, ALTHEA 08/13/1956 93703608100 12/14/2011-00450-0016
DIAGNOSIS CODES: 715.09 250.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255783	1	S5125		08/13/13	08/13/13	8.00	31.52
255783	2	S5125		08/15/13	08/15/13	8.00	31.52
255783	3	S5125		08/16/13	08/16/13	8.00	31.52
CLAIM TOTAL							94.56

CLAIM ACCOUNT REF. 2557830012012077SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012082 2012082 SANCHEZ, ESTERVINA 04/17/1936 GNT05030100 9/28/2010-00216-0015
DIAGNOSIS CODES: 714.0 250.00 272.2 401.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255759	1	S5125			08/12/13	08/12/13	24.00	94.56	
255759	2	S5125			08/13/13	08/13/13	24.00	94.56	
255759	3	S5125			08/14/13	08/14/13	24.00	94.56	
255759	4	S5125			08/15/13	08/15/13	24.00	94.56	
255759	5	S5125			08/16/13	08/16/13	16.00	63.04	
							CLAIM TOTAL	441.28	CLAIM ACCOUNT REF. 2557590012012082SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012084 2012084 SANCHEZ, ANA MARIA 04/01/1925 GNT02386400 1/3/2013-00647-0004
DIAGNOSIS CODES: 716.90

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255757	1	S5125	TT		08/10/13	08/10/13	28.00	117.32	
255757	2	S5125	TT		08/12/13	08/12/13	20.00	83.80	
255757	3	S5125	TT		08/13/13	08/13/13	20.00	83.80	
255757	4	S5125	TT		08/14/13	08/14/13	20.00	83.80	
255757	5	S5125	TT		08/15/13	08/15/13	20.00	83.80	
255757	6	S5125	TT		08/16/13	08/16/13	20.00	83.80	
							CLAIM TOTAL	536.32	CLAIM ACCOUNT REF. 2557570012012084SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012091 2012091 VICTORIO, ROQUE 08/16/1928 GNT02618000 12/23/2004-00024-0111
DIAGNOSIS CODES: 332.0

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255781	1	S5125			08/10/13	08/10/13	20.00	78.80	
255781	2	S5125			08/11/13	08/11/13	20.00	78.80	
255781	3	S5125			08/12/13	08/12/13	44.00	173.36	
255781	4	S5125			08/13/13	08/13/13	44.00	173.36	
255781	5	S5125			08/14/13	08/14/13	44.00	173.36	
255781	6	S5125			08/15/13	08/15/13	44.00	173.36	
255781	7	S5125			08/16/13	08/16/13	44.00	173.36	
							CLAIM TOTAL	1,024.40	CLAIM ACCOUNT REF. 2557810012012091SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012112 2012112 ESTEVEZ, MARCIA 05/04/1942 GNT00342800 5/1/2007-00421-0035
DIAGNOSIS CODES: 369.3 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255659	1	S5125		08/10/13	08/10/13	24.00	94.56
255659	2	S5125		08/15/13	08/15/13	24.00	94.56
255659	3	S5125		08/16/13	08/16/13	24.00	94.56
CLAIM TOTAL						283.68	CLAIM ACCOUNT REF. 2556590012012112SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012160 2012160 VARGAS, AUREA 01/16/1936 GNT0026740 11/7/2008-00560-0048
DIAGNOSIS CODES: 250.00 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255776	1	T1019 TT		08/10/13	08/10/13	20.00	83.80
255776	2	T1019 TT		08/11/13	08/11/13	20.00	83.80
255776	3	T1019 TT		08/13/13	08/13/13	20.00	83.80
255776	4	T1019 TT		08/14/13	08/14/13	20.00	83.80
255776	5	T1019 TT		08/15/13	08/15/13	20.00	83.80
255776	6	T1019 TT		08/16/13	08/16/13	20.00	83.80
CLAIM TOTAL						502.80	CLAIM ACCOUNT REF. 2557760012012160SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012164 2012164 CALDERON, JUSTINA 10/26/1929 GNT00036800 12/17/2003-00077-0066
DIAGNOSIS CODES: 250.00 401.9 493.90 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255634	1	S5125		08/10/13	08/10/13	48.00	189.12
255634	2	S5125		08/11/13	08/11/13	48.00	189.12
255634	3	S5125		08/12/13	08/12/13	48.00	189.12
255634	4	S5125		08/13/13	08/13/13	48.00	189.12
255634	5	S5125		08/14/13	08/14/13	48.00	189.12
255634	6	S5125		08/15/13	08/15/13	48.00	189.12
255634	7	S5125		08/16/13	08/16/13	48.00	189.12
CLAIM TOTAL						1,323.84	CLAIM ACCOUNT REF. 2556340012012164SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012168 2012168 VAZQUEZ 2, ROSA 12/05/1940 GNT00268900 12/5/2003-00042-0032
DIAGNOSIS CODES: 250.00 244.9 401.9 729.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255777	1	S5125		08/12/13	08/12/13	16.00	63.04
255777	2	S5125		08/13/13	08/13/13	16.00	63.04

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255777	3	S5125		08/14/13	08/14/13	16.00	63.04	
255777	4	S5125		08/15/13	08/15/13	16.00	63.04	
255777	5	S5125		08/16/13	08/16/13	16.00	63.04	
					CLAIM TOTAL		315.20	CLAIM ACCOUNT REF. 2557770012012168SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012182	2012182	RODRIGUEZ, LIDIA	10/13/1939	GNT03481200	11/29/2006-00339-0033
DIAGNOSIS CODES: 253.5 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255749	1	T1019		08/07/13	08/07/13	16.00	63.04	
255749	2	T1019		08/09/13	08/09/13	16.00	63.04	
255749	3	T1019		08/12/13	08/12/13	16.00	63.04	
255749	4	T1019		08/13/13	08/13/13	16.00	63.04	
255749	5	T1019		08/14/13	08/14/13	16.00	63.04	
255749	6	T1019		08/15/13	08/15/13	16.00	63.04	
255749	7	T1019		08/16/13	08/16/13	16.00	63.04	
					CLAIM TOTAL		441.28	CLAIM ACCOUNT REF. 2557490012012182SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012185	2012185	DANIELS, MAGGIE	07/25/1932	GNT00057300	12/23/2003-00101-0049
DIAGNOSIS CODES: 369.00 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255647	1	S5125		08/12/13	08/12/13	12.00	47.28	
255647	2	S5125		08/14/13	08/14/13	12.00	47.28	
255647	3	S5125		08/16/13	08/16/13	12.00	47.28	
					CLAIM TOTAL		141.84	CLAIM ACCOUNT REF. 2556470012012185SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012197	2012197	TORO, ROSARIO	02/15/1929	GNT00261000	12/19/2003-00064-0055
DIAGNOSIS CODES: 369.10 493.91							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255770	1	T1019		08/10/13	08/10/13	24.00	94.56	
255770	2	T1019		08/12/13	08/12/13	32.00	126.08	
255770	3	T1019		08/13/13	08/13/13	32.00	126.08	
255770	4	T1019		08/14/13	08/14/13	32.00	126.08	
255770	5	T1019		08/15/13	08/15/13	32.00	126.08	
255770	6	T1019		08/16/13	08/16/13	32.00	126.08	
					CLAIM TOTAL		724.96	CLAIM ACCOUNT REF. 2557700012012197SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012225 2012225 PATTERSON, SHYRLE 12/02/1956 GNT00191700 12/5/2003-00049-0078
DIAGNOSIS CODES: 401.9 250.03 272.0 493.00 530.11

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255727	1	S5125		08/10/13	08/10/13	28.00	110.32
255727	2	S5125		08/11/13	08/11/13	28.00	110.32
255727	3	S5125		08/12/13	08/12/13	28.00	110.32
255727	4	S5125		08/13/13	08/13/13	28.00	110.32
255727	5	S5125		08/14/13	08/14/13	28.00	110.32
255727	6	S5125		08/15/13	08/15/13	28.00	110.32
255727	7	S5125		08/16/13	08/16/13	28.00	110.32
CLAIM TOTAL							772.24
CLAIM ACCOUNT REF.							2557270012012225SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010983 2012309 IRIMIA, SIMONA 09/19/1938 GNT0360570 3/27/2007-00064-0041
DIAGNOSIS CODES: 714.0 244.9 428.0 719.7 786.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255684	1	T1019		08/10/13	08/10/13	32.00	126.08
255684	2	T1019		08/11/13	08/11/13	32.00	126.08
255684	3	T1019		08/12/13	08/12/13	32.00	126.08
255684	4	T1019		08/13/13	08/13/13	22.00	86.68
255684	5	T1019		08/15/13	08/15/13	32.00	126.08
255684	6	T1019		08/16/13	08/16/13	23.00	90.62
CLAIM TOTAL							681.62
CLAIM ACCOUNT REF.							2556840012012309SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2006651 2012496 ROJAS, HAYDEE 02/15/1935 GNT04856800 10/28/2010-00256-0025
DIAGNOSIS CODES: 952.9 365.9 366.00 782.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255750	1	S5125		08/10/13	08/10/13	16.00	63.04
255750	2	S5125		08/11/13	08/11/13	16.00	63.04
255750	3	S5125		08/12/13	08/12/13	20.00	78.80
255750	4	S5125		08/13/13	08/13/13	20.00	78.80
255750	5	S5125		08/14/13	08/14/13	20.00	78.80
255750	6	S5125		08/15/13	08/15/13	20.00	78.80
CLAIM TOTAL							441.28
CLAIM ACCOUNT REF.							2557500012012496SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012602 2012602 ALVARADO, SARA E 07/15/1922 GNT03713600 6/28/2007-00019-0029
DIAGNOSIS CODES: 290.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255626	1	S5125		08/09/13	08/09/13	48.00	189.12
255626	2	S5125		08/10/13	08/10/13	48.00	189.12
255626	3	S5125		08/11/13	08/11/13	48.00	189.12
255626	4	S5125		08/12/13	08/12/13	48.00	189.12
255626	5	S5125		08/13/13	08/13/13	48.00	189.12
255626	6	S5125		08/14/13	08/14/13	48.00	189.12
255626	7	S5125		08/15/13	08/15/13	48.00	189.12
255626	8	S5125		08/16/13	08/16/13	48.00	189.12
CLAIM TOTAL						1,512.96	
							CLAIM ACCOUNT REF. 2556260012012602SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012627 2012710 REYES, DUNNY 04/28/1944 GNT06774000 2/27/2013-00264-0006
DIAGNOSIS CODES: 332.0 294.20 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255740	1	T1020		08/10/13	08/10/13	1.00	200.00
255740	2	T1020		08/11/13	08/11/13	1.00	200.00
255740	3	T1020		08/12/13	08/12/13	1.00	200.00
255740	4	T1020		08/13/13	08/13/13	1.00	200.00
255740	5	T1020		08/14/13	08/14/13	1.00	200.00
255740	6	T1020		08/15/13	08/15/13	1.00	200.00
255740	7	T1020		08/16/13	08/16/13	1.00	200.00
CLAIM TOTAL						1,400.00	
							CLAIM ACCOUNT REF. 2557400012012710SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012758 2012758 JAIME, ROSALBA 05/27/1915 GNT03692000 5/25/2007-00094-0043
DIAGNOSIS CODES: 290.0 244.9 458.9 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255686	1	T1019		08/10/13	08/10/13	36.00	141.84
255686	2	T1019		08/12/13	08/12/13	32.00	126.08
255686	3	T1019		08/13/13	08/13/13	36.00	141.84
255686	4	T1019		08/14/13	08/14/13	36.00	141.84
255686	5	T1019		08/15/13	08/15/13	36.00	141.84
255686	6	T1019		08/16/13	08/16/13	36.00	141.84
CLAIM TOTAL						835.28	
							CLAIM ACCOUNT REF. 2556860012012758SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012759 2012759 LORUSSO, ANNA 01/25/1929 GNT06851500 3/1/2013-01282-0003
DIAGNOSIS CODES: 290.0 278.00 401.9 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255694	1	T1019		08/10/13	08/10/13	36.00	141.84	
255694	2	T1019		08/11/13	08/11/13	36.00	141.84	
255694	3	T1019		08/12/13	08/12/13	36.00	141.84	
255694	4	T1019		08/13/13	08/13/13	36.00	141.84	
255694	5	T1019		08/15/13	08/15/13	36.00	141.84	
					CLAIM TOTAL		709.20	CLAIM ACCOUNT REF. 2556940012012759SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011050 2012778 TROISI, DELIA 12/30/1925 GNT06177500 7/26/2012-00651-0007
DIAGNOSIS CODES: 401.9 272.2 294.10 311. V15.88

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255774	1	T1019		08/12/13	08/12/13	32.00	126.08	
255774	2	T1019		08/13/13	08/13/13	32.00	126.08	
255774	3	T1019		08/14/13	08/14/13	32.00	126.08	
255774	4	T1019		08/15/13	08/15/13	32.00	126.08	
255774	5	T1019		08/16/13	08/16/13	32.00	126.08	
					CLAIM TOTAL		630.40	CLAIM ACCOUNT REF. 2557740012012778SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013017 2013017 SCHENK, ENI 12/04/1948 GNT06973400 3/28/2013-00322-0003
DIAGNOSIS CODES: 290.0 244.9 300.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255763	1	S5125		08/11/13	08/11/13	20.00	78.80	
					CLAIM TOTAL		78.80	CLAIM ACCOUNT REF. 2557630012013017SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013201 2013201 SCHNEIDER, RUTH 02/22/1936 07136300 4/30/2013-00656-0001
DIAGNOSIS CODES: 369.00 401.9 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255764	1	T1019		08/10/13	08/10/13	32.00	126.08	
255764	2	T1019		08/11/13	08/11/13	32.00	126.08	
255764	3	T1019		08/12/13	08/12/13	32.00	126.08	
255764	4	T1019		08/13/13	08/13/13	32.00	126.08	
255764	5	T1019		08/14/13	08/14/13	32.00	126.08	
255764	6	T1019		08/15/13	08/15/13	32.00	126.08	
255764	7	T1019		08/16/13	08/16/13	23.00	90.62	

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	847.10	2557640012013201SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010770	2013206	ESCOBAR, MARIA	03/22/1923	GNT06986400	4/30/2013-00728-0007
DIAGNOSIS CODES: 780.4 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
255657	1	T1019		08/12/13	08/12/13	20.00	78.80	
255657	2	T1019		08/13/13	08/13/13	20.00	78.80	
255657	3	T1019		08/14/13	08/14/13	16.00	63.04	
255657	4	T1019		08/15/13	08/15/13	16.00	63.04	
						CLAIM TOTAL	283.68	2556570012013206SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013226	2013226	SWABY, CLARENCE	04/23/1921	93704635800	5/2/2013-00350-0001
DIAGNOSIS CODES: 294.20 093.9 272.4 602.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
255767	1	T1020		08/10/13	08/10/13	1.00	200.00	
255767	2	T1020		08/11/13	08/11/13	1.00	200.00	
255767	3	T1020		08/12/13	08/12/13	1.00	200.00	
255767	4	T1020		08/13/13	08/13/13	1.00	200.00	
255767	5	T1020		08/14/13	08/14/13	1.00	200.00	
255767	6	T1020		08/15/13	08/15/13	1.00	200.00	
255767	7	T1020		08/16/13	08/16/13	1.00	200.00	
						CLAIM TOTAL	1,400.00	2557670012013226SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013228	2013228	PAGLIA, CARMELA	03/08/1945	GNT06942100	5/1/2013-00108-0003
DIAGNOSIS CODES: 278.00 429.9 715.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
255724	1	S5125		08/12/13	08/12/13	24.00	94.56	
255724	2	S5125		08/13/13	08/13/13	24.00	94.56	
255724	3	S5125		08/14/13	08/14/13	24.00	94.56	
255724	4	S5125		08/15/13	08/15/13	24.00	94.56	
255724	5	S5125		08/16/13	08/16/13	24.00	94.56	
						CLAIM TOTAL	472.80	2557240012013228SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2001032	2013256	ORTIZ, LAURA	07/04/1919	GNT03867300	7/9/2013-00458-0002
DIAGNOSIS CODES: 733.00 401.9 719.7 362.51 365.9 716.90 486.							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255721	1	S5125		08/10/13	08/10/13	48.00	189.12
255721	2	S5125		08/11/13	08/11/13	48.00	189.12
255721	3	S5125		08/12/13	08/12/13	48.00	189.12
255721	4	S5125		08/13/13	08/13/13	48.00	189.12
255721	5	S5125		08/14/13	08/14/13	48.00	189.12
255721	6	S5125		08/15/13	08/15/13	48.00	189.12
255721	7	S5125		08/16/13	08/16/13	48.00	189.12

CLAIM TOTAL 1,323.84 CLAIM ACCOUNT REF. 2557210012013256SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2006830	2013276	MARTINEZ 1, EMMA	05/09/1920	GNT05091300	3/30/2012-00070-0009
DIAGNOSIS CODES: 331.0 365.9 715.90 733.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255701	1	T1019		08/10/13	08/10/13	20.00	78.80
255701	2	T1019		08/12/13	08/12/13	48.00	189.12
255701	3	T1019		08/13/13	08/13/13	42.00	165.48
255701	4	T1019		08/14/13	08/14/13	48.00	189.12
255701	5	T1019		08/15/13	08/15/13	48.00	189.12
255701	6	T1019		08/16/13	08/16/13	48.00	189.12

CLAIM TOTAL 1,000.76 CLAIM ACCOUNT REF. 2557010012013276SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013284	2013284	CASTANEDA, MIRIAM	10/11/1951	GNT06079700	5/23/2013-00357-0003
DIAGNOSIS CODES: 715.90 311. 401.9 493.91							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255640	1	S5125		08/10/13	08/10/13	24.00	94.56
255640	2	S5125		08/12/13	08/12/13	16.00	63.04
255640	3	S5125		08/13/13	08/13/13	16.00	63.04
255640	4	S5125		08/14/13	08/14/13	24.00	94.56
255640	5	S5125		08/15/13	08/15/13	32.00	126.08
255640	6	S5125		08/16/13	08/16/13	32.00	126.08

CLAIM TOTAL 567.36 CLAIM ACCOUNT REF. 2556400012013284SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013411 2013411 JORGE, ANA 02/07/1930 GNT07185600 6/4/2013-00485-0004
DIAGNOSIS CODES: 332.0 365.9 366.9 401.9 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255689	1	S5125		08/10/13	08/10/13	48.00	189.12
255689	2	S5125		08/11/13	08/11/13	48.00	189.12
255689	3	S5125		08/12/13	08/12/13	48.00	189.12
255689	4	S5125		08/13/13	08/13/13	48.00	189.12
255689	5	S5125		08/14/13	08/14/13	48.00	189.12
255689	6	S5125		08/15/13	08/15/13	48.00	189.12
255689	7	S5125		08/16/13	08/16/13	48.00	189.12
CLAIM TOTAL						1,323.84	CLAIM ACCOUNT REF. 2556890012013411SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013413 2013413 CABRERA, MARIELA 09/13/1932 GNT07154900 6/4/2013-00479-0001
DIAGNOSIS CODES: 715.90 138. 389.22 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255633	1	T1019		08/12/13	08/12/13	24.00	94.56
255633	2	T1019		08/14/13	08/14/13	24.00	94.56
255633	3	T1019		08/15/13	08/15/13	24.00	94.56
255633	4	T1019		08/16/13	08/16/13	24.00	94.56
CLAIM TOTAL						378.24	CLAIM ACCOUNT REF. 2556330012013413SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013423 2013423 OCHOA, ORLANDO 06/15/1929 GNT06982300 6/3/2013-00335-0001
DIAGNOSIS CODES: 715.90 290.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255717	1	S5125		08/13/13	08/13/13	23.00	90.62
CLAIM TOTAL						90.62	CLAIM ACCOUNT REF. 2557170012013423SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011491 2013551 RIVERA, RAMONITA 08/23/1943 GNT06231700 9/28/2012-00956-0009
DIAGNOSIS CODES: 785.9 244.9 245.2 272.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255745	1	S5125		08/05/13	08/05/13	16.00	63.04
255745	2	S5125		08/06/13	08/06/13	16.00	63.04
255745	3	S5125		08/08/13	08/08/13	16.00	63.04
255745	4	S5125		08/09/13	08/09/13	16.00	63.04
255745	5	S5125		08/12/13	08/12/13	4.00	15.76
255745	6	S5125		08/13/13	08/13/13	16.00	63.04

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255745	7	S5125		08/14/13	08/14/13	16.00	63.04	
255745	8	S5125		08/15/13	08/15/13	16.00	63.04	
255745	9	S5125		08/16/13	08/16/13	16.00	63.04	
					CLAIM TOTAL		520.08	CLAIM ACCOUNT REF. 2557450012013551SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011963	2013553 ENCARNACION, LUZ	05/03/1934	GNT03902000	10/25/2010-0071-0026
DIAGNOSIS	CODES:	715.90 253.5 401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255655	1	T1019 TT		08/12/13	08/12/13	16.00	67.04	
255655	2	T1019 TT		08/13/13	08/13/13	16.00	67.04	
255655	3	T1019 TT		08/14/13	08/14/13	18.00	75.42	
255655	4	T1019 TT		08/15/13	08/15/13	15.00	62.85	
255655	5	T1019 TT		08/16/13	08/16/13	16.00	67.04	
					CLAIM TOTAL		339.39	CLAIM ACCOUNT REF. 2556550012013553SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2000600	2013590 FELICIANO, JOAN	10/17/1935	GNT04140800	1/30/2008-00551-0039
DIAGNOSIS	CODES:	716.90 250.00 272.0 338.29 369.9 401.9 493.00			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255660	1	S5125		08/10/13	08/10/13	32.00	126.08	
255660	2	S5125		08/11/13	08/11/13	32.00	126.08	
255660	3	S5125		08/12/13	08/12/13	31.00	122.14	
255660	4	S5125		08/13/13	08/13/13	32.00	126.08	
255660	5	S5125		08/14/13	08/14/13	32.00	126.08	
255660	6	S5125		08/15/13	08/15/13	32.00	126.08	
255660	7	S5125		08/16/13	08/16/13	32.00	126.08	
					CLAIM TOTAL		878.62	CLAIM ACCOUNT REF. 2556600012013590SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2013624	2013624 LARKIN, ANNIE	09/09/1928	GNT00419300	7/2/2013-00144-0001
DIAGNOSIS	CODES:	715.00 244.9 401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255691	1	S5125		08/12/13	08/12/13	16.00	63.04	
255691	2	S5125		08/13/13	08/13/13	16.00	63.04	
255691	3	S5125		08/14/13	08/14/13	16.00	63.04	
255691	4	S5125		08/16/13	08/16/13	16.00	63.04	
					CLAIM TOTAL		252.16	CLAIM ACCOUNT REF. 2556910012013624SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013415 2013678 BATISTA, LUCILA 06/30/1930 GNT07265700 7/10/2013-00650-0001
DIAGNOSIS CODES: 429.9 253.5 386.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255628	1	T1019		08/05/13	08/05/13	16.00	63.04
255628	2	T1019		08/12/13	08/12/13	16.00	63.04
255628	3	T1019		08/14/13	08/14/13	16.00	63.04
CLAIM TOTAL							189.12
CLAIM ACCOUNT REF.							2556280012013678SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013684 2013684 DIAZ, HILDA 04/04/1932 GNT07351600 7/9/2013-00177-0004
DIAGNOSIS CODES: V68.9 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255650	1	S5125		08/10/13	08/10/13	44.00	173.36
255650	2	S5125		08/11/13	08/11/13	44.00	173.36
CLAIM TOTAL							346.72
CLAIM ACCOUNT REF.							2556500012013684SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009960 2013799 FERRARA, ANN 07/27/1925 GNT05748600 2/27/2012-01098-0016
DIAGNOSIS CODES: 290.0 311. 365.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255663	1	S5126		08/10/13	08/10/13	1.00	200.00
255663	2	S5126		08/11/13	08/11/13	1.00	200.00
255663	3	S5126		08/12/13	08/12/13	1.00	200.00
255663	4	S5126		08/13/13	08/13/13	1.00	200.00
255663	5	S5126		08/14/13	08/14/13	1.00	200.00
255663	6	S5126		08/15/13	08/15/13	1.00	200.00
255663	7	S5126		08/16/13	08/16/13	1.00	200.00
CLAIM TOTAL							1,400.00
CLAIM ACCOUNT REF.							2556630012013799SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009984 2013808 PINILLA, VICTOR 03/23/1933 GNT05972000 3/2/2012-00173-0019
DIAGNOSIS CODES: 294.10 272.2 401.9 780.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255731	1	S5125		08/10/13	08/10/13	36.00	141.84
255731	2	S5125		08/11/13	08/11/13	36.00	141.84
255731	3	S5125		08/12/13	08/12/13	36.00	141.84
255731	4	S5125		08/13/13	08/13/13	36.00	141.84
CLAIM TOTAL							567.36
CLAIM ACCOUNT REF.							2557310012013808SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013822 2013822 TORRES, SANTIAGO, BASI 03/22/1934 GNT07417900 8/2/2013-00550-0001
DIAGNOSIS CODES: 290.0 294.10 401.9 493.00 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255772	1	S5125		08/08/13	08/08/13	32.00	126.08
255772	2	S5125		08/09/13	08/09/13	32.00	126.08
255772	3	S5125		08/13/13	08/13/13	32.00	126.08
255772	4	S5125		08/15/13	08/15/13	32.00	126.08
255772	5	S5125		08/16/13	08/16/13	32.00	126.08
CLAIM TOTAL							630.40
CLAIM ACCOUNT REF.							2557720012013822SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012941 2013852 BENZ, ROBERT 07/30/1925 GNT07334800 7/30/2013-00400-0001
DIAGNOSIS CODES: 401.9 362.50

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255629	1	S5125		08/10/13	08/10/13	16.00	63.04
255629	2	S5125		08/12/13	08/12/13	16.00	63.04
255629	3	S5125		08/13/13	08/13/13	16.00	63.04
255629	4	S5125		08/14/13	08/14/13	16.00	63.04
255629	5	S5125		08/15/13	08/15/13	16.00	63.04
255629	6	S5125		08/16/13	08/16/13	16.00	63.04
CLAIM TOTAL							378.24
CLAIM ACCOUNT REF.							2556290012013852SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012085 2013879 ROSARIO, ANA 06/23/1949 GNT03285400 7/27/2006-00183-0055
DIAGNOSIS CODES: 715.90 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255753	1	S5125		08/14/13	08/14/13	28.00	110.32
255753	2	S5125		08/15/13	08/15/13	28.00	110.32
255753	3	S5125		08/16/13	08/16/13	28.00	110.32
CLAIM TOTAL							330.96
CLAIM ACCOUNT REF.							2557530012013879SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012027 2013895 VELEZ, CARMEN 06/21/1932 GNT00271900 12/4/2003-00229-0069
DIAGNOSIS CODES: 695.4 250.00 272.2 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255779	1	S5125		08/13/13	08/13/13	24.00	94.56
255779	2	S5125		08/14/13	08/14/13	24.00	94.56
255779	3	S5125		08/15/13	08/15/13	24.00	94.56
255779	4	S5125		08/16/13	08/16/13	24.00	94.56

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	378.24	2557790012013895SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009226	2013926	CARDENAS, GUSTAVO	11/25/1933	GNT07420300	7/31/2013-00140-0001
DIAGNOSIS CODES: 331.0 290.0							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
255638	1	S5125		08/01/13	08/01/13	16.00	63.04	
255638	2	S5125		08/07/13	08/07/13	16.00	63.04	
255638	3	S5125		08/08/13	08/08/13	16.00	63.04	
255638	4	S5125		08/14/13	08/14/13	16.00	63.04	
255638	5	S5125		08/15/13	08/15/13	16.00	63.04	
						CLAIM TOTAL	315.20	2556380012013926SUP

PAYER TOTALS:	GUILDNET	# OF CLAIMS =	897	TOTAL CLAIM AMOUNT =	98,570.19
		# SERVICES =	162		

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255608	1	T1019 1C		08/12/13	08/12/13	6.00	98.40	
255608	2	T1019 1C		08/13/13	08/13/13	6.00	98.40	
255608	3	T1019 1C		08/14/13	08/14/13	6.00	98.40	
255608	4	T1019 1C		08/15/13	08/15/13	6.00	98.40	
255608	5	T1019 1C		08/16/13	08/16/13	6.00	98.40	
								CLAIM TOTAL 492.00 CLAIM ACCOUNT REF. 2556080012011453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011869 2011869 JONES, VALERIE 10/10/1948 1457 479978
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255607	1	T1019 1C		07/29/13	07/29/13	4.00	65.60	
255607	2	T1019 1C		07/30/13	07/30/13	4.00	65.60	
255607	3	T1019 1C		07/31/13	07/31/13	4.00	65.60	
255607	4	T1019 1C		08/01/13	08/01/13	4.00	65.60	
255607	5	T1019 1C		08/02/13	08/02/13	4.00	65.60	
255607	6	T1019 1C		08/12/13	08/12/13	4.00	65.60	
255607	7	T1019 1C		08/13/13	08/13/13	4.00	65.60	
255607	8	T1019 1C		08/14/13	08/14/13	4.00	65.60	
255607	9	T1019 1C		08/15/13	08/15/13	4.00	65.60	
255607	10	T1019 1C		08/16/13	08/16/13	4.00	65.60	
								CLAIM TOTAL 656.00 CLAIM ACCOUNT REF. 2556070012011869SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255604	1	T1019 1C		08/12/13	08/12/13	6.00	98.40	
255604	2	T1019 1C		08/13/13	08/13/13	6.00	98.40	
255604	3	T1019 1C		08/14/13	08/14/13	6.00	98.40	
255604	4	T1019 1C		08/15/13	08/15/13	6.00	98.40	
255604	5	T1019 1C		08/16/13	08/16/13	6.00	98.40	
								CLAIM TOTAL 492.00 CLAIM ACCOUNT REF. 2556040012011870SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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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 2012213 2012213 BERRY, ANGELINA 10/21/1956 1784 456200
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255605	1	T1019	1C		08/10/13	08/10/13	4.00	65.60
255605	2	T1019	1C		08/11/13	08/11/13	4.00	65.60
255605	3	T1019	1C		08/12/13	08/12/13	4.00	65.60
255605	4	T1019	1C		08/13/13	08/13/13	4.00	65.60
255605	5	T1019	1C		08/15/13	08/15/13	4.00	65.60
255605	6	T1019	1C		08/16/13	08/16/13	4.00	65.60
CLAIM TOTAL								393.60
								CLAIM ACCOUNT REF. 2556050012012213SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012097 2013010 RODRIGUEZ, SILVIO 11/03/1930 9624 446238
DIAGNOSIS CODES: 290.0 280.9 401.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255611	1	T1019	1C		08/10/13	08/10/13	8.00	131.20
255611	2	T1019	1C		08/11/13	08/11/13	8.00	131.20
255611	3	T1019	1C		08/12/13	08/12/13	8.00	131.20
255611	4	T1019	1C		08/13/13	08/13/13	7.50	123.00
255611	5	T1019	1C		08/14/13	08/14/13	8.00	131.20
255611	6	T1019	1C		08/15/13	08/15/13	8.00	131.20
255611	7	T1019	1C		08/16/13	08/16/13	8.00	131.20
CLAIM TOTAL								910.20
								CLAIM ACCOUNT REF. 2556110012013010SUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
255609	1	T1019	1C		08/10/13	08/10/13	24.00	393.60
255609	2	T1019	1C		08/11/13	08/11/13	24.00	393.60
255609	3	T1019	1C		08/12/13	08/12/13	24.00	393.60
255609	4	T1019	1C		08/13/13	08/13/13	24.00	393.60
255609	5	T1019	1C		08/14/13	08/14/13	24.00	393.60
255609	6	T1019	1C		08/15/13	08/15/13	24.00	393.60
255609	7	T1019	1C		08/16/13	08/16/13	24.00	393.60
CLAIM TOTAL								2,755.20
								CLAIM ACCOUNT REF. 2556090012013320SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
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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 2013470 2013470 RIVERS, DEBRA 09/14/1958 9863 468763
DIAGNOSIS CODES: 907.2 135. 344.1 493.90 564.81 592.0 596.54

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
255610	1	T1019	1C			08/10/13	08/10/13	12.00	196.80
255610	2	T1019	1C			08/11/13	08/11/13	11.00	180.40
255610	3	T1019	1C			08/12/13	08/12/13	11.50	188.60
255610	4	T1019	1C			08/13/13	08/13/13	11.75	192.70
255610	5	T1019	1C			08/14/13	08/14/13	12.00	196.80
255610	6	T1019	1C			08/15/13	08/15/13	11.75	192.70
255610	7	T1019	1C			08/16/13	08/16/13	11.50	188.60
CLAIM TOTAL									1,336.60
CLAIM ACCOUNT REF.									2556100012013470SUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
255606	1	T1019	1C			08/12/13	08/12/13	4.00	65.60
255606	2	T1019	1C			08/14/13	08/14/13	4.00	65.60
255606	3	T1019	1C			08/15/13	08/15/13	4.00	65.60
255606	4	T1019	1C			08/16/13	08/16/13	4.00	65.60
CLAIM TOTAL									262.40
CLAIM ACCOUNT REF.									2556060012013587SUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
255612	1	T1019	1C			08/12/13	08/12/13	4.00	65.60
255612	2	T1019	1C			08/13/13	08/13/13	4.00	65.60
255612	3	T1019	1C			08/14/13	08/14/13	4.00	65.60
255612	4	T1019	1C			08/15/13	08/15/13	4.00	65.60
CLAIM TOTAL									262.40
CLAIM ACCOUNT REF.									2556120012013676SUP

PAYER TOTALS: ICS # OF CLAIMS = 55 TOTAL CLAIM AMOUNT = 7,560.40
SERVICES = 9

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013082104541115RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JSV04323R01 2013062715500001
DIAGNOSIS CODES: 250.11 272.0 401.9 435.9 586.
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255603	1	T1019	0580	08/13/13	08/13/13	16.00	67.52	
255603	2	T1019	0580	08/14/13	08/14/13	16.00	67.52	
255603	3	T1019	0580	08/15/13	08/15/13	16.00	67.52	
255603	4	T1019	0580	08/16/13	08/16/13	16.00	67.52	
					CLAIM TOTAL		270.08	CLAIM ACCOUNT REF. 2556030012010804SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012890 2012890 SCOTT, AKHNATON 04/28/1992 JPQ49578E01 2013053115500003
DIAGNOSIS CODES: 299.00 317.
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255602	1	T1019	0580	07/03/13	07/03/13	16.00	67.52	
					CLAIM TOTAL		67.52	CLAIM ACCOUNT REF. 2556020012012890SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013851 2013851 ARTEAGA, ANA 12/15/1954 JYU81582H01 2013072615400005
DIAGNOSIS CODES: 571.5 401.9
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255601	1	T1019	0580	08/12/13	08/12/13	20.00	84.40	
255601	2	T1019	0580	08/13/13	08/13/13	24.00	101.28	
255601	3	T1019	0580	08/14/13	08/14/13	16.00	67.52	
255601	4	T1019	0580	08/15/13	08/15/13	24.00	101.28	
					CLAIM TOTAL		354.48	CLAIM ACCOUNT REF. 2556010012013851SUP

PAYER TOTALS: HEALTHCARE PARTNERS IPA I # OF CLAIMS = 9 TOTAL CLAIM AMOUNT = 692.08
SERVICES = 3

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255618	1	T1019	0580	08/14/13	08/14/13	16.00	63.04	
255618	2	T1019	0580	08/16/13	08/16/13	16.00	63.04	
CLAIM TOTAL							126.08	CLAIM ACCOUNT REF. 2556180012013600SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255615	1	T1019	0580	07/08/13	07/08/13	16.00	63.04	
255615	2	T1019	0580	08/12/13	08/12/13	16.00	63.04	
255615	3	T1019	0580	08/14/13	08/14/13	16.00	63.04	
255615	4	T1019	0580	08/16/13	08/16/13	16.00	63.04	
CLAIM TOTAL							252.16	CLAIM ACCOUNT REF. 2556150012013622SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255617	1	T1019	0580	08/10/13	08/10/13	16.00	63.04	
255617	2	T1019	0580	08/11/13	08/11/13	16.00	63.04	
255617	3	T1019	0580	08/12/13	08/12/13	16.00	63.04	
255617	4	T1019	0580	08/13/13	08/13/13	16.00	63.04	
255617	5	T1019	0580	08/14/13	08/14/13	16.00	63.04	
255617	6	T1019	0580	08/15/13	08/15/13	16.00	63.04	
CLAIM TOTAL							378.24	CLAIM ACCOUNT REF. 2556170012013758SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008987 2013844 FAY, JULIA 10/29/1939 10000292201 073113006128
DIAGNOSIS CODES: 496. 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
255616	1	T1019	0580	08/12/13	08/12/13	28.00	110.32	
255616	2	T1019	0580	08/13/13	08/13/13	28.00	110.32	
255616	3	T1019	0580	08/14/13	08/14/13	27.00	106.38	
255616	4	T1019	0580	08/15/13	08/15/13	28.00	110.32	
CLAIM TOTAL							437.34	CLAIM ACCOUNT REF. 2556160012013844SUP

REPORT DATE 08/21/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = VCMINST VILLAGE CARE

PAYER TOTALS:	VILLAGE CARE	# OF CLAIMS =	16	TOTAL CLAIM AMOUNT =	1,193.82
		# SERVICES =	4		

PROVIDER TOTALS:	SUNNYSIDE CITYWIDE	# OF CLAIMS =	2065	TOTAL CLAIM AMOUNT =	256,846.09
		# SERVICES =	375		