

REPORT DATE 09/05/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

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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
208462	1	T1020		08/25/12	08/25/12	6.00	101.22
208462	2	T1020		08/27/12	08/27/12	5.00	84.35
208462	3	T1020		08/28/12	08/28/12	5.00	84.35
208462	4	T1020		08/29/12	08/29/12	7.00	118.09
208462	5	T1020		08/30/12	08/30/12	7.00	118.09
208462	6	T1020		08/31/12	08/31/12	7.00	118.09
CLAIM TOTAL						624.19	CLAIM ACCOUNT REF. 2084620012008267SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208459	1	T1020		08/25/12	08/25/12	9.00	151.83
208459	2	T1020		08/26/12	08/26/12	9.00	151.83
CLAIM TOTAL						303.66	CLAIM ACCOUNT REF. 2084590012008268SUP

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
208456	1	T1020		08/27/12	08/27/12	7.00	118.09
208456	2	T1020		08/28/12	08/28/12	7.00	118.09
208456	3	T1020		08/29/12	08/29/12	7.00	118.09
208456	4	T1020		08/30/12	08/30/12	7.00	118.09
208456	5	T1020		08/31/12	08/31/12	7.00	118.09
CLAIM TOTAL						590.45	CLAIM ACCOUNT REF. 2084560012008306SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008386 2008386 BATISTA, JOSE 07/20/1950 74170038700 120820411
DIAGNOSIS CODES: 344.1 401.9 599.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208455	1	T1020		08/25/12	08/25/12	7.00	118.09
208455	2	T1020		08/26/12	08/26/12	7.00	118.09
208455	3	T1020		08/27/12	08/27/12	7.00	118.09
208455	4	T1020		08/28/12	08/28/12	7.00	118.09
208455	5	T1020		08/29/12	08/29/12	7.00	118.09

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PROVIDER ID = 113502051
PAYER ID = 11315

SUNNYSIDE CITYWIDE
FIDELIS CARE NY

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208455	6	T1020		08/30/12	08/30/12	7.00	118.09
208455	7	T1020		08/31/12	08/31/12	7.00	118.09
CLAIM TOTAL							826.63

CLAIM ACCOUNT REF. 2084550012008386SUP

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
208461	1	T1020		08/28/12	08/28/12	4.00	67.48
208461	2	T1020		08/30/12	08/30/12	4.00	67.48
208461	3	T1020		08/31/12	08/31/12	4.00	67.48
CLAIM TOTAL							202.44

CLAIM ACCOUNT REF. 2084610012008400SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008388	2009283	MARTINEZ, LUISA	02/14/1954	74179809800	11951467
DIAGNOSIS CODES: 340. 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208458	1	T1020		08/25/12	08/25/12	12.00	202.44
208458	2	T1020		08/26/12	08/26/12	12.00	202.44
208458	3	T1020		08/27/12	08/27/12	12.00	202.44
208458	4	T1020		08/28/12	08/28/12	12.00	202.44
208458	5	T1020		08/29/12	08/29/12	12.00	202.44
208458	6	T1020		08/30/12	08/30/12	12.00	202.44
208458	7	T1020		08/31/12	08/31/12	12.00	202.44
CLAIM TOTAL							1,417.08

CLAIM ACCOUNT REF. 2084580012009283SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009956	2009956	PURNELL, ROSE	02/06/1961	74207950500	120550698
DIAGNOSIS CODES: 493.00 311. 401.9 462.							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208460	1	T1020		08/25/12	08/25/12	4.00	67.48
208460	2	T1020		08/26/12	08/26/12	4.00	67.48
208460	3	T1020		08/27/12	08/27/12	4.00	67.48
208460	4	T1020		08/28/12	08/28/12	4.00	67.48
208460	5	T1020		08/29/12	08/29/12	4.00	67.48
208460	6	T1020		08/30/12	08/30/12	4.00	67.48
208460	7	T1020		08/31/12	08/31/12	4.00	67.48
CLAIM TOTAL							472.36

CLAIM ACCOUNT REF. 2084600012009956SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #
121291101

1,062.81 CLAIM ACCOUNT REF. 2084630012010041SUP

PRIOR AUTHORIZATION #
111951068

CLAIM ACCOUNT REF. 2084570012010712SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	49	TOTAL CLAIM AMOUNT =	5,904.50
		# SERVICES =	9		

REPORT DATE 09/05/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 11325 NEIGHBORHOOD HEALTH

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208440	1	T1019		08/29/12	08/29/12	16.00	67.52
208440	2	T1019		08/30/12	08/30/12	16.00	67.52
208440	3	T1019		08/31/12	08/31/12	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2084400012008261SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208446	1	T1019		08/25/12	08/25/12	24.00	101.28
208446	2	T1019		08/26/12	08/26/12	24.00	101.28
208446	3	T1019		08/27/12	08/27/12	24.00	101.28
208446	4	T1019		08/28/12	08/28/12	24.00	101.28
208446	5	T1019		08/29/12	08/29/12	24.00	101.28
208446	6	T1019		08/30/12	08/30/12	24.00	101.28
208446	7	T1019		08/31/12	08/31/12	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2084460012008263SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208452	1	T1019		08/25/12	08/25/12	40.00	168.80
208452	2	T1019		08/26/12	08/26/12	40.00	168.80
208452	3	T1019		08/27/12	08/27/12	40.00	168.80
208452	4	T1019		08/28/12	08/28/12	40.00	168.80
208452	5	T1019		08/29/12	08/29/12	40.00	168.80
208452	6	T1019		08/30/12	08/30/12	32.00	135.04
208452	7	T1019		08/31/12	08/31/12	40.00	168.80
CLAIM TOTAL							1,147.84
CLAIM ACCOUNT REF.							2084520012008265SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208454	1	T1019		08/25/12	08/25/12	16.00	67.52

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
208454	2	T1019		08/26/12	08/26/12	16.00	67.52	
208454	3	T1019		08/27/12	08/27/12	24.00	101.28	
208454	4	T1019		08/28/12	08/28/12	24.00	101.28	
208454	5	T1019		08/29/12	08/29/12	24.00	101.28	
208454	6	T1019		08/30/12	08/30/12	24.00	101.28	
					CLAIM TOTAL		540.16	CLAIM ACCOUNT REF. 2084540012008303SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008305	2008305	ARDITTO, PATRICIA	10/29/1952	10053196701	072911256276
DIAGNOSIS	CODES:	493.00	042. 300.00 311.	530.81	780.4	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
208437	1	T1019		08/27/12	08/27/12	16.00	67.52	
208437	2	T1019		08/28/12	08/28/12	4.00	16.88	
208437	3	T1019		08/29/12	08/29/12	24.00	101.28	
208437	4	T1019		08/30/12	08/30/12	24.00	101.28	
208437	5	T1019		08/31/12	08/31/12	24.00	101.28	
					CLAIM TOTAL		388.24	CLAIM ACCOUNT REF. 2084370012008305SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
208438	1	T1019		08/25/12	08/25/12	28.00	118.16	
208438	2	T1019		08/26/12	08/26/12	28.00	118.16	
208438	3	T1019		08/27/12	08/27/12	32.00	135.04	
208438	4	T1019		08/28/12	08/28/12	28.00	118.16	
208438	5	T1019		08/29/12	08/29/12	28.00	118.16	
208438	6	T1019		08/30/12	08/30/12	28.00	118.16	
208438	7	T1019		08/31/12	08/31/12	28.00	118.16	
					CLAIM TOTAL		844.00	CLAIM ACCOUNT REF. 2084380012008403SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008420	2008420	SALVATO, MARY	04/06/1954	10064119301	072211255313
DIAGNOSIS	CODES:	340. 244.9	250.00 272.0	401.9	493.00 799.89	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
208451	1	T1019		08/25/12	08/25/12	32.00	135.04	
208451	2	T1019		08/26/12	08/26/12	32.00	135.04	
208451	3	T1019		08/27/12	08/27/12	32.00	135.04	
208451	4	T1019		08/28/12	08/28/12	32.00	135.04	
208451	5	T1019		08/29/12	08/29/12	32.00	135.04	

REPORT DATE 09/05/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 11325 NEIGHBORHOOD HEALTH

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
208451	6	T1019		08/30/12	08/30/12	32.00	135.04	
208451	7	T1019		08/31/12	08/31/12	32.00	135.04	
						CLAIM TOTAL	945.28	CLAIM ACCOUNT REF. 2084510012008420SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
208448	1	T1019		08/27/12	08/27/12	24.00	101.28	
208448	2	T1019		08/28/12	08/28/12	24.00	101.28	
208448	3	T1019		08/29/12	08/29/12	24.00	101.28	
						CLAIM TOTAL	303.84	CLAIM ACCOUNT REF. 2084480012008421SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
208447	1	T1019		08/27/12	08/27/12	24.00	101.28	
208447	2	T1019		08/28/12	08/28/12	24.00	101.28	
208447	3	T1019		08/29/12	08/29/12	24.00	101.28	
208447	4	T1019		08/30/12	08/30/12	24.00	101.28	
208447	5	T1019		08/31/12	08/31/12	24.00	101.28	
						CLAIM TOTAL	506.40	CLAIM ACCOUNT REF. 2084470012008422SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
208453	1	T1019		08/27/12	08/27/12	16.00	67.52	
208453	2	T1019		08/28/12	08/28/12	16.00	67.52	
208453	3	T1019		08/30/12	08/30/12	16.00	67.52	
208453	4	T1019		08/31/12	08/31/12	16.00	67.52	
						CLAIM TOTAL	270.08	CLAIM ACCOUNT REF. 2084530012008425SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208441	1	T1019		08/25/12	08/25/12	40.00	168.80

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
208441	2	T1019		08/26/12	08/26/12	40.00	168.80	
208441	3	T1019		08/27/12	08/27/12	40.00	168.80	
208441	4	T1019		08/28/12	08/28/12	40.00	168.80	
208441	5	T1019		08/29/12	08/29/12	40.00	168.80	
208441	6	T1019		08/30/12	08/30/12	40.00	168.80	
				CLAIM TOTAL		1,012.80		CLAIM ACCOUNT REF. 2084410012008427SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
208450	1	T1019		08/27/12	08/27/12	16.00	67.52	
208450	2	T1019		08/28/12	08/28/12	16.00	67.52	
208450	3	T1019		08/29/12	08/29/12	16.00	67.52	
208450	4	T1019		08/30/12	08/30/12	16.00	67.52	
208450	5	T1019		08/31/12	08/31/12	16.00	67.52	
				CLAIM TOTAL		337.60		CLAIM ACCOUNT REF. 2084500012008531SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
208445	1	T1019		08/26/12	08/26/12	16.00	67.52	
208445	2	T1019		08/27/12	08/27/12	28.00	118.16	
208445	3	T1019		08/28/12	08/28/12	28.00	118.16	
208445	4	T1019		08/29/12	08/29/12	28.00	118.16	
208445	5	T1019		08/30/12	08/30/12	20.00	84.40	
208445	6	T1019		08/31/12	08/31/12	28.00	118.16	
				CLAIM TOTAL		624.56		CLAIM ACCOUNT REF. 2084450012008742SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
208439	1	T1019		08/27/12	08/27/12	16.00	67.52	
208439	2	T1019		08/28/12	08/28/12	24.00	101.28	
208439	3	T1019		08/29/12	08/29/12	24.00	101.28	
208439	4	T1019		08/30/12	08/30/12	24.00	101.28	
208439	5	T1019		08/31/12	08/31/12	24.00	101.28	
				CLAIM TOTAL		472.64		CLAIM ACCOUNT REF. 2084390012008802SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208443	1	T1019		08/29/12	08/29/12	28.00	118.16
208443	2	T1019		08/30/12	08/30/12	28.00	118.16
208443	3	T1019		08/31/12	08/31/12	32.00	135.04
CLAIM TOTAL							371.36
CLAIM ACCOUNT REF.							2084430012009221SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208444	1	T1019		08/25/12	08/25/12	48.00	202.56
208444	2	T1019		08/26/12	08/26/12	28.00	118.16
208444	3	T1019		08/27/12	08/27/12	48.00	202.56
208444	4	T1019		08/28/12	08/28/12	48.00	202.56
208444	5	T1019		08/29/12	08/29/12	48.00	202.56
208444	6	T1019		08/30/12	08/30/12	48.00	202.56
208444	7	T1019		08/31/12	08/31/12	48.00	202.56
CLAIM TOTAL							1,333.52
CLAIM ACCOUNT REF.							2084440012009356SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208435	1	T1019		08/26/12	08/26/12	32.00	135.04
208435	2	T1019		08/27/12	08/27/12	32.00	135.04
208435	3	T1019		08/28/12	08/28/12	32.00	135.04
208435	4	T1019		08/29/12	08/29/12	32.00	135.04
208435	5	T1019		08/30/12	08/30/12	32.00	135.04
208435	6	T1019		08/31/12	08/31/12	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2084350012010143SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208449	1	T1019		08/27/12	08/27/12	20.00	84.40
208449	2	T1019		08/28/12	08/28/12	20.00	84.40

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NPI = 1154407492

CLAIM ACCOUNT REF. 2084490012010353SUP

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2084420012010639SUP

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2084360012010878SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	110	TOTAL CLAIM AMOUNT =	12,828.80
		# SERVICES =	20		

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008233 2008233 ARIAS, NORA 03/31/1981 RB08739R 0106191290349
DIAGNOSIS CODES: 356.9 348.2 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208488	1	T1019		08/25/12	08/25/12	4.00	68.60
208488	2	T1019		08/26/12	08/26/12	4.00	68.60
208488	3	T1019		08/27/12	08/27/12	12.00	205.80
208488	4	T1019		08/28/12	08/28/12	12.00	205.80
208488	5	T1019		08/29/12	08/29/12	12.00	205.80
208488	6	T1019		08/30/12	08/30/12	12.00	205.80
208488	7	T1019		08/31/12	08/31/12	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2084880012008233SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208495	1	T1019		08/25/12	08/25/12	8.00	137.20
208495	2	T1019		08/26/12	08/26/12	8.00	137.20
208495	3	T1019		08/27/12	08/27/12	11.00	188.65
208495	4	T1019		08/28/12	08/28/12	11.00	188.65
208495	5	T1019		08/29/12	08/29/12	11.00	188.65
208495	6	T1019		08/30/12	08/30/12	11.00	188.65
208495	7	T1019		08/31/12	08/31/12	11.00	188.65
CLAIM TOTAL						1,217.65	CLAIM ACCOUNT REF. 2084950012008236SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008284 2008284 ANDERSON, BETH 12/18/1947 YC43135F 0103131290194
DIAGNOSIS CODES: 340. 286.0 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208487	1	T1019		08/27/12	08/27/12	6.00	102.90
208487	2	T1019		08/28/12	08/28/12	6.00	102.90
208487	3	T1019		08/29/12	08/29/12	6.00	102.90
208487	4	T1019		08/30/12	08/30/12	5.00	85.75
208487	5	T1019		08/31/12	08/31/12	6.00	102.90
CLAIM TOTAL						497.35	CLAIM ACCOUNT REF. 2084870012008284SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008385 2008385 MURDOCK, GERTRUDE 11/01/1917 SS71357M 0106221290271
DIAGNOSIS CODES: 536.9 365.9 369.10 389.9 401.9 715.90 733.00 V15.88

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208493	1	T1019		08/27/12	08/27/12	8.00	137.20
208493	2	T1019		08/28/12	08/28/12	8.00	137.20
208493	3	T1019		08/29/12	08/29/12	8.00	137.20
208493	4	T1019		08/30/12	08/30/12	8.00	137.20
208493	5	T1019		08/31/12	08/31/12	1.00	17.15
CLAIM TOTAL							565.95

CLAIM ACCOUNT REF. 2084930012008385SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008415 2008415 BEDOYA, MONICA 09/30/1958 WP66802A 0103281290468
DIAGNOSIS CODES: 345.90 272.0 295.90 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208489	1	T1019		08/27/12	08/27/12	5.00	85.75
208489	2	T1019		08/29/12	08/29/12	5.00	85.75
208489	3	T1019		08/31/12	08/31/12	5.00	85.75
CLAIM TOTAL							257.25

CLAIM ACCOUNT REF. 2084890012008415SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208492	1	T1019		08/25/12	08/25/12	5.00	85.75
208492	2	T1019		08/26/12	08/26/12	5.00	85.75
208492	3	T1019		08/27/12	08/27/12	5.00	85.75
208492	4	T1019		08/28/12	08/28/12	5.00	85.75
208492	5	T1019		08/29/12	08/29/12	5.00	85.75
208492	6	T1019		08/30/12	08/30/12	5.00	85.75
208492	7	T1019		08/31/12	08/31/12	5.00	85.75
CLAIM TOTAL							600.25

CLAIM ACCOUNT REF. 2084920012008417SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008418 2008418 RYALS, CHARLES 11/03/1950 ZZ49620T 0103051290159
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
208497	1	T1019		08/27/12	08/27/12	8.00	137.20
208497	2	T1019		08/28/12	08/28/12	8.00	137.20
208497	3	T1019		08/29/12	08/29/12	8.00	137.20

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

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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	
208497	4	T1019		08/30/12	08/30/12	8.00	137.20	
208497	5	T1019		08/31/12	08/31/12	8.00	137.20	
					CLAIM TOTAL		686.00	CLAIM ACCOUNT REF. 2084970012008418SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008743	2008743	CORDERO, ROSENDO	08/26/1926	QM62108S	0101231290569
DIAGNOSIS	CODES:	492.0	272.0	401.9	715.00	788.30	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
208490	1	T1019		08/25/12	08/25/12	10.00	171.50	
208490	2	T1019		08/26/12	08/26/12	10.00	171.50	
208490	3	T1019		08/27/12	08/27/12	10.00	171.50	
208490	4	T1019		08/28/12	08/28/12	10.00	171.50	
208490	5	T1019		08/30/12	08/30/12	8.00	137.20	
208490	6	T1019		08/31/12	08/31/12	10.00	171.50	
					CLAIM TOTAL		994.70	CLAIM ACCOUNT REF. 2084900012008743SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008283	2009137	DAVIS, ANGIE	11/15/1958	UT00109J	0107061290221
DIAGNOSIS	CODES:	340.	401.9				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
208491	1	T1019		08/25/12	08/25/12	19.00	325.85	
208491	2	T1019		08/26/12	08/26/12	19.00	325.85	
208491	3	T1019		08/27/12	08/27/12	19.00	325.85	
208491	4	T1019		08/28/12	08/28/12	19.00	325.85	
208491	5	T1019		08/29/12	08/29/12	19.00	325.85	
208491	6	T1019		08/30/12	08/30/12	19.00	325.85	
208491	7	T1019		08/31/12	08/31/12	19.00	325.85	
					CLAIM TOTAL		2,280.95	CLAIM ACCOUNT REF. 2084910012009137SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009377	2009377	SANTORO, MATTHEW	08/20/1949	SP38021Q	0102291290309
DIAGNOSIS	CODES:	299.01	453.9				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
208498	1	T1019		08/25/12	08/25/12	6.00	102.90	
208498	2	T1019		08/26/12	08/26/12	6.00	102.90	
					CLAIM TOTAL		205.80	CLAIM ACCOUNT REF. 2084980012009377SUP

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NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
208496	1	T1019		08/27/12	08/27/12	8.00	137.20		
208496	2	T1019		08/28/12	08/28/12	8.00	137.20		
208496	3	T1019		08/29/12	08/29/12	8.00	137.20		
208496	4	T1019		08/30/12	08/30/12	8.00	137.20		
208496	5	T1019		08/31/12	08/31/12	8.00	137.20		
CLAIM TOTAL							686.00	CLAIM ACCOUNT REF.	2084960012009688SUP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
208499	1	T1019		08/27/12	08/27/12	8.00	137.20		
208499	2	T1019		08/28/12	08/28/12	8.00	137.20		
208499	3	T1019		08/29/12	08/29/12	8.00	137.20		
208499	4	T1019		08/30/12	08/30/12	8.00	137.20		
208499	5	T1019		08/31/12	08/31/12	8.00	137.20		
					CLAIM TOTAL		686.00	CLAIM ACCOUNT REF.	2084990012010213SUP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
208494	1	T1019		08/27/12	08/27/12	3.00	51.45		
208494	2	T1019		08/28/12	08/28/12	3.00	51.45		
208494	3	T1019		08/29/12	08/29/12	3.00	51.45		
208494	4	T1019		08/30/12	08/30/12	3.00	51.45		
208494	5	T1019		08/31/12	08/31/12	3.00	51.45		
					CLAIM TOTAL		257.25	CLAIM ACCOUNT REF.	2084940012010886SUP

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	69	TOTAL CLAIM AMOUNT =	10,101.35
		# SERVICES =	13		

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208502	1	T1019		08/25/12	08/25/12	36.00	154.80
208502	2	T1019		08/26/12	08/26/12	36.00	154.80
208502	3	T1019		08/27/12	08/27/12	36.00	154.80
208502	4	T1019		08/28/12	08/28/12	36.00	154.80
208502	5	T1019		08/30/12	08/30/12	32.00	137.60
208502	6	T1019		08/31/12	08/31/12	36.00	154.80
CLAIM TOTAL							911.60
CLAIM ACCOUNT REF.							2085020012008286SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208501	1	T1019		08/25/12	08/25/12	24.00	103.20
208501	2	T1019		08/26/12	08/26/12	24.00	103.20
208501	3	T1019		08/27/12	08/27/12	24.00	103.20
208501	4	T1019		08/28/12	08/28/12	24.00	103.20
208501	5	T1019		08/29/12	08/29/12	24.00	103.20
208501	6	T1019		08/30/12	08/30/12	24.00	103.20
208501	7	T1019		08/31/12	08/31/12	24.00	103.20
CLAIM TOTAL							722.40
CLAIM ACCOUNT REF.							2085010012008495SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010404 2010404 GUERRERO, MIRTHA 09/14/1931 740496 110568543
DIAGNOSIS CODES: 253.5 401.9 733.00 750.27

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208500	1	T1019		08/25/12	08/25/12	28.00	120.40
208500	2	T1019		08/26/12	08/26/12	28.00	120.40
208500	3	T1019		08/27/12	08/27/12	28.00	120.40
208500	4	T1019		08/29/12	08/29/12	28.00	120.40
208500	5	T1019		08/30/12	08/30/12	24.00	103.20
208500	6	T1019		08/31/12	08/31/12	28.00	120.40
CLAIM TOTAL							705.20
CLAIM ACCOUNT REF.							2085000012010404SUP

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

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	19	TOTAL CLAIM AMOUNT =	2,339.20
		# SERVICES =	3		

REPORT DATE 09/05/12 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 2008273 2008471 DE JESUS, TIBURCIO 08/11/1947 XX16524S 0004980406
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
208482	1	T1019	0580	08/25/12	08/25/12	36.00	151.92
208482	2	T1019	0580	08/26/12	08/26/12	36.00	151.92
208482	3	T1019	0580	08/27/12	08/27/12	36.00	151.92
208482	4	T1019	0580	08/28/12	08/28/12	36.00	151.92
208482	5	T1019	0580	08/29/12	08/29/12	36.00	151.92
208482	6	T1019	0580	08/30/12	08/30/12	36.00	151.92
208482	7	T1019	0580	08/31/12	08/31/12	36.00	151.92
CLAIM TOTAL						1,063.44	CLAIM ACCOUNT REF. 2084820012008471SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208483	1	T1019	0580	08/27/12	08/27/12	40.00	168.80
208483	2	T1019	0580	08/28/12	08/28/12	40.00	168.80
208483	3	T1019	0580	08/29/12	08/29/12	40.00	168.80
208483	4	T1019	0580	08/30/12	08/30/12	40.00	168.80
CLAIM TOTAL						675.20	CLAIM ACCOUNT REF. 2084830012008491SUP

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
208486	1	T1019	0580	08/28/12	08/28/12	16.00	67.52
208486	2	T1019	0580	08/29/12	08/29/12	16.00	67.52
208486	3	T1019	0580	08/30/12	08/30/12	16.00	67.52
208486	4	T1019	0580	08/31/12	08/31/12	16.00	67.52
CLAIM TOTAL						270.08	CLAIM ACCOUNT REF. 2084860012008513SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208484	1	T1019	0580	08/25/12	08/25/12	20.00	84.40
208484	2	T1019	0580	08/26/12	08/26/12	20.00	84.40
208484	3	T1019	0580	08/27/12	08/27/12	20.00	84.40

REPORT DATE 09/05/12 SUNNYSIDE CITYWIDE
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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
208484	4	T1019	0580	08/28/12	08/28/12	20.00	84.40
208484	5	T1019	0580	08/29/12	08/29/12	20.00	84.40
208484	6	T1019	0580	08/30/12	08/30/12	20.00	84.40
208484	7	T1019	0580	08/31/12	08/31/12	20.00	84.40
CLAIM TOTAL							590.80

CLAIM ACCOUNT REF. 2084840012008544SUP

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
208477	1	T1019	0580	08/28/12	08/28/12	16.00	56.00
208477	2	T1019	0580	08/30/12	08/30/12	16.00	56.00
208477	3	T1019	0580	08/31/12	08/31/12	16.00	56.00
CLAIM TOTAL							168.00

CLAIM ACCOUNT REF. 2084770012008723SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008793	2008793	COPE, WILLIE	02/17/1928	XR98607Q	0004050353003

DIAGNOSIS CODES: 331.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208470	1	T1019	0580	08/25/12	08/25/12	48.00	168.00
208470	2	T1019	0580	08/26/12	08/26/12	48.00	168.00
208470	3	T1019	0580	08/27/12	08/27/12	48.00	168.00
208470	4	T1019	0580	08/28/12	08/28/12	48.00	168.00
208470	5	T1019	0580	08/29/12	08/29/12	48.00	168.00
208470	6	T1019	0580	08/30/12	08/30/12	48.00	168.00
208470	7	T1019	0580	08/31/12	08/31/12	48.00	168.00
CLAIM TOTAL							1,176.00

CLAIM ACCOUNT REF. 2084700012008793SUP

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
208479	1	T1019	0580	08/25/12	08/25/12	32.00	112.00
208479	2	T1019	0580	08/26/12	08/26/12	32.00	112.00
208479	3	T1019	0580	08/27/12	08/27/12	32.00	112.00
208479	4	T1019	0580	08/28/12	08/28/12	32.00	112.00
208479	5	T1019	0580	08/29/12	08/29/12	32.00	112.00
208479	6	T1019	0580	08/30/12	08/30/12	32.00	112.00
208479	7	T1019	0580	08/31/12	08/31/12	32.00	112.00
CLAIM TOTAL							784.00

CLAIM ACCOUNT REF. 2084790012009237SUP

REPORT DATE 09/05/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

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

NPI = 1154407492

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 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
208485	1	T1019	0580	08/31/12	08/31/12	20.00	84.40
CLAIM TOTAL							84.40

CLAIM ACCOUNT REF. 2084850012009269SUP

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
208480	1	T1019	0580	08/27/12	08/27/12	16.00	67.52
208480	2	T1019	0580	08/28/12	08/28/12	16.00	67.52
208480	3	T1019	0580	08/29/12	08/29/12	16.00	67.52
208480	4	T1019	0580	08/30/12	08/30/12	16.00	67.52
208480	5	T1019	0580	08/31/12	08/31/12	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2084800012009406SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009467 2009467 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
208476	1	T1019	0580	08/25/12	08/25/12	48.00	168.00
208476	2	T1019	0580	08/26/12	08/26/12	48.00	168.00
208476	3	T1019	0580	08/27/12	08/27/12	48.00	168.00
208476	4	T1019	0580	08/28/12	08/28/12	48.00	168.00
208476	5	T1019	0580	08/29/12	08/29/12	48.00	168.00
208476	6	T1019	0580	08/30/12	08/30/12	48.00	168.00
208476	7	T1019	0580	08/31/12	08/31/12	48.00	168.00
CLAIM TOTAL							1,176.00

CLAIM ACCOUNT REF. 2084760012009467SUP

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
208481	1	T1019	0580	08/29/12	08/29/12	40.00	168.80
208481	2	T1019	0580	08/30/12	08/30/12	40.00	168.80
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2084810012009562SUP

REPORT DATE 09/05/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

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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 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
208472	1	T1019	0580	08/27/12	08/27/12	16.00	56.00
208472	2	T1019	0580	08/28/12	08/28/12	16.00	56.00
208472	3	T1019	0580	08/29/12	08/29/12	16.00	56.00
208472	4	T1019	0580	08/30/12	08/30/12	16.00	56.00
208472	5	T1019	0580	08/31/12	08/31/12	16.00	56.00
CLAIM TOTAL							280.00

CLAIM ACCOUNT REF. 2084720012009686SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208474	1	T1019	0580	08/27/12	08/27/12	28.00	98.00
208474	2	T1019	0580	08/28/12	08/28/12	28.00	98.00
CLAIM TOTAL							196.00

CLAIM ACCOUNT REF. 2084740012009945SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009945 2009945 JACKSON, FRANCES 03/12/1934 12030545001 4676295
DIAGNOSIS CODES: 332.0 250.00 401.9 722.10 785.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208475	1	T1019	0580	08/29/12	08/29/12	28.00	98.00
208475	2	T1019	0580	08/30/12	08/30/12	28.00	98.00
208475	3	T1019	0580	08/31/12	08/31/12	28.00	98.00
CLAIM TOTAL							294.00

CLAIM ACCOUNT REF. 2084750012009945SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010293 2010293 CAMPBELL, CAROL 01/17/1945 ZW64229J 14408709
DIAGNOSIS CODES: 722.2 272.0 338.29 401.9 780.79 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208469	1	T1019	0580	08/27/12	08/27/12	20.00	70.00
208469	2	T1019	0580	08/28/12	08/28/12	24.00	84.00
208469	3	T1019	0580	08/29/12	08/29/12	20.00	70.00
208469	4	T1019	0580	08/30/12	08/30/12	20.00	70.00
208469	5	T1019	0580	08/31/12	08/31/12	20.00	70.00
CLAIM TOTAL							364.00

CLAIM ACCOUNT REF. 2084690012010293SUP

REPORT DATE 09/05/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

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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 2010316 2010316 WEATHERS, VERDENA 02/05/1927 XK12367V 0004884724
DIAGNOSIS CODES: 331.0 365.00 428.0 714.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208478	1	T1019	0580	08/27/12	08/27/12	48.00	168.00
208478	2	T1019	0580	08/28/12	08/28/12	48.00	168.00
208478	3	T1019	0580	08/29/12	08/29/12	48.00	168.00
208478	4	T1019	0580	08/30/12	08/30/12	48.00	168.00
208478	5	T1019	0580	08/31/12	08/31/12	48.00	168.00
CLAIM TOTAL							840.00

CLAIM ACCOUNT REF. 2084780012010316SUP

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
208473	1	T1019	0580	08/25/12	08/25/12	36.00	126.00
208473	2	T1019	0580	08/26/12	08/26/12	36.00	126.00
208473	3	T1019	0580	08/27/12	08/27/12	36.00	126.00
208473	4	T1019	0580	08/28/12	08/28/12	36.00	126.00
208473	5	T1019	0580	08/29/12	08/29/12	36.00	126.00
208473	6	T1019	0580	08/30/12	08/30/12	36.00	126.00
208473	7	T1019	0580	08/31/12	08/31/12	36.00	126.00
CLAIM TOTAL							882.00

CLAIM ACCOUNT REF. 2084730012010991SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208471	1	G0156	0572	08/25/12	08/25/12	7.00	99.75
208471	2	G0156	0572	08/27/12	08/27/12	7.00	99.75
208471	3	G0156	0572	08/28/12	08/28/12	7.00	99.75
208471	4	G0156	0572	08/29/12	08/29/12	7.00	99.75
208471	5	G0156	0572	08/30/12	08/30/12	7.00	99.75
208471	6	G0156	0572	08/31/12	08/31/12	7.00	99.75
CLAIM TOTAL							598.50

CLAIM ACCOUNT REF. 2084710012011066SUP

REPORT DATE 09/05/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

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

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	87	TOTAL CLAIM AMOUNT =	10,117.62
		# SERVICES =	17		

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NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2085140012010958SUP

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

REPORT DATE 09/05/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

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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 2008249 2008249 LOPEZ-RAMIREZ, CARLOTA 01/20/1936 QR43529V R1800800
DIAGNOSIS CODES: 714.0 272.4 401.9 536.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208425	1	T1019		08/25/12	08/25/12	44.00	185.68
208425	2	T1019		08/26/12	08/26/12	44.00	185.68
208425	3	T1019		08/27/12	08/27/12	44.00	185.68
208425	4	T1019		08/28/12	08/28/12	44.00	185.68
208425	5	T1019		08/29/12	08/29/12	44.00	185.68
208425	6	T1019		08/30/12	08/30/12	44.00	185.68
208425	7	T1019		08/31/12	08/31/12	44.00	185.68
CLAIM TOTAL						1,299.76	CLAIM ACCOUNT REF. 2084250012008249SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008250 2008250 SALAZAR, LUZ MARIA 02/19/1970 SC60317K R1824834
DIAGNOSIS CODES: 952.9 564.81 596.54 806.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208429	1	T1019		08/25/12	08/25/12	32.00	135.04
208429	2	T1019		08/26/12	08/26/12	32.00	135.04
208429	3	T1019		08/27/12	08/27/12	32.00	135.04
208429	4	T1019		08/28/12	08/28/12	32.00	135.04
208429	5	T1019		08/29/12	08/29/12	32.00	135.04
208429	6	T1019		08/30/12	08/30/12	28.00	118.16
208429	7	T1019		08/31/12	08/31/12	32.00	135.04
CLAIM TOTAL						928.40	CLAIM ACCOUNT REF. 2084290012008250SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208411	1	T1019		08/27/12	08/27/12	32.00	135.04
208411	2	T1019		08/28/12	08/28/12	32.00	135.04
208411	3	T1019		08/29/12	08/29/12	32.00	135.04
208411	4	T1019		08/30/12	08/30/12	32.00	135.04
208411	5	T1019		08/31/12	08/31/12	32.00	135.04
CLAIM TOTAL						675.20	CLAIM ACCOUNT REF. 2084110012008251SUP

REPORT DATE 09/05/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

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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 2008253 2008253 MACARENA, SAHARA 09/12/1965 VT07830U R1904276
DIAGNOSIS CODES: 359.0 719.45

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208426	1	T1019		08/25/12	08/25/12	48.00	202.56
208426	2	T1019		08/26/12	08/26/12	48.00	202.56
208426	3	T1019		08/27/12	08/27/12	32.00	135.04
208426	4	T1019		08/28/12	08/28/12	48.00	202.56
208426	5	T1019		08/29/12	08/29/12	48.00	202.56
208426	6	T1019		08/30/12	08/30/12	48.00	202.56
208426	7	T1019		08/31/12	08/31/12	48.00	202.56
CLAIM TOTAL						1,350.40	CLAIM ACCOUNT REF. 2084260012008253SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008254 2008254 SPIVEY, PATRICIA 04/06/1965 WE52435B R1802635
DIAGNOSIS CODES: 250.00 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208430	1	T1019		08/27/12	08/27/12	20.00	84.40
208430	2	T1019		08/28/12	08/28/12	20.00	84.40
208430	3	T1019		08/29/12	08/29/12	20.00	84.40
208430	4	T1019		08/30/12	08/30/12	20.00	84.40
208430	5	T1019		08/31/12	08/31/12	20.00	84.40
CLAIM TOTAL						422.00	CLAIM ACCOUNT REF. 2084300012008254SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008256 2008256 CARMONA, LUZ 08/10/1954 XJ24416K R1839723
DIAGNOSIS CODES: 294.8 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208409	1	T1019		08/27/12	08/27/12	28.00	118.16
208409	2	T1019		08/28/12	08/28/12	32.00	135.04
208409	3	T1019		08/29/12	08/29/12	32.00	135.04
208409	4	T1019		08/30/12	08/30/12	32.00	135.04
208409	5	T1019		08/31/12	08/31/12	32.00	135.04
CLAIM TOTAL						658.32	CLAIM ACCOUNT REF. 2084090012008256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008257 2008257 ESTEVES, JOSE 09/04/1948 YD71377C R1832858
DIAGNOSIS CODES: 345.40

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208415	1	T1019		08/25/12	08/25/12	24.00	101.28

REPORT DATE 09/05/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

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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
208415	2	T1019		08/26/12	08/26/12	24.00	101.28
208415	3	T1019		08/27/12	08/27/12	24.00	101.28
208415	4	T1019		08/28/12	08/28/12	24.00	101.28
208415	5	T1019		08/29/12	08/29/12	24.00	101.28
208415	6	T1019		08/30/12	08/30/12	24.00	101.28
208415	7	T1019		08/31/12	08/31/12	24.00	101.28
CLAIM TOTAL							708.96

CLAIM ACCOUNT REF. 2084150012008257SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008297 2008297 MARTIN, ARIANA 12/25/1968 XD64969X R1831741
DIAGNOSIS CODES: 250.63 401.9 493.11

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208427	1	T1019		08/29/12	08/29/12	16.00	67.52
208427	2	T1019		08/31/12	08/31/12	16.00	67.52
CLAIM TOTAL							135.04

CLAIM ACCOUNT REF. 2084270012008297SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008362 2008362 FONTANES, PEDRO 08/27/1948 RX10287Z R1804541
DIAGNOSIS CODES: 724.3 278.00 427.31 428.0 724.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208417	1	T1019		08/25/12	08/25/12	28.00	118.16
208417	2	T1019		08/26/12	08/26/12	28.00	118.16
208417	3	T1019		08/27/12	08/27/12	28.00	118.16
208417	4	T1019		08/28/12	08/28/12	28.00	118.16
208417	5	T1019		08/29/12	08/29/12	28.00	118.16
208417	6	T1019		08/30/12	08/30/12	28.00	118.16
208417	7	T1019		08/31/12	08/31/12	28.00	118.16
CLAIM TOTAL							827.12

CLAIM ACCOUNT REF. 2084170012008362SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008368 2008368 RODRIGUEZ, MARGARET 06/25/1950 ZP21043J R1955871
DIAGNOSIS CODES: 295.90 250.00 272.4 311. 401.9 414.3 733.00 780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208428	1	T1019		08/27/12	08/27/12	12.00	50.64
208428	2	T1019		08/28/12	08/28/12	16.00	67.52
208428	3	T1019		08/29/12	08/29/12	16.00	67.52
208428	4	T1019		08/30/12	08/30/12	16.00	67.52
208428	5	T1019		08/31/12	08/31/12	16.00	67.52
CLAIM TOTAL							320.72

CLAIM ACCOUNT REF. 2084280012008368SUP

REPORT DATE 09/05/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

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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 2008405 2008405 ST ROMAINE, CLAUDE 10/01/1956 UZ14868C 0103151202185
DIAGNOSIS CODES: 952.9 344.9 596.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208431	1	T1019		08/15/12	08/15/12	40.00	168.80
208431	2	T1019		08/25/12	08/25/12	40.00	168.80
208431	3	T1019		08/26/12	08/26/12	36.00	151.92
208431	4	T1019		08/27/12	08/27/12	40.00	168.80
208431	5	T1019		08/28/12	08/28/12	40.00	168.80
208431	6	T1019		08/29/12	08/29/12	40.00	168.80
208431	7	T1019		08/30/12	08/30/12	40.00	168.80
208431	8	T1019		08/31/12	08/31/12	40.00	168.80
CLAIM TOTAL						1,333.52	
							CLAIM ACCOUNT REF. 2084310012008405SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008411 2008411 FRANCISCO, RICHARD 07/10/1968 XR22414G 0103221200941
DIAGNOSIS CODES: 401.9 443.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208418	1	T1019		08/25/12	08/25/12	32.00	135.04
208418	2	T1019		08/26/12	08/26/12	24.00	101.28
208418	3	T1019		08/27/12	08/27/12	32.00	135.04
208418	4	T1019		08/28/12	08/28/12	32.00	135.04
208418	5	T1019		08/29/12	08/29/12	32.00	135.04
208418	6	T1019		08/30/12	08/30/12	32.00	135.04
208418	7	T1019		08/31/12	08/31/12	32.00	135.04
CLAIM TOTAL						911.52	
							CLAIM ACCOUNT REF. 2084180012008411SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008428 2008428 KAUR, HARBANS 02/03/1937 VB22061J R1804436
DIAGNOSIS CODES: 401.9 272.4 332.1 453.42

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208422	1	T1019		08/26/12	08/26/12	28.00	118.16
208422	2	T1019		08/27/12	08/27/12	28.00	118.16
208422	3	T1019		08/28/12	08/28/12	28.00	118.16
208422	4	T1019		08/29/12	08/29/12	28.00	118.16
208422	5	T1019		08/30/12	08/30/12	28.00	118.16
208422	6	T1019		08/31/12	08/31/12	28.00	118.16
CLAIM TOTAL						708.96	
							CLAIM ACCOUNT REF. 2084220012008428SUP

REPORT DATE 09/05/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

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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 2008433 2008433 BHAIRO, KOWSILILLI 05/13/1954 VG15691D R1917814
DIAGNOSIS CODES: 340. 286.0 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208407	1	T1019		08/25/12	08/25/12	32.00	135.04
208407	2	T1019		08/26/12	08/26/12	32.00	135.04
208407	3	T1019		08/27/12	08/27/12	28.00	118.16
208407	4	T1019		08/28/12	08/28/12	32.00	135.04
208407	5	T1019		08/29/12	08/29/12	32.00	135.04
208407	6	T1019		08/30/12	08/30/12	32.00	135.04
208407	7	T1019		08/31/12	08/31/12	32.00	135.04
CLAIM TOTAL							928.40
							CLAIM ACCOUNT REF. 2084070012008433SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z R1903232
DIAGNOSIS CODES: 250.00 244.8 311. 401.9 428.0 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208406	1	T1019		08/26/12	08/26/12	16.00	67.52
208406	2	T1019		08/27/12	08/27/12	16.00	67.52
208406	3	T1019		08/28/12	08/28/12	16.00	67.52
208406	4	T1019		08/29/12	08/29/12	16.00	67.52
208406	5	T1019		08/30/12	08/30/12	16.00	67.52
208406	6	T1019		08/31/12	08/31/12	16.00	67.52
CLAIM TOTAL							405.12
							CLAIM ACCOUNT REF. 2084060012008487SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008558 2008558 SURIEL, GERTRUDIS 03/17/1950 ZE67447D R1901123
DIAGNOSIS CODES: 493.90 401.9 414.00 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208432	1	T1019		08/25/12	08/25/12	16.00	67.52
208432	2	T1019		08/26/12	08/26/12	16.00	67.52
208432	3	T1019		08/27/12	08/27/12	16.00	67.52
208432	4	T1019		08/28/12	08/28/12	16.00	67.52
208432	5	T1019		08/29/12	08/29/12	16.00	67.52
208432	6	T1019		08/30/12	08/30/12	16.00	67.52
CLAIM TOTAL							405.12
							CLAIM ACCOUNT REF. 2084320012008558SUP

REPORT DATE 09/05/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

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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 2008571 2008571 ESPAILLAT, AMPARO 12/25/1949 ZG25447P R1869116
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
208414	1	T1019		08/25/12	08/25/12	16.00	67.52
208414	2	T1019		08/26/12	08/26/12	16.00	67.52
208414	3	T1019		08/27/12	08/27/12	16.00	67.52
208414	4	T1019		08/28/12	08/28/12	16.00	67.52
208414	5	T1019		08/29/12	08/29/12	16.00	67.52
208414	6	T1019		08/30/12	08/30/12	16.00	67.52
208414	7	T1019		08/31/12	08/31/12	16.00	67.52
CLAIM TOTAL							472.64

CLAIM ACCOUNT REF. 2084140012008571SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208416	1	T1019		08/29/12	08/29/12	20.00	84.40
208416	2	T1019		08/31/12	08/31/12	20.00	84.40
CLAIM TOTAL							168.80

CLAIM ACCOUNT REF. 2084160012009001SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008300 2009256 CHARITAR, RAMKALIE 06/23/1953 UY13756G R1812089
DIAGNOSIS CODES: 250.00 311. 401.9 414.00 414.01 466.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208412	1	T1019		08/26/12	08/26/12	20.00	84.40
208412	2	T1019		08/27/12	08/27/12	20.00	84.40
208412	3	T1019		08/28/12	08/28/12	20.00	84.40
208412	4	T1019		08/29/12	08/29/12	20.00	84.40
208412	5	T1019		08/30/12	08/30/12	20.00	84.40
208412	6	T1019		08/31/12	08/31/12	20.00	84.40
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2084120012009256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008271 2009270 CARRION, MARIA 06/30/1928 SC64434E R1825085
DIAGNOSIS CODES: 250.00 294.10 401.9 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208410	1	T1019		08/25/12	08/25/12	32.00	135.04
208410	2	T1019		08/27/12	08/27/12	32.00	135.04
208410	3	T1019		08/28/12	08/28/12	32.00	135.04

REPORT DATE 09/05/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

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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	
208410	4	T1019		08/29/12	08/29/12	32.00	135.04	
208410	5	T1019		08/30/12	08/30/12	28.00	118.16	
208410	6	T1019		08/31/12	08/31/12	32.00	135.04	
					CLAIM TOTAL		793.36	CLAIM ACCOUNT REF. 2084100012009270SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009322	2009322	HENRY, BRENDA	04/13/1954	ZE02356F	R1892336
DIAGNOSIS	CODES:	253.5	401.9	429.9	447.6	493.90	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
208420	1	T1019		08/27/12	08/27/12	16.00	67.52	
208420	2	T1019		08/29/12	08/29/12	16.00	67.52	
208420	3	T1019		08/31/12	08/31/12	16.00	67.52	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2084200012009322SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
208419	1	T1019		08/27/12	08/27/12	4.00	16.88	
208419	2	T1019		08/31/12	08/31/12	16.00	67.52	
					CLAIM TOTAL		84.40	CLAIM ACCOUNT REF. 2084190012009425SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
208408	1	T1019		08/25/12	08/25/12	24.00	101.28	
208408	2	T1019		08/26/12	08/26/12	24.00	101.28	
208408	3	T1019		08/27/12	08/27/12	24.00	101.28	
208408	4	T1019		08/28/12	08/28/12	24.00	101.28	
208408	5	T1019		08/29/12	08/29/12	24.00	101.28	
208408	6	T1019		08/30/12	08/30/12	24.00	101.28	
208408	7	T1019		08/31/12	08/31/12	24.00	101.28	
					CLAIM TOTAL		708.96	CLAIM ACCOUNT REF. 2084080012009560SUP

REPORT DATE 09/05/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

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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 2009657 2009657 HERRING, CHARLEN 10/27/1949 ZE93972Y R1947878
DIAGNOSIS CODES: 493.91 250.00 401.9 462. 780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
208421	1	T1019		08/27/12	08/27/12	16.00	67.52	
208421	2	T1019		08/29/12	08/29/12	16.00	67.52	
CLAIM TOTAL							135.04	CLAIM ACCOUNT REF. 2084210012009657SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
208434	1	T1019		08/27/12	08/27/12	32.00	135.04	
208434	2	T1019		08/28/12	08/28/12	32.00	135.04	
208434	3	T1019		08/29/12	08/29/12	32.00	135.04	
208434	4	T1019		08/30/12	08/30/12	32.00	135.04	
208434	5	T1019		08/31/12	08/31/12	32.00	135.04	
CLAIM TOTAL							675.20	CLAIM ACCOUNT REF. 2084340012010009SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
208424	1	T1020		08/25/12	08/25/12	7.00	118.16	
208424	2	T1020		08/26/12	08/26/12	7.00	118.16	
208424	3	T1020		08/27/12	08/27/12	7.00	118.16	
208424	4	T1020		08/28/12	08/28/12	7.00	118.16	
208424	5	T1020		08/29/12	08/29/12	7.00	118.16	
208424	6	T1020		08/30/12	08/30/12	7.00	118.16	
208424	7	T1020		08/31/12	08/31/12	7.00	118.16	
CLAIM TOTAL							827.12	CLAIM ACCOUNT REF. 2084240012010311SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010758 2010758 VASQUEZ, OLGA 11/20/1948 WU00136E R1906129
DIAGNOSIS CODES: 311. 244.9 253.5 401.9 429.9 493.90 948.11

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
208433	1	T1019		08/25/12	08/25/12	20.00	84.40	
208433	2	T1019		08/26/12	08/26/12	20.00	84.40	
208433	3	T1019		08/30/12	08/30/12	20.00	84.40	
208433	4	T1019		08/31/12	08/31/12	20.00	84.40	

REPORT DATE 09/05/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

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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	337.60	2084330012010758SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008498	2010933	DORNELLAS, STELLA	04/30/1949	RG61445M	R1944291
DIAGNOSIS CODES: 401.9 253.5 272.1 369.60							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
208413	1	T1019		08/27/12	08/27/12	24.00	101.28	
208413	2	T1019		08/29/12	08/29/12	24.00	101.28	
						CLAIM TOTAL	202.56	2084130012010933SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
208423	1	T1019		08/25/12	08/25/12	32.00	135.04	
208423	2	T1019		08/27/12	08/27/12	32.00	135.04	
208423	3	T1019		08/28/12	08/28/12	32.00	135.04	
208423	4	T1019		08/29/12	08/29/12	32.00	135.04	
208423	5	T1019		08/30/12	08/30/12	32.00	135.04	
208423	6	T1019		08/31/12	08/31/12	32.00	135.04	
						CLAIM TOTAL	810.24	2084230012010967SUP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	156	TOTAL CLAIM AMOUNT =	17,943.44
		# SERVICES =	29		

REPORT DATE 09/05/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008245 2008245 CALDERON, MIGDALIA 08/02/1961 100195559 607641299
DIAGNOSIS CODES: 250.00 428.0 724.00 724.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208464	1	T1019		08/25/12	08/25/12	40.00	171.60
208464	2	T1019		08/26/12	08/26/12	40.00	171.60
208464	3	T1019		08/27/12	08/27/12	40.00	171.60
208464	4	T1019		08/28/12	08/28/12	40.00	171.60
208464	5	T1019		08/29/12	08/29/12	40.00	171.60
208464	6	T1019		08/30/12	08/30/12	40.00	171.60
208464	7	T1019		08/31/12	08/31/12	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2084640012008245SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008287 2008287 MILLAN, ARMIDA 09/13/1928 100063356 608047620
DIAGNOSIS CODES: 250.00 272.4 311. 356.9 365.9 401.9 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208465	1	T1019		08/25/12	08/25/12	16.00	68.64
208465	2	T1019		08/26/12	08/26/12	16.00	68.64
208465	3	T1019		08/27/12	08/27/12	32.00	137.28
208465	4	T1019		08/28/12	08/28/12	36.00	154.44
208465	5	T1019		08/29/12	08/29/12	36.00	154.44
208465	6	T1019		08/30/12	08/30/12	36.00	154.44
208465	7	T1019		08/31/12	08/31/12	36.00	154.44
CLAIM TOTAL						892.32	CLAIM ACCOUNT REF. 2084650012008287SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208467	1	T1019		08/25/12	08/25/12	32.00	137.28
208467	2	T1019		08/26/12	08/26/12	32.00	137.28
208467	3	T1019		08/27/12	08/27/12	32.00	137.28
208467	4	T1019		08/28/12	08/28/12	32.00	137.28
208467	5	T1019		08/29/12	08/29/12	32.00	137.28
208467	6	T1019		08/30/12	08/30/12	32.00	137.28
208467	7	T1019		08/31/12	08/31/12	32.00	137.28
CLAIM TOTAL						960.96	CLAIM ACCOUNT REF. 2084670012008401SUP

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NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008432	2008432	YUSUPOV, PULAT	08/11/1948	100600278	607630266
DIAGNOSIS		CODES:	250.00	272.4	530.81		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
208468	1	T1019		08/25/12	08/25/12	16.00	68.64	
208468	2	T1019		08/26/12	08/26/12	16.00	68.64	
208468	3	T1019		08/28/12	08/28/12	16.00	68.64	
208468	4	T1019		08/29/12	08/29/12	16.00	68.64	
208468	5	T1019		08/30/12	08/30/12	16.00	68.64	
208468	6	T1019		08/31/12	08/31/12	16.00	68.64	
					CLAIM TOTAL		411.84	CLAIM ACCOUNT REF. 2084680012008432SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010774	2010774	PAUL, PUTUL	10/10/1956	101218709	6083933452
DIAGNOSIS		CODES:	959.6	245.9	401.9	733.09	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
208466	1	T1019		08/27/12	08/27/12	16.00	68.64		
208466	2	T1019		08/29/12	08/29/12	16.00	68.64		
208466	3	T1019		08/31/12	08/31/12	16.00	68.64		
					CLAIM TOTAL		205.92	CLAIM ACCOUNT REF.	2084660012010774SUP

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	30	TOTAL CLAIM AMOUNT =	3,672.24
		# SERVICES =	5		

REPORT DATE 09/05/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208506	1	T1019	0580	08/25/12	08/25/12	40.00	168.80
208506	2	T1019	0580	08/26/12	08/26/12	40.00	168.80
208506	3	T1019	0580	08/27/12	08/27/12	24.00	101.28
208506	4	T1019	0580	08/28/12	08/28/12	36.00	151.92
208506	5	T1019	0580	08/29/12	08/29/12	32.00	135.04
208506	6	T1019	0580	08/30/12	08/30/12	36.00	151.92
208506	7	T1019	0580	08/31/12	08/31/12	36.00	151.92
CLAIM TOTAL							1,029.68
CLAIM ACCOUNT REF.							2085060012008266SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208508	1	S5130	0582	08/27/12	08/27/12	16.00	67.52
CLAIM TOTAL							67.52
CLAIM ACCOUNT REF.							2085080012009279SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208505	1	T1019	0580	08/27/12	08/27/12	32.00	135.04
208505	2	T1019	0580	08/28/12	08/28/12	36.00	151.92
208505	3	T1019	0580	08/29/12	08/29/12	32.00	135.04
208505	4	T1019	0580	08/30/12	08/30/12	24.00	101.28
CLAIM TOTAL							523.28
CLAIM ACCOUNT REF.							2085050012009647SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208503	1	T1019	0580	08/27/12	08/27/12	24.00	101.28
208503	2	T1019	0580	08/28/12	08/28/12	24.00	101.28
208503	3	T1019	0580	08/29/12	08/29/12	24.00	101.28
208503	4	T1019	0580	08/30/12	08/30/12	24.00	101.28
208503	5	T1019	0580	08/31/12	08/31/12	16.00	67.52
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2085030012010724SUP

REPORT DATE 09/05/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010389 2010730 ESPERSON, CLAUDE 04/28/1971 006900634 HP0003722
DIAGNOSIS CODES: 340. 453.40

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208504	1	T1019	0580	08/27/12	08/27/12	16.00	67.52
208504	2	T1019	0580	08/28/12	08/28/12	16.00	67.52
208504	3	T1019	0580	08/30/12	08/30/12	16.00	67.52
208504	4	T1019	0580	08/31/12	08/31/12	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2085040012010730SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008365 2010731 HARDING, EDNA 05/17/1956 006274884 HP0009108
DIAGNOSIS CODES: 493.90 253.5 272.4 296.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208507	1	T1019	0580	08/27/12	08/27/12	24.00	101.28
208507	2	T1019	0580	08/28/12	08/28/12	24.00	101.28
208507	3	T1019	0580	08/29/12	08/29/12	24.00	101.28
208507	4	T1019	0580	08/31/12	08/31/12	24.00	101.28
CLAIM TOTAL							405.12
CLAIM ACCOUNT REF.							2085070012010731SUP

PAYER TOTALS: AMERIGROUP NEW YORK,LLC # OF CLAIMS = 25 TOTAL CLAIM AMOUNT = 2,768.32
SERVICES = 6

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NPI = 1154407492

PRIOR AUTHORIZATION #
364551

CLAIM ACCOUNT REF. 2085120012010959SUP

PRIOR AUTHORIZATION #
372708

CLAIM ACCOUNT REF. 2085130012011073SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	11	TOTAL CLAIM AMOUNT =	1,343.55
		# SERVICES =	2		

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NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008382	2010800	GOMES, AGUSTINA	05/05/1933	JRX53860E01	2012081092600005
DIAGNOSIS	CODES:	V60.3	153.0	230.3	401.9	733.00	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
208509	1	T1019	0580	08/25/12	08/25/12	36.00	151.92		
208509	2	T1019	0580	08/26/12	08/26/12	36.00	151.92		
208509	3	T1019	0580	08/27/12	08/27/12	36.00	151.92		
208509	4	T1019	0580	08/28/12	08/28/12	36.00	151.92		
208509	5	T1019	0580	08/29/12	08/29/12	36.00	151.92		
208509	6	T1019	0580	08/30/12	08/30/12	32.00	135.04		
208509	7	T1019	0580	08/31/12	08/31/12	36.00	151.92		
					CLAIM TOTAL		1,046.56	CLAIM ACCOUNT REF.	2085090012010800SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008396	2010804	ZAMBRANO, ZOILA	12/03/1938	JSV04323R01	2012081592600002
DIAGNOSIS	CODES:	250.11	272.0	401.9	435.9	586.	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
208511	1	T1019	0580	08/28/12	08/28/12	16.00	67.52		
208511	2	T1019	0580	08/29/12	08/29/12	16.00	67.52		
208511	3	T1019	0580	08/30/12	08/30/12	16.00	67.52		
208511	4	T1019	0580	08/31/12	08/31/12	16.00	67.52		
					CLAIM TOTAL		270.08	CLAIM ACCOUNT REF.	2085110012010804SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008228	2010805	TOWLES, ADA	12/10/1954	JZX17878Q01	2012072392600008
DIAGNOSIS	CODES:	V61.9	401.9	722.10	724.3	750.7	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
208510	1	T1019	0580	08/27/12	08/27/12	16.00	67.52		
208510	2	T1019	0580	08/28/12	08/28/12	16.00	67.52		
208510	3	T1019	0580	08/29/12	08/29/12	16.00	67.52		
208510	4	T1019	0580	08/30/12	08/30/12	16.00	67.52		
208510	5	T1019	0580	08/31/12	08/31/12	16.00	67.52		
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF.	2085100012010805SUP

PAYER TOTALS:	HEALTHCARE PARTNERS IPA I	# OF CLAIMS =	16	TOTAL CLAIM AMOUNT =	1,654.24
		# SERVICES =	3		

PROVIDER TOTALS: SUNNYSIDE CITYWIDE	# OF CLAIMS =	577	TOTAL CLAIM AMOUNT =	69,273.86
	# SERVICES =	108		