

REPORT DATE 09/26/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

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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
210710	1	T1020		09/15/12	09/15/12	6.00	101.22
210710	2	T1020		09/17/12	09/17/12	7.00	118.09
210710	3	T1020		09/18/12	09/18/12	7.00	118.09
210710	4	T1020		09/19/12	09/19/12	7.00	118.09
210710	5	T1020		09/20/12	09/20/12	7.00	118.09
210710	6	T1020		09/21/12	09/21/12	7.00	118.09
CLAIM TOTAL						691.67	CLAIM ACCOUNT REF.    2107100012008267SUP

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
210708	1	T1020		09/01/12	09/01/12	9.00	151.83
210708	2	T1020		09/02/12	09/02/12	9.00	151.83
210708	3	T1020		09/15/12	09/15/12	9.00	151.83
210708	4	T1020		09/16/12	09/16/12	9.00	151.83
210708	5	T1020		09/17/12	09/17/12	9.00	151.83
210708	6	T1020		09/18/12	09/18/12	9.00	151.83
210708	7	T1020		09/19/12	09/19/12	9.00	151.83
210708	8	T1020		09/20/12	09/20/12	9.00	151.83
210708	9	T1020		09/21/12	09/21/12	9.00	151.83
CLAIM TOTAL						1,366.47	CLAIM ACCOUNT REF.    2107080012008268SUP

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
210705	1	T1020		09/15/12	09/15/12	7.00	118.09
210705	2	T1020		09/16/12	09/16/12	7.00	118.09
210705	3	T1020		09/17/12	09/17/12	7.00	118.09
210705	4	T1020		09/18/12	09/18/12	7.00	118.09
210705	5	T1020		09/19/12	09/19/12	7.00	118.09
210705	6	T1020		09/20/12	09/20/12	7.00	118.09
210705	7	T1020		09/21/12	09/21/12	7.00	118.09
CLAIM TOTAL						826.63	CLAIM ACCOUNT REF.    2107050012008306SUP

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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    74170038700                      120820411  
DIAGNOSIS CODES:    344.1        401.9        599.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
210703	1	T1020		09/08/12	09/08/12	7.00	118.09	
210703	2	T1020		09/15/12	09/15/12	7.00	118.09	
210703	3	T1020		09/16/12	09/16/12	7.00	118.09	
210703	4	T1020		09/17/12	09/17/12	7.00	118.09	
210703	5	T1020		09/18/12	09/18/12	7.00	118.09	
210703	6	T1020		09/19/12	09/19/12	7.00	118.09	
210703	7	T1020		09/20/12	09/20/12	7.00	118.09	
210703	8	T1020		09/21/12	09/21/12	7.00	118.09	
					CLAIM TOTAL		944.72	CLAIM ACCOUNT REF.    2107030012008386SUP

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	
210709	1	T1020		09/18/12	09/18/12	4.00	67.48	
210709	2	T1020		09/20/12	09/20/12	4.00	67.48	
210709	3	T1020		09/21/12	09/21/12	4.00	67.48	
					CLAIM TOTAL		202.44	CLAIM ACCOUNT REF.    2107090012008400SUP

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	
210707	1	T1020		09/15/12	09/15/12	12.00	202.44	
210707	2	T1020		09/16/12	09/16/12	12.00	202.44	
210707	3	T1020		09/17/12	09/17/12	12.00	202.44	
210707	4	T1020		09/18/12	09/18/12	12.00	202.44	
210707	5	T1020		09/19/12	09/19/12	12.00	202.44	
210707	6	T1020		09/20/12	09/20/12	12.00	202.44	
210707	7	T1020		09/21/12	09/21/12	12.00	202.44	
					CLAIM TOTAL		1,417.08	CLAIM ACCOUNT REF.    2107070012009283SUP

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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 2008399 2010014 BERGES, MARITZA 11/20/1968 74098062800 120660869  
DIAGNOSIS CODES: 493.00 275.2 276.8 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
210704	1	T1020		09/05/12	09/05/12	6.00	101.22
210704	2	T1020		09/06/12	09/06/12	6.00	101.22
210704	3	T1020		09/17/12	09/17/12	6.00	101.22
210704	4	T1020		09/18/12	09/18/12	6.00	101.22
210704	5	T1020		09/19/12	09/19/12	6.00	101.22
210704	6	T1020		09/20/12	09/20/12	6.00	101.22
210704	7	T1020		09/21/12	09/21/12	3.00	50.61
CLAIM TOTAL							657.93

CLAIM ACCOUNT REF. 2107040012010014SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
210711	1	T1020		09/15/12	09/15/12	9.00	151.83
210711	2	T1020		09/16/12	09/16/12	9.00	151.83
210711	3	T1020		09/17/12	09/17/12	9.00	151.83
210711	4	T1020		09/18/12	09/18/12	9.00	151.83
210711	5	T1020		09/19/12	09/19/12	9.00	151.83
210711	6	T1020		09/20/12	09/20/12	9.00	151.83
210711	7	T1020		09/21/12	09/21/12	9.00	151.83
CLAIM TOTAL							1,062.81

CLAIM ACCOUNT REF. 2107110012010041SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008376 2010712 LITMAN, GAIL 10/23/1952 74146355500 111951068  
DIAGNOSIS CODES: 401.9 780.2 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
210706	1	T1020		09/17/12	09/17/12	5.00	84.35
210706	2	T1020		09/18/12	09/18/12	5.00	84.35
210706	3	T1020		09/19/12	09/19/12	5.00	84.35
210706	4	T1020		09/20/12	09/20/12	5.00	84.35
210706	5	T1020		09/21/12	09/21/12	4.00	67.48
CLAIM TOTAL							404.88

CLAIM ACCOUNT REF. 2107060012010712SUP

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

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	59	TOTAL CLAIM AMOUNT =	7,574.63
		# SERVICES =	9		

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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
210688	1	T1019		09/19/12	09/19/12	16.00	67.52
210688	2	T1019		09/20/12	09/20/12	16.00	67.52
210688	3	T1019		09/21/12	09/21/12	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2106880012008261SUP

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
210695	1	T1019		09/15/12	09/15/12	24.00	101.28
210695	2	T1019		09/16/12	09/16/12	24.00	101.28
210695	3	T1019		09/17/12	09/17/12	24.00	101.28
210695	4	T1019		09/18/12	09/18/12	24.00	101.28
210695	5	T1019		09/19/12	09/19/12	24.00	101.28
210695	6	T1019		09/20/12	09/20/12	24.00	101.28
210695	7	T1019		09/21/12	09/21/12	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2106950012008263SUP

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
210700	1	T1019		09/15/12	09/15/12	40.00	168.80
210700	2	T1019		09/16/12	09/16/12	40.00	168.80
210700	3	T1019		09/17/12	09/17/12	40.00	168.80
210700	4	T1019		09/18/12	09/18/12	40.00	168.80
210700	5	T1019		09/19/12	09/19/12	40.00	168.80
210700	6	T1019		09/20/12	09/20/12	40.00	168.80
210700	7	T1019		09/21/12	09/21/12	40.00	168.80
CLAIM TOTAL							1,181.60
CLAIM ACCOUNT REF.							2107000012008265SUP

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
210702	1	T1019		09/15/12	09/15/12	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	
210702	2	T1019		09/16/12	09/16/12	16.00	67.52	
210702	3	T1019		09/17/12	09/17/12	24.00	101.28	
210702	4	T1019		09/18/12	09/18/12	24.00	101.28	
210702	5	T1019		09/19/12	09/19/12	24.00	101.28	
210702	6	T1019		09/20/12	09/20/12	24.00	101.28	
210702	7	T1019		09/21/12	09/21/12	24.00	101.28	
					CLAIM TOTAL		641.44	CLAIM ACCOUNT REF. 2107020012008303SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
210691	1	T1019		09/19/12	09/19/12	20.00	84.40	
210691	2	T1019		09/20/12	09/20/12	20.00	84.40	
					CLAIM TOTAL		168.80	CLAIM ACCOUNT REF. 2106910012008366SUP

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	
210686	1	T1019		09/13/12	09/13/12	28.00	118.16	
210686	2	T1019		09/15/12	09/15/12	28.00	118.16	
210686	3	T1019		09/16/12	09/16/12	28.00	118.16	
210686	4	T1019		09/17/12	09/17/12	32.00	135.04	
210686	5	T1019		09/18/12	09/18/12	28.00	118.16	
210686	6	T1019		09/19/12	09/19/12	28.00	118.16	
210686	7	T1019		09/20/12	09/20/12	28.00	118.16	
210686	8	T1019		09/21/12	09/21/12	28.00	118.16	
					CLAIM TOTAL		962.16	CLAIM ACCOUNT REF. 2106860012008403SUP

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	
210699	1	T1019		09/15/12	09/15/12	32.00	135.04	
210699	2	T1019		09/16/12	09/16/12	32.00	135.04	
210699	3	T1019		09/17/12	09/17/12	32.00	135.04	
210699	4	T1019		09/18/12	09/18/12	32.00	135.04	
210699	5	T1019		09/19/12	09/19/12	32.00	135.04	
210699	6	T1019		09/20/12	09/20/12	32.00	135.04	

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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	
210699	7	T1019		09/21/12	09/21/12	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2106990012008420SUP

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	
210696	1	T1019		09/15/12	09/15/12	24.00	101.28	
210696	2	T1019		09/17/12	09/17/12	24.00	101.28	
210696	3	T1019		09/18/12	09/18/12	24.00	101.28	
210696	4	T1019		09/19/12	09/19/12	24.00	101.28	
210696	5	T1019		09/20/12	09/20/12	24.00	101.28	
210696	6	T1019		09/21/12	09/21/12	24.00	101.28	
					CLAIM TOTAL		607.68	CLAIM ACCOUNT REF. 2106960012008422SUP

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	
210701	1	T1019		09/17/12	09/17/12	16.00	67.52	
210701	2	T1019		09/18/12	09/18/12	16.00	67.52	
210701	3	T1019		09/20/12	09/20/12	16.00	67.52	
210701	4	T1019		09/21/12	09/21/12	16.00	67.52	
					CLAIM TOTAL		270.08	CLAIM ACCOUNT REF. 2107010012008425SUP

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	
210689	1	T1019		09/15/12	09/15/12	40.00	168.80	
210689	2	T1019		09/16/12	09/16/12	40.00	168.80	
210689	3	T1019		09/17/12	09/17/12	40.00	168.80	
210689	4	T1019		09/18/12	09/18/12	40.00	168.80	
210689	5	T1019		09/19/12	09/19/12	40.00	168.80	
210689	6	T1019		09/20/12	09/20/12	40.00	168.80	
210689	7	T1019		09/21/12	09/21/12	40.00	168.80	
					CLAIM TOTAL		1,181.60	CLAIM ACCOUNT REF. 2106890012008427SUP

REPORT DATE 09/26/12                      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 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
210698	1	T1019		09/17/12	09/17/12	16.00	67.52
210698	2	T1019		09/18/12	09/18/12	16.00	67.52
210698	3	T1019		09/19/12	09/19/12	16.00	67.52
210698	4	T1019		09/20/12	09/20/12	16.00	67.52
210698	5	T1019		09/21/12	09/21/12	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2106980012008531SUP

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
210694	1	T1019		09/16/12	09/16/12	16.00	67.52
210694	2	T1019		09/17/12	09/17/12	28.00	118.16
210694	3	T1019		09/18/12	09/18/12	28.00	118.16
210694	4	T1019		09/19/12	09/19/12	28.00	118.16
210694	5	T1019		09/20/12	09/20/12	28.00	118.16
210694	6	T1019		09/21/12	09/21/12	28.00	118.16
CLAIM TOTAL							658.32

CLAIM ACCOUNT REF. 2106940012008742SUP

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
210687	1	T1019		09/17/12	09/17/12	16.00	67.52
210687	2	T1019		09/18/12	09/18/12	24.00	101.28
210687	3	T1019		09/19/12	09/19/12	24.00	101.28
210687	4	T1019		09/21/12	09/21/12	24.00	101.28
CLAIM TOTAL							371.36

CLAIM ACCOUNT REF. 2106870012008802SUP

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
210692	1	T1019		09/17/12	09/17/12	28.00	118.16
210692	2	T1019		09/18/12	09/18/12	28.00	118.16
210692	3	T1019		09/19/12	09/19/12	28.00	118.16



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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	
210692	4	T1019		09/20/12	09/20/12	28.00	118.16	
210692	5	T1019		09/21/12	09/21/12	32.00	135.04	
					CLAIM TOTAL		607.68	CLAIM ACCOUNT REF. 2106920012009221SUP

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	
210693	1	T1019		09/09/12	09/09/12	48.00	202.56	
210693	2	T1019		09/15/12	09/15/12	48.00	202.56	
210693	3	T1019		09/16/12	09/16/12	48.00	202.56	
210693	4	T1019		09/17/12	09/17/12	48.00	202.56	
210693	5	T1019		09/18/12	09/18/12	48.00	202.56	
210693	6	T1019		09/19/12	09/19/12	48.00	202.56	
210693	7	T1019		09/20/12	09/20/12	48.00	202.56	
210693	8	T1019		09/21/12	09/21/12	48.00	202.56	
					CLAIM TOTAL		1,620.48	CLAIM ACCOUNT REF. 2106930012009356SUP

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	
210684	1	T1019		09/10/12	09/10/12	32.00	135.04	
210684	2	T1019		09/16/12	09/16/12	32.00	135.04	
210684	3	T1019		09/17/12	09/17/12	32.00	135.04	
210684	4	T1019		09/18/12	09/18/12	32.00	135.04	
210684	5	T1019		09/19/12	09/19/12	32.00	135.04	
210684	6	T1019		09/20/12	09/20/12	32.00	135.04	
210684	7	T1019		09/21/12	09/21/12	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2106840012010143SUP

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	
210697	1	T1019		09/17/12	09/17/12	20.00	84.40	
210697	2	T1019		09/18/12	09/18/12	20.00	84.40	
210697	3	T1019		09/19/12	09/19/12	20.00	84.40	
210697	4	T1019		09/20/12	09/20/12	12.00	50.64	
210697	5	T1019		09/21/12	09/21/12	20.00	84.40	

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PAYER ID = 11325                      NEIGHBORHOOD HEALTH

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
							388.24		2106970012010353SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
210690	1	T1019		09/08/12	09/08/12	24.00	101.28		
210690	2	T1019		09/15/12	09/15/12	24.00	101.28		
210690	3	T1019		09/16/12	09/16/12	24.00	101.28		
210690	4	T1019		09/17/12	09/17/12	24.00	101.28		
210690	5	T1019		09/18/12	09/18/12	28.00	118.16		
210690	6	T1019		09/19/12	09/19/12	24.00	101.28		
210690	7	T1019		09/20/12	09/20/12	28.00	118.16		
210690	8	T1019		09/21/12	09/21/12	28.00	118.16		
							860.88		2106900012010639SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010671	2010878	AKHTER, SELINA	07/13/1960	10087504801	073112301172
DIAGNOSIS CODES: 093.9      253.5      272.4      401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
210685	1	T1019		09/17/12	09/17/12	36.00	151.92		
210685	2	T1019		09/18/12	09/18/12	36.00	151.92		
210685	3	T1019		09/19/12	09/19/12	26.00	109.72		
210685	4	T1019		09/20/12	09/20/12	36.00	151.92		
210685	5	T1019		09/21/12	09/21/12	36.00	151.92		
							717.40		2106850012010878SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	111	TOTAL CLAIM AMOUNT =	13,377.40
		# SERVICES =	19		

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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
210734	1	T1019		09/15/12	09/15/12	4.00	68.60
210734	2	T1019		09/16/12	09/16/12	4.00	68.60
210734	3	T1019		09/17/12	09/17/12	12.00	205.80
210734	4	T1019		09/18/12	09/18/12	12.00	205.80
210734	5	T1019		09/19/12	09/19/12	12.00	205.80
210734	6	T1019		09/20/12	09/20/12	12.00	205.80
210734	7	T1019		09/21/12	09/21/12	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2107340012008233SUP

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
210743	1	T1019		09/03/12	09/03/12	11.00	188.65
210743	2	T1019		09/15/12	09/15/12	8.00	137.20
210743	3	T1019		09/16/12	09/16/12	8.00	137.20
210743	4	T1019		09/20/12	09/20/12	11.00	188.65
210743	5	T1019		09/21/12	09/21/12	11.00	188.65
CLAIM TOTAL						840.35	CLAIM ACCOUNT REF. 2107430012008236SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
210739	1	T1019		09/18/12	09/18/12	4.00	68.60
210739	2	T1019		09/20/12	09/20/12	4.00	68.60
CLAIM TOTAL						137.20	CLAIM ACCOUNT REF. 2107390012008237SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008284 2008284 ANDERSON, BETH 12/18/1947 YC43135F 0108141290047  
DIAGNOSIS CODES: 340. 286.0 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
210733	1	T1019		09/15/12	09/15/12	3.00	51.45
210733	2	T1019		09/16/12	09/16/12	3.00	51.45
210733	3	T1019		09/17/12	09/17/12	5.00	85.75
210733	4	T1019		09/18/12	09/18/12	5.00	85.75

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PAYER ID = 13265                      METROPLUS HEALTH PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
210733	5	T1019		09/19/12	09/19/12	4.00	68.60	
210733	6	T1019		09/20/12	09/20/12	4.00	68.60	
210733	7	T1019		09/21/12	09/21/12	4.00	68.60	
					CLAIM TOTAL		480.20	CLAIM ACCOUNT REF. 2107330012008284SUP

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	
210741	1	T1019		09/17/12	09/17/12	8.00	137.20	
210741	2	T1019		09/18/12	09/18/12	8.00	137.20	
210741	3	T1019		09/19/12	09/19/12	8.00	137.20	
210741	4	T1019		09/20/12	09/20/12	8.00	137.20	
210741	5	T1019		09/21/12	09/21/12	8.00	137.20	
					CLAIM TOTAL		686.00	CLAIM ACCOUNT REF. 2107410012008385SUP

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	
210735	1	T1019		09/17/12	09/17/12	5.00	85.75	
210735	2	T1019		09/19/12	09/19/12	5.00	85.75	
210735	3	T1019		09/21/12	09/21/12	5.00	85.75	
					CLAIM TOTAL		257.25	CLAIM ACCOUNT REF. 2107350012008415SUP

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	
210740	1	T1019		09/15/12	09/15/12	5.00	85.75	
210740	2	T1019		09/16/12	09/16/12	5.00	85.75	
210740	3	T1019		09/17/12	09/17/12	5.00	85.75	
210740	4	T1019		09/18/12	09/18/12	5.00	85.75	
210740	5	T1019		09/19/12	09/19/12	5.00	85.75	
210740	6	T1019		09/20/12	09/20/12	5.00	85.75	
210740	7	T1019		09/21/12	09/21/12	5.00	85.75	
					CLAIM TOTAL		600.25	CLAIM ACCOUNT REF. 2107400012008417SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008418 2008418 RYALS, CHARLES 11/03/1950 ZZ49620T 0108071290383  
DIAGNOSIS CODES: 401.9 250.00 272.0 278.00 295.00 311. 780.57

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
210745	1	T1019		09/17/12	09/17/12	8.00	137.20
210745	2	T1019		09/18/12	09/18/12	8.00	137.20
210745	3	T1019		09/19/12	09/19/12	8.00	137.20
210745	4	T1019		09/20/12	09/20/12	8.00	137.20
210745	5	T1019		09/21/12	09/21/12	8.00	137.20
CLAIM TOTAL							686.00
							CLAIM ACCOUNT REF. 2107450012008418SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
210736	1	T1019		09/15/12	09/15/12	10.00	171.50
210736	2	T1019		09/16/12	09/16/12	10.00	171.50
210736	3	T1019		09/17/12	09/17/12	10.00	171.50
210736	4	T1019		09/18/12	09/18/12	10.00	171.50
210736	5	T1019		09/19/12	09/19/12	10.00	171.50
210736	6	T1019		09/20/12	09/20/12	9.00	154.35
210736	7	T1019		09/21/12	09/21/12	6.00	102.90
CLAIM TOTAL							1,114.75
							CLAIM ACCOUNT REF. 2107360012008743SUP

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
210737	1	T1019		09/15/12	09/15/12	19.00	325.85
210737	2	T1019		09/16/12	09/16/12	19.00	325.85
210737	3	T1019		09/17/12	09/17/12	19.00	325.85
210737	4	T1019		09/18/12	09/18/12	19.00	325.85
210737	5	T1019		09/19/12	09/19/12	19.00	325.85
210737	6	T1019		09/20/12	09/20/12	19.00	325.85
210737	7	T1019		09/21/12	09/21/12	19.00	325.85
CLAIM TOTAL							2,280.95
							CLAIM ACCOUNT REF. 2107370012009137SUP

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PAYER ID = 13265                      METROPLUS HEALTH PLAN

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
210746	1	T1019		09/08/12	09/08/12	6.00	102.90
210746	2	T1019		09/09/12	09/09/12	6.00	102.90
210746	3	T1019		09/15/12	09/15/12	6.00	102.90
210746	4	T1019		09/16/12	09/16/12	6.00	102.90
210746	5	T1019		09/17/12	09/17/12	6.00	102.90
210746	6	T1019		09/18/12	09/18/12	6.00	102.90
210746	7	T1019		09/19/12	09/19/12	6.00	102.90
210746	8	T1019		09/20/12	09/20/12	6.00	102.90
210746	9	T1019		09/21/12	09/21/12	6.00	102.90
CLAIM TOTAL						926.10	CLAIM ACCOUNT REF. 2107460012009377SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008235 2009688 RAMPERSAID, ALISSA 08/04/1992 SZ46585R 0107031290329  
DIAGNOSIS CODES: 319. 315.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
210744	1	T1019		09/15/12	09/15/12	8.00	137.20
210744	2	T1019		09/17/12	09/17/12	3.00	51.45
210744	3	T1019		09/18/12	09/18/12	3.00	51.45
210744	4	T1019		09/20/12	09/20/12	3.00	51.45
210744	5	T1019		09/21/12	09/21/12	4.00	68.60
CLAIM TOTAL						360.15	CLAIM ACCOUNT REF. 2107440012009688SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
210747	1	T1019		09/15/12	09/15/12	4.00	68.60
210747	2	T1019		09/16/12	09/16/12	4.00	68.60
210747	3	T1019		09/17/12	09/17/12	4.00	68.60
210747	4	T1019		09/18/12	09/18/12	4.00	68.60
210747	5	T1019		09/19/12	09/19/12	4.00	68.60
210747	6	T1019		09/20/12	09/20/12	4.00	68.60
210747	7	T1019		09/21/12	09/21/12	4.00	68.60
CLAIM TOTAL						480.20	CLAIM ACCOUNT REF. 2107470012009919SUP

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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	2008279	2010213	VALLE, BLASINA	02/03/1929	QG00558G	0106011290042
DIAGNOSIS CODES: 428.0    244.9    272.4    331.0    537.9    746.85							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
210748	1	T1019		09/15/12	09/15/12	8.00	137.20
CLAIM TOTAL							137.20
CLAIM ACCOUNT REF.							2107480012010213SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
210742	1	T1019		09/17/12	09/17/12	3.00	51.45
210742	2	T1019		09/18/12	09/18/12	3.00	51.45
210742	3	T1019		09/19/12	09/19/12	3.00	51.45
210742	4	T1019		09/21/12	09/21/12	3.00	51.45
CLAIM TOTAL							205.80
CLAIM ACCOUNT REF.							2107420012010886SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
210738	1	T1019		09/01/12	09/01/12	12.00	205.80
210738	2	T1019		09/02/12	09/02/12	12.00	205.80
210738	3	T1019		09/03/12	09/03/12	24.00	411.60
210738	4	T1019		09/06/12	09/06/12	24.00	411.60
210738	5	T1019		09/07/12	09/07/12	24.00	411.60
210738	6	T1019		09/08/12	09/08/12	12.00	205.80
210738	7	T1019		09/09/12	09/09/12	12.00	205.80
210738	8	T1019		09/15/12	09/15/12	24.00	411.60
210738	9	T1019		09/16/12	09/16/12	24.00	411.60
210738	10	T1019		09/17/12	09/17/12	24.00	411.60
210738	11	T1019		09/18/12	09/18/12	24.00	411.60
210738	12	T1019		09/19/12	09/19/12	24.00	411.60
210738	13	T1019		09/20/12	09/20/12	24.00	411.60
210738	14	T1019		09/21/12	09/21/12	24.00	411.60
CLAIM TOTAL							4,939.20
CLAIM ACCOUNT REF.							2107380012011286SUP

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

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	95	TOTAL CLAIM AMOUNT =	15,297.80
		# SERVICES =	16		



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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
210751	1	T1019		09/15/12	09/15/12	36.00	154.80
210751	2	T1019		09/16/12	09/16/12	36.00	154.80
210751	3	T1019		09/17/12	09/17/12	36.00	154.80
210751	4	T1019		09/18/12	09/18/12	36.00	154.80
210751	5	T1019		09/19/12	09/19/12	36.00	154.80
210751	6	T1019		09/20/12	09/20/12	36.00	154.80
210751	7	T1019		09/21/12	09/21/12	36.00	154.80
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2107510012008286SUP

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
210750	1	T1019		09/15/12	09/15/12	24.00	103.20
210750	2	T1019		09/16/12	09/16/12	24.00	103.20
210750	3	T1019		09/17/12	09/17/12	24.00	103.20
210750	4	T1019		09/18/12	09/18/12	24.00	103.20
210750	5	T1019		09/19/12	09/19/12	24.00	103.20
210750	6	T1019		09/20/12	09/20/12	24.00	103.20
210750	7	T1019		09/21/12	09/21/12	24.00	103.20
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2107500012008495SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
210749	1	T1019		09/15/12	09/15/12	28.00	120.40
210749	2	T1019		09/17/12	09/17/12	28.00	120.40
210749	3	T1019		09/18/12	09/18/12	28.00	120.40
210749	4	T1019		09/19/12	09/19/12	28.00	120.40
210749	5	T1019		09/20/12	09/20/12	28.00	120.40
210749	6	T1019		09/21/12	09/21/12	28.00	120.40
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2107490012010404SUP

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

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	20	TOTAL CLAIM AMOUNT =	2,528.40
		# SERVICES =	3		

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
210729	1	T1019	0580	09/17/12	09/17/12	40.00	168.80
210729	2	T1019	0580	09/18/12	09/18/12	40.00	168.80
210729	3	T1019	0580	09/19/12	09/19/12	40.00	168.80
210729	4	T1019	0580	09/20/12	09/20/12	40.00	168.80
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2107290012008491SUP

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
210732	1	T1019	0580	09/17/12	09/17/12	16.00	67.52
210732	2	T1019	0580	09/18/12	09/18/12	16.00	67.52
210732	3	T1019	0580	09/19/12	09/19/12	16.00	67.52
210732	4	T1019	0580	09/20/12	09/20/12	16.00	67.52
210732	5	T1019	0580	09/21/12	09/21/12	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2107320012008513SUP

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
210730	1	T1019	0580	09/15/12	09/15/12	20.00	84.40
210730	2	T1019	0580	09/16/12	09/16/12	20.00	84.40
210730	3	T1019	0580	09/17/12	09/17/12	20.00	84.40
210730	4	T1019	0580	09/18/12	09/18/12	20.00	84.40
210730	5	T1019	0580	09/19/12	09/19/12	20.00	84.40
210730	6	T1019	0580	09/20/12	09/20/12	20.00	84.40
210730	7	T1019	0580	09/21/12	09/21/12	20.00	84.40
CLAIM TOTAL							590.80
CLAIM ACCOUNT REF.							2107300012008544SUP

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
210724	1	T1019	0580	09/11/12	09/11/12	16.00	56.00
210724	2	T1019	0580	09/13/12	09/13/12	16.00	56.00

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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
210724	3	T1019	0580	09/14/12	09/14/12	16.00	56.00
210724	4	T1019	0580	09/18/12	09/18/12	16.00	56.00
210724	5	T1019	0580	09/20/12	09/20/12	16.00	56.00
210724	6	T1019	0580	09/21/12	09/21/12	16.00	56.00
CLAIM TOTAL							336.00

CLAIM ACCOUNT REF. 2107240012008723SUP

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
210718	1	T1019	0580	09/15/12	09/15/12	48.00	168.00
210718	2	T1019	0580	09/16/12	09/16/12	48.00	168.00
210718	3	T1019	0580	09/17/12	09/17/12	48.00	168.00
210718	4	T1019	0580	09/18/12	09/18/12	48.00	168.00
210718	5	T1019	0580	09/19/12	09/19/12	48.00	168.00
210718	6	T1019	0580	09/20/12	09/20/12	48.00	168.00
210718	7	T1019	0580	09/21/12	09/21/12	48.00	168.00
CLAIM TOTAL							1,176.00

CLAIM ACCOUNT REF. 2107180012008793SUP

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
210726	1	T1019	0580	09/15/12	09/15/12	32.00	112.00
210726	2	T1019	0580	09/16/12	09/16/12	32.00	112.00
210726	3	T1019	0580	09/17/12	09/17/12	32.00	112.00
210726	4	T1019	0580	09/18/12	09/18/12	32.00	112.00
210726	5	T1019	0580	09/19/12	09/19/12	32.00	112.00
210726	6	T1019	0580	09/20/12	09/20/12	32.00	112.00
210726	7	T1019	0580	09/21/12	09/21/12	32.00	112.00
CLAIM TOTAL							784.00

CLAIM ACCOUNT REF. 2107260012009237SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2009355	2009393	PARADISE, ANITA	02/09/1948	WB78931B	0005079871

DIAGNOSIS CODES: 300.4 311. 443.89 724.00 750.27 V60.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
210731	1	T1019	0580	07/11/12	07/11/12	32.00	135.04
CLAIM TOTAL							135.04

CLAIM ACCOUNT REF. 2107310012009393SUP

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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 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
210727	1	T1019	0580	09/17/12	09/17/12	16.00	67.52
210727	2	T1019	0580	09/18/12	09/18/12	16.00	67.52
210727	3	T1019	0580	09/20/12	09/20/12	16.00	67.52
210727	4	T1019	0580	09/21/12	09/21/12	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2107270012009406SUP

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
210723	1	T1019	0580	09/15/12	09/15/12	48.00	168.00
210723	2	T1019	0580	09/16/12	09/16/12	47.00	164.50
210723	3	T1019	0580	09/17/12	09/17/12	48.00	168.00
210723	4	T1019	0580	09/18/12	09/18/12	47.00	164.50
210723	5	T1019	0580	09/19/12	09/19/12	47.00	164.50
210723	6	T1019	0580	09/20/12	09/20/12	47.00	164.50
210723	7	T1019	0580	09/21/12	09/21/12	48.00	168.00
CLAIM TOTAL							1,162.00
CLAIM ACCOUNT REF.							2107230012009467SUP

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
210728	1	T1019	0580	09/19/12	09/19/12	40.00	168.80
210728	2	T1019	0580	09/20/12	09/20/12	28.00	118.16
CLAIM TOTAL							286.96
CLAIM ACCOUNT REF.							2107280012009562SUP

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
210720	1	T1019	0580	09/17/12	09/17/12	16.00	56.00
210720	2	T1019	0580	09/18/12	09/18/12	16.00	56.00
210720	3	T1019	0580	09/19/12	09/19/12	16.00	56.00
210720	4	T1019	0580	09/20/12	09/20/12	16.00	56.00
210720	5	T1019	0580	09/21/12	09/21/12	16.00	56.00

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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 ACCOUNT REF.
							280.00	2107200012009686SUP

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	CLAIM ACCOUNT REF.
210722	1	T1019	0580	09/17/12	09/17/12	28.00	98.00	
210722	2	T1019	0580	09/18/12	09/18/12	28.00	98.00	
210722	3	T1019	0580	09/19/12	09/19/12	28.00	98.00	
210722	4	T1019	0580	09/20/12	09/20/12	28.00	98.00	
210722	5	T1019	0580	09/21/12	09/21/12	28.00	98.00	
						CLAIM TOTAL	490.00	2107220012009945SUP

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	CLAIM ACCOUNT REF.
210717	1	T1019	0580	09/18/12	09/18/12	24.00	84.00	
210717	2	T1019	0580	09/19/12	09/19/12	20.00	70.00	
210717	3	T1019	0580	09/20/12	09/20/12	19.00	66.50	
210717	4	T1019	0580	09/21/12	09/21/12	4.00	14.00	
						CLAIM TOTAL	234.50	2107170012010293SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010316	2010316	WEATHERS, VERDNA	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	CLAIM ACCOUNT REF.
210725	1	T1019	0580	09/15/12	09/15/12	48.00	168.00	
210725	2	T1019	0580	09/17/12	09/17/12	48.00	168.00	
210725	3	T1019	0580	09/18/12	09/18/12	48.00	168.00	
210725	4	T1019	0580	09/19/12	09/19/12	48.00	168.00	
210725	5	T1019	0580	09/20/12	09/20/12	48.00	168.00	
210725	6	T1019	0580	09/21/12	09/21/12	48.00	168.00	
						CLAIM TOTAL	1,008.00	2107250012010316SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #  
0005197384

CLAIM ACCOUNT REF. 2107210012010991SUP

PRIOR AUTHORIZATION #  
0005111746

CLAIM ACCOUNT REF. 2107190012011066SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	82	TOTAL CLAIM AMOUNT =	9,043.31
		# SERVICES =	16		

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NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2107670012010958SUP

PAYER TOTALS:	VNSNY CHOICE	# OF CLAIMS =	4	TOTAL CLAIM AMOUNT =	480.48
		# SERVICES =	1		



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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008246 2008246 RIVERA, CHRISTOPHER 09/03/1996 UW23596M R1817676  
DIAGNOSIS CODES: 314.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
210674	1	T1019		09/08/12	09/08/12	12.00	50.64	
210674	2	T1019		09/09/12	09/09/12	12.00	50.64	
210674	3	T1019		09/10/12	09/10/12	12.00	50.64	
210674	4	T1019		09/11/12	09/11/12	12.00	50.64	
210674	5	T1019		09/12/12	09/12/12	12.00	50.64	
210674	6	T1019		09/13/12	09/13/12	12.00	50.64	
210674	7	T1019		09/14/12	09/14/12	12.00	50.64	
210674	8	T1019		09/15/12	09/15/12	12.00	50.64	
210674	9	T1019		09/16/12	09/16/12	12.00	50.64	
210674	10	T1019		09/17/12	09/17/12	12.00	50.64	
210674	11	T1019		09/18/12	09/18/12	12.00	50.64	
210674	12	T1019		09/19/12	09/19/12	12.00	50.64	
210674	13	T1019		09/20/12	09/20/12	12.00	50.64	
210674	14	T1019		09/21/12	09/21/12	12.00	50.64	
CLAIM TOTAL							708.96	CLAIM ACCOUNT REF. 2106740012008246SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008248 2008248 RIVERA, EDDIE 01/29/1960 YP34893V R1860318  
DIAGNOSIS CODES: 339.02 367.1 369.10

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
210675	1	T1019		09/10/12	09/10/12	12.00	50.64	
210675	2	T1019		09/12/12	09/12/12	12.00	50.64	
210675	3	T1019		09/14/12	09/14/12	12.00	50.64	
CLAIM TOTAL							151.92	CLAIM ACCOUNT REF. 2106750012008248SUP

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	
210670	1	T1019		09/15/12	09/15/12	44.00	185.68	
210670	2	T1019		09/16/12	09/16/12	44.00	185.68	
210670	3	T1019		09/17/12	09/17/12	44.00	185.68	
210670	4	T1019		09/18/12	09/18/12	44.00	185.68	
210670	5	T1019		09/19/12	09/19/12	44.00	185.68	
210670	6	T1019		09/20/12	09/20/12	44.00	185.68	
210670	7	T1019		09/21/12	09/21/12	44.00	185.68	
CLAIM TOTAL							1,299.76	CLAIM ACCOUNT REF. 2106700012008249SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
210677	1	T1019		09/15/12	09/15/12	32.00	135.04
210677	2	T1019		09/16/12	09/16/12	32.00	135.04
210677	3	T1019		09/17/12	09/17/12	32.00	135.04
210677	4	T1019		09/18/12	09/18/12	32.00	135.04
210677	5	T1019		09/19/12	09/19/12	32.00	135.04
210677	6	T1019		09/20/12	09/20/12	32.00	135.04
210677	7	T1019		09/21/12	09/21/12	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2106770012008250SUP

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
210653	1	T1019		09/13/12	09/13/12	32.00	135.04
210653	2	T1019		09/17/12	09/17/12	32.00	135.04
210653	3	T1019		09/18/12	09/18/12	32.00	135.04
CLAIM TOTAL							405.12
CLAIM ACCOUNT REF.							2106530012008251SUP

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
210671	1	T1019		09/15/12	09/15/12	48.00	202.56
210671	2	T1019		09/16/12	09/16/12	48.00	202.56
210671	3	T1019		09/17/12	09/17/12	48.00	202.56
210671	4	T1019		09/18/12	09/18/12	48.00	202.56
210671	5	T1019		09/19/12	09/19/12	48.00	202.56
210671	6	T1019		09/20/12	09/20/12	48.00	202.56
210671	7	T1019		09/21/12	09/21/12	48.00	202.56
CLAIM TOTAL							1,417.92
CLAIM ACCOUNT REF.							2106710012008253SUP

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
210679	1	T1019		09/17/12	09/17/12	24.00	101.28

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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	
210679	2	T1019		09/19/12	09/19/12	24.00	101.28	
210679	3	T1019		09/20/12	09/20/12	20.00	84.40	
210679	4	T1019		09/21/12	09/21/12	20.00	84.40	
					CLAIM TOTAL		371.36	CLAIM ACCOUNT REF. 2106790012008254SUP

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	
210651	1	T1019		09/17/12	09/17/12	32.00	135.04	
210651	2	T1019		09/18/12	09/18/12	32.00	135.04	
210651	3	T1019		09/19/12	09/19/12	32.00	135.04	
210651	4	T1019		09/20/12	09/20/12	32.00	135.04	
210651	5	T1019		09/21/12	09/21/12	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2106510012008256SUP

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	
210659	1	T1019		09/15/12	09/15/12	24.00	101.28	
210659	2	T1019		09/16/12	09/16/12	24.00	101.28	
210659	3	T1019		09/17/12	09/17/12	24.00	101.28	
210659	4	T1019		09/18/12	09/18/12	24.00	101.28	
210659	5	T1019		09/19/12	09/19/12	24.00	101.28	
210659	6	T1019		09/20/12	09/20/12	24.00	101.28	
210659	7	T1019		09/21/12	09/21/12	24.00	101.28	
					CLAIM TOTAL		708.96	CLAIM ACCOUNT REF. 2106590012008257SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008290 2008290 SALHUANA, YOLANDA 08/25/1935 SZ24247J R1825265  
DIAGNOSIS CODES: 249.70 362.50 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
210678	1	T1019		09/17/12	09/17/12	32.00	135.04	
210678	2	T1019		09/18/12	09/18/12	32.00	135.04	
210678	3	T1019		09/19/12	09/19/12	32.00	135.04	
210678	4	T1019		09/20/12	09/20/12	32.00	135.04	
210678	5	T1019		09/21/12	09/21/12	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2106780012008290SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

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
210672	1	T1019		09/17/12	09/17/12	16.00	67.52
CLAIM TOTAL							67.52
CLAIM ACCOUNT REF.							2106720012008297SUP

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
210662	1	T1019		09/03/12	09/03/12	28.00	118.16
210662	2	T1019		09/12/12	09/12/12	28.00	118.16
210662	3	T1019		09/13/12	09/13/12	28.00	118.16
210662	4	T1019		09/14/12	09/14/12	28.00	118.16
210662	5	T1019		09/15/12	09/15/12	28.00	118.16
210662	6	T1019		09/16/12	09/16/12	28.00	118.16
210662	7	T1019		09/17/12	09/17/12	16.00	67.52
210662	8	T1019		09/18/12	09/18/12	16.00	67.52
210662	9	T1019		09/21/12	09/21/12	28.00	118.16
CLAIM TOTAL							962.16
CLAIM ACCOUNT REF.							2106620012008362SUP

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
210676	1	T1019		09/17/12	09/17/12	16.00	67.52
210676	2	T1019		09/18/12	09/18/12	16.00	67.52
210676	3	T1019		09/19/12	09/19/12	16.00	67.52
210676	4	T1019		09/20/12	09/20/12	16.00	67.52
210676	5	T1019		09/21/12	09/21/12	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2106760012008368SUP

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
210680	1	T1019		09/15/12	09/15/12	36.00	151.92
210680	2	T1019		09/16/12	09/16/12	36.00	151.92
210680	3	T1019		09/17/12	09/17/12	40.00	168.80

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PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
210680	4	T1019		09/18/12	09/18/12	40.00	168.80
210680	5	T1019		09/19/12	09/19/12	20.00	84.40
210680	6	T1019		09/20/12	09/20/12	40.00	168.80
210680	7	T1019		09/21/12	09/21/12	40.00	168.80
CLAIM TOTAL							1,063.44
							CLAIM ACCOUNT REF. 2106800012008405SUP

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
210663	1	T1019		09/15/12	09/15/12	32.00	135.04
210663	2	T1019		09/16/12	09/16/12	32.00	135.04
210663	3	T1019		09/17/12	09/17/12	32.00	135.04
210663	4	T1019		09/18/12	09/18/12	32.00	135.04
210663	5	T1019		09/19/12	09/19/12	32.00	135.04
210663	6	T1019		09/20/12	09/20/12	32.00	135.04
210663	7	T1019		09/21/12	09/21/12	32.00	135.04
CLAIM TOTAL							945.28
							CLAIM ACCOUNT REF. 2106630012008411SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008428 2008428 KAUR, HARBANS 02/03/1937 VB22061J 0103121201507  
DIAGNOSIS CODES: 401.9 272.4 332.1 453.42

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
210667	1	T1019		09/15/12	09/15/12	28.00	118.16
210667	2	T1019		09/16/12	09/16/12	28.00	118.16
210667	3	T1019		09/17/12	09/17/12	28.00	118.16
210667	4	T1019		09/18/12	09/18/12	28.00	118.16
210667	5	T1019		09/19/12	09/19/12	28.00	118.16
210667	6	T1019		09/20/12	09/20/12	28.00	118.16
210667	7	T1019		09/21/12	09/21/12	28.00	118.16
CLAIM TOTAL							827.12
							CLAIM ACCOUNT REF. 2106670012008428SUP

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
210649	1	T1019		09/15/12	09/15/12	32.00	135.04
210649	2	T1019		09/16/12	09/16/12	32.00	135.04
210649	3	T1019		09/17/12	09/17/12	32.00	135.04
210649	4	T1019		09/18/12	09/18/12	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	
210649	5	T1019		09/19/12	09/19/12	32.00	135.04	
210649	6	T1019		09/20/12	09/20/12	32.00	135.04	
210649	7	T1019		09/21/12	09/21/12	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2106490012008433SUP

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	
210648	1	T1019		09/15/12	09/15/12	16.00	67.52	
210648	2	T1019		09/16/12	09/16/12	16.00	67.52	
210648	3	T1019		09/17/12	09/17/12	16.00	67.52	
210648	4	T1019		09/18/12	09/18/12	16.00	67.52	
210648	5	T1019		09/19/12	09/19/12	16.00	67.52	
210648	6	T1019		09/20/12	09/20/12	16.00	67.52	
210648	7	T1019		09/21/12	09/21/12	16.00	67.52	
					CLAIM TOTAL		472.64	CLAIM ACCOUNT REF. 2106480012008487SUP

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	
210681	1	T1019		08/31/12	08/31/12	32.00	135.04	
					CLAIM TOTAL		135.04	CLAIM ACCOUNT REF. 2106810012008558SUP

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	
210658	1	T1019		09/15/12	09/15/12	16.00	67.52	
210658	2	T1019		09/16/12	09/16/12	16.00	67.52	
210658	3	T1019		09/17/12	09/17/12	16.00	67.52	
210658	4	T1019		09/18/12	09/18/12	16.00	67.52	
210658	5	T1019		09/19/12	09/19/12	16.00	67.52	
210658	6	T1019		09/20/12	09/20/12	16.00	67.52	
210658	7	T1019		09/21/12	09/21/12	16.00	67.52	
					CLAIM TOTAL		472.64	CLAIM ACCOUNT REF. 2106580012008571SUP

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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 2008437 2009000 FERGERSON, TINA 08/11/1959 ZZ11460M R1992645  
DIAGNOSIS CODES: 135. 401.9 493.00 715.00 721.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
210660	1	T1019		09/17/12	09/17/12	32.00	135.04
210660	2	T1019		09/18/12	09/18/12	32.00	135.04
210660	3	T1019		09/19/12	09/19/12	32.00	135.04
210660	4	T1019		09/20/12	09/20/12	32.00	135.04
210660	5	T1019		09/21/12	09/21/12	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2106600012009000SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008380 2009001 FERRERA, FRANCISCA 06/06/1948 YH55651V R1695654  
DIAGNOSIS CODES: 301.9 401.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
210661	1	T1019		08/27/12	08/27/12	20.00	84.40
CLAIM TOTAL							84.40

CLAIM ACCOUNT REF. 2106610012009001SUP

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
210654	1	T1019		09/16/12	09/16/12	20.00	84.40
210654	2	T1019		09/17/12	09/17/12	20.00	84.40
210654	3	T1019		09/18/12	09/18/12	20.00	84.40
210654	4	T1019		09/19/12	09/19/12	20.00	84.40
210654	5	T1019		09/20/12	09/20/12	20.00	84.40
210654	6	T1019		09/21/12	09/21/12	20.00	84.40
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2106540012009256SUP

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
210652	1	T1019		09/15/12	09/15/12	32.00	135.04
210652	2	T1019		09/17/12	09/17/12	32.00	135.04
210652	3	T1019		09/18/12	09/18/12	32.00	135.04
210652	4	T1019		09/19/12	09/19/12	32.00	135.04
210652	5	T1019		09/20/12	09/20/12	32.00	135.04
210652	6	T1019		09/21/12	09/21/12	32.00	135.04

REPORT DATE 09/26/12                      SUNNYSIDE CITYWIDE  
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PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							810.24	2106520012009270SUP
						CLAIM TOTAL		

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	CLAIM ACCOUNT REF.
210665	1	T1019		09/03/12	09/03/12	16.00	67.52	
210665	2	T1019		09/05/12	09/05/12	16.00	67.52	
210665	3	T1019		09/07/12	09/07/12	16.00	67.52	
210665	4	T1019		09/21/12	09/21/12	16.00	67.52	
						CLAIM TOTAL	270.08	2106650012009322SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
210655	1	T1019		08/27/12	08/27/12	20.00	84.40	
210655	2	T1019		09/05/12	09/05/12	12.00	50.64	
210655	3	T1019		09/06/12	09/06/12	24.00	101.28	
210655	4	T1019		09/17/12	09/17/12	24.00	101.28	
210655	5	T1019		09/18/12	09/18/12	24.00	101.28	
210655	6	T1019		09/19/12	09/19/12	24.00	101.28	
210655	7	T1019		09/20/12	09/20/12	24.00	101.28	
210655	8	T1019		09/21/12	09/21/12	24.00	101.28	
						CLAIM TOTAL	742.72	2106550012009405SUP

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	CLAIM ACCOUNT REF.
210664	1	T1019		08/22/12	08/22/12	16.00	67.52	
210664	2	T1019		09/14/12	09/14/12	16.00	67.52	
210664	3	T1019		09/17/12	09/17/12	16.00	67.52	
210664	4	T1019		09/19/12	09/19/12	16.00	67.52	
210664	5	T1019		09/21/12	09/21/12	16.00	67.52	
						CLAIM TOTAL	337.60	2106640012009425SUP



REPORT DATE 09/26/12                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER       ID = 80141                      HEALTHFIRST PHSP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    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
210650	1	T1019		09/15/12	09/15/12	24.00	101.28
210650	2	T1019		09/16/12	09/16/12	24.00	101.28
210650	3	T1019		09/17/12	09/17/12	24.00	101.28
210650	4	T1019		09/18/12	09/18/12	24.00	101.28
210650	5	T1019		09/19/12	09/19/12	24.00	101.28
210650	6	T1019		09/20/12	09/20/12	24.00	101.28
210650	7	T1019		09/21/12	09/21/12	16.00	67.52
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF.    2106500012009560SUP

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
210666	1	T1019		09/17/12	09/17/12	16.00	67.52
210666	2	T1019		09/19/12	09/19/12	16.00	67.52
210666	3	T1019		09/21/12	09/21/12	16.00	67.52
CLAIM TOTAL							202.56

CLAIM ACCOUNT REF.    2106660012009657SUP

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
210683	1	T1019		09/17/12	09/17/12	32.00	135.04
210683	2	T1019		09/18/12	09/18/12	32.00	135.04
210683	3	T1019		09/19/12	09/19/12	32.00	135.04
210683	4	T1019		09/20/12	09/20/12	32.00	135.04
210683	5	T1019		09/21/12	09/21/12	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF.    2106830012010009SUP

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
210669	1	T1020		09/15/12	09/15/12	7.00	118.16
210669	2	T1020		09/16/12	09/16/12	7.00	118.16
210669	3	T1020		09/17/12	09/17/12	7.00	118.16

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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	
210669	4	T1020		09/18/12	09/18/12	7.00	118.16	
210669	5	T1020		09/19/12	09/19/12	7.00	118.16	
210669	6	T1020		09/21/12	09/21/12	7.00	118.16	
						CLAIM TOTAL	708.96	CLAIM ACCOUNT REF. 2106690012010311SUP

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	
210682	1	T1019		09/15/12	09/15/12	20.00	84.40	
210682	2	T1019		09/16/12	09/16/12	20.00	84.40	
210682	3	T1019		09/20/12	09/20/12	20.00	84.40	
210682	4	T1019		09/21/12	09/21/12	20.00	84.40	
						CLAIM TOTAL	337.60	CLAIM ACCOUNT REF. 2106820012010758SUP

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	
210657	1	T1019		09/17/12	09/17/12	24.00	101.28	
210657	2	T1019		09/18/12	09/18/12	24.00	101.28	
210657	3	T1019		09/19/12	09/19/12	24.00	101.28	
210657	4	T1019		09/20/12	09/20/12	24.00	101.28	
210657	5	T1019		09/21/12	09/21/12	24.00	101.28	
						CLAIM TOTAL	506.40	CLAIM ACCOUNT REF. 2106570012010933SUP

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	
210668	1	T1019		09/08/12	09/08/12	32.00	135.04	
210668	2	T1019		09/11/12	09/11/12	32.00	135.04	
210668	3	T1019		09/17/12	09/17/12	32.00	135.04	
210668	4	T1019		09/18/12	09/18/12	32.00	135.04	
210668	5	T1019		09/19/12	09/19/12	32.00	135.04	
210668	6	T1019		09/20/12	09/20/12	32.00	135.04	
210668	7	T1019		09/21/12	09/21/12	32.00	135.04	
						CLAIM TOTAL	945.28	CLAIM ACCOUNT REF. 2106680012010967SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #  
0107241201931

1,181.60	CLAIM ACCOUNT REF.	2106560012011058SUP
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PRIOR AUTHORIZATION #  
0109141201497

2,835.84	CLAIM ACCOUNT REF.	2106730012011388SUP
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PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	213	TOTAL CLAIM AMOUNT =	25,083.68
		# SERVICES =	36		

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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
210712	1	T1019		09/15/12	09/15/12	40.00	171.60
210712	2	T1019		09/16/12	09/16/12	40.00	171.60
210712	3	T1019		09/17/12	09/17/12	40.00	171.60
210712	4	T1019		09/18/12	09/18/12	40.00	171.60
210712	5	T1019		09/19/12	09/19/12	40.00	171.60
210712	6	T1019		09/20/12	09/20/12	40.00	171.60
210712	7	T1019		09/21/12	09/21/12	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2107120012008245SUP

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
210713	1	T1019		09/15/12	09/15/12	16.00	68.64
210713	2	T1019		09/16/12	09/16/12	16.00	68.64
210713	3	T1019		09/17/12	09/17/12	36.00	154.44
210713	4	T1019		09/18/12	09/18/12	36.00	154.44
210713	5	T1019		09/19/12	09/19/12	36.00	154.44
210713	6	T1019		09/20/12	09/20/12	36.00	154.44
210713	7	T1019		09/21/12	09/21/12	36.00	154.44
CLAIM TOTAL						909.48	CLAIM ACCOUNT REF. 2107130012008287SUP

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
210715	1	T1019		09/15/12	09/15/12	32.00	137.28
210715	2	T1019		09/16/12	09/16/12	32.00	137.28
210715	3	T1019		09/17/12	09/17/12	32.00	137.28
210715	4	T1019		09/18/12	09/18/12	32.00	137.28
210715	5	T1019		09/19/12	09/19/12	32.00	137.28
210715	6	T1019		09/20/12	09/20/12	32.00	137.28
210715	7	T1019		09/21/12	09/21/12	32.00	137.28
CLAIM TOTAL						960.96	CLAIM ACCOUNT REF. 2107150012008401SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

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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 2008432 2008432 YUSUPOV, PULAT 08/11/1948 100600278 608803902  
DIAGNOSIS CODES: 250.00 272.4 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
210716	1	T1019		09/12/12	09/12/12	16.00	68.64	
210716	2	T1019		09/13/12	09/13/12	16.00	68.64	
210716	3	T1019		09/14/12	09/14/12	16.00	68.64	
210716	4	T1019		09/17/12	09/17/12	16.00	68.64	
210716	5	T1019		09/18/12	09/18/12	16.00	68.64	
210716	6	T1019		09/19/12	09/19/12	16.00	68.64	
210716	7	T1019		09/20/12	09/20/12	16.00	68.64	
210716	8	T1019		09/21/12	09/21/12	16.00	68.64	
					CLAIM TOTAL	549.12		CLAIM ACCOUNT REF. 2107160012008432SUP

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	
210714	1	T1019		09/17/12	09/17/12	16.00	68.64	
210714	2	T1019		09/19/12	09/19/12	16.00	68.64	
					CLAIM TOTAL	137.28		CLAIM ACCOUNT REF. 2107140012010774SUP

PAYER TOTALS: UNITEDHEALTHCARE                      # OF CLAIMS = 31    TOTAL CLAIM AMOUNT = 3,758.04  
# SERVICES = 5

REPORT DATE 09/26/12                      SUNNYSIDE CITYWIDE  
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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
210755	1	T1019	0580	09/01/12	09/01/12	40.00	168.80
210755	2	T1019	0580	09/15/12	09/15/12	40.00	168.80
210755	3	T1019	0580	09/16/12	09/16/12	40.00	168.80
210755	4	T1019	0580	09/17/12	09/17/12	32.00	135.04
210755	5	T1019	0580	09/18/12	09/18/12	40.00	168.80
210755	6	T1019	0580	09/19/12	09/19/12	32.00	135.04
210755	7	T1019	0580	09/20/12	09/20/12	32.00	135.04
210755	8	T1019	0580	09/21/12	09/21/12	32.00	135.04
CLAIM TOTAL						1,215.36	CLAIM ACCOUNT REF. 2107550012008266SUP

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
210758	1	S5130	0582	09/17/12	09/17/12	16.00	67.52
210758	2	S5130	0582	09/21/12	09/21/12	16.00	67.52
CLAIM TOTAL						135.04	CLAIM ACCOUNT REF. 2107580012009279SUP

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
210754	1	T1019	0580	09/17/12	09/17/12	32.00	135.04
210754	2	T1019	0580	09/18/12	09/18/12	36.00	151.92
210754	3	T1019	0580	09/19/12	09/19/12	32.00	135.04
210754	4	T1019	0580	09/20/12	09/20/12	36.00	151.92
CLAIM TOTAL						573.92	CLAIM ACCOUNT REF. 2107540012009647SUP

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
210752	1	T1019	0580	09/21/12	09/21/12	16.00	67.52
CLAIM TOTAL						67.52	CLAIM ACCOUNT REF. 2107520012010724SUP

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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 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
210760	1	T1019	0580	09/08/12	09/08/12	16.00	67.52
210760	2	T1019	0580	09/09/12	09/09/12	16.00	67.52
210760	3	T1019	0580	09/10/12	09/10/12	8.00	33.76
210760	4	T1019	0580	09/11/12	09/11/12	8.00	33.76
210760	5	T1019	0580	09/12/12	09/12/12	8.00	33.76
210760	6	T1019	0580	09/13/12	09/13/12	8.00	33.76
210760	7	T1019	0580	09/14/12	09/14/12	8.00	33.76
CLAIM TOTAL							303.84
CLAIM ACCOUNT REF.							2107600012010728SUP

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
210759	1	T1019	0580	09/08/12	09/08/12	20.00	84.40
210759	2	T1019	0580	09/09/12	09/09/12	20.00	84.40
210759	3	T1019	0580	09/10/12	09/10/12	12.00	50.64
210759	4	T1019	0580	09/11/12	09/11/12	12.00	50.64
210759	5	T1019	0580	09/12/12	09/12/12	12.00	50.64
210759	6	T1019	0580	09/13/12	09/13/12	12.00	50.64
210759	7	T1019	0580	09/14/12	09/14/12	12.00	50.64
CLAIM TOTAL							422.00
CLAIM ACCOUNT REF.							2107590012010729SUP

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
210753	1	T1019	0580	09/17/12	09/17/12	16.00	67.52
210753	2	T1019	0580	09/18/12	09/18/12	16.00	67.52
210753	3	T1019	0580	09/20/12	09/20/12	16.00	67.52
210753	4	T1019	0580	09/21/12	09/21/12	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2107530012010730SUP

REPORT DATE 09/26/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

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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 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	
210756	1	T1019	0580	09/17/12	09/17/12	24.00	101.28	
210756	2	T1019	0580	09/18/12	09/18/12	24.00	101.28	
210756	3	T1019	0580	09/19/12	09/19/12	24.00	101.28	
210756	4	T1019	0580	09/20/12	09/20/12	24.00	101.28	
210756	5	T1019	0580	09/21/12	09/21/12	24.00	101.28	
					CLAIM TOTAL	506.40		CLAIM ACCOUNT REF. 2107560012010731SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011238 2011238 MICHEL, VERTULIA 09/23/1932 712951733 103139267  
DIAGNOSIS CODES: 728.87 272.4 401.9 780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
210757	1	T1019	0580	09/03/12	09/03/12	32.00	135.04	
210757	2	T1019	0580	09/07/12	09/07/12	32.00	135.04	
210757	3	T1019	0580	09/17/12	09/17/12	32.00	135.04	
					CLAIM TOTAL	405.12		CLAIM ACCOUNT REF. 2107570012011238SUP

PAYER TOTALS: AMERIGROUP NEW YORK,LLC                      # OF CLAIMS = 41    TOTAL CLAIM AMOUNT = 3,899.28  
# SERVICES = 9



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REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010018	2010959	HAWKINS, MALIK JR	04/13/1993	5681	364551
DIAGNOSIS		CODES:	344.1	344.5	599.9		

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
210765	1	T1019	1C	0570	09/15/12	09/15/12	10.00	159.00	
210765	2	T1019	1C	0570	09/16/12	09/16/12	10.00	159.00	
210765	3	T1019	1C	0570	09/17/12	09/17/12	8.25	131.18	
210765	4	T1019	1C	0570	09/18/12	09/18/12	10.00	159.00	
210765	5	T1019	1C	0570	09/19/12	09/19/12	10.00	159.00	
210765	6	T1019	1C	0570	09/21/12	09/21/12	10.00	159.00	
						CLAIM TOTAL		926.18	CLAIM ACCOUNT REF. 2107650012010959SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008258	2011073	RUIZ JR, SAMUEL	11/20/1971	6470	372708
DIAGNOSIS		CODES:	741.90	331.4	552.21		

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
210766	1	T1019	1C	0570	09/17/12	09/17/12	5.00	79.50	
210766	2	T1019	1C	0570	09/18/12	09/18/12	5.00	79.50	
210766	3	T1019	1C	0570	09/19/12	09/19/12	5.00	79.50	
210766	4	T1019	1C	0570	09/20/12	09/20/12	5.00	79.50	
210766	5	T1019	1C	0570	09/21/12	09/21/12	5.00	79.50	
						CLAIM TOTAL		397.50	CLAIM ACCOUNT REF. 2107660012011073SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	11	TOTAL CLAIM AMOUNT =	1,323.68
		# SERVICES =	2		

REPORT DATE 09/26/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

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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    2008382    2010800    GOMES, AGUSTINA                      05/05/1933    JRX53860E01                      2012081092600005  
DIAGNOSIS CODES:    230.3       153.0       401.9       733.00    V60.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
210761	1	T1019	0580	09/15/12	09/15/12	36.00	151.92	
210761	2	T1019	0580	09/16/12	09/16/12	36.00	151.92	
CLAIM TOTAL							303.84	CLAIM ACCOUNT REF.    2107610012010800SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
210762	1	T1019	0580	09/17/12	09/17/12	36.00	151.92	
210762	2	T1019	0580	09/18/12	09/18/12	36.00	151.92	
210762	3	T1019	0580	09/19/12	09/19/12	36.00	151.92	
210762	4	T1019	0580	09/20/12	09/20/12	36.00	151.92	
210762	5	T1019	0580	09/21/12	09/21/12	36.00	151.92	
CLAIM TOTAL							759.60	CLAIM ACCOUNT REF.    2107620012010800SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008396    2010804    ZAMBRANO, ZOILA                      12/03/1938    JSV04323R01                      2012091792600003  
DIAGNOSIS CODES:    250.11       272.0       401.9       435.9    586.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
210764	1	T1019	0580	09/18/12	09/18/12	16.00	67.52	
210764	2	T1019	0580	09/19/12	09/19/12	16.00	67.52	
210764	3	T1019	0580	09/20/12	09/20/12	16.00	67.52	
210764	4	T1019	0580	09/21/12	09/21/12	16.00	67.52	
CLAIM TOTAL							270.08	CLAIM ACCOUNT REF.    2107640012010804SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008228    2010805    TOWLES, ADA                      12/10/1954    JZX17878Q01                      2012091792600004  
DIAGNOSIS CODES:    722.10       401.9       724.3       750.7    V61.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
210763	1	T1019	0580	09/17/12	09/17/12	16.00	67.52	
210763	2	T1019	0580	09/18/12	09/18/12	16.00	67.52	
210763	3	T1019	0580	09/19/12	09/19/12	16.00	67.52	
210763	4	T1019	0580	09/20/12	09/20/12	16.00	67.52	
210763	5	T1019	0580	09/21/12	09/21/12	16.00	67.52	
CLAIM TOTAL							337.60	CLAIM ACCOUNT REF.    2107630012010805SUP

REPORT DATE 09/26/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012092603525182RRSUP

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

PAYER TOTALS:	HEALTHCARE PARTNERS IPA I	# OF CLAIMS =	16	TOTAL CLAIM AMOUNT =	1,671.12
		# SERVICES =	3		

PROVIDER TOTALS:	SUNNYSIDE CITYWIDE	# OF CLAIMS =	683	TOTAL CLAIM AMOUNT =	84,037.82
		# SERVICES =	119		