

REPORT DATE 11/07/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012110706180965RRSUP

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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
215734	1	G0162		07/19/12	07/19/12	1.00	80.00
CLAIM TOTAL							80.00
CLAIM ACCOUNT REF.							2157340012008267SUP

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
215735	1	T1020		10/27/12	10/27/12	7.00	118.10
215735	2	T1020		10/29/12	10/29/12	7.00	118.09
215735	3	T1020		10/30/12	10/30/12	7.00	118.09
CLAIM TOTAL							354.28
CLAIM ACCOUNT REF.							2157350012008267SUP

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
215732	1	T1020		10/15/12	10/15/12	9.00	151.83
215732	2	T1020		10/16/12	10/16/12	9.00	151.83
215732	3	T1020		10/17/12	10/17/12	9.00	151.83
215732	4	T1020		10/18/12	10/18/12	9.00	151.83
215732	5	T1020		10/22/12	10/22/12	9.00	151.83
215732	6	T1020		10/23/12	10/23/12	9.00	151.83
215732	7	T1020		10/24/12	10/24/12	9.00	151.83
215732	8	T1020		10/25/12	10/25/12	9.00	151.83
215732	9	T1020		10/26/12	10/26/12	9.00	151.83
215732	10	T1020		10/27/12	10/27/12	9.00	151.83
215732	11	T1020		10/28/12	10/28/12	9.00	151.83
215732	12	T1020		10/29/12	10/29/12	9.00	151.83
215732	13	T1020		10/30/12	10/30/12	9.00	151.83
215732	14	T1020		10/31/12	10/31/12	9.00	151.83
215732	15	T1020		11/01/12	11/01/12	9.00	151.83
215732	16	T1020		11/02/12	11/02/12	9.00	151.83
CLAIM TOTAL							2,429.28
CLAIM ACCOUNT REF.							2157320012008268SUP

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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    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	
215729	1	T1020		10/29/12	10/29/12	7.00	118.09	
215729	2	T1020		10/30/12	10/30/12	7.00	118.09	
215729	3	T1020		10/31/12	10/31/12	7.00	118.09	
215729	4	T1020		11/01/12	11/01/12	7.00	118.09	
215729	5	T1020		11/02/12	11/02/12	7.00	118.09	
CLAIM TOTAL							590.45	CLAIM ACCOUNT REF.    2157290012008306SUP

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	
215727	1	T1020		10/29/12	10/29/12	7.00	118.09	
215727	2	T1020		10/30/12	10/30/12	7.00	118.09	
215727	3	T1020		10/31/12	10/31/12	7.00	118.09	
215727	4	T1020		11/01/12	11/01/12	7.00	118.09	
215727	5	T1020		11/02/12	11/02/12	7.00	118.09	
CLAIM TOTAL							590.45	CLAIM ACCOUNT REF.    2157270012008386SUP

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	
215733	1	T1020		11/01/12	11/01/12	4.00	67.48	
215733	2	T1020		11/02/12	11/02/12	4.00	67.48	
CLAIM TOTAL							134.96	CLAIM ACCOUNT REF.    2157330012008400SUP

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	
215728	1	T1020		10/29/12	10/29/12	6.00	101.22	
215728	2	T1020		10/30/12	10/30/12	6.00	101.22	
215728	3	T1020		10/31/12	10/31/12	6.00	101.22	
215728	4	T1020		11/01/12	11/01/12	6.00	101.22	
215728	5	T1020		11/02/12	11/02/12	3.00	50.61	
CLAIM TOTAL							455.49	CLAIM ACCOUNT REF.    2157280012010014SUP

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NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009268	2010041	VARGAS, RAQUEL	07/05/1949	74201787700	121291101

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
215736	1	G0162		08/09/12	08/09/12	1.00	80.00		
215736	2	T1020		10/27/12	10/27/12	9.00	151.83		
215736	3	T1020		10/28/12	10/28/12	9.00	151.83		
215736	4	T1020		10/31/12	10/31/12	9.00	151.83		
215736	5	T1020		11/01/12	11/01/12	9.00	151.83		
215736	6	T1020		11/02/12	11/02/12	9.00	151.83		
CLAIM TOTAL							839.15	CLAIM ACCOUNT REF.	2157360012010041SUP

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	
215731	1	T1020		11/01/12	11/01/12	5.00	84.35	
215731	2	T1020		11/02/12	11/02/12	4.00	67.48	
					CLAIM TOTAL		151.83	CLAIM ACCOUNT REF. 2157310012010712SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011495	2011495	ISKANDER, JACOB S	04/14/1949	74226723400	122720054
DIAGNOSIS		CODES:	748.60	253.5	401.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
215730	1	T1020		10/27/12	10/27/12	8.00	134.96	
215730	2	T1020		10/29/12	10/29/12	8.00	134.96	
215730	3	T1020		11/01/12	11/01/12	8.00	134.96	
215730	4	T1020		11/02/12	11/02/12	8.00	134.96	
					CLAIM TOTAL		539.84	CLAIM ACCOUNT REF. 2157300012011495SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	49	TOTAL CLAIM AMOUNT =	6,165.73
		# 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    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	
215724	1	T1019		10/27/12	10/27/12	40.00	168.80	
215724	2	T1019		10/28/12	10/28/12	40.00	168.80	
215724	3	T1019		10/31/12	10/31/12	40.00	168.80	
215724	4	T1019		11/01/12	11/01/12	40.00	168.80	
215724	5	T1019		11/02/12	11/02/12	40.00	168.80	
CLAIM TOTAL							844.00	CLAIM ACCOUNT REF.    2157240012008265SUP

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	
215726	1	T1019		10/27/12	10/27/12	16.00	67.52	
215726	2	T1019		11/01/12	11/01/12	24.00	101.28	
215726	3	T1019		11/02/12	11/02/12	24.00	101.28	
CLAIM TOTAL							270.08	CLAIM ACCOUNT REF.    2157260012008303SUP

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	
215715	1	T1019		10/28/12	10/28/12	28.00	118.16	
215715	2	T1019		10/29/12	10/29/12	32.00	135.04	
215715	3	T1019		10/31/12	10/31/12	28.00	118.16	
215715	4	T1019		11/01/12	11/01/12	28.00	118.16	
215715	5	T1019		11/02/12	11/02/12	28.00	118.16	
CLAIM TOTAL							607.68	CLAIM ACCOUNT REF.    2157150012008403SUP

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	
215721	1	T1019		10/22/12	10/22/12	24.00	101.28	
215721	2	T1019		10/23/12	10/23/12	24.00	101.28	
215721	3	T1019		10/24/12	10/24/12	24.00	101.28	
215721	4	T1019		10/25/12	10/25/12	24.00	101.28	
215721	5	T1019		10/26/12	10/26/12	24.00	101.28	

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PAYER        ID = 11325                      NEIGHBORHOOD HEALTH

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
215721	6	T1019		10/29/12	10/29/12	24.00	101.28	
215721	7	T1019		10/30/12	10/30/12	24.00	101.28	
215721	8	T1019		10/31/12	10/31/12	24.00	101.28	
215721	9	T1019		11/01/12	11/01/12	24.00	101.28	
215721	10	T1019		11/02/12	11/02/12	24.00	101.28	
				CLAIM TOTAL		1,012.80		CLAIM ACCOUNT REF. 2157210012008421SUP

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	
215720	1	T1019		11/02/12	11/02/12	24.00	101.28	
				CLAIM TOTAL		101.28		CLAIM ACCOUNT REF. 2157200012008422SUP

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	
215725	1	T1019		10/29/12	10/29/12	16.00	67.52	
215725	2	T1019		10/30/12	10/30/12	16.00	67.52	
215725	3	T1019		11/01/12	11/01/12	16.00	67.52	
215725	4	T1019		11/02/12	11/02/12	16.00	67.52	
				CLAIM TOTAL		270.08		CLAIM ACCOUNT REF. 2157250012008425SUP

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	
215716	1	T1019		10/27/12	10/27/12	40.00	168.80	
215716	2	T1019		10/28/12	10/28/12	40.00	168.80	
				CLAIM TOTAL		337.60		CLAIM ACCOUNT REF. 2157160012008427SUP

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	
215723	1	T1019		10/31/12	10/31/12	16.00	67.52	
215723	2	T1019		11/01/12	11/01/12	16.00	67.52	
215723	3	T1019		11/02/12	11/02/12	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	CLAIM ACCOUNT REF.
						CLAIM TOTAL	202.56	2157230012008531SUP

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	CLAIM ACCOUNT REF.
215719	1	T1019		10/28/12	10/28/12	16.00	67.52	
215719	2	T1019		11/01/12	11/01/12	28.00	118.16	
215719	3	T1019		11/02/12	11/02/12	28.00	118.16	
						CLAIM TOTAL	303.84	2157190012008742SUP

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	CLAIM ACCOUNT REF.
215718	1	T1019		10/27/12	10/27/12	48.00	202.56	
215718	2	T1019		10/28/12	10/28/12	44.00	185.68	
215718	3	T1019		10/30/12	10/30/12	48.00	202.56	
215718	4	T1019		10/31/12	10/31/12	48.00	202.56	
215718	5	T1019		11/01/12	11/01/12	48.00	202.56	
215718	6	T1019		11/02/12	11/02/12	44.00	185.68	
						CLAIM TOTAL	1,181.60	2157180012009356SUP

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	CLAIM ACCOUNT REF.
215713	1	T1019		10/06/12	10/06/12	32.00	135.04	
215713	2	T1019		10/24/12	10/24/12	32.00	135.04	
215713	3	T1019		10/27/12	10/27/12	32.00	135.04	
215713	4	T1019		10/28/12	10/28/12	32.00	135.04	
215713	5	T1019		10/29/12	10/29/12	32.00	135.04	
215713	6	T1019		10/31/12	10/31/12	32.00	135.04	
215713	7	T1019		11/01/12	11/01/12	32.00	135.04	
215713	8	T1019		11/02/12	11/02/12	32.00	135.04	
						CLAIM TOTAL	1,080.32	2157130012010143SUP

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NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
215722	1	T1019		10/25/12	10/25/12	20.00	84.40		
215722	2	T1019		10/26/12	10/26/12	20.00	84.40		
215722	3	T1019		10/29/12	10/29/12	20.00	84.40		
215722	4	T1019		10/30/12	10/30/12	20.00	84.40		
215722	5	T1019		10/31/12	10/31/12	20.00	84.40		
215722	6	T1019		11/01/12	11/01/12	20.00	84.40		
215722	7	T1019		11/02/12	11/02/12	20.00	84.40		
					CLAIM TOTAL		590.80	CLAIM ACCOUNT REF.	2157220012010353SUP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
215717	1	T1019		10/27/12	10/27/12	24.00	101.28		
215717	2	T1019		10/28/12	10/28/12	24.00	101.28		
215717	3	T1019		10/31/12	10/31/12	24.00	101.28		
215717	4	T1019		11/01/12	11/01/12	24.00	101.28		
215717	5	T1019		11/02/12	11/02/12	28.00	118.16		
						CLAIM TOTAL	523.28	CLAIM ACCOUNT REF.	2157170012010639SUP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
215714	1	T1019		10/29/12	10/29/12	32.00	135.04
215714	2	T1019		10/31/12	10/31/12	36.00	151.92
215714	3	T1019		11/01/12	11/01/12	36.00	151.92
215714	4	T1019		11/02/12	11/02/12	36.00	151.92
						CLAIM TOTAL	590.80
						CLAIM ACCOUNT REF.	2157140012010878SU

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	66	TOTAL CLAIM AMOUNT =	7,916.72
		# SERVICES =	14		

REPORT DATE 11/07/12                      SUNNYSIDE CITYWIDE  
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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	
215756	1	T1019		10/27/12	10/27/12	4.00	68.60	
215756	2	T1019		10/28/12	10/28/12	4.00	68.60	
215756	3	T1019		10/31/12	10/31/12	12.00	205.80	
215756	4	T1019		11/01/12	11/01/12	12.00	205.80	
215756	5	T1019		11/02/12	11/02/12	12.00	205.80	
					CLAIM TOTAL		754.60	CLAIM ACCOUNT REF. 2157560012008233SUP

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	
215764	1	T1019		10/27/12	10/27/12	8.00	137.20	
215764	2	T1019		10/28/12	10/28/12	8.00	137.20	
215764	3	T1019		11/02/12	11/02/12	11.00	188.65	
					CLAIM TOTAL		463.05	CLAIM ACCOUNT REF. 2157640012008236SUP

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	
215760	1	T1019		10/22/12	10/22/12	4.00	68.60	
215760	2	T1019		10/23/12	10/23/12	4.00	68.60	
215760	3	T1019		10/24/12	10/24/12	4.00	68.60	
215760	4	T1019		10/26/12	10/26/12	4.00	68.60	
215760	5	T1019		10/31/12	10/31/12	4.00	68.60	
215760	6	T1019		11/01/12	11/01/12	4.00	68.60	
215760	7	T1019		11/02/12	11/02/12	4.00	68.60	
					CLAIM TOTAL		480.20	CLAIM ACCOUNT REF. 2157600012008237SUP

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	
215755	1	T1019		10/04/12	10/04/12	4.00	68.60	
215755	2	T1019		10/12/12	10/12/12	5.00	85.75	
215755	3	T1019		10/27/12	10/27/12	3.00	51.45	



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PAYER        ID = 13265                      METROPLUS HEALTH PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
215755	4	T1019		10/28/12	10/28/12	3.00	51.45	
215755	5	T1019		10/31/12	10/31/12	5.00	85.75	
215755	6	T1019		11/01/12	11/01/12	4.00	68.60	
215755	7	T1019		11/02/12	11/02/12	5.00	85.75	
					CLAIM TOTAL		497.35	CLAIM ACCOUNT REF. 2157550012008284SUP

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	
215762	1	T1019		11/01/12	11/01/12	8.00	137.20	
215762	2	T1019		11/02/12	11/02/12	8.00	137.20	
					CLAIM TOTAL		274.40	CLAIM ACCOUNT REF. 2157620012008385SUP

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	
215761	1	T1019		10/27/12	10/27/12	5.00	85.75	
215761	2	T1019		10/28/12	10/28/12	5.00	85.75	
215761	3	T1019		10/30/12	10/30/12	5.00	85.75	
215761	4	T1019		10/31/12	10/31/12	5.00	85.75	
215761	5	T1019		11/01/12	11/01/12	5.00	85.75	
215761	6	T1019		11/02/12	11/02/12	5.00	85.75	
					CLAIM TOTAL		514.50	CLAIM ACCOUNT REF. 2157610012008417SUP

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	
215766	1	T1019		10/23/12	10/23/12	8.00	137.20	
					CLAIM TOTAL		137.20	CLAIM ACCOUNT REF. 2157660012008418SUP

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
215757	1	T1019		09/05/12	09/05/12	11.00	188.65
215757	2	T1019		10/27/12	10/27/12	10.00	171.50

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PAYER ID = 13265                      METROPLUS HEALTH PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
215757	3	T1019		10/28/12	10/28/12	10.00	171.50
215757	4	T1019		10/31/12	10/31/12	10.00	171.50
215757	5	T1019		11/01/12	11/01/12	10.00	171.50
215757	6	T1019		11/02/12	11/02/12	10.00	171.50
CLAIM TOTAL							1,046.15
							CLAIM ACCOUNT REF. 2157570012008743SUP

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
215758	1	T1019		10/27/12	10/27/12	19.00	325.85
215758	2	T1019		10/28/12	10/28/12	19.00	325.85
215758	3	T1019		10/29/12	10/29/12	19.00	325.85
215758	4	T1019		10/30/12	10/30/12	19.00	325.85
215758	5	T1019		10/31/12	10/31/12	19.00	325.85
215758	6	T1019		11/01/12	11/01/12	19.00	325.85
215758	7	T1019		11/02/12	11/02/12	19.00	325.85
CLAIM TOTAL							2,280.95
							CLAIM ACCOUNT REF. 2157580012009137SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
215767	1	T1019		10/20/12	10/20/12	5.00	85.75
215767	2	T1019		10/21/12	10/21/12	5.00	85.75
215767	3	T1019		10/22/12	10/22/12	5.00	85.75
215767	4	T1019		10/23/12	10/23/12	5.00	85.75
215767	5	T1019		10/24/12	10/24/12	5.00	85.75
215767	6	T1019		10/25/12	10/25/12	5.00	85.75
215767	7	T1019		10/27/12	10/27/12	5.00	85.75
215767	8	T1019		10/28/12	10/28/12	5.00	85.75
215767	9	T1019		10/31/12	10/31/12	5.00	85.75
215767	10	T1019		11/01/12	11/01/12	5.00	85.75
215767	11	T1019		11/02/12	11/02/12	5.00	85.75
CLAIM TOTAL							943.25
							CLAIM ACCOUNT REF. 2157670012009377SUP

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PAYER ID = 13265                      METROPLUS HEALTH PLAN

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
215765	1	T1019		10/20/12	10/20/12	8.00	137.20
215765	2	T1019		10/27/12	10/27/12	8.00	137.20
215765	3	T1019		10/31/12	10/31/12	3.00	51.45
215765	4	T1019		11/01/12	11/01/12	3.00	51.45
215765	5	T1019		11/02/12	11/02/12	4.00	68.60
CLAIM TOTAL							445.90
CLAIM ACCOUNT REF.							2157650012009688SUP

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
215768	1	T1019		10/27/12	10/27/12	4.00	68.60
215768	2	T1019		10/28/12	10/28/12	4.00	68.60
215768	3	T1019		10/29/12	10/29/12	4.00	68.60
215768	4	T1019		10/30/12	10/30/12	4.00	68.60
215768	5	T1019		10/31/12	10/31/12	4.00	68.60
215768	6	T1019		11/01/12	11/01/12	4.00	68.60
215768	7	T1019		11/02/12	11/02/12	4.00	68.60
CLAIM TOTAL							480.20
CLAIM ACCOUNT REF.							2157680012009919SUP

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
215769	1	T1019		10/20/12	10/20/12	8.00	137.20
215769	2	T1019		10/22/12	10/22/12	8.00	137.20
215769	3	T1019		10/23/12	10/23/12	8.00	137.20
215769	4	T1019		10/24/12	10/24/12	8.00	137.20
215769	5	T1019		10/25/12	10/25/12	8.00	137.20
215769	6	T1019		10/26/12	10/26/12	8.00	137.20
215769	7	T1019		10/29/12	10/29/12	8.00	137.20
215769	8	T1019		10/30/12	10/30/12	8.00	137.20
215769	9	T1019		10/31/12	10/31/12	8.00	137.20
215769	10	T1019		11/01/12	11/01/12	8.00	137.20
215769	11	T1019		11/02/12	11/02/12	8.00	137.20
CLAIM TOTAL							1,509.20
CLAIM ACCOUNT REF.							2157690012010213SUP

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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 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	
215763	1	T1019		10/29/12	10/29/12	3.00	51.45	
215763	2	T1019		10/30/12	10/30/12	3.00	51.45	
215763	3	T1019		10/31/12	10/31/12	3.00	51.45	
215763	4	T1019		11/01/12	11/01/12	3.00	51.45	
215763	5	T1019		11/02/12	11/02/12	3.00	51.45	
CLAIM TOTAL							257.25	CLAIM ACCOUNT REF. 2157630012010886SUP

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	
215759	1	T1019		10/27/12	10/27/12	24.00	411.60	
215759	2	T1019		10/28/12	10/28/12	24.00	411.60	
215759	3	T1019		10/29/12	10/29/12	24.00	411.60	
215759	4	T1019		10/31/12	10/31/12	24.00	411.60	
215759	5	T1019		11/02/12	11/02/12	24.00	411.60	
CLAIM TOTAL							2,058.00	CLAIM ACCOUNT REF. 2157590012011286SUP

PAYER TOTALS: METROPLUS HEALTH PLAN                      # OF CLAIMS = 88    TOTAL CLAIM AMOUNT = 12,142.20  
# SERVICES = 15

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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	
215772	1	T1019		10/27/12	10/27/12	36.00	154.80	
215772	2	T1019		10/28/12	10/28/12	36.00	154.80	
215772	3	T1019		10/31/12	10/31/12	36.00	154.80	
215772	4	T1019		11/01/12	11/01/12	36.00	154.80	
215772	5	T1019		11/02/12	11/02/12	36.00	154.80	
CLAIM TOTAL							774.00	CLAIM ACCOUNT REF. 2157720012008286SUP

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	
215771	1	T1019		10/27/12	10/27/12	24.00	103.20	
215771	2	T1019		10/28/12	10/28/12	24.00	103.20	
215771	3	T1019		11/01/12	11/01/12	20.00	86.00	
215771	4	T1019		11/02/12	11/02/12	24.00	103.20	
CLAIM TOTAL							395.60	CLAIM ACCOUNT REF. 2157710012008495SUP

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	
215770	1	T1019		10/27/12	10/27/12	28.00	120.40	
215770	2	T1019		10/28/12	10/28/12	28.00	120.40	
215770	3	T1019		10/30/12	10/30/12	28.00	120.40	
215770	4	T1019		10/31/12	10/31/12	28.00	120.40	
215770	5	T1019		11/01/12	11/01/12	28.00	120.40	
215770	6	T1019		11/02/12	11/02/12	28.00	120.40	
CLAIM TOTAL							722.40	CLAIM ACCOUNT REF. 2157700012010404SUP

PAYER TOTALS:                      WELLCARE OF NY                      # OF CLAIMS = 15                      TOTAL CLAIM AMOUNT = 1,892.00  
# SERVICES = 3

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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
215752	1	T1019	0580	10/29/12	10/29/12	40.00	168.80
215752	2	T1019	0580	10/30/12	10/30/12	40.00	168.80
215752	3	T1019	0580	10/31/12	10/31/12	40.00	168.80
215752	4	T1019	0580	11/01/12	11/01/12	40.00	168.80
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2157520012008491SUP

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
215754	1	T1019	0580	10/29/12	10/29/12	16.00	67.52
215754	2	T1019	0580	10/30/12	10/30/12	16.00	67.52
215754	3	T1019	0580	10/31/12	10/31/12	16.00	67.52
215754	4	T1019	0580	11/01/12	11/01/12	16.00	67.52
215754	5	T1019	0580	11/02/12	11/02/12	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2157540012008513SUP

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
215753	1	T1019	0580	10/27/12	10/27/12	20.00	84.40
215753	2	T1019	0580	10/28/12	10/28/12	20.00	84.40
215753	3	T1019	0580	10/31/12	10/31/12	16.00	67.52
215753	4	T1019	0580	11/01/12	11/01/12	20.00	84.40
215753	5	T1019	0580	11/02/12	11/02/12	20.00	84.40
CLAIM TOTAL							405.12
CLAIM ACCOUNT REF.							2157530012008544SUP

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
215747	1	T1019	0580	10/23/12	10/23/12	16.00	56.00
215747	2	T1019	0580	10/25/12	10/25/12	16.00	56.00
215747	3	T1019	0580	10/26/12	10/26/12	16.00	56.00
215747	4	T1019	0580	10/30/12	10/30/12	16.00	56.00

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PAYER ID = 55247                      HEALTH INSURANCE PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
215747	5	T1019	0580	11/01/12	11/01/12	16.00	56.00
215747	6	T1019	0580	11/02/12	11/02/12	16.00	56.00
CLAIM TOTAL							336.00

CLAIM ACCOUNT REF. 2157470012008723SUP

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
215740	1	T1019	0580	10/27/12	10/27/12	48.00	168.00
215740	2	T1019	0580	10/28/12	10/28/12	48.00	168.00
215740	3	T1019	0580	11/02/12	11/02/12	48.00	168.00
CLAIM TOTAL							504.00

CLAIM ACCOUNT REF. 2157400012008793SUP

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
215749	1	T1019	0580	10/27/12	10/27/12	32.00	112.00
215749	2	T1019	0580	10/28/12	10/28/12	32.00	112.00
CLAIM TOTAL							224.00

CLAIM ACCOUNT REF. 2157490012009237SUP

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
215750	1	T1019	0580	11/02/12	11/02/12	16.00	67.52
CLAIM TOTAL							67.52

CLAIM ACCOUNT REF. 2157500012009406SUP

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
215746	1	T1019	0580	10/27/12	10/27/12	48.00	168.00
215746	2	T1019	0580	10/28/12	10/28/12	48.00	168.00
215746	3	T1019	0580	10/29/12	10/29/12	48.00	168.00
215746	4	T1019	0580	10/30/12	10/30/12	48.00	168.00
215746	5	T1019	0580	10/31/12	10/31/12	48.00	168.00
215746	6	T1019	0580	11/01/12	11/01/12	48.00	168.00
215746	7	T1019	0580	11/02/12	11/02/12	48.00	168.00

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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.
						CLAIM TOTAL	1,176.00	2157460012009467SUP

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	CLAIM ACCOUNT REF.
215751	1	T1019	0580	10/31/12	10/31/12	36.00	151.92	
215751	2	T1019	0580	11/01/12	11/01/12	40.00	168.80	
						CLAIM TOTAL	320.72	2157510012009562SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
215743	1	T1019	0580	10/31/12	10/31/12	16.00	56.00	
215743	2	T1019	0580	11/01/12	11/01/12	16.00	56.00	
215743	3	T1019	0580	11/02/12	11/02/12	16.00	56.00	
						CLAIM TOTAL	168.00	2157430012009686SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
215745	1	T1019	0580	10/27/12	10/27/12	28.00	98.00	
215745	2	T1019	0580	10/28/12	10/28/12	28.00	98.00	
215745	3	T1019	0580	11/01/12	11/01/12	24.00	84.00	
215745	4	T1019	0580	11/02/12	11/02/12	26.00	91.00	
						CLAIM TOTAL	371.00	2157450012009945SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010293	2010293	CAMPBELL, CAROL	01/17/1945	ZW64229J	0004864776
DIAGNOSIS CODES: 722.2 272.0 338.29 401.9 780.79 781.2							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
215739	1	T1019	0580	10/31/12	10/31/12	20.00	70.00	
215739	2	T1019	0580	11/01/12	11/01/12	20.00	70.00	
215739	3	T1019	0580	11/02/12	11/02/12	14.00	49.00	
						CLAIM TOTAL	189.00	2157390012010293SUP



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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, 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
215748	1	T1019	0580	10/27/12	10/27/12	48.00	168.00
215748	2	T1019	0580	10/28/12	10/28/12	45.00	157.50
215748	3	T1019	0580	10/31/12	10/31/12	48.00	168.00
215748	4	T1019	0580	11/01/12	11/01/12	48.00	168.00
215748	5	T1019	0580	11/02/12	11/02/12	48.00	168.00
CLAIM TOTAL							829.50

CLAIM ACCOUNT REF. 2157480012010316SUP

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
215744	1	T1019	0580	10/27/12	10/27/12	36.00	126.00
215744	2	T1019	0580	10/28/12	10/28/12	36.00	126.00
215744	3	T1019	0580	11/01/12	11/01/12	36.00	126.00
215744	4	T1019	0580	11/02/12	11/02/12	36.00	126.00
CLAIM TOTAL							504.00

CLAIM ACCOUNT REF. 2157440012010991SUP

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
215741	1	G0156	0572	10/27/12	10/27/12	7.00	99.75
215741	2	G0156	0572	10/29/12	10/29/12	6.50	92.63
215741	3	G0156	0572	10/30/12	10/30/12	7.00	99.75
215741	4	G0156	0572	10/31/12	10/31/12	7.00	99.75
215741	5	G0156	0572	11/01/12	11/01/12	7.00	99.75
215741	6	G0156	0572	11/02/12	11/02/12	7.00	99.75
CLAIM TOTAL							591.38

CLAIM ACCOUNT REF. 2157410012011066SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
215742	1	G0156	0572	10/27/12	10/27/12	12.00	171.00
215742	2	G0156	0572	10/28/12	10/28/12	9.00	128.25
215742	3	G0156	0572	10/31/12	10/31/12	12.00	171.00

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PAYER ID = 55247                      HEALTH INSURANCE PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
215742	4	G0156	0572	11/01/12	11/01/12	12.00	171.00	
215742	5	G0156	0572	11/02/12	11/02/12	12.00	171.00	
					CLAIM TOTAL	812.25		CLAIM ACCOUNT REF. 2157420012011526SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	65	TOTAL CLAIM AMOUNT =	7,511.29
		# SERVICES =	16		

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NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2157860012010958SUP

PAYER TOTALS:	VNSNY CHOICE	# OF CLAIMS =	3	TOTAL CLAIM AMOUNT =	360.36
		# 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 R2013357  
DIAGNOSIS CODES: 314.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
215706	1	T1019		10/13/12	10/13/12	12.00	50.64
215706	2	T1019		10/14/12	10/14/12	12.00	50.64
215706	3	T1019		10/15/12	10/15/12	12.00	50.64
215706	4	T1019		10/16/12	10/16/12	12.00	50.64
215706	5	T1019		10/17/12	10/17/12	12.00	50.64
215706	6	T1019		10/18/12	10/18/12	12.00	50.64
215706	7	T1019		10/19/12	10/19/12	12.00	50.64
215706	8	T1019		10/20/12	10/20/12	12.00	50.64
215706	9	T1019		10/21/12	10/21/12	12.00	50.64
215706	10	T1019		10/22/12	10/22/12	12.00	50.64
215706	11	T1019		10/23/12	10/23/12	12.00	50.64
215706	12	T1019		10/24/12	10/24/12	12.00	50.64
215706	13	T1019		10/25/12	10/25/12	12.00	50.64
215706	14	T1019		10/26/12	10/26/12	12.00	50.64
215706	15	T1019		10/27/12	10/27/12	12.00	50.64
215706	16	T1019		10/28/12	10/28/12	12.00	50.64
215706	17	T1019		10/29/12	10/29/12	12.00	50.64
215706	18	T1019		10/30/12	10/30/12	12.00	50.64
215706	19	T1019		10/31/12	10/31/12	12.00	50.64
215706	20	T1019		11/01/12	11/01/12	12.00	50.64
215706	21	T1019		11/02/12	11/02/12	12.00	50.64
CLAIM TOTAL						1,063.44	
						CLAIM ACCOUNT REF.	2157060012008246SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
215707	1	T1019		10/15/12	10/15/12	12.00	50.64
215707	2	T1019		10/17/12	10/17/12	12.00	50.64
215707	3	T1019		10/19/12	10/19/12	12.00	50.64
215707	4	T1019		10/22/12	10/22/12	12.00	50.64
215707	5	T1019		10/24/12	10/24/12	12.00	50.64
215707	6	T1019		10/25/12	10/25/12	12.00	50.64
215707	7	T1019		10/26/12	10/26/12	12.00	50.64
215707	8	T1019		10/27/12	10/27/12	12.00	50.64
215707	9	T1019		10/28/12	10/28/12	12.00	50.64
215707	10	T1019		10/29/12	10/29/12	12.00	50.64
215707	11	T1019		10/30/12	10/30/12	12.00	50.64

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PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
215707	12	T1019		10/31/12	10/31/12	12.00	50.64	
215707	13	T1019		11/01/12	11/01/12	12.00	50.64	
215707	14	T1019		11/02/12	11/02/12	12.00	50.64	
					CLAIM TOTAL		708.96	CLAIM ACCOUNT REF. 2157070012008248SUP

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	
215702	1	T1019		10/27/12	10/27/12	44.00	185.68	
215702	2	T1019		10/28/12	10/28/12	44.00	185.68	
215702	3	T1019		10/31/12	10/31/12	44.00	185.68	
215702	4	T1019		11/01/12	11/01/12	44.00	185.68	
215702	5	T1019		11/02/12	11/02/12	44.00	185.68	
					CLAIM TOTAL		928.40	CLAIM ACCOUNT REF. 2157020012008249SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008250	2008250	SALAZAR, LUZ MARIA	02/19/1970	SC60317K	0103301200855
DIAGNOSIS	CODES:	952.9	564.81	596.54	806.05		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
215709	1	T1019		10/27/12	10/27/12	32.00	135.04	
215709	2	T1019		10/28/12	10/28/12	32.00	135.04	
215709	3	T1019		10/29/12	10/29/12	32.00	135.04	
215709	4	T1019		10/30/12	10/30/12	32.00	135.04	
215709	5	T1019		10/31/12	10/31/12	32.00	135.04	
215709	6	T1019		11/01/12	11/01/12	32.00	135.04	
215709	7	T1019		11/02/12	11/02/12	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2157090012008250SUP

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	
215687	1	T1019		10/29/12	10/29/12	32.00	135.04	
215687	2	T1019		10/31/12	10/31/12	32.00	135.04	
215687	3	T1019		11/01/12	11/01/12	32.00	135.04	
215687	4	T1019		11/02/12	11/02/12	32.00	135.04	
					CLAIM TOTAL		540.16	CLAIM ACCOUNT REF. 2156870012008251SUP

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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	
215703	1	T1019		10/27/12	10/27/12	48.00	202.56	
215703	2	T1019		10/28/12	10/28/12	36.00	151.92	
215703	3	T1019		11/01/12	11/01/12	48.00	202.56	
215703	4	T1019		11/02/12	11/02/12	48.00	202.56	
CLAIM TOTAL							759.60	CLAIM ACCOUNT REF. 2157030012008253SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
215685	1	T1019		10/29/12	10/29/12	32.00	135.04	
215685	2	T1019		10/30/12	10/30/12	32.00	135.04	
215685	3	T1019		10/31/12	10/31/12	32.00	135.04	
215685	4	T1019		11/01/12	11/01/12	32.00	135.04	
215685	5	T1019		11/02/12	11/02/12	32.00	135.04	
CLAIM TOTAL							675.20	CLAIM ACCOUNT REF. 2156850012008256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008257 2008257 ESTEVES, JOSE 09/04/1948 YD71377C 0104091201122  
DIAGNOSIS CODES: 345.40

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
215691	1	T1019		10/28/12	10/28/12	24.00	101.28	
215691	2	T1019		10/31/12	10/31/12	24.00	101.28	
215691	3	T1019		11/01/12	11/01/12	24.00	101.28	
215691	4	T1019		11/02/12	11/02/12	24.00	101.28	
CLAIM TOTAL							405.12	CLAIM ACCOUNT REF. 2156910012008257SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
215710	1	T1019		10/30/12	10/30/12	32.00	135.04	
215710	2	T1019		10/31/12	10/31/12	32.00	135.04	
215710	3	T1019		11/01/12	11/01/12	32.00	135.04	
215710	4	T1019		11/02/12	11/02/12	32.00	135.04	
CLAIM TOTAL							540.16	CLAIM ACCOUNT REF. 2157100012008290SUP

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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	2008297	2008297	MARTIN, ARIANA	12/25/1968	XD64969X	R2028439
DIAGNOSIS CODES: 250.63 401.9 493.11							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
215704	1	T1019		10/31/12	10/31/12	16.00	67.52
215704	2	T1019		11/02/12	11/02/12	16.00	67.52
CLAIM TOTAL							135.04
							CLAIM ACCOUNT REF. 2157040012008297SUP

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
215694	1	T1019		10/19/12	10/19/12	28.00	118.16
CLAIM TOTAL							118.16
							CLAIM ACCOUNT REF. 2156940012008362SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
215695	1	T1019		10/22/12	10/22/12	16.00	67.52
215695	2	T1019		10/27/12	10/27/12	28.00	118.16
215695	3	T1019		10/28/12	10/28/12	28.00	118.16
215695	4	T1019		10/30/12	10/30/12	28.00	118.16
215695	5	T1019		10/31/12	10/31/12	28.00	118.16
215695	6	T1019		11/01/12	11/01/12	28.00	118.16
CLAIM TOTAL							658.32
							CLAIM ACCOUNT REF. 2156950012008362SUP

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
215708	1	T1019		10/29/12	10/29/12	16.00	67.52
215708	2	T1019		10/30/12	10/30/12	16.00	67.52
215708	3	T1019		10/31/12	10/31/12	16.00	67.52
215708	4	T1019		11/01/12	11/01/12	16.00	67.52
215708	5	T1019		11/02/12	11/02/12	16.00	67.52
CLAIM TOTAL							337.60
							CLAIM ACCOUNT REF. 2157080012008368SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008411 2008411 FRANCISCO, RICHARD 07/10/1968 XR22414G R2014482  
DIAGNOSIS CODES: 401.9 443.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
215696	1	T1019		10/27/12	10/27/12	32.00	135.04
215696	2	T1019		10/28/12	10/28/12	32.00	135.04
215696	3	T1019		10/31/12	10/31/12	32.00	135.04
215696	4	T1019		11/01/12	11/01/12	32.00	135.04
215696	5	T1019		11/02/12	11/02/12	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2156960012008411SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
215699	1	T1019		10/27/12	10/27/12	28.00	118.16
215699	2	T1019		10/28/12	10/28/12	28.00	118.16
215699	3	T1019		10/31/12	10/31/12	28.00	118.16
215699	4	T1019		11/01/12	11/01/12	24.00	101.28
CLAIM TOTAL							455.76

CLAIM ACCOUNT REF. 2156990012008428SUP

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
215682	1	T1019		10/27/12	10/27/12	32.00	135.04
215682	2	T1019		10/28/12	10/28/12	32.00	135.04
215682	3	T1019		10/29/12	10/29/12	32.00	135.04
215682	4	T1019		10/30/12	10/30/12	32.00	135.04
215682	5	T1019		10/31/12	10/31/12	32.00	135.04
215682	6	T1019		11/01/12	11/01/12	32.00	135.04
CLAIM TOTAL							810.24

CLAIM ACCOUNT REF. 2156820012008433SUP

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
215681	1	T1019		10/27/12	10/27/12	16.00	67.52
215681	2	T1019		10/28/12	10/28/12	16.00	67.52
215681	3	T1019		10/31/12	10/31/12	16.00	67.52



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PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
215681	4	T1019		11/01/12	11/01/12	16.00	67.52	
215681	5	T1019		11/02/12	11/02/12	16.00	67.52	
CLAIM TOTAL							337.60	CLAIM ACCOUNT REF. 2156810012008487SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
215711	1	T1019		10/27/12	10/27/12	48.00	202.56	
215711	2	T1019		10/31/12	10/31/12	48.00	202.56	
215711	3	T1019		11/01/12	11/01/12	48.00	202.56	
215711	4	T1019		11/02/12	11/02/12	48.00	202.56	
CLAIM TOTAL							810.24	CLAIM ACCOUNT REF. 2157110012008558SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008571	2008571	ESPAILLAT, AMPARO	12/25/1949	ZG25447P	R2016893
DIAGNOSIS CODES: 401.9 272.0 311. 365.9 366.9 733.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
215690	1	T1019		10/20/12	10/20/12	16.00	67.52	
215690	2	T1019		10/21/12	10/21/12	16.00	67.52	
215690	3	T1019		10/22/12	10/22/12	24.00	101.28	
215690	4	T1019		10/23/12	10/23/12	24.00	101.28	
215690	5	T1019		10/24/12	10/24/12	24.00	101.28	
215690	6	T1019		10/25/12	10/25/12	24.00	101.28	
215690	7	T1019		10/26/12	10/26/12	24.00	101.28	
215690	8	T1019		10/27/12	10/27/12	16.00	67.52	
215690	9	T1019		10/28/12	10/28/12	16.00	67.52	
215690	10	T1019		10/29/12	10/29/12	24.00	101.28	
215690	11	T1019		10/31/12	10/31/12	24.00	101.28	
215690	12	T1019		11/01/12	11/01/12	24.00	101.28	
215690	13	T1019		11/02/12	11/02/12	24.00	101.28	
CLAIM TOTAL							1,181.60	CLAIM ACCOUNT REF. 2156900012008571SUP

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
215692	1	T1019		10/22/12	10/22/12	32.00	135.04
215692	2	T1019		10/23/12	10/23/12	32.00	135.04
215692	3	T1019		10/24/12	10/24/12	32.00	135.04

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PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
215692	4	T1019		10/25/12	10/25/12	32.00	135.04	
215692	5	T1019		10/26/12	10/26/12	32.00	135.04	
						CLAIM TOTAL	675.20	CLAIM ACCOUNT REF. 2156920012009000SUP

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	
215693	1	T1019		10/31/12	10/31/12	20.00	84.40	
215693	2	T1019		11/02/12	11/02/12	20.00	84.40	
						CLAIM TOTAL	168.80	CLAIM ACCOUNT REF. 2156930012009001SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
215688	1	T1019		10/28/12	10/28/12	20.00	84.40	
215688	2	T1019		10/29/12	10/29/12	20.00	84.40	
215688	3	T1019		10/30/12	10/30/12	20.00	84.40	
						CLAIM TOTAL	253.20	CLAIM ACCOUNT REF. 2156880012009256SUP

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	
215686	1	T1019		10/12/12	10/12/12	32.00	135.04	
215686	2	T1019		10/27/12	10/27/12	32.00	135.04	
215686	3	T1019		10/31/12	10/31/12	32.00	135.04	
215686	4	T1019		11/01/12	11/01/12	32.00	135.04	
215686	5	T1019		11/02/12	11/02/12	32.00	135.04	
						CLAIM TOTAL	675.20	CLAIM ACCOUNT REF. 2156860012009270SUP

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	
215698	1	T1019		10/22/12	10/22/12	16.00	67.52	
						CLAIM TOTAL	67.52	CLAIM ACCOUNT REF. 2156980012009322SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

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
215697	1	T1019		10/12/12	10/12/12	4.00	16.88
CLAIM TOTAL							16.88
CLAIM ACCOUNT REF.							2156970012009425SUP

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
215683	1	T1019		10/28/12	10/28/12	24.00	101.28
215683	2	T1019		10/31/12	10/31/12	24.00	101.28
215683	3	T1019		11/01/12	11/01/12	16.00	67.52
215683	4	T1019		11/02/12	11/02/12	24.00	101.28
CLAIM TOTAL							371.36
CLAIM ACCOUNT REF.							2156830012009560SUP

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
215701	1	T1020		10/27/12	10/27/12	7.00	118.16
215701	2	T1020		10/28/12	10/28/12	7.00	118.16
215701	3	T1020		10/31/12	10/31/12	7.00	118.16
215701	4	T1020		11/01/12	11/01/12	7.00	118.16
215701	5	T1020		11/02/12	11/02/12	7.00	118.16
CLAIM TOTAL							590.80
CLAIM ACCOUNT REF.							2157010012010311SUP

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
215712	1	T1019		10/27/12	10/27/12	20.00	84.40
215712	2	T1019		10/28/12	10/28/12	20.00	84.40
215712	3	T1019		11/01/12	11/01/12	20.00	84.40
215712	4	T1019		11/02/12	11/02/12	20.00	84.40
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2157120012010758SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

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
215700	1	T1019		10/27/12	10/27/12	32.00	135.04
215700	2	T1019		10/29/12	10/29/12	32.00	135.04
215700	3	T1019		10/30/12	10/30/12	32.00	135.04
215700	4	T1019		10/31/12	10/31/12	32.00	135.04
215700	5	T1019		11/01/12	11/01/12	32.00	135.04
215700	6	T1019		11/02/12	11/02/12	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2157000012010967SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
215689	1	T1019		10/27/12	10/27/12	40.00	168.80
215689	2	T1019		10/28/12	10/28/12	32.00	135.04
215689	3	T1019		10/29/12	10/29/12	40.00	168.80
215689	4	T1019		10/30/12	10/30/12	40.00	168.80
215689	5	T1019		10/31/12	10/31/12	40.00	168.80
215689	6	T1019		11/01/12	11/01/12	40.00	168.80
CLAIM TOTAL							979.04
CLAIM ACCOUNT REF.							2156890012011058SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
215705	1	T1020		10/27/12	10/27/12	12.00	202.56
215705	2	T1020		10/28/12	10/28/12	12.00	202.56
215705	3	T1020		10/30/12	10/30/12	12.00	202.56
215705	4	T1020		10/31/12	10/31/12	12.00	202.56
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2157050012011388SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
215684	1	T1019		10/31/12	10/31/12	40.00	168.80
215684	2	T1019		11/01/12	11/01/12	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	
215684	3	T1019		11/02/12	11/02/12	40.00	168.80	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2156840012011528SUP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	168	TOTAL CLAIM AMOUNT =	18,348.56
		# SERVICES =	31		

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PAYER ID = 87726                      UNITEDHEALTHCARE

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
215737	1	T1019		10/27/12	10/27/12	40.00	171.60
215737	2	T1019		10/28/12	10/28/12	36.00	154.44
215737	3	T1019		11/01/12	11/01/12	40.00	171.60
215737	4	T1019		11/02/12	11/02/12	40.00	171.60
CLAIM TOTAL							669.24
CLAIM ACCOUNT REF.							2157370012008245SUP

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
215738	1	T1019		10/27/12	10/27/12	16.00	68.64
215738	2	T1019		10/28/12	10/28/12	16.00	68.64
215738	3	T1019		10/31/12	10/31/12	36.00	154.44
215738	4	T1019		11/01/12	11/01/12	36.00	154.44
215738	5	T1019		11/02/12	11/02/12	36.00	154.44
CLAIM TOTAL							600.60
CLAIM ACCOUNT REF.							2157380012008287SUP

PAYER TOTALS: UNITEDHEALTHCARE                      # OF CLAIMS = 9    TOTAL CLAIM AMOUNT = 1,269.84  
# SERVICES = 2

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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
215777	1	T1019	0580	10/27/12	10/27/12	40.00	168.80
215777	2	T1019	0580	10/28/12	10/28/12	40.00	168.80
215777	3	T1019	0580	10/30/12	10/30/12	32.00	135.04
215777	4	T1019	0580	10/31/12	10/31/12	36.00	151.92
215777	5	T1019	0580	11/01/12	11/01/12	32.00	135.04
215777	6	T1019	0580	11/02/12	11/02/12	32.00	135.04
CLAIM TOTAL							894.64

CLAIM ACCOUNT REF. 2157770012008266SUP

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
215780	1	S5130	0582	11/02/12	11/02/12	16.00	67.52
CLAIM TOTAL							67.52

CLAIM ACCOUNT REF. 2157800012009279SUP

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
215775	1	T1019	0580	10/31/12	10/31/12	28.00	118.16
215775	2	T1019	0580	11/01/12	11/01/12	36.00	151.92
215775	3	T1019	0580	11/02/12	11/02/12	28.00	118.16
CLAIM TOTAL							388.24

CLAIM ACCOUNT REF. 2157750012009647SUP

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
215773	1	T1019	0580	10/31/12	10/31/12	24.00	101.28
215773	2	T1019	0580	11/01/12	11/01/12	20.00	84.40
215773	3	T1019	0580	11/02/12	11/02/12	16.00	67.52
CLAIM TOTAL							253.20

CLAIM ACCOUNT REF. 2157730012010724SUP

REPORT DATE 11/07/12                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = AMRGRI                      AMERIGROUP NEW YORK,LLC

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 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
215782	1	T1019	0580	10/20/12	10/20/12	16.00	67.52
215782	2	T1019	0580	10/21/12	10/21/12	16.00	67.52
215782	3	T1019	0580	10/22/12	10/22/12	8.00	33.76
215782	4	T1019	0580	10/23/12	10/23/12	8.00	33.76
215782	5	T1019	0580	10/24/12	10/24/12	8.00	33.76
215782	6	T1019	0580	10/25/12	10/25/12	8.00	33.76
215782	7	T1019	0580	10/26/12	10/26/12	8.00	33.76
215782	8	T1019	0580	10/27/12	10/27/12	16.00	67.52
215782	9	T1019	0580	10/28/12	10/28/12	16.00	67.52
215782	10	T1019	0580	10/29/12	10/29/12	8.00	33.76
215782	11	T1019	0580	10/31/12	10/31/12	8.00	33.76
215782	12	T1019	0580	11/01/12	11/01/12	8.00	33.76
215782	13	T1019	0580	11/02/12	11/02/12	8.00	33.76
CLAIM TOTAL							573.92

CLAIM ACCOUNT REF. 2157820012010728SUP

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
215781	1	T1019	0580	10/20/12	10/20/12	20.00	84.40
215781	2	T1019	0580	10/21/12	10/21/12	20.00	84.40
215781	3	T1019	0580	10/22/12	10/22/12	12.00	50.64
215781	4	T1019	0580	10/23/12	10/23/12	12.00	50.64
215781	5	T1019	0580	10/24/12	10/24/12	12.00	50.64
215781	6	T1019	0580	10/25/12	10/25/12	12.00	50.64
215781	7	T1019	0580	10/26/12	10/26/12	12.00	50.64
215781	8	T1019	0580	10/27/12	10/27/12	20.00	84.40
215781	9	T1019	0580	10/28/12	10/28/12	20.00	84.40
215781	10	T1019	0580	10/29/12	10/29/12	12.00	50.64
215781	11	T1019	0580	10/31/12	10/31/12	12.00	50.64
215781	12	T1019	0580	11/01/12	11/01/12	12.00	50.64
215781	13	T1019	0580	11/02/12	11/02/12	12.00	50.64
CLAIM TOTAL							793.36

CLAIM ACCOUNT REF. 2157810012010729SUP



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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012110706180965RRSUP

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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
215774	1	T1019	0580	11/01/12	11/01/12	16.00	67.52
215774	2	T1019	0580	11/02/12	11/02/12	16.00	67.52
CLAIM TOTAL							135.04

CLAIM ACCOUNT REF. 2157740012010730SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
215778	1	T1019	0580	10/08/12	10/08/12	16.00	67.52
215778	2	T1019	0580	10/11/12	10/11/12	16.00	67.52
215778	3	T1019	0580	10/31/12	10/31/12	16.00	67.52
215778	4	T1019	0580	11/01/12	11/01/12	16.00	67.52
215778	5	T1019	0580	11/02/12	11/02/12	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2157780012010731SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
215779	1	T1019	0580	11/01/12	11/01/12	24.00	101.28
215779	2	T1019	0580	11/02/12	11/02/12	24.00	101.28
CLAIM TOTAL							202.56

CLAIM ACCOUNT REF. 2157790012011238SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
215776	1	T1019	0580	10/15/12	10/15/12	12.00	50.64
215776	2	T1019	0580	10/17/12	10/17/12	12.00	50.64
215776	3	T1019	0580	10/19/12	10/19/12	16.00	67.52
215776	4	T1019	0580	10/22/12	10/22/12	12.00	50.64
215776	5	T1019	0580	10/24/12	10/24/12	12.00	50.64
215776	6	T1019	0580	10/26/12	10/26/12	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2157760012011322SUP

REPORT DATE 11/07/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012110706180965RRSUP

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

PAYER TOTALS:	AMERIGROUP NEW YORK,LLC	# OF CLAIMS =	54	TOTAL CLAIM AMOUNT =	3,983.68
		# SERVICES =	10		

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

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
215785	1	T1019	1C	0570	10/29/12	10/29/12	4.00	63.60
215785	2	T1019	1C	0570	10/30/12	10/30/12	4.00	63.60
215785	3	T1019	1C	0570	10/31/12	10/31/12	4.00	63.60
CLAIM TOTAL								190.80
CLAIM ACCOUNT REF.								2157850012011453SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	3	TOTAL CLAIM AMOUNT =	190.80
		# SERVICES =	1		

REPORT DATE 11/07/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012110706180965RRSUP

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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 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
215783	1	T1019	0580	10/27/12	10/27/12	36.00	151.92
215783	2	T1019	0580	10/28/12	10/28/12	36.00	151.92
215783	3	T1019	0580	11/01/12	11/01/12	36.00	151.92
215783	4	T1019	0580	11/02/12	11/02/12	36.00	151.92
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2157830012010800SUP

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
215784	1	T1019	0580	10/31/12	10/31/12	16.00	67.52
215784	2	T1019	0580	11/01/12	11/01/12	16.00	67.52
215784	3	T1019	0580	11/02/12	11/02/12	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2157840012010804SUP

PAYER TOTALS: HEALTHCARE PARTNERS IPA I                      # OF CLAIMS = 7                      TOTAL CLAIM AMOUNT = 810.24  
# SERVICES = 2

PROVIDER TOTALS: SUNNYSIDE CITYWIDE                      # OF CLAIMS = 527                      TOTAL CLAIM AMOUNT = 60,591.42  
# SERVICES = 104