

REPORT DATE 10/02/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013100202392395RRSUP

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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
260758	1	T1020		09/21/13	09/21/13	11.00	185.57
260758	2	T1020		09/23/13	09/23/13	6.00	101.22
260758	3	T1020		09/25/13	09/25/13	6.00	101.22
260758	4	T1020		09/26/13	09/26/13	6.00	101.22
260758	5	T1020		09/27/13	09/27/13	6.00	101.22
CLAIM TOTAL							590.45

CLAIM ACCOUNT REF. 2607580012008267SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260754	1	T1020		09/21/13	09/21/13	9.00	151.83
260754	2	T1020		09/22/13	09/22/13	9.00	151.83
260754	3	T1020		09/23/13	09/23/13	9.00	151.83
260754	4	T1020		09/24/13	09/24/13	9.00	151.83
260754	5	T1020		09/25/13	09/25/13	9.00	151.83
260754	6	T1020		09/26/13	09/26/13	9.00	151.83
260754	7	T1020		09/27/13	09/27/13	9.00	151.83
CLAIM TOTAL							1,062.81

CLAIM ACCOUNT REF. 2607540012008268SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008306 2008306 GIL, ALICIA M 12/05/1941 741488524 111891265  
DIAGNOSIS CODES: 340. 733.00 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260750	1	T1020		09/21/13	09/21/13	7.00	118.09
260750	2	T1020		09/22/13	09/22/13	7.00	118.09
260750	3	T1020		09/23/13	09/23/13	7.00	118.09
CLAIM TOTAL							354.27

CLAIM ACCOUNT REF. 2607500012008306SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008306 2008306 GIL, ALICIA M 12/05/1941 741488524 111891265  
DIAGNOSIS CODES: 340. 733.00 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260751	1	T1020		09/25/13	09/25/13	7.00	118.09
260751	2	T1020		09/26/13	09/26/13	7.00	118.09
260751	3	T1020		09/27/13	09/27/13	7.00	118.09

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PAYER ID = 11315                      FIDELIS CARE NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
							354.27		2607510012008306SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008386	2008386	BATISTA, JOSE	07/20/1950	741700387	120820411
DIAGNOSIS CODES: 344.1      250.00      401.9      599.0							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
260746	1	T1020		09/21/13	09/21/13	7.00	118.09		
260746	2	T1020		09/22/13	09/22/13	7.00	118.09		
260746	3	T1020		09/23/13	09/23/13	7.00	118.09		
260746	4	T1020		09/24/13	09/24/13	7.00	118.09		
260746	5	T1020		09/25/13	09/25/13	7.00	118.09		
260746	6	T1020		09/26/13	09/26/13	7.00	118.09		
260746	7	T1020		09/27/13	09/27/13	7.00	118.09		
							826.63		2607460012008386SUP

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	CLAIM TOTAL	CLAIM ACCOUNT REF.
260757	1	T1020		09/24/13	09/24/13	8.00	134.96		
260757	2	T1020		09/25/13	09/25/13	9.00	151.83		
260757	3	T1020		09/26/13	09/26/13	5.00	84.35		
260757	4	T1020		09/27/13	09/27/13	8.00	134.96		
							506.10		2607570012008400SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
260752	1	T1020		09/21/13	09/21/13	4.00	67.48		
260752	2	T1020		09/24/13	09/24/13	5.00	84.35		
260752	3	T1020		09/25/13	09/25/13	5.00	84.35		
260752	4	T1020		09/26/13	09/26/13	5.00	84.35		
260752	5	T1020		09/27/13	09/27/13	4.00	67.48		
							388.01		2607520012010712SUP

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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    2010777    2013021    ORTIZ, EDUARDO                      03/20/1938    74192987700                      130932078  
DIAGNOSIS CODES:    715.00    250.00    253.5    733.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260753	1	T1020		09/24/13	09/24/13	7.00	118.09	
260753	2	T1020		09/25/13	09/25/13	7.00	118.09	
260753	3	T1020		09/26/13	09/26/13	7.00	118.09	
260753	4	T1020		09/27/13	09/27/13	7.00	118.09	
CLAIM TOTAL							472.36	CLAIM ACCOUNT REF.    2607530012013021SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2013080    2013080    SALABERRY, ANA                      07/26/1920    74237467100                      130780781  
DIAGNOSIS CODES:    401.9    427.89    536.9    780.93    711.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260756	1	T1020		09/21/13	09/21/13	12.00	202.44	
260756	2	T1020		09/22/13	09/22/13	12.00	202.44	
260756	3	T1020		09/23/13	09/23/13	12.00	202.44	
260756	4	T1020		09/24/13	09/24/13	12.00	202.44	
260756	5	T1020		09/25/13	09/25/13	12.00	202.44	
260756	6	T1020		09/26/13	09/26/13	12.00	202.44	
260756	7	T1020		09/27/13	09/27/13	12.00	202.44	
CLAIM TOTAL							1,417.08	CLAIM ACCOUNT REF.    2607560012013080SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260749	1	T1020		09/21/13	09/21/13	12.00	202.44	
260749	2	T1020		09/22/13	09/22/13	12.00	202.44	
260749	3	T1020		09/23/13	09/23/13	12.00	202.44	
260749	4	T1020		09/24/13	09/24/13	12.00	202.44	
260749	5	T1020		09/25/13	09/25/13	12.00	202.44	
260749	6	T1020		09/26/13	09/26/13	12.00	202.44	
260749	7	T1020		09/27/13	09/27/13	12.00	202.44	
CLAIM TOTAL							1,417.08	CLAIM ACCOUNT REF.    2607490012013422SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260755	1	T1020		09/23/13	09/23/13	7.00	118.09	
260755	2	T1020		09/24/13	09/24/13	7.00	118.09	
260755	3	T1020		09/25/13	09/25/13	7.00	118.09	
260755	4	T1020		09/26/13	09/26/13	7.00	118.09	
260755	5	T1020		09/27/13	09/27/13	7.00	118.09	
					CLAIM TOTAL		590.45	CLAIM ACCOUNT REF. 2607550012013910SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2014032	2014032	CASTILLO, ALTAGRACIA	12/11/1928	742521646	132460849
DIAGNOSIS	CODES:	401.0	285.9	562.00			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
260748	1	T1020		09/24/13	09/24/13	4.00	67.48		
260748	2	T1020		09/25/13	09/25/13	4.00	67.48		
260748	3	T1020		09/26/13	09/26/13	4.00	67.48		
260748	4	T1020		09/27/13	09/27/13	4.00	67.48		
						CLAIM TOTAL	269.92	CLAIM ACCOUNT REF.	2607480012014032SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2014050	2014050	BOYADJIAN, ZAROU	07/08/1933	742505527	132491494
DIAGNOSIS		CODES:	250.00	272.2	401.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
260747	1	T1020		09/21/13	09/21/13	6.00	101.22		
260747	2	T1020		09/23/13	09/23/13	6.00	101.22		
260747	3	T1020		09/24/13	09/24/13	6.00	101.22		
260747	4	T1020		09/25/13	09/25/13	6.00	101.22		
260747	5	T1020		09/26/13	09/26/13	6.00	101.22		
260747	6	T1020		09/27/13	09/27/13	6.00	101.22		
						CLAIM TOTAL	607.32	CLAIM ACCOUNT REF.	2607470012014050SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	67	TOTAL CLAIM AMOUNT =	8,856.75
		# SERVICES =	12		

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008233 2008233 ARIAS, NORA 03/31/1981 RB08739R 0106201390068  
DIAGNOSIS CODES: 356.9 348.2 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260782	1	T1019		09/21/13	09/21/13	4.00	68.60
260782	2	T1019		09/22/13	09/22/13	4.00	68.60
260782	3	T1019		09/23/13	09/23/13	12.00	205.80
260782	4	T1019		09/24/13	09/24/13	12.00	205.80
260782	5	T1019		09/25/13	09/25/13	12.00	205.80
260782	6	T1019		09/26/13	09/26/13	12.00	205.80
260782	7	T1019		09/27/13	09/27/13	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2607820012008233SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260788	1	T1019		09/21/13	09/21/13	8.00	137.20
260788	2	T1019		09/22/13	09/22/13	8.00	137.20
260788	3	T1019		09/23/13	09/23/13	11.00	188.65
260788	4	T1019		09/24/13	09/24/13	11.00	188.65
260788	5	T1019		09/25/13	09/25/13	11.00	188.65
260788	6	T1019		09/26/13	09/26/13	11.00	188.65
260788	7	T1019		09/27/13	09/27/13	11.00	188.65
CLAIM TOTAL						1,217.65	CLAIM ACCOUNT REF. 2607880012008236SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260786	1	T1019		09/23/13	09/23/13	10.00	171.50
260786	2	T1019		09/24/13	09/24/13	10.00	171.50
260786	3	T1019		09/25/13	09/25/13	10.00	171.50
260786	4	T1019		09/26/13	09/26/13	9.00	154.35
260786	5	T1019		09/27/13	09/27/13	9.00	154.35
CLAIM TOTAL						823.20	CLAIM ACCOUNT REF. 2607860012008385SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260789	1	T1019		09/23/13	09/23/13	8.00	137.20	
260789	2	T1019		09/24/13	09/24/13	8.00	137.20	
260789	3	T1019		09/25/13	09/25/13	8.00	137.20	
260789	4	T1019		09/26/13	09/26/13	8.00	137.20	
260789	5	T1019		09/27/13	09/27/13	8.00	137.20	
CLAIM TOTAL							686.00	CLAIM ACCOUNT REF.    2607890012008418SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2009377    2009377    SANTORO, MATTHEW                      08/20/1949    SP38021Q                      0109041390225  
DIAGNOSIS CODES:    299.01        453.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260790	1	T1019		09/23/13	09/23/13	5.00	85.75	
260790	2	T1019		09/24/13	09/24/13	5.00	85.75	
260790	3	T1019		09/25/13	09/25/13	5.00	85.75	
260790	4	T1019		09/26/13	09/26/13	5.00	85.75	
260790	5	T1019		09/27/13	09/27/13	5.00	85.75	
CLAIM TOTAL							428.75	CLAIM ACCOUNT REF.    2607900012009377SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008279    2010213    VALLE, BLASINA                      02/03/1929    QG00558G                      0107111390405  
DIAGNOSIS CODES:    428.0        244.9        272.4        331.0    537.9        746.85

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260792	1	T1019		09/21/13	09/21/13	10.00	171.50	
260792	2	T1019		09/23/13	09/23/13	5.00	85.75	
260792	3	T1019		09/24/13	09/24/13	9.00	154.35	
260792	4	T1019		09/25/13	09/25/13	10.00	171.50	
260792	5	T1019		09/26/13	09/26/13	10.00	171.50	
260792	6	T1019		09/27/13	09/27/13	10.00	171.50	
CLAIM TOTAL							926.10	CLAIM ACCOUNT REF.    2607920012010213SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2010886    2010886    OSORIO, ELVIA                      07/05/1943    SM10426S                      01-081613-904-64  
DIAGNOSIS CODES:    253.5        272.4        354.0        401.9    733.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260787	1	T1019		09/21/13	09/21/13	5.00	85.75	
260787	2	T1019		09/23/13	09/23/13	5.00	85.75	

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260787	3	T1019		09/24/13	09/24/13	5.00	85.75	
260787	4	T1019		09/25/13	09/25/13	5.00	85.75	
260787	5	T1019		09/26/13	09/26/13	5.00	85.75	
260787	6	T1019		09/27/13	09/27/13	5.00	85.75	
					CLAIM TOTAL		514.50	CLAIM ACCOUNT REF. 2607870012010886SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260783	1	T1019		09/21/13	09/21/13	23.00	394.45	
260783	2	T1019		09/22/13	09/22/13	12.00	205.80	
260783	3	T1019		09/23/13	09/23/13	24.00	411.60	
260783	4	T1019		09/24/13	09/24/13	24.00	411.60	
260783	5	T1019		09/25/13	09/25/13	24.00	411.60	
260783	6	T1019		09/26/13	09/26/13	24.00	411.60	
260783	7	T1019		09/27/13	09/27/13	24.00	411.60	
					CLAIM TOTAL		2,658.25	CLAIM ACCOUNT REF. 2607830012011286SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260785	1	T1019		09/15/13	09/15/13	8.00	137.20	
260785	2	T1019		09/17/13	09/17/13	8.00	137.20	
260785	3	T1019		09/18/13	09/18/13	8.00	137.20	
260785	4	T1019		09/19/13	09/19/13	8.00	137.20	
260785	5	T1019		09/20/13	09/20/13	8.00	137.20	
260785	6	T1019		09/21/13	09/21/13	8.00	137.20	
260785	7	T1019		09/22/13	09/22/13	8.00	137.20	
260785	8	T1019		09/24/13	09/24/13	8.00	137.20	
260785	9	T1019		09/25/13	09/25/13	8.00	137.20	
260785	10	T1019		09/26/13	09/26/13	8.00	137.20	
260785	11	T1019		09/27/13	09/27/13	8.00	137.20	
					CLAIM TOTAL		1,509.20	CLAIM ACCOUNT REF. 2607850012013185SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #  
0106281390150

600.25 CLAIM ACCOUNT REF. 2607910012013663SUP

PRIOR AUTHORIZATION #  
0109061390352

120.05 CLAIM ACCOUNT REF. 2607840012014079SUP

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	73	TOTAL CLAIM AMOUNT =	10,650.15
		# SERVICES =	11		



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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                      111771985  
DIAGNOSIS CODES:    250.00    272.4    401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260821	1	T1019		09/21/13	09/21/13	36.00	154.80
260821	2	T1019		09/22/13	09/22/13	36.00	154.80
260821	3	T1019		09/23/13	09/23/13	8.00	34.40
260821	4	T1019		09/24/13	09/24/13	36.00	154.80
260821	5	T1019		09/25/13	09/25/13	36.00	154.80
260821	6	T1019		09/27/13	09/27/13	36.00	154.80
CLAIM TOTAL							808.40
CLAIM ACCOUNT REF.							2608210012008286SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260808	1	T1019		09/23/13	09/23/13	24.00	103.20
260808	2	T1019		09/24/13	09/24/13	24.00	103.20
260808	3	T1019		09/25/13	09/25/13	24.00	103.20
260808	4	T1019		09/26/13	09/26/13	24.00	103.20
260808	5	T1019		09/27/13	09/27/13	24.00	103.20
CLAIM TOTAL							516.00
CLAIM ACCOUNT REF.							2608080012008495SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260794	1	T1019		09/21/13	09/21/13	28.00	120.40
260794	2	T1019		09/22/13	09/22/13	28.00	120.40
260794	3	T1019		09/23/13	09/23/13	28.00	120.40
260794	4	T1019		09/24/13	09/24/13	28.00	120.40
260794	5	T1019		09/25/13	09/25/13	28.00	120.40
260794	6	T1019		09/26/13	09/26/13	28.00	120.40
260794	7	T1019		09/27/13	09/27/13	28.00	120.40
CLAIM TOTAL							842.80
CLAIM ACCOUNT REF.							2607940012012101SUP

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PAYER ID = 14163                      WELLCARE OF NY

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260795	1	T1019		09/23/13	09/23/13	16.00	68.80
260795	2	T1019		09/24/13	09/24/13	16.00	68.80
260795	3	T1019		09/25/13	09/25/13	16.00	68.80
260795	4	T1019		09/26/13	09/26/13	16.00	68.80
260795	5	T1019		09/27/13	09/27/13	16.00	68.80
CLAIM TOTAL							344.00

CLAIM ACCOUNT REF. 2607950012012102SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260796	1	T1019		09/22/13	09/22/13	34.00	146.20
260796	2	T1019		09/24/13	09/24/13	40.00	172.00
260796	3	T1019		09/25/13	09/25/13	40.00	172.00
260796	4	T1019		09/26/13	09/26/13	40.00	172.00
260796	5	T1019		09/27/13	09/27/13	40.00	172.00
CLAIM TOTAL							834.20

CLAIM ACCOUNT REF. 2607960012012104SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012108 2012108 GODINOT, CARMEN 07/16/1939 695752 112161051  
DIAGNOSIS CODES: 369.3 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260800	1	T1019		09/23/13	09/23/13	24.00	103.20
260800	2	T1019		09/24/13	09/24/13	24.00	103.20
260800	3	T1019		09/25/13	09/25/13	24.00	103.20
260800	4	T1019		09/26/13	09/26/13	24.00	103.20
260800	5	T1019		09/27/13	09/27/13	24.00	103.20
CLAIM TOTAL							516.00

CLAIM ACCOUNT REF. 2608000012012108SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260801	1	T1019		09/23/13	09/23/13	28.00	120.40
260801	2	T1019		09/24/13	09/24/13	28.00	120.40
260801	3	T1019		09/25/13	09/25/13	28.00	120.40

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PAYER ID = 14163                      WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260801	4	T1019		09/26/13	09/26/13	28.00	120.40	
260801	5	T1019		09/27/13	09/27/13	28.00	120.40	
					CLAIM TOTAL	602.00		CLAIM ACCOUNT REF. 2608010012012110SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012117	2012117	HAYNES, LAMONT	08/22/1920	695748	112161929
DIAGNOSIS	CODES:	428.0	250.00	401.9	600.91		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260803	1	T1019		09/21/13	09/21/13	20.00	86.00	
260803	2	T1019		09/22/13	09/22/13	20.00	86.00	
260803	3	T1019		09/23/13	09/23/13	16.00	68.80	
260803	4	T1019		09/24/13	09/24/13	16.00	68.80	
260803	5	T1019		09/25/13	09/25/13	16.00	68.80	
260803	6	T1019		09/26/13	09/26/13	16.00	68.80	
260803	7	T1019		09/27/13	09/27/13	16.00	68.80	
					CLAIM TOTAL	516.00		CLAIM ACCOUNT REF. 2608030012012117SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260805	1	T1019		09/23/13	09/23/13	28.00	120.40	
260805	2	T1019		09/24/13	09/24/13	28.00	120.40	
260805	3	T1019		09/25/13	09/25/13	28.00	120.40	
260805	4	T1019		09/26/13	09/26/13	28.00	120.40	
260805	5	T1019		09/27/13	09/27/13	28.00	120.40	
					CLAIM TOTAL	602.00		CLAIM ACCOUNT REF. 2608050012012120SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012121	2012121	MOHAMED, DENISE	06/14/1959	691722	112139533
DIAGNOSIS	CODES:	715.98					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260810	1	T1019		09/21/13	09/21/13	32.00	137.60	
260810	2	T1019		09/22/13	09/22/13	32.00	137.60	
260810	3	T1019		09/23/13	09/23/13	32.00	137.60	
260810	4	T1019		09/24/13	09/24/13	32.00	137.60	
260810	5	T1019		09/25/13	09/25/13	32.00	137.60	
260810	6	T1019		09/26/13	09/26/13	32.00	137.60	
260810	7	T1019		09/27/13	09/27/13	32.00	137.60	
					CLAIM TOTAL	963.20		CLAIM ACCOUNT REF. 2608100012012121SUP

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PAYER ID = 14163                      WELLCARE OF NY

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260811	1	T1019		09/21/13	09/21/13	20.00	86.00
260811	2	T1019		09/22/13	09/22/13	20.00	86.00
260811	3	T1019		09/23/13	09/23/13	20.00	86.00
260811	4	T1019		09/24/13	09/24/13	20.00	86.00
260811	5	T1019		09/25/13	09/25/13	20.00	86.00
260811	6	T1019		09/26/13	09/26/13	20.00	86.00
260811	7	T1019		09/27/13	09/27/13	20.00	86.00
CLAIM TOTAL							602.00

CLAIM ACCOUNT REF. 2608110012012122SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260813	1	T1019		09/26/13	09/26/13	28.00	120.40
260813	2	T1019		09/27/13	09/27/13	28.00	120.40
CLAIM TOTAL							240.80

CLAIM ACCOUNT REF. 2608130012012130SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012131 2012131 ORTIZ, JOSE 04/19/1925 691721 112154359  
DIAGNOSIS CODES: 250.00 401.9 414.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260815	1	T1019		09/23/13	09/23/13	16.00	68.80
260815	2	T1019		09/25/13	09/25/13	16.00	68.80
260815	3	T1019		09/27/13	09/27/13	16.00	68.80
CLAIM TOTAL							206.40

CLAIM ACCOUNT REF. 2608150012012131SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012134 2012134 SERRANO, CARMEN 09/14/1948 695740 112113101  
DIAGNOSIS CODES: 093.89 253.5 311. 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260828	1	T1019		09/23/13	09/23/13	28.00	120.40
260828	2	T1019		09/24/13	09/24/13	28.00	120.40
260828	3	T1019		09/26/13	09/26/13	28.00	120.40
260828	4	T1019		09/27/13	09/27/13	28.00	120.40
CLAIM TOTAL							481.60

CLAIM ACCOUNT REF. 2608280012012134SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012137 2012137 VAZQUEZ 1, ROSA 08/08/1934 695667 112166050  
DIAGNOSIS CODES: 715.90 244.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260831	1	T1019		09/23/13	09/23/13	32.00	137.60	
260831	2	T1019		09/24/13	09/24/13	32.00	137.60	
260831	3	T1019		09/25/13	09/25/13	32.00	137.60	
260831	4	T1019		09/26/13	09/26/13	32.00	137.60	
260831	5	T1019		09/27/13	09/27/13	32.00	137.60	
CLAIM TOTAL							688.00	CLAIM ACCOUNT REF. 2608310012012137SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260832	1	T1019		09/23/13	09/23/13	16.00	68.80	
260832	2	T1019		09/24/13	09/24/13	16.00	68.80	
260832	3	T1019		09/25/13	09/25/13	16.00	68.80	
260832	4	T1019		09/27/13	09/27/13	16.00	68.80	
CLAIM TOTAL							275.20	CLAIM ACCOUNT REF. 2608320012012138SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260816	1	T1019		09/21/13	09/21/13	32.00	137.60	
260816	2	T1019		09/23/13	09/23/13	32.00	137.60	
260816	3	T1019		09/24/13	09/24/13	32.00	137.60	
260816	4	T1019		09/25/13	09/25/13	32.00	137.60	
260816	5	T1019		09/26/13	09/26/13	32.00	137.60	
260816	6	T1019		09/27/13	09/27/13	32.00	137.60	
CLAIM TOTAL							825.60	CLAIM ACCOUNT REF. 2608160012012140SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260827	1	T1019		08/23/13	08/23/13	16.00	68.80	
260827	2	T1019		09/23/13	09/23/13	16.00	68.80	
260827	3	T1019		09/27/13	09/27/13	16.00	68.80	

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PAYER ID = 14163                      WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
							206.40		2608270012012141SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
260809	1	T1019		09/21/13	09/21/13	12.00	51.60		
260809	2	T1019		09/23/13	09/23/13	12.00	51.60		
260809	3	T1019		09/24/13	09/24/13	12.00	51.60		
260809	4	T1019		09/25/13	09/25/13	12.00	51.60		
260809	5	T1019		09/26/13	09/26/13	12.00	51.60		
260809	6	T1019		09/27/13	09/27/13	12.00	51.60		
							309.60		2608090012012142SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012143	2012143	MURPHY, RUBY	04/13/1955	698832	112050114
DIAGNOSIS	CODES:	585.3	311.	401.9	493.90		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
260812	1	T1019		09/23/13	09/23/13	16.00	68.80		
260812	2	T1019		09/24/13	09/24/13	16.00	68.80		
260812	3	T1019		09/25/13	09/25/13	16.00	68.80		
260812	4	T1019		09/26/13	09/26/13	16.00	68.80		
							275.20		2608120012012143SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
260819	1	T1019		09/23/13	09/23/13	20.00	86.00		
260819	2	T1019		09/25/13	09/25/13	20.00	86.00		
260819	3	T1019		09/27/13	09/27/13	20.00	86.00		
							258.00		2608190012012144SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260817	1	T1019		09/23/13	09/23/13	16.00	68.80
260817	2	T1019		09/24/13	09/24/13	16.00	68.80

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PAYER ID = 14163                      WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260817	3	T1019		09/25/13	09/25/13	16.00	68.80	
260817	4	T1019		09/26/13	09/26/13	16.00	68.80	
260817	5	T1019		09/27/13	09/27/13	16.00	68.80	
					CLAIM TOTAL		344.00	CLAIM ACCOUNT REF. 2608170012012145SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260818	1	T1019		09/23/13	09/23/13	16.00	68.80	
260818	2	T1019		09/24/13	09/24/13	16.00	68.80	
260818	3	T1019		09/25/13	09/25/13	16.00	68.80	
260818	4	T1019		09/26/13	09/26/13	16.00	68.80	
260818	5	T1019		09/27/13	09/27/13	16.00	68.80	
					CLAIM TOTAL		344.00	CLAIM ACCOUNT REF. 2608180012012146SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260822	1	T1019		09/23/13	09/23/13	20.00	86.00	
260822	2	T1019		09/24/13	09/24/13	20.00	86.00	
260822	3	T1019		09/25/13	09/25/13	20.00	86.00	
260822	4	T1019		09/26/13	09/26/13	20.00	86.00	
260822	5	T1019		09/27/13	09/27/13	20.00	86.00	
					CLAIM TOTAL		430.00	CLAIM ACCOUNT REF. 2608220012012147SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012149	2012149	REGLA, MARIA F	11/21/1933	691499	112206508
DIAGNOSIS	CODES:	250.00	715.09				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260823	1	T1019		09/21/13	09/21/13	32.00	137.60	
260823	2	T1019		09/23/13	09/23/13	32.00	137.60	
260823	3	T1019		09/24/13	09/24/13	32.00	137.60	
260823	4	T1019		09/25/13	09/25/13	32.00	137.60	
260823	5	T1019		09/26/13	09/26/13	32.00	137.60	
260823	6	T1019		09/27/13	09/27/13	32.00	137.60	
					CLAIM TOTAL		825.60	CLAIM ACCOUNT REF. 2608230012012149SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012155 2012155 SANCHEZ, BETANIA 05/10/1956 706048 111980325  
DIAGNOSIS CODES: 555.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260826	1	T1019		09/21/13	09/21/13	20.00	86.00	
260826	2	T1019		09/22/13	09/22/13	20.00	86.00	
260826	3	T1019		09/23/13	09/23/13	20.00	86.00	
260826	4	T1019		09/24/13	09/24/13	20.00	86.00	
260826	5	T1019		09/26/13	09/26/13	20.00	86.00	
CLAIM TOTAL							430.00	CLAIM ACCOUNT REF. 2608260012012155SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260806	1	T1019		09/21/13	09/21/13	48.00	206.40	
260806	2	T1019		09/22/13	09/22/13	48.00	206.40	
260806	3	T1019		09/23/13	09/23/13	48.00	206.40	
260806	4	T1019		09/24/13	09/24/13	48.00	206.40	
260806	5	T1019		09/25/13	09/25/13	48.00	206.40	
260806	6	T1019		09/26/13	09/26/13	48.00	206.40	
260806	7	T1019		09/27/13	09/27/13	48.00	206.40	
CLAIM TOTAL							1,444.80	CLAIM ACCOUNT REF. 2608060012012158SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260793	1	T1019		09/21/13	09/21/13	20.00	86.00	
260793	2	T1019		09/22/13	09/22/13	20.00	86.00	
260793	3	T1019		09/23/13	09/23/13	20.00	86.00	
260793	4	T1019		09/24/13	09/24/13	20.00	86.00	
260793	5	T1019		09/25/13	09/25/13	20.00	86.00	
260793	6	T1019		09/26/13	09/26/13	20.00	86.00	
260793	7	T1019		09/27/13	09/27/13	20.00	86.00	
CLAIM TOTAL							602.00	CLAIM ACCOUNT REF. 2607930012012161SUP



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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012261 2012261 SILVEIRA, BERTA 06/23/1938 753060 112151886  
DIAGNOSIS CODES: 786.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260829	1	T1019		09/10/13	09/10/13	24.00	103.20
260829	2	T1019		09/11/13	09/11/13	24.00	103.20
260829	3	T1019		09/14/13	09/14/13	24.00	103.20
260829	4	T1019		09/16/13	09/16/13	24.00	103.20
260829	5	T1019		09/17/13	09/17/13	24.00	103.20
260829	6	T1019		09/20/13	09/20/13	24.00	103.20
260829	7	T1019		09/21/13	09/21/13	24.00	103.20
260829	8	T1019		09/23/13	09/23/13	24.00	103.20
260829	9	T1019		09/24/13	09/24/13	24.00	103.20
260829	10	T1019		09/25/13	09/25/13	24.00	103.20
260829	11	T1019		09/26/13	09/26/13	24.00	103.20
260829	12	T1019		09/27/13	09/27/13	24.00	103.20

CLAIM TOTAL 1,238.40 CLAIM ACCOUNT REF. 2608290012012261SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012136 2012266 SOTO, RAFAEL B 03/08/1937 700573 112134327  
DIAGNOSIS CODES: 715.09 250.00 272.2 401.9 428.0 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260830	1	T1019		09/21/13	09/21/13	36.00	154.80
260830	2	T1019		09/22/13	09/22/13	34.00	146.20
260830	3	T1019		09/23/13	09/23/13	36.00	154.80
260830	4	T1019		09/24/13	09/24/13	32.00	137.60
260830	5	T1019		09/25/13	09/25/13	36.00	154.80
260830	6	T1019		09/26/13	09/26/13	36.00	154.80
260830	7	T1019		09/27/13	09/27/13	36.00	154.80

CLAIM TOTAL 1,057.80 CLAIM ACCOUNT REF. 2608300012012266SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260825	1	T1019		09/23/13	09/23/13	20.00	86.00
260825	2	T1019		09/24/13	09/24/13	20.00	86.00
260825	3	T1019		09/25/13	09/25/13	20.00	86.00
260825	4	T1019		09/26/13	09/26/13	20.00	86.00
260825	5	T1019		09/27/13	09/27/13	20.00	86.00

CLAIM TOTAL 430.00 CLAIM ACCOUNT REF. 2608250012012719SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012159 2012948 LOPEZ, VITALIA 08/01/1922 691723 112149058  
DIAGNOSIS CODES: 331.0 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260807	1	T1019		09/11/13	09/11/13	48.00	206.40
260807	2	T1019		09/17/13	09/17/13	48.00	206.40
260807	3	T1019		09/18/13	09/18/13	48.00	206.40
260807	4	T1019		09/21/13	09/21/13	48.00	206.40
260807	5	T1019		09/22/13	09/22/13	48.00	206.40
260807	6	T1019		09/23/13	09/23/13	48.00	206.40
260807	7	T1019		09/24/13	09/24/13	48.00	206.40
260807	8	T1019		09/25/13	09/25/13	48.00	206.40
260807	9	T1019		09/26/13	09/26/13	48.00	206.40
260807	10	T1019		09/27/13	09/27/13	48.00	206.40
CLAIM TOTAL						2,064.00	CLAIM ACCOUNT REF. 2608070012012948SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260799	1	T1019		09/21/13	09/21/13	20.00	86.00
260799	2	T1019		09/22/13	09/22/13	20.00	86.00
260799	3	T1019		09/23/13	09/23/13	20.00	86.00
260799	4	T1019		09/24/13	09/24/13	20.00	86.00
260799	5	T1019		09/25/13	09/25/13	20.00	86.00
260799	6	T1019		09/26/13	09/26/13	20.00	86.00
260799	7	T1019		09/27/13	09/27/13	20.00	86.00
CLAIM TOTAL						602.00	CLAIM ACCOUNT REF. 2607990012012952SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012953 2012953 CHOUDHURY, MEHER A 08/16/1974 762773 112190529  
DIAGNOSIS CODES: 344.00 493.90 742.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260798	1	T1019		09/21/13	09/21/13	84.00	361.20
260798	2	T1019		09/24/13	09/24/13	84.00	361.20
260798	3	T1019		09/25/13	09/25/13	84.00	361.20
260798	4	T1019		09/26/13	09/26/13	84.00	361.20
260798	5	T1019		09/27/13	09/27/13	84.00	361.20
CLAIM TOTAL						1,806.00	CLAIM ACCOUNT REF. 2607980012012953SUP

REPORT DATE 10/02/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = 14163                      WELLCARE OF NY

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260804	1	T1019		09/21/13	09/21/13	20.00	86.00
260804	2	T1019		09/24/13	09/24/13	20.00	86.00
260804	3	T1019		09/26/13	09/26/13	20.00	86.00
260804	4	T1019		09/27/13	09/27/13	20.00	86.00
CLAIM TOTAL							344.00
CLAIM ACCOUNT REF.							2608040012012979SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012984 2012984 YOUNG, MARY 11/04/1926 762776 112084862  
DIAGNOSIS CODES: 342.82 244.9 250.00 272.4 294.10 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260833	1	T1019		09/21/13	09/21/13	32.00	137.60
260833	2	T1019		09/22/13	09/22/13	32.00	137.60
260833	3	T1019		09/23/13	09/23/13	32.00	137.60
260833	4	T1019		09/24/13	09/24/13	32.00	137.60
260833	5	T1019		09/25/13	09/25/13	32.00	137.60
260833	6	T1019		09/26/13	09/26/13	32.00	137.60
260833	7	T1019		09/27/13	09/27/13	32.00	137.60
CLAIM TOTAL							963.20
CLAIM ACCOUNT REF.							2608330012012984SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012152 2013395 REYES, TERESA 03/18/1941 697840 112241220  
DIAGNOSIS CODES: 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260824	1	T1019		09/23/13	09/23/13	32.00	137.60
260824	2	T1019		09/24/13	09/24/13	32.00	137.60
260824	3	T1019		09/25/13	09/25/13	32.00	137.60
260824	4	T1019		09/26/13	09/26/13	32.00	137.60
260824	5	T1019		09/27/13	09/27/13	32.00	137.60
CLAIM TOTAL							688.00
CLAIM ACCOUNT REF.							2608240012013395SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013679 2013679 PRISCO, FILOMENA 09/15/1921 769526 111988449  
DIAGNOSIS CODES: 728.87 250.00 477.9 493.90 782.3 276.8

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260820	1	T1019		09/21/13	09/21/13	16.00	68.80
260820	2	T1019		09/22/13	09/22/13	16.00	68.80

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PAYER ID = 14163                      WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260820	3	T1019		09/23/13	09/23/13	16.00	68.80	
260820	4	T1019		09/24/13	09/24/13	16.00	68.80	
260820	5	T1019		09/25/13	09/25/13	16.00	68.80	
260820	6	T1019		09/26/13	09/26/13	16.00	68.80	
260820	7	T1019		09/27/13	09/27/13	16.00	68.80	
				CLAIM TOTAL			481.60	CLAIM ACCOUNT REF. 2608200012013679SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260814	1	T1019		09/21/13	09/21/13	48.00	206.40	
260814	2	T1019		09/22/13	09/22/13	48.00	206.40	
260814	3	T1019		09/24/13	09/24/13	16.00	68.80	
260814	4	T1019		09/26/13	09/26/13	48.00	206.40	
260814	5	T1019		09/27/13	09/27/13	48.00	206.40	
				CLAIM TOTAL			894.40	CLAIM ACCOUNT REF. 2608140012013774SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260802	1	T1019		08/31/13	08/31/13	28.00	120.40	
				CLAIM TOTAL			120.40	CLAIM ACCOUNT REF. 2608020012013868SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2013987	2013987	CHOUDHURY, DILARA	05/20/1947	774024	112177389
DIAGNOSIS	CODES:	249.00	401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260797	1	T1019		09/21/13	09/21/13	12.00	51.60	
260797	2	T1019		09/24/13	09/24/13	12.00	51.60	
260797	3	T1019		09/25/13	09/25/13	12.00	51.60	
260797	4	T1019		09/26/13	09/26/13	12.00	51.60	
260797	5	T1019		09/27/13	09/27/13	12.00	51.60	
				CLAIM TOTAL			258.00	CLAIM ACCOUNT REF. 2607970012013987SUP

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

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	224	TOTAL CLAIM AMOUNT =	26,281.60
		# SERVICES =	41		

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008276 2008491 LOYOLA, MARIA 06/11/1981 JZR32498A01 0005044162  
DIAGNOSIS CODES: 952.9 806.8 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260779	1	T1019	0580	09/23/13	09/23/13	24.00	101.28
260779	2	T1019	0580	09/24/13	09/24/13	24.00	101.28
260779	3	T1019	0580	09/25/13	09/25/13	24.00	101.28
260779	4	T1019	0580	09/26/13	09/26/13	24.00	101.28
CLAIM TOTAL							405.12
CLAIM ACCOUNT REF.							2607790012008491SUP

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
260781	1	T1019	0580	09/23/13	09/23/13	16.00	67.52
260781	2	T1019	0580	09/24/13	09/24/13	16.00	67.52
260781	3	T1019	0580	09/25/13	09/25/13	16.00	67.52
260781	4	T1019	0580	09/26/13	09/26/13	16.00	67.52
260781	5	T1019	0580	09/27/13	09/27/13	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2607810012008513SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008193 2008723 REYNOLDS, HARRIET 07/01/1958 SR66809C 0003855084-008  
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
260775	1	T1019	0580	09/24/13	09/24/13	16.00	67.52
260775	2	T1019	0580	09/26/13	09/26/13	16.00	67.52
260775	3	T1019	0580	09/27/13	09/27/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2607750012008723SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008793 2008793 COPE, WILLIE 02/17/1928 XR98607Q 0004050353006  
DIAGNOSIS CODES: 331.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260766	1	T1019	0580	09/21/13	09/21/13	48.00	202.56
260766	2	T1019	0580	09/22/13	09/22/13	48.00	202.56
260766	3	T1019	0580	09/23/13	09/23/13	48.00	202.56
260766	4	T1019	0580	09/24/13	09/24/13	48.00	202.56
260766	5	T1019	0580	09/25/13	09/25/13	48.00	202.56
260766	6	T1019	0580	09/26/13	09/26/13	48.00	202.56

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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
260766	7	T1019	0580	09/27/13	09/27/13	48.00	202.56
CLAIM TOTAL							1,417.92
CLAIM ACCOUNT REF.							2607660012008793SUP

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
260776	1	T1019	0580	09/21/13	09/21/13	40.00	168.80
260776	2	T1019	0580	09/22/13	09/22/13	32.00	135.04
260776	3	T1019	0580	09/24/13	09/24/13	32.00	135.04
260776	4	T1019	0580	09/25/13	09/25/13	31.00	130.82
260776	5	T1019	0580	09/26/13	09/26/13	32.00	135.04
260776	6	T1019	0580	09/27/13	09/27/13	32.00	135.04
CLAIM TOTAL							839.78
CLAIM ACCOUNT REF.							2607760012009237SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008223	2009269	SHAH, HANSIKABEN	09/28/1948	UR74418G	0005080096
DIAGNOSIS		CODES:	401.9	296.20	733.00	V61.9	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260780	1	T1019	0580	09/27/13	09/27/13	20.00	84.40
CLAIM TOTAL							84.40
CLAIM ACCOUNT REF.							2607800012009269SUP

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
260777	1	T1019	0580	09/21/13	09/21/13	16.00	67.52
260777	2	T1019	0580	09/22/13	09/22/13	20.00	84.40
260777	3	T1019	0580	09/23/13	09/23/13	20.00	84.40
260777	4	T1019	0580	09/24/13	09/24/13	20.00	84.40
260777	5	T1019	0580	09/25/13	09/25/13	20.00	84.40
260777	6	T1019	0580	09/26/13	09/26/13	20.00	84.40
260777	7	T1019	0580	09/27/13	09/27/13	20.00	84.40
CLAIM TOTAL							573.92
CLAIM ACCOUNT REF.							2607770012009406SUP

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PAYER       ID = 55247                      HEALTH INSURANCE PLAN

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260778	1	T1019	0580	09/26/13	09/26/13	40.00	168.80
CLAIM TOTAL							168.80
CLAIM ACCOUNT REF.							2607780012009562SUP

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
260769	1	T1019	0580	09/23/13	09/23/13	16.00	67.52
260769	2	T1019	0580	09/24/13	09/24/13	16.00	67.52
260769	3	T1019	0580	09/25/13	09/25/13	16.00	67.52
260769	4	T1019	0580	09/26/13	09/26/13	16.00	67.52
260769	5	T1019	0580	09/27/13	09/27/13	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2607690012009686SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2009945    2009945    JACKSON, FRANCES    03/12/1934    12030545001                      0004676295009  
DIAGNOSIS CODES:    332.0       250.00       401.9       722.10       785.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260771	1	T1019	0580	09/21/13	09/21/13	28.00	118.16
CLAIM TOTAL							118.16
CLAIM ACCOUNT REF.							2607710012009945SUP

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
260770	1	T1019	0580	09/21/13	09/21/13	36.00	151.92
260770	2	T1019	0580	09/22/13	09/22/13	36.00	151.92
260770	3	T1019	0580	09/23/13	09/23/13	36.00	151.92
260770	4	T1019	0580	09/24/13	09/24/13	36.00	151.92
260770	5	T1019	0580	09/25/13	09/25/13	36.00	151.92
260770	6	T1019	0580	09/26/13	09/26/13	36.00	151.92
260770	7	T1019	0580	09/27/13	09/27/13	36.00	151.92
CLAIM TOTAL							1,063.44
CLAIM ACCOUNT REF.							2607700012010991SUP



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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260767	1	G0156	0572	09/21/13	09/21/13	12.00	171.00
260767	2	G0156	0572	09/22/13	09/22/13	12.00	171.00
260767	3	G0156	0572	09/23/13	09/23/13	9.00	128.25
260767	4	G0156	0572	09/24/13	09/24/13	9.00	128.25
260767	5	G0156	0572	09/25/13	09/25/13	9.00	128.25
260767	6	G0156	0572	09/26/13	09/26/13	9.00	128.25
260767	7	G0156	0572	09/27/13	09/27/13	9.00	128.25
CLAIM TOTAL							983.25
CLAIM ACCOUNT REF.							2607670012011066SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260768	1	T1019	0580	09/21/13	09/21/13	48.00	202.56
260768	2	T1019	0580	09/22/13	09/22/13	48.00	202.56
260768	3	T1019	0580	09/23/13	09/23/13	48.00	202.56
260768	4	T1019	0580	09/24/13	09/24/13	48.00	202.56
260768	5	T1019	0580	09/25/13	09/25/13	48.00	202.56
260768	6	T1019	0580	09/26/13	09/26/13	48.00	202.56
260768	7	T1019	0580	09/27/13	09/27/13	48.00	202.56
CLAIM TOTAL							1,417.92
CLAIM ACCOUNT REF.							2607680012011526SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260772	1	T1019	0580	09/21/13	09/21/13	24.00	101.28
260772	2	T1019	0580	09/22/13	09/22/13	24.00	101.28
260772	3	T1019	0580	09/23/13	09/23/13	24.00	101.28
260772	4	T1019	0580	09/24/13	09/24/13	24.00	101.28
260772	5	T1019	0580	09/25/13	09/25/13	16.00	67.52
260772	6	T1019	0580	09/26/13	09/26/13	24.00	101.28
260772	7	T1019	0580	09/27/13	09/27/13	24.00	101.28
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2607720012012541SUP

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PRIOR AUTHORIZATION #  
0006313393

CLAIM ACCOUNT REF. 2607730012013402SUP

PRIOR AUTHORIZATION #  
0006600227

CLAIM ACCOUNT REF. 2607740012013811SUP

8.912.63

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PAYER ID = 80141                      HEALTHFIRST PHSP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260850	1	T1019		09/23/13	09/23/13	44.00	156.64	
260850	2	T1019		09/24/13	09/24/13	28.00	99.68	
260850	3	T1019		09/25/13	09/25/13	28.00	99.68	
260850	4	T1019		09/26/13	09/26/13	28.00	99.68	
260850	5	T1019		09/27/13	09/27/13	36.00	128.16	
						CLAIM TOTAL	583.84	CLAIM ACCOUNT REF. 2608500012003583SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260877	1	T1019		09/23/13	09/23/13	16.00	56.96	
260877	2	T1019		09/24/13	09/24/13	16.00	56.96	
260877	3	T1019		09/25/13	09/25/13	16.00	56.96	
						CLAIM TOTAL	170.88	CLAIM ACCOUNT REF. 2608770012003639SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260878	1	S5130		09/23/13	09/23/13	16.00	56.96	
						CLAIM TOTAL	56.96	CLAIM ACCOUNT REF. 2608780012004798SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260872	1	T1019		09/24/13	09/24/13	16.00	56.96	
260872	2	T1019		09/26/13	09/26/13	16.00	56.96	
						CLAIM TOTAL	113.92	CLAIM ACCOUNT REF. 2608720012005079SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260858	1	T1019		09/21/13	09/21/13	48.00	170.88
260858	2	T1019		09/22/13	09/22/13	48.00	170.88
260858	3	T1019		09/23/13	09/23/13	48.00	170.88
260858	4	T1019		09/24/13	09/24/13	48.00	170.88
260858	5	T1019		09/25/13	09/25/13	48.00	170.88
260858	6	T1019		09/26/13	09/26/13	48.00	170.88
260858	7	T1019		09/27/13	09/27/13	48.00	170.88
CLAIM TOTAL						1,196.16	CLAIM ACCOUNT REF. 2608580012006762SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2006897 2006897 ALVAREZ, ANGELA 05/20/1942 ZU47022Y R2474296  
DIAGNOSIS CODES: 311. 401.9 462. 715.00 780.96

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260834	1	S5130		09/27/13	09/27/13	16.00	56.96
CLAIM TOTAL						56.96	CLAIM ACCOUNT REF. 2608340012006897SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260871	1	T1019		09/21/13	09/21/13	16.00	56.96
260871	2	T1019		09/22/13	09/22/13	16.00	56.96
260871	3	T1019		09/23/13	09/23/13	32.00	113.92
260871	4	T1019		09/24/13	09/24/13	32.00	113.92
260871	5	T1019		09/25/13	09/25/13	32.00	113.92
260871	6	T1019		09/26/13	09/26/13	32.00	113.92
260871	7	T1019		09/27/13	09/27/13	32.00	113.92
CLAIM TOTAL						683.52	CLAIM ACCOUNT REF. 2608710012007165SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260847	1	S5125		09/21/13	09/21/13	16.00	56.96
260847	2	S5125		09/22/13	09/22/13	16.00	56.96
260847	3	S5125		09/23/13	09/23/13	20.00	71.20

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PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260847	4	S5125		09/24/13	09/24/13	20.00	71.20
260847	5	S5125		09/25/13	09/25/13	20.00	71.20
260847	6	S5125		09/26/13	09/26/13	20.00	71.20
260847	7	S5125		09/27/13	09/27/13	20.00	71.20
CLAIM TOTAL							469.92

CLAIM ACCOUNT REF. 2608470012007478SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260848	1	S5125		09/21/13	09/21/13	80.00	284.80
260848	2	S5125		09/22/13	09/22/13	80.00	284.80
260848	3	S5125		09/23/13	09/23/13	76.00	270.56
260848	4	S5125		09/24/13	09/24/13	76.00	270.56
260848	5	S5125		09/25/13	09/25/13	76.00	270.56
260848	6	S5125		09/26/13	09/26/13	76.00	270.56
260848	7	S5125		09/27/13	09/27/13	76.00	270.56
CLAIM TOTAL							1,922.40

CLAIM ACCOUNT REF. 2608480012007590SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260728	1	T1019		09/21/13	09/21/13	12.00	50.64
260728	2	T1019		09/22/13	09/22/13	12.00	50.64
260728	3	T1019		09/23/13	09/23/13	12.00	50.64
260728	4	T1019		09/24/13	09/24/13	12.00	50.64
260728	5	T1019		09/25/13	09/25/13	12.00	50.64
260728	6	T1019		09/26/13	09/26/13	12.00	50.64
260728	7	T1019		09/27/13	09/27/13	12.00	50.64
CLAIM TOTAL							354.48

CLAIM ACCOUNT REF. 2607280012008246SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260729	1	T1019		09/23/13	09/23/13	12.00	50.64
260729	2	T1019		09/24/13	09/24/13	12.00	50.64
260729	3	T1019		09/25/13	09/25/13	12.00	50.64
260729	4	T1019		09/26/13	09/26/13	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	CLAIM TOTAL	CLAIM ACCOUNT REF.
202.56									2607290012008248SUP

  

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008249	2008249	LOPEZ-RAMIREZ, CARLOTA	01/20/1936	QR43529V	0105101301235

DIAGNOSIS CODES: 714.0    272.4    401.9    536.9    586.    733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT			
260721	1	T1019		09/11/13	09/11/13	44.00	185.68			
260721	2	T1019		09/12/13	09/12/13	44.00	185.68			
260721	3	T1019		09/13/13	09/13/13	44.00	185.68			
260721	4	T1019		09/14/13	09/14/13	44.00	185.68			
260721	5	T1019		09/15/13	09/15/13	44.00	185.68			
260721	6	T1019		09/16/13	09/16/13	44.00	185.68			
260721	7	T1019		09/17/13	09/17/13	44.00	185.68			
260721	8	T1019		09/18/13	09/18/13	44.00	185.68			
260721	9	T1019		09/19/13	09/19/13	44.00	185.68			
260721	10	T1019		09/20/13	09/20/13	44.00	185.68			
260721	11	T1019		09/21/13	09/21/13	44.00	185.68			
260721	12	T1019		09/23/13	09/23/13	44.00	185.68			
260721	13	T1019		09/24/13	09/24/13	44.00	185.68			
260721	14	T1019		09/25/13	09/25/13	44.00	185.68			
260721	15	T1019		09/26/13	09/26/13	44.00	185.68			
260721	16	T1019		09/27/13	09/27/13	44.00	185.68			
								CLAIM TOTAL	2,970.88	CLAIM ACCOUNT REF. 2607210012008249SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008250	2008250	SALAZAR, LUZ MARIA	02/19/1970	SC60317K	R2270854

DIAGNOSIS CODES: 952.9    564.81    596.54    806.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT			
260734	1	T1019		09/21/13	09/21/13	32.00	135.04			
260734	2	T1019		09/22/13	09/22/13	32.00	135.04			
260734	3	T1019		09/23/13	09/23/13	32.00	135.04			
260734	4	T1019		09/24/13	09/24/13	32.00	135.04			
260734	5	T1019		09/25/13	09/25/13	32.00	135.04			
260734	6	T1019		09/26/13	09/26/13	32.00	135.04			
260734	7	T1019		09/27/13	09/27/13	32.00	135.04			
								CLAIM TOTAL	945.28	CLAIM ACCOUNT REF. 2607340012008250SUP

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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 2008251 2008251 CEBALLOS, ANA 12/31/1919 UH02585Q R2388879  
DIAGNOSIS CODES: 294.10 244.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260704	1	T1019		09/21/13	09/21/13	32.00	135.04
260704	2	T1019		09/23/13	09/23/13	32.00	135.04
260704	3	T1019		09/24/13	09/24/13	32.00	135.04
260704	4	T1019		09/25/13	09/25/13	32.00	135.04
260704	5	T1019		09/26/13	09/26/13	32.00	135.04
260704	6	T1019		09/27/13	09/27/13	32.00	135.04
CLAIM TOTAL						810.24	CLAIM ACCOUNT REF. 2607040012008251SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260722	1	T1019		09/22/13	09/22/13	48.00	202.56
260722	2	T1019		09/24/13	09/24/13	48.00	202.56
260722	3	T1019		09/25/13	09/25/13	48.00	202.56
260722	4	T1019		09/26/13	09/26/13	48.00	202.56
260722	5	T1019		09/27/13	09/27/13	48.00	202.56
CLAIM TOTAL						1,012.80	CLAIM ACCOUNT REF. 2607220012008253SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260737	1	T1019		09/23/13	09/23/13	32.00	135.04
260737	2	T1019		09/24/13	09/24/13	32.00	135.04
260737	3	T1019		09/25/13	09/25/13	32.00	135.04
260737	4	T1019		09/26/13	09/26/13	32.00	135.04
260737	5	T1019		09/27/13	09/27/13	32.00	135.04
CLAIM TOTAL						675.20	CLAIM ACCOUNT REF. 2607370012008254SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260702	1	T1019		09/23/13	09/23/13	32.00	135.04
260702	2	T1019		09/24/13	09/24/13	32.00	135.04

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260702	3	T1019		09/25/13	09/25/13	32.00	135.04	
260702	4	T1019		09/26/13	09/26/13	32.00	135.04	
260702	5	T1019		09/27/13	09/27/13	32.00	135.04	
				CLAIM TOTAL			675.20	CLAIM ACCOUNT REF. 2607020012008256SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260735	1	T1019		09/02/13	09/02/13	32.00	135.04	
260735	2	T1019		09/03/13	09/03/13	32.00	135.04	
260735	3	T1019		09/04/13	09/04/13	32.00	135.04	
260735	4	T1019		09/23/13	09/23/13	32.00	135.04	
260735	5	T1019		09/24/13	09/24/13	32.00	135.04	
260735	6	T1019		09/25/13	09/25/13	32.00	135.04	
260735	7	T1019		09/26/13	09/26/13	32.00	135.04	
260735	8	T1019		09/27/13	09/27/13	32.00	135.04	
				CLAIM TOTAL			1,080.32	CLAIM ACCOUNT REF. 2607350012008290SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008368	2008368	RODRIGUEZ, MARGARET	06/25/1950	ZP21043J	R2259936
DIAGNOSIS	CODES:	295.90	250.00	272.4	311.401.9	414.3	733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260733	1	T1019		09/23/13	09/23/13	16.00	67.52	
260733	2	T1019		09/24/13	09/24/13	16.00	67.52	
260733	3	T1019		09/25/13	09/25/13	16.00	67.52	
260733	4	T1019		09/26/13	09/26/13	16.00	67.52	
260733	5	T1019		09/27/13	09/27/13	16.00	67.52	
				CLAIM TOTAL			337.60	CLAIM ACCOUNT REF. 2607330012008368SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008411	2008411	FRANCISCO, RICHARD	07/10/1968	XR22414G	R2421729
DIAGNOSIS	CODES:	401.9	443.9				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260713	1	T1019		09/21/13	09/21/13	32.00	135.04	
260713	2	T1019		09/22/13	09/22/13	32.00	135.04	
260713	3	T1019		09/23/13	09/23/13	32.00	135.04	
260713	4	T1019		09/24/13	09/24/13	32.00	135.04	
260713	5	T1019		09/25/13	09/25/13	32.00	135.04	
260713	6	T1019		09/26/13	09/26/13	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	
260713	7	T1019		09/27/13	09/27/13	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2607130012008411SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260699	1	T1019		09/21/13	09/21/13	32.00	135.04	
260699	2	T1019		09/22/13	09/22/13	32.00	135.04	
260699	3	T1019		09/23/13	09/23/13	32.00	135.04	
260699	4	T1019		09/24/13	09/24/13	32.00	135.04	
260699	5	T1019		09/25/13	09/25/13	32.00	135.04	
260699	6	T1019		09/26/13	09/26/13	32.00	135.04	
260699	7	T1019		09/27/13	09/27/13	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2606990012008433SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260698	1	T1019		09/21/13	09/21/13	12.00	50.64	
260698	2	T1019		09/23/13	09/23/13	20.00	84.40	
260698	3	T1019		09/24/13	09/24/13	20.00	84.40	
260698	4	T1019		09/25/13	09/25/13	20.00	84.40	
260698	5	T1019		09/26/13	09/26/13	20.00	84.40	
260698	6	T1019		09/27/13	09/27/13	20.00	84.40	
					CLAIM TOTAL		472.64	CLAIM ACCOUNT REF. 2606980012008487SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260739	1	T1019		09/23/13	09/23/13	48.00	202.56	
260739	2	T1019		09/24/13	09/24/13	48.00	202.56	
260739	3	T1019		09/25/13	09/25/13	48.00	202.56	
260739	4	T1019		09/26/13	09/26/13	48.00	202.56	
					CLAIM TOTAL		810.24	CLAIM ACCOUNT REF. 2607390012008558SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008571 2008571 ESPAILLAT, AMPARO 12/25/1949 ZG25447P R2194279  
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
260709	1	T1019		09/21/13	09/21/13	16.00	67.52
260709	2	T1019		09/22/13	09/22/13	16.00	67.52
260709	3	T1019		09/23/13	09/23/13	24.00	101.28
260709	4	T1019		09/24/13	09/24/13	24.00	101.28
260709	5	T1019		09/25/13	09/25/13	24.00	101.28
260709	6	T1019		09/26/13	09/26/13	24.00	101.28
CLAIM TOTAL							540.16
CLAIM ACCOUNT REF.							2607090012008571SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008571 2008571 ESPAILLAT, AMPARO 12/25/1949 ZG25447P R2464534  
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
260710	1	T1019		09/27/13	09/27/13	24.00	101.28
CLAIM TOTAL							101.28
CLAIM ACCOUNT REF.							2607100012008571SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008745 2008745 TORRESCAMPOS, JOVITA 02/15/1939 SK28000U R2430244  
DIAGNOSIS CODES: 463. 272.2 401.9 462. V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260876	1	T1019		09/23/13	09/23/13	32.00	113.92
260876	2	T1019		09/24/13	09/24/13	32.00	113.92
260876	3	T1019		09/25/13	09/25/13	32.00	113.92
260876	4	T1019		09/26/13	09/26/13	32.00	113.92
260876	5	T1019		09/27/13	09/27/13	32.00	113.92
CLAIM TOTAL							569.60
CLAIM ACCOUNT REF.							2608760012008745SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008919 2008919 COLON, RAYMUNDA 07/01/1939 ZQ72180D R2394992  
DIAGNOSIS CODES: 253.5 272.4 401.9 447.6

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260838	1	T1019		09/22/13	09/22/13	28.00	99.68
260838	2	T1019		09/23/13	09/23/13	28.00	99.68
260838	3	T1019		09/24/13	09/24/13	28.00	99.68
260838	4	T1019		09/25/13	09/25/13	28.00	99.68
260838	5	T1019		09/26/13	09/26/13	12.00	42.72
CLAIM TOTAL							441.44
CLAIM ACCOUNT REF.							2608380012008919SUP

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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 2008271 2009270 CARRION, MARIA 06/30/1928 SC64434E 0104091302208  
DIAGNOSIS CODES: 250.00 294.10 401.9 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260703	1	T1019		09/21/13	09/21/13	32.00	135.04
260703	2	T1019		09/23/13	09/23/13	32.00	135.04
260703	3	T1019		09/24/13	09/24/13	32.00	135.04
260703	4	T1019		09/25/13	09/25/13	32.00	135.04
260703	5	T1019		09/26/13	09/26/13	32.00	135.04
260703	6	T1019		09/27/13	09/27/13	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2607030012009270SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009442 2009442 GHILIOTTY, FLORENTINA 07/18/1927 ZN29900K R2300287  
DIAGNOSIS CODES: 427.9 250.00 272.0 366.00 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260845	1	T1019		09/20/13	09/20/13	20.00	71.20
260845	2	T1019		09/21/13	09/21/13	20.00	71.20
260845	3	T1019		09/22/13	09/22/13	20.00	71.20
260845	4	T1019		09/23/13	09/23/13	20.00	71.20
260845	5	T1019		09/24/13	09/24/13	20.00	71.20
260845	6	T1019		09/25/13	09/25/13	20.00	71.20
260845	7	T1019		09/26/13	09/26/13	20.00	71.20
260845	8	T1019		09/27/13	09/27/13	20.00	71.20
CLAIM TOTAL							569.60
CLAIM ACCOUNT REF.							2608450012009442SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260700	1	T1019		09/21/13	09/21/13	24.00	101.28
260700	2	T1019		09/22/13	09/22/13	24.00	101.28
260700	3	T1019		09/23/13	09/23/13	24.00	101.28
260700	4	T1019		09/24/13	09/24/13	24.00	101.28
260700	5	T1019		09/25/13	09/25/13	24.00	101.28
260700	6	T1019		09/26/13	09/26/13	24.00	101.28
260700	7	T1019		09/27/13	09/27/13	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2607000012009560SUP

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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 2010009 2010009 VEGA, GLORIA 07/06/1955 ZU45073J 0108211301415  
DIAGNOSIS CODES: 340. 250.00 272.2 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260744	1	T1019		09/23/13	09/23/13	32.00	135.04	
260744	2	T1019		09/24/13	09/24/13	32.00	135.04	
260744	3	T1019		09/25/13	09/25/13	32.00	135.04	
260744	4	T1019		09/26/13	09/26/13	32.00	135.04	
260744	5	T1019		09/27/13	09/27/13	32.00	135.04	
CLAIM TOTAL							675.20	CLAIM ACCOUNT REF. 2607440012010009SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010758 2010758 VASQUEZ, OLGA 11/20/1948 WU00136E 0112171202767  
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	
260743	1	T1019		09/21/13	09/21/13	20.00	84.40	
260743	2	T1019		09/22/13	09/22/13	20.00	84.40	
260743	3	T1019		09/26/13	09/26/13	20.00	84.40	
260743	4	T1019		09/27/13	09/27/13	20.00	84.40	
CLAIM TOTAL							337.60	CLAIM ACCOUNT REF. 2607430012010758SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008813 2010967 LARA, TOMASA 10/11/1931 SX47950B R2366558  
DIAGNOSIS CODES: 401.9 244.9 272.4 715.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260719	1	T1019		09/23/13	09/23/13	32.00	135.04	
260719	2	T1019		09/24/13	09/24/13	32.00	135.04	
260719	3	T1019		09/25/13	09/25/13	32.00	135.04	
260719	4	T1019		09/26/13	09/26/13	32.00	135.04	
260719	5	T1019		09/27/13	09/27/13	32.00	135.04	
CLAIM TOTAL							675.20	CLAIM ACCOUNT REF. 2607190012010967SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260701	1	T1019		09/23/13	09/23/13	40.00	168.80	
260701	2	T1019		09/24/13	09/24/13	40.00	168.80	
260701	3	T1019		09/25/13	09/25/13	40.00	168.80	
260701	4	T1019		09/26/13	09/26/13	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	
260701	5	T1019		09/27/13	09/27/13	40.00	168.80	
					CLAIM TOTAL		844.00	CLAIM ACCOUNT REF. 2607010012011528SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011790	2011790	SALICRUP, CARMEN	08/27/1933	UM62649X	R2421671
DIAGNOSIS CODES: 250.93 272.4							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260869	1	T1019		09/23/13	09/23/13	16.00	56.96	
260869	2	T1019		09/25/13	09/25/13	16.00	56.96	
260869	3	T1019		09/27/13	09/27/13	16.00	56.96	
					CLAIM TOTAL		170.88	CLAIM ACCOUNT REF. 2608690012011790SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260861	1	T1019		09/23/13	09/23/13	32.00	113.92	
260861	2	T1019		09/24/13	09/24/13	32.00	113.92	
260861	3	T1019		09/25/13	09/25/13	32.00	113.92	
260861	4	T1019		09/26/13	09/26/13	32.00	113.92	
260861	5	T1019		09/27/13	09/27/13	32.00	113.92	
					CLAIM TOTAL		569.60	CLAIM ACCOUNT REF. 2608610012011791SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011792	2011792	RIVERA, BRIGIDA	02/01/1926	ZT21439N	0107011302907
DIAGNOSIS CODES: 401.9 272.4 311. 733.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260864	1	T1019		09/21/13	09/21/13	16.00	56.96	
260864	2	T1019		09/22/13	09/22/13	16.00	56.96	
260864	3	T1019		09/24/13	09/24/13	32.00	113.92	
260864	4	T1019		09/26/13	09/26/13	36.00	128.16	
260864	5	T1019		09/27/13	09/27/13	32.00	113.92	
					CLAIM TOTAL		469.92	CLAIM ACCOUNT REF. 2608640012011792SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011794	2011794	RUIZ, MIRTA	08/16/1949	ZS10861D	0105211302709
DIAGNOSIS CODES: 250.02 311. 401.9 436.							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260868	1	T1019		09/24/13	09/24/13	36.00	128.16

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PAYER       ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260868	2	T1019		09/25/13	09/25/13	36.00	128.16
260868	3	T1019		09/26/13	09/26/13	36.00	128.16
CLAIM TOTAL							384.48

CLAIM ACCOUNT REF.    2608680012011794SUP

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

DIAGNOSIS CODES:    715.90    295.70

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260866	1	T1019		09/23/13	09/23/13	32.00	113.92
260866	2	T1019		09/24/13	09/24/13	28.00	99.68
260866	3	T1019		09/25/13	09/25/13	20.00	71.20
CLAIM TOTAL							284.80

CLAIM ACCOUNT REF.    2608660012011796SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008405	2011820	ST ROMAINE, CLAUDE	10/01/1956	UZ14868C	R2374924

DIAGNOSIS CODES:    952.9    344.9    596.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260738	1	T1019		09/21/13	09/21/13	32.00	135.04
260738	2	T1019		09/22/13	09/22/13	32.00	135.04
260738	3	T1019		09/23/13	09/23/13	40.00	168.80
260738	4	T1019		09/24/13	09/24/13	40.00	168.80
260738	5	T1019		09/25/13	09/25/13	40.00	168.80
260738	6	T1019		09/26/13	09/26/13	40.00	168.80
260738	7	T1019		09/27/13	09/27/13	40.00	168.80
CLAIM TOTAL							1,114.08

CLAIM ACCOUNT REF.    2607380012011820SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011867	2011867	GOODWIN, CLYDE	09/20/1925	RF40230A	R2345549

DIAGNOSIS CODES:    362.50    272.4    401.9    733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260846	1	T1019		09/20/13	09/20/13	40.00	142.40
260846	2	T1019		09/21/13	09/21/13	40.00	142.40
260846	3	T1019		09/22/13	09/22/13	40.00	142.40
260846	4	T1019		09/23/13	09/23/13	40.00	142.40
260846	5	T1019		09/24/13	09/24/13	40.00	142.40
260846	6	T1019		09/25/13	09/25/13	40.00	142.40
260846	7	T1019		09/26/13	09/26/13	40.00	142.40
260846	8	T1019		09/27/13	09/27/13	40.00	142.40
CLAIM TOTAL							1,139.20

CLAIM ACCOUNT REF.    2608460012011867SUP

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PAYER       ID = 80141                      HEALTHFIRST PHSP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260840	1	T1019		09/24/13	09/24/13	16.00	56.96	
260840	2	T1019		09/25/13	09/25/13	16.00	56.96	
260840	3	T1019		09/26/13	09/26/13	16.00	56.96	
260840	4	T1019		09/27/13	09/27/13	16.00	56.96	
CLAIM TOTAL							227.84	CLAIM ACCOUNT REF.    2608400012011868SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260870	1	T1019		09/23/13	09/23/13	32.00	113.92	
260870	2	T1019		09/24/13	09/24/13	32.00	113.92	
260870	3	T1019		09/25/13	09/25/13	32.00	113.92	
260870	4	T1019		09/26/13	09/26/13	32.00	113.92	
260870	5	T1019		09/27/13	09/27/13	32.00	113.92	
CLAIM TOTAL							569.60	CLAIM ACCOUNT REF.    2608700012011884SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2011885    2011885    TORRES, JOSE                      06/23/1938    WB42614P                      R2440069  
DIAGNOSIS CODES:    493.91        401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260875	1	T1019		09/23/13	09/23/13	16.00	56.96	
260875	2	T1019		09/24/13	09/24/13	16.00	56.96	
260875	3	T1019		09/25/13	09/25/13	16.00	56.96	
260875	4	T1019		09/26/13	09/26/13	16.00	56.96	
260875	5	T1019		09/27/13	09/27/13	16.00	56.96	
CLAIM TOTAL							284.80	CLAIM ACCOUNT REF.    2608750012011885SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260857	1	T1019		09/21/13	09/21/13	24.00	85.44	
260857	2	T1019		09/22/13	09/22/13	24.00	85.44	
260857	3	T1019		09/23/13	09/23/13	24.00	85.44	
260857	4	T1019		09/24/13	09/24/13	20.00	71.20	

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PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260857	5	T1019		09/25/13	09/25/13	24.00	85.44	
260857	6	T1019		09/26/13	09/26/13	20.00	71.20	
260857	7	T1019		09/27/13	09/27/13	24.00	85.44	
					CLAIM TOTAL		569.60	CLAIM ACCOUNT REF. 2608570012011886SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260867	1	T1019		09/23/13	09/23/13	48.00	170.88	
260867	2	T1019		09/24/13	09/24/13	48.00	170.88	
260867	3	T1019		09/25/13	09/25/13	48.00	170.88	
260867	4	T1019		09/26/13	09/26/13	48.00	170.88	
260867	5	T1019		09/27/13	09/27/13	48.00	170.88	
					CLAIM TOTAL		854.40	CLAIM ACCOUNT REF. 2608670012011887SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011914 2011914 TORRES, ANTONIA 10/24/1924 ZM49732K 0108231303228  
DIAGNOSIS CODES: 331.0 272.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260874	1	T1020		09/21/13	09/21/13	1.00	200.00	
260874	2	T1020		09/22/13	09/22/13	1.00	200.00	
260874	3	T1020		09/23/13	09/23/13	1.00	200.00	
260874	4	T1020		09/24/13	09/24/13	1.00	200.00	
260874	5	T1020		09/25/13	09/25/13	1.00	200.00	
260874	6	T1020		09/26/13	09/26/13	1.00	200.00	
260874	7	T1020		09/27/13	09/27/13	1.00	200.00	
					CLAIM TOTAL		1,400.00	CLAIM ACCOUNT REF. 2608740012011914SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260839	1	T1019		09/21/13	09/21/13	48.00	170.88	
260839	2	T1019		09/22/13	09/22/13	48.00	170.88	
260839	3	T1019		09/23/13	09/23/13	48.00	170.88	
260839	4	T1019		09/24/13	09/24/13	48.00	170.88	
260839	5	T1019		09/25/13	09/25/13	48.00	170.88	
260839	6	T1019		09/26/13	09/26/13	48.00	170.88	
260839	7	T1019		09/27/13	09/27/13	48.00	170.88	



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PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	1,196.16	2608390012011943SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011961	2011961 MARTINEZ 2, EMMA	10/17/1944	ZK99698A	0106211302516
DIAGNOSIS	CODES:	401.9 244.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
260852	1	T1019		09/22/13	09/22/13	16.00	56.96	
260852	2	T1019		09/23/13	09/23/13	16.00	56.96	
						CLAIM TOTAL	113.92	2608520012011961SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011961	2011962 MARTINEZ 2, EMMA	10/17/1944	ZK99698A	R2338273
DIAGNOSIS	CODES:	401.9 244.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
260853	1	S5130		09/25/13	09/25/13	16.00	56.96	
						CLAIM TOTAL	56.96	2608530012011962SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
260843	1	T1019		09/21/13	09/21/13	40.00	142.40	
260843	2	T1019		09/22/13	09/22/13	40.00	142.40	
260843	3	T1019		09/23/13	09/23/13	40.00	142.40	
260843	4	T1019		09/24/13	09/24/13	40.00	142.40	
260843	5	T1019		09/25/13	09/25/13	40.00	142.40	
260843	6	T1019		09/26/13	09/26/13	40.00	142.40	
260843	7	T1019		09/27/13	09/27/13	40.00	142.40	
						CLAIM TOTAL	996.80	2608430012011964SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011966	2011966 MATOS, AUREA	10/19/1927	TG62448J	0108261301887
DIAGNOSIS	CODES:	V44.1			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260855	1	T1019		09/21/13	09/21/13	24.00	85.44
260855	2	T1019		09/22/13	09/22/13	24.00	85.44
260855	3	T1019		09/23/13	09/23/13	28.00	99.68
260855	4	T1019		09/24/13	09/24/13	28.00	99.68
260855	5	T1019		09/25/13	09/25/13	28.00	99.68

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260855	6	T1019		09/26/13	09/26/13	28.00	99.68	
260855	7	T1019		09/27/13	09/27/13	28.00	99.68	
					CLAIM TOTAL		669.28	CLAIM ACCOUNT REF.    2608550012011966SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011991	2011991	HARLEY, ETHEL	01/24/1939	ZP72741M	R2331024
DIAGNOSIS	CODES:	250.03	272.4	401.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260849	1	T1019		09/23/13	09/23/13	16.00	56.96	
260849	2	T1019		09/25/13	09/25/13	16.00	56.96	
					CLAIM TOTAL		113.92	CLAIM ACCOUNT REF.    2608490012011991SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011997	2011997	OSBORNE, DOROTHY	01/04/1931	VK20601M	0108221303049
DIAGNOSIS	CODES:	427.31	250.00	401.9	428.0	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260860	1	T1019		09/24/13	09/24/13	16.00	56.96	
260860	2	T1019		09/25/13	09/25/13	16.00	56.96	
260860	3	T1019		09/26/13	09/26/13	16.00	56.96	
260860	4	T1019		09/27/13	09/27/13	16.00	56.96	
					CLAIM TOTAL		227.84	CLAIM ACCOUNT REF.    2608600012011997SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012030	2012030	GARCIA, VICTORIA	01/22/1946	YP32446E	R2216342
DIAGNOSIS	CODES:	401.9	272.2	715.00	733.00	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260844	1	T1019		09/23/13	09/23/13	20.00	71.20	
260844	2	T1019		09/24/13	09/24/13	20.00	71.20	
260844	3	T1019		09/25/13	09/25/13	20.00	71.20	
260844	4	T1019		09/26/13	09/26/13	20.00	71.20	
					CLAIM TOTAL		284.80	CLAIM ACCOUNT REF.    2608440012012030SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260859	1	T1019		09/23/13	09/23/13	40.00	142.40	
260859	2	T1019		09/24/13	09/24/13	40.00	142.40	
260859	3	T1019		09/25/13	09/25/13	40.00	142.40	

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260859	4	T1019		09/26/13	09/26/13	40.00	142.40	
260859	5	T1019		09/27/13	09/27/13	40.00	142.40	
						CLAIM TOTAL	712.00	CLAIM ACCOUNT REF.    2608590012012032SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260842	1	T1019		09/21/13	09/21/13	16.00	56.96	
260842	2	T1019		09/23/13	09/23/13	32.00	113.92	
260842	3	T1019		09/24/13	09/24/13	32.00	113.92	
260842	4	T1019		09/25/13	09/25/13	32.00	113.92	
260842	5	T1019		09/26/13	09/26/13	32.00	113.92	
260842	6	T1019		09/27/13	09/27/13	32.00	113.92	
						CLAIM TOTAL	626.56	CLAIM ACCOUNT REF.    2608420012012039SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2012041    2012041    ESCANIO, ANTONIO                      06/13/1937    ST38273T                      R2333071  
DIAGNOSIS CODES:    250.00    272.2    365.9    401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260841	1	T1019		09/21/13	09/21/13	16.00	56.96	
260841	2	T1019		09/22/13	09/22/13	16.00	56.96	
260841	3	T1019		09/26/13	09/26/13	8.00	28.48	
260841	4	T1019		09/27/13	09/27/13	8.00	28.48	
						CLAIM TOTAL	170.88	CLAIM ACCOUNT REF.    2608410012012041SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2012042    2012042    MARTINEZ, ROSARIO                      07/25/1951    XE62541Y                      0104301301154  
DIAGNOSIS CODES:    493.92    272.4    401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260854	1	T1019		09/21/13	09/21/13	16.00	56.96	
260854	2	T1019		09/24/13	09/24/13	16.00	56.96	
						CLAIM TOTAL	113.92	CLAIM ACCOUNT REF.    2608540012012042SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2012063    2012063    MALDONADO, MARIA                      10/15/1920    ZN07021G                      0104221302747  
DIAGNOSIS CODES:    331.0    250.00    401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260851	1	T1020		09/21/13	09/21/13	1.00	200.00

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260851	2	T1020		09/22/13	09/22/13	1.00	200.00	
260851	3	T1020		09/23/13	09/23/13	1.00	200.00	
260851	4	T1020		09/24/13	09/24/13	1.00	200.00	
260851	5	T1020		09/25/13	09/25/13	1.00	200.00	
260851	6	T1020		09/26/13	09/26/13	1.00	200.00	
260851	7	T1020		09/27/13	09/27/13	1.00	200.00	
CLAIM TOTAL							1,400.00	CLAIM ACCOUNT REF. 2608510012012063SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260856	1	T1019		09/23/13	09/23/13	20.00	71.20	
260856	2	T1019		09/24/13	09/24/13	20.00	71.20	
260856	3	T1019		09/26/13	09/26/13	20.00	71.20	
260856	4	T1019		09/27/13	09/27/13	20.00	71.20	
CLAIM TOTAL							284.80	CLAIM ACCOUNT REF. 2608560012012064SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260879	1	T1019		09/23/13	09/23/13	16.00	56.96	
260879	2	T1019		09/25/13	09/25/13	16.00	56.96	
260879	3	T1019		09/27/13	09/27/13	16.00	56.96	
CLAIM TOTAL							170.88	CLAIM ACCOUNT REF. 2608790012012127SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260865	1	T1020		09/21/13	09/21/13	1.00	200.00	
260865	2	T1020		09/22/13	09/22/13	1.00	200.00	
260865	3	T1020		09/23/13	09/23/13	1.00	200.00	
260865	4	T1020		09/24/13	09/24/13	1.00	200.00	
260865	5	T1020		09/25/13	09/25/13	1.00	200.00	
260865	6	T1020		09/26/13	09/26/13	1.00	200.00	
260865	7	T1020		09/27/13	09/27/13	1.00	200.00	
CLAIM TOTAL							1,400.00	CLAIM ACCOUNT REF. 2608650012012208SUP

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PAYER       ID = 80141                      HEALTHFIRST PHSP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260862	1	T1019		09/21/13	09/21/13	16.00	56.96
260862	2	T1019		09/22/13	09/22/13	16.00	56.96
260862	3	T1019		09/23/13	09/23/13	16.00	56.96
260862	4	T1019		09/24/13	09/24/13	16.00	56.96
260862	5	T1019		09/25/13	09/25/13	16.00	56.96
260862	6	T1019		09/26/13	09/26/13	16.00	56.96
260862	7	T1019		09/27/13	09/27/13	16.00	56.96
CLAIM TOTAL							398.72
CLAIM ACCOUNT REF.							2608620012012245SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260863	1	T1019		09/21/13	09/21/13	8.00	28.48
260863	2	T1019		09/23/13	09/23/13	8.00	28.48
260863	3	T1019		09/24/13	09/24/13	8.00	28.48
260863	4	T1019		09/25/13	09/25/13	8.00	28.48
260863	5	T1019		09/26/13	09/26/13	8.00	28.48
260863	6	T1019		09/27/13	09/27/13	8.00	28.48
CLAIM TOTAL							170.88
CLAIM ACCOUNT REF.							2608630012012246SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2012284    2012284    REINOSO, EMELIANNA                      12/26/1931    115451707                      0109191301524  
DIAGNOSIS CODES:    337.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260726	1	T1019		08/10/13	08/10/13	40.00	168.80
260726	2	T1019		08/11/13	08/11/13	40.00	168.80
260726	3	T1019		08/12/13	08/12/13	40.00	168.80
260726	4	T1019		08/13/13	08/13/13	40.00	168.80
260726	5	T1019		08/14/13	08/14/13	40.00	168.80
260726	6	T1019		08/15/13	08/15/13	40.00	168.80
260726	7	T1019		08/16/13	08/16/13	40.00	168.80
260726	8	T1019		08/17/13	08/17/13	40.00	168.80
260726	9	T1019		08/18/13	08/18/13	40.00	168.80
260726	10	T1019		08/19/13	08/19/13	40.00	168.80
260726	11	T1019		08/20/13	08/20/13	40.00	168.80
260726	12	T1019		08/21/13	08/21/13	40.00	168.80

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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
260726	13	T1019		08/22/13	08/22/13	40.00	168.80
260726	14	T1019		08/23/13	08/23/13	40.00	168.80
260726	15	T1019		08/24/13	08/24/13	40.00	168.80
260726	16	T1019		08/25/13	08/25/13	40.00	168.80
260726	17	T1019		08/26/13	08/26/13	40.00	168.80
260726	18	T1019		08/27/13	08/27/13	40.00	168.80
260726	19	T1019		08/28/13	08/28/13	40.00	168.80
260726	20	T1019		08/29/13	08/29/13	40.00	168.80
260726	21	T1019		08/31/13	08/31/13	40.00	168.80
260726	22	T1019		09/01/13	09/01/13	40.00	168.80
260726	23	T1019		09/02/13	09/02/13	40.00	168.80
260726	24	T1019		09/03/13	09/03/13	40.00	168.80
260726	25	T1019		09/04/13	09/04/13	40.00	168.80
260726	26	T1019		09/05/13	09/05/13	40.00	168.80
260726	27	T1019		09/06/13	09/06/13	40.00	168.80
260726	28	T1019		09/07/13	09/07/13	40.00	168.80
260726	29	T1019		09/08/13	09/08/13	40.00	168.80
260726	30	T1019		09/09/13	09/09/13	40.00	168.80
260726	31	T1019		09/10/13	09/10/13	40.00	168.80
260726	32	T1019		09/11/13	09/11/13	40.00	168.80
260726	33	T1019		09/12/13	09/12/13	40.00	168.80
260726	34	T1019		09/13/13	09/13/13	40.00	168.80
260726	35	T1019		09/14/13	09/14/13	40.00	168.80
260726	36	T1019		09/15/13	09/15/13	40.00	168.80
260726	37	T1019		09/16/13	09/16/13	40.00	168.80
260726	38	T1019		09/17/13	09/17/13	40.00	168.80
260726	39	T1019		09/18/13	09/18/13	40.00	168.80
260726	40	T1019		09/19/13	09/19/13	40.00	168.80
260726	41	T1019		09/20/13	09/20/13	40.00	168.80
260726	42	T1019		09/21/13	09/21/13	40.00	168.80
CLAIM TOTAL						7,089.60	CLAIM ACCOUNT REF. 2607260012012284SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012284	2012284	REINOSO, EMELIANNA	12/26/1931	115451707	0109191301524
DIAGNOSIS CODES: 337.							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260727	1	T1019		09/22/13	09/22/13	40.00	168.80
260727	2	T1019		09/23/13	09/23/13	40.00	168.80
260727	3	T1019		09/24/13	09/24/13	40.00	168.80
260727	4	T1019		09/25/13	09/25/13	40.00	168.80
260727	5	T1019		09/26/13	09/26/13	40.00	168.80
260727	6	T1019		09/27/13	09/27/13	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	CLAIM ACCOUNT REF.
						CLAIM TOTAL	1,012.80	2607270012012284SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008651	2012334	APOSTOLOVA, LJUBKA	02/07/1944	RS76119U	R2316572
DIAGNOSIS CODES: 331.0      311.      715.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
260837	1	T1019		09/21/13	09/21/13	48.00	170.88	
260837	2	T1019		09/22/13	09/22/13	48.00	170.88	
260837	3	T1019		09/23/13	09/23/13	48.00	170.88	
260837	4	T1019		09/24/13	09/24/13	48.00	170.88	
260837	5	T1019		09/25/13	09/25/13	48.00	170.88	
						CLAIM TOTAL	854.40	2608370012012334SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
260716	1	T1019		09/21/13	09/21/13	32.00	135.04	
260716	2	T1019		09/22/13	09/22/13	32.00	135.04	
260716	3	T1019		09/23/13	09/23/13	32.00	135.04	
260716	4	T1019		09/24/13	09/24/13	32.00	135.04	
260716	5	T1019		09/25/13	09/25/13	32.00	135.04	
260716	6	T1019		09/26/13	09/26/13	32.00	135.04	
260716	7	T1019		09/27/13	09/27/13	32.00	135.04	
						CLAIM TOTAL	945.28	2607160012012478SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
260741	1	T1019		09/21/13	09/21/13	32.00	135.04	
260741	2	T1019		09/22/13	09/22/13	32.00	135.04	
260741	3	T1019		09/24/13	09/24/13	32.00	135.04	
260741	4	T1019		09/25/13	09/25/13	20.00	84.40	
260741	5	T1019		09/26/13	09/26/13	32.00	135.04	
260741	6	T1019		09/27/13	09/27/13	16.00	67.52	
						CLAIM TOTAL	692.08	2607410012012772SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2006897 2012951 ALVAREZ, ANGELA 05/20/1942 ZU470227 R2474296  
DIAGNOSIS CODES: 311. 401.9 462. 715.00 780.96

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260835	1	T1019		09/23/13	09/23/13	16.00	56.96
CLAIM TOTAL							56.96

CLAIM ACCOUNT REF. 2608350012012951SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260836	1	T1019		09/21/13	09/21/13	32.00	113.92
260836	2	T1019		09/22/13	09/22/13	32.00	113.92
260836	3	T1019		09/23/13	09/23/13	32.00	113.92
260836	4	T1019		09/24/13	09/24/13	32.00	113.92
260836	5	T1019		09/25/13	09/25/13	32.00	113.92
260836	6	T1019		09/26/13	09/26/13	32.00	113.92
260836	7	T1019		09/27/13	09/27/13	32.00	113.92
CLAIM TOTAL							797.44

CLAIM ACCOUNT REF. 2608360012012973SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260724	1	T1020		09/21/13	09/21/13	12.00	202.56
260724	2	T1020		09/22/13	09/22/13	12.00	202.56
260724	3	T1020		09/23/13	09/23/13	12.00	202.56
260724	4	T1020		09/25/13	09/25/13	12.00	202.56
260724	5	T1020		09/27/13	09/27/13	12.00	202.56
CLAIM TOTAL							1,012.80

CLAIM ACCOUNT REF. 2607240012013053SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260873	1	T1019		09/21/13	09/21/13	16.00	56.96
260873	2	T1019		09/23/13	09/23/13	16.00	56.96
260873	3	T1019		09/25/13	09/25/13	16.00	56.96
260873	4	T1019		09/27/13	09/27/13	16.00	56.96
CLAIM TOTAL							227.84

CLAIM ACCOUNT REF. 2608730012013439SUP



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PAYER ID = 80141                      HEALTHFIRST PHSP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260697	1	T1019		09/21/13	09/21/13	32.00	135.04
260697	2	T1019		09/22/13	09/22/13	32.00	135.04
260697	3	T1019		09/24/13	09/24/13	32.00	135.04
260697	4	T1019		09/25/13	09/25/13	32.00	135.04
260697	5	T1019		09/26/13	09/26/13	32.00	135.04
260697	6	T1019		09/27/13	09/27/13	32.00	135.04
CLAIM TOTAL							810.24
							CLAIM ACCOUNT REF. 2606970012013448SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260706	1	T1019		09/21/13	09/21/13	48.00	202.56
260706	2	T1019		09/22/13	09/22/13	48.00	202.56
260706	3	T1019		09/23/13	09/23/13	48.00	202.56
260706	4	T1019		09/24/13	09/24/13	48.00	202.56
260706	5	T1019		09/25/13	09/25/13	48.00	202.56
260706	6	T1019		09/26/13	09/26/13	48.00	202.56
260706	7	T1019		09/27/13	09/27/13	48.00	202.56
CLAIM TOTAL							1,417.92
							CLAIM ACCOUNT REF. 2607060012013452SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008802 2013453 DIAZ 1, CARMEN 07/29/1950 WB78930D R2397419  
DIAGNOSIS CODES: V02.62 300.00 401.9 719.89 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260707	1	T1019		09/23/13	09/23/13	16.00	67.52
260707	2	T1019		09/24/13	09/24/13	24.00	101.28
260707	3	T1019		09/25/13	09/25/13	24.00	101.28
260707	4	T1019		09/26/13	09/26/13	24.00	101.28
260707	5	T1019		09/27/13	09/27/13	24.00	101.28
CLAIM TOTAL							472.64
							CLAIM ACCOUNT REF. 2607070012013453SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008261 2013454 FERNANDEZ, MARIA 07/24/1943 XG23851A 0107111301569  
DIAGNOSIS CODES: 250.00 272.2 493.00 536.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260711	1	T1019		09/05/13	09/05/13	16.00	67.52
260711	2	T1019		09/06/13	09/06/13	16.00	67.52
260711	3	T1019		09/11/13	09/11/13	16.00	67.52
260711	4	T1019		09/12/13	09/12/13	16.00	67.52
260711	5	T1019		09/13/13	09/13/13	16.00	67.52
260711	6	T1019		09/18/13	09/18/13	16.00	67.52
260711	7	T1019		09/19/13	09/19/13	16.00	67.52
260711	8	T1019		09/20/13	09/20/13	16.00	67.52
CLAIM TOTAL							540.16
							CLAIM ACCOUNT REF. 2607110012013454SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260712	1	T1019		09/21/13	09/21/13	40.00	168.80
260712	2	T1019		09/22/13	09/22/13	40.00	168.80
260712	3	T1019		09/23/13	09/23/13	40.00	168.80
260712	4	T1019		09/24/13	09/24/13	40.00	168.80
260712	5	T1019		09/25/13	09/25/13	40.00	168.80
260712	6	T1019		09/26/13	09/26/13	40.00	168.80
260712	7	T1019		09/27/13	09/27/13	40.00	168.80
CLAIM TOTAL							1,181.60
							CLAIM ACCOUNT REF. 2607120012013455SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260717	1	T1019		09/02/13	09/02/13	20.00	84.40
260717	2	T1019		09/03/13	09/03/13	20.00	84.40
260717	3	T1019		09/04/13	09/04/13	20.00	84.40
260717	4	T1019		09/05/13	09/05/13	20.00	84.40
260717	5	T1019		09/06/13	09/06/13	20.00	84.40
260717	6	T1019		09/09/13	09/09/13	20.00	84.40
260717	7	T1019		09/10/13	09/10/13	20.00	84.40
260717	8	T1019		09/11/13	09/11/13	20.00	84.40
260717	9	T1019		09/12/13	09/12/13	20.00	84.40
260717	10	T1019		09/13/13	09/13/13	20.00	84.40

REPORT DATE 10/02/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260717	11	T1019		09/16/13	09/16/13	20.00	84.40
260717	12	T1019		09/17/13	09/17/13	20.00	84.40
260717	13	T1019		09/18/13	09/18/13	20.00	84.40
260717	14	T1019		09/19/13	09/19/13	20.00	84.40
260717	15	T1019		09/20/13	09/20/13	20.00	84.40
CLAIM TOTAL							1,266.00

CLAIM ACCOUNT REF. 2607170012013458SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008742 2013461 KROLL, KATHERINE 09/22/1949 ZQ14882N 0107051302820  
DIAGNOSIS CODES: 340. 244.8 272.0 311. 386.2 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260718	1	T1019		09/23/13	09/23/13	28.00	118.16
260718	2	T1019		09/24/13	09/24/13	28.00	118.16
260718	3	T1019		09/25/13	09/25/13	28.00	118.16
260718	4	T1019		09/26/13	09/26/13	28.00	118.16
260718	5	T1019		09/27/13	09/27/13	28.00	118.16
CLAIM TOTAL							590.80

CLAIM ACCOUNT REF. 2607180012013461SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260723	1	T1019		09/21/13	09/21/13	24.00	101.28
260723	2	T1019		09/22/13	09/22/13	24.00	101.28
260723	3	T1019		09/23/13	09/23/13	24.00	101.28
260723	4	T1019		09/24/13	09/24/13	24.00	101.28
260723	5	T1019		09/25/13	09/25/13	24.00	101.28
260723	6	T1019		09/26/13	09/26/13	24.00	101.28
260723	7	T1019		09/27/13	09/27/13	24.00	101.28
CLAIM TOTAL							708.96

CLAIM ACCOUNT REF. 2607230012013462SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008531 2013465 RODRIGUEZ -2, MARIA 02/16/1949 SB98419Y 0105301304726  
DIAGNOSIS CODES: 250.00 272.4 331.0 401.9 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260730	1	T1019		09/23/13	09/23/13	24.00	101.28
CLAIM TOTAL							101.28

CLAIM ACCOUNT REF. 2607300012013465SUP

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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 2008531 2013465 RODRIGUEZ -2, MARIA 02/16/1949 SB98419Y R2450270  
DIAGNOSIS CODES: 250.00 272.4 331.0 401.9 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260731	1	T1019		09/24/13	09/24/13	24.00	101.28
260731	2	T1019		09/25/13	09/25/13	24.00	101.28
260731	3	T1019		09/26/13	09/26/13	24.00	101.28
260731	4	T1019		09/27/13	09/27/13	24.00	101.28
CLAIM TOTAL							405.12
CLAIM ACCOUNT REF.							2607310012013465SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008398 2013466 RODRIGUEZ, JESSE 03/23/1984 YC62425G R2303381  
DIAGNOSIS CODES: 799.89 253.5 278.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260732	1	T1019		09/23/13	09/23/13	20.00	84.40
260732	2	T1019		09/24/13	09/24/13	20.00	84.40
260732	3	T1019		09/25/13	09/25/13	20.00	84.40
260732	4	T1019		09/26/13	09/26/13	20.00	84.40
260732	5	T1019		09/27/13	09/27/13	20.00	84.40
CLAIM TOTAL							422.00
CLAIM ACCOUNT REF.							2607320012013466SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260736	1	T1019		09/21/13	09/21/13	40.00	168.80
260736	2	T1019		09/22/13	09/22/13	40.00	168.80
260736	3	T1019		09/23/13	09/23/13	40.00	168.80
260736	4	T1019		09/24/13	09/24/13	40.00	168.80
260736	5	T1019		09/25/13	09/25/13	40.00	168.80
260736	6	T1019		09/26/13	09/26/13	40.00	168.80
260736	7	T1019		09/27/13	09/27/13	40.00	168.80
CLAIM TOTAL							1,181.60
CLAIM ACCOUNT REF.							2607360012013467SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008425 2013468 WELLS, WYNORIA 09/10/1959 ZR27322A R2378418  
DIAGNOSIS CODES: 278.01 253.5 272.4 356.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260745	1	T1019		09/23/13	09/23/13	16.00	67.52
260745	2	T1019		09/26/13	09/26/13	16.00	67.52

REPORT DATE 10/02/13                      SUNNYSIDE CITYWIDE  
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PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260745	3	T1019		09/27/13	09/27/13	16.00	67.52	
							202.56	CLAIM TOTAL
								CLAIM ACCOUNT REF. 2607450012013468SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260720	1	T1019		09/23/13	09/23/13	20.00	84.40	
260720	2	T1019		09/24/13	09/24/13	20.00	84.40	
260720	3	T1019		09/25/13	09/25/13	20.00	84.40	
260720	4	T1019		09/26/13	09/26/13	20.00	84.40	
260720	5	T1019		09/27/13	09/27/13	20.00	84.40	
							422.00	CLAIM TOTAL
								CLAIM ACCOUNT REF. 2607200012013602SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013732	2013732	GARCIA DE LA CRUZ, ANA	05/27/1937	117528059	R2379963
DIAGNOSIS	CODES:	715.09	338.4	401.9	493.90		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260714	1	T1019		09/24/13	09/24/13	16.00	67.52	
260714	2	T1019		09/25/13	09/25/13	16.00	67.52	
260714	3	T1019		09/26/13	09/26/13	16.00	67.52	
260714	4	T1019		09/27/13	09/27/13	16.00	67.52	
							270.08	CLAIM TOTAL
								CLAIM ACCOUNT REF. 2607140012013732SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260715	1	T1019		09/22/13	09/22/13	32.00	135.04	
260715	2	T1019		09/23/13	09/23/13	32.00	135.04	
260715	3	T1019		09/24/13	09/24/13	32.00	135.04	
260715	4	T1019		09/25/13	09/25/13	32.00	135.04	
260715	5	T1019		09/26/13	09/26/13	32.00	135.04	
260715	6	T1019		09/27/13	09/27/13	32.00	135.04	
							810.24	CLAIM TOTAL
								CLAIM ACCOUNT REF. 2607150012013739SUP

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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 2008886 2013849 REINA, JOSE 05/31/1928 130116891 0107311303394  
DIAGNOSIS CODES: 244.9 272.4 600.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260725	1	S5131		09/21/13	09/21/13	5.00	1,012.80
260725	2	S5131		09/23/13	09/23/13	5.00	1,012.80
260725	3	S5131		09/24/13	09/24/13	5.00	1,012.80
260725	4	S5131		09/25/13	09/25/13	5.00	1,012.80
260725	5	S5131		09/26/13	09/26/13	5.00	1,012.80
260725	6	S5131		09/27/13	09/27/13	5.00	1,012.80
CLAIM TOTAL						6,076.80	CLAIM ACCOUNT REF. 2607250012013849SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260708	1	S5131		09/21/13	09/21/13	5.00	1,012.80
260708	2	S5131		09/23/13	09/23/13	5.00	1,012.80
260708	3	S5131		09/24/13	09/24/13	5.00	1,012.80
260708	4	S5131		09/25/13	09/25/13	5.00	1,012.80
260708	5	S5131		09/26/13	09/26/13	5.00	1,012.80
260708	6	S5131		09/27/13	09/27/13	5.00	1,012.80
CLAIM TOTAL						6,076.80	CLAIM ACCOUNT REF. 2607080012013850SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013941 2013941 TELLO, ZOILA 11/04/1954 WF19113P R2389724  
DIAGNOSIS CODES: 727.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260740	1	T1019		09/16/13	09/16/13	16.00	67.52
260740	2	T1019		09/17/13	09/17/13	16.00	67.52
260740	3	T1019		09/18/13	09/18/13	16.00	67.52
260740	4	T1019		09/19/13	09/19/13	16.00	67.52
260740	5	T1019		09/23/13	09/23/13	16.00	67.52
260740	6	T1019		09/24/13	09/24/13	16.00	67.52
260740	7	T1019		09/25/13	09/25/13	16.00	67.52
260740	8	T1019		09/26/13	09/26/13	16.00	67.52
260740	9	T1019		09/27/13	09/27/13	16.00	67.52
CLAIM TOTAL						607.68	CLAIM ACCOUNT REF. 2607400012013941SUP

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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 2009405 2013942 CORTES DE GALINDO, NEL 05/25/1925 PF03624B 0103141302031  
DIAGNOSIS CODES: 401.9 244.9 537.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260705	1	T1019		09/16/13	09/16/13	20.00	84.40
260705	2	T1019		09/17/13	09/17/13	24.00	101.28
260705	3	T1019		09/18/13	09/18/13	24.00	101.28
260705	4	T1019		09/19/13	09/19/13	24.00	101.28
260705	5	T1019		09/20/13	09/20/13	24.00	101.28
260705	6	T1019		09/23/13	09/23/13	24.00	101.28
260705	7	T1019		09/24/13	09/24/13	24.00	101.28
260705	8	T1019		09/25/13	09/25/13	24.00	101.28
260705	9	T1019		09/26/13	09/26/13	24.00	101.28
260705	10	T1019		09/27/13	09/27/13	24.00	101.28
				CLAIM TOTAL		995.92	

CLAIM ACCOUNT REF. 2607050012013942SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012731 2014090 VALENCIA, ESTHER J 11/13/1930 UF20889J 0103041302631  
DIAGNOSIS CODES: 401.9 414.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260742	1	T1019		09/23/13	09/23/13	24.00	101.28
260742	2	T1019		09/24/13	09/24/13	24.00	101.28
260742	3	T1019		09/25/13	09/25/13	24.00	101.28
260742	4	T1019		09/26/13	09/26/13	24.00	101.28
260742	5	T1019		09/27/13	09/27/13	24.00	101.28
				CLAIM TOTAL		506.40	

CLAIM ACCOUNT REF. 2607420012014090SUP

PAYER TOTALS: HEALTHFIRST PHSP                      # OF CLAIMS = 555    TOTAL CLAIM AMOUNT = 78,669.36  
# SERVICES = 92

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NPI = 1154407492

PRIOR AUTHORIZATION #  
611923967

1,132.56 CLAIM ACCOUNT REF. 2607590012008245SUP

PRIOR AUTHORIZATION #  
610554187

CLAIM ACCOUNT REF. 2607630012008287SUP

PRIOR AUTHORIZATION #  
611508024

CLAIM ACCOUNT REF. 2607650012008401SUP



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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 2011881 2011881 KHAN, FAZAL 06/28/1970 101344352 611936039  
DIAGNOSIS CODES: 345.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260761	1	T1019		08/11/13	08/11/13	48.00	205.92
260761	2	T1019		08/12/13	08/12/13	48.00	205.92
260761	3	T1019		08/13/13	08/13/13	48.00	205.92
260761	4	T1019		08/14/13	08/14/13	48.00	205.92
260761	5	T1019		08/15/13	08/15/13	48.00	205.92
260761	6	T1019		08/16/13	08/16/13	48.00	205.92
260761	7	T1019		08/17/13	08/17/13	48.00	205.92
260761	8	T1019		08/18/13	08/18/13	48.00	205.92
260761	9	T1019		08/19/13	08/19/13	48.00	205.92
260761	10	T1019		08/20/13	08/20/13	48.00	205.92
260761	11	T1019		08/21/13	08/21/13	48.00	205.92
260761	12	T1019		08/22/13	08/22/13	48.00	205.92
260761	13	T1019		08/23/13	08/23/13	48.00	205.92
260761	14	T1019		08/24/13	08/24/13	48.00	205.92
260761	15	T1019		08/25/13	08/25/13	48.00	205.92
260761	16	T1019		08/26/13	08/26/13	48.00	205.92
260761	17	T1019		08/27/13	08/27/13	48.00	205.92
260761	18	T1019		08/28/13	08/28/13	48.00	205.92
260761	19	T1019		08/29/13	08/29/13	48.00	205.92
260761	20	T1019		08/30/13	08/30/13	48.00	205.92
260761	21	T1019		08/31/13	08/31/13	48.00	205.92
260761	22	T1019		09/01/13	09/01/13	48.00	205.92
260761	23	T1019		09/02/13	09/02/13	48.00	205.92
260761	24	T1019		09/03/13	09/03/13	48.00	205.92
260761	25	T1019		09/04/13	09/04/13	48.00	205.92
260761	26	T1019		09/05/13	09/05/13	48.00	205.92
260761	27	T1019		09/06/13	09/06/13	48.00	205.92
260761	28	T1019		09/07/13	09/07/13	48.00	205.92
260761	29	T1019		09/08/13	09/08/13	48.00	205.92
260761	30	T1019		09/09/13	09/09/13	48.00	205.92
260761	31	T1019		09/10/13	09/10/13	44.00	188.76
260761	32	T1019		09/11/13	09/11/13	48.00	205.92
260761	33	T1019		09/12/13	09/12/13	48.00	205.92
260761	34	T1019		09/13/13	09/13/13	48.00	205.92
260761	35	T1019		09/14/13	09/14/13	48.00	205.92
260761	36	T1019		09/15/13	09/15/13	48.00	205.92
260761	37	T1019		09/16/13	09/16/13	48.00	205.92
260761	38	T1019		09/17/13	09/17/13	48.00	205.92
260761	39	T1019		09/18/13	09/18/13	48.00	205.92

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PAYER ID = 87726                      UNITEDHEALTHCARE

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260761	40	T1019		09/19/13	09/19/13	48.00	205.92	
260761	41	T1019		09/20/13	09/20/13	48.00	205.92	
260761	42	T1019		09/21/13	09/21/13	48.00	205.92	
					CLAIM TOTAL		8,631.48	CLAIM ACCOUNT REF. 2607610012011881SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011881	2011881	KHAN, FAZAL	06/28/1970	101344352	611936039
DIAGNOSIS CODES: 345.91							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260762	1	T1019		09/22/13	09/22/13	48.00	205.92	
260762	2	T1019		09/23/13	09/23/13	48.00	205.92	
260762	3	T1019		09/24/13	09/24/13	48.00	205.92	
260762	4	T1019		09/25/13	09/25/13	48.00	205.92	
260762	5	T1019		09/26/13	09/26/13	48.00	205.92	
260762	6	T1019		09/27/13	09/27/13	48.00	205.92	
					CLAIM TOTAL		1,235.52	CLAIM ACCOUNT REF. 2607620012011881SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260764	1	T1019		09/21/13	09/21/13	16.00	68.64	
260764	2	T1019		09/23/13	09/23/13	16.00	68.64	
260764	3	T1019		09/24/13	09/24/13	16.00	68.64	
260764	4	T1019		09/25/13	09/25/13	16.00	68.64	
260764	5	T1019		09/26/13	09/26/13	16.00	68.64	
260764	6	T1019		09/27/13	09/27/13	16.00	68.64	
					CLAIM TOTAL		411.84	CLAIM ACCOUNT REF. 2607640012013181SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260760	1	T1019		09/21/13	09/21/13	32.00	137.28	
260760	2	T1019		09/22/13	09/22/13	32.00	137.28	
260760	3	T1019		09/23/13	09/23/13	32.00	137.28	
260760	4	T1019		09/24/13	09/24/13	32.00	137.28	
260760	5	T1019		09/25/13	09/25/13	32.00	137.28	
260760	6	T1019		09/26/13	09/26/13	32.00	137.28	
260760	7	T1019		09/27/13	09/27/13	32.00	137.28	

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NPI = 1154407492

CLAIM ACCOUNT REF. 2607600012013182SUP

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	79	TOTAL CLAIM AMOUNT =	13,968.24
		# SERVICES =	6		

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260882	1	T1019	0580	09/21/13	09/21/13	40.00	168.80
260882	2	T1019	0580	09/22/13	09/22/13	40.00	168.80
260882	3	T1019	0580	09/23/13	09/23/13	32.00	135.04
260882	4	T1019	0580	09/24/13	09/24/13	32.00	135.04
260882	5	T1019	0580	09/25/13	09/25/13	32.00	135.04
260882	6	T1019	0580	09/26/13	09/26/13	32.00	135.04
260882	7	T1019	0580	09/27/13	09/27/13	32.00	135.04
CLAIM TOTAL						1,012.80	CLAIM ACCOUNT REF. 2608820012008266SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008409 2009279 PRUITT, JOHNNY 10/26/1956 712824266 103273331  
DIAGNOSIS CODES: 249.00 272.4 295.00 401.9 585.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260883	1	S5130	0582	09/24/13	09/24/13	16.00	67.52
260883	2	S5130	0582	09/26/13	09/26/13	16.00	67.52
CLAIM TOTAL						135.04	CLAIM ACCOUNT REF. 2608830012009279SUP

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
260886	1	T1019	0580	09/21/13	09/21/13	16.00	67.52
260886	2	T1019	0580	09/22/13	09/22/13	16.00	67.52
260886	3	T1019	0580	09/23/13	09/23/13	12.00	50.64
260886	4	T1019	0580	09/24/13	09/24/13	12.00	50.64
260886	5	T1019	0580	09/25/13	09/25/13	12.00	50.64
260886	6	T1019	0580	09/26/13	09/26/13	12.00	50.64
260886	7	T1019	0580	09/27/13	09/27/13	12.00	50.64
CLAIM TOTAL						388.24	CLAIM ACCOUNT REF. 2608860012010728SUP

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
260885	1	T1019	0580	09/21/13	09/21/13	20.00	84.40
260885	2	T1019	0580	09/22/13	09/22/13	20.00	84.40

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260885	3	T1019	0580	09/23/13	09/23/13	16.00	67.52	
260885	4	T1019	0580	09/24/13	09/24/13	16.00	67.52	
260885	5	T1019	0580	09/25/13	09/25/13	16.00	67.52	
260885	6	T1019	0580	09/26/13	09/26/13	16.00	67.52	
260885	7	T1019	0580	09/27/13	09/27/13	16.00	67.52	
			CLAIM TOTAL				506.40	CLAIM ACCOUNT REF. 2608850012010729SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260888	1	T1019	0580	09/23/13	09/23/13	24.00	90.00	
260888	2	T1019	0580	09/24/13	09/24/13	24.00	90.00	
260888	3	T1019	0580	09/25/13	09/25/13	24.00	90.00	
260888	4	T1019	0580	09/26/13	09/26/13	24.00	90.00	
260888	5	T1019	0580	09/27/13	09/27/13	24.00	90.00	
			CLAIM TOTAL				450.00	CLAIM ACCOUNT REF. 2608880012012354SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012078 2012358 MARTINEZ, TOMASITA 01/03/1944 714799688 103312469  
DIAGNOSIS CODES: 715.09 311. 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260891	1	T1019	0580	09/23/13	09/23/13	16.00	60.00	
260891	2	T1019	0580	09/24/13	09/24/13	16.00	60.00	
260891	3	T1019	0580	09/25/13	09/25/13	16.00	60.00	
260891	4	T1019	0580	09/26/13	09/26/13	16.00	60.00	
260891	5	T1019	0580	09/27/13	09/27/13	16.00	60.00	
			CLAIM TOTAL				300.00	CLAIM ACCOUNT REF. 2608910012012358SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260892	1	T1019	0580	09/23/13	09/23/13	20.00	75.00	
260892	2	T1019	0580	09/24/13	09/24/13	20.00	75.00	
260892	3	T1019	0580	09/25/13	09/25/13	20.00	75.00	
260892	4	T1019	0580	09/26/13	09/26/13	20.00	75.00	
260892	5	T1019	0580	09/27/13	09/27/13	20.00	75.00	
			CLAIM TOTAL				375.00	CLAIM ACCOUNT REF. 2608920012012362SUP

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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 2009647 2012374 FERNANDEZ, NORKA \* 07/14/1948 715856872 102806651  
DIAGNOSIS CODES: 401.9 311. 492.8 715.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260889	1	T1019	0580	09/23/13	09/23/13	32.00	120.00
260889	2	T1019	0580	09/24/13	09/24/13	36.00	135.00
260889	3	T1019	0580	09/25/13	09/25/13	32.00	120.00
260889	4	T1019	0580	09/26/13	09/26/13	36.00	135.00
CLAIM TOTAL							510.00
CLAIM ACCOUNT REF.							2608890012012374SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260887	1	T1019	0580	09/21/13	09/21/13	20.00	75.00
260887	2	T1019	0580	09/22/13	09/22/13	20.00	75.00
260887	3	T1019	0580	09/23/13	09/23/13	28.00	105.00
260887	4	T1019	0580	09/24/13	09/24/13	28.00	105.00
260887	5	T1019	0580	09/25/13	09/25/13	28.00	105.00
260887	6	T1019	0580	09/26/13	09/26/13	28.00	105.00
260887	7	T1019	0580	09/27/13	09/27/13	28.00	105.00
CLAIM TOTAL							675.00
CLAIM ACCOUNT REF.							2608870012012876SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260890	1	T1019	0580	09/23/13	09/23/13	16.00	60.00
260890	2	T1019	0580	09/24/13	09/24/13	16.00	60.00
260890	3	T1019	0580	09/25/13	09/25/13	16.00	60.00
260890	4	T1019	0580	09/26/13	09/26/13	16.00	60.00
260890	5	T1019	0580	09/27/13	09/27/13	20.00	75.00
CLAIM TOTAL							315.00
CLAIM ACCOUNT REF.							2608900012013018SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260881	1	T1019	0580	09/23/13	09/23/13	20.00	84.40
260881	2	T1019	0580	09/25/13	09/25/13	20.00	84.40

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NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260881	3	T1019	0580	09/26/13	09/26/13	20.00	84.40	
260881	4	T1019	0580	09/27/13	09/27/13	20.00	84.40	
						CLAIM TOTAL	337.60	CLAIM ACCOUNT REF. 2608810012013352SUP

PRIOR AUTHORIZATION #  
103717989

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260880	1	T1019	0580	09/23/13	09/23/13	36.00	151.92	
260880	2	T1019	0580	09/24/13	09/24/13	36.00	151.92	
260880	3	T1019	0580	09/25/13	09/25/13	36.00	151.92	
260880	4	T1019	0580	09/26/13	09/26/13	36.00	151.92	
260880	5	T1019	0580	09/27/13	09/27/13	36.00	151.92	
					CLAIM TOTAL		759.60	CLAIM ACCOUNT REF. 2608800012014097SUP

PRIOR AUTHORIZATION #  
103726470

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260884	1	T1019	0580	09/23/13	09/23/13	16.00	67.52	
260884	2	T1019	0580	09/24/13	09/24/13	12.00	50.64	
260884	3	T1019	0580	09/25/13	09/25/13	16.00	67.52	
260884	4	T1019	0580	09/26/13	09/26/13	16.00	67.52	
260884	5	T1019	0580	09/27/13	09/27/13	16.00	67.52	
					CLAIM TOTAL		320.72	CLAIM ACCOUNT REF. 2608840012014101SU

PAYER TOTALS:	AMERIGROUP NEW YORK,LLC	# OF CLAIMS =	68	TOTAL CLAIM AMOUNT =	6,085.40
		# SERVICES =	13		

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NPI = 1154407492

PRIOR AUTHORIZATION #  
8/22/2012-00581-0006

CLAIM ACCOUNT REF. 2609110012013814SUP

PRIOR AUTHORIZATION #  
3/5/2013-00134-0001

CLAIM ACCOUNT REF. 2609120012013815SUP

PAYER TOTALS:	ELDERSERVE	# OF CLAIMS =	11	TOTAL CLAIM AMOUNT =	1,059.96
		# SERVICES =	2		



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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 1997785 1997785 RIVAS, GERTRUDIS 10/14/1931 GNT00533400 9/13/2011-00672-0010  
DIAGNOSIS CODES: 250.81 272.0 311. 401.9 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261046	1	S5125		09/23/13	09/23/13	24.00	94.56
261046	2	S5125		09/24/13	09/24/13	24.00	94.56
261046	3	S5125		09/25/13	09/25/13	24.00	94.56
261046	4	S5125		09/26/13	09/26/13	24.00	94.56
261046	5	S5125		09/27/13	09/27/13	24.00	94.56
CLAIM TOTAL							472.80
							CLAIM ACCOUNT REF. 2610460011997785SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261062	1	T1019		09/21/13	09/21/13	16.00	63.04
261062	2	T1019		09/23/13	09/23/13	28.00	110.32
261062	3	T1019		09/24/13	09/24/13	28.00	110.32
261062	4	T1019		09/25/13	09/25/13	28.00	110.32
261062	5	T1019		09/26/13	09/26/13	28.00	110.32
261062	6	T1019		09/27/13	09/27/13	28.00	110.32
CLAIM TOTAL							614.64
							CLAIM ACCOUNT REF. 2610620011997789SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 1999328 1999328 ZUMAETA, FANNY 04/09/1936 GNT03663500 4/27/2007-00047-0036  
DIAGNOSIS CODES: 318.1 345.91 369.4 389.10 453.8 784.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261098	1	T1019		09/15/13	09/15/13	28.00	110.32
261098	2	T1019		09/21/13	09/21/13	28.00	110.32
261098	3	T1019		09/22/13	09/22/13	28.00	110.32
261098	4	T1019		09/23/13	09/23/13	40.00	157.60
261098	5	T1019		09/24/13	09/24/13	40.00	157.60
261098	6	T1019		09/25/13	09/25/13	40.00	157.60
261098	7	T1019		09/26/13	09/26/13	40.00	157.60
261098	8	T1019		09/27/13	09/27/13	40.00	157.60
CLAIM TOTAL							1,118.96
							CLAIM ACCOUNT REF. 2610980011999328SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2000140 2000140 PENA, WALESKA 07/06/1978 GNT02097600 4/2/2010-00212-0018  
DIAGNOSIS CODES: 724.2 225.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261031	1	T1019		09/21/13	09/21/13	32.00	126.08
261031	2	T1019		09/22/13	09/22/13	32.00	126.08
261031	3	T1019		09/23/13	09/23/13	32.00	126.08
261031	4	T1019		09/24/13	09/24/13	32.00	126.08
261031	5	T1019		09/25/13	09/25/13	32.00	126.08
261031	6	T1019		09/26/13	09/26/13	32.00	126.08
261031	7	T1019		09/27/13	09/27/13	32.00	126.08
CLAIM TOTAL							882.56
CLAIM ACCOUNT REF.							2610310012000140SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261036	1	S5125 TT		09/21/13	09/21/13	20.00	83.80
261036	2	S5125 TT		09/22/13	09/22/13	20.00	83.80
261036	3	S5125 TT		09/23/13	09/23/13	20.00	83.80
261036	4	S5125 TT		09/24/13	09/24/13	20.00	83.80
261036	5	S5125 TT		09/25/13	09/25/13	20.00	83.80
261036	6	S5125 TT		09/26/13	09/26/13	20.00	83.80
261036	7	S5125 TT		09/27/13	09/27/13	20.00	83.80
CLAIM TOTAL							586.60
CLAIM ACCOUNT REF.							2610360012002109SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261069	1	T1019		09/22/13	09/22/13	28.00	110.32
261069	2	T1019		09/23/13	09/23/13	28.00	110.32
261069	3	T1019		09/24/13	09/24/13	28.00	110.32
261069	4	T1019		09/25/13	09/25/13	28.00	110.32
261069	5	T1019		09/26/13	09/26/13	28.00	110.32
261069	6	T1019		09/27/13	09/27/13	28.00	110.32
CLAIM TOTAL							661.92
CLAIM ACCOUNT REF.							2610690012002124SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261012	1	T1019		09/21/13	09/21/13	24.00	94.56
261012	2	T1019		09/23/13	09/23/13	32.00	126.08
261012	3	T1019		09/24/13	09/24/13	32.00	126.08
261012	4	T1019		09/25/13	09/25/13	32.00	126.08
261012	5	T1019		09/26/13	09/26/13	32.00	126.08
261012	6	T1019		09/27/13	09/27/13	32.00	126.08
CLAIM TOTAL						724.96	CLAIM ACCOUNT REF. 2610120012002162SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2002531 2002531 NEWBOLD, RAMONA 09/24/1934 GNT04415000 10/27/2008-00400-0023  
DIAGNOSIS CODES: 715.90 369.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261015	1	S5125		09/23/13	09/23/13	20.00	78.80
261015	2	S5125		09/24/13	09/24/13	20.00	78.80
261015	3	S5125		09/25/13	09/25/13	20.00	78.80
261015	4	S5125		09/26/13	09/26/13	20.00	78.80
261015	5	S5125		09/27/13	09/27/13	20.00	78.80
CLAIM TOTAL						394.00	CLAIM ACCOUNT REF. 2610150012002531SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 1997777 2002769 CEPEDA, TOMASA 09/07/1932 93700964900 12/4/2008-00022-0027  
DIAGNOSIS CODES: 253.5 401.9 452. 462.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260934	1	S5125		09/21/13	09/21/13	20.00	78.80
260934	2	S5125		09/23/13	09/23/13	24.00	94.56
260934	3	S5125		09/24/13	09/24/13	24.00	94.56
260934	4	S5125		09/25/13	09/25/13	24.00	94.56
260934	5	S5125		09/26/13	09/26/13	24.00	94.56
260934	6	S5125		09/27/13	09/27/13	24.00	94.56
CLAIM TOTAL						551.60	CLAIM ACCOUNT REF. 2609340012002769SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2003052 2003052 ESCOBAR, DOMINGA 08/04/1937 GNT04459300 12/26/2008-00295-0062  
DIAGNOSIS CODES: 586. 250.00 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260953	1	T1019		09/23/13	09/23/13	24.00	94.56

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260953	2	T1019		09/24/13	09/24/13	24.00	94.56
CLAIM TOTAL							189.12
CLAIM ACCOUNT REF.							2609530012003052SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	1997754	2003087	PAPHITIS, RICHARD	05/14/1923	GNT03006300	11/23/2005-00393-0046
DIAGNOSIS CODES: 343.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261027	1	T1019		09/23/13	09/23/13	32.00	126.08
261027	2	T1019		09/24/13	09/24/13	32.00	126.08
261027	3	T1019		09/25/13	09/25/13	32.00	126.08
261027	4	T1019		09/26/13	09/26/13	32.00	126.08
261027	5	T1019		09/27/13	09/27/13	32.00	126.08
CLAIM TOTAL							630.40
CLAIM ACCOUNT REF.							2610270012003087SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261094	1	T1019		09/21/13	09/21/13	20.00	78.80
261094	2	T1019		09/22/13	09/22/13	20.00	78.80
261094	3	T1019		09/23/13	09/23/13	24.00	94.56
261094	4	T1019		09/24/13	09/24/13	24.00	94.56
261094	5	T1019		09/25/13	09/25/13	24.00	94.56
261094	6	T1019		09/26/13	09/26/13	24.00	94.56
261094	7	T1019		09/27/13	09/27/13	24.00	94.56
CLAIM TOTAL							630.40
CLAIM ACCOUNT REF.							2610940012003177SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2003254	2003254	JIMENEZ, EUGENIA	03/15/1931	GNT04164400	2/22/2012-00525-0008
DIAGNOSIS CODES: 331.0                      311.							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260984	1	T1019		09/21/13	09/21/13	42.00	165.48
260984	2	T1019		09/23/13	09/23/13	46.00	181.24
260984	3	T1019		09/24/13	09/24/13	46.00	181.24
260984	4	T1019		09/25/13	09/25/13	46.00	181.24
260984	5	T1019		09/27/13	09/27/13	40.00	157.60
CLAIM TOTAL							866.80
CLAIM ACCOUNT REF.							2609840012003254SUP

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PAYER ID = GUILD                      GUILDNET

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260947	1	S5125		09/23/13	09/23/13	24.00	94.56
260947	2	S5125		09/24/13	09/24/13	24.00	94.56
260947	3	S5125		09/26/13	09/26/13	24.00	94.56
260947	4	S5125		09/27/13	09/27/13	24.00	94.56
CLAIM TOTAL						378.24	CLAIM ACCOUNT REF. 2609470012004554SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2004768 2004768 NUNEZ, ANGELINA 10/01/1946 GNT02920000 9/28/2005-00256-0055  
DIAGNOSIS CODES: 493.00 250.00 361.9 366.00 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261016	1	T1019		09/23/13	09/23/13	16.00	63.04
261016	2	T1019		09/24/13	09/24/13	16.00	63.04
261016	3	T1019		09/25/13	09/25/13	16.00	63.04
261016	4	T1019		09/26/13	09/26/13	16.00	63.04
261016	5	T1019		09/27/13	09/27/13	16.00	63.04
CLAIM TOTAL						315.20	CLAIM ACCOUNT REF. 2610160012004768SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260985	1	S5125		09/15/13	09/15/13	48.00	189.12
260985	2	S5125		09/22/13	09/22/13	48.00	189.12
260985	3	S5125		09/23/13	09/23/13	48.00	189.12
260985	4	S5125		09/24/13	09/24/13	32.00	126.08
260985	5	S5125		09/25/13	09/25/13	48.00	189.12
260985	6	S5125		09/26/13	09/26/13	48.00	189.12
260985	7	S5125		09/27/13	09/27/13	48.00	189.12
CLAIM TOTAL						1,260.80	CLAIM ACCOUNT REF. 2609850012006080SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261013	1	S5125		09/23/13	09/23/13	16.00	63.04
261013	2	S5125		09/25/13	09/25/13	16.00	63.04

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PAYER ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261013	3	S5125		09/27/13	09/27/13	16.00	63.04
CLAIM TOTAL							189.12
							CLAIM ACCOUNT REF. 2610130012006117SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260913	1	S5125		09/21/13	09/21/13	24.00	94.56
260913	2	S5125		09/23/13	09/23/13	36.00	141.84
260913	3	S5125		09/24/13	09/24/13	36.00	141.84
260913	4	S5125		09/25/13	09/25/13	36.00	141.84
260913	5	S5125		09/26/13	09/26/13	36.00	141.84
260913	6	S5125		09/27/13	09/27/13	36.00	141.84
CLAIM TOTAL							803.76
							CLAIM ACCOUNT REF. 2609130012006118SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260949	1	S5125		08/31/13	08/31/13	24.00	94.56
260949	2	S5125		09/21/13	09/21/13	24.00	94.56
260949	3	S5125		09/23/13	09/23/13	28.00	110.32
260949	4	S5125		09/24/13	09/24/13	28.00	110.32
260949	5	S5125		09/25/13	09/25/13	28.00	110.32
260949	6	S5125		09/26/13	09/26/13	28.00	110.32
260949	7	S5125		09/27/13	09/27/13	28.00	110.32
CLAIM TOTAL							740.72
							CLAIM ACCOUNT REF. 2609490012006124SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261095	1	S5125		09/21/13	09/21/13	16.00	63.04
261095	2	S5125		09/23/13	09/23/13	16.00	63.04
261095	3	S5125		09/24/13	09/24/13	16.00	63.04
261095	4	S5125		09/25/13	09/25/13	16.00	63.04
261095	5	S5125		09/26/13	09/26/13	16.00	63.04
261095	6	S5125		09/27/13	09/27/13	16.00	63.04
CLAIM TOTAL							378.24
							CLAIM ACCOUNT REF. 2610950012006152SUP

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PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2003981 2006632 BUCARO, CONCETTA 02/27/1916 GNT04556300 6/24/2009-00543-0018  
DIAGNOSIS CODES: 331.0 272.0 365.9 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260925	1	S5125		09/23/13	09/23/13	36.00	141.84
260925	2	S5125		09/24/13	09/24/13	36.00	141.84
260925	3	S5125		09/25/13	09/25/13	36.00	141.84
260925	4	S5125		09/26/13	09/26/13	36.00	141.84
260925	5	S5125		09/27/13	09/27/13	36.00	141.84
CLAIM TOTAL							709.20

CLAIM ACCOUNT REF. 2609250012006632SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261057	1	S5125		09/23/13	09/23/13	20.00	78.80
261057	2	S5125		09/26/13	09/26/13	22.00	86.68
261057	3	S5125		09/27/13	09/27/13	22.00	86.68
CLAIM TOTAL							252.16

CLAIM ACCOUNT REF. 2610570012006828SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261037	1	S5125 TT		09/21/13	09/21/13	20.00	83.80
261037	2	S5125 TT		09/22/13	09/22/13	20.00	83.80
261037	3	S5125 TT		09/23/13	09/23/13	20.00	83.80
261037	4	S5125 TT		09/24/13	09/24/13	20.00	83.80
261037	5	S5125 TT		09/25/13	09/25/13	20.00	83.80
261037	6	S5125 TT		09/26/13	09/26/13	20.00	83.80
261037	7	S5125 TT		09/27/13	09/27/13	20.00	83.80
CLAIM TOTAL							586.60

CLAIM ACCOUNT REF. 2610370012007728SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261051	1	T1019		09/21/13	09/21/13	36.00	141.84
261051	2	T1019		09/22/13	09/22/13	36.00	141.84
261051	3	T1019		09/23/13	09/23/13	36.00	141.84

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PAYER       ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261051	4	T1019		09/24/13	09/24/13	36.00	141.84	
261051	5	T1019		09/25/13	09/25/13	36.00	141.84	
261051	6	T1019		09/26/13	09/26/13	36.00	141.84	
					CLAIM TOTAL		851.04	CLAIM ACCOUNT REF.    2610510012007969SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261089	1	S5125		09/21/13	09/21/13	48.00	189.12	
261089	2	S5125		09/22/13	09/22/13	48.00	189.12	
261089	3	S5125		09/23/13	09/23/13	32.00	126.08	
261089	4	S5125		09/25/13	09/25/13	32.00	126.08	
261089	5	S5125		09/26/13	09/26/13	32.00	126.08	
261089	6	S5125		09/27/13	09/27/13	32.00	126.08	
					CLAIM TOTAL		882.56	CLAIM ACCOUNT REF.    2610890012008200SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2007979	2008314	FERNANDEZ, ANA	08/14/1947	GNT05242300	6/2/2011-00474-0021
DIAGNOSIS	CODES:	460.	311.	401.9	780.4		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260958	1	S5125		09/21/13	09/21/13	24.00	94.56	
260958	2	S5125		09/22/13	09/22/13	22.00	86.68	
260958	3	S5125		09/23/13	09/23/13	24.00	94.56	
260958	4	S5125		09/24/13	09/24/13	24.00	94.56	
260958	5	S5125		09/25/13	09/25/13	24.00	94.56	
260958	6	S5125		09/26/13	09/26/13	24.00	94.56	
260958	7	S5125		09/27/13	09/27/13	24.00	94.56	
					CLAIM TOTAL		654.04	CLAIM ACCOUNT REF.    2609580012008314SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2003982	2008320	COLAVITTI, JEAN	05/23/1911	GNT04482200	6/24/2009-00555-0031
DIAGNOSIS	CODES:	716.90	272.0	362.51	401.9	V15.88	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260936	1	S5125		09/21/13	09/21/13	32.00	126.08	
260936	2	S5125		09/22/13	09/22/13	32.00	126.08	
260936	3	S5125		09/23/13	09/23/13	32.00	126.08	
260936	4	S5125		09/24/13	09/24/13	30.00	118.20	
260936	5	S5125		09/25/13	09/25/13	32.00	126.08	
260936	6	S5125		09/26/13	09/26/13	32.00	126.08	



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PAYER       ID = GUILD

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NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260936	7	S5125		09/27/13	09/27/13	32.00	126.08	
					CLAIM TOTAL		874.68	CLAIM ACCOUNT REF.    2609360012008320SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY    001	2008453	2008453	RESTULA, VINCENT	01/15/1929	GNT05473100	8/1/2011-00700-0009
DIAGNOSIS	CODES:	389.9	369.9	V15.88		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261041	1	S5125		09/23/13	09/23/13	16.00	63.04	
261041	2	S5125		09/24/13	09/24/13	16.00	63.04	
261041	3	S5125		09/25/13	09/25/13	16.00	63.04	
261041	4	S5125		09/26/13	09/26/13	16.00	63.04	
261041	5	S5125		09/27/13	09/27/13	16.00	63.04	
					CLAIM TOTAL		315.20	CLAIM ACCOUNT REF.    2610410012008453SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY    001	2008885	2008885	SOMRAJ, UMILLA	09/24/1973	GNT03813900	8/31/2007-00255-0064
DIAGNOSIS	CODES:	585.6	311.			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261071	1	S5125		09/21/13	09/21/13	16.00	63.04	
261071	2	S5125		09/22/13	09/22/13	16.00	63.04	
261071	3	S5125		09/24/13	09/24/13	16.00	63.04	
					CLAIM TOTAL		189.12	CLAIM ACCOUNT REF.    2610710012008885SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261092	1	S5125		09/23/13	09/23/13	16.00	63.04	
261092	2	S5125		09/25/13	09/25/13	16.00	63.04	
					CLAIM TOTAL		126.08	CLAIM ACCOUNT REF.    2610920012008892SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY    001	2008605	2009202	MARTINEZ, GLORIA	04/10/1937	GNT00444700	11/14/2003-00001-0102
DIAGNOSIS	CODES:	345.90	272.0	311.	362.50	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261001	1	S5125		09/19/13	09/19/13	4.00	15.76	
261001	2	S5125		09/23/13	09/23/13	20.00	78.80	
261001	3	S5125		09/24/13	09/24/13	20.00	78.80	
261001	4	S5125		09/25/13	09/25/13	20.00	78.80	

REPORT DATE 10/02/13                      SUNNYSIDE CITYWIDE  
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PAYER ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261001	5	S5125		09/26/13	09/26/13	20.00	78.80
261001	6	S5125		09/27/13	09/27/13	20.00	78.80
CLAIM TOTAL							409.76

CLAIM ACCOUNT REF. 2610010012009202SUP

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

DIAGNOSIS CODES: 715.00 385.00 401.9 564.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261032	1	T1019		09/19/13	09/19/13	24.00	94.56
261032	2	T1019		09/23/13	09/23/13	24.00	94.56
261032	3	T1019		09/24/13	09/24/13	24.00	94.56
261032	4	T1019		09/25/13	09/25/13	24.00	94.56
261032	5	T1019		09/26/13	09/26/13	24.00	94.56
261032	6	T1019		09/27/13	09/27/13	24.00	94.56
CLAIM TOTAL							567.36

CLAIM ACCOUNT REF. 2610320012009232SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2009392	2009392	NUNEZ, IRIS	09/07/1963	GNT05481000	11/29/2011-00245-0003

DIAGNOSIS CODES: 585.6 369.9 458.9 716.90 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261017	1	S5125		09/14/13	09/14/13	24.00	94.56
261017	2	S5125		09/21/13	09/21/13	24.00	94.56
261017	3	S5125		09/23/13	09/23/13	23.00	90.62
261017	4	S5125		09/24/13	09/24/13	24.00	94.56
261017	5	S5125		09/25/13	09/25/13	23.00	90.62
261017	6	S5125		09/26/13	09/26/13	23.00	90.62
261017	7	S5125		09/27/13	09/27/13	23.00	90.62
CLAIM TOTAL							646.16

CLAIM ACCOUNT REF. 2610170012009392SUP

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

DIAGNOSIS CODES: 331.0 564.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260950	1	T1020		09/21/13	09/21/13	1.00	200.00
260950	2	T1020		09/22/13	09/22/13	1.00	200.00
260950	3	T1020		09/23/13	09/23/13	1.00	200.00
260950	4	T1020		09/24/13	09/24/13	1.00	200.00
260950	5	T1020		09/25/13	09/25/13	1.00	200.00
260950	6	T1020		09/26/13	09/26/13	1.00	200.00
260950	7	T1020		09/27/13	09/27/13	1.00	200.00

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PAYER ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	1,400.00	2609500012009394SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2009400	2009400	HUSTIU, SILVIA	02/04/1929	GNT05850100	11/29/2011-00252-0010
DIAGNOSIS	CODES:	715.90				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
260978	1	S5125		09/23/13	09/23/13	8.00	31.52	
						CLAIM TOTAL	31.52	2609780012009400SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2009435	2009435	GOMEZ, YOLANDA	11/26/1934	GNT05745100	12/1/2011-00373-0016
DIAGNOSIS	CODES:	250.00    401.9    429.89    715.90				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
260965	1	T1019		09/23/13	09/23/13	16.00	63.04	
260965	2	T1019		09/25/13	09/25/13	16.00	63.04	
260965	3	T1019		09/27/13	09/27/13	20.00	78.80	
						CLAIM TOTAL	204.88	2609650012009435SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2003840	2009576	PAZIOULIS, KLEONIKI	10/16/1934	GNT04602500	6/2/2009-00124-0034
DIAGNOSIS	CODES:	401.9    272.0    338.29				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
261030	1	S5125		09/21/13	09/21/13	44.00	173.36	
261030	2	S5125		09/22/13	09/22/13	44.00	173.36	
261030	3	S5125		09/23/13	09/23/13	44.00	173.36	
261030	4	S5125		09/24/13	09/24/13	44.00	173.36	
261030	5	S5125		09/25/13	09/25/13	44.00	173.36	
						CLAIM TOTAL	866.80	2610300012009576SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260961	1	T1019		09/21/13	09/21/13	24.00	94.56
260961	2	T1019		09/22/13	09/22/13	16.00	63.04
260961	3	T1019		09/23/13	09/23/13	48.00	189.12
260961	4	T1019		09/24/13	09/24/13	48.00	189.12
260961	5	T1019		09/25/13	09/25/13	48.00	189.12
260961	6	T1019		09/26/13	09/26/13	48.00	189.12

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PAYER ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260961	7	T1019		09/27/13	09/27/13	48.00	189.12	
					CLAIM TOTAL		1,103.20	CLAIM ACCOUNT REF. 2609610012009589SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009618	2009618	WEST, BALDWIN	09/14/1933	GNT05953700	1/3/2012-00952-0010
DIAGNOSIS CODES: 294.10							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261093	1	T1019		09/23/13	09/23/13	16.00	63.04	
261093	2	T1019		09/24/13	09/24/13	16.00	63.04	
					CLAIM TOTAL		126.08	CLAIM ACCOUNT REF. 2610930012009618SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009790	2009790	COLEMAN, REGINA	11/26/1958	GNT060020000	2/1/2012-01152-0007
DIAGNOSIS CODES: 331.0 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260937	1	S5125		09/11/13	09/11/13	12.00	47.28	
260937	2	S5125		09/12/13	09/12/13	12.00	47.28	
260937	3	S5125		09/16/13	09/16/13	8.00	31.52	
260937	4	S5125		09/17/13	09/17/13	8.00	31.52	
260937	5	S5125		09/21/13	09/21/13	32.00	126.08	
260937	6	S5125		09/22/13	09/22/13	32.00	126.08	
260937	7	S5125		09/23/13	09/23/13	8.00	31.52	
					CLAIM TOTAL		441.28	CLAIM ACCOUNT REF. 2609370012009790SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261022	1	T1019		09/24/13	09/24/13	20.00	78.80	
261022	2	T1019		09/25/13	09/25/13	20.00	78.80	
261022	3	T1019		09/26/13	09/26/13	20.00	78.80	
261022	4	T1019		09/27/13	09/27/13	20.00	78.80	
					CLAIM TOTAL		315.20	CLAIM ACCOUNT REF. 2610220012010198SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261008	1	T1019		09/26/13	09/26/13	16.00	63.04

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PAYER ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							63.04	2610080012010407SUP
						CLAIM TOTAL		

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010409	2010409	RAMOS, ESTHER	12/21/1933	GNT06136400	4/27/2012-00082-0008
DIAGNOSIS	CODES:	331.0	250.00	272.2	401.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
261040	1	T1019		09/23/13	09/23/13	11.00	43.34	
261040	2	T1019		09/24/13	09/24/13	16.00	63.04	
261040	3	T1019		09/25/13	09/25/13	16.00	63.04	
261040	4	T1019		09/26/13	09/26/13	12.00	47.28	
261040	5	T1019		09/27/13	09/27/13	14.00	55.16	
						CLAIM TOTAL	271.86	2610400012010409SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010412	2010412	RODRIGUEZ, FABIOLA	06/23/1931	GNT06115800	8/27/2012-00184-0006
DIAGNOSIS	CODES:	715.90	401.9	493.00			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
261050	1	S5125		09/21/13	09/21/13	16.00	63.04	
						CLAIM TOTAL	63.04	2610500012010412SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010647	2010647	PRADO, NANCY	04/02/1950	GNT00201400	11/3/2008-00778-0022
DIAGNOSIS	CODES:	311.	750.7				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
261035	1	T1019		09/17/13	09/17/13	16.00	63.04	
261035	2	T1019		09/18/13	09/18/13	16.00	63.04	
261035	3	T1019		09/19/13	09/19/13	16.00	63.04	
261035	4	T1019		09/24/13	09/24/13	16.00	63.04	
261035	5	T1019		09/25/13	09/25/13	16.00	63.04	
261035	6	T1019		09/26/13	09/26/13	16.00	63.04	
						CLAIM TOTAL	378.24	2610350012010647SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260915	1	S5125		09/20/13	09/20/13	32.00	126.08
260915	2	S5125		09/21/13	09/21/13	32.00	126.08
260915	3	S5125		09/22/13	09/22/13	31.00	122.14

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PAYER ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260915	4	S5125		09/23/13	09/23/13	32.00	126.08	
260915	5	S5125		09/24/13	09/24/13	32.00	126.08	
260915	6	S5125		09/25/13	09/25/13	32.00	126.08	
260915	7	S5125		09/26/13	09/26/13	32.00	126.08	
260915	8	S5125		09/27/13	09/27/13	32.00	126.08	
CLAIM TOTAL							1,004.70	CLAIM ACCOUNT REF. 2609150012010843SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
NY 001	2011036	2011036	MASSOL, PEDRO A	09/08/1934	GNT04564600	7/26/2012-00677-0015	
DIAGNOSIS	CODES:	290.40	250.00	272.2	285.9	401.9	600.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261002	1	S5125		09/21/13	09/21/13	12.00	47.28	
261002	2	S5125		09/23/13	09/23/13	20.00	78.80	
261002	3	S5125		09/24/13	09/24/13	20.00	78.80	
261002	4	S5125		09/25/13	09/25/13	20.00	78.80	
261002	5	S5125		09/26/13	09/26/13	20.00	78.80	
261002	6	S5125		09/27/13	09/27/13	20.00	78.80	
CLAIM TOTAL							441.28	CLAIM ACCOUNT REF. 2610020012011036SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260975	1	S5125		09/21/13	09/21/13	16.00	63.04	
260975	2	S5125		09/22/13	09/22/13	16.00	63.04	
260975	3	S5125		09/23/13	09/23/13	32.00	126.08	
260975	4	S5125		09/24/13	09/24/13	32.00	126.08	
260975	5	S5125		09/25/13	09/25/13	32.00	126.08	
260975	6	S5125		09/26/13	09/26/13	32.00	126.08	
260975	7	S5125		09/27/13	09/27/13	32.00	126.08	
CLAIM TOTAL							756.48	CLAIM ACCOUNT REF. 2609750012011252SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
NY 001	2011256	2011256	DURAN, CARMEN	07/16/1925	GNT06350900	8/30/2012-00186-0008	
DIAGNOSIS	CODES:	894.0	244.8	401.9	733.00		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260948	1	S5125		09/23/13	09/23/13	26.00	102.44	
260948	2	S5125		09/24/13	09/24/13	26.00	102.44	
260948	3	S5125		09/25/13	09/25/13	26.00	102.44	
260948	4	S5125		09/26/13	09/26/13	26.00	102.44	

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NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260948	5	S5125		09/27/13	09/27/13	26.00	102.44
CLAIM TOTAL							512.20
CLAIM ACCOUNT REF.							2609480012011256SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010773	2011350	MCQUAIL, MAUREEN	10/23/1934	GNT06367800	9/13/2012-00602-0008
DIAGNOSIS		CODES:	331.0	244.9	250.80	278.02	447.8 715.98

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261003	1	S5125		09/21/13	09/21/13	48.00	189.12
261003	2	S5125		09/22/13	09/22/13	40.00	157.60
261003	3	S5125		09/23/13	09/23/13	48.00	189.12
261003	4	S5125		09/24/13	09/24/13	44.00	173.36
261003	5	S5125		09/25/13	09/25/13	48.00	189.12
261003	6	S5125		09/26/13	09/26/13	48.00	189.12
261003	7	S5125		09/27/13	09/27/13	36.00	141.84
CLAIM TOTAL							1,229.28
CLAIM ACCOUNT REF.							2610030012011350SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	1997780	2011411	PICHARDO, MARIA	05/14/1923	GNT02908700	8/24/2005-00382-0055
DIAGNOSIS		CODES:	290.0	311.	493.00	530.81	780.96

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261033	1	T1019		09/21/13	09/21/13	36.00	141.84
261033	2	T1019		09/22/13	09/22/13	36.00	141.84
261033	3	T1019		09/23/13	09/23/13	36.00	141.84
261033	4	T1019		09/24/13	09/24/13	36.00	141.84
261033	5	T1019		09/25/13	09/25/13	36.00	141.84
261033	6	T1019		09/26/13	09/26/13	36.00	141.84
261033	7	T1019		09/27/13	09/27/13	36.00	141.84
CLAIM TOTAL							992.88
CLAIM ACCOUNT REF.							2610330012011411SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011472	2011472	HENLEY, LUVENIA	08/23/1927	GNT06160900	9/28/2012-00806-0009
DIAGNOSIS		CODES:	294.10	250.00	401.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260974	1	T1019		09/15/13	09/15/13	48.00	189.12
260974	2	T1019		09/16/13	09/16/13	48.00	189.12
260974	3	T1019		09/17/13	09/17/13	48.00	189.12
260974	4	T1019		09/20/13	09/20/13	48.00	189.12
260974	5	T1019		09/21/13	09/21/13	48.00	189.12
260974	6	T1019		09/22/13	09/22/13	48.00	189.12
CLAIM TOTAL							1,134.72
CLAIM ACCOUNT REF.							2609740012011472SUP

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PAYER       ID = GUILD                      GUILDNET

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260922	1	T1019		09/23/13	09/23/13	16.00	63.04	
						CLAIM TOTAL	63.04	CLAIM ACCOUNT REF.    2609220012011503SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2009586    2011581    ASH, MARIE                      08/11/1925    GNT06270600                      9/28/2012-00709-0010  
DIAGNOSIS CODES:    780.4       458.8       780.93       V45.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260918	1	T1019		09/23/13	09/23/13	16.00	63.04	
260918	2	T1019		09/25/13	09/25/13	16.00	63.04	
260918	3	T1019		09/27/13	09/27/13	16.00	63.04	
						CLAIM TOTAL	189.12	CLAIM ACCOUNT REF.    2609180012011581SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261070	1	S5125		09/21/13	09/21/13	48.00	189.12	
261070	2	S5125		09/22/13	09/22/13	48.00	189.12	
261070	3	S5125		09/23/13	09/23/13	48.00	189.12	
261070	4	S5125		09/24/13	09/24/13	48.00	189.12	
						CLAIM TOTAL	756.48	CLAIM ACCOUNT REF.    2610700012011597SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260943	1	S5125		09/23/13	09/23/13	24.00	94.56	
260943	2	S5125		09/24/13	09/24/13	24.00	94.56	
260943	3	S5125		09/25/13	09/25/13	24.00	94.56	
260943	4	S5125		09/26/13	09/26/13	24.00	94.56	
260943	5	S5125		09/27/13	09/27/13	24.00	94.56	
						CLAIM TOTAL	472.80	CLAIM ACCOUNT REF.    2609430012011599SUP



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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011600 2011600 GUZMAN, EDELMIRA 02/19/1944 GNT03023100 11/6/2008-00160-0009  
DIAGNOSIS CODES: 250.00 244.9 401.9 569.89 781.2 789.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260973	1	S5125		09/23/13	09/23/13	22.00	86.68	
260973	2	S5125		09/24/13	09/24/13	22.00	86.68	
260973	3	S5125		09/25/13	09/25/13	22.00	86.68	
260973	4	S5125		09/26/13	09/26/13	22.00	86.68	
260973	5	S5125		09/27/13	09/27/13	22.00	86.68	
CLAIM TOTAL							433.40	CLAIM ACCOUNT REF. 2609730012011600SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011601 2011601 JACKSON, PATRICIA 08/10/1960 GNT04501100 1/26/2009-00708-0049  
DIAGNOSIS CODES: 042. 311. 401.9 493.90 944.14

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260982	1	T1019		09/23/13	09/23/13	20.00	78.80	
260982	2	T1019		09/24/13	09/24/13	20.00	78.80	
260982	3	T1019		09/26/13	09/26/13	20.00	78.80	
260982	4	T1019		09/27/13	09/27/13	20.00	78.80	
CLAIM TOTAL							315.20	CLAIM ACCOUNT REF. 2609820012011601SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011654 2011654 ALIX, PEDRO 01/31/1937 GNT03916300 7/26/2011-00282-0022  
DIAGNOSIS CODES: 294.10 401.9 602.8

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260914	1	S5126		09/21/13	09/21/13	1.00	200.00	
260914	2	S5126		09/22/13	09/22/13	1.00	200.00	
260914	3	S5126		09/23/13	09/23/13	1.00	200.00	
260914	4	S5126		09/24/13	09/24/13	1.00	200.00	
260914	5	S5126		09/25/13	09/25/13	1.00	200.00	
260914	6	S5126		09/26/13	09/26/13	1.00	200.00	
260914	7	S5126		09/27/13	09/27/13	1.00	200.00	
CLAIM TOTAL							1,400.00	CLAIM ACCOUNT REF. 2609140012011654SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261025	1	S5125		09/21/13	09/21/13	16.00	63.04	
261025	2	S5125		09/22/13	09/22/13	16.00	63.04	

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261025	3	S5125		09/23/13	09/23/13	28.00	110.32	
261025	4	S5125		09/24/13	09/24/13	28.00	110.32	
261025	5	S5125		09/25/13	09/25/13	28.00	110.32	
261025	6	S5125		09/26/13	09/26/13	28.00	110.32	
261025	7	S5125		09/27/13	09/27/13	28.00	110.32	
CLAIM TOTAL							677.68	CLAIM ACCOUNT REF. 2610250012011657SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011659	2011659	RIVERA MARTINEZ, GLORI	01/22/1938	GNT02887600	8/23/2005-00354-0060
DIAGNOSIS	CODES:	253.5	244.9	272.4	369.00	401.9	493.92

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261047	1	S5125		09/21/13	09/21/13	28.00	110.32	
261047	2	S5125		09/22/13	09/22/13	28.00	110.32	
261047	3	S5125		09/23/13	09/23/13	28.00	110.32	
261047	4	S5125		09/24/13	09/24/13	28.00	110.32	
261047	5	S5125		09/25/13	09/25/13	36.00	141.84	
261047	6	S5125		09/26/13	09/26/13	28.00	110.32	
261047	7	S5125		09/27/13	09/27/13	28.00	110.32	
CLAIM TOTAL							803.76	CLAIM ACCOUNT REF. 2610470012011659SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260966	1	S5125		09/21/13	09/21/13	16.00	63.04	
260966	2	S5125		09/22/13	09/22/13	16.00	63.04	
260966	3	S5125		09/23/13	09/23/13	16.00	63.04	
260966	4	S5125		09/24/13	09/24/13	16.00	63.04	
260966	5	S5125		09/26/13	09/26/13	16.00	63.04	
260966	6	S5125		09/27/13	09/27/13	16.00	63.04	
CLAIM TOTAL							378.24	CLAIM ACCOUNT REF. 2609660012011662SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260999	1	S5126		09/21/13	09/21/13	1.00	200.00	
260999	2	S5126		09/22/13	09/22/13	1.00	200.00	
260999	3	S5126		09/23/13	09/23/13	1.00	200.00	
260999	4	S5126		09/24/13	09/24/13	1.00	200.00	

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260999	5	S5126		09/25/13	09/25/13	1.00	200.00
260999	6	S5126		09/26/13	09/26/13	1.00	200.00
260999	7	S5126		09/27/13	09/27/13	1.00	200.00
CLAIM TOTAL						1,400.00	CLAIM ACCOUNT REF. 2609990012011663SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011694	2011694	LORA, FERNANDO	08/20/1935	GNT03342600	11/3/2006-00417-0039
DIAGNOSIS CODES: 429.9 386.9 602.8 716.90							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260991	1	S5125		09/23/13	09/23/13	32.00	126.08
260991	2	S5125		09/24/13	09/24/13	32.00	126.08
260991	3	S5125		09/25/13	09/25/13	32.00	126.08
260991	4	S5125		09/26/13	09/26/13	32.00	126.08
260991	5	S5125		09/27/13	09/27/13	24.00	94.56
CLAIM TOTAL						598.88	CLAIM ACCOUNT REF. 2609910012011694SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	1999409	2011750	ZARE, GLORIA	05/07/1943	GNT03716600	6/28/2007-00093-0102
DIAGNOSIS CODES: 716.00 250.00 272.2 311. 401.9 715.90 781.2							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261097	1	S5125		09/21/13	09/21/13	30.00	118.20
261097	2	S5125		09/23/13	09/23/13	32.00	126.08
261097	3	S5125		09/24/13	09/24/13	32.00	126.08
261097	4	S5125		09/25/13	09/25/13	32.00	126.08
261097	5	S5125		09/26/13	09/26/13	28.00	110.32
261097	6	S5125		09/27/13	09/27/13	32.00	126.08
CLAIM TOTAL						732.84	CLAIM ACCOUNT REF. 2610970012011750SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260939	1	T1019		09/23/13	09/23/13	24.00	94.56
260939	2	T1019		09/24/13	09/24/13	24.00	94.56
260939	3	T1019		09/25/13	09/25/13	24.00	94.56
260939	4	T1019		09/26/13	09/26/13	24.00	94.56
260939	5	T1019		09/27/13	09/27/13	24.00	94.56
CLAIM TOTAL						472.80	CLAIM ACCOUNT REF. 2609390012011769SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260972	1	T1019		09/24/13	09/24/13	16.00	63.04
260972	2	T1019		09/25/13	09/25/13	16.00	63.04
260972	3	T1019		09/26/13	09/26/13	16.00	63.04
260972	4	T1019		09/27/13	09/27/13	16.00	63.04
CLAIM TOTAL							252.16
CLAIM ACCOUNT REF.							2609720012011770SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011771 2011771 LEMOINE, RICARDA 05/14/1925 GNT03700100 12/4/2008-00072-0006  
DIAGNOSIS CODES: 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260989	1	S5125		09/21/13	09/21/13	16.00	63.04
260989	2	S5125		09/22/13	09/22/13	16.00	63.04
260989	3	S5125		09/23/13	09/23/13	16.00	63.04
260989	4	S5125		09/24/13	09/24/13	16.00	63.04
260989	5	S5125		09/25/13	09/25/13	16.00	63.04
260989	6	S5125		09/26/13	09/26/13	16.00	63.04
260989	7	S5125		09/27/13	09/27/13	16.00	63.04
CLAIM TOTAL							441.28
CLAIM ACCOUNT REF.							2609890012011771SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260997	1	T1019		09/23/13	09/23/13	16.00	63.04
260997	2	T1019		09/24/13	09/24/13	16.00	63.04
260997	3	T1019		09/25/13	09/25/13	16.00	63.04
260997	4	T1019		09/26/13	09/26/13	16.00	63.04
260997	5	T1019		09/27/13	09/27/13	16.00	63.04
CLAIM TOTAL							315.20
CLAIM ACCOUNT REF.							2609970012011772SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011773 2011773 NUNEZ, REYNA 11/28/1964 GNT02970200 10/27/2005-00154-0072  
DIAGNOSIS CODES: 296.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261018	1	T1019		09/23/13	09/23/13	16.00	63.04
261018	2	T1019		09/24/13	09/24/13	16.00	63.04

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PROVIDER ID = 113502051  
PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261018	3	T1019		09/25/13	09/25/13	16.00	63.04
261018	4	T1019		09/26/13	09/26/13	16.00	63.04
261018	5	T1019		09/27/13	09/27/13	16.00	63.04
CLAIM TOTAL							315.20
							CLAIM ACCOUNT REF. 2610180012011773SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011774	2011774	QUINONES, ENEIDA	02/29/1936	GNT03606700	10/3/2007-00270-0037
DIAGNOSIS CODES: 493.92 714.0							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261038	1	T1019		09/23/13	09/23/13	16.00	63.04
261038	2	T1019		09/24/13	09/24/13	16.00	63.04
261038	3	T1019		09/25/13	09/25/13	16.00	63.04
261038	4	T1019		09/26/13	09/26/13	16.00	63.04
261038	5	T1019		09/27/13	09/27/13	16.00	63.04
CLAIM TOTAL							315.20
							CLAIM ACCOUNT REF. 2610380012011774SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261055	1	S5125		09/21/13	09/21/13	32.00	126.08
261055	2	S5125		09/22/13	09/22/13	32.00	126.08
261055	3	S5125		09/23/13	09/23/13	32.00	126.08
261055	4	S5125		09/24/13	09/24/13	32.00	126.08
261055	5	S5125		09/25/13	09/25/13	32.00	126.08
261055	6	S5125		09/26/13	09/26/13	32.00	126.08
261055	7	S5125		09/27/13	09/27/13	4.00	15.76
CLAIM TOTAL							772.24
							CLAIM ACCOUNT REF. 2610550012011777SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261073	1	S5125		09/23/13	09/23/13	36.00	141.84
261073	2	S5125		09/24/13	09/24/13	12.00	47.28
261073	3	S5125		09/25/13	09/25/13	36.00	141.84
261073	4	S5125		09/26/13	09/26/13	12.00	47.28
261073	5	S5125		09/27/13	09/27/13	36.00	141.84
CLAIM TOTAL							520.08
							CLAIM ACCOUNT REF. 2610730012011781SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261074	1	S5125		09/21/13	09/21/13	20.00	78.80
261074	2	S5125		09/23/13	09/23/13	32.00	126.08
261074	3	S5125		09/24/13	09/24/13	32.00	126.08
261074	4	S5125		09/25/13	09/25/13	32.00	126.08
261074	5	S5125		09/26/13	09/26/13	32.00	126.08
261074	6	S5125		09/27/13	09/27/13	32.00	126.08
CLAIM TOTAL						709.20	CLAIM ACCOUNT REF. 2610740012011782SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261081	1	T1019		09/21/13	09/21/13	20.00	78.80
261081	2	T1019		09/22/13	09/22/13	20.00	78.80
261081	3	T1019		09/23/13	09/23/13	20.00	78.80
261081	4	T1019		09/24/13	09/24/13	20.00	78.80
261081	5	T1019		09/25/13	09/25/13	20.00	78.80
261081	6	T1019		09/26/13	09/26/13	20.00	78.80
261081	7	T1019		09/27/13	09/27/13	20.00	78.80
CLAIM TOTAL						551.60	CLAIM ACCOUNT REF. 2610810012011783SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011787 2011787 SANTIAGO, ARMINDA 05/19/1932 GNT02860500 7/26/2005-00146-0055  
DIAGNOSIS CODES: 253.5 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261064	1	T1019		09/23/13	09/23/13	16.00	63.04
261064	2	T1019		09/24/13	09/24/13	16.00	63.04
261064	3	T1019		09/25/13	09/25/13	24.00	94.56
261064	4	T1019		09/26/13	09/26/13	16.00	63.04
261064	5	T1019		09/27/13	09/27/13	16.00	63.04
CLAIM TOTAL						346.72	CLAIM ACCOUNT REF. 2610640012011787SUP

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

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261067	1	T1019	TT		09/23/13	09/23/13	16.00	67.04
261067	2	T1019	TT		09/24/13	09/24/13	16.00	67.04
261067	3	T1019	TT		09/25/13	09/25/13	16.00	67.04
261067	4	T1019	TT		09/26/13	09/26/13	16.00	67.04
261067	5	T1019	TT		09/27/13	09/27/13	16.00	67.04
CLAIM TOTAL								335.20

CLAIM ACCOUNT REF. 2610670012011788SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011797 2011797 CARTAGENA, LUZ 10/05/1948 GNT00039700 2/1/2012-01193-0009  
DIAGNOSIS CODES: 369.9 272.4 300.00 401.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260932	1	T1019			09/23/13	09/23/13	20.00	78.80
260932	2	T1019			09/27/13	09/27/13	20.00	78.80
CLAIM TOTAL								157.60

CLAIM ACCOUNT REF. 2609320012011797SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011798 2011798 CUCALON, INES 04/20/1926 GNT05761000 6/28/2012-00905-0012  
DIAGNOSIS CODES: 331.0

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260940	1	S5125			09/21/13	09/21/13	46.00	181.24
260940	2	S5125			09/22/13	09/22/13	46.00	181.24
260940	3	S5125			09/23/13	09/23/13	38.00	149.72
260940	4	S5125			09/24/13	09/24/13	38.00	149.72
260940	5	S5125			09/25/13	09/25/13	38.00	149.72
260940	6	S5125			09/26/13	09/26/13	38.00	149.72
260940	7	S5125			09/27/13	09/27/13	40.00	157.60
CLAIM TOTAL								1,118.96

CLAIM ACCOUNT REF. 2609400012011798SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011800 2011800 FRANCIS, VICTORIA 11/22/1924 GNT03398100 9/26/2006-00356-0043  
DIAGNOSIS CODES: 290.0

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260962	1	S5125			09/23/13	09/23/13	28.00	110.32
260962	2	S5125			09/24/13	09/24/13	28.00	110.32
260962	3	S5125			09/25/13	09/25/13	28.00	110.32
260962	4	S5125			09/26/13	09/26/13	28.00	110.32

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260962	5	S5125		09/27/13	09/27/13	28.00	110.32	
					CLAIM TOTAL		551.60	CLAIM ACCOUNT REF.    2609620012011800SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011801	2011801	GARCIA2, MARIA A	09/09/1930	GNT02860800	8/10/2012-00011-0010
DIAGNOSIS	CODES:	250.00	244.9	272.4	311.	401.9	733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260964	1	S5125		09/21/13	09/21/13	28.00	110.32	
260964	2	S5125		09/22/13	09/22/13	28.00	110.32	
260964	3	S5125		09/23/13	09/23/13	28.00	110.32	
260964	4	S5125		09/24/13	09/24/13	28.00	110.32	
260964	5	S5125		09/25/13	09/25/13	28.00	110.32	
260964	6	S5125		09/26/13	09/26/13	28.00	110.32	
260964	7	S5125		09/27/13	09/27/13	28.00	110.32	
					CLAIM TOTAL		772.24	CLAIM ACCOUNT REF.    2609640012011801SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260967	1	S5125		09/23/13	09/23/13	16.00	63.04	
260967	2	S5125		09/24/13	09/24/13	16.00	63.04	
260967	3	S5125		09/25/13	09/25/13	16.00	63.04	
260967	4	S5125		09/26/13	09/26/13	16.00	63.04	
260967	5	S5125		09/27/13	09/27/13	16.00	63.04	
					CLAIM TOTAL		315.20	CLAIM ACCOUNT REF.    2609670012011821SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260969	1	T1019		09/23/13	09/23/13	16.00	63.04	
260969	2	T1019		09/25/13	09/25/13	16.00	63.04	
260969	3	T1019		09/27/13	09/27/13	16.00	63.04	
					CLAIM TOTAL		189.12	CLAIM ACCOUNT REF.    2609690012011822SUP



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

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2011823    2011823    HERNANDEZ, LUZ                      01/01/1933    GNT00568800                      3/10/2009-00033-0008  
DIAGNOSIS CODES:    250.00    530.81    715.00    780.93    781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260976	1	S5125		09/23/13	09/23/13	24.00	94.56	
260976	2	S5125		09/24/13	09/24/13	24.00	94.56	
260976	3	S5125		09/25/13	09/25/13	24.00	94.56	
260976	4	S5125		09/26/13	09/26/13	24.00	94.56	
260976	5	S5125		09/27/13	09/27/13	24.00	94.56	
								CLAIM TOTAL    472.80    CLAIM ACCOUNT REF.    2609760012011823SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2011824    2011824    HICKS, SYLVIA                      03/03/1937    9370331550                      5/5/2011-00713-0013  
DIAGNOSIS CODES:    717.0    250.00    401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260977	1	S5125		09/21/13	09/21/13	16.00	63.04	
260977	2	S5125		09/22/13	09/22/13	16.00	63.04	
260977	3	S5125		09/23/13	09/23/13	30.00	118.20	
260977	4	S5125		09/24/13	09/24/13	26.00	102.44	
260977	5	S5125		09/25/13	09/25/13	30.00	118.20	
260977	6	S5125		09/26/13	09/26/13	26.00	102.44	
260977	7	S5125		09/27/13	09/27/13	30.00	118.20	
								CLAIM TOTAL    685.56    CLAIM ACCOUNT REF.    2609770012011824SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261007	1	S5125		09/21/13	09/21/13	24.00	94.56	
261007	2	S5125		09/22/13	09/22/13	24.00	94.56	
261007	3	S5125		09/23/13	09/23/13	24.00	94.56	
261007	4	S5125		09/24/13	09/24/13	24.00	94.56	
261007	5	S5125		09/25/13	09/25/13	24.00	94.56	
261007	6	S5125		09/26/13	09/26/13	24.00	94.56	
261007	7	S5125		09/27/13	09/27/13	24.00	94.56	
								CLAIM TOTAL    661.92    CLAIM ACCOUNT REF.    2610070012011844SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011845 2011845 LUGO, DOLORES 12/19/1928 93702878100 9/132010-00502-0024  
DIAGNOSIS CODES: 253.5 272.4 401.9 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260994	1	S5125		09/24/13	09/24/13	16.00	63.04
260994	2	S5125		09/25/13	09/25/13	16.00	63.04
260994	3	S5125		09/26/13	09/26/13	16.00	63.04
						CLAIM TOTAL	189.12
						CLAIM ACCOUNT REF.	2609940012011845SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261039	1	S5125		09/21/13	09/21/13	32.00	126.08
261039	2	S5125		09/22/13	09/22/13	32.00	126.08
261039	3	S5125		09/23/13	09/23/13	40.00	157.60
261039	4	S5125		09/24/13	09/24/13	40.00	157.60
261039	5	S5125		09/25/13	09/25/13	40.00	157.60
261039	6	S5125		09/26/13	09/26/13	40.00	157.60
261039	7	S5125		09/27/13	09/27/13	40.00	157.60
						CLAIM TOTAL	1,040.16
						CLAIM ACCOUNT REF.	2610390012011847SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011848 2011848 LANZILOTTA, ROSA 06/05/1925 93702509600 3/10/2010-00013-0032  
DIAGNOSIS CODES: 733.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260987	1	S5125		09/21/13	09/21/13	16.00	63.04
260987	2	S5125		09/22/13	09/22/13	16.00	63.04
260987	3	S5125		09/23/13	09/23/13	32.00	126.08
260987	4	S5125		09/25/13	09/25/13	32.00	126.08
260987	5	S5125		09/26/13	09/26/13	32.00	126.08
260987	6	S5125		09/27/13	09/27/13	32.00	126.08
						CLAIM TOTAL	630.40
						CLAIM ACCOUNT REF.	2609870012011848SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011851 2011851 SANTIAGO, ILIA 11/16/1924 GNT02886300 5/27/2011-00318-0013  
DIAGNOSIS CODES: 436. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261065	1	S5125		09/21/13	09/21/13	32.00	126.08
261065	2	S5125		09/22/13	09/22/13	32.00	126.08

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261065	3	S5125		09/24/13	09/24/13	32.00	126.08	
261065	4	S5125		09/25/13	09/25/13	32.00	126.08	
261065	5	S5125		09/26/13	09/26/13	32.00	126.08	
261065	6	S5125		09/27/13	09/27/13	32.00	126.08	
					CLAIM TOTAL		756.48	CLAIM ACCOUNT REF. 2610650012011851SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011852	2011852	FERNANDEZ, FELIX	11/20/1935	GNT04997300	8/27/2010-00570-0017
DIAGNOSIS	CODES:	715.00	253.5			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260959	1	S5125		09/23/13	09/23/13	16.00	63.04	
260959	2	S5125		09/24/13	09/24/13	16.00	63.04	
260959	3	S5125		09/25/13	09/25/13	16.00	63.04	
260959	4	S5125		09/26/13	09/26/13	16.00	63.04	
260959	5	S5125		09/27/13	09/27/13	16.00	63.04	
					CLAIM TOTAL		315.20	CLAIM ACCOUNT REF. 2609590012011852SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260990	1	S5125		09/21/13	09/21/13	24.00	94.56	
260990	2	S5125		09/22/13	09/22/13	24.00	94.56	
260990	3	S5125		09/23/13	09/23/13	28.00	110.32	
260990	4	S5125		09/24/13	09/24/13	27.00	106.38	
260990	5	S5125		09/26/13	09/26/13	28.00	110.32	
260990	6	S5125		09/27/13	09/27/13	28.00	110.32	
					CLAIM TOTAL		626.46	CLAIM ACCOUNT REF. 2609900012011854SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011859	2011859	SANTIAGO, IVETH	10/24/1945	93703401100	6/20/2012-00649-0016
DIAGNOSIS	CODES:	428.32	250.00			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261066	1	S5125		09/21/13	09/21/13	28.00	110.32	
261066	2	S5125		09/22/13	09/22/13	28.00	110.32	
261066	3	S5125		09/23/13	09/23/13	28.00	110.32	
261066	4	S5125		09/24/13	09/24/13	28.00	110.32	
261066	5	S5125		09/25/13	09/25/13	28.00	110.32	
261066	6	S5125		09/26/13	09/26/13	28.00	110.32	
261066	7	S5125		09/27/13	09/27/13	28.00	110.32	

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PROVIDER ID = 113502051  
PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	772.24	2610660012011859SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
261011	1	S5125		09/21/13	09/21/13	20.00	78.80	
261011	2	S5125		09/22/13	09/22/13	20.00	78.80	
261011	3	S5125		09/23/13	09/23/13	24.00	94.56	
261011	4	S5125		09/24/13	09/24/13	24.00	94.56	
261011	5	S5125		09/25/13	09/25/13	24.00	94.56	
261011	6	S5125		09/26/13	09/26/13	24.00	94.56	
261011	7	S5125		09/27/13	09/27/13	24.00	94.56	
						CLAIM TOTAL	630.40	2610110012011860SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
261076	1	T1019		08/09/13	08/09/13	32.00	126.08	
						CLAIM TOTAL	126.08	2610760012011861SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011861	2011861	TORRES, JUANITA	06/21/1931	GNT03848300	9/26/2007-00282-0075
DIAGNOSIS CODES: 715.00 272.4 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
261077	1	T1019		09/22/13	09/22/13	24.00	94.56	
261077	2	T1019		09/23/13	09/23/13	32.00	126.08	
261077	3	T1019		09/24/13	09/24/13	32.00	126.08	
261077	4	T1019		09/25/13	09/25/13	32.00	126.08	
261077	5	T1019		09/27/13	09/27/13	32.00	126.08	
						CLAIM TOTAL	598.88	2610770012011861SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261087	1	T1019		09/23/13	09/23/13	20.00	78.80
261087	2	T1019		09/24/13	09/24/13	20.00	78.80

REPORT DATE 10/02/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013100202392395RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261087	3	T1019		09/25/13	09/25/13	20.00	78.80	
261087	4	T1019		09/26/13	09/26/13	20.00	78.80	
261087	5	T1019		09/27/13	09/27/13	20.00	78.80	
					CLAIM TOTAL		394.00	CLAIM ACCOUNT REF. 2610870012011862SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261021	1	S5125		09/21/13	09/21/13	16.00	63.04	
261021	2	S5125		09/22/13	09/22/13	16.00	63.04	
261021	3	S5125		09/23/13	09/23/13	16.00	63.04	
261021	4	S5125		09/24/13	09/24/13	16.00	63.04	
261021	5	S5125		09/25/13	09/25/13	16.00	63.04	
261021	6	S5125		09/26/13	09/26/13	16.00	63.04	
261021	7	S5125		09/27/13	09/27/13	16.00	63.04	
					CLAIM TOTAL		441.28	CLAIM ACCOUNT REF. 2610210012011863SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260979	1	S5125		09/21/13	09/21/13	96.00	378.24	
260979	2	S5125		09/22/13	09/22/13	96.00	378.24	
260979	3	S5125		09/23/13	09/23/13	48.00	189.12	
260979	4	S5125		09/24/13	09/24/13	48.00	189.12	
260979	5	S5125		09/25/13	09/25/13	48.00	189.12	
260979	6	S5125		09/26/13	09/26/13	48.00	189.12	
260979	7	S5125		09/27/13	09/27/13	48.00	189.12	
					CLAIM TOTAL		1,702.08	CLAIM ACCOUNT REF. 2609790012011864SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260957	1	S5125		09/21/13	09/21/13	16.00	63.04	
260957	2	S5125		09/22/13	09/22/13	16.00	63.04	
260957	3	S5125		09/23/13	09/23/13	16.00	63.04	
260957	4	S5125		09/24/13	09/24/13	16.00	63.04	
260957	5	S5125		09/25/13	09/25/13	16.00	63.04	

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PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260957	6	S5125		09/26/13	09/26/13	16.00	63.04	
260957	7	S5125		09/27/13	09/27/13	16.00	63.04	
					CLAIM TOTAL		441.28	CLAIM ACCOUNT REF. 2609570012011866SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011871	2011871 OJEDA, SARA	10/14/1939	GNT02646000	7/27/2006-00037-0059
DIAGNOSIS	CODES:	331.0 250.02			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261020	1	S5125 TT		09/21/13	09/21/13	20.00	83.80	
261020	2	S5125 TT		09/22/13	09/22/13	20.00	83.80	
261020	3	S5125 TT		09/23/13	09/23/13	32.00	134.08	
261020	4	S5125 TT		09/24/13	09/24/13	32.00	134.08	
261020	5	S5125 TT		09/25/13	09/25/13	32.00	134.08	
261020	6	S5125 TT		09/26/13	09/26/13	32.00	134.08	
261020	7	S5125 TT		09/27/13	09/27/13	32.00	134.08	
					CLAIM TOTAL		838.00	CLAIM ACCOUNT REF. 2610200012011871SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261006	1	T1019		09/23/13	09/23/13	20.00	78.80	
261006	2	T1019		09/24/13	09/24/13	20.00	78.80	
261006	3	T1019		09/25/13	09/25/13	20.00	78.80	
261006	4	T1019		09/26/13	09/26/13	20.00	78.80	
261006	5	T1019		09/27/13	09/27/13	20.00	78.80	
					CLAIM TOTAL		394.00	CLAIM ACCOUNT REF. 2610060012011877SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011912	2011912 CANINO, CARMEN	12/06/1941	GNT0279200	5/26/2005-00169-0071
DIAGNOSIS	CODES:	715.00 250.00 401.9 493.00			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260929	1	S5125		09/21/13	09/21/13	16.00	63.04	
260929	2	S5125		09/22/13	09/22/13	16.00	63.04	
260929	3	S5125		09/23/13	09/23/13	24.00	94.56	
260929	4	S5125		09/24/13	09/24/13	24.00	94.56	
260929	5	S5125		09/25/13	09/25/13	24.00	94.56	
260929	6	S5125		09/26/13	09/26/13	24.00	94.56	
260929	7	S5125		09/27/13	09/27/13	24.00	94.56	
					CLAIM TOTAL		598.88	CLAIM ACCOUNT REF. 2609290012011912SUP

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PAYER ID = GUILD                      GUILDNET

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261028	1	S5125		09/23/13	09/23/13	16.00	63.04
261028	2	S5125		09/24/13	09/24/13	16.00	63.04
261028	3	S5125		09/25/13	09/25/13	20.00	78.80
261028	4	S5125		09/26/13	09/26/13	16.00	63.04
261028	5	S5125		09/27/13	09/27/13	16.00	63.04
CLAIM TOTAL							330.96

CLAIM ACCOUNT REF. 2610280012011913SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011916 2011916 ORTIZ, ANTHONY 10/31/1940 93700799800 8/7/2008-00011-0049  
DIAGNOSIS CODES: 428.0 369.3 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261023	1	S5125		09/21/13	09/21/13	28.00	110.32
261023	2	S5125		09/23/13	09/23/13	28.00	110.32
261023	3	S5125		09/24/13	09/24/13	28.00	110.32
261023	4	S5125		09/25/13	09/25/13	28.00	110.32
261023	5	S5125		09/26/13	09/26/13	28.00	110.32
261023	6	S5125		09/27/13	09/27/13	28.00	110.32
CLAIM TOTAL							661.92

CLAIM ACCOUNT REF. 2610230012011916SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260942	1	S5125		09/21/13	09/21/13	16.00	63.04
260942	2	S5125		09/22/13	09/22/13	16.00	63.04
260942	3	S5125		09/23/13	09/23/13	22.00	86.68
260942	4	S5125		09/24/13	09/24/13	21.00	82.74
260942	5	S5125		09/25/13	09/25/13	22.00	86.68
260942	6	S5125		09/26/13	09/26/13	22.00	86.68
CLAIM TOTAL							468.86

CLAIM ACCOUNT REF. 2609420012011953SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011957 2011957 MARRERO, PHILLIP 07/16/1945 GNT00157200 6/21/2012-00200-0006  
DIAGNOSIS CODES: 314.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260998	1	S5126		09/21/13	09/21/13	1.00	200.00

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PAYER ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260998	2	S5126		09/22/13	09/22/13	1.00	200.00	
260998	3	S5126		09/23/13	09/23/13	1.00	200.00	
260998	4	S5126		09/24/13	09/24/13	1.00	200.00	
260998	5	S5126		09/25/13	09/25/13	1.00	200.00	
260998	6	S5126		09/26/13	09/26/13	1.00	200.00	
260998	7	S5126		09/27/13	09/27/13	1.00	200.00	
CLAIM TOTAL							1,400.00	CLAIM ACCOUNT REF. 2609980012011957SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011960 2011960 BUSTAMENTE, GABRIEL 07/08/1938 93702523200 1/8/2010-00120-0020  
DIAGNOSIS CODES: 250.00 428.0 716.98

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260926	1	S5125		09/21/13	09/21/13	18.00	70.92	
260926	2	S5125		09/23/13	09/23/13	20.00	78.80	
260926	3	S5125		09/24/13	09/24/13	20.00	78.80	
260926	4	S5125		09/25/13	09/25/13	20.00	78.80	
260926	5	S5125		09/26/13	09/26/13	20.00	78.80	
260926	6	S5125		09/27/13	09/27/13	20.00	78.80	
CLAIM TOTAL							464.92	CLAIM ACCOUNT REF. 2609260012011960SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011967 2011967 MORALES, MARGARITA 11/10/1950 GNT02797600 5/31/2005-00081-0048  
DIAGNOSIS CODES: 715.90 401.9 493.92 753.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261010	1	T1019		09/23/13	09/23/13	20.00	78.80	
261010	2	T1019		09/24/13	09/24/13	20.00	78.80	
261010	3	T1019		09/25/13	09/25/13	20.00	78.80	
261010	4	T1019		09/26/13	09/26/13	20.00	78.80	
261010	5	T1019		09/27/13	09/27/13	20.00	78.80	
CLAIM TOTAL							394.00	CLAIM ACCOUNT REF. 2610100012011967SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260930	1	S5125		09/11/13	09/11/13	4.00	15.76	
CLAIM TOTAL							15.76	CLAIM ACCOUNT REF. 2609300012011978SUP



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PAYER ID = GUILD                      GUILDNET

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260924	1	S5125		09/21/13	09/21/13	32.00	126.08
260924	2	S5125		09/22/13	09/22/13	32.00	126.08
260924	3	S5125		09/23/13	09/23/13	32.00	126.08
260924	4	S5125		09/24/13	09/24/13	32.00	126.08
260924	5	S5125		09/25/13	09/25/13	32.00	126.08
260924	6	S5125		09/26/13	09/26/13	32.00	126.08
260924	7	S5125		09/27/13	09/27/13	32.00	126.08
CLAIM TOTAL							882.56
CLAIM ACCOUNT REF.							2609240012011979SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011980 2011980 IRIZARRY, ESTRELLA 05/16/1927 GNT02485000 7/26/2004-00047-0059  
DIAGNOSIS CODES: 716.90 250.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260981	1	S5125		09/21/13	09/21/13	20.00	78.80
260981	2	S5125		09/22/13	09/22/13	20.00	78.80
260981	3	S5125		09/23/13	09/23/13	20.00	78.80
260981	4	S5125		09/24/13	09/24/13	20.00	78.80
260981	5	S5125		09/25/13	09/25/13	20.00	78.80
260981	6	S5125		09/26/13	09/26/13	20.00	78.80
CLAIM TOTAL							472.80
CLAIM ACCOUNT REF.							2609810012011980SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011982 2011982 VEGA, ADELAIDA 12/16/1934 93702952000 11/3/2010-00278-0026  
DIAGNOSIS CODES: 715.09 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261084	1	S5126		09/07/13	09/07/13	1.00	200.00
261084	2	S5126		09/10/13	09/10/13	1.00	200.00
261084	3	S5126		09/21/13	09/21/13	1.00	200.00
261084	4	S5126		09/22/13	09/22/13	1.00	200.00
261084	5	S5126		09/23/13	09/23/13	1.00	200.00
261084	6	S5126		09/24/13	09/24/13	1.00	200.00
261084	7	S5126		09/25/13	09/25/13	1.00	200.00
261084	8	S5126		09/26/13	09/26/13	1.00	200.00
261084	9	S5126		09/27/13	09/27/13	1.00	200.00
CLAIM TOTAL							1,800.00
CLAIM ACCOUNT REF.							2610840012011982SUP

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PAYER ID = GUILD                      GUILDNET

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261079	1	S5125			09/21/13	09/21/13	16.00	63.04
261079	2	S5125			09/22/13	09/22/13	16.00	63.04
261079	3	S5125			09/23/13	09/23/13	20.00	78.80
261079	4	S5125			09/24/13	09/24/13	12.00	47.28
261079	5	S5125			09/25/13	09/25/13	20.00	78.80
261079	6	S5125			09/26/13	09/26/13	20.00	78.80
261079	7	S5125			09/27/13	09/27/13	20.00	78.80
CLAIM TOTAL								488.56
CLAIM ACCOUNT REF.								2610790012011983SUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261058	1	S5125	TT		09/21/13	09/21/13	12.00	50.28
261058	2	S5125	TT		09/22/13	09/22/13	12.00	50.28
261058	3	S5125	TT		09/23/13	09/23/13	12.00	50.28
261058	4	S5125	TT		09/24/13	09/24/13	12.00	50.28
261058	5	S5125	TT		09/25/13	09/25/13	12.00	50.28
CLAIM TOTAL								251.40
CLAIM ACCOUNT REF.								2610580012011986SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011986 2011986 RUIZ, JAMES 05/04/1929 GNT00225800 12/26/2003-00008-0047  
DIAGNOSIS CODES: 362.01 250.00

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261059	1	S5125	TT		09/26/13	09/26/13	24.00	100.56
CLAIM TOTAL								100.56
CLAIM ACCOUNT REF.								2610590012011986SUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261060	1	S5125	TT		09/21/13	09/21/13	12.00	50.28
261060	2	S5125	TT		09/22/13	09/22/13	12.00	50.28
261060	3	S5125	TT		09/23/13	09/23/13	12.00	50.28
261060	4	S5125	TT		09/24/13	09/24/13	12.00	50.28
261060	5	S5125	TT		09/25/13	09/25/13	12.00	50.28

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PAYER ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	251.40	2610600012011987SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011988	2011988	RIVERA, LIDIA	12/01/1942	GNT02751500	4/27/2005-00174-0049
DIAGNOSIS CODES: 294.8							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
261048	1	S5125		09/23/13	09/23/13	28.00	110.32	
261048	2	S5125		09/24/13	09/24/13	28.00	110.32	
261048	3	S5125		09/25/13	09/25/13	28.00	110.32	
261048	4	S5125		09/26/13	09/26/13	28.00	110.32	
261048	5	S5125		09/27/13	09/27/13	28.00	110.32	
						CLAIM TOTAL	551.60	2610480012011988SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012000	2012000	GARCIA, LUCILA	11/01/1935	GNT02564500	10/25/2004-00009-0077
DIAGNOSIS CODES: 438.85							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
260963	1	S5125		09/23/13	09/23/13	28.00	110.32	
260963	2	S5125		09/24/13	09/24/13	28.00	110.32	
260963	3	S5125		09/25/13	09/25/13	28.00	110.32	
260963	4	S5125		09/26/13	09/26/13	28.00	110.32	
260963	5	S5125		09/27/13	09/27/13	28.00	110.32	
						CLAIM TOTAL	551.60	2609630012012000SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012001	2012001	REYES, MILAGROS	05/05/1957	GNT00210100	5/28/2010-00011-0034
DIAGNOSIS CODES: 319.                      244.9                      250.00                      401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
261044	1	T1019 TT		09/21/13	09/21/13	24.00	100.56	
261044	2	T1019 TT		09/22/13	09/22/13	24.00	100.56	
261044	3	T1019 TT		09/23/13	09/23/13	20.00	83.80	
261044	4	T1019 TT		09/24/13	09/24/13	20.00	83.80	
261044	5	T1019 TT		09/25/13	09/25/13	24.00	100.56	
261044	6	T1019 TT		09/26/13	09/26/13	24.00	100.56	
261044	7	T1019 TT		09/27/13	09/27/13	24.00	100.56	
						CLAIM TOTAL	670.40	2610440012012001SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260995	1	T1019		09/16/13	09/16/13	24.00	94.56
CLAIM TOTAL							94.56
CLAIM ACCOUNT REF.							2609950012012018SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012018	2012018	LUNA, ELDA	06/21/1945	GNT06614700	11/30/2012-00607-0005
DIAGNOSIS CODES: 714.0      285.8      733.00      780.96							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260996	1	T1019		09/21/13	09/21/13	24.00	94.56
260996	2	T1019		09/23/13	09/23/13	24.00	94.56
260996	3	T1019		09/24/13	09/24/13	24.00	94.56
260996	4	T1019		09/25/13	09/25/13	24.00	94.56
260996	5	T1019		09/26/13	09/26/13	24.00	94.56
260996	6	T1019		09/27/13	09/27/13	24.00	94.56
CLAIM TOTAL							567.36
CLAIM ACCOUNT REF.							2609960012012018SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260971	1	T1019		09/21/13	09/21/13	20.00	78.80
260971	2	T1019		09/22/13	09/22/13	20.00	78.80
260971	3	T1019		09/23/13	09/23/13	24.00	94.56
260971	4	T1019		09/24/13	09/24/13	24.00	94.56
260971	5	T1019		09/25/13	09/25/13	24.00	94.56
260971	6	T1019		09/26/13	09/26/13	24.00	94.56
260971	7	T1019		09/27/13	09/27/13	24.00	94.56
CLAIM TOTAL							630.40
CLAIM ACCOUNT REF.							2609710012012037SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012056	2012056	RODRIGUEZ, JUAN	11/04/1920	93702665700	4/15/2010-00429-0020
DIAGNOSIS CODES: 290.40      401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261052	1	S5125		09/21/13	09/21/13	24.00	94.56
261052	2	S5125		09/23/13	09/23/13	28.00	110.32
261052	3	S5125		09/24/13	09/24/13	28.00	110.32
261052	4	S5125		09/25/13	09/25/13	28.00	110.32

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PROVIDER ID = 113502051  
PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261052	5	S5125			09/26/13	09/26/13	28.00	110.32	
261052	6	S5125			09/27/13	09/27/13	28.00	110.32	
							CLAIM TOTAL	646.16	CLAIM ACCOUNT REF. 2610520012012056SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012059	2012059	CHICO, ANA	03/15/1957	GNT02386300	3/19/2013-00932-0003
DIAGNOSIS	CODES:	295.72					

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260935	1	S5125	TT		09/21/13	09/21/13	12.00	50.28	
260935	2	S5125	TT		09/22/13	09/22/13	12.00	50.28	
260935	3	S5125	TT		09/23/13	09/23/13	12.00	50.28	
260935	4	S5125	TT		09/24/13	09/24/13	12.00	50.28	
260935	5	S5125	TT		09/25/13	09/25/13	12.00	50.28	
260935	6	S5125	TT		09/26/13	09/26/13	12.00	50.28	
260935	7	S5125	TT		09/27/13	09/27/13	12.00	50.28	
							CLAIM TOTAL	351.96	CLAIM ACCOUNT REF. 2609350012012059SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012060	2012060	COLON, MARIA	05/10/1925	GNT05960000	2/1/2012-01191-0018
DIAGNOSIS	CODES:	331.0	401.9	733.00			

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260938	1	S5125			09/21/13	09/21/13	16.00	63.04	
260938	2	S5125			09/22/13	09/22/13	16.00	63.04	
260938	3	S5125			09/23/13	09/23/13	48.00	189.12	
260938	4	S5125			09/24/13	09/24/13	48.00	189.12	
260938	5	S5125			09/25/13	09/25/13	48.00	189.12	
260938	6	S5125			09/26/13	09/26/13	48.00	189.12	
260938	7	S5125			09/27/13	09/27/13	48.00	189.12	
							CLAIM TOTAL	1,071.68	CLAIM ACCOUNT REF. 2609380012012060SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012061	2012061	ENCARNANCION, MARTIN	05/07/1965	GNT04160000	8/5/2008-00305-0022
DIAGNOSIS	CODES:	294.9					

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260952	1	T1019	TT		09/23/13	09/23/13	12.00	50.28	
260952	2	T1019	TT		09/24/13	09/24/13	12.00	50.28	
260952	3	T1019	TT		09/25/13	09/25/13	12.00	50.28	
260952	4	T1019	TT		09/26/13	09/26/13	12.00	50.28	
260952	5	T1019	TT		09/27/13	09/27/13	12.00	50.28	
							CLAIM TOTAL	251.40	CLAIM ACCOUNT REF. 2609520012012061SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012062 2012062 LOZADA, RAMON 12/17/1946 GNT00424300 3/23/2012-00756-0013  
DIAGNOSIS CODES: 250.03 401.9 571.5 780.57

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260993	1	T1019		09/18/13	09/18/13	24.00	94.56	
260993	2	T1019		09/19/13	09/19/13	24.00	94.56	
260993	3	T1019		09/21/13	09/21/13	24.00	94.56	
260993	4	T1019		09/23/13	09/23/13	24.00	94.56	
260993	5	T1019		09/24/13	09/24/13	24.00	94.56	
260993	6	T1019		09/25/13	09/25/13	24.00	94.56	
260993	7	T1019		09/26/13	09/26/13	24.00	94.56	
260993	8	T1019		09/27/13	09/27/13	24.00	94.56	
					CLAIM TOTAL	756.48		CLAIM ACCOUNT REF. 2609930012012062SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012071 2012071 MORALES, ISIDRO 04/05/1923 GNT04846200 3/24/2010-00406-0022  
DIAGNOSIS CODES: 715.00 250.00 272.2 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261009	1	S5125		09/21/13	09/21/13	24.00	94.56	
261009	2	S5125		09/22/13	09/22/13	24.00	94.56	
261009	3	S5125		09/23/13	09/23/13	24.00	94.56	
261009	4	S5125		09/24/13	09/24/13	24.00	94.56	
261009	5	S5125		09/25/13	09/25/13	24.00	94.56	
261009	6	S5125		09/26/13	09/26/13	24.00	94.56	
261009	7	S5125		09/27/13	09/27/13	24.00	94.56	
					CLAIM TOTAL	661.92		CLAIM ACCOUNT REF. 2610090012012071SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012073 2012073 PAGAN, ADRIEL 09/29/1931 GNT00189300 3/29/2012-00738-0007  
DIAGNOSIS CODES: 331.0 244.9 253.5 369.3 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261026	1	T1019		09/21/13	09/21/13	40.00	157.60	
261026	2	T1019		09/22/13	09/22/13	40.00	157.60	
261026	3	T1019		09/23/13	09/23/13	40.00	157.60	
261026	4	T1019		09/24/13	09/24/13	40.00	157.60	
261026	5	T1019		09/25/13	09/25/13	40.00	157.60	
261026	6	T1019		09/26/13	09/26/13	40.00	157.60	
261026	7	T1019		09/27/13	09/27/13	40.00	157.60	
					CLAIM TOTAL	1,103.20		CLAIM ACCOUNT REF. 2610260012012073SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012077 2012077 WARD, ALTHEA 08/13/1956 93703608100 12/14/2011-00450-0018  
DIAGNOSIS CODES: 715.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261090	1	S5125		09/23/13	09/23/13	8.00	31.52	
261090	2	S5125		09/24/13	09/24/13	8.00	31.52	
261090	3	S5125		09/25/13	09/25/13	7.00	27.58	
261090	4	S5125		09/27/13	09/27/13	7.00	27.58	
CLAIM TOTAL							118.20	CLAIM ACCOUNT REF. 2610900012012077SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012077 2012079 WARD, ALTHEA 08/13/1956 93703608100 12/14/2011-00450-0017  
DIAGNOSIS CODES: 715.09 250.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261091	1	S5131		09/21/13	09/21/13	16.00	58.40	
CLAIM TOTAL							58.40	CLAIM ACCOUNT REF. 2610910012012079SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012082 2012082 SANCHEZ, ESTERVINA 04/17/1936 GNT05030100 9/28/2010-00216-0015  
DIAGNOSIS CODES: 714.0 250.00 272.2 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261063	1	S5125		09/23/13	09/23/13	24.00	94.56	
261063	2	S5125		09/24/13	09/24/13	24.00	94.56	
261063	3	S5125		09/26/13	09/26/13	24.00	94.56	
261063	4	S5125		09/27/13	09/27/13	24.00	94.56	
CLAIM TOTAL							378.24	CLAIM ACCOUNT REF. 2610630012012082SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012084 2012084 SANCHEZ, ANA MARIA 04/01/1925 GNT02386400 1/3/2013-00647-0007  
DIAGNOSIS CODES: 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261061	1	S5125 TT		09/21/13	09/21/13	28.00	117.32	
261061	2	S5125 TT		09/22/13	09/22/13	28.00	117.32	
261061	3	S5125 TT		09/23/13	09/23/13	20.00	83.80	
261061	4	S5125 TT		09/24/13	09/24/13	20.00	83.80	
261061	5	S5125 TT		09/25/13	09/25/13	20.00	83.80	
261061	6	S5125 TT		09/26/13	09/26/13	20.00	83.80	
261061	7	S5125 TT		09/27/13	09/27/13	20.00	83.80	
CLAIM TOTAL							653.64	CLAIM ACCOUNT REF. 2610610012012084SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012091 2012091 VICTORIO, ROQUE 08/16/1928 GNT02618000 12/23/2004-00024-0113  
DIAGNOSIS CODES: 332.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261088	1	S5125		09/21/13	09/21/13	20.00	78.80
261088	2	S5125		09/22/13	09/22/13	20.00	78.80
261088	3	S5125		09/23/13	09/23/13	44.00	173.36
261088	4	S5125		09/24/13	09/24/13	44.00	173.36
261088	5	S5125		09/25/13	09/25/13	44.00	173.36
261088	6	S5125		09/26/13	09/26/13	44.00	173.36
261088	7	S5125		09/27/13	09/27/13	44.00	173.36
CLAIM TOTAL						1,024.40	CLAIM ACCOUNT REF. 2610880012012091SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012112 2012112 ESTEVEZ, MARCIA 05/04/1942 GNT00342800 5/1/2007-00421-0035  
DIAGNOSIS CODES: 369.3 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260955	1	S5125		09/26/13	09/26/13	24.00	94.56
260955	2	S5125		09/27/13	09/27/13	24.00	94.56
CLAIM TOTAL						189.12	CLAIM ACCOUNT REF. 2609550012012112SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012113 2012113 REYES, DORILA 05/02/1929 GNT02461500 7/26/2004-00021-0070  
DIAGNOSIS CODES: 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261042	1	S5125		09/21/13	09/21/13	32.00	126.08
261042	2	S5125		09/22/13	09/22/13	32.00	126.08
261042	3	S5125		09/23/13	09/23/13	32.00	126.08
261042	4	S5125		09/24/13	09/24/13	32.00	126.08
261042	5	S5125		09/25/13	09/25/13	32.00	126.08
261042	6	S5125		09/26/13	09/26/13	32.00	126.08
261042	7	S5125		09/27/13	09/27/13	32.00	126.08
CLAIM TOTAL						882.56	CLAIM ACCOUNT REF. 2610420012012113SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012160 2012160 VARGAS, AUREA 01/16/1936 GNT0026740 11/7/2008-00560-0049  
DIAGNOSIS CODES: 250.00 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261082	1	T1019 TT		09/21/13	09/21/13	20.00	83.80
261082	2	T1019 TT		09/22/13	09/22/13	20.00	83.80



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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261082	3	T1019	TT		09/23/13	09/23/13	20.00	83.80
261082	4	T1019	TT		09/24/13	09/24/13	20.00	83.80
261082	5	T1019	TT		09/25/13	09/25/13	20.00	83.80
261082	6	T1019	TT		09/26/13	09/26/13	20.00	83.80
261082	7	T1019	TT		09/27/13	09/27/13	20.00	83.80
CLAIM TOTAL								586.60

CLAIM ACCOUNT REF. 2610820012012160SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012164 2012164 CALDERON, JUSTINA 10/26/1929 GNT00036800 12/17/2003-00077-0066  
DIAGNOSIS CODES: 250.00 401.9 493.90 716.90

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260928	1	S5125			09/21/13	09/21/13	48.00	189.12
260928	2	S5125			09/22/13	09/22/13	48.00	189.12
260928	3	S5125			09/23/13	09/23/13	48.00	189.12
260928	4	S5125			09/24/13	09/24/13	48.00	189.12
260928	5	S5125			09/25/13	09/25/13	48.00	189.12
260928	6	S5125			09/26/13	09/26/13	48.00	189.12
260928	7	S5125			09/27/13	09/27/13	48.00	189.12
CLAIM TOTAL								1,323.84

CLAIM ACCOUNT REF. 2609280012012164SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012168 2012168 VAZQUEZ 2, ROSA 12/05/1940 GNT00268900 12/5/2003-00042-0033  
DIAGNOSIS CODES: 250.00 244.9 401.9 729.1

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261083	1	S5125			09/23/13	09/23/13	16.00	63.04
261083	2	S5125			09/24/13	09/24/13	16.00	63.04
261083	3	S5125			09/25/13	09/25/13	16.00	63.04
261083	4	S5125			09/26/13	09/26/13	16.00	63.04
261083	5	S5125			09/27/13	09/27/13	16.00	63.04
CLAIM TOTAL								315.20

CLAIM ACCOUNT REF. 2610830012012168SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012182 2012182 RODRIGUEZ, LIDIA 10/13/1939 GNT03481200 11/29/2006-00339-0033  
DIAGNOSIS CODES: 253.5 401.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261053	1	T1019			09/19/13	09/19/13	16.00	63.04
261053	2	T1019			09/23/13	09/23/13	16.00	63.04
261053	3	T1019			09/24/13	09/24/13	16.00	63.04
261053	4	T1019			09/25/13	09/25/13	16.00	63.04
261053	5	T1019			09/26/13	09/26/13	16.00	63.04

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PROVIDER ID = 113502051  
PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261053	6	T1019		09/27/13	09/27/13	16.00	63.04
CLAIM TOTAL							378.24
CLAIM ACCOUNT REF.							2610530012012182SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012185	2012185	DANIELS, MAGGIE	07/25/1932	GNT00057300	12/23/2003-00101-0049
DIAGNOSIS CODES: 369.00 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260941	1	S5125		09/23/13	09/23/13	12.00	47.28
260941	2	S5125		09/25/13	09/25/13	12.00	47.28
260941	3	S5125		09/27/13	09/27/13	12.00	47.28
CLAIM TOTAL							141.84
CLAIM ACCOUNT REF.							2609410012012185SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012197	2012197	TORO, ROSARIO	02/15/1929	GNT00261000	12/19/2003-00064-0056
DIAGNOSIS CODES: 369.10 493.91							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261075	1	T1019		09/21/13	09/21/13	32.00	126.08
261075	2	T1019		09/22/13	09/22/13	32.00	126.08
261075	3	T1019		09/23/13	09/23/13	32.00	126.08
261075	4	T1019		09/24/13	09/24/13	32.00	126.08
261075	5	T1019		09/25/13	09/25/13	32.00	126.08
261075	6	T1019		09/26/13	09/26/13	32.00	126.08
261075	7	T1019		09/27/13	09/27/13	32.00	126.08
CLAIM TOTAL							882.56
CLAIM ACCOUNT REF.							2610750012012197SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012225	2012225	PATTERSON, SHYRLE	12/02/1956	GNT00191700	12/5/2003-00049-0078
DIAGNOSIS CODES: 401.9 250.03 272.0 493.00 530.11							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261029	1	S5125		09/21/13	09/21/13	28.00	110.32
261029	2	S5125		09/22/13	09/22/13	28.00	110.32
CLAIM TOTAL							220.64
CLAIM ACCOUNT REF.							2610290012012225SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010983	2012309	IRIMIA, SIMONA	09/19/1938	GNT0360570	3/27/2007-00064-0042
DIAGNOSIS CODES: 714.0 244.9 428.0 719.7 786.05							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260980	1	T1019		09/21/13	09/21/13	32.00	126.08
260980	2	T1019		09/22/13	09/22/13	32.00	126.08

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PAYER ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260980	3	T1019		09/23/13	09/23/13	32.00	126.08
260980	4	T1019		09/24/13	09/24/13	32.00	126.08
260980	5	T1019		09/25/13	09/25/13	32.00	126.08
260980	6	T1019		09/26/13	09/26/13	32.00	126.08
260980	7	T1019		09/27/13	09/27/13	32.00	126.08
CLAIM TOTAL							882.56

CLAIM ACCOUNT REF. 2609800012012309SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012493 2012493 ESPINOZA, LUPE E 08/06/1929 GNT06559300 1/17/2013-00685-0007  
DIAGNOSIS CODES: 331.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260954	1	T1019		09/21/13	09/21/13	48.00	189.12
260954	2	T1019		09/22/13	09/22/13	48.00	189.12
260954	3	T1019		09/23/13	09/23/13	48.00	189.12
260954	4	T1019		09/25/13	09/25/13	48.00	189.12
260954	5	T1019		09/26/13	09/26/13	48.00	189.12
260954	6	T1019		09/27/13	09/27/13	48.00	189.12
CLAIM TOTAL							1,134.72

CLAIM ACCOUNT REF. 2609540012012493SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2006651 2012496 ROJAS, HAYDEE 02/15/1935 GNT04856800 10/28/2010-00256-0025  
DIAGNOSIS CODES: 952.9 365.9 366.00 782.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261054	1	S5125		09/23/13	09/23/13	20.00	78.80
261054	2	S5125		09/24/13	09/24/13	20.00	78.80
261054	3	S5125		09/25/13	09/25/13	20.00	78.80
261054	4	S5125		09/26/13	09/26/13	20.00	78.80
261054	5	S5125		09/27/13	09/27/13	20.00	78.80
CLAIM TOTAL							394.00

CLAIM ACCOUNT REF. 2610540012012496SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012602 2012602 ALVARADO, SARA E 07/15/1922 GNT03713600 6/28/2007-00019-0030  
DIAGNOSIS CODES: 290.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260916	1	S5125		09/21/13	09/21/13	48.00	189.12
260916	2	S5125		09/22/13	09/22/13	47.00	185.18
260916	3	S5125		09/23/13	09/23/13	48.00	189.12
260916	4	S5125		09/24/13	09/24/13	48.00	189.12
260916	5	S5125		09/25/13	09/25/13	48.00	189.12
260916	6	S5125		09/26/13	09/26/13	48.00	189.12

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PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260916	7	S5125		09/27/13	09/27/13	48.00	189.12	
							CLAIM TOTAL	1,319.90 CLAIM ACCOUNT REF. 2609160012012602SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012627	2012710	REYES, DUNNY	04/28/1944	GNT06774000	2/27/2013-00264-0006
DIAGNOSIS CODES: 332.0 294.20 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261043	1	T1020		09/21/13	09/21/13	1.00	200.00	
261043	2	T1020		09/22/13	09/22/13	1.00	200.00	
261043	3	T1020		09/23/13	09/23/13	1.00	200.00	
261043	4	T1020		09/24/13	09/24/13	1.00	200.00	
261043	5	T1020		09/25/13	09/25/13	1.00	200.00	
261043	6	T1020		09/26/13	09/26/13	1.00	200.00	
							CLAIM TOTAL	1,200.00 CLAIM ACCOUNT REF. 2610430012012710SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011011	2012756	RICKS, WALTER	04/27/1940	GNT03856800	2/27/2013-01282-0003
DIAGNOSIS CODES: 369.3 401.9 493.92 496.							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261045	1	S5125		09/23/13	09/23/13	28.00	110.32	
261045	2	S5125		09/24/13	09/24/13	28.00	110.32	
261045	3	S5125		09/25/13	09/25/13	28.00	110.32	
261045	4	S5125		09/26/13	09/26/13	28.00	110.32	
261045	5	S5125		09/27/13	09/27/13	28.00	110.32	
							CLAIM TOTAL	551.60 CLAIM ACCOUNT REF. 2610450012012756SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012758	2012758	JAIME, ROSALBA	05/27/1915	GNT03692000	5/25/2007-00094-0044
DIAGNOSIS CODES: 290.0 244.9 458.9 781.2							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260983	1	T1019		09/21/13	09/21/13	35.00	137.90	
260983	2	T1019		09/23/13	09/23/13	36.00	141.84	
260983	3	T1019		09/24/13	09/24/13	36.00	141.84	
260983	4	T1019		09/25/13	09/25/13	36.00	141.84	
260983	5	T1019		09/26/13	09/26/13	36.00	141.84	
260983	6	T1019		09/27/13	09/27/13	36.00	141.84	
							CLAIM TOTAL	847.10 CLAIM ACCOUNT REF. 2609830012012758SUP

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PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012759 2012759 LORUSSO, ANNA 01/25/1929 GNT06851500 3/1/2013-01282-0003  
DIAGNOSIS CODES: 290.0 278.00 401.9 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260992	1	T1019		09/21/13	09/21/13	36.00	141.84
260992	2	T1019		09/22/13	09/22/13	36.00	141.84
260992	3	T1019		09/23/13	09/23/13	36.00	141.84
260992	4	T1019		09/24/13	09/24/13	36.00	141.84
260992	5	T1019		09/25/13	09/25/13	36.00	141.84
260992	6	T1019		09/26/13	09/26/13	36.00	141.84
260992	7	T1019		09/27/13	09/27/13	36.00	141.84
CLAIM TOTAL							992.88
CLAIM ACCOUNT REF.							2609920012012759SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011050 2012778 TROISI, DELIA 12/30/1925 GNT06177500 7/26/2012-00651-0007  
DIAGNOSIS CODES: 401.9 272.2 294.10 311. V15.88

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261080	1	T1019		09/21/13	09/21/13	32.00	126.08
261080	2	T1019		09/23/13	09/23/13	32.00	126.08
261080	3	T1019		09/24/13	09/24/13	32.00	126.08
261080	4	T1019		09/25/13	09/25/13	32.00	126.08
261080	5	T1019		09/26/13	09/26/13	32.00	126.08
261080	6	T1019		09/27/13	09/27/13	32.00	126.08
CLAIM TOTAL							756.48
CLAIM ACCOUNT REF.							2610800012012778SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013201 2013201 SCHNEIDER, RUTH 02/22/1936 07136300 4/30/2013-00656-0003  
DIAGNOSIS CODES: 369.00 401.9 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261068	1	T1019		09/21/13	09/21/13	32.00	126.08
261068	2	T1019		09/22/13	09/22/13	32.00	126.08
261068	3	T1019		09/23/13	09/23/13	32.00	126.08
261068	4	T1019		09/24/13	09/24/13	32.00	126.08
261068	5	T1019		09/25/13	09/25/13	31.00	122.14
261068	6	T1019		09/26/13	09/26/13	32.00	126.08
261068	7	T1019		09/27/13	09/27/13	32.00	126.08
CLAIM TOTAL							878.62
CLAIM ACCOUNT REF.							2610680012013201SUP

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PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013226 2013226 SWABY, CLARENCE 04/23/1921 93704635800 5/2/2013-00350-0003  
DIAGNOSIS CODES: 294.20 093.9 272.4 602.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261072	1	T1020		09/21/13	09/21/13	1.00	200.00
261072	2	T1020		09/22/13	09/22/13	1.00	200.00
261072	3	T1020		09/23/13	09/23/13	1.00	200.00
261072	4	T1020		09/24/13	09/24/13	1.00	200.00
261072	5	T1020		09/25/13	09/25/13	1.00	200.00
261072	6	T1020		09/26/13	09/26/13	1.00	200.00
261072	7	T1020		09/27/13	09/27/13	1.00	200.00
CLAIM TOTAL						1,400.00	CLAIM ACCOUNT REF. 2610720012013226SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2001032 2013256 ORTIZ, LAURA 07/04/1919 GNT03867300 7/9/2013-00458-0002  
DIAGNOSIS CODES: 733.00 401.9 719.7 362.51 365.9 716.90 486.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261024	1	S5125		09/21/13	09/21/13	48.00	189.12
261024	2	S5125		09/22/13	09/22/13	48.00	189.12
261024	3	S5125		09/23/13	09/23/13	48.00	189.12
261024	4	S5125		09/24/13	09/24/13	48.00	189.12
261024	5	S5125		09/25/13	09/25/13	48.00	189.12
261024	6	S5125		09/26/13	09/26/13	48.00	189.12
261024	7	S5125		09/27/13	09/27/13	48.00	189.12
CLAIM TOTAL						1,323.84	CLAIM ACCOUNT REF. 2610240012013256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2006830 2013276 MARTINEZ 1, EMMA 05/09/1920 GNT05091300 3/30/2012-00070-0010  
DIAGNOSIS CODES: 331.0 365.9 715.90 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261000	1	T1019		09/21/13	09/21/13	20.00	78.80
261000	2	T1019		09/23/13	09/23/13	47.00	185.18
261000	3	T1019		09/24/13	09/24/13	47.00	185.18
261000	4	T1019		09/25/13	09/25/13	47.00	185.18
261000	5	T1019		09/26/13	09/26/13	48.00	189.12
261000	6	T1019		09/27/13	09/27/13	48.00	189.12
CLAIM TOTAL						1,012.58	CLAIM ACCOUNT REF. 2610000012013276SUP

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PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013284 2013284 CASTANEDA, MIRIAM 10/11/1951 GNT06079700 5/23/2013-00357-0003  
DIAGNOSIS CODES: 715.90 311. 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260933	1	S5125		09/21/13	09/21/13	32.00	126.08
260933	2	S5125		09/22/13	09/22/13	32.00	126.08
260933	3	S5125		09/23/13	09/23/13	24.00	94.56
260933	4	S5125		09/24/13	09/24/13	24.00	94.56
260933	5	S5125		09/25/13	09/25/13	24.00	94.56
260933	6	S5125		09/26/13	09/26/13	32.00	126.08
260933	7	S5125		09/27/13	09/27/13	32.00	126.08
CLAIM TOTAL							788.00
CLAIM ACCOUNT REF.							2609330012013284SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013411 2013411 JORGE, ANA 02/07/1930 GNT07185600 6/4/2013-00485-0005  
DIAGNOSIS CODES: 332.0 365.9 366.9 401.9 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260986	1	S5125		09/21/13	09/21/13	48.00	189.12
260986	2	S5125		09/22/13	09/22/13	48.00	189.12
260986	3	S5125		09/23/13	09/23/13	48.00	189.12
260986	4	S5125		09/24/13	09/24/13	48.00	189.12
260986	5	S5125		09/25/13	09/25/13	20.00	78.80
260986	6	S5125		09/26/13	09/26/13	48.00	189.12
260986	7	S5125		09/27/13	09/27/13	48.00	189.12
CLAIM TOTAL							1,213.52
CLAIM ACCOUNT REF.							2609860012013411SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013413 2013413 CABRERA, MARIELA 09/13/1932 GNT07154900 6/4/2013-00479-0001  
DIAGNOSIS CODES: 715.90 138. 389.22 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260927	1	T1019		09/23/13	09/23/13	24.00	94.56
260927	2	T1019		09/24/13	09/24/13	24.00	94.56
260927	3	T1019		09/25/13	09/25/13	24.00	94.56
260927	4	T1019		09/26/13	09/26/13	24.00	94.56
CLAIM TOTAL							378.24
CLAIM ACCOUNT REF.							2609270012013413SUP

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PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013423 2013423 OCHOA, ORLANDO 06/15/1929 GNT06982300 6/3/2013-00335-0001  
DIAGNOSIS CODES: 715.90 290.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261019	1	S5125		09/24/13	09/24/13	24.00	94.56	
261019	2	S5125		09/26/13	09/26/13	24.00	94.56	
CLAIM TOTAL							189.12	CLAIM ACCOUNT REF. 2610190012013423SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011491 2013551 RIVERA, RAMONITA 08/23/1943 GNT06231700 9/28/2012-00956-0009  
DIAGNOSIS CODES: 785.9 244.9 245.2 272.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261049	1	S5125		09/23/13	09/23/13	4.00	15.76	
CLAIM TOTAL							15.76	CLAIM ACCOUNT REF. 2610490012013551SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011963 2013553 ENCARNACION, LUZ 05/03/1934 GNT03902000 10/25/2010-0071-0026  
DIAGNOSIS CODES: 715.90 253.5 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260951	1	T1019 TT		09/23/13	09/23/13	16.00	67.04	
260951	2	T1019 TT		09/24/13	09/24/13	16.00	67.04	
260951	3	T1019 TT		09/25/13	09/25/13	16.00	67.04	
260951	4	T1019 TT		09/26/13	09/26/13	16.00	67.04	
260951	5	T1019 TT		09/27/13	09/27/13	16.00	67.04	
CLAIM TOTAL							335.20	CLAIM ACCOUNT REF. 2609510012013553SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2000600 2013590 FELICIANO, JOAN 10/17/1935 GNT04140800 1/30/2008-00551-0041  
DIAGNOSIS CODES: 716.90 250.00 272.0 338.29 369.9 401.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260956	1	S5125		09/21/13	09/21/13	32.00	126.08	
260956	2	S5125		09/22/13	09/22/13	32.00	126.08	
260956	3	S5125		09/23/13	09/23/13	32.00	126.08	
260956	4	S5125		09/24/13	09/24/13	32.00	126.08	
260956	5	S5125		09/25/13	09/25/13	32.00	126.08	
260956	6	S5125		09/26/13	09/26/13	32.00	126.08	
260956	7	S5125		09/27/13	09/27/13	32.00	126.08	
CLAIM TOTAL							882.56	CLAIM ACCOUNT REF. 2609560012013590SUP



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PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013624 2013624 LARKIN, ANNIE 09/09/1928 GNT00419300 7/2/2013-00144-0001  
DIAGNOSIS CODES: 715.00 244.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260988	1	S5125		09/23/13	09/23/13	15.00	59.10
260988	2	S5125		09/24/13	09/24/13	16.00	63.04
260988	3	S5125		09/25/13	09/25/13	15.00	59.10
260988	4	S5125		09/26/13	09/26/13	16.00	63.04
CLAIM TOTAL							244.28
CLAIM ACCOUNT REF.							2609880012013624SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013639 2013639 YOUNUS, MOHAMMAD 11/13/1946 GNT07273500 7/3/2013-00137-0001  
DIAGNOSIS CODES: 250.00 311. 401.9 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261096	1	S5125		09/24/13	09/24/13	16.00	63.04
CLAIM TOTAL							63.04
CLAIM ACCOUNT REF.							2610960012013639SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013415 2013678 BATISTA, LUCILA 06/30/1930 GNT07265700 7/10/2013-00650-0001  
DIAGNOSIS CODES: 429.9 253.5 386.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260919	1	T1019		09/23/13	09/23/13	16.00	63.04
260919	2	T1019		09/25/13	09/25/13	16.00	63.04
260919	3	T1019		09/27/13	09/27/13	16.00	63.04
CLAIM TOTAL							189.12
CLAIM ACCOUNT REF.							2609190012013678SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013684 2013684 DIAZ, HILDA 04/04/1932 GNT07351600 7/9/2013-00177-0004  
DIAGNOSIS CODES: V68.9 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260945	1	S5125		08/31/13	08/31/13	44.00	173.36
260945	2	S5125		09/01/13	09/01/13	44.00	173.36
260945	3	S5125		09/07/13	09/07/13	44.00	173.36
260945	4	S5125		09/08/13	09/08/13	44.00	173.36
260945	5	S5125		09/15/13	09/15/13	44.00	173.36
260945	6	S5125		09/21/13	09/21/13	44.00	173.36
260945	7	S5125		09/22/13	09/22/13	44.00	173.36
CLAIM TOTAL							1,213.52
CLAIM ACCOUNT REF.							2609450012013684SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009960 2013799 FERRARA, ANN 07/27/1925 GNT05748600 2/27/2012-01098-0017  
DIAGNOSIS CODES: 290.0 311. 365.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260960	1	S5126		09/21/13	09/21/13	1.00	200.00
260960	2	S5126		09/22/13	09/22/13	1.00	200.00
260960	3	S5126		09/23/13	09/23/13	1.00	200.00
260960	4	S5126		09/24/13	09/24/13	1.00	200.00
260960	5	S5126		09/25/13	09/25/13	1.00	200.00
260960	6	S5126		09/26/13	09/26/13	1.00	200.00
260960	7	S5126		09/27/13	09/27/13	1.00	200.00
CLAIM TOTAL						1,400.00	CLAIM ACCOUNT REF. 2609600012013799SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009984 2013808 PINILLA, VICTOR 03/23/1933 GNT05972000 3/2/2012-00173-0019  
DIAGNOSIS CODES: 294.10 272.2 401.9 780.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261034	1	S5125		09/21/13	09/21/13	36.00	141.84
261034	2	S5125		09/22/13	09/22/13	36.00	141.84
261034	3	S5125		09/23/13	09/23/13	36.00	141.84
261034	4	S5125		09/24/13	09/24/13	36.00	141.84
CLAIM TOTAL						567.36	CLAIM ACCOUNT REF. 2610340012013808SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013820 2013820 BERNSTEIN, ADI 10/15/1928 GNT04925700 7/26/2010-00354-0005  
DIAGNOSIS CODES: 714.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260923	1	T1019		09/24/13	09/24/13	12.00	47.28
CLAIM TOTAL						47.28	CLAIM ACCOUNT REF. 2609230012013820SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013822 2013822 TORRES, SANTIAGO, BASI 03/22/1934 GNT07417900 8/2/2013-00550-0004  
DIAGNOSIS CODES: 290.0 294.10 401.9 493.00 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261078	1	S5125		09/21/13	09/21/13	16.00	63.04
261078	2	S5125		09/22/13	09/22/13	16.00	63.04
261078	3	S5125		09/23/13	09/23/13	32.00	126.08
261078	4	S5125		09/24/13	09/24/13	31.00	122.14
261078	5	S5125		09/25/13	09/25/13	31.00	122.14
261078	6	S5125		09/26/13	09/26/13	32.00	126.08

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PROVIDER ID = 113502051  
PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261078	7	S5125		09/27/13	09/27/13	32.00	126.08
CLAIM TOTAL							748.60
CLAIM ACCOUNT REF.							2610780012013822SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012941	2013852	BENZ, ROBERT	07/30/1925	GNT07334800	7/30/2013-00400-0001
DIAGNOSIS CODES: 401.9      362.50							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260921	1	S5125		09/21/13	09/21/13	16.00	63.04
260921	2	S5125		09/23/13	09/23/13	16.00	63.04
260921	3	S5125		09/24/13	09/24/13	16.00	63.04
260921	4	S5125		09/25/13	09/25/13	16.00	63.04
260921	5	S5125		09/26/13	09/26/13	16.00	63.04
260921	6	S5125		09/27/13	09/27/13	16.00	63.04
CLAIM TOTAL							378.24
CLAIM ACCOUNT REF.							2609210012013852SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012085	2013879	ROSARIO, ANA	06/23/1949	GNT03285400	7/27/2006-00183-0055
DIAGNOSIS CODES: 715.90      250.00      401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261056	1	S5125		09/23/13	09/23/13	28.00	110.32
261056	2	S5125		09/24/13	09/24/13	28.00	110.32
261056	3	S5125		09/25/13	09/25/13	28.00	110.32
261056	4	S5125		09/26/13	09/26/13	28.00	110.32
261056	5	S5125		09/27/13	09/27/13	28.00	110.32
CLAIM TOTAL							551.60
CLAIM ACCOUNT REF.							2610560012013879SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012027	2013895	VELEZ, CARMEN	06/21/1932	GNT00271900	12/4/2003-00229-0072
DIAGNOSIS CODES: 695.4      250.00      272.2      401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261085	1	S5125		09/13/13	09/13/13	24.00	94.56
261085	2	S5125		09/21/13	09/21/13	16.00	63.04
261085	3	S5125		09/22/13	09/22/13	16.00	63.04
261085	4	S5125		09/23/13	09/23/13	24.00	94.56
261085	5	S5125		09/24/13	09/24/13	24.00	94.56
261085	6	S5125		09/25/13	09/25/13	24.00	94.56
261085	7	S5125		09/26/13	09/26/13	24.00	94.56
261085	8	S5125		09/27/13	09/27/13	24.00	94.56
CLAIM TOTAL							693.44
CLAIM ACCOUNT REF.							2610850012013895SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2003103 2013898 GREENSPAN, ALICE 04/15/1942 GNT04498400 1/27/2009-00682-0061  
DIAGNOSIS CODES: 331.0 250.00 272.2 311. 401.9 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260970	1	S5125		09/21/13	09/21/13	30.00	118.20
260970	2	S5125		09/22/13	09/22/13	30.00	118.20
260970	3	S5125		09/23/13	09/23/13	16.00	63.04
260970	4	S5125		09/24/13	09/24/13	16.00	63.04
260970	5	S5125		09/25/13	09/25/13	16.00	63.04
260970	6	S5125		09/26/13	09/26/13	16.00	63.04
260970	7	S5125		09/27/13	09/27/13	16.00	63.04
CLAIM TOTAL							551.60
							CLAIM ACCOUNT REF. 2609700012013898SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2007817 2013918 BEGUM, JAMILA 02/19/1919 GNT00018500 12/1/2003-00110-0104  
DIAGNOSIS CODES: 250.00 294.20 401.9 714.0 715.00 486.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260920	1	S5125		09/21/13	09/21/13	36.00	141.84
260920	2	S5125		09/22/13	09/22/13	31.00	122.14
260920	3	S5125		09/23/13	09/23/13	48.00	189.12
260920	4	S5125		09/24/13	09/24/13	48.00	189.12
260920	5	S5125		09/25/13	09/25/13	48.00	189.12
260920	6	S5125		09/26/13	09/26/13	48.00	189.12
260920	7	S5125		09/27/13	09/27/13	47.00	185.18
CLAIM TOTAL							1,205.64
							CLAIM ACCOUNT REF. 2609200012013918SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009226 2013926 CARDENAS, GUSTAVO 11/25/1933 GNT07420300 7/31/2013-00140-0001  
DIAGNOSIS CODES: 331.0 290.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260931	1	S5125		09/21/13	09/21/13	16.00	63.04
260931	2	S5125		09/22/13	09/22/13	16.00	63.04
260931	3	S5125		09/23/13	09/23/13	32.00	126.08
260931	4	S5125		09/24/13	09/24/13	32.00	126.08
260931	5	S5125		09/25/13	09/25/13	32.00	126.08
260931	6	S5125		09/26/13	09/26/13	32.00	126.08
260931	7	S5125		09/27/13	09/27/13	32.00	126.08
CLAIM TOTAL							756.48
							CLAIM ACCOUNT REF. 2609310012013926SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013946 2013946 DONE, SUSANA 07/29/1945 93704706900 7/12/2013-00078-0002  
DIAGNOSIS CODES: 401.9 272.4 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260946	1	S5125		09/05/13	09/05/13	32.00	126.08
260946	2	S5125		09/06/13	09/06/13	32.00	126.08
260946	3	S5125		09/14/13	09/14/13	32.00	126.08
260946	4	S5125		09/21/13	09/21/13	32.00	126.08
260946	5	S5125		09/22/13	09/22/13	32.00	126.08
260946	6	S5125		09/23/13	09/23/13	32.00	126.08
260946	7	S5125		09/24/13	09/24/13	32.00	126.08
260946	8	S5125		09/25/13	09/25/13	32.00	126.08
260946	9	S5125		09/26/13	09/26/13	32.00	126.08
260946	10	S5125		09/27/13	09/27/13	32.00	126.08

CLAIM TOTAL 1,260.80 CLAIM ACCOUNT REF. 2609460012013946SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011874 2013951 NEVAREZ, MARTA 02/23/1941 GNT06134500 5/1/2012-00680-0012  
DIAGNOSIS CODES: 386.10 250.01 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261014	1	S5125 TT		09/21/13	09/21/13	24.00	100.56
261014	2	S5125 TT		09/22/13	09/22/13	24.00	100.56
261014	3	S5125 TT		09/23/13	09/23/13	12.00	50.28
261014	4	S5125 TT		09/24/13	09/24/13	12.00	50.28
261014	5	S5125 TT		09/25/13	09/25/13	12.00	50.28
261014	6	S5125 TT		09/26/13	09/26/13	12.00	50.28
261014	7	S5125 TT		09/27/13	09/27/13	12.00	50.28

CLAIM TOTAL 452.52 CLAIM ACCOUNT REF. 2610140012013951SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2014024 2014024 DELPOZO, MIGUEL 11/07/1926 GNT07503600 8/30/2013-00039-0002  
DIAGNOSIS CODES: 714.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260944	1	S5125 TT		09/21/13	09/21/13	20.00	83.80
260944	2	S5125 TT		09/22/13	09/22/13	20.00	83.80
260944	3	S5125 TT		09/23/13	09/23/13	20.00	83.80
260944	4	S5125 TT		09/24/13	09/24/13	20.00	83.80
260944	5	S5125 TT		09/26/13	09/26/13	20.00	83.80
260944	6	S5125 TT		09/27/13	09/27/13	20.00	83.80

CLAIM TOTAL 502.80 CLAIM ACCOUNT REF. 2609440012014024SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2014027 2014027 MEDINA, CECILIA 09/06/1928 GNT07399200 9/6/2013-00216-0001  
DIAGNOSIS CODES: 416.8 447.6

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261004	1	S5125		09/16/13	09/16/13	16.00	63.04
261004	2	S5125		09/23/13	09/23/13	16.00	63.04
261004	3	S5125		09/24/13	09/24/13	16.00	63.04
261004	4	S5125		09/25/13	09/25/13	16.00	63.04
261004	5	S5125		09/26/13	09/26/13	16.00	63.04
261004	6	S5125		09/27/13	09/27/13	16.00	63.04
CLAIM TOTAL						378.24	CLAIM ACCOUNT REF. 2610040012014027SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2014040 2014040 GOYES, ELBA 01/14/1931 GNT07503500 9/3/2013-00532-0001  
DIAGNOSIS CODES: 714.9 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260968	1	S5125 TT		09/11/13	09/11/13	16.00	67.04
260968	2	S5125 TT		09/12/13	09/12/13	16.00	67.04
260968	3	S5125 TT		09/13/13	09/13/13	16.00	67.04
260968	4	S5125 TT		09/14/13	09/14/13	16.00	67.04
260968	5	S5125 TT		09/15/13	09/15/13	16.00	67.04
260968	6	S5125 TT		09/16/13	09/16/13	16.00	67.04
260968	7	S5125 TT		09/17/13	09/17/13	16.00	67.04
260968	8	S5125 TT		09/18/13	09/18/13	16.00	67.04
260968	9	S5125 TT		09/19/13	09/19/13	16.00	67.04
260968	10	S5125 TT		09/20/13	09/20/13	16.00	67.04
260968	11	T1019 TT		09/21/13	09/21/13	16.00	67.04
260968	12	T1019 TT		09/23/13	09/23/13	16.00	67.04
260968	13	T1019 TT		09/24/13	09/24/13	16.00	67.04
260968	14	T1019 TT		09/26/13	09/26/13	16.00	67.04
260968	15	T1019 TT		09/27/13	09/27/13	32.00	134.08
CLAIM TOTAL						1,072.64	CLAIM ACCOUNT REF. 2609680012014040SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010425 2014099 MONCRIEF, LOIS 05/29/1926 GNT06140100 4/26/2012-00801-0016  
DIAGNOSIS CODES: 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261005	1	S5125		09/21/13	09/21/13	32.00	126.08
261005	2	S5125		09/22/13	09/22/13	32.00	126.08
261005	3	S5125		09/23/13	09/23/13	31.00	122.14
261005	4	S5125		09/24/13	09/24/13	32.00	126.08

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NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011615	2014114	ANGEL, LUCY	04/01/1936	GNT07280100	9/5/2013-00643-0001
DIAGNOSIS		CODES: 437.9					

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012002	2014116	VELEZ, WILLIAM	12/11/1934	GNT04940600	6/28/2010-00123-0016
DIAGNOSIS CODES: 250.01 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
261086	1	S5125		09/23/13	09/23/13	16.00	63.04		
261086	2	S5125		09/24/13	09/24/13	16.00	63.04		
261086	3	S5125		09/26/13	09/26/13	16.00	63.04		
261086	4	S5125		09/27/13	09/27/13	16.00	63.04		
					CLAIM TOTAL		252.16	CLAIM ACCOUNT REF.	2610860012014116SUP

PAYER TOTALS:	GUILDNET	# OF CLAIMS =	1029	TOTAL CLAIM AMOUNT =	113,289.78
		# SERVICES =	183		

REPORT DATE 10/02/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = ICS01                      ICS

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008389 2011453 MUSHAYEV, BORIS 08/14/1947 7235 464780  
DIAGNOSIS CODES: 401.9 250.00 425.8 428.0 441.00 715.90

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260901	1	T1019	1C	0570	09/23/13	09/23/13	6.00	98.40	
260901	2	T1019	1C	0570	09/24/13	09/24/13	6.00	98.40	
260901	3	T1019	1C	0570	09/25/13	09/25/13	6.00	98.40	
260901	4	T1019	1C	0570	09/26/13	09/26/13	6.00	98.40	
260901	5	T1019	1C	0570	09/27/13	09/27/13	6.00	98.40	
CLAIM TOTAL								492.00	CLAIM ACCOUNT REF. 2609010012011453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011869 2011869 JONES, VALERIE 10/10/1948 1457 479978  
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260900	1	T1019	1C	0570	09/23/13	09/23/13	4.00	65.60	
260900	2	T1019	1C	0570	09/24/13	09/24/13	4.00	65.60	
CLAIM TOTAL								131.20	CLAIM ACCOUNT REF. 2609000012011869SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011870 2011870 AGOSTINI, MONSERRATE 07/18/1944 558 480096  
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260897	1	T1019	1C	0570	09/23/13	09/23/13	6.00	98.40	
260897	2	T1019	1C	0570	09/24/13	09/24/13	6.00	98.40	
260897	3	T1019	1C	0570	09/25/13	09/25/13	6.00	98.40	
260897	4	T1019	1C	0570	09/27/13	09/27/13	6.00	98.40	
CLAIM TOTAL								393.60	CLAIM ACCOUNT REF. 2608970012011870SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012213 2012213 BERRY, ANGELINA 10/21/1956 1784 456200  
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260898	1	T1019	1C	0570	09/21/13	09/21/13	4.00	65.60	
260898	2	T1019	1C	0570	09/22/13	09/22/13	4.00	65.60	
260898	3	T1019	1C	0570	09/23/13	09/23/13	4.00	65.60	
260898	4	T1019	1C	0570	09/24/13	09/24/13	4.00	65.60	
260898	5	T1019	1C	0570	09/25/13	09/25/13	4.00	65.60	
260898	6	T1019	1C	0570	09/26/13	09/26/13	4.00	65.60	
260898	7	T1019	1C	0570	09/27/13	09/27/13	4.00	65.60	



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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							459.20	2608980012012213SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012097	2013010	RODRIGUEZ, SILVIO	11/03/1930	9624	446238

DIAGNOSIS CODES: 290.0      280.9      401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
260904	1	T1019 1C	0570	09/23/13	09/23/13	8.00	131.20	
260904	2	T1019 1C	0570	09/24/13	09/24/13	8.00	131.20	
260904	3	T1019 1C	0570	09/25/13	09/25/13	8.00	131.20	
260904	4	T1019 1C	0570	09/26/13	09/26/13	8.00	131.20	
260904	5	T1019 1C	0570	09/27/13	09/27/13	8.00	131.20	
							CLAIM TOTAL	2609040012013010SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013320	2013320	PEREZ, RAFAELA	12/05/1934	8249	470412

DIAGNOSIS CODES: 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
260902	1	T1019 1C	0570	09/21/13	09/21/13	1.00	16.40	
260902	2	T1019 1C	0570	09/22/13	09/22/13	24.00	393.60	
260902	3	T1019 1C	0570	09/23/13	09/23/13	24.00	393.60	
260902	4	T1019 1C	0570	09/24/13	09/24/13	24.00	393.60	
260902	5	T1019 1C	0570	09/25/13	09/25/13	23.50	385.40	
260902	6	T1019 1C	0570	09/26/13	09/26/13	24.00	393.60	
260902	7	T1019 1C	0570	09/27/13	09/27/13	12.00	196.80	
							CLAIM TOTAL	2609020012013320SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013470	2013470	RIVERS, DEBRA	09/14/1958	9863	468763

DIAGNOSIS CODES: 907.2      135.      344.1      493.90      564.81      592.0      596.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
260903	1	T1019 1C	0570	09/21/13	09/21/13	12.00	196.80	
260903	2	T1019 1C	0570	09/22/13	09/22/13	12.00	196.80	
260903	3	T1019 1C	0570	09/23/13	09/23/13	11.00	180.40	
260903	4	T1019 1C	0570	09/24/13	09/24/13	11.00	180.40	
260903	5	T1019 1C	0570	09/25/13	09/25/13	11.25	184.50	
260903	6	T1019 1C	0570	09/26/13	09/26/13	12.00	196.80	
260903	7	T1019 1C	0570	09/27/13	09/27/13	12.00	196.80	
							CLAIM TOTAL	2609030012013470SUP

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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	2013587	2013587	CHANCELLOR, IRA	06/01/1948	10443	476564
DIAGNOSIS CODES: 724.00 042. 250.00 272.0					296.80	300.00 365.00	427.31 781.2

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
260899	1	T1019	1C	0570		09/23/13	09/23/13	4.00	65.60
260899	2	T1019	1C	0570		09/24/13	09/24/13	4.00	65.60
260899	3	T1019	1C	0570		09/25/13	09/25/13	4.00	65.60
260899	4	T1019	1C	0570		09/26/13	09/26/13	4.00	65.60
260899	5	T1019	1C	0570		09/27/13	09/27/13	4.00	65.60
CLAIM TOTAL									328.00
									CLAIM ACCOUNT REF. 2608990012013587SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013676	2013676	TORRES, YNES	01/21/1930	10504	477166
DIAGNOSIS CODES: 401.9							

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
260905	1	T1019	1C	0570		09/23/13	09/23/13	4.00	65.60
260905	2	T1019	1C	0570		09/24/13	09/24/13	4.00	65.60
260905	3	T1019	1C	0570		09/25/13	09/25/13	4.00	65.60
260905	4	T1019	1C	0570		09/26/13	09/26/13	4.00	65.60
CLAIM TOTAL									262.40
									CLAIM ACCOUNT REF. 2609050012013676SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	46	TOTAL CLAIM AMOUNT =	6,227.90
		# SERVICES =	9		

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JSV04323R01 2013082715400003  
DIAGNOSIS CODES: 250.11 272.0 401.9 435.9 586.  
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260896	1	T1019	0580	09/24/13	09/24/13	16.00	67.52	
260896	2	T1019	0580	09/25/13	09/25/13	16.00	67.52	
260896	3	T1019	0580	09/26/13	09/26/13	16.00	67.52	
260896	4	T1019	0580	09/27/13	09/27/13	16.00	67.52	
						CLAIM TOTAL	270.08	CLAIM ACCOUNT REF. 2608960012010804SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012890 2012890 SCOTT, AKHNATON 04/28/1992 JPQ49578E01 2013082315400001  
DIAGNOSIS CODES: 299.00 317.  
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260894	1	T1019	0580	09/05/13	09/05/13	32.00	135.04	
260894	2	T1019	0580	09/06/13	09/06/13	32.00	135.04	
260894	3	T1019	0580	09/09/13	09/09/13	32.00	135.04	
						CLAIM TOTAL	405.12	CLAIM ACCOUNT REF. 2608940012012890SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012890 2012890 SCOTT, AKHNATON 04/28/1992 JPQ49578E01 2013090915500001  
DIAGNOSIS CODES: 299.00 317.  
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260895	1	T1019	0580	09/10/13	09/10/13	40.00	168.80	
260895	2	T1019	0580	09/11/13	09/11/13	40.00	168.80	
260895	3	T1019	0580	09/12/13	09/12/13	40.00	168.80	
260895	4	T1019	0580	09/13/13	09/13/13	40.00	168.80	
260895	5	T1019	0580	09/16/13	09/16/13	40.00	168.80	
260895	6	T1019	0580	09/17/13	09/17/13	40.00	168.80	
260895	7	T1019	0580	09/18/13	09/18/13	40.00	168.80	
260895	8	T1019	0580	09/19/13	09/19/13	40.00	168.80	
260895	9	T1019	0580	09/20/13	09/20/13	40.00	168.80	
260895	10	T1019	0580	09/23/13	09/23/13	36.00	151.92	
260895	11	T1019	0580	09/24/13	09/24/13	36.00	151.92	
260895	12	T1019	0580	09/25/13	09/25/13	40.00	168.80	
260895	13	T1019	0580	09/26/13	09/26/13	40.00	168.80	
260895	14	T1019	0580	09/27/13	09/27/13	40.00	168.80	
						CLAIM TOTAL	2,329.44	CLAIM ACCOUNT REF. 2608950012012890SUP

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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 2013851 2013851 ARTEAGA, ANA                      12/15/1954      JYU81582H01                      2013072615400005  
DIAGNOSIS CODES: 571.5                      401.9  
DOCTOR: NAME: CITYWIDE, SUNNYSIDE                      NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260893	1	T1019	0580	09/23/13	09/23/13	24.00	101.28
260893	2	T1019	0580	09/24/13	09/24/13	24.00	101.28
260893	3	T1019	0580	09/25/13	09/25/13	24.00	101.28
260893	4	T1019	0580	09/26/13	09/26/13	24.00	101.28
260893	5	T1019	0580	09/27/13	09/27/13	32.00	135.04
CLAIM TOTAL							540.16
CLAIM ACCOUNT REF.							2608930012013851SUP

PAYER TOTALS:      HEALTHCARE PARTNERS IPA I                      # OF CLAIMS =      26      TOTAL CLAIM AMOUNT =      3,544.80  
# SERVICES =      3

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = VCMINST                      VILLAGE CARE

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013600 2013600 MULLINGS, LUCILLE 11/20/1941 10000258001 062713005394  
DIAGNOSIS CODES: 715.90 311. 695.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260910	1	T1019	0580	09/25/13	09/25/13	15.00	59.10
260910	2	T1019	0580	09/26/13	09/26/13	16.00	63.04
260910	3	T1019	0580	09/27/13	09/27/13	16.00	63.04
CLAIM TOTAL							185.18
CLAIM ACCOUNT REF.							2609100012013600SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013622 2013622 BERNARDI, SOLMARIA 06/28/1931 10000270501 062713005409  
DIAGNOSIS CODES: 715.90 311. 401.9 553.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260906	1	T1019	0580	09/23/13	09/23/13	16.00	63.04
260906	2	T1019	0580	09/25/13	09/25/13	16.00	63.04
260906	3	T1019	0580	09/27/13	09/27/13	15.00	59.10
CLAIM TOTAL							185.18
CLAIM ACCOUNT REF.							2609060012013622SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013623 2013623 MORAN VAZQUEZ, ANGEL 12/16/1945 10000265801 062713005407  
DIAGNOSIS CODES: 715.90 272.4 386.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260909	1	T1019	0580	09/21/13	09/21/13	4.00	15.76
260909	2	T1019	0580	09/22/13	09/22/13	4.00	15.76
CLAIM TOTAL							31.52
CLAIM ACCOUNT REF.							2609090012013623SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013758 2013758 KLEIN, SHIRLEY 08/05/1929 2013758 072313005746  
DIAGNOSIS CODES: 781.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
260908	1	T1019	0580	09/21/13	09/21/13	16.00	63.04
260908	2	T1019	0580	09/22/13	09/22/13	16.00	63.04
260908	3	T1019	0580	09/23/13	09/23/13	16.00	63.04
260908	4	T1019	0580	09/24/13	09/24/13	16.00	63.04
260908	5	T1019	0580	09/25/13	09/25/13	16.00	63.04
260908	6	T1019	0580	09/26/13	09/26/13	16.00	63.04
260908	7	T1019	0580	09/27/13	09/27/13	16.00	63.04
CLAIM TOTAL							441.28
CLAIM ACCOUNT REF.							2609080012013758SUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = VCMINST                      VILLAGE CARE

REG LOC CLIENT SERVICE NAME                      BIRTH DATE      RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY 001 2014010 2014010 FAY, JULIA                      10/29/1939      10000292201                      073113006128  
DIAGNOSIS CODES: 496.                      493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
260907	1	T1019	0580	09/23/13	09/23/13	28.00	110.32	
260907	2	T1019	0580	09/24/13	09/24/13	28.00	110.32	
260907	3	T1019	0580	09/25/13	09/25/13	28.00	110.32	
260907	4	T1019	0580	09/26/13	09/26/13	28.00	110.32	
260907	5	T1019	0580	09/27/13	09/27/13	28.00	110.32	
					CLAIM TOTAL	551.60		CLAIM ACCOUNT REF. 2609070012014010SUP

PAYER TOTALS:      VILLAGE CARE                      # OF CLAIMS =      20      TOTAL CLAIM AMOUNT =      1,394.76  
# SERVICES =      5

PROVIDER TOTALS: SUNNYSIDE CITYWIDE                      # OF CLAIMS =      2271      TOTAL CLAIM AMOUNT =      278,941.33  
# SERVICES =      393