

REPORT DATE 10/24/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012102402380360RRSUP

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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
213991	1	T1020		10/13/12	10/13/12	6.00	101.22
213991	2	T1020		10/15/12	10/15/12	7.00	118.09
213991	3	T1020		10/16/12	10/16/12	7.00	118.09
213991	4	T1020		10/17/12	10/17/12	7.00	118.09
213991	5	T1020		10/18/12	10/18/12	7.00	118.09
213991	6	T1020		10/19/12	10/19/12	7.00	118.09
CLAIM TOTAL							691.67
CLAIM ACCOUNT REF.							2139910012008267SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
213989	1	T1020		10/13/12	10/13/12	9.00	151.83
213989	2	T1020		10/14/12	10/14/12	9.00	151.83
CLAIM TOTAL							303.66
CLAIM ACCOUNT REF.							2139890012008268SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008306 2008306 GIL, ALICIA M 12/05/1941 74148852400 111891265  
DIAGNOSIS CODES: 340. 733.00 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
213986	1	T1020		10/13/12	10/13/12	7.00	118.09
213986	2	T1020		10/14/12	10/14/12	7.00	118.09
213986	3	T1020		10/15/12	10/15/12	7.00	118.09
213986	4	T1020		10/16/12	10/16/12	7.00	118.09
213986	5	T1020		10/17/12	10/17/12	7.00	118.09
213986	6	T1020		10/18/12	10/18/12	7.00	118.09
213986	7	T1020		10/19/12	10/19/12	7.00	118.09
CLAIM TOTAL							826.63
CLAIM ACCOUNT REF.							2139860012008306SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
213984	1	T1020		10/13/12	10/13/12	7.00	118.09
213984	2	T1020		10/14/12	10/14/12	7.00	118.09
213984	3	T1020		10/15/12	10/15/12	7.00	118.09

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PAYER        ID = 11315

SUNNYSIDE CITYWIDE  
FIDELIS CARE NY

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
213984	4	T1020		10/16/12	10/16/12	7.00	118.09	
213984	5	T1020		10/17/12	10/17/12	7.00	118.09	
213984	6	T1020		10/18/12	10/18/12	7.00	118.09	
213984	7	T1020		10/19/12	10/19/12	7.00	118.09	
					CLAIM TOTAL		826.63	CLAIM ACCOUNT REF. 2139840012008386SUP

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	
213990	1	T1020		10/16/12	10/16/12	4.00	67.48	
213990	2	T1020		10/18/12	10/18/12	4.00	67.48	
213990	3	T1020		10/19/12	10/19/12	4.00	67.48	
					CLAIM TOTAL		202.44	CLAIM ACCOUNT REF. 2139900012008400SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008399	2010014	BERGES, MARITZA	11/20/1968	74098062800	120660869
DIAGNOSIS	CODES:	493.00	275.2	276.8	311.		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
213985	1	T1020		10/15/12	10/15/12	6.00	101.22	
213985	2	T1020		10/16/12	10/16/12	6.00	101.22	
213985	3	T1020		10/17/12	10/17/12	6.00	101.22	
213985	4	T1020		10/18/12	10/18/12	6.00	101.22	
213985	5	T1020		10/19/12	10/19/12	3.00	50.61	
					CLAIM TOTAL		455.49	CLAIM ACCOUNT REF. 2139850012010014SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
213992	1	T1020		10/13/12	10/13/12	9.00	151.83	
213992	2	T1020		10/14/12	10/14/12	9.00	151.83	
213992	3	T1020		10/15/12	10/15/12	9.00	151.83	
213992	4	T1020		10/16/12	10/16/12	9.00	151.83	
213992	5	T1020		10/17/12	10/17/12	9.00	151.83	
213992	6	T1020		10/18/12	10/18/12	9.00	151.83	
213992	7	T1020		10/19/12	10/19/12	9.00	151.83	
					CLAIM TOTAL		1,062.81	CLAIM ACCOUNT REF. 2139920012010041SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #  
111951068

CLAIM ACCOUNT REF. 2139880012010712SUP

PRIOR AUTHORIZATION #  
122720054

CLAIM ACCOUNT REF. 2139870012011495SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	48	TOTAL CLAIM AMOUNT =	5,583.97
		# SERVICES =	9		

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PAYER        ID = 11325                      NEIGHBORHOOD HEALTH

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
213970	1	T1019		10/17/12	10/17/12	16.00	67.52
213970	2	T1019		10/18/12	10/18/12	16.00	67.52
213970	3	T1019		10/19/12	10/19/12	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2139700012008261SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
213976	1	T1019		10/13/12	10/13/12	24.00	101.28
213976	2	T1019		10/14/12	10/14/12	24.00	101.28
213976	3	T1019		10/15/12	10/15/12	24.00	101.28
CLAIM TOTAL							303.84
CLAIM ACCOUNT REF.							2139760012008263SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
213981	1	T1019		10/13/12	10/13/12	40.00	168.80
213981	2	T1019		10/14/12	10/14/12	40.00	168.80
213981	3	T1019		10/15/12	10/15/12	40.00	168.80
213981	4	T1019		10/16/12	10/16/12	40.00	168.80
213981	5	T1019		10/17/12	10/17/12	40.00	168.80
213981	6	T1019		10/18/12	10/18/12	40.00	168.80
213981	7	T1019		10/19/12	10/19/12	40.00	168.80
CLAIM TOTAL							1,181.60
CLAIM ACCOUNT REF.							2139810012008265SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
213983	1	T1019		10/13/12	10/13/12	16.00	67.52
213983	2	T1019		10/14/12	10/14/12	16.00	67.52
213983	3	T1019		10/15/12	10/15/12	24.00	101.28
213983	4	T1019		10/16/12	10/16/12	24.00	101.28
213983	5	T1019		10/17/12	10/17/12	24.00	101.28

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PAYER        ID = 11325                      NEIGHBORHOOD HEALTH

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
213983	6	T1019		10/18/12	10/18/12	20.00	84.40
213983	7	T1019		10/19/12	10/19/12	24.00	101.28
CLAIM TOTAL							624.56

CLAIM ACCOUNT REF.    2139830012008303SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
213968	1	T1019		10/13/12	10/13/12	28.00	118.16
213968	2	T1019		10/14/12	10/14/12	28.00	118.16
213968	3	T1019		10/15/12	10/15/12	32.00	135.04
213968	4	T1019		10/16/12	10/16/12	28.00	118.16
213968	5	T1019		10/17/12	10/17/12	28.00	118.16
213968	6	T1019		10/18/12	10/18/12	28.00	118.16
213968	7	T1019		10/19/12	10/19/12	28.00	118.16
CLAIM TOTAL							844.00

CLAIM ACCOUNT REF.    2139680012008403SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
213978	1	T1019		10/15/12	10/15/12	24.00	101.28
213978	2	T1019		10/16/12	10/16/12	24.00	101.28
213978	3	T1019		10/17/12	10/17/12	24.00	101.28
213978	4	T1019		10/18/12	10/18/12	24.00	101.28
213978	5	T1019		10/19/12	10/19/12	24.00	101.28
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF.    2139780012008421SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
213977	1	T1019		10/13/12	10/13/12	24.00	101.28
213977	2	T1019		10/15/12	10/15/12	24.00	101.28
213977	3	T1019		10/16/12	10/16/12	24.00	101.28
213977	4	T1019		10/17/12	10/17/12	24.00	101.28
213977	5	T1019		10/18/12	10/18/12	24.00	101.28
213977	6	T1019		10/19/12	10/19/12	24.00	101.28
CLAIM TOTAL							607.68

CLAIM ACCOUNT REF.    2139770012008422SUP

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PAYER ID = 11325                      NEIGHBORHOOD HEALTH

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
213982	1	T1019		10/15/12	10/15/12	16.00	67.52
213982	2	T1019		10/16/12	10/16/12	16.00	67.52
213982	3	T1019		10/18/12	10/18/12	16.00	67.52
213982	4	T1019		10/19/12	10/19/12	16.00	67.52
CLAIM TOTAL						270.08	CLAIM ACCOUNT REF. 2139820012008425SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
213971	1	T1019		10/13/12	10/13/12	40.00	168.80
213971	2	T1019		10/14/12	10/14/12	40.00	168.80
213971	3	T1019		10/16/12	10/16/12	40.00	168.80
213971	4	T1019		10/17/12	10/17/12	40.00	168.80
213971	5	T1019		10/18/12	10/18/12	40.00	168.80
213971	6	T1019		10/19/12	10/19/12	40.00	168.80
CLAIM TOTAL						1,012.80	CLAIM ACCOUNT REF. 2139710012008427SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
213980	1	T1019		10/15/12	10/15/12	16.00	67.52
213980	2	T1019		10/16/12	10/16/12	16.00	67.52
213980	3	T1019		10/17/12	10/17/12	16.00	67.52
213980	4	T1019		10/18/12	10/18/12	16.00	67.52
213980	5	T1019		10/19/12	10/19/12	16.00	67.52
CLAIM TOTAL						337.60	CLAIM ACCOUNT REF. 2139800012008531SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
213975	1	T1019		10/14/12	10/14/12	16.00	67.52
213975	2	T1019		10/16/12	10/16/12	28.00	118.16
213975	3	T1019		10/17/12	10/17/12	28.00	118.16

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
213975	4	T1019		10/18/12	10/18/12	28.00	118.16	
213975	5	T1019		10/19/12	10/19/12	28.00	118.16	
CLAIM TOTAL							540.16	CLAIM ACCOUNT REF. 2139750012008742SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008802	2008802	DIAZ 1, CARMEN	07/29/1950	10089557301	062712297011
DIAGNOSIS CODES: V02.62    300.00    401.9    719.89    733.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
213969	1	T1019		10/15/12	10/15/12	16.00	67.52	
213969	2	T1019		10/16/12	10/16/12	24.00	101.28	
213969	3	T1019		10/17/12	10/17/12	24.00	101.28	
213969	4	T1019		10/18/12	10/18/12	24.00	101.28	
213969	5	T1019		10/19/12	10/19/12	24.00	101.28	
CLAIM TOTAL							472.64	CLAIM ACCOUNT REF. 2139690012008802SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
213973	1	T1019		10/15/12	10/15/12	28.00	118.16	
213973	2	T1019		10/16/12	10/16/12	28.00	118.16	
213973	3	T1019		10/17/12	10/17/12	28.00	118.16	
213973	4	T1019		10/18/12	10/18/12	28.00	118.16	
213973	5	T1019		10/19/12	10/19/12	32.00	135.04	
CLAIM TOTAL							607.68	CLAIM ACCOUNT REF. 2139730012009221SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
213974	1	T1019		10/13/12	10/13/12	48.00	202.56	
213974	2	T1019		10/14/12	10/14/12	48.00	202.56	
213974	3	T1019		10/15/12	10/15/12	44.00	185.68	
213974	4	T1019		10/16/12	10/16/12	48.00	202.56	
213974	5	T1019		10/17/12	10/17/12	48.00	202.56	
213974	6	T1019		10/18/12	10/18/12	48.00	202.56	
213974	7	T1019		10/19/12	10/19/12	48.00	202.56	
CLAIM TOTAL							1,401.04	CLAIM ACCOUNT REF. 2139740012009356SUP

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PAYER ID = 11325                      NEIGHBORHOOD HEALTH

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
213966	1	T1019		10/13/12	10/13/12	32.00	135.04	
213966	2	T1019		10/14/12	10/14/12	32.00	135.04	
213966	3	T1019		10/15/12	10/15/12	32.00	135.04	
213966	4	T1019		10/16/12	10/16/12	32.00	135.04	
213966	5	T1019		10/17/12	10/17/12	32.00	135.04	
213966	6	T1019		10/18/12	10/18/12	32.00	135.04	
213966	7	T1019		10/19/12	10/19/12	32.00	135.04	
					CLAIM TOTAL	945.28		CLAIM ACCOUNT REF. 2139660012010143SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
213979	1	T1019		10/15/12	10/15/12	20.00	84.40	
213979	2	T1019		10/16/12	10/16/12	20.00	84.40	
213979	3	T1019		10/17/12	10/17/12	20.00	84.40	
213979	4	T1019		10/18/12	10/18/12	20.00	84.40	
213979	5	T1019		10/19/12	10/19/12	20.00	84.40	
					CLAIM TOTAL	422.00		CLAIM ACCOUNT REF. 2139790012010353SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
213972	1	T1019		10/13/12	10/13/12	24.00	101.28	
213972	2	T1019		10/14/12	10/14/12	24.00	101.28	
213972	3	T1019		10/15/12	10/15/12	24.00	101.28	
213972	4	T1019		10/16/12	10/16/12	28.00	118.16	
213972	5	T1019		10/17/12	10/17/12	24.00	101.28	
213972	6	T1019		10/18/12	10/18/12	28.00	118.16	
213972	7	T1019		10/19/12	10/19/12	28.00	118.16	
					CLAIM TOTAL	759.60		CLAIM ACCOUNT REF. 2139720012010639SUP



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NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010671	2010878	AKHTER, SELINA	07/13/1960	10087504801	073112301172

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
213967	1	T1019		10/15/12	10/15/12	36.00	151.92	
213967	2	T1019		10/16/12	10/16/12	36.00	151.92	
213967	3	T1019		10/17/12	10/17/12	36.00	151.92	
213967	4	T1019		10/18/12	10/18/12	36.00	151.92	
213967	5	T1019		10/19/12	10/19/12	36.00	151.92	
					CLAIM TOTAL		759.60	CLAIM ACCOUNT REF. 2139670012010878SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	99	TOTAL CLAIM AMOUNT =	11,799.12
		# SERVICES =	18		

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PAYER ID = 13265                      METROPLUS HEALTH PLAN

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214013	1	T1019		10/13/12	10/13/12	4.00	68.60
214013	2	T1019		10/14/12	10/14/12	4.00	68.60
214013	3	T1019		10/15/12	10/15/12	12.00	205.80
214013	4	T1019		10/16/12	10/16/12	12.00	205.80
214013	5	T1019		10/17/12	10/17/12	12.00	205.80
214013	6	T1019		10/18/12	10/18/12	12.00	205.80
214013	7	T1019		10/19/12	10/19/12	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2140130012008233SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214021	1	T1019		10/13/12	10/13/12	8.00	137.20
214021	2	T1019		10/14/12	10/14/12	8.00	137.20
214021	3	T1019		10/15/12	10/15/12	12.00	205.80
214021	4	T1019		10/16/12	10/16/12	11.00	188.65
214021	5	T1019		10/17/12	10/17/12	11.00	188.65
214021	6	T1019		10/18/12	10/18/12	11.00	188.65
214021	7	T1019		10/19/12	10/19/12	11.00	188.65
CLAIM TOTAL						1,234.80	CLAIM ACCOUNT REF. 2140210012008236SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214017	1	T1019		10/17/12	10/17/12	4.00	68.60
214017	2	T1019		10/18/12	10/18/12	4.00	68.60
214017	3	T1019		10/19/12	10/19/12	4.00	68.60
CLAIM TOTAL						205.80	CLAIM ACCOUNT REF. 2140170012008237SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214012	1	T1019		10/13/12	10/13/12	3.00	51.45

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PAYER ID = 13265                      METROPLUS HEALTH PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214012	2	T1019		10/14/12	10/14/12	3.00	51.45	
214012	3	T1019		10/15/12	10/15/12	5.00	85.75	
214012	4	T1019		10/16/12	10/16/12	5.00	85.75	
214012	5	T1019		10/17/12	10/17/12	5.00	85.75	
214012	6	T1019		10/18/12	10/18/12	4.00	68.60	
214012	7	T1019		10/19/12	10/19/12	5.00	85.75	
CLAIM TOTAL							514.50	CLAIM ACCOUNT REF. 2140120012008284SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214019	1	T1019		10/10/12	10/10/12	8.00	137.20	
214019	2	T1019		10/15/12	10/15/12	8.00	137.20	
214019	3	T1019		10/16/12	10/16/12	8.00	137.20	
214019	4	T1019		10/17/12	10/17/12	8.00	137.20	
214019	5	T1019		10/18/12	10/18/12	8.00	137.20	
214019	6	T1019		10/19/12	10/19/12	8.00	137.20	
CLAIM TOTAL							823.20	CLAIM ACCOUNT REF. 2140190012008385SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214018	1	T1019		10/13/12	10/13/12	5.00	85.75	
214018	2	T1019		10/14/12	10/14/12	5.00	85.75	
214018	3	T1019		10/15/12	10/15/12	5.00	85.75	
214018	4	T1019		10/16/12	10/16/12	5.00	85.75	
214018	5	T1019		10/17/12	10/17/12	5.00	85.75	
214018	6	T1019		10/18/12	10/18/12	5.00	85.75	
214018	7	T1019		10/19/12	10/19/12	5.00	85.75	
CLAIM TOTAL							600.25	CLAIM ACCOUNT REF. 2140180012008417SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214023	1	T1019		10/15/12	10/15/12	8.00	137.20	
214023	2	T1019		10/16/12	10/16/12	8.00	137.20	
214023	3	T1019		10/17/12	10/17/12	8.00	137.20	

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PAYER ID = 13265                      METROPLUS HEALTH PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214023	4	T1019		10/18/12	10/18/12	8.00	137.20	
214023	5	T1019		10/19/12	10/19/12	8.00	137.20	
CLAIM TOTAL							686.00	CLAIM ACCOUNT REF. 2140230012008418SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214014	1	T1019		09/22/12	09/22/12	10.00	171.50	
214014	2	T1019		10/13/12	10/13/12	10.00	171.50	
214014	3	T1019		10/14/12	10/14/12	10.00	171.50	
214014	4	T1019		10/15/12	10/15/12	10.00	171.50	
214014	5	T1019		10/16/12	10/16/12	10.00	171.50	
214014	6	T1019		10/17/12	10/17/12	10.00	171.50	
214014	7	T1019		10/18/12	10/18/12	10.00	171.50	
214014	8	T1019		10/19/12	10/19/12	10.00	171.50	
CLAIM TOTAL							1,372.00	CLAIM ACCOUNT REF. 2140140012008743SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214015	1	T1019		10/13/12	10/13/12	19.00	325.85	
214015	2	T1019		10/14/12	10/14/12	19.00	325.85	
214015	3	T1019		10/15/12	10/15/12	19.00	325.85	
214015	4	T1019		10/16/12	10/16/12	19.00	325.85	
214015	5	T1019		10/17/12	10/17/12	19.00	325.85	
214015	6	T1019		10/18/12	10/18/12	19.00	325.85	
214015	7	T1019		10/19/12	10/19/12	19.00	325.85	
CLAIM TOTAL							2,280.95	CLAIM ACCOUNT REF. 2140150012009137SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214024	1	T1019		10/13/12	10/13/12	5.00	85.75	
214024	2	T1019		10/14/12	10/14/12	5.00	85.75	
214024	3	T1019		10/15/12	10/15/12	5.00	85.75	
214024	4	T1019		10/16/12	10/16/12	5.00	85.75	
214024	5	T1019		10/17/12	10/17/12	5.00	85.75	

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PAYER ID = 13265                      METROPLUS HEALTH PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214024	6	T1019		10/18/12	10/18/12	5.00	85.75	
214024	7	T1019		10/19/12	10/19/12	5.00	85.75	
CLAIM TOTAL							600.25	CLAIM ACCOUNT REF. 2140240012009377SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214022	1	T1019		10/13/12	10/13/12	8.00	137.20	
214022	2	T1019		10/16/12	10/16/12	3.00	51.45	
214022	3	T1019		10/17/12	10/17/12	3.00	51.45	
214022	4	T1019		10/18/12	10/18/12	3.00	51.45	
214022	5	T1019		10/19/12	10/19/12	4.00	68.60	
CLAIM TOTAL							360.15	CLAIM ACCOUNT REF. 2140220012009688SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214025	1	T1019		10/13/12	10/13/12	4.00	68.60	
214025	2	T1019		10/14/12	10/14/12	4.00	68.60	
214025	3	T1019		10/15/12	10/15/12	4.00	68.60	
214025	4	T1019		10/16/12	10/16/12	4.00	68.60	
214025	5	T1019		10/17/12	10/17/12	4.00	68.60	
214025	6	T1019		10/18/12	10/18/12	4.00	68.60	
214025	7	T1019		10/19/12	10/19/12	4.00	68.60	
CLAIM TOTAL							480.20	CLAIM ACCOUNT REF. 2140250012009919SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008279 2010213 VALLE, BLASINA 02/03/1929 QG00558G 0106011290042  
DIAGNOSIS CODES: 428.0 244.9 272.4 331.0 537.9 746.85

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214026	1	T1019		10/13/12	10/13/12	8.00	137.20	
CLAIM TOTAL							137.20	CLAIM ACCOUNT REF. 2140260012010213SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #  
0106111290284

			CLAIM TOTAL	463.05	CLAIM ACCOUNT REF.	2140200012010886SUP
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PRIOR AUTHORIZATION #  
0109041290009

2140160012011286SUP	10/15/12	10/15/12	1111.60	CLAIM TOTAL	3,498.60	CLAIM ACCOUNT REF.	2140160012011286SUP
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PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	95	TOTAL CLAIM AMOUNT =	14,423.15
		# SERVICES =	15		

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PAYER ID = 14163                      WELLCARE OF NY

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214029	1	T1019		10/13/12	10/13/12	36.00	154.80
214029	2	T1019		10/14/12	10/14/12	36.00	154.80
214029	3	T1019		10/15/12	10/15/12	36.00	154.80
214029	4	T1019		10/16/12	10/16/12	36.00	154.80
214029	5	T1019		10/17/12	10/17/12	36.00	154.80
214029	6	T1019		10/18/12	10/18/12	36.00	154.80
214029	7	T1019		10/19/12	10/19/12	36.00	154.80
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2140290012008286SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214028	1	T1019		10/13/12	10/13/12	24.00	103.20
214028	2	T1019		10/14/12	10/14/12	24.00	103.20
214028	3	T1019		10/15/12	10/15/12	24.00	103.20
214028	4	T1019		10/16/12	10/16/12	24.00	103.20
214028	5	T1019		10/17/12	10/17/12	24.00	103.20
214028	6	T1019		10/18/12	10/18/12	24.00	103.20
214028	7	T1019		10/19/12	10/19/12	24.00	103.20
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2140280012008495SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214027	1	T1019		10/13/12	10/13/12	28.00	120.40
214027	2	T1019		10/14/12	10/14/12	28.00	120.40
214027	3	T1019		10/15/12	10/15/12	28.00	120.40
214027	4	T1019		10/16/12	10/16/12	28.00	120.40
214027	5	T1019		10/17/12	10/17/12	28.00	120.40
214027	6	T1019		10/18/12	10/18/12	28.00	120.40
214027	7	T1019		10/19/12	10/19/12	28.00	120.40
CLAIM TOTAL						842.80	CLAIM ACCOUNT REF. 2140270012010404SUP

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PAYER       ID = 14163                        WELLCARE OF NY

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	21	TOTAL CLAIM AMOUNT =	2,648.80
		# SERVICES =	3		



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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214009	1	T1019	0580	10/15/12	10/15/12	40.00	168.80
214009	2	T1019	0580	10/16/12	10/16/12	40.00	168.80
214009	3	T1019	0580	10/17/12	10/17/12	40.00	168.80
214009	4	T1019	0580	10/18/12	10/18/12	40.00	168.80
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2140090012008491SUP

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
214011	1	T1019	0580	10/15/12	10/15/12	16.00	67.52
214011	2	T1019	0580	10/16/12	10/16/12	16.00	67.52
214011	3	T1019	0580	10/17/12	10/17/12	16.00	67.52
214011	4	T1019	0580	10/18/12	10/18/12	16.00	67.52
214011	5	T1019	0580	10/19/12	10/19/12	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2140110012008513SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214010	1	T1019	0580	10/13/12	10/13/12	20.00	84.40
214010	2	T1019	0580	10/14/12	10/14/12	20.00	84.40
214010	3	T1019	0580	10/15/12	10/15/12	20.00	84.40
214010	4	T1019	0580	10/16/12	10/16/12	20.00	84.40
214010	5	T1019	0580	10/17/12	10/17/12	20.00	84.40
214010	6	T1019	0580	10/18/12	10/18/12	20.00	84.40
214010	7	T1019	0580	10/19/12	10/19/12	20.00	84.40
CLAIM TOTAL							590.80
CLAIM ACCOUNT REF.							2140100012008544SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008193 2008723 REYNOLDS, HARRIET 07/01/1958 SR66809C 0003855084  
DIAGNOSIS CODES: 728.87 250.00 250.60 311. 401.9 780.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214004	1	T1019	0580	10/16/12	10/16/12	16.00	56.00
214004	2	T1019	0580	10/18/12	10/18/12	16.00	56.00

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PAYER ID = 55247                      HEALTH INSURANCE PLAN

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214004	3	T1019	0580	10/19/12	10/19/12	16.00	56.00
							CLAIM TOTAL
							168.00
							CLAIM ACCOUNT REF. 2140040012008723SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008793	2008793	COPE, WILLIE	02/17/1928	XR98607Q	0004050353
DIAGNOSIS CODES: 331.0 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
213997	1	T1019	0580	10/13/12	10/13/12	48.00	168.00
213997	2	T1019	0580	10/14/12	10/14/12	48.00	168.00
213997	3	T1019	0580	10/15/12	10/15/12	48.00	168.00
213997	4	T1019	0580	10/16/12	10/16/12	48.00	168.00
213997	5	T1019	0580	10/17/12	10/17/12	48.00	168.00
213997	6	T1019	0580	10/18/12	10/18/12	48.00	168.00
213997	7	T1019	0580	10/19/12	10/19/12	48.00	168.00
							CLAIM TOTAL
							1,176.00
							CLAIM ACCOUNT REF. 2139970012008793SUP

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
214006	1	T1019	0580	10/14/12	10/14/12	32.00	112.00
214006	2	T1019	0580	10/15/12	10/15/12	32.00	112.00
214006	3	T1019	0580	10/16/12	10/16/12	32.00	112.00
214006	4	T1019	0580	10/17/12	10/17/12	32.00	112.00
214006	5	T1019	0580	10/18/12	10/18/12	30.00	105.00
214006	6	T1019	0580	10/19/12	10/19/12	32.00	112.00
							CLAIM TOTAL
							665.00
							CLAIM ACCOUNT REF. 2140060012009237SUP

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
214007	1	T1019	0580	10/15/12	10/15/12	16.00	67.52
214007	2	T1019	0580	10/16/12	10/16/12	16.00	67.52
214007	3	T1019	0580	10/17/12	10/17/12	16.00	67.52
214007	4	T1019	0580	10/18/12	10/18/12	16.00	67.52
214007	5	T1019	0580	10/19/12	10/19/12	16.00	67.52
							CLAIM TOTAL
							337.60
							CLAIM ACCOUNT REF. 2140070012009406SUP

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PAYER ID = 55247                      HEALTH INSURANCE PLAN

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214003	1	T1019	0580	10/13/12	10/13/12	48.00	168.00
214003	2	T1019	0580	10/14/12	10/14/12	48.00	168.00
214003	3	T1019	0580	10/15/12	10/15/12	48.00	168.00
214003	4	T1019	0580	10/16/12	10/16/12	48.00	168.00
214003	5	T1019	0580	10/17/12	10/17/12	48.00	168.00
214003	6	T1019	0580	10/18/12	10/18/12	48.00	168.00
214003	7	T1019	0580	10/19/12	10/19/12	48.00	168.00
CLAIM TOTAL							1,176.00
CLAIM ACCOUNT REF.							2140030012009467SUP

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
214008	1	T1019	0580	10/17/12	10/17/12	40.00	168.80
214008	2	T1019	0580	10/18/12	10/18/12	40.00	168.80
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2140080012009562SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214000	1	T1019	0580	10/16/12	10/16/12	16.00	56.00
214000	2	T1019	0580	10/17/12	10/17/12	16.00	56.00
214000	3	T1019	0580	10/18/12	10/18/12	16.00	56.00
214000	4	T1019	0580	10/19/12	10/19/12	16.00	56.00
CLAIM TOTAL							224.00
CLAIM ACCOUNT REF.							2140000012009686SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214002	1	T1019	0580	10/15/12	10/15/12	28.00	98.00
214002	2	T1019	0580	10/16/12	10/16/12	28.00	98.00
214002	3	T1019	0580	10/17/12	10/17/12	28.00	98.00
214002	4	T1019	0580	10/18/12	10/18/12	28.00	98.00
214002	5	T1019	0580	10/19/12	10/19/12	28.00	98.00

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NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL
							490.00	
								CLAIM ACCOUNT REF. 2140020012009945SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL
213996	1	T1019	0580	09/28/12	09/28/12	20.00	70.00	
213996	2	T1019	0580	10/15/12	10/15/12	20.00	70.00	
213996	3	T1019	0580	10/16/12	10/16/12	24.00	84.00	
213996	4	T1019	0580	10/17/12	10/17/12	20.00	70.00	
213996	5	T1019	0580	10/18/12	10/18/12	20.00	70.00	
213996	6	T1019	0580	10/19/12	10/19/12	20.00	70.00	
							434.00	
								CLAIM ACCOUNT REF. 2139960012010293SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010316	2010316	WEATHERS, VERDENA	02/05/1927	XK12367V	0004884724
DIAGNOSIS	CODES:	331.0	365.00	428.0	714.0		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL
214005	1	T1019	0580	10/12/12	10/12/12	46.00	161.00	
214005	2	T1019	0580	10/13/12	10/13/12	48.00	168.00	
214005	3	T1019	0580	10/14/12	10/14/12	48.00	168.00	
214005	4	T1019	0580	10/15/12	10/15/12	48.00	168.00	
214005	5	T1019	0580	10/16/12	10/16/12	48.00	168.00	
214005	6	T1019	0580	10/17/12	10/17/12	48.00	168.00	
214005	7	T1019	0580	10/18/12	10/18/12	48.00	168.00	
214005	8	T1019	0580	10/19/12	10/19/12	48.00	168.00	
							1,337.00	
								CLAIM ACCOUNT REF. 2140050012010316SUP

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	CLAIM TOTAL
214001	1	T1019	0580	10/13/12	10/13/12	36.00	126.00	
214001	2	T1019	0580	10/14/12	10/14/12	36.00	126.00	
214001	3	T1019	0580	10/15/12	10/15/12	36.00	126.00	
214001	4	T1019	0580	10/16/12	10/16/12	36.00	126.00	
214001	5	T1019	0580	10/17/12	10/17/12	36.00	126.00	
214001	6	T1019	0580	10/18/12	10/18/12	36.00	126.00	
214001	7	T1019	0580	10/19/12	10/19/12	36.00	126.00	
							882.00	
								CLAIM ACCOUNT REF. 2140010012010991SUP

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PAYER ID = 55247                      HEALTH INSURANCE PLAN

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
213998	1	G0156	0572	10/13/12	10/13/12	7.00	99.75
213998	2	G0156	0572	10/14/12	10/14/12	7.00	99.75
213998	3	G0156	0572	10/15/12	10/15/12	7.00	99.75
213998	4	G0156	0572	10/16/12	10/16/12	7.00	99.75
213998	5	G0156	0572	10/17/12	10/17/12	7.00	99.75
213998	6	G0156	0572	10/18/12	10/18/12	7.00	99.75
213998	7	G0156	0572	10/19/12	10/19/12	7.00	99.75
CLAIM TOTAL							698.25
CLAIM ACCOUNT REF.							2139980012011066SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
213999	1	G0156	0572	10/13/12	10/13/12	12.00	171.00
213999	2	G0156	0572	10/14/12	10/14/12	12.00	171.00
213999	3	G0156	0572	10/15/12	10/15/12	12.00	171.00
213999	4	G0156	0572	10/16/12	10/16/12	12.00	171.00
213999	5	G0156	0572	10/17/12	10/17/12	12.00	171.00
213999	6	G0156	0572	10/18/12	10/18/12	12.00	171.00
213999	7	G0156	0572	10/19/12	10/19/12	11.00	156.75
CLAIM TOTAL							1,182.75
CLAIM ACCOUNT REF.							2139990012011526SUP

PAYER TOTALS: HEALTH INSURANCE PLAN                      # OF CLAIMS = 90    TOTAL CLAIM AMOUNT = 10,711.80  
# SERVICES = 16

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NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2140430012010958SUP

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

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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008249 2008249 LOPEZ-RAMIREZ, CARLOTA 01/20/1936 QR43529V R1800800  
DIAGNOSIS CODES: 714.0 272.4 401.9 536.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
213956	1	T1019		10/13/12	10/13/12	44.00	185.68	
213956	2	T1019		10/14/12	10/14/12	44.00	185.68	
213956	3	T1019		10/15/12	10/15/12	44.00	185.68	
213956	4	T1019		10/16/12	10/16/12	44.00	185.68	
213956	5	T1019		10/17/12	10/17/12	44.00	185.68	
213956	6	T1019		10/18/12	10/18/12	44.00	185.68	
213956	7	T1019		10/19/12	10/19/12	44.00	185.68	
CLAIM TOTAL							1,299.76	CLAIM ACCOUNT REF. 2139560012008249SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
213941	1	T1019		10/15/12	10/15/12	32.00	135.04	
213941	2	T1019		10/16/12	10/16/12	32.00	135.04	
213941	3	T1019		10/17/12	10/17/12	32.00	135.04	
213941	4	T1019		10/19/12	10/19/12	32.00	135.04	
CLAIM TOTAL							540.16	CLAIM ACCOUNT REF. 2139410012008251SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008253 2008253 MACARENA, SAHARA 09/12/1965 VT07830U R1904276  
DIAGNOSIS CODES: 359.0 719.45

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
213957	1	T1019		10/09/12	10/09/12	48.00	202.56	
213957	2	T1019		10/13/12	10/13/12	48.00	202.56	
213957	3	T1019		10/14/12	10/14/12	48.00	202.56	
213957	4	T1019		10/15/12	10/15/12	48.00	202.56	
213957	5	T1019		10/16/12	10/16/12	48.00	202.56	
213957	6	T1019		10/17/12	10/17/12	48.00	202.56	
213957	7	T1019		10/18/12	10/18/12	36.00	151.92	
213957	8	T1019		10/19/12	10/19/12	48.00	202.56	
CLAIM TOTAL							1,569.84	CLAIM ACCOUNT REF. 2139570012008253SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
213962	1	T1019		10/15/12	10/15/12	20.00	84.40
213962	2	T1019		10/16/12	10/16/12	20.00	84.40
213962	3	T1019		10/17/12	10/17/12	20.00	84.40
213962	4	T1019		10/19/12	10/19/12	20.00	84.40
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2139620012008254SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
213939	1	T1019		10/15/12	10/15/12	32.00	135.04
213939	2	T1019		10/16/12	10/16/12	32.00	135.04
213939	3	T1019		10/17/12	10/17/12	32.00	135.04
213939	4	T1019		10/18/12	10/18/12	32.00	135.04
213939	5	T1019		10/19/12	10/19/12	32.00	135.04
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2139390012008256SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
213946	1	T1019		10/13/12	10/13/12	24.00	101.28
213946	2	T1019		10/14/12	10/14/12	24.00	101.28
213946	3	T1019		10/15/12	10/15/12	24.00	101.28
213946	4	T1019		10/16/12	10/16/12	24.00	101.28
213946	5	T1019		10/17/12	10/17/12	24.00	101.28
213946	6	T1019		10/18/12	10/18/12	24.00	101.28
213946	7	T1019		10/19/12	10/19/12	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2139460012008257SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
213961	1	T1019		10/12/12	10/12/12	32.00	135.04
213961	2	T1019		10/15/12	10/15/12	32.00	135.04



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PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
213961	3	T1019		10/16/12	10/16/12	32.00	135.04	
213961	4	T1019		10/17/12	10/17/12	32.00	135.04	
213961	5	T1019		10/18/12	10/18/12	32.00	135.04	
213961	6	T1019		10/19/12	10/19/12	32.00	135.04	
					CLAIM TOTAL		810.24	CLAIM ACCOUNT REF. 2139610012008290SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008297	2008297	MARTIN, ARIANA	12/25/1968	XD64969X	R2028439
DIAGNOSIS	CODES:	250.63	401.9	493.11		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
213958	1	T1019		10/15/12	10/15/12	16.00	67.52	
213958	2	T1019		10/17/12	10/17/12	16.00	67.52	
213958	3	T1019		10/19/12	10/19/12	16.00	67.52	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2139580012008297SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
213949	1	T1019		10/13/12	10/13/12	28.00	118.16	
213949	2	T1019		10/14/12	10/14/12	28.00	118.16	
213949	3	T1019		10/15/12	10/15/12	16.00	67.52	
213949	4	T1019		10/16/12	10/16/12	28.00	118.16	
213949	5	T1019		10/18/12	10/18/12	28.00	118.16	
					CLAIM TOTAL		540.16	CLAIM ACCOUNT REF. 2139490012008362SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
213960	1	T1019		10/15/12	10/15/12	16.00	67.52	
213960	2	T1019		10/16/12	10/16/12	16.00	67.52	
213960	3	T1019		10/17/12	10/17/12	16.00	67.52	
213960	4	T1019		10/18/12	10/18/12	16.00	67.52	
213960	5	T1019		10/19/12	10/19/12	16.00	67.52	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2139600012008368SUP

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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 2008411 2008411 FRANCISCO, RICHARD 07/10/1968 XR22414G R2014482  
DIAGNOSIS CODES: 401.9 443.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
213950	1	T1019		10/13/12	10/13/12	32.00	135.04
213950	2	T1019		10/14/12	10/14/12	32.00	135.04
213950	3	T1019		10/15/12	10/15/12	32.00	135.04
213950	4	T1019		10/16/12	10/16/12	32.00	135.04
213950	5	T1019		10/17/12	10/17/12	32.00	135.04
213950	6	T1019		10/18/12	10/18/12	32.00	135.04
213950	7	T1019		10/19/12	10/19/12	32.00	135.04
CLAIM TOTAL							945.28

CLAIM ACCOUNT REF. 2139500012008411SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
213953	1	T1019		10/13/12	10/13/12	28.00	118.16
213953	2	T1019		10/14/12	10/14/12	28.00	118.16
213953	3	T1019		10/15/12	10/15/12	28.00	118.16
213953	4	T1019		10/16/12	10/16/12	28.00	118.16
213953	5	T1019		10/17/12	10/17/12	28.00	118.16
213953	6	T1019		10/18/12	10/18/12	28.00	118.16
213953	7	T1019		10/19/12	10/19/12	28.00	118.16
CLAIM TOTAL							827.12

CLAIM ACCOUNT REF. 2139530012008428SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008433 2008433 BHAIRO, KOWSILILLI 05/13/1954 VG15691D R1917814  
DIAGNOSIS CODES: 340. 286.0 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
213936	1	T1019		10/13/12	10/13/12	32.00	135.04
213936	2	T1019		10/14/12	10/14/12	32.00	135.04
213936	3	T1019		10/15/12	10/15/12	32.00	135.04
213936	4	T1019		10/16/12	10/16/12	32.00	135.04
213936	5	T1019		10/17/12	10/17/12	32.00	135.04
213936	6	T1019		10/18/12	10/18/12	32.00	135.04
213936	7	T1019		10/19/12	10/19/12	32.00	135.04
CLAIM TOTAL							945.28

CLAIM ACCOUNT REF. 2139360012008433SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
213935	1	T1019		10/13/12	10/13/12	16.00	67.52
213935	2	T1019		10/14/12	10/14/12	16.00	67.52
213935	3	T1019		10/15/12	10/15/12	16.00	67.52
213935	4	T1019		10/16/12	10/16/12	12.00	50.64
213935	5	T1019		10/17/12	10/17/12	12.00	50.64
213935	6	T1019		10/18/12	10/18/12	16.00	67.52
213935	7	T1019		10/19/12	10/19/12	16.00	67.52
CLAIM TOTAL							438.88
CLAIM ACCOUNT REF.							2139350012008487SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
213963	1	T1019		10/10/12	10/10/12	12.00	50.64
213963	2	T1019		10/13/12	10/13/12	16.00	67.52
213963	3	T1019		10/14/12	10/14/12	16.00	67.52
213963	4	T1019		10/15/12	10/15/12	16.00	67.52
213963	5	T1019		10/16/12	10/16/12	16.00	67.52
213963	6	T1019		10/17/12	10/17/12	16.00	67.52
213963	7	T1019		10/18/12	10/18/12	16.00	67.52
213963	8	T1019		10/19/12	10/19/12	16.00	67.52
CLAIM TOTAL							523.28
CLAIM ACCOUNT REF.							2139630012008558SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
213945	1	T1019		10/06/12	10/06/12	16.00	67.52
213945	2	T1019		10/07/12	10/07/12	16.00	67.52
213945	3	T1019		10/08/12	10/08/12	16.00	67.52
213945	4	T1019		10/09/12	10/09/12	16.00	67.52
213945	5	T1019		10/10/12	10/10/12	16.00	67.52
213945	6	T1019		10/11/12	10/11/12	24.00	101.28
213945	7	T1019		10/12/12	10/12/12	24.00	101.28
213945	8	T1019		10/13/12	10/13/12	16.00	67.52
213945	9	T1019		10/14/12	10/14/12	16.00	67.52
213945	10	T1019		10/15/12	10/15/12	24.00	101.28

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
213945	11	T1019		10/16/12	10/16/12	24.00	101.28	
213945	12	T1019		10/17/12	10/17/12	24.00	101.28	
213945	13	T1019		10/18/12	10/18/12	24.00	101.28	
213945	14	T1019		10/19/12	10/19/12	24.00	101.28	
				CLAIM TOTAL		1,181.60		CLAIM ACCOUNT REF. 2139450012008571SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008437 2009000 FERGERSON, TINA 08/11/1959 ZZ11460M R1992645  
DIAGNOSIS CODES: 135. 401.9 493.00 715.00 721.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
213947	1	T1019		10/15/12	10/15/12	32.00	135.04	
213947	2	T1019		10/16/12	10/16/12	32.00	135.04	
213947	3	T1019		10/17/12	10/17/12	32.00	135.04	
213947	4	T1019		10/18/12	10/18/12	32.00	135.04	
213947	5	T1019		10/19/12	10/19/12	32.00	135.04	
				CLAIM TOTAL		675.20		CLAIM ACCOUNT REF. 2139470012009000SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
213948	1	T1019		10/15/12	10/15/12	20.00	84.40	
213948	2	T1019		10/17/12	10/17/12	20.00	84.40	
213948	3	T1019		10/19/12	10/19/12	20.00	84.40	
				CLAIM TOTAL		253.20		CLAIM ACCOUNT REF. 2139480012009001SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008300 2009256 CHARITAR, RAMKALIE 06/23/1953 UY13756G 0103191202030  
DIAGNOSIS CODES: 250.00 311. 401.9 414.00 414.01 466.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
213942	1	T1019		10/14/12	10/14/12	20.00	84.40	
213942	2	T1019		10/15/12	10/15/12	20.00	84.40	
213942	3	T1019		10/16/12	10/16/12	20.00	84.40	
213942	4	T1019		10/17/12	10/17/12	20.00	84.40	
213942	5	T1019		10/18/12	10/18/12	20.00	84.40	
213942	6	T1019		10/19/12	10/19/12	20.00	84.40	
				CLAIM TOTAL		506.40		CLAIM ACCOUNT REF. 2139420012009256SUP

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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 R1825085  
DIAGNOSIS CODES: 250.00 294.10 401.9 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
213940	1	T1019		10/13/12	10/13/12	32.00	135.04
213940	2	T1019		10/15/12	10/15/12	32.00	135.04
213940	3	T1019		10/16/12	10/16/12	32.00	135.04
213940	4	T1019		10/17/12	10/17/12	32.00	135.04
213940	5	T1019		10/18/12	10/18/12	32.00	135.04
213940	6	T1019		10/19/12	10/19/12	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2139400012009270SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
213952	1	T1019		10/15/12	10/15/12	16.00	67.52
213952	2	T1019		10/17/12	10/17/12	16.00	67.52
213952	3	T1019		10/19/12	10/19/12	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2139520012009322SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
213943	1	T1019		10/08/12	10/08/12	24.00	101.28
213943	2	T1019		10/09/12	10/09/12	24.00	101.28
213943	3	T1019		10/10/12	10/10/12	24.00	101.28
213943	4	T1019		10/11/12	10/11/12	24.00	101.28
213943	5	T1019		10/12/12	10/12/12	24.00	101.28
213943	6	T1019		10/15/12	10/15/12	24.00	101.28
213943	7	T1019		10/16/12	10/16/12	24.00	101.28
213943	8	T1019		10/17/12	10/17/12	24.00	101.28
213943	9	T1019		10/18/12	10/18/12	24.00	101.28
213943	10	T1019		10/19/12	10/19/12	24.00	101.28
CLAIM TOTAL							1,012.80
CLAIM ACCOUNT REF.							2139430012009405SUP

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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 2009425 2009425 FRIAS, BARBARA 04/01/1954 YQ10410R R1869904  
DIAGNOSIS CODES: 785.9 V44.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
213951	1	T1019		10/05/12	10/05/12	12.00	50.64
CLAIM TOTAL							50.64
CLAIM ACCOUNT REF.							2139510012009425SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
213937	1	T1019		10/13/12	10/13/12	24.00	101.28
213937	2	T1019		10/14/12	10/14/12	24.00	101.28
213937	3	T1019		10/15/12	10/15/12	16.00	67.52
213937	4	T1019		10/16/12	10/16/12	24.00	101.28
213937	5	T1019		10/17/12	10/17/12	24.00	101.28
213937	6	T1019		10/18/12	10/18/12	24.00	101.28
213937	7	T1019		10/19/12	10/19/12	24.00	101.28
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2139370012009560SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
213965	1	T1019		10/15/12	10/15/12	32.00	135.04
213965	2	T1019		10/16/12	10/16/12	32.00	135.04
213965	3	T1019		10/17/12	10/17/12	32.00	135.04
213965	4	T1019		10/18/12	10/18/12	32.00	135.04
213965	5	T1019		10/19/12	10/19/12	32.00	135.04
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2139650012010009SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
213955	1	T1020		10/13/12	10/13/12	7.00	118.16
213955	2	T1020		10/14/12	10/14/12	7.00	118.16
213955	3	T1020		10/15/12	10/15/12	7.00	118.16
213955	4	T1020		10/16/12	10/16/12	7.00	118.16
213955	5	T1020		10/17/12	10/17/12	7.00	118.16

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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	
213955	6	T1020		10/18/12	10/18/12	7.00	118.16	
213955	7	T1020		10/19/12	10/19/12	7.00	118.16	
CLAIM TOTAL							827.12	CLAIM ACCOUNT REF. 2139550012010311SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
213964	1	T1019		10/13/12	10/13/12	20.00	84.40	
213964	2	T1019		10/14/12	10/14/12	20.00	84.40	
213964	3	T1019		10/18/12	10/18/12	20.00	84.40	
213964	4	T1019		10/19/12	10/19/12	20.00	84.40	
CLAIM TOTAL							337.60	CLAIM ACCOUNT REF. 2139640012010758SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
213954	1	T1019		10/13/12	10/13/12	32.00	135.04	
213954	2	T1019		10/15/12	10/15/12	32.00	135.04	
213954	3	T1019		10/16/12	10/16/12	32.00	135.04	
213954	4	T1019		10/17/12	10/17/12	32.00	135.04	
213954	5	T1019		10/18/12	10/18/12	32.00	135.04	
213954	6	T1019		10/19/12	10/19/12	32.00	135.04	
CLAIM TOTAL							810.24	CLAIM ACCOUNT REF. 2139540012010967SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
213944	1	T1019		10/13/12	10/13/12	40.00	168.80	
213944	2	T1019		10/14/12	10/14/12	40.00	168.80	
213944	3	T1019		10/15/12	10/15/12	40.00	168.80	
213944	4	T1019		10/16/12	10/16/12	40.00	168.80	
213944	5	T1019		10/17/12	10/17/12	40.00	168.80	
213944	6	T1019		10/18/12	10/18/12	40.00	168.80	
213944	7	T1019		10/19/12	10/19/12	40.00	168.80	
CLAIM TOTAL							1,181.60	CLAIM ACCOUNT REF. 2139440012011058SUP

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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 2011388 2011388 PALAZZOLO, FLORENCE 10/31/1948 PD96979S R1998236  
DIAGNOSIS CODES: 331.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
213959	1	T1020		10/06/12	10/06/12	12.00	202.56	
213959	2	T1020		10/11/12	10/11/12	12.00	202.56	
213959	3	T1020		10/12/12	10/12/12	12.00	202.56	
213959	4	T1020		10/13/12	10/13/12	12.00	202.56	
213959	5	T1020		10/14/12	10/14/12	12.00	202.56	
213959	6	T1020		10/15/12	10/15/12	12.00	202.56	
213959	7	T1020		10/16/12	10/16/12	24.00	405.12	
213959	8	T1020		10/17/12	10/17/12	12.00	202.56	
213959	9	T1020		10/18/12	10/18/12	12.00	202.56	
213959	10	T1020		10/19/12	10/19/12	24.00	405.12	
CLAIM TOTAL						2,430.72	CLAIM ACCOUNT REF.	2139590012011388SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
213938	1	T1019		10/08/12	10/08/12	32.00	135.04	
213938	2	T1019		10/15/12	10/15/12	40.00	168.80	
213938	3	T1019		10/16/12	10/16/12	40.00	168.80	
213938	4	T1019		10/17/12	10/17/12	40.00	168.80	
213938	5	T1019		10/18/12	10/18/12	40.00	168.80	
213938	6	T1019		10/19/12	10/19/12	40.00	168.80	
CLAIM TOTAL						979.04	CLAIM ACCOUNT REF.	2139380012011528SUP

PAYER TOTALS: HEALTHFIRST PHSP                      # OF CLAIMS = 190    TOTAL CLAIM AMOUNT = 23,311.28  
# SERVICES = 31



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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
213993	1	T1019		10/15/12	10/15/12	40.00	171.60	
213993	2	T1019		10/16/12	10/16/12	40.00	171.60	
CLAIM TOTAL							343.20	CLAIM ACCOUNT REF. 2139930012008245SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
213994	1	T1019		10/13/12	10/13/12	16.00	68.64	
213994	2	T1019		10/14/12	10/14/12	16.00	68.64	
213994	3	T1019		10/15/12	10/15/12	36.00	154.44	
213994	4	T1019		10/16/12	10/16/12	36.00	154.44	
213994	5	T1019		10/17/12	10/17/12	36.00	154.44	
213994	6	T1019		10/18/12	10/18/12	36.00	154.44	
213994	7	T1019		10/19/12	10/19/12	36.00	154.44	
CLAIM TOTAL							909.48	CLAIM ACCOUNT REF. 2139940012008287SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
213995	1	T1019		10/06/12	10/06/12	32.00	137.28	
213995	2	T1019		10/07/12	10/07/12	32.00	137.28	
213995	3	T1019		10/08/12	10/08/12	32.00	137.28	
213995	4	T1019		10/09/12	10/09/12	32.00	137.28	
213995	5	T1019		10/10/12	10/10/12	32.00	137.28	
213995	6	T1019		10/11/12	10/11/12	32.00	137.28	
213995	7	T1019		10/12/12	10/12/12	32.00	137.28	
213995	8	T1019		10/13/12	10/13/12	32.00	137.28	
213995	9	T1019		10/14/12	10/14/12	32.00	137.28	
213995	10	T1019		10/15/12	10/15/12	32.00	137.28	
213995	11	T1019		10/16/12	10/16/12	32.00	137.28	
213995	12	T1019		10/17/12	10/17/12	32.00	137.28	
213995	13	T1019		10/18/12	10/18/12	32.00	137.28	
213995	14	T1019		10/19/12	10/19/12	32.00	137.28	
CLAIM TOTAL							1,921.92	CLAIM ACCOUNT REF. 2139950012008401SUP

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

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	23	TOTAL CLAIM AMOUNT =	3,174.60
		# SERVICES =	3		

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214033	1	T1019	0580	10/13/12	10/13/12	40.00	168.80
214033	2	T1019	0580	10/14/12	10/14/12	40.00	168.80
214033	3	T1019	0580	10/15/12	10/15/12	28.00	118.16
214033	4	T1019	0580	10/16/12	10/16/12	36.00	151.92
214033	5	T1019	0580	10/17/12	10/17/12	32.00	135.04
214033	6	T1019	0580	10/18/12	10/18/12	40.00	168.80
214033	7	T1019	0580	10/19/12	10/19/12	32.00	135.04
CLAIM TOTAL						1,046.56	CLAIM ACCOUNT REF. 2140330012008266SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214036	1	S5130	0582	10/15/12	10/15/12	16.00	67.52
214036	2	S5130	0582	10/19/12	10/19/12	16.00	67.52
CLAIM TOTAL						135.04	CLAIM ACCOUNT REF. 2140360012009279SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214032	1	T1019	0580	10/15/12	10/15/12	32.00	135.04
214032	2	T1019	0580	10/16/12	10/16/12	36.00	151.92
214032	3	T1019	0580	10/17/12	10/17/12	32.00	135.04
214032	4	T1019	0580	10/18/12	10/18/12	36.00	151.92
214032	5	T1019	0580	10/19/12	10/19/12	32.00	135.04
CLAIM TOTAL						708.96	CLAIM ACCOUNT REF. 2140320012009647SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214030	1	T1019	0580	10/15/12	10/15/12	24.00	101.28
214030	2	T1019	0580	10/16/12	10/16/12	24.00	101.28
214030	3	T1019	0580	10/17/12	10/17/12	24.00	101.28
214030	4	T1019	0580	10/18/12	10/18/12	24.00	101.28

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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
214030	5	T1019	0580	10/19/12	10/19/12	24.00	101.28
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2140300012010724SUP

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
214038	1	T1019	0580	10/13/12	10/13/12	16.00	67.52
214038	2	T1019	0580	10/14/12	10/14/12	16.00	67.52
214038	3	T1019	0580	10/15/12	10/15/12	8.00	33.76
214038	4	T1019	0580	10/16/12	10/16/12	8.00	33.76
214038	5	T1019	0580	10/17/12	10/17/12	8.00	33.76
214038	6	T1019	0580	10/18/12	10/18/12	8.00	33.76
214038	7	T1019	0580	10/19/12	10/19/12	8.00	33.76
CLAIM TOTAL							303.84

CLAIM ACCOUNT REF. 2140380012010728SUP

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
214037	1	T1019	0580	10/13/12	10/13/12	20.00	84.40
214037	2	T1019	0580	10/14/12	10/14/12	20.00	84.40
214037	3	T1019	0580	10/15/12	10/15/12	12.00	50.64
214037	4	T1019	0580	10/16/12	10/16/12	12.00	50.64
214037	5	T1019	0580	10/17/12	10/17/12	12.00	50.64
214037	6	T1019	0580	10/18/12	10/18/12	12.00	50.64
214037	7	T1019	0580	10/19/12	10/19/12	12.00	50.64
CLAIM TOTAL							422.00

CLAIM ACCOUNT REF. 2140370012010729SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
214031	1	T1019	0580	10/15/12	10/15/12	16.00	67.52
CLAIM TOTAL							67.52

CLAIM ACCOUNT REF. 2140310012010730SUP

REPORT DATE 10/24/12                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = AMRGRI                      AMERIGROUP NEW YORK,LLC

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214034	1	T1019	0580	10/15/12	10/15/12	16.00	67.52	
214034	2	T1019	0580	10/16/12	10/16/12	16.00	67.52	
214034	3	T1019	0580	10/17/12	10/17/12	16.00	67.52	
214034	4	T1019	0580	10/18/12	10/18/12	16.00	67.52	
214034	5	T1019	0580	10/19/12	10/19/12	16.00	67.52	
					CLAIM TOTAL	337.60		CLAIM ACCOUNT REF. 2140340012010731SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
214035	1	T1019	0580	10/15/12	10/15/12	24.00	101.28	
214035	2	T1019	0580	10/16/12	10/16/12	24.00	101.28	
					CLAIM TOTAL	202.56		CLAIM ACCOUNT REF. 2140350012011238SUP

PAYER TOTALS: AMERIGROUP NEW YORK,LLC                      # OF CLAIMS = 41                      TOTAL CLAIM AMOUNT = 3,730.48  
# SERVICES = 9

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NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2140420012011453SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	5	TOTAL CLAIM AMOUNT =	318.00
		# SERVICES =	1		

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NPI = 1154407492

PRIOR AUTHORIZATION #  
2012091792600005

CLAIM TOTAL	1,063.44	CLAIM ACCOUNT REF.	2140390012010800SUP
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PRIOR AUTHORIZATION #  
2012091792600003

CLAIM TOTAL	270.08	CLAIM ACCOUNT REF.	2140410012010804SUP
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PRIOR AUTHORIZATION #  
2012091792600004

CLAIM TOTAL	168.80	CLAIM ACCOUNT REF.	2140400012010805SUP
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# OF CLAIMS =	14	TOTAL CLAIM AMOUNT =	1,502.32
# SERVICES =	3		

# OF CLAIMS =	631	TOTAL CLAIM AMOUNT =	77,804.12
# SERVICES =	109		