

REPORT DATE 08/15/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

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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
206251	1	T1020		08/04/12	08/04/12	8.00	134.96
206251	2	T1020		08/06/12	08/06/12	5.00	84.35
206251	3	T1020		08/07/12	08/07/12	5.00	84.35
206251	4	T1020		08/08/12	08/08/12	5.00	84.35
206251	5	T1020		08/09/12	08/09/12	5.00	84.35
206251	6	T1020		08/10/12	08/10/12	5.00	84.35
CLAIM TOTAL							556.71
CLAIM ACCOUNT REF.							2062510012008267SUP

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
206248	1	T1020		08/04/12	08/04/12	9.00	151.83
206248	2	T1020		08/05/12	08/05/12	9.00	151.83
206248	3	T1020		08/06/12	08/06/12	9.00	151.83
206248	4	T1020		08/07/12	08/07/12	9.00	151.83
206248	5	T1020		08/08/12	08/08/12	9.00	151.83
206248	6	T1020		08/09/12	08/09/12	9.00	151.83
206248	7	T1020		08/10/12	08/10/12	9.00	151.83
CLAIM TOTAL							1,062.81
CLAIM ACCOUNT REF.							2062480012008268SUP

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
206245	1	T1020		08/09/12	08/09/12	7.00	118.09
206245	2	T1020		08/10/12	08/10/12	7.00	118.09
CLAIM TOTAL							236.18
CLAIM ACCOUNT REF.							2062450012008306SUP

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
206243	1	T1020		08/04/12	08/04/12	7.00	118.09
206243	2	T1020		08/05/12	08/05/12	7.00	118.09
206243	3	T1020		08/06/12	08/06/12	7.00	118.09

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
206243	4	T1020		08/07/12	08/07/12	7.00	118.09	
206243	5	T1020		08/08/12	08/08/12	7.00	118.09	
206243	6	T1020		08/09/12	08/09/12	7.00	118.09	
206243	7	T1020		08/10/12	08/10/12	7.00	118.09	
					CLAIM TOTAL		826.63	CLAIM ACCOUNT REF. 2062430012008386SUP

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	
206250	1	T1020		08/07/12	08/07/12	4.00	67.48	
206250	2	T1020		08/09/12	08/09/12	4.00	67.48	
206250	3	T1020		08/10/12	08/10/12	5.00	84.35	
					CLAIM TOTAL		219.31	CLAIM ACCOUNT REF. 2062500012008400SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
206247	1	T1020		08/04/12	08/04/12	12.00	202.44	
206247	2	T1020		08/05/12	08/05/12	12.00	202.44	
206247	3	T1020		08/06/12	08/06/12	12.00	202.44	
206247	4	T1020		08/07/12	08/07/12	12.00	202.44	
206247	5	T1020		08/08/12	08/08/12	12.00	202.44	
206247	6	T1020		08/09/12	08/09/12	12.00	202.44	
206247	7	T1020		08/10/12	08/10/12	12.00	202.44	
					CLAIM TOTAL		1,417.08	CLAIM ACCOUNT REF. 2062470012009283SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
206249	1	T1020		08/04/12	08/04/12	4.00	67.48	
206249	2	T1020		08/05/12	08/05/12	4.00	67.48	
206249	3	T1020		08/06/12	08/06/12	4.00	67.48	
206249	4	T1020		08/08/12	08/08/12	4.00	67.48	
206249	5	T1020		08/09/12	08/09/12	4.00	67.48	
206249	6	T1020		08/10/12	08/10/12	4.00	67.48	
					CLAIM TOTAL		404.88	CLAIM ACCOUNT REF. 2062490012009956SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #
120660869

CLAIM ACCOUNT REF. 2062440012010014SUP

PRIOR AUTHORIZATION #
121291101

CLAIM ACCOUNT REF. 2062520012010041SUP

PRIOR AUTHORIZATION #
111951068

CLAIM ACCOUNT REF. 2062460012010712SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	54	TOTAL CLAIM AMOUNT =	6,562.43
		# SERVICES =	10		

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206228	1	T1019		08/08/12	08/08/12	16.00	67.52
206228	2	T1019		08/09/12	08/09/12	16.00	67.52
206228	3	T1019		08/10/12	08/10/12	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2062280012008261SUP

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
206235	1	T1019		08/04/12	08/04/12	24.00	101.28
206235	2	T1019		08/05/12	08/05/12	24.00	101.28
206235	3	T1019		08/06/12	08/06/12	24.00	101.28
206235	4	T1019		08/07/12	08/07/12	24.00	101.28
206235	5	T1019		08/08/12	08/08/12	24.00	101.28
206235	6	T1019		08/09/12	08/09/12	24.00	101.28
206235	7	T1019		08/10/12	08/10/12	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2062350012008263SUP

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
206240	1	T1019		08/04/12	08/04/12	40.00	168.80
206240	2	T1019		08/05/12	08/05/12	40.00	168.80
206240	3	T1019		08/06/12	08/06/12	40.00	168.80
206240	4	T1019		08/07/12	08/07/12	40.00	168.80
206240	5	T1019		08/08/12	08/08/12	40.00	168.80
206240	6	T1019		08/09/12	08/09/12	40.00	168.80
206240	7	T1019		08/10/12	08/10/12	40.00	168.80
CLAIM TOTAL							1,181.60
CLAIM ACCOUNT REF.							2062400012008265SUP

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
206242	1	T1019		07/21/12	07/21/12	16.00	67.52

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
206242	2	T1019		08/02/12	08/02/12	24.00	101.28	
206242	3	T1019		08/04/12	08/04/12	16.00	67.52	
206242	4	T1019		08/05/12	08/05/12	16.00	67.52	
206242	5	T1019		08/06/12	08/06/12	24.00	101.28	
206242	6	T1019		08/07/12	08/07/12	24.00	101.28	
206242	7	T1019		08/08/12	08/08/12	24.00	101.28	
206242	8	T1019		08/09/12	08/09/12	24.00	101.28	
206242	9	T1019		08/10/12	08/10/12	24.00	101.28	
					CLAIM TOTAL		810.24	CLAIM ACCOUNT REF. 2062420012008303SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
206225	1	T1019		08/06/12	08/06/12	20.00	84.40	
206225	2	T1019		08/07/12	08/07/12	24.00	101.28	
206225	3	T1019		08/08/12	08/08/12	24.00	101.28	
206225	4	T1019		08/09/12	08/09/12	24.00	101.28	
206225	5	T1019		08/10/12	08/10/12	24.00	101.28	
					CLAIM TOTAL		489.52	CLAIM ACCOUNT REF. 2062250012008305SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
206231	1	T1019		08/08/12	08/08/12	36.00	151.92	
206231	2	T1019		08/10/12	08/10/12	36.00	151.92	
					CLAIM TOTAL		303.84	CLAIM ACCOUNT REF. 2062310012008366SUP

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	
206226	1	T1019		08/04/12	08/04/12	28.00	118.16	
206226	2	T1019		08/05/12	08/05/12	28.00	118.16	
206226	3	T1019		08/06/12	08/06/12	32.00	135.04	
206226	4	T1019		08/07/12	08/07/12	28.00	118.16	
206226	5	T1019		08/08/12	08/08/12	28.00	118.16	
206226	6	T1019		08/09/12	08/09/12	28.00	118.16	
206226	7	T1019		08/10/12	08/10/12	28.00	118.16	

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL
							844.00	
								CLAIM ACCOUNT REF. 2062260012008403SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL
206239	1	T1019		08/05/12	08/05/12	32.00	135.04	
206239	2	T1019		08/06/12	08/06/12	32.00	135.04	
206239	3	T1019		08/07/12	08/07/12	32.00	135.04	
206239	4	T1019		08/08/12	08/08/12	32.00	135.04	
206239	5	T1019		08/09/12	08/09/12	32.00	135.04	
							675.20	
								CLAIM ACCOUNT REF. 2062390012008420SUP

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	CLAIM TOTAL
206236	1	T1019		08/06/12	08/06/12	24.00	101.28	
206236	2	T1019		08/07/12	08/07/12	24.00	101.28	
206236	3	T1019		08/08/12	08/08/12	24.00	101.28	
206236	4	T1019		08/09/12	08/09/12	24.00	101.28	
206236	5	T1019		08/10/12	08/10/12	24.00	101.28	
							506.40	
								CLAIM ACCOUNT REF. 2062360012008422SUP

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	CLAIM TOTAL
206241	1	T1019		08/06/12	08/06/12	16.00	67.52	
206241	2	T1019		08/07/12	08/07/12	16.00	67.52	
206241	3	T1019		08/09/12	08/09/12	16.00	67.52	
206241	4	T1019		08/10/12	08/10/12	16.00	67.52	
							270.08	
								CLAIM ACCOUNT REF. 2062410012008425SUP

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
206229	1	T1019		08/04/12	08/04/12	40.00	168.80

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
206229	2	T1019		08/05/12	08/05/12	40.00	168.80	
206229	3	T1019		08/06/12	08/06/12	40.00	168.80	
206229	4	T1019		08/07/12	08/07/12	40.00	168.80	
206229	5	T1019		08/08/12	08/08/12	40.00	168.80	
206229	6	T1019		08/09/12	08/09/12	40.00	168.80	
206229	7	T1019		08/10/12	08/10/12	40.00	168.80	
				CLAIM TOTAL		1,181.60		CLAIM ACCOUNT REF. 2062290012008427SUP

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	
206238	1	T1019		08/06/12	08/06/12	16.00	67.52	
206238	2	T1019		08/07/12	08/07/12	16.00	67.52	
206238	3	T1019		08/08/12	08/08/12	16.00	67.52	
206238	4	T1019		08/09/12	08/09/12	16.00	67.52	
206238	5	T1019		08/10/12	08/10/12	16.00	67.52	
				CLAIM TOTAL		337.60		CLAIM ACCOUNT REF. 2062380012008531SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
206234	1	T1019		08/06/12	08/06/12	28.00	118.16	
206234	2	T1019		08/07/12	08/07/12	28.00	118.16	
206234	3	T1019		08/08/12	08/08/12	28.00	118.16	
206234	4	T1019		08/09/12	08/09/12	28.00	118.16	
206234	5	T1019		08/10/12	08/10/12	28.00	118.16	
				CLAIM TOTAL		590.80		CLAIM ACCOUNT REF. 2062340012008742SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
206227	1	T1019		08/06/12	08/06/12	16.00	67.52	
206227	2	T1019		08/07/12	08/07/12	24.00	101.28	
206227	3	T1019		08/08/12	08/08/12	24.00	101.28	
206227	4	T1019		08/09/12	08/09/12	24.00	101.28	
206227	5	T1019		08/10/12	08/10/12	24.00	101.28	
				CLAIM TOTAL		472.64		CLAIM ACCOUNT REF. 2062270012008802SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
206232	1	T1019		08/06/12	08/06/12	28.00	118.16	
206232	2	T1019		08/07/12	08/07/12	28.00	118.16	
206232	3	T1019		08/08/12	08/08/12	28.00	118.16	
206232	4	T1019		08/09/12	08/09/12	28.00	118.16	
206232	5	T1019		08/10/12	08/10/12	32.00	135.04	
					CLAIM TOTAL		607.68	CLAIM ACCOUNT REF. 2062320012009221SUP

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	
206233	1	T1019		08/04/12	08/04/12	48.00	202.56	
206233	2	T1019		08/05/12	08/05/12	48.00	202.56	
206233	3	T1019		08/06/12	08/06/12	48.00	202.56	
206233	4	T1019		08/07/12	08/07/12	48.00	202.56	
206233	5	T1019		08/08/12	08/08/12	48.00	202.56	
206233	6	T1019		08/09/12	08/09/12	48.00	202.56	
206233	7	T1019		08/10/12	08/10/12	28.00	118.16	
					CLAIM TOTAL		1,333.52	CLAIM ACCOUNT REF. 2062330012009356SUP

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	
206223	1	T1019		08/04/12	08/04/12	32.00	135.04	
206223	2	T1019		08/05/12	08/05/12	32.00	135.04	
206223	3	T1019		08/06/12	08/06/12	32.00	135.04	
206223	4	T1019		08/07/12	08/07/12	32.00	135.04	
206223	5	T1019		08/08/12	08/08/12	32.00	135.04	
206223	6	T1019		08/09/12	08/09/12	32.00	135.04	
206223	7	T1019		08/10/12	08/10/12	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2062230012010143SUP

REPORT DATE 08/15/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 11325 NEIGHBORHOOD HEALTH

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 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	
206237	1	T1019		08/06/12	08/06/12	20.00	84.40	
206237	2	T1019		08/07/12	08/07/12	20.00	84.40	
206237	3	T1019		08/08/12	08/08/12	20.00	84.40	
206237	4	T1019		08/09/12	08/09/12	20.00	84.40	
206237	5	T1019		08/10/12	08/10/12	20.00	84.40	
CLAIM TOTAL							422.00	CLAIM ACCOUNT REF. 2062370012010353SUP

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	
206230	1	T1019		08/02/12	08/02/12	28.00	118.16	
206230	2	T1019		08/04/12	08/04/12	24.00	101.28	
206230	3	T1019		08/05/12	08/05/12	24.00	101.28	
206230	4	T1019		08/06/12	08/06/12	24.00	101.28	
206230	5	T1019		08/07/12	08/07/12	28.00	118.16	
CLAIM TOTAL							540.16	CLAIM ACCOUNT REF. 2062300012010639SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
206224	1	T1019		08/06/12	08/06/12	36.00	151.92	
CLAIM TOTAL							151.92	CLAIM ACCOUNT REF. 2062240012010878SUP

PAYER TOTALS: NEIGHBORHOOD HEALTH # OF CLAIMS = 106 TOTAL CLAIM AMOUNT = 12,575.60
SERVICES = 20

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206277	1	T1019		08/04/12	08/04/12	4.00	68.60
206277	2	T1019		08/05/12	08/05/12	4.00	68.60
206277	3	T1019		08/06/12	08/06/12	12.00	205.80
206277	4	T1019		08/07/12	08/07/12	12.00	205.80
206277	5	T1019		08/08/12	08/08/12	12.00	205.80
206277	6	T1019		08/09/12	08/09/12	12.00	205.80
206277	7	T1019		08/10/12	08/10/12	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2062770012008233SUP

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
206285	1	T1019		08/04/12	08/04/12	8.00	137.20
206285	2	T1019		08/05/12	08/05/12	8.00	137.20
206285	3	T1019		08/06/12	08/06/12	11.00	188.65
206285	4	T1019		08/08/12	08/08/12	11.00	188.65
206285	5	T1019		08/09/12	08/09/12	11.00	188.65
206285	6	T1019		08/10/12	08/10/12	11.00	188.65
CLAIM TOTAL						1,029.00	CLAIM ACCOUNT REF. 2062850012008236SUP

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
206280	1	T1019		07/31/12	07/31/12	4.00	68.60
206280	2	T1019		08/02/12	08/02/12	4.00	68.60
206280	3	T1019		08/06/12	08/06/12	4.00	68.60
206280	4	T1019		08/07/12	08/07/12	4.00	68.60
206280	5	T1019		08/08/12	08/08/12	4.00	68.60
206280	6	T1019		08/09/12	08/09/12	4.00	68.60
206280	7	T1019		08/10/12	08/10/12	4.00	68.60
CLAIM TOTAL						480.20	CLAIM ACCOUNT REF. 2062800012008237SUP

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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 2008284 2008284 ANDERSON, BETH 12/18/1947 YC43135F 0103131290194
DIAGNOSIS CODES: 340. 286.0 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
206276	1	T1019		08/06/12	08/06/12	6.00	102.90	
206276	2	T1019		08/07/12	08/07/12	6.00	102.90	
206276	3	T1019		08/08/12	08/08/12	6.00	102.90	
206276	4	T1019		08/09/12	08/09/12	6.00	102.90	
206276	5	T1019		08/10/12	08/10/12	6.00	102.90	
CLAIM TOTAL							514.50	CLAIM ACCOUNT REF. 2062760012008284SUP

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	
206283	1	T1019		08/06/12	08/06/12	8.00	137.20	
206283	2	T1019		08/08/12	08/08/12	8.00	137.20	
206283	3	T1019		08/09/12	08/09/12	8.00	137.20	
206283	4	T1019		08/10/12	08/10/12	8.00	137.20	
CLAIM TOTAL							548.80	CLAIM ACCOUNT REF. 2062830012008385SUP

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	
206282	1	T1019		08/04/12	08/04/12	5.00	85.75	
206282	2	T1019		08/05/12	08/05/12	5.00	85.75	
206282	3	T1019		08/06/12	08/06/12	5.00	85.75	
206282	4	T1019		08/07/12	08/07/12	5.00	85.75	
206282	5	T1019		08/08/12	08/08/12	5.00	85.75	
206282	6	T1019		08/09/12	08/09/12	5.00	85.75	
206282	7	T1019		08/10/12	08/10/12	5.00	85.75	
CLAIM TOTAL							600.25	CLAIM ACCOUNT REF. 2062820012008417SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008418 2008418 RYALS, CHARLES 11/03/1950 ZZ49620T 0103051290159
DIAGNOSIS CODES: 401.9 250.00 272.0 278.00 295.00 311. 780.57

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
206287	1	T1019		08/06/12	08/06/12	8.00	137.20	
206287	2	T1019		08/07/12	08/07/12	8.00	137.20	

REPORT DATE 08/15/12 SUNNYSIDE CITYWIDE
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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	
206287	3	T1019		08/08/12	08/08/12	8.00	137.20	
206287	4	T1019		08/10/12	08/10/12	8.00	137.20	
CLAIM TOTAL							548.80	CLAIM ACCOUNT REF. 2062870012008418SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
206278	1	T1019		08/04/12	08/04/12	10.00	171.50	
206278	2	T1019		08/05/12	08/05/12	10.00	171.50	
206278	3	T1019		08/06/12	08/06/12	10.00	171.50	
206278	4	T1019		08/07/12	08/07/12	10.00	171.50	
206278	5	T1019		08/08/12	08/08/12	10.00	171.50	
206278	6	T1019		08/09/12	08/09/12	10.00	171.50	
206278	7	T1019		08/10/12	08/10/12	10.00	171.50	
CLAIM TOTAL							1,200.50	CLAIM ACCOUNT REF. 2062780012008743SUP

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	
206279	1	T1019		08/04/12	08/04/12	19.00	325.85	
206279	2	T1019		08/05/12	08/05/12	19.00	325.85	
206279	3	T1019		08/06/12	08/06/12	19.00	325.85	
206279	4	T1019		08/07/12	08/07/12	19.00	325.85	
206279	5	T1019		08/08/12	08/08/12	19.00	325.85	
206279	6	T1019		08/09/12	08/09/12	19.00	325.85	
206279	7	T1019		08/10/12	08/10/12	19.00	325.85	
CLAIM TOTAL							2,280.95	CLAIM ACCOUNT REF. 2062790012009137SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
206288	1	T1019		08/05/12	08/05/12	6.00	102.90	
CLAIM TOTAL							102.90	CLAIM ACCOUNT REF. 2062880012009377SUP

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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 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
206286	1	T1019		08/04/12	08/04/12	8.00	137.20
206286	2	T1019		08/06/12	08/06/12	3.00	51.45
206286	3	T1019		08/07/12	08/07/12	3.00	51.45
206286	4	T1019		08/08/12	08/08/12	3.00	51.45
206286	5	T1019		08/09/12	08/09/12	3.00	51.45
206286	6	T1019		08/10/12	08/10/12	4.00	68.60
CLAIM TOTAL						411.60	CLAIM ACCOUNT REF. 2062860012009688SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008280 2009919 SHUMON, NUK-FNU 01/21/1981 QQ82218A 0102101290257
DIAGNOSIS CODES: 952.9 344.1 564.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206289	1	T1019		08/04/12	08/04/12	4.00	68.60
206289	2	T1019		08/05/12	08/05/12	4.00	68.60
206289	3	T1019		08/06/12	08/06/12	4.00	68.60
206289	4	T1019		08/07/12	08/07/12	4.00	68.60
206289	5	T1019		08/08/12	08/08/12	4.00	68.60
206289	6	T1019		08/09/12	08/09/12	4.00	68.60
206289	7	T1019		08/10/12	08/10/12	4.00	68.60
CLAIM TOTAL						480.20	CLAIM ACCOUNT REF. 2062890012009919SUP

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
206290	1	T1019		07/24/12	07/24/12	8.00	137.20
206290	2	T1019		08/04/12	08/04/12	8.00	137.20
206290	3	T1019		08/09/12	08/09/12	8.00	137.20
206290	4	T1019		08/10/12	08/10/12	8.00	137.20
CLAIM TOTAL						548.80	CLAIM ACCOUNT REF. 2062900012010213SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010860 2010860 ESPINOSA, MONICA 09/16/1974 YB82018Q 0107021290070
DIAGNOSIS CODES: 758.0 244.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206281	1	T1019		08/04/12	08/04/12	8.00	137.20

REPORT DATE 08/15/12 SUNNYSIDE CITYWIDE
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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	
206281	2	T1019		08/05/12	08/05/12	8.00	137.20	
206281	3	T1019		08/06/12	08/06/12	8.00	137.20	
206281	4	T1019		08/07/12	08/07/12	8.00	137.20	
206281	5	T1019		08/08/12	08/08/12	8.00	137.20	
206281	6	T1019		08/09/12	08/09/12	8.00	137.20	
206281	7	T1019		08/10/12	08/10/12	8.00	137.20	
					CLAIM TOTAL		960.40	CLAIM ACCOUNT REF. 2062810012010860SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010886 2010886 OSORIO, ELVIA 07/05/1943 SM10426S 0106111290284
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
206284	1	T1019		08/06/12	08/06/12	3.00	51.45	
206284	2	T1019		08/07/12	08/07/12	3.00	51.45	
206284	3	T1019		08/08/12	08/08/12	3.00	51.45	
206284	4	T1019		08/09/12	08/09/12	3.00	51.45	
206284	5	T1019		08/10/12	08/10/12	3.00	51.45	
					CLAIM TOTAL		257.25	CLAIM ACCOUNT REF. 2062840012010886SUP

PAYER TOTALS: METROPLUS HEALTH PLAN # OF CLAIMS = 84 TOTAL CLAIM AMOUNT = 11,130.35
SERVICES = 15

REPORT DATE 08/15/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206294	1	T1019		08/04/12	08/04/12	36.00	154.80
206294	2	T1019		08/05/12	08/05/12	36.00	154.80
206294	3	T1019		08/06/12	08/06/12	36.00	154.80
206294	4	T1019		08/07/12	08/07/12	36.00	154.80
206294	5	T1019		08/08/12	08/08/12	36.00	154.80
206294	6	T1019		08/09/12	08/09/12	36.00	154.80
206294	7	T1019		08/10/12	08/10/12	36.00	154.80
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2062940012008286SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008495 2008495 MARTINEZ, MARIA 09/05/1958 ZV42745Q 109653828
DIAGNOSIS CODES: 250.00 244.8 295.90 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206293	1	T1019		08/04/12	08/04/12	24.00	103.20
206293	2	T1019		08/05/12	08/05/12	24.00	103.20
206293	3	T1019		08/06/12	08/06/12	24.00	103.20
206293	4	T1019		08/07/12	08/07/12	24.00	103.20
206293	5	T1019		08/08/12	08/08/12	24.00	103.20
206293	6	T1019		08/09/12	08/09/12	24.00	103.20
206293	7	T1019		08/10/12	08/10/12	24.00	103.20
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2062930012008495SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009373 2009373 GENAO, DANIELA I 03/02/1975 TW73757Z 110046354
DIAGNOSIS CODES: 758.0 696.8

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206291	1	T1019		06/18/12	06/18/12	44.00	189.20
CLAIM TOTAL						189.20	CLAIM ACCOUNT REF. 2062910012009373SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206292	1	T1019		08/04/12	08/04/12	28.00	120.40
206292	2	T1019		08/05/12	08/05/12	28.00	120.40
206292	3	T1019		08/06/12	08/06/12	28.00	120.40

REPORT DATE 08/15/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
206292	4	T1019		08/07/12	08/07/12	28.00	120.40	
206292	5	T1019		08/08/12	08/08/12	28.00	120.40	
206292	6	T1019		08/09/12	08/09/12	28.00	120.40	
206292	7	T1019		08/10/12	08/10/12	28.00	120.40	
					CLAIM TOTAL	842.80		CLAIM ACCOUNT REF. 2062920012010404SUP

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	22	TOTAL CLAIM AMOUNT =	2,838.00
		# SERVICES =	4		

REPORT DATE 08/15/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 55247 HEALTH INSURANCE PLAN

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008273 2008471 DE JESUS, TIBURCIO 08/11/1947 XX16524S 0004980406
DIAGNOSIS CODES: 250.03 369.60 401.9 414.04 799.89 V60.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206271	1	T1019	0580	08/04/12	08/04/12	36.00	151.92
206271	2	T1019	0580	08/05/12	08/05/12	36.00	151.92
206271	3	T1019	0580	08/06/12	08/06/12	36.00	151.92
206271	4	T1019	0580	08/07/12	08/07/12	36.00	151.92
206271	5	T1019	0580	08/08/12	08/08/12	36.00	151.92
206271	6	T1019	0580	08/09/12	08/09/12	36.00	151.92
206271	7	T1019	0580	08/10/12	08/10/12	36.00	151.92
CLAIM TOTAL							1,063.44
CLAIM ACCOUNT REF.							2062710012008471SUP

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
206272	1	T1019	0580	08/08/12	08/08/12	40.00	168.80
206272	2	T1019	0580	08/09/12	08/09/12	40.00	168.80
206272	3	T1019	0580	08/10/12	08/10/12	40.00	168.80
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2062720012008491SUP

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
206275	1	T1019	0580	08/06/12	08/06/12	16.00	67.52
206275	2	T1019	0580	08/07/12	08/07/12	16.00	67.52
206275	3	T1019	0580	08/08/12	08/08/12	16.00	67.52
206275	4	T1019	0580	08/09/12	08/09/12	16.00	67.52
206275	5	T1019	0580	08/10/12	08/10/12	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2062750012008513SUP

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
206273	1	T1019	0580	08/04/12	08/04/12	20.00	84.40
206273	2	T1019	0580	08/05/12	08/05/12	20.00	84.40
206273	3	T1019	0580	08/06/12	08/06/12	20.00	84.40

REPORT DATE 08/15/12 SUNNYSIDE CITYWIDE
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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	
206273	4	T1019	0580	08/07/12	08/07/12	20.00	84.40	
206273	5	T1019	0580	08/08/12	08/08/12	20.00	84.40	
206273	6	T1019	0580	08/09/12	08/09/12	20.00	84.40	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2062730012008544SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008193	2008723	REYNOLDS, HARRIET	07/01/1958	SR66809C	0003855084-003
DIAGNOSIS	CODES:	728.87	250.00	311.	401.9	780.4	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
206265	1	T1019	0580	08/07/12	08/07/12	16.00	56.00	
206265	2	T1019	0580	08/09/12	08/09/12	16.00	56.00	
206265	3	T1019	0580	08/10/12	08/10/12	16.00	56.00	
					CLAIM TOTAL		168.00	CLAIM ACCOUNT REF. 2062650012008723SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008793	2008793	COPE, WILLIE	02/17/1928	XR98607Q	0004050353003
DIAGNOSIS	CODES:	331.0	401.9				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
206259	1	T1019	0580	08/04/12	08/04/12	48.00	168.00	
206259	2	T1019	0580	08/05/12	08/05/12	48.00	168.00	
206259	3	T1019	0580	08/06/12	08/06/12	48.00	168.00	
206259	4	T1019	0580	08/07/12	08/07/12	48.00	168.00	
206259	5	T1019	0580	08/08/12	08/08/12	48.00	168.00	
206259	6	T1019	0580	08/09/12	08/09/12	48.00	168.00	
206259	7	T1019	0580	08/10/12	08/10/12	48.00	168.00	
					CLAIM TOTAL		1,176.00	CLAIM ACCOUNT REF. 2062590012008793SUP

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	
206267	1	T1019	0580	08/04/12	08/04/12	32.00	112.00	
206267	2	T1019	0580	08/05/12	08/05/12	32.00	112.00	
206267	3	T1019	0580	08/06/12	08/06/12	32.00	112.00	
206267	4	T1019	0580	08/07/12	08/07/12	32.00	112.00	
206267	5	T1019	0580	08/08/12	08/08/12	32.00	112.00	
206267	6	T1019	0580	08/09/12	08/09/12	32.00	112.00	
206267	7	T1019	0580	08/10/12	08/10/12	32.00	112.00	
					CLAIM TOTAL		784.00	CLAIM ACCOUNT REF. 2062670012009237SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

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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 2008223 2009269 SHAH, HANSIKABEN 09/28/1948 UR74418G 0005080096
DIAGNOSIS CODES: 296.20 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206274	1	T1019	0580	08/10/12	08/10/12	20.00	84.40
CLAIM TOTAL							84.40

CLAIM ACCOUNT REF. 2062740012009269SUP

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
206268	1	T1019	0580	08/06/12	08/06/12	16.00	67.52
206268	2	T1019	0580	08/07/12	08/07/12	16.00	67.52
206268	3	T1019	0580	08/08/12	08/08/12	16.00	67.52
206268	4	T1019	0580	08/09/12	08/09/12	16.00	67.52
CLAIM TOTAL							270.08

CLAIM ACCOUNT REF. 2062680012009406SUP

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
206264	1	T1019	0580	08/04/12	08/04/12	48.00	168.00
206264	2	T1019	0580	08/05/12	08/05/12	48.00	168.00
206264	3	T1019	0580	08/06/12	08/06/12	48.00	168.00
206264	4	T1019	0580	08/07/12	08/07/12	48.00	168.00
206264	5	T1019	0580	08/08/12	08/08/12	48.00	168.00
206264	6	T1019	0580	08/09/12	08/09/12	48.00	168.00
206264	7	T1019	0580	08/10/12	08/10/12	48.00	168.00
CLAIM TOTAL							1,176.00

CLAIM ACCOUNT REF. 2062640012009467SUP

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
206269	1	T1019	0580	07/25/12	07/25/12	32.00	135.04
206269	2	T1019	0580	08/01/12	08/01/12	32.00	135.04
CLAIM TOTAL							270.08

CLAIM ACCOUNT REF. 2062690012009562SUP

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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 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
206270	1	T1019	0580	08/08/12	08/08/12	40.00	168.80
206270	2	T1019	0580	08/09/12	08/09/12	40.00	168.80
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2062700012009562SUP

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
206261	1	T1019	0580	08/06/12	08/06/12	16.00	56.00
206261	2	T1019	0580	08/07/12	08/07/12	16.00	56.00
206261	3	T1019	0580	08/08/12	08/08/12	16.00	56.00
206261	4	T1019	0580	08/09/12	08/09/12	16.00	56.00
206261	5	T1019	0580	08/10/12	08/10/12	16.00	56.00
CLAIM TOTAL							280.00

CLAIM ACCOUNT REF. 2062610012009686SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206263	1	T1019	0580	08/06/12	08/06/12	28.00	98.00
206263	2	T1019	0580	08/07/12	08/07/12	28.00	98.00
206263	3	T1019	0580	08/08/12	08/08/12	28.00	98.00
206263	4	T1019	0580	08/09/12	08/09/12	16.00	56.00
206263	5	T1019	0580	08/10/12	08/10/12	28.00	98.00
CLAIM TOTAL							448.00

CLAIM ACCOUNT REF. 2062630012009945SUP

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
206258	1	T1019	0580	08/06/12	08/06/12	20.00	70.00
206258	2	T1019	0580	08/07/12	08/07/12	24.00	84.00
206258	3	T1019	0580	08/08/12	08/08/12	20.00	70.00
206258	4	T1019	0580	08/09/12	08/09/12	20.00	70.00
206258	5	T1019	0580	08/10/12	08/10/12	20.00	70.00
CLAIM TOTAL							364.00

CLAIM ACCOUNT REF. 2062580012010293SUP

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NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
206266	1	T1019	0580	08/06/12	08/06/12	48.00	168.00	
206266	2	T1019	0580	08/07/12	08/07/12	48.00	168.00	
206266	3	T1019	0580	08/08/12	08/08/12	48.00	168.00	
206266	4	T1019	0580	08/09/12	08/09/12	48.00	168.00	
206266	5	T1019	0580	08/10/12	08/10/12	48.00	168.00	
					CLAIM TOTAL	840.00	CLAIM ACCOUNT REF.	2062660012010316SUP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
206262	1	T1019	0580	08/04/12	08/04/12	36.00	126.00		
206262	2	T1019	0580	08/06/12	08/06/12	36.00	126.00		
206262	3	T1019	0580	08/07/12	08/07/12	36.00	126.00		
206262	4	T1019	0580	08/08/12	08/08/12	36.00	126.00		
206262	5	T1019	0580	08/09/12	08/09/12	36.00	126.00		
206262	6	T1019	0580	08/10/12	08/10/12	36.00	126.00		
						CLAIM TOTAL	756.00	CLAIM ACCOUNT REF.	2062620012010991SUP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
206260	1	G0156	0572	08/04/12	08/04/12	7.00	99.75		
206260	2	G0156	0572	08/06/12	08/06/12	7.00	99.75		
206260	3	G0156	0572	08/07/12	08/07/12	7.00	99.75		
206260	4	G0156	0572	08/08/12	08/08/12	7.00	99.75		
206260	5	G0156	0572	08/09/12	08/09/12	7.00	99.75		
206260	6	G0156	0572	08/10/12	08/10/12	7.00	99.75		
CLAIM TOTAL							598.50	CLAIM ACCOUNT REF.	2062600012011066SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	86	TOTAL CLAIM AMOUNT =	9,966.50
		# SERVICES =	17		

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NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2063080012010958SUP

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

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
206213	1	T1019		07/28/12	07/28/12	12.00	50.64	
206213	2	T1019		07/29/12	07/29/12	12.00	50.64	
206213	3	T1019		07/30/12	07/30/12	12.00	50.64	
206213	4	T1019		07/31/12	07/31/12	12.00	50.64	
206213	5	T1019		08/01/12	08/01/12	12.00	50.64	
206213	6	T1019		08/02/12	08/02/12	12.00	50.64	
206213	7	T1019		08/03/12	08/03/12	12.00	50.64	
206213	8	T1019		08/04/12	08/04/12	12.00	50.64	
206213	9	T1019		08/05/12	08/05/12	12.00	50.64	
206213	10	T1019		08/06/12	08/06/12	12.00	50.64	
206213	11	T1019		08/07/12	08/07/12	12.00	50.64	
206213	12	T1019		08/08/12	08/08/12	12.00	50.64	
206213	13	T1019		08/09/12	08/09/12	12.00	50.64	
206213	14	T1019		08/10/12	08/10/12	12.00	50.64	
CLAIM TOTAL							708.96	CLAIM ACCOUNT REF. 2062130012008246SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
206214	1	T1019		07/30/12	07/30/12	12.00	50.64	
206214	2	T1019		08/01/12	08/01/12	12.00	50.64	
206214	3	T1019		08/03/12	08/03/12	12.00	50.64	
206214	4	T1019		08/06/12	08/06/12	12.00	50.64	
206214	5	T1019		08/08/12	08/08/12	12.00	50.64	
206214	6	T1019		08/10/12	08/10/12	12.00	50.64	
CLAIM TOTAL							303.84	CLAIM ACCOUNT REF. 2062140012008248SUP

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	
206211	1	T1019		08/04/12	08/04/12	44.00	185.68	
206211	2	T1019		08/05/12	08/05/12	44.00	185.68	
206211	3	T1019		08/06/12	08/06/12	44.00	185.68	
206211	4	T1019		08/07/12	08/07/12	44.00	185.68	
206211	5	T1019		08/08/12	08/08/12	44.00	185.68	

REPORT DATE 08/15/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

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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
206211	6	T1019		08/09/12	08/09/12	44.00	185.68
206211	7	T1019		08/10/12	08/10/12	44.00	185.68
CLAIM TOTAL							1,299.76

CLAIM ACCOUNT REF. 2062110012008249SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206216	1	T1019		08/04/12	08/04/12	32.00	135.04
206216	2	T1019		08/05/12	08/05/12	32.00	135.04
206216	3	T1019		08/06/12	08/06/12	32.00	135.04
206216	4	T1019		08/07/12	08/07/12	32.00	135.04
206216	5	T1019		08/08/12	08/08/12	32.00	135.04
206216	6	T1019		08/09/12	08/09/12	32.00	135.04
206216	7	T1019		08/10/12	08/10/12	32.00	135.04
CLAIM TOTAL							945.28

CLAIM ACCOUNT REF. 2062160012008250SUP

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
206195	1	T1019		08/06/12	08/06/12	32.00	135.04
206195	2	T1019		08/07/12	08/07/12	32.00	135.04
206195	3	T1019		08/08/12	08/08/12	32.00	135.04
206195	4	T1019		08/09/12	08/09/12	32.00	135.04
206195	5	T1019		08/10/12	08/10/12	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2061950012008251SUP

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
206218	1	T1019		08/06/12	08/06/12	20.00	84.40
206218	2	T1019		08/08/12	08/08/12	20.00	84.40
206218	3	T1019		08/09/12	08/09/12	20.00	84.40
206218	4	T1019		08/10/12	08/10/12	20.00	84.40
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2062180012008254SUP

REPORT DATE 08/15/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

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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 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
206193	1	T1019		08/06/12	08/06/12	32.00	135.04
206193	2	T1019		08/07/12	08/07/12	32.00	135.04
206193	3	T1019		08/08/12	08/08/12	32.00	135.04
206193	4	T1019		08/09/12	08/09/12	32.00	135.04
206193	5	T1019		08/10/12	08/10/12	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2061930012008256SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206201	1	T1019		08/04/12	08/04/12	24.00	101.28
206201	2	T1019		08/05/12	08/05/12	24.00	101.28
206201	3	T1019		08/06/12	08/06/12	24.00	101.28
206201	4	T1019		08/07/12	08/07/12	24.00	101.28
206201	5	T1019		08/08/12	08/08/12	24.00	101.28
206201	6	T1019		08/09/12	08/09/12	24.00	101.28
206201	7	T1019		08/10/12	08/10/12	24.00	101.28
CLAIM TOTAL							708.96

CLAIM ACCOUNT REF. 2062010012008257SUP

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
206217	1	T1019		08/06/12	08/06/12	32.00	135.04
206217	2	T1019		08/07/12	08/07/12	32.00	135.04
206217	3	T1019		08/08/12	08/08/12	32.00	135.04
206217	4	T1019		08/09/12	08/09/12	32.00	135.04
206217	5	T1019		08/10/12	08/10/12	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2062170012008290SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206212	1	T1019		06/22/12	06/22/12	16.00	67.52

REPORT DATE 08/15/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

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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	
206212	2	T1019		06/29/12	06/29/12	16.00	67.52	
206212	3	T1019		08/06/12	08/06/12	16.00	67.52	
206212	4	T1019		08/08/12	08/08/12	16.00	67.52	
206212	5	T1019		08/10/12	08/10/12	16.00	67.52	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2062120012008297SUP

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	
206203	1	T1019		08/04/12	08/04/12	28.00	118.16	
206203	2	T1019		08/05/12	08/05/12	28.00	118.16	
206203	3	T1019		08/06/12	08/06/12	28.00	118.16	
206203	4	T1019		08/07/12	08/07/12	28.00	118.16	
206203	5	T1019		08/08/12	08/08/12	28.00	118.16	
206203	6	T1019		08/09/12	08/09/12	28.00	118.16	
206203	7	T1019		08/10/12	08/10/12	28.00	118.16	
					CLAIM TOTAL		827.12	CLAIM ACCOUNT REF. 2062030012008362SUP

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	
206215	1	T1019		08/06/12	08/06/12	16.00	67.52	
206215	2	T1019		08/07/12	08/07/12	16.00	67.52	
206215	3	T1019		08/08/12	08/08/12	16.00	67.52	
206215	4	T1019		08/09/12	08/09/12	16.00	67.52	
206215	5	T1019		08/10/12	08/10/12	16.00	67.52	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2062150012008368SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008405	2008405	ST ROMAINE, CLAUDE	10/01/1956	UZ14868C	0103151202185
DIAGNOSIS	CODES:	952.9	344.9	596.54		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
206219	1	T1019		08/04/12	08/04/12	36.00	151.92	
206219	2	T1019		08/05/12	08/05/12	36.00	151.92	
206219	3	T1019		08/06/12	08/06/12	40.00	168.80	
206219	4	T1019		08/07/12	08/07/12	40.00	168.80	
206219	5	T1019		08/08/12	08/08/12	40.00	168.80	
206219	6	T1019		08/09/12	08/09/12	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
206219	7	T1019		08/10/12	08/10/12	40.00	168.80
CLAIM TOTAL							1,147.84
CLAIM ACCOUNT REF.							2062190012008405SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206204	1	T1019		08/04/12	08/04/12	32.00	135.04
206204	2	T1019		08/05/12	08/05/12	32.00	135.04
206204	3	T1019		08/06/12	08/06/12	32.00	135.04
206204	4	T1019		08/07/12	08/07/12	32.00	135.04
206204	5	T1019		08/08/12	08/08/12	32.00	135.04
206204	6	T1019		08/09/12	08/09/12	32.00	135.04
206204	7	T1019		08/10/12	08/10/12	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2062040012008411SUP

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
206208	1	T1019		08/04/12	08/04/12	28.00	118.16
206208	2	T1019		08/05/12	08/05/12	28.00	118.16
206208	3	T1019		08/06/12	08/06/12	28.00	118.16
206208	4	T1019		08/07/12	08/07/12	28.00	118.16
206208	5	T1019		08/08/12	08/08/12	28.00	118.16
206208	6	T1019		08/09/12	08/09/12	28.00	118.16
206208	7	T1019		08/10/12	08/10/12	28.00	118.16
CLAIM TOTAL							827.12
CLAIM ACCOUNT REF.							2062080012008428SUP

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
206191	1	T1019		08/04/12	08/04/12	32.00	135.04
206191	2	T1019		08/05/12	08/05/12	32.00	135.04
206191	3	T1019		08/06/12	08/06/12	32.00	135.04
206191	4	T1019		08/07/12	08/07/12	32.00	135.04
206191	5	T1019		08/08/12	08/08/12	32.00	135.04
206191	6	T1019		08/09/12	08/09/12	32.00	135.04
206191	7	T1019		08/10/12	08/10/12	32.00	135.04

REPORT DATE 08/15/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	945.28	2061910012008433SUP

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	CLAIM ACCOUNT REF.
206190	1	T1019		08/04/12	08/04/12	16.00	67.52	
206190	2	T1019		08/05/12	08/05/12	16.00	67.52	
206190	3	T1019		08/06/12	08/06/12	16.00	67.52	
206190	4	T1019		08/07/12	08/07/12	16.00	67.52	
206190	5	T1019		08/08/12	08/08/12	16.00	67.52	
206190	6	T1019		08/09/12	08/09/12	16.00	67.52	
206190	7	T1019		08/10/12	08/10/12	16.00	67.52	
						CLAIM TOTAL	472.64	2061900012008487SUP

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	CLAIM ACCOUNT REF.
206220	1	T1019		08/04/12	08/04/12	16.00	67.52	
206220	2	T1019		08/06/12	08/06/12	16.00	67.52	
206220	3	T1019		08/07/12	08/07/12	16.00	67.52	
206220	4	T1019		08/08/12	08/08/12	16.00	67.52	
206220	5	T1019		08/09/12	08/09/12	16.00	67.52	
206220	6	T1019		08/10/12	08/10/12	16.00	67.52	
						CLAIM TOTAL	405.12	2062200012008558SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008571	2008571	ESPAILLAT, AMPARO	12/25/1949	ZG25447P	R1869116
DIAGNOSIS CODES: 401.9 272.0 311. 365.9 366.9 733.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
206200	1	T1019		08/07/12	08/07/12	16.00	67.52	
206200	2	T1019		08/08/12	08/08/12	16.00	67.52	
206200	3	T1019		08/09/12	08/09/12	16.00	67.52	
206200	4	T1019		08/10/12	08/10/12	16.00	67.52	
						CLAIM TOTAL	270.08	2062000012008571SUP

REPORT DATE 08/15/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

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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 2008380 2009001 FERRERA, FRANCISCA 06/06/1948 YH55651V R1695654
DIAGNOSIS CODES: 301.9 401.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206202	1	T1019		08/01/12	08/01/12	12.00	50.64
206202	2	T1019		08/06/12	08/06/12	12.00	50.64
206202	3	T1019		08/08/12	08/08/12	20.00	84.40
206202	4	T1019		08/10/12	08/10/12	20.00	84.40
CLAIM TOTAL							270.08

CLAIM ACCOUNT REF. 2062020012009001SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206196	1	T1019		08/05/12	08/05/12	20.00	84.40
206196	2	T1019		08/06/12	08/06/12	20.00	84.40
206196	3	T1019		08/07/12	08/07/12	20.00	84.40
206196	4	T1019		08/08/12	08/08/12	20.00	84.40
206196	5	T1019		08/09/12	08/09/12	20.00	84.40
206196	6	T1019		08/10/12	08/10/12	20.00	84.40
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2061960012009256SUP

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
206194	1	T1019		08/04/12	08/04/12	32.00	135.04
206194	2	T1019		08/06/12	08/06/12	32.00	135.04
206194	3	T1019		08/07/12	08/07/12	32.00	135.04
206194	4	T1019		08/08/12	08/08/12	32.00	135.04
206194	5	T1019		08/09/12	08/09/12	32.00	135.04
206194	6	T1019		08/10/12	08/10/12	32.00	135.04
CLAIM TOTAL							810.24

CLAIM ACCOUNT REF. 2061940012009270SUP

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
206205	1	T1019		07/30/12	07/30/12	16.00	67.52
206205	2	T1019		08/01/12	08/01/12	16.00	67.52

REPORT DATE 08/15/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

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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
206205	3	T1019		08/03/12	08/03/12	16.00	67.52
							CLAIM TOTAL
							202.56
							CLAIM ACCOUNT REF. 2062050012009322SUP

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
206197	1	T1019		08/09/12	08/09/12	24.00	101.28
206197	2	T1019		08/10/12	08/10/12	24.00	101.28
							CLAIM TOTAL
							202.56
							CLAIM ACCOUNT REF. 2061970012009405SUP

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
206192	1	T1019		08/04/12	08/04/12	24.00	101.28
206192	2	T1019		08/05/12	08/05/12	24.00	101.28
206192	3	T1019		08/06/12	08/06/12	24.00	101.28
206192	4	T1019		08/07/12	08/07/12	16.00	67.52
206192	5	T1019		08/08/12	08/08/12	24.00	101.28
206192	6	T1019		08/09/12	08/09/12	24.00	101.28
206192	7	T1019		08/10/12	08/10/12	24.00	101.28
							CLAIM TOTAL
							675.20
							CLAIM ACCOUNT REF. 2061920012009560SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009657	2009657	HERRING, CHARLEN	10/27/1949	ZE93972Y	R1837001
DIAGNOSIS CODES: 493.91 250.00 401.9 462. 780.52							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206206	1	T1019		08/06/12	08/06/12	16.00	67.52
206206	2	T1019		08/08/12	08/08/12	16.00	67.52
							CLAIM TOTAL
							135.04
							CLAIM ACCOUNT REF. 2062060012009657SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009657	2009657	HERRING, CHARLEN	10/27/1949	ZE93972Y	R1947878
DIAGNOSIS CODES: 493.91 250.00 401.9 462. 780.52							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206207	1	T1019		08/10/12	08/10/12	16.00	67.52
							CLAIM TOTAL
							67.52
							CLAIM ACCOUNT REF. 2062070012009657SUP

REPORT DATE 08/15/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

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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 R1843447
DIAGNOSIS CODES: 340. 250.00 272.2 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206222	1	T1019		08/06/12	08/06/12	32.00	135.04
206222	2	T1019		08/07/12	08/07/12	32.00	135.04
206222	3	T1019		08/08/12	08/08/12	32.00	135.04
206222	4	T1019		08/09/12	08/09/12	32.00	135.04
206222	5	T1019		08/10/12	08/10/12	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2062220012010009SUP

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
206210	1	T1020		08/04/12	08/04/12	7.00	118.16
206210	2	T1020		08/05/12	08/05/12	7.00	118.16
206210	3	T1020		08/06/12	08/06/12	7.00	118.16
206210	4	T1020		08/07/12	08/07/12	7.00	118.16
206210	5	T1020		08/08/12	08/08/12	7.00	118.16
206210	6	T1020		08/09/12	08/09/12	7.00	118.16
206210	7	T1020		08/10/12	08/10/12	7.00	118.16
CLAIM TOTAL							827.12

CLAIM ACCOUNT REF. 2062100012010311SUP

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
206221	1	T1019		08/02/12	08/02/12	20.00	84.40
206221	2	T1019		08/04/12	08/04/12	20.00	84.40
206221	3	T1019		08/05/12	08/05/12	20.00	84.40
206221	4	T1019		08/09/12	08/09/12	20.00	84.40
206221	5	T1019		08/10/12	08/10/12	20.00	84.40
CLAIM TOTAL							422.00

CLAIM ACCOUNT REF. 2062210012010758SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206199	1	T1019		08/06/12	08/06/12	16.00	67.52

REPORT DATE 08/15/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	67.52	2061990012010933SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
206209	1	T1019		08/04/12	08/04/12	32.00	135.04	
206209	2	T1019		08/06/12	08/06/12	32.00	135.04	
206209	3	T1019		08/07/12	08/07/12	32.00	135.04	
206209	4	T1019		08/08/12	08/08/12	32.00	135.04	
206209	5	T1019		08/09/12	08/09/12	32.00	135.04	
						CLAIM TOTAL	675.20	2062090012010967SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011058	2011058	DELACRUZ, ANA	06/20/1920	122053627	0107241201931
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
206198	1	T1019		08/04/12	08/04/12	40.00	168.80	
206198	2	T1019		08/06/12	08/06/12	40.00	168.80	
206198	3	T1019		08/07/12	08/07/12	40.00	168.80	
206198	4	T1019		08/08/12	08/08/12	40.00	168.80	
206198	5	T1019		08/09/12	08/09/12	40.00	168.80	
206198	6	T1019		08/10/12	08/10/12	40.00	168.80	
						CLAIM TOTAL	1,012.80	2061980012011058SUP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	182	TOTAL CLAIM AMOUNT =	19,395.12
		# SERVICES =	32		

REPORT DATE 08/15/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

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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
206253	1	T1019		08/04/12	08/04/12	40.00	171.60
206253	2	T1019		08/05/12	08/05/12	40.00	171.60
206253	3	T1019		08/06/12	08/06/12	40.00	171.60
206253	4	T1019		08/07/12	08/07/12	40.00	171.60
206253	5	T1019		08/08/12	08/08/12	40.00	171.60
206253	6	T1019		08/09/12	08/09/12	40.00	171.60
206253	7	T1019		08/10/12	08/10/12	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2062530012008245SUP

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
206254	1	T1019		08/04/12	08/04/12	16.00	68.64
206254	2	T1019		08/05/12	08/05/12	16.00	68.64
206254	3	T1019		08/06/12	08/06/12	36.00	154.44
206254	4	T1019		08/07/12	08/07/12	36.00	154.44
206254	5	T1019		08/08/12	08/08/12	36.00	154.44
206254	6	T1019		08/09/12	08/09/12	36.00	154.44
206254	7	T1019		08/10/12	08/10/12	36.00	154.44
CLAIM TOTAL						909.48	CLAIM ACCOUNT REF. 2062540012008287SUP

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
206256	1	T1019		08/04/12	08/04/12	32.00	137.28
206256	2	T1019		08/05/12	08/05/12	32.00	137.28
206256	3	T1019		08/06/12	08/06/12	32.00	137.28
206256	4	T1019		08/07/12	08/07/12	32.00	137.28
206256	5	T1019		08/08/12	08/08/12	32.00	137.28
206256	6	T1019		08/09/12	08/09/12	32.00	137.28
206256	7	T1019		08/10/12	08/10/12	32.00	137.28
CLAIM TOTAL						960.96	CLAIM ACCOUNT REF. 2062560012008401SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #
607630266

480.48 CLAIM ACCOUNT REF. 2062570012008432SUP

PRIOR AUTHORIZATION #
6083933452

137.28 CLAIM ACCOUNT REF. 2062550012010774SUP

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	30	TOTAL CLAIM AMOUNT =	3,689.40
		# SERVICES =	5		

REPORT DATE 08/15/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

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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
206298	1	T1019	0580	08/04/12	08/04/12	40.00	168.80
206298	2	T1019	0580	08/05/12	08/05/12	40.00	168.80
206298	3	T1019	0580	08/06/12	08/06/12	32.00	135.04
206298	4	T1019	0580	08/07/12	08/07/12	32.00	135.04
206298	5	T1019	0580	08/08/12	08/08/12	32.00	135.04
206298	6	T1019	0580	08/09/12	08/09/12	32.00	135.04
206298	7	T1019	0580	08/10/12	08/10/12	32.00	135.04
CLAIM TOTAL						1,012.80	CLAIM ACCOUNT REF. 2062980012008266SUP

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
206300	1	S5130	0582	08/06/12	08/06/12	16.00	67.52
206300	2	S5130	0582	08/10/12	08/10/12	16.00	67.52
CLAIM TOTAL						135.04	CLAIM ACCOUNT REF. 2063000012009279SUP

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
206297	1	T1019	0580	08/06/12	08/06/12	32.00	135.04
206297	2	T1019	0580	08/07/12	08/07/12	36.00	151.92
206297	3	T1019	0580	08/08/12	08/08/12	32.00	135.04
206297	4	T1019	0580	08/09/12	08/09/12	36.00	151.92
206297	5	T1019	0580	08/10/12	08/10/12	32.00	135.04
CLAIM TOTAL						708.96	CLAIM ACCOUNT REF. 2062970012009647SUP

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
206295	1	T1019	0580	08/06/12	08/06/12	24.00	101.28
206295	2	T1019	0580	08/07/12	08/07/12	24.00	101.28
206295	3	T1019	0580	08/08/12	08/08/12	24.00	101.28
206295	4	T1019	0580	08/09/12	08/09/12	24.00	101.28

REPORT DATE 08/15/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

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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
206295	5	T1019	0580	08/10/12	08/10/12	16.00	67.52
							CLAIM TOTAL
							472.64
							CLAIM ACCOUNT REF. 2062950012010724SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008406	2010728 YOUNG, KALEILE	06/17/1994	006532755	HP0009108
DIAGNOSIS	CODES: 319.	493.90 742.1			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206302	1	T1019	0580	08/04/12	08/04/12	16.00	67.52
206302	2	T1019	0580	08/05/12	08/05/12	16.00	67.52
206302	3	T1019	0580	08/06/12	08/06/12	8.00	33.76
206302	4	T1019	0580	08/07/12	08/07/12	8.00	33.76
206302	5	T1019	0580	08/08/12	08/08/12	8.00	33.76
206302	6	T1019	0580	08/09/12	08/09/12	8.00	33.76
206302	7	T1019	0580	08/10/12	08/10/12	8.00	33.76
							CLAIM TOTAL
							303.84
							CLAIM ACCOUNT REF. 2063020012010728SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008407	2010729 WALTERS, BYRON	05/18/2000	006600539	HP0000064
DIAGNOSIS	CODES: 319.	493.90 742.1			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
206301	1	T1019	0580	08/04/12	08/04/12	20.00	84.40
206301	2	T1019	0580	08/05/12	08/05/12	20.00	84.40
206301	3	T1019	0580	08/06/12	08/06/12	12.00	50.64
206301	4	T1019	0580	08/07/12	08/07/12	12.00	50.64
206301	5	T1019	0580	08/08/12	08/08/12	12.00	50.64
206301	6	T1019	0580	08/09/12	08/09/12	12.00	50.64
206301	7	T1019	0580	08/10/12	08/10/12	12.00	50.64
							CLAIM TOTAL
							422.00
							CLAIM ACCOUNT REF. 2063010012010729SUP

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
206296	1	T1019	0580	08/06/12	08/06/12	16.00	67.52
206296	2	T1019	0580	08/07/12	08/07/12	16.00	67.52
206296	3	T1019	0580	08/09/12	08/09/12	16.00	67.52
206296	4	T1019	0580	08/10/12	08/10/12	16.00	67.52
							CLAIM TOTAL
							270.08
							CLAIM ACCOUNT REF. 2062960012010730SUP

REPORT DATE 08/15/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
206299	1	T1019	0580	08/06/12	08/06/12	24.00	101.28	
206299	2	T1019	0580	08/07/12	08/07/12	24.00	101.28	
206299	3	T1019	0580	08/08/12	08/08/12	24.00	101.28	
206299	4	T1019	0580	08/09/12	08/09/12	24.00	101.28	
206299	5	T1019	0580	08/10/12	08/10/12	24.00	101.28	
					CLAIM TOTAL	506.40		CLAIM ACCOUNT REF. 2062990012010731SUP

PAYER TOTALS: AMERIGROUP NEW YORK,LLC # OF CLAIMS = 42 TOTAL CLAIM AMOUNT = 3,831.76
SERVICES = 8

REPORT DATE 08/15/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

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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 2010018 2010959 HAWKINS S, MALIK JR 04/13/1993 5681 364551
DIAGNOSIS CODES: 344.1 344.5 599.9

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
206306	1	T1019	1C	0570		08/04/12	08/04/12	7.75	123.23
206306	2	T1019	1C	0570		08/05/12	08/05/12	8.25	131.18
206306	3	T1019	1C	0570		08/06/12	08/06/12	9.50	151.05
206306	4	T1019	1C	0570		08/07/12	08/07/12	10.00	159.00
206306	5	T1019	1C	0570		08/08/12	08/08/12	10.00	159.00
206306	6	T1019	1C	0570		08/09/12	08/09/12	10.00	159.00
206306	7	T1019	1C	0570		08/10/12	08/10/12	9.50	151.05
CLAIM TOTAL									1,033.51
CLAIM ACCOUNT REF.									2063060012010959SUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
206307	1	T1019	1C	0570		07/02/12	07/02/12	3.00	47.70
206307	2	T1019	1C	0570		07/03/12	07/03/12	3.00	47.70
206307	3	T1019	1C	0570		07/04/12	07/04/12	3.00	47.70
206307	4	T1019	1C	0570		07/05/12	07/05/12	4.00	63.60
206307	5	T1019	1C	0570		07/06/12	07/06/12	4.00	63.60
206307	6	T1019	1C	0570		07/09/12	07/09/12	3.00	47.70
206307	7	T1019	1C	0570		07/10/12	07/10/12	3.00	47.70
206307	8	T1019	1C	0570		07/11/12	07/11/12	3.00	47.70
206307	9	T1019	1C	0570		07/12/12	07/12/12	4.00	63.60
206307	10	T1019	1C	0570		07/13/12	07/13/12	4.00	63.60
206307	11	T1019	1C	0570		07/16/12	07/16/12	3.00	47.70
206307	12	T1019	1C	0570		07/17/12	07/17/12	3.00	47.70
206307	13	T1019	1C	0570		07/18/12	07/18/12	3.00	47.70
206307	14	T1019	1C	0570		07/19/12	07/19/12	4.00	63.60
206307	15	T1019	1C	0570		07/20/12	07/20/12	4.00	63.60
206307	16	T1019	1C	0570		07/23/12	07/23/12	3.00	47.70
206307	17	T1019	1C	0570		07/24/12	07/24/12	3.00	47.70
206307	18	T1019	1C	0570		07/25/12	07/25/12	3.00	47.70
206307	19	T1019	1C	0570		07/26/12	07/26/12	4.00	63.60
206307	20	T1019	1C	0570		07/27/12	07/27/12	4.00	63.60
206307	21	T1019	1C	0570		07/30/12	07/30/12	3.00	47.70
206307	22	T1019	1C	0570		07/31/12	07/31/12	3.00	47.70
206307	23	T1019	1C	0570		08/01/12	08/01/12	3.00	47.70
206307	24	T1019	1C	0570		08/02/12	08/02/12	4.00	63.60
206307	25	T1019	1C	0570		08/06/12	08/06/12	5.00	79.50

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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	
206307	26	T1019 1C	0570	08/07/12	08/07/12	5.00	79.50	
206307	27	T1019 1C	0570	08/08/12	08/08/12	5.00	79.50	
206307	28	T1019 1C	0570	08/09/12	08/09/12	5.00	79.50	
206307	29	T1019 1C	0570	08/10/12	08/10/12	5.00	79.50	
					CLAIM TOTAL	1,685.40		CLAIM ACCOUNT REF. 2063070012011073SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	36	TOTAL CLAIM AMOUNT =	2,718.91
		# SERVICES =	2		

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NPI = 1154407492

PRIOR AUTHORIZATION #
2012081092600005

CLAIM ACCOUNT REF. 2063030012010800SUP

PRIOR AUTHORIZATION #
2012062692600006

CLAIM ACCOUNT REF. 2063050012010804SUP

PRIOR AUTHORIZATION #
2012072392600008

CLAIM ACCOUNT REF. 2063040012010805SUP

TOTAL CLAIM AMOUNT = 1,367.28

TOTAL CLAIM AMOUNT = 74,675.95