INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071103500250RRSUP

201912

201912

201912

5 T1020

6 T1020

7 T1020

SUNNYSIDE CITYWIDE NPI = 1154407492

PROVIDER ID = 113502051 PAYER ID = 11315 FIDELIS CARE NY REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 10/30/1992 741244251 111891261 NY 001 2008267 2008267 SZE, BECKY DIAGNOSIS CODES: 343.9 737.9 799.89 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS TRUDOMA 201920 06/30/12 06/30/12 6.00 101.22 T1020 07/02/12 07/02/12 5.00 84.35 201920 5.00 201920 3 T1020 07/03/12 07/03/12 84.35 201920 4 T1020 07/04/12 07/04/12 5.00 84.35 201920 5 T1020 07/05/12 07/05/12 5.00 84.35 201920 6 T1020 07/06/12 07/06/12 5.00 84.35 CLAIM TOTAL 522.97 CLAIM ACCOUNT REF. 2019200012008267SUP 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 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS LINE # 201916 1 T1020 06/30/12 06/30/12 9.00 151.83 07/01/12 07/01/12 9.00 151.83 201916 T1020 07/02/12 07/02/12 201916 T1020 9.00 151.83 07/03/12 07/03/12 201916 4 T1020 9.00 151.83 201916 5 T1020 07/04/12 07/04/12 9.00 151.83 201916 6 T1020 07/05/12 07/05/12 9.00 151.83 201916 T1020 07/06/12 07/06/12 9.00 151.83 1,062.81 CLAIM ACCOUNT REF. 2019160012008268SUP CLAIM TOTAL BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 07/20/1950 74170038700 120820411 REG LOC CLIENT SERVICE NAME 120820411 NY 001 2008386 2008386 BATISTA, JOSE DIAGNOSIS CODES: 344.1 401.9 599.0 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT LINE # INV # T1020 06/30/12 06/30/12 7.00 118.09 201912 1 07/01/12 07/01/12 7.00 118.09 201912 2 T1020 201912 3 T1020 07/02/12 07/02/12 7.00 118.09 07/03/12 07/03/12 201912 T1020 7.00 118.09

7.00

7.00

CLAIM TOTAL

118.09

118.09

118.09

826.63 CLAIM ACCOUNT REF. 2019120012008386SUP

07/04/12 07/04/12

07/05/12 07/05/12

07/06/12 07/06/12 7.00

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2

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 11315FIDELIS CARE NY

REG LOC NY 001 DIAGNOSIS	2008400	SERVICE NAME 2008400 SAMOJEDNY, MICHA 436. 401.9 571.5 7		RECIPIENT ID 74102201600	PRIOR AUTHORIZATION # 113550568	
INV # 201919 201919 201919	LINE # 1 2 3	PROCEDURE CODE REVENUE CD T1020 T1020 T1020	FROM DT THRU DT 07/03/12 07/03/12 07/05/12 07/05/12 07/06/12 07/06/12 CL	10.00	AMOUNT 168.70 168.70 168.70 506.10 CLAIM ACCOUNT REF.	2019190012008400SUP
REG LOC NY 001 DIAGNOSIS		SERVICE NAME 2009283 MARTINEZ, LUISA 340. 799.89	BIRTH DATE 02/14/1954	RECIPIENT ID 74179809800	PRIOR AUTHORIZATION # 11951467	
INV # 201915 201915 201915 201915 201915 201915 201915	LINE # 1 2 3 4 5 6 7	PROCEDURE CODE REVENUE CD T1020 T1020 T1020 T1020 T1020 T1020 T1020 T1020	FROM DT THRU DT 06/30/12 06/30/12 07/01/12 07/01/12 07/02/12 07/02/12 07/03/12 07/03/12 07/04/12 07/04/12 07/05/12 07/05/12 07/06/12 07/06/12 CL	12.00 12.00 12.00 12.00 12.00	AMOUNT 202.44 202.44 202.44 202.44 202.44 202.44 202.44 1,417.08 CLAIM ACCOUNT REF.	2019150012009283SUP
REG LOC NY 001 DIAGNOSIS		SERVICE NAME 2009956 PURNELL, ROSE 493.00 311. 401.9 4	BIRTH DATE 02/06/1961	RECIPIENT ID 74207950500	PRIOR AUTHORIZATION # 120550698	
INV # 201917	LINE # 1	PROCEDURE CODE REVENUE CD T1020	FROM DT THRU DT 06/30/12 CL	UNITS 4.00 AIM TOTAL	AMOUNT 67.48 67.48 CLAIM ACCOUNT REF.	2019170012009956SUP
REG LOC NY 001 DIAGNOSIS		SERVICE NAME 2009956 PURNELL, ROSE 493.00 311. 401.9 4	BIRTH DATE 02/06/1961	RECIPIENT ID 74207950500	PRIOR AUTHORIZATION # 120550698	
INV # 201918 201918 201918 201918	LINE # 1 2 3 4	PROCEDURE CODE REVENUE CD T1020 T1020 T1020 T1020	FROM DT THRU DT 07/01/12 07/01/12 07/04/12 07/05/12 07/06/12 07/06/12	4.00	AMOUNT 67.48 67.48 67.48 67.48	20101000120000569470

269.92 CLAIM ACCOUNT REF. 2019180012009956SUP

CLAIM TOTAL

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 11315FIDELIS CARE NY

REG LOC CLIENT NY 001 2008399 DIAGNOSIS CODES:	2010014 BERGES, MARITZA	BIRTH DATE RECIPIENT ID 11/20/1968 74098062800	PRIOR AUTHORIZATION # 120660869	
INV # LINE # 201913 1 201913 2 201913 3 201913 4 201913 5	PROCEDURE CODE REVENUE CD T1020 T1020 T1020 T1020 T1020	FROM DT THRU DT UNITS 07/02/12 07/02/12 6.00 07/03/12 07/03/12 6.00 07/04/12 07/04/12 6.00 07/05/12 07/05/12 6.00 07/06/12 07/06/12 3.00 CLAIM TOTAL	AMOUNT 101.22 101.22 101.22 101.22 50.61 455.49 CLAIM ACCOUNT REF.	2019130012010014SUP
REG LOC CLIENT NY 001 2009268 DIAGNOSIS CODES:	2010041 VARGAS, RAQUEL	BIRTH DATE RECIPIENT ID 07/05/1949 74201787700 5.9	PRIOR AUTHORIZATION # 121291101	
INV # LINE # 201921 1	PROCEDURE CODE REVENUE CD T1020	FROM DT THRU DT UNITS 06/30/12 06/30/12 9.00 CLAIM TOTAL	AMOUNT 151.83 151.83 CLAIM ACCOUNT REF.	2019210012010041SUP
REG LOC CLIENT NY 001 2009268 DIAGNOSIS CODES:	2010041 VARGAS, RAQUEL	BIRTH DATE RECIPIENT ID 07/05/1949 74201787700 5.9	PRIOR AUTHORIZATION # 121291101	
INV # LINE # 201922 1 201922 2 201922 3 201922 4 201922 5 201922 6	PROCEDURE CODE REVENUE CD T1020 T1020 T1020 T1020 T1020 T1020	FROM DT THRU DT UNITS 07/01/12 07/01/12 9.00 07/02/12 07/02/12 9.00 07/03/12 07/03/12 9.00 07/04/12 07/04/12 9.00 07/05/12 07/05/12 9.00 07/06/12 07/06/12 9.00 CLAIM TOTAL	AMOUNT 151.83 151.83 151.83 151.83 151.83 151.83 910.98 CLAIM ACCOUNT REF.	2019220012010041SUP
REG LOC CLIENT NY 001 2008376 DIAGNOSIS CODES:	2010712 LITMAN, GAIL	BIRTH DATE RECIPIENT ID 10/23/1952 74146355500	PRIOR AUTHORIZATION # 111951068	
INV # LINE # 201914 1 201914 2 201914 3	PROCEDURE CODE REVENUE CD T1020 T1020 T1020	FROM DT THRU DT UNITS 07/02/12 07/02/12 5.00 07/05/12 07/05/12 5.00 07/06/12 07/06/12 4.00 CLAIM TOTAL	AMOUNT 84.35 84.35 67.48 236.18 CLAIM ACCOUNT REF.	2019140012010712SUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 11315 FIDELIS CARE NY

PAYER TOTALS: FIDELIS CARE NY # OF CLAIMS = 50 TOTAL CLAIM AMOUNT = 6,427.47

# SERVICES = 9

5

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INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT 201911 1 T1019 06/30/12 06/30/12

201911

PROVIDER ID = 113502051 NPI = 1154407492 SUNNYSIDE CITYWIDE

PAYER ID = 11325NEIGHBORHOOD HEALTH

REG LOC NY 001 DIAGNOSIS	CLIENT 2008261 CODES:	SERVICE NAME 2008261 FERNA 250.00 272.2	NDEZ, MARIA 493.00 536	07/	TH DATE 24/1943 .00	RECIPIENT ID 10062577601		OR AUTHORIZATION # L11255060	
INV # 201896 201896 201896	LINE # 1 2 3	PROCEDURE CODE T1019 T1019 T1019		FROM DT 07/04/12 07/05/12 07/06/12	07/05/12 07/06/12	16.00	AMOUNT 67.52 67.52 67.52 202.56	CLAIM ACCOUNT REF.	2018960012008261SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2008263 CODES:	SERVICE NAME 2008263 MORAL 344.1 799.89	ES FERNADEZ,		TH DATE 28/1952	RECIPIENT ID 10062883101		DR AUTHORIZATION # .11260220	
INV # 201903 201903 201903 201903 201903 201903 201903	LINE # 1 2 3 4 5 6 7	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019 T1019		FROM DT 06/30/12 07/01/12 07/02/12 07/03/12 07/04/12 07/05/12 07/06/12	07/06/12	24.00 24.00 24.00 24.00	AMOUNT 101.28 101.28 101.28 101.28 101.28 101.28 101.28 708.96	CLAIM ACCOUNT REF.	2019030012008263SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2008265 CODES:		PARD, ERMA 272.0 401	10/	TH DATE 05/1954 .9	RECIPIENT ID 10043001301		DR AUTHORIZATION # 212292391	
INV # 201909 201909 201909 201909 201909 201909 201909	LINE # 1 2 3 4 5 6 7	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019 T1019		FROM DT 06/30/12 07/01/12 07/02/12 07/03/12 07/04/12 07/05/12 07/06/12	THRU DT 06/30/12 07/01/12 07/02/12 07/03/12 07/04/12 07/05/12 07/06/12 CL	40.00 40.00 40.00 32.00 40.00	AMOUNT 168.80 168.80 168.80 168.80 135.04 168.80 168.80 1,147.84	CLAIM ACCOUNT REF.	2019090012008265SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2008303 CODES:		N, SHERYL 493.90 799		TH DATE 28/1956	RECIPIENT ID 10060476901		DR AUTHORIZATION # 511259599	

UNITS

16.00

AMOUNT

67.52

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PROVIDER PAYER	ID = 11 ID = 11	3502051 325	SUNNYSIDE (	CITYWIDE DD HEALTH		N	PI = 11544	107492	
INV # 201911 201911 201911 201911 201911	LINE # 2 3 4 5 6			07/01/12 07/02/12 07/03/12 07/05/12 07/06/12	07/01/12 07/02/12 07/03/12 07/05/12 07/06/12 CLM	16.00 24.00 24.00 24.00 24.00 24.00 AIM TOTAL	AMOUNT 67.52 101.28 101.28 101.28 101.28 540.16		2019110012008303SUP
REG LOC NY 001 DIAGNOSI	CLIENT 2008305 CCODES:	SERVICE NAM 2008305 ARD 493.00 042.	IE DITTO, PATRICIA 300.00 31	BIR 10/ .1. 530	TH DATE 29/1952 .81 780	RECIPIENT ID 10053196701	PRIC 0729	DR AUTHORIZATION # 911256276	
INV # 201892 201892 201892 201892	LINE # 1 2 3 4	PROCEDURE CODE T1019 T1019 T1019 T1019		07/02/12 07/04/12 07/05/12 07/06/12	07/02/12 07/04/12 07/05/12 07/06/12 CLA	24.00 24.00 24.00 AIM TOTAL	AMOUNT 101.28 101.28 101.28 101.28 405.12		2018920012008305SUP
	CLIENT 2008366 CS CODES:	SERVICE NAM 2008366 JON 799.89	IE IES, CYNTHIA	BIR 03/	TH DATE 17/1950	RECIPIENT ID 10063968601	PRIC 0722	DR AUTHORIZATION # 211255308	
INV # 201899 201899 201899 201899	LINE # 1 2 3 4	PROCEDURE CODE T1019 T1019 T1019 T1019		07/03/12 07/04/12 07/05/12 07/06/12	07/03/12 07/04/12 07/05/12 07/06/12 CLA	36.00 36.00 36.00 36.00 AIM TOTAL			2018990012008366SUP
	2008403	SERVICE NAM 2008403 CHU 343.9 737.43	IE KWUJIORAH, TAF 742.3	BIR RELL 10/	TH DATE 30/1988	RECIPIENT ID 10082619401	PRIC 0722	DR AUTHORIZATION # 211255317	
INV # 201893 201893 201893 201893 201893 201893 201893	LINE # 1 2 3 4 5 6 7 8	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	REVENUE CD	06/19/12 06/30/12 07/01/12 07/02/12 07/03/12 07/04/12 07/05/12	06/19/12 06/30/12 07/01/12 07/02/12 07/03/12 07/04/12 07/05/12 07/06/12	28.00 28.00 28.00 32.00 28.00 28.00	AMOUNT 118.16 118.16 118.16 135.04 118.16 118.16 118.16 962.16	CLAIM ACCOUNT REF.	2018930012008403SUP

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NPI = 1154407492SUNNYSIDE CITYWIDE

PROVIDER ID = 113502051 PAYER ID = 11325NEIGHBORHOOD HEALTH

REG LOC CLIENT NY 001 2008420 DIAGNOSIS CODES:	SERVICE NAME 2008420 SALVATO, MARY 340. 244.9 250.00 27	BIRTH DATE RECIPIENT ID 04/06/1954 10064119301 401.9 493.00 799.89	PRIOR AUTHORIZATION # 072211255313	
INV # LINE # 201908 1 201908 2 201908 3 201908 4 201908 5 201908 6 201908 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 06/30/12 06/30/12 32.00 07/01/12 07/01/12 32.00 07/02/12 07/02/12 32.00 07/03/12 07/03/12 32.00 07/04/12 07/04/12 32.00 07/05/12 07/05/12 32.00 07/06/12 07/06/12 32.00 CLAIM TOTAL	AMOUNT 135.04 135.04 135.04 135.04 135.04 135.04 135.04 945.28 CLAIM ACCOUNT REF.	2019080012008420SUP
REG LOC CLIENT NY 001 2008421 DIAGNOSIS CODES:	SERVICE NAME 2008421 OCASIO, VIRGINIA 250.00 278.00 300.00 71	BIRTH DATE RECIPIENT ID 05/24/1949 10063483101	PRIOR AUTHORIZATION # 072211255340	
INV # LINE # 201905	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 06/30/12 06/30/12 8.00 07/02/12 07/02/12 16.00 07/03/12 07/03/12 16.00 07/04/12 07/04/12 16.00 07/05/12 07/05/12 16.00 07/06/12 07/06/12 16.00 CLAIM TOTAL	AMOUNT 33.76 67.52 67.52 67.52 67.52 67.52 371.36 CLAIM ACCOUNT REF.	2019050012008421SUP
REG LOC CLIENT NY 001 2008422 DIAGNOSIS CODES:	SERVICE NAME 2008422 MOSKOWITZ, RONA 799.89 401.9 493.92 72	BIRTH DATE RECIPIENT ID 02/16/1952 10063710601 V02.62	PRIOR AUTHORIZATION # 072211255325	
INV # LINE # 201904 1 201904 2 201904 3 201904 4 201904 5 201904 6 201904 7 201904 8	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 06/28/12 06/28/12 24.00 06/29/12 06/29/12 24.00 06/30/12 06/30/12 24.00 07/02/12 07/02/12 24.00 07/03/12 07/03/12 24.00 07/04/12 07/04/12 24.00 07/05/12 07/05/12 24.00 07/06/12 07/06/12 24.00 07/06/12 07/06/12 24.00	AMOUNT 101.28 101.28 101.28 101.28 101.28 101.28 101.28 101.28 101.28 101.28 101.28	2019040012008422SUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 11325NEIGHBORHOOD HEALTH

REG LOC CLIENT NY 001 2008425 DIAGNOSIS CODES:	2008425 WELLS, WYNORIA		PRIOR AUTHORIZATION # 081911258799	
INV # LINE # 201910 1 201910 2 201910 3	PROCEDURE CODE REVENUE CD T1019 T1019 T1019	FROM DT THRU DT UNITS 07/02/12 07/02/12 16.00 07/05/12 07/05/12 16.00 07/06/12 07/06/12 16.00 CLAIM TOTAL	AMOUNT 67.52 67.52 67.52 67.52 202.56 CLAIM ACCOUNT REF.	2019100012008425SUP
REG LOC CLIENT NY 001 2008427 DIAGNOSIS CODES:	2008427 FLORES, MARITZA	BIRTH DATE RECIPIENT ID 09/26/1953 10044817901 425.8 799.89	PRIOR AUTHORIZATION # 072911256156	
INV # LINE # 201897 1 201897 2 201897 3 201897 4 201897 5 201897 6 201897 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 06/30/12 06/30/12 40.00 07/01/12 07/01/12 40.00 07/02/12 07/02/12 40.00 07/03/12 07/03/12 40.00 07/04/12 07/04/12 40.00 07/05/12 07/05/12 40.00 07/06/12 07/06/12 40.00 CLAIM TOTAL	AMOUNT 168.80 168.80 168.80 168.80 168.80 168.80 168.80 168.80 1,181.60 CLAIM ACCOUNT REF.	2018970012008427SUP
REG LOC CLIENT NY 001 2008531 DIAGNOSIS CODES:	2008531 RODRIGUEZ, MARIA	BIRTH DATE RECIPIENT ID 02/16/1949 10057325401 799.89	PRIOR AUTHORIZATION # 082911259802	
INV # LINE # 201907 1 201907 2 201907 3 201907 4 201907 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 06/27/12 06/27/12 16.00 06/29/12 06/29/12 16.00 07/02/12 07/02/12 16.00 07/04/12 07/04/12 16.00 07/06/12 07/06/12 16.00 CLAIM TOTAL	AMOUNT 67.52 67.52 67.52 67.52 67.52 67.52 337.60 CLAIM ACCOUNT REF.	2019070012008531SUP
REG LOC CLIENT NY 001 2008742 DIAGNOSIS CODES:	2008742 KROLL, KATHERINE	BIRTH DATE RECIPIENT ID 09/22/1949 10088829601 386.2 401.9	PRIOR AUTHORIZATION # 080811257332	
INV # LINE # 201902 1 201902 2 201902 3	PROCEDURE CODE REVENUE CD T1019 T1019 T1019	FROM DT THRU DT UNITS 07/01/12 07/01/12 16.00 07/02/12 07/02/12 28.00 07/03/12 07/03/12 28.00	AMOUNT 67.52 118.16 118.16	

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

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 201902 4 T1019 07/04/12 07/04/12 28.00 118.16 201902 5 T1019 07/06/12 07/06/12 28.00 118.16 540.16 CLAIM ACCOUNT REF. 2019020012008742SUP CLAIM TOTAL

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

AMOUNT INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 201895 1 T1019 07/02/12 07/02/12 16.00 67.52 2 T1019 201895 07/03/12 07/03/12 16.00 67.52 201895 3 Т1019 07/04/12 07/04/12 24.00 101.28 201895 4 T1019 07/05/12 07/05/12 24.00 101.28 5 T1019 201895 07/06/12 07/06/12 24.00 101.28 CLAIM TOTAL 438.88 CLAIM ACCOUNT REF. 2018950012008802SUP

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

PROCEDURE CODE REVENUE CD FROM DT THRU DT AMOUNT INV # LINE # UNITS 201900 1 T1019 07/02/12 07/02/12 28.00 118.16 201900 2 T1019 07/03/12 07/03/12 28.00 118.16 201900 3 T1019 07/04/12 07/04/12 28.00 118.16 4 T1019 07/05/12 07/05/12 28.00 201900 118.16 5 T1019 07/06/12 07/06/12 32.00 201900 135.04

CLAIM TOTAL 607.68 CLAIM ACCOUNT REF. 2019000012009221SUP

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

DIAGNOSIS CODES: 696.8 253.5 272.4

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT AMOUNT UNITS 201901 1 T1019 07/06/12 07/06/12 48.00

202.56 CLAIM ACCOUNT REF. 2019010012009356SUP CLAIM TOTAL

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

PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 1 T1019 2 T1019 06/23/12 06/23/12 32.00 135.04 201890 06/30/12 06/30/12 32.00 135.04 201890

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PROVIDER ID = PAYER ID =	: 113502051 : 11325	SUNNYSIDE CITYWIDE NEIGHBORHOOD HEALTH									
INV # LINE 201890 201890 201890 201890 201890 201890	# PROCEDURE CODE 3 T1019 4 T1019 5 T1019 6 T1019 7 T1019 8 T1019	07/02/12 07/03/12 07/04/12 07/05/12	THRU DT UNI 07/01/12 32. 07/02/12 32. 07/03/12 32. 07/04/12 32. 07/05/12 32. 07/06/12 32. CLAIM TOT	00 135.04 00 135.04 00 135.04 00 135.04 00 135.04 00 135.04	CLAIM ACCOUNT REF.	2018900012010143SUP					
REG LOC CLI NY 001 2008 DIAGNOSIS CODE	EENT SERVICE NAME 3398 2010353 RODE S: 799.89 253.5	BI LIGUEZ, JESSE 03 278.00 401.9	RTH DATE RECIPI /23/1984 100630	ENT ID PRI 30901 072	OR AUTHORIZATION # 211255272						
INV # LINE 201906 201906 201906 201906 201906	# PROCEDURE CODE 1 T1019 2 T1019 3 T1019 4 T1019 5 T1019	07/03/12 07/04/12 07/05/12	THRU DT UNI 07/02/12 20. 07/03/12 20. 07/04/12 20. 07/05/12 20. 07/06/12 20. CLAIM TOT	00 84.40 00 84.40 00 84.40 00 84.40 00 84.40	CLAIM ACCOUNT REF.	2019060012010353SUP					
REG LOC CLI NY 001 2010 DIAGNOSIS CODE	0639 2010639 HAME	TON, PRISCILLA 07	RTH DATE RECIPI /21/1952 100945	ENT ID PRI 72501 060	OR AUTHORIZATION # 112293626						
INV # LINE 201898 201898 201898 201898 201898 201898 201898	# PROCEDURE CODE 1 T1019 2 T1019 3 T1019 4 T1019 5 T1019 6 T1019 7 T1019	07/01/12 07/02/12 07/03/12 07/04/12 07/05/12	THRU DT UNI 06/30/12 24. 07/01/12 24. 07/02/12 24. 07/03/12 28. 07/04/12 24. 07/05/12 28. 07/06/12 28. CLAIM TOT	00 101.28 00 101.28 00 101.28 00 118.16 00 118.16 00 118.16	CLAIM ACCOUNT REF.	2018980012010639SUP					
NY 001 2008	ENT SERVICE NAME 8505 2010726 DARW S: 799.89 311.	BI UISH, NADIA 09 429.9	RTH DATE RECIPI /08/1952 100574		OR AUTHORIZATION # 112294691						
INV # LINE 201894 201894 201894 201894	# PROCEDURE CODE 1 T1019 2 T1019 3 T1019 4 T1019	07/02/12 07/03/12 07/04/12	THRU DT UNI 07/02/12 36. 07/03/12 36. 07/04/12 36. 07/05/12 36.	00 151.92 00 151.92 00 151.92							

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071103500250RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 11325 NEIGHBORHOOD HEALTH

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 201894 5 T1019 07/06/12 07/06/12 36.00 151.92

CLAIM TOTAL 759.60 CLAIM ACCOUNT REF. 2018940012010726SUP

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

DIAGNOSIS CODES: 093.9 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
201891	1	T1019		07/02/12	07/02/12	36.00	151.92		
201891	2	T1019		07/03/12	07/03/12	36.00	151.92		
201891	3	T1019		07/04/12	07/04/12	36.00	151.92		
201891	4	T1019		07/05/12	07/05/12	36.00	151.92		
201891	5	T1019		07/06/12	07/06/12	36.00	151.92		
					CLAI	M TOTAL	759.60	CLAIM ACCOUNT REF.	2018910012010878SUP

PAYER TOTALS: NEIGHBORHOOD HEALTH # OF CLAIMS = 121 TOTAL CLAIM AMOUNT = 13,993.52

# SERVICES = 22

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071103500250RRSUP

PROVIDER ID = 113502051 NPI = 1154407492 SUNNYSIDE CITYWIDE

PAYER ID = 11328HEALTHCARE PARTNERS

PAYER TOTALS: HEALTHCARE PARTNERS

REG LOC CLIENT NY 001 2008382 DIAGNOSIS CODES:	SERVICE NAME 2010800 GOMES, AGUSTINA V60.3 153.0 230.3 40	BIRTH DATE RECIPIENT ID 05/05/1933 JRX53860E01 733.00	PRIOR AUTHORIZATION # 2012062692600004	
INV # LINE # 201967 1 201967 2 201967 3 201967 4 201967 5 201967 6	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 06/30/12 06/30/12 36.00 07/01/12 07/01/12 36.00 07/02/12 07/02/12 36.00 07/03/12 07/03/12 36.00 07/04/12 07/04/12 36.00 07/05/12 07/05/12 36.00 CLAIM TOTAL	AMOUNT 151.92 151.92 151.92 151.92 151.92 151.92 911.52 CLAIM ACCOUNT REF.	2019670012010800SUP
REG LOC CLIENT NY 001 2008396 DIAGNOSIS CODES:	SERVICE NAME 2010804 ZAMBRANO, ZOILA 250.11 272.0 401.9 4	BIRTH DATE RECIPIENT ID 12/03/1938 JSV04323R01 586.	PRIOR AUTHORIZATION # 2012062692600006	
INV # LINE # 201969 1 201969 2 201969 3	PROCEDURE CODE REVENUE CD T1019 T1019 T1019	FROM DT THRU DT UNITS 07/03/12 07/03/12 16.00 07/04/12 07/04/12 16.00 07/06/12 07/06/12 16.00 CLAIM TOTAL	AMOUNT 67.52 67.52 67.52 202.56 CLAIM ACCOUNT REF.	2019690012010804SUP
REG LOC CLIENT NY 001 2008228 DIAGNOSIS CODES:	SERVICE NAME 2010805 TOWLES, ADA V61.9 401.9 722.10 73	BIRTH DATE RECIPIENT ID 12/10/1954 2010805 750.7	PRIOR AUTHORIZATION #	
INV # LINE # 201968 1 201968 2 201968 3 201968 4 201968 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 07/02/12 07/02/12 16.00 07/03/12 07/03/12 16.00 07/04/12 07/04/12 16.00 07/05/12 07/05/12 16.00 07/06/12 07/06/12 16.00 CLAIM TOTAL	AMOUNT 67.52 67.52 67.52 67.52 67.52 337.60 CLAIM ACCOUNT REF.	2019680012010805SUP

# OF CLAIMS = 14 TOTAL CLAIM AMOUNT = 1,451.68 # SERVICES = 3

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071103500250RRSUP

11 T1019

201951

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 0106151290058 DIAGNOSIS CODES: 356.9 348.2 401.9 733.00 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 201946 1 T1019 06/28/12 06/28/12 12.00 205.80 201946 2 T1019 06/30/12 06/30/12 4.00 68.60 201946 3 T1019 07/01/12 07/01/12 4.00 68.60 201946 201946 4 T1019 07/02/12 07/02/12 12.00 205.80 5 T1019 6 T1019 7 T1019 8 T1019 201946 07/03/12 07/03/12 12.00 205.80 07/04/12 07/04/12 12.00 201946 205.80 201946 07/05/12 07/05/12 12.00 205.80 07/06/12 07/06/12 12.00 201946 205.80 CLAIM TOTAL 1,372.00 CLAIM ACCOUNT REF. 2019460012008233SUP 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 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # LINE # 137.20 137.20 06/30/12 06/30/12 8.00 201955 1 T1019 2 T1019 07/01/12 07/01/12 8.00 201955 3 T1019 201955 07/02/12 07/02/12 11.00 188.65 201955 4 T1019 07/03/12 07/03/12 11.00 188.65 5 T1019 6 T1019 201955 07/05/12 07/05/12 11.00 188.65 6 T1019 07/06/12 07/06/12 11.00 188.65 201955 CLAIM TOTAL 1,029.00 CLAIM ACCOUNT REF. 2019550012008236SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 05/23/1960 ZB21969Z 0101041290393 REG LOC CLIENT SERVICE NAME NY 001 2008237 2008237 DURHAM, CYNTHIA 05/23/1960 ZB21969Z DIAGNOSIS CODES: 401.9 250.00 300.00 345.90 493.90 530.81 UNITS INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT AMOUNT 04/16/12 04/16/12 4.00 T1019 201951 1 68.60 201951 2 T1019 04/20/12 04/20/12 4.00 68.60 3 T1019 05/01/12 05/01/12 1.00 17.15 201951 201951 4 T1019 05/22/12 05/22/12 4.00 68.60 5 T1019 6 T1019 7 T1019 8 T1019 9 T1019 10 T1019 11 T1019 201951 05/23/12 05/23/12 68.60 4.00 05/24/12 05/24/12 201951 4.00 68.60 201951 05/25/12 05/25/12 4.00 68.60 06/05/12 06/05/12 201951 4.00 68.60 9 T1019 4.00 201951 06/18/12 06/18/12 68.60 10 T1019 4.00 06/25/12 06/25/12 201951 68.60

07/02/12 07/02/12

4.00

68.60

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071103500250RRSUP

201948

T1019

INPUT FILE =	/VOL444/COMPSUP/HIPA	AIN/E5002012071103500	250RRSUP						
PROVIDER ID PAYER ID	= 113502051 = 13265	SUNNYSIDE CITYWIDE METROPLUS HEALTH PI							
201951	PROCEDURE CODE 12 T1019 13 T1019 14 T1019	07/04/1	THRU DT UNITS 2 07/03/12 4.00 2 07/04/12 4.00 2 07/05/12 4.00 CLAIM TOTAL	AMOUNT 68.60 68.60 68.60 908.95 CLAIM ACCOUNT REF.	2019510012008237SUP				
REG LOC CL NY 001 200 DIAGNOSIS COD	IENT SERVICE NAME 8281 2008281 PUCH ES: 435.9 552.9	UELA, MARIA 1	IRTH DATE RECIPIENT 1 2/02/1923 SN86933H	ID PRIOR AUTHORIZATION # 0101271290335					
INV # LIN 201956 201956 201956 201956 201956 201956 201956	E # PROCEDURE CODE 1 T1019 2 T1019 3 T1019 4 T1019 5 T1019 6 T1019 7 T1019	07/01/1 07/02/1 07/03/1 07/04/1 07/05/1	THRU DT UNITS 2 06/30/12 8.00 2 07/01/12 8.00 2 07/02/12 8.00 2 07/03/12 8.00 2 07/04/12 8.00 2 07/05/12 8.00 2 07/06/12 8.00 CLAIM TOTAL	AMOUNT 137.20 137.20 137.20 137.20 137.20 137.20 137.20 137.20 137.20 960.40 CLAIM ACCOUNT REF.	2019560012008281SUP				
REG LOC CL NY 001 200 DIAGNOSIS COD		ERSON, BETH 1 311. 401.9	IRTH DATE RECIPIENT 1 2/18/1947 YC43135F	PRIOR AUTHORIZATION # 0103131290194					
INV # LIN 201945 201945 201945 201945 201945 201945	E # PROCEDURE CODE 1 T1019 2 T1019 3 T1019 4 T1019 5 T1019 6 T1019	06/26/1 07/02/1 07/03/1 07/04/1 07/05/1	THRU DT UNITS 2 06/26/12 5.00 2 07/02/12 5.00 2 07/03/12 5.00 2 07/04/12 5.00 2 07/05/12 5.00 2 07/06/12 6.00 CLAIM TOTAL	AMOUNT 85.75 85.75 85.75 85.75 85.75 102.90 531.65 CLAIM ACCOUNT REF.	2019450012008284SUP				
REG LOC CL NY 001 200 DIAGNOSIS COD		GS, LOUIS 0	EIRTH DATE RECIPIENT 1 7/03/1947 ZU46784Z 69.10 401.9	ID PRIOR AUTHORIZATION # 0102291290368					
INV # LIN 201948 201948 201948 201948 201948	PROCEDURE CODE 1 T1019 2 T1019 3 T1019 4 T1019 5 T1019	06/22/1 06/30/1 07/01/1 07/02/1 07/03/1	THRU DT UNITS 2 06/22/12 6.00 2 06/30/12 6.00 2 07/01/12 6.00 2 07/02/12 6.00 2 07/03/12 6.00	AMOUNT 102.90 102.90 102.90 102.90 102.90					

07/04/12 07/04/12

6.00

102.90

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071103500250RRSUP

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 201948 7 T1019 07/05/12 07/05/12 6.00 102.90 201948 8 T1019 07/06/12 07/06/12 6.00 102.90 CLAIM TOTAL 823.20 CLAIM ACCOUNT REF. 2019480012008384SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 2008385 MURDOCK, GERTRUDE 11/01/1917 SS71357M NY 001 2008385 0108291190057 DIAGNOSIS CODES: 536.9 365.9 369.10 389.9 401.9 715.90 733.00 V15.88 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 201954 1 T1019 07/02/12 07/02/12 8.00 137.20 201954 T1019 07/03/12 07/03/12 8.00 137.20 201954 T1019 07/04/12 07/04/12 8.00 137.20 201954 T1019 07/05/12 07/05/12 8.00 137.20 201954 5 T1019 07/06/12 07/06/12 8.00 137.20 CLAIM TOTAL 686.00 CLAIM ACCOUNT REF. 2019540012008385SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008415 2008415 BEDOYA, MONICA 09/30/1958 WP66802A 0103281290468 DIAGNOSIS CODES: 345.90 272.0 295.90 401.9 493.90

	INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
ı	201947	1	T1019		07/02/12	07/02/12	5.00	85.75		
	201947	2	T1019		07/04/12	07/04/12	5.00	85.75		
ı	201947	3	T1019		07/06/12	07/06/12	5.00	85.75		
						CLAI	IM TOTAL	257.25	CLAIM ACCOUNT REF.	2019470012008415SUP
ı										

REG LOC NY 001 DIAGNOSIS	CLIENT 2008417 CODES:	2008417	NAME GALAS,	TERESA	 RTH DATE /08/1955	RECIPIENT ID ZX91437V	PRIOR AUTHORIZATION (0112011190228	‡
INV #	LINE #	PROCEDURE	CODE R	EVENUE C	THRU DT	UNITS	AMOUNT	

		IIIOODDOILD OODD	112 121102 02			011110	111100111
201953	1	T1019		06/30/12	06/30/12	5.00	85.75
201953	2	T1019		07/01/12	07/01/12	5.00	85.75
201953	3	T1019		07/02/12	07/02/12	5.00	85.75
201953	4	T1019		07/03/12	07/03/12	5.00	85.75
201953	5	T1019		07/04/12	07/04/12	5.00	85.75
201953	6	T1019		07/05/12	07/05/12	5.00	85.75
201953	7	T1019		07/06/12	07/06/12	5.00	85.75
					OT 7 T	M TOTAT	600 25

600.25 CLAIM ACCOUNT REF. 2019530012008417SUP CLAIM TOTAL

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071103500250RRSUP

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

PAYER ID = 13	265 METROPLUS E	HEALTH PLAN		
REG LOC CLIENT NY 001 2008418 DIAGNOSIS CODES:	SERVICE NAME 2008418 RYALS, CHARLES 401.9 250.00 272.0 27	BIRTH DATE RECIPIENT ID 11/03/1950 ZZ49620T 78.00 295.00 311. 780.57	PRIOR AUTHORIZATION # 0103051290159	
INV # LINE # 201958 1 201958 2 201958 3 201958 4	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019	07/02/12     07/02/12     8.00     1       07/03/12     07/03/12     8.00     1       07/05/12     07/05/12     8.00     1       07/06/12     07/06/12     8.00     1       07/06/12     07/06/12     8.00     1	AMOUNT 137.20 137.20 137.20 137.20 137.20 548.80 CLAIM ACCOUNT REF.	2019580012008418SUP
REG LOC CLIENT NY 001 2008743 DIAGNOSIS CODES:	SERVICE NAME 2008743 CORDERO, ROSENDO 492.0 272.0 401.9 71	BIRTH DATE RECIPIENT ID 08/26/1926 QM62108S 788.30	PRIOR AUTHORIZATION # 0101231290569	
INV # LINE # 201949 1 201949 2 201949 3 201949 5 201949 6 201949 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	06/30/12 06/30/12 10.00 1 07/01/12 07/01/12 10.00 1 07/02/12 07/02/12 10.00 1 07/03/12 07/03/12 10.00 1 07/04/12 07/04/12 10.00 1 07/05/12 07/05/12 10.00 1 07/06/12 07/06/12 10.00 1	AMOUNT 171.50 171.50 171.50 171.50 171.50 171.50 171.50 171.50 200.50 CLAIM ACCOUNT REF.	2019490012008743SUP
REG LOC CLIENT NY 001 2008283 DIAGNOSIS CODES:	SERVICE NAME 2009137 DAVIS, ANGIE 340. 401.9	BIRTH DATE RECIPIENT ID 11/15/1958 UT00109J	PRIOR AUTHORIZATION # 0106141290368	
INV # LINE # 201950 1 201950 2 201950 3 201950 4 201950 5 201950 6 201950 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	06/30/12 06/30/12 19.00 3 07/01/12 07/01/12 19.00 3 07/02/12 07/02/12 19.00 3 07/03/12 07/03/12 19.00 3 07/04/12 07/04/12 19.00 3 07/05/12 07/05/12 19.00 3 07/06/12 07/06/12 19.00 3	AMOUNT 325.85 325.85 325.85 325.85 325.85 325.85 325.85 325.85 325.85 280.95 CLAIM ACCOUNT REF.	2019500012009137SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071103500250RRSUP

NPI = 1154407492 SUNNYSIDE CITYWIDE

PROVIDER ID = 113502051
DAYER ID = 13265 METROPLUS HEALTH PLAN

REG LOC CLIENT NY 001 2009377 DIAGNOSIS CODES:	SERVICE NAME 2009377 SANTORO, MATTHEW 299.01 453.9	BIRTH DATE RECIPIENT ID 08/20/1949 SP38021Q	PRIOR AUTHORIZATION # 0102291290309	
INV # LINE # 201959 1 201959 2 201959 3 201959 4 201959 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 07/02/12 07/02/12 6.00 07/03/12 07/03/12 6.00 07/04/12 07/04/12 6.00 07/05/12 07/05/12 6.00 07/06/12 07/06/12 6.00 CLAIM TOTAL	AMOUNT 102.90 102.90 102.90 102.90 102.90 514.50 CLAIM ACCOUNT REF.	2019590012009377SUP
REG LOC CLIENT NY 001 2008235 DIAGNOSIS CODES:	SERVICE NAME 2009688 RAMPERSAID, ALISS 319. 315.9	BIRTH DATE RECIPIENT ID 08/04/1992 SZ46585R	PRIOR AUTHORIZATION # 0101131290465	
INV # LINE # 201957 1 201957 2 201957 3 201957 4 201957 5 201957 6	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 06/30/12 06/30/12 8.00 07/02/12 07/02/12 3.00 07/03/12 07/03/12 3.00 07/04/12 07/04/12 3.00 07/05/12 07/05/12 3.00 07/06/12 07/06/12 4.00 CLAIM TOTAL	AMOUNT 137.20 51.45 51.45 51.45 68.60 411.60 CLAIM ACCOUNT REF.	2019570012009688SUP
REG LOC CLIENT NY 001 2008280 DIAGNOSIS CODES:	SERVICE NAME 2009919 SHUMON, NUK-FNU 952.9 344.1 564.00	BIRTH DATE RECIPIENT ID 01/21/1981 QQ82218A	PRIOR AUTHORIZATION # 0102101290257	
INV # LINE # 201960 1 201960 2 201960 3 201960 4 201960 5 201960 6 201960 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 06/30/12 06/30/12 4.00 07/01/12 07/01/12 4.00 07/02/12 07/02/12 4.00 07/03/12 07/03/12 4.00 07/04/12 07/04/12 4.00 07/05/12 07/05/12 4.00 07/06/12 07/06/12 4.00	AMOUNT 68.60 68.60 68.60 68.60 68.60 68.60	

CLAIM TOTAL

480.20 CLAIM ACCOUNT REF. 2019600012009919SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071103500250RRSUP

NPI = 1154407492

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

REG	LOC	CLTEN.L.	SERVICE	NAME	BIRTH DATE	RECIPLENT ID	PRIOR AUTHORIZATION #
NY	0.01	2008279	2010213	VALLE, BLASTNA	02/03/1929	OG00558G	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		
201961	1	T1019		06/28/12	06/28/12	8.00	137.20		
201961	2	T1019		06/29/12	06/29/12	8.00	137.20		
201961	3	T1019		06/30/12	06/30/12	8.00	137.20		
201961	4	T1019		07/02/12	07/02/12	8.00	137.20		
201961	5	T1019		07/03/12	07/03/12	8.00	137.20		
201961	6	T1019		07/04/12	07/04/12	8.00	137.20		
201961	7	T1019		07/05/12	07/05/12	8.00	137.20		
201961	8	T1019		07/06/12	07/06/12	8.00	137.20		
					CLAI	M TOTAL	1,097.60	CLAIM ACCOUNT REF.	2019610012010213SUP

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

DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
201952	1	T1019		07/04/12	07/04/12	4.00	68.60		
201952	2	T1019		07/05/12	07/05/12	8.00	137.20		
201952	3	T1019		07/06/12	07/06/12	8.00	137.20		
					CLAI	M TOTAL	343.00	CLAIM ACCOUNT REF.	2019520012010860SUP

# OF CLAIMS = 111 TOTAL CLAIM AMOUNT = 14,045.85 # SERVICES = 17 PAYER TOTALS: METROPLUS HEALTH PLAN

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071103500250RRSUP

SUNNYSIDE CITYWIDE NPI = 1154407492

PROVIDER ID = 113502051
DAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT NY 001 2008286 DIAGNOSIS CODES:	SERVICE NAME 2008286 RAMIREZ, ALIDA A 250.00 272.4 401.9			OR AUTHORIZATION #	
INV # LINE # 201965 1 201965 2 201965 3 201965 4 201965 5 201965 6 201965 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	06/30/12 06/30/12 07/01/12 07/01/12 07/02/12 07/02/12 07/03/12 07/03/12 07/04/12 07/04/12 07/05/12 07/05/12	UNITS AMOUNT 36.00 154.80 36.00 154.80 36.00 154.80 36.00 154.80 36.00 154.80 36.00 154.80 36.00 154.80 TOTAL 1,083.60	CLAIM ACCOUNT REF.	2019650012008286SUP
REG LOC CLIENT NY 001 2008495 DIAGNOSIS CODES:	SERVICE NAME 2008495 MARTINEZ, MARIA 250.00 244.8 295.90 4			R AUTHORIZATION # 53828	
INV # LINE # 201964 1 201964 2 201964 3 201964 5 201964 6 201964 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	06/30/12 06/30/12 07/01/12 07/01/12 07/02/12 07/02/12 07/03/12 07/03/12 07/04/12 07/04/12 07/05/12 07/05/12	UNITS AMOUNT 24.00 103.20 24.00 103.20 24.00 103.20 24.00 103.20 24.00 103.20 24.00 103.20 24.00 103.20 24.00 103.20 70TAL 722.40	CLAIM ACCOUNT REF.	2019640012008495SUP
REG LOC CLIENT NY 001 2009373 DIAGNOSIS CODES:	SERVICE NAME 2009373 GENAO, DANIELA I 758.0 696.8			R AUTHORIZATION # 46354	
INV # LINE # 201962 1 201962 2 201962 3 201962 4 201962 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	07/02/12 07/02/12 07/03/12 07/03/12 07/04/12 07/04/12 07/05/12 07/05/12	UNITS AMOUNT 44.00 189.20 44.00 189.20 44.00 189.20 44.00 189.20 44.00 172.00 TOTAL 928.80	CLAIM ACCOUNT REF.	2019620012009373SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071103500250RRSUP

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 2010404 2010404 GUERRERO, MIRTHA 09/14/1931 740496 110568543

DIAGNOSIS CODES: 253.5 401.9 733.00 750.27

UNITS INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT AMOUNT 120.40 201963 1 T1019 07/01/12 07/01/12 28.00 201963 T1019 07/02/12 07/02/12 28.00 120.40 201963 3 T1019 07/03/12 07/03/12 28.00 120.40 201963 T1019 07/04/12 07/04/12 28.00 120.40 201963 T1019 07/05/12 07/05/12 28.00 120.40 201963 T1019 07/06/12 07/06/12 26.00 111.80 CLAIM TOTAL 713.80 CLAIM ACCOUNT REF. 2019630012010404SUP

PAYER TOTALS: WELLCARE OF NY # OF CLAIMS = 25 TOTAL CLAIM AMOUNT = 3,448.60

# SERVICES =

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071103500250RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 24819 NY PRESBYTERIAN SELECT

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #

NY 001 2008374 2008374 KARASSAVIDES, ARISTOTI 10/09/1962 10000300701 072911005409

DIAGNOSIS CODES: 042. 202.88 436. 799.89

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 201966 1 T1019 07/02/12 07/02/12 28.00 120.12 2 201966 T1019 28.00 120.12 07/03/12 07/03/12 201966 3 T1019 07/04/12 07/04/12 28.00 120.12 201966 4 T1019 07/05/12 07/05/12 28.00 120.12 201966 T1019 07/06/12 07/06/12 28.00 120.12 CLAIM TOTAL 600.60 CLAIM ACCOUNT REF. 2019660012008374SUP

PAYER TOTALS: NY PRESBYTERIAN SELECT # OF CLAIMS = 5 TOTAL CLAIM AMOUNT = 600.60

# SERVICES =

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071103500250RRSUP

201941

201941

T1019

T1019

0580

5

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 55247HEALTH INSURANCE PLAN SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 2008471 DE JESUS, TIBURCIO 08/11/1947 XX16524S 0004980406 REG LOC CLIENT NY 001 2008273 DIAGNOSIS CODES: 250.03 369.60 401.9 414.04 799.89 V60.3 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS TRUDOMA 201939 0580 06/30/12 06/30/12 36.00 151.92 0580 07/01/12 07/01/12 36.00 151.92 201939 T1019 0580 0580 0580 0580 201939 T1019 07/02/12 07/02/12 36.00 151.92 201939 4 T1019 151.92 201939 5 T1019 151.92 201939 6 T1019 151.92 201939 7 T1019 151.92 CLAIM TOTAL 1,063.44 CLAIM ACCOUNT REF. 2019390012008471SUP 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 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 0580 07/03/12 07/03/12 40.00 201940 1 T1019 168.80 CLAIM TOTAL 168.80 CLAIM ACCOUNT REF. 2019400012008491SUP 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 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT TNV # T1019 07/02/12 07/02/12 201944 1 0580 16.00 67.52 201944 T1019 0580 07/03/12 07/03/12 16.00 67.52 0580 0580 0580 201944 3 T1019 07/04/12 07/04/12 16.00 67.52 07/05/12 07/05/12 16.00 07/06/12 07/06/12 16.00 201944 4 T1019 67.52 201944 5 0580 T1019 67.52 337.60 CLAIM ACCOUNT REF. 2019440012008513SUP CLAIM TOTAL REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 2008544 ORR, LOUISE 000505233 NY 001 2008227 03/04/1956 ZK403270 435.9 429.9 799.89 DIAGNOSIS CODES: 250.00 401.9 428.0 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 06/30/12 06/30/12 201941 1 T1019 0580 20.00 84.40 2 0580 201941 T1019 07/01/12 07/01/12 20.00 84.40 07/02/12 07/02/12 20.00 07/03/12 07/03/12 20.00 07/06/12 07/06/12 20.00 201941 3 T1019 0580 84.40 4 0580

84.40

84.40

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071103500250RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER	ID = 11.		HEALTH INSU		ſ		NPI = 11544	10/492	
INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT CL	UNITS AIM TOTAL	AMOUNT 422.00	CLAIM ACCOUNT REF.	2019410012008544SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2008193 CODES:		OLDS, HARRIET		TH DATE 01/1958 .9 780	RECIPIENT ID SR66809C .4		OR AUTHORIZATION # 3855084-003	
INV # 201934 201934 201934	LINE # 1 2 3	PROCEDURE CODE T1019 T1019 T1019	REVENUE CD 0580 0580 0580		07/05/12 07/06/12	16.00	AMOUNT 56.00 56.00 56.00 168.00	CLAIM ACCOUNT REF.	2019340012008723SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2008793 CODES:	SERVICE NAME 2008793 COPE 331.0 401.9	, WILLIE		TH DATE 17/1928	RECIPIENT ID XR98607Q		OR AUTHORIZATION # 4050353003	
INV # 201929 201929 201929 201929 201929 201929 201929	LINE # 1 2 3 4 5 6 7	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019 T1019	REVENUE CD 0580 0580 0580 0580 0580 0580 0580	07/02/12 07/03/12 07/04/12 07/05/12	07/01/12 07/02/12 07/03/12 07/04/12 07/05/12 07/06/12	48.00 48.00 48.00 48.00 48.00	AMOUNT 168.00 168.00 168.00 168.00 168.00 168.00 168.00	CLAIM ACCOUNT REF.	2019290012008793SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2009237 CODES:	SERVICE NAME 2009237 WEST 710.4 250.00	FIELD, BRENDA	. 01/	TH DATE 13/1953 .90 530	RECIPIENT ID PT26237P .81 728.87		OR AUTHORIZATION # 4291129-002	
INV # 201936 201936 201936 201936 201936 201936 201936	LINE # 1 2 3 4 5 6 7	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019 T1019	REVENUE CD 0580 0580 0580 0580 0580 0580 0580	07/02/12 07/03/12 07/04/12	07/01/12 07/02/12 07/03/12 07/04/12 07/05/12 07/06/12	32.00	AMOUNT 112.00 112.00 112.00 112.00 112.00 112.00 112.00 784.00	CLAIM ACCOUNT REF.	2019360012009237SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071103500250RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 55247 HEALTH INSURANCE PLAN

201933

201933

T1019

T1019

6

7

0580

0580

		INDOIGHED THE		
REG LOC CLIENT NY 001 2008223 DIAGNOSIS CODES:	3 2009269 SHAH, HANSIKA	BIRTH DATE RECIPIENT ID 09/28/1948 UR74418G	PRIOR AUTHORIZATION # 0005080096	
INV # LINE # 201943 1	PROCEDURE CODE REVENUE T1019 0580		AMOUNT 84.40 84.40 CLAIM ACCOUNT REF.	2019430012009269SUP
REG LOC CLIENT NY 001 2009355 DIAGNOSIS CODES:	5 2009393 PARADISE, ANI	BIRTH DATE RECIPIENT ID 02/09/1948 JWB78931B01 724.00 750.27 V60.3	PRIOR AUTHORIZATION # 0005079871	
INV # LINE # 201942 1	PROCEDURE CODE REVENUE T1019 0580	CD FROM DT THRU DT UNITS 07/03/12 07/03/12 32.00 CLAIM TOTAL	AMOUNT 135.04 135.04 CLAIM ACCOUNT REF.	2019420012009393SUP
REG LOC CLIENT NY 001 2008399 DIAGNOSIS CODES:	5 2009406 AHMAD, AMATUL		PRIOR AUTHORIZATION # 0004979372	
INV # LINE # 201937 1 201937 2	PROCEDURE CODE REVENUE T1019 0580 T1019 0580	07/02/12 07/02/12 16.00 07/03/12 07/03/12 16.00	AMOUNT 67.52 67.52 135.04 CLAIM ACCOUNT REF.	2019370012009406SUP
REG LOC CLIENT NY 001 2009467 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID RINE 08/30/1923 WC81742E 780.4 788.30	PRIOR AUTHORIZATION # 0004298435	
INV # LINE # 201933 1 201933 2 201933 3 201933 4	PROCEDURE CODE REVENUE T1019 0580 T1019 0580 T1019 0580 T1019 0580	06/30/12 06/30/12 48.00 07/01/12 07/01/12 48.00 07/02/12 07/02/12 48.00 07/03/12 07/03/12 48.00	AMOUNT 168.00 168.00 168.00 168.00	
201933 5	T1019 0580	07/04/12 07/04/12 48.00	168.00	

48.00

CLAIM TOTAL

168.00

168.00

1,176.00 CLAIM ACCOUNT REF. 2019330012009467SUP

07/05/12 07/05/12

07/06/12 07/06/12 48.00

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071103500250RRSUP

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

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

PROCEDURE CODE REVENUE CD FROM DT THRU DT INV # LINE # UNITS TRUDOMA 201938 1 0580 07/04/12 07/04/12 32.00 135.04

0580

CLAIM TOTAL 270.08 CLAIM ACCOUNT REF. 2019380012009562SUP

135.04

07/05/12 07/05/12 32.00

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # SERVICE NAME BIRTH DATE RECIPIENT ID 2009945 JACKSON, FRANCES 03/12/1934 12030545001 0004676295-001 NY 001 2009945

DIAGNOSIS CODES: 332.0 250.00 401.9 722.10 785.2

DIAGNOSIS CODES: 345.90

201938

2

T1019

LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT T1019 0580 201932 1 07/02/12 07/02/12 28.00 98.00 0580 0580 0580 0580 201932 2 T1019 07/03/12 07/03/12 28.00 98.00 07/04/12 07/04/12 28.00 07/05/12 07/05/12 28.00 07/06/12 07/06/12 28.00 201932 3 T1019 98.00 201932 4 T1019 98.00 201932 5 T1019 98.00

CLAIM TOTAL 490.00 CLAIM ACCOUNT REF. 2019320012009945SUP

BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 14408709 REG LOC CLIENT SERVICE NAME NY 001 2010293 2010293 CAMPBELL, CAROL 01/17/1945 ZW64229J

DIAGNOSIS CODES: 722.2 272.0 338.29 401.9 780.79 781.2

PROCEDURE CODE REVENUE CD FROM DT THRU DT AMOUNT INV # LINE # UNITS 07/02/12 07/02/12 70.00 201928 1 T1019 0580 20.00 0580 201928 2 T1019 0580 0580 07/03/12 07/03/12 24.00 84.00 0580 07/04/12 07/04/12 20.00 0580 07/05/12 07/05/12 19.00 201928 3 T1019 70.00 201928 4 T1019 66.50

CLAIM TOTAL 290.50 CLAIM ACCOUNT REF. 2019280012010293SUP

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

PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS LINE # AMOUNT 201935 T1019 07/02/12 07/02/12 168.00 0580 48.00 1 201935 2 T1019 0580 07/03/12 07/03/12 168.00 48.00 0580 0580 0580 0580 07/04/12 07/04/12 48.00 07/05/12 07/05/12 48.00 07/06/12 07/06/12 48.00 3 201935 T1019 168.00 4 T1019 201935 168.00

5 T1019 201935 168.00 CLAIM TOTAL 840.00 CLAIM ACCOUNT REF. 2019350012010316SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071103500250RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 55247 HEALTH INSURANCE PLAN

REG LOC NY 001 DIAGNOSIS	CLIENT 2010522 CODES:		RIQUEZ, TERES		RTH DATE /15/1938 0.9 733	RECIPIENT ID 092367533D		OR AUTHORIZATION # 4956737001	
INV # 201931 201931 201931 201931 201931	LINE # 1 2 3 4 5	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019	REVENUE CD 0580 0580 0580 0580 0580	FROM DT 07/02/12 07/03/12 07/04/12 07/05/12 07/06/12	07/06/12	16.00 16.00 16.00	AMOUNT 56.00 56.00 56.00 56.00 280.00	CLAIM ACCOUNT REF.	2019310012010522SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2008113 CODES:		ELAND, ELISE	10,	RTH DATE (05/1928 5.90	RECIPIENT ID QJ28865K		OR AUTHORIZATION # 5111746	
INV # 201930 201930 201930 201930 201930 201930 201930	LINE # 1 2 3 4 5	PROCEDURE CODE G0156 G0156 G0156 G0156 G0156 G0156 G0156	REVENUE CD 0572 0572 0572 0572 0572 0572 0572	FROM DT 06/30/12 07/01/12 07/02/12 07/03/12 07/04/12 07/05/12 07/06/12	THRU DT 06/30/12 07/01/12 07/02/12 07/03/12 07/04/12 07/05/12	6.00 6.00 6.00 6.00 6.00 6.00	AMOUNT 85.50 85.50 85.50 85.50 85.50 85.50		

CLAIM TOTAL

598.50 CLAIM ACCOUNT REF. 2019300012010754SUP

PAYER TOTALS: HEALTH INSURANCE PLAN # OF CLAIMS = 74 TOTAL CLAIM AMOUNT = 8,419.40

# SERVICES = 17

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071103500250RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141 HEALTHFIRST PHSP

201863 7 T1019

REG LOC	CLIENT	SERVICE	NAME	BIR	TH DATE	RECIPIENT I	D PRIC	OR AUTHORIZATION #	
NY 001	2008249		LOPEZ-RAMIREZ,			QR43529V	R180	00800	
DIAGNOSIS	CODES:	714.0 272	.4 401.9	536.9 733	3.00				
INV #	LINE #	DBOCEDIDE C	ODE REVENUE CI	FROM DT	THRU DT	UNITS	AMOUNT		
201877	1	T1019	ODE REVENUE CI	06/30/12	06/30/12		185.68		
201877	2	T1019		07/01/12	07/01/12		185.68		
201877	3	T1019		07/02/12	07/02/12		185.68		
201877	4	T1019		07/03/12			185.68		
201877	5	T1019		07/04/12			185.68		
201877	6	T1019		07/05/12	07/05/12	44.00	185.68		
201877	7	T1019		07/06/12	07/06/12	44.00	185.68		
					CL	AIM TOTAL	1,299.76	CLAIM ACCOUNT REF.	2018770012008249SUP
REG LOC	CLIENT	SERVICE 1	NAME	BIR	TH DATE	RECIPIENT I	D PRIC	OR AUTHORIZATION #	
NY 001	2008250		SALAZAR, LUZ MA		19/1970	SC60317K		24834	
DIAGNOSIS	CODES:								
INV #	LINE #		ODE REVENUE CI		THRU DT	UNITS	AMOUNT		
201882	1	T1019		06/30/12			135.04		
201882	2	T1019		07/01/12	07/01/12		135.04		
201882	3	T1019		07/02/12			135.04		
201882	4	T1019		07/03/12			135.04		
201882	5	T1019		07/04/12			135.04		
201882	6 7	T1019		07/05/12			135.04		
201882	/	T1019		07/06/12			135.04	CLATA ACCOUNT DEE	20100200120002503
					CL.	AIM TOTAL	945.28	CLAIM ACCOUNT REF.	2018820012008250SUP
REG LOC	CLIENT	SERVICE I	NAME	BIR	TH DATE	RECIPIENT I	D PRIC	OR AUTHORIZATION #	
NY 001	2008251	2008251	CEBALLOS, ANA	12/	31/1919	UH02585Q	R182	28722	
DIAGNOSIS	CODES:	294.10 244	.9						
INV #	LINE #	PROCEDURE CO	ODE REVENUE CI	FROM DT	THRU DT	UNITS	AMOUNT		
201863	1	T1019		06/20/12	06/20/12		135.04		
201863	2	T1019		06/28/12	06/28/12		135.04		
201863	3	T1019		07/02/12	07/02/12		135.04		
201863	4	T1019		07/03/12	07/03/12		135.04		
201863	5	T1019		07/04/12	07/04/12	16.00	67.52		
201863	6	T1019		07/05/12	07/05/12	32.00	135.04		

07/06/12 07/06/12 32.00

CLAIM TOTAL

135.04

877.76 CLAIM ACCOUNT REF. 2018630012008251SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071103500250RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT NY 001 2008253 DIAGNOSIS CODES:	2008253 MACARENA, SAHARA	BIRTH DATE RECIPIENT ID 09/12/1965 VT07830U	PRIOR AUTHORIZATION # 0106151202389	
INV # LINE # 201878 1 201878 2 201878 3 201878 4 201878 5 201878 6	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 06/30/12 06/30/12 48.00 07/02/12 07/02/12 48.00 07/03/12 07/03/12 48.00 07/04/12 07/04/12 48.00 07/05/12 07/05/12 48.00 07/06/12 07/06/12 48.00 CLAIM TOTAL	AMOUNT 202.56 202.56 202.56 202.56 202.56 202.56 1,215.36 CLAIM ACCOUNT REF.	2018780012008253SUP
REG LOC CLIENT NY 001 2008254 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID 04/06/1965 WE52435B	PRIOR AUTHORIZATION # R1802635	
INV # LINE # 201883 1 201883 2 201883 3 201883 4	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 07/03/12 07/03/12 20.00 07/04/12 07/04/12 20.00 07/05/12 07/05/12 20.00 07/06/12 07/06/12 20.00 CLAIM TOTAL	AMOUNT 84.40 84.40 84.40 84.40 337.60 CLAIM ACCOUNT REF.	2018830012008254SUP
REG LOC CLIENT NY 001 2008256 DIAGNOSIS CODES:	2008256 CARMONA, LUZ	BIRTH DATE RECIPIENT ID 08/10/1954 XJ24416K	PRIOR AUTHORIZATION # R1839723	
INV # LINE # 201861 1 201861 2 201861 3 201861 4 201861 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 07/02/12 07/02/12 32.00 07/03/12 07/03/12 32.00 07/04/12 07/04/12 32.00 07/05/12 07/05/12 32.00 07/06/12 07/06/12 32.00 CLAIM TOTAL	AMOUNT 135.04 135.04 135.04 135.04 675.20 CLAIM ACCOUNT REF.	2018610012008256SUP
REG LOC CLIENT NY 001 2008257 DIAGNOSIS CODES:	2008257 ESTEVES, JOSE	BIRTH DATE RECIPIENT ID 09/04/1948 YD71377C	PRIOR AUTHORIZATION # R1832858	
INV # LINE # 201867 1 201867 2 201867 3	PROCEDURE CODE REVENUE CD T1019 T1019 T1019	FROM DT THRU DT UNITS 06/30/12 06/30/12 24.00 07/01/12 07/01/12 24.00 07/02/12 07/02/12 24.00	AMOUNT 101.28 101.28 101.28	

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071103500250RRSUP

PROVIDER	ID	=	113502051	SUNNYSIDE CITYWIDE	NPI =	1154407492
ססעעה	TD	_	001/11	HENTTHETDOT DUCD		

PROVIDER II PAYER II	D = 113 D = 801		SUNNYSIDE C HEALTHFIRST				NP	I = 11544	107492	
INV # 1 201867 201867 201867 201867	LINE # 4 5 6 7	PROCEDURE CODE T1019 T1019 T1019 T1019	REVENUE CD	FROM DT 07/03/12 07/04/12 07/05/12 07/06/12	07/04/12 07/05/12 07/06/12	24.00 24.00		AMOUNT 101.28 101.28 101.28 101.28 708.96	CLAIM ACCOUNT REF.	2018670012008257SUP
	CLIENT 2008258 CODES:	SERVICE NAME 2008258 RUIZ 741.90 331.4	JR, SAMUEL 552.21		TH DATE 20/1971	RECIPIENT ZA59624E	ID		DR AUTHORIZATION # 57838	
INV # 1 201881 201881 201881 201881 201881	LINE # 1 2 3 4 5	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019	REVENUE CD	FROM DT 07/02/12 07/03/12 07/04/12 07/05/12 07/06/12	07/03/12 07/04/12 07/05/12 07/06/12	12.00 12.00 16.00		AMOUNT 50.64 50.64 50.64 67.52 67.52 286.96	CLAIM ACCOUNT REF.	2018810012008258SUP
REG LOC NY 001 2 DIAGNOSIS 0	CLIENT 2008297 CODES:	SERVICE NAME 2008297 MARTI 250.63 401.9	N, ARIANA 493.11		TH DATE 25/1968	RECIPIENT XD64969X	ID		DR AUTHORIZATION # 31741	
INV # 1 201879 201879 201879	LINE # 1 2 3	PROCEDURE CODE T1019 T1019 T1019	REVENUE CD	FROM DT 07/02/12 07/04/12 07/06/12	07/04/12 07/06/12	16.00		AMOUNT 67.52 67.52 67.52 202.56	CLAIM ACCOUNT REF.	2018790012008297SUP
REG LOC NY 001 2 DIAGNOSIS (	CLIENT 2008362 CODES:		NES, PEDRO 427.31 42	08/	TH DATE 27/1948 .2	RECIPIENT RX10287Z	ID		DR AUTHORIZATION # 04541	
INV # 1 201870 201870 201870 201870 201870 201870	LINE # 1 2 3 4 5 6	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019	REVENUE CD	FROM DT 06/30/12 07/01/12 07/02/12 07/04/12 07/05/12 07/06/12	07/02/12 07/04/12 07/05/12 07/06/12	28.00 28.00 28.00 28.00		AMOUNT 118.16 118.16 118.16 118.16 118.16 118.16 708.96	CLAIM ACCOUNT REF.	2018700012008362SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071103500250RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141 HEALTHFIRST PHSP

201871 7 T1019

NY 001 2	CLIENT 2008368	SERVICE NAME 2008368 RODRIGUEZ, MARGAI	RET 06	RTH DATE /25/1950	RECIPIENT ID ZP21043J	0112	OR AUTHORIZATION #	
DIAGNOSIS (	CODES:	295.90 250.00 272.4 33	11. 40	l.9 414	.3 733.00	780.52		
INV # I 201880 201880 201880 201880	LINE # 1 2 3 4	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019	FROM DT 07/02/12 07/04/12 07/05/12 07/06/12	07/04/12 07/05/12 07/06/12	16.00 16.00	AMOUNT 67.52 67.52 67.52 67.52 270.08	CLAIM ACCOUNT REF.	2018800012008368SUP
REG LOC	CLIENT	SERVICE NAME	BII	RTH DATE	RECIPIENT ID	PRIC	R AUTHORIZATION #	
	2008405	2008405 ST ROMAINE, CLAU		/01/1956	UZ14868C		3151202185	
DIAGNOSIS (	CODES:	952.9 344.9 596.54	-	,				
INV # I	LINE #	PROCEDURE CODE REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
201884	1	T1019	06/30/12	06/30/12	36.00	151.92		
201884	2	T1019	07/01/12	07/01/12	36.00	151.92		
201884	3	T1019	07/02/12	07/02/12	40.00	168.80		
201884	4	T1019	07/03/12	07/03/12	40.00	168.80		
201884	5	T1019	07/04/12	07/04/12	40.00	168.80		
201884	6	T1019	07/05/12	07/05/12	40.00	168.80		
201884	7	T1019	07/06/12	07/06/12	40.00	168.80		
				CL	AIM TOTAL	1,147.84	CLAIM ACCOUNT REF.	2018840012008405SUP
	CLIENT 2008411 CODES:	SERVICE NAME 2008411 FRANCISCO, RICHAI 401.9 443.9		RTH DATE /10/1968	RECIPIENT ID XR22414G		OR AUTHORIZATION # 221200941	
INV # I	LINE #	PROCEDURE CODE REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
201871	1	T1019	06/30/12			135.04		
201871	2	T1019	07/01/12	07/01/12	32.00	135.04		
201871	3	T1019	07/02/12			135.04		
201871	4	T1019	07/03/12			135.04		
201871	5	T1019	07/04/12			135.04		
201871	6	T1019	07/05/12	07/05/12	32.00	135.04		

07/06/12 07/06/12 32.00

CLAIM TOTAL

135.04

945.28 CLAIM ACCOUNT REF. 2018710012008411SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071103500250RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141HEALTHFIRST PHSP

REG LOC CLIENT NY 001 2008428 DIAGNOSIS CODES:	SERVICE NAME 2008428 KAUR, HARBANS 401.9 272.4 332.1 4	BIRTH DATE RECIPIENT ID 02/03/1937 VB22061J	PRIOR AUTHORIZATION # R1804436	
INV # LINE # 201875 1 201875 2 201875 3 201875 4 201875 5 201875 6 201875 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 06/30/12 06/30/12 28.00 07/01/12 07/01/12 28.00 07/02/12 07/02/12 28.00 07/03/12 07/03/12 28.00 07/04/12 07/04/12 28.00 07/05/12 07/05/12 28.00 07/06/12 07/06/12 28.00 CLAIM TOTAL	AMOUNT 118.16 118.16 118.16 118.16 118.16 118.16 118.16 12.16 12.16 12.16 12.16 13.16 13.16	2018750012008428SUP
REG LOC CLIENT NY 001 2008433 DIAGNOSIS CODES:	SERVICE NAME 2008433 BHAIRO, KOWSILIL 340. 286.0 311. 4	BIRTH DATE RECIPIENT ID 05/13/1954 VG15691D 01.9	PRIOR AUTHORIZATION # R1796627	
INV # LINE # 201859 1 201859 2 201859 3 201859 4	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 06/30/12 06/30/12 32.00 07/01/12 07/01/12 32.00 07/02/12 07/02/12 32.00 07/03/12 07/03/12 32.00 CLAIM TOTAL	AMOUNT 135.04 135.04 135.04 135.04 540.16 CLAIM ACCOUNT REF.	2018590012008433SUP
REG LOC CLIENT NY 001 2008487 DIAGNOSIS CODES:	SERVICE NAME 2008487 BEGUM, MANWARA 250.00 244.8 311. 4	BIRTH DATE RECIPIENT ID 11/23/1949 VD44720Z 01.9 428.0 733.00	PRIOR AUTHORIZATION # 0111011101457	
INV # LINE # 201858 1 201858 2 201858 3 201858 4 201858 5 201858 6 201858 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 06/30/12 06/30/12 16.00 07/01/12 07/01/12 16.00 07/02/12 07/02/12 16.00 07/03/12 07/03/12 16.00 07/04/12 07/04/12 16.00 07/05/12 07/05/12 16.00 07/06/12 07/06/12 16.00 CLAIM TOTAL	AMOUNT 67.52 67.52 67.52 67.52 67.52 67.52 67.52 472.64  CLAIM ACCOUNT REF.	2018580012008487SUP

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INV # LINE # 201885 1 201885 2 201885 3 201885 4	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 07/02/12 07/02/12 16.00 07/03/12 07/03/12 16.00 07/04/12 07/04/12 16.00 07/05/12 07/05/12 16.00 CLAIM TOTAL	AMOUNT 67.52 67.52 67.52 67.52 270.08 CLAIM ACCOUNT REF.	2018850012008558SUP
REG LOC CLIENT NY 001 2008558 DIAGNOSIS CODES:	2008558 SURIEL, GERTRUDIS		PRIOR AUTHORIZATION # R1901123	
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REG LOC CLIENT NY 001 2008571 DIAGNOSIS CODES:	2008571 ESPAILLAT, AMPARO	BIRTH DATE RECIPIENT ID 12/25/1949 ZG25447P 55.9 366.9 733.00	PRIOR AUTHORIZATION # R1869116	
INV # LINE # 201866	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 06/30/12 06/30/12 16.00 07/01/12 07/01/12 16.00 07/02/12 07/02/12 16.00 07/03/12 07/03/12 16.00 07/04/12 07/04/12 16.00 07/05/12 07/05/12 16.00 07/06/12 07/06/12 16.00 CLAIM TOTAL	AMOUNT 67.52 67.52 67.52 67.52 67.52 67.52 67.52 472.64 CLAIM ACCOUNT REF.	2018660012008571SUP
REG LOC CLIENT NY 001 2008998 DIAGNOSIS CODES:	2008998 WILLIAMS, RODNEY	BIRTH DATE RECIPIENT ID 06/19/1960 TS36386P	PRIOR AUTHORIZATION # R1865486	
INV # LINE # 201889 1 201889 2 201889 3	PROCEDURE CODE REVENUE CD T1019 T1019 T1019	FROM DT THRU DT UNITS 07/03/12 07/03/12 24.00 07/04/12 07/04/12 24.00 07/06/12 07/06/12 24.00	AMOUNT 101.28 101.28 101.28	201 990001 200900 cttp

CLAIM TOTAL

303.84 CLAIM ACCOUNT REF. 2018890012008998SUP

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REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008437 2009000 FERGERSON, TINA 08/11/1959 ZZ11460M R1901742 DIAGNOSIS CODES: 135. 401.9 493.00 715.00 721.0 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 201868 1 07/02/12 07/02/12 16.00 67.52

T1019 2 201868 T1019 07/03/12 07/03/12 16.00 67.52 3 T1019 201868 07/04/12 07/04/12 16.00 67.52 CLAIM TOTAL 202.56 CLAIM ACCOUNT REF. 2018680012009000SUP

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

DIAGNOSIS CODES: 301.9 401.9 493.00 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 201869 1 T1019 07/03/12 07/03/12 12.00 50.64

201869 2 T1019 07/04/12 07/04/12 12.00 50.64 201869 3 T1019 07/05/12 07/05/12 12.00 50.64 CLAIM TOTAL 151.92 CLAIM ACCOUNT REF. 2018690012009001SUP

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

PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT LINE # 07/01/12 07/01/12 201864 1 T1019 20.00 84.40 201864 т1019 07/02/12 07/02/12 20.00 84.40 201864 3 т1019 07/03/12 07/03/12 20.00 84.40 201864 4 T1019 07/04/12 07/04/12 20.00 84.40 201864 5 T1019 07/05/12 07/05/12 20.00 84.40 201864 6 T1019 07/06/12 07/06/12 20.00 84.40

506.40 CLAIM ACCOUNT REF. 2018640012009256SUP CLAIM TOTAL

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # R1825085 NY 001 2008271 2009270 CARRION, MARIA 06/30/1928 SC64434E DIAGNOSIS CODES: 250.00 294.10 401.9 V12.54

PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS LINE # AMOUNT 06/30/12 06/30/12 135.04 201862 1 T1019 32.00 201862 2 T1019 07/02/12 07/02/12 32.00 135.04 201862 3 T1019 07/03/12 07/03/12 32.00 135.04 07/04/12 07/04/12 201862 4 T1019 32.00 135.04 07/05/12 07/05/12 201862 5 T1019 32.00 135.04 6 T1019 07/06/12 07/06/12 201862 32.00 135.04

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT CLA	UNITS AIM TOTAL			CLAIM ACCOUNT REF.	2018620012009270SUP
				04/	/13/1954		:D			
INV # 201873 201873 201873	LINE # 1 2 3	PROCEDURE CODE T1019 T1019 T1019		07/02/12	07/02/12 07/06/12		6	67.52 67.52 67.52	CLAIM ACCOUNT REF.	2018730012009322SUP
			ES DE GALINDO, 648.12				D			
INV # 201865 201865 201865 201865 201865 201865	LINE # 1 2 3 4 5 6	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019		07/02/12 07/03/12 07/04/12 07/05/12	07/02/12 07/03/12 07/04/12 07/05/12 07/06/12	UNITS 24.00 24.00 24.00 24.00 24.00 24.00 24.00	10 10 10 10 10	01.28 01.28 01.28 01.28 01.28 01.28	CLAIM ACCOUNT REF.	2018650012009405 <i>S</i> UP
REG LOC NY 001 DIAGNOSIS	CLIENT 2009425 CODES:		S, BARBARA	BIF 04/	RTH DATE /01/1954	RECIPIENT I YQ10410R	ID.			
INV # 201872 201872 201872 201872 201872 201872	LINE # 1 2 3 4 5	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019		06/27/12 06/29/12 07/02/12 07/04/12	06/27/12 06/29/12 07/02/12 07/04/12 07/06/12	UNITS 16.00 16.00 16.00 16.00 16.00 16.00 MIM TOTAL	6 6 6	67.52 67.52 67.52 67.52 67.52 67.52	CLAIM ACCOUNT REF.	2018720012009425SUP
	INV #  DEG LOC TY 001 ILAGNOSIS  INV # 201873 201873 201873  DEG LOC TY 001 ILAGNOSIS  INV # 201865 201865 201865 201865 201865 201865 201865 201865 201865 INV # 201872 201872 201872 201872	INV # LINE #  DEG LOC CLIENT TY 001 2009322 DIAGNOSIS CODES:  INV # LINE # 201873 1 201873 2 201873 3  DEG LOC CLIENT TY 001 2009405 DIAGNOSIS CODES:  INV # LINE # 201865 1 201865 2 201865 3 201865 4 201865 5 201865 6  DEG LOC CLIENT TY 001 2009425 DIAGNOSIS CODES:  INV # LINE # 201872 1 201872 1 201872 2 201872 3 201872 4 201872 5	INV # LINE # PROCEDURE CODE  EGG LOC CLIENT SERVICE NAME TY 001 2009322 2009322 HENRY PLAGNOSIS CODES: 253.5 401.9  INV # LINE # PROCEDURE CODE 201873 1 T1019 201873 2 T1019 201873 3 T1019  EGG LOC CLIENT SERVICE NAME TY 001 2009405 2009405 CORTY PLAGNOSIS CODES: 401.9 537.9  INV # LINE # PROCEDURE CODE 201865 1 T1019 201865 2 T1019 201865 3 T1019 201865 4 T1019 201865 5 T1019 201865 6 T1019 201865 7 T1019 201872 1 T1019 201872 1 T1019 201872 1 T1019 201872 1 T1019 201872 4 T1019	INV # LINE # PROCEDURE CODE REVENUE CD  EEG LOC CLIENT SERVICE NAME TO 001 2009322 2009322 HENRY, BRENDA PLAGNOSIS CODES: 253.5 401.9 429.9 44'  INV # LINE # PROCEDURE CODE REVENUE CD 201873 1 T1019 201873 2 T1019 201873 3 T1019  EEG LOC CLIENT SERVICE NAME TY 001 2009405 2009405 CORTES DE GALINDO PLAGNOSIS CODES: 401.9 537.9 648.12  INV # LINE # PROCEDURE CODE REVENUE CD 201865 1 T1019 201865 2 T1019 201865 3 T1019 201865 4 T1019 201865 5 T1019 201865 6 T1019 201865 6 T1019 201865 7 T019 201872 1 T1019 201872 1 T1019 201872 1 T1019 201872 3 T1019 201872 4 T1019 201872 4 T1019 201872 4 T1019 201872 4 T1019 201872 5 T1019	INV # LINE # PROCEDURE CODE REVENUE CD FROM DT  REG LOC CLIENT SERVICE NAME INV 001 2009322 2009322 HENRY, BRENDA 04, PLAGNOSIS CODES: 253.5 401.9 429.9 447.6 493  INV # LINE # PROCEDURE CODE REVENUE CD FROM DT  201873 1 T1019 07/02/12 201873 2 T1019 07/06/12  REG LOC CLIENT SERVICE NAME BIRTY 001 2009405 2009405 CORTES DE GALINDO, NEL 05, PLAGNOSIS CODES: 401.9 537.9 648.12  INV # LINE # PROCEDURE CODE REVENUE CD FROM DT  201865 1 T1019 06/29/12 201865 2 T1019 06/29/12 201865 3 T1019 07/02/12 201865 3 T1019 07/02/12 201865 4 T1019 07/02/12 201865 5 T1019 07/04/12 201865 6 T1019 07/06/12  REG LOC CLIENT SERVICE NAME BIRTY 001 2009425 2009425 FRIAS, BARBARA 04, PLAGNOSIS CODES: 785.9 V44.2  INV # LINE # PROCEDURE CODE REVENUE CD FROM DT  201872 1 T1019 06/25/12 201872 2 T1019 06/27/12 201872 3 T1019 06/27/12 201872 4 T1019 06/29/12 201872 4 T1019 06/29/12 201872 4 T1019 06/29/12 201872 4 T1019 06/29/12 201872 5 T1019 07/02/12	INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT CLE REG LOC CLIENT SERVICE NAME 04/13/1954 PLAGNOSIS CODES: 253.5 401.9 429.9 447.6 493.90  INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT 201873 1 T1019 06/29/12 06/29/12 201873 2 T1019 07/02/12 07/02/12 201873 3 T1019 07/06/12 07/06/12  REG LOC CLIENT SERVICE NAME BIRTH DATE TO 01 2009405 2009405 CORTES DE GALINDO, NEL 05/25/1925 REG LOC CLIENT SERVICE NAME BIRTH DATE TO 01 2009405 2009405 CORTES DE GALINDO, NEL 05/25/1925 REG LOC CLIENT SERVICE NAME 06/29/12 06/29/12 06/29/12 06/29/12 06/29/12 06/29/12 07/06	INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT CLAIM TOTAL  EG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT INT 001 2009322 2009322 HERRY, BRENDA 04/13/1954 ZE02356F DIAGNOSIS CODES: 253.5 401.9 429.9 447.6 493.90  INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 06/29/12 06/29/12 16.00 201873 1 T1019 06/29/12 06/29/12 16.00 CLAIM TOTAL  EG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT INT 001 2009405 2009405 CORTES DE GALINDO, NEL 05/25/1925 PF03624B DIAGNOSIS CODES: 401.9 537.9 648.12  INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 06/29/12 06/29/12 24.00 201865 2 T1019 07/02/12 07/02/12 24.00 201865 3 T1019 07/03/12 07/03/12 24.00 201865 4 T1019 07/03/12 07/03/12 24.00 201865 5 T1019 07/03/12 07/03/12 24.00 201865 6 T1019 07/03/12 07/03/12 24.00 201865 6 T1019 07/03/12 07/05/12 24.00 201865 6 T1019 07/05/12 07/05/12 24.00 201865 1 T1019 07/05/12 07/05/12 24.00 201865 6 T1019 07/05/12 07/05/12 24.00 201865 6 T1019 07/05/12 07/05/12 24.00 201865 1 T1019 07/05/12 07/05/12 24.00 201865 6 T1019 07/05/12 07/05/12 24.00 201865 1 T1019 07/05/12 07/05/12 24.00 201865 2 T1019 06/25/12 06/25/12 16.00 201872 1 T1019 06/25/12 06/25/12 16.00 201872 2 T1019 06/25/12 06/29/12 16.00 201872 4 T1019 07/02/12 06/29/12 16.00 201872 4 T1019 07/02/12 16.00 201872 5 T1019 07/02/12 16.00 201872 5 T1019 07/02/12 107/04/12 16.00 201872 5 T1019 07/04/12 16.00 201872 5 T1019	INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS A CLAIM TOTAL 8  LEG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID 101 2009322 2009322 HENRY, BRENDA 04/13/1954 ZE02356F 101AGNOSIS CODES: 253.5 401.9 429.9 447.6 493.90  INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS A 201873 1 T1019 06/29/12 06/29/12 16.00 201873 2 T1019 07/06/12 07/06/12 16.00 CLAIM TOTAL 201873 3 T1019 07/06/12 07/06/12 16.00 CLAIM TOTAL 2018873 1 T1019 07/06/12 07/06/12 16.00 CLAIM TOTAL 2018873 2 T1019 07/06/12 07/06/12 16.00 CLAIM TOTAL 2018873 1 T1019 07/06/12 07/06/12 16.00 CLAIM TOTAL 2018873 1 T1019 07/06/12 07/06/12 16.00 CLAIM TOTAL 2018873 2 T1019 07/08/12 07/06/12 16.00 CLAIM TOTAL 2018865 1 T1019 06/29/12 06/29/12 24.00 12018865 1 T1019 06/29/12 06/29/12 24.00 12018865 1 T1019 07/03/12 07/03/12 24.00 12018865 1 T1019 07/03/12 07/03/12 24.00 12018865 1 T1019 07/03/12 07/04/12 24.00 12018865 5 T1019 07/03/12 07/04/12 24.00 12018865 5 T1019 07/05/12 07/06/12 07/06/12 24.00 12018865 6 T1019 07/06/12 07/06/12 24.00 12018865 7 T1019 07/06/12 07/06/12 24.00 12018865 7 T1019 07/06/12 07/	INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT CLAIM TOTAL 810.24  LEG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRICE AND A 101.2009322 2009322 HENRY, BRENDA 04/13/1954 ZE02356F R185  LIAGNOSIS CODES: 253.5 401.9 429.9 447.6 493.90  LINV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 201873 1 T1019 06/29/12 06/29/12 16.00 67.52 201873 2 T1019 07/02/12 07/02/12 16.00 67.52 201873 3 T1019 07/06/12 07/06/12 16.00 67.52 201873 3 T1019 07/06/12 07/06/12 16.00 67.52  LEG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRICE AND AND ADDRESS CODES: 401.9 537.9 648.12  LINV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 201865 1 T1019 06/29/12 06/29/12 24.00 101.28 201865 1 T1019 07/03/12 07/03/12 24.00 101.28 201865 2 T1019 07/03/12 07/03/12 24.00 101.28 201865 3 T1019 07/03/12 07/03/12 24.00 101.28 201865 4 T1019 07/03/12 07/03/12 24.00 101.28 201865 5 T1019 07/05/12 07/05/12 24.00 101.28 201865 6 T1019 07/05/12 07/05/12 24.00 101.28 201865 7 T1019 07/05/12 07/05/12 24.00 101.28 201865 6 T1019 07/05/12 07/05/12 24.00 101.28 201865 7 T1019 07/05/12 07/05/12 16.00 67.52 201872 1 T1019 06/25/12 06/25/12 16.00 67.52 201872 1 T1019 06/25/12 06/25/12 16.00 67.52 201872 2 T1019 06/25/12 06/25/12 16.00 67.52 201872 3 T1019 06/25/12 06/25/12 16.00 67.52 201872 4 T1019 07/04/12 07/04/12 16.00 67.52 201872 5 T1019 07/06/12 07/06/12 16.00 67.52 201872 5 T1019 07/06/12 07/06/12 16.00 67.52 201872 6 T1019 07/06/12 07/06/12 16.00 67.52	INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT CLAIM TOTAL 810.24 CLAIM ACCOUNT REF.  REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # R1892336  IAGNOSIS CODES: 253.5 401.9 429.9 447.6 493.90  INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 201873 1 T1019 07/02/12 07/02/12 16.00 67.52 201873 2 T1019 07/02/12 07/02/12 16.00 67.52 201873 3 T1019 07/02/12 07/06/12 16.00 67.52 201873 2 T1019 07/02/12 07/06/12 16.00 67.52 201873 3 T1019 07/06/12 07/06/12 16.00 67.52 201873 2 T1019 07/06/12 07/06/12 16.00 67.52 201873 3 T1019 07/06/12 07/06/12 16.00 67.52 201873 3 T1019 07/06/12 07/06/12 16.00 67.52 201873 2 T1019 07/06/12 07/06/12 16.00 67.52 201873 2 T1019 07/06/12 07/06/12 16.00 67.52 201865 1 T1019 07/08/12 201865 1 T1019 07/02/12 07/02/12 24.00 101.28 201865 3 T1019 07/02/12 07/02/12 24.00 101.28 201865 5 T1019 07/02/12 07/02/12 24.00 101.28 201865 5 T1019 07/02/12 07/06/12 24.00 101.28 201865 5 T1019 07/04/12 07/06/12 24.00 101.28 201865 6 T1019 07/04/12 07/06/12 07/

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PAYER ID = 80141 HEALTHFIRST PHSP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2009560 2009560 BOCHENEC, JOLANTA 07/08/1964 ZT71147Q 0104121200913 DIAGNOSIS CODES: 854.00 272.4 300.00 307.42 781.0 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 1 101.28 201860 06/26/12 06/26/12 24.00 201860 T1019 06/30/12 06/30/12 24.00 101.28 3 T1019 07/01/12 07/01/12 24.00 101.28 201860 201860 4 T1019 07/02/12 07/02/12 24.00 101.28 201860 5 T1019 07/03/12 07/03/12 24.00 101.28 6 T1019 07/04/12 07/04/12 24.00 201860 101.28 7 T1019 201860 07/05/12 07/05/12 24.00 101.28 201860 8 T1019 07/06/12 07/06/12 24.00 101.28 CLAIM TOTAL 810.24 CLAIM ACCOUNT REF. 2018600012009560SUP 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 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # LINE # 07/02/12 07/02/12 16.00 67.52 201874 1 T1019 2 T1019 07/04/12 07/04/12 16.00 67.52 201874 67.52 202.56 CLAIM ACCOUNT REF. 2018740012009657SUP 201874 3 T1019 07/06/12 07/06/12 16.00 CLAIM TOTAL 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 201888 1 T1019 07/02/12 07/02/12 32.00 135.04 201888 2 T1019 07/03/12 07/03/12 32.00 135.04 3 T1019 07/04/12 07/04/12 32.00 135.04 201888 07/05/12 07/05/12 32.00 135.04 201888 T1019 CLAIM TOTAL 540.16 CLAIM ACCOUNT REF. 2018880012010009SUP 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 06/30/12 06/30/12 1 T1020 7.00 118.16 118.16 118.16 201876 07/01/12 07/01/12 201876 2 T1020 7.00 3 T1020 07/02/12 07/02/12 7.00 201876

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE C		THRU DT	UNITS	AMOUNT		
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201876	5	T1020		07/04/12	07/04/12	7.00	118.16		
201876	6	T1020		07/05/12	07/05/12	7.00	118.16		
201876	7	T1020		07/06/12	07/06/12	7.00	118.16		
					CL	AIM TOTAL	827.12	CLAIM ACCOUNT REF.	2018760012010311SUP
REG LOC	CLIENT 2010758	SERVICE NAM 2010758 VAS	E OUEZ, OLGA		RTH DATE /20/1948	RECIPIENT ID WU00136E		OR AUTHORIZATION #	
DIAGNOSIS		311. 244.9	253.5			.90 948.11	1(1)	00129	

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 84.40 201887 1 T1019 06/30/12 06/30/12 20.00 201887 T1019 07/01/12 07/01/12 20.00 84.40 201887 3 T1019 07/05/12 07/05/12 20.00 84.40

201887 4 T1019 07/06/12 07/06/12 14.00 59.08 CLAIM TOTAL 312.28 CLAIM ACCOUNT REF. 2018870012010758SUP

PAYER TOTALS: HEALTHFIRST PHSP # OF CLAIMS = 167 TOTAL CLAIM AMOUNT = 18,154.44

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 87726UNITEDHEALTHCARE

REG LOC CLIENT NY 001 200824 DIAGNOSIS CODES:	5 2008245 CALDERON, MIGDALI			
INV # LINE # 201923 1 201923 2 201923 3 201923 4 201923 5 201923 6 201923 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNI 06/30/12 06/30/12 40. 07/01/12 07/01/12 40. 07/02/12 07/02/12 40. 07/03/12 07/03/12 40. 07/04/12 07/04/12 40. 07/05/12 07/05/12 40. 07/06/12 07/06/12 40. CLAIM TOT	00 171.60 00 171.60 00 171.60 00 171.60 00 171.60 00 171.60 00 171.60	2019230012008245SUP
REG LOC CLIENT NY 001 200828' DIAGNOSIS CODES:	7 2008287 MILLAN, ARMIDA	09/13/1928 196864	ENT ID PRIOR AUTHORIZATION # 608047620 30.81	
INV # LINE # 201924 1 201924 2 201924 3 201924 4 201924 5 201924 6 201924 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNI 06/30/12 06/30/12 16. 07/01/12 07/01/12 16. 07/02/12 07/02/12 36. 07/03/12 07/03/12 36. 07/04/12 07/04/12 36. 07/05/12 07/05/12 36. 07/06/12 07/06/12 36. CLAIM TOT	00 68.64 00 68.64 00 154.44 00 154.44 00 154.44 00 154.44 00 154.44	2019240012008287SUP
REG LOC CLIENT NY 001 200840: DIAGNOSIS CODES:	L 2008401 SAFOS, PATRA	BIRTH DATE RECIPI 12/18/1948 100029 1.9		
INV # LINE # 201926 1 201926 2 201926 3 201926 4 201926 5 201926 5 201926 7 201926 8	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNI 06/17/12 06/17/12 32. 06/30/12 06/30/12 32. 07/01/12 07/01/12 32. 07/02/12 07/02/12 32. 07/03/12 07/03/12 32. 07/04/12 07/04/12 32. 07/05/12 07/05/12 32. 07/06/12 07/06/12 32. CLAIM TOT	00 137.28 00 137.28 00 137.28 00 137.28 00 137.28 00 137.28 00 137.28 00 137.28	2019260012008401SUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 87726 UNITEDHEALTHCARE

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #

NY 001 2008432 2008432 YUSUPOV, PULAT 08/11/1948 VV04939D 607630266

DIAGNOSIS CODES: 250.00 272.4 530.81

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 201927 1 T1019 06/30/12 06/30/12 16.00 68.64

201927 2 T1019 07/01/12 07/01/12 16.00 68.64 CLAIM TOTAL 137.28 CLAIM ACCOUNT REF. 2019270012008432SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010774 2010774 PAUL, PUTUL 10/10/1956 VK16842E

DIAGNOSIS CODES: 799.89

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 201925 1 T1019 07/02/12 07/02/12 16.00 68.64 201925 2 T1019 07/04/12 07/04/12 16.00 68.64 201925 3 T1019 07/06/12 07/06/12 16.00 68.64

CLAIM TOTAL 205.92 CLAIM ACCOUNT REF. 2019250012010774SUP

PAYER TOTALS: UNITEDHEALTHCARE # OF CLAIMS = 27 TOTAL CLAIM AMOUNT = 3,552.12

# SERVICES = 5

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201975

201975

T1019 4 T1019

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 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 0580 168.70 201973 06/30/12 06/30/12 10.00 0580 201973 07/01/12 07/01/12 10.00 168.70 T1019 201973 3 T1019 151.83 201973 4 T1019 134.96 201973 5 T1019 134.96 201973 6 T1019 134.96 201973 7 T1019 134.96 CLAIM TOTAL 1,029.07 CLAIM ACCOUNT REF. 2019730012008266SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 10/26/1956 712824266 102602130 REG LOC CLIENT SERVICE NAME NY 001 2008409 2009279 PRUITT, JOHNNY 10/26/1956 712824266 DIAGNOSIS CODES: 249.00 272.4 295.00 401.9 585.9 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 07/02/12 07/02/12 16.00 67.52 201976 1 S5130 0582 201976 2. 0582 07/06/12 07/06/12 16.00 S5130 67.52 CLAIM TOTAL 135.04 CLAIM ACCOUNT REF. 2019760012009279SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 07/14/1948 715856872 102806651 REG LOC CLIENT SERVICE NAME NY 001 2009647 2009647 FERNANDEZ, NORKA DIAGNOSIS CODES: 401.9 311. 492.8 715.80 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 07/02/12 07/02/12 201972 1 T1019 0580 8.00 134.96 0580 0580 0580 201972 2 T1019 07/03/12 07/03/12 9.00 151.83 07/04/12 07/04/12 8.00 07/05/12 07/05/12 9.00 07/06/12 07/06/12 8.00 201972 3 T1019 134.96 4 T1019 151.83 201972 5 0580 134.96 201972 T1019 CLAIM TOTAL 708.54 CLAIM ACCOUNT REF. 2019720012009647SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 04/13/1993 715434799 102912869 SERVICE NAME REG LOC CLIENT NY 001 2010018 2010018 HAWKINS S, MALIK JR 04/13/1993 715434799 DIAGNOSIS CODES: 344.1 344.5 599.9 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 06/27/12 06/27/12 201975 1 T1019 0580 10.00 168.70 201975 0580 0580 0580 06/28/12 U6/28/12 10.00 06/29/12 06/29/12 10.00 06/30/12 06/30/12 10.00 2 T1019 168.70 3 168.70

168.70

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493.90 742.1

DIAGNOSIS CODES: 319.

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
201975 5 T1019 0580 07/01/12 07/01/12 10.00 168.70
CLAIM TOTAL 843.50 CLAIM ACCOUNT REF. 2019750012010018SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008406 2010728 YOUNG, KALEILE 06/17/1994 6532755 120450364

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 201978 1 T1019 0580 06/30/12 06/30/12 4.00 67.48 201978 T1019 0580 07/01/12 07/01/12 4.00 67.48 0580 201978 T1019 07/02/12 07/02/12 2.00 33.74 0580 201978 T1019 07/03/12 07/03/12 2.00 33.74 201978 T1019 0580 07/04/12 07/04/12 2.00 33.74 201978 6 T1019 0580 07/05/12 07/05/12 2.00 33.74 201978 T1019 0580 07/06/12 07/06/12 2.00 33.74

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #

NY 001 2008407 2010729 WALTERS, BYRON 05/18/2000 6600539 120450432 DIAGNOSIS CODES: 319. 493.90 742.1

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 201977 1 T1019 0580 06/30/12 06/30/12 5.00 84.35 201977 2 T1019 0580 07/01/12 07/01/12 5.00 84.35 0580 201977 3 T1019 07/02/12 07/02/12 3.00 50.61 0580 201977 T1019 07/03/12 07/03/12 3.00 50.61 0580 201977 T1019 07/04/12 07/04/12 3.00 50.61 3.00 201977 6 T1019 0580 07/05/12 07/05/12 50.61 201977 7 T1019 0580 07/06/12 07/06/12 3.00 50.61

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #

NY 001 2010389 2010730 ESPERSON, CLAUDE 04/28/1971 6900634 121070468 DIAGNOSIS CODES: 340. 453.40

LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # 201971 T1019 07/05/12 07/05/12 4.00 67.48 1 0580 201971 2 0580 07/06/12 07/06/12 67.48 T1019 4.00

CLAIM TOTAL 134.96 CLAIM ACCOUNT REF. 2019710012010730SUP

CLAIM TOTAL

CLAIM TOTAL

303.66

CLAIM ACCOUNT REF. 2019780012010728SUP

421.75 CLAIM ACCOUNT REF. 2019770012010729SUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = AMRGRI AMERIGROUP NEW YORK, LLC

REG LOC CLIENT NY 001 2008365 DIAGNOSIS CODES:	2010731 HARDING, EDNA	BIRTH DATE RECIPIENT ID 05/17/1956 6274884	PRIOR AUTHORIZATION # 120800341	
INV # LINE # 201974 1 201974 2 201974 3 201974 4 201974 5	PROCEDURE CODE REVENUE CD 11019 0580 11019 0580 11019 0580 11019 0580 11019 0580 11019 0580	FROM DT THRU DT UNITS 07/02/12 07/02/12 6.00 07/03/12 07/03/12 6.00 07/04/12 07/04/12 6.00 07/05/12 07/05/12 6.00 07/06/12 07/06/12 6.00 CLAIM TOTAL	AMOUNT 101.22 101.22 101.22 101.22 101.22 506.10 CLAIM ACCOUNT REF.	2019740012010731SUP
REG LOC CLIENT NY 001 2010746 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID 04/06/1983 006951830	PRIOR AUTHORIZATION # 103017266	
INV # LINE # 201970 1 201970 2 201970 3 201970 4 201970 5 201970 6 201970 7	PROCEDURE CODE REVENUE CD T1019 0580	FROM DT THRU DT UNITS 06/20/12 06/20/12 5.00 06/21/12 06/21/12 5.00 06/22/12 06/22/12 5.00 06/25/12 06/25/12 5.00 07/03/12 07/03/12 5.00 07/04/12 07/04/12 5.00 07/05/12 07/05/12 5.00 CLAIM TOTAL	AMOUNT 84.35 84.35 84.35 84.35 84.35 84.35 84.35 84.35 590.45 CLAIM ACCOUNT REF.	2019700012010746SUP
PAYER TOTALS:	AMERIGROUP NEW YORK, LLC	# OF CLAIMS = 47 TOTAL # SERVICES = 9	L CLAIM AMOUNT = 4,673.0	77

# OF CLAIMS = 641 TOTAL CLAIM AMOUNT = 74,766.75 # SERVICES = 118 PROVIDER TOTALS: SUNNYSIDE CITYWIDE