INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

7 T1020

211468

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492 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 AMOUNT 211473 09/13/12 09/13/12 7.00 118.09 6.00 101.22 211473 T1020 09/22/12 09/22/12 09/24/12 09/24/12 7.00 211473 3 T1020 118.09 211473 4 T1020 09/25/12 09/25/12 7.00 118.09 211473 5 T1020 09/26/12 09/26/12 7.00 118.09 211473 6 T1020 09/27/12 09/27/12 7.00 118.09 211473 7 T1020 09/28/12 09/28/12 7.00 118.09 CLAIM TOTAL 809.76 CLAIM ACCOUNT REF. 2114730012008267SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 05/11/1950 64126998700 111800517 REG LOC CLIENT SERVICE NAME NY 001 2008268 2008268 PANOS, DESPINA D 05/11/1950 64126998700 DIAGNOSIS CODES: 340. 345.90 401.9 493.90 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT T1020 09/22/12 09/22/12 211471 1 9.00 151.83 211471 T1020 09/23/12 09/23/12 9.00 151.83 211471 3 T1020 09/24/12 09/24/12 9.00 151.83 211471 4 T1020 09/25/12 09/25/12 9.00 151.83 211471 5 T1020 09/26/12 09/26/12 9.00 151.83 211471 6 T1020 09/27/12 09/27/12 9.00 151.83 7 T1020 09/28/12 09/28/12 151.83 211471 9.00 CLAIM TOTAL 1,062.81 CLAIM ACCOUNT REF. 2114710012008268SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 12/05/1941 74148852400 111891265 REG LOC CLIENT SERVICE NAME NY 001 2008306 2008306 GIL, ALICIA M 12/05/1941 74148852400 DIAGNOSIS CODES: 340. 733.00 530.81 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT LINE # INV # 09/22/12 09/22/12 211468 1 T1020 7.00 118.09 211468 2 T1020 09/23/12 09/23/12 7.00 118.09 09/24/12 09/24/12 211468 3 T1020 7.00 118.09 211468 T1020 09/25/12 09/25/12 7.00 118.09 5 T1020 09/26/12 09/26/12 7.00 211468 118.09 6 T1020 09/27/12 09/27/12 211468 7.00 118.09

09/28/12 09/28/12 7.00

CLAIM TOTAL

118.09

826.63 CLAIM ACCOUNT REF. 2114680012008306SUP

PAGE:

1

PAGE: 2 INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 11315 FIDELIS CARE NY

| REG LOC CLIEN NY 001 200838 DIAGNOSIS CODES: | 5 2008386 BATISTA, JOSE | BIRTH DATE RECIPIENT ID 07/20/1950 74170038700 | PRIOR AUTHORIZATION # 120820411 | |
|---|--|--|--|---------------------|
| INV # LINE # 211466 | PROCEDURE CODE REVENUE CD T1020 T1020 T1020 T1020 T1020 T1020 T1020 | FROM DT THRU DT UNITS 09/22/12 09/22/12 7.00 09/23/12 09/23/12 7.00 09/24/12 09/24/12 7.00 09/25/12 09/25/12 7.00 09/26/12 09/25/12 7.00 09/26/12 09/26/12 7.00 09/27/12 09/27/12 7.00 09/28/12 09/28/12 7.00 CLAIM TOTAL | AMOUNT 118.09 118.09 118.09 118.09 118.09 118.09 118.09 826.63 CLAIM ACCOUNT REF. | 2114660012008386SUP |
| REG LOC CLIEN NY 001 200840 DIAGNOSIS CODES: | 2008400 SAMOJEDNY, MICHA | BIRTH DATE RECIPIENT ID EL 01/20/1954 74102201600 80.4 799.89 | PRIOR AUTHORIZATION # 113550568 | |
| INV # LINE # 211472 1 | PROCEDURE CODE REVENUE CD T1020 | FROM DT THRU DT UNITS 09/25/12 09/25/12 4.00 CLAIM TOTAL | AMOUNT 67.48 67.48 CLAIM ACCOUNT REF. | 2114720012008400SUP |
| REG LOC CLIEN NY 001 200838 DIAGNOSIS CODES: | | BIRTH DATE RECIPIENT ID 02/14/1954 74179809800 | PRIOR AUTHORIZATION # 11951467 | |
| INV # LINE # 211470 1 211470 2 211470 3 211470 4 | PROCEDURE CODE REVENUE CD T1020 T1020 T1020 T1020 | FROM DT THRU DT UNITS 09/22/12 09/22/12 12.00 09/23/12 09/23/12 12.00 09/24/12 09/24/12 12.00 09/25/12 09/25/12 12.00 CLAIM TOTAL | AMOUNT 202.44 202.44 202.44 202.44 809.76 CLAIM ACCOUNT REF. | 2114700012009283SUP |
| REG LOC CLIEN NY 001 200839 DIAGNOSIS CODES: | 2010014 BERGES, MARITZA | BIRTH DATE RECIPIENT ID 11/20/1968 74098062800 | PRIOR AUTHORIZATION # 120660869 | |
| INV # LINE # 211467 1 211467 2 211467 3 211467 4 211467 5 | PROCEDURE CODE REVENUE CD T1020 T1020 T1020 T1020 T1020 | FROM DT THRU DT UNITS 09/24/12 09/24/12 6.00 09/25/12 09/25/12 6.00 09/26/12 09/26/12 6.00 09/27/12 09/27/12 6.00 09/28/12 09/28/12 3.00 CLAIM TOTAL | AMOUNT 101.22 101.22 101.22 101.22 50.61 455.49 CLAIM ACCOUNT REF. | 2114670012010014SUP |

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

| REG | LOC | CLTEN.L. | SERVICE | NAME | | BIRTH DATE | RECIPLENT ID | PRIOR AUTHORIZATION # |
|-----|------|----------|---------|--------|----------|------------|--------------|-----------------------|
| MV | 0.01 | 2009268 | 2010041 | WARGAS | RACIIET. | 07/05/1949 | 74201787700 | 121291101 |

DIAGNOSIS CODES: 437.9 253.5 345.91 E885.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | | |
|--------|--------|----------------|------------|----------|----------|---------|--------|--------------------|---------------------|
| 211474 | 1 | T1020 | | 09/22/12 | 09/22/12 | 9.00 | 151.83 | | |
| 211474 | 2 | T1020 | | 09/24/12 | 09/24/12 | 8.00 | 134.96 | | |
| 211474 | 3 | T1020 | | 09/25/12 | 09/25/12 | 9.00 | 151.83 | | |
| 211474 | 4 | T1020 | | 09/26/12 | 09/26/12 | 9.00 | 151.83 | | |
| 211474 | 5 | T1020 | | 09/27/12 | 09/27/12 | 9.00 | 151.83 | | |
| 211474 | 6 | T1020 | | 09/28/12 | 09/28/12 | 9.00 | 151.83 | | |
| | | | | | CLAI | M TOTAL | 894.11 | CLAIM ACCOUNT REF. | 2114740012010041SUP |
| 1 | | | | | | | | | |

REG LOC CLIENT SERVICE NAME

NY 001 2008376 2010712 LITMAN, GAIL

DIAGNOSIS CODES: 401 9 780 2 772 54

DIAGNOSIS CODES: 401.9 780.2 V12.54

| 211469 3 T1020 09/28/12 09/28/12 4.00 67.48 | INV # 211469 | LINE # | PROCEDURE CODE T1020 | REVENUE CD | , | THRU DT 09/26/12 | UNITS 5.00 | AMOUNT 84.35 | | |
|---|------------------|--------|----------------------|------------|---|------------------|---------------|--------------------------|--------------------|--------------------|
| | 211469 211469 | 3 | T1020 T1020 | | , | 09/28/12 | | 84.35 67.48 236.18 | CLAIM ACCOUNT REF. | 2114690012010712SU |

OF CLAIMS = 47 TOTAL CLAIM AMOUNT = 5,988.85 # SERVICES = 9 PAYER TOTALS: FIDELIS CARE NY

4

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT 211465 1 T1019 09/22/12 09/22/12

211465

PROVIDER ID = 113502051 NPI = 1154407492 SUNNYSIDE CITYWIDE

PAYER ID = 11325 NEIGHBORHOOD HEALTH

| PAIER ID = 1. | NEIGHBORHOU | D REALIR | | |
|--|--|---|---|---------------------|
| REG LOC CLIENT NY 001 2008261 DIAGNOSIS CODES: | 2008261 FERNANDEZ, MARIA | BIRTH DATE RECIPIENT ID 07/24/1943 10062577601 733.00 | PRIOR AUTHORIZATION # 072111255060 | |
| INV # LINE # 211450 1 211450 2 211450 3 | PROCEDURE CODE REVENUE CD T1019 T1019 T1019 | FROM DT THRU DT UNITS 09/26/12 09/26/12 16.00 09/27/12 09/27/12 16.00 09/28/12 09/28/12 16.00 CLAIM TOTAL | AMOUNT 67.52 67.52 67.52 67.52 202.56 CLAIM ACCOUNT REF. | 2114500012008261SUP |
| REG LOC CLIENT NY 001 2008263 DIAGNOSIS CODES: | 3 2008263 MORALES HERNADEZ | BIRTH DATE RECIPIENT ID , EDW 10/28/1952 10062883101 | PRIOR AUTHORIZATION # 083111260220 | |
| INV # LINE # 211457 | PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 | FROM DT THRU DT UNITS 09/22/12 09/22/12 24.00 09/23/12 09/23/12 24.00 09/24/12 09/24/12 24.00 09/25/12 09/25/12 24.00 09/26/12 09/26/12 24.00 09/27/12 09/27/12 24.00 09/28/12 09/28/12 24.00 | AMOUNT 101.28 101.28 101.28 101.28 101.28 101.28 | |
| REG LOC CLIENT NY 001 2008269 DIAGNOSIS CODES: | 5 2008265 SHEPPARD, ERMA | CLAIM TOTAL BIRTH DATE RECIPIENT ID 10/05/1954 10043001301 1.9 440.9 | 708.96 CLAIM ACCOUNT REF. PRIOR AUTHORIZATION # 052212292391 | 2114570012008263SUP |
| INV # LINE # 211463 1 2 211463 3 2 211463 4 211463 5 211463 6 211463 7 | PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 | FROM DT THRU DT UNITS 09/22/12 09/22/12 40.00 09/23/12 09/23/12 40.00 09/24/12 09/24/12 40.00 09/25/12 09/25/12 40.00 09/26/12 09/25/12 40.00 09/26/12 09/26/12 40.00 09/27/12 09/27/12 40.00 09/28/12 09/28/12 40.00 CLAIM TOTAL | AMOUNT 168.80 168.80 168.80 168.80 168.80 168.80 168.80 1188.80 1188.80 1188.80 1188.80 1188.80 1188.80 | 2114630012008265SUP |
| REG LOC CLIENT NY 001 2008303 DIAGNOSIS CODES: | 3 2008303 WILSON, SHERYL | BIRTH DATE RECIPIENT ID 08/28/1956 10060476901 9.89 | PRIOR AUTHORIZATION # 082611259599 | |

UNITS

16.00

AMOUNT

67.52

| INPUT FILE = /VOL444/C | COMPSUP/HIPAAIN/E50020121003031317 | 25RRSUP | | TAGE: 3 |
|---|---|---|--|---------------------|
| PROVIDER ID = 11350205 PAYER ID = 11325 | SUNNYSIDE CITYWIDE NEIGHBORHOOD HEALTH | NPI = 11 | 154407492 | |
| 211465 2 T101 211465 3 T101 211465 4 T101 211465 5 T101 211465 6 T101 211465 7 T101 | 9 09/24/12 9 09/25/12 9 09/26/12 9 09/27/12 9 09/28/12 | 09/23/12 16.00 67.5 09/24/12 24.00 101.2 09/25/12 16.00 67.5 09/26/12 24.00 101.2 09/27/12 24.00 101.2 09/28/12 24.00 101.2 CLAIM TOTAL 607.6 | 52 28 52 28 28 28 28 CLAIM ACCOUNT REF. | 2114650012008303SUP |
| REG LOC CLIENT SER NY 001 2008366 200 DIAGNOSIS CODES: 799.8 | | RTH DATE RECIPIENT ID F /17/1950 10063968601 C | PRIOR AUTHORIZATION # 072211255308 | |
| 211453 1 T101 211453 2 T101 211453 3 T101 | .9 09/25/12 9 09/27/12 | 09/24/12 20.00 84.4 09/25/12 20.00 84.4 09/27/12 20.00 84.4 CLAIM TOTAL 253.2 | 40 40 40 20 CLAIM ACCOUNT REF. | 2114530012008366SUP |
| REG LOC CLIENT SER NY 001 2008403 200 DIAGNOSIS CODES: 343.9 | NVICE NAME BI 18403 CHUKWUJIORAH, TARELL 10 737.43 742.3 | RTH DATE RECIPIENT ID F /30/1988 10082619401 C | PRIOR AUTHORIZATION # 072211255317 | |
| 211448 2 T101 211448 3 T101 211448 4 T101 211448 5 T101 211448 6 T101 211448 7 T101 | .9 09/24/12 .9 09/25/12 .9 09/26/12 .9 09/27/12 .9 09/28/12 | 09/23/12 28.00 118.1 09/24/12 32.00 135.0 09/25/12 28.00 118.1 09/26/12 28.00 118.1 09/27/12 28.00 118.1 09/28/12 28.00 118.1 CLAIM TOTAL 844.0 | JU CLAIM ACCOUNT REF. | 2114480012008403SUP |
| REG LOC CLIENT SER NY 001 2008420 200 DIAGNOSIS CODES: 340. | VICE NAME BI 18420 SALVATO, MARY 04 | RTH DATE RECIPIENT ID 6/06/1954 10064119301 1.9 493.00 799.89 | PRIOR AUTHORIZATION # 072211255313 | |
| INV # LINE # PROC 211462 1 T101 211462 2 T101 211462 3 T101 211462 4 T101 211462 5 T101 211462 6 T101 | .9 09/23/12 .9 09/24/12 .9 09/25/12 .9 09/26/12 | THRU DT UNITS AMOUNT 09/22/12 32.00 135.0 09/23/12 32.00 135.0 09/24/12 32.00 135.0 09/25/12 32.00 135.0 09/26/12 32.00 135.0 09/27/12 32.00 135.0 09/27/12 32.00 135.0 | 04 04 04 04 04 | |

PAGE: 6

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

| PROVIDER ID = 11 PAYER ID = 11 | | | NI | PI = 1154407492 | |
|--|---|--|-------------------------------------|---|---------------------|
| INV # LINE # 211462 7 | PROCEDURE CODE REVENUE CD T1019 | FROM DT THRU DT 09/28/12 09/28/1 | | AMOUNT 135.04 945.28 CLAIM ACCOUNT REF. | 2114620012008420SUP |
| REG LOC CLIENT NY 001 2008421 DIAGNOSIS CODES: | 2008421 OCASIO, VIRGINIA | BIRTH DATE 05/24/1949 15.90 | RECIPIENT ID 10063483101 | PRIOR AUTHORIZATION # 082012303730 | |
| INV # LINE # 211459 1 211459 2 211459 3 211459 4 | PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 | FROM DT THRU DT 09/25/12 09/25/12 09/26/12 09/26/12 09/27/12 09/27/12 09/28/12 09/28/1: CI | 2 24.00 2 24.00 2 24.00 | AMOUNT 101.28 101.28 101.28 101.28 405.12 CLAIM ACCOUNT REF. | 2114590012008421SUP |
| REG LOC CLIENT NY 001 2008422 DIAGNOSIS CODES: | 2008422 MOSKOWITZ, RONA | BIRTH DATE 02/16/1952 29.0 V02.62 | RECIPIENT ID 10063710601 | PRIOR AUTHORIZATION # 072211255325 | |
| INV # LINE # 211458 1 211458 2 211458 3 211458 4 | PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 | FROM DT THRU DT 09/22/12 09/22/12 09/24/12 09/24/12 09/26/12 09/26/12 09/27/12 09/27/12 | 2 24.00 2 24.00 2 24.00 | AMOUNT 101.28 101.28 101.28 101.28 405.12 CLAIM ACCOUNT REF. | 2114580012008422SUP |
| REG LOC CLIENT NY 001 2008425 DIAGNOSIS CODES: | 2008425 WELLS, WYNORIA | BIRTH DATE 09/10/1959 56.9 401.9 | RECIPIENT ID 10063849801 | PRIOR AUTHORIZATION # 081911258799 | |
| INV # LINE # 211464 1 211464 2 211464 3 211464 4 | PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 | FROM DT THRU DT 09/24/12 09/25/12 09/25/12 09/27/12 09/27/12 09/28/12 09/28/12 CT | 2 16.00 2 16.00 2 16.00 | AMOUNT 67.52 67.52 67.52 67.52 270.08 CLAIM ACCOUNT REF. | 2114640012008425SUP |
| REG LOC CLIENT NY 001 2008427 DIAGNOSIS CODES: | 2008427 FLORES, MARITZA | BIRTH DATE 09/26/1953 11. 425.8 79 | RECIPIENT ID 10044817901 9.89 | PRIOR AUTHORIZATION # 072911256156 | |
| INV # LINE # 211451 1 211451 2 | PROCEDURE CODE REVENUE CD T1019 T1019 | FROM DT THRU DT 09/22/12 09/23/12 09/23/12 | 2 40.00 | AMOUNT 168.80 168.80 | |

| INPUT FILE | = /VOL444/COMPSUP/HIPA | AIN/E500201210030313172 | 25RRSUP | | PAGE. / |
|--|---|--|--|--|-----------------------|
| | = 113502051 = 11325 | SUNNYSIDE CITYWIDE NEIGHBORHOOD HEALTH | | NPI = 1154407492 | |
| 211451 211451 211451 211451 | INE # PROCEDURE CODE 3 T1019 4 T1019 5 T1019 6 T1019 7 T1019 | 09/24/12 09/25/12 09/26/12 09/27/12 | 09/24/12 40.00 09/25/12 40.00 09/26/12 40.00 | AMOUNT 168.80 168.80 168.80 168.80 1,181.60 CLAIM ACCOUNT REF | . 2114510012008427SUP |
| NY 001 20 | CLIENT SERVICE NAME 008531 2008531 RODR DDES: 250.00 272.4 | | RTH DATE RECIPIENT ID /16/1949 10057325401 9.89 | PRIOR AUTHORIZATION # 070912298224 | |
| INV # LI 211461 211461 211461 211461 | INE # PROCEDURE CODE 1 T1019 2 T1019 3 T1019 4 T1019 | 09/25/12 09/27/12 | THRU DT UNITS 09/24/12 16.00 09/25/12 16.00 09/27/12 16.00 09/28/12 16.00 CLAIM TOTAL | AMOUNT 67.52 67.52 67.52 67.52 270.08 CLAIM ACCOUNT REF | . 2114610012008531SUP |
| NY 001 20 | CLIENT SERVICE NAME 008742 2008742 KROL DDES: 340. 244.8 | BIR L, KATHERINE 09, 272.0 311. 386 | RTH DATE RECIPIENT ID /22/1949 10088829601 6.2 401.9 | PRIOR AUTHORIZATION # 080811257332 | |
| INV # LI 211456 211456 211456 211456 211456 211456 | INE # PROCEDURE CODE 1 T1019 2 T1019 3 T1019 4 T1019 5 T1019 | 09/25/12 09/26/12 09/27/12 | THRU DT UNITS 09/24/12 28.00 09/25/12 28.00 09/26/12 28.00 09/27/12 28.00 09/28/12 28.00 CLAIM TOTAL | AMOUNT 118.16 118.16 118.16 118.16 118.16 590.80 CLAIM ACCOUNT REF | . 2114560012008742SUP |
| NY 001 20 | CLIENT SERVICE NAME 008802 2008802 DIAZ DDES: V02.62 300.00 | , | RTH DATE RECIPIENT ID /29/1950 10089557301 3.00 | PRIOR AUTHORIZATION # 062712297011 | |
| INV # LI 211449 211449 211449 211449 211449 | INE # PROCEDURE CODE 1 T1019 2 T1019 3 T1019 4 T1019 5 T1019 | 09/24/12 09/25/12 09/26/12 09/27/12 | THRU DT UNITS 09/24/12 16.00 09/25/12 24.00 09/26/12 24.00 09/27/12 24.00 09/28/12 24.00 | AMOUNT 67.52 101.28 101.28 101.28 101.28 | 21144000120000020 |

CLAIM TOTAL

472.64 CLAIM ACCOUNT REF. 2114490012008802SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

PROVIDER ID = 113502051 NPI = 1154407492 SUNNYSIDE CITYWIDE

PAYER ID = 11325NEIGHBORHOOD HEALTH

| REG LOC CLIE NY 001 20082 DIAGNOSIS CODES | 60 2009221 KHALIL, RASHAN | BIRTH DATE RECIPIENT ID 02/11/1989 10060620501 | PRIOR AUTHORIZATION # 062512296643 | |
|---|--|---|--|---------------------|
| INV # LINE 211454 1 211454 2 211454 3 211454 4 | T1019 T1019 T1019 | FROM DT THRU DT UNITS 09/25/12 09/25/12 28.00 09/26/12 09/26/12 28.00 09/27/12 09/27/12 28.00 09/28/12 09/28/12 32.00 CLAIM TOTAL | AMOUNT 118.16 118.16 118.16 135.04 489.52 CLAIM ACCOUNT REF. | 2114540012009221SUP |
| REG LOC CLIE NY 001 20093 DIAGNOSIS CODES | 56 2009356 KHAN, FARUQUE | BIRTH DATE RECIPIENT ID 02/08/1949 10076892101 | PRIOR AUTHORIZATION # 112111269647 | |
| INV # LINE 211455 1 211455 2 211455 3 211455 4 211455 5 211455 6 211455 7 | T1019 T1019 T1019 T1019 T1019 T1019 | FROM DT THRU DT UNITS 09/22/12 09/22/12 48.00 09/23/12 09/23/12 48.00 09/24/12 09/24/12 48.00 09/25/12 09/25/12 48.00 09/26/12 09/26/12 48.00 09/27/12 09/27/12 48.00 09/28/12 09/28/12 48.00 09/28/12 09/28/12 48.00 CLAIM TOTAL | AMOUNT 202.56 202.56 202.56 202.56 202.56 202.56 202.56 202.56 1,417.92 CLAIM ACCOUNT REF. | 2114550012009356SUP |
| REG LOC CLIE NY 001 20101 DIAGNOSIS CODES | 43 2010143 AHMED, UMARA | BIRTH DATE RECIPIENT ID 11/15/1985 10062660901 | PRIOR AUTHORIZATION # 072211255328 | |
| INV # LINE 211446 1 211446 2 211446 3 211446 4 211446 5 211446 6 211446 7 | T1019 T1019 T1019 T1019 T1019 T1019 | FROM DT THRU DT UNITS 09/22/12 09/22/12 32.00 09/23/12 09/23/12 32.00 09/24/12 09/24/12 28.00 09/25/12 09/25/12 32.00 09/26/12 09/26/12 32.00 09/27/12 09/27/12 32.00 09/28/12 09/28/12 32.00 09/28/12 09/28/12 32.00 CLAIM TOTAL | AMOUNT 135.04 135.04 118.16 135.04 135.04 135.04 135.04 928.40 CLAIM ACCOUNT REF. | 2114460012010143SUP |

PAGE:

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UNITS

AMOUNT

607.68 CLAIM ACCOUNT REF. 2114470012010878SUP

9

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT

DIAGNOSIS CODES: 447.6 311. 401.9

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

REG LOC CLIENT SERVICE NAME

NY 001 2008398 2010353 RODRIGUEZ, JESSE

DIAGNOSIS CODES: 799.89 253.5 278.00 401.9

BIRTH DATE RECIPIENT ID

PRIOR AUTHORIZATION #
03/23/1984 10063030901 072211255272

| | | | | CLAI | M TOTAL | 422.00 | CLAIM ACCOUNT REF. | 2114600012010353SUP |
|--------|---|-------|----------|----------|---------|--------|--------------------|---------------------|
| 211460 | 5 | T1019 | 09/28/12 | 09/28/12 | 20.00 | 84.40 | | |
| 211460 | 4 | T1019 | 09/27/12 | 09/27/12 | 20.00 | 84.40 | | |
| 211460 | 3 | T1019 | 09/26/12 | 09/26/12 | 20.00 | 84.40 | | |
| 211460 | 2 | T1019 | 09/25/12 | 09/25/12 | 20.00 | 84.40 | | |
| 211460 | 1 | T1019 | 09/24/12 | 09/24/12 | 20.00 | 84.40 | | |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2010639 2010639 HAMPTON, PRISCILLA 07/21/1952 10094572501 060112293626

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | | |
|--------|--------|----------------|------------|----------|----------|---------|--------|--------------------|---------------------|
| 211452 | 1 | T1019 | | 09/22/12 | 09/22/12 | 24.00 | 101.28 | | |
| 211452 | 2 | T1019 | | 09/23/12 | 09/23/12 | 24.00 | 101.28 | | |
| 211452 | 3 | T1019 | | 09/24/12 | 09/24/12 | 24.00 | 101.28 | | |
| 211452 | 4 | T1019 | | 09/25/12 | 09/25/12 | 24.00 | 101.28 | | |
| 211452 | 5 | T1019 | | 09/26/12 | 09/26/12 | 24.00 | 101.28 | | |
| 211452 | 6 | T1019 | | 09/27/12 | 09/27/12 | 24.00 | 101.28 | | |
| 211452 | 7 | T1019 | | 09/28/12 | 09/28/12 | 24.00 | 101.28 | | |
| | | | | | CLAI | M TOTAL | 708.96 | CLAIM ACCOUNT REF. | 2114520012010639SUP |

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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 211447 | 1 | T1019 | | 09/24/12 | 09/24/12 | 36.00 | 151.92 |
| 211447 | 2 | T1019 | | 09/25/12 | 09/25/12 | 36.00 | 151.92 |
| 211447 | 3 | T1019 | | 09/26/12 | 09/26/12 | 36.00 | 151.92 |
| 211447 | 4 | T1019 | | 09/27/12 | 09/27/12 | 36.00 | 151.92 |

PAYER TOTALS: NEIGHBORHOOD HEALTH # OF CLAIMS = 108 TOTAL CLAIM AMOUNT = 12,913.20

SERVICES = 20

CLAIM TOTAL

REPORT DATE 10/03/12 PAGE: SUNNYSIDE CITYWIDE 1.0

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 211496 1 T1019 09/22/12 09/22/12 3.00

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 211497 09/22/12 09/22/12 4.00 68.60 2 T1019 09/23/12 09/23/12 4.00 68.60 211497 09/24/12 09/24/12 8.00 211497 3 T1019 137.20 211497 4 T1019 09/25/12 09/25/12 12.00 205.80 5 T1019 6 T1019 7 T1019 211497 09/26/12 09/26/12 12.00 205.80 211497 09/27/12 09/27/12 12.00 205.80 211497 09/28/12 09/28/12 12.00 205.80 CLAIM TOTAL 1,097.60 CLAIM ACCOUNT REF. 2114970012008233SUP REG LOC CLIENT SERVICE NAME NY 001 2008236 2008236 PERSAD, USHA BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 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 1 T1019 09/22/12 09/22/12 8.00 211505 137.20 211505 2 T1019 09/23/12 09/23/12 8.00 137.20 188.65 3 T1019 09/24/12 09/24/12 11.00 211505 211505 4 T1019 09/25/12 09/25/12 11.00 188.65 5 T1019 6 T1019 7 T1019 211505 09/26/12 09/26/12 11.00 188.65 211505 09/27/12 09/27/12 11.00 188.65 7 T1019 09/28/12 09/28/12 11.00 188.65 211505 CLAIM TOTAL 1,217.65 CLAIM ACCOUNT REF. 2115050012008236SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 05/23/1960 ZB21969Z 01-070312-900-05 REG LOC CLIENT SERVICE NAME 05/23/1960 ZB21969Z NY 001 2008237 2008237 DURHAM, CYNTHIA DIAGNOSIS CODES: 401.9 250.00 300.00 345.90 493.90 530.81 AMOUNT UNITS INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT 1 T1019 09/24/12 09/24/12 4.00 211501 68.60 2 T1019 211501 09/26/12 09/26/12 4.00 68.60 3 T1019 09/28/12 09/28/12 4.00 211501 68.60 CLAIM TOTAL 205.80 CLAIM ACCOUNT REF. 2115010012008237SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008284 2008284 ANDERSON, BETH 12/18/1947 YC43135F 0108141290047 DIAGNOSIS CODES: 340. 286.0 311. 401.9

09/22/12 09/22/12 3.00 51 45

| INPUT FILE = /VOL444/COMPSUP/HIPA | AIN/E5002012100303131725RRSU | | | TAGE: II |
|--|---|--|----------------------------------|---------------------|
| PROVIDER ID = 113502051 PAYER ID = 13265 | SUNNYSIDE CITYWIDE METROPLUS HEALTH PLAN | NPI = 11544 | 107492 | |
| 211496 3 T1019 211496 4 T1019 211496 5 T1019 211496 6 T1019 211496 7 T1019 | REVENUE CD FROM DT THRU 09/23/12 09/23 09/24/12 09/25 09/25/12 09/25 09/26/12 09/26 09/27/12 09/26 09/28/12 09/28 | #/12 5.00 85.75 5/12 5.00 85.75 5/12 5.00 85.75 7/12 4.00 68.60 8/12 5.00 85.75 CLAIM TOTAL 514.50 | | 2114960012008284SUP |
| REG LOC CLIENT SERVICE NAME NY 001 2008385 2008385 MURDO DIAGNOSIS CODES: 536.9 365.9 | DCK, GERTRUDE 11/01/193 369.10 389.9 401.9 | TE RECIPIENT ID PRIC 17 SS71357M 0100 715.90 733.00 V15.88 | DR AUTHORIZATION # 5221290271 | |
| 211503 1 T1019 211503 2 T1019 211503 3 T1019 211503 4 T1019 211503 5 T1019 | | 4/12 8.00 137.20 5/12 8.00 137.20 6/12 8.00 137.20 7/12 8.00 137.20 3/12 8.00 137.20 CLAIM TOTAL 686.00 | | 2115030012008385SUP |
| REG LOC CLIENT SERVICE NAME NY 001 2008417 2008417 GALA: DIAGNOSIS CODES: 345.90 | BIRTH DA: 06/08/19! | TE RECIPIENT ID PRIC 55 ZX91437V 0106 | DR AUTHORIZATION # 5191290406 | |
| INV # LINE # PROCEDURE CODE 211502 1 T1019 211502 2 T1019 211502 3 T1019 211502 4 T1019 211502 5 T1019 211502 6 T1019 211502 7 T1019 | REVENUE CD FROM DT THRU 09/22/12 09/23 09/23/12 09/23 09/24/12 09/24 09/25/12 09/24 09/26/12 09/24 09/27/12 09/24 09/28/12 09/28 | DT UNITS AMOUNT 2/12 5.00 85.75 3/12 5.00 85.75 4/12 5.00 85.75 5/12 5.00 85.75 5/12 5.00 85.75 7/12 5.00 85.75 7/12 5.00 85.75 6/12 5.00 85.75 7/12 5.00 85.75 CLAIM TOTAL 600.25 | CLAIM ACCOUNT REF. | 2115020012008417SUP |
| REG LOC CLIENT SERVICE NAME NY 001 2008418 2008418 RYAL DIAGNOSIS CODES: 401.9 250.00 | BIRTH DATES 11/03/199 272.0 278.00 295.00 | TE RECIPIENT ID PRIC 50 ZZ49620T 0108 311. 780.57 | OR AUTHORIZATION # 3071290383 | |
| INV # LINE # PROCEDURE CODE 211507 1 T1019 211507 2 T1019 211507 3 T1019 211507 4 T1019 | REVENUE CD FROM DT THRU 09/24/12 09/2: 09/25/12 09/2: 09/26/12 09/2: 09/27/12 09/2: | DT UNITS AMOUNT 4/12 8.00 137.20 5/12 8.00 137.20 6/12 8.00 137.20 7/12 8.00 137.20 | | |

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

| PROVIDER ID = 113 PAYER ID = 132 | | CITYWIDE HEALTH PLAN | N | PI = 1154407492 | |
|---|--|--|---|---|---------------------|
| INV # LINE # | PROCEDURE CODE REVENUE CI | | UNITS LAIM TOTAL | AMOUNT 548.80 CLAIM ACCOUNT REF. | 2115070012008418SUP |
| REG LOC CLIENT NY 001 2008743 DIAGNOSIS CODES: | SERVICE NAME 2008743 CORDERO, ROSENI 492.0 272.0 401.9 | BIRTH DATE 0 08/26/1926 715.00 788.30 | RECIPIENT ID QM62108S | PRIOR AUTHORIZATION # 0108071290054 | |
| INV # LINE # 211498 | PROCEDURE CODE REVENUE CI T1019 T1019 T1019 T1019 T1019 T1019 | 09/23/12 09/23/1 09/24/12 09/24/1 09/25/12 09/25/1 09/26/12 09/26/1 09/27/12 09/27/1 09/28/12 09/28/1 | 2 10.00 2 10.00 2 10.00 2 10.00 2 10.00 2 10.00 | AMOUNT 171.50 171.50 171.50 171.50 171.50 120.05 977.55 CLAIM ACCOUNT REF. | 2114980012008743SUP |
| REG LOC CLIENT NY 001 2008283 DIAGNOSIS CODES: | SERVICE NAME 2009137 DAVIS, ANGIE 340. 401.9 | BIRTH DATE 11/15/1958 | RECIPIENT ID UT00109J | PRIOR AUTHORIZATION # 0107061290221 | |
| INV # LINE # 211499 1 211499 2 211499 3 211499 4 211499 5 211499 6 211499 7 | PROCEDURE CODE REVENUE CI T1019 T1019 T1019 T1019 T1019 T1019 T1019 | 09/22/12 09/22/1 09/23/12 09/23/1 09/24/12 09/24/1 09/25/12 09/25/1 09/26/12 09/26/1 09/27/12 09/27/1 09/28/12 09/28/1 | 2 19.00 2 19.00 2 19.00 2 19.00 2 19.00 2 19.00 2 19.00 | AMOUNT 325.85 325.85 325.85 325.85 325.85 325.85 325.85 2,280.95 CLAIM ACCOUNT REF. | 2114990012009137SUP |
| REG LOC CLIENT NY 001 2009377 DIAGNOSIS CODES: | SERVICE NAME 2009377 SANTORO, MATTHE 299.01 453.9 | BIRTH DATE W 08/20/1949 | RECIPIENT ID SP38021Q | PRIOR AUTHORIZATION # 0102291290309 | |
| INV # LINE # 211508 1 211508 2 211508 3 | PROCEDURE CODE REVENUE CI T1019 T1019 T1019 | 09/22/12 09/22/1 09/23/12 09/23/1 09/24/12 09/24/1 | 2 6.00 2 6.00 | AMOUNT 102.90 102.90 102.90 308.70 CLAIM ACCOUNT REF. | 2115080012009377SUP |

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

| | DE CITYWIDE NE US HEALTH PLAN | P1 = 1154407492 | |
|---|---|--|---------------------|
| REG LOC CLIENT SERVICE NAME NY 001 2009377 2009377 SANTORO, MATTE DIAGNOSIS CODES: 299.01 453.9 | BIRTH DATE RECIPIENT ID 08/20/1949 SP38021Q | PRIOR AUTHORIZATION # 01-082412-901-94 | |
| INV # LINE # PROCEDURE CODE REVENUE (211509 1 T1019 211509 2 T1019 211509 3 T1019 211509 4 T1019 | ED FROM DT THRU DT UNITS 09/25/12 09/25/12 5.00 09/26/12 09/26/12 5.00 09/27/12 09/27/12 5.00 09/28/12 09/28/12 5.00 CLAIM TOTAL | AMOUNT 85.75 85.75 85.75 85.75 85.75 343.00 CLAIM ACCOUNT REF. | 2115090012009377SUP |
| REG LOC CLIENT SERVICE NAME NY 001 2008235 2009688 RAMPERSAID, AI DIAGNOSIS CODES: 319. 315.9 | BIRTH DATE RECIPIENT ID 08/04/1992 SZ46585R | PRIOR AUTHORIZATION # 0107031290329 | |
| INV # LINE # PROCEDURE CODE REVENUE (211506 1 T1019 211506 2 T1019 211506 3 T1019 211506 4 T1019 211506 5 T1019 211506 6 T1019 211506 7 T1019 | FROM DT THRU DT UNITS 09/01/12 09/01/12 8.00 09/10/12 09/10/12 3.00 09/22/12 09/22/12 8.00 09/24/12 09/24/12 3.00 09/25/12 09/25/12 3.00 09/26/12 09/26/12 3.00 09/27/12 09/27/12 3.00 CLAIM TOTAL | AMOUNT 137.20 51.45 137.20 51.45 51.45 51.45 51.45 531.65 CLAIM ACCOUNT REF. | 2115060012009688SUP |
| REG LOC CLIENT SERVICE NAME NY 001 2008280 2009919 SHUMON, NUK-F1 DIAGNOSIS CODES: 952.9 344.1 564.00 | BIRTH DATE RECIPIENT ID 01/21/1981 QQ82218A 599.9 | PRIOR AUTHORIZATION # 0108151290153 | |
| INV # LINE # PROCEDURE CODE REVENUE (211510 1 T1019 211510 2 T1019 211510 3 T1019 211510 4 T1019 211510 5 T1019 211510 6 T1019 211510 7 T1019 | ED FROM DT THRU DT UNITS 09/22/12 09/22/12 4.00 09/23/12 09/23/12 4.00 09/24/12 09/24/12 4.00 09/25/12 09/25/12 4.00 09/26/12 09/25/12 4.00 09/27/12 09/27/12 4.00 09/28/12 09/28/12 4.00 CLAIM TOTAL | AMOUNT 68.60 68.60 68.60 68.60 68.60 68.60 68.60 480.20 CLAIM ACCOUNT REF. | 2115100012009919SUP |

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

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

| REG LOC | CLIENT | | AME | | TH DATE | RECIPIENT I | | OR AUTHORIZATION # | |
|---|--------------------------------------|---|-----------------------------------|---|---|--|--|----------------------------------|---------------------|
| NY 001 DIAGNOSIS | 2008279 CODES: | | ALLE, BLASINA 272.4 | 02/ 331.0 537 | 03/1929 .9 746 | QG00558G .85 | 0106 | 5011290042 | |
| INV # 211511 211511 211511 211511 211511 211511 211511 211511 211511 211511 211511 211511 | LINE # 1 2 3 4 4 5 6 6 7 8 8 9 10 11 | | DE REVENUE CD | | THRU DT 09/17/12 09/18/12 09/19/12 09/20/12 09/21/12 09/22/12 09/25/12 09/26/12 09/27/12 09/28/12 | UNITS 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.0 | AMOUNT 137.20 137.20 137.20 137.20 137.20 137.20 137.20 137.20 137.20 137.20 137.20 | | |
| | | | | | CL | AIM TOTAL | 1,509.20 | CLAIM ACCOUNT REF. | 2115110012010213SUP |
| REG LOC NY 001 DIAGNOSIS | CLIENT 2010886 CODES: | | AME SORIO, ELVIA 4 354.0 | 07/ | TH DATE 05/1943 .09 | RECIPIENT I SM10426S | | DR AUTHORIZATION # 5111290284 | |
| INV # 211504 211504 211504 211504 | LINE # 1 2 3 4 | PROCEDURE COI T1019 T1019 T1019 T1019 | DE REVENUE CD | FROM DT 09/20/12 09/24/12 09/25/12 09/27/12 | 09/24/12 09/25/12 09/27/12 | 3.00 3.00 | AMOUNT 51.45 51.45 51.45 51.45 205.80 | CLAIM ACCOUNT REF. | 2115040012010886SUP |
| REG LOC NY 001 DIAGNOSIS | CLIENT 2011286 CODES: | | AME DBBINS, SANDRA LO 401.9 | | TH DATE 05/1953 | RECIPIENT I ZA50099X | | OR AUTHORIZATION # 0041290009 | |
| INV # 211500 211500 211500 211500 211500 211500 211500 211500 211500 211500 | LINE # 1 2 3 4 5 6 6 7 8 9 10 | PROCEDURE COI T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 | DE REVENUE CD | FROM DT 09/01/12 09/02/12 09/08/12 09/08/12 09/22/12 09/22/12 09/23/12 09/24/12 09/25/12 09/26/12 09/27/12 | THRU DT 09/01/12 09/02/12 09/08/12 09/09/12 09/22/12 09/23/12 09/24/12 09/25/12 09/26/12 09/27/12 | 12.00 12.00 12.00 24.00 24.00 24.00 24.00 24.00 | AMOUNT 205.80 205.80 205.80 205.80 411.60 411.60 411.60 411.60 411.60 | | |

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

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 211500 11 T1019 09/28/12 09/28/12 24.00 411.60

CLAIM TOTAL 3,704.40 CLAIM ACCOUNT REF. 2115000012011286SUP

PAYER TOTALS: METROPLUS HEALTH PLAN # OF CLAIMS = 100 TOTAL CLAIM AMOUNT = 15,212.05

SERVICES = 15

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 14163 WELLCARE OF NY

| PAYER ID = 14 | 163 WELLCARE OF | i. NA | | | |
|---|---|--|--|--|---------------------|
| REG LOC CLIENT NY 001 2008286 DIAGNOSIS CODES: | 2008286 RAMIREZ, ALIDA A | BIRTH DATE 12/10/1950 | RECIPIENT ID ZN85118U | PRIOR AUTHORIZATION # 110614772 | |
| INV # LINE # 211514 1 211514 2 211514 3 211514 4 211514 5 211514 6 211514 7 | PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 | | 36.00 36.00 36.00 36.00 36.00 36.00 | AMOUNT 154.80 154.80 154.80 154.80 154.80 154.80 154.80 154.80 154.80 1,083.60 CLAIM ACCOUNT REF. | 2115140012008286SUP |
| REG LOC CLIENT NY 001 2008495 DIAGNOSIS CODES: | SERVICE NAME 2008495 MARTINEZ, MARIA 250.00 244.8 295.90 40 | BIRTH DATE 09/05/1958 01.9 493.90 | RECIPIENT ID ZV42745Q | PRIOR AUTHORIZATION # 110885355 | |
| INV # LINE # 211513 | PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 | FROM DT THRU DT 09/22/12 09/22/12 09/23/12 09/23/12 09/24/12 09/24/12 09/25/12 09/25/12 09/26/12 09/26/12 09/27/12 09/27/12 09/28/12 09/28/12 CL | 24.00 | AMOUNT 103.20 103.20 103.20 103.20 103.20 103.20 103.20 103.20 722.40 CLAIM ACCOUNT REF. | 2115130012008495SUP |
| REG LOC CLIENT NY 001 2010404 DIAGNOSIS CODES: | 2010404 GUERRERO, MIRTHA | BIRTH DATE 09/14/1931 50.27 | RECIPIENT ID 740496 | PRIOR AUTHORIZATION # 110890509 | |
| INV # LINE # 211512 1 211512 2 211512 3 211512 4 211512 5 211512 7 | PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 | FROM DT THRU DT 09/22/12 09/22/12 09/23/12 09/23/12 09/24/12 09/25/12 09/25/12 09/25/12 09/26/12 09/26/12 09/27/12 09/27/12 09/28/12 09/28/12 CL | 28.00 28.00 28.00 28.00 28.00 | AMOUNT 120.40 120.40 120.40 120.40 120.40 120.40 120.40 120.40 842.80 CLAIM ACCOUNT REF. | 2115120012010404SUP |

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 14163 WELLCARE OF NY

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

SERVICES = 3

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

| PAYER ID = 113502051 PAYER ID = 55247 | SUNNYSIDE CITYWIDE HEALTH INSURANCE PLAN | NPI = 115 | 4407492 | |
|--|--|--|---------------------------------|---------------------|
| REG LOC CLIENT SERVICE NA NY 001 2008273 2008471 DE DIAGNOSIS CODES: 250.03 369.6 | JESUS, TIBURCIO 08/11/1 | .947 XX16524S 00 | IOR AUTHORIZATION # 04980406 | |
| INV # LINE # PROCEDURE COD 211492 1 T1019 211492 2 T1019 211492 3 T1019 211492 4 T1019 211492 5 T1019 211492 6 T1019 211492 7 T1019 | 0580 09/22/12 09/ 0580 09/23/12 09/ | 24/12 36.00 151.92 25/12 36.00 151.92 26/12 36.00 151.92 27/12 36.00 151.92 25/12 36.00 151.92 | CLAIM ACCOUNT REF. | 2114920012008471SUP |
| REG LOC CLIENT SERVICE NA NY 001 2008276 2008491 LC DIAGNOSIS CODES: 952.9 806.8 | YOLA, MARIA 06/11/1 | | IOR AUTHORIZATION # 05044162 | |
| INV # LINE # PROCEDURE COL 211493 1 T1019 211493 2 T1019 211493 3 T1019 211493 4 T1019 | E REVENUE CD FROM DT THR 0580 09/24/12 09/ 0580 09/25/12 09/ 0580 09/26/12 09/ 0580 09/27/12 09/ | 25/12 40.00 168.80 26/12 40.00 168.80 | CLAIM ACCOUNT REF. | 2114930012008491SUP |
| REG LOC CLIENT SERVICE NA NY 001 2008274 2008513 WI DIAGNOSIS CODES: 296.80 250.0 | LLIAMS, DIANE 09/23/1 | | IOR AUTHORIZATION # 05080166 | |
| INV # LINE # PROCEDURE COD 211495 1 T1019 211495 2 T1019 211495 3 T1019 211495 4 T1019 211495 5 T1019 | | 26/12 16.00 67.52 27/12 16.00 67.52 | CLAIM ACCOUNT REF. | 2114950012008513SUP |
| REG LOC CLIENT SERVICE NA NY 001 2008227 2008544 OR DIAGNOSIS CODES: 250.00 401.9 | R, LOUISE 03/04/1 | .956 ZK40327Q 00 | IOR AUTHORIZATION # 05050233 | |
| INV # LINE # PROCEDURE COD 211494 1 T1019 211494 2 T1019 | E REVENUE CD FROM DT THR 0580 09/22/12 09/ 0580 09/23/12 09/ | | | |

| | FILE = /VC | | SUNNYSIDE PAAIN/E50020121 | | 5RRSUP | | | | PAGE: 19 |
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| PROVI PAYER | IDER ID = 11 R ID = 55 | .3502051 5247 | SUNNYSIDE (HEALTH INSU | CITYWIDE URANCE PLAN | | | NPI = 1154 | 107492 | |
| INV 2114 2114 2114 2114 2114 | 194 3 194 4 194 5 194 6 | PROCEDURE COI T1019 T1019 T1019 T1019 T1019 | DE REVENUE CD 0580 0580 0580 0580 0580 | | 09/27/12 09/28/12 | 20.00 20.00 20.00 | AMOUNT 84.40 84.40 84.40 84.40 84.40 590.80 | CLAIM ACCOUNT REF. | 2114940012008544SUP |
| | 001 2008193 | SERVICE NA 3 2008723 RF 728.87 250.0 | AME EYNOLDS, HARRIE 00 250.60 33 | г 07/ | 01/1958 | RECIPIENT I SR66809C .4 | | DR AUTHORIZATION # 3855084 | |
| INV 2114 2114 2114 | 187 1 187 2 | PROCEDURE COI T1019 T1019 T1019 | DE REVENUE CD 0580 0580 0580 | FROM DT 09/25/12 09/27/12 09/28/12 | 09/27/12 09/28/12 | 16.00 | AMOUNT 56.00 56.00 56.00 168.00 | CLAIM ACCOUNT REF. | 2114870012008723SUP |
| | LOC CLIENT 001 2008793 NOSIS CODES: | SERVICE NA 3 2008793 CC 331.0 401.9 | AME OPE, WILLIE O | BIR 02/ | TH DATE 17/1928 | RECIPIENT I XR98607Q | | DR AUTHORIZATION # 4050353 | |
| INV 2114 2114 2114 2114 2114 2114 | 481 1 481 2 481 3 481 4 481 5 481 6 | PROCEDURE COI T1019 T1019 T1019 T1019 T1019 T1019 T1019 | DE REVENUE CD 0580 0580 0580 0580 0580 0580 0580 058 | FROM DT 09/22/12 09/23/12 09/24/12 09/25/12 09/26/12 09/27/12 09/28/12 | 09/23/12 09/24/12 09/25/12 09/26/12 09/27/12 09/28/12 | 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. | 2114810012008793SUP |
| | LOC CLIENT 001 2009237 NOSIS CODES: | ' 2009237 WE | AME ESTFIELD, BRENDA 10 401.9 41 | A 01/ | TH DATE 13/1953 .90 530 | RECIPIENT I PT26237P .81 728.87 | 0004 | OR AUTHORIZATION # 4291129 | |
| INV 2114 2114 2114 2114 2114 | 189 1 189 2 189 3 189 4 189 5 | PROCEDURE COI T1019 T1019 T1019 T1019 T1019 T1019 | DE REVENUE CD 0580 0580 0580 0580 0580 0580 | 09/23/12 09/24/12 09/25/12 09/26/12 | 09/24/12 09/25/12 09/26/12 09/27/12 | 32.00 32.00 32.00 32.00 | AMOUNT 112.00 112.00 112.00 112.00 112.00 112.00 672.00 | CLAIM ACCOUNT REF. | 2114890012009237 <i>S</i> UP |

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

0580

211483 4 T1019

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 113502051 SUNNYSIDE CITYWIDE NPT = 11544074
PAYER ID = 55247 HEALTH INSURANCE PLAN

| REG LOC NY 001 DIAGNOSIS | CLIENT 2008395 CODES: | 2009406 AHN | IAD, AMATUL | 08, | RTH DATE /03/1953 3.92 696 | RECIPIENT I YG15821Z .8 | | OR AUTHORIZATION # 4979372 | |
|--|-----------------------------|---|--|--|---|---|--|-------------------------------|---------------------|
| INV # 211490 211490 211490 211490 211490 | LINE # 1 2 3 4 5 | PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 | REVENUE CD 0580 0580 0580 0580 0580 | 09/25/12 09/26/12 09/27/12 | 09/27/12 09/28/12 | 16.00 16.00 16.00 | AMOUNT 67.52 67.52 67.52 67.52 67.52 337.60 | CLAIM ACCOUNT REF. | 2114900012009406SUP |
| REG LOC NY 001 DIAGNOSIS | CLIENT 2009467 CODES: | | TON, CATHERINE | E 08, | RTH DATE /30/1923 3.30 | RECIPIENT I WC81742E | | OR AUTHORIZATION # 4298435 | |
| INV # 211486 211486 211486 211486 211486 211486 211486 | 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 | 09/23/12 09/24/12 09/25/12 09/26/12 09/27/12 | THRU DT 09/22/12 09/23/12 09/24/12 09/25/12 09/26/12 09/27/12 09/28/12 | 48.00 48.00 48.00 48.00 45.00 | AMOUNT 168.00 168.00 168.00 168.00 157.50 168.00 1,165.50 | CLAIM ACCOUNT REF. | 2114860012009467SUP |
| REG LOC NY 001 DIAGNOSIS | CLIENT 2008414 CODES: | 2009562 CIE | IE PRIAN, JACQUELI | | RTH DATE /03/1963 | RECIPIENT I ZU96435W | | OR AUTHORIZATION # 4979520 | |
| INV # 211491 211491 | LINE # 1 2 | PROCEDURE CODE T1019 T1019 | REVENUE CD 0580 0580 | FROM DT 09/26/12 09/27/12 | | | AMOUNT 168.80 168.80 337.60 | CLAIM ACCOUNT REF. | 2114910012009562SUP |
| REG LOC NY 001 DIAGNOSIS | CLIENT 2009686 CODES: | 2009686 GAF | FNEY, FREDERIC | CK 01, | RTH DATE /04/1939 3.91 | RECIPIENT I RH10373H | | OR AUTHORIZATION # 5177081 | |
| INV # 211483 211483 211483 | LINE # 1 2 3 | PROCEDURE CODE T1019 T1019 T1019 | REVENUE CD 0580 0580 0580 | | THRU DT 09/24/12 09/25/12 09/26/12 | 16.00 | AMOUNT 56.00 56.00 56.00 | | |

09/27/12 09/27/12 16.00 56.00

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

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

211483 5 T1019 0580 09/28/12 09/28/12 16.00 56.00 CLAIM TOTAL 280.00 CLAIM ACCOUNT REF. 2114830012009686SUP

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

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU D

PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 211485 1 T1019 0580 09/24/12 09/24/12 28.00 98.00 211485 T1019 0580 09/25/12 09/25/12 28.00 98.00 0580 0580
 0580
 09/26/12
 09/26/12
 28.00

 0580
 09/27/12
 09/27/12
 28.00

 0580
 09/28/12
 09/28/12
 28.00

 0580
 09/28/12
 09/28/12
 28.00
 211485 T1019 98.00 211485 4 T1019 98.00 211485 T1019 98.00 CLAIM TOTAL 490.00 CLAIM ACCOUNT REF. 2114850012009945SUP

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

NY 001 2010293 2010293 CAMPBELL, CAROL 01/17/1945 ZW64229J 1440870 DIAGNOSIS CODES: 722.2 272.0 338.29 401.9 780.79 781.2

AMOUNT LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 09/25/12 09/25/12 T1019 211480 1 0580 24.00 84.00 211480 2 T1019 0580 09/26/12 09/26/12 20.00 70.00 09/27/12 09/27/12 20.00 211480 3 T1019 0580 70.00

CLAIM TOTAL 224.00 CLAIM ACCOUNT REF. 2114800012010293SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2010316 2010316 WEATHERS, VERDENA 02/05/1927 XK12367V 0004884724

DIAGNOSIS CODES: 331.0 365.00 428.0 714.0

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT

09/13/12 09/13/12 28.00 211488 1 T1019 0580 8.00 0580 211488 2 T1019 09/22/12 09/22/12 48.00 168.00 0580 0580 0580 0580 0580 0580 211488 3 T1019 09/23/12 09/23/12 48.00 168.00 211488 T1019 09/24/12 09/24/12 48.00 168.00 211488 T1019 5 09/25/12 09/25/12 48.00 168.00 6 T1019 09/26/12 09/26/12 47.00 164.50 211488 09/28/12 09/27/12 47.00 09/27/12 09/27/12 48.00 09/28/12 09/28/12 48.00 7 T1019 168.00 211488 8 T1019 168.00 211488

CLAIM TOTAL 1,200.50 CLAIM ACCOUNT REF. 2114880012010316SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

PROVIDER ID = 113502051 TD = 55247 NPI = 1154407492 SUNNYSIDE CITYWIDE

HEALTH INSURANCE PLAN

| REG LOC NY 001 DIAGNOSIS | CLIENT 2010991 CODES: | SERVICE NAM 2010991 IAN 401.9 253.5 | E NAZZO, ANGELIN | | RTH DATE 04/1921 | RECIPIENT ID RD78526M | | OR AUTHORIZATION # 5197384 | |
|--------------------------------|-----------------------------|--|---------------------|----------|------------------------------|-----------------------|--------|-------------------------------|---------------------|
| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | | |
| 211484 | 1 | T1019 | 0580 | 09/22/12 | 09/22/12 | 36.00 | 126.00 | | |
| 211484 | 2 | T1019 | 0580 | 09/23/12 | 09/23/12 | 36.00 | 126.00 | | |
| 211484 | 3 | T1019 | 0580 | 09/24/12 | 09/24/12 | 36.00 | 126.00 | | |
| 211484 | 4 | T1019 | 0580 | 09/25/12 | 09/25/12 | 36.00 | 126.00 | | |
| 211484 | 5 | T1019 | 0580 | 09/26/12 | 09/26/12 | 36.00 | 126.00 | | |
| 211484 | 6 | T1019 | 0580 | 09/27/12 | 09/27/12 | 36.00 | 126.00 | | |
| 211484 | 7 | T1019 | 0580 | 09/28/12 | 09/28/12 | 36.00 | 126.00 | | |
| | | | | | CI | AIM TOTAL | 882.00 | CLAIM ACCOUNT REF. | 2114840012010991SUP |
| REG LOC NY 001 DIAGNOSIS | CLIENT 2008113 CODES: | SERVICE NAM 2011066 COP 250.00 369.9 | ELAND, ELISE | 10/ | RTH DATE (05/1928 5.90 | RECIPIENT ID QJ28865K | | DR AUTHORIZATION # 5111746 | |
| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | | |
| 211482 | 1 | G0156 | 0572 | 09/22/12 | 09/22/12 | | 99.75 | | |
| 211482 | 2 | G0156 | 0572 | 09/24/12 | 09/24/12 | | 99.75 | | |
| 211482 | 3 | G0156 | 0572 | 09/25/12 | 09/25/12 | 7.00 | 99.75 | | |
| 211482 | 4 | G0156 | 0572 | 09/26/12 | 09/26/12 | 7.00 | 99.75 | | |
| 211482 | 5 | G0156 | 0572 | 09/27/12 | 09/27/12 | 7.00 | 99.75 | | |
| 211482 | 6 | G0156 | 0572 | 09/28/12 | 09/28/12 | 7.00 | 99.75 | | |
| | | | | | CI | AIM TOTAL | 598.50 | CLAIM ACCOUNT REF. | 2114820012011066SUP |
| 1 | | | | | | | | | |

OF CLAIMS = 87 TOTAL CLAIM AMOUNT = 10,198.74 # SERVICES = 16 PAYER TOTALS: HEALTH INSURANCE PLAN

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 77073 VNSNY CHOICE

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

NY 001 2008374 2010958 KARASSAVIDES, ARISTOTI 10/09/1962 V80041904 121790012

DIAGNOSIS CODES: 042. 202.88 436. 799.89

PROCEDURE CODE REVENUE CD FROM DT THRU DT INV # LINE # UNITS AMOUNT 211530 1 T1019 09/21/12 09/21/12 28.00 120.12 2 211530 T1019 09/24/12 09/24/12 28.00 120.12 211530 3 T1019 09/25/12 09/25/12 28.00 120.12 211530 T1019 09/27/12 09/27/12 28.00 120.12 211530 T1019 09/28/12 09/28/12 28.00 120.12 CLAIM TOTAL 600.60 CLAIM ACCOUNT REF. 2115300012010958SUP

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

SERVICES =

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

211437 1 T1019

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141HEALTHFIRST PHSP

| REG LOC | CLIENT | SERVICE NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # | |
|-----------|---------|---------------------------|-------------------|--------------|-----------------------------|---------------------|
| NY 001 | | | RLOTA 01/20/1936 | QR43529V | R1800800 | |
| DIAGNOSIS | CODES: | 714.0 272.4 401.9 53 | 6.9 733.00 | | | |
| INV # | LINE # | PROCEDURE CODE REVENUE CD | FROM DT THRU DT | UNITS | AMOUNT | |
| 211436 | 1 1 | T1019 | 09/22/12 09/22/12 | | 168.80 | |
| 211436 | 2 | T1019 | 09/23/12 09/23/12 | | 185.68 | |
| 211436 | 3 | T1019 | 09/23/12 09/23/12 | | 185.68 | |
| 211436 | 4 | T1019 | 09/25/12 09/25/12 | | 185.68 | |
| 211436 | 5 | T1019 | 09/25/12 09/25/12 | | 185.68 | |
| 211436 | 6 | T1019 | 09/20/12 09/20/12 | | 185.68 | |
| | 7 | | | | | |
| 211436 | / | T1019 | 09/28/12 09/28/12 | | 185.68 | 0114260010000040 |
| | | | CI | LAIM TOTAL | 1,282.88 CLAIM ACCOUNT REF. | 2114360012008249SUP |
| REG LOC | CLIENT | SERVICE NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # | |
| NY 001 | 2008250 | 2008250 SALAZAR, LUZ MARI | | SC60317K | 0103301200855 | |
| DIAGNOSIS | | | 6.05 | 500051710 | 0103301200033 | |
| | | | | | | |
| INV # | LINE # | PROCEDURE CODE REVENUE CD | FROM DT THRU DT | UNITS | AMOUNT | |
| 211440 | 1 | T1019 | 09/22/12 09/22/12 | 32.00 | 135.04 | |
| 211440 | 2 | T1019 | 09/23/12 09/23/12 | 32.00 | 135.04 | |
| 211440 | 3 | T1019 | 09/24/12 09/24/12 | 32.00 | 135.04 | |
| 211440 | 4 | T1019 | 09/25/12 09/25/12 | 32.00 | 135.04 | |
| 211440 | 5 | T1019 | 09/26/12 09/26/12 | 32.00 | 135.04 | |
| 211440 | 6 | T1019 | 09/27/12 09/27/12 | 32.00 | 135.04 | |
| 211440 | 7 | T1019 | 09/28/12 09/28/12 | 32.00 | 135.04 | |
| | | | CI | LAIM TOTAL | 945.28 CLAIM ACCOUNT REF. | 2114400012008250SUP |
| | | | | | | |
| 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 | |
| 211420 | 1 | T1019 | 09/26/12 09/26/12 | 32.00 | 135.04 | |
| 211420 | 2 | T1019 | 09/27/12 09/27/12 | 32.00 | 135.04 | |
| 211420 | 3 | T1019 | 09/28/12 09/28/12 | 32.00 | 135.04 | |
| | | | CI | LAIM TOTAL | 405.12 CLAIM ACCOUNT REF. | 2114200012008251SUP |
| | | | | | | |
| REG LOC | CLIENT | SERVICE NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # | |
| NY 001 | 2008253 | 2008253 MACARENA, SAHARA | 09/12/1965 | VT07830U | R1904276 | |
| DIAGNOSIS | CODES: | 359.0 719.45 | | | | |
| | | | | | | |
| INV # | LINE # | PROCEDURE CODE REVENUE CD | FROM DT THRU DT | UNITS | AMOUNT | |

09/22/12 09/22/12 48.00

202.56

| INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP | | | | | |
|---|---|---|---|---|---------------------|
| PROVIDER ID = PAYER ID = | 113502051 SUNNYS 80141 HEALTH | DE CITYWIDE FIRST PHSP | I | NPI = 1154407492 | |
| 211437 3 211437 4 211437 5 211437 6 211437 7 | T1019 T1019 T1019 T1019 T1019 T1019 | 09/23/12 09/23/1 09/24/12 09/24/1 09/25/12 09/25/1 09/26/12 09/26/1 09/27/12 09/27/1 09/28/12 09/28/1 | 2 48.00 2 48.00 2 48.00 2 48.00 2 48.00 2 48.00 2 48.00 LAIM TOTAL | 202.56 202.56 202.56 202.56 202.56 1,417.92 CLAIM ACCOUNT REF. | 2114370012008253SUP |
| REG LOC CLIE NY 001 20082 DIAGNOSIS CODES | NT SERVICE NAME 54 2008254 SPIVEY, PATR : 250.00 401.9 733.00 | BIRTH DATE 04/06/1965 | RECIPIENT ID WE52435B | PRIOR AUTHORIZATION # 0103081202186 | |
| INV # LINE 211442 1 211442 2 211442 3 211442 4 | # PROCEDURE CODE REVENUE T1019 T1019 T1019 T1019 | CD FROM DT THRU DT 09/25/12 09/25/1 09/26/12 09/26/1 09/27/12 09/27/1 09/28/12 09/28/1 | UNITS 2 20.00 2 20.00 2 20.00 2 24.00 LAIM TOTAL | AMOUNT 84.40 84.40 84.40 101.28 354.48 CLAIM ACCOUNT REF. | 2114420012008254SUP |
| REG LOC CLIE NY 001 20082 DIAGNOSIS CODES | : 294.8 401.9 | | | PRIOR AUTHORIZATION # R1839723 | |
| INV # LINE 211418 1 211418 2 211418 3 211418 4 211418 5 | T1019 T1019 T1019 T1019 T1019 | 09/25/12 09/25/1 09/26/12 09/26/1 09/27/12 09/27/1 09/28/12 09/28/1 | 2 32.00 2 32.00 2 32.00 2 32.00 LAIM TOTAL | 135.04 135.04 135.04 135.04 675.20 CLAIM ACCOUNT REF. | 2114180012008256SUP |
| REG LOC CLIE NY 001 20082 DIAGNOSIS CODES | NT SERVICE NAME 57 2008257 ESTEVES, JOS : 345.40 | BIRTH DATE 09/04/1948 | RECIPIENT ID YD71377C | PRIOR AUTHORIZATION # R1832858 | |
| INV # LINE 211426 1 211426 2 211426 3 211426 4 211426 5 211426 6 211426 7 | # PROCEDURE CODE REVENUE T1019 T1019 T1019 T1019 T1019 T1019 T1019 | CD FROM DT THRU DT 09/22/12 09/22/1 09/23/12 09/23/1 09/24/12 09/24/1 09/25/12 09/25/1 09/26/12 09/26/1 09/27/12 09/27/1 09/28/12 09/28/1 | UNITS 2 24.00 2 24.00 2 24.00 2 24.00 2 24.00 2 24.00 2 24.00 2 24.00 2 24.00 | AMOUNT 101.28 101.28 101.28 101.28 101.28 101.28 101.28 | |

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

SUNNYSIDE CITYWIDE NPI = 1154407492

PROVIDER ID = 113502051 PAYER ID = 80141HEALTHFIRST PHSP

| TATER ID - | OUT II III II | .51 11151 | | |
|--|--|--|--|---------------------|
| INV # LINE | # PROCEDURE CODE REVENUE CI | FROM DT THRU DT UNITS CLAIM TOTAL | AMOUNT 708.96 CLAIM ACCOUNT REF. | 2114260012008257SUP |
| REG LOC CLIE NY 001 20082 DIAGNOSIS CODES | 290 2008290 SALHUANA, YOLAN | BIRTH DATE RECIPIENT ID DA 08/25/1935 SZ24247J 733.00 | PRIOR AUTHORIZATION # R1825265 | |
| 211441 | T1019 T1019 T1019 T1019 T1019 T1019 T1019 | 09/24/12 09/24/12 32.00 09/25/12 09/25/12 32.00 09/26/12 09/26/12 32.00 09/27/12 09/27/12 32.00 09/28/12 09/28/12 32.00 CLAIM TOTAL | | 2114410012008290SUP |
| REG LOC CLIE NY 001 20083 DIAGNOSIS CODES | ENT SERVICE NAME 862 2008362 FONTANES, PEDRO 5: 724.3 278.00 427.31 | BIRTH DATE RECIPIENT ID 08/27/1948 RX10287Z 428.0 724.2 | PRIOR AUTHORIZATION # 0103121201612 | |
| 211429 211429 211429 211429 211429 211429 | T1019 | 09/19/12 09/19/12 16.00 09/20/12 09/20/12 16.00 09/22/12 09/22/12 28.00 09/23/12 09/23/12 28.00 09/24/12 09/24/12 28.00 09/25/12 09/25/12 28.00 09/26/12 09/26/12 28.00 09/26/12 09/26/12 28.00 09/27/12 09/27/12 16.00 09/28/12 09/28/12 28.00 | AMOUNT 67.52 67.52 118.16 118.16 118.16 118.16 118.16 118.16 118.16 | |
| REG LOC CLIP NY 001 20083 DIAGNOSIS CODES | ENT SERVICE NAME 868 2008368 RODRIGUEZ, MARC | CLAIM TOTAL BIRTH DATE RECIPIENT ID | | 2114290012008362SUP |
| 211439 211439 211439 | # PROCEDURE CODE REVENUE CI 1 T1019 2 T1019 3 T1019 4 T1019 5 T1019 | FROM DT THRU DT UNITS 09/24/12 09/24/12 16.00 09/25/12 09/25/12 16.00 09/26/12 09/26/12 16.00 09/27/12 09/27/12 16.00 09/28/12 09/28/12 16.00 CLAIM TOTAL | AMOUNT 67.52 67.52 67.52 67.52 67.52 67.52 337.60 CLAIM ACCOUNT REF. | 2114390012008368SUP |

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141 HEALTHFIRST PHSP

211433 7 T1019

| REG LOC | CLIENT | SERVICE | NAME | BIF | RTH DATE | RECIPIENT | ID PRIC | OR AUTHORIZATION # | |
|-----------|---------|-----------|----------------|------------|----------|-----------|----------|-----------------------|---------------------|
| NY 001 | 2008405 | 2008405 | ST ROMAINE, C | LAUDE 10, | 01/1956 | UZ14868C | 0103 | 3151202185 | |
| DIAGNOSIS | CODES: | 952.9 34 | 14.9 596.54 | | | | | | |
| INV # | LINE # | PROCEDURE | CODE REVENUE | CD FROM DT | THRU DT | UNITS | AMOUNT | | |
| 211443 | 1 | T1019 | | 09/22/12 | 09/22/12 | | 151.92 | | |
| 211443 | 2 | T1019 | | 09/23/12 | 09/23/12 | | 151.92 | | |
| 211443 | 3 | T1019 | | 09/24/12 | 09/24/12 | | 168.80 | | |
| 211443 | 4 | T1019 | | 09/25/12 | 09/25/12 | | 168.80 | | |
| 211443 | 5 | T1019 | | 09/26/12 | 09/26/12 | | 168.80 | | |
| 211443 | 6 | T1019 | | 09/27/12 | | | 168.80 | | |
| 211443 | 7 | T1019 | | 09/28/12 | | | 168.80 | GT 3 TW 3 GGGTPTT DDD | 01114120010000405 |
| | | | | | CL | AIM TOTAL | 1,147.84 | CLAIM ACCOUNT REF. | 2114430012008405SUP |
| REG LOC | CLIENT | SERVICE | NAME | BIF | RTH DATE | RECIPIENT | ID PRIC | OR AUTHORIZATION # | |
| NY 001 | 2008411 | 2008411 | FRANCISCO, RI | CHARD 07 | 10/1968 | XR22414G | 0103 | 3221200941 | |
| DIAGNOSIS | CODES: | 401.9 44 | 13.9 | | | | | | |
| INV # | LINE # | PROCEDURE | CODE REVENUE | CD FROM DT | THRU DT | UNITS | AMOUNT | | |
| 211430 | 1 | T1019 | 0002 112121102 | 09/22/12 | 09/22/12 | | 135.04 | | |
| 211430 | 2 | T1019 | | 09/23/12 | 09/23/12 | | 135.04 | | |
| 211430 | 3 | T1019 | | 09/24/12 | 09/24/12 | | 135.04 | | |
| 211430 | 4 | T1019 | | 09/25/12 | | | 135.04 | | |
| 211430 | 5 | T1019 | | 09/26/12 | | | 135.04 | | |
| 211430 | 6 | T1019 | | 09/27/12 | 09/27/12 | 32.00 | 135.04 | | |
| 211430 | 7 | T1019 | | 09/28/12 | 09/28/12 | 32.00 | 135.04 | | |
| | | | | | CL | AIM TOTAL | 945.28 | CLAIM ACCOUNT REF. | 2114300012008411SUP |
| REG LOC | CLIENT | SERVICE | NAME | BIF | RTH DATE | RECIPIENT | ID PRIC | OR AUTHORIZATION # | |
| NY 001 | 2008428 | 2008428 | KAUR, HARBANS | 02/ | 03/1937 | VB22061J | | 3121201507 | |
| DIAGNOSIS | CODES: | 401.9 27 | 72.4 332.1 | 453.42 | | | | | |
| INV # | LINE # | PROCEDURE | CODE REVENUE | CD FROM DT | THRU DT | UNITS | AMOUNT | | |
| 211433 | 1 1 me | T1019 | CODE KEVENUE | 09/22/12 | 09/22/12 | | 118.16 | | |
| 211433 | 2 | T1019 | | 09/23/12 | 09/23/12 | | 118.16 | | |
| 211433 | 3 | T1019 | | 09/24/12 | 09/24/12 | | 118.16 | | |
| 211433 | 4 | T1019 | | 09/25/12 | 09/25/12 | | 118.16 | | |
| 211433 | 5 | T1019 | | 09/26/12 | | | 118.16 | | |
| 211433 | 6 | T1019 | | 09/27/12 | | | 118.16 | | |
| | | | | , , == | | | | | |

09/28/12 09/28/12 28.00

CLAIM TOTAL

118.16

827.12 CLAIM ACCOUNT REF. 2114330012008428SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

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

| TAILK - | 10 - 00 | | HEADIN INOT THOS | | | | | |
|--|--------------------------------------|---|---|---|--|--|-----------------------------|---------------------|
| REG LOC NY 001 DIAGNOSIS | CLIENT 2008433 CODES: | | O, KOWSILILLI (| BIRTH DATE 05/13/1954 | RECIPIENT ID VG15691D | PRIC R191 | DR AUTHORIZATION # .7814 | |
| 211416 211416 211416 211416 211416 211416 | LINE # 1 2 3 4 5 6 7 | PROCEDURE CODE 1 T1019 T1019 T1019 T1019 T1019 T1019 T1019 | 09/22/3 09/23/3 09/24/3 09/25/3 09/26/3 | 12 09/22/12 12 09/23/12 12 09/24/12 12 09/25/12 12 09/26/12 12 09/27/12 12 09/28/12 | 32.00 32.00 32.00 32.00 32.00 | AMOUNT 135.04 135.04 135.04 135.04 135.04 135.04 135.04 945.28 | CLAIM ACCOUNT REF. | 2114160012008433SUP |
| REG LOC NY 001 DIAGNOSIS | CLIENT 2008487 CODES: | SERVICE NAME 2008487 BEGUM 250.00 244.8 | , MANWARA 311. 401.9 | BIRTH DATE 11/23/1949 428.0 733 | RECIPIENT ID VD44720Z | PRIC R190 | OR AUTHORIZATION # 03232 | |
| 211415 211415 211415 | LINE # 1 2 3 4 5 6 | PROCEDURE CODE 1 T1019 T1019 T1019 T1019 T1019 T1019 | 09/22/3 09/23/3 09/25/3 09/26/3 09/27/3 | 12 09/22/12 12 09/23/12 12 09/25/12 12 09/26/12 12 09/27/12 12 09/28/12 | 16.00 16.00 16.00 16.00 | AMOUNT 67.52 67.52 67.52 67.52 67.52 67.52 405.12 | CLAIM ACCOUNT REF. | 2114150012008487SUP |
| REG LOC NY 001 DIAGNOSIS | | 2008571 ESPAI | LLAT, AMPARO | | ZG25447P | | OR AUTHORIZATION # 59116 | |
| INV # 211425 211425 211425 211425 211425 211425 211425 | LINE # 1 2 3 4 5 6 7 | PROCEDURE CODE 1 T1019 T1019 T1019 T1019 T1019 T1019 T1019 | 09/22/3 09/23/3 09/24/3 09/25/3 09/26/3 | 12 09/22/12 12 09/23/12 12 09/24/12 12 09/25/12 12 09/26/12 12 09/27/12 12 09/28/12 | 16.00 16.00 16.00 16.00 16.00 16.00 | AMOUNT 67.52 67.52 67.52 67.52 67.52 67.52 | | |
| | | | | CI | AIM TOTAL | 472.64 | CLAIM ACCOUNT REF. | 2114250012008571SUP |

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141HEALTHFIRST PHSP

211419 6 T1019

| REG LOC CI NY 001 200 DIAGNOSIS COL | LIENT SERVICE NAME 08437 2009000 FERGERSON DES: 135. 401.9 493 | BIRTH DATE 08/11/1959 00 715.00 721.0 | RECIPIENT ID ZZ11460M | PRIOR AUTHORIZATION # R1992645 | |
|---|--|--|--------------------------------------|---|---------------------|
| INV # LIN 211427 211427 211427 211427 | NE # PROCEDURE CODE REVE 1 T1019 2 T1019 3 T1019 4 T1019 | 09/25/12 09/25/12 09/26/12 09/26/12 09/27/12 09/27/12 09/28/12 09/28/12 | 32.00 32.00 | AMOUNT 135.04 135.04 135.04 135.04 540.16 CLAIM ACCOUNT REF. | 2114270012009000SUP |
| REG LOC CI NY 001 200 DIAGNOSIS COL | LIENT SERVICE NAME 08380 2009001 FERRERA, DES: 301.9 401.9 493 | BIRTH DATE 06/06/1948 00 | RECIPIENT ID YH55651V | PRIOR AUTHORIZATION # 0111141101308 | |
| INV # LIN 211428 | NE # PROCEDURE CODE REVE 1 T1019 | JUE CD FROM DT THRU DT 09/28/12 09/28/12 CL | | | 2114280012009001SUP |
| NY 001 200 | LIENT SERVICE NAME 08300 2009256 CHARITAR, DES: 250.00 311. 401 | BIRTH DATE RAMKALIE 06/23/1953 9 414.00 414.01 466 | RECIPIENT ID UY13756G | PRIOR AUTHORIZATION # 0103191202030 | |
| INV # LIN 211421 211421 | | 09/23/12 09/23/12 09/24/12 09/24/12 | UNITS 20.00 12.00 AIM TOTAL | 84.40 50.64 | 2114210012009256SUP |
| NY 001 200 | LIENT SERVICE NAME 08271 2009270 CARRION, DES: 250.00 294.10 401 | BIRTH DATE 06/30/1928 9 V12.54 | RECIPIENT ID SC64434E | PRIOR AUTHORIZATION # R1825085 | |
| 211419 211419 211419 211419 211419 | | JUE CD FROM DT THRU DT 09/22/12 09/22/12 09/24/12 09/24/12 09/25/12 09/25/12 09/26/12 09/26/12 09/27/12 09/27/12 | 32.00 32.00 32.00 32.00 | AMOUNT 135.04 135.04 135.04 135.04 | |

09/28/12 09/28/12 32.00

CLAIM TOTAL

135.04 810.24 CLAIM ACCOUNT REF. 2114190012009270SUP

135.04

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141HEALTHFIRST PHSP

| REG LOC CLIENT NY 001 2009322 DIAGNOSIS CODES: | | BIRTH DATE RECIPIENT ID 04/13/1954 ZE02356F 493.90 | PRIOR AUTHORIZATION # R1892336 | |
|---|---|---|---|---------------------|
| INV # LINE # 211431 1 211431 2 211431 3 | PROCEDURE CODE REVENUE CD T1019 T1019 T1019 | FROM DT THRU DT UNITS 09/24/12 09/24/12 16.00 09/26/12 09/26/12 16.00 09/28/12 09/28/12 16.00 CLAIM TOTAL | AMOUNT 67.52 67.52 67.52 202.56 CLAIM ACCOUNT REF. | 2114310012009322SUP |
| REG LOC CLIENT NY 001 2009405 DIAGNOSIS CODES: | | BIRTH DATE RECIPIENT ID O, NEL 05/25/1925 PF03624B | PRIOR AUTHORIZATION # R1797023 | |
| INV # LINE # 211422 1 211422 2 211422 3 211422 4 211422 5 211422 6 211422 7 | PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 | FROM DT THRU DT UNITS 09/03/12 09/03/12 24.00 09/04/12 09/04/12 24.00 09/10/12 09/10/12 24.00 09/11/12 09/11/12 24.00 09/12/12 09/11/12 24.00 09/13/12 09/13/12 24.00 09/14/12 09/14/12 24.00 09/14/12 09/14/12 24.00 CLAIM TOTAL | AMOUNT 101.28 101.28 101.28 101.28 101.28 101.28 101.28 708.96 CLAIM ACCOUNT REF. | 2114220012009405SUP |
| REG LOC CLIENT NY 001 2009560 DIAGNOSIS CODES: | SERVICE NAME 2009560 BOCHENEC, JOLANTA 854.00 272.4 300.00 30 | | PRIOR AUTHORIZATION # 0104121200913 | |
| INV # LINE # 211417 | PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 | FROM DT THRU DT UNITS 09/22/12 09/22/12 24.00 09/23/12 09/23/12 24.00 09/24/12 09/24/12 24.00 09/25/12 09/25/12 24.00 09/26/12 09/26/12 24.00 09/27/12 09/27/12 24.00 09/28/12 09/28/12 24.00 09/28/12 09/28/12 24.00 CLAIM TOTAL | AMOUNT 101.28 101.28 101.28 101.28 101.28 101.28 101.28 708.96 CLAIM ACCOUNT REF. | 2114170012009560SUP |
| REG LOC CLIENT NY 001 2009657 DIAGNOSIS CODES: | SERVICE NAME 2009657 HERRING, CHARLEN 493.91 250.00 401.9 46 | BIRTH DATE RECIPIENT ID 10/27/1949 ZE93972Y 780.52 | PRIOR AUTHORIZATION # R1947878 | |
| INV # LINE # 211432 1 | PROCEDURE CODE REVENUE CD T1019 | FROM DT THRU DT UNITS 09/26/12 09/26/12 16.00 | AMOUNT 67.52 | |

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

| PROVIDER ID = 11 PAYER ID = 80 | | CITYWIDE PHSP | NPI = 1154407492 | |
|---|--|---|---|------------------------------|
| INV # LINE # 211432 2 | PROCEDURE CODE REVENUE CD T1019 | FROM DT THRU DT UNITS 09/28/12 09/28/12 16.00 CLAIM TOTAL | AMOUNT 67.52 135.04 CLAIM ACCOUNT REF. | 2114320012009657 <i>S</i> UP |
| REG LOC CLIENT NY 001 2010009 DIAGNOSIS CODES: | | BIRTH DATE RECIPIENT ID 07/06/1955 ZU45073J | PRIOR AUTHORIZATION # R1843447 | |
| INV # LINE # 211445 1 211445 2 211445 3 211445 4 211445 5 | PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 | FROM DT THRU DT UNITS 09/24/12 09/24/12 32.00 09/25/12 09/25/12 32.00 09/26/12 09/26/12 32.00 09/27/12 09/27/12 32.00 09/28/12 09/28/12 32.00 CLAIM TOTAL | AMOUNT 135.04 135.04 135.04 135.04 135.04 675.20 CLAIM ACCOUNT REF. | 2114450012010009SUP |
| REG LOC CLIENT NY 001 2008299 DIAGNOSIS CODES: | 2010311 LAZALA, GLADYS | BIRTH DATE RECIPIENT ID 02/03/1950 ZT39863D 01.9 781.2 | PRIOR AUTHORIZATION # R1866346 | |
| INV # LINE # 211435 1 211435 2 211435 3 211435 4 211435 5 | PROCEDURE CODE REVENUE CD T1020 T1020 T1020 T1020 T1020 | FROM DT THRU DT UNITS 09/22/12 09/22/12 7.00 09/23/12 09/23/12 7.00 09/26/12 09/26/12 7.00 09/27/12 09/27/12 7.00 09/28/12 09/28/12 7.00 CLAIM TOTAL | AMOUNT 118.16 118.16 118.16 118.16 118.16 590.80 CLAIM ACCOUNT REF. | 2114350012010311SUP |
| REG LOC CLIENT NY 001 2010758 DIAGNOSIS CODES: | SERVICE NAME 2010758 VASQUEZ, OLGA 311. 244.9 253.5 4 | BIRTH DATE RECIPIENT ID 11/20/1948 WU00136E 01.9 429.9 493.90 948.11 | PRIOR AUTHORIZATION # R1906129 | |
| INV # LINE # 211444 1 211444 2 211444 3 211444 4 | PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 | FROM DT THRU DT UNITS 09/22/12 09/22/12 20.00 09/23/12 09/23/12 20.00 09/27/12 09/27/12 20.00 09/28/12 09/28/12 20.00 CLAIM TOTAL | AMOUNT 84.40 84.40 84.40 84.40 337.60 CLAIM ACCOUNT REF. | 2114440012010758SUP |

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141HEALTHFIRST PHSP

| REG LOC CLIE NY 001 20084 DIAGNOSIS CODES | NT SERVICE NAME 98 2010933 DORNELLAS, STELLA : 401.9 253.5 272.1 36 | 04/30/1949 RG61445M | PRIOR AUTHORIZATION # R1944291 | |
|--|---|---|---|---------------------|
| INV # LINE 211424 1 211424 2 211424 3 | T1019 T1019 T1019 | 09/22/12 09/22/12 16.00 09/24/12 09/24/12 24.00 09/26/12 09/26/12 24.00 CLAIM TOTAL | | 2114240012010933SUP |
| REG LOC CLIE NY 001 20088 DIAGNOSIS CODES | NT SERVICE NAME 13 2010967 LARA, TOMASA : 401.9 244.9 272.4 71 | BIRTH DATE RECIPIENT ID 10/11/1931 SX47950B | PRIOR AUTHORIZATION # R1921929 | |
| INV # LINE 211434 1 211434 2 211434 3 211434 4 211434 5 211434 6 | T1019 T1019 T1019 T1019 T1019 | FROM DT THRU DT UNITS 09/22/12 09/22/12 32.00 09/24/12 09/24/12 32.00 09/25/12 09/25/12 32.00 09/26/12 09/26/12 32.00 09/27/12 09/27/12 32.00 09/28/12 09/28/12 32.00 CLAIM TOTAL | AMOUNT 135.04 135.04 135.04 135.04 135.04 135.04 135.04 810.24 CLAIM ACCOUNT REF. | 2114340012010967SUP |
| REG LOC CLIE NY 001 20110 DIAGNOSIS CODES | NT SERVICE NAME 58 2011058 DELACRUZ, ANA : 294.20 | BIRTH DATE RECIPIENT ID 06/20/1920 122053627 | PRIOR AUTHORIZATION # 0107241201931 | |
| INV # LINE 211423 | T1019 T1019 T1019 T1019 T1019 T1019 T1019 | FROM DT THRU DT UNITS 09/22/12 09/22/12 40.00 09/23/12 09/23/12 40.00 09/24/12 09/24/12 40.00 09/25/12 09/25/12 40.00 09/26/12 09/26/12 40.00 09/27/12 09/27/12 40.00 09/28/12 09/28/12 40.00 CLAIM TOTAL | AMOUNT 168.80 168.80 168.80 168.80 168.80 168.80 168.80 1,181.60 CLAIM ACCOUNT REF. | 2114230012011058SUP |
| REG LOC CLIE NY 001 20113 DIAGNOSIS CODES | | BIRTH DATE RECIPIENT ID ICE 10/31/1948 PD96979S | PRIOR AUTHORIZATION # 0109141201497 | |
| INV # LINE 211438 1 211438 2 | T1020 | FROM DT THRU DT UNITS 09/16/12 09/16/12 24.00 09/22/12 09/22/12 24.00 | AMOUNT 405.12 405.12 | |

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141HEALTHFIRST PHSP

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | | |
|--------|--------|----------------|------------|----------|----------|---------|----------|--------------------|---------------------|
| 211438 | 3 | T1020 | | 09/23/12 | 09/23/12 | 24.00 | 405.12 | | |
| 211438 | 4 | T1020 | | 09/24/12 | 09/24/12 | 24.00 | 405.12 | | |
| 211438 | 5 | T1020 | | 09/25/12 | 09/25/12 | 24.00 | 405.12 | | |
| 211438 | 6 | T1020 | | 09/26/12 | 09/26/12 | 24.00 | 405.12 | | |
| 211438 | 7 | T1020 | | 09/28/12 | 09/28/12 | 24.00 | 405.12 | | |
| | | | | | CLAI | M TOTAL | 2.835.84 | CLAIM ACCOUNT REF. | 2114380012011388SUE |

OF CLAIMS = 169 TOTAL CLAIM AMOUNT = 22,484.16 PAYER TOTALS: HEALTHFIRST PHSP

SERVICES = 31

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

| PAYER | ID = 87 | | UNITEDHEALTHC | | | , | MET - TIDAA | 10/19/2 | |
|--|---------------------------------|---|-------------------------------|---|--|---|--|------------------------------|---------------------|
| | CLIENT 2008245 CODES: | | ERON, MIGDALIA 724.00 724. | 08/ | | RECIPIENT ID 100195559 | | DR AUTHORIZATION # 541299 | |
| INV # 211475 211475 211475 211475 211475 211475 211475 | LINE # 1 2 3 4 5 6 7 | PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019 T1019 | 0 0 0 0 0 | 9/23/12 9/24/12 9/25/12 9/26/12 9/27/12 | THRU DT 09/22/12 09/23/12 09/24/12 09/25/12 09/26/12 09/27/12 09/28/12 CLL | 40.00 40.00 40.00 40.00 40.00 | AMOUNT 171.60 171.60 171.60 171.60 171.60 171.60 171.60 | CLAIM ACCOUNT REF. | 2114750012008245SUP |
| | CLIENT 2008287 CODES: | | AN, ARMIDA 311. 356. | 09/ | TH DATE 13/1928 .9 401 | RECIPIENT ID 100063356 .9 530.81 | | OR AUTHORIZATION # 047620 | |
| INV # 211476 211476 211476 211476 211476 211476 | LINE # 1 2 3 4 5 | PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019 | 0 0 0 0 0 | 9/24/12 9/25/12 9/26/12 9/27/12 | THRU DT 09/22/12 09/24/12 09/25/12 09/26/12 09/27/12 09/28/12 CL. | 36.00 36.00 36.00 36.00 | AMOUNT 68.64 154.44 154.44 154.44 154.44 154.44 840.84 | CLAIM ACCOUNT REF. | 2114760012008287SUP |
| REG LOC NY 001 DIAGNOSIS | | 2008401 SAFOS | G, PATRA 272.0 401. | 12/ | | RECIPIENT ID 100029836 | | DR AUTHORIZATION # 578036 | |
| INV # 211478 211478 211478 211478 211478 211478 211478 | LINE # 1 2 3 4 5 6 7 | PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019 T1019 | 0 0 0 0 0 0 | 9/23/12 9/24/12 9/25/12 9/26/12 9/27/12 | THRU DT 09/22/12 09/23/12 09/24/12 09/25/12 09/26/12 09/27/12 09/28/12 CL. | 32.00 32.00 32.00 32.00 32.00 | AMOUNT 137.28 137.28 137.28 137.28 137.28 137.28 137.28 960.96 | CLAIM ACCOUNT REF. | 2114780012008401SUP |

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

PROVIDER ID = 113502051 DAVER ID = 87726 SUNNYSIDE CITYWIDE NPI = 1154407492

UNITEDHEALTHCARE

| REG | LOC | CLTEN.L. | SERVICE | NAME | BIRTH DATE | RECIPLENT ID | PRIOR AUTHORIZATION # |
|-----|------|----------|---------|----------------|------------|--------------|-----------------------|
| NY | 0.01 | 2008432 | 2008432 | YUSUPOV. PULAT | 08/11/1948 | 100600278 | 608803902 |

DIAGNOSIS CODES: 250.00 272.4 530.81

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | | |
|--------|--------|----------------|------------|----------|----------|----------|--------|--------------------|---------------------|
| 211479 | 1 | T1019 | | 09/24/12 | 09/24/12 | 16.00 | 68.64 | | |
| 211479 | 2 | T1019 | | 09/25/12 | 09/25/12 | 16.00 | 68.64 | | |
| 211479 | 3 | T1019 | | 09/26/12 | 09/26/12 | 16.00 | 68.64 | | |
| 211479 | 4 | T1019 | | 09/27/12 | 09/27/12 | 16.00 | 68.64 | | |
| 211479 | 5 | T1019 | | 09/28/12 | 09/28/12 | 16.00 | 68.64 | | |
| | | | | | CLA | IM TOTAL | 343.20 | CLAIM ACCOUNT REF. | 2114790012008432SUP |
| | | | | | | | | | |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----|------|---------|---------|-----------------|------------|--------------|-----------------------|
| NY | 0.01 | 2010774 | 2010774 | PAIII. PIITIII. | 10/10/1956 | 101218709 | 6083933452 |

NY 001 2010774 2010774 PAUL, PUTUL DIAGNOSIS CODES: 959.6 245.9 401.9 733.09

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | | |
|--------|--------|----------------|------------|----------|----------|---------|--------|--------------------|---------------------|
| 211477 | 1 | T1019 | | 09/24/12 | 09/24/12 | 16.00 | 68.64 | | |
| 211477 | 2 | T1019 | | 09/26/12 | 09/26/12 | 16.00 | 68.64 | | |
| 211477 | 3 | T1019 | | 09/28/12 | 09/28/12 | 16.00 | 68.64 | | |
| | | | | | CLAI | M TOTAL | 205.92 | CLAIM ACCOUNT REF. | 2114770012010774SUP |

OF CLAIMS = 28 TOTAL CLAIM AMOUNT = 3,552.12 # SERVICES = 5 PAYER TOTALS: UNITEDHEALTHCARE

REPORT DATE 10/03/12 PAGE: SUNNYSIDE CITYWIDE 36

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

211515

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 168.80 211519 1 T1019 0580 09/22/12 09/22/12 40.00 1 T1019 0580 09/22/12 09/22/12 40.00
2 T1019 0580 09/23/12 09/23/12 40.00
3 T1019 0580 09/24/12 32.00
4 T1019 0580 09/25/12 09/25/12 32.00
5 T1019 0580 09/26/12 09/26/12 40.00
6 T1019 0580 09/27/12 09/27/12 32.00
7 T1019 0580 09/28/12 09/28/12 32.00 168.80 211519 135.04 211519 211519 135.04 211519 168.80 211519 135.04 211519 135.04 CLAIM TOTAL 1,046.56 CLAIM ACCOUNT REF. 2115190012008266SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 10/26/1956 712824266 102602130 REG LOC CLIENT SERVICE NAME NY 001 2008409 2009279 PRUITT, JOHNNY DIAGNOSIS CODES: 249.00 272.4 295.00 401.9 585.9 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 0582 09/28/12 09/28/12 16.00 211522 1 S5130 67.52 CLAIM TOTAL 67.52 CLAIM ACCOUNT REF. 2115220012009279SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 07/14/1948 715856872 102806651 REG LOC CLIENT SERVICE NAME 07/14/1948 715856872 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 09/21/12 09/21/12 32.00 211517 1 T1019 0580 135.04 0580 0580 0580 0580 0580 211517 2 T1019 09/24/12 09/24/12 32.00 135.04 09/25/12 09/25/12 36.00 09/26/12 09/26/12 32.00 09/27/12 09/27/12 36.00 09/28/12 09/28/12 32.00 211517 3 T1019 151.92 211517 4 T1019 135.04 211517 5 T1019 151.92 6 T1019 135.04 211517 CLAIM TOTAL 844.00 CLAIM ACCOUNT REF. 2115170012009647SUP SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 09/23/1991 6944796 103006820 REG LOC CLIENT NY 001 2010003 2010724 DENNISON, KELVIN 09/23/1991 6944796 DIAGNOSIS CODES: 799.9 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT T1019 0580 T1019 0580 T1019 0580 T1019 0580 T1019 0580 09/24/12 09/24/12 101.28 211515 1 24.00 2 09/25/12 09/25/12 24.00 211515 09/25/12 09/25/12 21.00 09/26/12 09/26/12 24.00 09/28/12 09/28/12 16.00 101.28 101.28 101.28 67.52 3 T1019 4 T1019 211515

67.52

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = AMRGRI AMERIGROUP NEW YORK, LLC

| | ID = AM. | KGKI | AMERIGROUP | NEW YORK,I | ıLC | | | | |
|--|---|--|--|--|---|--|---|------------------------------|---------------------|
| INV # | LINE # | PROCEDURE | CODE REVENUE CD | FROM DT | THRU DT CL | UNITS AIM TOTAL | AMOUNT 371.36 | CLAIM ACCOUNT REF. | 2115150012010724SUP |
| REG LOC | CLIENT | SERVICE | NAME | | TH DATE | RECIPIENT ID | | OR AUTHORIZATION # | |
| NY 001 DIAGNOSIS | 2008406 CODES: | 2010728 319. 49 | YOUNG, KALEILE 93.90 742.1 | 06/ | 17/1994 | 006532755 | 103. | 177976 | |
| INV # | LINE # | PROCEDURE | CODE REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | | |
| 211524 | 1 | T1019 | 0580 | 09/15/12 | | | 67.52 | | |
| 211524 | 2 | T1019 | 0580 | 09/16/12 | 09/16/12 | 16.00 | 67.52 | | |
| 211524 | 3 | T1019 | 0580 | 09/17/12 | 09/17/12 | 8.00 | 33.76 | | |
| 211524 | 4 | T1019 | 0580 | 09/18/12 | 09/18/12 | | 33.76 | | |
| 211524 | 5 | T1019 | 0580 | 09/19/12 | 09/19/12 | | 33.76 | | |
| 211524 | 6 | T1019 | 0580 | 09/20/12 | 09/20/12 | | 33.76 | | |
| 211524 | 7 | T1019 | 0580 | 09/21/12 | 09/21/12 | | 33.76 | | |
| 211524 | 8 | T1019 | 0580 | 09/22/12 | 09/22/12 | | 67.52 | | |
| 211524 | 9 | T1019 | 0580 | 09/23/12 | 09/23/12 | | 67.52 | | |
| 211524 211524 | 10 11 | T1019 T1019 | 0580 0580 | 09/24/12 09/25/12 | 09/24/12 09/25/12 | | 33.76 33.76 | | |
| 211524 | 12 | T1019 | 0580 | 09/25/12 | 09/25/12 | | 33.76 | | |
| 211524 | 13 | T1019 | 0580 | 09/20/12 | | | 33.76 | | |
| 211524 | 14 | T1019 | 0580 | 09/28/12 | 09/28/12 | | 33.76 | | |
| 211321 | | 11010 | 0300 | 03/20/12 | | AIM TOTAL | 607.68 | CLAIM ACCOUNT REF. | 2115240012010728SUP |
| 777 | | | | | | | | | |
| | CT.TENT | GEDWICE. | NAME | BIL | שית הדים | DECIDIENT ID | DD T | OP AUTHOPTZATTOM # | |
| REG LOC | CLIENT 2008407 | SERVICE 2010729 | NAME WALTERS BYRON | | TH DATE 18/2000 | RECIPIENT ID | | OR AUTHORIZATION # | |
| NY 001 DIAGNOSIS | 2008407 | 2010729 | NAME WALTERS, BYRON 93.90 742.1 | | TH DATE 18/2000 | RECIPIENT ID 006600539 | | OR AUTHORIZATION # 177687 | |
| NY 001 DIAGNOSIS | 2008407 CODES: | 2010729 319. 49 | WALTERS, BYRON 93.90 742.1 | 05/ | 18/2000 | 006600539 | 103 | | |
| NY 001 DIAGNOSIS INV # | 2008407 CODES: LINE # | 2010729 319. 49 | WALTERS, BYRON 93.90 742.1 CODE REVENUE CD | 05/ FROM DT | 18/2000 THRU DT | 006600539 UNITS | 103 | | |
| NY 001 DIAGNOSIS INV # 211523 | 2008407 CODES: LINE # | 2010729 319. 49 PROCEDURE T1019 | WALTERS, BYRON 93.90 742.1 CODE REVENUE CD 0580 | 05/ FROM DT 09/15/12 | THRU DT 09/15/12 | 006600539 UNITS 20.00 | 1033 AMOUNT 84.40 | | |
| NY 001 DIAGNOSIS INV # 211523 211523 | 2008407 CODES: LINE # 1 2 | 2010729 319. 49 PROCEDURE T1019 T1019 | WALTERS, BYRON 93.90 742.1 CODE REVENUE CD 0580 0580 | 05/ FROM DT 09/15/12 09/16/12 | THRU DT 09/15/12 09/16/12 | UNITS 20.00 20.00 | AMOUNT 84.40 84.40 | | |
| NY 001 DIAGNOSIS INV # 211523 211523 211523 | 2008407 CODES: LINE # 1 2 3 | 2010729 319. 4! PROCEDURE T1019 T1019 T1019 | WALTERS, BYRON 93.90 742.1 CODE REVENUE CD 0580 0580 0580 | 05/ FROM DT 09/15/12 09/16/12 09/17/12 | THRU DT 09/15/12 09/16/12 09/17/12 | UNITS 20.00 20.00 12.00 | AMOUNT 84.40 84.40 50.64 | | |
| NY 001 DIAGNOSIS INV # 211523 211523 211523 211523 | 2008407 CODES: LINE # 1 2 3 4 | 2010729 319. 49 PROCEDURE T1019 T1019 T1019 T1019 | WALTERS, BYRON 93.90 742.1 CODE REVENUE CD 0580 0580 0580 0580 | 05/ FROM DT 09/15/12 09/16/12 09/17/12 09/18/12 | THRU DT 09/15/12 09/16/12 09/17/12 09/18/12 | UNITS 20.00 20.00 12.00 12.00 | AMOUNT 84.40 84.40 50.64 50.64 | | |
| NY 001 DIAGNOSIS INV # 211523 211523 211523 | 2008407 CODES: LINE # 1 2 3 | 2010729 319. 4! PROCEDURE T1019 T1019 T1019 | WALTERS, BYRON 93.90 742.1 CODE REVENUE CD 0580 0580 0580 0580 0580 | 05/ FROM DT 09/15/12 09/16/12 09/17/12 09/18/12 09/19/12 | THRU DT 09/15/12 09/16/12 09/17/12 09/18/12 09/19/12 | UNITS 20.00 20.00 12.00 12.00 12.00 | AMOUNT 84.40 84.40 50.64 50.64 | | |
| NY 001 DIAGNOSIS INV # 211523 211523 211523 211523 211523 | 2008407 CODES: LINE # 1 2 3 4 5 | 2010729 319. 49 PROCEDURE T1019 T1019 T1019 T1019 T1019 | WALTERS, BYRON 93.90 742.1 CODE REVENUE CD 0580 0580 0580 0580 | 05/ FROM DT 09/15/12 09/16/12 09/17/12 09/18/12 | THRU DT 09/15/12 09/16/12 09/17/12 09/18/12 | UNITS 20.00 20.00 12.00 12.00 12.00 12.00 | AMOUNT 84.40 84.40 50.64 50.64 | | |
| NY 001 DIAGNOSIS INV # 211523 211523 211523 211523 211523 211523 | 2008407 CODES: LINE # 1 2 3 4 5 6 | 2010729 319. 49 PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019 | WALTERS, BYRON 93.90 742.1 CODE REVENUE CD 0580 0580 0580 0580 0580 0580 | 05/ FROM DT 09/15/12 09/16/12 09/17/12 09/18/12 09/19/12 09/20/12 | THRU DT 09/15/12 09/16/12 09/17/12 09/18/12 09/19/12 09/20/12 | UNITS 20.00 20.00 12.00 12.00 12.00 12.00 12.00 | AMOUNT 84.40 84.40 50.64 50.64 50.64 50.64 | | |
| NY 001 DIAGNOSIS INV # 211523 211523 211523 211523 211523 211523 211523 211523 | 2008407 CODES: LINE # 1 2 3 4 5 6 7 7 8 9 | 2010729 319. 49 PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 | WALTERS, BYRON 93.90 742.1 CODE REVENUE CD 0580 0580 0580 0580 0580 0580 0580 058 | FROM DT 09/15/12 09/16/12 09/17/12 09/18/12 09/19/12 09/20/12 09/21/12 09/22/12 09/23/12 | THRU DT 09/15/12 09/16/12 09/17/12 09/18/12 09/20/12 09/21/12 09/22/12 09/23/12 | UNITS 20.00 20.00 12.00 12.00 12.00 12.00 20.00 20.00 | AMOUNT 84.40 84.40 50.64 50.64 50.64 50.64 50.64 84.40 84.40 | | |
| NY 001 DIAGNOSIS INV # 211523 211523 211523 211523 211523 211523 211523 211523 211523 211523 | 2008407 CODES: LINE # 1 2 3 4 5 6 7 7 8 9 | 2010729 319. 49 PROCEDURE T1019 | WALTERS, BYRON 93.90 742.1 CODE REVENUE CD 0580 0580 0580 0580 0580 0580 0580 058 | 05/ FROM DT 09/15/12 09/16/12 09/17/12 09/18/12 09/19/12 09/20/12 09/22/12 09/22/12 09/23/12 09/24/12 | THRU DT 09/15/12 09/16/12 09/16/12 09/18/12 09/18/12 09/19/12 09/20/12 09/21/12 09/22/12 09/23/12 09/24/12 | UNITS 20.00 20.00 12.00 12.00 12.00 12.00 20.00 20.00 20.00 | AMOUNT 84.40 84.40 50.64 50.64 50.64 50.64 84.40 84.40 | | |
| NY 001 DIAGNOSIS INV # 211523 211523 211523 211523 211523 211523 211523 211523 211523 211523 211523 | 2008407 CODES: LINE # 1 2 3 4 5 6 7 8 9 10 11 | 2010729 319. 49 PROCEDURE T1019 | WALTERS, BYRON 93.90 742.1 CODE REVENUE CD 0580 0580 0580 0580 0580 0580 0580 058 | 05/ FROM DT 09/15/12 09/16/12 09/17/12 09/18/12 09/19/12 09/20/12 09/21/12 09/22/12 09/23/12 09/24/12 09/25/12 | THRU DT 09/15/12 09/16/12 09/16/12 09/17/12 09/18/12 09/19/12 09/20/12 09/21/12 09/22/12 09/23/12 09/23/12 09/25/12 | UNITS 20.00 20.00 12.00 12.00 12.00 12.00 20.00 20.00 20.00 12.00 | AMOUNT 84.40 84.40 50.64 50.64 50.64 50.64 84.40 84.40 50.64 | | |
| NY 001 DIAGNOSIS INV # 211523 211523 211523 211523 211523 211523 211523 211523 211523 211523 211523 211523 211523 | 2008407 CODES: LINE # 1 2 3 4 5 6 6 7 8 9 10 11 12 | 2010729 319. 49 PROCEDURE T1019 | WALTERS, BYRON 93.90 742.1 CODE REVENUE CD 0580 0580 0580 0580 0580 0580 0580 058 | 05/ FROM DT 09/15/12 09/16/12 09/17/12 09/19/12 09/19/12 09/20/12 09/21/12 09/22/12 09/24/12 09/24/12 09/25/12 09/26/12 | THRU DT 09/15/12 09/16/12 09/17/12 09/18/12 09/19/12 09/20/12 09/21/12 09/22/12 09/23/12 09/24/12 09/25/12 09/26/12 | UNITS 20.00 20.00 12.00 12.00 12.00 12.00 20.00 20.00 20.00 12.00 12.00 | AMOUNT 84.40 84.40 50.64 50.64 50.64 50.64 84.40 84.40 50.64 50.64 | | |
| NY 001 DIAGNOSIS INV # 211523 211523 211523 211523 211523 211523 211523 211523 211523 211523 211523 211523 211523 | 2008407 CODES: LINE # 1 2 3 4 5 6 6 7 8 9 10 11 12 13 | 2010729 319. 49 PROCEDURE T1019 | WALTERS, BYRON 93.90 742.1 CODE REVENUE CD 0580 0580 0580 0580 0580 0580 0580 058 | 05/ FROM DT 09/15/12 09/16/12 09/17/12 09/18/12 09/19/12 09/20/12 09/20/12 09/22/12 09/22/12 09/24/12 09/25/12 09/27/12 | THRU DT 09/15/12 09/16/12 09/17/12 09/18/12 09/19/12 09/20/12 09/21/12 09/22/12 09/23/12 09/25/12 09/25/12 09/27/12 | UNITS 20.00 20.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 20.00 12.00 12.00 12.00 | AMOUNT 84.40 84.40 50.64 50.64 50.64 50.64 84.40 84.40 50.64 50.64 50.64 | | |
| NY 001 DIAGNOSIS INV # 211523 211523 211523 211523 211523 211523 211523 211523 211523 211523 211523 211523 211523 | 2008407 CODES: LINE # 1 2 3 4 5 6 6 7 8 9 10 11 12 | 2010729 319. 49 PROCEDURE T1019 | WALTERS, BYRON 93.90 742.1 CODE REVENUE CD 0580 0580 0580 0580 0580 0580 0580 058 | 05/ FROM DT 09/15/12 09/16/12 09/17/12 09/19/12 09/19/12 09/20/12 09/21/12 09/22/12 09/24/12 09/24/12 09/25/12 09/26/12 | THRU DT 09/15/12 09/16/12 09/17/12 09/18/12 09/29/12 09/20/12 09/22/12 09/23/12 09/25/12 09/26/12 09/28/12 | UNITS 20.00 20.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 20.00 12.00 12.00 12.00 | AMOUNT 84.40 84.40 50.64 50.64 50.64 50.64 84.40 84.40 50.64 50.64 | 177687 | 2115230012010729SUP |

38

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

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

REG LOC CLIENT SERVICE NAME
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

| 211516 | 1 | T1019 | 0580 | 09/24/12 | 09/24/12 | 16.00 | 67.52 | | |
|--------|---|-------|------|----------|----------|---------|--------|--------------------|---------------------|
| 211516 | 2 | T1019 | 0580 | 09/25/12 | 09/25/12 | 16.00 | 67.52 | | |
| 211516 | 3 | T1019 | 0580 | 09/27/12 | 09/27/12 | 16.00 | 67.52 | | |
| 211516 | 4 | T1019 | 0580 | 09/28/12 | 09/28/12 | 16.00 | 67.52 | | |
| | | | | | CLAI | M TOTAL | 270.08 | CLAIM ACCOUNT REF. | 2115160012010730SUP |
| | | | | | | | | | |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | | |
|--------|--------|----------------|------------|----------|----------|---------|--------|--------------------|---------------------|
| 211520 | 1 | T1019 | 0580 | 09/24/12 | 09/24/12 | 24.00 | 101.28 | | |
| 211520 | 2 | T1019 | 0580 | 09/25/12 | 09/25/12 | 24.00 | 101.28 | | |
| 211520 | 3 | T1019 | 0580 | 09/26/12 | 09/26/12 | 24.00 | 101.28 | | |
| 211520 | 4 | T1019 | 0580 | 09/27/12 | 09/27/12 | 24.00 | 101.28 | | |
| 211520 | 5 | T1019 | 0580 | 09/28/12 | 09/28/12 | 24.00 | 101.28 | | |
| | | | | | CLAI | M TOTAL | 506.40 | CLAIM ACCOUNT REF. | 2115200012010731SUP |
| | | | | | | | | | |

REG LOC CLIENT SERVICE NAME

NY 001 2011238 2011238 MICHEL, VERULIA
DIAGNOSIS CODES: 728.87 272.4 401.9 780.52

BIRTH DATE RECIPIENT ID

09/23/1932 712951733 103139267

| DIAGNOSIS | CODES. | 720.07 | 2/2.4 | 401.9 | 780.32 | | | |
|-----------|--------|---------|----------|------------|----------|----------|-------|--------|
| INV # | LINE # | DBOCEDI | IDE CODE | REVENUE CD | FROM DT | THRII DT | UNITS | AMOUNT |
| TI/ V # | птир # | PROCEDO | KE CODE | KEVENUE CD | FROM DI | IRKO DI | ONTIB | AMOUNT |
| 211521 | 1 | T1019 | | 0580 | 09/24/12 | 09/24/12 | 32.00 | 135.04 |
| 211521 | 2 | T1019 | | 0580 | 09/25/12 | 09/25/12 | 32.00 | 135.04 |
| 211521 | 3 | T1019 | | 0580 | 09/26/12 | 09/26/12 | 32.00 | 135.04 |
| 211521 | 4 | T1019 | | 0580 | 09/27/12 | 09/27/12 | 32.00 | 135.04 |
| | | | | | | | | |

CLAIM TOTAL 540.16 CLAIM ACCOUNT REF. 2115210012011238SUP

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | | |
|--------|--------|----------------|------------|----------|----------|---------|--------|--------------------|---------------------|
| 211518 | 1 | T1019 | 0580 | 09/17/12 | 09/17/12 | 12.00 | 50.64 | | |
| 211518 | 2 | T1019 | 0580 | 09/19/12 | 09/19/12 | 12.00 | 50.64 | | |
| 211518 | 3 | T1019 | 0580 | 09/21/12 | 09/21/12 | 16.00 | 67.52 | | |
| | | | | | CLAI | M TOTAL | 168.80 | CLAIM ACCOUNT REF. | 2115180012011322SUP |

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = AMRGRI AMERIGROUP NEW YORK, LLC

PAYER TOTALS: AMERIGROUP NEW YORK, LLC # OF CLAIMS = 62 TOTAL CLAIM AMOUNT = 5,266.56

SERVICES = 10

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

ICS PAYER ID = ICS01

| | JIENT SERVI .0018 20109 DES: 344.1 | | | | TH DATE 13/1993 | RECIPIENT ID 5681 | PRIC 3645 | OR AUTHORIZATION # 551 | |
|-----------|---|----------|----------------------|----------|--------------------|-------------------|--------------|---------------------------|---------------------|
| INV # LIN | IE # PROCED | URE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | | |
| 211528 | 1 T1019 | 1C | 0570 | 09/23/12 | 09/23/12 | 10.00 | 159.00 | | |
| 211528 | 2 T1019 | 1C | 0570 | 09/25/12 | 09/25/12 | 7.00 | 111.30 | | |
| 211528 | 3 T1019 | 1C | 0570 | 09/26/12 | 09/26/12 | 9.75 | 155.03 | | |
| 211528 | 4 T1019 | 1C | 0570 | 09/27/12 | 09/27/12 | 9.75 | 155.03 | | |
| 211528 | 5 T1019 | 1C | 0570 | 09/28/12 | 09/28/12 | 10.00 | 159.00 | | |
| | | | | | CL | AIM TOTAL | 739.36 | CLAIM ACCOUNT REF. | 2115280012010959SUP |
| | JIENT SERVI 08258 20110 0ES: 741.90 | | JR, SAMUEL 552.21 | | TH DATE 20/1971 | RECIPIENT ID 6470 | PRIO 372 | OR AUTHORIZATION # 708 | |
| INV # LIN | IE # PROCED | URE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | | |
| 211529 | | 1C | 0570 | 09/24/12 | 09/24/12 | 5.00 | 79.50 | | |
| 211529 | 2 T1019 | 1C | 0570 | 09/25/12 | 09/25/12 | 5.00 | 79.50 | | |
| 211529 | 3 T1019 | 1C | 0570 | 09/26/12 | 09/26/12 | 5.00 | 79.50 | | |
| 211529 | 4 T1019 | 1C | 0570 | 09/27/12 | 09/27/12 | 5.00 | 79.50 | | |
| | | | | | | | T0 F0 | | |
| 211529 | 5 T1019 | 1C | 0570 | 09/28/12 | 09/28/12 | 5.00 | 79.50 | | |

OF CLAIMS = 10 TOTAL CLAIM AMOUNT = 1,136.86 # SERVICES = 2 PAYER TOTALS: ICS

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012100303131725RRSUP

PROVIDER ID = 113502051 NPI = 1154407492 SUNNYSIDE CITYWIDE

PAYER ID = INIPA HEALTHCARE PARTNERS IPA I

| REG LOC CLIENT NY 001 2008382 DIAGNOSIS CODES: | 2010800 GOMES, AGUSTINA | BIRTH DATE RECIPIENT II 05/05/1933 JRX53860E01 V60.3 | | |
|--|---|---|--|---------------------|
| INV # LINE # 211525 | PROCEDURE CODE REVENUE CD T1019 0580 | FROM DT THRU DT UNITS 09/22/12 09/22/12 36.00 09/23/12 09/23/12 36.00 09/24/12 09/24/12 36.00 09/25/12 09/25/12 36.00 09/26/12 09/25/12 36.00 09/27/12 09/27/12 36.00 09/28/12 09/28/12 36.00 CLAIM TOTAL | AMOUNT 151.92 151.92 151.92 151.92 151.92 151.92 151.92 151.92 1,063.44 CLAIM ACCOUNT REF. | 2115250012010800SUP |
| REG LOC CLIENT NY 001 2008396 DIAGNOSIS CODES: | 2010804 ZAMBRANO, ZOILA | | | |
| INV # LINE # 211527 1 211527 2 211527 3 211527 4 | PROCEDURE CODE REVENUE CD T1019 0580 T1019 0580 T1019 0580 T1019 0580 | FROM DT THRU DT UNITS 09/25/12 09/25/12 16.00 09/26/12 09/26/12 16.00 09/27/12 09/27/12 16.00 09/28/12 09/28/12 16.00 CLAIM TOTAL | AMOUNT 67.52 67.52 67.52 67.52 270.08 CLAIM ACCOUNT REF. | 2115270012010804SUP |
| REG LOC CLIENT NY 001 2008228 DIAGNOSIS CODES: | 2010805 TOWLES, ADA | BIRTH DATE RECIPIENT II 12/10/1954 JZX17878Q01 V61.9 | | |
| INV # LINE # 211526 1 211526 2 211526 3 211526 4 | PROCEDURE CODE REVENUE CD T1019 0580 T1019 0580 T1019 0580 T1019 0580 | FROM DT THRU DT UNITS 09/25/12 09/25/12 16.00 09/26/12 09/26/12 16.00 09/27/12 09/27/12 16.00 09/28/12 09/28/12 16.00 CLAIM TOTAL | AMOUNT 67.52 67.52 67.52 67.52 270.08 CLAIM ACCOUNT REF. | 2115260012010805SUP |
| PAYER TOTALS: | HEALTHCARE PARTNERS IPA I | # OF CLAIMS = 15 TO: # SERVICES = 3 | TAL CLAIM AMOUNT = 1,603. | 60 |
| PROVIDER TOTALS: | SUNNYSIDE CITYWIDE | # OF CLAIMS = 652 TO: # SERVICES = 115 | TAL CLAIM AMOUNT = 81,605. | 54 |