

REPORT DATE 08/08/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080805135449RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008267 2008267 SZE, BECKY 10/30/1992 741244251 111891261
DIAGNOSIS CODES: 343.9 737.9 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205419	1	T1020		07/28/12	07/28/12	8.00	134.96
205419	2	T1020		07/30/12	07/30/12	5.00	84.35
205419	3	T1020		07/31/12	07/31/12	5.00	84.35
205419	4	T1020		08/01/12	08/01/12	5.00	84.35
CLAIM TOTAL							388.01
CLAIM ACCOUNT REF.							2054190012008267SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008267 2008267 SZE, BECKY 10/30/1992 741244251 111891261
DIAGNOSIS CODES: 343.9 737.9 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205420	1	T1020		08/02/12	08/02/12	5.00	84.35
205420	2	T1020		08/03/12	08/03/12	5.00	84.35
CLAIM TOTAL							168.70
CLAIM ACCOUNT REF.							2054200012008267SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205415	1	T1020		07/23/12	07/23/12	9.00	151.83
205415	2	T1020		07/24/12	07/24/12	9.00	151.83
205415	3	T1020		07/25/12	07/25/12	9.00	151.83
205415	4	T1020		07/26/12	07/26/12	9.00	151.83
205415	5	T1020		07/27/12	07/27/12	9.00	151.83
205415	6	T1020		07/28/12	07/28/12	9.00	151.83
205415	7	T1020		07/29/12	07/29/12	9.00	151.83
205415	8	T1020		07/30/12	07/30/12	9.00	151.83
205415	9	T1020		07/31/12	07/31/12	9.00	151.83
205415	10	T1020		08/02/12	08/02/12	9.00	151.83
205415	11	T1020		08/03/12	08/03/12	9.00	151.83
CLAIM TOTAL							1,670.13
CLAIM ACCOUNT REF.							2054150012008268SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205411	1	T1020		07/28/12	07/28/12	7.00	118.09

REPORT DATE 08/08/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 11315 FIDELIS CARE NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
205411	2	T1020		07/29/12	07/29/12	7.00	118.09	
205411	3	T1020		07/30/12	07/30/12	7.00	118.09	
205411	4	T1020		07/31/12	07/31/12	7.00	118.09	
205411	5	T1020		08/01/12	08/01/12	7.00	118.09	
205411	6	T1020		08/02/12	08/02/12	7.00	118.09	
205411	7	T1020		08/03/12	08/03/12	7.00	118.09	
					CLAIM TOTAL		826.63	CLAIM ACCOUNT REF. 2054110012008386SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008400	2008400	SAMOJEDNY, MICHAEL	01/20/1954	74102201600	113550568
DIAGNOSIS	CODES:	436.	401.9	571.5	780.4	799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
205417	1	T1020		06/15/12	06/15/12	10.00	168.70	
205417	2	T1020		07/20/12	07/20/12	10.00	168.70	
					CLAIM TOTAL		337.40	CLAIM ACCOUNT REF. 2054170012008400SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008400	2008400	SAMOJEDNY, MICHAEL	01/20/1954	74102201600	113550568
DIAGNOSIS	CODES:	436.	401.9	571.5	780.4	799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
205418	1	T1020		07/31/12	07/31/12	4.00	67.48	
205418	2	T1020		08/02/12	08/02/12	4.00	67.48	
205418	3	T1020		08/03/12	08/03/12	5.00	84.35	
					CLAIM TOTAL		219.31	CLAIM ACCOUNT REF. 2054180012008400SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
205414	1	T1020		07/28/12	07/28/12	24.00	404.88	
205414	2	T1020		07/29/12	07/29/12	12.00	202.44	
205414	3	T1020		07/30/12	07/30/12	12.00	202.44	
205414	4	T1020		07/31/12	07/31/12	12.00	202.44	
205414	5	T1020		08/01/12	08/01/12	12.00	202.44	
205414	6	T1020		08/02/12	08/02/12	12.00	202.44	
205414	7	T1020		08/03/12	08/03/12	12.00	202.44	
					CLAIM TOTAL		1,619.52	CLAIM ACCOUNT REF. 2054140012009283SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205416	1	T1020		07/28/12	07/28/12	4.00	67.48
205416	2	T1020		07/29/12	07/29/12	4.00	67.48
205416	3	T1020		07/30/12	07/30/12	1.00	16.87
205416	4	T1020		07/31/12	07/31/12	4.00	67.48
205416	5	T1020		08/01/12	08/01/12	4.00	67.48
205416	6	T1020		08/02/12	08/02/12	2.00	33.74
CLAIM TOTAL							320.53
CLAIM ACCOUNT REF.							2054160012009956SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205412	1	T1020		07/30/12	07/30/12	6.00	101.22
205412	2	T1020		07/31/12	07/31/12	6.00	101.22
205412	3	T1020		08/01/12	08/01/12	6.00	101.22
205412	4	T1020		08/02/12	08/02/12	6.00	101.22
205412	5	T1020		08/03/12	08/03/12	3.00	50.61
CLAIM TOTAL							455.49
CLAIM ACCOUNT REF.							2054120012010014SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205421	1	T1020		07/28/12	07/28/12	9.00	151.83
205421	2	T1020		07/29/12	07/29/12	9.00	151.83
205421	3	T1020		07/30/12	07/30/12	9.00	151.83
205421	4	T1020		07/31/12	07/31/12	9.00	151.83
205421	5	T1020		08/01/12	08/01/12	9.00	151.83
205421	6	T1020		08/02/12	08/02/12	9.00	151.83
205421	7	T1020		08/03/12	08/03/12	9.00	151.83
CLAIM TOTAL							1,062.81
CLAIM ACCOUNT REF.							2054210012010041SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2054130012010712SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	59	TOTAL CLAIM AMOUNT =	7,473.41
		# SERVICES =	9		

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205397	1	T1019		08/01/12	08/01/12	16.00	67.52
205397	2	T1019		08/02/12	08/02/12	16.00	67.52
205397	3	T1019		08/03/12	08/03/12	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2053970012008261SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205404	1	T1019		07/28/12	07/28/12	24.00	101.28
205404	2	T1019		07/29/12	07/29/12	24.00	101.28
205404	3	T1019		07/30/12	07/30/12	24.00	101.28
205404	4	T1019		07/31/12	07/31/12	24.00	101.28
205404	5	T1019		08/01/12	08/01/12	24.00	101.28
205404	6	T1019		08/02/12	08/02/12	24.00	101.28
205404	7	T1019		08/03/12	08/03/12	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2054040012008263SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205408	1	T1019		07/28/12	07/28/12	40.00	168.80
205408	2	T1019		07/29/12	07/29/12	40.00	168.80
205408	3	T1019		07/30/12	07/30/12	40.00	168.80
205408	4	T1019		07/31/12	07/31/12	40.00	168.80
205408	5	T1019		08/01/12	08/01/12	40.00	168.80
205408	6	T1019		08/02/12	08/02/12	40.00	168.80
205408	7	T1019		08/03/12	08/03/12	40.00	168.80
CLAIM TOTAL							1,181.60
CLAIM ACCOUNT REF.							2054080012008265SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205410	1	T1019		07/28/12	07/28/12	16.00	67.52

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205410	2	T1019		07/29/12	07/29/12	16.00	67.52
205410	3	T1019		07/30/12	07/30/12	24.00	101.28
205410	4	T1019		07/31/12	07/31/12	24.00	101.28
205410	5	T1019		08/01/12	08/01/12	24.00	101.28
205410	6	T1019		08/03/12	08/03/12	24.00	101.28
CLAIM TOTAL							540.16

CLAIM ACCOUNT REF. 2054100012008303SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205393	1	T1019		07/30/12	07/30/12	24.00	101.28
205393	2	T1019		07/31/12	07/31/12	24.00	101.28
205393	3	T1019		08/01/12	08/01/12	24.00	101.28
205393	4	T1019		08/02/12	08/02/12	24.00	101.28
205393	5	T1019		08/03/12	08/03/12	24.00	101.28
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2053930012008305SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205400	1	T1019		07/23/12	07/23/12	32.00	135.04
CLAIM TOTAL							135.04

CLAIM ACCOUNT REF. 2054000012008366SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205394	1	T1019		07/28/12	07/28/12	28.00	118.16
205394	2	T1019		07/29/12	07/29/12	28.00	118.16
205394	3	T1019		07/30/12	07/30/12	32.00	135.04
205394	4	T1019		07/31/12	07/31/12	28.00	118.16
205394	5	T1019		08/01/12	08/01/12	28.00	118.16
205394	6	T1019		08/02/12	08/02/12	28.00	118.16
205394	7	T1019		08/03/12	08/03/12	28.00	118.16
CLAIM TOTAL							844.00

CLAIM ACCOUNT REF. 2053940012008403SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205405	1	T1019		07/28/12	07/28/12	24.00	101.28
205405	2	T1019		07/30/12	07/30/12	24.00	101.28
205405	3	T1019		07/31/12	07/31/12	24.00	101.28
205405	4	T1019		08/01/12	08/01/12	24.00	101.28
205405	5	T1019		08/02/12	08/02/12	24.00	101.28
CLAIM TOTAL							506.40
							CLAIM ACCOUNT REF. 2054050012008422SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205409	1	T1019		07/30/12	07/30/12	16.00	67.52
205409	2	T1019		07/31/12	07/31/12	16.00	67.52
205409	3	T1019		08/02/12	08/02/12	16.00	67.52
205409	4	T1019		08/03/12	08/03/12	16.00	67.52
CLAIM TOTAL							270.08
							CLAIM ACCOUNT REF. 2054090012008425SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205398	1	T1019		07/28/12	07/28/12	40.00	168.80
205398	2	T1019		07/29/12	07/29/12	40.00	168.80
205398	3	T1019		07/30/12	07/30/12	40.00	168.80
205398	4	T1019		07/31/12	07/31/12	40.00	168.80
205398	5	T1019		08/01/12	08/01/12	40.00	168.80
205398	6	T1019		08/02/12	08/02/12	40.00	168.80
205398	7	T1019		08/03/12	08/03/12	40.00	168.80
CLAIM TOTAL							1,181.60
							CLAIM ACCOUNT REF. 2053980012008427SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205407	1	T1019		07/30/12	07/30/12	16.00	67.52
205407	2	T1019		07/31/12	07/31/12	16.00	67.52

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
205407	3	T1019		08/01/12	08/01/12	16.00	67.52	
205407	4	T1019		08/02/12	08/02/12	16.00	67.52	
205407	5	T1019		08/03/12	08/03/12	16.00	67.52	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2054070012008531SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
205403	1	T1019		07/29/12	07/29/12	16.00	67.52	
205403	2	T1019		07/30/12	07/30/12	24.00	101.28	
205403	3	T1019		07/31/12	07/31/12	28.00	118.16	
205403	4	T1019		08/01/12	08/01/12	28.00	118.16	
205403	5	T1019		08/02/12	08/02/12	28.00	118.16	
205403	6	T1019		08/03/12	08/03/12	28.00	118.16	
					CLAIM TOTAL		641.44	CLAIM ACCOUNT REF. 2054030012008742SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
205396	1	T1019		07/30/12	07/30/12	16.00	67.52	
205396	2	T1019		07/31/12	07/31/12	24.00	101.28	
205396	3	T1019		08/01/12	08/01/12	24.00	101.28	
205396	4	T1019		08/02/12	08/02/12	24.00	101.28	
205396	5	T1019		08/03/12	08/03/12	24.00	101.28	
					CLAIM TOTAL		472.64	CLAIM ACCOUNT REF. 2053960012008802SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
205401	1	T1019		07/30/12	07/30/12	28.00	118.16	
205401	2	T1019		07/31/12	07/31/12	28.00	118.16	
205401	3	T1019		08/01/12	08/01/12	28.00	118.16	
205401	4	T1019		08/02/12	08/02/12	28.00	118.16	
205401	5	T1019		08/03/12	08/03/12	32.00	135.04	
					CLAIM TOTAL		607.68	CLAIM ACCOUNT REF. 2054010012009221SUP

REPORT DATE 08/08/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080805135449RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205402	1	T1019		07/28/12	07/28/12	44.00	185.68
205402	2	T1019		07/29/12	07/29/12	48.00	202.56
205402	3	T1019		07/30/12	07/30/12	48.00	202.56
205402	4	T1019		07/31/12	07/31/12	48.00	202.56
205402	5	T1019		08/01/12	08/01/12	48.00	202.56
205402	6	T1019		08/02/12	08/02/12	48.00	202.56
205402	7	T1019		08/03/12	08/03/12	48.00	202.56
CLAIM TOTAL						1,401.04	CLAIM ACCOUNT REF. 2054020012009356SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205391	1	T1019		07/28/12	07/28/12	32.00	135.04
205391	2	T1019		07/29/12	07/29/12	32.00	135.04
205391	3	T1019		07/30/12	07/30/12	32.00	135.04
205391	4	T1019		07/31/12	07/31/12	32.00	135.04
205391	5	T1019		08/01/12	08/01/12	32.00	135.04
205391	6	T1019		08/02/12	08/02/12	32.00	135.04
205391	7	T1019		08/03/12	08/03/12	32.00	135.04
CLAIM TOTAL						945.28	CLAIM ACCOUNT REF. 2053910012010143SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205406	1	T1019		07/31/12	07/31/12	20.00	84.40
205406	2	T1019		08/01/12	08/01/12	20.00	84.40
205406	3	T1019		08/02/12	08/02/12	20.00	84.40
CLAIM TOTAL						253.20	CLAIM ACCOUNT REF. 2054060012010353SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205399	1	T1019		07/10/12	07/10/12	28.00	118.16

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NPI = 1154407492

CLAIM ACCOUNT REF. 2053990012010639SUP

PRIOR AUTHORIZATION #
061112294691

CLAIM ACCOUNT REF. 2053950012010726SUP

PRIOR AUTHORIZATION #
072111255205

CLAIM ACCOUNT REF. 2053920012010878SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	109	TOTAL CLAIM AMOUNT =	13,318.32
		# SERVICES =	20		

REPORT DATE 08/08/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080805135449RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205447	1	T1019		07/28/12	07/28/12	4.00	68.60
205447	2	T1019		07/29/12	07/29/12	4.00	68.60
205447	3	T1019		07/30/12	07/30/12	12.00	205.80
205447	4	T1019		07/31/12	07/31/12	12.00	205.80
205447	5	T1019		08/01/12	08/01/12	12.00	205.80
205447	6	T1019		08/02/12	08/02/12	12.00	205.80
205447	7	T1019		08/03/12	08/03/12	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2054470012008233SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205458	1	T1019		07/28/12	07/28/12	8.00	137.20
205458	2	T1019		07/29/12	07/29/12	8.00	137.20
205458	3	T1019		07/30/12	07/30/12	11.00	188.65
205458	4	T1019		07/31/12	07/31/12	3.00	51.45
205458	5	T1019		08/01/12	08/01/12	11.00	188.65
205458	6	T1019		08/02/12	08/02/12	11.00	188.65
205458	7	T1019		08/03/12	08/03/12	11.00	188.65
CLAIM TOTAL						1,080.45	CLAIM ACCOUNT REF. 2054580012008236SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008237 2008237 DURHAM, CYNTHIA 05/23/1960 ZB21969Z 0101041290393
DIAGNOSIS CODES: 401.9 250.00 300.00 345.90 493.90 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205452	1	T1019		07/30/12	07/30/12	4.00	68.60
205452	2	T1019		08/01/12	08/01/12	4.00	68.60
CLAIM TOTAL						137.20	CLAIM ACCOUNT REF. 2054520012008237SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008284 2008284 ANDERSON, BETH 12/18/1947 YC43135F 0103131290194
DIAGNOSIS CODES: 340. 286.0 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205446	1	T1019		07/27/12	07/27/12	6.00	102.90
205446	2	T1019		07/30/12	07/30/12	6.00	102.90

REPORT DATE 08/08/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080805135449RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
205446	3	T1019		07/31/12	07/31/12	6.00	102.90	
205446	4	T1019		08/01/12	08/01/12	6.00	102.90	
205446	5	T1019		08/02/12	08/02/12	6.00	102.90	
205446	6	T1019		08/03/12	08/03/12	6.00	102.90	
					CLAIM TOTAL		617.40	CLAIM ACCOUNT REF. 2054460012008284SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008384	2008384	BRIGGS, LOUIS	07/03/1947	ZU46784Z	0102291290368
DIAGNOSIS	CODES:	463.	135.	492.8	365.9	369.10 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
205449	1	T1019		07/28/12	07/28/12	6.00	102.90	
205449	2	T1019		07/29/12	07/29/12	6.00	102.90	
205449	3	T1019		07/30/12	07/30/12	6.00	102.90	
205449	4	T1019		07/31/12	07/31/12	6.00	102.90	
205449	5	T1019		08/01/12	08/01/12	6.00	102.90	
205449	6	T1019		08/02/12	08/02/12	6.00	102.90	
205449	7	T1019		08/03/12	08/03/12	6.00	102.90	
					CLAIM TOTAL		720.30	CLAIM ACCOUNT REF. 2054490012008384SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
205455	1	T1019		07/30/12	07/30/12	8.00	137.20	
					CLAIM TOTAL		137.20	CLAIM ACCOUNT REF. 2054550012008385SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
205456	1	T1019		07/31/12	07/31/12	7.00	120.05	
205456	2	T1019		08/01/12	08/01/12	7.00	120.05	
205456	3	T1019		08/02/12	08/02/12	7.00	120.05	
205456	4	T1019		08/03/12	08/03/12	8.00	137.20	
					CLAIM TOTAL		497.35	CLAIM ACCOUNT REF. 2054560012008385SUP

REPORT DATE 08/08/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080805135449RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 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
205448	1	T1019		07/30/12	07/30/12	5.00	85.75
205448	2	T1019		08/03/12	08/03/12	5.00	85.75
CLAIM TOTAL							171.50

CLAIM ACCOUNT REF. 2054480012008415SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205454	1	T1019		07/28/12	07/28/12	5.00	85.75
205454	2	T1019		07/29/12	07/29/12	5.00	85.75
205454	3	T1019		07/30/12	07/30/12	5.00	85.75
205454	4	T1019		07/31/12	07/31/12	5.00	85.75
205454	5	T1019		08/01/12	08/01/12	5.00	85.75
205454	6	T1019		08/02/12	08/02/12	5.00	85.75
205454	7	T1019		08/03/12	08/03/12	5.00	85.75
CLAIM TOTAL							600.25

CLAIM ACCOUNT REF. 2054540012008417SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205460	1	T1019		07/30/12	07/30/12	8.00	137.20
205460	2	T1019		07/31/12	07/31/12	8.00	137.20
205460	3	T1019		08/01/12	08/01/12	8.00	137.20
CLAIM TOTAL							411.60

CLAIM ACCOUNT REF. 2054600012008418SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205450	1	T1019		07/29/12	07/29/12	10.00	171.50
205450	2	T1019		07/30/12	07/30/12	10.00	171.50
205450	3	T1019		07/31/12	07/31/12	10.00	171.50
205450	4	T1019		08/01/12	08/01/12	10.00	171.50
205450	5	T1019		08/02/12	08/02/12	10.00	171.50
205450	6	T1019		08/03/12	08/03/12	10.00	171.50

REPORT DATE 08/08/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080805135449RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	1,029.00	2054500012008743SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
205451	1	T1019		07/28/12	07/28/12	19.00	325.85	
205451	2	T1019		07/29/12	07/29/12	19.00	325.85	
205451	3	T1019		07/30/12	07/30/12	19.00	325.85	
205451	4	T1019		07/31/12	07/31/12	19.00	325.85	
205451	5	T1019		08/01/12	08/01/12	19.00	325.85	
205451	6	T1019		08/02/12	08/02/12	19.00	325.85	
205451	7	T1019		08/03/12	08/03/12	19.00	325.85	
						CLAIM TOTAL	2,280.95	2054510012009137SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008235	2009688	RAMPERSAID, ALISSA	08/04/1992	SZ46585R	0101131290465
DIAGNOSIS CODES: 319. 315.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
205459	1	T1019		07/30/12	07/30/12	3.00	51.45	
205459	2	T1019		07/31/12	07/31/12	3.00	51.45	
205459	3	T1019		08/01/12	08/01/12	3.00	51.45	
205459	4	T1019		08/02/12	08/02/12	3.00	51.45	
205459	5	T1019		08/03/12	08/03/12	4.00	68.60	
						CLAIM TOTAL	274.40	2054590012009688SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
205461	1	T1019		06/02/12	06/02/12	4.00	68.60	
205461	2	T1019		07/28/12	07/28/12	4.00	68.60	
205461	3	T1019		07/29/12	07/29/12	4.00	68.60	
205461	4	T1019		07/30/12	07/30/12	4.00	68.60	
205461	5	T1019		07/31/12	07/31/12	4.00	68.60	
205461	6	T1019		08/01/12	08/01/12	4.00	68.60	
205461	7	T1019		08/02/12	08/02/12	4.00	68.60	
205461	8	T1019		08/03/12	08/03/12	4.00	68.60	
						CLAIM TOTAL	548.80	2054610012009919SUP

REPORT DATE 08/08/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080805135449RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205462	1	T1019		07/23/12	07/23/12	8.00	137.20
205462	2	T1019		07/25/12	07/25/12	8.00	137.20
205462	3	T1019		07/26/12	07/26/12	8.00	137.20
205462	4	T1019		07/27/12	07/27/12	8.00	137.20
205462	5	T1019		07/30/12	07/30/12	8.00	137.20
205462	6	T1019		07/31/12	07/31/12	7.00	120.05
205462	7	T1019		08/01/12	08/01/12	8.00	137.20
205462	8	T1019		08/02/12	08/02/12	8.00	137.20
205462	9	T1019		08/03/12	08/03/12	8.00	137.20

CLAIM TOTAL 1,217.65 CLAIM ACCOUNT REF. 2054620012010213SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205453	1	T1019		07/28/12	07/28/12	8.00	137.20
205453	2	T1019		07/29/12	07/29/12	8.00	137.20
205453	3	T1019		07/31/12	07/31/12	8.00	137.20
205453	4	T1019		08/01/12	08/01/12	8.00	137.20
205453	5	T1019		08/02/12	08/02/12	8.00	137.20
205453	6	T1019		08/03/12	08/03/12	8.00	137.20

CLAIM TOTAL 823.20 CLAIM ACCOUNT REF. 2054530012010860SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205457	1	T1019		07/30/12	07/30/12	3.00	51.45
205457	2	T1019		07/31/12	07/31/12	3.00	51.45
205457	3	T1019		08/01/12	08/01/12	3.00	51.45
205457	4	T1019		08/02/12	08/02/12	3.00	51.45
205457	5	T1019		08/03/12	08/03/12	3.00	51.45

CLAIM TOTAL 257.25 CLAIM ACCOUNT REF. 2054570012010886SUP

REPORT DATE 08/08/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080805135449RRSUP

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

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	92	TOTAL CLAIM AMOUNT =	11,970.70
		# SERVICES =	16		

REPORT DATE 08/08/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080805135449RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205465	1	T1019		07/28/12	07/28/12	36.00	154.80
205465	2	T1019		07/29/12	07/29/12	36.00	154.80
205465	3	T1019		07/30/12	07/30/12	36.00	154.80
205465	4	T1019		07/31/12	07/31/12	36.00	154.80
205465	5	T1019		08/01/12	08/01/12	36.00	154.80
205465	6	T1019		08/02/12	08/02/12	36.00	154.80
205465	7	T1019		08/03/12	08/03/12	36.00	154.80
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2054650012008286SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205464	1	T1019		07/28/12	07/28/12	24.00	103.20
205464	2	T1019		07/29/12	07/29/12	24.00	103.20
205464	3	T1019		07/30/12	07/30/12	24.00	103.20
205464	4	T1019		07/31/12	07/31/12	24.00	103.20
205464	5	T1019		08/01/12	08/01/12	24.00	103.20
205464	6	T1019		08/02/12	08/02/12	24.00	103.20
205464	7	T1019		08/03/12	08/03/12	24.00	103.20
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2054640012008495SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205463	1	T1019		07/28/12	07/28/12	28.00	120.40
205463	2	T1019		07/29/12	07/29/12	28.00	120.40
205463	3	T1019		07/30/12	07/30/12	28.00	120.40
205463	4	T1019		07/31/12	07/31/12	28.00	120.40
205463	5	T1019		08/01/12	08/01/12	28.00	120.40
205463	6	T1019		08/02/12	08/02/12	28.00	120.40
205463	7	T1019		08/03/12	08/03/12	28.00	120.40
CLAIM TOTAL						842.80	CLAIM ACCOUNT REF. 2054630012010404SUP

REPORT DATE 08/08/12 SUNNYSIDE CITYWIDE
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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		

REPORT DATE 08/08/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080805135449RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205441	1	T1019	0580	07/28/12	07/28/12	36.00	151.92
205441	2	T1019	0580	07/29/12	07/29/12	36.00	151.92
205441	3	T1019	0580	07/30/12	07/30/12	36.00	151.92
205441	4	T1019	0580	07/31/12	07/31/12	36.00	151.92
205441	5	T1019	0580	08/01/12	08/01/12	36.00	151.92
205441	6	T1019	0580	08/03/12	08/03/12	36.00	151.92
CLAIM TOTAL							911.52
CLAIM ACCOUNT REF.							2054410012008471SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205442	1	T1019	0580	07/31/12	07/31/12	24.00	101.28
205442	2	T1019	0580	08/01/12	08/01/12	24.00	101.28
205442	3	T1019	0580	08/02/12	08/02/12	24.00	101.28
CLAIM TOTAL							303.84
CLAIM ACCOUNT REF.							2054420012008491SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008274 2008513 WILLIAMS, DIANE 09/23/1948 YZ36993F 0005080166
DIAGNOSIS CODES: 296.80 250.00 429.3 733.00 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205445	1	T1019	0580	07/30/12	07/30/12	16.00	67.52
205445	2	T1019	0580	07/31/12	07/31/12	16.00	67.52
205445	3	T1019	0580	08/01/12	08/01/12	16.00	67.52
205445	4	T1019	0580	08/02/12	08/02/12	16.00	67.52
205445	5	T1019	0580	08/03/12	08/03/12	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2054450012008513SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008227 2008544 ORR, LOUISE 03/04/1956 ZK40327Q 000505233
DIAGNOSIS CODES: 250.00 401.9 428.0 435.9 429.9 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205443	1	T1019	0580	07/24/12	07/24/12	20.00	84.40
205443	2	T1019	0580	07/28/12	07/28/12	20.00	84.40
205443	3	T1019	0580	07/29/12	07/29/12	20.00	84.40
205443	4	T1019	0580	07/30/12	07/30/12	20.00	84.40

REPORT DATE 08/08/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080805135449RRSUP

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

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205443	5	T1019	0580	07/31/12	07/31/12	20.00	84.40
205443	6	T1019	0580	08/01/12	08/01/12	20.00	84.40
205443	7	T1019	0580	08/02/12	08/02/12	20.00	84.40
205443	8	T1019	0580	08/03/12	08/03/12	20.00	84.40
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2054430012008544SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008193	2008723	REYNOLDS, HARRIET	07/01/1958	SR66809C	0003855084-003

DIAGNOSIS CODES: 728.87 250.00 250.60 311. 401.9 780.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205436	1	T1019	0580	07/24/12	07/24/12	16.00	56.00
205436	2	T1019	0580	07/26/12	07/26/12	16.00	56.00
205436	3	T1019	0580	07/27/12	07/27/12	16.00	56.00
205436	4	T1019	0580	07/31/12	07/31/12	16.00	56.00
205436	5	T1019	0580	08/02/12	08/02/12	16.00	56.00
205436	6	T1019	0580	08/03/12	08/03/12	16.00	56.00
CLAIM TOTAL							336.00

CLAIM ACCOUNT REF. 2054360012008723SUP

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

DIAGNOSIS CODES: 331.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205430	1	T1019	0580	07/28/12	07/28/12	48.00	168.00
205430	2	T1019	0580	07/29/12	07/29/12	48.00	168.00
205430	3	T1019	0580	07/30/12	07/30/12	48.00	168.00
205430	4	T1019	0580	07/31/12	07/31/12	48.00	168.00
205430	5	T1019	0580	08/01/12	08/01/12	48.00	168.00
205430	6	T1019	0580	08/02/12	08/02/12	48.00	168.00
205430	7	T1019	0580	08/03/12	08/03/12	48.00	168.00
CLAIM TOTAL							1,176.00

CLAIM ACCOUNT REF. 2054300012008793SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2009237	2009237	WESTFIELD, BRENDA	01/13/1953	PT26237P	0004291129

DIAGNOSIS CODES: 710.4 250.00 401.9 414.00 493.90 530.81 728.87

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205438	1	T1019	0580	07/28/12	07/28/12	32.00	112.00
205438	2	T1019	0580	07/29/12	07/29/12	32.00	112.00
205438	3	T1019	0580	07/30/12	07/30/12	32.00	112.00
205438	4	T1019	0580	08/01/12	08/01/12	32.00	112.00
205438	5	T1019	0580	08/02/12	08/02/12	32.00	112.00

REPORT DATE 08/08/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080805135449RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205438	6	T1019	0580	08/03/12	08/03/12	31.00	108.50
CLAIM TOTAL							668.50
CLAIM ACCOUNT REF.							2054380012009237SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205444	1	T1019	0580	08/03/12	08/03/12	20.00	84.40
CLAIM TOTAL							84.40
CLAIM ACCOUNT REF.							2054440012009269SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008395	2009406 AHMAD, AMATUL	08/03/1953	YG15821Z	0004979372
DIAGNOSIS CODES: 799.89 253.5 272.4 401.9 493.92 696.8					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205439	1	T1019	0580	07/30/12	07/30/12	16.00	67.52
205439	2	T1019	0580	07/31/12	07/31/12	16.00	67.52
205439	3	T1019	0580	08/01/12	08/01/12	16.00	67.52
205439	4	T1019	0580	08/02/12	08/02/12	16.00	67.52
205439	5	T1019	0580	08/03/12	08/03/12	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2054390012009406SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205435	1	T1019	0580	07/28/12	07/28/12	48.00	168.00
205435	2	T1019	0580	07/29/12	07/29/12	48.00	168.00
205435	3	T1019	0580	07/30/12	07/30/12	48.00	168.00
205435	4	T1019	0580	07/31/12	07/31/12	48.00	168.00
205435	5	T1019	0580	08/01/12	08/01/12	48.00	168.00
205435	6	T1019	0580	08/02/12	08/02/12	48.00	168.00
205435	7	T1019	0580	08/03/12	08/03/12	48.00	168.00
CLAIM TOTAL							1,176.00
CLAIM ACCOUNT REF.							2054350012009467SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205440	1	T1019	0580	08/02/12	08/02/12	32.00	135.04

REPORT DATE 08/08/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080805135449RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							135.04	2054400012009562SUP
						CLAIM TOTAL		

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
205432	1	T1019	0580	07/30/12	07/30/12	16.00	56.00	
205432	2	T1019	0580	07/31/12	07/31/12	16.00	56.00	
205432	3	T1019	0580	08/01/12	08/01/12	16.00	56.00	
205432	4	T1019	0580	08/02/12	08/02/12	16.00	56.00	
205432	5	T1019	0580	08/03/12	08/03/12	16.00	56.00	
						CLAIM TOTAL	280.00	2054320012009686SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
205434	1	T1019	0580	07/30/12	07/30/12	28.00	98.00	
205434	2	T1019	0580	07/31/12	07/31/12	28.00	98.00	
205434	3	T1019	0580	08/01/12	08/01/12	28.00	98.00	
205434	4	T1019	0580	08/02/12	08/02/12	28.00	98.00	
205434	5	T1019	0580	08/03/12	08/03/12	28.00	98.00	
						CLAIM TOTAL	490.00	2054340012009945SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
205429	1	T1019	0580	07/30/12	07/30/12	20.00	70.00	
205429	2	T1019	0580	07/31/12	07/31/12	24.00	84.00	
205429	3	T1019	0580	08/01/12	08/01/12	15.00	52.50	
205429	4	T1019	0580	08/02/12	08/02/12	20.00	70.00	
205429	5	T1019	0580	08/03/12	08/03/12	20.00	70.00	
						CLAIM TOTAL	346.50	2054290012010293SUP

REPORT DATE 08/08/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080805135449RRSUP

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

NPI = 1154407492

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
205437	1	T1019	0580	07/30/12	07/30/12	48.00	168.00
205437	2	T1019	0580	07/31/12	07/31/12	48.00	168.00
205437	3	T1019	0580	08/01/12	08/01/12	48.00	168.00
205437	4	T1019	0580	08/02/12	08/02/12	44.00	154.00
205437	5	T1019	0580	08/03/12	08/03/12	48.00	168.00
CLAIM TOTAL							826.00

CLAIM ACCOUNT REF. 2054370012010316SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008113 2010754 COPELAND, ELISE 10/05/1928 QJ28865K 0005111746
DIAGNOSIS CODES: 250.00 369.9 311. 401.9 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205431	1	G0156	0572	07/30/12	07/30/12	6.00	85.50
205431	2	G0156	0572	07/31/12	07/31/12	6.00	85.50
205431	3	G0156	0572	08/01/12	08/01/12	6.00	85.50
205431	4	G0156	0572	08/02/12	08/02/12	6.00	85.50
205431	5	G0156	0572	08/03/12	08/03/12	7.00	99.75
CLAIM TOTAL							441.75

CLAIM ACCOUNT REF. 2054310012010754SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010991 2010991 IANNAZZO, ANGELINA 06/04/1921 RD78526M 0005197384
DIAGNOSIS CODES: 401.9 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205433	1	T1019	0580	07/25/12	07/25/12	36.00	126.00
205433	2	T1019	0580	07/26/12	07/26/12	36.00	126.00
205433	3	T1019	0580	07/27/12	07/27/12	36.00	126.00
205433	4	T1019	0580	07/28/12	07/28/12	36.00	126.00
205433	5	T1019	0580	07/29/12	07/29/12	36.00	126.00
205433	6	T1019	0580	07/30/12	07/30/12	36.00	126.00
205433	7	T1019	0580	07/31/12	07/31/12	36.00	126.00
205433	8	T1019	0580	08/01/12	08/01/12	36.00	126.00
205433	9	T1019	0580	08/02/12	08/02/12	36.00	126.00
205433	10	T1019	0580	08/03/12	08/03/12	36.00	126.00
CLAIM TOTAL							1,260.00

CLAIM ACCOUNT REF. 2054330012010991SUP

REPORT DATE 08/08/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080805135449RRSUP

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

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	90	TOTAL CLAIM AMOUNT =	9,785.95
		# SERVICES =	17		

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NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2054790012010958SUP

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

REPORT DATE 08/08/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080805135449RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205380	1	T1019		07/14/12	07/14/12	12.00	50.64
205380	2	T1019		07/15/12	07/15/12	12.00	50.64
205380	3	T1019		07/16/12	07/16/12	12.00	50.64
205380	4	T1019		07/17/12	07/17/12	12.00	50.64
205380	5	T1019		07/18/12	07/18/12	12.00	50.64
205380	6	T1019		07/19/12	07/19/12	12.00	50.64
205380	7	T1019		07/20/12	07/20/12	12.00	50.64
CLAIM TOTAL							354.48
CLAIM ACCOUNT REF.							2053800012008246SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205381	1	T1019		07/16/12	07/16/12	12.00	50.64
205381	2	T1019		07/18/12	07/18/12	12.00	50.64
205381	3	T1019		07/20/12	07/20/12	12.00	50.64
205381	4	T1019		07/23/12	07/23/12	12.00	50.64
205381	5	T1019		07/25/12	07/25/12	12.00	50.64
205381	6	T1019		07/27/12	07/27/12	12.00	50.64
CLAIM TOTAL							303.84
CLAIM ACCOUNT REF.							2053810012008248SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205378	1	T1019		07/28/12	07/28/12	44.00	185.68
205378	2	T1019		07/29/12	07/29/12	44.00	185.68
205378	3	T1019		07/30/12	07/30/12	44.00	185.68
205378	4	T1019		07/31/12	07/31/12	44.00	185.68
205378	5	T1019		08/01/12	08/01/12	44.00	185.68
205378	6	T1019		08/02/12	08/02/12	44.00	185.68
205378	7	T1019		08/03/12	08/03/12	44.00	185.68
CLAIM TOTAL							1,299.76
CLAIM ACCOUNT REF.							2053780012008249SUP

REPORT DATE 08/08/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080805135449RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205384	1	T1019		07/28/12	07/28/12	32.00	135.04
205384	2	T1019		07/29/12	07/29/12	32.00	135.04
205384	3	T1019		07/30/12	07/30/12	32.00	135.04
205384	4	T1019		07/31/12	07/31/12	32.00	135.04
205384	5	T1019		08/01/12	08/01/12	32.00	135.04
205384	6	T1019		08/02/12	08/02/12	32.00	135.04
205384	7	T1019		08/03/12	08/03/12	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2053840012008250SUP

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
205362	1	T1019		07/30/12	07/30/12	32.00	135.04
205362	2	T1019		07/31/12	07/31/12	32.00	135.04
205362	3	T1019		08/01/12	08/01/12	32.00	135.04
205362	4	T1019		08/02/12	08/02/12	32.00	135.04
205362	5	T1019		08/03/12	08/03/12	32.00	135.04
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2053620012008251SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205386	1	T1019		07/30/12	07/30/12	20.00	84.40
205386	2	T1019		08/01/12	08/01/12	20.00	84.40
205386	3	T1019		08/02/12	08/02/12	20.00	84.40
205386	4	T1019		08/03/12	08/03/12	20.00	84.40
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2053860012008254SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205360	1	T1019		07/30/12	07/30/12	32.00	135.04
205360	2	T1019		07/31/12	07/31/12	32.00	135.04

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
205360	3	T1019		08/01/12	08/01/12	32.00	135.04	
205360	4	T1019		08/02/12	08/02/12	32.00	135.04	
205360	5	T1019		08/03/12	08/03/12	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2053600012008256SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
205368	1	T1019		07/28/12	07/28/12	24.00	101.28	
205368	2	T1019		07/29/12	07/29/12	24.00	101.28	
205368	3	T1019		07/30/12	07/30/12	24.00	101.28	
205368	4	T1019		07/31/12	07/31/12	24.00	101.28	
205368	5	T1019		08/01/12	08/01/12	24.00	101.28	
205368	6	T1019		08/02/12	08/02/12	24.00	101.28	
205368	7	T1019		08/03/12	08/03/12	24.00	101.28	
					CLAIM TOTAL		708.96	CLAIM ACCOUNT REF. 2053680012008257SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008258 2008258 RUIZ JR, SAMUEL 11/20/1971 ZA59624E R1867838
DIAGNOSIS CODES: 741.90 331.4 552.21

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
205383	1	T1019		07/30/12	07/30/12	12.00	50.64	
205383	2	T1019		07/31/12	07/31/12	12.00	50.64	
205383	3	T1019		08/01/12	08/01/12	12.00	50.64	
205383	4	T1019		08/02/12	08/02/12	16.00	67.52	
					CLAIM TOTAL		219.44	CLAIM ACCOUNT REF. 2053830012008258SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
205385	1	T1019		07/30/12	07/30/12	32.00	135.04	
205385	2	T1019		07/31/12	07/31/12	32.00	135.04	
205385	3	T1019		08/01/12	08/01/12	32.00	135.04	
205385	4	T1019		08/02/12	08/02/12	32.00	135.04	
205385	5	T1019		08/03/12	08/03/12	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2053850012008290SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205379	1	T1019		07/30/12	07/30/12	16.00	67.52
205379	2	T1019		08/01/12	08/01/12	16.00	67.52
205379	3	T1019		08/03/12	08/03/12	16.00	67.52
CLAIM TOTAL							202.56
							CLAIM ACCOUNT REF. 2053790012008297SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205371	1	T1019		07/28/12	07/28/12	28.00	118.16
205371	2	T1019		07/29/12	07/29/12	28.00	118.16
205371	3	T1019		07/30/12	07/30/12	28.00	118.16
205371	4	T1019		07/31/12	07/31/12	28.00	118.16
205371	5	T1019		08/01/12	08/01/12	28.00	118.16
205371	6	T1019		08/02/12	08/02/12	28.00	118.16
205371	7	T1019		08/03/12	08/03/12	28.00	118.16
CLAIM TOTAL							827.12
							CLAIM ACCOUNT REF. 2053710012008362SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008368 2008368 RODRIGUEZ, MARGARET 06/25/1950 ZP21043J R1735645
DIAGNOSIS CODES: 295.90 250.00 272.4 311. 401.9 414.3 733.00 780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205382	1	T1019		07/30/12	07/30/12	16.00	67.52
205382	2	T1019		07/31/12	07/31/12	16.00	67.52
205382	3	T1019		08/01/12	08/01/12	16.00	67.52
205382	4	T1019		08/02/12	08/02/12	16.00	67.52
205382	5	T1019		08/03/12	08/03/12	16.00	67.52
CLAIM TOTAL							337.60
							CLAIM ACCOUNT REF. 2053820012008368SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205387	1	T1019		07/28/12	07/28/12	36.00	151.92
205387	2	T1019		07/29/12	07/29/12	36.00	151.92
205387	3	T1019		07/30/12	07/30/12	40.00	168.80

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205387	4	T1019		07/31/12	07/31/12	40.00	168.80
205387	5	T1019		08/01/12	08/01/12	40.00	168.80
205387	6	T1019		08/02/12	08/02/12	40.00	168.80
205387	7	T1019		08/03/12	08/03/12	40.00	168.80
CLAIM TOTAL							1,147.84
CLAIM ACCOUNT REF.							2053870012008405SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205372	1	T1019		07/28/12	07/28/12	32.00	135.04
205372	2	T1019		07/29/12	07/29/12	32.00	135.04
205372	3	T1019		07/30/12	07/30/12	32.00	135.04
205372	4	T1019		07/31/12	07/31/12	32.00	135.04
205372	5	T1019		08/01/12	08/01/12	32.00	135.04
205372	6	T1019		08/02/12	08/02/12	32.00	135.04
205372	7	T1019		08/03/12	08/03/12	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2053720012008411SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205374	1	T1019		07/28/12	07/28/12	28.00	118.16
205374	2	T1019		07/29/12	07/29/12	28.00	118.16
205374	3	T1019		07/30/12	07/30/12	28.00	118.16
205374	4	T1019		07/31/12	07/31/12	28.00	118.16
205374	5	T1019		08/01/12	08/01/12	28.00	118.16
205374	6	T1019		08/02/12	08/02/12	28.00	118.16
205374	7	T1019		08/03/12	08/03/12	28.00	118.16
CLAIM TOTAL							827.12
CLAIM ACCOUNT REF.							2053740012008428SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205358	1	T1019		07/28/12	07/28/12	32.00	135.04
205358	2	T1019		07/29/12	07/29/12	32.00	135.04
205358	3	T1019		07/30/12	07/30/12	32.00	135.04
205358	4	T1019		07/31/12	07/31/12	32.00	135.04

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
205358	5	T1019		08/01/12	08/01/12	32.00	135.04	
205358	6	T1019		08/02/12	08/02/12	32.00	135.04	
205358	7	T1019		08/03/12	08/03/12	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2053580012008433SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008487	2008487	BEGUM, MANWARA	11/23/1949	VD44720Z	0111011101457
DIAGNOSIS	CODES:	250.00	244.8	311.	401.9	428.0	733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
205356	1	T1019		06/03/12	06/03/12	16.00	67.52	
					CLAIM TOTAL		67.52	CLAIM ACCOUNT REF. 2053560012008487SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
205357	1	T1019		07/28/12	07/28/12	16.00	67.52	
205357	2	T1019		07/29/12	07/29/12	16.00	67.52	
205357	3	T1019		07/30/12	07/30/12	16.00	67.52	
205357	4	T1019		07/31/12	07/31/12	16.00	67.52	
205357	5	T1019		08/01/12	08/01/12	16.00	67.52	
205357	6	T1019		08/02/12	08/02/12	16.00	67.52	
205357	7	T1019		08/03/12	08/03/12	16.00	67.52	
					CLAIM TOTAL		472.64	CLAIM ACCOUNT REF. 2053570012008487SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
205388	1	T1019		07/28/12	07/28/12	16.00	67.52	
205388	2	T1019		07/29/12	07/29/12	16.00	67.52	
205388	3	T1019		07/30/12	07/30/12	16.00	67.52	
205388	4	T1019		07/31/12	07/31/12	16.00	67.52	
205388	5	T1019		08/01/12	08/01/12	16.00	67.52	
205388	6	T1019		08/02/12	08/02/12	16.00	67.52	
205388	7	T1019		08/03/12	08/03/12	16.00	67.52	
					CLAIM TOTAL		472.64	CLAIM ACCOUNT REF. 2053880012008558SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205367	1	T1019		05/17/12	05/17/12	16.00	67.52
205367	2	T1019		07/28/12	07/28/12	16.00	67.52
205367	3	T1019		07/29/12	07/29/12	16.00	67.52
205367	4	T1019		07/30/12	07/30/12	16.00	67.52
205367	5	T1019		07/31/12	07/31/12	16.00	67.52
205367	6	T1019		08/01/12	08/01/12	16.00	67.52
205367	7	T1019		08/02/12	08/02/12	16.00	67.52
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2053670012008571SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205369	1	T1019		07/24/12	07/24/12	16.00	67.52
205369	2	T1019		07/30/12	07/30/12	16.00	67.52
205369	3	T1019		07/31/12	07/31/12	16.00	67.52
205369	4	T1019		08/01/12	08/01/12	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2053690012009000SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008380 2009001 FERRERA, FRANCISCA 06/06/1948 YH55651V R1695654
DIAGNOSIS CODES: 301.9 401.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205370	1	T1019		07/24/12	07/24/12	12.00	50.64
205370	2	T1019		07/25/12	07/25/12	12.00	50.64
205370	3	T1019		07/27/12	07/27/12	12.00	50.64
205370	4	T1019		07/30/12	07/30/12	12.00	50.64
205370	5	T1019		07/31/12	07/31/12	12.00	50.64
205370	6	T1019		08/02/12	08/02/12	12.00	50.64
205370	7	T1019		08/03/12	08/03/12	12.00	50.64
CLAIM TOTAL							354.48
CLAIM ACCOUNT REF.							2053700012009001SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205363	1	T1019		07/29/12	07/29/12	20.00	84.40
205363	2	T1019		07/30/12	07/30/12	20.00	84.40
205363	3	T1019		07/31/12	07/31/12	20.00	84.40
205363	4	T1019		08/01/12	08/01/12	20.00	84.40
205363	5	T1019		08/02/12	08/02/12	20.00	84.40
205363	6	T1019		08/03/12	08/03/12	20.00	84.40
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2053630012009256SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205361	1	T1019		07/28/12	07/28/12	32.00	135.04
205361	2	T1019		07/30/12	07/30/12	32.00	135.04
205361	3	T1019		07/31/12	07/31/12	32.00	135.04
205361	4	T1019		08/01/12	08/01/12	32.00	135.04
205361	5	T1019		08/02/12	08/02/12	32.00	135.04
205361	6	T1019		08/03/12	08/03/12	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2053610012009270SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205364	1	T1019		07/30/12	07/30/12	24.00	101.28
205364	2	T1019		07/31/12	07/31/12	24.00	101.28
205364	3	T1019		08/01/12	08/01/12	24.00	101.28
205364	4	T1019		08/02/12	08/02/12	24.00	101.28
205364	5	T1019		08/03/12	08/03/12	24.00	101.28
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2053640012009405SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205359	1	T1019		08/01/12	08/01/12	24.00	101.28

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PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
205359	2	T1019		08/02/12	08/02/12	24.00	101.28	
205359	3	T1019		08/03/12	08/03/12	24.00	101.28	
						CLAIM TOTAL	303.84	CLAIM ACCOUNT REF. 2053590012009560SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
205373	1	T1019		07/30/12	07/30/12	16.00	67.52	
205373	2	T1019		08/01/12	08/01/12	16.00	67.52	
205373	3	T1019		08/03/12	08/03/12	16.00	67.52	
						CLAIM TOTAL	202.56	CLAIM ACCOUNT REF. 2053730012009657SUP

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	
205390	1	T1019		07/30/12	07/30/12	32.00	135.04	
205390	2	T1019		07/31/12	07/31/12	32.00	135.04	
205390	3	T1019		08/01/12	08/01/12	32.00	135.04	
205390	4	T1019		08/02/12	08/02/12	32.00	135.04	
205390	5	T1019		08/03/12	08/03/12	32.00	135.04	
						CLAIM TOTAL	675.20	CLAIM ACCOUNT REF. 2053900012010009SUP

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	
205377	1	T1020		07/28/12	07/28/12	7.00	118.16	
205377	2	T1020		07/29/12	07/29/12	7.00	118.16	
205377	3	T1020		07/30/12	07/30/12	7.00	118.16	
205377	4	T1020		07/31/12	07/31/12	7.00	118.16	
205377	5	T1020		08/01/12	08/01/12	7.00	118.16	
205377	6	T1020		08/02/12	08/02/12	7.00	118.16	
205377	7	T1020		08/03/12	08/03/12	7.00	118.16	
						CLAIM TOTAL	827.12	CLAIM ACCOUNT REF. 2053770012010311SUP

REPORT DATE 08/08/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080805135449RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205389	1	T1019		07/28/12	07/28/12	20.00	84.40
205389	2	T1019		07/29/12	07/29/12	20.00	84.40
205389	3	T1019		08/03/12	08/03/12	20.00	84.40
CLAIM TOTAL							253.20
CLAIM ACCOUNT REF.							2053890012010758SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205366	1	T1019		07/30/12	07/30/12	16.00	67.52
205366	2	T1019		07/31/12	07/31/12	16.00	67.52
205366	3	T1019		08/01/12	08/01/12	16.00	67.52
205366	4	T1019		08/02/12	08/02/12	16.00	67.52
205366	5	T1019		08/03/12	08/03/12	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2053660012010933SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008813 2010967 LARA, TOMASA 10/11/1931 SX47950B R1683682
DIAGNOSIS CODES: 401.9 244.9 272.4 715.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205375	1	T1019		07/28/12	07/28/12	16.00	67.52
205375	2	T1019		07/29/12	07/29/12	16.00	67.52
205375	3	T1019		07/30/12	07/30/12	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2053750012010967SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205376	1	T1019		07/31/12	07/31/12	32.00	135.04
205376	2	T1019		08/01/12	08/01/12	32.00	135.04
205376	3	T1019		08/02/12	08/02/12	32.00	135.04
205376	4	T1019		08/03/12	08/03/12	32.00	135.04
CLAIM TOTAL							540.16
CLAIM ACCOUNT REF.							2053760012010967SUP

REPORT DATE 08/08/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
205365	1	T1019		08/02/12	08/02/12	32.00	135.04	
205365	2	T1019		08/03/12	08/03/12	40.00	168.80	
					CLAIM TOTAL	303.84		CLAIM ACCOUNT REF. 2053650012011058SUP

PAYER TOTALS: HEALTHFIRST PHSP # OF CLAIMS = 185 TOTAL CLAIM AMOUNT = 19,006.88
SERVICES = 33

REPORT DATE 08/08/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080805135449RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205422	1	T1019		07/28/12	07/28/12	40.00	171.60
205422	2	T1019		07/29/12	07/29/12	40.00	171.60
205422	3	T1019		07/30/12	07/30/12	40.00	171.60
205422	4	T1019		07/31/12	07/31/12	40.00	171.60
205422	5	T1019		08/01/12	08/01/12	40.00	171.60
205422	6	T1019		08/02/12	08/02/12	40.00	171.60
205422	7	T1019		08/03/12	08/03/12	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2054220012008245SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205423	1	T1019		07/28/12	07/28/12	16.00	68.64
205423	2	T1019		07/29/12	07/29/12	16.00	68.64
205423	3	T1019		07/30/12	07/30/12	36.00	154.44
205423	4	T1019		07/31/12	07/31/12	36.00	154.44
205423	5	T1019		08/01/12	08/01/12	36.00	154.44
205423	6	T1019		08/02/12	08/02/12	36.00	154.44
205423	7	T1019		08/03/12	08/03/12	36.00	154.44
CLAIM TOTAL						909.48	CLAIM ACCOUNT REF. 2054230012008287SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205427	1	T1019		07/28/12	07/28/12	32.00	137.28
205427	2	T1019		07/29/12	07/29/12	32.00	137.28
205427	3	T1019		07/30/12	07/30/12	32.00	137.28
205427	4	T1019		07/31/12	07/31/12	32.00	137.28
205427	5	T1019		08/01/12	08/01/12	32.00	137.28
205427	6	T1019		08/02/12	08/02/12	32.00	137.28
205427	7	T1019		08/03/12	08/03/12	32.00	137.28
CLAIM TOTAL						960.96	CLAIM ACCOUNT REF. 2054270012008401SUP

REPORT DATE 08/08/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080805135449RRSUP

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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 100600278 607630266
DIAGNOSIS CODES: 250.00 272.4 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
205428	1	T1019		07/28/12	07/28/12	16.00	68.64	
205428	2	T1019		07/29/12	07/29/12	16.00	68.64	
205428	3	T1019		07/30/12	07/30/12	16.00	68.64	
205428	4	T1019		07/31/12	07/31/12	16.00	68.64	
205428	5	T1019		08/01/12	08/01/12	16.00	68.64	
205428	6	T1019		08/02/12	08/02/12	16.00	68.64	
205428	7	T1019		08/03/12	08/03/12	16.00	68.64	
				CLAIM TOTAL		480.48		CLAIM ACCOUNT REF. 2054280012008432SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008389 2008502 MUSHAYEV, BORIS 08/14/1947 100199248 607620708
DIAGNOSIS CODES: 401.9 250.00 425.8 428.0 441.00 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
205424	1	T1019		07/30/12	07/30/12	12.00	51.48	
205424	2	T1019		07/31/12	07/31/12	12.00	51.48	
205424	3	T1019		08/01/12	08/01/12	12.00	51.48	
205424	4	T1019		08/02/12	08/02/12	12.00	51.48	
205424	5	T1019		08/03/12	08/03/12	12.00	51.48	
				CLAIM TOTAL		257.40		CLAIM ACCOUNT REF. 2054240012008502SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010774 2010774 PAUL, PUTUL 10/10/1956 101218709 608277910
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
205425	1	T1019		07/30/12	07/30/12	16.00	68.64	
				CLAIM TOTAL		68.64		CLAIM ACCOUNT REF. 2054250012010774SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010774 2010774 PAUL, PUTUL 10/10/1956 101218709 6083933452
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
205426	1	T1019		08/01/12	08/01/12	16.00	68.64	
205426	2	T1019		08/03/12	08/03/12	16.00	68.64	
				CLAIM TOTAL		137.28		CLAIM ACCOUNT REF. 2054260012010774SUP

REPORT DATE 08/08/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080805135449RRSUP

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

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	36	TOTAL CLAIM AMOUNT =	4,015.44
		# SERVICES =	6		

REPORT DATE 08/08/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080805135449RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205470	1	T1019	0580	07/24/12	07/24/12	32.00	135.04
205470	2	T1019	0580	07/28/12	07/28/12	40.00	168.80
205470	3	T1019	0580	07/29/12	07/29/12	40.00	168.80
205470	4	T1019	0580	07/30/12	07/30/12	32.00	135.04
205470	5	T1019	0580	07/31/12	07/31/12	36.00	151.92
205470	6	T1019	0580	08/01/12	08/01/12	32.00	135.04
205470	7	T1019	0580	08/02/12	08/02/12	32.00	135.04
205470	8	T1019	0580	08/03/12	08/03/12	40.00	168.80
CLAIM TOTAL						1,198.48	CLAIM ACCOUNT REF. 2054700012008266SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205472	1	S5130	0582	08/03/12	08/03/12	16.00	67.52
CLAIM TOTAL						67.52	CLAIM ACCOUNT REF. 2054720012009279SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205468	1	T1019	0580	07/30/12	07/30/12	32.00	135.04
205468	2	T1019	0580	07/31/12	07/31/12	36.00	151.92
CLAIM TOTAL						286.96	CLAIM ACCOUNT REF. 2054680012009647SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205469	1	T1019	0580	08/01/12	08/01/12	32.00	135.04
205469	2	T1019	0580	08/02/12	08/02/12	36.00	151.92
205469	3	T1019	0580	08/03/12	08/03/12	32.00	135.04
CLAIM TOTAL						422.00	CLAIM ACCOUNT REF. 2054690012009647SUP

REPORT DATE 08/08/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080805135449RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010003 2010724 DENNISON, KELVIN 09/23/1991 6944796 103006820
DIAGNOSIS CODES: 344.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205466	1	T1019	0580	07/30/12	07/30/12	24.00	101.28
205466	2	T1019	0580	07/31/12	07/31/12	24.00	101.28
205466	3	T1019	0580	08/01/12	08/01/12	24.00	101.28
205466	4	T1019	0580	08/02/12	08/02/12	24.00	101.28
205466	5	T1019	0580	08/03/12	08/03/12	16.00	67.52
CLAIM TOTAL							472.64

CLAIM ACCOUNT REF. 2054660012010724SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205474	1	T1019	0580	07/28/12	07/28/12	16.00	67.52
205474	2	T1019	0580	07/29/12	07/29/12	16.00	67.52
205474	3	T1019	0580	07/30/12	07/30/12	8.00	33.76
205474	4	T1019	0580	07/31/12	07/31/12	8.00	33.76
205474	5	T1019	0580	08/01/12	08/01/12	8.00	33.76
205474	6	T1019	0580	08/02/12	08/02/12	8.00	33.76
205474	7	T1019	0580	08/03/12	08/03/12	8.00	33.76
CLAIM TOTAL							303.84

CLAIM ACCOUNT REF. 2054740012010728SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205473	1	T1019	0580	07/28/12	07/28/12	20.00	84.40
205473	2	T1019	0580	07/29/12	07/29/12	20.00	84.40
205473	3	T1019	0580	07/30/12	07/30/12	12.00	50.64
205473	4	T1019	0580	07/31/12	07/31/12	12.00	50.64
205473	5	T1019	0580	08/01/12	08/01/12	12.00	50.64
205473	6	T1019	0580	08/02/12	08/02/12	12.00	50.64
205473	7	T1019	0580	08/03/12	08/03/12	12.00	50.64
CLAIM TOTAL							422.00

CLAIM ACCOUNT REF. 2054730012010729SUP

REPORT DATE 08/08/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = AMRGRI AMERIGROUP NEW YORK,LLC

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 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
205467	1	T1019	0580	07/30/12	07/30/12	16.00	67.52
205467	2	T1019	0580	07/31/12	07/31/12	16.00	67.52
205467	3	T1019	0580	08/02/12	08/02/12	16.00	67.52
205467	4	T1019	0580	08/03/12	08/03/12	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2054670012010730SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
205471	1	T1019	0580	07/30/12	07/30/12	24.00	101.28
205471	2	T1019	0580	07/31/12	07/31/12	24.00	101.28
205471	3	T1019	0580	08/01/12	08/01/12	24.00	101.28
205471	4	T1019	0580	08/02/12	08/02/12	24.00	101.28
205471	5	T1019	0580	08/03/12	08/03/12	24.00	101.28
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2054710012010731SUP

PAYER TOTALS: AMERIGROUP NEW YORK,LLC # OF CLAIMS = 42 TOTAL CLAIM AMOUNT = 3,949.92
SERVICES = 8

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NPI = 1154407492

PRIOR AUTHORIZATION #
364551

,957.41 CLAIM ACCOUNT REF. 2054770012010959SUP

PRIOR AUTHORIZATION #
372708

CLAIM ACCOUNT REF. 2054780012011073SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	20	TOTAL CLAIM AMOUNT =	3,021.01
		# SERVICES =	2		

REPORT DATE 08/08/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080805135449RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = INIPA HEALTHCARE PARTNERS IPA I

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008382 2010800 GOMES, AGUSTINA 05/05/1933 JRX53860E01 2012062692600004
DIAGNOSIS CODES: V60.3 153.0 230.3 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
205475	1	T1019	0580	07/30/12	07/30/12	36.00	151.92	
205475	2	T1019	0580	07/31/12	07/31/12	36.00	151.92	
205475	3	T1019	0580	08/01/12	08/01/12	36.00	151.92	
205475	4	T1019	0580	08/02/12	08/02/12	36.00	151.92	
205475	5	T1019	0580	08/03/12	08/03/12	36.00	151.92	
					CLAIM TOTAL	759.60		CLAIM ACCOUNT REF. 2054750012010800SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JSV04323R01 2012062692600006
DIAGNOSIS CODES: 250.11 272.0 401.9 435.9 586.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
205476	1	T1019	0580	07/31/12	07/31/12	16.00	67.52	
205476	2	T1019	0580	08/01/12	08/01/12	16.00	67.52	
205476	3	T1019	0580	08/02/12	08/02/12	16.00	67.52	
205476	4	T1019	0580	08/03/12	08/03/12	16.00	67.52	
					CLAIM TOTAL	270.08		CLAIM ACCOUNT REF. 2054760012010804SUP

PAYER TOTALS: HEALTHCARE PARTNERS IPA I # OF CLAIMS = 9 TOTAL CLAIM AMOUNT = 1,029.68
SERVICES = 2

PROVIDER TOTALS: SUNNYSIDE CITYWIDE # OF CLAIMS = 668 TOTAL CLAIM AMOUNT = 76,820.71
SERVICES = 117