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

230052

1 T1020

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE:

1

PROVIDER ID = 113502051 PAYER ID = 11315	SUNNYSIDE C: FIDELIS CARI	ITYWIDE E NY	N	NPI = 1154407492	
REG LOC CLIENT SERVICE NY 001 2008267 2008267 DIAGNOSIS CODES: 343.9 73	NAME SZE, BECKY 87.9 799.89	BIRTH DATE 10/30/1992	RECIPIENT ID 741244251	PRIOR AUTHORIZATION # 111891261	
INV # LINE # PROCEDURE 230058 1 T1020 230058 2 T1020 230058 3 T1020 230058 4 T1020 230058 5 T1020		FROM DT THRU DT 02/09/13 02/09/13 02/11/13 02/11/13 02/12/13 02/12/13 02/14/13 02/14/13 02/15/13 02/15/13	6.00 6.00 6.00	AMOUNT 185.57 101.22 101.22 101.22 101.22 590.45 CLAIM ACCOUNT REF.	2300580012008267SUP
REG LOC CLIENT SERVICE NY 001 2008268 2008268 DIAGNOSIS CODES: 340. 34	NAME PANOS, DESPINA D 15.90 401.9 493	05/11/1950	RECIPIENT ID 64126998700	PRIOR AUTHORIZATION # 111800517	
INV # LINE # PROCEDURE 230055 1 T1020 230055 2 T1020 230055 3 T1020 230055 4 T1020 230055 5 T1020 230055 6 T1020 230055 7 T1020		FROM DT THRU DT 02/09/13 02/10/13 02/10/13 02/11/13 02/11/13 02/12/13 02/12/13 02/13/13 02/14/13 02/15/13 02/15/13 02/15/13 02/15/13 02/15/13	9.00 9.00 9.00 9.00 9.00 9.00	AMOUNT 151.83 151.83 151.83 151.83 151.83 151.83 151.83 1,062.81 CLAIM ACCOUNT REF.	2300550012008268SUP
REG LOC CLIENT SERVICE NY 001 2008306 2008306 DIAGNOSIS CODES: 340. 73	NAME GIL, ALICIA M 33.00 530.81	BIRTH DATE 12/05/1941	RECIPIENT ID 74148852400	PRIOR AUTHORIZATION # 111891265	
INV # LINE # PROCEDURE 230053 1 T1020 230053 2 T1020 230053 3 T1020 230053 4 T1020 230053 5 T1020	CODE REVENUE CD	FROM DT THRU DT 02/11/13 02/11/13 02/12/13 02/12/13 02/13/13 02/13/13 02/14/13 02/14/13 02/15/13 02/15/13 CL	7.00 7.00 7.00	AMOUNT 118.09 118.09 118.09 118.09 118.09 590.45 CLAIM ACCOUNT REF.	2300530012008306SUP
REG LOC CLIENT SERVICE NY 001 2008386 2008386 DIAGNOSIS CODES: 344.1 25	NAME BATISTA, JOSE 50.93 401.9 599	BIRTH DATE 07/20/1950 9.0	RECIPIENT ID 741700387	PRIOR AUTHORIZATION # 120820411	

02/09/13 02/09/13

UNITS

7.00

AMOUNT

118.09

INPUT FILE = /VOL	SUNNYSIDE 4444/COMPSUP/HIPAAIN/E50020130			PAGE: 2
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INV # LINE # 230052 2 230052 3 230052 4 230052 5 230052 6 230052 7	PROCEDURE CODE REVENUE CD T1020 T1020 T1020 T1020 T1020 T1020	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	OUNT 8.09 8.09 8.09 8.09 8.09 8.09 6.63 CLAIM ACCOUNT REF.	2300520012008386SUP
REG LOC CLIENT NY 001 2008400 DIAGNOSIS CODES:	SERVICE NAME 2008400 SAMOJEDNY, MICHAE 436. 401.9 571.5 78	BIRTH DATE RECIPIENT ID 01/20/1954 74102201600 799.89	PRIOR AUTHORIZATION # 113550568	
INV # LINE # 230057 1 230057 2 230057 3	PROCEDURE CODE REVENUE CD T1020 T1020 T1020	02/12/13 02/12/13 4.00 67 02/14/13 02/14/13 5.00 84 02/15/13 02/15/13 4.00 67	OUNT 7.48 4.35 7.48 9.31 CLAIM ACCOUNT REF.	2300570012008400SUP
REG LOC CLIENT NY 001 2009268 DIAGNOSIS CODES:	SERVICE NAME 2010041 VARGAS, RAQUEL 437.9 253.5 345.91 E88		PRIOR AUTHORIZATION # 121291101	
INV # LINE # 230059 1 230059 2 230059 4 230059 5 230059 6 230059 7	PROCEDURE CODE REVENUE CD T1020 T1020 T1020 T1020 T1020 T1020 T1020	02/09/13 02/09/13 9.00 151 02/10/13 02/10/13 9.00 151 02/11/13 02/11/13 9.00 151 02/12/13 02/12/13 9.00 151 02/13/13 02/12/13 9.00 151 02/13/13 02/13/13 6.00 101 02/14/13 02/14/13 9.00 151	OUNT 1.83 1.83 1.83 1.83 1.22 1.83 1.83 2.20 CLAIM ACCOUNT REF.	2300590012010041SUP
REG LOC CLIENT NY 001 2008376 DIAGNOSIS CODES:	SERVICE NAME 2010712 LITMAN, GAIL 401.9 780.2 V12.54	BIRTH DATE RECIPIENT ID 10/23/1952 74146355500	PRIOR AUTHORIZATION # 111951068	
INV # LINE # 230054 1 230054 2 230054 3 230054 4	PROCEDURE CODE REVENUE CD T1020 T1020 T1020 T1020	02/11/13 02/11/13 5.00 84 02/12/13 02/12/13 5.00 84 02/14/13 02/14/13 5.00 84 02/15/13 02/15/13 4.00 67	OUNT 4.35 4.35 4.35 7.48 0.53 CLAIM ACCOUNT REF.	2300540012010712SUP

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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
 2012627
 2012627
 REYES, DUNNY
 04/28/1944
 74236117600
 130431458
 REG LOC CLIENT SERVICE NAME

DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
230056	1	T1020		02/04/13	02/04/13	1.00	16.87		
230056	2	T1020		02/05/13	02/05/13	1.00	16.87		
230056	3	T1020		02/06/13	02/06/13	1.00	16.87		
230056	4	T1020		02/07/13	02/07/13	1.00	16.87		
230056	5	T1020		02/08/13	02/08/13	1.00	16.87		
230056	6	T1020		02/11/13	02/11/13	1.00	16.87		
230056	7	T1020		02/12/13	02/12/13	1.00	16.87		
230056	8	T1020		02/13/13	02/13/13	1.00	16.87		
230056	9	T1020		02/14/13	02/14/13	1.00	16.87		
230056	10	T1020		02/15/13	02/15/13	1.00	16.87		
					CLAI	M TOTAL	168.70	CLAIM ACCOUNT REF.	2300560012012627SUP

PAYER TOTALS: FIDELIS CARE NY # OF CLAIMS = 48 TOTAL CLAIM AMOUNT = 4,791.08

SERVICES =

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PROVIDER ID = 113502051 NPI = 1154407492 SUNNYSIDE CITYWIDE

PAYER ID = 11325 NEIGHBORHOOD HEALTH

REG LOC CLIENT NY 001 2008261 DIAGNOSIS CODES:	SERVICE NAME 2008261 FERNANDEZ, MARIA 250.00 272.2 493.00 53	BIRTH DATE RECIPIENT ID 07/24/1943 10062577601 733.00	PRIOR AUTHORIZATION # 072111255060	
INV # LINE # 230037 1 230037 2 230037 3	PROCEDURE CODE REVENUE CD T1019 T1019 T1019	FROM DT THRU DT UNITS 02/13/13 02/13/13 16.00 02/14/13 02/14/13 16.00 02/15/13 02/15/13 16.00 CLAIM TOTAL	AMOUNT 67.52 67.52 67.52 202.56 CLAIM ACCOUNT REF.	2300370012008261SUP
REG LOC CLIENT NY 001 2008263 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID 2, EDW 10/28/1952 10062883101	PRIOR AUTHORIZATION # 083111260220	
INV # LINE # 230044 1 230044 2 230044 3 230044 5 230044 6 230044 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 02/09/13 02/09/13 24.00 02/10/13 02/10/13 24.00 02/11/13 02/11/13 24.00 02/12/13 02/12/13 24.00 02/13/13 02/13/13 24.00 02/13/13 02/13/13 24.00 02/14/13 02/14/13 24.00 02/15/13 02/15/13 24.00 CLAIM TOTAL	AMOUNT 101.28 101.28 101.28 101.28 101.28 101.28 101.28 708.96 CLAIM ACCOUNT REF.	2300440012008263SUP
REG LOC CLIENT NY 001 2008265 DIAGNOSIS CODES:	SERVICE NAME 2008265 SHEPPARD, ERMA 295.90 250.00 272.0 40	BIRTH DATE RECIPIENT ID		
INV # LINE # 230049 1 230049 2 230049 4 230049 5 230049 6 230049 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 02/09/13 02/09/13 40.00 02/10/13 02/10/13 40.00 02/11/13 02/11/13 40.00 02/12/13 02/11/13 40.00 02/13/13 02/12/13 40.00 02/13/13 02/13/13 36.00 02/14/13 02/14/13 40.00 02/15/13 02/15/13 40.00 02/15/13 02/15/13 10.00 CLAIM TOTAL 1	AMOUNT 168.80 168.80 168.80 151.92 168.80 168.80 1,164.72 CLAIM ACCOUNT REF.	2300490012008265SUP
REG LOC CLIENT NY 001 2008303 DIAGNOSIS CODES:	SERVICE NAME 2008303 WILSON, SHERYL 737.39 344.9 493.90 79	BIRTH DATE RECIPIENT ID 08/28/1956 10060476901	PRIOR AUTHORIZATION # 082611259599	
INV # LINE # 230051 1	PROCEDURE CODE REVENUE CD T1019	FROM DT THRU DT UNITS 02/09/13 02/09/13 16.00	AMOUNT 67.52	

INPUT FILE = /VC	L444/COMPSUP/HIPAAIN/E5002013		PAGE. 5
PROVIDER ID = 11 PAYER ID = 11	3502051 SUNNYSIDE 325 NEIGHBORHO	CITYWIDE NPI = 1154407492 OD HEALTH	
INV # LINE # 230051 2 230051 3 230051 4 230051 5 230051 6 230051 7		02/10/13 02/10/13 16.00 67.52 02/11/13 02/11/13 24.00 101.28 02/12/13 02/12/13 24.00 101.28 02/13/13 02/13/13 24.00 101.28 02/14/13 02/14/13 24.00 101.28 02/15/13 02/15/13 24.00 101.28 02/15/13 02/15/13 24.00 101.28 CLAIM TOTAL 641.44 CLAIM ACCOUNT REF.	. 2300510012008303SUP
REG LOC CLIENT NY 001 2008366 DIAGNOSIS CODES:	SERVICE NAME 2008366 JONES, CYNTHIA 799.89	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 03/17/1950 10063968601 072211255308	
INV # LINE # 230040 1 230040 2 230040 3	T1019 T1019		. 2300400012008366SUP
REG LOC CLIENT NY 001 2008366 DIAGNOSIS CODES:	SERVICE NAME 2008366 JONES, CYNTHIA	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 03/17/1950 10063968601 021313325005	
INV # LINE # 230041 1 230041 2	T1019 T1019	CLAIM TOTAL 168.80 CLAIM ACCOUNT REF.	. 2300410012008366SUP
REG LOC CLIENT NY 001 2008403 DIAGNOSIS CODES:	SERVICE NAME 2008403 CHUKWUJIORAH, TA 343.9 737.43 742.3	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 10/30/1988 10082619401 072211255317	
INV # LINE # 230034 1 230034 2 230034 3 230034 4 230034 5 230034 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	02/09/13 02/09/13 28.00 118.16 02/10/13 02/10/13 28.00 118.16 02/11/13 02/11/13 32.00 135.04 02/12/13 02/12/13 28.00 118.16 02/13/13 02/13/13 28.00 118.16 02/14/13 02/14/13 28.00 118.16 02/15/13 02/15/13 28.00 118.16	. 2300340012008403SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 11325 NEIGHBORHOOD HEALTH

	BIRTH DATE RECIPIENT ID 05/24/1949 10063483101 0 715.90	PRIOR AUTHORIZATION # 082012303730	
INV # LINE # PROCEDURE CODE REVEN 230046	TE CD FROM DT THRU DT UNITS 02/11/13 02/11/13 24.00 02/12/13 02/12/13 24.00 02/13/13 02/13/13 24.00 02/14/13 02/14/13 24.00 02/15/13 02/15/13 24.00 CLAIM TOTAL	AMOUNT 101.28 101.28 101.28 101.28 101.28 101.28 506.40 CLAIM ACCOUNT REF.	2300460012008421SUP
REG LOC CLIENT SERVICE NAME NY 001 2008422 2008422 MOSKOWITZ, DIAGNOSIS CODES: 799.89 401.9 493.	BIRTH DATE RECIPIENT ID RONA 02/16/1952 10063710601 2 729.0 V02.62	PRIOR AUTHORIZATION # 072211255325	
INV # LINE # PROCEDURE CODE REVEN 230045	TE CD FROM DT THRU DT UNITS 02/09/13 02/09/13 24.00 02/11/13 02/11/13 24.00 02/12/13 02/12/13 24.00 02/13/13 02/13/13 24.00 02/14/13 02/14/13 24.00 02/14/13 02/15/13 24.00 02/15/13 02/15/13 24.00 CLAIM TOTAL	AMOUNT 101.28 101.28 101.28 101.28 101.28 101.28 101.28 607.68 CLAIM ACCOUNT REF.	2300450012008422SUP
REG LOC CLIENT SERVICE NAME NY 001 2008425 2008425 WELLS, WYN DIAGNOSIS CODES: 278.01 253.5 272.	BIRTH DATE RECIPIENT ID 09/10/1959 10063849801 401.9	PRIOR AUTHORIZATION # 081911258799	
INV # LINE # PROCEDURE CODE REVEN 230050 1 T1019 230050 2 T1019 230050 3 T1019	TE CD FROM DT THRU DT UNITS 02/11/13 02/11/13 16.00 02/12/13 02/12/13 16.00 02/15/13 02/15/13 16.00 CLAIM TOTAL	AMOUNT 67.52 67.52 67.52 202.56 CLAIM ACCOUNT REF.	2300500012008425SUP
REG LOC CLIENT SERVICE NAME NY 001 2008427 2008427 FLORES, MA DIAGNOSIS CODES: 427.31 278.01 285.		PRIOR AUTHORIZATION # 072911256156	
INV # LINE # PROCEDURE CODE REVEN 230038 1 T1019 230038 2 T1019 230038 3 T1019 230038 4 T1019	TE CD FROM DT THRU DT UNITS 02/09/13 02/09/13 40.00 02/10/13 02/10/13 40.00 02/11/13 02/11/13 40.00 02/12/13 02/12/13 40.00	AMOUNT 168.80 168.80 168.80 168.80	

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

2

3

T1019

T1019

T1019

230036

230036

230036

		113502051 11325	SUNNYSIDE C			1	NPI = 1154407492
T277	 	II DROGEDIJNE GODE		EDOM DE	MILDII DE	IDITEC	MOUNT

INV # 230038	LINE #	PROCEDURE CO	ODE REVENUE CD	FROM DT 02/13/13	THRU DT 02/13/13	UNITS 40.00	AMOUNT 168.80		
230038	6	T1019		02/14/13	02/14/13		168.80		
230038	7	T1019		02/15/13	02/15/13		168.80		
230030	,	11017		02/13/13		AIM TOTAL	1,181.60	CLAIM ACCOUNT DEE	2300380012008427SUP
					CL	AIM IOIAL	1,101.00	CLAIM ACCOUNT REF.	230036001200642750P
DEG TOG	OT TENT	SERVICE N	NAME	DTI	, mii Damn	DEGIDIENE ID	DD T	OD AUDUODICADION #	
REG LOC NY 001	CLIENT 2008531					RECIPIENT ID		OR AUTHORIZATION #	
			RODRIGUEZ -2, MA			10057325401	0 / 0 9	912298224	
DIAGNOSIS	CODES:	250.00 272.	.4 331.0 4	01.9 799	9.89				
INV #	LINE #		ODE REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
230047	1	T1019		02/11/13	02/11/13		101.28		
230047	2	T1019		02/12/13	02/12/13	24.00	101.28		
230047	3	T1019		02/13/13	02/13/13	24.00	101.28		
230047	4	T1019		02/14/13	02/14/13	24.00	101.28		
230047	5	T1019		02/15/13	- , , -		101.28		
230017	3	11017		02/13/13	- , - , -	AIM TOTAL	506.40	CLAIM ACCOUNT REF.	2300470012008531SUP
					CL	AIN IOIAL	300.10	CHAIN ACCOONT REF.	2300170012000331801
PEG TOC	CLIENT	CEDVITCE N	NAME	DTI	שידגת עידי	DECIDIENT ID	DD T	OD ATTUMODIZATION #	
REG LOC	CLIENT					RECIPIENT ID		OR AUTHORIZATION #	
NY 001	2008742	2008742 F	KROLL, KATHERINE	09,	/22/1949	10088829601		OR AUTHORIZATION # 811257332	
	2008742	2008742 F	KROLL, KATHERINE	09,		10088829601			
NY 001 DIAGNOSIS	2008742 CODES:	2008742 F 340. 244.	KROLL, KATHERINE .8 272.0 3	09, 11. 386	/22/1949 5.2 401	10088829601	0808		
NY 001 DIAGNOSIS INV #	2008742 CODES: LINE #	2008742 F 340. 244.	KROLL, KATHERINE	09, 11. 386 FROM DT	722/1949 5.2 401 THRU DT	10088829601 .9 UNITS	0808 TNUOMA		
NY 001 DIAGNOSIS INV # 230043	2008742 CODES: LINE #	2008742 F 340. 244. PROCEDURE CO T1019	KROLL, KATHERINE .8 272.0 3	09, 11. 386 FROM DT 02/11/13	722/1949 5.2 401 THRU DT 02/11/13	10088829601 .9 UNITS 28.00	0808 AMOUNT 118.16		
NY 001 DIAGNOSIS INV # 230043 230043	2008742 CODES: LINE # 1 2	2008742 F 340. 244. PROCEDURE CO T1019 T1019	KROLL, KATHERINE .8 272.0 3	09, 386 FROM DT 02/11/13 02/12/13	722/1949 5.2 401 THRU DT 02/11/13 02/12/13	10088829601 .9 UNITS 28.00 28.00	0808 AMOUNT 118.16 118.16		
NY 001 DIAGNOSIS INV # 230043	2008742 CODES: LINE # 1 2 3	2008742 F 340. 244. PROCEDURE CO T1019	KROLL, KATHERINE .8 272.0 3	09, 11. 386 FROM DT 02/11/13	722/1949 5.2 401 THRU DT 02/11/13	10088829601 .9 UNITS 28.00 28.00	0808 AMOUNT 118.16		
NY 001 DIAGNOSIS INV # 230043 230043	2008742 CODES: LINE # 1 2	2008742 F 340. 244. PROCEDURE CO T1019 T1019	KROLL, KATHERINE .8 272.0 3	09, 386 FROM DT 02/11/13 02/12/13	722/1949 5.2 401 THRU DT 02/11/13 02/12/13	10088829601 .9 UNITS 28.00 28.00 28.00	0808 AMOUNT 118.16 118.16		
NY 001 DIAGNOSIS INV # 230043 230043 230043	2008742 CODES: LINE # 1 2 3	2008742 F 340. 244. PROCEDURE CO T1019 T1019 T1019	KROLL, KATHERINE .8 272.0 3	09, 386 FROM DT 02/11/13 02/12/13 02/13/13	722/1949 5.2 401 THRU DT 02/11/13 02/12/13 02/13/13	10088829601 .9 UNITS 28.00 28.00 28.00 28.00	0808 AMOUNT 118.16 118.16 118.16		
NY 001 DIAGNOSIS INV # 230043 230043 230043 230043	2008742 CODES: LINE # 1 2 3 4	2008742 F 340. 244. PROCEDURE CO T1019 T1019 T1019 T1019	KROLL, KATHERINE .8 272.0 3	09, 386 FROM DT 02/11/13 02/12/13 02/13/13 02/14/13	722/1949 5.2 401 THRU DT 02/11/13 02/12/13 02/13/13 02/14/13 02/15/13	10088829601 .9 UNITS 28.00 28.00 28.00 28.00 28.00	0808 AMOUNT 118.16 118.16 118.16 118.16 118.16	811257332	2300430012008742SUP
NY 001 DIAGNOSIS INV # 230043 230043 230043 230043	2008742 CODES: LINE # 1 2 3 4	2008742 F 340. 244. PROCEDURE CO T1019 T1019 T1019 T1019	KROLL, KATHERINE .8 272.0 3	09, 386 FROM DT 02/11/13 02/12/13 02/13/13 02/14/13	722/1949 5.2 401 THRU DT 02/11/13 02/12/13 02/13/13 02/14/13 02/15/13	10088829601 .9 UNITS 28.00 28.00 28.00 28.00	0808 AMOUNT 118.16 118.16 118.16	811257332	2300430012008742SUP
NY 001 DIAGNOSIS INV # 230043 230043 230043 230043 230043	2008742 CODES: LINE # 1 2 3 4 5	2008742 F 340. 244. PROCEDURE CO T1019 T1019 T1019 T1019 T1019	KROLL, KATHERINE .8 272.0 3 ODE REVENUE CD	09, 386 FROM DT 02/11/13 02/12/13 02/13/13 02/14/13 02/15/13	722/1949 5.2 401 THRU DT 02/11/13 02/12/13 02/13/13 02/14/13 02/15/13 CL	10088829601 .9 UNITS 28.00 28.00 28.00 28.00 28.00 AIM TOTAL	AMOUNT 118.16 118.16 118.16 118.16 118.16 590.80	811257332 CLAIM ACCOUNT REF.	2300430012008742SUP
NY 001 DIAGNOSIS INV # 230043 230043 230043 230043 230043	2008742 CODES: LINE # 1 2 3 4 5	2008742 F 340. 2444. PROCEDURE CO T1019 T1019 T1019 T1019 T1019 T1019 SERVICE N	KROLL, KATHERINE .8 272.0 3 ODE REVENUE CD	09, 386 FROM DT 02/11/13 02/12/13 02/13/13 02/14/13 02/15/13	722/1949 5.2 401 THRU DT 02/11/13 02/12/13 02/13/13 02/14/13 02/15/13 CL	10088829601 .9 UNITS 28.00 28.00 28.00 28.00 28.00 AIM TOTAL RECIPIENT ID	AMOUNT 118.16 118.16 118.16 118.16 118.16 590.80	811257332 CLAIM ACCOUNT REF. OR AUTHORIZATION #	2300430012008742SUP
NY 001 DIAGNOSIS INV # 230043 230043 230043 230043 230043 REG LOC NY 001	2008742 CODES: LINE # 1 2 3 4 5 CLIENT 2008802	2008742 F 340. 2444. PROCEDURE CO T1019 T1019 T1019 T1019 T1019 T2019 T2019 T2019 T2019	KROLL, KATHERINE .8 272.0 3 ODE REVENUE CD NAME DIAZ 1, CARMEN	09, 386 FROM DT 02/11/13 02/12/13 02/13/13 02/14/13 02/15/13 BII 07,	722/1949 5.2 401 THRU DT 02/11/13 02/12/13 02/13/13 02/14/13 02/15/13 CL RTH DATE 729/1950	10088829601 .9 UNITS 28.00 28.00 28.00 28.00 28.00 AIM TOTAL	AMOUNT 118.16 118.16 118.16 118.16 118.16 590.80	811257332 CLAIM ACCOUNT REF.	2300430012008742SUP
NY 001 DIAGNOSIS INV # 230043 230043 230043 230043 230043	2008742 CODES: LINE # 1 2 3 4 5 CLIENT 2008802	2008742 F 340. 2444. PROCEDURE CO T1019 T1019 T1019 T1019 T1019 T2019 T2019 T2019 T2019	KROLL, KATHERINE .8 272.0 3 ODE REVENUE CD NAME DIAZ 1, CARMEN	09, 386 FROM DT 02/11/13 02/12/13 02/13/13 02/14/13 02/15/13 BIR 07,	722/1949 5.2 401 THRU DT 02/11/13 02/12/13 02/13/13 02/14/13 02/15/13 CL	10088829601 .9 UNITS 28.00 28.00 28.00 28.00 28.00 AIM TOTAL RECIPIENT ID	AMOUNT 118.16 118.16 118.16 118.16 118.16 590.80	811257332 CLAIM ACCOUNT REF. OR AUTHORIZATION #	2300430012008742SUP
NY 001 DIAGNOSIS INV # 230043 230043 230043 230043 230043 REG LOC NY 001 DIAGNOSIS	2008742 CODES: LINE # 1 2 3 4 5 CLIENT 2008802 CODES:	2008742 F 340. 2444. PROCEDURE CO T1019 T1019 T1019 T1019 T1019 SERVICE N 2008802 F V02.62 300.	KROLL, KATHERINE .8 272.0 3 ODE REVENUE CD NAME DIAZ 1, CARMEN .00 401.9 7	09, 386 FROM DT 02/11/13 02/12/13 02/13/13 02/14/13 02/15/13 BIR 07, 19.89 733	722/1949 5.2 401 THRU DT 02/11/13 02/12/13 02/13/13 02/14/13 02/15/13 CL RTH DATE 729/1950 3.00	10088829601 .9 UNITS 28.00 28.00 28.00 28.00 28.00 AIM TOTAL RECIPIENT ID 10089557301	0808 AMOUNT 118.16 118.16 118.16 118.16 590.80 PRIC 0627	811257332 CLAIM ACCOUNT REF. OR AUTHORIZATION #	2300430012008742SUP
NY 001 DIAGNOSIS INV # 230043 230043 230043 230043 230043 REG LOC NY 001	2008742 CODES: LINE # 1 2 3 4 5 CLIENT 2008802	2008742 F 340. 2444. PROCEDURE CO T1019 T1019 T1019 T1019 T1019 T2019 T2019 T2019 T2019	KROLL, KATHERINE .8 272.0 3 ODE REVENUE CD NAME DIAZ 1, CARMEN .00 401.9 7	09, 386 FROM DT 02/11/13 02/12/13 02/13/13 02/14/13 02/15/13 BII 07,	722/1949 5.2 401 THRU DT 02/11/13 02/12/13 02/13/13 02/14/13 02/15/13 CL RTH DATE 729/1950	10088829601 .9 UNITS 28.00 28.00 28.00 28.00 28.00 AIM TOTAL RECIPIENT ID 10089557301 UNITS	AMOUNT 118.16 118.16 118.16 118.16 118.16 590.80	811257332 CLAIM ACCOUNT REF. OR AUTHORIZATION #	2300430012008742SUP

24.00

24.00

24.00

CLAIM TOTAL

101.28

101.28

101.28

405.12 CLAIM ACCOUNT REF. 2300360012008802SUP

02/13/13 02/13/13

02/14/13 02/14/13

02/15/13 02/15/13

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PROVIDER ID = 113502051 PAYER ID = 11325 NEIGHBORHOOD HEALTH

REG LOC NY 001 DIAGNOSIS	CLIENT 2009356 CODES:	SERVICE NAME 2009356 KHAN, FARUQUE 696.8 253.5 272.4	BIRTH DATE 02/08/1949	RECIPIENT ID 10076892101	PRIOR AUTHORIZATION # 112111269647	
INV # 230042 230042 230042 230042 230042 230042	LINE # 1 2 3 4 5 6	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT 02/10/13 02/10/13 02/11/13 02/11/13 02/12/13 02/12/13 02/13/13 02/13/13 02/14/13 02/14/13 02/15/13 02/15/13 CL	48.00 48.00 48.00 48.00	AMOUNT 202.56 202.56 202.56 202.56 202.56 202.56 1,215.36 CLAIM ACCOUNT RE	F. 2300420012009356SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2010143 CODES:	SERVICE NAME 2010143 AHMED, UMARA 335.19 695.4	BIRTH DATE 11/15/1985	RECIPIENT ID 10062660901	PRIOR AUTHORIZATION # 072211255328	
INV # 230032 230032 230032 230032 230032 230032	LINE # 1 2 3 4 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT 02/09/13 02/09/13 02/10/13 02/10/13 02/12/13 02/12/13 02/13/13 02/13/13 02/14/13 02/14/13 02/15/13 02/15/13 CL	32.00 32.00 32.00 32.00	AMOUNT 135.04 135.04 135.04 135.04 135.04 810.24 CLAIM ACCOUNT RE	F. 2300320012010143SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2008398 CODES:	SERVICE NAME 2010353 RODRIGUEZ, JESSE 799.89 253.5 278.00	BIRTH DATE 03/23/1984 01.9	RECIPIENT ID 10063030901	PRIOR AUTHORIZATION # 072211255272	
INV # 230048 230048 230048 230048 230048 230048 230048 230048 230048 230048	LINE # 1 2 3 4 5 6 7 8 9	PROCEDURE CODE REVENUE CD T1019	FROM DT THRU DT 01/28/13 01/28/13 01/30/13 01/30/13 02/01/13 02/01/13 02/04/13 02/05/13 02/05/13 02/05/13 02/08/13 02/08/13 02/12/13 02/12/13 02/13/13 02/13/13 02/15/13 02/15/13	20.00 20.00 20.00 20.00 20.00 20.00 20.00	AMOUNT 84.40 84.40 84.40 84.40 84.40 84.40 84.40 84.40 759.60 CLAIM ACCOUNT RE	F. 2300480012010353SUP

PAGE:

8

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

REG LOC CLIENT SERVICE NAME

NY 001 2010639 2010639 HAMPTON, PRISCILLA 07/21/1952 10094572501 060112293626

DIAGNOSIS CODES: 447.6 311. 401.9

UNITS PROCEDURE CODE REVENUE CD FROM DT THRU DT TRUDOMA 230039 02/09/13 02/09/13 24.00 101.28 24.00 101.28 230039 T1019 02/10/13 02/10/13 101.28 230039 3 T1019 02/11/13 02/11/13 24.00 230039 4 T1019 02/12/13 02/12/13 28.00 118.16 5 T1019 6 T1019 7 T1019 24.00 230039 02/13/13 02/13/13 101.28 230039 02/14/13 02/14/13 28.00 118.16 230039 02/15/13 02/15/13 28.00 118.16 CLAIM TOTAL 759.60 CLAIM ACCOUNT REF. 2300390012010639SUP

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 T1019 02/11/13 02/11/13 36.00 230033 1 151.92 230033 T1019 02/12/13 02/12/13 36.00 151.92 230033 3 T1019 02/13/13 02/13/13 36.00 151.92 230033 4 T1019 02/14/13 02/14/13 36.00 151.92 151.92 759.60 CLAIM ACCOUNT REF. 2300330012010878SUP 230033 5 T1019 02/15/13 02/15/13 36.00 CLAIM TOTAL

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2012500 DEKMAK, GRISEL 03/02/1964 10061526701 020113323665

DIAGNOSIS CODES: 799.89

LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # 02/09/13 02/09/13 230035 T1019 48.00 202.56 1 T1019 02/10/13 02/10/13 48.00 202.56 230035 2 3 T1019 02/13/13 02/13/13 230035 48.00 202.56 4 T1019 230035 02/14/13 02/14/13 48.00 202.56 5 T1019 02/15/13 02/15/13 48.00 230035 202.56 1,012.80 CLAIM ACCOUNT REF. 2300350012012500SUP CLAIM TOTAL

PAYER TOTALS: NEIGHBORHOOD HEALTH # OF CLAIMS = 109 TOTAL CLAIM AMOUNT = 13,301.44

SERVICES = 19

REPORT DATE 02/20/13 PAGE: SUNNYSIDE CITYWIDE 1.0

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230088

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 0112181290326 DIAGNOSIS CODES: 356.9 348.2 401.9 733.00 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 230085 02/10/13 02/10/13 4.00 68.60 2 T1019 02/11/13 02/11/13 12.00 205.80 230085 205.80 230085 3 T1019 02/12/13 02/12/13 12.00 230085 4 T1019 02/13/13 02/13/13 12.00 205.80 230085 5 T1019 02/14/13 02/14/13 12.00 205.80 230085 6 T1019 02/15/13 02/15/13 12.00 205.80 CLAIM TOTAL 1.097.60 CLAIM ACCOUNT REF. 2300850012008233SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008236 2008236 PERSAD, USHA 07/05/1955 TS79090G 0111301290246 DIAGNOSIS CODES: 250.10 272.0 401.9 225.0 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # LINE # 230092 1 T1019 02/09/13 02/09/13 8.00 137.20 02/10/13 02/10/13 8.00 137.20 230092 2 T1019 3 T1019 02/12/13 02/12/13 11.00 188.65 230092 02/13/13 02/13/13 11.00 4 T1019 230092 188.65 230092 5 T1019 02/14/13 02/14/13 11.00 188.65 6 T1019 188.65 230092 02/15/13 02/15/13 11.00 CLAIM TOTAL 1,029.00 CLAIM ACCOUNT REF. 2300920012008236SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 05/23/1960 ZB21969Z 0107031290005 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 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # 230088 T1019 02/05/13 02/05/13 4.00 1 68.60 2 T1019 02/11/13 02/11/13 4.00 230088 68.60 3 T1019 02/12/13 02/12/13 4.00 230088 68.60 4 T1019 02/13/13 02/13/13 4.00 230088 68.60 5 T1019 02/14/13 02/14/13 4.00 230088 68.60 6 T1019 02/15/13 02/15/13 4.00

CLAIM TOTAL

68.60

411.60 CLAIM ACCOUNT REF. 2300880012008237SUP

REPORT DATE 02/20/13 PAGE: SUNNYSIDE CITYWIDE 11

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PAYER ID = 13265 METROPLUS HEALTH PLAN REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008284 2008284 ANDERSON, BETH 12/18/1947 YC43135F 0108141290047 DIAGNOSIS CODES: 340. 286.0 311. 401.9 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 230084 02/09/13 02/09/13 3.00 51.45 02/10/13 02/10/13 2.00 34.30 230084 T1019 230084 3 T1019 02/11/13 02/11/13 5.00 85.75 230084 4 T1019 02/12/13 02/12/13 5.00 85.75 230084 5 T1019 02/13/13 02/13/13 5.00 85.75 6 T1019 230084 02/14/13 02/14/13 5.00 85.75 230084 7 T1019 02/15/13 02/15/13 5.00 85.75 CLAIM TOTAL 514.50 CLAIM ACCOUNT REF. 2300840012008284SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 11/01/1917 SS71357M 0112031290138 REG LOC CLIENT SERVICE NAME NY 001 2008385 2008385 MURDOCK, GERTRUDE 11/01/1917 SS71357M DIAGNOSIS CODES: 536.9 365.9 369.10 389.9 401.9 715.90 733.00 V15.88 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT T1019 02/11/13 02/11/13 10.00 230090 1 171.50 2. 02/12/13 02/12/13 10.00 171.50 230090 T1019 154.35 154.35 651.70 CLAIM ACCOUNT REF. 2300900012008385SUP 230090 3 T1019 02/14/13 02/14/13 9.00 02/15/13 02/15/13 9.00 230090 4 T1019 CLAIM TOTAL REG LOC CLIENT SERVICE NAME
NY 001 2008417 2008417 GALAS, TERESA BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 06/08/1955 ZX91437V 0112061290395 DIAGNOSIS CODES: 345.90 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 230089 T1019 02/09/13 02/09/13 5.00 85.75 1 230089 2 T1019 02/10/13 02/10/13 5.00 85.75 3 T1019 02/11/13 02/11/13 5.00 230089 85.75 4 T1019 02/12/13 02/12/13 5.00 230089 85.75 5 T1019 230089 02/13/13 02/13/13 5.00 85.75 6 T1019 02/14/13 02/14/13 5.00 230089 85.75 7 T1019 02/15/13 02/15/13 5.00 230089 85.75 600.25 CLAIM ACCOUNT REF. 2300890012008417SUP

CLAIM TOTAL

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER	ID = 13	265	METROPLUS HE	EALTH PLAN	Г				
REG LOC NY 001 DIAGNOSIS	CLIENT 2008418 CODES:		3, CHARLES 272.0 278	11/	TH DATE 03/1950	RECIPIENT II ZZ49620T . 780.57		DR AUTHORIZATION #8071290383	
INV # 230094 230094 230094 230094 230094	LINE # 1 2 3 4 5	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019		02/12/13	02/15/13	8.00 8.00 8.00	AMOUNT 137.20 137.20 137.20 137.20 137.20 686.00	CLAIM ACCOUNT REF.	2300940012008418SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2008743 CODES:		ERO, ROSENDO 401.9 715	08/	TH DATE 26/1926 .30	RECIPIENT II QM62108S		DR AUTHORIZATION # 8071290054	
INV # 230086 230086 230086 230086 230086 230086 230086	LINE # 1 2 3 4 5 6 7	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019 T1019		FROM DT 02/09/13 02/10/13 02/11/13 02/12/13 02/13/13 02/14/13 02/15/13	02/10/13 02/11/13 02/12/13 02/13/13 02/14/13 02/15/13	10.00 10.00 10.00 10.00 10.00	AMOUNT 171.50 171.50 171.50 171.50 171.50 171.50 171.50 1,200.50	CLAIM ACCOUNT REF.	2300860012008743SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2009377 CODES:		ORO, MATTHEW		TH DATE 20/1949	RECIPIENT II SP38021Q		OR AUTHORIZATION # 082412-901-94	
INV # 230095 230095 230095 230095 230095 230095 230095 230095 230095	LINE # 1 2 3 4 5 6 7 8 9 10	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019		FROM DT 02/04/13 02/05/13 02/05/13 02/07/13 02/08/13 02/11/13 02/12/13 02/13/13 02/14/13 02/15/13	02/05/13 02/06/13 02/07/13 02/08/13 02/11/13 02/12/13 02/13/13 02/14/13 02/15/13	5.00 5.00 5.00 5.00 5.00 5.00 5.00	AMOUNT 85.75 85.75 85.75 85.75 85.75 85.75 85.75 85.75 85.75	CLAIM ACCOUNT REF.	2300950012009377SUP

REPORT DATE 02/20/13 PAGE: 13 SUNNYSIDE CITYWIDE

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7 T1019

230091

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492PAYER ID = 13265 METROPLUS HEALTH PLAN REG LOC CLIENT SERVICE NAME
NV 001 2008235 2009688 RAMPERSAID. ALISSA 08/04/1992 SZ46585R 0107031290329 DIAGNOSIS CODES: 319. 315.9 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 137.20 230093 02/09/13 02/09/13 8.00 2 T1019 02/11/13 02/11/13 3.00 51.45 230093 02/12/13 02/12/13 3.00 230093 3 T1019 51.45 4 T1019 5 T1019 230093 02/13/13 02/13/13 3.00 51.45 230093 02/14/13 02/14/13 3.00 51.45 CLAIM TOTAL 343.00 CLAIM ACCOUNT REF. 2300930012009688SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008279 2010213 VALLE, BLASINA 02/03/1929 QG00558G 0110231290062 DIAGNOSIS CODES: 428.0 244.9 272.4 331.0 537.9 746.85
 PROCEDURE CODE
 REVENUE CD
 FROM DT
 THRU DT
 UNITS
 AMOUNT

 T1019
 02/07/13
 02/07/13
 8.00
 137.20

 T1019
 02/08/13
 02/08/13
 8.00
 137.20

 T1019
 02/09/13
 02/09/13
 8.00
 137.20

 T1019
 02/09/13
 02/09/13
 8.00
 137.20
 INV # LINE # 230096 1 230096 2 T1019 3 T1019 230096 4 T1019 02/11/13 02/11/13 8.00 230096 137.20 5 T1019 6 T1019 7 T1019 02/12/13 02/12/13 8.00 230096 137.20 230096 02/13/13 02/13/13 8.00 137.20 7 T1019 230096 02/14/13 02/14/13 8.00 137.20 CLAIM TOTAL 960.40 CLAIM ACCOUNT REF. 2300960012010213SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 07/05/1943 SM10426S 0112031290291 REG LOC CLIENT SERVICE NAME NY 001 2010886 2010886 OSORIO, ELVIA 07/05/1943 SM10426S DIAGNOSIS CODES: 253.5 272.4 354.0 401.9 733.09 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # 02/09/13 02/09/13 4.00 230091 1 T1019 68.60 2 T1019 02/10/13 02/10/13 3.00 51.45 230091 02/11/13 02/11/13 3.00 3 T1019 230091 51.45 02/12/13 02/12/13 3.00 4 T1019 230091 51.45 5 T1019 6 T1019 7 T1019 02/13/13 02/13/13 3.00 230091 51.45 02/14/13 02/14/13 3.00 51.45 02/15/13 02/15/13 3.00 51.45 CLAIM TOTAL 377.30 CLAIM ACCOUNT REF. 2300910012010886SUP 230091

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PAYER ID = 13265 METROPLUS HEALTH PLAN

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INV # LI	INE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
230087	1	T1019			02/09/13	02/09/13	24.00	411.60		
230087	2	T1019			02/10/13	02/10/13	24.00	411.60		
230087	3	T1019			02/11/13	02/11/13	24.00	411.60		
230087	4	T1019			02/12/13	02/12/13	24.00	411.60		
230087	5	T1019			02/13/13	02/13/13	24.00	411.60		
230087	6	T1019			02/14/13	02/14/13	24.00	411.60		
230087	7	T1019			02/15/13	02/15/13	24.00	411.60		
						CL	AIM TOTAL	2,881.20	CLAIM ACCOUNT REF.	2300870012011286SUP
	CLIENT 012382 DDES:	SERVICE 2012382 V44.0 25	NAME VERAS	S, EMMA 733.00		TH DATE 08/1957	RECIPIENT YR88751T	ID PRI	OR AUTHORIZATION #	
NY 001 20 DIAGNOSIS CO	12382	2012382	VERAS	S, EMMA				ID PRI	OR AUTHORIZATION #	
NY 001 20 DIAGNOSIS CO)12382)DES:	2012382 V44.0 25	VERAS	S, EMMA 733.00	04/	08/1957	YR88751T		OR AUTHORIZATION #	
NY 001 20 DIAGNOSIS CO)12382)DES:	2012382 V44.0 25	VERAS	S, EMMA 733.00	04/ FROM DT	08/1957 THRU DT	YR88751T UNITS	AMOUNT	OR AUTHORIZATION #	
NY 001 20 DIAGNOSIS CO INV # LI 230097)12382)DES: !NE # 1	2012382 V44.0 25 PROCEDURE T1019	VERAS	S, EMMA 733.00	04/ FROM DT 02/09/13	08/1957 THRU DT 02/09/13	YR88751T UNITS 12.00	AMOUNT 205.80	OR AUTHORIZATION #	
NY 001 20 DIAGNOSIS CO INV # LI 230097 230097	012382 DDES: INE # 1 2	2012382 V44.0 25 PROCEDURE T1019 T1019	VERAS	S, EMMA 733.00	04/ FROM DT 02/09/13 02/10/13	08/1957 THRU DT 02/09/13 02/10/13	YR88751T UNITS 12.00 12.00	AMOUNT 205.80 205.80	OR AUTHORIZATION #	
NY 001 20 DIAGNOSIS CO INV # LI 230097 230097 230097	D12382 DDES: INE # 1 2 3	2012382 V44.0 25 PROCEDURE T1019 T1019 T1019	VERAS	S, EMMA 733.00	04/ FROM DT 02/09/13 02/10/13 02/11/13	08/1957 THRU DT 02/09/13 02/10/13 02/11/13	YR88751T UNITS 12.00 12.00 12.00	AMOUNT 205.80 205.80 205.80	OR AUTHORIZATION #	
NY 001 20 DIAGNOSIS CO. INV # LI 230097 230097 230097 230097 230097 230097	D12382 DDES: INE # 1 2 3 4 5 6	2012382 V44.0 25 PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019	VERAS	S, EMMA 733.00	04/ FROM DT 02/09/13 02/10/13 02/11/13 02/12/13 02/13/13 02/14/13	08/1957 THRU DT 02/09/13 02/10/13 02/11/13 02/12/13 02/13/13 02/14/13	UNITS 12.00 12.00 12.00 12.00 12.00 12.00 13.00	AMOUNT 205.80 205.80 205.80 205.80 205.80 222.95	OR AUTHORIZATION #	
NY 001 20 DIAGNOSIS CO INV # LI 230097 230097 230097 230097 230097	D12382 DDES: INE # 1 2 3 4 5	2012382 V44.0 25 PROCEDURE T1019 T1019 T1019 T1019 T1019	VERAS	S, EMMA 733.00	04/ FROM DT 02/09/13 02/10/13 02/11/13 02/12/13 02/13/13	08/1957 THRU DT 02/09/13 02/10/13 02/11/13 02/12/13 02/13/13 02/14/13 02/15/13	UNITS 12.00 12.00 12.00 12.00 12.00 12.00	AMOUNT 205.80 205.80 205.80 205.80 205.80	OR AUTHORIZATION # CLAIM ACCOUNT REF.	2300970012012382SUP

PAYER TOTALS: METROPLUS HEALTH PLAN # OF CLAIMS = 91 TOTAL CLAIM AMOUNT = 13,068.30 # SERVICES = 14

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PAYER ID = 14163 WELLCARE OF NY

230105 6 T1019

	10 11		WILLICIALI OI	111					
REG LOC NY 001 DIAGNOSIS	CLIENT 2008286 CODES:	SERVICE NAME 2008286 RAMI 250.00 272.4	REZ, ALIDA A 401.9	BIF 12/	TH DATE 10/1950	RECIPIENT I ZN85118U		DR AUTHORIZATION # 514772	
INV # 230122 230122 230122 230122 230122 230122 230122 230122	LINE # 1 2 3 4 5 6 7	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019 T1019		02/10/13	02/13/13 02/14/13 02/15/13	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 1,083.60	CLAIM ACCOUNT REF.	2301220012008286SUP
	CLIENT 2008495 CODES:		'INEZ, MARIA 295.90 401	09/	TH DATE 05/1958 .90	RECIPIENT I ZV42745Q		OR AUTHORIZATION # 885355	
INV # 230112 230112 230112 230112 230112 230112 230112 230112	LINE # 1 2 3 4 5 6 7 8	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019			02/09/13 02/10/13 02/11/13 02/12/13 02/13/13 02/14/13 02/15/13	24.00 24.00 23.00 24.00 24.00 24.00	AMOUNT 103.20 103.20 103.20 98.90 103.20 103.20 103.20 103.20 821.30	CLAIM ACCOUNT REF.	2301120012008495SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2010404 CODES:	2010404 GUER	RERO *, MIRTHA 733.00 750	A 09/	TH DATE 14/1931	RECIPIENT I 740496	ID PRIC	OR AUTHORIZATION # .94903	
INV # 230105 230105 230105 230105 230105	LINE # 1 2 3 4 5	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019	REVENUE CD	02/12/13	THRU DT 02/09/13 02/10/13 02/11/13 02/12/13 02/13/13	28.00 28.00	AMOUNT 120.40 120.40 120.40 120.40 120.40		

02/14/13 02/14/13 28.00

CLAIM TOTAL

120.40

722.40 CLAIM ACCOUNT REF. 2301050012010404SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

SUNNYSIDE CITYWIDE NPI = 1154407492

PROVIDER ID = 113502051 PAYER ID = 14163WELLCARE OF NY

REG LOC CLIENT NY 001 2012101 DIAGNOSIS CODES:	SERVICE NAME 2012101 BATILO, MARTA 715.00 272.2 285.29 40	BIRTH DATE RECIPIENT ID 02/23/1917 708125	PRIOR AUTHORIZATION # 111205102	
INV # LINE # 230099 1 230099 2 230099 3 230099 5 230099 6 230099 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 02/09/13 02/09/13 28.00 02/10/13 02/10/13 28.00 02/11/13 02/11/13 28.00 02/12/13 02/12/13 28.00 02/13/13 02/12/13 28.00 02/13/13 02/13/13 28.00 02/14/13 02/14/13 28.00 02/15/13 02/15/13 28.00 02/15/13 02/15/13 28.00	AMOUNT 120.40 120.40 120.40 120.40 120.40 120.40 120.40 842.80 CLAIM ACCOUNT REF.	2300990012012101SUP
REG LOC CLIENT NY 001 2012102 DIAGNOSIS CODES:	SERVICE NAME 2012102 BISRAM, ROOPKALIA 401.9 272.2	BIRTH DATE RECIPIENT ID 01/03/1938 708029	PRIOR AUTHORIZATION # 111353605	
INV # LINE # 230100 1 230100 2 230100 3 230100 4 230100 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 02/11/13 02/11/13 16.00 02/12/13 02/12/13 16.00 02/13/13 02/13/13 16.00 02/14/13 02/14/13 16.00 02/15/13 02/15/13 16.00 02/15/13 02/15/13 16.00 CLAIM TOTAL	AMOUNT 68.80 68.80 68.80 68.80 68.80 344.00 CLAIM ACCOUNT REF.	2301000012012102SUP
REG LOC CLIENT NY 001 2012104 DIAGNOSIS CODES:	SERVICE NAME 2012104 CEBALLOS, FRANCIS 799.89	BIRTH DATE RECIPIENT ID CA 11/10/1931 744474	PRIOR AUTHORIZATION # 111205448	
INV # LINE # 230101 1 230101 2 230101 3	PROCEDURE CODE REVENUE CD T1019 T1019 T1019	FROM DT THRU DT UNITS 02/12/13 02/12/13 40.00 02/13/13 02/13/13 40.00 02/15/13 02/15/13 40.00 CLAIM TOTAL	AMOUNT 172.00 172.00 172.00 516.00 CLAIM ACCOUNT REF.	2301010012012104SUP
REG LOC CLIENT NY 001 2012107 DIAGNOSIS CODES:	SERVICE NAME 2012107 CRUZ, LUIS 799.89	BIRTH DATE RECIPIENT ID 06/10/1952 706307	PRIOR AUTHORIZATION # 111208204	
INV # LINE # 230102 1 230102 2 230102 3	PROCEDURE CODE REVENUE CD T1019 T1019 T1019	FROM DT THRU DT UNITS 02/09/13 02/09/13 32.00 02/10/13 02/10/13 32.00 02/11/13 02/11/13 32.00	AMOUNT 137.60 137.60 137.60	

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

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

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT AMOUNT UNITS 02/12/13 02/12/13 32.00 230102 4 T1019 137.60 230102 5 T1019 02/13/13 02/13/13 32.00 137.60 137.60 137.60 963.20 CLAIM ACCOUNT REF. 2301020012012107SUP 6 T1019 02/14/13 02/14/13 32.00 230102 7 T1019 230102 02/15/13 02/15/13 32.00 CLAIM TOTAL REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2012108 2012108 GODINOT, CARMEN 07/16/1939 695752 111208481 DIAGNOSIS CODES: 369.3

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 1 103.20 230103 T1019 02/11/13 02/11/13 24.00 230103 2 T1019 02/12/13 02/12/13 24.00 103.20 230103 3 T1019 02/13/13 02/13/13 24.00 103.20 230103 4 T1019 02/14/13 02/14/13 24.00 103.20 CLAIM TOTAL 412.80 CLAIM ACCOUNT REF. 2301030012012108SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012110 2012110 GOMEZ, RANNIE 09/11/1917 698802 111339768
DIAGNOSIS CODES: 428.0 272.2 365.9 401.9 733.00

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 230104 1 T1019 02/11/13 16.00 68.80 230104 2 T1019 02/15/13 16.00 68.80 CLAIM TOTAL 137.60 CLAIM ACCOUNT REF. 2301040012012110SUP

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

 NY 001 2012114 2012114 GUERRERO, FIRPO A
 06/13/1929 698839
 111414803

 DIAGNOSIS CODES: 331.0 290.0 311. 401.9
 600.91

PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT LINE # TNV # 1 T1019 230106 02/09/13 02/09/13 48.00 206.40 2 T1019 02/10/13 02/10/13 36.00 154.80 230106 3 T1019 230106 02/11/13 02/11/13 36.00 154.80 4 T1019 02/12/13 02/12/13 48.00 206.40 230106 5 T1019 6 T1019 7 T1019 230106 02/13/13 02/13/13 36.00 154.80 206.40 230106 02/14/13 02/14/13 48.00 7 T1019 02/15/13 02/15/13 36.00 154.80 230106 1,238.40 CLAIM ACCOUNT REF. 2301060012012114SUP CLAIM TOTAL

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

SUNNYSIDE CITYWIDE NPI = 1154407492

PROVIDER ID = 113502051 PAYER ID = 14163WELLCARE OF NY

REG LOC CLIENT SERVICE NAME NY 001 2012115 2012115 GUERRERO, ISA DIAGNOSIS CODES: 715.90 244.9 272.0	BIRTH DATE RECIPIENT ID 11/08/1935 698840 413.9 788.30	PRIOR AUTHORIZATION # 111414603	
INV # LINE # PROCEDURE CODE REVENUE 230107 1 T1019 230107 2 T1019 230107 3 T1019 230107 4 T1019	CD FROM DT THRU DT UNITS 02/10/13 02/10/13 12.00 02/11/13 02/11/13 12.00 02/13/13 02/13/13 12.00 02/15/13 02/15/13 12.00 CLAIM TOTAL	AMOUNT 51.60 51.60 51.60 51.60 51.60 206.40 CLAIM ACCOUNT REF.	2301070012012115SUP
REG LOC CLIENT SERVICE NAME NY 001 2012117 2012117 HAYNES, LAMON DIAGNOSIS CODES: 799.89	BIRTH DATE RECIPIENT ID 08/22/1920 695748	PRIOR AUTHORIZATION # 111213173	
INV # LINE # PROCEDURE CODE REVENUE 230108	CD FROM DT THRU DT UNITS 02/09/13 02/09/13 20.00 02/10/13 02/10/13 20.00 02/11/13 02/11/13 16.00 02/12/13 02/12/13 16.00 02/13/13 02/13/13 16.00 02/14/13 02/14/13 16.00 02/15/13 02/15/13 16.00 CLAIM TOTAL	AMOUNT 86.00 86.00 68.80 68.80 68.80 68.80 68.80 516.00 CLAIM ACCOUNT REF.	2301080012012117SUP
REG LOC CLIENT SERVICE NAME NY 001 2012120 2012120 LOPEZ, ISABEL DIAGNOSIS CODES: 715.90	BIRTH DATE RECIPIENT ID 12/24/1942 740574	PRIOR AUTHORIZATION # 111213601	
INV # LINE # PROCEDURE CODE REVENUE 230109 1 T1019 230109 2 T1019 230109 3 T1019 230109 4 T1019 230109 5 T1019	CD FROM DT THRU DT UNITS 02/11/13 02/11/13 28.00 02/12/13 02/12/13 28.00 02/13/13 02/13/13 28.00 02/14/13 02/14/13 28.00 02/15/13 02/15/13 28.00 CLAIM TOTAL	AMOUNT 120.40 120.40 120.40 120.40 120.40 120.40 602.00 CLAIM ACCOUNT REF.	2301090012012120SUP
REG LOC CLIENT SERVICE NAME NY 001 2012121 2012121 MOHAMED, DENI DIAGNOSIS CODES: 715.98	BIRTH DATE RECIPIENT ID 691722	PRIOR AUTHORIZATION # 111211059	
INV # LINE # PROCEDURE CODE REVENUE 230114 1 T1019 230114 2 T1019	CD FROM DT THRU DT UNITS 02/09/13 02/09/13 32.00 02/10/13 02/10/13 32.00	AMOUNT 137.60 137.60	

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E50020	13022007432031RRSUP		FAGE: 17
PROVIDER ID = 113502051 SUNNYSID PAYER ID = 14163 WELLCARE	E CITYWIDE	NPI = 1154407492	
INV # LINE # PROCEDURE CODE REVENUE C 230114 3 T1019 230114 4 T1019 230114 5 T1019 230114 6 T1019 230114 7 T1019	TD FROM DT THRU DT UNITS 02/11/13 02/11/13 32.00 02/12/13 02/12/13 32.00 02/13/13 02/13/13 32.00 02/14/13 02/14/13 32.00 02/15/13 02/15/13 32.00 CLAIM TOTAL	AMOUNT 137.60 137.60 137.60 137.60 137.60 963.20 CLAIM ACCOUNT REF.	2301140012012121SUP
REG LOC CLIENT SERVICE NAME NY 001 2012122 2012122 MORALES, FRANC DIAGNOSIS CODES: 250.00	BIRTH DATE RECIPIENT ID 12/03/1935 744366	PRIOR AUTHORIZATION # 111218452	
INV # LINE # PROCEDURE CODE REVENUE C 230115 1 T1019 230115 2 T1019 230115 3 T1019 230115 4 T1019 230115 5 T1019 230115 6 T1019 230115 7 T1019	FROM DT THRU DT UNITS 02/09/13 02/09/13 20.00 02/10/13 02/10/13 20.00 02/11/13 02/11/13 20.00 02/12/13 02/12/13 20.00 02/13/13 02/12/13 20.00 02/13/13 02/13/13 20.00 02/14/13 02/14/13 20.00 02/15/13 02/15/13 20.00 CLAIM TOTAL	AMOUNT 86.00 86.00 86.00 86.00 86.00 86.00 86.00 602.00 CLAIM ACCOUNT REF.	2301150012012122SUP
REG LOC CLIENT SERVICE NAME NY 001 2012130 2012130 NAVARRO, ANTON DIAGNOSIS CODES: 493.92 311. 401.9	BIRTH DATE RECIPIENT ID 07/23/1945 710368	PRIOR AUTHORIZATION # 111289272	
230117 2 T1019 230117 3 T1019 230117 4 T1019 230117 5 T1019 230117 6 T1019 230117 7 T1019	02/10/13 02/10/13 20.00 02/11/13 02/11/13 28.00 02/12/13 02/12/13 28.00 02/13/13 02/13/13 28.00 02/14/13 02/14/13 28.00 02/15/13 02/14/13 28.00 02/15/13 02/15/13 28.00 CLAIM TOTAL		2301170012012130SUP
REG LOC CLIENT SERVICE NAME NY 001 2012131 2012131 ORTIZ, JOSE DIAGNOSIS CODES: 799.89	BIRTH DATE RECIPIENT ID 04/19/1925 691721	PRIOR AUTHORIZATION # 111219494	
INV # LINE # PROCEDURE CODE REVENUE C 230119 1 T1019 230119 2 T1019 230119 3 T1019	D FROM DT THRU DT UNITS 02/11/13 02/11/13 16.00 02/13/13 02/13/13 16.00 02/15/13 02/15/13 16.00	AMOUNT 68.80 68.80 68.80	

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PROVIDER ID = 113502051 PAYER ID = 14163 NPI = 1154407492 SUNNYSIDE CITYWIDE

WELLCARE OF NY

PAYER ID = 14	163 WELLCARE OI	7 NY		
INV # LINE #	PROCEDURE CODE REVENUE CD	FROM DT THRU DT UNITS CLAIM TOTAL	AMOUNT 206.40 CLAIM ACCOUNT REF.	2301190012012131SUP
REG LOC CLIENT NY 001 2012132 DIAGNOSIS CODES:	SERVICE NAME 2012132 ORTIZ, DOLORES 401.9 272.4 750.7	BIRTH DATE RECIPIENT ID 06/30/1927 744365	PRIOR AUTHORIZATION # 111228861	
INV # LINE # 230118 1 230118 2 230118 3 230118 4 230118 5 230118 6 230118 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 02/09/13 02/09/13 20.00 02/10/13 02/10/13 20.00 02/11/13 02/11/13 32.00 02/12/13 02/11/13 32.00 02/13/13 02/13/13 32.00 02/13/13 02/13/13 32.00 02/14/13 02/14/13 32.00 02/15/13 02/15/13 32.00 CLAIM TOTAL	AMOUNT 86.00 86.00 137.60 137.60 137.60 137.60 137.60 860.00 CLAIM ACCOUNT REF.	2301180012012132SUP
REG LOC CLIENT NY 001 2012134 DIAGNOSIS CODES:	SERVICE NAME 2012134 SERRANO, CARMEN 093.89 253.5 311. 4:	BIRTH DATE RECIPIENT ID 09/14/1948 695740 29.9	PRIOR AUTHORIZATION # 111397947	
INV # LINE # 230129 1 230129 2 230129 3 230129 4	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 02/11/13 02/11/13 36.00 02/13/13 02/13/13 28.00 02/14/13 02/14/13 28.00 02/15/13 02/15/13 28.00 CLAIM TOTAL	AMOUNT 154.80 120.40 120.40 120.40 516.00 CLAIM ACCOUNT REF.	2301290012012134SUP
REG LOC CLIENT NY 001 2012137 DIAGNOSIS CODES:	SERVICE NAME 2012137 VAZQUEZ, ROSA 799.89	BIRTH DATE RECIPIENT ID 08/08/1934 695667	PRIOR AUTHORIZATION # 111437135	
INV # LINE # 230131 1 230131 2 230131 3 230131 4 230131 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 02/11/13 02/11/13 32.00 02/12/13 02/12/13 32.00 02/13/13 02/13/13 32.00 02/14/13 02/14/13 32.00 02/15/13 02/15/13 32.00 CLAIM TOTAL	AMOUNT 137.60 137.60 137.60 137.60 137.60 688.00 CLAIM ACCOUNT REF.	2301310012012137SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 14163 WELLCARE OF NY

REG LOC NY 001 DIAGNOSIS	CLIENT 2012138 CODES:	SERVICE NAME 2012138 VENTURA, CLARA 253.5 401.9 429.9		RECIPIENT ID 720456	PRIOR AUTHORIZATION # 111324838	
INV # 230132 230132 230132 230132	LINE # 1 2 3 4	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019	FROM DT THRU DT 02/12/13 02/12/13 02/13/13 02/13/13 02/14/13 02/14/13 02/15/13 02/15/13 CLAI	UNITS 16.00 16.00 16.00 16.00 IM TOTAL	AMOUNT 68.80 68.80 68.80 68.80 275.20 CLAIM ACCOUNT REF.	2301320012012138SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2012140 CODES:	SERVICE NAME 2012140 PATRICK, IMAGENE 294.10 153.9		RECIPIENT ID 737028	PRIOR AUTHORIZATION # 111282273	
INV # 230120 230120	LINE # 1 2	PROCEDURE CODE REVENUE CD T1019 T1019	FROM DT THRU DT 02/11/13 02/12/13 02/12/13 CLAI	UNITS 32.00 32.00 IM TOTAL	AMOUNT 137.60 137.60 275.20 CLAIM ACCOUNT REF.	2301200012012140SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2012141 CODES:	SERVICE NAME 2012141 SANTOS MARQUEZ, 1 958.8 599.70 692.9 79		RECIPIENT ID 588801	PRIOR AUTHORIZATION # 111336515	
INV # 230128 230128 230128	LINE # 1 2 3	PROCEDURE CODE REVENUE CD T1019 T1019 T1019	FROM DT THRU DT 02/11/13 02/11/13 02/13/13 02/13/13 02/15/13 02/15/13 CLAI	UNITS 16.00 16.00 16.00 IM TOTAL	AMOUNT 68.80 68.80 68.80 206.40 CLAIM ACCOUNT REF.	2301280012012141SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2012142 CODES:	SERVICE NAME 2012142 MEDINA, MARTHA 135. 250.00 426.4 73		RECIPIENT ID 597570	PRIOR AUTHORIZATION # 111217848	
INV # 230113 230113 230113 230113 230113	LINE # 1 2 3 4 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT 02/11/13 02/11/13 02/12/13 02/12/13 02/13/13 02/13/13 02/14/13 02/14/13 02/15/13 02/15/13	UNITS 12.00 12.00 12.00 12.00 12.00	AMOUNT 51.60 51.60 51.60 51.60 51.60	

CLAIM TOTAL

258.00 CLAIM ACCOUNT REF. 2301130012012142SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

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 2012143 2012143 MURPHY, RUBY 04/13/1955 698832 111381584 REG LOC CLIENT SERVICE NAME DIAGNOSIS CODES: 585.3 311. 493.90 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 68.80 230116 1 02/04/13 02/04/13 16.00 T1019 02/05/13 02/05/13 16.00 68.80 230116 02/06/13 02/06/13 16.00 68.80 230116 3 T1019 230116 4 T1019 02/07/13 02/07/13 16.00 68.80 230116 5 T1019 02/15/13 02/15/13 16.00 68.80 CLAIM TOTAL 344.00 CLAIM ACCOUNT REF. 2301160012012143SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 01/27/1936 709538 111222702 NY 001 2012144 2012144 PEREZ, JULIO DIAGNOSIS CODES: 715.90 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 1 02/11/13 02/11/13 20.00 86.00 230121 T1019 230121 2 T1019 02/13/13 02/13/13 20.00 86.00 3 T1019 02/15/13 02/15/13 20.00 230121 86.00 CLAIM TOTAL 258.00 CLAIM ACCOUNT REF. 2301210012012144SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 11/21/1933 691499 111223158 REG LOC CLIENT SERVICE NAME 11/21/1933 691499 NY 001 2012149 2012149 REGLA, MARIA F DIAGNOSIS CODES: 250.00 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 1 T1019 02/09/13 02/09/13 32.00 230123 137.60 230123 2 T1019 02/11/13 02/11/13 32.00 137.60 3 T1019 230123 02/12/13 02/12/13 32.00 137.60 230123 4 T1019 02/13/13 02/13/13 32.00 137.60 230123 5 T1019 02/14/13 02/14/13 32.00 137.60 6 T1019 02/15/13 02/15/13 32.00 137.60 230123 825.60 CLAIM ACCOUNT REF. 2301230012012149SUP CLAIM TOTAL SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 2012152 REYES, TERESA 03/18/1941 697840 111388689 REG LOC CLIENT NY 001 2012152 2012152 REYES, TERESA DIAGNOSIS CODES: 799.89 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 02/10/13 02/10/13 32.00 137.60 230124 1 T1019 137.60 137.60 137.60 02/11/13 02/11/13 32.00 02/12/13 02/12/13 32.00 02/13/13 02/13/13 32.00 2 230124 T1019 3 T1019 230124 4 T1019 137.60 230124

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PROVIDER ID = 113502051 PAYER ID = 14163	SUNNYSIDE CIT WELLCARE OF 1		NPI = 1154407492	
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REG LOC CLIENT SERVICE NY 001 2012153 2012153 DIAGNOSIS CODES: 799.89	NAME RIVERA, ALIDA	BIRTH DATE RECIPIENT ID 12/25/1927 713396	PRIOR AUTHORIZATION # 111223378	
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REG LOC CLIENT SERVICE NY 001 2012154 2012154 DIAGNOSIS CODES: 799.89	NAME RODRIGUEZ, FRANKLIN	BIRTH DATE RECIPIENT ID 03/26/1989 697529	PRIOR AUTHORIZATION # 111223936	
INV # LINE # PROCEDURE 230126 1 T1019 230126 2 T1019 230126 3 T1019 230126 4 T1019 230126 5 T1019 230126 5 T1019	(((FROM DT THRU DT UNITS 02/09/13 02/09/13 24.00 02/11/13 02/11/13 24.00 02/12/13 02/12/13 24.00 02/13/13 02/13/13 24.00 02/14/13 02/13/13 24.00 02/15/13 02/15/13 24.00 02/15/13 02/15/13 24.00 CLAIM TOTAL	AMOUNT 103.20 103.20 103.20 103.20 103.20 103.20 103.20 619.20 CLAIM ACCOUNT REF.	2301260012012154SUP
REG LOC CLIENT SERVICE NY 001 2012155 2012155 DIAGNOSIS CODES: 555.9	NAME SANCHEZ, BETANIA	BIRTH DATE RECIPIENT ID 05/10/1956 706048	PRIOR AUTHORIZATION # 111227610	
INV # LINE # PROCEDURE 230127 1 T1019 230127 2 T1019 230127 3 T1019 230127 4 T1019 230127 5 T1019	(((FROM DT THRU DT UNITS 02/11/13 02/11/13 20.00 02/12/13 02/12/13 20.00 02/13/13 02/13/13 20.00 02/14/13 02/14/13 20.00 02/15/13 02/15/13 20.00 CLAIM TOTAL	AMOUNT 86.00 86.00 86.00 86.00 86.00 430.00 CLAIM ACCOUNT REF.	2301270012012155SUP
REG LOC CLIENT SERVICE NY 001 2012158 2012158 DIAGNOSIS CODES: 799.89	NAME LOPEZ, MANUEL	BIRTH DATE RECIPIENT ID 02/25/1926 741094	PRIOR AUTHORIZATION # 111216021	
INV # LINE # PROCEDURE 230110 1 T1019 230110 2 T1019	(FROM DT THRU DT UNITS 02/09/13 02/09/13 48.00 02/10/13 02/10/13 48.00	AMOUNT 206.40 206.40	

INPUT FILE = /VOL444/COMPSUP/HIPAAI	IN/E500201302200743203	1RRSUP		PAGE: 24
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REG LOC CLIENT SERVICE NAME NY 001 2012159 2012159 LOPEZ, DIAGNOSIS CODES: 331.0 253.5		TH DATE RECIPIENT ID 01/1922 691723	PRIOR AUTHORIZATION # 111216060	
INV # LINE # PROCEDURE CODE F 230111 1 T1019 230111 2 T1019 230111 3 T1019 230111 4 T1019 230111 5 T1019 230111 6 T1019 230111 7 T1019	REVENUE CD FROM DT 02/09/13 02/10/13 02/11/13 02/12/13 02/13/13 02/14/13 02/15/13	02/09/13	AMOUNT 206.40 206.40 206.40 206.40 206.40 206.40 206.40 244.80 CLAIM ACCOUNT REF.	2301110012012159SUP
REG LOC CLIENT SERVICE NAME NY 001 2012161 2012161 ALONSO DIAGNOSIS CODES: 733.09 253.5	BIR' D, ANA 03/0 272.4	TH DATE RECIPIENT ID 02/1943 739934	PRIOR AUTHORIZATION # 111204846	
INV # LINE # PROCEDURE CODE F 230098 1 T1019 230098 2 T1019 230098 3 T1019 230098 4 T1019 230098 5 T1019 230098 6 T1019 230098 7 T1019	REVENUE CD FROM DT 02/09/13 02/10/13 02/11/13 02/12/13 02/13/13 02/14/13 02/15/13	02/09/13	AMOUNT 86.00 86.00 86.00 86.00 86.00 86.00 86.00 86.00 602.00 CLAIM ACCOUNT REF.	2300980012012161SUP
REG LOC CLIENT SERVICE NAME NY 001 2012136 2012266 SOTO, DIAGNOSIS CODES: 799.89	RAFAEL B BIR 03/	TH DATE RECIPIENT ID 08/1937 700573	PRIOR AUTHORIZATION # 111213199	
INV # LINE # PROCEDURE CODE F 230130 1 T1019 230130 2 T1019 230130 3 T1019	REVENUE CD FROM DT 01/27/13 02/09/13 02/10/13	01/27/13 36.00 3 02/09/13 36.00	AMOUNT 154.80 154.80 154.80	

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 14163 WELLCARE OF NY

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 230130 4 T1019 02/11/13 02/11/13 36.00 154.80 230130 5 T1019 02/12/13 02/12/13 36.00 154.80 T1019 02/13/13 02/13/13 36.00 154.80 230130 230130 T1019 02/14/13 02/14/13 36.00 154.80 230130 T1019 02/15/13 02/15/13 36.00 154.80 CLAIM TOTAL 1,238.40 CLAIM ACCOUNT REF. 2301300012012266SUP

PAYER TOTALS: WELLCARE OF NY # OF CLAIMS = 186 TOTAL CLAIM AMOUNT = 21,925.70

SERVICES = 35

26

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 55247HEALTH INSURANCE PLAN BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # MARIA 06/11/1981 ZR32498A01 0005044162 REG LOC CLIENT SERVICE NAME NY 001 2008276 2008491 LOYOLA, MARIA DIAGNOSIS CODES: 952.9 806.8 799.89 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 0580 230080 1 02/11/13 02/11/13 40.00 168.80 0580 02/12/13 02/12/13 40.00 168.80 230080 T1019 02/13/13 02/13/13 40.00 02/14/13 02/14/13 40.00 0580 230080 3 T1019 168.80 230080 T1019 0580 168.80 CLAIM TOTAL 675.20 CLAIM ACCOUNT REF. 2300800012008491SUP 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 230083 1 T1019 0580 02/11/13 02/11/13 16.00 67.52 0580 02/12/13 02/12/13 4.00 0580 02/13/13 02/13/13 16.00 0580 02/15/13 02/15/13 16.00 230083 2 T1019 16.88 230083 3 T1019 67.52 230083 4 T1019 67.52 CLAIM TOTAL 219.44 CLAIM ACCOUNT REF. 2300830012008513SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 03/04/1956 ZK40327Q 0005050233 REG LOC CLIENT SERVICE NAME NY 001 2008227 2008544 ORR, LOUISE DIAGNOSIS CODES: 250.00 401.9 428.0 435.9 429.9 799.89 TNV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 02/09/13 02/09/13 230081 1 T1019 0580 20.00 84.40 0580 0580 0580 0580 0580 0580 230081 2 T1019 02/10/13 02/10/13 20.00 84.40 230081 3 T1019 02/11/13 02/11/13 20.00 84.40 4 T1019 02/12/13 02/12/13 16.00 67.52 230081 02/13/13 02/13/13 20.00 02/14/13 02/14/13 20.00 02/15/13 02/15/13 20.00 5 T1019 230081 84.40 6 T1019 230081 84.40 7 T1019 230081 84.40 CLAIM TOTAL 573.92 CLAIM ACCOUNT REF. 2300810012008544SUP PRIOR AUTHORIZATION # 0003855084 REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID NY 001 2008193 2008723 REYNOLDS, HARRIET 07/01/1958 SR66809C DIAGNOSIS CODES: 728.87 250.00 250.60 311. AMOUNT PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 02/14/13 02/14/13 16.00 02/15/13 02/15/13 16.00 67.52 1 230074 T1019 0580 2 0580 67.52 230074 T1019 CLAIM TOTAL 135.04 CLAIM ACCOUNT REF. 2300740012008723SUP

REPORT DATE 02/20/13 PAGE: SUNNYSIDE CITYWIDE 2.7

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

0580

3 T1019

230078

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 55247HEALTH INSURANCE PLAN
 REG
 LOC
 CLIENT
 SERVICE
 NAME
 BIRTH DATE
 RECIPIENT ID

 NY
 001
 2008793
 2008793
 COPE, WILLIE
 02/17/1928
 XR98607Q
 SERVICE NAME PRIOR AUTHORIZATION # 0004050353 DIAGNOSIS CODES: 331.0 401.9 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 0580 230067 02/09/13 02/09/13 48.00 202.56 0580 02/10/13 02/10/13 48.00 202.56 230067 T1019
 0580
 02/10/13
 02/10/13
 70/10/13

 0580
 02/11/13
 02/11/13
 48.00

 0580
 02/12/13
 02/12/13
 48.00

 0580
 02/13/13
 02/13/13
 48.00

 0580
 02/14/13
 02/14/13
 48.00

 0580
 02/15/13
 02/15/13
 48.00

 0580
 02/15/13
 02/15/13
 70/10/10
 230067 3 T1019 202.56 230067 4 T1019 202.56 230067 5 T1019 202.56 230067 6 T1019 202.56 230067 7 T1019 202.56 CLAIM TOTAL 1,417.92 CLAIM ACCOUNT REF. 2300670012008793SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 0004291129 NY 001 2009237 2009237 WESTFIELD, BRENDA 01/13/1953 PT26237P DIAGNOSIS CODES: 710.4 250.00 401.9 414.00 493.90 530.81 728.87 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 02/09/13 02/09/13 230076 1 T1019 0580 32.00 135.04 0580 135.04 230076 T1019 0580 0580 0580 0580 0580 02/10/13 02/10/13 32.00 02/11/13 02/11/13 32.00 02/12/13 02/12/13 32.00 02/13/13 02/13/13 32.00 02/14/13 02/14/13 32.00 02/15/13 02/15/13 32.00 230076 3 T1019 135.04 230076 4 T1019 135.04 230076 5 T1019 135.04 230076 6 T1019 135.04 7 T1019 230076 135.04 CLAIM TOTAL 945.28 CLAIM ACCOUNT REF. 2300760012009237SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 09/28/1948 UR74418G 0005080096 NY 001 2008223 2009269 SHAH, HANSIKABEN 09/28/1948 UR74418G DIAGNOSIS CODES: V61.9 296.20 733.00 PROCEDURE CODE REVENUE CD FROM DT THRU DT LINE # UNITS AMOUNT INV # T1019 0580 02/15/13 02/15/13 20.00 230082 1 84.40 CLAIM TOTAL 84.40 CLAIM ACCOUNT REF. 2300820012009269SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 2009406 AHMAD, AMATUL 0004979372 NY 001 2008395 08/03/1953 YG15821Z DIAGNOSIS CODES: 799.89 253.5 272.4 401.9 493.92 696.8 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 02/11/13 02/11/13 T1019 0580 230078 1 16.00 67.52 2 T1019 0580 02/13/13 02/13/13 67.52 230078 16.00

02/14/13 02/14/13 16.00

67.52

REPORT DATE 02/20/13 PAGE: SUNNYSIDE CITYWIDE 28

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

7 T1019

230072

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492PAYER ID = 55247HEALTH INSURANCE PLAN INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 230078 4 T1019 0580 02/15/13 02/15/13 16.00 67.52 CLAIM TOTAL 270.08 CLAIM ACCOUNT REF. 2300780012009406SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # REG LOC CLIENT SERVICE NAME 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 230079 1 T1019 0580 02/13/13 02/13/13 36.00 151.92 230079 2 T1019 0580 02/14/13 02/14/13 40.00 168.80 CLAIM TOTAL 320.72 CLAIM ACCOUNT REF. 2300790012009562SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 0005177081 NY 001 2009686 2009686 GAFFNEY, FREDERICK 01/04/1939 RH10373H DIAGNOSIS CODES: 315.8 357.4 389.8 401.9 493.91 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT LINE # 230070 1 T1019 0580 02/11/13 02/11/13 16.00 67.52 0580 02/12/13 02/12/13 16.00 67.52 230070 2 T1019 0580 0580 02/13/13 02/13/13 16.00 02/14/13 02/14/13 16.00 02/15/13 02/15/13 16.00 230070 3 T1019 67.52 4 230070 T1019 67.52 230070 5 T1019 0580 67.52 CLAIM TOTAL 337.60 CLAIM ACCOUNT REF. 2300700012009686SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 03/12/1934 12030545001 0004676295 REG LOC CLIENT SERVICE NAME NY 001 2009945 2009945 JACKSON, FRANCES 03/12/1934 12030545001 DIAGNOSIS CODES: 332.0 250.00 401.9 722.10 785.2 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 230072 T1019 0580 02/09/13 02/09/13 28.00 118.16 1 230072 T1019 0580 02/10/13 02/10/13 28.00 118.16 2 0580 0580 0580 0580 0580 0580 3 T1019 02/11/13 02/11/13 118.16 230072 28.00 4 T1019 02/12/13 02/12/13 230072 28.00 118.16 230072 5 T1019 02/13/13 02/13/13 28.00 118.16 02/14/13 02/14/13 28.00 02/15/13 02/15/13 28.00 6 T1019 118.16 230072

CLAIM TOTAL

118.16

827.12 CLAIM ACCOUNT REF. 2300720012009945SUP

REPORT DATE 02/20/13 PAGE: SUNNYSIDE CITYWIDE 29

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

1

2

2 T1019 0580 3 T1019 0580 4 T1019 0580 5 T1019 0580 6 T1019 0580

0580

T1019

230071

230071 230071 230071

230071

SUNNYSIDE CITYWIDE NPI = 1154407492

PROVIDER ID = 113502051 PAYER ID = 55247HEALTH INSURANCE PLAN REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2010293 2010293 CAMPBELL, CAROL 01/17/1945 ZW64229J 0004864776 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 1 T1019 230065 0580 02/11/13 02/11/13 20.00 84.40 2 T1019 0580 230065 02/12/13 02/12/13 24.00 101.28 0580 02/13/13 02/13/13 20.00 230065 3 T1019 84.40 CLAIM TOTAL 270.08 CLAIM ACCOUNT REF. 2300650012010293SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 01/17/1945 ZW64229J 0004864776 NY 001 2010293 2010293 CAMPBELL, CAROL DIAGNOSIS CODES: 722.2 272.0 338.29 401.9 780.79 781.2 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 230066 1 T1019 0580 02/14/13 02/14/13 32.00 135.04 230066 2 T1019 0580 02/15/13 02/15/13 32.00 135.04 270.08 CLAIM ACCOUNT REF. 2300660012010293SUP CLAIM TOTAL BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 02/05/1927 XK12367V 0004884724 SERVICE NAME REG LOC CLIENT NY 001 2010316 2010316 WEATHERS, VERDENA 02/05/1927 XK12367V DIAGNOSIS CODES: 331.0 365.00 428.0 714.0 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS TILIOMA 1 T1019 0580
2 T1019 0580
3 T1019 0580
4 T1019 0580
5 T1019 0580
6 T1019 0580
7 T1019 0580 230075 02/09/13 02/09/13 48.00 202.56 230075 02/10/13 02/10/13 48.00 202.56 02/10/13 02/10/13 48.00 02/11/13 02/11/13 48.00 02/12/13 02/12/13 48.00 02/13/13 02/13/13 48.00 02/14/13 02/14/13 48.00 02/15/13 02/15/13 48.00 230075 202.56 230075 202.56 230075 202.56 230075 202.56 230075 202.56 CLAIM TOTAL 1,417.92 CLAIM ACCOUNT REF. 2300750012010316SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 06/04/1921 RD78526M 0005197384 CLIENT SERVICE NAME REG LOC NY 001 2010991 2010991 IANNAZZO, ANGELINA 06/04/1921 RD78526M DIAGNOSIS CODES: 401.9 253.5 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # LINE # 02/10/13 02/10/13 36.00 151.92 230071 T1019 0580

02/11/13 02/11/13 36.00

02/11/13 02/11/13 36.00 02/12/13 02/12/13 36.00 02/13/13 02/13/13 36.00 02/14/13 02/14/13 36.00 02/15/13 02/15/13 36.00

151.92 151.92 151.92 151.92 151.92

151.92

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PROVIDER ID = 11 PAYER ID = 55			NPI = 1154407492	
INV # LINE #	PROCEDURE CODE REVENUE CD	FROM DT THRU DT UNITS CLAIM TOTAL	AMOUNT 911.52 CLAIM ACCOUNT REF.	2300710012010991SUP
REG LOC CLIENT NY 001 2008113 DIAGNOSIS CODES:	2011066 COPELAND, ELISE	BIRTH DATE RECIPIENT 1 10/05/1928 QJ28865K 01.9 716.90	ID PRIOR AUTHORIZATION # 0005111746	
INV # LINE # 230068 1 230068 2 230068 3 230068 4	PROCEDURE CODE REVENUE CD 0572 0572 0572 0572 0572 0572	FROM DT THRU DT UNITS 02/09/13 02/09/13 8.00 02/10/13 02/10/13 8.00 02/11/13 02/11/13 8.00 02/12/13 02/12/13 1.00 CLAIM TOTAL	AMOUNT 114.00 114.00 114.00 14.25 356.25 CLAIM ACCOUNT REF.	2300680012011066SUP
REG LOC CLIENT NY 001 2008273 DIAGNOSIS CODES:	2011526 DE JESUS, TIBURCI	BIRTH DATE RECIPIENT 1 10 08/11/1947 XX16524S 14.04 799.89 V60.3	PRIOR AUTHORIZATION # 0005503237	
INV # LINE # 230069 1 230069 2 230069 4 230069 5 230069 6 230069 7	PROCEDURE CODE REVENUE CD G0156 0572	FROM DT THRU DT UNITS 02/09/13 02/09/13 12.00 02/10/13 02/10/13 12.00 02/11/13 02/11/13 12.00 02/12/13 02/12/13 12.00 02/13/13 02/12/13 12.00 02/13/13 02/13/13 12.00 02/14/13 02/14/13 12.00 02/15/13 02/15/13 12.00	AMOUNT 171.00 171.00 171.00 171.00 171.00 171.00	
REG LOC CLIENT NY 001 2009467 DIAGNOSIS CODES:	2011833 KEATON, CATHERINE	CLAIM TOTAL BIRTH DATE RECIPIENT 1 08/30/1923 WC81742E 30.4 788.30	,	2300690012011526SUP
INV # LINE # 230073 1 230073 2 230073 3 230073 4 230073 5 230073 6	PROCEDURE CODE REVENUE CD T1019 0580 T1019 0580 T1019 0580 T1019 0580 T1019 0580 T1019 0580	FROM DT THRU DT UNITS 02/10/13 02/10/13 48.00 02/11/13 02/11/13 48.00 02/12/13 02/12/13 48.00 02/12/13 02/12/13 48.00 02/13/13 02/13/13 48.00 02/14/13 02/14/13 48.00 02/15/13 02/15/13 31.00 CLAIM TOTAL	AMOUNT 202.56 202.56 202.56 202.56 202.56 130.82 1,143.62 CLAIM ACCOUNT REF.	2300730012011833SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

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 2010634 2012343 YIANNITSIS, LEO 07/13/1934 15438872 0005825708

DIAGNOSIS CODES: 253.5 272.4 311. 401.9

PROCEDURE CODE REVENUE CD INV # LINE # FROM DT THRU DT UNITS AMOUNT 230077 1 T1019 0580 02/12/13 02/12/13 20.00 84.40 2 0580 230077 T1019 02/13/13 02/13/13 20.00 84.40 0580 230077 3 T1019 02/14/13 02/14/13 20.00 84.40 230077 T1019 0580 02/15/13 02/15/13 20.00 84.40 CLAIM TOTAL 337.60 CLAIM ACCOUNT REF. 2300770012012343SUP

PAYER TOTALS: HEALTH INSURANCE PLAN # OF CLAIMS = 89 TOTAL CLAIM AMOUNT = 11,710.79

SERVICES = 18

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 77073 VNSNY CHOICE

REG LOC CLI NY 001 2008 DIAGNOSIS CODE	74 2010958 KARASSAVIDES, AR	BIRTH DATE RECIPIENT ID ISTOTI 10/09/1962 V80041904 99.89	PRIOR AUTHORIZATION # 123590054	
230147 230147 230147	# PROCEDURE CODE REVENUE CD	FROM DT THRU DT UNITS 01/11/13 01/11/13 30.00 01/18/13 01/18/13 30.00 02/11/13 02/11/13 28.00 02/12/13 02/12/13 28.00 02/13/13 02/13/13 28.00 02/13/13 02/14/13 28.00 02/14/13 02/14/13 28.00 CLAIM TOTAL	AMOUNT 128.70 128.70 120.12 120.12 120.12 120.12 137.88 CLAIM ACCOUNT REF.	2301470012010958SUP
REG LOC CLI NY 001 2012 DIAGNOSIS CODE	81 2012481 REYES, LORGIO	BIRTH DATE RECIPIENT ID 05/15/1982 V80024771 401.9	PRIOR AUTHORIZATION # 130240009	
230148 230148	# PROCEDURE CODE REVENUE CD S5125 S5125 S5125 S5125 S5125 S5125	FROM DT THRU DT UNITS 02/09/13 02/09/13 24.00 02/11/13 02/11/13 40.00 02/12/13 02/12/13 24.00 02/13/13 02/13/13 40.00 02/14/13 02/14/13 24.00 CLAIM TOTAL	AMOUNT 102.96 171.60 102.96 171.60 102.96 652.08 CLAIM ACCOUNT REF.	2301480012012481SUP

PAYER TOTALS: VNSNY CHOICE # OF CLAIMS = 11 TOTAL CLAIM AMOUNT = 1,389.96

SERVICES = 2

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

NPI = 1154407492 SUNNYSIDE CITYWIDE

PROVIDER ID = 113502051 PAYER ID = 80141 HEALTHFIRST PHSP

PAYER ID = 803	141 HEALTHFIRST	T PHSP		
REG LOC CLIENT NY 001 2008246 DIAGNOSIS CODES:	SERVICE NAME 2008246 RIVERA, CHRISTOPH 314.01	BIRTH DATE RECIPIENT ID 09/03/1996 UW23596M	PRIOR AUTHORIZATION # R2013357	
INV # LINE # 230021 1 230021 2 230021 3 230021 4 230021 5 230021 6 230021 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 02/09/13 02/09/13 12.00 02/10/13 02/10/13 12.00 02/11/13 02/11/13 12.00 02/12/13 02/11/13 12.00 02/13/13 02/12/13 12.00 02/13/13 02/13/13 12.00 02/14/13 02/14/13 12.00 02/15/13 02/15/13 12.00 02/15/13 02/15/13 12.00 CLAIM TOTAL	AMOUNT 50.64 50.64 50.64 50.64 50.64 50.64 354.48 CLAIM ACCOUNT REF.	2300210012008246SUP
REG LOC CLIENT NY 001 2008248 DIAGNOSIS CODES:	SERVICE NAME 2008248 RIVERA, EDDIE 339.02 367.1 369.10	BIRTH DATE RECIPIENT ID 01/29/1960 YP34893V	PRIOR AUTHORIZATION # 0105031202381	
INV # LINE # 230022 1 230022 2 230022 3 230022 4	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 02/11/13 02/11/13 12.00 02/12/13 02/12/13 12.00 02/13/13 02/13/13 12.00 02/14/13 02/14/13 12.00 02/14/13 TOTAL	AMOUNT 50.64 50.64 50.64 50.64 202.56 CLAIM ACCOUNT REF.	2300220012008248SUP
REG LOC CLIENT NY 001 2008249 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID ARLOTA 01/20/1936 QR43529V 36.9 733.00	PRIOR AUTHORIZATION # 0110041201764	
INV # LINE # 230017 1 230017 2 230017 3 230017 4 230017 5 230017 6	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 02/10/13 02/10/13 44.00 02/11/13 02/11/13 44.00 02/12/13 02/12/13 44.00 02/13/13 02/13/13 44.00 02/14/13 02/14/13 44.00 02/14/13 02/14/13 44.00 02/15/13 02/15/13 44.00 CLAIM TOTAL 1	AMOUNT 185.68 185.68 185.68 185.68 185.68 185.68 1,114.08 CLAIM ACCOUNT REF.	2300170012008249SUP
REG LOC CLIENT NY 001 2008250 DIAGNOSIS CODES:	SERVICE NAME 2008250 SALAZAR, LUZ MARI 952.9 564.81 596.54 80	BIRTH DATE RECIPIENT ID 02/19/1970 SC60317K	PRIOR AUTHORIZATION # R2048722	
INV # LINE # 230024 1	PROCEDURE CODE REVENUE CD T1019	FROM DT THRU DT UNITS 02/06/13 02/06/13 8.00	AMOUNT 33.76	

INPUT FILE = /VOL444/C	COMPSUP/HIPAAIN/E50020130		rage. 34
PROVIDER ID = 11350205 PAYER ID = 80141	SUNNYSIDE C. HEALTHFIRST	ITYWIDE NPI = 1154407492 PHSP	
INV # LINE # PROC 230024 2 T101 230024 3 T101 230024 4 T101 230024 5 T101 230024 6 T101 230024 7 T101 230024 8 T101	9 9 9 9 9 9 9	02/09/13 02/09/13 32.00 135.04 02/10/13 02/10/13 32.00 135.04 02/11/13 02/11/13 32.00 135.04 02/12/13 02/12/13 32.00 135.04 02/13/13 02/13/13 32.00 135.04 02/14/13 02/14/13 32.00 135.04 02/15/13 02/15/13 32.00 135.04 02/15/13 02/15/13 32.00 135.04 02/15/13 02/15/13 32.00 135.04	2300240012008250SUP
	VICE NAME 18251 CEBALLOS, ANA 0 244.9	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 12/31/1919 UH02585Q R1828722	
INV # LINE # PROC 230003 1 T101 230003 2 T101 230003 3 T101 230003 4 T101 230003 5 T101	9 9 9	02/11/13 02/11/13 32.00 135.04 02/12/13 02/12/13 32.00 135.04 02/13/13 02/13/13 32.00 135.04 02/14/13 02/14/13 32.00 135.04 02/15/13 02/15/13 32.00 135.04 02/15/13 02/15/13 32.00 135.04	2300030012008251SUP
REG LOC CLIENT SER NY 001 2008253 200 DIAGNOSIS CODES: 359.0		BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # R2084101	
INV # LINE # PROC 230018 1 T101 230018 2 T101 230018 3 T101 230018 4 T101 230018 5 T101	9 9 9 9	02/09/13 02/09/13 48.00 202.56 02/10/13 02/10/13 48.00 202.56 02/11/13 02/11/13 48.00 202.56 02/12/13 02/12/13 48.00 202.56 02/13/13 02/13/13 48.00 202.56 02/13/13 02/13/13 48.00 202.56 CLAIM TOTAL 1,012.80 CLAIM ACCOUNT REF.	2300180012008253SUP
	8254 SPIVEY, PATRICIA	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 04/06/1965 WE52435B R2061243	
INV # LINE # PROC 230027 1 T101 230027 2 T101 230027 3 T101 230027 4 T101	.9 .9	02/11/13 02/11/13 20.00 84.40 02/12/13 02/12/13 20.00 84.40 02/13/13 02/13/13 20.00 84.40 02/14/13 02/14/13 20.00 84.40 84.40 84.40 84.40	2300270012008254SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492 PAYER ID = 80141 HEALTHFIRST PHSP SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 2008256 CARMONA, LUZ 08/10/1954 XJ24416K R2052507 REG LOC CLIENT NY 001 2008256 DIAGNOSIS CODES: 294.8 401.9 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 230001 1 02/11/13 02/11/13 32.00 135.04 T1019 32.00 135.04 230001 02/12/13 02/12/13 230001 3 T1019 02/13/13 02/13/13 28.00 118.16 4 T1019 230001 02/14/13 02/14/13 32.00 135.04 230001 5 T1019 02/15/13 02/15/13 32.00 135.04 CLAIM TOTAL 658.32 CLAIM ACCOUNT REF. 2300010012008256SUP SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 09/04/1948 YD71377C 0110301200495 REG LOC CLIENT NY 001 2008257 2008257 ESTEVES, JOSE DIAGNOSIS CODES: 345.40 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT LINE # 230008 02/09/13 02/09/13 24.00 101.28 1 T1019 230008 T1019 02/10/13 02/10/13 24.00 101.28 T1019 101.28 230008 02/11/13 02/11/13 24.00 230008 4 T1019 02/12/13 02/12/13 24.00 101.28 5 T1019 6 T1019 7 T1019 230008 02/13/13 02/13/13 24.00 101.28 230008 02/14/13 02/14/13 24.00 101.28 230008 02/15/13 02/15/13 24.00 101.28 708.96 CLAIM ACCOUNT REF. 2300080012008257SUP 101.28 CLAIM TOTAL BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 08/25/1935 SZ24247J R2048371 REG LOC CLIENT SERVICE NAME NY 001 2008290 2008290 SALHUANA, YOLANDA DIAGNOSIS CODES: 249.70 362.50 401.9 733.00 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # 230025 T1019 02/11/13 02/11/13 32.00 135.04 1 2 T1019 02/12/13 02/12/13 32.00 135.04 230025 3 T1019 02/13/13 02/13/13 230025 32.00 135.04 230025 4 T1019 02/14/13 02/14/13 32.00 135.04 5 T1019 230025 02/15/13 02/15/13 32.00 135.04 675.20 CLAIM ACCOUNT REF. 2300250012008290SUP CLAIM TOTAL

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008362 2008362 FONTANES, PEDRO 08/27/1948 RX10287Z R2016955

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 230009 1 T1019 02/09/13 02/09/13 28.00 118.16

DIAGNOSIS CODES: 724.3 278.00 427.31 428.0 724.2

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP				
PROVIDER ID = 113502051 PAYER ID = 80141	SUNNYSIDE CITYWIDE HEALTHFIRST PHSP	NP	I = 1154407492	
230009 2 T1019 230009 3 T1019 230009 4 T1019 230009 5 T1019 230009 6 T1019 230009 7 T1019	DE REVENUE CD FROM DT TO 102/10/13 CO 102/11/13 CO 102/13/13 CO 102/13/13 CO 102/14/13 CO 102/15/13 CO	02/10/13		2300090012008362SUP
REG LOC CLIENT SERVICE NAME NOT SERVICE NAME NAME NOT SERVICE NAME NAME NOT SERVICE NAME NOT SERVICE NAME NOT SERVICE NAME NAME NAME NAME NAME NAME NAME NAM	AME BIRTH DDRIGUEZ, MARGARET 06/25 00 272.4 311. 401.9	H DATE RECIPIENT ID 5/1950 ZP21043J 9 414.3 733.00	PRIOR AUTHORIZATION # R2162380 780.52	
230023 1 T1019 230023 2 T1019 230023 3 T1019 230023 4 T1019 230023 5 T1019	02/12/13 0 02/13/13 0 02/14/13 0 02/15/13 0	02/11/13	337.60 CLAIM ACCOUNT REF.	2300230012008368SUP
REG LOC CLIENT SERVICE NAME NOT SERVICE NAME NAME NOT SERVICE NAME NAME NAME NAME NAME NAME NAME NAM	AME BIRTH RANCISCO, RICHARD 07/10	H DATE RECIPIENT ID 0/1968 XR22414G	PRIOR AUTHORIZATION # R2014482	
230010 1 T1019 230010 2 T1019 230010 3 T1019 230010 4 T1019 230010 5 T1019 230010 6 T1019	DE REVENUE CD FROM DT TO 102/09/13 CO 102/10/13 CO 102/11/13 CO 102/11/13 CO 102/14/13 CO 102/15/13 CO	02/09/13 32.00 02/10/13 32.00 02/11/13 24.00 02/12/13 32.00 02/14/13 32.00 02/15/13 32.00 CLAIM TOTAL		2300100012008411SUP
REG LOC CLIENT SERVICE NAME NOT SERVICE NAME NAME NOT SERVICE NAME NAME NAME NOT SERVICE NAME NAME NAME NAME NAME NAME NAME NAM	AME BIRTH AUR, HARBANS 02/03 4 332.1 453.42	H DATE RECIPIENT ID 3/1937 VB22061J	PRIOR AUTHORIZATION # R2021143	
INV # LINE # PROCEDURE COI 230014 1 T1019 230014 2 T1019 230014 3 T1019 230014 4 T1019 230014 5 T1019	DE REVENUE CD FROM DT T 02/10/13 (02/11/13 (02/12/13 (02/13/13 (02/14/13 (02/10/13	AMOUNT 118.16 118.16 118.16 118.16 118.16	

REPORT DATE 02/20/13 PAGE: SUNNYSIDE CITYWIDE 37

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

7 T1019

230029

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492 PAYER ID = 80141HEALTHFIRST PHSP INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 230014 6 T1019 02/15/13 02/15/13 28.00 118.16 CLAIM TOTAL 708.96 CLAIM ACCOUNT REF. 2300140012008428SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 05/13/1954 VG15691D R2088833 REG LOC CLIENT SERVICE NAME NY 001 2008433 2008433 BHAIRO, KOWSILILLI 05/13/1954 VG15691D DIAGNOSIS CODES: 340. 286.0 311. 401.9 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 135.04 229997 1 T1019 02/09/13 02/09/13 32.00 229997 2 T1019 02/10/13 02/10/13 32.00 135.04 3 T1019 229997 02/11/13 02/11/13 32.00 135.04 4 T1019 5 T1019 6 T1019 7 T1019 229997 02/12/13 02/12/13 32.00 135.04 229997 02/13/13 02/13/13 32.00 135.04 229997 02/14/13 02/14/13 32.00 135.04 229997 02/15/13 02/15/13 32.00 135.04 CLAIM TOTAL 945.28 CLAIM ACCOUNT REF. 2299970012008433SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z 0101171302771 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 1 T1019 229996 01/30/13 01/30/13 16.00 67.52 229996 2 T1019 02/09/13 02/09/13 16.00 67.52 3 T1019 02/11/13 02/11/13 229996 20.00 84.40 02/12/13 02/12/13 20.00 229996 4 T1019 84.40 CLAIM TOTAL 303.84 CLAIM ACCOUNT REF. 2299960012008487SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008558 2008558 SURIEL, GERTRUDIS 03/17/1950 ZE67447D 0112191201069 DIAGNOSIS CODES: 493.90 401.9 414.00 715.00 PROCEDURE CODE REVENUE CD FROM DT THRU DT INV # LINE # UNITS AMOUNT 02/09/13 02/09/13 32.00 230029 1 T1019 135.04 02/10/13 02/10/13 32.00 135.04 230029 2 T1019 230029 T1019 02/11/13 02/11/13 32.00 135.04 3 230029 T1019 02/12/13 02/12/13 32.00 135.04 02/13/13 02/13/13 32.00 135.04 230029 T1019 02/14/13 02/14/13 32.00 02/15/13 02/15/13 32.00 6 T1019 230029 135.04 135.04 945.28 CLAIM ACCOUNT REF. 2300290012008558SUP

CLAIM TOTAL

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER	ID = 80		HEALTHFIRST				NEI - 1134-	107492	
REG LOC NY 001 DIAGNOSIS	CLIENT 2008571 CODES:	2008571 ESPAI	LLAT, AMPARO 311. 36		25/1949	RECIPIENT II ZG25447P .00		DR AUTHORIZATION # 16893	
INV # 230007 230007 230007 230007 230007 230007 230007	LINE # 1 2 3 4 5 6 7	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019 T1019	REVENUE CD	FROM DT 02/09/13 02/10/13 02/11/13 02/12/13 02/13/13 02/14/13 02/15/13	02/12/13 02/13/13 02/14/13 02/15/13	16.00 24.00 24.00 24.00 24.00	AMOUNT 67.52 67.52 101.28 101.28 101.28 101.28 101.28 401.44	CLAIM ACCOUNT REF.	2300070012008571SUP
REG LOC NY 001 DIAGNOSIS		SERVICE NAME 2009256 CHARI 250.00 311.	TAR, RAMKALI 401.9 41	E 06/	TH DATE 23/1953 .01 466	RECIPIENT II UY13756G .0		DR AUTHORIZATION # 16936	
INV # 230004 230004 230004 230004 230004 230004	LINE # 1 2 3 4 5	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019	REVENUE CD	FROM DT 02/10/13 02/11/13 02/12/13 02/13/13 02/14/13 02/15/13	02/11/13 02/12/13 02/13/13 02/14/13 02/15/13	20.00 20.00 20.00 20.00	AMOUNT 84.40 84.40 84.40 84.40 84.40 84.40 506.40	CLAIM ACCOUNT REF.	2300040012009256SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2008271 CODES:	2009270 CARRI	ON, MARIA 401.9 V1	06/	TH DATE 30/1928	RECIPIENT II SC64434E		DR AUTHORIZATION # 44577	
INV # 230002 230002 230002 230002 230002	LINE # 1 2 3 4 5	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019	REVENUE CD	FROM DT 02/11/13 02/12/13 02/13/13 02/14/13 02/15/13	THRU DT 02/11/13 02/12/13 02/13/13 02/14/13 02/15/13	32.00 32.00 32.00	AMOUNT 135.04 135.04 135.04 135.04 135.04		

CLAIM TOTAL 675.20 CLAIM ACCOUNT REF. 2300020012009270SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

DD01/TDDD TD 113500051	CIDBUATE CIENTIDE	NDT 1154407400
PROVIDER ID = 113502051	SUNNYSIDE CITYWIDE	NPI = 1154407492

PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIEN NY 001 200932 DIAGNOSIS CODES:	2 2009322 HENRY, BRENDA	BIRTH DATE RECIPIENT ID 04/13/1954 ZE02356F 493.90	PRIOR AUTHORIZATION # R1892336	
INV # LINE # 230012 1 230012 2 230012 3 230012 4	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 02/08/13 02/08/13 16.00 02/11/13 02/11/13 16.00 02/13/13 02/13/13 16.00 02/15/13 02/15/13 16.00 CLAIM TOTAL	AMOUNT 67.52 67.52 67.52 67.52 270.08 CLAIM ACCOUNT REF.	2300120012009322SUP
REG LOC CLIEN NY 001 200940 DIAGNOSIS CODES:	5 2009405 CORTES DE GALIND	BIRTH DATE RECIPIENT ID O, NEL 05/25/1925 PF03624B	PRIOR AUTHORIZATION # R2063747	
INV # LINE # 230005 1 1 230005 2 230005 3 230005 4 230005 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 02/11/13 02/11/13 24.00 02/12/13 02/12/13 24.00 02/13/13 02/13/13 24.00 02/14/13 02/14/13 24.00 02/15/13 02/15/13 24.00 02/15/13 02/15/13 24.00 CLAIM TOTAL	AMOUNT 101.28 101.28 101.28 101.28 101.28 506.40 CLAIM ACCOUNT REF.	2300050012009405SUP
REG LOC CLIEN NY 001 200942 DIAGNOSIS CODES:	5 2009425 FRIAS, BARBARA	BIRTH DATE RECIPIENT ID 04/01/1954 YQ10410R	PRIOR AUTHORIZATION # R2162129	
INV # LINE # 230011 1 230011 2 230011 3	PROCEDURE CODE REVENUE CD T1019 T1019 T1019	FROM DT THRU DT UNITS 02/11/13 02/11/13 16.00 02/13/13 02/13/13 16.00 02/15/13 02/15/13 16.00 CLAIM TOTAL	AMOUNT 67.52 67.52 67.52 202.56 CLAIM ACCOUNT REF.	2300110012009425SUP
REG LOC CLIEN NY 001 200956 DIAGNOSIS CODES:	2009560 BOCHENEC, JOLANT.	BIRTH DATE RECIPIENT ID 07/08/1964 ZT71147Q 07.42 781.0	PRIOR AUTHORIZATION # R2066168	
INV # LINE # 229999 2 229999 3 229999 4 229999 5 229999 6	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 02/10/13 02/10/13 24.00 02/11/13 02/11/13 24.00 02/12/13 02/12/13 24.00 02/13/13 02/13/13 24.00 02/14/13 02/13/13 24.00 02/15/13 02/15/13 24.00	AMOUNT 101.28 101.28 101.28 101.28 101.28 101.28	

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PROVIDER ID = 113502051SUNNYSIDE CITYWIDE NPT = 1154407492

	= 113502051 = 80141	SUNNYSIDE CITYWIDE HEALTHFIRST PHSP	1	NPI = 1154407492	
INV # LI	:NE # PROCEDURE CODE	REVENUE CD FROM DT	THRU DT UNITS CLAIM TOTAL	AMOUNT 607.68 CLAIM ACCOUNT REF.	2299990012009560SUP
			RECIPIENT ID ZU45073J	PRIOR AUTHORIZATION # R2142122	
INV # LI 230031 230031 230031 230031 230031	TNE # PROCEDURE CODE 1 T1019 2 T1019 3 T1019 4 T1019 5 T1019	02/11/13 02/12/13 02/13/13 02/14/13	THRU DT UNITS 3 02/11/13 32.00 3 02/12/13 32.00 3 02/13/13 32.00 6 02/14/13 32.00 6 02/15/13 32.00 CLAIM TOTAL	AMOUNT 135.04 135.04 135.04 135.04 135.04 675.20 CLAIM ACCOUNT REF.	2300310012010009SUP
		A, GLADYS 02	RTH DATE RECIPIENT ID 2/03/1950 ZT39863D 10.9 781.2	PRIOR AUTHORIZATION # R2083859	
INV # LI 230016 230016 230016 230016 230016 230016	TNE # PROCEDURE CODE 1 T1019 2 T1019 3 T1019 4 T1019 5 T1019 6 T1019	02/10/13 02/11/13 02/12/13 02/13/13 02/14/13	THRU DT UNITS 02/10/13 48.00 02/11/13 48.00 02/12/13 48.00 02/13/13 48.00 02/14/13 48.00 02/15/13 48.00 CLAIM TOTAL	AMOUNT 202.56 202.56 202.56 202.56 202.56 202.56 202.56 1,215.36 CLAIM ACCOUNT REF.	2300160012010311SUP
		JEZ, OLGA 11	RRTH DATE RECIPIENT ID ./20/1948 WU00136E .09.9 493.90 948.11	PRIOR AUTHORIZATION # R2094038	
INV # LI 230030 230030 230030 230030	TNE # PROCEDURE CODE 1 T1019 2 T1019 3 T1019 4 T1019	02/09/13 02/10/13	3 02/10/13 20.00 3 02/14/13 20.00	AMOUNT 84.40 84.40 84.40 84.40 337.60 CLAIM ACCOUNT REF.	2300300012010758SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PROCEDURE CODE REVENUE CD FROM DT THRU DT

T1019

1 T1019 2 T1019

230000

230000

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492PAYER ID = 80141 HEALTHFIRST PHSP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008813 2010967 LARA, TOMASA 10/11/1931 SX47950B R2115813 DIAGNOSIS CODES: 401.9 244.9 272.4 715.80 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 135.04 1 T1019 230015 02/11/13 02/11/13 32.00 2 T1019 02/13/13 02/13/13 32.00 135.04 230015 230015 3 T1019 02/14/13 02/14/13 32.00 135.04 CLAIM TOTAL 405.12 CLAIM ACCOUNT REF. 2300150012010967SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 06/20/1920 122053627 R2140123 NY 001 2011058 2011058 DELACRUZ, ANA DIAGNOSIS CODES: 294.20 401.9 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT T1019 02/10/13 02/10/13 40.00 230006 1 168.80 230006 T1019 02/11/13 02/11/13 40.00 168.80 230006 3 T1019 02/12/13 02/12/13 40.00 168.80 230006 4 T1019 02/13/13 02/13/13 40.00 168.80 5 T1019 02/14/13 02/14/13 40.00 168.80 168.80 230006 6 T1019 02/15/13 02/15/13 40.00 230006 CLAIM TOTAL 1,012.80 CLAIM ACCOUNT REF. 2300060012011058SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2011388 2011388 PALAZZOLO, FLORENCE 10/31/1948 PD96979S R1998236 DIAGNOSIS CODES: 331.0 TNV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 1 T1020 02/09/13 02/09/13 12.00 202.56 230019 230019 2 T1020 02/10/13 02/10/13 12.00 202.56 3 T1020 4 T1020 5 T1020 6 T1020 7 T1020 230019 02/11/13 02/11/13 12.00 202.56 02/12/13 02/12/13 12.00 202.56 230019 02/13/13 02/13/13 12.00 202.56 230019 02/14/13 02/14/13 202.56 230019 12.00 7 T1020 02/15/13 02/15/13 12.00 202.56 230019 CLAIM TOTAL 1,417.92 CLAIM ACCOUNT REF. 2300190012011388SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008378 2011528 BOWERS *, DIANE 10/01/1946 129232187 0109201201746
DIAGNOSIS CODES: 250.11 300.02 410.90 413.0 428.0 440.9 493.00 CLIENT SERVICE NAME

UNITS

02/11/13 02/11/13 40.00

02/12/13 02/12/13 40.00

AMOUNT

168.80

168.80

REPORT DATE 02/20/13 INPUT FILE = /VOL444/COMPSUP/H	SUNNYSIDE CITYWIDE HIPAAIN/E500201302200743203	1RRSUP		PAGE: 42
PROVIDER ID = 113502051 PAYER ID = 80141	SUNNYSIDE CITYWIDE HEALTHFIRST PHSP	N	PI = 1154407492	
INV # LINE # PROCEDURE CO 230000 3 T1019 230000 4 T1019 230000 5 T1019	02/14/13	THRU DT UNITS 02/13/13 28.00 02/14/13 40.00 02/15/13 40.00 CLAIM TOTAL	AMOUNT 118.16 168.80 168.80 793.36 CLAIM ACCOUNT REF.	2300000012011528SUP
	ST ROMAINE, CLAUDE 10/	TH DATE RECIPIENT ID 01/1956 UZ14868C	PRIOR AUTHORIZATION # R2050170	
INV # LINE # PROCEDURE CO 230028 1 T1019 230028 2 T1019 230028 3 T1019 230028 4 T1019 230028 5 T1019 230028 6 T1019	02/09/13 02/10/13 02/12/13 02/13/13 02/14/13	THRU DT UNITS 02/09/13 36.00 02/10/13 36.00 02/12/13 40.00 02/13/13 40.00 02/14/13 40.00 02/15/13 40.00 CLAIM TOTAL	AMOUNT 151.92 151.92 168.80 168.80 168.80 168.80 979.04 CLAIM ACCOUNT REF.	2300280012011820SUP
		TH DATE RECIPIENT ID 26/1931 115451707	PRIOR AUTHORIZATION # R2106516	
INV # LINE # PROCEDURE CO 230020 1 T1019 230020 2 T1019 230020 3 T1019 230020 4 T1019 230020 5 T1019 230020 6 T1019 230020 7 T1019	02/10/13 02/11/13 02/12/13 02/13/13 02/14/13	THRU DT UNITS 02/09/13 36.00 02/10/13 40.00 02/11/13 40.00 02/12/13 40.00 02/13/13 40.00 02/13/13 40.00 02/14/13 40.00 02/15/13 40.00 CLAIM TOTAL	AMOUNT 151.92 168.80 168.80 168.80 168.80 168.80 168.80 1,164.72 CLAIM ACCOUNT REF.	2300200012012284SUP
	SKANDER, JACOUB S 04/	TH DATE RECIPIENT ID 14/1949 YS88012Z	PRIOR AUTHORIZATION # R2140203	
INV # LINE # PROCEDURE CO 230013 1 T1019 230013 2 T1019 230013 3 T1019 230013 4 T1019 230013 5 T1019 230013 6 T1019	02/09/13 02/10/13 02/11/13 02/12/13 02/13/13	THRU DT UNITS 02/09/13 32.00 02/10/13 32.00 02/11/13 32.00 02/12/13 32.00 02/13/13 32.00 02/14/13 32.00	AMOUNT 135.04 135.04 135.04 135.04 135.04	

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141HEALTHFIRST PHSP

INV # 230013	LINE # 7	PROCEDURE T1019	CODE RE	EVENUE CD	FROM DT 02/15/13	THRU DT 02/15/13	UNITS 32.00 AIM TOTAL	AMOUNT 135.04 945.28	CLAIM ACCOUNT REF.	2300130012012478SUP
REG LO NY 00 DIAGNOS		SERVICE 2012489 799.89	NAME BLANCO,	, CARMELINA		TH DATE 19/1940	RECIPIENT ID 112990683		OR AUTHORIZATION # 34909	
INV # 229998 229998 229998	LINE # 1 2 3	PROCEDURE T1019 T1019 T1019	CODE RE	EVENUE CD	FROM DT 02/12/13 02/14/13 02/15/13	THRU DT 02/12/13 02/14/13 02/15/13 CL	UNITS 16.00 16.00 16.00 AIM TOTAL	AMOUNT 67.52 67.52 67.52 202.56	CLAIM ACCOUNT REF.	2299980012012489SUP
REG LO NY 00 DIAGNOS		SERVICE 2012498 799.89	NAME SCHOONN	MAKER, JEA1		TH DATE 16/1944	RECIPIENT ID UJ54950A	PRI	OR AUTHORIZATION #	
INV # 230026 230026 230026 230026 230026	LINE # 1 2 3 4 5 6	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019	CODE RE	EVENUE CD	FROM DT 02/10/13 02/11/13 02/12/13 02/13/13 02/14/13 02/15/13	THRU DT 02/10/13 02/11/13 02/12/13 02/13/13 02/14/13 02/15/13 CL	UNITS 32.00 32.00 32.00 20.00 32.00 32.00 AIM TOTAL	AMOUNT 135.04 135.04 135.04 84.40 135.04 135.04 759.60	CLAIM ACCOUNT REF.	2300260012012498SUP

PAYER TOTALS: HEALTHFIRST PHSP # OF CLAIMS = 199 TOTAL CLAIM AMOUNT = 24,847.36

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PROVIDER ID = 113502051 NPI = 1154407492 SUNNYSIDE CITYWIDE

PAYER ID = 87726UNITEDHEALTHCARE

REG LOC	CLIENT		AME		TH DATE	RECIPIENT ID		OR AUTHORIZATION #	
NY 001	2008245		ALDERON, MIGDAL:		02/1961	100195559	609	107821	
DIAGNOSIS	CODES:	250.00 428.	0 724.00 7	24.3					
INV #	LINE #	PROCEDURE CO	DE REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
230060	1	T1019	DE KEVENUE CD	02/09/13	02/09/13		171.60		
230060	2	T1019		02/09/13	02/09/13		171.60		
230060	3	T1019		02/11/13	02/10/13		171.60		
230060	4	T1019		02/11/13			171.60		
230060	5	T1019		02/12/13			171.60		
230060	6	T1019		02/13/13			171.60		
230060	7	T1019		02/15/13			171.60		
230000	,	11019		02/13/13		AIM TOTAL	1,201.20	CIAIM ACCOUNT DEE	2300600012008245SUP
					CL	AIM IOIAL	1,201.20	CLAIM ACCOUNT REF.	230000001200824350P
REG LOC	CLIENT	SERVICE N	AME	BIR	RTH DATE	RECIPIENT ID	PRI	OR AUTHORIZATION #	
NY 001	2008287	2008287 M	ILLAN, ARMIDA		13/1928	100063356		358474	
DIAGNOSIS	CODES:	250.00 272.		56.9 365					
INV #	LINE #	PROCEDURE CO	DE REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
230063	1	T1019		02/09/13			68.64		
230063	2	T1019		02/10/13			68.64		
230063	3	T1019		02/11/13			154.44		
230063	4	T1019		02/12/13			154.44		
230063	5	T1019		02/13/13	02/13/13		154.44		
230063	6	T1019		02/14/13			154.44		
230063	7	T1019		02/15/13			154.44		
					CL	AIM TOTAL	909.48	CLAIM ACCOUNT REF.	2300630012008287SUP
	~								
REG LOC	CLIENT		AME		RTH DATE	RECIPIENT ID		OR AUTHORIZATION #	
NY 001	2008401		AFOS, PATRA	12/ 01.9	18/1948	100029836	6090	009121	
DIAGNOSIS	CODES:	340. 244.	8 272.0 40	01.9					
INV #	LINE #	PROCEDURE CO	DE REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
230064	1	T1019	DE REVEROE CD	02/09/13			137.28		
230064	2	T1019		02/10/13	02/10/13		137.28		
230064	3	T1019		02/11/13	02/11/13		137.28		
230064	4	T1019		02/12/13	02/12/13		137.28		
230064	5	T1019		02/12/13	02/12/13		137.28		
230064	6	T1019		02/14/13			137.28		
230064	7	T1019		02/15/13	02/15/13		137.28		
230004	,	11017		04/13/13	04/13/13	32.00	137.20		0000640010000401

CLAIM TOTAL

960.96 CLAIM ACCOUNT REF. 2300640012008401SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 87726 UNITEDHEALTHCARE

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

NY 001 2011881 2011881 KHAN, FAZAL 06/28/1970 101344352 609738941

DIAGNOSIS CODES: 649.40

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 230061 1 T1019 02/09/13 02/09/13 48.00 205.92

CLAIM TOTAL 205.92 CLAIM ACCOUNT REF. 2300610012011881SUP

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

NY 001 2011881 2011881 KHAN, FAZAL 06/28/1970 101344352 609951463

DIAGNOSIS CODES: 649.40

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 230062 02/10/13 02/10/13 48.00 205.92 230062 T1019 02/11/13 02/11/13 48.00 205.92 230062 T1019 02/12/13 02/12/13 48.00 205.92 230062 T1019 02/13/13 02/13/13 48.00 205.92 230062 5 T1019 02/14/13 02/14/13 48.00 205.92 230062 T1019 02/15/13 02/15/13 48.00 205.92 CLAIM TOTAL 1,235.52 CLAIM ACCOUNT REF. 2300620012011881SUP

PAYER TOTALS: UNITEDHEALTHCARE # OF CLAIMS = 28 TOTAL CLAIM AMOUNT = 4,513.08

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = AMRGRI AMERIGROUP NEW YORK, LLC

REG LOC NY 001 DIAGNOSIS	CLIENT 2008266 CODES:		RA, LORRAINE		TH DATE 22/1948	RECIPIENT ID 712731594		DR AUTHORIZATION # 602255	
INV # 230133 230133 230133 230133	LINE # 1 2 3 4	PROCEDURE CODE T1019 T1019 T1019 T1019	REVENUE CD 0580 0580 0580 0580	FROM DT 02/09/13 02/10/13 02/11/13 02/14/13	02/10/13 02/11/13 02/14/13	40.00	AMOUNT 168.80 168.80 168.80 168.80 675.20	CLAIM ACCOUNT REF.	2301330012008266SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2008409 CODES:		TT, JOHNNY 295.00 40	10/	TH DATE 26/1956 5.9	RECIPIENT ID 712824266		DR AUTHORIZATION # 273331	
INV # 230135 230135	LINE # 1 2	PROCEDURE CODE S5130 S5130	REVENUE CD 0582 0582	FROM DT 02/14/13 02/15/13	02/15/13		AMOUNT 67.52 67.52 135.04	CLAIM ACCOUNT REF.	2301350012009279SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2008365 CODES:	SERVICE NAME 2010731 HARD 493.90 253.5	ING, EDNA	BIR 05/ 96.80	TH DATE 17/1956	RECIPIENT ID 006274884		OR AUTHORIZATION # 201397	
INV # 230134 230134 230134	LINE # 1 2 3	PROCEDURE CODE T1019 T1019 T1019	REVENUE CD 0580 0580 0580	FROM DT 02/13/13 02/14/13 02/15/13	02/14/13 02/15/13	16.00	AMOUNT 67.52 67.52 67.52 202.56	CLAIM ACCOUNT REF.	2301340012010731SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2012076 CODES:		NAL, MARIA			RECIPIENT ID 713844209		OR AUTHORIZATION # 312722	
INV # 230137 230137 230137 230137 230137 230137	LINE # 1 2 3 4 5 6	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019	REVENUE CD 0580 0580 0580 0580 0580 0580	FROM DT 02/09/13 02/11/13 02/12/13 02/13/13 02/14/13 02/15/13	02/11/13 02/12/13 02/13/13 02/14/13	24.00 24.00 24.00 24.00 24.00	AMOUNT 90.00 90.00 90.00 90.00 90.00		

CLAIM TOTAL

540.00 CLAIM ACCOUNT REF. 2301370012012357SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

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	2012373	DENNISON, KELVIN *	09/23/1991	6944796	103006820
DTAG	RIZON	CODES:	799 9				

DIAGNOS	IS CODES:	799.9							
INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
230136	1	T1019	0580	02/11/13	02/11/13	16.00	60.00		
230136	2	T1019	0580	02/12/13	02/12/13	16.00	60.00		
230136	3	T1019	0580	02/13/13	02/13/13	16.00	60.00		
230136	4	T1019	0580	02/14/13	02/14/13		60.00		
230136	5	T1019	0580	02/15/13	02/15/13		60.00		
						AIM TOTAL	300.00	CLAIM ACCOUNT REF.	2301360012012373SUP
REG LOO NY 001 DIAGNOSI			NANDEZ, NORKA		TH DATE 14/1948	RECIPIENT ID 715856872		DR AUTHORIZATION # 806651	
INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
230138	1	T1019	0580	02/11/13	02/11/13		120.00		
230138	2	T1019	0580	02/12/13	02/12/13		135.00		
230138	3	T1019	0580	02/13/13	02/13/13		120.00		
230138	4	T1019	0580	02/14/13	02/14/13		135.00		
230138	5	T1019	0580	02/15/13	02/15/13	32.00	120.00		
1					, -				

CLAIM TOTAL

630.00 CLAIM ACCOUNT REF. 2301380012012374SUP

PAYER TOTALS: AMERIGROUP NEW YORK, LLC # OF CLAIMS = 25 TOTAL CLAIM AMOUNT = 2,482.80

SERVICES = 6

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = ICS01 ICS

REG LOC CLIE NY 001 20083 DIAGNOSIS CODES	89 2011453 MUSHAYEV, BORIS	BIRTH DATE RECIPIENT ID 08/14/1947 7235 28.0 441.00 715.90	PRIOR AUTHORIZATION # 387543	
INV # LINE 230146 1 230146 2 230146 3 230146 4 230146 5	T1019 1C 0570 T1019 1C 0570 T1019 1C 0570 T1019 1C 0570	FROM DT THRU DT UNITS 02/11/13 02/11/13 4.00 02/12/13 02/12/13 4.00 02/13/13 02/13/13 4.00 02/14/13 02/14/13 4.00 02/15/13 02/15/13 4.00 CLAIM TOTAL	AMOUNT 63.60 63.60 63.60 63.60 63.60 318.00 CLAIM ACCOUNT REF.	2301460012011453SUP
REG LOC CLIE NY 001 20118 DIAGNOSIS CODES		BIRTH DATE RECIPIENT ID 10/10/1948 1457	PRIOR AUTHORIZATION # 418547	
INV # LINE 230145 1 230145 2 230145 3 230145 4 230145 5	T1019 1C 0570 T1019 1C 0570 T1019 1C 0570 T1019 1C 0570	FROM DT THRU DT UNITS 02/11/13 02/11/13 4.00 02/12/13 02/12/13 4.00 02/13/13 02/13/13 4.00 02/14/13 02/14/13 4.00 02/15/13 02/15/13 4.00 CLAIM TOTAL	AMOUNT 63.60 63.60 63.60 63.60 63.60 318.00 CLAIM ACCOUNT REF.	2301450012011869SUP
REG LOC CLIE NY 001 20118 DIAGNOSIS CODES	70 2011870 AGOSTINI, MONSER	BIRTH DATE RECIPIENT ID RATE 07/18/1944 558	PRIOR AUTHORIZATION # 418549	
INV # LINE 230142 1 230142 2 230142 3 230142 4	T1019 1C 0570 T1019 1C 0570 T1019 1C 0570	FROM DT THRU DT UNITS 02/12/13 02/12/13 6.00 02/13/13 02/13/13 6.00 02/14/13 02/14/13 6.00 02/15/13 02/15/13 6.00 CLAIM TOTAL	AMOUNT 95.40 95.40 95.40 95.40 381.60 CLAIM ACCOUNT REF.	2301420012011870SUP
REG LOC CLIE NY 001 20122 DIAGNOSIS CODES	13 2012213 BERRY, ANGELINA	BIRTH DATE RECIPIENT ID 10/21/1956 1784	PRIOR AUTHORIZATION # 405555	
INV # LINE 230144 1 230144 2 230144 3 230144 4	T1019 1C 0570 T1019 1C 0570 T1019 1C 0570	FROM DT THRU DT UNITS 02/09/13 02/09/13 4.00 02/10/13 02/10/13 4.00 02/11/13 02/11/13 4.00 02/12/13 02/12/13 4.00	AMOUNT 63.60 63.60 63.60 63.60	

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = ICS01 ICS

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 230144 5 T1019 1C 0570 02/13/13 02/13/13 4.00 63.60 230144 6 T1019 1C 0570 02/15/13 02/15/13 4.00 63.60

CLAIM TOTAL 381.60 CLAIM ACCOUNT REF. 2301440012012213SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 12/13/1932 7459 424402

NY 001 2012513 2012513 BARRAZA, MERCEDES DIAGNOSIS CODES: 331.0 294.11 401.9 787.60

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 230143 1 T1019 1C 0570 02/12/13 02/12/13 1.00 15.90

CLAIM TOTAL 15.90 CLAIM ACCOUNT REF. 2301430012012513SUP

PAYER TOTALS: ICS # OF CLAIMS = 21 TOTAL CLAIM AMOUNT = 1,415.10

REPORT DATE 02/20/13 PAGE: SUNNYSIDE CITYWIDE 50

151.92

151.92

151.92

CLAIM TOTAL 1,063.44 CLAIM ACCOUNT REF. 2301390012010800SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

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 2013011515500003 DIAGNOSIS CODES: 230.3 153.0 401.9 733.00 V60.3 DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492 AMOUNT INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 0580 1 T1019 02/09/13 02/09/13 151.92 230139 36.00 0580 02/10/13 02/10/13 36.00 0580 02/10/13 02/10/13 36.00 0580 02/11/13 02/11/13 36.00 0580 02/12/13 02/12/13 36.00 0580 02/13/13 02/13/13 36.00 0580 02/14/13 02/14/13 36.00 0580 02/15/13 02/15/13 36.00 151.92 230139 T1019 230139 3 T1019 151.92 230139 4 T1019 151.92

NY 001 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JGV04232B01

DIAGNOSIS CODES: 250.11 272.0 401.9 435.9 586.

5 T1019

6 T1019

7 T1019

230139

230139

230139

DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

AMOUNT INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 02/08/13 02/08/13 16.00 230141 1 T1019 0580 67.52 0580 02/12/13 02/12/13 16.00 0580 02/13/13 02/13/13 16.00 0580 02/14/13 02/14/13 16.00 0580 02/15/13 02/15/13 16.00 230141 2. T1019 67.52 230141 3 T1019 67.52 230141 4 T1019 67.52 5 T1019 230141 67.52 337.60 CLAIM ACCOUNT REF. 2301410012010804SUP CLAIM TOTAL

BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 12/10/1954 JZX17878Q01 2013011515500004 REG LOC CLIENT SERVICE NAME

2010805 TOWLES, ADA NY 001 2008228

DIAGNOSIS CODES: 722.10 401.9 724.3 750.7 V61.9

DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

PROCEDURE CODE REVENUE CD FROM DT THRU DT INV # LINE # UNITS AMOUNT 02/11/13 02/11/13 16.00 230140 1 T1019 0580 67.52
 0580
 02/12/13
 02/12/13
 16.00

 0580
 02/13/13
 02/13/13
 16.00

 0580
 02/14/13
 02/14/13
 16.00

 0580
 02/15/13
 02/15/13
 16.00

 0580
 02/15/13
 02/15/13
 16.00
 67.52 230140 2 T1019 230140 3 T1019 67.52 4 T1019 230140 67.52 5 T1019 67.52 337.60 CLAIM ACCOUNT REF. 2301400012010805SUP 230140 CLAIM TOTAL

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = INIPA HEALTHCARE PARTNERS IPA I

PAYER TOTALS: HEALTHCARE PARTNERS IPA I # OF CLAIMS = 17 TOTAL CLAIM AMOUNT = 1,738.64

SERVICES =

PROVIDER TOTALS: SUNNYSIDE CITYWIDE # OF CLAIMS = 824 TOTAL CLAIM AMOUNT = 101,184.25