

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254592	1	T1020		08/03/13	08/03/13	11.00	185.57	
254592	2	T1020		08/05/13	08/05/13	6.00	101.22	
254592	3	T1020		08/06/13	08/06/13	6.00	101.22	
254592	4	T1020		08/08/13	08/08/13	6.00	101.22	
254592	5	T1020		08/09/13	08/09/13	6.00	101.22	
CLAIM TOTAL							590.45	CLAIM ACCOUNT REF. 2545920012008267SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008268 2008268 PANOS, DESPINA D 05/11/1950 641269987 111800517
DIAGNOSIS CODES: 340. 345.90 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254589	1	T1020		08/05/13	08/05/13	9.00	151.83	
254589	2	T1020		08/06/13	08/06/13	9.00	151.83	
254589	3	T1020		08/07/13	08/07/13	8.00	134.96	
254589	4	T1020		08/08/13	08/08/13	5.50	92.79	
254589	5	T1020		08/09/13	08/09/13	9.00	151.83	
CLAIM TOTAL							683.24	CLAIM ACCOUNT REF. 2545890012008268SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008306 2008306 GIL, ALICIA M 12/05/1941 74148852400 111891265
DIAGNOSIS CODES: 340. 733.00 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254586	1	T1020		08/03/13	08/03/13	7.00	118.09	
254586	2	T1020		08/04/13	08/04/13	7.00	118.09	
254586	3	T1020		08/05/13	08/05/13	7.00	118.09	
254586	4	T1020		08/06/13	08/06/13	7.00	118.09	
254586	5	T1020		08/07/13	08/07/13	7.00	118.09	
254586	6	T1020		08/08/13	08/08/13	7.00	118.09	
254586	7	T1020		08/09/13	08/09/13	7.00	118.09	
CLAIM TOTAL							826.63	CLAIM ACCOUNT REF. 2545860012008306SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008386 2008386 BATISTA, JOSE 07/20/1950 741700387 120820411
DIAGNOSIS CODES: 344.1 250.93 401.9 599.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254584	1	T1020		08/03/13	08/03/13	7.00	118.09

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254584	2	T1020		08/04/13	08/04/13	7.00	118.09	
254584	3	T1020		08/05/13	08/05/13	7.00	118.09	
254584	4	T1020		08/06/13	08/06/13	7.00	118.09	
254584	5	T1020		08/07/13	08/07/13	7.00	118.09	
254584	6	T1020		08/08/13	08/08/13	7.00	118.09	
254584	7	T1020		08/09/13	08/09/13	7.00	118.09	
				CLAIM TOTAL			826.63	CLAIM ACCOUNT REF. 2545840012008386SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254591	1	T1020		08/06/13	08/06/13	8.00	134.96	
254591	2	T1020		08/07/13	08/07/13	9.00	151.83	
254591	3	T1020		08/08/13	08/08/13	5.00	84.35	
254591	4	T1020		08/09/13	08/09/13	8.00	134.96	
				CLAIM TOTAL			506.10	CLAIM ACCOUNT REF. 2545910012008400SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008376	2010712	LITMAN, GAIL	10/23/1952	74146355500	130631283
DIAGNOSIS	CODES:	401.9	780.2	V12.54		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254587	1	T1020		08/03/13	08/03/13	4.00	67.48	
254587	2	T1020		08/05/13	08/05/13	5.00	84.35	
254587	3	T1020		08/07/13	08/07/13	5.00	84.35	
254587	4	T1020		08/08/13	08/08/13	5.00	84.35	
254587	5	T1020		08/09/13	08/09/13	4.00	67.48	
				CLAIM TOTAL			388.01	CLAIM ACCOUNT REF. 2545870012010712SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2010777	2013021	ORTIZ, EDUARDO	03/20/1938	74192987700	130932078
DIAGNOSIS	CODES:	715.00	250.00	253.5	733.09	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254588	1	T1020		08/05/13	08/05/13	7.00	118.09	
254588	2	T1020		08/06/13	08/06/13	7.00	118.09	
254588	3	T1020		08/07/13	08/07/13	7.00	118.09	
254588	4	T1020		08/08/13	08/08/13	7.00	118.09	
254588	5	T1020		08/09/13	08/09/13	7.00	118.09	
				CLAIM TOTAL			590.45	CLAIM ACCOUNT REF. 2545880012013021SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #
130780781

1,417.08 CLAIM ACCOUNT REF. 2545900012013080SUP

PRIOR AUTHORIZATION #
130731588

1,012.20	CLAIM ACCOUNT REF.	2545850012013422SUP
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PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	50	TOTAL CLAIM AMOUNT =	6,840.79
		# SERVICES =	9		

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008233 2008233 ARIAS, NORA 03/31/1981 RB08739R 0101231390513
DIAGNOSIS CODES: 356.9 348.2 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254618	1	T1019		08/03/13	08/03/13	4.00	68.60
254618	2	T1019		08/04/13	08/04/13	4.00	68.60
254618	3	T1019		08/05/13	08/05/13	12.00	205.80
254618	4	T1019		08/06/13	08/06/13	12.00	205.80
254618	5	T1019		08/07/13	08/07/13	12.00	205.80
254618	6	T1019		08/08/13	08/08/13	12.00	205.80
254618	7	T1019		08/09/13	08/09/13	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2546180012008233SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008236 2008236 PERSAD, USHA 07/05/1955 TS79090G 0105221390339
DIAGNOSIS CODES: 250.10 272.0 401.9 225.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254623	1	T1019		08/03/13	08/03/13	8.00	137.20
254623	2	T1019		08/04/13	08/04/13	7.00	120.05
254623	3	T1019		08/05/13	08/05/13	11.00	188.65
254623	4	T1019		08/06/13	08/06/13	11.00	188.65
254623	5	T1019		08/07/13	08/07/13	11.00	188.65
254623	6	T1019		08/08/13	08/08/13	11.00	188.65
254623	7	T1019		08/09/13	08/09/13	11.00	188.65
CLAIM TOTAL						1,200.50	CLAIM ACCOUNT REF. 2546230012008236SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008385 2008385 MURDOCK, GERTRUDE 11/01/1917 SS71357M 0106251390383
DIAGNOSIS CODES: 536.9 365.9 369.10 389.9 401.9 715.90 733.00 V15.88

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254622	1	T1019		08/05/13	08/05/13	10.00	171.50
254622	2	T1019		08/07/13	08/07/13	10.00	171.50
254622	3	T1019		08/08/13	08/08/13	9.00	154.35
254622	4	T1019		08/09/13	08/09/13	9.00	154.35
CLAIM TOTAL						651.70	CLAIM ACCOUNT REF. 2546220012008385SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008418 2008418 RYALS, CHARLES 11/03/1950 ZZ49620T 0104191390258
DIAGNOSIS CODES: 401.9 250.00 272.0 278.00 295.00 311. 780.57

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254624	1	T1019		08/05/13	08/05/13	8.00	137.20	
254624	2	T1019		08/06/13	08/06/13	8.00	137.20	
254624	3	T1019		08/07/13	08/07/13	8.00	137.20	
254624	4	T1019		08/08/13	08/08/13	8.00	137.20	
254624	5	T1019		08/09/13	08/09/13	8.00	137.20	
					CLAIM TOTAL		686.00	CLAIM ACCOUNT REF. 2546240012008418SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008743 2008743 CORDERO, ROSENDO 08/26/1926 QM62108S 0101231390317
DIAGNOSIS CODES: 492.0 272.0 401.9 715.00 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254619	1	T1019		08/03/13	08/03/13	10.00	171.50	
254619	2	T1019		08/04/13	08/04/13	10.00	171.50	
254619	3	T1019		08/05/13	08/05/13	10.00	171.50	
254619	4	T1019		08/06/13	08/06/13	10.00	171.50	
254619	5	T1019		08/07/13	08/07/13	10.00	171.50	
254619	6	T1019		08/08/13	08/08/13	10.00	171.50	
254619	7	T1019		08/09/13	08/09/13	10.00	171.50	
					CLAIM TOTAL		1,200.50	CLAIM ACCOUNT REF. 2546190012008743SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009377 2009377 SANTORO, MATTHEW 08/20/1949 SP38021Q 0102071390382
DIAGNOSIS CODES: 299.01 453.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254625	1	T1019		08/02/13	08/02/13	5.00	85.75	
254625	2	T1019		08/05/13	08/05/13	5.00	85.75	
254625	3	T1019		08/06/13	08/06/13	5.00	85.75	
254625	4	T1019		08/07/13	08/07/13	5.00	85.75	
254625	5	T1019		08/08/13	08/08/13	3.00	51.45	
254625	6	T1019		08/09/13	08/09/13	5.00	85.75	
					CLAIM TOTAL		480.20	CLAIM ACCOUNT REF. 2546250012009377SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008279 2010213 VALLE, BLASINA 02/03/1929 QG00558G 0107111390405
DIAGNOSIS CODES: 428.0 244.9 272.4 331.0 537.9 746.85

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254628	1	T1019		08/06/13	08/06/13	10.00	171.50
254628	2	T1019		08/07/13	08/07/13	10.00	171.50
254628	3	T1019		08/08/13	08/08/13	10.00	171.50
254628	4	T1019		08/09/13	08/09/13	10.00	171.50
CLAIM TOTAL							686.00

CLAIM ACCOUNT REF. 2546280012010213SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011286 2011286 DOBBINS, SANDRA 02/05/1953 ZA50099X 0105141390497
DIAGNOSIS CODES: 295.90 369.10 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254620	1	T1019		08/03/13	08/03/13	24.00	411.60
254620	2	T1019		08/04/13	08/04/13	24.00	411.60
254620	3	T1019		08/05/13	08/05/13	24.00	411.60
254620	4	T1019		08/06/13	08/06/13	24.00	411.60
254620	5	T1019		08/07/13	08/07/13	24.00	411.60
254620	6	T1019		08/08/13	08/08/13	24.00	411.60
254620	7	T1019		08/09/13	08/09/13	24.00	411.60
CLAIM TOTAL							2,881.20

CLAIM ACCOUNT REF. 2546200012011286SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008280 2013071 SHUMON, NUK-FNU 01/21/1981 QQ82218A 0103151390266
DIAGNOSIS CODES: 952.9 344.1 564.00 599.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254626	1	T1019		08/03/13	08/03/13	4.00	68.60
254626	2	T1019		08/04/13	08/04/13	4.00	68.60
254626	3	T1019		08/05/13	08/05/13	4.00	68.60
254626	4	T1019		08/06/13	08/06/13	4.00	68.60
254626	5	T1019		08/07/13	08/07/13	4.00	68.60
254626	6	T1019		08/08/13	08/08/13	4.00	68.60
254626	7	T1019		08/09/13	08/09/13	4.00	68.60
CLAIM TOTAL							480.20

CLAIM ACCOUNT REF. 2546260012013071SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #
0106061390004

CLAIM ACCOUNT REF. 2546210012013185SUP

PRIOR AUTHORIZATION #
0106281390150

CLAIM ACCOUNT REF. 2546270012013663SUP

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	73	TOTAL CLAIM AMOUNT =	11,421.90
		# SERVICES =	11		

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008286 2008286 RAMIREZ, ALIDA A 12/10/1950 ZN85118U 111771985
DIAGNOSIS CODES: 250.00 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254658	1	T1019		08/03/13	08/03/13	36.00	154.80
254658	2	T1019		08/04/13	08/04/13	36.00	154.80
254658	3	T1019		08/05/13	08/05/13	36.00	154.80
254658	4	T1019		08/06/13	08/06/13	32.00	137.60
254658	5	T1019		08/07/13	08/07/13	36.00	154.80
254658	6	T1019		08/08/13	08/08/13	36.00	154.80
254658	7	T1019		08/09/13	08/09/13	36.00	154.80
CLAIM TOTAL						1,066.40	CLAIM ACCOUNT REF. 2546580012008286SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008495 2008495 MARTINEZ, MARIA 09/05/1952 ZV42745Q 112094558
DIAGNOSIS CODES: 250.00 244.8 295.90 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254645	1	T1019		08/03/13	08/03/13	24.00	103.20
254645	2	T1019		08/04/13	08/04/13	24.00	103.20
254645	3	T1019		08/05/13	08/05/13	24.00	103.20
254645	4	T1019		08/06/13	08/06/13	24.00	103.20
254645	5	T1019		08/07/13	08/07/13	24.00	103.20
254645	6	T1019		08/08/13	08/08/13	24.00	103.20
254645	7	T1019		08/09/13	08/09/13	24.00	103.20
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2546450012008495SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012101 2012101 BATILO, MARTA 02/23/1917 708125 111963534
DIAGNOSIS CODES: 715.00 272.2 285.29 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254630	1	T1019		08/03/13	08/03/13	28.00	120.40
254630	2	T1019		08/04/13	08/04/13	28.00	120.40
254630	3	T1019		08/05/13	08/05/13	28.00	120.40
254630	4	T1019		08/06/13	08/06/13	28.00	120.40
254630	5	T1019		08/07/13	08/07/13	28.00	120.40
254630	6	T1019		08/08/13	08/08/13	28.00	120.40
254630	7	T1019		08/09/13	08/09/13	28.00	120.40
CLAIM TOTAL						842.80	CLAIM ACCOUNT REF. 2546300012012101SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012102 2012102 BISRAM, ROOPKALIA 01/03/1938 708029 112039564
DIAGNOSIS CODES: 401.9 272.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254631	1	T1019		08/05/13	08/05/13	16.00	68.80
254631	2	T1019		08/06/13	08/06/13	16.00	68.80
254631	3	T1019		08/07/13	08/07/13	16.00	68.80
254631	4	T1019		08/08/13	08/08/13	16.00	68.80
254631	5	T1019		08/09/13	08/09/13	16.00	68.80
CLAIM TOTAL							344.00
							CLAIM ACCOUNT REF. 2546310012012102SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012104 2012104 CEBALLOS, FRANCISCA 11/10/1931 744474 111954642
DIAGNOSIS CODES: 331.0 093.9 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254632	1	T1019		08/03/13	08/03/13	40.00	172.00
254632	2	T1019		08/04/13	08/04/13	40.00	172.00
254632	3	T1019		08/05/13	08/05/13	40.00	172.00
254632	4	T1019		08/06/13	08/06/13	40.00	172.00
254632	5	T1019		08/07/13	08/07/13	40.00	172.00
254632	6	T1019		08/08/13	08/08/13	40.00	172.00
254632	7	T1019		08/09/13	08/09/13	40.00	172.00
CLAIM TOTAL							1,204.00
							CLAIM ACCOUNT REF. 2546320012012104SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012107 2012107 CRUZ, LUIS 06/10/1952 706307 111992323
DIAGNOSIS CODES: 250.93 414.3 428.0 491.21

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254634	1	T1019		07/28/13	07/28/13	48.00	206.40
254634	2	T1019		07/30/13	07/30/13	48.00	206.40
254634	3	T1019		07/31/13	07/31/13	48.00	206.40
254634	4	T1019		08/01/13	08/01/13	48.00	206.40
254634	5	T1019		08/02/13	08/02/13	48.00	206.40
254634	6	T1019		08/03/13	08/03/13	48.00	206.40
254634	7	T1019		08/04/13	08/04/13	48.00	206.40
254634	8	T1019		08/05/13	08/05/13	48.00	206.40
254634	9	T1019		08/06/13	08/06/13	48.00	206.40
254634	10	T1019		08/07/13	08/07/13	48.00	206.40
254634	11	T1019		08/08/13	08/08/13	48.00	206.40
254634	12	T1019		08/09/13	08/09/13	48.00	206.40
CLAIM TOTAL							2,476.80
							CLAIM ACCOUNT REF. 2546340012012107SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012108 2012108 GODINOT, CARMEN 07/16/1939 695752 111993137
DIAGNOSIS CODES: 369.3 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254636	1	T1019		08/05/13	08/05/13	24.00	103.20
254636	2	T1019		08/06/13	08/06/13	24.00	103.20
254636	3	T1019		08/07/13	08/07/13	24.00	103.20
254636	4	T1019		08/08/13	08/08/13	24.00	103.20
254636	5	T1019		08/09/13	08/09/13	24.00	103.20
CLAIM TOTAL							516.00

CLAIM ACCOUNT REF. 2546360012012108SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012110 2012110 GOMEZ, RANNIE 09/11/1917 698802 112009902
DIAGNOSIS CODES: 401.9 272.2 365.9 428.0 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254637	1	T1019		08/05/13	08/05/13	28.00	120.40
254637	2	T1019		08/06/13	08/06/13	28.00	120.40
254637	3	T1019		08/08/13	08/08/13	28.00	120.40
254637	4	T1019		08/09/13	08/09/13	28.00	120.40
CLAIM TOTAL							481.60

CLAIM ACCOUNT REF. 2546370012012110SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012116 2012116 GUERRERO, MARIA 07/09/1914 693949 111977380
DIAGNOSIS CODES: 355.71 250.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254639	1	T1019		08/03/13	08/03/13	32.00	137.60
254639	2	T1019		08/04/13	08/04/13	32.00	137.60
254639	3	T1019		08/05/13	08/05/13	32.00	137.60
254639	4	T1019		08/06/13	08/06/13	32.00	137.60
254639	5	T1019		08/07/13	08/07/13	32.00	137.60
254639	6	T1019		08/08/13	08/08/13	32.00	137.60
254639	7	T1019		08/09/13	08/09/13	32.00	137.60
CLAIM TOTAL							963.20

CLAIM ACCOUNT REF. 2546390012012116SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012117 2012117 HAYNES, LAMONT 08/22/1920 695748 111817638
DIAGNOSIS CODES: 428.0 250.00 401.9 600.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254640	1	T1019		08/03/13	08/03/13	20.00	86.00
254640	2	T1019		08/04/13	08/04/13	20.00	86.00

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254640	3	T1019		08/05/13	08/05/13	16.00	68.80	
254640	4	T1019		08/06/13	08/06/13	16.00	68.80	
254640	5	T1019		08/07/13	08/07/13	16.00	68.80	
254640	6	T1019		08/08/13	08/08/13	16.00	68.80	
254640	7	T1019		08/09/13	08/09/13	16.00	68.80	
				CLAIM TOTAL			516.00	CLAIM ACCOUNT REF. 2546400012012117SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012120	2012120	LOPEZ, ISABEL	12/24/1942	740574	111906404
DIAGNOSIS	CODES:	715.90	401.9				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254642	1	T1019		08/05/13	08/05/13	28.00	120.40	
254642	2	T1019		08/06/13	08/06/13	28.00	120.40	
254642	3	T1019		08/07/13	08/07/13	28.00	120.40	
254642	4	T1019		08/08/13	08/08/13	28.00	120.40	
254642	5	T1019		08/09/13	08/09/13	28.00	120.40	
				CLAIM TOTAL			602.00	CLAIM ACCOUNT REF. 2546420012012120SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012121	2012121	MOHAMED, DENISE	06/14/1959	691722	111786776
DIAGNOSIS	CODES:	715.98					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254647	1	T1019		08/03/13	08/03/13	32.00	137.60	
254647	2	T1019		08/04/13	08/04/13	32.00	137.60	
254647	3	T1019		08/05/13	08/05/13	32.00	137.60	
254647	4	T1019		08/07/13	08/07/13	32.00	137.60	
254647	5	T1019		08/08/13	08/08/13	32.00	137.60	
254647	6	T1019		08/09/13	08/09/13	32.00	137.60	
				CLAIM TOTAL			825.60	CLAIM ACCOUNT REF. 2546470012012121SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012122	2012122	MORALES, FRANCISCO	12/03/1935	744366	111934024
DIAGNOSIS	CODES:	250.00	272.4	401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254648	1	T1019		08/03/13	08/03/13	20.00	86.00	
254648	2	T1019		08/04/13	08/04/13	20.00	86.00	
254648	3	T1019		08/05/13	08/05/13	20.00	86.00	
254648	4	T1019		08/06/13	08/06/13	20.00	86.00	
254648	5	T1019		08/07/13	08/07/13	20.00	86.00	
254648	6	T1019		08/08/13	08/08/13	20.00	86.00	

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254648	7	T1019		08/09/13	08/09/13	20.00	86.00
							602.00
CLAIM TOTAL							602.00
							CLAIM ACCOUNT REF. 2546480012012122SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012130	2012130	NAVARRO, ANTONIA	07/23/1945	710368	111896928
DIAGNOSIS CODES: 493.92 311. 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254650	1	T1019		08/03/13	08/03/13	20.00	86.00
254650	2	T1019		08/04/13	08/04/13	20.00	86.00
254650	3	T1019		08/05/13	08/05/13	28.00	120.40
254650	4	T1019		08/06/13	08/06/13	28.00	120.40
254650	5	T1019		08/07/13	08/07/13	28.00	120.40
254650	6	T1019		08/08/13	08/08/13	28.00	120.40
254650	7	T1019		08/09/13	08/09/13	28.00	120.40
							774.00
CLAIM TOTAL							774.00
							CLAIM ACCOUNT REF. 2546500012012130SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012131	2012131	ORTIZ, JOSE	04/19/1925	691721	111894848
DIAGNOSIS CODES: 250.00 401.9 414.01							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254652	1	T1019		08/05/13	08/05/13	16.00	68.80
254652	2	T1019		08/07/13	08/07/13	16.00	68.80
254652	3	T1019		08/09/13	08/09/13	16.00	68.80
							206.40
CLAIM TOTAL							206.40
							CLAIM ACCOUNT REF. 2546520012012131SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012134	2012134	SERRANO, CARMEN	09/14/1948	695740	112022986
DIAGNOSIS CODES: 093.89 253.5 311. 429.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254665	1	T1019		08/05/13	08/05/13	28.00	120.40
254665	2	T1019		08/06/13	08/06/13	28.00	120.40
254665	3	T1019		08/07/13	08/07/13	28.00	120.40
254665	4	T1019		08/08/13	08/08/13	28.00	120.40
254665	5	T1019		08/09/13	08/09/13	28.00	120.40
							602.00
CLAIM TOTAL							602.00
							CLAIM ACCOUNT REF. 2546650012012134SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012137 2012137 VAZQUEZ 1, ROSA 08/08/1934 695667 111807022
DIAGNOSIS CODES: 715.90 244.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254668	1	T1019		07/05/13	07/05/13	32.00	137.60
254668	2	T1019		07/22/13	07/22/13	32.00	137.60
254668	3	T1019		07/25/13	07/25/13	32.00	137.60
254668	4	T1019		08/05/13	08/05/13	32.00	137.60
254668	5	T1019		08/06/13	08/06/13	32.00	137.60
254668	6	T1019		08/07/13	08/07/13	32.00	137.60
254668	7	T1019		08/08/13	08/08/13	32.00	137.60
254668	8	T1019		08/09/13	08/09/13	32.00	137.60
CLAIM TOTAL						1,100.80	
CLAIM ACCOUNT REF.							2546680012012137SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012138 2012138 VENTURA, CLARA 09/17/1951 720456 112060162
DIAGNOSIS CODES: 253.5 401.9 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254669	1	T1019		08/09/13	08/09/13	16.00	68.80
CLAIM TOTAL						68.80	
CLAIM ACCOUNT REF.							2546690012012138SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012140 2012140 PATRICK, IMAGENE 03/27/1930 737028 112036835
DIAGNOSIS CODES: 294.10 153.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254653	1	T1019		08/03/13	08/03/13	32.00	137.60
254653	2	T1019		08/05/13	08/05/13	32.00	137.60
254653	3	T1019		08/06/13	08/06/13	32.00	137.60
254653	4	T1019		08/07/13	08/07/13	32.00	137.60
254653	5	T1019		08/08/13	08/08/13	32.00	137.60
254653	6	T1019		08/09/13	08/09/13	32.00	137.60
CLAIM TOTAL						825.60	
CLAIM ACCOUNT REF.							2546530012012140SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012141 2012141 SANTOS MARQUEZ, MARIA 07/16/1961 688801 112001629
DIAGNOSIS CODES: 958.8 599.70 692.9 795.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254664	1	T1019		08/05/13	08/05/13	16.00	68.80
254664	2	T1019		08/07/13	08/07/13	16.00	68.80
254664	3	T1019		08/09/13	08/09/13	16.00	68.80

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
							206.40		2546640012012141SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012142	2012142	MEDINA, MARTHA	01/11/1944	697570	111896672
DIAGNOSIS CODES: 135. 250.00 426.4 716.90							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
254646	1	T1019		08/03/13	08/03/13	12.00	51.60		
254646	2	T1019		08/05/13	08/05/13	12.00	51.60		
254646	3	T1019		08/06/13	08/06/13	12.00	51.60		
254646	4	T1019		08/07/13	08/07/13	12.00	51.60		
254646	5	T1019		08/08/13	08/08/13	12.00	51.60		
254646	6	T1019		08/09/13	08/09/13	12.00	51.60		
							309.60		2546460012012142SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012143	2012143	MURPHY, RUBY	04/13/1955	698832	111684344
DIAGNOSIS CODES: 585.3 311. 401.9 493.90							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
254649	1	T1019		08/06/13	08/06/13	16.00	68.80		
254649	2	T1019		08/08/13	08/08/13	16.00	68.80		
254649	3	T1019		08/09/13	08/09/13	16.00	68.80		
							206.40		2546490012012143SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012144	2012144	PEREZ, JULIO	01/27/1936	709538	111942930
DIAGNOSIS CODES: 715.90 244.9 272.4 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
254656	1	T1019		08/05/13	08/05/13	20.00	86.00		
254656	2	T1019		08/09/13	08/09/13	20.00	86.00		
							172.00		2546560012012144SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012145	2012145	PERALTA RODRIGO, JOSE	03/13/1942	715488	111867165
DIAGNOSIS CODES: 715.90 272.0 274.9 278.00 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254654	1	T1019		08/05/13	08/05/13	16.00	68.80
254654	2	T1019		08/06/13	08/06/13	16.00	68.80
254654	3	T1019		08/07/13	08/07/13	16.00	68.80
254654	4	T1019		08/08/13	08/08/13	16.00	68.80

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	275.20	2546540012012145SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012146	2012146 PERALTA, INEZ	08/18/1942	715489	111886580
DIAGNOSIS	CODES:	250.00 272.4 278.00 401.9	244.9 311.		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
254655	1	T1019		08/05/13	08/05/13	16.00	68.80	
254655	2	T1019		08/06/13	08/06/13	16.00	68.80	
254655	3	T1019		08/07/13	08/07/13	16.00	68.80	
254655	4	T1019		08/08/13	08/08/13	16.00	68.80	
						CLAIM TOTAL	275.20	2546550012012146SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012147	2012147 RAMOS, SILVIA	08/16/1957	707547	112060920
DIAGNOSIS	CODES:	724.2 253.5 401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
254659	1	T1019		08/05/13	08/05/13	20.00	86.00	
254659	2	T1019		08/06/13	08/06/13	20.00	86.00	
254659	3	T1019		08/07/13	08/07/13	20.00	86.00	
254659	4	T1019		08/08/13	08/08/13	20.00	86.00	
254659	5	T1019		08/09/13	08/09/13	20.00	86.00	
						CLAIM TOTAL	430.00	2546590012012147SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012149	2012149 REGLA, MARIA F	11/21/1933	691499	111829761
DIAGNOSIS	CODES:	250.00 715.09			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
254660	1	T1019		07/30/13	07/30/13	32.00	137.60	
254660	2	T1019		07/31/13	07/31/13	32.00	137.60	
254660	3	T1019		08/01/13	08/01/13	32.00	137.60	
254660	4	T1019		08/02/13	08/02/13	32.00	137.60	
254660	5	T1019		08/03/13	08/03/13	32.00	137.60	
254660	6	T1019		08/05/13	08/05/13	32.00	137.60	
254660	7	T1019		08/06/13	08/06/13	32.00	137.60	
254660	8	T1019		08/07/13	08/07/13	32.00	137.60	
254660	9	T1019		08/08/13	08/08/13	32.00	137.60	
254660	10	T1019		08/09/13	08/09/13	32.00	137.60	
						CLAIM TOTAL	1,376.00	2546600012012149SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012155 2012155 SANCHEZ, BETANIA 05/10/1956 706048 111980325
DIAGNOSIS CODES: 555.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254663	1	T1019		08/07/13	08/07/13	20.00	86.00
254663	2	T1019		08/08/13	08/08/13	20.00	86.00
254663	3	T1019		08/09/13	08/09/13	20.00	86.00
CLAIM TOTAL						258.00	CLAIM ACCOUNT REF. 2546630012012155SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012158 2012158 LOPEZ, MANUEL 02/25/1926 741094 111891649
DIAGNOSIS CODES: 401.9 272.4 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254643	1	T1019		08/03/13	08/03/13	48.00	206.40
254643	2	T1019		08/04/13	08/04/13	48.00	206.40
254643	3	T1019		08/05/13	08/05/13	48.00	206.40
254643	4	T1019		08/06/13	08/06/13	48.00	206.40
254643	5	T1019		08/07/13	08/07/13	48.00	206.40
254643	6	T1019		08/08/13	08/08/13	48.00	206.40
254643	7	T1019		08/09/13	08/09/13	48.00	206.40
CLAIM TOTAL						1,444.80	CLAIM ACCOUNT REF. 2546430012012158SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012161 2012161 ALONSO, ANA 03/02/1943 739934 111910597
DIAGNOSIS CODES: 733.09 253.5 272.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254629	1	T1019		07/27/13	07/27/13	20.00	86.00
254629	2	T1019		07/28/13	07/28/13	20.00	86.00
254629	3	T1019		07/29/13	07/29/13	20.00	86.00
254629	4	T1019		07/30/13	07/30/13	20.00	86.00
254629	5	T1019		07/31/13	07/31/13	20.00	86.00
254629	6	T1019		08/01/13	08/01/13	20.00	86.00
254629	7	T1019		08/02/13	08/02/13	20.00	86.00
254629	8	T1019		08/03/13	08/03/13	20.00	86.00
254629	9	T1019		08/04/13	08/04/13	20.00	86.00
254629	10	T1019		08/05/13	08/05/13	20.00	86.00
254629	11	T1019		08/06/13	08/06/13	20.00	86.00
254629	12	T1019		08/07/13	08/07/13	20.00	86.00
254629	13	T1019		08/08/13	08/08/13	20.00	86.00
254629	14	T1019		08/09/13	08/09/13	20.00	86.00
CLAIM TOTAL						1,204.00	CLAIM ACCOUNT REF. 2546290012012161SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012261 2012261 SILVEIRA, BERTA 06/23/1938 753060 111981021
DIAGNOSIS CODES: 786.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254666	1	T1019		08/03/13	08/03/13	24.00	103.20
254666	2	T1019		08/04/13	08/04/13	24.00	103.20
254666	3	T1019		08/05/13	08/05/13	24.00	103.20
254666	4	T1019		08/06/13	08/06/13	24.00	103.20
254666	5	T1019		08/07/13	08/07/13	24.00	103.20
254666	6	T1019		08/08/13	08/08/13	24.00	103.20
254666	7	T1019		08/09/13	08/09/13	24.00	103.20
CLAIM TOTAL							722.40
CLAIM ACCOUNT REF.							2546660012012261SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012136 2012266 SOTO, RAFAEL B 03/08/1937 700573 111779429
DIAGNOSIS CODES: 715.09 250.00 272.2 401.9 428.0 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254667	1	T1019		08/03/13	08/03/13	36.00	154.80
254667	2	T1019		08/04/13	08/04/13	36.00	154.80
254667	3	T1019		08/05/13	08/05/13	36.00	154.80
254667	4	T1019		08/06/13	08/06/13	36.00	154.80
254667	5	T1019		08/07/13	08/07/13	28.00	120.40
254667	6	T1019		08/08/13	08/08/13	36.00	154.80
254667	7	T1019		08/09/13	08/09/13	36.00	154.80
CLAIM TOTAL							1,049.20
CLAIM ACCOUNT REF.							2546670012012266SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012719 2012719 SANCHEZ FLORES, ADELA 11/03/1944 761166 112056773
DIAGNOSIS CODES: 401.9 300.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254662	1	T1019		08/05/13	08/05/13	20.00	86.00
254662	2	T1019		08/06/13	08/06/13	20.00	86.00
254662	3	T1019		08/07/13	08/07/13	20.00	86.00
254662	4	T1019		08/08/13	08/08/13	20.00	86.00
254662	5	T1019		08/09/13	08/09/13	20.00	86.00
CLAIM TOTAL							430.00
CLAIM ACCOUNT REF.							2546620012012719SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012159 2012948 LOPEZ, VITALIA 08/01/1922 691723 111822973
DIAGNOSIS CODES: 331.0 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254644	1	T1019		08/03/13	08/03/13	48.00	206.40
254644	2	T1019		08/04/13	08/04/13	48.00	206.40
254644	3	T1019		08/05/13	08/05/13	48.00	206.40
254644	4	T1019		08/06/13	08/06/13	48.00	206.40
254644	5	T1019		08/07/13	08/07/13	48.00	206.40
254644	6	T1019		08/08/13	08/08/13	48.00	206.40
254644	7	T1019		08/09/13	08/09/13	48.00	206.40
CLAIM TOTAL						1,444.80	CLAIM ACCOUNT REF. 2546440012012948SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012952 2012952 FRANCISCO, BRIGIDA 08/20/1957 761853 112037017
DIAGNOSIS CODES: 714.0 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254635	1	T1019		08/03/13	08/03/13	20.00	86.00
254635	2	T1019		08/04/13	08/04/13	20.00	86.00
254635	3	T1019		08/05/13	08/05/13	20.00	86.00
254635	4	T1019		08/06/13	08/06/13	20.00	86.00
254635	5	T1019		08/07/13	08/07/13	20.00	86.00
254635	6	T1019		08/08/13	08/08/13	20.00	86.00
254635	7	T1019		08/09/13	08/09/13	20.00	86.00
CLAIM TOTAL						602.00	CLAIM ACCOUNT REF. 2546350012012952SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012953 2012953 CHOUDHURY, MEHER A 08/16/1974 762773 112028287
DIAGNOSIS CODES: 344.00 493.90 742.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254633	1	T1019		08/03/13	08/03/13	48.00	206.40
254633	2	T1019		08/04/13	08/04/13	48.00	206.40
254633	3	T1019		08/05/13	08/05/13	48.00	206.40
254633	4	T1019		08/06/13	08/06/13	48.00	206.40
254633	5	T1019		08/08/13	08/08/13	48.00	206.40
CLAIM TOTAL						1,032.00	CLAIM ACCOUNT REF. 2546330012012953SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1031950 2012979 HUDGINS, LOUZETTA 05/18/1944 761959 112038867
DIAGNOSIS CODES: 401.9 250.00 278.00 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254641	1	T1019		08/03/13	08/03/13	20.00	86.00
254641	2	T1019		08/06/13	08/06/13	20.00	86.00
254641	3	T1019		08/07/13	08/07/13	20.00	86.00
254641	4	T1019		08/09/13	08/09/13	20.00	86.00
CLAIM TOTAL							344.00
CLAIM ACCOUNT REF.							2546410012012979SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012984 2012984 YOUNG, MARY 11/04/1926 762776 111711486
DIAGNOSIS CODES: 342.82 244.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254670	1	T1019		08/03/13	08/03/13	32.00	137.60
254670	2	T1019		08/04/13	08/04/13	32.00	137.60
254670	3	T1019		08/05/13	08/05/13	32.00	137.60
254670	4	T1019		08/06/13	08/06/13	32.00	137.60
254670	5	T1019		08/07/13	08/07/13	32.00	137.60
254670	6	T1019		08/08/13	08/08/13	32.00	137.60
254670	7	T1019		08/09/13	08/09/13	32.00	137.60
CLAIM TOTAL							963.20
CLAIM ACCOUNT REF.							2546700012012984SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012152 2013395 REYES, TERESA 03/18/1941 697840 111904006
DIAGNOSIS CODES: 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254661	1	T1019		08/05/13	08/05/13	32.00	137.60
254661	2	T1019		08/06/13	08/06/13	32.00	137.60
254661	3	T1019		08/07/13	08/07/13	32.00	137.60
254661	4	T1019		08/08/13	08/08/13	32.00	137.60
254661	5	T1019		08/09/13	08/09/13	32.00	137.60
CLAIM TOTAL							688.00
CLAIM ACCOUNT REF.							2546610012013395SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013679 2013679 PRISCO, FILOMENA 09/15/1921 769526 111988449
DIAGNOSIS CODES: 728.87 250.00 477.9 493.90 782.3 276.8

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254657	1	T1019		08/03/13	08/03/13	16.00	68.80
254657	2	T1019		08/04/13	08/04/13	16.00	68.80

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254657	3	T1019		08/05/13	08/05/13	16.00	68.80	
254657	4	T1019		08/06/13	08/06/13	16.00	68.80	
254657	5	T1019		08/07/13	08/07/13	16.00	68.80	
254657	6	T1019		08/08/13	08/08/13	16.00	68.80	
254657	7	T1019		08/09/13	08/09/13	16.00	68.80	
				CLAIM TOTAL			481.60	CLAIM ACCOUNT REF. 2546570012013679SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012132	2013774	ORTIZ, DOLORES	06/30/1927	744365	112051869
DIAGNOSIS CODES: 719.7 272.4 401.9 750.7							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254651	1	T1019		08/03/13	08/03/13	48.00	206.40	
254651	2	T1019		08/04/13	08/04/13	48.00	206.40	
254651	3	T1019		08/05/13	08/05/13	28.00	120.40	
254651	4	T1019		08/06/13	08/06/13	48.00	206.40	
254651	5	T1019		08/07/13	08/07/13	48.00	206.40	
254651	6	T1019		08/08/13	08/08/13	48.00	206.40	
254651	7	T1019		08/09/13	08/09/13	48.00	206.40	
				CLAIM TOTAL			1,358.80	CLAIM ACCOUNT REF. 2546510012013774SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010404	2013868	GUERRERO *, MIRTHA	09/14/1931	740496	112093390
DIAGNOSIS CODES: 715.09 253.5 401.9 733.00 750.27							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254638	1	T1019		08/09/13	08/09/13	28.00	120.40	
				CLAIM TOTAL			120.40	CLAIM ACCOUNT REF. 2546380012013868SUP

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	246	TOTAL CLAIM AMOUNT =	30,134.40
		# SERVICES =	42		

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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

NPI = 1154407492

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008276 2008491 LOYOLA, MARIA 06/11/1981 JZR32498A01 0005044162
DIAGNOSIS CODES: 952.9 806.8 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254615	1	T1019	0580	08/05/13	08/05/13	40.00	168.80	
254615	2	T1019	0580	08/07/13	08/07/13	40.00	168.80	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2546150012008491SUP

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	
254617	1	T1019	0580	08/05/13	08/05/13	16.00	67.52	
254617	2	T1019	0580	08/06/13	08/06/13	16.00	67.52	
254617	3	T1019	0580	08/07/13	08/07/13	16.00	67.52	
254617	4	T1019	0580	08/09/13	08/09/13	16.00	67.52	
					CLAIM TOTAL		270.08	CLAIM ACCOUNT REF. 2546170012008513SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008193 2008723 REYNOLDS, HARRIET 07/01/1958 SR66809C 0003855084
DIAGNOSIS CODES: 728.87 250.00 250.60 311. 401.9 780.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254611	1	T1019	0580	08/08/13	08/08/13	16.00	67.52	
					CLAIM TOTAL		67.52	CLAIM ACCOUNT REF. 2546110012008723SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008793 2008793 COPE, WILLIE 02/17/1928 XR98607Q 0004050353
DIAGNOSIS CODES: 331.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254601	1	T1019	0580	08/03/13	08/03/13	48.00	202.56	
254601	2	T1019	0580	08/04/13	08/04/13	48.00	202.56	
254601	3	T1019	0580	08/05/13	08/05/13	48.00	202.56	
254601	4	T1019	0580	08/06/13	08/06/13	48.00	202.56	
254601	5	T1019	0580	08/07/13	08/07/13	48.00	202.56	
254601	6	T1019	0580	08/08/13	08/08/13	48.00	202.56	
254601	7	T1019	0580	08/09/13	08/09/13	48.00	202.56	
					CLAIM TOTAL		1,417.92	CLAIM ACCOUNT REF. 2546010012008793SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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

NPI = 1154407492

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009237 2009237 WESTFIELD, BRENDA 01/13/1953 PT26237P 0004291129
DIAGNOSIS CODES: 710.4 250.00 401.9 414.00 493.90 530.81 728.87

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254612	1	T1019	0580	08/03/13	08/03/13	32.00	135.04
254612	2	T1019	0580	08/04/13	08/04/13	32.00	135.04
254612	3	T1019	0580	08/05/13	08/05/13	32.00	135.04
254612	4	T1019	0580	08/06/13	08/06/13	32.00	135.04
254612	5	T1019	0580	08/07/13	08/07/13	32.00	135.04
254612	6	T1019	0580	08/08/13	08/08/13	32.00	135.04
254612	7	T1019	0580	08/09/13	08/09/13	32.00	135.04
CLAIM TOTAL							945.28

CLAIM ACCOUNT REF. 2546120012009237SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008223 2009269 SHAH, HANSIKABEN 09/28/1948 UR74418G 0005080096
DIAGNOSIS CODES: V61.9 296.20 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254616	1	T1019	0580	08/09/13	08/09/13	20.00	84.40
CLAIM TOTAL							84.40

CLAIM ACCOUNT REF. 2546160012009269SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254613	1	T1019	0580	08/03/13	08/03/13	20.00	84.40
254613	2	T1019	0580	08/04/13	08/04/13	20.00	84.40
254613	3	T1019	0580	08/08/13	08/08/13	4.00	16.88
254613	4	T1019	0580	08/09/13	08/09/13	16.00	67.52
CLAIM TOTAL							253.20

CLAIM ACCOUNT REF. 2546130012009406SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254614	1	T1019	0580	08/07/13	08/07/13	40.00	168.80
254614	2	T1019	0580	08/08/13	08/08/13	40.00	168.80
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2546140012009562SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 55247 HEALTH INSURANCE PLAN

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254604	1	T1019	0580	08/05/13	08/05/13	16.00	67.52
254604	2	T1019	0580	08/06/13	08/06/13	16.00	67.52
254604	3	T1019	0580	08/07/13	08/07/13	16.00	67.52
254604	4	T1019	0580	08/08/13	08/08/13	16.00	67.52
254604	5	T1019	0580	08/09/13	08/09/13	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2546040012009686SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009945 2009945 JACKSON, FRANCES 03/12/1934 12030545001 0004676295-009
DIAGNOSIS CODES: 332.0 250.00 401.9 722.10 785.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254606	1	T1019	0580	08/03/13	08/03/13	28.00	118.16
254606	2	T1019	0580	08/04/13	08/04/13	28.00	118.16
254606	3	T1019	0580	08/05/13	08/05/13	28.00	118.16
254606	4	T1019	0580	08/06/13	08/06/13	28.00	118.16
254606	5	T1019	0580	08/07/13	08/07/13	28.00	118.16
254606	6	T1019	0580	08/08/13	08/08/13	28.00	118.16
254606	7	T1019	0580	08/09/13	08/09/13	28.00	118.16
CLAIM TOTAL							827.12

CLAIM ACCOUNT REF. 2546060012009945SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254605	1	T1019	0580	08/03/13	08/03/13	36.00	151.92
254605	2	T1019	0580	08/04/13	08/04/13	36.00	151.92
254605	3	T1019	0580	08/05/13	08/05/13	36.00	151.92
254605	4	T1019	0580	08/06/13	08/06/13	36.00	151.92
254605	5	T1019	0580	08/07/13	08/07/13	36.00	151.92
254605	6	T1019	0580	08/08/13	08/08/13	36.00	151.92
254605	7	T1019	0580	08/09/13	08/09/13	36.00	151.92
CLAIM TOTAL							1,063.44

CLAIM ACCOUNT REF. 2546050012010991SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 55247 HEALTH INSURANCE PLAN

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008113 2011066 COPELAND, ELISE 10/05/1928 QJ28865K 0006093352
DIAGNOSIS CODES: 250.00 369.9 311. 401.9 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254602	1	G0156	0572	08/03/13	08/03/13	12.00	171.00
254602	2	G0156	0572	08/04/13	08/04/13	12.00	171.00
254602	3	G0156	0572	08/05/13	08/05/13	12.00	171.00
254602	4	G0156	0572	08/06/13	08/06/13	12.00	171.00
254602	5	G0156	0572	08/07/13	08/07/13	12.00	171.00
254602	6	G0156	0572	08/08/13	08/08/13	12.00	171.00
254602	7	G0156	0572	08/09/13	08/09/13	12.00	171.00
CLAIM TOTAL						1,197.00	CLAIM ACCOUNT REF. 2546020012011066SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008273 2011526 DE JESUS, TIBURCIO 08/11/1947 XX16524S 0006379371
DIAGNOSIS CODES: 250.03 369.60 401.9 414.04 799.89 V60.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254603	1	T1019	0580	08/03/13	08/03/13	48.00	202.56
254603	2	T1019	0580	08/04/13	08/04/13	48.00	202.56
254603	3	T1019	0580	08/05/13	08/05/13	48.00	202.56
254603	4	T1019	0580	08/06/13	08/06/13	48.00	202.56
254603	5	T1019	0580	08/07/13	08/07/13	48.00	202.56
254603	6	T1019	0580	08/08/13	08/08/13	48.00	202.56
254603	7	T1019	0580	08/09/13	08/09/13	48.00	202.56
CLAIM TOTAL						1,417.92	CLAIM ACCOUNT REF. 2546030012011526SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012541 2012541 LANGELOH, HOWARD 09/29/1923 16394107 0006625755
DIAGNOSIS CODES: 715.90 250.00 272.4 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254608	1	T1019	0580	07/30/13	07/30/13	24.00	101.28
254608	2	T1019	0580	08/03/13	08/03/13	24.00	101.28
254608	3	T1019	0580	08/04/13	08/04/13	24.00	101.28
254608	4	T1019	0580	08/06/13	08/06/13	24.00	101.28
254608	5	T1019	0580	08/07/13	08/07/13	24.00	101.28
254608	6	T1019	0580	08/08/13	08/08/13	24.00	101.28
254608	7	T1019	0580	08/09/13	08/09/13	24.00	101.28
CLAIM TOTAL						708.96	CLAIM ACCOUNT REF. 2546080012012541SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #
0006313393

CLAIM ACCOUNT REF. 2546090012013402SUP

PRIOR AUTHORIZATION #
0004298435

CLAIM ACCOUNT REF. 2546070012013531SUP

PRIOR AUTHORIZATION #
0006600227

CLAIM ACCOUNT REF. 2546100012013811SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	79	TOTAL CLAIM AMOUNT =	12,312.48
		# SERVICES =	17		

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NPI = 1154407492

PRIOR AUTHORIZATION #
131610065

CLAIM ACCOUNT REF. 2547450012010958SUP

PRIOR AUTHORIZATION #
130240009

CLAIM ACCOUNT REF. 2547460012012481SUP

PAYER TOTALS:	VNSNY CHOICE	# OF CLAIMS =	10	TOTAL CLAIM AMOUNT =	1,304.16
		# SERVICES =	2		

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2003480 2003583 HERNANDEZ, FRANCISCA 02/07/1925 PX35079P R2220226
DIAGNOSIS CODES: 294.10 272.2 293.84 311. 401.9 715.98

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254688	1	T1019		08/03/13	08/03/13	40.00	142.40	
254688	2	T1019		08/04/13	08/04/13	40.00	142.40	
254688	3	T1019		08/05/13	08/05/13	44.00	156.64	
254688	4	T1019		08/06/13	08/06/13	28.00	99.68	
254688	5	T1019		08/07/13	08/07/13	28.00	99.68	
254688	6	T1019		08/08/13	08/08/13	28.00	99.68	
254688	7	T1019		08/09/13	08/09/13	36.00	128.16	
					CLAIM TOTAL		868.64	CLAIM ACCOUNT REF. 2546880012003583SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2003639 2003639 WOO, LUZ 02/27/1931 ZT83637F R2250302
DIAGNOSIS CODES: 492.0 212.3 213.2 223.0 311. 401.9 724.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254718	1	T1019		08/05/13	08/05/13	16.00	56.96	
254718	2	T1019		08/06/13	08/06/13	16.00	56.96	
254718	3	T1019		08/07/13	08/07/13	16.00	56.96	
					CLAIM TOTAL		170.88	CLAIM ACCOUNT REF. 2547180012003639SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2004602 2004602 BROOKS, NATALIE 11/30/1940 QH90085M R2218238
DIAGNOSIS CODES: 820.8 244.9 250.00 272.0 343.9 530.81 715.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254675	1	T1019		08/06/13	08/06/13	16.00	56.96	
254675	2	T1019		08/07/13	08/07/13	16.00	56.96	
254675	3	T1019		08/08/13	08/08/13	24.00	85.44	
254675	4	T1019		08/09/13	08/09/13	16.00	56.96	
					CLAIM TOTAL		256.32	CLAIM ACCOUNT REF. 2546750012004602SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2004798 2004798 WOO, LUZ 02/27/1931 ZT83637F R2250302
DIAGNOSIS CODES: 492.0 212.3 213.2 223.0 311. 401.9 724.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254719	1	S5130		08/05/13	08/05/13	16.00	56.96	
					CLAIM TOTAL		56.96	CLAIM ACCOUNT REF. 2547190012004798SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2005079 2005079 SIMON, LUPE 12/12/1934 YC26622R R2303923
DIAGNOSIS CODES: 250.00 272.0 401.9 530.81 596.51 733.00 780.52 V44.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254711	1	T1019		08/06/13	08/06/13	16.00	56.96	
254711	2	T1019		08/08/13	08/08/13	16.00	56.96	
CLAIM TOTAL							113.92	CLAIM ACCOUNT REF. 2547110012005079SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2006762 2006762 MOROCHO, MANUEL 12/10/1914 TZ67231W 0104291302785
DIAGNOSIS CODES: 369.00 462. 530.81 600.00 719.7 780.97

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254697	1	T1019		08/03/13	08/03/13	48.00	170.88	
254697	2	T1019		08/04/13	08/04/13	48.00	170.88	
254697	3	T1019		08/05/13	08/05/13	48.00	170.88	
254697	4	T1019		08/06/13	08/06/13	48.00	170.88	
254697	5	T1019		08/07/13	08/07/13	48.00	170.88	
254697	6	T1019		08/08/13	08/08/13	48.00	170.88	
254697	7	T1019		08/09/13	08/09/13	48.00	170.88	
CLAIM TOTAL							1,196.16	CLAIM ACCOUNT REF. 2546970012006762SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2006897 2006897 ALVAREZ, ANGELA 05/20/1942 ZU47022Y R2247983
DIAGNOSIS CODES: 311. 401.9 462. 715.00 780.96

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254671	1	S5130		08/05/13	08/05/13	16.00	56.96	
CLAIM TOTAL							56.96	CLAIM ACCOUNT REF. 2546710012006897SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2007165 2007165 SIERRA, MIRIAM 10/18/1953 YH89624C R2365310
DIAGNOSIS CODES: 294.20 272.0 311. 369.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254710	1	T1019		08/03/13	08/03/13	16.00	56.96	
254710	2	T1019		08/04/13	08/04/13	16.00	56.96	
254710	3	T1019		08/05/13	08/05/13	32.00	113.92	
254710	4	T1019		08/06/13	08/06/13	32.00	113.92	
254710	5	T1019		08/07/13	08/07/13	32.00	113.92	
254710	6	T1019		08/08/13	08/08/13	32.00	113.92	
254710	7	T1019		08/09/13	08/09/13	32.00	113.92	
CLAIM TOTAL							683.52	CLAIM ACCOUNT REF. 2547100012007165SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2007478 2007478 HARIDIN, KHAMATTIE 04/19/1941 WS44546W R2252889
DIAGNOSIS CODES: 715.90 135. 250.00 311. 401.9 530.81 724.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254686	1	S5125		08/03/13	08/03/13	16.00	56.96
254686	2	S5125		08/04/13	08/04/13	16.00	56.96
254686	3	S5125		08/05/13	08/05/13	20.00	71.20
254686	4	S5125		08/06/13	08/06/13	20.00	71.20
254686	5	S5125		08/07/13	08/07/13	20.00	71.20
254686	6	S5125		08/08/13	08/08/13	20.00	71.20
254686	7	S5125		08/09/13	08/09/13	20.00	71.20
CLAIM TOTAL							469.92
CLAIM ACCOUNT REF.							2546860012007478SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2007477 2007590 HARIDIN, RAMDIAL 08/08/1935 SE14035X R2362509
DIAGNOSIS CODES: 331.0 250.00 366.00 401.9 780.93 V12.59

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254687	1	S5125		08/03/13	08/03/13	80.00	284.80
254687	2	S5125		08/04/13	08/04/13	80.00	284.80
254687	3	S5125		08/05/13	08/05/13	76.00	270.56
254687	4	S5125		08/06/13	08/06/13	76.00	270.56
254687	5	S5125		08/07/13	08/07/13	76.00	270.56
254687	6	S5125		08/08/13	08/08/13	76.00	270.56
254687	7	S5125		08/09/13	08/09/13	76.00	270.56
CLAIM TOTAL							1,922.40
CLAIM ACCOUNT REF.							2546870012007590SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008182 2008182 VASQUEZ, CORNELIA 12/08/1928 UA27940P R2123536
DIAGNOSIS CODES: 331.0 272.0 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254717	1	T1019		08/06/13	08/06/13	16.00	56.96
254717	2	T1019		08/08/13	08/08/13	16.00	56.96
CLAIM TOTAL							113.92
CLAIM ACCOUNT REF.							2547170012008182SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008246 2008246 RIVERA, CHRISTOPHER 09/03/1996 UW23596M R2269158
DIAGNOSIS CODES: 314.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254568	1	T1019		08/03/13	08/03/13	12.00	50.64
254568	2	T1019		08/04/13	08/04/13	12.00	50.64

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254568	3	T1019		08/05/13	08/05/13	12.00	50.64	
254568	4	T1019		08/06/13	08/06/13	12.00	50.64	
254568	5	T1019		08/07/13	08/07/13	12.00	50.64	
254568	6	T1019		08/08/13	08/08/13	12.00	50.64	
254568	7	T1019		08/09/13	08/09/13	12.00	50.64	
				CLAIM TOTAL			354.48	CLAIM ACCOUNT REF. 2545680012008246SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008248 2008248 RIVERA, EDDIE 01/29/1960 YP34893V R2226367
DIAGNOSIS CODES: 339.02 367.1 369.10

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254569	1	T1019		08/05/13	08/05/13	12.00	50.64	
254569	2	T1019		08/06/13	08/06/13	12.00	50.64	
254569	3	T1019		08/07/13	08/07/13	12.00	50.64	
254569	4	T1019		08/08/13	08/08/13	12.00	50.64	
				CLAIM TOTAL			202.56	CLAIM ACCOUNT REF. 2545690012008248SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008249 2008249 LOPEZ-RAMIREZ, CARLOTA 01/20/1936 QR43529V 0105101301235
DIAGNOSIS CODES: 714.0 272.4 401.9 536.9 586. 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254560	1	T1019		08/03/13	08/03/13	44.00	185.68	
254560	2	T1019		08/04/13	08/04/13	44.00	185.68	
254560	3	T1019		08/06/13	08/06/13	44.00	185.68	
254560	4	T1019		08/07/13	08/07/13	44.00	185.68	
254560	5	T1019		08/08/13	08/08/13	44.00	185.68	
				CLAIM TOTAL			928.40	CLAIM ACCOUNT REF. 2545600012008249SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008250 2008250 SALAZAR, LUZ MARIA 02/19/1970 SC60317K R2270854
DIAGNOSIS CODES: 952.9 564.81 596.54 806.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254573	1	T1019		08/03/13	08/03/13	32.00	135.04	
254573	2	T1019		08/04/13	08/04/13	32.00	135.04	
254573	3	T1019		08/05/13	08/05/13	32.00	135.04	
254573	4	T1019		08/06/13	08/06/13	32.00	135.04	
254573	5	T1019		08/07/13	08/07/13	32.00	135.04	
254573	6	T1019		08/08/13	08/08/13	32.00	135.04	
254573	7	T1019		08/09/13	08/09/13	32.00	135.04	
				CLAIM TOTAL			945.28	CLAIM ACCOUNT REF. 2545730012008250SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008251 2008251 CEBALLOS, ANA 12/31/1919 UH02585Q R2162064
DIAGNOSIS CODES: 294.10 244.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254541	1	T1019		08/03/13	08/03/13	28.00	118.16
254541	2	T1019		08/05/13	08/05/13	32.00	135.04
254541	3	T1019		08/06/13	08/06/13	32.00	135.04
254541	4	T1019		08/07/13	08/07/13	32.00	135.04
254541	5	T1019		08/08/13	08/08/13	28.00	118.16
254541	6	T1019		08/09/13	08/09/13	32.00	135.04
CLAIM TOTAL						776.48	CLAIM ACCOUNT REF. 2545410012008251SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008253 2008253 MACARENA, SAHARA 09/12/1965 VT07830U 0104171302386
DIAGNOSIS CODES: 359.0 719.45

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254561	1	T1019		07/25/13	07/25/13	48.00	202.56
254561	2	T1019		08/05/13	08/05/13	48.00	202.56
254561	3	T1019		08/06/13	08/06/13	48.00	202.56
254561	4	T1019		08/07/13	08/07/13	48.00	202.56
254561	5	T1019		08/08/13	08/08/13	32.00	135.04
254561	6	T1019		08/09/13	08/09/13	48.00	202.56
CLAIM TOTAL						1,147.84	CLAIM ACCOUNT REF. 2545610012008253SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008254 2008254 SPIVEY, PATRICIA 04/06/1965 WE52435B 0104051303745
DIAGNOSIS CODES: 250.00 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254577	1	T1019		08/05/13	08/05/13	32.00	135.04
254577	2	T1019		08/06/13	08/06/13	32.00	135.04
254577	3	T1019		08/07/13	08/07/13	32.00	135.04
254577	4	T1019		08/08/13	08/08/13	32.00	135.04
254577	5	T1019		08/09/13	08/09/13	32.00	135.04
CLAIM TOTAL						675.20	CLAIM ACCOUNT REF. 2545770012008254SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008256 2008256 CARMONA, LUZ 08/10/1954 XJ24416K 0104121301251
DIAGNOSIS CODES: 294.8 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254539	1	T1019		08/05/13	08/05/13	32.00	135.04

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254539	2	T1019		08/06/13	08/06/13	32.00	135.04	
254539	3	T1019		08/08/13	08/08/13	32.00	135.04	
254539	4	T1019		08/09/13	08/09/13	32.00	135.04	
					CLAIM TOTAL		540.16	CLAIM ACCOUNT REF. 2545390012008256SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008257	2008257	ESTEVEZ, JOSE	09/04/1948	YD71377C	0103261301993
DIAGNOSIS CODES: 345.40							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254547	1	T1019		08/03/13	08/03/13	24.00	101.28	
254547	2	T1019		08/04/13	08/04/13	24.00	101.28	
254547	3	T1019		08/05/13	08/05/13	24.00	101.28	
254547	4	T1019		08/07/13	08/07/13	24.00	101.28	
254547	5	T1019		08/08/13	08/08/13	24.00	101.28	
254547	6	T1019		08/09/13	08/09/13	24.00	101.28	
					CLAIM TOTAL		607.68	CLAIM ACCOUNT REF. 2545470012008257SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008290	2008290	SALHUANA, YOLANDA	08/25/1935	SZ24247J	0103261301164
DIAGNOSIS CODES: 249.70 362.50 401.9 733.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254574	1	T1019		08/05/13	08/05/13	32.00	135.04	
254574	2	T1019		08/06/13	08/06/13	32.00	135.04	
254574	3	T1019		08/07/13	08/07/13	32.00	135.04	
254574	4	T1019		08/08/13	08/08/13	32.00	135.04	
254574	5	T1019		08/09/13	08/09/13	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2545740012008290SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008362	2008362	FONTANES, PEDRO	08/27/1948	RX10287Z	0104171301499
DIAGNOSIS CODES: 724.3 278.00 427.31 428.0 724.2							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254549	1	T1019		08/03/13	08/03/13	48.00	202.56	
254549	2	T1019		08/04/13	08/04/13	48.00	202.56	
254549	3	T1019		08/05/13	08/05/13	48.00	202.56	
254549	4	T1019		08/06/13	08/06/13	48.00	202.56	
254549	5	T1019		08/07/13	08/07/13	48.00	202.56	
254549	6	T1019		08/08/13	08/08/13	36.00	151.92	
					CLAIM TOTAL		1,164.72	CLAIM ACCOUNT REF. 2545490012008362SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008368 2008368 RODRIGUEZ, MARGARET 06/25/1950 ZP21043J R2259936
DIAGNOSIS CODES: 295.90 250.00 272.4 311. 401.9 414.3 733.00 780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254572	1	T1019		08/05/13	08/05/13	16.00	67.52	
254572	2	T1019		08/06/13	08/06/13	16.00	67.52	
254572	3	T1019		08/07/13	08/07/13	16.00	67.52	
254572	4	T1019		08/08/13	08/08/13	16.00	67.52	
254572	5	T1019		08/09/13	08/09/13	16.00	67.52	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2545720012008368SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008411 2008411 FRANCISCO, RICHARD 07/10/1968 XR22414G R2176143
DIAGNOSIS CODES: 401.9 443.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254550	1	T1019		08/03/13	08/03/13	32.00	135.04	
254550	2	T1019		08/04/13	08/04/13	32.00	135.04	
254550	3	T1019		08/05/13	08/05/13	32.00	135.04	
254550	4	T1019		08/06/13	08/06/13	32.00	135.04	
254550	5	T1019		08/07/13	08/07/13	32.00	135.04	
254550	6	T1019		08/08/13	08/08/13	32.00	135.04	
254550	7	T1019		08/09/13	08/09/13	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2545500012008411SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008433 2008433 BHAIRO, KOWSILILLI 05/13/1954 VG15691D R2362824
DIAGNOSIS CODES: 340. 286.0 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254536	1	T1019		08/03/13	08/03/13	32.00	135.04	
254536	2	T1019		08/04/13	08/04/13	32.00	135.04	
254536	3	T1019		08/05/13	08/05/13	32.00	135.04	
254536	4	T1019		08/06/13	08/06/13	32.00	135.04	
254536	5	T1019		08/07/13	08/07/13	32.00	135.04	
254536	6	T1019		08/08/13	08/08/13	32.00	135.04	
254536	7	T1019		08/09/13	08/09/13	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2545360012008433SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z 0105161301593
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
254535	1	T1019		08/03/13	08/03/13	12.00	50.64
254535	2	T1019		08/05/13	08/05/13	20.00	84.40
254535	3	T1019		08/06/13	08/06/13	20.00	84.40
254535	4	T1019		08/07/13	08/07/13	20.00	84.40
254535	5	T1019		08/08/13	08/08/13	20.00	84.40
254535	6	T1019		08/09/13	08/09/13	20.00	84.40
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2545350012008487SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008558 2008558 SURIEL, GERTRUDIS 03/17/1950 ZE67447D R2223526
DIAGNOSIS CODES: 493.90 401.9 414.00 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254579	1	T1019		08/03/13	08/03/13	48.00	202.56
254579	2	T1019		08/04/13	08/04/13	48.00	202.56
254579	3	T1019		08/05/13	08/05/13	48.00	202.56
254579	4	T1019		08/06/13	08/06/13	48.00	202.56
254579	5	T1019		08/08/13	08/08/13	48.00	202.56
CLAIM TOTAL							1,012.80
CLAIM ACCOUNT REF.							2545790012008558SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008571 2008571 ESPAILLAT, AMPARO 12/25/1949 ZG25447P 0103131301379
DIAGNOSIS CODES: 401.9 272.0 311. 365.9 366.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254546	1	T1019		08/03/13	08/03/13	16.00	67.52
254546	2	T1019		08/04/13	08/04/13	16.00	67.52
254546	3	T1019		08/05/13	08/05/13	24.00	101.28
254546	4	T1019		08/06/13	08/06/13	24.00	101.28
254546	5	T1019		08/09/13	08/09/13	24.00	101.28
CLAIM TOTAL							438.88
CLAIM ACCOUNT REF.							2545460012008571SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008745 2008745 TORRESCAMPOS, JOVITA 02/15/1939 SK28000U 0102201302714
DIAGNOSIS CODES: 463. 272.2 401.9 462. V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254716	1	T1019		08/05/13	08/05/13	32.00	113.92
254716	2	T1019		08/06/13	08/06/13	32.00	113.92

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254716	3	T1019		08/07/13	08/07/13	32.00	113.92	
254716	4	T1019		08/08/13	08/08/13	32.00	113.92	
254716	5	T1019		08/09/13	08/09/13	32.00	113.92	
					CLAIM TOTAL		569.60	CLAIM ACCOUNT REF. 2547160012008745SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008919 2008919 COLON, RAYMUNDA 07/01/1939 ZQ72180D 0101171302683
DIAGNOSIS CODES: 253.5 272.4 401.9 447.6

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254676	1	T1019		08/04/13	08/04/13	28.00	99.68	
254676	2	T1019		08/05/13	08/05/13	28.00	99.68	
254676	3	T1019		08/06/13	08/06/13	28.00	99.68	
254676	4	T1019		08/07/13	08/07/13	28.00	99.68	
254676	5	T1019		08/08/13	08/08/13	28.00	99.68	
					CLAIM TOTAL		498.40	CLAIM ACCOUNT REF. 2546760012008919SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008271 2009270 CARRION, MARIA 06/30/1928 SC64434E R2230145
DIAGNOSIS CODES: 250.00 294.10 401.9 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254540	1	T1019		08/03/13	08/03/13	32.00	135.04	
254540	2	T1019		08/05/13	08/05/13	32.00	135.04	
254540	3	T1019		08/06/13	08/06/13	32.00	135.04	
254540	4	T1019		08/07/13	08/07/13	32.00	135.04	
254540	5	T1019		08/08/13	08/08/13	32.00	135.04	
254540	6	T1019		08/09/13	08/09/13	32.00	135.04	
					CLAIM TOTAL		810.24	CLAIM ACCOUNT REF. 2545400012009270SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009405 2009405 CORTES DE GALINDO, NEL 05/25/1925 PF03624B R2196521
DIAGNOSIS CODES: 401.9 244.9 537.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254542	1	T1019		08/05/13	08/05/13	24.00	101.28	
254542	2	T1019		08/07/13	08/07/13	24.00	101.28	
254542	3	T1019		08/08/13	08/08/13	24.00	101.28	
254542	4	T1019		08/09/13	08/09/13	24.00	101.28	
					CLAIM TOTAL		405.12	CLAIM ACCOUNT REF. 2545420012009405SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009425 2009425 FRIAS, BARBARA 04/01/1954 YQ10410R 0103191302380
DIAGNOSIS CODES: 785.9 V44.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254551	1	T1019		08/05/13	08/05/13	16.00	67.52
254551	2	T1019		08/07/13	08/07/13	16.00	67.52
254551	3	T1019		08/09/13	08/09/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2545510012009425SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009442 2009442 GHILIOTTY, FLORENTINA 07/18/1927 ZN29900K R2300287
DIAGNOSIS CODES: 427.9 250.00 272.0 366.00 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254683	1	T1019		08/03/13	08/03/13	20.00	71.20
254683	2	T1019		08/04/13	08/04/13	20.00	71.20
254683	3	T1019		08/05/13	08/05/13	20.00	71.20
254683	4	T1019		08/06/13	08/06/13	20.00	71.20
254683	5	T1019		08/07/13	08/07/13	20.00	71.20
254683	6	T1019		08/08/13	08/08/13	20.00	71.20
CLAIM TOTAL							427.20
CLAIM ACCOUNT REF.							2546830012009442SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009560 2009560 BOCHENEC, JOLANTA 07/08/1964 ZT71147Q 0104251302988
DIAGNOSIS CODES: 854.00 272.4 300.00 307.42 781.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254537	1	T1019		08/03/13	08/03/13	24.00	101.28
254537	2	T1019		08/05/13	08/05/13	24.00	101.28
254537	3	T1019		08/06/13	08/06/13	24.00	101.28
254537	4	T1019		08/07/13	08/07/13	24.00	101.28
254537	5	T1019		08/08/13	08/08/13	24.00	101.28
254537	6	T1019		08/09/13	08/09/13	24.00	101.28
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2545370012009560SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010009 2010009 VEGA, GLORIA 07/06/1955 ZU45073J R2160981
DIAGNOSIS CODES: 340. 250.00 272.2 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254582	1	T1019		08/05/13	08/05/13	32.00	135.04
254582	2	T1019		08/06/13	08/06/13	32.00	135.04
254582	3	T1019		08/07/13	08/07/13	32.00	135.04

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254582	4	T1019		08/08/13	08/08/13	32.00	135.04
254582	5	T1019		08/09/13	08/09/13	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2545820012010009SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008299 2010311 LAZALA, GLADYS 02/03/1950 ZT39863D 0106041301563
DIAGNOSIS CODES: 340. 250.00 278.00 401.9 440.9 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254558	1	T1019		08/03/13	08/03/13	48.00	202.56
254558	2	T1019		08/04/13	08/04/13	48.00	202.56
254558	3	T1019		08/05/13	08/05/13	48.00	202.56
254558	4	T1019		08/06/13	08/06/13	48.00	202.56
254558	5	T1019		08/07/13	08/07/13	48.00	202.56
254558	6	T1019		08/08/13	08/08/13	44.00	185.68
254558	7	T1019		08/09/13	08/09/13	48.00	202.56
CLAIM TOTAL							1,401.04

CLAIM ACCOUNT REF. 2545580012010311SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010758 2010758 VASQUEZ, OLGA 11/20/1948 WU00136E R2094038
DIAGNOSIS CODES: 311. 244.9 253.5 401.9 429.9 493.90 948.11

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254581	1	T1019		08/03/13	08/03/13	20.00	84.40
254581	2	T1019		08/04/13	08/04/13	20.00	84.40
254581	3	T1019		08/08/13	08/08/13	20.00	84.40
CLAIM TOTAL							253.20

CLAIM ACCOUNT REF. 2545810012010758SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008813 2010967 LARA, TOMASA 10/11/1931 SX47950B R2317742
DIAGNOSIS CODES: 401.9 244.9 272.4 715.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254557	1	T1019		08/03/13	08/03/13	32.00	135.04
254557	2	T1019		08/05/13	08/05/13	32.00	135.04
254557	3	T1019		08/06/13	08/06/13	24.00	101.28
254557	4	T1019		08/07/13	08/07/13	32.00	135.04
254557	5	T1019		08/08/13	08/08/13	32.00	135.04
254557	6	T1019		08/09/13	08/09/13	32.00	135.04
CLAIM TOTAL							776.48

CLAIM ACCOUNT REF. 2545570012010967SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008378 2011528 BOWERS *, DIANE 10/01/1946 129232187 R2207419
DIAGNOSIS CODES: 250.11 300.02 410.90 413.9 428.0 440.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254538	1	T1019		08/05/13	08/05/13	40.00	168.80	
254538	2	T1019		08/06/13	08/06/13	40.00	168.80	
254538	3	T1019		08/07/13	08/07/13	40.00	168.80	
254538	4	T1019		08/08/13	08/08/13	28.00	118.16	
254538	5	T1019		08/09/13	08/09/13	40.00	168.80	
CLAIM TOTAL							793.36	CLAIM ACCOUNT REF. 2545380012011528SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009509 2011545 GRAFSTEIN, LILLIAN 03/17/1926 PY21098S 01022513001785
DIAGNOSIS CODES: 331.0 244.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254685	1	T1020		08/03/13	08/03/13	1.00	200.00	
254685	2	T1020		08/04/13	08/04/13	1.00	200.00	
254685	3	T1020		08/05/13	08/05/13	1.00	200.00	
CLAIM TOTAL							600.00	CLAIM ACCOUNT REF. 2546850012011545SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011602 2011602 MALDONADO, VICENTE 05/12/1930 ZY87436H R2348032
DIAGNOSIS CODES: 331.0 401.9 493.90 601.1 719.50 879.8

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254690	1	T1020		08/08/13	08/08/13	1.00	200.00	
CLAIM TOTAL							200.00	CLAIM ACCOUNT REF. 2546900012011602SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011790 2011790 SALICRUP, CARMEN 08/27/1933 UM62649X R2174502
DIAGNOSIS CODES: 250.93 272.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254709	1	T1019		08/05/13	08/05/13	16.00	56.96	
CLAIM TOTAL							56.96	CLAIM ACCOUNT REF. 2547090012011790SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011792 2011792 RIVERA, BRIGIDA 02/01/1926 ZT21439N R2351065
DIAGNOSIS CODES: 401.9 272.4 311. 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254704	1	T1019		08/03/13	08/03/13	16.00	56.96

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PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254704	2	T1019		08/04/13	08/04/13	16.00	56.96	
254704	3	T1019		08/07/13	08/07/13	32.00	113.92	
254704	4	T1019		08/08/13	08/08/13	36.00	128.16	
254704	5	T1019		08/09/13	08/09/13	32.00	113.92	
					CLAIM TOTAL		469.92	CLAIM ACCOUNT REF. 2547040012011792SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011794 2011794 RUIZ, MIRTA 08/16/1949 ZS10861D R2288940
DIAGNOSIS CODES: 250.02 311. 401.9 436.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254708	1	T1019		08/06/13	08/06/13	36.00	128.16	
254708	2	T1019		08/07/13	08/07/13	36.00	128.16	
254708	3	T1019		08/08/13	08/08/13	36.00	128.16	
					CLAIM TOTAL		384.48	CLAIM ACCOUNT REF. 2547080012011794SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011795 2011795 SOTO, AGRIPIA 12/01/1919 YY63880T R2186247
DIAGNOSIS CODES: 493.92 244.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254713	1	T1019		08/05/13	08/05/13	16.00	56.96	
254713	2	T1019		08/06/13	08/06/13	16.00	56.96	
254713	3	T1019		08/07/13	08/07/13	16.00	56.96	
254713	4	T1019		08/08/13	08/08/13	16.00	56.96	
254713	5	T1019		08/09/13	08/09/13	16.00	56.96	
					CLAIM TOTAL		284.80	CLAIM ACCOUNT REF. 2547130012011795SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011796 2011796 ROSA, CARMEN 06/16/1945 VH41068Z R2320780
DIAGNOSIS CODES: 715.90 295.70

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254706	1	T1019		08/06/13	08/06/13	20.00	71.20	
254706	2	T1019		08/07/13	08/07/13	20.00	71.20	
254706	3	T1019		08/09/13	08/09/13	20.00	71.20	
					CLAIM TOTAL		213.60	CLAIM ACCOUNT REF. 2547060012011796SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008405 2011820 ST ROMAINE, CLAUDE 10/01/1956 UZ14868C 0102131302292
DIAGNOSIS CODES: 952.9 344.9 596.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254578	1	T1019		08/03/13	08/03/13	36.00	151.92
254578	2	T1019		08/04/13	08/04/13	36.00	151.92
254578	3	T1019		08/05/13	08/05/13	40.00	168.80
254578	4	T1019		08/06/13	08/06/13	40.00	168.80
254578	5	T1019		08/07/13	08/07/13	40.00	168.80
254578	6	T1019		08/08/13	08/08/13	40.00	168.80
CLAIM TOTAL						979.04	CLAIM ACCOUNT REF. 2545780012011820SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011867 2011867 GOODWIN, CLYDE 09/20/1925 RF40230A R2345549
DIAGNOSIS CODES: 362.50 272.4 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254684	1	T1019		08/03/13	08/03/13	40.00	142.40
254684	2	T1019		08/04/13	08/04/13	40.00	142.40
254684	3	T1019		08/05/13	08/05/13	40.00	142.40
254684	4	T1019		08/06/13	08/06/13	40.00	142.40
254684	5	T1019		08/07/13	08/07/13	40.00	142.40
254684	6	T1019		08/08/13	08/08/13	40.00	142.40
254684	7	T1019		08/09/13	08/09/13	40.00	142.40
CLAIM TOTAL						996.80	CLAIM ACCOUNT REF. 2546840012011867SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011868 2011868 DEJESUS, YSABEL 11/13/1934 VP60263T 0106191301674
DIAGNOSIS CODES: 428.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254678	1	T1019		07/04/13	07/04/13	16.00	56.96
254678	2	T1019		07/05/13	07/05/13	16.00	56.96
254678	3	T1019		07/09/13	07/09/13	12.00	42.72
254678	4	T1019		07/11/13	07/11/13	12.00	42.72
254678	5	T1019		07/16/13	07/16/13	12.00	42.72
254678	6	T1019		08/08/13	08/08/13	16.00	56.96
CLAIM TOTAL						299.04	CLAIM ACCOUNT REF. 2546780012011868SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011885 2011885 TORRES, JOSE 06/23/1938 WB42614P R2178349
DIAGNOSIS CODES: 493.91 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254715	1	T1019		07/18/13	07/18/13	16.00	56.96
254715	2	T1019		07/24/13	07/24/13	16.00	56.96
254715	3	T1019		08/05/13	08/05/13	16.00	56.96
254715	4	T1019		08/06/13	08/06/13	16.00	56.96
254715	5	T1019		08/08/13	08/08/13	16.00	56.96
254715	6	T1019		08/09/13	08/09/13	16.00	56.96
CLAIM TOTAL							341.76
CLAIM ACCOUNT REF.							2547150012011885SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011886 2011886 MERCADO, ELVA 06/15/1932 YW12212B 0104051301925
DIAGNOSIS CODES: 250.00 332.1 714.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254696	1	T1019		08/03/13	08/03/13	24.00	85.44
254696	2	T1019		08/04/13	08/04/13	24.00	85.44
254696	3	T1019		08/05/13	08/05/13	24.00	85.44
254696	4	T1019		08/06/13	08/06/13	20.00	71.20
254696	5	T1019		08/07/13	08/07/13	24.00	85.44
254696	6	T1019		08/08/13	08/08/13	20.00	71.20
254696	7	T1019		08/09/13	08/09/13	24.00	85.44
CLAIM TOTAL							569.60
CLAIM ACCOUNT REF.							2546960012011886SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011887 2011887 ROSADO, CARMEN 01/20/1919 ZT37222K R2200478
DIAGNOSIS CODES: 733.09 274.00 362.50 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254707	1	T1019		08/05/13	08/05/13	48.00	170.88
254707	2	T1019		08/06/13	08/06/13	48.00	170.88
254707	3	T1019		08/07/13	08/07/13	48.00	170.88
254707	4	T1019		08/08/13	08/08/13	48.00	170.88
254707	5	T1019		08/09/13	08/09/13	48.00	170.88
CLAIM TOTAL							854.40
CLAIM ACCOUNT REF.							2547070012011887SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011914 2011914 TORRES, ANTONIA 10/24/1924 ZM49732K R2182496
DIAGNOSIS CODES: 331.0 272.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254714	1	T1020		08/03/13	08/03/13	1.00	200.00
254714	2	T1020		08/04/13	08/04/13	1.00	200.00
254714	3	T1020		08/05/13	08/05/13	1.00	200.00
254714	4	T1020		08/06/13	08/06/13	1.00	200.00
254714	5	T1020		08/07/13	08/07/13	1.00	200.00
254714	6	T1020		08/08/13	08/08/13	1.00	200.00
254714	7	T1020		08/09/13	08/09/13	1.00	200.00
CLAIM TOTAL						1,400.00	CLAIM ACCOUNT REF. 2547140012011914SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011943 2011943 CUEVA, RAFAELA 05/26/1934 WF24218W R2249691
DIAGNOSIS CODES: 294.10 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254677	1	T1019		08/03/13	08/03/13	48.00	170.88
254677	2	T1019		08/04/13	08/04/13	48.00	170.88
254677	3	T1019		08/05/13	08/05/13	48.00	170.88
254677	4	T1019		08/06/13	08/06/13	48.00	170.88
254677	5	T1019		08/07/13	08/07/13	48.00	170.88
254677	6	T1019		08/08/13	08/08/13	48.00	170.88
254677	7	T1019		08/09/13	08/09/13	48.00	170.88
CLAIM TOTAL						1,196.16	CLAIM ACCOUNT REF. 2546770012011943SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011950 2011950 RAMOS, ISABEL 03/27/1928 WF45444N R2295212
DIAGNOSIS CODES: V56.8 253.5 785.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254702	1	T1019		08/05/13	08/05/13	20.00	71.20
254702	2	T1019		08/06/13	08/06/13	32.00	113.92
254702	3	T1019		08/07/13	08/07/13	28.00	99.68
254702	4	T1019		08/08/13	08/08/13	32.00	113.92
254702	5	T1019		08/09/13	08/09/13	28.00	99.68
CLAIM TOTAL						498.40	CLAIM ACCOUNT REF. 2547020012011950SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011950	2011951	RAMOS, ISABEL	03/27/1928	WF45444N	R2295212
DIAGNOSIS CODES: V56.8 253.5 785.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254703	1	S5131		08/03/13	08/03/13	4.00	57.00
CLAIM TOTAL							57.00
CLAIM ACCOUNT REF.							2547030012011951SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011961	2011961	MARTINEZ 2, EMMA	10/17/1944	ZK99698A	R2338273
DIAGNOSIS CODES: 401.9 244.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254691	1	T1019		08/03/13	08/03/13	16.00	56.96
254691	2	T1019		08/05/13	08/05/13	16.00	56.96
CLAIM TOTAL							113.92
CLAIM ACCOUNT REF.							2546910012011961SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011961	2011962	MARTINEZ 2, EMMA	10/17/1944	ZK99698A	R2101095
DIAGNOSIS CODES: 401.9 244.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254692	1	S5130		08/07/13	08/07/13	16.00	56.96
CLAIM TOTAL							56.96
CLAIM ACCOUNT REF.							2546920012011962SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011964	2011964	FULLER, WILLIAM	09/28/1935	YX25158Y	R2361055
DIAGNOSIS CODES: 250.01 331.0 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254681	1	T1019		08/03/13	08/03/13	40.00	142.40
254681	2	T1019		08/04/13	08/04/13	40.00	142.40
254681	3	T1019		08/05/13	08/05/13	40.00	142.40
254681	4	T1019		08/06/13	08/06/13	40.00	142.40
254681	5	T1019		08/07/13	08/07/13	40.00	142.40
254681	6	T1019		08/08/13	08/08/13	40.00	142.40
254681	7	T1019		08/09/13	08/09/13	40.00	142.40
CLAIM TOTAL							996.80
CLAIM ACCOUNT REF.							2546810012011964SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011966 2011966 MATOS, AUREA 10/19/1927 TG62448J R2164221
DIAGNOSIS CODES: V44.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254694	1	T1019		08/03/13	08/03/13	24.00	85.44
254694	2	T1019		08/04/13	08/04/13	24.00	85.44
254694	3	T1019		08/05/13	08/05/13	28.00	99.68
254694	4	T1019		08/06/13	08/06/13	28.00	99.68
254694	5	T1019		08/07/13	08/07/13	28.00	99.68
254694	6	T1019		08/08/13	08/08/13	28.00	99.68
254694	7	T1019		08/09/13	08/09/13	28.00	99.68
CLAIM TOTAL							669.28
CLAIM ACCOUNT REF.							2546940012011966SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011997 2011997 OSBORNE, DOROTHY 01/04/1931 VK20601M R2176436
DIAGNOSIS CODES: 427.31 250.00 401.9 428.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254699	1	T1019		08/05/13	08/05/13	16.00	56.96
254699	2	T1019		08/06/13	08/06/13	16.00	56.96
254699	3	T1019		08/07/13	08/07/13	16.00	56.96
254699	4	T1019		08/08/13	08/08/13	16.00	56.96
254699	5	T1019		08/09/13	08/09/13	16.00	56.96
CLAIM TOTAL							284.80
CLAIM ACCOUNT REF.							2546990012011997SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012030 2012030 GARCIA, VICTORIA 05/26/1926 YP32446E R2216342
DIAGNOSIS CODES: 401.9 272.2 715.00 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254682	1	T1019		08/06/13	08/06/13	20.00	71.20
254682	2	T1019		08/07/13	08/07/13	20.00	71.20
254682	3	T1019		08/08/13	08/08/13	20.00	71.20
254682	4	T1019		08/09/13	08/09/13	20.00	71.20
CLAIM TOTAL							284.80
CLAIM ACCOUNT REF.							2546820012012030SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012032 2012032 ORTIZ, SANTIAGO 04/12/1936 ZA54595T 0103151301546
DIAGNOSIS CODES: 294.10 250.00 272.4 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254698	1	T1019		08/05/13	08/05/13	32.00	113.92
254698	2	T1019		08/06/13	08/06/13	40.00	142.40

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254698	3	T1019		08/07/13	08/07/13	40.00	142.40	
254698	4	T1019		08/08/13	08/08/13	40.00	142.40	
254698	5	T1019		08/09/13	08/09/13	40.00	142.40	
					CLAIM TOTAL		683.52	CLAIM ACCOUNT REF. 2546980012012032SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012039	2012039	ESTRADA, MIRIAM	01/09/1947	ZX12851A	R2286465
DIAGNOSIS	CODES:	493.92	253.5	401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254680	1	T1019		07/27/13	07/27/13	16.00	56.96	
254680	2	T1019		07/29/13	07/29/13	32.00	113.92	
254680	3	T1019		07/30/13	07/30/13	32.00	113.92	
254680	4	T1019		07/31/13	07/31/13	32.00	113.92	
254680	5	T1019		08/01/13	08/01/13	32.00	113.92	
254680	6	T1019		08/02/13	08/02/13	32.00	113.92	
254680	7	T1019		08/03/13	08/03/13	16.00	56.96	
254680	8	T1019		08/05/13	08/05/13	32.00	113.92	
254680	9	T1019		08/06/13	08/06/13	32.00	113.92	
254680	10	T1019		08/08/13	08/08/13	32.00	113.92	
254680	11	T1019		08/09/13	08/09/13	32.00	113.92	
					CLAIM TOTAL		1,139.20	CLAIM ACCOUNT REF. 2546800012012039SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012041	2012041	ESCANIO, ANTONIO	06/13/1937	ST328273T	R2333071
DIAGNOSIS	CODES:	250.00	365.9				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254679	1	T1019		07/04/13	07/04/13	8.00	28.48	
254679	2	T1019		07/06/13	07/06/13	16.00	56.96	
254679	3	T1019		07/09/13	07/09/13	8.00	28.48	
254679	4	T1019		07/11/13	07/11/13	8.00	28.48	
254679	5	T1019		07/12/13	07/12/13	8.00	28.48	
254679	6	T1019		07/16/13	07/16/13	8.00	28.48	
254679	7	T1019		07/19/13	07/19/13	8.00	28.48	
254679	8	T1019		07/23/13	07/23/13	8.00	28.48	
254679	9	T1019		07/25/13	07/25/13	8.00	28.48	
254679	10	T1019		07/26/13	07/26/13	8.00	28.48	
254679	11	T1019		08/04/13	08/04/13	16.00	56.96	
254679	12	T1019		08/06/13	08/06/13	8.00	28.48	
254679	13	T1019		08/08/13	08/08/13	4.00	14.24	
					CLAIM TOTAL		412.96	CLAIM ACCOUNT REF. 2546790012012041SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012042 2012042 MARTINEZ, ROSARIO 07/25/1951 XE62541Y 0104301301154
DIAGNOSIS CODES: 493.92 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254693	1	T1019		08/03/13	08/03/13	16.00	56.96
254693	2	T1019		08/06/13	08/06/13	16.00	56.96
CLAIM TOTAL							113.92
CLAIM ACCOUNT REF.							2546930012012042SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012063 2012063 MALDONADO, MARIA 10/15/1920 ZN07021G R2247100
DIAGNOSIS CODES: 331.0 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254689	1	T1020		08/03/13	08/03/13	1.00	200.00
254689	2	T1020		08/04/13	08/04/13	1.00	200.00
254689	3	T1020		08/05/13	08/05/13	1.00	200.00
254689	4	T1020		08/06/13	08/06/13	1.00	200.00
254689	5	T1020		08/07/13	08/07/13	1.00	200.00
254689	6	T1020		08/08/13	08/08/13	1.00	200.00
254689	7	T1020		08/09/13	08/09/13	1.00	200.00
CLAIM TOTAL							1,400.00
CLAIM ACCOUNT REF.							2546890012012063SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012064 2012064 MAYNARD, LILLIAN 03/01/1947 ZH47128X R2292790
DIAGNOSIS CODES: 253.5 401.9 493.92

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254695	1	T1019		08/05/13	08/05/13	20.00	71.20
254695	2	T1019		08/06/13	08/06/13	20.00	71.20
254695	3	T1019		08/07/13	08/07/13	20.00	71.20
254695	4	T1019		08/08/13	08/08/13	20.00	71.20
254695	5	T1019		08/09/13	08/09/13	20.00	71.20
CLAIM TOTAL							356.00
CLAIM ACCOUNT REF.							2546950012012064SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012127 2012127 ZAPATA, SIMON 05/26/1926 UA23241S R2350814
DIAGNOSIS CODES: 414.04 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254720	1	T1019		07/29/13	07/29/13	16.00	56.96
254720	2	T1019		08/07/13	08/07/13	16.00	56.96
254720	3	T1019		08/09/13	08/09/13	16.00	56.96
CLAIM TOTAL							170.88
CLAIM ACCOUNT REF.							2547200012012127SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012208 2012208 RODRIGUEZ, PAULA 03/21/1929 XZ33242G R2238025
DIAGNOSIS CODES: 294.10 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254705	1	T1020		08/03/13	08/03/13	1.00	200.00
254705	2	T1020		08/04/13	08/04/13	1.00	200.00
254705	3	T1020		08/05/13	08/05/13	1.00	200.00
254705	4	T1020		08/06/13	08/06/13	1.00	200.00
254705	5	T1020		08/07/13	08/07/13	1.00	200.00
254705	6	T1020		08/08/13	08/08/13	1.00	200.00
254705	7	T1020		08/09/13	08/09/13	1.00	200.00
CLAIM TOTAL						1,400.00	
CLAIM ACCOUNT REF.							2547050012012208SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012245 2012245 POLANCO, ANTONIA 11/10/1942 TH54120S R2307774
DIAGNOSIS CODES: 401.9 272.2 331.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254700	1	T1019		08/04/13	08/04/13	16.00	56.96
254700	2	T1019		08/06/13	08/06/13	16.00	56.96
254700	3	T1019		08/07/13	08/07/13	16.00	56.96
254700	4	T1019		08/08/13	08/08/13	16.00	56.96
254700	5	T1019		08/09/13	08/09/13	16.00	56.96
CLAIM TOTAL						284.80	
CLAIM ACCOUNT REF.							2547000012012245SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012246 2012246 POLANCO, RAMON 02/08/1925 XH93227Q R2307817
DIAGNOSIS CODES: 250.00 401.9 414.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254701	1	T1019		08/04/13	08/04/13	8.00	28.48
254701	2	T1019		08/06/13	08/06/13	8.00	28.48
254701	3	T1019		08/07/13	08/07/13	8.00	28.48
254701	4	T1019		08/08/13	08/08/13	8.00	28.48
254701	5	T1019		08/09/13	08/09/13	8.00	28.48
CLAIM TOTAL						142.40	
CLAIM ACCOUNT REF.							2547010012012246SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012284 2012284 REINOSO, EMELIANNA 12/26/1931 115451707 R2106516
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254567	1	T1019		08/03/13	08/03/13	40.00	168.80

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254567	2	T1019		08/04/13	08/04/13	40.00	168.80	
254567	3	T1019		08/05/13	08/05/13	40.00	168.80	
254567	4	T1019		08/06/13	08/06/13	40.00	168.80	
254567	5	T1019		08/07/13	08/07/13	40.00	168.80	
254567	6	T1019		08/08/13	08/08/13	40.00	168.80	
254567	7	T1019		08/09/13	08/09/13	40.00	168.80	
CLAIM TOTAL							1,181.60	CLAIM ACCOUNT REF. 2545670012012284SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008651 2012334 APOSTOLOVA, LJUBKA 02/07/1944 RS76119U R2316572
DIAGNOSIS CODES: 331.0 311. 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254674	1	T1019		08/03/13	08/03/13	48.00	170.88	
254674	2	T1019		08/04/13	08/04/13	48.00	170.88	
254674	3	T1019		08/05/13	08/05/13	48.00	170.88	
254674	4	T1019		08/06/13	08/06/13	48.00	170.88	
254674	5	T1019		08/07/13	08/07/13	48.00	170.88	
CLAIM TOTAL							854.40	CLAIM ACCOUNT REF. 2546740012012334SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011495 2012478 ISKANDER, JACOB S 04/14/1949 YS88012Z R2296271
DIAGNOSIS CODES: 748.60 253.5 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254553	1	T1019		08/03/13	08/03/13	32.00	135.04	
254553	2	T1019		08/04/13	08/04/13	32.00	135.04	
254553	3	T1019		08/05/13	08/05/13	32.00	135.04	
254553	4	T1019		08/06/13	08/06/13	32.00	135.04	
254553	5	T1019		08/07/13	08/07/13	32.00	135.04	
254553	6	T1019		08/08/13	08/08/13	32.00	135.04	
254553	7	T1019		08/09/13	08/09/13	32.00	135.04	
CLAIM TOTAL							945.28	CLAIM ACCOUNT REF. 2545530012012478SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012498 2012498 SCHOONMAKER, JEAN 01/16/1944 116703035 0101171302362
DIAGNOSIS CODES: 296.22 724.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254575	1	T1019		08/03/13	08/03/13	32.00	135.04	
254575	2	T1019		08/05/13	08/05/13	36.00	151.92	
254575	3	T1019		08/07/13	08/07/13	36.00	151.92	
254575	4	T1019		08/08/13	08/08/13	36.00	151.92	

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254575	5	T1019		08/09/13	08/09/13	36.00	151.92
CLAIM TOTAL							742.72
							CLAIM ACCOUNT REF. 2545750012012498SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012772	2012772	THORNTON, SHIRLEY	09/02/1949	ZM67702P	R2196393
DIAGNOSIS CODES: 253.5 493.92 V45.11							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254580	1	T1019		07/17/13	07/17/13	20.00	84.40
254580	2	T1019		07/25/13	07/25/13	32.00	135.04
254580	3	T1019		07/29/13	07/29/13	20.00	84.40
254580	4	T1019		07/30/13	07/30/13	32.00	135.04
254580	5	T1019		08/03/13	08/03/13	32.00	135.04
254580	6	T1019		08/04/13	08/04/13	32.00	135.04
254580	7	T1019		08/05/13	08/05/13	20.00	84.40
254580	8	T1019		08/06/13	08/06/13	32.00	135.04
254580	9	T1019		08/07/13	08/07/13	16.00	67.52
254580	10	T1019		08/09/13	08/09/13	20.00	84.40
CLAIM TOTAL							1,080.32
							CLAIM ACCOUNT REF. 2545800012012772SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2006897	2012951	ALVAREZ, ANGELA	05/20/1942	ZU470227	R2247938
DIAGNOSIS CODES: 311. 401.9 462. 715.00 780.96							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254672	1	T1019		08/09/13	08/09/13	16.00	56.96
CLAIM TOTAL							56.96
							CLAIM ACCOUNT REF. 2546720012012951SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008284	2012973	ANDERSON, BETH	12/18/1947	YC43135F	R2221344
DIAGNOSIS CODES: 340. 286.0 311. 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254673	1	T1019		08/03/13	08/03/13	32.00	113.92
254673	2	T1019		08/04/13	08/04/13	32.00	113.92
254673	3	T1019		08/05/13	08/05/13	32.00	113.92
254673	4	T1019		08/06/13	08/06/13	32.00	113.92
254673	5	T1019		08/07/13	08/07/13	32.00	113.92
254673	6	T1019		08/08/13	08/08/13	32.00	113.92
254673	7	T1019		08/09/13	08/09/13	32.00	113.92
CLAIM TOTAL							797.44
							CLAIM ACCOUNT REF. 2546730012012973SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011388 2013053 PALAZZOLO, FLORENCE 10/31/1948 PD96979S 0103181301812
DIAGNOSIS CODES: 331.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254565	1	T1020		07/24/13	07/24/13	12.00	202.56
254565	2	T1020		07/25/13	07/25/13	12.00	202.56
254565	3	T1020		07/31/13	07/31/13	12.00	202.56
254565	4	T1020		08/03/13	08/03/13	12.00	202.56
254565	5	T1020		08/04/13	08/04/13	12.00	202.56
254565	6	T1020		08/05/13	08/05/13	12.00	202.56
254565	7	T1020		08/06/13	08/06/13	12.00	202.56
254565	8	T1020		08/07/13	08/07/13	12.00	202.56
254565	9	T1020		08/08/13	08/08/13	12.00	202.56
254565	10	T1020		08/09/13	08/09/13	12.00	202.56

CLAIM TOTAL 2,025.60 CLAIM ACCOUNT REF. 2545650012013053SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2005079 2013439 SIMON, LUPE 12/12/1934 YC26622R 0105311301339
DIAGNOSIS CODES: 250.00 272.0 401.9 530.81 596.51 733.00 780.52 V44.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254712	1	T1019		07/24/13	07/24/13	16.00	56.96
254712	2	T1019		08/03/13	08/03/13	16.00	56.96
254712	3	T1019		08/05/13	08/05/13	16.00	56.96
254712	4	T1019		08/07/13	08/07/13	16.00	56.96
254712	5	T1019		08/09/13	08/09/13	16.00	56.96

CLAIM TOTAL 284.80 CLAIM ACCOUNT REF. 2547120012013439SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010143 2013448 AHMED, UMARA 11/15/1985 XK51476N R2412138
DIAGNOSIS CODES: 335.19 695.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254533	1	T1019		08/03/13	08/03/13	28.00	118.16
254533	2	T1019		08/04/13	08/04/13	32.00	135.04
254533	3	T1019		08/05/13	08/05/13	32.00	135.04
254533	4	T1019		08/06/13	08/06/13	32.00	135.04
254533	5	T1019		08/07/13	08/07/13	32.00	135.04
254533	6	T1019		08/08/13	08/08/13	32.00	135.04
254533	7	T1019		08/09/13	08/09/13	32.00	135.04

CLAIM TOTAL 928.40 CLAIM ACCOUNT REF. 2545330012013448SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010671 2013451 AKHTER, SELINA 07/13/1960 SX51375D R2301599
DIAGNOSIS CODES: 093.9 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254534	1	T1019		08/05/13	08/05/13	36.00	151.92
254534	2	T1019		08/06/13	08/06/13	36.00	151.92
254534	3	T1019		08/07/13	08/07/13	36.00	151.92
						CLAIM TOTAL	455.76
						CLAIM ACCOUNT REF.	2545340012013451SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012500 2013452 DEKMAK, GRISEL 03/02/1964 VV95212H 020113323665
DIAGNOSIS CODES: 340. 285.8 311. 596.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254543	1	T1019		08/03/13	08/03/13	48.00	202.56
254543	2	T1019		08/04/13	08/04/13	48.00	202.56
254543	3	T1019		08/05/13	08/05/13	48.00	202.56
254543	4	T1019		08/06/13	08/06/13	48.00	202.56
254543	5	T1019		08/07/13	08/07/13	48.00	202.56
254543	6	T1019		08/08/13	08/08/13	48.00	202.56
						CLAIM TOTAL	1,215.36
						CLAIM ACCOUNT REF.	2545430012013452SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008802 2013453 DIAZ 1, CARMEN 07/29/1950 WB78930D R2303043
DIAGNOSIS CODES: V02.62 300.00 401.9 719.89 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254544	1	T1019		08/05/13	08/05/13	16.00	67.52
254544	2	T1019		08/06/13	08/06/13	24.00	101.28
254544	3	T1019		08/07/13	08/07/13	24.00	101.28
254544	4	T1019		08/08/13	08/08/13	24.00	101.28
254544	5	T1019		08/09/13	08/09/13	24.00	101.28
						CLAIM TOTAL	472.64
						CLAIM ACCOUNT REF.	2545440012013453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008427 2013455 FLORES, MARITZA 09/26/1953 ZG96532J R2303561
DIAGNOSIS CODES: 427.31 278.01 285.9 311. 425.8 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254548	1	T1019		08/03/13	08/03/13	40.00	168.80
254548	2	T1019		08/04/13	08/04/13	40.00	168.80
254548	3	T1019		08/05/13	08/05/13	40.00	168.80
254548	4	T1019		08/06/13	08/06/13	40.00	168.80

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254548	5	T1019		08/07/13	08/07/13	40.00	168.80	
254548	6	T1019		08/08/13	08/08/13	40.00	168.80	
254548	7	T1019		08/09/13	08/09/13	40.00	168.80	
					CLAIM TOTAL		1,181.60	CLAIM ACCOUNT REF. 2545480012013455SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008366	2013458	JONES, CYNTHIA	03/17/1950	ZU54275V	R2303721
DIAGNOSIS	CODES:	333.4	401.9				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254554	1	T1019		07/26/13	07/26/13	20.00	84.40	
254554	2	T1019		08/05/13	08/05/13	16.00	67.52	
254554	3	T1019		08/06/13	08/06/13	20.00	84.40	
254554	4	T1019		08/07/13	08/07/13	20.00	84.40	
254554	5	T1019		08/08/13	08/08/13	20.00	84.40	
254554	6	T1019		08/09/13	08/09/13	20.00	84.40	
					CLAIM TOTAL		489.52	CLAIM ACCOUNT REF. 2545540012013458SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009356	2013459	KHAN, FARUQUE	02/08/1949	VM87355G	R2303230
DIAGNOSIS	CODES:	696.8	253.5	272.4			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254555	1	T1019		08/03/13	08/03/13	48.00	202.56	
254555	2	T1019		08/04/13	08/04/13	48.00	202.56	
254555	3	T1019		08/05/13	08/05/13	48.00	202.56	
254555	4	T1019		08/06/13	08/06/13	48.00	202.56	
254555	5	T1019		08/07/13	08/07/13	48.00	202.56	
254555	6	T1019		08/08/13	08/08/13	48.00	202.56	
254555	7	T1019		08/09/13	08/09/13	48.00	202.56	
					CLAIM TOTAL		1,417.92	CLAIM ACCOUNT REF. 2545550012013459SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008742	2013461	KROLL, KATHERINE	09/22/1949	ZQ14882N	R2302722
DIAGNOSIS	CODES:	340.	244.8	272.0	311.	386.2	401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254556	1	T1019		07/15/13	07/15/13	28.00	118.16	
254556	2	T1019		07/16/13	07/16/13	28.00	118.16	
254556	3	T1019		07/17/13	07/17/13	28.00	118.16	
254556	4	T1019		07/18/13	07/18/13	28.00	118.16	
254556	5	T1019		07/29/13	07/29/13	28.00	118.16	
254556	6	T1019		08/06/13	08/06/13	28.00	118.16	

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254556	7	T1019		08/08/13	08/08/13	28.00	118.16
254556	8	T1019		08/09/13	08/09/13	28.00	118.16
CLAIM TOTAL							945.28

CLAIM ACCOUNT REF. 2545560012013461SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008263 2013462 MORALES HERNANDEZ, EDW 10/28/1952 XV26396D 0107171301672
DIAGNOSIS CODES: 344.1 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254562	1	T1019		08/03/13	08/03/13	24.00	101.28
254562	2	T1019		08/04/13	08/04/13	24.00	101.28
254562	3	T1019		08/05/13	08/05/13	24.00	101.28
254562	4	T1019		08/06/13	08/06/13	24.00	101.28
254562	5	T1019		08/07/13	08/07/13	24.00	101.28
254562	6	T1019		08/08/13	08/08/13	24.00	101.28
254562	7	T1019		08/09/13	08/09/13	24.00	101.28
CLAIM TOTAL							708.96

CLAIM ACCOUNT REF. 2545620012013462SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008422 2013463 MOSKOWITZ, RONA 02/16/1952 ZK67666G R2302297
DIAGNOSIS CODES: 799.89 401.9 493.92 729.0 V02.62

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254563	1	T1019		08/03/13	08/03/13	24.00	101.28
254563	2	T1019		08/05/13	08/05/13	24.00	101.28
254563	3	T1019		08/06/13	08/06/13	24.00	101.28
254563	4	T1019		08/07/13	08/07/13	24.00	101.28
254563	5	T1019		08/08/13	08/08/13	24.00	101.28
254563	6	T1019		08/09/13	08/09/13	24.00	101.28
CLAIM TOTAL							607.68

CLAIM ACCOUNT REF. 2545630012013463SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008421 2013464 OCASIO, VIRGINIA 05/24/1949 ZC22374W R2303508
DIAGNOSIS CODES: 250.00 278.00 300.00 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254564	1	T1019		08/05/13	08/05/13	24.00	101.28
254564	2	T1019		08/06/13	08/06/13	24.00	101.28
254564	3	T1019		08/07/13	08/07/13	24.00	101.28
254564	4	T1019		08/08/13	08/08/13	24.00	101.28
254564	5	T1019		08/09/13	08/09/13	24.00	101.28
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2545640012013464SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008531 2013465 RODRIGUEZ -2, MARIA 02/16/1949 SB98419Y R2302685
DIAGNOSIS CODES: 250.00 272.4 331.0 401.9 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254570	1	T1019		08/05/13	08/05/13	24.00	101.28
254570	2	T1019		08/06/13	08/06/13	24.00	101.28
254570	3	T1019		08/07/13	08/07/13	24.00	101.28
254570	4	T1019		08/08/13	08/08/13	24.00	101.28
254570	5	T1019		08/09/13	08/09/13	24.00	101.28
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2545700012013465SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008398 2013466 RODRIGUEZ, JESSE 03/23/1984 YC62425G R2303381
DIAGNOSIS CODES: 799.89 253.5 278.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254571	1	T1019		07/18/13	07/18/13	20.00	84.40
254571	2	T1019		08/05/13	08/05/13	20.00	84.40
254571	3	T1019		08/06/13	08/06/13	20.00	84.40
254571	4	T1019		08/07/13	08/07/13	20.00	84.40
254571	5	T1019		08/08/13	08/08/13	20.00	84.40
CLAIM TOTAL							422.00

CLAIM ACCOUNT REF. 2545710012013466SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008265 2013467 SHEPPARD, ERMA 10/05/1954 ZX55600A 0105301305797
DIAGNOSIS CODES: 295.90 250.00 272.0 401.9 440.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254576	1	T1019		08/03/13	08/03/13	40.00	168.80
254576	2	T1019		08/04/13	08/04/13	40.00	168.80
254576	3	T1019		08/05/13	08/05/13	40.00	168.80
254576	4	T1019		08/06/13	08/06/13	40.00	168.80
254576	5	T1019		08/07/13	08/07/13	40.00	168.80
254576	6	T1019		08/08/13	08/08/13	40.00	168.80
254576	7	T1019		08/09/13	08/09/13	40.00	168.80
CLAIM TOTAL							1,181.60

CLAIM ACCOUNT REF. 2545760012013467SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008425 2013468 WELLS, WYNORIA 09/10/1959 ZR27322A R2303664
DIAGNOSIS CODES: 278.01 253.5 272.4 356.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254583	1	T1019		08/05/13	08/05/13	16.00	67.52

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254583	2	T1019		08/06/13	08/06/13	16.00	67.52	
254583	3	T1019		08/08/13	08/08/13	16.00	67.52	
254583	4	T1019		08/09/13	08/09/13	16.00	67.52	
				CLAIM TOTAL			270.08	CLAIM ACCOUNT REF. 2545830012013468SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013602 2013602 LOPEZ, YAMILETH 11/22/1957 129932699 R2346153
DIAGNOSIS CODES: 250.00 272.4 401.9 530.81 719.7

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254559	1	T1019		07/10/13	07/10/13	20.00	84.40	
254559	2	T1019		07/31/13	07/31/13	20.00	84.40	
254559	3	T1019		08/05/13	08/05/13	20.00	84.40	
254559	4	T1019		08/06/13	08/06/13	20.00	84.40	
254559	5	T1019		08/07/13	08/07/13	20.00	84.40	
254559	6	T1019		08/08/13	08/08/13	20.00	84.40	
254559	7	T1019		08/09/13	08/09/13	20.00	84.40	
				CLAIM TOTAL			590.80	CLAIM ACCOUNT REF. 2545590012013602SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013739 2013739 GUERRA, MAYRA 07/10/1957 130005275 R2380289
DIAGNOSIS CODES: 332.0 311. 338.4 719.7 V15.88

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254552	1	T1019		08/03/13	08/03/13	32.00	135.04	
254552	2	T1019		08/04/13	08/04/13	22.00	92.84	
254552	3	T1019		08/05/13	08/05/13	32.00	135.04	
254552	4	T1019		08/06/13	08/06/13	32.00	135.04	
254552	5	T1019		08/07/13	08/07/13	32.00	135.04	
254552	6	T1019		08/08/13	08/08/13	32.00	135.04	
254552	7	T1019		08/09/13	08/09/13	32.00	135.04	
				CLAIM TOTAL			903.08	CLAIM ACCOUNT REF. 2545520012013739SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008886 2013849 REINA, JOSE 05/31/1928 130116891 0107311303394
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254566	1	S5131		08/06/13	08/06/13	5.00	1,012.80	
254566	2	S5131		08/07/13	08/07/13	5.00	1,012.80	
254566	3	S5131		08/08/13	08/08/13	5.00	1,012.80	
254566	4	S5131		08/09/13	08/09/13	5.00	1,012.80	
				CLAIM TOTAL			4,051.20	CLAIM ACCOUNT REF. 2545660012013849SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2545450012013850SUP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	539	TOTAL CLAIM AMOUNT =	72,287.36
		# SERVICES =	101		

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008245 2008245 CALDERON, MIGDALIA 08/02/1961 100195559 610563075
DIAGNOSIS CODES: 250.00 428.0 724.00 724.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254593	1	T1019		08/03/13	08/03/13	40.00	171.60
254593	2	T1019		08/04/13	08/04/13	40.00	171.60
254593	3	T1019		08/05/13	08/05/13	40.00	171.60
254593	4	T1019		08/06/13	08/06/13	40.00	171.60
254593	5	T1019		08/07/13	08/07/13	40.00	171.60
254593	6	T1019		08/08/13	08/08/13	40.00	171.60
254593	7	T1019		08/09/13	08/09/13	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2545930012008245SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008287 2008287 MILLAN, ARMIDA 09/13/1928 100063356 610554187
DIAGNOSIS CODES: 250.00 272.4 311. 356.9 365.9 401.9 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254596	1	T1019		08/03/13	08/03/13	16.00	68.64
254596	2	T1019		08/04/13	08/04/13	16.00	68.64
254596	3	T1019		08/05/13	08/05/13	36.00	154.44
254596	4	T1019		08/06/13	08/06/13	36.00	154.44
254596	5	T1019		08/07/13	08/07/13	36.00	154.44
254596	6	T1019		08/08/13	08/08/13	36.00	154.44
254596	7	T1019		08/09/13	08/09/13	36.00	154.44
CLAIM TOTAL						909.48	CLAIM ACCOUNT REF. 2545960012008287SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008401 2008401 SAFOS, PATRA 12/18/1948 100029836 611012381
DIAGNOSIS CODES: 340. 244.8 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254598	1	T1019		07/19/13	07/19/13	32.00	137.28
CLAIM TOTAL						137.28	CLAIM ACCOUNT REF. 2545980012008401SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008401 2008401 SAFOS, PATRA 12/18/1948 100029836 611508024
DIAGNOSIS CODES: 340. 244.8 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254599	1	T1019		08/03/13	08/03/13	32.00	137.28
254599	2	T1019		08/04/13	08/04/13	32.00	137.28
254599	3	T1019		08/05/13	08/05/13	32.00	137.28

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254599	4	T1019		08/06/13	08/06/13	32.00	137.28
254599	5	T1019		08/07/13	08/07/13	32.00	137.28
254599	6	T1019		08/08/13	08/08/13	32.00	137.28
254599	7	T1019		08/09/13	08/09/13	32.00	137.28
CLAIM TOTAL							960.96
CLAIM ACCOUNT REF.							2545990012008401SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011881 2011881 KHAN, FAZAL 06/28/1970 101344352 609951463
DIAGNOSIS CODES: 345.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254595	1	T1019		08/03/13	08/03/13	48.00	205.92
254595	2	T1019		08/04/13	08/04/13	48.00	205.92
254595	3	T1019		08/05/13	08/05/13	48.00	205.92
254595	4	T1019		08/06/13	08/06/13	48.00	205.92
254595	5	T1019		08/07/13	08/07/13	48.00	205.92
254595	6	T1019		08/08/13	08/08/13	48.00	205.92
254595	7	T1019		08/09/13	08/09/13	48.00	205.92
CLAIM TOTAL							1,441.44
CLAIM ACCOUNT REF.							2545950012011881SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013181 2013181 REYES, RODOLFO 04/17/1927 101465844 611028746
DIAGNOSIS CODES: 427.89 443.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254597	1	T1019		08/05/13	08/05/13	16.00	68.64
254597	2	T1019		08/06/13	08/06/13	16.00	68.64
254597	3	T1019		08/07/13	08/07/13	16.00	68.64
254597	4	T1019		08/08/13	08/08/13	16.00	68.64
254597	5	T1019		08/09/13	08/09/13	16.00	68.64
CLAIM TOTAL							343.20
CLAIM ACCOUNT REF.							2545970012013181SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013182 2013182 FARFAN, MARIA 06/17/1924 101465838 611033079
DIAGNOSIS CODES: 780.99 294.10 530.81 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254594	1	T1019		08/03/13	08/03/13	32.00	137.28
254594	2	T1019		08/05/13	08/05/13	16.00	68.64
254594	3	T1019		08/06/13	08/06/13	32.00	137.28
254594	4	T1019		08/07/13	08/07/13	32.00	137.28
254594	5	T1019		08/08/13	08/08/13	32.00	137.28
254594	6	T1019		08/09/13	08/09/13	32.00	137.28

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

PROVIDER ID = 113502051

SUNNYSIDE CITYWIDE

NPI = 1154407492

PAYER ID = 87726

UNITEDHEALTHCARE

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
						CLAIM TOTAL	755.04	CLAIM ACCOUNT REF. 2545940012013182SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2006396	2013609	TSOURATAKIS, ELEFTERIA	01/25/1919	101503810	611254933
DIAGNOSIS		CODES:		799.3 401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254600	1	T1019		07/04/13	07/04/13	48.00	205.92	
254600	2	T1019		07/05/13	07/05/13	48.00	205.92	
254600	3	T1019		07/17/13	07/17/13	48.00	205.92	
254600	4	T1019		07/18/13	07/18/13	48.00	205.92	
254600	5	T1019		07/19/13	07/19/13	48.00	205.92	
254600	6	T1019		07/25/13	07/25/13	48.00	205.92	
254600	7	T1019		07/26/13	07/26/13	48.00	205.92	
254600	8	T1019		08/01/13	08/01/13	48.00	205.92	
254600	9	T1019		08/04/13	08/04/13	4.00	17.16	
254600	10	T1019		08/05/13	08/05/13	48.00	205.92	
254600	11	T1019		08/06/13	08/06/13	48.00	205.92	
254600	12	T1019		08/07/13	08/07/13	48.00	205.92	
254600	13	T1019		08/08/13	08/08/13	48.00	205.92	
254600	14	T1019		08/09/13	08/09/13	48.00	205.92	
					CLAIM TOTAL		2,694.12	CLAIM ACCOUNT REF. 2546000012013609SUP

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	54	TOTAL CLAIM AMOUNT =	8,442.72
		# SERVICES =	7		

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008266 2008266 GUERRA, LORRAINE 03/22/1948 712731594 103536057
DIAGNOSIS CODES: 431. 784.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254722	1	T1019	0580	08/03/13	08/03/13	40.00	168.80
254722	2	T1019	0580	08/04/13	08/04/13	40.00	168.80
254722	3	T1019	0580	08/05/13	08/05/13	32.00	135.04
254722	4	T1019	0580	08/06/13	08/06/13	32.00	135.04
254722	5	T1019	0580	08/07/13	08/07/13	32.00	135.04
254722	6	T1019	0580	08/08/13	08/08/13	32.00	135.04
254722	7	T1019	0580	08/09/13	08/09/13	32.00	135.04
CLAIM TOTAL						1,012.80	CLAIM ACCOUNT REF. 2547220012008266SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008409 2009279 PRUITT, JOHNNY 10/26/1956 712824266 103273331
DIAGNOSIS CODES: 249.00 272.4 295.00 401.9 585.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254723	1	S5130	0582	08/08/13	08/08/13	16.00	67.52
254723	2	S5130	0582	08/09/13	08/09/13	16.00	67.52
CLAIM TOTAL						135.04	CLAIM ACCOUNT REF. 2547230012009279SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008406 2010728 YOUNG, KALEILE 06/17/1994 006532755 103177976
DIAGNOSIS CODES: 319. 493.90 742.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254725	1	T1019	0580	08/03/13	08/03/13	16.00	67.52
254725	2	T1019	0580	08/04/13	08/04/13	16.00	67.52
254725	3	T1019	0580	08/05/13	08/05/13	12.00	50.64
254725	4	T1019	0580	08/06/13	08/06/13	12.00	50.64
254725	5	T1019	0580	08/07/13	08/07/13	12.00	50.64
254725	6	T1019	0580	08/08/13	08/08/13	12.00	50.64
254725	7	T1019	0580	08/09/13	08/09/13	12.00	50.64
CLAIM TOTAL						388.24	CLAIM ACCOUNT REF. 2547250012010728SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008407 2010729 WALTERS, BYRON 05/18/2000 006600539 103177687
DIAGNOSIS CODES: 319. 493.90 742.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254724	1	T1019	0580	08/03/13	08/03/13	20.00	84.40
254724	2	T1019	0580	08/04/13	08/04/13	20.00	84.40

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254724	3	T1019	0580	08/05/13	08/05/13	16.00	67.52	
254724	4	T1019	0580	08/06/13	08/06/13	16.00	67.52	
254724	5	T1019	0580	08/07/13	08/07/13	16.00	67.52	
254724	6	T1019	0580	08/08/13	08/08/13	16.00	67.52	
254724	7	T1019	0580	08/09/13	08/09/13	16.00	67.52	
			CLAIM TOTAL				506.40	CLAIM ACCOUNT REF. 2547240012010729SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012083	2012354	CRUZ, SALVADOR	05/10/1932	713917795	103312801
DIAGNOSIS	CODES:	290.0	401.9	447.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254728	1	T1019	0580	07/29/13	07/29/13	24.00	90.00	
254728	2	T1019	0580	07/30/13	07/30/13	24.00	90.00	
254728	3	T1019	0580	07/31/13	07/31/13	24.00	90.00	
254728	4	T1019	0580	08/01/13	08/01/13	24.00	90.00	
254728	5	T1019	0580	08/02/13	08/02/13	24.00	90.00	
254728	6	T1019	0580	08/05/13	08/05/13	24.00	90.00	
254728	7	T1019	0580	08/06/13	08/06/13	24.00	90.00	
254728	8	T1019	0580	08/07/13	08/07/13	16.00	60.00	
254728	9	T1019	0580	08/08/13	08/08/13	24.00	90.00	
254728	10	T1019	0580	08/09/13	08/09/13	24.00	90.00	
			CLAIM TOTAL				870.00	CLAIM ACCOUNT REF. 2547280012012354SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012078	2012358	MARTINEZ, TOMASITA	01/03/1944	714799688	103312469
DIAGNOSIS	CODES:	715.09	311.	401.9 493.90			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254731	1	T1019	0580	08/05/13	08/05/13	16.00	60.00	
254731	2	T1019	0580	08/06/13	08/06/13	16.00	60.00	
254731	3	T1019	0580	08/07/13	08/07/13	16.00	60.00	
254731	4	T1019	0580	08/08/13	08/08/13	16.00	60.00	
254731	5	T1019	0580	08/09/13	08/09/13	16.00	60.00	
			CLAIM TOTAL				300.00	CLAIM ACCOUNT REF. 2547310012012358SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012080	2012362	RIVERA, CARMEN	05/17/1967	714280461	103312424
DIAGNOSIS	CODES:	192.2	338.29	536.9 787.60 788.30			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254732	1	T1019	0580	08/05/13	08/05/13	20.00	75.00
254732	2	T1019	0580	08/06/13	08/06/13	20.00	75.00

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254732	3	T1019	0580	08/07/13	08/07/13	20.00	75.00	
254732	4	T1019	0580	08/08/13	08/08/13	20.00	75.00	
254732	5	T1019	0580	08/09/13	08/09/13	20.00	75.00	
						CLAIM TOTAL	375.00	CLAIM ACCOUNT REF. 2547320012012362SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009647 2012374 FERNANDEZ, NORKA * 07/14/1948 715856872 102806651
DIAGNOSIS CODES: 401.9 311. 492.8 715.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254729	1	T1019	0580	08/05/13	08/05/13	32.00	120.00	
254729	2	T1019	0580	08/06/13	08/06/13	36.00	135.00	
254729	3	T1019	0580	08/07/13	08/07/13	32.00	120.00	
254729	4	T1019	0580	08/08/13	08/08/13	36.00	135.00	
						CLAIM TOTAL	510.00	CLAIM ACCOUNT REF. 2547290012012374SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012732 2012732 COLCHAMIRO, ESTHER 02/01/1919 717373336 103441419
DIAGNOSIS CODES: 799.9 244.9 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254727	1	T1019	0580	08/05/13	08/05/13	28.00	105.00	
254727	2	T1019	0580	08/06/13	08/06/13	28.00	105.00	
254727	3	T1019	0580	08/07/13	08/07/13	28.00	105.00	
254727	4	T1019	0580	08/09/13	08/09/13	16.00	60.00	
						CLAIM TOTAL	375.00	CLAIM ACCOUNT REF. 2547270012012732SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012163 2012876 AKHTAR, CATHRINE 11/07/1951 713952989 103312611
DIAGNOSIS CODES: 799.9 250.00 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254726	1	T1019	0580	07/27/13	07/27/13	20.00	75.00	
254726	2	T1019	0580	07/28/13	07/28/13	20.00	75.00	
254726	3	T1019	0580	07/29/13	07/29/13	28.00	105.00	
254726	4	T1019	0580	07/30/13	07/30/13	28.00	105.00	
254726	5	T1019	0580	07/31/13	07/31/13	28.00	105.00	
254726	6	T1019	0580	08/01/13	08/01/13	28.00	105.00	
254726	7	T1019	0580	08/02/13	08/02/13	28.00	105.00	
						CLAIM TOTAL	675.00	CLAIM ACCOUNT REF. 2547260012012876SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008365 2013018 HARDING, EDNA 05/17/1956 6274884 103437258
DIAGNOSIS CODES: 493.90 253.5 272.4 296.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254730	1	T1019	0580	08/05/13	08/05/13	16.00	60.00
254730	2	T1019	0580	08/07/13	08/07/13	16.00	60.00
254730	3	T1019	0580	08/08/13	08/08/13	16.00	60.00
CLAIM TOTAL						180.00	CLAIM ACCOUNT REF. 2547300012013018SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009247 2013352 CARRILLO, MARIA 05/18/1956 712689120 103584528
DIAGNOSIS CODES: 714.0 311. 401.9 493.90 696.1 780.52 799.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254721	1	T1019	0580	08/05/13	08/05/13	20.00	84.40
254721	2	T1019	0580	08/06/13	08/06/13	20.00	84.40
254721	3	T1019	0580	08/07/13	08/07/13	20.00	84.40
254721	4	T1019	0580	08/08/13	08/08/13	20.00	84.40
254721	5	T1019	0580	08/09/13	08/09/13	20.00	84.40
CLAIM TOTAL						422.00	CLAIM ACCOUNT REF. 2547210012013352SUP

PAYER TOTALS: AMERIGROUP NEW YORK,LLC # OF CLAIMS = 66 TOTAL CLAIM AMOUNT = 5,749.48
SERVICES = 12

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REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012728	2013815	MEYSTER, LYUBOV	01/08/1930	00002862300	3/5/2013-00134-0001
DIAGNOSIS		CODES: V68.9					

PAYER TOTALS:	ELDERSERVE	# OF CLAIMS =	5	TOTAL CLAIM AMOUNT =	363.00
		# SERVICES =	1		

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1997785 1997785 RIVAS, GERTRUDIS 10/14/1931 GNT00533400 9/13/2011-00672-0009
DIAGNOSIS CODES: 250.81 272.0 311. 401.9 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254871	1	S5125		08/05/13	08/05/13	24.00	94.56
254871	2	S5125		08/06/13	08/06/13	24.00	94.56
254871	3	S5125		08/07/13	08/07/13	24.00	94.56
254871	4	S5125		08/08/13	08/08/13	24.00	94.56
254871	5	S5125		08/09/13	08/09/13	24.00	94.56
CLAIM TOTAL							472.80
							CLAIM ACCOUNT REF. 2548710011997785SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1997789 1997789 SANCHEZ, ELIZABETH 01/03/1956 GNT00370600 11/17/2003-00133-0144
DIAGNOSIS CODES: 345.90 316. 369.4 462. 781.2 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254887	1	T1019		08/03/13	08/03/13	16.00	63.04
254887	2	T1019		08/04/13	08/04/13	16.00	63.04
254887	3	T1019		08/05/13	08/05/13	28.00	110.32
254887	4	T1019		08/06/13	08/06/13	28.00	110.32
254887	5	T1019		08/07/13	08/07/13	28.00	110.32
254887	6	T1019		08/08/13	08/08/13	28.00	110.32
254887	7	T1019		08/09/13	08/09/13	28.00	110.32
CLAIM TOTAL							677.68
							CLAIM ACCOUNT REF. 2548870011997789SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1999328 1999328 ZUMAETA, FANNY 04/09/1936 GNT03663500 4/27/2007-00047-0033
DIAGNOSIS CODES: 318.1 345.91 369.4 389.10 453.8 784.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254919	1	T1019		08/03/13	08/03/13	28.00	110.32
254919	2	T1019		08/04/13	08/04/13	28.00	110.32
254919	3	T1019		08/05/13	08/05/13	40.00	157.60
254919	4	T1019		08/06/13	08/06/13	40.00	157.60
254919	5	T1019		08/07/13	08/07/13	40.00	157.60
254919	6	T1019		08/08/13	08/08/13	40.00	157.60
254919	7	T1019		08/09/13	08/09/13	40.00	157.60
CLAIM TOTAL							1,008.64
							CLAIM ACCOUNT REF. 2549190011999328SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2002109 2002109 PROANO, ALICIA 09/18/1924 93700845900 7/27/2010-00116-0014
DIAGNOSIS CODES: 250.00 212.2 485. 272.0 401.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254861	1	S5125 TT		08/03/13	08/03/13	20.00	83.80
254861	2	S5125 TT		08/04/13	08/04/13	20.00	83.80
254861	3	S5125 TT		08/05/13	08/05/13	20.00	83.80
254861	4	S5125 TT		08/06/13	08/06/13	20.00	83.80
254861	5	S5125 TT		08/07/13	08/07/13	20.00	83.80
254861	6	S5125 TT		08/08/13	08/08/13	20.00	83.80
254861	7	S5125 TT		08/09/13	08/09/13	20.00	83.80
CLAIM TOTAL							586.60
CLAIM ACCOUNT REF.							2548610012002109SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1997798 2002124 SHELTON, AGUEDA 02/05/1919 GNT03123900 3/3/2009-00651-0023
DIAGNOSIS CODES: 331.0 401.9 716.90 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254895	1	T1019		08/04/13	08/04/13	28.00	110.32
254895	2	T1019		08/05/13	08/05/13	24.00	94.56
254895	3	T1019		08/06/13	08/06/13	28.00	110.32
254895	4	T1019		08/07/13	08/07/13	28.00	110.32
254895	5	T1019		08/08/13	08/08/13	28.00	110.32
254895	6	T1019		08/09/13	08/09/13	28.00	110.32
CLAIM TOTAL							646.16
CLAIM ACCOUNT REF.							2548950012002124SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2000377 2002162 MUSCAT, CARMEN 02/28/1927 GNT04082300 7/13/2012-00639-0005
DIAGNOSIS CODES: 250.00 272.2 401.9 564.09 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254839	1	T1019		08/04/13	08/04/13	24.00	94.56
254839	2	T1019		08/05/13	08/05/13	32.00	126.08
254839	3	T1019		08/06/13	08/06/13	32.00	126.08
254839	4	T1019		08/07/13	08/07/13	32.00	126.08
254839	5	T1019		08/08/13	08/08/13	24.00	94.56
254839	6	T1019		08/09/13	08/09/13	32.00	126.08
CLAIM TOTAL							693.44
CLAIM ACCOUNT REF.							2548390012002162SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2002531 2002531 NEWBOLD, RAMONA 09/24/1934 GNT04415000 10/27/2008-00400-0022
DIAGNOSIS CODES: 715.90 369.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254842	1	S5125		08/05/13	08/05/13	20.00	78.80	
254842	2	S5125		08/06/13	08/06/13	20.00	78.80	
254842	3	S5125		08/07/13	08/07/13	20.00	78.80	
254842	4	S5125		08/08/13	08/08/13	20.00	78.80	
254842	5	S5125		08/09/13	08/09/13	20.00	78.80	
CLAIM TOTAL							394.00	CLAIM ACCOUNT REF. 2548420012002531SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1997777 2002769 CEPEDA, TOMASA 09/07/1932 93700964900 12/4/2008-00022-0025
DIAGNOSIS CODES: 253.5 401.9 452. 462.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254768	1	S5125		08/09/13	08/09/13	20.00	78.80	
CLAIM TOTAL							78.80	CLAIM ACCOUNT REF. 2547680012002769SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1997754 2003087 PAPHITIS, RICHARD 05/14/1923 GNT03006300 11/23/2005-00393-0046
DIAGNOSIS CODES: 343.8 272.0 338.19 530.81 733.00 737.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254854	1	T1019		08/05/13	08/05/13	32.00	126.08	
254854	2	T1019		08/06/13	08/06/13	32.00	126.08	
254854	3	T1019		08/07/13	08/07/13	23.00	90.62	
254854	4	T1019		08/08/13	08/08/13	16.00	63.04	
254854	5	T1019		08/09/13	08/09/13	32.00	126.08	
CLAIM TOTAL							531.90	CLAIM ACCOUNT REF. 2548540012003087SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2003177 2003177 WHITLEY, MYRNA 07/04/1950 GNT04373700 2/11/2009-00446-0023
DIAGNOSIS CODES: 340. 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254914	1	T1019		08/05/13	08/05/13	16.00	63.04	
254914	2	T1019		08/06/13	08/06/13	16.00	63.04	
254914	3	T1019		08/07/13	08/07/13	16.00	63.04	
254914	4	T1019		08/08/13	08/08/13	16.00	63.04	
254914	5	T1019		08/09/13	08/09/13	24.00	94.56	
CLAIM TOTAL							346.72	CLAIM ACCOUNT REF. 2549140012003177SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2003254 2003254 JIMENEZ, EUGENIA 03/15/1931 GNT04164400 2/22/2012-00525-0006
DIAGNOSIS CODES: 331.0 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254814	1	T1019		07/14/13	07/14/13	46.00	181.24	
254814	2	T1019		08/03/13	08/03/13	42.00	165.48	
254814	3	T1019		08/04/13	08/04/13	46.00	181.24	
254814	4	T1019		08/05/13	08/05/13	44.00	173.36	
254814	5	T1019		08/06/13	08/06/13	46.00	181.24	
254814	6	T1019		08/07/13	08/07/13	46.00	181.24	
254814	7	T1019		08/08/13	08/08/13	46.00	181.24	
254814	8	T1019		08/09/13	08/09/13	42.00	165.48	
CLAIM TOTAL						1,410.52		CLAIM ACCOUNT REF. 2548140012003254SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2004554 2004554 DONOSO, MARGARETHA 09/17/1938 GNT01219900 9/25/2009-00474-0021
DIAGNOSIS CODES: 250.00 362.74 401.9 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254778	1	S5125		08/05/13	08/05/13	24.00	94.56	
254778	2	S5125		08/06/13	08/06/13	24.00	94.56	
254778	3	S5125		08/08/13	08/08/13	24.00	94.56	
254778	4	S5125		08/09/13	08/09/13	24.00	94.56	
CLAIM TOTAL						378.24		CLAIM ACCOUNT REF. 2547780012004554SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2004768 2004768 NUNEZ, ANGELINA 10/01/1946 GNT02920000 9/28/2005-00256-0051
DIAGNOSIS CODES: 493.00 250.00 361.9 366.00 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254843	1	T1019		08/05/13	08/05/13	16.00	63.04	
254843	2	T1019		08/06/13	08/06/13	16.00	63.04	
254843	3	T1019		08/07/13	08/07/13	16.00	63.04	
254843	4	T1019		08/08/13	08/08/13	16.00	63.04	
254843	5	T1019		08/09/13	08/09/13	16.00	63.04	
CLAIM TOTAL						315.20		CLAIM ACCOUNT REF. 2548430012004768SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2002344 2006080 JOHNSON, DOROTHY 03/14/1932 GNT04334500 10/6/2008-00633-0045
DIAGNOSIS CODES: 331.0 250.00 272.2 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254815	1	S5125		07/29/13	07/29/13	48.00	189.12

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254815	2	S5125		08/03/13	08/03/13	48.00	189.12	
254815	3	S5125		08/05/13	08/05/13	48.00	189.12	
254815	4	S5125		08/06/13	08/06/13	48.00	189.12	
254815	5	S5125		08/07/13	08/07/13	48.00	189.12	
254815	6	S5125		08/08/13	08/08/13	48.00	189.12	
254815	7	S5125		08/09/13	08/09/13	44.00	173.36	
				CLAIM TOTAL		1,308.08		CLAIM ACCOUNT REF. 2548150012006080SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2006117	2006117	NETTLES, DONNA	09/21/1955	GNT04987100	7/27/2010-00646-0015
DIAGNOSIS	CODES:	042.	070.54 218.9 311.	493.00		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254840	1	S5125		07/22/13	07/22/13	16.00	63.04	
254840	2	S5125		07/24/13	07/24/13	16.00	63.04	
254840	3	S5125		07/26/13	07/26/13	16.00	63.04	
254840	4	S5125		07/29/13	07/29/13	16.00	63.04	
254840	5	S5125		07/31/13	07/31/13	16.00	63.04	
				CLAIM TOTAL		315.20		CLAIM ACCOUNT REF. 2548400012006117SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2006117	2006117	NETTLES, DONNA	09/21/1955	GNT04987100	7/27/2010-00646-0016
DIAGNOSIS	CODES:	042.	070.54 218.9 311.	493.00		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254841	1	S5125		08/02/13	08/02/13	16.00	63.04	
254841	2	S5125		08/05/13	08/05/13	16.00	63.04	
254841	3	S5125		08/07/13	08/07/13	16.00	63.04	
254841	4	S5125		08/09/13	08/09/13	16.00	63.04	
				CLAIM TOTAL		252.16		CLAIM ACCOUNT REF. 2548410012006117SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2006118	2006118	ALI, AMRUNISSA	10/05/1934	93703296700	4/6/2011-00677-0014
DIAGNOSIS	CODES:	250.00 272.0	401.9 462.	715.90		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254751	1	S5125		08/03/13	08/03/13	24.00	94.56	
254751	2	S5125		08/05/13	08/05/13	36.00	141.84	
254751	3	S5125		08/06/13	08/06/13	32.00	126.08	
254751	4	S5125		08/07/13	08/07/13	36.00	141.84	
254751	5	S5125		08/08/13	08/08/13	36.00	141.84	
254751	6	S5125		08/09/13	08/09/13	36.00	141.84	
				CLAIM TOTAL		788.00		CLAIM ACCOUNT REF. 2547510012006118SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2006124	2006124	EARLINGTON, ALBERTHA	06/25/1947	GNT04981500	7/29/2010-00715-0015
DIAGNOSIS	CODES:	463.	429.9 493.00 715.90	781.2 250.93 401.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254780	1	S5125		08/03/13	08/03/13	24.00	94.56	
254780	2	S5125		08/05/13	08/05/13	28.00	110.32	
254780	3	S5125		08/07/13	08/07/13	28.00	110.32	
254780	4	S5125		08/09/13	08/09/13	28.00	110.32	
				CLAIM TOTAL		425.52		CLAIM ACCOUNT REF. 2547800012006124SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2000279	2006152	YI, CARLOS	04/16/1959	GNT04057700	11/30/2007-00350-0092
DIAGNOSIS	CODES:	250.00 311.	338.29 365.9	401.9 493.00		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254915	1	S5125		08/03/13	08/03/13	16.00	63.04	
254915	2	S5125		08/05/13	08/05/13	16.00	63.04	
254915	3	S5125		08/06/13	08/06/13	16.00	63.04	
254915	4	S5125		08/07/13	08/07/13	16.00	63.04	
254915	5	S5125		08/08/13	08/08/13	16.00	63.04	
254915	6	S5125		08/09/13	08/09/13	16.00	63.04	
				CLAIM TOTAL		378.24		CLAIM ACCOUNT REF. 2549150012006152SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2003981	2006632	BUCARO, CONCETTA	02/27/1916	GNT04556300	6/24/2009-00543-0018
DIAGNOSIS	CODES:	331.0 272.0	365.9 401.9	733.00		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254760	1	S5125		07/29/13	07/29/13	36.00	141.84	
254760	2	S5125		07/30/13	07/30/13	36.00	141.84	
254760	3	S5125		07/31/13	07/31/13	36.00	141.84	
254760	4	S5125		08/01/13	08/01/13	36.00	141.84	
254760	5	S5125		08/02/13	08/02/13	36.00	141.84	
254760	6	S5125		08/05/13	08/05/13	36.00	141.84	
254760	7	S5125		08/06/13	08/06/13	36.00	141.84	
254760	8	S5125		08/07/13	08/07/13	36.00	141.84	
254760	9	S5125		08/09/13	08/09/13	36.00	141.84	
				CLAIM TOTAL		1,276.56		CLAIM ACCOUNT REF. 2547600012006632SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #				
NY	001	2001974	2006828	RUBIANO, MARIA	11/12/1925	GNT03390400	9/27/2006-00154-0038				
DIAGNOSIS		CODES:	716.90	345.90	414.00	428.0	294.20	401.9	530.81	564.00	733.00

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
254883	1	S5125				08/07/13	08/07/13	22.00	86.68
CLAIM TOTAL									86.68
CLAIM ACCOUNT REF.									2548830012006828SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2002103	2007728	PROANO, BRUNO	10/06/1918	GNT04361600	8/28/2008-00367-0038
DIAGNOSIS		CODES:	715.90	290.0	780.96		

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
254862	1	S5125	TT			08/03/13	08/03/13	20.00	83.80
254862	2	S5125	TT			08/04/13	08/04/13	20.00	83.80
254862	3	S5125	TT			08/05/13	08/05/13	20.00	83.80
254862	4	S5125	TT			08/06/13	08/06/13	20.00	83.80
254862	5	S5125	TT			08/07/13	08/07/13	20.00	83.80
254862	6	S5125	TT			08/08/13	08/08/13	20.00	83.80
254862	7	S5125	TT			08/09/13	08/09/13	20.00	83.80
CLAIM TOTAL									586.60
CLAIM ACCOUNT REF.									2548620012007728SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2007969	2007969	RODRIGUEZ, HOLGER	10/27/1938	GNT05256300	2/29/2012-00253-0013
DIAGNOSIS		CODES:	401.9	250.00	332.0	369.00	600.00

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
254876	1	T1019				08/03/13	08/03/13	36.00	141.84
254876	2	T1019				08/04/13	08/04/13	36.00	141.84
254876	3	T1019				08/06/13	08/06/13	36.00	141.84
254876	4	T1019				08/07/13	08/07/13	36.00	141.84
254876	5	T1019				08/08/13	08/08/13	36.00	141.84
254876	6	T1019				08/09/13	08/09/13	36.00	141.84
CLAIM TOTAL									851.04
CLAIM ACCOUNT REF.									2548760012007969SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2005886	2008200	VLAHOS, MARIE	09/04/1932	GNT04780800	1/5/2010-00429-0027
DIAGNOSIS		CODES:	331.0	272.0	401.9		

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
254910	1	S5125				08/03/13	08/03/13	48.00	189.12
254910	2	S5125				08/04/13	08/04/13	48.00	189.12
254910	3	S5125				08/05/13	08/05/13	32.00	126.08
254910	4	S5125				08/06/13	08/06/13	32.00	126.08

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254910	5	S5125		08/07/13	08/07/13	32.00	126.08	
254910	6	S5125		08/08/13	08/08/13	32.00	126.08	
254910	7	S5125		08/09/13	08/09/13	32.00	126.08	
					CLAIM TOTAL		1,008.64	CLAIM ACCOUNT REF. 2549100012008200SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2007979 2008314 FERNANDEZ, ANA 08/14/1947 GNT05242300 6/2/2011-00474-0017
DIAGNOSIS CODES: 460. 311. 401.9 780.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254790	1	S5125		08/01/13	08/01/13	16.00	63.04	
					CLAIM TOTAL		63.04	CLAIM ACCOUNT REF. 2547900012008314SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008453 2008453 RESTULA, VINCENT 01/15/1929 GNT05473100 8/1/2011-00700-0008
DIAGNOSIS CODES: 389.9 369.9 V15.88

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254866	1	S5125		08/05/13	08/05/13	16.00	63.04	
254866	2	S5125		08/06/13	08/06/13	16.00	63.04	
254866	3	S5125		08/07/13	08/07/13	16.00	63.04	
254866	4	S5125		08/08/13	08/08/13	16.00	63.04	
254866	5	S5125		08/09/13	08/09/13	16.00	63.04	
					CLAIM TOTAL		315.20	CLAIM ACCOUNT REF. 2548660012008453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008605 2009202 MARTINEZ, GLORIA 04/10/1937 GNT00444700 11/14/2003-00001-0097
DIAGNOSIS CODES: 345.90 272.0 311. 362.50

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254830	1	S5125		07/29/13	07/29/13	20.00	78.80	
254830	2	S5125		08/05/13	08/05/13	20.00	78.80	
254830	3	S5125		08/06/13	08/06/13	20.00	78.80	
254830	4	S5125		08/07/13	08/07/13	20.00	78.80	
254830	5	S5125		08/08/13	08/08/13	20.00	78.80	
254830	6	S5125		08/09/13	08/09/13	20.00	78.80	
					CLAIM TOTAL		472.80	CLAIM ACCOUNT REF. 2548300012009202SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2002546 2009232 PEREZ, MARIA 02/04/1931 93703475500 11/9/2011-00055-0008
DIAGNOSIS CODES: 715.00 385.00 401.9 564.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254858	1	T1019		08/05/13	08/05/13	24.00	94.56
254858	2	T1019		08/06/13	08/06/13	24.00	94.56
254858	3	T1019		08/07/13	08/07/13	24.00	94.56
254858	4	T1019		08/08/13	08/08/13	24.00	94.56
254858	5	T1019		08/09/13	08/09/13	24.00	94.56
CLAIM TOTAL							472.80
							CLAIM ACCOUNT REF. 2548580012009232SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009392 2009392 NUNEZ, IRIS 09/07/1963 GNT05481000 1/11/2012-00678-0009
DIAGNOSIS CODES: 585.6 369.9 458.9 716.90 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254844	1	S5125		07/13/13	07/13/13	24.00	94.56
254844	2	S5125		07/20/13	07/20/13	24.00	94.56
254844	3	S5125		07/27/13	07/27/13	24.00	94.56
254844	4	S5125		08/03/13	08/03/13	24.00	94.56
254844	5	S5125		08/05/13	08/05/13	24.00	94.56
254844	6	S5125		08/06/13	08/06/13	23.00	90.62
254844	7	S5125		08/07/13	08/07/13	24.00	94.56
254844	8	S5125		08/08/13	08/08/13	24.00	94.56
254844	9	S5125		08/09/13	08/09/13	24.00	94.56
CLAIM TOTAL							847.10
							CLAIM ACCOUNT REF. 2548440012009392SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009394 2009394 ECKMAN, LOIS 04/02/1919 GNT05317600 12/1/2011-00331-0011
DIAGNOSIS CODES: 331.0 564.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254781	1	T1020		08/03/13	08/03/13	1.00	200.00
254781	2	T1020		08/04/13	08/04/13	1.00	200.00
254781	3	T1020		08/05/13	08/05/13	1.00	200.00
254781	4	T1020		08/06/13	08/06/13	1.00	200.00
254781	5	T1020		08/07/13	08/07/13	1.00	200.00
254781	6	T1020		08/08/13	08/08/13	1.00	200.00
254781	7	T1020		08/09/13	08/09/13	1.00	200.00
CLAIM TOTAL							1,400.00
							CLAIM ACCOUNT REF. 2547810012009394SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009400 2009400 HUSTIU, SILVIA 02/04/1929 GNT05850100 11/29/2011-00252-0010
DIAGNOSIS CODES: 250.00 272.0 338.19 362.51

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254808	1	S5125		08/05/13	08/05/13	8.00	31.52	
254808	2	S5125		08/07/13	08/07/13	8.00	31.52	
CLAIM TOTAL							63.04	CLAIM ACCOUNT REF. 2548080012009400SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009435 2009435 GOMEZ, YOLANDA 11/26/1934 GNT05745100 12/1/2011-00373-0014
DIAGNOSIS CODES: 250.00 401.9 429.89 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254797	1	T1019		08/05/13	08/05/13	16.00	63.04	
254797	2	T1019		08/07/13	08/07/13	16.00	63.04	
254797	3	T1019		08/09/13	08/09/13	20.00	78.80	
CLAIM TOTAL							204.88	CLAIM ACCOUNT REF. 2547970012009435SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2003840 2009576 PAZIOULIS, KLEONIKI 10/16/1934 GNT04602500 6/2/2009-00124-0033
DIAGNOSIS CODES: 401.9 272.0 338.29

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254857	1	S5125		08/03/13	08/03/13	44.00	173.36	
254857	2	S5125		08/04/13	08/04/13	44.00	173.36	
254857	3	S5125		08/05/13	08/05/13	44.00	173.36	
254857	4	S5125		08/06/13	08/06/13	44.00	173.36	
254857	5	S5125		08/07/13	08/07/13	44.00	173.36	
CLAIM TOTAL							866.80	CLAIM ACCOUNT REF. 2548570012009576SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009589 2009589 FERRO, JOSEPHINE 10/09/1915 GNT05940400 12/28/2011-00570-0010
DIAGNOSIS CODES: 294.20 362.51 455.3 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254793	1	T1019		08/03/13	08/03/13	24.00	94.56	
254793	2	T1019		08/04/13	08/04/13	16.00	63.04	
254793	3	T1019		08/05/13	08/05/13	48.00	189.12	
254793	4	T1019		08/06/13	08/06/13	48.00	189.12	
254793	5	T1019		08/07/13	08/07/13	48.00	189.12	
254793	6	T1019		08/09/13	08/09/13	48.00	189.12	
CLAIM TOTAL							914.08	CLAIM ACCOUNT REF. 2547930012009589SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009618 2009618 WEST, BALDWIN 09/14/1933 GNT05953700 1/3/2012-00952-0009
DIAGNOSIS CODES: 294.10 250.00 365.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254913	1	T1019		08/07/13	08/07/13	16.00	63.04	
254913	2	T1019		08/08/13	08/08/13	15.00	59.10	
254913	3	T1019		08/09/13	08/09/13	16.00	63.04	
CLAIM TOTAL							185.18	CLAIM ACCOUNT REF. 2549130012009618SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009790 2009790 COLEMAN, REGINA 11/26/1958 GNT060020000 2/1/2012-01152-0006
DIAGNOSIS CODES: 331.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254770	1	S5125		07/16/13	07/16/13	8.00	31.52	
254770	2	S5125		08/05/13	08/05/13	20.00	78.80	
254770	3	S5125		08/06/13	08/06/13	20.00	78.80	
254770	4	S5125		08/07/13	08/07/13	20.00	78.80	
254770	5	S5125		08/08/13	08/08/13	20.00	78.80	
254770	6	S5125		08/09/13	08/09/13	8.00	31.52	
CLAIM TOTAL							378.24	CLAIM ACCOUNT REF. 2547700012009790SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010198 2010198 ORLANDO, ANNE 02/09/1923 GNT06098400 4/2/2012-00930-0008
DIAGNOSIS CODES: 294.20 401.9 496. 719.7

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254848	1	T1019		08/05/13	08/05/13	20.00	78.80	
254848	2	T1019		08/06/13	08/06/13	20.00	78.80	
254848	3	T1019		08/07/13	08/07/13	20.00	78.80	
254848	4	T1019		08/08/13	08/08/13	20.00	78.80	
254848	5	T1019		08/09/13	08/09/13	20.00	78.80	
CLAIM TOTAL							394.00	CLAIM ACCOUNT REF. 2548480012010198SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010407 2010407 MORA, PAULA 06/14/1931 GNT06124800 4/27/2012-00052-0007
DIAGNOSIS CODES: 401.9 244.9 250.00 366.00 389.9 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254835	1	T1019		08/08/13	08/08/13	16.00	63.04	
CLAIM TOTAL							63.04	CLAIM ACCOUNT REF. 2548350012010407SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010409	2010409	RAMOS, ESTHER	12/21/1933	GNT06136400	4/27/2012-00082-0007
DIAGNOSIS CODES: 331.0 250.00 272.2 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254865	1	T1019		08/05/13	08/05/13	12.00	47.28
254865	2	T1019		08/06/13	08/06/13	16.00	63.04
254865	3	T1019		08/07/13	08/07/13	16.00	63.04
254865	4	T1019		08/08/13	08/08/13	12.00	47.28
254865	5	T1019		08/09/13	08/09/13	12.00	47.28

CLAIM TOTAL

267.92

CLAIM ACCOUNT REF. 2548650012010409SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010412	2010412	RODRIGUEZ, FABIOLA	06/23/1931	GNT06115800	8/27/2012-00184-0005
DIAGNOSIS CODES: 715.90 401.9 493.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254875	1	S5125		08/03/13	08/03/13	16.00	63.04
254875	2	S5125		08/05/13	08/05/13	16.00	63.04
254875	3	S5125		08/06/13	08/06/13	16.00	63.04
254875	4	S5125		08/07/13	08/07/13	16.00	63.04
254875	5	S5125		08/08/13	08/08/13	16.00	63.04
254875	6	S5125		08/09/13	08/09/13	16.00	63.04

CLAIM TOTAL

378.24

CLAIM ACCOUNT REF. 2548750012010412SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010425	2010425	MONCRIEF, LOIS	05/29/1926	GNT06140100	4/26/2012-00801-0015
DIAGNOSIS CODES: 401.9 244.9 250.00 272.2							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254833	1	S5125		08/03/13	08/03/13	32.00	126.08

CLAIM TOTAL

126.08

CLAIM ACCOUNT REF. 2548330012010425SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2003103	2010494	GREENSPAN, ALICE	04/15/1942	GNT04498400	1/27/2009-00682-0060
DIAGNOSIS CODES: 331.0 250.00 272.2 311. 401.9 530.81							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254802	1	S5125		08/03/13	08/03/13	20.00	78.80
254802	2	S5125		08/04/13	08/04/13	30.00	118.20
254802	3	S5125		08/05/13	08/05/13	16.00	63.04

CLAIM TOTAL

260.04

CLAIM ACCOUNT REF. 2548020012010494SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010843 2010843 ALSTON, ZULINE 05/07/1927 GNT06188400 6/28/2012-00942-0012
DIAGNOSIS CODES: 290.0 272.0 365.9 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254753	1	S5125		08/03/13	08/03/13	32.00	126.08
254753	2	S5125		08/04/13	08/04/13	32.00	126.08
254753	3	S5125		08/05/13	08/05/13	28.00	110.32
254753	4	S5125		08/06/13	08/06/13	32.00	126.08
254753	5	S5125		08/07/13	08/07/13	32.00	126.08
254753	6	S5125		08/09/13	08/09/13	32.00	126.08
CLAIM TOTAL							740.72
CLAIM ACCOUNT REF.							2547530012010843SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011036 2011036 MASSOL, PEDRO A 09/08/1934 GNT04564600 7/26/2012-00677-0014
DIAGNOSIS CODES: 290.40 250.00 272.2 285.9 401.9 600.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254831	1	S5125		08/05/13	08/05/13	20.00	78.80
254831	2	S5125		08/06/13	08/06/13	20.00	78.80
254831	3	S5125		08/07/13	08/07/13	20.00	78.80
254831	4	S5125		08/08/13	08/08/13	20.00	78.80
254831	5	S5125		08/09/13	08/09/13	20.00	78.80
CLAIM TOTAL							394.00
CLAIM ACCOUNT REF.							2548310012011036SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011252 2011252 HENRIQUEZ, TERESA 10/15/1938 GNT06350600 8/30/2012-00144-0006
DIAGNOSIS CODES: 203.01 272.2 311. 401.9 530.81 564.00 780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254807	1	S5125		08/03/13	08/03/13	16.00	63.04
254807	2	S5125		08/04/13	08/04/13	16.00	63.04
254807	3	S5125		08/05/13	08/05/13	32.00	126.08
254807	4	S5125		08/06/13	08/06/13	32.00	126.08
254807	5	S5125		08/07/13	08/07/13	32.00	126.08
254807	6	S5125		08/08/13	08/08/13	32.00	126.08
254807	7	S5125		08/09/13	08/09/13	32.00	126.08
CLAIM TOTAL							756.48
CLAIM ACCOUNT REF.							2548070012011252SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011256 2011256 DURAN, CARMEN 07/16/1925 GNT06350900 8/30/2012-00186-0007
DIAGNOSIS CODES: 894.0 244.8 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254779	1	S5125		08/05/13	08/05/13	26.00	102.44	
254779	2	S5125		08/06/13	08/06/13	26.00	102.44	
254779	3	S5125		08/08/13	08/08/13	26.00	102.44	
254779	4	S5125		08/09/13	08/09/13	26.00	102.44	
					CLAIM TOTAL	409.76		CLAIM ACCOUNT REF. 2547790012011256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010773 2011350 MCQUAIL, MAUREEN 10/23/1934 GNT06367800 9/13/2012-00602-0007
DIAGNOSIS CODES: 331.0 244.9 250.80 278.02 447.8 715.98

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254832	1	S5125		08/03/13	08/03/13	38.00	149.72	
254832	2	S5125		08/04/13	08/04/13	40.00	157.60	
254832	3	S5125		08/05/13	08/05/13	48.00	189.12	
254832	4	S5125		08/06/13	08/06/13	48.00	189.12	
254832	5	S5125		08/07/13	08/07/13	48.00	189.12	
254832	6	S5125		08/08/13	08/08/13	48.00	189.12	
254832	7	S5125		08/09/13	08/09/13	48.00	189.12	
					CLAIM TOTAL	1,252.92		CLAIM ACCOUNT REF. 2548320012011350SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1997780 2011411 PICHARDO, MARIA 05/14/1923 GNT02908700 8/24/2005-00382-0054
DIAGNOSIS CODES: 290.0 311. 493.00 530.81 780.96

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254859	1	T1019		08/03/13	08/03/13	36.00	141.84	
254859	2	T1019		08/04/13	08/04/13	36.00	141.84	
254859	3	T1019		08/05/13	08/05/13	36.00	141.84	
254859	4	T1019		08/06/13	08/06/13	36.00	141.84	
254859	5	T1019		08/07/13	08/07/13	36.00	141.84	
254859	6	T1019		08/08/13	08/08/13	36.00	141.84	
254859	7	T1019		08/09/13	08/09/13	36.00	141.84	
					CLAIM TOTAL	992.88		CLAIM ACCOUNT REF. 2548590012011411SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011472 2011472 HENLEY, LUVENIA 08/23/1927 GNT06160900 9/28/2012-00806-0009
DIAGNOSIS CODES: 294.10 253.5 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254806	1	T1019		08/03/13	08/03/13	48.00	189.12	
254806	2	T1019		08/04/13	08/04/13	48.00	189.12	
CLAIM TOTAL							378.24	CLAIM ACCOUNT REF. 2548060012011472SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011503 2011503 BERJASHEVIC, LIME 10/30/1926 GNT06467800 10/3/2012-00231-0006
DIAGNOSIS CODES: 093.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254758	1	T1019		08/05/13	08/05/13	16.00	63.04	
254758	2	T1019		08/09/13	08/09/13	32.00	126.08	
CLAIM TOTAL							189.12	CLAIM ACCOUNT REF. 2547580012011503SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009586 2011581 ASH, MARIE 08/11/1925 GNT06270600 9/28/2012-00709-0009
DIAGNOSIS CODES: 780.4 458.8 780.93 V45.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254755	1	T1019		08/05/13	08/05/13	16.00	63.04	
254755	2	T1019		08/07/13	08/07/13	16.00	63.04	
254755	3	T1019		08/09/13	08/09/13	16.00	63.04	
CLAIM TOTAL							189.12	CLAIM ACCOUNT REF. 2547550012011581SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011597 2011597 SOLIS, JUDITH 12/26/1931 GNT03904400 10/29/2007-00547-0029
DIAGNOSIS CODES: 294.10 290.0 296.22 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254896	1	S5125		08/03/13	08/03/13	48.00	189.12	
254896	2	S5125		08/04/13	08/04/13	48.00	189.12	
254896	3	S5125		08/05/13	08/05/13	48.00	189.12	
254896	4	S5125		08/06/13	08/06/13	48.00	189.12	
CLAIM TOTAL							756.48	CLAIM ACCOUNT REF. 2548960012011597SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011599 2011599 DELEON, JUANA 04/18/1918 GNT04795000 1/28/2010-00406-0023
DIAGNOSIS CODES: 294.10 365.89 401.9 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254776	1	S5125		08/05/13	08/05/13	24.00	94.56
254776	2	S5125		08/06/13	08/06/13	24.00	94.56
254776	3	S5125		08/07/13	08/07/13	24.00	94.56
254776	4	S5125		08/08/13	08/08/13	24.00	94.56
254776	5	S5125		08/09/13	08/09/13	24.00	94.56
CLAIM TOTAL							472.80

CLAIM ACCOUNT REF. 2547760012011599SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011600 2011600 GUZMAN, EDELMIRA 02/19/1944 GNT03023100 12/29/2005-00309-0032
DIAGNOSIS CODES: 250.00 244.9 401.9 569.89 781.2 789.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254805	1	S5125		08/02/13	08/02/13	22.00	86.68
254805	2	S5125		08/05/13	08/05/13	22.00	86.68
254805	3	S5125		08/06/13	08/06/13	22.00	86.68
CLAIM TOTAL							260.04

CLAIM ACCOUNT REF. 2548050012011600SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011601 2011601 JACKSON, PATRICIA 08/10/1960 GNT04501100 1/26/2009-00708-0047
DIAGNOSIS CODES: 042. 311. 401.9 493.90 944.14

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254812	1	T1019		08/05/13	08/05/13	20.00	78.80
254812	2	T1019		08/06/13	08/06/13	20.00	78.80
254812	3	T1019		08/07/13	08/07/13	20.00	78.80
254812	4	T1019		08/08/13	08/08/13	20.00	78.80
254812	5	T1019		08/09/13	08/09/13	20.00	78.80
CLAIM TOTAL							394.00

CLAIM ACCOUNT REF. 2548120012011601SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011654 2011654 ALIX, PEDRO 01/31/1937 GNT03916300 7/26/2011-00282-0021
DIAGNOSIS CODES: 294.10 401.9 602.8

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254752	1	S5126		08/03/13	08/03/13	1.00	200.00
254752	2	S5126		08/04/13	08/04/13	1.00	200.00
254752	3	S5126		08/05/13	08/05/13	1.00	200.00
254752	4	S5126		08/06/13	08/06/13	1.00	200.00
254752	5	S5126		08/07/13	08/07/13	1.00	200.00

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254752	6	S5126		08/08/13	08/08/13	1.00	200.00
CLAIM TOTAL							1,200.00
							CLAIM ACCOUNT REF. 2547520012011654SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011657	2011657	ORTIZ, MERCEDES	11/03/1932	GNT05073800	6/1/2012-00856-0009
DIAGNOSIS		CODES:	447.6	294.10	365.44	369.4	401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254851	1	S5125		08/03/13	08/03/13	16.00	63.04
254851	2	S5125		08/04/13	08/04/13	16.00	63.04
254851	3	S5125		08/05/13	08/05/13	28.00	110.32
254851	4	S5125		08/06/13	08/06/13	28.00	110.32
254851	5	S5125		08/07/13	08/07/13	28.00	110.32
254851	6	S5125		08/08/13	08/08/13	28.00	110.32
254851	7	S5125		08/09/13	08/09/13	28.00	110.32
CLAIM TOTAL							677.68
							CLAIM ACCOUNT REF. 2548510012011657SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011659	2011659	RIVERA MARTINEZ, GLORI	01/22/1938	GNT02887600	8/23/2005-00354-0059
DIAGNOSIS		CODES:	253.5	244.9	272.4	369.00	401.9 493.92

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254872	1	S5125		08/03/13	08/03/13	28.00	110.32
254872	2	S5125		08/04/13	08/04/13	28.00	110.32
254872	3	S5125		08/05/13	08/05/13	28.00	110.32
254872	4	S5125		08/06/13	08/06/13	28.00	110.32
254872	5	S5125		08/07/13	08/07/13	28.00	110.32
254872	6	S5125		08/08/13	08/08/13	28.00	110.32
254872	7	S5125		08/09/13	08/09/13	28.00	110.32
CLAIM TOTAL							772.24
							CLAIM ACCOUNT REF. 2548720012011659SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011662	2011662	GONZALEZ MONTALVO, RA	02/10/1935	GNT02343300	3/24/2004-00008-0046
DIAGNOSIS		CODES:	253.5	272.4	369.60	401.9	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254798	1	S5125		08/03/13	08/03/13	16.00	63.04
254798	2	S5125		08/04/13	08/04/13	16.00	63.04
254798	3	S5125		08/05/13	08/05/13	16.00	63.04
254798	4	S5125		08/06/13	08/06/13	14.00	55.16
254798	5	S5125		08/07/13	08/07/13	16.00	63.04
254798	6	S5125		08/08/13	08/08/13	16.00	63.04
254798	7	S5125		08/09/13	08/09/13	16.00	63.04

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	433.40	2547980012011662SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008342	2011663	MARTIN, RUTH	08/25/1927	GNT06371400	9/28/2012-00964-0010
DIAGNOSIS	CODES:	331.0	208.91	290.0	401.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
254828	1	S5126		08/03/13	08/03/13	1.00	200.00	
254828	2	S5126		08/04/13	08/04/13	1.00	200.00	
254828	3	S5126		08/07/13	08/07/13	1.00	200.00	
254828	4	S5126		08/08/13	08/08/13	1.00	200.00	
254828	5	S5126		08/09/13	08/09/13	1.00	200.00	
						CLAIM TOTAL	1,000.00	2548280012011663SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	1999409	2011750	ZARE, GLORIA	05/07/1943	GNT03716600	6/28/2007-00093-0098
DIAGNOSIS	CODES:	V68.9					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
254918	1	S5125		08/04/13	08/04/13	32.00	126.08	
254918	2	S5125		08/05/13	08/05/13	32.00	126.08	
254918	3	S5125		08/06/13	08/06/13	32.00	126.08	
254918	4	S5125		08/07/13	08/07/13	32.00	126.08	
254918	5	S5125		08/08/13	08/08/13	32.00	126.08	
254918	6	S5125		08/09/13	08/09/13	32.00	126.08	
						CLAIM TOTAL	756.48	2549180012011750SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011769	2011769	COMET, JULIA	10/07/1934	GNT04442600	11/25/2008-00698-0024
DIAGNOSIS	CODES:	401.9	272.2	365.9	530.81		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
254772	1	T1019		08/05/13	08/05/13	24.00	94.56	
254772	2	T1019		08/06/13	08/06/13	24.00	94.56	
254772	3	T1019		08/07/13	08/07/13	24.00	94.56	
254772	4	T1019		08/08/13	08/08/13	24.00	94.56	
254772	5	T1019		08/09/13	08/09/13	24.00	94.56	
						CLAIM TOTAL	472.80	2547720012011769SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011770 2011770 GUZMAN, ALICIA 05/26/1937 GNT00484900 12/5/2003-00110-0042
DIAGNOSIS CODES: 300.20 300.00 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254804	1	T1019		08/06/13	08/06/13	16.00	63.04	
254804	2	T1019		08/07/13	08/07/13	16.00	63.04	
254804	3	T1019		08/08/13	08/08/13	16.00	63.04	
254804	4	T1019		08/09/13	08/09/13	16.00	63.04	
CLAIM TOTAL							252.16	CLAIM ACCOUNT REF. 2548040012011770SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011771 2011771 LEMOINE, RICARDA 05/14/1925 GNT03700100 6/1/2007-00661-0024
DIAGNOSIS CODES: 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254820	1	S5125		08/03/13	08/03/13	16.00	63.04	
254820	2	S5125		08/04/13	08/04/13	16.00	63.04	
254820	3	S5125		08/05/13	08/05/13	16.00	63.04	
254820	4	S5125		08/06/13	08/06/13	16.00	63.04	
254820	5	S5125		08/07/13	08/07/13	16.00	63.04	
254820	6	S5125		08/08/13	08/08/13	16.00	63.04	
254820	7	S5125		08/09/13	08/09/13	16.00	63.04	
CLAIM TOTAL							441.28	CLAIM ACCOUNT REF. 2548200012011771SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011772 2011772 MARIANI, MARIA 03/24/1934 GNT03761400 7/30/2007-00421-0031
DIAGNOSIS CODES: 401.9 714.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254826	1	T1019		08/05/13	08/05/13	16.00	63.04	
254826	2	T1019		08/06/13	08/06/13	16.00	63.04	
254826	3	T1019		08/07/13	08/07/13	16.00	63.04	
254826	4	T1019		08/08/13	08/08/13	16.00	63.04	
254826	5	T1019		08/09/13	08/09/13	16.00	63.04	
CLAIM TOTAL							315.20	CLAIM ACCOUNT REF. 2548260012011772SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011773 2011773 NUNEZ, REYNA 11/28/1964 GNT02970200 10/27/2005-00154-0070
DIAGNOSIS CODES: 296.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254845	1	T1019		08/06/13	08/06/13	16.00	63.04	
254845	2	T1019		08/07/13	08/07/13	15.00	59.10	

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254845	3	T1019		08/08/13	08/08/13	15.00	59.10	
254845	4	T1019		08/09/13	08/09/13	16.00	63.04	
					CLAIM TOTAL		244.28	CLAIM ACCOUNT REF. 2548450012011773SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011774	2011774	QUINONES, ENEIDA	02/29/1936	GNT03606700	10/3/2007-00270-0036
DIAGNOSIS	CODES:	493.92	714.0				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254863	1	T1019		08/06/13	08/06/13	16.00	63.04	
254863	2	T1019		08/07/13	08/07/13	16.00	63.04	
254863	3	T1019		08/08/13	08/08/13	16.00	63.04	
254863	4	T1019		08/09/13	08/09/13	16.00	63.04	
					CLAIM TOTAL		252.16	CLAIM ACCOUNT REF. 2548630012011774SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011777	2011777	ROMAN, GLADYS	09/15/1934	GNT02933300	9/30/2005-00315-0042
DIAGNOSIS	CODES:	493.00	244.9	295.90	716.98		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254881	1	S5125		07/29/13	07/29/13	32.00	126.08	
254881	2	S5125		07/30/13	07/30/13	32.00	126.08	
254881	3	S5125		07/31/13	07/31/13	32.00	126.08	
					CLAIM TOTAL		378.24	CLAIM ACCOUNT REF. 2548810012011777SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011777	2011777	ROMAN, GLADYS	09/15/1934	GNT02933300	9/30/2005-00315-0043
DIAGNOSIS	CODES:	493.00	244.9	295.90	716.98		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254882	1	S5125		08/01/13	08/01/13	32.00	126.08	
254882	2	S5125		08/02/13	08/02/13	32.00	126.08	
254882	3	S5125		08/03/13	08/03/13	32.00	126.08	
254882	4	S5125		08/04/13	08/04/13	32.00	126.08	
254882	5	S5125		08/05/13	08/05/13	32.00	126.08	
254882	6	S5125		08/06/13	08/06/13	32.00	126.08	
254882	7	S5125		08/07/13	08/07/13	32.00	126.08	
254882	8	S5125		08/08/13	08/08/13	32.00	126.08	
254882	9	S5125		08/09/13	08/09/13	32.00	126.08	
					CLAIM TOTAL		1,134.72	CLAIM ACCOUNT REF. 2548820012011777SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011781 2011781 THEN, MARIA 02/12/1942 GNT04429300 10/27/2008-00334-0090
DIAGNOSIS CODES: 585.6 250.93 401.9 428.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254898	1	S5125		08/05/13	08/05/13	36.00	141.84	
254898	2	S5125		08/06/13	08/06/13	12.00	47.28	
254898	3	S5125		08/07/13	08/07/13	36.00	141.84	
254898	4	S5125		08/08/13	08/08/13	12.00	47.28	
254898	5	S5125		08/09/13	08/09/13	36.00	141.84	
					CLAIM TOTAL	520.08		CLAIM ACCOUNT REF. 2548980012011781SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011782 2011782 THERMOSY, MARIE P 06/10/1917 GNT02791600 6/23/2005-00052-0045
DIAGNOSIS CODES: 369.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254899	1	S5125		08/03/13	08/03/13	20.00	78.80	
254899	2	S5125		08/05/13	08/05/13	32.00	126.08	
254899	3	S5125		08/06/13	08/06/13	32.00	126.08	
254899	4	S5125		08/07/13	08/07/13	32.00	126.08	
254899	5	S5125		08/08/13	08/08/13	32.00	126.08	
254899	6	S5125		08/09/13	08/09/13	32.00	126.08	
					CLAIM TOTAL	709.20		CLAIM ACCOUNT REF. 2548990012011782SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011783 2011783 VARGAS, ALCIBIADES 07/06/1918 GNT00492400 12/5/2003-00041-0044
DIAGNOSIS CODES: 715.00 401.9 530.81 696.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254904	1	T1019		08/03/13	08/03/13	20.00	78.80	
254904	2	T1019		08/04/13	08/04/13	20.00	78.80	
254904	3	T1019		08/05/13	08/05/13	20.00	78.80	
254904	4	T1019		08/06/13	08/06/13	20.00	78.80	
254904	5	T1019		08/07/13	08/07/13	20.00	78.80	
254904	6	T1019		08/08/13	08/08/13	20.00	78.80	
254904	7	T1019		08/09/13	08/09/13	20.00	78.80	
					CLAIM TOTAL	551.60		CLAIM ACCOUNT REF. 2549040012011783SUP

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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011787 2011787 SANTIAGO, ARMINDA 05/19/1932 GNT02860500 7/26/2005-00146-0054
DIAGNOSIS CODES: 253.5 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254890	1	T1019		08/05/13	08/05/13	16.00	63.04
254890	2	T1019		08/06/13	08/06/13	16.00	63.04
254890	3	T1019		08/07/13	08/07/13	16.00	63.04
254890	4	T1019		08/08/13	08/08/13	16.00	63.04
254890	5	T1019		08/09/13	08/09/13	16.00	63.04
CLAIM TOTAL							315.20

CLAIM ACCOUNT REF. 2548900012011787SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011788 2011788 SANTIAGO, VICTORIO 11/18/1941 93701469700 8/30/2012-00607-0005
DIAGNOSIS CODES: 401.9 244.9 272.4 715.93

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254892	1	T1019 TT		08/05/13	08/05/13	16.00	67.04
254892	2	T1019 TT		08/06/13	08/06/13	16.00	67.04
254892	3	T1019 TT		08/07/13	08/07/13	16.00	67.04
254892	4	T1019 TT		08/08/13	08/08/13	16.00	67.04
254892	5	T1019 TT		08/09/13	08/09/13	16.00	67.04
CLAIM TOTAL							335.20

CLAIM ACCOUNT REF. 2548920012011788SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011797 2011797 CARTAGENA, LUZ 10/05/1948 GNT00039700 2/1/2012-01193-0008
DIAGNOSIS CODES: 369.9 272.4 300.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254766	1	T1019		08/05/13	08/05/13	20.00	78.80
CLAIM TOTAL							78.80

CLAIM ACCOUNT REF. 2547660012011797SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011798 2011798 CUCALON, INES 04/20/1926 GNT05761000 6/28/2012-00905-0011
DIAGNOSIS CODES: 331.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254773	1	S5125		08/03/13	08/03/13	32.00	126.08
254773	2	S5125		08/04/13	08/04/13	32.00	126.08
254773	3	S5125		08/05/13	08/05/13	44.00	173.36
254773	4	S5125		08/06/13	08/06/13	44.00	173.36
254773	5	S5125		08/07/13	08/07/13	44.00	173.36
CLAIM TOTAL							772.24

CLAIM ACCOUNT REF. 2547730012011798SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011800 2011800 FRANCIS, VICTORIA 11/22/1924 GNT03398100 9/26/2006-00356-0042
DIAGNOSIS CODES: 290.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254794	1	S5125		08/03/13	08/03/13	28.00	110.32
254794	2	S5125		08/05/13	08/05/13	28.00	110.32
254794	3	S5125		08/06/13	08/06/13	28.00	110.32
254794	4	S5125		08/07/13	08/07/13	28.00	110.32
254794	5	S5125		08/08/13	08/08/13	28.00	110.32
254794	6	S5125		08/09/13	08/09/13	28.00	110.32
CLAIM TOTAL						661.92	CLAIM ACCOUNT REF. 2547940012011800SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011801 2011801 GARCIA2, MARIA A 09/09/1930 GNT02860800 8/10/2012-00011-0007
DIAGNOSIS CODES: 250.00 244.9 272.4 311. 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254796	1	S5125		08/03/13	08/03/13	28.00	110.32
254796	2	S5125		08/04/13	08/04/13	28.00	110.32
254796	3	S5125		08/05/13	08/05/13	28.00	110.32
254796	4	S5125		08/06/13	08/06/13	28.00	110.32
254796	5	S5125		08/07/13	08/07/13	28.00	110.32
254796	6	S5125		08/08/13	08/08/13	28.00	110.32
254796	7	S5125		08/09/13	08/09/13	28.00	110.32
CLAIM TOTAL						772.24	CLAIM ACCOUNT REF. 2547960012011801SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011821 2011821 GONZALEZ, CARMEN 08/15/1948 GNT0098100 12/20/2003-00011-0062
DIAGNOSIS CODES: 138.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254799	1	S5125		08/05/13	08/05/13	16.00	63.04
254799	2	S5125		08/06/13	08/06/13	15.00	59.10
254799	3	S5125		08/08/13	08/08/13	16.00	63.04
254799	4	S5125		08/09/13	08/09/13	16.00	63.04
CLAIM TOTAL						248.22	CLAIM ACCOUNT REF. 2547990012011821SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011822 2011822 GREAVES, BARBARA 08/15/1945 GNT03748500 3/26/2012-00496-0006
DIAGNOSIS CODES: 436. 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254800	1	T1019		08/05/13	08/05/13	16.00	63.04

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254800	2	T1019		08/07/13	08/07/13	14.00	55.16	
254800	3	T1019		08/09/13	08/09/13	16.00	63.04	
						CLAIM TOTAL	181.24	CLAIM ACCOUNT REF. 2548000012011822SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011841 2011841 SANTANA, OCTAVIO 12/03/1934 GNT00231600 12/5/2003-00017-0065
DIAGNOSIS CODES: 717.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254889	1	T1019		08/05/13	08/05/13	20.00	78.80	
254889	2	T1019		08/06/13	08/06/13	20.00	78.80	
254889	3	T1019		08/07/13	08/07/13	20.00	78.80	
254889	4	T1019		08/08/13	08/08/13	20.00	78.80	
254889	5	T1019		08/09/13	08/09/13	20.00	78.80	
						CLAIM TOTAL	394.00	CLAIM ACCOUNT REF. 2548890012011841SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011844 2011844 MONTES, ADOLFO 05/31/1930 GNT02561100 10/27/2004-00028-0054
DIAGNOSIS CODES: 250.70 331.0 365.9 436.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254834	1	S5125		08/03/13	08/03/13	24.00	94.56	
254834	2	S5125		08/04/13	08/04/13	24.00	94.56	
254834	3	S5125		08/05/13	08/05/13	24.00	94.56	
254834	4	S5125		08/06/13	08/06/13	24.00	94.56	
254834	5	S5125		08/07/13	08/07/13	24.00	94.56	
254834	6	S5125		08/08/13	08/08/13	24.00	94.56	
254834	7	S5125		08/09/13	08/09/13	24.00	94.56	
						CLAIM TOTAL	661.92	CLAIM ACCOUNT REF. 2548340012011844SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011845 2011845 LUGO, DOLORES 12/19/1928 93702878100 9/13/2010-00502-0023
DIAGNOSIS CODES: 253.5 272.4 401.9 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254824	1	S5125		08/06/13	08/06/13	16.00	63.04	
254824	2	S5125		08/08/13	08/08/13	16.00	63.04	
						CLAIM TOTAL	126.08	CLAIM ACCOUNT REF. 2548240012011845SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011846 2011846 ZARAGOZA, ISABEL 07/14/1933 GNT06005500 2/27/2012-00405-0009
DIAGNOSIS CODES: 781.2 244.9 272.4 401.9 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254917	1	S5125		08/05/13	08/05/13	32.00	126.08
254917	2	S5125		08/06/13	08/06/13	32.00	126.08
254917	3	S5125		08/07/13	08/07/13	32.00	126.08
254917	4	S5125		08/08/13	08/08/13	32.00	126.08
254917	5	S5125		08/09/13	08/09/13	32.00	126.08
CLAIM TOTAL							630.40
							CLAIM ACCOUNT REF. 2549170012011846SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011847 2011847 RAMOS, CECILIA 08/06/1922 GNT00206000 1/27/2010-00192-0021
DIAGNOSIS CODES: 401.9 188.9 244.9 272.4 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254864	1	S5125		08/03/13	08/03/13	32.00	126.08
254864	2	S5125		08/04/13	08/04/13	32.00	126.08
254864	3	S5125		08/05/13	08/05/13	40.00	157.60
254864	4	S5125		08/06/13	08/06/13	40.00	157.60
254864	5	S5125		08/07/13	08/07/13	40.00	157.60
254864	6	S5125		08/08/13	08/08/13	40.00	157.60
254864	7	S5125		08/09/13	08/09/13	40.00	157.60
CLAIM TOTAL							1,040.16
							CLAIM ACCOUNT REF. 2548640012011847SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011848 2011848 LANZILOTTA, ROSA 06/05/1925 93702509600 3/10/2010-00013-0030
DIAGNOSIS CODES: 733.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254818	1	S5125		08/03/13	08/03/13	16.00	63.04
254818	2	S5125		08/04/13	08/04/13	16.00	63.04
254818	3	S5125		08/05/13	08/05/13	31.00	122.14
254818	4	S5125		08/07/13	08/07/13	32.00	126.08
254818	5	S5125		08/08/13	08/08/13	32.00	126.08
254818	6	S5125		08/09/13	08/09/13	32.00	126.08
CLAIM TOTAL							626.46
							CLAIM ACCOUNT REF. 2548180012011848SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011851 2011851 SANTIAGO, ILIA 11/16/1924 GNT02886300 5/27/2011-00318-0012
DIAGNOSIS CODES: 436. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254891	1	S5125		08/03/13	08/03/13	32.00	126.08
254891	2	S5125		08/04/13	08/04/13	32.00	126.08
254891	3	S5125		08/05/13	08/05/13	32.00	126.08
254891	4	S5125		08/06/13	08/06/13	32.00	126.08
254891	5	S5125		08/07/13	08/07/13	32.00	126.08
254891	6	S5125		08/08/13	08/08/13	32.00	126.08
254891	7	S5125		08/09/13	08/09/13	32.00	126.08
CLAIM TOTAL							882.56
CLAIM ACCOUNT REF.							2548910012011851SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011852 2011852 FERNANDEZ, FELIX 11/20/1935 GNT04997300 8/27/2010-00570-0017
DIAGNOSIS CODES: 715.00 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254791	1	S5125		08/05/13	08/05/13	16.00	63.04
254791	2	S5125		08/06/13	08/06/13	16.00	63.04
CLAIM TOTAL							126.08
CLAIM ACCOUNT REF.							2547910012011852SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011854 2011854 LOPEZ, CARMEN 12/05/1929 GNT02469800 7/26/2004-00050-0050
DIAGNOSIS CODES: 331.0 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254821	1	S5125		08/03/13	08/03/13	22.00	86.68
254821	2	S5125		08/04/13	08/04/13	24.00	94.56
254821	3	S5125		08/05/13	08/05/13	22.00	86.68
254821	4	S5125		08/06/13	08/06/13	26.00	102.44
254821	5	S5125		08/07/13	08/07/13	28.00	110.32
254821	6	S5125		08/08/13	08/08/13	28.00	110.32
254821	7	S5125		08/09/13	08/09/13	28.00	110.32
CLAIM TOTAL							701.32
CLAIM ACCOUNT REF.							2548210012011854SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011855 2011855 JONES, LUCILLE 02/05/1925 GNT04367400 1/6/2009-00489-0024
DIAGNOSIS CODES: 715.00 401.9 783.21

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254816	1	T1019		08/05/13	08/05/13	16.00	63.04
254816	2	T1019		08/07/13	08/07/13	16.00	63.04

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254816	3	T1019		08/09/13	08/09/13	16.00	63.04	
					CLAIM TOTAL		189.12	CLAIM ACCOUNT REF. 2548160012011855SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011860	2011860	MOYA, MARINA	11/25/1914	GNT02982600	11/28/2005-00193-0063
DIAGNOSIS CODES: 716.90							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254838	1	S5125		08/03/13	08/03/13	20.00	78.80	
254838	2	S5125		08/04/13	08/04/13	20.00	78.80	
254838	3	S5125		08/05/13	08/05/13	24.00	94.56	
254838	4	S5125		08/06/13	08/06/13	24.00	94.56	
254838	5	S5125		08/07/13	08/07/13	24.00	94.56	
254838	6	S5125		08/08/13	08/08/13	24.00	94.56	
254838	7	S5125		08/09/13	08/09/13	24.00	94.56	
					CLAIM TOTAL		630.40	CLAIM ACCOUNT REF. 2548380012011860SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011861	2011861	TORRES, JUANITA	06/21/1931	GNT03848300	9/26/2007-00282-0074
DIAGNOSIS CODES: 715.00 272.4 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254901	1	T1019		08/04/13	08/04/13	24.00	94.56	
254901	2	T1019		08/05/13	08/05/13	32.00	126.08	
254901	3	T1019		08/06/13	08/06/13	32.00	126.08	
254901	4	T1019		08/07/13	08/07/13	32.00	126.08	
254901	5	T1019		08/08/13	08/08/13	32.00	126.08	
					CLAIM TOTAL		598.88	CLAIM ACCOUNT REF. 2549010012011861SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011862	2011862	VENTURA, DAISY	03/02/1951	GNT04421500	3/28/2012-00715-0007
DIAGNOSIS CODES: 311.							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254908	1	T1019		08/05/13	08/05/13	20.00	78.80	
254908	2	T1019		08/06/13	08/06/13	20.00	78.80	
254908	3	T1019		08/07/13	08/07/13	20.00	78.80	
254908	4	T1019		08/08/13	08/08/13	20.00	78.80	
254908	5	T1019		08/09/13	08/09/13	20.00	78.80	
					CLAIM TOTAL		394.00	CLAIM ACCOUNT REF. 2549080012011862SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011863 2011863 OLMO, GLORIA 04/20/1923 GNT03506500 11/28/2006-00378-0048
DIAGNOSIS CODES: 250.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254847	1	S5125		08/03/13	08/03/13	16.00	63.04
254847	2	S5125		08/04/13	08/04/13	16.00	63.04
254847	3	S5125		08/05/13	08/05/13	16.00	63.04
254847	4	S5125		08/06/13	08/06/13	16.00	63.04
254847	5	S5125		08/07/13	08/07/13	16.00	63.04
254847	6	S5125		08/08/13	08/08/13	16.00	63.04
254847	7	S5125		08/09/13	08/09/13	16.00	63.04
CLAIM TOTAL							441.28
CLAIM ACCOUNT REF.							2548470012011863SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011864 2011864 IGLESIAS, JUANA 09/23/1918 GNT00117600 12/9/2003-00125-0096
DIAGNOSIS CODES: 331.82

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254809	1	S5125		08/03/13	08/03/13	96.00	378.24
254809	2	S5125		08/04/13	08/04/13	96.00	378.24
254809	3	S5125		08/05/13	08/05/13	96.00	378.24
254809	4	S5125		08/06/13	08/06/13	96.00	378.24
254809	5	S5125		08/07/13	08/07/13	96.00	378.24
254809	6	S5125		08/08/13	08/08/13	96.00	378.24
254809	7	S5125		08/09/13	08/09/13	96.00	378.24
CLAIM TOTAL							2,647.68
CLAIM ACCOUNT REF.							2548090012011864SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011866 2011866 FELIPE, ROSA 12/13/1930 GNT02393600 4/26/2004-00011-0047
DIAGNOSIS CODES: 716.90 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254789	1	S5125		08/03/13	08/03/13	16.00	63.04
254789	2	S5125		08/04/13	08/04/13	16.00	63.04
254789	3	S5125		08/05/13	08/05/13	16.00	63.04
254789	4	S5125		08/06/13	08/06/13	16.00	63.04
254789	5	S5125		08/07/13	08/07/13	16.00	63.04
254789	6	S5125		08/08/13	08/08/13	16.00	63.04
254789	7	S5125		08/09/13	08/09/13	16.00	63.04
CLAIM TOTAL							441.28
CLAIM ACCOUNT REF.							2547890012011866SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011871 2011871 OJEDA, SARA 10/14/1939 GNT02646000 7/27/2006-00037-0058
DIAGNOSIS CODES: 331.0 250.02

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254846	1	S5125		08/03/13	08/03/13	22.00	86.68
254846	2	S5125		08/04/13	08/04/13	24.00	94.56
254846	3	S5125		08/05/13	08/05/13	40.00	157.60
254846	4	S5125		08/06/13	08/06/13	40.00	157.60
254846	5	S5125		08/07/13	08/07/13	40.00	157.60
254846	6	S5125		08/08/13	08/08/13	40.00	157.60
254846	7	S5125		08/09/13	08/09/13	40.00	157.60
CLAIM TOTAL							969.24
CLAIM ACCOUNT REF.							2548460012011871SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011912 2011912 CANINO, CARMEN 12/06/1941 GNT0279200 5/26/2005-00169-0070
DIAGNOSIS CODES: 715.00 250.00 401.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254764	1	S5125		08/03/13	08/03/13	16.00	63.04
254764	2	S5125		08/04/13	08/04/13	16.00	63.04
254764	3	S5125		08/05/13	08/05/13	24.00	94.56
254764	4	S5125		08/06/13	08/06/13	24.00	94.56
254764	5	S5125		08/07/13	08/07/13	24.00	94.56
254764	6	S5125		08/08/13	08/08/13	24.00	94.56
254764	7	S5125		08/09/13	08/09/13	24.00	94.56
CLAIM TOTAL							598.88
CLAIM ACCOUNT REF.							2547640012011912SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011913 2011913 PATTERSON, RUMELLA 04/29/1939 GNT02544200 10/28/2004-00029-0058
DIAGNOSIS CODES: 443.9 250.00 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254855	1	S5125		08/05/13	08/05/13	16.00	63.04
254855	2	S5125		08/06/13	08/06/13	16.00	63.04
254855	3	S5125		08/07/13	08/07/13	16.00	63.04
254855	4	S5125		08/09/13	08/09/13	16.00	63.04
CLAIM TOTAL							252.16
CLAIM ACCOUNT REF.							2548550012011913SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011953 2011953 DE LA CRUZ, AGUSTINA 08/28/1935 GNT030536 2/1/2006-00399-0072
DIAGNOSIS CODES: 716.50

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254775	1	S5125		08/03/13	08/03/13	14.00	55.16
254775	2	S5125		08/04/13	08/04/13	16.00	63.04
254775	3	S5125		08/05/13	08/05/13	22.00	86.68
254775	4	S5125		08/06/13	08/06/13	22.00	86.68
254775	5	S5125		08/07/13	08/07/13	22.00	86.68
254775	6	S5125		08/08/13	08/08/13	22.00	86.68
254775	7	S5125		08/09/13	08/09/13	22.00	86.68
CLAIM TOTAL							551.60
							CLAIM ACCOUNT REF. 2547750012011953SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011957 2011957 MARRERO, PHILLIP 07/16/1945 GNT00157200 6/21/2012-00200-0005
DIAGNOSIS CODES: 314.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254827	1	S5126		08/03/13	08/03/13	1.00	200.00
254827	2	S5126		08/04/13	08/04/13	1.00	200.00
254827	3	S5126		08/05/13	08/05/13	1.00	200.00
254827	4	S5126		08/06/13	08/06/13	1.00	200.00
254827	5	S5126		08/07/13	08/07/13	1.00	200.00
254827	6	S5126		08/08/13	08/08/13	1.00	200.00
254827	7	S5126		08/09/13	08/09/13	1.00	200.00
CLAIM TOTAL							1,400.00
							CLAIM ACCOUNT REF. 2548270012011957SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011960 2011960 BUSTAMANTE, GABRIEL 07/08/1938 93702523200 1/8/2010-00120-0019
DIAGNOSIS CODES: 250.00 428.0 716.98

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254761	1	S5125		08/03/13	08/03/13	18.00	70.92
254761	2	S5125		08/05/13	08/05/13	20.00	78.80
254761	3	S5125		08/06/13	08/06/13	20.00	78.80
254761	4	S5125		08/07/13	08/07/13	20.00	78.80
254761	5	S5125		08/08/13	08/08/13	20.00	78.80
254761	6	S5125		08/09/13	08/09/13	20.00	78.80
CLAIM TOTAL							464.92
							CLAIM ACCOUNT REF. 2547610012011960SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011967 2011967 MORALES, MARGARITA 11/10/1950 GNT02797600 5/31/2005-00081-0046
DIAGNOSIS CODES: 715.90 401.9 493.92 753.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254837	1	T1019		08/05/13	08/05/13	20.00	78.80
254837	2	T1019		08/06/13	08/06/13	20.00	78.80
254837	3	T1019		08/07/13	08/07/13	20.00	78.80
254837	4	T1019		08/08/13	08/08/13	20.00	78.80
254837	5	T1019		08/09/13	08/09/13	20.00	78.80
CLAIM TOTAL							394.00

CLAIM ACCOUNT REF. 2548370012011967SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011978 2011978 CAQUIAS, LILLIAN 01/11/1936 GNT02965400 10/31/2005-00141-0049
DIAGNOSIS CODES: 443.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254765	1	S5125		08/05/13	08/05/13	16.00	63.04
254765	2	S5125		08/09/13	08/09/13	16.00	63.04
CLAIM TOTAL							126.08

CLAIM ACCOUNT REF. 2547650012011978SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011979 2011979 BERRY, LEONOR 11/14/1934 GNT03239600 6/28/2006-00039-0046
DIAGNOSIS CODES: 331.7 244.9 272.4 369.60 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254759	1	S5125		08/03/13	08/03/13	32.00	126.08
254759	2	S5125		08/04/13	08/04/13	32.00	126.08
254759	3	S5125		08/05/13	08/05/13	32.00	126.08
254759	4	S5125		08/06/13	08/06/13	32.00	126.08
CLAIM TOTAL							504.32

CLAIM ACCOUNT REF. 2547590012011979SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011980 2011980 IRIZARRY, ESTRELLA 05/16/1927 GNT02485000 7/26/2004-00047-0058
DIAGNOSIS CODES: 716.90 250.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254811	1	S5125		07/15/13	07/15/13	20.00	78.80
254811	2	S5125		07/17/13	07/17/13	20.00	78.80
254811	3	S5125		07/18/13	07/18/13	20.00	78.80
254811	4	S5125		07/19/13	07/19/13	20.00	78.80
254811	5	S5125		07/29/13	07/29/13	20.00	78.80
254811	6	S5125		07/30/13	07/30/13	20.00	78.80
254811	7	S5125		07/31/13	07/31/13	20.00	78.80

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254811	8	S5125		08/01/13	08/01/13	20.00	78.80
254811	9	S5125		08/03/13	08/03/13	20.00	78.80
254811	10	S5125		08/04/13	08/04/13	20.00	78.80
254811	11	S5125		08/05/13	08/05/13	20.00	78.80
254811	12	S5125		08/07/13	08/07/13	20.00	78.80
254811	13	S5125		08/08/13	08/08/13	20.00	78.80
254811	14	S5125		08/09/13	08/09/13	20.00	78.80
CLAIM TOTAL							1,103.20
CLAIM ACCOUNT REF.							2548110012011980SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011982	2011982	VEGA, ADELAIDA	12/16/1934	93702952000	11/3/2010-00278-0023
DIAGNOSIS	CODES:	715.09	272.4	401.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254907	1	S5126		08/03/13	08/03/13	1.00	200.00
254907	2	S5126		08/05/13	08/05/13	1.00	200.00
254907	3	S5126		08/06/13	08/06/13	1.00	200.00
254907	4	S5126		08/07/13	08/07/13	1.00	200.00
254907	5	S5126		08/08/13	08/08/13	1.00	200.00
254907	6	S5126		08/09/13	08/09/13	1.00	200.00
CLAIM TOTAL							1,200.00
CLAIM ACCOUNT REF.							2549070012011982SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011983	2011983	TOUSSAINT, MIGUEL	03/28/1936	93702919600	10/8/2010-00520-0018
DIAGNOSIS	CODES:	715.90				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254902	1	S5125		08/03/13	08/03/13	16.00	63.04
254902	2	S5125		08/04/13	08/04/13	16.00	63.04
254902	3	S5125		08/05/13	08/05/13	20.00	78.80
254902	4	S5125		08/06/13	08/06/13	20.00	78.80
254902	5	S5125		08/07/13	08/07/13	20.00	78.80
254902	6	S5125		08/08/13	08/08/13	20.00	78.80
254902	7	S5125		08/09/13	08/09/13	20.00	78.80
CLAIM TOTAL							520.08
CLAIM ACCOUNT REF.							2549020012011983SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011986	2011986	RUIZ, JAMES	05/04/1929	GNT00225800	12/26/2003-0008-0046
DIAGNOSIS	CODES:	362.01	250.00			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254884	1	S5125 TT		07/18/13	07/18/13	12.00	50.28
254884	2	S5125 TT		08/05/13	08/05/13	12.00	50.28

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254884	3	S5125	TT		08/06/13	08/06/13	12.00	50.28	
254884	4	S5125	TT		08/07/13	08/07/13	12.00	50.28	
254884	5	S5125	TT		08/08/13	08/08/13	12.00	50.28	
254884	6	S5125	TT		08/09/13	08/09/13	12.00	50.28	
						CLAIM TOTAL		301.68	CLAIM ACCOUNT REF. 2548840012011986SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011987	2011987	RUIZ, ROSA	11/30/1934	GNT00225900	12/26/2003-00009-0036
DIAGNOSIS CODES: 369.00							

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254885	1	S5125	TT		08/02/13	08/02/13	12.00	50.28	
254885	2	S5125	TT		08/05/13	08/05/13	12.00	50.28	
254885	3	S5125	TT		08/06/13	08/06/13	12.00	50.28	
254885	4	S5125	TT		08/07/13	08/07/13	12.00	50.28	
254885	5	S5125	TT		08/08/13	08/08/13	12.00	50.28	
254885	6	S5125	TT		08/09/13	08/09/13	12.00	50.28	
						CLAIM TOTAL		301.68	CLAIM ACCOUNT REF. 2548850012011987SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011988	2011988	RIVERA, LIDIA	12/01/1942	GNT02751500	4/27/2005-00174-0048
DIAGNOSIS CODES: 294.8							

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254873	1	S5125			07/29/13	07/29/13	28.00	110.32	
254873	2	S5125			08/05/13	08/05/13	20.00	78.80	
254873	3	S5125			08/06/13	08/06/13	28.00	110.32	
254873	4	S5125			08/07/13	08/07/13	28.00	110.32	
254873	5	S5125			08/08/13	08/08/13	28.00	110.32	
254873	6	S5125			08/09/13	08/09/13	28.00	110.32	
						CLAIM TOTAL		630.40	CLAIM ACCOUNT REF. 2548730012011988SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011999	2011999	ORTIZ, LUISA	02/09/1921	GNT04429700	10/28/2008-00534-0045
DIAGNOSIS CODES: 715.90 401.9							

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254850	1	S5125			08/03/13	08/03/13	46.00	181.24	
254850	2	S5125			08/04/13	08/04/13	36.00	141.84	
						CLAIM TOTAL		323.08	CLAIM ACCOUNT REF. 2548500012011999SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012000 2012000 GARCIA, LUCILA 11/01/1935 GNT02564500 10/25/2004-00009-0076
DIAGNOSIS CODES: 438.85 250.31 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254795	1	S5125		08/06/13	08/06/13	28.00	110.32
254795	2	S5125		08/07/13	08/07/13	28.00	110.32
254795	3	S5125		08/08/13	08/08/13	28.00	110.32
254795	4	S5125		08/09/13	08/09/13	28.00	110.32
CLAIM TOTAL							441.28
CLAIM ACCOUNT REF.							2547950012012000SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012001 2012001 REYES, MILAGROS 05/05/1957 GNT00210100 5/28/2010-00011-0033
DIAGNOSIS CODES: 319. 244.9 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254869	1	T1019 TT		08/03/13	08/03/13	24.00	100.56
254869	2	T1019 TT		08/04/13	08/04/13	24.00	100.56
254869	3	T1019 TT		08/05/13	08/05/13	24.00	100.56
254869	4	T1019 TT		08/06/13	08/06/13	24.00	100.56
254869	5	T1019 TT		08/07/13	08/07/13	24.00	100.56
254869	6	T1019 TT		08/08/13	08/08/13	24.00	100.56
254869	7	T1019 TT		08/09/13	08/09/13	24.00	100.56
CLAIM TOTAL							703.92
CLAIM ACCOUNT REF.							2548690012012001SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012018 2012018 LUNA, ELDA 06/21/1945 GNT06614700 11/30/2012-00607-0004
DIAGNOSIS CODES: 714.0 285.8 733.00 780.96

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254825	1	T1019		08/03/13	08/03/13	16.00	63.04
254825	2	T1019		08/05/13	08/05/13	24.00	94.56
254825	3	T1019		08/06/13	08/06/13	24.00	94.56
254825	4	T1019		08/07/13	08/07/13	24.00	94.56
254825	5	T1019		08/08/13	08/08/13	24.00	94.56
254825	6	T1019		08/09/13	08/09/13	24.00	94.56
CLAIM TOTAL							535.84
CLAIM ACCOUNT REF.							2548250012012018SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012026 2012026 ESTEVEZ, JULIO M 07/04/1955 GNT04657700 9/7/2012-00083-0011
DIAGNOSIS CODES: 428.9 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254786	1	S5125		07/30/13	07/30/13	16.00	63.04

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254786	2	S5125		08/05/13	08/05/13	24.00	94.56
254786	3	S5125		08/06/13	08/06/13	16.00	63.04
254786	4	S5125		08/07/13	08/07/13	23.00	90.62
254786	5	S5125		08/08/13	08/08/13	16.00	63.04
254786	6	S5125		08/09/13	08/09/13	24.00	94.56
CLAIM TOTAL							468.86
CLAIM ACCOUNT REF.							2547860012012026SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012037 2012037 GUERRA, MAYRA 01/24/1958 GNT02427000 7/30/2012-00572-0015
DIAGNOSIS CODES: 716.90 311. 493.90 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254803	1	T1019		08/05/13	08/05/13	24.00	94.56
254803	2	T1019		08/06/13	08/06/13	32.00	126.08
254803	3	T1019		08/07/13	08/07/13	24.00	94.56
254803	4	T1019		08/08/13	08/08/13	24.00	94.56
254803	5	T1019		08/09/13	08/09/13	24.00	94.56
CLAIM TOTAL							504.32
CLAIM ACCOUNT REF.							2548030012012037SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012056 2012056 RODRIGUEZ, JUAN 11/04/1920 93702665700 4/15/2010-00429-0019
DIAGNOSIS CODES: 290.40 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254877	1	S5125		08/03/13	08/03/13	24.00	94.56
254877	2	S5125		08/04/13	08/04/13	24.00	94.56
254877	3	S5125		08/05/13	08/05/13	28.00	110.32
254877	4	S5125		08/06/13	08/06/13	28.00	110.32
254877	5	S5125		08/07/13	08/07/13	28.00	110.32
254877	6	S5125		08/08/13	08/08/13	28.00	110.32
254877	7	S5125		08/09/13	08/09/13	28.00	110.32
CLAIM TOTAL							740.72
CLAIM ACCOUNT REF.							2548770012012056SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012059 2012059 CHICO, ANA 03/15/1957 GNT02386300 3/19/2013-00932-0002
DIAGNOSIS CODES: 295.72

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254769	1	S5125 TT		08/03/13	08/03/13	12.00	50.28
254769	2	S5125 TT		08/04/13	08/04/13	12.00	50.28
254769	3	S5125 TT		08/05/13	08/05/13	12.00	50.28
254769	4	S5125 TT		08/06/13	08/06/13	12.00	50.28
254769	5	S5125 TT		08/07/13	08/07/13	12.00	50.28

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254769	6	S5125	TT		08/08/13	08/08/13	12.00	50.28	
254769	7	S5125	TT		08/09/13	08/09/13	12.00	50.28	
CLAIM TOTAL								351.96	CLAIM ACCOUNT REF. 2547690012012059SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012060	2012060	COLON, MARIA	05/10/1925	GNT05960000	2/1/2012-01191-0017
DIAGNOSIS CODES: 331.0 401.9 733.00							

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254771	1	S5125			08/03/13	08/03/13	16.00	63.04	
254771	2	S5125			08/04/13	08/04/13	16.00	63.04	
254771	3	S5125			08/05/13	08/05/13	48.00	189.12	
254771	4	S5125			08/06/13	08/06/13	48.00	189.12	
254771	5	S5125			08/07/13	08/07/13	48.00	189.12	
254771	6	S5125			08/08/13	08/08/13	48.00	189.12	
254771	7	S5125			08/09/13	08/09/13	48.00	189.12	
CLAIM TOTAL								1,071.68	CLAIM ACCOUNT REF. 2547710012012060SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012061	2012061	ENCARNANCION, MARTIN	05/07/1965	GNT04160000	8/5/2008-00305-0021
DIAGNOSIS CODES: 294.9							

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254783	1	T1019	TT		08/05/13	08/05/13	12.00	50.28	
254783	2	T1019	TT		08/06/13	08/06/13	12.00	50.28	
254783	3	T1019	TT		08/08/13	08/08/13	12.00	50.28	
254783	4	T1019	TT		08/09/13	08/09/13	12.00	50.28	
CLAIM TOTAL								201.12	CLAIM ACCOUNT REF. 2547830012012061SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012062	2012062	LOZADA, RAMON	12/17/1946	GNT00424300	3/23/2012-00756-0013
DIAGNOSIS CODES: 250.03 401.9 571.5 780.57							

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254823	1	T1019			08/03/13	08/03/13	24.00	94.56	
254823	2	T1019			08/05/13	08/05/13	24.00	94.56	
254823	3	T1019			08/06/13	08/06/13	24.00	94.56	
254823	4	T1019			08/07/13	08/07/13	16.00	63.04	
254823	5	T1019			08/08/13	08/08/13	24.00	94.56	
254823	6	T1019			08/09/13	08/09/13	24.00	94.56	
CLAIM TOTAL								535.84	CLAIM ACCOUNT REF. 2548230012012062SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012071 2012071 MORALES, ISIDRO 04/05/1923 GNT04846200 3/24/2010-00406-0021
DIAGNOSIS CODES: 715.00 250.00 272.2 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254836	1	S5125		08/03/13	08/03/13	24.00	94.56
254836	2	S5125		08/04/13	08/04/13	24.00	94.56
254836	3	S5125		08/05/13	08/05/13	24.00	94.56
254836	4	S5125		08/06/13	08/06/13	24.00	94.56
254836	5	S5125		08/07/13	08/07/13	15.00	59.10
254836	6	S5125		08/08/13	08/08/13	24.00	94.56
254836	7	S5125		08/09/13	08/09/13	24.00	94.56
CLAIM TOTAL							626.46
CLAIM ACCOUNT REF.							2548360012012071SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012073 2012073 PAGAN, ADRIEL 09/29/1931 GNT00189300 3/29/2012-00738-0006
DIAGNOSIS CODES: 331.0 244.9 253.5 369.3 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254852	1	T1019		08/03/13	08/03/13	40.00	157.60
254852	2	T1019		08/04/13	08/04/13	40.00	157.60
254852	3	T1019		08/05/13	08/05/13	40.00	157.60
254852	4	T1019		08/06/13	08/06/13	40.00	157.60
254852	5	T1019		08/07/13	08/07/13	40.00	157.60
254852	6	T1019		08/08/13	08/08/13	40.00	157.60
254852	7	T1019		08/09/13	08/09/13	40.00	157.60
CLAIM TOTAL							1,103.20
CLAIM ACCOUNT REF.							2548520012012073SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012077 2012077 WARD, ALTHEA 08/13/1956 93703608100 12/14/2011-00450-0016
DIAGNOSIS CODES: 715.09 250.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254911	1	S5125		08/05/13	08/05/13	8.00	31.52
254911	2	S5125		08/06/13	08/06/13	8.00	31.52
254911	3	S5125		08/07/13	08/07/13	8.00	31.52
CLAIM TOTAL							94.56
CLAIM ACCOUNT REF.							2549110012012077SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012077 2012079 WARD, ALTHEA 08/13/1956 93703608100 12/14/2011-00450-0016
DIAGNOSIS CODES: 715.09 250.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254912	1	S5131		08/03/13	08/03/13	16.00	58.40

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							58.40	2549120012012079SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012082	2012082	SANCHEZ, ESTERVINA	04/17/1936	GNT05030100	9/28/2010-00216-0015

DIAGNOSIS CODES: 714.0 250.00 272.2 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
254888	1	S5125		08/05/13	08/05/13	24.00	94.56	
254888	2	S5125		08/06/13	08/06/13	24.00	94.56	
254888	3	S5125		08/07/13	08/07/13	24.00	94.56	
254888	4	S5125		08/08/13	08/08/13	24.00	94.56	
254888	5	S5125		08/09/13	08/09/13	24.00	94.56	
						CLAIM TOTAL	472.80	2548880012012082SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012084	2012084	SANCHEZ, ANA MARIA	04/01/1925	GNT02386400	1/3/2013-00647-0004

DIAGNOSIS CODES: 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
254886	1	S5125	TT	08/03/13	08/03/13	28.00	117.32	
254886	2	S5125	TT	08/04/13	08/04/13	28.00	117.32	
254886	3	S5125	TT	08/05/13	08/05/13	20.00	83.80	
254886	4	S5125	TT	08/06/13	08/06/13	20.00	83.80	
254886	5	S5125	TT	08/07/13	08/07/13	20.00	83.80	
254886	6	S5125	TT	08/08/13	08/08/13	20.00	83.80	
254886	7	S5125	TT	08/09/13	08/09/13	20.00	83.80	
						CLAIM TOTAL	653.64	2548860012012084SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012091	2012091	VICTORIO, ROQUE	08/16/1928	GNT02618000	12/23/2004-00024-0111

DIAGNOSIS CODES: 332.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
254909	1	S5125		08/03/13	08/03/13	20.00	78.80	
254909	2	S5125		08/04/13	08/04/13	20.00	78.80	
254909	3	S5125		08/05/13	08/05/13	44.00	173.36	
254909	4	S5125		08/06/13	08/06/13	44.00	173.36	
254909	5	S5125		08/07/13	08/07/13	44.00	173.36	
254909	6	S5125		08/08/13	08/08/13	44.00	173.36	
254909	7	S5125		08/09/13	08/09/13	44.00	173.36	
						CLAIM TOTAL	1,024.40	2549090012012091SUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012112 2012112 ESTEVEZ, MARCIA 05/04/1942 GNT00342800 5/1/2007-00421-0035
DIAGNOSIS CODES: 369.3 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254787	1	S5125		08/03/13	08/03/13	24.00	94.56
254787	2	S5125		08/08/13	08/08/13	24.00	94.56
254787	3	S5125		08/09/13	08/09/13	24.00	94.56
CLAIM TOTAL						283.68	CLAIM ACCOUNT REF. 2547870012012112SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012113 2012113 REYES, DORILA 05/02/1929 GNT02461500 7/26/2004-00021-0068
DIAGNOSIS CODES: 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254867	1	T1030		08/06/13	08/06/13	8.00	720.00
254867	2	T1030		08/07/13	08/07/13	8.00	720.00
254867	3	T1030		08/08/13	08/08/13	8.00	720.00
254867	4	T1030		08/09/13	08/09/13	8.00	720.00
CLAIM TOTAL						2,880.00	CLAIM ACCOUNT REF. 2548670012012113SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012160 2012160 VARGAS, AUREA 01/16/1936 GNT0026740 11/7/2008-00560-0048
DIAGNOSIS CODES: 250.00 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254905	1	T1019 TT		08/03/13	08/03/13	20.00	83.80
254905	2	T1019 TT		08/04/13	08/04/13	20.00	83.80
254905	3	T1019 TT		08/05/13	08/05/13	20.00	83.80
254905	4	T1019 TT		08/06/13	08/06/13	20.00	83.80
254905	5	T1019 TT		08/07/13	08/07/13	20.00	83.80
254905	6	T1019 TT		08/08/13	08/08/13	20.00	83.80
254905	7	T1019 TT		08/09/13	08/09/13	20.00	83.80
CLAIM TOTAL						586.60	CLAIM ACCOUNT REF. 2549050012012160SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012164 2012164 CALDERON, JUSTINA 10/26/1929 GNT00036800 12/17/2003-00077-0066
DIAGNOSIS CODES: 250.00 401.9 493.90 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254763	1	S5125		08/03/13	08/03/13	40.00	157.60
254763	2	S5125		08/04/13	08/04/13	48.00	189.12
254763	3	S5125		08/05/13	08/05/13	48.00	189.12
254763	4	S5125		08/06/13	08/06/13	48.00	189.12

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254763	5	S5125		08/07/13	08/07/13	48.00	189.12	
254763	6	S5125		08/08/13	08/08/13	48.00	189.12	
254763	7	S5125		08/09/13	08/09/13	48.00	189.12	
CLAIM TOTAL							1,292.32	CLAIM ACCOUNT REF. 2547630012012164SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012168	2012168	VAZQUEZ 2, ROSA	12/05/1940	GNT00268900	12/5/2003-00042-0032
DIAGNOSIS CODES: 250.00 244.9 401.9 729.1							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254906	1	S5125		07/24/13	07/24/13	16.00	63.04	
254906	2	S5125		08/05/13	08/05/13	16.00	63.04	
254906	3	S5125		08/06/13	08/06/13	16.00	63.04	
254906	4	S5125		08/07/13	08/07/13	16.00	63.04	
254906	5	S5125		08/08/13	08/08/13	16.00	63.04	
254906	6	S5125		08/09/13	08/09/13	16.00	63.04	
CLAIM TOTAL							378.24	CLAIM ACCOUNT REF. 2549060012012168SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012182	2012182	RODRIGUEZ, LIDIA	10/13/1939	GNT03481200	11/29/2006-00339-0032
DIAGNOSIS CODES: 253.5 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254878	1	T1019		07/30/13	07/30/13	16.00	63.04	
254878	2	T1019		07/31/13	07/31/13	16.00	63.04	
CLAIM TOTAL							126.08	CLAIM ACCOUNT REF. 2548780012012182SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012182	2012182	RODRIGUEZ, LIDIA	10/13/1939	GNT03481200	11/29/2006-00339-0033
DIAGNOSIS CODES: 253.5 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254879	1	T1019		08/05/13	08/05/13	16.00	63.04	
254879	2	T1019		08/06/13	08/06/13	16.00	63.04	
254879	3	T1019		08/08/13	08/08/13	16.00	63.04	
CLAIM TOTAL							189.12	CLAIM ACCOUNT REF. 2548790012012182SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012185	2012185	DANIELS, MAGGIE	07/25/1932	GNT00057300	12/23/2003-00101-0049
DIAGNOSIS CODES: 369.00 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254774	1	S5125		08/05/13	08/05/13	12.00	47.28

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254774	2	S5125		08/07/13	08/07/13	12.00	47.28
254774	3	S5125		08/09/13	08/09/13	12.00	47.28
CLAIM TOTAL							141.84

CLAIM ACCOUNT REF. 2547740012012185SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012197 2012197 TORO, ROSARIO 02/15/1929 GNT00261000 12/19/2003-00064-0055
DIAGNOSIS CODES: 369.10 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254900	1	T1019		08/03/13	08/03/13	24.00	94.56
254900	2	T1019		08/04/13	08/04/13	24.00	94.56
254900	3	T1019		08/05/13	08/05/13	31.00	122.14
254900	4	T1019		08/06/13	08/06/13	32.00	126.08
254900	5	T1019		08/07/13	08/07/13	32.00	126.08
254900	6	T1019		08/08/13	08/08/13	32.00	126.08
254900	7	T1019		08/09/13	08/09/13	32.00	126.08
CLAIM TOTAL							815.58

CLAIM ACCOUNT REF. 2549000012012197SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012225 2012225 PATTERSON, SHYRLE 12/02/1956 GNT00191700 12/5/2003-00049-0078
DIAGNOSIS CODES: 401.9 250.03 272.0 493.00 530.11

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254856	1	S5125		07/24/13	07/24/13	28.00	110.32
254856	2	S5125		07/25/13	07/25/13	28.00	110.32
254856	3	S5125		07/27/13	07/27/13	28.00	110.32
254856	4	S5125		07/28/13	07/28/13	28.00	110.32
254856	5	S5125		08/03/13	08/03/13	28.00	110.32
254856	6	S5125		08/04/13	08/04/13	28.00	110.32
254856	7	S5125		08/05/13	08/05/13	28.00	110.32
254856	8	S5125		08/06/13	08/06/13	28.00	110.32
254856	9	S5125		08/07/13	08/07/13	28.00	110.32
254856	10	S5125		08/08/13	08/08/13	28.00	110.32
254856	11	S5125		08/09/13	08/09/13	28.00	110.32
CLAIM TOTAL							1,213.52

CLAIM ACCOUNT REF. 2548560012012225SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010983 2012309 IRIMIA, SIMONA 09/19/1938 GNT0360570 3/27/2007-00064-0041
DIAGNOSIS CODES: 714.0 244.9 428.0 719.7 786.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254810	1	T1019		08/03/13	08/03/13	32.00	126.08
254810	2	T1019		08/04/13	08/04/13	32.00	126.08

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254810	3	T1019		08/05/13	08/05/13	32.00	126.08
254810	4	T1019		08/06/13	08/06/13	24.00	94.56
254810	5	T1019		08/07/13	08/07/13	30.00	118.20
254810	6	T1019		08/08/13	08/08/13	32.00	126.08
254810	7	T1019		08/09/13	08/09/13	32.00	126.08
CLAIM TOTAL							843.16

CLAIM ACCOUNT REF. 2548100012012309SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012493 2012493 ESPINOZA, LUPE E 08/06/1929 GNT06559300 1/17/2013-00685-0005
DIAGNOSIS CODES: 331.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254785	1	T1019		07/14/13	07/14/13	28.00	110.32
254785	2	T1019		08/03/13	08/03/13	24.00	94.56
254785	3	T1019		08/05/13	08/05/13	28.00	110.32
254785	4	T1019		08/06/13	08/06/13	28.00	110.32
254785	5	T1019		08/07/13	08/07/13	28.00	110.32
254785	6	T1019		08/09/13	08/09/13	28.00	110.32
CLAIM TOTAL							646.16

CLAIM ACCOUNT REF. 2547850012012493SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2006651 2012496 ROJAS, HAYDEE 02/15/1935 GNT04856800 10/28/2010-00256-0025
DIAGNOSIS CODES: 952.9 365.9 366.00 782.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254880	1	S5125		08/03/13	08/03/13	16.00	63.04
254880	2	S5125		08/04/13	08/04/13	16.00	63.04
254880	3	S5125		08/05/13	08/05/13	20.00	78.80
254880	4	S5125		08/06/13	08/06/13	20.00	78.80
254880	5	S5125		08/07/13	08/07/13	20.00	78.80
254880	6	S5125		08/08/13	08/08/13	20.00	78.80
254880	7	S5125		08/09/13	08/09/13	20.00	78.80
CLAIM TOTAL							520.08

CLAIM ACCOUNT REF. 2548800012012496SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012602 2012602 ALVARADO, SARA E 07/15/1922 GNT03713600 6/28/2007-00019-0029
DIAGNOSIS CODES: 290.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254754	1	S5125		07/12/13	07/12/13	36.00	141.84
254754	2	S5125		08/03/13	08/03/13	47.00	185.18
254754	3	S5125		08/04/13	08/04/13	47.00	185.18
254754	4	S5125		08/05/13	08/05/13	48.00	189.12

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254754	5	S5125		08/06/13	08/06/13	48.00	189.12	
254754	6	S5125		08/07/13	08/07/13	48.00	189.12	
254754	7	S5125		08/08/13	08/08/13	48.00	189.12	
				CLAIM TOTAL		1,268.68		CLAIM ACCOUNT REF. 2547540012012602SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012606	2012606	GREENBAUM, MASAKO	12/27/1927	GNT06729200	1/31/2013-00806-0007
DIAGNOSIS	CODES:	331.0	493.91	733.09			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254801	1	S5125		08/03/13	08/03/13	48.00	189.12	
254801	2	S5125		08/04/13	08/04/13	44.00	173.36	
254801	3	S5125		08/05/13	08/05/13	48.00	189.12	
254801	4	S5125		08/06/13	08/06/13	48.00	189.12	
254801	5	S5125		08/07/13	08/07/13	36.00	141.84	
254801	6	S5125		08/08/13	08/08/13	47.00	185.18	
				CLAIM TOTAL		1,067.74		CLAIM ACCOUNT REF. 2548010012012606SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012627	2012710	REYES, DUNNY	04/28/1944	GNT06774000	2/27/2013-00264-0006
DIAGNOSIS	CODES:	332.0	294.20	401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254868	1	T1020		08/03/13	08/03/13	1.00	200.00	
254868	2	T1020		08/04/13	08/04/13	1.00	200.00	
254868	3	T1020		08/05/13	08/05/13	1.00	200.00	
254868	4	T1020		08/06/13	08/06/13	1.00	200.00	
254868	5	T1020		08/07/13	08/07/13	1.00	200.00	
254868	6	T1020		08/08/13	08/08/13	1.00	200.00	
254868	7	T1020		08/09/13	08/09/13	1.00	200.00	
				CLAIM TOTAL		1,400.00		CLAIM ACCOUNT REF. 2548680012012710SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011011	2012756	RICKS, WALTER	04/27/1940	GNT03856800	2/27/2013-01282-0001
DIAGNOSIS	CODES:	369.3	401.9	493.92 496.			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254870	1	S5125		08/05/13	08/05/13	28.00	110.32	
254870	2	S5125		08/06/13	08/06/13	28.00	110.32	
254870	3	S5125		08/07/13	08/07/13	28.00	110.32	
254870	4	S5125		08/08/13	08/08/13	28.00	110.32	
254870	5	S5125		08/09/13	08/09/13	28.00	110.32	
				CLAIM TOTAL		551.60		CLAIM ACCOUNT REF. 2548700012012756SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012758 2012758 JAIME, ROSALBA 05/27/1915 GNT03692000 5/25/2007-00094-0043
DIAGNOSIS CODES: 290.0 244.9 458.9 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254813	1	T1019		08/03/13	08/03/13	36.00	141.84
254813	2	T1019		08/05/13	08/05/13	36.00	141.84
254813	3	T1019		08/06/13	08/06/13	36.00	141.84
254813	4	T1019		08/07/13	08/07/13	36.00	141.84
254813	5	T1019		08/08/13	08/08/13	36.00	141.84
254813	6	T1019		08/09/13	08/09/13	36.00	141.84
CLAIM TOTAL							851.04
CLAIM ACCOUNT REF.							2548130012012758SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012759 2012759 LORUSSO, ANNA 01/25/1929 GNT06851500 3/1/2013-01282-0003
DIAGNOSIS CODES: 290.0 278.00 401.9 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254822	1	T1019		08/03/13	08/03/13	36.00	141.84
254822	2	T1019		08/04/13	08/04/13	36.00	141.84
254822	3	T1019		08/05/13	08/05/13	36.00	141.84
254822	4	T1019		08/06/13	08/06/13	36.00	141.84
254822	5	T1019		08/08/13	08/08/13	36.00	141.84
254822	6	T1019		08/09/13	08/09/13	36.00	141.84
CLAIM TOTAL							851.04
CLAIM ACCOUNT REF.							2548220012012759SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011050 2012778 TROISI, DELIA 12/30/1925 GNT06177500 7/26/2012-00651-0007
DIAGNOSIS CODES: 401.9 272.2 294.10 311. V15.88

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254903	1	T1019		08/05/13	08/05/13	32.00	126.08
254903	2	T1019		08/06/13	08/06/13	32.00	126.08
254903	3	T1019		08/07/13	08/07/13	32.00	126.08
254903	4	T1019		08/08/13	08/08/13	32.00	126.08
254903	5	T1019		08/09/13	08/09/13	32.00	126.08
CLAIM TOTAL							630.40
CLAIM ACCOUNT REF.							2549030012012778SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013017 2013017 SCHENK, ENI 12/04/1948 GNT06973400 3/28/2013-00322-0003
DIAGNOSIS CODES: 290.0 244.9 300.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254893	1	S5125		07/31/13	07/31/13	16.00	63.04

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254893	2	S5125		08/01/13	08/01/13	16.00	63.04	
254893	3	S5125		08/03/13	08/03/13	16.00	63.04	
254893	4	S5125		08/04/13	08/04/13	20.00	78.80	
254893	5	S5125		08/08/13	08/08/13	16.00	63.04	
254893	6	S5125		08/09/13	08/09/13	16.00	63.04	
				CLAIM TOTAL			394.00	CLAIM ACCOUNT REF. 2548930012013017SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013201	2013201	SCHNEIDER, RUTH	02/22/1936	07136300	4/30/2013-00656-0001
DIAGNOSIS	CODES:	369.00	401.9	715.90			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254894	1	T1019		08/03/13	08/03/13	32.00	126.08	
254894	2	T1019		08/04/13	08/04/13	32.00	126.08	
254894	3	T1019		08/05/13	08/05/13	32.00	126.08	
254894	4	T1019		08/06/13	08/06/13	32.00	126.08	
254894	5	T1019		08/07/13	08/07/13	32.00	126.08	
254894	6	T1019		08/08/13	08/08/13	32.00	126.08	
254894	7	T1019		08/09/13	08/09/13	32.00	126.08	
				CLAIM TOTAL			882.56	CLAIM ACCOUNT REF. 2548940012013201SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010770	2013206	ESCOBAR, MARIA	03/22/1923	GNT06986400	4/30/2013-00728-0002
DIAGNOSIS	CODES:	780.4	401.9				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254784	1	T1019		08/01/13	08/01/13	16.00	63.04	
254784	2	T1019		08/06/13	08/06/13	20.00	78.80	
254784	3	T1019		08/07/13	08/07/13	16.00	63.04	
254784	4	T1019		08/08/13	08/08/13	16.00	63.04	
				CLAIM TOTAL			267.92	CLAIM ACCOUNT REF. 2547840012013206SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013226	2013226	SWABY, CLARENCE	04/23/1921	93704635800	5/2/2013-00350-0001
DIAGNOSIS	CODES:	294.20	093.9	272.4 602.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254897	1	T1020		08/01/13	08/01/13	1.00	200.00	
254897	2	T1020		08/02/13	08/02/13	1.00	200.00	
254897	3	T1020		08/03/13	08/03/13	1.00	200.00	
254897	4	T1020		08/04/13	08/04/13	1.00	200.00	
254897	5	T1020		08/05/13	08/05/13	1.00	200.00	
254897	6	T1020		08/06/13	08/06/13	1.00	200.00	

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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PROVIDER ID = 113502051
PAYER ID = GUILD

SUNNYSIDE CITYWIDE
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254897	7	T1020		08/07/13	08/07/13	1.00	200.00	
254897	8	T1020		08/08/13	08/08/13	1.00	200.00	
254897	9	T1020		08/09/13	08/09/13	1.00	200.00	
CLAIM TOTAL							1,800.00	CLAIM ACCOUNT REF. 2548970012013226SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2013228	2013228 PAGLIA, CARMELA	03/08/1945	GNT06942100	5/1/2013-00108-0003
DIAGNOSIS	CODES:	278.00 429.9 715.89			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254853	1	S5125		08/05/13	08/05/13	24.00	94.56	
254853	2	S5125		08/06/13	08/06/13	24.00	94.56	
254853	3	S5125		08/07/13	08/07/13	24.00	94.56	
254853	4	S5125		08/08/13	08/08/13	24.00	94.56	
254853	5	S5125		08/09/13	08/09/13	24.00	94.56	
CLAIM TOTAL							472.80	CLAIM ACCOUNT REF. 2548530012013228SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2001032	2013256 ORTIZ, LAURA	07/04/1919	GNT03867300	7/9/2013-00458-0002
DIAGNOSIS	CODES:	733.00 401.9 719.7 362.51 365.9 716.90 486.			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254849	1	S5125		08/03/13	08/03/13	48.00	189.12	
254849	2	S5125		08/04/13	08/04/13	48.00	189.12	
254849	3	S5125		08/05/13	08/05/13	48.00	189.12	
254849	4	S5125		08/06/13	08/06/13	48.00	189.12	
254849	5	S5125		08/07/13	08/07/13	48.00	189.12	
254849	6	S5125		08/08/13	08/08/13	48.00	189.12	
254849	7	S5125		08/09/13	08/09/13	48.00	189.12	
CLAIM TOTAL							1,323.84	CLAIM ACCOUNT REF. 2548490012013256SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2006830	2013276 MARTINEZ 1, EMMA	05/09/1920	GNT05091300	3/30/2012-00070-0009
DIAGNOSIS	CODES:	331.0 365.9 715.90 733.00			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254829	1	T1019		08/03/13	08/03/13	20.00	78.80	
254829	2	T1019		08/05/13	08/05/13	48.00	189.12	
254829	3	T1019		08/07/13	08/07/13	48.00	189.12	
254829	4	T1019		08/08/13	08/08/13	48.00	189.12	
254829	5	T1019		08/09/13	08/09/13	48.00	189.12	
CLAIM TOTAL							835.28	CLAIM ACCOUNT REF. 2548290012013276SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013284 2013284 CASTANEDA, MIRIAM 10/11/1951 GNT06079700 5/23/2013-00357-0003
DIAGNOSIS CODES: 715.90 311. 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254767	1	S5125		08/03/13	08/03/13	24.00	94.56
254767	2	S5125		08/05/13	08/05/13	16.00	63.04
254767	3	S5125		08/06/13	08/06/13	16.00	63.04
254767	4	S5125		08/07/13	08/07/13	16.00	63.04
254767	5	S5125		08/08/13	08/08/13	16.00	63.04
254767	6	S5125		08/09/13	08/09/13	16.00	63.04
CLAIM TOTAL						409.76	CLAIM ACCOUNT REF. 2547670012013284SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013411 2013411 JORGE, ANA 02/07/1930 GNT07185600 6/4/2013-00485-0004
DIAGNOSIS CODES: 332.0 365.9 366.9 401.9 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254817	1	S5125		08/03/13	08/03/13	48.00	189.12
254817	2	S5125		08/04/13	08/04/13	48.00	189.12
254817	3	S5125		08/05/13	08/05/13	48.00	189.12
254817	4	S5125		08/06/13	08/06/13	48.00	189.12
254817	5	S5125		08/07/13	08/07/13	48.00	189.12
254817	6	S5125		08/08/13	08/08/13	48.00	189.12
254817	7	S5125		08/09/13	08/09/13	48.00	189.12
CLAIM TOTAL						1,323.84	CLAIM ACCOUNT REF. 2548170012013411SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013413 2013413 CABRERA, MARIELA 09/13/1932 GNT07154900 6/4/2013-00479-0001
DIAGNOSIS CODES: 715.90 138. 389.22 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254762	1	T1019		08/05/13	08/05/13	24.00	94.56
254762	2	T1019		08/06/13	08/06/13	24.00	94.56
254762	3	T1019		08/07/13	08/07/13	16.00	63.04
254762	4	T1019		08/08/13	08/08/13	24.00	94.56
254762	5	T1019		08/09/13	08/09/13	24.00	94.56
CLAIM TOTAL						441.28	CLAIM ACCOUNT REF. 2547620012013413SUP

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011491 2013551 RIVERA, RAMONITA 08/23/1943 GNT06231700 9/28/2012-00956-0009
DIAGNOSIS CODES: 785.9 244.9 245.2 272.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254874	1	S5125		08/07/13	08/07/13	16.00	63.04
CLAIM TOTAL							63.04
CLAIM ACCOUNT REF.							2548740012013551SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011963 2013553 ENCARNACION, LUZ 05/03/1934 GNT03902000 10/25/2010-0071-0026
DIAGNOSIS CODES: 715.90 253.5 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254782	1	T1019 TT		08/05/13	08/05/13	16.00	67.04
254782	2	T1019 TT		08/06/13	08/06/13	16.00	67.04
254782	3	T1019 TT		08/07/13	08/07/13	16.00	67.04
254782	4	T1019 TT		08/08/13	08/08/13	16.00	67.04
254782	5	T1019 TT		08/09/13	08/09/13	16.00	67.04
CLAIM TOTAL							335.20
CLAIM ACCOUNT REF.							2547820012013553SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2000600 2013590 FELICIANO, JOAN 10/17/1935 GNT04140800 1/30/2008-00551-0039
DIAGNOSIS CODES: 716.90 250.00 272.0 338.29 369.9 401.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254788	1	S5125		08/03/13	08/03/13	32.00	126.08
254788	2	S5125		08/04/13	08/04/13	32.00	126.08
254788	3	S5125		08/05/13	08/05/13	32.00	126.08
254788	4	S5125		08/06/13	08/06/13	32.00	126.08
254788	5	S5125		08/07/13	08/07/13	32.00	126.08
254788	6	S5125		08/08/13	08/08/13	28.00	110.32
254788	7	S5125		08/09/13	08/09/13	16.00	63.04
CLAIM TOTAL							803.76
CLAIM ACCOUNT REF.							2547880012013590SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013624 2013624 LARKIN, ANNIE 09/09/1928 GNT00419300 7/2/2013-00144-0001
DIAGNOSIS CODES: 715.00 244.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254819	1	S5125		08/05/13	08/05/13	16.00	63.04
254819	2	S5125		08/06/13	08/06/13	16.00	63.04
254819	3	S5125		08/07/13	08/07/13	16.00	63.04
254819	4	S5125		08/08/13	08/08/13	16.00	63.04
254819	5	S5125		08/09/13	08/09/13	16.00	63.04

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	315.20	2548190012013624SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2013639	2013639 YOUNUS, MOHAMMAD	11/13/1946	GNT07273500	7/3/2013-00137-0001
DIAGNOSIS	CODES:	250.00 311. 401.9 715.90			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
254916	1	S5125		08/06/13	08/06/13	15.00	59.10	
						CLAIM TOTAL	59.10	2549160012013639SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2013415	2013678 BATISTA, LUCILA	06/30/1930	GNT07265700	7/10/2013-00650-0001
DIAGNOSIS	CODES:	429.9 253.5 386.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
254756	1	T1019		06/10/13	06/10/13	16.00	63.04	
254756	2	T1019		08/07/13	08/07/13	16.00	63.04	
254756	3	T1019		08/09/13	08/09/13	16.00	63.04	
						CLAIM TOTAL	189.12	2547560012013678SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2013684	2013684 DIAZ, HILDA	04/04/1932	GNT07351600	7/9/2013-00177-0004
DIAGNOSIS	CODES:	V68.9 250.00 401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
254777	1	S5125		08/03/13	08/03/13	44.00	173.36	
254777	2	S5125		08/04/13	08/04/13	44.00	173.36	
254777	3	S5125		08/05/13	08/05/13	28.00	110.32	
254777	4	S5125		08/06/13	08/06/13	28.00	110.32	
254777	5	S5125		08/07/13	08/07/13	28.00	110.32	
254777	6	S5125		08/08/13	08/08/13	28.00	110.32	
						CLAIM TOTAL	788.00	2547770012013684SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2009960	2013799 FERRARA, ANN	07/27/1925	GNT05748600	2/27/2012-01098-0016
DIAGNOSIS	CODES:	290.0 311. 365.00 401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254792	1	S5126		08/03/13	08/03/13	1.00	200.00
254792	2	S5126		08/04/13	08/04/13	1.00	200.00
254792	3	S5126		08/05/13	08/05/13	1.00	200.00
254792	4	S5126		08/06/13	08/06/13	1.00	200.00
254792	5	S5126		08/08/13	08/08/13	1.00	200.00

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254792	6	S5126		08/09/13	08/09/13	1.00	200.00	
					CLAIM TOTAL		1,200.00	CLAIM ACCOUNT REF. 2547920012013799SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009984	2013808	PINILLA, VICTOR	03/23/1933	GNT05972000	3/2/2012-00173-0019
DIAGNOSIS	CODES:	294.10	272.2	401.9	780.4		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254860	1	S5125		08/03/13	08/03/13	36.00	141.84	
254860	2	S5125		08/04/13	08/04/13	36.00	141.84	
254860	3	S5125		08/05/13	08/05/13	36.00	141.84	
254860	4	S5125		08/06/13	08/06/13	36.00	141.84	
					CLAIM TOTAL		567.36	CLAIM ACCOUNT REF. 2548600012013808SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012941	2013852	BENZ, ROBERT	07/30/1925	GNT07334800	7/30/2013-00400-0001
DIAGNOSIS	CODES:	401.9	362.50				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254757	1	S5125		08/05/13	08/05/13	16.00	63.04	
254757	2	S5125		08/06/13	08/06/13	15.00	59.10	
254757	3	S5125		08/07/13	08/07/13	14.00	55.16	
254757	4	S5125		08/08/13	08/08/13	16.00	63.04	
254757	5	S5125		08/09/13	08/09/13	14.00	55.16	
					CLAIM TOTAL		295.50	CLAIM ACCOUNT REF. 2547570012013852SUP

PAYER TOTALS:	GUILDNET	# OF CLAIMS =	905	TOTAL CLAIM AMOUNT =	102,219.42
		# SERVICES =	166		

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = ICS01 ICS

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008389 2011453 MUSHAYEV, BORIS 08/14/1947 7235 464780
DIAGNOSIS CODES: 401.9 250.00 425.8 428.0 441.00 715.90

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254740	1	T1019	1C		08/05/13	08/05/13	6.00	98.40
254740	2	T1019	1C		08/06/13	08/06/13	6.00	98.40
254740	3	T1019	1C		08/07/13	08/07/13	6.00	98.40
254740	4	T1019	1C		08/08/13	08/08/13	6.00	98.40
254740	5	T1019	1C		08/09/13	08/09/13	6.00	98.40
CLAIM TOTAL								492.00

CLAIM ACCOUNT REF. 2547400012011453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011869 2011869 JONES, VALERIE 10/10/1948 1457 479978
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254739	1	T1019	1C		08/05/13	08/05/13	4.00	65.60
254739	2	T1019	1C		08/06/13	08/06/13	4.00	65.60
254739	3	T1019	1C		08/07/13	08/07/13	4.00	65.60
254739	4	T1019	1C		08/08/13	08/08/13	4.00	65.60
254739	5	T1019	1C		08/09/13	08/09/13	4.00	65.60
CLAIM TOTAL								328.00

CLAIM ACCOUNT REF. 2547390012011869SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011870 2011870 AGOSTINI, MONSERRATE 07/18/1944 558 480096
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254736	1	T1019	1C		08/05/13	08/05/13	6.00	98.40
254736	2	T1019	1C		08/06/13	08/06/13	6.00	98.40
254736	3	T1019	1C		08/07/13	08/07/13	6.00	98.40
254736	4	T1019	1C		08/08/13	08/08/13	5.50	90.20
254736	5	T1019	1C		08/09/13	08/09/13	6.00	98.40
CLAIM TOTAL								483.80

CLAIM ACCOUNT REF. 2547360012011870SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012213 2012213 BERRY, ANGELINA 10/21/1956 1784 456200
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254737	1	T1019	1C		08/03/13	08/03/13	3.50	57.40
254737	2	T1019	1C		08/04/13	08/04/13	4.00	65.60
254737	3	T1019	1C		08/05/13	08/05/13	4.00	65.60

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = ICS01 ICS

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254737	4	T1019	1C		08/06/13	08/06/13	4.00	65.60
254737	5	T1019	1C		08/07/13	08/07/13	4.00	65.60
254737	6	T1019	1C		08/08/13	08/08/13	4.00	65.60
254737	7	T1019	1C		08/09/13	08/09/13	4.00	65.60
CLAIM TOTAL								451.00

CLAIM ACCOUNT REF. 2547370012012213SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012097 2013010 RODRIGUEZ, SILVIO 11/03/1930 9624 446238
DIAGNOSIS CODES: 290.0 280.9 401.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254743	1	T1019	1C		08/03/13	08/03/13	8.00	131.20
254743	2	T1019	1C		08/04/13	08/04/13	8.00	131.20
254743	3	T1019	1C		08/05/13	08/05/13	8.00	131.20
254743	4	T1019	1C		08/06/13	08/06/13	7.75	127.10
254743	5	T1019	1C		08/07/13	08/07/13	7.75	127.10
254743	6	T1019	1C		08/08/13	08/08/13	8.00	131.20
254743	7	T1019	1C		08/09/13	08/09/13	8.00	131.20
CLAIM TOTAL								910.20

CLAIM ACCOUNT REF. 2547430012013010SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013320 2013320 PEREZ, RAFAELA 12/05/1934 8249 468055
DIAGNOSIS CODES: 781.2

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254741	1	T1019	1C		08/03/13	08/03/13	22.50	369.00
254741	2	T1019	1C		08/04/13	08/04/13	22.75	373.10
254741	3	T1019	1C		08/05/13	08/05/13	24.00	393.60
254741	4	T1019	1C		08/06/13	08/06/13	24.00	393.60
254741	5	T1019	1C		08/07/13	08/07/13	24.00	393.60
254741	6	T1019	1C		08/08/13	08/08/13	24.00	393.60
254741	7	T1019	1C		08/09/13	08/09/13	24.00	393.60
CLAIM TOTAL								2,710.10

CLAIM ACCOUNT REF. 2547410012013320SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013470 2013470 RIVERS, DEBRA 09/14/1958 9863 468763
DIAGNOSIS CODES: 907.2 135. 344.1 493.90 564.81 592.0 596.54

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254742	1	T1019	1C		08/03/13	08/03/13	11.75	192.70
254742	2	T1019	1C		08/04/13	08/04/13	11.50	188.60
254742	3	T1019	1C		08/05/13	08/05/13	12.00	196.80
254742	4	T1019	1C		08/06/13	08/06/13	12.00	196.80

REPORT DATE 08/14/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013081404080329RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = ICS01 ICS

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254742	5	T1019	1C		08/07/13	08/07/13	12.00	196.80	
254742	6	T1019	1C		08/08/13	08/08/13	12.00	196.80	
254742	7	T1019	1C		08/09/13	08/09/13	11.50	188.60	
						CLAIM TOTAL		1,357.10	CLAIM ACCOUNT REF. 2547420012013470SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013587	2013587	CHANCELLOR, IRA	06/01/1948	10443	476564
DIAGNOSIS	CODES:	724.00	042.	250.00	272.0	296.80	300.00 365.00 427.31 781.2

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254738	1	T1019	1C		08/05/13	08/05/13	4.00	65.60	
254738	2	T1019	1C		08/06/13	08/06/13	4.00	65.60	
254738	3	T1019	1C		08/07/13	08/07/13	4.00	65.60	
254738	4	T1019	1C		08/08/13	08/08/13	4.00	65.60	
254738	5	T1019	1C		08/09/13	08/09/13	4.00	65.60	
						CLAIM TOTAL		328.00	CLAIM ACCOUNT REF. 2547380012013587SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013676	2013676	TORRES, YNES	01/21/1930	10504	477166
DIAGNOSIS	CODES:	401.9					

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254744	1	T1019	1C		08/05/13	08/05/13	4.00	65.60	
254744	2	T1019	1C		08/06/13	08/06/13	4.00	65.60	
254744	3	T1019	1C		08/07/13	08/07/13	4.00	65.60	
254744	4	T1019	1C		08/08/13	08/08/13	4.00	65.60	
						CLAIM TOTAL		262.40	CLAIM ACCOUNT REF. 2547440012013676SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	52	TOTAL CLAIM AMOUNT =	7,322.60
		# SERVICES =	9		

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NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008396	2010804	ZAMBRANO, ZOILA	12/03/1938	JSV04323R01	2013062715500001
DIAGNOSIS CODES: 250.11 272.0 401.9 435.9					586.		
DOCTOR: NAME: CITYWIDE, SUNNYSIDE					NPI: 1154407492		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254735	1	T1019	0580	08/01/13	08/01/13	16.00	67.52	
254735	2	T1019	0580	08/02/13	08/02/13	16.00	67.52	
254735	3	T1019	0580	08/06/13	08/06/13	16.00	67.52	
254735	4	T1019	0580	08/07/13	08/07/13	16.00	67.52	
254735	5	T1019	0580	08/08/13	08/08/13	16.00	67.52	
254735	6	T1019	0580	08/09/13	08/09/13	16.00	67.52	
					CLAIM TOTAL	405.12		CLAIM ACCOUNT REF. 2547350012010804SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012890	2012890	SCOTT, AKHNATON	04/28/1992	JPQ49578E01	2013053115500003
DIAGNOSIS CODES:		299.00	317.				
DOCTOR:		NAME: CITYWIDE, SUNNYSIDE			NPI: 1154407492		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
254734	1	T1019	0580	07/05/13	07/05/13	16.00	67.52
					CLAIM TOTAL		67.52
					CLAIM ACCOUNT REF.	2547340012012890SUP	

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013851	2013851	ARTEAGA, ANA	12/15/1954	JYU81582H01	2013072615400005
DIAGNOSIS CODES:			571.5	401.9			
DOCTOR:			NAME: CITYWIDE, SUNNYSIDE		NPI: 1154407492		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
254733	1	T1019	0580	08/06/13	08/06/13	24.00	101.28	
254733	2	T1019	0580	08/07/13	08/07/13	20.00	84.40	
254733	3	T1019	0580	08/08/13	08/08/13	24.00	101.28	
254733	4	T1019	0580	08/09/13	08/09/13	32.00	135.04	
					CLAIM TOTAL		422.00	CLAIM ACCOUNT REF. 2547330012013851SUP

PAYER TOTALS:	HEALTHCARE PARTNERS IPA I	# OF CLAIMS =	11	TOTAL CLAIM AMOUNT =	894.64
		# SERVICES =	3		

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NPI = 1154407492

PRIOR AUTHORIZATION #
062713005409

CLAIM ACCOUNT REF. 2547470012013622SUP

PRIOR AUTHORIZATION #
072313005746

CLAIM ACCOUNT REF. 2547490012013758SUP

PRIOR AUTHORIZATION #
073113006128

CLAIM ACCOUNT REF. 2547480012013844SUP

TOTAL CLAIM AMOUNT = 961.36

TOTAL CLAIM AMOUNT = 260,254.31