

REPORT DATE 06/05/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013060505110676RRSUP

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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
245299	1	T1020		05/25/13	05/25/13	11.00	185.57
245299	2	T1020		05/27/13	05/27/13	6.00	101.22
245299	3	T1020		05/28/13	05/28/13	6.00	101.22
245299	4	T1020		05/29/13	05/29/13	6.00	101.22
245299	5	T1020		05/30/13	05/30/13	6.00	101.22
245299	6	T1020		05/31/13	05/31/13	6.00	101.22
CLAIM TOTAL							691.67
							CLAIM ACCOUNT REF.    2452990012008267SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245296	1	T1020		05/25/13	05/25/13	9.00	151.83
245296	2	T1020		05/26/13	05/26/13	9.00	151.83
245296	3	T1020		05/27/13	05/27/13	9.00	151.83
245296	4	T1020		05/28/13	05/28/13	9.00	151.83
245296	5	T1020		05/29/13	05/29/13	9.00	151.83
245296	6	T1020		05/30/13	05/30/13	9.00	151.83
245296	7	T1020		05/31/13	05/31/13	9.00	151.83
CLAIM TOTAL							1,062.81
							CLAIM ACCOUNT REF.    2452960012008268SUP

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
245293	1	T1020		05/25/13	05/25/13	7.00	118.09
245293	2	T1020		05/26/13	05/26/13	7.00	118.09
245293	3	T1020		05/27/13	05/27/13	7.00	118.09
245293	4	T1020		05/28/13	05/28/13	7.00	118.09
245293	5	T1020		05/29/13	05/29/13	7.00	118.09
245293	6	T1020		05/30/13	05/30/13	7.00	118.09
245293	7	T1020		05/31/13	05/31/13	7.00	118.09
CLAIM TOTAL							826.63
							CLAIM ACCOUNT REF.    2452930012008306SUP

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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    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
245291	1	T1020		05/25/13	05/25/13	7.00	118.09
245291	2	T1020		05/26/13	05/26/13	7.00	118.09
245291	3	T1020		05/27/13	05/27/13	7.00	118.09
245291	4	T1020		05/28/13	05/28/13	7.00	118.09
245291	5	T1020		05/29/13	05/29/13	7.00	118.09
245291	6	T1020		05/30/13	05/30/13	7.00	118.09
245291	7	T1020		05/31/13	05/31/13	7.00	118.09
CLAIM TOTAL							826.63
CLAIM ACCOUNT REF.							2452910012008386SUP

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
245298	1	T1020		05/28/13	05/28/13	8.00	134.96
245298	2	T1020		05/29/13	05/29/13	9.00	151.83
245298	3	T1020		05/30/13	05/30/13	5.00	84.35
245298	4	T1020		05/31/13	05/31/13	8.00	134.96
CLAIM TOTAL							506.10
CLAIM ACCOUNT REF.							2452980012008400SUP

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
245294	1	T1020		05/25/13	05/25/13	3.00	50.61
245294	2	T1020		05/28/13	05/28/13	5.00	84.35
245294	3	T1020		05/29/13	05/29/13	3.00	50.61
245294	4	T1020		05/30/13	05/30/13	5.00	84.35
245294	5	T1020		05/31/13	05/31/13	4.00	67.48
CLAIM TOTAL							337.40
CLAIM ACCOUNT REF.							2452940012010712SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2010777    2013021    ORTIZ, EDUARDO                      03/20/1938    741929877                      130932078  
DIAGNOSIS CODES:    715.00        250.00        253.5        733.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245295	1	T1020		05/27/13	05/27/13	7.00	118.09
245295	2	T1020		05/28/13	05/28/13	7.00	118.09

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PAYER        ID = 11315                      FIDELIS CARE NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245295	3	T1020		05/29/13	05/29/13	7.00	118.09	
245295	4	T1020		05/30/13	05/30/13	7.00	118.09	
245295	5	T1020		05/31/13	05/31/13	7.00	118.09	
					CLAIM TOTAL		590.45	CLAIM ACCOUNT REF. 2452950012013021SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013080	2013080	SALABERRY, ANA	07/26/1920	74237467100	130780781
DIAGNOSIS CODES: 401.9      427.89      536.9      780.93							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245297	1	T1020		05/25/13	05/25/13	12.00	202.44	
245297	2	T1020		05/26/13	05/26/13	12.00	202.44	
245297	3	T1020		05/27/13	05/27/13	12.00	202.44	
245297	4	T1020		05/28/13	05/28/13	12.00	202.44	
245297	5	T1020		05/29/13	05/29/13	12.00	202.44	
245297	6	T1020		05/30/13	05/30/13	12.00	202.44	
245297	7	T1020		05/31/13	05/31/13	12.00	202.44	
					CLAIM TOTAL		1,417.08	CLAIM ACCOUNT REF. 2452970012013080SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012726	2013422	GARCIA, CLEMENTE	11/22/1928	74237634600	130731588
DIAGNOSIS CODES: 331.0							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245292	1	T1020		05/25/13	05/25/13	12.00	202.44	
245292	2	T1020		05/26/13	05/26/13	12.00	202.44	
245292	3	T1020		05/27/13	05/27/13	12.00	202.44	
245292	4	T1020		05/28/13	05/28/13	12.00	202.44	
245292	5	T1020		05/29/13	05/29/13	12.00	202.44	
245292	6	T1020		05/30/13	05/30/13	12.00	202.44	
245292	7	T1020		05/31/13	05/31/13	12.00	202.44	
					CLAIM TOTAL		1,417.08	CLAIM ACCOUNT REF. 2452920012013422SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	55	TOTAL CLAIM AMOUNT =	7,675.85
		# SERVICES =	9		

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245277	1	T1019		05/29/13	05/29/13	16.00	67.52
245277	2	T1019		05/30/13	05/30/13	16.00	67.52
245277	3	T1019		05/31/13	05/31/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2452770012008261SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245283	1	T1019		05/25/13	05/25/13	24.00	101.28
245283	2	T1019		05/26/13	05/26/13	24.00	101.28
245283	3	T1019		05/27/13	05/27/13	24.00	101.28
245283	4	T1019		05/28/13	05/28/13	24.00	101.28
245283	5	T1019		05/29/13	05/29/13	24.00	101.28
245283	6	T1019		05/30/13	05/30/13	24.00	101.28
245283	7	T1019		05/31/13	05/31/13	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2452830012008263SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245288	1	T1019		05/25/13	05/25/13	40.00	168.80
245288	2	T1019		05/26/13	05/26/13	40.00	168.80
245288	3	T1019		05/27/13	05/27/13	40.00	168.80
245288	4	T1019		05/28/13	05/28/13	40.00	168.80
245288	5	T1019		05/29/13	05/29/13	40.00	168.80
245288	6	T1019		05/30/13	05/30/13	40.00	168.80
245288	7	T1019		05/31/13	05/31/13	40.00	168.80
CLAIM TOTAL							1,181.60
CLAIM ACCOUNT REF.							2452880012008265SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008303    2008303    WILSON, SHERYL                      08/28/1956    10060476901                      032613329815  
DIAGNOSIS CODES:    737.39    344.9    493.90    799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245290	1	T1019		05/25/13	05/25/13	16.00	67.52

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245290	2	T1019		05/26/13	05/26/13	16.00	67.52	
245290	3	T1019		05/27/13	05/27/13	24.00	101.28	
245290	4	T1019		05/28/13	05/28/13	24.00	101.28	
245290	5	T1019		05/29/13	05/29/13	24.00	101.28	
245290	6	T1019		05/30/13	05/30/13	24.00	101.28	
245290	7	T1019		05/31/13	05/31/13	24.00	101.28	
					CLAIM TOTAL		641.44	CLAIM ACCOUNT REF.    2452900012008303SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY    001	2008366	2008366	JONES, CYNTHIA	03/17/1950	10063968601	021313325005
DIAGNOSIS	CODES:	333.4	401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245280	1	T1019		05/22/13	05/22/13	20.00	84.40	
245280	2	T1019		05/27/13	05/27/13	20.00	84.40	
245280	3	T1019		05/28/13	05/28/13	12.00	50.64	
245280	4	T1019		05/29/13	05/29/13	20.00	84.40	
245280	5	T1019		05/30/13	05/30/13	20.00	84.40	
245280	6	T1019		05/31/13	05/31/13	20.00	84.40	
					CLAIM TOTAL		472.64	CLAIM ACCOUNT REF.    2452800012008366SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY    001	2008421	2008421	OCASIO, VIRGINIA	05/24/1949	10063483101	082012303730
DIAGNOSIS	CODES:	250.00	278.00    300.00    715.90			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245285	1	T1019		05/27/13	05/27/13	24.00	101.28	
245285	2	T1019		05/28/13	05/28/13	24.00	101.28	
245285	3	T1019		05/29/13	05/29/13	24.00	101.28	
245285	4	T1019		05/30/13	05/30/13	24.00	101.28	
245285	5	T1019		05/31/13	05/31/13	24.00	101.28	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF.    2452850012008421SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY    001	2008422	2008422	MOSKOWITZ, RONA	02/16/1952	10063710601	020713324355
DIAGNOSIS	CODES:	799.89    401.9    493.92    729.0    V02.62				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245284	1	T1019		05/28/13	05/28/13	24.00	101.28	
245284	2	T1019		05/29/13	05/29/13	24.00	101.28	
245284	3	T1019		05/30/13	05/30/13	24.00	101.28	
245284	4	T1019		05/31/13	05/31/13	24.00	101.28	
					CLAIM TOTAL		405.12	CLAIM ACCOUNT REF.    2452840012008422SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245289	1	T1019		05/27/13	05/27/13	16.00	67.52
245289	2	T1019		05/28/13	05/28/13	16.00	67.52
245289	3	T1019		05/30/13	05/30/13	16.00	67.52
245289	4	T1019		05/31/13	05/31/13	16.00	67.52
CLAIM TOTAL						270.08	CLAIM ACCOUNT REF. 2452890012008425SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008427 2008427 FLORES, MARITZA 09/26/1953 10044817901 032613329851  
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
245278	1	T1019		05/25/13	05/25/13	40.00	168.80
245278	2	T1019		05/26/13	05/26/13	40.00	168.80
245278	3	T1019		05/27/13	05/27/13	40.00	168.80
245278	4	T1019		05/28/13	05/28/13	40.00	168.80
245278	5	T1019		05/29/13	05/29/13	40.00	168.80
245278	6	T1019		05/30/13	05/30/13	40.00	168.80
245278	7	T1019		05/31/13	05/31/13	40.00	168.80
CLAIM TOTAL						1,181.60	CLAIM ACCOUNT REF. 2452780012008427SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008531 2008531 RODRIGUEZ -2, MARIA 02/16/1949 10057325401 070912298224  
DIAGNOSIS CODES: 250.00 272.4 331.0 401.9 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245286	1	T1019		05/27/13	05/27/13	24.00	101.28
245286	2	T1019		05/28/13	05/28/13	24.00	101.28
245286	3	T1019		05/29/13	05/29/13	24.00	101.28
245286	4	T1019		05/30/13	05/30/13	24.00	101.28
245286	5	T1019		05/31/13	05/31/13	24.00	101.28
CLAIM TOTAL						506.40	CLAIM ACCOUNT REF. 2452860012008531SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008742 2008742 KROLL, KATHERINE 09/22/1949 10088829601 041013331477  
DIAGNOSIS CODES: 340. 244.8 272.0 311. 386.2 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245282	1	T1019		05/26/13	05/26/13	16.00	67.52
245282	2	T1019		05/27/13	05/27/13	28.00	118.16

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PAYER        ID = 11325                      NEIGHBORHOOD HEALTH

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245282	3	T1019		05/28/13	05/28/13	28.00	118.16	
245282	4	T1019		05/29/13	05/29/13	28.00	118.16	
245282	5	T1019		05/30/13	05/30/13	28.00	118.16	
245282	6	T1019		05/31/13	05/31/13	28.00	118.16	
					CLAIM TOTAL		658.32	CLAIM ACCOUNT REF.    2452820012008742SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY    001	2008802	2008802	DIAZ 1, CARMEN	07/29/1950	10089557301	062712297011
DIAGNOSIS	CODES:	V02.62    300.00    401.9    719.89		733.00		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245276	1	T1019		05/27/13	05/27/13	16.00	67.52	
245276	2	T1019		05/28/13	05/28/13	24.00	101.28	
245276	3	T1019		05/29/13	05/29/13	24.00	101.28	
245276	4	T1019		05/30/13	05/30/13	24.00	101.28	
245276	5	T1019		05/31/13	05/31/13	24.00	101.28	
					CLAIM TOTAL		472.64	CLAIM ACCOUNT REF.    2452760012008802SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245281	1	T1019		05/25/13	05/25/13	48.00	202.56	
245281	2	T1019		05/26/13	05/26/13	48.00	202.56	
245281	3	T1019		05/27/13	05/27/13	44.00	185.68	
245281	4	T1019		05/28/13	05/28/13	48.00	202.56	
245281	5	T1019		05/29/13	05/29/13	48.00	202.56	
245281	6	T1019		05/30/13	05/30/13	48.00	202.56	
245281	7	T1019		05/31/13	05/31/13	48.00	202.56	
					CLAIM TOTAL		1,401.04	CLAIM ACCOUNT REF.    2452810012009356SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245273	1	T1019		05/25/13	05/25/13	32.00	135.04	
245273	2	T1019		05/26/13	05/26/13	32.00	135.04	
245273	3	T1019		05/27/13	05/27/13	32.00	135.04	
245273	4	T1019		05/28/13	05/28/13	32.00	135.04	
245273	5	T1019		05/29/13	05/29/13	32.00	135.04	
245273	6	T1019		05/30/13	05/30/13	32.00	135.04	

REPORT DATE 06/05/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = 11325                      NEIGHBORHOOD HEALTH

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245273	7	T1019		05/31/13	05/31/13	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2452730012010143SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245287	1	T1019		05/21/13	05/21/13	20.00	84.40	
245287	2	T1019		05/27/13	05/27/13	20.00	84.40	
245287	3	T1019		05/28/13	05/28/13	20.00	84.40	
245287	4	T1019		05/29/13	05/29/13	20.00	84.40	
245287	5	T1019		05/30/13	05/30/13	20.00	84.40	
245287	6	T1019		05/31/13	05/31/13	20.00	84.40	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2452870012010353SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010671	2010878	AKHTER, SELINA	07/13/1960	10087504801	073112301172
DIAGNOSIS	CODES:	093.9	253.5	272.4	401.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245274	1	T1019		05/27/13	05/27/13	36.00	151.92	
245274	2	T1019		05/28/13	05/28/13	36.00	151.92	
245274	3	T1019		05/29/13	05/29/13	36.00	151.92	
245274	4	T1019		05/30/13	05/30/13	36.00	151.92	
245274	5	T1019		05/31/13	05/31/13	36.00	151.92	
					CLAIM TOTAL		759.60	CLAIM ACCOUNT REF. 2452740012010878SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012500	2012500	DEKMAK, GRISEL	03/02/1964	10061526701	020113323665
DIAGNOSIS	CODES:	340.	285.8	311.	596.54		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245275	1	T1019		05/25/13	05/25/13	48.00	202.56	
245275	2	T1019		05/26/13	05/26/13	48.00	202.56	
245275	3	T1019		05/27/13	05/27/13	48.00	202.56	
245275	4	T1019		05/28/13	05/28/13	48.00	202.56	
245275	5	T1019		05/29/13	05/29/13	48.00	202.56	
245275	6	T1019		05/30/13	05/30/13	48.00	202.56	
245275	7	T1019		05/31/13	05/31/13	48.00	202.56	
					CLAIM TOTAL		1,417.92	CLAIM ACCOUNT REF. 2452750012012500SUP



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NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008419	2013207	GARDNER, DIANE	05/05/1948	10063713201	082212304015

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
245279	1	T1019		05/27/13	05/27/13	16.00	67.52		
245279	2	T1019		05/30/13	05/30/13	16.00	67.52		
245279	3	T1019		05/31/13	05/31/13	16.00	67.52		
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF.	2452790012013207SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	101	TOTAL CLAIM AMOUNT =	12,440.56
		# SERVICES =	18		

REPORT DATE 06/05/13                      SUNNYSIDE CITYWIDE  
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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
245325	1	T1019		05/07/13	05/07/13	1.00	17.15
245325	2	T1019		05/25/13	05/25/13	4.00	68.60
245325	3	T1019		05/26/13	05/26/13	4.00	68.60
245325	4	T1019		05/27/13	05/27/13	12.00	205.80
245325	5	T1019		05/28/13	05/28/13	12.00	205.80
245325	6	T1019		05/29/13	05/29/13	12.00	205.80
245325	7	T1019		05/30/13	05/30/13	12.00	205.80
245325	8	T1019		05/31/13	05/31/13	12.00	205.80
CLAIM TOTAL						1,183.35	

CLAIM ACCOUNT REF. 2453250012008233SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008236 2008236 PERSAD, USHA 07/05/1955 TS79090G 0111301290246  
DIAGNOSIS CODES: 250.10 272.0 401.9 225.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245332	1	T1019		05/25/13	05/25/13	8.00	137.20
245332	2	T1019		05/26/13	05/26/13	8.00	137.20
245332	3	T1019		05/27/13	05/27/13	11.00	188.65
245332	4	T1019		05/28/13	05/28/13	11.00	188.65
245332	5	T1019		05/29/13	05/29/13	11.00	188.65
245332	6	T1019		05/30/13	05/30/13	11.00	188.65
245332	7	T1019		05/31/13	05/31/13	11.00	188.65
CLAIM TOTAL						1,217.65	

CLAIM ACCOUNT REF. 2453320012008236SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008385 2008385 MURDOCK, GERTRUDE 11/01/1917 SS71357M 0112031290138  
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
245330	1	T1019		05/27/13	05/27/13	10.00	171.50
245330	2	T1019		05/28/13	05/28/13	10.00	171.50
245330	3	T1019		05/29/13	05/29/13	10.00	171.50
245330	4	T1019		05/31/13	05/31/13	9.00	154.35
CLAIM TOTAL						668.85	

CLAIM ACCOUNT REF. 2453300012008385SUP

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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 2008417 2008417 GALAS, TERESA 06/08/1955 ZX91437V 0102111390699  
DIAGNOSIS CODES: 345.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245328	1	T1019		05/25/13	05/25/13	5.00	85.75
245328	2	T1019		05/26/13	05/26/13	5.00	85.75
245328	3	T1019		05/27/13	05/27/13	5.00	85.75
245328	4	T1019		05/28/13	05/28/13	5.00	85.75
245328	5	T1019		05/29/13	05/29/13	5.00	85.75
245328	6	T1019		05/30/13	05/30/13	5.00	85.75
245328	7	T1019		05/31/13	05/31/13	5.00	85.75
CLAIM TOTAL							600.25
CLAIM ACCOUNT REF.							2453280012008417SUP

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
245334	1	T1019		05/27/13	05/27/13	8.00	137.20
245334	2	T1019		05/28/13	05/28/13	8.00	137.20
245334	3	T1019		05/29/13	05/29/13	8.00	137.20
245334	4	T1019		05/30/13	05/30/13	8.00	137.20
245334	5	T1019		05/31/13	05/31/13	8.00	137.20
CLAIM TOTAL							686.00
CLAIM ACCOUNT REF.							2453340012008418SUP

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
245326	1	T1019		05/25/13	05/25/13	10.00	171.50
245326	2	T1019		05/26/13	05/26/13	10.00	171.50
245326	3	T1019		05/28/13	05/28/13	10.00	171.50
245326	4	T1019		05/29/13	05/29/13	10.00	171.50
245326	5	T1019		05/30/13	05/30/13	10.00	171.50
245326	6	T1019		05/31/13	05/31/13	10.00	171.50
CLAIM TOTAL							1,029.00
CLAIM ACCOUNT REF.							2453260012008743SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013060505110676RRSUP

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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 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
245335	1	T1019		05/06/13	05/06/13	5.00	85.75
245335	2	T1019		05/07/13	05/07/13	5.00	85.75
245335	3	T1019		05/08/13	05/08/13	5.00	85.75
245335	4	T1019		05/09/13	05/09/13	5.00	85.75
245335	5	T1019		05/10/13	05/10/13	5.00	85.75
245335	6	T1019		05/25/13	05/25/13	5.00	85.75
245335	7	T1019		05/26/13	05/26/13	5.00	85.75
CLAIM TOTAL							600.25
CLAIM ACCOUNT REF.							2453350012009377SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008235 2009688 RAMPERSAID, ALISSA 08/04/1992 SZ46585R 0112191290237  
DIAGNOSIS CODES: 319. 315.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245333	1	T1019		05/25/13	05/25/13	8.00	137.20
245333	2	T1019		05/27/13	05/27/13	3.00	51.45
245333	3	T1019		05/28/13	05/28/13	3.00	51.45
245333	4	T1019		05/29/13	05/29/13	3.00	51.45
245333	5	T1019		05/30/13	05/30/13	3.00	51.45
245333	6	T1019		05/31/13	05/31/13	4.00	68.60
CLAIM TOTAL							411.60
CLAIM ACCOUNT REF.							2453330012009688SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008279 2010213 VALLE, BLASINA 02/03/1929 QG00558G 0102041390418  
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
245337	1	T1019		05/27/13	05/27/13	6.00	102.90
245337	2	T1019		05/28/13	05/28/13	5.00	85.75
245337	3	T1019		05/29/13	05/29/13	5.00	85.75
245337	4	T1019		05/30/13	05/30/13	5.00	85.75
245337	5	T1019		05/31/13	05/31/13	6.00	102.90
CLAIM TOTAL							463.05
CLAIM ACCOUNT REF.							2453370012010213SUP

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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 2010886 2010886 OSORIO, ELVIA 07/05/1943 SM10426S 0112031290291  
DIAGNOSIS CODES: 253.5 272.4 354.0 401.9 733.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245331	1	T1019		05/25/13	05/25/13	3.00	51.45
245331	2	T1019		05/26/13	05/26/13	3.00	51.45
245331	3	T1019		05/27/13	05/27/13	3.00	51.45
245331	4	T1019		05/28/13	05/28/13	3.00	51.45
245331	5	T1019		05/29/13	05/29/13	3.00	51.45
245331	6	T1019		05/30/13	05/30/13	3.00	51.45
245331	7	T1019		05/31/13	05/31/13	3.00	51.45
CLAIM TOTAL							360.15
CLAIM ACCOUNT REF.							2453310012010886SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011286 2011286 DOBBINS, SANDRA 02/05/1953 ZA50099X 0111191290232  
DIAGNOSIS CODES: 295.90 369.10 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245327	1	T1019		05/25/13	05/25/13	24.00	411.60
245327	2	T1019		05/26/13	05/26/13	24.00	411.60
245327	3	T1019		05/27/13	05/27/13	24.00	411.60
245327	4	T1019		05/28/13	05/28/13	24.00	411.60
245327	5	T1019		05/29/13	05/29/13	24.00	411.60
245327	6	T1019		05/30/13	05/30/13	24.00	411.60
245327	7	T1019		05/31/13	05/31/13	24.00	411.60
CLAIM TOTAL							2,881.20
CLAIM ACCOUNT REF.							2453270012011286SUP

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
245336	1	T1019		05/25/13	05/25/13	4.00	68.60
245336	2	T1019		05/26/13	05/26/13	4.00	68.60
245336	3	T1019		05/27/13	05/27/13	4.00	68.60
245336	4	T1019		05/28/13	05/28/13	4.00	68.60
245336	5	T1019		05/29/13	05/29/13	4.00	68.60
245336	6	T1019		05/30/13	05/30/13	4.00	68.60
245336	7	T1019		05/31/13	05/31/13	4.00	68.60
CLAIM TOTAL							480.20
CLAIM ACCOUNT REF.							2453360012013071SUP

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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 2013185 2013185 GOMEZ, LUZ                      02/18/1942      753060  
DIAGNOSIS CODES: 295.90 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245329	1	T1019		05/25/13	05/25/13	8.00	137.20	
245329	2	T1019		05/26/13	05/26/13	8.00	137.20	
245329	3	T1019		05/27/13	05/27/13	8.00	137.20	
245329	4	T1019		05/28/13	05/28/13	8.00	137.20	
245329	5	T1019		05/29/13	05/29/13	8.00	137.20	
					CLAIM TOTAL	686.00		CLAIM ACCOUNT REF. 2453290012013185SUP

PAYER TOTALS:      METROPLUS HEALTH PLAN                      # OF CLAIMS =      81      TOTAL CLAIM AMOUNT =      11,267.55  
# SERVICES =      13

REPORT DATE 06/05/13 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 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
245368	1	T1019		05/24/13	05/24/13	36.00	154.80
245368	2	T1019		05/25/13	05/25/13	36.00	154.80
245368	3	T1019		05/26/13	05/26/13	36.00	154.80
245368	4	T1019		05/27/13	05/27/13	36.00	154.80
245368	5	T1019		05/28/13	05/28/13	36.00	154.80
245368	6	T1019		05/29/13	05/29/13	36.00	154.80
245368	7	T1019		05/30/13	05/30/13	36.00	154.80
245368	8	T1019		05/31/13	05/31/13	36.00	154.80
CLAIM TOTAL						1,238.40	CLAIM ACCOUNT REF. 2453680012008286SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008495 2008495 MARTINEZ, MARIA 09/05/1952 ZV42745Q 110885355  
DIAGNOSIS CODES: 250.00 244.8 295.90 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245356	1	T1019		05/25/13	05/25/13	24.00	103.20
245356	2	T1019		05/26/13	05/26/13	24.00	103.20
245356	3	T1019		05/28/13	05/28/13	24.00	103.20
245356	4	T1019		05/29/13	05/29/13	24.00	103.20
245356	5	T1019		05/30/13	05/30/13	24.00	103.20
245356	6	T1019		05/31/13	05/31/13	24.00	103.20
CLAIM TOTAL						619.20	CLAIM ACCOUNT REF. 2453560012008495SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012101 2012101 BATILO, MARTA 02/23/1917 708125 111458770  
DIAGNOSIS CODES: 715.00 272.2 285.29 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245339	1	T1019		04/11/13	04/11/13	28.00	120.40
CLAIM TOTAL						120.40	CLAIM ACCOUNT REF. 2453390012012101SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012101 2012101 BATILO, MARTA 02/23/1917 708125 111757464  
DIAGNOSIS CODES: 715.00 272.2 285.29 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245340	1	T1019		05/25/13	05/25/13	28.00	120.40
245340	2	T1019		05/26/13	05/26/13	28.00	120.40
245340	3	T1019		05/27/13	05/27/13	28.00	120.40

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PAYER ID = 14163                      WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245340	4	T1019		05/28/13	05/28/13	28.00	120.40	
245340	5	T1019		05/29/13	05/29/13	28.00	120.40	
245340	6	T1019		05/30/13	05/30/13	28.00	120.40	
					CLAIM TOTAL		722.40	CLAIM ACCOUNT REF. 2453400012012101SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012102	2012102	BISRAM, ROOPKALIA	01/03/1938	708029	111645476
DIAGNOSIS	CODES:	401.9	272.2				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245341	1	T1019		05/27/13	05/27/13	16.00	68.80	
245341	2	T1019		05/28/13	05/28/13	16.00	68.80	
245341	3	T1019		05/29/13	05/29/13	16.00	68.80	
245341	4	T1019		05/30/13	05/30/13	16.00	68.80	
245341	5	T1019		05/31/13	05/31/13	16.00	68.80	
					CLAIM TOTAL		344.00	CLAIM ACCOUNT REF. 2453410012012102SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012104	2012104	CEBALLOS, FRANCISCA	11/10/1931	744474	111627893
DIAGNOSIS	CODES:	294.20	093.9	253.5			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245342	1	T1019		05/25/13	05/25/13	36.00	154.80	
245342	2	T1019		05/26/13	05/26/13	40.00	172.00	
245342	3	T1019		05/27/13	05/27/13	40.00	172.00	
245342	4	T1019		05/28/13	05/28/13	40.00	172.00	
245342	5	T1019		05/29/13	05/29/13	40.00	172.00	
245342	6	T1019		05/30/13	05/30/13	40.00	172.00	
245342	7	T1019		05/31/13	05/31/13	40.00	172.00	
					CLAIM TOTAL		1,186.80	CLAIM ACCOUNT REF. 2453420012012104SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012107	2012107	CRUZ, LUIS	06/10/1952	706307	111208204
DIAGNOSIS	CODES:	250.93	414.3	428.0	491.21		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245345	1	T1019		05/25/13	05/25/13	32.00	137.60	
245345	2	T1019		05/26/13	05/26/13	32.00	137.60	
245345	3	T1019		05/27/13	05/27/13	32.00	137.60	
245345	4	T1019		05/28/13	05/28/13	32.00	137.60	
245345	5	T1019		05/29/13	05/29/13	32.00	137.60	
245345	6	T1019		05/30/13	05/30/13	32.00	137.60	
245345	7	T1019		05/31/13	05/31/13	32.00	137.60	



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PAYER ID = 14163                      WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	963.20	2453450012012107SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012108	2012108	GODINOT, CARMEN	07/16/1939	695752	111626854
DIAGNOSIS CODES: 369.3      250.00      401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
245347	1	T1019		05/27/13	05/27/13	24.00	103.20	
245347	2	T1019		05/28/13	05/28/13	24.00	103.20	
245347	3	T1019		05/29/13	05/29/13	24.00	103.20	
245347	4	T1019		05/30/13	05/30/13	24.00	103.20	
245347	5	T1019		05/31/13	05/31/13	24.00	103.20	
						CLAIM TOTAL	516.00	2453470012012108SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012110	2012110	GOMEZ, RANNIE	09/11/1917	698802	111644524
DIAGNOSIS CODES: 401.9      272.2      365.9      428.0      733.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
245348	1	T1019		05/29/13	05/29/13	28.00	120.40	
245348	2	T1019		05/30/13	05/30/13	28.00	120.40	
245348	3	T1019		05/31/13	05/31/13	28.00	120.40	
						CLAIM TOTAL	361.20	2453480012012110SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012117	2012117	HAYNES, LAMONT	08/22/1920	695748	111524712
DIAGNOSIS CODES: 428.0      250.00      401.9      600.91							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
245349	1	T1019		05/25/13	05/25/13	20.00	86.00	
245349	2	T1019		05/26/13	05/26/13	20.00	86.00	
245349	3	T1019		05/27/13	05/27/13	16.00	68.80	
245349	4	T1019		05/28/13	05/28/13	16.00	68.80	
245349	5	T1019		05/29/13	05/29/13	16.00	68.80	
245349	6	T1019		05/30/13	05/30/13	16.00	68.80	
245349	7	T1019		05/31/13	05/31/13	16.00	68.80	
						CLAIM TOTAL	516.00	2453490012012117SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012120 2012120 LOPEZ, ISABEL 12/24/1942 740574 111591487  
DIAGNOSIS CODES: 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245352	1	T1019		05/27/13	05/27/13	28.00	120.40	
245352	2	T1019		05/28/13	05/28/13	28.00	120.40	
245352	3	T1019		05/29/13	05/29/13	28.00	120.40	
245352	4	T1019		05/30/13	05/30/13	28.00	120.40	
245352	5	T1019		05/31/13	05/31/13	28.00	120.40	
CLAIM TOTAL							602.00	CLAIM ACCOUNT REF. 2453520012012120SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012121 2012121 MOHAMED, DENISE 06/14/1959 691722 111447605  
DIAGNOSIS CODES: 715.98

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245358	1	T1019		05/25/13	05/25/13	32.00	137.60	
245358	2	T1019		05/26/13	05/26/13	32.00	137.60	
245358	3	T1019		05/27/13	05/27/13	32.00	137.60	
245358	4	T1019		05/28/13	05/28/13	32.00	137.60	
245358	5	T1019		05/30/13	05/30/13	32.00	137.60	
245358	6	T1019		05/31/13	05/31/13	32.00	137.60	
CLAIM TOTAL							825.60	CLAIM ACCOUNT REF. 2453580012012121SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012122 2012122 MORALES, FRANCISCO 12/03/1935 744366 1115793538  
DIAGNOSIS CODES: 250.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245359	1	T1019		05/25/13	05/25/13	20.00	86.00	
245359	2	T1019		05/26/13	05/26/13	20.00	86.00	
245359	3	T1019		05/27/13	05/27/13	20.00	86.00	
245359	4	T1019		05/28/13	05/28/13	20.00	86.00	
245359	5	T1019		05/29/13	05/29/13	20.00	86.00	
245359	6	T1019		05/30/13	05/30/13	20.00	86.00	
245359	7	T1019		05/31/13	05/31/13	20.00	86.00	
CLAIM TOTAL							602.00	CLAIM ACCOUNT REF. 2453590012012122SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012130 2012130 NAVARRO, ANTONIA 07/23/1945 710368 111623951  
DIAGNOSIS CODES: 493.92 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245361	1	T1019		05/25/13	05/25/13	20.00	86.00
245361	2	T1019		05/26/13	05/26/13	20.00	86.00
245361	3	T1019		05/27/13	05/27/13	28.00	120.40
245361	4	T1019		05/28/13	05/28/13	28.00	120.40
245361	5	T1019		05/29/13	05/29/13	28.00	120.40
245361	6	T1019		05/30/13	05/30/13	28.00	120.40
245361	7	T1019		05/31/13	05/31/13	28.00	120.40
CLAIM TOTAL							774.00
CLAIM ACCOUNT REF.							2453610012012130SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012131 2012131 ORTIZ, JOSE 04/19/1925 691721 111599493  
DIAGNOSIS CODES: 250.00 401.9 414.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245363	1	T1019		05/27/13	05/27/13	16.00	68.80
245363	2	T1019		05/29/13	05/29/13	16.00	68.80
CLAIM TOTAL							137.60
CLAIM ACCOUNT REF.							2453630012012131SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012132 2012132 ORTIZ, DOLORES 06/30/1927 744365 111654437  
DIAGNOSIS CODES: 719.7 272.4 401.9 750.7

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245362	1	T1019		05/20/13	05/20/13	32.00	137.60
245362	2	T1019		05/25/13	05/25/13	20.00	86.00
245362	3	T1019		05/26/13	05/26/13	20.00	86.00
245362	4	T1019		05/27/13	05/27/13	32.00	137.60
245362	5	T1019		05/28/13	05/28/13	32.00	137.60
245362	6	T1019		05/29/13	05/29/13	32.00	137.60
245362	7	T1019		05/30/13	05/30/13	32.00	137.60
245362	8	T1019		05/31/13	05/31/13	32.00	137.60
CLAIM TOTAL							997.60
CLAIM ACCOUNT REF.							2453620012012132SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012134 2012134 SERRANO, CARMEN 09/14/1948 695740 111497071  
DIAGNOSIS CODES: 093.89 253.5 311. 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245377	1	T1019		05/27/13	05/27/13	28.00	120.40

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245377	2	T1019		05/29/13	05/29/13	28.00	120.40	
245377	3	T1019		05/30/13	05/30/13	28.00	120.40	
245377	4	T1019		05/31/13	05/31/13	28.00	120.40	
					CLAIM TOTAL		481.60	CLAIM ACCOUNT REF.    2453770012012134SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY    001	2012137	2012137	VAZQUEZ 1, ROSA	08/08/1934	695667	111437135
DIAGNOSIS	CODES:	715.90				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245379	1	T1019		05/27/13	05/27/13	32.00	137.60	
245379	2	T1019		05/28/13	05/28/13	32.00	137.60	
245379	3	T1019		05/29/13	05/29/13	32.00	137.60	
245379	4	T1019		05/30/13	05/30/13	32.00	137.60	
245379	5	T1019		05/31/13	05/31/13	32.00	137.60	
					CLAIM TOTAL		688.00	CLAIM ACCOUNT REF.    2453790012012137SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY    001	2012138	2012138	VENTURA, CLARA	09/17/1951	720456	111733742
DIAGNOSIS	CODES:	253.5    401.9    429.9				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245380	1	T1019		05/27/13	05/27/13	16.00	68.80	
245380	2	T1019		05/28/13	05/28/13	16.00	68.80	
245380	3	T1019		05/29/13	05/29/13	16.00	68.80	
245380	4	T1019		05/31/13	05/31/13	16.00	68.80	
					CLAIM TOTAL		275.20	CLAIM ACCOUNT REF.    2453800012012138SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY    001	2012140	2012140	PATRICK, IMAGENE	03/27/1930	737028	111597004
DIAGNOSIS	CODES:	294.10    153.9				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245364	1	T1019		05/25/13	05/25/13	32.00	137.60	
245364	2	T1019		05/27/13	05/27/13	32.00	137.60	
245364	3	T1019		05/28/13	05/28/13	32.00	137.60	
245364	4	T1019		05/29/13	05/29/13	32.00	137.60	
245364	5	T1019		05/30/13	05/30/13	32.00	137.60	
245364	6	T1019		05/31/13	05/31/13	32.00	137.60	
					CLAIM TOTAL		825.60	CLAIM ACCOUNT REF.    2453640012012140SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012141 2012141 SANTOS MARQUEZ, MARIA 07/16/1961 688801 111660656  
DIAGNOSIS CODES: 958.8 599.70 692.9 795.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245376	1	T1019		05/27/13	05/27/13	16.00	68.80
245376	2	T1019		05/29/13	05/29/13	16.00	68.80
245376	3	T1019		05/31/13	05/31/13	16.00	68.80
CLAIM TOTAL							206.40
CLAIM ACCOUNT REF.							2453760012012141SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012142 2012142 MEDINA, MARTHA 01/11/1944 697570 111623789  
DIAGNOSIS CODES: 135. 250.00 426.4 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245357	1	T1019		05/25/13	05/25/13	12.00	51.60
245357	2	T1019		05/27/13	05/27/13	12.00	51.60
245357	3	T1019		05/28/13	05/28/13	12.00	51.60
245357	4	T1019		05/29/13	05/29/13	12.00	51.60
245357	5	T1019		05/30/13	05/30/13	12.00	51.60
245357	6	T1019		05/31/13	05/31/13	12.00	51.60
CLAIM TOTAL							309.60
CLAIM ACCOUNT REF.							2453570012012142SUP

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. 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245360	1	T1019		05/29/13	05/29/13	16.00	68.80
245360	2	T1019		05/30/13	05/30/13	16.00	68.80
245360	3	T1019		05/31/13	05/31/13	16.00	68.80
CLAIM TOTAL							206.40
CLAIM ACCOUNT REF.							2453600012012143SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012144 2012144 PEREZ, JULIO 01/27/1936 709538 111597155  
DIAGNOSIS CODES: 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245367	1	T1019		05/27/13	05/27/13	20.00	86.00
245367	2	T1019		05/29/13	05/29/13	20.00	86.00
245367	3	T1019		05/31/13	05/31/13	20.00	86.00
CLAIM TOTAL							258.00
CLAIM ACCOUNT REF.							2453670012012144SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012145 2012145 PERALTA RODRIGO, JOSE 03/13/1942 715488 111633843  
DIAGNOSIS CODES: 715.90 272.0 274.9 278.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245365	1	T1019		05/24/13	05/24/13	16.00	68.80
245365	2	T1019		05/28/13	05/28/13	16.00	68.80
245365	3	T1019		05/29/13	05/29/13	16.00	68.80
245365	4	T1019		05/30/13	05/30/13	16.00	68.80
245365	5	T1019		05/31/13	05/31/13	16.00	68.80
CLAIM TOTAL							344.00
CLAIM ACCOUNT REF.							2453650012012145SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012146 2012146 PERALTA, INEZ 08/18/1942 715489 111633900  
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
245366	1	T1019		05/28/13	05/28/13	16.00	68.80
245366	2	T1019		05/29/13	05/29/13	16.00	68.80
245366	3	T1019		05/30/13	05/30/13	16.00	68.80
245366	4	T1019		05/31/13	05/31/13	16.00	68.80
CLAIM TOTAL							275.20
CLAIM ACCOUNT REF.							2453660012012146SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012147 2012147 RAMOS, SILVIA 08/16/1957 707547 111551884  
DIAGNOSIS CODES: 724.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245369	1	T1019		05/27/13	05/27/13	20.00	86.00
245369	2	T1019		05/28/13	05/28/13	20.00	86.00
245369	3	T1019		05/29/13	05/29/13	20.00	86.00
245369	4	T1019		05/30/13	05/30/13	20.00	86.00
245369	5	T1019		05/31/13	05/31/13	20.00	86.00
CLAIM TOTAL							430.00
CLAIM ACCOUNT REF.							2453690012012147SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012149 2012149 REGLA, MARIA F 11/21/1933 691499 111552012  
DIAGNOSIS CODES: 250.00 715.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245370	1	T1019		05/25/13	05/25/13	32.00	137.60
245370	2	T1019		05/27/13	05/27/13	24.00	103.20
245370	3	T1019		05/28/13	05/28/13	32.00	137.60
245370	4	T1019		05/29/13	05/29/13	32.00	137.60

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PAYER ID = 14163                      WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245370	5	T1019		05/30/13	05/30/13	32.00	137.60	
245370	6	T1019		05/31/13	05/31/13	32.00	137.60	
					CLAIM TOTAL		791.20	CLAIM ACCOUNT REF. 2453700012012149SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012152	2012152	REYES, TERESA	03/18/1941	697840	111628409
DIAGNOSIS CODES: 250.00 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245371	1	T1019		05/18/13	05/18/13	32.00	137.60	
245371	2	T1019		05/19/13	05/19/13	32.00	137.60	
245371	3	T1019		05/27/13	05/27/13	32.00	137.60	
245371	4	T1019		05/28/13	05/28/13	32.00	137.60	
					CLAIM TOTAL		550.40	CLAIM ACCOUNT REF. 2453710012012152SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012154	2012154	RODRIGUEZ, FRANKLIN	03/26/1989	697529	111632714
DIAGNOSIS CODES: 319.							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245373	1	T1019		05/25/13	05/25/13	24.00	103.20	
245373	2	T1019		05/27/13	05/27/13	24.00	103.20	
245373	3	T1019		05/28/13	05/28/13	24.00	103.20	
245373	4	T1019		05/29/13	05/29/13	24.00	103.20	
245373	5	T1019		05/30/13	05/30/13	24.00	103.20	
245373	6	T1019		05/31/13	05/31/13	24.00	103.20	
					CLAIM TOTAL		619.20	CLAIM ACCOUNT REF. 2453730012012154SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012155	2012155	SANCHEZ, BETANIA	05/10/1956	706048	111688299
DIAGNOSIS CODES: 555.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245375	1	T1019		05/28/13	05/28/13	20.00	86.00	
245375	2	T1019		05/29/13	05/29/13	20.00	86.00	
245375	3	T1019		05/30/13	05/30/13	20.00	86.00	
245375	4	T1019		05/31/13	05/31/13	20.00	86.00	
					CLAIM TOTAL		344.00	CLAIM ACCOUNT REF. 2453750012012155SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012158 2012158 LOPEZ, MANUEL 02/25/1926 741094 111216021  
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245353	1	T1019		05/26/13	05/26/13	48.00	206.40
245353	2	T1019		05/27/13	05/27/13	48.00	206.40
245353	3	T1019		05/28/13	05/28/13	48.00	206.40
245353	4	T1019		05/29/13	05/29/13	48.00	206.40
245353	5	T1019		05/30/13	05/30/13	48.00	206.40
245353	6	T1019		05/31/13	05/31/13	48.00	206.40
CLAIM TOTAL						1,238.40	CLAIM ACCOUNT REF. 2453530012012158SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012161 2012161 ALONSO, ANA 03/02/1943 739934 111560004  
DIAGNOSIS CODES: 733.09 253.5 272.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245338	1	T1019		05/25/13	05/25/13	20.00	86.00
245338	2	T1019		05/26/13	05/26/13	20.00	86.00
245338	3	T1019		05/27/13	05/27/13	20.00	86.00
245338	4	T1019		05/28/13	05/28/13	20.00	86.00
245338	5	T1019		05/29/13	05/29/13	20.00	86.00
245338	6	T1019		05/30/13	05/30/13	20.00	86.00
245338	7	T1019		05/31/13	05/31/13	20.00	86.00
CLAIM TOTAL						602.00	CLAIM ACCOUNT REF. 2453380012012161SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012136 2012266 SOTO, RAFAEL B 03/08/1937 700573 111447220  
DIAGNOSIS CODES: 715.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245378	1	T1019		05/25/13	05/25/13	36.00	154.80
245378	2	T1019		05/26/13	05/26/13	36.00	154.80
245378	3	T1019		05/27/13	05/27/13	36.00	154.80
245378	4	T1019		05/28/13	05/28/13	36.00	154.80
245378	5	T1019		05/29/13	05/29/13	36.00	154.80
245378	6	T1019		05/30/13	05/30/13	36.00	154.80
245378	7	T1019		05/31/13	05/31/13	36.00	154.80
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2453780012012266SUP



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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012719 2012719 SANCHEZ FLORES, ADELA 11/03/1944 761166 11671604  
DIAGNOSIS CODES: 401.9 300.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245374	1	T1019		05/27/13	05/27/13	16.00	68.80
245374	2	T1019		05/29/13	05/29/13	16.00	68.80
245374	3	T1019		05/31/13	05/31/13	16.00	68.80
CLAIM TOTAL							206.40
							CLAIM ACCOUNT REF. 2453740012012719SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012159 2012838 LOPEZ, VITALIA 08/01/1922 691723 111519695  
DIAGNOSIS CODES: 331.0 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245354	1	T1019		03/25/13	03/25/13	4.00	17.20
CLAIM TOTAL							17.20
							CLAIM ACCOUNT REF. 2453540012012838SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012159 2012948 LOPEZ, VITALIA 08/01/1922 691723 111601802  
DIAGNOSIS CODES: 331.0 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245355	1	T1019		05/25/13	05/25/13	48.00	206.40
245355	2	T1019		05/26/13	05/26/13	48.00	206.40
245355	3	T1019		05/27/13	05/27/13	48.00	206.40
245355	4	T1019		05/28/13	05/28/13	48.00	206.40
245355	5	T1019		05/29/13	05/29/13	48.00	206.40
245355	6	T1019		05/30/13	05/30/13	48.00	206.40
245355	7	T1019		05/31/13	05/31/13	48.00	206.40
CLAIM TOTAL							1,444.80
							CLAIM ACCOUNT REF. 2453550012012948SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012952 2012952 FRANCISCO, BRIGIDA 08/20/1957 761853 111640168  
DIAGNOSIS CODES: 714.0 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245346	1	T1019		05/25/13	05/25/13	20.00	86.00
245346	2	T1019		05/26/13	05/26/13	20.00	86.00
245346	3	T1019		05/27/13	05/27/13	20.00	86.00
245346	4	T1019		05/28/13	05/28/13	20.00	86.00
245346	5	T1019		05/29/13	05/29/13	20.00	86.00
245346	6	T1019		05/30/13	05/30/13	20.00	86.00
245346	7	T1019		05/31/13	05/31/13	20.00	86.00

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PAYER ID = 14163                      WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
							602.00		2453460012012952SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012953	2012953	CHOUDHURY, MEHER A	08/16/1974	762773	111605216
DIAGNOSIS CODES: 344.00 493.90 742.3							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
245343	1	T1019		05/10/13	05/10/13	48.00	206.40		
245343	2	T1019		05/25/13	05/25/13	48.00	206.40		
245343	3	T1019		05/26/13	05/26/13	48.00	206.40		
245343	4	T1019		05/27/13	05/27/13	48.00	206.40		
245343	5	T1019		05/28/13	05/28/13	48.00	206.40		
245343	6	T1019		05/29/13	05/29/13	48.00	206.40		
245343	7	T1019		05/30/13	05/30/13	48.00	206.40		
							1,444.80		2453430012012953SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012953	2012953	CHOUDHURY, MEHER A	08/16/1974	762773	111694030
DIAGNOSIS CODES: 344.00 493.90 742.3							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
245344	1	T1019		05/31/13	05/31/13	48.00	206.40		
							206.40		2453440012012953SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	1031950	2012979	HUDGINS, LOUZETTA	05/18/1944	761959	111606565
DIAGNOSIS CODES: 401.9 250.00 278.00 311.							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
245350	1	T1019		05/25/13	05/25/13	20.00	86.00		
245350	2	T1019		05/27/13	05/27/13	20.00	86.00		
245350	3	T1019		05/28/13	05/28/13	20.00	86.00		
245350	4	T1019		05/30/13	05/30/13	20.00	86.00		
							344.00		2453500012012979SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	1031950	2012979	HUDGINS, LOUZETTA	05/18/1944	761959	111697308
DIAGNOSIS CODES: 401.9 250.00 278.00 311.							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
245351	1	T1019		05/31/13	05/31/13	20.00	86.00		
							86.00		2453510012012979SUP

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PRIOR AUTHORIZATION #  
111711486

CLAIM ACCOUNT REF. 2453810012012984SUP

PRIOR AUTHORIZATION #  
111628409

CLAIM ACCOUNT REF. 2453720012013395SUP

TOTAL CLAIM AMOUNT = 25,507.60

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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
245321	1	T1019	0580	05/08/13	05/08/13	40.00	168.80
245321	2	T1019	0580	05/21/13	05/21/13	40.00	168.80
245321	3	T1019	0580	05/23/13	05/23/13	40.00	168.80
245321	4	T1019	0580	05/27/13	05/27/13	40.00	168.80
245321	5	T1019	0580	05/28/13	05/28/13	40.00	168.80
245321	6	T1019	0580	05/29/13	05/29/13	40.00	168.80
245321	7	T1019	0580	05/30/13	05/30/13	40.00	168.80
CLAIM TOTAL						1,181.60	CLAIM ACCOUNT REF. 2453210012008491SUP

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
245324	1	T1019	0580	05/27/13	05/27/13	16.00	67.52
245324	2	T1019	0580	05/28/13	05/28/13	16.00	67.52
245324	3	T1019	0580	05/29/13	05/29/13	16.00	67.52
245324	4	T1019	0580	05/30/13	05/30/13	16.00	67.52
245324	5	T1019	0580	05/31/13	05/31/13	16.00	67.52
CLAIM TOTAL						337.60	CLAIM ACCOUNT REF. 2453240012008513SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008227 2008544 ORR, LOUISE 03/04/1956 ZK40327Q 0005050233  
DIAGNOSIS CODES: 250.00 401.9 428.0 435.9 429.9 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245322	1	T1019	0580	05/25/13	05/25/13	20.00	84.40
245322	2	T1019	0580	05/26/13	05/26/13	12.00	50.64
CLAIM TOTAL						135.04	CLAIM ACCOUNT REF. 2453220012008544SUP

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
245316	1	T1019	0580	05/28/13	05/28/13	16.00	67.52
245316	2	T1019	0580	05/30/13	05/30/13	16.00	67.52
245316	3	T1019	0580	05/31/13	05/31/13	16.00	67.52
CLAIM TOTAL						202.56	CLAIM ACCOUNT REF. 2453160012008723SUP

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PAYER ID = 55247                      HEALTH INSURANCE PLAN

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
245307	1	T1019	0580	05/25/13	05/25/13	48.00	202.56
245307	2	T1019	0580	05/26/13	05/26/13	48.00	202.56
245307	3	T1019	0580	05/27/13	05/27/13	48.00	202.56
245307	4	T1019	0580	05/28/13	05/28/13	48.00	202.56
245307	5	T1019	0580	05/29/13	05/29/13	48.00	202.56
245307	6	T1019	0580	05/30/13	05/30/13	48.00	202.56
245307	7	T1019	0580	05/31/13	05/31/13	48.00	202.56
CLAIM TOTAL						1,417.92	CLAIM ACCOUNT REF. 2453070012008793SUP

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
245317	1	T1019	0580	05/25/13	05/25/13	32.00	135.04
245317	2	T1019	0580	05/26/13	05/26/13	32.00	135.04
245317	3	T1019	0580	05/27/13	05/27/13	32.00	135.04
245317	4	T1019	0580	05/28/13	05/28/13	32.00	135.04
245317	5	T1019	0580	05/29/13	05/29/13	32.00	135.04
245317	6	T1019	0580	05/30/13	05/30/13	32.00	135.04
245317	7	T1019	0580	05/31/13	05/31/13	32.00	135.04
CLAIM TOTAL						945.28	CLAIM ACCOUNT REF. 2453170012009237SUP

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
245323	1	T1019	0580	05/31/13	05/31/13	16.00	67.52
CLAIM TOTAL						67.52	CLAIM ACCOUNT REF. 2453230012009269SUP

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
245319	1	T1019	0580	05/25/13	05/25/13	16.00	67.52
245319	2	T1019	0580	05/26/13	05/26/13	16.00	67.52
245319	3	T1019	0580	05/27/13	05/27/13	16.00	67.52

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PAYER ID = 55247                      HEALTH INSURANCE PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245319	4	T1019	0580	05/28/13	05/28/13	4.00	16.88	
245319	5	T1019	0580	05/29/13	05/29/13	16.00	67.52	
245319	6	T1019	0580	05/30/13	05/30/13	16.00	67.52	
245319	7	T1019	0580	05/31/13	05/31/13	16.00	67.52	
					CLAIM TOTAL		422.00	CLAIM ACCOUNT REF. 2453190012009406SUP

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	
245320	1	T1019	0580	05/29/13	05/29/13	40.00	168.80	
245320	2	T1019	0580	05/30/13	05/30/13	40.00	168.80	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2453200012009562SUP

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	
245310	1	T1019	0580	05/27/13	05/27/13	16.00	67.52	
245310	2	T1019	0580	05/28/13	05/28/13	16.00	67.52	
245310	3	T1019	0580	05/29/13	05/29/13	16.00	67.52	
245310	4	T1019	0580	05/30/13	05/30/13	16.00	67.52	
245310	5	T1019	0580	05/31/13	05/31/13	16.00	67.52	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2453100012009686SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245312	1	T1019	0580	03/01/13	03/01/13	28.00	118.16	
					CLAIM TOTAL		118.16	CLAIM ACCOUNT REF. 2453120012009945SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245313	1	T1019	0580	05/15/13	05/15/13	28.00	118.16	
245313	2	T1019	0580	05/25/13	05/25/13	28.00	118.16	
245313	3	T1019	0580	05/26/13	05/26/13	28.00	118.16	

REPORT DATE 06/05/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013060505110676RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245313	4	T1019	0580	05/27/13	05/27/13	28.00	118.16
245313	5	T1019	0580	05/28/13	05/28/13	28.00	118.16
245313	6	T1019	0580	05/29/13	05/29/13	28.00	118.16
245313	7	T1019	0580	05/30/13	05/30/13	28.00	118.16
245313	8	T1019	0580	05/31/13	05/31/13	28.00	118.16
CLAIM TOTAL							945.28

CLAIM ACCOUNT REF. 2453130012009945SUP

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
245311	1	T1019	0580	05/25/13	05/25/13	36.00	151.92
245311	2	T1019	0580	05/26/13	05/26/13	36.00	151.92
245311	3	T1019	0580	05/28/13	05/28/13	36.00	151.92
245311	4	T1019	0580	05/29/13	05/29/13	36.00	151.92
245311	5	T1019	0580	05/30/13	05/30/13	36.00	151.92
245311	6	T1019	0580	05/31/13	05/31/13	36.00	151.92
CLAIM TOTAL							911.52

CLAIM ACCOUNT REF. 2453110012010991SUP

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
245308	1	G0156	0572	05/25/13	05/25/13	8.00	114.00
245308	2	G0156	0572	05/26/13	05/26/13	8.00	114.00
245308	3	G0156	0572	05/27/13	05/27/13	8.00	114.00
245308	4	G0156	0572	05/28/13	05/28/13	8.00	114.00
245308	5	G0156	0572	05/29/13	05/29/13	8.00	114.00
245308	6	G0156	0572	05/30/13	05/30/13	8.00	114.00
245308	7	G0156	0572	05/31/13	05/31/13	8.00	114.00
CLAIM TOTAL							798.00

CLAIM ACCOUNT REF. 2453080012011066SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008273 2011526 DE JESUS, TIBURCIO 08/11/1947 XX16524S 0005503237  
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
245309	1	T1019	0580	05/25/13	05/25/13	48.00	202.56
245309	2	T1019	0580	05/26/13	05/26/13	48.00	202.56
245309	3	T1019	0580	05/27/13	05/27/13	48.00	202.56
245309	4	T1019	0580	05/28/13	05/28/13	48.00	202.56

REPORT DATE 06/05/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013060505110676RRSUP

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

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245309	5	T1019	0580	05/29/13	05/29/13	48.00	202.56
245309	6	T1019	0580	05/30/13	05/30/13	44.00	185.68
CLAIM TOTAL							1,198.48

CLAIM ACCOUNT REF. 2453090012011526SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009467 2011833 KEATON, CATHERINE 08/30/1923 WC81742E 0004298435  
DIAGNOSIS CODES: 715.00 365.9 401.9 780.4 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245314	1	T1019	0580	05/25/13	05/25/13	48.00	202.56
245314	2	T1019	0580	05/26/13	05/26/13	48.00	202.56
245314	3	T1019	0580	05/27/13	05/27/13	48.00	202.56
245314	4	T1019	0580	05/28/13	05/28/13	48.00	202.56
245314	5	T1019	0580	05/29/13	05/29/13	48.00	202.56
245314	6	T1019	0580	05/30/13	05/30/13	48.00	202.56
245314	7	T1019	0580	05/31/13	05/31/13	48.00	202.56
CLAIM TOTAL							1,417.92

CLAIM ACCOUNT REF. 2453140012011833SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010634 2012343 YIANNITSIS, LEO 07/13/1934 MNF57492P01 0005825708  
DIAGNOSIS CODES: 253.5 272.4 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245318	1	T1019	0580	05/27/13	05/27/13	20.00	84.40
245318	2	T1019	0580	05/28/13	05/28/13	16.00	67.52
245318	3	T1019	0580	05/29/13	05/29/13	20.00	84.40
245318	4	T1019	0580	05/30/13	05/30/13	20.00	84.40
245318	5	T1019	0580	05/31/13	05/31/13	20.00	84.40
CLAIM TOTAL							405.12

CLAIM ACCOUNT REF. 2453180012012343SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012541 2012541 LANGELOH, HOWARD 09/29/1923 16394107 0005921983  
DIAGNOSIS CODES: 715.90 250.00 272.4 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245315	1	T1019	0580	05/25/13	05/25/13	24.00	101.28
245315	2	T1019	0580	05/26/13	05/26/13	24.00	101.28
245315	3	T1019	0580	05/27/13	05/27/13	24.00	101.28
245315	4	T1019	0580	05/28/13	05/28/13	24.00	101.28
245315	5	T1019	0580	05/29/13	05/29/13	24.00	101.28
245315	6	T1019	0580	05/30/13	05/30/13	24.00	101.28
245315	7	T1019	0580	05/31/13	05/31/13	24.00	101.28
CLAIM TOTAL							708.96

CLAIM ACCOUNT REF. 2453150012012541SUP



REPORT DATE 06/05/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013060505110676RRSUP

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

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	93	TOTAL CLAIM AMOUNT =	11,888.16
		# SERVICES =	17		

REPORT DATE 06/05/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013060505110676RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER       ID = 77073                      VNSNY CHOICE

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001   2012481    2012481   REYES, LORGIO                      05/15/1982    V80024771                      130240009  
DIAGNOSIS CODES:   585.6        294.9        315.34    389.9        401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245405	1	S5125		05/25/13	05/25/13	24.00	102.96
245405	2	S5125		05/27/13	05/27/13	40.00	171.60
245405	3	S5125		05/28/13	05/28/13	24.00	102.96
245405	4	S5125		05/29/13	05/29/13	40.00	171.60
245405	5	S5125		05/30/13	05/30/13	24.00	102.96
245405	6	S5125		05/31/13	05/31/13	40.00	171.60
CLAIM TOTAL						823.68	CLAIM ACCOUNT REF.   2454050012012481SUP

PAYER TOTALS:    VNSNY CHOICE                      # OF CLAIMS =                      6    TOTAL CLAIM AMOUNT =                      823.68  
# SERVICES =                      1

REPORT DATE 06/05/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013060505110676RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245260	1	T1019		05/25/13	05/25/13	12.00	50.64
245260	2	T1019		05/26/13	05/26/13	12.00	50.64
245260	3	T1019		05/27/13	05/27/13	12.00	50.64
245260	4	T1019		05/28/13	05/28/13	12.00	50.64
245260	5	T1019		05/29/13	05/29/13	12.00	50.64
245260	6	T1019		05/30/13	05/30/13	12.00	50.64
245260	7	T1019		05/31/13	05/31/13	12.00	50.64
CLAIM TOTAL							354.48
CLAIM ACCOUNT REF.							2452600012008246SUP

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
245261	1	T1019		05/27/13	05/27/13	12.00	50.64
245261	2	T1019		05/28/13	05/28/13	12.00	50.64
245261	3	T1019		05/29/13	05/29/13	12.00	50.64
245261	4	T1019		05/30/13	05/30/13	12.00	50.64
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2452610012008248SUP

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: 714.0 272.4 401.9 536.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245255	1	T1019		05/25/13	05/25/13	44.00	185.68
245255	2	T1019		05/26/13	05/26/13	44.00	185.68
245255	3	T1019		05/27/13	05/27/13	44.00	185.68
245255	4	T1019		05/28/13	05/28/13	44.00	185.68
245255	5	T1019		05/29/13	05/29/13	44.00	185.68
245255	6	T1019		05/30/13	05/30/13	44.00	185.68
245255	7	T1019		05/31/13	05/31/13	44.00	185.68
CLAIM TOTAL							1,299.76
CLAIM ACCOUNT REF.							2452550012008249SUP

REPORT DATE 06/05/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013060505110676RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008250 2008250 SALAZAR, LUZ MARIA 02/19/1970 SC60317K R2266641  
DIAGNOSIS CODES: 952.9 564.81 596.54 806.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245263	1	T1019		05/25/13	05/25/13	32.00	135.04
245263	2	T1019		05/26/13	05/26/13	32.00	135.04
245263	3	T1019		05/27/13	05/27/13	32.00	135.04
245263	4	T1019		05/28/13	05/28/13	32.00	135.04
245263	5	T1019		05/29/13	05/29/13	32.00	135.04
245263	6	T1019		05/30/13	05/30/13	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2452630012008250SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008253 2008253 MACARENA, SAHARA 09/12/1965 VT07830U R2084101  
DIAGNOSIS CODES: 359.0 719.45

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245256	1	T1019		05/04/13	05/04/13	48.00	202.56
245256	2	T1019		05/25/13	05/25/13	48.00	202.56
245256	3	T1019		05/27/13	05/27/13	48.00	202.56
245256	4	T1019		05/28/13	05/28/13	48.00	202.56
245256	5	T1019		05/29/13	05/29/13	48.00	202.56
245256	6	T1019		05/30/13	05/30/13	48.00	202.56
245256	7	T1019		05/31/13	05/31/13	40.00	168.80
CLAIM TOTAL							1,384.16
CLAIM ACCOUNT REF.							2452560012008253SUP

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
245266	1	T1019		05/30/13	05/30/13	32.00	135.04
245266	2	T1019		05/31/13	05/31/13	32.00	135.04
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2452660012008254SUP

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
245242	1	T1019		05/27/13	05/27/13	32.00	135.04
245242	2	T1019		05/28/13	05/28/13	32.00	135.04
245242	3	T1019		05/29/13	05/29/13	32.00	135.04

REPORT DATE 06/05/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013060505110676RRSUP

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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
245242	4	T1019		05/30/13	05/30/13	32.00	135.04
245242	5	T1019		05/31/13	05/31/13	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2452420012008256SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245246	1	T1019		05/25/13	05/25/13	24.00	101.28
245246	2	T1019		05/26/13	05/26/13	24.00	101.28
245246	3	T1019		05/27/13	05/27/13	24.00	101.28
245246	4	T1019		05/28/13	05/28/13	24.00	101.28
245246	5	T1019		05/29/13	05/29/13	24.00	101.28
245246	6	T1019		05/30/13	05/30/13	24.00	101.28
245246	7	T1019		05/31/13	05/31/13	24.00	101.28
CLAIM TOTAL							708.96

CLAIM ACCOUNT REF. 2452460012008257SUP

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
245264	1	T1019		05/27/13	05/27/13	32.00	135.04
245264	2	T1019		05/28/13	05/28/13	32.00	135.04
245264	3	T1019		05/29/13	05/29/13	32.00	135.04
245264	4	T1019		05/30/13	05/30/13	32.00	135.04
245264	5	T1019		05/31/13	05/31/13	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2452640012008290SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008362 2008362 FONTANES, PEDRO 08/27/1948 RX10287Z R2240716  
DIAGNOSIS CODES: 724.3 278.00 427.31 428.0 724.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245248	1	T1019		05/18/13	05/18/13	32.00	135.04
245248	2	T1019		05/25/13	05/25/13	32.00	135.04
245248	3	T1019		05/26/13	05/26/13	32.00	135.04
245248	4	T1019		05/27/13	05/27/13	32.00	135.04
245248	5	T1019		05/28/13	05/28/13	16.00	67.52
245248	6	T1019		05/29/13	05/29/13	40.00	168.80
245248	7	T1019		05/30/13	05/30/13	40.00	168.80
245248	8	T1019		05/31/13	05/31/13	32.00	135.04

REPORT DATE 06/05/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013060505110676RRSUP

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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	CLAIM ACCOUNT REF.
							1,080.32	2452480012008362SUP
						CLAIM TOTAL		

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	CLAIM ACCOUNT REF.
245262	1	T1019		05/27/13	05/27/13	16.00	67.52	
245262	2	T1019		05/28/13	05/28/13	16.00	67.52	
245262	3	T1019		05/29/13	05/29/13	16.00	67.52	
245262	4	T1019		05/30/13	05/30/13	16.00	67.52	
245262	5	T1019		05/31/13	05/31/13	16.00	67.52	
						CLAIM TOTAL	337.60	2452620012008368SUP

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	CLAIM ACCOUNT REF.
245249	1	T1019		05/25/13	05/25/13	32.00	135.04	
245249	2	T1019		05/26/13	05/26/13	32.00	135.04	
245249	3	T1019		05/27/13	05/27/13	32.00	135.04	
245249	4	T1019		05/28/13	05/28/13	32.00	135.04	
245249	5	T1019		05/29/13	05/29/13	32.00	135.04	
245249	6	T1019		05/30/13	05/30/13	32.00	135.04	
245249	7	T1019		05/31/13	05/31/13	32.00	135.04	
						CLAIM TOTAL	945.28	2452490012008411SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008428	2008428	KAUR, HARBANS	02/03/1937	VB22061J	0103261301334
DIAGNOSIS	CODES:	401.9	272.4	332.1	453.42		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
245252	1	T1019		05/25/13	05/25/13	28.00	118.16	
245252	2	T1019		05/26/13	05/26/13	28.00	118.16	
245252	3	T1019		05/27/13	05/27/13	28.00	118.16	
245252	4	T1019		05/28/13	05/28/13	28.00	118.16	
245252	5	T1019		05/29/13	05/29/13	28.00	118.16	
245252	6	T1019		05/30/13	05/30/13	28.00	118.16	
245252	7	T1019		05/31/13	05/31/13	28.00	118.16	
						CLAIM TOTAL	827.12	2452520012008428SUP

REPORT DATE 06/05/13                      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 2008433 2008433 BHAIRO, KOWSILILLI 05/13/1954 VG15691D R2088833  
DIAGNOSIS CODES: 340. 286.0 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245239	1	T1019		05/25/13	05/25/13	32.00	135.04
245239	2	T1019		05/26/13	05/26/13	32.00	135.04
245239	3	T1019		05/27/13	05/27/13	32.00	135.04
245239	4	T1019		05/28/13	05/28/13	32.00	135.04
245239	5	T1019		05/29/13	05/29/13	32.00	135.04
245239	6	T1019		05/30/13	05/30/13	28.00	118.16
245239	7	T1019		05/31/13	05/31/13	32.00	135.04
CLAIM TOTAL							928.40

CLAIM ACCOUNT REF. 2452390012008433SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z 0101171302771  
DIAGNOSIS CODES: 250.00 244.8 311. 401.9 428.0 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245238	1	T1019		05/25/13	05/25/13	12.00	50.64
245238	2	T1019		05/27/13	05/27/13	20.00	84.40
245238	3	T1019		05/28/13	05/28/13	20.00	84.40
245238	4	T1019		05/29/13	05/29/13	20.00	84.40
245238	5	T1019		05/30/13	05/30/13	20.00	84.40
245238	6	T1019		05/31/13	05/31/13	20.00	84.40
CLAIM TOTAL							472.64

CLAIM ACCOUNT REF. 2452380012008487SUP

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
245268	1	T1019		05/25/13	05/25/13	48.00	202.56
245268	2	T1019		05/26/13	05/26/13	48.00	202.56
245268	3	T1019		05/27/13	05/27/13	48.00	202.56
245268	4	T1019		05/29/13	05/29/13	48.00	202.56
245268	5	T1019		05/30/13	05/30/13	48.00	202.56
245268	6	T1019		05/31/13	05/31/13	48.00	202.56
CLAIM TOTAL							1,215.36

CLAIM ACCOUNT REF. 2452680012008558SUP

REPORT DATE 06/05/13                      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    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	
245245	1	T1019		05/25/13	05/25/13	16.00	67.52	
245245	2	T1019		05/26/13	05/26/13	16.00	67.52	
245245	3	T1019		05/27/13	05/27/13	24.00	101.28	
245245	4	T1019		05/28/13	05/28/13	24.00	101.28	
245245	5	T1019		05/29/13	05/29/13	24.00	101.28	
245245	6	T1019		05/30/13	05/30/13	24.00	101.28	
245245	7	T1019		05/31/13	05/31/13	24.00	101.28	
					CLAIM TOTAL		641.44	CLAIM ACCOUNT REF.    2452450012008571SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008380    2009001    FERRERA, FRANCISCA                      06/06/1948    YH55651V                      R2113770  
DIAGNOSIS CODES:    301.9       401.9       493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245247	1	T1019		05/25/13	05/25/13	40.00	168.80	
245247	2	T1019		05/26/13	05/26/13	40.00	168.80	
245247	3	T1019		05/29/13	05/29/13	40.00	168.80	
245247	4	T1019		05/30/13	05/30/13	40.00	168.80	
245247	5	T1019		05/31/13	05/31/13	40.00	168.80	
					CLAIM TOTAL		844.00	CLAIM ACCOUNT REF.    2452470012009001SUP

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	
245243	1	T1019		05/25/13	05/25/13	32.00	135.04	
245243	2	T1019		05/27/13	05/27/13	32.00	135.04	
245243	3	T1019		05/28/13	05/28/13	32.00	135.04	
245243	4	T1019		05/29/13	05/29/13	32.00	135.04	
245243	5	T1019		05/30/13	05/30/13	32.00	135.04	
245243	6	T1019		05/31/13	05/31/13	32.00	135.04	
					CLAIM TOTAL		810.24	CLAIM ACCOUNT REF.    2452430012009270SUP



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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 2009405 2009405 CORTES DE GALINDO, NEL 05/25/1925 PF03624B 0103141302031  
DIAGNOSIS CODES: 401.9 537.9 648.12

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245244	1	T1019		05/23/13	05/23/13	24.00	101.28
245244	2	T1019		05/27/13	05/27/13	24.00	101.28
245244	3	T1019		05/28/13	05/28/13	24.00	101.28
245244	4	T1019		05/29/13	05/29/13	24.00	101.28
245244	5	T1019		05/30/13	05/30/13	24.00	101.28
245244	6	T1019		05/31/13	05/31/13	24.00	101.28
CLAIM TOTAL						607.68	CLAIM ACCOUNT REF. 2452440012009405SUP

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
245250	1	T1019		05/27/13	05/27/13	16.00	67.52
245250	2	T1019		05/29/13	05/29/13	12.00	50.64
245250	3	T1019		05/31/13	05/31/13	16.00	67.52
CLAIM TOTAL						185.68	CLAIM ACCOUNT REF. 2452500012009425SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009560 2009560 BOCHENEC, JOLANTA 07/08/1964 ZT71147Q R2066168  
DIAGNOSIS CODES: 854.00 272.4 300.00 307.42 781.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245240	1	T1019		05/25/13	05/25/13	24.00	101.28
245240	2	T1019		05/26/13	05/26/13	24.00	101.28
245240	3	T1019		05/27/13	05/27/13	24.00	101.28
245240	4	T1019		05/28/13	05/28/13	12.00	50.64
245240	5	T1019		05/29/13	05/29/13	24.00	101.28
245240	6	T1019		05/30/13	05/30/13	24.00	101.28
245240	7	T1019		05/31/13	05/31/13	24.00	101.28
CLAIM TOTAL						658.32	CLAIM ACCOUNT REF. 2452400012009560SUP

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
245272	1	T1019		05/27/13	05/27/13	32.00	135.04
245272	2	T1019		05/28/13	05/28/13	32.00	135.04

REPORT DATE 06/05/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013060505110676RRSUP

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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	
245272	3	T1019		05/29/13	05/29/13	32.00	135.04	
245272	4	T1019		05/30/13	05/30/13	32.00	135.04	
245272	5	T1019		05/31/13	05/31/13	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2452720012010009SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008299	2010311	LAZALA, GLADYS	02/03/1950	ZT39863D	R2083859
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	
245254	1	T1019		05/25/13	05/25/13	48.00	202.56	
245254	2	T1019		05/26/13	05/26/13	48.00	202.56	
245254	3	T1019		05/27/13	05/27/13	48.00	202.56	
245254	4	T1019		05/28/13	05/28/13	48.00	202.56	
245254	5	T1019		05/29/13	05/29/13	48.00	202.56	
245254	6	T1019		05/30/13	05/30/13	48.00	202.56	
245254	7	T1019		05/31/13	05/31/13	48.00	202.56	
					CLAIM TOTAL		1,417.92	CLAIM ACCOUNT REF. 2452540012010311SUP

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	
245271	1	T1019		05/25/13	05/25/13	20.00	84.40	
245271	2	T1019		05/26/13	05/26/13	20.00	84.40	
245271	3	T1019		05/30/13	05/30/13	20.00	84.40	
245271	4	T1019		05/31/13	05/31/13	20.00	84.40	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2452710012010758SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008813	2010967	LARA, TOMASA	10/11/1931	SX47950B	R2115813
DIAGNOSIS	CODES:	401.9	244.9	272.4	715.80		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245253	1	T1019		05/25/13	05/25/13	32.00	135.04	
245253	2	T1019		05/27/13	05/27/13	32.00	135.04	
245253	3	T1019		05/28/13	05/28/13	32.00	135.04	
245253	4	T1019		05/29/13	05/29/13	32.00	135.04	
245253	5	T1019		05/30/13	05/30/13	32.00	135.04	
245253	6	T1019		05/31/13	05/31/13	32.00	135.04	
					CLAIM TOTAL		810.24	CLAIM ACCOUNT REF. 2452530012010967SUP

REPORT DATE 06/05/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013060505110676RRSUP

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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	
245241	1	T1019		05/27/13	05/27/13	40.00	168.80	
245241	2	T1019		05/28/13	05/28/13	40.00	168.80	
245241	3	T1019		05/29/13	05/29/13	40.00	168.80	
245241	4	T1019		05/30/13	05/30/13	40.00	168.80	
245241	5	T1019		05/31/13	05/31/13	40.00	168.80	
CLAIM TOTAL							844.00	CLAIM ACCOUNT REF.    2452410012011528SUP

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	
245267	1	T1019		05/25/13	05/25/13	36.00	151.92	
245267	2	T1019		05/27/13	05/27/13	40.00	168.80	
245267	3	T1019		05/28/13	05/28/13	40.00	168.80	
245267	4	T1019		05/29/13	05/29/13	40.00	168.80	
245267	5	T1019		05/30/13	05/30/13	40.00	168.80	
245267	6	T1019		05/31/13	05/31/13	40.00	168.80	
CLAIM TOTAL							995.92	CLAIM ACCOUNT REF.    2452670012011820SUP

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	
245259	1	T1019		05/25/13	05/25/13	40.00	168.80	
245259	2	T1019		05/26/13	05/26/13	40.00	168.80	
245259	3	T1019		05/27/13	05/27/13	40.00	168.80	
245259	4	T1019		05/28/13	05/28/13	40.00	168.80	
245259	5	T1019		05/29/13	05/29/13	40.00	168.80	
245259	6	T1019		05/30/13	05/30/13	40.00	168.80	
245259	7	T1019		05/31/13	05/31/13	40.00	168.80	
CLAIM TOTAL							1,181.60	CLAIM ACCOUNT REF.    2452590012012284SUP

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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    2011495    2012478    ISKANDER, JACOB S       04/14/1949    YS88012Z                      R2140203  
DIAGNOSIS CODES:    748.60    253.5    401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245251	1	T1019		05/25/13	05/25/13	32.00	135.04	
245251	2	T1019		05/26/13	05/26/13	32.00	135.04	
245251	3	T1019		05/27/13	05/27/13	32.00	135.04	
245251	4	T1019		05/28/13	05/28/13	32.00	135.04	
245251	5	T1019		05/29/13	05/29/13	32.00	135.04	
245251	6	T1019		05/30/13	05/30/13	32.00	135.04	
245251	7	T1019		05/31/13	05/31/13	32.00	135.04	
					CLAIM TOTAL	945.28		CLAIM ACCOUNT REF.    2452510012012478SUP

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	
245265	1	T1019		02/05/13	02/05/13	32.00	135.04	
245265	2	T1019		02/06/13	02/06/13	32.00	135.04	
245265	3	T1019		02/07/13	02/07/13	32.00	135.04	
245265	4	T1019		02/08/13	02/08/13	32.00	135.04	
245265	5	T1019		05/09/13	05/09/13	36.00	151.92	
245265	6	T1019		05/25/13	05/25/13	32.00	135.04	
245265	7	T1019		05/26/13	05/26/13	32.00	135.04	
245265	8	T1019		05/27/13	05/27/13	36.00	151.92	
245265	9	T1019		05/28/13	05/28/13	24.00	101.28	
245265	10	T1019		05/29/13	05/29/13	36.00	151.92	
245265	11	T1019		05/30/13	05/30/13	36.00	151.92	
245265	12	T1019		05/31/13	05/31/13	36.00	151.92	
					CLAIM TOTAL	1,671.12		CLAIM ACCOUNT REF.    2452650012012498SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2009733    2012683    ORTIZ, TULA              10/30/1957    ST52677J                      R2161864  
DIAGNOSIS CODES:    022.2    272.4    332.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245257	1	T1019		05/25/13	05/25/13	24.00	101.28	
245257	2	T1019		05/28/13	05/28/13	24.00	101.28	
245257	3	T1019		05/29/13	05/29/13	24.00	101.28	
245257	4	T1019		05/30/13	05/30/13	24.00	101.28	
245257	5	T1019		05/31/13	05/31/13	24.00	101.28	
					CLAIM TOTAL	506.40		CLAIM ACCOUNT REF.    2452570012012683SUP

REPORT DATE 06/05/13                      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 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	
245269	1	T1019		05/11/13	05/11/13	32.00	135.04	
245269	2	T1019		05/25/13	05/25/13	32.00	135.04	
245269	3	T1019		05/26/13	05/26/13	32.00	135.04	
245269	4	T1019		05/27/13	05/27/13	20.00	84.40	
245269	5	T1019		05/28/13	05/28/13	32.00	135.04	
245269	6	T1019		05/29/13	05/29/13	20.00	84.40	
245269	7	T1019		05/30/13	05/30/13	32.00	135.04	
245269	8	T1019		05/31/13	05/31/13	20.00	84.40	
				CLAIM TOTAL		928.40		CLAIM ACCOUNT REF. 2452690012012772SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012731 2012823 VALENCIA, ESTHER J 11/13/1930 UF20889J R2182130  
DIAGNOSIS CODES: 401.9 414.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245270	1	T1019		05/27/13	05/27/13	24.00	101.28	
245270	2	T1019		05/28/13	05/28/13	24.00	101.28	
245270	3	T1019		05/29/13	05/29/13	24.00	101.28	
245270	4	T1019		05/30/13	05/30/13	24.00	101.28	
245270	5	T1019		05/31/13	05/31/13	24.00	101.28	
				CLAIM TOTAL		506.40		CLAIM ACCOUNT REF. 2452700012012823SUP

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	
245258	1	T1020		05/25/13	05/25/13	12.00	202.56	
245258	2	T1020		05/26/13	05/26/13	12.00	202.56	
245258	3	T1020		05/27/13	05/27/13	12.00	202.56	
245258	4	T1020		05/28/13	05/28/13	12.00	202.56	
245258	5	T1020		05/29/13	05/29/13	12.00	202.56	
245258	6	T1020		05/30/13	05/30/13	12.00	202.56	
245258	7	T1020		05/31/13	05/31/13	12.00	202.56	
				CLAIM TOTAL		1,417.92		CLAIM ACCOUNT REF. 2452580012013053SUP

REPORT DATE 06/05/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013060505110676RRSUP

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

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	214	TOTAL CLAIM AMOUNT =	28,172.72
		# SERVICES =	35		

REPORT DATE 06/05/13                      SUNNYSIDE CITYWIDE  
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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
245300	1	T1019		05/25/13	05/25/13	40.00	171.60
245300	2	T1019		05/26/13	05/26/13	40.00	171.60
245300	3	T1019		05/27/13	05/27/13	40.00	171.60
245300	4	T1019		05/28/13	05/28/13	40.00	171.60
245300	5	T1019		05/29/13	05/29/13	40.00	171.60
245300	6	T1019		05/30/13	05/30/13	40.00	171.60
245300	7	T1019		05/31/13	05/31/13	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2453000012008245SUP

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
245304	1	T1019		05/25/13	05/25/13	16.00	68.64
245304	2	T1019		05/26/13	05/26/13	16.00	68.64
245304	3	T1019		05/27/13	05/27/13	36.00	154.44
245304	4	T1019		05/28/13	05/28/13	36.00	154.44
245304	5	T1019		05/29/13	05/29/13	36.00	154.44
245304	6	T1019		05/30/13	05/30/13	36.00	154.44
245304	7	T1019		05/31/13	05/31/13	36.00	154.44
CLAIM TOTAL						909.48	CLAIM ACCOUNT REF. 2453040012008287SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008401 2008401 SAFOS, PATRA 12/18/1948 100029836 610562900  
DIAGNOSIS CODES: 340. 244.8 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245306	1	T1019		05/25/13	05/25/13	32.00	137.28
245306	2	T1019		05/26/13	05/26/13	32.00	137.28
245306	3	T1019		05/27/13	05/27/13	32.00	137.28
245306	4	T1019		05/28/13	05/28/13	32.00	137.28
245306	5	T1019		05/29/13	05/29/13	32.00	137.28
245306	6	T1019		05/30/13	05/30/13	32.00	137.28
245306	7	T1019		05/31/13	05/31/13	32.00	137.28
CLAIM TOTAL						960.96	CLAIM ACCOUNT REF. 2453060012008401SUP

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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 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
245302	1	T1019		05/25/13	05/25/13	48.00	205.92
245302	2	T1019		05/26/13	05/26/13	48.00	205.92
245302	3	T1019		05/27/13	05/27/13	48.00	205.92
245302	4	T1019		05/28/13	05/28/13	48.00	205.92
245302	5	T1019		05/29/13	05/29/13	48.00	205.92
245302	6	T1019		05/30/13	05/30/13	48.00	205.92
245302	7	T1019		05/31/13	05/31/13	48.00	205.92
CLAIM TOTAL						1,441.44	CLAIM ACCOUNT REF. 2453020012011881SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013149 2013149 KOH, BYUNG CHOLL 05/06/1923 101428305 610504628  
DIAGNOSIS CODES: 250.00 244.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245303	1	T1019		05/25/13	05/25/13	12.00	51.48
245303	2	T1019		05/26/13	05/26/13	12.00	51.48
245303	3	T1019		05/27/13	05/27/13	12.00	51.48
245303	4	T1019		05/28/13	05/28/13	16.00	68.64
245303	5	T1019		05/29/13	05/29/13	16.00	68.64
245303	6	T1019		05/30/13	05/30/13	16.00	68.64
245303	7	T1019		05/31/13	05/31/13	16.00	68.64
CLAIM TOTAL						429.00	CLAIM ACCOUNT REF. 2453030012013149SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013181 2013181 REYES, RODOLFO 04/17/1927 101465844 610722495  
DIAGNOSIS CODES: 427.89 443.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245305	1	T1019		05/25/13	05/25/13	16.00	68.64
245305	2	T1019		05/27/13	05/27/13	16.00	68.64
245305	3	T1019		05/28/13	05/28/13	16.00	68.64
245305	4	T1019		05/29/13	05/29/13	16.00	68.64
245305	5	T1019		05/30/13	05/30/13	16.00	68.64
245305	6	T1019		05/31/13	05/31/13	16.00	68.64
CLAIM TOTAL						411.84	CLAIM ACCOUNT REF. 2453050012013181SUP



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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 2013182 2013182 FARFAN, MARIA 06/17/1924 101465838 610697951  
DIAGNOSIS CODES: 780.99 294.10 530.81 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245301	1	T1019		05/27/13	05/27/13	12.00	51.48	
245301	2	T1019		05/28/13	05/28/13	12.00	51.48	
245301	3	T1019		05/29/13	05/29/13	16.00	68.64	
245301	4	T1019		05/30/13	05/30/13	12.00	51.48	
245301	5	T1019		05/31/13	05/31/13	12.00	51.48	
					CLAIM TOTAL	274.56		CLAIM ACCOUNT REF. 2453010012013182SUP

PAYER TOTALS: UNITEDHEALTHCARE                      # OF CLAIMS = 46    TOTAL CLAIM AMOUNT = 5,628.48  
# SERVICES = 7

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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
245383	1	T1019	0580	05/19/13	05/19/13	40.00	168.80
245383	2	T1019	0580	05/25/13	05/25/13	40.00	168.80
245383	3	T1019	0580	05/26/13	05/26/13	40.00	168.80
245383	4	T1019	0580	05/27/13	05/27/13	32.00	135.04
245383	5	T1019	0580	05/28/13	05/28/13	32.00	135.04
245383	6	T1019	0580	05/29/13	05/29/13	32.00	135.04
245383	7	T1019	0580	05/30/13	05/30/13	32.00	135.04
245383	8	T1019	0580	05/31/13	05/31/13	32.00	135.04
CLAIM TOTAL						1,181.60	CLAIM ACCOUNT REF. 2453830012008266SUP

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
245384	1	S5130	0582	05/30/13	05/30/13	16.00	67.52
245384	2	S5130	0582	05/31/13	05/31/13	16.00	67.52
CLAIM TOTAL						135.04	CLAIM ACCOUNT REF. 2453840012009279SUP

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
245386	1	T1019	0580	05/25/13	05/25/13	16.00	67.52
245386	2	T1019	0580	05/26/13	05/26/13	16.00	67.52
245386	3	T1019	0580	05/27/13	05/27/13	12.00	50.64
245386	4	T1019	0580	05/28/13	05/28/13	12.00	50.64
245386	5	T1019	0580	05/29/13	05/29/13	12.00	50.64
245386	6	T1019	0580	05/30/13	05/30/13	12.00	50.64
245386	7	T1019	0580	05/31/13	05/31/13	12.00	50.64
CLAIM TOTAL						388.24	CLAIM ACCOUNT REF. 2453860012010728SUP

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
245385	1	T1019	0580	05/25/13	05/25/13	20.00	84.40

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013060505110676RRSUP

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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
245385	2	T1019	0580	05/26/13	05/26/13	20.00	84.40
245385	3	T1019	0580	05/27/13	05/27/13	16.00	67.52
245385	4	T1019	0580	05/28/13	05/28/13	16.00	67.52
245385	5	T1019	0580	05/29/13	05/29/13	16.00	67.52
245385	6	T1019	0580	05/30/13	05/30/13	16.00	67.52
245385	7	T1019	0580	05/31/13	05/31/13	16.00	67.52
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2453850012010729SUP

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
245389	1	T1019	0580	05/27/13	05/27/13	24.00	90.00
245389	2	T1019	0580	05/28/13	05/28/13	24.00	90.00
245389	3	T1019	0580	05/29/13	05/29/13	24.00	90.00
245389	4	T1019	0580	05/30/13	05/30/13	24.00	90.00
245389	5	T1019	0580	05/31/13	05/31/13	24.00	90.00
CLAIM TOTAL							450.00

CLAIM ACCOUNT REF. 2453890012012354SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012076 2012357 ESPINAL, MARIA 05/27/1951 713844209 103312722  
DIAGNOSIS CODES: 311. 272.4 386.9 493.92

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
245391	1	T1019	0580	05/25/13	05/25/13	24.00	90.00
245391	2	T1019	0580	05/27/13	05/27/13	24.00	90.00
245391	3	T1019	0580	05/28/13	05/28/13	24.00	90.00
245391	4	T1019	0580	05/29/13	05/29/13	24.00	90.00
245391	5	T1019	0580	05/30/13	05/30/13	24.00	90.00
245391	6	T1019	0580	05/31/13	05/31/13	24.00	90.00
CLAIM TOTAL							540.00

CLAIM ACCOUNT REF. 2453910012012357SUP

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
245394	1	T1019	0580	05/27/13	05/27/13	16.00	60.00
245394	2	T1019	0580	05/28/13	05/28/13	16.00	60.00
245394	3	T1019	0580	05/29/13	05/29/13	16.00	60.00
245394	4	T1019	0580	05/30/13	05/30/13	16.00	60.00
245394	5	T1019	0580	05/31/13	05/31/13	16.00	60.00

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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	CLAIM ACCOUNT REF.
							300.00	2453940012012358SUP
						CLAIM TOTAL		

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	CLAIM ACCOUNT REF.
245395	1	T1019	0580	05/27/13	05/27/13	20.00	75.00	
245395	2	T1019	0580	05/28/13	05/28/13	20.00	75.00	
245395	3	T1019	0580	05/29/13	05/29/13	20.00	75.00	
245395	4	T1019	0580	05/30/13	05/30/13	20.00	75.00	
245395	5	T1019	0580	05/31/13	05/31/13	20.00	75.00	
						CLAIM TOTAL	375.00	2453950012012362SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010003	2012373	DENNISON, KELVIN *	09/23/1991	6944796	103006820
DIAGNOSIS	CODES:	799.9					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
245390	1	T1019	0580	05/27/13	05/27/13	24.00	90.00	
						CLAIM TOTAL	90.00	2453900012012373SUP

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	CLAIM ACCOUNT REF.
245392	1	T1019	0580	05/27/13	05/27/13	32.00	120.00	
245392	2	T1019	0580	05/28/13	05/28/13	36.00	135.00	
245392	3	T1019	0580	05/29/13	05/29/13	32.00	120.00	
245392	4	T1019	0580	05/30/13	05/30/13	36.00	135.00	
245392	5	T1019	0580	05/31/13	05/31/13	32.00	120.00	
						CLAIM TOTAL	630.00	2453920012012374SUP

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
245388	1	T1019	0580	05/28/13	05/28/13	28.00	105.00
245388	2	T1019	0580	05/29/13	05/29/13	28.00	105.00
245388	3	T1019	0580	05/30/13	05/30/13	28.00	105.00
245388	4	T1019	0580	05/31/13	05/31/13	16.00	60.00

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013060505110676RRSUP

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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	CLAIM TOTAL	CLAIM ACCOUNT REF.
							375.00		2453880012012732SUP

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	CLAIM TOTAL	CLAIM ACCOUNT REF.
245387	1	T1019	0580	05/25/13	05/25/13	20.00	75.00		
245387	2	T1019	0580	05/26/13	05/26/13	20.00	75.00		
245387	3	T1019	0580	05/27/13	05/27/13	28.00	105.00		
245387	4	T1019	0580	05/28/13	05/28/13	28.00	105.00		
245387	5	T1019	0580	05/29/13	05/29/13	28.00	105.00		
245387	6	T1019	0580	05/30/13	05/30/13	28.00	105.00		
245387	7	T1019	0580	05/31/13	05/31/13	28.00	105.00		
							675.00		2453870012012876SUP

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	CLAIM TOTAL	CLAIM ACCOUNT REF.
245393	1	T1019	0580	05/27/13	05/27/13	16.00	60.00		
245393	2	T1019	0580	05/28/13	05/28/13	16.00	60.00		
245393	3	T1019	0580	05/29/13	05/29/13	16.00	60.00		
245393	4	T1019	0580	05/30/13	05/30/13	16.00	60.00		
245393	5	T1019	0580	05/31/13	05/31/13	16.00	60.00		
							300.00		2453930012013018SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009247	2013352	CARRILLO, MARIA	05/18/1956	712689120	
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	CLAIM TOTAL	CLAIM ACCOUNT REF.
245382	1	T1019	0580	05/27/13	05/27/13	20.00	84.40		
245382	2	T1019	0580	05/28/13	05/28/13	20.00	84.40		
245382	3	T1019	0580	05/29/13	05/29/13	20.00	84.40		
245382	4	T1019	0580	05/30/13	05/30/13	20.00	84.40		
245382	5	T1019	0580	05/31/13	05/31/13	20.00	84.40		
							422.00		2453820012013352SUP

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

PAYER TOTALS:	AMERIGROUP NEW YORK,LLC	# OF CLAIMS =	72	TOTAL CLAIM AMOUNT =	6,368.28
		# SERVICES =	14		

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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	
245401	1	T1019	1C		05/27/13	05/27/13	6.00	98.40	
245401	2	T1019	1C		05/28/13	05/28/13	6.00	98.40	
245401	3	T1019	1C		05/29/13	05/29/13	6.00	98.40	
245401	4	T1019	1C		05/30/13	05/30/13	6.00	98.40	
245401	5	T1019	1C		05/31/13	05/31/13	6.00	98.40	
CLAIM TOTAL								492.00	CLAIM ACCOUNT REF. 2454010012011453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011870 2011870 AGOSTINI, MONSERRATE 07/18/1944 558 418549  
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245399	1	T1019	1C		05/27/13	05/27/13	6.00	98.40	
245399	2	T1019	1C		05/28/13	05/28/13	6.00	98.40	
245399	3	T1019	1C		05/29/13	05/29/13	6.00	98.40	
245399	4	T1019	1C		05/30/13	05/30/13	6.00	98.40	
245399	5	T1019	1C		05/31/13	05/31/13	6.00	98.40	
CLAIM TOTAL								492.00	CLAIM ACCOUNT REF. 2453990012011870SUP

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	
245400	1	T1019	1C		05/25/13	05/25/13	4.00	65.60	
245400	2	T1019	1C		05/26/13	05/26/13	4.00	65.60	
245400	3	T1019	1C		05/27/13	05/27/13	4.00	65.60	
245400	4	T1019	1C		05/28/13	05/28/13	4.00	65.60	
245400	5	T1019	1C		05/29/13	05/29/13	4.00	65.60	
245400	6	T1019	1C		05/30/13	05/30/13	4.00	65.60	
245400	7	T1019	1C		05/31/13	05/31/13	4.00	65.60	
CLAIM TOTAL								459.20	CLAIM ACCOUNT REF. 2454000012012213SUP

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
245404	1	T1019	1C		05/25/13	05/25/13	8.00	131.20

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NPI = 1154407492

CLAIM ACCOUNT REF. 2454040012013010SUP

PRIOR AUTHORIZATION #  
462100

CLAIM ACCOUNT REF. 2454020012013320SUP

PRIOR AUTHORIZATION #  
464363

CLAIM ACCOUNT REF. 2454030012013361SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	37	TOTAL CLAIM AMOUNT =	4,526.40
		# SERVICES =	6		



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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008382 2010800 GOMEZ, AGUSTINA 05/15/1933 JRX53860E01 2013051715500001  
DIAGNOSIS CODES: 230.3 153.0 401.9 733.00 V60.3  
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245396	1	T1019	0580	05/25/13	05/25/13	36.00	151.92	
245396	2	T1019	0580	05/26/13	05/26/13	36.00	151.92	
245396	3	T1019	0580	05/27/13	05/27/13	36.00	151.92	
245396	4	T1019	0580	05/28/13	05/28/13	36.00	151.92	
245396	5	T1019	0580	05/29/13	05/29/13	36.00	151.92	
245396	6	T1019	0580	05/30/13	05/30/13	36.00	151.92	
245396	7	T1019	0580	05/31/13	05/31/13	36.00	151.92	
CLAIM TOTAL							1,063.44	CLAIM ACCOUNT REF. 2453960012010800SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JSV04323R01 2013031115500001  
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	
245398	1	T1019	0580	05/28/13	05/28/13	16.00	67.52	
245398	2	T1019	0580	05/29/13	05/29/13	16.00	67.52	
245398	3	T1019	0580	05/30/13	05/30/13	16.00	67.52	
245398	4	T1019	0580	05/31/13	05/31/13	16.00	67.52	
CLAIM TOTAL							270.08	CLAIM ACCOUNT REF. 2453980012010804SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012890 2012890 SCOTT, AKHNATON 04/28/1992 JPQ4958E01 2013032015500001  
DIAGNOSIS CODES: 299.00 317.  
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
245397	1	T1019	0580	05/28/13	05/28/13	16.00	67.52	
245397	2	T1019	0580	05/29/13	05/29/13	16.00	67.52	
245397	3	T1019	0580	05/30/13	05/30/13	16.00	67.52	
245397	4	T1019	0580	05/31/13	05/31/13	16.00	67.52	
CLAIM TOTAL							270.08	CLAIM ACCOUNT REF. 2453970012012890SUP

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

PAYER TOTALS:	HEALTHCARE PARTNERS IPA I	# OF CLAIMS =	15	TOTAL CLAIM AMOUNT =	1,603.60
		# SERVICES =	3		

PROVIDER TOTALS:	SUNNYSIDE CITYWIDE	# OF CLAIMS =	937	TOTAL CLAIM AMOUNT =	115,902.88
		# SERVICES =	164		