

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050108361370RRSUP

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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
240161	1	T1020		04/20/13	04/20/13	11.00	185.57
240161	2	T1020		04/22/13	04/22/13	6.00	101.22
240161	3	T1020		04/23/13	04/23/13	6.00	101.22
240161	4	T1020		04/24/13	04/24/13	6.00	101.22
240161	5	T1020		04/25/13	04/25/13	6.00	101.22
240161	6	T1020		04/26/13	04/26/13	6.00	101.22
CLAIM TOTAL						691.67	CLAIM ACCOUNT REF. 2401610012008267SUP

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
240158	1	T1020		04/15/13	04/15/13	9.00	151.83
240158	2	T1020		04/16/13	04/16/13	9.00	151.83
240158	3	T1020		04/17/13	04/17/13	9.00	151.83
240158	4	T1020		04/19/13	04/19/13	9.00	151.83
240158	5	T1020		04/20/13	04/20/13	9.00	151.83
240158	6	T1020		04/21/13	04/21/13	9.00	151.83
240158	7	T1020		04/22/13	04/22/13	9.00	151.83
240158	8	T1020		04/23/13	04/23/13	9.00	151.83
240158	9	T1020		04/24/13	04/24/13	9.00	151.83
240158	10	T1020		04/25/13	04/25/13	9.00	151.83
240158	11	T1020		04/26/13	04/26/13	9.00	151.83
CLAIM TOTAL						1,670.13	CLAIM ACCOUNT REF. 2401580012008268SUP

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
240155	1	T1020		04/20/13	04/20/13	7.00	118.09
240155	2	T1020		04/21/13	04/21/13	7.00	118.09
240155	3	T1020		04/22/13	04/22/13	7.00	118.09
240155	4	T1020		04/23/13	04/23/13	6.00	101.22
240155	5	T1020		04/24/13	04/24/13	7.00	118.09
240155	6	T1020		04/25/13	04/25/13	7.00	118.09
240155	7	T1020		04/26/13	04/26/13	7.00	118.09
CLAIM TOTAL						809.76	CLAIM ACCOUNT REF. 2401550012008306SUP

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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
240152	1	T1020		04/20/13	04/20/13	7.00	118.09
240152	2	T1020		04/21/13	04/21/13	7.00	118.09
240152	3	T1020		04/22/13	04/22/13	7.00	118.09
240152	4	T1020		04/23/13	04/23/13	7.00	118.09
240152	5	T1020		04/24/13	04/24/13	7.00	118.09
240152	6	T1020		04/25/13	04/25/13	7.00	118.09
240152	7	T1020		04/26/13	04/26/13	7.00	118.09
CLAIM TOTAL							826.63
CLAIM ACCOUNT REF.							2401520012008386SUP

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
240160	1	T1020		04/23/13	04/23/13	8.00	134.96
240160	2	T1020		04/24/13	04/24/13	8.00	134.96
240160	3	T1020		04/25/13	04/25/13	5.00	84.35
240160	4	T1020		04/26/13	04/26/13	9.00	151.83
CLAIM TOTAL							506.10
CLAIM ACCOUNT REF.							2401600012008400SUP

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
240156	1	T1020		04/20/13	04/20/13	4.00	67.48
240156	2	T1020		04/22/13	04/22/13	5.00	84.35
240156	3	T1020		04/23/13	04/23/13	5.00	84.35
240156	4	T1020		04/24/13	04/24/13	5.00	84.35
240156	5	T1020		04/25/13	04/25/13	5.00	84.35
240156	6	T1020		04/26/13	04/26/13	4.00	67.48
CLAIM TOTAL							472.36
CLAIM ACCOUNT REF.							2401560012010712SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
240154	1	T1020		04/20/13	04/20/13	1.00	16.87

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 11315 FIDELIS CARE NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
240154	2	T1020		04/21/13	04/21/13	1.00	16.87
240154	3	T1020		04/22/13	04/22/13	1.00	16.87
240154	4	T1020		04/23/13	04/23/13	1.00	16.87
240154	5	T1020		04/24/13	04/24/13	1.00	16.87
240154	6	T1020		04/25/13	04/25/13	1.00	16.87
240154	7	T1020		04/26/13	04/26/13	1.00	16.87
CLAIM TOTAL							118.09

CLAIM ACCOUNT REF. 2401540012012726SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012985 2012985 BROWN, CARMEN 05/23/1943 742392928 130931917
DIAGNOSIS CODES: 780.99

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
240153	1	T1020		04/20/13	04/20/13	1.00	16.87
240153	2	T1020		04/21/13	04/21/13	1.00	16.87
240153	3	T1020		04/22/13	04/22/13	1.00	16.87
240153	4	T1020		04/23/13	04/23/13	1.00	16.87
240153	5	T1020		04/24/13	04/24/13	1.00	16.87
240153	6	T1020		04/25/13	04/25/13	1.00	16.87
240153	7	T1020		04/26/13	04/26/13	1.00	16.87
CLAIM TOTAL							118.09

CLAIM ACCOUNT REF. 2401530012012985SUP

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
240157	1	T1020		04/22/13	04/22/13	7.00	118.09
240157	2	T1020		04/23/13	04/23/13	7.00	118.09
240157	3	T1020		04/24/13	04/24/13	7.00	118.09
240157	4	T1020		04/25/13	04/25/13	7.00	118.09
240157	5	T1020		04/26/13	04/26/13	7.00	118.09
CLAIM TOTAL							590.45

CLAIM ACCOUNT REF. 2401570012013021SUP

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
240159	1	T1020		04/20/13	04/20/13	12.00	202.44
240159	2	T1020		04/21/13	04/21/13	8.00	134.96
240159	3	T1020		04/22/13	04/22/13	12.00	202.44
240159	4	T1020		04/23/13	04/23/13	12.00	202.44

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
240159	5	T1020		04/24/13	04/24/13	12.00	202.44	
240159	6	T1020		04/25/13	04/25/13	12.00	202.44	
240159	7	T1020		04/26/13	04/26/13	12.00	202.44	
					CLAIM TOTAL		1,349.60	CLAIM ACCOUNT REF. 2401590012013080SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	67	TOTAL CLAIM AMOUNT =	7,152.88
		# SERVICES =	10		

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 11325 NEIGHBORHOOD HEALTH

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
240139	1	T1019		04/24/13	04/24/13	16.00	67.52
240139	2	T1019		04/25/13	04/25/13	16.00	67.52
240139	3	T1019		04/26/13	04/26/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2401390012008261SUP

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
240144	1	T1019		04/20/13	04/20/13	24.00	101.28
240144	2	T1019		04/21/13	04/21/13	24.00	101.28
240144	3	T1019		04/22/13	04/22/13	24.00	101.28
240144	4	T1019		04/23/13	04/23/13	24.00	101.28
240144	5	T1019		04/24/13	04/24/13	24.00	101.28
240144	6	T1019		04/25/13	04/25/13	24.00	101.28
240144	7	T1019		04/26/13	04/26/13	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2401440012008263SUP

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
240149	1	T1019		04/20/13	04/20/13	40.00	168.80
240149	2	T1019		04/21/13	04/21/13	40.00	168.80
240149	3	T1019		04/22/13	04/22/13	40.00	168.80
240149	4	T1019		04/23/13	04/23/13	40.00	168.80
240149	5	T1019		04/24/13	04/24/13	40.00	168.80
240149	6	T1019		04/25/13	04/25/13	40.00	168.80
240149	7	T1019		04/26/13	04/26/13	40.00	168.80
CLAIM TOTAL							1,181.60
CLAIM ACCOUNT REF.							2401490012008265SUP

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
240151	1	T1019		04/20/13	04/20/13	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	
240151	2	T1019		04/21/13	04/21/13	16.00	67.52	
240151	3	T1019		04/22/13	04/22/13	24.00	101.28	
240151	4	T1019		04/23/13	04/23/13	24.00	101.28	
240151	5	T1019		04/24/13	04/24/13	24.00	101.28	
240151	6	T1019		04/25/13	04/25/13	24.00	101.28	
240151	7	T1019		04/26/13	04/26/13	24.00	101.28	
					CLAIM TOTAL		641.44	CLAIM ACCOUNT REF. 2401510012008303SUP

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	
240141	1	T1019		04/22/13	04/22/13	20.00	84.40	
240141	2	T1019		04/23/13	04/23/13	20.00	84.40	
240141	3	T1019		04/24/13	04/24/13	4.00	16.88	
240141	4	T1019		04/25/13	04/25/13	20.00	84.40	
					CLAIM TOTAL		270.08	CLAIM ACCOUNT REF. 2401410012008366SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
240136	1	T1019		04/20/13	04/20/13	28.00	118.16	
240136	2	T1019		04/22/13	04/22/13	32.00	135.04	
					CLAIM TOTAL		253.20	CLAIM ACCOUNT REF. 2401360012008403SUP

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	
240146	1	T1019		04/22/13	04/22/13	24.00	101.28	
240146	2	T1019		04/23/13	04/23/13	24.00	101.28	
240146	3	T1019		04/24/13	04/24/13	24.00	101.28	
240146	4	T1019		04/25/13	04/25/13	24.00	101.28	
240146	5	T1019		04/26/13	04/26/13	24.00	101.28	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2401460012008421SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008422 2008422 MOSKOWITZ, RONA 02/16/1952 10063710601 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
240145	1	T1019		04/20/13	04/20/13	24.00	101.28
240145	2	T1019		04/22/13	04/22/13	24.00	101.28
240145	3	T1019		04/23/13	04/23/13	24.00	101.28
240145	4	T1019		04/24/13	04/24/13	24.00	101.28
240145	5	T1019		04/25/13	04/25/13	24.00	101.28
240145	6	T1019		04/26/13	04/26/13	24.00	101.28
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2401450012008422SUP

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
240150	1	T1019		04/22/13	04/22/13	16.00	67.52
240150	2	T1019		04/23/13	04/23/13	16.00	67.52
240150	3	T1019		04/25/13	04/25/13	16.00	67.52
240150	4	T1019		04/26/13	04/26/13	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2401500012008425SUP

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
240140	1	T1019		04/20/13	04/20/13	40.00	168.80
240140	2	T1019		04/21/13	04/21/13	40.00	168.80
240140	3	T1019		04/22/13	04/22/13	40.00	168.80
240140	4	T1019		04/23/13	04/23/13	40.00	168.80
240140	5	T1019		04/24/13	04/24/13	40.00	168.80
240140	6	T1019		04/26/13	04/26/13	40.00	168.80
CLAIM TOTAL							1,012.80
CLAIM ACCOUNT REF.							2401400012008427SUP

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
240147	1	T1019		04/22/13	04/22/13	24.00	101.28
240147	2	T1019		04/23/13	04/23/13	24.00	101.28

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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	
240147	3	T1019		04/24/13	04/24/13	24.00	101.28	
240147	4	T1019		04/25/13	04/25/13	24.00	101.28	
240147	5	T1019		04/26/13	04/26/13	24.00	101.28	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2401470012008531SUP

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	
240143	1	T1019		04/22/13	04/22/13	28.00	118.16	
240143	2	T1019		04/23/13	04/23/13	28.00	118.16	
240143	3	T1019		04/24/13	04/24/13	28.00	118.16	
240143	4	T1019		04/25/13	04/25/13	28.00	118.16	
240143	5	T1019		04/26/13	04/26/13	28.00	118.16	
					CLAIM TOTAL		590.80	CLAIM ACCOUNT REF. 2401430012008742SUP

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	
240138	1	T1019		04/22/13	04/22/13	16.00	67.52	
240138	2	T1019		04/23/13	04/23/13	24.00	101.28	
240138	3	T1019		04/24/13	04/24/13	24.00	101.28	
240138	4	T1019		04/25/13	04/25/13	24.00	101.28	
240138	5	T1019		04/26/13	04/26/13	24.00	101.28	
					CLAIM TOTAL		472.64	CLAIM ACCOUNT REF. 2401380012008802SUP

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	
240142	1	T1019		04/20/13	04/20/13	36.00	151.92	
240142	2	T1019		04/21/13	04/21/13	36.00	151.92	
240142	3	T1019		04/22/13	04/22/13	48.00	202.56	
240142	4	T1019		04/23/13	04/23/13	48.00	202.56	
240142	5	T1019		04/24/13	04/24/13	48.00	202.56	
240142	6	T1019		04/25/13	04/25/13	48.00	202.56	
240142	7	T1019		04/26/13	04/26/13	48.00	202.56	
					CLAIM TOTAL		1,316.64	CLAIM ACCOUNT REF. 2401420012009356SUP

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050108361370RRSUP

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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 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	
240134	1	T1019		04/20/13	04/20/13	32.00	135.04	
240134	2	T1019		04/21/13	04/21/13	32.00	135.04	
240134	3	T1019		04/22/13	04/22/13	32.00	135.04	
240134	4	T1019		04/23/13	04/23/13	32.00	135.04	
240134	5	T1019		04/25/13	04/25/13	24.00	101.28	
CLAIM TOTAL							641.44	CLAIM ACCOUNT REF. 2401340012010143SUP

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	
240148	1	T1019		04/22/13	04/22/13	20.00	84.40	
240148	2	T1019		04/23/13	04/23/13	20.00	84.40	
240148	3	T1019		04/24/13	04/24/13	20.00	84.40	
240148	4	T1019		04/25/13	04/25/13	20.00	84.40	
240148	5	T1019		04/26/13	04/26/13	20.00	84.40	
CLAIM TOTAL							422.00	CLAIM ACCOUNT REF. 2401480012010353SUP

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	
240135	1	T1019		04/22/13	04/22/13	36.00	151.92	
240135	2	T1019		04/24/13	04/24/13	36.00	151.92	
240135	3	T1019		04/25/13	04/25/13	36.00	151.92	
240135	4	T1019		04/26/13	04/26/13	36.00	151.92	
CLAIM TOTAL							607.68	CLAIM ACCOUNT REF. 2401350012010878SUP

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	
240137	1	T1019		04/20/13	04/20/13	48.00	202.56	
240137	2	T1019		04/21/13	04/21/13	16.00	67.52	
240137	3	T1019		04/22/13	04/22/13	48.00	202.56	
240137	4	T1019		04/23/13	04/23/13	48.00	202.56	

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050108361370RRSUP

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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	
240137	5	T1019		04/24/13	04/24/13	48.00	202.56	
240137	6	T1019		04/25/13	04/25/13	44.00	185.68	
240137	7	T1019		04/26/13	04/26/13	48.00	202.56	
					CLAIM TOTAL		1,266.00	CLAIM ACCOUNT REF. 2401370012012500SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	94	TOTAL CLAIM AMOUNT =	11,478.40
		# SERVICES =	18		

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050108361370RRSUP

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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
240186	1	T1019		04/20/13	04/20/13	4.00	68.60
240186	2	T1019		04/21/13	04/21/13	4.00	68.60
240186	3	T1019		04/22/13	04/22/13	12.00	205.80
240186	4	T1019		04/23/13	04/23/13	12.00	205.80
240186	5	T1019		04/24/13	04/24/13	12.00	205.80
240186	6	T1019		04/25/13	04/25/13	12.00	205.80
240186	7	T1019		04/26/13	04/26/13	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2401860012008233SUP

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
240192	1	T1019		04/20/13	04/20/13	8.00	137.20
240192	2	T1019		04/21/13	04/21/13	8.00	137.20
240192	3	T1019		04/22/13	04/22/13	11.00	188.65
240192	4	T1019		04/23/13	04/23/13	11.00	188.65
240192	5	T1019		04/24/13	04/24/13	11.00	188.65
240192	6	T1019		04/25/13	04/25/13	7.00	120.05
240192	7	T1019		04/26/13	04/26/13	11.00	188.65
CLAIM TOTAL						1,149.05	CLAIM ACCOUNT REF. 2401920012008236SUP

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
240190	1	T1019		04/09/13	04/09/13	10.00	171.50
240190	2	T1019		04/22/13	04/22/13	10.00	171.50
240190	3	T1019		04/23/13	04/23/13	10.00	171.50
240190	4	T1019		04/24/13	04/24/13	10.00	171.50
240190	5	T1019		04/26/13	04/26/13	9.00	154.35
CLAIM TOTAL						840.35	CLAIM ACCOUNT REF. 2401900012008385SUP

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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
240189	1	T1019		04/20/13	04/20/13	5.00	85.75
240189	2	T1019		04/21/13	04/21/13	4.00	68.60
240189	3	T1019		04/22/13	04/22/13	4.00	68.60
240189	4	T1019		04/23/13	04/23/13	5.00	85.75
240189	5	T1019		04/24/13	04/24/13	3.00	51.45
240189	6	T1019		04/25/13	04/25/13	5.00	85.75
240189	7	T1019		04/26/13	04/26/13	4.00	68.60
CLAIM TOTAL							514.50

CLAIM ACCOUNT REF. 2401890012008417SUP

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
240194	1	T1019		04/22/13	04/22/13	8.00	137.20
240194	2	T1019		04/23/13	04/23/13	8.00	137.20
240194	3	T1019		04/24/13	04/24/13	8.00	137.20
240194	4	T1019		04/25/13	04/25/13	8.00	137.20
240194	5	T1019		04/26/13	04/26/13	8.00	137.20
CLAIM TOTAL							686.00

CLAIM ACCOUNT REF. 2401940012008418SUP

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
240187	1	T1019		04/11/13	04/11/13	10.00	171.50
240187	2	T1019		04/20/13	04/20/13	10.00	171.50
240187	3	T1019		04/21/13	04/21/13	10.00	171.50
240187	4	T1019		04/22/13	04/22/13	10.00	171.50
240187	5	T1019		04/23/13	04/23/13	10.00	171.50
240187	6	T1019		04/24/13	04/24/13	10.00	171.50
240187	7	T1019		04/25/13	04/25/13	9.00	154.35
240187	8	T1019		04/26/13	04/26/13	10.00	171.50
CLAIM TOTAL							1,354.85

CLAIM ACCOUNT REF. 2401870012008743SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050108361370RRSUP

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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
240195	1	T1019		04/06/13	04/06/13	5.00	85.75
240195	2	T1019		04/20/13	04/20/13	5.00	85.75
240195	3	T1019		04/21/13	04/21/13	5.00	85.75
CLAIM TOTAL							257.25

CLAIM ACCOUNT REF. 2401950012009377SUP

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
240196	1	T1019		04/26/13	04/26/13	4.00	68.60
CLAIM TOTAL							68.60

CLAIM ACCOUNT REF. 2401960012009377SUP

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
240193	1	T1019		04/20/13	04/20/13	8.00	137.20
240193	2	T1019		04/22/13	04/22/13	3.00	51.45
240193	3	T1019		04/23/13	04/23/13	3.00	51.45
240193	4	T1019		04/24/13	04/24/13	3.00	51.45
240193	5	T1019		04/25/13	04/25/13	3.00	51.45
240193	6	T1019		04/26/13	04/26/13	4.00	68.60
CLAIM TOTAL							411.60

CLAIM ACCOUNT REF. 2401930012009688SUP

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
240198	1	T1019		04/20/13	04/20/13	5.00	85.75
240198	2	T1019		04/21/13	04/21/13	5.00	85.75
240198	3	T1019		04/22/13	04/22/13	6.00	102.90
240198	4	T1019		04/23/13	04/23/13	5.00	85.75
240198	5	T1019		04/24/13	04/24/13	5.00	85.75
240198	6	T1019		04/25/13	04/25/13	5.00	85.75
240198	7	T1019		04/26/13	04/26/13	6.00	102.90
CLAIM TOTAL							634.55

CLAIM ACCOUNT REF. 2401980012010213SUP

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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
240191	1	T1019		04/20/13	04/20/13	3.00	51.45
240191	2	T1019		04/21/13	04/21/13	3.00	51.45
240191	3	T1019		04/22/13	04/22/13	3.00	51.45
240191	4	T1019		04/23/13	04/23/13	3.00	51.45
240191	5	T1019		04/24/13	04/24/13	3.00	51.45
240191	6	T1019		04/25/13	04/25/13	3.00	51.45
240191	7	T1019		04/26/13	04/26/13	3.00	51.45
CLAIM TOTAL							360.15
CLAIM ACCOUNT REF.							2401910012010886SUP

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
240188	1	T1019		04/20/13	04/20/13	24.00	411.60
240188	2	T1019		04/21/13	04/21/13	24.00	411.60
240188	3	T1019		04/22/13	04/22/13	24.00	411.60
240188	4	T1019		04/23/13	04/23/13	24.00	411.60
240188	5	T1019		04/24/13	04/24/13	24.00	411.60
240188	6	T1019		04/25/13	04/25/13	24.00	411.60
240188	7	T1019		04/26/13	04/26/13	24.00	411.60
CLAIM TOTAL							2,881.20
CLAIM ACCOUNT REF.							2401880012011286SUP

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
240197	1	T1019		04/20/13	04/20/13	4.00	68.60
240197	2	T1019		04/21/13	04/21/13	4.00	68.60
240197	3	T1019		04/22/13	04/22/13	4.00	68.60
240197	4	T1019		04/23/13	04/23/13	4.00	68.60
240197	5	T1019		04/24/13	04/24/13	4.00	68.60
240197	6	T1019		04/25/13	04/25/13	4.00	68.60
240197	7	T1019		04/26/13	04/26/13	4.00	68.60
CLAIM TOTAL							480.20
CLAIM ACCOUNT REF.							2401970012013071SUP

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 13265 METROPLUS HEALTH PLAN

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	77	TOTAL CLAIM AMOUNT =	10,804.50
		# SERVICES =	12		

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050108361370RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
240223	1	T1019		04/20/13	04/20/13	36.00	154.80
240223	2	T1019		04/21/13	04/21/13	36.00	154.80
240223	3	T1019		04/22/13	04/22/13	36.00	154.80
240223	4	T1019		04/23/13	04/23/13	36.00	154.80
240223	5	T1019		04/24/13	04/24/13	36.00	154.80
240223	6	T1019		04/25/13	04/25/13	36.00	154.80
240223	7	T1019		04/26/13	04/26/13	36.00	154.80
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2402230012008286SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008495 2008495 MARTINEZ, MARIA 09/05/1958 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
240212	1	T1019		02/01/13	02/01/13	24.00	103.20
240212	2	T1019		02/27/13	02/27/13	24.00	103.20
240212	3	T1019		04/20/13	04/20/13	24.00	103.20
240212	4	T1019		04/21/13	04/21/13	24.00	103.20
240212	5	T1019		04/22/13	04/22/13	24.00	103.20
240212	6	T1019		04/23/13	04/23/13	24.00	103.20
240212	7	T1019		04/24/13	04/24/13	24.00	103.20
240212	8	T1019		04/25/13	04/25/13	24.00	103.20
240212	9	T1019		04/26/13	04/26/13	24.00	103.20
CLAIM TOTAL						928.80	CLAIM ACCOUNT REF. 2402120012008495SUP

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
240199	1	T1019		04/20/13	04/20/13	28.00	120.40
240199	2	T1019		04/21/13	04/21/13	28.00	120.40
240199	3	T1019		04/22/13	04/22/13	28.00	120.40
240199	4	T1019		04/23/13	04/23/13	28.00	120.40
240199	5	T1019		04/24/13	04/24/13	28.00	120.40
240199	6	T1019		04/25/13	04/25/13	28.00	120.40
240199	7	T1019		04/26/13	04/26/13	28.00	120.40
CLAIM TOTAL						842.80	CLAIM ACCOUNT REF. 2401990012012101SUP

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050108361370RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012102 2012102 BISRAM, ROOPKALIA 01/03/1938 708029 111353605
DIAGNOSIS CODES: 401.9 272.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
240200	1	T1019		04/22/13	04/22/13	16.00	68.80
240200	2	T1019		04/23/13	04/23/13	16.00	68.80
240200	3	T1019		04/24/13	04/24/13	16.00	68.80
240200	4	T1019		04/25/13	04/25/13	16.00	68.80
240200	5	T1019		04/26/13	04/26/13	16.00	68.80
CLAIM TOTAL							344.00

CLAIM ACCOUNT REF. 2402000012012102SUP

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
240201	1	T1019		04/22/13	04/22/13	40.00	172.00
240201	2	T1019		04/23/13	04/23/13	40.00	172.00
240201	3	T1019		04/24/13	04/24/13	40.00	172.00
240201	4	T1019		04/25/13	04/25/13	40.00	172.00
240201	5	T1019		04/26/13	04/26/13	40.00	172.00
CLAIM TOTAL							860.00

CLAIM ACCOUNT REF. 2402010012012104SUP

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
240203	1	T1019		04/20/13	04/20/13	32.00	137.60
240203	2	T1019		04/21/13	04/21/13	32.00	137.60
240203	3	T1019		04/22/13	04/22/13	32.00	137.60
240203	4	T1019		04/23/13	04/23/13	32.00	137.60
240203	5	T1019		04/24/13	04/24/13	32.00	137.60
240203	6	T1019		04/25/13	04/25/13	32.00	137.60
240203	7	T1019		04/26/13	04/26/13	32.00	137.60
CLAIM TOTAL							963.20

CLAIM ACCOUNT REF. 2402030012012107SUP

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
240205	1	T1019		04/22/13	04/22/13	24.00	103.20

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050108361370RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
240205	2	T1019		04/23/13	04/23/13	24.00	103.20	
240205	3	T1019		04/24/13	04/24/13	24.00	103.20	
240205	4	T1019		04/25/13	04/25/13	24.00	103.20	
240205	5	T1019		04/26/13	04/26/13	24.00	103.20	
				CLAIM TOTAL			516.00	CLAIM ACCOUNT REF. 2402050012012108SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012110	2012110	GOMEZ, RANNIE	09/11/1917	698802	111549523
DIAGNOSIS	CODES:	401.9	272.2	365.9	428.0	733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
240206	1	T1019		04/22/13	04/22/13	28.00	120.40	
240206	2	T1019		04/23/13	04/23/13	28.00	120.40	
240206	3	T1019		04/24/13	04/24/13	28.00	120.40	
240206	4	T1019		04/25/13	04/25/13	28.00	120.40	
240206	5	T1019		04/26/13	04/26/13	28.00	120.40	
				CLAIM TOTAL			602.00	CLAIM ACCOUNT REF. 2402060012012110SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012117	2012117	HAYNES, LAMONT	08/22/1920	695748	111524712
DIAGNOSIS	CODES:	799.89				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
240207	1	T1019		04/20/13	04/20/13	20.00	86.00	
240207	2	T1019		04/21/13	04/21/13	20.00	86.00	
240207	3	T1019		04/22/13	04/22/13	16.00	68.80	
240207	4	T1019		04/23/13	04/23/13	16.00	68.80	
240207	5	T1019		04/24/13	04/24/13	16.00	68.80	
240207	6	T1019		04/25/13	04/25/13	16.00	68.80	
240207	7	T1019		04/26/13	04/26/13	16.00	68.80	
				CLAIM TOTAL			516.00	CLAIM ACCOUNT REF. 2402070012012117SUP

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	
240209	1	T1019		04/22/13	04/22/13	28.00	120.40	
240209	2	T1019		04/23/13	04/23/13	28.00	120.40	
240209	3	T1019		04/24/13	04/24/13	28.00	120.40	
240209	4	T1019		04/25/13	04/25/13	28.00	120.40	
240209	5	T1019		04/26/13	04/26/13	28.00	120.40	
				CLAIM TOTAL			602.00	CLAIM ACCOUNT REF. 2402090012012120SUP

REPORT DATE 05/01/13 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 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
240214	1	T1019		04/21/13	04/21/13	32.00	137.60
240214	2	T1019		04/23/13	04/23/13	32.00	137.60
240214	3	T1019		04/25/13	04/25/13	32.00	137.60
240214	4	T1019		04/26/13	04/26/13	32.00	137.60
CLAIM TOTAL							550.40
CLAIM ACCOUNT REF.							2402140012012121SUP

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
240215	1	T1019		04/20/13	04/20/13	20.00	86.00
240215	2	T1019		04/21/13	04/21/13	20.00	86.00
240215	3	T1019		04/22/13	04/22/13	20.00	86.00
240215	4	T1019		04/23/13	04/23/13	20.00	86.00
240215	5	T1019		04/24/13	04/24/13	20.00	86.00
240215	6	T1019		04/25/13	04/25/13	20.00	86.00
240215	7	T1019		04/26/13	04/26/13	20.00	86.00
CLAIM TOTAL							602.00
CLAIM ACCOUNT REF.							2402150012012122SUP

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
240216	1	T1019		04/20/13	04/20/13	20.00	86.00
240216	2	T1019		04/21/13	04/21/13	20.00	86.00
240216	3	T1019		04/22/13	04/22/13	28.00	120.40
240216	4	T1019		04/23/13	04/23/13	28.00	120.40
240216	5	T1019		04/24/13	04/24/13	28.00	120.40
240216	6	T1019		04/25/13	04/25/13	28.00	120.40
240216	7	T1019		04/26/13	04/26/13	28.00	120.40
CLAIM TOTAL							774.00
CLAIM ACCOUNT REF.							2402160012012130SUP

REPORT DATE 05/01/13 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 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
240218	1	T1019		04/22/13	04/22/13	16.00	68.80
240218	2	T1019		04/24/13	04/24/13	16.00	68.80
CLAIM TOTAL							137.60

CLAIM ACCOUNT REF. 2402180012012131SUP

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
240217	1	T1019		04/20/13	04/20/13	20.00	86.00
240217	2	T1019		04/21/13	04/21/13	20.00	86.00
240217	3	T1019		04/23/13	04/23/13	32.00	137.60
240217	4	T1019		04/24/13	04/24/13	32.00	137.60
240217	5	T1019		04/25/13	04/25/13	32.00	137.60
240217	6	T1019		04/26/13	04/26/13	32.00	137.60
CLAIM TOTAL							722.40

CLAIM ACCOUNT REF. 2402170012012132SUP

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
240229	1	T1019		04/22/13	04/22/13	28.00	120.40
240229	2	T1019		04/23/13	04/23/13	28.00	120.40
240229	3	T1019		04/24/13	04/24/13	28.00	120.40
240229	4	T1019		04/25/13	04/25/13	28.00	120.40
CLAIM TOTAL							481.60

CLAIM ACCOUNT REF. 2402290012012134SUP

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: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
240232	1	T1019		04/22/13	04/22/13	32.00	137.60
240232	2	T1019		04/23/13	04/23/13	32.00	137.60
240232	3	T1019		04/24/13	04/24/13	32.00	137.60
240232	4	T1019		04/25/13	04/25/13	32.00	137.60
CLAIM TOTAL							550.40

CLAIM ACCOUNT REF. 2402320012012137SUP

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050108361370RRSUP

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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 2012138 2012138 VENTURA, CLARA 09/17/1951 720456 111324838
DIAGNOSIS CODES: 253.5 401.9 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
240233	1	T1019		04/23/13	04/23/13	16.00	68.80
240233	2	T1019		04/24/13	04/24/13	16.00	68.80
240233	3	T1019		04/25/13	04/25/13	16.00	68.80
240233	4	T1019		04/26/13	04/26/13	16.00	68.80
CLAIM TOTAL							275.20

CLAIM ACCOUNT REF. 2402330012012138SUP

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
240219	1	T1019		04/20/13	04/20/13	32.00	137.60
240219	2	T1019		04/22/13	04/22/13	32.00	137.60
240219	3	T1019		04/23/13	04/23/13	32.00	137.60
240219	4	T1019		04/24/13	04/24/13	32.00	137.60
240219	5	T1019		04/25/13	04/25/13	32.00	137.60
240219	6	T1019		04/26/13	04/26/13	32.00	137.60
CLAIM TOTAL							825.60

CLAIM ACCOUNT REF. 2402190012012140SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012141 2012141 SANTOS MARQUEZ, MARIA 07/16/1961 688801 111336515
DIAGNOSIS CODES: 958.8 599.70 692.9 795.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
240228	1	T1019		04/22/13	04/22/13	16.00	68.80
240228	2	T1019		04/24/13	04/24/13	16.00	68.80
240228	3	T1019		04/26/13	04/26/13	16.00	68.80
CLAIM TOTAL							206.40

CLAIM ACCOUNT REF. 2402280012012141SUP

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
240213	1	T1019		04/22/13	04/22/13	12.00	51.60
240213	2	T1019		04/23/13	04/23/13	12.00	51.60
240213	3	T1019		04/24/13	04/24/13	12.00	51.60
240213	4	T1019		04/25/13	04/25/13	12.00	51.60
240213	5	T1019		04/26/13	04/26/13	12.00	51.60

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	258.00	2402130012012142SUP

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	CLAIM ACCOUNT REF.
240222	1	T1019		04/22/13	04/22/13	20.00	86.00	
240222	2	T1019		04/24/13	04/24/13	20.00	86.00	
240222	3	T1019		04/26/13	04/26/13	20.00	86.00	
						CLAIM TOTAL	258.00	2402220012012144SUP

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	CLAIM ACCOUNT REF.
240220	1	T1019		04/22/13	04/22/13	16.00	68.80	
240220	2	T1019		04/23/13	04/23/13	16.00	68.80	
240220	3	T1019		04/24/13	04/24/13	16.00	68.80	
240220	4	T1019		04/25/13	04/25/13	16.00	68.80	
240220	5	T1019		04/26/13	04/26/13	16.00	68.80	
						CLAIM TOTAL	344.00	2402200012012145SUP

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	CLAIM ACCOUNT REF.
240221	1	T1019		04/22/13	04/22/13	16.00	68.80	
240221	2	T1019		04/23/13	04/23/13	16.00	68.80	
240221	3	T1019		04/24/13	04/24/13	16.00	68.80	
240221	4	T1019		04/25/13	04/25/13	16.00	68.80	
240221	5	T1019		04/26/13	04/26/13	16.00	68.80	
						CLAIM TOTAL	344.00	2402210012012146SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012149	2012149	REGLA, MARIA F	11/21/1933	691499	111223158
DIAGNOSIS	CODES:	250.00 715.09				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
240224	1	T1019		03/30/13	03/30/13	32.00	137.60	
						CLAIM TOTAL	137.60	2402240012012149SUP

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050108361370RRSUP

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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 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	
240225	1	T1019		04/20/13	04/20/13	32.00	137.60	
240225	2	T1019		04/22/13	04/22/13	32.00	137.60	
240225	3	T1019		04/24/13	04/24/13	32.00	137.60	
240225	4	T1019		04/25/13	04/25/13	32.00	137.60	
240225	5	T1019		04/26/13	04/26/13	32.00	137.60	
CLAIM TOTAL							688.00	CLAIM ACCOUNT REF. 2402250012012149SUP

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	
240226	1	T1019		04/20/13	04/20/13	32.00	137.60	
240226	2	T1019		04/21/13	04/21/13	32.00	137.60	
240226	3	T1019		04/22/13	04/22/13	32.00	137.60	
240226	4	T1019		04/23/13	04/23/13	32.00	137.60	
240226	5	T1019		04/24/13	04/24/13	32.00	137.60	
240226	6	T1019		04/25/13	04/25/13	32.00	137.60	
240226	7	T1019		04/26/13	04/26/13	32.00	137.60	
CLAIM TOTAL							963.20	CLAIM ACCOUNT REF. 2402260012012152SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012155 2012155 SANCHEZ, BETANIA 05/10/1956 706048 111655816
DIAGNOSIS CODES: 555.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
240227	1	T1019		04/22/13	04/22/13	32.00	137.60	
240227	2	T1019		04/23/13	04/23/13	32.00	137.60	
240227	3	T1019		04/24/13	04/24/13	32.00	137.60	
240227	4	T1019		04/25/13	04/25/13	32.00	137.60	
240227	5	T1019		04/26/13	04/26/13	32.00	137.60	
CLAIM TOTAL							688.00	CLAIM ACCOUNT REF. 2402270012012155SUP

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
240210	1	T1019		04/01/13	04/01/13	48.00	206.40

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050108361370RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
240210	2	T1019		04/02/13	04/02/13	48.00	206.40	
240210	3	T1019		04/03/13	04/03/13	48.00	206.40	
240210	4	T1019		04/04/13	04/04/13	48.00	206.40	
240210	5	T1019		04/05/13	04/05/13	48.00	206.40	
240210	6	T1019		04/20/13	04/20/13	48.00	206.40	
240210	7	T1019		04/21/13	04/21/13	48.00	206.40	
240210	8	T1019		04/22/13	04/22/13	48.00	206.40	
240210	9	T1019		04/23/13	04/23/13	48.00	206.40	
240210	10	T1019		04/24/13	04/24/13	48.00	206.40	
240210	11	T1019		04/25/13	04/25/13	48.00	206.40	
240210	12	T1019		04/26/13	04/26/13	48.00	206.40	
				CLAIM TOTAL		2,476.80		CLAIM ACCOUNT REF. 2402100012012158SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012261	2012261	SILVEIRA, BERTA	06/23/1938	753060	111595604
DIAGNOSIS	CODES:	786.05					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
240230	1	T1019		04/10/13	04/10/13	16.00	68.80	
				CLAIM TOTAL		68.80		CLAIM ACCOUNT REF. 2402300012012261SUP

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	
240231	1	T1019		03/17/13	03/17/13	36.00	154.80	
240231	2	T1019		04/14/13	04/14/13	36.00	154.80	
240231	3	T1019		04/20/13	04/20/13	36.00	154.80	
240231	4	T1019		04/21/13	04/21/13	32.00	137.60	
240231	5	T1019		04/22/13	04/22/13	36.00	154.80	
240231	6	T1019		04/23/13	04/23/13	36.00	154.80	
240231	7	T1019		04/24/13	04/24/13	36.00	154.80	
240231	8	T1019		04/25/13	04/25/13	36.00	154.80	
240231	9	T1019		04/26/13	04/26/13	36.00	154.80	
				CLAIM TOTAL		1,376.00		CLAIM ACCOUNT REF. 2402310012012266SUP

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
240211	1	T1019		04/20/13	04/20/13	48.00	206.40

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
240211	2	T1019		04/21/13	04/21/13	48.00	206.40	
240211	3	T1019		04/22/13	04/22/13	48.00	206.40	
240211	4	T1019		04/23/13	04/23/13	48.00	206.40	
240211	5	T1019		04/24/13	04/24/13	48.00	206.40	
240211	6	T1019		04/25/13	04/25/13	48.00	206.40	
240211	7	T1019		04/26/13	04/26/13	48.00	206.40	
					CLAIM TOTAL		1,444.80	CLAIM ACCOUNT REF. 2402110012012948SUP

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	
240204	1	T1019		04/20/13	04/20/13	20.00	86.00	
240204	2	T1019		04/21/13	04/21/13	20.00	86.00	
240204	3	T1019		04/22/13	04/22/13	20.00	86.00	
240204	4	T1019		04/23/13	04/23/13	20.00	86.00	
240204	5	T1019		04/24/13	04/24/13	20.00	86.00	
240204	6	T1019		04/26/13	04/26/13	20.00	86.00	
					CLAIM TOTAL		516.00	CLAIM ACCOUNT REF. 2402040012012952SUP

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	
240202	1	T1019		04/20/13	04/20/13	48.00	206.40	
240202	2	T1019		04/21/13	04/21/13	48.00	206.40	
240202	3	T1019		04/22/13	04/22/13	48.00	206.40	
240202	4	T1019		04/23/13	04/23/13	48.00	206.40	
240202	5	T1019		04/24/13	04/24/13	48.00	206.40	
240202	6	T1019		04/25/13	04/25/13	48.00	206.40	
240202	7	T1019		04/26/13	04/26/13	48.00	206.40	
					CLAIM TOTAL		1,444.80	CLAIM ACCOUNT REF. 2402020012012953SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1031950 2012979 HUDGINS, LOUZETTA 05/18/1944 761959 111606565
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
240208	1	T1019		04/16/13	04/16/13	20.00	86.00	
240208	2	T1019		04/17/13	04/17/13	20.00	86.00	
240208	3	T1019		04/18/13	04/18/13	20.00	86.00	

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NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
240208	4	T1019		04/19/13	04/19/13	20.00	86.00		
240208	5	T1019		04/20/13	04/20/13	20.00	86.00		
240208	6	T1019		04/22/13	04/22/13	20.00	86.00		
240208	7	T1019		04/24/13	04/24/13	20.00	86.00		
240208	8	T1019		04/25/13	04/25/13	20.00	86.00		
240208	9	T1019		04/26/13	04/26/13	20.00	86.00		
					CLAIM TOTAL		774.00	CLAIM ACCOUNT REF.	2402080012012979SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012984	2012984	YOUNG, MARY	11/04/1926	762776	111600572
DIAGNOSIS		CODES: 342.82 244.9					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
240234	1	T1019		04/20/13	04/20/13	36.00	154.80	
240234	2	T1019		04/21/13	04/21/13	36.00	154.80	
240234	3	T1019		04/22/13	04/22/13	32.00	137.60	
240234	4	T1019		04/23/13	04/23/13	32.00	137.60	
240234	5	T1019		04/24/13	04/24/13	32.00	137.60	
240234	6	T1019		04/25/13	04/25/13	32.00	137.60	
240234	7	T1019		04/26/13	04/26/13	32.00	137.60	
					CLAIM TOTAL		997.60	CLAIM ACCOUNT REF. 2402340012012984SUP

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	203	TOTAL CLAIM AMOUNT =	25,163.60
		# SERVICES =	35		

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE
PAYER ID = 55247 HEALTH INSURANCE PLAN

NPI = 1154407492

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
240182	1	T1019	0580	04/23/13	04/23/13	40.00	168.80
240182	2	T1019	0580	04/24/13	04/24/13	40.00	168.80
240182	3	T1019	0580	04/25/13	04/25/13	40.00	168.80
CLAIM TOTAL							506.40
							CLAIM ACCOUNT REF. 2401820012008491SUP

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
240185	1	T1019	0580	04/22/13	04/22/13	16.00	67.52
240185	2	T1019	0580	04/23/13	04/23/13	16.00	67.52
240185	3	T1019	0580	04/24/13	04/24/13	16.00	67.52
240185	4	T1019	0580	04/25/13	04/25/13	16.00	67.52
240185	5	T1019	0580	04/26/13	04/26/13	16.00	67.52
CLAIM TOTAL							337.60
							CLAIM ACCOUNT REF. 2401850012008513SUP

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
240183	1	T1019	0580	04/13/13	04/13/13	20.00	84.40
240183	2	T1019	0580	04/14/13	04/14/13	20.00	84.40
240183	3	T1019	0580	04/20/13	04/20/13	20.00	84.40
240183	4	T1019	0580	04/21/13	04/21/13	20.00	84.40
240183	5	T1019	0580	04/26/13	04/26/13	20.00	84.40
CLAIM TOTAL							422.00
							CLAIM ACCOUNT REF. 2401830012008544SUP

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
240177	1	T1019	0580	04/23/13	04/23/13	16.00	67.52
CLAIM TOTAL							67.52
							CLAIM ACCOUNT REF. 2401770012008723SUP

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 55247 HEALTH INSURANCE PLAN

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 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
240168	1	T1019	0580	04/20/13	04/20/13	48.00	202.56
240168	2	T1019	0580	04/21/13	04/21/13	48.00	202.56
240168	3	T1019	0580	04/22/13	04/22/13	48.00	202.56
240168	4	T1019	0580	04/23/13	04/23/13	48.00	202.56
240168	5	T1019	0580	04/24/13	04/24/13	48.00	202.56
240168	6	T1019	0580	04/25/13	04/25/13	48.00	202.56
240168	7	T1019	0580	04/26/13	04/26/13	48.00	202.56
CLAIM TOTAL						1,417.92	CLAIM ACCOUNT REF. 2401680012008793SUP

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
240178	1	T1019	0580	04/20/13	04/20/13	32.00	135.04
240178	2	T1019	0580	04/21/13	04/21/13	32.00	135.04
240178	3	T1019	0580	04/22/13	04/22/13	32.00	135.04
240178	4	T1019	0580	04/23/13	04/23/13	32.00	135.04
240178	5	T1019	0580	04/24/13	04/24/13	32.00	135.04
240178	6	T1019	0580	04/25/13	04/25/13	32.00	135.04
240178	7	T1019	0580	04/26/13	04/26/13	32.00	135.04
CLAIM TOTAL						945.28	CLAIM ACCOUNT REF. 2401780012009237SUP

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
240184	1	T1019	0580	04/26/13	04/26/13	20.00	84.40
CLAIM TOTAL						84.40	CLAIM ACCOUNT REF. 2401840012009269SUP

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
240180	1	T1019	0580	04/20/13	04/20/13	16.00	67.52
240180	2	T1019	0580	04/21/13	04/21/13	16.00	67.52
240180	3	T1019	0580	04/23/13	04/23/13	16.00	67.52

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
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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	
240180	4	T1019	0580	04/24/13	04/24/13	16.00	67.52	
240180	5	T1019	0580	04/25/13	04/25/13	16.00	67.52	
240180	6	T1019	0580	04/26/13	04/26/13	16.00	67.52	
					CLAIM TOTAL		405.12	CLAIM ACCOUNT REF. 2401800012009406SUP

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	
240181	1	T1019	0580	04/24/13	04/24/13	40.00	168.80	
240181	2	T1019	0580	04/25/13	04/25/13	40.00	168.80	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2401810012009562SUP

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	
240172	1	T1019	0580	04/22/13	04/22/13	16.00	67.52	
240172	2	T1019	0580	04/23/13	04/23/13	16.00	67.52	
240172	3	T1019	0580	04/24/13	04/24/13	16.00	67.52	
240172	4	T1019	0580	04/25/13	04/25/13	16.00	67.52	
240172	5	T1019	0580	04/26/13	04/26/13	16.00	67.52	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2401720012009686SUP

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	
240174	1	T1019	0580	04/20/13	04/20/13	28.00	118.16	
240174	2	T1019	0580	04/21/13	04/21/13	28.00	118.16	
240174	3	T1019	0580	04/22/13	04/22/13	28.00	118.16	
240174	4	T1019	0580	04/23/13	04/23/13	28.00	118.16	
240174	5	T1019	0580	04/24/13	04/24/13	28.00	118.16	
240174	6	T1019	0580	04/25/13	04/25/13	28.00	118.16	
240174	7	T1019	0580	04/26/13	04/26/13	28.00	118.16	
					CLAIM TOTAL		827.12	CLAIM ACCOUNT REF. 2401740012009945SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 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
240173	1	T1019	0580	04/20/13	04/20/13	36.00	151.92
240173	2	T1019	0580	04/21/13	04/21/13	36.00	151.92
240173	3	T1019	0580	04/22/13	04/22/13	36.00	151.92
240173	4	T1019	0580	04/23/13	04/23/13	36.00	151.92
240173	5	T1019	0580	04/24/13	04/24/13	36.00	151.92
240173	6	T1019	0580	04/25/13	04/25/13	36.00	151.92
240173	7	T1019	0580	04/26/13	04/26/13	36.00	151.92
CLAIM TOTAL						1,063.44	CLAIM ACCOUNT REF. 2401730012010991SUP

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
240169	1	G0156	0572	04/20/13	04/20/13	8.00	114.00
CLAIM TOTAL						114.00	CLAIM ACCOUNT REF. 2401690012011066SUP

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
240170	1	G0156	0572	04/21/13	04/21/13	8.00	114.00
240170	2	G0156	0572	04/22/13	04/22/13	8.00	114.00
240170	3	G0156	0572	04/24/13	04/24/13	8.00	114.00
240170	4	G0156	0572	04/25/13	04/25/13	8.00	114.00
240170	5	G0156	0572	04/26/13	04/26/13	8.00	114.00
CLAIM TOTAL						570.00	CLAIM ACCOUNT REF. 2401700012011066SUP

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
240171	1	G0156	0572	04/20/13	04/20/13	12.00	171.00
240171	2	G0156	0572	04/21/13	04/21/13	12.00	171.00
240171	3	G0156	0572	04/22/13	04/22/13	9.00	128.25
240171	4	G0156	0572	04/23/13	04/23/13	12.00	171.00
240171	5	G0156	0572	04/24/13	04/24/13	11.00	156.75

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050108361370RRSUP

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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	
240171	6	G0156	0572	04/25/13	04/25/13	12.00	171.00	
240171	7	G0156	0572	04/26/13	04/26/13	12.00	171.00	
CLAIM TOTAL							1,140.00	CLAIM ACCOUNT REF. 2401710012011526SUP

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	
240175	1	T1019	0580	04/20/13	04/20/13	48.00	202.56	
240175	2	T1019	0580	04/21/13	04/21/13	48.00	202.56	
240175	3	T1019	0580	04/22/13	04/22/13	48.00	202.56	
240175	4	T1019	0580	04/23/13	04/23/13	48.00	202.56	
240175	5	T1019	0580	04/24/13	04/24/13	48.00	202.56	
240175	6	T1019	0580	04/25/13	04/25/13	48.00	202.56	
240175	7	T1019	0580	04/26/13	04/26/13	48.00	202.56	
CLAIM TOTAL							1,417.92	CLAIM ACCOUNT REF. 2401750012011833SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010634	2012343	YIANNITSIS, LEO	07/13/1934	15438872	0005825708
DIAGNOSIS CODES: 253.5 272.4 311. 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
240179	1	T1019	0580	04/22/13	04/22/13	20.00	84.40	
240179	2	T1019	0580	04/23/13	04/23/13	20.00	84.40	
240179	3	T1019	0580	04/24/13	04/24/13	20.00	84.40	
240179	4	T1019	0580	04/25/13	04/25/13	20.00	84.40	
CLAIM TOTAL							337.60	CLAIM ACCOUNT REF. 2401790012012343SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012541	2012541	LANGELOH, HOWARD	09/29/1923	134135965A	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	
240176	1	T1019	0580	04/20/13	04/20/13	24.00	101.28	
240176	2	T1019	0580	04/21/13	04/21/13	24.00	101.28	
240176	3	T1019	0580	04/22/13	04/22/13	24.00	101.28	
240176	4	T1019	0580	04/23/13	04/23/13	24.00	101.28	
CLAIM TOTAL							405.12	CLAIM ACCOUNT REF. 2401760012012541SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2401670012012547SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	89	TOTAL CLAIM AMOUNT =	11,243.04
		# SERVICES =	18		

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050108361370RRSUP

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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 2008374 2010958 KARASSAVIDES, ARISTOTI 10/09/1962 V80041904 123590054
DIAGNOSIS CODES: 042. 202.88 436. 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
240257	1	S5125		04/23/13	04/23/13	28.00	120.12	
240257	2	S5125		04/24/13	04/24/13	28.00	120.12	
240257	3	S5125		04/25/13	04/25/13	28.00	120.12	
CLAIM TOTAL							360.36	CLAIM ACCOUNT REF. 2402570012010958SUP

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	
240258	1	S5125		04/20/13	04/20/13	24.00	102.96	
240258	2	S5125		04/22/13	04/22/13	40.00	171.60	
240258	3	S5125		04/23/13	04/23/13	24.00	102.96	
CLAIM TOTAL							377.52	CLAIM ACCOUNT REF. 2402580012012481SUP

PAYER TOTALS: VNSNY CHOICE # OF CLAIMS = 6 TOTAL CLAIM AMOUNT = 737.88
SERVICES = 2

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050108361370RRSUP

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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 R2212949
DIAGNOSIS CODES: 314.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
240122	1	T1019		04/20/13	04/20/13	12.00	50.64	
240122	2	T1019		04/21/13	04/21/13	12.00	50.64	
240122	3	T1019		04/22/13	04/22/13	12.00	50.64	
240122	4	T1019		04/23/13	04/23/13	12.00	50.64	
240122	5	T1019		04/24/13	04/24/13	12.00	50.64	
240122	6	T1019		04/25/13	04/25/13	12.00	50.64	
240122	7	T1019		04/26/13	04/26/13	12.00	50.64	
CLAIM TOTAL							354.48	CLAIM ACCOUNT REF. 2401220012008246SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008248 2008248 RIVERA, EDDIE 01/29/1960 YP34893V R2167051
DIAGNOSIS CODES: 339.02 367.1 369.10

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
240123	1	T1019		04/22/13	04/22/13	12.00	50.64	
240123	2	T1019		04/23/13	04/23/13	12.00	50.64	
240123	3	T1019		04/24/13	04/24/13	12.00	50.64	
240123	4	T1019		04/25/13	04/25/13	12.00	50.64	
CLAIM TOTAL							202.56	CLAIM ACCOUNT REF. 2401230012008248SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008250 2008250 SALAZAR, LUZ MARIA 02/19/1970 SC60317K R2048722
DIAGNOSIS CODES: 952.9 564.81 596.54 806.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
240125	1	T1019		04/20/13	04/20/13	32.00	135.04	
240125	2	T1019		04/21/13	04/21/13	32.00	135.04	
240125	3	T1019		04/22/13	04/22/13	32.00	135.04	
240125	4	T1019		04/23/13	04/23/13	32.00	135.04	
240125	5	T1019		04/24/13	04/24/13	32.00	135.04	
240125	6	T1019		04/25/13	04/25/13	32.00	135.04	
240125	7	T1019		04/26/13	04/26/13	32.00	135.04	
CLAIM TOTAL							945.28	CLAIM ACCOUNT REF. 2401250012008250SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
240105	1	T1019		04/06/13	04/06/13	32.00	135.04
240105	2	T1019		04/20/13	04/20/13	32.00	135.04
240105	3	T1019		04/24/13	04/24/13	32.00	135.04
240105	4	T1019		04/25/13	04/25/13	32.00	135.04
240105	5	T1019		04/26/13	04/26/13	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2401050012008251SUP

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
240118	1	T1019		04/20/13	04/20/13	48.00	202.56
240118	2	T1019		04/21/13	04/21/13	48.00	202.56
240118	3	T1019		04/22/13	04/22/13	48.00	202.56
240118	4	T1019		04/23/13	04/23/13	48.00	202.56
240118	5	T1019		04/24/13	04/24/13	48.00	202.56
240118	6	T1019		04/25/13	04/25/13	48.00	202.56
240118	7	T1019		04/26/13	04/26/13	48.00	202.56
CLAIM TOTAL							1,417.92

CLAIM ACCOUNT REF. 2401180012008253SUP

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
240128	1	T1019		04/22/13	04/22/13	32.00	135.04
240128	2	T1019		04/23/13	04/23/13	32.00	135.04
240128	3	T1019		04/24/13	04/24/13	32.00	135.04
240128	4	T1019		04/25/13	04/25/13	32.00	135.04
240128	5	T1019		04/26/13	04/26/13	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2401280012008254SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008256 2008256 CARMONA, LUZ 08/10/1954 XJ24416K R2052507
DIAGNOSIS CODES: 294.8 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
240102	1	T1019		04/22/13	04/22/13	32.00	135.04

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050108361370RRSUP

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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
240102	2	T1019		04/23/13	04/23/13	32.00	135.04
240102	3	T1019		04/24/13	04/24/13	32.00	135.04
240102	4	T1019		04/25/13	04/25/13	32.00	135.04
240102	5	T1019		04/26/13	04/26/13	32.00	135.04
CLAIM TOTAL							675.20
							CLAIM ACCOUNT REF. 2401020012008256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008257 2008257 ESTEVES, JOSE 09/04/1948 YD71377C 0110301200495
DIAGNOSIS CODES: 345.40

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
240107	1	T1019		04/20/13	04/20/13	16.00	67.52
240107	2	T1019		04/21/13	04/21/13	24.00	101.28
240107	3	T1019		04/22/13	04/22/13	24.00	101.28
240107	4	T1019		04/23/13	04/23/13	24.00	101.28
240107	5	T1019		04/24/13	04/24/13	24.00	101.28
240107	6	T1019		04/25/13	04/25/13	24.00	101.28
240107	7	T1019		04/26/13	04/26/13	24.00	101.28
CLAIM TOTAL							675.20
							CLAIM ACCOUNT REF. 2401070012008257SUP

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
240126	1	T1019		04/22/13	04/22/13	32.00	135.04
240126	2	T1019		04/23/13	04/23/13	32.00	135.04
240126	3	T1019		04/24/13	04/24/13	32.00	135.04
240126	4	T1019		04/25/13	04/25/13	32.00	135.04
240126	5	T1019		04/26/13	04/26/13	32.00	135.04
CLAIM TOTAL							675.20
							CLAIM ACCOUNT REF. 2401260012008290SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008362 2008362 FONTANES, PEDRO 08/27/1948 RX10287Z R2016955
DIAGNOSIS CODES: 724.3 278.00 427.31 428.0 724.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
240109	1	T1019		04/20/13	04/20/13	28.00	118.16
240109	2	T1019		04/21/13	04/21/13	28.00	118.16
240109	3	T1019		04/22/13	04/22/13	28.00	118.16
CLAIM TOTAL							354.48
							CLAIM ACCOUNT REF. 2401090012008362SUP

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050108361370RRSUP

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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 2008362 2008362 FONTANES, PEDRO 08/27/1948 RX10287Z 0104171301499
DIAGNOSIS CODES: 724.3 278.00 427.31 428.0 724.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
240110	1	T1019		04/23/13	04/23/13	28.00	118.16
240110	2	T1019		04/24/13	04/24/13	16.00	67.52
240110	3	T1019		04/25/13	04/25/13	28.00	118.16
240110	4	T1019		04/26/13	04/26/13	28.00	118.16
CLAIM TOTAL							422.00
CLAIM ACCOUNT REF.							2401100012008362SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008368 2008368 RODRIGUEZ, MARGARET 06/25/1950 ZP21043J R2162380
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
240124	1	T1019		03/21/13	03/21/13	16.00	67.52
240124	2	T1019		04/22/13	04/22/13	16.00	67.52
240124	3	T1019		04/23/13	04/23/13	16.00	67.52
240124	4	T1019		04/24/13	04/24/13	16.00	67.52
240124	5	T1019		04/25/13	04/25/13	16.00	67.52
240124	6	T1019		04/26/13	04/26/13	16.00	67.52
CLAIM TOTAL							405.12
CLAIM ACCOUNT REF.							2401240012008368SUP

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
240111	1	T1019		04/20/13	04/20/13	32.00	135.04
240111	2	T1019		04/22/13	04/22/13	32.00	135.04
240111	3	T1019		04/23/13	04/23/13	32.00	135.04
240111	4	T1019		04/24/13	04/24/13	32.00	135.04
240111	5	T1019		04/25/13	04/25/13	32.00	135.04
240111	6	T1019		04/26/13	04/26/13	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2401110012008411SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008428 2008428 KAUR, HARBANS 02/03/1937 VB22061J R2021143
DIAGNOSIS CODES: 401.9 272.4 332.1 453.42

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
240114	1	T1019		04/20/13	04/20/13	28.00	118.16
240114	2	T1019		04/21/13	04/21/13	28.00	118.16

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050108361370RRSUP

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PROVIDER ID = 113502051
PAYER ID = 80141

SUNNYSIDE CITYWIDE
HEALTHFIRST PHSP

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
240114	3	T1019		04/22/13	04/22/13	28.00	118.16
240114	4	T1019		04/23/13	04/23/13	28.00	118.16
CLAIM TOTAL							472.64
							CLAIM ACCOUNT REF. 2401140012008428SUP

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
240115	1	T1019		04/24/13	04/24/13	28.00	118.16
240115	2	T1019		04/25/13	04/25/13	28.00	118.16
240115	3	T1019		04/26/13	04/26/13	28.00	118.16
CLAIM TOTAL							354.48
							CLAIM ACCOUNT REF. 2401150012008428SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008433	2008433	BHAIRI, 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
240098	1	T1019		04/20/13	04/20/13	32.00	135.04
240098	2	T1019		04/21/13	04/21/13	32.00	135.04
240098	3	T1019		04/22/13	04/22/13	32.00	135.04
240098	4	T1019		04/23/13	04/23/13	32.00	135.04
240098	5	T1019		04/24/13	04/24/13	32.00	135.04
240098	6	T1019		04/25/13	04/25/13	32.00	135.04
240098	7	T1019		04/26/13	04/26/13	32.00	135.04
CLAIM TOTAL							945.28
							CLAIM ACCOUNT REF. 2400980012008433SUP

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
240097	1	T1019		04/20/13	04/20/13	12.00	50.64
240097	2	T1019		04/22/13	04/22/13	20.00	84.40
240097	3	T1019		04/23/13	04/23/13	20.00	84.40
240097	4	T1019		04/24/13	04/24/13	20.00	84.40
240097	5	T1019		04/25/13	04/25/13	20.00	84.40
240097	6	T1019		04/26/13	04/26/13	20.00	84.40
CLAIM TOTAL							472.64
							CLAIM ACCOUNT REF. 2400970012008487SUP

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050108361370RRSUP

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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 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
240130	1	T1019		04/20/13	04/20/13	48.00	202.56
240130	2	T1019		04/21/13	04/21/13	48.00	202.56
240130	3	T1019		04/22/13	04/22/13	48.00	202.56
240130	4	T1019		04/23/13	04/23/13	48.00	202.56
240130	5	T1019		04/24/13	04/24/13	48.00	202.56
240130	6	T1019		04/25/13	04/25/13	48.00	202.56
CLAIM TOTAL						1,215.36	CLAIM ACCOUNT REF. 2401300012008558SUP

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
240106	1	T1019		04/20/13	04/20/13	16.00	67.52
240106	2	T1019		04/21/13	04/21/13	16.00	67.52
240106	3	T1019		04/22/13	04/22/13	24.00	101.28
240106	4	T1019		04/23/13	04/23/13	24.00	101.28
240106	5	T1019		04/24/13	04/24/13	24.00	101.28
240106	6	T1019		04/25/13	04/25/13	24.00	101.28
240106	7	T1019		04/26/13	04/26/13	24.00	101.28
CLAIM TOTAL						641.44	CLAIM ACCOUNT REF. 2401060012008571SUP

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
240108	1	T1019		04/20/13	04/20/13	28.00	118.16
240108	2	T1019		04/21/13	04/21/13	40.00	168.80
240108	3	T1019		04/22/13	04/22/13	40.00	168.80
240108	4	T1019		04/23/13	04/23/13	40.00	168.80
240108	5	T1019		04/24/13	04/24/13	40.00	168.80
240108	6	T1019		04/25/13	04/25/13	40.00	168.80
240108	7	T1019		04/26/13	04/26/13	40.00	168.80
CLAIM TOTAL						1,130.96	CLAIM ACCOUNT REF. 2401080012009001SUP

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050108361370RRSUP

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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 2008271 2009270 CARRION, MARIA 06/30/1928 SC64434E R2044577
DIAGNOSIS CODES: 250.00 294.10 401.9 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
240104	1	T1019		04/20/13	04/20/13	32.00	135.04
240104	2	T1019		04/22/13	04/22/13	32.00	135.04
240104	3	T1019		04/23/13	04/23/13	32.00	135.04
240104	4	T1019		04/24/13	04/24/13	32.00	135.04
240104	5	T1019		04/25/13	04/25/13	32.00	135.04
240104	6	T1019		04/26/13	04/26/13	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2401040012009270SUP

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
240112	1	T1019		04/22/13	04/22/13	16.00	67.52
240112	2	T1019		04/24/13	04/24/13	16.00	67.52
240112	3	T1019		04/26/13	04/26/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2401120012009425SUP

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
240100	1	T1019		04/20/13	04/20/13	24.00	101.28
240100	2	T1019		04/21/13	04/21/13	24.00	101.28
240100	3	T1019		04/22/13	04/22/13	24.00	101.28
240100	4	T1019		04/23/13	04/23/13	24.00	101.28
240100	5	T1019		04/24/13	04/24/13	24.00	101.28
240100	6	T1019		04/25/13	04/25/13	24.00	101.28
240100	7	T1019		04/26/13	04/26/13	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2401000012009560SUP

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
240133	1	T1019		04/22/13	04/22/13	32.00	135.04
240133	2	T1019		04/23/13	04/23/13	32.00	135.04

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050108361370RRSUP

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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	
240133	3	T1019		04/24/13	04/24/13	32.00	135.04	
240133	4	T1019		04/25/13	04/25/13	32.00	135.04	
240133	5	T1019		04/26/13	04/26/13	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2401330012010009SUP

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	
240117	1	T1019		04/20/13	04/20/13	48.00	202.56	
240117	2	T1019		04/21/13	04/21/13	48.00	202.56	
240117	3	T1019		04/22/13	04/22/13	48.00	202.56	
240117	4	T1019		04/23/13	04/23/13	48.00	202.56	
240117	5	T1019		04/24/13	04/24/13	48.00	202.56	
240117	6	T1019		04/25/13	04/25/13	48.00	202.56	
240117	7	T1019		04/26/13	04/26/13	48.00	202.56	
					CLAIM TOTAL		1,417.92	CLAIM ACCOUNT REF. 2401170012010311SUP

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	
240132	1	T1019		04/20/13	04/20/13	20.00	84.40	
240132	2	T1019		04/21/13	04/21/13	20.00	84.40	
240132	3	T1019		04/25/13	04/25/13	20.00	84.40	
240132	4	T1019		04/26/13	04/26/13	20.00	84.40	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2401320012010758SUP

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	
240116	1	T1019		04/22/13	04/22/13	32.00	135.04	
240116	2	T1019		04/23/13	04/23/13	32.00	135.04	
240116	3	T1019		04/24/13	04/24/13	28.00	118.16	
240116	4	T1019		04/25/13	04/25/13	32.00	135.04	
240116	5	T1019		04/26/13	04/26/13	32.00	135.04	
					CLAIM TOTAL		658.32	CLAIM ACCOUNT REF. 2401160012010967SUP

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050108361370RRSUP

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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	
240101	1	T1019		04/22/13	04/22/13	40.00	168.80	
240101	2	T1019		04/23/13	04/23/13	40.00	168.80	
240101	3	T1019		04/24/13	04/24/13	40.00	168.80	
240101	4	T1019		04/25/13	04/25/13	40.00	168.80	
240101	5	T1019		04/26/13	04/26/13	40.00	168.80	
								CLAIM TOTAL 844.00 CLAIM ACCOUNT REF. 2401010012011528SUP

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	
240129	1	T1019		04/20/13	04/20/13	36.00	151.92	
240129	2	T1019		04/21/13	04/21/13	36.00	151.92	
240129	3	T1019		04/22/13	04/22/13	40.00	168.80	
240129	4	T1019		04/23/13	04/23/13	40.00	168.80	
240129	5	T1019		04/24/13	04/24/13	40.00	168.80	
240129	6	T1019		04/25/13	04/25/13	40.00	168.80	
240129	7	T1019		04/26/13	04/26/13	40.00	168.80	
								CLAIM TOTAL 1,147.84 CLAIM ACCOUNT REF. 2401290012011820SUP

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	
240121	1	T1019		04/20/13	04/20/13	40.00	168.80	
240121	2	T1019		04/21/13	04/21/13	40.00	168.80	
240121	3	T1019		04/22/13	04/22/13	40.00	168.80	
240121	4	T1019		04/23/13	04/23/13	40.00	168.80	
240121	5	T1019		04/24/13	04/24/13	40.00	168.80	
240121	6	T1019		04/25/13	04/25/13	40.00	168.80	
240121	7	T1019		04/26/13	04/26/13	40.00	168.80	
								CLAIM TOTAL 1,181.60 CLAIM ACCOUNT REF. 2401210012012284SUP

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050108361370RRSUP

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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
240113	1	T1019		04/20/13	04/20/13	32.00	135.04
240113	2	T1019		04/21/13	04/21/13	32.00	135.04
240113	3	T1019		04/22/13	04/22/13	32.00	135.04
240113	4	T1019		04/23/13	04/23/13	32.00	135.04
240113	5	T1019		04/24/13	04/24/13	32.00	135.04
240113	6	T1019		04/25/13	04/25/13	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2401130012012478SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012477 2012489 BLANCO, CARMELINA 08/19/1940 112990683 0101241301336
DIAGNOSIS CODES: 715.90 250.00 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
240099	1	T1019		04/22/13	04/22/13	16.00	67.52
240099	2	T1019		04/23/13	04/23/13	16.00	67.52
240099	3	T1019		04/24/13	04/24/13	16.00	67.52
240099	4	T1019		04/25/13	04/25/13	16.00	67.52
240099	5	T1019		04/26/13	04/26/13	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2400990012012489SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012498 2012498 SCHOONMAKER, JEAN 01/16/1944 116703035 0101171302362
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
240127	1	T1019		04/20/13	04/20/13	36.00	151.92
240127	2	T1019		04/21/13	04/21/13	36.00	151.92
240127	3	T1019		04/22/13	04/22/13	36.00	151.92
240127	4	T1019		04/24/13	04/24/13	36.00	151.92
240127	5	T1019		04/25/13	04/25/13	36.00	151.92
240127	6	T1019		04/26/13	04/26/13	36.00	151.92
CLAIM TOTAL							911.52
CLAIM ACCOUNT REF.							2401270012012498SUP

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
240119	1	T1019		04/20/13	04/20/13	24.00	101.28

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050108361370RRSUP

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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
240119	2	T1019		04/22/13	04/22/13	24.00	101.28
240119	3	T1019		04/23/13	04/23/13	24.00	101.28
240119	4	T1019		04/24/13	04/24/13	24.00	101.28
240119	5	T1019		04/25/13	04/25/13	24.00	101.28
240119	6	T1019		04/26/13	04/26/13	24.00	101.28
CLAIM TOTAL							607.68

CLAIM ACCOUNT REF. 2401190012012683SUP

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
240131	1	T1019		04/20/13	04/20/13	32.00	135.04
240131	2	T1019		04/21/13	04/21/13	32.00	135.04
240131	3	T1019		04/22/13	04/22/13	20.00	84.40
240131	4	T1019		04/23/13	04/23/13	32.00	135.04
240131	5	T1019		04/24/13	04/24/13	20.00	84.40
240131	6	T1019		04/25/13	04/25/13	32.00	135.04
240131	7	T1019		04/26/13	04/26/13	20.00	84.40
CLAIM TOTAL							793.36

CLAIM ACCOUNT REF. 2401310012012772SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009247 2012949 CARRILLO, MARIA 05/18/1956 129873243 0103191301995
DIAGNOSIS CODES: 714.0 311. 401.9 493.90 696.1 780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
240103	1	T1019		04/22/13	04/22/13	20.00	84.40
240103	2	T1019		04/23/13	04/23/13	20.00	84.40
240103	3	T1019		04/24/13	04/24/13	20.00	84.40
240103	4	T1019		04/25/13	04/25/13	20.00	84.40
240103	5	T1019		04/26/13	04/26/13	20.00	84.40
CLAIM TOTAL							422.00

CLAIM ACCOUNT REF. 2401030012012949SUP

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
240120	1	T1020		04/17/13	04/17/13	12.00	202.56
240120	2	T1020		04/18/13	04/18/13	12.00	202.56
240120	3	T1020		04/19/13	04/19/13	12.00	202.56
240120	4	T1020		04/20/13	04/20/13	12.00	202.56
240120	5	T1020		04/21/13	04/21/13	12.00	202.56

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050108361370RRSUP

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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	
240120	6	T1020		04/22/13	04/22/13	12.00	202.56	
240120	7	T1020		04/23/13	04/23/13	12.00	202.56	
240120	8	T1020		04/24/13	04/24/13	12.00	202.56	
240120	9	T1020		04/25/13	04/25/13	12.00	202.56	
240120	10	T1020		04/26/13	04/26/13	12.00	202.56	
					CLAIM TOTAL	2,025.60		CLAIM ACCOUNT REF. 2401200012013053SUP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	212	TOTAL CLAIM AMOUNT =	27,413.12
		# SERVICES =	35		

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050108361370RRSUP

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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
240162	1	T1019		04/20/13	04/20/13	40.00	171.60
240162	2	T1019		04/21/13	04/21/13	40.00	171.60
240162	3	T1019		04/22/13	04/22/13	40.00	171.60
240162	4	T1019		04/23/13	04/23/13	40.00	171.60
240162	5	T1019		04/24/13	04/24/13	40.00	171.60
240162	6	T1019		04/25/13	04/25/13	40.00	171.60
240162	7	T1019		04/26/13	04/26/13	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2401620012008245SUP

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
240165	1	T1019		04/22/13	04/22/13	36.00	154.44
240165	2	T1019		04/23/13	04/23/13	36.00	154.44
240165	3	T1019		04/24/13	04/24/13	36.00	154.44
240165	4	T1019		04/25/13	04/25/13	36.00	154.44
240165	5	T1019		04/26/13	04/26/13	36.00	154.44
CLAIM TOTAL						772.20	CLAIM ACCOUNT REF. 2401650012008287SUP

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
240166	1	T1019		04/20/13	04/20/13	4.00	17.16
240166	2	T1019		04/21/13	04/21/13	32.00	137.28
240166	3	T1019		04/23/13	04/23/13	32.00	137.28
240166	4	T1019		04/24/13	04/24/13	32.00	137.28
240166	5	T1019		04/25/13	04/25/13	32.00	137.28
240166	6	T1019		04/26/13	04/26/13	32.00	137.28
CLAIM TOTAL						703.56	CLAIM ACCOUNT REF. 2401660012008401SUP

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050108361370RRSUP

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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
240163	1	T1019		04/20/13	04/20/13	48.00	205.92
240163	2	T1019		04/21/13	04/21/13	48.00	205.92
240163	3	T1019		04/22/13	04/22/13	48.00	205.92
240163	4	T1019		04/23/13	04/23/13	48.00	205.92
240163	5	T1019		04/24/13	04/24/13	48.00	205.92
240163	6	T1019		04/25/13	04/25/13	48.00	205.92
240163	7	T1019		04/26/13	04/26/13	48.00	205.92
CLAIM TOTAL						1,441.44	CLAIM ACCOUNT REF. 2401630012011881SUP

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: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
240164	1	T1019		04/01/13	04/01/13	12.00	51.48
240164	2	T1019		04/02/13	04/02/13	16.00	68.64
240164	3	T1019		04/03/13	04/03/13	16.00	68.64
240164	4	T1019		04/04/13	04/04/13	16.00	68.64
240164	5	T1019		04/05/13	04/05/13	16.00	68.64
240164	6	T1019		04/06/13	04/06/13	12.00	51.48
240164	7	T1019		04/07/13	04/07/13	12.00	51.48
240164	8	T1019		04/08/13	04/08/13	12.00	51.48
240164	9	T1019		04/09/13	04/09/13	16.00	68.64
240164	10	T1019		04/10/13	04/10/13	16.00	68.64
240164	11	T1019		04/11/13	04/11/13	16.00	68.64
240164	12	T1019		04/12/13	04/12/13	16.00	68.64
240164	13	T1019		04/13/13	04/13/13	12.00	51.48
240164	14	T1019		04/14/13	04/14/13	12.00	51.48
240164	15	T1019		04/15/13	04/15/13	12.00	51.48
240164	16	T1019		04/16/13	04/16/13	16.00	68.64
240164	17	T1019		04/17/13	04/17/13	16.00	68.64
240164	18	T1019		04/18/13	04/18/13	16.00	68.64
240164	19	T1019		04/19/13	04/19/13	16.00	68.64
240164	20	T1019		04/20/13	04/20/13	12.00	51.48
240164	21	T1019		04/21/13	04/21/13	12.00	51.48
240164	22	T1019		04/22/13	04/22/13	12.00	51.48
240164	23	T1019		04/23/13	04/23/13	16.00	68.64
240164	24	T1019		04/24/13	04/24/13	16.00	68.64
240164	25	T1019		04/25/13	04/25/13	16.00	68.64

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NPI = 1154407492

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	51	TOTAL CLAIM AMOUNT =	5,731.44
		# SERVICES =	5		

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050108361370RRSUP

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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 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
240236	1	S5130	0582	04/25/13	04/25/13	16.00	67.52
240236	2	S5130	0582	04/26/13	04/26/13	16.00	67.52
CLAIM TOTAL							135.04
CLAIM ACCOUNT REF.							2402360012009279SUP

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
240238	1	T1019	0580	04/20/13	04/20/13	16.00	67.52
240238	2	T1019	0580	04/21/13	04/21/13	16.00	67.52
240238	3	T1019	0580	04/22/13	04/22/13	12.00	50.64
240238	4	T1019	0580	04/23/13	04/23/13	12.00	50.64
240238	5	T1019	0580	04/24/13	04/24/13	12.00	50.64
240238	6	T1019	0580	04/25/13	04/25/13	12.00	50.64
240238	7	T1019	0580	04/26/13	04/26/13	12.00	50.64
CLAIM TOTAL							388.24
CLAIM ACCOUNT REF.							2402380012010728SUP

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
240237	1	T1019	0580	04/20/13	04/20/13	20.00	84.40
240237	2	T1019	0580	04/21/13	04/21/13	20.00	84.40
240237	3	T1019	0580	04/22/13	04/22/13	16.00	67.52
240237	4	T1019	0580	04/23/13	04/23/13	16.00	67.52
240237	5	T1019	0580	04/24/13	04/24/13	16.00	67.52
240237	6	T1019	0580	04/25/13	04/25/13	16.00	67.52
240237	7	T1019	0580	04/26/13	04/26/13	16.00	67.52
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2402370012010729SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
240235	1	T1019	0580	04/04/13	04/04/13	20.00	84.40
CLAIM TOTAL							84.40
CLAIM ACCOUNT REF.							2402350012011322SUP

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050108361370RRSUP

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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 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
240241	1	T1019	0580	04/22/13	04/22/13	16.00	60.00
240241	2	T1019	0580	04/23/13	04/23/13	16.00	60.00
240241	3	T1019	0580	04/24/13	04/24/13	16.00	60.00
240241	4	T1019	0580	04/25/13	04/25/13	16.00	60.00
240241	5	T1019	0580	04/26/13	04/26/13	16.00	60.00
CLAIM TOTAL							300.00

CLAIM ACCOUNT REF. 2402410012012354SUP

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
240243	1	T1019	0580	04/20/13	04/20/13	24.00	90.00
240243	2	T1019	0580	04/22/13	04/22/13	24.00	90.00
240243	3	T1019	0580	04/23/13	04/23/13	24.00	90.00
240243	4	T1019	0580	04/24/13	04/24/13	24.00	90.00
240243	5	T1019	0580	04/25/13	04/25/13	24.00	90.00
240243	6	T1019	0580	04/26/13	04/26/13	24.00	90.00
CLAIM TOTAL							540.00

CLAIM ACCOUNT REF. 2402430012012357SUP

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
240246	1	T1019	0580	04/22/13	04/22/13	16.00	60.00
240246	2	T1019	0580	04/23/13	04/23/13	16.00	60.00
240246	3	T1019	0580	04/24/13	04/24/13	16.00	60.00
240246	4	T1019	0580	04/25/13	04/25/13	16.00	60.00
240246	5	T1019	0580	04/26/13	04/26/13	16.00	60.00
CLAIM TOTAL							300.00

CLAIM ACCOUNT REF. 2402460012012358SUP

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
240247	1	T1019	0580	04/22/13	04/22/13	20.00	75.00
240247	2	T1019	0580	04/23/13	04/23/13	20.00	75.00

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050108361370RRSUP

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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
240247	3	T1019	0580	04/24/13	04/24/13	20.00	75.00
240247	4	T1019	0580	04/25/13	04/25/13	20.00	75.00
240247	5	T1019	0580	04/26/13	04/26/13	20.00	75.00
CLAIM TOTAL							375.00

CLAIM ACCOUNT REF. 2402470012012362SUP

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
240242	1	T1019	0580	04/16/13	04/16/13	24.00	90.00
240242	2	T1019	0580	04/17/13	04/17/13	24.00	90.00
240242	3	T1019	0580	04/18/13	04/18/13	24.00	90.00
240242	4	T1019	0580	04/19/13	04/19/13	24.00	90.00
240242	5	T1019	0580	04/22/13	04/22/13	24.00	90.00
240242	6	T1019	0580	04/23/13	04/23/13	24.00	90.00
240242	7	T1019	0580	04/24/13	04/24/13	24.00	90.00
240242	8	T1019	0580	04/25/13	04/25/13	24.00	90.00
240242	9	T1019	0580	04/26/13	04/26/13	16.00	60.00
CLAIM TOTAL							780.00

CLAIM ACCOUNT REF. 2402420012012373SUP

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
240244	1	T1019	0580	04/22/13	04/22/13	32.00	120.00
240244	2	T1019	0580	04/23/13	04/23/13	36.00	135.00
240244	3	T1019	0580	04/24/13	04/24/13	32.00	120.00
240244	4	T1019	0580	04/25/13	04/25/13	36.00	135.00
240244	5	T1019	0580	04/26/13	04/26/13	32.00	120.00
CLAIM TOTAL							630.00

CLAIM ACCOUNT REF. 2402440012012374SUP

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
240240	1	T1019	0580	04/22/13	04/22/13	28.00	105.00
240240	2	T1019	0580	04/23/13	04/23/13	28.00	105.00
240240	3	T1019	0580	04/24/13	04/24/13	28.00	105.00
240240	4	T1019	0580	04/25/13	04/25/13	28.00	105.00
240240	5	T1019	0580	04/26/13	04/26/13	16.00	60.00

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050108361370RRSUP

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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.
						CLAIM TOTAL	480.00	2402400012012732SUP

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 ACCOUNT REF.
240239	1	T1019	0580	04/22/13	04/22/13	28.00	105.00	
240239	2	T1019	0580	04/23/13	04/23/13	28.00	105.00	
240239	3	T1019	0580	04/24/13	04/24/13	28.00	105.00	
240239	4	T1019	0580	04/25/13	04/25/13	28.00	105.00	
240239	5	T1019	0580	04/26/13	04/26/13	28.00	105.00	
						CLAIM TOTAL	525.00	2402390012012876SUP

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 ACCOUNT REF.
240245	1	T1019	0580	04/22/13	04/22/13	16.00	60.00	
240245	2	T1019	0580	04/23/13	04/23/13	16.00	60.00	
240245	3	T1019	0580	04/24/13	04/24/13	16.00	60.00	
240245	4	T1019	0580	04/25/13	04/25/13	16.00	60.00	
240245	5	T1019	0580	04/26/13	04/26/13	16.00	60.00	
						CLAIM TOTAL	300.00	2402450012013018SUP

PAYER TOTALS:	AMERIGROUP NEW YORK,LLC	# OF CLAIMS =	67	TOTAL CLAIM AMOUNT =	5,344.08
		# SERVICES =	13		

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050108361370RRSUP

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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 387543
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
240255	1	T1019	1C		04/22/13	04/22/13	4.00	65.60
240255	2	T1019	1C		04/23/13	04/23/13	4.00	65.60
240255	3	T1019	1C		04/24/13	04/24/13	4.00	65.60
240255	4	T1019	1C		04/25/13	04/25/13	4.00	65.60
240255	5	T1019	1C		04/26/13	04/26/13	4.00	65.60
CLAIM TOTAL								328.00

CLAIM ACCOUNT REF. 2402550012011453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011869 2011869 JONES, VALERIE 10/10/1948 1457 418547
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
240254	1	T1019	1C		04/22/13	04/22/13	4.00	65.60
240254	2	T1019	1C		04/24/13	04/24/13	4.00	65.60
240254	3	T1019	1C		04/25/13	04/25/13	4.00	65.60
240254	4	T1019	1C		04/26/13	04/26/13	4.00	65.60
CLAIM TOTAL								262.40

CLAIM ACCOUNT REF. 2402540012011869SUP

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
240252	1	T1019	1C		04/23/13	04/23/13	6.00	98.40
240252	2	T1019	1C		04/24/13	04/24/13	6.00	98.40
240252	3	T1019	1C		04/25/13	04/25/13	6.00	98.40
240252	4	T1019	1C		04/26/13	04/26/13	6.00	98.40
CLAIM TOTAL								393.60

CLAIM ACCOUNT REF. 2402520012011870SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012213 2012213 BERRY, ANGELINA 10/21/1956 1784 405555
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
240253	1	T1019	1C		04/20/13	04/20/13	4.00	65.60
240253	2	T1019	1C		04/21/13	04/21/13	4.00	65.60
240253	3	T1019	1C		04/22/13	04/22/13	4.00	65.60
240253	4	T1019	1C		04/23/13	04/23/13	4.00	65.60
240253	5	T1019	1C		04/24/13	04/24/13	4.00	65.60

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050108361370RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = ICS01 ICS

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
240253	6	T1019	1C		04/25/13	04/25/13	4.00	65.60	
240253	7	T1019	1C		04/26/13	04/26/13	4.00	65.60	
							CLAIM TOTAL	459.20	CLAIM ACCOUNT REF. 2402530012012213SUP

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	
240256	1	T1019	1C		04/20/13	04/20/13	8.00	131.20	
240256	2	T1019	1C		04/21/13	04/21/13	8.00	131.20	
240256	3	T1019	1C		04/22/13	04/22/13	8.00	131.20	
240256	4	T1019	1C		04/23/13	04/23/13	8.00	131.20	
240256	5	T1019	1C		04/24/13	04/24/13	8.00	131.20	
240256	6	T1019	1C		04/25/13	04/25/13	8.00	131.20	
240256	7	T1019	1C		04/26/13	04/26/13	8.00	131.20	
							CLAIM TOTAL	918.40	CLAIM ACCOUNT REF. 2402560012013010SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	27	TOTAL CLAIM AMOUNT =	2,361.60
		# SERVICES =	5		

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050108361370RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008382 2010800 GOMES, AGUSTINA 05/05/1933 JRX53860E01 2013030885700001
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
240248	1	T1019	0580	04/20/13	04/20/13	36.00	151.92
240248	2	T1019	0580	04/21/13	04/21/13	36.00	151.92
240248	3	T1019	0580	04/22/13	04/22/13	36.00	151.92
240248	4	T1019	0580	04/23/13	04/23/13	36.00	151.92
240248	5	T1019	0580	04/24/13	04/24/13	36.00	151.92
240248	6	T1019	0580	04/25/13	04/25/13	36.00	151.92
240248	7	T1019	0580	04/26/13	04/26/13	36.00	151.92
CLAIM TOTAL						1,063.44	CLAIM ACCOUNT REF. 2402480012010800SUP

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
240251	1	T1019	0580	04/23/13	04/23/13	16.00	67.52
240251	2	T1019	0580	04/24/13	04/24/13	16.00	67.52
CLAIM TOTAL						135.04	CLAIM ACCOUNT REF. 2402510012010804SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008228 2010805 TOWLES, ADA 12/10/1954 JZX17878Q01 2013031115500002
DIAGNOSIS CODES: 722.10 401.9 724.3 750.7 V61.9
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
240250	1	T1019	0580	04/22/13	04/22/13	16.00	67.52
240250	2	T1019	0580	04/24/13	04/24/13	4.00	16.88
CLAIM TOTAL						84.40	CLAIM ACCOUNT REF. 2402500012010805SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012890 2012890 SCOTT, AKHNATON 04/28/1992 JPB4958E01 2013032015500001
DIAGNOSIS CODES: 299.00 317.
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
240249	1	T1019	0580	04/20/13	04/20/13	32.00	135.04
240249	2	T1019	0580	04/21/13	04/21/13	32.00	135.04
240249	3	T1019	0580	04/22/13	04/22/13	16.00	67.52

REPORT DATE 05/01/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013050108361370RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
240249	4	T1019	0580	04/23/13	04/23/13	16.00	67.52	
240249	5	T1019	0580	04/24/13	04/24/13	16.00	67.52	
240249	6	T1019	0580	04/25/13	04/25/13	16.00	67.52	
240249	7	T1019	0580	04/26/13	04/26/13	16.00	67.52	
					CLAIM TOTAL		607.68	CLAIM ACCOUNT REF. 2402490012012890SUP

PAYER TOTALS:	HEALTHCARE PARTNERS IPA I	# OF CLAIMS =	18	TOTAL CLAIM AMOUNT =	1,890.56
		# SERVICES =	4		

PROVIDER TOTALS:	SUNNYSIDE CITYWIDE	# OF CLAIMS =	911	TOTAL CLAIM AMOUNT =	109,321.10
		# SERVICES =	157		