INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202013011605240481

PROVIDER ID =	113502051	SUNNYSIDE	NPI = 1154407492

REG LO		SERVICE 2004478	NAME ACERNO	CLAIRE		H DATE 3/1922	RECIPIENT ID GNT04447100	PRIOR	AUTHORIZATION #	
INV = 22462-22462-22462-	1 2	PROCEDURE T1019 T1019 T1019	CODE	FROM 01/07 01/08 01/09	7/13 C 3/13 C	THRU DT 01/07/13 01/08/13 01/09/13	UNITS 20.00 20.00 20.00	AMOUNT 75.60 75.60 75.60		
22462 22462		T1019 T1019		01/10 01/11)/13 0)1/10/13)1/11/13	20.00 20.00 IM TOTAL	75.60 75.60 378.00	CLAIM ACCOUNT REF.	2246240012004478
REG LO		SERVICE 2006118	NAME ALI	AMRUNIS		H DATE 5/1934	RECIPIENT ID 93703296700	PRIOR	AUTHORIZATION #	
INV = 22462: 22462: 22462:	1 2	PROCEDURE S5125 S5125 S5125	CODE	FROM 01/08 01/09 01/11	3/13 C 9/13 C	THRU DT 01/08/13 01/09/13 01/11/13 CLA	UNITS 15.00 14.00 16.00 IM TOTAL	AMOUNT 56.70 52.92 60.48 170.10	CLAIM ACCOUNT REF.	2246250012006118
REG LO		SERVICE 2011654	NAME ALIX	PEDRO		H DATE L/1937	RECIPIENT ID GNT03916300	PRIOR	AUTHORIZATION #	
1NV : 22462	1 2 3 4 5 6 7 8	PROCEDURE \$5126 \$5126 \$5126 \$5126 \$5126 \$5126 \$5126 \$1030 \$1030	CODE	01/06 01/07 01/08 01/08 01/10 01/11 12/17	5/13 C 5/13 C 7/13 C 3/13 C 9/13 C 0/13 C 1/13 C	THRU DT 01/05/13 01/06/13 01/07/13 01/08/13 01/09/13 01/10/13 01/11/13 02/17/12 01/02/13 CLA:	UNITS 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	AMOUNT 196.56 196.56 196.56 196.56 196.56 196.56 196.56 85.00 85.00	CLAIM ACCOUNT REF.	2246260012011654
REG LO		SERVICE 2010843	NAME ALSTON	ZULINE		H DATE 7/1927	RECIPIENT ID GNT06188400	PRIOR	AUTHORIZATION #	
INV: 22462 22462 22462 22462 22462 22462 22462	1 2 3 4 5 6 7	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1030	CODE	FROM 01/05 01/06 01/07 01/08 01/09 01/10 01/11 12/17	5/13 C 5/13 C 7/13 C 8/13 C 9/13 C 0/13 C	THRU DT 01/05/13 01/06/13 01/07/13 01/08/13 01/09/13 01/10/13 01/11/13 02/17/12 CLA	UNITS 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 31.00 1.00	AMOUNT 120.96 120.96 120.96 120.96 120.96 120.96 120.96 85.00 931.72	CLAIM ACCOUNT REF.	2246270012010843
REG LO		SERVICE 2011581	NAME ASH	MARIE		H DATE 1/1925	RECIPIENT ID GNT06270600	PRIOR	AUTHORIZATION #	
INV :	LINE #	PROCEDURE	CODE	FROM	DT I	THRU DT	UNITS	AMOUNT		

REPORT DATE 01/16/13 SUNN: INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E320:	ZSIDE CITYWIDE HIPAA 2013011605240481	DATA FILE REPORT (PHLT837/EDIS) PAGE 2
SUBMITTER ID = SUNNYSI SUNNYSIDE PROVIDER ID = 113502051 SUNNYSIDE	Σ	I = 1154407492
224628 1 T1019 224628 2 T1019	01/07/13 01/07/13 2.00 01/11/13 01/11/13 15.00 CLAIM TOTAL	7.56 56.70 64.26 CLAIM ACCOUNT REF. 2246280012011581
REG LOC CLIENT SERVICE NAME 001 2007817 2007817 BEGUM	BIRTH DATE RECIPIENT ID JAMILA 02/19/1919 GNT00018500	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 224629 1 S5125 224629 2 S5125 224629 3 S5125 224629 4 S5125 224629 5 S5125 224629 6 S5125 224629 7 S5125	FROM DT THRU DT UNITS 01/05/13 01/05/13 36.00 01/06/13 01/06/13 32.00 01/07/13 01/07/13 48.00 01/08/13 01/08/13 48.00 01/09/13 01/09/13 40.00 01/10/13 01/10/13 44.00 01/11/13 01/11/13 40.00 CLAIM TOTAL	AMOUNT 136.08 120.96 181.44 181.44 151.20 166.32 151.20 1,088.64 CLAIM ACCOUNT REF. 2246290012007817
REG LOC CLIENT SERVICE NAME 001 2011503 2011503 BERJASHEVIC		PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 224630 1 T1019	FROM DT THRU DT UNITS 01/11/13 01/11/13 32.00 CLAIM TOTAL	AMOUNT 120.96 120.96 CLAIM ACCOUNT REF. 2246300012011503
REG LOC CLIENT SERVICE NAME 001 2011767 2011767 BERROCAL	BIRTH DATE RECIPIENT ID 1SABEL 11/08/1924 GNT00493600	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 224631 1 S5125 224631 2 S5125 224631 3 S5125 224631 4 S5125 224631 5 S5125 224631 6 S5125	FROM DT THRU DT UNITS 01/05/13 01/05/13 20.00 01/06/13 01/06/13 20.00 01/08/13 01/08/13 20.00 01/09/13 01/08/13 20.00 01/10/13 01/10/13 20.00 01/11/13 01/11/13 20.00 01/11/13 01/11/13 TOTAL	AMOUNT 75.60 75.60 75.60 75.60 75.60 75.60 453.60 CLAIM ACCOUNT REF. 2246310012011767
REG LOC CLIENT SERVICE NAME 001 2011979 2011979 BERRY	BIRTH DATE RECIPIENT ID LEONOR 11/14/1934 GNT03239600	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 224632 1 S5125 224632 2 S5125 224632 3 S5125 224632 4 S5125 224632 5 S5125 224632 6 S5125 224632 7 S5125	FROM DT THRU DT UNITS 01/05/13 01/05/13 32.00 01/06/13 01/06/13 32.00 01/07/13 01/07/13 32.00 01/08/13 01/08/13 32.00 01/09/13 01/09/13 32.00 01/10/13 01/10/13 32.00 01/11/13 01/11/13 32.00 CLAIM TOTAL	AMOUNT 120.96 120.96 120.96 120.96 120.96 120.96 120.96 120.96 846.72 CLAIM ACCOUNT REF. 2246320012011979
REG LOC CLIENT SERVICE NAME 001 2006632 2006632 BUCARO	CONCETT BIRTH DATE RECIPIENT ID GNT04556300	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE	FROM DT THRU DT UNITS	AMOUNT

REPORT DA	TE 01/16/	13	SUNNY	SIDE CITYWIDE 013011605240481		HIPAA	DATA FIL	LE REPORT (PHLT837/ED)	IS) PAGE 3
INPUT FIL	E = /VOL4	44/COMPSUP	/HIPAAIN/E3202	013011605240481	L				
	ID = SUN ID = 113	NYSI 502051 SUM	SUNNYSIDE NNYSIDE	1		NP	I = 11544	107492	
224633	1	S5125		01/07/12	01/07/13	36.00	136.08		
224633	1 2	S5125 S5125			01/07/13		136.08		
224633	3	S5125		01/09/13			136.08		
224633	4	S5125			01/10/13		136.08		
224633	5	S5125		01/11/13	01/11/13		136.08		
					CLA	IM TOTAL	680.40	CLAIM ACCOUNT REP	F. 2246330012006632
REG LOC 001	CLIENT 2011960	SERVICE 2011960	NAME BUSTAMENTE		RTH DATE '08/1938	RECIPIENT ID 93702523200	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224634	1	S5125			01/05/13		68.04		
224634	2	S5125		01/07/13	01/07/13		75.60		
224634 224634	3 4	S5125 S5125		01/08/13 01/09/13	01/08/13 01/09/13		75.60 75.60		
224634	5	S5125		01/09/13	01/09/13		75.60		
224634	6	S5125		01/11/13	01/11/13		75.60		
					CLA	IM TOTAL	446.04	CLAIM ACCOUNT REP	F. 2246340012011960
REG LOC	CLIENT	SERVICE	NAME		RTH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #	
001	2012164	2012164	CALDERON	JUSTINA 10,	26/1929	GNT00036800			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224635	1	S5125			12/04/12		181.44		
224635	2	S5125			12/05/12		181.44		
224635 224635	3 4	S5125 S5125			12/11/12 12/12/12		181.44 181.44		
224635	5	S5125 S5125		01/05/13	01/05/13		181.44		
224635	6	S5125		01/06/13			181.44		
224635	7	S5125		01/07/13	01/07/13	48.00	181.44		
224635	8	S5125		01/08/13	01/08/13		181.44		
224635	9	S5125		01/09/13	01/09/13		181.44		
224635 224635	10 11	S5125 S5125		01/10/13 01/11/13	01/10/13 01/11/13		181.44 181.44		
221033		03123		01/11/13			1,995.84	CLAIM ACCOUNT REE	F. 2246350012012164
REG LOC 001	CLIENT 2011912	SERVICE 2011912	NAME CANINO		RTH DATE '06/1941	RECIPIENT ID	PRIOR	AUTHORIZATION #	
TNW7 "	T TATE	DD OGEDITE -	CODE	EDOM DE	minii ra	IDITEC	7.14OII		
INV # 224636	LINE # 1	PROCEDURE S5125	CODE	FROM DT	THRU DT 01/07/13	UNITS 24.00	AMOUNT 90.72		
224636	2	S5125		01/07/13			90.72		
224636	3	S5125		01/09/13	01/09/13		90.72		
224636	4	S5125		01/10/13	01/10/13	24.00	90.72		
224636	5	S5125		01/11/13	01/11/13		105.84	G. 3.T.V. 3.GGOTTI	- 0046260010011010
					CLA	IM TOTAL	468.72	CLAIM ACCOUNT REF	F. 2246360012011912
REG LOC 001	CLIENT 2011978	SERVICE 2011978	NAME CAQUIAS	LILLIAN 01,	RTH DATE /11/1936	RECIPIENT ID GNT02965400	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		

REPORT DATE 01/16/13 SUINPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3		DATA FILE REPORT (PHLT837/EDIS) PAGE 4
SUBMITTER ID = SUNNYSI SUNNYS PROVIDER ID = 113502051 SUNNYSIDE		: = 1154407492
224637 1 S5125 224637 2 S5125 224637 3 S5125	01/07/13 01/07/13 16.00 01/08/13 01/08/13 16.00 01/11/13 01/11/13 16.00 CLAIM TOTAL	60.48 60.48 60.48 181.44 CLAIM ACCOUNT REF. 2246370012011978
REG LOC CLIENT SERVICE NAME 001 2011797 2011797 CARTAGENA	BIRTH DATE RECIPIENT ID 10/05/1948 GNT00039700	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 224638 1 T1019	FROM DT THRU DT UNITS 01/07/13 01/07/13 20.00 CLAIM TOTAL	AMOUNT 75.60 75.60 CLAIM ACCOUNT REF. 2246380012011797
REG LOC CLIENT SERVICE NAME 001 2002769 2002769 CEPEDA	BIRTH DATE RECIPIENT ID 09/07/1932 93700964900	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 224639	FROM DT THRU DT UNITS 01/07/13 01/07/13 24.00 01/08/13 01/08/13 24.00 01/09/13 01/09/13 24.00 01/10/13 01/10/13 24.00 01/11/13 01/11/13 24.00 CLAIM TOTAL	AMOUNT 90.72 90.72 90.72 90.72 90.72 453.60 CLAIM ACCOUNT REF. 2246390012002769
REG LOC CLIENT SERVICE NAME 001 2012059 2012059 CHICO	BIRTH DATE RECIPIENT ID ANA 03/15/1957 GNT02386300	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 224640 1 S5125 TT 224640 2 S5125 TT 224640 3 S5125 TT 224640 4 S5125 TT 224640 5 S5125 TT 224640 6 S5125 TT 224640 7 S5125 TT	FROM DT THRU DT UNITS 01/05/13 01/05/13 32.00 01/06/13 01/06/13 32.00 01/07/13 01/07/13 24.00 01/08/13 01/08/13 24.00 01/09/13 01/09/13 24.00 01/10/13 01/10/13 24.00 01/11/13 01/11/13 24.00 01/11/13 01/11/13 24.00 CLAIM TOTAL	AMOUNT 128.96 128.96 96.72 96.72 96.72 96.72 96.72 96.72 741.52 CLAIM ACCOUNT REF. 2246400012012059
REG LOC CLIENT SERVICE NAME 001 2011981 2011981 COHEN	BIRTH DATE RECIPIENT ID 09/19/1937 GNT06348000	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 224641	FROM DT THRU DT UNITS 01/05/13 01/05/13 40.00 01/06/13 01/06/13 40.00 01/08/13 01/08/13 28.00 01/09/13 01/09/13 30.00 01/10/13 01/10/13 32.00 01/11/13 01/11/13 28.00 CLAIM TOTAL	AMOUNT 151.20 151.20 105.84 113.40 120.96 105.84 748.44 CLAIM ACCOUNT REF. 2246410012011981
REG LOC CLIENT SERVICE NAME 001 2008320 2008320 COLAVITTI	BIRTH DATE RECIPIENT ID 05/23/1911 GNT04482200	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE	FROM DT THRU DT UNITS	AMOUNT

REPORT DA	TE 01/16/	13 SU 44/COMPSUP/HIPAAIN/E3	NNYSIDE CITYWIDE		HIPAA	DATA FI	LE REPORT (PHLT837/EDIS) PAGE 5
INPUT FIL	E = /VOL4	44/COMPSUP/HIPAAIN/E3	202013011605240481					
	ID = SUN ID = 113	NYSI SUNNYS 502051 SUNNYSIDE	IDE		NPI	: = 1154	407492	
224642	1	S5125	01/05/13			120.96		
224642 224642	2	S5125 S5125	01/06/13 01/07/13			120.96 120.96		
224642	4	S5125	01/08/13	01/08/13	32.00	120.96		
224642 224642	5 6	S5125 S5125	01/09/13 01/10/13	01/09/13 01/10/13		120.96 120.96		
224642	7	S5125 S5125	01/11/13	01/10/13		120.96		
				CLA	IM TOTAL	846.72	CLAIM ACCOUNT REF.	2246420012008320
REG LOC 001	CLIENT 2009790	SERVICE NAME 2009790 COLEMAN		TH DATE 26/1958	RECIPIENT ID GNT060020000	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224643	1	S5125	01/05/13			120.96		
224643 224643	2 3	S5125 S5125	01/06/13 01/07/13			120.96 68.04		
224643	4	S5125	01/08/13	01/08/13	20.00	75.60		
224643	5	S5125		01/09/13		30.24		
224643 224643	6 7	S5125 S5125	01/10/13 01/11/13	01/10/13 01/11/13		68.04 75.60		
221013	•	55125	01/11/13		IM TOTAL	559.44	CLAIM ACCOUNT REF.	2246430012009790
REG LOC 001	CLIENT 2011769	SERVICE NAME 2011769 COMET		TH DATE 07/1934	RECIPIENT ID GNT04442600	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224644 224644	1 2	T1019 T1019	01/08/13 01/09/13	01/08/13 01/09/13		90.72 90.72		
224644	3	T1019	01/10/13			90.72		
224644	4	T1019	01/11/13	01/11/13	24.00	90.72		
				CLA	IM TOTAL	362.88	CLAIM ACCOUNT REF.	2246440012011769
REG LOC 001	CLIENT 2012185	SERVICE NAME 2012185 DANIELS		TH DATE 25/1932	RECIPIENT ID GNT00057300	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224645 224645	1 2	S5125 S5125	01/07/13 01/11/13			45.36 45.36		
224043	2	55125	01/11/13		IM TOTAL	90.72	CLAIM ACCOUNT REF.	2246450012012185
REG LOC 001	CLIENT 2011953	SERVICE NAME 2011953 DE LA CRU		TH DATE 28/1935	RECIPIENT ID GNT030053600	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224646	1	T1030	12/19/12		1.00 IM TOTAL	85.00 85.00	CLAIM ACCOUNT REF.	2246460012011953
REG LOC	CLIENT	SERVICE NAME	פדם	TH DATE	RECIPIENT ID	DRT∩P	AUTHORIZATION #	
001	2011599	2011599 DELEON		18/1918	GNT04795000	PKIOK	AUTHORIZATION #	
INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT		

REPORT DA	TE 01/16/	13	SUNNY	SIDE CITYWIDE 013011605240481		HIPAA	DATA FIL	E REPORT (PHLT837/EDIS)	PAGE 6
INPUT FIL	LE = /VOL4	44/COMPSUP	/HIPAAIN/E3202	013011605240481					
	R ID = SUN R ID = 113	NYSI 502051 SUI	SUNNYSIDE NNYSIDE			NP	I = 11544	07492	
224647	1	S5125		01/07/13	01/07/13	24.00	90.72		
224647	2	S5125		01/08/13	01/08/13	24.00	90.72		
224647 224647	3 4	S5125 S5125		01/09/13 01/10/13	01/09/13 01/10/13		90.72 90.72		
224647	5	S5125 S5125		01/10/13	. ,		90.72		
				,,		IM TOTAL	453.60	CLAIM ACCOUNT REF. 2	2246470012011599
REG LOC 001	CLIENT 2012128	SERVICE 2012128	NAME DELIGIANNAKI		TH DATE 17/1923	RECIPIENT ID GNT06658000	PRIOR .	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224648	1 2	T1019		01/05/13			90.72 60.48		
224648 224648	3	T1019 T1019		01/06/13 01/07/13	01/06/13 01/07/13		166.32		
224648	4	T1019		01/08/13	01/08/13	44.00	166.32		
224648 224648	5 6	T1019 T1019		01/09/13 01/10/13	01/09/13 01/10/13		166.32 166.32		
224648	7	T1019		01/10/13	01/10/13		166.32		
					CLA	IM TOTAL	982.80	CLAIM ACCOUNT REF. 2	2246480012012128
REG LOC 001	CLIENT 2009982	SERVICE 2009982	NAME DIAZ 2		TH DATE 28/1919	RECIPIENT ID GNT6048400	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224649 224649	1 2	S5125		01/05/13			90.72 120.96		
224649	3	S5125 S5125		01/07/13 01/08/13	01/07/13		120.96		
224649	4	S5125		01/09/13	01/09/13		120.96		
224649 224649	5 6	S5125 S5125		01/10/13 01/11/13	01/10/13 01/11/13		120.96 120.96		
224049	O	55125		01/11/13		IM TOTAL	695.52	CLAIM ACCOUNT REF. 2	2246490012009982
REG LOC 001	CLIENT 2006667	SERVICE 2006667	NAME DIAZ		TH DATE 21/1918	RECIPIENT ID GNT05048800	PRIOR .	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224650	1 2	T1019 T1019		01/05/13 01/06/13			75.60 75.60		
224650 224650	3	T1019 T1019		01/06/13	01/06/13		105.84		
224650	4	T1019		01/08/13	01/08/13	28.00	105.84		
224650 224650	5 6	T1019 T1019		01/09/13 01/10/13	01/09/13 01/10/13		105.84 105.84		
224650	7	T1019		01/10/13	01/10/13		105.84		
					CLA	IM TOTAL	680.40	CLAIM ACCOUNT REF. 2	2246500012006667
REG LOC 001	CLIENT 2004554	SERVICE 2004554	NAME DONOSO		TH DATE 17/1938	RECIPIENT ID GNT01219900	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224651	1	S5125		01/07/13			90.72		
224651	2	S5125		01/08/13	01/08/13	24.00	90.72		

REPORT DATE 01 INPUT FILE = /	/16/13 SU VOL444/COMPSUP/HIPAAIN/E3	NNYSIDE CITYWIDE 202013011605240481	HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 7
SUBMITTER ID =			NPI = 1154407492
	3 S5125 4 S5125	01/10/13 01/ 01/11/13 01/	
REG LOC CLI 001 2011		BIRTH D CARMEN 07/16/1	
224652 224652 224652	# PROCEDURE CODE 1 S5125 2 S5125 3 S5125 4 S5125 5 S5125	FROM DT THR 01/07/13 01/ 01/08/13 01/ 01/09/13 01/ 01/10/13 01/ 01/11/13 01/	08/13
REG LOC CLI 001 2006		BIRTH D N ALBERTH 06/25/1	
224653 224653 224653 224653	# PROCEDURE CODE 1 S5125 2 S5125 3 S5125 4 S5125 5 S5125 6 S5125	01/05/13 01/ 01/07/13 01/ 01/08/13 01/	07/13 28.00 105.84 08/13 28.00 105.84 09/13 28.00 105.84 10/13 28.00 105.84
REG LOC CLI 001 2009		BIRTH D LOIS 04/02/1	ATE RECIPIENT ID PRIOR AUTHORIZATION #
224654 224654 224654 224654 224654	# PROCEDURE CODE 1 T1020 2 T1020 3 T1020 4 T1020 5 T1020 6 T1020 7 T1020	01/05/13 01/ 01/06/13 01/	06/13
REG LOC CLI 001 2011		BIRTH D ON LUZ 05/03/1	
224655 224655 224655	# PROCEDURE CODE 1 T1019 TT 2 T1019 TT 3 T1019 TT 4 T1019 TT 5 T1019 TT	FROM DT THR 01/07/13 01/ 01/08/13 01/ 01/09/13 01/ 01/10/13 01/ 01/11/13 01/	08/13
REG LOC CLI 001 2011		BIRTH D ON LUZ 05/03/1	
INV # LINE	# PROCEDURE CODE	FROM DT THR	U DT UNITS AMOUNT

REPORT DATE 01/16/13 SUNN INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E320	YSIDE CITYWIDE HIPAA 2013011605240481	DATA FILE REPORT (PHLT837/EDIS) PAGE 8
SUBMITTER ID = SUNNYSI SUNNYSIDE PROVIDER ID = 113502051 SUNNYSIDE	Ε	I = 1154407492
224656 1 T1030 224656 2 T1030	12/01/12 12/01/12 1.00 12/21/12 12/21/12 1.00 CLAIM TOTAL	85.00 85.00 170.00 CLAIM ACCOUNT REF. 2246560012011963
REG LOC CLIENT SERVICE NAME 001 2012061 2012061 ENCARNANCIO	BIRTH DATE RECIPIENT ID 05/07/1965 GNT04160000	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 224657 1 T1019 TT 224657 2 T1019 TT 224657 3 T1019 TT 224657 4 T1019 TT 224657 5 T1019 TT	FROM DT THRU DT UNITS 01/07/13 01/07/13 12.00 01/08/13 01/08/13 12.00 01/09/13 01/09/13 12.00 01/10/13 01/10/13 12.00 01/11/13 01/11/13 12.00 CLAIM TOTAL	AMOUNT 48.36 48.36 48.36 48.36 48.36 241.80 CLAIM ACCOUNT REF. 2246570012012061
REG LOC CLIENT SERVICE NAME 001 2003052 2003052 ESCOBAR	BIRTH DATE RECIPIENT ID DOMINGA 08/04/1937 GNT04459300	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 224658	FROM DT THRU DT UNITS 01/01/13 01/01/13 24.00 01/02/13 01/02/13 24.00 01/03/13 01/03/13 24.00 01/04/13 01/04/13 24.00 01/07/13 01/07/13 24.00 01/08/13 01/08/13 24.00 01/109/13 01/09/13 24.00 01/10/13 01/10/13 24.00 01/10/13 01/10/13 24.00 01/11/13 01/11/13 24.00 01/11/13 01/11/13 24.00 CLAIM TOTAL	AMOUNT 90.72 90.72 90.72 90.72 90.72 90.72 90.72 90.72 90.72 90.72 90.72 816.48 CLAIM ACCOUNT REF. 2246580012003052
REG LOC CLIENT SERVICE NAME 001 2012175 2012175 ESPINOZA	BIRTH DATE RECIPIENT ID AIDA 03/21/1909 ZM66906E	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 224659 1 T1030	FROM DT THRU DT UNITS 12/06/12 12/06/12 1.00 CLAIM TOTAL	AMOUNT 85.00 85.00 CLAIM ACCOUNT REF. 2246590012012175
REG LOC CLIENT SERVICE NAME 001 2007377 2007377 ESPINOZA	MARIA 02/23/1918 GNT03780300	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 224660 1 S5125 224660 2 S5125 224660 3 S5125 224660 4 S5125 224660 5 S5125 224660 5 S5125	FROM DT THRU DT UNITS 01/05/13 01/05/13 30.00 01/07/13 01/07/13 30.00 01/08/13 01/08/13 30.00 01/09/13 01/09/13 30.00 01/10/13 01/10/13 30.00 01/11/13 01/11/13 30.00 CLAIM TOTAL	AMOUNT 113.40 113.40 113.40 113.40 113.40 113.40 680.40 CLAIM ACCOUNT REF. 2246600012007377
REG LOC CLIENT SERVICE NAME 001 2012026 2012026 ESTEVEZ	BIRTH DATE RECIPIENT ID JULIO M 07/04/1955 GNT04657700	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE	FROM DT THRU DT UNITS	AMOUNT

REPORT DATE	E 01/16/	13	SUNNYS /HIPAAIN/E32020	IDE CITYWIDE		HIPAA	DATA FIL	E REPORT (PHLT837/EDIS) PAGE 9
INPUL FILE	= /VOL4	44/COMPSUP/	HIPAAIN/E32U2U	13011605240481				
SUBMITTER I PROVIDER I			SUNNYSIDE NNYSIDE			NPI	= 11544	07492
224661 224661 224661 224661 224661 224661 224661	1 2 3 4 5 6 7	S5125 S5125 S5125 S5125 S5125 T1030 T1030		01/08/13 01/09/13 01/10/13 01/11/13		16.00 24.00 16.00 24.00 1.00	52.92 60.48 90.72 60.48 90.72 85.00 85.00	CLAIM ACCOUNT REF. 2246610012012026
	CLIENT 2012112	SERVICE 2012112	NAME ESTEVEZ	MARCIA 12/	TH DATE 01/2012	RECIPIENT ID GNT00342800	PRIOR	AUTHORIZATION #
INV # L 224662 224662 224662	LINE # 1 2 3	PROCEDURE T1019 T1019 T1019	CODE	FROM DT 12/28/12 01/04/13 01/05/13	12/28/12 01/04/13 01/05/13	24.00	AMOUNT 90.72 90.72 90.72 272.16	CLAIM ACCOUNT REF. 2246620012012112
	CLIENT 2000600	SERVICE 2000600	NAME FELICIANO		TH DATE 17/1935	RECIPIENT ID GNT04140800	PRIOR	AUTHORIZATION #
INV # L 224663 224663 224663 224663 224663 224663 224663	LINE # 1 2 3 4 5 6 7	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019 T1019	CODE	FROM DT 01/05/13 01/06/13 01/07/13 01/08/13 01/09/13 01/10/13 01/11/13	THRU DT 01/05/13 01/06/13 01/07/13 01/08/13 01/09/13 01/10/13 01/11/13 CLA	16.00 24.00 24.00 24.00 24.00	AMOUNT 60.48 60.48 90.72 90.72 90.72 90.72 90.72 574.56	CLAIM ACCOUNT REF. 2246630012000600
	CLIENT 2011866	SERVICE 2011866	NAME FELIPE		TH DATE 13/1930	RECIPIENT ID GNT02393600	PRIOR	AUTHORIZATION #
INV # L 224664 224664 224664 224664 224664 224664 224664	LINE # 1 2 3 4 5 6 7 8	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125	CODE	FROM DT 12/24/12 01/05/13 01/06/13 01/07/13 01/08/13 01/09/13 01/10/13 01/11/13	01/05/13 01/06/13 01/07/13 01/08/13 01/09/13 01/10/13 01/11/13	16.00 16.00 16.00 16.00 16.00 16.00	AMOUNT 60.48 60.48 60.48 60.48 60.48 60.48 60.48 483.84	CLAIM ACCOUNT REF. 2246640012011866
	CLIENT 2008314	SERVICE 2008314	NAME FERNANDEZ		TH DATE 14/1947	RECIPIENT ID GNT05242300	PRIOR	AUTHORIZATION #
INV # L 224665 224665	INE # 1 2	PROCEDURE S5125 S5125	CODE	. ,	THRU DT 01/05/13 01/06/13		AMOUNT 60.48 60.48	

REPORT DA	TE 01/16/	13	SIINNY	SIDE CITYWIDE		НТРАА	DATA FII	LE REPORT (PHLT837/E	DIS) PAGE 10
INPUT FIL	E = /VOL4	44/COMPSUP	/HIPAAIN/E3202	013011605240481		1111111	. 211111 1 11	LE REPORT (PHLT837/E	1101 10
SUBMITTER			SUNNYSIDE						
PROVIDER	ID = 113	502051 SUI	NNYSIDE			NP	I = 11544	407492	
224665	3	S5125			01/07/13		60.48		
224665	4	S5125			01/08/13		60.48		
224665 224665	5 6	S5125 S5125			01/09/13 01/10/13		60.48 60.48		
224665	7	S5125 S5125			01/10/13		60.48		
	•			,,		IM TOTAL	423.36	CLAIM ACCOUNT R	EF. 2246650012008314
REG LOC 001	CLIENT 2011852	SERVICE 2011852	NAME FERNANDEZ	BIF FELIX 11/	TH DATE 20/1935	RECIPIENT ID GNT04997300		AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224666	1	S5125		01/07/13	01/07/13	16.00	60.48		
224666	2	S5125			01/08/13		60.48		
224666 224666	3 4	S5125 S5125			01/10/13 01/11/13		60.48 60.48		
224000	4	53123		01/11/13		IN TOTAL	241.92	CLAIM ACCOUNT R	EF. 2246660012011852
REG LOC	CLIENT	SERVICE	NAME	RTE	TH DATE	PECIDIENT ID	DRTOR	AUTHORIZATION #	
001		2009960	NAME FERRARA	ANN 07/	27/1925	GNT05748600		AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT		UNITS	AMOUNT		
224667	1	S5125			01/05/13		90.72		
224667 224667	2	S5125 S5125			01/06/13 01/07/13		90.72 120.96		
224667	4	S5125 S5125			01/07/13		120.96		
224667	5	S5125		01/09/13	01/09/13	32.00	120.96		
224667	6	S5125		01/10/13	01/10/13	32.00	120.96		
224667	7 8	S5125			01/11/13		120.96		
224667	8	T1030		01/02/13	01/02/13	1.00 IM TOTAL	85.00 871.24	CLAIM ACCOUNT R	EF. 2246670012009960
REG LOC 001	CLIENT 2009589	SERVICE 2009589	NAME FERRO		TH DATE 09/1915	RECIPIENT ID GNT05940400	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224668	1	T1019		01/05/13	01/05/13	24.00	90.72		
224668	2	T1019			01/06/13		60.48		
224668 224668	3 4	T1019 T1019			01/07/13 01/08/13		181.44 181.44		
224668	5	T1019			01/08/13		181.44		
224668	6	T1019			01/11/13		181.44		
					CLA	IM TOTAL	876.96	CLAIM ACCOUNT R	EF. 2246680012009589
REG LOC 001	CLIENT 2011800	SERVICE 2011800	NAME FRANCIS	VICTORI BIR	TH DATE 22/1924	RECIPIENT ID GNT03398100	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224669	1	S5125		01/07/13	01/07/13	28.00	105.84		
224669	2	S5125			01/08/13		105.84		
224669 224669	3 4	S5125 S5125			01/09/13 01/10/13		105.84 105.84		
224009	4	92172		01/10/13	01/10/13	∠ŏ.UU	105.84		

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202013011605240481

PROVIDER ID = 1135			T = 1154407492
		CLAIM TOTAL	423.36 CLAIM ACCOUNT REF. 2246690012011800
REG LOC CLIENT 001 2011800	SERVICE NAME 2011800 FRANCIS		PRIOR AUTHORIZATION #
	PROCEDURE CODE S5125	FROM DT THRU DT UNITS 01/11/13 01/11/13 28.00 CLAIM TOTAL	AMOUNT 105.84 105.84 CLAIM ACCOUNT REF. 2246700012011800
REG LOC CLIENT 001 2011800	SERVICE NAME 2011800 FRANCIS	VICTORI BIRTH DATE RECIPIENT ID GNT03398100	PRIOR AUTHORIZATION #
224671 1	PROCEDURE CODE T1030 T1030	FROM DT THRU DT UNITS 12/19/12 12/19/12 1.00 01/02/13 01/02/13 1.00 CLAIM TOTAL	AMOUNT 85.00 85.00 170.00 CLAIM ACCOUNT REF. 2246710012011800
REG LOC CLIENT 001 2012000	SERVICE NAME 2012000 GARCIA	BIRTH DATE RECIPIENT ID 11/01/1935 GNT02564500	PRIOR AUTHORIZATION #
224672 1 224672 2 224672 3 224672 4	PROCEDURE CODE S5125 S5125 S5125 S5125 S5125 S5125	FROM DT THRU DT UNITS 01/07/13 01/07/13 24.00 01/08/13 01/08/13 24.00 01/09/13 01/09/13 24.00 01/10/13 01/10/13 24.00 01/11/13 01/11/13 24.00 CLAIM TOTAL	AMOUNT 90.72 90.72 90.72 90.72 90.72 453.60 CLAIM ACCOUNT REF. 2246720012012000
REG LOC CLIENT 001 2011801	SERVICE NAME 2011801 GARCIA	BIRTH DATE RECIPIENT ID MARIA A 09/09/1930 GNT02860800	PRIOR AUTHORIZATION #
224673 1 224673 2 224673 3 224673 4	PROCEDURE CODE S5125 S5125 S5125 S5125 S5125	FROM DT THRU DT UNITS 01/06/13 01/06/13 28.00 01/08/13 01/08/13 28.00 01/09/13 01/09/13 28.00 01/10/13 01/10/13 27.00 01/11/13 01/11/13 28.00 CLAIM TOTAL	AMOUNT 105.84 105.84 105.84 102.06 105.84 525.42 CLAIM ACCOUNT REF. 2246730012011801
REG LOC CLIENT 001 2009435	SERVICE NAME 2009435 GOMEZ	YOLANDA BIRTH DATE RECIPIENT ID GNT05745100	PRIOR AUTHORIZATION #
224674 1 224674 2	PROCEDURE CODE T1019 T1019 T1019	FROM DT THRU DT UNITS 01/07/13 01/07/13 16.00 01/09/13 01/09/13 16.00 01/11/13 01/11/13 20.00 CLAIM TOTAL	AMOUNT 60.48 60.48 75.60 196.56 CLAIM ACCOUNT REF. 2246740012009435
REG LOC CLIENT 001 2011662	SERVICE NAME 2011662 GONZALEZ MO		PRIOR AUTHORIZATION #
INV # LINE #	PROCEDURE CODE	FROM DT THRU DT UNITS	AMOUNT

REPORT DA	TE 01/16/	13 SUN	NYSIDE CITYWIDE HIPAA	A DATA FILE REPORT (PHLT837/EDIS) PAGE 12
INPUT FIL	E = /VOL4	44/COMPSUP/HIPAAIN/E32	02013011605240481	A DATA FILE REPORT (PHLT837/EDIS) PAGE 12
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PROVIDER	R ID = 113	502051 SUNNYSIDE	NP	PI = 1154407492
224675	1	S5125	01/05/13 01/05/13 16.00	60.48
224675 224675	2	S5125 S5125	01/06/13 01/06/13 16.00 01/07/13 01/07/13 16.00	60.48 60.48
224675	4	S5125 S5125	01/08/13 01/08/13 16.00	60.48
224675	5	S5125	01/09/13 01/09/13 16.00	60.48
224675	6 7	S5125	01/10/13 01/10/13 16.00 01/11/13 01/11/13 16.00	60.48 60.48
224675	/	S5125	01/11/13 01/11/13 16.00 CLAIM TOTAL	423.36 CLAIM ACCOUNT REF. 2246750012011662
REG LOC	CLIENT	SERVICE NAME	BIRTH DATE RECIPIENT ID	D PRIOR AUTHORIZATION #
001		2011821 GONZALEZ	CARMEN 08/15/1948 GNT0098100	TRIOR AUTHORIZATION #
INV #	LINE #	PROCEDURE CODE	FROM DT THRU DT UNITS 01/07/13 01/07/13 16.00 01/08/13 01/08/13 16.00 01/09/13 01/09/13 16.00 01/10/13 01/10/13 16.00 01/11/13 01/11/13 16.00 01/11/13 01/11/13 16.00 12/17/12 12/17/12 1.00 01/04/13 01/04/13 1.00	AMOUNT
224676	1	S5125	01/07/13 01/07/13 16.00	60.48
224676	2	S5125	01/08/13 01/08/13 16.00	60.48
224676 224676	3 4	S5125 S5125	01/09/13 01/09/13 16.00 01/10/13 01/10/13 16.00	60.48 60.48
224676	5	S5125	01/11/13 01/11/13 16.00	60.48
224676	6	T1030	12/17/12 12/17/12 1.00	85.00
224676	7	11030	01/04/13 01/04/13 1.00 CLAIM TOTAL	85.00 472.40 CLAIM ACCOUNT REF. 2246760012011821
REG LOC 001	CLIENT 2012111		PABLO 02/01/1927 93702951400	PRIOR AUTHORIZATION #
INV #	LINE #	PROCEDURE CODE	FROM DT THRU DT UNITS 01/05/13 01/05/13 20.00 01/06/13 01/06/13 20.00 01/07/13 01/07/13 20.00 01/08/13 01/08/13 20.00 01/09/13 01/08/13 20.00 01/10/13 01/09/13 20.00 01/11/13 01/11/13 20.00 01/11/13 01/11/13 20.00 01/11/13 01/11/13 20.00	AMOUNT
224677 224677	1 2	S5125 S5125	01/05/13 01/05/13 20.00 01/06/13 01/06/13 20.00	75.60 75.60
224677	3	S5125 S5125	01/06/13 01/06/13 20.00	75.60
224677	4	S5125	01/08/13 01/08/13 20.00	75.60
224677	5 6	S5125	01/09/13 01/09/13 20.00	75.60 75.60
224677 224677	6 7	S5125 S5125	01/10/13 01/10/13 20.00 01/11/13 01/11/13 20.00	75.60
221077	•	55125	CLAIM TOTAL	529.20 CLAIM ACCOUNT REF. 2246770012012111
REG LOC 001	CLIENT 2011822	SERVICE NAME 2011822 GREAVES	BIRTH DATE RECIPIENT ID BARBARA 08/15/1945 GNT03748500	
INV #	LINE #	PROCEDURE CODE	FROM DT THRU DT UNITS 01/07/13 01/07/13 16.00 01/09/13 01/09/13 16.00 01/11/13 01/11/13 16.00	AMOUNT
224678	1	T1019	01/07/13 01/07/13 16.00	60.48
224678 224678	2	T1019 T1019	01/09/13 01/09/13 16.00 01/11/13 01/11/13 16.00	60.48 60.48
221070	3	11019	CLAIM TOTAL	181.44 CLAIM ACCOUNT REF. 2246780012011822
REG LOC 001	CLIENT 2010494	SERVICE NAME 2010494 GREENSPAN	BIRTH DATE RECIPIENT ID ALICE 04/15/1942 GNT04498400	
INV #	LINE #	PROCEDURE CODE	FROM DT THRU DT UNITS	AMOUNT
224679	1	PROCEDURE CODE S5125 S5125 S5125	01/05/13 01/05/13 20.00	75.60
224679 224679	2	S5125 S5125	01/06/13 01/06/13 20.00 01/07/13 01/07/13 20.00	75.60 75.60
	3	23223	01/01/13 01/01/13 20.00	

REPORT DATE (INPUT FILE =	01/16/13 /VOL44	3 4/COMPSUP/	SUNNY HIPAAIN/E3202	SIDE CITYWIDE 013011605240481		HIPAA	DATA FII	LE REPORT (PHLT837/EDIS) PAGE 13
SUBMITTER ID PROVIDER ID			SUNNYSIDE INYSIDE			NPI	= 11544	407492
224679 224679 224679 224679	5 S	S5125 S5125 S5125 S5125		01/08/13 01/09/13 01/10/13 01/11/13	01/09/13 01/10/13 01/11/13	20.00	75.60 75.60 75.60 75.60 529.20	CLAIM ACCOUNT REF. 2246790012010494
	LIENT 12037	SERVICE 2012037	NAME GUERRA		TH DATE 24/1958	RECIPIENT ID GNT02427000	PRIOR	AUTHORIZATION #
INV # LIN 224680 224680	1 5	PROCEDURE F1019 F1019	CODE	FROM DT 12/03/12 12/26/12	12/26/12		AMOUNT 90.72 90.72 181.44	CLAIM ACCOUNT REF. 2246800012012037
	LIENT 12037	SERVICE 2012037	NAME GUERRA		TH DATE 24/1958	RECIPIENT ID GNT02427000	PRIOR	AUTHORIZATION #
INV # LIN 224681 224681 224681 224681 224681 224681 224681 224681	1 5 5 5 6 5 6	PROCEDURE F1019 F1019 F1019 F1019 F1019 F1019 F1019	CODE	01/05/13 01/06/13 01/07/13 01/08/13	01/06/13 01/07/13 01/08/13 01/09/13 01/10/13 01/11/13	20.00 24.00 24.00 24.00 24.00	AMOUNT 75.60 75.60 90.72 90.72 90.72 90.72 90.72 604.80	CLAIM ACCOUNT REF. 2246810012012037
	LIENT 11770	SERVICE 2011770	NAME GUZMAN		TH DATE 26/2012	RECIPIENT ID GNT00484900	PRIOR	AUTHORIZATION #
INV # LIN 224682 224682 224682 224682	1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	PROCEDURE F1019 F1019 F1019 F1019	CODE	FROM DT 01/08/13 01/09/13 01/10/13 01/11/13	01/09/13 01/10/13 01/11/13	16.00 16.00	AMOUNT 60.48 60.48 60.48 60.48 241.92	CLAIM ACCOUNT REF. 2246820012011770
	LIENT 11600	SERVICE 2011600	NAME GUZMAN		TH DATE L9/1944	RECIPIENT ID GNT03023100	PRIOR	AUTHORIZATION #
INV # LIN 224683 224683 224683 224683 224683	1 2 3 3 4 5 4	PROCEDURE 85125 85125 85125 85125 85125	CODE	FROM DT 01/07/13 01/08/13 01/09/13 01/10/13 01/11/13	01/08/13 01/09/13 01/10/13 01/11/13	22.00 22.00 22.00	AMOUNT 83.16 83.16 83.16 83.16 83.16 415.80	CLAIM ACCOUNT REF. 2246830012011600
	LIENT 11472	SERVICE 2011472	NAME HENLEY		TH DATE 23/1927	RECIPIENT ID GNT06160900	PRIOR	AUTHORIZATION #
INV # LIN	NE # 1	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	

DDDCDT	mp 01/16/	/12	OTT	athe atministra		*****	D3003 577	D DEDODE (DIJI E027 (DDTC)
INPUT FIL	TE = /VOL4	13 44/COMPSUP	SUNNY HIPAAIN/E3202/	SIDE CITYWIDE 013011605240481	_	HIPAA	DATA FIL	E REPORT (PHLT837/EDIS) PAGE 14
		INYSI 8502051 SUI				NPI	= 11544	07492
004604		m1 0 1 0		10/00/10	10/00/11	20.00	100.06	
224684 224684	1 2	T1019 T1019		12/29/12 12/30/12			120.96 120.96	
224684	3	T1019		01/05/13	01/05/13	32.00	120.96	
224684 224684	4 5	T1019 T1019		01/06/13 01/07/13			120.96 151.20	
224684	6	T1019		01/08/13	01/08/13	3 40.00	151.20	
224684	7	T1019		01/09/13		3 40.00 AIM TOTAL	151.20 937.44	CLAIM ACCOUNT REF. 2246840012011472
					CLIF	AIM IOIAL	237.44	CLAIM ACCOUNT REF. 2240040012011472
REG LOC	CLIENT 2011252	SERVICE 2011252	NAME HENRIQUEZ	BIF TERESA 10/	TH DATE 15/1938	RECIPIENT ID GNT06350600	PRIOR I	AUTHORIZATION #
001	2011252	2011252	HENKIQUEZ	IERESA IU/	15/1938	GN106350600		
INV #	LINE # 1	PROCEDURE S5125	CODE	FROM DT 01/05/13		UNITS 16.00	AMOUNT 60.48	
224685 224685	2	S5125 S5125		01/05/13	01/05/13	3 16.00	60.48	
224685	3	S5125		01/07/13	01/07/13	32.00	120.96	
224685 224685	4 5	S5125 S5125		01/08/13 01/09/13	01/08/13 01/09/13		120.96 120.96	
224685	6	S5125		01/10/13	01/10/13	32.00	120.96	
224685	7	S5125		01/11/13	01/11/13	32.00 AIM TOTAL	120.96 725.76	CLAIM ACCOUNT REF. 2246850012011252
REG LOC	CLIENT 2011823	SERVICE 2011823	NAME HERNANDEZ		TH DATE	RECIPIENT ID GNT00568800	PRIOR I	AUTHORIZATION #
					,			
INV # 224686	LINE # 1	PROCEDURE S5125	CODE	FROM DT 01/07/13	THRU DT 01/07/13	UNITS 24.00	AMOUNT 90.72	
224686	2	S5125		01/08/13	01/08/13	3 24.00	90.72	
224686 224686	3 4	S5125 S5125		01/09/13 01/10/13	01/09/13 01/10/13		90.72 90.72	
224686	5	S5125		01/10/13	01/11/13		90.72	
					CLA	AIM TOTAL	453.60	CLAIM ACCOUNT REF. 2246860012011823
REG LOC	CLIENT	SERVICE	NAME HICKS	BIR	TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #
001	2011824	2011824	HICKS	SYLVIA 00/	00/0000	9370331550		
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
224687 224687	1 2	S5125 S5125		01/05/13 01/06/13			60.48 60.48	
224687	3	S5125		01/00/13	01/00/13		113.40	
224687	4	S5125		01/08/13			98.28	
224687 224687	5 6	S5125 S5125		01/09/13 01/10/13	01/09/13 01/10/13		113.40 98.28	
224687	7	S5125		01/11/13	01/11/13	30.00	113.40	
					CLA	AIM TOTAL	657.72	CLAIM ACCOUNT REF. 2246870012011824
REG LOC	CLIENT	SERVICE	NAME		TH DATE		PRIOR A	AUTHORIZATION #
001	2009400	2009400	HUSTIU	SILVIA 02/	04/1929	GNT05850100		
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
224688	1	S5125		01/07/13	01/07/13	8.00	30.24	

REPORT DATE 01/16/13 INPUT FILE = /VOL444/COMPSUP/HIP	SUNNYSIDE CITYWIDE AAIN/E3202013011605240481	HIPAA DATA FILE REPORT (PHLT837/EDIS)	PAGE 15
SUBMITTER ID = SUNNYSI PROVIDER ID = 113502051 SUNNYS	SUNNYSIDE TDE	NPI = 1154407492	

	2 ID = SUN 2 ID = 113	NYSI 502051 SUNNY	SUNNYSIDE SIDE					NPI =	11544	107492		
224688	2	S5125		01/0	9/13	01/09/13 CLA	8.00 IM TOTAL		30.24 60.48	CLAIM ACCOUNT	REF.	2246880012009400
REG LOC 001	CLIENT 2011864		AME GLESIAS	JUANA		TH DATE 23/1918	RECIPIENT GNT0011760		PRIOR	AUTHORIZATION #		
INV # 224689 224689 224689 224689 224689 224689 224689 224689	LINE # 1 2 3 4 5 6 7 8	PROCEDURE CO S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125	DE	01/0 01/0 01/0 01/0 01/0 01/1	9/12 5/13 6/13 7/13 8/13 9/13 0/13	THRU DT 11/19/12 01/05/13 01/06/13 01/07/13 01/08/13 01/09/13 01/10/13 01/11/13	96.00 96.00 96.00 96.00 96.00 96.00	1: 3: 3: 3: 3: 3: 3: 3:	MOUNT 81.44 62.88 62.88 62.88 62.88 62.88 62.88 62.88 62.88	CLAIM ACCOUNT	REF.	2246890012011864
REG LOC 001	CLIENT 2012309		AME RIMIA	SIMONA		TH DATE 19/1938	RECIPIENT GNT0360570		PRIOR	AUTHORIZATION #		
INV # 224690 224690 224690 224690 224690 224690 224690	LINE # 1 2 3 4 5 6 7	PROCEDURE CO T1019 T1019 T1019 T1019 T1019 T1019 T1019	DE	01/00 01/00 01/00 01/00 01/10	5/13 6/13 7/13 8/13 9/13 0/13	THRU DT 01/05/13 01/06/13 01/07/13 01/08/13 01/09/13 01/10/13 01/11/13	32.00 32.00 32.00 32.00 32.00	1: 1: 1: 1: 1: 1:	MOUNT 20.96 20.96 20.96 20.96 20.96 20.96 20.96 46.72	CLAIM ACCOUNT	REF.	2246900012012309
REG LOC 001	CLIENT 2011980		AME RIZARRY	ESTRELL		TH DATE 16/1927	RECIPIENT GNT0248500		PRIOR	AUTHORIZATION #		
INV # 224691 224691 224691 224691 224691 224691	LINE # 1 2 3 4 5 6	PROCEDURE CO S5125 S5125 S5125 S5125 S5125 S5125 S5125	DE	01/0: 01/0: 01/0: 01/1:	1/13 4/13 5/13 8/13 0/13	THRU DT 01/01/13 01/04/13 01/05/13 01/08/13 01/10/13 01/11/13 CLA	20.00 20.00 20.00 20.00		MOUNT 75.60 75.60 75.60 75.60 75.60 75.60 53.60	CLAIM ACCOUNT	REF.	2246910012011980
REG LOC 001	CLIENT 2011601		AME ACKSON	PATRICI		TH DATE 10/1960	RECIPIENT GNT0450110		PRIOR	AUTHORIZATION #		
INV # 224692 224692 224692 224692 224692	LINE # 1 2 3 4 5	PROCEDURE CO T1019 T1019 T1019 T1019 T1030	DE	01/0 01/0 01/1	7/13 8/13 9/13 1/13	THRU DT 01/07/13 01/08/13 01/09/13 01/11/13 12/20/12			MOUNT 75.60 75.60 75.60 75.60 85.00			

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202013011605240481

CLAIM TOTAL 387.40 CLAIM ACCOUNT REF. 22469200120160		ID = SUN ID = 113	NYSI 502051 SUN	001111101101	E				NPI	= 11544	107492		
OUL 2003254 2003254 JIMENEZ EUGENIA 03/15/1931 GNT04164400 INV # LINE # PROCEDURE CODE							CLA	IM TOTAL		387.40	CLAIM ACCOUNT	REF.	2246920012011601
224693 1 T1019					EUGENIA					PRIOR	AUTHORIZATION #		
INV # LINE # PROCEDURE CODE	224693 224693 224693 224693 224693	1 2 3 4 5	T1019 T1019 T1019 T1019 T1019	CODE	01/0 01/0 01/0 01/0 01/0	5/13 6/13 7/13 8/13 9/13	01/05/13 01/06/13 01/07/13 01/08/13 01/09/13 01/11/13	42.00 46.00 46.00 46.00 46.00 42.00		158.76 173.88 173.88 173.88 173.88 158.76	CLAIM ACCOUNT	REF.	2246930012003254
224694					DOROTHY					PRIOR	AUTHORIZATION #		
INV # LINE # PROCEDURE CODE	224694 224694	1 2	S5125 S5125	CODE	01/0 01/0	5/13 6/13	01/05/13 01/06/13 01/07/13	48.00 47.00 32.00		181.44 177.66 120.96	CLAIM ACCOUNT	REF.	2246940012006080
224695					LUCILLE					PRIOR	AUTHORIZATION #		
001 2011848	224695 224695	1 2	T1019 T1019	CODE	01/0 01/0	7/13 9/13	01/07/13 01/09/13 01/11/13	16.00 16.00 16.00		60.48 60.48 60.48	CLAIM ACCOUNT	REF.	2246950012011855
224696					ROSA					PRIOR	AUTHORIZATION #		
001 2011771 2011771 LEMOINE RICARDA 05/14/2012 GNT03700100 INV # LINE # PROCEDURE CODE FROM DT THRU DT UNITS AMOUNT 224697 1 S5125 01/05/13 01/05/13 16.00 60.48 224697 2 S5125 01/06/13 01/06/13 16.00 60.48 224697 3 S5125 01/07/13 01/07/13 16.00 60.48	224696 224696 224696 224696	1 2 3 4	S5125 S5125 S5125 S5125	CODE	01/0 01/0 01/0 01/0	5/13 6/13 7/13 8/13	01/05/13 01/06/13 01/07/13 01/08/13 01/09/13	16.00 16.00 16.00 16.00 16.00		60.48 60.48 60.48 60.48	CLAIM ACCOUNT	REF.	2246960012011848
224697 1 S5125 01/05/13 01/05/13 16.00 60.48 224697 2 S5125 01/06/13 01/06/13 16.00 60.48 224697 3 S5125 01/07/13 01/07/13 16.00 60.48					RICARDA					PRIOR	AUTHORIZATION #		
	224697 224697 224697	1 2 3	S5125 S5125 S5125	CODE	01/0 01/0 01/0	5/13 6/13 7/13	01/05/13 01/06/13 01/07/13	16.00 16.00 16.00		60.48 60.48 60.48			

DEDUDA DX	TE 01/16/	1 2	CITATATA	SIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 17
				013011605240481
	ID = SUN		SUNNYSIDE	
PROVIDER	ID = 113	502051 SUNI	NYSIDE	NPI = 1154407492
224697	5	S5125		01/09/13 01/09/13 16.00 60.48
224697 224697	6 7	S5125 S5125		01/10/13 01/10/13 16.00 60.48 01/11/13 01/11/13 16.00 60.48
221037	,	55125		CLAIM TOTAL 423.36 CLAIM ACCOUNT REF. 2246970012011771
REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
001	2011854	2011854	LOPEZ	CARMEN 12/05/1929 GNT02469800
INV #	LINE #	PROCEDURE (CODE	FROM DT THRU DT UNITS AMOUNT 01/05/13 01/05/13 24.00 90.72
224698 224698	1 2	S5125 S5125		01/05/13 01/05/13 24.00 90.72 01/06/13 01/06/13 24.00 90.72
224698	3	S5125		01/08/13 01/08/13 28.00 105.84
224698	4	S5125		01/10/13 01/10/13 28.00 105.84
224698	5	S5125		01/11/13 01/11/13 28.00 105.84
				CLAIM TOTAL 498.96 CLAIM ACCOUNT REF. 2246980012011854
REG LOC 001	CLIENT 2011694	SERVICE 2011694	NAME LORA	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # FERNAND 08/20/1935 GNT03342600
INV #	LINE #	PROCEDURE (CODE	FROM DT THRU DT UNITS AMOUNT
224699	1	S5125		01/07/13 01/07/13 32.00 120.96
224699	2	S5125		01/08/13 01/08/13 32.00 120.96
224699 224699	3 4	S5125 S5125		01/09/13 01/09/13 32.00 120.96 01/10/13 01/10/13 32.00 120.96
224699	5	S5125 S5125		01/11/13 01/11/13 24.00 90.72
221055	3	53123		CLAIM TOTAL 574.56 CLAIM ACCOUNT REF. 2246990012011694
REG LOC 001	CLIENT 2012062	SERVICE 2012062	NAME LOZADA	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # RAMON 12/17/1946 GNT00424300
INV #	LINE #	PROCEDURE (CODE	FROM DT THRU DT UNITS AMOUNT
224700	1	T1019	CODE	12/18/12 12/18/12 4.00 15.12
224700	2	T1019		01/05/13 01/05/13 24.00 90.72
224700	3	T1019		01/07/13 01/07/13 24.00 90.72
224700	4	T1019		01/08/13 01/08/13 24.00 90.72
224700	5 6	T1019 T1019		01/09/13 01/09/13 24.00 90.72 01/10/13 01/10/13 24.00 90.72
224700 224700	7	T1019 T1019		01/10/13 $01/10/13$ 24.00 90.72 $01/11/13$ $01/11/13$ 24.00 90.72
224700	,	11015		CLAIM TOTAL 559.44 CLAIM ACCOUNT REF. 2247000012012062
REG LOC 001	CLIENT 2011845	SERVICE 2011845	NAME LUGO	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # DOLORES 12/19/1928 93702878100
INV #	LINE #	PROCEDURE (CODE	FROM DT THRU DT UNITS AMOUNT
224701	1	S5125	CODE	01/08/13 01/08/13 16.00 60.48
224701	2	S5125		01/09/13 01/09/13 16.00 60.48
224701	3	S5125		01/10/13 01/10/13 16.00 60.48 CLAIM TOTAL 181.44 CLAIM ACCOUNT REF. 2247010012011845
				CLAIM TOTAL TOT.44 CLAIM ACCOUNT REF. 224/010012011845
REG LOC 001	CLIENT 2011658	SERVICE 2011658	NAME LUIS	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # MAXIMIN 10/22/1941 GNT02759600
INV #	LINE #	PROCEDURE (CODE	FROM DT THRU DT UNITS AMOUNT

REPORT DA	TE 01/16/	13	SUNNY	SIDE CITYWIDE 013011605240481		HIPA	AA DATA FII	LE REPORT (PHLT837/	PAGE 18
INDOL EIL	E = /VOL4	44/COMPSUP	/HIPAAIN/E3202	013011605240481	-				
SUBMITTER	R ID = SUN	NYSI	SUNNYSIDE						
PROVIDER	RID = 113	502051 SUI	NNYSIDE			N	NPI = 11544	107492	
224702	1	T1019			01/07/13		90.72		
224702	2	T1019			01/09/13		90.72		
224702	3	T1019		01/11/13	01/11/13	24.00 IM TOTAL	90.72 272.16	CLAIM ACCOUNT	REF. 2247020012011658
					CLIA	IM IOIAL	2/2.10	CLAIM ACCOUNT	REF. 224/020012011036
REG LOC	CLIENT	SERVICE	NAME	BIF	TH DATE	RECIPIENT I	ID PRIOR	AUTHORIZATION #	
001	2012018	2012018	LUNA	ELDA 06/	21/1945	GNT06614700	0		
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS 24.00	AMOUNT 90.72		
224703 224703	1 2	T1019 T1019		. , , .	01/05/13 01/07/13		90.72		
224703	3	T1019			01/07/13		90.72		
224703	4	T1019			01/09/13		90.72		
224703	5	T1019			01/10/13		90.72		
224703	6	T1019		01/11/13	01/11/13	24.00	90.72		
					CLA	IM TOTAL	544.32	CLAIM ACCOUNT	REF. 2247030012012018
REG LOC	CLIENT	SERVICE	NAME	ртг	TH DATE	RECIPIENT I	מסדמת חד	AUTHORIZATION #	
001	2002713	2002713	MANGRAY		10/1937	GNT04443200		AUTHORIZATION #	
001	2002710	2002/10	111101111	741141111111111111111111111111111111111	10,100,	01.101113200	•		
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224704	1	T1019			01/07/13		120.96		
224704	2	T1019			01/08/13		120.96		
224704	3	T1019		01/09/13	01/09/13		120.96		
224704 224704	4 5	T1019 T1019		01/10/13	01/10/13 01/11/13		120.96 120.96		
224704	5	11019		01/11/13		IM TOTAL	604.80	CLAIM ACCOUNT	REF. 2247040012002713
REG LOC	CLIENT	SERVICE	NAME		RTH DATE	RECIPIENT I		AUTHORIZATION #	
001	2011985	2011985	MANTILLA	BEATRIZ 07/	30/1941	GNT00533700	0		
TNT7 #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
INV # 224705	1 1 TNE #	S5125	CODE		12/31/12		120.96		
224705	2	S5125			01/01/13		120.96		
224705	3	S5125			01/02/13		120.96		
224705	4	S5125			01/03/13		120.96		
224705	5	S5125			01/04/13		120.96		
224705	6	S5125			01/05/13		120.96		
224705 224705	7 8	S5125 S5125			01/06/13 01/07/13		120.96 120.96		
224705	9	S5125 S5125			01/07/13		120.96		
224705	10	S5125			01/09/13		120.96		
224705	11	S5125			01/11/13		120.96		
224705	12	T1030		12/18/12	12/18/12		85.00		
					CLA	IM TOTAL	1,415.56	CLAIM ACCOUNT	REF. 2247050012011985
REG LOC	CLIENT	SERVICE	NAME	ртг	TH DATE	RECIPIENT I	ם חד חד	AUTHORIZATION #	
001	2011772	2011772	MARIANI		24/1934	GNT03761400		AUTHORIZATION #	
	2				-,		-		
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224706	1	T1019		01/07/13	01/07/13	16.00	60.48		

REPORT DATE 01/16/13 SUNN INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E320	YSIDE CITYWIDE 2013011605240481	HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 19
SUBMITTER ID = SUNNYSI SUNNYSID PROVIDER ID = 113502051 SUNNYSIDE		NPI = 1154407492
224706 2 T1019 224706 3 T1019 224706 4 T1019 224706 5 T1019	01/09/13 01/09/13 1 01/10/13 01/10/13 1	L6.00 60.48 L6.00 60.48 L6.00 60.48 L6.00 60.48
REG LOC CLIENT SERVICE NAME 001 2011957 2011957 MARRERO	BIRTH DATE REC PHILLIP 07/16/1945 GNT	CIPIENT ID PRIOR AUTHORIZATION # 000157200
INV # LINE # PROCEDURE CODE 224707 1 S5126 224707 2 S5126 224707 3 S5126 224707 4 S5126 224707 5 S5126 224707 6 S5126 224707 7 S5126	01/05/13 01/05/13 01/06/13 01/06/13 01/07/13 01/07/13 01/08/13 01/08/13 01/09/13 01/09/13 01/10/13 01/10/13	UNITS AMOUNT 1.00 196.56 1.00 196.56 1.00 196.56 1.00 196.56 1.00 196.56 1.00 196.56 1.00 196.56 1.00 196.56 1.01 196.56 1.02 196.56 1.03 196.56 1.04 1,375.92 CLAIM ACCOUNT REF. 2247070012011957
REG LOC CLIENT SERVICE NAME 001 2011663 2011663 MARTIN		CIPIENT ID PRIOR AUTHORIZATION # 006371400
INV # LINE # PROCEDURE CODE 224708 1 S5126	FROM DT THRU DT 12/23/12 12/23/12 CLAIM T	UNITS AMOUNT .35 68.80 FOTAL 68.80 CLAIM ACCOUNT REF. 2247080012011663
REG LOC CLIENT SERVICE NAME 001 2011663 2011663 MARTIN		CIPIENT ID PRIOR AUTHORIZATION # 006371400
INV # LINE # PROCEDURE CODE 224709 1 S5126 224709 2 S5126 224709 3 S5126 224709 4 S5126 224709 5 S5126 224709 6 S5126 224709 7 S5126	01/05/13 01/05/13 01/06/13 01/06/13 01/07/13 01/07/13 01/08/13 01/08/13 01/09/13 01/09/13 01/10/13 01/10/13	UNITS AMOUNT 1.00 196.56 1.00 196.56 1.00 196.56 1.00 196.56 1.00 196.56 1.00 196.56 1.00 196.56 1.00 196.56 1.01 196.56 1.02 196.56 1.03 196.56 1.04 1,375.92 CLAIM ACCOUNT REF. 2247090012011663
REG LOC CLIENT SERVICE NAME 001 2006830 MARTINEZ		CIPIENT ID PRIOR AUTHORIZATION # C05091300
INV # LINE # PROCEDURE CODE 224710 1 T1019 224710 2 T1019 224710 3 T1019 224710 4 T1019 224710 5 T1019 224710 6 T1019	$\begin{array}{ccccc} 01/05/13 & 01/05/13 & 2 \\ 01/07/13 & 01/07/13 & 2 \\ 01/08/13 & 01/08/13 & 2 \\ 01/09/13 & 01/09/13 & 2 \\ 01/10/13 & 01/10/13 & 2 \\ \end{array}$	UNITS AMOUNT 20.00 75.60 28.00 105.84 28.00 105.84 28.00 105.84 28.00 105.84 28.00 105.84 28.00 105.84 COTAL 604.80 CLAIM ACCOUNT REF. 2247100012006830
REG LOC CLIENT SERVICE NAME 001 2009202 2009202 MARTINEZ		CIPIENT ID PRIOR AUTHORIZATION # C00444700
INV # LINE # PROCEDURE CODE	FROM DT THRU DT	UNITS AMOUNT

DDDCDT	DD 01/16/	1.2		atbe atminise		****	, Dama)
REPORT DA	TE U1/16/	13 44/COMPSTID	SUNNY HTPAATN/E3202	SIDE CITYWIDE 013011605240481		HIPAA	A DA'I'A F'ILE	E REPORT (PHLT837/EDIS) PAGE 20
111101111	7 7021	117 COILL BOL 7	111111111111111111111111111111111111111	013011003210101					
SUBMITTER			SUNNYSIDE				ST 11544	27400	
PROVIDER	. ID = II3	502051 SUN	NNYSIDE			NE	PI = 11544(0/492	
224711	1	S5125		01/07/13	01/07/13	20.00	75.60		
224711	2	S5125		01/08/13			75.60		
224711	3	S5125		01/09/13	01/09/13		75.60		
224711 224711	4 5	S5125 S5125		01/10/13 01/11/13	01/10/13		75.60 75.60		
224/11	3	55125		01/11/13		IM TOTAL	378.00	CLAIM ACCOUNT REF.	2247110012009202
REG LOC 001	CLIENT 2011965	SERVICE 2011965	NAME MATEO		TH DATE 10/1939	RECIPIENT ID		AUTHORIZATION #	
001	2011903	2011903	MATEO	KAFAEL 00/	10/1939	GN100408000			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224712	1	S5125		01/05/13			60.48		
224712	2	S5125		01/06/13	01/06/13		60.48		
224712 224712	3 4	S5125 S5125		01/07/13 01/08/13	01/07/13 01/08/13		120.96 120.96		
224712	5	S5125		01/08/13	01/09/13		120.96		
224712	6	S5125		01/10/13	01/10/13		120.96		
224712	7	S5125		01/11/13	01/11/13		120.96		
					CLA	IM TOTAL	725.76	CLAIM ACCOUNT REF.	2247120012011965
REG LOC	CLIENT	SERVICE	NAME	BIR	TH DATE	RECIPIENT ID	PRIOR A	AUTHORIZATION #	
001	2011350	2011350	MCQUAIL	MAUREEN 10/	23/1934	GNT06367800			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224713	1	S5125	CODE	01/05/13			151.20		
224713	2	S5125		01/06/13	01/06/13	40.00	151.20		
224713	3	S5125		01/07/13	01/07/13		151.20		
224713 224713	4 5	S5125 S5125		01/08/13 01/09/13	01/08/13 01/09/13		151.20 151.20		
224713	6	S5125 S5125		01/09/13	01/09/13		151.20		
224713	7	S5125		01/11/13	01/11/13		151.20		
					CLA	IM TOTAL	1,058.40	CLAIM ACCOUNT REF.	2247130012011350
REG LOC	CLIENT	SERVICE	NAME	BIR	TH DATE	RECIPIENT IF	D PRIOR Z	AUTHORIZATION #	
001	2005943	2005943	MICHEL		05/1930	GNT03107500) INTOK P	AUTHORIZATION #	
T3777 II	T T3TD		G077						
INV # 224714	LINE # 1	PROCEDURE S5125	CODE	FROM DT 01/05/13	THRU DT	UNITS 32.00	AMOUNT 120.96		
224714	2	S5125		01/05/13	01/05/13		120.96		
224714	3	S5125		01/07/13	01/07/13		120.96		
224714	4	S5125		01/08/13	01/08/13		120.96		
224714	5	S5125		01/09/13	01/09/13		120.96		
224714 224714	6 7	S5125 S5125		01/10/13 01/11/13	01/10/13 01/11/13		120.96 120.96		
224/14	,	33123		01/11/13		IM TOTAL	846.72	CLAIM ACCOUNT REF.	2247140012005943
REG LOC 001	CLIENT 2011911	SERVICE 2011911	NAME MIMMS		TH DATE 24/1937	RECIPIENT ID GNT05194600	PRIOR A	AUTHORIZATION #	
001	2011211	2011911	CHINITIA	GIACE I UO/	44/1 <i>331</i>	GM102124000			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224715	1	S5125		01/05/13	01/05/13	24.00	90.72		

REPORT DA	TE 01/16/	13	SUNNY	SIDE CITYWIDE 01301160524048:	1	HIPAA	DATA FII	LE REPORT (PHLT837/EDIS	B) PAGE 21
INPUT FIL	E = /VOL4	44/COMPSOP	/ HIPAAIN/ E3202	01301100324046.	L				
SUBMITTER	ID = SUN	NYSI	SUNNYSIDE						
PROVIDER	ID = 113	502051 SUI	NNYSIDE			NP	I = 11544	107492	
224715	2	S5125		01/07/12	01/07/13	24.00	90.72		
224715	3	S5125 S5125			01/07/13		90.72		
224715	4	S5125			01/09/13		90.72		
224715	5	S5125			01/10/13		90.72		
224715	6	S5125		01/11/13	01/11/13		90.72		
					CLA	IM TOTAL	544.32	CLAIM ACCOUNT REF.	2247150012011911
REG LOC	CLIENT	SERVICE	NAME	BII	RTH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #	
001	2010425	2010425	MONCRIEF		/29/1926	GNT06140100			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224716 224716	1 2	S5125 S5125			01/05/13 01/06/13		120.96 120.96		
224716	3	S5125 S5125			01/00/13		120.96		
224716	4	S5125			01/07/13		120.96		
224716	5	S5125		01/09/13	01/09/13		120.96		
224716	6	S5125		01/10/13	01/10/13	32.00	120.96		
224716	7	S5125		01/11/13	01/11/13		120.96		
					CLA	IM TOTAL	846.72	CLAIM ACCOUNT REF.	2247160012010425
REG LOC	CLIENT	SERVICE	NAME	RTI	RTH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #	
001	2011877	2011877	MONTALVO		/13/1932	GNT03799400	TRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224717	1	T1019 T1019		01/07/13 01/08/13	01/07/13 01/08/13		75.60		
224717 224717	2	T1019 T1019		01/08/13	01/08/13		75.60 75.60		
224717	4	T1019		01/05/13			75.60		
224717	5	T1019			01/11/13		75.60		
					CLA	AIM TOTAL	378.00	CLAIM ACCOUNT REF.	2247170012011877
DEG TOG	CT TENTE	CERTICE	77 7 V	DI		DEGIDIENE ID	DDIOD		
REG LOC 001	CLIENT 2011844	SERVICE 2011844	NAME MONTES		RTH DATE /31/1930	RECIPIENT ID GNT02561100	PRIOR	AUTHORIZATION #	
001	2011044	2011044	MONTED	ADOLIFO 03,	31/1/30	GN102301100			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224718	1	S5125			01/05/13		90.72		
224718	2	S5125			01/06/13		90.72		
224718	3	S5125 S5125		01/07/13	01/07/13 01/08/13		90.72 90.72		
224718 224718	4 5	S5125 S5125		01/08/13 01/09/13			90.72		
224718	6	S5125 S5125		01/09/13	01/09/13		90.72		
224718	7	S5125		01/11/13	01/11/13		90.72		
						IM TOTAL	635.04	CLAIM ACCOUNT REF.	2247180012011844
REG LOC 001	CLIENT 2010407	SERVICE 2010407	NAME MORA		RTH DATE /14/1931	RECIPIENT ID GNT06124800	PRIOR	AUTHORIZATION #	
001	2010407	2010407	MORA	PAULA UO,	/14/1931	GN100124000			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224719	1	T1019		01/10/13	01/10/13		60.48		
					CLA	AIM TOTAL	60.48	CLAIM ACCOUNT REF.	2247190012010407
REG LOC	CLIENT	SERVICE	NAME	דם	RTH DATE	RECIPIENT ID	DDTOD	AUTHORIZATION #	
001	2012071	2012071	MORALES		/05/1923	GNT04846200	FKIOK	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
1									

	TE 01/16/ LE = /VOL4			SIDE CITYWIDE 013011605240481		HIPAA	DATA FI	LE REPORT (PHLT837/EDIS)	PAGE 22
	R ID = SUN		SUNNYSIDE						
PROVIDER	R ID = 113	502051 SUI	NNYSIDE			NPI	1 = 1154	407492	
224720	1	S5125		01/05/13	01/05/13	24.00	90.72		
224720	2	S5125			01/06/13		90.72		
224720	3	S5125			01/07/13		90.72		
224720	4	S5125			01/08/13		90.72		
224720 224720	5 6	S5125 S5125		01/09/13	01/09/13 01/10/13		90.72 90.72		
224720	O	55125		01/10/13		AIM TOTAL	544.32	CLAIM ACCOUNT REF. 22	47200012012071
REG LOC 001	CLIENT 2011967	SERVICE 2011967	NAME MORALES		TH DATE 10/1950	RECIPIENT ID GNT02797600	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224721	1	T1019	0022		01/07/13		60.48		
224721	2	T1019		01/08/13	01/08/13		60.48		
224721	3	T1019			01/09/13		60.48		
224721 224721	4 5	T1019 T1019			01/10/13 01/11/13		60.48 60.48		
224/21	5	11019		01/11/13		IN TOTAL	302.40	CLAIM ACCOUNT REF. 22	47210012011967
REG LOC 001	CLIENT 2008149	SERVICE 2008149	NAME MOSCICKA		TH DATE 07/1916	RECIPIENT ID GNT04975800	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224722	1	T1019		01/05/13			181.44		
224722	2	T1019		01/06/13	01/06/13 CLA	48.00 AIM TOTAL	181.44 362.88	CLAIM ACCOUNT REF. 22	47220012008149
REG LOC 001	CLIENT 2011860	SERVICE 2011860	NAME MOYA		TH DATE 25/1914	RECIPIENT ID GNT02982600	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224723	1	S5125			01/07/13		86.94		
224723	2	S5125			01/08/13		90.72		
224723	3	S5125		01/09/13	01/09/13		86.94		
224723 224723	4 5	S5125 S5125		01/10/13 01/11/13	01/10/13 01/11/13		90.72 90.72		
221723	3	03123		01/11/13		AIM TOTAL	446.04	CLAIM ACCOUNT REF. 22	47230012011860
REG LOC 001	CLIENT 2002162	SERVICE 2002162	NAME MUSCAT		TH DATE 28/1927	RECIPIENT ID GNT04082300	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224724	1	T1019			01/07/13		75.60		
224724 224724	2	T1019 T1019		01/08/13 01/09/13	01/08/13 01/09/13		75.60 75.60		
224724	4	T1019		01/09/13	01/09/13		75.60		
224724	5	T1019		01/11/13	01/11/13	20.00	75.60		480400465555
					CLA	IM TOTAL	378.00	CLAIM ACCOUNT REF. 22	47240012002162
REG LOC 001	CLIENT 2006117	SERVICE 2006117	NAME NETTLES		TH DATE 21/1955	RECIPIENT ID GNT04987100	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		

REPORT DATE 01/16/13 SUNN INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E320		DATA FILE REPORT (PHLT837/EDIS) PAGE 23
SUBMITTER ID = SUNNYSI SUNNYSID PROVIDER ID = 113502051 SUNNYSIDE	E	I = 1154407492
TROVIDER ID - TISSUZUSI BONNIBIDE	141 1	1 - 1131107172
224725 1 S5125 224725 2 S5125	01/09/13 01/09/13 16.00 01/11/13 01/11/13 14.00 CLAIM TOTAL	60.48 52.92 113.40 CLAIM ACCOUNT REF. 2247250012006117
REG LOC CLIENT SERVICE NAME 001 2002531 2002531 NEWBOLD	BIRTH DATE RECIPIENT ID 09/24/1934 GNT04415000	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 224726 1 S5125 224726 2 S5125 224726 3 S5125 224726 4 S5125 224726 5 S5125	FROM DT THRU DT UNITS 01/07/13 01/07/13 20.00 01/08/13 01/08/13 20.00 01/09/13 01/09/13 20.00 01/10/13 01/10/13 20.00 01/11/13 01/11/13 20.00 CLAIM TOTAL	AMOUNT 75.60 75.60 75.60 75.60 75.60 75.60 378.00 CLAIM ACCOUNT REF. 2247260012002531
REG LOC CLIENT SERVICE NAME 001 2010595 2010595 NISHIMURA	BIRTH DATE RECIPIENT ID ALBERT 11/01/1919 GNT04994800	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 224727 1 S5125 224727 2 S5125	FROM DT THRU DT UNITS 10/31/12 10/31/12 24.00 11/23/12 11/23/12 24.00 CLAIM TOTAL	AMOUNT 90.72 90.72 90.72 181.44 CLAIM ACCOUNT REF. 2247270012010595
REG LOC CLIENT SERVICE NAME 001 2010595 2010595 NISHIMURA	BIRTH DATE RECIPIENT ID ALBERT 11/01/1919 GNT04994800	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 224728 1 S5125 224728 2 S5125 224728 3 S5125 224728 4 S5125 224728 5 S5125 224728 6 S5125 224728 7 S5125	FROM DT THRU DT UNITS 01/05/13 01/05/13 48.00 01/06/13 01/06/13 48.00 01/07/13 01/07/13 24.00 01/08/13 01/08/13 48.00 01/09/13 01/09/13 24.00 01/10/13 01/10/13 48.00 01/11/13 01/11/13 24.00 CLAIM TOTAL	AMOUNT 181.44 181.44 90.72 181.44 90.72 181.44 90.72 997.92 CLAIM ACCOUNT REF. 2247280012010595
REG LOC CLIENT SERVICE NAME 001 2004768 2004768 NUNEZ	BIRTH DATE RECIPIENT ID ANGELIN 10/01/1946 GNT02920000	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 224729 1 T1019 224729 2 T1019 224729 3 T1019 224729 4 T1019 224729 5 T1019	FROM DT THRU DT UNITS 01/07/13 01/07/13 16.00 01/08/13 01/08/13 16.00 01/09/13 01/09/13 16.00 01/10/13 01/10/13 16.00 01/11/13 01/11/13 16.00 CLAIM TOTAL	AMOUNT 60.48 60.48 60.48 60.48 60.48 302.40 CLAIM ACCOUNT REF. 2247290012004768
REG LOC CLIENT SERVICE NAME 001 2009392 2009392 NUNEZ	BIRTH DATE RECIPIENT ID 09/07/1963 GNT05481000	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE	FROM DT THRU DT UNITS	AMOUNT

REPORT DA	TE 01/16/	13	SIIMIV	SIDE CITYWIDE		нтраа	DATA FILE	REPORT (PHLT837/EI	DIS) PAGE 24
INPUT FIL	E = /VOL4	44/COMPSUP/	HIPAAIN/E3202	SIDE CITYWIDE 013011605240481	-	IIIFAA	DUIL LINE	TOTAL (LITHION / EL	JID, FAGE 24
SUBMITTER	TD = SIIN	NYST	SUNNYSIDE						
		502051 SUN				NPI	= 1154407	7492	
224730	1	S5125		12/31/12	12/31/12	2 16.00	60.48		
224730	2	S5125		01/01/13	01/01/13	16.00	60.48		
224730	3	S5125		01/04/13	01/04/13		60.48		
224730 224730	4 5	S5125 S5125		01/05/13 01/08/13	01/05/13 01/08/13		60.48 60.48		
224730	6	S5125		01/08/13	01/08/13		60.48		
224730	7	S5125		01/10/13	01/10/13	16.00	60.48		
224730	8	S5125		01/11/13	01/11/13		60.48	GT 3 TM 3 GGGTTTT DT	0045200010000200
					CLA	AIM TOTAL	483.84	CLAIM ACCOUNT RE	EF. 2247300012009392
REG LOC 001	CLIENT 2011773	SERVICE 2011773	NAME NUNEZ		TH DATE 28/1964	RECIPIENT ID GNT02970200	PRIOR AU	THORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224731	1	T1019	CODE	01/07/13			60.48		
224731	2	T1019		01/08/13	01/08/13		60.48		
224731 224731	3 4	T1019 T1019		01/09/13 01/10/13	01/09/13 01/10/13		60.48 60.48		
224731	5	T1019		01/10/13	01/10/13		60.48		
224731	6	T1030		12/14/12	12/14/12		85.00		
224731	7	T1030		01/04/13	01/04/13		85.00		
					CLA	AIM TOTAL	472.40	CLAIM ACCOUNT RE	EF. 2247310012011773
REG LOC 001	CLIENT 2011875	SERVICE 2011875	NAME OCASIO		TH DATE 28/1929	RECIPIENT ID GNT00182000	PRIOR AU	THORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224732	1	T1019		01/05/13			151.20		
224732 224732	2	T1019 T1019		01/06/13	01/06/13		151.20 151.20		
224732	4	T1019 T1019		01/07/13 01/08/13	01/07/13 01/08/13		151.20		
224732	5	T1019		01/09/13	01/09/13		151.20		
224732	6	T1019		01/10/13	01/10/13		151.20		
					CLA	AIM TOTAL	907.20	CLAIM ACCOUNT RE	EF. 2247320012011875
REG LOC 001	CLIENT 2011915	SERVICE 2011915	NAME OJEDA		TH DATE 29/1936	RECIPIENT ID GNT05774800	PRIOR AU	THORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224733	1	T1019		01/05/13			60.48		
224733	2	T1019 T1019		01/07/13	01/07/13		60.48		
224733 224733	4	T1019 T1019		01/08/13 01/09/13	01/08/13 01/09/13		90.72 60.48		
224733	5	T1019		01/10/13	01/10/13		90.72		
224733	6	T1019		01/11/13	01/11/13		60.48		
					CLA	AIM TOTAL	423.36	CLAIM ACCOUNT RE	EF. 2247330012011915
REG LOC 001	CLIENT 2011871	SERVICE 2011871	NAME OJEDA		TH DATE 14/1939	RECIPIENT ID GNT02646000	PRIOR AU	THORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		

DEDODE 53	.ππ. 01/1 <i>C</i> /	1 2	CITATATA	CIDE CIMVATOR		י געדוז י	דאתוא הידי	E DEDODE /DILETO37/EDTC)
INPUT FIL	ATE 01/16/ LE = /VOL4	44/COMPSUP	SUNNY HIPAAIN/E3202/	SIDE CITYWIDE 013011605240481	_	нтраа	DATA FIL	E REPORT (PHLT837/EDIS) PAGE 25
	R ID = SUN R ID = 113	NYSI 502051 SUN	SUNNYSIDE NNYSIDE			NP	I = 11544	07492
224734	1	S5125 TT		01/05/13	01/05/13	20.00	80.60	
224734	2	S5125 TT			01/06/13		76.57	
224734	3	S5125 TT			01/07/13		128.96	
224734	4	S5125 TT			01/08/13		128.96	
224734	5	S5125 TT		01/09/13			128.96	
224734 224734	6 7	S5125 TT S5125 TT		01/10/13			128.96 128.96	
224734	8	S5125 TT T1030		01/11/13 12/20/12	01/11/13		85.00	
221731	O	11030		12/20/12		IM TOTAL	886.97	CLAIM ACCOUNT REF. 2247340012011871
REG LOC	CLIENT	SERVICE	NAME	BIF	TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #
001	2011863	2011863	OLMO	GLORIA 04/	20/1923	GNT03506500		
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
224735	1	S5125			01/05/13		60.48	
224735	2	S5125 S5125		01/06/13	01/06/13 01/07/13		60.48 60.48	
224735 224735	3 4	S5125 S5125		01/07/13			60.48	
224735	5	S5125		01/10/13	01/10/13		60.48	
224735	6	S5125		01/11/13	01/11/13	16.00	60.48	
					CLA	AIM TOTAL	362.88	CLAIM ACCOUNT REF. 2247350012011863
REG LOC	CLIENT	SERVICE	NAME		TH DATE		PRIOR	AUTHORIZATION #
001	2010198	2010198	ORLANDO	ANNE 02/	09/1923	GNT06098400		
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
224736	1	T1019			01/07/13		75.60	
224736 224736	2	T1019 T1019		01/08/13 01/09/13	01/08/13 01/09/13		75.60 75.60	
224736	4	T1019		01/09/13	01/09/13		75.60	
224736	5	T1019		01/11/13			75.60	
					CLA	AIM TOTAL	378.00	CLAIM ACCOUNT REF. 2247360012010198
REG LOC 001	CLIENT 2011916	SERVICE 2011916	NAME ORTIZ		TH DATE 31/1940	RECIPIENT ID 93700799800	PRIOR	AUTHORIZATION #
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
224737	1	S5125		12/22/12			105.84	
224737	2	S5125		01/05/13	01/05/13		105.84	
224737	3	S5125		01/07/13			105.84	
224737 224737	4 5	S5125 S5125			01/08/13 01/09/13		105.84 105.84	
224737	6	S5125			01/10/13		105.84	
224737	7	S5125		01/11/13	01/11/13		105.84	
224737	8	T1030			12/15/12		85.00	
224737	9	T1030		12/28/12	12/28/12	l 1.00 AIM TOTAL	85.00 910.88	CLAIM ACCOUNT REF. 2247370012011916
REG LOC 001	CLIENT 2005165	SERVICE 2005165	NAME ORTIZ		TH DATE 04/1919	RECIPIENT ID GNT03867300	PRIOR	AUTHORIZATION #
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	

REPORT DATE 01/16, INPUT FILE = /VOL	/13 SUNNYS: 444/COMPSUP/HIPAAIN/E32020:	IDE CITYWIDE HIPAA 13011605240481	DATA FILE REPORT (PHLT837/EDIS) PAGE 26
SUBMITTER ID = SUT			I = 1154407492
224738 1 224738 2 224738 3 224738 4 224738 5 224738 6 224738 7	S5125 S5125 S5125 S5125 S5125 S5125 S5125	01/05/13 01/05/13 36.00 01/06/13 01/06/13 36.00 01/07/13 01/07/13 36.00 01/08/13 01/08/13 36.00 01/09/13 01/09/13 36.00 01/10/13 01/10/13 36.00 01/11/13 01/11/13 36.00 CLAIM TOTAL	136.08 136.08 136.08 136.08 136.08 136.08 136.08 136.08 136.08 136.08 136.08
REG LOC CLIENT 001 2011999	SERVICE NAME 2011999 ORTIZ	BIRTH DATE RECIPIENT ID 02/09/1921 GNT04429700	PRIOR AUTHORIZATION #
INV # LINE # 224739 1 224739 2 224739 3 224739 4 224739 5	PROCEDURE CODE S5125 S5125 S5125 S5125 S5125	FROM DT THRU DT UNITS 01/05/13 01/05/13 16.00 01/06/13 01/06/13 16.00 01/07/13 01/07/13 16.00 01/09/13 01/09/13 16.00 01/11/13 01/11/13 16.00 CLAIM TOTAL	AMOUNT 60.48 60.48 60.48 60.48 60.48 60.48 302.40 CLAIM ACCOUNT REF. 2247390012011999
REG LOC CLIENT 001 2011999	SERVICE NAME 2011999 ORTIZ	BIRTH DATE RECIPIENT ID 02/09/1921 GNT04429700	PRIOR AUTHORIZATION #
INV # LINE # 224740 1	PROCEDURE CODE T1030	FROM DT THRU DT UNITS 12/12/12 12/12/12 1.00 CLAIM TOTAL	AMOUNT 85.00 85.00 CLAIM ACCOUNT REF. 2247400012011999
REG LOC CLIENT 001 2011999	SERVICE NAME 2011999 ORTIZ	BIRTH DATE RECIPIENT ID 02/09/1921 GNT04429700	PRIOR AUTHORIZATION #
INV # LINE # 224741 1	PROCEDURE CODE T1030	FROM DT THRU DT UNITS 01/04/13 01/04/13 1.00 CLAIM TOTAL	AMOUNT 85.00 85.00 CLAIM ACCOUNT REF. 2247410012011999
REG LOC CLIENT 001 2012073	SERVICE NAME 2012073 PAGAN	BIRTH DATE RECIPIENT ID ADRIEL 09/29/1931 GNT00189300	PRIOR AUTHORIZATION #
INV # LINE # 224742 1 224742 2 224742 3 224742 4	PROCEDURE CODE T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 01/06/13 01/06/13 40.00 01/07/13 01/07/13 40.00 01/10/13 01/10/13 40.00 01/11/13 01/11/13 40.00 CLAIM TOTAL	AMOUNT 151.20 151.20 151.20 151.20 604.80 CLAIM ACCOUNT REF. 2247420012012073
REG LOC CLIENT 001 2003087	SERVICE NAME 2003087 PAPHITIS I	BIRTH DATE RECIPIENT ID RICHARD 05/14/1923 GNT03006300	PRIOR AUTHORIZATION #
INV # LINE # 224743 1 224743 2 224743 3	PROCEDURE CODE T1019 T1019 T1019	FROM DT THRU DT UNITS 01/07/13 01/07/13 32.00 01/08/13 01/08/13 32.00 01/09/13 01/09/13 32.00	AMOUNT 120.96 120.96 120.96

REPORT DATE 01/16/13 SUNNY INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202		DATA FILE REPORT (PHLT837/EDIS) PAGE 27
SUBMITTER ID = SUNNYSI SUNNYSIDI	E	
PROVIDER ID = 113502051 SUNNYSIDE	NPI	T = 1154407492
224743 4 T1019 224743 5 T1019	01/10/13 01/10/13 32.00 01/11/13 01/11/13 32.00 CLAIM TOTAL	120.96 120.96 604.80 CLAIM ACCOUNT REF. 2247430012003087
REG LOC CLIENT SERVICE NAME 001 2011913 2011913 PATTERSON	RUMELLA BIRTH DATE RECIPIENT ID GNT02544200	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 224744 1 S5125 224744 2 S5125 224744 3 S5125 224744 4 S5125 224744 5 S5125	FROM DT THRU DT UNITS 01/07/13 01/07/13 16.00 01/08/13 01/08/13 16.00 01/09/13 01/09/13 16.00 01/10/13 01/10/13 16.00 01/11/13 01/11/13 16.00 CLAIM TOTAL	AMOUNT 60.48 60.48 60.48 60.48 60.48 302.40 CLAIM ACCOUNT REF. 2247440012011913
REG LOC CLIENT SERVICE NAME 001 2012225 2012225 PATTERSON	BIRTH DATE RECIPIENT ID SHYRLE 12/02/1956 GNT00191700	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 224745 1 S5125 224745 2 S5125	FROM DT THRU DT UNITS 01/05/13 01/05/13 28.00 01/06/13 01/06/13 28.00 CLAIM TOTAL	AMOUNT 105.84 105.84 211.68 CLAIM ACCOUNT REF. 2247450012012225
REG LOC CLIENT SERVICE NAME 001 2009576 2009576 PAZIOULIS	BIRTH DATE RECIPIENT ID KLEONIK 10/16/1934 GNT04602500	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 224746	FROM DT THRU DT UNITS 01/05/13 01/05/13 44.00 01/06/13 01/06/13 44.00 01/07/13 01/07/13 44.00 01/08/13 01/08/13 44.00 01/09/13 01/09/13 44.00 CLAIM TOTAL	AMOUNT 166.32 166.32 166.32 166.32 166.32 831.60 CLAIM ACCOUNT REF. 2247460012009576
REG LOC CLIENT SERVICE NAME 001 2000140 2000140 PENA	WALESKA BIRTH DATE RECIPIENT ID GNT02097600	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 224747 1 T1019 224747 2 T1019 224747 3 T1019 224747 4 T1019 224747 5 T1019 224747 6 T1019 224747 7 T1019	FROM DT THRU DT UNITS 01/05/13 01/05/13 32.00 01/06/13 01/06/13 32.00 01/07/13 01/07/13 32.00 01/08/13 01/08/13 32.00 01/09/13 01/08/13 32.00 01/10/13 01/09/13 32.00 01/11/13 01/11/13 32.00 01/11/13 01/11/13 32.00 CLAIM TOTAL	AMOUNT 120.96 120.96 120.96 120.96 120.96 120.96 120.96 120.96 120.96 846.72 CLAIM ACCOUNT REF. 2247470012000140
REG LOC CLIENT SERVICE NAME 001 2009232 2009232 PEREZ	BIRTH DATE RECIPIENT ID 02/04/1931 93703475500	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE	FROM DT THRU DT UNITS	AMOUNT

REPORT DA	TE 01/16/	13	SUNNY	SIDE CITYWIDE		HIPAA	A DATA FI	LE REPORT (PHLT837/E	DIS) PAGE 28
INPUT FIL	E = /VOL4	44/COMPSUP	/HIPAAIN/E3202	SIDE CITYWIDE 2013011605240481				, , ,	,
	ID = SUN		SUNNYSIDE				. 1154	405400	
PROVIDER	1 ID = II3	502051 SUI	NNYSIDE			NP	PI = 1154	407492	
224748 224748	1 2	T1019 T1019			01/07/13 01/08/13		90.72 90.72		
224748	3	T1019			01/08/13		90.72		
224748 224748	4 5	T1019 T1019			01/10/13 01/11/13		90.72 90.72		
224/48	5	11019		01/11/13		IM TOTAL	453.60	CLAIM ACCOUNT R	EF. 2247480012009232
REG LOC 001	CLIENT 2011411	SERVICE 2011411	NAME PICHARDO		TH DATE 14/1923	RECIPIENT ID) PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224749	1	T1019	CODE	01/05/13	01/05/13	36.00	136.08		
224749 224749	2	T1019 T1019			01/06/13 01/07/13		136.08 136.08		
224749	3 4	T1019 T1019			01/07/13		136.08		
224749	5	T1019		01/09/13	01/09/13	36.00	136.08		
224749 224749	6 7	T1019 T1019			01/10/13 01/11/13		136.08 136.08		
224/49	,	11019		01/11/13		IM TOTAL	952.56	CLAIM ACCOUNT R	EF. 2247490012011411
REG LOC 001	CLIENT 2011989	SERVICE 2011989	NAME PICHARDO		TH DATE 18/1974	RECIPIENT ID) PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224750	1	S5125		01/05/13	01/05/13	16.00	60.48		
224750 224750	2 3	S5125 S5125			01/06/13 01/07/13		60.48 60.48		
224750	4	S5125			01/08/13		60.48		
224750	5 6	S5125			01/09/13		60.48		
224750	б	S5125		01/11/13	01/11/13 CLA	16.00 IM TOTAL	60.48 362.88	CLAIM ACCOUNT R	EF. 2247500012011989
REG LOC 001	CLIENT 2010606	SERVICE 2010606	NAME PINILLA		TH DATE 23/1933	RECIPIENT ID GNT05972000	D PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224751	1 2	S5125 S5125			01/05/13 01/06/13		136.08		
224751 224751	3	S5125 S5125		01/06/13	01/06/13		136.08 90.72		
224751	4	S5125			01/08/13	31.00	117.18		
					CLA	IM TOTAL	480.06	CLAIM ACCOUNT R	EF. 2247510012010606
REG LOC 001	CLIENT 2011990	SERVICE 2011990	NAME POLANCO		TH DATE 04/2012	RECIPIENT ID GNT03633500) PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224752 224752	1 2	S5126 S5126			01/07/13 01/08/13		196.56 196.56		
224752	3	S5126 S5126			01/08/13		196.56		
224752	4	S5126			01/10/13		196.56		
224752	5	S5126		01/11/13	01/11/13	1.00	196.56		

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202013011605240481

PROVIDER II			SUNNISIDE INYSIDE				NPI	= 11544	107492	
						CLAI	IM TOTAL	982.80	CLAIM ACCOUNT REF. 2247	'520012011990
	CLIENT 002109	SERVICE 2002109	NAME PROANO	ALICIA	BIRTH D		RECIPIENT ID 93700845900	PRIOR	AUTHORIZATION #	
INV # L. 224753	INE # 1 2 3 4 5 6 7	PROCEDURE \$5125 TT \$5125 TT \$5125 TT \$5125 TT \$5125 TT \$5125 TT \$5125 TT	CODE	01/06 01/07 01/08 01/09 01/10	5/13 01/0 5/13 01/0 7/13 01/0 8/13 01/0	06/13 07/13 08/13 09/13 10/13 11/13	UNITS 12.00 12.00 12.00 12.00 12.00 12.00 12.00 IM TOTAL	AMOUNT 48.36 48.36 48.36 48.36 48.36 48.36 338.52	CLAIM ACCOUNT REF. 2247	7530012002109
	CLIENT 007728	SERVICE 2007728	NAME PROANO	BRUNO	BIRTH D		RECIPIENT ID GNT04361600	PRIOR	AUTHORIZATION #	
INV # L: 224754 224754 224754 224754 224754 224754 224754	INE # 1 2 3 4 5 6	PROCEDURE \$5125 TT \$5125 TT \$5125 TT \$5125 TT \$5125 TT \$5125 TT \$5125 TT	CODE	01/00 01/00 01/00 01/00 01/10	5/13 01/0 5/13 01/0 7/13 01/0 8/13 01/0	06/13 07/13 08/13 09/13 10/13 11/13	16.00 20.00 20.00 20.00 20.00 20.00	AMOUNT 64.48 64.48 80.60 80.60 80.60 80.60		
REG LOC (CLIENT	SERVICE 2011774	NAME OUINONES	ENEIDA	BIRTH D	ATE	RECIPIENT ID GNT03606700	531.96 PRIOR	CLAIM ACCOUNT REF. 2247 AUTHORIZATION #	540012007728
	INE #	PROCEDURE T1019 T1019 T1019 T1019 T1019	~	FROM 01/07 01/08 01/09 01/10	DT THR 7/13 01/ 3/13 01/ 9/13 01/	U DT 07/13 08/13 09/13 10/13 11/13	UNITS 16.00	AMOUNT 60.48 60.48 60.48 60.48 60.48 302.40	CLAIM ACCOUNT REF. 2247	7550012011774
REG LOC 0	CLIENT 011847	SERVICE 2011847	NAME RAMOS	CECILIA	BIRTH D		RECIPIENT ID GNT00206000	PRIOR	AUTHORIZATION #	
INV # L: 224756 224756 224756 224756 224756 224756 224756	INE # 1 2 3 4 5 6 7	PROCEDURE \$5125 \$5125 \$5125 \$5125 \$5125 \$5125 \$5125 \$5125	CODE	01/06	5/13 01/0 5/13 01/0 7/13 01/0 8/13 01/0 9/13 01/0	06/13 07/13 08/13 09/13 10/13 11/13	UNITS 32.00 32.00 40.00 40.00 40.00 40.00 40.00 M TOTAL	AMOUNT 120.96 120.96 151.20 151.20 151.20 151.20 151.20 997.92	CLAIM ACCOUNT REF. 2247	7560012011847

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202013011605240481

SUBMITTER ID = SUNNYSI SUNNYSIDE

PROVIDER ID = 113502051 SUNNYSIDE NPI = 1154407492

PROVIDE	R ID = 113	502051 SUI	NNYSIDE	NPI = 1154407492	
REG LOC 001	CLIENT 2010409	SERVICE 2010409	NAME RAMOS	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # ESTHER 12/21/1933 GNT06136400	
INV # 224757 224757	LINE # 1 2	PROCEDURE T1019 T1019	CODE	FROM DT THRU DT UNITS AMOUNT 01/10/13 01/10/13 12.00 45.36 01/11/13 01/11/13 16.00 60.48 CLAIM TOTAL 105.84 CLAIM ACCOUNT REF. 22475700120	10409
REG LOC 001	CLIENT 2012113	SERVICE 2012113	NAME REYES	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # DORILA 05/02/1929 GNT02461500	
INV # 224758 224758 224758 224758 224758 224758 224758 224758 224758 224758 224758	LINE # 1 2 3 4 5 6 7 8 9 10	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125 S5125 T1030 T1030	CODE	FROM DT THRU DT UNITS AMOUNT 01/05/13 01/05/13 32.00 120.96 01/06/13 01/06/13 32.00 120.96 01/07/13 01/07/13 32.00 120.96 01/08/13 01/08/13 32.00 120.96 01/09/13 01/09/13 32.00 120.96 01/10/13 01/10/13 32.00 120.96 01/11/13 01/11/13 32.00 120.96 01/11/13 10/11/13 32.00 120.96 01/11/13 10/11/13 32.00 120.96 12/13/12 12/13/12 1.00 85.00 12/27/12 12/27/12 1.00 85.00 12/28/12 12/28/12 1.00 85.00	10110
REG LOC 001	CLIENT 2012001	SERVICE 2012001	NAME REYES	CLAIM TOTAL 1,101.72 CLAIM ACCOUNT REF. 22475800120 BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # MILAGRO 05/05/1957 GNT00210100	12113
INV # 224759 224759 224759 224759 224759 224759 224759 224759	LINE # 1 2 3 4 5 6 7	PROCEDURE T1019 TT T1019 TT T1019 TT T1019 TT T1019 TT T1019 TT T1030 T1030		FROM DT THRU DT UNITS AMOUNT 01/05/13 01/05/13 24.00 96.72 01/06/13 01/06/13 24.00 96.72 01/07/13 01/07/13 24.00 96.72 01/09/13 01/09/13 24.00 96.72 01/10/13 01/10/13 24.00 96.72 01/10/13 01/11/13 24.00 96.72 01/11/13 01/11/13 24.00 96.72 12/17/12 12/17/12 1.00 85.00 01/03/13 01/03/13 1.00 85.00 CLAIM TOTAL 750.32 CLAIM ACCOUNT REF. 22475900120	12001
REG LOC 001	CLIENT 1997785	SERVICE 1997785	NAME RIVAS	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # GERTRUD 10/14/1931 GNT00533400	
INV # 224760 224760 224760 224760 224760	LINE # 1 2 3 4 5	PROCEDURE S5125 S5125 S5125 S5125 S5125	CODE	FROM DT THRU DT UNITS AMOUNT 01/07/13 01/07/13 24.00 90.72 01/08/13 01/08/13 24.00 90.72 01/09/13 01/09/13 24.00 90.72 01/10/13 01/10/13 24.00 90.72 01/11/13 01/11/13 24.00 90.72 01/11/13 01/11/13 24.00 90.72 CLAIM TOTAL 453.60 CLAIM ACCOUNT REF. 22476000119	97785
REG LOC 001	CLIENT 2011659	SERVICE 2011659	NAME RIVERA MART	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 01/22/1938 GNT02887600	
INV #	LINE #	PROCEDURE	CODE	FROM DT THRU DT UNITS AMOUNT	

REPORT DATE 01/16 INPUT FILE = /VOL	/13 SUNNY 144/COMPSUP/HIPAAIN/E3202	YSIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 31 2013011605240481
SUBMITTER ID = SU PROVIDER ID = 11	NNYSI SUNNYSIDI 3502051 SUNNYSIDE	NPI = 1154407492
224761 1 224761 2 224761 3 224761 4 224761 5 224761 6 224761 7	S5125 S5125 S5125 S5125 S5125 S5125 S5125	01/05/13 01/05/13 28.00 105.84 01/06/13 01/06/13 28.00 105.84 01/07/13 01/07/13 28.00 105.84 01/08/13 01/08/13 28.00 105.84 01/09/13 01/09/13 28.00 105.84 01/10/13 01/10/13 28.00 105.84 01/11/13 01/11/13 28.00 105.84 01/11/13 01/11/13 28.00 105.84 CLAIM TOTAL 740.88 CLAIM ACCOUNT REF. 2247610012011659
REG LOC CLIENT 001 2012195	SERVICE NAME 2012195 RIVERA	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # BLANCA 03/20/1920 93700740800
INV # LINE # 224762 1 224762 2 224762 3 224762 4 224762 5 224762 7	PROCEDURE CODE S5126 S5126 S5126 S5126 S5126 S5126 S5126	FROM DT THRU DT UNITS AMOUNT 01/05/13 01/05/13 1.00 196.56 01/06/13 01/06/13 1.00 196.56 01/07/13 01/07/13 1.00 196.56 01/08/13 01/08/13 1.00 196.56 01/09/13 01/09/13 1.00 196.56 01/10/13 01/10/13 1.00 196.56 01/10/13 01/11/13 1.00 196.56 01/11/13 01/11/13 1.00 196.56 01/11/13 01/11/13 1.00 196.56
REG LOC CLIENT 001 2011491	SERVICE NAME 2011491 RIVERA	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # RAMONIT 08/23/1943 GNT06231700
INV # LINE # 224763 1 224763 2 224763 3 224763 4	PROCEDURE CODE S5125 S5125 S5125 S5125	FROM DT THRU DT UNITS AMOUNT 01/08/13 01/08/13 16.00 60.48 01/09/13 01/09/13 16.00 60.48 01/10/13 01/10/13 16.00 60.48 01/11/13 01/11/13 16.00 60.48 CLAIM TOTAL 241.92 CLAIM ACCOUNT REF. 2247630012011491
REG LOC CLIENT 001 2010412	SERVICE NAME 2010412 RODRIGUEZ	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # FABIOLA 06/23/1931 GNT06115800
INV # LINE # 224764 1 224764 2 224764 3 224764 5 224764 6	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 01/05/13 01/05/13 16.00 60.48 01/07/13 01/07/13 16.00 60.48 01/08/13 01/08/13 16.00 60.48 01/09/13 01/09/13 16.00 60.48 01/10/13 01/10/13 16.00 60.48 01/10/13 01/11/13 8.00 30.24 CLAIM TOTAL 332.64 CLAIM ACCOUNT REF. 2247640012010412
REG LOC CLIENT 001 2007969	SERVICE NAME 2007969 RODRIGUEZ	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # HOLGER 10/27/1938 GNT05256300
INV # LINE # 224765 1 224765 2 224765 3	PROCEDURE CODE T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 01/05/13 01/05/13 36.00 136.08 01/06/13 01/06/13 36.00 136.08 01/07/13 01/07/13 36.00 136.08

REPORT DA	TE 01/16/ E = /VOL4	13 44/COMPSUP,	SUNNY HIPAAIN/E3202	SIDE CITYWIDE 2013011605240481	L	HIPAA	DATA FII	LE REPORT (PHLT837/EDIS) PAGE 32
SUBMITTER	$2 ext{ID} = SUN$	NYSI 502051 SUN	SUNNYSIDE				= 11544	407492
224765 224765 224765 224765	4 5 6 7	T1019 T1019 T1019 T1019		01/10/13	01/09/13 01/10/13 01/11/13	36.00 36.00	136.08 136.08 136.08 136.08 952.56	CLAIM ACCOUNT REF. 2247650012007969
REG LOC 001	CLIENT 2012056	SERVICE 2012056	NAME RODRIGUEZ		RTH DATE /04/1920	RECIPIENT ID 93702665700	PRIOR	AUTHORIZATION #
INV # 224766 224766 224766 224766 224766 224766 224766	LINE # 1 2 3 4 5 6 7	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125	CODE	01/06/13 01/07/13 01/08/13 01/09/13 01/10/13	THRU DT 01/05/13 01/06/13 01/07/13 01/08/13 01/09/13 01/10/13 01/11/13	24.00 28.00 28.00 28.00 28.00 28.00	AMOUNT 90.72 90.72 105.84 105.84 105.84 105.84 710.64	CLAIM ACCOUNT REF. 2247660012012056
REG LOC 001	CLIENT 2012182	SERVICE 2012182	NAME RODRIGUEZ		RTH DATE /13/1939	RECIPIENT ID GNT03481200	PRIOR	AUTHORIZATION #
INV # 224767 224767 224767 224767 224767	LINE # 1 2 3 4 5	PROCEDURE T1019 T1019 T1019 T1019 T1019	CODE	01/08/13 01/09/13 01/10/13	01/11/13	16.00 16.00 16.00	AMOUNT 60.48 60.48 60.48 60.48 60.48 302.40	CLAIM ACCOUNT REF. 2247670012012182
REG LOC 001	CLIENT 2012226	SERVICE 2012226	NAME RODRIGUEZ		RTH DATE /05/1922	RECIPIENT ID GNT05127100	PRIOR	AUTHORIZATION #
INV # 224768 224768 224768	LINE # 1 2 3	PROCEDURE S5125 S5125 S5125	CODE	FROM DT 01/07/13 01/09/13 01/11/13	01/11/13	24.00	AMOUNT 90.72 90.72 90.72 272.16	CLAIM ACCOUNT REF. 2247680012012226
REG LOC 001	CLIENT 2012097	SERVICE 2012097	NAME RODRIGUEZ		RTH DATE /03/1930	RECIPIENT ID GNT06106100	PRIOR	AUTHORIZATION #
INV # 224769 224769 224769 224769 224769 224769	LINE # 1 2 3 4 5	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125	CODE	01/07/13 01/08/13 01/09/13 01/10/13	01/10/13 01/11/13	32.00 32.00 32.00 32.00	AMOUNT 105.84 120.96 120.96 120.96 120.96 120.96 710.64	CLAIM ACCOUNT REF. 2247690012012097
REG LOC 001	CLIENT 2006650	SERVICE 2006650	NAME ROJAS		RTH DATE /22/1923	RECIPIENT ID GNT04856900	PRIOR	AUTHORIZATION #
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	

BEDORT DV	TE 01/16/	13	SIMMVSIDE CITVWIDE		нтруу	מידע בידו	LE REPORT (PHLT837/EDI	S) PAGE 33
INPUT FIL	E = /VOL4	44/COMPSUP/HIPAA	SUNNYSIDE CITYWIDE IN/E320201301160524048	1	пірал	A DAIA FII	DE KEPOKI (PHIIO3//EDI	.5) PAGE 33
SUBMITTER		NYSI SUNNYSID	UNNYSIDE E		NP	PI = 1154	407492	
224770	1	S5125		01/05/13		120.96		
224770 224770	2	S5125 S5125		01/06/13 01/07/13		120.96 120.96		
224770	4	S5125		01/07/13		120.96		
224770	5	S5125		01/09/13		120.96		
224770	6	S5125		01/10/13		120.96		
224770	7	S5125	01/11/13	01/11/13		120.96		2247700012006650
				CLA	IM TOTAL	846.72	CLAIM ACCOUNT REF	2247700012006650
REG LOC	CLIENT	SERVICE NAME		RTH DATE	RECIPIENT ID	D PRIOR	AUTHORIZATION #	
001	2011777	2011777 ROMA	N GLADYS 09	/15/1934	GNT02933300			
INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224771	1	S5125		12/22/12		120.96		
224771	2	S5125	12/23/12	12/23/12	32.00	120.96		
224771	3	S5125		01/05/13		120.96		
224771 224771	4 5	S5125 S5125		01/06/13 01/07/13		120.96 120.96		
224771	6	S5125		01/07/13		120.96		
224771	7	S5125		01/09/13		120.96		
224771	8	S5125	01/10/13	01/10/13	32.00	120.96		
224771	9	S5125	01/11/13	01/11/13		120.96		0047710010011777
				CLA	IM TOTAL	1,088.64	CLAIM ACCOUNT REF	'. 2247710012011777
REG LOC	CLIENT	SERVICE NAME		RTH DATE			AUTHORIZATION #	
001	2012085	2012085 ROSA	RIO ANA 06	/23/1949	GNT03285400			
INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224772	1	S5125		01/07/13		105.84		
224772	2	S5125		01/08/13		102.06		
224772 224772	3 4	S5125 S5125		01/09/13 01/10/13		105.84 105.84		
224772	4 5	S5125 S5125		01/10/13		105.84		
221//2	3	55125	01/11/13		IM TOTAL	525.42		. 2247720012012085
DEG 100	GT TENTE	GDD117.GD 313.VD						
REG LOC 001	CLIENT 2006828	SERVICE NAME 2006828 RUBI		RTH DATE /12/1925	RECIPIENT ID GNT03390400		AUTHORIZATION #	
001	2000020	2000020 RODI	ANO PIANTA II	/ 12/ 1/25	GIV103330 100			
INV #	LINE #	PROCEDURE CODE	FROM DT		UNITS	AMOUNT		
224773	1	S5125		01/07/13		79.38		
224773 224773	2	S5125 S5125		01/08/13 01/09/13		79.38 83.16		
224773	4	S5125 S5125		01/09/13		83.16		
224773	5	S5125		01/11/13		83.16		
					IM TOTAL	408.24		. 2247730012006828
REG LOC	CLIENT	SERVICE NAME	D.T.	RTH DATE	ספרדטדפאיי די	חייד מת ר	AUTHORIZATION #	
001	2011986	2011986 RUIZ		/04/1929	GNT00225800		AUINORIZATION #	
INV #	LINE #	PROCEDURE CODE	FROM DT		UNITS	AMOUNT		
224774	1	T1019 TT	01/04/13	01/04/13	12.00	48.36		

REPORT DATE 01/16/13 INPUT FILE = /VOL444/	SUNNYS /COMPSUP/HIPAAIN/E32020		A DATA FILE REPORT (PHLT837/EDIS) PAGE 34
SUBMITTER ID = SUNNYS PROVIDER ID = 113502		NE	PI = 1154407492
224774 3 T1 224774 4 T1 224774 5 T1 224774 6 T1 224774 7 T1	1019 TT 1019 TT 1019 TT 1019 TT 1019 TT 1019 TT 1019 TT	01/05/13 01/05/13 12.00 01/06/13 01/06/13 12.00 01/07/13 01/07/13 12.00 01/08/13 01/08/13 12.00 01/09/13 01/09/13 12.00 01/10/13 01/10/13 12.00 01/11/13 01/11/13 12.00 01/11/13 01/11/13 12.00 CLAIM TOTAL	48.36 48.36 48.36 48.36 48.36 48.36 48.36 386.88 CLAIM ACCOUNT REF. 2247740012011986
	SERVICE NAME 2011987 RUIZ	BIRTH DATE RECIPIENT II ROSA 11/30/1934 GNT00225900	PRIOR AUTHORIZATION #
224775 1 T1 224775 2 T1 224775 3 T1 224775 4 T1 224775 5 T1 224775 6 T1	ROCEDURE CODE 1019 TT 1019 TT 1019 TT 1019 TT 1019 TT 1019 TT 1019 TT	FROM DT THRU DT UNITS 01/05/13 01/05/13 12.00 01/06/13 01/06/13 12.00 01/07/13 01/07/13 12.00 01/08/13 01/08/13 12.00 01/09/13 01/09/13 12.00 01/10/13 01/10/13 12.00 01/11/13 01/11/13 12.00 01/11/13 01/11/13 12.00 CLAIM TOTAL	AMOUNT 48.36 48.36 48.36 48.36 48.36 48.36 48.36 48.36 338.52 CLAIM ACCOUNT REF. 2247750012011987
	SERVICE NAME 2003430 SALJANIN	BIRTH DATE RECIPIENT II DILJA 06/05/1922 GNT03006000	PRIOR AUTHORIZATION #
224776 1 T1 224776 2 T1 224776 3 T1 224776 4 T1 224776 5 T1 224776 6 T1	ROCEDURE CODE 1019 1019 1019 1019 1019 1019 1019	FROM DT THRU DT UNITS 01/05/13 01/05/13 32.00 01/06/13 01/06/13 32.00 01/06/13 01/06/13 32.00 01/07/13 01/07/13 36.00 01/08/13 01/08/13 36.00 01/09/13 01/09/13 36.00 01/10/13 01/10/13 28.00 01/11/13 01/11/13 28.00 CLAIM TOTAL	AMOUNT 120.96 120.96 136.08 136.08 136.08 136.08 105.84 892.08 CLAIM ACCOUNT REF. 2247760012003430
	SERVICE NAME 2012084 SANCHEZ	BIRTH DATE RECIPIENT II ANA M 04/01/1925 GNT02386400	PRIOR AUTHORIZATION #
224777 1 SS 224777 2 SS 224777 3 SS 224777 4 SS 224777 5 SS 224777 6 SS	ROCEDURE CODE 5125 TT 5125 TT 5125 TT 5125 TT 5125 TT 5125 TT 5125 TT	FROM DT THRU DT UNITS 01/05/13 01/05/13 8.00 01/06/13 01/06/13 8.00 01/07/13 01/07/13 8.00 01/08/13 01/08/13 8.00 01/09/13 01/08/13 8.00 01/10/13 01/10/13 8.00 01/11/13 01/11/13 8.00 CLAIM TOTAL	AMOUNT 32.24 32.24 32.24 32.24 32.24 32.24 32.24 32.24 32.24 225.68 CLAIM ACCOUNT REF. 2247770012012084
	SERVICE NAME 1997789 SANCHEZ	BIRTH DATE RECIPIENT II ELIZABE 01/03/1956 GNT00370600	PRIOR AUTHORIZATION #
INV # LINE # PF	ROCEDURE CODE	FROM DT THRU DT UNITS	AMOUNT

REPORT DATE 01/16	/13 SUNN	YSIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 35 2013011605240481
INPUT FILE = /VOL	144/COMPSUP/HIPAAIN/E320	2013011605240481
SUBMITTER ID = SU		
PROVIDER ID = II	3502051 SUNNYSIDE	NPI = 1154407492
224778 1 224778 2 224778 3 224778 4 224778 5 224778 6	T1019 T1019 T1019 T1019 T1019 T1019	01/05/13 01/05/13 16.00 60.48 01/07/13 01/07/13 28.00 105.84 01/08/13 01/08/13 28.00 105.84 01/09/13 01/09/13 28.00 105.84 01/10/13 01/10/13 28.00 105.84 01/11/13 01/11/13 28.00 105.84 01/11/13 01/11/13 28.00 105.84 CLAIM TOTAL 589.68 CLAIM ACCOUNT REF. 2247780011997789
REG LOC CLIENT 001 2012082	SERVICE NAME 2012082 SANCHEZ	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # ESTERVI 04/17/1936 GNT05030100
INV # LINE # 224779 1 224779 2 224779 3 224779 4 224779 5	PROCEDURE CODE S5125 S5125 S5125 S5125 S5125	FROM DT THRU DT UNITS AMOUNT 01/07/13 01/07/13 16.00 60.48 01/08/13 01/08/13 16.00 60.48 01/09/13 01/09/13 16.00 60.48 01/10/13 01/10/13 16.00 60.48 01/11/13 01/11/13 16.00 60.48 01/11/13 01/11/13 16.00 60.48 CLAIM TOTAL 302.40 CLAIM ACCOUNT REF. 2247790012012082
REG LOC CLIENT 001 2011841	SERVICE NAME 2011841 SANTANA	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # OCTAVIO 00/00/0000 GNT00231600
INV # LINE # 224780 1 224780 2 224780 3 224780 4 224780 5 224780 6 224780 7 224780 8 224780 9	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 12/31/12 12/31/12 20.00 75.60 01/02/13 01/02/13 20.00 75.60 01/03/13 01/03/13 20.00 75.60 01/04/13 01/04/13 20.00 75.60 01/07/13 01/07/13 20.00 75.60 01/08/13 01/08/13 20.00 75.60 01/09/13 01/09/13 20.00 75.60 01/09/13 01/09/13 20.00 75.60 01/10/13 01/10/13 20.00 75.60 01/11/13 01/11/13 20.00 75.60 01/11/13 01/11/13 20.00 75.60 01/11/13 01/11/13 20.00 75.60
REG LOC CLIENT 001 2011787	SERVICE NAME 2011787 SANTIAGO	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # ARMINDA 05/19/1932 GNT02860500
INV # LINE # 224781 1 224781 2 224781 3 224781 4 224781 5	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 01/07/13 01/07/13 16.00 60.48 01/08/13 01/08/13 16.00 60.48 01/09/13 01/09/13 16.00 60.48 01/10/13 01/10/13 16.00 60.48 01/11/13 01/11/13 16.00 60.48 01/11/13 01/11/13 16.00 60.48 CLAIM TOTAL 302.40 CLAIM ACCOUNT REF. 2247810012011787
REG LOC CLIENT 001 2011851	SERVICE NAME 2011851 SANTIAGO	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 11/16/1924 GNT02886300
INV # LINE # 224782 1 224782 2	PROCEDURE CODE S5125 S5125	FROM DT THRU DT UNITS AMOUNT 01/05/13 01/05/13 32.00 120.96 01/06/13 01/06/13 32.00 120.96

REPORT DATE 01/	.6/13 SUNN	YSIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 36 2013011605240481
INPUT FILE = /V)L444/COMPSUP/HIPAAIN/E320	2013011605240481
SUBMITTER ID = 1	UNNYSI SUNNYSID 13502051 SUNNYSIDE	E NPI = 1154407492
224782 3 224782 4 224782 5 224782 6 224782 7	S5125 S5125 S5125 S5125 S5125	01/07/13 01/07/13 32.00 120.96 01/08/13 01/08/13 32.00 120.96 01/09/13 01/09/13 32.00 120.96 01/10/13 01/10/13 32.00 120.96 01/11/13 01/11/13 32.00 120.96 01/11/13 01/11/13 32.00 120.96 CLAIM TOTAL 846.72 CLAIM ACCOUNT REF. 2247820012011851
REG LOC CLIEN		BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # IVETH 00/00/0000 93703401100
INV # LINE : 224783 1 224783 2 224783 3 224783 4 224783 5 224783 6 224783 7	PROCEDURE CODE \$5125 \$5125 \$5125 \$5125 \$5125 \$5125 \$5125 \$5125	FROM DT THRU DT UNITS AMOUNT 01/05/13 01/05/13 16.00 60.48 01/06/13 01/06/13 16.00 60.48 01/07/13 01/07/13 24.00 90.72 01/08/13 01/08/13 23.00 86.94 01/09/13 01/09/13 28.00 105.84 01/10/13 01/10/13 24.00 90.72 01/11/13 01/11/13 28.00 105.84 CLAIM TOTAL 601.02 CLAIM ACCOUNT REF. 2247830012011859
REG LOC CLIEN		BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # VICTORI 11/18/1941 93701469700
INV # LINE : 224784 1 224784 2 224784 3 224784 4 224784 5	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 01/07/13 01/07/13 16.00 60.48 01/08/13 01/08/13 16.00 60.48 01/09/13 01/09/13 16.00 60.48 01/10/13 01/10/13 16.00 60.48 01/11/13 01/11/13 16.00 60.48 01/11/13 01/11/13 16.00 60.48 CLAIM TOTAL 302.40 CLAIM ACCOUNT REF. 2247840012011788
REG LOC CLIEN		BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # AGUEDA 02/05/1919 GNT03123900
INV # LINE: 224785 1 224785 2 224785 3 224785 4 224785 5 224785 6	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 01/06/13 01/06/13 28.00 105.84 01/07/13 01/07/13 28.00 105.84 01/08/13 01/08/13 28.00 105.84 01/09/13 01/09/13 28.00 105.84 01/10/13 01/10/13 28.00 105.84 01/11/13 01/11/13 28.00 105.84 01/11/13 01/11/13 28.00 105.84 CLAIM TOTAL 635.04 CLAIM ACCOUNT REF. 2247850012002124
REG LOC CLIEN		BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # JUDITH 12/26/1931 GNT03904400
INV # LINE : 224786 1 224786 2 224786 3 224786 4	PROCEDURE CODE S5125 S5125 S5125 S5125	FROM DT THRU DT UNITS AMOUNT 01/05/13 01/05/13 48.00 181.44 01/06/13 01/06/13 48.00 181.44 01/07/13 01/07/13 48.00 181.44 01/08/13 01/08/13 48.00 181.44

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202013011605240481

5	SUBMITTER	ID	=	SUNNYSI	SUNNYSIDE
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SUBMITTER PROVIDER		NYSI 502051 SUN	SUNNYSIDE NYSIDE					NPI	= 1154	407492
							CLA	IM TOTAL	725.76	CLAIM ACCOUNT REF. 2247860012011597
REG LOC 001	CLIENT 2008885	SERVICE 2008885	NAME SOMRAJ	UMILL	ıΑ		TH DATE 24/1973	RECIPIENT ID GNT03813900	PRIOR	AUTHORIZATION #
INV # 224787 224787	LINE # 1 2	PROCEDURE S5125 S5125	CODE		FROM 01/08 01/10	/13	01/10/13		AMOUNT 60.48 60.48 120.96	CLAIM ACCOUNT REF. 2247870012008885
REG LOC 001	CLIENT 2011781	SERVICE 2011781	NAME THEN	MARIA	7		TH DATE 12/1942	RECIPIENT ID GNT04429300	PRIOR	AUTHORIZATION #
INV # 224788	LINE # 1	PROCEDURE S5125	CODE		FROM 01/09		THRU DT 01/09/13 CLA	UNITS 4.00 IM TOTAL	AMOUNT 15.12 15.12	CLAIM ACCOUNT REF. 2247880012011781
REG LOC 001	CLIENT 2011782	SERVICE 2011782	NAME THERMOSY	MARIE	P		TH DATE 10/1917	RECIPIENT ID GNT02791600	PRIOR	AUTHORIZATION #
INV # 224789 224789 224789 224789 224789 224789	LINE # 1 2 3 4 5 6	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125	CODE		FROM 01/05 01/07 01/08 01/09 01/10 01/11	/13 /13 /13 /13 /13	THRU DT 01/05/13 01/07/13 01/08/13 01/09/13 01/10/13 01/11/13 CLA	32.00 32.00 32.00 32.00	AMOUNT 75.60 120.96 120.96 120.96 120.96 120.96 680.40	CLAIM ACCOUNT REF. 2247890012011782
REG LOC 001	CLIENT 2012197	SERVICE 2012197	NAME TORO	ROSAR	RIO		TH DATE 15/1929	RECIPIENT ID GNT00261000	PRIOR	AUTHORIZATION #
INV # 224790 224790 224790 224790 224790 224790 224790	LINE # 1 2 3 4 5 6	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019	CODE		FROM 01/06 01/07 01/08 01/09 01/10 01/11	/13 /13 /13 /13 /13	THRU DT 01/06/13 01/07/13 01/08/13 01/09/13 01/10/13 01/11/13 CLA	32.00 32.00 32.00 32.00	AMOUNT 83.16 120.96 120.96 120.96 120.96 120.96 687.96	CLAIM ACCOUNT REF. 2247900012012197
REG LOC 001	CLIENT 2011861	SERVICE 2011861	NAME TORRES	JUANI	TA		TH DATE 21/1931	RECIPIENT ID GNT03848300	PRIOR	AUTHORIZATION #
INV # 224791 224791 224791 224791 224791 224791	LINE # 1 2 3 4 5 6	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019	CODE		FROM 01/06 01/07 01/08 01/09 01/10 01/11	/13 /13 /13 /13 /13	THRU DT 01/06/13 01/07/13 01/08/13 01/09/13 01/10/13 01/11/13	32.00 32.00 32.00	AMOUNT 90.72 120.96 120.96 120.96 120.96	

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202013011605240481

SUBMITTER ID = SUNNYSI SUNNYS PROVIDER ID = 113502051 SUNNYSIDE	NPI = 1154407492
	CLAIM TOTAL 695.52 CLAIM ACCOUNT REF. 2247910012011861
REG LOC CLIENT SERVICE NAME 001 2011983 2011983 TOUSSAINT	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # MIGUEL 03/28/1936 93702919600
INV # LINE # PROCEDURE CODE 224792	FROM DT THRU DT UNITS AMOUNT 01/05/13 01/05/13 16.00 60.48 01/06/13 01/06/13 16.00 60.48 01/07/13 01/07/13 20.00 75.60 01/08/13 01/08/13 20.00 75.60 01/09/13 01/09/13 20.00 75.60 01/10/13 01/10/13 20.00 75.60 01/11/13 01/11/13 20.00 75.60 01/11/13 01/11/13 40.00 75.60 01/11/13 01/11/13 40.00 75.60
REG LOC CLIENT SERVICE NAME 001 2011783 2011783 VARGAS	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # ALCIBIA 07/06/1918 GNT00492400
INV # LINE # PROCEDURE CODE 224793	FROM DT THRU DT UNITS AMOUNT 01/05/13 01/05/13 20.00 75.60 01/06/13 01/06/13 20.00 75.60 01/07/13 01/07/13 20.00 75.60 01/08/13 01/08/13 20.00 75.60 01/09/13 01/09/13 20.00 75.60 01/10/13 01/10/13 20.00 75.60 01/11/13 01/11/13 20.00 75.60 01/11/13 01/11/13 20.00 75.60 CLAIM TOTAL 529.20 CLAIM ACCOUNT REF. 2247930012011783
REG LOC CLIENT SERVICE NAME 001 2012160 2012160 VARGAS	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # AUREA 01/16/1936 GNT0026740
INV # LINE # PROCEDURE CODE 224794 1 T1019 TT 224794 2 T1019 TT 224794 3 T1019 TT 224794 4 T1019 TT 224794 5 T1019 TT 224794 6 T1019 TT 224794 7 T1019 TT 224794 7 T1019 TT 224794 8 T1030	FROM DT THRU DT UNITS AMOUNT 01/05/13 01/05/13 20.00 80.60 01/06/13 01/06/13 20.00 80.60 01/07/13 01/07/13 20.00 80.60 01/08/13 01/08/13 20.00 80.60 01/09/13 01/09/13 20.00 80.60 01/10/13 01/10/13 20.00 80.60 01/11/13 01/11/13 20.00 80.60 01/11/13 01/11/13 20.00 80.60 01/03/13 01/03/13 1.00 85.00 CLAIM TOTAL 649.20 CLAIM ACCOUNT REF. 2247940012012160
REG LOC CLIENT SERVICE NAME 001 2011483 2011483 VARGAS	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # RAMON 10/23/1965 GNT02027100
INV # LINE # PROCEDURE CODE 224795 1 T1019 224795 2 T1019 224795 3 T1019	FROM DT THRU DT UNITS AMOUNT 01/08/13 01/08/13 12.00 45.36 01/09/13 01/09/13 12.00 45.36 01/10/13 01/10/13 24.00 90.72 CLAIM TOTAL 181.44 CLAIM ACCOUNT REF. 2247950012011483
REG LOC CLIENT SERVICE NAME 001 2012168 2012168 VAZQUEZ	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # ROSA 12/05/1940 GNT00268900
INV # LINE # PROCEDURE CODE	FROM DT THRU DT UNITS AMOUNT

REPORT DA	TE 01/16/	13	SUNNYSIDE CITYWIDE		HIPAA	A DATA FIL	LE REPORT (PHLT837/EDI	S) PAGE 39
INPUT FIL	E = /VOL4	44/COMPSUP/HIPAA	SUNNYSIDE CITYWIDE IN/E320201301160524048	1			,	,
SUBMITTER	ID = SUN	NYSI S	UNNYSIDE					
		502051 SUNNYSID			NP	PI = 11544	107492	
224796	1	S5125	12/19/12	12/19/12	16.00	60.48		
224796	2	S5125		01/07/13		60.48		
224796	3	S5125		01/08/13		60.48		
224796	4	S5125		01/09/13		60.48		
224796	5	S5125	01/10/13	01/10/13		56.70		
224796	6	S5125	01/11/13	01/11/13	16.00	60.48		
				CLA	IM TOTAL	359.10	CLAIM ACCOUNT REF	. 2247960012012168
REG LOC	CLIENT	SERVICE NAME	BII	RTH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #	
001	2011982	2011982 VEGA	ADELAID 12	/16/1934	93702952000			
INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224797	1	S5126	12/29/12	12/29/12		196.56		
224797	2	S5126		01/05/13		196.56		
224797	3	S5126	01/06/13	01/06/13		196.56		
224797	4	S5126	01/07/13	01/07/13		196.56		
224797 224797	5 6	S5126 S5126	01/08/13	01/08/13 01/09/13		196.56 196.56		
224797	7	S5126 S5126	01/09/13	01/09/13		196.56		
224797	8	S5126	01/10/13	01/10/13		196.56		
221757	O	53120	01/11/13			1,572.48	CLAIM ACCOUNT REF	. 2247970012011982
REG LOC	CLIENT	SERVICE NAME	BII	RTH DATE	RECIPIENT ID) PRIOR	AUTHORIZATION #	
001	2012027	2012027 VELE	Z CARMEN 06	/21/1932	GNT00271900			
INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224798	1	S5125		01/05/13		60.48		
224798	2	S5125		01/06/13		60.48		
224798	3	S5125		01/07/13		90.72		
224798	4	S5125		01/08/13		90.72		
224798	5	S5125		01/09/13		90.72		
224798	6	S5125		01/10/13		90.72		
224798	7	S5125	01/11/13	01/11/13		90.72		
				CLA	IM TOTAL	574.56	CLAIM ACCOUNT REF	. 2247980012012027
REG LOC	CLIENT	SERVICE NAME		RTH DATE			AUTHORIZATION #	
001	2012002	2012002 VELE	Z WILLIAM 12	/11/1934	GNT04940600			
INV #	LINE #	PROCEDURE CODE	FROM DT		UNITS	AMOUNT		
224799	1	S5125		01/07/13		60.48		
224799	2	S5125		01/08/13		60.48		
224799	3	S5125		01/09/13		60.48		
224799	4 5	S5125		01/10/13		60.48		
224799	5	S5125	01/11/13	01/11/13 CLA	16.00 IM TOTAL	60.48 302.40	CLAIM ACCOUNT REF	. 2247990012012002
REG LOC	CLIENT	SERVICE NAME	ודת	RTH DATE		מסדמת נ	AUTHORIZATION #	
001				/02/1951	GNT04421500	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT		
224800	1	T1019		01/07/13		75.60		

REPORT DATE 01/16/13 S INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E	UNNYSIDE CITYWIDE HIPAA 3202013011605240481	DATA FILE REPORT (PHLT837/EDIS) PAGE 40
SUBMITTER ID = SUNNYSI SUNNY PROVIDER ID = 113502051 SUNNYSIDE	SIDE	I = 1154407492
224800 2 T1019 224800 3 T1019 224800 4 T1019 224800 5 T1019	01/08/13 01/08/13 20.00 01/09/13 01/09/13 20.00 01/10/13 01/10/13 20.00 01/11/13 01/11/13 20.00 CLAIM TOTAL	75.60 75.60 75.60 75.60 378.00 CLAIM ACCOUNT REF. 2248000012011862
REG LOC CLIENT SERVICE NAME 001 2012091 2012091 VICTORIO	BIRTH DATE RECIPIENT ID ROQUE 08/16/1928 GNT02618000	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 224801	FROM DT THRU DT UNITS 01/05/13 01/05/13 20.00 01/06/13 01/06/13 20.00 01/07/13 01/07/13 44.00 01/08/13 01/08/13 44.00 01/09/13 01/09/13 44.00 01/10/13 01/10/13 44.00 01/11/13 01/11/13 44.00 CLAIM TOTAL	AMOUNT 75.60 75.60 166.32 166.32 166.32 166.32 166.32 166.32 168.32 169.32 169.32 169.32 169.32 169.32
REG LOC CLIENT SERVICE NAME 001 2008200 2008200 VLAHOS	BIRTH DATE RECIPIENT ID 09/04/1932 GNT04780800	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 224802	FROM DT THRU DT UNITS 01/01/13 01/01/13 32.00 01/05/13 01/05/13 48.00 01/06/13 01/06/13 48.00 01/07/13 01/07/13 32.00 01/08/13 01/08/13 32.00 01/09/13 01/09/13 32.00 01/10/13 01/10/13 32.00 01/11/13 01/11/13 32.00 01/11/13 01/11/13 32.00 CLAIM TOTAL	AMOUNT 120.96 181.44 181.44 120.96 120.96 120.96 120.96 120.96 120.96 120.96 120.96 120.96
REG LOC CLIENT SERVICE NAME 001 2012077 2012077 WARD	BIRTH DATE RECIPIENT ID 08/13/1956 93703608100	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 224803	FROM DT THRU DT UNITS 01/07/13 01/07/13 8.00 01/08/13 01/08/13 8.00 01/09/13 01/09/13 8.00 01/10/13 01/10/13 8.00 01/11/13 01/11/13 8.00 CLAIM TOTAL	AMOUNT 30.24 30.24 30.24 30.24 30.24 30.24 151.20 CLAIM ACCOUNT REF. 2248030012012077
REG LOC CLIENT SERVICE NAME 001 2012079 2012079 WARD	BIRTH DATE RECIPIENT ID 08/13/1956 93703608100	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 224804 1 S5131	FROM DT THRU DT UNITS 01/05/13 01/05/13 16.00 CLAIM TOTAL	AMOUNT 56.00 56.00 CLAIM ACCOUNT REF. 2248040012012079
REG LOC CLIENT SERVICE NAME 001 2008892 2008892 WEISZ	BIRTH DATE RECIPIENT ID KLARA 06/27/1920 GNT04606900	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE	FROM DT THRU DT UNITS	AMOUNT

REPORT DATE 01/16 INPUT FILE = /VOL	/13 SUNN 444/COMPSUP/HIPAAIN/E320	YSIDE CITYWIDE 2013011605240481	HIPAA DATA FI	LE REPORT (PHLT837/EDIS) PAGE 41
SUBMITTER ID = SU	NNYSI SUNNYSID 3502051 SUNNYSIDE	E	NPI = 1154	407492
224805 1 224805 2	S5125 S5125	01/07/13 01/07/13 01/09/13 01/09/13 CLAI	16.00 60.48 16.00 60.48 IM TOTAL 120.96	
REG LOC CLIENT 001 2003177	SERVICE NAME 2003177 WHITLEY	BIRTH DATE MYRNA 07/04/1950	RECIPIENT ID PRIOR GNT04373700	AUTHORIZATION #
INV # LINE # 224806 1 224806 2 224806 3 224806 4 224806 5	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT 01/02/13 01/02/13 01/07/13 01/07/13 01/09/13 01/09/13 01/10/13 01/10/13 01/11/13 01/11/13	UNITS AMOUNT 16.00 60.48 16.00 60.48 16.00 60.48 16.00 60.48	
224000 5	11019		IM TOTAL 302.40	
REG LOC CLIENT 001 2006152	SERVICE NAME 2006152 YI		RECIPIENT ID PRIOR GNT04057700	AUTHORIZATION #
INV # LINE # 224807 1 224807 2 224807 3	PROCEDURE CODE S5125 S5125 S5125	12/25/12 12/25/12 12/26/12 12/26/12 12/29/12 12/29/12	UNITS AMOUNT 16.00 60.48 16.00 60.48 16.00 60.48 IM TOTAL 181.44	
REG LOC CLIENT 001 2006152	SERVICE NAME 2006152 YI	BIRTH DATE CARLOS 04/16/1959	RECIPIENT ID PRIOR GNT04057700	AUTHORIZATION #
INV # LINE # 224808 1 224808 2 224808 3 224808 4 224808 5 224808 6 224808 7 224808 8	PROCEDURE CODE \$5125 \$5125 \$5125 \$5125 \$5125 \$5125 \$5125 \$5125 \$5125	FROM DT THRU DT 01/01/13 01/01/13 01/02/13 01/02/13 01/05/13 01/05/13 01/07/13 01/07/13 01/08/13 01/08/13 01/09/13 01/09/13 01/10/13 01/10/13 01/11/13 01/11/13	UNITS AMOUNT 16.00 60.48 16.00 60.48 16.00 60.48 16.00 60.48 16.00 60.48 16.00 60.48 16.00 60.48 16.00 60.48 16.00 40.48	
REG LOC CLIENT 001 2011750	SERVICE NAME 2011750 ZARE	BIRTH DATE GLORIA 05/07/1943		AUTHORIZATION #
INV # LINE # 224809 1 224809 2 224809 3 224809 4 224809 5 224809 6 224809 7	PROCEDURE CODE S5125 S5125 S5125 S5125 S5125 S5125 S5125	FROM DT THRU DT 01/05/13 01/05/13 01/06/13 01/06/13 01/07/13 01/07/13 01/08/13 01/08/13 01/09/13 01/09/13 01/10/13 01/10/13 01/11/13 01/11/13	UNITS AMOUNT 48.00 181.44 48.00 181.44 48.00 181.44 48.00 181.44 48.00 181.44 48.00 181.44 48.00 181.44 48.00 181.44	
REG LOC CLIENT 001 1999328	SERVICE NAME 1999328 ZUMAETA	BIRTH DATE FANNY 04/09/1936		AUTHORIZATION #
INV # LINE #	PROCEDURE CODE	FROM DT THRU DT	UNITS AMOUNT	

REPORT DATE 01/16/13 INPUT FILE = /VOL444/	SUNNYSIDE CITYWIDE COMPSUP/HIPAAIN/E3202013011605240481		A DATA FILE REPORT (PHLT837/EDIS)	PAGE 42
SUBMITTER ID = SUNNYS PROVIDER ID = 113502		NI	PI = 1154407492	
224810 2 T1 224810 3 T1 224810 4 T1 224810 5 T1	019 01/05/13 019 01/06/13 019 01/07/13 019 01/08/13 019 01/09/13 019 01/10/13	01/05/13 28.00 01/06/13 28.00 01/07/13 40.00 01/08/13 40.00 01/09/13 40.00 01/10/13 40.00	105.84 105.84 151.20 151.20 151.20	
224810 7 T1	01/10/13 01/11/13 D = 113502051 TOTAL # OF CLAIM	01/11/13 40.00 CLAIM TOTAL	151.20 967.68 CLAIM ACCOUNT REF. 2248. TOTAL CLAIM AMOUNT = 104,19	

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202013011605240481

SUBMITTER ID = SUNNYSI SUNNYSIDE

PROVIDER ID = 113502051 SUNNYSIDE NPI = 1154407492

SUBMITTER TOTALS, ID = SUNNYSI TOTAL # OF CLAIMS = 1024 TOTAL CLAIM AMOUNT = 104,197.21