

REPORT DATE 07/10/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071003525537RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250028	1	T1020		06/29/13	06/29/13	11.00	185.57
250028	2	T1020		07/01/13	07/01/13	6.00	101.22
250028	3	T1020		07/02/13	07/02/13	6.00	101.22
250028	4	T1020		07/03/13	07/03/13	6.00	101.22
250028	5	T1020		07/04/13	07/04/13	6.00	101.22
250028	6	T1020		07/05/13	07/05/13	6.00	101.22
CLAIM TOTAL							691.67
							CLAIM ACCOUNT REF. 2500280012008267SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250025	1	T1020		06/24/13	06/24/13	9.00	151.83
250025	2	T1020		06/26/13	06/26/13	9.00	151.83
250025	3	T1020		06/27/13	06/27/13	9.00	151.83
250025	4	T1020		06/28/13	06/28/13	9.00	151.83
250025	5	T1020		06/29/13	06/29/13	9.00	151.83
250025	6	T1020		06/30/13	06/30/13	9.00	151.83
250025	7	T1020		07/01/13	07/01/13	9.00	151.83
250025	8	T1020		07/02/13	07/02/13	9.00	151.83
250025	9	T1020		07/03/13	07/03/13	9.00	151.83
250025	10	T1020		07/04/13	07/04/13	9.00	151.83
250025	11	T1020		07/05/13	07/05/13	9.00	151.83
CLAIM TOTAL							1,670.13
							CLAIM ACCOUNT REF. 2500250012008268SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250022	1	T1020		06/30/13	06/30/13	7.00	118.09
CLAIM TOTAL							118.09
							CLAIM ACCOUNT REF. 2500220012008306SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250019	1	T1020		06/29/13	06/29/13	7.00	118.09
250019	2	T1020		06/30/13	06/30/13	7.00	118.09
250019	3	T1020		07/01/13	07/01/13	7.00	118.09
250019	4	T1020		07/02/13	07/02/13	7.00	118.09
250019	5	T1020		07/03/13	07/03/13	7.00	118.09
250019	6	T1020		07/04/13	07/04/13	7.00	118.09
250019	7	T1020		07/05/13	07/05/13	7.00	118.09
CLAIM TOTAL							826.63
CLAIM ACCOUNT REF.							2500190012008386SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250027	1	T1020		07/02/13	07/02/13	8.00	134.96
250027	2	T1020		07/03/13	07/03/13	9.00	151.83
250027	3	T1020		07/04/13	07/04/13	5.00	84.35
250027	4	T1020		07/05/13	07/05/13	8.00	134.96
CLAIM TOTAL							506.10
CLAIM ACCOUNT REF.							2500270012008400SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250023	1	T1020		06/29/13	06/29/13	3.00	50.61
250023	2	T1020		07/01/13	07/01/13	5.00	84.35
250023	3	T1020		07/02/13	07/02/13	5.00	84.35
250023	4	T1020		07/03/13	07/03/13	5.00	84.35
CLAIM TOTAL							303.66
CLAIM ACCOUNT REF.							2500230012010712SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250024	1	T1020		06/27/13	06/27/13	12.00	202.44
250024	2	T1020		07/01/13	07/01/13	7.00	118.09
250024	3	T1020		07/02/13	07/02/13	7.00	118.09

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250024	4	T1020		07/03/13	07/03/13	7.00	118.09	
250024	5	T1020		07/04/13	07/04/13	7.00	118.09	
250024	6	T1020		07/05/13	07/05/13	7.00	118.09	
					CLAIM TOTAL		792.89	CLAIM ACCOUNT REF. 2500240012013021SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250026	1	T1020		06/29/13	06/29/13	12.00	202.44	
250026	2	T1020		06/30/13	06/30/13	12.00	202.44	
250026	3	T1020		07/01/13	07/01/13	12.00	202.44	
250026	4	T1020		07/02/13	07/02/13	12.00	202.44	
250026	5	T1020		07/03/13	07/03/13	12.00	202.44	
250026	6	T1020		07/04/13	07/04/13	12.00	202.44	
250026	7	T1020		07/05/13	07/05/13	12.00	202.44	
					CLAIM TOTAL		1,417.08	CLAIM ACCOUNT REF. 2500260012013080SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250020	1	T1020		06/29/13	06/29/13	12.00	202.44	
250020	2	T1020		06/30/13	06/30/13	12.00	202.44	
					CLAIM TOTAL		404.88	CLAIM ACCOUNT REF. 2500200012013422SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250021	1	T1020		07/01/13	07/01/13	12.00	202.44	
250021	2	T1020		07/02/13	07/02/13	12.00	202.44	
250021	3	T1020		07/03/13	07/03/13	12.00	202.44	
250021	4	T1020		07/04/13	07/04/13	12.00	202.44	
250021	5	T1020		07/05/13	07/05/13	12.00	202.44	
					CLAIM TOTAL		1,012.20	CLAIM ACCOUNT REF. 2500210012013422SUP

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

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	53	TOTAL CLAIM AMOUNT =	7,743.33
		# SERVICES =	9		

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250051	1	T1019		06/29/13	06/29/13	4.00	68.60
250051	2	T1019		06/30/13	06/30/13	4.00	68.60
250051	3	T1019		07/01/13	07/01/13	12.00	205.80
250051	4	T1019		07/02/13	07/02/13	12.00	205.80
250051	5	T1019		07/03/13	07/03/13	12.00	205.80
250051	6	T1019		07/04/13	07/04/13	12.00	205.80
250051	7	T1019		07/05/13	07/05/13	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2500510012008233SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250057	1	T1019		06/29/13	06/29/13	8.00	137.20
250057	2	T1019		06/30/13	06/30/13	8.00	137.20
250057	3	T1019		07/01/13	07/01/13	11.00	188.65
250057	4	T1019		07/02/13	07/02/13	11.00	188.65
250057	5	T1019		07/03/13	07/03/13	11.00	188.65
250057	6	T1019		07/04/13	07/04/13	11.00	188.65
250057	7	T1019		07/05/13	07/05/13	10.00	171.50
CLAIM TOTAL						1,200.50	CLAIM ACCOUNT REF. 2500570012008236SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008385 2008385 MURDOCK, GERTRUDE 11/01/1917 SS71357M 0112031290138  
DIAGNOSIS CODES: 536.9 365.9 369.10 389.9 401.9 715.90 733.00 V15.88

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250055	1	T1019		06/20/13	06/20/13	9.00	154.35
250055	2	T1019		07/01/13	07/01/13	10.00	171.50
250055	3	T1019		07/02/13	07/02/13	10.00	171.50
250055	4	T1019		07/05/13	07/05/13	9.00	154.35
CLAIM TOTAL						651.70	CLAIM ACCOUNT REF. 2500550012008385SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250059	1	T1019		06/24/13	06/24/13	7.00	120.05	
250059	2	T1019		07/01/13	07/01/13	8.00	137.20	
250059	3	T1019		07/02/13	07/02/13	8.00	137.20	
250059	4	T1019		07/03/13	07/03/13	8.00	137.20	
250059	5	T1019		07/04/13	07/04/13	8.00	137.20	
					CLAIM TOTAL		668.85	CLAIM ACCOUNT REF.    2500590012008418SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250052	1	T1019		06/29/13	06/29/13	10.00	171.50	
250052	2	T1019		06/30/13	06/30/13	10.00	171.50	
250052	3	T1019		07/01/13	07/01/13	10.00	171.50	
250052	4	T1019		07/02/13	07/02/13	10.00	171.50	
250052	5	T1019		07/03/13	07/03/13	10.00	171.50	
250052	6	T1019		07/04/13	07/04/13	10.00	171.50	
250052	7	T1019		07/05/13	07/05/13	10.00	171.50	
					CLAIM TOTAL		1,200.50	CLAIM ACCOUNT REF.    2500520012008743SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250060	1	T1019		06/24/13	06/24/13	5.00	85.75	
250060	2	T1019		06/25/13	06/25/13	5.00	85.75	
250060	3	T1019		06/26/13	06/26/13	5.00	85.75	
250060	4	T1019		06/27/13	06/27/13	5.00	85.75	
250060	5	T1019		06/28/13	06/28/13	5.00	85.75	
250060	6	T1019		06/29/13	06/29/13	5.00	85.75	
250060	7	T1019		06/30/13	06/30/13	5.00	85.75	
250060	8	T1019		07/01/13	07/01/13	5.00	85.75	
250060	9	T1019		07/02/13	07/02/13	5.00	85.75	
250060	10	T1019		07/03/13	07/03/13	5.00	85.75	
250060	11	T1019		07/04/13	07/04/13	5.00	85.75	
250060	12	T1019		07/05/13	07/05/13	5.00	85.75	
					CLAIM TOTAL		1,029.00	CLAIM ACCOUNT REF.    2500600012009377SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250058	1	T1019		06/29/13	06/29/13	8.00	137.20
250058	2	T1019		07/01/13	07/01/13	3.00	51.45
250058	3	T1019		07/02/13	07/02/13	3.00	51.45
250058	4	T1019		07/03/13	07/03/13	3.00	51.45
250058	5	T1019		07/04/13	07/04/13	3.00	51.45
250058	6	T1019		07/05/13	07/05/13	4.00	68.60
CLAIM TOTAL							411.60
CLAIM ACCOUNT REF.							2500580012009688SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008279 2010213 VALLE, BLASINA 02/03/1929 QG00558G 0102041390418  
DIAGNOSIS CODES: 428.0 244.9 272.4 331.0 537.9 746.85

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250062	1	T1019		06/29/13	06/29/13	5.00	85.75
250062	2	T1019		06/30/13	06/30/13	5.00	85.75
250062	3	T1019		07/01/13	07/01/13	6.00	102.90
250062	4	T1019		07/02/13	07/02/13	5.00	85.75
250062	5	T1019		07/03/13	07/03/13	5.00	85.75
CLAIM TOTAL							445.90
CLAIM ACCOUNT REF.							2500620012010213SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010886 2010886 OSORIO, ELVIA 07/05/1943 SM10426S 0112031290291  
DIAGNOSIS CODES: 253.5 272.4 354.0 401.9 733.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250056	1	T1019		06/29/13	06/29/13	3.00	51.45
250056	2	T1019		06/30/13	06/30/13	3.00	51.45
250056	3	T1019		07/01/13	07/01/13	3.00	51.45
250056	4	T1019		07/02/13	07/02/13	3.00	51.45
250056	5	T1019		07/03/13	07/03/13	3.00	51.45
250056	6	T1019		07/04/13	07/04/13	3.00	51.45
250056	7	T1019		07/05/13	07/05/13	3.00	51.45
CLAIM TOTAL							360.15
CLAIM ACCOUNT REF.							2500560012010886SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250053	1	T1019		06/29/13	06/29/13	24.00	411.60
250053	2	T1019		06/30/13	06/30/13	24.00	411.60
250053	3	T1019		07/01/13	07/01/13	24.00	411.60
250053	4	T1019		07/02/13	07/02/13	24.00	411.60
250053	5	T1019		07/03/13	07/03/13	24.00	411.60
250053	6	T1019		07/04/13	07/04/13	24.00	411.60
250053	7	T1019		07/05/13	07/05/13	24.00	411.60
CLAIM TOTAL						2,881.20	CLAIM ACCOUNT REF. 2500530012011286SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250061	1	T1019		06/29/13	06/29/13	4.00	68.60
250061	2	T1019		06/30/13	06/30/13	4.00	68.60
250061	3	T1019		07/01/13	07/01/13	4.00	68.60
250061	4	T1019		07/02/13	07/02/13	4.00	68.60
250061	5	T1019		07/03/13	07/03/13	4.00	68.60
250061	6	T1019		07/04/13	07/04/13	4.00	68.60
250061	7	T1019		07/05/13	07/05/13	4.00	68.60
CLAIM TOTAL						480.20	CLAIM ACCOUNT REF. 2500610012013071SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013185 2013185 GOMEZ, LUZ 02/18/1942 523000131 0106061390004  
DIAGNOSIS CODES: 295.90 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250054	1	T1019		06/29/13	06/29/13	8.00	137.20
250054	2	T1019		06/30/13	06/30/13	8.00	137.20
250054	3	T1019		07/01/13	07/01/13	8.00	137.20
250054	4	T1019		07/02/13	07/02/13	8.00	137.20
250054	5	T1019		07/03/13	07/03/13	8.00	137.20
250054	6	T1019		07/05/13	07/05/13	8.00	137.20
CLAIM TOTAL						823.20	CLAIM ACCOUNT REF. 2500540012013185SUP



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

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	80	TOTAL CLAIM AMOUNT =	11,319.00
		# SERVICES =	12		

REPORT DATE 07/10/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071003525537RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250098	1	T1019		06/29/13	06/29/13	36.00	154.80
250098	2	T1019		06/30/13	06/30/13	36.00	154.80
250098	3	T1019		07/01/13	07/01/13	36.00	154.80
250098	4	T1019		07/02/13	07/02/13	36.00	154.80
250098	5	T1019		07/03/13	07/03/13	36.00	154.80
250098	6	T1019		07/04/13	07/04/13	36.00	154.80
250098	7	T1019		07/05/13	07/05/13	36.00	154.80
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2500980012008286SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250080	1	T1019		05/13/13	05/13/13	24.00	103.20
250080	2	T1019		05/27/13	05/27/13	24.00	103.20
250080	3	T1019		06/29/13	06/29/13	24.00	103.20
250080	4	T1019		06/30/13	06/30/13	4.00	17.20
250080	5	T1019		07/01/13	07/01/13	24.00	103.20
250080	6	T1019		07/02/13	07/02/13	24.00	103.20
250080	7	T1019		07/03/13	07/03/13	24.00	103.20
CLAIM TOTAL						636.40	CLAIM ACCOUNT REF. 2500800012008495SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250065	1	T1019		06/29/13	06/29/13	28.00	120.40
250065	2	T1019		06/30/13	06/30/13	28.00	120.40
250065	3	T1019		07/01/13	07/01/13	28.00	120.40
250065	4	T1019		07/02/13	07/02/13	28.00	120.40
250065	5	T1019		07/03/13	07/03/13	28.00	120.40
250065	6	T1019		07/04/13	07/04/13	28.00	120.40
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2500650012012101SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250066	1	T1019		07/01/13	07/01/13	16.00	68.80
250066	2	T1019		07/02/13	07/02/13	16.00	68.80
250066	3	T1019		07/03/13	07/03/13	16.00	68.80
250066	4	T1019		07/04/13	07/04/13	16.00	68.80
250066	5	T1019		07/05/13	07/05/13	16.00	68.80
CLAIM TOTAL							344.00

CLAIM ACCOUNT REF. 2500660012012102SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012104 2012104 CEBALLOS, FRANCISCA 11/10/1931 744474 111627893  
DIAGNOSIS CODES: 331.0 093.9 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250067	1	T1019		06/29/13	06/29/13	40.00	172.00
250067	2	T1019		06/30/13	06/30/13	40.00	172.00
CLAIM TOTAL							344.00

CLAIM ACCOUNT REF. 2500670012012104SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250068	1	T1019		07/01/13	07/01/13	40.00	172.00
250068	2	T1019		07/02/13	07/02/13	40.00	172.00
250068	3	T1019		07/03/13	07/03/13	40.00	172.00
250068	4	T1019		07/04/13	07/04/13	40.00	172.00
250068	5	T1019		07/05/13	07/05/13	40.00	172.00
CLAIM TOTAL							860.00

CLAIM ACCOUNT REF. 2500680012012104SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012107 2012107 CRUZ, LUIS 06/10/1952 706307 111855969  
DIAGNOSIS CODES: 250.93 414.3 428.0 491.21

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250070	1	T1030		06/13/13	06/13/13	1.00	90.00
250070	2	T1030		06/21/13	06/21/13	1.00	90.00
250070	3	T1019		06/24/13	06/24/13	32.00	137.60
250070	4	T1019		06/25/13	06/25/13	32.00	137.60
250070	5	T1019		06/26/13	06/26/13	32.00	137.60
250070	6	T1019		06/27/13	06/27/13	32.00	137.60

REPORT DATE 07/10/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071003525537RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250070	7	T1019		06/28/13	06/28/13	32.00	137.60	
250070	8	T1019		06/29/13	06/29/13	32.00	137.60	
250070	9	T1019		06/30/13	06/30/13	32.00	137.60	
250070	10	T1019		07/01/13	07/01/13	32.00	137.60	
250070	11	T1019		07/02/13	07/02/13	32.00	137.60	
250070	12	T1019		07/03/13	07/03/13	32.00	137.60	
250070	13	T1019		07/04/13	07/04/13	32.00	137.60	
250070	14	T1019		07/05/13	07/05/13	32.00	137.60	
CLAIM TOTAL							1,831.20	CLAIM ACCOUNT REF. 2500700012012107SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250072	1	T1019		07/01/13	07/01/13	24.00	103.20	
250072	2	T1019		07/02/13	07/02/13	24.00	103.20	
250072	3	T1019		07/03/13	07/03/13	24.00	103.20	
250072	4	T1019		07/04/13	07/04/13	24.00	103.20	
250072	5	T1019		07/05/13	07/05/13	24.00	103.20	
CLAIM TOTAL							516.00	CLAIM ACCOUNT REF. 2500720012012108SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250073	1	T1019		07/01/13	07/01/13	28.00	120.40	
250073	2	T1019		07/02/13	07/02/13	28.00	120.40	
250073	3	T1019		07/03/13	07/03/13	28.00	120.40	
CLAIM TOTAL							361.20	CLAIM ACCOUNT REF. 2500730012012110SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012116 2012116 GUERRERO, MARIA 07/09/1914 693949 111669840  
DIAGNOSIS CODES: 355.71 250.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250074	1	T1019		06/22/13	06/22/13	32.00	137.60	
250074	2	T1019		06/23/13	06/23/13	32.00	137.60	
250074	3	T1019		06/24/13	06/24/13	32.00	137.60	
250074	4	T1019		06/25/13	06/25/13	32.00	137.60	
250074	5	T1019		06/26/13	06/26/13	32.00	137.60	
250074	6	T1019		06/27/13	06/27/13	32.00	137.60	

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250074	7	T1019		06/28/13	06/28/13	32.00	137.60
250074	8	T1019		06/29/13	06/29/13	32.00	137.60
250074	9	T1019		06/30/13	06/30/13	32.00	137.60
250074	10	T1019		07/01/13	07/01/13	32.00	137.60
250074	11	T1019		07/02/13	07/02/13	32.00	137.60
250074	12	T1019		07/03/13	07/03/13	32.00	137.60
250074	13	T1019		07/04/13	07/04/13	32.00	137.60
250074	14	T1019		07/05/13	07/05/13	32.00	137.60
CLAIM TOTAL							1,926.40
CLAIM ACCOUNT REF.							2500740012012116SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250075	1	T1019		06/29/13	06/29/13	20.00	86.00
250075	2	T1019		06/30/13	06/30/13	20.00	86.00
250075	3	T1019		07/01/13	07/01/13	16.00	68.80
250075	4	T1019		07/02/13	07/02/13	16.00	68.80
250075	5	T1019		07/03/13	07/03/13	16.00	68.80
250075	6	T1019		07/04/13	07/04/13	16.00	68.80
250075	7	T1019		07/05/13	07/05/13	16.00	68.80
CLAIM TOTAL							516.00
CLAIM ACCOUNT REF.							2500750012012117SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250077	1	T1019		07/01/13	07/01/13	28.00	120.40
250077	2	T1019		07/02/13	07/02/13	28.00	120.40
250077	3	T1019		07/03/13	07/03/13	28.00	120.40
250077	4	T1019		07/04/13	07/04/13	28.00	120.40
250077	5	T1019		07/05/13	07/05/13	28.00	120.40
CLAIM TOTAL							602.00
CLAIM ACCOUNT REF.							2500770012012120SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250083	1	T1019		06/29/13	06/29/13	32.00	137.60
250083	2	T1019		06/30/13	06/30/13	32.00	137.60

REPORT DATE 07/10/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = 14163                      WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250083	3	T1019		07/01/13	07/01/13	32.00	137.60	
250083	4	T1019		07/02/13	07/02/13	32.00	137.60	
250083	5	T1019		07/03/13	07/03/13	32.00	137.60	
250083	6	T1019		07/04/13	07/04/13	32.00	137.60	
250083	7	T1019		07/05/13	07/05/13	32.00	137.60	
				CLAIM TOTAL			963.20	CLAIM ACCOUNT REF. 2500830012012121SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012122 2012122 MORALES, FRANCISCO 12/03/1935 744366 1115793538  
DIAGNOSIS CODES: 250.00 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250084	1	T1030		06/17/13	06/17/13	1.00	90.00	
250084	2	T1019		06/29/13	06/29/13	20.00	86.00	
250084	3	T1019		06/30/13	06/30/13	20.00	86.00	
				CLAIM TOTAL			262.00	CLAIM ACCOUNT REF. 2500840012012122SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250085	1	T1019		07/01/13	07/01/13	20.00	86.00	
250085	2	T1019		07/02/13	07/02/13	20.00	86.00	
250085	3	T1019		07/03/13	07/03/13	20.00	86.00	
250085	4	T1019		07/04/13	07/04/13	20.00	86.00	
250085	5	T1019		07/05/13	07/05/13	20.00	86.00	
				CLAIM TOTAL			430.00	CLAIM ACCOUNT REF. 2500850012012122SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250087	1	T1019		06/29/13	06/29/13	20.00	86.00	
250087	2	T1019		06/30/13	06/30/13	20.00	86.00	
				CLAIM TOTAL			172.00	CLAIM ACCOUNT REF. 2500870012012130SUP

REPORT DATE 07/10/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = 14163                      WELLCARE OF NY

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250088	1	T1019		07/01/13	07/01/13	28.00	120.40	
250088	2	T1019		07/02/13	07/02/13	28.00	120.40	
250088	3	T1019		07/03/13	07/03/13	28.00	120.40	
250088	4	T1019		07/04/13	07/04/13	28.00	120.40	
250088	5	T1019		07/05/13	07/05/13	28.00	120.40	
CLAIM TOTAL							602.00	CLAIM ACCOUNT REF. 2500880012012130SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250090	1	T1019		06/10/13	06/10/13	16.00	68.80	
CLAIM TOTAL							68.80	CLAIM ACCOUNT REF. 2500900012012131SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250091	1	T1019		06/14/13	06/14/13	16.00	68.80	
250091	2	T1019		06/19/13	06/19/13	16.00	68.80	
250091	3	T1019		07/01/13	07/01/13	16.00	68.80	
250091	4	T1019		07/03/13	07/03/13	16.00	68.80	
250091	5	T1019		07/05/13	07/05/13	16.00	68.80	
CLAIM TOTAL							344.00	CLAIM ACCOUNT REF. 2500910012012131SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250089	1	T1030		05/31/13	05/31/13	1.00	90.00	
250089	2	T1030		06/12/13	06/12/13	1.00	90.00	
250089	3	T1019		06/25/13	06/25/13	32.00	137.60	
250089	4	T1019		06/29/13	06/29/13	20.00	86.00	
250089	5	T1019		06/30/13	06/30/13	20.00	86.00	
250089	6	T1019		07/01/13	07/01/13	32.00	137.60	
250089	7	T1019		07/02/13	07/02/13	32.00	137.60	

REPORT DATE 07/10/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071003525537RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250089	8	T1019		07/03/13	07/03/13	32.00	137.60	
250089	9	T1019		07/04/13	07/04/13	32.00	137.60	
250089	10	T1019		07/05/13	07/05/13	32.00	137.60	
CLAIM TOTAL							1,177.60	CLAIM ACCOUNT REF. 2500890012012132SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012134	2012134	SERRANO, CARMEN	09/14/1948	695740	111805504
DIAGNOSIS CODES: 093.89 253.5 311. 429.9						

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250107	1	T1019		07/01/13	07/01/13	28.00	120.40	
250107	2	T1019		07/02/13	07/02/13	28.00	120.40	
250107	3	T1019		07/03/13	07/03/13	28.00	120.40	
250107	4	T1019		07/04/13	07/04/13	28.00	120.40	
250107	5	T1019		07/05/13	07/05/13	28.00	120.40	
CLAIM TOTAL							602.00	CLAIM ACCOUNT REF. 2501070012012134SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012137	2012137	VAZQUEZ 1, ROSA	08/08/1934	695667	111437135
DIAGNOSIS CODES: 715.90 244.9 401.9						

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250110	1	T1019		04/17/13	04/17/13	32.00	137.60	
250110	2	T1019		05/23/13	05/23/13	32.00	137.60	
CLAIM TOTAL							275.20	CLAIM ACCOUNT REF. 2501100012012137SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250111	1	T1019		07/01/13	07/01/13	32.00	137.60	
250111	2	T1019		07/02/13	07/02/13	32.00	137.60	
250111	3	T1019		07/03/13	07/03/13	32.00	137.60	
250111	4	T1019		07/04/13	07/04/13	32.00	137.60	
CLAIM TOTAL							550.40	CLAIM ACCOUNT REF. 2501110012012137SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250112	1	T1019		07/01/13	07/01/13	16.00	68.80



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PAYER ID = 14163                      WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250112	2	T1019		07/02/13	07/02/13	16.00	68.80	
250112	3	T1019		07/03/13	07/03/13	16.00	68.80	
250112	4	T1019		07/04/13	07/04/13	16.00	68.80	
250112	5	T1019		07/05/13	07/05/13	16.00	68.80	
				CLAIM TOTAL			344.00	CLAIM ACCOUNT REF. 2501120012012138SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250092	1	T1019		06/22/13	06/22/13	32.00	137.60	
250092	2	T1019		06/24/13	06/24/13	32.00	137.60	
250092	3	T1019		06/25/13	06/25/13	32.00	137.60	
250092	4	T1019		06/26/13	06/26/13	32.00	137.60	
250092	5	T1019		06/27/13	06/27/13	32.00	137.60	
250092	6	T1019		06/28/13	06/28/13	32.00	137.60	
250092	7	T1019		06/29/13	06/29/13	32.00	137.60	
				CLAIM TOTAL			963.20	CLAIM ACCOUNT REF. 2500920012012140SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012140	2012140	PATRICK, IMAGENE	03/27/1930	737028	111941421
DIAGNOSIS	CODES:	294.10	153.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250093	1	T1019		07/01/13	07/01/13	32.00	137.60	
250093	2	T1019		07/02/13	07/02/13	32.00	137.60	
250093	3	T1019		07/03/13	07/03/13	32.00	137.60	
250093	4	T1019		07/04/13	07/04/13	32.00	137.60	
250093	5	T1019		07/05/13	07/05/13	32.00	137.60	
				CLAIM TOTAL			688.00	CLAIM ACCOUNT REF. 2500930012012140SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250081	1	T1019		06/29/13	06/29/13	12.00	51.60	
				CLAIM TOTAL			51.60	CLAIM ACCOUNT REF. 2500810012012142SUP

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PAYER       ID = 14163                      WELLCARE OF NY

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250082	1	T1019		07/01/13	07/01/13	12.00	51.60	
250082	2	T1019		07/02/13	07/02/13	12.00	51.60	
250082	3	T1019		07/03/13	07/03/13	12.00	51.60	
250082	4	T1019		07/04/13	07/04/13	12.00	51.60	
					CLAIM TOTAL	206.40		CLAIM ACCOUNT REF.    2500820012012142SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250086	1	T1019		07/01/13	07/01/13	16.00	68.80	
250086	2	T1019		07/03/13	07/03/13	16.00	68.80	
					CLAIM TOTAL	137.60		CLAIM ACCOUNT REF.    2500860012012143SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250097	1	T1019		07/01/13	07/01/13	20.00	86.00	
250097	2	T1019		07/03/13	07/03/13	20.00	86.00	
250097	3	T1019		07/05/13	07/05/13	20.00	86.00	
					CLAIM TOTAL	258.00		CLAIM ACCOUNT REF.    2500970012012144SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250094	1	T1019		07/01/13	07/01/13	16.00	68.80	
250094	2	T1019		07/02/13	07/02/13	16.00	68.80	
250094	3	T1019		07/03/13	07/03/13	16.00	68.80	
250094	4	T1019		07/04/13	07/04/13	16.00	68.80	
250094	5	T1019		07/05/13	07/05/13	16.00	68.80	
					CLAIM TOTAL	344.00		CLAIM ACCOUNT REF.    2500940012012145SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012146 2012146 PERALTA, INEZ 08/18/1942 715489 111633900  
DIAGNOSIS CODES: 250.00 272.4 278.00 401.9 244.9 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250095	1	T1019		06/17/13	06/17/13	32.00	137.60	
250095	2	T1019		06/20/13	06/20/13	16.00	68.80	
CLAIM TOTAL							206.40	CLAIM ACCOUNT REF. 2500950012012146SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250096	1	T1019		07/01/13	07/01/13	16.00	68.80	
250096	2	T1019		07/02/13	07/02/13	16.00	68.80	
250096	3	T1019		07/03/13	07/03/13	16.00	68.80	
250096	4	T1019		07/05/13	07/05/13	16.00	68.80	
CLAIM TOTAL							275.20	CLAIM ACCOUNT REF. 2500960012012146SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012147 2012147 RAMOS, SILVIA 08/16/1957 707547 111551884  
DIAGNOSIS CODES: 724.2 253.5 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250099	1	T1019		07/01/13	07/01/13	20.00	86.00	
250099	2	T1019		07/02/13	07/02/13	20.00	86.00	
250099	3	T1019		07/03/13	07/03/13	20.00	86.00	
250099	4	T1019		07/04/13	07/04/13	20.00	86.00	
250099	5	T1019		07/05/13	07/05/13	20.00	86.00	
CLAIM TOTAL							430.00	CLAIM ACCOUNT REF. 2500990012012147SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250100	1	T1019		06/29/13	06/29/13	32.00	137.60	
250100	2	T1019		07/02/13	07/02/13	32.00	137.60	
250100	3	T1019		07/03/13	07/03/13	32.00	137.60	
250100	4	T1019		07/04/13	07/04/13	32.00	137.60	
250100	5	T1019		07/05/13	07/05/13	32.00	137.60	
CLAIM TOTAL							688.00	CLAIM ACCOUNT REF. 2501000012012149SUP

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PAYER       ID = 14163                      WELLCARE OF NY

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250103	1	T1019		06/22/13	06/22/13	24.00	103.20
250103	2	T1019		06/24/13	06/24/13	24.00	103.20
250103	3	T1019		06/25/13	06/25/13	24.00	103.20
250103	4	T1019		06/26/13	06/26/13	24.00	103.20
250103	5	T1019		06/27/13	06/27/13	24.00	103.20
250103	6	T1019		06/28/13	06/28/13	24.00	103.20
250103	7	T1019		06/29/13	06/29/13	24.00	103.20
CLAIM TOTAL							722.40
CLAIM ACCOUNT REF.							2501030012012154SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2012154    2012154    RODRIGUEZ, FRANKLIN    03/26/1989    697529                      111871585  
DIAGNOSIS CODES:    319.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250104	1	T1019		07/01/13	07/01/13	24.00	103.20
250104	2	T1019		07/02/13	07/02/13	24.00	103.20
250104	3	T1019		07/03/13	07/03/13	24.00	103.20
250104	4	T1019		07/04/13	07/04/13	24.00	103.20
250104	5	T1019		07/05/13	07/05/13	24.00	103.20
CLAIM TOTAL							516.00
CLAIM ACCOUNT REF.							2501040012012154SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250106	1	T1019		06/29/13	06/29/13	20.00	86.00
250106	2	T1019		06/30/13	06/30/13	20.00	86.00
250106	3	T1019		07/01/13	07/01/13	20.00	86.00
250106	4	T1019		07/02/13	07/02/13	20.00	86.00
250106	5	T1019		07/03/13	07/03/13	20.00	86.00
250106	6	T1019		07/04/13	07/04/13	20.00	86.00
250106	7	T1019		07/05/13	07/05/13	20.00	86.00
CLAIM TOTAL							602.00
CLAIM ACCOUNT REF.							2501060012012155SUP

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PAYER ID = 14163                      WELLCARE OF NY

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250078	1	T1019		06/29/13	06/29/13	48.00	206.40
250078	2	T1019		06/30/13	06/30/13	48.00	206.40
250078	3	T1019		07/01/13	07/01/13	48.00	206.40
250078	4	T1019		07/02/13	07/02/13	48.00	206.40
250078	5	T1019		07/03/13	07/03/13	48.00	206.40
250078	6	T1019		07/04/13	07/04/13	48.00	206.40
250078	7	T1019		07/05/13	07/05/13	48.00	206.40
CLAIM TOTAL						1,444.80	CLAIM ACCOUNT REF. 2500780012012158SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250063	1	T1019		06/24/13	06/24/13	20.00	86.00
250063	2	T1019		06/25/13	06/25/13	20.00	86.00
250063	3	T1019		06/26/13	06/26/13	20.00	86.00
250063	4	T1019		06/27/13	06/27/13	20.00	86.00
250063	5	T1019		06/28/13	06/28/13	20.00	86.00
250063	6	T1019		06/29/13	06/29/13	20.00	86.00
250063	7	T1019		06/30/13	06/30/13	20.00	86.00
CLAIM TOTAL						602.00	CLAIM ACCOUNT REF. 2500630012012161SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250064	1	T1019		07/01/13	07/01/13	20.00	86.00
250064	2	T1019		07/02/13	07/02/13	20.00	86.00
250064	3	T1019		07/03/13	07/03/13	20.00	86.00
250064	4	T1019		07/04/13	07/04/13	20.00	86.00
250064	5	T1019		07/05/13	07/05/13	20.00	86.00
CLAIM TOTAL						430.00	CLAIM ACCOUNT REF. 2500640012012161SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012261 2012261 SILVEIRA, BERTA 06/23/1938 753060 111885500  
DIAGNOSIS CODES: 786.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250108	1	T1019		06/29/13	06/29/13	32.00	137.60
250108	2	T1019		06/30/13	06/30/13	16.00	68.80
250108	3	T1019		07/01/13	07/01/13	32.00	137.60
250108	4	T1019		07/02/13	07/02/13	32.00	137.60
250108	5	T1019		07/03/13	07/03/13	32.00	137.60
250108	6	T1019		07/04/13	07/04/13	32.00	137.60
250108	7	T1019		07/05/13	07/05/13	32.00	137.60
CLAIM TOTAL							894.40
CLAIM ACCOUNT REF.							2501080012012261SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250109	1	T1030		06/18/13	06/18/13	1.00	90.00
250109	2	T1019		06/29/13	06/29/13	36.00	154.80
250109	3	T1019		06/30/13	06/30/13	36.00	154.80
250109	4	T1019		07/01/13	07/01/13	32.00	137.60
250109	5	T1019		07/02/13	07/02/13	40.00	172.00
250109	6	T1019		07/03/13	07/03/13	36.00	154.80
250109	7	T1019		07/04/13	07/04/13	36.00	154.80
250109	8	T1019		07/05/13	07/05/13	36.00	154.80
CLAIM TOTAL							1,173.60
CLAIM ACCOUNT REF.							2501090012012266SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012719 2012719 SANCHEZ FLORES, ADELAI 11/03/1944 761166 111909448  
DIAGNOSIS CODES: 401.9 300.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250105	1	T1019		07/01/13	07/01/13	16.00	68.80
250105	2	T1019		07/03/13	07/03/13	16.00	68.80
250105	3	T1019		07/05/13	07/05/13	16.00	68.80
CLAIM TOTAL							206.40
CLAIM ACCOUNT REF.							2501050012012719SUP

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PAYER ID = 14163                      WELLCARE OF NY

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250079	1	T1019		06/29/13	06/29/13	48.00	206.40
250079	2	T1019		06/30/13	06/30/13	48.00	206.40
250079	3	T1019		07/01/13	07/01/13	48.00	206.40
250079	4	T1019		07/02/13	07/02/13	48.00	206.40
250079	5	T1019		07/03/13	07/03/13	48.00	206.40
250079	6	T1019		07/04/13	07/04/13	48.00	206.40
250079	7	T1019		07/05/13	07/05/13	48.00	206.40
CLAIM TOTAL						1,444.80	CLAIM ACCOUNT REF. 2500790012012948SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250071	1	T1019		06/29/13	06/29/13	20.00	86.00
250071	2	T1019		06/30/13	06/30/13	20.00	86.00
250071	3	T1019		07/01/13	07/01/13	20.00	86.00
250071	4	T1019		07/02/13	07/02/13	20.00	86.00
250071	5	T1019		07/03/13	07/03/13	20.00	86.00
250071	6	T1019		07/04/13	07/04/13	20.00	86.00
250071	7	T1019		07/05/13	07/05/13	20.00	86.00
CLAIM TOTAL						602.00	CLAIM ACCOUNT REF. 2500710012012952SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250069	1	T1019		06/29/13	06/29/13	48.00	206.40
250069	2	T1019		06/30/13	06/30/13	48.00	206.40
250069	3	T1019		07/01/13	07/01/13	48.00	206.40
250069	4	T1019		07/02/13	07/02/13	48.00	206.40
250069	5	T1019		07/03/13	07/03/13	48.00	206.40
250069	6	T1019		07/04/13	07/04/13	48.00	206.40
250069	7	T1019		07/05/13	07/05/13	48.00	206.40
CLAIM TOTAL						1,444.80	CLAIM ACCOUNT REF. 2500690012012953SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250076	1	T1019		07/01/13	07/01/13	20.00	86.00	
250076	2	T1019		07/02/13	07/02/13	20.00	86.00	
250076	3	T1019		07/03/13	07/03/13	20.00	86.00	
250076	4	T1019		07/04/13	07/04/13	20.00	86.00	
					CLAIM TOTAL	344.00		CLAIM ACCOUNT REF.    2500760012012979SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250113	1	T1019		06/29/13	06/29/13	32.00	137.60	
250113	2	T1019		06/30/13	06/30/13	32.00	137.60	
250113	3	T1019		07/01/13	07/01/13	32.00	137.60	
250113	4	T1019		07/02/13	07/02/13	32.00	137.60	
250113	5	T1019		07/03/13	07/03/13	32.00	137.60	
250113	6	T1019		07/04/13	07/04/13	24.00	103.20	
250113	7	T1019		07/05/13	07/05/13	32.00	137.60	
					CLAIM TOTAL	928.80		CLAIM ACCOUNT REF.    2501130012012984SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2012152    2013395    REYES, TERESA                      03/18/1941    697840                      111628409  
DIAGNOSIS CODES:    250.00       401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250101	1	T1019		06/29/13	06/29/13	32.00	137.60	
250101	2	T1019		06/30/13	06/30/13	32.00	137.60	
					CLAIM TOTAL	275.20		CLAIM ACCOUNT REF.    2501010012013395SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250102	1	T1019		07/01/13	07/01/13	32.00	137.60	
250102	2	T1019		07/02/13	07/02/13	32.00	137.60	
250102	3	T1019		07/03/13	07/03/13	32.00	137.60	
250102	4	T1019		07/04/13	07/04/13	32.00	137.60	
250102	5	T1019		07/05/13	07/05/13	32.00	137.60	



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NPI = 1154407492

688.00	CLAIM ACCOUNT REF.	2501020012013395SUP
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PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	272	TOTAL CLAIM AMOUNT =	32,102.00
		# SERVICES =	40		

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250048	1	T1019	0580	07/01/13	07/01/13	40.00	168.80
250048	2	T1019	0580	07/02/13	07/02/13	40.00	168.80
250048	3	T1019	0580	07/04/13	07/04/13	40.00	168.80
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2500480012008491SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008274 2008513 WILLIAMS, DIANE 09/23/1948 YZ36993F 0005080166  
DIAGNOSIS CODES: 296.80 250.00 429.3 733.00 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250050	1	T1019	0580	07/01/13	07/01/13	16.00	67.52
250050	2	T1019	0580	07/02/13	07/02/13	16.00	67.52
250050	3	T1019	0580	07/03/13	07/03/13	16.00	67.52
250050	4	T1019	0580	07/04/13	07/04/13	16.00	67.52
250050	5	T1019	0580	07/05/13	07/05/13	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2500500012008513SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250044	1	T1019	0580	07/02/13	07/02/13	16.00	67.52
250044	2	T1019	0580	07/05/13	07/05/13	16.00	67.52
CLAIM TOTAL							135.04

CLAIM ACCOUNT REF. 2500440012008723SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250035	1	T1019	0580	06/29/13	06/29/13	48.00	202.56
250035	2	T1019	0580	06/30/13	06/30/13	48.00	202.56
250035	3	T1019	0580	07/01/13	07/01/13	48.00	202.56
250035	4	T1019	0580	07/02/13	07/02/13	48.00	202.56
250035	5	T1019	0580	07/03/13	07/03/13	48.00	202.56
250035	6	T1019	0580	07/04/13	07/04/13	48.00	202.56
250035	7	T1019	0580	07/05/13	07/05/13	48.00	202.56
CLAIM TOTAL							1,417.92

CLAIM ACCOUNT REF. 2500350012008793SUP

REPORT DATE 07/10/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = 55247                      HEALTH INSURANCE PLAN

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250045	1	T1019	0580	06/29/13	06/29/13	32.00	135.04	
250045	2	T1019	0580	06/30/13	06/30/13	32.00	135.04	
250045	3	T1019	0580	07/01/13	07/01/13	32.00	135.04	
250045	4	T1019	0580	07/02/13	07/02/13	32.00	135.04	
250045	5	T1019	0580	07/03/13	07/03/13	32.00	135.04	
250045	6	T1019	0580	07/04/13	07/04/13	32.00	135.04	
250045	7	T1019	0580	07/05/13	07/05/13	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2500450012009237SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250049	1	T1019	0580	06/21/13	06/21/13	20.00	84.40	
					CLAIM TOTAL		84.40	CLAIM ACCOUNT REF. 2500490012009269SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250046	1	T1019	0580	06/29/13	06/29/13	16.00	67.52	
250046	2	T1019	0580	06/30/13	06/30/13	16.00	67.52	
250046	3	T1019	0580	07/01/13	07/01/13	16.00	67.52	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2500460012009406SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250047	1	T1019	0580	07/03/13	07/03/13	40.00	168.80	
					CLAIM TOTAL		168.80	CLAIM ACCOUNT REF. 2500470012009562SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250037	1	T1019	0580	07/01/13	07/01/13	16.00	67.52
250037	2	T1019	0580	07/02/13	07/02/13	16.00	67.52
250037	3	T1019	0580	07/03/13	07/03/13	16.00	67.52
250037	4	T1019	0580	07/04/13	07/04/13	16.00	67.52
250037	5	T1019	0580	07/05/13	07/05/13	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2500370012009686SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250039	1	T1019	0580	06/29/13	06/29/13	28.00	118.16
250039	2	T1019	0580	06/30/13	06/30/13	28.00	118.16
250039	3	T1019	0580	07/01/13	07/01/13	24.00	101.28
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2500390012009945SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250040	1	T1019	0580	07/02/13	07/02/13	28.00	118.16
250040	2	T1019	0580	07/03/13	07/03/13	28.00	118.16
250040	3	T1019	0580	07/04/13	07/04/13	28.00	118.16
250040	4	T1019	0580	07/05/13	07/05/13	28.00	118.16
CLAIM TOTAL							472.64

CLAIM ACCOUNT REF. 2500400012009945SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250038	1	T1019	0580	06/29/13	06/29/13	36.00	151.92
250038	2	T1019	0580	06/30/13	06/30/13	36.00	151.92
250038	3	T1019	0580	07/01/13	07/01/13	36.00	151.92
250038	4	T1019	0580	07/02/13	07/02/13	36.00	151.92
250038	5	T1019	0580	07/03/13	07/03/13	36.00	151.92
250038	6	T1019	0580	07/04/13	07/04/13	32.00	135.04

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071003525537RRSUP

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

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250038	7	T1019	0580	07/05/13	07/05/13	36.00	151.92	
					CLAIM TOTAL		1,046.56	CLAIM ACCOUNT REF. 2500380012010991SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250036	1	T1019	0580	06/29/13	06/29/13	48.00	202.56	
250036	2	T1019	0580	06/30/13	06/30/13	48.00	202.56	
250036	3	T1019	0580	07/01/13	07/01/13	48.00	202.56	
250036	4	T1019	0580	07/02/13	07/02/13	48.00	202.56	
250036	5	T1019	0580	07/03/13	07/03/13	48.00	202.56	
250036	6	T1019	0580	07/04/13	07/04/13	48.00	202.56	
250036	7	T1019	0580	07/05/13	07/05/13	48.00	202.56	
					CLAIM TOTAL		1,417.92	CLAIM ACCOUNT REF. 2500360012011526SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250042	1	T1019	0580	06/29/13	06/29/13	24.00	101.28	
250042	2	T1019	0580	06/30/13	06/30/13	4.00	16.88	
250042	3	T1019	0580	07/01/13	07/01/13	24.00	101.28	
250042	4	T1019	0580	07/02/13	07/02/13	24.00	101.28	
250042	5	T1019	0580	07/03/13	07/03/13	24.00	101.28	
250042	6	T1019	0580	07/04/13	07/04/13	24.00	101.28	
250042	7	T1019	0580	07/05/13	07/05/13	24.00	101.28	
					CLAIM TOTAL		624.56	CLAIM ACCOUNT REF. 2500420012012541SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2013402	2013402 MCALLISTER, ANNIE	03/29/1937	ZP91513K	0006313393
DIAGNOSIS	CODES:	V61.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250043	1	T1019	0580	07/01/13	07/01/13	16.00	67.52	
250043	2	T1019	0580	07/03/13	07/03/13	16.00	67.52	
					CLAIM TOTAL		135.04	CLAIM ACCOUNT REF. 2500430012013402SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071003525537RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009467 2013531 KEATON, CATHERINE 08/30/1923 WC81742E 0004298435  
DIAGNOSIS CODES: 715.00 365.9 401.9 780.4 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250041	1	T1019	0580	06/29/13	06/29/13	48.00	202.56	
250041	2	T1019	0580	06/30/13	06/30/13	48.00	202.56	
250041	3	T1019	0580	07/01/13	07/01/13	48.00	202.56	
250041	4	T1019	0580	07/02/13	07/02/13	48.00	202.56	
250041	5	T1019	0580	07/03/13	07/03/13	48.00	202.56	
250041	6	T1019	0580	07/04/13	07/04/13	48.00	202.56	
250041	7	T1019	0580	07/05/13	07/05/13	48.00	202.56	
				CLAIM TOTAL		1,417.92		CLAIM ACCOUNT REF. 2500410012013531SUP

PAYER TOTALS: HEALTH INSURANCE PLAN                      # OF CLAIMS = 71                      TOTAL CLAIM AMOUNT = 9,587.84  
# SERVICES = 15

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071003525537RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008374 2010958 KARASSAVIDES, ARISTOTI 10/09/1962 V80041904 131610065  
DIAGNOSIS CODES: 042. 202.88 436. 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250141	1	T1019		07/01/13	07/01/13	28.00	120.12
250141	2	T1019		07/02/13	07/02/13	28.00	120.12
250141	3	T1019		07/03/13	07/03/13	28.00	120.12
250141	4	T1019		07/04/13	07/04/13	28.00	120.12
CLAIM TOTAL							480.48
CLAIM ACCOUNT REF.							2501410012010958SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250142	1	T1019		06/25/13	06/25/13	40.00	171.60
250142	2	T1019		07/03/13	07/03/13	40.00	171.60
250142	3	T1019		07/04/13	07/04/13	24.00	102.96
250142	4	T1019		07/05/13	07/05/13	40.00	171.60
CLAIM TOTAL							617.76
CLAIM ACCOUNT REF.							2501420012012481SUP

PAYER TOTALS:                      VNSNY CHOICE                      # OF CLAIMS = 8                      TOTAL CLAIM AMOUNT = 1,098.24  
# SERVICES = 2

REPORT DATE 07/10/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = 80141                      HEALTHFIRST PHSP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250003	1	T1019		06/22/13	06/22/13	12.00	50.64
250003	2	T1019		06/23/13	06/23/13	12.00	50.64
250003	3	T1019		06/24/13	06/24/13	12.00	50.64
250003	4	T1019		06/25/13	06/25/13	12.00	50.64
250003	5	T1019		06/26/13	06/26/13	12.00	50.64
250003	6	T1019		06/27/13	06/27/13	12.00	50.64
250003	7	T1019		06/28/13	06/28/13	12.00	50.64
CLAIM TOTAL							354.48
							CLAIM ACCOUNT REF. 2500030012008246SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
249995	1	T1019		06/29/13	06/29/13	32.00	135.04
249995	2	T1019		06/30/13	06/30/13	44.00	185.68
249995	3	T1019		07/01/13	07/01/13	44.00	185.68
249995	4	T1019		07/02/13	07/02/13	44.00	185.68
249995	5	T1019		07/03/13	07/03/13	44.00	185.68
249995	6	T1019		07/04/13	07/04/13	44.00	185.68
249995	7	T1019		07/05/13	07/05/13	44.00	185.68
CLAIM TOTAL							1,249.12
							CLAIM ACCOUNT REF. 2499950012008249SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250007	1	T1019		06/29/13	06/29/13	32.00	135.04
250007	2	T1019		06/30/13	06/30/13	32.00	135.04
250007	3	T1019		07/01/13	07/01/13	32.00	135.04
250007	4	T1019		07/02/13	07/02/13	32.00	135.04
250007	5	T1019		07/03/13	07/03/13	32.00	135.04
250007	6	T1019		07/04/13	07/04/13	32.00	135.04
250007	7	T1019		07/05/13	07/05/13	32.00	135.04
CLAIM TOTAL							945.28
							CLAIM ACCOUNT REF. 2500070012008250SUP



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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
249976	1	T1019		06/21/13	06/21/13	32.00	135.04
249976	2	T1019		06/29/13	06/29/13	32.00	135.04
249976	3	T1019		07/01/13	07/01/13	32.00	135.04
249976	4	T1019		07/02/13	07/02/13	32.00	135.04
249976	5	T1019		07/03/13	07/03/13	32.00	135.04
249976	6	T1019		07/04/13	07/04/13	32.00	135.04
249976	7	T1019		07/05/13	07/05/13	32.00	135.04
CLAIM TOTAL							945.28
							CLAIM ACCOUNT REF.    2499760012008251SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
249996	1	T1019		06/29/13	06/29/13	48.00	202.56
249996	2	T1019		06/30/13	06/30/13	48.00	202.56
249996	3	T1019		07/01/13	07/01/13	48.00	202.56
249996	4	T1019		07/02/13	07/02/13	48.00	202.56
249996	5	T1019		07/03/13	07/03/13	48.00	202.56
249996	6	T1019		07/04/13	07/04/13	48.00	202.56
249996	7	T1019		07/05/13	07/05/13	48.00	202.56
CLAIM TOTAL							1,417.92
							CLAIM ACCOUNT REF.    2499960012008253SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250011	1	T1019		07/01/13	07/01/13	32.00	135.04
250011	2	T1019		07/02/13	07/02/13	32.00	135.04
250011	3	T1019		07/03/13	07/03/13	32.00	135.04
250011	4	T1019		07/04/13	07/04/13	32.00	135.04
250011	5	T1019		07/05/13	07/05/13	32.00	135.04
CLAIM TOTAL							675.20
							CLAIM ACCOUNT REF.    2500110012008254SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
249974	1	T1019		07/01/13	07/01/13	32.00	135.04
249974	2	T1019		07/02/13	07/02/13	32.00	135.04
249974	3	T1019		07/03/13	07/03/13	32.00	135.04
249974	4	T1019		07/04/13	07/04/13	32.00	135.04
249974	5	T1019		07/05/13	07/05/13	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2499740012008256SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
249981	1	T1019		06/29/13	06/29/13	24.00	101.28
249981	2	T1019		06/30/13	06/30/13	24.00	101.28
249981	3	T1019		07/01/13	07/01/13	24.00	101.28
249981	4	T1019		07/02/13	07/02/13	24.00	101.28
249981	5	T1019		07/03/13	07/03/13	24.00	101.28
249981	6	T1019		07/05/13	07/05/13	24.00	101.28
CLAIM TOTAL							607.68

CLAIM ACCOUNT REF. 2499810012008257SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250008	1	T1019		07/01/13	07/01/13	32.00	135.04
250008	2	T1019		07/02/13	07/02/13	32.00	135.04
250008	3	T1019		07/03/13	07/03/13	32.00	135.04
250008	4	T1019		07/04/13	07/04/13	32.00	135.04
250008	5	T1019		07/05/13	07/05/13	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2500080012008290SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
249985	1	T1019		06/21/13	06/21/13	24.00	101.28
249985	2	T1019		06/29/13	06/29/13	48.00	202.56

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PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
249985	3	T1019		06/30/13	06/30/13	48.00	202.56	
249985	4	T1019		07/02/13	07/02/13	48.00	202.56	
249985	5	T1019		07/03/13	07/03/13	48.00	202.56	
249985	6	T1019		07/04/13	07/04/13	24.00	101.28	
249985	7	T1019		07/05/13	07/05/13	48.00	202.56	
CLAIM TOTAL							1,215.36	CLAIM ACCOUNT REF. 2499850012008362SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250006	1	T1019		07/01/13	07/01/13	16.00	67.52	
250006	2	T1019		07/03/13	07/03/13	16.00	67.52	
250006	3	T1019		07/04/13	07/04/13	16.00	67.52	
250006	4	T1019		07/05/13	07/05/13	16.00	67.52	
CLAIM TOTAL							270.08	CLAIM ACCOUNT REF. 2500060012008368SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
249986	1	T1019		06/29/13	06/29/13	32.00	135.04	
249986	2	T1019		06/30/13	06/30/13	32.00	135.04	
249986	3	T1019		07/01/13	07/01/13	32.00	135.04	
249986	4	T1019		07/02/13	07/02/13	28.00	118.16	
249986	5	T1019		07/03/13	07/03/13	32.00	135.04	
249986	6	T1019		07/04/13	07/04/13	32.00	135.04	
249986	7	T1019		07/05/13	07/05/13	32.00	135.04	
CLAIM TOTAL							928.40	CLAIM ACCOUNT REF. 2499860012008411SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008433	2008433	BHAIRI, KOWSILILLI	05/13/1954	VG15691D	R2088833
DIAGNOSIS	CODES:	340.	286.0	311.	401.9	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
249970	1	T1019		06/29/13	06/29/13	32.00	135.04	
249970	2	T1019		06/30/13	06/30/13	32.00	135.04	
249970	3	T1019		07/01/13	07/01/13	32.00	135.04	
249970	4	T1019		07/02/13	07/02/13	32.00	135.04	
249970	5	T1019		07/03/13	07/03/13	32.00	135.04	
249970	6	T1019		07/04/13	07/04/13	32.00	135.04	

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HEALTHFIRST PHSP

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
249970	7	T1019		07/05/13	07/05/13	32.00	135.04
CLAIM TOTAL							945.28
							CLAIM ACCOUNT REF. 2499700012008433SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008487	2008487	BEGUM, MANWARA	11/23/1949	VD44720Z	0105161301593
DIAGNOSIS CODES: 250.00 244.8 311. 401.9 428.0 733.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
249969	1	T1019		06/29/13	06/29/13	12.00	50.64
249969	2	T1019		07/01/13	07/01/13	20.00	84.40
249969	3	T1019		07/02/13	07/02/13	20.00	84.40
249969	4	T1019		07/03/13	07/03/13	20.00	84.40
249969	5	T1019		07/04/13	07/04/13	20.00	84.40
249969	6	T1019		07/05/13	07/05/13	20.00	84.40
CLAIM TOTAL							472.64
							CLAIM ACCOUNT REF. 2499690012008487SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250013	1	T1019		06/30/13	06/30/13	48.00	202.56
250013	2	T1019		07/01/13	07/01/13	48.00	202.56
250013	3	T1019		07/02/13	07/02/13	48.00	202.56
250013	4	T1019		07/03/13	07/03/13	48.00	202.56
250013	5	T1019		07/04/13	07/04/13	48.00	202.56
250013	6	T1019		07/05/13	07/05/13	48.00	202.56
CLAIM TOTAL							1,215.36
							CLAIM ACCOUNT REF. 2500130012008558SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
249980	1	T1019		06/29/13	06/29/13	16.00	67.52
249980	2	T1019		06/30/13	06/30/13	16.00	67.52
249980	3	T1019		07/01/13	07/01/13	24.00	101.28
249980	4	T1019		07/02/13	07/02/13	24.00	101.28
249980	5	T1019		07/03/13	07/03/13	24.00	101.28
249980	6	T1019		07/04/13	07/04/13	24.00	101.28
249980	7	T1019		07/05/13	07/05/13	24.00	101.28
CLAIM TOTAL							641.44
							CLAIM ACCOUNT REF. 2499800012008571SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008380 2009001 FERRERA, FRANCISCA 06/06/1948 YH55651V 0101071303044  
DIAGNOSIS CODES: 301.9 401.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
249983	1	T1019		06/29/13	06/29/13	32.00	135.04
249983	2	T1019		06/30/13	06/30/13	28.00	118.16
249983	3	T1019		07/01/13	07/01/13	32.00	135.04
CLAIM TOTAL							388.24
CLAIM ACCOUNT REF.							2499830012009001SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
249975	1	T1019		06/29/13	06/29/13	32.00	135.04
249975	2	T1019		07/01/13	07/01/13	32.00	135.04
249975	3	T1019		07/02/13	07/02/13	32.00	135.04
249975	4	T1019		07/03/13	07/03/13	32.00	135.04
249975	5	T1019		07/04/13	07/04/13	32.00	135.04
249975	6	T1019		07/05/13	07/05/13	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2499750012009270SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009405 2009405 CORTES DE GALINDO, NEL 05/25/1925 PF03624B 0103141302031  
DIAGNOSIS CODES: 401.9 244.9 537.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
249977	1	T1019		06/24/13	06/24/13	24.00	101.28
249977	2	T1019		06/25/13	06/25/13	24.00	101.28
249977	3	T1019		06/26/13	06/26/13	24.00	101.28
249977	4	T1019		06/27/13	06/27/13	24.00	101.28
249977	5	T1019		06/28/13	06/28/13	24.00	101.28
249977	6	T1019		07/01/13	07/01/13	24.00	101.28
249977	7	T1019		07/02/13	07/02/13	24.00	101.28
249977	8	T1019		07/03/13	07/03/13	24.00	101.28
249977	9	T1019		07/04/13	07/04/13	24.00	101.28
249977	10	T1019		07/05/13	07/05/13	24.00	101.28
CLAIM TOTAL							1,012.80
CLAIM ACCOUNT REF.							2499770012009405SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
249987	1	T1019		07/01/13	07/01/13	16.00	67.52
249987	2	T1019		07/03/13	07/03/13	16.00	67.52
249987	3	T1019		07/05/13	07/05/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2499870012009425SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
249972	1	T1019		06/29/13	06/29/13	24.00	101.28
249972	2	T1019		06/30/13	06/30/13	24.00	101.28
249972	3	T1019		07/01/13	07/01/13	24.00	101.28
249972	4	T1019		07/02/13	07/02/13	24.00	101.28
249972	5	T1019		07/03/13	07/03/13	24.00	101.28
249972	6	T1019		07/05/13	07/05/13	24.00	101.28
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2499720012009560SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250016	1	T1019		06/24/13	06/24/13	32.00	135.04
250016	2	T1019		06/25/13	06/25/13	32.00	135.04
250016	3	T1019		06/26/13	06/26/13	32.00	135.04
250016	4	T1019		06/27/13	06/27/13	32.00	135.04
250016	5	T1019		06/28/13	06/28/13	32.00	135.04
250016	6	T1019		07/02/13	07/02/13	32.00	135.04
250016	7	T1019		07/03/13	07/03/13	32.00	135.04
250016	8	T1019		07/04/13	07/04/13	32.00	135.04
250016	9	T1019		07/05/13	07/05/13	32.00	135.04
CLAIM TOTAL							1,215.36
CLAIM ACCOUNT REF.							2500160012010009SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008299 2010311 LAZALA, GLADYS 02/03/1950 ZT39863D R2083859  
DIAGNOSIS CODES: 340. 250.00 278.00 401.9 440.9 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
249993	1	T1019		06/29/13	06/29/13	48.00	202.56
249993	2	T1019		06/30/13	06/30/13	48.00	202.56
249993	3	T1019		07/01/13	07/01/13	48.00	202.56
249993	4	T1019		07/02/13	07/02/13	48.00	202.56
249993	5	T1019		07/04/13	07/04/13	48.00	202.56
249993	6	T1019		07/05/13	07/05/13	96.00	405.12
CLAIM TOTAL							1,417.92
CLAIM ACCOUNT REF.							2499930012010311SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250015	1	T1019		06/22/13	06/22/13	20.00	84.40
250015	2	T1019		06/23/13	06/23/13	20.00	84.40
250015	3	T1019		06/29/13	06/29/13	20.00	84.40
250015	4	T1019		06/30/13	06/30/13	20.00	84.40
250015	5	T1019		07/04/13	07/04/13	20.00	84.40
250015	6	T1019		07/05/13	07/05/13	20.00	84.40
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2500150012010758SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
249992	1	T1019		07/01/13	07/01/13	32.00	135.04
249992	2	T1019		07/02/13	07/02/13	32.00	135.04
249992	3	T1019		07/03/13	07/03/13	32.00	135.04
249992	4	T1019		07/04/13	07/04/13	32.00	135.04
249992	5	T1019		07/05/13	07/05/13	32.00	135.04
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2499920012010967SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
249973	1	T1019		07/01/13	07/01/13	40.00	168.80

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PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
249973	2	T1019		07/02/13	07/02/13	40.00	168.80
249973	3	T1019		07/03/13	07/03/13	40.00	168.80
249973	4	T1019		07/04/13	07/04/13	40.00	168.80
249973	5	T1019		07/05/13	07/05/13	40.00	168.80
CLAIM TOTAL							844.00

CLAIM ACCOUNT REF. 2499730012011528SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250012	1	T1019		06/29/13	06/29/13	36.00	151.92
250012	2	T1019		06/30/13	06/30/13	36.00	151.92
250012	3	T1019		07/01/13	07/01/13	20.00	84.40
250012	4	T1019		07/02/13	07/02/13	40.00	168.80
250012	5	T1019		07/03/13	07/03/13	40.00	168.80
250012	6	T1019		07/04/13	07/04/13	40.00	168.80
250012	7	T1019		07/05/13	07/05/13	40.00	168.80
CLAIM TOTAL							1,063.44

CLAIM ACCOUNT REF. 2500120012011820SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250002	1	T1019		06/29/13	06/29/13	40.00	168.80
250002	2	T1019		06/30/13	06/30/13	40.00	168.80
250002	3	T1019		07/01/13	07/01/13	40.00	168.80
250002	4	T1019		07/02/13	07/02/13	40.00	168.80
250002	5	T1019		07/03/13	07/03/13	40.00	168.80
250002	6	T1019		07/04/13	07/04/13	40.00	168.80
250002	7	T1019		07/05/13	07/05/13	40.00	168.80
CLAIM TOTAL							1,181.60

CLAIM ACCOUNT REF. 2500020012012284SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011495 2012478 ISKANDER, JACOB S 04/14/1949 YS88012Z 0101291301275  
DIAGNOSIS CODES: 748.60 253.5 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
249988	1	T1019		06/29/13	06/29/13	32.00	135.04
249988	2	T1019		06/30/13	06/30/13	32.00	135.04
249988	3	T1019		07/01/13	07/01/13	32.00	135.04
249988	4	T1019		07/02/13	07/02/13	32.00	135.04



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PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
249988	5	T1019		07/03/13	07/03/13	32.00	135.04	
249988	6	T1019		07/04/13	07/04/13	32.00	135.04	
249988	7	T1019		07/05/13	07/05/13	32.00	135.04	
				CLAIM TOTAL			945.28	CLAIM ACCOUNT REF. 2499880012012478SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
249971	1	T1019		07/01/13	07/01/13	16.00	67.52	
249971	2	T1019		07/02/13	07/02/13	16.00	67.52	
249971	3	T1019		07/03/13	07/03/13	16.00	67.52	
249971	4	T1019		07/04/13	07/04/13	16.00	67.52	
249971	5	T1019		07/05/13	07/05/13	16.00	67.52	
				CLAIM TOTAL			337.60	CLAIM ACCOUNT REF. 2499710012012489SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250009	1	T1019		06/29/13	06/29/13	32.00	135.04	
250009	2	T1019		07/01/13	07/01/13	36.00	151.92	
250009	3	T1019		07/02/13	07/02/13	36.00	151.92	
250009	4	T1019		07/03/13	07/03/13	36.00	151.92	
250009	5	T1019		07/04/13	07/04/13	36.00	151.92	
250009	6	T1019		07/05/13	07/05/13	36.00	151.92	
				CLAIM TOTAL			894.64	CLAIM ACCOUNT REF. 2500090012012498SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250000	1	T1019		06/29/13	06/29/13	24.00	101.28	
250000	2	T1019		07/01/13	07/01/13	24.00	101.28	
250000	3	T1019		07/02/13	07/02/13	24.00	101.28	
				CLAIM TOTAL			303.84	CLAIM ACCOUNT REF. 2500000012012683SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250014	1	T1019		06/29/13	06/29/13	32.00	135.04
250014	2	T1019		06/30/13	06/30/13	32.00	135.04
250014	3	T1019		07/01/13	07/01/13	20.00	84.40
250014	4	T1019		07/02/13	07/02/13	28.00	118.16
250014	5	T1019		07/03/13	07/03/13	20.00	84.40
250014	6	T1019		07/04/13	07/04/13	32.00	135.04
250014	7	T1019		07/05/13	07/05/13	20.00	84.40
CLAIM TOTAL							776.48
CLAIM ACCOUNT REF.							2500140012012772SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250001	1	T1020		06/29/13	06/29/13	12.00	202.56
250001	2	T1020		06/30/13	06/30/13	12.00	202.56
250001	3	T1020		07/01/13	07/01/13	12.00	202.56
250001	4	T1020		07/02/13	07/02/13	12.00	202.56
250001	5	T1020		07/03/13	07/03/13	12.00	202.56
250001	6	T1020		07/04/13	07/04/13	12.00	202.56
CLAIM TOTAL							1,215.36
CLAIM ACCOUNT REF.							2500010012013053SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010143 2013448 AHMED, UMARA 11/15/1985 XK51476N 072211255328  
DIAGNOSIS CODES: 335.19 695.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
249967	1	T1019		06/22/13	06/22/13	32.00	135.04
249967	2	T1019		06/28/13	06/28/13	32.00	135.04
249967	3	T1019		06/29/13	06/29/13	32.00	135.04
249967	4	T1019		06/30/13	06/30/13	32.00	135.04
249967	5	T1019		07/01/13	07/01/13	32.00	135.04
249967	6	T1019		07/02/13	07/02/13	32.00	135.04
249967	7	T1019		07/03/13	07/03/13	32.00	135.04
249967	8	T1019		07/04/13	07/04/13	32.00	135.04
CLAIM TOTAL							1,080.32
CLAIM ACCOUNT REF.							2499670012013448SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010671 2013451 AKHTER, SELINA 07/13/1960 SX51375D 0073112301172  
DIAGNOSIS CODES: 093.9 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
249968	1	T1019		07/01/13	07/01/13	36.00	151.92
249968	2	T1019		07/02/13	07/02/13	36.00	151.92
249968	3	T1019		07/03/13	07/03/13	36.00	151.92
CLAIM TOTAL							455.76
CLAIM ACCOUNT REF.							2499680012013451SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
249978	1	T1019		06/29/13	06/29/13	48.00	202.56
249978	2	T1019		06/30/13	06/30/13	48.00	202.56
249978	3	T1019		07/01/13	07/01/13	48.00	202.56
249978	4	T1019		07/02/13	07/02/13	48.00	202.56
249978	5	T1019		07/03/13	07/03/13	48.00	202.56
249978	6	T1019		07/04/13	07/04/13	48.00	202.56
249978	7	T1019		07/05/13	07/05/13	48.00	202.56
CLAIM TOTAL							1,417.92
CLAIM ACCOUNT REF.							2499780012013452SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008802 2013453 DIAZ 1, CARMEN 07/29/1950 WB78930D 072111255060  
DIAGNOSIS CODES: V02.62 300.00 401.9 719.89 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
249979	1	T1019		07/01/13	07/01/13	16.00	67.52
249979	2	T1019		07/02/13	07/02/13	24.00	101.28
249979	3	T1019		07/03/13	07/03/13	24.00	101.28
249979	4	T1019		07/04/13	07/04/13	24.00	101.28
249979	5	T1019		07/05/13	07/05/13	24.00	101.28
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2499790012013453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008261 2013454 FERNANDEZ, MARIA 07/24/1943 XG23851A 072111255060  
DIAGNOSIS CODES: 250.00 272.2 493.00 536.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
249982	1	T1019		07/03/13	07/03/13	16.00	67.52
249982	2	T1019		07/04/13	07/04/13	16.00	67.52
CLAIM TOTAL							135.04
CLAIM ACCOUNT REF.							2499820012013454SUP

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

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008427    2013455    FLORES, MARITZA                      09/26/1953    ZG96532J                      032613329851  
DIAGNOSIS CODES:    427.31    278.01    285.9    311.                      425.8    799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
249984	1	T1019		06/29/13	06/29/13	40.00	168.80
249984	2	T1019		06/30/13	06/30/13	40.00	168.80
249984	3	T1019		07/01/13	07/01/13	40.00	168.80
249984	4	T1019		07/02/13	07/02/13	40.00	168.80
249984	5	T1019		07/03/13	07/03/13	40.00	168.80
249984	6	T1019		07/04/13	07/04/13	40.00	168.80
249984	7	T1019		07/05/13	07/05/13	40.00	168.80
CLAIM TOTAL						1,181.60	CLAIM ACCOUNT REF.    2499840012013455SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008366    2013458    JONES, CYNTHIA                      03/17/1950    ZU54275V                      021313325005  
DIAGNOSIS CODES:    333.4                      401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
249989	1	T1019		06/24/13	06/24/13	20.00	84.40
249989	2	T1019		06/25/13	06/25/13	20.00	84.40
249989	3	T1019		06/26/13	06/26/13	20.00	84.40
249989	4	T1019		06/28/13	06/28/13	20.00	84.40
249989	5	T1019		07/01/13	07/01/13	20.00	84.40
249989	6	T1019		07/02/13	07/02/13	20.00	84.40
249989	7	T1019		07/03/13	07/03/13	20.00	84.40
249989	8	T1019		07/04/13	07/04/13	20.00	84.40
249989	9	T1019		07/05/13	07/05/13	20.00	84.40
CLAIM TOTAL						759.60	CLAIM ACCOUNT REF.    2499890012013458SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2009356    2013459    KHAN, FARUQUE                      02/08/1949    VM87355G                      112111269647  
DIAGNOSIS CODES:    696.8                      253.5                      272.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
249990	1	T1019		06/29/13	06/29/13	48.00	202.56
249990	2	T1019		06/30/13	06/30/13	48.00	202.56
249990	3	T1019		07/01/13	07/01/13	48.00	202.56
249990	4	T1019		07/02/13	07/02/13	48.00	202.56
249990	5	T1019		07/03/13	07/03/13	48.00	202.56
249990	6	T1019		07/04/13	07/04/13	48.00	202.56
CLAIM TOTAL						1,215.36	CLAIM ACCOUNT REF.    2499900012013459SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
249991	1	T1019		06/24/13	06/24/13	28.00	118.16
249991	2	T1019		06/25/13	06/25/13	28.00	118.16
249991	3	T1019		06/26/13	06/26/13	22.00	92.84
249991	4	T1019		06/27/13	06/27/13	28.00	118.16
249991	5	T1019		06/28/13	06/28/13	28.00	118.16
249991	6	T1019		07/01/13	07/01/13	28.00	118.16
249991	7	T1019		07/02/13	07/02/13	28.00	118.16
249991	8	T1019		07/03/13	07/03/13	28.00	118.16
249991	9	T1019		07/04/13	07/04/13	28.00	118.16
249991	10	T1019		07/05/13	07/05/13	28.00	118.16
CLAIM TOTAL						1,156.28	CLAIM ACCOUNT REF. 2499910012013461SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008263 2013462 MORALES HERNANDEZ, EDW 10/28/1952 XV26396D 083111260220  
DIAGNOSIS CODES: 344.1 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
249997	1	T1019		06/29/13	06/29/13	24.00	101.28
249997	2	T1019		06/30/13	06/30/13	24.00	101.28
249997	3	T1019		07/01/13	07/01/13	24.00	101.28
249997	4	T1019		07/02/13	07/02/13	24.00	101.28
249997	5	T1019		07/03/13	07/03/13	24.00	101.28
249997	6	T1019		07/04/13	07/04/13	24.00	101.28
249997	7	T1019		07/05/13	07/05/13	24.00	101.28
CLAIM TOTAL						708.96	CLAIM ACCOUNT REF. 2499970012013462SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008422 2013463 MOSKOWITZ, RONA 02/16/1952 ZK67666G 020713324355  
DIAGNOSIS CODES: 799.89 401.9 493.92 729.0 V02.62

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
249998	1	T1019		06/29/13	06/29/13	24.00	101.28
249998	2	T1019		07/01/13	07/01/13	24.00	101.28
249998	3	T1019		07/02/13	07/02/13	24.00	101.28
249998	4	T1019		07/03/13	07/03/13	24.00	101.28
249998	5	T1019		07/04/13	07/04/13	24.00	101.28
249998	6	T1019		07/05/13	07/05/13	24.00	101.28
CLAIM TOTAL						607.68	CLAIM ACCOUNT REF. 2499980012013463SUP

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

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008421    2013464    OCASIO, VIRGINIA                      05/24/1949    ZC22374W                      082012303730  
DIAGNOSIS CODES:    250.00    278.00    300.00    715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
249999	1	T1019		06/24/13	06/24/13	24.00	101.28	
249999	2	T1019		06/25/13	06/25/13	24.00	101.28	
249999	3	T1019		06/26/13	06/26/13	24.00	101.28	
249999	4	T1019		06/27/13	06/27/13	24.00	101.28	
249999	5	T1019		06/28/13	06/28/13	24.00	101.28	
249999	6	T1019		07/01/13	07/01/13	24.00	101.28	
249999	7	T1019		07/02/13	07/02/13	24.00	101.28	
249999	8	T1019		07/03/13	07/03/13	24.00	101.28	
249999	9	T1019		07/04/13	07/04/13	24.00	101.28	
249999	10	T1019		07/05/13	07/05/13	24.00	101.28	
					CLAIM TOTAL	1,012.80		CLAIM ACCOUNT REF.    2499990012013464SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008531    2013465    RODRIGUEZ -2, MARIA                      02/16/1949    SB98419Y                      070912298224  
DIAGNOSIS CODES:    250.00    272.4    331.0    401.9    799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250004	1	T1019		07/01/13	07/01/13	24.00	101.28	
250004	2	T1019		07/02/13	07/02/13	24.00	101.28	
250004	3	T1019		07/03/13	07/03/13	24.00	101.28	
250004	4	T1019		07/04/13	07/04/13	24.00	101.28	
250004	5	T1019		07/05/13	07/05/13	24.00	101.28	
					CLAIM TOTAL	506.40		CLAIM ACCOUNT REF.    2500040012013465SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008398    2013466    RODRIGUEZ, JESSE                      03/23/1984    YC62425G                      072211255272  
DIAGNOSIS CODES:    799.89    253.5    278.00    401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250005	1	T1019		07/01/13	07/01/13	20.00	84.40	
250005	2	T1019		07/03/13	07/03/13	20.00	84.40	
250005	3	T1019		07/04/13	07/04/13	20.00	84.40	
					CLAIM TOTAL	253.20		CLAIM ACCOUNT REF.    2500050012013466SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250010	1	T1019		06/29/13	06/29/13	40.00	168.80
250010	2	T1019		06/30/13	06/30/13	40.00	168.80
250010	3	T1019		07/01/13	07/01/13	40.00	168.80
250010	4	T1019		07/02/13	07/02/13	40.00	168.80
250010	5	T1019		07/03/13	07/03/13	40.00	168.80
250010	6	T1019		07/04/13	07/04/13	40.00	168.80
250010	7	T1019		07/05/13	07/05/13	40.00	168.80
CLAIM TOTAL						1,181.60	CLAIM ACCOUNT REF. 2500100012013467SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008425 2013468 WELLS, WYNORIA 09/10/1959 ZR27322A 081911258799  
DIAGNOSIS CODES: 278.01 253.5 272.4 356.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250017	1	T1019		07/01/13	07/01/13	16.00	67.52
250017	2	T1019		07/02/13	07/02/13	16.00	67.52
250017	3	T1019		07/04/13	07/04/13	16.00	67.52
250017	4	T1019		07/05/13	07/05/13	16.00	67.52
CLAIM TOTAL						270.08	CLAIM ACCOUNT REF. 2500170012013468SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008303 2013469 WILSON, SHERYL 08/28/1956 UR09425R 032613329815  
DIAGNOSIS CODES: 737.39 344.9 493.90 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250018	1	T1019		06/29/13	06/29/13	16.00	67.52
250018	2	T1019		06/30/13	06/30/13	16.00	67.52
250018	3	T1019		07/01/13	07/01/13	24.00	101.28
250018	4	T1019		07/02/13	07/02/13	24.00	101.28
250018	5	T1019		07/03/13	07/03/13	24.00	101.28
250018	6	T1019		07/05/13	07/05/13	24.00	101.28
CLAIM TOTAL						540.16	CLAIM ACCOUNT REF. 2500180012013469SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
249994	1	T1019		07/01/13	07/01/13	20.00	84.40

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
249994	2	T1019		07/02/13	07/02/13	20.00	84.40	
					CLAIM TOTAL		168.80	CLAIM ACCOUNT REF. 2499940012013602SUP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	314	TOTAL CLAIM AMOUNT =	40,756.76
		# SERVICES =	52		



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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250032	1	T1019		06/29/13	06/29/13	16.00	68.64
250032	2	T1019		06/30/13	06/30/13	16.00	68.64
250032	3	T1019		07/01/13	07/01/13	36.00	154.44
250032	4	T1019		07/02/13	07/02/13	36.00	154.44
250032	5	T1019		07/03/13	07/03/13	36.00	154.44
250032	6	T1019		07/05/13	07/05/13	36.00	154.44
CLAIM TOTAL							755.04
							CLAIM ACCOUNT REF. 2500320012008287SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250034	1	T1019		06/29/13	06/29/13	32.00	137.28
250034	2	T1019		06/30/13	06/30/13	32.00	137.28
250034	3	T1019		07/01/13	07/01/13	32.00	137.28
250034	4	T1019		07/02/13	07/02/13	32.00	137.28
250034	5	T1019		07/03/13	07/03/13	32.00	137.28
250034	6	T1019		07/04/13	07/04/13	32.00	137.28
250034	7	T1019		07/05/13	07/05/13	32.00	137.28
CLAIM TOTAL							960.96
							CLAIM ACCOUNT REF. 2500340012008401SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250031	1	T1019		06/16/13	06/16/13	48.00	205.92
250031	2	T1019		06/29/13	06/29/13	48.00	205.92
250031	3	T1019		06/30/13	06/30/13	48.00	205.92
250031	4	T1019		07/01/13	07/01/13	48.00	205.92
250031	5	T1019		07/02/13	07/02/13	48.00	205.92
250031	6	T1019		07/03/13	07/03/13	48.00	205.92
250031	7	T1019		07/04/13	07/04/13	48.00	205.92
250031	8	T1019		07/05/13	07/05/13	48.00	205.92
CLAIM TOTAL							1,647.36
							CLAIM ACCOUNT REF. 2500310012011881SUP

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NPI = 1154407492

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250033	1	T1019		07/01/13	07/01/13	12.00	51.48	
250033	2	T1019		07/02/13	07/02/13	16.00	68.64	
250033	3	T1019		07/03/13	07/03/13	16.00	68.64	
250033	4	T1019		07/04/13	07/04/13	16.00	68.64	
250033	5	T1019		07/05/13	07/05/13	16.00	68.64	
					CLAIM TOTAL		326.04	CLAIM ACCOUNT REF. 2500330012013181SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013182	2013182	FARFAN, MARIA	06/17/1924	101465838	610697951

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
250029	1	T1019		07/01/13	07/01/13	12.00	51.48		
						CLAIM TOTAL	51.48	CLAIM ACCOUNT REF.	2500290012013182SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013182	2013182	FARFAN, MARIA	06/17/1924	101465838	611033079

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
250030	1	T1019		07/02/13	07/02/13	32.00	137.28		
250030	2	T1019		07/03/13	07/03/13	32.00	137.28		
250030	3	T1019		07/04/13	07/04/13	32.00	137.28		
250030	4	T1019		07/05/13	07/05/13	32.00	137.28		
					CLAIM TOTAL		549.12	CLAIM ACCOUNT REF.	2500300012013182SUP

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	31	TOTAL CLAIM AMOUNT =	4,290.00
		# SERVICES =	5		

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PAYER ID = AMRGRI                      AMERIGROUP NEW YORK,LLC

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250116	1	T1019	0580	06/14/13	06/14/13	32.00	135.04
250116	2	T1019	0580	06/27/13	06/27/13	32.00	135.04
250116	3	T1019	0580	06/29/13	06/29/13	40.00	168.80
250116	4	T1019	0580	06/30/13	06/30/13	40.00	168.80
250116	5	T1019	0580	07/01/13	07/01/13	32.00	135.04
250116	6	T1019	0580	07/02/13	07/02/13	32.00	135.04
250116	7	T1019	0580	07/03/13	07/03/13	32.00	135.04
250116	8	T1019	0580	07/04/13	07/04/13	32.00	135.04
250116	9	T1019	0580	07/05/13	07/05/13	32.00	135.04

CLAIM TOTAL 1,282.88 CLAIM ACCOUNT REF. 2501160012008266SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008408 2008408 GIAMBRONE, JOSEPH 01/27/1947 712668416 102602156  
DIAGNOSIS CODES: 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250115	1	S5130	0582	01/23/12	01/23/12	16.00	67.52
250115	2	S5130	0582	01/27/12	01/27/12	12.00	50.64
250115	3	S5130	0582	01/30/12	01/30/12	16.00	67.52
250115	4	S5130	0582	01/31/12	01/31/12	12.00	50.64
250115	5	S5130	0582	02/06/12	02/06/12	16.00	67.52

CLAIM TOTAL 303.84 CLAIM ACCOUNT REF. 2501150012008408SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250117	1	S5130	0582	06/27/13	06/27/13	16.00	67.52
250117	2	S5130	0582	06/28/13	06/28/13	16.00	67.52

CLAIM TOTAL 135.04 CLAIM ACCOUNT REF. 2501170012009279SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250118	1	S5130	0582	07/04/13	07/04/13	16.00	67.52
250118	2	S5130	0582	07/05/13	07/05/13	16.00	67.52

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							135.04	2501180012009279SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008406	2010728	YOUNG, KALEILE	06/17/1994	006532755	103177976

DIAGNOSIS CODES: 319.                      493.90                      742.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
250120	1	T1019	0580	06/15/13	06/15/13	16.00	67.52	
250120	2	T1019	0580	06/16/13	06/16/13	16.00	67.52	
250120	3	T1019	0580	06/17/13	06/17/13	12.00	50.64	
250120	4	T1019	0580	06/18/13	06/18/13	12.00	50.64	
250120	5	T1019	0580	06/19/13	06/19/13	12.00	50.64	
250120	6	T1019	0580	06/20/13	06/20/13	12.00	50.64	
250120	7	T1019	0580	06/21/13	06/21/13	12.00	50.64	
250120	8	T1019	0580	06/22/13	06/22/13	16.00	67.52	
250120	9	T1019	0580	06/23/13	06/23/13	16.00	67.52	
250120	10	T1019	0580	06/24/13	06/24/13	12.00	50.64	
250120	11	T1019	0580	06/25/13	06/25/13	12.00	50.64	
250120	12	T1019	0580	06/26/13	06/26/13	12.00	50.64	
250120	13	T1019	0580	06/27/13	06/27/13	12.00	50.64	
250120	14	T1019	0580	06/28/13	06/28/13	12.00	50.64	
250120	15	T1019	0580	06/29/13	06/29/13	16.00	67.52	
250120	16	T1019	0580	06/30/13	06/30/13	16.00	67.52	
250120	17	T1019	0580	07/01/13	07/01/13	12.00	50.64	
250120	18	T1019	0580	07/02/13	07/02/13	12.00	50.64	
250120	19	T1019	0580	07/03/13	07/03/13	12.00	50.64	
250120	20	T1019	0580	07/04/13	07/04/13	12.00	50.64	
250120	21	T1019	0580	07/05/13	07/05/13	12.00	50.64	
							CLAIM TOTAL	1,164.72
								2501200012010728SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008407	2010729	WALTERS, BYRON	05/18/2000	006600539	103177687

DIAGNOSIS CODES: 319.                      493.90                      742.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250119	1	T1019	0580	06/15/13	06/15/13	20.00	84.40
250119	2	T1019	0580	06/16/13	06/16/13	20.00	84.40
250119	3	T1019	0580	06/17/13	06/17/13	16.00	67.52
250119	4	T1019	0580	06/18/13	06/18/13	16.00	67.52
250119	5	T1019	0580	06/19/13	06/19/13	16.00	67.52
250119	6	T1019	0580	06/20/13	06/20/13	16.00	67.52
250119	7	T1019	0580	06/21/13	06/21/13	16.00	67.52
250119	8	T1019	0580	06/22/13	06/22/13	20.00	84.40

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PAYER ID = AMRGRI                      AMERIGROUP NEW YORK,LLC

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250119	9	T1019	0580	06/23/13	06/23/13	20.00	84.40
250119	10	T1019	0580	06/24/13	06/24/13	16.00	67.52
250119	11	T1019	0580	06/25/13	06/25/13	16.00	67.52
250119	12	T1019	0580	06/26/13	06/26/13	16.00	67.52
250119	13	T1019	0580	06/27/13	06/27/13	16.00	67.52
250119	14	T1019	0580	06/28/13	06/28/13	16.00	67.52
250119	15	T1019	0580	06/29/13	06/29/13	20.00	84.40
250119	16	T1019	0580	06/30/13	06/30/13	20.00	84.40
250119	17	T1019	0580	07/01/13	07/01/13	16.00	67.52
250119	18	T1019	0580	07/02/13	07/02/13	16.00	67.52
250119	19	T1019	0580	07/03/13	07/03/13	16.00	67.52
250119	20	T1019	0580	07/04/13	07/04/13	16.00	67.52
250119	21	T1019	0580	07/05/13	07/05/13	16.00	67.52
CLAIM TOTAL						1,519.20	CLAIM ACCOUNT REF. 2501190012010729SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250123	1	T1019	0580	06/24/13	06/24/13	24.00	90.00
250123	2	T1019	0580	06/25/13	06/25/13	24.00	90.00
250123	3	T1019	0580	06/26/13	06/26/13	24.00	90.00
250123	4	T1019	0580	06/27/13	06/27/13	24.00	90.00
250123	5	T1019	0580	06/28/13	06/28/13	24.00	90.00
250123	6	T1019	0580	07/01/13	07/01/13	24.00	90.00
250123	7	T1019	0580	07/02/13	07/02/13	24.00	90.00
250123	8	T1019	0580	07/03/13	07/03/13	24.00	90.00
250123	9	T1019	0580	07/04/13	07/04/13	24.00	90.00
250123	10	T1019	0580	07/05/13	07/05/13	24.00	90.00
CLAIM TOTAL						900.00	CLAIM ACCOUNT REF. 2501230012012354SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250124	1	T1019	0580	06/29/13	06/29/13	24.00	90.00
CLAIM TOTAL						90.00	CLAIM ACCOUNT REF. 2501240012012357SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250127	1	T1019	0580	07/01/13	07/01/13	16.00	60.00
250127	2	T1019	0580	07/02/13	07/02/13	16.00	60.00
250127	3	T1019	0580	07/03/13	07/03/13	16.00	60.00
250127	4	T1019	0580	07/04/13	07/04/13	16.00	60.00
250127	5	T1019	0580	07/05/13	07/05/13	16.00	60.00
CLAIM TOTAL							300.00
CLAIM ACCOUNT REF.							2501270012012358SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250128	1	T1019	0580	07/01/13	07/01/13	20.00	75.00
250128	2	T1019	0580	07/02/13	07/02/13	20.00	75.00
250128	3	T1019	0580	07/03/13	07/03/13	20.00	75.00
250128	4	T1019	0580	07/04/13	07/04/13	20.00	75.00
250128	5	T1019	0580	07/05/13	07/05/13	20.00	75.00
CLAIM TOTAL							375.00
CLAIM ACCOUNT REF.							2501280012012362SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250125	1	T1019	0580	07/01/13	07/01/13	32.00	120.00
250125	2	T1019	0580	07/02/13	07/02/13	36.00	135.00
250125	3	T1019	0580	07/03/13	07/03/13	32.00	120.00
250125	4	T1019	0580	07/04/13	07/04/13	36.00	135.00
250125	5	T1019	0580	07/05/13	07/05/13	32.00	120.00
CLAIM TOTAL							630.00
CLAIM ACCOUNT REF.							2501250012012374SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250122	1	T1019	0580	07/01/13	07/01/13	28.00	105.00
250122	2	T1019	0580	07/02/13	07/02/13	28.00	105.00
250122	3	T1019	0580	07/03/13	07/03/13	28.00	105.00

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250122	4	T1019	0580	07/04/13	07/04/13	28.00	105.00
250122	5	T1019	0580	07/05/13	07/05/13	16.00	60.00
CLAIM TOTAL							480.00

CLAIM ACCOUNT REF. 2501220012012732SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250121	1	T1019	0580	06/29/13	06/29/13	20.00	75.00
250121	2	T1019	0580	06/30/13	06/30/13	20.00	75.00
250121	3	T1019	0580	07/01/13	07/01/13	28.00	105.00
250121	4	T1019	0580	07/02/13	07/02/13	28.00	105.00
250121	5	T1019	0580	07/03/13	07/03/13	28.00	105.00
250121	6	T1019	0580	07/04/13	07/04/13	28.00	105.00
250121	7	T1019	0580	07/05/13	07/05/13	28.00	105.00
CLAIM TOTAL							675.00

CLAIM ACCOUNT REF. 2501210012012876SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250126	1	T1019	0580	07/01/13	07/01/13	16.00	60.00
250126	2	T1019	0580	07/02/13	07/02/13	16.00	60.00
250126	3	T1019	0580	07/03/13	07/03/13	16.00	60.00
250126	4	T1019	0580	07/04/13	07/04/13	16.00	60.00
250126	5	T1019	0580	07/05/13	07/05/13	16.00	60.00
CLAIM TOTAL							300.00

CLAIM ACCOUNT REF. 2501260012013018SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250114	1	T1019	0580	07/02/13	07/02/13	20.00	84.40
250114	2	T1019	0580	07/03/13	07/03/13	20.00	84.40
250114	3	T1019	0580	07/05/13	07/05/13	20.00	84.40
CLAIM TOTAL							253.20

CLAIM ACCOUNT REF. 2501140012013352SUP

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

PAYER TOTALS:	AMERIGROUP NEW YORK,LLC	# OF CLAIMS =	106	TOTAL CLAIM AMOUNT =	8,543.92
		# SERVICES =	14		



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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008389 2011453 MUSHAYEV, BORIS 08/14/1947 7235 464780  
DIAGNOSIS CODES: 401.9 250.00 425.8 428.0 441.00 715.90

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250137	1	T1019	1C		07/01/13	07/01/13	6.00	98.40	
250137	2	T1019	1C		07/02/13	07/02/13	6.00	98.40	
250137	3	T1019	1C		07/03/13	07/03/13	6.00	98.40	
250137	4	T1019	1C		07/04/13	07/04/13	6.00	98.40	
250137	5	T1019	1C		07/05/13	07/05/13	6.00	98.40	
CLAIM TOTAL								492.00	CLAIM ACCOUNT REF. 2501370012011453SUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250135	1	T1019	1C		06/10/13	06/10/13	4.00	65.60	
250135	2	T1019	1C		06/11/13	06/11/13	4.00	65.60	
250135	3	T1019	1C		06/12/13	06/12/13	4.00	65.60	
250135	4	T1019	1C		06/13/13	06/13/13	4.00	65.60	
CLAIM TOTAL								262.40	CLAIM ACCOUNT REF. 2501350012011869SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011869 2011869 JONES, VALERIE 10/10/1948 1457 479978  
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250136	1	T1019	1C		07/01/13	07/01/13	4.00	65.60	
250136	2	T1019	1C		07/02/13	07/02/13	4.00	65.60	
250136	3	T1019	1C		07/03/13	07/03/13	4.00	65.60	
250136	4	T1019	1C		07/04/13	07/04/13	4.00	65.60	
250136	5	T1019	1C		07/05/13	07/05/13	4.00	65.60	
CLAIM TOTAL								328.00	CLAIM ACCOUNT REF. 2501360012011869SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011870 2011870 AGOSTINI, MONSERRATE 07/18/1944 558 480096  
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250132	1	T1019	1C		07/01/13	07/01/13	6.00	98.40	
250132	2	T1019	1C		07/02/13	07/02/13	6.00	98.40	
250132	3	T1019	1C		07/03/13	07/03/13	6.00	98.40	
250132	4	T1019	1C		07/05/13	07/05/13	6.00	98.40	

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PAYER ID = ICS01                      ICS

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
							393.60		2501320012011870SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012213	2012213	BERRY, ANGELINA	10/21/1956	1784	456200
DIAGNOSIS CODES: 438.9						

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
250133	1	T1019 1C		06/09/13	06/09/13	4.00	65.60		
250133	2	T1019 1C		06/29/13	06/29/13	4.00	65.60		
250133	3	T1019 1C		06/30/13	06/30/13	4.00	65.60		
250133	4	T1019 1C		07/01/13	07/01/13	4.00	65.60		
250133	5	T1019 1C		07/02/13	07/02/13	4.00	65.60		
250133	6	T1019 1C		07/03/13	07/03/13	4.00	65.60		
250133	7	T1019 1C		07/04/13	07/04/13	4.00	65.60		
250133	8	T1019 1C		07/05/13	07/05/13	4.00	65.60		
							524.80		2501330012012213SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012097	2013010	RODRIGUEZ, SILVIO	11/03/1930	9624	446238
DIAGNOSIS CODES: 290.0 280.9 401.9						

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
250140	1	T1019 1C		06/29/13	06/29/13	8.00	131.20		
250140	2	T1019 1C		06/30/13	06/30/13	8.00	131.20		
250140	3	T1019 1C		07/01/13	07/01/13	8.00	131.20		
250140	4	T1019 1C		07/02/13	07/02/13	8.00	131.20		
250140	5	T1019 1C		07/03/13	07/03/13	8.00	131.20		
250140	6	T1019 1C		07/04/13	07/04/13	8.00	131.20		
250140	7	T1019 1C		07/05/13	07/05/13	8.00	131.20		
							918.40		2501400012013010SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2013320	2013320	PEREZ, RAFAELA	12/05/1934	8249	468055
DIAGNOSIS CODES: 781.2						

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250138	1	T1019 1C		06/22/13	06/22/13	23.50	385.40
250138	2	T1019 1C		06/23/13	06/23/13	23.25	381.30
250138	3	T1019 1C		06/29/13	06/29/13	24.00	393.60
250138	4	T1019 1C		06/30/13	06/30/13	24.00	393.60
250138	5	T1019 1C		07/01/13	07/01/13	24.00	393.60
250138	6	T1019 1C		07/03/13	07/03/13	24.00	393.60
250138	7	T1019 1C		07/04/13	07/04/13	24.00	393.60

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250138	8	T1019 1C		07/05/13	07/05/13	24.00	393.60	
					CLAIM TOTAL		3,128.30	CLAIM ACCOUNT REF. 2501380012013320SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
NY	001	2013470	2013470	RIVERS, DEBRA	09/14/1958	9863	468763	
DIAGNOSIS	CODES:	907.2	135.	344.1	493.90	564.81	592.0	596.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250139	1	T1019 1C		06/29/13	06/29/13	12.00	196.80	
250139	2	T1019 1C		06/30/13	06/30/13	12.00	196.80	
250139	3	T1019 1C		07/01/13	07/01/13	12.00	196.80	
250139	4	T1019 1C		07/02/13	07/02/13	12.00	196.80	
250139	5	T1019 1C		07/03/13	07/03/13	12.00	196.80	
250139	6	T1019 1C		07/04/13	07/04/13	12.00	196.80	
250139	7	T1019 1C		07/05/13	07/05/13	12.00	196.80	
					CLAIM TOTAL		1,377.60	CLAIM ACCOUNT REF. 2501390012013470SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #			
NY	001	2013587	2013587	CHANCELLOR, IRA	06/01/1948	10443	476564			
DIAGNOSIS	CODES:	724.00	042.	250.00	272.0	296.80	300.00	365.00	427.31	781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250134	1	T1019 1C		07/01/13	07/01/13	4.00	65.60	
250134	2	T1019 1C		07/02/13	07/02/13	4.00	65.60	
250134	3	T1019 1C		07/03/13	07/03/13	4.00	65.60	
250134	4	T1019 1C		07/04/13	07/04/13	4.00	65.60	
250134	5	T1019 1C		07/05/13	07/05/13	4.00	65.60	
					CLAIM TOTAL		328.00	CLAIM ACCOUNT REF. 2501340012013587SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	53	TOTAL CLAIM AMOUNT =	7,753.10
		# SERVICES =	8		

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REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008396	2010804	ZAMBRANO, ZOILA	12/03/1938	JSV04323R01	2013031115500001
DIAGNOSIS CODES: 250.11 272.0 401.9 435.9					586.		
DOCTOR: NAME: CITYWIDE, SUNNYSIDE					NPI: 1154407492		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT			
250130	1	T1019	0580	06/27/13	06/27/13	16.00	67.52			
						CLAIM TOTAL	67.52	CLAIM ACCOUNT REF.	2501300012010804SUP	

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008396	2010804	ZAMBRANO, ZOILA	12/03/1938	JSV04323R01	2013062715500001
DIAGNOSIS CODES: 250.11 272.0 401.9 435.9					586.		
DOCTOR: NAME: CITYWIDE, SUNNYSIDE					NPI: 1154407492		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250131	1	T1019	0580	07/02/13	07/02/13	16.00	67.52	
250131	2	T1019	0580	07/03/13	07/03/13	16.00	67.52	
250131	3	T1019	0580	07/04/13	07/04/13	16.00	67.52	
250131	4	T1019	0580	07/05/13	07/05/13	16.00	67.52	
					CLAIM TOTAL		270.08	CLAIM ACCOUNT REF. 2501310012010804SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012890	2012890	SCOTT, AKHNATON	04/28/1992	JPQ49578E01	2013053115500003
DIAGNOSIS CODES: 299.00 317.							
DOCTOR: NAME: CITYWIDE, SUNNYSIDE					NPI: 1154407492		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250129	1	T1019	0580	06/22/13	06/22/13	32.00	135.04	
250129	2	T1019	0580	06/23/13	06/23/13	32.00	135.04	
250129	3	T1019	0580	06/24/13	06/24/13	16.00	67.52	
250129	4	T1019	0580	06/25/13	06/25/13	16.00	67.52	
250129	5	T1019	0580	06/26/13	06/26/13	16.00	67.52	
250129	6	T1019	0580	06/27/13	06/27/13	16.00	67.52	
250129	7	T1019	0580	06/28/13	06/28/13	16.00	67.52	
250129	8	T1019	0580	06/29/13	06/29/13	32.00	135.04	
250129	9	T1019	0580	06/30/13	06/30/13	32.00	135.04	
						CLAIM TOTAL	877.76	CLAIM ACCOUNT REF. 2501290012012890SU

PAYER TOTALS:	HEALTHCARE PARTNERS IPA I	# OF CLAIMS =	14	TOTAL CLAIM AMOUNT =	1,215.36
		# SERVICES =	2		

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = VCMINST                      VILLAGE CARE

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013600 2013600 MULLINGS, LUCILLE 11/20/1941 10000258001 062713005394  
DIAGNOSIS CODES: 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250144	1	T1019	0580	07/01/13	07/01/13	16.00	63.04
250144	2	T1019	0580	07/03/13	07/03/13	16.00	63.04
250144	3	T1019	0580	07/05/13	07/05/13	15.00	59.10
						CLAIM TOTAL	185.18
						CLAIM ACCOUNT REF.	2501440012013600SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013622 2013622 BERNARDI, SOLMARIA 06/28/1931 10000270501 062713005409  
DIAGNOSIS CODES: 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250143	1	T1019	0580	07/01/13	07/01/13	16.00	63.04
250143	2	T1019	0580	07/03/13	07/03/13	16.00	63.04
250143	3	T1019	0580	07/05/13	07/05/13	16.00	63.04
						CLAIM TOTAL	189.12
						CLAIM ACCOUNT REF.	2501430012013622SUP

PAYER TOTALS: VILLAGE CARE                      # OF CLAIMS = 6    TOTAL CLAIM AMOUNT = 374.30  
# SERVICES = 2

PROVIDER TOTALS: SUNNYSIDE CITYWIDE                      # OF CLAIMS = 1008    TOTAL CLAIM AMOUNT = 124,783.85  
# SERVICES = 161