PAGE:

1

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

252676

12

T1020

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 11315FIDELIS 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 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 252679 1 T1020 07/20/13 07/20/13 11.00 185.57 2 6.00 252679 T1020 07/22/13 07/22/13 101.22 252679 3 T1020 07/23/13 07/23/13 6.00 101.22 CLAIM TOTAL 388.01 CLAIM ACCOUNT REF. 2526790012008267SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 10/30/1992 741244251 111891261 NY 001 2008267 2008267 SZE, BECKY DIAGNOSIS CODES: 343.9 737.9 799.89 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 252680 1 T1020 07/24/13 07/24/13 6.00 101.22 252680 2 T1020 07/25/13 07/25/13 6.00 101.22 252680 T1020 07/26/13 07/26/13 6.00 101.22 3 CLAIM TOTAL 303.66 CLAIM ACCOUNT REF. 2526800012008267SUP BIRTH DATE RECIPIENT ID REG LOC CLIENT SERVICE NAME PRIOR AUTHORIZATION # 111800517 NY 001 2008268 2008268 PANOS, DESPINA D 05/11/1950 641269987 DIAGNOSIS CODES: 340. 345.90 401.9 493.90 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS TILIOMA INV # LINE # 07/15/13 07/15/13 252676 1 T1020 9.00 151.83 252676 T1020 07/16/13 07/16/13 9.00 151.83 252676 T1020 07/17/13 07/17/13 9.00 151.83 252676 T1020 07/18/13 07/18/13 9.00 151.83 252676 T1020 07/19/13 07/19/13 9.00 151.83 252676 T1020 07/20/13 07/20/13 9.00 151.83 7 T1020 07/21/13 07/21/13 151.83 252676 9.00 252676 8 T1020 07/22/13 07/22/13 9.00 151.83 252676 9 T1020 07/23/13 07/23/13 9.00 151.83 252676 10 T1020 07/24/13 07/24/13 9.00 151.83 07/25/13 07/25/13 252676 11 T1020 9.00 151.83

07/26/13 07/26/13

9.00

CLAIM TOTAL

151.83

1,821.96 CLAIM ACCOUNT REF. 2526760012008268SUP

REPORT DATE 07/31/13 PAGE: SUNNYSIDE CITYWIDE

2

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT 252675 1 T1020 07/22/13 07/22/13

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 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS TRUDOMA 118.09 252672 07/20/13 07/20/13 7.00 2 T1020 07/21/13 07/21/13 7.00 252672 118.09 252672 3 T1020 07/22/13 07/22/13 7.00 118.09 252672 4 T1020 07/23/13 07/23/13 7.00 118.09 252672 5 T1020 07/24/13 07/24/13 7.00 118.09 252672 6 T1020 07/25/13 07/25/13 7.00 118.09 252672 7 T1020 07/26/13 07/26/13 7.00 118.09 CLAIM TOTAL 826.63 CLAIM ACCOUNT REF. 2526720012008386SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 01/20/1954 74102201600 113550568 REG LOC CLIENT SERVICE NAME NY 001 2008400 2008400 SAMOJEDNY, MICHAEL 01/20/1954 74102201600 DIAGNOSIS CODES: 436. 401.9 571.5 780.4 799.89 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS TRUIOMA 07/23/13 07/23/13 252678 1 T1020 8.00 134.96 9.00 151.83 252678 2. T1020 07/24/13 07/24/13 252678 3 T1020 07/25/13 07/25/13 5.00 84.35 5/13 8.00 134.96 CLAIM TOTAL 506.10 CLAIM ACCOUNT REF. 2526780012008400SUP 252678 4 T1020 07/26/13 07/26/13 8.00 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 252674 1 T1020 06/25/13 06/25/13 2.00 33.74 252674 2 T1020 07/20/13 07/20/13 4.00 67.48 3 T1020 07/23/13 07/23/13 5.00 252674 84.35 4 T1020 07/24/13 07/24/13 252674 5.00 84.35 5 T1020 252674 07/25/13 07/25/13 5.00 84.35 6 T1020 07/26/13 07/26/13 252674 4.00 67.48 CLAIM TOTAL 421.75 CLAIM ACCOUNT REF. 2526740012010712SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 03/20/1938 74192987700 130932078 REG LOC CLIENT SERVICE NAME 2013021 ORTIZ, EDUARDO 03/20/1938 74192987700 NY 001 2010777 DIAGNOSIS CODES: 715.00 250.00 253.5 733.09

07/22/13 07/22/13 7.00

UNITS

AMOUNT

118.09

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 11315FIDELIS CARE NY

NY 001 2013080 2013080 SALABERRY, ANA D7/26/1920 74237467100 130780781 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 252677 1 T1020 06/20/13 06/20/13 12.00 202.44 252677 2 T1020 07/20/13 07/21/13 12.00 202.44 252677 3 T1020 07/21/13 07/21/13 12.00 202.44 252677 5 T1020 07/21/13 07/21/13 12.00 202.44 252677 6 T1020 07/22/13 07/21/13 12.00 202.44 252677 7 T1020 07/24/13 07/24/13 12.00 202.44 252677 7 T1020 07/24/13 07/24/13 12.00 202.44 252677 8 T1020 07/24/13 07/24/13 12.00 202.44 252677 8 T1020 07/26/13 07/26/13 12.00 202.44 252673 1 T1020 07/20/13 07/20/13 12.00 202.44 252673 2 T1020 07/21/13 07/21/13 12.00 202.44 252673 2 T1020 07/21/13 07/21/13 12.00 202.44 252673 3 T1020 07/21/13 07/21/13 12.00 202.44 252673 4 T1020 07/21/13 07/21/13 12.00 202.44 252673 5 T1020 07/21/13 07/21/13 12.00 202.44 252673 5 T1020 07/21/13 07/21/13 12.00 202.44 252673 7 T1020 07/26/13 07/26/13 12.00 202.44		INV # 252675 252675 252675 252675	LINE # 2 3 4 5	PROCEDURE CODE T1020 T1020 T1020 T1020	REVENUE CD	FROM DT 07/23/13 07/24/13 07/25/13 07/26/13		7.00 AIM TOTAL	AMOUNT 118.09 118.09 118.09 118.09 590.45		2526750012013021SUP
252677	- 1					07/					
252677 3 T1020		252677	1	T1020	REVENUE CD	06/20/13	06/20/13	12.00	202.44		
252677 4 T1020 07/22/13 07/22/13 12.00 202.44 252677 5 T1020 07/23/13 07/23/13 12.00 202.44 252677 6 T1020 07/24/13 07/24/13 12.00 202.44 252677 7 T1020 07/26/13 07/25/13 12.00 202.44 252677 8 T1020 07/26/13 07/26/13 12.00 202.44 252677 8 T1020 07/26/13 12.00 202.44 252677 8 T1020 07/26/13 07/26/13 12.00 202.44 252677 8 T1020 07/26/13 07/26/13 12.00 202.44 252673 8 T1020 07/26/13 07/26/13 12.00 202.44 252673 1 T1020 07/26/13 07/26/13 12.00 130731588 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 252673 1 T1020 07/26/13 07/26/13 12.00 202.44 252673 3 T1020 07/21/13 07/21/13 12.00 202.44 252673 4 T1020 07/21/13 07/21/13 12.00 202.44 252673 5 T1020 07/22/13 07/22/13 12.00 202.44 252673 5 T1020 07/24/13 07/22/13 12.00 202.44 252673 6 T1020 07/24/13 07/24/13 12.00 202.44 252673 6 T1020 07/24/13 07/24/13 12.00 202.44 252673 7 T1020 07/26/13 07/26/13 12.00 202.44											
252677 5 T1020			-								
252677											
252677						- , - , -					
252677 8 T1020 07/26/13 07/26/13 12.00 202.44 1,619.52 CLAIM ACCOUNT REF. 2526770012013080SUP											
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 252673 1 T1020 07/20/13 07/20/13 12.00 202.44 252673 2 T1020 07/21/13 07/21/13 12.00 202.44 252673 3 T1020 07/22/13 07/22/13 12.00 202.44 252673 4 T1020 07/23/13 07/23/13 24.00 404.88 252673 5 T1020 07/24/13 07/24/13 12.00 202.44 252673 6 T1020 07/25/13 07/25/13 12.00 202.44 252673 7 T1020 07/26/13 07/26/13 12.00 202.44 252673 7 T1020 07/26/13 07/26/13 12.00 202.44 252673 7 T1020 07/26/13 07/26/13 12.00 202.44			-								
REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2012726 2013422 GARCIA, CLEMENTE 11/22/1928 74237634600 130731588 LINV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 252673 1 T1020 07/20/13 07/20/13 12.00 202.44 252673 2 T1020 07/21/13 07/21/13 12.00 202.44 252673 3 T1020 07/22/13 07/22/13 12.00 202.44 252673 4 T1020 07/23/13 07/22/13 12.00 202.44 252673 4 T1020 07/23/13 07/23/13 24.00 404.88 252673 5 T1020 07/24/13 07/24/13 12.00 202.44 252673 6 T1020 07/25/13 07/25/13 12.00 202.44 252673 6 T1020 07/25/13 07/25/13 12.00 202.44 252673 7 T1020 07/26/13 07/25/13 12.00 202.44 252673 7 T1020 07/26/13 07/26/13 07/26/13 07/26/13 12.00 202.44 202.		252677	8	11020		07/26/13	. ,			G. 3.T.V. 3.GGGCTDTT DDD	0506550010012000
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 252673 1 T1020 07/20/13 07/20/13 12.00 202.44 252673 2 T1020 07/21/13 07/21/13 12.00 202.44 252673 3 T1020 07/22/13 07/22/13 12.00 202.44 252673 4 T1020 07/23/13 07/23/13 24.00 404.88 252673 5 T1020 07/24/13 07/24/13 12.00 202.44 252673 6 T1020 07/25/13 07/25/13 12.00 202.44 252673 7 T1020 07/25/13 07/25/13 12.00 202.44 252673 7 T1020 07/25/13 07/25/13 12.00 202.44									,		2526//0012013080SUP
DIAGNOSIS CODES: 331.0 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 252673 1 T1020 07/20/13 07/20/13 12.00 202.44 252673 2 T1020 07/21/13 07/21/13 12.00 202.44 252673 3 T1020 07/22/13 07/22/13 12.00 202.44 252673 4 T1020 07/23/13 07/23/13 24.00 404.88 252673 5 T1020 07/24/13 07/24/13 12.00 202.44 252673 6 T1020 07/25/13 07/25/13 12.00 202.44 252673 7 T1020 07/26/13 07/25/13 12.00 202.44 252673 7 T1020 07/26/13 07/26/13 12.00 202.44	- 1										
INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 252673					IA, CLEMENTE	11/	22/1928	74237634600	1307	731588	
252673 1 T1020 07/20/13 07/20/13 12.00 202.44 252673 2 T1020 07/21/13 07/21/13 12.00 202.44 252673 3 T1020 07/22/13 07/22/13 12.00 202.44 252673 4 T1020 07/23/13 07/23/13 24.00 404.88 252673 5 T1020 07/24/13 07/24/13 12.00 202.44 252673 6 T1020 07/25/13 07/25/13 12.00 202.44 252673 7 T1020 07/26/13 07/26/13 12.00 202.44		DIAGNOSIS	CODES:	331.0							
252673 2 T1020 07/21/13 07/21/13 12.00 202.44 252673 3 T1020 07/22/13 07/22/13 12.00 202.44 252673 4 T1020 07/23/13 07/23/13 24.00 404.88 252673 5 T1020 07/24/13 07/24/13 12.00 202.44 252673 6 T1020 07/25/13 07/25/13 12.00 202.44 252673 7 T1020 07/26/13 07/26/13 12.00 202.44		INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
252673 3 T1020 07/22/13 07/22/13 12.00 202.44 252673 4 T1020 07/23/13 07/23/13 24.00 404.88 252673 5 T1020 07/24/13 07/24/13 12.00 202.44 252673 6 T1020 07/25/13 07/25/13 12.00 202.44 252673 7 T1020 07/26/13 07/26/13 12.00 202.44		252673	1	T1020		07/20/13	07/20/13	12.00	202.44		
252673 4 T1020 07/23/13 07/23/13 24.00 404.88 252673 5 T1020 07/24/13 07/24/13 12.00 202.44 252673 6 T1020 07/25/13 07/25/13 12.00 202.44 252673 7 T1020 07/26/13 07/26/13 12.00 202.44			2	T1020		07/21/13		12.00	202.44		
252673 5 T1020 07/24/13 07/24/13 12.00 202.44 252673 6 T1020 07/25/13 07/25/13 12.00 202.44 252673 7 T1020 07/26/13 07/26/13 12.00 202.44			3	T1020		07/22/13	07/22/13	12.00	202.44		
252673 6 T1020 07/25/13 07/25/13 12.00 202.44 252673 7 T1020 07/26/13 07/26/13 12.00 202.44		252673	4	T1020		07/23/13	07/23/13	24.00	404.88		
252673 7 T1020 07/26/13 07/26/13 12.00 202.44											
						. ,					
GT 3 TM THOTAL 1 (10 F) GT 3 TM 3 GGOTTATH DEED 0F0(730010013400 GTD		252673	7	T1020		07/26/13			202.44	CLAIM ACCOUNT DEE	0F067300100134000TD

OF CLAIMS = 55 TOTAL CLAIM AMOUNT = 8,097.60 # SERVICES = 8

CLAIM TOTAL

1,619.52 CLAIM ACCOUNT REF. 2526730012013422SUP

PAYER TOTALS: FIDELIS CARE NY

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PROVIDER II PAYER II	D = 113 D = 132		METROPLUS HI				NPI = 1154	407492	
REG LOC NY 001 2 DIAGNOSIS (CLIENT 2008233 CODES:		, NORA 401.9 733		TH DATE 31/1981	RECIPIENT RB08739R		OR AUTHORIZATION # 1231390513	
INV # 1 252703 252703 252703 252703 252703 252703 252703	LINE # 1 2 3 4 5 6 7	PROCEDURE CODE II T1019 T1019 T1019 T1019 T1019 T1019 T1019	REVENUE CD	FROM DT 07/20/13 07/21/13 07/22/13 07/23/13 07/24/13 07/25/13 07/26/13	07/21/13 07/22/13 07/23/13 07/24/13 07/25/13 07/26/13	12.00 12.00	AMOUNT 68.60 68.60 205.80 205.80 205.80 205.80 205.80 1,166.20	CLAIM ACCOUNT REF.	2527030012008233SUP
REG LOC NY 001 2 DIAGNOSIS 0	CLIENT 2008236 CODES:	SERVICE NAME 2008236 PERSAI 250.10 272.0	D, USHA 401.9 225		TH DATE 05/1955	RECIPIENT TS79090G		OR AUTHORIZATION # 5221390339	
INV # 1252709 252709 252709 252709 252709 252709 252709 252709	LINE # 1 2 3 4 5 6 7	PROCEDURE CODE I T1019 T1019 T1019 T1019 T1019 T1019 T1019	REVENUE CD	FROM DT 07/20/13 07/21/13 07/22/13 07/23/13 07/24/13 07/25/13 07/26/13	07/22/13 07/23/13 07/24/13 07/25/13 07/26/13	11.00 11.00	AMOUNT 137.20 137.20 188.65 188.65 188.65 188.65 188.65	CLAIM ACCOUNT REF.	2527090012008236SUP
REG LOC NY 001 2 DIAGNOSIS (CLIENT 2008385 CODES:	SERVICE NAME 2008385 MURDO 536.9 365.9	CK, GERTRUDE 369.10 389	11/	TH DATE 01/1917 .9 715	RECIPIENT SS71357M .90 733.0	011	OR AUTHORIZATION # 2031290138	
INV # 1 252707 252707 252707 252707 252707 252707	LINE # 1 2 3 4 5 6	PROCEDURE CODE II T1019 T1019 T1019 T1019 T1019 T1019	REVENUE CD	FROM DT 07/03/13 07/22/13 07/23/13 07/24/13 07/25/13 07/26/13	07/23/13 07/24/13 07/25/13 07/26/13	UNITS 10.00 10.00 10.00 10.00 9.00 9.00 AIM TOTAL	AMOUNT 171.50 171.50 171.50 171.50 154.35 154.35 994.70	CLAIM ACCOUNT REF.	2527070012008385 <i>S</i> UP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

NPI = 1154407492 SUNNYSIDE CITYWIDE

PROVIDER ID = 113502051 PAYER ID = 13265 METROPLUS HEALTH PLAN

REG LOC CLIENT NY 001 2008418 DIAGNOSIS CODES:	2008418 RYALS, CHARLES	BIRTH DATE RECIPIENT ID 11/03/1950 ZZ49620T 78.00 295.00 311. 780.57	PRIOR AUTHORIZATION # 0104191390258	
INV # LINE # 252710 1 252710 2 252710 3 252710 4	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 07/22/13 07/22/13 7.00 07/23/13 07/23/13 8.00 07/24/13 07/24/13 8.00 07/26/13 07/26/13 8.00 CLAIM TOTAL	AMOUNT 120.05 137.20 137.20 137.20 531.65 CLAIM ACCOUNT REF.	2527100012008418SUP
REG LOC CLIENT NY 001 2008743 DIAGNOSIS CODES:	2008743 CORDERO, ROSENDO	BIRTH DATE RECIPIENT ID 08/26/1926 QM62108S 25.00 788.30	PRIOR AUTHORIZATION # 0101231390317	
INV # LINE # 252704 1 252704 2 252704 3 252704 4 252704 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 07/20/13 07/20/13 10.00 07/21/13 07/21/13 10.00 07/22/13 07/22/13 10.00 07/23/13 07/23/13 10.00 07/24/13 07/24/13 10.00 CLAIM TOTAL	AMOUNT 171.50 171.50 171.50 171.50 171.50 857.50 CLAIM ACCOUNT REF.	2527040012008743 <i>S</i> UP
REG LOC CLIENT NY 001 2009377 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID 08/20/1949 SP38021Q	PRIOR AUTHORIZATION # 0102071390382	
INV # LINE # 252711 1 252711 2 252711 3 252711 4 252711 6 252711 7 252711 8 252711 9	PROCEDURE CODE REVENUE CD T1019	FROM DT THRU DT UNITS 07/06/13 07/06/13 5.00 07/07/13 07/07/13 5.00 07/13/13 07/13/13 5.00 07/14/13 07/14/13 5.00 07/22/13 07/22/13 5.00 07/23/13 07/23/13 5.00 07/24/13 07/24/13 5.00 07/25/13 07/25/13 5.00 07/26/13 07/26/13 5.00 07/26/13 07/26/13 5.00	AMOUNT 85.75 85.75 85.75 85.75 85.75 85.75 85.75 85.75 85.75 771.75 CLAIM ACCOUNT REF.	2527110012009377SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

PROVIDER ID = 113502051 NPI = 1154407492 SUNNYSIDE CITYWIDE

PAYER ID = 13265 METROPLUS HEALTH PLAN

PAIER ID = 13205	MEIROPLUS HEALIH E	PLAN		
REG LOC CLIENT SERV. NY 001 2010886 20108 DIAGNOSIS CODES: 253.5		BIRTH DATE RECIPIENT 07/05/1943 SM10426S 733.09	ID PRIOR AUTHORIZATION # 0112031290291	
INV # LINE # PROCEI 252708 1 T1019 252708 2 T1019 252708 3 T1019	07/24/	DT THRU DT UNITS /13 07/22/13 3.00 /13 07/24/13 3.00 /13 07/25/13 3.00 CLAIM TOTAL	AMOUNT 51.45 51.45 51.45 154.35 CLAIM ACCOUNT REF.	2527080012010886SUP
REG LOC CLIENT SERVINY 001 2011286 20112 DIAGNOSIS CODES: 295.90	286 DOBBINS, SANDRA	BIRTH DATE RECIPIENT 02/05/1953 ZA50099X	ID PRIOR AUTHORIZATION # 0105141390497	
INV # LINE # PROCEI 252705 1 T1019 252705 2 T1019 252705 3 T1019 252705 4 T1019 252705 5 T1019 252705 6 T1019 252705 7 T1019	07/21/ 07/22/ 07/23/ 07/24/ 07/25/	DT THRU DT UNITS /13 07/20/13 24.00 /13 07/21/13 24.00 /13 07/22/13 24.00 /13 07/22/13 24.00 /13 07/24/13 24.00 /13 07/24/13 24.00 /13 07/25/13 24.00 /13 07/26/13 24.00 CLAIM TOTAL	AMOUNT 411.60 411.60 411.60 411.60 411.60 411.60 411.60 411.60 411.60 2,881.20 CLAIM ACCOUNT REF.	2527050012011286SUP
REG LOC CLIENT SERVINY 001 2008280 20130 DIAGNOSIS CODES: 952.9		BIRTH DATE RECIPIENT 01/21/1981 QQ82218A	ID PRIOR AUTHORIZATION # 0103151390266	
INV # LINE # PROCEI 252712 1 T1019 252712 2 T1019 252712 3 T1019 252712 4 T1019 252712 5 T1019 252712 6 T1019 252712 7 T1019	07/21/ 07/22/ 07/23/ 07/24/ 07/25/	DT THRU DT UNITS /13 07/20/13 4.00 /13 07/21/13 4.00 /13 07/22/13 4.00 /13 07/23/13 4.00 /13 07/24/13 4.00 /13 07/25/13 4.00 /13 07/26/13 4.00 /13 07/26/13 4.00 CLAIM TOTAL	AMOUNT 68.60 68.60 68.60 68.60 68.60 68.60 68.60 68.60 480.20 CLAIM ACCOUNT REF.	2527120012013071SUP
REG LOC CLIENT SERV: NY 001 2013185 2013: DIAGNOSIS CODES: 295.90		BIRTH DATE RECIPIENT 02/18/1942 523000131	ID PRIOR AUTHORIZATION # 0106061390004	
INV # LINE # PROCEI 252706 1 T1019	DURE CODE REVENUE CD FROM I 07/20/		AMOUNT 137.20	

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 13265 METROPLUS HEALTH PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252706	2	T1019		07/21/13	07/21/13	8.00	137.20	
252706	3	T1019		07/22/13	07/22/13	8.00	137.20	
252706	4	T1019		07/23/13	07/23/13	8.00	137.20	
252706	5	T1019		07/24/13	07/24/13	8.00	137.20	
252706	6	T1019		07/25/13	07/25/13	8.00	137.20	
252706	7	T1019		07/26/13	07/26/13	8.00	137.20	
					~		0.50 40	~

CLAIM TOTAL 960.40 CLAIM ACCOUNT REF. 2527060012013185SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2013663 2013663 TILAK, VEERAMA 01/01/1933 523000176 0106281390150

DIAGNOSIS CODES: 250.00 272.4 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
252713	1	T1019		07/13/13	07/13/13	5.00	85.75		
252713	2	T1019		07/15/13	07/15/13	5.00	85.75		
252713	3	T1019		07/16/13	07/16/13	5.00	85.75		
252713	4	T1019		07/17/13	07/17/13	5.00	85.75		
252713	5	T1019		07/18/13	07/18/13	5.00	85.75		
252713	6	T1019		07/19/13	07/19/13	5.00	85.75		
					CLAI	M TOTAL	514.50	CLAIM ACCOUNT REF.	2527130012013663SUP

PAYER TOTALS: METROPLUS HEALTH PLAN # OF CLAIMS = 68 TOTAL CLAIM AMOUNT = 10,530.10

SERVICES = 11

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PAYER ID = 14163WELLCARE OF NY

	008286 2		REZ, ALIDA A 401.9		TH DATE 10/1950	RECIPIENT II ZN85118U		OR AUTHORIZATION # 771985	
INV # L1 252744 252744 252744 252744 252744 252744 252744	1 T1 2 T1 3 T1 4 T1 5 T1 6 T1	ROCEDURE CODE 1019 1019 1019 1019 1019 1019	REVENUE CD	FROM DT 07/20/13 07/21/13 07/22/13 07/23/13 07/24/13 07/25/13 07/26/13	07/21/13 07/22/13 07/23/13 07/24/13 07/25/13 07/26/13	36.00 36.00 36.00	AMOUNT 154.80 154.80 154.80 154.80 154.80 154.80 154.80 1,083.60	CLAIM ACCOUNT REF.	2527440012008286SUP
	008495 2			09/	TH DATE 05/1952 .90	RECIPIENT II ZV42745Q		OR AUTHORIZATION # 885355	
INV # L1 252729 252729 252729 252729 252729 252729 252729	1 T1 2 T1 3 T1 4 T1 5 T1 6 T1	ROCEDURE CODE 1019 1019 1019 1019 1019 1019	REVENUE CD	FROM DT 07/20/13 07/21/13 07/22/13 07/23/13 07/24/13 07/25/13 07/26/13	07/21/13 07/22/13 07/23/13 07/24/13 07/25/13 07/26/13	24.00 24.00 24.00 24.00 24.00	AMOUNT 103.20 103.20 103.20 103.20 103.20 103.20 103.20 722.40	CLAIM ACCOUNT REF.	2527290012008495SUP
	012101 2	SERVICE NAME 2012101 BATI 5.00 272.2	LO, MARTA		TH DATE 23/1917	RECIPIENT II 708125		OR AUTHORIZATION # 757464	
INV # L1 252715 252715 252715 252715 252715 252715 252715	1 T1 2 T1 3 T1 4 T1 5 T1	ROCEDURE CODE 1019 1019 1019 1019 1019	REVENUE CD	FROM DT 07/20/13 07/21/13 07/22/13 07/23/13 07/25/13 07/26/13	07/22/13 07/23/13 07/25/13 07/26/13	UNITS 28.00 28.00 28.00 28.00 28.00 28.00	AMOUNT 120.40 120.40 120.40 120.40 120.40		0F071F001001010101gvp

CLAIM TOTAL

722.40 CLAIM ACCOUNT REF. 2527150012012101SUP

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PAYER ID = 14163WELLCARE OF NY

REG LOC CLIENT NY 001 2012102 DIAGNOSIS CODES:	2012102 BISRAM, ROOPKALIA	BIRTH DATE RECIPIENT ID 01/03/1938 708029	PRIOR AUTHORIZATION # 111645476	
INV # LINE # 252716 1 252716 2 252716 3 252716 4	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 07/23/13 07/23/13 16.00 07/24/13 07/24/13 16.00 07/25/13 07/25/13 16.00 07/26/13 07/26/13 16.00 CLAIM TOTAL	AMOUNT 68.80 68.80 68.80 68.80 275.20 CLAIM ACCOUNT REF.	2527160012012102SUP
REG LOC CLIENT NY 001 2012104 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID 11/10/1931 744474	PRIOR AUTHORIZATION # 111954642	
INV # LINE # 252717 1 252717 2 252717 3 252717 4 252717 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 07/22/13 07/22/13 40.00 07/23/13 07/23/13 40.00 07/24/13 07/24/13 40.00 07/25/13 07/25/13 40.00 07/26/13 07/26/13 40.00 CLAIM TOTAL	AMOUNT 172.00 172.00 172.00 172.00 172.00 860.00 CLAIM ACCOUNT REF.	2527170012012104SUP
REG LOC CLIENT NY 001 2012107 DIAGNOSIS CODES:	SERVICE NAME 2012107 CRUZ, LUIS 250.93 414.3 428.0 49	BIRTH DATE RECIPIENT ID 06/10/1952 706307	PRIOR AUTHORIZATION # 111992323	
INV # LINE # 252719 1 252719 2 252719 3 252719 4 252719 5 252719 6 252719 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 07/20/13 07/20/13 48.00 07/21/13 07/21/13 48.00 07/22/13 07/22/13 48.00 07/23/13 07/23/13 48.00 07/23/13 07/23/13 48.00 07/24/13 07/24/13 48.00 07/25/13 07/25/13 48.00 07/26/13 07/26/13 48.00 07/26/13 07/26/13 48.00 CLAIM TOTAL 1	AMOUNT 206.40 206.40 206.40 206.40 206.40 206.40 206.40 1,444.80 CLAIM ACCOUNT REF.	2527190012012107SUP
REG LOC CLIENT NY 001 2012108 DIAGNOSIS CODES:	SERVICE NAME 2012108 GODINOT, CARMEN 369.3 250.00 401.9	BIRTH DATE RECIPIENT ID 07/16/1939 695752	PRIOR AUTHORIZATION # 111993137	
INV # LINE # 252721 1 252721 2	PROCEDURE CODE REVENUE CD T1019 T1019	FROM DT THRU DT UNITS 07/22/13 07/22/13 24.00 07/23/13 07/23/13 24.00	AMOUNT 103.20 103.20	

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REPORT DATE 07/31/13 PAGE: SUNNYSIDE CITYWIDE 1 0

CLAIM TOTAL

CLAIM TOTAL 1,100.80 CLAIM ACCOUNT REF. 2527230012012116SUP

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INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 252721 3 T1019 07/24/13 07/24/13 24.00 103.20 103.20 103.20 412.80 CLAIM ACCOUNT REF. 2527210012012108SUP 252721 4 T1019 07/26/13 07/26/13 24.00

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

AMOUNT INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 120.40 1 T1019 07/22/13 07/22/13 28.00 252722 2 T1019 07/23/13 07/23/13 28.00 120.40 252722 252722 3 T1019 07/24/13 07/24/13 28.00 120.40 252722 4 T1019 07/25/13 07/25/13 28.00 120.40 120.40 252722 5 T1019 07/26/13 07/26/13 28.00 CLAIM TOTAL 602.00 CLAIM ACCOUNT REF. 2527220012012110SUP

REG LOC CLIENT SERVICE NAME

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

PROCEDURE CODE REVENUE CD FROM DT THRU DT INV # LINE # UNITS AMOUNT 252723 1 T1019 07/13/13 07/13/13 32.00 137.60 252723 2 T1019 07/20/13 07/20/13 32.00 137.60 252723 3 T1019 07/21/13 07/21/13 32.00 137.60 4 T1019 07/22/13 07/22/13 32.00 252723 137.60 5 T1019 252723 07/23/13 07/23/13 32.00 137.60 6 T1019 7 T1019 8 T1019 252723 07/24/13 07/24/13 32.00 137.60 252723 07/25/13 07/25/13 32.00 137.60 252723 07/26/13 07/26/13 32.00 137.60

BIRTH DATE RECIPIENT ID PRIOR AUTHO REG LOC CLIENT SERVICE NAME PRIOR AUTHORIZATION #

NY 001 2012117 2012117 HAYNES, LAMONT DIAGNOSIS CODES: 428.0 250.00 401.9 600.91

LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # 07/20/13 07/20/13 20.00 252724 T1019 86.00 1 252724 2 T1019 07/21/13 07/21/13 20.00 86.00 3 T1019 07/22/13 07/22/13 16.00 252724 68.80 4 T1019 07/23/13 07/23/13 16.00 252724 68.80 5 T1019 6 T1019 7 T1019 07/24/13 07/24/13 16.00 07/25/13 07/25/13 16.00 07/26/13 07/26/13 16.00 252724 68.80 252724 68.80 252724 68.80

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NPI = 1154407492 SUNNYSIDE CITYWIDE

PROVIDER ID = 113502051 PAYER ID = 14163 WELLCARE OF NY

PAYER ID = 141	.63 WELLCARE OF	NY		
INV # LINE #	PROCEDURE CODE REVENUE CD	FROM DT THRU DT UNITS CLAIM TOTAL	AMOUNT 516.00 CLAIM ACCOUNT REF.	2527240012012117SUP
REG LOC CLIENT NY 001 2012120 DIAGNOSIS CODES:	SERVICE NAME 2012120 LOPEZ, ISABEL 715.90 401.9	BIRTH DATE RECIPIENT ID 12/24/1942 740574	PRIOR AUTHORIZATION # 111906404	
INV # LINE # 252726 1 252726 2 252726 3 252726 4 252726 5 252726 6	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 07/16/13 07/16/13 28.00 07/22/13 07/22/13 28.00 07/23/13 07/23/13 28.00 07/24/13 07/24/13 28.00 07/25/13 07/25/13 28.00 07/26/13 07/26/13 28.00 07/26/13 07/26/13 28.00 CLAIM TOTAL	AMOUNT 120.40 120.40 120.40 120.40 120.40 120.40 722.40 CLAIM ACCOUNT REF.	2527260012012120SUP
REG LOC CLIENT NY 001 2012121 DIAGNOSIS CODES:	SERVICE NAME 2012121 MOHAMED, DENISE 715.98	BIRTH DATE RECIPIENT ID 06/14/1959 691722	PRIOR AUTHORIZATION # 111786776	
INV # LINE # 252731 1 252731 2 252731 3 252731 4 252731 5 252731 6 252731 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 07/20/13 07/20/13 32.00 07/21/13 07/21/13 32.00 07/22/13 07/22/13 32.00 07/22/13 07/22/13 32.00 07/23/13 07/23/13 32.00 07/24/13 07/24/13 32.00 07/25/13 07/25/13 32.00 07/26/13 07/26/13 32.00 CLAIM TOTAL	AMOUNT 137.60 137.60 137.60 137.60 137.60 137.60 137.60 963.20 CLAIM ACCOUNT REF.	2527310012012121SUP
REG LOC CLIENT NY 001 2012122 DIAGNOSIS CODES:	SERVICE NAME 2012122 MORALES, FRANCISC 250.00 272.4 401.9	BIRTH DATE RECIPIENT ID 12/03/1935 744366	PRIOR AUTHORIZATION # 111934024	
INV # LINE # 252732 1 252732 2 2 252732 3 252732 4 252732 5 252732 6 252732 7 252732 8	PROCEDURE CODE REVENUE CD T1019	FROM DT THRU DT UNITS 07/15/13 07/15/13 20.00 07/20/13 07/20/13 20.00 07/21/13 07/21/13 20.00 07/22/13 07/21/13 20.00 07/22/13 07/22/13 20.00 07/23/13 07/23/13 20.00 07/24/13 07/24/13 20.00 07/25/13 07/25/13 20.00 07/26/13 07/26/13 20.00 07/26/13 07/26/13 20.00 CLAIM TOTAL	AMOUNT 86.00 86.00 86.00 86.00 86.00 86.00 86.00 86.00 86.00 688.00 CLAIM ACCOUNT REF.	2527320012012122SUP

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PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT NY 001 2012130 DIAGNOSIS CODES:	SERVICE NAME 2012130 NAVARRO, ANTONIA 493.92 311. 401.9	BIRTH DATE RECIPIENT ID 07/23/1945 710368	PRIOR AUTHORIZATION # 111896928	
INV # LINE # 252734 1 252734 2 252734 3 252734 4 252734 5 252734 6	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 07/06/13 07/06/13 20.00 07/22/13 07/22/13 28.00 07/23/13 07/23/13 28.00 07/24/13 07/24/13 28.00 07/25/13 07/25/13 28.00 07/26/13 07/26/13 28.00 CLAIM TOTAL	AMOUNT 86.00 120.40 120.40 120.40 120.40 120.40 120.40 688.00 CLAIM ACCOUNT REF.	2527340012012130SUP
REG LOC CLIENT NY 001 2012131 DIAGNOSIS CODES:	SERVICE NAME 2012131 ORTIZ, JOSE 250.00 401.9 414.01	BIRTH DATE RECIPIENT ID 04/19/1925 691721	PRIOR AUTHORIZATION # 111894848	
INV # LINE # 252737 1 252737 2	PROCEDURE CODE REVENUE CD T1019 T1019	FROM DT THRU DT UNITS 07/22/13 07/22/13 16.00 07/24/13 07/24/13 16.00 CLAIM TOTAL	AMOUNT 68.80 68.80 137.60 CLAIM ACCOUNT REF.	2527370012012131SUP
REG LOC CLIENT NY 001 2012132 DIAGNOSIS CODES:	SERVICE NAME 2012132 ORTIZ, DOLORES 719.7 272.4 401.9 75	BIRTH DATE RECIPIENT ID 06/30/1927 744365	PRIOR AUTHORIZATION # 111992982	
INV # LINE # 252735 1 252735 2 252735 3	PROCEDURE CODE REVENUE CD T1019 T1019 T1019	FROM DT THRU DT UNITS 07/15/13 07/15/13 32.00 07/20/13 07/20/13 20.00 07/21/13 07/21/13 20.00 CLAIM TOTAL	AMOUNT 137.60 86.00 86.00 309.60 CLAIM ACCOUNT REF.	2527350012012132SUP
REG LOC CLIENT NY 001 2012134 DIAGNOSIS CODES:	2012134 SERRANO, CARMEN	BIRTH DATE RECIPIENT ID 09/14/1948 695740	PRIOR AUTHORIZATION # 112022986	
INV # LINE # 252750 1 252750 2 252750 3 252750 4 252750 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 07/22/13 07/22/13 20.00 07/23/13 07/23/13 28.00 07/24/13 07/24/13 28.00 07/25/13 07/25/13 28.00 07/26/13 07/26/13 28.00 CLAIM TOTAL	AMOUNT 86.00 120.40 120.40 120.40 120.40 567.60 CLAIM ACCOUNT REF.	2527500012012134SUP

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PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT NY 001 2012137 DIAGNOSIS CODES:	2012137 VAZQUEZ 1, ROSA	BIRTH DATE RECIPIENT ID 08/08/1934 695667	PRIOR AUTHORIZATION # 111807022	
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REG LOC CLIENT NY 001 2012138 DIAGNOSIS CODES:	2012138 VENTURA, CLARA	BIRTH DATE RECIPIENT ID 720456	PRIOR AUTHORIZATION # 111733742	
INV # LINE # 252754 1 252754 2 252754 3 252754 4 252754 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 07/22/13 07/22/13 16.00 07/23/13 07/23/13 16.00 07/24/13 07/24/13 12.00 07/25/13 07/25/13 16.00 07/26/13 07/26/13 16.00 CLAIM TOTAL	AMOUNT 68.80 68.80 51.60 68.80 68.80 326.80 CLAIM ACCOUNT REF.	2527540012012138SUP
REG LOC CLIENT NY 001 2012140 DIAGNOSIS CODES:	2012140 PATRICK, IMAGENE	BIRTH DATE RECIPIENT ID 03/27/1930 737028	PRIOR AUTHORIZATION # 111941421	
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REG LOC CLIENT NY 001 2012140 DIAGNOSIS CODES:	2012140 PATRICK, IMAGENE	BIRTH DATE RECIPIENT ID 03/27/1930 737028	PRIOR AUTHORIZATION # 112036835	
INV # LINE # 252739 1 252739 2 252739 3 252739 4	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 07/23/13 07/23/13 32.00 07/24/13 07/24/13 32.00 07/25/13 07/25/13 32.00 07/26/13 07/26/13 32.00 CLAIM TOTAL	AMOUNT 137.60 137.60 137.60 137.60 550.40 CLAIM ACCOUNT REF.	2527390012012140SUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 14163 SUNNISIDE CITIVIDE

PAYER ID = 14163 WELLCARE OF NY

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REG LOC CLIENT NY 001 2012141 DIAGNOSIS CODES:	2012141 SANTOS MARQUEZ, I	MARIA 07/16/1961 688801	PRIOR AUTHORIZATION # 111660656	
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REG LOC CLIENT NY 001 2012142 DIAGNOSIS CODES:	2012142 MEDINA, MARTHA	01/11/1944 697570	PRIOR AUTHORIZATION # 111896672	
INV # LINE # 252730 1 252730 2 252730 3 252730 4 252730 5 252730 6	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 07/20/13 07/20/13 12.00 07/22/13 07/22/13 12.00 07/23/13 07/23/13 12.00 07/24/13 07/24/13 12.00 07/25/13 07/25/13 12.00 07/26/13 07/26/13 12.00 CLAIM TOTAL	AMOUNT 51.60 51.60 51.60 51.60 51.60 309.60 CLAIM ACCOUNT REF.	2527300012012142SUP
REG LOC CLIENT NY 001 2012143 DIAGNOSIS CODES:	SERVICE NAME 2012143 MURPHY, RUBY 585.3 311. 401.9 49		PRIOR AUTHORIZATION # 111684344	232/300012012112001
INV # LINE # 252733 1 252733 2 252733 3 252733 4	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019	07/22/13 07/22/13 16.00 07/23/13 07/23/13 16.00 07/25/13 07/25/13 16.00 07/26/13 07/26/13 16.00 CLAIM TOTAL	AMOUNT 68.80 68.80 68.80 68.80 275.20 CLAIM ACCOUNT REF.	2527330012012143SUP
REG LOC CLIENT NY 001 2012144 DIAGNOSIS CODES:	SERVICE NAME 2012144 PEREZ, JULIO 715.90 244.9 272.4 4	BIRTH DATE RECIPIENT ID 01/27/1936 709538	PRIOR AUTHORIZATION # 111942930	
INV # LINE # 252742 1 252742 2 252742 3	PROCEDURE CODE REVENUE CD T1019 T1019 T1019	FROM DT THRU DT UNITS 07/22/13 07/22/13 20.00 07/24/13 07/24/13 20.00 07/26/13 07/26/13 20.00 CLAIM TOTAL	AMOUNT 86.00 86.00 86.00 258.00 CLAIM ACCOUNT REF.	2527420012012144SUP

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PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT NY 001 2012145 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID JOSE 03/13/1942 715488 8.00 401.9	PRIOR AUTHORIZATION # 111867165	
INV # LINE # 252740 1 252740 2 252740 3 252740 4 252740 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	07/23/13 07/23/13 16.00 07/24/13 07/24/13 16.00 07/25/13 07/25/13 16.00 07/26/13 07/26/13 16.00 CLAIM TOTAL	AMOUNT 68.80 68.80 68.80 68.80 68.80 344.00 CLAIM ACCOUNT REF.	2527400012012145SUP
REG LOC CLIENT NY 001 2012146 DIAGNOSIS CODES:	SERVICE NAME 2012146 PERALTA, INEZ 250.00 272.4 278.00 40	08/18/1942 715489	PRIOR AUTHORIZATION # 111886580	
INV # LINE # 252741 1 252741 2 252741 3 252741 4 252741 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 07/22/13 07/22/13 16.00 07/23/13 07/23/13 16.00 07/24/13 07/24/13 16.00 07/25/13 07/25/13 16.00 07/26/13 07/26/13 16.00 CLAIM TOTAL	AMOUNT 68.80 68.80 68.80 68.80 68.80 344.00 CLAIM ACCOUNT REF.	2527410012012146SUP
REG LOC CLIENT NY 001 2012149 DIAGNOSIS CODES:	SERVICE NAME 2012149 REGLA, MARIA F 250.00 715.09	BIRTH DATE RECIPIENT ID 11/21/1933 691499	PRIOR AUTHORIZATION # 111829761	
INV # LINE # 252745 1 252745 2 252745 3 252745 4 252745 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 07/22/13 07/22/13 32.00 07/23/13 07/23/13 32.00 07/24/13 07/24/13 32.00 07/25/13 07/25/13 32.00 07/26/13 07/26/13 32.00 CLAIM TOTAL	AMOUNT 137.60 137.60 137.60 137.60 137.60 688.00 CLAIM ACCOUNT REF.	2527450012012149SUP
REG LOC CLIENT NY 001 2012155 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID 05/10/1956 706048	PRIOR AUTHORIZATION # 111688299	
INV # LINE # 252748 1 252748 2 252748 3	PROCEDURE CODE REVENUE CD T1019 T1019 T1019	FROM DT THRU DT UNITS 07/20/13 07/20/13 20.00 07/21/13 07/21/13 20.00 07/22/13 07/22/13 20.00	AMOUNT 86.00 86.00 86.00	

REPORT DATE 07/31/13 PAGE: SUNNYSIDE CITYWIDE 16

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

252751

252751

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 14163WELLCARE OF NY AMOUNT INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 258.00 CLAIM ACCOUNT REF. 2527480012012155SUP CLAIM TOTAL BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 02/25/1926 741094 111891649 REG LOC CLIENT SERVICE NAME NY 001 2012158 2012158 LOPEZ, MANUEL DIAGNOSIS CODES: 401.9 272.4 429.9 AMOUNT INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 206.40 252727 1 T1019 07/20/13 07/20/13 48.00 206.40 252727 2 T1019 07/21/13 07/21/13 48.00 252727 3 T1019 07/22/13 07/22/13 48.00 206.40 252727 4 T1019 07/23/13 07/23/13 48.00 206.40 252727 5 T1019 07/24/13 07/24/13 48.00 206.40 252727 6 T1019 07/25/13 07/25/13 48.00 206.40 252727 7 T1019 07/26/13 07/26/13 48.00 206.40 CLAIM TOTAL 1,444.80 CLAIM ACCOUNT REF. 2527270012012158SUP 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 PROCEDURE CODE REVENUE CD FROM DT THRU DT INV # LINE # UNITS TRUIOMA 252714 1 T1019 07/13/13 07/13/13 20.00 86.00 252714 2 T1019 07/20/13 07/20/13 20.00 86.00 252714 3 T1019 07/21/13 07/21/13 20.00 86.00 4 T1019 07/22/13 07/22/13 20.00 252714 86.00 5 T1019 252714 07/23/13 07/23/13 20.00 86.00 6 T1019 7 T1019 8 T1019 252714 07/24/13 07/24/13 20.00 86.00 7 T1019 252714 07/25/13 07/25/13 20.00 86.00 252714 8 T1019 07/26/13 07/26/13 20.00 86.00 CLAIM TOTAL 688.00 CLAIM ACCOUNT REF. 2527140012012161SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 06/23/1938 753060 111981021 REG LOC CLIENT SERVICE NAME NY 001 2012261 2012261 SILVEIRA, BERTA 06/23/1938 753060 DIAGNOSIS CODES: 786.05 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 1 07/16/13 07/16/13 24.00 252751 T1019 103.20 252751 T1019 07/20/13 07/20/13 24.00 103.20 07/21/13 07/21/13 24.00 252751 3 T1019 103.20 07/22/13 07/22/13 24.00 252751 T1019 103.20 5 T1019 6 T1019 7 T1019 07/23/13 07/23/13 24.00 252751 103.20 103.20 103.20 103.20

07/24/13 07/24/13 24.00

07/25/13 07/25/13 24.00

103.20

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

, , , , , , , , , , , , , , , , , , , ,	11111111/1130020130731031233	ooratbor			
= 113502051 = 14163	SUNNYSIDE CITYWIDE WELLCARE OF NY		NPI = 1154	1407492	
INE # PROCEDURE COD 8 T1019		07/26/13 24	103.20	CLAIM ACCOUNT REF.	2527510012012261SUP
012136 2012266 SO	TO, RAFAEL B 03	/08/1937 70057			
INE # PROCEDURE COD 1 T1019 2 T1019 3 T1019 4 T1019 5 T1019 6 T1019 7 T1019	07/20/13 07/21/13 07/22/13 07/23/13 07/24/13 07/25/13	07/20/13 36 07/21/13 32 07/22/13 36 07/23/13 36 07/24/13 36 07/25/13 36 07/26/13 36	00 154.80 00 137.60 00 154.80 00 154.80 00 154.80 00 154.80 00 154.80	CLAIM ACCOUNT REF.	2527520012012266SUP
012719 2012719 SA	NCHEZ FLORES, ADELAI 11		EENT ID PRI 5 111	OR AUTHORIZATION # 909448	
INE # PROCEDURE COD 1 T1019 2 T1019 3 T1019	07/22/13 07/24/13	07/22/13 16 07/24/13 16 07/26/13 16	68.80 00 68.80 00 68.80	CLAIM ACCOUNT REF.	2527470012012719SUP
CLIENT SERVICE NA 012159 2012948 LO ODES: 331.0 253.5	ME BI PEZ, VITALIA 08 272.4 401.9	RTH DATE RECIP /01/1922 69172	ENT ID PRI 3 111	OR AUTHORIZATION # .822973	
INE # PROCEDURE COD 1 T1019 2 T1019 3 T1019 4 T1019 5 T1019 6 T1019 7 T1019	07/20/13 07/21/13 07/22/13 07/23/13 07/24/13 07/25/13	07/20/13 48 07/21/13 48 07/22/13 48 07/23/13 48 07/24/13 48 07/24/13 48 07/25/13 48	$\begin{array}{cccc} 00 & 206.40 \\ 00 & 206.40 \\ 00 & 206.40 \\ 00 & 206.40 \\ 00 & 206.40 \\ 00 & 206.40 \\ 00 & 206.40 \\ \end{array}$	CLAIM ACCOUNT REF.	2527280012012948SUP
	= 14163 INE # PROCEDURE COD 8 T1019 CLIENT SERVICE NA 012136 2012266 SO ODES: 715.09 250.0 INE # PROCEDURE COD 1 T1019 3 T1019 4 T1019 5 T1019 7 T1019 CLIENT SERVICE NA 012719 SA ODES: 401.9 300.0 INE # PROCEDURE COD 1 T1019 3 T1019 3 T1019 3 T1019 CLIENT SERVICE NA 012719 SA ODES: 401.9 300.0 INE # PROCEDURE COD 1 T1019 3 T1019 3 T1019 3 T1019 3 T1019 4 T1019 4 T1019 5 T1019 5 T1019 5 T1019 6 T1019 6 T1019	INE # PROCEDURE CODE REVENUE CD FROM DT 07/26/13 CLIENT SERVICE NAME 012136 2012266 SOTO, RAFAEL B 03 ODES: 715.09 250.00 272.2 401.9 42 INE # PROCEDURE CODE REVENUE CD FROM DT 1 T1019 07/20/13 2 T1019 07/21/13 3 T1019 07/22/13 6 T1019 07/25/13 7 T1019 07/26/13 CLIENT SERVICE NAME BI 07/25/13 7 T1019 07/26/13 CLIENT SERVICE NAME 07/26/13 CLIENT SERVICE NAME 012719 SANCHEZ FLORES, ADELAI 11 ODES: 401.9 300.00 INE # PROCEDURE CODE REVENUE CD FROM DT 1 T1019 07/24/13 3 T1019 07/24/13 3 T1019 07/24/13 3 T1019 07/26/13 CLIENT SERVICE NAME BI 07/24/13 3 T1019 07/26/13 CLIENT SERVICE NAME 07/26/13 CLIENT SERVICE NAME BI 07/26/13 CLIENT SERVICE NAME 07/26/13 CLIENT SERVICE NAME BI 07/26/13 CLIENT SERVICE NAME 08 ODES: 331.0 253.5 272.4 401.9 INE # PROCEDURE CODE REVENUE CD FROM DT 1 T1019 07/20/13 07/22/13 07/22/13 07/22/13 07/22/13 07/22/13 07/22/13 07/22/13 07/22/13 07/22/13 07/22/13 07/22/13 07/22/13 07/22/13 07/22/13 07/22/13 07/22/13 07/22/13 07/22/13 07/22/13 07/25/13	INE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNI 8 T1019 07/26/13 07/26/13 24. CLAIM TOT CLIENT SERVICE NAME 03/08/1937 700573 ODES: 715.09 250.00 272.2 401.9 428.0 530.81 INE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNI 1 T1019 07/20/13 07/20/13 36. 2 T1019 07/22/13 07/22/13 36. 4 T1019 07/22/13 07/22/13 36. 5 T1019 07/22/13 07/22/13 36. 5 T1019 07/24/13 07/24/13 36. 6 T1019 07/26/13 07/26/13 36. 7 T1019 07/26/13 07/26/13 36. CLAIM TOT CLIENT SERVICE NAME BIRTH DATE RECIPIONES: 401.9 300.00 INE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNI 1 T1019 07/26/13 07/26/13 36. CLAIM TOT CLIENT SERVICE NAME BIRTH DATE RECIPIONES: 401.9 300.00 INE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNI 1 T1019 07/22/13 07/22/13 16. 3 T1019 07/24/13 07/26/13 16. CLAIM TOT CLIENT SERVICE NAME BIRTH DATE RECIPIONES: 331.0 253.5 272.4 401.9 INE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNI 1 T1019 07/26/13 07/26/13 16. CLAIM TOT CLIENT SERVICE NAME BIRTH DATE RECIPIONES: 331.0 253.5 272.4 401.9 INE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNI 1 T1019 07/26/13 07/26/13 48. CLAIM TOT CLIENT SERVICE NAME BIRTH DATE RECIPIONES: 331.0 253.5 272.4 401.9	INE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 8 T1019 07/26/13 07/26/13 24.00 103.20 CLAIM TOTAL 825.60 CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID OFFICIAL 1100ES: 715.09 250.00 272.2 401.9 428.0 530.81 11100ES: 715.09 250.00 272.2 401.9 107/22/13 07/22/13 36.00 154.80 154	= 14163 WELCARE OF NY INE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 24.00 103.20 CLAIM TOTAL 8 T1019 07/26/13 07/26/13 24.00 103.20 CLAIM TOTAL 825.60 CLAIM ACCOUNT REF. CLIENT SERVICE NAME 03/08/1937 700573 111779429 ODES: 715.09 250.00 272.2 401.9 428.0 530.81 INE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 1 T1019 07/22/13 07/22/13 36.00 154.8

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 14163WELLCARE OF NY

REG LOC CLI NY 001 2012 DIAGNOSIS CODE	952 2012952 FRANCISCO, BRIGII	BIRTH DATE RECIPIEN 08/20/1957 761853	T ID PRIOR AUTHORIZATION # 111640168	
252720 252720 252720 252720 252720 252720	# PROCEDURE CODE REVENUE CD 1 T1019 2 T1019 3 T1019 4 T1019 5 T1019 6 T1019 7 T1019	FROM DT THRU DT UNITS 07/20/13 07/20/13 20.00 07/21/13 07/21/13 20.00 07/22/13 07/22/13 20.00 07/23/13 07/23/13 20.00 07/24/13 07/24/13 20.00 07/25/13 07/25/13 20.00 07/26/13 07/26/13 20.00 CLAIM TOTAL	86.00 86.00 86.00 86.00 86.00 86.00 86.00 86.00	2527200012012952SUP
REG LOC CLI NY 001 2012 DIAGNOSIS CODE	953 2012953 CHOUDHURY, MEHER	BIRTH DATE RECIPIEN A 08/16/1974 762773	UT ID PRIOR AUTHORIZATION # 111694030	
252718 252718 252718 252718 252718 252718	# PROCEDURE CODE REVENUE CD 1 T1019 2 T1019 3 T1019 4 T1019 5 T1019 6 T1019 7 T1019	FROM DT THRU DT UNITS 07/20/13 07/20/13 48.00 07/21/13 07/21/13 48.00 07/22/13 07/22/13 48.00 07/23/13 07/23/13 48.00 07/24/13 07/24/13 48.00 07/25/13 07/25/13 48.00 07/26/13 07/26/13 48.00 CLAIM TOTAL	206.40 206.40 206.40 206.40 206.40 206.40 206.40	2527180012012953SUP
REG LOC CLI NY 001 1031 DIAGNOSIS CODE	950 2012979 HUDGINS, LOUZETT	BIRTH DATE RECIPIEN 05/18/1944 761959	T ID PRIOR AUTHORIZATION # 111697308	
252725 252725	# PROCEDURE CODE REVENUE CD 1 T1019 2 T1019 3 T1019 4 T1019	FROM DT THRU DT UNITS 07/22/13 07/22/13 20.00 07/23/13 07/23/13 20.00 07/24/13 07/24/13 20.00 07/25/13 07/25/13 20.00 CLAIM TOTAL	86.00 86.00 86.00 86.00	2527250012012979SUP

REPORT DATE 07/31/13 PAGE: SUNNYSIDE CITYWIDE 19

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

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 2012984 2012984 YOUNG, MARY 11/04/1926 762776 111711486 DIAGNOSIS CODES: 342.82 244.9 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 137.60 137.60 252755 07/20/13 07/20/13 32.00 252755 T1019 07/21/13 07/21/13 32.00 3 T1019 07/22/13 07/22/13 32.00 252755 137.60 252755 4 T1019 07/23/13 07/23/13 32.00 137.60 5 T1019 6 T1019 7 T1019 252755 07/24/13 07/24/13 32.00 137.60 252755 07/25/13 07/25/13 32.00 137.60 252755 07/26/13 07/26/13 32.00 137.60 CLAIM TOTAL 963.20 CLAIM ACCOUNT REF. 2527550012012984SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 03/18/1941 697840 111904006 NY 001 2012152 2013395 REYES, TERESA DIAGNOSIS CODES: 250.00 401.9 AMOUNT INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 07/07/13 07/07/13 32.00 137.60 252746 1 T1019 07/20/13 07/20/13 32.00 137.60 252746 2 T1019 3 T1019 252746 07/21/13 07/21/13 32.00 137.60 07/23/13 07/23/13 32.00 252746 4 T1019 137.60 5 T1019 6 T1019 7 T1019 252746 07/24/13 07/24/13 32.00 137.60 252746 07/25/13 07/25/13 32.00 137.60 252746 7 T1019 07/26/13 07/26/13 32.00 137.60 CLAIM TOTAL 963.20 CLAIM ACCOUNT REF. 2527460012013395SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 09/15/1921 769526 111988449 REG LOC CLIENT SERVICE NAME 09/15/1921 769526 NY 001 2013679 2013679 PRISCO, FILOMENA DIAGNOSIS CODES: 728.87 250.00 477.9 493.90 782.3 276.8 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # 07/20/13 07/20/13 16.00 T1019 252743 1 68.80 252743 2 T1019 07/21/13 07/21/13 16.00 68.80 252743 3 T1019 07/22/13 07/22/13 16.00 68.80 4 T1019 252743 07/23/13 07/23/13 16.00 68.80 5 T1019 252743 07/24/13 07/24/13 16.00 68.80 6 T1019 07/25/13 07/25/13 16.00 68.80 252743 07/25/13 07/25/13 16.00 7 T1019 68.80 481.60 CLAIM ACCOUNT REF. 2527430012013679SUP 252743

CLAIM TOTAL

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 14163WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2012132 2013723 ORTIZ, DOLORES 06/30/1927 744365 112016374

DIAGNOSIS CODES: 719.7 272.4 401.9 750.7

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
252736	1	T1020		07/22/13	07/22/13	1.00	206.64		
252736	2	T1020		07/23/13	07/23/13	1.00	206.64		
252736	3	T1020		07/24/13	07/24/13	1.00	206.64		
252736	4	T1020		07/25/13	07/25/13	1.00	206.64		
252736	5	T1020		07/26/13	07/26/13	1.00	206.64		
					CT.AT	Μ ΤΟΤΔΙ.	1 033 20	CLAIM ACCOUNT REE	2527360012013723GIID

PAYER TOTALS: WELLCARE OF NY # OF CLAIMS = 229 TOTAL CLAIM AMOUNT = 27,572.80

SERVICES = 41

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

PROVIDER ID = 113502051	SUNNYSIDE CITYWIDE	NPI = 1154407492
	SOMMISTOR CITIMIDE	NPI = 1154407492

92 PAYER ID = 55247HEALTH INSURANCE PLAN

REG LOC CLIENT NY 001 2008276 DIAGNOSIS CODES:	2008491 LOYOLA, MARIA	BIRTH DATE RECIPIENT ID 06/11/1981 JZR32498A01	PRIOR AUTHORIZATION # 0005044162	
INV # LINE # 252700 1 252700 2 252700 3 252700 4	PROCEDURE CODE REVENUE CD T1019 0580 T1019 0580 T1019 0580 T1019 0580	FROM DT THRU DT UNITS 07/22/13 07/22/13 40.00 07/23/13 07/23/13 40.00 07/24/13 07/24/13 40.00 07/25/13 07/25/13 40.00 CLAIM TOTAL	AMOUNT 168.80 168.80 168.80 168.80 675.20 CLAIM ACCOUNT REF.	2527000012008491SUP
REG LOC CLIENT NY 001 2008274 DIAGNOSIS CODES:	2008513 WILLIAMS, DIANE	BIRTH DATE RECIPIENT ID 09/23/1948 YZ36993F 253.5	PRIOR AUTHORIZATION # 0005080166	
INV # LINE # 252702 1 252702 2 252702 3 252702 4 252702 5	PROCEDURE CODE REVENUE CD 11019 0580 1580 171019 0580 171019 0580 171019 0580 171019 0580	FROM DT THRU DT UNITS 07/22/13 07/22/13 16.00 07/23/13 07/23/13 16.00 07/24/13 07/24/13 16.00 07/25/13 07/25/13 16.00 07/26/13 07/26/13 16.00 CLAIM TOTAL	AMOUNT 67.52 67.52 67.52 67.52 67.52 337.60 CLAIM ACCOUNT REF.	2527020012008513SUP
REG LOC CLIENT NY 001 2008193 DIAGNOSIS CODES:	2008723 REYNOLDS, HARRIE		PRIOR AUTHORIZATION # 0003855084	
INV # LINE # 252695 1 252695 2 252695 3	PROCEDURE CODE REVENUE CD T1019 0580 T1019 0580 T1019 0580	FROM DT THRU DT UNITS 07/23/13 07/23/13 16.00 07/25/13 07/25/13 16.00 07/26/13 07/26/13 16.00 CLAIM TOTAL	AMOUNT 67.52 67.52 67.52 202.56 CLAIM ACCOUNT REF.	2526950012008723SUP
REG LOC CLIENT NY 001 2008793 DIAGNOSIS CODES:	2008793 COPE, WILLIE	BIRTH DATE RECIPIENT ID 02/17/1928 XR98607Q	PRIOR AUTHORIZATION # 0004050353	
INV # LINE # 252687 1 252687 2 252687 3 252687 4 252687 5 252687 6	PROCEDURE CODE REVENUE CD T1019 0580 T1019 0580 T1019 0580 T1019 0580 T1019 0580 T1019 0580	FROM DT THRU DT UNITS 07/20/13 07/20/13 48.00 07/21/13 07/21/13 48.00 07/22/13 07/22/13 48.00 07/22/13 07/22/13 48.00 07/23/13 07/23/13 48.00 07/24/13 07/24/13 48.00 07/25/13 07/25/13 48.00	AMOUNT 202.56 202.56 202.56 202.56 202.56 202.56	

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

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

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 252687 7 T1019 0580 07/26/13 07/26/13 48.00 202.56 CLAIM TOTAL 1,417.92 CLAIM ACCOUNT REF. 2526870012008793SUP

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009237	2009237	WESTFIELD,	BRENDA	01/13/1953	PT26237P	0004291129

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 252696 1 T1019 0580 07/20/13 07/20/13 32.00 135.04 252696 T1019 0580 07/21/13 07/21/13 32.00 135.04 0580 252696 T1019 07/22/13 07/22/13 32.00 135.04 0580 0580 0580 252696 т1019 07/23/13 07/23/13 32.00 135.04 252696 07/24/13 07/24/13 32.00 135.04 5 T1019 07/25/13 07/25/13 32.00 252696 6 T1019 135.04 252696 7 T1019 0580 07/26/13 07/26/13 32.00 135.04

DIAGNOSIS CODES: 710.4 250.00 401.9 414.00 493.90 530.81 728.87

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #

2009269 SHAH, HANSIKABEN 0005080096 NY 001 2008223 09/28/1948 UR74418G DIAGNOSIS CODES: V61.9 296.20 733.00

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 252701 1 T1019 0580 07/26/13 07/26/13 20.00 84.40

CLAIM TOTAL 84.40 CLAIM ACCOUNT REF. 2527010012009269SUP

CLAIM TOTAL

945.28 CLAIM ACCOUNT REF. 2526960012009237SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 0004979372 08/03/1953 YG15821Z NY 001 2008395 2009406 AHMAD, AMATUL

DIAGNOSIS CODES: 799.89 253.5 272.4 401.9 493.92 696.8

LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # 07/20/13 07/20/13 252697 1 T1019 0580 16.00 67.52 T1019 0580 07/21/13 07/21/13 67.52 252697 2 16.00 0580 07/22/13 07/22/13 16.00 252697 3 T1019 67.52

CLAIM TOTAL 202.56 CLAIM ACCOUNT REF. 2526970012009406SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 2009406 AHMAD, AMATUL 0004979372 NY 001 2008395 08/03/1953 YG15821Z

DIAGNOSIS CODES: 799.89 253.5 272.4 401.9 493.92 696.8

LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT

07/23/13 07/23/13 252698 1 T1019 0580 20.00 84.40 2 0580 07/24/13 07/24/13 252698 T1019 20.00 84.40 07/25/13 07/25/13 20.00 3 T1019 0580 252698 84.40

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PROVIDER PAYER	ID = 113 ID = 552		SUNNYSIDE C HEALTH INSU		I	N	PI = 11544	407492	
INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS AIM TOTAL	AMOUNT 253.20	CLAIM ACCOUNT REF.	2526980012009406SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2008414 CODES:		E RIAN, JACQUELI		TH DATE 03/1963	RECIPIENT ID ZU96435W		DR AUTHORIZATION # 1979520	
INV # 252699 252699 252699	LINE # 1 2 3	PROCEDURE CODE T1019 T1019 T1019	REVENUE CD 0580 0580 0580	07/24/13	THRU DT 07/17/13 07/24/13 07/25/13 CL	40.00	AMOUNT 168.80 168.80 168.80 506.40	CLAIM ACCOUNT REF.	2526990012009562SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2009686 CODES:		NEY, FREDERIC	K 01/		RECIPIENT ID RH10373H		DR AUTHORIZATION # 5177081	
INV # 252690 252690 252690 252690 252690	LINE # 1 2 3 4 5	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019	REVENUE CD 0580 0580 0580 0580 0580	07/23/13 07/24/13 07/25/13	THRU DT 07/22/13 07/23/13 07/24/13 07/25/13 07/26/13	16.00 16.00	AMOUNT 67.52 67.52 67.52 67.52 67.52 337.60	CLAIM ACCOUNT REF.	2526900012009686SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2009945 CODES:	SERVICE NAME 2009945 JACE 332.0 250.00	SON, FRANCES	BIR 03/ 2.10 785	TH DATE 12/1934	RECIPIENT ID 12030545001	PRIC	DR AUTHORIZATION # 4676295-009	
INV # 252692 252692 252692 252692 252692 252692 252692	LINE # 1 2 3 4 5 6	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019 T1019	REVENUE CD 0580 0580 0580 0580 0580 0580 0580	07/21/13 07/22/13 07/23/13 07/24/13 07/25/13	THRU DT 07/20/13 07/21/13 07/22/13 07/23/13 07/24/13 07/25/13		AMOUNT 118.16 118.16 118.16 118.16 118.16 118.16 827.12	CLAIM ACCOINT PFF	2526920012009945SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 55247HEALTH INSURANCE PLAN

REG LOC CLIEN NY 001 201099 DIAGNOSIS CODES	1 2010991 IANNAZZO, ANGELI	BIRTH DATE RECIPIENT ID NA 06/04/1921 RD78526M	PRIOR AUTHORIZATION # 0005197384	
INV # LINE # 252691 1 252691 2 252691 3 252691 5 252691 6 252691 7	PROCEDURE CODE REVENUE CD T1019 0580	FROM DT THRU DT UNITS 07/20/13 07/20/13 36.00 07/21/13 07/21/13 36.00 07/22/13 07/22/13 36.00 07/23/13 07/23/13 36.00 07/23/13 07/23/13 36.00 07/24/13 07/24/13 36.00 07/25/13 07/25/13 36.00 07/26/13 07/26/13 36.00 CLAIM TOTAL	AMOUNT 151.92 151.92 151.92 151.92 151.92 151.92 151.92 1,063.44 CLAIM ACCOUNT REF.	2526910012010991SUP
REG LOC CLIEN NY 001 200811 DIAGNOSIS CODES	T SERVICE NAME 3 2011066 COPELAND, ELISE 250.00 369.9 311. 4	BIRTH DATE RECIPIENT ID 10/05/1928 QJ28865K 01.9 716.90	PRIOR AUTHORIZATION # 0006093352	
INV # LINE # 252688 1	PROCEDURE CODE REVENUE CD G0156 0572	FROM DT THRU DT UNITS 07/26/13 07/26/13 12.00 CLAIM TOTAL	AMOUNT 171.00 171.00 CLAIM ACCOUNT REF.	2526880012011066SUP
REG LOC CLIEN NY 001 200823 DIAGNOSIS CODES	3 2011526 DE JESUS, TIBURC	BIRTH DATE RECIPIENT ID 10 08/11/1947 XX16524S 14.04 799.89 V60.3	PRIOR AUTHORIZATION # 0006379371	
INV # LINE # 252689 1 252689 2 252689 4 252689 5 252689 6 252689 7	PROCEDURE CODE REVENUE CD T1019 0580	FROM DT THRU DT UNITS 07/20/13 07/20/13 48.00 07/21/13 07/21/13 48.00 07/22/13 07/22/13 48.00 07/23/13 07/23/13 48.00 07/24/13 07/23/13 48.00 07/25/13 07/25/13 48.00 07/26/13 07/26/13 48.00 CLAIM TOTAL	AMOUNT 202.56 202.56 202.56 202.56 202.56 202.56 202.56 202.56 1,417.92 CLAIM ACCOUNT REF.	2526890012011526SUP
REG LOC CLIEN NY 001 201254 DIAGNOSIS CODES	T SERVICE NAME 1 2012541 LANGELOH, HOWARD 715.90 250.00 272.4 4	BIRTH DATE RECIPIENT ID 09/29/1923 16394107 01.9 493.91	PRIOR AUTHORIZATION # 0005921983	
INV # LINE #	PROCEDURE CODE REVENUE CD	FROM DT THRU DT UNITS	AMOUNT	

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

0580

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 55247 HEALTH INSURANCE PLAN

252693

7 T1019

INV # 252694 252694 252694 252694	LINE # 4 5 6 7	PROCEDURE CO T1019 T1019 T1019 T1019	ODE REVENUE CD 0580 0580 0580 0580	FROM DT 07/23/13 07/24/13 07/25/13 07/26/13	THRU DT 07/23/13 07/24/13 07/25/13 07/26/13 CL	UNITS 24.00 24.00 24.00 24.00 AIM TOTAL	AMOUNT 101.28 101.28 101.28 101.28 708.96	CLAIM ACCOUNT REF.	2526940012012541SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2009467 CODES:		NAME KEATON, CATHERINE .9 401.9 78	08/	TH DATE 30/1923 .30	RECIPIENT ID WC81742E	-	R AUTHORIZATION # 298435	
INV #	LINE #	PROCEDURE CO	ODE REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
252693	1	T1019	0580	07/20/13	07/20/13	48.00	202.56		
252693	2	T1019	0580	07/21/13	07/21/13	46.00	194.12		
252693	3	T1019	0580	07/22/13	07/22/13	48.00	202.56		
252693	4	T1019	0580	07/23/13	07/23/13	48.00	202.56		
252693	5	T1019	0580	07/24/13	07/24/13	48.00	202.56		
252693	6	T1019	0580	07/25/13	07/25/13	48.00	202.56		

PAYER TOTALS: HEALTH INSURANCE PLAN # OF CLAIMS = 77 TOTAL CLAIM AMOUNT = 10,560.64

SERVICES = 15

CLAIM TOTAL

202.56

1,409.48 CLAIM ACCOUNT REF. 2526930012013531SUP

07/26/13 07/26/13 48.00

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 77073VNSNY CHOICE

BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # ARISTOTI 10/09/1962 V80041904 131610065 REG LOC CLIENT SERVICE NAME NY 001 2008374 2010958 KARASSAVIDES, ARISTOTI 10/09/1962 V80041904

DIAGNOSIS CODES: 042. 202.88 436. 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
252778	1	T1019		07/22/13	07/22/13	28.00	120.12		
252778	2	T1019		07/23/13	07/23/13	28.00	120.12		
252778	3	T1019		07/24/13	07/24/13	28.00	120.12		
252778	4	T1019		07/25/13	07/25/13	28.00	120.12		
					CLAI	M TOTAL	480.48	CLAIM ACCOUNT REF.	2527780012010958SUP

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

ı	INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
ı	252779	1	T1019		07/20/13	07/20/13	24.00	102.96
ı	252779	2	T1019		07/22/13	07/22/13	40.00	171.60
ı	252779	3	T1019		07/23/13	07/23/13	24.00	102.96
ı	252779	4	T1019		07/24/13	07/24/13	40.00	171.60
ı	252779	5	T1019		07/25/13	07/25/13	24.00	102.96
ı	252779	6	T1019		07/26/13	07/26/13	40.00	171.60
ı						GT 3 T1		000 60

CLAIM TOTAL 823.68 CLAIM ACCOUNT REF. 2527790012012481SUP

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

SERVICES = 2

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141HEALTHFIRST PHSP

REG LOC CLIEN NY 001 200824 DIAGNOSIS CODES:	6 2008246 RIVERA, CHRISTOPE	BIRTH DATE RECIPIENT ID HER 09/03/1996 UW23596M	PRIOR AUTHORIZATION # R2269158	
INV # LINE # 252656 1 252656 2 252656 3 252656 4 252656 5 252656 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 07/20/13 07/20/13 12.00 07/21/13 07/21/13 12.00 07/22/13 07/22/13 12.00 07/23/13 07/22/13 12.00 07/23/13 07/23/13 12.00 07/24/13 07/24/13 12.00 07/25/13 07/25/13 12.00 07/26/13 07/26/13 12.00 CLAIM TOTAL	AMOUNT 50.64 50.64 50.64 50.64 50.64 50.64 50.64 354.48 CLAIM ACCOUNT REF.	2526560012008246SUP
REG LOC CLIEN NY 001 200824 DIAGNOSIS CODES:	8 2008248 RIVERA, EDDIE	BIRTH DATE RECIPIENT ID 01/29/1960 YP34893V	PRIOR AUTHORIZATION # R2226367	
INV # LINE # 252657 1 252657 2 252657 3 252657 4	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 07/22/13 07/22/13 12.00 07/23/13 07/23/13 12.00 07/24/13 07/24/13 12.00 07/25/13 07/25/13 12.00 CLAIM TOTAL	AMOUNT 50.64 50.64 50.64 50.64 202.56 CLAIM ACCOUNT REF.	2526570012008248SUP
REG LOC CLIEN NY 001 200824 DIAGNOSIS CODES:	9 2008249 LOPEZ-RAMIREZ, CA	BIRTH DATE RECIPIENT ID ARLOTA 01/20/1936 QR43529V 36.9 586. 733.00	PRIOR AUTHORIZATION # 0105101301235	
INV # LINE # 252649 1 252649 252649 4 252649 5 252649 252649 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 07/20/13 07/20/13 44.00 07/21/13 07/21/13 44.00 07/22/13 07/22/13 44.00 07/23/13 07/23/13 44.00 07/23/13 07/23/13 44.00 07/24/13 07/24/13 44.00 07/25/13 07/25/13 44.00 07/26/13 07/26/13 44.00 CLAIM TOTAL	AMOUNT 185.68 185.68 185.68 185.68 185.68 185.68 185.68 185.68	2526490012008249SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

6 T1019

252650

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141 HEALTHFIRST PHSP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008250 2008250 SALAZAR, LUZ MARIA 02/19/1970 SC60317K R2270854 DIAGNOSIS CODES: 952.9 564.81 596.54 806.05 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 135.04 252661 07/20/13 07/20/13 32.00 T1019 07/21/13 07/21/13 32.00 135.04 252661 3 T1019 07/22/13 07/22/13 32.00 135.04 252661 252661 4 T1019 07/23/13 07/23/13 32.00 135.04 32.00 252661 5 T1019 07/24/13 07/24/13 135.04 252661 6 T1019 07/25/13 07/25/13 32.00 135.04 252661 7 T1019 07/26/13 07/26/13 32.00 135.04 CLAIM TOTAL 945.28 CLAIM ACCOUNT REF. 2526610012008250SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 12/31/1919 UH02585Q R2162064 NY 001 2008251 2008251 CEBALLOS, ANA DIAGNOSIS CODES: 294.10 244.9 AMOUNT INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 07/20/13 07/20/13 32.00 135.04 252631 1 T1019 135.04 252631 T1019 07/22/13 07/22/13 32.00 252631 T1019 07/23/13 07/23/13 32.00 135.04 252631 4 T1019 07/24/13 07/24/13 32.00 135.04 252631 5 T1019 07/25/13 07/25/13 32.00 135.04 252631 6 T1019 07/26/13 07/26/13 32.00 135.04 810.24 CLAIM ACCOUNT REF. 2526310012008251SUP CLAIM TOTAL BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 09/12/1965 VT07830U 0104171302386 REG LOC CLIENT SERVICE NAME NY 001 2008253 2008253 MACARENA, SAHARA 09/12/1965 VT07830U DIAGNOSIS CODES: 359.0 719.45 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # LINE # 1 07/20/13 07/20/13 252650 T1019 202.56 48.00 T1019 07/21/13 07/21/13 48.00 202.56 252650 252650 3 T1019 07/22/13 07/22/13 48.00 202.56 4 T1019 07/23/13 07/23/13 48.00 252650 202.56 5 T1019 252650 07/24/13 07/24/13 48.00 202.56

07/26/13 07/26/13 48.00

CLAIM TOTAL

202.56

1,215.36 CLAIM ACCOUNT REF. 2526500012008253SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT NY 001 2008254 DIAGNOSIS CODES:	SERVICE NAME 2008254 SPIVEY, PATRICIA 250.00 401.9 733.00	BIRTH DATE RECIPIENT ID 04/06/1965 WE52435B	PRIOR AUTHORIZATION # 0104051303745	
INV # LINE # 252665 1 252665 2 252665 3 252665 4 252665 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 07/22/13 07/22/13 32.00 07/23/13 07/23/13 32.00 07/24/13 07/24/13 32.00 07/25/13 07/25/13 32.00 07/26/13 07/26/13 32.00 CLAIM TOTAL	AMOUNT 135.04 135.04 135.04 135.04 675.20 CLAIM ACCOUNT REF.	2526650012008254SUP
REG LOC CLIENT NY 001 2008256 DIAGNOSIS CODES:	SERVICE NAME 2008256 CARMONA, LUZ 294.8 401.9	BIRTH DATE RECIPIENT ID 08/10/1954 XJ24416K	PRIOR AUTHORIZATION # 0104121301251	
INV # LINE # 252629 1 252629 2 252629 3 252629 4 252629 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 07/22/13 07/22/13 32.00 07/23/13 07/23/13 32.00 07/24/13 07/24/13 32.00 07/25/13 07/25/13 32.00 07/26/13 07/26/13 32.00 CLAIM TOTAL	AMOUNT 135.04 135.04 135.04 135.04 135.04 675.20 CLAIM ACCOUNT REF.	2526290012008256SUP
REG LOC CLIENT NY 001 2008257 DIAGNOSIS CODES:	2008257 ESTEVES, JOSE	BIRTH DATE RECIPIENT ID 09/04/1948 YD71377C	PRIOR AUTHORIZATION # 0103261301993	
INV # LINE # 252636 1 252636 2 252636 4 252636 5 252636 6 252636 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 07/20/13 07/20/13 24.00 07/21/13 07/21/13 24.00 07/22/13 07/22/13 24.00 07/23/13 07/23/13 24.00 07/23/13 07/23/13 24.00 07/25/13 07/25/13 24.00 07/26/13 07/26/13 24.00 07/26/13 07/26/13 24.00 CLAIM TOTAL	AMOUNT 101.28 101.28 101.28 101.28 101.28 101.28 101.28 708.96 CLAIM ACCOUNT REF.	2526360012008257SUP
REG LOC CLIENT NY 001 2008290 DIAGNOSIS CODES:	SERVICE NAME 2008290 SALHUANA, YOLANDA 249.70 362.50 401.9 73	BIRTH DATE RECIPIENT ID 08/25/1935 SZ24247J 33.00	PRIOR AUTHORIZATION # 0103261301164	
INV # LINE # 252662 1	PROCEDURE CODE REVENUE CD T1019	FROM DT THRU DT UNITS 07/22/13 07/22/13 32.00	AMOUNT 135.04	

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

PROVIDER ID =	113502051	SUNNYSIDE CITYWIDE	NPI = 1154407492

PAYER ID = 80141HEALTHFIRST PHSP

TAIBR ID -	70111	BABINI INGI TIDI				
INV # LINE : 252662 2 252662 3 252662 4 252662 5	T1019 T1019 T1019	07/23/13 07/24/13 07/25/13	07/24/13 32.00	135.04 135.04 135.04 135.04	CLAIM ACCOUNT REF.	2526620012008290SUP
REG LOC CLIEN NY 001 20083 DIAGNOSIS CODES	52 2008362 FONTANE	BIR CS, PEDRO 08/ 27.31 428.0 724	27/1948 RX10287Z	Γ ID PRI 010	OR AUTHORIZATION # 4171301499	
INV # LINE : 252639 1 252639 2 252639 3	T1019 T1019			202.56 202.56 202.56	CLAIM ACCOUNT REF.	2526390012008362SUP
REG LOC CLIEN NY 001 20083 DIAGNOSIS CODES	NT SERVICE NAME 58 2008368 RODRIGU : 295.90 250.00 2	JEZ, MARGARET 06/	TH DATE RECIPIENT 25/1950 ZP21043J .9 414.3 733	R22	OR AUTHORIZATION # 59936	
INV # LINE: 252660 1 252660 2 252660 3 252660 4 252660 5	T1019 T1019 T1019 T1019	07/22/13 07/23/13	07/22/13 16.00 07/23/13 16.00 07/24/13 16.00 07/25/13 16.00	67.52 67.52 67.52 67.52 67.52	CLAIM ACCOUNT REF.	2526600012008368SUP
REG LOC CLIES NY 001 20084 DIAGNOSIS CODES		BIR 07/	TH DATE RECIPIENT 10/1968 XR22414G	Γ ID PRI R21	OR AUTHORIZATION # 76143	
INV # LINE : 252640	T1019 T1019 T1019 T1019 T1019 T1019	07/20/13 07/21/13 07/22/13 07/23/13 07/24/13 07/25/13 07/26/13	$\begin{array}{cccc} 07/21/13 & 32.00 \\ 07/22/13 & 32.00 \\ 07/23/13 & 32.00 \\ 07/24/13 & 32.00 \\ 07/25/13 & 32.00 \end{array}$	135.04 135.04 135.04 135.04 135.04 135.04 135.04	CLAIM ACCOUNT DEE	2E26400012000411ctin

CLAIM TOTAL

945.28 CLAIM ACCOUNT REF. 2526400012008411SUP

REPORT DATE 07/31/13 PAGE: SUNNYSIDE CITYWIDE 31

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141 HEALTHFIRST PHSP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008433 2008433 BHAIRO, KOWSILILLI 05/13/1954 VG15691D R2362824 DIAGNOSIS CODES: 340. 286.0 311. 401.9 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 135.04 252625 07/20/13 07/20/13 32.00 T1019 07/21/13 07/21/13 32.00 135.04 252625 135.04 252625 3 T1019 07/22/13 07/22/13 32.00 252625 4 T1019 07/23/13 07/23/13 32.00 135.04 252625 5 T1019 07/24/13 07/24/13 32.00 135.04 6 T1019 252625 07/25/13 07/25/13 32.00 135.04 252625 7 T1019 07/26/13 07/26/13 32.00 135.04 CLAIM TOTAL 945.28 CLAIM ACCOUNT REF. 2526250012008433SUP 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 07/20/13 07/20/13 12.00 252624 1 T1019 50.64 07/22/13 07/22/13 20.00 252624 T1019 84.40 252624 3 T1019 07/23/13 07/23/13 20.00 84.40 252624 4 T1019 07/24/13 07/24/13 20.00 84.40 5 T1019 252624 07/25/13 07/25/13 20.00 84.40 252624 6 T1019 07/26/13 07/26/13 20.00 84.40 472.64 CLAIM ACCOUNT REF. 2526240012008487SUP CLAIM TOTAL 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 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT LINE # INV # T1019 07/20/13 07/20/13 40.00 168.80 252667 1 T1019 07/22/13 07/22/13 4.00 16.88 252667 2 252667 3 T1019 07/24/13 07/24/13 44.00 185.68 4 T1019 07/25/13 07/25/13 48.00 202.56 252667 5 T1019 07/26/13 07/26/13 48.00 252667 202.56 776.48 CLAIM ACCOUNT REF. 2526670012008558SUP

CLAIM TOTAL

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141 HEALTHFIRST PHSP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008571 2008571 ESPAILLAT, AMPARO 12/25/1949 ZG25447P 0103131301379 DIAGNOSIS CODES: 401.9 272.0 311. 365.9 366.9 733.00 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 252635 1 T1019 07/18/13 07/18/13 24.00 101.28 252635 2 T1019 07/20/13 07/20/13 4.00 16.88 252635 07/21/13 07/21/13 4.00 252635 3 T1019 16.88 252635 4 T1019 07/22/13 07/22/13 24.00 101.28 5 T1019 6 T1019 7 T1019 8 T1019 252635 07/23/13 07/23/13 24.00 101.28 252635 07/24/13 07/24/13 24.00 101.28 252635 07/25/13 07/25/13 24.00 101.28 252635 07/26/13 07/26/13 24.00 101.28 CLAIM TOTAL 641.44 CLAIM ACCOUNT REF. 2526350012008571SUP 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 135.04 135.04 07/20/13 07/20/13 32.00 252630 1 T1019 2 T1019 252630 07/22/13 07/22/13 32.00 135.04 3 T1019 07/23/13 07/23/13 32.00 252630 252630 4 T1019 07/24/13 07/24/13 32.00 135.04 5 T1019 6 T1019 252630 07/25/13 07/25/13 32.00 135.04 6 T1019 07/26/13 07/26/13 32.00 135.04 252630 CLAIM TOTAL 810.24 CLAIM ACCOUNT REF. 2526300012009270SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 05/25/1925 PF03624B 0103141302031 REG LOC CLIENT SERVICE NAME NY 001 2009405 2009405 CORTES DE GALINDO, NEL 05/25/1925 PF03624B DIAGNOSIS CODES: 401.9 244.9 537.9 AMOUNT INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 252632 1 T1019 06/04/13 06/04/13 24.00 101.28 101.28 CLAIM ACCOUNT REF. 2526320012009405SUP CLAIM TOTAL BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 04/01/1954 YQ10410R 0103191302380 REG LOC CLIENT SERVICE NAME NY 001 2009425 2009425 FRIAS, BARBARA 04/01/1954 YO10410R DIAGNOSIS CODES: 785.9 V44.2 AMOUNT INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 252641 1 T1019 252641 2 T1019 252641 3 T1019 07/22/13 07/22/13 16.00 67.52 07/24/13 07/24/13 16.00 07/26/13 07/26/13 16.00 67.52 67.52

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

DIAGNOSIS CODES: 854.00 272.4 300.00 307.42 781.0

T1019

PAYER ID = 80141

252670

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

HEALTHFIRST PHSP

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT CLAIM TOTAL 202.56 CLAIM ACCOUNT REF. 2526410012009425SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009560 2009560 BOCHENEC, JOLANTA 07/08/1964 ZT71147Q 0104251302988

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
252627	1	T1019		07/20/13	07/20/13	24.00	101.28		
252627	2	T1019		07/21/13	07/21/13	24.00	101.28		
252627	3	T1019		07/22/13	07/22/13	24.00	101.28		
252627	4	T1019		07/23/13	07/23/13	24.00	101.28		
252627	5	T1019		07/24/13	07/24/13	24.00	101.28		
252627	6	T1019		07/25/13	07/25/13	24.00	101.28		
252627	7	T1019		07/26/13	07/26/13	16.00	67.52		
					CLAI	M TOTAL	675.20	CLAIM ACCOUNT REF.	2526270012009560SUP

REG NY DIAGN		CLIENT 2010009 CODES:	2010009	NAME VEGA, 250.00	, GLORIA 272.2	311.	07	RTH DATE /06/1955	RECIPIENT ZU45073J	ID	PRIOR AUTHORIZATION # R2160981
INI	J #	LINE #	PROCEDURE	E CODE	REVENUE	CD F	FROM DT	THRU DT	UNITS		AMOUNT
2526	570	1	T1019			(07/22/13	07/22/13	32.00		135.04
2526	570	2	T1019			(07/23/13	07/23/13	32.00		135.04
2526	570	3	T1019			(17/24/13	07/24/13	32 00		135 04

07/25/13 07/25/13

252670 5 T1019 07/26/13 07/26/13 32.00 135.04 CLAIM TOTAL 675.20 CLAIM ACCOUNT REF. 2526700012010009SUP

32.00

135.04

REG LOC NY 001 DIAGNOSIS	CLIENT 2008299 CODES:	SERVICE NAME 2010311 LAZZ 340. 250.00	BIRTH DATE 02/03/1950 440.9 781	RECIPIENT ID ZT39863D	PRIOR AUTHORIZATION # 0106041301563
INV # 252647	LINE #	PROCEDURE CODE T1019	 OM DT THRU DT /20/13	UNITS 48.00	AMOUNT 202.56

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252647	3	T1019	07/22/13	07/22/13	44.00	185.68		
252647	4	T1019	07/23/13	07/23/13	48.00	202.56		
252647	5	T1019	07/24/13	07/24/13	48.00	202.56		
252647	6	T1019	07/25/13	07/25/13	48.00	202.56		
252647	7	T1019	07/26/13	07/26/13	48.00	202.56		
				CLAI	M TOTAL	1,401.04	CLAIM ACCOUNT REF.	2526470012010311SUP

REPORT DATE 07/31/13 PAGE: SUNNYSIDE CITYWIDE 34

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

252666

252666

252666

2

3

T1019

T1019 4 T1019

SUNNYSIDE CITYWIDE NPI = 1154407492

PROVIDER ID = 113502051 PAYER ID = 80141 HEALTHFIRST PHSP 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 TRUDOMA 252669 07/14/13 07/14/13 20.00 84.40 2 T1019 07/20/13 07/20/13 20.00 84.40 252669 252669 3 T1019 07/21/13 07/21/13 20.00 84.40 252669 4 T1019 07/25/13 07/25/13 20.00 84.40 252669 5 T1019 07/26/13 07/26/13 20.00 84.40 CLAIM TOTAL 422.00 CLAIM ACCOUNT REF. 2526690012010758SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 10/11/1931 SX47950B R2317742 NY 001 2008813 2010967 LARA, TOMASA REG LOC CLIENT SERVICE NAME DIAGNOSIS CODES: 401.9 244.9 272.4 715.80 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 135.04 07/20/13 07/20/13 32.00 252646 1 T1019 252646 2 T1019 07/23/13 07/23/13 32.00 135.04 3 T1019 07/24/13 07/24/13 32.00 135.04 252646 4 T1019 07/25/13 07/25/13 32.00 252646 135.04 7/13 32.00 135.04 CLAIM TOTAL 675.20 CLAIM ACCOUNT REF. 2526460012010967SUP 5 T1019 07/26/13 07/26/13 32.00 252646 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 1 T1019 07/23/13 07/23/13 40.00 252628 168.80 252628 2 T1019 07/24/13 07/24/13 40.00 168.80 252628 3 T1019 07/25/13 07/25/13 40.00 168.80 07/26/13 07/26/13 40.00 4 168.80 252628 T1019 675.20 CLAIM ACCOUNT REF. 2526280012011528SUP CLAIM TOTAL BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 10/01/1956 UZ14868C 0102131302292 SERVICE NAME REG LOC CLIENT NY 001 2008405 2011820 ST ROMAINE, CLAUDE 10/01/1956 UZ14868C DIAGNOSIS CODES: 952.9 344.9 596.54 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT T1019 07/20/13 07/20/13 36.00 252666 1 151.92 07/21/13 07/21/13 36.00 07/22/13 07/22/13 40.00

07/23/13 07/23/13 40.00

151.92

168.80

168.80

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REG LOC C NY 001 20 DIAGNOSIS CC	12284		OSO, EMELIANNA	BIR 12/	TH DATE 26/1931	RECIPIENT 115451707		DR AUTHORIZATION # 06516	
INV # LI 252655 252655 252655 252655 252655 252655 252655	1 T 2 T 3 T 4 T 5 T 6 T	ROCEDURE CODE 1019 1019 1019 1019 1019 1019 1019		FROM DT 07/20/13 07/21/13 07/22/13 07/23/13 07/24/13 07/25/13 07/26/13	07/21/13 07/22/13 07/23/13 07/24/13 07/25/13 07/26/13	40.00 40.00 40.00 40.00	AMOUNT 168.80 168.80 168.80 168.80 168.80 168.80 168.80 1,181.60	CLAIM ACCOUNT REF.	2526550012012284SUP
NY 001 20	11495	SERVICE NAME 2012478 ISKAN 8.60 253.5	IDER, JACOUB S 401.9		TH DATE 14/1949	RECIPIENT YS88012Z		DR AUTHORIZATION # 40203	
INV # LI 252642 252642 252642 252642 252642 252642 252642	1 T 2 T 3 T 4 T 5 T	ROCEDURE CODE 1019 1019 1019 1019 1019 1019 1019		FROM DT 07/20/13 07/21/13 07/22/13 07/23/13 07/24/13 07/25/13 07/26/13	07/21/13 07/22/13 07/23/13 07/24/13 07/25/13 07/26/13	32.00 32.00 32.00 32.00 32.00	AMOUNT 135.04 135.04 135.04 135.04 135.04 135.04 135.04 945.28	CLAIM ACCOUNT REF.	2526420012012478SUP
REG LOC C NY 001 20 DIAGNOSIS CO	12477		CO, CARMELINA 272.0 401	08/		RECIPIENT 112990683		DR AUTHORIZATION # 1241301336	
INV # LI 252626 252626 252626 252626	1 T 2 T 3 T	PROCEDURE CODE 1019 1019 1019 1019		FROM DT 07/23/13 07/24/13 07/25/13 07/26/13	07/24/13 07/25/13 07/26/13	16.00 16.00	AMOUNT 67.52 67.52 67.52 67.52	CLAIM ACCOUNT DEE	2526260012012489STTD

CLAIM TOTAL

270.08 CLAIM ACCOUNT REF. 2526260012012489SUP

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252622

1 T1019

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PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC NY 001 DIAGNOSIS	CLIENT 2012498 CODES:	SERVICE NAME 2012498 SCHOONMAKER, JEAN 296.22 724.00	BIRTH D. 01/16/1		RECIPIENT I 116703035		OR AUTHORIZATION # 1171302362	
INV # 252663 252663 252663 252663 252663 252663	LINE # 1 2 3 4 5 6	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	07/20/13 07/ 07/22/13 07/ 07/23/13 07/ 07/24/13 07/ 07/25/13 07/	U DT 20/13 22/13 23/13 24/13 25/13 26/13 CLA	UNITS 32.00 36.00 36.00 36.00 36.00 36.00 AIM TOTAL	AMOUNT 135.04 151.92 151.92 151.92 151.92 151.92 894.64	CLAIM ACCOUNT REF.	2526630012012498SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2012772 CODES:	SERVICE NAME 2012772 THORNTON, SHIRLEY 253.5 493.92 V45.11	BIRTH D. 09/02/1		RECIPIENT I ZM67702P		DR AUTHORIZATION # 96393	
INV # 252668 252668 252668 252668 252668 252668	LINE # 1 2 3 4 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019	07/20/13 07/ 07/21/13 07/ 07/22/13 07/ 07/23/13 07/ 07/24/13 07/	U DT 20/13 21/13 22/13 23/13 24/13 26/13 CLA	UNITS 32.00 32.00 20.00 32.00 20.00 20.00 20.00 AIM TOTAL	AMOUNT 135.04 135.04 84.40 135.04 84.40 84.40 658.32	CLAIM ACCOUNT REF.	2526680012012772SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2011388 CODES:	SERVICE NAME 2013053 PALAZZOLO, FLOREN 331.0	BIRTH D. 10/31/1		RECIPIENT I PD96979S		DR AUTHORIZATION # 3181301812	
INV # 252654 252654 252654 252654 252654	LINE # 1 2 3 4 5	PROCEDURE CODE REVENUE CD T1020 T1020 T1020 T1020 T1020	07/20/13 07/ 07/21/13 07/ 07/22/13 07/ 07/23/13 07/	U DT 20/13 21/13 22/13 23/13 26/13 CLA	UNITS 12.00 12.00 12.00 12.00 12.00 AIM TOTAL	AMOUNT 202.56 202.56 202.56 202.56 202.56 1,012.80	CLAIM ACCOUNT REF.	2526540012013053SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2010143 CODES:	SERVICE NAME 2013448 AHMED, UMARA 335.19 695.4	BIRTH D. 11/15/1		RECIPIENT I XK51476N		DR AUTHORIZATION # 211255328	
INV #	LINE #	PROCEDURE CODE REVENUE CD	FROM DT THR	UDT	UNITS	AMOUNT		

07/20/13 07/20/13 32.00 135.04

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REG LOC CLIENT SERVICE NAME NY 001 2010671 2013451 AKHTH DIAGNOSIS CODES: 093.9 253.5	BIRTH ER, SELINA 07/13 272.4 401.9	H DATE RECIPIENT ID PRIOF 3/1960 SX51375D R2301	R AUTHORIZATION # 599
252623 1 T1019 252623 2 T1019 252623 3 T1019 252623 4 T1019 252623 5 T1019	07/23/13 (07/24/13 (07/25/13 (07/26/13 (07/22/13 36.00 151.92 07/23/13 36.00 151.92 07/24/13 36.00 151.92 07/25/13 36.00 151.92 07/26/13 36.00 151.92 CLAIM TOTAL 759.60	CLAIM ACCOUNT REF. 2526230012013451SUP
REG LOC CLIENT SERVICE NAME NY 001 2012500 2013452 DEKMI DIAGNOSIS CODES: 340. 285.8	BIRTE AK, GRISEL 03/02 311. 596.54	H DATE RECIPIENT ID PRIOF 2/1964 VV95212H 02011	R AUTHORIZATION # .3323665
INV # LINE # PROCEDURE CODE 252633	REVENUE CD FROM DT 07/20/13 (07/21/13 (07/22/13 (07/23/13 (07/23/13 (07/24/13 (07/25/13 (07/26/1	THRU DT UNITS AMOUNT 07/20/13 48.00 202.56 07/21/13 48.00 202.56 07/22/13 48.00 202.56 07/23/13 48.00 202.56 07/24/13 48.00 202.56 07/25/13 48.00 202.56 07/26/13 48.00 202.56 07/26/13 48.00 202.56 CLAIM TOTAL 1,417.92	CLAIM ACCOUNT REF. 2526330012013452SUP
REG LOC CLIENT SERVICE NAME NY 001 2008802 2013453 DIAZ DIAGNOSIS CODES: V02.62 300.00	1, CARMEN 07/29 401.9 719.89 733.0	H DATE RECIPIENT ID PRIOF 9/1950 WB78930D R2303	R AUTHORIZATION # 8043
INV # LINE # PROCEDURE CODE 252634 1 T1019 252634 2 T1019 252634 3 T1019 252634 4 T1019	REVENUE CD FROM DT 07/22/13 (07/23/13 (07/24/13 (07/25/1	07/22/13 16.00 67.52 07/23/13 24.00 101.28 07/24/13 24.00 101.28	

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DIAGNOSIS CODES: 696.8 253.5 272.4

252644

1 T1019

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492 PAYER ID = 80141HEALTHFIRST PHSP PROCEDURE CODE REVENUE CD FROM DT THRU DT INV # LINE # UNITS AMOUNT 252634 5 T1019 07/26/13 07/26/13 24.00 101.28 CLAIM TOTAL 472.64 CLAIM ACCOUNT REF. 2526340012013453SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # REG LOC CLIENT SERVICE NAME R2302238 NY 001 2008261 2013454 FERNANDEZ, MARIA 07/24/1943 XG23851A DIAGNOSIS CODES: 250.00 272.2 493.00 536.9 733.00 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT T1019 252637 1 07/24/13 07/24/13 16.00 67.52 252637 2 T1019 07/25/13 07/25/13 16.00 67.52 T1019 252637 3 07/26/13 07/26/13 16.00 67.52 202.56 CLAIM ACCOUNT REF. 2526370012013454SUP CLAIM TOTAL BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 09/26/1953 ZG96532J R2303561 REG LOC CLIENT SERVICE NAME NY 001 2008427 2013455 FLORES, MARITZA DIAGNOSIS CODES: 427.31 278.01 285.9 311. 425.8 799.89 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 07/20/13 07/20/13 252638 1 T1019 40.00 168.80 252638 T1019 07/21/13 07/21/13 40.00 168.80 252638 3 T1019 07/22/13 07/22/13 40.00 168.80 252638 4 T1019 07/23/13 07/23/13 40.00 168.80 5 T1019 6 T1019 7 T1019 252638 07/24/13 07/24/13 40.00 168.80 252638 07/25/13 07/25/13 40.00 168.80 7 T1019 07/26/13 07/26/13 40.00 168.80 252638 CLAIM TOTAL 1,181.60 CLAIM ACCOUNT REF. 2526380012013455SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # R2303721 NY 001 2008366 2013458 JONES, CYNTHIA 03/17/1950 ZU54275V DIAGNOSIS CODES: 333.4 401.9 PROCEDURE CODE REVENUE CD FROM DT THRU DT AMOUNT LINE # UNITS INV # 07/22/13 07/22/13 252643 1 T1019 20.00 84.40 67.52 252643 2 T1019 07/23/13 07/23/13 16.00 07/25/13 07/25/13 16.00 252643 3 T1019 67.52 CLAIM TOTAL 219.44 CLAIM ACCOUNT REF. 2526430012013458SUP PRIOR AUTHORIZATION # R2303230 REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID NY 001 2009356 2013459 KHAN, FARUQUE

02/08/1949 VM87355G

07/20/13 07/20/13 44.00

UNITS

AMOUNT

185.68

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252645 1	REG LOC CLIENT SERVICE NAME NY 001 2008742 2013461 KROLL, KATHERIN DIAGNOSIS CODES: 340. 244.8 272.0		#
NY 001 2008263 2013462 MORALES HERNADEZ, EDW 10/28/1952 XV26396D 0107171301672 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 252651 1 T1019 07/22/13 07/22/13 24.00 101.28 252651 2 T1019 07/22/13 07/22/13 24.00 101.28 252651 4 T1019 07/23/13 07/24/13 24.00 101.28 252651 5 T1019 07/24/13 07/24/13 24.00 101.28 252651 6 T1019 07/24/13 07/24/13 24.00 101.28 252651 7 T1019 07/25/13 07/25/13 24.00 101.28 252651 7 T1019 07/25/13 07/25/13 24.00 101.28 252651 7 T1019 07/25/13 07/26/13 24.00 101.28 252651 7 T1019 07/26/13 24.00 101.28 252651 1 T1019 07/26/13 24.00 101.28 252652 2 T1019 07/26/13 07/26/13 24.00 101.28 252652 3 T1019 07/26/13 07/26/13 24.00 101.28 252652 3 T1019 07/26/13 07/26/13 24.00 101.28 252652 4 T1019 07/26/13 07/26/13 24.00 101.28 252652 5 T1019 07/26/13 07/26/13 24.00 101.28 252652 5 T1019 07/26/13 07/26/13 24.00 101.28 252652 5 T1019 07/26/13 07/26/13 24.00 101.28 252652 6 T1019 07/26/13 07/26/13 07/26/13 24.00 101.28 252652 6 T1019 07/26/13 07/26/13 07/26/13 24.00 101.28 252652 6 T1019 07/26/13 07/26/13 24.00 101.28 252652 6 T1019 07/26/13 07/26/13 24.00 101.28 252652 6 T100 07/26/13 07/26/13 24.00 101.28 252652 6 T100 07/26/13 07/26/1		07/23/13 07/23/13 28.00 118.16	EF. 2526450012013461SUP
252651	NY 001 2008263 2013462 MORALES HERNAI		#
NY 001 2008422 2013463 MOSKOWITZ, RONA 02/16/1952 ZK67666G R2302297 DIAGNOSIS CODES: 799.89 401.9 493.92 729.0 V02.62 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 252652 1 T1019 07/20/13 07/20/13 24.00 101.28 252652 2 T1019 07/22/13 07/22/13 24.00 101.28 252652 3 T1019 07/23/13 07/23/13 24.00 101.28 252652 4 T1019 07/24/13 07/24/13 24.00 101.28 252652 5 T1019 07/25/13 07/25/13 24.00 101.28 252652 6 T1019 07/25/13 07/25/13 24.00 101.28 252652 6 T1019 07/25/13 07/25/13 24.00 101.28	252651 1 T1019 252651 2 T1019 252651 3 T1019 252651 4 T1019 252651 5 T1019 252651 6 T1019	07/20/13 07/20/13 24.00 101.28 07/21/13 07/21/13 24.00 101.28 07/22/13 07/22/13 24.00 101.28 07/23/13 07/23/13 24.00 101.28 07/24/13 07/24/13 24.00 101.28 07/25/13 07/25/13 24.00 101.28 07/25/13 07/25/13 24.00 101.28 07/26/13 07/26/13 24.00 101.28 07/26/13 07/26/13 24.00 101.28	EF. 2526510012013462SUP
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	252652 1 T1019 252652 2 T1019 252652 3 T1019 252652 4 T1019 252652 5 T1019	07/20/13 07/20/13 24.00 101.28 07/22/13 07/22/13 24.00 101.28 07/23/13 07/23/13 24.00 101.28 07/24/13 07/24/13 24.00 101.28 07/25/13 07/25/13 24.00 101.28 07/26/13 07/26/13 24.00 101.28 07/26/13 07/26/13 24.00 101.28	EF. 2526520012013463SUP

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PAYER ID = 80141HEALTHFIRST PHSP

REG LOC CLIENT NY 001 2008421 DIAGNOSIS CODES:	SERVICE NAME 2013464 OCASIO, VIRGINIA 250.00 278.00 300.00 715.90	BIRTH DATE RECIPIENT ID 05/24/1949 ZC22374W	PRIOR AUTHORIZATION # R2303508	
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REG LOC CLIENT NY 001 2008531 DIAGNOSIS CODES:	SERVICE NAME 2013465 RODRIGUEZ -2, MARIA 250.00 272.4 331.0 401.9	BIRTH DATE RECIPIENT ID 02/16/1949 SB98419Y 799.89	PRIOR AUTHORIZATION # R2302685	
INV # LINE # 252658 1 252658 2 252658 3 252658 4 252658 5	PROCEDURE CODE REVENUE CD FROM I 171019 07/22, T1019 07/23, T1019 07/24, T1019 07/26, T1019 07/26,	/13 07/22/13 24.00 /13 07/23/13 24.00 /13 07/24/13 24.00 /13 07/25/13 24.00	AMOUNT 101.28 101.28 101.28 101.28 101.28 101.28 506.40 CLAIM ACCOUNT REF.	2526580012013465SUP
REG LOC CLIENT NY 001 2008398 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID 03/23/1984 YC62425G	PRIOR AUTHORIZATION # R2303381	
INV # LINE # 252659 1 252659 2 252659 3 252659 4 252659 5 252659 6	PROCEDURE CODE REVENUE CD FROM I T1019 07/10, T1019 07/22, T1019 07/23, T1019 07/24, T1019 07/25, T1019 07/26,	/13 07/10/13 20.00 /13 07/22/13 20.00 /13 07/23/13 20.00 /13 07/24/13 20.00 /13 07/25/13 20.00	AMOUNT 84.40 84.40 84.40 84.40 84.40 84.40	2526500012012466GUD

CLAIM TOTAL

506.40 CLAIM ACCOUNT REF. 2526590012013466SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141 HEALTHFIRST PHSP

PAYER TOTALS:

HEALTHFIRST PHSP

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REG LOC CLI NY 001 2008 DIAGNOSIS CODE	25 2013468 WELLS, WYNORIA	BIRTH DATE RECIPIENT ID 09/10/1959 ZR27322A 401.9	PRIOR AUTHORIZATION # R2303664	
252671 252671	# PROCEDURE CODE REVENUE CD FROM T1019 07/22 T1019 07/25 T1019 07/26	2/13 07/22/13 16.00 3/13 07/23/13 16.00 5/13 07/25/13 16.00	AMOUNT 67.52 67.52 67.52 67.52 270.08 CLAIM ACCOUNT REF.	2526710012013468SUP
REG LOC CLI NY 001 2013 DIAGNOSIS CODE	02 2013602 LOPEZ, YAMILETH	BIRTH DATE RECIPIENT ID 11/22/1957 129932699 719.7	PRIOR AUTHORIZATION # R2346153	
252648 252648 252648	# PROCEDURE CODE REVENUE CD FROM 11019 07/22 11019 07/23 11019 07/24 11019 07/25 11019 07/26	2/13 07/22/13 20.00 3/13 07/23/13 20.00 4/13 07/24/13 20.00 5/13 07/25/13 20.00	AMOUNT 84.40 84.40 84.40 84.40 84.40 422.00 CLAIM ACCOUNT REF.	2526480012013602SUP

OF CLAIMS = 279 TOTAL CLAIM AMOUNT = 50

35,886.88

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

PROVIDER ID = 113502051 NPI = 1154407492 SUNNYSIDE CITYWIDE

PAYER ID = 87726UNITEDHEALTHCARE

REG LOC CLIENT NY 001 2008245 DIAGNOSIS CODES:	SERVICE NAME 2008245 CALDERON, MIGDAL 250.00 428.0 724.00 7	BIRTH DATE RECIPIENT ID IA 08/02/1961 100195559 24.3	PRIOR AUTHORIZATION # 610563075	
INV # LINE # 252681 1 2 252681 3 252681 4 252681 5 252681 6	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 07/20/13 07/20/13 40.00 07/21/13 07/21/13 40.00 07/22/13 07/22/13 40.00 07/22/13 07/22/13 40.00 07/23/13 07/23/13 40.00 07/24/13 07/24/13 40.00 07/25/13 07/25/13 40.00 CLAIM TOTAL	AMOUNT 171.60 171.60 171.60 171.60 171.60 171.60 171.60 1,029.60 CLAIM ACCOUNT REF.	2526810012008245SUP
REG LOC CLIENT NY 001 2008287 DIAGNOSIS CODES:	SERVICE NAME 2008287 MILLAN, ARMIDA 250.00 272.4 311. 3	BIRTH DATE RECIPIENT ID 09/13/1928 100063356 56.9 401.9 530.81	PRIOR AUTHORIZATION # 610554187	
INV # LINE # 252684 1 252684 2 252684 4 252684 5 252684 6 252684 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 07/20/13 07/20/13 16.00 07/21/13 07/21/13 16.00 07/22/13 07/22/13 36.00 07/23/13 07/23/13 36.00 07/24/13 07/24/13 36.00 07/25/13 07/25/13 36.00 07/26/13 07/26/13 36.00 CLAIM TOTAL	AMOUNT 68.64 68.64 154.44 154.44 154.44 154.44 154.44 909.48 CLAIM ACCOUNT REF.	2526840012008287SUP
REG LOC CLIENT NY 001 2008401 DIAGNOSIS CODES:	SERVICE NAME 2008401 SAFOS, PATRA 340. 244.8 272.0 4	BIRTH DATE RECIPIENT ID 12/18/1948 100029836 01.9	PRIOR AUTHORIZATION # 611012381	
INV # LINE # 252686 1 252686 2 252686 4 252686 5 252686 6 252686 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 07/20/13 07/20/13 32.00 07/21/13 07/21/13 32.00 07/22/13 07/22/13 36.00 07/23/13 07/23/13 32.00 07/24/13 07/24/13 32.00 07/25/13 07/25/13 28.00 07/26/13 07/26/13 32.00	AMOUNT 137.28 137.28 154.44 137.28 137.28 137.28 120.12 137.28	2526060012000401977

CLAIM TOTAL

960.96 CLAIM ACCOUNT REF. 2526860012008401SUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 87726 UNITEDHEALTHCARE

REG LOC CLIENT NY 001 2011881 DIAGNOSIS CODES:	SERVICE NAME 2011881 KHAN, FAZAL 345.91	BIRTH DATE RECIPIENT ID 06/28/1970 101344352	PRIOR AUTHORIZATION # 609951463	
INV # LINE # 252683 1 252683 2 252683 4 252683 5 252683 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 07/20/13 07/20/13 48.00 07/21/13 07/21/13 48.00 07/22/13 07/22/13 48.00 07/23/13 07/23/13 48.00 07/24/13 07/23/13 48.00 07/24/13 07/24/13 48.00 07/25/13 07/25/13 48.00 07/26/13 07/26/13 48.00 CLAIM TOTAL	AMOUNT 205.92 205.92 205.92 205.92 205.92 205.92 205.92 1,441.44 CLAIM ACCOUNT REF.	2526830012011881SUP
REG LOC CLIENT NY 001 2013181 DIAGNOSIS CODES:	SERVICE NAME 2013181 REYES, RODOLFO 427.89 443.89	BIRTH DATE RECIPIENT ID 04/17/1927 101465844	PRIOR AUTHORIZATION # 611028746	
INV # LINE # 252685 1 252685 2 252685 3 252685 4 252685 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 07/22/13 07/22/13 16.00 07/23/13 07/23/13 12.00 07/24/13 07/24/13 16.00 07/25/13 07/25/13 16.00 07/26/13 07/26/13 16.00 CLAIM TOTAL	AMOUNT 68.64 51.48 68.64 68.64 68.64 326.04 CLAIM ACCOUNT REF.	2526850012013181SUP
REG LOC CLIENT NY 001 2013182 DIAGNOSIS CODES:	SERVICE NAME 2013182 FARFAN, MARIA 780.99 294.10 530.81 73	BIRTH DATE RECIPIENT ID 06/17/1924 101465838	PRIOR AUTHORIZATION # 611033079	
INV # LINE # 252682 1 252682 2 252682 4 252682 5 252682 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 07/20/13 07/20/13 32.00 07/21/13 07/21/13 32.00 07/22/13 07/22/13 32.00 07/23/13 07/23/13 32.00 07/24/13 07/24/13 32.00 07/25/13 07/25/13 32.00 07/26/13 07/26/13 32.00 CLAIM TOTAL	AMOUNT 137.28 137.28 137.28 137.28 137.28 137.28 137.28 137.28 960.96 CLAIM ACCOUNT REF.	2526820012013182SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 87726 UNITEDHEALTHCARE

PAYER TOTALS: UNITEDHEALTHCARE # OF CLAIMS = 39 TOTAL CLAIM AMOUNT = 5,628.48

SERVICES = 6

REPORT DATE 07/31/13 PAGE: SUNNYSIDE CITYWIDE 45

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T1019 0580

0580

1

2

T1019

252759

252759

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = AMRGRI AMERIGROUP NEW YORK, LLC SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 2008266 GUERRA, LORRAINE 03/22/1948 712731594 103536057 REG LOC CLIENT NY 001 2008266 DIAGNOSIS CODES: 431. 784.3 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS TRUDOMA 0580 252757 1 T1019 07/20/13 07/20/13 40.00 168.80 0580 252757 07/21/13 07/21/13 40.00 168.80 T1019 0580 0580 0580 0580 0580 07/21/13 07/21/13 40.00 0580 07/22/13 07/22/13 32.00 0580 07/23/13 07/23/13 32.00 0580 07/24/13 07/24/13 32.00 0580 07/25/13 07/25/13 32.00 0580 07/26/13 07/26/13 32.00 135.04 252757 3 T1019 252757 4 T1019 135.04 252757 5 T1019 135.04 252757 6 T1019 135.04 252757 7 T1019 135.04 CLAIM TOTAL 1,012.80 CLAIM ACCOUNT REF. 2527570012008266SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 10/26/1956 712824266 103273331 REG LOC CLIENT SERVICE NAME NY 001 2008409 2009279 PRUITT, JOHNNY 10/26/1956 712824266 DIAGNOSIS CODES: 249.00 272.4 295.00 401.9 585.9 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 1 S5130 0582 07/25/13 07/25/13 67.52 252758 16.00 67.52 252758 2 0582 07/26/13 07/26/13 16.00 S5130 CLAIM TOTAL 135.04 CLAIM ACCOUNT REF. 2527580012009279SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 103177976 NY 001 2008406 2010728 YOUNG, KALEILE 06/17/1994 006532755 DIAGNOSIS CODES: 319. 493.90 742.1 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # 07/20/13 07/20/13 T1019 0580 252760 1 16.00 67.52 0580 0580 0580 0580 0580 252760 T1019 07/21/13 07/21/13 16.00 67.52 252760 3 T1019 07/22/13 07/22/13 12.00 50.64 252760 4 T1019 07/23/13 07/23/13 12.00 50.64 $\begin{array}{ccccc} 07/24/13 & 07/24/13 & 12.00 \\ 07/25/13 & 07/25/13 & 12.00 \\ 07/26/13 & 07/26/13 & 12.00 \\ \end{array}$ 5 T1019 252760 50.64 6 T1019 252760 50.64 252760 7 T1019 0580 50.64 CLAIM TOTAL 388.24 CLAIM ACCOUNT REF. 2527600012010728SUP PRIOR AUTHORIZATION # 103177687 SERVICE NAME BIRTH DATE RECIPIENT ID REG LOC CLIENT NY 001 2008407 2010729 WALTERS, BYRON 05/18/2000 006600539 DIAGNOSIS CODES: 319. 493.90 742.1 PROCEDURE CODE REVENUE CD FROM DT THRU DT LINE # UNITS AMOUNT

07/20/13 07/20/13

07/21/13 07/21/13 20.00

84.40

84.40

20.00

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REG LOC CL NY 001 201 DIAGNOSIS COD	IENT SERVICE NAME 2083 2012354 CRUZ ES: 290.0 401.9	, SALVADOR 05,	RTH DATE RECIPIENT ID 713917795	PRIOR AUTHORIZATION # 103312801	
INV # LIN 252763 252763 252763 252763 252763 252763	1 T1019 2 T1019 3 T1019 4 T1019	$\begin{array}{ccc} 0580 & 07/22/13 \\ 0580 & 07/23/13 \\ 0580 & 07/24/13 \\ 0580 & 07/25/13 \end{array}$	THRU DT UNITS 07/22/13 24.00 07/23/13 24.00 07/24/13 24.00 07/25/13 24.00 07/26/13 24.00 CLAIM TOTAL	AMOUNT 90.00 90.00 90.00 90.00 90.00 450.00 CLAIM ACCOUNT REF.	2527630012012354SUP
NY 001 201	IENT SERVICE NAME 2078 2012358 MART ES: 715.09 311.	INEZ, TOMASITA 01/ 401.9 493.90	RTH DATE RECIPIENT ID 714799688	PRIOR AUTHORIZATION # 103312469	
INV # LIN 252766 252766 252766 252766 252766	1 T1019 2 T1019	$\begin{array}{ccc} 0580 & 07/22/13 \\ 0580 & 07/23/13 \\ 0580 & 07/24/13 \\ 0580 & 07/25/13 \end{array}$	THRU DT UNITS 07/22/13 16.00 07/23/13 16.00 07/24/13 16.00 07/25/13 16.00 07/26/13 16.00 CLAIM TOTAL	AMOUNT 60.00 60.00 60.00 60.00 60.00 300.00 CLAIM ACCOUNT REF.	2527660012012358SUP
REG LOC CL NY 001 201 DIAGNOSIS COD	IENT SERVICE NAME 2080 2012362 RIVE ES: 192.2 338.29	RA, CARMEN 05	RTH DATE RECIPIENT ID 717/1967 714280461 8.30	PRIOR AUTHORIZATION # 103312424	
INV # LIN 252767 252767 252767 252767 252767	1 T1019 2 T1019 3 T1019	0580 07/22/13 0580 07/23/13 0580 07/24/13 0580 07/25/13	THRU DT UNITS 07/22/13 20.00 07/23/13 20.00 07/24/13 20.00 07/25/13 20.00 07/26/13 20.00 CLAIM TOTAL	AMOUNT 75.00 75.00 75.00 75.00 75.00 375.00 CLAIM ACCOUNT REF.	2527670012012362SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = AMRGRI AMERIGROUP NEW YORK, LLC

252765

1 T1019

0580

REG LOC CLIENT	SERVICE NAME	BIRTH DATE RECIPIENT ID	PRIOR AUTHORIZATION #	
NY 001 2009647		* 07/14/1948 715856872	102806651	
DIAGNOSIS CODES:		5.80		
INV # LINE #	PROCEDURE CODE REVENUE CD	FROM DT THRU DT UNITS	AMOUNT	
252764 1	T1019 0580	07/22/13 07/22/13 32.00	120.00	
252764 2	T1019 0580	07/23/13 07/23/13 36.00	135.00	
252764 3	T1019 0580 T1019 0580	07/24/13 07/24/13 32.00	120.00	
252764 4	T1019 0580	07/25/13 07/25/13 36.00	135.00	
252764 5	T1019 0580	07/26/13 07/26/13 32.00	120.00	
		CLAIM TOTAL	630.00 CLAIM ACCOUNT REF.	2527640012012374SUP
REG LOC CLIENT	SERVICE NAME	BIRTH DATE RECIPIENT ID 02/01/1919 717373336	PRIOR AUTHORIZATION #	
NY 001 2012732	2012732 COLCHAMIRO, ESTHE	R 02/01/1919 717373336	103441419	
DIAGNOSIS CODES:	799.9 244.9 272.4 40	1.9		
INV # LINE #	PROCEDURE CODE REVENUE CD	FROM DT THRU DT UNITS	AMOUNT	
252762 1	T1019 0580	07/22/13 07/22/13 28.00	105.00	
252762 2	T1019 0580	07/23/13 07/23/13 28.00	105.00	
252762 2		07/24/13 07/24/13 28.00	105.00	
252762 4	T1019 0580 T1019 0580	07/25/13 07/25/13 28.00	105.00	
252762 5	T1019 0580		60.00	
232702	11019 0300	CLAIM TOTAL		2527620012012732SUP
		CLAIM TOTAL	100.00 CLAIM ACCOUNT REI.	2327020012012732501
REG LOC CLIENT	SERVICE NAME	BIRTH DATE RECIPIENT ID 11/07/1951 713952989	PRIOR AUTHORIZATION #	
NY 001 2012163	2012876 AKHTAR, CATHRINE	11/07/1951 713952989	103312611	
DIAGNOSIS CODES:		3.91		
INV # LINE #	PROCEDURE CODE REVENUE CD	FROM DT THRU DT UNITS	AMOUNT	
252761 1	T1019 0580	07/20/13 07/20/13 20.00	75.00	
252761 2	T1019 0580	07/21/13 07/21/13 20.00	75.00	
252761 3	T1019 0580	07/22/13 07/22/13 28.00	105.00	
252761 4	T1019 0580	07/23/13 07/23/13 28.00	105.00	
252761 5	T1019 0580	07/24/13 07/24/13 28.00	105.00	
252761 6	T1019 0580	07/25/13 07/25/13 28.00	105.00	
252761 7	T1019 0580 T1019 0580 T1019 0580 T1019 0580 T1019 0580	07/26/13 07/26/13 28.00	105.00	
		CLAIM TOTAL	675.00 CLAIM ACCOUNT REF.	2527610012012876SUP
REG LOC CLIENT	SERVICE NAME	BIRTH DATE RECIPIENT ID	PRIOR AUTHORIZATION #	
REG LOC CLIENT NY 001 2008365	SERVICE NAME 2013018 HARDING, EDNA	05/17/1956 6274884	103437258	
DIAGNOSIS CODES:		05/17/1956 62/4884	10343/238	
DIMONOSIS CODES:	493.90 433.3 4/4.4 48	0.00		
INV # LINE #	PROCEDURE CODE REVENUE CD	FROM DT THRU DT UNITS	AMOUNT	
1NV # DINE #			ANOUNI	

16.00

60.00

07/22/13 07/22/13

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

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		
252765	2	T1019	0580	07/23/13	07/23/13	16.00	60.00		
252765	3	T1019	0580	07/24/13	07/24/13	16.00	60.00		
252765	4	T1019	0580	07/25/13	07/25/13	16.00	60.00		
252765	5	T1019	0580	07/26/13	07/26/13	16.00	60.00		
					CLAI	M TOTAL	300.00	CLAIM ACCOUNT REF.	2527650012013018SUP

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		
252756	1	T1019	0580	07/22/13	07/22/13	20.00	84.40		
252756	2	T1019	0580	07/23/13	07/23/13	20.00	84.40		
252756	3	T1019	0580	07/24/13	07/24/13	20.00	84.40		
252756	4	T1019	0580	07/25/13	07/25/13	20.00	84.40		
					CLAI	M TOTAL	337.60	CLAIM ACCOUNT REF.	2527560012013352SUP

PAYER TOTALS: AMERIGROUP NEW YORK,LLC # OF CLAIMS = 64 TOTAL CLAIM AMOUNT = 5,590.08

SERVICES = 12

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = ICS01 ICS

REG LOC CLIENT NY 001 2008389 DIAGNOSIS CODES:	2011453 MUSHAYEV, BORIS	BIRTH DATE RECIPIENT ID 08/14/1947 7235 441.00 715.90	PRIOR AUTHORIZATION # 464780	
INV # LINE # 252773 1 252773 2 252773 3 252773 4 252773 5	PROCEDURE CODE REVENUE CD T1019 1C T1019 1C T1019 1C T1019 1C T1019 1C	FROM DT THRU DT UNITS 07/22/13 07/22/13 6.00 07/23/13 07/23/13 6.00 07/24/13 07/24/13 6.00 07/25/13 07/25/13 6.00 07/26/13 07/26/13 6.00 CLAIM TOTAL	AMOUNT 98.40 98.40 98.40 98.40 98.40 492.00 CLAIM ACCOUNT REF.	2527730012011453SUP
REG LOC CLIENT NY 001 2011869 DIAGNOSIS CODES:	SERVICE NAME 2011869 JONES, VALERIE 438.9	BIRTH DATE RECIPIENT ID 10/10/1948 1457	PRIOR AUTHORIZATION # 479978	
INV # LINE # 252772 1 252772 2 252772 3 252772 4 252772 5	PROCEDURE CODE REVENUE CD T1019 1C T1019 1C T1019 1C T1019 1C T1019 1C	FROM DT THRU DT UNITS 07/22/13 07/22/13 4.00 07/23/13 07/23/13 4.00 07/24/13 07/24/13 4.00 07/25/13 07/25/13 4.00 07/26/13 07/26/13 4.00 CLAIM TOTAL	AMOUNT 65.60 65.60 65.60 65.60 328.00 CLAIM ACCOUNT REF.	2527720012011869 <i>S</i> UP
REG LOC CLIENT NY 001 2011870 DIAGNOSIS CODES:	2011870 AGOSTINI, MONSER		PRIOR AUTHORIZATION # 480096	232//2001201100930F
INV # LINE # 252769 1 252769 2 252769 3 252769 4 252769 5	PROCEDURE CODE REVENUE CD T1019 1C T1019 1C T1019 1C T1019 1C T1019 1C	FROM DT THRU DT UNITS 07/22/13 07/22/13 6.00 07/23/13 07/23/13 6.00 07/24/13 07/24/13 6.00 07/25/13 07/25/13 6.00 07/26/13 07/26/13 6.00 CLAIM TOTAL	AMOUNT 98.40 98.40 98.40 98.40 98.40 492.00 CLAIM ACCOUNT REF.	2527690012011870SUP
REG LOC CLIENT NY 001 2012213 DIAGNOSIS CODES:	SERVICE NAME 2012213 BERRY, ANGELINA 438.9	BIRTH DATE RECIPIENT ID 10/21/1956 1784	PRIOR AUTHORIZATION # 456200	
INV # LINE # 252770 1 252770 2 252770 3	PROCEDURE CODE REVENUE CD T1019 1C T1019 1C T1019 1C	FROM DT THRU DT UNITS 07/20/13 07/20/13 4.00 07/21/13 07/21/13 4.00 07/22/13 07/22/13 4.00	AMOUNT 65.60 65.60 65.60	

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER	ID = IC	S01	ICS	111111111		•	1111 1131	10,132	
INV #	LINE #	PROCEDURE CO	DE REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
252770	4	T1019 1C	DE KEVENOE CD		07/23/13		65.60		
252770	5	T1019 1C			07/24/13		65.60		
252770		T1019 1C			07/25/13		65.60		
	6 7								
252770	/	T1019 1C		07/26/13	07/26/13		65.60	GT 3 TM 3 GGGTTTT DDD	0505500010010013
					CL.	AIM TOTAL	459.20	CLAIM ACCOUNT REF.	2527700012012213SUP
REG LOC	CLIENT	SERVICE N	AME	BIR	TH DATE	RECIPIENT ID	PRIC	OR AUTHORIZATION #	
	2012097		ODRIGUEZ, SILVIO	11/	03/1930	9624	4462	238	
DIAGNOSIS	CODES:	290.0 280.	9 401.9						
INV #	LINE #	PROCEDURE CO	DE REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
252776	1	T1019 1C		07/20/13	07/20/13	8.00	131.20		
252776	2	T1019 1C		07/21/13	07/21/13	8.00	131.20		
252776	3	T1019 1C		07/22/13	07/22/13	8.00	131.20		
252776	4	T1019 1C		07/23/13	07/23/13	7.50	123.00		
252776	5	T1019 1C		07/24/13			131.20		
252776	6	T1019 1C		07/25/13			131.20		
252776	7	T1019 1C			07/26/13		131.20		
202770	•	11017 10		07,20,25		AIM TOTAL	910.20	CLAIM ACCOUNT REF.	2527760012013010SUP
					02		, 10.10	0211211 110000111 1121 .	2027700012013010001
REG LOC	CLIENT		AME	BIR	TH DATE	RECIPIENT ID	PRIC	OR AUTHORIZATION #	
	CLIENT 2013320		AME EREZ, RAFAELA		TH DATE 05/1934	RECIPIENT ID 8249	PRIO 4680		
	2013320	2013320 P							
NY 001	2013320	2013320 P							
NY 001 DIAGNOSIS INV #	2013320	2013320 P 781.2 PROCEDURE CO	EREZ, RAFAELA	12/ FROM DT	05/1934 THRU DT	8249 UNITS	4680 AMOUNT		
NY 001 DIAGNOSIS	2013320 CODES:	2013320 P 781.2	EREZ, RAFAELA	12/ FROM DT	05/1934	8249 UNITS	4680		
NY 001 DIAGNOSIS INV #	2013320 CODES: LINE #	2013320 P 781.2 PROCEDURE CO	EREZ, RAFAELA	12/ FROM DT 07/20/13	05/1934 THRU DT	8249 UNITS 24.00	4680 AMOUNT		
NY 001 DIAGNOSIS INV # 252774	2013320 CODES: LINE #	2013320 P 781.2 PROCEDURE CO T1019 1C	EREZ, RAFAELA	12/ FROM DT 07/20/13 07/21/13	05/1934 THRU DT 07/20/13	UNITS 24.00 24.00	4680 AMOUNT 393.60		
NY 001 DIAGNOSIS INV # 252774 252774	2013320 S CODES: LINE # 1 2	2013320 P 781.2 PROCEDURE CO T1019 1C T1019 1C	EREZ, RAFAELA	12/ FROM DT 07/20/13 07/21/13 07/22/13	05/1934 THRU DT 07/20/13 07/21/13	UNITS 24.00 24.00 24.00	AMOUNT 393.60 393.60		
NY 001 DIAGNOSIS INV # 252774 252774 252774 252774	2013320 CODES: LINE # 1 2 3 4	2013320 P 781.2 PROCEDURE CO T1019 1C T1019 1C T1019 1C T1019 1C	EREZ, RAFAELA	FROM DT 07/20/13 07/21/13 07/22/13 07/23/13	05/1934 THRU DT 07/20/13 07/21/13 07/22/13 07/23/13	UNITS 24.00 24.00 24.00 24.00	AMOUNT 393.60 393.60 393.60 393.60		
NY 001 DIAGNOSIS INV # 252774 252774 252774 252774 252774	2013320 CODES: LINE # 1 2 3 4 5	2013320 P 781.2 PROCEDURE CO T1019 1C T1019 1C T1019 1C T1019 1C T1019 1C T1019 1C	EREZ, RAFAELA	FROM DT 07/20/13 07/21/13 07/22/13 07/23/13 07/24/13	05/1934 THRU DT 07/20/13 07/21/13 07/22/13 07/23/13 07/24/13	UNITS 24.00 24.00 24.00 24.00 24.00 24.00	AMOUNT 393.60 393.60 393.60 393.60 393.60		
NY 001 DIAGNOSIS INV # 252774 252774 252774 252774 252774 252774	2013320 CODES: LINE # 1 2 3 4 5 6	2013320 P 781.2 PROCEDURE CO T1019 1C	EREZ, RAFAELA	FROM DT 07/20/13 07/21/13 07/22/13 07/23/13 07/24/13 07/25/13	05/1934 THRU DT 07/20/13 07/21/13 07/22/13 07/23/13 07/24/13 07/25/13	UNITS 24.00 24.00 24.00 24.00 24.00 24.00	AMOUNT 393.60 393.60 393.60 393.60 393.60 393.60		
NY 001 DIAGNOSIS INV # 252774 252774 252774 252774 252774	2013320 CODES: LINE # 1 2 3 4 5	2013320 P 781.2 PROCEDURE CO T1019 1C T1019 1C T1019 1C T1019 1C T1019 1C T1019 1C	EREZ, RAFAELA	FROM DT 07/20/13 07/21/13 07/22/13 07/23/13 07/24/13 07/25/13	05/1934 THRU DT 07/20/13 07/21/13 07/22/13 07/23/13 07/24/13 07/25/13 07/26/13	UNITS 24.00 24.00 24.00 24.00 24.00 24.00 24.00 24.00	AMOUNT 393.60 393.60 393.60 393.60 393.60 393.60 393.60	055	2527740012013320STP
NY 001 DIAGNOSIS INV # 252774 252774 252774 252774 252774 252774	2013320 CODES: LINE # 1 2 3 4 5 6	2013320 P 781.2 PROCEDURE CO T1019 1C	EREZ, RAFAELA	FROM DT 07/20/13 07/21/13 07/22/13 07/23/13 07/24/13 07/25/13	05/1934 THRU DT 07/20/13 07/21/13 07/22/13 07/23/13 07/24/13 07/25/13 07/26/13	UNITS 24.00 24.00 24.00 24.00 24.00 24.00	AMOUNT 393.60 393.60 393.60 393.60 393.60 393.60	055	2527740012013320SUP
NY 001 DIAGNOSIS INV # 252774 252774 252774 252774 252774 252774	2013320 CODES: LINE # 1 2 3 4 5 6	2013320 P 781.2 PROCEDURE CO T1019 1C	EREZ, RAFAELA	FROM DT 07/20/13 07/21/13 07/22/13 07/23/13 07/24/13 07/25/13	05/1934 THRU DT 07/20/13 07/21/13 07/22/13 07/23/13 07/24/13 07/25/13 07/26/13	UNITS 24.00 24.00 24.00 24.00 24.00 24.00 24.00 24.00	AMOUNT 393.60 393.60 393.60 393.60 393.60 393.60 393.60 2,755.20	055	2527740012013320SUP
NY 001 DIAGNOSIS INV # 252774 252774 252774 252774 252774 252774	2013320 CODES: LINE # 1 2 3 4 5 6 7	2013320 P 781.2 PROCEDURE CO T1019 1C SERVICE N	EREZ, RAFAELA	FROM DT 07/20/13 07/21/13 07/22/13 07/23/13 07/24/13 07/25/13 07/26/13	05/1934 THRU DT 07/20/13 07/21/13 07/22/13 07/23/13 07/24/13 07/25/13 07/26/13 CL	UNITS 24.00 24.00 24.00 24.00 24.00 24.00 24.00 24.00 AIM TOTAL	AMOUNT 393.60 393.60 393.60 393.60 393.60 393.60 393.60 2,755.20	CLAIM ACCOUNT REF.	2527740012013320SUP
NY 001 DIAGNOSIS INV # 252774 252774 252774 252774 252774 252774 252774	2013320 CODES: LINE # 1 2 3 4 5 6 7 CLIENT 2013470	2013320 P 781.2 PROCEDURE CO T1019 1C	EREZ, RAFAELA DE REVENUE CD TAME LIVERS, DEBRA	FROM DT 07/20/13 07/21/13 07/22/13 07/23/13 07/24/13 07/25/13 07/26/13	05/1934 THRU DT 07/20/13 07/21/13 07/22/13 07/23/13 07/24/13 07/25/13 07/26/13 CL TH DATE	UNITS 24.00 24.00 24.00 24.00 24.00 24.00 24.00 AIM TOTAL RECIPIENT ID 9863	AMOUNT 393.60 393.60 393.60 393.60 393.60 393.60 2,755.20	CLAIM ACCOUNT REF.	2527740012013320SUP
NY 001 DIAGNOSIS INV # 252774 252774 252774 252774 252774 252774 252774 252774	2013320 CODES: LINE # 1 2 3 4 5 6 7 CLIENT 2013470	2013320 P 781.2 PROCEDURE CO T1019 1C	EREZ, RAFAELA DE REVENUE CD TAME LIVERS, DEBRA	FROM DT 07/20/13 07/21/13 07/22/13 07/23/13 07/24/13 07/25/13 07/26/13	05/1934 THRU DT 07/20/13 07/21/13 07/22/13 07/23/13 07/25/13 07/26/13 CL TH DATE 14/1958	UNITS 24.00 24.00 24.00 24.00 24.00 24.00 24.00 AIM TOTAL RECIPIENT ID 9863	AMOUNT 393.60 393.60 393.60 393.60 393.60 393.60 2,755.20	CLAIM ACCOUNT REF.	2527740012013320SUP
NY 001 DIAGNOSIS INV # 252774 252774 252774 252774 252774 252774 252774 252774	2013320 CODES: LINE # 1 2 3 4 5 6 7 CLIENT 2013470	2013320 P 781.2 PROCEDURE CO T1019 1C	EREZ, RAFAELA DE REVENUE CD AME IVERS, DEBRA 344.1 49	FROM DT 07/20/13 07/21/13 07/22/13 07/23/13 07/24/13 07/25/13 07/26/13	05/1934 THRU DT 07/20/13 07/21/13 07/22/13 07/23/13 07/25/13 07/26/13 CL TH DATE 14/1958	UNITS 24.00 24.00 24.00 24.00 24.00 24.00 24.00 AIM TOTAL RECIPIENT ID 9863	AMOUNT 393.60 393.60 393.60 393.60 393.60 393.60 2,755.20	CLAIM ACCOUNT REF.	2527740012013320SUP
NY 001 DIAGNOSIS INV # 252774 252774 252774 252774 252774 252774 252774 252774 REG LOC NY 001 DIAGNOSIS	2013320 CODES: LINE # 1 2 3 4 5 6 7 CLIENT 2013470 CODES:	2013320 P 781.2 PROCEDURE CO T1019 1C SERVICE N 2013470 R 907.2 135.	EREZ, RAFAELA DE REVENUE CD AME IVERS, DEBRA 344.1 49	FROM DT 07/20/13 07/21/13 07/22/13 07/22/13 07/23/13 07/24/13 07/25/13 07/26/13 BIR 09/	05/1934 THRU DT 07/20/13 07/21/13 07/22/13 07/23/13 07/25/13 07/26/13 07/26/13 CL TH DATE 14/1958 .81 592	UNITS 24.00 24.00 24.00 24.00 24.00 24.00 24.00 AIM TOTAL RECIPIENT ID 9863 .0 596.54 UNITS	AMOUNT 393.60 393.60 393.60 393.60 393.60 393.60 2,755.20 PRIC 468	CLAIM ACCOUNT REF.	2527740012013320SUP
NY 001 DIAGNOSIS INV # 252774 252774 252774 252774 252774 252774 252774 252774 252774 IREG LOC NY 001 DIAGNOSIS	2013320 CODES: LINE # 1 2 3 4 5 6 7 CLIENT 2013470 CODES: LINE #	2013320 P 781.2 PROCEDURE CO T1019 1C SERVICE N 2013470 R 907.2 135. PROCEDURE CO	EREZ, RAFAELA DE REVENUE CD AME IVERS, DEBRA 344.1 49	FROM DT 07/20/13 07/21/13 07/22/13 07/22/13 07/23/13 07/24/13 07/25/13 07/26/13 BIR 09/	05/1934 THRU DT 07/20/13 07/21/13 07/22/13 07/23/13 07/25/13 07/26/13 CL TH DATE 14/1958 .81 592 THRU DT 07/19/13	UNITS 24.00 24.00 24.00 24.00 24.00 24.00 24.00 AIM TOTAL RECIPIENT ID 9863 .0 596.54 UNITS 12.00	AMOUNT 393.60 393.60 393.60 393.60 393.60 393.60 2,755.20 PRIC 468	CLAIM ACCOUNT REF.	2527740012013320SUP
NY 001 DIAGNOSIS INV # 252774 252774 252774 252774 252774 252774 252774 REG LOC NY 001 DIAGNOSIS INV # 252775 252775	2013320 CODES: LINE # 1 2 3 4 5 6 7 CLIENT 2013470 CODES: LINE #	2013320 P 781.2 PROCEDURE CO T1019 1C SERVICE N 2013470 R 907.2 135. PROCEDURE CO T1019 1C T1019 1C	EREZ, RAFAELA DE REVENUE CD AME IVERS, DEBRA 344.1 49	FROM DT 07/20/13 07/21/13 07/22/13 07/22/13 07/24/13 07/26/13 07/26/13 BIR 09/ 3.90 564 FROM DT 07/19/13 07/20/13	05/1934 THRU DT 07/20/13 07/21/13 07/22/13 07/23/13 07/25/13 07/26/13 CL TH DATE 14/1958 .81 592 THRU DT 07/19/13 07/20/13	UNITS 24.00 24.00 24.00 24.00 24.00 24.00 24.00 AIM TOTAL RECIPIENT ID 9863 .0 596.54 UNITS 12.00 12.00	AMOUNT 393.60 393.60 393.60 393.60 393.60 393.60 2,755.20 PRIC 468* AMOUNT 196.80 196.80	CLAIM ACCOUNT REF.	2527740012013320SUP
NY 001 DIAGNOSIS INV # 252774 252774 252774 252774 252774 252774 252774 REG LOC NY 001 DIAGNOSIS INV # 252775	2013320 CODES: LINE # 1 2 3 4 5 6 7 CLIENT 2013470 CODES: LINE # 1 2	2013320 P 781.2 PROCEDURE CO T1019 1C SERVICE N 2013470 R 907.2 135. PROCEDURE CO T1019 1C	EREZ, RAFAELA DE REVENUE CD AME IVERS, DEBRA 344.1 49	FROM DT 07/20/13 07/21/13 07/22/13 07/22/13 07/24/13 07/26/13 07/26/13 BIR 09/ 3.90 564 FROM DT 07/19/13 07/20/13	05/1934 THRU DT 07/20/13 07/21/13 07/22/13 07/23/13 07/25/13 07/26/13 CL TH DATE 14/1958 .81 592 THRU DT 07/19/13	UNITS 24.00 24.00 24.00 24.00 24.00 24.00 24.00 AIM TOTAL RECIPIENT ID 9863 .0 596.54 UNITS 12.00 12.00 8.50	AMOUNT 393.60 393.60 393.60 393.60 393.60 393.60 2,755.20 PRIC 468	CLAIM ACCOUNT REF.	2527740012013320SUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = ICS01 ICS

INV # 252775 252775 252775 252775	LINE # 5 6 7 8	PROCEDURE CODE T1019 1C T1019 1C T1019 1C T1019 1C	REVENUE CD	FROM DT 07/23/13 07/24/13 07/25/13 07/26/13	THRU DT 07/23/13 07/24/13 07/25/13 07/26/13 CLAI	UNITS 12.00 12.00 12.00 11.75 IM TOTAL	AMOUNT 196.80 196.80 196.80 192.70 1,512.90	CLAIM ACCOUNT REF.	2527750012013470SUP
REG LOC	CLIENT	SERVICE NAM				RECIPIENT ID		OR AUTHORIZATION #	
NY 001	2013587		NCELLOR, IRA		. ,	.0443	4765		
DIAGNOSIS	CODES:	724.00 042.	250.00 2	72.0 296	.80 300.0	365.00	427.31	781.2	
INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
252771	1	T1019 1C		07/22/13	07/22/13	4.00	65.60		
252771	2	T1019 1C		07/23/13	07/23/13	4.00	65.60		
252771	3	T1019 1C		07/24/13	07/24/13	4.00	65.60		
252771	4	T1019 1C		07/25/13	07/25/13	4.00	65.60		
252771	5	T1019 1C		07/26/13	07/26/13	4.00	65.60		
					CT.ΔT	M TOTAL	328.00	CLAIM ACCOUNT REF	2527710012013587SUP
					CLIAI	11 1011111	320.00	CEMIN MCCOONT MET.	2327710012013307801
REG LOC NY 001 DIAGNOSIS	CLIENT 2013676 CODES:	SERVICE NAM 2013676 TOR 401.9	E RES, YNES		TH DATE F	RECIPIENT ID		OR AUTHORIZATION #	1327710012013307B01
NY 001 DIAGNOSIS	2013676 CODES:	2013676 TOR. 401.9	RES, YNES		TH DATE F 21/1930 1	RECIPIENT ID	PRIC 4771	OR AUTHORIZATION #	1327710012013307B01
NY 001	2013676	2013676 TOR	RES, YNES	01/	TH DATE F	RECIPIENT ID	PRIC	OR AUTHORIZATION #	2527710012013307801
NY 001 DIAGNOSIS INV # 252777 252777	2013676 CODES:	2013676 TOR 401.9 PROCEDURE CODE T1019 1C T1019 1C	RES, YNES	01/ FROM DT 07/11/13 07/15/13	TH DATE F 21/1930 1 THRU DT 07/11/13 07/15/13	RECIPIENT ID .0504 UNITS 4.00 4.00	PRIC 4773 AMOUNT 65.60 65.60	OR AUTHORIZATION #	2527710012013307801
NY 001 DIAGNOSIS INV # 252777 252777 252777	2013676 CODES: LINE # 1 2 3	2013676 TOR 401.9 PROCEDURE CODE T1019 1C T1019 1C T1019 1C	RES, YNES	01/ FROM DT 07/11/13 07/15/13 07/16/13	THRU DT 07/11/13 07/15/13 07/16/13	UNITS 4.00 4.00 4.00	PRIO 4773 AMOUNT 65.60 65.60 65.60	OR AUTHORIZATION #	2527710012013307801
NY 001 DIAGNOSIS INV # 252777 252777 252777 252777	2013676 CODES: LINE # 1 2 3 4	2013676 TOR 401.9 PROCEDURE CODE T1019 1C T1019 1C T1019 1C T1019 1C	RES, YNES	01/ FROM DT 07/11/13 07/15/13 07/16/13 07/17/13	THRU DT 07/11/13 07/15/13 07/16/13 07/17/13	UNITS 4.00 4.00 4.00 4.00	PRIC 4773 AMOUNT 65.60 65.60 65.60 65.60	OR AUTHORIZATION #	2527710012013307801
NY 001 DIAGNOSIS INV # 252777 252777 252777 252777 252777	2013676 CODES: LINE # 1 2 3 4 5	2013676 TOR 401.9 PROCEDURE CODE T1019 1C T1019 1C T1019 1C T1019 1C T1019 1C	RES, YNES	01/ FROM DT 07/11/13 07/15/13 07/16/13 07/17/13 07/18/13	THRU DT 07/11/13 07/15/13 07/17/13 07/18/13	UNITS 4.00 4.00 4.00 4.00 4.00	PRIG 477: AMOUNT 65.60 65.60 65.60 65.60 65.60	OR AUTHORIZATION #	2527710012013307801
NY 001 DIAGNOSIS INV # 252777 252777 252777 252777 252777 252777	2013676 CODES: LINE # 1 2 3 4 5 6	2013676 TOR 401.9 TOR PROCEDURE CODE T1019 1C T1019 1C T1019 1C T1019 1C T1019 1C	RES, YNES	01/ FROM DT 07/11/13 07/15/13 07/16/13 07/17/13 07/18/13 07/22/13	THRU DT 07/11/13 07/15/13 07/17/13 07/17/13 07/17/13 07/17/13 07/18/13 07/22/13	UNITS 4.00 4.00 4.00 4.00 4.00 4.00 4.00	PRIG 4773 AMOUNT 65.60 65.60 65.60 65.60 65.60 65.60	OR AUTHORIZATION #	2527710012013307801
NY 001 DIAGNOSIS INV # 252777 252777 252777 252777 252777 252777 252777	2013676 CODES: LINE # 1 2 3 4 5 6 7	2013676 TOR 401.9 TOR PROCEDURE CODE T1019 1C T1019 1C T1019 1C T1019 1C T1019 1C T1019 1C T1019 1C	RES, YNES	01/ FROM DT 07/11/13 07/15/13 07/16/13 07/17/13 07/18/13 07/22/13 07/22/13	THRU DT 07/11/13 07/15/13 07/16/13 07/17/18/13 07/18/13 07/22/13 07/23/13	UNITS 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.0	PRIC 4773 AMOUNT 65.60 65.60 65.60 65.60 65.60 65.60 65.60	OR AUTHORIZATION #	3327710012013307801
NY 001 DIAGNOSIS INV # 252777 252777 252777 252777 252777 252777 252777 252777	2013676 CODES: LINE # 1 2 3 4 5 6 7 8	2013676 TOR 401.9 PROCEDURE CODE T1019 1C T1019 1C T1019 1C T1019 1C T1019 1C T1019 1C T1019 1C T1019 1C T1019 1C	RES, YNES	01/ FROM DT 07/11/13 07/15/13 07/16/13 07/17/13 07/18/13 07/22/13 07/23/13 07/24/13	THRU DT 07/11/13 07/15/13 07/16/13 07/17/13 07/18/13 07/22/13 07/23/13 07/24/13	UNITS 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.0	PRIO 4773 AMOUNT 65.60 65.60 65.60 65.60 65.60 65.60 65.60 65.60 65.60 65.60 65.60	OR AUTHORIZATION #	3327710012013307801
NY 001 DIAGNOSIS INV # 252777 252777 252777 252777 252777 252777 252777	2013676 CODES: LINE # 1 2 3 4 5 6 7	2013676 TOR 401.9 TOR PROCEDURE CODE T1019 1C T1019 1C T1019 1C T1019 1C T1019 1C T1019 1C T1019 1C	RES, YNES	01/ FROM DT 07/11/13 07/15/13 07/16/13 07/17/13 07/18/13 07/22/13 07/22/13	THRU DT 07/11/13 07/15/13 07/16/13 07/17/13 07/18/13 07/22/13 07/23/13 07/24/13 07/25/13	UNITS 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.0	PRIC 4773 AMOUNT 65.60 65.60 65.60 65.60 65.60 65.60 65.60	DR AUTHORIZATION #	2527770012013676SUP

OF CLAIMS = 58 TOTAL CLAIM AMOUNT = 7,867.90 # SERVICES = 9 PAYER TOTALS: ICS

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = INIPA HEALTHCARE PARTNERS IPA I

BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 12/03/1938 JSV04323R01 2013062715500001 REG LOC CLIENT SERVICE NAME

NY 001 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JSV04323R01 2013062715500001

DIAGNOSIS CODES: 250.11 272.0 401.9 435.9 586.

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT

DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

252768	1	T1019	0580	07/23/13	07/23/13	16.00	67.52		
252768	2	T1019	0580	07/24/13	07/24/13	16.00	67.52		
252768	3	T1019	0580	07/25/13	07/25/13	16.00	67.52		
252768	4	T1019	0580	07/26/13	07/26/13	16.00	67.52		
					CLA	IM TOTAL	270.08	CLAIM ACCOUNT REF.	2527680012010804SUP

UNITS

AMOUNT

PAYER TOTALS: HEALTHCARE PARTNERS IPA I # OF CLAIMS = 4 TOTAL CLAIM AMOUNT = 270.08

SERVICES =

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = VC	CMINST V	VILLAGE CARE					
REG LOC CLIENT NY 001 2013600 DIAGNOSIS CODES:) 2013600 MULLING	BIR GS, LUCILLE 11/2	TH DATE RE 20/1941 10	CIPIENT ID 000258001		AUTHORIZATION # 3005394	
INV # LINE # 252782 1 252782 2 252782 3	PROCEDURE CODE RE T1019 05 T1019 05 T1019 05	580 07/22/13 580 07/24/13	07/24/13 07/26/13	14.00 15.00 16.00	AMOUNT 55.16 59.10 63.04 177.30	CLAIM ACCOUNT RE	F. 2527820012013600SUP
REG LOC CLIENT NY 001 2013622 DIAGNOSIS CODES:	SERVICE NAME 2 2013622 BERNARD 715.90 311. 4	BIR 06/1	TH DATE RE 28/1931 10	CIPIENT ID 000270501	PRIOR 06271	AUTHORIZATION # 3005409	
INV # LINE # 252780 1 252780 2 252780 3	PROCEDURE CODE RE T1019 05 T1019 05 T1019 05	580 07/22/13	07/24/13 07/26/13	16.00 16.00 16.00	AMOUNT 63.04 63.04 63.04 189.12	CLAIM ACCOUNT RE	F. 2527800012013622SUP
REG LOC CLIENT NY 001 2013623 DIAGNOSIS CODES:	SERVICE NAME 3 2013623 MORAN V 715.90 272.4 3	BIR' VAZQUEZ, ANGEL 12/3 386.9	TH DATE RE 16/1945 10	CIPIENT ID 000265801	PRIOR 06271	AUTHORIZATION # 3005407	
INV # LINE # 252781 1 252781 2 252781 3	PROCEDURE CODE RE T1019 05 T1019 05 T1019 05	580 07/13/13	07/13/13 07/20/13 07/21/13	4.00 12.00 12.00	AMOUNT 15.76 47.28 47.28 110.32	CLAIM ACCOUNT RE	F. 2527810012013623SUP
PAYER TOTALS:	VILLAGE CARE	# OF # SEI	CLAIMS = RVICES =	9 TOTAL 3	CLAIM AMC	DUNT = 47	6.74

OF CLAIMS = 892 TOTAL CLAIM AMOUNT = 113,785.46 # SERVICES = 158 PROVIDER TOTALS: SUNNYSIDE CITYWIDE