

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041705275028RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238339	1	T1020		04/06/13	04/06/13	11.00	185.57
238339	2	T1020		04/08/13	04/08/13	6.00	101.22
238339	3	T1020		04/09/13	04/09/13	6.00	101.22
238339	4	T1020		04/10/13	04/10/13	6.00	101.22
238339	5	T1020		04/11/13	04/11/13	6.00	101.22
238339	6	T1020		04/12/13	04/12/13	6.00	101.22
CLAIM TOTAL							691.67
CLAIM ACCOUNT REF.							2383390012008267SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238336	1	T1020		04/06/13	04/06/13	9.00	151.83
238336	2	T1020		04/07/13	04/07/13	9.00	151.83
238336	3	T1020		04/09/13	04/09/13	9.00	151.83
238336	4	T1020		04/10/13	04/10/13	9.00	151.83
238336	5	T1020		04/11/13	04/11/13	9.00	151.83
238336	6	T1020		04/12/13	04/12/13	9.00	151.83
CLAIM TOTAL							910.98
CLAIM ACCOUNT REF.							2383360012008268SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238333	1	T1020		04/06/13	04/06/13	7.00	118.09
238333	2	T1020		04/07/13	04/07/13	7.00	118.09
CLAIM TOTAL							236.18
CLAIM ACCOUNT REF.							2383330012008306SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238330	1	T1020		04/06/13	04/06/13	7.00	118.09
238330	2	T1020		04/07/13	04/07/13	7.00	118.09
238330	3	T1020		04/08/13	04/08/13	7.00	118.09
238330	4	T1020		04/09/13	04/09/13	7.00	118.09

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238330	5	T1020		04/10/13	04/10/13	7.00	118.09	
238330	6	T1020		04/11/13	04/11/13	7.00	118.09	
238330	7	T1020		04/12/13	04/12/13	7.00	118.09	
					CLAIM TOTAL		826.63	CLAIM ACCOUNT REF. 2383300012008386SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238338	1	T1020		04/12/13	04/12/13	9.00	151.83	
					CLAIM TOTAL		151.83	CLAIM ACCOUNT REF. 2383380012008400SUP

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	
238334	1	T1020		04/08/13	04/08/13	4.00	67.48	
238334	2	T1020		04/09/13	04/09/13	5.00	84.35	
238334	3	T1020		04/11/13	04/11/13	5.00	84.35	
238334	4	T1020		04/12/13	04/12/13	4.00	67.48	
					CLAIM TOTAL		303.66	CLAIM ACCOUNT REF. 2383340012010712SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238332	1	T1020		04/06/13	04/06/13	1.00	16.87	
238332	2	T1020		04/07/13	04/07/13	1.00	16.87	
238332	3	T1020		04/08/13	04/08/13	1.00	16.87	
238332	4	T1020		04/09/13	04/09/13	1.00	16.87	
238332	5	T1020		04/10/13	04/10/13	1.00	16.87	
238332	6	T1020		04/11/13	04/11/13	1.00	16.87	
238332	7	T1020		04/12/13	04/12/13	1.00	16.87	
					CLAIM TOTAL		118.09	CLAIM ACCOUNT REF. 2383320012012726SUP

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NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238331	1	T1020		04/01/13	04/01/13	1.00	16.87	
238331	2	T1020		04/02/13	04/02/13	1.00	16.87	
238331	3	T1020		04/03/13	04/03/13	1.00	16.87	
238331	4	T1020		04/04/13	04/04/13	1.00	16.87	
238331	5	T1020		04/05/13	04/05/13	1.00	16.87	
238331	6	T1020		04/06/13	04/06/13	1.00	16.87	
238331	7	T1020		04/07/13	04/07/13	1.00	16.87	
238331	8	T1020		04/08/13	04/08/13	1.00	16.87	
238331	9	T1020		04/09/13	04/09/13	1.00	16.87	
238331	10	T1020		04/10/13	04/10/13	1.00	16.87	
238331	11	T1020		04/12/13	04/12/13	1.00	16.87	
CLAIM TOTAL							185.57	CLAIM ACCOUNT REF. 2383310012012985SUP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238335	1	T1020		04/08/13	04/08/13	7.00	118.09
238335	2	T1020		04/09/13	04/09/13	7.00	118.09
238335	3	T1020		04/10/13	04/10/13	7.00	118.09
238335	4	T1020		04/12/13	04/12/13	7.00	118.09
						CLAIM TOTAL	472.36
						CLAIM ACCOUNT REF.	2383350012013021SUP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238337	1	T1020		04/11/13	04/11/13	12.00	202.44	
238337	2	T1020		04/12/13	04/12/13	12.00	202.44	
						CLAIM TOTAL	404.88	CLAIM ACCOUNT REF. 2383370012013080SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	50	TOTAL CLAIM AMOUNT =	4,301.85
		# SERVICES =	10		

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238315	1	T1019		04/11/13	04/11/13	16.00	67.52
238315	2	T1019		04/12/13	04/12/13	16.00	67.52
CLAIM TOTAL							135.04

CLAIM ACCOUNT REF. 2383150012008261SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238322	1	T1019		04/06/13	04/06/13	24.00	101.28
238322	2	T1019		04/07/13	04/07/13	24.00	101.28
238322	3	T1019		04/08/13	04/08/13	24.00	101.28
238322	4	T1019		04/09/13	04/09/13	24.00	101.28
238322	5	T1019		04/10/13	04/10/13	24.00	101.28
238322	6	T1019		04/11/13	04/11/13	24.00	101.28
238322	7	T1019		04/12/13	04/12/13	24.00	101.28
CLAIM TOTAL							708.96

CLAIM ACCOUNT REF. 2383220012008263SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238327	1	T1019		04/07/13	04/07/13	40.00	168.80
238327	2	T1019		04/08/13	04/08/13	40.00	168.80
238327	3	T1019		04/09/13	04/09/13	40.00	168.80
238327	4	T1019		04/10/13	04/10/13	40.00	168.80
238327	5	T1019		04/11/13	04/11/13	40.00	168.80
238327	6	T1019		04/12/13	04/12/13	40.00	168.80
CLAIM TOTAL							1,012.80

CLAIM ACCOUNT REF. 2383270012008265SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238329	1	T1019		04/06/13	04/06/13	16.00	67.52
238329	2	T1019		04/07/13	04/07/13	16.00	67.52
238329	3	T1019		04/08/13	04/08/13	24.00	101.28

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238329	4	T1019		04/09/13	04/09/13	24.00	101.28	
238329	5	T1019		04/10/13	04/10/13	24.00	101.28	
238329	6	T1019		04/11/13	04/11/13	24.00	101.28	
238329	7	T1019		04/12/13	04/12/13	24.00	101.28	
					CLAIM TOTAL		641.44	CLAIM ACCOUNT REF. 2383290012008303SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238318	1	T1019		04/08/13	04/08/13	20.00	84.40	
238318	2	T1019		04/09/13	04/09/13	16.00	67.52	
238318	3	T1019		04/10/13	04/10/13	20.00	84.40	
238318	4	T1019		04/11/13	04/11/13	16.00	67.52	
238318	5	T1019		04/12/13	04/12/13	12.00	50.64	
					CLAIM TOTAL		354.48	CLAIM ACCOUNT REF. 2383180012008366SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238312	1	T1019		04/06/13	04/06/13	28.00	118.16	
238312	2	T1019		04/07/13	04/07/13	28.00	118.16	
238312	3	T1019		04/08/13	04/08/13	32.00	135.04	
238312	4	T1019		04/09/13	04/09/13	28.00	118.16	
238312	5	T1019		04/10/13	04/10/13	28.00	118.16	
238312	6	T1019		04/11/13	04/11/13	28.00	118.16	
238312	7	T1019		04/12/13	04/12/13	28.00	118.16	
					CLAIM TOTAL		844.00	CLAIM ACCOUNT REF. 2383120012008403SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238324	1	T1019		04/08/13	04/08/13	24.00	101.28	
238324	2	T1019		04/09/13	04/09/13	24.00	101.28	
238324	3	T1019		04/10/13	04/10/13	24.00	101.28	
238324	4	T1019		04/11/13	04/11/13	24.00	101.28	
238324	5	T1019		04/12/13	04/12/13	24.00	101.28	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2383240012008421SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238323	1	T1019		04/06/13	04/06/13	24.00	101.28
238323	2	T1019		04/08/13	04/08/13	24.00	101.28
238323	3	T1019		04/10/13	04/10/13	24.00	101.28
238323	4	T1019		04/11/13	04/11/13	24.00	101.28
238323	5	T1019		04/12/13	04/12/13	24.00	101.28
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2383230012008422SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238328	1	T1019		04/08/13	04/08/13	16.00	67.52
238328	2	T1019		04/09/13	04/09/13	16.00	67.52
238328	3	T1019		04/11/13	04/11/13	16.00	67.52
238328	4	T1019		04/12/13	04/12/13	32.00	135.04
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2383280012008425SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008427 2008427 FLORES, MARITZA 09/26/1953 10044817901 072911256156
DIAGNOSIS CODES: 427.31 278.01 285.9 311. 425.8 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238316	1	T1019		03/23/13	03/23/13	40.00	168.80
CLAIM TOTAL							168.80

CLAIM ACCOUNT REF. 2383160012008427SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008427 2008427 FLORES, MARITZA 09/26/1953 10044817901 032613329851
DIAGNOSIS CODES: 427.31 278.01 285.9 311. 425.8 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238317	1	T1019		04/02/13	04/02/13	40.00	168.80
238317	2	T1019		04/06/13	04/06/13	40.00	168.80
238317	3	T1019		04/07/13	04/07/13	40.00	168.80
238317	4	T1019		04/08/13	04/08/13	40.00	168.80
238317	5	T1019		04/09/13	04/09/13	40.00	168.80
238317	6	T1019		04/10/13	04/10/13	40.00	168.80
238317	7	T1019		04/11/13	04/11/13	40.00	168.80
238317	8	T1019		04/12/13	04/12/13	40.00	168.80

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	1,350.40	2383170012008427SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
238325	1	T1019		04/08/13	04/08/13	24.00	101.28	
238325	2	T1019		04/09/13	04/09/13	24.00	101.28	
238325	3	T1019		04/10/13	04/10/13	24.00	101.28	
238325	4	T1019		04/11/13	04/11/13	24.00	101.28	
238325	5	T1019		04/12/13	04/12/13	24.00	101.28	
						CLAIM TOTAL	506.40	2383250012008531SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008742	2008742	KROLL, KATHERINE	09/22/1949	10088829601	080811257332
DIAGNOSIS	CODES:	340.	244.8	272.0	311.	386.2	401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
238320	1	T1019		04/06/13	04/06/13	4.00	16.88	
238320	2	T1019		04/07/13	04/07/13	16.00	67.52	
238320	3	T1019		04/08/13	04/08/13	28.00	118.16	
238320	4	T1019		04/09/13	04/09/13	28.00	118.16	
						CLAIM TOTAL	320.72	2383200012008742SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
238321	1	T1019		04/10/13	04/10/13	28.00	118.16	
238321	2	T1019		04/11/13	04/11/13	28.00	118.16	
238321	3	T1019		04/12/13	04/12/13	28.00	118.16	
						CLAIM TOTAL	354.48	2383210012008742SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238314	1	T1019		04/08/13	04/08/13	16.00	67.52
238314	2	T1019		04/09/13	04/09/13	24.00	101.28
238314	3	T1019		04/10/13	04/10/13	24.00	101.28

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041705275028RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238314	4	T1019		04/11/13	04/11/13	24.00	101.28
238314	5	T1019		04/12/13	04/12/13	24.00	101.28
CLAIM TOTAL							472.64

CLAIM ACCOUNT REF. 2383140012008802SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238319	1	T1019		04/06/13	04/06/13	48.00	202.56
238319	2	T1019		04/07/13	04/07/13	44.00	185.68
238319	3	T1019		04/08/13	04/08/13	48.00	202.56
238319	4	T1019		04/09/13	04/09/13	48.00	202.56
238319	5	T1019		04/10/13	04/10/13	48.00	202.56
238319	6	T1019		04/11/13	04/11/13	48.00	202.56
238319	7	T1019		04/12/13	04/12/13	48.00	202.56
CLAIM TOTAL							1,401.04

CLAIM ACCOUNT REF. 2383190012009356SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238310	1	T1019		04/06/13	04/06/13	32.00	135.04
238310	2	T1019		04/07/13	04/07/13	32.00	135.04
238310	3	T1019		04/08/13	04/08/13	32.00	135.04
238310	4	T1019		04/09/13	04/09/13	32.00	135.04
238310	5	T1019		04/10/13	04/10/13	32.00	135.04
238310	6	T1019		04/11/13	04/11/13	32.00	135.04
238310	7	T1019		04/12/13	04/12/13	32.00	135.04
CLAIM TOTAL							945.28

CLAIM ACCOUNT REF. 2383100012010143SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238326	1	T1019		04/01/13	04/01/13	20.00	84.40
238326	2	T1019		04/02/13	04/02/13	20.00	84.40
238326	3	T1019		04/04/13	04/04/13	20.00	84.40
238326	4	T1019		04/08/13	04/08/13	20.00	84.40
238326	5	T1019		04/09/13	04/09/13	20.00	84.40
238326	6	T1019		04/10/13	04/10/13	20.00	84.40

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041705275028RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238326	7	T1019		04/11/13	04/11/13	20.00	84.40	
238326	8	T1019		04/12/13	04/12/13	20.00	84.40	
CLAIM TOTAL							675.20	CLAIM ACCOUNT REF. 2383260012010353SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238311	1	T1019		04/08/13	04/08/13	36.00	151.92	
238311	2	T1019		04/09/13	04/09/13	36.00	151.92	
238311	3	T1019		04/10/13	04/10/13	36.00	151.92	
238311	4	T1019		04/11/13	04/11/13	36.00	151.92	
238311	5	T1019		04/12/13	04/12/13	36.00	151.92	
CLAIM TOTAL							759.60	CLAIM ACCOUNT REF. 2383110012010878SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238313	1	T1019		04/06/13	04/06/13	48.00	202.56	
238313	2	T1019		04/07/13	04/07/13	44.00	185.68	
238313	3	T1019		04/08/13	04/08/13	48.00	202.56	
238313	4	T1019		04/09/13	04/09/13	48.00	202.56	
238313	5	T1019		04/10/13	04/10/13	48.00	202.56	
238313	6	T1019		04/11/13	04/11/13	48.00	202.56	
238313	7	T1019		04/12/13	04/12/13	48.00	202.56	
CLAIM TOTAL							1,401.04	CLAIM ACCOUNT REF. 2383130012012500SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	108	TOTAL CLAIM AMOUNT =	13,402.72
		# SERVICES =	18		

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041705275028RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238361	1	T1019		04/06/13	04/06/13	4.00	68.60
238361	2	T1019		04/07/13	04/07/13	4.00	68.60
238361	3	T1019		04/08/13	04/08/13	12.00	205.80
238361	4	T1019		04/09/13	04/09/13	12.00	205.80
238361	5	T1019		04/10/13	04/10/13	12.00	205.80
238361	6	T1019		04/11/13	04/11/13	12.00	205.80
238361	7	T1019		04/12/13	04/12/13	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2383610012008233SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238367	1	T1019		04/06/13	04/06/13	8.00	137.20
238367	2	T1019		04/07/13	04/07/13	8.00	137.20
238367	3	T1019		04/08/13	04/08/13	11.00	188.65
238367	4	T1019		04/09/13	04/09/13	11.00	188.65
238367	5	T1019		04/10/13	04/10/13	11.00	188.65
238367	6	T1019		04/11/13	04/11/13	11.00	188.65
238367	7	T1019		04/12/13	04/12/13	8.00	137.20
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2383670012008236SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238365	1	T1019		04/08/13	04/08/13	10.00	171.50
238365	2	T1019		04/10/13	04/10/13	10.00	171.50
238365	3	T1019		04/11/13	04/11/13	9.00	154.35
238365	4	T1019		04/12/13	04/12/13	9.00	154.35
CLAIM TOTAL						651.70	CLAIM ACCOUNT REF. 2383650012008385SUP

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041705275028RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008417 2008417 GALAS, TERESA 06/08/1955 ZX91437V 0102111390699
DIAGNOSIS CODES: 345.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238364	1	T1019		04/06/13	04/06/13	5.00	85.75	
238364	2	T1019		04/07/13	04/07/13	5.00	85.75	
238364	3	T1019		04/08/13	04/08/13	5.00	85.75	
238364	4	T1019		04/09/13	04/09/13	5.00	85.75	
238364	5	T1019		04/10/13	04/10/13	5.00	85.75	
238364	6	T1019		04/11/13	04/11/13	5.00	85.75	
238364	7	T1019		04/12/13	04/12/13	5.00	85.75	
CLAIM TOTAL							600.25	CLAIM ACCOUNT REF. 2383640012008417SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008418 2008418 RYALS, CHARLES 11/03/1950 ZZ49620T 0101241390277
DIAGNOSIS CODES: 401.9 250.00 272.0 278.00 295.00 311. 780.57

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238369	1	T1019		04/08/13	04/08/13	8.00	137.20	
238369	2	T1019		04/09/13	04/09/13	8.00	137.20	
238369	3	T1019		04/10/13	04/10/13	8.00	137.20	
238369	4	T1019		04/11/13	04/11/13	8.00	137.20	
238369	5	T1019		04/12/13	04/12/13	8.00	137.20	
CLAIM TOTAL							686.00	CLAIM ACCOUNT REF. 2383690012008418SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238362	1	T1019		04/06/13	04/06/13	10.00	171.50	
238362	2	T1019		04/07/13	04/07/13	10.00	171.50	
238362	3	T1019		04/08/13	04/08/13	10.00	171.50	
238362	4	T1019		04/09/13	04/09/13	10.00	171.50	
238362	5	T1019		04/10/13	04/10/13	10.00	171.50	
238362	6	T1019		04/12/13	04/12/13	10.00	171.50	
CLAIM TOTAL							1,029.00	CLAIM ACCOUNT REF. 2383620012008743SUP

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041705275028RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238370	1	T1019		04/07/13	04/07/13	5.00	85.75
238370	2	T1019		04/08/13	04/08/13	5.00	85.75
238370	3	T1019		04/09/13	04/09/13	5.00	85.75
238370	4	T1019		04/10/13	04/10/13	5.00	85.75
238370	5	T1019		04/11/13	04/11/13	5.00	85.75
238370	6	T1019		04/12/13	04/12/13	5.00	85.75
CLAIM TOTAL							514.50
							CLAIM ACCOUNT REF. 2383700012009377SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238368	1	T1019		04/06/13	04/06/13	8.00	137.20
238368	2	T1019		04/08/13	04/08/13	3.00	51.45
238368	3	T1019		04/09/13	04/09/13	3.00	51.45
238368	4	T1019		04/10/13	04/10/13	3.00	51.45
238368	5	T1019		04/11/13	04/11/13	3.00	51.45
238368	6	T1019		04/12/13	04/12/13	4.00	68.60
CLAIM TOTAL							411.60
							CLAIM ACCOUNT REF. 2383680012009688SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238372	1	T1019		04/06/13	04/06/13	5.00	85.75
238372	2	T1019		04/07/13	04/07/13	5.00	85.75
238372	3	T1019		04/08/13	04/08/13	6.00	102.90
238372	4	T1019		04/09/13	04/09/13	5.00	85.75
238372	5	T1019		04/10/13	04/10/13	5.00	85.75
238372	6	T1019		04/12/13	04/12/13	6.00	102.90
CLAIM TOTAL							548.80
							CLAIM ACCOUNT REF. 2383720012010213SUP

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041705275028RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238366	1	T1019		04/06/13	04/06/13	3.00	51.45
238366	2	T1019		04/07/13	04/07/13	3.00	51.45
238366	3	T1019		04/08/13	04/08/13	3.00	51.45
238366	4	T1019		04/09/13	04/09/13	3.00	51.45
238366	5	T1019		04/10/13	04/10/13	3.00	51.45
238366	6	T1019		04/11/13	04/11/13	3.00	51.45
238366	7	T1019		04/12/13	04/12/13	3.00	51.45
CLAIM TOTAL							360.15
CLAIM ACCOUNT REF.							2383660012010886SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238363	1	T1019		04/06/13	04/06/13	24.00	411.60
238363	2	T1019		04/07/13	04/07/13	24.00	411.60
238363	3	T1019		04/08/13	04/08/13	24.00	411.60
238363	4	T1019		04/09/13	04/09/13	24.00	411.60
238363	5	T1019		04/10/13	04/10/13	24.00	411.60
238363	6	T1019		04/11/13	04/11/13	24.00	411.60
238363	7	T1019		04/12/13	04/12/13	24.00	411.60
CLAIM TOTAL							2,881.20
CLAIM ACCOUNT REF.							2383630012011286SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238371	1	T1019		04/11/13	04/11/13	4.00	68.60
238371	2	T1019		04/12/13	04/12/13	4.00	68.60
CLAIM TOTAL							137.20
CLAIM ACCOUNT REF.							2383710012013071SUP

PAYER TOTALS: METROPLUS HEALTH PLAN # OF CLAIMS = 70 TOTAL CLAIM AMOUNT = 10,152.80
SERVICES = 12

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238399	1	T1019		04/06/13	04/06/13	36.00	154.80
238399	2	T1019		04/07/13	04/07/13	36.00	154.80
238399	3	T1019		04/08/13	04/08/13	36.00	154.80
238399	4	T1019		04/09/13	04/09/13	36.00	154.80
238399	5	T1019		04/10/13	04/10/13	36.00	154.80
238399	6	T1019		04/11/13	04/11/13	36.00	154.80
238399	7	T1019		04/12/13	04/12/13	36.00	154.80
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2383990012008286SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008495 2008495 MARTINEZ, MARIA 09/05/1958 ZV42745Q 110885355
DIAGNOSIS CODES: 250.00 244.8 295.90 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238387	1	T1019		04/07/13	04/07/13	24.00	103.20
238387	2	T1019		04/08/13	04/08/13	24.00	103.20
238387	3	T1019		04/09/13	04/09/13	24.00	103.20
238387	4	T1019		04/10/13	04/10/13	24.00	103.20
238387	5	T1019		04/11/13	04/11/13	24.00	103.20
238387	6	T1019		04/12/13	04/12/13	24.00	103.20
CLAIM TOTAL						619.20	CLAIM ACCOUNT REF. 2383870012008495SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238374	1	T1019		04/06/13	04/06/13	28.00	120.40
238374	2	T1019		04/07/13	04/07/13	28.00	120.40
238374	3	T1019		04/08/13	04/08/13	28.00	120.40
238374	4	T1019		04/09/13	04/09/13	28.00	120.40
238374	5	T1019		04/10/13	04/10/13	28.00	120.40
238374	6	T1019		04/12/13	04/12/13	28.00	120.40
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2383740012012101SUP

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041705275028RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238375	1	T1019		04/08/13	04/08/13	16.00	68.80
238375	2	T1019		04/09/13	04/09/13	16.00	68.80
238375	3	T1019		04/10/13	04/10/13	16.00	68.80
238375	4	T1019		04/11/13	04/11/13	16.00	68.80
238375	5	T1019		04/12/13	04/12/13	16.00	68.80
CLAIM TOTAL							344.00
							CLAIM ACCOUNT REF. 2383750012012102SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238376	1	T1019		04/07/13	04/07/13	4.00	17.20
238376	2	T1019		04/08/13	04/08/13	40.00	172.00
238376	3	T1019		04/09/13	04/09/13	40.00	172.00
238376	4	T1019		04/10/13	04/10/13	40.00	172.00
238376	5	T1019		04/11/13	04/11/13	40.00	172.00
238376	6	T1019		04/12/13	04/12/13	40.00	172.00
CLAIM TOTAL							877.20
							CLAIM ACCOUNT REF. 2383760012012104SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238377	1	T1019		04/06/13	04/06/13	32.00	137.60
238377	2	T1019		04/07/13	04/07/13	32.00	137.60
238377	3	T1019		04/08/13	04/08/13	32.00	137.60
238377	4	T1019		04/09/13	04/09/13	32.00	137.60
238377	5	T1019		04/10/13	04/10/13	32.00	137.60
238377	6	T1019		04/11/13	04/11/13	32.00	137.60
238377	7	T1019		04/12/13	04/12/13	32.00	137.60
CLAIM TOTAL							963.20
							CLAIM ACCOUNT REF. 2383770012012107SUP

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238380	1	T1019		04/08/13	04/08/13	24.00	103.20
238380	2	T1019		04/09/13	04/09/13	24.00	103.20
238380	3	T1019		04/10/13	04/10/13	24.00	103.20
238380	4	T1019		04/11/13	04/11/13	24.00	103.20
238380	5	T1019		04/12/13	04/12/13	24.00	103.20
CLAIM TOTAL							516.00
CLAIM ACCOUNT REF.							2383800012012108SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238381	1	T1019		04/08/13	04/08/13	28.00	120.40
238381	2	T1019		04/09/13	04/09/13	28.00	120.40
238381	3	T1019		04/10/13	04/10/13	28.00	120.40
238381	4	T1019		04/12/13	04/12/13	28.00	120.40
CLAIM TOTAL							481.60
CLAIM ACCOUNT REF.							2383810012012110SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238382	1	T1019		04/06/13	04/06/13	20.00	86.00
238382	2	T1019		04/07/13	04/07/13	20.00	86.00
238382	3	T1019		04/08/13	04/08/13	16.00	68.80
238382	4	T1019		04/09/13	04/09/13	16.00	68.80
238382	5	T1019		04/10/13	04/10/13	16.00	68.80
238382	6	T1019		04/11/13	04/11/13	16.00	68.80
238382	7	T1019		04/12/13	04/12/13	16.00	68.80
CLAIM TOTAL							516.00
CLAIM ACCOUNT REF.							2383820012012117SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238384	1	T1019		04/08/13	04/08/13	28.00	120.40
238384	2	T1019		04/09/13	04/09/13	28.00	120.40

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238384	3	T1019		04/10/13	04/10/13	28.00	120.40	
238384	4	T1019		04/11/13	04/11/13	28.00	120.40	
238384	5	T1019		04/12/13	04/12/13	28.00	120.40	
					CLAIM TOTAL		602.00	CLAIM ACCOUNT REF. 2383840012012120SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238389	1	T1019		03/28/13	03/28/13	32.00	137.60	
238389	2	T1019		04/06/13	04/06/13	32.00	137.60	
238389	3	T1019		04/07/13	04/07/13	32.00	137.60	
238389	4	T1019		04/08/13	04/08/13	32.00	137.60	
238389	5	T1019		04/09/13	04/09/13	32.00	137.60	
238389	6	T1019		04/10/13	04/10/13	32.00	137.60	
238389	7	T1019		04/11/13	04/11/13	32.00	137.60	
238389	8	T1019		04/12/13	04/12/13	32.00	137.60	
					CLAIM TOTAL		1,100.80	CLAIM ACCOUNT REF. 2383890012012121SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238390	1	T1019		04/06/13	04/06/13	20.00	86.00	
238390	2	T1019		04/08/13	04/08/13	20.00	86.00	
238390	3	T1019		04/09/13	04/09/13	20.00	86.00	
238390	4	T1019		04/10/13	04/10/13	20.00	86.00	
238390	5	T1019		04/11/13	04/11/13	20.00	86.00	
238390	6	T1019		04/12/13	04/12/13	20.00	86.00	
					CLAIM TOTAL		516.00	CLAIM ACCOUNT REF. 2383900012012122SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238392	1	T1019		04/06/13	04/06/13	20.00	86.00	
238392	2	T1019		04/07/13	04/07/13	20.00	86.00	
238392	3	T1019		04/08/13	04/08/13	28.00	120.40	
238392	4	T1019		04/09/13	04/09/13	28.00	120.40	
238392	5	T1019		04/10/13	04/10/13	28.00	120.40	

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238392	6	T1019		04/11/13	04/11/13	28.00	120.40	
238392	7	T1019		04/12/13	04/12/13	28.00	120.40	
					CLAIM TOTAL		774.00	CLAIM ACCOUNT REF. 2383920012012130SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238394	1	T1019		04/08/13	04/08/13	16.00	68.80	
238394	2	T1019		04/10/13	04/10/13	16.00	68.80	
					CLAIM TOTAL		137.60	CLAIM ACCOUNT REF. 2383940012012131SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238393	1	T1019		04/06/13	04/06/13	20.00	86.00	
238393	2	T1019		04/07/13	04/07/13	20.00	86.00	
					CLAIM TOTAL		172.00	CLAIM ACCOUNT REF. 2383930012012132SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238405	1	T1019		04/08/13	04/08/13	28.00	120.40	
238405	2	T1019		04/09/13	04/09/13	28.00	120.40	
238405	3	T1019		04/10/13	04/10/13	28.00	120.40	
238405	4	T1019		04/12/13	04/12/13	28.00	120.40	
					CLAIM TOTAL		481.60	CLAIM ACCOUNT REF. 2384050012012134SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012137	2012137	VAZQUEZ 1, ROSA	08/08/1934	695667	111437135
DIAGNOSIS	CODES:	799.89				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238408	1	T1019		04/08/13	04/08/13	32.00	137.60	
238408	2	T1019		04/09/13	04/09/13	32.00	137.60	
238408	3	T1019		04/10/13	04/10/13	32.00	137.60	
238408	4	T1019		04/11/13	04/11/13	32.00	137.60	
238408	5	T1019		04/12/13	04/12/13	32.00	137.60	

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							688.00	2384080012012137SUP

REG	LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012138	2012138 VENTURA, CLARA	09/17/1951	720456	111324838
DIAGNOSIS CODES: 253.5 401.9 429.9						

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
238409	1	T1019		04/08/13	04/08/13	16.00	68.80	
238409	2	T1019		04/11/13	04/11/13	16.00	68.80	
238409	3	T1019		04/12/13	04/12/13	16.00	68.80	
						CLAIM TOTAL	206.40	2384090012012138SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
238395	1	T1019		04/06/13	04/06/13	32.00	137.60	
238395	2	T1019		04/10/13	04/10/13	32.00	137.60	
238395	3	T1019		04/11/13	04/11/13	32.00	137.60	
238395	4	T1019		04/12/13	04/12/13	32.00	137.60	
						CLAIM TOTAL	550.40	2383950012012140SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
238404	1	T1019		04/08/13	04/08/13	16.00	68.80	
238404	2	T1019		04/10/13	04/10/13	16.00	68.80	
238404	3	T1019		04/12/13	04/12/13	16.00	68.80	
						CLAIM TOTAL	206.40	2384040012012141SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238388	1	T1019		04/06/13	04/06/13	12.00	51.60
238388	2	T1019		04/08/13	04/08/13	12.00	51.60
238388	3	T1019		04/09/13	04/09/13	12.00	51.60
238388	4	T1019		04/10/13	04/10/13	12.00	51.60
238388	5	T1019		04/11/13	04/11/13	12.00	51.60

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PROVIDER ID = 113502051
PAYER ID = 14163

SUNNYSIDE CITYWIDE
WELLCARE OF NY

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238388	6	T1019		04/12/13	04/12/13	12.00	51.60
CLAIM TOTAL							309.60
CLAIM ACCOUNT REF.							2383880012012142SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012143	2012143	MURPHY, RUBY	04/13/1955	698832	111381584
DIAGNOSIS CODES: 585.3 311. 493.90							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238391	1	T1019		04/09/13	04/09/13	16.00	68.80
CLAIM TOTAL							68.80
CLAIM ACCOUNT REF.							2383910012012143SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238398	1	T1019		04/08/13	04/08/13	20.00	86.00
238398	2	T1019		04/10/13	04/10/13	20.00	86.00
238398	3	T1019		04/12/13	04/12/13	20.00	86.00
CLAIM TOTAL							258.00
CLAIM ACCOUNT REF.							2383980012012144SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238396	1	T1019		04/08/13	04/08/13	16.00	68.80
238396	2	T1019		04/09/13	04/09/13	16.00	68.80
238396	3	T1019		04/10/13	04/10/13	16.00	68.80
238396	4	T1019		04/11/13	04/11/13	16.00	68.80
238396	5	T1019		04/12/13	04/12/13	16.00	68.80
CLAIM TOTAL							344.00
CLAIM ACCOUNT REF.							2383960012012145SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238397	1	T1019		04/08/13	04/08/13	16.00	68.80
238397	2	T1019		04/09/13	04/09/13	16.00	68.80
238397	3	T1019		04/10/13	04/10/13	16.00	68.80
238397	4	T1019		04/11/13	04/11/13	16.00	68.80
238397	5	T1019		04/12/13	04/12/13	16.00	68.80

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
							344.00		2383970012012146SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
238400	1	T1019		04/06/13	04/06/13	32.00	137.60		
238400	2	T1019		04/08/13	04/08/13	32.00	137.60		
238400	3	T1019		04/09/13	04/09/13	32.00	137.60		
238400	4	T1019		04/10/13	04/10/13	32.00	137.60		
238400	5	T1019		04/11/13	04/11/13	32.00	137.60		
238400	6	T1019		04/12/13	04/12/13	32.00	137.60		
							825.60		2384000012012149SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
238401	1	T1019		04/06/13	04/06/13	32.00	137.60		
238401	2	T1019		04/07/13	04/07/13	32.00	137.60		
238401	3	T1019		04/08/13	04/08/13	32.00	137.60		
238401	4	T1019		04/09/13	04/09/13	32.00	137.60		
238401	5	T1019		04/10/13	04/10/13	32.00	137.60		
238401	6	T1019		04/11/13	04/11/13	32.00	137.60		
238401	7	T1019		04/12/13	04/12/13	32.00	137.60		
							963.20		2384010012012152SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
238402	1	T1019		04/06/13	04/06/13	24.00	103.20		
238402	2	T1019		04/08/13	04/08/13	24.00	103.20		
238402	3	T1019		04/09/13	04/09/13	24.00	103.20		
238402	4	T1019		04/10/13	04/10/13	24.00	103.20		
238402	5	T1019		04/11/13	04/11/13	24.00	103.20		
238402	6	T1019		04/12/13	04/12/13	24.00	103.20		
							619.20		2384020012012154SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012155 2012155 SANCHEZ, BETANIA 05/10/1956 706048 111605391
DIAGNOSIS CODES: 555.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238403	1	T1019		04/08/13	04/08/13	32.00	137.60	
238403	2	T1019		04/09/13	04/09/13	32.00	137.60	
238403	3	T1019		04/10/13	04/10/13	32.00	137.60	
238403	4	T1019		04/11/13	04/11/13	32.00	137.60	
238403	5	T1019		04/12/13	04/12/13	32.00	137.60	
				CLAIM TOTAL		688.00		CLAIM ACCOUNT REF. 2384030012012155SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238385	1	T1019		04/06/13	04/06/13	48.00	206.40	
238385	2	T1019		04/07/13	04/07/13	48.00	206.40	
238385	3	T1019		04/08/13	04/08/13	48.00	206.40	
238385	4	T1019		04/09/13	04/09/13	48.00	206.40	
238385	5	T1019		04/10/13	04/10/13	48.00	206.40	
238385	6	T1019		04/11/13	04/11/13	48.00	206.40	
238385	7	T1019		04/12/13	04/12/13	48.00	206.40	
				CLAIM TOTAL		1,444.80		CLAIM ACCOUNT REF. 2383850012012158SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238373	1	T1019		04/06/13	04/06/13	20.00	86.00	
238373	2	T1019		04/07/13	04/07/13	20.00	86.00	
238373	3	T1019		04/08/13	04/08/13	20.00	86.00	
238373	4	T1019		04/09/13	04/09/13	20.00	86.00	
238373	5	T1019		04/10/13	04/10/13	20.00	86.00	
238373	6	T1019		04/11/13	04/11/13	20.00	86.00	
238373	7	T1019		04/12/13	04/12/13	20.00	86.00	
				CLAIM TOTAL		602.00		CLAIM ACCOUNT REF. 2383730012012161SUP

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041705275028RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238406	1	T1019		04/08/13	04/08/13	16.00	68.80
238406	2	T1019		04/11/13	04/11/13	16.00	68.80
CLAIM TOTAL							137.60

CLAIM ACCOUNT REF. 2384060012012261SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238407	1	T1019		04/06/13	04/06/13	36.00	154.80
238407	2	T1019		04/07/13	04/07/13	36.00	154.80
238407	3	T1019		04/08/13	04/08/13	36.00	154.80
238407	4	T1019		04/09/13	04/09/13	36.00	154.80
238407	5	T1019		04/10/13	04/10/13	36.00	154.80
238407	6	T1019		04/11/13	04/11/13	36.00	154.80
238407	7	T1019		04/12/13	04/12/13	36.00	154.80
CLAIM TOTAL							1,083.60

CLAIM ACCOUNT REF. 2384070012012266SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238386	1	T1019		04/06/13	04/06/13	48.00	206.40
238386	2	T1019		04/07/13	04/07/13	48.00	206.40
238386	3	T1019		04/08/13	04/08/13	48.00	206.40
238386	4	T1019		04/09/13	04/09/13	48.00	206.40
238386	5	T1019		04/11/13	04/11/13	48.00	206.40
238386	6	T1019		04/12/13	04/12/13	48.00	206.40
CLAIM TOTAL							1,238.40

CLAIM ACCOUNT REF. 2383860012012948SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012952 2012952 FRANCISCO, BRIGIDA 08/20/1957 761853 111602194
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238378	1	T1019		04/01/13	04/01/13	20.00	86.00
238378	2	T1019		04/02/13	04/02/13	20.00	86.00
238378	3	T1019		04/03/13	04/03/13	16.00	68.80

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041705275028RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238378	4	T1019		04/04/13	04/04/13	16.00	68.80	
238378	5	T1019		04/05/13	04/05/13	16.00	68.80	
238378	6	T1019		04/06/13	04/06/13	16.00	68.80	
238378	7	T1019		04/07/13	04/07/13	16.00	68.80	
238378	8	T1019		04/08/13	04/08/13	20.00	86.00	
				CLAIM TOTAL			602.00	CLAIM ACCOUNT REF. 2383780012012952SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012952	2012952	FRANCISCO, BRIGIDA	08/20/1957	761853	111640168
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238379	1	T1019		04/09/13	04/09/13	20.00	86.00	
238379	2	T1019		04/10/13	04/10/13	20.00	86.00	
238379	3	T1019		04/11/13	04/11/13	20.00	86.00	
238379	4	T1019		04/12/13	04/12/13	20.00	86.00	
				CLAIM TOTAL			344.00	CLAIM ACCOUNT REF. 2383790012012952SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238383	1	T1019		04/06/13	04/06/13	20.00	86.00	
238383	2	T1019		04/08/13	04/08/13	20.00	86.00	
				CLAIM TOTAL			172.00	CLAIM ACCOUNT REF. 2383830012012979SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238410	1	T1019		04/01/13	04/01/13	32.00	137.60	
238410	2	T1019		04/02/13	04/02/13	32.00	137.60	
238410	3	T1019		04/08/13	04/08/13	32.00	137.60	
238410	4	T1019		04/09/13	04/09/13	32.00	137.60	
238410	5	T1019		04/10/13	04/10/13	32.00	137.60	
238410	6	T1019		04/11/13	04/11/13	32.00	137.60	
238410	7	T1019		04/12/13	04/12/13	32.00	137.60	
				CLAIM TOTAL			963.20	CLAIM ACCOUNT REF. 2384100012012984SUP

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041705275028RRSUP

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

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	196	TOTAL CLAIM AMOUNT =	22,566.40
		# SERVICES =	37		

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041705275028RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238358	1	T1019	0580	04/08/13	04/08/13	40.00	168.80
238358	2	T1019	0580	04/09/13	04/09/13	40.00	168.80
238358	3	T1019	0580	04/10/13	04/10/13	40.00	168.80
238358	4	T1019	0580	04/11/13	04/11/13	40.00	168.80
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2383580012008491SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238360	1	T1019	0580	04/08/13	04/08/13	16.00	67.52
238360	2	T1019	0580	04/09/13	04/09/13	16.00	67.52
238360	3	T1019	0580	04/10/13	04/10/13	16.00	67.52
238360	4	T1019	0580	04/11/13	04/11/13	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2383600012008513SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238353	1	T1019	0580	04/09/13	04/09/13	16.00	67.52
238353	2	T1019	0580	04/11/13	04/11/13	16.00	67.52
238353	3	T1019	0580	04/12/13	04/12/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2383530012008723SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238345	1	T1019	0580	04/06/13	04/06/13	48.00	202.56
238345	2	T1019	0580	04/07/13	04/07/13	48.00	202.56
238345	3	T1019	0580	04/08/13	04/08/13	48.00	202.56
238345	4	T1019	0580	04/09/13	04/09/13	48.00	202.56
238345	5	T1019	0580	04/10/13	04/10/13	48.00	202.56
238345	6	T1019	0580	04/11/13	04/11/13	48.00	202.56
238345	7	T1019	0580	04/12/13	04/12/13	48.00	202.56

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041705275028RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							1,417.92	2383450012008793SUP
						CLAIM TOTAL		

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
238354	1	T1019	0580	04/06/13	04/06/13	32.00	135.04	
238354	2	T1019	0580	04/07/13	04/07/13	32.00	135.04	
238354	3	T1019	0580	04/08/13	04/08/13	32.00	135.04	
238354	4	T1019	0580	04/09/13	04/09/13	32.00	135.04	
238354	5	T1019	0580	04/10/13	04/10/13	32.00	135.04	
238354	6	T1019	0580	04/11/13	04/11/13	32.00	135.04	
238354	7	T1019	0580	04/12/13	04/12/13	32.00	135.04	
						CLAIM TOTAL	945.28	2383540012009237SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
238359	1	T1019	0580	04/12/13	04/12/13	20.00	84.40	
						CLAIM TOTAL	84.40	2383590012009269SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
238356	1	T1019	0580	04/06/13	04/06/13	16.00	67.52	
238356	2	T1019	0580	04/07/13	04/07/13	16.00	67.52	
238356	3	T1019	0580	04/08/13	04/08/13	16.00	67.52	
238356	4	T1019	0580	04/10/13	04/10/13	16.00	67.52	
238356	5	T1019	0580	04/11/13	04/11/13	16.00	67.52	
238356	6	T1019	0580	04/12/13	04/12/13	16.00	67.52	
						CLAIM TOTAL	405.12	2383560012009406SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238357	1	T1019	0580	04/10/13	04/10/13	40.00	168.80

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041705275028RRSUP

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

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238357	2	T1019	0580	04/11/13	04/11/13	40.00	168.80
							CLAIM TOTAL
							337.60 CLAIM ACCOUNT REF. 2383570012009562SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238348	1	T1019	0580	04/08/13	04/08/13	16.00	67.52
238348	2	T1019	0580	04/09/13	04/09/13	16.00	67.52
238348	3	T1019	0580	04/10/13	04/10/13	16.00	67.52
238348	4	T1019	0580	04/12/13	04/12/13	16.00	67.52
							CLAIM TOTAL
							270.08 CLAIM ACCOUNT REF. 2383480012009686SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238350	1	T1019	0580	04/06/13	04/06/13	28.00	118.16
238350	2	T1019	0580	04/07/13	04/07/13	28.00	118.16
238350	3	T1019	0580	04/08/13	04/08/13	28.00	118.16
238350	4	T1019	0580	04/09/13	04/09/13	28.00	118.16
238350	5	T1019	0580	04/10/13	04/10/13	28.00	118.16
238350	6	T1019	0580	04/11/13	04/11/13	28.00	118.16
238350	7	T1019	0580	04/12/13	04/12/13	28.00	118.16
							CLAIM TOTAL
							827.12 CLAIM ACCOUNT REF. 2383500012009945SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238349	1	T1019	0580	04/06/13	04/06/13	36.00	151.92
238349	2	T1019	0580	04/07/13	04/07/13	36.00	151.92
238349	3	T1019	0580	04/08/13	04/08/13	36.00	151.92
238349	4	T1019	0580	04/09/13	04/09/13	36.00	151.92
238349	5	T1019	0580	04/10/13	04/10/13	36.00	151.92
238349	6	T1019	0580	04/11/13	04/11/13	32.00	135.04
238349	7	T1019	0580	04/12/13	04/12/13	36.00	151.92
							CLAIM TOTAL
							1,046.56 CLAIM ACCOUNT REF. 2383490012010991SUP

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041705275028RRSUP

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

NPI = 1154407492

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008113 2011066 COPELAND, ELISE 10/05/1928 QJ28865K 0006093352
DIAGNOSIS CODES: 250.00 369.9 311. 401.9 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238346	1	G0156	0572	04/06/13	04/06/13	8.00	114.00
238346	2	G0156	0572	04/07/13	04/07/13	8.00	114.00
238346	3	G0156	0572	04/08/13	04/08/13	8.00	114.00
238346	4	G0156	0572	04/09/13	04/09/13	8.00	114.00
238346	5	G0156	0572	04/10/13	04/10/13	8.00	114.00
238346	6	G0156	0572	04/11/13	04/11/13	8.00	114.00
238346	7	G0156	0572	04/12/13	04/12/13	8.00	114.00

CLAIM TOTAL

798.00 CLAIM ACCOUNT REF. 2383460012011066SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008273 2011526 DE JESUS, TIBURCIO 08/11/1947 XX16524S 0005503237
DIAGNOSIS CODES: 250.03 369.60 401.9 414.04 799.89 V60.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238347	1	G0156	0572	04/06/13	04/06/13	12.00	171.00
238347	2	G0156	0572	04/07/13	04/07/13	12.00	171.00
238347	3	G0156	0572	04/09/13	04/09/13	12.00	171.00
238347	4	G0156	0572	04/10/13	04/10/13	11.00	156.75
238347	5	G0156	0572	04/11/13	04/11/13	12.00	171.00
238347	6	G0156	0572	04/12/13	04/12/13	12.00	171.00

CLAIM TOTAL

1,011.75 CLAIM ACCOUNT REF. 2383470012011526SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238351	1	T1019	0580	04/06/13	04/06/13	48.00	202.56
238351	2	T1019	0580	04/07/13	04/07/13	48.00	202.56
238351	3	T1019	0580	04/08/13	04/08/13	48.00	202.56
238351	4	T1019	0580	04/09/13	04/09/13	48.00	202.56
238351	5	T1019	0580	04/10/13	04/10/13	48.00	202.56
238351	6	T1019	0580	04/11/13	04/11/13	48.00	202.56
238351	7	T1019	0580	04/12/13	04/12/13	48.00	202.56

CLAIM TOTAL

1,417.92 CLAIM ACCOUNT REF. 2383510012011833SUP

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041705275028RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238355	1	T1019	0580	04/08/13	04/08/13	20.00	84.40
238355	2	T1019	0580	04/09/13	04/09/13	20.00	84.40
238355	3	T1019	0580	04/10/13	04/10/13	20.00	84.40
238355	4	T1019	0580	04/11/13	04/11/13	20.00	84.40
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2383550012012343SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012541 2012541 LANGELOH, HOWARD 09/29/1923 134135965A 0005921983
DIAGNOSIS CODES: 715.90 250.00 272.4 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238352	1	T1019	0580	04/06/13	04/06/13	24.00	101.28
238352	2	T1019	0580	04/07/13	04/07/13	24.00	101.28
238352	3	T1019	0580	04/08/13	04/08/13	24.00	101.28
238352	4	T1019	0580	04/10/13	04/10/13	24.00	101.28
238352	5	T1019	0580	04/11/13	04/11/13	24.00	101.28
238352	6	T1019	0580	04/12/13	04/12/13	24.00	101.28
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2383520012012541SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008564 2012547 BERNARD, SOPHIE 09/30/1922 10722480A 0005923488001
DIAGNOSIS CODES: 724.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238344	1	T1019	0580	04/08/13	04/08/13	24.00	101.28
238344	2	T1019	0580	04/09/13	04/09/13	24.00	101.28
238344	3	T1019	0580	04/10/13	04/10/13	24.00	101.28
238344	4	T1019	0580	04/11/13	04/11/13	24.00	101.28
238344	5	T1019	0580	04/12/13	04/12/13	24.00	101.28
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2383440012012547SUP

PAYER TOTALS: HEALTH INSURANCE PLAN # OF CLAIMS = 87 TOTAL CLAIM AMOUNT = 11,161.27
SERVICES = 17

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NPI = 1154407492

PRIOR AUTHORIZATION #
123590054

CLAIM ACCOUNT REF. 2384340012010958SUP

PRIOR AUTHORIZATION #
130240009

CLAIM ACCOUNT REF. 2384350012012481SUP

TOTAL CLAIM AMOUNT = 566.28

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# SERVICES = 2
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REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008246 2008246 RIVERA, CHRISTOPHER 09/03/1996 UW23596M R2212949
DIAGNOSIS CODES: 314.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238296	1	T1019		04/06/13	04/06/13	12.00	50.64
238296	2	T1019		04/07/13	04/07/13	12.00	50.64
238296	3	T1019		04/08/13	04/08/13	12.00	50.64
238296	4	T1019		04/09/13	04/09/13	12.00	50.64
238296	5	T1019		04/10/13	04/10/13	12.00	50.64
238296	6	T1019		04/11/13	04/11/13	12.00	50.64
238296	7	T1019		04/12/13	04/12/13	12.00	50.64
CLAIM TOTAL							354.48
CLAIM ACCOUNT REF.							2382960012008246SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238297	1	T1019		04/08/13	04/08/13	12.00	50.64
238297	2	T1019		04/09/13	04/09/13	12.00	50.64
238297	3	T1019		04/10/13	04/10/13	12.00	50.64
238297	4	T1019		04/11/13	04/11/13	12.00	50.64
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2382970012008248SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008249 2008249 LOPEZ-RAMIREZ, CARLOTA 01/20/1936 QR43529V 0110041201764
DIAGNOSIS CODES: 714.0 272.4 401.9 536.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238290	1	T1019		04/06/13	04/06/13	44.00	185.68
238290	2	T1019		04/07/13	04/07/13	4.00	16.88
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2382900012008249SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238299	1	T1019		04/06/13	04/06/13	32.00	135.04
238299	2	T1019		04/07/13	04/07/13	32.00	135.04
238299	3	T1019		04/08/13	04/08/13	32.00	135.04
238299	4	T1019		04/09/13	04/09/13	32.00	135.04
238299	5	T1019		04/10/13	04/10/13	32.00	135.04

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238299	6	T1019		04/11/13	04/11/13	32.00	135.04	
238299	7	T1019		04/12/13	04/12/13	28.00	118.16	
					CLAIM TOTAL		928.40	CLAIM ACCOUNT REF. 2382990012008250SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238278	1	T1019		04/04/13	04/04/13	32.00	135.04	
238278	2	T1019		04/08/13	04/08/13	24.00	101.28	
238278	3	T1019		04/09/13	04/09/13	32.00	135.04	
238278	4	T1019		04/10/13	04/10/13	32.00	135.04	
238278	5	T1019		04/11/13	04/11/13	32.00	135.04	
238278	6	T1019		04/12/13	04/12/13	32.00	135.04	
					CLAIM TOTAL		776.48	CLAIM ACCOUNT REF. 2382780012008251SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238291	1	T1019		04/01/13	04/01/13	48.00	202.56	
238291	2	T1019		04/06/13	04/06/13	48.00	202.56	
238291	3	T1019		04/07/13	04/07/13	48.00	202.56	
238291	4	T1019		04/08/13	04/08/13	48.00	202.56	
238291	5	T1019		04/09/13	04/09/13	48.00	202.56	
238291	6	T1019		04/10/13	04/10/13	48.00	202.56	
238291	7	T1019		04/11/13	04/11/13	48.00	202.56	
238291	8	T1019		04/12/13	04/12/13	48.00	202.56	
					CLAIM TOTAL		1,620.48	CLAIM ACCOUNT REF. 2382910012008253SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008254	2008254	SPIVEY, PATRICIA	04/06/1965	WE52435B	R2061243
DIAGNOSIS	CODES:	250.00	401.9 733.00			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238302	1	T1019		04/08/13	04/08/13	20.00	84.40	
238302	2	T1019		04/09/13	04/09/13	20.00	84.40	
238302	3	T1019		04/10/13	04/10/13	20.00	84.40	
238302	4	T1019		04/11/13	04/11/13	20.00	84.40	
238302	5	T1019		04/12/13	04/12/13	20.00	84.40	
					CLAIM TOTAL		422.00	CLAIM ACCOUNT REF. 2383020012008254SUP

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238275	1	T1019		04/08/13	04/08/13	32.00	135.04
238275	2	T1019		04/09/13	04/09/13	32.00	135.04
238275	3	T1019		04/10/13	04/10/13	32.00	135.04
238275	4	T1019		04/11/13	04/11/13	32.00	135.04
238275	5	T1019		04/12/13	04/12/13	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2382750012008256SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238281	1	T1019		04/07/13	04/07/13	24.00	101.28
238281	2	T1019		04/08/13	04/08/13	24.00	101.28
238281	3	T1019		04/09/13	04/09/13	24.00	101.28
238281	4	T1019		04/10/13	04/10/13	24.00	101.28
238281	5	T1019		04/11/13	04/11/13	28.00	118.16
238281	6	T1019		04/12/13	04/12/13	20.00	84.40
CLAIM TOTAL							607.68

CLAIM ACCOUNT REF. 2382810012008257SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238300	1	T1019		04/08/13	04/08/13	32.00	135.04
238300	2	T1019		04/09/13	04/09/13	32.00	135.04
238300	3	T1019		04/10/13	04/10/13	32.00	135.04
238300	4	T1019		04/11/13	04/11/13	32.00	135.04
238300	5	T1019		04/12/13	04/12/13	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2383000012008290SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238283	1	T1019		04/06/13	04/06/13	28.00	118.16
238283	2	T1019		04/07/13	04/07/13	28.00	118.16

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238283	3	T1019		04/08/13	04/08/13	28.00	118.16
238283	4	T1019		04/09/13	04/09/13	28.00	118.16
238283	5	T1019		04/10/13	04/10/13	28.00	118.16
238283	6	T1019		04/11/13	04/11/13	28.00	118.16
238283	7	T1019		04/12/13	04/12/13	28.00	118.16
CLAIM TOTAL							827.12
							CLAIM ACCOUNT REF. 2382830012008362SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008368	2008368	RODRIGUEZ, MARGARET	06/25/1950	ZP21043J	R2162380
DIAGNOSIS	CODES:	295.90	250.00	272.4	311.	401.9
					414.3	733.00
						780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238298	1	T1019		04/08/13	04/08/13	16.00	67.52
238298	2	T1019		04/09/13	04/09/13	16.00	67.52
238298	3	T1019		04/10/13	04/10/13	16.00	67.52
238298	4	T1019		04/11/13	04/11/13	16.00	67.52
238298	5	T1019		04/12/13	04/12/13	16.00	67.52
CLAIM TOTAL							337.60
							CLAIM ACCOUNT REF. 2382980012008368SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238284	1	T1019		04/06/13	04/06/13	32.00	135.04
238284	2	T1019		04/07/13	04/07/13	32.00	135.04
238284	3	T1019		04/08/13	04/08/13	32.00	135.04
238284	4	T1019		04/09/13	04/09/13	32.00	135.04
238284	5	T1019		04/10/13	04/10/13	32.00	135.04
238284	6	T1019		04/11/13	04/11/13	32.00	135.04
238284	7	T1019		04/12/13	04/12/13	32.00	135.04
CLAIM TOTAL							945.28
							CLAIM ACCOUNT REF. 2382840012008411SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238287	1	T1019		04/06/13	04/06/13	28.00	118.16
238287	2	T1019		04/07/13	04/07/13	28.00	118.16
238287	3	T1019		04/08/13	04/08/13	24.00	101.28
238287	4	T1019		04/09/13	04/09/13	28.00	118.16
238287	5	T1019		04/10/13	04/10/13	28.00	118.16

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238287	6	T1019		04/11/13	04/11/13	28.00	118.16	
238287	7	T1019		04/12/13	04/12/13	28.00	118.16	
						CLAIM TOTAL	810.24	CLAIM ACCOUNT REF. 2382870012008428SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238271	1	T1019		04/06/13	04/06/13	32.00	135.04	
238271	2	T1019		04/07/13	04/07/13	32.00	135.04	
238271	3	T1019		04/08/13	04/08/13	32.00	135.04	
238271	4	T1019		04/09/13	04/09/13	32.00	135.04	
238271	5	T1019		04/10/13	04/10/13	32.00	135.04	
238271	6	T1019		04/11/13	04/11/13	32.00	135.04	
238271	7	T1019		04/12/13	04/12/13	32.00	135.04	
						CLAIM TOTAL	945.28	CLAIM ACCOUNT REF. 2382710012008433SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238270	1	T1019		04/06/13	04/06/13	12.00	50.64	
238270	2	T1019		04/08/13	04/08/13	20.00	84.40	
238270	3	T1019		04/09/13	04/09/13	20.00	84.40	
238270	4	T1019		04/10/13	04/10/13	20.00	84.40	
238270	5	T1019		04/11/13	04/11/13	20.00	84.40	
238270	6	T1019		04/12/13	04/12/13	20.00	84.40	
						CLAIM TOTAL	472.64	CLAIM ACCOUNT REF. 2382700012008487SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008558	2008558	SURIEL, GERTRUDIS	03/17/1950	ZE67447D	0112191201069
DIAGNOSIS	CODES:	493.90	401.9	414.00	715.00		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238304	1	T1019		04/06/13	04/06/13	32.00	135.04	
238304	2	T1019		04/07/13	04/07/13	32.00	135.04	
238304	3	T1019		04/08/13	04/08/13	32.00	135.04	
238304	4	T1019		04/09/13	04/09/13	32.00	135.04	
						CLAIM TOTAL	540.16	CLAIM ACCOUNT REF. 2383040012008558SUP

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008558 2008558 SURIEL, GERTRUDIS 03/17/1950 ZE67447D 0104031302788
DIAGNOSIS CODES: 493.90 401.9 414.00 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238305	1	T1019		04/10/13	04/10/13	48.00	202.56
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2383050012008558SUP

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
238280	1	T1019		04/06/13	04/06/13	16.00	67.52
238280	2	T1019		04/07/13	04/07/13	16.00	67.52
238280	3	T1019		04/08/13	04/08/13	24.00	101.28
238280	4	T1019		04/09/13	04/09/13	24.00	101.28
238280	5	T1019		04/10/13	04/10/13	24.00	101.28
238280	6	T1019		04/11/13	04/11/13	24.00	101.28
238280	7	T1019		04/12/13	04/12/13	24.00	101.28
CLAIM TOTAL							641.44
CLAIM ACCOUNT REF.							2382800012008571SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238282	1	T1019		04/06/13	04/06/13	28.00	118.16
238282	2	T1019		04/07/13	04/07/13	40.00	168.80
238282	3	T1019		04/08/13	04/08/13	40.00	168.80
238282	4	T1019		04/09/13	04/09/13	40.00	168.80
238282	5	T1019		04/10/13	04/10/13	40.00	168.80
238282	6	T1019		04/11/13	04/11/13	40.00	168.80
238282	7	T1019		04/12/13	04/12/13	40.00	168.80
CLAIM TOTAL							1,130.96
CLAIM ACCOUNT REF.							2382820012009001SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008271 2009270 CARRION, MARIA 06/30/1928 SC64434E R2044577
DIAGNOSIS CODES: 250.00 294.10 401.9 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238277	1	T1019		04/06/13	04/06/13	32.00	135.04
238277	2	T1019		04/08/13	04/08/13	32.00	135.04
238277	3	T1019		04/09/13	04/09/13	32.00	135.04

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238277	4	T1019		04/10/13	04/10/13	32.00	135.04	
238277	5	T1019		04/11/13	04/11/13	32.00	135.04	
238277	6	T1019		04/12/13	04/12/13	32.00	135.04	
					CLAIM TOTAL		810.24	CLAIM ACCOUNT REF. 2382770012009270SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009405 2009405 CORTES DE GALINDO, NEL 05/25/1925 PF03624B R2063747
DIAGNOSIS CODES: 401.9 537.9 648.12

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238279	1	T1019		04/08/13	04/08/13	24.00	101.28	
238279	2	T1019		04/09/13	04/09/13	24.00	101.28	
238279	3	T1019		04/10/13	04/10/13	24.00	101.28	
238279	4	T1019		04/11/13	04/11/13	24.00	101.28	
238279	5	T1019		04/12/13	04/12/13	24.00	101.28	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2382790012009405SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238285	1	T1019		04/08/13	04/08/13	16.00	67.52	
238285	2	T1019		04/10/13	04/10/13	16.00	67.52	
238285	3	T1019		04/12/13	04/12/13	16.00	67.52	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2382850012009425SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238273	1	T1019		03/17/13	03/17/13	24.00	101.28	
238273	2	T1019		03/30/13	03/30/13	24.00	101.28	
238273	3	T1019		04/01/13	04/01/13	24.00	101.28	
238273	4	T1019		04/02/13	04/02/13	24.00	101.28	
238273	5	T1019		04/03/13	04/03/13	24.00	101.28	
238273	6	T1019		04/04/13	04/04/13	24.00	101.28	
238273	7	T1019		04/05/13	04/05/13	24.00	101.28	
238273	8	T1019		04/06/13	04/06/13	24.00	101.28	
238273	9	T1019		04/07/13	04/07/13	24.00	101.28	
238273	10	T1019		04/08/13	04/08/13	24.00	101.28	
238273	11	T1019		04/09/13	04/09/13	24.00	101.28	

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041705275028RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238273	12	T1019		04/10/13	04/10/13	24.00	101.28
238273	13	T1019		04/11/13	04/11/13	24.00	101.28
238273	14	T1019		04/12/13	04/12/13	24.00	101.28
CLAIM TOTAL							1,417.92

CLAIM ACCOUNT REF. 2382730012009560SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238309	1	T1019		04/08/13	04/08/13	32.00	135.04
238309	2	T1019		04/09/13	04/09/13	32.00	135.04
238309	3	T1019		04/10/13	04/10/13	32.00	135.04
238309	4	T1019		04/11/13	04/11/13	32.00	135.04
238309	5	T1019		04/12/13	04/12/13	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2383090012010009SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238289	1	T1019		04/06/13	04/06/13	48.00	202.56
238289	2	T1019		04/07/13	04/07/13	48.00	202.56
238289	3	T1019		04/08/13	04/08/13	48.00	202.56
238289	4	T1019		04/09/13	04/09/13	48.00	202.56
238289	5	T1019		04/10/13	04/10/13	48.00	202.56
238289	6	T1019		04/11/13	04/11/13	48.00	202.56
238289	7	T1019		04/12/13	04/12/13	48.00	202.56
CLAIM TOTAL							1,417.92

CLAIM ACCOUNT REF. 2382890012010311SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238308	1	T1019		04/06/13	04/06/13	20.00	84.40
238308	2	T1019		04/07/13	04/07/13	20.00	84.40
238308	3	T1019		04/11/13	04/11/13	20.00	84.40
238308	4	T1019		04/12/13	04/12/13	20.00	84.40
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2383080012010758SUP

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041705275028RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238288	1	T1019		04/06/13	04/06/13	32.00	135.04
238288	2	T1019		04/08/13	04/08/13	32.00	135.04
238288	3	T1019		04/09/13	04/09/13	32.00	135.04
238288	4	T1019		04/11/13	04/11/13	32.00	135.04
238288	5	T1019		04/12/13	04/12/13	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2382880012010967SUP

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
238274	1	T1019		04/08/13	04/08/13	40.00	168.80
238274	2	T1019		04/09/13	04/09/13	40.00	168.80
238274	3	T1019		04/10/13	04/10/13	40.00	168.80
238274	4	T1019		04/11/13	04/11/13	40.00	168.80
238274	5	T1019		04/12/13	04/12/13	40.00	168.80
CLAIM TOTAL							844.00

CLAIM ACCOUNT REF. 2382740012011528SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238303	1	T1019		04/06/13	04/06/13	36.00	151.92
238303	2	T1019		04/07/13	04/07/13	36.00	151.92
238303	3	T1019		04/08/13	04/08/13	40.00	168.80
238303	4	T1019		04/09/13	04/09/13	40.00	168.80
238303	5	T1019		04/10/13	04/10/13	40.00	168.80
238303	6	T1019		04/11/13	04/11/13	40.00	168.80
238303	7	T1019		04/12/13	04/12/13	40.00	168.80
CLAIM TOTAL							1,147.84

CLAIM ACCOUNT REF. 2383030012011820SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238295	1	T1019		04/06/13	04/06/13	40.00	168.80

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238295	2	T1019		04/07/13	04/07/13	40.00	168.80	
238295	3	T1019		04/08/13	04/08/13	40.00	168.80	
238295	4	T1019		04/09/13	04/09/13	40.00	168.80	
238295	5	T1019		04/10/13	04/10/13	40.00	168.80	
238295	6	T1019		04/11/13	04/11/13	40.00	168.80	
238295	7	T1019		04/12/13	04/12/13	40.00	168.80	
CLAIM TOTAL							1,181.60	CLAIM ACCOUNT REF. 2382950012012284SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011495 2012478 ISKANDER, JACOB S 04/14/1949 YS88012Z R2140203
DIAGNOSIS CODES: 748.60 253.5 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238286	1	T1019		04/06/13	04/06/13	32.00	135.04	
238286	2	T1019		04/07/13	04/07/13	32.00	135.04	
238286	3	T1019		04/08/13	04/08/13	32.00	135.04	
238286	4	T1019		04/09/13	04/09/13	32.00	135.04	
238286	5	T1019		04/10/13	04/10/13	32.00	135.04	
238286	6	T1019		04/11/13	04/11/13	32.00	135.04	
238286	7	T1019		04/12/13	04/12/13	32.00	135.04	
CLAIM TOTAL							945.28	CLAIM ACCOUNT REF. 2382860012012478SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238272	1	T1019		04/08/13	04/08/13	16.00	67.52	
238272	2	T1019		04/09/13	04/09/13	16.00	67.52	
238272	3	T1019		04/10/13	04/10/13	16.00	67.52	
238272	4	T1019		04/11/13	04/11/13	16.00	67.52	
238272	5	T1019		04/12/13	04/12/13	16.00	67.52	
CLAIM TOTAL							337.60	CLAIM ACCOUNT REF. 2382720012012489SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238301	1	T1019		04/06/13	04/06/13	32.00	135.04	
238301	2	T1019		04/07/13	04/07/13	32.00	135.04	
238301	3	T1019		04/08/13	04/08/13	36.00	151.92	
238301	4	T1019		04/09/13	04/09/13	36.00	151.92	

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041705275028RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238301	5	T1019		04/10/13	04/10/13	36.00	151.92	
238301	6	T1019		04/11/13	04/11/13	36.00	151.92	
238301	7	T1019		04/12/13	04/12/13	36.00	151.92	
					CLAIM TOTAL	1,029.68		CLAIM ACCOUNT REF. 2383010012012498SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238292	1	T1019		04/06/13	04/06/13	24.00	101.28	
238292	2	T1019		04/08/13	04/08/13	24.00	101.28	
238292	3	T1019		04/09/13	04/09/13	24.00	101.28	
238292	4	T1019		04/10/13	04/10/13	24.00	101.28	
238292	5	T1019		04/11/13	04/11/13	24.00	101.28	
238292	6	T1019		04/12/13	04/12/13	24.00	101.28	
					CLAIM TOTAL	607.68		CLAIM ACCOUNT REF. 2382920012012683SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238306	1	T1019		03/30/13	03/30/13	32.00	135.04	
238306	2	T1019		03/31/13	03/31/13	32.00	135.04	
238306	3	T1019		04/06/13	04/06/13	32.00	135.04	
238306	4	T1019		04/07/13	04/07/13	32.00	135.04	
238306	5	T1019		04/08/13	04/08/13	20.00	84.40	
238306	6	T1019		04/09/13	04/09/13	32.00	135.04	
238306	7	T1019		04/10/13	04/10/13	20.00	84.40	
238306	8	T1019		04/11/13	04/11/13	32.00	135.04	
238306	9	T1019		04/12/13	04/12/13	20.00	84.40	
					CLAIM TOTAL	1,063.44		CLAIM ACCOUNT REF. 2383060012012772SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238307	1	T1019		04/12/13	04/12/13	24.00	101.28	
					CLAIM TOTAL	101.28		CLAIM ACCOUNT REF. 2383070012012823SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #
0103181301812

CLAIM ACCOUNT REF. 2382930012012905SUP

PRIOR AUTHORIZATION #
R22202322

CLAIM ACCOUNT REF. 2382760012012949SUP

PRIOR AUTHORIZATION #
0103181301812

CLAIM ACCOUNT REF. 2382940012013053SUP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	228	TOTAL CLAIM AMOUNT =	28,459.68
		# SERVICES =	39		

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041705275028RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008245 2008245 CALDERON, MIGDALIA 08/02/1961 100195559 609107821
DIAGNOSIS CODES: 250.00 428.0 724.00 724.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238340	1	T1019		04/06/13	04/06/13	40.00	171.60
238340	2	T1019		04/07/13	04/07/13	40.00	171.60
238340	3	T1019		04/08/13	04/08/13	40.00	171.60
238340	4	T1019		04/09/13	04/09/13	40.00	171.60
238340	5	T1019		04/10/13	04/10/13	40.00	171.60
238340	6	T1019		04/11/13	04/11/13	40.00	171.60
238340	7	T1019		04/12/13	04/12/13	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2383400012008245SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238342	1	T1019		04/06/13	04/06/13	16.00	68.64
238342	2	T1019		04/07/13	04/07/13	16.00	68.64
238342	3	T1019		04/08/13	04/08/13	36.00	154.44
238342	4	T1019		04/09/13	04/09/13	36.00	154.44
238342	5	T1019		04/10/13	04/10/13	36.00	154.44
238342	6	T1019		04/11/13	04/11/13	36.00	154.44
238342	7	T1019		04/12/13	04/12/13	36.00	154.44
CLAIM TOTAL						909.48	CLAIM ACCOUNT REF. 2383420012008287SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238343	1	T1019		03/30/13	03/30/13	32.00	137.28
238343	2	T1019		03/31/13	03/31/13	32.00	137.28
238343	3	T1019		04/01/13	04/01/13	32.00	137.28
238343	4	T1019		04/02/13	04/02/13	32.00	137.28
238343	5	T1019		04/03/13	04/03/13	32.00	137.28
238343	6	T1019		04/04/13	04/04/13	32.00	137.28
238343	7	T1019		04/05/13	04/05/13	32.00	137.28
238343	8	T1019		04/06/13	04/06/13	32.00	137.28
238343	9	T1019		04/07/13	04/07/13	20.00	85.80
238343	10	T1019		04/08/13	04/08/13	32.00	137.28
238343	11	T1019		04/09/13	04/09/13	24.00	102.96

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041705275028RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238343	12	T1019		04/10/13	04/10/13	32.00	137.28	
238343	13	T1019		04/11/13	04/11/13	32.00	137.28	
238343	14	T1019		04/12/13	04/12/13	32.00	137.28	
					CLAIM TOTAL		1,836.12	CLAIM ACCOUNT REF. 2383430012008401SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238341	1	T1019		04/06/13	04/06/13	48.00	205.92	
238341	2	T1019		04/07/13	04/07/13	48.00	205.92	
238341	3	T1019		04/08/13	04/08/13	48.00	205.92	
238341	4	T1019		04/09/13	04/09/13	48.00	205.92	
238341	5	T1019		04/10/13	04/10/13	48.00	205.92	
238341	6	T1019		04/11/13	04/11/13	48.00	205.92	
238341	7	T1019		04/12/13	04/12/13	48.00	205.92	
					CLAIM TOTAL		1,441.44	CLAIM ACCOUNT REF. 2383410012011881SUP

PAYER TOTALS: UNITEDHEALTHCARE # OF CLAIMS = 35 TOTAL CLAIM AMOUNT = 5,388.24
SERVICES = 4

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041705275028RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238412	1	S5130	0582	04/05/13	04/05/13	16.00	67.52
238412	2	S5130	0582	04/12/13	04/12/13	12.00	50.64
CLAIM TOTAL							118.16
CLAIM ACCOUNT REF.							2384120012009279SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008406 2010728 YOUNG, KALEILE 06/17/1994 006532755 103177976
DIAGNOSIS CODES: 319. 493.90 742.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238414	1	T1019	0580	04/06/13	04/06/13	16.00	67.52
238414	2	T1019	0580	04/07/13	04/07/13	16.00	67.52
238414	3	T1019	0580	04/08/13	04/08/13	12.00	50.64
238414	4	T1019	0580	04/09/13	04/09/13	12.00	50.64
238414	5	T1019	0580	04/10/13	04/10/13	12.00	50.64
238414	6	T1019	0580	04/11/13	04/11/13	12.00	50.64
238414	7	T1019	0580	04/12/13	04/12/13	12.00	50.64
CLAIM TOTAL							388.24
CLAIM ACCOUNT REF.							2384140012010728SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008407 2010729 WALTERS, BYRON 05/18/2000 006600539 103177687
DIAGNOSIS CODES: 319. 493.90 742.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238413	1	T1019	0580	04/01/13	04/01/13	12.00	50.64
238413	2	T1019	0580	04/02/13	04/02/13	12.00	50.64
238413	3	T1019	0580	04/03/13	04/03/13	12.00	50.64
238413	4	T1019	0580	04/04/13	04/04/13	12.00	50.64
238413	5	T1019	0580	04/05/13	04/05/13	12.00	50.64
238413	6	T1019	0580	04/06/13	04/06/13	20.00	84.40
238413	7	T1019	0580	04/07/13	04/07/13	20.00	84.40
238413	8	T1019	0580	04/08/13	04/08/13	12.00	50.64
238413	9	T1019	0580	04/09/13	04/09/13	12.00	50.64
238413	10	T1019	0580	04/10/13	04/10/13	12.00	50.64
238413	11	T1019	0580	04/11/13	04/11/13	12.00	50.64
238413	12	T1019	0580	04/12/13	04/12/13	12.00	50.64
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2384130012010729SUP

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041705275028RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238411	1	T1019	0580	04/06/13	04/06/13	20.00	84.40
238411	2	T1019	0580	04/10/13	04/10/13	20.00	84.40
238411	3	T1019	0580	04/11/13	04/11/13	20.00	84.40
238411	4	T1019	0580	04/12/13	04/12/13	20.00	84.40
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2384110012011322SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238417	1	T1019	0580	04/10/13	04/10/13	16.00	60.00
238417	2	T1019	0580	04/11/13	04/11/13	16.00	60.00
238417	3	T1019	0580	04/12/13	04/12/13	16.00	60.00
CLAIM TOTAL							180.00
CLAIM ACCOUNT REF.							2384170012012354SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238419	1	T1019	0580	04/06/13	04/06/13	24.00	90.00
238419	2	T1019	0580	04/08/13	04/08/13	24.00	90.00
238419	3	T1019	0580	04/09/13	04/09/13	24.00	90.00
238419	4	T1019	0580	04/10/13	04/10/13	24.00	90.00
238419	5	T1019	0580	04/11/13	04/11/13	24.00	90.00
238419	6	T1019	0580	04/12/13	04/12/13	24.00	90.00
CLAIM TOTAL							540.00
CLAIM ACCOUNT REF.							2384190012012357SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238422	1	T1019	0580	04/01/13	04/01/13	16.00	60.00
238422	2	T1019	0580	04/02/13	04/02/13	16.00	60.00
238422	3	T1019	0580	04/03/13	04/03/13	16.00	60.00
238422	4	T1019	0580	04/04/13	04/04/13	16.00	60.00
238422	5	T1019	0580	04/05/13	04/05/13	16.00	60.00

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041705275028RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238422	6	T1019	0580	04/08/13	04/08/13	16.00	60.00	
238422	7	T1019	0580	04/09/13	04/09/13	16.00	60.00	
238422	8	T1019	0580	04/10/13	04/10/13	16.00	60.00	
238422	9	T1019	0580	04/11/13	04/11/13	16.00	60.00	
238422	10	T1019	0580	04/12/13	04/12/13	16.00	60.00	
			CLAIM TOTAL				600.00	CLAIM ACCOUNT REF. 2384220012012358SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238423	1	T1019	0580	04/08/13	04/08/13	20.00	75.00	
238423	2	T1019	0580	04/09/13	04/09/13	20.00	75.00	
238423	3	T1019	0580	04/10/13	04/10/13	20.00	75.00	
238423	4	T1019	0580	04/11/13	04/11/13	20.00	75.00	
238423	5	T1019	0580	04/12/13	04/12/13	20.00	75.00	
			CLAIM TOTAL				375.00	CLAIM ACCOUNT REF. 2384230012012362SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238418	1	T1019	0580	04/08/13	04/08/13	16.00	60.00	
			CLAIM TOTAL				60.00	CLAIM ACCOUNT REF. 2384180012012373SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
238420	1	T1019	0580	04/08/13	04/08/13	32.00	120.00	
238420	2	T1019	0580	04/09/13	04/09/13	36.00	135.00	
238420	3	T1019	0580	04/10/13	04/10/13	32.00	120.00	
238420	4	T1019	0580	04/11/13	04/11/13	36.00	135.00	
238420	5	T1019	0580	04/12/13	04/12/13	32.00	120.00	
			CLAIM TOTAL				630.00	CLAIM ACCOUNT REF. 2384200012012374SUP

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041705275028RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238416	1	T1019	0580	04/06/13	04/06/13	28.00	105.00
238416	2	T1019	0580	04/08/13	04/08/13	28.00	105.00
238416	3	T1019	0580	04/09/13	04/09/13	28.00	105.00
238416	4	T1019	0580	04/10/13	04/10/13	28.00	105.00
238416	5	T1019	0580	04/11/13	04/11/13	28.00	105.00
238416	6	T1019	0580	04/12/13	04/12/13	16.00	60.00
CLAIM TOTAL							585.00
CLAIM ACCOUNT REF.							2384160012012732SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238415	1	T1019	0580	04/08/13	04/08/13	28.00	105.00
238415	2	T1019	0580	04/09/13	04/09/13	28.00	105.00
238415	3	T1019	0580	04/10/13	04/10/13	28.00	105.00
238415	4	T1019	0580	04/11/13	04/11/13	28.00	105.00
238415	5	T1019	0580	04/12/13	04/12/13	28.00	105.00
CLAIM TOTAL							525.00
CLAIM ACCOUNT REF.							2384150012012876SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238421	1	T1019	0580	04/08/13	04/08/13	16.00	60.00
238421	2	T1019	0580	04/09/13	04/09/13	16.00	60.00
238421	3	T1019	0580	04/10/13	04/10/13	16.00	60.00
238421	4	T1019	0580	04/11/13	04/11/13	16.00	60.00
238421	5	T1019	0580	04/12/13	04/12/13	16.00	60.00
CLAIM TOTAL							300.00
CLAIM ACCOUNT REF.							2384210012013018SUP

PAYER TOTALS: AMERIGROUP NEW YORK,LLC # OF CLAIMS = 71 TOTAL CLAIM AMOUNT = 5,314.20
SERVICES = 13

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041705275028RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008389 2011453 MUSHAYEV, BORIS 08/14/1947 7235 387543
DIAGNOSIS CODES: 401.9 250.00 425.8 428.0 441.00 715.90

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238432	1	T1019	1C	0570	04/08/13	04/08/13	4.00	65.60
238432	2	T1019	1C	0570	04/09/13	04/09/13	4.00	65.60
238432	3	T1019	1C	0570	04/10/13	04/10/13	4.00	65.60
238432	4	T1019	1C	0570	04/11/13	04/11/13	4.00	65.60
238432	5	T1019	1C	0570	04/12/13	04/12/13	4.00	65.60
CLAIM TOTAL								328.00
								CLAIM ACCOUNT REF. 2384320012011453SUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238431	1	T1019	1C	0570	04/08/13	04/08/13	4.00	65.60
238431	2	T1019	1C	0570	04/09/13	04/09/13	4.00	65.60
238431	3	T1019	1C	0570	04/10/13	04/10/13	4.00	65.60
238431	4	T1019	1C	0570	04/11/13	04/11/13	4.00	65.60
238431	5	T1019	1C	0570	04/12/13	04/12/13	4.00	65.60
CLAIM TOTAL								328.00
								CLAIM ACCOUNT REF. 2384310012011869SUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238429	1	T1019	1C	0570	04/08/13	04/08/13	6.00	98.40
238429	2	T1019	1C	0570	04/09/13	04/09/13	6.00	98.40
238429	3	T1019	1C	0570	04/10/13	04/10/13	6.00	98.40
238429	4	T1019	1C	0570	04/11/13	04/11/13	6.00	98.40
238429	5	T1019	1C	0570	04/12/13	04/12/13	6.00	98.40
CLAIM TOTAL								492.00
								CLAIM ACCOUNT REF. 2384290012011870SUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238430	1	T1019	1C	0570	04/06/13	04/06/13	4.00	65.60
238430	2	T1019	1C	0570	04/07/13	04/07/13	4.00	65.60
238430	3	T1019	1C	0570	04/08/13	04/08/13	4.00	65.60

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041705275028RRSUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238430	4	T1019	1C	0570	04/09/13	04/09/13	4.00	65.60
238430	5	T1019	1C	0570	04/10/13	04/10/13	4.00	65.60
238430	6	T1019	1C	0570	04/11/13	04/11/13	4.00	65.60
238430	7	T1019	1C	0570	04/12/13	04/12/13	4.00	65.60
CLAIM TOTAL								459.20
								CLAIM ACCOUNT REF. 2384300012012213SUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238433	1	T1019	1C	0570	04/07/13	04/07/13	8.00	131.20
238433	2	T1019	1C	0570	04/08/13	04/08/13	8.00	131.20
238433	3	T1019	1C	0570	04/09/13	04/09/13	8.00	131.20
238433	4	T1019	1C	0570	04/10/13	04/10/13	8.00	131.20
238433	5	T1019	1C	0570	04/11/13	04/11/13	8.00	131.20
238433	6	T1019	1C	0570	04/12/13	04/12/13	8.00	131.20
CLAIM TOTAL								787.20
								CLAIM ACCOUNT REF. 2384330012013010SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	28	TOTAL CLAIM AMOUNT =	2,394.40
		# SERVICES =	5		

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041705275028RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008382 2010800 GOMES, AGUSTINA 05/05/1933 JRX53860E01 2013030885700001
DIAGNOSIS CODES: 230.3 153.0 401.9 733.00 V60.3
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238424	1	T1019	0580	04/06/13	04/06/13	36.00	151.92
238424	2	T1019	0580	04/07/13	04/07/13	36.00	151.92
238424	3	T1019	0580	04/08/13	04/08/13	36.00	151.92
238424	4	T1019	0580	04/09/13	04/09/13	36.00	151.92
238424	5	T1019	0580	04/10/13	04/10/13	36.00	151.92
238424	6	T1019	0580	04/11/13	04/11/13	36.00	151.92
238424	7	T1019	0580	04/12/13	04/12/13	36.00	151.92
CLAIM TOTAL							1,063.44
CLAIM ACCOUNT REF.							2384240012010800SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238428	1	T1019	0580	04/09/13	04/09/13	16.00	67.52
238428	2	T1019	0580	04/10/13	04/10/13	16.00	67.52
238428	3	T1019	0580	04/11/13	04/11/13	16.00	67.52
238428	4	T1019	0580	04/12/13	04/12/13	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2384280012010804SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008228 2010805 TOWLES, ADA 12/10/1954 JZX17878Q01 2013011515500004
DIAGNOSIS CODES: 722.10 401.9 724.3 750.7 V61.9
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238426	1	T1019	0580	03/05/13	03/05/13	16.00	67.52
CLAIM TOTAL							67.52
CLAIM ACCOUNT REF.							2384260012010805SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238427	1	T1019	0580	03/11/13	03/11/13	12.00	50.64
238427	2	T1019	0580	03/15/13	03/15/13	16.00	67.52

REPORT DATE 04/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041705275028RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238427	3	T1019	0580	04/08/13	04/08/13	12.00	50.64
238427	4	T1019	0580	04/11/13	04/11/13	16.00	67.52
CLAIM TOTAL							236.32

CLAIM ACCOUNT REF. 2384270012010805SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
238425	1	T1019	0580	04/06/13	04/06/13	32.00	135.04
238425	2	T1019	0580	04/07/13	04/07/13	32.00	135.04
238425	3	T1019	0580	04/08/13	04/08/13	16.00	67.52
238425	4	T1019	0580	04/09/13	04/09/13	16.00	67.52
238425	5	T1019	0580	04/10/13	04/10/13	16.00	67.52
238425	6	T1019	0580	04/11/13	04/11/13	16.00	67.52
238425	7	T1019	0580	04/12/13	04/12/13	16.00	67.52
CLAIM TOTAL							607.68

CLAIM ACCOUNT REF. 2384250012012890SUP

PAYER TOTALS: HEALTHCARE PARTNERS IPA I # OF CLAIMS = 23 TOTAL CLAIM AMOUNT = 2,245.04
SERVICES = 4

PROVIDER TOTALS: SUNNYSIDE CITYWIDE # OF CLAIMS = 901 TOTAL CLAIM AMOUNT = 105,952.88
SERVICES = 161