

REPORT DATE 01/30/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

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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
226741	1	T1020		01/19/13	01/19/13	11.00	185.57
226741	2	T1020		01/21/13	01/21/13	6.00	101.22
226741	3	T1020		01/22/13	01/22/13	6.00	101.22
226741	4	T1020		01/23/13	01/23/13	6.00	101.22
226741	5	T1020		01/24/13	01/24/13	6.00	101.22
226741	6	T1020		01/25/13	01/25/13	6.00	101.22
CLAIM TOTAL							691.67
							CLAIM ACCOUNT REF. 2267410012008267SUP

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
226736	1	T1020		01/21/13	01/21/13	7.00	118.09
226736	2	T1020		01/22/13	01/22/13	7.00	118.09
226736	3	T1020		01/23/13	01/23/13	7.00	118.09
226736	4	T1020		01/24/13	01/24/13	7.00	118.09
226736	5	T1020		01/25/13	01/25/13	7.00	118.09
CLAIM TOTAL							590.45
							CLAIM ACCOUNT REF. 2267360012008306SUP

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
226735	1	T1020		01/19/13	01/19/13	7.00	118.09
226735	2	T1020		01/20/13	01/20/13	7.00	118.09
226735	3	T1020		01/21/13	01/21/13	7.00	118.09
226735	4	T1020		01/22/13	01/22/13	7.00	118.09
226735	5	T1020		01/23/13	01/23/13	7.00	118.09
226735	6	T1020		01/24/13	01/24/13	7.00	118.09
226735	7	T1020		01/25/13	01/25/13	7.00	118.09
CLAIM TOTAL							826.63
							CLAIM ACCOUNT REF. 2267350012008386SUP

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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 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	
226739	1	T1020		01/22/13	01/22/13	4.00	67.48	
226739	2	T1020		01/24/13	01/24/13	5.00	84.35	
					CLAIM TOTAL		151.83	CLAIM ACCOUNT REF. 2267390012008400SUP

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	
226740	1	T1020		01/25/13	01/25/13	4.00	67.48	
					CLAIM TOTAL		67.48	CLAIM ACCOUNT REF. 2267400012008400SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009268 2010041 VARGAS, RAQUEL 07/05/1949 74201787700 121291101
DIAGNOSIS CODES: 437.9 253.5 345.91 E885.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
226742	1	T1020		01/19/13	01/19/13	9.00	151.83	
226742	2	T1020		01/20/13	01/20/13	9.00	151.83	
226742	3	T1020		01/21/13	01/21/13	9.00	151.83	
226742	4	T1020		01/22/13	01/22/13	9.00	151.83	
226742	5	T1020		01/23/13	01/23/13	9.00	151.83	
226742	6	T1020		01/24/13	01/24/13	9.00	151.83	
226742	7	T1020		01/25/13	01/25/13	9.00	151.83	
					CLAIM TOTAL		1,062.81	CLAIM ACCOUNT REF. 2267420012010041SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008376 2010712 LITMAN, GAIL 10/23/1952 74146355500 111951068
DIAGNOSIS CODES: 401.9 780.2 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
226738	1	T1020		01/21/13	01/21/13	5.00	84.35	
226738	2	T1020		01/22/13	01/22/13	5.00	84.35	
226738	3	T1020		01/23/13	01/23/13	5.00	84.35	
226738	4	T1020		01/24/13	01/24/13	5.00	84.35	
226738	5	T1020		01/25/13	01/25/13	4.00	67.48	
					CLAIM TOTAL		404.88	CLAIM ACCOUNT REF. 2267380012010712SUP

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NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011495	2011495	ISKANDER, JACOB S	04/14/1949	74226723400	122720054

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
226737	1	T1020		01/19/13	01/19/13	8.00	134.96		
226737	2	T1020		01/20/13	01/20/13	8.00	134.96		
226737	3	T1020		01/21/13	01/21/13	8.00	134.96		
226737	4	T1020		01/22/13	01/22/13	8.00	134.96		
226737	5	T1020		01/23/13	01/23/13	8.00	134.96		
226737	6	T1020		01/24/13	01/24/13	8.00	134.96		
226737	7	T1020		01/25/13	01/25/13	8.00	134.96		
					CLAIM TOTAL		944.72	CLAIM ACCOUNT REF.	2267370012011495SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	40	TOTAL CLAIM AMOUNT =	4,740.47
		# SERVICES =	7		

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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
226721	1	T1019		01/23/13	01/23/13	16.00	67.52
226721	2	T1019		01/24/13	01/24/13	16.00	67.52
226721	3	T1019		01/25/13	01/25/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2267210012008261SUP

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
226727	1	T1019		01/19/13	01/19/13	24.00	101.28
226727	2	T1019		01/20/13	01/20/13	24.00	101.28
226727	3	T1019		01/21/13	01/21/13	24.00	101.28
226727	4	T1019		01/22/13	01/22/13	24.00	101.28
226727	5	T1019		01/23/13	01/23/13	24.00	101.28
226727	6	T1019		01/24/13	01/24/13	24.00	101.28
226727	7	T1019		01/25/13	01/25/13	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2267270012008263SUP

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
226732	1	T1019		01/19/13	01/19/13	40.00	168.80
226732	2	T1019		01/20/13	01/20/13	40.00	168.80
226732	3	T1019		01/21/13	01/21/13	36.00	151.92
226732	4	T1019		01/22/13	01/22/13	40.00	168.80
226732	5	T1019		01/23/13	01/23/13	40.00	168.80
226732	6	T1019		01/24/13	01/24/13	40.00	168.80
226732	7	T1019		01/25/13	01/25/13	40.00	168.80
CLAIM TOTAL							1,164.72
CLAIM ACCOUNT REF.							2267320012008265SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008303 2008303 WILSON, SHERYL 08/28/1956 10060476901 082611259599
DIAGNOSIS CODES: 737.39 344.9 493.90 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226734	1	T1019		01/22/13	01/22/13	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	
226734	2	T1019		01/24/13	01/24/13	24.00	101.28	
226734	3	T1019		01/25/13	01/25/13	24.00	101.28	
					CLAIM TOTAL		303.84	CLAIM ACCOUNT REF. 2267340012008303SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008366 2008366 JONES, CYNTHIA 03/17/1950 10063968601 072211255308
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
226724	1	T1019		01/21/13	01/21/13	16.00	67.52	
226724	2	T1019		01/23/13	01/23/13	20.00	84.40	
					CLAIM TOTAL		151.92	CLAIM ACCOUNT REF. 2267240012008366SUP

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	
226719	1	T1019		01/19/13	01/19/13	28.00	118.16	
226719	2	T1019		01/20/13	01/20/13	28.00	118.16	
226719	3	T1019		01/21/13	01/21/13	32.00	135.04	
226719	4	T1019		01/22/13	01/22/13	28.00	118.16	
226719	5	T1019		01/23/13	01/23/13	28.00	118.16	
226719	6	T1019		01/24/13	01/24/13	28.00	118.16	
226719	7	T1019		01/25/13	01/25/13	28.00	118.16	
					CLAIM TOTAL		844.00	CLAIM ACCOUNT REF. 2267190012008403SUP

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	
226729	1	T1019		01/21/13	01/21/13	24.00	101.28	
226729	2	T1019		01/22/13	01/22/13	24.00	101.28	
226729	3	T1019		01/23/13	01/23/13	24.00	101.28	
226729	4	T1019		01/24/13	01/24/13	24.00	101.28	
226729	5	T1019		01/25/13	01/25/13	24.00	101.28	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2267290012008421SUP

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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 072211255325
DIAGNOSIS CODES: 799.89 401.9 493.92 729.0 V02.62

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226728	1	T1019		01/19/13	01/19/13	24.00	101.28
226728	2	T1019		01/21/13	01/21/13	24.00	101.28
226728	3	T1019		01/23/13	01/23/13	24.00	101.28
226728	4	T1019		01/24/13	01/24/13	24.00	101.28
226728	5	T1019		01/25/13	01/25/13	24.00	101.28
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2267280012008422SUP

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
226733	1	T1019		01/21/13	01/21/13	16.00	67.52
226733	2	T1019		01/22/13	01/22/13	16.00	67.52
226733	3	T1019		01/24/13	01/24/13	16.00	67.52
CLAIM TOTAL							202.56

CLAIM ACCOUNT REF. 2267330012008425SUP

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
226722	1	T1019		01/19/13	01/19/13	40.00	168.80
226722	2	T1019		01/20/13	01/20/13	40.00	168.80
226722	3	T1019		01/21/13	01/21/13	40.00	168.80
226722	4	T1019		01/22/13	01/22/13	40.00	168.80
226722	5	T1019		01/23/13	01/23/13	40.00	168.80
226722	6	T1019		01/25/13	01/25/13	40.00	168.80
CLAIM TOTAL							1,012.80

CLAIM ACCOUNT REF. 2267220012008427SUP

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
226730	1	T1019		01/21/13	01/21/13	24.00	101.28
226730	2	T1019		01/22/13	01/22/13	24.00	101.28
226730	3	T1019		01/23/13	01/23/13	24.00	101.28
226730	4	T1019		01/24/13	01/24/13	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	
226730	5	T1019		01/25/13	01/25/13	24.00	101.28	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2267300012008531SUP

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	
226726	1	T1019		01/20/13	01/20/13	16.00	67.52	
226726	2	T1019		01/21/13	01/21/13	28.00	118.16	
226726	3	T1019		01/22/13	01/22/13	28.00	118.16	
226726	4	T1019		01/23/13	01/23/13	28.00	118.16	
226726	5	T1019		01/24/13	01/24/13	28.00	118.16	
					CLAIM TOTAL		540.16	CLAIM ACCOUNT REF. 2267260012008742SUP

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	
226720	1	T1019		01/14/13	01/14/13	8.00	33.76	
226720	2	T1019		01/21/13	01/21/13	16.00	67.52	
226720	3	T1019		01/22/13	01/22/13	24.00	101.28	
226720	4	T1019		01/23/13	01/23/13	24.00	101.28	
226720	5	T1019		01/24/13	01/24/13	24.00	101.28	
226720	6	T1019		01/25/13	01/25/13	24.00	101.28	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2267200012008802SUP

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	
226725	1	T1019		01/19/13	01/19/13	48.00	202.56	
226725	2	T1019		01/20/13	01/20/13	48.00	202.56	
226725	3	T1019		01/21/13	01/21/13	44.00	185.68	
226725	4	T1019		01/22/13	01/22/13	48.00	202.56	
226725	5	T1019		01/23/13	01/23/13	48.00	202.56	
226725	6	T1019		01/24/13	01/24/13	48.00	202.56	
226725	7	T1019		01/25/13	01/25/13	48.00	202.56	
					CLAIM TOTAL		1,401.04	CLAIM ACCOUNT REF. 2267250012009356SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226717	1	T1019		01/19/13	01/19/13	32.00	135.04
226717	2	T1019		01/20/13	01/20/13	32.00	135.04
226717	3	T1019		01/21/13	01/21/13	32.00	135.04
226717	4	T1019		01/22/13	01/22/13	32.00	135.04
226717	5	T1019		01/23/13	01/23/13	32.00	135.04
226717	6	T1019		01/24/13	01/24/13	32.00	135.04
226717	7	T1019		01/25/13	01/25/13	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2267170012010143SUP

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
226731	1	T1019		01/07/13	01/07/13	20.00	84.40
226731	2	T1019		01/09/13	01/09/13	20.00	84.40
226731	3	T1019		01/11/13	01/11/13	20.00	84.40
226731	4	T1019		01/15/13	01/15/13	20.00	84.40
226731	5	T1019		01/21/13	01/21/13	20.00	84.40
226731	6	T1019		01/22/13	01/22/13	20.00	84.40
226731	7	T1019		01/23/13	01/23/13	20.00	84.40
226731	8	T1019		01/24/13	01/24/13	20.00	84.40
226731	9	T1019		01/25/13	01/25/13	20.00	84.40
CLAIM TOTAL							759.60
CLAIM ACCOUNT REF.							2267310012010353SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010639 2010639 HAMPTON, PRISCILLA 07/21/1952 10094572501 060112293626
DIAGNOSIS CODES: 447.6 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226723	1	T1019		01/19/13	01/19/13	24.00	101.28
226723	2	T1019		01/20/13	01/20/13	24.00	101.28
226723	3	T1019		01/21/13	01/21/13	24.00	101.28
226723	4	T1019		01/22/13	01/22/13	28.00	118.16
226723	5	T1019		01/23/13	01/23/13	24.00	101.28
226723	6	T1019		01/24/13	01/24/13	28.00	118.16
226723	7	T1019		01/25/13	01/25/13	28.00	118.16
CLAIM TOTAL							759.60
CLAIM ACCOUNT REF.							2267230012010639SUP

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NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010671	2010878	AKHTER, SELINA	07/13/1960	10087504801	073112301172

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
226718	1	T1019		01/21/13	01/21/13	36.00	151.92	
226718	2	T1019		01/22/13	01/22/13	36.00	151.92	
226718	3	T1019		01/23/13	01/23/13	36.00	151.92	
226718	4	T1019		01/24/13	01/24/13	36.00	151.92	
226718	5	T1019		01/25/13	01/25/13	36.00	151.92	
					CLAIM TOTAL		759.60	CLAIM ACCOUNT REF. 2267180012010878SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	99	TOTAL CLAIM AMOUNT =	11,782.24
		# SERVICES =	18		

REPORT DATE 01/30/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE
PAYER ID = 13265 METROPLUS HEALTH PLAN

NPI = 1154407492

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008233 2008233 ARIAS, NORA 03/31/1981 RB08739R 0112181290326
DIAGNOSIS CODES: 356.9 348.2 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226765	1	T1019		01/19/13	01/19/13	4.00	68.60
226765	2	T1019		01/20/13	01/20/13	4.00	68.60
226765	3	T1019		01/21/13	01/21/13	12.00	205.80
226765	4	T1019		01/22/13	01/22/13	12.00	205.80
226765	5	T1019		01/23/13	01/23/13	12.00	205.80
226765	6	T1019		01/24/13	01/24/13	12.00	205.80
226765	7	T1019		01/25/13	01/25/13	12.00	205.80

CLAIM TOTAL 1,166.20 CLAIM ACCOUNT REF. 2267650012008233SUP

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
226772	1	T1019		01/19/13	01/19/13	8.00	137.20
226772	2	T1019		01/20/13	01/20/13	8.00	137.20
226772	3	T1019		01/21/13	01/21/13	11.00	188.65
226772	4	T1019		01/22/13	01/22/13	11.00	188.65
226772	5	T1019		01/23/13	01/23/13	11.00	188.65
226772	6	T1019		01/24/13	01/24/13	11.00	188.65
226772	7	T1019		01/25/13	01/25/13	11.00	188.65

CLAIM TOTAL 1,217.65 CLAIM ACCOUNT REF. 2267720012008236SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008237 2008237 DURHAM, CYNTHIA 05/23/1960 ZB21969Z 0107031290005
DIAGNOSIS CODES: 401.9 250.00 300.00 345.90 493.90 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226768	1	T1019		01/21/13	01/21/13	4.00	68.60
226768	2	T1019		01/22/13	01/22/13	4.00	68.60
226768	3	T1019		01/24/13	01/24/13	4.00	68.60

CLAIM TOTAL 205.80 CLAIM ACCOUNT REF. 2267680012008237SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008284 2008284 ANDERSON, BETH 12/18/1947 YC43135F 0108141290047
DIAGNOSIS CODES: 340. 286.0 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226764	1	T1019		01/20/13	01/20/13	2.00	34.30

REPORT DATE 01/30/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226764	2	T1019		01/21/13	01/21/13	5.00	85.75
226764	3	T1019		01/22/13	01/22/13	5.00	85.75
226764	4	T1019		01/23/13	01/23/13	5.00	85.75
226764	5	T1019		01/24/13	01/24/13	5.00	85.75
226764	6	T1019		01/25/13	01/25/13	5.00	85.75
CLAIM TOTAL							463.05

CLAIM ACCOUNT REF. 2267640012008284SUP

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
226770	1	T1019		01/22/13	01/22/13	10.00	171.50
226770	2	T1019		01/23/13	01/23/13	10.00	171.50
226770	3	T1019		01/24/13	01/24/13	9.00	154.35
226770	4	T1019		01/25/13	01/25/13	9.00	154.35
CLAIM TOTAL							651.70

CLAIM ACCOUNT REF. 2267700012008385SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008417	2008417	GALAS, TERESA	06/08/1955	ZX91437V	0106191290406

DIAGNOSIS CODES: 345.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226769	1	T1019		01/19/13	01/19/13	5.00	85.75
226769	2	T1019		01/20/13	01/20/13	5.00	85.75
226769	3	T1019		01/21/13	01/21/13	5.00	85.75
226769	4	T1019		01/22/13	01/22/13	5.00	85.75
226769	5	T1019		01/23/13	01/23/13	5.00	85.75
226769	6	T1019		01/24/13	01/24/13	5.00	85.75
226769	7	T1019		01/25/13	01/25/13	5.00	85.75
CLAIM TOTAL							600.25

CLAIM ACCOUNT REF. 2267690012008417SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008418	2008418	RYALS, CHARLES	11/03/1950	ZZ49620T	0108071290383

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
226774	1	T1019		01/14/13	01/14/13	8.00	137.20
226774	2	T1019		01/15/13	01/15/13	8.00	137.20
226774	3	T1019		01/21/13	01/21/13	8.00	137.20
226774	4	T1019		01/22/13	01/22/13	8.00	137.20
226774	5	T1019		01/23/13	01/23/13	8.00	137.20
226774	6	T1019		01/24/13	01/24/13	6.00	102.90

REPORT DATE 01/30/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

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

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226774	7	T1019		01/25/13	01/25/13	8.00	137.20
CLAIM TOTAL							926.10
							CLAIM ACCOUNT REF. 2267740012008418SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008743	2008743	CORDERO, ROSENDO	08/26/1926	QM62108S	0108071290054
DIAGNOSIS		CODES:	492.0	272.0	401.9	715.00	788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226766	1	T1019		01/19/13	01/19/13	10.00	171.50
226766	2	T1019		01/20/13	01/20/13	10.00	171.50
226766	3	T1019		01/21/13	01/21/13	10.00	171.50
226766	4	T1019		01/22/13	01/22/13	10.00	171.50
226766	5	T1019		01/23/13	01/23/13	10.00	171.50
226766	6	T1019		01/24/13	01/24/13	10.00	171.50
226766	7	T1019		01/25/13	01/25/13	10.00	171.50
CLAIM TOTAL							1,200.50
							CLAIM ACCOUNT REF. 2267660012008743SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009377	2009377	SANTORO, MATTHEW	08/20/1949	SP38021Q	01-082412-901-94
DIAGNOSIS		CODES:	299.01	453.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226775	1	T1019		01/16/13	01/16/13	5.00	85.75
226775	2	T1019		01/19/13	01/19/13	5.00	85.75
226775	3	T1019		01/20/13	01/20/13	5.00	85.75
226775	4	T1019		01/21/13	01/21/13	5.00	85.75
226775	5	T1019		01/22/13	01/22/13	5.00	85.75
226775	6	T1019		01/23/13	01/23/13	5.00	85.75
226775	7	T1019		01/24/13	01/24/13	5.00	85.75
226775	8	T1019		01/25/13	01/25/13	5.00	85.75
CLAIM TOTAL							686.00
							CLAIM ACCOUNT REF. 2267750012009377SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008235	2009688	RAMPERSAID, ALISSA	08/04/1992	SZ46585R	0107031290329
DIAGNOSIS		CODES:	319.	315.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226773	1	T1019		01/16/13	01/16/13	3.00	51.45
226773	2	T1019		01/19/13	01/19/13	3.00	51.45
226773	3	T1019		01/21/13	01/21/13	3.00	51.45
226773	4	T1019		01/22/13	01/22/13	3.00	51.45
226773	5	T1019		01/23/13	01/23/13	3.00	51.45
226773	6	T1019		01/24/13	01/24/13	3.00	51.45

REPORT DATE 01/30/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

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

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226773	7	T1019		01/25/13	01/25/13	4.00	68.60
CLAIM TOTAL							377.30
							CLAIM ACCOUNT REF. 2267730012009688SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008279	2010213	VALLE, BLASINA	02/03/1929	QG00558G	0110231290062
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
226776	1	T1019		01/24/13	01/24/13	8.00	137.20
CLAIM TOTAL							137.20
							CLAIM ACCOUNT REF. 2267760012010213SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010886	2010886	OSORIO, ELVIA	07/05/1943	SM10426S	0106111290284
DIAGNOSIS		CODES:	253.5	272.4	354.0	401.9	733.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226771	1	T1019		01/21/13	01/21/13	8.00	137.20
226771	2	T1019		01/22/13	01/22/13	8.00	137.20
226771	3	T1019		01/23/13	01/23/13	8.00	137.20
226771	4	T1019		01/24/13	01/24/13	8.00	137.20
CLAIM TOTAL							548.80
							CLAIM ACCOUNT REF. 2267710012010886SUP

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
226767	1	T1019		01/19/13	01/19/13	24.00	411.60
226767	2	T1019		01/20/13	01/20/13	24.00	411.60
226767	3	T1019		01/21/13	01/21/13	24.00	411.60
226767	4	T1019		01/22/13	01/22/13	24.00	411.60
226767	5	T1019		01/23/13	01/23/13	24.00	411.60
226767	6	T1019		01/24/13	01/24/13	24.00	411.60
226767	7	T1019		01/25/13	01/25/13	24.00	411.60
CLAIM TOTAL							2,881.20
							CLAIM ACCOUNT REF. 2267670012011286SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012382	2012382	VERAS, EMMA	04/08/1957	YR88751T	
DIAGNOSIS		CODES:	V44.0	253.5	733.00		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226777	1	T1019		01/01/13	01/01/13	12.00	205.80
226777	2	T1019		01/02/13	01/02/13	12.00	205.80

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NPI = 1154407492

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	92	TOTAL CLAIM AMOUNT =	14,354.55
		# SERVICES =	14		

REPORT DATE 01/30/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051
PAYER ID = 14163

SUNNYSIDE CITYWIDE
WELLCARE OF NY

NPI = 1154407492

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
226806	1	T1019		01/19/13	01/19/13	36.00	154.80
226806	2	T1019		01/20/13	01/20/13	36.00	154.80
226806	3	T1019		01/21/13	01/21/13	36.00	154.80
226806	4	T1019		01/22/13	01/22/13	36.00	154.80
226806	5	T1019		01/23/13	01/23/13	36.00	154.80
226806	6	T1019		01/24/13	01/24/13	36.00	154.80
226806	7	T1019		01/25/13	01/25/13	36.00	154.80
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2268060012008286SUP

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
226793	1	T1019		01/19/13	01/19/13	24.00	103.20
226793	2	T1019		01/21/13	01/21/13	24.00	103.20
226793	3	T1019		01/22/13	01/22/13	24.00	103.20
226793	4	T1019		01/23/13	01/23/13	24.00	103.20
226793	5	T1019		01/24/13	01/24/13	24.00	103.20
226793	6	T1019		01/25/13	01/25/13	24.00	103.20
CLAIM TOTAL						619.20	CLAIM ACCOUNT REF. 2267930012008495SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010404	2010404	GUERRERO *, MIRTHA	09/14/1931	740496	111194903
DIAGNOSIS CODES: 253.5 401.9 733.00 750.27							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226786	1	T1019		01/19/13	01/19/13	28.00	120.40
226786	2	T1019		01/21/13	01/21/13	28.00	120.40
226786	3	T1019		01/22/13	01/22/13	28.00	120.40
226786	4	T1019		01/23/13	01/23/13	28.00	120.40
226786	5	T1019		01/24/13	01/24/13	28.00	120.40
226786	6	T1019		01/25/13	01/25/13	28.00	120.40
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2267860012010404SUP

REPORT DATE 01/30/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

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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 2012101 2012101 BATILO, MARTA 02/23/1917 708125 111205102
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226779	1	T1019		01/19/13	01/19/13	28.00	120.40
226779	2	T1019		01/20/13	01/20/13	28.00	120.40
226779	3	T1019		01/21/13	01/21/13	28.00	120.40
226779	4	T1019		01/22/13	01/22/13	28.00	120.40
226779	5	T1019		01/25/13	01/25/13	28.00	120.40
CLAIM TOTAL							602.00
CLAIM ACCOUNT REF.							2267790012012101SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012102 2012102 BISRAM, ROOPKALIA 01/03/1938 708029 111205223
DIAGNOSIS CODES: 401.9 272.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226780	1	T1019		01/21/13	01/21/13	16.00	68.80
226780	2	T1019		01/22/13	01/22/13	16.00	68.80
226780	3	T1019		01/23/13	01/23/13	16.00	68.80
226780	4	T1019		01/24/13	01/24/13	16.00	68.80
226780	5	T1019		01/25/13	01/25/13	16.00	68.80
CLAIM TOTAL							344.00
CLAIM ACCOUNT REF.							2267800012012102SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012103 2012103 CABRERA, VINICIO 10/10/1949 702015 111205412
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226781	1	T1019		01/20/13	01/20/13	20.00	86.00
226781	2	T1019		01/21/13	01/21/13	20.00	86.00
226781	3	T1019		01/22/13	01/22/13	20.00	86.00
226781	4	T1019		01/23/13	01/23/13	20.00	86.00
226781	5	T1019		01/24/13	01/24/13	20.00	86.00
226781	6	T1019		01/25/13	01/25/13	20.00	86.00
CLAIM TOTAL							516.00
CLAIM ACCOUNT REF.							2267810012012103SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012104 2012104 CEBALLOS, FRANCISCA 11/10/1931 744474 111205448
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226782	1	T1019		01/19/13	01/19/13	40.00	172.00
226782	2	T1019		01/20/13	01/20/13	40.00	172.00

REPORT DATE 01/30/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

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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	
226782	3	T1019		01/21/13	01/21/13	40.00	172.00	
226782	4	T1019		01/22/13	01/22/13	40.00	172.00	
226782	5	T1019		01/23/13	01/23/13	40.00	172.00	
226782	6	T1019		01/24/13	01/24/13	40.00	172.00	
226782	7	T1019		01/25/13	01/25/13	40.00	172.00	
				CLAIM TOTAL		1,204.00		CLAIM ACCOUNT REF. 2267820012012104SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012107 2012107 CRUZ, LUIS 06/10/1952 706307 111208204
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
226783	1	T1019		12/29/12	12/29/12	32.00	137.60	
226783	2	T1019		12/30/12	12/30/12	32.00	137.60	
226783	3	T1019		12/31/12	12/31/12	32.00	137.60	
226783	4	T1019		01/20/13	01/20/13	32.00	137.60	
226783	5	T1019		01/21/13	01/21/13	32.00	137.60	
226783	6	T1019		01/22/13	01/22/13	32.00	137.60	
226783	7	T1019		01/23/13	01/23/13	32.00	137.60	
226783	8	T1019		01/24/13	01/24/13	32.00	137.60	
				CLAIM TOTAL		1,100.80		CLAIM ACCOUNT REF. 2267830012012107SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012108 2012108 GODINOT, CARMEN 07/16/1939 695752 111208481
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
226784	1	T1019		01/21/13	01/21/13	24.00	103.20	
226784	2	T1019		01/22/13	01/22/13	24.00	103.20	
226784	3	T1019		01/23/13	01/23/13	24.00	103.20	
226784	4	T1019		01/24/13	01/24/13	24.00	103.20	
226784	5	T1019		01/25/13	01/25/13	24.00	103.20	
				CLAIM TOTAL		516.00		CLAIM ACCOUNT REF. 2267840012012108SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012110 2012110 GOMEZ, RANNIE 09/11/1917 698802 111208906
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
226785	1	T1019		01/21/13	01/21/13	16.00	68.80	
				CLAIM TOTAL		68.80		CLAIM ACCOUNT REF. 2267850012012110SUP

REPORT DATE 01/30/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
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REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012114 2012114 GUERRERO, FIRPO A 06/13/1929 698839 111209283
DIAGNOSIS CODES: 331.0 290.0 311. 401.9 600.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226787	1	T1019		01/19/13	01/19/13	48.00	206.40
226787	2	T1019		01/20/13	01/20/13	36.00	154.80
226787	3	T1019		01/21/13	01/21/13	36.00	154.80
226787	4	T1019		01/22/13	01/22/13	48.00	206.40
226787	5	T1019		01/23/13	01/23/13	36.00	154.80
226787	6	T1019		01/24/13	01/24/13	48.00	206.40
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2267870012012114SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012115 2012115 GUERRERO, ISABEL 11/08/1935 698840 111209413
DIAGNOSIS CODES: 715.90 244.9 272.0 413.9 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226788	1	T1019		01/20/13	01/20/13	12.00	51.60
226788	2	T1019		01/21/13	01/21/13	12.00	51.60
226788	3	T1019		01/23/13	01/23/13	12.00	51.60
CLAIM TOTAL						154.80	CLAIM ACCOUNT REF. 2267880012012115SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012117 2012117 HAYNES, LAMONT 08/22/1920 695748 111213173
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226789	1	T1019		01/19/13	01/19/13	20.00	86.00
226789	2	T1019		01/20/13	01/20/13	20.00	86.00
226789	3	T1019		01/21/13	01/21/13	16.00	68.80
226789	4	T1019		01/22/13	01/22/13	16.00	68.80
226789	5	T1019		01/23/13	01/23/13	16.00	68.80
226789	6	T1019		01/24/13	01/24/13	16.00	68.80
226789	7	T1019		01/25/13	01/25/13	16.00	68.80
CLAIM TOTAL						516.00	CLAIM ACCOUNT REF. 2267890012012117SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012120 2012120 LOPEZ, ISABEL 12/24/1942 740574 111213601
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226790	1	T1019		01/21/13	01/21/13	28.00	120.40
226790	2	T1019		01/22/13	01/22/13	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	
226790	3	T1019		01/23/13	01/23/13	28.00	120.40	
226790	4	T1019		01/24/13	01/24/13	28.00	120.40	
226790	5	T1019		01/25/13	01/25/13	28.00	120.40	
					CLAIM TOTAL		602.00	CLAIM ACCOUNT REF. 2267900012012120SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012121 2012121 MOHAMED, DENISE 06/14/1959 691722 111211059
DIAGNOSIS CODES: 715.98

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
226795	1	T1019		01/19/13	01/19/13	32.00	137.60	
226795	2	T1019		01/20/13	01/20/13	32.00	137.60	
226795	3	T1019		01/22/13	01/22/13	32.00	137.60	
226795	4	T1019		01/23/13	01/23/13	32.00	137.60	
226795	5	T1019		01/24/13	01/24/13	32.00	137.60	
226795	6	T1019		01/25/13	01/25/13	32.00	137.60	
					CLAIM TOTAL		825.60	CLAIM ACCOUNT REF. 2267950012012121SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012122 2012122 MORALES, FRANCISCO 12/03/1935 744366 111218452
DIAGNOSIS CODES: 250.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
226796	1	T1019		01/19/13	01/19/13	20.00	86.00	
226796	2	T1019		01/20/13	01/20/13	20.00	86.00	
226796	3	T1019		01/21/13	01/21/13	20.00	86.00	
226796	4	T1019		01/22/13	01/22/13	20.00	86.00	
226796	5	T1019		01/23/13	01/23/13	20.00	86.00	
226796	6	T1019		01/24/13	01/24/13	20.00	86.00	
226796	7	T1019		01/25/13	01/25/13	20.00	86.00	
					CLAIM TOTAL		602.00	CLAIM ACCOUNT REF. 2267960012012122SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012129 2012129 MULLER, ROBERT 05/03/1934 736338 111218763
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
226797	1	T1019		12/31/12	12/31/12	16.00	68.80	
					CLAIM TOTAL		68.80	CLAIM ACCOUNT REF. 2267970012012129SUP

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PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012130 2012130 NAVARRO, ANTONIA 07/23/1945 710368 111289272
DIAGNOSIS CODES: 493.92 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
226799	1	T1019		01/16/13	01/16/13	28.00	120.40	
226799	2	T1019		01/19/13	01/19/13	20.00	86.00	
226799	3	T1019		01/20/13	01/20/13	20.00	86.00	
226799	4	T1019		01/21/13	01/21/13	28.00	120.40	
226799	5	T1019		01/22/13	01/22/13	28.00	120.40	
226799	6	T1019		01/23/13	01/23/13	28.00	120.40	
226799	7	T1019		01/24/13	01/24/13	28.00	120.40	
226799	8	T1019		01/25/13	01/25/13	28.00	120.40	
				CLAIM TOTAL		894.40		CLAIM ACCOUNT REF. 2267990012012130SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012131 2012131 ORTIZ, JOSE 04/19/1925 691721 111219494
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
226801	1	T1019		01/07/13	01/07/13	16.00	68.80	
226801	2	T1019		01/09/13	01/09/13	16.00	68.80	
226801	3	T1019		01/11/13	01/11/13	16.00	68.80	
226801	4	T1019		01/14/13	01/14/13	16.00	68.80	
226801	5	T1019		01/16/13	01/16/13	16.00	68.80	
226801	6	T1019		01/18/13	01/18/13	16.00	68.80	
226801	7	T1019		01/21/13	01/21/13	16.00	68.80	
				CLAIM TOTAL		481.60		CLAIM ACCOUNT REF. 2268010012012131SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012132 2012132 ORTIZ, DOLORES 06/30/1927 744365 111228861
DIAGNOSIS CODES: 401.9 272.4 750.7

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
226800	1	T1019		12/29/12	12/29/12	20.00	86.00	
226800	2	T1019		12/31/12	12/31/12	32.00	137.60	
226800	3	T1019		01/01/13	01/01/13	32.00	137.60	
226800	4	T1019		01/02/13	01/02/13	32.00	137.60	
226800	5	T1019		01/03/13	01/03/13	32.00	137.60	
226800	6	T1019		01/04/13	01/04/13	32.00	137.60	
226800	7	T1019		01/07/13	01/07/13	32.00	137.60	
226800	8	T1019		01/09/13	01/09/13	32.00	137.60	
226800	9	T1019		01/10/13	01/10/13	32.00	137.60	
226800	10	T1019		01/11/13	01/11/13	32.00	137.60	

REPORT DATE 01/30/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

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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	
226800	11	T1019		01/19/13	01/19/13	20.00	86.00	
226800	12	T1019		01/21/13	01/21/13	32.00	137.60	
226800	13	T1019		01/22/13	01/22/13	32.00	137.60	
226800	14	T1019		01/23/13	01/23/13	32.00	137.60	
226800	15	T1019		01/24/13	01/24/13	32.00	137.60	
				CLAIM TOTAL		1,960.80		CLAIM ACCOUNT REF. 2268000012012132SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012137 2012137 VAZQUEZ, ROSA 08/08/1934 695667 111202597
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
226815	1	T1019		01/21/13	01/21/13	32.00	137.60	
226815	2	T1019		01/22/13	01/22/13	32.00	137.60	
226815	3	T1019		01/23/13	01/23/13	32.00	137.60	
226815	4	T1019		01/25/13	01/25/13	32.00	137.60	
				CLAIM TOTAL		550.40		CLAIM ACCOUNT REF. 2268150012012137SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012138 2012138 VENTURA, CLARA 09/17/1951 720456 111218008
DIAGNOSIS CODES: 253.5 401.9 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
226816	1	T1019		01/21/13	01/21/13	16.00	68.80	
226816	2	T1019		01/22/13	01/22/13	16.00	68.80	
226816	3	T1019		01/24/13	01/24/13	16.00	68.80	
226816	4	T1019		01/25/13	01/25/13	16.00	68.80	
				CLAIM TOTAL		275.20		CLAIM ACCOUNT REF. 2268160012012138SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012140 2012140 PATRICK, IMAGENE 03/27/1930 737028 111282273
DIAGNOSIS CODES: 294.10 153.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
226802	1	T1019		01/12/13	01/12/13	32.00	137.60	
226802	2	T1019		01/16/13	01/16/13	32.00	137.60	
226802	3	T1019		01/17/13	01/17/13	32.00	137.60	
226802	4	T1019		01/18/13	01/18/13	32.00	137.60	
226802	5	T1019		01/19/13	01/19/13	32.00	137.60	
226802	6	T1019		01/23/13	01/23/13	32.00	137.60	
226802	7	T1019		01/24/13	01/24/13	32.00	137.60	
226802	8	T1019		01/25/13	01/25/13	32.00	137.60	
				CLAIM TOTAL		1,100.80		CLAIM ACCOUNT REF. 2268020012012140SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
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REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012141 2012141 SANTOS MARQUEZ, MARIA 07/16/1961 688801 111209898
DIAGNOSIS CODES: 958.8 599.70 692.9 795.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226812	1	T1019		01/21/13	01/21/13	16.00	68.80
226812	2	T1019		01/23/13	01/23/13	16.00	68.80
226812	3	T1019		01/25/13	01/25/13	16.00	68.80
CLAIM TOTAL							206.40
CLAIM ACCOUNT REF.							2268120012012141SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012142 2012142 MEDINA, MARTHA 01/11/1944 697570 111217848
DIAGNOSIS CODES: 135. 250.00 426.4 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226794	1	T1019		01/21/13	01/21/13	12.00	51.60
226794	2	T1019		01/22/13	01/22/13	12.00	51.60
226794	3	T1019		01/23/13	01/23/13	12.00	51.60
226794	4	T1019		01/24/13	01/24/13	12.00	51.60
226794	5	T1019		01/25/13	01/25/13	12.00	51.60
CLAIM TOTAL							258.00
CLAIM ACCOUNT REF.							2267940012012142SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012143 2012143 MURPHY, RUBY 04/13/1955 698832 111218894
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226798	1	T1019		01/15/13	01/15/13	16.00	68.80
226798	2	T1019		01/16/13	01/16/13	16.00	68.80
226798	3	T1019		01/17/13	01/17/13	16.00	68.80
226798	4	T1019		01/18/13	01/18/13	16.00	68.80
226798	5	T1019		01/21/13	01/21/13	16.00	68.80
226798	6	T1019		01/22/13	01/22/13	16.00	68.80
226798	7	T1019		01/23/13	01/23/13	16.00	68.80
CLAIM TOTAL							481.60
CLAIM ACCOUNT REF.							2267980012012143SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012144 2012144 PEREZ, JULIO 01/27/1936 709538 111222702
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226805	1	T1019		01/21/13	01/21/13	20.00	86.00
226805	2	T1019		01/23/13	01/23/13	20.00	86.00
226805	3	T1019		01/25/13	01/25/13	20.00	86.00

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

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PAYER ID = 14163 WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
							258.00		2268050012012144SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012145	2012145	PERALTA RODRIGO, JOSE	03/13/1942	715488	111220442
DIAGNOSIS CODES: 715.90 272.0 274.9 278.00 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
226803	1	T1019		01/21/13	01/21/13	16.00	68.80		
226803	2	T1019		01/22/13	01/22/13	16.00	68.80		
							137.60		2268030012012145SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012146	2012146	PERALTA, INEZ	08/18/1942	715489	111220390
DIAGNOSIS CODES: 250.00 272.4 278.00 401.9 244.9 311.							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
226804	1	T1019		01/21/13	01/21/13	16.00	68.80		
226804	2	T1019		01/22/13	01/22/13	16.00	68.80		
							137.60		2268040012012146SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012147	2012147	RAMOS, SILVIA	08/16/1957	707547	111223057
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
226807	1	T1019		01/21/13	01/21/13	20.00	86.00		
226807	2	T1019		01/22/13	01/22/13	20.00	86.00		
226807	3	T1019		01/23/13	01/23/13	20.00	86.00		
226807	4	T1019		01/24/13	01/24/13	20.00	86.00		
226807	5	T1019		01/25/13	01/25/13	20.00	86.00		
							430.00		2268070012012147SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226808	1	T1019		12/08/12	12/08/12	32.00	137.60
226808	2	T1019		12/31/12	12/31/12	32.00	137.60
226808	3	T1019		01/19/13	01/19/13	32.00	137.60
226808	4	T1019		01/21/13	01/21/13	32.00	137.60
226808	5	T1019		01/22/13	01/22/13	32.00	137.60
226808	6	T1019		01/23/13	01/23/13	32.00	137.60

REPORT DATE 01/30/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
226808	7	T1019		01/24/13	01/24/13	32.00	137.60	
226808	8	T1019		01/25/13	01/25/13	32.00	137.60	
				CLAIM TOTAL		1,100.80		CLAIM ACCOUNT REF. 2268080012012149SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012153	2012153	RIVERA, ALIDA	12/25/1927	713396	111223378
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
226809	1	T1019		01/21/13	01/21/13	16.00	68.80	
				CLAIM TOTAL		68.80		CLAIM ACCOUNT REF. 2268090012012153SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012154	2012154	RODRIGUEZ, FRANKLIN	12/08/2012	697529	111223936
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
226810	1	T1019		01/12/13	01/12/13	24.00	103.20	
226810	2	T1019		01/14/13	01/14/13	24.00	103.20	
226810	3	T1019		01/15/13	01/15/13	24.00	103.20	
226810	4	T1019		01/16/13	01/16/13	24.00	103.20	
226810	5	T1019		01/17/13	01/17/13	24.00	103.20	
226810	6	T1019		01/18/13	01/18/13	24.00	103.20	
226810	7	T1019		01/19/13	01/19/13	24.00	103.20	
226810	8	T1019		01/21/13	01/21/13	24.00	103.20	
226810	9	T1019		01/22/13	01/22/13	24.00	103.20	
226810	10	T1019		01/23/13	01/23/13	24.00	103.20	
226810	11	T1019		01/24/13	01/24/13	24.00	103.20	
226810	12	T1019		01/25/13	01/25/13	24.00	103.20	
				CLAIM TOTAL		1,238.40		CLAIM ACCOUNT REF. 2268100012012154SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012155	2012155	SANCHEZ, BETANIA	05/10/1956	706048	111227610
DIAGNOSIS CODES: 555.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
226811	1	T1019		01/21/13	01/21/13	20.00	86.00	
226811	2	T1019		01/22/13	01/22/13	20.00	86.00	
226811	3	T1019		01/23/13	01/23/13	20.00	86.00	
226811	4	T1019		01/24/13	01/24/13	20.00	86.00	
226811	5	T1019		01/25/13	01/25/13	20.00	86.00	
				CLAIM TOTAL		430.00		CLAIM ACCOUNT REF. 2268110012012155SUP

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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 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	
226791	1	T1019		12/08/12	12/08/12	48.00	206.40	
226791	2	T1019		01/19/13	01/19/13	48.00	206.40	
226791	3	T1019		01/20/13	01/20/13	48.00	206.40	
226791	4	T1019		01/21/13	01/21/13	48.00	206.40	
226791	5	T1019		01/22/13	01/22/13	48.00	206.40	
226791	6	T1019		01/23/13	01/23/13	48.00	206.40	
226791	7	T1019		01/24/13	01/24/13	48.00	206.40	
226791	8	T1019		01/25/13	01/25/13	48.00	206.40	
CLAIM TOTAL						1,651.20		CLAIM ACCOUNT REF. 2267910012012158SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012159 2012159 LOPEZ, VITALIA 08/01/1922 691723 111216060
DIAGNOSIS CODES: 331.0 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
226792	1	T1019		01/19/13	01/19/13	48.00	206.40	
226792	2	T1019		01/20/13	01/20/13	48.00	206.40	
226792	3	T1019		01/21/13	01/21/13	48.00	206.40	
226792	4	T1019		01/22/13	01/22/13	48.00	206.40	
226792	5	T1019		01/23/13	01/23/13	48.00	206.40	
226792	6	T1019		01/24/13	01/24/13	48.00	206.40	
226792	7	T1019		01/25/13	01/25/13	48.00	206.40	
CLAIM TOTAL						1,444.80		CLAIM ACCOUNT REF. 2267920012012159SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012161 2012161 ALONSO, ANA 03/02/1943 739934 111204846
DIAGNOSIS CODES: 733.09 253.5 272.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
226778	1	T1019		01/21/13	01/21/13	20.00	86.00	
226778	2	T1019		01/22/13	01/22/13	20.00	86.00	
226778	3	T1019		01/23/13	01/23/13	20.00	86.00	
226778	4	T1019		01/24/13	01/24/13	20.00	86.00	
226778	5	T1019		01/25/13	01/25/13	20.00	86.00	
CLAIM TOTAL						430.00		CLAIM ACCOUNT REF. 2267780012012161SUP

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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	111269031
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226813	1	T1019		01/24/13	01/24/13	16.00	68.80
CLAIM TOTAL							68.80
							CLAIM ACCOUNT REF. 2268130012012261SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012136	2012266	SOTO, RAFAEL B	03/08/1937	700573	111213199
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226814	1	T1019		01/19/13	01/19/13	36.00	154.80
226814	2	T1019		01/20/13	01/20/13	36.00	154.80
226814	3	T1019		01/21/13	01/21/13	36.00	154.80
226814	4	T1019		01/22/13	01/22/13	36.00	154.80
226814	5	T1019		01/23/13	01/23/13	36.00	154.80
226814	6	T1019		01/24/13	01/24/13	36.00	154.80
226814	7	T1019		01/25/13	01/25/13	36.00	154.80
CLAIM TOTAL							1,083.60
							CLAIM ACCOUNT REF. 2268140012012266SUP

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	218	TOTAL CLAIM AMOUNT =	25,318.40
		# SERVICES =	39		

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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
226760	1	T1019	0580	01/21/13	01/21/13	40.00	168.80
226760	2	T1019	0580	01/22/13	01/22/13	40.00	168.80
226760	3	T1019	0580	01/23/13	01/23/13	40.00	168.80
226760	4	T1019	0580	01/24/13	01/24/13	40.00	168.80
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2267600012008491SUP

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
226763	1	T1019	0580	01/21/13	01/21/13	16.00	67.52
226763	2	T1019	0580	01/22/13	01/22/13	16.00	67.52
226763	3	T1019	0580	01/23/13	01/23/13	16.00	67.52
226763	4	T1019	0580	01/24/13	01/24/13	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2267630012008513SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008227 2008544 ORR, LOUISE 03/04/1956 ZK40327Q 0005050233
DIAGNOSIS CODES: 250.00 401.9 428.0 435.9 429.9 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226761	1	T1019	0580	01/19/13	01/19/13	20.00	84.40
226761	2	T1019	0580	01/20/13	01/20/13	20.00	84.40
226761	3	T1019	0580	01/21/13	01/21/13	20.00	84.40
226761	4	T1019	0580	01/22/13	01/22/13	20.00	84.40
226761	5	T1019	0580	01/23/13	01/23/13	20.00	84.40
226761	6	T1019	0580	01/24/13	01/24/13	20.00	84.40
226761	7	T1019	0580	01/25/13	01/25/13	20.00	84.40
CLAIM TOTAL							590.80
CLAIM ACCOUNT REF.							2267610012008544SUP

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
226748	1	T1019	0580	01/19/13	01/19/13	48.00	202.56
226748	2	T1019	0580	01/20/13	01/20/13	48.00	202.56
226748	3	T1019	0580	01/21/13	01/21/13	48.00	202.56

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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	
226748	4	T1019	0580	01/22/13	01/22/13	48.00	202.56	
226748	5	T1019	0580	01/23/13	01/23/13	48.00	202.56	
226748	6	T1019	0580	01/24/13	01/24/13	48.00	202.56	
226748	7	T1019	0580	01/25/13	01/25/13	48.00	202.56	
					CLAIM TOTAL	1,417.92		CLAIM ACCOUNT REF. 2267480012008793SUP

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	
226756	1	T1019	0580	01/19/13	01/19/13	32.00	135.04	
226756	2	T1019	0580	01/20/13	01/20/13	32.00	135.04	
226756	3	T1019	0580	01/21/13	01/21/13	32.00	135.04	
226756	4	T1019	0580	01/22/13	01/22/13	32.00	135.04	
226756	5	T1019	0580	01/23/13	01/23/13	32.00	135.04	
226756	6	T1019	0580	01/24/13	01/24/13	32.00	135.04	
226756	7	T1019	0580	01/25/13	01/25/13	32.00	135.04	
					CLAIM TOTAL	945.28		CLAIM ACCOUNT REF. 2267560012009237SUP

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	
226762	1	T1019	0580	01/25/13	01/25/13	20.00	84.40	
					CLAIM TOTAL	84.40		CLAIM ACCOUNT REF. 2267620012009269SUP

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	
226758	1	T1019	0580	01/21/13	01/21/13	16.00	67.52	
226758	2	T1019	0580	01/22/13	01/22/13	16.00	67.52	
226758	3	T1019	0580	01/23/13	01/23/13	15.00	63.30	
226758	4	T1019	0580	01/24/13	01/24/13	16.00	67.52	
226758	5	T1019	0580	01/25/13	01/25/13	16.00	67.52	
					CLAIM TOTAL	333.38		CLAIM ACCOUNT REF. 2267580012009406SUP

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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 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
226759	1	T1019	0580	01/24/13	01/24/13	40.00	168.80
CLAIM TOTAL							168.80
CLAIM ACCOUNT REF.							2267590012009562SUP

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
226751	1	T1019	0580	01/21/13	01/21/13	16.00	67.52
226751	2	T1019	0580	01/22/13	01/22/13	16.00	67.52
226751	3	T1019	0580	01/23/13	01/23/13	16.00	67.52
226751	4	T1019	0580	01/24/13	01/24/13	16.00	67.52
226751	5	T1019	0580	01/25/13	01/25/13	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2267510012009686SUP

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
226753	1	T1019	0580	01/17/13	01/17/13	28.00	118.16
226753	2	T1019	0580	01/19/13	01/19/13	28.00	118.16
226753	3	T1019	0580	01/20/13	01/20/13	28.00	118.16
226753	4	T1019	0580	01/21/13	01/21/13	28.00	118.16
226753	5	T1019	0580	01/22/13	01/22/13	28.00	118.16
226753	6	T1019	0580	01/23/13	01/23/13	28.00	118.16
226753	7	T1019	0580	01/24/13	01/24/13	28.00	118.16
226753	8	T1019	0580	01/25/13	01/25/13	28.00	118.16
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2267530012009945SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010293 2010293 CAMPBELL, CAROL 01/17/1945 ZW64229J 0004864776
DIAGNOSIS CODES: 722.2 272.0 338.29 401.9 780.79 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226747	1	T1019	0580	01/23/13	01/23/13	20.00	84.40
226747	2	T1019	0580	01/24/13	01/24/13	4.00	16.88
CLAIM TOTAL							101.28
CLAIM ACCOUNT REF.							2267470012010293SUP

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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 2010316 2010316 WEATHERS, VERDNA 02/05/1927 XK12367V 0004884724
DIAGNOSIS CODES: 331.0 365.00 428.0 714.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226755	1	T1019	0580	01/19/13	01/19/13	48.00	202.56
226755	2	T1019	0580	01/20/13	01/20/13	48.00	202.56
226755	3	T1019	0580	01/21/13	01/21/13	48.00	202.56
226755	4	T1019	0580	01/22/13	01/22/13	48.00	202.56
226755	5	T1019	0580	01/23/13	01/23/13	48.00	202.56
226755	6	T1019	0580	01/24/13	01/24/13	48.00	202.56
226755	7	T1019	0580	01/25/13	01/25/13	48.00	202.56
CLAIM TOTAL						1,417.92	CLAIM ACCOUNT REF. 2267550012010316SUP

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
226752	1	T1019	0580	01/19/13	01/19/13	36.00	151.92
226752	2	T1019	0580	01/20/13	01/20/13	36.00	151.92
226752	3	T1019	0580	01/21/13	01/21/13	36.00	151.92
226752	4	T1019	0580	01/22/13	01/22/13	36.00	151.92
226752	5	T1019	0580	01/23/13	01/23/13	36.00	151.92
226752	6	T1019	0580	01/24/13	01/24/13	36.00	151.92
226752	7	T1019	0580	01/25/13	01/25/13	36.00	151.92
CLAIM TOTAL						1,063.44	CLAIM ACCOUNT REF. 2267520012010991SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008113 2011066 COPELAND, ELISE 10/05/1928 QJ28865K 0005111746
DIAGNOSIS CODES: 250.00 369.9 311. 401.9 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226749	1	G0156	0572	01/19/13	01/19/13	8.00	114.00
226749	2	G0156	0572	01/20/13	01/20/13	8.00	114.00
226749	3	G0156	0572	01/21/13	01/21/13	8.00	114.00
226749	4	G0156	0572	01/22/13	01/22/13	8.00	114.00
226749	5	G0156	0572	01/23/13	01/23/13	8.00	114.00
226749	6	G0156	0572	01/24/13	01/24/13	8.00	114.00
226749	7	G0156	0572	01/25/13	01/25/13	8.00	114.00
CLAIM TOTAL						798.00	CLAIM ACCOUNT REF. 2267490012011066SUP

REPORT DATE 01/30/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

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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 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
226750	1	G0156	0572	01/19/13	01/19/13	12.00	171.00
226750	2	G0156	0572	01/20/13	01/20/13	12.00	171.00
226750	3	G0156	0572	01/21/13	01/21/13	12.00	171.00
226750	4	G0156	0572	01/22/13	01/22/13	12.00	171.00
226750	5	G0156	0572	01/23/13	01/23/13	12.00	171.00
226750	6	G0156	0572	01/24/13	01/24/13	12.00	171.00
226750	7	G0156	0572	01/25/13	01/25/13	12.00	171.00
CLAIM TOTAL						1,197.00	CLAIM ACCOUNT REF. 2267500012011526SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009467 2011833 KEATON, CATHERINE 08/30/1923 WC81742E 113502051-001-0001
DIAGNOSIS CODES: 715.00 365.9 401.9 780.4 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226754	1	T1019	0580	01/19/13	01/19/13	48.00	202.56
226754	2	T1019	0580	01/20/13	01/20/13	48.00	202.56
226754	3	T1019	0580	01/21/13	01/21/13	48.00	202.56
226754	4	T1019	0580	01/22/13	01/22/13	48.00	202.56
226754	5	T1019	0580	01/23/13	01/23/13	48.00	202.56
226754	6	T1019	0580	01/24/13	01/24/13	48.00	202.56
CLAIM TOTAL						1,215.36	CLAIM ACCOUNT REF. 2267540012011833SUP

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
226757	1	T1019	0580	01/21/13	01/21/13	20.00	84.40
226757	2	T1019	0580	01/22/13	01/22/13	20.00	84.40
226757	3	T1019	0580	01/23/13	01/23/13	20.00	84.40
226757	4	T1019	0580	01/24/13	01/24/13	20.00	84.40
226757	5	T1019	0580	01/25/13	01/25/13	20.00	84.40
CLAIM TOTAL						422.00	CLAIM ACCOUNT REF. 2267570012012343SUP

REPORT DATE 01/30/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

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

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	90	TOTAL CLAIM AMOUNT =	11,983.74
		# SERVICES =	17		

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NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2268320012010958SUP

PAYER TOTALS:	VNSNY CHOICE	# OF CLAIMS =	4	TOTAL CLAIM AMOUNT =	463.32
		# SERVICES =	1		

REPORT DATE 01/30/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

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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 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
226705	1	T1019		01/19/13	01/19/13	36.00	151.92
226705	2	T1019		01/20/13	01/20/13	44.00	185.68
226705	3	T1019		01/21/13	01/21/13	44.00	185.68
226705	4	T1019		01/22/13	01/22/13	44.00	185.68
226705	5	T1019		01/23/13	01/23/13	44.00	185.68
226705	6	T1019		01/24/13	01/24/13	44.00	185.68
226705	7	T1019		01/25/13	01/25/13	36.00	151.92
CLAIM TOTAL						1,232.24	CLAIM ACCOUNT REF. 2267050012008249SUP

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
226710	1	T1019		01/19/13	01/19/13	32.00	135.04
226710	2	T1019		01/20/13	01/20/13	32.00	135.04
226710	3	T1019		01/21/13	01/21/13	32.00	135.04
226710	4	T1019		01/22/13	01/22/13	32.00	135.04
226710	5	T1019		01/23/13	01/23/13	32.00	135.04
226710	6	T1019		01/24/13	01/24/13	32.00	135.04
226710	7	T1019		01/25/13	01/25/13	32.00	135.04
CLAIM TOTAL						945.28	CLAIM ACCOUNT REF. 2267100012008250SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008251 2008251 CEBALLOS, ANA 12/31/1919 UH02585Q R1828722
DIAGNOSIS CODES: 294.10 244.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226692	1	T1019		01/16/13	01/16/13	32.00	135.04
226692	2	T1019		01/17/13	01/17/13	32.00	135.04
226692	3	T1019		01/18/13	01/18/13	32.00	135.04
226692	4	T1019		01/21/13	01/21/13	32.00	135.04
226692	5	T1019		01/22/13	01/22/13	32.00	135.04
226692	6	T1019		01/23/13	01/23/13	32.00	135.04
226692	7	T1019		01/24/13	01/24/13	32.00	135.04
226692	8	T1019		01/25/13	01/25/13	32.00	135.04
CLAIM TOTAL						1,080.32	CLAIM ACCOUNT REF. 2266920012008251SUP

REPORT DATE 01/30/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

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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 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
226706	1	T1019		01/19/13	01/19/13	48.00	202.56
226706	2	T1019		01/21/13	01/21/13	48.00	202.56
226706	3	T1019		01/22/13	01/22/13	48.00	202.56
226706	4	T1019		01/23/13	01/23/13	48.00	202.56
226706	5	T1019		01/24/13	01/24/13	48.00	202.56
226706	6	T1019		01/25/13	01/25/13	48.00	202.56
CLAIM TOTAL						1,215.36	CLAIM ACCOUNT REF. 2267060012008253SUP

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
226712	1	T1019		01/21/13	01/21/13	20.00	84.40
226712	2	T1019		01/22/13	01/22/13	20.00	84.40
226712	3	T1019		01/23/13	01/23/13	20.00	84.40
CLAIM TOTAL						253.20	CLAIM ACCOUNT REF. 2267120012008254SUP

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
226690	1	T1019		01/21/13	01/21/13	32.00	135.04
226690	2	T1019		01/22/13	01/22/13	32.00	135.04
226690	3	T1019		01/23/13	01/23/13	32.00	135.04
226690	4	T1019		01/25/13	01/25/13	32.00	135.04
CLAIM TOTAL						540.16	CLAIM ACCOUNT REF. 2266900012008256SUP

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
226697	1	T1019		01/19/13	01/19/13	24.00	101.28
226697	2	T1019		01/20/13	01/20/13	24.00	101.28
226697	3	T1019		01/21/13	01/21/13	24.00	101.28
226697	4	T1019		01/22/13	01/22/13	24.00	101.28
226697	5	T1019		01/23/13	01/23/13	24.00	101.28

REPORT DATE 01/30/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

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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	
226697	6	T1019		01/24/13	01/24/13	24.00	101.28	
226697	7	T1019		01/25/13	01/25/13	24.00	101.28	
CLAIM TOTAL							708.96	CLAIM ACCOUNT REF. 2266970012008257SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008290	2008290	SALHUANA, YOLANDA	08/25/1935	SZ24247J	R2048371
DIAGNOSIS CODES: 249.70 362.50 401.9 733.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
226711	1	T1019		01/21/13	01/21/13	32.00	135.04	
226711	2	T1019		01/22/13	01/22/13	32.00	135.04	
226711	3	T1019		01/23/13	01/23/13	32.00	135.04	
226711	4	T1019		01/24/13	01/24/13	32.00	135.04	
226711	5	T1019		01/25/13	01/25/13	32.00	135.04	
CLAIM TOTAL							675.20	CLAIM ACCOUNT REF. 2267110012008290SUP

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	
226699	1	T1019		01/20/13	01/20/13	28.00	118.16	
226699	2	T1019		01/21/13	01/21/13	28.00	118.16	
226699	3	T1019		01/22/13	01/22/13	28.00	118.16	
226699	4	T1019		01/23/13	01/23/13	12.00	50.64	
226699	5	T1019		01/24/13	01/24/13	12.00	50.64	
226699	6	T1019		01/25/13	01/25/13	12.00	50.64	
CLAIM TOTAL							506.40	CLAIM ACCOUNT REF. 2266990012008362SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008368	2008368	RODRIGUEZ, MARGARET	06/25/1950	ZP21043J	R1955871
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	
226709	1	T1019		01/21/13	01/21/13	16.00	67.52	
226709	2	T1019		01/22/13	01/22/13	16.00	67.52	
226709	3	T1019		01/23/13	01/23/13	16.00	67.52	
226709	4	T1019		01/24/13	01/24/13	16.00	67.52	
226709	5	T1019		01/25/13	01/25/13	16.00	67.52	
CLAIM TOTAL							337.60	CLAIM ACCOUNT REF. 2267090012008368SUP

REPORT DATE 01/30/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

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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 2008411 2008411 FRANCISCO, RICHARD 07/10/1968 XR22414G R2014482
DIAGNOSIS CODES: 401.9 443.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226700	1	T1019		01/07/13	01/07/13	32.00	135.04
226700	2	T1019		01/19/13	01/19/13	32.00	135.04
226700	3	T1019		01/20/13	01/20/13	32.00	135.04
226700	4	T1019		01/21/13	01/21/13	32.00	135.04
226700	5	T1019		01/22/13	01/22/13	32.00	135.04
226700	6	T1019		01/23/13	01/23/13	32.00	135.04
226700	7	T1019		01/24/13	01/24/13	32.00	135.04
226700	8	T1019		01/25/13	01/25/13	32.00	135.04
CLAIM TOTAL						1,080.32	
							CLAIM ACCOUNT REF. 2267000012008411SUP

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
226702	1	T1019		01/19/13	01/19/13	28.00	118.16
226702	2	T1019		01/20/13	01/20/13	28.00	118.16
226702	3	T1019		01/21/13	01/21/13	28.00	118.16
226702	4	T1019		01/22/13	01/22/13	28.00	118.16
226702	5	T1019		01/23/13	01/23/13	28.00	118.16
226702	6	T1019		01/24/13	01/24/13	28.00	118.16
226702	7	T1019		01/25/13	01/25/13	28.00	118.16
CLAIM TOTAL						827.12	
							CLAIM ACCOUNT REF. 2267020012008428SUP

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
226687	1	T1019		01/19/13	01/19/13	32.00	135.04
226687	2	T1019		01/20/13	01/20/13	32.00	135.04
226687	3	T1019		01/21/13	01/21/13	32.00	135.04
226687	4	T1019		01/22/13	01/22/13	32.00	135.04
226687	5	T1019		01/23/13	01/23/13	32.00	135.04
226687	6	T1019		01/24/13	01/24/13	32.00	135.04
226687	7	T1019		01/25/13	01/25/13	32.00	135.04
CLAIM TOTAL						945.28	
							CLAIM ACCOUNT REF. 2266870012008433SUP

REPORT DATE 01/30/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

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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 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z R2083270
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
226686	1	T1019		01/21/13	01/21/13	16.00	67.52
226686	2	T1019		01/22/13	01/22/13	16.00	67.52
226686	3	T1019		01/23/13	01/23/13	20.00	84.40
226686	4	T1019		01/24/13	01/24/13	16.00	67.52
226686	5	T1019		01/25/13	01/25/13	16.00	67.52
CLAIM TOTAL							354.48
CLAIM ACCOUNT REF.							2266860012008487SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008558 2008558 SURIEL, GERTRUDIS 03/17/1950 ZE67447D R2096046
DIAGNOSIS CODES: 493.90 401.9 414.00 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226714	1	T1019		01/19/13	01/19/13	32.00	135.04
226714	2	T1019		01/21/13	01/21/13	32.00	135.04
226714	3	T1019		01/22/13	01/22/13	32.00	135.04
226714	4	T1019		01/23/13	01/23/13	32.00	135.04
226714	5	T1019		01/24/13	01/24/13	32.00	135.04
226714	6	T1019		01/25/13	01/25/13	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2267140012008558SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008571 2008571 ESPAILLAT, AMPARO 12/25/1949 ZG25447P R2016893
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
226696	1	T1019		01/12/13	01/12/13	16.00	67.52
226696	2	T1019		01/13/13	01/13/13	16.00	67.52
226696	3	T1019		01/14/13	01/14/13	24.00	101.28
226696	4	T1019		01/15/13	01/15/13	24.00	101.28
226696	5	T1019		01/16/13	01/16/13	24.00	101.28
226696	6	T1019		01/17/13	01/17/13	24.00	101.28
226696	7	T1019		01/18/13	01/18/13	24.00	101.28
226696	8	T1019		01/19/13	01/19/13	16.00	67.52
226696	9	T1019		01/20/13	01/20/13	16.00	67.52
226696	10	T1019		01/21/13	01/21/13	24.00	101.28
226696	11	T1019		01/22/13	01/22/13	24.00	101.28
226696	12	T1019		01/23/13	01/23/13	24.00	101.28
226696	13	T1019		01/24/13	01/24/13	24.00	101.28
226696	14	T1019		01/25/13	01/25/13	24.00	101.28

REPORT DATE 01/30/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

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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	CLAIM ACCOUNT REF.
							1,282.88	2266960012008571SUP
						CLAIM TOTAL		

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008380	2009001	FERRERA, FRANCISCA	06/06/1948	YH55651V	0111141101308
DIAGNOSIS CODES: 301.9 401.9 493.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
226698	1	T1019		12/17/12	12/17/12	20.00	84.40	
226698	2	T1019		12/18/12	12/18/12	20.00	84.40	
226698	3	T1019		12/21/12	12/21/12	20.00	84.40	
						CLAIM TOTAL	253.20	2266980012009001SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008300	2009256	CHARITAR, RAMKALIE	06/23/1953	UY13756G	R2016936
DIAGNOSIS CODES: 250.00 311. 401.9 414.00 414.01 466.0							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
226693	1	T1019		01/20/13	01/20/13	20.00	84.40	
226693	2	T1019		01/21/13	01/21/13	20.00	84.40	
226693	3	T1019		01/22/13	01/22/13	20.00	84.40	
226693	4	T1019		01/23/13	01/23/13	20.00	84.40	
226693	5	T1019		01/24/13	01/24/13	20.00	84.40	
226693	6	T1019		01/25/13	01/25/13	20.00	84.40	
						CLAIM TOTAL	506.40	2266930012009256SUP

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	CLAIM ACCOUNT REF.
226691	1	T1019		01/19/13	01/19/13	32.00	135.04	
226691	2	T1019		01/21/13	01/21/13	32.00	135.04	
226691	3	T1019		01/22/13	01/22/13	32.00	135.04	
226691	4	T1019		01/23/13	01/23/13	28.00	118.16	
226691	5	T1019		01/24/13	01/24/13	32.00	135.04	
226691	6	T1019		01/25/13	01/25/13	32.00	135.04	
						CLAIM TOTAL	793.36	2266910012009270SUP

REPORT DATE 01/30/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

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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 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
226694	1	T1019		01/16/13	01/16/13	24.00	101.28
226694	2	T1019		01/17/13	01/17/13	24.00	101.28
226694	3	T1019		01/18/13	01/18/13	24.00	101.28
226694	4	T1019		01/21/13	01/21/13	24.00	101.28
226694	5	T1019		01/22/13	01/22/13	24.00	101.28
226694	6	T1019		01/23/13	01/23/13	24.00	101.28
226694	7	T1019		01/24/13	01/24/13	24.00	101.28
226694	8	T1019		01/25/13	01/25/13	24.00	101.28
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2266940012009405SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009425 2009425 FRIAS, BARBARA 04/01/1954 YQ10410R R1869904
DIAGNOSIS CODES: 785.9 V44.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226701	1	T1019		01/21/13	01/21/13	16.00	67.52
226701	2	T1019		01/23/13	01/23/13	16.00	67.52
226701	3	T1019		01/25/13	01/25/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2267010012009425SUP

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
226688	1	T1019		01/19/13	01/19/13	24.00	101.28
226688	2	T1019		01/20/13	01/20/13	24.00	101.28
226688	3	T1019		01/22/13	01/22/13	24.00	101.28
226688	4	T1019		01/23/13	01/23/13	24.00	101.28
226688	5	T1019		01/24/13	01/24/13	24.00	101.28
226688	6	T1019		01/25/13	01/25/13	24.00	101.28
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2266880012009560SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010009 2010009 VEGA, GLORIA 07/06/1955 ZU45073J R1843447
DIAGNOSIS CODES: 340. 250.00 272.2 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226716	1	T1019		01/21/13	01/21/13	32.00	135.04

REPORT DATE 01/30/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

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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	
226716	2	T1019		01/22/13	01/22/13	32.00	135.04	
226716	3	T1019		01/23/13	01/23/13	32.00	135.04	
226716	4	T1019		01/24/13	01/24/13	32.00	135.04	
226716	5	T1019		01/25/13	01/25/13	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2267160012010009SUP

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	
226704	1	T1019		01/19/13	01/19/13	48.00	202.56	
226704	2	T1019		01/20/13	01/20/13	48.00	202.56	
226704	3	T1019		01/21/13	01/21/13	48.00	202.56	
226704	4	T1019		01/22/13	01/22/13	48.00	202.56	
226704	5	T1019		01/23/13	01/23/13	48.00	202.56	
226704	6	T1019		01/24/13	01/24/13	48.00	202.56	
226704	7	T1019		01/25/13	01/25/13	48.00	202.56	
					CLAIM TOTAL		1,417.92	CLAIM ACCOUNT REF. 2267040012010311SUP

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	
226715	1	T1019		01/19/13	01/19/13	20.00	84.40	
226715	2	T1019		01/20/13	01/20/13	20.00	84.40	
226715	3	T1019		01/25/13	01/25/13	20.00	84.40	
					CLAIM TOTAL		253.20	CLAIM ACCOUNT REF. 2267150012010758SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008813	2010967	LARA, TOMASA	10/11/1931	SX47950B	R1921929
DIAGNOSIS	CODES:	401.9	244.9	272.4	715.80		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
226703	1	T1019		01/19/13	01/19/13	32.00	135.04	
226703	2	T1019		01/21/13	01/21/13	28.00	118.16	
226703	3	T1019		01/22/13	01/22/13	32.00	135.04	
226703	4	T1019		01/23/13	01/23/13	32.00	135.04	
226703	5	T1019		01/24/13	01/24/13	32.00	135.04	
226703	6	T1019		01/25/13	01/25/13	28.00	118.16	
					CLAIM TOTAL		776.48	CLAIM ACCOUNT REF. 2267030012010967SUP

REPORT DATE 01/30/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

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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 2011058 2011058 DELACRUZ, ANA 06/20/1920 122053627 0107241201931
DIAGNOSIS CODES: 294.20

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226695	1	T1019		01/19/13	01/19/13	40.00	168.80
226695	2	T1019		01/20/13	01/20/13	40.00	168.80
226695	3	T1019		01/21/13	01/21/13	40.00	168.80
226695	4	T1019		01/22/13	01/22/13	40.00	168.80
226695	5	T1019		01/23/13	01/23/13	40.00	168.80
226695	6	T1019		01/24/13	01/24/13	40.00	168.80
226695	7	T1019		01/25/13	01/25/13	40.00	168.80
CLAIM TOTAL						1,181.60	CLAIM ACCOUNT REF. 2266950012011058SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011388 2011388 PALAZZOLO, FLORENCE 10/31/1948 PD96979S R1998236
DIAGNOSIS CODES: 331.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226707	1	T1020		01/19/13	01/19/13	12.00	202.56
226707	2	T1020		01/20/13	01/20/13	12.00	202.56
226707	3	T1020		01/21/13	01/21/13	12.00	202.56
226707	4	T1020		01/22/13	01/22/13	12.00	202.56
226707	5	T1020		01/23/13	01/23/13	12.00	202.56
226707	6	T1020		01/24/13	01/24/13	12.00	202.56
226707	7	T1020		01/25/13	01/25/13	12.00	202.56
CLAIM TOTAL						1,417.92	CLAIM ACCOUNT REF. 2267070012011388SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008378 2011528 BOWERS *, DIANE 10/01/1946 129232187 0109201201746
DIAGNOSIS CODES: 250.11 300.02 410.90 413.0 428.0 440.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226689	1	T1019		01/21/13	01/21/13	40.00	168.80
226689	2	T1019		01/22/13	01/22/13	40.00	168.80
226689	3	T1019		01/23/13	01/23/13	40.00	168.80
226689	4	T1019		01/24/13	01/24/13	40.00	168.80
226689	5	T1019		01/25/13	01/25/13	40.00	168.80
CLAIM TOTAL						844.00	CLAIM ACCOUNT REF. 2266890012011528SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #
R2050170

CLAIM ACCOUNT REF. 2267130012011820SUP

PRIOR AUTHORIZATION #
R2106516

CLAIM ACCOUNT REF. 2267080012012284SUP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	190	TOTAL CLAIM AMOUNT =	24,695.44
		# SERVICES =	31		

REPORT DATE 01/30/13 SUNNYSIDE CITYWIDE
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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
226743	1	T1019		01/19/13	01/19/13	40.00	171.60
226743	2	T1019		01/20/13	01/20/13	40.00	171.60
226743	3	T1019		01/21/13	01/21/13	40.00	171.60
226743	4	T1019		01/22/13	01/22/13	40.00	171.60
226743	5	T1019		01/23/13	01/23/13	40.00	171.60
226743	6	T1019		01/24/13	01/24/13	40.00	171.60
226743	7	T1019		01/25/13	01/25/13	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2267430012008245SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008287 2008287 MILLAN, ARMIDA 09/13/1928 100063356 609358474
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
226745	1	T1019		01/19/13	01/19/13	16.00	68.64
226745	2	T1019		01/20/13	01/20/13	16.00	68.64
226745	3	T1019		01/21/13	01/21/13	36.00	154.44
226745	4	T1019		01/22/13	01/22/13	36.00	154.44
226745	5	T1019		01/23/13	01/23/13	36.00	154.44
226745	6	T1019		01/24/13	01/24/13	36.00	154.44
226745	7	T1019		01/25/13	01/25/13	36.00	154.44
CLAIM TOTAL						909.48	CLAIM ACCOUNT REF. 2267450012008287SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008401 2008401 SAFOS, PATRA 12/18/1948 100029836 609009121
DIAGNOSIS CODES: 340. 244.8 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226746	1	T1019		01/19/13	01/19/13	32.00	137.28
226746	2	T1019		01/20/13	01/20/13	32.00	137.28
226746	3	T1019		01/21/13	01/21/13	32.00	137.28
226746	4	T1019		01/22/13	01/22/13	32.00	137.28
226746	5	T1019		01/24/13	01/24/13	32.00	137.28
226746	6	T1019		01/25/13	01/25/13	32.00	137.28
CLAIM TOTAL						823.68	CLAIM ACCOUNT REF. 2267460012008401SUP

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NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011881	2011881	KHAN, FAZAL	06/28/1970	101344352	609738941

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
226744	1	T1019		01/19/13	01/19/13	48.00	205.92	
226744	2	T1019		01/20/13	01/20/13	48.00	205.92	
226744	3	T1019		01/21/13	01/21/13	48.00	205.92	
226744	4	T1019		01/22/13	01/22/13	48.00	205.92	
226744	5	T1019		01/23/13	01/23/13	48.00	205.92	
226744	6	T1019		01/24/13	01/24/13	48.00	205.92	
226744	7	T1019		01/25/13	01/25/13	48.00	205.92	
						CLAIM TOTAL	1,441.44	CLAIM ACCOUNT REF. 2267440012011881SUP

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	27	TOTAL CLAIM AMOUNT =	4,375.80
		# SERVICES =	4		

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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 2008266 2008266 GUERRA, LORRAINE 03/22/1948 712731594 102602255
DIAGNOSIS CODES: 431. 784.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226818	1	T1019	0580	01/19/13	01/19/13	35.00	147.70
226818	2	T1019	0580	01/20/13	01/20/13	39.00	164.58
226818	3	T1019	0580	01/21/13	01/21/13	36.00	151.92
226818	4	T1019	0580	01/22/13	01/22/13	36.00	151.92
226818	5	T1019	0580	01/23/13	01/23/13	40.00	168.80
226818	6	T1019	0580	01/24/13	01/24/13	36.00	151.92
226818	7	T1019	0580	01/25/13	01/25/13	40.00	168.80
CLAIM TOTAL						1,105.64	CLAIM ACCOUNT REF. 2268180012008266SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008409 2009279 PRUITT, JOHNNY 10/26/1956 712824266 102602130
DIAGNOSIS CODES: 249.00 272.4 295.00 401.9 585.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226820	1	S5130	0582	01/21/13	01/21/13	16.00	67.52
226820	2	S5130	0582	01/25/13	01/25/13	16.00	67.52
CLAIM TOTAL						135.04	CLAIM ACCOUNT REF. 2268200012009279SUP

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
226822	1	T1019	0580	01/12/13	01/12/13	16.00	67.52
226822	2	T1019	0580	01/13/13	01/13/13	16.00	67.52
226822	3	T1019	0580	01/14/13	01/14/13	8.00	33.76
226822	4	T1019	0580	01/15/13	01/15/13	8.00	33.76
226822	5	T1019	0580	01/16/13	01/16/13	8.00	33.76
226822	6	T1019	0580	01/17/13	01/17/13	8.00	33.76
226822	7	T1019	0580	01/18/13	01/18/13	8.00	33.76
CLAIM TOTAL						303.84	CLAIM ACCOUNT REF. 2268220012010728SUP

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
226821	1	T1019	0580	01/12/13	01/12/13	20.00	84.40
226821	2	T1019	0580	01/13/13	01/13/13	20.00	84.40

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

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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
226821	3	T1019	0580	01/14/13	01/14/13	12.00	50.64
226821	4	T1019	0580	01/15/13	01/15/13	12.00	50.64
226821	5	T1019	0580	01/16/13	01/16/13	12.00	50.64
226821	6	T1019	0580	01/17/13	01/17/13	12.00	50.64
226821	7	T1019	0580	01/18/13	01/18/13	12.00	50.64
CLAIM TOTAL							422.00

CLAIM ACCOUNT REF. 2268210012010729SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008365 2010731 HARDING, EDNA 05/17/1956 006274884 103201397
DIAGNOSIS CODES: 493.90 253.5 272.4 296.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226819	1	T1019	0580	01/21/13	01/21/13	16.00	67.52
226819	2	T1019	0580	01/22/13	01/22/13	16.00	67.52
226819	3	T1019	0580	01/23/13	01/23/13	16.00	67.52
226819	4	T1019	0580	01/24/13	01/24/13	16.00	67.52
226819	5	T1019	0580	01/25/13	01/25/13	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2268190012010731SUP

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
226817	1	T1019	0580	01/14/13	01/14/13	12.00	50.64
226817	2	T1019	0580	01/16/13	01/16/13	12.00	50.64
226817	3	T1019	0580	01/18/13	01/18/13	16.00	67.52
CLAIM TOTAL							168.80

CLAIM ACCOUNT REF. 2268170012011322SUP

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
226824	1	T1019	0580	01/19/13	01/19/13	24.00	90.00
226824	2	T1019	0580	01/21/13	01/21/13	24.00	90.00
226824	3	T1019	0580	01/22/13	01/22/13	24.00	90.00
226824	4	T1019	0580	01/23/13	01/23/13	24.00	90.00
226824	5	T1019	0580	01/24/13	01/24/13	24.00	90.00
226824	6	T1019	0580	01/25/13	01/25/13	24.00	90.00
CLAIM TOTAL							540.00

CLAIM ACCOUNT REF. 2268240012012357SUP

REPORT DATE 01/30/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

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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 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	
226823	1	T1019	0580	01/24/13	01/24/13	16.00	60.00	
226823	2	T1019	0580	01/25/13	01/25/13	16.00	60.00	
CLAIM TOTAL							120.00	CLAIM ACCOUNT REF. 2268230012012373SUP

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	
226825	1	T1019	0580	01/21/13	01/21/13	32.00	120.00	
226825	2	T1019	0580	01/22/13	01/22/13	36.00	135.00	
226825	3	T1019	0580	01/24/13	01/24/13	36.00	135.00	
226825	4	T1019	0580	01/25/13	01/25/13	32.00	120.00	
CLAIM TOTAL							510.00	CLAIM ACCOUNT REF. 2268250012012374SUP

PAYER TOTALS: AMERIGROUP NEW YORK,LLC # OF CLAIMS = 43 TOTAL CLAIM AMOUNT = 3,642.92
SERVICES = 9

PAGE: 49

NPI = 1154407492

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
226831	1	T1019	1C	0570	01/21/13	01/21/13	4.00	63.60	
226831	2	T1019	1C	0570	01/22/13	01/22/13	4.00	63.60	
226831	3	T1019	1C	0570	01/23/13	01/23/13	4.00	63.60	
226831	4	T1019	1C	0570	01/24/13	01/24/13	4.00	63.60	
226831	5	T1019	1C	0570	01/25/13	01/25/13	4.00	63.60	
CLAIM TOTAL								318.00	CLAIM ACCOUNT REF. 2268310012011453SU

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
226830	1	T1019	1C	0570	01/21/13	01/21/13	4.00	63.60
226830	2	T1019	1C	0570	01/22/13	01/22/13	4.00	63.60
226830	3	T1019	1C	0570	01/23/13	01/23/13	4.00	63.60
226830	4	T1019	1C	0570	01/24/13	01/24/13	4.00	63.60
226830	5	T1019	1C	0570	01/25/13	01/25/13	4.00	63.60
CLAIM TOTAL							318.00	CLAIM ACCOUNT REF. 2268300012011869SUP

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
226829	1	T1019	1C	0570	01/22/13	01/22/13	6.00	95.40	
226829	2	T1019	1C	0570	01/23/13	01/23/13	6.00	95.40	
226829	3	T1019	1C	0570	01/25/13	01/25/13	6.00	95.40	
						CLAIM TOTAL		286.20	CLAIM ACCOUNT REF. 2268290012011870SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	13	TOTAL CLAIM AMOUNT =	922.20
		# SERVICES =	3		

