

REPORT DATE 01/16/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013011605240481RRSUP

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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	
224874	1	T1020		01/05/13	01/05/13	7.00	118.10	
224874	2	T1020		01/07/13	01/07/13	7.00	118.09	
CLAIM TOTAL							236.19	CLAIM ACCOUNT REF. 2248740012008267SUP

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	
224875	1	T1020		01/08/13	01/08/13	7.00	118.09	
224875	2	T1020		01/09/13	01/09/13	6.00	101.22	
224875	3	T1020		01/10/13	01/10/13	6.00	101.22	
224875	4	T1020		01/11/13	01/11/13	6.00	101.22	
CLAIM TOTAL							421.75	CLAIM ACCOUNT REF. 2248750012008267SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
224872	1	T1020		12/31/12	12/31/12	9.00	151.83	
224872	2	T1020		01/01/13	01/01/13	9.00	151.83	
224872	3	T1020		01/02/13	01/02/13	9.00	151.83	
224872	4	T1020		01/03/13	01/03/13	9.00	151.83	
224872	5	T1020		01/04/13	01/04/13	9.00	151.83	
224872	6	T1020		01/05/13	01/05/13	9.00	151.83	
224872	7	T1020		01/06/13	01/06/13	9.00	151.83	
224872	8	T1020		01/07/13	01/07/13	9.00	151.83	
224872	9	T1020		01/08/13	01/08/13	9.00	151.83	
224872	10	T1020		01/09/13	01/09/13	9.00	151.83	
224872	11	T1020		01/10/13	01/10/13	9.00	151.83	
224872	12	T1020		01/11/13	01/11/13	9.00	151.83	
CLAIM TOTAL							1,821.96	CLAIM ACCOUNT REF. 2248720012008268SUP

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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 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
224869	1	T1020		01/05/13	01/05/13	7.00	118.09
224869	2	T1020		01/06/13	01/06/13	7.00	118.09
224869	3	T1020		01/07/13	01/07/13	7.00	118.09
224869	4	T1020		01/08/13	01/08/13	7.00	118.09
224869	5	T1020		01/09/13	01/09/13	7.00	118.09
224869	6	T1020		01/10/13	01/10/13	7.00	118.09
224869	7	T1020		01/11/13	01/11/13	7.00	118.09
CLAIM TOTAL							826.63
CLAIM ACCOUNT REF.							2248690012008306SUP

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
224867	1	T1020		01/05/13	01/05/13	7.00	118.09
224867	2	T1020		01/06/13	01/06/13	7.00	118.09
224867	3	T1020		01/07/13	01/07/13	7.00	118.09
224867	4	T1020		01/08/13	01/08/13	7.00	118.09
224867	5	T1020		01/09/13	01/09/13	7.00	118.09
224867	6	T1020		01/10/13	01/10/13	7.00	118.09
224867	7	T1020		01/11/13	01/11/13	7.00	118.09
CLAIM TOTAL							826.63
CLAIM ACCOUNT REF.							2248670012008386SUP

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
224873	1	T1020		01/08/13	01/08/13	4.00	67.48
224873	2	T1020		01/10/13	01/10/13	5.00	84.35
224873	3	T1020		01/11/13	01/11/13	4.00	67.48
CLAIM TOTAL							219.31
CLAIM ACCOUNT REF.							2248730012008400SUP

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
224876	1	T1020		01/05/13	01/05/13	9.00	151.83

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
224876	2	T1020		01/06/13	01/06/13	9.00	151.83	
224876	3	T1020		01/07/13	01/07/13	9.00	151.83	
224876	4	T1020		01/08/13	01/08/13	9.00	151.83	
224876	5	T1020		01/09/13	01/09/13	9.00	151.83	
224876	6	T1020		01/10/13	01/10/13	9.00	151.83	
224876	7	T1020		01/11/13	01/11/13	9.00	151.83	
CLAIM TOTAL							1,062.81	CLAIM ACCOUNT REF. 2248760012010041SUP

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	
224871	1	T1020		01/07/13	01/07/13	5.00	84.35	
224871	2	T1020		01/08/13	01/08/13	5.00	84.35	
224871	3	T1020		01/09/13	01/09/13	5.00	84.35	
224871	4	T1020		01/10/13	01/10/13	5.00	84.35	
224871	5	T1020		01/11/13	01/11/13	4.00	67.48	
CLAIM TOTAL							404.88	CLAIM ACCOUNT REF. 2248710012010712SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011495	2011495	ISKANDER, JACOB S	04/14/1949	74226723400	122720054
DIAGNOSIS	CODES:	748.60	253.5	401.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
224870	1	T1020		01/05/13	01/05/13	8.00	134.96	
224870	2	T1020		01/06/13	01/06/13	8.00	134.96	
224870	3	T1020		01/07/13	01/07/13	8.00	134.96	
224870	4	T1020		01/08/13	01/08/13	8.00	134.96	
224870	5	T1020		01/09/13	01/09/13	8.00	134.96	
224870	6	T1020		01/10/13	01/10/13	8.00	134.96	
224870	7	T1020		01/11/13	01/11/13	8.00	134.96	
CLAIM TOTAL							944.72	CLAIM ACCOUNT REF. 2248700012011495SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008415	2012089	BEDOYA, MONICA	09/30/1958	2012089	0111231290011
DIAGNOSIS	CODES:	345.90	272.0	295.90	401.9	493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
224868	1	T1020		12/31/12	12/31/12	1.00	16.87	
CLAIM TOTAL							16.87	CLAIM ACCOUNT REF. 2248680012012089SUP

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

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	55	TOTAL CLAIM AMOUNT =	6,781.75
		# SERVICES =	9		

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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
224853	1	T1019		01/09/13	01/09/13	16.00	67.52
224853	2	T1019		01/10/13	01/10/13	16.00	67.52
224853	3	T1019		01/11/13	01/11/13	16.00	67.52
CLAIM TOTAL						202.56	CLAIM ACCOUNT REF. 2248530012008261SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
224859	1	T1019		01/05/13	01/05/13	24.00	101.28
224859	2	T1019		01/06/13	01/06/13	24.00	101.28
224859	3	T1019		01/07/13	01/07/13	24.00	101.28
224859	4	T1019		01/08/13	01/08/13	24.00	101.28
224859	5	T1019		01/09/13	01/09/13	24.00	101.28
224859	6	T1019		01/10/13	01/10/13	24.00	101.28
224859	7	T1019		01/11/13	01/11/13	24.00	101.28
CLAIM TOTAL						708.96	CLAIM ACCOUNT REF. 2248590012008263SUP

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
224864	1	T1019		01/05/13	01/05/13	40.00	168.80
224864	2	T1019		01/06/13	01/06/13	40.00	168.80
224864	3	T1019		01/07/13	01/07/13	40.00	168.80
224864	4	T1019		01/08/13	01/08/13	40.00	168.80
224864	5	T1019		01/09/13	01/09/13	40.00	168.80
224864	6	T1019		01/10/13	01/10/13	40.00	168.80
224864	7	T1019		01/11/13	01/11/13	40.00	168.80
CLAIM TOTAL						1,181.60	CLAIM ACCOUNT REF. 2248640012008265SUP

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
224866	1	T1019		01/06/13	01/06/13	16.00	67.52

REPORT DATE 01/16/13 SUNNYSIDE CITYWIDE
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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	
224866	2	T1019		01/07/13	01/07/13	24.00	101.28	
224866	3	T1019		01/08/13	01/08/13	24.00	101.28	
224866	4	T1019		01/09/13	01/09/13	24.00	101.28	
224866	5	T1019		01/10/13	01/10/13	24.00	101.28	
224866	6	T1019		01/11/13	01/11/13	24.00	101.28	
				CLAIM TOTAL		573.92		CLAIM ACCOUNT REF. 2248660012008303SUP

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	
224856	1	T1019		12/27/12	12/27/12	20.00	84.40	
224856	2	T1019		01/01/13	01/01/13	16.00	67.52	
224856	3	T1019		01/07/13	01/07/13	16.00	67.52	
224856	4	T1019		01/08/13	01/08/13	16.00	67.52	
224856	5	T1019		01/09/13	01/09/13	16.00	67.52	
224856	6	T1019		01/10/13	01/10/13	16.00	67.52	
224856	7	T1019		01/11/13	01/11/13	16.00	67.52	
				CLAIM TOTAL		489.52		CLAIM ACCOUNT REF. 2248560012008366SUP

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	
224851	1	T1019		01/07/13	01/07/13	32.00	135.04	
224851	2	T1019		01/08/13	01/08/13	28.00	118.16	
224851	3	T1019		01/10/13	01/10/13	28.00	118.16	
224851	4	T1019		01/11/13	01/11/13	28.00	118.16	
				CLAIM TOTAL		489.52		CLAIM ACCOUNT REF. 2248510012008403SUP

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	
224861	1	T1019		01/07/13	01/07/13	24.00	101.28	
224861	2	T1019		01/08/13	01/08/13	24.00	101.28	
224861	3	T1019		01/09/13	01/09/13	24.00	101.28	
224861	4	T1019		01/10/13	01/10/13	24.00	101.28	
224861	5	T1019		01/11/13	01/11/13	24.00	101.28	
				CLAIM TOTAL		506.40		CLAIM ACCOUNT REF. 2248610012008421SUP

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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
224860	1	T1019		01/05/13	01/05/13	24.00	101.28
224860	2	T1019		01/07/13	01/07/13	24.00	101.28
224860	3	T1019		01/08/13	01/08/13	24.00	101.28
224860	4	T1019		01/09/13	01/09/13	24.00	101.28
224860	5	T1019		01/10/13	01/10/13	24.00	101.28
224860	6	T1019		01/11/13	01/11/13	24.00	101.28
CLAIM TOTAL							607.68
							CLAIM ACCOUNT REF. 2248600012008422SUP

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
224865	1	T1019		01/07/13	01/07/13	16.00	67.52
224865	2	T1019		01/10/13	01/10/13	16.00	67.52
224865	3	T1019		01/11/13	01/11/13	16.00	67.52
CLAIM TOTAL							202.56
							CLAIM ACCOUNT REF. 2248650012008425SUP

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
224854	1	T1019		12/17/12	12/17/12	40.00	168.80
224854	2	T1019		01/05/13	01/05/13	40.00	168.80
224854	3	T1019		01/06/13	01/06/13	40.00	168.80
224854	4	T1019		01/07/13	01/07/13	40.00	168.80
224854	5	T1019		01/08/13	01/08/13	40.00	168.80
224854	6	T1019		01/09/13	01/09/13	40.00	168.80
224854	7	T1019		01/10/13	01/10/13	40.00	168.80
224854	8	T1019		01/11/13	01/11/13	40.00	168.80
CLAIM TOTAL							1,350.40
							CLAIM ACCOUNT REF. 2248540012008427SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008531 2008531 RODRIGUEZ, 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
224863	1	T1019		01/07/13	01/07/13	24.00	101.28

REPORT DATE 01/16/13 SUNNYSIDE CITYWIDE
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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
224863	2	T1019		01/08/13	01/08/13	24.00	101.28
224863	3	T1019		01/09/13	01/09/13	24.00	101.28
224863	4	T1019		01/10/13	01/10/13	24.00	101.28
224863	5	T1019		01/11/13	01/11/13	24.00	101.28
CLAIM TOTAL							506.40
							CLAIM ACCOUNT REF. 2248630012008531SUP

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
224858	1	T1019		01/06/13	01/06/13	16.00	67.52
224858	2	T1019		01/07/13	01/07/13	28.00	118.16
224858	3	T1019		01/08/13	01/08/13	28.00	118.16
224858	4	T1019		01/09/13	01/09/13	28.00	118.16
224858	5	T1019		01/10/13	01/10/13	28.00	118.16
224858	6	T1019		01/11/13	01/11/13	28.00	118.16
CLAIM TOTAL							658.32
							CLAIM ACCOUNT REF. 2248580012008742SUP

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
224852	1	T1019		01/07/13	01/07/13	16.00	67.52
224852	2	T1019		01/08/13	01/08/13	24.00	101.28
224852	3	T1019		01/09/13	01/09/13	24.00	101.28
224852	4	T1019		01/10/13	01/10/13	24.00	101.28
224852	5	T1019		01/11/13	01/11/13	24.00	101.28
CLAIM TOTAL							472.64
							CLAIM ACCOUNT REF. 2248520012008802SUP

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
224857	1	T1019		01/05/13	01/05/13	40.00	168.80
224857	2	T1019		01/06/13	01/06/13	40.00	168.80
224857	3	T1019		01/07/13	01/07/13	48.00	202.56
224857	4	T1019		01/08/13	01/08/13	48.00	202.56
224857	5	T1019		01/09/13	01/09/13	48.00	202.56
224857	6	T1019		01/10/13	01/10/13	48.00	202.56
224857	7	T1019		01/11/13	01/11/13	48.00	202.56

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	1,350.40	2248570012009356SUP

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	CLAIM ACCOUNT REF.
224849	1	T1019		12/27/12	12/27/12	32.00	135.04	
224849	2	T1019		01/05/13	01/05/13	32.00	135.04	
224849	3	T1019		01/06/13	01/06/13	32.00	135.04	
224849	4	T1019		01/07/13	01/07/13	32.00	135.04	
224849	5	T1019		01/08/13	01/08/13	32.00	135.04	
224849	6	T1019		01/09/13	01/09/13	32.00	135.04	
224849	7	T1019		01/10/13	01/10/13	32.00	135.04	
224849	8	T1019		01/11/13	01/11/13	32.00	135.04	
						CLAIM TOTAL	1,080.32	2248490012010143SUP

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	CLAIM ACCOUNT REF.
224862	1	T1019		01/08/13	01/08/13	20.00	84.40	
224862	2	T1019		01/10/13	01/10/13	20.00	84.40	
						CLAIM TOTAL	168.80	2248620012010353SUP

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	CLAIM ACCOUNT REF.
224855	1	T1019		01/05/13	01/05/13	24.00	101.28	
224855	2	T1019		01/06/13	01/06/13	24.00	101.28	
224855	3	T1019		01/07/13	01/07/13	24.00	101.28	
224855	4	T1019		01/08/13	01/08/13	28.00	118.16	
224855	5	T1019		01/09/13	01/09/13	24.00	101.28	
224855	6	T1019		01/10/13	01/10/13	28.00	118.16	
224855	7	T1019		01/11/13	01/11/13	28.00	118.16	
						CLAIM TOTAL	759.60	2248550012010639SUP

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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		
224850	1	T1019		01/07/13	01/07/13	36.00	151.92		
224850	2	T1019		01/08/13	01/08/13	36.00	151.92		
224850	3	T1019		01/09/13	01/09/13	36.00	151.92		
224850	4	T1019		01/10/13	01/10/13	36.00	151.92		
					CLAIM TOTAL		607.68	CLAIM ACCOUNT REF.	2248500012010878SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	100	TOTAL CLAIM AMOUNT =	11,917.28
		# SERVICES =	18		

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008233 2008233 ARIAS, NORA 03/31/1981 RB08739R 0106191290349
DIAGNOSIS CODES: 356.9 348.2 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
224901	1	T1019		01/05/13	01/05/13	4.00	68.60
224901	2	T1019		01/06/13	01/06/13	4.00	68.60
224901	3	T1019		01/07/13	01/07/13	12.00	205.80
224901	4	T1019		01/08/13	01/08/13	12.00	205.80
224901	5	T1019		01/09/13	01/09/13	12.00	205.80
224901	6	T1019		01/10/13	01/10/13	12.00	205.80
224901	7	T1019		01/11/13	01/11/13	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2249010012008233SUP

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
224908	1	T1019		01/05/13	01/05/13	8.00	137.20
224908	2	T1019		01/06/13	01/06/13	8.00	137.20
224908	3	T1019		01/07/13	01/07/13	11.00	188.65
224908	4	T1019		01/08/13	01/08/13	11.00	188.65
224908	5	T1019		01/09/13	01/09/13	11.00	188.65
224908	6	T1019		01/10/13	01/10/13	11.00	188.65
224908	7	T1019		01/11/13	01/11/13	11.00	188.65
CLAIM TOTAL						1,217.65	CLAIM ACCOUNT REF. 2249080012008236SUP

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
224904	1	T1019		01/07/13	01/07/13	4.00	68.60
224904	2	T1019		01/08/13	01/08/13	4.00	68.60
224904	3	T1019		01/09/13	01/09/13	4.00	68.60
224904	4	T1019		01/10/13	01/10/13	4.00	68.60
224904	5	T1019		01/11/13	01/11/13	4.00	68.60
CLAIM TOTAL						343.00	CLAIM ACCOUNT REF. 2249040012008237SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 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
224900	1	T1019		01/05/13	01/05/13	3.00	51.45
224900	2	T1019		01/06/13	01/06/13	2.00	34.30
224900	3	T1019		01/07/13	01/07/13	5.00	85.75
224900	4	T1019		01/08/13	01/08/13	5.00	85.75
224900	5	T1019		01/09/13	01/09/13	5.00	85.75
224900	6	T1019		01/10/13	01/10/13	5.00	85.75
224900	7	T1019		01/11/13	01/11/13	5.00	85.75
CLAIM TOTAL							514.50
CLAIM ACCOUNT REF.							2249000012008284SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008385 2008385 MURDOCK, GERTRUDE 11/01/1917 SS71357M 0106221290271
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
224906	1	T1019		01/07/13	01/07/13	8.00	137.20
224906	2	T1019		01/08/13	01/08/13	8.00	137.20
224906	3	T1019		01/09/13	01/09/13	8.00	137.20
224906	4	T1019		01/10/13	01/10/13	10.00	171.50
224906	5	T1019		01/11/13	01/11/13	10.00	171.50
CLAIM TOTAL							754.60
CLAIM ACCOUNT REF.							2249060012008385SUP

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
224905	1	T1019		01/05/13	01/05/13	5.00	85.75
224905	2	T1019		01/06/13	01/06/13	5.00	85.75
224905	3	T1019		01/07/13	01/07/13	5.00	85.75
224905	4	T1019		01/08/13	01/08/13	5.00	85.75
224905	5	T1019		01/09/13	01/09/13	5.00	85.75
224905	6	T1019		01/10/13	01/10/13	5.00	85.75
224905	7	T1019		01/11/13	01/11/13	5.00	85.75
CLAIM TOTAL							600.25
CLAIM ACCOUNT REF.							2249050012008417SUP

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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 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
224910	1	T1019		12/21/12	12/21/12	8.00	137.20
224910	2	T1019		01/04/13	01/04/13	8.00	137.20
224910	3	T1019		01/07/13	01/07/13	8.00	137.20
224910	4	T1019		01/08/13	01/08/13	8.00	137.20
224910	5	T1019		01/09/13	01/09/13	8.00	137.20
224910	6	T1019		01/10/13	01/10/13	8.00	137.20
224910	7	T1019		01/11/13	01/11/13	8.00	137.20

CLAIM TOTAL 960.40 CLAIM ACCOUNT REF. 2249100012008418SUP

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
224902	1	T1019		01/06/13	01/06/13	9.00	154.35
224902	2	T1019		01/07/13	01/07/13	10.00	171.50
224902	3	T1019		01/08/13	01/08/13	10.00	171.50
224902	4	T1019		01/09/13	01/09/13	10.00	171.50
224902	5	T1019		01/10/13	01/10/13	10.00	171.50
224902	6	T1019		01/11/13	01/11/13	10.00	171.50

CLAIM TOTAL 1,011.85 CLAIM ACCOUNT REF. 2249020012008743SUP

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
224911	1	T1019		01/05/13	01/05/13	5.00	85.75
224911	2	T1019		01/06/13	01/06/13	5.00	85.75
224911	3	T1019		01/07/13	01/07/13	5.00	85.75
224911	4	T1019		01/08/13	01/08/13	5.00	85.75
224911	5	T1019		01/09/13	01/09/13	5.00	85.75
224911	6	T1019		01/10/13	01/10/13	5.00	85.75
224911	7	T1019		01/11/13	01/11/13	5.00	85.75

CLAIM TOTAL 600.25 CLAIM ACCOUNT REF. 2249110012009377SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
224909	1	T1019		01/05/13	01/05/13	8.00	137.20
224909	2	T1019		01/07/13	01/07/13	3.00	51.45
224909	3	T1019		01/08/13	01/08/13	3.00	51.45
224909	4	T1019		01/09/13	01/09/13	3.00	51.45
224909	5	T1019		01/10/13	01/10/13	3.00	51.45
224909	6	T1019		01/11/13	01/11/13	4.00	68.60
CLAIM TOTAL							411.60
CLAIM ACCOUNT REF.							2249090012009688SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008279 2010213 VALLE, BLASINA 02/03/1929 QG00558G 0106011290042
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
224912	1	T1019		12/24/12	12/24/12	8.00	137.20
224912	2	T1019		12/25/12	12/25/12	8.00	137.20
224912	3	T1019		12/26/12	12/26/12	8.00	137.20
224912	4	T1019		12/27/12	12/27/12	8.00	137.20
224912	5	T1019		12/28/12	12/28/12	8.00	137.20
224912	6	T1019		12/29/12	12/29/12	8.00	137.20
224912	7	T1019		12/31/12	12/31/12	8.00	137.20
CLAIM TOTAL							960.40
CLAIM ACCOUNT REF.							2249120012010213SUP

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
224913	1	T1019		01/01/13	01/01/13	8.00	137.20
224913	2	T1019		01/02/13	01/02/13	8.00	137.20
224913	3	T1019		01/03/13	01/03/13	8.00	137.20
224913	4	T1019		01/04/13	01/04/13	8.00	137.20
224913	5	T1019		01/05/13	01/05/13	8.00	137.20
224913	6	T1019		01/07/13	01/07/13	8.00	137.20
224913	7	T1019		01/08/13	01/08/13	8.00	137.20
224913	8	T1019		01/09/13	01/09/13	8.00	137.20
224913	9	T1019		01/10/13	01/10/13	8.00	137.20
224913	10	T1019		01/11/13	01/11/13	8.00	137.20
CLAIM TOTAL							1,372.00
CLAIM ACCOUNT REF.							2249130012010213SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010886 2010886 OSORIO, ELVIA 07/05/1943 SM10426S 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	
224907	1	T1019		01/07/13	01/07/13	8.00	137.20	
224907	2	T1019		01/08/13	01/08/13	8.00	137.20	
224907	3	T1019		01/09/13	01/09/13	8.00	137.20	
224907	4	T1019		01/10/13	01/10/13	8.00	137.20	
224907	5	T1019		01/11/13	01/11/13	8.00	137.20	
CLAIM TOTAL							686.00	CLAIM ACCOUNT REF. 2249070012010886SUP

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	
224903	1	T1019		01/04/13	01/04/13	24.00	411.60	
224903	2	T1019		01/05/13	01/05/13	24.00	411.60	
224903	3	T1019		01/06/13	01/06/13	24.00	411.60	
224903	4	T1019		01/07/13	01/07/13	24.00	411.60	
224903	5	T1019		01/08/13	01/08/13	24.00	411.60	
224903	6	T1019		01/09/13	01/09/13	24.00	411.60	
224903	7	T1019		01/10/13	01/10/13	24.00	411.60	
224903	8	T1019		01/11/13	01/11/13	24.00	411.60	
CLAIM TOTAL							3,292.80	CLAIM ACCOUNT REF. 2249030012011286SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012382 2012382 VERAS, EMMA 04/08/1957 2012382
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
224914	1	T1019		01/05/13	01/05/13	12.00	205.80	
224914	2	T1019		01/06/13	01/06/13	12.00	205.80	
224914	3	T1019		01/10/13	01/10/13	6.00	102.90	
CLAIM TOTAL							514.50	CLAIM ACCOUNT REF. 2249140012012382SUP

PAYER TOTALS: METROPLUS HEALTH PLAN # OF CLAIMS = 97 TOTAL CLAIM AMOUNT = 14,406.00
SERVICES = 14

REPORT DATE 01/16/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
224941	1	T1019		01/05/13	01/05/13	36.00	154.80
224941	2	T1019		01/06/13	01/06/13	32.00	137.60
224941	3	T1019		01/07/13	01/07/13	36.00	154.80
224941	4	T1019		01/08/13	01/08/13	36.00	154.80
224941	5	T1019		01/09/13	01/09/13	36.00	154.80
224941	6	T1019		01/10/13	01/10/13	36.00	154.80
CLAIM TOTAL							911.60
CLAIM ACCOUNT REF.							2249410012008286SUP

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
224930	1	T1019		11/29/12	11/29/12	24.00	103.20
224930	2	T1019		01/05/13	01/05/13	24.00	103.20
224930	3	T1019		01/06/13	01/06/13	24.00	103.20
224930	4	T1019		01/07/13	01/07/13	24.00	103.20
224930	5	T1019		01/08/13	01/08/13	24.00	103.20
224930	6	T1019		01/09/13	01/09/13	24.00	103.20
224930	7	T1019		01/10/13	01/10/13	24.00	103.20
224930	8	T1019		01/11/13	01/11/13	24.00	103.20
CLAIM TOTAL							825.60
CLAIM ACCOUNT REF.							2249300012008495SUP

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
224923	1	T1019		01/05/13	01/05/13	28.00	120.40
224923	2	T1019		01/06/13	01/06/13	28.00	120.40
224923	3	T1019		01/07/13	01/07/13	28.00	120.40
224923	4	T1019		01/08/13	01/08/13	28.00	120.40
224923	5	T1019		01/09/13	01/09/13	28.00	120.40
224923	6	T1019		01/10/13	01/10/13	28.00	120.40
CLAIM TOTAL							722.40
CLAIM ACCOUNT REF.							2249230012010404SUP

REPORT DATE 01/16/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013011605240481RRSUP

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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
224916	1	T1019		01/05/13	01/05/13	28.00	120.40
224916	2	T1019		01/06/13	01/06/13	28.00	120.40
224916	3	T1019		01/07/13	01/07/13	28.00	120.40
224916	4	T1019		01/08/13	01/08/13	28.00	120.40
224916	5	T1019		01/10/13	01/10/13	28.00	120.40
224916	6	T1019		01/11/13	01/11/13	28.00	120.40
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2249160012012101SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012102 2012102 BISRAM, ROOPKALIA 01/03/1938 708029 111205223
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
224917	1	T1019		01/07/13	01/07/13	16.00	68.80
224917	2	T1019		01/08/13	01/08/13	16.00	68.80
224917	3	T1019		01/09/13	01/09/13	16.00	68.80
224917	4	T1019		01/10/13	01/10/13	16.00	68.80
224917	5	T1019		01/11/13	01/11/13	16.00	68.80
CLAIM TOTAL						344.00	CLAIM ACCOUNT REF. 2249170012012102SUP

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
224918	1	T1019		01/03/13	01/03/13	4.00	17.20
224918	2	T1019		01/04/13	01/04/13	24.00	103.20
224918	3	T1019		01/08/13	01/08/13	24.00	103.20
CLAIM TOTAL						223.60	CLAIM ACCOUNT REF. 2249180012012103SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012106 2012106 CORNIEL, NICIA 01/01/1950 663394 111205505
DIAGNOSIS CODES: 250.02

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
224919	1	T1019		01/08/13	01/08/13	16.00	68.80
CLAIM TOTAL						68.80	CLAIM ACCOUNT REF. 2249190012012106SUP

REPORT DATE 01/16/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013011605240481RRSUP

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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 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
224920	1	T1019		12/10/12	12/10/12	32.00	137.60
224920	2	T1019		12/11/12	12/11/12	32.00	137.60
224920	3	T1019		12/12/12	12/12/12	32.00	137.60
224920	4	T1019		12/13/12	12/13/12	32.00	137.60
224920	5	T1019		12/14/12	12/14/12	32.00	137.60
224920	6	T1019		01/07/13	01/07/13	32.00	137.60
224920	7	T1019		01/08/13	01/08/13	32.00	137.60
224920	8	T1019		01/09/13	01/09/13	32.00	137.60
224920	9	T1019		01/10/13	01/10/13	32.00	137.60
224920	10	T1019		01/11/13	01/11/13	32.00	137.60
CLAIM TOTAL						1,376.00	CLAIM ACCOUNT REF. 2249200012012107SUP

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
224921	1	T1019		01/07/13	01/07/13	24.00	103.20
224921	2	T1019		01/08/13	01/08/13	24.00	103.20
224921	3	T1019		01/09/13	01/09/13	24.00	103.20
224921	4	T1019		01/10/13	01/10/13	24.00	103.20
224921	5	T1019		01/11/13	01/11/13	24.00	103.20
CLAIM TOTAL						516.00	CLAIM ACCOUNT REF. 2249210012012108SUP

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
224922	1	T1019		01/07/13	01/07/13	16.00	68.80
224922	2	T1019		01/10/13	01/10/13	16.00	68.80
CLAIM TOTAL						137.60	CLAIM ACCOUNT REF. 2249220012012110SUP

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
224924	1	T1019		12/23/12	12/23/12	36.00	154.80

REPORT DATE 01/16/13 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
224924	2	T1019		12/28/12	12/28/12	36.00	154.80
224924	3	T1019		12/30/12	12/30/12	36.00	154.80
224924	4	T1019		01/04/13	01/04/13	36.00	154.80
224924	5	T1019		01/05/13	01/05/13	48.00	206.40
224924	6	T1019		01/06/13	01/06/13	36.00	154.80
224924	7	T1019		01/07/13	01/07/13	36.00	154.80
224924	8	T1019		01/08/13	01/08/13	48.00	206.40
224924	9	T1019		01/09/13	01/09/13	36.00	154.80
224924	10	T1019		01/10/13	01/10/13	48.00	206.40
CLAIM TOTAL						1,702.80	CLAIM ACCOUNT REF. 2249240012012114SUP

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
224925	1	T1019		12/28/12	12/28/12	12.00	51.60
224925	2	T1019		12/30/12	12/30/12	12.00	51.60
224925	3	T1019		01/04/13	01/04/13	12.00	51.60
224925	4	T1019		01/06/13	01/06/13	12.00	51.60
224925	5	T1019		01/07/13	01/07/13	12.00	51.60
224925	6	T1019		01/09/13	01/09/13	12.00	51.60
CLAIM TOTAL						309.60	CLAIM ACCOUNT REF. 2249250012012115SUP

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
224926	1	T1019		01/05/13	01/05/13	20.00	86.00
224926	2	T1019		01/06/13	01/06/13	20.00	86.00
224926	3	T1019		01/07/13	01/07/13	16.00	68.80
224926	4	T1019		01/08/13	01/08/13	16.00	68.80
224926	5	T1019		01/09/13	01/09/13	16.00	68.80
224926	6	T1019		01/10/13	01/10/13	16.00	68.80
224926	7	T1019		01/11/13	01/11/13	16.00	68.80
CLAIM TOTAL						516.00	CLAIM ACCOUNT REF. 2249260012012117SUP

REPORT DATE 01/16/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 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	
224927	1	T1019		01/07/13	01/07/13	20.00	86.00	
224927	2	T1019		01/08/13	01/08/13	20.00	86.00	
224927	3	T1019		01/09/13	01/09/13	20.00	86.00	
224927	4	T1019		01/10/13	01/10/13	28.00	120.40	
224927	5	T1019		01/11/13	01/11/13	28.00	120.40	
					CLAIM TOTAL		498.80	CLAIM ACCOUNT REF. 2249270012012120SUP

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	
224932	1	T1019		01/05/13	01/05/13	32.00	137.60	
224932	2	T1019		01/06/13	01/06/13	32.00	137.60	
224932	3	T1019		01/07/13	01/07/13	32.00	137.60	
224932	4	T1019		01/08/13	01/08/13	32.00	137.60	
224932	5	T1019		01/09/13	01/09/13	32.00	137.60	
224932	6	T1019		01/10/13	01/10/13	32.00	137.60	
224932	7	T1019		01/11/13	01/11/13	32.00	137.60	
					CLAIM TOTAL		963.20	CLAIM ACCOUNT REF. 2249320012012121SUP

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	
224933	1	T1019		01/05/13	01/05/13	20.00	86.00	
224933	2	T1019		01/06/13	01/06/13	20.00	86.00	
224933	3	T1019		01/07/13	01/07/13	20.00	86.00	
224933	4	T1019		01/08/13	01/08/13	20.00	86.00	
224933	5	T1019		01/09/13	01/09/13	20.00	86.00	
224933	6	T1019		01/10/13	01/10/13	20.00	86.00	
224933	7	T1019		01/11/13	01/11/13	20.00	86.00	
					CLAIM TOTAL		602.00	CLAIM ACCOUNT REF. 2249330012012122SUP

REPORT DATE 01/16/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
224935	1	T1019		01/05/13	01/05/13	20.00	86.00
224935	2	T1019		01/06/13	01/06/13	20.00	86.00
224935	3	T1019		01/07/13	01/07/13	28.00	120.40
224935	4	T1019		01/08/13	01/08/13	28.00	120.40
224935	5	T1019		01/09/13	01/09/13	28.00	120.40
224935	6	T1019		01/10/13	01/10/13	28.00	120.40
224935	7	T1019		01/11/13	01/11/13	28.00	120.40
CLAIM TOTAL							774.00

CLAIM ACCOUNT REF. 2249350012012130SUP

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
224936	1	T1019		01/05/13	01/05/13	20.00	86.00
224936	2	T1019		01/06/13	01/06/13	20.00	86.00
CLAIM TOTAL							172.00

CLAIM ACCOUNT REF. 2249360012012132SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012134 2012134 SERRANO, CARMEN 09/14/1948 695740 111218213
DIAGNOSIS CODES: 093.89 253.5 311. 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
224948	1	T1019		01/08/13	01/08/13	28.00	120.40
224948	2	T1019		01/09/13	01/09/13	28.00	120.40
224948	3	T1019		01/10/13	01/10/13	28.00	120.40
224948	4	T1019		01/11/13	01/11/13	28.00	120.40
CLAIM TOTAL							481.60

CLAIM ACCOUNT REF. 2249480012012134SUP

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
224951	1	T1019		01/07/13	01/07/13	32.00	137.60
224951	2	T1019		01/08/13	01/08/13	32.00	137.60
224951	3	T1019		01/09/13	01/09/13	32.00	137.60
224951	4	T1019		01/10/13	01/10/13	32.00	137.60
224951	5	T1019		01/11/13	01/11/13	32.00	137.60

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013011605240481RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							688.00	2249510012012137SUP

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	CLAIM ACCOUNT REF.
224952	1	T1019		01/07/13	01/07/13	16.00	68.80	
224952	2	T1019		01/08/13	01/08/13	16.00	68.80	
224952	3	T1019		01/09/13	01/09/13	16.00	68.80	
224952	4	T1019		01/10/13	01/10/13	16.00	68.80	
224952	5	T1019		01/11/13	01/11/13	16.00	68.80	
						CLAIM TOTAL	344.00	2249520012012138SUP

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	CLAIM ACCOUNT REF.
224937	1	T1019		01/05/13	01/05/13	32.00	137.60	
224937	2	T1019		01/07/13	01/07/13	32.00	137.60	
224937	3	T1019		01/08/13	01/08/13	32.00	137.60	
224937	4	T1019		01/09/13	01/09/13	32.00	137.60	
224937	5	T1019		01/10/13	01/10/13	32.00	137.60	
224937	6	T1019		01/11/13	01/11/13	32.00	137.60	
						CLAIM TOTAL	825.60	2249370012012140SUP

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: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
224947	1	T1019		01/07/13	01/07/13	16.00	68.80	
224947	2	T1019		01/09/13	01/09/13	16.00	68.80	
224947	3	T1019		01/11/13	01/11/13	16.00	68.80	
						CLAIM TOTAL	206.40	2249470012012141SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012142	2012142 MEDINA, MARTHA	01/11/1944	697570	111217848

DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
224931	1	T1019		01/07/13	01/07/13	12.00	51.60

REPORT DATE 01/16/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013011605240481RRSUP

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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
224931	2	T1019		01/08/13	01/08/13	12.00	51.60
224931	3	T1019		01/09/13	01/09/13	12.00	51.60
224931	4	T1019		01/10/13	01/10/13	12.00	51.60
224931	5	T1019		01/11/13	01/11/13	12.00	51.60
CLAIM TOTAL							258.00
CLAIM ACCOUNT REF.							2249310012012142SUP

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
224934	1	T1019		01/07/13	01/07/13	16.00	68.80
224934	2	T1019		01/08/13	01/08/13	16.00	68.80
224934	3	T1019		01/09/13	01/09/13	16.00	68.80
224934	4	T1019		01/10/13	01/10/13	16.00	68.80
224934	5	T1019		01/11/13	01/11/13	16.00	68.80
CLAIM TOTAL							344.00
CLAIM ACCOUNT REF.							2249340012012143SUP

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
224940	1	T1019		01/07/13	01/07/13	20.00	86.00
224940	2	T1019		01/09/13	01/09/13	20.00	86.00
224940	3	T1019		01/11/13	01/11/13	20.00	86.00
CLAIM TOTAL							258.00
CLAIM ACCOUNT REF.							2249400012012144SUP

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
224938	1	T1019		01/07/13	01/07/13	16.00	68.80
224938	2	T1019		01/08/13	01/08/13	16.00	68.80
224938	3	T1019		01/09/13	01/09/13	16.00	68.80
224938	4	T1019		01/10/13	01/10/13	16.00	68.80
224938	5	T1019		01/11/13	01/11/13	16.00	68.80
CLAIM TOTAL							344.00
CLAIM ACCOUNT REF.							2249380012012145SUP

REPORT DATE 01/16/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013011605240481RRSUP

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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 2012146 2012146 PERALTA, INEZ 08/18/1942 715489 111220390
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
224939	1	T1019		01/07/13	01/07/13	16.00	68.80	
224939	2	T1019		01/08/13	01/08/13	16.00	68.80	
224939	3	T1019		01/09/13	01/09/13	16.00	68.80	
224939	4	T1019		01/10/13	01/10/13	16.00	68.80	
224939	5	T1019		01/11/13	01/11/13	16.00	68.80	
CLAIM TOTAL							344.00	CLAIM ACCOUNT REF. 2249390012012146SUP

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	
224942	1	T1019		01/07/13	01/07/13	20.00	86.00	
224942	2	T1019		01/08/13	01/08/13	20.00	86.00	
224942	3	T1019		01/09/13	01/09/13	20.00	86.00	
224942	4	T1019		01/10/13	01/10/13	20.00	86.00	
224942	5	T1019		01/11/13	01/11/13	20.00	86.00	
CLAIM TOTAL							430.00	CLAIM ACCOUNT REF. 2249420012012147SUP

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	
224943	1	T1019		01/07/13	01/07/13	32.00	137.60	
224943	2	T1019		01/08/13	01/08/13	32.00	137.60	
224943	3	T1019		01/09/13	01/09/13	32.00	137.60	
224943	4	T1019		01/10/13	01/10/13	32.00	137.60	
224943	5	T1019		01/11/13	01/11/13	32.00	137.60	
CLAIM TOTAL							688.00	CLAIM ACCOUNT REF. 2249430012012149SUP

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	
224944	1	T1019		01/07/13	01/07/13	16.00	68.80	
CLAIM TOTAL							68.80	CLAIM ACCOUNT REF. 2249440012012153SUP

REPORT DATE 01/16/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 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
224945	1	T1019		12/22/12	12/22/12	24.00	103.20
224945	2	T1019		12/24/12	12/24/12	24.00	103.20
224945	3	T1019		12/25/12	12/25/12	24.00	103.20
224945	4	T1019		12/26/12	12/26/12	24.00	103.20
224945	5	T1019		12/27/12	12/27/12	24.00	103.20
224945	6	T1019		12/28/12	12/28/12	24.00	103.20
CLAIM TOTAL						619.20	CLAIM ACCOUNT REF. 2249450012012154SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012155 2012155 SANCHEZ, BETANIA 05/10/1956 706048 111227610
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
224946	1	T1019		01/07/13	01/07/13	20.00	86.00
224946	2	T1019		01/08/13	01/08/13	20.00	86.00
224946	3	T1019		01/09/13	01/09/13	20.00	86.00
224946	4	T1019		01/10/13	01/10/13	20.00	86.00
CLAIM TOTAL						344.00	CLAIM ACCOUNT REF. 2249460012012155SUP

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
224928	1	T1019		01/05/13	01/05/13	48.00	206.40
224928	2	T1019		01/06/13	01/06/13	48.00	206.40
224928	3	T1019		01/07/13	01/07/13	48.00	206.40
224928	4	T1019		01/08/13	01/08/13	48.00	206.40
224928	5	T1019		01/09/13	01/09/13	48.00	206.40
224928	6	T1019		01/10/13	01/10/13	48.00	206.40
224928	7	T1019		01/11/13	01/11/13	48.00	206.40
CLAIM TOTAL						1,444.80	CLAIM ACCOUNT REF. 2249280012012158SUP

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
224929	1	T1019		01/05/13	01/05/13	48.00	206.40

REPORT DATE 01/16/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013011605240481RRSUP

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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	
224929	2	T1019		01/06/13	01/06/13	48.00	206.40	
224929	3	T1019		01/07/13	01/07/13	48.00	206.40	
224929	4	T1019		01/08/13	01/08/13	48.00	206.40	
224929	5	T1019		01/09/13	01/09/13	48.00	206.40	
224929	6	T1019		01/10/13	01/10/13	48.00	206.40	
224929	7	T1019		01/11/13	01/11/13	48.00	206.40	
				CLAIM TOTAL		1,444.80		CLAIM ACCOUNT REF. 2249290012012159SUP

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	
224915	1	T1019		12/08/12	12/08/12	20.00	86.00	
224915	2	T1019		12/09/12	12/09/12	20.00	86.00	
224915	3	T1019		01/05/13	01/05/13	20.00	86.00	
224915	4	T1019		01/06/13	01/06/13	20.00	86.00	
224915	5	T1019		01/07/13	01/07/13	20.00	86.00	
224915	6	T1019		01/08/13	01/08/13	20.00	86.00	
224915	7	T1019		01/09/13	01/09/13	20.00	86.00	
224915	8	T1019		01/10/13	01/10/13	20.00	86.00	
224915	9	T1019		01/11/13	01/11/13	20.00	86.00	
				CLAIM TOTAL		774.00		CLAIM ACCOUNT REF. 2249150012012161SUP

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	
224949	1	T1019		01/07/13	01/07/13	16.00	68.80	
224949	2	T1019		01/10/13	01/10/13	16.00	68.80	
				CLAIM TOTAL		137.60		CLAIM ACCOUNT REF. 2249490012012261SUP

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	
224950	1	T1019		01/05/13	01/05/13	36.00	154.80	
224950	2	T1019		01/06/13	01/06/13	36.00	154.80	
224950	3	T1019		01/07/13	01/07/13	36.00	154.80	
224950	4	T1019		01/08/13	01/08/13	36.00	154.80	
224950	5	T1019		01/09/13	01/09/13	36.00	154.80	

REPORT DATE 01/16/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013011605240481RRSUP

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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	
224950	6	T1019		01/10/13	01/10/13	36.00	154.80	
224950	7	T1019		01/11/13	01/11/13	36.00	154.80	
					CLAIM TOTAL	1,083.60		CLAIM ACCOUNT REF. 2249500012012266SUP

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	202	TOTAL CLAIM AMOUNT =	22,514.80
		# SERVICES =	38		

REPORT DATE 01/16/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013011605240481RRSUP

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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
224896	1	T1019	0580	01/07/13	01/07/13	40.00	168.80
224896	2	T1019	0580	01/08/13	01/08/13	40.00	168.80
224896	3	T1019	0580	01/09/13	01/09/13	40.00	168.80
224896	4	T1019	0580	01/10/13	01/10/13	40.00	168.80
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2248960012008491SUP

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
224899	1	T1019	0580	01/07/13	01/07/13	16.00	67.52
224899	2	T1019	0580	01/08/13	01/08/13	16.00	67.52
224899	3	T1019	0580	01/09/13	01/09/13	16.00	67.52
224899	4	T1019	0580	01/10/13	01/10/13	16.00	67.52
224899	5	T1019	0580	01/11/13	01/11/13	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2248990012008513SUP

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
224897	1	T1019	0580	01/05/13	01/05/13	20.00	84.40
224897	2	T1019	0580	01/06/13	01/06/13	20.00	84.40
224897	3	T1019	0580	01/07/13	01/07/13	20.00	84.40
224897	4	T1019	0580	01/08/13	01/08/13	20.00	84.40
224897	5	T1019	0580	01/09/13	01/09/13	20.00	84.40
224897	6	T1019	0580	01/10/13	01/10/13	10.00	42.20
224897	7	T1019	0580	01/11/13	01/11/13	20.00	84.40
CLAIM TOTAL							548.60
CLAIM ACCOUNT REF.							2248970012008544SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
224891	1	T1019	0580	01/08/13	01/08/13	16.00	56.00
224891	2	T1019	0580	01/10/13	01/10/13	16.00	56.00

REPORT DATE 01/16/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013011605240481RRSUP

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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
224891	3	T1019	0580	01/11/13	01/11/13	16.00	56.00
							CLAIM TOTAL
							168.00
							CLAIM ACCOUNT REF. 2248910012008723SUP

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
224882	1	T1019	0580	01/05/13	01/05/13	48.00	168.00
224882	2	T1019	0580	01/06/13	01/06/13	48.00	168.00
224882	3	T1019	0580	01/07/13	01/07/13	48.00	168.00
224882	4	T1019	0580	01/08/13	01/08/13	48.00	168.00
224882	5	T1019	0580	01/09/13	01/09/13	48.00	168.00
224882	6	T1019	0580	01/10/13	01/10/13	48.00	168.00
224882	7	T1019	0580	01/11/13	01/11/13	48.00	168.00
							CLAIM TOTAL
							1,176.00
							CLAIM ACCOUNT REF. 2248820012008793SUP

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
224893	1	T1019	0580	01/05/13	01/05/13	32.00	112.00
224893	2	T1019	0580	01/06/13	01/06/13	32.00	112.00
224893	3	T1019	0580	01/07/13	01/07/13	32.00	112.00
224893	4	T1019	0580	01/08/13	01/08/13	32.00	112.00
224893	5	T1019	0580	01/09/13	01/09/13	32.00	112.00
224893	6	T1019	0580	01/11/13	01/11/13	32.00	112.00
							CLAIM TOTAL
							672.00
							CLAIM ACCOUNT REF. 2248930012009237SUP

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
224898	1	T1019	0580	01/11/13	01/11/13	20.00	84.40
							CLAIM TOTAL
							84.40
							CLAIM ACCOUNT REF. 2248980012009269SUP

REPORT DATE 01/16/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 55247 HEALTH INSURANCE PLAN

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 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	
224894	1	T1019	0580	01/07/13	01/07/13	16.00	67.52	
224894	2	T1019	0580	01/08/13	01/08/13	16.00	67.52	
224894	3	T1019	0580	01/09/13	01/09/13	16.00	67.52	
224894	4	T1019	0580	01/10/13	01/10/13	16.00	67.52	
224894	5	T1019	0580	01/11/13	01/11/13	16.00	67.52	
CLAIM TOTAL							337.60	CLAIM ACCOUNT REF. 2248940012009406SUP

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	
224895	1	T1019	0580	01/09/13	01/09/13	40.00	168.80	
224895	2	T1019	0580	01/10/13	01/10/13	40.00	168.80	
CLAIM TOTAL							337.60	CLAIM ACCOUNT REF. 2248950012009562SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009686 2009686 GAFFNEY, FREDERICK 01/04/1939 RH10373H 0005177081-002
DIAGNOSIS CODES: 315.8 357.4 389.8 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
224885	1	T1019	0580	01/07/13	01/07/13	16.00	56.00	
224885	2	T1019	0580	01/08/13	01/08/13	16.00	56.00	
CLAIM TOTAL							112.00	CLAIM ACCOUNT REF. 2248850012009686SUP

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	
224886	1	T1019	0580	01/10/13	01/10/13	16.00	56.00	
224886	2	T1019	0580	01/11/13	01/11/13	16.00	56.00	
CLAIM TOTAL							112.00	CLAIM ACCOUNT REF. 2248860012009686SUP

REPORT DATE 01/16/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013011605240481RRSUP

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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 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
224889	1	T1019	0580	01/05/13	01/05/13	28.00	98.00
224889	2	T1019	0580	01/06/13	01/06/13	28.00	98.00
224889	3	T1019	0580	01/07/13	01/07/13	28.00	98.00
224889	4	T1019	0580	01/08/13	01/08/13	28.00	98.00
224889	5	T1019	0580	01/09/13	01/09/13	28.00	98.00
224889	6	T1019	0580	01/10/13	01/10/13	28.00	98.00
224889	7	T1019	0580	01/11/13	01/11/13	28.00	98.00
CLAIM TOTAL							686.00
CLAIM ACCOUNT REF.							2248890012009945SUP

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
224881	1	T1019	0580	01/08/13	01/08/13	20.00	70.00
224881	2	T1019	0580	01/09/13	01/09/13	20.00	70.00
224881	3	T1019	0580	01/11/13	01/11/13	20.00	70.00
CLAIM TOTAL							210.00
CLAIM ACCOUNT REF.							2248810012010293SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010316 2010316 WEATHERS, VERDENA 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
224892	1	T1019	0580	01/05/13	01/05/13	48.00	168.00
224892	2	T1019	0580	01/06/13	01/06/13	48.00	168.00
224892	3	T1019	0580	01/07/13	01/07/13	48.00	168.00
224892	4	T1019	0580	01/08/13	01/08/13	48.00	168.00
224892	5	T1019	0580	01/09/13	01/09/13	48.00	168.00
224892	6	T1019	0580	01/10/13	01/10/13	48.00	168.00
224892	7	T1019	0580	01/11/13	01/11/13	48.00	168.00
CLAIM TOTAL							1,176.00
CLAIM ACCOUNT REF.							2248920012010316SUP

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
224887	1	T1019	0580	12/26/12	12/26/12	36.00	126.00

REPORT DATE 01/16/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013011605240481RRSUP

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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	
224887	2	T1019	0580	01/05/13	01/05/13	36.00	126.00	
224887	3	T1019	0580	01/06/13	01/06/13	36.00	126.00	
224887	4	T1019	0580	01/07/13	01/07/13	34.00	119.00	
					CLAIM TOTAL		497.00	CLAIM ACCOUNT REF. 2248870012010991SUP

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	
224888	1	T1019	0580	01/08/13	01/08/13	36.00	126.00	
224888	2	T1019	0580	01/09/13	01/09/13	36.00	126.00	
					CLAIM TOTAL		252.00	CLAIM ACCOUNT REF. 2248880012010991SUP

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	
224883	1	G0156	0572	01/05/13	01/05/13	8.00	114.00	
224883	2	G0156	0572	01/06/13	01/06/13	8.00	114.00	
224883	3	G0156	0572	01/07/13	01/07/13	8.00	114.00	
224883	4	G0156	0572	01/08/13	01/08/13	8.00	114.00	
224883	5	G0156	0572	01/09/13	01/09/13	8.00	114.00	
224883	6	G0156	0572	01/10/13	01/10/13	8.00	114.00	
224883	7	G0156	0572	01/11/13	01/11/13	8.00	114.00	
					CLAIM TOTAL		798.00	CLAIM ACCOUNT REF. 2248830012011066SUP

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	
224884	1	G0156	0572	01/05/13	01/05/13	12.00	171.00	
224884	2	G0156	0572	01/06/13	01/06/13	12.00	171.00	
224884	3	G0156	0572	01/07/13	01/07/13	12.00	171.00	
224884	4	G0156	0572	01/08/13	01/08/13	12.00	171.00	
224884	5	G0156	0572	01/09/13	01/09/13	12.00	171.00	
224884	6	G0156	0572	01/10/13	01/10/13	12.00	171.00	
224884	7	G0156	0572	01/11/13	01/11/13	7.00	99.75	
					CLAIM TOTAL		1,125.75	CLAIM ACCOUNT REF. 2248840012011526SUP

REPORT DATE 01/16/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013011605240481RRSUP

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

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009467	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
224890	1	T1019	0580	01/05/13	01/05/13	40.00	140.00
224890	2	T1019	0580	01/10/13	01/10/13	41.00	143.50
224890	3	T1019	0580	01/11/13	01/11/13	48.00	168.00
CLAIM TOTAL							451.50
CLAIM ACCOUNT REF.							2248900012011833SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	84	TOTAL CLAIM AMOUNT =	9,757.25
		# SERVICES =	17		

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NPI = 1154407492

PRIOR AUTHORIZATION #
123590054

CLAIM ACCOUNT REF. 2249690012010958SUP

PAYER TOTALS:	VNSNY CHOICE	# OF CLAIMS =	4	TOTAL CLAIM AMOUNT =	480.48
		# SERVICES =	1		

REPORT DATE 01/16/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013011605240481RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008246 2008246 RIVERA, CHRISTOPHER 09/03/1996 UW23596M R2013357
DIAGNOSIS CODES: 314.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
224838	1	T1019		01/05/13	01/05/13	12.00	50.64	
224838	2	T1019		01/06/13	01/06/13	12.00	50.64	
224838	3	T1019		01/07/13	01/07/13	12.00	50.64	
224838	4	T1019		01/08/13	01/08/13	12.00	50.64	
224838	5	T1019		01/09/13	01/09/13	12.00	50.64	
224838	6	T1019		01/10/13	01/10/13	12.00	50.64	
224838	7	T1019		01/11/13	01/11/13	12.00	50.64	
CLAIM TOTAL							354.48	CLAIM ACCOUNT REF. 2248380012008246SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008248 2008248 RIVERA, EDDIE 01/29/1960 YP34893V 0105031202381
DIAGNOSIS CODES: 339.02 367.1 369.10

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
224839	1	T1019		01/07/13	01/07/13	12.00	50.64	
224839	2	T1019		01/08/13	01/08/13	12.00	50.64	
224839	3	T1019		01/09/13	01/09/13	12.00	50.64	
224839	4	T1019		01/10/13	01/10/13	12.00	50.64	
CLAIM TOTAL							202.56	CLAIM ACCOUNT REF. 2248390012008248SUP

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	
224834	1	T1019		01/02/13	01/02/13	44.00	185.68	
224834	2	T1019		01/05/13	01/05/13	44.00	185.68	
224834	3	T1019		01/06/13	01/06/13	40.00	168.80	
224834	4	T1019		01/07/13	01/07/13	44.00	185.68	
224834	5	T1019		01/08/13	01/08/13	44.00	185.68	
224834	6	T1019		01/09/13	01/09/13	44.00	185.68	
224834	7	T1019		01/10/13	01/10/13	44.00	185.68	
224834	8	T1019		01/11/13	01/11/13	44.00	185.68	
CLAIM TOTAL							1,468.56	CLAIM ACCOUNT REF. 2248340012008249SUP

REPORT DATE 01/16/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013011605240481RRSUP

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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 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
224841	1	T1019		01/05/13	01/05/13	32.00	135.04
224841	2	T1019		01/06/13	01/06/13	32.00	135.04
224841	3	T1019		01/07/13	01/07/13	32.00	135.04
224841	4	T1019		01/08/13	01/08/13	32.00	135.04
224841	5	T1019		01/09/13	01/09/13	32.00	135.04
224841	6	T1019		01/10/13	01/10/13	32.00	135.04
224841	7	T1019		01/11/13	01/11/13	32.00	135.04
						CLAIM TOTAL	945.28
						CLAIM ACCOUNT REF.	2248410012008250SUP

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
224819	1	T1019		01/07/13	01/07/13	32.00	135.04
224819	2	T1019		01/08/13	01/08/13	32.00	135.04
224819	3	T1019		01/09/13	01/09/13	32.00	135.04
224819	4	T1019		01/10/13	01/10/13	32.00	135.04
224819	5	T1019		01/11/13	01/11/13	32.00	135.04
						CLAIM TOTAL	675.20
						CLAIM ACCOUNT REF.	2248190012008251SUP

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
224835	1	T1019		01/05/13	01/05/13	36.00	151.92
224835	2	T1019		01/07/13	01/07/13	48.00	202.56
224835	3	T1019		01/08/13	01/08/13	48.00	202.56
224835	4	T1019		01/09/13	01/09/13	48.00	202.56
224835	5	T1019		01/10/13	01/10/13	44.00	185.68
224835	6	T1019		01/11/13	01/11/13	48.00	202.56
						CLAIM TOTAL	1,147.84
						CLAIM ACCOUNT REF.	2248350012008253SUP

REPORT DATE 01/16/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013011605240481RRSUP

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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 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
224843	1	T1019		01/07/13	01/07/13	20.00	84.40
224843	2	T1019		01/08/13	01/08/13	20.00	84.40
224843	3	T1019		01/09/13	01/09/13	20.00	84.40
224843	4	T1019		01/11/13	01/11/13	20.00	84.40
CLAIM TOTAL						337.60	CLAIM ACCOUNT REF. 2248430012008254SUP

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
224817	1	T1019		01/07/13	01/07/13	32.00	135.04
224817	2	T1019		01/08/13	01/08/13	32.00	135.04
224817	3	T1019		01/09/13	01/09/13	32.00	135.04
224817	4	T1019		01/10/13	01/10/13	32.00	135.04
224817	5	T1019		01/11/13	01/11/13	32.00	135.04
CLAIM TOTAL						675.20	CLAIM ACCOUNT REF. 2248170012008256SUP

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
224824	1	T1019		01/05/13	01/05/13	24.00	101.28
224824	2	T1019		01/06/13	01/06/13	24.00	101.28
224824	3	T1019		01/07/13	01/07/13	24.00	101.28
224824	4	T1019		01/08/13	01/08/13	24.00	101.28
224824	5	T1019		01/09/13	01/09/13	24.00	101.28
224824	6	T1019		01/10/13	01/10/13	24.00	101.28
224824	7	T1019		01/11/13	01/11/13	24.00	101.28
CLAIM TOTAL						708.96	CLAIM ACCOUNT REF. 2248240012008257SUP

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
224842	1	T1019		01/07/13	01/07/13	32.00	135.04
224842	2	T1019		01/08/13	01/08/13	32.00	135.04

REPORT DATE 01/16/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013011605240481RRSUP

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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	
224842	3	T1019		01/09/13	01/09/13	32.00	135.04	
224842	4	T1019		01/10/13	01/10/13	32.00	135.04	
224842	5	T1019		01/11/13	01/11/13	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2248420012008290SUP

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	
224827	1	T1019		01/05/13	01/05/13	28.00	118.16	
224827	2	T1019		01/06/13	01/06/13	28.00	118.16	
224827	3	T1019		01/07/13	01/07/13	24.00	101.28	
224827	4	T1019		01/08/13	01/08/13	28.00	118.16	
224827	5	T1019		01/09/13	01/09/13	28.00	118.16	
224827	6	T1019		01/10/13	01/10/13	24.00	101.28	
224827	7	T1019		01/11/13	01/11/13	28.00	118.16	
					CLAIM TOTAL		793.36	CLAIM ACCOUNT REF. 2248270012008362SUP

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	
224840	1	T1019		01/07/13	01/07/13	16.00	67.52	
224840	2	T1019		01/09/13	01/09/13	16.00	67.52	
224840	3	T1019		01/10/13	01/10/13	16.00	67.52	
224840	4	T1019		01/11/13	01/11/13	16.00	67.52	
					CLAIM TOTAL		270.08	CLAIM ACCOUNT REF. 2248400012008368SUP

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	
224828	1	T1019		01/05/13	01/05/13	32.00	135.04	
224828	2	T1019		01/06/13	01/06/13	32.00	135.04	
224828	3	T1019		01/08/13	01/08/13	32.00	135.04	
224828	4	T1019		01/09/13	01/09/13	32.00	135.04	
224828	5	T1019		01/10/13	01/10/13	32.00	135.04	
224828	6	T1019		01/11/13	01/11/13	32.00	135.04	
					CLAIM TOTAL		810.24	CLAIM ACCOUNT REF. 2248280012008411SUP

REPORT DATE 01/16/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013011605240481RRSUP

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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 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	
224831	1	T1019		01/05/13	01/05/13	28.00	118.16	
224831	2	T1019		01/06/13	01/06/13	28.00	118.16	
224831	3	T1019		01/07/13	01/07/13	28.00	118.16	
224831	4	T1019		01/08/13	01/08/13	28.00	118.16	
224831	5	T1019		01/09/13	01/09/13	28.00	118.16	
224831	6	T1019		01/10/13	01/10/13	28.00	118.16	
224831	7	T1019		01/11/13	01/11/13	28.00	118.16	
CLAIM TOTAL							827.12	CLAIM ACCOUNT REF. 2248310012008428SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008433 2008433 BHAIRO, KOWSILILLI 05/13/1954 VG15691D R1917814
DIAGNOSIS CODES: 340. 286.0 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
224813	1	T1019		01/05/13	01/05/13	32.00	135.04	
224813	2	T1019		01/06/13	01/06/13	32.00	135.04	
CLAIM TOTAL							270.08	CLAIM ACCOUNT REF. 2248130012008433SUP

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	
224814	1	T1019		01/07/13	01/07/13	32.00	135.04	
224814	2	T1019		01/08/13	01/08/13	32.00	135.04	
224814	3	T1019		01/09/13	01/09/13	32.00	135.04	
224814	4	T1019		01/10/13	01/10/13	32.00	135.04	
224814	5	T1019		01/11/13	01/11/13	32.00	135.04	
CLAIM TOTAL							675.20	CLAIM ACCOUNT REF. 2248140012008433SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z R1903232
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	
224811	1	T1019		01/07/13	01/07/13	16.00	67.52	
224811	2	T1019		01/08/13	01/08/13	16.00	67.52	
224811	3	T1019		01/09/13	01/09/13	16.00	67.52	
CLAIM TOTAL							202.56	CLAIM ACCOUNT REF. 2248110012008487SUP

REPORT DATE 01/16/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013011605240481RRSUP

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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
224812	1	T1019		01/10/13	01/10/13	20.00	84.40
224812	2	T1019		01/11/13	01/11/13	16.00	67.52
CLAIM TOTAL							151.92
							CLAIM ACCOUNT REF. 2248120012008487SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008558	2008558	SURIEL, GERTRUDIS	03/17/1950	ZE67447D	R1901123
DIAGNOSIS CODES: 493.90 401.9 414.00 715.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
224845	1	T1019		01/05/13	01/05/13	48.00	202.56
CLAIM TOTAL							202.56
							CLAIM ACCOUNT REF. 2248450012008558SUP

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
224846	1	T1019		01/06/13	01/06/13	32.00	135.04
224846	2	T1019		01/07/13	01/07/13	32.00	135.04
224846	3	T1019		01/08/13	01/08/13	32.00	135.04
224846	4	T1019		01/09/13	01/09/13	32.00	135.04
224846	5	T1019		01/10/13	01/10/13	32.00	135.04
224846	6	T1019		01/11/13	01/11/13	24.00	101.28
CLAIM TOTAL							776.48
							CLAIM ACCOUNT REF. 2248460012008558SUP

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
224823	1	T1019		01/05/13	01/05/13	16.00	67.52
224823	2	T1019		01/06/13	01/06/13	16.00	67.52
224823	3	T1019		01/07/13	01/07/13	24.00	101.28
224823	4	T1019		01/08/13	01/08/13	24.00	101.28
224823	5	T1019		01/09/13	01/09/13	24.00	101.28
224823	6	T1019		01/10/13	01/10/13	24.00	101.28
224823	7	T1019		01/11/13	01/11/13	24.00	101.28
CLAIM TOTAL							641.44
							CLAIM ACCOUNT REF. 2248230012008571SUP

REPORT DATE 01/16/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013011605240481RRSUP

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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 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	
224825	1	T1019		01/07/13	01/07/13	20.00	84.40	
						CLAIM TOTAL	84.40	CLAIM ACCOUNT REF. 2248250012009001SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
224826	1	T1019		01/09/13	01/09/13	12.00	50.64	
						CLAIM TOTAL	50.64	CLAIM ACCOUNT REF. 2248260012009001SUP

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	
224820	1	T1019		01/08/13	01/08/13	20.00	84.40	
224820	2	T1019		01/09/13	01/09/13	20.00	84.40	
224820	3	T1019		01/10/13	01/10/13	20.00	84.40	
						CLAIM TOTAL	253.20	CLAIM ACCOUNT REF. 2248200012009256SUP

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	
224818	1	T1019		01/05/13	01/05/13	32.00	135.04	
224818	2	T1019		01/07/13	01/07/13	32.00	135.04	
224818	3	T1019		01/08/13	01/08/13	32.00	135.04	
224818	4	T1019		01/09/13	01/09/13	32.00	135.04	
224818	5	T1019		01/10/13	01/10/13	32.00	135.04	
224818	6	T1019		01/11/13	01/11/13	32.00	135.04	
						CLAIM TOTAL	810.24	CLAIM ACCOUNT REF. 2248180012009270SUP

REPORT DATE 01/16/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013011605240481RRSUP

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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 2009322 2009322 HENRY, BRENDA 04/13/1954 ZE02356F 0106061201117
DIAGNOSIS CODES: 253.5 401.9 429.9 447.6 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
224830	1	T1019		01/07/13	01/07/13	16.00	67.52
224830	2	T1019		01/09/13	01/09/13	16.00	67.52
224830	3	T1019		01/11/13	01/11/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2248300012009322SUP

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
224821	1	T1019		01/07/13	01/07/13	24.00	101.28
224821	2	T1019		01/08/13	01/08/13	24.00	101.28
224821	3	T1019		01/09/13	01/09/13	24.00	101.28
224821	4	T1019		01/10/13	01/10/13	24.00	101.28
224821	5	T1019		01/11/13	01/11/13	24.00	101.28
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2248210012009405SUP

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
224829	1	T1019		01/07/13	01/07/13	16.00	67.52
224829	2	T1019		01/09/13	01/09/13	16.00	67.52
224829	3	T1019		01/11/13	01/11/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2248290012009425SUP

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
224815	1	T1019		01/05/13	01/05/13	24.00	101.28
224815	2	T1019		01/06/13	01/06/13	24.00	101.28
224815	3	T1019		01/07/13	01/07/13	24.00	101.28
224815	4	T1019		01/08/13	01/08/13	24.00	101.28
224815	5	T1019		01/09/13	01/09/13	24.00	101.28
224815	6	T1019		01/10/13	01/10/13	24.00	101.28
224815	7	T1019		01/11/13	01/11/13	24.00	101.28

REPORT DATE 01/16/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013011605240481RRSUP

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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.
						CLAIM TOTAL	708.96	2248150012009560SUP

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	CLAIM ACCOUNT REF.
224848	1	T1019		01/07/13	01/07/13	32.00	135.04	
224848	2	T1019		01/08/13	01/08/13	32.00	135.04	
224848	3	T1019		01/09/13	01/09/13	32.00	135.04	
224848	4	T1019		01/10/13	01/10/13	32.00	135.04	
224848	5	T1019		01/11/13	01/11/13	32.00	135.04	
						CLAIM TOTAL	675.20	2248480012010009SUP

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	CLAIM ACCOUNT REF.
224833	1	T1019		01/05/13	01/05/13	28.00	118.16	
224833	2	T1019		01/06/13	01/06/13	28.00	118.16	
224833	3	T1019		01/07/13	01/07/13	28.00	118.16	
224833	4	T1019		01/08/13	01/08/13	28.00	118.16	
224833	5	T1019		01/09/13	01/09/13	28.00	118.16	
224833	6	T1019		01/10/13	01/10/13	28.00	118.16	
224833	7	T1019		01/11/13	01/11/13	28.00	118.16	
						CLAIM TOTAL	827.12	2248330012010311SUP

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	CLAIM ACCOUNT REF.
224847	1	T1019		01/05/13	01/05/13	20.00	84.40	
224847	2	T1019		01/06/13	01/06/13	20.00	84.40	
224847	3	T1019		01/10/13	01/10/13	20.00	84.40	
224847	4	T1019		01/11/13	01/11/13	20.00	84.40	
						CLAIM TOTAL	337.60	2248470012010758SUP

REPORT DATE 01/16/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013011605240481RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
224832	1	T1019		01/05/13	01/05/13	32.00	135.04
224832	2	T1019		01/07/13	01/07/13	32.00	135.04
224832	3	T1019		01/08/13	01/08/13	32.00	135.04
224832	4	T1019		01/09/13	01/09/13	32.00	135.04
224832	5	T1019		01/10/13	01/10/13	32.00	135.04
224832	6	T1019		01/11/13	01/11/13	32.00	135.04
CLAIM TOTAL						810.24	CLAIM ACCOUNT REF. 2248320012010967SUP

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
224822	1	T1019		01/05/13	01/05/13	40.00	168.80
224822	2	T1019		01/06/13	01/06/13	40.00	168.80
224822	3	T1019		01/07/13	01/07/13	40.00	168.80
224822	4	T1019		01/08/13	01/08/13	40.00	168.80
224822	5	T1019		01/09/13	01/09/13	40.00	168.80
224822	6	T1019		01/10/13	01/10/13	40.00	168.80
224822	7	T1019		01/11/13	01/11/13	40.00	168.80
CLAIM TOTAL						1,181.60	CLAIM ACCOUNT REF. 2248220012011058SUP

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
224836	1	T1020		01/03/13	01/03/13	12.00	202.56
224836	2	T1020		01/04/13	01/04/13	12.00	202.56
224836	3	T1020		01/05/13	01/05/13	12.00	202.56
224836	4	T1020		01/06/13	01/06/13	12.00	202.56
224836	5	T1020		01/07/13	01/07/13	12.00	202.56
224836	6	T1020		01/08/13	01/08/13	12.00	202.56
224836	7	T1020		01/09/13	01/09/13	12.00	202.56
224836	8	T1020		01/10/13	01/10/13	12.00	202.56
224836	9	T1020		01/11/13	01/11/13	12.00	202.56
CLAIM TOTAL						1,823.04	CLAIM ACCOUNT REF. 2248360012011388SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #
0109201201746

CLAIM ACCOUNT REF. 2248160012011528SUP

PRIOR AUTHORIZATION #
R2050170

CLAIM ACCOUNT REF. 2248440012011820SUP

PRIOR AUTHORIZATION #
R2106516

CLAIM ACCOUNT REF. 2248370012012284SUP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	192	TOTAL CLAIM AMOUNT =	24,037.12
		# SERVICES =	34		

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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
224877	1	T1019		01/05/13	01/05/13	40.00	171.60
224877	2	T1019		01/06/13	01/06/13	40.00	171.60
224877	3	T1019		01/07/13	01/07/13	40.00	171.60
224877	4	T1019		01/08/13	01/08/13	40.00	171.60
224877	5	T1019		01/09/13	01/09/13	40.00	171.60
224877	6	T1019		01/10/13	01/10/13	40.00	171.60
224877	7	T1019		01/11/13	01/11/13	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2248770012008245SUP

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
224879	1	T1019		01/05/13	01/05/13	16.00	68.64
224879	2	T1019		01/06/13	01/06/13	16.00	68.64
224879	3	T1019		01/07/13	01/07/13	36.00	154.44
224879	4	T1019		01/08/13	01/08/13	36.00	154.44
224879	5	T1019		01/09/13	01/09/13	36.00	154.44
224879	6	T1019		01/10/13	01/10/13	36.00	154.44
224879	7	T1019		01/11/13	01/11/13	36.00	154.44
CLAIM TOTAL						909.48	CLAIM ACCOUNT REF. 2248790012008287SUP

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
224880	1	T1019		01/05/13	01/05/13	32.00	137.28
224880	2	T1019		01/06/13	01/06/13	32.00	137.28
224880	3	T1019		01/07/13	01/07/13	32.00	137.28
224880	4	T1019		01/08/13	01/08/13	32.00	137.28
224880	5	T1019		01/09/13	01/09/13	32.00	137.28
224880	6	T1019		01/10/13	01/10/13	32.00	137.28
224880	7	T1019		01/11/13	01/11/13	32.00	137.28
CLAIM TOTAL						960.96	CLAIM ACCOUNT REF. 2248800012008401SUP

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REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011881	2011881	KHAN, FAZAL	06/28/1970	101344352	609738941
DIAGNOSIS CODES: 649.40							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
224878	1	T1019		12/29/12	12/29/12	48.00	205.92	
224878	2	T1019		12/30/12	12/30/12	48.00	205.92	
224878	3	T1019		01/02/13	01/02/13	48.00	205.92	
224878	4	T1019		01/03/13	01/03/13	48.00	205.92	
224878	5	T1019		01/04/13	01/04/13	48.00	205.92	
224878	6	T1019		01/05/13	01/05/13	48.00	205.92	
224878	7	T1019		01/06/13	01/06/13	48.00	205.92	
224878	8	T1019		01/07/13	01/07/13	48.00	205.92	
224878	9	T1019		01/08/13	01/08/13	48.00	205.92	
224878	10	T1019		01/09/13	01/09/13	48.00	205.92	
224878	11	T1019		01/10/13	01/10/13	48.00	205.92	
224878	12	T1019		01/11/13	01/11/13	48.00	205.92	
					CLAIM TOTAL	2,471.04		CLAIM ACCOUNT REF. 2248780012011881SUP

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	33	TOTAL CLAIM AMOUNT =	5,542.68
		# SERVICES =	4		

REPORT DATE 01/16/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013011605240481RRSUP

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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
224957	1	T1019	0580	12/14/12	12/14/12	36.00	151.92
224957	2	T1019	0580	01/05/13	01/05/13	40.00	168.80
224957	3	T1019	0580	01/06/13	01/06/13	40.00	168.80
224957	4	T1019	0580	01/07/13	01/07/13	40.00	168.80
224957	5	T1019	0580	01/08/13	01/08/13	40.00	168.80
224957	6	T1019	0580	01/09/13	01/09/13	40.00	168.80
224957	7	T1019	0580	01/11/13	01/11/13	32.00	135.04
CLAIM TOTAL						1,130.96	
CLAIM ACCOUNT REF. 2249570012008266SUP							

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009647 2009647 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
224955	1	T1019	0580	01/07/13	01/07/13	32.00	135.04
224955	2	T1019	0580	01/08/13	01/08/13	36.00	151.92
224955	3	T1019	0580	01/09/13	01/09/13	32.00	135.04
224955	4	T1019	0580	01/10/13	01/10/13	36.00	151.92
224955	5	T1019	0580	01/11/13	01/11/13	32.00	135.04
CLAIM TOTAL						708.96	
CLAIM ACCOUNT REF. 2249550012009647SUP							

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010003 2010724 DENNISON, KELVIN * 09/23/1991 6944796 103006820
DIAGNOSIS CODES: 799.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
224953	1	T1019	0580	01/08/13	01/08/13	20.00	84.40
224953	2	T1019	0580	01/10/13	01/10/13	20.00	84.40
224953	3	T1019	0580	01/11/13	01/11/13	16.00	67.52
CLAIM TOTAL						236.32	
CLAIM ACCOUNT REF. 2249530012010724SUP							

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
224960	1	T1019	0580	01/05/13	01/05/13	16.00	67.52
224960	2	T1019	0580	01/06/13	01/06/13	16.00	67.52
224960	3	T1019	0580	01/07/13	01/07/13	8.00	33.76

REPORT DATE 01/16/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013011605240481RRSUP

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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
224960	4	T1019	0580	01/08/13	01/08/13	8.00	33.76
224960	5	T1019	0580	01/09/13	01/09/13	8.00	33.76
224960	6	T1019	0580	01/10/13	01/10/13	8.00	33.76
224960	7	T1019	0580	01/11/13	01/11/13	8.00	33.76
CLAIM TOTAL							303.84
							CLAIM ACCOUNT REF. 2249600012010728SUP

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
224959	1	T1019	0580	01/05/13	01/05/13	20.00	84.40
224959	2	T1019	0580	01/06/13	01/06/13	20.00	84.40
224959	3	T1019	0580	01/07/13	01/07/13	12.00	50.64
224959	4	T1019	0580	01/08/13	01/08/13	12.00	50.64
224959	5	T1019	0580	01/09/13	01/09/13	12.00	50.64
224959	6	T1019	0580	01/10/13	01/10/13	12.00	50.64
224959	7	T1019	0580	01/11/13	01/11/13	12.00	50.64
CLAIM TOTAL							422.00
							CLAIM ACCOUNT REF. 2249590012010729SUP

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
224958	1	T1019	0580	01/07/13	01/07/13	16.00	67.52
224958	2	T1019	0580	01/08/13	01/08/13	16.00	67.52
224958	3	T1019	0580	01/09/13	01/09/13	16.00	67.52
224958	4	T1019	0580	01/10/13	01/10/13	16.00	67.52
224958	5	T1019	0580	01/11/13	01/11/13	16.00	67.52
CLAIM TOTAL							337.60
							CLAIM ACCOUNT REF. 2249580012010731SUP

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
224956	1	T1019	0580	01/07/13	01/07/13	12.00	50.64
224956	2	T1019	0580	01/09/13	01/09/13	12.00	50.64
224956	3	T1019	0580	01/11/13	01/11/13	16.00	67.52
CLAIM TOTAL							168.80
							CLAIM ACCOUNT REF. 2249560012011322SUP

REPORT DATE 01/16/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013011605240481RRSUP

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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 2012076 2012076 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
224954	1	T1019	0580	01/05/13	01/05/13	24.00	101.28
224954	2	T1019	0580	01/07/13	01/07/13	24.00	101.28
224954	3	T1019	0580	01/08/13	01/08/13	24.00	101.28
224954	4	T1019	0580	01/09/13	01/09/13	24.00	101.28
224954	5	T1019	0580	01/10/13	01/10/13	24.00	101.28
224954	6	T1019	0580	01/11/13	01/11/13	24.00	101.28
CLAIM TOTAL						607.68	CLAIM ACCOUNT REF. 2249540012012076SUP

PAYER TOTALS: AMERIGROUP NEW YORK,LLC # OF CLAIMS = 43 TOTAL CLAIM AMOUNT = 3,916.16
SERVICES = 8

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NPI = 1154407492

PRIOR AUTHORIZATION #
387543

CLAIM ACCOUNT REF. 2249680012011453SUP

PRIOR AUTHORIZATION #
418549

CLAIM ACCOUNT REF. 2249670012011870SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	9	TOTAL CLAIM AMOUNT =	699.60
		# SERVICES =	2		

REPORT DATE 01/16/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013011605240481RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008382 2010800 GOMES, AGUSTINA 05/05/1933 JRX53860E01 2012112192600003
DIAGNOSIS CODES: 230.3 153.0 401.9 733.00 V60.3
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
224961	1	T1019	0580	01/05/13	01/05/13	36.00	151.92	
224961	2	T1019	0580	01/06/13	01/06/13	36.00	151.92	
224961	3	T1019	0580	01/07/13	01/07/13	32.00	135.04	
224961	4	T1019	0580	01/08/13	01/08/13	36.00	151.92	
					CLAIM TOTAL		590.80	CLAIM ACCOUNT REF. 2249610012010800SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008382 2010800 GOMES, AGUSTINA 05/05/1933 JRX53860E01 2013011515500003
DIAGNOSIS CODES: 230.3 153.0 401.9 733.00 V60.3
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
224962	1	T1019	0580	01/09/13	01/09/13	36.00	151.92	
224962	2	T1019	0580	01/10/13	01/10/13	36.00	151.92	
224962	3	T1019	0580	01/11/13	01/11/13	36.00	151.92	
					CLAIM TOTAL		455.76	CLAIM ACCOUNT REF. 2249620012010800SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JSV04323R01 2012112192600002
DIAGNOSIS CODES: 250.11 272.0 401.9 435.9 586.
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
224965	1	T1019	0580	01/08/13	01/08/13	16.00	67.52	
					CLAIM TOTAL		67.52	CLAIM ACCOUNT REF. 2249650012010804SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JSV04323R01 2013011515500002
DIAGNOSIS CODES: 250.11 272.0 401.9 435.9 586.
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
224966	1	T1019	0580	01/09/13	01/09/13	16.00	67.52	
224966	2	T1019	0580	01/10/13	01/10/13	16.00	67.52	
224966	3	T1019	0580	01/11/13	01/11/13	16.00	67.52	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2249660012010804SUP

REPORT DATE 01/16/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013011605240481RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008228 2010805 TOWLES, ADA 12/10/1954 JZX17878Q01 2012112192600001
DIAGNOSIS CODES: 722.10 401.9 724.3 750.7 V61.9
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
224963	1	T1019	0580	12/14/12	12/14/12	16.00	67.52	
					CLAIM TOTAL		67.52	CLAIM ACCOUNT REF. 2249630012010805SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
224964	1	T1019	0580	01/08/13	01/08/13	16.00	67.52	
224964	2	T1019	0580	01/09/13	01/09/13	16.00	67.52	
224964	3	T1019	0580	01/10/13	01/10/13	16.00	67.52	
224964	4	T1019	0580	01/11/13	01/11/13	16.00	67.52	
					CLAIM TOTAL		270.08	CLAIM ACCOUNT REF. 2249640012010805SUP

PAYER TOTALS: HEALTHCARE PARTNERS IPA I # OF CLAIMS = 16 TOTAL CLAIM AMOUNT = 1,654.24
SERVICES = 3

PROVIDER TOTALS: SUNNYSIDE CITYWIDE # OF CLAIMS = 835 TOTAL CLAIM AMOUNT = 101,707.36
SERVICES = 148