

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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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  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262892	1	T1020		10/05/13	10/05/13	11.00	185.57
262892	2	T1020		10/07/13	10/07/13	6.00	101.22
262892	3	T1020		10/08/13	10/08/13	6.00	101.22
262892	4	T1020		10/09/13	10/09/13	6.00	101.22
262892	5	T1020		10/10/13	10/10/13	6.00	101.22
262892	6	T1020		10/11/13	10/11/13	6.00	101.22
CLAIM TOTAL							691.67
							CLAIM ACCOUNT REF.    2628920012008267SUP

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

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262888	1	T1020		10/05/13	10/05/13	9.00	151.83
262888	2	T1020		10/06/13	10/06/13	9.00	151.83
262888	3	T1020		10/07/13	10/07/13	9.00	151.83
262888	4	T1020		10/08/13	10/08/13	9.00	151.83
262888	5	T1020		10/09/13	10/09/13	9.00	151.83
262888	6	T1020		10/10/13	10/10/13	9.00	151.83
262888	7	T1020		10/11/13	10/11/13	9.00	151.83
CLAIM TOTAL							1,062.81
							CLAIM ACCOUNT REF.    2628880012008268SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008306    2008306    GIL, ALICIA M                      12/05/1941    741488524                      111891265  
DIAGNOSIS CODES :    340.        733.00        530.81  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262886	1	T1020		09/24/13	09/24/13	7.00	118.09
262886	2	T1020		10/08/13	10/08/13	7.00	118.09
262886	3	T1020		10/09/13	10/09/13	7.00	118.09
262886	4	T1020		10/10/13	10/10/13	7.00	118.09
262886	5	T1020		10/11/13	10/11/13	6.00	101.22
CLAIM TOTAL							573.58
							CLAIM ACCOUNT REF.    2628860012008306SUP

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

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

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262891	1	T1020		10/08/13	10/08/13	8.00	134.96	
262891	2	T1020		10/09/13	10/09/13	9.00	151.83	
262891	3	T1020		10/10/13	10/10/13	5.00	84.35	
262891	4	T1020		10/11/13	10/11/13	8.00	134.96	
					CLAIM TOTAL		506.10	CLAIM ACCOUNT REF.    2628910012008400SUP

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

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262887	1	T1020		10/05/13	10/05/13	4.00	67.48	
262887	2	T1020		10/07/13	10/07/13	5.00	84.35	
262887	3	T1020		10/08/13	10/08/13	5.00	84.35	
262887	4	T1020		10/09/13	10/09/13	5.00	84.35	
262887	5	T1020		10/10/13	10/10/13	5.00	84.35	
262887	6	T1020		10/11/13	10/11/13	4.00	67.48	
					CLAIM TOTAL		472.36	CLAIM ACCOUNT REF.    2628870012010712SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2013080    2013080    SALABERRY, ANA                      07/26/1920    74237467100                      130780781  
DIAGNOSIS CODES :    401.9                      427.89                      536.9                      780.93                      711.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262890	1	T1020		10/05/13	10/05/13	12.00	202.44	
262890	2	T1020		10/06/13	10/06/13	12.00	202.44	
262890	3	T1020		10/07/13	10/07/13	12.00	202.44	
262890	4	T1020		10/08/13	10/08/13	12.00	202.44	
262890	5	T1020		10/09/13	10/09/13	12.00	202.44	
262890	6	T1020		10/10/13	10/10/13	12.00	202.44	
262890	7	T1020		10/11/13	10/11/13	12.00	202.44	
					CLAIM TOTAL		1,417.08	CLAIM ACCOUNT REF.    2628900012013080SUP

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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    2012726    2013422    GARCIA, CLEMENTE                      11/22/1928    74237634600                      130731588  
DIAGNOSIS CODES :    331.0  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262885	1	T1020				10/04/13	10/04/13	12.00	202.44
262885	2	T1020				10/05/13	10/05/13	12.00	202.44
262885	3	T1020				10/06/13	10/06/13	12.00	202.44
262885	4	T1020				10/07/13	10/07/13	12.00	202.44
262885	5	T1020				10/08/13	10/08/13	12.00	202.44
262885	6	T1020				10/09/13	10/09/13	12.00	202.44
262885	7	T1020				10/10/13	10/10/13	12.00	202.44
262885	8	T1020				10/11/13	10/11/13	12.00	202.44

CLAIM TOTAL                      1,619.52                      CLAIM ACCOUNT REF.    2628850012013422SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2013910    2013910    PRIMERO, ARMIDA                      12/29/1932    742134970                      132260570  
DIAGNOSIS CODES :    401.9                      244.9                      429.9                      785.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262889	1	T1020				10/07/13	10/07/13	7.00	118.09
262889	2	T1020				10/08/13	10/08/13	7.00	118.09
262889	3	T1020				10/09/13	10/09/13	7.00	118.09
262889	4	T1020				10/10/13	10/10/13	7.00	118.09
262889	5	T1020				10/11/13	10/11/13	7.00	118.09

CLAIM TOTAL                      590.45                      CLAIM ACCOUNT REF.    2628890012013910SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2014032    2014032    CASTILLO, ALTAGRACIA                      12/11/1928    742521646                      132460849  
DIAGNOSIS CODES :    401.0                      285.9                      562.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262884	1	T1020				10/07/13	10/07/13	4.00	67.48
262884	2	T1020				10/08/13	10/08/13	4.00	67.48
262884	3	T1020				10/09/13	10/09/13	4.00	67.48
262884	4	T1020				10/10/13	10/10/13	4.00	67.48
262884	5	T1020				10/11/13	10/11/13	4.00	67.48

CLAIM TOTAL                      337.40                      CLAIM ACCOUNT REF.    2628840012014032SUP

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NPI = 1154407492

CLAIM FREO: 1 (ORIGINAL)

CLAIM ACCOUNT REF. 2628830012014050SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	59	TOTAL CLAIM AMOUNT =	7,878.29
		# SERVICES =	10		

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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                      0106201390068  
DIAGNOSIS CODES :    356.9    348.2    401.9                      733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262918	1	T1019		10/05/13	10/05/13	4.00	71.44
262918	2	T1019		10/06/13	10/06/13	4.00	71.44
262918	3	T1019		10/07/13	10/07/13	12.00	214.32
262918	4	T1019		10/08/13	10/08/13	12.00	214.32
262918	5	T1019		10/09/13	10/09/13	12.00	214.32
262918	6	T1019		10/10/13	10/10/13	12.00	214.32
262918	7	T1019		10/11/13	10/11/13	12.00	214.32

CLAIM TOTAL

1,214.48

CLAIM ACCOUNT REF.    2629180012008233SUP

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

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262924	1	T1019		10/07/13	10/07/13	11.00	196.46
262924	2	T1019		10/08/13	10/08/13	11.00	196.46
262924	3	T1019		10/09/13	10/09/13	11.00	196.46
262924	4	T1019		10/10/13	10/10/13	11.00	196.46
262924	5	T1019		10/11/13	10/11/13	10.00	178.60

CLAIM TOTAL

964.44

CLAIM ACCOUNT REF.    2629240012008236SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008385    2008385    MURDOCK, GERTRUDE                      11/01/1917    SS71357M                      0106251390383  
DIAGNOSIS CODES :    536.9    365.9    369.10    389.9    401.9                      715.90    733.00    V15.88  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262922	1	T1019		10/07/13	10/07/13	10.00	178.60
262922	2	T1019		10/08/13	10/08/13	10.00	178.60
262922	3	T1019		10/09/13	10/09/13	10.00	178.60
262922	4	T1019		10/10/13	10/10/13	9.00	160.74
262922	5	T1019		10/11/13	10/11/13	9.00	160.74

CLAIM TOTAL

857.28

CLAIM ACCOUNT REF.    2629220012008385SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER        ID = 13265                      METROPLUS HEALTH PLAN

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

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262925	1	T1019				10/07/13	10/07/13	8.00	142.88
262925	2	T1019				10/08/13	10/08/13	8.00	142.88
262925	3	T1019				10/09/13	10/09/13	8.00	142.88
CLAIM TOTAL									428.64
CLAIM ACCOUNT REF.    2629250012008418SUP									

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

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262926	1	T1019				09/04/13	09/04/13	4.00	71.44
CLAIM TOTAL									71.44
CLAIM ACCOUNT REF.    2629260012009377SUP									

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2009377    2009377    SANTORO, MATTHEW                      08/20/1949    SP38021Q                      0109041390225  
DIAGNOSIS CODES :    299.01    453.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262927	1	T1019				10/05/13	10/05/13	5.00	89.30
262927	2	T1019				10/06/13	10/06/13	5.00	89.30
262927	3	T1019				10/07/13	10/07/13	5.00	89.30
262927	4	T1019				10/08/13	10/08/13	5.00	89.30
262927	5	T1019				10/09/13	10/09/13	5.00	89.30
262927	6	T1019				10/10/13	10/10/13	5.00	89.30
262927	7	T1019				10/11/13	10/11/13	5.00	89.30
CLAIM TOTAL									625.10
CLAIM ACCOUNT REF.    2629270012009377SUP									

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008279    2010213    VALLE, BLASINA                      02/03/1929    QG00558G                      0107111390405  
DIAGNOSIS CODES :    428.0    244.9    272.4                      331.0    537.9    746.85  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262928	1	T1019				10/05/13	10/05/13	10.00	178.60
262928	2	T1019				10/07/13	10/07/13	10.00	178.60
262928	3	T1019				10/08/13	10/08/13	10.00	178.60

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262928	4	T1019		10/09/13	10/09/13	10.00	178.60	
262928	5	T1019		10/10/13	10/10/13	10.00	178.60	
262928	6	T1019		10/11/13	10/11/13	10.00	178.60	
CLAIM TOTAL							1,071.60	CLAIM ACCOUNT REF. 2629280012010213SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010886 2010886 OSORIO, ELVIA 07/05/1943 SM10426S 01-081613-904-64  
DIAGNOSIS CODES : 253.5 272.4 354.0 401.9 733.09  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262923	1	T1019		10/05/13	10/05/13	5.00	89.30	
262923	2	T1019		10/07/13	10/07/13	5.00	89.30	
262923	3	T1019		10/08/13	10/08/13	5.00	89.30	
262923	4	T1019		10/09/13	10/09/13	5.00	89.30	
262923	5	T1019		10/10/13	10/10/13	5.00	89.30	
262923	6	T1019		10/11/13	10/11/13	5.00	89.30	
CLAIM TOTAL							535.80	CLAIM ACCOUNT REF. 2629230012010886SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011286 2011286 DOBBINS, SANDRA 02/05/1953 ZA50099X 0105141390497  
DIAGNOSIS CODES : 295.90 369.10 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262919	1	T1019		10/05/13	10/05/13	24.00	428.64	
262919	2	T1019		10/06/13	10/06/13	24.00	428.64	
262919	3	T1019		10/07/13	10/07/13	24.00	428.64	
262919	4	T1019		10/08/13	10/08/13	24.00	428.64	
262919	5	T1019		10/09/13	10/09/13	24.00	428.64	
262919	6	T1019		10/10/13	10/10/13	24.00	428.64	
262919	7	T1019		10/11/13	10/11/13	24.00	428.64	
CLAIM TOTAL							3,000.48	CLAIM ACCOUNT REF. 2629190012011286SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013185 2013185 GOMEZ, LUZ 02/18/1942 523000131 0106061390004  
DIAGNOSIS CODES : 295.90 250.00 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262921	1	T1019		10/05/13	10/05/13	8.00	142.88	
262921	2	T1019		10/06/13	10/06/13	8.00	142.88	
262921	3	T1019		10/07/13	10/07/13	7.00	125.02	

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NPI = 1154407492

CLAIM ACCOUNT REF. 2629210012013185SUP

PRIOR AUTHORIZATION #  
0109061390352

CLAIM ACCOUNT REF. 2629200012014079SUP

TOTAL CLAIM AMOUNT = 9.876.58

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# SERVICES = 10
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492  
PAYER ID = 14163 WELLCARE OF NY

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

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262959	1	T1019		10/05/13	10/05/13	36.00	154.80
262959	2	T1019		10/06/13	10/06/13	36.00	154.80
262959	3	T1019		10/07/13	10/07/13	28.00	120.40
262959	4	T1019		10/08/13	10/08/13	36.00	154.80
262959	5	T1019		10/09/13	10/09/13	36.00	154.80
262959	6	T1019		10/10/13	10/10/13	36.00	154.80
262959	7	T1019		10/11/13	10/11/13	36.00	154.80
CLAIM TOTAL						1,049.20	

CLAIM ACCOUNT REF. 2629590012008286SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008495 2008495 MARTINEZ, MARIA 09/05/1952 ZV42745Q 112094558  
DIAGNOSIS CODES : 250.00 244.8 295.90 401.9 493.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262944	1	T1019		10/05/13	10/05/13	24.00	103.20
262944	2	T1019		10/06/13	10/06/13	24.00	103.20
262944	3	T1019		10/07/13	10/07/13	24.00	103.20
262944	4	T1019		10/08/13	10/08/13	24.00	103.20
262944	5	T1019		10/09/13	10/09/13	24.00	103.20
262944	6	T1019		10/10/13	10/10/13	24.00	103.20
262944	7	T1019		10/11/13	10/11/13	24.00	103.20
CLAIM TOTAL						722.40	

CLAIM ACCOUNT REF. 2629440012008495SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012101 2012101 BATILO, MARTA 02/23/1917 708125 111963534  
DIAGNOSIS CODES : 715.00 272.2 285.29 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262929	1	T1019		10/05/13	10/05/13	28.00	120.40
262929	2	T1019		10/06/13	10/06/13	28.00	120.40
262929	3	T1019		10/07/13	10/07/13	28.00	120.40
262929	4	T1019		10/08/13	10/08/13	28.00	120.40
262929	5	T1019		10/09/13	10/09/13	28.00	120.40
262929	6	T1019		10/10/13	10/10/13	28.00	120.40
262929	7	T1019		10/11/13	10/11/13	28.00	120.40
CLAIM TOTAL						842.80	

CLAIM ACCOUNT REF. 2629290012012101SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012102 2012102 BISRAM, ROOPKALIA 01/03/1938 708029 112039564  
DIAGNOSIS CODES : 401.9 272.2  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262931	1	T1019				10/07/13	10/07/13	16.00	68.80
262931	2	T1019				10/08/13	10/08/13	16.00	68.80
262931	3	T1019				10/09/13	10/09/13	16.00	68.80
262931	4	T1019				10/10/13	10/10/13	16.00	68.80
262931	5	T1019				10/11/13	10/11/13	16.00	68.80
CLAIM TOTAL									344.00
CLAIM ACCOUNT REF.									2629310012012102SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012104 2012104 CEBALLOS, FRANCISCA 11/10/1931 744474 112343507  
DIAGNOSIS CODES : 331.0 093.9 253.5  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262932	1	T1019				10/05/13	10/05/13	40.00	172.00
262932	2	T1019				10/06/13	10/06/13	40.00	172.00
262932	3	T1019				10/07/13	10/07/13	40.00	172.00
262932	4	T1019				10/08/13	10/08/13	40.00	172.00
262932	5	T1019				10/09/13	10/09/13	40.00	172.00
262932	6	T1019				10/10/13	10/10/13	40.00	172.00
262932	7	T1019				10/11/13	10/11/13	40.00	172.00
CLAIM TOTAL									1,204.00
CLAIM ACCOUNT REF.									2629320012012104SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012108 2012108 GODINOT, CARMEN 07/16/1939 695752 112161051  
DIAGNOSIS CODES : 369.3 250.00 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262936	1	T1019				10/07/13	10/07/13	24.00	103.20
262936	2	T1019				10/08/13	10/08/13	24.00	103.20
262936	3	T1019				10/09/13	10/09/13	24.00	103.20
262936	4	T1019				10/10/13	10/10/13	24.00	103.20
262936	5	T1019				10/11/13	10/11/13	24.00	103.20
CLAIM TOTAL									516.00
CLAIM ACCOUNT REF.									2629360012012108SUP

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REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012110 2012110 GOMEZ, RANNIE 09/11/1917 698802 112009902  
DIAGNOSIS CODES : 401.9 272.2 365.9 428.0 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262937	1	T1019		10/07/13	10/07/13	28.00	120.40
262937	2	T1019		10/08/13	10/08/13	28.00	120.40
262937	3	T1019		10/09/13	10/09/13	28.00	120.40
262937	4	T1019		10/10/13	10/10/13	28.00	120.40
262937	5	T1019		10/11/13	10/11/13	28.00	120.40
CLAIM TOTAL							602.00
CLAIM ACCOUNT REF.							2629370012012110SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012116 2012116 GUERRERO, MARIA 07/09/1914 693949 111977380  
DIAGNOSIS CODES : 355.71 250.90  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262938	1	T1019		10/08/13	10/08/13	32.00	137.60
262938	2	T1019		10/09/13	10/09/13	32.00	137.60
262938	3	T1019		10/10/13	10/10/13	32.00	137.60
262938	4	T1019		10/11/13	10/11/13	32.00	137.60
CLAIM TOTAL							550.40
CLAIM ACCOUNT REF.							2629380012012116SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012117 2012117 HAYNES, LAMONT 08/22/1920 695748 112161929  
DIAGNOSIS CODES : 428.0 250.00 401.9 600.91  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262939	1	T1019		10/05/13	10/05/13	20.00	86.00
262939	2	T1019		10/06/13	10/06/13	20.00	86.00
262939	3	T1019		10/07/13	10/07/13	16.00	68.80
262939	4	T1019		10/08/13	10/08/13	16.00	68.80
262939	5	T1019		10/09/13	10/09/13	16.00	68.80
262939	6	T1019		10/10/13	10/10/13	16.00	68.80
262939	7	T1019		10/11/13	10/11/13	16.00	68.80
CLAIM TOTAL							516.00
CLAIM ACCOUNT REF.							2629390012012117SUP

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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 112266148  
DIAGNOSIS CODES : 715.90 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262941	1	T1019			10/07/13	10/07/13	28.00	120.40
262941	2	T1019			10/08/13	10/08/13	28.00	120.40
262941	3	T1019			10/09/13	10/09/13	28.00	120.40
262941	4	T1019			10/10/13	10/10/13	28.00	120.40
262941	5	T1019			10/11/13	10/11/13	28.00	120.40
CLAIM TOTAL								602.00
CLAIM ACCOUNT REF.								2629410012012120SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012121 2012121 MOHAMED, DENISE 06/14/1959 691722 112139533  
DIAGNOSIS CODES : 715.98  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262946	1	T1019			10/05/13	10/05/13	32.00	137.60
262946	2	T1019			10/06/13	10/06/13	32.00	137.60
262946	3	T1019			10/07/13	10/07/13	32.00	137.60
262946	4	T1019			10/08/13	10/08/13	32.00	137.60
262946	5	T1019			10/09/13	10/09/13	32.00	137.60
262946	6	T1019			10/10/13	10/10/13	32.00	137.60
262946	7	T1019			10/11/13	10/11/13	32.00	137.60
CLAIM TOTAL								963.20
CLAIM ACCOUNT REF.								2629460012012121SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012122 2012122 MORALES, FRANCISCO 12/03/1935 744366 112258416  
DIAGNOSIS CODES : 250.00 272.4 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262947	1	T1019			10/05/13	10/05/13	20.00	86.00
262947	2	T1019			10/06/13	10/06/13	20.00	86.00
262947	3	T1019			10/07/13	10/07/13	20.00	86.00
262947	4	T1019			10/08/13	10/08/13	20.00	86.00
262947	5	T1019			10/09/13	10/09/13	20.00	86.00
262947	6	T1019			10/10/13	10/10/13	20.00	86.00
262947	7	T1019			10/11/13	10/11/13	20.00	86.00
CLAIM TOTAL								602.00
CLAIM ACCOUNT REF.								2629470012012122SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
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PAYER ID = 14163                      WELLCARE OF NY

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

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262949	1	T1019				09/25/13	09/25/13	28.00	120.40	
									CLAIM TOTAL	120.40
										CLAIM ACCOUNT REF. 2629490012012130SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012130 2012130 NAVARRO, ANTONIA 07/23/1945 710368 112253845  
DIAGNOSIS CODES : 493.92 311. 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262950	1	T1019				10/01/13	10/01/13	28.00	120.40	
262950	2	T1019				10/02/13	10/02/13	28.00	120.40	
262950	3	T1019				10/03/13	10/03/13	28.00	120.40	
262950	4	T1019				10/04/13	10/04/13	28.00	120.40	
262950	5	T1019				10/05/13	10/05/13	20.00	86.00	
262950	6	T1019				10/06/13	10/06/13	20.00	86.00	
262950	7	T1019				10/07/13	10/07/13	28.00	120.40	
262950	8	T1019				10/08/13	10/08/13	28.00	120.40	
262950	9	T1019				10/09/13	10/09/13	28.00	120.40	
262950	10	T1019				10/10/13	10/10/13	28.00	120.40	
262950	11	T1019				10/11/13	10/11/13	28.00	120.40	
									CLAIM TOTAL	1,255.60
										CLAIM ACCOUNT REF. 2629500012012130SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012131 2012131 ORTIZ, JOSE 04/19/1925 691721 112154359  
DIAGNOSIS CODES : 250.00 401.9 414.01  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262952	1	T1019				10/11/13	10/11/13	16.00	68.80	
									CLAIM TOTAL	68.80
										CLAIM ACCOUNT REF. 2629520012012131SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012134 2012134 SERRANO, CARMEN 09/14/1948 695740 112113101  
DIAGNOSIS CODES : 093.89 253.5 311. 429.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262967	1	T1019				10/07/13	10/07/13	28.00	120.40

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PAYER ID = 14163                      WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262967	2	T1019		10/08/13	10/08/13	28.00	120.40	
262967	3	T1019		10/09/13	10/09/13	28.00	120.40	
262967	4	T1019		10/10/13	10/10/13	28.00	120.40	
262967	5	T1019		10/11/13	10/11/13	28.00	120.40	
					CLAIM TOTAL		602.00	CLAIM ACCOUNT REF. 2629670012012134SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012137 2012137 VAZQUEZ 1, ROSA 08/08/1934 695667 112166050  
DIAGNOSIS CODES : 715.90 244.9 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262970	1	T1019		10/07/13	10/07/13	32.00	137.60	
262970	2	T1019		10/08/13	10/08/13	32.00	137.60	
262970	3	T1019		10/09/13	10/09/13	32.00	137.60	
262970	4	T1019		10/10/13	10/10/13	32.00	137.60	
262970	5	T1019		10/11/13	10/11/13	32.00	137.60	
					CLAIM TOTAL		688.00	CLAIM ACCOUNT REF. 2629700012012137SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012138 2012138 VENTURA, CLARA 09/17/1951 720456 112060162  
DIAGNOSIS CODES : 253.5 401.9 429.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262971	1	T1019		10/09/13	10/09/13	16.00	68.80	
262971	2	T1019		10/10/13	10/10/13	16.00	68.80	
262971	3	T1019		10/11/13	10/11/13	16.00	68.80	
					CLAIM TOTAL		206.40	CLAIM ACCOUNT REF. 2629710012012138SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012140 2012140 PATRICK, IMAGENE 03/27/1930 737028 112271667  
DIAGNOSIS CODES : 294.10 153.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262953	1	T1019		10/05/13	10/05/13	32.00	137.60	
262953	2	T1019		10/07/13	10/07/13	32.00	137.60	
262953	3	T1019		10/08/13	10/08/13	32.00	137.60	
262953	4	T1019		10/09/13	10/09/13	32.00	137.60	
262953	5	T1019		10/10/13	10/10/13	32.00	137.60	
262953	6	T1019		10/11/13	10/11/13	32.00	137.60	
					CLAIM TOTAL		825.60	CLAIM ACCOUNT REF. 2629530012012140SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012141 2012141 SANTOS MARQUEZ, MARIA 07/16/1961 688801 112001629  
DIAGNOSIS CODES : 958.8 599.70 692.9 795.05  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262966	1	T1019				10/07/13	10/07/13	16.00	68.80
262966	2	T1019				10/09/13	10/09/13	16.00	68.80
262966	3	T1019				10/11/13	10/11/13	16.00	68.80
CLAIM TOTAL									206.40
CLAIM ACCOUNT REF.									2629660012012141SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012142 2012142 MEDINA, MARTHA 01/11/1944 697570 112253582  
DIAGNOSIS CODES : 135. 250.00 426.4 716.90  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262945	1	T1019				10/05/13	10/05/13	12.00	51.60
262945	2	T1019				10/07/13	10/07/13	12.00	51.60
262945	3	T1019				10/08/13	10/08/13	12.00	51.60
262945	4	T1019				10/09/13	10/09/13	12.00	51.60
262945	5	T1019				10/10/13	10/10/13	12.00	51.60
262945	6	T1019				10/11/13	10/11/13	12.00	51.60
CLAIM TOTAL									309.60
CLAIM ACCOUNT REF.									2629450012012142SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012143 2012143 MURPHY, RUBY 04/13/1955 698832 112050114  
DIAGNOSIS CODES : 585.3 311. 401.9 493.90  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262948	1	T1019				09/30/13	09/30/13	16.00	68.80
262948	2	T1019				10/02/13	10/02/13	16.00	68.80
262948	3	T1019				10/03/13	10/03/13	16.00	68.80
262948	4	T1019				10/04/13	10/04/13	16.00	68.80
262948	5	T1019				10/08/13	10/08/13	16.00	68.80
262948	6	T1019				10/09/13	10/09/13	16.00	68.80
262948	7	T1019				10/10/13	10/10/13	16.00	68.80
262948	8	T1019				10/11/13	10/11/13	16.00	68.80
CLAIM TOTAL									550.40
CLAIM ACCOUNT REF.									2629480012012143SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012144 2012144 PEREZ, JULIO 01/27/1936 709538 112275384  
DIAGNOSIS CODES : 715.90 244.9 272.4 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262956	1	T1019				10/07/13	10/07/13	20.00	86.00
262956	2	T1019				10/09/13	10/09/13	20.00	86.00
262956	3	T1019				10/11/13	10/11/13	20.00	86.00
CLAIM TOTAL									258.00
CLAIM ACCOUNT REF. 2629560012012144SUP									

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012145 2012145 PERALTA RODRIGO, JOSE 03/13/1942 715488 112258328  
DIAGNOSIS CODES : 715.90 272.0 274.9 278.00 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262954	1	T1019				10/07/13	10/07/13	16.00	68.80
262954	2	T1019				10/09/13	10/09/13	16.00	68.80
262954	3	T1019				10/10/13	10/10/13	16.00	68.80
262954	4	T1019				10/11/13	10/11/13	16.00	68.80
CLAIM TOTAL									275.20
CLAIM ACCOUNT REF. 2629540012012145SUP									

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012146 2012146 PERALTA, INEZ 08/18/1942 715489 112253239  
DIAGNOSIS CODES : 250.00 272.4 278.00 401.9 244.9 311.  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262955	1	T1019				10/07/13	10/07/13	16.00	68.80
262955	2	T1019				10/09/13	10/09/13	16.00	68.80
262955	3	T1019				10/10/13	10/10/13	16.00	68.80
262955	4	T1019				10/11/13	10/11/13	16.00	68.80
CLAIM TOTAL									275.20
CLAIM ACCOUNT REF. 2629550012012146SUP									

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012147 2012147 RAMOS, SILVIA 08/16/1957 707547 112060920  
DIAGNOSIS CODES : 724.2 253.5 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262960	1	T1019				10/07/13	10/07/13	20.00	86.00
262960	2	T1019				10/08/13	10/08/13	20.00	86.00
262960	3	T1019				10/09/13	10/09/13	20.00	86.00



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PAYER ID = 14163                      WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262960	4	T1019		10/10/13	10/10/13	20.00	86.00	
262960	5	T1019		10/11/13	10/11/13	20.00	86.00	
CLAIM TOTAL							430.00	CLAIM ACCOUNT REF. 2629600012012147SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012149 2012149 REGLA, MARIA F 11/21/1933 691499 112206508  
DIAGNOSIS CODES : 250.00 715.09  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262961	1	T1019		10/05/13	10/05/13	32.00	137.60	
262961	2	T1019		10/07/13	10/07/13	32.00	137.60	
262961	3	T1019		10/08/13	10/08/13	32.00	137.60	
262961	4	T1019		10/09/13	10/09/13	32.00	137.60	
262961	5	T1019		10/10/13	10/10/13	32.00	137.60	
262961	6	T1019		10/11/13	10/11/13	32.00	137.60	
CLAIM TOTAL							825.60	CLAIM ACCOUNT REF. 2629610012012149SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012154 2012154 RODRIGUEZ, FRANKLIN 03/26/1989 697529 112305572  
DIAGNOSIS CODES : 319. 345.10 705.83  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262963	1	T1019		10/05/13	10/05/13	24.00	103.20	
262963	2	T1019		10/07/13	10/07/13	24.00	103.20	
262963	3	T1019		10/08/13	10/08/13	24.00	103.20	
262963	4	T1019		10/09/13	10/09/13	24.00	103.20	
262963	5	T1019		10/10/13	10/10/13	24.00	103.20	
262963	6	T1019		10/11/13	10/11/13	24.00	103.20	
CLAIM TOTAL							619.20	CLAIM ACCOUNT REF. 2629630012012154SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012155 2012155 SANCHEZ, BETANIA 05/10/1956 706048 111980325  
DIAGNOSIS CODES : 555.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262965	1	T1019		10/05/13	10/05/13	20.00	86.00	
262965	2	T1019		10/06/13	10/06/13	20.00	86.00	
262965	3	T1019		10/07/13	10/07/13	20.00	86.00	
262965	4	T1019		10/09/13	10/09/13	20.00	86.00	
262965	5	T1019		10/10/13	10/10/13	20.00	86.00	

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PAYER ID = 14163                      WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262965	6	T1019		10/11/13	10/11/13	20.00	86.00	
					CLAIM TOTAL		516.00	CLAIM ACCOUNT REF. 2629650012012155SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012158 2012158 LOPEZ, MANUEL 02/25/1926 741094 112247242  
DIAGNOSIS CODES : 401.9 272.4 429.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262942	1	T1019		10/05/13	10/05/13	48.00	206.40	
262942	2	T1019		10/07/13	10/07/13	48.00	206.40	
262942	3	T1019		10/08/13	10/08/13	48.00	206.40	
262942	4	T1019		10/09/13	10/09/13	48.00	206.40	
262942	5	T1019		10/10/13	10/10/13	48.00	206.40	
262942	6	T1019		10/11/13	10/11/13	48.00	206.40	
					CLAIM TOTAL		1,238.40	CLAIM ACCOUNT REF. 2629420012012158SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012261 2012261 SILVEIRA, BERTA 06/23/1938 753060 112151886  
DIAGNOSIS CODES : 786.05  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262968	1	T1019		09/28/13	09/28/13	24.00	103.20	
262968	2	T1019		09/30/13	09/30/13	24.00	103.20	
262968	3	T1019		10/01/13	10/01/13	24.00	103.20	
262968	4	T1019		10/02/13	10/02/13	24.00	103.20	
262968	5	T1019		10/03/13	10/03/13	24.00	103.20	
262968	6	T1019		10/04/13	10/04/13	24.00	103.20	
					CLAIM TOTAL		619.20	CLAIM ACCOUNT REF. 2629680012012261SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012136 2012266 SOTO, RAFAEL B 03/08/1937 700573 112134327  
DIAGNOSIS CODES : 715.09 250.00 272.2 401.9 428.0 530.81  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262969	1	T1019		10/05/13	10/05/13	36.00	154.80	
262969	2	T1019		10/06/13	10/06/13	36.00	154.80	
262969	3	T1019		10/07/13	10/07/13	32.00	137.60	
262969	4	T1019		10/08/13	10/08/13	36.00	154.80	
262969	5	T1019		10/09/13	10/09/13	36.00	154.80	
262969	6	T1019		10/10/13	10/10/13	36.00	154.80	

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262969	7	T1019		10/11/13	10/11/13	36.00	154.80	
							CLAIM TOTAL	1,066.40 CLAIM ACCOUNT REF. 2629690012012266SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012719 2012719 SANCHEZ FLORES, ADELAI 11/03/1944 761166 112258543  
DIAGNOSIS CODES : 401.9 300.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262964	1	T1019		10/07/13	10/07/13	20.00	86.00	
262964	2	T1019		10/09/13	10/09/13	20.00	86.00	
262964	3	T1019		10/11/13	10/11/13	20.00	86.00	
							CLAIM TOTAL	258.00 CLAIM ACCOUNT REF. 2629640012012719SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012159 2012948 LOPEZ, VITALIA 08/01/1922 691723 112149058  
DIAGNOSIS CODES : 331.0 253.5 272.4 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262943	1	T1019		10/05/13	10/05/13	48.00	206.40	
262943	2	T1019		10/06/13	10/06/13	44.00	189.20	
262943	3	T1019		10/07/13	10/07/13	48.00	206.40	
262943	4	T1019		10/08/13	10/08/13	48.00	206.40	
262943	5	T1019		10/09/13	10/09/13	48.00	206.40	
262943	6	T1019		10/10/13	10/10/13	48.00	206.40	
262943	7	T1019		10/11/13	10/11/13	48.00	206.40	
							CLAIM TOTAL	1,427.60 CLAIM ACCOUNT REF. 2629430012012948SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012952 2012952 FRANCISCO, BRIGIDA 08/20/1957 761853 112037017  
DIAGNOSIS CODES : 714.0 253.5  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262935	1	T1019		10/05/13	10/05/13	20.00	86.00	
262935	2	T1019		10/06/13	10/06/13	20.00	86.00	
262935	3	T1019		10/07/13	10/07/13	20.00	86.00	
262935	4	T1019		10/08/13	10/08/13	20.00	86.00	
262935	5	T1019		10/09/13	10/09/13	20.00	86.00	
262935	6	T1019		10/10/13	10/10/13	20.00	86.00	
262935	7	T1019		10/11/13	10/11/13	20.00	86.00	
							CLAIM TOTAL	602.00 CLAIM ACCOUNT REF. 2629350012012952SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012953 2012953 CHOUDHURY, MEHER A 08/16/1974 762773 112190529  
DIAGNOSIS CODES : 344.00 493.90 742.3  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262934	1	T1019			10/05/13	10/05/13	84.00	361.20	
262934	2	T1019			10/06/13	10/06/13	84.00	361.20	
262934	3	T1019			10/07/13	10/07/13	84.00	361.20	
262934	4	T1019			10/08/13	10/08/13	84.00	361.20	
262934	5	T1019			10/09/13	10/09/13	48.00	206.40	
262934	6	T1019			10/10/13	10/10/13	48.00	206.40	
262934	7	T1019			10/11/13	10/11/13	48.00	206.40	
CLAIM TOTAL								2,064.00	CLAIM ACCOUNT REF. 2629340012012953SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 1031950 2012979 HUDGINS, LOUZETTA 05/18/1944 761959 112038867  
DIAGNOSIS CODES : 401.9 250.00 278.00 311.  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262940	1	T1019			10/07/13	10/07/13	20.00	86.00	
262940	2	T1019			10/08/13	10/08/13	20.00	86.00	
262940	3	T1019			10/09/13	10/09/13	20.00	86.00	
CLAIM TOTAL								258.00	CLAIM ACCOUNT REF. 2629400012012979SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012984 2012984 YOUNG, MARY 11/04/1926 762776 112084862  
DIAGNOSIS CODES : 342.82 244.9 250.00 272.4 294.10 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262972	1	T1019			10/05/13	10/05/13	32.00	137.60	
262972	2	T1019			10/06/13	10/06/13	32.00	137.60	
262972	3	T1019			10/07/13	10/07/13	32.00	137.60	
262972	4	T1019			10/08/13	10/08/13	32.00	137.60	
262972	5	T1019			10/09/13	10/09/13	32.00	137.60	
262972	6	T1019			10/10/13	10/10/13	32.00	137.60	
262972	7	T1019			10/11/13	10/11/13	32.00	137.60	
CLAIM TOTAL								963.20	CLAIM ACCOUNT REF. 2629720012012984SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012152 2013395 REYES, TERESA 03/18/1941 697840 112241220  
DIAGNOSIS CODES : 250.00 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262962	1	T1019		10/07/13	10/07/13	32.00	137.60
262962	2	T1019		10/08/13	10/08/13	32.00	137.60
262962	3	T1019		10/09/13	10/09/13	32.00	137.60
262962	4	T1019		10/10/13	10/10/13	32.00	137.60
262962	5	T1019		10/11/13	10/11/13	32.00	137.60
CLAIM TOTAL							688.00
CLAIM ACCOUNT REF.							2629620012013395SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013679 2013679 PRISCO, FILOMENA 09/15/1921 769526 111988449  
DIAGNOSIS CODES : 728.87 250.00 477.9 493.90 782.3 276.8  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262958	1	T1019		10/05/13	10/05/13	16.00	68.80
262958	2	T1019		10/06/13	10/06/13	16.00	68.80
262958	3	T1019		10/07/13	10/07/13	16.00	68.80
262958	4	T1019		10/08/13	10/08/13	16.00	68.80
262958	5	T1019		10/09/13	10/09/13	16.00	68.80
262958	6	T1019		10/10/13	10/10/13	16.00	68.80
262958	7	T1019		10/11/13	10/11/13	16.00	68.80
CLAIM TOTAL							481.60
CLAIM ACCOUNT REF.							2629580012013679SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012132 2013774 ORTIZ, DOLORES 06/30/1927 744365 112346137  
DIAGNOSIS CODES : 719.7 272.4 401.9 750.7  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262951	1	T1019		10/01/13	10/01/13	48.00	206.40
262951	2	T1019		10/02/13	10/02/13	48.00	206.40
262951	3	T1019		10/03/13	10/03/13	48.00	206.40
262951	4	T1019		10/04/13	10/04/13	48.00	206.40
262951	5	T1019		10/05/13	10/05/13	48.00	206.40
262951	6	T1019		10/06/13	10/06/13	48.00	206.40
262951	7	T1019		10/08/13	10/08/13	48.00	206.40
262951	8	T1019		10/09/13	10/09/13	48.00	206.40
262951	9	T1019		10/10/13	10/10/13	48.00	206.40
262951	10	T1019		10/11/13	10/11/13	48.00	206.40

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PAYER ID = 14163                      WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							2,064.00	2629510012013774SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013987	2013987	CHOUDHURY, DILARA	05/20/1947	774024	112177389
DIAGNOSIS CODES : 249.00 401.9							
CLAIM REFERENCE #:							

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
262933	1	T1019		10/05/13	10/05/13	12.00	51.60	
262933	2	T1019		10/06/13	10/06/13	12.00	51.60	
262933	3	T1019		10/07/13	10/07/13	12.00	51.60	
262933	4	T1019		10/08/13	10/08/13	12.00	51.60	
							206.40	2629330012013987SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2014189	2014189	PINEDA, EMILIA	10/20/1925	776967	112300071
DIAGNOSIS CODES : 715.09							
CLAIM REFERENCE #:							

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
262957	1	T1019		10/05/13	10/05/13	16.00	68.80	
262957	2	T1019		10/06/13	10/06/13	16.00	68.80	
262957	3	T1019		10/07/13	10/07/13	12.00	51.60	
262957	4	T1019		10/08/13	10/08/13	12.00	51.60	
262957	5	T1019		10/09/13	10/09/13	12.00	51.60	
262957	6	T1019		10/10/13	10/10/13	12.00	51.60	
262957	7	T1019		10/11/13	10/11/13	14.00	60.20	
							404.20	2629570012014189SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2014220	2014220	BAUTISTA, LUIS	08/26/1929	777153	112315204
DIAGNOSIS CODES : 729.5							
CLAIM REFERENCE #:							

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
262930	1	T1019		10/05/13	10/05/13	20.00	86.00	
262930	2	T1019		10/09/13	10/09/13	20.00	86.00	
262930	3	T1019		10/10/13	10/10/13	20.00	86.00	
262930	4	T1019		10/11/13	10/11/13	20.00	86.00	
							344.00	2629300012014220SUP

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

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	246	TOTAL CLAIM AMOUNT =	29,231.40
		# SERVICES =	43		

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

NPI = 1154407492

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

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262915	1	T1019		0580		10/10/13	10/10/13	20.00	84.40	
									CLAIM TOTAL	84.40
										CLAIM ACCOUNT REF. 2629150012008491SUP

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  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262917	1	T1019		0580		10/07/13	10/07/13	16.00	67.52	
262917	2	T1019		0580		10/08/13	10/08/13	16.00	67.52	
262917	3	T1019		0580		10/09/13	10/09/13	16.00	67.52	
262917	4	T1019		0580		10/10/13	10/10/13	16.00	67.52	
262917	5	T1019		0580		10/11/13	10/11/13	16.00	67.52	
									CLAIM TOTAL	337.60
										CLAIM ACCOUNT REF. 2629170012008513SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008193 2008723 REYNOLDS, HARRIET 07/01/1958 SR66809C 0003855084-008  
DIAGNOSIS CODES : 728.87 250.00 250.60 311. 401.9 780.4  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262911	1	T1019		0580		10/08/13	10/08/13	16.00	67.52	
262911	2	T1019		0580		10/11/13	10/11/13	16.00	67.52	
									CLAIM TOTAL	135.04
										CLAIM ACCOUNT REF. 2629110012008723SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008793 2008793 COPE, WILLIE 02/17/1928 XR98607Q 0004050353006  
DIAGNOSIS CODES : 331.0 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262902	1	T1019		0580		10/05/13	10/05/13	48.00	202.56	
262902	2	T1019		0580		10/06/13	10/06/13	48.00	202.56	
262902	3	T1019		0580		10/07/13	10/07/13	48.00	202.56	
262902	4	T1019		0580		10/08/13	10/08/13	48.00	202.56	
262902	5	T1019		0580		10/09/13	10/09/13	48.00	202.56	
262902	6	T1019		0580		10/10/13	10/10/13	48.00	202.56	



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PAYER ID = 55247                      HEALTH INSURANCE PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262902	7	T1019	0580	10/11/13	10/11/13	48.00	202.56	
					CLAIM TOTAL		1,417.92	CLAIM ACCOUNT REF. 2629020012008793SUP

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  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262912	1	T1019	0580	10/03/13	10/03/13	32.00	135.04	
262912	2	T1019	0580	10/05/13	10/05/13	32.00	135.04	
262912	3	T1019	0580	10/06/13	10/06/13	32.00	135.04	
262912	4	T1019	0580	10/07/13	10/07/13	32.00	135.04	
262912	5	T1019	0580	10/08/13	10/08/13	32.00	135.04	
262912	6	T1019	0580	10/09/13	10/09/13	32.00	135.04	
262912	7	T1019	0580	10/10/13	10/10/13	32.00	135.04	
262912	8	T1019	0580	10/11/13	10/11/13	32.00	135.04	
					CLAIM TOTAL		1,080.32	CLAIM ACCOUNT REF. 2629120012009237SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008223 2009269 SHAH, HANSIKABEN 09/28/1948 UR74418G 0005080096  
DIAGNOSIS CODES : 401.9 296.20 733.00 V61.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262916	1	T1019	0580	10/11/13	10/11/13	20.00	84.40	
					CLAIM TOTAL		84.40	CLAIM ACCOUNT REF. 2629160012009269SUP

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  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262913	1	T1019	0580	10/05/13	10/05/13	20.00	84.40	
262913	2	T1019	0580	10/06/13	10/06/13	20.00	84.40	
262913	3	T1019	0580	10/07/13	10/07/13	20.00	84.40	
262913	4	T1019	0580	10/08/13	10/08/13	20.00	84.40	
262913	5	T1019	0580	10/09/13	10/09/13	20.00	84.40	
262913	6	T1019	0580	10/10/13	10/10/13	20.00	84.40	
262913	7	T1019	0580	10/11/13	10/11/13	20.00	84.40	
					CLAIM TOTAL		590.80	CLAIM ACCOUNT REF. 2629130012009406SUP

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PAYER ID = 55247                      HEALTH INSURANCE PLAN

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

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262914	1	T1019		0580	10/09/13	10/09/13	40.00	168.80
CLAIM TOTAL								168.80

CLAIM ACCOUNT REF. 2629140012009562SUP

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  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262905	1	T1019		0580	10/07/13	10/07/13	16.00	67.52
262905	2	T1019		0580	10/08/13	10/08/13	16.00	67.52
262905	3	T1019		0580	10/09/13	10/09/13	16.00	67.52
262905	4	T1019		0580	10/10/13	10/10/13	16.00	67.52
CLAIM TOTAL								270.08

CLAIM ACCOUNT REF. 2629050012009686SUP

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  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262906	1	T1019		0580	10/05/13	10/05/13	36.00	151.92
262906	2	T1019		0580	10/06/13	10/06/13	36.00	151.92
262906	3	T1019		0580	10/07/13	10/07/13	36.00	151.92
262906	4	T1019		0580	10/08/13	10/08/13	36.00	151.92
262906	5	T1019		0580	10/09/13	10/09/13	36.00	151.92
262906	6	T1019		0580	10/10/13	10/10/13	36.00	151.92
262906	7	T1019		0580	10/11/13	10/11/13	36.00	151.92
CLAIM TOTAL								1,063.44

CLAIM ACCOUNT REF. 2629060012010991SUP

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

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262903	1	G0156		0572	10/05/13	10/05/13	12.00	171.00
262903	2	G0156		0572	10/06/13	10/06/13	11.00	156.75

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PAYER ID = 55247                      HEALTH INSURANCE PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262903	3	G0156	0572	10/07/13	10/07/13	9.00	128.25
262903	4	G0156	0572	10/08/13	10/08/13	9.00	128.25
262903	5	G0156	0572	10/09/13	10/09/13	9.00	128.25
262903	6	G0156	0572	10/10/13	10/10/13	9.00	128.25
262903	7	G0156	0572	10/11/13	10/11/13	9.00	128.25
CLAIM TOTAL							969.00

CLAIM ACCOUNT REF. 2629030012011066SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008273 2011526 DE JESUS, TIBURCIO 08/11/1947 XX16524S 0006379371  
DIAGNOSIS CODES : 250.03 369.60 401.9 414.04 799.89 V60.3  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262904	1	T1019	0580	10/05/13	10/05/13	48.00	202.56
262904	2	T1019	0580	10/06/13	10/06/13	48.00	202.56
262904	3	T1019	0580	10/07/13	10/07/13	48.00	202.56
262904	4	T1019	0580	10/08/13	10/08/13	48.00	202.56
262904	5	T1019	0580	10/09/13	10/09/13	48.00	202.56
262904	6	T1019	0580	10/10/13	10/10/13	48.00	202.56
262904	7	T1019	0580	10/11/13	10/11/13	48.00	202.56
CLAIM TOTAL							1,417.92

CLAIM ACCOUNT REF. 2629040012011526SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012541 2012541 LANGELOH, HOWARD 09/29/1923 16394107 0006625755  
DIAGNOSIS CODES : 715.90 250.00 272.4 401.9 493.91  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262908	1	T1019	0580	10/05/13	10/05/13	23.00	97.06
262908	2	T1019	0580	10/06/13	10/06/13	24.00	101.28
262908	3	T1019	0580	10/07/13	10/07/13	24.00	101.28
262908	4	T1019	0580	10/08/13	10/08/13	24.00	101.28
262908	5	T1019	0580	10/09/13	10/09/13	24.00	101.28
262908	6	T1019	0580	10/10/13	10/10/13	24.00	101.28
262908	7	T1019	0580	10/11/13	10/11/13	24.00	101.28
CLAIM TOTAL							704.74

CLAIM ACCOUNT REF. 2629080012012541SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013402 2013402 MCALLISTER, ANNIE 03/29/1937 ZP91513K 0006313393  
DIAGNOSIS CODES : V61.9 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
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NPI = 1154407492

CLAIM ACCOUNT REF. 2629090012013402SUP

PRIOR AUTHORIZATION #  
0004298435

CLAIM ACCOUNT REF. 2629070012013531SUP

PRIOR AUTHORIZATION #  
0006600227

CLAIM ACCOUNT REF. 2629100012013811SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	71	TOTAL CLAIM AMOUNT =	9,084.06
		# SERVICES =	16		

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NPI = 1154407492

PRIOR AUTHORIZATION #  
131610065

CLAIM FREQ: 1 (ORIGINAL)

CLAIM ACCOUNT REF. 2630460012010958SUP

PAYER TOTALS:	VNSNY CHOICE	# OF CLAIMS =	3	TOTAL CLAIM AMOUNT =	360.36
		# SERVICES =	1		

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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 2003639 2003639 WOO, LUZ 02/27/1931 ZT83637F R2250302  
DIAGNOSIS CODES : 492.0 212.3 213.2 223.0 311. 401.9 724.5  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263019	1	T1019				10/08/13	10/08/13	16.00	56.96
263019	2	T1019				10/09/13	10/09/13	16.00	56.96
CLAIM TOTAL									113.92
CLAIM ACCOUNT REF.									2630190012003639SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2005079 2005079 SIMON, LUPE 12/12/1934 YC26622R R2303923  
DIAGNOSIS CODES : 250.00 272.0 401.9 530.81 596.51 733.00 780.52 V44.3  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263013	1	T1019				10/08/13	10/08/13	16.00	56.96
263013	2	T1019				10/10/13	10/10/13	16.00	56.96
CLAIM TOTAL									113.92
CLAIM ACCOUNT REF.									2630130012005079SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2006762 2006762 MOROCHO, MANUEL 12/10/1914 TZ67231W 0104291302785  
DIAGNOSIS CODES : 369.00 462. 530.81 600.00 719.7 780.97  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262997	1	T1019				10/05/13	10/05/13	48.00	170.88
262997	2	T1019				10/06/13	10/06/13	48.00	170.88
262997	3	T1019				10/07/13	10/07/13	48.00	170.88
262997	4	T1019				10/08/13	10/08/13	48.00	170.88
262997	5	T1019				10/09/13	10/09/13	48.00	170.88
262997	6	T1019				10/10/13	10/10/13	48.00	170.88
262997	7	T1019				10/11/13	10/11/13	48.00	170.88
CLAIM TOTAL									1,196.16
CLAIM ACCOUNT REF.									2629970012006762SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2006897 2006897 ALVAREZ, ANGELA 05/20/1942 ZU47022Y R2474296  
DIAGNOSIS CODES : 311. 401.9 462. 715.00 780.96  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262973	1	S5130				10/11/13	10/11/13	16.00	56.96
CLAIM TOTAL									56.96
CLAIM ACCOUNT REF.									2629730012006897SUP

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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 2007165 2007165 SIERRA, MIRIAM 10/18/1953 YH89624C R2365310  
DIAGNOSIS CODES : 294.20 272.0 311. 369.9 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263012	1	T1019		10/05/13	10/05/13	16.00	56.96
263012	2	T1019		10/06/13	10/06/13	16.00	56.96
263012	3	T1019		10/07/13	10/07/13	32.00	113.92
263012	4	T1019		10/08/13	10/08/13	32.00	113.92
263012	5	T1019		10/09/13	10/09/13	32.00	113.92
263012	6	T1019		10/10/13	10/10/13	32.00	113.92
263012	7	T1019		10/11/13	10/11/13	32.00	113.92
CLAIM TOTAL							683.52

CLAIM ACCOUNT REF. 2630120012007165SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2007478 2007478 HARIDIN, KHAMATTIE 04/19/1941 WS44546W R2252889  
DIAGNOSIS CODES : 715.90 135. 250.00 311. 401.9 530.81 724.3  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262987	1	S5125		10/05/13	10/05/13	16.00	56.96
262987	2	S5125		10/06/13	10/06/13	16.00	56.96
262987	3	S5125		10/07/13	10/07/13	20.00	71.20
262987	4	S5125		10/08/13	10/08/13	20.00	71.20
262987	5	S5125		10/09/13	10/09/13	20.00	71.20
262987	6	S5125		10/10/13	10/10/13	20.00	71.20
262987	7	S5125		10/11/13	10/11/13	20.00	71.20
CLAIM TOTAL							469.92

CLAIM ACCOUNT REF. 2629870012007478SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2007477 2007590 HARIDIN, RAMDIAL 08/08/1935 SE14035X R2362509  
DIAGNOSIS CODES : 331.0 250.00 366.00 401.9 780.93 V12.59  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262988	1	S5125		08/30/13	08/30/13	48.00	170.88
262988	2	S5125		10/05/13	10/05/13	80.00	284.80
262988	3	S5125		10/06/13	10/06/13	80.00	284.80
262988	4	S5125		10/07/13	10/07/13	76.00	270.56
262988	5	S5125		10/08/13	10/08/13	76.00	270.56
262988	6	S5125		10/09/13	10/09/13	76.00	270.56
262988	7	S5125		10/10/13	10/10/13	76.00	270.56
262988	8	S5125		10/11/13	10/11/13	76.00	270.56

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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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.
							2,093.28	2629880012007590SUP

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

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
262866	1	T1019		10/05/13	10/05/13	12.00	50.64	
262866	2	T1019		10/06/13	10/06/13	12.00	50.64	
262866	3	T1019		10/07/13	10/07/13	12.00	50.64	
262866	4	T1019		10/08/13	10/08/13	12.00	50.64	
262866	5	T1019		10/09/13	10/09/13	12.00	50.64	
262866	6	T1019		10/10/13	10/10/13	12.00	50.64	
262866	7	T1019		10/11/13	10/11/13	12.00	50.64	
							354.48	2628660012008246SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008248	2008248	RIVERA, EDDIE	01/29/1960	YP34893V	R2226367
DIAGNOSIS CODES : 339.02 367.1 369.10							
CLAIM REFERENCE #:							

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
262867	1	T1019		10/07/13	10/07/13	12.00	50.64	
262867	2	T1019		10/08/13	10/08/13	12.00	50.64	
262867	3	T1019		10/09/13	10/09/13	12.00	50.64	
262867	4	T1019		10/10/13	10/10/13	12.00	50.64	
							202.56	2628670012008248SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008249	2008249	LOPEZ-RAMIREZ, CARLOTA	01/20/1936	QR43529V	0105101301235
DIAGNOSIS CODES : 714.0 272.4 401.9 536.9 586. 733.00							
CLAIM REFERENCE #:							

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
262857	1	T1019		10/05/13	10/05/13	44.00	185.68	
262857	2	T1019		10/06/13	10/06/13	44.00	185.68	
262857	3	T1019		10/07/13	10/07/13	44.00	185.68	
262857	4	T1019		10/08/13	10/08/13	44.00	185.68	
262857	5	T1019		10/09/13	10/09/13	44.00	185.68	
262857	6	T1019		10/10/13	10/10/13	44.00	185.68	
262857	7	T1019		10/11/13	10/11/13	44.00	185.68	
							1,299.76	2628570012008249SUP



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PAYER       ID = 80141                      HEALTHFIRST PHSP

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

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262871	1	T1019		10/05/13	10/05/13	32.00	135.04	
262871	2	T1019		10/06/13	10/06/13	32.00	135.04	
262871	3	T1019		10/07/13	10/07/13	32.00	135.04	
262871	4	T1019		10/08/13	10/08/13	32.00	135.04	
262871	5	T1019		10/09/13	10/09/13	32.00	135.04	
262871	6	T1019		10/10/13	10/10/13	32.00	135.04	
262871	7	T1019		10/11/13	10/11/13	32.00	135.04	
CLAIM TOTAL							945.28	CLAIM ACCOUNT REF.    2628710012008250SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008251    2008251    CEBALLOS, ANA                      12/31/1919    UH02585Q                      R2388879  
DIAGNOSIS CODES :    294.10    244.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262841	1	T1019		10/05/13	10/05/13	32.00	135.04	
262841	2	T1019		10/07/13	10/07/13	32.00	135.04	
262841	3	T1019		10/08/13	10/08/13	32.00	135.04	
262841	4	T1019		10/09/13	10/09/13	32.00	135.04	
262841	5	T1019		10/10/13	10/10/13	32.00	135.04	
262841	6	T1019		10/11/13	10/11/13	32.00	135.04	
CLAIM TOTAL							810.24	CLAIM ACCOUNT REF.    2628410012008251SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008253    2008253    MACARENA, SAHARA                      09/12/1965    VT07830U                      R2428310  
DIAGNOSIS CODES :    359.0    719.45  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262858	1	T1019		10/03/13	10/03/13	48.00	202.56	
262858	2	T1019		10/04/13	10/04/13	48.00	202.56	
262858	3	T1019		10/05/13	10/05/13	48.00	202.56	
262858	4	T1019		10/06/13	10/06/13	48.00	202.56	
262858	5	T1019		10/07/13	10/07/13	48.00	202.56	
262858	6	T1019		10/08/13	10/08/13	48.00	202.56	
262858	7	T1019		10/09/13	10/09/13	48.00	202.56	
262858	8	T1019		10/10/13	10/10/13	48.00	202.56	
262858	9	T1019		10/11/13	10/11/13	48.00	202.56	

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PAYER       ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							1,823.04	2628580012008253SUP
CLAIM TOTAL								

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008254	2008254	SPIVEY, PATRICIA	04/06/1965	WE52435B	0104051303745
DIAGNOSIS CODES :		250.00	401.9	733.00			
CLAIM REFERENCE #:				CLAIM FREQ: 1 (ORIGINAL)			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
262875	1	T1019		10/07/13	10/07/13	32.00	135.04	2628750012008254SUP
262875	2	T1019		10/08/13	10/08/13	32.00	135.04	
262875	3	T1019		10/09/13	10/09/13	32.00	135.04	
262875	4	T1019		10/10/13	10/10/13	32.00	135.04	
262875	5	T1019		10/11/13	10/11/13	32.00	135.04	
CLAIM TOTAL							675.20	

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008256	2008256	CARMONA, LUZ	08/10/1954	XJ24416K	0104121301251
DIAGNOSIS CODES :		294.8	401.9				
CLAIM REFERENCE #:				CLAIM FREQ: 1 (ORIGINAL)			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
262839	1	T1019		10/07/13	10/07/13	32.00	135.04	2628390012008256SUP
262839	2	T1019		10/08/13	10/08/13	32.00	135.04	
262839	3	T1019		10/09/13	10/09/13	28.00	118.16	
262839	4	T1019		10/10/13	10/10/13	32.00	135.04	
262839	5	T1019		10/11/13	10/11/13	32.00	135.04	
CLAIM TOTAL							658.32	

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008290	2008290	SALHUANA, YOLANDA	08/25/1935	SZ24247J	R2458115
DIAGNOSIS CODES :		249.70	362.50	401.9	733.00		
CLAIM REFERENCE #:				CLAIM FREQ: 1 (ORIGINAL)			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
262872	1	T1019		10/07/13	10/07/13	32.00	135.04	2628720012008290SUP
262872	2	T1019		10/08/13	10/08/13	32.00	135.04	
262872	3	T1019		10/09/13	10/09/13	32.00	135.04	
262872	4	T1019		10/10/13	10/10/13	32.00	135.04	
262872	5	T1019		10/11/13	10/11/13	32.00	135.04	
CLAIM TOTAL							675.20	

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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008368 2008368 RODRIGUEZ, MARGARET 06/25/1950 ZP21043J R2259936  
DIAGNOSIS CODES : 295.90 250.00 272.4 311. 401.9 414.3 733.00 780.52  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262870	1	T1019				10/07/13	10/07/13	16.00	67.52
262870	2	T1019				10/08/13	10/08/13	16.00	67.52
262870	3	T1019				10/09/13	10/09/13	16.00	67.52
262870	4	T1019				10/10/13	10/10/13	16.00	67.52
262870	5	T1019				10/11/13	10/11/13	16.00	67.52
CLAIM TOTAL									337.60
CLAIM ACCOUNT REF.									2628700012008368SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008411 2008411 FRANCISCO, RICHARD 07/10/1968 XR22414G R2421729  
DIAGNOSIS CODES : 401.9 443.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262850	1	T1019				10/05/13	10/05/13	32.00	135.04
262850	2	T1019				10/07/13	10/07/13	32.00	135.04
262850	3	T1019				10/08/13	10/08/13	32.00	135.04
262850	4	T1019				10/09/13	10/09/13	32.00	135.04
262850	5	T1019				10/10/13	10/10/13	32.00	135.04
262850	6	T1019				10/11/13	10/11/13	32.00	135.04
CLAIM TOTAL									810.24
CLAIM ACCOUNT REF.									2628500012008411SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008433 2008433 BHAIRO, KOWSILILLI 05/13/1954 VG15691D R2362824  
DIAGNOSIS CODES : 340. 286.0 311. 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262835	1	T1019				10/05/13	10/05/13	32.00	135.04
262835	2	T1019				10/06/13	10/06/13	32.00	135.04
262835	3	T1019				10/07/13	10/07/13	32.00	135.04
262835	4	T1019				10/08/13	10/08/13	32.00	135.04
262835	5	T1019				10/09/13	10/09/13	32.00	135.04
262835	6	T1019				10/10/13	10/10/13	32.00	135.04
262835	7	T1019				10/11/13	10/11/13	32.00	135.04
CLAIM TOTAL									945.28
CLAIM ACCOUNT REF.									2628350012008433SUP

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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 0105161301593  
DIAGNOSIS CODES : 250.00 244.8 311. 401.9 428.0 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262834	1	T1019		10/05/13	10/05/13	12.00	50.64
262834	2	T1019		10/07/13	10/07/13	20.00	84.40
262834	3	T1019		10/08/13	10/08/13	20.00	84.40
262834	4	T1019		10/09/13	10/09/13	20.00	84.40
262834	5	T1019		10/10/13	10/10/13	20.00	84.40
262834	6	T1019		10/11/13	10/11/13	20.00	84.40
CLAIM TOTAL							472.64

CLAIM ACCOUNT REF. 2628340012008487SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008558 2008558 SURIEL, GERTRUDIS 03/17/1950 ZE67447D R2223526  
DIAGNOSIS CODES : 493.90 401.9 414.00 715.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262877	1	T1019		09/27/13	09/27/13	48.00	202.56
262877	2	T1019		09/28/13	09/28/13	48.00	202.56
262877	3	T1019		09/29/13	09/29/13	48.00	202.56
262877	4	T1019		10/07/13	10/07/13	48.00	202.56
262877	5	T1019		10/08/13	10/08/13	48.00	202.56
262877	6	T1019		10/09/13	10/09/13	48.00	202.56
CLAIM TOTAL							1,215.36

CLAIM ACCOUNT REF. 2628770012008558SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008571 2008571 ESPAILLAT, AMPARO 12/25/1949 ZG25447P R2464534  
DIAGNOSIS CODES : 401.9 272.0 311. 365.9 366.9 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262846	1	T1019		10/05/13	10/05/13	16.00	67.52
262846	2	T1019		10/07/13	10/07/13	24.00	101.28
262846	3	T1019		10/08/13	10/08/13	24.00	101.28
262846	4	T1019		10/09/13	10/09/13	24.00	101.28
262846	5	T1019		10/10/13	10/10/13	24.00	101.28
262846	6	T1019		10/11/13	10/11/13	24.00	101.28
CLAIM TOTAL							573.92

CLAIM ACCOUNT REF. 2628460012008571SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008745 2008745 TORRESCAMPOS, JOVITA 02/15/1939 SK28000U R2430244  
DIAGNOSIS CODES : 463. 272.2 401.9 462. V12.54  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263018	1	T1019				10/07/13	10/07/13	32.00	113.92
263018	2	T1019				10/08/13	10/08/13	32.00	113.92
263018	3	T1019				10/09/13	10/09/13	32.00	113.92
263018	4	T1019				10/10/13	10/10/13	32.00	113.92
263018	5	T1019				10/11/13	10/11/13	32.00	113.92
CLAIM TOTAL									569.60
CLAIM ACCOUNT REF.									2630180012008745SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008919 2008919 COLON, RAYMUNDA 07/01/1939 ZQ72180D R2394992  
DIAGNOSIS CODES : 253.5 272.4 401.9 447.6  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262977	1	T1019				10/06/13	10/06/13	28.00	99.68
262977	2	T1019				10/07/13	10/07/13	28.00	99.68
262977	3	T1019				10/08/13	10/08/13	20.00	71.20
262977	4	T1019				10/09/13	10/09/13	28.00	99.68
262977	5	T1019				10/10/13	10/10/13	28.00	99.68
CLAIM TOTAL									469.92
CLAIM ACCOUNT REF.									2629770012008919SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008271 2009270 CARRION, MARIA 06/30/1928 SC64434E 0104091302208  
DIAGNOSIS CODES : 250.00 294.10 401.9 V12.54  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262840	1	T1019				10/05/13	10/05/13	32.00	135.04
262840	2	T1019				10/07/13	10/07/13	32.00	135.04
262840	3	T1019				10/08/13	10/08/13	32.00	135.04
262840	4	T1019				10/09/13	10/09/13	32.00	135.04
CLAIM TOTAL									540.16
CLAIM ACCOUNT REF.									2628400012009270SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009442 2009442 GHILIOTTY, FLORENTINA 07/18/1927 ZN29900K R2300287  
DIAGNOSIS CODES : 427.9 250.00 272.0 366.00 401.9 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
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262985	1	T1019	10/05/13	10/05/13	20.00	71.20
262985	2	T1019	10/06/13	10/06/13	20.00	71.20
262985	3	T1019	10/07/13	10/07/13	20.00	71.20
262985	4	T1019	10/08/13	10/08/13	20.00	71.20
262985	5	T1019	10/09/13	10/09/13	20.00	71.20
262985	6	T1019	10/10/13	10/10/13	20.00	71.20
262985	7	T1019	10/11/13	10/11/13	20.00	71.20
CLAIM TOTAL						498.40
						CLAIM ACCOUNT REF. 2629850012009442SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009560 2009560 BOCHENEC, JOLANTA 07/08/1964 ZT71147Q 0104251302988  
DIAGNOSIS CODES : 854.00 272.4 300.00 307.42 781.0  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262837	1	T1019		10/05/13	10/05/13	24.00	101.28
262837	2	T1019		10/07/13	10/07/13	24.00	101.28
262837	3	T1019		10/08/13	10/08/13	24.00	101.28
262837	4	T1019		10/09/13	10/09/13	24.00	101.28
262837	5	T1019		10/10/13	10/10/13	24.00	101.28
262837	6	T1019		10/11/13	10/11/13	24.00	101.28
CLAIM TOTAL							607.68
							CLAIM ACCOUNT REF. 2628370012009560SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010758 2010758 VASQUEZ, OLGA 11/20/1948 WU00136E R2495992  
DIAGNOSIS CODES : 311. 244.9 253.5 401.9 429.9 493.90 948.11  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262881	1	T1019		10/06/13	10/06/13	20.00	84.40
CLAIM TOTAL							84.40
							CLAIM ACCOUNT REF. 2628810012010758SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008378 2011528 BOWERS \*, DIANE 10/01/1946 129232187 R2207419  
DIAGNOSIS CODES : 250.11 300.02 410.90 413.9 428.0 440.9 493.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262838	1	T1019		10/07/13	10/07/13	40.00	168.80
262838	2	T1019		10/08/13	10/08/13	40.00	168.80
262838	3	T1019		10/09/13	10/09/13	40.00	168.80
262838	4	T1019		10/10/13	10/10/13	40.00	168.80
262838	5	T1019		10/11/13	10/11/13	40.00	168.80
CLAIM TOTAL							844.00
							CLAIM ACCOUNT REF. 2628380012011528SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011790 2011790 SALICRUP, CARMEN 08/27/1933 UM62649X R2421671  
DIAGNOSIS CODES : 250.93 272.4  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263010	1	T1019				10/07/13	10/07/13	16.00	56.96
263010	2	T1019				10/09/13	10/09/13	16.00	56.96
263010	3	T1019				10/11/13	10/11/13	16.00	56.96
CLAIM TOTAL									170.88

CLAIM ACCOUNT REF. 2630100012011790SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011791 2011791 PERALTA, ANTONIO 06/27/1946 WD92450J R2341378  
DIAGNOSIS CODES : 331.0 253.5 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263000	1	T1019				10/07/13	10/07/13	32.00	113.92
263000	2	T1019				10/08/13	10/08/13	32.00	113.92
263000	3	T1019				10/09/13	10/09/13	32.00	113.92
263000	4	T1019				10/10/13	10/10/13	32.00	113.92
263000	5	T1019				10/11/13	10/11/13	32.00	113.92
CLAIM TOTAL									569.60

CLAIM ACCOUNT REF. 2630000012011791SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011792 2011792 RIVERA, BRIGIDA 02/01/1926 ZT21439N 0107011302907  
DIAGNOSIS CODES : 401.9 272.4 311. 733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263005	1	T1019				10/05/13	10/05/13	16.00	56.96
263005	2	T1019				10/07/13	10/07/13	36.00	128.16
263005	3	T1019				10/08/13	10/08/13	32.00	113.92
263005	4	T1019				10/09/13	10/09/13	32.00	113.92
263005	5	T1019				10/10/13	10/10/13	36.00	128.16
263005	6	T1019				10/11/13	10/11/13	32.00	113.92
CLAIM TOTAL									655.04

CLAIM ACCOUNT REF. 2630050012011792SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011794 2011794 RUIZ, MIRTA 08/16/1949 ZS10861D 0105211302709  
DIAGNOSIS CODES : 250.02 311. 401.9 436.  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
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REPORT DATE 10/16/13 SUNNYSIDE CITYWIDE  
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PAYER ID = 80141 HEALTHFIRST PHSP

263009	1	T1019	10/08/13	10/08/13	36.00	128.16
263009	2	T1019	10/09/13	10/09/13	36.00	128.16
263009	3	T1019	10/10/13	10/10/13	36.00	128.16
CLAIM TOTAL						384.48
CLAIM ACCOUNT REF.						2630090012011794SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011795 2011795 SOTO, AGRIPIA 12/01/1919 YY63880T 0109101301358  
DIAGNOSIS CODES : 493.92 244.9 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263015	1	T1019		10/07/13	10/07/13	16.00	56.96
263015	2	T1019		10/08/13	10/08/13	16.00	56.96
263015	3	T1019		10/09/13	10/09/13	16.00	56.96
263015	4	T1019		10/10/13	10/10/13	16.00	56.96
263015	5	T1019		10/11/13	10/11/13	16.00	56.96
CLAIM TOTAL							284.80
CLAIM ACCOUNT REF.							2630150012011795SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011796 2011796 ROSA, CARMEN 06/16/1945 VH41068Z R2320780  
DIAGNOSIS CODES : 715.90 295.70  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263007	1	T1019		10/07/13	10/07/13	32.00	113.92
263007	2	T1019		10/08/13	10/08/13	28.00	99.68
263007	3	T1019		10/09/13	10/09/13	20.00	71.20
263007	4	T1019		10/11/13	10/11/13	20.00	71.20
CLAIM TOTAL							356.00
CLAIM ACCOUNT REF.							2630070012011796SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008405 2011820 ST ROMAINE, CLAUDE 10/01/1956 UZ14868C R2374924  
DIAGNOSIS CODES : 952.9 344.9 596.54  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262876	1	T1019		10/05/13	10/05/13	32.00	135.04
262876	2	T1019		10/06/13	10/06/13	32.00	135.04
262876	3	T1019		10/07/13	10/07/13	40.00	168.80
262876	4	T1019		10/08/13	10/08/13	40.00	168.80
262876	5	T1019		10/09/13	10/09/13	40.00	168.80
262876	6	T1019		10/10/13	10/10/13	40.00	168.80
262876	7	T1019		10/11/13	10/11/13	40.00	168.80
CLAIM TOTAL							1,114.08
CLAIM ACCOUNT REF.							2628760012011820SUP



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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011867 2011867 GOODWIN, CLYDE 09/20/1925 RF40230A R2345549  
DIAGNOSIS CODES : 362.50 272.4 401.9 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262986	1	T1019				10/07/13	10/07/13	40.00	142.40
262986	2	T1019				10/08/13	10/08/13	40.00	142.40
262986	3	T1019				10/09/13	10/09/13	40.00	142.40
262986	4	T1019				10/10/13	10/10/13	40.00	142.40
CLAIM TOTAL									569.60

CLAIM ACCOUNT REF. 2629860012011867SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011868 2011868 DEJESUS, YSABEL 11/13/1934 VP60263T R2402920  
DIAGNOSIS CODES : 428.0 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262979	1	T1019				10/09/13	10/09/13	16.00	56.96
262979	2	T1019				10/10/13	10/10/13	16.00	56.96
CLAIM TOTAL									113.92

CLAIM ACCOUNT REF. 2629790012011868SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011884 2011884 SIERRA, DOMINGA 07/01/1933 YH21412B R2363274  
DIAGNOSIS CODES : 250.00 272.4 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263011	1	T1019				10/07/13	10/07/13	32.00	113.92
263011	2	T1019				10/08/13	10/08/13	32.00	113.92
263011	3	T1019				10/09/13	10/09/13	32.00	113.92
263011	4	T1019				10/10/13	10/10/13	32.00	113.92
263011	5	T1019				10/11/13	10/11/13	32.00	113.92
CLAIM TOTAL									569.60

CLAIM ACCOUNT REF. 2630110012011884SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011885 2011885 TORRES, JOSE 06/23/1938 WB42614P R2440069  
DIAGNOSIS CODES : 493.91 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263017	1	T1019				10/08/13	10/08/13	16.00	56.96
263017	2	T1019				10/09/13	10/09/13	16.00	56.96
263017	3	T1019				10/10/13	10/10/13	16.00	56.96

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
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PAYER       ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263017	4	T1019		10/11/13	10/11/13	16.00	56.96	
						CLAIM TOTAL	227.84	CLAIM ACCOUNT REF.    2630170012011885SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2011886    2011886    MERCADO, ELVA                      06/15/1932    YW12212B                      R2479308  
DIAGNOSIS CODES :    250.00    332.1    714.0  
CLAIM REFERENCE #:                      CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262996	1	T1019		10/05/13	10/05/13	24.00	85.44	
262996	2	T1019		10/06/13	10/06/13	24.00	85.44	
262996	3	T1019		10/07/13	10/07/13	24.00	85.44	
262996	4	T1019		10/08/13	10/08/13	20.00	71.20	
262996	5	T1019		10/09/13	10/09/13	24.00	85.44	
262996	6	T1019		10/10/13	10/10/13	20.00	71.20	
262996	7	T1019		10/11/13	10/11/13	24.00	85.44	
						CLAIM TOTAL	569.60	CLAIM ACCOUNT REF.    2629960012011886SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2011887    2011887    ROSADO, CARMEN                      01/20/1919    ZT37222K                      R2475095  
DIAGNOSIS CODES :    733.09    274.00    362.50    401.9  
CLAIM REFERENCE #:                      CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263008	1	T1019		10/07/13	10/07/13	48.00	170.88	
263008	2	T1019		10/08/13	10/08/13	48.00	170.88	
263008	3	T1019		10/09/13	10/09/13	48.00	170.88	
263008	4	T1019		10/10/13	10/10/13	48.00	170.88	
263008	5	T1019		10/11/13	10/11/13	48.00	170.88	
						CLAIM TOTAL	854.40	CLAIM ACCOUNT REF.    2630080012011887SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2011914    2011914    TORRES, ANTONIA                      10/24/1924    ZM49732K                      0108231303228  
DIAGNOSIS CODES :    331.0    272.4  
CLAIM REFERENCE #:                      CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263016	1	T1020		10/05/13	10/05/13	1.00	200.00	
263016	2	T1020		10/06/13	10/06/13	1.00	200.00	
263016	3	T1020		10/07/13	10/07/13	1.00	200.00	
263016	4	T1020		10/08/13	10/08/13	1.00	200.00	
263016	5	T1020		10/09/13	10/09/13	1.00	200.00	
263016	6	T1020		10/10/13	10/10/13	1.00	200.00	

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PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263016	7	T1020		10/11/13	10/11/13	1.00	200.00	
							CLAIM TOTAL	1,400.00      CLAIM ACCOUNT REF. 2630160012011914SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011943 2011943 CUEVA, RAFAELA 05/26/1934 WF24218W R2249691  
DIAGNOSIS CODES : 294.10 429.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262978	1	T1019		10/05/13	10/05/13	48.00	170.88	
262978	2	T1019		10/06/13	10/06/13	48.00	170.88	
262978	3	T1019		10/07/13	10/07/13	48.00	170.88	
262978	4	T1019		10/08/13	10/08/13	48.00	170.88	
262978	5	T1019		10/09/13	10/09/13	48.00	170.88	
262978	6	T1019		10/10/13	10/10/13	48.00	170.88	
262978	7	T1019		10/11/13	10/11/13	48.00	170.88	
							CLAIM TOTAL	1,196.16      CLAIM ACCOUNT REF. 2629780012011943SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011950 2011950 RAMOS, ISABEL 03/27/1928 WF45444N R2295212  
DIAGNOSIS CODES : V56.8 253.5 785.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263003	1	T1019		09/20/13	09/20/13	28.00	99.68	
							CLAIM TOTAL	99.68      CLAIM ACCOUNT REF. 2630030012011950SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011950 2011950 RAMOS, ISABEL 03/27/1928 WF45444N R2494578  
DIAGNOSIS CODES : V56.8 253.5 785.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263004	1	T1019		10/05/13	10/05/13	16.00	56.96	
263004	2	T1019		10/07/13	10/07/13	28.00	99.68	
263004	3	T1019		10/08/13	10/08/13	32.00	113.92	
263004	4	T1019		10/09/13	10/09/13	28.00	99.68	
263004	5	T1019		10/10/13	10/10/13	32.00	113.92	
263004	6	T1019		10/11/13	10/11/13	28.00	99.68	
							CLAIM TOTAL	583.84      CLAIM ACCOUNT REF. 2630040012011950SUP

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PAYER       ID = 80141                      HEALTHFIRST PHSP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001   2011961    2011961    MARTINEZ 2, EMMA                      10/17/1944    ZK99698A                      0106211302516  
DIAGNOSIS CODES :    401.9       244.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262991	1	T1019				10/06/13	10/06/13	16.00	56.96
262991	2	T1019				10/07/13	10/07/13	16.00	56.96
CLAIM TOTAL									113.92
									CLAIM ACCOUNT REF.    2629910012011961SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001   2011961    2011962    MARTINEZ 2, EMMA                      10/17/1944    ZK99698A                      R2338273  
DIAGNOSIS CODES :    401.9       244.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262992	1	S5130				10/09/13	10/09/13	16.00	56.96
CLAIM TOTAL									56.96
									CLAIM ACCOUNT REF.    2629920012011962SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001   2011964    2011964    FULLER, WILLIAM                      09/28/1935    YX25158Y                      R2361055  
DIAGNOSIS CODES :    250.01    331.0    401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262984	1	T1019				10/05/13	10/05/13	40.00	142.40
262984	2	T1019				10/06/13	10/06/13	40.00	142.40
262984	3	T1019				10/07/13	10/07/13	40.00	142.40
262984	4	T1019				10/08/13	10/08/13	40.00	142.40
262984	5	T1019				10/09/13	10/09/13	40.00	142.40
262984	6	T1019				10/10/13	10/10/13	40.00	142.40
262984	7	T1019				10/11/13	10/11/13	40.00	142.40
CLAIM TOTAL									996.80
									CLAIM ACCOUNT REF.    2629840012011964SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001   2011966    2011966    MATOS, AUREA                      10/19/1927    TG62448J                      0108261301887  
DIAGNOSIS CODES :    V44.1  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262994	1	T1019				10/05/13	10/05/13	24.00	85.44
262994	2	T1019				10/06/13	10/06/13	24.00	85.44
262994	3	T1019				10/07/13	10/07/13	28.00	99.68
262994	4	T1019				10/08/13	10/08/13	28.00	99.68

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PAYER       ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262994	5	T1019		10/09/13	10/09/13	28.00	99.68	
262994	6	T1019		10/10/13	10/10/13	28.00	99.68	
262994	7	T1019		10/11/13	10/11/13	28.00	99.68	
					CLAIM TOTAL		669.28	CLAIM ACCOUNT REF.    2629940012011966SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2011991    2011991    HARLEY, ETHEL                      01/24/1939    ZP72741M                      R2331024  
DIAGNOSIS CODES :    250.03    272.4    401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262989	1	T1019		10/09/13	10/09/13	16.00	56.96	
262989	2	T1019		10/10/13	10/10/13	16.00	56.96	
					CLAIM TOTAL		113.92	CLAIM ACCOUNT REF.    2629890012011991SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2011997    2011997    OSBORNE, DOROTHY                      01/04/1931    VK20601M                      0108221303049  
DIAGNOSIS CODES :    427.31    250.00    401.9    428.0  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262999	1	T1019		10/05/13	10/05/13	24.00	85.44	
262999	2	T1019		10/07/13	10/07/13	24.00	85.44	
262999	3	T1019		10/08/13	10/08/13	24.00	85.44	
262999	4	T1019		10/09/13	10/09/13	24.00	85.44	
262999	5	T1019		10/10/13	10/10/13	24.00	85.44	
262999	6	T1019		10/11/13	10/11/13	24.00	85.44	
					CLAIM TOTAL		512.64	CLAIM ACCOUNT REF.    2629990012011997SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2012032    2012032    ORTIZ, SANTIAGO                      04/12/1936    ZA54595T                      R2485006  
DIAGNOSIS CODES :    294.10    250.00    272.4    311.  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262998	1	T1019		10/07/13	10/07/13	40.00	142.40	
262998	2	T1019		10/08/13	10/08/13	40.00	142.40	
262998	3	T1019		10/09/13	10/09/13	40.00	142.40	
262998	4	T1019		10/10/13	10/10/13	40.00	142.40	
262998	5	T1019		10/11/13	10/11/13	40.00	142.40	
					CLAIM TOTAL		712.00	CLAIM ACCOUNT REF.    2629980012012032SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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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   2012039   2012039    ESTRADA, MIRIAM                      01/09/1947    ZX12851A                      R2286465  
DIAGNOSIS CODES :    493.92    253.5       401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262981	1	T1019				10/05/13	10/05/13	16.00	56.96
262981	2	T1019				10/07/13	10/07/13	32.00	113.92
262981	3	T1019				10/08/13	10/08/13	32.00	113.92
262981	4	T1019				10/09/13	10/09/13	32.00	113.92
262981	5	T1019				10/10/13	10/10/13	32.00	113.92
262981	6	T1019				10/11/13	10/11/13	32.00	113.92
CLAIM TOTAL									626.56
CLAIM ACCOUNT REF.									2629810012012039SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001   2012041   2012041    ESCANIO, ANTONIO                      06/13/1937    ST38273T                      R2333071  
DIAGNOSIS CODES :    250.00    272.2       365.9       401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262980	1	T1019				10/05/13	10/05/13	16.00	56.96
262980	2	T1019				10/06/13	10/06/13	16.00	56.96
262980	3	T1019				10/10/13	10/10/13	8.00	28.48
CLAIM TOTAL									142.40
CLAIM ACCOUNT REF.									2629800012012041SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001   2012042   2012042    MARTINEZ, ROSARIO                      07/25/1951    XE62541Y                      0104301301154  
DIAGNOSIS CODES :    493.92    272.4       401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262993	1	T1019				10/05/13	10/05/13	16.00	56.96
262993	2	T1019				10/08/13	10/08/13	16.00	56.96
CLAIM TOTAL									113.92
CLAIM ACCOUNT REF.									2629930012012042SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001   2012063   2012063    MALDONADO, MARIA                      10/15/1920    ZN07021G                      0104221302747  
DIAGNOSIS CODES :    331.0       250.00       401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262990	1	T1020				10/05/13	10/05/13	1.00	200.00
262990	2	T1020				10/06/13	10/06/13	1.00	200.00
262990	3	T1020				10/07/13	10/07/13	1.00	200.00

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262990	4	T1020		10/08/13	10/08/13	1.00	200.00	
262990	5	T1020		10/09/13	10/09/13	1.00	200.00	
262990	6	T1020		10/10/13	10/10/13	1.00	200.00	
262990	7	T1020		10/11/13	10/11/13	1.00	200.00	
				CLAIM TOTAL			1,400.00	CLAIM ACCOUNT REF. 2629900012012063SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012064 2012064 MAYNARD, LILLIAN 03/01/1947 ZH47128X R2292790  
DIAGNOSIS CODES : 253.5 401.9 493.92  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262995	1	T1019		10/07/13	10/07/13	20.00	71.20	
262995	2	T1019		10/08/13	10/08/13	12.00	42.72	
262995	3	T1019		10/09/13	10/09/13	20.00	71.20	
262995	4	T1019		10/10/13	10/10/13	20.00	71.20	
262995	5	T1019		10/11/13	10/11/13	20.00	71.20	
				CLAIM TOTAL			327.52	CLAIM ACCOUNT REF. 2629950012012064SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012127 2012127 ZAPATA, SIMON 05/26/1926 UA23241S R2350814  
DIAGNOSIS CODES : 414.04 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263020	1	T1019		10/07/13	10/07/13	16.00	56.96	
263020	2	T1019		10/09/13	10/09/13	16.00	56.96	
263020	3	T1019		10/11/13	10/11/13	16.00	56.96	
				CLAIM TOTAL			170.88	CLAIM ACCOUNT REF. 2630200012012127SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012208 2012208 RODRIGUEZ, PAULA 03/21/1929 XZ33242G R2238025  
DIAGNOSIS CODES : 294.10 272.4 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263006	1	T1020		10/05/13	10/05/13	1.00	200.00	
263006	2	T1020		10/06/13	10/06/13	1.00	200.00	
263006	3	T1020		10/07/13	10/07/13	1.00	200.00	
263006	4	T1020		10/08/13	10/08/13	1.00	200.00	
263006	5	T1020		10/10/13	10/10/13	1.00	200.00	
263006	6	T1020		10/11/13	10/11/13	1.00	200.00	
				CLAIM TOTAL			1,200.00	CLAIM ACCOUNT REF. 2630060012012208SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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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 2012245 2012245 POLANCO, ANTONIA 11/10/1942 TH54120S R2307774  
DIAGNOSIS CODES : 401.9 272.2 331.0  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263001	1	T1019		10/05/13	10/05/13	16.00	56.96
263001	2	T1019		10/06/13	10/06/13	16.00	56.96
263001	3	T1019		10/07/13	10/07/13	16.00	56.96
263001	4	T1019		10/08/13	10/08/13	16.00	56.96
263001	5	T1019		10/09/13	10/09/13	16.00	56.96
263001	6	T1019		10/10/13	10/10/13	16.00	56.96
263001	7	T1019		10/11/13	10/11/13	16.00	56.96
CLAIM TOTAL							398.72

CLAIM ACCOUNT REF. 2630010012012245SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012246 2012246 POLANCO, RAMON 02/08/1925 XH93227Q R2307817  
DIAGNOSIS CODES : 250.00 401.9 414.01  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263002	1	T1019		10/05/13	10/05/13	8.00	28.48
263002	2	T1019		10/06/13	10/06/13	8.00	28.48
263002	3	T1019		10/07/13	10/07/13	8.00	28.48
263002	4	T1019		10/08/13	10/08/13	8.00	28.48
263002	5	T1019		10/09/13	10/09/13	8.00	28.48
263002	6	T1019		10/10/13	10/10/13	8.00	28.48
263002	7	T1019		10/11/13	10/11/13	8.00	28.48
CLAIM TOTAL							199.36

CLAIM ACCOUNT REF. 2630020012012246SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012284 2012284 REINOSO, EMELIANNA 12/26/1931 115451707 0109191301524  
DIAGNOSIS CODES : 337.  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262865	1	T1019		10/05/13	10/05/13	40.00	168.80
262865	2	T1019		10/06/13	10/06/13	40.00	168.80
262865	3	T1019		10/07/13	10/07/13	40.00	168.80
262865	4	T1019		10/08/13	10/08/13	40.00	168.80
262865	5	T1019		10/09/13	10/09/13	40.00	168.80
262865	6	T1019		10/10/13	10/10/13	40.00	168.80
262865	7	T1019		10/11/13	10/11/13	40.00	168.80
CLAIM TOTAL							1,181.60

CLAIM ACCOUNT REF. 2628650012012284SUP



REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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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    2008651    2012334    APOSTOLOVA, LJUBKA                      02/07/1944    RS76119U                      R2316572  
DIAGNOSIS CODES :    331.0    311.                      715.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262976	1	T1019		09/28/13	09/28/13	48.00	170.88
262976	2	T1019		09/29/13	09/29/13	48.00	170.88
262976	3	T1019		09/30/13	09/30/13	48.00	170.88
262976	4	T1019		10/01/13	10/01/13	48.00	170.88
262976	5	T1019		10/02/13	10/02/13	48.00	170.88
CLAIM TOTAL							854.40
CLAIM ACCOUNT REF.							2629760012012334SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2011495    2012478    ISKANDER, JACOB S                      04/14/1949    YS88012Z                      R2296271  
DIAGNOSIS CODES :    748.60    253.5                      401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262853	1	T1019		10/05/13	10/05/13	32.00	135.04
262853	2	T1019		10/06/13	10/06/13	32.00	135.04
262853	3	T1019		10/07/13	10/07/13	32.00	135.04
262853	4	T1019		10/09/13	10/09/13	32.00	135.04
262853	5	T1019		10/10/13	10/10/13	32.00	135.04
262853	6	T1019		10/11/13	10/11/13	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2628530012012478SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2012477    2012489    BLANCO, CARMELINA                      08/19/1940    112990683                      0109181303335  
DIAGNOSIS CODES :    715.90    250.00                      272.0                      401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262836	1	T1019		10/07/13	10/07/13	16.00	67.52
262836	2	T1019		10/08/13	10/08/13	16.00	67.52
262836	3	T1019		10/09/13	10/09/13	16.00	67.52
262836	4	T1019		10/10/13	10/10/13	16.00	67.52
262836	5	T1019		10/11/13	10/11/13	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2628360012012489SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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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 2012498 2012498 SCHOONMAKER, JEAN 01/16/1944 116703035 0110091302814  
DIAGNOSIS CODES : 296.22 724.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262873	1	T1019		09/02/13	09/02/13	36.00	151.92	
262873	2	T1019		09/03/13	09/03/13	36.00	151.92	
262873	3	T1019		09/04/13	09/04/13	36.00	151.92	
262873	4	T1019		09/05/13	09/05/13	36.00	151.92	
262873	5	T1019		09/06/13	09/06/13	36.00	151.92	
262873	6	T1019		09/07/13	09/07/13	32.00	135.04	
262873	7	T1019		09/09/13	09/09/13	36.00	151.92	
262873	8	T1019		09/10/13	09/10/13	36.00	151.92	
262873	9	T1019		09/11/13	09/11/13	36.00	151.92	
262873	10	T1019		09/12/13	09/12/13	36.00	151.92	
262873	11	T1019		09/14/13	09/14/13	32.00	135.04	
262873	12	T1019		09/16/13	09/16/13	36.00	151.92	
262873	13	T1019		09/17/13	09/17/13	36.00	151.92	
262873	14	T1019		09/18/13	09/18/13	28.00	118.16	
262873	15	T1019		09/19/13	09/19/13	36.00	151.92	
262873	16	T1019		09/20/13	09/20/13	36.00	151.92	
262873	17	T1019		09/21/13	09/21/13	32.00	135.04	
262873	18	T1019		09/23/13	09/23/13	36.00	151.92	
262873	19	T1019		09/24/13	09/24/13	36.00	151.92	
262873	20	T1019		09/25/13	09/25/13	36.00	151.92	
262873	21	T1019		09/26/13	09/26/13	36.00	151.92	
262873	22	T1019		09/27/13	09/27/13	36.00	151.92	
262873	23	T1019		09/28/13	09/28/13	32.00	135.04	
262873	24	T1019		10/03/13	10/03/13	36.00	151.92	
262873	25	T1019		10/04/13	10/04/13	36.00	151.92	
262873	26	T1019		10/05/13	10/05/13	36.00	151.92	
262873	27	T1019		10/06/13	10/06/13	36.00	151.92	
262873	28	T1019		10/07/13	10/07/13	36.00	151.92	
262873	29	T1019		10/08/13	10/08/13	36.00	151.92	
262873	30	T1019		10/09/13	10/09/13	36.00	151.92	
262873	31	T1019		10/10/13	10/10/13	36.00	151.92	
262873	32	T1019		10/11/13	10/11/13	36.00	151.92	
CLAIM TOTAL						4,760.16		CLAIM ACCOUNT REF. 2628730012012498SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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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 2012772 2012772 THORNTON, SHIRLEY 09/02/1949 ZM67702P 0103141301902  
DIAGNOSIS CODES : 253.5 493.92 V45.11  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262879	1	T1019				09/30/13	09/30/13	20.00	84.40
262879	2	T1019				10/01/13	10/01/13	31.00	130.82
262879	3	T1019				10/03/13	10/03/13	32.00	135.04
262879	4	T1019				10/04/13	10/04/13	20.00	84.40
262879	5	T1019				10/06/13	10/06/13	32.00	135.04
262879	6	T1019				10/07/13	10/07/13	20.00	84.40
262879	7	T1019				10/09/13	10/09/13	20.00	84.40
262879	8	T1019				10/10/13	10/10/13	32.00	135.04
262879	9	T1019				10/11/13	10/11/13	20.00	84.40
CLAIM TOTAL									957.94

CLAIM ACCOUNT REF. 2628790012012772SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2006897 2012951 ALVAREZ, ANGELA 05/20/1942 ZU470227 R2474296  
DIAGNOSIS CODES : 311. 401.9 462. 715.00 780.96  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262974	1	T1019				10/07/13	10/07/13	16.00	56.96
CLAIM TOTAL									56.96

CLAIM ACCOUNT REF. 2629740012012951SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008284 2012973 ANDERSON, BETH 12/18/1947 YC43135F R2481734  
DIAGNOSIS CODES : 340. 286.0 311. 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262975	1	T1019				10/05/13	10/05/13	30.00	106.80
262975	2	T1019				10/06/13	10/06/13	32.00	113.92
262975	3	T1019				10/07/13	10/07/13	32.00	113.92
262975	4	T1019				10/08/13	10/08/13	32.00	113.92
262975	5	T1019				10/09/13	10/09/13	32.00	113.92
262975	6	T1019				10/10/13	10/10/13	32.00	113.92
262975	7	T1019				10/11/13	10/11/13	24.00	85.44
CLAIM TOTAL									761.84

CLAIM ACCOUNT REF. 2629750012012973SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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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 2011388 2013053 PALAZZOLO, FLORENCE 10/31/1948 PD96979S 0103181301812  
DIAGNOSIS CODES : 331.0  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262863	1	T1020				09/24/13	09/24/13	6.00	101.28	
									CLAIM TOTAL	101.28
										CLAIM ACCOUNT REF. 2628630012013053SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2005079 2013439 SIMON, LUPE 12/12/1934 YC26622R 0105311301339  
DIAGNOSIS CODES : 250.00 272.0 401.9 530.81 596.51 733.00 780.52 V44.3  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
263014	1	T1019				10/05/13	10/05/13	16.00	56.96	
263014	2	T1019				10/07/13	10/07/13	16.00	56.96	
263014	3	T1019				10/09/13	10/09/13	16.00	56.96	
263014	4	T1019				10/11/13	10/11/13	16.00	56.96	
									CLAIM TOTAL	227.84
										CLAIM ACCOUNT REF. 2630140012013439SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010143 2013448 AHMED, UMARA 11/15/1985 XK51476N R2412138  
DIAGNOSIS CODES : 335.19 695.4  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262833	1	T1019				10/05/13	10/05/13	28.00	118.16	
262833	2	T1019				10/06/13	10/06/13	32.00	135.04	
262833	3	T1019				10/07/13	10/07/13	32.00	135.04	
262833	4	T1019				10/08/13	10/08/13	32.00	135.04	
262833	5	T1019				10/09/13	10/09/13	32.00	135.04	
262833	6	T1019				10/10/13	10/10/13	32.00	135.04	
262833	7	T1019				10/11/13	10/11/13	32.00	135.04	
									CLAIM TOTAL	928.40
										CLAIM ACCOUNT REF. 2628330012013448SUP

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

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262843	1	T1019				10/05/13	10/05/13	48.00	202.56
262843	2	T1019				10/06/13	10/06/13	48.00	202.56

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PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262843	3	T1019		10/07/13	10/07/13	48.00	202.56
262843	4	T1019		10/08/13	10/08/13	48.00	202.56
262843	5	T1019		10/09/13	10/09/13	48.00	202.56
262843	6	T1019		10/10/13	10/10/13	8.00	33.76
262843	7	T1019		10/11/13	10/11/13	48.00	202.56
CLAIM TOTAL							1,249.12

CLAIM ACCOUNT REF. 2628430012013452SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008802 2013453 DIAZ 1, CARMEN 07/29/1950 WB78930D R2397419  
DIAGNOSIS CODES : V02.62 300.00 401.9 719.89 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262844	1	T1019		10/07/13	10/07/13	16.00	67.52
262844	2	T1019		10/08/13	10/08/13	24.00	101.28
262844	3	T1019		10/09/13	10/09/13	24.00	101.28
262844	4	T1019		10/10/13	10/10/13	24.00	101.28
262844	5	T1019		10/11/13	10/11/13	24.00	101.28
CLAIM TOTAL							472.64

CLAIM ACCOUNT REF. 2628440012013453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008261 2013454 FERNANDEZ, MARIA 07/24/1943 XG23851A 0107111301569  
DIAGNOSIS CODES : 250.00 272.2 493.00 536.9 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262848	1	T1019		10/09/13	10/09/13	16.00	67.52
262848	2	T1019		10/10/13	10/10/13	16.00	67.52
262848	3	T1019		10/11/13	10/11/13	16.00	67.52
CLAIM TOTAL							202.56

CLAIM ACCOUNT REF. 2628480012013454SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008427 2013455 FLORES, MARITZA 09/26/1953 ZG96532J R2303561  
DIAGNOSIS CODES : 427.31 278.01 285.9 311. 425.8 799.89  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262849	1	T1019		10/05/13	10/05/13	40.00	168.80
262849	2	T1019		10/06/13	10/06/13	40.00	168.80
262849	3	T1019		10/07/13	10/07/13	40.00	168.80
262849	4	T1019		10/08/13	10/08/13	40.00	168.80
262849	5	T1019		10/09/13	10/09/13	40.00	168.80
262849	6	T1019		10/11/13	10/11/13	40.00	168.80

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PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							1,012.80	2628490012013455SUP
CLAIM TOTAL								

  

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009356	2013459	KHAN, FARUQUE	02/08/1949	VM87355G	0105301305274
DIAGNOSIS CODES : 696.8 253.5 272.4							
CLAIM REFERENCE #:							
CLAIM FREQ: 1 (ORIGINAL)							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
262854	1	T1019		10/05/13	10/05/13	47.00	198.34	
262854	2	T1019		10/06/13	10/06/13	48.00	202.56	
262854	3	T1019		10/07/13	10/07/13	48.00	202.56	
262854	4	T1019		10/08/13	10/08/13	48.00	202.56	
262854	5	T1019		10/09/13	10/09/13	48.00	202.56	
262854	6	T1019		10/10/13	10/10/13	48.00	202.56	
CLAIM TOTAL							1,211.14	2628540012013459SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008742	2013461	KROLL, KATHERINE	09/22/1949	ZQ14882N	0107051302820
DIAGNOSIS CODES : 340. 244.8 272.0 311. 386.2 401.9							
CLAIM REFERENCE #:							
CLAIM FREQ: 1 (ORIGINAL)							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
262855	1	T1019		10/07/13	10/07/13	28.00	118.16	
262855	2	T1019		10/08/13	10/08/13	28.00	118.16	
262855	3	T1019		10/09/13	10/09/13	28.00	118.16	
262855	4	T1019		10/10/13	10/10/13	28.00	118.16	
262855	5	T1019		10/11/13	10/11/13	28.00	118.16	
CLAIM TOTAL							590.80	2628550012013461SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008263	2013462	MORALES HERNANDEZ, EDW	10/28/1952	XV26396D	0107171301672
DIAGNOSIS CODES : 344.1 799.89							
CLAIM REFERENCE #:							
CLAIM FREQ: 1 (ORIGINAL)							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
262859	1	T1019		10/05/13	10/05/13	24.00	101.28	
262859	2	T1019		10/06/13	10/06/13	24.00	101.28	
262859	3	T1019		10/07/13	10/07/13	24.00	101.28	
262859	4	T1019		10/08/13	10/08/13	24.00	101.28	
262859	5	T1019		10/09/13	10/09/13	24.00	101.28	
262859	6	T1019		10/10/13	10/10/13	24.00	101.28	
262859	7	T1019		10/11/13	10/11/13	24.00	101.28	
CLAIM TOTAL							708.96	2628590012013462SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008422 2013463 MOSKOWITZ, RONA 02/16/1952 ZK67666G 0105301304334  
DIAGNOSIS CODES : 799.89 401.9 493.92 729.0 V02.62  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262860	1	T1019		08/17/13	08/17/13	24.00	101.28
262860	2	T1019		08/19/13	08/19/13	24.00	101.28
262860	3	T1019		08/20/13	08/20/13	24.00	101.28
262860	4	T1019		08/21/13	08/21/13	24.00	101.28
262860	5	T1019		08/22/13	08/22/13	24.00	101.28
262860	6	T1019		08/23/13	08/23/13	24.00	101.28
262860	7	T1019		08/24/13	08/24/13	24.00	101.28
262860	8	T1019		08/26/13	08/26/13	24.00	101.28
262860	9	T1019		08/27/13	08/27/13	24.00	101.28
262860	10	T1019		08/28/13	08/28/13	24.00	101.28
262860	11	T1019		08/29/13	08/29/13	24.00	101.28
262860	12	T1019		08/30/13	08/30/13	24.00	101.28
262860	13	T1019		08/31/13	08/31/13	24.00	101.28
262860	14	T1019		09/03/13	09/03/13	24.00	101.28
262860	15	T1019		09/04/13	09/04/13	24.00	101.28
262860	16	T1019		09/05/13	09/05/13	24.00	101.28
262860	17	T1019		09/06/13	09/06/13	24.00	101.28
262860	18	T1019		09/07/13	09/07/13	24.00	101.28
262860	19	T1019		09/09/13	09/09/13	24.00	101.28
262860	20	T1019		09/11/13	09/11/13	24.00	101.28
262860	21	T1019		09/12/13	09/12/13	24.00	101.28
262860	22	T1019		09/13/13	09/13/13	24.00	101.28
262860	23	T1019		09/14/13	09/14/13	24.00	101.28
262860	24	T1019		09/16/13	09/16/13	24.00	101.28
262860	25	T1019		09/17/13	09/17/13	24.00	101.28
262860	26	T1019		09/18/13	09/18/13	24.00	101.28
262860	27	T1019		09/19/13	09/19/13	4.00	16.88
262860	28	T1019		09/20/13	09/20/13	24.00	101.28
262860	29	T1019		09/21/13	09/21/13	24.00	101.28
262860	30	T1019		09/24/13	09/24/13	24.00	101.28
262860	31	T1019		09/25/13	09/25/13	24.00	101.28
262860	32	T1019		09/26/13	09/26/13	24.00	101.28
262860	33	T1019		09/27/13	09/27/13	24.00	101.28
262860	34	T1019		09/28/13	09/28/13	24.00	101.28
262860	35	T1019		09/30/13	09/30/13	24.00	101.28
262860	36	T1019		10/02/13	10/02/13	24.00	101.28
262860	37	T1019		10/03/13	10/03/13	24.00	101.28
262860	38	T1019		10/04/13	10/04/13	24.00	101.28

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PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262860	39	T1019		10/05/13	10/05/13	24.00	101.28	
262860	40	T1019		10/07/13	10/07/13	24.00	101.28	
262860	41	T1019		10/08/13	10/08/13	16.00	67.52	
262860	42	T1019		10/09/13	10/09/13	24.00	101.28	
				CLAIM TOTAL		4,135.60		CLAIM ACCOUNT REF. 2628600012013463SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008422 2013463 MOSKOWITZ, RONA 02/16/1952 ZK67666G 0105301304334  
DIAGNOSIS CODES : 799.89 401.9 493.92 729.0 V02.62  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262861	1	T1019		10/10/13	10/10/13	24.00	101.28	
262861	2	T1019		10/11/13	10/11/13	24.00	101.28	
				CLAIM TOTAL		202.56		CLAIM ACCOUNT REF. 2628610012013463SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008421 2013464 OCASIO, VIRGINIA 05/24/1949 ZC22374W R2303508  
DIAGNOSIS CODES : 250.00 278.00 300.00 715.90  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262862	1	T1019		08/19/13	08/19/13	24.00	101.28	
262862	2	T1019		08/20/13	08/20/13	24.00	101.28	
262862	3	T1019		08/21/13	08/21/13	24.00	101.28	
262862	4	T1019		08/22/13	08/22/13	24.00	101.28	
262862	5	T1019		08/23/13	08/23/13	24.00	101.28	
262862	6	T1019		08/26/13	08/26/13	24.00	101.28	
262862	7	T1019		08/27/13	08/27/13	24.00	101.28	
262862	8	T1019		08/28/13	08/28/13	24.00	101.28	
262862	9	T1019		08/29/13	08/29/13	24.00	101.28	
262862	10	T1019		08/30/13	08/30/13	24.00	101.28	
262862	11	T1019		09/02/13	09/02/13	24.00	101.28	
262862	12	T1019		09/03/13	09/03/13	24.00	101.28	
262862	13	T1019		09/04/13	09/04/13	24.00	101.28	
262862	14	T1019		09/05/13	09/05/13	24.00	101.28	
262862	15	T1019		09/06/13	09/06/13	24.00	101.28	
262862	16	T1019		09/09/13	09/09/13	24.00	101.28	
				CLAIM TOTAL		1,620.48		CLAIM ACCOUNT REF. 2628620012013464SUP



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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008531 2013465 RODRIGUEZ -2, MARIA 02/16/1949 SB98419Y R2450270  
DIAGNOSIS CODES : 250.00 272.4 331.0 401.9 799.89  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262868	1	T1019		10/07/13	10/07/13	24.00	101.28
262868	2	T1019		10/08/13	10/08/13	24.00	101.28
262868	3	T1019		10/09/13	10/09/13	24.00	101.28
262868	4	T1019		10/10/13	10/10/13	24.00	101.28
262868	5	T1019		10/11/13	10/11/13	24.00	101.28
CLAIM TOTAL							506.40
							CLAIM ACCOUNT REF. 2628680012013465SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008398 2013466 RODRIGUEZ, JESSE 03/23/1984 YC62425G R2303381  
DIAGNOSIS CODES : 799.89 253.5 278.00 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262869	1	T1019		10/07/13	10/07/13	20.00	84.40
262869	2	T1019		10/08/13	10/08/13	20.00	84.40
262869	3	T1019		10/10/13	10/10/13	20.00	84.40
262869	4	T1019		10/11/13	10/11/13	20.00	84.40
CLAIM TOTAL							337.60
							CLAIM ACCOUNT REF. 2628690012013466SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008265 2013467 SHEPPARD, ERMA 10/05/1954 ZX55600A 0105301305797  
DIAGNOSIS CODES : 295.90 250.00 272.0 401.9 440.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262874	1	T1019		10/05/13	10/05/13	32.00	135.04
262874	2	T1019		10/06/13	10/06/13	40.00	168.80
262874	3	T1019		10/07/13	10/07/13	40.00	168.80
262874	4	T1019		10/08/13	10/08/13	40.00	168.80
262874	5	T1019		10/09/13	10/09/13	40.00	168.80
262874	6	T1019		10/10/13	10/10/13	40.00	168.80
262874	7	T1019		10/11/13	10/11/13	40.00	168.80
CLAIM TOTAL							1,147.84
							CLAIM ACCOUNT REF. 2628740012013467SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008425 2013468 WELLS, WYNORIA 09/10/1959 ZR27322A R2378418  
DIAGNOSIS CODES : 278.01 253.5 272.4 356.9 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262882	1	T1019		10/07/13	10/07/13	16.00	67.52
262882	2	T1019		10/08/13	10/08/13	16.00	67.52
262882	3	T1019		10/09/13	10/09/13	16.00	67.52
262882	4	T1019		10/10/13	10/10/13	16.00	67.52
262882	5	T1019		10/11/13	10/11/13	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2628820012013468SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013602 2013602 LOPEZ, YAMILETH 11/22/1957 129932699 R2346153  
DIAGNOSIS CODES : 250.00 272.4 401.9 530.81 719.7  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262856	1	T1019		10/07/13	10/07/13	20.00	84.40
262856	2	T1019		10/08/13	10/08/13	20.00	84.40
262856	3	T1019		10/09/13	10/09/13	20.00	84.40
262856	4	T1019		10/10/13	10/10/13	20.00	84.40
262856	5	T1019		10/11/13	10/11/13	20.00	84.40
CLAIM TOTAL							422.00
CLAIM ACCOUNT REF.							2628560012013602SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013732 2013732 GARCIA DE LA CRUZ, ANA 05/27/1937 117528059 R2379963  
DIAGNOSIS CODES : 715.09 338.4 401.9 493.90  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262851	1	T1019		10/07/13	10/07/13	16.00	67.52
262851	2	T1019		10/08/13	10/08/13	16.00	67.52
262851	3	T1019		10/09/13	10/09/13	16.00	67.52
262851	4	T1019		10/10/13	10/10/13	16.00	67.52
262851	5	T1019		10/11/13	10/11/13	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2628510012013732SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013739 2013739 GUERRA, MAYRA 07/10/1957 130005275 R2380289  
DIAGNOSIS CODES : 332.0 311. 338.4 719.7 V15.88  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262852	1	T1019		10/05/13	10/05/13	32.00	135.04	
262852	2	T1019		10/06/13	10/06/13	32.00	135.04	
262852	3	T1019		10/07/13	10/07/13	32.00	135.04	
262852	4	T1019		10/08/13	10/08/13	32.00	135.04	
262852	5	T1019		10/09/13	10/09/13	32.00	135.04	
262852	6	T1019		10/10/13	10/10/13	32.00	135.04	
262852	7	T1019		10/11/13	10/11/13	32.00	135.04	
CLAIM TOTAL							945.28	CLAIM ACCOUNT REF. 2628520012013739SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008886 2013849 REINA, JOSE 05/31/1928 130116891 0107311303394  
DIAGNOSIS CODES : 244.9 272.4 600.90  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262864	1	S5131		10/07/13	10/07/13	5.00	1,012.80	
262864	2	S5131		10/08/13	10/08/13	5.00	1,012.80	
262864	3	S5131		10/09/13	10/09/13	5.00	1,012.80	
262864	4	S5131		10/10/13	10/10/13	5.00	1,012.80	
262864	5	S5131		10/11/13	10/11/13	5.00	1,012.80	
CLAIM TOTAL							5,064.00	CLAIM ACCOUNT REF. 2628640012013849SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009337 2013850 DOMINGUEZ-REIN, ANA T 09/02/1932 113539931 R2397139  
DIAGNOSIS CODES : 401.9 715.00 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262845	1	S5131		10/07/13	10/07/13	5.00	1,012.80	
262845	2	S5131		10/08/13	10/08/13	5.00	1,012.80	
262845	3	S5131		10/09/13	10/09/13	5.00	1,012.80	
262845	4	S5131		10/10/13	10/10/13	5.00	1,012.80	
262845	5	S5131		10/11/13	10/11/13	5.00	1,012.80	
CLAIM TOTAL							5,064.00	CLAIM ACCOUNT REF. 2628450012013850SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013941 2013941 TELLO, ZOILA 11/04/1954 WF19113P R2389724  
DIAGNOSIS CODES : 727.1  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262878	1	T1019		10/07/13	10/07/13	16.00	67.52
262878	2	T1019		10/08/13	10/08/13	16.00	67.52
262878	3	T1019		10/09/13	10/09/13	16.00	67.52
262878	4	T1019		10/10/13	10/10/13	16.00	67.52
262878	5	T1019		10/11/13	10/11/13	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2628780012013941SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009405 2013942 CORTES DE GALINDO, NEL 05/25/1925 PF03624B 0103141302031  
DIAGNOSIS CODES : 401.9 244.9 537.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262842	1	T1019		09/30/13	09/30/13	24.00	101.28
262842	2	T1019		10/01/13	10/01/13	24.00	101.28
262842	3	T1019		10/02/13	10/02/13	24.00	101.28
262842	4	T1019		10/03/13	10/03/13	24.00	101.28
262842	5	T1019		10/04/13	10/04/13	24.00	101.28
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2628420012013942SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012731 2014090 VALENCIA, ESTHER J 11/13/1930 UF20889J 0103041302631  
DIAGNOSIS CODES : 401.9 414.3  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262880	1	T1019		10/01/13	10/01/13	24.00	101.28
262880	2	T1019		10/02/13	10/02/13	24.00	101.28
262880	3	T1019		10/03/13	10/03/13	24.00	101.28
262880	4	T1019		10/04/13	10/04/13	24.00	101.28
262880	5	T1019		10/07/13	10/07/13	24.00	101.28
262880	6	T1019		10/08/13	10/08/13	24.00	101.28
CLAIM TOTAL							607.68

CLAIM ACCOUNT REF. 2628800012014090SUP

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NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
262847	1	T1019		10/07/13	10/07/13	16.00	67.52		
262847	2	T1019		10/08/13	10/08/13	16.00	67.52		
262847	3	T1019		10/09/13	10/09/13	16.00	67.52		
262847	4	T1019		10/10/13	10/10/13	16.00	67.52		
262847	5	T1019		10/11/13	10/11/13	16.00	67.52		
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF.	2628470012014247SUP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262983	1	T1019		10/05/13	10/05/13	48.00	170.88	
262983	2	T1019		10/06/13	10/06/13	48.00	170.88	
262983	3	T1019		10/07/13	10/07/13	48.00	170.88	
262983	4	T1019		10/08/13	10/08/13	48.00	170.88	
					CLAIM TOTAL	683.52		CLAIM ACCOUNT REF. 2629830012014253SUP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262982	1	T1019		10/09/13	10/09/13	20.00	71.20	
262982	2	T1019		10/11/13	10/11/13	20.00	71.20	
					CLAIM TOTAL		142.40	CLAIM ACCOUNT REF. 2629820012014274SUP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	573	TOTAL CLAIM AMOUNT =	76,777.80
		# SERVICES =	96		

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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 611923967  
DIAGNOSIS CODES : 250.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262893	1	T1019				10/05/13	10/05/13	40.00	171.60
262893	2	T1019				10/06/13	10/06/13	40.00	171.60
262893	3	T1019				10/07/13	10/07/13	40.00	171.60
262893	4	T1019				10/08/13	10/08/13	40.00	171.60
262893	5	T1019				10/09/13	10/09/13	40.00	171.60
262893	6	T1019				10/10/13	10/10/13	40.00	171.60
262893	7	T1019				10/11/13	10/11/13	40.00	171.60
CLAIM TOTAL									1,201.20
CLAIM ACCOUNT REF.									2628930012008245SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008287 2008287 MILLAN, ARMIDA 09/13/1928 UF38033Q 610554187  
DIAGNOSIS CODES : 250.00 272.4 311. 356.9 365.9 401.9 530.81  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262896	1	T1019				09/30/13	09/30/13	36.00	154.44
262896	2	T1019				10/01/13	10/01/13	36.00	154.44
CLAIM TOTAL									308.88
CLAIM ACCOUNT REF.									2628960012008287SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008287 2008287 MILLAN, ARMIDA 09/13/1928 UF38033Q 612210561  
DIAGNOSIS CODES : 250.00 272.4 311. 356.9 365.9 401.9 530.81  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262897	1	T1019				10/02/13	10/02/13	36.00	154.44
262897	2	T1019				10/03/13	10/03/13	36.00	154.44
262897	3	T1019				10/04/13	10/04/13	36.00	154.44
262897	4	T1019				10/05/13	10/05/13	16.00	68.64
262897	5	T1019				10/06/13	10/06/13	16.00	68.64
262897	6	T1019				10/07/13	10/07/13	36.00	154.44
262897	7	T1019				10/08/13	10/08/13	36.00	154.44
262897	8	T1019				10/09/13	10/09/13	36.00	154.44
262897	9	T1019				10/10/13	10/10/13	36.00	154.44
262897	10	T1019				10/11/13	10/11/13	36.00	154.44
CLAIM TOTAL									1,372.80
CLAIM ACCOUNT REF.									2628970012008287SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = 87726                      UNITEDHEALTHCARE

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008401 2008401 SAFOS, PATRA 12/18/1948 100029836 611508024  
DIAGNOSIS CODES : 340. 244.8 272.0 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262899	1	T1019		10/05/13	10/05/13	32.00	137.28
262899	2	T1019		10/06/13	10/06/13	32.00	137.28
262899	3	T1019		10/07/13	10/07/13	32.00	137.28
262899	4	T1019		10/08/13	10/08/13	32.00	137.28
262899	5	T1019		10/09/13	10/09/13	32.00	137.28
262899	6	T1019		10/10/13	10/10/13	32.00	137.28
262899	7	T1019		10/11/13	10/11/13	32.00	137.28

CLAIM TOTAL

960.96

CLAIM ACCOUNT REF. 2628990012008401SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011881 2011881 KHAN, FAZAL 06/28/1970 101344352 611936039  
DIAGNOSIS CODES : 345.91  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262895	1	T1019		10/05/13	10/05/13	48.00	205.92
262895	2	T1019		10/06/13	10/06/13	48.00	205.92
262895	3	T1019		10/07/13	10/07/13	48.00	205.92
262895	4	T1019		10/08/13	10/08/13	48.00	205.92
262895	5	T1019		10/09/13	10/09/13	48.00	205.92
262895	6	T1019		10/10/13	10/10/13	48.00	205.92
262895	7	T1019		10/11/13	10/11/13	48.00	205.92

CLAIM TOTAL

1,441.44

CLAIM ACCOUNT REF. 2628950012011881SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013181 2013181 REYES, RODOLFO 04/17/1927 101465844 611028746  
DIAGNOSIS CODES : 427.89 443.89  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262898	1	T1019		10/05/13	10/05/13	16.00	68.64
262898	2	T1019		10/07/13	10/07/13	16.00	68.64
262898	3	T1019		10/08/13	10/08/13	16.00	68.64
262898	4	T1019		10/09/13	10/09/13	16.00	68.64
262898	5	T1019		10/10/13	10/10/13	16.00	68.64

CLAIM TOTAL

343.20

CLAIM ACCOUNT REF. 2628980012013181SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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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    2013182    2013182    FARFAN, MARIA                      06/17/1924    101465838                      611033079  
DIAGNOSIS CODES :    780.99    294.10    530.81    733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262894	1	T1019		10/05/13	10/05/13	32.00	137.28
262894	2	T1019		10/06/13	10/06/13	32.00	137.28
262894	3	T1019		10/07/13	10/07/13	32.00	137.28
262894	4	T1019		10/08/13	10/08/13	32.00	137.28
262894	5	T1019		10/09/13	10/09/13	32.00	137.28
262894	6	T1019		10/10/13	10/10/13	32.00	137.28
262894	7	T1019		10/11/13	10/11/13	32.00	137.28

CLAIM TOTAL

960.96

CLAIM ACCOUNT REF.    2628940012013182SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2006396    2013609    TSOURATAKIS, ELEFTERIA                      01/25/1919    ZX75546J                      611254933  
DIAGNOSIS CODES :    799.3    401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262900	1	T1019		09/30/13	09/30/13	48.00	205.92
262900	2	T1019		10/01/13	10/01/13	48.00	205.92

CLAIM TOTAL

411.84

CLAIM ACCOUNT REF.    2629000012013609SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2006396    2013609    TSOURATAKIS, ELEFTERIA                      01/25/1919    ZX75546J                      612239847  
DIAGNOSIS CODES :    799.3    401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262901	1	T1019		10/02/13	10/02/13	48.00	205.92
262901	2	T1019		10/03/13	10/03/13	48.00	205.92
262901	3	T1019		10/04/13	10/04/13	48.00	205.92
262901	4	T1019		10/05/13	10/05/13	44.00	188.76
262901	5	T1019		10/06/13	10/06/13	48.00	205.92
262901	6	T1019		10/07/13	10/07/13	48.00	205.92
262901	7	T1019		10/08/13	10/08/13	48.00	205.92
262901	8	T1019		10/09/13	10/09/13	48.00	205.92
262901	9	T1019		10/11/13	10/11/13	48.00	205.92

CLAIM TOTAL

1,836.12

CLAIM ACCOUNT REF.    2629010012013609SUP



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

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	56	TOTAL CLAIM AMOUNT =	8,837.40
		# SERVICES =	7		

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
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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 103536057  
DIAGNOSIS CODES : 431. 784.3  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263023	1	T1019		0580	10/05/13	10/05/13	40.00	168.80
263023	2	T1019		0580	10/06/13	10/06/13	40.00	168.80
263023	3	T1019		0580	10/07/13	10/07/13	32.00	135.04
263023	4	T1019		0580	10/08/13	10/08/13	32.00	135.04
263023	5	T1019		0580	10/09/13	10/09/13	32.00	135.04
263023	6	T1019		0580	10/10/13	10/10/13	32.00	135.04
263023	7	T1019		0580	10/11/13	10/11/13	32.00	135.04
CLAIM TOTAL								1,012.80
								CLAIM ACCOUNT REF. 2630230012008266SUP

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

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263026	1	S5130		0582	10/08/13	10/08/13	16.00	67.52
263026	2	S5130		0582	10/10/13	10/10/13	16.00	67.52
CLAIM TOTAL								135.04
								CLAIM ACCOUNT REF. 2630260012009279SUP

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

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263029	1	T1019		0580	10/07/13	10/07/13	24.00	90.00
263029	2	T1019		0580	10/08/13	10/08/13	24.00	90.00
263029	3	T1019		0580	10/09/13	10/09/13	24.00	90.00
263029	4	T1019		0580	10/10/13	10/10/13	24.00	90.00
263029	5	T1019		0580	10/11/13	10/11/13	24.00	90.00
CLAIM TOTAL								450.00
								CLAIM ACCOUNT REF. 2630290012012354SUP

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

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
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REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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

263032	1	T1019	0580	10/07/13	10/07/13	16.00	60.00
263032	2	T1019	0580	10/08/13	10/08/13	16.00	60.00
263032	3	T1019	0580	10/09/13	10/09/13	16.00	60.00
263032	4	T1019	0580	10/10/13	10/10/13	16.00	60.00
263032	5	T1019	0580	10/11/13	10/11/13	16.00	60.00
CLAIM TOTAL							300.00
							CLAIM ACCOUNT REF. 2630320012012358SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012080 2012362 RIVERA, CARMEN 05/17/1967 714280461 103312424  
DIAGNOSIS CODES : 192.2 338.29 536.9 787.60 788.30  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263033	1	T1019		0580		10/07/13	10/07/13	20.00	75.00
263033	2	T1019		0580		10/08/13	10/08/13	20.00	75.00
263033	3	T1019		0580		10/09/13	10/09/13	20.00	75.00
263033	4	T1019		0580		10/10/13	10/10/13	20.00	75.00
263033	5	T1019		0580		10/11/13	10/11/13	20.00	75.00
CLAIM TOTAL									375.00
									CLAIM ACCOUNT REF. 2630330012012362SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009647 2012374 FERNANDEZ, NORKA \* 07/14/1948 715856872 102806651  
DIAGNOSIS CODES : 401.9 311. 492.8 715.80  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263030	1	T1019		0580		10/07/13	10/07/13	24.00	90.00
263030	2	T1019		0580		10/08/13	10/08/13	24.00	90.00
263030	3	T1019		0580		10/09/13	10/09/13	24.00	90.00
263030	4	T1019		0580		10/10/13	10/10/13	36.00	135.00
263030	5	T1019		0580		10/11/13	10/11/13	24.00	90.00
CLAIM TOTAL									495.00
									CLAIM ACCOUNT REF. 2630300012012374SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012163 2012876 AKHTAR, CATHRINE 11/07/1951 713952989 103312611  
DIAGNOSIS CODES : 799.9 250.00 401.9 493.91  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263028	1	T1019		0580		10/05/13	10/05/13	20.00	75.00
263028	2	T1019		0580		10/06/13	10/06/13	20.00	75.00
263028	3	T1019		0580		10/07/13	10/07/13	28.00	105.00
263028	4	T1019		0580		10/08/13	10/08/13	28.00	105.00
263028	5	T1019		0580		10/09/13	10/09/13	28.00	105.00

REPORT DATE 10/16/13 SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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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
263028	6	T1019	0580	10/10/13	10/10/13	28.00	105.00
263028	7	T1019	0580	10/11/13	10/11/13	28.00	105.00
CLAIM TOTAL							675.00

CLAIM ACCOUNT REF. 2630280012012876SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008365 2013018 HARDING, EDNA 05/17/1956 6274884 103437258  
DIAGNOSIS CODES : 493.90 253.5 272.4 296.80  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263031	1	T1019	0580	10/07/13	10/07/13	16.00	60.00
263031	2	T1019	0580	10/08/13	10/08/13	16.00	60.00
263031	3	T1019	0580	10/09/13	10/09/13	16.00	60.00
263031	4	T1019	0580	10/10/13	10/10/13	16.00	60.00
263031	5	T1019	0580	10/11/13	10/11/13	20.00	75.00
CLAIM TOTAL							315.00

CLAIM ACCOUNT REF. 2630310012013018SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009247 2013352 CARRILLO, MARIA 05/18/1956 712689120 103584528  
DIAGNOSIS CODES : 714.0 311. 401.9 493.90 696.1 780.52 799.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263022	1	T1019	0580	10/07/13	10/07/13	20.00	84.40
263022	2	T1019	0580	10/08/13	10/08/13	20.00	84.40
263022	3	T1019	0580	10/09/13	10/09/13	20.00	84.40
263022	4	T1019	0580	10/10/13	10/10/13	20.00	84.40
263022	5	T1019	0580	10/11/13	10/11/13	20.00	84.40
CLAIM TOTAL							422.00

CLAIM ACCOUNT REF. 2630220012013352SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010671 2014097 AKHTER, SELINA 07/13/1960 717930679 103717989  
DIAGNOSIS CODES : 093.9 253.5 272.4 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263021	1	T1019	0580	10/07/13	10/07/13	36.00	151.92
263021	2	T1019	0580	10/08/13	10/08/13	36.00	151.92
263021	3	T1019	0580	10/09/13	10/09/13	36.00	151.92
263021	4	T1019	0580	10/10/13	10/10/13	36.00	151.92
263021	5	T1019	0580	10/11/13	10/11/13	36.00	151.92
CLAIM TOTAL							759.60

CLAIM ACCOUNT REF. 2630210012014097SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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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    2014101    2014101    RAHIM, SHANEEZA                      06/15/1997    713027020                      103726470  
DIAGNOSIS CODES :    343.9    315.9    754.89  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263027	1	T1019		0580		10/07/13	10/07/13	16.00	67.52
263027	2	T1019		0580		10/08/13	10/08/13	16.00	67.52
263027	3	T1019		0580		10/09/13	10/09/13	16.00	67.52
263027	4	T1019		0580		10/10/13	10/10/13	16.00	67.52
263027	5	T1019		0580		10/11/13	10/11/13	16.00	67.52
CLAIM TOTAL									337.60
CLAIM ACCOUNT REF.									2630270012014101SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2014169    2014169    KNAP, ZYGMUNT                      09/02/1949    006781876                      103648112  
DIAGNOSIS CODES :    152.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263025	1	T1019		0580		09/30/13	09/30/13	32.00	135.04
263025	2	T1019		0580		10/01/13	10/01/13	32.00	135.04
263025	3	T1019		0580		10/02/13	10/02/13	32.00	135.04
263025	4	T1019		0580		10/03/13	10/03/13	32.00	135.04
263025	5	T1019		0580		10/07/13	10/07/13	32.00	135.04
263025	6	T1019		0580		10/08/13	10/08/13	32.00	135.04
263025	7	T1019		0580		10/09/13	10/09/13	32.00	135.04
CLAIM TOTAL									945.28
CLAIM ACCOUNT REF.									2630250012014169SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2014176    2014176    GUTIERREZ, ELIJAH                      05/11/2009    006919558                      103726921  
DIAGNOSIS CODES :    299.  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263024	1	T1019		0580		09/30/13	09/30/13	12.00	50.64
263024	2	T1019		0580		10/01/13	10/01/13	12.00	50.64
263024	3	T1019		0580		10/03/13	10/03/13	12.00	50.64
263024	4	T1019		0580		10/09/13	10/09/13	24.00	101.28
CLAIM TOTAL									253.20
CLAIM ACCOUNT REF.									2630240012014176SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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

PAYER TOTALS:	AMERIGROUP NEW YORK,LLC	# OF CLAIMS =	67	TOTAL CLAIM AMOUNT =	6,475.52
		# SERVICES =	13		

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = ELDER                      ELDERSERVE

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009623 2013814 BEAN, ELMIRA 10/09/1948 00001678800 8/22/2012-00581-0006  
DIAGNOSIS CODES : 250.00 272.2 311. 401.9 436. 781.2  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263055	1	T1019		0671		09/21/13	09/21/13	32.00	116.16
263055	2	T1019		0671		10/06/13	10/06/13	32.00	118.08
263055	3	T1019		0671		10/07/13	10/07/13	32.00	118.08
263055	4	T1019		0671		10/08/13	10/08/13	32.00	118.08
263055	5	T1019		0671		10/09/13	10/09/13	32.00	118.08
263055	6	T1019		0671		10/10/13	10/10/13	32.00	118.08
CLAIM TOTAL									706.56
CLAIM ACCOUNT REF.									2630550012013814SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012728 2013815 MEYSTER, LYUBOV 01/08/1930 00002862300 3/5/2013-00134-0001  
DIAGNOSIS CODES : V68.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263056	1	T1019		0671		10/07/13	10/07/13	20.00	73.80
263056	2	T1019		0671		10/08/13	10/08/13	20.00	73.80
263056	3	T1019		0671		10/09/13	10/09/13	20.00	73.80
263056	4	T1019		0671		10/10/13	10/10/13	20.00	73.80
263056	5	T1019		0671		10/11/13	10/11/13	20.00	73.80
CLAIM TOTAL									369.00
CLAIM ACCOUNT REF.									2630560012013815SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013860 2013860 RODRIGUEZ -3, MARIA 09/20/1940 00001769400 8/6/2013-00020-0002  
DIAGNOSIS CODES : 250.00 244.9 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263057	1	T1019		0671		10/08/13	10/08/13	16.00	59.04
CLAIM TOTAL									59.04
CLAIM ACCOUNT REF.									2630570012013860SUP

PAYER TOTALS: ELDERSERVE                      # OF CLAIMS = 12      TOTAL CLAIM AMOUNT = 1,134.60  
# SERVICES = 3

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 1997785 1997785 RIVAS, GERTRUDIS 10/14/1931 GNT00533400 9/13/2011-00672-0010  
DIAGNOSIS CODES : 250.81 272.0 311. 401.9 715.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263178	1	S5125		10/07/13	10/07/13	24.00	94.56
263178	2	S5125		10/08/13	10/08/13	24.00	94.56
263178	3	S5125		10/09/13	10/09/13	24.00	94.56
263178	4	S5125		10/10/13	10/10/13	24.00	94.56
263178	5	S5125		10/11/13	10/11/13	24.00	94.56
CLAIM TOTAL							472.80
							CLAIM ACCOUNT REF. 2631780011997785SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 1997789 1997789 SANCHEZ, ELIZABETH 01/03/1956 GNT00370600 11/17/2003-00133-0144  
DIAGNOSIS CODES : 345.90 316. 369.4 462. 781.2 V12.54  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263192	1	T1019		10/05/13	10/05/13	16.00	63.04
263192	2	T1019		10/06/13	10/06/13	16.00	63.04
263192	3	T1019		10/07/13	10/07/13	28.00	110.32
263192	4	T1019		10/08/13	10/08/13	28.00	110.32
263192	5	T1019		10/09/13	10/09/13	28.00	110.32
263192	6	T1019		10/10/13	10/10/13	28.00	110.32
263192	7	T1019		10/11/13	10/11/13	28.00	110.32
CLAIM TOTAL							677.68
							CLAIM ACCOUNT REF. 2631920011997789SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 1999328 1999328 ZUMAETA, FANNY 04/09/1936 GNT03663500 4/27/2007-00047-0036  
DIAGNOSIS CODES : 318.1 345.91 369.4 389.10 453.8 784.5  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263223	1	T1019		10/05/13	10/05/13	28.00	110.32
263223	2	T1019		10/06/13	10/06/13	28.00	110.32
263223	3	T1019		10/07/13	10/07/13	39.00	153.66
263223	4	T1019		10/08/13	10/08/13	40.00	157.60
263223	5	T1019		10/09/13	10/09/13	32.00	126.08
263223	6	T1019		10/10/13	10/10/13	24.00	94.56
263223	7	T1019		10/11/13	10/11/13	40.00	157.60
CLAIM TOTAL							910.14
							CLAIM ACCOUNT REF. 2632230011999328SUP



REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2000140 2000140 PENA, WALESKA 07/06/1978 GNT02097600 4/2/2010-00212-0019  
DIAGNOSIS CODES : 724.2 225.0  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263165	1	T1019			10/05/13	10/05/13	32.00	126.08
263165	2	T1019			10/06/13	10/06/13	32.00	126.08
263165	3	T1019			10/07/13	10/07/13	32.00	126.08
263165	4	T1019			10/08/13	10/08/13	32.00	126.08
263165	5	T1019			10/09/13	10/09/13	32.00	126.08
263165	6	T1019			10/10/13	10/10/13	32.00	126.08
263165	7	T1019			10/11/13	10/11/13	32.00	126.08
CLAIM TOTAL								882.56

CLAIM ACCOUNT REF. 2631650012000140SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2002109 2002109 PROANO, ALICIA 09/18/1924 93700845900 7/27/2010-00116-0014  
DIAGNOSIS CODES : 250.00 212.2 485. 272.0 401.9 493.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263169	1	S5125	TT		10/05/13	10/05/13	20.00	83.80
263169	2	S5125	TT		10/06/13	10/06/13	20.00	83.80
263169	3	S5125	TT		10/07/13	10/07/13	20.00	83.80
263169	4	S5125	TT		10/08/13	10/08/13	20.00	83.80
263169	5	S5125	TT		10/09/13	10/09/13	20.00	83.80
263169	6	S5125	TT		10/10/13	10/10/13	20.00	83.80
263169	7	S5125	TT		10/11/13	10/11/13	20.00	83.80
CLAIM TOTAL								586.60

CLAIM ACCOUNT REF. 2631690012002109SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 1997798 2002124 SHELTON, AGUEDA 02/05/1919 GNT03123900 3/3/2009-00651-0023  
DIAGNOSIS CODES : 331.0 401.9 716.90 733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263200	1	T1019			10/06/13	10/06/13	28.00	110.32
263200	2	T1019			10/07/13	10/07/13	28.00	110.32
263200	3	T1019			10/08/13	10/08/13	28.00	110.32
263200	4	T1019			10/09/13	10/09/13	28.00	110.32
263200	5	T1019			10/10/13	10/10/13	28.00	110.32
263200	6	T1019			10/11/13	10/11/13	28.00	110.32
CLAIM TOTAL								661.92

CLAIM ACCOUNT REF. 2632000012002124SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER       ID = GUILD                      GUILDNET

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2000377    2002162    MUSCAT, CARMEN                      02/28/1927    GNT04082300                      7/13/2012-00639-0006  
DIAGNOSIS CODES :    250.00    272.2    401.9                      564.09    733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263148	1	S5125		10/05/13	10/05/13	24.00	94.56
263148	2	S5125		10/06/13	10/06/13	24.00	94.56
263148	3	S5125		10/07/13	10/07/13	32.00	126.08
263148	4	S5125		10/08/13	10/08/13	32.00	126.08
263148	5	S5125		10/09/13	10/09/13	32.00	126.08
263148	6	S5125		10/10/13	10/10/13	32.00	126.08
263148	7	S5125		10/11/13	10/11/13	32.00	126.08

CLAIM TOTAL

819.52    CLAIM ACCOUNT REF.    2631480012002162SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2002531    2002531    NEWBOLD, RAMONA                      09/24/1934    GNT04415000                      10/27/2008-00400-0023  
DIAGNOSIS CODES :    715.90    369.9    401.9                      462.  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263150	1	S5125		10/07/13	10/07/13	20.00	78.80
263150	2	S5125		10/08/13	10/08/13	20.00	78.80
263150	3	S5125		10/09/13	10/09/13	20.00	78.80
263150	4	S5125		10/10/13	10/10/13	20.00	78.80
263150	5	S5125		10/11/13	10/11/13	20.00	78.80

CLAIM TOTAL

394.00    CLAIM ACCOUNT REF.    2631500012002531SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    1997777    2002769    CEPEDA, TOMASA                      09/07/1932    93700964900                      12/4/2008-00022-0027  
DIAGNOSIS CODES :    253.5    401.9    452.                      462.  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263076	1	S5125		10/05/13	10/05/13	20.00	78.80
263076	2	S5125		10/06/13	10/06/13	20.00	78.80
263076	3	S5125		10/07/13	10/07/13	24.00	94.56
263076	4	S5125		10/08/13	10/08/13	24.00	94.56
263076	5	S5125		10/09/13	10/09/13	24.00	94.56
263076	6	S5125		10/10/13	10/10/13	24.00	94.56
263076	7	S5125		10/11/13	10/11/13	24.00	94.56

CLAIM TOTAL

630.40    CLAIM ACCOUNT REF.    2630760012002769SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2003052 2003052 ESCOBAR, DOMINGA 08/04/1937 GNT04459300 12/26/2008-00295-0062  
DIAGNOSIS CODES : 586. 250.00 272.0 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
263092	1	T1019				09/16/13	09/16/13	24.00	94.56	
								CLAIM TOTAL	94.56	CLAIM ACCOUNT REF. 2630920012003052SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 1997754 2003087 PAPHITIS, RICHARD 05/14/1923 GNT03006300 11/23/2005-00393-0046  
DIAGNOSIS CODES : 343.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
263161	1	T1019				10/07/13	10/07/13	32.00	126.08	
263161	2	T1019				10/08/13	10/08/13	32.00	126.08	
263161	3	T1019				10/09/13	10/09/13	32.00	126.08	
263161	4	T1019				10/10/13	10/10/13	32.00	126.08	
263161	5	T1019				10/11/13	10/11/13	32.00	126.08	
								CLAIM TOTAL	630.40	CLAIM ACCOUNT REF. 2631610012003087SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2003177 2003177 WHITLEY, MYRNA 07/04/1950 GNT04373700 2/11/2009-00446-0023  
DIAGNOSIS CODES : 340. 272.0 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
263220	1	T1019				09/01/13	09/01/13	20.00	78.80	
263220	2	T1019				09/15/13	09/15/13	20.00	78.80	
263220	3	T1019				09/29/13	09/29/13	20.00	78.80	
								CLAIM TOTAL	236.40	CLAIM ACCOUNT REF. 2632200012003177SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2003254 2003254 JIMENEZ, EUGENIA 03/15/1931 GNT04164400 2/22/2012-00525-0009  
DIAGNOSIS CODES : 331.0 311.  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
263121	1	T1019				10/11/13	10/11/13	42.00	165.48	
								CLAIM TOTAL	165.48	CLAIM ACCOUNT REF. 2631210012003254SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2004554 2004554 DONOSO, MARGARETHA 09/17/1938 GNT01219900 9/25/2009-00474-0022  
DIAGNOSIS CODES : 250.00 362.74 401.9 781.2  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263088	1	S5125		10/07/13	10/07/13	24.00	94.56
263088	2	S5125		10/08/13	10/08/13	24.00	94.56
263088	3	S5125		10/10/13	10/10/13	24.00	94.56
263088	4	S5125		10/11/13	10/11/13	24.00	94.56
CLAIM TOTAL							378.24

CLAIM ACCOUNT REF. 2630880012004554SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2004768 2004768 NUNEZ, ANGELINA 10/01/1946 GNT02920000 9/28/2005-00256-0055  
DIAGNOSIS CODES : 493.00 250.00 361.9 366.00 715.90  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263151	1	T1019		10/07/13	10/07/13	16.00	63.04
263151	2	T1019		10/09/13	10/09/13	16.00	63.04
263151	3	T1019		10/10/13	10/10/13	16.00	63.04
263151	4	T1019		10/11/13	10/11/13	16.00	63.04
CLAIM TOTAL							252.16

CLAIM ACCOUNT REF. 2631510012004768SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2002344 2006080 JOHNSON, DOROTHY 03/14/1932 GNT04334500 10/6/2008-00633-0046  
DIAGNOSIS CODES : 331.0 250.00 272.2 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263122	1	S5125		10/02/13	10/02/13	32.00	126.08
263122	2	S5125		10/03/13	10/03/13	32.00	126.08
263122	3	S5125		10/04/13	10/04/13	32.00	126.08
263122	4	S5125		10/05/13	10/05/13	48.00	189.12
263122	5	S5125		10/06/13	10/06/13	48.00	189.12
263122	6	S5125		10/07/13	10/07/13	32.00	126.08
263122	7	S5125		10/08/13	10/08/13	32.00	126.08
263122	8	S5125		10/09/13	10/09/13	32.00	126.08
263122	9	S5125		10/10/13	10/10/13	32.00	126.08
263122	10	S5125		10/11/13	10/11/13	32.00	126.08
CLAIM TOTAL							1,386.88

CLAIM ACCOUNT REF. 2631220012006080SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2006118 2006118 ALI, AMRUNISSA 10/05/1934 93703296700 4/6/2011-00677-0015  
DIAGNOSIS CODES : 250.00 272.0 401.9 462. 715.90  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263058	1	S5125		10/01/13	10/01/13	21.00	82.74
263058	2	S5125		10/02/13	10/02/13	36.00	141.84
263058	3	S5125		10/03/13	10/03/13	36.00	141.84
263058	4	S5125		10/04/13	10/04/13	36.00	141.84
263058	5	S5125		10/05/13	10/05/13	24.00	94.56
263058	6	S5125		10/07/13	10/07/13	36.00	141.84
263058	7	S5125		10/08/13	10/08/13	36.00	141.84
263058	8	S5125		10/09/13	10/09/13	36.00	141.84
263058	9	S5125		10/10/13	10/10/13	36.00	141.84
263058	10	S5125		10/11/13	10/11/13	36.00	141.84
CLAIM TOTAL						1,312.02	CLAIM ACCOUNT REF. 2630580012006118SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2006124 2006124 EARLINGTON, ALBERTHA 06/25/1947 GNT04981500 7/29/2010-00715-0015  
DIAGNOSIS CODES : 463. 429.9 493.00 715.90 781.2 250.93 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263090	1	S5125		10/05/13	10/05/13	24.00	94.56
263090	2	S5125		10/07/13	10/07/13	28.00	110.32
263090	3	S5125		10/08/13	10/08/13	28.00	110.32
263090	4	S5125		10/09/13	10/09/13	28.00	110.32
263090	5	S5125		10/10/13	10/10/13	28.00	110.32
263090	6	S5125		10/11/13	10/11/13	28.00	110.32
CLAIM TOTAL						646.16	CLAIM ACCOUNT REF. 2630900012006124SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2001974 2006828 RUBIANO, MARIA 11/12/1925 GNT03390400 9/27/2006-00154-0038  
DIAGNOSIS CODES : 716.90 345.90 414.00 428.0 294.20 401.9 530.81 564.00 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263188	1	S5125		10/07/13	10/07/13	22.00	86.68
263188	2	S5125		10/08/13	10/08/13	22.00	86.68
263188	3	S5125		10/09/13	10/09/13	22.00	86.68
263188	4	S5125		10/10/13	10/10/13	22.00	86.68
263188	5	S5125		10/11/13	10/11/13	22.00	86.68
CLAIM TOTAL						433.40	CLAIM ACCOUNT REF. 2631880012006828SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2002103 2007728 PROANO, BRUNO 10/06/1918 GNT04361600 8/28/2008-00367-0039  
DIAGNOSIS CODES : 715.90 290.0 780.96  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263170	1	S5125	TT			10/05/13	10/05/13	20.00	83.80
263170	2	S5125	TT			10/07/13	10/07/13	20.00	83.80
263170	3	S5125	TT			10/08/13	10/08/13	20.00	83.80
263170	4	S5125	TT			10/09/13	10/09/13	20.00	83.80
263170	5	S5125	TT			10/10/13	10/10/13	20.00	83.80
263170	6	S5125	TT			10/11/13	10/11/13	40.00	167.60
CLAIM TOTAL									586.60

CLAIM ACCOUNT REF. 2631700012007728SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2007969 2007969 RODRIGUEZ, HOLGER 10/27/1938 GNT05256300 2/29/2012-00253-0013  
DIAGNOSIS CODES : 401.9 250.00 332.0 369.00 600.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263183	1	T1019				09/27/13	09/27/13	36.00	141.84
263183	2	T1019				09/30/13	09/30/13	36.00	141.84
263183	3	T1019				10/05/13	10/05/13	36.00	141.84
263183	4	T1019				10/06/13	10/06/13	36.00	141.84
263183	5	T1019				10/07/13	10/07/13	36.00	141.84
263183	6	T1019				10/08/13	10/08/13	36.00	141.84
263183	7	T1019				10/09/13	10/09/13	36.00	141.84
263183	8	T1019				10/10/13	10/10/13	36.00	141.84
263183	9	T1019				10/11/13	10/11/13	36.00	141.84
CLAIM TOTAL									1,276.56

CLAIM ACCOUNT REF. 2631830012007969SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2005886 2008200 VLAHOS, MARIE 09/04/1932 GNT04780800 1/5/2010-00429-0027  
DIAGNOSIS CODES : 331.0 272.0 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263217	1	S5125				10/05/13	10/05/13	48.00	189.12
263217	2	S5125				10/06/13	10/06/13	48.00	189.12
263217	3	S5125				10/08/13	10/08/13	32.00	126.08
263217	4	S5125				10/09/13	10/09/13	32.00	126.08
263217	5	S5125				10/10/13	10/10/13	32.00	126.08
263217	6	S5125				10/11/13	10/11/13	32.00	126.08
CLAIM TOTAL									882.56

CLAIM ACCOUNT REF. 2632170012008200SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2007979 2008314 FERNANDEZ, ANA 08/14/1947 GNT05242300 6/2/2011-00474-0021  
DIAGNOSIS CODES : 460. 311. 401.9 780.4  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263097	1	S5125		10/07/13	10/07/13	24.00	94.56
263097	2	S5125		10/08/13	10/08/13	24.00	94.56
263097	3	S5125		10/09/13	10/09/13	24.00	94.56
263097	4	S5125		10/10/13	10/10/13	24.00	94.56
263097	5	S5125		10/11/13	10/11/13	24.00	94.56
CLAIM TOTAL							472.80
CLAIM ACCOUNT REF.							2630970012008314SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2003982 2008320 COLAVITTI, JEAN 05/23/1911 GNT04482200 6/24/2009-00555-0031  
DIAGNOSIS CODES : 716.90 272.0 362.51 401.9 V15.88  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263078	1	S5125		10/05/13	10/05/13	32.00	126.08
263078	2	S5125		10/06/13	10/06/13	32.00	126.08
263078	3	S5125		10/07/13	10/07/13	32.00	126.08
263078	4	S5125		10/08/13	10/08/13	32.00	126.08
263078	5	S5125		10/09/13	10/09/13	32.00	126.08
263078	6	S5125		10/10/13	10/10/13	32.00	126.08
263078	7	S5125		10/11/13	10/11/13	32.00	126.08
CLAIM TOTAL							882.56
CLAIM ACCOUNT REF.							2630780012008320SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008453 2008453 RESTULA, VINCENT 01/15/1929 GNT05473100 8/1/2011-00700-0009  
DIAGNOSIS CODES : 389.9 369.9 V15.88  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263173	1	S5125		10/07/13	10/07/13	16.00	63.04
263173	2	S5125		10/08/13	10/08/13	14.00	55.16
263173	3	S5125		10/09/13	10/09/13	16.00	63.04
263173	4	S5125		10/10/13	10/10/13	16.00	63.04
263173	5	S5125		10/11/13	10/11/13	16.00	63.04
CLAIM TOTAL							307.32
CLAIM ACCOUNT REF.							2631730012008453SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER       ID = GUILD                      GUILDNET

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2004555    2008892    WEISZ, KLARA                      06/27/1920    GNT04606900                      6/19/2013-00016-0002  
DIAGNOSIS CODES :    401.9    242.90    272.0                      311.                      530.81    733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263219	1	S5125		10/07/13	10/07/13	16.00	63.04
263219	2	S5125		10/09/13	10/09/13	16.00	63.04
CLAIM TOTAL							126.08
CLAIM ACCOUNT REF.							2632190012008892SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008605    2009202    MARTINEZ, GLORIA                      04/10/1937    GNT00444700                      11/14/2003-00001-0102  
DIAGNOSIS CODES :    345.90    272.0    311.                      362.50  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263136	1	S5125		10/07/13	10/07/13	20.00	78.80
263136	2	S5125		10/08/13	10/08/13	20.00	78.80
263136	3	S5125		10/09/13	10/09/13	20.00	78.80
263136	4	S5125		10/10/13	10/10/13	20.00	78.80
263136	5	S5125		10/11/13	10/11/13	20.00	78.80
CLAIM TOTAL							394.00
CLAIM ACCOUNT REF.							2631360012009202SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2002546    2009232    PEREZ, MARIA                      02/04/1931    93703475500                      11/9/2011-00055-0008  
DIAGNOSIS CODES :    715.00    385.00    401.9                      564.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263166	1	T1019		10/07/13	10/07/13	24.00	94.56
263166	2	T1019		10/08/13	10/08/13	24.00	94.56
263166	3	T1019		10/09/13	10/09/13	24.00	94.56
263166	4	T1019		10/10/13	10/10/13	24.00	94.56
263166	5	T1019		10/11/13	10/11/13	24.00	94.56
CLAIM TOTAL							472.80
CLAIM ACCOUNT REF.							2631660012009232SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2009392    2009392    NUNEZ, IRIS                      09/07/1963    GNT05481000                      11/29/2011-00245-0003  
DIAGNOSIS CODES :    585.6    369.9    458.9                      716.90    733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263152	1	S5125		10/07/13	10/07/13	24.00	94.56
263152	2	S5125		10/08/13	10/08/13	24.00	94.56



REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051  
PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263152	3	S5125		10/09/13	10/09/13	17.00	66.98	
263152	4	S5125		10/10/13	10/10/13	24.00	94.56	
263152	5	S5125		10/11/13	10/11/13	24.00	94.56	
					CLAIM TOTAL		445.22	CLAIM ACCOUNT REF. 2631520012009392SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009394 2009394 ECKMAN, LOIS 04/02/1919 GNT05317600 12/1/2011-00331-0012  
DIAGNOSIS CODES : 331.0 564.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263091	1	T1020		10/05/13	10/05/13	1.00	200.00	
263091	2	T1020		10/06/13	10/06/13	1.00	200.00	
263091	3	T1020		10/07/13	10/07/13	1.00	200.00	
263091	4	T1020		10/08/13	10/08/13	1.00	200.00	
263091	5	T1020		10/09/13	10/09/13	1.00	200.00	
263091	6	T1020		10/10/13	10/10/13	1.00	200.00	
263091	7	T1020		10/11/13	10/11/13	1.00	200.00	
					CLAIM TOTAL		1,400.00	CLAIM ACCOUNT REF. 2630910012009394SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009435 2009435 GOMEZ, YOLANDA 11/26/1934 GNT05745100 12/1/2011-00373-0016  
DIAGNOSIS CODES : 250.00 401.9 429.89 715.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263106	1	T1019		10/07/13	10/07/13	16.00	63.04	
263106	2	T1019		10/09/13	10/09/13	16.00	63.04	
263106	3	T1019		10/11/13	10/11/13	20.00	78.80	
					CLAIM TOTAL		204.88	CLAIM ACCOUNT REF. 2631060012009435SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2003840 2009576 PAZIOULIS, KLEONIKI 10/16/1934 GNT04602500 6/2/2009-00124-0034  
DIAGNOSIS CODES : 401.9 272.0 338.29  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263164	1	S5125		10/05/13	10/05/13	44.00	173.36	
263164	2	S5125		10/06/13	10/06/13	44.00	173.36	
263164	3	S5125		10/07/13	10/07/13	44.00	173.36	
263164	4	S5125		10/08/13	10/08/13	44.00	173.36	
263164	5	S5125		10/09/13	10/09/13	44.00	173.36	
					CLAIM TOTAL		866.80	CLAIM ACCOUNT REF. 2631640012009576SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER       ID = GUILD                      GUILDNET

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2009589    2009589    FERRO, JOSEPHINE                      10/09/1915    GNT05940400                      12/28/2011-00570-0011  
DIAGNOSIS CODES :    294.20    362.51    455.3                      716.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263100	1	T1019		10/05/13	10/05/13	24.00	94.56	
263100	2	T1019		10/06/13	10/06/13	16.00	63.04	
263100	3	T1019		10/07/13	10/07/13	48.00	189.12	
263100	4	T1019		10/08/13	10/08/13	48.00	189.12	
263100	5	T1019		10/09/13	10/09/13	48.00	189.12	
263100	6	T1019		10/10/13	10/10/13	48.00	189.12	
263100	7	T1019		10/11/13	10/11/13	48.00	189.12	
CLAIM TOTAL						1,103.20		CLAIM ACCOUNT REF.    2631000012009589SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2009790    2009790    COLEMAN, REGINA                      11/26/1958    GNT060020000                      2/1/2012-01152-0007  
DIAGNOSIS CODES :    331.0    401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263079	1	S5125		10/05/13	10/05/13	32.00	126.08	
263079	2	S5125		10/06/13	10/06/13	32.00	126.08	
263079	3	S5125		10/07/13	10/07/13	12.00	47.28	
263079	4	S5125		10/08/13	10/08/13	12.00	47.28	
263079	5	S5125		10/09/13	10/09/13	12.00	47.28	
263079	6	S5125		10/10/13	10/10/13	11.00	43.34	
CLAIM TOTAL						437.34		CLAIM ACCOUNT REF.    2630790012009790SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2010198    2010198    ORLANDO, ANNE                      02/09/1923    GNT06098400                      4/2/2012-00930-0009  
DIAGNOSIS CODES :    294.20    401.9    496.                      719.7  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263157	1	T1019		10/07/13	10/07/13	28.00	110.32	
263157	2	T1019		10/08/13	10/08/13	20.00	78.80	
263157	3	T1019		10/09/13	10/09/13	28.00	110.32	
263157	4	T1019		10/10/13	10/10/13	20.00	78.80	
263157	5	T1019		10/11/13	10/11/13	28.00	110.32	
CLAIM TOTAL						488.56		CLAIM ACCOUNT REF.    2631570012010198SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER       ID = GUILD                      GUILDNET

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2010407    2010407    MORA, PAULA                      06/14/1931    GNT06124800                      4/27/2012-00052-0007  
DIAGNOSIS CODES :    401.9    244.9    250.00    366.00    389.9    715.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
263144	1	T1019				10/10/13	10/10/13	16.00	63.04	
									CLAIM TOTAL	63.04
										CLAIM ACCOUNT REF.    2631440012010407SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2010409    2010409    RAMOS, ESTHER                      12/21/1933    GNT06136400                      4/27/2012-00082-0008  
DIAGNOSIS CODES :    331.0    250.00    272.2                      401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
263172	1	T1019				10/07/13	10/07/13	12.00	47.28	
263172	2	T1019				10/08/13	10/08/13	16.00	63.04	
263172	3	T1019				10/09/13	10/09/13	16.00	63.04	
263172	4	T1019				10/10/13	10/10/13	12.00	47.28	
263172	5	T1019				10/11/13	10/11/13	16.00	63.04	
									CLAIM TOTAL	283.68
										CLAIM ACCOUNT REF.    2631720012010409SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2010412    2010412    RODRIGUEZ, FABIOLA                      06/23/1931    GNT06115800                      8/27/2012-00184-0007  
DIAGNOSIS CODES :    715.90    401.9    493.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
263182	1	S5125				10/05/13	10/05/13	16.00	63.04	
263182	2	S5125				10/07/13	10/07/13	16.00	63.04	
263182	3	S5125				10/09/13	10/09/13	16.00	63.04	
263182	4	S5125				10/10/13	10/10/13	16.00	63.04	
263182	5	S5125				10/11/13	10/11/13	16.00	63.04	
									CLAIM TOTAL	315.20
										CLAIM ACCOUNT REF.    2631820012010412SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2010843    2010843    ALSTON, ZULINE                      05/07/1927    GNT06188400                      6/28/2012-00942-0012  
DIAGNOSIS CODES :    290.0    272.0    365.9                      401.9    733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
263060	1	S5125				10/05/13	10/05/13	32.00	126.08	
263060	2	S5125				10/06/13	10/06/13	32.00	126.08	
263060	3	S5125				10/07/13	10/07/13	32.00	126.08	

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263060	4	S5125		10/08/13	10/08/13	32.00	126.08	
263060	5	S5125		10/09/13	10/09/13	32.00	126.08	
263060	6	S5125		10/11/13	10/11/13	32.00	126.08	
					CLAIM TOTAL		756.48	CLAIM ACCOUNT REF. 2630600012010843SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011036 2011036 MASSOL, PEDRO A 09/08/1934 GNT04564600 7/26/2012-00677-0015  
DIAGNOSIS CODES : 290.40 250.00 272.2 285.9 401.9 600.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263137	1	S5125		10/05/13	10/05/13	12.00	47.28	
263137	2	S5125		10/07/13	10/07/13	20.00	78.80	
263137	3	S5125		10/08/13	10/08/13	20.00	78.80	
263137	4	S5125		10/09/13	10/09/13	20.00	78.80	
263137	5	S5125		10/10/13	10/10/13	20.00	78.80	
263137	6	S5125		10/11/13	10/11/13	20.00	78.80	
					CLAIM TOTAL		441.28	CLAIM ACCOUNT REF. 2631370012011036SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011252 2011252 HENRIQUEZ, TERESA 10/15/1938 GNT06350600 8/30/2012-00144-0007  
DIAGNOSIS CODES : 203.01 272.2 311. 401.9 530.81 564.00 780.52  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263114	1	S5125		10/01/13	10/01/13	32.00	126.08	
263114	2	S5125		10/02/13	10/02/13	32.00	126.08	
263114	3	S5125		10/03/13	10/03/13	32.00	126.08	
263114	4	S5125		10/04/13	10/04/13	32.00	126.08	
263114	5	S5125		10/05/13	10/05/13	16.00	63.04	
263114	6	S5125		10/06/13	10/06/13	16.00	63.04	
263114	7	S5125		10/07/13	10/07/13	32.00	126.08	
263114	8	S5125		10/08/13	10/08/13	16.00	63.04	
263114	9	S5125		10/09/13	10/09/13	32.00	126.08	
263114	10	S5125		10/10/13	10/10/13	32.00	126.08	
263114	11	S5125		10/11/13	10/11/13	32.00	126.08	
					CLAIM TOTAL		1,197.76	CLAIM ACCOUNT REF. 2631140012011252SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011256 2011256 DURAN, CARMEN 07/16/1925 GNT06350900 8/30/2012-00186-0008  
DIAGNOSIS CODES : 894.0 244.8 401.9 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263089	1	S5125		10/07/13	10/07/13	26.00	102.44
263089	2	S5125		10/08/13	10/08/13	26.00	102.44
263089	3	S5125		10/09/13	10/09/13	26.00	102.44
263089	4	S5125		10/10/13	10/10/13	26.00	102.44
263089	5	S5125		10/11/13	10/11/13	26.00	102.44
CLAIM TOTAL							512.20

CLAIM ACCOUNT REF. 2630890012011256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010773 2011350 MCQUAIL, MAUREEN 10/23/1934 GNT06367800 9/13/2012-00602-0008  
DIAGNOSIS CODES : 331.0 244.9 250.80 278.02 447.8 715.98  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263139	1	S5125		10/05/13	10/05/13	28.00	110.32
263139	2	S5125		10/06/13	10/06/13	40.00	157.60
263139	3	S5125		10/07/13	10/07/13	48.00	189.12
263139	4	S5125		10/08/13	10/08/13	48.00	189.12
263139	5	S5125		10/09/13	10/09/13	48.00	189.12
263139	6	S5125		10/10/13	10/10/13	48.00	189.12
CLAIM TOTAL							1,024.40

CLAIM ACCOUNT REF. 2631390012011350SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 1997780 2011411 PICHARDO, MARIA 05/14/1923 GNT02908700 8/24/2005-00382-0057  
DIAGNOSIS CODES : 290.0 311. 493.00 530.81 780.96  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263167	1	T1019		10/05/13	10/05/13	36.00	141.84
263167	2	T1019		10/06/13	10/06/13	36.00	141.84
263167	3	T1019		10/07/13	10/07/13	36.00	141.84
263167	4	T1019		10/08/13	10/08/13	36.00	141.84
263167	5	T1019		10/09/13	10/09/13	36.00	141.84
263167	6	T1019		10/10/13	10/10/13	36.00	141.84
CLAIM TOTAL							851.04

CLAIM ACCOUNT REF. 2631670012011411SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER       ID = GUILD                      GUILDNET

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2011472    2011472    HENLEY, LUVENIA                      08/23/1927    GNT06160900                      9/28/2012-00806-0009  
DIAGNOSIS CODES :    294.10    250.00    401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263113	1	T1019				09/23/13	09/23/13	48.00	189.12
263113	2	T1019				09/24/13	09/24/13	48.00	189.12
263113	3	T1019				09/25/13	09/25/13	48.00	189.12
263113	4	T1019				09/26/13	09/26/13	48.00	189.12
263113	5	T1019				10/03/13	10/03/13	48.00	189.12
263113	6	T1019				10/04/13	10/04/13	48.00	189.12
263113	7	T1019				10/07/13	10/07/13	48.00	189.12
263113	8	T1019				10/08/13	10/08/13	48.00	189.12
263113	9	T1019				10/09/13	10/09/13	48.00	189.12
263113	10	T1019				10/10/13	10/10/13	48.00	189.12
263113	11	T1019				10/11/13	10/11/13	48.00	189.12

CLAIM TOTAL                      2,080.32                      CLAIM ACCOUNT REF.    2631130012011472SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2011503    2011503    BERJASHEVIC, LIME                      10/30/1926    GNT06467800                      10/3/2012-00231-0006  
DIAGNOSIS CODES :    093.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263067	1	T1019				10/07/13	10/07/13	16.00	63.04
263067	2	T1019				10/11/13	10/11/13	32.00	126.08

CLAIM TOTAL                      189.12                      CLAIM ACCOUNT REF.    2630670012011503SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2009586    2011581    ASH, MARIE                      08/11/1925    GNT06270600                      9/28/2012-00709-0010  
DIAGNOSIS CODES :    780.4    458.8    780.93    V45.01  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263063	1	T1019				10/07/13	10/07/13	16.00	63.04
263063	2	T1019				10/09/13	10/09/13	16.00	63.04
263063	3	T1019				10/11/13	10/11/13	16.00	63.04

CLAIM TOTAL                      189.12                      CLAIM ACCOUNT REF.    2630630012011581SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011599 2011599 DELEON, JUANA 04/18/1918 GNT04795000 1/28/2010-00406-0023  
DIAGNOSIS CODES : 294.10 365.89 401.9 V12.54  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263084	1	S5125		10/07/13	10/07/13	24.00	94.56
263084	2	S5125		10/08/13	10/08/13	24.00	94.56
263084	3	S5125		10/09/13	10/09/13	24.00	94.56
263084	4	S5125		10/10/13	10/10/13	24.00	94.56
263084	5	S5125		10/11/13	10/11/13	24.00	94.56
CLAIM TOTAL							472.80
CLAIM ACCOUNT REF.							2630840012011599SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011600 2011600 GUZMAN, EDELMIRA 02/19/1944 GNT03023100 11/6/2008-00160-0009  
DIAGNOSIS CODES : 250.00 244.9 401.9 569.89 781.2 789.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263112	1	S5125		10/07/13	10/07/13	22.00	86.68
263112	2	S5125		10/08/13	10/08/13	22.00	86.68
263112	3	S5125		10/11/13	10/11/13	20.00	78.80
CLAIM TOTAL							252.16
CLAIM ACCOUNT REF.							2631120012011600SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011601 2011601 JACKSON, PATRICIA 08/10/1960 GNT04501100 1/26/2009-00708-0049  
DIAGNOSIS CODES : 042. 311. 401.9 493.90 944.14  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263119	1	T1019		10/07/13	10/07/13	20.00	78.80
263119	2	T1019		10/08/13	10/08/13	20.00	78.80
263119	3	T1019		10/09/13	10/09/13	20.00	78.80
263119	4	T1019		10/10/13	10/10/13	20.00	78.80
263119	5	T1019		10/11/13	10/11/13	20.00	78.80
CLAIM TOTAL							394.00
CLAIM ACCOUNT REF.							2631190012011601SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011654 2011654 ALIX, PEDRO 01/31/1937 GNT03916300 7/26/2011-00282-0022  
DIAGNOSIS CODES : 294.10 401.9 602.8  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263059	1	S5126		10/05/13	10/05/13	1.00	200.00

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263059	2	S5126		10/06/13	10/06/13	1.00	200.00
263059	3	S5126		10/07/13	10/07/13	1.00	200.00
263059	4	S5126		10/08/13	10/08/13	1.00	200.00
263059	5	S5126		10/09/13	10/09/13	1.00	200.00
263059	6	S5126		10/10/13	10/10/13	1.00	200.00
263059	7	S5126		10/11/13	10/11/13	1.00	200.00
CLAIM TOTAL							1,400.00
							CLAIM ACCOUNT REF. 2630590012011654SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011659 2011659 RIVERA MARTINEZ, GLORI 01/22/1938 GNT02887600 8/23/2005-00354-0060  
DIAGNOSIS CODES : 253.5 244.9 272.4 369.00 401.9 493.92  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263179	1	S5125		10/05/13	10/05/13	27.00	106.38
263179	2	S5125		10/06/13	10/06/13	28.00	110.32
263179	3	S5125		10/07/13	10/07/13	28.00	110.32
263179	4	S5125		10/08/13	10/08/13	28.00	110.32
263179	5	S5125		10/09/13	10/09/13	28.00	110.32
263179	6	S5125		10/10/13	10/10/13	28.00	110.32
263179	7	S5125		10/11/13	10/11/13	28.00	110.32
CLAIM TOTAL							768.30
							CLAIM ACCOUNT REF. 2631790012011659SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011662 2011662 GONZALEZ MONTALVO, RA 02/10/1935 GNT02343300 3/24/2004-00008-0047  
DIAGNOSIS CODES : 253.5 272.4 369.60 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263107	1	S5125		10/05/13	10/05/13	16.00	63.04
263107	2	S5125		10/06/13	10/06/13	15.00	59.10
263107	3	S5125		10/07/13	10/07/13	16.00	63.04
263107	4	S5125		10/08/13	10/08/13	16.00	63.04
263107	5	S5125		10/09/13	10/09/13	16.00	63.04
263107	6	S5125		10/10/13	10/10/13	16.00	63.04
263107	7	S5125		10/11/13	10/11/13	16.00	63.04
CLAIM TOTAL							437.34
							CLAIM ACCOUNT REF. 2631070012011662SUP



REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008342 2011663 MARTIN, RUTH 08/25/1927 GNT06371400 9/28/2012-00964-0011  
DIAGNOSIS CODES : 331.0 208.91 290.0 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263134	1	S5126				10/05/13	10/05/13	1.00	200.00
263134	2	S5126				10/06/13	10/06/13	1.00	200.00
263134	3	S5126				10/07/13	10/07/13	1.00	200.00
263134	4	S5126				10/08/13	10/08/13	1.00	200.00
263134	5	S5126				10/09/13	10/09/13	1.00	200.00
263134	6	S5126				10/11/13	10/11/13	1.00	200.00

CLAIM TOTAL

1,200.00 CLAIM ACCOUNT REF. 2631340012011663SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011694 2011694 LORA, FERNANDO 08/20/1935 GNT03342600 11/3/2006-00417-0039  
DIAGNOSIS CODES : 429.9 386.9 602.8 716.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263129	1	S5125				10/03/13	10/03/13	32.00	126.08

CLAIM TOTAL

126.08 CLAIM ACCOUNT REF. 2631290012011694SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 1999409 2011750 ZARE, GLORIA 05/07/1943 GNT03716600 6/28/2007-00093-0102  
DIAGNOSIS CODES : 716.00 250.00 272.2 311. 401.9 715.90 781.2  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263222	1	S5125				10/06/13	10/06/13	4.00	15.76
263222	2	S5125				10/08/13	10/08/13	20.00	78.80
263222	3	S5125				10/09/13	10/09/13	29.00	114.26
263222	4	S5125				10/10/13	10/10/13	32.00	126.08
263222	5	S5125				10/11/13	10/11/13	26.00	102.44

CLAIM TOTAL

437.34 CLAIM ACCOUNT REF. 2632220012011750SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011769 2011769 COMET, JULIA 10/07/1934 GNT04442600 11/25/2008-00698-0025  
DIAGNOSIS CODES : 401.9 272.2 365.9 530.81  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263081	1	T1019				10/07/13	10/07/13	24.00	94.56
263081	2	T1019				10/08/13	10/08/13	24.00	94.56

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263081	3	T1019		10/09/13	10/09/13	24.00	94.56	
263081	4	T1019		10/10/13	10/10/13	24.00	94.56	
263081	5	T1019		10/11/13	10/11/13	24.00	94.56	
					CLAIM TOTAL		472.80	CLAIM ACCOUNT REF. 2630810012011769SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011770 2011770 GUZMAN, ALICIA 05/26/1937 GNT00484900 12/5/2003-00110-0042  
DIAGNOSIS CODES : 300.20 300.00 715.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263111	1	T1019		10/08/13	10/08/13	16.00	63.04	
263111	2	T1019		10/09/13	10/09/13	16.00	63.04	
263111	3	T1019		10/10/13	10/10/13	16.00	63.04	
263111	4	T1019		10/11/13	10/11/13	16.00	63.04	
					CLAIM TOTAL		252.16	CLAIM ACCOUNT REF. 2631110012011770SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011771 2011771 LEMOINE, RICARDA 05/14/1925 GNT03700100 12/4/2008-00072-0006  
DIAGNOSIS CODES : 715.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263126	1	S5125		10/05/13	10/05/13	16.00	63.04	
263126	2	S5125		10/06/13	10/06/13	16.00	63.04	
263126	3	S5125		10/07/13	10/07/13	16.00	63.04	
263126	4	S5125		10/08/13	10/08/13	16.00	63.04	
263126	5	S5125		10/09/13	10/09/13	16.00	63.04	
263126	6	S5125		10/10/13	10/10/13	16.00	63.04	
263126	7	S5125		10/11/13	10/11/13	16.00	63.04	
					CLAIM TOTAL		441.28	CLAIM ACCOUNT REF. 2631260012011771SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011773 2011773 NUNEZ, REYNA 11/28/1964 GNT02970200 10/27/2005-00154-0072  
DIAGNOSIS CODES : 296.80  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263153	1	T1019		10/07/13	10/07/13	16.00	63.04	
263153	2	T1019		10/08/13	10/08/13	16.00	63.04	
263153	3	T1019		10/09/13	10/09/13	16.00	63.04	
263153	4	T1019		10/10/13	10/10/13	16.00	63.04	
263153	5	T1019		10/11/13	10/11/13	16.00	63.04	

REPORT DATE 10/16/13 SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051  
PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
						CLAIM TOTAL	315.20
							CLAIM ACCOUNT REF. 2631530012011773SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011781	2011781	THEN, MARIA	02/12/1942	GNT04429300	10/27/2008-00334-0091
DIAGNOSIS CODES :				585.6 250.93 401.9	428.0		
CLAIM REFERENCE #:				CLAIM FREQ: 1 (ORIGINAL)			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263203	1	S5125		10/07/13	10/07/13	36.00	141.84
263203	2	S5125		10/08/13	10/08/13	12.00	47.28
263203	3	S5125		10/09/13	10/09/13	36.00	141.84
263203	4	S5125		10/11/13	10/11/13	36.00	141.84
						CLAIM TOTAL	472.80
							CLAIM ACCOUNT REF. 2632030012011781SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011782	2011782	THERMOSY, MARIE P	06/10/1917	GNT02791600	6/23/2005-00052-0046
DIAGNOSIS CODES :				369.00			
CLAIM REFERENCE #:				CLAIM FREQ: 1 (ORIGINAL)			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263204	1	S5125		10/05/13	10/05/13	20.00	78.80
263204	2	S5125		10/07/13	10/07/13	32.00	126.08
263204	3	S5125		10/08/13	10/08/13	32.00	126.08
263204	4	S5125		10/09/13	10/09/13	32.00	126.08
263204	5	S5125		10/10/13	10/10/13	32.00	126.08
263204	6	S5125		10/11/13	10/11/13	32.00	126.08
						CLAIM TOTAL	709.20
							CLAIM ACCOUNT REF. 2632040012011782SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011783	2011783	VARGAS, ALCIBIADES	07/06/1918	GNT00492400	12/5/2003-00041-0044
DIAGNOSIS CODES :				715.00 401.9 530.81 696.1			
CLAIM REFERENCE #:				CLAIM FREQ: 1 (ORIGINAL)			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263211	1	T1019		10/05/13	10/05/13	20.00	78.80
263211	2	T1019		10/06/13	10/06/13	20.00	78.80
263211	3	T1019		10/07/13	10/07/13	20.00	78.80
263211	4	T1019		10/08/13	10/08/13	20.00	78.80
263211	5	T1019		10/09/13	10/09/13	20.00	78.80
263211	6	T1019		10/10/13	10/10/13	20.00	78.80
263211	7	T1019		10/11/13	10/11/13	20.00	78.80
						CLAIM TOTAL	551.60
							CLAIM ACCOUNT REF. 2632110012011783SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011787 2011787 SANTIAGO, ARMINDA 05/19/1932 GNT02860500 7/26/2005-00146-0055  
DIAGNOSIS CODES : 253.5 250.00 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263195	1	T1019		10/07/13	10/07/13	16.00	63.04
263195	2	T1019		10/09/13	10/09/13	16.00	63.04
263195	3	T1019		10/10/13	10/10/13	16.00	63.04
263195	4	T1019		10/11/13	10/11/13	16.00	63.04
CLAIM TOTAL							252.16

CLAIM ACCOUNT REF. 2631950012011787SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011797 2011797 CARTAGENA, LUZ 10/05/1948 GNT00039700 2/1/2012-01193-0009  
DIAGNOSIS CODES : 369.9 272.4 300.00 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263074	1	T1019		10/07/13	10/07/13	20.00	78.80
263074	2	T1019		10/11/13	10/11/13	20.00	78.80
CLAIM TOTAL							157.60

CLAIM ACCOUNT REF. 2630740012011797SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011798 2011798 UCALON, INES 04/20/1926 GNT05761000 6/28/2012-00905-0012  
DIAGNOSIS CODES : 331.0  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263082	1	S5125		10/05/13	10/05/13	46.00	181.24
263082	2	S5125		10/06/13	10/06/13	46.00	181.24
263082	3	S5125		10/07/13	10/07/13	38.00	149.72
263082	4	S5125		10/08/13	10/08/13	38.00	149.72
263082	5	S5125		10/09/13	10/09/13	38.00	149.72
263082	6	S5125		10/10/13	10/10/13	38.00	149.72
263082	7	S5125		10/11/13	10/11/13	40.00	157.60
CLAIM TOTAL							1,118.96

CLAIM ACCOUNT REF. 2630820012011798SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011800 2011800 FRANCIS, VICTORIA 11/22/1924 GNT03398100 9/26/2006-00356-0043  
DIAGNOSIS CODES : 290.0  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263102	1	S5125		10/07/13	10/07/13	28.00	110.32

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							110.32	2631020012011800SUP
						CLAIM TOTAL		

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011800	2011800	FRANCIS, VICTORIA	11/22/1924	GNT03398100	9/26/2006-00356-0044
DIAGNOSIS CODES :				290.0			
CLAIM REFERENCE #:							

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
263103	1	S5125		10/08/13	10/08/13	28.00	110.32	
263103	2	S5125		10/09/13	10/09/13	28.00	110.32	
263103	3	S5125		10/10/13	10/10/13	28.00	110.32	
263103	4	S5125		10/11/13	10/11/13	28.00	110.32	
						CLAIM TOTAL	441.28	2631030012011800SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011801	2011801	GARCIA2, MARIA A	09/09/1930	GNT02860800	8/10/2012-00011-0010
DIAGNOSIS CODES :				250.00    244.9    272.4    311.    401.9    733.00			
CLAIM REFERENCE #:							

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
263105	1	S5125		10/05/13	10/05/13	28.00	110.32	
263105	2	S5125		10/06/13	10/06/13	28.00	110.32	
263105	3	S5125		10/07/13	10/07/13	28.00	110.32	
263105	4	S5125		10/08/13	10/08/13	28.00	110.32	
263105	5	S5125		10/09/13	10/09/13	28.00	110.32	
263105	6	S5125		10/10/13	10/10/13	28.00	110.32	
263105	7	S5125		10/11/13	10/11/13	28.00	110.32	
						CLAIM TOTAL	772.24	2631050012011801SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011822	2011822	GREAVES, BARBARA	08/15/1945	GNT03748500	3/26/2012-00496-0007
DIAGNOSIS CODES :				436.    272.4    401.9			
CLAIM REFERENCE #:							

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
263108	1	T1019		10/11/13	10/11/13	16.00	63.04	
						CLAIM TOTAL	63.04	2631080012011822SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER       ID = GUILD                      GUILDNET

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2011823    2011823    HERNANDEZ, LUZ                      01/01/1933    GNT00568800                      3/10/2009-00033-0008  
DIAGNOSIS CODES :    250.00    530.81    715.00    780.93    781.2  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263115	1	S5125		10/07/13	10/07/13	24.00	94.56
263115	2	S5125		10/08/13	10/08/13	24.00	94.56
263115	3	S5125		10/09/13	10/09/13	24.00	94.56
263115	4	S5125		10/10/13	10/10/13	24.00	94.56
263115	5	S5125		10/11/13	10/11/13	24.00	94.56
CLAIM TOTAL							472.80
CLAIM ACCOUNT REF.							2631150012011823SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2011824    2011824    HICKS, SYLVIA                      03/03/1937    9370331550                      5/5/2011-00713-0013  
DIAGNOSIS CODES :    717.0    250.00    401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263116	1	S5125		10/05/13	10/05/13	16.00	63.04
263116	2	S5125		10/06/13	10/06/13	16.00	63.04
263116	3	S5125		10/07/13	10/07/13	30.00	118.20
263116	4	S5125		10/08/13	10/08/13	26.00	102.44
263116	5	S5125		10/09/13	10/09/13	30.00	118.20
263116	6	S5125		10/10/13	10/10/13	26.00	102.44
263116	7	S5125		10/11/13	10/11/13	30.00	118.20
CLAIM TOTAL							685.56
CLAIM ACCOUNT REF.							2631160012011824SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2011841    2011841    SANTANA, OCTAVIO                      12/03/1934    GNT00231600                      12/5/2003-00017-0065  
DIAGNOSIS CODES :    717.3  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263194	1	T1019		09/23/13	09/23/13	20.00	78.80
263194	2	T1019		09/24/13	09/24/13	20.00	78.80
263194	3	T1019		09/25/13	09/25/13	20.00	78.80
263194	4	T1019		09/26/13	09/26/13	20.00	78.80
263194	5	T1019		09/27/13	09/27/13	20.00	78.80
CLAIM TOTAL							394.00
CLAIM ACCOUNT REF.							2631940012011841SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011844 2011844 MONTES, ADOLFO 05/31/1930 GNT02561100 10/27/2004-00028-0054  
DIAGNOSIS CODES : 250.70 331.0 365.9 436.  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263143	1	S5125			10/05/13	10/05/13	24.00	94.56
263143	2	S5125			10/06/13	10/06/13	24.00	94.56
263143	3	S5125			10/07/13	10/07/13	24.00	94.56
263143	4	S5125			10/08/13	10/08/13	24.00	94.56
263143	5	S5125			10/09/13	10/09/13	24.00	94.56
263143	6	S5125			10/10/13	10/10/13	24.00	94.56
263143	7	S5125			10/11/13	10/11/13	24.00	94.56
CLAIM TOTAL								661.92
								CLAIM ACCOUNT REF. 2631430012011844SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011846 2011846 ZARAGOZA, ISABEL 07/14/1933 GNT06005500 2/27/2012-00405-0009  
DIAGNOSIS CODES : 781.2 244.9 272.4 401.9 715.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263221	1	S5125			09/23/13	09/23/13	32.00	126.08
263221	2	S5125			09/24/13	09/24/13	32.00	126.08
263221	3	S5125			09/25/13	09/25/13	32.00	126.08
263221	4	S5125			09/26/13	09/26/13	32.00	126.08
263221	5	S5125			09/27/13	09/27/13	32.00	126.08
CLAIM TOTAL								630.40
								CLAIM ACCOUNT REF. 2632210012011846SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011847 2011847 RAMOS, CECILIA 08/06/1922 GNT00206000 1/27/2010-00192-0021  
DIAGNOSIS CODES : 401.9 188.9 244.9 272.4 311.  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263171	1	S5125			10/05/13	10/05/13	32.00	126.08
263171	2	S5125			10/06/13	10/06/13	32.00	126.08
263171	3	S5125			10/07/13	10/07/13	40.00	157.60
263171	4	S5125			10/08/13	10/08/13	40.00	157.60
263171	5	S5125			10/09/13	10/09/13	40.00	157.60
263171	6	S5125			10/10/13	10/10/13	40.00	157.60
263171	7	S5125			10/11/13	10/11/13	40.00	157.60
CLAIM TOTAL								1,040.16
								CLAIM ACCOUNT REF. 2631710012011847SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011848 2011848 LANZILOTTA, ROSA 06/05/1925 93702509600 3/10/2010-00013-0032  
DIAGNOSIS CODES : 733.00 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263124	1	S5125			10/05/13	10/05/13	16.00	63.04	
263124	2	S5125			10/06/13	10/06/13	16.00	63.04	
263124	3	S5125			10/07/13	10/07/13	32.00	126.08	
263124	4	S5125			10/08/13	10/08/13	32.00	126.08	
263124	5	S5125			10/09/13	10/09/13	15.00	59.10	
263124	6	S5125			10/10/13	10/10/13	32.00	126.08	
263124	7	S5125			10/11/13	10/11/13	32.00	126.08	
						CLAIM TOTAL		689.50	CLAIM ACCOUNT REF. 2631240012011848SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011851 2011851 SANTIAGO, ILIA 11/16/1924 GNT02886300 5/27/2011-00318-0013  
DIAGNOSIS CODES : 436. 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263196	1	S5125			10/05/13	10/05/13	32.00	126.08	
263196	2	S5125			10/06/13	10/06/13	32.00	126.08	
263196	3	S5125			10/07/13	10/07/13	32.00	126.08	
263196	4	S5125			10/08/13	10/08/13	30.00	118.20	
263196	5	S5125			10/09/13	10/09/13	32.00	126.08	
263196	6	S5125			10/11/13	10/11/13	32.00	126.08	
						CLAIM TOTAL		748.60	CLAIM ACCOUNT REF. 2631960012011851SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011852 2011852 FERNANDEZ, FELIX 11/20/1935 GNT04997300 8/27/2010-00570-0017  
DIAGNOSIS CODES : 715.00 253.5  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263098	1	S5125			10/07/13	10/07/13	16.00	63.04	
263098	2	S5125			10/11/13	10/11/13	16.00	63.04	
						CLAIM TOTAL		126.08	CLAIM ACCOUNT REF. 2630980012011852SUP



REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011854 2011854 LOPEZ, CARMEN 12/05/1929 GNT02469800 7/26/2004-00050-0049  
DIAGNOSIS CODES : 331.0 250.00 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263127	1	S5125		07/22/13	07/22/13	28.00	110.32
CLAIM TOTAL							110.32
CLAIM ACCOUNT REF.							2631270012011854SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011854 2011854 LOPEZ, CARMEN 12/05/1929 GNT02469800 7/26/2004-00050-0050  
DIAGNOSIS CODES : 331.0 250.00 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263128	1	S5125		09/11/13	09/11/13	28.00	110.32
263128	2	S5125		09/25/13	09/25/13	28.00	110.32
263128	3	S5125		10/05/13	10/05/13	24.00	94.56
263128	4	S5125		10/06/13	10/06/13	24.00	94.56
263128	5	S5125		10/08/13	10/08/13	28.00	110.32
263128	6	S5125		10/09/13	10/09/13	27.00	106.38
263128	7	S5125		10/10/13	10/10/13	28.00	110.32
263128	8	S5125		10/11/13	10/11/13	18.00	70.92
CLAIM TOTAL							807.70
CLAIM ACCOUNT REF.							2631280012011854SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011859 2011859 SANTIAGO, IVETH 10/24/1945 93703401100 6/20/2012-00649-0016  
DIAGNOSIS CODES : 428.32 250.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263197	1	S5125		08/10/13	08/10/13	28.00	110.32
263197	2	S5125		08/11/13	08/11/13	28.00	110.32
263197	3	S5125		08/17/13	08/17/13	28.00	110.32
263197	4	S5125		08/18/13	08/18/13	28.00	110.32
263197	5	S5125		08/19/13	08/19/13	28.00	110.32
263197	6	S5125		08/20/13	08/20/13	28.00	110.32
263197	7	S5125		10/05/13	10/05/13	26.00	102.44
263197	8	S5125		10/06/13	10/06/13	28.00	110.32
263197	9	S5125		10/07/13	10/07/13	28.00	110.32
263197	10	S5125		10/08/13	10/08/13	28.00	110.32
263197	11	S5125		10/09/13	10/09/13	27.00	106.38
263197	12	S5125		10/10/13	10/10/13	28.00	110.32
263197	13	S5125		10/11/13	10/11/13	28.00	110.32

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							1,422.34	2631970012011859SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011860	2011860	MOYA, MARINA	11/25/1914	GNT02982600	11/28/2005-00193-0063
DIAGNOSIS CODES : 716.90							
CLAIM REFERENCE #:							
CLAIM FREQ: 1 (ORIGINAL)							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
263147	1	S5125		10/05/13	10/05/13	20.00	78.80	
263147	2	S5125		10/06/13	10/06/13	20.00	78.80	
263147	3	S5125		10/07/13	10/07/13	24.00	94.56	
263147	4	S5125		10/08/13	10/08/13	24.00	94.56	
263147	5	S5125		10/09/13	10/09/13	24.00	94.56	
263147	6	S5125		10/10/13	10/10/13	24.00	94.56	
263147	7	S5125		10/11/13	10/11/13	24.00	94.56	
							630.40	2631470012011860SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011861	2011861	TORRES, JUANITA	06/21/1931	GNT03848300	9/26/2007-00282-0075
DIAGNOSIS CODES : 715.00 272.4 401.9							
CLAIM REFERENCE #:							
CLAIM FREQ: 1 (ORIGINAL)							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
263206	1	T1019		10/06/13	10/06/13	24.00	94.56	
263206	2	T1019		10/07/13	10/07/13	32.00	126.08	
263206	3	T1019		10/08/13	10/08/13	32.00	126.08	
263206	4	T1019		10/09/13	10/09/13	32.00	126.08	
263206	5	T1019		10/10/13	10/10/13	32.00	126.08	
263206	6	T1019		10/11/13	10/11/13	32.00	126.08	
							724.96	2632060012011861SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011863	2011863	OLMO, GLORIA	04/20/1923	GNT03506500	11/28/2006-00378-0048
DIAGNOSIS CODES : 250.00							
CLAIM REFERENCE #:							
CLAIM FREQ: 1 (ORIGINAL)							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263156	1	S5125		10/05/13	10/05/13	16.00	63.04
263156	2	S5125		10/06/13	10/06/13	16.00	63.04
263156	3	S5125		10/07/13	10/07/13	16.00	63.04
263156	4	S5125		10/08/13	10/08/13	16.00	63.04
263156	5	S5125		10/09/13	10/09/13	16.00	63.04
263156	6	S5125		10/10/13	10/10/13	16.00	63.04

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263156	7	S5125		10/11/13	10/11/13	16.00	63.04	
					CLAIM TOTAL		441.28	CLAIM ACCOUNT REF. 2631560012011863SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011864 2011864 IGLESIAS, JUANA 09/23/1918 GNT00117600 12/9/2003-00125-0097  
DIAGNOSIS CODES : 331.82  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263117	1	S5125		10/05/13	10/05/13	96.00	378.24	
263117	2	S5125		10/06/13	10/06/13	96.00	378.24	
263117	3	S5125		10/07/13	10/07/13	80.00	315.20	
263117	4	S5125		10/09/13	10/09/13	80.00	315.20	
263117	5	S5125		10/10/13	10/10/13	80.00	315.20	
263117	6	S5125		10/11/13	10/11/13	80.00	315.20	
					CLAIM TOTAL		2,017.28	CLAIM ACCOUNT REF. 2631170012011864SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011866 2011866 FELIPE, ROSA 12/13/1930 GNT02393600 4/26/2004-00011-0048  
DIAGNOSIS CODES : 716.90 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263096	1	S5125		10/05/13	10/05/13	16.00	63.04	
263096	2	S5125		10/06/13	10/06/13	16.00	63.04	
263096	3	S5125		10/07/13	10/07/13	16.00	63.04	
263096	4	S5125		10/08/13	10/08/13	16.00	63.04	
263096	5	S5125		10/09/13	10/09/13	16.00	63.04	
263096	6	S5125		10/10/13	10/10/13	16.00	63.04	
					CLAIM TOTAL		378.24	CLAIM ACCOUNT REF. 2630960012011866SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011871 2011871 OJEDA, SARA 10/14/1939 GNT02646000 7/27/2006-00037-0059  
DIAGNOSIS CODES : 331.0 250.02  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263155	1	S5125 TT		10/06/13	10/06/13	20.00	83.80	
263155	2	S5125 TT		10/08/13	10/08/13	32.00	134.08	
263155	3	S5125 TT		10/09/13	10/09/13	32.00	134.08	
263155	4	S5125 TT		10/10/13	10/10/13	32.00	134.08	
263155	5	S5125 TT		10/11/13	10/11/13	32.00	134.08	
					CLAIM TOTAL		620.12	CLAIM ACCOUNT REF. 2631550012011871SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011912 2011912 CANINO, CARMEN 12/06/1941 GNT0279200 5/26/2005-00169-0071  
DIAGNOSIS CODES : 715.00 250.00 401.9 493.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263071	1	S5125			10/05/13	10/05/13	16.00	63.04	
263071	2	S5125			10/06/13	10/06/13	16.00	63.04	
263071	3	S5125			10/07/13	10/07/13	24.00	94.56	
263071	4	S5125			10/08/13	10/08/13	24.00	94.56	
263071	5	S5125			10/09/13	10/09/13	24.00	94.56	
263071	6	S5125			10/10/13	10/10/13	24.00	94.56	
263071	7	S5125			10/11/13	10/11/13	24.00	94.56	
CLAIM TOTAL								598.88	CLAIM ACCOUNT REF. 2630710012011912SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011913 2011913 PATTERSON, RUMELLA 04/29/1939 GNT02544200 10/28/2004-00029-0058  
DIAGNOSIS CODES : 443.9 250.00 401.9 493.91  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263162	1	S5125			10/08/13	10/08/13	16.00	63.04	
263162	2	S5125			10/09/13	10/09/13	16.00	63.04	
263162	3	S5125			10/10/13	10/10/13	16.00	63.04	
263162	4	S5125			10/11/13	10/11/13	16.00	63.04	
CLAIM TOTAL								252.16	CLAIM ACCOUNT REF. 2631620012011913SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011916 2011916 ORTIZ, ANTHONY 10/31/1940 93700799800 8/7/2008-00011-0049  
DIAGNOSIS CODES : 428.0 369.3 253.5  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263158	1	S5125			08/10/13	08/10/13	28.00	110.32	
263158	2	S5125			08/12/13	08/12/13	28.00	110.32	
263158	3	S5125			08/13/13	08/13/13	28.00	110.32	
263158	4	S5125			08/14/13	08/14/13	28.00	110.32	
263158	5	S5125			08/15/13	08/15/13	28.00	110.32	
263158	6	S5125			08/16/13	08/16/13	28.00	110.32	
263158	7	S5125			10/05/13	10/05/13	28.00	110.32	
263158	8	S5125			10/07/13	10/07/13	28.00	110.32	
263158	9	S5125			10/08/13	10/08/13	28.00	110.32	
263158	10	S5125			10/09/13	10/09/13	28.00	110.32	
263158	11	S5125			10/10/13	10/10/13	28.00	110.32	

REPORT DATE 10/16/13 SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492  
PAYER ID = GUILD GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263158	12	S5125		10/11/13	10/11/13	28.00	110.32
CLAIM TOTAL							1,323.84
							CLAIM ACCOUNT REF. 2631580012011916SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011957 2011957 MARRERO, PHILLIP 07/16/1945 GNT00157200 6/21/2012-00200-0006  
DIAGNOSIS CODES : 314.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263133	1	S5126		10/05/13	10/05/13	1.00	200.00
263133	2	S5126		10/07/13	10/07/13	1.00	200.00
263133	3	S5126		10/08/13	10/08/13	1.00	200.00
263133	4	S5126		10/09/13	10/09/13	1.00	200.00
263133	5	S5126		10/11/13	10/11/13	1.00	200.00
CLAIM TOTAL							1,000.00
							CLAIM ACCOUNT REF. 2631330012011957SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011960 2011960 BUSTAMANTE, GABRIEL 07/08/1938 93702523200 1/8/2010-00120-0020  
DIAGNOSIS CODES : 250.00 428.0 716.98  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263069	1	S5125		10/05/13	10/05/13	18.00	70.92
263069	2	S5125		10/07/13	10/07/13	20.00	78.80
263069	3	S5125		10/08/13	10/08/13	20.00	78.80
263069	4	S5125		10/09/13	10/09/13	20.00	78.80
263069	5	S5125		10/10/13	10/10/13	20.00	78.80
CLAIM TOTAL							386.12
							CLAIM ACCOUNT REF. 2630690012011960SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011965 2011965 MATEO, RAFAEL 06/10/1939 93704189600 7/17/2013-00189-0002  
DIAGNOSIS CODES : 250.50  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263138	1	S5125		09/30/13	09/30/13	28.00	110.32
263138	2	S5125		10/05/13	10/05/13	24.00	94.56
263138	3	S5125		10/06/13	10/06/13	21.00	82.74
263138	4	S5125		10/07/13	10/07/13	28.00	110.32
263138	5	S5125		10/08/13	10/08/13	28.00	110.32
263138	6	S5125		10/09/13	10/09/13	28.00	110.32
263138	7	S5125		10/10/13	10/10/13	28.00	110.32
263138	8	S5125		10/11/13	10/11/13	32.00	126.08

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	854.98	2631380012011965SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011967	2011967	MORALES, MARGARITA	11/10/1950	GNT02797600	5/31/2005-00081-0048
DIAGNOSIS CODES :				715.90    401.9    493.92    753.3			
CLAIM REFERENCE #:				CLAIM FREQ: 1 (ORIGINAL)			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
263146	1	T1019		10/07/13	10/07/13	20.00	78.80	
263146	2	T1019		10/08/13	10/08/13	20.00	78.80	
263146	3	T1019		10/09/13	10/09/13	20.00	78.80	
263146	4	T1019		10/10/13	10/10/13	20.00	78.80	
263146	5	T1019		10/11/13	10/11/13	20.00	78.80	
						CLAIM TOTAL	394.00	2631460012011967SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011978	2011978	CAQUIAS, LILLIAN	01/11/1936	GNT02965400	10/31/2005-00141-0051
DIAGNOSIS CODES :				443.9    401.9			
CLAIM REFERENCE #:				CLAIM FREQ: 1 (ORIGINAL)			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
263072	1	S5125		10/07/13	10/07/13	24.00	94.56	
263072	2	S5125		10/08/13	10/08/13	24.00	94.56	
263072	3	S5125		10/09/13	10/09/13	24.00	94.56	
263072	4	S5125		10/10/13	10/10/13	24.00	94.56	
263072	5	S5125		10/11/13	10/11/13	24.00	94.56	
						CLAIM TOTAL	472.80	2630720012011978SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011979	2011979	BERRY, LEONOR	11/14/1934	GNT03239600	6/28/2006-00039-0048
DIAGNOSIS CODES :				331.7    244.9    272.4    369.60    401.9			
CLAIM REFERENCE #:				CLAIM FREQ: 1 (ORIGINAL)			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
263068	1	S5125		10/05/13	10/05/13	32.00	126.08	
263068	2	S5125		10/06/13	10/06/13	32.00	126.08	
263068	3	S5125		10/07/13	10/07/13	32.00	126.08	
263068	4	S5125		10/08/13	10/08/13	32.00	126.08	
263068	5	S5125		10/09/13	10/09/13	32.00	126.08	
263068	6	S5125		10/10/13	10/10/13	32.00	126.08	
263068	7	S5125		10/11/13	10/11/13	32.00	126.08	
						CLAIM TOTAL	882.56	2630680012011979SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051  
PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011982 2011982 VEGA, ADELAIDA 12/16/1934 93702952000 11/3/2010-00278-0026  
DIAGNOSIS CODES : 715.09 272.4 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263214	1	S5126				10/05/13	10/05/13	.08	16.00
263214	2	S5126				10/08/13	10/08/13	1.00	200.00
263214	3	S5126				10/09/13	10/09/13	1.00	200.00
263214	4	S5126				10/10/13	10/10/13	1.00	200.00

CLAIM TOTAL

616.00 CLAIM ACCOUNT REF. 2632140012011982SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011983 2011983 TOUSSAINT, MIGUEL 03/28/1936 93702919600 10/8/2010-00520-0019  
DIAGNOSIS CODES : 715.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263208	1	S5125				10/05/13	10/05/13	16.00	63.04
263208	2	S5125				10/06/13	10/06/13	16.00	63.04
263208	3	S5125				10/07/13	10/07/13	20.00	78.80
263208	4	S5125				10/08/13	10/08/13	20.00	78.80
263208	5	S5125				10/09/13	10/09/13	20.00	78.80
263208	6	S5125				10/10/13	10/10/13	20.00	78.80
263208	7	S5125				10/11/13	10/11/13	20.00	78.80

CLAIM TOTAL

520.08 CLAIM ACCOUNT REF. 2632080012011983SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011986 2011986 RUIZ, JAMES 05/04/1929 GNT00225800 12/26/2003-00008-0047  
DIAGNOSIS CODES : 362.01 250.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263189	1	S5125	TT			10/05/13	10/05/13	16.00	67.04
263189	2	S5125	TT			10/06/13	10/06/13	16.00	67.04
263189	3	S5125	TT			10/07/13	10/07/13	16.00	67.04
263189	4	S5125	TT			10/08/13	10/08/13	16.00	67.04
263189	5	S5125	TT			10/09/13	10/09/13	16.00	67.04
263189	6	S5125	TT			10/10/13	10/10/13	16.00	67.04
263189	7	S5125	TT			10/11/13	10/11/13	16.00	67.04

CLAIM TOTAL

469.28 CLAIM ACCOUNT REF. 2631890012011986SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011987 2011987 RUIZ, ROSA 11/30/1934 GNT00225900 12/26/2003-00009-0037  
DIAGNOSIS CODES : 369.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263190	1	S5125	TT		10/05/13	10/05/13	12.00	50.28
263190	2	S5125	TT		10/06/13	10/06/13	12.00	50.28
263190	3	S5125	TT		10/07/13	10/07/13	12.00	50.28
263190	4	S5125	TT		10/08/13	10/08/13	12.00	50.28
263190	5	S5125	TT		10/09/13	10/09/13	12.00	50.28
263190	6	S5125	TT		10/10/13	10/10/13	12.00	50.28
263190	7	S5125	TT		10/11/13	10/11/13	12.00	50.28
CLAIM TOTAL								351.96

CLAIM ACCOUNT REF. 2631900012011987SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011988 2011988 RIVERA, LIDIA 12/01/1942 GNT02751500 4/27/2005-00174-0049  
DIAGNOSIS CODES : 294.8  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263180	1	S5125			10/07/13	10/07/13	28.00	110.32
263180	2	S5125			10/08/13	10/08/13	28.00	110.32
263180	3	S5125			10/09/13	10/09/13	28.00	110.32
263180	4	S5125			10/10/13	10/10/13	28.00	110.32
263180	5	S5125			10/11/13	10/11/13	28.00	110.32
CLAIM TOTAL								551.60

CLAIM ACCOUNT REF. 2631800012011988SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012000 2012000 GARCIA, LUCILA 11/01/1935 GNT02564500 10/25/2004-00009-0077  
DIAGNOSIS CODES : 438.85  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263104	1	S5125			09/30/13	09/30/13	28.00	110.32
263104	2	S5125			10/01/13	10/01/13	28.00	110.32
263104	3	S5125			10/02/13	10/02/13	28.00	110.32
263104	4	S5125			10/03/13	10/03/13	28.00	110.32
263104	5	S5125			10/04/13	10/04/13	28.00	110.32
263104	6	S5125			10/07/13	10/07/13	28.00	110.32
263104	7	S5125			10/08/13	10/08/13	28.00	110.32
263104	8	S5125			10/09/13	10/09/13	28.00	110.32
263104	9	S5125			10/10/13	10/10/13	28.00	110.32
263104	10	S5125			10/11/13	10/11/13	28.00	110.32



REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051  
PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	1,103.20	2631040012012000SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012001	2012001	REYES, MILAGROS	05/05/1957	GNT00210100	5/28/2010-00011-0034
DIAGNOSIS CODES :				319.      244.9      250.00      401.9			
CLAIM REFERENCE #:				CLAIM FREQ: 1 (ORIGINAL)			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
263176	1	T1019	TT	10/05/13	10/05/13	24.00	100.56	
263176	2	T1019	TT	10/06/13	10/06/13	24.00	100.56	
263176	3	T1019	TT	10/07/13	10/07/13	24.00	100.56	
263176	4	T1019	TT	10/08/13	10/08/13	23.00	96.37	
263176	5	T1019	TT	10/09/13	10/09/13	20.00	83.80	
263176	6	T1019	TT	10/10/13	10/10/13	20.00	83.80	
263176	7	T1019	TT	10/11/13	10/11/13	21.00	87.99	
						CLAIM TOTAL	653.64	2631760012012001SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012018	2012018	LUNA, ELDA	06/21/1945	GNT06614700	11/30/2012-00607-0005
DIAGNOSIS CODES :				714.0      285.8      733.00      780.96			
CLAIM REFERENCE #:				CLAIM FREQ: 1 (ORIGINAL)			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
263132	1	T1019		10/05/13	10/05/13	24.00	94.56	
263132	2	T1019		10/07/13	10/07/13	24.00	94.56	
263132	3	T1019		10/08/13	10/08/13	24.00	94.56	
263132	4	T1019		10/09/13	10/09/13	24.00	94.56	
263132	5	T1019		10/11/13	10/11/13	24.00	94.56	
						CLAIM TOTAL	472.80	2631320012012018SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012037	2012037	GUERRA, MAYRA	01/24/1958	GNT02427000	7/30/2012-00572-0017
DIAGNOSIS CODES :				716.90      311.      493.90      530.81			
CLAIM REFERENCE #:				CLAIM FREQ: 1 (ORIGINAL)			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
263110	1	T1019		10/05/13	10/05/13	20.00	78.80	
263110	2	T1019		10/06/13	10/06/13	20.00	78.80	
263110	3	T1019		10/07/13	10/07/13	24.00	94.56	
263110	4	T1019		10/09/13	10/09/13	24.00	94.56	
263110	5	T1019		10/10/13	10/10/13	24.00	94.56	
263110	6	T1019		10/11/13	10/11/13	24.00	94.56	
						CLAIM TOTAL	535.84	2631100012012037SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051  
PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012056 2012056 RODRIGUEZ, JUAN 11/04/1920 93702665700 4/15/2010-00429-0020  
DIAGNOSIS CODES : 290.40 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263184	1	S5125			10/05/13	10/05/13	24.00	94.56
263184	2	S5125			10/07/13	10/07/13	28.00	110.32
263184	3	S5125			10/08/13	10/08/13	28.00	110.32
263184	4	S5125			10/09/13	10/09/13	28.00	110.32
263184	5	S5125			10/10/13	10/10/13	28.00	110.32
263184	6	S5125			10/11/13	10/11/13	28.00	110.32
CLAIM TOTAL								646.16

CLAIM ACCOUNT REF. 2631840012012056SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012059 2012059 CHICO, ANA 03/15/1957 GNT02386300 3/19/2013-00932-0003  
DIAGNOSIS CODES : 295.72  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263077	1	S5125	TT		10/07/13	10/07/13	12.00	50.28
263077	2	S5125	TT		10/08/13	10/08/13	12.00	50.28
263077	3	S5125	TT		10/09/13	10/09/13	12.00	50.28
263077	4	S5125	TT		10/10/13	10/10/13	12.00	50.28
263077	5	S5125	TT		10/11/13	10/11/13	12.00	50.28
CLAIM TOTAL								251.40

CLAIM ACCOUNT REF. 2630770012012059SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012060 2012060 COLON, MARIA 05/10/1925 GNT05960000 2/1/2012-01191-0018  
DIAGNOSIS CODES : 331.0 401.9 733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263080	1	S5125			10/05/13	10/05/13	16.00	63.04
263080	2	S5125			10/06/13	10/06/13	16.00	63.04
263080	3	S5125			10/07/13	10/07/13	48.00	189.12
263080	4	S5125			10/08/13	10/08/13	48.00	189.12
263080	5	S5125			10/09/13	10/09/13	48.00	189.12
263080	6	S5125			10/10/13	10/10/13	47.00	185.18
263080	7	S5125			10/11/13	10/11/13	48.00	189.12
CLAIM TOTAL								1,067.74

CLAIM ACCOUNT REF. 2630800012012060SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012062 2012062 LOZADA, RAMON 12/17/1946 GNT00424300 3/23/2012-00756-0013  
DIAGNOSIS CODES : 250.03 401.9 571.5 780.57  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263131	1	T1019		10/05/13	10/05/13	24.00	94.56
263131	2	T1019		10/07/13	10/07/13	24.00	94.56
263131	3	T1019		10/08/13	10/08/13	24.00	94.56
263131	4	T1019		10/09/13	10/09/13	24.00	94.56
263131	5	T1019		10/11/13	10/11/13	21.00	82.74
						CLAIM TOTAL	460.98
						CLAIM ACCOUNT REF.	2631310012012062SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012071 2012071 MORALES, ISIDRO 04/05/1923 GNT04846200 3/24/2010-00406-0022  
DIAGNOSIS CODES : 715.00 250.00 272.2 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263145	1	S5125		10/05/13	10/05/13	24.00	94.56
263145	2	S5125		10/06/13	10/06/13	24.00	94.56
263145	3	S5125		10/07/13	10/07/13	24.00	94.56
263145	4	S5125		10/08/13	10/08/13	24.00	94.56
263145	5	S5125		10/09/13	10/09/13	24.00	94.56
263145	6	S5125		10/10/13	10/10/13	16.00	63.04
263145	7	S5125		10/11/13	10/11/13	24.00	94.56
						CLAIM TOTAL	630.40
						CLAIM ACCOUNT REF.	2631450012012071SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012073 2012073 PAGAN, ADRIEL 09/29/1931 GNT00189300 3/29/2012-00738-0007  
DIAGNOSIS CODES : 331.0 244.9 253.5 369.3 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263160	1	T1019		10/05/13	10/05/13	40.00	157.60
263160	2	T1019		10/06/13	10/06/13	40.00	157.60
263160	3	T1019		10/07/13	10/07/13	40.00	157.60
263160	4	T1019		10/08/13	10/08/13	40.00	157.60
263160	5	T1019		10/09/13	10/09/13	40.00	157.60
263160	6	T1019		10/10/13	10/10/13	40.00	157.60
263160	7	T1019		10/11/13	10/11/13	40.00	157.60
						CLAIM TOTAL	1,103.20
						CLAIM ACCOUNT REF.	2631600012012073SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012077 2012077 WARD, ALTHEA 08/13/1956 93703608100 12/14/2011-00450-0018  
DIAGNOSIS CODES : 715.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
263218	1	S5125				10/07/13	10/07/13	8.00	31.52	
263218	2	S5125				10/08/13	10/08/13	8.00	31.52	
263218	3	S5125				10/10/13	10/10/13	8.00	31.52	
263218	4	S5125				10/11/13	10/11/13	8.00	31.52	
CLAIM TOTAL									126.08	CLAIM ACCOUNT REF. 2632180012012077SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012082 2012082 SANCHEZ, ESTERVINA 04/17/1936 GNT05030100 9/28/2010-00216-0015  
DIAGNOSIS CODES : 714.0 250.00 272.2 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
263193	1	S5125				10/07/13	10/07/13	24.00	94.56	
263193	2	S5125				10/08/13	10/08/13	24.00	94.56	
263193	3	S5125				10/09/13	10/09/13	24.00	94.56	
263193	4	S5125				10/10/13	10/10/13	24.00	94.56	
CLAIM TOTAL									378.24	CLAIM ACCOUNT REF. 2631930012012082SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012084 2012084 SANCHEZ, ANA MARIA 04/01/1925 GNT02386400 1/3/2013-00647-0007  
DIAGNOSIS CODES : 716.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
263191	1	S5125	TT			10/07/13	10/07/13	20.00	83.80	
263191	2	S5125	TT			10/08/13	10/08/13	20.00	83.80	
263191	3	S5125	TT			10/09/13	10/09/13	20.00	83.80	
263191	4	S5125	TT			10/10/13	10/10/13	20.00	83.80	
263191	5	S5125	TT			10/11/13	10/11/13	20.00	83.80	
CLAIM TOTAL									419.00	CLAIM ACCOUNT REF. 2631910012012084SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012091 2012091 VICTORIO, ROQUE 08/16/1928 GNT02618000 12/23/2004-00024-0113  
DIAGNOSIS CODES : 332.0  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
263216	1	S5125				10/05/13	10/05/13	20.00	78.80	

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263216	2	S5125		10/06/13	10/06/13	20.00	78.80	
263216	3	S5125		10/07/13	10/07/13	44.00	173.36	
263216	4	S5125		10/08/13	10/08/13	44.00	173.36	
263216	5	S5125		10/09/13	10/09/13	44.00	173.36	
263216	6	S5125		10/10/13	10/10/13	44.00	173.36	
				CLAIM TOTAL			851.04	CLAIM ACCOUNT REF. 2632160012012091SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012112 2012112 ESTEVEZ, MARCIA 05/04/1942 GNT00342800 5/1/2007-00421-0036  
DIAGNOSIS CODES : 369.3 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263094	1	T1019		10/05/13	10/05/13	24.00	94.56	
				CLAIM TOTAL			94.56	CLAIM ACCOUNT REF. 2630940012012112SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012113 2012113 REYES, DORILA 05/02/1929 GNT02461500 7/26/2004-00021-0070  
DIAGNOSIS CODES : 716.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263174	1	S5125		10/05/13	10/05/13	32.00	126.08	
263174	2	S5125		10/06/13	10/06/13	32.00	126.08	
263174	3	S5125		10/07/13	10/07/13	32.00	126.08	
263174	4	S5125		10/08/13	10/08/13	32.00	126.08	
263174	5	S5125		10/09/13	10/09/13	32.00	126.08	
263174	6	S5125		10/10/13	10/10/13	32.00	126.08	
263174	7	S5125		10/11/13	10/11/13	32.00	126.08	
				CLAIM TOTAL			882.56	CLAIM ACCOUNT REF. 2631740012012113SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012160 2012160 VARGAS, AUREA 01/16/1936 GNT0026740 11/7/2008-00560-0049  
DIAGNOSIS CODES : 250.00 493.91  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263212	1	T1019 TT		10/05/13	10/05/13	20.00	83.80	
263212	2	T1019 TT		10/06/13	10/06/13	20.00	83.80	
263212	3	T1019 TT		10/08/13	10/08/13	20.00	83.80	
263212	4	T1019 TT		10/09/13	10/09/13	20.00	83.80	
263212	5	T1019 TT		10/10/13	10/10/13	20.00	83.80	
263212	6	T1019 TT		10/11/13	10/11/13	20.00	83.80	

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GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							502.80	2632120012012160SUP
							CLAIM TOTAL	

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012164	2012164	CALDERON, JUSTINA	10/26/1929	GNT00036800	12/17/2003-00077-0067
DIAGNOSIS CODES :		250.00	401.9	493.90	716.90		
CLAIM REFERENCE #:		CLAIM FREQ: 1 (ORIGINAL)					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
263070	1	S5125		10/05/13	10/05/13	48.00	189.12	
263070	2	S5125		10/06/13	10/06/13	48.00	189.12	
263070	3	S5125		10/07/13	10/07/13	48.00	189.12	
263070	4	S5125		10/08/13	10/08/13	48.00	189.12	
263070	5	S5125		10/09/13	10/09/13	48.00	189.12	
263070	6	S5125		10/10/13	10/10/13	48.00	189.12	
263070	7	S5125		10/11/13	10/11/13	48.00	189.12	
							CLAIM TOTAL	1,323.84
								2630700012012164SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012168	2012168	VAZQUEZ 2, ROSA	12/05/1940	GNT00268900	12/5/2003-00042-0033
DIAGNOSIS CODES :		250.00	244.9	401.9	729.1		
CLAIM REFERENCE #:		CLAIM FREQ: 1 (ORIGINAL)					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
263213	1	S5125		10/07/13	10/07/13	16.00	63.04	
263213	2	S5125		10/08/13	10/08/13	16.00	63.04	
263213	3	S5125		10/09/13	10/09/13	16.00	63.04	
263213	4	S5125		10/10/13	10/10/13	16.00	63.04	
263213	5	S5125		10/11/13	10/11/13	16.00	63.04	
							CLAIM TOTAL	315.20
								2632130012012168SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012182	2012182	RODRIGUEZ, LIDIA	10/13/1939	GNT03481200	11/29/2006-00339-0033
DIAGNOSIS CODES :		253.5	401.9				
CLAIM REFERENCE #:		CLAIM FREQ: 1 (ORIGINAL)					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
263185	1	T1019		10/07/13	10/07/13	16.00	63.04	
263185	2	T1019		10/08/13	10/08/13	16.00	63.04	
263185	3	T1019		10/09/13	10/09/13	16.00	63.04	
263185	4	T1019		10/10/13	10/10/13	16.00	63.04	
263185	5	T1019		10/11/13	10/11/13	16.00	63.04	
							CLAIM TOTAL	315.20
								2631850012012182SUP

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PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012185 2012185 DANIELS, MAGGIE 07/25/1932 GNT00057300 12/23/2003-00101-0049  
DIAGNOSIS CODES : 369.00 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263083	1	S5125				10/07/13	10/07/13	12.00	47.28
263083	2	S5125				10/09/13	10/09/13	12.00	47.28
263083	3	S5125				10/11/13	10/11/13	12.00	47.28
CLAIM TOTAL									141.84
CLAIM ACCOUNT REF.									2630830012012185SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012197 2012197 TORO, ROSARIO 02/15/1929 GNT00261000 12/19/2003-00064-0056  
DIAGNOSIS CODES : 369.10 493.91  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263205	1	T1019				09/17/13	09/17/13	32.00	126.08
263205	2	T1019				10/05/13	10/05/13	32.00	126.08
263205	3	T1019				10/06/13	10/06/13	32.00	126.08
263205	4	T1019				10/08/13	10/08/13	32.00	126.08
263205	5	T1019				10/09/13	10/09/13	32.00	126.08
263205	6	T1019				10/10/13	10/10/13	32.00	126.08
263205	7	T1019				10/11/13	10/11/13	32.00	126.08
CLAIM TOTAL									882.56
CLAIM ACCOUNT REF.									2632050012012197SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012225 2012225 PATTERSON, SHYRLE 12/02/1956 GNT00191700 12/5/2003-00049-0079  
DIAGNOSIS CODES : 401.9 250.03 272.0 493.00 530.11  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263163	1	S5125				10/05/13	10/05/13	28.00	110.32
263163	2	S5125				10/06/13	10/06/13	28.00	110.32
CLAIM TOTAL									220.64
CLAIM ACCOUNT REF.									2631630012012225SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010983 2012309 IRIMIA, SIMONA 09/19/1938 GNT0360570 3/27/2007-00064-0042  
DIAGNOSIS CODES : 714.0 244.9 428.0 719.7 786.05  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263118	1	T1019				10/05/13	10/05/13	32.00	126.08
263118	2	T1019				10/07/13	10/07/13	32.00	126.08

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GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263118	3	T1019		10/08/13	10/08/13	32.00	126.08	
263118	4	T1019		10/09/13	10/09/13	32.00	126.08	
263118	5	T1019		10/10/13	10/10/13	32.00	126.08	
263118	6	T1019		10/11/13	10/11/13	32.00	126.08	
				CLAIM TOTAL			756.48	CLAIM ACCOUNT REF. 2631180012012309SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012493 2012493 ESPINOZA, LUPE E 08/06/1929 GNT06559300 1/17/2013-00685-0007  
DIAGNOSIS CODES : 331.0 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263093	1	T1019		10/05/13	10/05/13	48.00	189.12	
263093	2	T1019		10/06/13	10/06/13	48.00	189.12	
263093	3	T1019		10/07/13	10/07/13	48.00	189.12	
263093	4	T1019		10/08/13	10/08/13	48.00	189.12	
263093	5	T1019		10/09/13	10/09/13	48.00	189.12	
263093	6	T1019		10/10/13	10/10/13	48.00	189.12	
263093	7	T1019		10/11/13	10/11/13	48.00	189.12	
				CLAIM TOTAL			1,323.84	CLAIM ACCOUNT REF. 2630930012012493SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2006651 2012496 ROJAS, HAYDEE 02/15/1935 GNT04856800 10/28/2010-00256-0027  
DIAGNOSIS CODES : 952.9 365.9 366.00 782.3  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263186	1	S5125		10/06/13	10/06/13	16.00	63.04	
263186	2	S5125		10/07/13	10/07/13	20.00	78.80	
263186	3	S5125		10/08/13	10/08/13	20.00	78.80	
263186	4	S5125		10/09/13	10/09/13	20.00	78.80	
263186	5	S5125		10/10/13	10/10/13	20.00	78.80	
263186	6	S5125		10/11/13	10/11/13	20.00	78.80	
				CLAIM TOTAL			457.04	CLAIM ACCOUNT REF. 2631860012012496SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012602 2012602 ALVARADO, SARA E 07/15/1922 GNT03713600 6/28/2007-00019-0030  
DIAGNOSIS CODES : 290.0  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263061	1	S5125		10/05/13	10/05/13	48.00	189.12	
263061	2	S5125		10/06/13	10/06/13	48.00	189.12	



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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PAYER ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263061	3	S5125		10/07/13	10/07/13	48.00	189.12	
263061	4	S5125		10/08/13	10/08/13	48.00	189.12	
263061	5	S5125		10/09/13	10/09/13	48.00	189.12	
263061	6	S5125		10/10/13	10/10/13	48.00	189.12	
263061	7	S5125		10/11/13	10/11/13	48.00	189.12	
CLAIM TOTAL							1,323.84	CLAIM ACCOUNT REF. 2630610012012602SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012627 2012710 REYES, DUNNY 04/28/1944 GNT06774000 2/27/2013-00264-0007  
DIAGNOSIS CODES : 332.0 294.20 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263175	1	T1020		10/05/13	10/05/13	1.00	200.00	
263175	2	T1020		10/06/13	10/06/13	1.00	200.00	
263175	3	T1020		10/07/13	10/07/13	1.00	200.00	
263175	4	T1020		10/08/13	10/08/13	1.00	200.00	
263175	5	T1020		10/09/13	10/09/13	1.00	200.00	
263175	6	T1020		10/11/13	10/11/13	1.00	200.00	
CLAIM TOTAL							1,200.00	CLAIM ACCOUNT REF. 2631750012012710SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011011 2012756 RICKS, WALTER 04/27/1940 GNT03856800 2/27/2013-01282-0004  
DIAGNOSIS CODES : 369.3 401.9 493.92 496.  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263177	1	S5125		10/08/13	10/08/13	28.00	110.32	
263177	2	S5125		10/09/13	10/09/13	20.00	78.80	
263177	3	S5125		10/10/13	10/10/13	28.00	110.32	
263177	4	S5125		10/11/13	10/11/13	28.00	110.32	
CLAIM TOTAL							409.76	CLAIM ACCOUNT REF. 2631770012012756SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012758 2012758 JAIME, ROSALBA 05/27/1915 GNT03692000 5/25/2007-00094-0044  
DIAGNOSIS CODES : 290.0 244.9 458.9 781.2  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263120	1	T1019		10/05/13	10/05/13	36.00	141.84	
263120	2	T1019		10/07/13	10/07/13	28.00	110.32	
263120	3	T1019		10/08/13	10/08/13	32.00	126.08	
263120	4	T1019		10/09/13	10/09/13	36.00	141.84	

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PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263120	5	T1019		10/10/13	10/10/13	36.00	141.84
263120	6	T1019		10/11/13	10/11/13	36.00	141.84
CLAIM TOTAL							803.76

CLAIM ACCOUNT REF. 2631200012012758SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012759 2012759 LORUSSO, ANNA 01/25/1929 GNT06851500 3/1/2013-01282-0004  
DIAGNOSIS CODES : 290.0 278.00 401.9 715.90  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263130	1	T1019		10/05/13	10/05/13	36.00	141.84
263130	2	T1019		10/06/13	10/06/13	36.00	141.84
263130	3	T1019		10/07/13	10/07/13	36.00	141.84
263130	4	T1019		10/08/13	10/08/13	36.00	141.84
263130	5	T1019		10/09/13	10/09/13	36.00	141.84
263130	6	T1019		10/10/13	10/10/13	36.00	141.84
263130	7	T1019		10/11/13	10/11/13	36.00	141.84
CLAIM TOTAL							992.88

CLAIM ACCOUNT REF. 2631300012012759SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011050 2012778 TROISI, DELIA 12/30/1925 GNT06177500 7/26/2012-00651-0008  
DIAGNOSIS CODES : 401.9 272.2 294.10 311. V15.88  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263209	1	T1019		10/05/13	10/05/13	32.00	126.08
263209	2	T1019		10/07/13	10/07/13	32.00	126.08
263209	3	T1019		10/08/13	10/08/13	32.00	126.08
263209	4	T1019		10/09/13	10/09/13	32.00	126.08
263209	5	T1019		10/10/13	10/10/13	32.00	126.08
263209	6	T1019		10/11/13	10/11/13	32.00	126.08
CLAIM TOTAL							756.48

CLAIM ACCOUNT REF. 2632090012012778SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013201 2013201 SCHNEIDER, RUTH 02/22/1936 07136300 4/30/2013-00656-0003  
DIAGNOSIS CODES : 369.00 401.9 715.90  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263199	1	T1019		10/05/13	10/05/13	32.00	126.08
263199	2	T1019		10/06/13	10/06/13	30.00	118.20
263199	3	T1019		10/07/13	10/07/13	32.00	126.08
263199	4	T1019		10/08/13	10/08/13	32.00	126.08

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263199	5	T1019		10/09/13	10/09/13	32.00	126.08	
263199	6	T1019		10/10/13	10/10/13	32.00	126.08	
263199	7	T1019		10/11/13	10/11/13	32.00	126.08	
				CLAIM TOTAL			874.68	CLAIM ACCOUNT REF. 2631990012013201SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013226 2013226 SWABY, CLARENCE 04/23/1921 93704635800 5/2/2013-00350-0003  
DIAGNOSIS CODES : 294.20 093.9 272.4 602.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263202	1	T1020		10/05/13	10/05/13	1.00	200.00	
263202	2	T1020		10/06/13	10/06/13	1.00	200.00	
263202	3	T1020		10/07/13	10/07/13	1.00	200.00	
263202	4	T1020		10/08/13	10/08/13	1.00	200.00	
263202	5	T1020		10/09/13	10/09/13	1.00	200.00	
263202	6	T1020		10/10/13	10/10/13	1.00	200.00	
263202	7	T1020		10/11/13	10/11/13	1.00	200.00	
				CLAIM TOTAL			1,400.00	CLAIM ACCOUNT REF. 2632020012013226SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2001032 2013256 ORTIZ, LAURA 07/04/1919 GNT03867300 7/9/2013-00458-0005  
DIAGNOSIS CODES : 733.00 401.9 719.7 362.51 365.9 716.90 486.  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263159	1	S5125		10/05/13	10/05/13	48.00	189.12	
263159	2	S5125		10/06/13	10/06/13	48.00	189.12	
263159	3	S5125		10/07/13	10/07/13	48.00	189.12	
263159	4	S5125		10/08/13	10/08/13	48.00	189.12	
263159	5	S5125		10/09/13	10/09/13	48.00	189.12	
263159	6	S5125		10/10/13	10/10/13	48.00	189.12	
263159	7	S5125		10/11/13	10/11/13	48.00	189.12	
				CLAIM TOTAL			1,323.84	CLAIM ACCOUNT REF. 2631590012013256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2006830 2013276 MARTINEZ 1, EMMA 05/09/1920 GNT05091300 3/30/2012-00070-0010  
DIAGNOSIS CODES : 331.0 365.9 715.90 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263135	1	T1019		10/05/13	10/05/13	20.00	78.80
263135	2	T1019		10/07/13	10/07/13	48.00	189.12

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051  
PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263135	3	T1019		10/08/13	10/08/13	48.00	189.12	
263135	4	T1019		10/09/13	10/09/13	48.00	189.12	
263135	5	T1019		10/10/13	10/10/13	47.00	185.18	
263135	6	T1019		10/11/13	10/11/13	48.00	189.12	
					CLAIM TOTAL	1,020.46		CLAIM ACCOUNT REF. 2631350012013276SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013284	2013284	CASTANEDA, MIRIAM	10/11/1951	GNT06079700	5/23/2013-00357-0006
DIAGNOSIS CODES :				715.90 311. 401.9 493.91			
CLAIM REFERENCE #:				CLAIM FREQ: 1 (ORIGINAL)			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263075	1	S5125		10/05/13	10/05/13	32.00	126.08	
263075	2	S5125		10/07/13	10/07/13	24.00	94.56	
263075	3	S5125		10/08/13	10/08/13	24.00	94.56	
263075	4	S5125		10/09/13	10/09/13	24.00	94.56	
263075	5	S5125		10/10/13	10/10/13	20.00	78.80	
263075	6	S5125		10/11/13	10/11/13	32.00	126.08	
					CLAIM TOTAL	614.64		CLAIM ACCOUNT REF. 2630750012013284SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013411	2013411	JORGE, ANA	02/07/1930	GNT07185600	6/4/2013-00485-0005
DIAGNOSIS CODES :				332.0 365.9 366.9 401.9 715.90			
CLAIM REFERENCE #:				CLAIM FREQ: 1 (ORIGINAL)			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263123	1	S5125		10/05/13	10/05/13	48.00	189.12	
263123	2	S5125		10/06/13	10/06/13	48.00	189.12	
263123	3	S5125		10/07/13	10/07/13	44.00	173.36	
263123	4	S5125		10/08/13	10/08/13	48.00	189.12	
263123	5	S5125		10/09/13	10/09/13	48.00	189.12	
263123	6	S5125		10/10/13	10/10/13	48.00	189.12	
263123	7	S5125		10/11/13	10/11/13	48.00	189.12	
					CLAIM TOTAL	1,308.08		CLAIM ACCOUNT REF. 2631230012013411SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013423	2013423	OCHOA, ORLANDO	06/15/1929	GNT06982300	6/3/2013-00335-0004
DIAGNOSIS CODES :				715.90 290.0			
CLAIM REFERENCE #:				CLAIM FREQ: 1 (ORIGINAL)			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263154	1	S5125		10/08/13	10/08/13	24.00	94.56
263154	2	S5125		10/10/13	10/10/13	32.00	126.08

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051  
PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	220.64	2631540012013423SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011491	2013551	RIVERA, RAMONITA	08/23/1943	GNT06231700	9/28/2012-00956-0009
DIAGNOSIS CODES :				785.9    244.9    245.2    272.4			
CLAIM REFERENCE #:				CLAIM FREQ: 1 (ORIGINAL)			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
263181	1	S5125		09/25/13	09/25/13	16.00	63.04	
263181	2	S5125		09/26/13	09/26/13	16.00	63.04	
263181	3	S5125		10/01/13	10/01/13	16.00	63.04	
263181	4	S5125		10/02/13	10/02/13	16.00	63.04	
263181	5	S5125		10/03/13	10/03/13	16.00	63.04	
263181	6	S5125		10/04/13	10/04/13	16.00	63.04	
						CLAIM TOTAL	378.24	2631810012013551SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2000600	2013590	FELICIANO, JOAN	10/17/1935	GNT04140800	1/30/2008-00551-0041
DIAGNOSIS CODES :				716.90    250.00    272.0    338.29    369.9    401.9    493.00			
CLAIM REFERENCE #:				CLAIM FREQ: 1 (ORIGINAL)			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
263095	1	S5125		10/05/13	10/05/13	32.00	126.08	
263095	2	S5125		10/06/13	10/06/13	32.00	126.08	
263095	3	S5125		10/07/13	10/07/13	32.00	126.08	
263095	4	S5125		10/08/13	10/08/13	32.00	126.08	
263095	5	S5125		10/09/13	10/09/13	32.00	126.08	
263095	6	S5125		10/10/13	10/10/13	32.00	126.08	
263095	7	S5125		10/11/13	10/11/13	32.00	126.08	
						CLAIM TOTAL	882.56	2630950012013590SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013624	2013624	LARKIN, ANNIE	09/09/1928	GNT00419300	7/2/2013-00144-0001
DIAGNOSIS CODES :				715.00    244.9    401.9			
CLAIM REFERENCE #:				CLAIM FREQ: 1 (ORIGINAL)			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
263125	1	S5125		10/07/13	10/07/13	16.00	63.04	
263125	2	S5125		10/08/13	10/08/13	16.00	63.04	
263125	3	S5125		10/09/13	10/09/13	16.00	63.04	
263125	4	S5125		10/10/13	10/10/13	16.00	63.04	
263125	5	S5125		10/11/13	10/11/13	15.00	59.10	
						CLAIM TOTAL	311.26	2631250012013624SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013415 2013678 BATISTA, LUCILA 06/30/1930 GNT07265700 7/10/2013-00650-0002  
DIAGNOSIS CODES : 429.9 253.5 386.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263064	1	T1019				10/07/13	10/07/13	16.00	63.04
263064	2	T1019				10/09/13	10/09/13	16.00	63.04
263064	3	T1019				10/11/13	10/11/13	16.00	63.04
CLAIM TOTAL									189.12

CLAIM ACCOUNT REF. 2630640012013678SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013684 2013684 DIAZ, HILDA 04/04/1932 GNT07351600 7/9/2013-00177-0004  
DIAGNOSIS CODES : V68.9 250.00 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263085	1	S5125				10/05/13	10/05/13	44.00	173.36
263085	2	S5125				10/06/13	10/06/13	44.00	173.36
CLAIM TOTAL									346.72

CLAIM ACCOUNT REF. 2630850012013684SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009960 2013799 FERRARA, ANN 07/27/1925 GNT05748600 2/27/2012-01098-0017  
DIAGNOSIS CODES : 290.0 311. 365.00 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263099	1	S5126				10/05/13	10/05/13	1.00	200.00
263099	2	S5126				10/06/13	10/06/13	1.00	200.00
263099	3	S5126				10/07/13	10/07/13	1.00	200.00
263099	4	S5126				10/08/13	10/08/13	1.00	200.00
263099	5	S5126				10/09/13	10/09/13	1.00	200.00
263099	6	S5126				10/10/13	10/10/13	1.00	200.00
263099	7	S5126				10/11/13	10/11/13	1.00	200.00
CLAIM TOTAL									1,400.00

CLAIM ACCOUNT REF. 2630990012013799SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009984 2013808 PINILLA, VICTOR 03/23/1933 GNT05972000 3/2/2012-00173-0020  
DIAGNOSIS CODES : 294.10 272.2 401.9 780.4  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263168	1	S5125				10/05/13	10/05/13	17.00	66.98
263168	2	S5125				10/06/13	10/06/13	36.00	141.84

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263168	3	S5125		10/07/13	10/07/13	36.00	141.84
263168	4	S5125		10/08/13	10/08/13	36.00	141.84
CLAIM TOTAL							492.50

CLAIM ACCOUNT REF. 2631680012013808SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013822 2013822 TORRES, SANTIAGO, BASI 03/22/1934 GNT07417900 8/2/2013-00550-0004  
DIAGNOSIS CODES : 290.0 294.10 401.9 493.00 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263207	1	S5125		10/05/13	10/05/13	16.00	63.04
263207	2	S5125		10/07/13	10/07/13	32.00	126.08
263207	3	S5125		10/08/13	10/08/13	32.00	126.08
263207	4	S5125		10/09/13	10/09/13	32.00	126.08
263207	5	S5125		10/10/13	10/10/13	31.00	122.14
263207	6	S5125		10/11/13	10/11/13	32.00	126.08
CLAIM TOTAL							689.50

CLAIM ACCOUNT REF. 2632070012013822SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012941 2013852 BENZ, ROBERT 07/30/1925 GNT07334800 7/30/2013-00400-0001  
DIAGNOSIS CODES : 401.9 362.50  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263066	1	S5125		10/05/13	10/05/13	16.00	63.04
263066	2	S5125		10/07/13	10/07/13	16.00	63.04
263066	3	S5125		10/08/13	10/08/13	16.00	63.04
263066	4	S5125		10/09/13	10/09/13	16.00	63.04
263066	5	S5125		10/10/13	10/10/13	16.00	63.04
263066	6	S5125		10/11/13	10/11/13	16.00	63.04
CLAIM TOTAL							378.24

CLAIM ACCOUNT REF. 2630660012013852SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012085 2013879 ROSARIO, ANA 06/23/1949 GNT03285400 7/27/2006-00183-0055  
DIAGNOSIS CODES : 715.90 250.00 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263187	1	S5125		10/07/13	10/07/13	28.00	110.32
263187	2	S5125		10/08/13	10/08/13	27.00	106.38
263187	3	S5125		10/09/13	10/09/13	28.00	110.32
263187	4	S5125		10/10/13	10/10/13	28.00	110.32
263187	5	S5125		10/11/13	10/11/13	27.00	106.38

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051  
PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
							543.72		2631870012013879SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012027	2013895	VELEZ, CARMEN	06/21/1932	GNT00271900	12/4/2003-00229-0072
DIAGNOSIS CODES :				695.4    250.00    272.2	401.9		
CLAIM REFERENCE #:				CLAIM FREQ: 1 (ORIGINAL)			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
263215	1	S5125		10/05/13	10/05/13	16.00	63.04		
263215	2	S5125		10/06/13	10/06/13	16.00	63.04		
263215	3	S5125		10/07/13	10/07/13	24.00	94.56		
263215	4	S5125		10/08/13	10/08/13	24.00	94.56		
263215	5	S5125		10/09/13	10/09/13	24.00	94.56		
263215	6	S5125		10/10/13	10/10/13	24.00	94.56		
263215	7	S5125		10/11/13	10/11/13	24.00	94.56		
							598.88		2632150012013895SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2003103	2013898	GREENSPAN, ALICE	04/15/1942	GNT04498400	1/27/2009-00682-0061
DIAGNOSIS CODES :				331.0    250.00    272.2	311.    401.9    530.81		
CLAIM REFERENCE #:				CLAIM FREQ: 1 (ORIGINAL)			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
263109	1	S5125		10/05/13	10/05/13	30.00	118.20		
263109	2	S5125		10/06/13	10/06/13	30.00	118.20		
263109	3	S5125		10/07/13	10/07/13	16.00	63.04		
263109	4	S5125		10/08/13	10/08/13	16.00	63.04		
263109	5	S5125		10/09/13	10/09/13	16.00	63.04		
263109	6	S5125		10/10/13	10/10/13	16.00	63.04		
263109	7	S5125		10/11/13	10/11/13	16.00	63.04		
							551.60		2631090012013898SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2007817	2013918	BEGUM, JAMILA	02/19/1919	GNT00018500	12/1/2003-00110-0104
DIAGNOSIS CODES :				250.00    294.20    401.9	714.0    715.00    486.		
CLAIM REFERENCE #:				CLAIM FREQ: 1 (ORIGINAL)			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263065	1	S5125		10/05/13	10/05/13	36.00	141.84
263065	2	S5125		10/06/13	10/06/13	32.00	126.08
263065	3	S5125		10/07/13	10/07/13	48.00	189.12
263065	4	S5125		10/08/13	10/08/13	48.00	189.12
263065	5	S5125		10/09/13	10/09/13	48.00	189.12



REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263065	6	S5125		10/10/13	10/10/13	48.00	189.12	
263065	7	S5125		10/11/13	10/11/13	48.00	189.12	
CLAIM TOTAL							1,213.52	CLAIM ACCOUNT REF. 2630650012013918SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009226 2013926 CARDENAS, GUSTAVO 11/25/1933 GNT07420300 7/31/2013-00140-0001  
DIAGNOSIS CODES : 331.0 290.0  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263073	1	S5125		10/05/13	10/05/13	16.00	63.04	
263073	2	S5125		10/06/13	10/06/13	16.00	63.04	
263073	3	S5125		10/07/13	10/07/13	32.00	126.08	
263073	4	S5125		10/08/13	10/08/13	32.00	126.08	
263073	5	S5125		10/09/13	10/09/13	32.00	126.08	
263073	6	S5125		10/11/13	10/11/13	32.00	126.08	
CLAIM TOTAL							630.40	CLAIM ACCOUNT REF. 2630730012013926SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013946 2013946 DONE, SUSANA 07/29/1945 93704706900 7/12/2013-00078-0002  
DIAGNOSIS CODES : 401.9 272.4 715.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263086	1	S5125		09/07/13	09/07/13	32.00	126.08	
263086	2	S5125		09/28/13	09/28/13	32.00	126.08	
CLAIM TOTAL							252.16	CLAIM ACCOUNT REF. 2630860012013946SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013946 2013946 DONE, SUSANA 07/29/1945 93704706900 7/12/2013-00078-0003  
DIAGNOSIS CODES : 401.9 272.4 715.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263087	1	S5125		10/04/13	10/04/13	32.00	126.08	
263087	2	S5125		10/05/13	10/05/13	32.00	126.08	
263087	3	S5125		10/06/13	10/06/13	32.00	126.08	
263087	4	S5125		10/07/13	10/07/13	32.00	126.08	
263087	5	S5125		10/08/13	10/08/13	32.00	126.08	
263087	6	S5125		10/09/13	10/09/13	32.00	126.08	
263087	7	S5125		10/10/13	10/10/13	32.00	126.08	
CLAIM TOTAL							882.56	CLAIM ACCOUNT REF. 2630870012013946SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011874 2013951 NEVAREZ, MARTA 02/23/1941 GNT06134500 5/1/2012-00680-0012  
DIAGNOSIS CODES : 386.10 250.01 272.4 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263149	1	S5125	TT		10/06/13	10/06/13	24.00	100.56
263149	2	S5125	TT		10/09/13	10/09/13	12.00	50.28
263149	3	S5125	TT		10/10/13	10/10/13	12.00	50.28
263149	4	S5125	TT		10/11/13	10/11/13	12.00	50.28
CLAIM TOTAL								251.40

CLAIM ACCOUNT REF. 2631490012013951SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2014027 2014027 MEDINA, CECILIA 09/06/1928 GNT07399200 9/6/2013-00216-0001  
DIAGNOSIS CODES : 416.8 447.6  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263141	1	S5125			10/07/13	10/07/13	16.00	63.04
263141	2	S5125			10/08/13	10/08/13	16.00	63.04
263141	3	S5125			10/09/13	10/09/13	16.00	63.04
263141	4	S5125			10/10/13	10/10/13	16.00	63.04
CLAIM TOTAL								252.16

CLAIM ACCOUNT REF. 2631410012014027SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010425 2014099 MONCRIEF, LOIS 05/29/1926 GNT06140100 4/26/2012-00801-0016  
DIAGNOSIS CODES : 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263142	1	S5125			10/05/13	10/05/13	29.00	114.26
263142	2	S5125			10/06/13	10/06/13	32.00	126.08
263142	3	S5125			10/07/13	10/07/13	32.00	126.08
263142	4	S5125			10/08/13	10/08/13	31.00	122.14
263142	5	S5125			10/09/13	10/09/13	32.00	126.08
263142	6	S5125			10/10/13	10/10/13	32.00	126.08
263142	7	S5125			10/11/13	10/11/13	30.00	118.20
CLAIM TOTAL								858.92

CLAIM ACCOUNT REF. 2631420012014099SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011615 2014114 ANGEL, LUCY 04/01/1936 GNT07280100 9/5/2013-00643-0001  
DIAGNOSIS CODES : 437.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263062	1	S5125		10/05/13	10/05/13	32.00	126.08
263062	2	S5125		10/07/13	10/07/13	32.00	126.08
263062	3	S5125		10/08/13	10/08/13	32.00	126.08
263062	4	S5125		10/10/13	10/10/13	28.00	110.32
263062	5	S5125		10/11/13	10/11/13	26.00	102.44
						CLAIM TOTAL	591.00
						CLAIM ACCOUNT REF.	2630620012014114SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2014185 2014185 SUAREZ, ROSA 03/18/1924 GNT07427000 10/2/2013-00698-0002  
DIAGNOSIS CODES : 290.0 300.02 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263201	1	S5125		10/05/13	10/05/13	36.00	141.84
263201	2	S5125		10/06/13	10/06/13	34.00	133.96
263201	3	S5125		10/07/13	10/07/13	36.00	141.84
263201	4	S5125		10/08/13	10/08/13	24.00	94.56
263201	5	S5125		10/09/13	10/09/13	34.00	133.96
263201	6	S5125		10/10/13	10/10/13	35.00	137.90
263201	7	S5125		10/11/13	10/11/13	36.00	141.84
						CLAIM TOTAL	925.90
						CLAIM ACCOUNT REF.	2632010012014185SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011642 2014195 FLORES, ROSA 09/26/1934 GNT07506300 10/2/2013-00707-0002  
DIAGNOSIS CODES : 250.00 244.9 311. 401.9 428.0  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263101	1	S5125		10/05/13	10/05/13	24.00	94.56
263101	2	S5125		10/06/13	10/06/13	24.00	94.56
263101	3	S5125		10/07/13	10/07/13	32.00	126.08
263101	4	S5125		10/08/13	10/08/13	32.00	126.08
263101	5	S5125		10/09/13	10/09/13	32.00	126.08
263101	6	S5125		10/10/13	10/10/13	32.00	126.08
263101	7	S5125		10/11/13	10/11/13	32.00	126.08
						CLAIM TOTAL	819.52
						CLAIM ACCOUNT REF.	2631010012014195SUP

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NPI = 1154407492

CLAIM FREQ: 1 (ORIGINAL)

CLAIM TOTAL

CLAIM FREQ: 1 (ORIGINAL)

CLAIM TOTAL	10.00
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CLAIM FREQ: 1 (ORIGINAL)

CLAIM TOTAL	1.00
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PAYER TOTALS:	GUILDNET	# OF CLAIMS =	922	TOTAL CLAIM AMOUNT =	105,057.88
		# SERVICES =	163		

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008389 2011453 MUSHAYEV, BORIS 08/14/1947 7235 512524  
DIAGNOSIS CODES : 401.9 250.00 425.8 428.0 441.00 715.90  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263041	1	T1019	1C	0570		10/01/13	10/01/13	6.00	98.40
263041	2	T1019	1C	0570		10/02/13	10/02/13	6.00	98.40
263041	3	T1019	1C	0570		10/03/13	10/03/13	6.00	98.40
263041	4	T1019	1C	0570		10/04/13	10/04/13	6.00	98.40
263041	5	T1019	1C	0570		10/07/13	10/07/13	6.00	98.40
263041	6	T1019	1C	0570		10/08/13	10/08/13	6.00	98.40
263041	7	T1019	1C	0570		10/09/13	10/09/13	6.00	98.40
263041	8	T1019	1C	0570		10/10/13	10/10/13	6.00	98.40
263041	9	T1019	1C	0570		10/11/13	10/11/13	6.00	98.40
CLAIM TOTAL									885.60

CLAIM ACCOUNT REF. 2630410012011453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011869 2011869 JONES, VALERIE 10/10/1948 1457 479978  
DIAGNOSIS CODES : 438.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263040	1	T1019	1C	0570		10/07/13	10/07/13	4.00	65.60
263040	2	T1019	1C	0570		10/09/13	10/09/13	4.00	65.60
263040	3	T1019	1C	0570		10/10/13	10/10/13	4.00	65.60
CLAIM TOTAL									196.80

CLAIM ACCOUNT REF. 2630400012011869SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011870 2011870 AGOSTINI, MONSERRATE 07/18/1944 558 480096  
DIAGNOSIS CODES : 438.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263037	1	T1019	1C	0570		10/07/13	10/07/13	6.00	98.40
263037	2	T1019	1C	0570		10/08/13	10/08/13	6.00	98.40
263037	3	T1019	1C	0570		10/09/13	10/09/13	6.00	98.40
263037	4	T1019	1C	0570		10/10/13	10/10/13	6.00	98.40
263037	5	T1019	1C	0570		10/11/13	10/11/13	6.00	98.40
CLAIM TOTAL									492.00

CLAIM ACCOUNT REF. 2630370012011870SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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

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

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263038	1	T1019	1C	0570		10/05/13	10/05/13	4.00	65.60
263038	2	T1019	1C	0570		10/06/13	10/06/13	4.00	65.60
263038	3	T1019	1C	0570		10/07/13	10/07/13	4.00	65.60
263038	4	T1019	1C	0570		10/08/13	10/08/13	4.00	65.60
263038	5	T1019	1C	0570		10/09/13	10/09/13	4.00	65.60
263038	6	T1019	1C	0570		10/11/13	10/11/13	4.00	65.60
CLAIM TOTAL									393.60

CLAIM ACCOUNT REF. 2630380012012213SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012097 2013010 RODRIGUEZ, SILVIO 11/03/1930 9624 502272  
DIAGNOSIS CODES : 290.0 280.9 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263044	1	T1019	1C	0570		10/05/13	10/05/13	8.00	131.20
263044	2	T1019	1C	0570		10/06/13	10/06/13	8.00	131.20
263044	3	T1019	1C	0570		10/07/13	10/07/13	8.00	131.20
263044	4	T1019	1C	0570		10/08/13	10/08/13	8.00	131.20
263044	5	T1019	1C	0570		10/09/13	10/09/13	8.00	131.20
263044	6	T1019	1C	0570		10/10/13	10/10/13	7.50	123.00
263044	7	T1019	1C	0570		10/11/13	10/11/13	8.00	131.20
CLAIM TOTAL									910.20

CLAIM ACCOUNT REF. 2630440012013010SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013320 2013320 PEREZ, RAFAELA 12/05/1934 8249 470412  
DIAGNOSIS CODES : 781.2  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263042	1	T1019	1C	0570		10/04/13	10/04/13	24.00	393.60
263042	2	T1019	1C	0570		10/05/13	10/05/13	23.50	385.40
263042	3	T1019	1C	0570		10/06/13	10/06/13	23.75	389.50
263042	4	T1019	1C	0570		10/07/13	10/07/13	24.00	393.60
263042	5	T1019	1C	0570		10/08/13	10/08/13	24.00	393.60
263042	6	T1019	1C	0570		10/09/13	10/09/13	23.75	389.50
263042	7	T1019	1C	0570		10/10/13	10/10/13	24.00	393.60
263042	8	T1019	1C	0570		10/11/13	10/11/13	23.75	389.50
CLAIM TOTAL									3,128.30

CLAIM ACCOUNT REF. 2630420012013320SUP

REPORT DATE 10/16/13 SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013470 2013470 RIVERS, DEBRA 09/14/1958 9863 468763  
DIAGNOSIS CODES : 907.2 135. 344.1 493.90 564.81 592.0 596.54  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263043	1	T1019	1C	0570		10/05/13	10/05/13	11.25	184.50
263043	2	T1019	1C	0570		10/06/13	10/06/13	10.75	176.30
263043	3	T1019	1C	0570		10/07/13	10/07/13	11.00	180.40
263043	4	T1019	1C	0570		10/08/13	10/08/13	10.50	172.20
263043	5	T1019	1C	0570		10/09/13	10/09/13	12.00	196.80
263043	6	T1019	1C	0570		10/10/13	10/10/13	11.75	192.70
263043	7	T1019	1C	0570		10/11/13	10/11/13	12.00	196.80
CLAIM TOTAL									1,299.70
CLAIM ACCOUNT REF.									2630430012013470SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013587 2013587 CHANCELLOR, IRA 06/01/1948 10443 476564  
DIAGNOSIS CODES : 724.00 042. 250.00 272.0 296.80 300.00 365.00 427.31 781.2  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263039	1	T1019	1C	0570		10/07/13	10/07/13	4.00	65.60
263039	2	T1019	1C	0570		10/08/13	10/08/13	4.00	65.60
263039	3	T1019	1C	0570		10/09/13	10/09/13	4.00	65.60
263039	4	T1019	1C	0570		10/10/13	10/10/13	4.00	65.60
263039	5	T1019	1C	0570		10/11/13	10/11/13	4.00	65.60
CLAIM TOTAL									328.00
CLAIM ACCOUNT REF.									2630390012013587SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013676 2013676 TORRES, YNES 01/21/1930 10504 477166  
DIAGNOSIS CODES : 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263045	1	T1019	1C	0570		10/07/13	10/07/13	4.00	65.60
263045	2	T1019	1C	0570		10/08/13	10/08/13	4.00	65.60
263045	3	T1019	1C	0570		10/09/13	10/09/13	4.00	65.60
263045	4	T1019	1C	0570		10/10/13	10/10/13	4.00	65.60
CLAIM TOTAL									262.40
CLAIM ACCOUNT REF.									2630450012013676SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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

PAYER TOTALS:	ICS	# OF CLAIMS =	54	TOTAL CLAIM AMOUNT =	7,896.60
		# SERVICES =	9		



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NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008396	2010804	ZAMBRANO, ZOILA	12/03/1938	JSV04323R01	2013082715400003

DIAGNOSIS CODES : 250.11 272.0 401.9 435.9 586.  
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT				
263035	1	T1019	0580	10/08/13	10/08/13	16.00	67.52				
						CLAIM TOTAL	67.52				
								CLAIM ACCOUNT REF.	2630350012010804SUP		

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008396	2010804	ZAMBRANO, ZOILA	12/03/1938	JSV04323R01	2013100815400002

DIAGNOSIS CODES : 250.11 272.0 401.9 435.9 586.  
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263036	1	T1019	0580	10/09/13	10/09/13	16.00	67.52	
263036	2	T1019	0580	10/10/13	10/10/13	16.00	67.52	
263036	3	T1019	0580	10/11/13	10/11/13	16.00	67.52	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2630360012010804SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012890	2012890	SCOTT, AKHNATON	04/28/1992	JPO49578E01	2013090915500001

DIAGNOSIS CODES : 299.00 317.  
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263034	1	T1019	0580	10/07/13	10/07/13	40.00	168.80	
263034	2	T1019	0580	10/08/13	10/08/13	40.00	168.80	
263034	3	T1019	0580	10/09/13	10/09/13	40.00	168.80	
263034	4	T1019	0580	10/10/13	10/10/13	40.00	168.80	
263034	5	T1019	0580	10/11/13	10/11/13	40.00	168.80	
					CLAIM TOTAL		844.00	CLAIM ACCOUNT REF. 2630340012012890SUP

PAYER TOTALS:	HEALTHCARE PARTNERS IPA I	# OF CLAIMS =	9	TOTAL CLAIM AMOUNT =	1,114.08
		# SERVICES =	2		

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013600 2013600 MULLINGS, LUCILLE 11/20/1941 10000258001 062713005394  
DIAGNOSIS CODES : 715.90 311. 695.4  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263052	1	T1019		0580		10/09/13	10/09/13	16.00	63.04
263052	2	T1019		0580		10/10/13	10/10/13	16.00	63.04
263052	3	T1019		0580		10/11/13	10/11/13	16.00	63.04
CLAIM TOTAL									189.12

CLAIM ACCOUNT REF. 2630520012013600SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013622 2013622 BERNARDI, SOLMARIA 06/28/1931 10000270501 062713005409  
DIAGNOSIS CODES : 715.90 311. 401.9 553.3  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263047	1	T1019		0580		09/06/13	09/06/13	16.00	63.04
CLAIM TOTAL									63.04

CLAIM ACCOUNT REF. 2630470012013622SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013622 2013622 BERNARDI, SOLMARIA 06/28/1931 10000270501 062713005409  
DIAGNOSIS CODES : 715.90 311. 401.9 553.3  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263048	1	T1019		0580		10/09/13	10/09/13	16.00	63.04
263048	2	T1019		0580		10/11/13	10/11/13	15.00	59.10
CLAIM TOTAL									122.14

CLAIM ACCOUNT REF. 2630480012013622SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013758 2013758 KLEIN, SHIRLEY 08/05/1929 2013758 072313005746  
DIAGNOSIS CODES : 781.0  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263051	1	T1019		0580		10/05/13	10/05/13	16.00	63.04
263051	2	T1019		0580		10/06/13	10/06/13	16.00	63.04
263051	3	T1019		0580		10/07/13	10/07/13	16.00	63.04
263051	4	T1019		0580		10/08/13	10/08/13	16.00	63.04
263051	5	T1019		0580		10/09/13	10/09/13	16.00	63.04
263051	6	T1019		0580		10/10/13	10/10/13	16.00	63.04
263051	7	T1019		0580		10/11/13	10/11/13	16.00	63.04
CLAIM TOTAL									441.28

CLAIM ACCOUNT REF. 2630510012013758SUP

REPORT DATE 10/16/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013101603564454RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2014010 2014010 FAY, JULIA 10/29/1939 10000292201 073113006128  
DIAGNOSIS CODES : 496. 493.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263049	1	T1019		0580		10/08/13	10/08/13	28.00	110.32
263049	2	T1019		0580		10/09/13	10/09/13	28.00	110.32
CLAIM TOTAL									220.64

CLAIM ACCOUNT REF. 2630490012014010SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2014193 2014193 WEIZMANN, JOAN 10/19/1940 10000324601 092413007231  
DIAGNOSIS CODES : 331.0  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263054	1	T1020		0580		10/03/13	10/03/13	1.00	189.00
263054	2	T1020		0580		10/05/13	10/05/13	1.00	189.00
263054	3	T1020		0580		10/06/13	10/06/13	1.00	189.00
263054	4	T1020		0580		10/07/13	10/07/13	1.00	189.00
263054	5	T1020		0580		10/08/13	10/08/13	1.00	189.00
263054	6	T1020		0580		10/09/13	10/09/13	1.00	189.00
263054	7	T1020		0580		10/10/13	10/10/13	1.00	189.00
263054	8	T1020		0580		10/11/13	10/11/13	1.00	189.00
CLAIM TOTAL									1,512.00

CLAIM ACCOUNT REF. 2630540012014193SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013761 2014194 REYES, CARMEN 11/12/1930 10000322801 091813007090  
DIAGNOSIS CODES : 715.90 244.9 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263053	1	T1019		0580		10/07/13	10/07/13	24.00	94.56
263053	2	T1019		0580		10/09/13	10/09/13	24.00	94.56
263053	3	T1019		0580		10/11/13	10/11/13	24.00	94.56
CLAIM TOTAL									283.68

CLAIM ACCOUNT REF. 2630530012014194SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2014200 2014200 FERNANDEZ, RHINA 04/09/1938 10000319801 091213007015  
DIAGNOSIS CODES : 715.00 253.5 296.80 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263050	1	T1019		0580		10/08/13	10/08/13	12.00	47.28

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NPI = 1154407492

CLAIM ACCOUNT REF. 2630500012014200SUP

TOTAL CLAIM AMOUNT = 2,926.46

TOTAL CLAIM AMOUNT = 266,651.03