INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121905370684

SUBMITTER ID = SUNNYSI SUNNYSIDE

PROVIDER ID = 113502051 SUNNYSIDE NPI = 1154407492

	CLIENT 2004478	SERVICE 2004478	NAME ACERNO	CLAIRE		TH DATE 28/1922	RECIPIENT ID GNT04447100	PRIOR	AUTHORIZATION #
INV # L	LINE #	PROCEDURE	CODE	FROM		THRU DT	UNITS	AMOUNT	
220596	1	T1019				12/10/12		75.60	
220596	2	T1019				12/11/12		75.60	
220596	3	T1019				12/13/12		75.60	
220596	4	T1019		12/14	:/12	12/14/12		75.60	GT 3 TM 3 GGOTTET
						CLA	IM TOTAL	302.40	CLAIM ACCOUNT REF. 2205960012004478
	CLIENT 2006118	SERVICE 2006118	NAME ALI	AMRUNIS		TH DATE 05/1934	RECIPIENT ID 93703296700	PRIOR	AUTHORIZATION #
INV # L	LINE #	PROCEDURE	CODE	FROM	DT	THRU DT	UNITS	AMOUNT	
220597	1	S5125	0022			12/08/12		60.48	
220597	2	S5125				12/10/12		60.48	
220597	3	S5125		12/11	/12	12/11/12	16.00	60.48	
220597	4	S5125		12/12	/12	12/12/12	16.00	60.48	
220597	5	S5125		12/13	/12	12/13/12	16.00	60.48	
						CLA	IM TOTAL	302.40	CLAIM ACCOUNT REF. 2205970012006118
	CLIENT 2011654	SERVICE 2011654	NAME ALIX	PEDRO		TH DATE 31/1937	RECIPIENT ID GNT03916300	PRIOR	AUTHORIZATION #
INV # L	LINE #	PROCEDURE	CODE	FROM	חת	THRU DT	UNITS	AMOUNT	
220598	1	S5126	CODE			10/30/12		196.56	
220598	2	S5126				10/31/12		196.56	
					,		IM TOTAL	393.12	CLAIM ACCOUNT REF. 2205980012011654
REG LOC	CLIENT	SERVICE	NAME		DID	TH DATE	RECIPIENT ID	DDTOD	AUTHORIZATION #
	2011654	2011654	ALIX	PEDRO		31/1937	GNT03916300	FRIOR	AUTHORIZATION #
INV # L	LINE #	PROCEDURE	CODE	FROM	DT	THRU DT	UNITS	AMOUNT	
220599	1	S5126		11/01	/12	11/01/12	1.00	196.56	
220599	2	S5126				11/02/12		196.56	
220599	3	S5126				12/08/12		196.56	
220599	4	S5126				12/09/12		196.56	
220599	5	S5126				12/10/12		196.56	
220599	6	S5126				12/11/12		196.56	
220599 220599	7 8	S5126 S5126				12/12/12 12/13/12		196.56 196.56	
220599	9	S5126 S5126				12/13/12		196.56	
220599	9	55120		12/14	:/ 12			190.30 L,769.04	CLAIM ACCOUNT REF. 2205990012011654
	GT T T T T T T T T T T T T T T T T T T	GDD111 G-			D.T.			,	
	CLIENT 2010843	SERVICE 2010843	NAME ALSTON	ZULINE		TH DATE 07/1927	RECIPIENT ID GNT06188400	PRIOR	AUTHORIZATION #
INV # L	LINE #	PROCEDURE	CODE	FROM	DT	THRU DT	UNITS	AMOUNT	
220600	1	T1019	-			12/08/12		120.96	
220600	2	T1019				12/09/12		120.96	
				,					

REPORT DA				SIDE CITYWIDE 2012121905370684		HIPAA	DATA FII	LE REPORT (PHLT837/EDIS)) PAGE 2
SUBMITTER			SUNNYSIDE						
		502051 SUI				NP	I = 11544	407492	
220600	3	T1019		12/10/12			120.96		
220600	4	T1019		12/11/12			120.96		
220600 220600	5 6	T1019 T1019		12/12/12 12/13/12			120.96 120.96		
220600	7	T1019		12/13/12	, -,		120.96		
				,,		AIM TOTAL	846.72	CLAIM ACCOUNT REF.	2206000012010843
REG LOC 001	CLIENT 2012029	SERVICE 2012029	NAME ALVARADO		TH DATE 01/1913	RECIPIENT ID 93701384300	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
220601	1	S5125		12/08/12			105.84		
220601	2	S5125		12/09/12			105.84		
220601 220601	3 4	S5125 S5125		12/10/12 12/11/12			105.84 105.84		
220601	5	S5125 S5125		12/11/12			105.84		
220601	6	S5125		12/13/12			105.84		
220601	7	S5125		12/14/12			105.84		
					CLA	IM TOTAL	740.88	CLAIM ACCOUNT REF.	2206010012012029
REG LOC 001	CLIENT 2011581	SERVICE 2011581	NAME ASH		TH DATE 11/1925	RECIPIENT ID GNT06270600	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
220602	1	T1019		12/08/12			60.48		
220602 220602	2	T1019 T1019		12/10/12 12/12/12	12/10/12 12/12/12		60.48 60.48		
220602	4	T1019 T1019		12/12/12			60.48		
220002	-	11015		12/11/12		IM TOTAL	241.92	CLAIM ACCOUNT REF.	2206020012011581
REG LOC	CLIENT	SERVICE	NAME	BIR	TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #	
001	2007817	2007817	BEGUM	JAMILA 02/	19/1919	GNT00018500			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
220603	1	S5125		12/08/12			136.08		
220603	2	S5125			12/09/12		120.96		
220603 220603	3 4	S5125 S5125		12/10/12 12/11/12	12/10/12		181.44 181.44		
220603	5	S5125 S5125		12/11/12			151.20		
220603	6	S5125		12/13/12			166.32		
220603	7	S5125		12/14/12			151.20		
					CLA	IM TOTAL	1,088.64	CLAIM ACCOUNT REF.	2206030012007817
REG LOC 001	CLIENT 2011503	SERVICE 2011503	NAME BERJASHEVIC		TH DATE 30/1926	RECIPIENT ID GNT06467800	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
220604	1	T1019		12/10/12			60.48		
220604	2	T1019		12/14/12			120.96		0000040010011
					CLA	IM TOTAL	181.44	CLAIM ACCOUNT REF.	2206040012011503
REG LOC 001	CLIENT 2011767	SERVICE 2011767	NAME BERROCAL		TH DATE 08/1924	RECIPIENT ID GNT00493600	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		

REPORT DAT	re 12/19/	12 SIINN	YSIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 3
		44/COMPSUP/HIPAAIN/E320	
SUBMITTER			
PROVIDER	ID = 113	502051 SUNNYSIDE	NPI = 1154407492
220605	1 2	S5125	12/08/12 12/08/12 20.00 75.60 12/09/12 12/09/12 20.00 75.60
220605 220605	3	S5125 S5125	12/09/12 12/09/12 20.00 75.60 12/10/12 12/10/12 20.00 75.60
220605	4	S5125	12/11/12 12/11/12 20.00 75.60
220605 220605	5 6	S5125 S5125	12/12/12 12/12/12 20.00 75.60 12/13/12 12/13/12 20.00 75.60
220605	7	S5125	12/14/12 12/14/12 20.00 75.60
			CLAIM TOTAL 529.20 CLAIM ACCOUNT REF. 2206050012011767
REG LOC 001	CLIENT 2011979	SERVICE NAME 2011979 BERRY	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # LEONOR 11/14/1934 GNT03239600
INV #	LINE #	PROCEDURE CODE	FROM DT THRU DT UNITS AMOUNT
220606 220606	1 2	S5125 S5125	12/08/12 12/08/12 32.00 120.96 12/09/12 12/09/12 32.00 120.96
220606	3	S5125 S5125	12/10/12 12/10/12 32.00 120.96
220606	4	S5125	12/11/12 12/11/12 32.00 120.96
220606 220606	5 6	S5125 S5125	12/12/12 12/12/12 32.00 120.96 12/13/12 12/13/12 32.00 120.96
220606	7	S5125	12/14/12 12/14/12 32.00 120.96
			CLAIM TOTAL 846.72 CLAIM ACCOUNT REF. 2206060012011979
REG LOC 001	CLIENT 2006632	SERVICE NAME 2006632 BUCARO	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # CONCETT 02/27/1916 GNT04556300
INV #	LINE #	PROCEDURE CODE	FROM DT THRU DT UNITS AMOUNT
220607 220607	1 2	S5125 S5125	12/10/12 12/10/12 36.00 136.08 12/11/12 12/11/12 36.00 136.08
220607	3	S5125	12/12/12 12/12/12 36.00 136.08
220607 220607	4 5	S5125 S5125	12/13/12 12/13/12 36.00 136.08 12/14/12 12/14/12 36.00 136.08
220007	3	55125	CLAIM TOTAL 680.40 CLAIM ACCOUNT REF. 2206070012006632
REG LOC	CLIENT	SERVICE NAME	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
001	2011960	2011960 BUSTAMENTE	GABRIEL 07/08/1938 93702523200
INV # 220608	LINE # 1	PROCEDURE CODE S5125	FROM DT THRU DT UNITS AMOUNT 12/08/12 12/08/12 18.00 68.04
220608	2	S5125	12/10/12 12/10/12 20.00 75.60
220608 220608	3 4	S5125 S5125	12/11/12 $12/11/12$ 20.00 75.60 $12/12/12$ $12/12/12$ 20.00 75.60
220008	7	53123	CLAIM TOTAL 294.84 CLAIM ACCOUNT REF. 2206080012011960
REG LOC 001	CLIENT 2012164	SERVICE NAME 2012164 CALDERON	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # JUSTINA 10/26/1929 GNT00036800
INV #	LINE #	PROCEDURE CODE	FROM DT THRU DT UNITS AMOUNT
220609	1	S5125	12/13/12 12/13/12 48.00 181.44
220609	2	S5125	12/14/12 12/14/12 48.00 181.44 CLAIM TOTAL 362.88 CLAIM ACCOUNT REF. 2206090012012164
DEG TOG	OI TENE	CEDUTCE NAME	
REG LOC 001	CLIENT 2011912	SERVICE NAME 2011912 CANINO	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # CARMEN 12/06/1941 GNT0279200
INV #	LINE #	PROCEDURE CODE	FROM DT THRU DT UNITS AMOUNT

REPORT DAT	TE 12/19/	12 44/COMPSIE	SUNNY	SIDE CITYWIDE 012121905370684		HIPAA	DATA FI	LE REPORT (PHLT837/EDIS) PAGE 4
INPUL FILE	£ = /VOL4	44/COMPSUP	HIPAAIN/E32U2	012121905370684				
SUBMITTER	ID = SUN		SUNNYSIDE				I = 1154	407492
220610 220610 220610 220610 220610	1 2 3 4 5	S5125 S5125 S5125 S5125 S5125		12/10/12 12/11/12 12/12/12 12/13/12 12/14/12	12/11/12 12/12/12 12/13/12 12/14/12	2 24.00 2 24.00 2 24.00	90.72 90.72 90.72 90.72 90.72 453.60	CLAIM ACCOUNT REF. 2206100012011912
REG LOC 001	CLIENT 2011978	SERVICE 2011978	NAME CAQUIAS		TH DATE 11/1936	RECIPIENT ID GNT02965400	PRIOR	AUTHORIZATION #
INV # 220611 220611 220611 220611 220611	LINE # 1 2 3 4 5	PROCEDURE S5125 S5125 S5125 S5125 S5125	CODE	FROM DT 12/06/12 12/07/12 12/12/12 12/13/12 12/14/12	12/07/12 12/12/12 12/13/12 12/14/12	2 16.00 2 16.00 2 16.00	AMOUNT 60.48 60.48 60.48 60.48 60.48 302.40	CLAIM ACCOUNT REF. 2206110012011978
REG LOC 001	CLIENT 2011797	SERVICE 2011797	NAME CARTAGENA		TH DATE 05/1948	RECIPIENT ID GNT00039700	PRIOR	AUTHORIZATION #
INV # 220612	LINE # 1	PROCEDURE T1019	CODE	FROM DT 12/10/12		UNITS 2 20.00 AIM TOTAL	AMOUNT 75.60 75.60	CLAIM ACCOUNT REF. 2206120012011797
REG LOC 001	CLIENT 2002769	SERVICE 2002769	NAME CEPEDA		TH DATE 07/1932	RECIPIENT ID 93700964900	PRIOR	AUTHORIZATION #
INV # 220613 220613 220613 220613 220613	LINE # 1 2 3 4 5	PROCEDURE T1019 T1019 T1019 T1019 T1019	CODE	FROM DT 12/10/12 12/11/12 12/12/12 12/13/12 12/14/12	12/11/12 12/12/12 12/13/12 12/14/12	2 24.00 2 24.00 2 24.00	AMOUNT 90.72 90.72 90.72 90.72 90.72 453.60	CLAIM ACCOUNT REF. 2206130012002769
REG LOC 001	CLIENT 2012059	SERVICE 2012059	NAME CHICO		TH DATE 15/1957	RECIPIENT ID GNT02386300	PRIOR	AUTHORIZATION #
INV # 220614 220614 220614 220614 220614 220614 220614	LINE # 1 2 3 4 5 6	PROCEDURE S5125 TT S5125 TT S5125 TT S5125 TT S5125 TT S5125 TT S5125 TT		FROM DT 12/08/12 12/09/12 12/10/12 12/11/12 12/12/12 12/13/12 12/14/12	12/09/12 12/10/12 12/11/12 12/12/12 12/13/12 12/14/12	2 32.00 2 24.00 2 24.00 2 24.00 2 24.00	AMOUNT 128.96 128.96 96.72 96.72 96.72 96.72 96.72 741.52	CLAIM ACCOUNT REF. 2206140012012059
REG LOC 001	CLIENT 2011981	SERVICE 2011981	NAME COHEN		TH DATE 19/1937	RECIPIENT ID GNT06348000	PRIOR	AUTHORIZATION #
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	

REPO	RT DA	TE 12/19/	12	SUNNY	SIDE CITYWIDE 012121905370684		HIPAA	DATA FII	LE REPORT (PHLT837/EDIS) PAGE 5
INPU	JT FIL	E = /VOL4	44/COMPSUP	/HIPAAIN/E3202	012121905370684	:			
		ID = SUN		SUNNYSIDE					407400
PRO	OVIDER	ID = 113	502051 SUI	NNYSIDE			NP	'I = 11544	107492
220	\C1F	1	QE 1 QE		10/00/10	10/00/10	20.00	100.06	
)615	1	S5125		12/08/12			120.96	
	0615	2	S5125 S5125		12/09/12			90.72 120.96	
	0615	3	S5125 S5125		12/11/12 12/12/12			120.96	
	0615	4 5							
	0615	6	S5125		12/13/12			113.40	
220	0615	O	S5125		12/14/12		32.00 AIM TOTAL	120.96 687.96	CLAIM ACCOUNT REF. 2206150012011981
						CLA	IIM IOIAL	007.90	CLAIM ACCOUNT REF. 2200150012011961
REG	LOC	CLIENT	SERVICE	NAME	BIE	TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #
KEG	001	2008320	2008320	COLAVITTI		23/1911	GNT04482200	INTOR	AUTHORIZATION #
	001	2000320	2000520	COLHVIII	01111	23/1711	011101102200		
TN	1V #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
	616	1	S5125	0022	12/08/12			120.96	
	0616	2	S5125		12/09/12			120.96	
	0616	3	S5125		12/10/12			120.96	
	0616	4	S5125		12/11/12			120.96	
	0616	5	S5125		12/12/12			120.96	
	0616	6	S5125		12/13/12			120.96	
	0616	7	S5125		12/14/12			120.96	
						CLA	IM TOTAL	846.72	CLAIM ACCOUNT REF. 2206160012008320
REG	LOC	CLIENT	SERVICE	NAME	BIF	TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #
	001	2009790	2009790	COLEMAN	REGINA 11/	26/1958	GNT060020000		
	1A #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
	617	1	S5125		12/06/12			45.36	
)617	2	S5125		12/08/12			120.96	
)617	3	S5125		12/09/12			120.96	
	0617	4	S5125		12/10/12			75.60	
	0617	5	S5125		12/11/12			75.60	
	0617	6	S5125		12/12/12			75.60	
	0617	7 8	S5125		12/13/12			75.60	
220	617	8	S5125		12/14/12		20.00 IM TOTAL	75.60 665.28	CLAIM ACCOUNT REF. 2206170012009790
						CLA	IIM IOIAL	005.20	CLAIM ACCOUNT REF. 22001/0012009/90
REC	LOC	CLIENT	SERVICE	NAME	RTE	TH DATE	RECIPIENT ID	DRIOR	AUTHORIZATION #
KEG	001	2012060	2012060	COLON		10/1925	GNT05960000	INTOR	AUTHORIZATION #
	001	2012000	2012000	COLOIV	711111111 05/	10/1020	011103300000		
TN	1V #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
	618	1	S5125	0022	12/08/12			60.48	
_	618	2	S5125		12/09/12			60.48	
	618	3	S5125		12/10/12			181.44	
	618	4	S5125		12/11/12			181.44	
	618	5	S5125		12/12/12			181.44	
	618	6	S5125		12/13/12			181.44	
220	618	7	S5125		12/14/12	12/14/12	48.00	181.44	
								1,028.16	CLAIM ACCOUNT REF. 2206180012012060
REG	LOC	CLIENT	SERVICE	NAME	BIF	TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #
	001	2011769	2011769	COMET	JULIA 10/	07/1934	GNT04442600		
IN	1A #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
1									

REPORT DA	TE 12/19/	12	STIMITS	YSIDE CITYWIDE		нтра	ם הדום בדום	E REPORT /	PHI.T837/FD	IS) PAGE 6
INPUT FIL	E = /VOL4	44/COMPSUP	/HIPAAIN/E320	YSIDE CITYWIDE 2012121905370684	1	IIIFAZ	A DAIA FII	LE KEFORT (FIID1037/ED.	15) FAGE 0
SUBMITTER	TD - CIIN	MVCT	SUNNYSIDI	7						
		502051 SUI		2		N	PI = 11544	107492		
220619	1	T1019		12/10/12	12/10/12	24 00	90.72			
220619	2	T1019		12/10/12 12/11/12 12/12/12 12/13/12 12/14/12	12/11/12	24.00	90.72			
220619	3	T1019		12/12/12	12/12/12	24.00	90.72			
220619	4	T1019		12/13/12	12/13/12	24.00	90.72			
220619	5	T1019		12/14/12	12/14/12	24.00	90.72			
					CLA	IM TOTAL	453.60	CLAIM	ACCOUNT RE	F. 2206190012011769
REG LOC 001	CLIENT 2011798	SERVICE 2011798	NAME CUCALON		RTH DATE /20/1926			AUTHORIZAT	'ION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT 11/19/12 12/03/12 12/04/12 12/10/12 12/11/12 12/11/12 12/13/12 12/14/12	THRU DT	UNITS	AMOUNT			
220620	1	S5125		11/19/12	11/19/12	44.00	166.32			
220620	2	S5125		12/03/12	12/03/12	44.00	166.32			
220620	3	S5125		12/04/12	12/04/12	44.00	166.32			
220620 220620	4 5	S5125 S5125		12/10/12	12/10/12	44.00 44.00	166.32 166.32			
220620	5 6	S5125 S5125		12/11/12	12/11/12	44.00	166.32			
220620	7	S5125 S5125		12/12/12	12/12/12	42.00	158.76			
220620	8	S5125		12/14/12	12/14/12	44.00	166.32			
					CLA	IM TOTAL	1,323.00	CLAIM	ACCOUNT RE	F. 2206200012011798
REG LOC	CLIENT	SERVICE	NAME DANIELS	BII	RTH DATE	RECIPIENT II	D PRIOR	AUTHORIZAT	'ION #	
001	2012185	2012185	DANIELS	MAGGIE 07	/25/1932	GNT00057300				
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT			
220621	1	S5125		FROM DT 12/14/12	12/14/12	12.00	45.36			
					CLA	IM TOTAL	45.36	CLAIM	ACCOUNT RE	F. 2206210012012185
REG LOC	CLIENT	SERVICE	NAME		RTH DATE	RECIPIENT II		AUTHORIZAT	'ION #	
001	2011953	2011953	DE LA CRUZ			GNT030053600	0			
INV #	LINE #	PROCEDURE	CODE	FROM DT 12/08/12 12/09/12 12/10/12 12/11/12 12/12/12 12/13/12 12/14/12	THRU DT	UNITS	AMOUNT			
220622	1	T1019		12/08/12	12/08/12	16.00	60.48			
220622	2	T1019		12/09/12	12/09/12	16.00	60.48			
220622 220622	3 4	T1019 T1019		12/10/12	12/10/12	28.00 22.00	60.48 60.48 105.84 83.16 83.16			
220622	5	T1019		12/11/12	12/11/12	22.00	83.16			
220622	6	T1019		12/13/12	12/13/12	22.00	83.16			
220622	7	T1019		12/14/12	12/14/12	22.00	83.16			
					CLA	IM TOTAL	559.44	CLAIM	ACCOUNT RE	F. 2206220012011953
REG LOC	CLIENT	SERVICE	NAME	BII	RTH DATE	RECIPIENT II		AUTHORIZAT	'ION #	
001	2011599	2011599	NAME DELEON	JUANA 04,	/18/1918	GNT04795000				
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT			
220623	1	S5125	•	12/10/12	12/10/12	24.00	90.72			
220623	2	S5125		12/11/12	12/11/12	24.00	90.72			
220623	3	S5125		12/12/12	12/12/12	24.00	90.72			
220623 220623	4 5	S5125 S5125		FROM DT 12/10/12 12/11/12 12/12/12 12/13/12 12/14/12	12/13/12	24.00 24.00	90.72 90.72			
220023	5	22172		12/14/12	71.7 71.7	IM TOTAL	453.60	CT.ATM	ACCOUNT PF	F. 2206230012011599
					CLIA	III IOIAL	133.00	CLAIN	TICCOONT ICE	

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121905370684

PROVIDER ID	= 113502051	SUNNYSIDE	NPI = 1154407492

PROVIDER ID - 113502051 SUNNISIDE	INF J	1 - 1154407492
REG LOC CLIENT SERVICE NAME 001 2012128 2012128 DELIGIANN	BIRTH DATE RECIPIENT ID 09/17/1923 GNT06658000	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 220624 1 T1019 220624 2 T1019 220624 3 T1019 220624 4 T1019 220624 5 T1019 220624 6 T1019 220624 7 T1019	FROM DT THRU DT UNITS 12/08/12 12/08/12 24.00 12/09/12 12/09/12 16.00 12/10/12 12/10/12 44.00 12/11/12 12/11/12 44.00 12/12/12 12/12/12 44.00 12/13/12 12/13/12 44.00 12/14/12 12/14/12 43.00 CLAIM TOTAL	AMOUNT 90.72 60.48 166.32 166.32 166.32 166.32 166.32 169.32 169.32 169.32 169.32 169.32 169.32 169.32 169.32 169.32
REG LOC CLIENT SERVICE NAME 001 2011799 2011799 DEZUNIGA	BIRTH DATE RECIPIENT ID LEONORA 03/06/1924 GNT04191700	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 220625 1 T1019 220625 2 T1019 220625 3 T1019 220625 4 T1019 220625 5 T1019	FROM DT THRU DT UNITS 12/10/12 12/10/12 16.00 12/11/12 12/11/12 16.00 12/12/12 12/12/12 16.00 12/13/12 12/13/12 16.00 12/14/12 12/14/12 16.00 CLAIM TOTAL	AMOUNT 60.48 60.48 60.48 60.48 60.48 302.40 CLAIM ACCOUNT REF. 2206250012011799
REG LOC CLIENT SERVICE NAME 001 2009982 2009982 DIAZ 2	BIRTH DATE RECIPIENT ID CARMEN 04/28/1919 GNT6048400	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 220626	FROM DT THRU DT UNITS 12/08/12 12/08/12 24.00 12/10/12 12/10/12 32.00 12/11/12 12/11/12 32.00 12/12/12 12/12/12 32.00 12/13/12 12/13/12 32.00 12/14/12 12/14/12 32.00 CLAIM TOTAL	AMOUNT 90.72 120.96 120.96 120.96 120.96 120.96 120.96 695.52 CLAIM ACCOUNT REF. 2206260012009982
REG LOC CLIENT SERVICE NAME 001 2006667 2006667 DIAZ	BIRTH DATE RECIPIENT ID ALICIA 09/21/1918 GNT05048800	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 220627 1 T1019 220627 2 T1019 220627 3 T1019 220627 4 T1019 220627 5 T1019 220627 6 T1019 220627 7 T1019	FROM DT THRU DT UNITS 12/08/12 12/08/12 20.00 12/09/12 12/09/12 20.00 12/10/12 12/10/12 28.00 12/11/12 12/11/12 28.00 12/12/12 12/12/12 28.00 12/13/12 12/13/12 28.00 12/14/12 12/14/12 28.00 CLAIM TOTAL	AMOUNT 75.60 75.60 105.84 105.84 105.84 105.84 105.84 680.40 CLAIM ACCOUNT REF. 2206270012006667
REG LOC CLIENT SERVICE NAME 001 2004554 2004554 DONOSO	BIRTH DATE RECIPIENT ID MARGARE 09/17/1938 GNT01219900	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE	FROM DT THRU DT UNITS	AMOUNT

REPORT DATE 12/19	/12 SUNN	SIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) P. 012121905370684	AGE 8
INPUT FILE = /VOL	444/COMPSUP/HIPAAIN/E3202	012121905370684	
SUBMITTER ID = SU PROVIDER ID = 11	3502051 SUNNYSIDE	NPI = 1154407492	
220628 1 220628 2 220628 3 220628 4	S5125 S5125 S5125 S5125	12/10/12 12/10/12 24.00 90.72 12/11/12 12/11/12 24.00 90.72 12/13/12 12/13/12 24.00 90.72 12/14/12 12/14/12 24.00 90.72 12/14/12 12/14/12 24.00 90.72 CLAIM TOTAL 362.88 CLAIM ACCOUNT REF. 220628001.	2004554
REG LOC CLIENT 001 2011256		BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 07/16/1925 GNT06350900	
INV # LINE # 220629 1 220629 2 220629 4 220629 5 220629 7	PROCEDURE CODE \$5125 \$5125 \$5125 \$5125 \$5125 \$5125 \$5125	FROM DT THRU DT UNITS AMOUNT 12/05/12 12/05/12 26.00 98.28 12/06/12 12/06/12 26.00 98.28 12/10/12 12/10/12 26.00 98.28 12/11/12 12/11/12 26.00 98.28 12/11/12 12/11/12 26.00 98.28 12/12/12 12/12/12 26.00 98.28 12/13/12 12/13/12 26.00 98.28 12/14/12 12/14/12 26.00 98.28 12/14/12 12/14/12 26.00 98.28 12/14/12 12/14/12 6.00 98.28 CLAIM TOTAL 687.96 CLAIM ACCOUNT REF. 220629001	2011256
REG LOC CLIENT 001 2006124		BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # ALBERTH 06/25/1947 GNT04981500	
INV # LINE # 220630 1 220630 2 220630 3 220630 4 220630 5 220630 6	PROCEDURE CODE S5125 S5125 S5125 S5125 S5125 S5125	FROM DT THRU DT UNITS AMOUNT 12/08/12 12/08/12 24.00 90.72 12/10/12 12/10/12 28.00 105.84 12/11/12 12/11/12 28.00 105.84 12/12/12 12/12/12 28.00 105.84 12/13/12 12/13/12 28.00 105.84 12/13/12 12/13/12 28.00 105.84 12/14/12 12/14/12 28.00 105.84 12/14/12 12/14/12 619.92 CLAIM ACCOUNT REF. 220630001	2006124
REG LOC CLIENT 001 2009394	2009394 ECKMAN		
INV # LINE # 220631 1 220631 220631 3 220631 4 220631 5 220631 6 220631 7	PROCEDURE CODE T1020 T1020 T1020 T1020 T1020 T1020 T1020	FROM DT THRU DT UNITS AMOUNT 12/08/12 12/08/12 1.00 196.56 12/09/12 12/09/12 1.00 196.56 12/10/12 12/10/12 1.00 196.56 12/11/12 12/11/12 1.00 196.56 12/11/12 12/12/12 1.00 196.56 12/12/12 12/12/12 1.00 196.56 12/13/12 12/13/12 1.00 196.56 12/14/12 12/14/12 1.00 196.56 12/14/12 12/14/12 1.00 196.56 12/14/12 12/14/12 1.00 196.56	2009394
REG LOC CLIENT 001 2011963		BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # LUZ 05/03/1934 GNT03902000	
INV # LINE # 220632 1 220632 2 220632 3	PROCEDURE CODE T1019 TT T1019 TT T1019 TT	FROM DT THRU DT UNITS AMOUNT 12/10/12 12/10/12 16.00 64.48 12/11/12 12/11/12 16.00 64.48 12/12/12 12/12/12 16.00 64.48	

INV # LINE # PROCEDURE CODE 220637 1 S5125

INPUT FIL	E = /VOL4	44/COMPSUP	/HIPAAIN/E3202	012121905370684
			SUNNYSIDE NNYSIDE	NPI = 1154407492
220632	4	T1019 TT		12/14/12 12/14/12 16.00 64.48 CLAIM TOTAL 257.92 CLAIM ACCOUNT REF. 2206320012011963
REG LOC 001	CLIENT 2012061	SERVICE 2012061	NAME ENCARNACION	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # MARTIN 05/07/1965 GNT04160000
INV # 220633 220633 220633 220633	LINE # 1 2 3 4 5			FROM DT THRU DT UNITS AMOUNT 12/10/12 12/10/12 12.00 48.36 12/11/12 12/11/12 12.00 48.36 12/12/12 12/12/12 12.00 48.36 12/13/12 12/13/12 12.00 48.36 12/13/12 12/13/12 12.00 48.36 12/14/12 12/14/12 12.00 48.36 12/14/12 12/14/12 12.00 48.36 CLAIM TOTAL 241.80 CLAIM ACCOUNT REF. 2206330012012061
0.01	CLIENT 2003052	SERVICE 2003052	NAME ESCOBAR	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # DOMINGA 08/04/1937 GNT04459300
INV # 220634 220634 220634	LINE # 1 2 3	PROCEDURE S5125 S5125 S5125	CODE	FROM DT THRU DT UNITS AMOUNT 11/14/12 11/14/12 24.00 90.72 11/15/12 11/15/12 24.00 90.72 11/16/12 11/16/12 24.00 90.72 CLAIM TOTAL 272.16 CLAIM ACCOUNT REF. 2206340012003052
REG LOC	CLIENT 2003052	SERVICE 2003052	NAME ESCOBAR	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # DOMINGA 08/04/1937 GNT04459300
INV # 220635 220635 220635 220635 220635	LINE # 1 2 3 4 5 5	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125	CODE	FROM DT THRU DT UNITS AMOUNT 12/10/12 12/10/12 24.00 90.72 12/11/12 12/11/12 24.00 90.72 12/12/12 12/12/12 24.00 90.72 12/13/12 12/13/12 24.00 90.72 12/14/12 12/14/12 24.00 90.72 12/14/12 12/14/12 24.00 90.72 CLAIM TOTAL 453.60 CLAIM ACCOUNT REF. 2206350012003052
001	CLIENT 2007377	SERVICE 2007377	NAME ESPINOZA	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # MARIA 02/23/1918 GNT03780300
INV # 220636 220636 220636 220636 220636 220636	LINE # 1 2 3 4 5 6	PROCEDURE \$5125 \$5125 \$5125 \$5125 \$5125 \$5125 \$5125	CODE	FROM DT THRU DT UNITS AMOUNT 12/08/12 12/08/12 30.00 113.40 12/10/12 12/10/12 30.00 113.40 12/11/12 12/11/12 30.00 113.40 12/12/12 12/12/12 30.00 113.40 12/13/12 12/13/12 30.00 113.40 12/14/12 12/14/12 30.00 113.40 12/14/12 12/14/12 30.00 113.40 CLAIM TOTAL 680.40 CLAIM ACCOUNT REF. 2206360012007377
	CLIENT 2011890	SERVICE 2011890	NAME ESTEVES	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # CARMEN 00/00/0000 GNT033896

FROM DT THRU DT UNITS 12/10/12 12/10/12 20.00

UNITS

AMOUNT 75.60

REPORT DA	TE 12/19/	12	SUNNY	SIDE CITYWIDE 012121905370684		HIPAA	DATA FI	LE REPORT (PHLT837/EDIS) PAGE 10
INPUT FIL	E = /VOL4	44/COMPSUP	/HIPAAIN/E3202	012121905370684	<u> </u>			
	ID = SUN		SUNNYSIDE					
		502051 SUI				NPI	c = 1154·	407492
220637	2	S5125		12/11/12			75.60	
220637	3	S5125		12/12/12			75.60	
220637 220637	4 5	S5125 S5125		12/13/12 12/14/12			75.60 75.60	
220037	3	55125		12/14/12		IM TOTAL	378.00	CLAIM ACCOUNT REF. 2206370012011890
					021.	101112	370.00	CENTIL HOOGON NET PERCONNOCIECTES
REG LOC	CLIENT	SERVICE	NAME		RTH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #
001	2012026	2012026	ESTEVEZ	JULIO M 07/	04/1955	GNT04657700		
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
220638	1	S5125	CODE	12/10/12			90.72	
220638	2	S5125		12/11/12			60.48	
220638	3	S5125		12/12/12			90.72	
220638	4	S5125		12/13/12	, -,		60.48	
					CLA	IM TOTAL	302.40	CLAIM ACCOUNT REF. 2206380012012026
DEG TOG	CLIENT	CEDITOR	NTA ME	DIE		DEGIDIENE ID	DDTOD	ALIMIJOD I ZAMIJONI "
REG LOC 001	2012112	SERVICE 2012112	NAME ESTEVEZ		TH DATE 01/2012	RECIPIENT ID GNT00342800	PRIOR	AUTHORIZATION #
001	2012112	2012112	BOILVED	PIARCIA 12/	01/2012	GN100512000		
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
220639	1	T1019		12/01/12	12/01/12		90.72	
220639	2	T1019		12/07/12			90.72	
					CLA	IM TOTAL	181.44	CLAIM ACCOUNT REF. 2206390012012112
REG LOC	CLIENT	SERVICE	NAME	DTE	TH DATE	RECIPIENT ID	DDTOD	AUTHORIZATION #
001	2011220	2011220	EXPOSITO		28/1924	GNT04265900	PRIOR	AUTHORIZATION #
	2011220	2011220	2111 00210	1121 01100 0.7	20, 1,21	011101200000		
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
220640	1	T1019			11/25/12		120.96	
220640	2	T1019			12/08/12		120.96	
220640	3	T1019			12/09/12		117.18	
220640 220640	4 5	T1019 T1019		12/10/12 12/11/12			113.40 120.96	
220640	6	T1019		12/11/12			120.96	
220640	7	T1019		12/12/12	, ,		120.96	
220640	8	T1019		12/14/12			120.96	
					CLA	IM TOTAL	956.34	CLAIM ACCOUNT REF. 2206400012011220
REG LOC	CLIENT	SERVICE	NAME		RTH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #
001	2000600	2000600	FELICIANO	JOAN 10/	17/1935	GNT04140800		
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
220641	1	T1019	CODE	12/08/12			60.48	
220641	2	T1019			12/09/12		60.48	
220641	3	T1019			12/10/12		90.72	
220641	4	T1019		12/11/12			75.60	
220641	5	T1019		, ,	12/12/12		90.72	
220641	6	T1019		12/13/12			90.72	
220641	7	T1019		12/14/12		22.00 IM TOTAL	83.16 551.88	CLAIM ACCOUNT REF. 2206410012000600
					CLA	TIN TOTAL	221.00	CLAIM ACCOUNT REF. ZZUUTIUUIZUUUUUU
REG LOC	CLIENT	SERVICE	NAME	BIR	TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #
001	2008314	2008314	FERNANDEZ	ANA 08/	14/1947	GNT05242300		
"	"	DD 0.0======	CODE	mp	m			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	

REPORT DA	TE 12/19/	12	SUNNY	SIDE CITYWIDE 012121905370684		HIPAA	DATA FILE	E REPORT (PHLT837/E	EDIS) PAGE 11
INDOL FIL	E = /VOL4	44/COMPSUP	/HIPAAIN/E3202	012121905370684					
SUBMITTER	ID = SUN	NYSI	SUNNYSIDE						
PROVIDER	ID = 113	502051 SUI	NNYSIDE			NP:	I = 115440	07492	
000640	-	GE 1 O E		10/00/10	10/00/10	16.00	60.40		
220642 220642	1 2	S5125 S5125		12/09/12 12/10/12			60.48 60.48		
220642	3	S5125 S5125		12/11/12			60.48		
220642	4	S5125		12/12/12			60.48		
220642	5	S5125		12/13/12	12/13/12	16.00	60.48		
220642	6	S5125		12/14/12			60.48		
					CLA	IM TOTAL	362.88	CLAIM ACCOUNT R	REF. 2206420012008314
REG LOC	CLIENT	SERVICE	NAME	RTRT	'H DATE	PECIDIENT ID	DRIOR 2	AUTHORIZATION #	
001	2011852	2011852	FERNANDEZ		0/1935	GNT04997300	FRIOR A	AUTHORIZATION #	
					, ====				
INV #	LINE #	PROCEDURE	CODE		THRU DT	UNITS	AMOUNT		
220643	1	S5125		12/10/12			60.48		
220643 220643	2	S5125 S5125		12/11/12 12/12/12			60.48 60.48		
220643	4	S5125 S5125		12/12/12			60.48		
220643	5	S5125			12/14/12		60.48		
					CLA	IM TOTAL	302.40	CLAIM ACCOUNT F	REF. 2206430012011852
REG LOC 001	CLIENT 2009960	SERVICE 2009960	NAME FERRARA	BIRT	H DATE		PRIOR A	AUTHORIZATION #	
001	2009960	2009960	FERRARA	AININ U1/2	7/1925	GNT05748600			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
220644	1	S5125		12/08/12	12/08/12		90.72		
220644	2	S5125		12/09/12			90.72		
220644	3	S5125		12/10/12			120.96		
220644 220644	4 5	S5125 S5125		12/11/12 12/12/12			120.96 120.96		
220644	6	S5125 S5125		12/12/12			120.96		
220644	7	S5125		12/14/12			120.96		
					CLA	IM TOTAL	786.24	CLAIM ACCOUNT F	REF. 2206440012009960
REG LOC	CLIENT 2009589	SERVICE 2009589	NAME FERRO		H DATE 9/1915	RECIPIENT ID GNT05940400	PRIOR A	AUTHORIZATION #	
001	2009589	2009589	FERRO	JOSEPHI 10/0	9/1915	GN105940400			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
220645	1	T1019		12/08/12			90.72		
220645	2	T1019		12/09/12			60.48		
220645	3	T1019		12/10/12			181.44		
220645 220645	4 5	T1019 T1019		12/11/12 12/12/12			181.44 181.44		
220645	6	T1019 T1019		12/12/12			181.44		
220645	7	T1019			12/14/12		181.44		
				, ,			1,058.40	CLAIM ACCOUNT R	REF. 2206450012009589
				_					
REG LOC	CLIENT	SERVICE	NAME		H DATE		PRIOR A	AUTHORIZATION #	
001	2011800	2011800	FRANCIS	VICTORI 11/2	2/1924	GNT03398100			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
220646	1	S5125		12/10/12	-		105.84		
220646	2	S5125		12/11/12	12/11/12	28.00	105.84		

REPORT DA	TE 12/19/	12 44 (GOMPGTT) (SU	NNYSIDE CITYWIDE		HIPAA	DATA FI	LE REPORT (PHLT837/EDIS) PAGE 12
INDOL EIL	E = /VOL4	44/COMPSUP/	HIPAAIN/E3	NNYSIDE CITYWIDE 202012121905370684	:			
	ID = SUN		SUNNYS	IDE				
PROVIDER	ID = 113	502051 SUN	INYSIDE			NP	I = 1154	407492
220646	3	S5125		12/12/12	12/12/12	28.00	105.84	
220646	4	S5125		12/13/12			105.84	
220646	5	S5125		12/14/12	12/14/12	28.00	105.84	
					CLA	IM TOTAL	529.20	CLAIM ACCOUNT REF. 2206460012011800
REG LOC	CLIENT	SERVICE	NAME	BIR	TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #
001	2012000	2012000	GARCIA	LUCILA 11/	01/1935	GNT02564500		
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
220647	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S5125	CODE	12/03/12			90.72	
220647	2	S5125		12/03/12			90.72	
220647	3	S5125		12/05/12			90.72	
220647	4	S5125		12/06/12			90.72	
220647	5	S5125		12/07/12			90.72	
220647	6	S5125		12/10/12			90.72	
220647	7	S5125		12/11/12			90.72	
220647	8	S5125		12/12/12			90.72	
220647	9	S5125		12/13/12	12/13/12	24.00	90.72	
220647	10	S5125		12/14/12	12/14/12	24.00	90.72	
					CLA	IM TOTAL	907.20	CLAIM ACCOUNT REF. 2206470012012000
REG LOC 001	CLIENT 2011801	SERVICE 2011801	NAME GARCIA	BIR MARIA A 09/	TH DATE 09/1930	RECIPIENT ID GNT02860800	PRIOR	AUTHORIZATION #
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
220648	1	S5125	CODE	12/08/12			105.84	
220648	2	S5125		12/09/12			105.84	
220648	3	S5125		12/10/12			105.84	
220648	4	S5125		12/11/12			105.84	
220648	5	S5125		12/12/12	12/12/12	28.00	105.84	
220648	6	S5125		12/13/12	12/13/12	28.00	105.84	
220648	7	S5125		12/14/12	12/14/12	28.00	105.84	
					CLA	IM TOTAL	740.88	CLAIM ACCOUNT REF. 2206480012011803
REG LOC 001	CLIENT 2009435	SERVICE 2009435	NAME GOMEZ		TH DATE 26/1934	RECIPIENT ID GNT05745100	PRIOR	AUTHORIZATION #
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
220649	1	T1019	CODE	12/10/12			60.48	
220649	2	T1019		12/12/12			60.48	
220649	3	T1019		12/14/12			75.60	
					CLA	IM TOTAL	196.56	CLAIM ACCOUNT REF. 220649001200943
REG LOC	CLIENT	SERVICE	NAME	BIR	TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #
001	2011662	2011662			10/1935	GNT02343300		- "
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
220650	1	S5125		12/08/12			60.48	
220650	2	S5125		12/11/12			56.70	
220650	3	S5125		12/12/12			60.48	
220650	4	S5125		12/13/12	12/13/12	16.00	60.48	

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121905370684

SERVICE NAME

001 2012111 2012111 GONZALEZ

REG LOC CLIENT

SUBMITTER ID = SUNNYSI	SUNNYSIDE	
PROVIDER ID = 113502051	SUNNYSIDE	NPI = 1154407492

PABLO

220650 S5125 12/14/12 12/14/12 16.00 60.48 CLAIM TOTAL 298.62 CLAIM ACCOUNT REF. 2206500012011662 BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #

001	2011821	2011821	GONZALEZ	CARMEN		15/1948	GNT0098100	rator	
INV #	LINE #	PROCEDURE	CODE	FROM 1	TC	THRU DT	UNITS	AMOUNT	
220651	1	S5125		12/10	/12	12/10/12	16.00	60.48	
220651	2	S5125		12/11	/12	12/11/12	16.00	60.48	
220651	3	S5125		12/12	/12	12/12/12	16.00	60.48	
220651	4	S5125		12/13	/12	12/13/12	16.00	60.48	
						CLA	IM TOTAL	241.92	CLAIM ACCOUNT REF. 2206510012011821
REG LOC	CLIENT	SERVICE	NAME		BIR	TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #

INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT	UNITS	AMOUNT		
220652	1	S5125	12/08/12	12/08/12	20.00	75.60		
220652	2	S5125	12/09/12	12/09/12	20.00	75.60		
220652	3	S5125	12/10/12	12/10/12	20.00	75.60		
220652	4	S5125	12/11/12	12/11/12	20.00	75.60		
220652	5	S5125	12/12/12	12/12/12	20.00	75.60		
220652	6	S5125	12/13/12	12/13/12	20.00	75.60		
220652	7	S5125	12/14/12	12/14/12	20.00	75.60		
				CLAIM	LATOT N	529.20	CLAIM ACCOUNT REF.	2206520012012111

02/01/1927 93702951400

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	0.01	2011822	2011822	CREAVES	BARBARA	08/15/1945	CNT03748500	

INV # 220653	LINE #	PROCEDURE CODE	FROM DT 12/10/12	THRU DT 12/10/12	UNITS	AMOUNT 60.48		
220653	2	T1019	12/12/12	12/12/12	16.00	60.48		
220653	3	T1019	12/14/12	12/14/12 CLAII	16.00 4 TOTAL	60.48 181.44	CLAIM ACCOUNT REF.	2206530012011822

REG LOC 001	CLIENT 2010494	SERVICE 2010494	NAME GREENSPAN		RTH DATE /15/1942	RECIPIENT ID GNT04498400	PRIOR A	AUTHORIZATION #
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
220654	1	S5125		12/08/12	12/08/12	20.00	75.60	
220654	2	S5125		12/09/12	12/09/12	20.00	75.60	
220654	3	S5125		12/10/12	12/10/12	20.00	75.60	
220654	4	S5125		12/12/12	12/12/12	20.00	75.60	
220654	5	S5125		12/13/12	12/13/12	20.00	75.60	
220654	6	S5125		12/14/12	12/14/12	20.00	75.60	
					CLA	IM TOTAL	453.60	CLAIM ACCOUNT REF. 2206540012010494

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
	001	2012037	2012037	GUERRA	MAYRA	01/24/1958	GNT02427000	

INV # LINE # PROCEDURE CODE FROM DT THRU DT UNITS AMOUNT

REPORT DATE 12/19/12 SUNN	YSIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 14 2012121905370684
SUBMITTER ID = SUNNYSI SUNNYSID PROVIDER ID = 113502051 SUNNYSIDE	NPI = 1154407492
220655 1 T1019 220655 2 T1019 220655 3 T1019 220655 4 T1019 220655 5 T1019	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
220655 6 T1019 220655 7 T1019 220655 8 T1019 220655 9 T1019	12/11/12 12/11/12 24.00 90.72 12/12/12 12/12/12 24.00 90.72 12/13/12 12/13/12 24.00 90.72 12/14/12 12/14/12 24.00 90.72 12/14/12 12/14/12 24.00 90.72 CLAIM TOTAL 756.00 CLAIM ACCOUNT REF. 2206550012012037
REG LOC CLIENT SERVICE NAME 001 2011770 2011770 GUZMAN	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # ALICIA 05/26/2012 GNT00484900
INV # LINE # PROCEDURE CODE 220656 1 T1019 220656 2 T1019 220656 3 T1019 220656 4 T1019	FROM DT THRU DT UNITS AMOUNT 12/11/12 12/11/12 16.00 60.48 12/12/12 12/12/12 16.00 60.48 12/13/12 12/13/12 16.00 60.48 12/14/12 12/14/12 16.00 60.48 12/14/12 12/14/12 16.00 60.48 CLAIM TOTAL 241.92 CLAIM ACCOUNT REF. 2206560012011770
REG LOC CLIENT SERVICE NAME 001 2011600 2011600 GUZMAN	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # EDELMIR 02/19/1944 GNT03023100
INV # LINE # PROCEDURE CODE 220657	FROM DT THRU DT UNITS AMOUNT 12/03/12 12/03/12 22.00 83.16 12/04/12 12/04/12 22.00 83.16 12/05/12 12/05/12 22.00 83.16 12/06/12 12/06/12 22.00 83.16 12/07/12 12/07/12 22.00 83.16 12/10/12 12/10/12 22.00 83.16 12/11/12 12/11/12 22.00 83.16 12/11/12 12/11/12 22.00 83.16 12/12/12 12/12/12 22.00 83.16 12/12/12 12/13/12 22.00 83.16 12/13/12 12/13/12 22.00 83.16 12/13/12 12/13/12 22.00 83.16 12/14/12 12/14/12 22.00 83.16 12/14/12 12/14/12 22.00 83.16
REG LOC CLIENT SERVICE NAME 001 2011472 2011472 HENLEY	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # LUVENIA 08/23/1927 GNT06160900
INV # LINE # PROCEDURE CODE 220658 1 T1019	FROM DT THRU DT UNITS AMOUNT 12/10/12 12/10/12 40.00 151.20 CLAIM TOTAL 151.20 CLAIM ACCOUNT REF. 2206580012011472
REG LOC CLIENT SERVICE NAME 001 2011252 2011252 HENRIQUEZ	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # TERESA 10/15/1938 GNT06350600
INV # LINE # PROCEDURE CODE 220659 1 S5125 220659 2 S5125 220659 3 S5125	FROM DT THRU DT UNITS AMOUNT 11/29/12 11/29/12 32.00 120.96 12/08/12 12/08/12 16.00 60.48 12/09/12 12/09/12 16.00 60.48

F									
REPORT I	DATE 12/19/	12	SUNNY	SIDE CITYWIDE 01212190537068	Δ	HIPAA	A DATA FII	LE REPORT (PHLT837/EI	DIS) PAGE 15
INPULFI	ILE = /VOL4	144/COMPSOP	/ HIPAAIN/ E3202	01212190537000	4				
	ER ID = SUN		SUNNYSIDE						
PROVIDE	ER ID = 113	3502051 SUI	NNYSIDE			NP	PI = 11544	107492	
220650	4	GE10E		10/10/10	10/10/10	22.00	120 06		
220659 220659	4 5	S5125 S5125			12/10/12 12/11/12		120.96 120.96		
220659	6	S5125			12/11/12		120.96		
220659	7	S5125			12/13/12		120.96		
220659	8	S5125			12/14/12		120.96		
					CLA	AIM TOTAL	846.72	CLAIM ACCOUNT RE	EF. 2206590012011252
REG LOC	C CLIENT	SERVICE	NAME	DT	RTH DATE	RECIPIENT ID	DDTOD	ALIMITOD T CAMETON #	
001		2011823	NAME HERNANDEZ		/00/0000	GNTO0568800	PRIOR	AUTHORIZATION #	
	1 2011025	2011025	HEIMMIDEE	102 00	, 00, 0000	GN100300000			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
220660	1	S5125			12/10/12		90.72		
220660	2	S5125			12/11/12		90.72		
220660	3	S5125			12/12/12		90.72		
220660 220660	4 5	S5125 S5125			12/13/12 12/14/12		90.72 90.72		
220000	5	55125		12/14/12		AIM TOTAL	453.60	CLAIM ACCOUNT RE	EF. 2206600012011823
					CIII	1111 1011111	133.00	CERTIFI TICCOUNT TO	. 2200000012011025
REG LOC		SERVICE	NAME		RTH DATE) PRIOR	AUTHORIZATION #	
001	1 2011824	2011824	HICKS	SYLVIA 00	/00/0000	9370331550			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
220661	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S5125	CODE		12/08/12		60.48		
220661	2	S5125			12/09/12		60.48		
220661	3	S5125			12/10/12		113.40		
220661	4	S5125			12/11/12		98.28		
220661	5	S5125			12/12/12		113.40		
220661	6	S5125			12/13/12		98.28		
220661	7	S5125		12/14/12	12/14/12	2 30.00 AIM TOTAL	113.40 657.72	CT.ATM ACCOUNT PE	EF. 2206610012011824
					CLIF	AIM TOTAL	057.72	CHAIM ACCOONT RE	Sr. 2200010012011024
REG LOC	C CLIENT	SERVICE	NAME	BI	RTH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #	
001	1 2009400	2009400	HUSTIU	SILVIA 02	/04/1929	GNT05850100			
T2777 II	T TATE	DDOGEDIERE	CODE	EDOM DE	munii na	INITEG	7.14OTTNTT		
INV # 220662	LINE # 1	PROCEDURE S5125	CODE	FROM DT	THRU DT 12/10/12	UNITS 2 8.00	AMOUNT 30.24		
220002	1	33123		12/10/12		AIM TOTAL	30.24	CLAIM ACCOUNT RE	EF. 2206620012009400
REG LOC		SERVICE	NAME		RTH DATE	RECIPIENT ID		AUTHORIZATION #	
001	1 2011864	2011864	IGLESIAS	JUANA 09	/23/1918	GNT00117600			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
220663	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S5125	CODE		12/08/12		362.88		
220663	2	S5125			12/09/12		362.88		
220663	3	S5125			12/10/12		362.88		
220663	4	S5125			12/11/12		362.88		
220663	5	S5125		, ,	12/12/12		362.88		
220663	6	S5125			12/13/12		362.88		
220663	7	S5125		12/14/12	12/14/12		362.88 2,540.16	CT.ATM ACCOUNT DE	EF. 2206630012011864
					CLIF	THI TOTAL	2,540.10	CLAIM ACCOUNT RE	1. 2200030012011004
REG LOC	C CLIENT	SERVICE	NAME	BI	RTH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #	
001	1 2011980	2011980	IRIZARRY	ESTRELL 05	/16/1927	GNT02485000			
TATE	T TATE "	DD OGEDITA	CODE	EDOM SE	munu	IBITEG	3340113777		
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		

REPORT DA	TE 12/19/ E = /VOL4	12 44/COMPSUP,	SUNN HIPAAIN/E320	YSIDE CITYWIDE 2012121905370684		HIPAA	DATA FII	LE REPORT (PHLT837/EDIS) PAGE 16
SUBMITTER	ID = SUN		SUNNYSID				PI = 11544	107492
220664 220664 220664	1 2 3	S5125 S5125 S5125		12/08/12 12/10/12 12/14/12	12/10/12 12/14/12	20.00	75.60 75.60 75.60 226.80	CLAIM ACCOUNT REF. 2206640012011980
REG LOC 001	CLIENT 2011601	SERVICE 2011601	NAME JACKSON		TH DATE 10/1960	RECIPIENT ID GNT04501100	PRIOR	AUTHORIZATION #
INV # 220665 220665 220665 220665 220665	LINE # 1 2 3 4 5	PROCEDURE T1019 T1019 T1019 T1019 T1019	CODE	FROM DT 12/10/12 12/11/12 12/12/12 12/13/12 12/14/12	12/11/12 12/12/12 12/13/12 12/14/12	20.00 20.00 20.00	AMOUNT 75.60 75.60 75.60 75.60 75.60 378.00	CLAIM ACCOUNT REF. 2206650012011601
REG LOC 001	CLIENT 2003254	SERVICE 2003254	NAME JIMENEZ		TH DATE 15/1931	RECIPIENT ID GNT04164400	PRIOR	AUTHORIZATION #
INV # 220666 220666 220666 220666 220666 220666	LINE # 1 2 3 4 5 6	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019	CODE	FROM DT 12/08/12 12/10/12 12/11/12 12/12/12 12/13/12 12/14/12	12/10/12 12/11/12 12/12/12 12/13/12 12/14/12	46.00 46.00 46.00 46.00 46.00 42.00	AMOUNT 158.76 173.88 173.88 173.88 173.88 158.76	CLAIM ACCOUNT REF. 2206660012003254
REG LOC 001	CLIENT 2006080	SERVICE 2006080	NAME JOHNSON		TH DATE 14/1932	RECIPIENT ID GNT04334500	PRIOR	AUTHORIZATION #
INV # 220667 220667 220667 220667 220667 220667	LINE # 1 2 3 4 5 6	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125	CODE	FROM DT 12/08/12 12/09/12 12/10/12 12/11/12 12/12/12 12/13/12	12/09/12 12/10/12 12/11/12 12/12/12 12/13/12	43.00 32.00 32.00 32.00	AMOUNT 181.44 162.54 120.96 120.96 120.96 120.96 827.82	CLAIM ACCOUNT REF. 2206670012006080
REG LOC 001	CLIENT 2011855	SERVICE 2011855	NAME JONES		TH DATE 05/1925	RECIPIENT ID GNT04367400	PRIOR	AUTHORIZATION #
INV # 220668 220668 220668	LINE # 1 2 3	PROCEDURE T1019 T1019 T1019	CODE	FROM DT 12/10/12 12/12/12 12/14/12	12/12/12 12/14/12	16.00	AMOUNT 60.48 60.48 60.48 181.44	CLAIM ACCOUNT REF. 2206680012011855
REG LOC 001	CLIENT 2011848	SERVICE 2011848	NAME LANZILOTTA		TH DATE 05/1925	RECIPIENT ID 93702509600	PRIOR	AUTHORIZATION #
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	

REPORT DATE 12/19	/12 SUNNY 144/COMPSUP/HIPAAIN/E3202	SIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 17 012121905370684
SUBMITTER ID = SUI PROVIDER ID = 11:	NNYSI SUNNYSIDE 3502051 SUNNYSIDE	NPI = 1154407492
220669 1 220669 2 220669 3 220669 4 220669 5 220669 6 220669 7	S5125 S5125 S5125 S5125 S5125 S5125 S5125	12/08/12 12/08/12 16.00 60.48 12/09/12 12/09/12 16.00 60.48 12/10/12 12/10/12 16.00 60.48 12/11/12 12/11/12 16.00 60.48 12/12/12 12/12/12 16.00 60.48 12/13/12 12/13/12 16.00 60.48 12/13/12 12/13/12 16.00 60.48 12/14/12 12/14/12 16.00 60.48 12/14/12 12/14/12 16.00 60.48 CLAIM TOTAL 423.36 CLAIM ACCOUNT REF. 2206690012011848
REG LOC CLIENT 001 2011771	SERVICE NAME 2011771 LEMOINE	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # RICARDA 05/14/2012 GNT03700100
INV # LINE # 220670 1 220670 2 220670 3 220670 4 220670 5 220670 6 220670 7	PROCEDURE CODE \$5125 \$5125 \$5125 \$5125 \$5125 \$5125 \$5125 \$5125	FROM DT THRU DT UNITS AMOUNT 12/08/12 12/08/12 16.00 60.48 12/09/12 12/09/12 16.00 60.48 12/10/12 12/10/12 16.00 60.48 12/11/12 12/11/12 16.00 60.48 12/11/12 12/11/12 16.00 60.48 12/12/12 12/12/12 16.00 60.48 12/13/12 12/13/12 16.00 60.48 12/13/12 12/13/12 16.00 60.48 12/14/12 12/14/12 16.00 60.48 12/14/12 12/14/12 16.00 60.48 CLAIM TOTAL 423.36 CLAIM ACCOUNT REF. 2206700012011771
REG LOC CLIENT 001 2011854	SERVICE NAME 2011854 LOPEZ	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # CARMEN 12/05/1929 GNT02469800
INV # LINE # 220671 1 220671 2 220671 3 220671 4 220671 5	PROCEDURE CODE S5125 S5125 S5125 S5125 S5125	FROM DT THRU DT UNITS AMOUNT 12/10/12 12/10/12 28.00 105.84 12/11/12 12/11/12 28.00 105.84 12/12/12 12/12/12 28.00 105.84 12/13/12 12/13/12 28.00 105.84 12/14/12 12/14/12 28.00 105.84 12/14/12 12/14/12 28.00 105.84 CLAIM TOTAL 529.20 CLAIM ACCOUNT REF. 2206710012011854
REG LOC CLIENT 001 2011694	SERVICE NAME 2011694 LORA	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # FERNAND 08/20/1935 GNT03342600
INV # LINE # 220672 1 220672 2 220672 3 220672 4 220672 5	PROCEDURE CODE S5125 S5125 S5125 S5125 S5125	FROM DT THRU DT UNITS AMOUNT 12/10/12 12/10/12 32.00 120.96 12/11/12 12/11/12 32.00 120.96 12/12/12 12/12/12 32.00 120.96 12/13/12 12/13/12 32.00 120.96 12/13/12 12/13/12 32.00 120.96 12/14/12 12/14/12 24.00 90.72 CLAIM TOTAL 574.56 CLAIM ACCOUNT REF. 2206720012011694
REG LOC CLIENT 001 2012062	SERVICE NAME 2012062 LOZADA	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # RAMON 12/17/1946 GNT00424300
INV # LINE # 220673 1 220673 2 220673 3	PROCEDURE CODE T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 12/08/12 12/08/12 24.00 90.72 12/10/12 12/10/12 23.00 86.94 12/11/12 12/11/12 24.00 90.72

DEDODE DA	TTE 12/10/	1.2	CIMMVCIDE CITYMIDE	ת תרודות	DATA FILE REPORT (PHLT837/EDIS) PAGE 18
INPUT FIL	E = /VOL4	44/COMPSUP/HIPAAI	SUNNYSIDE CITYWIDE N/E3202012121905370684	HIPAA	DATA FILE REPORT (PHL1037/EDIS) PAGE 10
	ID = SUN				
PROVIDER	ID = 113	502051 SUNNYSIDE			I = 1154407492
220673	4	T1019	12/12/12 12/13/12 12/14/12	12/12/12 22.00	83.16
220673 220673	5 6	T1019 T1019	12/13/12 12/14/12	12/13/12 24.00	90.72 90.72
220073	O	11019	12/14/12	CLAIM TOTAL	532.98 CLAIM ACCOUNT REF. 2206730012012062
REG LOC	CLIENT	SERVICE NAME			PRIOR AUTHORIZATION #
001	2011845	2011845 LUGO	DOLORES 12/	19/1928 93702878100	
INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT UNITS	AMOUNT
220674 220674	1 2	S5125 S5125	12/11/12 12/12/12		60.48 60.48
220674	3	S5125	12/12/12		60.48
			, -,	CLAIM TOTAL	181.44 CLAIM ACCOUNT REF. 2206740012011845
REG LOC	CLIENT	SERVICE NAME			PRIOR AUTHORIZATION #
001	2011658	2011658 LUIS	MAXIMIN 10/	22/1941 GNT02759600	
INV #	LINE #	PROCEDURE CODE	FROM DT 12/10/12 12/12/12 12/14/12	THRU DT UNITS	AMOUNT
220675	1	T1019	12/10/12		90.72
220675 220675	2	T1019 T1019	12/12/12 12/14/12		90.72 90.72
220075	3	11019	12/14/12	CLAIM TOTAL	272.16 CLAIM ACCOUNT REF. 2206750012011658
REG LOC	CLIENT	SERVICE NAME	BIR	TH DATE RECIPIENT ID	PRIOR AUTHORIZATION #
001	2012018	2012018 LUNA	ELDA 06/	21/1945 GNT06614700	
INV #	LINE #	PROCEDURE CODE	FROM DT 12/08/12 12/10/12 12/11/12 12/12/12 12/13/12 12/14/12	THRU DT UNITS	AMOUNT
220676	1	T1019	12/08/12	12/08/12 23.00	86.94
220676	2	T1019	12/10/12	12/10/12 24.00	90.72
220676 220676	3 4	T1019 T1019	12/11/12 12/12/12	12/11/12 24.00 12/12/12 24.00	90.72 90.72
220676	5	T1019	12/12/12	12/12/12 24.00	90.72
220676	6	T1019	12/14/12	12/14/12 24.00	90.72
				CLAIM TOTAL	540.54 CLAIM ACCOUNT REF. 2206760012012018
REG LOC 001	CLIENT 2002713	SERVICE NAME 2002713 MANGR		TH DATE RECIPIENT ID 10/1937 GNT04443200	PRIOR AUTHORIZATION #
INV #	LINE #	PROCEDURE CODE	FROM DT		AMOUNT
220677	1	T1019	12/10/12		120.96
220677 220677	2	T1019 T1019	12/12/12		120.96 120.96
220677	4	T1019 T1019	12/13/12 12/14/12		120.96
220077	-	11019	12/11/12	CLAIM TOTAL	483.84 CLAIM ACCOUNT REF. 2206770012002713
REG LOC 001	CLIENT 2011985	SERVICE NAME 2011985 MANTI		TH DATE RECIPIENT ID 30/1941 GNT00533700	PRIOR AUTHORIZATION #
INV #	LINE #	PROCEDURE CODE	FROM DT	THRU DT UNITS	AMOUNT
220678	1	S5125		12/01/12 32.00	120.96
220678	2	S5125	12/02/12	12/02/12 32.00	120.96

REPORT DATE 12/19	/12 SUNN 444/COMPSUP/HIPAAIN/E320	NYSIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 19
SUBMITTER ID = SU		
	3502051 SUNNYSIDE	NPI = 1154407492
220678 3 220678 4	S5125 S5125	12/08/12 12/08/12 32.00 120.96 12/09/12 12/09/12 32.00 120.96 CLAIM TOTAL 483.84 CLAIM ACCOUNT REF. 2206780012011985
REG LOC CLIENT 001 2011772		BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # MARIA 03/24/1934 GNT03761400
INV # LINE # 220679 1 220679 2 220679 3	PROCEDURE CODE T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 12/10/12 12/10/12 20.00 75.60 12/12/12 12/12/12 20.00 75.60 12/14/12 12/14/12 20.00 75.60 CLAIM TOTAL 226.80 CLAIM ACCOUNT REF. 2206790012011772
REG LOC CLIENT 001 2011957	SERVICE NAME 2011957 MARRERO	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # PHILLIP 07/16/1945 GNT00157200
INV # LINE # 220680 1 220680 2 220680 3 220680 4 220680 5 220680 6 220680 7	PROCEDURE CODE S5126 S5126 S5126 S5126 S5126 S5126 S5126	FROM DT THRU DT UNITS AMOUNT 12/08/12 12/08/12 1.00 196.56 12/09/12 12/09/12 1.00 196.56 12/10/12 12/10/12 1.00 196.56 12/11/12 12/11/12 1.00 196.56 12/12/12 12/12/12 1.00 196.56 12/12/12 12/12/12 1.00 196.56 12/13/12 12/13/12 1.00 196.56 12/14/12 12/14/12 1.00 196.56 12/14/12 12/14/12 1.00 196.56 12/14/12 12/14/12 1.00 196.56 12/14/12 12/14/12 1.00 196.56
REG LOC CLIENT 001 2011663	SERVICE NAME 2011663 MARTIN	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # RUTH 08/25/1927 GNT06371400
INV # LINE # 220681 1 220681 2 220681 3 220681 4 220681 5 220681 6 220681 7 220681 8	PROCEDURE CODE \$5126 \$5126 \$5126 \$5126 \$5126 \$5126 \$5126 \$5126 \$5126	FROM DT THRU DT UNITS AMOUNT 11/10/12 11/10/12 1.00 196.56 12/08/12 12/08/12 1.00 196.56 12/09/12 12/09/12 1.00 196.56 12/10/12 12/10/12 1.00 196.56 12/11/12 12/11/12 1.00 196.56 12/11/12 12/11/12 1.00 196.56 12/12/12 12/12/12 1.00 196.56 12/13/12 12/13/12 1.00 196.56 12/13/12 12/13/12 1.00 196.56 12/14/12 12/14/12 1.00 196.56 12/14/12 12/14/12 1.00 196.56
REG LOC CLIENT 001 2006830	SERVICE NAME 2006830 MARTINEZ	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 05/09/1920 GNT05091300
INV # LINE # 220682 1 220682 2 220682 3 220682 4 220682 5 220682 6	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 12/08/12 12/08/12 24.00 90.72 12/10/12 12/10/12 24.00 90.72 12/11/12 12/11/12 24.00 90.72 12/12/12 12/12/12 24.00 90.72 12/13/12 12/13/12 24.00 90.72 12/13/12 12/13/12 24.00 90.72 12/14/12 12/14/12 24.00 90.72 12/14/12 12/14/12 24.00 90.72 CLAIM TOTAL 544.32 CLAIM ACCOUNT REF. 2206820012006830

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PROVIDER ID =	113502051	SUNNYSIDE	NPI = 1154407492

REG LOC 001	CLIENT 2009202	SERVICE 2009202	NAME MARTINEZ		RTH DATE /10/1937	RECIPIENT ID GNT00444700	PRIOR	AUTHORIZATION #
INV # 220683 220683 220683 220683	LINE # 1 2 3 4 5	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125	CODE	12/11/12 12/12/12 12/13/12	THRU DT 12/10/12 12/11/12 12/12/12 12/13/12 12/14/12 CLA	20.00 20.00 20.00	AMOUNT 75.60 75.60 75.60 75.60 75.60 378.00	CLAIM ACCOUNT REF. 2206830012009202
REG LOC 001	CLIENT 2011036	SERVICE 2011036	NAME MASSOL		RTH DATE /08/1934	RECIPIENT ID GNT04564600	PRIOR	AUTHORIZATION #
INV # 220684 220684 220684 220684 220684	LINE # 1 2 3 4 5	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125	CODE	12/11/12 12/12/12 12/13/12	12/12/12 12/13/12 12/14/12	20.00 20.00 20.00	AMOUNT 75.60 75.60 75.60 75.60 71.82 374.22	CLAIM ACCOUNT REF. 2206840012011036
REG LOC 001	CLIENT 2011965	SERVICE 2011965	NAME MATEO		RTH DATE /10/1939	RECIPIENT ID GNT00408600	PRIOR	AUTHORIZATION #
INV # 220685 220685 220685 220685 220685 220685 220685	LINE # 1 2 3 4 5 6 7	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125	CODE	12/09/12 12/10/12 12/11/12 12/12/12 12/13/12	12/14/12	16.00 32.00 32.00 32.00 32.00 32.00	AMOUNT 60.48 60.48 120.96 120.96 120.96 120.96 725.76	CLAIM ACCOUNT REF. 2206850012011965
REG LOC 001	CLIENT 2011350	SERVICE 2011350	NAME MCQUAIL		RTH DATE /23/1934	RECIPIENT ID GNT06367800	PRIOR	AUTHORIZATION #
INV # 220686 220686 220686 220686 220686 220686 220686	LINE # 1 2 3 4 5 6	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125	CODE	12/09/12 12/10/12 12/11/12 12/12/12 12/13/12	12/14/12	40.00 40.00 40.00 40.00 40.00 40.00 40.00	AMOUNT 151.20 151.20 151.20 151.20 151.20 151.20 151.20 ,058.40	CLAIM ACCOUNT REF. 2206860012011350
REG LOC 001	CLIENT 2005943	SERVICE 2005943	NAME MICHEL		RTH DATE /05/1930	RECIPIENT ID GNT03107500	PRIOR	AUTHORIZATION #
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	

REPORT DATE 12/19/	12 SUNNY	SIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 21
INPUT FILE = /VOL4	144/COMPSUP/HIPAAIN/E320.	012121905370684
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220687 1 220687 2 220687 3 220687 4 220687 5 220687 6 220687 7	S5125 S5125 S5125 S5125 S5125 S5125 S5125	12/08/12 12/08/12 32.00 120.96 12/09/12 12/09/12 32.00 120.96 12/10/12 12/10/12 32.00 120.96 12/11/12 12/11/12 32.00 120.96 12/12/12 12/12/12 32.00 120.96 12/13/12 12/13/12 32.00 120.96 12/14/12 12/14/12 32.00 120.96 12/14/12 12/14/12 32.00 120.96 12/14/12 12/14/12 32.00 120.96 CLAIM TOTAL 846.72 CLAIM ACCOUNT REF. 2206870012005943
REG LOC CLIENT 001 2011911	SERVICE NAME 2011911 MIMMS	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # GRACE T 08/24/1937 GNT05194600
INV # LINE # 220688 1 220688 2 220688 3 220688 4 220688 5 220688 6	PROCEDURE CODE S5125 S5125 S5125 S5125 S5125 S5125 S5125	FROM DT THRU DT UNITS AMOUNT 12/08/12 12/08/12 20.00 75.60 12/10/12 12/10/12 24.00 90.72 12/11/12 12/11/12 24.00 90.72 12/12/12 12/12/12 24.00 90.72 12/13/12 12/13/12 24.00 90.72 12/13/12 12/13/12 24.00 90.72 12/14/12 12/14/12 24.00 90.72 CLAIM TOTAL 529.20 CLAIM ACCOUNT REF. 2206880012011911
REG LOC CLIENT 001 2010425	SERVICE NAME 2010425 MONCRIEF	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # LOIS 05/29/1926 GNT06140100
INV # LINE # 220689 1 220689 2 220689 3 220689 4 220689 5 220689 6 220689 7	PROCEDURE CODE S5125 S5125 S5125 S5125 S5125 S5125 S5125	FROM DT THRU DT UNITS AMOUNT 12/08/12 12/08/12 32.00 120.96 12/09/12 12/09/12 32.00 120.96 12/10/12 12/10/12 32.00 120.96 12/11/12 12/11/12 32.00 120.96 12/11/12 12/11/12 32.00 120.96 12/12/12 12/12/12 32.00 120.96 12/13/12 12/13/12 32.00 120.96 12/13/12 12/13/12 32.00 120.96 12/14/12 12/14/12 32.00 120.96 12/14/12 12/14/12 32.00 120.96 CLAIM TOTAL 846.72 CLAIM ACCOUNT REF. 2206890012010425
REG LOC CLIENT 001 2011877	SERVICE NAME 2011877 MONTALVO	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # VERONIC 01/13/1932 GNT03799400
INV # LINE # 220690 1	PROCEDURE CODE T1019	FROM DT THRU DT UNITS AMOUNT 12/11/12 12/11/12 20.00 75.60 CLAIM TOTAL 75.60 CLAIM ACCOUNT REF. 2206900012011877
REG LOC CLIENT 001 2011844	SERVICE NAME 2011844 MONTES	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # ADOLFO 05/31/1930 GNT02561100
INV # LINE # 220691 1 220691 2 220691 3 220691 4 220691 5 220691 6	PROCEDURE CODE S5125 S5125 S5125 S5125 S5125 S5125	FROM DT THRU DT UNITS AMOUNT 12/08/12 12/08/12 24.00 90.72 12/09/12 12/09/12 24.00 90.72 12/10/12 12/10/12 24.00 90.72 12/11/12 12/11/12 24.00 90.72 12/11/12 12/11/12 24.00 90.72 12/12/12 12/12/12 24.00 90.72 12/13/12 12/13/12 24.00 90.72

REPORT DA	ATE 12/19/ LE = /VOL4	12 44/COMPSUP/HIPAAI	SUNNYSIDE CITYWIDE N/E3202012121905370684	HIPAA	DATA FII	LE REPORT (PHLT837/EDIS) PAGE 22
		NYSI SU 502051 SUNNYSIDE		NPI	I = 1154 ⁴	107492
220691	7	S5125	12/14/12 12/3	14/12 24.00 CLAIM TOTAL	90.72 635.04	
	CLIENT 2010407		PAULA BIRTH DA			AUTHORIZATION #
INV # 220692	LINE # 1	PROCEDURE CODE T1019	FROM DT THRU 12/13/12 12/1	U DT UNITS 13/12 16.00 CLAIM TOTAL	AMOUNT 60.48 60.48	CLAIM ACCOUNT REF. 2206920012010407
REG LOC 001	CLIENT 2012071	SERVICE NAME 2012071 MORAL	BIRTH DA ES ISIDRO 04/05/19	RECIPIENT ID 923 GNT04846200	PRIOR	AUTHORIZATION #
INV # 220693 220693 220693 220693 220693	LINE # 1 2 3 4 5 6		FROM DT THRI 12/08/12 12/0 12/09/12 12/1 12/10/12 12/2 12/11/12 12/2 12/12/12 12/2 12/13/12 12/2	U DT UNITS 08/12 24.00 09/12 24.00 10/12 24.00 11/12 24.00 12/12 24.00 13/12 24.00 CLAIM TOTAL	AMOUNT 90.72 90.72 90.72 90.72 90.72 90.72 544.32	CLAIM ACCOUNT REF. 2206930012012071
REG LOC 001	CLIENT 2011967	SERVICE NAME 2011967 MORAL	BIRTH DA ES MARGARI 11/10/19	ATE RECIPIENT ID 950 GNT02797600	PRIOR	AUTHORIZATION #
INV # 220694 220694 220694 220694 220694	LINE # 1 2 3 4 5	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019	FROM DT THRI 12/10/12 12/1 12/11/12 12/1 12/12/12 12/1 12/13/12 12/1 12/14/12 12/1	U DT UNITS 10/12 16.00 11/12 16.00 12/12 16.00 13/12 16.00 14/12 16.00 CLAIM TOTAL	AMOUNT 60.48 60.48 60.48 60.48 60.48 302.40	CLAIM ACCOUNT REF. 2206940012011967
REG LOC 001	CLIENT 2008149	SERVICE NAME 2008149 MOSCI	BIRTH DA	RECIPIENT ID 916 GNT04975800	PRIOR	AUTHORIZATION #
INV # 220695 220695	LINE # 1 2		FROM DT THRU 12/08/12 12/0 12/09/12 12/0	U DT UNITS 08/12 48.00 09/12 48.00 CLAIM TOTAL	AMOUNT 181.44 181.44 362.88	
REG LOC 001	CLIENT 2011860	SERVICE NAME 2011860 MOYA	BIRTH DA MARINA 11/25/19	RECIPIENT ID 914 GNT02982600	PRIOR	AUTHORIZATION #
INV # 220696 220696 220696 220696 220696 220696	LINE # 1 2 3 4 5	PROCEDURE CODE \$5125 \$5125 \$5125 \$5125 \$5125 \$5125 \$5125	FROM DT THRI 12/08/12 12/0 12/09/12 12/1 12/10/12 12/2 12/11/12 12/2 12/12/12 12/2 12/13/12 12/2	U DT UNITS 08/12 20.00 09/12 20.00 10/12 24.00 11/12 24.00 12/12 24.00 13/12 24.00	AMOUNT 75.60 75.60 90.72 90.72 90.72 90.72	

INPUT FIL	TE 12/19/ E = /VOL4	12 44/COMPSUP	SUNNY HIPAAIN/E3202	012121905370	DE 0684		HIPAA	DATA FI	LE REPORT (PHL183//	EDIS) PAGE 23
			SUNNYSIDE NNYSIDE				NPI	= 1154	407492		
220696	7	S5125		12/14,	/12 12/14	l/12 CLAI	24.00 M TOTAL	90.72 604.80	CLAIM ACCOUNT	REF.	2206960012011860
REG LOC 001	CLIENT 2002162	SERVICE 2002162	NAME MUSCAT	CARMEN	BIRTH DAT 02/28/192	Έ 27	RECIPIENT ID GNT04082300	PRIOR	AUTHORIZATION #		
INV # 220697 220697 220697 220697	LINE # 1 2 3 4	PROCEDURE T1019 T1019 T1019 T1019	CODE	FROM I 12/10, 12/11, 12/13, 12/14,	DT THRU /12 12/10 /12 12/11 /12 12/13 /12 12/14	DT)/12 ./12 3/12 1/12 CLAI	UNITS 20.00 20.00 20.00 20.00 M TOTAL	AMOUNT 75.60 75.60 75.60 75.60 302.40	CLAIM ACCOUNT	REF.	2206970012002162
	CLIENT 2006117	SERVICE 2006117	NAME NETTLES	DONNA	BIRTH DAT 09/21/195	ΓΕ 55	RECIPIENT ID GNT04987100	PRIOR	AUTHORIZATION #		
INV # 220698 220698	LINE # 1 2	PROCEDURE S5125 S5125	CODE	FROM I 12/10, 12/14,	OT THRU /12 12/10 /12 12/14	DT)/12 1/12 CLAI	UNITS 16.00 16.00 M TOTAL	AMOUNT 60.48 60.48 120.96	CLAIM ACCOUNT	REF.	2206980012006117
	CLIENT 2011874	SERVICE 2011874	NAME NEVAREZ	MARTA	BIRTH DAT 02/23/194	Έ 11	RECIPIENT ID GNT06134500	PRIOR	AUTHORIZATION #		
INV # 220699 220699 220699 220699 220699	LINE # 1 2 3 4 5	PROCEDURE \$5125 TT \$5125 TT \$5125 TT \$5125 TT \$5125 TT	CODE	FROM I 12/08, 12/09, 12/10, 12/11, 12/12,	DT THRU /12 12/08 /12 12/09 /12 12/10 /12 12/11 /12 12/12	DT 3/12 3/12 3/12 1/12 1/12 2/12 CLAI	UNITS 24.00 24.00 24.00 24.00 12.00	AMOUNT 96.72 96.72 96.72 96.72 48.36 435.24	CLAIM ACCOUNT	REF.	2206990012011874
	CLIENT 2002531	SERVICE 2002531	NAME NEWBOLD	RAMONA	BIRTH DAT 09/24/193	ΓE 34	RECIPIENT ID GNT04415000	PRIOR	AUTHORIZATION #		
INV # 220700 220700 220700 220700 220700	LINE # 1 2 3 4 5	PROCEDURE S5125 S5125 S5125 S5125 S5125	CODE	FROM I 12/10, 12/11, 12/12, 12/13, 12/14,	DT THRU /12 12/10 /12 12/11 /12 12/12 /12 12/13 /12 12/14	DT)/12 ./12 2/12 3/12 1/12 CLAI	UNITS 20.00 15.00 20.00 20.00 20.00 M TOTAL	AMOUNT 75.60 56.70 75.60 75.60 75.60 359.10	CLAIM ACCOUNT	REF.	2207000012002531
REG LOC	CLIENT 2010595	SERVICE 2010595	NAME NISHIMURA	ALBERT	BIRTH DAT 11/01/191	E L9	RECIPIENT ID GNT04994800	PRIOR	AUTHORIZATION #		
INV # 220701 220701 220701 220701	LINE # 1 2 3 4	PROCEDURE S5125 S5125 S5125 S5125	CODE	FROM I 12/08, 12/09, 12/10, 12/12,	DT THRU /12 12/08 /12 12/09 /12 12/10 /12 12/12	DT 3/12 3/12)/12)/12	UNITS 48.00 48.00 24.00 24.00	AMOUNT 181.44 181.44 90.72 90.72			

REPORT DATE 12/19/ INPUT FILE = /VOL4	/12 SUNN 144/COMPSUP/HIPAAIN/E320		DATA FILE REPORT (PHLT837/EDIS) PAGE 24
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220701 5 220701 6	S5125 S5125	12/13/12 12/13/12 48.00 12/14/12 12/14/12 24.00 CLAIM TOTAL	181.44 90.72 816.48 CLAIM ACCOUNT REF. 2207010012010595
REG LOC CLIENT 001 2004768	SERVICE NAME 2004768 NUNEZ	BIRTH DATE RECIPIENT ID ANGELIN 10/01/1946 GNT02920000	PRIOR AUTHORIZATION #
INV # LINE # 220702 1 220702 2 220702 3 220702 4	PROCEDURE CODE T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 11/29/12 11/29/12 4.00 12/11/12 12/11/12 16.00 12/12/12 12/12/12 16.00 12/14/12 12/14/12 16.00 CLAIM TOTAL	AMOUNT 15.12 60.48 60.48 60.48 196.56 CLAIM ACCOUNT REF. 2207020012004768
REG LOC CLIENT 001 2011773	SERVICE NAME 2011773 NUNEZ	BIRTH DATE RECIPIENT ID REYNA 11/28/1964 GNT02970200	PRIOR AUTHORIZATION #
INV # LINE # 220703 1 220703 2 220703 3 220703 4 220703 5	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 12/10/12 12/10/12 16.00 12/11/12 12/11/12 16.00 12/12/12 12/12/12 16.00 12/13/12 12/13/12 16.00 12/14/12 12/14/12 16.00 CLAIM TOTAL	AMOUNT 60.48 60.48 60.48 60.48 60.48 302.40 CLAIM ACCOUNT REF. 2207030012011773
REG LOC CLIENT 001 2011875	SERVICE NAME 2011875 OCASIO	BIRTH DATE RECIPIENT ID 65/28/1929 GNT00182000	PRIOR AUTHORIZATION #
INV # LINE # 220704 1	PROCEDURE CODE T1019	FROM DT THRU DT UNITS 12/06/12 12/06/12 32.00 CLAIM TOTAL	AMOUNT 120.96 120.96 CLAIM ACCOUNT REF. 2207040012011875
REG LOC CLIENT 001 2011875	SERVICE NAME 2011875 OCASIO	BIRTH DATE RECIPIENT ID 65/28/1929 GNT00182000	PRIOR AUTHORIZATION #
INV # LINE # 220705 1 220705 2	PROCEDURE CODE T1019 T1019	FROM DT THRU DT UNITS 12/13/12 12/13/12 16.00 12/14/12 12/14/12 40.00 CLAIM TOTAL	AMOUNT 60.48 151.20 211.68 CLAIM ACCOUNT REF. 2207050012011875
REG LOC CLIENT 001 2011915	SERVICE NAME 2011915 OJEDA	BIRTH DATE RECIPIENT ID 01/29/1936 GNT05774800	PRIOR AUTHORIZATION #
INV # LINE # 220706 1 220706 2 220706 3 220706 4 220706 5 220706 6	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 12/03/12 12/03/12 16.00 12/04/12 12/04/12 16.00 12/05/12 12/05/12 16.00 12/05/12 12/05/12 16.00 12/06/12 12/06/12 16.00 12/07/12 12/07/12 16.00 12/08/12 12/08/12 16.00 CLAIM TOTAL	AMOUNT 60.48 60.48 60.48 60.48 60.48 60.48 60.48 362.88 CLAIM ACCOUNT REF. 2207060012011915

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SUBMITTER ID = SUNNYSI SUNNYSIDE

PROVIDER ID = 113502051 SUNNYSIDE NPI = 1154407492

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INV # 220707 220707 220707 220707 220707 220707 220707	LINE # 1 2 3 4 5 6 7	PROCEDURE S5125 TT S5125 TT S5125 TT S5125 TT S5125 TT S5125 TT S5125 TT	CODE	12/09/1 12/10/1 12/11/1 12/12/1 12/13/1	.2 12/08/12 .2 12/09/12 .2 12/10/12 .2 12/11/12 .2 12/12/12 .2 12/13/12 .2 12/14/12	2 20.00 2 20.00 2 20.00 2 32.00 2 32.00	AMOUNT 80.60 80.60 80.60 128.96 128.96 112.84 693.16	CLAIM ACCOUNT REF.	2207070012011871
REG LOC 001	CLIENT 2011863	SERVICE 2011863	NAME OLMO		BIRTH DATE 04/20/1923	RECIPIENT ID GNT03506500	PRIOR	AUTHORIZATION #	
INV # 220708 220708 220708 220708 220708 220708 220708 220708 220708	LINE # 1 2 3 4 5 6 7 8 9	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125	CODE	12/02/1 12/08/1 12/09/1 12/10/1 12/11/1 12/12/1 12/13/1	.2 12/01/12 .2 12/02/12 .2 12/08/12 .2 12/09/12 .2 12/10/12 .2 12/11/12 .2 12/12/12 .2 12/13/12 .2 12/14/12	16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00	AMOUNT 60.48 60.48 60.48 60.48 60.48 60.48 60.48 60.48 544.32	CLAIM ACCOUNT REF.	2207080012011863
REG LOC 001	CLIENT 2010198	SERVICE 2010198	NAME ORLANDO		BIRTH DATE 02/09/1923	RECIPIENT ID GNT06098400	PRIOR	AUTHORIZATION #	
INV # 220709 220709 220709 220709 220709	LINE # 1 2 3 4 5	PROCEDURE T1019 T1019 T1019 T1019 T1019	CODE	12/11/1 12/12/1 12/13/1	.2 12/10/12 .2 12/11/12 .2 12/12/12 .2 12/13/12 .2 12/14/12	20.00 20.00 20.00	AMOUNT 75.60 75.60 75.60 75.60 75.60 378.00	CLAIM ACCOUNT REF.	2207090012010198
REG LOC 001	CLIENT 2011916	SERVICE 2011916	NAME ORTIZ		BIRTH DATE .0/31/1940	RECIPIENT ID 93700799800	PRIOR	AUTHORIZATION #	
INV # 220710 220710 220710 220710 220710 220710 220710	LINE # 1 2 3 4 5 6	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125	CODE	12/10/1	.2 12/08/12 .2 12/10/12 .2 12/11/12 .2 12/12/12 .2 12/13/12 .2 12/14/12	28.00 28.00 28.00 28.00 28.00	AMOUNT 105.84 105.84 105.84 105.84 105.84 105.84 635.04	CLAIM ACCOUNT REF.	2207100012011916

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PROVIDER ID = 113502051 SUNNYSIDE NPI = 1154407492

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REG LOC 001 2		VICE NAME 1999 ORTI		BIRTH DATE 02/09/1921	RECIPIENT ID GNT04429700	PRIOR	AUTHORIZATION #	
INV # I 220712 220712 220712	LINE # PROC 1 S512 2 S512 3 S512	5	12/0 12/1	08/12 12/08/12 10/12 12/10/12 12/12 12/12/12	16.00	AMOUNT 60.48 60.48 60.48 181.44	CLAIM ACCOUNT REF.	2207120012011999
REG LOC 001 2		VICE NAME 1657 ORT		BIRTH DATE 11/03/1932	RECIPIENT ID GNT05073800	PRIOR	AUTHORIZATION #	
INV # I 220713 220713 220713 220713 220713 220713 220713 220713	LINE # PROC 1 S512 2 S512 3 S512 4 S512 5 S512 6 S512 7 S512 8 S512	5 5 5 5 5 5	12/0 12/0 12/0 12/3 12/3 12/3	03/12 12/03/12 08/12 12/08/12 09/12 12/09/12 10/12 12/10/12 11/12 12/11/12 12/12 12/12/12 13/12 12/13/12 14/12 12/14/12	16.00 16.00 28.00 28.00 28.00 28.00	AMOUNT 105.84 60.48 60.48 105.84 105.84 105.84 105.84 756.00	CLAIM ACCOUNT REF.	2207130012011657
REG LOC 001 2		VICE NAME 2073 PAGE		BIRTH DATE 09/29/1931	RECIPIENT ID GNT00189300	PRIOR	AUTHORIZATION #	
INV # I 220714 220714 220714 220714 220714 220714 220714	LINE # PROC. 1 T101 2 T101 3 T101 4 T101 5 T101 6 T101 7 T101	9 9 9 9	12/0 12/0 12/1 12/1 12/1 12/1	08/12 12/08/12 09/12 12/09/12 0/12 12/10/12 11/12 12/11/12 12/12 12/12/12 13/12 12/13/12 14/12 12/14/12	40.00 40.00 40.00 40.00 40.00 40.00	AMOUNT 151.20 151.20 151.20 151.20 151.20 151.20 151.20 ,058.40	CLAIM ACCOUNT REF.	2207140012012073
REG LOC 001 2		VICE NAME 3087 PAPE	E HITIS RICHARD	BIRTH DATE 05/14/1923	RECIPIENT ID GNT03006300	PRIOR	AUTHORIZATION #	
INV # I	LINE # PROC	EDURE CODE	FROM	1 DT THRU DT	UNITS	AMOUNT		

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220715	2	T1019		12/11/12			120.96	
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220715	5	T1019		12/14/12			120.96	
					CLA	LATOT MI	604.80	CLAIM ACCOUNT REF. 2207150012003087
1								
REG LOC		SERVICE	NAME		TH DATE	RECIPIENT II		AUTHORIZATION #
001	L 2011913	2011913	PATTERSON	RUMELLA 04/	29/1939	GNT02544200		
	T T3TD		2000	EDOM DE			3340773777	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
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220716	6	S5125		12/14/12	12/14/12	16.00	60.48	
					CLA	AIM TOTAL	362.88	CLAIM ACCOUNT REF. 2207160012011913
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001	L 2012225	2012225	PATTERSON	SHYRLE 12/	02/1956	2012225		
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220717	4	S5125		12/04/12	12/04/12	28.00	105.84	
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220717	7	S5125		12/07/12			105.84	
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220717	13	S5125		12/13/12			105.84	
220717	14	S5125		12/14/12			105.84	
220717	- 1	55125		12/11/12		IM TOTAL	1,481.76	CLAIM ACCOUNT REF. 2207170012012225
					CLIA	III IOIAL	1,101.70	CHAIN ACCOUNT REF. 220/1/0012012225
REG LOC	C CLIENT	SERVICE	NAME	BTR	TH DATE	RECIPIENT II	D PRIOR	AUTHORIZATION #
001		2009576	PAZIOULIS		16/1934	GNT04602500		
	2005070	2005070	1112100210	1122011211 107	10,101	011101002000		
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
220718	1	S5125		12/08/12			166.32	
220718	2	S5125		12/09/12			166.32	
220718	3	S5125		12/10/12			166.32	
220718	4	S5125		12/11/12			113.40	
220718	5	S5125 S5125		12/11/12			166.32	
220/10	5	00120		14/14/14		IM TOTAL	778.68	CLAIM ACCOUNT REF. 2207180012009576
					CLA	THI TOTAL	770.00	CHAIM ACCOUNT REF. 220/1000120095/0
REG LOC	C CLIENT	SERVICE	NAME	סדם	TH DATE	RECIPIENT II	ם חדתם	AUTHORIZATION #
001		2000140	PENA		06/1978	GNT02097600		110 11101(12111101) П
	2000140	2000140	THING	"ALEDIA 0//	00/10/0	2141 020 2 / 000		
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
	π π	LICCEPONE	JJD1	I KON DI	111110 1/1	014110	11100111	

REPORT DA	TE 12/19/	12	SUNN	YSIDE CITYWIDE		HIPAA	A DATA FI	LE REPORT (PHLT837/EI	DIS) PAGE 28
INPUT FIL	E = /VOL4	44/COMPSUP	/HIPAAIN/E3202	2012121905370684				LE REPORT (PHLT837/EI	,
	ID = SUN	NYSI 502051 SUI	SUNNYSIDE	Ξ		ND	PI = 1154	407400	
PROVIDER	1 ID = 113	502051 SUI	NNYSIDE				21 = 11544	407492	
220719 220719	1 2	T1019 T1019		12/10/12 12/11/12			120.96 120.96		
220719	3	T1019		12/12/12	12/12/12	32.00	120.96		
220719 220719	4 5	T1019 T1019		12/13/12 12/14/12			120.96 120.96		
220719	5	11019		12/14/12		JZ.00 IM TOTAL	604.80	CLAIM ACCOUNT RE	EF. 2207190012000140
REG LOC 001	CLIENT 2009232	SERVICE 2009232	NAME PEREZ		TH DATE 04/1931			AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
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220720 220720	2	T1019 T1019		12/11/12 12/12/12			90.72 90.72		
220720	4	T1019		12/13/12	12/13/12	24.00	90.72		
220720	5	T1019		12/14/12		24.00 IM TOTAL	90.72 453.60	CLAIM ACCOUNT RE	EF. 2207200012009232
									11. 220/20001200/252
REG LOC 001	CLIENT 2011411	SERVICE 2011411	NAME PICHARDO		TH DATE 14/1923	GNT02908700		AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
220721 220721	1 2	T1019 T1019		12/08/12 12/09/12			136.08 136.08		
220721	3	T1019		12/10/12	12/10/12	36.00	136.08		
220721 220721	4 5	T1019 T1019		12/11/12 12/12/12			136.08 136.08		
220721	6	T1019		12/12/12			136.08		
220721	7	T1019		12/14/12			136.08	CLATA ACCOUNT D	TD 0007010010011411
					CLA	IM TOTAL	952.56	CLAIM ACCOUNT RE	EF. 2207210012011411
REG LOC 001	CLIENT 2010606	SERVICE 2010606	NAME PINILLA		TH DATE 23/1933	RECIPIENT ID GNT05972000) PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
220722	1 2	S5125 S5125		12/08/12			136.08 136.08		
220722 220722	3	S5125 S5125		12/09/12 12/10/12			136.08		
220722	4	S5125		12/11/12	12/11/12	36.00	136.08		
220722	5	S5125		12/12/12		20.00 IM TOTAL	75.60 619.92	CLAIM ACCOUNT RE	EF. 2207220012010606
									11. 2207220012010000
REG LOC 001	CLIENT 2011990	SERVICE 2011990	NAME POLANCO		TH DATE 04/2012	RECIPIENT ID GNT03633500) PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT		UNITS	AMOUNT		
220723 220723	1 2	S5126 S5126		12/10/12 12/11/12			196.56 196.56		
220723	3	S5126		12/12/12	12/12/12	1.00	196.56		
220723 220723	4 5	S5126 S5126		12/13/12 12/14/12			196.56 196.56		
220/23	5	22170		12/14/12	12/14/12	1.00	190.56		

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SUBMITTER ID = SUNNYSI SUNNYSID PROVIDER ID = 113502051 SUNNYSIDE	E NPI = 1154407492
	CLAIM TOTAL 982.80 CLAIM ACCOUNT REF. 2207230012011990
REG LOC CLIENT SERVICE NAME 001 2010647 2010647 PRADO	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NANCY 04/02/1950 GNT00201400
INV # LINE # PROCEDURE CODE 220724 1 T1019 220724 2 T1019 220724 3 T1019	FROM DT THRU DT UNITS AMOUNT 12/11/12 12/11/12 16.00 60.48 12/12/12 12/12/12 16.00 60.48 12/13/12 12/13/12 16.00 60.48 CLAIM TOTAL 181.44 CLAIM ACCOUNT REF. 2207240012010647
REG LOC CLIENT SERVICE NAME 001 2002109 2002109 PROANO	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # ALICIA 09/18/1924 93700845900
INV # LINE # PROCEDURE CODE 220725 1 S5125 TT 220725 2 S5125 TT 220725 3 S5125 TT 220725 4 S5125 TT 220725 5 S5125 TT 220725 6 S5125 TT	FROM DT THRU DT UNITS AMOUNT 12/08/12 12/08/12 12.00 48.36 12/10/12 12/10/12 12.00 48.36 12/11/12 12/11/12 12.00 48.36 12/11/12 12/11/12 12.00 48.36 12/12/12 12/12/12 12.00 48.36 12/13/12 12/13/12 12.00 48.36 12/14/12 12/14/12 12.00 48.36 12/14/12 12/14/12 12.00 48.36 12/14/12 12/14/12 12.00 48.36
REG LOC CLIENT SERVICE NAME 001 2007728 2007728 PROANO	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 10/06/1918 GNT04361600
INV # LINE # PROCEDURE CODE 220726 1 S5125 TT 220726 2 S5125 TT 220726 3 S5125 TT 220726 4 S5125 TT 220726 5 S5125 TT 220726 6 S5125 TT 220726 6 S5125 TT	FROM DT THRU DT UNITS AMOUNT 12/08/12 12/08/12 16.00 64.48 12/10/12 12/10/12 20.00 80.60 12/11/12 12/11/12 20.00 80.60 12/12/12 12/12/12 20.00 80.60 12/13/12 12/13/12 20.00 80.60 12/13/12 12/13/12 20.00 80.60 12/14/12 12/14/12 20.00 80.60 CLAIM TOTAL 467.48 CLAIM ACCOUNT REF. 2207260012007728
REG LOC CLIENT SERVICE NAME 001 2011774 2011774 QUINONES	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # ENEIDA 02/29/1936 GNT03606700
INV # LINE # PROCEDURE CODE 220727 1 T1019 220727 2 T1019 220727 3 T1019 220727 4 T1019 220727 5 T1019 220727 6 T1019 220727 7 T1019 220727 7 T1019 220727 8 T1019 220727 9 T1019 220727 10 T1019	FROM DT THRU DT UNITS AMOUNT 12/03/12 12/03/12 16.00 60.48 12/04/12 12/04/12 16.00 60.48 12/05/12 12/05/12 16.00 60.48 12/06/12 12/06/12 16.00 60.48 12/07/12 12/07/12 16.00 60.48 12/10/12 12/10/12 16.00 60.48 12/11/12 12/11/12 16.00 60.48 12/11/12 12/11/12 16.00 60.48 12/11/12 12/11/12 16.00 60.48 12/12/12 12/12/12 16.00 60.48 12/13/12 12/13/12 16.00 60.48 12/13/12 12/13/12 16.00 60.48 12/14/12 12/14/12 16.00 60.48 12/14/12 12/14/12 16.00 60.48 12/14/12 12/14/12 16.00 60.48
REG LOC CLIENT SERVICE NAME 001 2011847 2011847 RAMOS	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # CECILIA 08/06/1922 GNT00206000
INV # LINE # PROCEDURE CODE	FROM DT THRU DT UNITS AMOUNT

		1.0							
REPORT DA	TE 12/19/	12	SUNNY	SIDE CITYWIDE 012121905370684	1	HIPA	A DATA FII	LE REPORT (PHLT837/EDIS)) PAGE 30
INPUL FIL	E - / VOL4	44/COMPSOP	/ HIPAAIN/ E3202	012121905570004	±				
SUBMITTER	ID = SUN	NYSI	SUNNYSIDE						
PROVIDER	ID = 113	502051 SUI	NNYSIDE			N	PI = 1154	107492	
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220728	2	S5125			12/09/12		120.96		
220728	3 4	S5125 S5125			12/10/12 12/11/12		151.20 151.20		
220728 220728	5	S5125 S5125			12/11/12		151.20		
220728	6	S5125 S5125			12/13/12		151.20		
220728	7	S5125		12/14/12			151.20		
				,,		IM TOTAL	997.92	CLAIM ACCOUNT REF.	2207280012011847
REG LOC	CLIENT	SERVICE	NAME		RTH DATE	RECIPIENT I		AUTHORIZATION #	
001	2010409	2010409	RAMOS	ESTHER 12,	/21/1933	GNT06136400			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
220729	1 1 1 1 H	T1019	CODE		12/10/12		45.36		
220729	2	T1019			12/11/12		60.48		
220729	3	T1019			12/12/12		60.48		
220729	4	T1019		12/13/12	12/13/12	12.00	45.36		
220729	5	T1019		12/14/12			60.48		
					CLA	IM TOTAL	272.16	CLAIM ACCOUNT REF.	2207290012010409
REG LOC	CLIENT	SERVICE	NAME	ртп	RTH DATE	RECIPIENT I	ם חשד ח	AUTHORIZATION #	
001	2008453	2008453	RESTULA		/15/1929	GNT05473100		AUTHORIZATION #	
001	2000133	2000133	KEDIOEH	VIIICEIVI OI/	13/1323	011103173100			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
220730	1	S5125			12/10/12		60.48		
220730	2	S5125			12/11/12		60.48		
220730	3	S5125			12/12/12		60.48		
220730 220730	4 5	S5125 S5125		12/13/12	12/13/12		60.48 60.48		
220730	5	55125		12/14/12		IN TOTAL	302.40	CLAIM ACCOUNT REF.	2207300012008453
					CLIA	IN TOTAL	302.10	CHAIN ACCOONT REF.	2207300012000133
REG LOC	CLIENT	SERVICE	NAME	BIF	RTH DATE	RECIPIENT I	D PRIOR	AUTHORIZATION #	
001	2012113	2012113	REYES	DORILA 05/	02/1929	GNT02461500			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
220731	1 2	S5125			12/01/12 12/03/12		120.96		
220731 220731	3	S5125 S5125			12/03/12		120.96 120.96		
220731	4	S5125			12/05/12		120.96		
220731	5	S5125			12/06/12		120.96		
220731	6	S5125			12/08/12		120.96		
220731	7	S5125			12/09/12		120.96		
220731	8	S5125			12/10/12		120.96		
220731	9	S5125			12/11/12		120.96		
220731	10	S5125			12/12/12		120.96		
220731	11 12	S5125 S5125			12/13/12		120.96		
220731	12	53145		12/14/12	12/14/12 CT.A	32.00 IM TOTAL	120.96 1,451.52	CLAIM ACCOUNT REF.	2207310012012113
					CLIA	III IOIAL	1,101.02	CLAIM ACCOUNT REF.	220/310012012113
REG LOC	CLIENT	SERVICE	NAME	BIF	RTH DATE	RECIPIENT I	D PRIOR	AUTHORIZATION #	
001	2012001	2012001	REYES	MILAGRO 05/	05/1957	GNT00210100			
	"								
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		

	ATE 12/19/ LE = /VOL4			YSIDE CITYWIDE 2012121905370684	<u> </u>	HIPAA	DATA FII	LE REPORT (PHLT837/EDIS) PAGE 31
	R ID = SUN R ID = 113	NYSI 502051 SU	SUNNYSIDI NNYSIDE	Ξ		NPI	I = 11544	407492
220732 220732 220732 220732 220732 220732 220732 220732	1 2 3 4 5 6 7	T1019 TT		12/09/12 12/10/12 12/11/12 12/12/12 12/13/12	12/08/12 12/09/12 12/10/12 12/11/12 12/12/12 12/13/12 12/14/12 CLA	2 24.00 2 24.00 2 24.00 2 24.00 2 24.00 2 24.00	96.72 96.72 96.72 96.72 96.72 96.72 96.72	CLAIM ACCOUNT REF. 2207320012012001
REG LOC 001	CLIENT 2011865	SERVICE 2011865	NAME RIVAS		RTH DATE /21/1929	RECIPIENT ID GNT04947100	PRIOR	AUTHORIZATION #
INV # 220733	LINE # 1	PROCEDURE S5125	CODE	FROM DT 12/13/12	THRU DT 12/13/12 CLA	UNITS 2 20.00 AIM TOTAL	AMOUNT 75.60 75.60	CLAIM ACCOUNT REF. 2207330012011865
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INV # 220734	LINE # 1	PROCEDURE S5125	CODE	FROM DT 10/31/12	THRU DT 10/31/12 CLA	UNITS 2 24.00 AIM TOTAL	AMOUNT 90.72 90.72	CLAIM ACCOUNT REF. 2207340011997785
REG LOC 001	CLIENT 1997785	SERVICE 1997785	NAME RIVAS		RTH DATE 14/1931	RECIPIENT ID GNT00533400	PRIOR	AUTHORIZATION #
INV # 220735 220735 220735 220735 220735	LINE # 1 2 3 4 5	PROCEDURE S5125 S5125 S5125 S5125 S5125	CODE	12/11/12 12/12/12 12/13/12	THRU DT 12/10/12 12/11/12 12/12/12 12/13/12 12/14/12 CLA	2 24.00 2 24.00 2 24.00	AMOUNT 90.72 90.72 90.72 90.72 90.72 453.60	CLAIM ACCOUNT REF. 2207350011997785
REG LOC 001	CLIENT 2011659	SERVICE 2011659	NAME RIVERA MARTI		RTH DATE 22/1938	RECIPIENT ID GNT02887600	PRIOR	AUTHORIZATION #
INV # 220736 220736 220736 220736 220736 220736 220736	LINE # 1 2 3 4 5 6 7	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125	CODE	12/09/12 12/10/12 12/11/12 12/12/12 12/13/12		2 28.00 2 28.00 2 28.00 2 28.00 2 28.00	AMOUNT 105.84 105.84 105.84 105.84 105.84 105.84 740.88	CLAIM ACCOUNT REF. 2207360012011659
REG LOC 001	CLIENT 2012195	SERVICE 2012195	NAME RIVERA		RTH DATE 20/1920	RECIPIENT ID 93700740800	PRIOR	AUTHORIZATION #
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	

REPORT DATE 12/19/12 SINNYSIDE SINNY	REPORT DAT	E 12/19/	12	SUNNY	SIDE CITYWIDE		HIPA	A DATA FILE	REPORT (PHLT837/EDIS)	PAGE 32
PROVIDER ID = 113502051 SUNNYSIDE	INPUT FILE	= /VOL4	44/COMPSUP/	/HIPAAIN/E3202	012121905370684					
220737 1 S5126							NI	DT - 1154405	7492	
220737				MISIDE					1432	
220737 3 \$51.26 12/03/12 12/03/12 1.00 196.56		_								
220737	220737	3	S5126		12/03/12	12/03/12	1.00	196.56		
220737										
220737	220737	6	S5126		12/06/12	12/06/12	1.00	196.56		
220737										
220737	220737	9	S5126		12/09/12	12/09/12	1.00	196.56		
220737										
220737	220737	12	S5126		12/12/12	12/12/12	1.00	196.56		
CLAIM TOTAL										
Note	220737	11	55120		12/14/12				CLAIM ACCOUNT REF.	2207370012012195
220738									JTHORIZATION #	
220738	INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
220738										
220738										
220738										
220738										
REG LOC CLIENT SERVICE NAME NAME										
REG LOC CLIENT SERVICE NAME RAMONIT 08/23/1943 GNT06231700 INV # LINE # PROCEDURE CODE FROM DT THRU DT UNITS AMOUNT 220739 1 S5125 12/11/12 12/11/12 16.00 60.48 220739 2 S5125 12/11/12 12/11/12 16.00 60.48 220739 4 S5125 12/11/12 12/11/12 16.00 60.48 220739 5 S5125 12/11/12 12/11/12 16.00 60.48 220739 5 S5125 12/14/12 12/11/12 16.00 60.48 220739 5 S5125 12/14/12 12/14/12 16.00 60.48 220739 5 S5125 12/14/12 12/14/12 16.00 60.48 CLAIM TOTAL 302.40 CLAIM ACCOUNT REF. 2207390012011491 REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # CLAIM ACCOUNT REF. 2207390012011491 REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # CLAIM ACCOUNT REF. 2207390012011491 INV # LINE # PROCEDURE CODE FROM DT THRU DT UNITS AMOUNT 220740 1 T1019 12/08/12 12/08/12 16.00 60.48 220740 2 T1019 12/11/12 12/11/12 16.00 60.48 220740 3 T1019 12/11/12 12/11/12 16.00 60.48 220740 4 T1019 12/11/12 12/11/12 12/11/12 16.00 60.48 220740 4 T1019 12/11/12 12/11/12 16.00 60.48 220740 4 T1019 12/11/12 12/11/12 12/11/12 16.00 60.48 220740 4 T1019						, -,				
O01 2011491 2011491 RIVERA RAMONIT 08/23/1943 GNT06231700						CLA	IM TOTAL	952.56	CLAIM ACCOUNT REF.	2207380012011988
220739									JTHORIZATION #	
220739 2 S5125 12/11/12 12/11/12 16.00 60.48				CODE						
220739 3 S5125 12/12/12 12/12/12 16.00 60.48										
220739 5 S5125 12/14/12 12/14/12 16.00 60.48 CLAIM TOTAL 302.40 CLAIM ACCOUNT REF. 2207390012011491 REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID 01 2010412 2010412 RODRIGUEZ FABIOLA 06/23/1931 GNT06115800 INV # LINE # PROCEDURE CODE FROM DT THRU DT UNITS AMOUNT 220740 1 T1019 12/08/12 12/08/12 16.00 60.48 220740 2 T1019 12/11/12 16.00 60.48 220740 3 T1019 12/12/12 12/12/12 16.00 60.48 220740 4 T1019 12/13/12 12/13/12 16.00 60.48	220739	3	S5125		12/12/12	12/12/12	16.00	60.48		
REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 1										
001 2010412 2010412 RODRIGUEZ FABIOLA 06/23/1931 GNT06115800 INV # LINE # PROCEDURE CODE FROM DT THRU DT UNITS AMOUNT 220740 1 T1019 12/08/12 12/08/12 16.00 60.48 220740 2 T1019 12/11/12 12/11/12 16.00 60.48 220740 3 T1019 12/12/12 12/12/12 16.00 60.48 220740 4 T1019 12/13/12 12/13/12 16.00 60.48						CLA	IM TOTAL	302.40	CLAIM ACCOUNT REF.	2207390012011491
220740 1 T1019 12/08/12 12/08/12 16.00 60.48 220740 2 T1019 12/11/12 12/11/12 16.00 60.48 220740 3 T1019 12/12/12 12/12/12 16.00 60.48 220740 4 T1019 12/13/12 12/13/12 16.00 60.48									JTHORIZATION #	
220740 2 T1019 12/11/12 12/11/12 16.00 60.48 220740 3 T1019 12/12/12 12/12/12 16.00 60.48 220740 4 T1019 12/13/12 12/13/12 16.00 60.48				CODE						
220740 3 T1019 12/12/12 12/12/12 16.00 60.48 220740 4 T1019 12/13/12 12/13/12 16.00 60.48		_								
	220740	3	T1019		12/12/12	12/12/12	16.00	60.48		

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121905370684

SUBMITTER I		NYSI 502051 SUN	SUNNYSIDE NYSIDE				N	IPI = 11544	107492		
						CLAI	IM TOTAL	302.40	CLAIM ACCOUNT	REF.	2207400012010412
REG LOC 001 2	CLIENT 2007969	SERVICE 2007969	NAME RODRIGUEZ	HOLGER	BIRTH DA 10/27/19		RECIPIENT I GNT05256300		AUTHORIZATION #		
INV # I 220741 220741 220741 220741 220741 220741 220741	LINE # 1 2 3 4 5 6 7	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019 T1019			DT THRU 8/12 12/0 9/12 12/0 0/12 12/1 1/12 12/1 2/12 12/1 3/12 12/1 4/12 12/1	08/12 09/12 .0/12 .1/12 .2/12 .3/12 .4/12	UNITS 36.00 36.00 36.00 36.00 36.00 36.00 36.00 36.00	AMOUNT 136.08 136.08 136.08 136.08 136.08 136.08 952.56	CLAIM ACCOUNT	REF.	2207410012007969
REG LOC 001 2	CLIENT 2012056	SERVICE 2012056	NAME RODRIGUEZ	JUAN	BIRTH DA 11/04/19		RECIPIENT I 93702665700		AUTHORIZATION #		
220742 220742 220742 220742 220742 220742 220742 220742 220742 220742 220742 220742 220742 220742	LINE # 1 2 3 4 5 6 7 8 9 10 11 12 13 14			FROM 11/1 11/1 11/1 11/1 11/2 11/2 11/2 11/	7/12 11/1 8/12 11/1 9/12 11/2 11/2 11/2 1/12 11/2 2/12 11/2 3/12 11/2 3/12 11/2 6/12 11/2 7/12 11/2 8/12 11/2 9/12 11/2	7/12 8/12 9/12 20/12 21/12 22/12 33/12 24/12 24/12 26/12 27/12 28/12 39/12 30/12 CLAI	UNITS 24.00 24.00 28.00 28.00 28.00 28.00 28.00 24.00 24.00 24.00 28.00 28.00 28.00 28.00	AMOUNT 90.72 90.72 105.84 105.84 105.84 105.84 105.84 105.84 105.84 105.84		REF.	2207420012012056
	CLIENT 2012056	SERVICE 2012056	NAME RODRIGUEZ	JUAN	BIRTH DA 11/04/19		RECIPIENT I 93702665700		AUTHORIZATION #		
INV # I 220743 220743 220743 220743 220743 220743 220743 220743 220743 220743	LINE # 1 2 3 4 5 6 7 8 9 10	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125	CODE	FROM 12/0 12/0 12/0 12/0 12/1 12/1 12/1 12/1	DT THRU 1/12 12/0 2/12 12/0 3/12 12/0 4/12 12/0 0/12 12/1 1/12 12/1 2/12 12/1 3/12 12/1 4/12 12/1	01/12 02/12 03/12 04/12 08/12 00/12 .1/12 .2/12 .3/12 .4/12	UNITS 24.00 24.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00	AMOUNT 90.72 90.72 105.84 105.84 105.84 105.84 105.84 105.84 105.84	CLAIM ACCOUNT	REF.	2207430012012056
REG LOC 001 2	CLIENT 2012182	SERVICE 2012182	NAME RODRIGUEZ	LIDIA	BIRTH DA 10/13/19		RECIPIENT I GNT03481200		AUTHORIZATION #		
INV # I	LINE #	PROCEDURE	CODE	FROM	DT THRU	J DT	UNITS	AMOUNT			

REPORT DATE 12/19/12 INPUT FILE = /VOL444/COMPSU	SUNNYSIDE CITYWIDE P/HIPAAIN/E320201212190537068		A DATA FILE REPORT (PHLT837/EDIS) PAGE 3
SUBMITTER ID = SUNNYSI PROVIDER ID = 113502051 SU	SUNNYSIDE UNNYSIDE	NPI	PI = 1154407492
220744 1 T1019 220744 2 T1019 220744 3 T1019 220744 4 T1019 220744 5 T1019 220744 6 T1019 220744 7 T1019 220744 8 T1019 220744 9 T1019 220744 10 T1019	12/04/12 12/05/12 12/06/12 12/07/12 12/10/12 12/11/12 12/12/12 12/13/12	12/03/12 16.00 12/04/12 16.00 12/05/12 16.00 12/06/12 16.00 12/07/12 16.00 12/10/12 16.00 12/11/12 16.00 12/11/12 16.00 12/12/12 16.00 12/13/12 16.00 12/14/12 16.00 CLAIM TOTAL	60.48 60.48 60.48 60.48 60.48 60.48 60.48 60.48 60.48 60.48 60.48 60.48
REG LOC CLIENT SERVICE 001 2012226 2012226		RTH DATE RECIPIENT ID /05/1922 GNT05127100	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE 220745 1 S5125 220745 2 S5125 220745 3 S5125	12/10/12 12/12/12	THRU DT UNITS 12/10/12 24.00 12/12/12 24.00 12/14/12 24.00 CLAIM TOTAL	AMOUNT 90.72 90.72 90.72 272.16 CLAIM ACCOUNT REF. 220745001201222
REG LOC CLIENT SERVICE 001 2012097		RTH DATE RECIPIENT ID GNT06106100	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE 220746 1 S5125 220746 2 S5125 220746 3 S5125 220746 4 S5125 220746 5 S5125 220746 6 S5125 220746 7 S5125 220746 7 S5125 220746 8 S5125	12/05/12 12/08/12 12/09/12 12/10/12 12/11/12 12/12/12 12/13/12	THRU DT UNITS 12/05/12 32.00 12/08/12 32.00 12/09/12 32.00 12/10/12 32.00 12/11/12 32.00 12/12/12 32.00 12/13/12 32.00 12/14/12 32.00 12/14/12 32.00 CLAIM TOTAL	AMOUNT 120.96 120.96 120.96 120.96 120.96 120.96 120.96 120.96 120.96 120.96 967.68 CLAIM ACCOUNT REF. 220746001201209
REG LOC CLIENT SERVICE 001 2006650 2006650		RTH DATE RECIPIENT ID GNT04856900	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURI 220747 1 S5125 T' 220747 2 S5125 T' 220747 3 S5125 T' 220747 4 S5125 T' 220747 5 S5125 T'	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	THRU DT UNITS 12/10/12 12.00 12/11/12 12.00 12/12/12 12.00 12/13/12 12.00 12/14/12 11.00 CLAIM TOTAL	AMOUNT 48.36 48.36 48.36 48.36 48.36 44.33 237.77 CLAIM ACCOUNT REF. 220747001200665
REG LOC CLIENT SERVICE 001 2006651 2006651		RTH DATE RECIPIENT ID GNT04856800	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE 220748 1 S5125 T		THRU DT UNITS 12/10/12 16.00	AMOUNT 64.48

REPORT DAT	ΓΕ 12/19/	12	SUNNY	SIDE CITYWIDE 012121905370684		HIPAA	DATA FII	LE REPORT	(PHLT837/	EDIS) PAGE 35
INPUT FILE	E = /VOL4	44/COMPSUP/	HIPAAIN/E3202	012121905370684	:						
SUBMITTER			SUNNYSIDE					405400			
PROVIDER	ID = 113	502051 SUN	INYSIDE			NP	°I = 11544	107492			
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220748 220748	3 4	S5125 TT S5125 TT		12/12/12 12/13/12			64.48 64.48				
220710	-	23123 11		12, 13, 12	, -,	.IM TOTAL	257.92	CLAIM	ACCOUNT 1	REF.	2207480012006651
REG LOC	CLIENT	SERVICE	NAME	BTR	TH DATE	RECIPIENT ID	PRIOR	AUTHORIZA	TTON #		
001	2011777	2011777	ROMAN		15/1934	GNT02933300			- "		
	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT				
220749	1	S5125			12/01/12		120.96				
220749	2	S5125			12/02/12		120.96				
220749	3	S5125			12/08/12		120.96				
220749	4	S5125 S5125		12/09/12			120.96 120.96				
220749 220749	5 6	S5125 S5125		12/10/12 12/11/12			120.96				
220749	7	S5125 S5125		12/11/12			120.96				
220749	8	S5125 S5125		12/12/12			120.96				
220749	9	S5125		12/14/12			120.96				
220719		23123		12, 11, 12			1,088.64	CLAIM	ACCOUNT 1	REF.	2207490012011777
REG LOC	CLIENT	SERVICE	NAME	BIR	TH DATE	RECIPIENT ID	DRTOR	ATITHORT 7.A	TTON #		
	2011866	2011866	ROSA		13/1930	GNT02393600	1111011	110 1110111 211			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT				
220750	1	S5125		12/08/12	12/08/12	16.00	60.48				
220750	2	S5125			12/09/12		60.48				
220750	3	S5125		12/11/12			60.48				
220750	4	S5125		12/12/12			60.48				
220750 220750	5 6	S5125 S5125		12/13/12 12/14/12			60.48 60.48				
220750	0	55125		12/14/12		I6.00 IM TOTAL	362.88	CT. A TM	ACCOUNTY I	DFF	2207500012011866
										KEF.	2207300012011000
REG LOC 001	CLIENT 2012085	SERVICE 2012085	NAME ROSARIO		TH DATE 23/1949	RECIPIENT ID GNT03285400	PRIOR	AUTHORIZA	TION #		
001	2012003	2012005	ROSARIO	ANA 00/	23/1949	GN103203400					
	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT				
220751	1	S5125			12/10/12		105.84				
220751	2	S5125		12/11/12			105.84				
220751	3	S5125		12/12/12			102.06				
220751 220751	4 5	S5125 S5125		12/13/12 12/14/12			105.84 105.84				
220751	5	S5125		12/14/12	, ,	28.00 IM TOTAL	525.42	CT 7 TM	7 CCOTINTT 1	יחיחם	2207510012012085
					CLA	LATOTAL	323.42	CLAIM	ACCOUNT	KEF.	2207310012012063
REG LOC 001	CLIENT 2006828	SERVICE 2006828	NAME RUBIANO		TH DATE 12/1925	RECIPIENT ID GNT03390400	PRIOR	AUTHORIZA	TION #		
					,						
	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT				
220752	1	S5125			12/10/12		83.16				
220752	2	S5125			12/11/12		83.16				
220752 220752	3 4	S5125 S5125		12/12/12	12/12/12 12/13/12		83.16 83.16				
440/54	4	00140		12/13/12	12/13/12	44.UU	03.10				

HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 36

REPORT DATE 12/19/12 SUNNYSIDE CITYWIDE INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121905370684 SUBMITTER ID = SUNNYSI SUNNYSIDE PROVIDER ID = 113502051 SUNNYSIDE NPI = 1154407492

220752	5	S5125	12/14/12	12/14/12	20.00	75.60	
				CLAIM	I TOTAL	408.24	2207520012006828

						CLA	IM TOTAL	408.24	CLAIM ACCOUNT REF	r. 2207520012006828
REG LOC 001	CLIENT 2011986	SERVICE 2011986	NAME RUIZ	JAMES		TH DATE 04/1929	RECIPIENT ID GNT00225800	PRIOR	AUTHORIZATION #	
INV # 220753 220753 220753 220753 220753 220753 220753 220753	LINE # 1 2 3 4 5 6 7 8	PROCEDURE T1019 TT T1019 TT T1019 TT T1019 TT T1019 TT T1019 TT T1019 TT T1019 TT	CODE	12 12 12 12 12 12	2/08/12 2/09/12 2/10/12 2/11/12 2/12/12 2/13/12	THRU DT 12/02/12 12/08/12 12/09/12 12/10/12 12/11/12 12/12/12 12/13/12 12/14/12 CLA	12.00 12.00 12.00 12.00 12.00 12.00	AMOUNT 48.36 48.36 48.36 48.36 48.36 48.36 386.88		r. 2207530012011986
REG LOC 001	CLIENT 2011987	SERVICE 2011987	NAME RUIZ	ROSA		TH DATE 30/1934	RECIPIENT ID GNT00225900	PRIOR	AUTHORIZATION #	
INV # 220754 220754 220754 220754 220754 220754 220754	LINE # 1 2 3 4 5 6	PROCEDURE T1019 TT T1019 TT T1019 TT T1019 TT T1019 TT T1019 TT T1019 TT		12 12 12 12 12 12	2/09/12 2/10/12 2/11/12 2/12/12 2/13/12	THRU DT 12/08/12 12/09/12 12/10/12 12/11/12 12/12/12 12/13/12 12/14/12 CLA	12.00 12.00 12.00 12.00 12.00	AMOUNT 48.36 48.36 48.36 48.36 48.36 48.36 338.52		r. 2207540012011987
REG LOC 001	CLIENT 2003430	SERVICE 2003430	NAME SALJANIN	DILJA		TH DATE 05/1922	RECIPIENT ID GNT03006000	PRIOR	AUTHORIZATION #	
INV # 220755 220755 220755 220755 220755 220755 220755	LINE # 1 2 3 4 5 6 7	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019 T1019	CODE	12 12 12 12 12 12	2/09/12 2/10/12 2/11/12 2/12/12 2/13/12	THRU DT 12/08/12 12/09/12 12/10/12 12/11/12 12/12/12 12/13/12 12/14/12 CLA	32.00 36.00 36.00 36.00 36.00	AMOUNT 120.96 120.96 136.08 136.08 136.08 136.08 922.32		. 2207550012003430
REG LOC 001	CLIENT 2012084	SERVICE 2012084	NAME SANCHEZ	ANA		TH DATE 01/1925	RECIPIENT ID GNT02386400	PRIOR	AUTHORIZATION #	
INV # 220756 220756 220756 220756	LINE # 1 2 3 4	PROCEDURE S5125 TT S5125 TT S5125 TT S5125 TT	CODE	12 12 12	2/12/12 2/13/12	THRU DT 12/11/12 12/12/12 12/13/12 12/14/12	8.00 8.00	AMOUNT 32.24 32.24 32.24 32.24		

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	CLAIM TOTAL 128.96 CLAIM ACCOUNT REF. 2207560012012084
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INV # LINE # PROCEDURE CODE 220757 1 T1019 220757 2 T1019 220757 3 T1019 220757 4 T1019 220757 5 T1019 220757 6 T1019 220757 7 T1019	FROM DT THRU DT UNITS AMOUNT 12/08/12 12/08/12 16.00 60.48 12/09/12 12/09/12 16.00 60.48 12/10/12 12/10/12 28.00 105.84 12/11/12 12/11/12 28.00 105.84 12/12/12 12/12/12 28.00 105.84 12/13/12 12/13/12 28.00 105.84 12/14/12 12/14/12 28.00 105.84 12/14/12 12/14/12 28.00 650.16 CLAIM ACCOUNT REF. 2207570011997789
REG LOC CLIENT SERVICE NAME 001 2012082 2012082 SANCHEZ	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # ESTERVI 04/17/1936 GNT05030100
INV # LINE # PROCEDURE CODE 220758 1 S5125 220758 2 S5125 220758 3 S5125 220758 4 S5125 220758 5 S5125	FROM DT THRU DT UNITS AMOUNT 12/10/12 12/10/12 16.00 60.48 12/11/12 12/11/12 16.00 60.48 12/12/12 12/12/12 16.00 60.48 12/13/12 12/13/12 16.00 60.48 12/13/12 12/13/12 16.00 60.48 12/14/12 12/14/12 16.00 60.48 12/14/12 12/14/12 16.00 60.48 CLAIM TOTAL 302.40 CLAIM ACCOUNT REF. 2207580012012082
REG LOC CLIENT SERVICE NAME 001 2011841 2011841 SANTANA	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # OCTAVIO 00/00/0000 GNT00231600
INV # LINE # PROCEDURE CODE 220759 1 T1019 220759 2 T1019 220759 3 T1019 220759 4 T1019 220759 5 T1019	FROM DT THRU DT UNITS AMOUNT 12/10/12 12/10/12 20.00 75.60 12/11/12 12/11/12 20.00 75.60 12/12/12 12/12/12 20.00 75.60 12/13/12 12/13/12 20.00 75.60 12/13/12 12/13/12 20.00 75.60 12/14/12 12/14/12 20.00 75.60 CLAIM TOTAL 378.00 CLAIM ACCOUNT REF. 2207590012011841
REG LOC CLIENT SERVICE NAME 001 2011787 2011787 SANTIAGO	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # ARMINDA 05/19/1932 GNT02860500
INV # LINE # PROCEDURE CODE 220760 1 T1019 220760 2 T1019 220760 3 T1019 220760 4 T1019 220760 5 T1019	FROM DT THRU DT UNITS AMOUNT 12/10/12 12/10/12 16.00 60.48 12/11/12 12/11/12 16.00 60.48 12/12/12 12/12/12 16.00 60.48 12/13/12 12/13/12 16.00 60.48 12/13/12 12/13/12 16.00 60.48 12/14/12 12/14/12 16.00 60.48 12/14/12 12/14/12 16.00 60.48 CLAIM TOTAL 302.40 CLAIM ACCOUNT REF. 2207600012011787
REG LOC CLIENT SERVICE NAME 001 2011851 2011851 SANTIAGO	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # ILIA 11/16/1924 GNT02886300
INV # LINE # PROCEDURE CODE	FROM DT THRU DT UNITS AMOUNT

REPORT DA	TE 12/19/ E = /VOL4	12 44/COMPSUP	SUNNY /HIPAAIN/E3202	SIDE CITYWIDE 012121905370684		HIPAA	DATA FI	LE REPORT (PHLT837/EDIS) PAGE 38
SUBMITTER	ID = SUN		SUNNYSIDE				= 1154	407492
220761 220761 220761 220761 220761 220761 220761	1 2 3 4 5 6 7	S5125 S5125 S5125 S5125 S5125 S5125 S5125		12/08/12 12/09/12 12/10/12 12/11/12 12/12/12 12/13/12 12/14/12	12/09/12 12/10/12 12/11/12 12/12/12 12/13/12 12/14/12	2 32.00 2 31.00 2 32.00 2 32.00 2 32.00	120.96 120.96 117.18 120.96 120.96 120.96 120.96 842.94	CLAIM ACCOUNT REF. 2207610012011851
REG LOC 001	CLIENT 2011859	SERVICE 2011859	NAME SANTIAGO		TH DATE 00/0000	RECIPIENT ID 93703401100	PRIOR	AUTHORIZATION #
INV # 220762	LINE # 1	PROCEDURE S5125	CODE	FROM DT 12/08/12		UNITS 2 4.00 AIM TOTAL	AMOUNT 15.12 15.12	CLAIM ACCOUNT REF. 2207620012011859
REG LOC 001	CLIENT 2011859	SERVICE 2011859	NAME SANTIAGO		TH DATE 00/0000	RECIPIENT ID 93703401100	PRIOR	AUTHORIZATION #
INV # 220763 220763 220763	LINE # 1 2 3	PROCEDURE S5125 S5125 S5125	CODE	FROM DT 12/12/12 12/13/12 12/14/12	12/13/12 12/14/12	24.00	AMOUNT 109.62 90.72 120.96 321.30	CLAIM ACCOUNT REF. 2207630012011859
REG LOC 001	CLIENT 2011788	SERVICE 2011788	NAME SANTIAGO		TH DATE 18/1941	RECIPIENT ID 93701469700	PRIOR	AUTHORIZATION #
INV # 220764 220764 220764 220764	LINE # 1 2 3 4	PROCEDURE T1019 T1019 T1019 T1019	CODE	FROM DT 12/10/12 12/11/12 12/13/12 12/14/12	12/11/12 12/13/12 12/14/12	2 16.00 2 16.00	AMOUNT 60.48 60.48 60.48 60.48 241.92	CLAIM ACCOUNT REF. 2207640012011788
REG LOC 001	CLIENT 2002124	SERVICE 2002124	NAME SHELTON		TH DATE 05/1919	RECIPIENT ID GNT03123900	PRIOR	AUTHORIZATION #
INV # 220765 220765 220765 220765 220765 220765	LINE # 1 2 3 4 5 6	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019	CODE	FROM DT 12/09/12 12/10/12 12/11/12 12/12/12 12/13/12 12/14/12	12/10/12 12/11/12 12/12/12 12/13/12 12/14/12	2 28.00 2 28.00 2 16.00 2 28.00	AMOUNT 105.84 105.84 105.84 60.48 105.84 105.84 589.68	CLAIM ACCOUNT REF. 2207650012002124
REG LOC 001	CLIENT 2011597	SERVICE 2011597	NAME SOLIS		TH DATE 26/1931	RECIPIENT ID GNT03904400	PRIOR	AUTHORIZATION #
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	

REPORT DATE 12/19/12 SUNNY	SIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 39 012121905370684
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220766 2 S5125 220766 3 S5125	12/02/12 12/02/12 48.00 181.44 12/03/12 12/03/12 48.00 181.44
220766 3 S5125 220766 4 S5125	12/04/12 12/04/12 48.00 181.44
220766 5 S5125 220766 6 S5125	12/08/12 12/08/12 48.00 181.44 12/09/12 12/09/12 48.00 181.44
220766 7 S5125	12/10/12 12/10/12 48.00 181.44
220766 8 S5125	12/02/12 12/02/12 48.00 181.44 12/03/12 12/03/12 48.00 181.44 12/04/12 12/04/12 48.00 181.44 12/08/12 12/08/12 48.00 181.44 12/09/12 12/09/12 48.00 181.44 12/10/12 12/10/12 48.00 181.44 12/10/12 12/11/12 48.00 181.44 12/11/12 12/11/12 48.00 181.44 12/11/12 12/11/12 148.00 181.44 CLAIM TOTAL 1,451.52 CLAIM ACCOUNT REF. 2207660012011597
	CEMIN TOTAL 1,131.32 CEMIN NECONI KEI. 220,00001201135,
REG LOC CLIENT SERVICE NAME 001 2008885 2008885 SOMRAJ	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # UMILLA 09/24/1973 GNT03813900
INV # LINE # PROCEDURE CODE 220767 1 S5125	FROM DT THRU DT UNITS AMOUNT 12/02/12 12/02/12 16.00 60.48 12/04/12 12/04/12 16.00 60.48 12/06/12 12/06/12 16.00 60.48 CLAIM TOTAL 181 44 CLAIM ACCOUNT REF 2207670012008885
220767 1 33123 220767 2 S5125	12/04/12 12/04/12 16.00 60.48
220767 3 S5125	12/04/12 12/04/12 16.00 60.48 12/06/12 12/06/12 16.00 60.48 CLAIM TOTAL 181.44 CLAIM ACCOUNT REF. 2207670012008885
	CHAIM TOTAL TOT. IT CHAIM ACCOUNT KEEL 2207070012000005
REG LOC CLIENT SERVICE NAME	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # MARIA 02/12/1942 GNT04429300
INV # LINE # PROCEDURE CODE	FROM DT THRU DT UNITS AMOUNT 12/10/12 12/10/12 36.00 136.08 12/11/12 12/11/12 12.00 45.36 12/12/12 12/12/12 36.00 136.08 12/13/12 12/13/12 12.00 45.36 12/14/12 12/14/12 36.00 136.08 12/14/12 12/14/12 36.00 136.08
220768 1 S5125 220768 2 S5125	12/10/12 12/10/12 36.00 136.08 12/11/12 12/11/12 12.00 45.36
220768 2 S5125 220768 3 S5125 220768 3 S5125	12/12/12 12/12/12 36.00 136.08
220768 4 S5125 220768 5 S5125	12/13/12 12/13/12 12.00 45.36 12/14/12 12/14/12 36.00 136.08
220,000 3 23123	FROM DT THRO DT UNITS AMOUNT 12/10/12 12/10/12 36.00 136.08 12/11/12 12/11/12 12.00 45.36 12/12/12 12/12/12 36.00 136.08 12/13/12 12/13/12 12.00 45.36 12/14/12 12/14/12 36.00 136.08 CLAIM TOTAL 498.96 CLAIM ACCOUNT REF. 2207680012011781
REG LOC CLIENT SERVICE NAME	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
001 2011782 2011782 THERMOSY	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # MARIE P 06/10/1917 GNT02791600
INV # LINE # PROCEDURE CODE	FROM DT THRU DT UNITS AMOUNT
220769 1 S5125	12/08/12 12/08/12 20.00 75.60
220769 2 S5125 220769 3 S5125 220769 4 S5125	12/10/12 12/10/12 32.00 120.96 12/11/12 12/11/12 32.00 120.96
220769 4 S5125	12/12/12 12/11/12 32.00 120.96
220769 5 S5125 220769 6 S5125	12/13/12 12/13/12 32.00 120.96
220769 6 S5125	12/14/12 12/14/12 32.00 120.96 CLAIM TOTAL 680.40 CLAIM ACCOUNT REF. 2207690012011782
REG LOC CLIENT SERVICE NAME	DIDMI DAME DIGIDITAM ID DDIOD AUMIODIGAMION II
REG LOC CLIENT SERVICE NAME 001 2012197 2012197 TORO	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # ROSARIO 02/15/1929 GNT00261000
INV # LINE # PROCEDURE CODE	FROM DT THRU DT UNITS AMOUNT 12/10/12 12/10/12 32.00 120.96 12/11/12 12/11/12 32.00 120.96 12/12/12 12/12/12 32.00 120.96 12/13/12 12/13/12 32.00 120.96 12/13/12 12/13/12 32.00 120.96 12/13/12 12/13/12 32.00 120.96 CLAIM TOTAL 483.84 CLAIM ACCOUNT REF. 2207700012012197
INV # LINE # PROCEDURE CODE 220770 1 T1019	$\frac{1}{12/10/12}$ $\frac{1}{12/10/12}$ $\frac{1}{32.00}$ $\frac{1}{120.96}$
220770 2 T1019 220770 3 T1019	12/11/12 12/11/12 32.00 120.96
220770 3 T1019 220770 4 T1019	12/12/12 12/12/12 32.00 120.96 12/13/12 12/13/12 32.00 120.96
	CLAIM TOTAL 483.84 CLAIM ACCOUNT REF. 2207700012012197

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PROVIDER ID =	113502051	SUNNYSIDE	NPI = 1154407492

REG LOC		SERVICE 2011861	NAME TORRES	JUANITA		RTH DATE 21/1931	RECIPIENT ID GNT03848300	PRIOR	AUTHORIZATION #	
INV # 220771 220771 220771 220771 220771 220771	LINE # 1 2 3 4 5	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019	CODE	12/1 12/1 12/1 12/1	9/12 0/12 1/12 2/12 3/12	THRU DT 12/09/12 12/10/12 12/11/12 12/12/12 12/13/12 12/14/12 CLA	32.00 32.00 32.00 32.00 32.00	AMOUNT 90.72 120.96 120.96 120.96 120.96 120.96 695.52		2207710012011861
REG LOC 001		SERVICE 2011983	NAME TOUSSAINT	MIGUEL		TH DATE 28/1936	RECIPIENT ID 93702919600	PRIOR	AUTHORIZATION #	
INV # 220772 220772 220772 220772 220772 220772 220772	LINE # 1 2 3 4 5 6 7	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125	CODE	12/0 12/1 12/1 12/1 12/1	8/12 9/12 0/12 1/12 2/12 3/12	THRU DT 12/08/12 12/09/12 12/10/12 12/11/12 12/12/12 12/13/12 12/14/12 CLA	2 16.00 2 12.00 2 20.00 2 20.00 2 20.00	AMOUNT 60.48 60.48 45.36 75.60 75.60 75.60 468.72		2207720012011983
REG LOC		SERVICE 2011050	NAME TROISI	DELIA		TH DATE 30/1925	RECIPIENT ID GNT06177500	PRIOR	AUTHORIZATION #	
INV # 220773 220773 220773	LINE # 1 2 3	PROCEDURE T1019 T1019 T1019	CODE	12/1	8/12 0/12	THRU DT 12/08/12 12/10/12 12/11/12 CLA	32.00	AMOUNT 120.96 120.96 68.04 309.96		2207730012011050
REG LOC		SERVICE 2011783	NAME VARGAS	ALCIBIA		TH DATE 06/1918	RECIPIENT ID GNT00492400	PRIOR	AUTHORIZATION #	
INV # 220774 220774 220774 220774 220774 220774 220774 220774 220774	LINE # 1 2 3 4 5 6 7 8 9	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	CODE	11/1 12/0 12/0 12/1 12/1 12/1 12/1	0/12 1/12 8/12 9/12 0/12 1/12 2/12 3/12	THRU DT 11/10/12 11/11/12 12/08/12 12/09/12 12/11/12 12/11/12 12/13/12 12/14/12 CLA	2 20.00 2 20.00 2 20.00 2 20.00 2 20.00 2 20.00 2 20.00	AMOUNT 75.60 75.60 75.60 75.60 75.60 75.60 75.60 75.60 75.60		2207740012011783
REG LOC		SERVICE 2012160	NAME VARGAS	AUREA		TH DATE 16/1936	RECIPIENT ID GNT0026740	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM	DT	THRU DT	UNITS	AMOUNT		

REPORT DA				SIDE CITYWIDE 012121905370684		HIPAA	DATA FII	LE REPORT (PHLT837/EDIS)	PAGE 41
INFOI FIL	E = / VOL14	44/ COMESUE/	/ IIIFAAIN/ EJZUZ	012121703370009					
SUBMITTER			SUNNYSIDE						
PROVIDER	ID = 113	502051 SUI	NNYSIDE			NPI	I = 11544	107492	
220775	1	T1019 TT		12/10/12	12/10/12	20.00	80.60		
220775	2	T1019 TT			12/11/12		80.60		
220775	3	T1019 TT			12/12/12		80.60		
220775	4	T1019 TT		12/13/12			80.60		
220775	5	T1019 TT		12/14/12		20.00 IM TOTAL	80.60 403.00	CLAIM ACCOUNT REF.	2207750012012160
					СЦА	IM IOIAL	403.00	CLAIM ACCOUNT REF.	2207750012012160
REG LOC	CLIENT	SERVICE	NAME	BIR	TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #	
001	2011483	2011483	VARGAS	RAMON 10/	23/1965	GNT02027100			
TATE !!	T TATE	PROGERE	CODE	EDOM DE	minni pm	INITEG	7.740TTTT		
INV # 220776	LINE # 1	PROCEDURE T1019	CODE	FROM DT 12/11/12	THRU DT	UNITS 12.00	AMOUNT 45.36		
220776	2	T1019		12/11/12			45.36		
220776	3	T1019		12/13/12			90.72		
					CLA	IM TOTAL	181.44	CLAIM ACCOUNT REF.	2207760012011483
777	GT TENTE	annan	272.165	D.T.D.		DEGIDEEN TD	DD 7.0D	1177110D 1 7 7 7 7 1 1	
REG LOC 001	CLIENT 2012168	SERVICE 2012168	NAME VAZQUEZ	BLR 12/	TH DATE 05/1940	GNT00268900	PRIOR	AUTHORIZATION #	
001	2012100	2012100	VAZQUEZ	KODA 12/	03/1340	GN100200500			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
220777	1	S5125		12/11/12			60.48		
220777	2	S5125		12/12/12			60.48		
220777 220777	3 4	S5125 S5125		12/13/12 12/14/12			60.48 60.48		
220777	4	55125		12/14/12		IM TOTAL	241.92	CLAIM ACCOUNT REF.	2207770012012168
					CLL	101111	211.72	CEMIN NECOUNT REF.	2207770012012100
REG LOC	CLIENT	SERVICE	NAME		TH DATE		PRIOR	AUTHORIZATION #	
001	2011982	2011982	VEGA	ADELAID 12/	16/1934	93702952000			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
220778	1	S5126	CODE	12/08/12			196.56		
220778	2	S5126			12/09/12		196.56		
220778	3	S5126			12/10/12		196.56		
220778	4	S5126		12/11/12	12/11/12		196.56		
220778 220778	5 6	S5126 S5126		12/12/12 12/13/12	12/12/12 12/13/12		196.56 196.56		
220778	7	S5126			12/14/12		196.56		
	•			,,			1,375.92	CLAIM ACCOUNT REF.	2207780012011982
REG LOC	CLIENT	SERVICE	NAME		TH DATE		PRIOR	AUTHORIZATION #	
001	2012027	2012027	VELEZ	CARMEN 06/	21/1932	GNT00271900			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
220779	1	S5125		12/08/12	12/08/12	16.00	60.48		
220779	2	S5125		12/09/12	12/09/12	16.00	60.48		
220779	3	S5125		12/10/12			90.72		
220779 220779	4 5	S5125 S5125		12/11/12 12/12/12	12/11/12		90.72 90.72		
220779	5 6	S5125 S5125		12/12/12			90.72		
220779	7	S5125		12/14/12	12/14/12		90.72		
					CLA	IM TOTAL	574.56	CLAIM ACCOUNT REF.	2207790012012027
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	PROVIDER ID = 113502051	SUNNYSIDE	NPI = 1154407492
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INOVIDI	IN 1D 113	,502051 50	WIGIDE			141 1	1131	10, 152
REG LOG		SERVICE 2012002	NAME VELEZ	WILLIAM	BIRTH DATE 12/11/1934	RECIPIENT ID GNT04940600	PRIOR	AUTHORIZATION #
INV # 220780 220780 220780 220780	LINE # 1 2 3 4	PROCEDURE S5125 S5125 S5125 S5125	CODE	12/12 12/13	/12 12/11/12 /12 12/12/12 /12 12/13/12 /12 12/14/12	16.00 16.00	AMOUNT 60.48 60.48 60.48 60.48 241.92	
REG LOC		SERVICE 2011862	NAME VENTURA	DAISY	BIRTH DATE 03/02/1951	RECIPIENT ID GNT04421500	PRIOR	AUTHORIZATION #
INV # 220781 220781 220781 220781 220781 220781 220781 220781 220781 220781 220781	LINE # 1 2 3 4 5 6 7 8 9 10	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	CODE	11/20 11/21 11/22 11/23 12/10 12/11 12/12 12/13	/12 11/19/12 /12 11/20/12 /12 11/21/12 /12 11/22/12 /12 11/23/12 /12 12/10/12 /12 12/11/12 /12 12/11/12 /12 12/12/12 /12 12/13/12 /12 12/14/12	20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00	AMOUNT 75.60 75.60 75.60 75.60 75.60 75.60 75.60 75.60 75.60	
REG LOC		SERVICE 2012091	NAME VICTORIO	ROQUE	BIRTH DATE 08/16/1928	RECIPIENT ID GNT02618000	PRIOR	AUTHORIZATION #
INV # 220782 220782 220782 220782 220782 220782 220782	LINE # 1 2 3 4 5 6 7	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125 S5125	CODE	12/09 12/10 12/11 12/12 12/13	/12 12/08/12 /12 12/09/12 /12 12/10/12 /12 12/11/12 /12 12/12/12 /12 12/13/12 /12 12/14/12	20.00 44.00 44.00 44.00 44.00	AMOUNT 75.60 75.60 166.32 166.32 166.32 166.32 982.80	
REG LOG		SERVICE 2008200	NAME VLAHOS	MARIE	BIRTH DATE 09/04/1932	RECIPIENT ID GNT04780800	PRIOR	AUTHORIZATION #
INV # 220783 220783 220783 220783 220783 220783	LINE # 1 2 3 4 5 6 7	PROCEDURE \$5125 \$5125 \$5125 \$5125 \$5125 \$5125 \$5125 \$5125	CODE	12/09 12/10 12/11 12/12 12/13	DT THRU DT /12 12/08/12 /12 12/09/12 /12 12/10/12 /12 12/11/12 /12 12/12/12 /12 12/13/12 /12 12/14/12	48.00 32.00 32.00 32.00 32.00 32.00	AMOUNT 181.44 181.44 120.96 120.96 120.96 120.96	

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SUBMITTER ID = SUNNYSI SUNNYSIDE PROVIDER ID = 113502051 SUNNYSIDE

SUBMITTER ID = SUNNYSI SUNNYSIDE PROVIDER ID = 113502051 SUNNYSIDE		I = 1154407492
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REG LOC CLIENT SERVICE NAME 001 2012077 2012077 WARD	ALTHEA BIRTH DATE RECIPIENT ID 93703608100	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 220784	FROM DT THRU DT UNITS 12/10/12 12/10/12 8.00 12/11/12 12/11/12 4.00 12/12/12 12/12/12 4.00 12/13/12 12/13/12 7.00 12/14/12 12/14/12 8.00 CLAIM TOTAL	AMOUNT 30.24 15.12 15.12 26.46 30.24 117.18 CLAIM ACCOUNT REF. 2207840012012077
REG LOC CLIENT SERVICE NAME 001 2012079 2012079 WARD	BIRTH DATE RECIPIENT ID 08/13/1956 93703608100	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 220785 1 S5131	FROM DT THRU DT UNITS 12/08/12 12/08/12 16.00 CLAIM TOTAL	AMOUNT 56.00 56.00 CLAIM ACCOUNT REF. 2207850012012079
REG LOC CLIENT SERVICE NAME 001 2008892 2008892 WEISZ	BIRTH DATE RECIPIENT ID GNT04606900	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 220786 1 S5125 220786 2 S5125	FROM DT THRU DT UNITS 12/10/12 12/10/12 16.00 12/12/12 12/12/12 16.00 CLAIM TOTAL	AMOUNT 60.48 60.48 120.96 CLAIM ACCOUNT REF. 2207860012008892
REG LOC CLIENT SERVICE NAME 001 2009618 2009618 WEST	BALDWIN BIRTH DATE RECIPIENT ID GNT05953700	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 220787 1 T1019 220787 2 T1019 220787 3 T1019 220787 4 T1019 220787 5 T1019	FROM DT THRU DT UNITS 12/10/12 12/10/12 16.00 12/11/12 12/11/12 16.00 12/12/12 12/12/12 16.00 12/13/12 12/13/12 16.00 12/14/12 12/14/12 16.00 CLAIM TOTAL	AMOUNT 60.48 60.48 60.48 60.48 60.48 302.40 CLAIM ACCOUNT REF. 2207870012009618
REG LOC CLIENT SERVICE NAME 001 2003177 2003177 WHITLEY	BIRTH DATE RECIPIENT ID 07/04/1950 GNT04373700	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 220788 1 T1019 220788 2 T1019 220788 3 T1019 220788 4 T1019 220788 5 T1019	FROM DT THRU DT UNITS 12/05/12 12/05/12 16.00 12/10/12 12/10/12 16.00 12/11/12 12/11/12 16.00 12/13/12 12/13/12 16.00 12/14/12 12/14/12 16.00 CLAIM TOTAL	AMOUNT 60.48 60.48 60.48 60.48 60.48 302.40 CLAIM ACCOUNT REF. 2207880012003177
REG LOC CLIENT SERVICE NAME 001 2006152 2006152 YI	BIRTH DATE RECIPIENT ID 04/16/1959 GNT04057700	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE	FROM DT THRU DT UNITS	AMOUNT

REPORT DA	TE 12/19/	12	SUNNY	SIDE CITYWIDE		HIPA	A DATA FIL	E REPORT (PHLT8	37/EDIS	B) PAGE	44
INPUT FIL	E = /VOL4	44/COMPSUP	HIPAAIN/E3202	SIDE CITYWIDE 012121905370684					.,	-,	
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PROVIDER	ID = 113	502051 SUN	NNYSIDE			N	IPI = 11544	07492			
220789	1	S5125		12/08/12			60.48				
220789	2	S5125		12/10/12			60.48				
220789 220789	3 4	S5125 S5125		12/11/12 12/12/12			60.48 60.48				
220789	5	S5125		12/13/12			60.48				
220789	6	S5125		12/14/12	12/14/12		60.48				
					CLA	IM TOTAL	362.88	CLAIM ACCOU	NT REF.	. 2207890012006	152
REG LOC	CLIENT	SERVICE	NAME		TH DATE	RECIPIENT I		AUTHORIZATION #			
001	2005645	2005645	YIANTSELIS	VIRGINI 02/	05/1930	GNT04795200	1				
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT				
220790	1	S5126		12/08/12			196.56				
220790 220790	2	S5126 S5126		12/09/12 12/10/12			196.56 196.56				
220790	4	S5126		12/11/12			196.56				
220790	5	S5126		12/13/12	12/13/12	1.00	196.56				
220790	6	S5126		12/14/12		1.00 IM TOTAL	196.56 1,179.36	CIAIM ACCOI	ממט חדת	. 2207900012005	6 1 E
					CLA	IIM TOTAL	1,179.30	CLAIM ACCOU	NI KEF.	. 22079000120030	043
REG LOC	CLIENT	SERVICE	NAME		TH DATE			AUTHORIZATION #			
001	2011846	2011846	ZARAGOZA	ISABEL 07/	14/1933	GNT06005500	1				
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT				
220791 220791	1 2	S5125 S5125		12/10/12 12/11/12			120.96 120.96				
220791	3	S5125 S5125		12/11/12			120.96				
220791	4	S5125		12/13/12	12/13/12	32.00	120.96				
220791	5	S5125		12/14/12		32.00 IM TOTAL	120.96 604.80	CIAIM ACCOI	ממט חדת	. 22079100120118	016
					CLA	IIM TOTAL	004.00	CLAIM ACCOU	NI KEF.	. 220/910012011	040
REG LOC	CLIENT	SERVICE	NAME		TH DATE			AUTHORIZATION #			
001	2011750	2011750	ZARE	GLORIA 05/	07/1943	GNT03716600	1				
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT				
220792	1 2	S5125 S5125		12/08/12			181.44 181.44				
220792 220792	3	S5125 S5125		12/09/12 12/10/12			181.44				
220792	4	S5125			12/11/12		181.44				
220792	5	S5125		12/12/12			181.44				
220792	6	S5125		12/13/12	, -,	48.00	181.44 1,088.64	CLATM ACCOIL	NT REF	. 2207920012011	750
							,			. 2207720012011	750
REG LOC	CLIENT 1999328	SERVICE 1999328	NAME ZUMAETA		TH DATE 09/1936	RECIPIENT I GNT03663500		AUTHORIZATION #			
			-								
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT				
220793 220793	1 2	T1019 T1019		12/08/12 12/09/12			105.84 105.84				
220793	3	T1019		12/10/12	12/10/12	40.00	151.20				
220793	4	T1019		12/11/12	12/11/12	40.00	151.20				

REPORT DATE 12/19/12 SUNNYSIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 45 INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121905370684 SUBMITTER ID = SUNNYSI SUNNYSIDE PROVIDER ID = 113502051 SUNNYSIDE NPI = 11544074925 220793 T1019 12/12/12 12/12/12 40.00 151.20 6 T1019 220793 12/13/12 12/13/12 40.00 151.20 7 T1019 220793 12/14/12 12/14/12 40.00 151.20 CLAIM TOTAL 967.68 CLAIM ACCOUNT REF. 2207930011999328

PROVIDER TOTALS, ID = 113502051 TOTAL # OF CLAIMS = 1109 TOTAL CLAIM AMOUNT = 113,880.13

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012121905370684

SUBMITTER ID = SUNNYSI SUNNYSIDE

PROVIDER ID = 113502051 SUNNYSIDE NPI = 1154407492

SUBMITTER TOTALS, ID = SUNNYSI TOTAL # OF CLAIMS = 1109 TOTAL CLAIM AMOUNT = 113,880.13