

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 1

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221756	1	T1020		12/15/12	12/15/12	7.00	118.09
221756	2	T1020		12/17/12	12/17/12	7.00	118.09
221756	3	T1020		12/18/12	12/18/12	7.00	118.09
221756	4	T1020		12/19/12	12/19/12	7.00	118.09
221756	5	T1020		12/20/12	12/20/12	7.00	118.09
221756	6	T1020		12/21/12	12/21/12	7.00	118.09
CLAIM TOTAL						708.54	CLAIM ACCOUNT REF. 2217560012008267SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221754	1	T1020		12/15/12	12/15/12	9.00	151.83
221754	2	T1020		12/16/12	12/16/12	9.00	151.83
CLAIM TOTAL						303.66	CLAIM ACCOUNT REF. 2217540012008268SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221751	1	T1020		12/16/12	12/16/12	7.00	118.09
221751	2	T1020		12/17/12	12/17/12	7.00	118.09
221751	3	T1020		12/18/12	12/18/12	7.00	118.09
221751	4	T1020		12/19/12	12/19/12	7.00	118.09
CLAIM TOTAL						472.36	CLAIM ACCOUNT REF. 2217510012008306SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221750	1	T1020		12/15/12	12/15/12	7.00	118.09
221750	2	T1020		12/16/12	12/16/12	7.00	118.09
221750	3	T1020		12/17/12	12/17/12	7.00	118.09
221750	4	T1020		12/18/12	12/18/12	7.00	118.09
221750	5	T1020		12/19/12	12/19/12	7.00	118.09
221750	6	T1020		12/20/12	12/20/12	7.00	118.09

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 2

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221750	7	T1020		12/21/12	12/21/12	7.00	118.09	
					CLAIM TOTAL		826.63	CLAIM ACCOUNT REF. 2217500012008386SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221755	1	T1020		12/19/12	12/19/12	4.00	67.48	
221755	2	T1020		12/20/12	12/20/12	5.00	84.35	
221755	3	T1020		12/21/12	12/21/12	4.00	67.48	
					CLAIM TOTAL		219.31	CLAIM ACCOUNT REF. 2217550012008400SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221757	1	T1020		12/15/12	12/15/12	9.00	151.83	
221757	2	T1020		12/16/12	12/16/12	9.00	151.83	
221757	3	T1020		12/17/12	12/17/12	9.00	151.83	
221757	4	T1020		12/18/12	12/18/12	9.00	151.83	
221757	5	T1020		12/19/12	12/19/12	9.00	151.83	
221757	6	T1020		12/20/12	12/20/12	9.00	151.83	
221757	7	T1020		12/21/12	12/21/12	9.00	151.83	
					CLAIM TOTAL		1,062.81	CLAIM ACCOUNT REF. 2217570012010041SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221753	1	T1020		12/17/12	12/17/12	5.00	84.35	
221753	2	T1020		12/19/12	12/19/12	5.00	84.35	
221753	3	T1020		12/20/12	12/20/12	5.00	84.35	
221753	4	T1020		12/21/12	12/21/12	4.00	67.48	
					CLAIM TOTAL		320.53	CLAIM ACCOUNT REF. 2217530012010712SUP

PAGE: 3

NPI = 1154407492

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
221752	1	T1020		12/15/12	12/15/12	8.00	134.96		
221752	2	T1020		12/16/12	12/16/12	8.00	134.96		
221752	3	T1020		12/17/12	12/17/12	8.00	134.96		
221752	4	T1020		12/18/12	12/18/12	8.00	134.96		
221752	5	T1020		12/19/12	12/19/12	8.00	134.96		
221752	6	T1020		12/20/12	12/20/12	8.00	134.96		
221752	7	T1020		12/21/12	12/21/12	8.00	134.96		
					CLAIM TOTAL		944.72	CLAIM ACCOUNT REF.	2217520012011495SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	40	TOTAL CLAIM AMOUNT =	4,858.56
		# SERVICES =	8		

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 4

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221738	1	T1019		12/19/12	12/19/12	16.00	67.52
221738	2	T1019		12/20/12	12/20/12	16.00	67.52
221738	3	T1019		12/21/12	12/21/12	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2217380012008261SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221743	1	T1019		12/15/12	12/15/12	24.00	101.28
221743	2	T1019		12/16/12	12/16/12	24.00	101.28
221743	3	T1019		12/17/12	12/17/12	24.00	101.28
221743	4	T1019		12/18/12	12/18/12	24.00	101.28
221743	5	T1019		12/19/12	12/19/12	24.00	101.28
221743	6	T1019		12/20/12	12/20/12	24.00	101.28
221743	7	T1019		12/21/12	12/21/12	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2217430012008263SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221747	1	T1019		12/15/12	12/15/12	32.00	135.04
221747	2	T1019		12/16/12	12/16/12	40.00	168.80
221747	3	T1019		12/17/12	12/17/12	40.00	168.80
221747	4	T1019		12/18/12	12/18/12	40.00	168.80
221747	5	T1019		12/19/12	12/19/12	40.00	168.80
221747	6	T1019		12/20/12	12/20/12	40.00	168.80
221747	7	T1019		12/21/12	12/21/12	40.00	168.80
CLAIM TOTAL							1,147.84
CLAIM ACCOUNT REF.							2217470012008265SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221749	1	T1019		12/15/12	12/15/12	16.00	67.52

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 5

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221749	2	T1019		12/16/12	12/16/12	16.00	67.52	
221749	3	T1019		12/17/12	12/17/12	24.00	101.28	
221749	4	T1019		12/18/12	12/18/12	24.00	101.28	
221749	5	T1019		12/19/12	12/19/12	24.00	101.28	
221749	6	T1019		12/20/12	12/20/12	24.00	101.28	
221749	7	T1019		12/21/12	12/21/12	24.00	101.28	
					CLAIM TOTAL		641.44	CLAIM ACCOUNT REF. 2217490012008303SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221736	1	T1019		12/01/12	12/01/12	28.00	118.16	
221736	2	T1019		12/02/12	12/02/12	28.00	118.16	
221736	3	T1019		12/15/12	12/15/12	28.00	118.16	
221736	4	T1019		12/17/12	12/17/12	32.00	135.04	
221736	5	T1019		12/18/12	12/18/12	28.00	118.16	
221736	6	T1019		12/19/12	12/19/12	28.00	118.16	
221736	7	T1019		12/20/12	12/20/12	28.00	118.16	
					CLAIM TOTAL		844.00	CLAIM ACCOUNT REF. 2217360012008403SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008422 2008422 MOSKOWITZ, RONA 02/16/1952 10063710601 072211255325
DIAGNOSIS CODES: 799.89 401.9 493.92 729.0 V02.62

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221744	1	T1019		12/15/12	12/15/12	24.00	101.28	
221744	2	T1019		12/19/12	12/19/12	20.00	84.40	
221744	3	T1019		12/20/12	12/20/12	24.00	101.28	
221744	4	T1019		12/21/12	12/21/12	24.00	101.28	
					CLAIM TOTAL		388.24	CLAIM ACCOUNT REF. 2217440012008422SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221748	1	T1019		12/17/12	12/17/12	16.00	67.52	
221748	2	T1019		12/18/12	12/18/12	16.00	67.52	
221748	3	T1019		12/20/12	12/20/12	16.00	67.52	
221748	4	T1019		12/21/12	12/21/12	16.00	67.52	
					CLAIM TOTAL		270.08	CLAIM ACCOUNT REF. 2217480012008425SUP

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 6

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221739	1	T1019		12/15/12	12/15/12	40.00	168.80
221739	2	T1019		12/16/12	12/16/12	40.00	168.80
221739	3	T1019		12/18/12	12/18/12	40.00	168.80
221739	4	T1019		12/19/12	12/19/12	40.00	168.80
221739	5	T1019		12/20/12	12/20/12	40.00	168.80
221739	6	T1019		12/21/12	12/21/12	40.00	168.80
CLAIM TOTAL						1,012.80	CLAIM ACCOUNT REF. 2217390012008427SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221746	1	T1019		12/17/12	12/17/12	24.00	101.28
221746	2	T1019		12/18/12	12/18/12	24.00	101.28
221746	3	T1019		12/19/12	12/19/12	24.00	101.28
221746	4	T1019		12/20/12	12/20/12	24.00	101.28
221746	5	T1019		12/21/12	12/21/12	24.00	101.28
CLAIM TOTAL						506.40	CLAIM ACCOUNT REF. 2217460012008531SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221742	1	T1019		12/16/12	12/16/12	16.00	67.52
221742	2	T1019		12/17/12	12/17/12	28.00	118.16
221742	3	T1019		12/19/12	12/19/12	28.00	118.16
221742	4	T1019		12/20/12	12/20/12	28.00	118.16
221742	5	T1019		12/21/12	12/21/12	28.00	118.16
CLAIM TOTAL						540.16	CLAIM ACCOUNT REF. 2217420012008742SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221737	1	T1019		12/17/12	12/17/12	16.00	67.52
221737	2	T1019		12/18/12	12/18/12	24.00	101.28

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 7

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221737	3	T1019		12/19/12	12/19/12	24.00	101.28	
221737	4	T1019		12/20/12	12/20/12	24.00	101.28	
221737	5	T1019		12/21/12	12/21/12	24.00	101.28	
					CLAIM TOTAL		472.64	CLAIM ACCOUNT REF. 2217370012008802SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221741	1	T1019		10/29/12	10/29/12	48.00	202.56	
221741	2	T1019		12/06/12	12/06/12	48.00	202.56	
221741	3	T1019		12/13/12	12/13/12	48.00	202.56	
221741	4	T1019		12/15/12	12/15/12	48.00	202.56	
221741	5	T1019		12/16/12	12/16/12	48.00	202.56	
221741	6	T1019		12/17/12	12/17/12	48.00	202.56	
221741	7	T1019		12/18/12	12/18/12	48.00	202.56	
221741	8	T1019		12/19/12	12/19/12	48.00	202.56	
221741	9	T1019		12/20/12	12/20/12	48.00	202.56	
221741	10	T1019		12/21/12	12/21/12	48.00	202.56	
					CLAIM TOTAL		2,025.60	CLAIM ACCOUNT REF. 2217410012009356SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221734	1	T1019		12/15/12	12/15/12	32.00	135.04	
221734	2	T1019		12/16/12	12/16/12	32.00	135.04	
221734	3	T1019		12/17/12	12/17/12	32.00	135.04	
221734	4	T1019		12/18/12	12/18/12	32.00	135.04	
221734	5	T1019		12/19/12	12/19/12	32.00	135.04	
221734	6	T1019		12/20/12	12/20/12	32.00	135.04	
221734	7	T1019		12/21/12	12/21/12	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2217340012010143SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221745	1	T1019		12/17/12	12/17/12	20.00	84.40
221745	2	T1019		12/18/12	12/18/12	20.00	84.40

PAGE: 8

NPI = 1154407492

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221735	1	T1019		12/17/12	12/17/12	36.00	151.92	
221735	2	T1019		12/18/12	12/18/12	36.00	151.92	
221735	3	T1019		12/19/12	12/19/12	36.00	151.92	
221735	4	T1019		12/20/12	12/20/12	36.00	151.92	
221735	5	T1019		12/21/12	12/21/12	36.00	151.92	
					CLAIM TOTAL		759.60	CLAIM ACCOUNT REF. 2217350012010878SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	94	TOTAL CLAIM AMOUNT =	11,647.20
		# SERVICES =	16		

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 9

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221779	1	T1019		12/15/12	12/15/12	4.00	68.60
221779	2	T1019		12/16/12	12/16/12	4.00	68.60
221779	3	T1019		12/17/12	12/17/12	12.00	205.80
221779	4	T1019		12/18/12	12/18/12	12.00	205.80
221779	5	T1019		12/19/12	12/19/12	12.00	205.80
221779	6	T1019		12/20/12	12/20/12	12.00	205.80
221779	7	T1019		12/21/12	12/21/12	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2217790012008233SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221786	1	T1019		12/15/12	12/15/12	8.00	137.20
221786	2	T1019		12/16/12	12/16/12	8.00	137.20
221786	3	T1019		12/18/12	12/18/12	10.00	171.50
221786	4	T1019		12/19/12	12/19/12	11.00	188.65
221786	5	T1019		12/20/12	12/20/12	11.00	188.65
221786	6	T1019		12/21/12	12/21/12	11.00	188.65
CLAIM TOTAL						1,011.85	CLAIM ACCOUNT REF. 2217860012008236SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008237 2008237 DURHAM, CYNTHIA 05/23/1960 ZB21969Z 01-070312-900-05
DIAGNOSIS CODES: 401.9 250.00 300.00 345.90 493.90 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221782	1	T1019		12/17/12	12/17/12	4.00	68.60
221782	2	T1019		12/18/12	12/18/12	4.00	68.60
221782	3	T1019		12/19/12	12/19/12	4.00	68.60
221782	4	T1019		12/20/12	12/20/12	4.00	68.60
221782	5	T1019		12/21/12	12/21/12	4.00	68.60
CLAIM TOTAL						343.00	CLAIM ACCOUNT REF. 2217820012008237SUP

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 10

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221778	1	T1019		12/15/12	12/15/12	3.00	51.45
221778	2	T1019		12/16/12	12/16/12	3.00	51.45
221778	3	T1019		12/17/12	12/17/12	5.00	85.75
221778	4	T1019		12/18/12	12/18/12	5.00	85.75
221778	5	T1019		12/19/12	12/19/12	5.00	85.75
221778	6	T1019		12/20/12	12/20/12	4.00	68.60
221778	7	T1019		12/21/12	12/21/12	5.00	85.75
CLAIM TOTAL							514.50
CLAIM ACCOUNT REF.							2217780012008284SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008385 2008385 MURDOCK, GERTRUDE 11/01/1917 SS71357M 0106221290271
DIAGNOSIS CODES: 536.9 365.9 369.10 389.9 401.9 715.90 733.00 V15.88

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221784	1	T1019		12/17/12	12/17/12	8.00	137.20
221784	2	T1019		12/18/12	12/18/12	8.00	137.20
221784	3	T1019		12/19/12	12/19/12	8.00	137.20
221784	4	T1019		12/20/12	12/20/12	8.00	137.20
CLAIM TOTAL							548.80
CLAIM ACCOUNT REF.							2217840012008385SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008417 2008417 GALAS, TERESA 06/08/1955 ZX91437V 0106191290406
DIAGNOSIS CODES: 345.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221783	1	T1019		12/15/12	12/15/12	5.00	85.75
221783	2	T1019		12/16/12	12/16/12	5.00	85.75
221783	3	T1019		12/17/12	12/17/12	5.00	85.75
221783	4	T1019		12/18/12	12/18/12	5.00	85.75
221783	5	T1019		12/19/12	12/19/12	5.00	85.75
221783	6	T1019		12/20/12	12/20/12	5.00	85.75
221783	7	T1019		12/21/12	12/21/12	5.00	85.75
CLAIM TOTAL							600.25
CLAIM ACCOUNT REF.							2217830012008417SUP

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 11

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

NPI = 1154407492

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008418 2008418 RYALS, CHARLES 11/03/1950 ZZ49620T 0108071290383
DIAGNOSIS CODES: 401.9 250.00 272.0 278.00 295.00 311. 780.57

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221788	1	T1019		12/17/12	12/17/12	8.00	137.20
221788	2	T1019		12/18/12	12/18/12	8.00	137.20
221788	3	T1019		12/19/12	12/19/12	8.00	137.20
221788	4	T1019		12/20/12	12/20/12	8.00	137.20
CLAIM TOTAL							548.80
CLAIM ACCOUNT REF.							2217880012008418SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221780	1	T1019		12/15/12	12/15/12	10.00	171.50
221780	2	T1019		12/16/12	12/16/12	10.00	171.50
221780	3	T1019		12/17/12	12/17/12	10.00	171.50
221780	4	T1019		12/18/12	12/18/12	10.00	171.50
221780	5	T1019		12/19/12	12/19/12	10.00	171.50
221780	6	T1019		12/20/12	12/20/12	10.00	171.50
221780	7	T1019		12/21/12	12/21/12	10.00	171.50
CLAIM TOTAL							1,200.50
CLAIM ACCOUNT REF.							2217800012008743SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221789	1	T1019		12/08/12	12/08/12	5.00	85.75
221789	2	T1019		12/09/12	12/09/12	5.00	85.75
221789	3	T1019		12/15/12	12/15/12	5.00	85.75
221789	4	T1019		12/16/12	12/16/12	5.00	85.75
221789	5	T1019		12/17/12	12/17/12	5.00	85.75
221789	6	T1019		12/18/12	12/18/12	5.00	85.75
221789	7	T1019		12/19/12	12/19/12	5.00	85.75
221789	8	T1019		12/20/12	12/20/12	5.00	85.75
221789	9	T1019		12/21/12	12/21/12	5.00	85.75
CLAIM TOTAL							771.75
CLAIM ACCOUNT REF.							2217890012009377SUP

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 12

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221787	1	T1019		11/09/12	11/09/12	1.00	17.15
221787	2	T1019		11/16/12	11/16/12	1.00	17.15
221787	3	T1019		11/30/12	11/30/12	1.00	17.15
221787	4	T1019		12/01/12	12/01/12	5.00	85.75
221787	5	T1019		12/07/12	12/07/12	1.00	17.15
221787	6	T1019		12/08/12	12/08/12	5.00	85.75
221787	7	T1019		12/17/12	12/17/12	3.00	51.45
221787	8	T1019		12/18/12	12/18/12	3.00	51.45
221787	9	T1019		12/19/12	12/19/12	3.00	51.45
CLAIM TOTAL						394.45	CLAIM ACCOUNT REF. 2217870012009688SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008279 2010213 VALLE, BLASINA 02/03/1929 QG00558G 0106011290042
DIAGNOSIS CODES: 428.0 244.9 272.4 331.0 537.9 746.85

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221790	1	T1019		12/15/12	12/15/12	8.00	137.20
221790	2	T1019		12/17/12	12/17/12	8.00	137.20
221790	3	T1019		12/18/12	12/18/12	8.00	137.20
221790	4	T1019		12/19/12	12/19/12	8.00	137.20
221790	5	T1019		12/20/12	12/20/12	8.00	137.20
221790	6	T1019		12/21/12	12/21/12	8.00	137.20
CLAIM TOTAL						823.20	CLAIM ACCOUNT REF. 2217900012010213SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221785	1	T1019		12/17/12	12/17/12	8.00	137.20
221785	2	T1019		12/18/12	12/18/12	8.00	137.20
221785	3	T1019		12/19/12	12/19/12	8.00	137.20
221785	4	T1019		12/20/12	12/20/12	8.00	137.20
221785	5	T1019		12/21/12	12/21/12	8.00	137.20
CLAIM TOTAL						686.00	CLAIM ACCOUNT REF. 2217850012010886SUP

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 13

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221781	1	T1019		12/14/12	12/14/12	12.00	205.80	
221781	2	T1019		12/15/12	12/15/12	24.00	411.60	
221781	3	T1019		12/16/12	12/16/12	24.00	411.60	
221781	4	T1019		12/17/12	12/17/12	24.00	411.60	
221781	5	T1019		12/18/12	12/18/12	24.00	411.60	
221781	6	T1019		12/19/12	12/19/12	24.00	411.60	
221781	7	T1019		12/20/12	12/20/12	24.00	411.60	
221781	8	T1019		12/21/12	12/21/12	12.00	205.80	
					CLAIM TOTAL	2,881.20		CLAIM ACCOUNT REF. 2217810012011286SUP

PAYER TOTALS: METROPLUS HEALTH PLAN # OF CLAIMS = 84 TOTAL CLAIM AMOUNT = 11,490.50
SERVICES = 13

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 14

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221817	1	T1019		12/21/12	12/21/12	36.00	154.80
CLAIM TOTAL							154.80
CLAIM ACCOUNT REF.							2218170012008286SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221804	1	T1019		12/15/12	12/15/12	24.00	103.20
221804	2	T1019		12/16/12	12/16/12	24.00	103.20
221804	3	T1019		12/17/12	12/17/12	24.00	103.20
221804	4	T1019		12/18/12	12/18/12	24.00	103.20
221804	5	T1019		12/19/12	12/19/12	24.00	103.20
221804	6	T1019		12/20/12	12/20/12	24.00	103.20
221804	7	T1019		12/21/12	12/21/12	24.00	103.20
CLAIM TOTAL							722.40
CLAIM ACCOUNT REF.							2218040012008495SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221796	1	T1019		12/15/12	12/15/12	28.00	120.40
221796	2	T1019		12/16/12	12/16/12	28.00	120.40
221796	3	T1019		12/17/12	12/17/12	28.00	120.40
221796	4	T1019		12/18/12	12/18/12	28.00	120.40
221796	5	T1019		12/19/12	12/19/12	28.00	120.40
221796	6	T1019		12/20/12	12/20/12	28.00	120.40
221796	7	T1019		12/21/12	12/21/12	28.00	120.40
CLAIM TOTAL							842.80
CLAIM ACCOUNT REF.							2217960012010404SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012101 2012101 BATILO, MARTA 02/23/1917 708125 111205102
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221791	1	T1019		12/15/12	12/15/12	28.00	120.40
221791	2	T1019		12/16/12	12/16/12	28.00	120.40
221791	3	T1019		12/17/12	12/17/12	28.00	120.40

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 15

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221791	4	T1019		12/18/12	12/18/12	28.00	120.40	
221791	5	T1019		12/19/12	12/19/12	28.00	120.40	
221791	6	T1019		12/20/12	12/20/12	28.00	120.40	
221791	7	T1019		12/21/12	12/21/12	28.00	120.40	
					CLAIM TOTAL		842.80	CLAIM ACCOUNT REF. 2217910012012101SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221792	1	T1019		12/17/12	12/17/12	16.00	68.80	
221792	2	T1019		12/18/12	12/18/12	16.00	68.80	
221792	3	T1019		12/19/12	12/19/12	16.00	68.80	
221792	4	T1019		12/20/12	12/20/12	16.00	68.80	
221792	5	T1019		12/21/12	12/21/12	16.00	68.80	
					CLAIM TOTAL		344.00	CLAIM ACCOUNT REF. 2217920012012102SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221793	1	T1019		12/17/12	12/17/12	20.00	86.00	
221793	2	T1019		12/18/12	12/18/12	20.00	86.00	
221793	3	T1019		12/19/12	12/19/12	20.00	86.00	
221793	4	T1019		12/20/12	12/20/12	20.00	86.00	
					CLAIM TOTAL		344.00	CLAIM ACCOUNT REF. 2217930012012103SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012106 2012106 CORNIEL, NICIA 01/01/1950 663394 111205505
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221794	1	T1019		12/19/12	12/19/12	16.00	68.80	
221794	2	T1019		12/20/12	12/20/12	16.00	68.80	
					CLAIM TOTAL		137.60	CLAIM ACCOUNT REF. 2217940012012106SUP

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 16

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

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221795	1	T1019			12/17/12	12/17/12	16.00	68.80
221795	2	T1019			12/19/12	12/19/12	16.00	68.80
CLAIM TOTAL								137.60

CLAIM ACCOUNT REF. 2217950012012110SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012114 2012114 GUERRERO, FIRPO A 06/13/1929 698839 111209283
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221797	1	T1019			12/15/12	12/15/12	48.00	206.40
221797	2	T1019			12/16/12	12/16/12	36.00	154.80
221797	3	T1019			12/17/12	12/17/12	36.00	154.80
221797	4	T1019			12/18/12	12/18/12	48.00	206.40
221797	5	T1019			12/19/12	12/19/12	36.00	154.80
221797	6	T1019			12/20/12	12/20/12	48.00	206.40
221797	7	T1019			12/21/12	12/21/12	36.00	154.80
CLAIM TOTAL								1,238.40

CLAIM ACCOUNT REF. 2217970012012114SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012115 2012115 GUERRERO, ISABEL 11/08/1935 698840 111209413
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221798	1	T1019			12/16/12	12/16/12	12.00	51.60
221798	2	T1019			12/17/12	12/17/12	12.00	51.60
221798	3	T1019			12/19/12	12/19/12	12.00	51.60
221798	4	T1019			12/21/12	12/21/12	12.00	51.60
CLAIM TOTAL								206.40

CLAIM ACCOUNT REF. 2217980012012115SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012116 2012116 GUERRERO, MARIA 07/09/1914 693949 111210140
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221799	1	T1019			12/15/12	12/15/12	32.00	137.60
221799	2	T1019			12/16/12	12/16/12	32.00	137.60
221799	3	T1019			12/17/12	12/17/12	32.00	137.60
221799	4	T1019			12/18/12	12/18/12	32.00	137.60
221799	5	T1019			12/19/12	12/19/12	32.00	137.60

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 17

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221799	6	T1019		12/20/12	12/20/12	32.00	137.60
221799	7	T1019		12/21/12	12/21/12	32.00	137.60
CLAIM TOTAL							963.20

CLAIM ACCOUNT REF. 2217990012012116SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221800	1	T1019		12/15/12	12/15/12	20.00	86.00
221800	2	T1019		12/16/12	12/16/12	20.00	86.00
221800	3	T1019		12/17/12	12/17/12	16.00	68.80
221800	4	T1019		12/18/12	12/18/12	16.00	68.80
221800	5	T1019		12/19/12	12/19/12	16.00	68.80
221800	6	T1019		12/20/12	12/20/12	16.00	68.80
221800	7	T1019		12/21/12	12/21/12	16.00	68.80
CLAIM TOTAL							516.00

CLAIM ACCOUNT REF. 2218000012012117SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221801	1	T1019		12/10/12	12/10/12	20.00	86.00
221801	2	T1019		12/11/12	12/11/12	20.00	86.00
221801	3	T1019		12/12/12	12/12/12	20.00	86.00
221801	4	T1019		12/13/12	12/13/12	20.00	86.00
221801	5	T1019		12/14/12	12/14/12	20.00	86.00
221801	6	T1019		12/17/12	12/17/12	20.00	86.00
221801	7	T1019		12/18/12	12/18/12	20.00	86.00
221801	8	T1019		12/19/12	12/19/12	20.00	86.00
221801	9	T1019		12/20/12	12/20/12	20.00	86.00
221801	10	T1019		12/21/12	12/21/12	20.00	86.00
CLAIM TOTAL							860.00

CLAIM ACCOUNT REF. 2218010012012120SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221806	1	T1019		12/15/12	12/15/12	32.00	137.60
221806	2	T1019		12/16/12	12/16/12	32.00	137.60
221806	3	T1019		12/17/12	12/17/12	32.00	137.60

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 18

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221806	4	T1019		12/18/12	12/18/12	32.00	137.60	
221806	5	T1019		12/19/12	12/19/12	32.00	137.60	
221806	6	T1019		12/20/12	12/20/12	32.00	137.60	
221806	7	T1019		12/21/12	12/21/12	32.00	137.60	
					CLAIM TOTAL		963.20	CLAIM ACCOUNT REF. 2218060012012121SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012122	2012122	MORALES, FRANCISCO	12/03/1935	744366	111218452
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221807	1	T1019		12/15/12	12/15/12	20.00	86.00	
221807	2	T1019		12/16/12	12/16/12	20.00	86.00	
221807	3	T1019		12/17/12	12/17/12	20.00	86.00	
221807	4	T1019		12/18/12	12/18/12	20.00	86.00	
221807	5	T1019		12/19/12	12/19/12	20.00	86.00	
221807	6	T1019		12/20/12	12/20/12	20.00	86.00	
221807	7	T1019		12/21/12	12/21/12	20.00	86.00	
					CLAIM TOTAL		602.00	CLAIM ACCOUNT REF. 2218070012012122SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221808	1	T1019		12/17/12	12/17/12	16.00	68.80	
221808	2	T1019		12/18/12	12/18/12	16.00	68.80	
221808	3	T1019		12/19/12	12/19/12	16.00	68.80	
221808	4	T1019		12/21/12	12/21/12	16.00	68.80	
					CLAIM TOTAL		275.20	CLAIM ACCOUNT REF. 2218080012012129SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012130	2012130	NAVARRO, ANTONIA	07/23/1945	710368	111219033
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221810	1	T1019		12/15/12	12/15/12	20.00	86.00	
221810	2	T1019		12/16/12	12/16/12	20.00	86.00	
221810	3	T1019		12/17/12	12/17/12	20.00	86.00	
221810	4	T1019		12/18/12	12/18/12	20.00	86.00	
221810	5	T1019		12/19/12	12/19/12	20.00	86.00	
221810	6	T1019		12/20/12	12/20/12	20.00	86.00	
221810	7	T1019		12/21/12	12/21/12	20.00	86.00	

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 19

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	602.00	2218100012012130SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
221812	1	T1019		12/17/12	12/17/12	16.00	68.80	
221812	2	T1019		12/19/12	12/19/12	16.00	68.80	
221812	3	T1019		12/21/12	12/21/12	16.00	68.80	
						CLAIM TOTAL	206.40	2218120012012131SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
221811	1	T1019		12/15/12	12/15/12	20.00	86.00	
221811	2	T1019		12/16/12	12/16/12	20.00	86.00	
						CLAIM TOTAL	172.00	2218110012012132SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012134	2012134	SERRANO, CARMEN	09/14/1948	695740	111218213
DIAGNOSIS	CODES:	799.89				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
221822	1	T1019		12/17/12	12/17/12	28.00	120.40	
221822	2	T1019		12/18/12	12/18/12	28.00	120.40	
221822	3	T1019		12/19/12	12/19/12	28.00	120.40	
221822	4	T1019		12/20/12	12/20/12	28.00	120.40	
221822	5	T1019		12/21/12	12/21/12	28.00	120.40	
						CLAIM TOTAL	602.00	2218220012012134SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
221823	1	T1019		12/19/12	12/19/12	32.00	137.60	
221823	2	T1019		12/20/12	12/20/12	32.00	137.60	
221823	3	T1019		12/21/12	12/21/12	32.00	137.60	
						CLAIM TOTAL	412.80	2218230012012137SUP

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
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PAGE: 20

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012138 2012138 VENTURA, CLARA 09/17/1951 720456 111218008
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221824	1	T1019		12/17/12	12/17/12	16.00	68.80
221824	2	T1019		12/18/12	12/18/12	16.00	68.80
221824	3	T1019		12/20/12	12/20/12	16.00	68.80
221824	4	T1019		12/21/12	12/21/12	16.00	68.80
CLAIM TOTAL							275.20

CLAIM ACCOUNT REF. 2218240012012138SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012140 2012140 PATRICK, IMAGENE 03/27/1930 737028 111209513
DIAGNOSIS CODES: 294.10 153.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221813	1	T1019		12/15/12	12/15/12	32.00	137.60
221813	2	T1019		12/19/12	12/19/12	32.00	137.60
221813	3	T1019		12/20/12	12/20/12	32.00	137.60
221813	4	T1019		12/21/12	12/21/12	32.00	137.60
CLAIM TOTAL							550.40

CLAIM ACCOUNT REF. 2218130012012140SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012142 2012142 MEDINA, MARTHA 01/11/1944 697570 111217848
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221805	1	T1019		12/18/12	12/18/12	12.00	51.60
221805	2	T1019		12/19/12	12/19/12	12.00	51.60
221805	3	T1019		12/20/12	12/20/12	12.00	51.60
221805	4	T1019		12/21/12	12/21/12	12.00	51.60
CLAIM TOTAL							206.40

CLAIM ACCOUNT REF. 2218050012012142SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221809	1	T1019		12/12/12	12/12/12	16.00	68.80
221809	2	T1019		12/17/12	12/17/12	16.00	68.80
221809	3	T1019		12/18/12	12/18/12	16.00	68.80
221809	4	T1019		12/19/12	12/19/12	16.00	68.80
221809	5	T1019		12/20/12	12/20/12	16.00	68.80
221809	6	T1019		12/21/12	12/21/12	16.00	68.80

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 21

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
2218090012012143SUP									
REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #			
NY 001	2012144	2012144	PEREZ, JULIO	01/27/1936	709538	111222702			
DIAGNOSIS CODES: 799.89									
INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
221816	1	T1019		12/17/12	12/17/12	20.00	86.00		
221816	2	T1019		12/19/12	12/19/12	20.00	86.00		
221816	3	T1019		12/21/12	12/21/12	20.00	86.00		
CLAIM TOTAL							258.00	CLAIM ACCOUNT REF. 2218160012012144SUP	
REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #			
NY 001	2012145	2012145	PERALTA RODRIGO, JOSE	03/13/1942	715488	111220442			
DIAGNOSIS CODES: 799.89									
INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
221814	1	T1019		12/17/12	12/17/12	16.00	68.80		
221814	2	T1019		12/18/12	12/18/12	16.00	68.80		
221814	3	T1019		12/19/12	12/19/12	16.00	68.80		
CLAIM TOTAL							206.40	CLAIM ACCOUNT REF. 2218140012012145SUP	
REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #			
NY 001	2012146	2012146	PERALTA, INEZ	08/18/1942	715489	111220390			
DIAGNOSIS CODES: 799.89									
INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
221815	1	T1019		12/17/12	12/17/12	16.00	68.80		
221815	2	T1019		12/18/12	12/18/12	16.00	68.80		
221815	3	T1019		12/19/12	12/19/12	16.00	68.80		
221815	4	T1019		12/20/12	12/20/12	16.00	68.80		
CLAIM TOTAL							275.20	CLAIM ACCOUNT REF. 2218150012012146SUP	
REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #			
NY 001	2012147	2012147	RAMOS, SILVIA	08/16/1957	707547	111223057			
DIAGNOSIS CODES: 799.89									
INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
221818	1	T1019		12/10/12	12/10/12	20.00	86.00		
221818	2	T1019		12/11/12	12/11/12	20.00	86.00		
221818	3	T1019		12/12/12	12/12/12	20.00	86.00		
221818	4	T1019		12/13/12	12/13/12	20.00	86.00		
221818	5	T1019		12/14/12	12/14/12	20.00	86.00		

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 22

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221818	6	T1019		12/17/12	12/17/12	20.00	86.00	
221818	7	T1019		12/18/12	12/18/12	20.00	86.00	
221818	8	T1019		12/19/12	12/19/12	20.00	86.00	
221818	9	T1019		12/20/12	12/20/12	20.00	86.00	
221818	10	T1019		12/21/12	12/21/12	20.00	86.00	
				CLAIM TOTAL			860.00	CLAIM ACCOUNT REF. 2218180012012147SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012149	2012149	REGLA, MARIA F	11/21/1933	691499	111223158
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221819	1	T1019		12/15/12	12/15/12	32.00	137.60	
221819	2	T1019		12/17/12	12/17/12	32.00	137.60	
221819	3	T1019		12/18/12	12/18/12	32.00	137.60	
221819	4	T1019		12/19/12	12/19/12	32.00	137.60	
221819	5	T1019		12/20/12	12/20/12	32.00	137.60	
221819	6	T1019		12/21/12	12/21/12	32.00	137.60	
				CLAIM TOTAL			825.60	CLAIM ACCOUNT REF. 2218190012012149SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221820	1	T1019		12/17/12	12/17/12	16.00	68.80	
221820	2	T1019		12/21/12	12/21/12	16.00	68.80	
				CLAIM TOTAL			137.60	CLAIM ACCOUNT REF. 2218200012012153SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221821	1	T1019		12/15/12	12/15/12	24.00	103.20	
221821	2	T1019		12/17/12	12/17/12	24.00	103.20	
221821	3	T1019		12/18/12	12/18/12	24.00	103.20	
221821	4	T1019		12/19/12	12/19/12	24.00	103.20	
221821	5	T1019		12/20/12	12/20/12	24.00	103.20	
221821	6	T1019		12/21/12	12/21/12	24.00	103.20	
				CLAIM TOTAL			619.20	CLAIM ACCOUNT REF. 2218210012012154SUP

PAGE: 23

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
221802	1	T1019		12/15/12	12/15/12	48.00	206.40		
221802	2	T1019		12/16/12	12/16/12	48.00	206.40		
221802	3	T1019		12/17/12	12/17/12	48.00	206.40		
221802	4	T1019		12/18/12	12/18/12	48.00	206.40		
221802	5	T1019		12/19/12	12/19/12	48.00	206.40		
221802	6	T1019		12/20/12	12/20/12	48.00	206.40		
221802	7	T1019		12/21/12	12/21/12	48.00	206.40		
						CLAIM TOTAL	1,444.80	CLAIM ACCOUNT REF.	2218020012012158SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012159	2012159	LOPEZ, VITALIA	08/01/1922	691723	111216060
DIAGNOSIS		CODES: 799.89					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
221803	1	T1019		12/09/12	12/09/12	48.00	206.40		
221803	2	T1019		12/15/12	12/15/12	48.00	206.40		
221803	3	T1019		12/16/12	12/16/12	48.00	206.40		
221803	4	T1019		12/17/12	12/17/12	48.00	206.40		
221803	5	T1019		12/18/12	12/18/12	48.00	206.40		
221803	6	T1019		12/19/12	12/19/12	48.00	206.40		
221803	7	T1019		12/20/12	12/20/12	48.00	206.40		
221803	8	T1019		12/21/12	12/21/12	48.00	206.40		
						CLAIM TOTAL	1,651.20	CLAIM ACCOUNT REF.	2218030012012159SUP

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	175	TOTAL CLAIM AMOUNT =	18,868.40
		# SERVICES =	34		

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 24

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221774	1	T1019	0580	12/17/12	12/17/12	40.00	168.80
221774	2	T1019	0580	12/18/12	12/18/12	40.00	168.80
221774	3	T1019	0580	12/19/12	12/19/12	40.00	168.80
221774	4	T1019	0580	12/20/12	12/20/12	40.00	168.80
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2217740012008491SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221777	1	T1019	0580	12/17/12	12/17/12	16.00	67.52
221777	2	T1019	0580	12/18/12	12/18/12	16.00	67.52
221777	3	T1019	0580	12/19/12	12/19/12	16.00	67.52
221777	4	T1019	0580	12/20/12	12/20/12	16.00	67.52
221777	5	T1019	0580	12/21/12	12/21/12	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2217770012008513SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221775	1	T1019	0580	12/15/12	12/15/12	20.00	84.40
221775	2	T1019	0580	12/16/12	12/16/12	20.00	84.40
221775	3	T1019	0580	12/17/12	12/17/12	20.00	84.40
221775	4	T1019	0580	12/18/12	12/18/12	20.00	84.40
221775	5	T1019	0580	12/19/12	12/19/12	20.00	84.40
221775	6	T1019	0580	12/20/12	12/20/12	20.00	84.40
221775	7	T1019	0580	12/21/12	12/21/12	20.00	84.40
CLAIM TOTAL							590.80
CLAIM ACCOUNT REF.							2217750012008544SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221769	1	T1019	0580	12/11/12	12/11/12	16.00	56.00
221769	2	T1019	0580	12/13/12	12/13/12	16.00	56.00

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 25

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

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221769	3	T1019	0580	12/14/12	12/14/12	16.00	56.00
221769	4	T1019	0580	12/18/12	12/18/12	16.00	56.00
221769	5	T1019	0580	12/20/12	12/20/12	16.00	56.00
221769	6	T1019	0580	12/21/12	12/21/12	16.00	56.00
CLAIM TOTAL							336.00

CLAIM ACCOUNT REF. 2217690012008723SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221761	1	T1019	0580	11/01/12	11/01/12	48.00	168.00
221761	2	T1019	0580	12/15/12	12/15/12	48.00	168.00
221761	3	T1019	0580	12/16/12	12/16/12	48.00	168.00
221761	4	T1019	0580	12/17/12	12/17/12	48.00	168.00
221761	5	T1019	0580	12/18/12	12/18/12	48.00	168.00
221761	6	T1019	0580	12/19/12	12/19/12	48.00	168.00
221761	7	T1019	0580	12/20/12	12/20/12	48.00	168.00
221761	8	T1019	0580	12/21/12	12/21/12	48.00	168.00
CLAIM TOTAL							1,344.00

CLAIM ACCOUNT REF. 2217610012008793SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221771	1	T1019	0580	12/15/12	12/15/12	32.00	112.00
221771	2	T1019	0580	12/16/12	12/16/12	32.00	112.00
221771	3	T1019	0580	12/17/12	12/17/12	32.00	112.00
221771	4	T1019	0580	12/18/12	12/18/12	32.00	112.00
221771	5	T1019	0580	12/19/12	12/19/12	31.00	108.50
221771	6	T1019	0580	12/20/12	12/20/12	31.00	108.50
221771	7	T1019	0580	12/21/12	12/21/12	32.00	112.00
CLAIM TOTAL							777.00

CLAIM ACCOUNT REF. 2217710012009237SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221776	1	T1019	0580	12/21/12	12/21/12	20.00	84.40
CLAIM TOTAL							84.40

CLAIM ACCOUNT REF. 2217760012009269SUP

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 26

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221772	1	T1019	0580	12/17/12	12/17/12	16.00	67.52	
221772	2	T1019	0580	12/18/12	12/18/12	16.00	67.52	
221772	3	T1019	0580	12/19/12	12/19/12	16.00	67.52	
221772	4	T1019	0580	12/21/12	12/21/12	16.00	67.52	
					CLAIM TOTAL		270.08	CLAIM ACCOUNT REF. 2217720012009406SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221773	1	T1019	0580	12/19/12	12/19/12	40.00	168.80	
221773	2	T1019	0580	12/20/12	12/20/12	40.00	168.80	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2217730012009562SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221764	1	T1019	0580	12/17/12	12/17/12	16.00	56.00	
221764	2	T1019	0580	12/18/12	12/18/12	16.00	56.00	
221764	3	T1019	0580	12/19/12	12/19/12	16.00	56.00	
221764	4	T1019	0580	12/20/12	12/20/12	16.00	56.00	
221764	5	T1019	0580	12/21/12	12/21/12	16.00	56.00	
					CLAIM TOTAL		280.00	CLAIM ACCOUNT REF. 2217640012009686SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221766	1	T1019	0580	12/15/12	12/15/12	28.00	98.00	
221766	2	T1019	0580	12/16/12	12/16/12	28.00	98.00	
221766	3	T1019	0580	12/17/12	12/17/12	28.00	98.00	
221766	4	T1019	0580	12/18/12	12/18/12	28.00	98.00	
221766	5	T1019	0580	12/19/12	12/19/12	28.00	98.00	
221766	6	T1019	0580	12/20/12	12/20/12	28.00	98.00	
221766	7	T1019	0580	12/21/12	12/21/12	28.00	98.00	

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 27

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							686.00	2217660012009945SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010293	2010293	CAMPBELL, CAROL	01/17/1945	ZW64229J	0004864776

DIAGNOSIS CODES: 722.2 272.0 338.29 401.9 780.79 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
221760	1	T1019	0580	12/17/12	12/17/12	20.00	70.00	
221760	2	T1019	0580	12/18/12	12/18/12	24.00	84.00	
221760	3	T1019	0580	12/19/12	12/19/12	20.00	70.00	
221760	4	T1019	0580	12/20/12	12/20/12	20.00	70.00	
221760	5	T1019	0580	12/21/12	12/21/12	20.00	70.00	
							364.00	2217600012010293SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010316	2010316	WEATHERS, VERDNA	02/05/1927	XK12367V	0004884724

DIAGNOSIS CODES: 331.0 365.00 428.0 714.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
221770	1	T1019	0580	12/15/12	12/15/12	48.00	168.00	
221770	2	T1019	0580	12/16/12	12/16/12	48.00	168.00	
221770	3	T1019	0580	12/17/12	12/17/12	48.00	168.00	
221770	4	T1019	0580	12/18/12	12/18/12	48.00	168.00	
221770	5	T1019	0580	12/19/12	12/19/12	48.00	168.00	
221770	6	T1019	0580	12/20/12	12/20/12	48.00	168.00	
221770	7	T1019	0580	12/21/12	12/21/12	48.00	168.00	
							1,176.00	2217700012010316SUP

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

DIAGNOSIS CODES: 401.9 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
221765	1	T1019	0580	12/15/12	12/15/12	36.00	126.00	
221765	2	T1019	0580	12/16/12	12/16/12	36.00	126.00	
221765	3	T1019	0580	12/17/12	12/17/12	32.00	112.00	
221765	4	T1019	0580	12/18/12	12/18/12	33.00	115.50	
221765	5	T1019	0580	12/19/12	12/19/12	33.00	115.50	
221765	6	T1019	0580	12/20/12	12/20/12	35.00	122.50	
221765	7	T1019	0580	12/21/12	12/21/12	32.00	112.00	
							829.50	2217650012010991SUP

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 28

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221762	1	G0156	0572	12/15/12	12/15/12	7.00	99.75
221762	2	G0156	0572	12/16/12	12/16/12	7.00	99.75
221762	3	G0156	0572	12/17/12	12/17/12	7.00	99.75
221762	4	G0156	0572	12/18/12	12/18/12	7.00	99.75
221762	5	G0156	0572	12/19/12	12/19/12	7.00	99.75
221762	6	G0156	0572	12/20/12	12/20/12	7.00	99.75
221762	7	G0156	0572	12/21/12	12/21/12	7.00	99.75
CLAIM TOTAL							698.25
CLAIM ACCOUNT REF.							2217620012011066SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010714 2011476 MONTELEONE, CALOGERO 02/24/1949 XLR43772876 0005478799-001
DIAGNOSIS CODES: 331.0 253.5 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221768	1	T1019	0580	10/01/12	10/01/12	20.00	70.00
221768	2	T1019	0580	10/02/12	10/02/12	20.00	70.00
221768	3	T1019	0580	10/03/12	10/03/12	20.00	70.00
221768	4	T1019	0580	10/04/12	10/04/12	20.00	70.00
221768	5	T1019	0580	10/05/12	10/05/12	20.00	70.00
221768	6	T1019	0580	10/08/12	10/08/12	20.00	70.00
221768	7	T1019	0580	10/09/12	10/09/12	20.00	70.00
221768	8	T1019	0580	10/10/12	10/10/12	20.00	70.00
221768	9	T1019	0580	10/11/12	10/11/12	20.00	70.00
221768	10	T1019	0580	10/12/12	10/12/12	20.00	70.00
221768	11	T1019	0580	10/15/12	10/15/12	20.00	70.00
221768	12	T1019	0580	10/16/12	10/16/12	20.00	70.00
CLAIM TOTAL							840.00
CLAIM ACCOUNT REF.							2217680012011476SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221763	1	G0156	0572	11/18/12	11/18/12	12.00	171.00
221763	2	G0156	0572	12/15/12	12/15/12	12.00	171.00
221763	3	G0156	0572	12/16/12	12/16/12	12.00	171.00
221763	4	G0156	0572	12/17/12	12/17/12	12.00	171.00
221763	5	G0156	0572	12/18/12	12/18/12	12.00	171.00
221763	6	G0156	0572	12/19/12	12/19/12	12.00	171.00

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 29

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221763	7	G0156	0572	12/20/12	12/20/12	12.00	171.00	
221763	8	G0156	0572	12/21/12	12/21/12	12.00	171.00	
					CLAIM TOTAL		1,368.00	CLAIM ACCOUNT REF. 2217630012011526SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221767	1	T1019	0580	12/15/12	12/15/12	48.00	168.00	
221767	2	T1019	0580	12/16/12	12/16/12	48.00	168.00	
221767	3	T1019	0580	12/17/12	12/17/12	48.00	168.00	
221767	4	T1019	0580	12/18/12	12/18/12	48.00	168.00	
221767	5	T1019	0580	12/19/12	12/19/12	48.00	168.00	
221767	6	T1019	0580	12/20/12	12/20/12	48.00	168.00	
221767	7	T1019	0580	12/21/12	12/21/12	48.00	168.00	
					CLAIM TOTAL		1,176.00	CLAIM ACCOUNT REF. 2217670012011833SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	109	TOTAL CLAIM AMOUNT =	12,170.43
		# SERVICES =	18		

PAGE: 30

NPI = 1154407492

PRIOR AUTHORIZATION #
121790012

CLAIM ACCOUNT REF. 2218340012010958SUP

PAYER TOTALS:	VNSNY CHOICE	# OF CLAIMS =	5	TOTAL CLAIM AMOUNT =	600.60
		# SERVICES =	1		

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 31

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221724	1	T1019		12/15/12	12/15/12	12.00	50.64	
221724	2	T1019		12/16/12	12/16/12	12.00	50.64	
221724	3	T1019		12/17/12	12/17/12	12.00	50.64	
221724	4	T1019		12/18/12	12/18/12	12.00	50.64	
221724	5	T1019		12/19/12	12/19/12	12.00	50.64	
221724	6	T1019		12/20/12	12/20/12	12.00	50.64	
221724	7	T1019		12/21/12	12/21/12	12.00	50.64	
CLAIM TOTAL							354.48	CLAIM ACCOUNT REF. 2217240012008246SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221725	1	T1019		12/17/12	12/17/12	12.00	50.64	
221725	2	T1019		12/18/12	12/18/12	12.00	50.64	
221725	3	T1019		12/19/12	12/19/12	12.00	50.64	
221725	4	T1019		12/20/12	12/20/12	12.00	50.64	
CLAIM TOTAL							202.56	CLAIM ACCOUNT REF. 2217250012008248SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221721	1	T1019		12/15/12	12/15/12	44.00	185.68	
221721	2	T1019		12/16/12	12/16/12	44.00	185.68	
221721	3	T1019		12/17/12	12/17/12	44.00	185.68	
221721	4	T1019		12/18/12	12/18/12	44.00	185.68	
221721	5	T1019		12/19/12	12/19/12	44.00	185.68	
221721	6	T1019		12/20/12	12/20/12	44.00	185.68	
221721	7	T1019		12/21/12	12/21/12	40.00	168.80	
CLAIM TOTAL							1,282.88	CLAIM ACCOUNT REF. 2217210012008249SUP

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 32

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221727	1	T1019		12/15/12	12/15/12	32.00	135.04	
221727	2	T1019		12/16/12	12/16/12	32.00	135.04	
221727	3	T1019		12/17/12	12/17/12	32.00	135.04	
221727	4	T1019		12/18/12	12/18/12	32.00	135.04	
221727	5	T1019		12/19/12	12/19/12	32.00	135.04	
221727	6	T1019		12/20/12	12/20/12	32.00	135.04	
221727	7	T1019		12/21/12	12/21/12	32.00	135.04	
				CLAIM TOTAL		945.28		CLAIM ACCOUNT REF. 2217270012008250SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221709	1	T1019		12/17/12	12/17/12	32.00	135.04	
221709	2	T1019		12/18/12	12/18/12	32.00	135.04	
221709	3	T1019		12/19/12	12/19/12	32.00	135.04	
221709	4	T1019		12/20/12	12/20/12	32.00	135.04	
221709	5	T1019		12/21/12	12/21/12	32.00	135.04	
				CLAIM TOTAL		675.20		CLAIM ACCOUNT REF. 2217090012008251SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008253 2008253 MACARENA, SAHARA 09/12/1965 VT07830U R1904276
DIAGNOSIS CODES: 359.0 719.45

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221722	1	T1019		12/15/12	12/15/12	48.00	202.56	
221722	2	T1019		12/16/12	12/16/12	48.00	202.56	
221722	3	T1019		12/17/12	12/17/12	48.00	202.56	
221722	4	T1019		12/19/12	12/19/12	48.00	202.56	
221722	5	T1019		12/20/12	12/20/12	48.00	202.56	
221722	6	T1019		12/21/12	12/21/12	48.00	202.56	
				CLAIM TOTAL		1,215.36		CLAIM ACCOUNT REF. 2217220012008253SUP

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 33

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221729	1	T1019		12/17/12	12/17/12	20.00	84.40
221729	2	T1019		12/18/12	12/18/12	20.00	84.40
221729	3	T1019		12/20/12	12/20/12	20.00	84.40
221729	4	T1019		12/21/12	12/21/12	20.00	84.40
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2217290012008254SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221707	1	T1019		12/17/12	12/17/12	32.00	135.04
221707	2	T1019		12/18/12	12/18/12	32.00	135.04
221707	3	T1019		12/19/12	12/19/12	32.00	135.04
221707	4	T1019		12/20/12	12/20/12	32.00	135.04
221707	5	T1019		12/21/12	12/21/12	32.00	135.04
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2217070012008256SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221713	1	T1019		12/15/12	12/15/12	24.00	101.28
221713	2	T1019		12/16/12	12/16/12	24.00	101.28
221713	3	T1019		12/17/12	12/17/12	24.00	101.28
221713	4	T1019		12/18/12	12/18/12	24.00	101.28
221713	5	T1019		12/19/12	12/19/12	24.00	101.28
221713	6	T1019		12/20/12	12/20/12	24.00	101.28
221713	7	T1019		12/21/12	12/21/12	20.00	84.40
CLAIM TOTAL							692.08
CLAIM ACCOUNT REF.							2217130012008257SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221728	1	T1019		12/17/12	12/17/12	32.00	135.04
221728	2	T1019		12/18/12	12/18/12	32.00	135.04

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 34

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221728	3	T1019		12/19/12	12/19/12	32.00	135.04	
221728	4	T1019		12/20/12	12/20/12	32.00	135.04	
221728	5	T1019		12/21/12	12/21/12	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2217280012008290SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221714	1	T1019		12/15/12	12/15/12	28.00	118.16	
221714	2	T1019		12/16/12	12/16/12	28.00	118.16	
221714	3	T1019		12/17/12	12/17/12	24.00	101.28	
221714	4	T1019		12/18/12	12/18/12	28.00	118.16	
221714	5	T1019		12/19/12	12/19/12	20.00	84.40	
221714	6	T1019		12/20/12	12/20/12	28.00	118.16	
221714	7	T1019		12/21/12	12/21/12	28.00	118.16	
					CLAIM TOTAL		776.48	CLAIM ACCOUNT REF. 2217140012008362SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008368 2008368 RODRIGUEZ, MARGARET 06/25/1950 ZP21043J R1955871
DIAGNOSIS CODES: 295.90 250.00 272.4 311. 401.9 414.3 733.00 780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221726	1	T1019		12/17/12	12/17/12	16.00	67.52	
221726	2	T1019		12/18/12	12/18/12	16.00	67.52	
221726	3	T1019		12/19/12	12/19/12	16.00	67.52	
221726	4	T1019		12/20/12	12/20/12	16.00	67.52	
221726	5	T1019		12/21/12	12/21/12	16.00	67.52	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2217260012008368SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008411 2008411 FRANCISCO, RICHARD 07/10/1968 XR22414G R2014482
DIAGNOSIS CODES: 401.9 443.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221715	1	T1019		12/15/12	12/15/12	32.00	135.04	
221715	2	T1019		12/16/12	12/16/12	32.00	135.04	
221715	3	T1019		12/17/12	12/17/12	32.00	135.04	
221715	4	T1019		12/18/12	12/18/12	32.00	135.04	
221715	5	T1019		12/19/12	12/19/12	32.00	135.04	
221715	6	T1019		12/20/12	12/20/12	32.00	135.04	
221715	7	T1019		12/21/12	12/21/12	32.00	135.04	

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 35

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	945.28	2217150012008411SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
221718	1	T1019		12/15/12	12/15/12	28.00	118.16	
221718	2	T1019		12/16/12	12/16/12	28.00	118.16	
221718	3	T1019		12/17/12	12/17/12	28.00	118.16	
221718	4	T1019		12/18/12	12/18/12	28.00	118.16	
221718	5	T1019		12/19/12	12/19/12	28.00	118.16	
221718	6	T1019		12/20/12	12/20/12	28.00	118.16	
221718	7	T1019		12/21/12	12/21/12	28.00	118.16	
						CLAIM TOTAL	827.12	2217180012008428SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
221704	1	T1019		12/15/12	12/15/12	32.00	135.04	
221704	2	T1019		12/16/12	12/16/12	32.00	135.04	
221704	3	T1019		12/17/12	12/17/12	32.00	135.04	
221704	4	T1019		12/18/12	12/18/12	32.00	135.04	
221704	5	T1019		12/19/12	12/19/12	32.00	135.04	
221704	6	T1019		12/20/12	12/20/12	32.00	135.04	
221704	7	T1019		12/21/12	12/21/12	32.00	135.04	
						CLAIM TOTAL	945.28	2217040012008433SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008487	2008487	BEGUM, MANWARA	11/23/1949	VD44720Z	R1903232
DIAGNOSIS CODES: 250.00 244.8 311. 401.9 428.0 733.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
221702	1	T1019		12/15/12	12/15/12	16.00	67.52	
221702	2	T1019		12/16/12	12/16/12	16.00	67.52	
221702	3	T1019		12/17/12	12/17/12	16.00	67.52	
221702	4	T1019		12/18/12	12/18/12	16.00	67.52	
221702	5	T1019		12/19/12	12/19/12	16.00	67.52	
						CLAIM TOTAL	337.60	2217020012008487SUP

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 36

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z R2083270
DIAGNOSIS CODES: 250.00 244.8 311. 401.9 428.0 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221703	1	T1019		12/20/12	12/20/12	16.00	67.52
221703	2	T1019		12/21/12	12/21/12	16.00	67.52
CLAIM TOTAL							135.04

CLAIM ACCOUNT REF. 2217030012008487SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221731	1	T1019		12/16/12	12/16/12	48.00	202.56
221731	2	T1019		12/17/12	12/17/12	24.00	101.28
221731	3	T1019		12/18/12	12/18/12	48.00	202.56
221731	4	T1019		12/19/12	12/19/12	48.00	202.56
221731	5	T1019		12/20/12	12/20/12	48.00	202.56
221731	6	T1019		12/21/12	12/21/12	48.00	202.56
CLAIM TOTAL							1,114.08

CLAIM ACCOUNT REF. 2217310012008558SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008571 2008571 ESPAILLAT, AMPARO 12/25/1949 ZG25447P R2016893
DIAGNOSIS CODES: 401.9 272.0 311. 365.9 366.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221712	1	T1019		12/15/12	12/15/12	16.00	67.52
221712	2	T1019		12/16/12	12/16/12	16.00	67.52
221712	3	T1019		12/17/12	12/17/12	24.00	101.28
221712	4	T1019		12/18/12	12/18/12	24.00	101.28
221712	5	T1019		12/19/12	12/19/12	24.00	101.28
221712	6	T1019		12/20/12	12/20/12	24.00	101.28
221712	7	T1019		12/21/12	12/21/12	24.00	101.28
CLAIM TOTAL							641.44

CLAIM ACCOUNT REF. 2217120012008571SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221708	1	T1019		12/15/12	12/15/12	32.00	135.04
221708	2	T1019		12/17/12	12/17/12	32.00	135.04
221708	3	T1019		12/18/12	12/18/12	32.00	135.04

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 37

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221708	4	T1019		12/19/12	12/19/12	32.00	135.04	
221708	5	T1019		12/21/12	12/21/12	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2217080012009270SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009322	2009322	HENRY, BRENDA	04/13/1954	ZE02356F	R1892336
DIAGNOSIS	CODES:	253.5	401.9	429.9	447.6	493.90	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221717	1	T1019		12/10/12	12/10/12	16.00	67.52	
221717	2	T1019		12/12/12	12/12/12	16.00	67.52	
					CLAIM TOTAL		135.04	CLAIM ACCOUNT REF. 2217170012009322SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221710	1	T1019		12/17/12	12/17/12	24.00	101.28	
221710	2	T1019		12/18/12	12/18/12	24.00	101.28	
221710	3	T1019		12/19/12	12/19/12	24.00	101.28	
221710	4	T1019		12/20/12	12/20/12	24.00	101.28	
221710	5	T1019		12/21/12	12/21/12	24.00	101.28	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2217100012009405SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221716	1	T1019		12/17/12	12/17/12	16.00	67.52	
221716	2	T1019		12/19/12	12/19/12	16.00	67.52	
221716	3	T1019		12/21/12	12/21/12	16.00	67.52	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2217160012009425SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221705	1	T1019		12/15/12	12/15/12	24.00	101.28	
221705	2	T1019		12/16/12	12/16/12	16.00	67.52	
221705	3	T1019		12/17/12	12/17/12	24.00	101.28	

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 38

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221705	4	T1019		12/18/12	12/18/12	24.00	101.28	
221705	5	T1019		12/19/12	12/19/12	24.00	101.28	
221705	6	T1019		12/20/12	12/20/12	24.00	101.28	
221705	7	T1019		12/21/12	12/21/12	24.00	101.28	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2217050012009560SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010009	2010009	VEGA, GLORIA	07/06/1955	ZU45073J	0104181201698
DIAGNOSIS	CODES:	340.	250.00	272.2	311.		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221733	1	T1019		12/17/12	12/17/12	32.00	135.04	
221733	2	T1019		12/18/12	12/18/12	32.00	135.04	
221733	3	T1019		12/19/12	12/19/12	32.00	135.04	
221733	4	T1019		12/20/12	12/20/12	32.00	135.04	
221733	5	T1019		12/21/12	12/21/12	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2217330012010009SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221720	1	T1019		12/15/12	12/15/12	28.00	118.16	
221720	2	T1019		12/16/12	12/16/12	28.00	118.16	
221720	3	T1019		12/17/12	12/17/12	28.00	118.16	
221720	4	T1019		12/18/12	12/18/12	28.00	118.16	
221720	5	T1019		12/19/12	12/19/12	28.00	118.16	
221720	6	T1019		12/20/12	12/20/12	28.00	118.16	
221720	7	T1019		12/21/12	12/21/12	28.00	118.16	
					CLAIM TOTAL		827.12	CLAIM ACCOUNT REF. 2217200012010311SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010758	2010758	VASQUEZ, OLGA	11/20/1948	WU00136E	R1906129
DIAGNOSIS	CODES:	311.	244.9	253.5	401.9	429.9	493.90 948.11

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221732	1	T1019		12/15/12	12/15/12	20.00	84.40	
221732	2	T1019		12/16/12	12/16/12	20.00	84.40	
221732	3	T1019		12/20/12	12/20/12	20.00	84.40	
221732	4	T1019		12/21/12	12/21/12	20.00	84.40	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2217320012010758SUP

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 39

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221719	1	T1019		12/17/12	12/17/12	32.00	135.04	
221719	2	T1019		12/19/12	12/19/12	32.00	135.04	
221719	3	T1019		12/20/12	12/20/12	32.00	135.04	
221719	4	T1019		12/21/12	12/21/12	32.00	135.04	
CLAIM TOTAL							540.16	CLAIM ACCOUNT REF. 2217190012010967SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011058 2011058 DELACRUZ, ANA 06/20/1920 122053627 0107241201931
DIAGNOSIS CODES: 294.20

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221711	1	T1019		12/15/12	12/15/12	40.00	168.80	
221711	2	T1019		12/16/12	12/16/12	40.00	168.80	
221711	3	T1019		12/17/12	12/17/12	40.00	168.80	
221711	4	T1019		12/18/12	12/18/12	40.00	168.80	
221711	5	T1019		12/19/12	12/19/12	40.00	168.80	
221711	6	T1019		12/20/12	12/20/12	40.00	168.80	
221711	7	T1019		12/21/12	12/21/12	40.00	168.80	
CLAIM TOTAL							1,181.60	CLAIM ACCOUNT REF. 2217110012011058SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221723	1	T1020		12/13/12	12/13/12	12.00	202.56	
221723	2	T1020		12/14/12	12/14/12	12.00	202.56	
221723	3	T1020		12/15/12	12/15/12	12.00	202.56	
221723	4	T1020		12/16/12	12/16/12	12.00	202.56	
221723	5	T1020		12/17/12	12/17/12	12.00	202.56	
221723	6	T1020		12/18/12	12/18/12	12.00	202.56	
221723	7	T1020		12/19/12	12/19/12	12.00	202.56	
221723	8	T1020		12/20/12	12/20/12	24.00	405.12	
221723	9	T1020		12/21/12	12/21/12	12.00	202.56	
CLAIM TOTAL							2,025.60	CLAIM ACCOUNT REF. 2217230012011388SUP

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 40

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221706	1	T1019		12/17/12	12/17/12	40.00	168.80
221706	2	T1019		12/18/12	12/18/12	40.00	168.80
221706	3	T1019		12/19/12	12/19/12	40.00	168.80
221706	4	T1019		12/21/12	12/21/12	40.00	168.80
CLAIM TOTAL						675.20	CLAIM ACCOUNT REF. 2217060012011528SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008405 2011820 ST ROMAINE, CLAUDE 10/01/1956 UZ14868C R2050170
DIAGNOSIS CODES: 952.9 344.9 596.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221730	1	T1019		12/15/12	12/15/12	36.00	151.92
221730	2	T1019		12/16/12	12/16/12	36.00	151.92
221730	3	T1019		12/17/12	12/17/12	40.00	168.80
221730	4	T1019		12/18/12	12/18/12	40.00	168.80
221730	5	T1019		12/19/12	12/19/12	40.00	168.80
221730	6	T1019		12/20/12	12/20/12	40.00	168.80
221730	7	T1019		12/21/12	12/21/12	40.00	168.80
CLAIM TOTAL						1,147.84	CLAIM ACCOUNT REF. 2217300012011820SUP

PAYER TOTALS: HEALTHFIRST PHSP # OF CLAIMS = 179 TOTAL CLAIM AMOUNT = 22,720.48
SERVICES = 31

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 41

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221758	1	T1019		12/15/12	12/15/12	40.00	171.60
221758	2	T1019		12/16/12	12/16/12	40.00	171.60
221758	3	T1019		12/17/12	12/17/12	40.00	171.60
221758	4	T1019		12/18/12	12/18/12	40.00	171.60
221758	5	T1019		12/19/12	12/19/12	40.00	171.60
221758	6	T1019		12/20/12	12/20/12	40.00	171.60
221758	7	T1019		12/21/12	12/21/12	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2217580012008245SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008287 2008287 MILLAN, ARMIDA 09/13/1928 100063356 609358474
DIAGNOSIS CODES: 250.00 272.4 311. 356.9 365.9 401.9 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221759	1	T1019		12/15/12	12/15/12	16.00	68.64
221759	2	T1019		12/16/12	12/16/12	16.00	68.64
221759	3	T1019		12/17/12	12/17/12	36.00	154.44
221759	4	T1019		12/18/12	12/18/12	36.00	154.44
221759	5	T1019		12/19/12	12/19/12	36.00	154.44
221759	6	T1019		12/20/12	12/20/12	36.00	154.44
221759	7	T1019		12/21/12	12/21/12	36.00	154.44
CLAIM TOTAL						909.48	CLAIM ACCOUNT REF. 2217590012008287SUP

PAYER TOTALS: UNITEDHEALTHCARE # OF CLAIMS = 14 TOTAL CLAIM AMOUNT = 2,110.68
SERVICES = 2

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 42

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008266 2008266 GUERRA, LORRAINE 03/22/1948 712731594 102602255
DIAGNOSIS CODES: 431. 784.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221827	1	T1019	0580	12/15/12	12/15/12	40.00	168.80
221827	2	T1019	0580	12/16/12	12/16/12	40.00	168.80
221827	3	T1019	0580	12/17/12	12/17/12	40.00	168.80
221827	4	T1019	0580	12/18/12	12/18/12	36.00	151.92
221827	5	T1019	0580	12/19/12	12/19/12	32.00	135.04
221827	6	T1019	0580	12/20/12	12/20/12	40.00	168.80
221827	7	T1019	0580	12/21/12	12/21/12	36.00	151.92
CLAIM TOTAL						1,114.08	CLAIM ACCOUNT REF. 2218270012008266SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221826	1	T1019	0580	12/17/12	12/17/12	32.00	135.04
221826	2	T1019	0580	12/18/12	12/18/12	36.00	151.92
221826	3	T1019	0580	12/19/12	12/19/12	32.00	135.04
221826	4	T1019	0580	12/20/12	12/20/12	36.00	151.92
221826	5	T1019	0580	12/21/12	12/21/12	32.00	135.04
CLAIM TOTAL						708.96	CLAIM ACCOUNT REF. 2218260012009647SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221825	1	T1019	0580	12/13/12	12/13/12	24.00	101.28
221825	2	T1019	0580	12/14/12	12/14/12	16.00	67.52
221825	3	T1019	0580	12/20/12	12/20/12	24.00	101.28
221825	4	T1019	0580	12/21/12	12/21/12	16.00	67.52
CLAIM TOTAL						337.60	CLAIM ACCOUNT REF. 2218250012010724SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221828	1	T1019	0580	11/23/12	11/23/12	16.00	67.52
221828	2	T1019	0580	12/17/12	12/17/12	16.00	67.52

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 43

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
221828	3	T1019	0580	12/18/12	12/18/12	16.00	67.52	
221828	4	T1019	0580	12/19/12	12/19/12	16.00	67.52	
221828	5	T1019	0580	12/20/12	12/20/12	16.00	67.52	
221828	6	T1019	0580	12/21/12	12/21/12	16.00	67.52	
					CLAIM TOTAL	405.12		CLAIM ACCOUNT REF. 2218280012010731SUP

PAYER TOTALS:	AMERIGROUP NEW YORK,LLC	# OF CLAIMS =	22	TOTAL CLAIM AMOUNT =	2,565.76
		# SERVICES =	4		

PAGE: 44

NPI = 1154407492

PRIOR AUTHORIZATION #
387543

CLAIM ACCOUNT REF. 2218330012011453SUP

PRIOR AUTHORIZATION #
401533

CLAIM ACCOUNT REF. 2218320012011869SUP

PRIOR AUTHORIZATION #
401516

CLAIM ACCOUNT REF. 2218310012011870SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	16	TOTAL CLAIM AMOUNT =	1,200.45
		# SERVICES =	3		

REPORT DATE 12/26/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012122603432716RRSUP

PAGE: 45

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221829	1	T1019	0580	12/15/12	12/15/12	36.00	151.92
221829	2	T1019	0580	12/16/12	12/16/12	36.00	151.92
221829	3	T1019	0580	12/18/12	12/18/12	36.00	151.92
221829	4	T1019	0580	12/19/12	12/19/12	36.00	151.92
221829	5	T1019	0580	12/20/12	12/20/12	36.00	151.92
221829	6	T1019	0580	12/21/12	12/21/12	36.00	151.92
CLAIM TOTAL							911.52
CLAIM ACCOUNT REF.							2218290012010800SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
221830	1	T1019	0580	12/17/12	12/17/12	16.00	67.52
221830	2	T1019	0580	12/18/12	12/18/12	16.00	67.52
221830	3	T1019	0580	12/19/12	12/19/12	16.00	67.52
221830	4	T1019	0580	12/20/12	12/20/12	16.00	67.52
221830	5	T1019	0580	12/21/12	12/21/12	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2218300012010805SUP

PAYER TOTALS: HEALTHCARE PARTNERS IPA I # OF CLAIMS = 11 TOTAL CLAIM AMOUNT = 1,249.12
SERVICES = 2

PROVIDER TOTALS: SUNNYSIDE CITYWIDE # OF CLAIMS = 749 TOTAL CLAIM AMOUNT = 89,482.18
SERVICES = 132