

REPORT DATE 07/03/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012070302551211RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200923	1	T1020		06/23/12	06/23/12	6.00	101.22
200923	2	T1020		06/25/12	06/25/12	5.00	84.35
200923	3	T1020		06/26/12	06/26/12	5.00	84.35
200923	4	T1020		06/27/12	06/27/12	5.00	84.35
200923	5	T1020		06/28/12	06/28/12	5.00	84.35
200923	6	T1020		06/29/12	06/29/12	5.00	84.35
CLAIM TOTAL						522.97	CLAIM ACCOUNT REF. 2009230012008267SUP

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
200920	1	T1020		06/23/12	06/23/12	9.00	151.83
200920	2	T1020		06/24/12	06/24/12	9.00	151.83
200920	3	T1020		06/25/12	06/25/12	9.00	151.83
200920	4	T1020		06/26/12	06/26/12	9.00	151.83
200920	5	T1020		06/27/12	06/27/12	9.00	151.83
200920	6	T1020		06/28/12	06/28/12	9.00	151.83
200920	7	T1020		06/29/12	06/29/12	9.00	151.83
CLAIM TOTAL						1,062.81	CLAIM ACCOUNT REF. 2009200012008268SUP

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
200917	1	T1020		06/25/12	06/25/12	7.00	118.09
200917	2	T1020		06/26/12	06/26/12	7.00	118.09
200917	3	T1020		06/28/12	06/28/12	7.00	118.09
200917	4	T1020		06/29/12	06/29/12	7.00	118.09
CLAIM TOTAL						472.36	CLAIM ACCOUNT REF. 2009170012008306SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008386 2008386 BATISTA, JOSE 07/20/1950 74170038700 120820411
DIAGNOSIS CODES: 344.1 401.9 599.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200915	1	T1020		06/23/12	06/23/12	7.00	118.09

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200915	2	T1020		06/24/12	06/24/12	7.00	118.09
200915	3	T1020		06/25/12	06/25/12	7.00	118.09
200915	4	T1020		06/26/12	06/26/12	7.00	118.09
200915	5	T1020		06/27/12	06/27/12	7.00	118.09
200915	6	T1020		06/28/12	06/28/12	7.00	118.09
200915	7	T1020		06/29/12	06/29/12	7.00	118.09
CLAIM TOTAL							826.63

CLAIM ACCOUNT REF. 2009150012008386SUP

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
200922	1	T1020		06/26/12	06/26/12	10.00	168.70
200922	2	T1020		06/27/12	06/27/12	10.00	168.70
200922	3	T1020		06/28/12	06/28/12	10.00	168.70
200922	4	T1020		06/29/12	06/29/12	10.00	168.70
CLAIM TOTAL							674.80

CLAIM ACCOUNT REF. 2009220012008400SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008388 2009283 MARTINEZ, LUISA 02/14/1954 74179809800 11951467
DIAGNOSIS CODES: 340. 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200919	1	T1020		06/23/12	06/23/12	12.00	202.44
200919	2	T1020		06/24/12	06/24/12	12.00	202.44
200919	3	T1020		06/25/12	06/25/12	12.00	202.44
200919	4	T1020		06/26/12	06/26/12	12.00	202.44
200919	5	T1020		06/27/12	06/27/12	12.00	202.44
200919	6	T1020		06/28/12	06/28/12	12.00	202.44
200919	7	T1020		06/29/12	06/29/12	12.00	202.44
CLAIM TOTAL							1,417.08

CLAIM ACCOUNT REF. 2009190012009283SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009956 2009956 PURNELL, ROSE 02/06/1961 74207950500 120550698
DIAGNOSIS CODES: 493.00 311. 401.9 462.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200921	1	T1020		06/23/12	06/23/12	3.00	50.61
200921	2	T1020		06/24/12	06/24/12	4.00	67.48
200921	3	T1020		06/25/12	06/25/12	4.00	67.48
200921	4	T1020		06/28/12	06/28/12	4.00	67.48
CLAIM TOTAL							253.05

CLAIM ACCOUNT REF. 2009210012009956SUP

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NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
200916	1	T1020		06/25/12	06/25/12	6.00	101.22		
200916	2	T1020		06/26/12	06/26/12	5.00	84.35		
200916	3	T1020		06/27/12	06/27/12	6.00	101.22		
200916	4	T1020		06/28/12	06/28/12	6.00	101.22		
200916	5	T1020		06/29/12	06/29/12	3.00	50.61		
						CLAIM TOTAL	438.62	CLAIM ACCOUNT REF.	2009160012010014SUP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200924	1	T1020		06/23/12	06/23/12	9.00	151.83
200924	2	T1020		06/24/12	06/24/12	9.00	151.83
200924	3	T1020		06/25/12	06/25/12	9.00	151.83
200924	4	T1020		06/26/12	06/26/12	9.00	151.83
200924	5	T1020		06/27/12	06/27/12	9.00	151.83
200924	6	T1020		06/28/12	06/28/12	9.00	151.83
200924	7	T1020		06/29/12	06/29/12	9.00	151.83
						CLAIM TOTAL	1,062.81 CLAIM ACCOUNT REF.
							2009240012010041SUP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
200918	1	T1020		06/27/12	06/27/12	5.00	84.35	
200918	2	T1020		06/28/12	06/28/12	5.00	84.35	
200918	3	T1020		06/29/12	06/29/12	4.00	67.48	
					CLAIM TOTAL		236.18	CLAIM ACCOUNT REF. 2009180012010712SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	54	TOTAL CLAIM AMOUNT =	6,967.31
		# SERVICES =	10		

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200899	1	T1019		06/27/12	06/27/12	16.00	67.52
200899	2	T1019		06/28/12	06/28/12	16.00	67.52
200899	3	T1019		06/29/12	06/29/12	16.00	67.52
CLAIM TOTAL						202.56	CLAIM ACCOUNT REF. 2008990012008261SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200906	1	T1019		06/23/12	06/23/12	24.00	101.28
200906	2	T1019		06/24/12	06/24/12	24.00	101.28
200906	3	T1019		06/25/12	06/25/12	24.00	101.28
200906	4	T1019		06/26/12	06/26/12	24.00	101.28
200906	5	T1019		06/27/12	06/27/12	24.00	101.28
200906	6	T1019		06/28/12	06/28/12	24.00	101.28
200906	7	T1019		06/29/12	06/29/12	24.00	101.28
CLAIM TOTAL						708.96	CLAIM ACCOUNT REF. 2009060012008263SUP

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
200912	1	T1019		06/23/12	06/23/12	40.00	168.80
200912	2	T1019		06/24/12	06/24/12	40.00	168.80
200912	3	T1019		06/25/12	06/25/12	40.00	168.80
200912	4	T1019		06/26/12	06/26/12	40.00	168.80
200912	5	T1019		06/27/12	06/27/12	40.00	168.80
200912	6	T1019		06/28/12	06/28/12	40.00	168.80
200912	7	T1019		06/29/12	06/29/12	40.00	168.80
CLAIM TOTAL						1,181.60	CLAIM ACCOUNT REF. 2009120012008265SUP

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
200914	1	T1019		06/23/12	06/23/12	16.00	67.52

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
200914	2	T1019		06/24/12	06/24/12	16.00	67.52	
200914	3	T1019		06/25/12	06/25/12	24.00	101.28	
200914	4	T1019		06/26/12	06/26/12	24.00	101.28	
200914	5	T1019		06/27/12	06/27/12	24.00	101.28	
200914	6	T1019		06/28/12	06/28/12	24.00	101.28	
200914	7	T1019		06/29/12	06/29/12	24.00	101.28	
					CLAIM TOTAL		641.44	CLAIM ACCOUNT REF. 2009140012008303SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008305	2008305	ARDITTO, PATRICIA	10/29/1952	10053196701	072911256276
DIAGNOSIS	CODES:	493.00 042. 300.00 311. 530.81 780.4				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
200895	1	T1019		06/25/12	06/25/12	24.00	101.28	
200895	2	T1019		06/26/12	06/26/12	24.00	101.28	
200895	3	T1019		06/27/12	06/27/12	24.00	101.28	
200895	4	T1019		06/28/12	06/28/12	24.00	101.28	
200895	5	T1019		06/29/12	06/29/12	24.00	101.28	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2008950012008305SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
200902	1	T1019		06/25/12	06/25/12	36.00	151.92	
200902	2	T1019		06/26/12	06/26/12	36.00	151.92	
200902	3	T1019		06/27/12	06/27/12	36.00	151.92	
200902	4	T1019		06/28/12	06/28/12	36.00	151.92	
200902	5	T1019		06/29/12	06/29/12	36.00	151.92	
					CLAIM TOTAL		759.60	CLAIM ACCOUNT REF. 2009020012008366SUP

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	
200896	1	T1019		06/23/12	06/23/12	28.00	118.16	
200896	2	T1019		06/24/12	06/24/12	28.00	118.16	
200896	3	T1019		06/25/12	06/25/12	32.00	135.04	
200896	4	T1019		06/26/12	06/26/12	28.00	118.16	
200896	5	T1019		06/27/12	06/27/12	28.00	118.16	
200896	6	T1019		06/28/12	06/28/12	28.00	118.16	

REPORT DATE 07/03/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 11325 NEIGHBORHOOD HEALTH

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
200896	7	T1019		06/29/12	06/29/12	28.00	118.16	
					CLAIM TOTAL		844.00	CLAIM ACCOUNT REF. 2008960012008403SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
NY	001	2008420	2008420	SALVATO, MARY	04/06/1954	10064119301	072211255313	
DIAGNOSIS	CODES:	340.	244.9	250.00	272.0	401.9	493.00	799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
200911	1	T1019		06/23/12	06/23/12	32.00	135.04	
200911	2	T1019		06/24/12	06/24/12	32.00	135.04	
200911	3	T1019		06/25/12	06/25/12	32.00	135.04	
200911	4	T1019		06/26/12	06/26/12	32.00	135.04	
200911	5	T1019		06/27/12	06/27/12	32.00	135.04	
200911	6	T1019		06/28/12	06/28/12	32.00	135.04	
200911	7	T1019		06/29/12	06/29/12	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2009110012008420SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
NY	001	2008421	2008421	OCASIO, VIRGINIA	05/24/1949	10063483101	072211255340	
DIAGNOSIS	CODES:	250.00	278.00	300.00	715.90			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
200908	1	T1019		06/23/12	06/23/12	8.00	33.76	
200908	2	T1019		06/25/12	06/25/12	16.00	67.52	
200908	3	T1019		06/26/12	06/26/12	16.00	67.52	
200908	4	T1019		06/27/12	06/27/12	16.00	67.52	
200908	5	T1019		06/28/12	06/28/12	16.00	67.52	
200908	6	T1019		06/29/12	06/29/12	16.00	67.52	
					CLAIM TOTAL		371.36	CLAIM ACCOUNT REF. 2009080012008421SUP

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	
200907	1	T1019		06/04/12	06/04/12	24.00	101.28	
					CLAIM TOTAL		101.28	CLAIM ACCOUNT REF. 2009070012008422SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 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
200913	1	T1019		06/25/12	06/25/12	16.00	67.52
200913	2	T1019		06/26/12	06/26/12	16.00	67.52
200913	3	T1019		06/28/12	06/28/12	16.00	67.52
200913	4	T1019		06/29/12	06/29/12	16.00	67.52
CLAIM TOTAL						270.08	
							CLAIM ACCOUNT REF. 2009130012008425SUP

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
200900	1	T1019		06/23/12	06/23/12	40.00	168.80
200900	2	T1019		06/24/12	06/24/12	40.00	168.80
200900	3	T1019		06/25/12	06/25/12	40.00	168.80
200900	4	T1019		06/26/12	06/26/12	40.00	168.80
200900	5	T1019		06/27/12	06/27/12	40.00	168.80
200900	6	T1019		06/28/12	06/28/12	40.00	168.80
200900	7	T1019		06/29/12	06/29/12	40.00	168.80
CLAIM TOTAL						1,181.60	
							CLAIM ACCOUNT REF. 2009000012008427SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008531 2008531 RODRIGUEZ, MARIA 02/16/1949 10057325401 082911259802
DIAGNOSIS CODES: 250.00 272.4 331.0 401.9 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200910	1	T1019		06/25/12	06/25/12	16.00	67.52
CLAIM TOTAL						67.52	
							CLAIM ACCOUNT REF. 2009100012008531SUP

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
200905	1	T1019		06/24/12	06/24/12	16.00	67.52
200905	2	T1019		06/25/12	06/25/12	28.00	118.16
200905	3	T1019		06/26/12	06/26/12	28.00	118.16
200905	4	T1019		06/27/12	06/27/12	28.00	118.16
200905	5	T1019		06/28/12	06/28/12	28.00	118.16
200905	6	T1019		06/29/12	06/29/12	28.00	118.16

REPORT DATE 07/03/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012070302551211RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	658.32	2009050012008742SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008802	2008802	DIAZ, CARMEN	07/29/1950	10089557301	090811260959
DIAGNOSIS	CODES:	V02.62	300.00	401.9	719.89	733.00	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
200898	1	T1019		06/25/12	06/25/12	16.00	67.52	
200898	2	T1019		06/26/12	06/26/12	16.00	67.52	
200898	3	T1019		06/27/12	06/27/12	16.00	67.52	
200898	4	T1019		06/28/12	06/28/12	16.00	67.52	
200898	5	T1019		06/29/12	06/29/12	16.00	67.52	
						CLAIM TOTAL	337.60	2008980012008802SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008260	2009221	KHALIL, RASHAN	02/11/1989	10060620501	081911258830
DIAGNOSIS	CODES:	799.89	294.8	343.9	345.91		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
200903	1	T1019		06/11/12	06/11/12	28.00	118.16	
200903	2	T1019		06/13/12	06/13/12	28.00	118.16	
200903	3	T1019		06/25/12	06/25/12	28.00	118.16	
200903	4	T1019		06/26/12	06/26/12	28.00	118.16	
200903	5	T1019		06/27/12	06/27/12	28.00	118.16	
200903	6	T1019		06/28/12	06/28/12	28.00	118.16	
						CLAIM TOTAL	708.96	2009030012009221SUP

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	CLAIM ACCOUNT REF.
200904	1	T1019		05/17/12	05/17/12	24.00	101.28	
200904	2	T1019		06/23/12	06/23/12	48.00	202.56	
200904	3	T1019		06/24/12	06/24/12	48.00	202.56	
200904	4	T1019		06/25/12	06/25/12	48.00	202.56	
200904	5	T1019		06/26/12	06/26/12	48.00	202.56	
200904	6	T1019		06/27/12	06/27/12	48.00	202.56	
200904	7	T1019		06/28/12	06/28/12	48.00	202.56	
200904	8	T1019		06/29/12	06/29/12	48.00	202.56	
						CLAIM TOTAL	1,519.20	2009040012009356SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200894	1	T1019		06/24/12	06/24/12	32.00	135.04
200894	2	T1019		06/25/12	06/25/12	32.00	135.04
200894	3	T1019		06/26/12	06/26/12	32.00	135.04
200894	4	T1019		06/27/12	06/27/12	32.00	135.04
200894	5	T1019		06/28/12	06/28/12	32.00	135.04
200894	6	T1019		06/29/12	06/29/12	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2008940012010143SUP

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
200909	1	T1019		06/25/12	06/25/12	20.00	84.40
200909	2	T1019		06/26/12	06/26/12	20.00	84.40
200909	3	T1019		06/27/12	06/27/12	20.00	84.40
200909	4	T1019		06/28/12	06/28/12	20.00	84.40
200909	5	T1019		06/29/12	06/29/12	20.00	84.40
CLAIM TOTAL							422.00
CLAIM ACCOUNT REF.							2009090012010353SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200901	1	T1019		06/23/12	06/23/12	24.00	101.28
200901	2	T1019		06/24/12	06/24/12	24.00	101.28
200901	3	T1019		06/25/12	06/25/12	24.00	101.28
200901	4	T1019		06/26/12	06/26/12	28.00	118.16
200901	5	T1019		06/27/12	06/27/12	24.00	101.28
200901	6	T1019		06/28/12	06/28/12	28.00	118.16
200901	7	T1019		06/29/12	06/29/12	28.00	118.16
CLAIM TOTAL							759.60
CLAIM ACCOUNT REF.							2009010012010639SUP

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NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008505	2010726	DARWISH, NADIA	09/08/1952	10057476401	061112294691

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
200897	1	T1019		06/25/12	06/25/12	36.00	151.92	
200897	2	T1019		06/26/12	06/26/12	36.00	151.92	
200897	3	T1019		06/27/12	06/27/12	36.00	151.92	
200897	4	T1019		06/28/12	06/28/12	36.00	151.92	
200897	5	T1019		06/29/12	06/29/12	36.00	151.92	
					CLAIM TOTAL		759.60	CLAIM ACCOUNT REF. 2008970012010726SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	115	TOTAL CLAIM AMOUNT =	13,757.20
		# SERVICES =	21		

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NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200971	1	T1019		06/26/12	06/26/12	36.00	151.92
200971	2	T1019		06/27/12	06/27/12	36.00	151.92
200971	3	T1019		06/28/12	06/28/12	36.00	151.92
200971	4	T1019		06/29/12	06/29/12	36.00	151.92
						CLAIM TOTAL	607.68
						CLAIM ACCOUNT REF.	2009710012010800SUP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
200973	1	T1019		06/27/12	06/27/12	16.00	67.52		
200973	2	T1019		06/28/12	06/28/12	16.00	67.52		
200973	3	T1019		06/29/12	06/29/12	16.00	67.52		
						CLAIM TOTAL	202.56	CLAIM ACCOUNT REF.	2009730012010804SUP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
200972	1	T1019		06/28/12	06/28/12	16.00	67.52	
200972	2	T1019		06/29/12	06/29/12	16.00	67.52	
						CLAIM TOTAL	135.04	CLAIM ACCOUNT REF. 2009720012010805SUP

PAYER TOTALS:	HEALTHCARE PARTNERS	# OF CLAIMS =	9	TOTAL CLAIM AMOUNT =	945.28
		# SERVICES =	3		

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008233 2008233 ARIAS, NORA 03/31/1981 RB08739R 0106151290058
DIAGNOSIS CODES: 356.9 348.2 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200951	1	T1019		06/23/12	06/23/12	4.00	68.60
200951	2	T1019		06/24/12	06/24/12	4.00	68.60
200951	3	T1019		06/25/12	06/25/12	12.00	205.80
200951	4	T1019		06/26/12	06/26/12	12.00	205.80
200951	5	T1019		06/27/12	06/27/12	12.00	205.80
200951	6	T1019		06/29/12	06/29/12	12.00	205.80
CLAIM TOTAL							960.40
							CLAIM ACCOUNT REF. 2009510012008233SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008236 2008236 PERSAD, USHA 07/05/1955 TS79090G 0103301290322
DIAGNOSIS CODES: 250.10 272.0 401.9 225.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200959	1	T1019		06/23/12	06/23/12	8.00	137.20
200959	2	T1019		06/24/12	06/24/12	8.00	137.20
200959	3	T1019		06/25/12	06/25/12	11.00	188.65
200959	4	T1019		06/26/12	06/26/12	11.00	188.65
200959	5	T1019		06/27/12	06/27/12	11.00	188.65
200959	6	T1019		06/28/12	06/28/12	11.00	188.65
200959	7	T1019		06/29/12	06/29/12	11.00	188.65
CLAIM TOTAL							1,217.65
							CLAIM ACCOUNT REF. 2009590012008236SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008237 2008237 DURHAM, CYNTHIA 05/23/1960 ZB21969Z 0101041290393
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
200956	1	T1019		06/27/12	06/27/12	4.00	68.60
200956	2	T1019		06/28/12	06/28/12	4.00	68.60
CLAIM TOTAL							137.20
							CLAIM ACCOUNT REF. 2009560012008237SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008281 2008281 PUCHUELA, MARIA 12/02/1923 SN86933H 0101271290335
DIAGNOSIS CODES: 435.9 552.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200960	1	T1019		06/23/12	06/23/12	8.00	137.20
200960	2	T1019		06/24/12	06/24/12	8.00	137.20
200960	3	T1019		06/25/12	06/25/12	8.00	137.20

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
200960	4	T1019		06/26/12	06/26/12	8.00	137.20	
200960	5	T1019		06/27/12	06/27/12	8.00	137.20	
200960	6	T1019		06/28/12	06/28/12	8.00	137.20	
200960	7	T1019		06/29/12	06/29/12	8.00	137.20	
					CLAIM TOTAL		960.40	CLAIM ACCOUNT REF. 2009600012008281SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008284	2008284	ANDERSON, BETH	12/18/1947	YC43135F	0103131290194
DIAGNOSIS	CODES:	340.	286.0	311.	401.9	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
200950	1	T1019		06/25/12	06/25/12	5.00	85.75	
200950	2	T1019		06/27/12	06/27/12	5.00	85.75	
200950	3	T1019		06/28/12	06/28/12	5.00	85.75	
200950	4	T1019		06/29/12	06/29/12	6.00	102.90	
					CLAIM TOTAL		360.15	CLAIM ACCOUNT REF. 2009500012008284SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008384	2008384	BRIGGS, LOUIS	07/03/1947	ZU46784Z	0102291290368
DIAGNOSIS	CODES:	463.	135.	492.8	365.9	369.10 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
200953	1	T1019		06/23/12	06/23/12	6.00	102.90	
200953	2	T1019		06/24/12	06/24/12	6.00	102.90	
200953	3	T1019		06/25/12	06/25/12	6.00	102.90	
200953	4	T1019		06/26/12	06/26/12	6.00	102.90	
200953	5	T1019		06/27/12	06/27/12	6.00	102.90	
200953	6	T1019		06/28/12	06/28/12	6.00	102.90	
200953	7	T1019		06/29/12	06/29/12	6.00	102.90	
					CLAIM TOTAL		720.30	CLAIM ACCOUNT REF. 2009530012008384SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008385	2008385	MURDOCK, GERTRUDE	11/01/1917	SS71357M	0108291190057
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	
200958	1	T1019		06/26/12	06/26/12	8.00	137.20	
200958	2	T1019		06/27/12	06/27/12	8.00	137.20	
200958	3	T1019		06/28/12	06/28/12	8.00	137.20	
200958	4	T1019		06/29/12	06/29/12	8.00	137.20	
					CLAIM TOTAL		548.80	CLAIM ACCOUNT REF. 2009580012008385SUP

REPORT DATE 07/03/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012070302551211RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008415 2008415 BEDOYA, MONICA 09/30/1958 WP66802A 0103281290468
DIAGNOSIS CODES: 345.90 272.0 295.90 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200952	1	T1019		06/25/12	06/25/12	5.00	85.75
200952	2	T1019		06/27/12	06/27/12	5.00	85.75
200952	3	T1019		06/29/12	06/29/12	5.00	85.75
CLAIM TOTAL							257.25
CLAIM ACCOUNT REF.							2009520012008415SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008417 2008417 GALAS, TERESA 06/08/1955 ZX91437V 0112011190228
DIAGNOSIS CODES: 345.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200957	1	T1019		06/23/12	06/23/12	5.00	85.75
200957	2	T1019		06/24/12	06/24/12	5.00	85.75
200957	3	T1019		06/25/12	06/25/12	5.00	85.75
200957	4	T1019		06/26/12	06/26/12	5.00	85.75
200957	5	T1019		06/27/12	06/27/12	5.00	85.75
200957	6	T1019		06/28/12	06/28/12	5.00	85.75
200957	7	T1019		06/29/12	06/29/12	5.00	85.75
CLAIM TOTAL							600.25
CLAIM ACCOUNT REF.							2009570012008417SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008418 2008418 RYALS, CHARLES 11/03/1950 ZZ49620T 0103051290159
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
200962	1	T1019		06/18/12	06/18/12	4.00	68.60
200962	2	T1019		06/20/12	06/20/12	4.00	68.60
200962	3	T1019		06/25/12	06/25/12	8.00	137.20
200962	4	T1019		06/26/12	06/26/12	8.00	137.20
200962	5	T1019		06/27/12	06/27/12	8.00	137.20
200962	6	T1019		06/28/12	06/28/12	8.00	137.20
200962	7	T1019		06/29/12	06/29/12	8.00	137.20
CLAIM TOTAL							823.20
CLAIM ACCOUNT REF.							2009620012008418SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008743 2008743 CORDERO, ROSENDO 08/26/1926 QM62108S 0101231290569
DIAGNOSIS CODES: 492.0 272.0 401.9 715.00 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200954	1	T1019		06/23/12	06/23/12	10.00	171.50

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012070302551211RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200954	2	T1019		06/24/12	06/24/12	10.00	171.50
200954	3	T1019		06/25/12	06/25/12	10.00	171.50
200954	4	T1019		06/26/12	06/26/12	10.00	171.50
200954	5	T1019		06/27/12	06/27/12	10.00	171.50
200954	6	T1019		06/28/12	06/28/12	10.00	171.50
200954	7	T1019		06/29/12	06/29/12	10.00	171.50
CLAIM TOTAL							1,200.50

CLAIM ACCOUNT REF. 2009540012008743SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008283 2009137 DAVIS, ANGIE 11/15/1958 UT00109J 0106141290368
DIAGNOSIS CODES: 340. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200955	1	T1019		06/23/12	06/23/12	19.00	325.85
200955	2	T1019		06/24/12	06/24/12	19.00	325.85
200955	3	T1019		06/25/12	06/25/12	19.00	325.85
200955	4	T1019		06/26/12	06/26/12	19.00	325.85
200955	5	T1019		06/27/12	06/27/12	19.00	325.85
200955	6	T1019		06/28/12	06/28/12	19.00	325.85
200955	7	T1019		06/29/12	06/29/12	19.00	325.85
CLAIM TOTAL							2,280.95

CLAIM ACCOUNT REF. 2009550012009137SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009377 2009377 SANTORO, MATTHEW 08/20/1949 SP38021Q 0102291290309
DIAGNOSIS CODES: 299.01 453.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200963	1	T1019		06/08/12	06/08/12	6.00	102.90
200963	2	T1019		06/23/12	06/23/12	6.00	102.90
200963	3	T1019		06/24/12	06/24/12	6.00	102.90
200963	4	T1019		06/25/12	06/25/12	6.00	102.90
200963	5	T1019		06/26/12	06/26/12	6.00	102.90
200963	6	T1019		06/27/12	06/27/12	6.00	102.90
200963	7	T1019		06/28/12	06/28/12	6.00	102.90
200963	8	T1019		06/29/12	06/29/12	6.00	102.90
CLAIM TOTAL							823.20

CLAIM ACCOUNT REF. 2009630012009377SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008235 2009688 RAMPERSAID, ALISSA 08/04/1992 SZ46585R 0101131290465
DIAGNOSIS CODES: 319. 315.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200961	1	T1019		06/23/12	06/23/12	8.00	137.20

REPORT DATE 07/03/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012070302551211RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200961	2	T1019		06/25/12	06/25/12	3.00	51.45
200961	3	T1019		06/26/12	06/26/12	3.00	51.45
200961	4	T1019		06/27/12	06/27/12	3.00	51.45
200961	5	T1019		06/28/12	06/28/12	3.00	51.45
200961	6	T1019		06/29/12	06/29/12	4.00	68.60
CLAIM TOTAL							411.60

CLAIM ACCOUNT REF. 2009610012009688SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008280 2009919 SHUMON, NUK-FNU 01/21/1981 QQ82218A 0102101290257
DIAGNOSIS CODES: 952.9 344.1 564.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200964	1	T1019		06/23/12	06/23/12	4.00	68.60
200964	2	T1019		06/24/12	06/24/12	4.00	68.60
200964	3	T1019		06/25/12	06/25/12	4.00	68.60
200964	4	T1019		06/26/12	06/26/12	4.00	68.60
200964	5	T1019		06/27/12	06/27/12	4.00	68.60
200964	6	T1019		06/28/12	06/28/12	4.00	68.60
200964	7	T1019		06/29/12	06/29/12	4.00	68.60
CLAIM TOTAL							480.20

CLAIM ACCOUNT REF. 2009640012009919SUP

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
200965	1	T1019		06/21/12	06/21/12	8.00	137.20
200965	2	T1019		06/22/12	06/22/12	8.00	137.20
200965	3	T1019		06/23/12	06/23/12	5.00	85.75
200965	4	T1019		06/25/12	06/25/12	8.00	137.20
200965	5	T1019		06/26/12	06/26/12	8.00	137.20
200965	6	T1019		06/27/12	06/27/12	8.00	137.20
CLAIM TOTAL							771.75

CLAIM ACCOUNT REF. 2009650012010213SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010671 2010671 AKHTER, SELINA 07/13/1960 SX51375D 0106071290417
DIAGNOSIS CODES: 093.9 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200949	1	T1019		05/01/12	05/01/12	9.00	154.35
200949	2	T1019		05/02/12	05/02/12	9.00	154.35
200949	3	T1019		05/03/12	05/03/12	9.00	154.35
200949	4	T1019		05/04/12	05/04/12	9.00	154.35

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NPI = 1154407492

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	122	TOTAL CLAIM AMOUNT =	16,721.25
		# SERVICES =	17		

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200969	1	T1019		06/23/12	06/23/12	36.00	154.80
200969	2	T1019		06/24/12	06/24/12	36.00	154.80
200969	3	T1019		06/25/12	06/25/12	36.00	154.80
200969	4	T1019		06/26/12	06/26/12	36.00	154.80
200969	5	T1019		06/27/12	06/27/12	36.00	154.80
200969	6	T1019		06/28/12	06/28/12	36.00	154.80
200969	7	T1019		06/29/12	06/29/12	36.00	154.80
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2009690012008286SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008495 2008495 MARTINEZ, MARIA 09/05/1958 ZV42745Q 109653828
DIAGNOSIS CODES: 250.00 244.8 295.90 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200968	1	T1019		06/01/12	06/01/12	24.00	103.20
200968	2	T1019		06/23/12	06/23/12	24.00	103.20
200968	3	T1019		06/24/12	06/24/12	24.00	103.20
200968	4	T1019		06/25/12	06/25/12	24.00	103.20
200968	5	T1019		06/26/12	06/26/12	24.00	103.20
200968	6	T1019		06/27/12	06/27/12	24.00	103.20
200968	7	T1019		06/28/12	06/28/12	24.00	103.20
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2009680012008495SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009373 2009373 GENAO, DANIELA I 03/02/1975 TW73757Z 110046354
DIAGNOSIS CODES: 758.0 696.8

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200966	1	T1019		06/25/12	06/25/12	44.00	189.20
200966	2	T1019		06/26/12	06/26/12	44.00	189.20
200966	3	T1019		06/27/12	06/27/12	44.00	189.20
200966	4	T1019		06/28/12	06/28/12	44.00	189.20
200966	5	T1019		06/29/12	06/29/12	44.00	189.20
CLAIM TOTAL						946.00	CLAIM ACCOUNT REF. 2009660012009373SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010404 2010404 GUERRERO, MIRTHA 09/14/1931 740496 110568543
DIAGNOSIS CODES: 253.5 401.9 733.00 750.27

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200967	1	T1019		06/24/12	06/24/12	28.00	120.40
200967	2	T1019		06/25/12	06/25/12	28.00	120.40
200967	3	T1019		06/26/12	06/26/12	28.00	120.40
200967	4	T1019		06/27/12	06/27/12	28.00	120.40
200967	5	T1019		06/28/12	06/28/12	28.00	120.40
200967	6	T1019		06/29/12	06/29/12	28.00	120.40
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2009670012010404SUP

PAYER TOTALS: WELLCARE OF NY # OF CLAIMS = 25 TOTAL CLAIM AMOUNT = 3,474.40
SERVICES = 4

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NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2009700012008374SUP

PAYER TOTALS:	NY PRESBYTERIAN SELECT	# OF CLAIMS =	5	TOTAL CLAIM AMOUNT =	600.60
		# SERVICES =	1		

REPORT DATE 07/03/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 55247 HEALTH INSURANCE PLAN

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008382 2008382 GOMES, AGUSTINA 05/05/1933 RX53860E 39121357
DIAGNOSIS CODES: V60.3 153.0 230.3 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200943	1	T1019	0580	06/23/12	06/23/12	36.00	151.92
200943	2	T1019	0580	06/24/12	06/24/12	36.00	151.92
CLAIM TOTAL							303.84

CLAIM ACCOUNT REF. 2009430012008382SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008228 2008468 TOWLES, ADA 12/10/1954 ZX17878Q 2170162
DIAGNOSIS CODES: V61.9 401.9 722.10 724.3 750.7

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200947	1	T1019	0580	06/25/12	06/25/12	16.00	67.52
CLAIM TOTAL							67.52

CLAIM ACCOUNT REF. 2009470012008468SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008273 2008471 DE JESUS, TIBURCIO 08/11/1947 XX16524S 0004980406
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
200942	1	T1019	0580	06/23/12	06/23/12	36.00	151.92
200942	2	T1019	0580	06/24/12	06/24/12	36.00	151.92
200942	3	T1019	0580	06/25/12	06/25/12	36.00	151.92
200942	4	T1019	0580	06/26/12	06/26/12	36.00	151.92
200942	5	T1019	0580	06/27/12	06/27/12	36.00	151.92
200942	6	T1019	0580	06/28/12	06/28/12	36.00	151.92
200942	7	T1019	0580	06/29/12	06/29/12	36.00	151.92
CLAIM TOTAL							1,063.44

CLAIM ACCOUNT REF. 2009420012008471SUP

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
200944	1	T1019	0580	06/26/12	06/26/12	40.00	168.80
200944	2	T1019	0580	06/27/12	06/27/12	20.00	84.40
200944	3	T1019	0580	06/29/12	06/29/12	20.00	84.40
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2009440012008491SUP

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

NPI = 1154407492

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 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
200948	1	T1019	0580	06/25/12	06/25/12	16.00	67.52
200948	2	T1019	0580	06/26/12	06/26/12	16.00	67.52
200948	3	T1019	0580	06/27/12	06/27/12	16.00	67.52
200948	4	T1019	0580	06/28/12	06/28/12	16.00	67.52
200948	5	T1019	0580	06/29/12	06/29/12	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2009480012008513SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008227 2008544 ORR, LOUISE 03/04/1956 ZK40327Q 000505233
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
200945	1	T1019	0580	06/23/12	06/23/12	20.00	84.40
200945	2	T1019	0580	06/24/12	06/24/12	20.00	84.40
200945	3	T1019	0580	06/25/12	06/25/12	20.00	84.40
200945	4	T1019	0580	06/26/12	06/26/12	20.00	84.40
200945	5	T1019	0580	06/27/12	06/27/12	20.00	84.40
200945	6	T1019	0580	06/28/12	06/28/12	20.00	84.40
200945	7	T1019	0580	06/29/12	06/29/12	20.00	84.40
CLAIM TOTAL							590.80

CLAIM ACCOUNT REF. 2009450012008544SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008793 2008793 COPE, WILLIE 02/17/1928 XR98607Q 0004050353003
DIAGNOSIS CODES: 331.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200932	1	T1019	0580	06/23/12	06/23/12	48.00	168.00
200932	2	T1019	0580	06/24/12	06/24/12	48.00	168.00
200932	3	T1019	0580	06/25/12	06/25/12	48.00	168.00
200932	4	T1019	0580	06/26/12	06/26/12	48.00	168.00
200932	5	T1019	0580	06/27/12	06/27/12	48.00	168.00
200932	6	T1019	0580	06/28/12	06/28/12	48.00	168.00
200932	7	T1019	0580	06/29/12	06/29/12	48.00	168.00
CLAIM TOTAL							1,176.00

CLAIM ACCOUNT REF. 2009320012008793SUP

REPORT DATE 07/03/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 55247 HEALTH INSURANCE PLAN

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009237 2009237 WESTFIELD, BRENDA 01/13/1953 PT26237P 0004291129-002
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
200939	1	T1019	0580	06/23/12	06/23/12	32.00	112.00
200939	2	T1019	0580	06/24/12	06/24/12	32.00	112.00
200939	3	T1019	0580	06/25/12	06/25/12	32.00	112.00
200939	4	T1019	0580	06/26/12	06/26/12	32.00	112.00
200939	5	T1019	0580	06/27/12	06/27/12	32.00	112.00
200939	6	T1019	0580	06/28/12	06/28/12	32.00	112.00
200939	7	T1019	0580	06/29/12	06/29/12	32.00	112.00
CLAIM TOTAL							784.00
CLAIM ACCOUNT REF.							2009390012009237SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200946	1	T1019	0580	06/29/12	06/29/12	20.00	84.40
CLAIM TOTAL							84.40
CLAIM ACCOUNT REF.							2009460012009269SUP

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
200940	1	T1019	0580	06/25/12	06/25/12	16.00	67.52
200940	2	T1019	0580	06/26/12	06/26/12	16.00	67.52
200940	3	T1019	0580	06/27/12	06/27/12	16.00	67.52
200940	4	T1019	0580	06/28/12	06/28/12	16.00	67.52
200940	5	T1019	0580	06/29/12	06/29/12	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2009400012009406SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009467 2009467 KEATON, CATHERINE 08/30/1923 WC81742E 0004298435
DIAGNOSIS CODES: 715.00 365.9 401.9 780.4 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200937	1	T1019	0580	06/23/12	06/23/12	48.00	168.00
200937	2	T1019	0580	06/24/12	06/24/12	47.00	164.50
200937	3	T1019	0580	06/25/12	06/25/12	48.00	168.00
200937	4	T1019	0580	06/26/12	06/26/12	48.00	168.00
200937	5	T1019	0580	06/27/12	06/27/12	47.00	164.50

REPORT DATE 07/03/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 55247 HEALTH INSURANCE PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200937	6	T1019	0580	06/28/12	06/28/12	48.00	168.00
200937	7	T1019	0580	06/29/12	06/29/12	48.00	168.00
CLAIM TOTAL							1,169.00

CLAIM ACCOUNT REF. 2009370012009467SUP

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
200941	1	T1019	0580	06/27/12	06/27/12	32.00	135.04
200941	2	T1019	0580	06/28/12	06/28/12	32.00	135.04
CLAIM TOTAL							270.08

CLAIM ACCOUNT REF. 2009410012009562SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009686 2009686 GAFFNEY, FREDERICK 01/04/1939 RH10373H 004508048002
DIAGNOSIS CODES: 315.8 357.4 389.8 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200934	1	T1019	0580	06/26/12	06/26/12	16.00	56.00
200934	2	T1019	0580	06/27/12	06/27/12	16.00	56.00
200934	3	T1019	0580	06/28/12	06/28/12	16.00	56.00
200934	4	T1019	0580	06/29/12	06/29/12	16.00	56.00
CLAIM TOTAL							224.00

CLAIM ACCOUNT REF. 2009340012009686SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200936	1	T1019	0580	06/25/12	06/25/12	28.00	98.00
200936	2	T1019	0580	06/26/12	06/26/12	28.00	98.00
200936	3	T1019	0580	06/27/12	06/27/12	28.00	98.00
200936	4	T1019	0580	06/28/12	06/28/12	28.00	98.00
200936	5	T1019	0580	06/29/12	06/29/12	28.00	98.00
CLAIM TOTAL							490.00

CLAIM ACCOUNT REF. 2009360012009945SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010293 2010293 CAMPBELL, CAROL 01/17/1945 ZW64229J 14408709
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
200931	1	T1019	0580	06/25/12	06/25/12	4.00	14.00
200931	2	T1019	0580	06/26/12	06/26/12	4.00	14.00

REPORT DATE 07/03/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 55247 HEALTH INSURANCE PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
200931	3	T1019	0580	06/27/12	06/27/12	20.00	70.00	
200931	4	T1019	0580	06/28/12	06/28/12	20.00	70.00	
CLAIM TOTAL							168.00	CLAIM ACCOUNT REF. 2009310012010293SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2010316	2010316	WEATHERS, VERDENA	02/05/1927	XK12367V	0004884724
DIAGNOSIS	CODES:	331.0	365.00	428.0	714.0	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
200938	1	T1019	0580	06/25/12	06/25/12	48.00	168.00	
200938	2	T1019	0580	06/26/12	06/26/12	48.00	168.00	
200938	3	T1019	0580	06/27/12	06/27/12	47.00	164.50	
200938	4	T1019	0580	06/28/12	06/28/12	48.00	168.00	
200938	5	T1019	0580	06/29/12	06/29/12	48.00	168.00	
CLAIM TOTAL							836.50	CLAIM ACCOUNT REF. 2009380012010316SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2010522	2010522	HENRIQUEZ, TERESA	10/15/1938	092367533D	0004956737001
DIAGNOSIS	CODES:	203.02	272.4	311.	401.9	429.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
200935	1	T1019	0580	06/25/12	06/25/12	16.00	56.00	
200935	2	T1019	0580	06/26/12	06/26/12	16.00	56.00	
200935	3	T1019	0580	06/27/12	06/27/12	16.00	56.00	
200935	4	T1019	0580	06/28/12	06/28/12	16.00	56.00	
200935	5	T1019	0580	06/29/12	06/29/12	16.00	56.00	
CLAIM TOTAL							280.00	CLAIM ACCOUNT REF. 2009350012010522SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008113	2010754	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	
200933	1	G0156	0572	06/23/12	06/23/12	6.00	85.50	
200933	2	G0156	0572	06/24/12	06/24/12	6.00	85.50	
200933	3	G0156	0572	06/25/12	06/25/12	6.00	85.50	
200933	4	G0156	0572	06/26/12	06/26/12	6.00	85.50	
200933	5	G0156	0572	06/27/12	06/27/12	6.00	85.50	
200933	6	G0156	0572	06/28/12	06/28/12	6.00	85.50	
200933	7	G0156	0572	06/29/12	06/29/12	6.00	85.50	
CLAIM TOTAL							598.50	CLAIM ACCOUNT REF. 2009330012010754SUP

REPORT DATE 07/03/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012070302551211RRSUP

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

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	84	TOTAL CLAIM AMOUNT =	9,118.88
		# SERVICES =	18		

REPORT DATE 07/03/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012070302551211RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008246 2008246 RIVERA, CHRISTOPHER 09/03/1996 UW23596M R1817676
DIAGNOSIS CODES: 314.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
200883	1	T1019		06/16/12	06/16/12	12.00	50.64	
200883	2	T1019		06/17/12	06/17/12	12.00	50.64	
200883	3	T1019		06/18/12	06/18/12	12.00	50.64	
200883	4	T1019		06/19/12	06/19/12	12.00	50.64	
200883	5	T1019		06/20/12	06/20/12	12.00	50.64	
200883	6	T1019		06/21/12	06/21/12	12.00	50.64	
200883	7	T1019		06/22/12	06/22/12	12.00	50.64	
200883	8	T1019		06/23/12	06/23/12	12.00	50.64	
200883	9	T1019		06/24/12	06/24/12	12.00	50.64	
200883	10	T1019		06/25/12	06/25/12	12.00	50.64	
200883	11	T1019		06/26/12	06/26/12	12.00	50.64	
200883	12	T1019		06/27/12	06/27/12	12.00	50.64	
200883	13	T1019		06/28/12	06/28/12	12.00	50.64	
200883	14	T1019		06/29/12	06/29/12	12.00	50.64	
CLAIM TOTAL							708.96	CLAIM ACCOUNT REF. 2008830012008246SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008248 2008248 RIVERA, EDDIE 01/29/1960 YP34893V R1860318
DIAGNOSIS CODES: 339.02 367.1 369.10

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
200884	1	T1019		06/18/12	06/18/12	12.00	50.64	
200884	2	T1019		06/20/12	06/20/12	12.00	50.64	
200884	3	T1019		06/22/12	06/22/12	12.00	50.64	
200884	4	T1019		06/25/12	06/25/12	12.00	50.64	
200884	5	T1019		06/27/12	06/27/12	12.00	50.64	
200884	6	T1019		06/29/12	06/29/12	12.00	50.64	
CLAIM TOTAL							303.84	CLAIM ACCOUNT REF. 2008840012008248SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008249 2008249 LOPEZ-RAMIREZ, CARLOTA 01/20/1936 QR43529V R1800800
DIAGNOSIS CODES: 714.0 272.4 401.9 536.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
200880	1	T1019		06/23/12	06/23/12	44.00	185.68	
200880	2	T1019		06/24/12	06/24/12	44.00	185.68	
200880	3	T1019		06/25/12	06/25/12	44.00	185.68	
200880	4	T1019		06/26/12	06/26/12	44.00	185.68	
200880	5	T1019		06/27/12	06/27/12	44.00	185.68	

REPORT DATE 07/03/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012070302551211RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
200880	6	T1019		06/28/12	06/28/12	44.00	185.68	
200880	7	T1019		06/29/12	06/29/12	44.00	185.68	
CLAIM TOTAL							1,299.76	CLAIM ACCOUNT REF. 2008800012008249SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008250	2008250	SALAZAR, LUZ MARIA	02/19/1970	SC60317K	R1824834
DIAGNOSIS	CODES:	952.9	564.81	596.54	806.05	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
200887	1	T1019		06/23/12	06/23/12	32.00	135.04	
200887	2	T1019		06/24/12	06/24/12	32.00	135.04	
200887	3	T1019		06/25/12	06/25/12	32.00	135.04	
200887	4	T1019		06/26/12	06/26/12	32.00	135.04	
200887	5	T1019		06/27/12	06/27/12	32.00	135.04	
200887	6	T1019		06/28/12	06/28/12	32.00	135.04	
200887	7	T1019		06/29/12	06/29/12	32.00	135.04	
CLAIM TOTAL							945.28	CLAIM ACCOUNT REF. 2008870012008250SUP

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	
200867	1	T1019		06/25/12	06/25/12	32.00	135.04	
200867	2	T1019		06/26/12	06/26/12	32.00	135.04	
200867	3	T1019		06/27/12	06/27/12	32.00	135.04	
200867	4	T1019		06/29/12	06/29/12	32.00	135.04	
CLAIM TOTAL							540.16	CLAIM ACCOUNT REF. 2008670012008251SUP

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	
200881	1	T1019		06/23/12	06/23/12	48.00	202.56	
200881	2	T1019		06/24/12	06/24/12	48.00	202.56	
200881	3	T1019		06/25/12	06/25/12	48.00	202.56	
200881	4	T1019		06/27/12	06/27/12	48.00	202.56	
200881	5	T1019		06/28/12	06/28/12	48.00	202.56	
CLAIM TOTAL							1,012.80	CLAIM ACCOUNT REF. 2008810012008253SUP

REPORT DATE 07/03/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012070302551211RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008254 2008254 SPIVEY, PATRICIA 04/06/1965 WE52435B R1802635
DIAGNOSIS CODES: 250.00 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200888	1	T1019		06/25/12	06/25/12	20.00	84.40
200888	2	T1019		06/26/12	06/26/12	20.00	84.40
200888	3	T1019		06/27/12	06/27/12	20.00	84.40
200888	4	T1019		06/28/12	06/28/12	20.00	84.40
200888	5	T1019		06/29/12	06/29/12	20.00	84.40
CLAIM TOTAL							422.00

CLAIM ACCOUNT REF. 2008880012008254SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008256 2008256 CARMONA, LUZ 08/10/1954 XJ24416K R1839723
DIAGNOSIS CODES: 294.8 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200865	1	T1019		06/25/12	06/25/12	32.00	135.04
200865	2	T1019		06/26/12	06/26/12	32.00	135.04
200865	3	T1019		06/27/12	06/27/12	32.00	135.04
200865	4	T1019		06/28/12	06/28/12	32.00	135.04
200865	5	T1019		06/29/12	06/29/12	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2008650012008256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008257 2008257 ESTEVES, JOSE 09/04/1948 YD71377C R1832858
DIAGNOSIS CODES: 345.40

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200871	1	T1019		06/23/12	06/23/12	24.00	101.28
200871	2	T1019		06/24/12	06/24/12	24.00	101.28
200871	3	T1019		06/25/12	06/25/12	24.00	101.28
200871	4	T1019		06/26/12	06/26/12	24.00	101.28
200871	5	T1019		06/27/12	06/27/12	24.00	101.28
200871	6	T1019		06/28/12	06/28/12	24.00	101.28
200871	7	T1019		06/29/12	06/29/12	24.00	101.28
CLAIM TOTAL							708.96

CLAIM ACCOUNT REF. 2008710012008257SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008258 2008258 RUIZ JR, SAMUEL 11/20/1971 ZA59624E R1867838
DIAGNOSIS CODES: 741.90 331.4 552.21

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200886	1	T1019		06/25/12	06/25/12	12.00	50.64

REPORT DATE 07/03/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012070302551211RRSUP

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PROVIDER ID = 113502051
PAYER ID = 80141

SUNNYSIDE CITYWIDE
HEALTHFIRST PHSP

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
200886	2	T1019		06/26/12	06/26/12	12.00	50.64	
200886	3	T1019		06/28/12	06/28/12	16.00	67.52	
200886	4	T1019		06/29/12	06/29/12	16.00	67.52	
					CLAIM TOTAL		236.32	CLAIM ACCOUNT REF. 2008860012008258SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008297	2008297	MARTIN, ARIANA	12/25/1968	XD64969X	R1831741
DIAGNOSIS	CODES:	250.63	401.9	493.11			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
200882	1	T1019		06/25/12	06/25/12	16.00	67.52	
200882	2	T1019		06/27/12	06/27/12	16.00	67.52	
					CLAIM TOTAL		135.04	CLAIM ACCOUNT REF. 2008820012008297SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008362	2008362	FONTANES, PEDRO	08/27/1948	RX10287Z	R1804541
DIAGNOSIS	CODES:	724.3	278.00	427.31 428.0	724.2		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
200874	1	T1019		06/22/12	06/22/12	16.00	67.52	
200874	2	T1019		06/23/12	06/23/12	28.00	118.16	
200874	3	T1019		06/24/12	06/24/12	28.00	118.16	
200874	4	T1019		06/25/12	06/25/12	28.00	118.16	
200874	5	T1019		06/26/12	06/26/12	28.00	118.16	
200874	6	T1019		06/27/12	06/27/12	28.00	118.16	
200874	7	T1019		06/28/12	06/28/12	28.00	118.16	
200874	8	T1019		06/29/12	06/29/12	28.00	118.16	
					CLAIM TOTAL		894.64	CLAIM ACCOUNT REF. 2008740012008362SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008368	2008368	RODRIGUEZ, MARGARET	06/25/1950	ZP21043J	0112291101368
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	
200885	1	T1019		06/25/12	06/25/12	16.00	67.52	
200885	2	T1019		06/26/12	06/26/12	16.00	67.52	
200885	3	T1019		06/27/12	06/27/12	16.00	67.52	
200885	4	T1019		06/28/12	06/28/12	16.00	67.52	
200885	5	T1019		06/29/12	06/29/12	16.00	67.52	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2008850012008368SUP

REPORT DATE 07/03/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012070302551211RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008405 2008405 ST ROMAINE, CLAUDE 10/01/1956 UZ14868C 0103151202185
DIAGNOSIS CODES: 952.9 344.9 596.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200889	1	T1019		06/23/12	06/23/12	40.00	168.80
200889	2	T1019		06/24/12	06/24/12	36.00	151.92
200889	3	T1019		06/25/12	06/25/12	40.00	168.80
200889	4	T1019		06/26/12	06/26/12	40.00	168.80
200889	5	T1019		06/27/12	06/27/12	40.00	168.80
200889	6	T1019		06/28/12	06/28/12	40.00	168.80
200889	7	T1019		06/29/12	06/29/12	40.00	168.80
CLAIM TOTAL						1,164.72	CLAIM ACCOUNT REF. 2008890012008405SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008411 2008411 FRANCISCO, RICHARD 07/10/1968 XR22414G 0103221200941
DIAGNOSIS CODES: 401.9 443.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200875	1	T1019		06/23/12	06/23/12	32.00	135.04
200875	2	T1019		06/24/12	06/24/12	32.00	135.04
200875	3	T1019		06/25/12	06/25/12	32.00	135.04
200875	4	T1019		06/26/12	06/26/12	32.00	135.04
200875	5	T1019		06/27/12	06/27/12	32.00	135.04
200875	6	T1019		06/28/12	06/28/12	32.00	135.04
200875	7	T1019		06/29/12	06/29/12	32.00	135.04
CLAIM TOTAL						945.28	CLAIM ACCOUNT REF. 2008750012008411SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008428 2008428 KAUR, HARBANS 02/03/1937 VB22061J R1804436
DIAGNOSIS CODES: 401.9 272.4 332.1 453.42

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200878	1	T1019		06/23/12	06/23/12	28.00	118.16
200878	2	T1019		06/24/12	06/24/12	28.00	118.16
200878	3	T1019		06/25/12	06/25/12	28.00	118.16
200878	4	T1019		06/26/12	06/26/12	28.00	118.16
200878	5	T1019		06/27/12	06/27/12	28.00	118.16
200878	6	T1019		06/28/12	06/28/12	28.00	118.16
200878	7	T1019		06/29/12	06/29/12	28.00	118.16
CLAIM TOTAL						827.12	CLAIM ACCOUNT REF. 2008780012008428SUP

REPORT DATE 07/03/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012070302551211RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008433 2008433 BHAIRO, KOWSILILLI 05/13/1954 VG15691D R1796627
DIAGNOSIS CODES: 340. 286.0 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200863	1	T1019		06/23/12	06/23/12	32.00	135.04
200863	2	T1019		06/24/12	06/24/12	32.00	135.04
200863	3	T1019		06/25/12	06/25/12	32.00	135.04
200863	4	T1019		06/26/12	06/26/12	32.00	135.04
200863	5	T1019		06/27/12	06/27/12	32.00	135.04
200863	6	T1019		06/28/12	06/28/12	32.00	135.04
200863	7	T1019		06/29/12	06/29/12	32.00	135.04
CLAIM TOTAL							945.28
							CLAIM ACCOUNT REF. 2008630012008433SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z R1684014
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
200862	1	T1019		06/23/12	06/23/12	16.00	67.52
200862	2	T1019		06/24/12	06/24/12	16.00	67.52
200862	3	T1019		06/25/12	06/25/12	16.00	67.52
200862	4	T1019		06/26/12	06/26/12	16.00	67.52
200862	5	T1019		06/27/12	06/27/12	16.00	67.52
200862	6	T1019		06/28/12	06/28/12	16.00	67.52
200862	7	T1019		06/29/12	06/29/12	16.00	67.52
CLAIM TOTAL							472.64
							CLAIM ACCOUNT REF. 2008620012008487SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008558 2008558 SURIEL, GERTRUDIS 03/17/1950 ZE67447D 0111011101247
DIAGNOSIS CODES: 493.90 401.9 414.00 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200890	1	T1019		06/25/12	06/25/12	16.00	67.52
200890	2	T1019		06/26/12	06/26/12	16.00	67.52
200890	3	T1019		06/27/12	06/27/12	16.00	67.52
200890	4	T1019		06/28/12	06/28/12	16.00	67.52
200890	5	T1019		06/29/12	06/29/12	16.00	67.52
CLAIM TOTAL							337.60
							CLAIM ACCOUNT REF. 2008900012008558SUP

REPORT DATE 07/03/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012070302551211RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008571 2008571 ESPAILLAT, AMPARO 12/25/1949 ZG25447P R1869116
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
200870	1	T1019		06/23/12	06/23/12	16.00	67.52
200870	2	T1019		06/24/12	06/24/12	16.00	67.52
200870	3	T1019		06/25/12	06/25/12	16.00	67.52
200870	4	T1019		06/26/12	06/26/12	16.00	67.52
200870	5	T1019		06/27/12	06/27/12	16.00	67.52
200870	6	T1019		06/28/12	06/28/12	16.00	67.52
200870	7	T1019		06/29/12	06/29/12	16.00	67.52
CLAIM TOTAL							472.64

CLAIM ACCOUNT REF. 2008700012008571SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008998 2008998 WILLIAMS, RODNEY 06/19/1960 TS36386P R1865486
DIAGNOSIS CODES: 253.5 750.7 897.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200893	1	T1019		06/25/12	06/25/12	24.00	101.28
200893	2	T1019		06/27/12	06/27/12	24.00	101.28
200893	3	T1019		06/29/12	06/29/12	24.00	101.28
CLAIM TOTAL							303.84

CLAIM ACCOUNT REF. 2008930012008998SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008437 2009000 FERGERSON, TINA 08/11/1959 ZZ11460M R1901742
DIAGNOSIS CODES: 135. 401.9 493.00 715.00 721.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200872	1	T1019		06/25/12	06/25/12	16.00	67.52
200872	2	T1019		06/26/12	06/26/12	16.00	67.52
200872	3	T1019		06/27/12	06/27/12	16.00	67.52
CLAIM TOTAL							202.56

CLAIM ACCOUNT REF. 2008720012009000SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008380 2009001 FERRERA, FRANCISCA 06/06/1948 YH55651V R1695654
DIAGNOSIS CODES: 301.9 401.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200873	1	T1019		06/25/12	06/25/12	12.00	50.64
200873	2	T1019		06/26/12	06/26/12	12.00	50.64
200873	3	T1019		06/27/12	06/27/12	12.00	50.64
200873	4	T1019		06/28/12	06/28/12	12.00	50.64
CLAIM TOTAL							202.56

CLAIM ACCOUNT REF. 2008730012009001SUP

REPORT DATE 07/03/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012070302551211RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008300 2009256 CHARITAR, RAMKALIE 06/23/1953 UY13756G R1812089
DIAGNOSIS CODES: 250.00 311. 401.9 414.00 414.01 466.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200868	1	T1019		06/24/12	06/24/12	20.00	84.40
200868	2	T1019		06/25/12	06/25/12	20.00	84.40
200868	3	T1019		06/26/12	06/26/12	20.00	84.40
200868	4	T1019		06/27/12	06/27/12	20.00	84.40
200868	5	T1019		06/28/12	06/28/12	20.00	84.40
CLAIM TOTAL							422.00

CLAIM ACCOUNT REF. 2008680012009256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008271 2009270 CARRION, MARIA 06/30/1928 SC64434E R1825085
DIAGNOSIS CODES: 250.00 294.10 401.9 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200866	1	T1019		06/23/12	06/23/12	32.00	135.04
200866	2	T1019		06/25/12	06/25/12	32.00	135.04
200866	3	T1019		06/26/12	06/26/12	32.00	135.04
200866	4	T1019		06/27/12	06/27/12	32.00	135.04
200866	5	T1019		06/28/12	06/28/12	32.00	135.04
200866	6	T1019		06/29/12	06/29/12	32.00	135.04
CLAIM TOTAL							810.24

CLAIM ACCOUNT REF. 2008660012009270SUP

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
200876	1	T1019		06/27/12	06/27/12	16.00	67.52
CLAIM TOTAL							67.52

CLAIM ACCOUNT REF. 2008760012009322SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009405 2009405 CORTES DE GALINDO, NEL 05/25/1925 PF03624B R1797023
DIAGNOSIS CODES: 401.9 537.9 648.12

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200869	1	T1019		06/25/12	06/25/12	24.00	101.28
200869	2	T1019		06/26/12	06/26/12	24.00	101.28
200869	3	T1019		06/27/12	06/27/12	24.00	101.28
200869	4	T1019		06/28/12	06/28/12	24.00	101.28
CLAIM TOTAL							405.12

CLAIM ACCOUNT REF. 2008690012009405SUP

REPORT DATE 07/03/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009560 2009560 BOCHENEC, JOLANTA 07/08/1964 ZT71147Q 0104121200913
DIAGNOSIS CODES: 854.00 272.4 300.00 307.42 781.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200864	1	T1019		06/23/12	06/23/12	24.00	101.28
200864	2	T1019		06/24/12	06/24/12	24.00	101.28
200864	3	T1019		06/25/12	06/25/12	24.00	101.28
200864	4	T1019		06/27/12	06/27/12	24.00	101.28
200864	5	T1019		06/28/12	06/28/12	24.00	101.28
200864	6	T1019		06/29/12	06/29/12	24.00	101.28
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2008640012009560SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009657 2009657 HERRING, CHARLEN 10/27/1949 ZE93972Y R1837001
DIAGNOSIS CODES: 493.91 250.00 401.9 462. 780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200877	1	T1019		06/25/12	06/25/12	16.00	67.52
200877	2	T1019		06/27/12	06/27/12	16.00	67.52
200877	3	T1019		06/29/12	06/29/12	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2008770012009657SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200892	1	T1019		06/25/12	06/25/12	32.00	135.04
200892	2	T1019		06/27/12	06/27/12	32.00	135.04
200892	3	T1019		06/28/12	06/28/12	32.00	135.04
200892	4	T1019		06/29/12	06/29/12	32.00	135.04
CLAIM TOTAL							540.16
CLAIM ACCOUNT REF.							2008920012010009SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008299 2010311 LAZALA, GLADYS 02/03/1950 ZT39863D R1866346
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
200879	1	T1020		06/23/12	06/23/12	7.00	118.16
200879	2	T1020		06/24/12	06/24/12	7.00	118.16
200879	3	T1020		06/25/12	06/25/12	7.00	118.16
200879	4	T1020		06/26/12	06/26/12	7.00	118.16
200879	5	T1020		06/27/12	06/27/12	7.00	118.16

REPORT DATE 07/03/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012070302551211RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200879	6	T1020		06/28/12	06/28/12	7.00	118.16
200879	7	T1020		06/29/12	06/29/12	7.00	118.16
CLAIM TOTAL							827.12

CLAIM ACCOUNT REF. 2008790012010311SUP

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
200891	1	T1019		06/23/12	06/23/12	20.00	84.40
200891	2	T1019		06/24/12	06/24/12	20.00	84.40
200891	3	T1019		06/28/12	06/28/12	20.00	84.40
200891	4	T1019		06/29/12	06/29/12	20.00	84.40
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2008910012010758SUP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	176	TOTAL CLAIM AMOUNT =	18,314.80
		# SERVICES =	32		

REPORT DATE 07/03/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012070302551211RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008245 2008245 CALDERON, MIGDALIA 08/02/1961 100195559 607641299
DIAGNOSIS CODES: 250.00 428.0 724.00 724.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200925	1	T1019		06/23/12	06/23/12	40.00	171.60
200925	2	T1019		06/24/12	06/24/12	40.00	171.60
200925	3	T1019		06/25/12	06/25/12	40.00	171.60
200925	4	T1019		06/26/12	06/26/12	40.00	171.60
200925	5	T1019		06/27/12	06/27/12	40.00	171.60
200925	6	T1019		06/28/12	06/28/12	40.00	171.60
200925	7	T1019		06/29/12	06/29/12	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2009250012008245SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008287 2008287 MILLAN, ARMIDA 09/13/1928 19686415 608047620
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
200926	1	T1019		06/23/12	06/23/12	16.00	68.64
200926	2	T1019		06/24/12	06/24/12	16.00	68.64
200926	3	T1019		06/25/12	06/25/12	36.00	154.44
200926	4	T1019		06/26/12	06/26/12	36.00	154.44
200926	5	T1019		06/27/12	06/27/12	36.00	154.44
200926	6	T1019		06/28/12	06/28/12	36.00	154.44
200926	7	T1019		06/29/12	06/29/12	36.00	154.44
CLAIM TOTAL						909.48	CLAIM ACCOUNT REF. 2009260012008287SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008401 2008401 SAFOS, PATRA 12/18/1948 100029836 607678036
DIAGNOSIS CODES: 340. 244.8 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200929	1	T1019		06/23/12	06/23/12	32.00	137.28
200929	2	T1019		06/24/12	06/24/12	32.00	137.28
200929	3	T1019		06/25/12	06/25/12	32.00	137.28
200929	4	T1019		06/26/12	06/26/12	32.00	137.28
200929	5	T1019		06/27/12	06/27/12	32.00	137.28
200929	6	T1019		06/28/12	06/28/12	32.00	137.28
200929	7	T1019		06/29/12	06/29/12	32.00	137.28
CLAIM TOTAL						960.96	CLAIM ACCOUNT REF. 2009290012008401SUP

REPORT DATE 07/03/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012070302551211RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008432 2008432 YUSUPOV, PULAT 08/11/1948 VV04939D 607630266
DIAGNOSIS CODES: 250.00 272.4 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200930	1	T1019		06/23/12	06/23/12	16.00	68.64
200930	2	T1019		06/24/12	06/24/12	16.00	68.64
200930	3	T1019		06/25/12	06/25/12	16.00	68.64
200930	4	T1019		06/26/12	06/26/12	16.00	68.64
200930	5	T1019		06/27/12	06/27/12	16.00	68.64
200930	6	T1019		06/28/12	06/28/12	16.00	68.64
200930	7	T1019		06/29/12	06/29/12	16.00	68.64
CLAIM TOTAL							480.48

CLAIM ACCOUNT REF. 2009300012008432SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008389 2008502 MUSHAYEV, BORIS 08/14/1947 UV20268T 607620708
DIAGNOSIS CODES: 401.9 250.00 425.8 428.0 441.00 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200927	1	T1019		06/11/12	06/11/12	12.00	51.48
200927	2	T1019		06/13/12	06/13/12	12.00	51.48
200927	3	T1019		06/26/12	06/26/12	12.00	51.48
CLAIM TOTAL							154.44

CLAIM ACCOUNT REF. 2009270012008502SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010774 2010774 PAUL, PUTUL 10/10/1956 VK16842E
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200928	1	T1019		06/27/12	06/27/12	16.00	68.64
200928	2	T1019		06/29/12	06/29/12	16.00	68.64
CLAIM TOTAL							137.28

CLAIM ACCOUNT REF. 2009280012010774SUP

PAYER TOTALS: UNITEDHEALTHCARE # OF CLAIMS = 33 TOTAL CLAIM AMOUNT = 3,843.84
SERVICES = 6

REPORT DATE 07/03/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012070302551211RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200977	1	T1019	0580	06/23/12	06/23/12	10.00	168.70
200977	2	T1019	0580	06/24/12	06/24/12	10.00	168.70
200977	3	T1019	0580	06/25/12	06/25/12	9.00	151.83
200977	4	T1019	0580	06/26/12	06/26/12	9.00	151.83
200977	5	T1019	0580	06/27/12	06/27/12	8.00	134.96
200977	6	T1019	0580	06/28/12	06/28/12	9.00	151.83
200977	7	T1019	0580	06/29/12	06/29/12	8.00	134.96
CLAIM TOTAL							1,062.81
CLAIM ACCOUNT REF.							2009770012008266SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200980	1	S5130	0582	06/25/12	06/25/12	16.00	67.52
200980	2	S5130	0582	06/29/12	06/29/12	16.00	67.52
CLAIM TOTAL							135.04
CLAIM ACCOUNT REF.							2009800012009279SUP

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
200976	1	T1019	0580	06/25/12	06/25/12	8.00	134.96
200976	2	T1019	0580	06/26/12	06/26/12	9.00	151.83
200976	3	T1019	0580	06/27/12	06/27/12	8.00	134.96
200976	4	T1019	0580	06/28/12	06/28/12	9.00	151.83
200976	5	T1019	0580	06/29/12	06/29/12	8.00	134.96
CLAIM TOTAL							708.54
CLAIM ACCOUNT REF.							2009760012009647SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010018 2010018 HAWKINS S, MALIK JR 04/13/1993 715434799 102912869
DIAGNOSIS CODES: 344.1 344.5 599.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200979	1	T1019	0580	06/23/12	06/23/12	10.00	168.70
200979	2	T1019	0580	06/25/12	06/25/12	10.00	168.70
200979	3	T1019	0580	06/26/12	06/26/12	10.00	168.70
CLAIM TOTAL							506.10
CLAIM ACCOUNT REF.							2009790012010018SUP

REPORT DATE 07/03/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012070302551211RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008406 2010728 YOUNG, KALEILE 06/17/1994 6532755 120450364
DIAGNOSIS CODES: 319. 493.90 742.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200982	1	T1019	0580	06/23/12	06/23/12	4.00	67.48
200982	2	T1019	0580	06/24/12	06/24/12	4.00	67.48
200982	3	T1019	0580	06/25/12	06/25/12	2.00	33.74
200982	4	T1019	0580	06/26/12	06/26/12	2.00	33.74
200982	5	T1019	0580	06/27/12	06/27/12	2.00	33.74
200982	6	T1019	0580	06/28/12	06/28/12	2.00	33.74
200982	7	T1019	0580	06/29/12	06/29/12	2.00	33.74
CLAIM TOTAL							303.66
CLAIM ACCOUNT REF.							2009820012010728SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008407 2010729 WALTERS, BYRON 05/18/2000 6600539 120450432
DIAGNOSIS CODES: 319. 493.90 742.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200981	1	T1019	0580	06/23/12	06/23/12	5.00	84.35
200981	2	T1019	0580	06/24/12	06/24/12	5.00	84.35
200981	3	T1019	0580	06/25/12	06/25/12	3.00	50.61
200981	4	T1019	0580	06/26/12	06/26/12	3.00	50.61
200981	5	T1019	0580	06/27/12	06/27/12	3.00	50.61
200981	6	T1019	0580	06/28/12	06/28/12	3.00	50.61
200981	7	T1019	0580	06/29/12	06/29/12	3.00	50.61
CLAIM TOTAL							421.75
CLAIM ACCOUNT REF.							2009810012010729SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010389 2010730 ESPERSON, CLAUDE 04/28/1971 6900634 121070468
DIAGNOSIS CODES: 340. 453.40

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
200975	1	T1019	0580	06/25/12	06/25/12	4.00	67.48
200975	2	T1019	0580	06/26/12	06/26/12	4.00	67.48
200975	3	T1019	0580	06/28/12	06/28/12	4.00	67.48
200975	4	T1019	0580	06/29/12	06/29/12	4.00	67.48
CLAIM TOTAL							269.92
CLAIM ACCOUNT REF.							2009750012010730SUP

REPORT DATE 07/03/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012070302551211RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008365 2010731 HARDING, EDNA 05/17/1956 6274884 120800341
DIAGNOSIS CODES: 493.90 253.5 272.4 296.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
200978	1	T1019	0580	06/25/12	06/25/12	6.00	101.22	
200978	2	T1019	0580	06/26/12	06/26/12	6.00	101.22	
200978	3	T1019	0580	06/27/12	06/27/12	6.00	101.22	
200978	4	T1019	0580	06/28/12	06/28/12	6.00	101.22	
200978	5	T1019	0580	06/29/12	06/29/12	6.00	101.22	
CLAIM TOTAL							506.10	CLAIM ACCOUNT REF. 2009780012010731SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010746 2010746 DELEON, IRIS 04/06/1983 006951830 103017266
DIAGNOSIS CODES: 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
200974	1	T1019	0580	06/26/12	06/26/12	5.00	84.35	
200974	2	T1019	0580	06/27/12	06/27/12	5.00	84.35	
200974	3	T1019	0580	06/28/12	06/28/12	5.00	84.35	
200974	4	T1019	0580	06/29/12	06/29/12	5.00	84.35	
CLAIM TOTAL							337.40	CLAIM ACCOUNT REF. 2009740012010746SUP

PAYER TOTALS: AMERIGROUP NEW YORK,LLC # OF CLAIMS = 44 TOTAL CLAIM AMOUNT = 4,251.32
SERVICES = 9

PROVIDER TOTALS: SUNNYSIDE CITYWIDE # OF CLAIMS = 667 TOTAL CLAIM AMOUNT = 77,994.88
SERVICES = 121