

REPORT DATE 03/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013030608133916RRSUP

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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
232382	1	T1020		02/23/13	02/23/13	11.00	185.57
232382	2	T1020		02/25/13	02/25/13	6.00	101.22
232382	3	T1020		02/26/13	02/26/13	6.00	101.22
232382	4	T1020		02/27/13	02/27/13	6.00	101.22
232382	5	T1020		02/28/13	02/28/13	6.00	101.22
232382	6	T1020		03/01/13	03/01/13	6.00	101.22
CLAIM TOTAL							691.67
CLAIM ACCOUNT REF.							2323820012008267SUP

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
232379	1	T1020		02/23/13	02/23/13	9.00	151.83
232379	2	T1020		02/24/13	02/24/13	9.00	151.83
232379	3	T1020		02/25/13	02/25/13	9.00	151.83
232379	4	T1020		02/26/13	02/26/13	9.00	151.83
232379	5	T1020		02/27/13	02/27/13	9.00	151.83
232379	6	T1020		02/28/13	02/28/13	9.00	151.83
232379	7	T1020		03/01/13	03/01/13	9.00	151.83
CLAIM TOTAL							1,062.81
CLAIM ACCOUNT REF.							2323790012008268SUP

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
232377	1	T1020		02/25/13	02/25/13	7.00	118.09
232377	2	T1020		02/26/13	02/26/13	7.00	118.09
232377	3	T1020		02/27/13	02/27/13	7.00	118.09
232377	4	T1020		02/28/13	02/28/13	7.00	118.09
232377	5	T1020		03/01/13	03/01/13	7.00	118.09
CLAIM TOTAL							590.45
CLAIM ACCOUNT REF.							2323770012008306SUP

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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 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	
232376	1	T1020		02/23/13	02/23/13	7.00	118.09	
232376	2	T1020		02/24/13	02/24/13	7.00	118.09	
232376	3	T1020		02/25/13	02/25/13	7.00	118.09	
232376	4	T1020		02/26/13	02/26/13	7.00	118.09	
232376	5	T1020		02/27/13	02/27/13	7.00	118.09	
232376	6	T1020		02/28/13	02/28/13	7.00	118.09	
232376	7	T1020		03/01/13	03/01/13	7.00	118.09	
CLAIM TOTAL							826.63	CLAIM ACCOUNT REF. 2323760012008386SUP

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	
232381	1	T1020		02/26/13	02/26/13	8.00	134.96	
232381	2	T1020		02/27/13	02/27/13	8.00	134.96	
232381	3	T1020		02/28/13	02/28/13	5.00	84.35	
232381	4	T1020		03/01/13	03/01/13	9.00	151.83	
CLAIM TOTAL							506.10	CLAIM ACCOUNT REF. 2323810012008400SUP

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	
232383	1	T1020		02/23/13	02/23/13	9.00	151.83	
232383	2	T1020		02/24/13	02/24/13	9.00	151.83	
232383	3	T1020		02/25/13	02/25/13	9.00	151.83	
232383	4	T1020		02/26/13	02/26/13	9.00	151.83	
232383	5	T1020		02/27/13	02/27/13	9.00	151.83	
232383	6	T1020		02/28/13	02/28/13	9.00	151.83	
232383	7	T1020		03/01/13	03/01/13	9.00	151.83	
CLAIM TOTAL							1,062.81	CLAIM ACCOUNT REF. 2323830012010041SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #
111951068

CLAIM ACCOUNT REF. 2323780012010712SUP

PRIOR AUTHORIZATION #
130431458

CLAIM ACCOUNT REF. 2323800012012627SUP

TOTAL CLAIM AMOUNT = 5.077.87

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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
232362	1	T1019		02/27/13	02/27/13	16.00	67.52
232362	2	T1019		02/28/13	02/28/13	16.00	67.52
232362	3	T1019		03/01/13	03/01/13	16.00	67.52
CLAIM TOTAL						202.56	CLAIM ACCOUNT REF. 2323620012008261SUP

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
232368	1	T1019		02/23/13	02/23/13	24.00	101.28
232368	2	T1019		02/24/13	02/24/13	24.00	101.28
232368	3	T1019		02/25/13	02/25/13	24.00	101.28
232368	4	T1019		02/26/13	02/26/13	24.00	101.28
232368	5	T1019		02/27/13	02/27/13	24.00	101.28
232368	6	T1019		02/28/13	02/28/13	24.00	101.28
232368	7	T1019		03/01/13	03/01/13	24.00	101.28
CLAIM TOTAL						708.96	CLAIM ACCOUNT REF. 2323680012008263SUP

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
232373	1	T1019		02/23/13	02/23/13	40.00	168.80
232373	2	T1019		02/24/13	02/24/13	40.00	168.80
232373	3	T1019		02/25/13	02/25/13	40.00	168.80
232373	4	T1019		02/26/13	02/26/13	40.00	168.80
232373	5	T1019		02/27/13	02/27/13	40.00	168.80
232373	6	T1019		02/28/13	02/28/13	40.00	168.80
232373	7	T1019		03/01/13	03/01/13	40.00	168.80
CLAIM TOTAL						1,181.60	CLAIM ACCOUNT REF. 2323730012008265SUP

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
232375	1	T1019		02/18/13	02/18/13	24.00	101.28

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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
232375	2	T1019		02/23/13	02/23/13	16.00	67.52
232375	3	T1019		02/24/13	02/24/13	16.00	67.52
232375	4	T1019		02/25/13	02/25/13	24.00	101.28
232375	5	T1019		02/26/13	02/26/13	24.00	101.28
232375	6	T1019		02/27/13	02/27/13	24.00	101.28
232375	7	T1019		02/28/13	02/28/13	24.00	101.28
232375	8	T1019		03/01/13	03/01/13	24.00	101.28
CLAIM TOTAL							742.72
CLAIM ACCOUNT REF.							2323750012008303SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008366 2008366 JONES, CYNTHIA 03/17/1950 10063968601 021313325005
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232365	1	T1019		02/25/13	02/25/13	20.00	84.40
232365	2	T1019		02/26/13	02/26/13	20.00	84.40
232365	3	T1019		02/28/13	02/28/13	20.00	84.40
CLAIM TOTAL							253.20
CLAIM ACCOUNT REF.							2323650012008366SUP

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
232359	1	T1019		02/23/13	02/23/13	28.00	118.16
232359	2	T1019		02/24/13	02/24/13	28.00	118.16
232359	3	T1019		02/25/13	02/25/13	32.00	135.04
232359	4	T1019		02/26/13	02/26/13	28.00	118.16
232359	5	T1019		02/27/13	02/27/13	28.00	118.16
232359	6	T1019		02/28/13	02/28/13	28.00	118.16
232359	7	T1019		03/01/13	03/01/13	28.00	118.16
CLAIM TOTAL							844.00
CLAIM ACCOUNT REF.							2323590012008403SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008421 2008421 OCASIO, VIRGINIA 05/24/1949 10063483101 082012303730
DIAGNOSIS CODES: 250.00 278.00 300.00 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232370	1	T1019		02/25/13	02/25/13	24.00	101.28
232370	2	T1019		02/26/13	02/26/13	24.00	101.28
232370	3	T1019		02/27/13	02/27/13	24.00	101.28
232370	4	T1019		02/28/13	02/28/13	24.00	101.28
232370	5	T1019		03/01/13	03/01/13	24.00	101.28

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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.
							506.40	2323700012008421SUP

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	CLAIM ACCOUNT REF.
232369	1	T1019		02/23/13	02/23/13	24.00	101.28	
232369	2	T1019		02/25/13	02/25/13	24.00	101.28	
232369	3	T1019		02/26/13	02/26/13	24.00	101.28	
232369	4	T1019		02/27/13	02/27/13	24.00	101.28	
232369	5	T1019		02/28/13	02/28/13	24.00	101.28	
232369	6	T1019		03/01/13	03/01/13	24.00	101.28	
							607.68	2323690012008422SUP

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	CLAIM ACCOUNT REF.
232374	1	T1019		02/25/13	02/25/13	16.00	67.52	
232374	2	T1019		02/26/13	02/26/13	16.00	67.52	
232374	3	T1019		02/28/13	02/28/13	16.00	67.52	
232374	4	T1019		03/01/13	03/01/13	16.00	67.52	
							270.08	2323740012008425SUP

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	CLAIM ACCOUNT REF.
232363	1	T1019		02/23/13	02/23/13	40.00	168.80	
232363	2	T1019		02/24/13	02/24/13	40.00	168.80	
232363	3	T1019		02/25/13	02/25/13	40.00	168.80	
232363	4	T1019		02/26/13	02/26/13	40.00	168.80	
232363	5	T1019		02/27/13	02/27/13	40.00	168.80	
232363	6	T1019		03/01/13	03/01/13	40.00	168.80	
							1,012.80	2323630012008427SUP

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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 2008531 2008531 RODRIGUEZ -2, 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
232371	1	T1019		02/25/13	02/25/13	24.00	101.28
232371	2	T1019		02/26/13	02/26/13	24.00	101.28
232371	3	T1019		02/27/13	02/27/13	24.00	101.28
232371	4	T1019		02/28/13	02/28/13	24.00	101.28
232371	5	T1019		03/01/13	03/01/13	24.00	101.28
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2323710012008531SUP

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
232367	1	T1019		02/25/13	02/25/13	28.00	118.16
232367	2	T1019		02/26/13	02/26/13	28.00	118.16
232367	3	T1019		02/27/13	02/27/13	28.00	118.16
232367	4	T1019		02/28/13	02/28/13	28.00	118.16
232367	5	T1019		03/01/13	03/01/13	28.00	118.16
CLAIM TOTAL							590.80

CLAIM ACCOUNT REF. 2323670012008742SUP

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
232361	1	T1019		02/25/13	02/25/13	16.00	67.52
232361	2	T1019		02/26/13	02/26/13	24.00	101.28
232361	3	T1019		02/27/13	02/27/13	24.00	101.28
232361	4	T1019		02/28/13	02/28/13	24.00	101.28
232361	5	T1019		03/01/13	03/01/13	24.00	101.28
CLAIM TOTAL							472.64

CLAIM ACCOUNT REF. 2323610012008802SUP

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
232366	1	T1019		02/23/13	02/23/13	40.00	168.80
232366	2	T1019		02/24/13	02/24/13	44.00	185.68
232366	3	T1019		02/25/13	02/25/13	48.00	202.56

REPORT DATE 03/06/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 11325 NEIGHBORHOOD HEALTH

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
232366	4	T1019		02/26/13	02/26/13	48.00	202.56	
232366	5	T1019		02/27/13	02/27/13	48.00	202.56	
232366	6	T1019		02/28/13	02/28/13	48.00	202.56	
232366	7	T1019		03/01/13	03/01/13	48.00	202.56	
					CLAIM TOTAL		1,367.28	CLAIM ACCOUNT REF. 2323660012009356SUP

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	
232357	1	T1019		02/23/13	02/23/13	32.00	135.04	
232357	2	T1019		02/24/13	02/24/13	32.00	135.04	
232357	3	T1019		02/25/13	02/25/13	32.00	135.04	
232357	4	T1019		02/26/13	02/26/13	32.00	135.04	
232357	5	T1019		02/27/13	02/27/13	32.00	135.04	
232357	6	T1019		02/28/13	02/28/13	32.00	135.04	
232357	7	T1019		03/01/13	03/01/13	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2323570012010143SUP

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	
232372	1	T1019		02/25/13	02/25/13	20.00	84.40	
232372	2	T1019		02/26/13	02/26/13	20.00	84.40	
232372	3	T1019		02/27/13	02/27/13	20.00	84.40	
232372	4	T1019		02/28/13	02/28/13	20.00	84.40	
232372	5	T1019		03/01/13	03/01/13	20.00	84.40	
					CLAIM TOTAL		422.00	CLAIM ACCOUNT REF. 2323720012010353SUP

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	
232364	1	T1019		02/23/13	02/23/13	24.00	101.28	
232364	2	T1019		02/24/13	02/24/13	24.00	101.28	
232364	3	T1019		02/25/13	02/25/13	24.00	101.28	
232364	4	T1019		02/26/13	02/26/13	28.00	118.16	
232364	5	T1019		02/27/13	02/27/13	24.00	101.28	
232364	6	T1019		02/28/13	02/28/13	28.00	118.16	

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013030608133916RRSUP

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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	
232364	7	T1019		03/01/13	03/01/13	28.00	118.16	
					CLAIM TOTAL		759.60	CLAIM ACCOUNT REF. 2323640012010639SUP

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	
232358	1	T1019		02/25/13	02/25/13	36.00	151.92	
232358	2	T1019		02/26/13	02/26/13	36.00	151.92	
232358	3	T1019		02/27/13	02/27/13	36.00	151.92	
232358	4	T1019		02/28/13	02/28/13	36.00	151.92	
232358	5	T1019		03/01/13	03/01/13	36.00	151.92	
					CLAIM TOTAL		759.60	CLAIM ACCOUNT REF. 2323580012010878SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012500	2012500	DEKMAK, GRISEL	03/02/1964	10061526701	020113323665
DIAGNOSIS CODES: 340. 285.8 311. 596.54							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
232360	1	T1019		02/23/13	02/23/13	48.00	202.56	
232360	2	T1019		02/24/13	02/24/13	48.00	202.56	
232360	3	T1019		02/25/13	02/25/13	48.00	202.56	
232360	4	T1019		02/26/13	02/26/13	48.00	202.56	
232360	5	T1019		02/27/13	02/27/13	48.00	202.56	
232360	6	T1019		02/28/13	02/28/13	48.00	202.56	
232360	7	T1019		03/01/13	03/01/13	48.00	202.56	
					CLAIM TOTAL		1,417.92	CLAIM ACCOUNT REF. 2323600012012500SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	109	TOTAL CLAIM AMOUNT =	13,571.52
		# SERVICES =	19		

REPORT DATE 03/06/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 13265 METROPLUS HEALTH PLAN

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008233 2008233 ARIAS, NORA 03/31/1981 RB08739R 0101231390513
DIAGNOSIS CODES: 356.9 348.2 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232406	1	T1019		02/23/13	02/23/13	4.00	68.60
232406	2	T1019		02/24/13	02/24/13	4.00	68.60
232406	3	T1019		02/25/13	02/25/13	11.00	188.65
232406	4	T1019		02/26/13	02/26/13	11.00	188.65
232406	5	T1019		02/27/13	02/27/13	11.00	188.65
232406	6	T1019		02/28/13	02/28/13	11.00	188.65
232406	7	T1019		03/01/13	03/01/13	11.00	188.65
CLAIM TOTAL						1,080.45	CLAIM ACCOUNT REF. 2324060012008233SUP

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
232413	1	T1019		02/11/13	02/11/13	11.00	188.65
232413	2	T1019		02/23/13	02/23/13	8.00	137.20
232413	3	T1019		02/24/13	02/24/13	8.00	137.20
232413	4	T1019		02/25/13	02/25/13	11.00	188.65
232413	5	T1019		02/26/13	02/26/13	11.00	188.65
232413	6	T1019		02/27/13	02/27/13	11.00	188.65
232413	7	T1019		02/28/13	02/28/13	11.00	188.65
232413	8	T1019		03/01/13	03/01/13	11.00	188.65
CLAIM TOTAL						1,406.30	CLAIM ACCOUNT REF. 2324130012008236SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008237 2008237 DURHAM, CYNTHIA 05/23/1960 ZB21969Z 0101181390150
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
232409	1	T1019		02/26/13	02/26/13	4.00	68.60
232409	2	T1019		02/27/13	02/27/13	4.00	68.60
232409	3	T1019		02/28/13	02/28/13	4.00	68.60
CLAIM TOTAL						205.80	CLAIM ACCOUNT REF. 2324090012008237SUP

REPORT DATE 03/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013030608133916RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232405	1	T1019		02/24/13	02/24/13	2.00	34.30
232405	2	T1019		02/25/13	02/25/13	5.00	85.75
232405	3	T1019		02/26/13	02/26/13	5.00	85.75
232405	4	T1019		02/27/13	02/27/13	5.00	85.75
232405	5	T1019		02/28/13	02/28/13	5.00	85.75
232405	6	T1019		03/01/13	03/01/13	5.00	85.75
CLAIM TOTAL							463.05
CLAIM ACCOUNT REF.							2324050012008284SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008385 2008385 MURDOCK, GERTRUDE 11/01/1917 SS71357M 0112031290138
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
232411	1	T1019		02/25/13	02/25/13	10.00	171.50
232411	2	T1019		02/26/13	02/26/13	10.00	171.50
232411	3	T1019		02/27/13	02/27/13	10.00	171.50
232411	4	T1019		02/28/13	02/28/13	9.00	154.35
232411	5	T1019		03/01/13	03/01/13	9.00	154.35
CLAIM TOTAL							823.20
CLAIM ACCOUNT REF.							2324110012008385SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008417 2008417 GALAS, TERESA 06/08/1955 ZX91437V 0112061290395
DIAGNOSIS CODES: 345.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232410	1	T1019		02/23/13	02/23/13	5.00	85.75
232410	2	T1019		02/24/13	02/24/13	5.00	85.75
232410	3	T1019		02/25/13	02/25/13	5.00	85.75
232410	4	T1019		02/26/13	02/26/13	5.00	85.75
232410	5	T1019		02/27/13	02/27/13	5.00	85.75
232410	6	T1019		02/28/13	02/28/13	5.00	85.75
232410	7	T1019		03/01/13	03/01/13	5.00	85.75
CLAIM TOTAL							600.25
CLAIM ACCOUNT REF.							2324100012008417SUP

REPORT DATE 03/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013030608133916RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008418 2008418 RYALS, CHARLES 11/03/1950 ZZ49620T 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
232415	1	T1019		02/25/13	02/25/13	8.00	137.20
232415	2	T1019		02/26/13	02/26/13	8.00	137.20
232415	3	T1019		02/27/13	02/27/13	7.00	120.05
CLAIM TOTAL						394.45	CLAIM ACCOUNT REF. 2324150012008418SUP

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
232407	1	T1019		02/23/13	02/23/13	10.00	171.50
232407	2	T1019		02/24/13	02/24/13	10.00	171.50
232407	3	T1019		02/25/13	02/25/13	10.00	171.50
232407	4	T1019		02/26/13	02/26/13	10.00	171.50
232407	5	T1019		02/27/13	02/27/13	10.00	171.50
232407	6	T1019		02/28/13	02/28/13	10.00	171.50
232407	7	T1019		03/01/13	03/01/13	10.00	171.50
CLAIM TOTAL						1,200.50	CLAIM ACCOUNT REF. 2324070012008743SUP

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
232416	1	T1019		02/16/13	02/16/13	5.00	85.75
232416	2	T1019		02/17/13	02/17/13	5.00	85.75
232416	3	T1019		02/18/13	02/18/13	5.00	85.75
232416	4	T1019		02/19/13	02/19/13	5.00	85.75
232416	5	T1019		02/20/13	02/20/13	5.00	85.75
232416	6	T1019		02/21/13	02/21/13	5.00	85.75
232416	7	T1019		02/22/13	02/22/13	5.00	85.75
232416	8	T1019		02/23/13	02/23/13	5.00	85.75
232416	9	T1019		02/24/13	02/24/13	5.00	85.75
232416	10	T1019		02/25/13	02/25/13	5.00	85.75
232416	11	T1019		02/26/13	02/26/13	5.00	85.75
232416	12	T1019		02/27/13	02/27/13	5.00	85.75
232416	13	T1019		02/28/13	02/28/13	5.00	85.75
232416	14	T1019		03/01/13	03/01/13	5.00	85.75
CLAIM TOTAL						1,200.50	CLAIM ACCOUNT REF. 2324160012009377SUP

REPORT DATE 03/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013030608133916RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
232414	1	T1019		02/15/13	02/15/13	4.00	68.60	
232414	2	T1019		02/22/13	02/22/13	4.00	68.60	
232414	3	T1019		02/23/13	02/23/13	8.00	137.20	
232414	4	T1019		02/25/13	02/25/13	3.00	51.45	
232414	5	T1019		02/26/13	02/26/13	3.00	51.45	
232414	6	T1019		02/27/13	02/27/13	3.00	51.45	
232414	7	T1019		02/28/13	02/28/13	3.00	51.45	
232414	8	T1019		03/01/13	03/01/13	4.00	68.60	
					CLAIM TOTAL		548.80	CLAIM ACCOUNT REF. 2324140012009688SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008279 2010213 VALLE, BLASINA 02/03/1929 QG00558G 0110231290062
DIAGNOSIS CODES: 428.0 244.9 272.4 331.0 537.9 746.85

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
232417	1	T1019		02/21/13	02/21/13	8.00	137.20	
232417	2	T1019		02/22/13	02/22/13	8.00	137.20	
232417	3	T1019		02/25/13	02/25/13	8.00	137.20	
232417	4	T1019		02/26/13	02/26/13	8.00	137.20	
232417	5	T1019		02/27/13	02/27/13	8.00	137.20	
					CLAIM TOTAL		686.00	CLAIM ACCOUNT REF. 2324170012010213SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010886 2010886 OSORIO, ELVIA 07/05/1943 SM10426S 0112031290291
DIAGNOSIS CODES: 253.5 272.4 354.0 401.9 733.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
232412	1	T1019		02/23/13	02/23/13	3.00	51.45	
232412	2	T1019		02/24/13	02/24/13	3.00	51.45	
232412	3	T1019		02/25/13	02/25/13	3.00	51.45	
232412	4	T1019		02/27/13	02/27/13	3.00	51.45	
232412	5	T1019		02/28/13	02/28/13	3.00	51.45	
232412	6	T1019		03/01/13	03/01/13	3.00	51.45	
					CLAIM TOTAL		308.70	CLAIM ACCOUNT REF. 2324120012010886SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #
0111191290232

CLAIM ACCOUNT REF. 2324080012011286SUP

PRIOR AUTHORIZATION #
0101291390106

CLAIM ACCOUNT REF. 2324180012012382SUP

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	93	TOTAL CLAIM AMOUNT =	13,239.80
		# SERVICES =	14		

REPORT DATE 03/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013030608133916RRSUP

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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
232445	1	T1019		02/24/13	02/24/13	36.00	154.80
232445	2	T1019		02/25/13	02/25/13	36.00	154.80
232445	3	T1019		02/26/13	02/26/13	36.00	154.80
232445	4	T1019		02/27/13	02/27/13	36.00	154.80
232445	5	T1019		02/28/13	02/28/13	36.00	154.80
232445	6	T1019		03/01/13	03/01/13	36.00	154.80
CLAIM TOTAL							928.80
CLAIM ACCOUNT REF.							2324450012008286SUP

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
232433	1	T1019		02/17/13	02/17/13	24.00	103.20
232433	2	T1019		02/25/13	02/25/13	24.00	103.20
232433	3	T1019		02/26/13	02/26/13	24.00	103.20
232433	4	T1019		02/28/13	02/28/13	24.00	103.20
232433	5	T1019		03/01/13	03/01/13	24.00	103.20
CLAIM TOTAL							516.00
CLAIM ACCOUNT REF.							2324330012008495SUP

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
232426	1	T1019		02/23/13	02/23/13	28.00	120.40
232426	2	T1019		02/24/13	02/24/13	28.00	120.40
CLAIM TOTAL							240.80
CLAIM ACCOUNT REF.							2324260012010404SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012101 2012101 BATILO, MARTA 02/23/1917 708125 111458770
DIAGNOSIS CODES: 715.00 272.2 285.29 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232420	1	T1019		02/23/13	02/23/13	12.00	51.60
232420	2	T1019		02/25/13	02/25/13	28.00	120.40
232420	3	T1019		02/26/13	02/26/13	28.00	120.40
232420	4	T1019		02/27/13	02/27/13	28.00	120.40
232420	5	T1019		02/28/13	02/28/13	28.00	120.40

REPORT DATE 03/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013030608133916RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232420	6	T1019		03/01/13	03/01/13	28.00	120.40
CLAIM TOTAL							653.60
CLAIM ACCOUNT REF.							2324200012012101SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012102	2012102	BISRAM, ROOPKALIA	01/03/1938	708029	111353605
DIAGNOSIS CODES: 401.9 272.2							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232421	1	T1019		02/25/13	02/25/13	16.00	68.80
232421	2	T1019		02/26/13	02/26/13	16.00	68.80
232421	3	T1019		02/27/13	02/27/13	16.00	68.80
232421	4	T1019		02/28/13	02/28/13	16.00	68.80
232421	5	T1019		03/01/13	03/01/13	16.00	68.80
CLAIM TOTAL							344.00
CLAIM ACCOUNT REF.							2324210012012102SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012104	2012104	CEBALLOS, FRANCISCA	11/10/1931	744474	111205448
DIAGNOSIS CODES: 294.20 093.9 253.5							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232422	1	T1019		02/23/13	02/23/13	40.00	172.00
232422	2	T1019		02/24/13	02/24/13	40.00	172.00
232422	3	T1019		02/25/13	02/25/13	40.00	172.00
232422	4	T1019		02/26/13	02/26/13	40.00	172.00
232422	5	T1019		02/27/13	02/27/13	40.00	172.00
232422	6	T1019		02/28/13	02/28/13	40.00	172.00
232422	7	T1019		03/01/13	03/01/13	40.00	172.00
CLAIM TOTAL							1,204.00
CLAIM ACCOUNT REF.							2324220012012104SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012107	2012107	CRUZ, LUIS	06/10/1952	706307	111208204
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232423	1	T1019		02/23/13	02/23/13	32.00	137.60
232423	2	T1019		02/24/13	02/24/13	32.00	137.60
232423	3	T1019		02/25/13	02/25/13	32.00	137.60
232423	4	T1019		02/26/13	02/26/13	32.00	137.60
232423	5	T1019		02/27/13	02/27/13	32.00	137.60
232423	6	T1019		02/28/13	02/28/13	32.00	137.60
232423	7	T1019		03/01/13	03/01/13	32.00	137.60
CLAIM TOTAL							963.20
CLAIM ACCOUNT REF.							2324230012012107SUP

REPORT DATE 03/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013030608133916RRSUP

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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 2012108 2012108 GODINOT, CARMEN 07/16/1939 695752 111208481
DIAGNOSIS CODES: 369.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232424	1	T1019		02/25/13	02/25/13	24.00	103.20
232424	2	T1019		02/26/13	02/26/13	24.00	103.20
232424	3	T1019		02/27/13	02/27/13	24.00	103.20
232424	4	T1019		02/28/13	02/28/13	24.00	103.20
232424	5	T1019		03/01/13	03/01/13	24.00	103.20
CLAIM TOTAL							516.00

CLAIM ACCOUNT REF. 2324240012012108SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012110 2012110 GOMEZ, RANNIE 09/11/1917 698802 111339768
DIAGNOSIS CODES: 428.0 272.2 365.9 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232425	1	T1019		02/25/13	02/25/13	16.00	68.80
232425	2	T1019		03/01/13	03/01/13	16.00	68.80
CLAIM TOTAL							137.60

CLAIM ACCOUNT REF. 2324250012012110SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012114 2012114 GUERRERO, FIRPO A 06/13/1929 698839 111414803
DIAGNOSIS CODES: 331.0 290.0 311. 401.9 600.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232427	1	T1019		02/23/13	02/23/13	48.00	206.40
232427	2	T1019		02/24/13	02/24/13	36.00	154.80
232427	3	T1019		02/25/13	02/25/13	36.00	154.80
232427	4	T1019		02/26/13	02/26/13	48.00	206.40
232427	5	T1019		02/27/13	02/27/13	36.00	154.80
232427	6	T1019		02/28/13	02/28/13	48.00	206.40
232427	7	T1019		03/01/13	03/01/13	36.00	154.80
CLAIM TOTAL							1,238.40

CLAIM ACCOUNT REF. 2324270012012114SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012115 2012115 GUERRERO, ISABEL 11/08/1935 698840 111414603
DIAGNOSIS CODES: 715.90 244.9 272.0 413.9 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232428	1	T1019		02/24/13	02/24/13	12.00	51.60
232428	2	T1019		02/25/13	02/25/13	12.00	51.60
232428	3	T1019		02/27/13	02/27/13	12.00	51.60
232428	4	T1019		03/01/13	03/01/13	12.00	51.60

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013030608133916RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	206.40	2324280012012115SUP

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	CLAIM ACCOUNT REF.
232429	1	T1019		02/23/13	02/23/13	20.00	86.00	
232429	2	T1019		02/24/13	02/24/13	20.00	86.00	
232429	3	T1019		02/25/13	02/25/13	16.00	68.80	
232429	4	T1019		02/26/13	02/26/13	16.00	68.80	
232429	5	T1019		02/27/13	02/27/13	16.00	68.80	
232429	6	T1019		02/28/13	02/28/13	16.00	68.80	
232429	7	T1019		03/01/13	03/01/13	16.00	68.80	
						CLAIM TOTAL	516.00	2324290012012117SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012120	2012120	LOPEZ, ISABEL	12/24/1942	740574	111213601
DIAGNOSIS CODES: 715.90							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
232430	1	T1019		02/25/13	02/25/13	28.00	120.40	
232430	2	T1019		02/26/13	02/26/13	28.00	120.40	
232430	3	T1019		02/27/13	02/27/13	28.00	120.40	
232430	4	T1019		02/28/13	02/28/13	28.00	120.40	
232430	5	T1019		03/01/13	03/01/13	28.00	120.40	
						CLAIM TOTAL	602.00	2324300012012120SUP

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	CLAIM ACCOUNT REF.
232435	1	T1019		02/23/13	02/23/13	32.00	137.60	
232435	2	T1019		02/24/13	02/24/13	32.00	137.60	
232435	3	T1019		02/25/13	02/25/13	32.00	137.60	
232435	4	T1019		02/26/13	02/26/13	32.00	137.60	
232435	5	T1019		02/27/13	02/27/13	32.00	137.60	
232435	6	T1019		02/28/13	02/28/13	32.00	137.60	
						CLAIM TOTAL	825.60	2324350012012121SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013030608133916RRSUP

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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 2012121 2012121 MOHAMED, DENISE 06/14/1959 691722 111447605
DIAGNOSIS CODES: 715.98

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232436	1	T1019		03/01/13	03/01/13	32.00	137.60
CLAIM TOTAL							137.60
CLAIM ACCOUNT REF.							2324360012012121SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012122 2012122 MORALES, FRANCISCO 12/03/1935 744366 111218452
DIAGNOSIS CODES: 250.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232437	1	T1019		02/23/13	02/23/13	20.00	86.00
232437	2	T1019		02/24/13	02/24/13	20.00	86.00
232437	3	T1019		02/25/13	02/25/13	20.00	86.00
232437	4	T1019		02/26/13	02/26/13	20.00	86.00
232437	5	T1019		02/27/13	02/27/13	20.00	86.00
232437	6	T1019		02/28/13	02/28/13	20.00	86.00
232437	7	T1019		03/01/13	03/01/13	20.00	86.00
CLAIM TOTAL							602.00
CLAIM ACCOUNT REF.							2324370012012122SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232438	1	T1019		02/23/13	02/23/13	20.00	86.00
232438	2	T1019		02/24/13	02/24/13	20.00	86.00
232438	3	T1019		02/25/13	02/25/13	28.00	120.40
232438	4	T1019		02/27/13	02/27/13	28.00	120.40
232438	5	T1019		02/28/13	02/28/13	28.00	120.40
232438	6	T1019		03/01/13	03/01/13	28.00	120.40
CLAIM TOTAL							653.60
CLAIM ACCOUNT REF.							2324380012012130SUP

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
232440	1	T1019		02/27/13	02/27/13	16.00	68.80
232440	2	T1019		03/01/13	03/01/13	16.00	68.80
CLAIM TOTAL							137.60
CLAIM ACCOUNT REF.							2324400012012131SUP

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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 2012132 2012132 ORTIZ, DOLORES 06/30/1927 744365 111228861
DIAGNOSIS CODES: 401.9 272.4 750.7

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232439	1	T1019		02/23/13	02/23/13	20.00	86.00
232439	2	T1019		02/24/13	02/24/13	20.00	86.00
232439	3	T1019		02/25/13	02/25/13	32.00	137.60
232439	4	T1019		02/26/13	02/26/13	32.00	137.60
232439	5	T1019		02/27/13	02/27/13	32.00	137.60
232439	6	T1019		02/28/13	02/28/13	32.00	137.60
232439	7	T1019		03/01/13	03/01/13	32.00	137.60
CLAIM TOTAL							860.00
CLAIM ACCOUNT REF.							2324390012012132SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012134 2012134 SERRANO, CARMEN 09/14/1948 695740 111497071
DIAGNOSIS CODES: 093.89 253.5 311. 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232453	1	T1019		02/25/13	02/25/13	28.00	120.40
232453	2	T1019		02/26/13	02/26/13	28.00	120.40
232453	3	T1019		03/01/13	03/01/13	28.00	120.40
CLAIM TOTAL							361.20
CLAIM ACCOUNT REF.							2324530012012134SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012137 2012137 VAZQUEZ, ROSA 08/08/1934 695667 111437135
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232457	1	T1019		02/25/13	02/25/13	32.00	137.60
232457	2	T1019		02/26/13	02/26/13	32.00	137.60
232457	3	T1019		02/27/13	02/27/13	32.00	137.60
232457	4	T1019		02/28/13	02/28/13	32.00	137.60
232457	5	T1019		03/01/13	03/01/13	32.00	137.60
CLAIM TOTAL							688.00
CLAIM ACCOUNT REF.							2324570012012137SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012138 2012138 VENTURA, CLARA 09/17/1951 720456 111324838
DIAGNOSIS CODES: 253.5 401.9 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232458	1	T1019		02/25/13	02/25/13	16.00	68.80
232458	2	T1019		02/26/13	02/26/13	12.00	51.60
232458	3	T1019		02/28/13	02/28/13	16.00	68.80

REPORT DATE 03/06/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
232458	4	T1019		03/01/13	03/01/13	16.00	68.80	
						CLAIM TOTAL	258.00	CLAIM ACCOUNT REF. 2324580012012138SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012140	2012140	PATRICK, IMAGENE	03/27/1930	737028	111282273
DIAGNOSIS CODES: 294.10 153.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
232441	1	T1019		02/23/13	02/23/13	32.00	137.60	
232441	2	T1019		02/25/13	02/25/13	32.00	137.60	
232441	3	T1019		02/26/13	02/26/13	32.00	137.60	
232441	4	T1019		02/27/13	02/27/13	32.00	137.60	
232441	5	T1019		02/28/13	02/28/13	32.00	137.60	
232441	6	T1019		03/01/13	03/01/13	32.00	137.60	
						CLAIM TOTAL	825.60	CLAIM ACCOUNT REF. 2324410012012140SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012141	2012141	SANTOS MARQUEZ, MARIA	07/16/1961	688801	111336515
DIAGNOSIS CODES: 958.8 599.70 692.9 795.05							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
232452	1	T1019		02/22/13	02/22/13	16.00	68.80	
232452	2	T1019		02/25/13	02/25/13	16.00	68.80	
232452	3	T1019		02/27/13	02/27/13	16.00	68.80	
						CLAIM TOTAL	206.40	CLAIM ACCOUNT REF. 2324520012012141SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012142	2012142	MEDINA, MARTHA	01/11/1944	697570	111217848
DIAGNOSIS CODES: 135. 250.00 426.4 716.90							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
232434	1	T1019		02/25/13	02/25/13	12.00	51.60	
232434	2	T1019		02/26/13	02/26/13	12.00	51.60	
232434	3	T1019		02/27/13	02/27/13	12.00	51.60	
232434	4	T1019		02/28/13	02/28/13	12.00	51.60	
232434	5	T1019		03/01/13	03/01/13	12.00	51.60	
						CLAIM TOTAL	258.00	CLAIM ACCOUNT REF. 2324340012012142SUP

REPORT DATE 03/06/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012144 2012144 PEREZ, JULIO 01/27/1936 709538 111222702
DIAGNOSIS CODES: 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232444	1	T1019		02/25/13	02/25/13	20.00	86.00
232444	2	T1019		02/27/13	02/27/13	20.00	86.00
232444	3	T1019		03/01/13	03/01/13	20.00	86.00
CLAIM TOTAL							258.00
CLAIM ACCOUNT REF.							2324440012012144SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012145 2012145 PERALTA RODRIGO, JOSE 03/13/1942 715488 111220442
DIAGNOSIS CODES: 715.90 272.0 274.9 278.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232442	1	T1019		02/25/13	02/25/13	16.00	68.80
232442	2	T1019		02/26/13	02/26/13	16.00	68.80
232442	3	T1019		02/27/13	02/27/13	16.00	68.80
232442	4	T1019		02/28/13	02/28/13	16.00	68.80
232442	5	T1019		03/01/13	03/01/13	16.00	68.80
CLAIM TOTAL							344.00
CLAIM ACCOUNT REF.							2324420012012145SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012146 2012146 PERALTA, INEZ 08/18/1942 715489 111220390
DIAGNOSIS CODES: 250.00 272.4 278.00 401.9 244.9 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232443	1	T1019		02/25/13	02/25/13	16.00	68.80
232443	2	T1019		02/26/13	02/26/13	16.00	68.80
232443	3	T1019		02/27/13	02/27/13	16.00	68.80
232443	4	T1019		02/28/13	02/28/13	16.00	68.80
232443	5	T1019		03/01/13	03/01/13	16.00	68.80
CLAIM TOTAL							344.00
CLAIM ACCOUNT REF.							2324430012012146SUP

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
232446	1	T1019		02/25/13	02/25/13	20.00	86.00
232446	2	T1019		02/26/13	02/26/13	20.00	86.00
232446	3	T1019		02/27/13	02/27/13	20.00	86.00
CLAIM TOTAL							258.00
CLAIM ACCOUNT REF.							2324460012012147SUP

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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 2012149 2012149 REGLA, MARIA F 11/21/1933 691499 111223158
DIAGNOSIS CODES: 250.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
232447	1	T1019		02/25/13	02/25/13	32.00	137.60	
232447	2	T1019		02/26/13	02/26/13	32.00	137.60	
232447	3	T1019		02/27/13	02/27/13	32.00	137.60	
232447	4	T1019		02/28/13	02/28/13	32.00	137.60	
232447	5	T1019		03/01/13	03/01/13	32.00	137.60	
CLAIM TOTAL							688.00	CLAIM ACCOUNT REF. 2324470012012149SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012152 2012152 REYES, TERESA 03/18/1941 697840 111452705
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
232448	1	T1019		02/21/13	02/21/13	32.00	137.60	
CLAIM TOTAL							137.60	CLAIM ACCOUNT REF. 2324480012012152SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012152 2012152 REYES, TERESA 03/18/1941 697840 111476685
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
232449	1	T1019		02/25/13	02/25/13	28.00	120.40	
232449	2	T1019		02/26/13	02/26/13	32.00	137.60	
232449	3	T1019		02/27/13	02/27/13	32.00	137.60	
232449	4	T1019		02/28/13	02/28/13	32.00	137.60	
CLAIM TOTAL							533.20	CLAIM ACCOUNT REF. 2324490012012152SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012155 2012155 SANCHEZ, BETANIA 05/10/1956 706048 111501905
DIAGNOSIS CODES: 555.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
232451	1	T1019		03/01/13	03/01/13	20.00	86.00	
CLAIM TOTAL							86.00	CLAIM ACCOUNT REF. 2324510012012155SUP

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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 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
232431	1	T1019		02/23/13	02/23/13	48.00	206.40
232431	2	T1019		02/24/13	02/24/13	48.00	206.40
232431	3	T1019		02/25/13	02/25/13	48.00	206.40
232431	4	T1019		02/26/13	02/26/13	48.00	206.40
232431	5	T1019		02/27/13	02/27/13	48.00	206.40
232431	6	T1019		02/28/13	02/28/13	48.00	206.40
232431	7	T1019		03/01/13	03/01/13	48.00	206.40
CLAIM TOTAL						1,444.80	CLAIM ACCOUNT REF. 2324310012012158SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012159 2012159 LOPEZ, VITALIA 08/01/1922 691723 111216060
DIAGNOSIS CODES: 331.0 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232432	1	T1019		02/23/13	02/23/13	48.00	206.40
232432	2	T1019		02/24/13	02/24/13	48.00	206.40
232432	3	T1019		02/25/13	02/25/13	48.00	206.40
232432	4	T1019		02/26/13	02/26/13	48.00	206.40
232432	5	T1019		02/27/13	02/27/13	48.00	206.40
232432	6	T1019		02/28/13	02/28/13	48.00	206.40
232432	7	T1019		03/01/13	03/01/13	48.00	206.40
CLAIM TOTAL						1,444.80	CLAIM ACCOUNT REF. 2324320012012159SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012161 2012161 ALONSO, ANA 03/02/1943 739934 111204846
DIAGNOSIS CODES: 733.09 253.5 272.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232419	1	T1019		02/23/13	02/23/13	20.00	86.00
232419	2	T1019		02/24/13	02/24/13	20.00	86.00
232419	3	T1019		02/25/13	02/25/13	20.00	86.00
CLAIM TOTAL						258.00	CLAIM ACCOUNT REF. 2324190012012161SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012261 2012261 SILVEIRA, BERTA 06/23/1938 753060 111269031
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232454	1	T1019		02/25/13	02/25/13	16.00	68.80

REPORT DATE 03/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013030608133916RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
232454	2	T1019		02/28/13	02/28/13	16.00	68.80	
					CLAIM TOTAL		137.60	CLAIM ACCOUNT REF. 2324540012012261SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012136	2012266	SOTO, RAFAEL B	03/08/1937	700573	111213199
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
232455	1	T1019		02/23/13	02/23/13	36.00	154.80	
232455	2	T1019		02/24/13	02/24/13	36.00	154.80	
232455	3	T1019		02/25/13	02/25/13	36.00	154.80	
232455	4	T1019		02/26/13	02/26/13	36.00	154.80	
232455	5	T1019		02/27/13	02/27/13	36.00	154.80	
232455	6	T1019		02/28/13	02/28/13	36.00	154.80	
					CLAIM TOTAL		928.80	CLAIM ACCOUNT REF. 2324550012012266SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012136	2012266	SOTO, RAFAEL B	03/08/1937	700573	111447220
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
232456	1	T1019		03/01/13	03/01/13	36.00	154.80	
					CLAIM TOTAL		154.80	CLAIM ACCOUNT REF. 2324560012012266SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012719	2012719	SANCHEZ FLORES, ADELAI	11/03/1944	761166	111494412
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
232450	1	T1019		03/01/13	03/01/13	20.00	86.00	
					CLAIM TOTAL		86.00	CLAIM ACCOUNT REF. 2324500012012719SUP

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	177	TOTAL CLAIM AMOUNT =	20,984.00
		# SERVICES =	37		

REPORT DATE 03/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013030608133916RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232401	1	T1019	0580	02/25/13	02/25/13	40.00	168.80
232401	2	T1019	0580	02/26/13	02/26/13	40.00	168.80
232401	3	T1019	0580	02/27/13	02/27/13	40.00	168.80
232401	4	T1019	0580	02/28/13	02/28/13	40.00	168.80
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2324010012008491SUP

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
232404	1	T1019	0580	02/25/13	02/25/13	16.00	67.52
232404	2	T1019	0580	02/26/13	02/26/13	16.00	67.52
232404	3	T1019	0580	02/27/13	02/27/13	16.00	67.52
232404	4	T1019	0580	02/28/13	02/28/13	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2324040012008513SUP

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
232402	1	T1019	0580	02/23/13	02/23/13	20.00	84.40
232402	2	T1019	0580	02/24/13	02/24/13	20.00	84.40
232402	3	T1019	0580	02/25/13	02/25/13	20.00	84.40
232402	4	T1019	0580	02/26/13	02/26/13	20.00	84.40
232402	5	T1019	0580	02/27/13	02/27/13	20.00	84.40
232402	6	T1019	0580	02/28/13	02/28/13	20.00	84.40
232402	7	T1019	0580	03/01/13	03/01/13	20.00	84.40
CLAIM TOTAL							590.80
CLAIM ACCOUNT REF.							2324020012008544SUP

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
232396	1	T1019	0580	02/26/13	02/26/13	16.00	67.52
232396	2	T1019	0580	02/28/13	02/28/13	16.00	67.52
232396	3	T1019	0580	03/01/13	03/01/13	16.00	67.52

REPORT DATE 03/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013030608133916RRSUP

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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	CLAIM ACCOUNT REF.
						CLAIM TOTAL	202.56	2323960012008723SUP

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	CLAIM ACCOUNT REF.
232390	1	T1019	0580	02/23/13	02/23/13	48.00	202.56	
232390	2	T1019	0580	02/24/13	02/24/13	48.00	202.56	
232390	3	T1019	0580	02/25/13	02/25/13	48.00	202.56	
232390	4	T1019	0580	02/26/13	02/26/13	48.00	202.56	
232390	5	T1019	0580	02/27/13	02/27/13	48.00	202.56	
232390	6	T1019	0580	02/28/13	02/28/13	48.00	202.56	
232390	7	T1019	0580	03/01/13	03/01/13	48.00	202.56	
						CLAIM TOTAL	1,417.92	2323900012008793SUP

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	CLAIM ACCOUNT REF.
232398	1	T1019	0580	02/23/13	02/23/13	32.00	135.04	
232398	2	T1019	0580	02/24/13	02/24/13	32.00	135.04	
232398	3	T1019	0580	02/25/13	02/25/13	32.00	135.04	
232398	4	T1019	0580	02/26/13	02/26/13	32.00	135.04	
232398	5	T1019	0580	02/27/13	02/27/13	32.00	135.04	
232398	6	T1019	0580	02/28/13	02/28/13	32.00	135.04	
232398	7	T1019	0580	03/01/13	03/01/13	32.00	135.04	
						CLAIM TOTAL	945.28	2323980012009237SUP

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	CLAIM ACCOUNT REF.
232403	1	T1019	0580	03/01/13	03/01/13	20.00	84.40	
						CLAIM TOTAL	84.40	2324030012009269SUP

REPORT DATE 03/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013030608133916RRSUP

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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 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
232400	1	T1019	0580	02/27/13	02/27/13	40.00	168.80
232400	2	T1019	0580	02/28/13	02/28/13	40.00	168.80
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2324000012009562SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232392	1	T1019	0580	02/26/13	02/26/13	16.00	67.52
232392	2	T1019	0580	02/27/13	02/27/13	16.00	67.52
232392	3	T1019	0580	02/28/13	02/28/13	16.00	67.52
232392	4	T1019	0580	03/01/13	03/01/13	16.00	67.52
CLAIM TOTAL							270.08

CLAIM ACCOUNT REF. 2323920012009686SUP

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
232394	1	T1019	0580	02/23/13	02/23/13	28.00	118.16
232394	2	T1019	0580	02/24/13	02/24/13	28.00	118.16
232394	3	T1019	0580	02/25/13	02/25/13	28.00	118.16
232394	4	T1019	0580	02/26/13	02/26/13	28.00	118.16
232394	5	T1019	0580	02/27/13	02/27/13	28.00	118.16
232394	6	T1019	0580	02/28/13	02/28/13	28.00	118.16
CLAIM TOTAL							708.96

CLAIM ACCOUNT REF. 2323940012009945SUP

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
232389	1	T1019	0580	02/25/13	02/25/13	32.00	135.04
232389	2	T1019	0580	02/26/13	02/26/13	32.00	135.04
232389	3	T1019	0580	02/27/13	02/27/13	32.00	135.04
232389	4	T1019	0580	02/28/13	02/28/13	32.00	135.04
232389	5	T1019	0580	03/01/13	03/01/13	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2323890012010293SUP

REPORT DATE 03/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013030608133916RRSUP

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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 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
232397	1	T1019	0580	02/23/13	02/23/13	48.00	202.56
232397	2	T1019	0580	02/24/13	02/24/13	48.00	202.56
232397	3	T1019	0580	02/25/13	02/25/13	48.00	202.56
232397	4	T1019	0580	02/27/13	02/27/13	48.00	202.56
232397	5	T1019	0580	02/28/13	02/28/13	44.00	185.68
232397	6	T1019	0580	03/01/13	03/01/13	48.00	202.56
CLAIM TOTAL						1,198.48	CLAIM ACCOUNT REF. 2323970012010316SUP

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
232393	1	T1019	0580	02/23/13	02/23/13	36.00	151.92
232393	2	T1019	0580	02/24/13	02/24/13	36.00	151.92
232393	3	T1019	0580	02/25/13	02/25/13	36.00	151.92
232393	4	T1019	0580	02/26/13	02/26/13	36.00	151.92
232393	5	T1019	0580	02/27/13	02/27/13	36.00	151.92
232393	6	T1019	0580	02/28/13	02/28/13	36.00	151.92
232393	7	T1019	0580	03/01/13	03/01/13	36.00	151.92
CLAIM TOTAL						1,063.44	CLAIM ACCOUNT REF. 2323930012010991SUP

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
232391	1	G0156	0572	02/23/13	02/23/13	12.00	171.00
232391	2	G0156	0572	02/24/13	02/24/13	12.00	171.00
232391	3	G0156	0572	02/25/13	02/25/13	10.00	142.50
232391	4	G0156	0572	02/26/13	02/26/13	10.00	142.50
232391	5	G0156	0572	02/27/13	02/27/13	10.00	142.50
232391	6	G0156	0572	02/28/13	02/28/13	10.00	142.50
232391	7	G0156	0572	03/01/13	03/01/13	12.00	171.00
CLAIM TOTAL						1,083.00	CLAIM ACCOUNT REF. 2323910012011526SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #
113502051-001-0001

CLAIM TOTAL	1,417.92	CLAIM ACCOUNT REF.	2323950012011833SUP
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PRIOR AUTHORIZATION #
0005825708

CLAIM TOTAL	422.00	CLAIM ACCOUNT REF.	2323990012012343SUP
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PRIOR AUTHORIZATION #
0005923488001

CLAIM TOTAL	506.40	CLAIM ACCOUNT REF.	2323880012012547SUP
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PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	87	TOTAL CLAIM AMOUNT =	11,869.32
		# SERVICES =	17		

REPORT DATE 03/06/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 77073 VNSNY CHOICE

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008374 2010958 KARASSAVIDES, ARISTOTI 10/09/1962 V80041904 123590054
DIAGNOSIS CODES: 042. 202.88 436. 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232478	1	S5125		02/25/13	02/25/13	28.00	120.12
232478	2	S5125		02/26/13	02/26/13	28.00	120.12
232478	3	S5125		02/27/13	02/27/13	28.00	120.12
CLAIM TOTAL							360.36
CLAIM ACCOUNT REF.							2324780012010958SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012481 2012481 REYES, LORGIO 05/15/1982 V80024771 130240009
DIAGNOSIS CODES: 585.6 294.9 315.34 389.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232479	1	S5125		02/15/13	02/15/13	40.00	171.60
232479	2	S5125		02/23/13	02/23/13	24.00	102.96
232479	3	S5125		02/25/13	02/25/13	40.00	171.60
232479	4	S5125		02/26/13	02/26/13	24.00	102.96
232479	5	S5125		02/27/13	02/27/13	40.00	171.60
232479	6	S5125		02/28/13	02/28/13	24.00	102.96
232479	7	S5125		03/01/13	03/01/13	40.00	171.60
CLAIM TOTAL							995.28
CLAIM ACCOUNT REF.							2324790012012481SUP

PAYER TOTALS: VNSNY CHOICE # OF CLAIMS = 10 TOTAL CLAIM AMOUNT = 1,355.64
SERVICES = 2

REPORT DATE 03/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013030608133916RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
232346	1	T1019		02/23/13	02/23/13	12.00	50.64	
232346	2	T1019		02/24/13	02/24/13	12.00	50.64	
232346	3	T1019		02/25/13	02/25/13	12.00	50.64	
232346	4	T1019		02/26/13	02/26/13	12.00	50.64	
232346	5	T1019		02/27/13	02/27/13	12.00	50.64	
232346	6	T1019		02/28/13	02/28/13	12.00	50.64	
232346	7	T1019		03/01/13	03/01/13	12.00	50.64	
					CLAIM TOTAL		354.48	CLAIM ACCOUNT REF. 2323460012008246SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008248 2008248 RIVERA, EDDIE 01/29/1960 YP34893V R2167051
DIAGNOSIS CODES: 339.02 367.1 369.10

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
232347	1	T1019		02/25/13	02/25/13	12.00	50.64	
232347	2	T1019		02/26/13	02/26/13	12.00	50.64	
232347	3	T1019		02/27/13	02/27/13	12.00	50.64	
232347	4	T1019		02/28/13	02/28/13	12.00	50.64	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2323470012008248SUP

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	
232341	1	T1019		02/23/13	02/23/13	44.00	185.68	
232341	2	T1019		02/24/13	02/24/13	44.00	185.68	
232341	3	T1019		02/25/13	02/25/13	44.00	185.68	
232341	4	T1019		02/26/13	02/26/13	44.00	185.68	
232341	5	T1019		02/27/13	02/27/13	44.00	185.68	
232341	6	T1019		02/28/13	02/28/13	44.00	185.68	
232341	7	T1019		03/01/13	03/01/13	44.00	185.68	
					CLAIM TOTAL		1,299.76	CLAIM ACCOUNT REF. 2323410012008249SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232349	1	T1019		02/23/13	02/23/13	32.00	135.04
232349	2	T1019		02/24/13	02/24/13	32.00	135.04
232349	3	T1019		02/25/13	02/25/13	32.00	135.04
232349	4	T1019		02/26/13	02/26/13	32.00	135.04
232349	5	T1019		02/27/13	02/27/13	32.00	135.04
232349	6	T1019		03/01/13	03/01/13	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2323490012008250SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008251 2008251 CEBALLOS, ANA 12/31/1919 UH02585Q R2162064
DIAGNOSIS CODES: 294.10 244.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232326	1	T1019		02/25/13	02/25/13	20.00	84.40
232326	2	T1019		02/26/13	02/26/13	32.00	135.04
232326	3	T1019		02/27/13	02/27/13	32.00	135.04
232326	4	T1019		02/28/13	02/28/13	28.00	118.16
232326	5	T1019		03/01/13	03/01/13	32.00	135.04
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2323260012008251SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008253 2008253 MACARENA, SAHARA 09/12/1965 VT07830U R2084101
DIAGNOSIS CODES: 359.0 719.45

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232342	1	T1019		02/23/13	02/23/13	48.00	202.56
232342	2	T1019		02/24/13	02/24/13	48.00	202.56
232342	3	T1019		02/25/13	02/25/13	48.00	202.56
232342	4	T1019		02/26/13	02/26/13	48.00	202.56
232342	5	T1019		02/27/13	02/27/13	48.00	202.56
232342	6	T1019		02/28/13	02/28/13	48.00	202.56
232342	7	T1019		03/01/13	03/01/13	48.00	202.56
CLAIM TOTAL							1,417.92
CLAIM ACCOUNT REF.							2323420012008253SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
232351	1	T1019		02/25/13	02/25/13	20.00	84.40	
232351	2	T1019		02/26/13	02/26/13	20.00	84.40	
232351	3	T1019		02/27/13	02/27/13	20.00	84.40	
232351	4	T1019		02/28/13	02/28/13	20.00	84.40	
232351	5	T1019		03/01/13	03/01/13	20.00	84.40	
CLAIM TOTAL							422.00	CLAIM ACCOUNT REF. 2323510012008254SUP

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	
232324	1	T1019		02/25/13	02/25/13	32.00	135.04	
232324	2	T1019		02/26/13	02/26/13	32.00	135.04	
232324	3	T1019		02/27/13	02/27/13	32.00	135.04	
232324	4	T1019		02/28/13	02/28/13	32.00	135.04	
232324	5	T1019		03/01/13	03/01/13	32.00	135.04	
CLAIM TOTAL							675.20	CLAIM ACCOUNT REF. 2323240012008256SUP

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	
232331	1	T1019		02/23/13	02/23/13	24.00	101.28	
232331	2	T1019		02/24/13	02/24/13	24.00	101.28	
232331	3	T1019		02/25/13	02/25/13	24.00	101.28	
232331	4	T1019		02/26/13	02/26/13	24.00	101.28	
232331	5	T1019		02/27/13	02/27/13	24.00	101.28	
232331	6	T1019		02/28/13	02/28/13	24.00	101.28	
232331	7	T1019		03/01/13	03/01/13	24.00	101.28	
CLAIM TOTAL							708.96	CLAIM ACCOUNT REF. 2323310012008257SUP

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
232350	1	T1019		02/25/13	02/25/13	32.00	135.04

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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	
232350	2	T1019		02/26/13	02/26/13	32.00	135.04	
232350	3	T1019		02/27/13	02/27/13	32.00	135.04	
232350	4	T1019		02/28/13	02/28/13	32.00	135.04	
232350	5	T1019		03/01/13	03/01/13	32.00	135.04	
				CLAIM TOTAL			675.20	CLAIM ACCOUNT REF. 2323500012008290SUP

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	
232333	1	T1019		02/23/13	02/23/13	28.00	118.16	
232333	2	T1019		02/24/13	02/24/13	28.00	118.16	
232333	3	T1019		02/25/13	02/25/13	28.00	118.16	
232333	4	T1019		02/26/13	02/26/13	28.00	118.16	
232333	5	T1019		02/27/13	02/27/13	28.00	118.16	
232333	6	T1019		02/28/13	02/28/13	28.00	118.16	
232333	7	T1019		03/01/13	03/01/13	28.00	118.16	
				CLAIM TOTAL			827.12	CLAIM ACCOUNT REF. 2323330012008362SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008368	2008368	RODRIGUEZ, MARGARET	06/25/1950	ZP21043J	R2162380
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	
232348	1	T1019		02/25/13	02/25/13	16.00	67.52	
232348	2	T1019		02/26/13	02/26/13	16.00	67.52	
232348	3	T1019		02/27/13	02/27/13	16.00	67.52	
232348	4	T1019		02/28/13	02/28/13	16.00	67.52	
232348	5	T1019		03/01/13	03/01/13	16.00	67.52	
				CLAIM TOTAL			337.60	CLAIM ACCOUNT REF. 2323480012008368SUP

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	
232334	1	T1019		02/23/13	02/23/13	32.00	135.04	
232334	2	T1019		02/24/13	02/24/13	32.00	135.04	
232334	3	T1019		02/25/13	02/25/13	32.00	135.04	
232334	4	T1019		02/26/13	02/26/13	32.00	135.04	
232334	5	T1019		02/27/13	02/27/13	32.00	135.04	
232334	6	T1019		02/28/13	02/28/13	32.00	135.04	

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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	
232334	7	T1019		03/01/13	03/01/13	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2323340012008411SUP

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	
232338	1	T1019		02/23/13	02/23/13	28.00	118.16	
232338	2	T1019		02/24/13	02/24/13	28.00	118.16	
232338	3	T1019		02/25/13	02/25/13	28.00	118.16	
232338	4	T1019		02/26/13	02/26/13	28.00	118.16	
232338	5	T1019		02/27/13	02/27/13	28.00	118.16	
232338	6	T1019		02/28/13	02/28/13	28.00	118.16	
232338	7	T1019		03/01/13	03/01/13	28.00	118.16	
					CLAIM TOTAL		827.12	CLAIM ACCOUNT REF. 2323380012008428SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008433	2008433	BHAIR, KOWSILILLI	05/13/1954	VG15691D	R2088833
DIAGNOSIS	CODES:	340.	286.0	311.	401.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
232320	1	T1019		02/23/13	02/23/13	32.00	135.04	
232320	2	T1019		02/24/13	02/24/13	32.00	135.04	
232320	3	T1019		02/25/13	02/25/13	32.00	135.04	
232320	4	T1019		02/26/13	02/26/13	32.00	135.04	
232320	5	T1019		02/27/13	02/27/13	32.00	135.04	
232320	6	T1019		02/28/13	02/28/13	32.00	135.04	
232320	7	T1019		03/01/13	03/01/13	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2323200012008433SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008558	2008558	SURIEL, GERTRUDIS	03/17/1950	ZE67447D	0112191201069
DIAGNOSIS	CODES:	493.90	401.9	414.00	715.00		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
232354	1	T1019		02/23/13	02/23/13	32.00	135.04	
232354	2	T1019		02/24/13	02/24/13	32.00	135.04	
232354	3	T1019		02/25/13	02/25/13	32.00	135.04	
232354	4	T1019		02/26/13	02/26/13	32.00	135.04	
232354	5	T1019		02/27/13	02/27/13	32.00	135.04	
232354	6	T1019		02/28/13	02/28/13	32.00	135.04	
232354	7	T1019		03/01/13	03/01/13	32.00	135.04	

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PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							945.28	2323540012008558SUP

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	CLAIM ACCOUNT REF.
232330	1	T1019		02/23/13	02/23/13	16.00	67.52	
232330	2	T1019		02/24/13	02/24/13	16.00	67.52	
232330	3	T1019		02/25/13	02/25/13	24.00	101.28	
232330	4	T1019		02/26/13	02/26/13	24.00	101.28	
232330	5	T1019		02/27/13	02/27/13	24.00	101.28	
232330	6	T1019		02/28/13	02/28/13	24.00	101.28	
232330	7	T1019		03/01/13	03/01/13	24.00	101.28	
						CLAIM TOTAL	641.44	2323300012008571SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
232332	1	T1019		02/24/13	02/24/13	40.00	168.80	
232332	2	T1019		02/25/13	02/25/13	24.00	101.28	
232332	3	T1019		02/26/13	02/26/13	40.00	168.80	
232332	4	T1019		02/27/13	02/27/13	40.00	168.80	
232332	5	T1019		02/28/13	02/28/13	40.00	168.80	
232332	6	T1019		03/01/13	03/01/13	40.00	168.80	
						CLAIM TOTAL	945.28	2323320012009001SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008300	2009256	CHARITAR, RAMKALIE	06/23/1953	UY13756G	R2016936
DIAGNOSIS	CODES:	250.00	311.	401.9	414.00	414.01	466.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
232327	1	T1019		02/24/13	02/24/13	20.00	84.40	
232327	2	T1019		02/25/13	02/25/13	20.00	84.40	
232327	3	T1019		02/26/13	02/26/13	20.00	84.40	
232327	4	T1019		02/27/13	02/27/13	20.00	84.40	
232327	5	T1019		02/28/13	02/28/13	20.00	84.40	
						CLAIM TOTAL	422.00	2323270012009256SUP

REPORT DATE 03/06/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 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
232325	1	T1019		02/23/13	02/23/13	32.00	135.04
232325	2	T1019		02/25/13	02/25/13	32.00	135.04
232325	3	T1019		02/26/13	02/26/13	32.00	135.04
232325	4	T1019		02/27/13	02/27/13	32.00	135.04
232325	5	T1019		02/28/13	02/28/13	32.00	135.04
232325	6	T1019		03/01/13	03/01/13	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2323250012009270SUP

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
232336	1	T1019		02/25/13	02/25/13	16.00	67.52
232336	2	T1019		02/27/13	02/27/13	16.00	67.52
232336	3	T1019		03/01/13	03/01/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2323360012009322SUP

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
232328	1	T1019		02/25/13	02/25/13	24.00	101.28
232328	2	T1019		02/26/13	02/26/13	24.00	101.28
232328	3	T1019		02/27/13	02/27/13	24.00	101.28
232328	4	T1019		02/28/13	02/28/13	24.00	101.28
232328	5	T1019		03/01/13	03/01/13	24.00	101.28
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2323280012009405SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009425 2009425 FRIAS, BARBARA 04/01/1954 YQ10410R R2162289
DIAGNOSIS CODES: 785.9 V44.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232335	1	T1019		02/25/13	02/25/13	16.00	67.52
232335	2	T1019		02/27/13	02/27/13	16.00	67.52
232335	3	T1019		03/01/13	03/01/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2323350012009425SUP

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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 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
232322	1	T1019		02/23/13	02/23/13	24.00	101.28
232322	2	T1019		02/25/13	02/25/13	24.00	101.28
232322	3	T1019		02/26/13	02/26/13	24.00	101.28
232322	4	T1019		02/27/13	02/27/13	24.00	101.28
232322	5	T1019		02/28/13	02/28/13	24.00	101.28
232322	6	T1019		03/01/13	03/01/13	24.00	101.28
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2323220012009560SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010009 2010009 VEGA, GLORIA 07/06/1955 ZU45073J R2142122
DIAGNOSIS CODES: 340. 250.00 272.2 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232356	1	T1019		02/25/13	02/25/13	32.00	135.04
232356	2	T1019		02/26/13	02/26/13	32.00	135.04
232356	3	T1019		02/27/13	02/27/13	32.00	135.04
232356	4	T1019		02/28/13	02/28/13	32.00	135.04
232356	5	T1019		03/01/13	03/01/13	32.00	135.04
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2323560012010009SUP

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
232340	1	T1019		02/23/13	02/23/13	48.00	202.56
232340	2	T1019		02/24/13	02/24/13	48.00	202.56
232340	3	T1019		02/25/13	02/25/13	48.00	202.56
232340	4	T1019		02/26/13	02/26/13	48.00	202.56
232340	5	T1019		02/27/13	02/27/13	48.00	202.56
232340	6	T1019		02/28/13	02/28/13	48.00	202.56
232340	7	T1019		03/01/13	03/01/13	48.00	202.56
CLAIM TOTAL							1,417.92
CLAIM ACCOUNT REF.							2323400012010311SUP

REPORT DATE 03/06/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010758 2010758 VASQUEZ, OLGA 11/20/1948 WU00136E R2094038
DIAGNOSIS CODES: 311. 244.9 253.5 401.9 429.9 493.90 948.11

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
232355	1	T1019		01/24/13	01/24/13	20.00	84.40	
232355	2	T1019		02/07/13	02/07/13	20.00	84.40	
232355	3	T1019		02/24/13	02/24/13	20.00	84.40	
232355	4	T1019		02/28/13	02/28/13	20.00	84.40	
232355	5	T1019		03/01/13	03/01/13	20.00	84.40	
CLAIM TOTAL							422.00	CLAIM ACCOUNT REF. 2323550012010758SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008813 2010967 LARA, TOMASA 10/11/1931 SX47950B R2115813
DIAGNOSIS CODES: 401.9 244.9 272.4 715.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
232339	1	T1019		02/25/13	02/25/13	32.00	135.04	
232339	2	T1019		02/26/13	02/26/13	32.00	135.04	
232339	3	T1019		02/27/13	02/27/13	32.00	135.04	
232339	4	T1019		02/28/13	02/28/13	32.00	135.04	
232339	5	T1019		03/01/13	03/01/13	32.00	135.04	
CLAIM TOTAL							675.20	CLAIM ACCOUNT REF. 2323390012010967SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011058 2011058 DELACRUZ, ANA 06/20/1920 122053627 R2140123
DIAGNOSIS CODES: 294.20 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
232329	1	T1019		02/23/13	02/23/13	40.00	168.80	
232329	2	T1019		02/24/13	02/24/13	40.00	168.80	
232329	3	T1019		02/25/13	02/25/13	40.00	168.80	
232329	4	T1019		02/26/13	02/26/13	40.00	168.80	
232329	5	T1019		02/27/13	02/27/13	40.00	168.80	
232329	6	T1019		02/28/13	02/28/13	40.00	168.80	
232329	7	T1019		03/01/13	03/01/13	40.00	168.80	
CLAIM TOTAL							1,181.60	CLAIM ACCOUNT REF. 2323290012011058SUP

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
232344	1	T1020		02/23/13	02/23/13	12.00	202.56

REPORT DATE 03/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013030608133916RRSUP

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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
232344	2	T1020		02/24/13	02/24/13	12.00	202.56
232344	3	T1020		02/25/13	02/25/13	12.00	202.56
232344	4	T1020		02/26/13	02/26/13	12.00	202.56
232344	5	T1020		02/27/13	02/27/13	12.00	202.56
232344	6	T1020		02/28/13	02/28/13	12.00	202.56
232344	7	T1020		03/01/13	03/01/13	12.00	202.56
CLAIM TOTAL							1,417.92
							CLAIM ACCOUNT REF. 2323440012011388SUP

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
232323	1	T1019		02/25/13	02/25/13	40.00	168.80
232323	2	T1019		02/26/13	02/26/13	40.00	168.80
232323	3	T1019		02/27/13	02/27/13	40.00	168.80
232323	4	T1019		03/01/13	03/01/13	40.00	168.80
CLAIM TOTAL							675.20
							CLAIM ACCOUNT REF. 2323230012011528SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008405	2011820	ST ROMAIN, 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
232352	1	T1019		02/11/13	02/11/13	40.00	168.80
CLAIM TOTAL							168.80
							CLAIM ACCOUNT REF. 2323520012011820SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008405	2011820	ST ROMAIN, CLAUDE	10/01/1956	UZ14868C	0102131302292
DIAGNOSIS CODES: 952.9 344.9 596.54						

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232353	1	T1019		02/23/13	02/23/13	36.00	151.92
232353	2	T1019		02/24/13	02/24/13	36.00	151.92
232353	3	T1019		02/25/13	02/25/13	40.00	168.80
232353	4	T1019		02/26/13	02/26/13	40.00	168.80
232353	5	T1019		02/27/13	02/27/13	40.00	168.80
232353	6	T1019		02/28/13	02/28/13	40.00	168.80
232353	7	T1019		03/01/13	03/01/13	40.00	168.80
CLAIM TOTAL							1,147.84
							CLAIM ACCOUNT REF. 2323530012011820SUP

REPORT DATE 03/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013030608133916RRSUP

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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 2012284 2012284 REINOSO, EMELIANNA 12/26/1931 115451707 R2106516
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232345	1	T1019		02/23/13	02/23/13	40.00	168.80
232345	2	T1019		02/24/13	02/24/13	40.00	168.80
232345	3	T1019		02/25/13	02/25/13	40.00	168.80
232345	4	T1019		02/26/13	02/26/13	40.00	168.80
232345	5	T1019		02/27/13	02/27/13	40.00	168.80
232345	6	T1019		02/28/13	02/28/13	40.00	168.80
232345	7	T1019		03/01/13	03/01/13	40.00	168.80
CLAIM TOTAL						1,181.60	CLAIM ACCOUNT REF. 2323450012012284SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011495 2012478 ISKANDER, JACOU B 04/14/1949 YS88012Z R2140203
DIAGNOSIS CODES: 748.60 253.5 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232337	1	T1019		02/23/13	02/23/13	32.00	135.04
232337	2	T1019		02/24/13	02/24/13	32.00	135.04
232337	3	T1019		02/25/13	02/25/13	32.00	135.04
232337	4	T1019		02/26/13	02/26/13	32.00	135.04
232337	5	T1019		02/27/13	02/27/13	32.00	135.04
232337	6	T1019		02/28/13	02/28/13	32.00	135.04
232337	7	T1019		03/01/13	03/01/13	32.00	135.04
CLAIM TOTAL						945.28	CLAIM ACCOUNT REF. 2323370012012478SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012477 2012489 BLANCO, CARMELINA 08/19/1940 112990683 R2134909
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232321	1	T1019		02/25/13	02/25/13	16.00	67.52
232321	2	T1019		02/26/13	02/26/13	16.00	67.52
232321	3	T1019		02/27/13	02/27/13	16.00	67.52
232321	4	T1019		02/28/13	02/28/13	16.00	67.52
232321	5	T1019		03/01/13	03/01/13	16.00	67.52
CLAIM TOTAL						337.60	CLAIM ACCOUNT REF. 2323210012012489SUP

REPORT DATE 03/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013030608133916RRSUP

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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 2009733 2012683 ORTIZ, TULA 10/30/1957 ST52677J R2161864
DIAGNOSIS CODES: 022.2 272.4 332.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
232343	1	T1019		02/25/13	02/25/13	24.00	101.28	
232343	2	T1019		02/26/13	02/26/13	24.00	101.28	
232343	3	T1019		02/27/13	02/27/13	24.00	101.28	
232343	4	T1019		02/28/13	02/28/13	24.00	101.28	
232343	5	T1019		03/01/13	03/01/13	24.00	101.28	
					CLAIM TOTAL	506.40		CLAIM ACCOUNT REF. 2323430012012683SUP

PAYER TOTALS: HEALTHFIRST PHSP # OF CLAIMS = 211 TOTAL CLAIM AMOUNT = 27,092.40
SERVICES = 36

REPORT DATE 03/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013030608133916RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232384	1	T1019		02/23/13	02/23/13	40.00	171.60
232384	2	T1019		02/24/13	02/24/13	40.00	171.60
232384	3	T1019		02/25/13	02/25/13	40.00	171.60
232384	4	T1019		02/26/13	02/26/13	40.00	171.60
232384	5	T1019		02/27/13	02/27/13	40.00	171.60
232384	6	T1019		02/28/13	02/28/13	40.00	171.60
232384	7	T1019		03/01/13	03/01/13	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2323840012008245SUP

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
232386	1	T1019		02/23/13	02/23/13	16.00	68.64
232386	2	T1019		02/24/13	02/24/13	16.00	68.64
232386	3	T1019		02/25/13	02/25/13	36.00	154.44
232386	4	T1019		02/26/13	02/26/13	36.00	154.44
232386	5	T1019		02/27/13	02/27/13	36.00	154.44
232386	6	T1019		02/28/13	02/28/13	36.00	154.44
232386	7	T1019		03/01/13	03/01/13	36.00	154.44
CLAIM TOTAL						909.48	CLAIM ACCOUNT REF. 2323860012008287SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008401 2008401 SAFOS, PATRA 12/18/1948 100029836 609009121
DIAGNOSIS CODES: 340. 244.8 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232387	1	T1019		02/23/13	02/23/13	32.00	137.28
232387	2	T1019		02/24/13	02/24/13	32.00	137.28
232387	3	T1019		02/25/13	02/25/13	28.00	120.12
232387	4	T1019		02/26/13	02/26/13	32.00	137.28
232387	5	T1019		02/27/13	02/27/13	32.00	137.28
232387	6	T1019		02/28/13	02/28/13	32.00	137.28
232387	7	T1019		03/01/13	03/01/13	32.00	137.28
CLAIM TOTAL						943.80	CLAIM ACCOUNT REF. 2323870012008401SUP

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NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011881	2011881	KHAN, FAZAL	06/28/1970	101344352	609951463

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
232385	1	T1019		02/23/13	02/23/13	48.00	205.92		
232385	2	T1019		02/24/13	02/24/13	48.00	205.92		
232385	3	T1019		02/25/13	02/25/13	48.00	205.92		
232385	4	T1019		02/26/13	02/26/13	48.00	205.92		
232385	5	T1019		02/27/13	02/27/13	48.00	205.92		
232385	6	T1019		02/28/13	02/28/13	48.00	205.92		
232385	7	T1019		03/01/13	03/01/13	48.00	205.92		
					CLAIM TOTAL		1,441.44	CLAIM ACCOUNT REF.	2323850012011881SUP

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	28	TOTAL CLAIM AMOUNT =	4,495.92
		# SERVICES =	4		

REPORT DATE 03/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013030608133916RRSUP

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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
232461	1	T1019	0580	02/23/13	02/23/13	40.00	168.80
232461	2	T1019	0580	02/24/13	02/24/13	40.00	168.80
232461	3	T1019	0580	02/25/13	02/25/13	40.00	168.80
232461	4	T1019	0580	02/26/13	02/26/13	40.00	168.80
232461	5	T1019	0580	02/27/13	02/27/13	40.00	168.80
232461	6	T1019	0580	02/28/13	02/28/13	40.00	168.80
CLAIM TOTAL							1,012.80
CLAIM ACCOUNT REF.							2324610012008266SUP

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
232462	1	T1019	0580	03/01/13	03/01/13	32.00	135.04
CLAIM TOTAL							135.04
CLAIM ACCOUNT REF.							2324620012008266SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232464	1	S5130	0582	03/01/13	03/01/13	16.00	67.52
CLAIM TOTAL							67.52
CLAIM ACCOUNT REF.							2324640012009279SUP

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
232463	1	T1019	0580	02/25/13	02/25/13	16.00	67.52
232463	2	T1019	0580	02/26/13	02/26/13	16.00	67.52
232463	3	T1019	0580	02/27/13	02/27/13	16.00	67.52
232463	4	T1019	0580	02/28/13	02/28/13	16.00	67.52
232463	5	T1019	0580	03/01/13	03/01/13	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2324630012010731SUP

REPORT DATE 03/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013030608133916RRSUP

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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 2011322 2011322 FRASIEUR, GARY 04/14/1948 006585499 103155061
DIAGNOSIS CODES: 416.9 401.9 492.8 493.92 602.8

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232459	1	T1019	0580	02/23/13	02/23/13	20.00	84.40
232459	2	T1019	0580	02/25/13	02/25/13	20.00	84.40
232459	3	T1019	0580	02/27/13	02/27/13	20.00	84.40
CLAIM TOTAL							253.20
CLAIM ACCOUNT REF.							2324590012011322SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011322 2011322 FRASIEUR, GARY 04/14/1948 006585499 103155061
DIAGNOSIS CODES: 416.9 401.9 492.8 493.92 602.8

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232460	1	T1019	0580	03/01/13	03/01/13	20.00	84.40
CLAIM TOTAL							84.40
CLAIM ACCOUNT REF.							2324600012011322SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012076 2012357 ESPINAL, MARIA 05/27/1951 713844209 103312722
DIAGNOSIS CODES: 311. 272.4 386.9 493.92

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232466	1	T1019	0580	02/23/13	02/23/13	24.00	90.00
232466	2	T1019	0580	02/25/13	02/25/13	24.00	90.00
232466	3	T1019	0580	02/26/13	02/26/13	24.00	90.00
232466	4	T1019	0580	02/27/13	02/27/13	24.00	90.00
232466	5	T1019	0580	02/28/13	02/28/13	24.00	90.00
232466	6	T1019	0580	03/01/13	03/01/13	24.00	90.00
CLAIM TOTAL							540.00
CLAIM ACCOUNT REF.							2324660012012357SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232468	1	T1019	0580	02/25/13	02/25/13	16.00	60.00
232468	2	T1019	0580	02/26/13	02/26/13	16.00	60.00
232468	3	T1019	0580	02/27/13	02/27/13	16.00	60.00
232468	4	T1019	0580	02/28/13	02/28/13	16.00	60.00
232468	5	T1019	0580	03/01/13	03/01/13	16.00	60.00
CLAIM TOTAL							300.00
CLAIM ACCOUNT REF.							2324680012012358SUP

REPORT DATE 03/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013030608133916RRSUP

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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 2012080 2012362 RIVERA, CARMEN 05/17/1967 714280461 103312424
DIAGNOSIS CODES: 192.2 338.29 536.9 787.60 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232469	1	T1019	0580	02/18/13	02/18/13	20.00	75.00
232469	2	T1019	0580	02/19/13	02/19/13	20.00	75.00
232469	3	T1019	0580	02/20/13	02/20/13	20.00	75.00
232469	4	T1019	0580	02/21/13	02/21/13	20.00	75.00
232469	5	T1019	0580	02/22/13	02/22/13	20.00	75.00
232469	6	T1019	0580	02/25/13	02/25/13	20.00	75.00
232469	7	T1019	0580	02/26/13	02/26/13	20.00	75.00
232469	8	T1019	0580	02/27/13	02/27/13	20.00	75.00
232469	9	T1019	0580	02/28/13	02/28/13	20.00	75.00
232469	10	T1019	0580	03/01/13	03/01/13	20.00	75.00
CLAIM TOTAL							750.00
CLAIM ACCOUNT REF.							2324690012012362SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010003 2012373 DENNISON, KELVIN * 09/23/1991 6944796 103006820
DIAGNOSIS CODES: 799.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232465	1	T1019	0580	02/25/13	02/25/13	16.00	60.00
232465	2	T1019	0580	02/26/13	02/26/13	20.00	75.00
232465	3	T1019	0580	02/27/13	02/27/13	20.00	75.00
232465	4	T1019	0580	02/28/13	02/28/13	20.00	75.00
CLAIM TOTAL							285.00
CLAIM ACCOUNT REF.							2324650012012373SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232467	1	T1019	0580	02/25/13	02/25/13	32.00	120.00
232467	2	T1019	0580	02/27/13	02/27/13	32.00	120.00
232467	3	T1019	0580	02/28/13	02/28/13	36.00	135.00
232467	4	T1019	0580	03/01/13	03/01/13	32.00	120.00
CLAIM TOTAL							495.00
CLAIM ACCOUNT REF.							2324670012012374SUP

REPORT DATE 03/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013030608133916RRSUP

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

PAYER TOTALS:	AMERIGROUP NEW YORK,LLC	# OF CLAIMS =	46	TOTAL CLAIM AMOUNT =	4,260.56
		# SERVICES =	9		

REPORT DATE 03/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013030608133916RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = ICS01 ICS

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008389 2011453 MUSHAYEV, BORIS 08/14/1947 7235 387543
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
232477	1	T1019	1C	0570	02/25/13	02/25/13	4.00	63.60
232477	2	T1019	1C	0570	02/26/13	02/26/13	4.00	63.60
232477	3	T1019	1C	0570	02/27/13	02/27/13	4.00	63.60
232477	4	T1019	1C	0570	02/28/13	02/28/13	4.00	63.60
232477	5	T1019	1C	0570	03/01/13	03/01/13	4.00	65.60
CLAIM TOTAL								320.00
								CLAIM ACCOUNT REF. 2324770012011453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011869 2011869 JONES, VALERIE 10/10/1948 1457 418547
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232476	1	T1019	1C	0570	02/25/13	02/25/13	4.00	63.60
232476	2	T1019	1C	0570	02/26/13	02/26/13	4.00	63.60
232476	3	T1019	1C	0570	02/27/13	02/27/13	4.00	63.60
232476	4	T1019	1C	0570	02/28/13	02/28/13	4.00	63.60
232476	5	T1019	1C	0570	03/01/13	03/01/13	4.00	65.60
CLAIM TOTAL								320.00
								CLAIM ACCOUNT REF. 2324760012011869SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011870 2011870 AGOSTINI, MONSERRATE 07/18/1944 558 418549
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232473	1	T1019	1C	0570	02/25/13	02/25/13	6.00	95.40
232473	2	T1019	1C	0570	02/26/13	02/26/13	6.00	95.40
232473	3	T1019	1C	0570	02/27/13	02/27/13	6.00	95.40
232473	4	T1019	1C	0570	02/28/13	02/28/13	6.00	95.40
232473	5	T1019	1C	0570	03/01/13	03/01/13	6.00	98.40
CLAIM TOTAL								480.00
								CLAIM ACCOUNT REF. 2324730012011870SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012213 2012213 BERRY, ANGELINA 10/21/1956 1784 405555
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232475	1	T1019	1C	0570	02/14/13	02/14/13	4.00	63.60
232475	2	T1019	1C	0570	02/23/13	02/23/13	4.00	63.60
232475	3	T1019	1C	0570	02/24/13	02/24/13	4.00	63.60

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013030608133916RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = ICS01 ICS

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232475	4	T1019	1C	0570	02/25/13	02/25/13	4.00	63.60
232475	5	T1019	1C	0570	02/26/13	02/26/13	4.00	63.60
232475	6	T1019	1C	0570	02/27/13	02/27/13	4.00	63.60
232475	7	T1019	1C	0570	02/28/13	02/28/13	4.00	63.60
232475	8	T1019	1C	0570	03/01/13	03/01/13	4.00	65.60
CLAIM TOTAL								510.80

CLAIM ACCOUNT REF. 2324750012012213SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012513	2012513	BARRAZA, MERCEDES	12/13/1932	7459	424402

DIAGNOSIS CODES: 331.0 294.11 401.9 787.60

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
232474	1	T1019	1C	0570	02/10/13	02/10/13	12.00	190.80
CLAIM TOTAL								190.80

CLAIM ACCOUNT REF. 2324740012012513SUP

PAYER TOTALS: ICS # OF CLAIMS = 24 TOTAL CLAIM AMOUNT = 1,821.60
SERVICES = 5

REPORT DATE 03/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013030608133916RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
232470	1	T1019	0580	02/23/13	02/23/13	36.00	151.92	
232470	2	T1019	0580	02/24/13	02/24/13	36.00	151.92	
232470	3	T1019	0580	02/25/13	02/25/13	36.00	151.92	
232470	4	T1019	0580	02/26/13	02/26/13	36.00	151.92	
232470	5	T1019	0580	02/27/13	02/27/13	36.00	151.92	
232470	6	T1019	0580	02/28/13	02/28/13	36.00	151.92	
232470	7	T1019	0580	03/01/13	03/01/13	36.00	151.92	
				CLAIM TOTAL		1,063.44		CLAIM ACCOUNT REF. 2324700012010800SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
232472	1	T1019	0580	02/26/13	02/26/13	16.00	67.52	
232472	2	T1019	0580	02/27/13	02/27/13	12.00	50.64	
232472	3	T1019	0580	02/28/13	02/28/13	16.00	67.52	
232472	4	T1019	0580	03/01/13	03/01/13	16.00	67.52	
				CLAIM TOTAL		253.20		CLAIM ACCOUNT REF. 2324720012010804SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
232471	1	T1019	0580	02/25/13	02/25/13	16.00	67.52	
232471	2	T1019	0580	02/26/13	02/26/13	16.00	67.52	
232471	3	T1019	0580	02/28/13	02/28/13	16.00	67.52	
232471	4	T1019	0580	03/01/13	03/01/13	16.00	67.52	
				CLAIM TOTAL		270.08		CLAIM ACCOUNT REF. 2324710012010805SUP

REPORT DATE 03/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013030608133916RRSUP

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

PAYER TOTALS:	HEALTHCARE PARTNERS IPA I	# OF CLAIMS =	15	TOTAL CLAIM AMOUNT =	1,586.72
		# SERVICES =	3		

PROVIDER TOTALS:	SUNNYSIDE CITYWIDE	# OF CLAIMS =	844	TOTAL CLAIM AMOUNT =	105,355.35
		# SERVICES =	154		