INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012112004361580

SUBMITTER ID = SUNNYSI SUNNYSIDE

PROVIDER ID =	113502051	SUNNYSIDE	NPI = 1154407492

REG LOC 001	CLIENT 2004478	SERVICE 2004478	NAME ACERNO		BIRTH DATE 01/28/1922	RECIPIENT ID GNT04447100	PRIOR	AUTHORIZATION #
INV # 217181 217181 217181 217181 217181	LINE # 1 2 3 4 5	PROCEDURE T1019 T1019 T1019 T1019 T1019	CODE	11/13/ 11/14/ 11/15/	(12 11/12/12 (12 11/13/12 (12 11/14/12 (12 11/15/12 (12 11/16/12	20.00 20.00 20.00	AMOUNT 75.60 75.60 75.60 75.60 75.60 378.00	
REG LOC 001	CLIENT 2006118	SERVICE 2006118	NAME ALI		BIRTH DATE 10/05/1934	RECIPIENT ID 93703296700	PRIOR	AUTHORIZATION #
INV # 217182 217182 217182 217182 217182 217182	LINE # 1 2 3 4 5	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125	CODE	11/12/ 11/13/ 11/14/ 11/15/	(12 11/10/12 (12 11/12/12 (12 11/13/12 (12 11/14/12 (12 11/15/12 (12 11/16/12	16.00 16.00 16.00 16.00	AMOUNT 60.48 60.48 60.48 60.48 60.48 362.88	
REG LOC 001	CLIENT 2011654	SERVICE 2011654	NAME ALIX		BIRTH DATE 01/31/1937	RECIPIENT ID GNT03916300	PRIOR	AUTHORIZATION #
INV # 217183 217183 217183 217183 217183 217183 217183	LINE # 1 2 3 4 5 6	PROCEDURE S5126 S5126 S5126 S5126 S5126 S5126 S5126	CODE	11/11/ 11/12/ 11/13/ 11/14/ 11/15/	112 11/10/12 112 11/11/12 112 11/11/12 112 11/12/12 112 11/13/12 112 11/14/12 112 11/15/12 112 11/16/12	1.00 1.00 1.00 1.00 1.00 1.00 1.00	AMOUNT 196.56 196.56 196.56 196.56 196.56 196.56	
REG LOC 001	CLIENT 2010843	SERVICE 2010843	NAME ALSTON		BIRTH DATE 05/07/1927	RECIPIENT ID GNT06188400	PRIOR	AUTHORIZATION #
INV # 217184 217184 217184 217184 217184 217184	LINE # 1 2 3 4 5	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019	CODE	11/12/ 11/13/ 11/14/ 11/15/	712 11/11/12 712 11/12/12 712 11/13/12 712 11/14/12 712 11/15/12 712 11/16/12	32.00 32.00 32.00 32.00 32.00	AMOUNT 120.96 120.96 120.96 120.96 120.96 120.96 725.76	
REG LOC 001	CLIENT 2011581	SERVICE 2011581	NAME ASH	MARIE	BIRTH DATE 08/11/1925	RECIPIENT ID GNT06270600	PRIOR	AUTHORIZATION #
INV #	LINE #	PROCEDURE	CODE	FROM D	OT THRU DT	UNITS	AMOUNT	

REPORT DATE 11/20/12 INPUT FILE = /VOL444/COMPSUP,		DE CITYWIDE 2112004361580		HIPAA	A DATA FII	LE REPORT (PHLT837/EDIS) PAGE 2
SUBMITTER ID = SUNNYSI PROVIDER ID = 113502051 SUN	SUNNYSIDE			NE	PI = 11544	407492	
217185 1 T1019 217185 2 T1019 217185 3 T1019		11/12/12 11/14/12 11/16/12	11/14/12 11/16/12	16.00	60.48 60.48 60.48 181.44	CLAIM ACCOUNT REF.	2171850012011581
REG LOC CLIENT SERVICE 001 2007817 2007817	NAME BEGUM JA		TH DATE 19/1919	RECIPIENT II GNT00018500	D PRIOR	AUTHORIZATION #	
INV # LINE # PROCEDURE 217186 1 S5125 217186 2 S5125 217186 3 S5125 217186 4 S5125 217186 5 S5125 217186 6 S5125 217186 7 S5125	CODE	FROM DT 11/10/12 11/11/12 11/12/12 11/13/12 11/14/12 11/15/12 11/16/12	11/11/12 11/12/12 11/13/12 11/14/12 11/15/12 11/16/12	32.00 48.00 48.00 40.00 44.00 40.00	AMOUNT 136.08 120.96 181.44 181.44 151.20 166.32 151.20 1,088.64	CLAIM ACCOUNT REF.	2171860012007817
REG LOC CLIENT SERVICE 001 2011503	NAME BERJASHEVIC LI		TH DATE 30/1926	RECIPIENT II GNT06467800	O PRIOR	AUTHORIZATION #	
INV # LINE # PROCEDURE 217187 1 T1019 217187 2 T1019	CODE	FROM DT 11/12/12 11/16/12	11/16/12		AMOUNT 60.48 120.96 181.44	CLAIM ACCOUNT REF.	2171870012011503
REG LOC CLIENT SERVICE 001 2006632 2006632	NAME BUCARO CO		TH DATE 27/1916	RECIPIENT II GNT04556300		AUTHORIZATION #	
INV # LINE # PROCEDURE 217188	CODE	FROM DT 11/12/12 11/13/12 11/14/12 11/15/12 11/16/12	11/13/12 11/14/12 11/15/12 11/16/12	28.00 36.00 36.00	AMOUNT 136.08 105.84 136.08 136.08 136.08 650.16	CLAIM ACCOUNT REF.	2171880012006632
REG LOC CLIENT SERVICE 001 2011767	NAME C IS		TH DATE 08/1924	RECIPIENT II GNT00493600	D PRIOR	AUTHORIZATION #	
INV # LINE # PROCEDURE 217189 1 S5125 217189 2 S5125 217189 3 S5125 217189 4 S5125 217189 5 S5125 217189 6 S5125 217189 7 S5125	CODE	11/13/12	11/11/12 11/12/12 11/13/12 11/14/12 11/15/12 11/16/12	20.00 20.00 20.00 20.00 20.00	AMOUNT 75.60 75.60 75.60 75.60 75.60 75.60 529.20	CLAIM ACCOUNT REF.	2171890012011767
REG LOC CLIENT SERVICE 001 2010374 2010374	NAME CARSWELL LU		TH DATE 04/1935	RECIPIENT II GNT05955100	D PRIOR	AUTHORIZATION #	
INV # LINE # PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		

	TR 11 (00)	110	G.D.D.T.				D	
	TE 11/20/ E = /VOL4			SIDE CITYWIDE 012112004361580		HIPAA	DATA FIL	E REPORT (PHLT837/EDIS) PAGE 3
	R ID = SUN R ID = 113	INYSI 8502051 SU	SUNNYSIDE NNYSIDE			NPI	I = 11544	07492
217190	1	S5125		11/10/12 1	1/10/12	40.00	151.20	
217190	2	S5125		11/11/12 1		40.00	151.20	
217190	3	S5125			1/12/12	40.00	151.20	
217190 217190	4 5	S5125 S5125			1/13/12	40.00 40.00	151.20 151.20	
217190	5 6	S5125 S5125			11/14/12	40.00	151.20	
217190	7	S5125		11/16/12 1		40.00	151.20	
					CLAI	IM TOTAL 1	1,058.40	CLAIM ACCOUNT REF. 2171900012010374
REG LOC	CLIENT	SERVICE	NAME			RECIPIENT ID	PRIOR	AUTHORIZATION #
001	2002769	2002769	CEPEDA	TOMASA 09/07	7/1932	93700964900		
INV #	LINE #	PROCEDURE	CODE		THRU DT	UNITS	AMOUNT	
217191	1	T1019		11/12/12 1		24.00	90.72	
217191 217191	2	T1019 T1019			1/13/12	24.00 24.00	90.72 90.72	
217191	4	T1019			11/15/12	24.00	90.72	
217191	5	T1019		11/16/12 1	1/16/12	20.00	75.60	
					CLAI	IM TOTAL	438.48	CLAIM ACCOUNT REF. 2171910012002769
REG LOC	CLIENT	SERVICE	NAME			RECIPIENT ID	PRIOR	AUTHORIZATION #
001	2008320	2008320	COLAVITTI	JEAN 05/23	3/1911	GNT04482200		
INV #	LINE #	PROCEDURE	CODE		THRU DT	UNITS	AMOUNT	
217192 217192	1 2	S5125 S5125		11/10/12 1 11/11/12 1	L1/10/12 L1/11/12	32.00 32.00	120.96 120.96	
217192	3	S5125 S5125			1/11/12	32.00	120.96	
217192	4	S5125		11/13/12 1	1/13/12	32.00	120.96	
217192	5	S5125			1/14/12	32.00	120.96	
217192 217192	6 7	S5125 S5125			1/15/12	32.00 32.00	120.96 120.96	
21/1/2	,	55125		11/10/12 1	, . ,	IM TOTAL	846.72	CLAIM ACCOUNT REF. 2171920012008320
REG LOC	CLIENT	SERVICE	NAME	BIRTH	H DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #
001	2009790	2009790	COLEMAN	REGINA 11/26	5/1958	GNT060020000		
INV #	LINE #	PROCEDURE	CODE	FROM DT T	THRU DT	UNITS	AMOUNT	
217193	1	S5125		11/10/12 1		32.00	120.96	
217193 217193	2	S5125 S5125		11/11/12 1 $11/12/12$ 1	L1/11/12 L1/12/12	32.00 8.00	120.96 30.24	
217193	4	S5125 S5125			11/12/12	12.00	45.36	
217193	5	S5125			1/14/12	12.00	45.36	
217193	6	S5125			1/15/12	8.00	30.24	
217193	7	S5125		11/16/12 1	11/16/12	12.00 IM TOTAL	45.36 438.48	GIATM AGGOINTE DEE 2171020012000700
					CLAI	IM IOIAL	438.48	CLAIM ACCOUNT REF. 2171930012009790
REG LOC	CLIENT 2011769	SERVICE 2011769	NAME COMET			RECIPIENT ID GNT04442600	PRIOR	AUTHORIZATION #
001	2011/09	2011/09	COMET	UULIA 10/0/	// 1734	GN104442000		
INV #	LINE #	PROCEDURE	CODE		THRU DT	UNITS	AMOUNT	
217194	1	T1019		11/12/12 1	11/12/12	24.00	90.72	

REPORT DATE 11/20/12 SUNN' INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E320		DATA FILE REPORT (PHLT837/EDIS) PAGE 4
SUBMITTER ID = SUNNYSI SUNNYSIDE PROVIDER ID = 113502051 SUNNYSIDE		I = 1154407492
217194 2 T1019 217194 3 T1019 217194 4 T1019 217194 5 T1019	11/13/12 11/13/12 24.00 11/14/12 11/14/12 24.00 11/15/12 11/15/12 24.00 11/16/12 11/16/12 24.00 CLAIM TOTAL	90.72 90.72 90.72 90.72 453.60 CLAIM ACCOUNT REF. 2171940012011769
REG LOC CLIENT SERVICE NAME 001 2011798 2011798 CUCALON	BIRTH DATE RECIPIENT ID 04/20/1926 GNT05761000	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 217195 1 S5125 217195 2 S5125 217195 3 S5125 217195 4 S5125	FROM DT THRU DT UNITS 11/12/12 11/12/12 43.00 11/13/12 11/13/12 44.00 11/15/12 11/15/12 43.00 11/16/12 11/16/12 44.00 CLAIM TOTAL	AMOUNT 162.54 166.32 162.54 166.32 657.72 CLAIM ACCOUNT REF. 2171950012011798
REG LOC CLIENT SERVICE NAME 001 2011599 2011599 DELEON	JUANA BIRTH DATE RECIPIENT ID 04/18/1918 GNT04795000	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 217196	FROM DT THRU DT UNITS 11/12/12 11/12/12 24.00 11/13/12 11/13/12 24.00 11/14/12 11/14/12 24.00 11/15/12 11/15/12 24.00 11/16/12 11/16/12 24.00 CLAIM TOTAL	AMOUNT 90.72 90.72 90.72 90.72 90.72 90.72 453.60 CLAIM ACCOUNT REF. 2171960012011599
REG LOC CLIENT SERVICE NAME 001 2011799 2011799 DEZUNIGA	BIRTH DATE RECIPIENT ID CONORA 03/06/1924 GNT04191700	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 217197 1 T1019 217197 2 T1019 217197 3 T1019 217197 4 T1019	FROM DT THRU DT UNITS 11/13/12 11/13/12 15.00 11/14/12 11/14/12 16.00 11/15/12 11/15/12 16.00 11/16/12 11/16/12 16.00 CLAIM TOTAL	AMOUNT 56.70 60.48 60.48 60.48 238.14 CLAIM ACCOUNT REF. 2171970012011799
REG LOC CLIENT SERVICE NAME 001 2009982 2009982 DIAZ 2	BIRTH DATE RECIPIENT ID CARMEN 04/28/1919 GNT6048400	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 217198	FROM DT THRU DT UNITS 11/10/12 11/10/12 24.00 11/12/12 11/12/12 32.00 11/13/12 11/13/12 32.00 11/14/12 11/14/12 31.00 11/15/12 11/15/12 17.00 11/16/12 11/16/12 32.00 CLAIM TOTAL	AMOUNT 90.72 120.96 120.96 117.18 64.26 120.96 635.04 CLAIM ACCOUNT REF. 2171980012009982
REG LOC CLIENT SERVICE NAME 001 2006667 2006667 DIAZ	BIRTH DATE RECIPIENT ID 09/21/1918 GNT05048800	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE	FROM DT THRU DT UNITS	AMOUNT

REPORT DATE 11/20/	12 SUNN	YSIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 5 2012112004361580
INPUT FILE = /VOL4	44/COMPSUP/HIPAAIN/E320	2012112004361580
SUBMITTER ID = SUN PROVIDER ID = 113	NYSI SUNNYSID 502051 SUNNYSIDE	E NPI = 1154407492
217199 1 217199 2 217199 3 217199 4 217199 5 217199 6 217199 7	T1019 T1019 T1019 T1019 T1019 T1019 T1019	11/10/12 11/10/12 20.00 75.60 11/11/12 11/11/12 20.00 75.60 11/12/12 11/12/12 28.00 105.84 11/13/12 11/13/12 28.00 105.84 11/14/12 11/14/12 28.00 105.84 11/15/12 11/15/12 28.00 105.84 11/16/12 11/16/12 28.00 105.84 11/16/12 11/16/12 28.00 105.84 11/16/12 11/16/12 680.40 CLAIM ACCOUNT REF. 2171990012006667
REG LOC CLIENT 001 2004554	SERVICE NAME 2004554 DONOSO	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # MARGARE 09/17/1938 GNT01219900
INV # LINE # 217200 1 217200 2 217200 3 217200 4	PROCEDURE CODE S5125 S5125 S5125 S5125	FROM DT THRU DT UNITS AMOUNT 11/12/12 11/12/12 24.00 90.72 11/13/12 11/13/12 24.00 90.72 11/15/12 11/15/12 18.00 68.04 11/16/12 11/16/12 24.00 90.72 CLAIM TOTAL 340.20 CLAIM ACCOUNT REF. 2172000012004554
REG LOC CLIENT 001 2011256	SERVICE NAME 2011256 DURAN	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # CARMEN 07/16/1925 GNT06350900
INV # LINE # 217201 1 217201 2 217201 3 217201 4 217201 5	PROCEDURE CODE S5125 S5125 S5125 S5125 S5125	FROM DT THRU DT UNITS AMOUNT 11/12/12 11/12/12 26.00 98.28 11/13/12 11/13/12 26.00 98.28 11/14/12 11/14/12 26.00 98.28 11/15/12 11/15/12 26.00 98.28 11/16/12 11/16/12 26.00 98.28 11/16/12 11/16/12 26.00 98.28 CLAIM TOTAL 491.40 CLAIM ACCOUNT REF. 2172010012011256
REG LOC CLIENT 001 2006124	SERVICE NAME 2006124 EARLINGTON	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # ALBERTH 06/25/1947 GNT04981500
INV # LINE # 217202 1 217202 2 217202 3 217202 4 217202 5 217202 6	PROCEDURE CODE S5125 S5125 S5125 S5125 S5125 S5125	FROM DT THRU DT UNITS AMOUNT 11/10/12 11/10/12 24.00 90.72 11/12/12 11/12/12 28.00 105.84 11/13/12 11/13/12 28.00 105.84 11/14/12 11/14/12 28.00 105.84 11/15/12 11/15/12 28.00 105.84 11/16/12 11/16/12 28.00 105.84 11/16/12 11/16/12 28.00 105.84
REG LOC CLIENT 001 2009394	SERVICE NAME 2009394 ECKMAN	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # LOIS 04/02/1919 GNT05317600
INV # LINE # 217203 1 217203 2 217203 3 217203 4 217203 5	PROCEDURE CODE T1020 T1020 T1020 T1020 T1020	FROM DT THRU DT UNITS AMOUNT 10/26/12 10/26/12 1.00 196.56 11/09/12 11/09/12 1.00 196.56 11/10/12 11/10/12 1.00 196.56 11/11/12 11/11/12 1.00 196.56 11/12/12 11/12/12 1.00 196.56

REPORT D	ATE 11/20/	12	SUNNY	SIDE CITYWIDE		HIPA	A DATA FII	E REPORT (PHLT837/EI	DIS) PAGE 6
INPUT FI	LE = /VOL4	44/COMPSUP	/HIPAAIN/E3202	YSIDE CITYWIDE 2012112004361580					
	R ID = SUN		SUNNYSIDE	C			1154	0.7.400	
PROVIDE	R ID = 113	3502051 SUI	NNYSIDE			N	PI = 11544	.07492	
217203	6 7	T1020		$\frac{11}{13}$			196.56		
217203 217203	8	T1020 T1020		11/14/12			196.56 196.56		
217203	9	T1020		11/16/12	11/16/12	1.00	196.56		
					CLA	IM TOTAL	1,769.04	CLAIM ACCOUNT RI	EF. 2172030012009394
REG LOC 001		SERVICE 2007377	NAME ESPINOZA		TH DATE 23/1918	RECIPIENT I		AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT		UNITS	AMOUNT		
217204	1	S5125		11/10/12			113.40		
217204 217204	2	S5125 S5125		11/12/12 11/13/12			113.40 113.40		
217204	4	S5125 S5125		11/13/12			113.40		
217204	5	S5125		11/15/12			113.40		
217204	6	S5125		11/16/12			113.40		
					CLA	IM TOTAL	680.40	CLAIM ACCOUNT RI	EF. 2172040012007377
REG LOC 001		SERVICE 2011220	NAME EXPOSITO		TH DATE 28/1924	RECIPIENT I		AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
217205	1	T1019 T1019		11/11/12			120.96		
217205 217205	2	T1019 T1019		11/12/12 11/14/12			120.96 120.96		
217205	4	T1019		11/15/12			120.96		
217205	5	T1019		11/16/12	11/16/12	32.00	120.96		
					CLA	IM TOTAL	604.80	CLAIM ACCOUNT RI	EF. 2172050012011220
REG LOC 001		SERVICE 2000600	NAME FELICIANO		TH DATE 17/1935	RECIPIENT I		AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
217206	1	T1019 T1019		11/10/12			60.48 60.48		
217206 217206	2	T1019 T1019		11/11/12 11/12/12			90.72		
217206	4	T1019		11/13/12			90.72		
217206	5	T1019		11/14/12	11/14/12	24.00	90.72		
217206	6	T1019		11/15/12			90.72		
217206	7	T1019		11/16/12		24.00 IM TOTAL	90.72 574.56	CIAIM ACCOUNT DI	EF. 2172060012000600
					СПА				EF. 21/2000012000000
REG LOC 001		SERVICE 2008314	NAME FERNANDEZ		TH DATE 14/1947	RECIPIENT I		AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT		UNITS	AMOUNT		
217207	1	S5125		11/10/12			60.48		
217207 217207	2	S5125 S5125		11/11/12 11/12/12			60.48 60.48		
217207	4	S5125 S5125		11/12/12			60.48		
217207	5	S5125		11/14/12			60.48		
1									

REPORT DATE 11/20/12 SUNNYSIDE CITYWIDE INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012112004361580	HIPAA DATA FILE REPORT (PHLT837/EDIS)	PAGE 7
SUBMITTER ID = SUNNYSI SUNNYSIDE PROVIDER ID = 113502051 SUNNYSIDE	NPI = 1154407492	

PROVIDER		NYSI 502051 SUN	SUNNYSIDE INYSIDE				N	PI = 1154	407492		
217207	6	S5125		1:	1/16/12		16.00 IM TOTAL	60.48 362.88	CLAIM ACCOUNT	REF.	2172070012008314
REG LOC 001	CLIENT 2009960	SERVICE 2009960	NAME FERRARA	ANN		TH DATE 27/1925	RECIPIENT I		AUTHORIZATION #		
INV # 217208 217208 217208 217208 217208 217208 217208 217208	LINE # 1 2 3 4 5 6 7	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125	CODE	1: 1: 1: 1: 1:	1/11/12 1/12/12 1/13/12 1/14/12 1/15/12	THRU DT 11/10/12 11/11/12 11/12/12 11/13/12 11/14/12 11/15/12 11/16/12 CLA	24.00 32.00 32.00 32.00 32.00	AMOUNT 90.72 90.72 120.96 120.96 120.96 120.96 786.24	CLAIM ACCOUNT	REF.	2172080012009960
REG LOC 001	CLIENT 2009589	SERVICE 2009589	NAME FERRO	JOSEPH:		TH DATE 09/1915	RECIPIENT I		AUTHORIZATION #		
INV # 217209 217209 217209 217209 217209 217209 217209 217209	LINE # 1 2 3 4 5 6 7	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	CODE	1: 1: 1: 1: 1:	1/11/12 1/12/12 1/13/12 1/14/12 1/15/12	THRU DT 11/10/12 11/11/12 11/12/12 11/13/12 11/14/12 11/15/12 11/16/12 CLA	16.00 48.00 48.00 48.00 48.00	AMOUNT 90.72 60.48 181.44 181.44 181.44 181.44 1,058.40	CLAIM ACCOUNT	REF.	2172090012009589
REG LOC 001	CLIENT 2011800	SERVICE 2011800	NAME FRANCIS	VICTOR:	BIR I 11/	RTH DATE 22/1924	RECIPIENT I		AUTHORIZATION #		
INV # 217210 217210 217210 217210 217210	LINE # 1 2 3 4 5	PROCEDURE S5125 S5125 S5125 S5125 S5125	CODE	1: 1: 1: 1:	1/13/12 1/14/12 1/15/12	11/12/12 11/13/12 11/14/12 11/15/12 11/16/12	28.00 28.00 28.00	AMOUNT 105.84 105.84 105.84 105.84 105.84 529.20	CLAIM ACCOUNT	REF.	2172100012011800
REG LOC 001	CLIENT 2011801	SERVICE 2011801	NAME GARCIA	MARIA		TH DATE 09/1930	RECIPIENT I		AUTHORIZATION #		
INV # 217211 217211 217211 217211 217211 217211 217211	LINE # 1 2 3 4 5 6 7	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125	CODE	1: 1: 1: 1: 1:	1/11/12 1/12/12 1/13/12 1/14/12 1/15/12	THRU DT 11/10/12 11/11/12 11/12/12 11/13/12 11/14/12 11/15/12 11/16/12	28.00 28.00 28.00 28.00 28.00	AMOUNT 105.84 105.84 105.84 105.84 105.84 105.84			

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012112004361580

SUBMITTER ID = SUNNYSI PROVIDER ID = 113502051	SUNNYSIDE SUNNYSIDE	NPI	= 1154407492	
		CLAIM TOTAL	740.88 CLAIM ACCOUNT REF.	2172110012011801
REG LOC CLIENT SERVIOR 001 2009435 20094		RTH DATE RECIPIENT ID /26/1934 GNT05745100	PRIOR AUTHORIZATION #	
INV # LINE # PROCEDI 217212 1 T1019 217212 2 T1019 217212 3 T1019	11/14/12	11/12/12 16.00 11/14/12 16.00 11/16/12 20.00	AMOUNT 60.48 60.48 75.60 196.56 CLAIM ACCOUNT REF.	2172120012009435
REG LOC CLIENT SERVIOR 001 2011662 20116		RTH DATE RECIPIENT ID /10/1935 GNT02343300	PRIOR AUTHORIZATION #	
INV # LINE # PROCEDI 217213 1 S5125 217213 2 S5125 217213 3 S5125 217213 4 S5125	11/11/12 11/12/12	11/10/12 16.00 11/11/12 16.00 11/12/12 16.00 11/13/12 16.00	AMOUNT 60.48 60.48 60.48 60.48 241.92 CLAIM ACCOUNT REF.	2172130012011662
REG LOC CLIENT SERVIO 001 2011821 20118		RTH DATE RECIPIENT ID /00/0000 GNT0098100	PRIOR AUTHORIZATION #	
INV # LINE # PROCEDI 217214 1 S5125 217214 2 S5125 217214 3 S5125 217214 4 S5125 217214 5 S5125	11/13/12 11/14/12 11/15/12	11/12/12 16.00 11/13/12 16.00 11/14/12 16.00 11/15/12 16.00 11/16/12 16.00	AMOUNT 60.48 60.48 60.48 60.48 60.48 302.40 CLAIM ACCOUNT REF.	2172140012011821
REG LOC CLIENT SERVIOR 001 2011822 20118		RTH DATE RECIPIENT ID /15/1945 GNT03748500	PRIOR AUTHORIZATION #	
INV # LINE # PROCED 217215 1 T1019 217215 2 T1019		11/14/12 16.00 11/16/12 16.00	AMOUNT 60.48 60.48 120.96 CLAIM ACCOUNT REF.	2172150012011822
REG LOC CLIENT SERVIOR 001 2010494 20104		RTH DATE RECIPIENT ID /15/1942 GNT04498400	PRIOR AUTHORIZATION #	
INV # LINE # PROCED 217216 1 S5125 217216 2 S5125 217216 3 S5125 217216 4 S5125 217216 5 S5125 217216 6 S5125 217216 7 S5125	11/11/12 11/12/12 11/13/12 11/14/12 11/15/12	THRU DT UNITS 11/10/12 20.00 11/11/12 20.00 11/12/12 20.00 11/13/12 20.00 11/14/12 20.00 11/15/12 20.00 11/16/12 20.00	AMOUNT 75.60 75.60 75.60 75.60 75.60 75.60 75.60 75.60	

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012112004361580

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REG LOC 001	CLIENT 2011472	SERVICE 2011472	NAME HENLEY	LUVENIA		TH DATE 23/1927	RECIPIENT GNT0616090		PRIOR	AUTHORIZATION #	
INV # 217217 217217 217217 217217 217217 217217 217217 217217 217217 217217 217217 217217	LINE # 1 2 3 4 5 6 7 8 9 10 11	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019		11/00 11/0° 11/10 11/11 11/1: 11/1: 11/1: 11/1: 11/1:	- /10	THRU DT 11/05/12 11/06/12 11/07/12 11/08/12 11/10/12 11/11/12 11/11/12 11/13/12 11/14/12 11/15/12 11/16/12 CLA	UNITS 40.00 40.00 40.00 40.00 32.00 32.00 40.00 40.00 40.00 40.00 40.00 M TOTAL	1	AMOUNT 151.20 151.20 151.20 151.20 120.96 120.96 151.20 151.20 151.20 151.20 151.20	CLAIM ACCOUNT REF	. 2172170012011472
REG LOC 001	CLIENT 2011252	SERVICE 2011252	NAME HENRIQUEZ	TERESA		TH DATE 15/1938	RECIPIENT GNT0635060		PRIOR	AUTHORIZATION #	
INV # 217218 217218 217218 217218 217218 217218	LINE # 1 2 3 4 5 6	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125 S5125	CODE	FROM 11/1: 11/1: 11/1: 11/1: 11/1: 11/1:	DT 0/12 2/12 3/12 4/12 5/12 6/12	THRU DT 11/10/12 11/12/12 11/13/12 11/14/12 11/15/12 11/16/12 CLA	UNITS 16.00 32.00 32.00 32.00 32.00 32.00 32.00 IM TOTAL		AMOUNT 60.48 120.96 120.96 120.96 120.96 120.96 665.28	CLAIM ACCOUNT REF	. 2172180012011252
REG LOC 001	CLIENT 2011823	SERVICE 2011823	NAME HERNANDEZ	LUZ		TH DATE 00/0000	RECIPIENT GNTO056880		PRIOR	AUTHORIZATION #	
INV # 217219 217219 217219 217219	LINE # 1 2 3 4	PROCEDURE S5125 S5125 S5125 S5125	CODE	11/1	3/12 4/12	THRU DT 11/13/12 11/14/12 11/15/12 11/16/12 CLA	24.00		AMOUNT 90.72 90.72 90.72 90.72 362.88		. 2172190012011823
REG LOC 001	CLIENT 2011824	SERVICE 2011824	NAME HICKS	SYLVIA		TH DATE 00/0000	RECIPIENT 9370331550		PRIOR	AUTHORIZATION #	
INV # 217220 217220 217220 217220 217220 217220 217220	LINE # 1 2 3 4 5 6	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125	CODE	FROM 11/1 11/1: 11/1: 11/1: 11/1: 11/1:	0/12 1/12 2/12 3/12 4/12	THRU DT 11/10/12 11/11/12 11/12/12 11/13/12 11/14/12 11/15/12	16.00 30.00 26.00 30.00		AMOUNT 60.48 60.48 113.40 98.28 113.40 98.28		

INPUT FIL	E = /VOL4	44/COMPSUP	/HIPAAIN/E3202	0121120043	61580		nipaa	DAIA FII	LE REPORT (FRIITOS//EDIS) FAGE IU	
PROVIDER	ID = 113	502051 SU	SUNNYSIDE NNYSIDE				NPI			
217220	7	S5125		11/1	6/12	11/16/12 CLA	30.00 AIM TOTAL	113.40 657.72	CLAIM ACCOUNT REF. 2172200012011824	
REG LOC 001	CLIENT 2009400	SERVICE 2009400	NAME HUSTIU	SILVIA	BIR 02/	TH DATE 04/1929	RECIPIENT ID GNT05850100	PRIOR	AUTHORIZATION #	
INV # 217221 217221	LINE # 1 2	PROCEDURE S5125 S5125	CODE	FROM 11/1 11/1	DT 2/12 4/12	THRU DT 11/12/12 11/14/12 CLA	UNITS 12.00 8.00 LIM TOTAL	AMOUNT 45.36 30.24 75.60	CLAIM ACCOUNT REF. 2172210012009400	
REG LOC 001	CLIENT 2010983	SERVICE 2010983	NAME IRIMIA	SIMONA	BIR	TH DATE 19/1938	RECIPIENT ID GNT0360570	PRIOR	AUTHORIZATION #	
INV # 217222 217222 217222 217222 217222 217222 217222 217222	LINE # 1 2 3 4 5 6	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019 T1019	CODE	FROM 11/1 11/1 11/1 11/1 11/1 11/1 11/1	DT 0/12 1/12 2/12 3/12 4/12 5/12 6/12	THRU DT 11/10/12 11/11/12 11/12/12 11/13/12 11/14/12 11/15/12 11/16/12 CLA	UNITS 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00	AMOUNT 120.96 120.96 120.96 120.96 120.96 120.96 120.96 846.72	CLAIM ACCOUNT REF. 2172220012010983	
REG LOC	CLIENT	SERVICE	NAME	DIMBIGI	BIR	TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #	
INV # 217223 217223 217223 217223 217223	LINE # 1 2 3 4 5	PROCEDURE T1019 T1019 T1019 T1019 T1019	CODE	FROM 11/1 11/1 11/1 11/1 11/1	DT 2/12 3/12 4/12 5/12 6/12	THRU DT 11/12/12 11/13/12 11/14/12 11/15/12 11/16/12 CLA	UNITS 2 20.00 2 20.00 2 20.00 2 20.00 2 20.00 2 20.00 IM TOTAL	AMOUNT 75.60 75.60 75.60 75.60 75.60 378.00	CLAIM ACCOUNT REF. 2172230012011601	
REG LOC	2003254	2003254	NAME JIMENEZ	EUGENIA	03/	TH DATE 15/1931	GNT04164400	PRIOR	AUTHORIZATION #	
INV # 217224 217224 217224 217224 217224 217224 217224 217224 217224 217224 217224 217224 217224	LINE # 1 2 3 4 5 6 7 8 9 10 11 12	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	CODE	FROM 11/0 11/0 11/0 11/0 11/0 11/1 11/1 11/	DT 1/12 2/12 3/12 4/12 5/12 0/12 1/12 2/12 3/12 4/12 5/12 6/12	THRU DT 11/01/12 11/02/12 11/03/12 11/04/12 11/10/12 11/11/12 11/11/12 11/13/12 11/14/12 11/15/12 11/16/12	UNITS 46.00 42.00 42.00 46.00 46.00 46.00 46.00 46.00 46.00 46.00 46.00 46.00 46.00 46.00	AMOUNT 173.88 158.76 158.76 173.88 173.88 173.88 173.88 173.88 173.88 173.88		

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012112004361580

SUBMITTER ID = SUNNYSI SUNNYSIDE

SUBMITTER ID = SUNNYSI SUNNYSID PROVIDER ID = 113502051 SUNNYSIDE	E NPI = 1154407492
	CLAIM TOTAL 2,026.08 CLAIM ACCOUNT REF. 2172240012003254
REG LOC CLIENT SERVICE NAME 001 2006080 2006080 JOHNSON	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # DOROTHY 03/14/1932 GNT04334500
INV # LINE # PROCEDURE CODE 217225	FROM DT THRU DT UNITS AMOUNT 11/10/12 11/10/12 48.00 181.44 11/11/12 11/11/12 48.00 181.44 11/12/12 11/12/12 32.00 120.96 11/13/12 11/13/12 32.00 120.96 11/14/12 11/14/12 32.00 120.96 11/15/12 11/15/12 32.00 120.96 11/16/12 11/16/12 32.00 120.96 11/16/12 11/16/12 32.00 120.96
REG LOC CLIENT SERVICE NAME 001 2011771 2011771 LEMOINE	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # RICARDA 05/14/2012 GNT03700100
INV # LINE # PROCEDURE CODE 217226	FROM DT THRU DT UNITS AMOUNT 11/10/12 11/10/12 16.00 60.48 11/11/12 11/11/12 16.00 60.48 11/12/12 11/12/12 16.00 60.48 11/13/12 11/13/12 16.00 60.48 11/13/12 11/14/12 16.00 60.48 11/15/12 11/14/12 16.00 60.48 11/15/12 11/15/12 16.00 60.48 11/16/12 11/16/12 16.00 60.48 11/16/12 11/16/12 16.00 60.48
REG LOC CLIENT SERVICE NAME 001 2002713 2002713 MANGRAY	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # KARMADA 02/10/1937 GNT04443200
INV # LINE # PROCEDURE CODE 217227 1 T1019 217227 2 T1019 217227 3 T1019 217227 4 T1019 217227 5 T1019	FROM DT THRU DT UNITS AMOUNT 11/12/12 11/12/12 32.00 120.96 11/13/12 11/13/12 32.00 120.96 11/14/12 11/14/12 32.00 120.96 11/15/12 11/15/12 32.00 120.96 11/16/12 11/16/12 32.00 120.96 11/16/12 11/16/12 32.00 120.96 CLAIM TOTAL 604.80 CLAIM ACCOUNT REF. 2172270012002713
REG LOC CLIENT SERVICE NAME 001 2011663 2011663 MARTIN	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # RUTH 08/25/1927 GNT06371400
INV # LINE # PROCEDURE CODE 217228	FROM DT THRU DT UNITS AMOUNT 11/11/12 11/11/12 1.00 196.56 11/12/12 11/12/12 1.00 196.56 11/13/12 11/13/12 1.00 196.56 11/14/12 11/14/12 1.00 196.56 11/15/12 11/15/12 1.00 196.56 11/16/12 11/16/12 1.00 196.56 11/16/12 11/16/12 1.00 196.56 CLAIM TOTAL 1,179.36 CLAIM ACCOUNT REF. 2172280012011663
REG LOC CLIENT SERVICE NAME 001 2006830 2006830 MARTINEZ	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 05/09/1920 GNT05091300
INV # LINE # PROCEDURE CODE	FROM DT THRU DT UNITS AMOUNT

DED0== 5-	mp 11 /00 /	/10	~	.a.p.p. a.r				T PROPER (PWTEONE (PROPER)
REPORT DA	TE 11/20/ E = /VOI.4	12 44/COMPSUP	SUNNY SUNNY/HIPAAIN/E3202	SIDE CITYWIDE 012112004361580		HIPAA	A DATA FII	LE REPORT (PHLT837/EDIS) PAGE 12
111101 111	. , , , , , ,	117 60111 801 7	, 1111111111, 119202	012112001301300				
	ID = SUN	INYSI 8502051 SUI	SUNNYSIDE			MD	T = 11E4/	407402
PROVIDER	1 ID = 113	502051 501	NNISIDE			NP	PI = 11544	10/492
217229	1	T1019		11/10/12			90.72	
217229	2	T1019		11/12/12			90.72	
217229	3	T1019		11/13/12			90.72	
217229 217229	4 5	T1019 T1019		11/14/12 11/15/12			90.72 90.72	
217229	6	T1019		11/16/12			90.72	
				,,		AIM TOTAL	544.32	CLAIM ACCOUNT REF. 2172290012006830
REG LOC	CLIENT	SERVICE	NAME	חדת	TH DATE	RECIPIENT ID		AUTHORIZATION #
001	2009202	2009202	MARTINEZ		10/1937	GNT00444700	PRIOR	AUTHORIZATION #
	2007202	2003202		02011211 017	10, 100,	011100111700		
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
217230	1	S5125		11/12/12			75.60	
217230	2	S5125		11/16/12		20.00 AIM TOTAL	75.60 151.20	CLAIM ACCOUNT REF. 2172300012009202
					CLIF	III IOIAL	131.20	CLAIM ACCOONT REF. 2172300012009202
REG LOC	CLIENT	SERVICE	NAME		TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #
001	2011036	2011036	MASSOL	PEDRO A 09/	08/1934	GNT04564600		
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
217231	1	S5125		11/12/12			75.60	
217231	2	S5125		11/13/12			75.60	
217231	3	S5125		11/14/12			75.60	
217231 217231	4 5	S5125 S5125		11/15/12 11/16/12			75.60 75.60	
21/231	5	55125		11/10/12	, . ,	IM TOTAL	378.00	CLAIM ACCOUNT REF. 2172310012011036
REG LOC 001	CLIENT 2011658	SERVICE 2011658	NAME MAXIMINA		TH DATE 22/1941	RECIPIENT ID GNT02759600) PRIOR	AUTHORIZATION #
001	2011030	2011030	HAXIMINA	LOID 10/	22/1711	GN102733000		
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
217232	1	T1019		11/12/12			90.72	
217232 217232	2 3	T1019 T1019		11/14/12 11/16/12			90.72 90.72	
21/232	3	11019		11/10/12		IM TOTAL	272.16	CLAIM ACCOUNT REF. 2172320012011658
					CLI	1111 1011111	272.10	CERTIT RECOGNI REI : 21/2320012011030
REG LOC	CLIENT	SERVICE	NAME		TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #
001	2011350	2011350	MCQUAIL	MAUREEN 10/	23/1934	GNT06367800		
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
217233	1	S5125		11/10/12			151.20	
217233	2	S5125		11/11/12			151.20	
217233	3	S5125		11/12/12			151.20	
217233 217233	4 5	S5125 S5125		11/13/12 11/14/12	, -,		151.20 151.20	
217233	6	S5125		11/15/12			151.20	
217233	7	S5125		11/16/12			151.20	
					CLA	AIM TOTAL	1,058.40	CLAIM ACCOUNT REF. 2172330012011350
REG LOC	CLIENT	SERVICE	NAME	סדם	TH DATE	RECIPIENT ID	ם∩דקק (AUTHORIZATION #
001	2005943	2005943	MICHEL		05/1930	GNT03107500	, INTOK	π
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	

REPORT DA	TE 11/20/	12	SUNNY	SIDE CITYWIDE 012112004361580		HIPAA	DATA FI	LE REPORT (PHLT837/EDIS	S) PAGE 13
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217234 217234	1 2	S5125 S5125		11/08/12 11/10/12			120.96 120.96		
217234	3	S5125 S5125		11/11/12			120.96		
217231	4	S5125		11/12/12			120.96		
217234	5	S5125		11/13/12			120.96		
217234	6	S5125		11/14/12			120.96		
217234	7	S5125		11/15/12			120.96		
217234	8	S5125		11/16/12		2 32.00 AIM TOTAL	120.96 967.68		. 2172340012005943
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REG LOC	CLIENT	SERVICE	NAME	BIR	TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #	
001	2010425	2010425	MONCRIEF	LOIS 05/	29/1926	GNT06140100			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
217235 217235	1 2	S5125 S5125		11/10/12 11/11/12			120.96 120.96		
217235	3	S5125		11/11/12			120.96		
217235	4	S5125		11/13/12			120.96		
217235	5	S5125		11/14/12			120.96		
217235	6	S5125		11/15/12			120.96		
217235	7	S5125		11/16/12	, . ,		120.96		0170250010010405
					СГЪ	AIM TOTAL	846.72	CLAIM ACCOUNT REF	. 2172350012010425
REG LOC	CLIENT	SERVICE	NAME	BIR	TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #	
001	2008149	2008149	MOSCICKA		07/1916	GNT04975800			
T.T	T T3TD	DD 0 GDD11D I	G0DF						
INV # 217236	LINE # 1	PROCEDURE T1019	CODE	FROM DT 11/10/12	THRU DT	UNITS 2 48.00	AMOUNT 181.44		
217236	2	T1019		11/11/12			181.44		
227230	_	11017		11, 11, 12		AIM TOTAL	362.88		. 2172360012008149
REG LOC	CLIENT	SERVICE	NAME		TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #	
001	2002162	2002162	MUSCAT	CARMEN 02/	28/1927	GNT04082300			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
217237	1	T1019	0022	11/12/12			75.60		
217237	2	T1019		11/13/12	11/13/12	20.00	75.60		
217237	3	T1019			11/14/12		75.60		
217237	4 5	T1019 T1019		11/15/12 11/16/12			75.60		
217237	5	11019		11/10/12		IM TOTAL	75.60 378.00		. 2172370012002162
					СПА	IM TOTAL	370.00	CLAIM ACCOONT REF	. 21/25/0012002102
REG LOC	CLIENT	SERVICE	NAME	BIR	TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #	
001	2006117	2006117	NETTLES	DONNA 09/	21/1955	GNT04987100			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
217238	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S5125	CODE	11/12/12			60.48		
217238	2	S5125		11/14/12	, ,		60.48		
217238	3	S5125		11/16/12			60.48		
					CLA	AIM TOTAL	181.44	CLAIM ACCOUNT REF	. 2172380012006117
REG LOC	CLIENT	SERVICE	NAME	חדת	TH DATE	RECIPIENT ID	מסדמם	AUTHORIZATION #	
001	2002531	2002531	NEWBOLD		24/1934	GNT04415000	PRIOR	AUINORIZATION #	
		2002001			, -, -, -, -, -, -, -, -, -, -, -, -,				
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
1									

REPORT DA	TE 11/20/	12	SUNNYS	SIDE CITYWIDE	1	HIPAA	DATA FIL	E REPORT (PHLT837/EDIS) PAGE	14
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217239	1	S5125		11/12/12 11/13/12 11/14/12 11/15/12	11/19/19	20 00	75.60		
217239	2	S5125 S5125		11/12/12	11/12/12	20.00	75.60		
217239	3	S5125		11/14/12	11/14/12	20.00	75.60		
217239	4	S5125		11/15/12	11/15/12	20.00	75.60		
				, -,	CLA	IM TOTAL	302.40	CLAIM ACCOUNT REF. 21723900120025	31
REG LOC 001	CLIENT 2004768	SERVICE 2004768	NAME NUNEZ		TH DATE 01/1946		PRIOR .	AUTHORIZATION #	
001	2004700								
INV #	LINE #	PROCEDURE	CODE	FROM DT 11/12/12 11/13/12 11/14/12 11/15/12 11/16/12	THRU DT	UNITS	AMOUNT		
217240	1	T1019		11/12/12	11/12/12	16.00	60.48		
217240	2	T1019		11/13/12	11/13/12	16.00	60.48		
217240	3	T1019		11/14/12	11/14/12	16.00	60.48		
217240	4	T1019		11/15/12	11/15/12	16.00	60.48		
217240	5	T1019		11/16/12	11/16/12	16.00 IM TOTAL	60.48 302.40	CLAIM ACCOUNT REF. 21724000120047	60
					СЦА	IM IOIAL	302.40	CLAIM ACCOUNT REF. 21/2400012004/	00
REG LOC	CLIENT	SERVICE	NAME NUNE Z	BIF	TH DATE		PRIOR .	AUTHORIZATION #	
001	2009392	2009392	NUNEZ	IRIS 09/	07/1963	GNT05481000			
INV #	LINE #	PROCEDURE	CODE	FROM DT 11/03/12 11/05/12 11/06/12 11/07/12 11/08/12 11/09/12 11/10/12 11/13/12 11/14/12 11/15/12 11/16/12	יים וומטיי	UNITS	AMOUNT		
217241	1 1 1 H	S5125	CODE	11/03/12	11/03/12	16.00	60.48		
217241	2	S5125		11/05/12	11/05/12	16.00	60.48		
217241	3	S5125		11/05/12	11/05/12	16.00	60.48		
217241	4	S5125		11/07/12	11/07/12	16.00	60.48		
217241	5	S5125		11/08/12	11/08/12	16.00	60.48		
217241	6	S5125		11/09/12	11/09/12	16.00	60.48		
217241	7	S5125		11/10/12	11/10/12	16.00	60.48		
217241	8	S5125		11/12/12	11/12/12	16.00	60.48		
217241	9	S5125		11/13/12	11/13/12	16.00	60.48		
217241	10	S5125		11/14/12	11/14/12	16.00	60.48		
217241	11	S5125		11/15/12	11/15/12	16.00	60.48		
217241	12	S5125		11/16/12	11/16/12	16.00 IM TOTAL	60.48 725.76	CLAIM ACCOUNT REF. 21724100120093	0.2
					СЦА	IM IOIAL	725.76	CLAIM ACCOUNT REF. 21/24100120093	92
REG LOC	CLIENT	SERVICE	NAME	BIR	TH DATE	RECIPIENT ID	PRIOR .	AUTHORIZATION #	
001	2011773	2011773	NAME NUNE Z	REYNA 11/	28/1964				
INV #	LINE #	DDOCEDIDE	CODE	FROM DT 11/12/12 11/13/12 11/14/12 11/15/12 11/16/12	יים וומטיי	UNITS	AMOUNT		
217242	1 1 LINE #	T1019	CODE	11/12/12	11/12/12	16.00	60.48		
217242	2	T1019		11/13/12	11/13/12	16.00	60.48		
217242	3	T1019		11/14/12	11/14/12	16.00	60.48		
217242	4	T1019		11/15/12	11/15/12	16.00	60.48		
217242	5	T1019		11/16/12	11/16/12	16.00	60.48		
					CLA	IM TOTAL	302.40	CLAIM ACCOUNT REF. 21724200120117	73
REG LOC	CLIENT	SERVICE	NAME	דת	TH DATE	ספרדסדפאייי די	DD⊺∩D	AUTHORIZATION #	
001		2010198	NAME ORLANDO	ANNE 02/	09/1923	GNT06098400	PKIUK .	VOTITOKT TAT TOIN #	
INV #	LINE #	PROCEDURE	CODE	FROM DT 11/12/12	THRU DT	UNITS	AMOUNT		
217243	1	T1019		11/12/12	11/12/12	20.00	75.60		
1									

REPORT DATE 11/20/12 SUNNYSIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS)	
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INFOL FILE - /VOL444/COMPSUP/HIPAAIN/ES2UZUIZIIZUU4301500	
SUBMITTER ID = SUNNYSI SUNNYSIDE	
PROVIDER ID = 113502051 SUNNYSIDE NPI = 1154407492	
11/12/12 12 12 12 12 12 12 12 12 12 12 12 12 1	
217243 2 T1019 11/13/12 11/13/12 20.00 75.60	
217243 3 T1019 11/14/12 11/14/12 20.00 75.60 217243 4 T1019 11/15/12 11/15/12 20.00 75.60	
217243	
CLAIM TOTAL 378.00 CLAIM ACCOUNT REF. 2	2172430012010198
REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #	
001 2005165 2005165 ORTIZ LAURA 07/04/1919 GNT03867300	
INV # LINE # PROCEDURE CODE FROM DT THRU DT UNITS AMOUNT	
217244 1 S5125 11/10/12 36.00 136.08	
217244 2 \$5125 11/11/12 11/11/12 36.00 136.08	
217244 3 S5125 11/12/12 11/12/12 36.00 136.08	
217244 4 S5125 11/13/12 11/13/12 36.00 136.08	
217244 5 S5125 11/14/12 11/14/12 36.00 136.08	
217244 6 S5125 11/15/12 11/15/12 36.00 136.08	
217244 7 S5125 11/16/12 11/16/12 36.00 136.08	21 7 2 4 4 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2
CLAIM TOTAL 952.56 CLAIM ACCOUNT REF. 2	2172440012005165
REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #	
001 2011657 2011657 ORTIZ MERCEDE 11/03/1932 GNT05073800	
INV # LINE # PROCEDURE CODE FROM DT THRU DT UNITS AMOUNT	
217245 1 S5125 11/10/12 11/10/12 16.00 60.48	
217245 2 S5125 11/11/12 11/11/12 16.00 60.48	
217245 3 S5125 11/12/12 11/12/12 28.00 105.84 217245 4 S5125 11/13/12 11/13/12 28.00 105.84	
217245 4 S5125 11/13/12 11/13/12 28.00 105.84 217245 5 S5125 11/14/12 11/14/12 28.00 105.84	
217245 6 S5125 11/14/12 11/14/12 28.00 105.84 217245 6 S5125 11/15/12 28.00 105.84	
217245 7 S5125 11/16/12 28.00 105.84 11/16/12 11/16/12 28.00 105.84	
CLAIM TOTAL 650.16 CLAIM ACCOUNT REF. 2	2172450012011657
REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #	
001 2003087 2003087 PAPHITIS RICHARD 05/14/1923 GNT03006300	
INV # LINE # PROCEDURE CODE FROM DT THRU DT UNITS AMOUNT	
217246 1 T1019 11/12/12 11/12/12 32.00 120.96	
217246 2 T1019 11/13/12 11/13/12 32.00 120.96	
217246 3 T1019 11/14/12 11/14/12 32.00 120.96	
217246 4 T1019 11/15/12 11/15/12 32.00 120.96	
217246 5 T1019 11/16/12 11/16/12 32.00 120.96	
CLAIM TOTAL 604.80 CLAIM ACCOUNT REF. 2	2172460012003087
REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 001 2009576 2009576 PAZIOULIS KLEONIK 10/16/1934 GNT04602500	
001 2007570 2007570 FAZIOUDIS RDEONIR 10/10/1734 GN104002500	
INV # LINE # PROCEDURE CODE FROM DT THRU DT UNITS AMOUNT	
217247 1 S5125 11/10/12 11/10/12 44.00 166.32	
217247 2 S5125 11/11/12 11/11/12 44.00 166.32	
217247 3 S5125 11/12/12 11/12/12 44.00 166.32	
217247 4 S5125 11/13/12 11/13/12 44.00 166.32	

INV # LINE # PROCEDURE CODE

INPUT FIL	E = /VOL4	44/COMPSUP	/HIPAAIN/E3202	012112004361580)	1111111	211111 1 11	dd Rdfort (1112103772	JD IO ,	11101 10
		NYSI 502051 SUN				NPI	= 11544	407492		
217247	5	S5125		11/14/12					REF.	2172470012009576
	CLIENT 2000140							AUTHORIZATION #		
INV # 217248 217248 217248 217248 217248 217248	LINE # 1 2 3 4 5	PROCEDURE T1019 T1019 T1019 T1019 T1019	CODE	FROM DT 11/12/12 11/13/12 11/14/12 11/15/12 11/16/12	THRU DT 11/12/12 11/13/12 11/14/12 11/15/12 11/16/12 CLA	UNITS 2 32.00 2 32.00 2 32.00 2 32.00 2 32.00 2 32.00 AIM TOTAL	AMOUNT 120.96 120.96 120.96 120.96 120.96 604.80	CLAIM ACCOUNT R	REF.	2172480012000140
REG LOC 001	CLIENT 2009232	SERVICE 2009232	NAME PEREZ	MARIA 02/	RTH DATE 04/1931	RECIPIENT ID 93703475500	PRIOR	AUTHORIZATION #		
	LINE # 1 2 3 4 5	PROCEDURE T1019 T1019 T1019 T1019 T1019	CODE	FROM DT 11/12/12 11/13/12 11/14/12 11/15/12 11/16/12	THRU DT 11/12/12 11/13/12 11/14/12 11/15/12 11/16/12 CLA	UNITS 2 24.00 2 24.00 2 24.00 2 24.00 2 24.00 2 24.00 3 24.00	AMOUNT 90.72 90.72 90.72 90.72 90.72 453.60	CLAIM ACCOUNT R	REF.	2172490012009232
REG LOC 001	CLIENT	SERVICE	NAME	BIR	RTH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #		
INV # 217250 217250 217250 217250 217250 217250 217250 217250	LINE # 1 2 3 4 5 6 7	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019 T1019	CODE	FROM DT 11/10/12 11/11/12 11/12/12 11/13/12 11/14/12 11/15/12 11/16/12	THRU DT 11/10/12 11/11/12 11/12/12 11/13/12 11/14/12 11/15/12 11/16/12 CLA	UNITS 2 36.00 2 36.00 2 36.00 2 36.00 2 36.00 2 36.00 2 36.00 2 36.00	AMOUNT 136.08 136.08 136.08 136.08 136.08 136.08 952.56	CLAIM ACCOUNT R	REF.	2172500012011411
REG LOC 001	CLIENT 2010606	SERVICE 2010606	NAME PINILLA	VICTOR 03/	RTH DATE /23/1933	RECIPIENT ID GNT05972000	PRIOR	AUTHORIZATION #		
INV # 217251 217251 217251 217251 217251 217251 217251 217251	LINE # 1 2 3 4 5 6 7			FROM DT 11/10/12 11/11/12 11/12/12 11/13/12 11/14/12 11/15/12 11/16/12					REF.	2172510012010606
	CLIENT 2002109	SERVICE 2002109	NAME PROANO	ALICIA 09/	RTH DATE 18/1924	RECIPIENT ID 93700845900	PRIOR	AUTHORIZATION #		
TATE //	T T3TD	DD 0 0 0 D 1 1 D 1	2000	ED 014 DE	m		3340773777			

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FROM DT THRU DT

DEDODE DA	mm 11/00/	1.0	GIDDINGID	NE CIENTITE			DAMA DII		PAGE 17
TNDIT FI	TE 11/20/	12 44/COMPSUD/HT	SUNNYSID PAAIN/E3202012	DE CITYWIDE 2112004361580		HIPAA	DATA FIL	LE REPORT (PHLT837/EDIS)	PAGE 17
111101111	, , , ,	11/ COM BOL / 111	11111117 113202012	1112001301300					
	ID = SUN		SUNNYSIDE					105400	
PROVIDER	ID = 113	502051 SUNNY	SIDE			NPI	I = 11544	107492	
217252	1	S5125 TT		11/10/12	11/10/12	12.00	48.36		
217252	2	S5125 TT		11/11/12			48.36		
217252	3	S5125 TT		11/12/12			48.36		
217252	4	S5125 TT		11/13/12			48.36		
217252 217252	5 6	S5125 TT S5125 TT		11/14/12 11/15/12			48.36 48.36		
217252	7	S5125 TT		11/15/12			48.36		
21,232	•	55125 11		11,10,12		IM TOTAL	338.52	CLAIM ACCOUNT REF.	2172520012002109
DEG TOG	OT TENTE	GEDITT GE N	77.45	DID		DEGIDIENE ID	DDIOD	AUGUODI GAGIONI II	
REG LOC 001	CLIENT 2007728		AME ROANO BR		TH DATE 06/1918	GNT04361600	PRIOR	AUTHORIZATION #	
001	2007720	2007720 F.	KOANO BK	10/	00/1010	GN104301000			
INV #	LINE #	PROCEDURE CO	DE	FROM DT	THRU DT	UNITS	AMOUNT		
217253	1	S5125 TT		11/10/12			64.48		
217253 217253	2	S5125 TT S5125 TT		11/11/12 11/13/12			64.48 80.60		
217253	4	S5125 TT		$\frac{11}{13}$			80.60		
217253	5	S5125 TT			11/15/12		80.60		
					CLA	IM TOTAL	370.76	CLAIM ACCOUNT REF.	2172530012007728
REG LOC	CLIENT	SERVICE N.	AME	DID	TH DATE	DECIDIENT ID	DDTOD	AUTHORIZATION #	
001	2010409				21/1933	GNT06136400	PRIOR	AUTHORIZATION #	
					,				
INV #	LINE #	PROCEDURE CO	DE	FROM DT	THRU DT	UNITS	AMOUNT		
217254	1 2	T1019 T1019		11/12/12 11/13/12			45.36 45.36		
217254 217254	3	T1019			11/15/12		45.36		
217254	4	T1019			11/16/12		56.70		
					CLA	IM TOTAL	192.78	CLAIM ACCOUNT REF.	2172540012010409
REG LOC	CLIENT	SERVICE N.	AME	DID	TH DATE	RECIPIENT ID	DDTOD	AUTHORIZATION #	
	2008453		ESTULA VI		15/1929	GNT05473100	PRIOR	AUTHORIZATION #	
	2000133	2000133	.DOIODII VI	INCERNI 017	13/1323	GNIOSI/SIOO			
INV #	LINE #	PROCEDURE CO	DE	FROM DT	THRU DT	UNITS	AMOUNT		
217255	1	S5125		11/12/12			60.48		
217255 217255	2	S5125 S5125		$\frac{11}{13}$			60.48 60.48		
217255	4	S5125 S5125		11/14/12			60.48		
217255	5	S5125		11/16/12			60.48		
						IM TOTAL	302.40	CLAIM ACCOUNT REF.	2172550012008453
REG LOC	CLIENT	SERVICE N.	AME	DID	TH DATE	RECIPIENT ID	DDTOD	AUTHORIZATION #	
	2011659		IVERA MARTI GL		22/1938	GNT02887600	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE CO	DE	FROM DT	THRU DT	UNITS	AMOUNT		
217256 217256	1 2	S5125 S5125		$\frac{11}{10}$			105.84 105.84		
217256	3	S5125 S5125		$\frac{11}{11}$			105.84		
217256	4	S5125 S5125		11/12/12			105.84		
217256	5	S5125		11/14/12	, -,		105.84		
217256	6	S5125		11/15/12	11/15/12	28.00	105.84		

INV # LINE # PROCEDURE CODE

INPUT FIL	E = /VOL4	12 144/COMPSUP	SUNNY HIPAAIN/E3202/	012112004361580	ı	HIPAA	DATA FI	LE REPORT (PHLT837/ED.	IS) PAGE 18
			SUNNYSIDE NNYSIDE			NPI	= 1154	407492	
217256	7	S5125		11/16/12	11/16/12 CLA	28.00 IM TOTAL	105.84 740.88	CLAIM ACCOUNT RE	F. 2172560012011659
								AUTHORIZATION #	
INV # 217257 217257 217257 217257	LINE # 1 2 3 4	PROCEDURE S5125 S5125 S5125 S5125	CODE	FROM DT 11/12/12 11/13/12 11/15/12 11/16/12	THRU DT 11/12/12 11/13/12 11/15/12 11/16/12 CLA	UNITS 16.00 16.00 16.00 15.00 IM TOTAL	AMOUNT 60.48 60.48 60.48 56.70 238.14	CLAIM ACCOUNT RE	F. 2172570012011491
REG LOC 001	CLIENT 2010412	SERVICE 2010412	NAME RODRIGUEZ	BIR FABIOLA 06/	TH DATE 23/1931	RECIPIENT ID GNT06115800	PRIOR	AUTHORIZATION #	
INV # 217258 217258 217258 217258 217258 217258 217258	LINE # 1 2 3 4 5	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019	CODE	FROM DT 11/10/12 11/12/12 11/13/12 11/14/12 11/15/12 11/16/12	THRU DT 11/10/12 11/12/12 11/13/12 11/14/12 11/15/12 11/16/12 CLA	UNITS 16.00 16.00 16.00 16.00 16.00 16.00 16.00	AMOUNT 60.48 60.48 60.48 60.48 60.48 362.88	CLAIM ACCOUNT RE	F. 2172580012010412
REG LOC	CLIENT	SERVICE	NAME RODRIGHEZ	BIR	TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #	
INV # 217259 217259 217259 217259 217259 217259 217259	LINE # 1 2 3 4 5 6	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019 T1019	CODE	FROM DT 11/10/12 11/11/12 11/12/12 11/13/12 11/14/12 11/15/12 11/16/12	THRU DT 11/10/12 11/11/12 11/12/12 11/13/12 11/14/12 11/15/12 11/16/12	UNITS 36.00 36.00 36.00 36.00 36.00 36.00 36.00	AMOUNT 136.08 136.08 136.08 136.08 136.08 136.08	CLAIM ACCOUNT RE	F. 2172590012007969
REG LOC	CLIENT 2006650	SERVICE 2006650	NAME ROJAS	BIR ANGEL 01/	TH DATE 22/1923	RECIPIENT ID GNT04856900	PRIOR	AUTHORIZATION #	
	LINE # 1 2 3 4 5	PROCEDURE S5125 TT S5125 TT S5125 TT S5125 TT S5125 TT	CODE	FROM DT 11/12/12 11/13/12 11/14/12 11/15/12 11/16/12	THRU DT 11/12/12 11/13/12 11/14/12 11/15/12 11/16/12 CLA	UNITS 12.00 12.00 12.00 12.00 12.00 12.00 12.00 IM TOTAL	AMOUNT 48.36 48.36 48.36 48.36 48.36 241.80	CLAIM ACCOUNT RE	F. 2172600012006650
REG LOC 001	CLIENT 2006651	SERVICE 2006651	NAME ROJAS	BIR HAYDEE 02/	TH DATE 15/1935	RECIPIENT ID GNT04856800	PRIOR	AUTHORIZATION #	

FROM DT THRU DT

UNITS

AMOUNT

REPORT DA	TE 11/20/	12	SUNNYSIDE CIT	YWIDE	1	HIPA	A DATA FII	LE REPORT (PHLT837)	/EDIS) PAGE 19
INPUL FIL	LE = / VOL4	44/COMPSUP/HIPF	AAIN/ E320201211200	4301580)					
SUBMITTER	ID = SUN	NYSI	SUNNYSIDE							
		502051 SUNNYSI				N	PI = 11544	107492		
217261	1	S5125 TT			11/01/12		64.48			
217261	2	S5125 TT	11	/09/12	11/09/12	16.00	64.48			
217261	3	S5125 TT	11		11/12/12		64.48			
217261	4	S5125 TT	11		11/13/12		64.48			
217261	5	S5125 TT S5125 TT S5125 TT S5125 TT S5125 TT S5125 TT	11		11/14/12		64.48 64.48			
217261 217261	6 7	SS145 II	11 11		11/15/12 11/16/12		64.48			
21/201	,	55125 11	11	/10/12		IN TOTAL	451.36	CI.AIM ACCOUNT	PFF	2172610012006651
					CLIA	IN TOTAL	131.30	CDAIN ACCOUNT	KEI.	2172010012000031
REG LOC	CLIENT	SERVICE NAM		BIF	TH DATE	RECIPIENT II	D PRIOR	AUTHORIZATION #		
001	2006828	2006828 RUE	BIANO MARIA	11/	12/1925	GNT03390400				
INV #	LINE #	PROCEDURE CODE	FR 11 11	OM DT	THRU DT	UNITS	AMOUNT			
217262	1	S5125	11	/12/12	11/12/12	15.00	56.70			
217262	2	S5125	11	/14/12	11/14/12	16.00	60.48 117.18	CLAIM ACCOUNT	חחח	2172620012006828
					СЬА	IM TOTAL	117.18	CLAIM ACCOUNT	REF.	21/2020012000828
REG LOC	CLIENT	SERVICE NAM	ΜE	BIF	TH DATE	RECIPIENT II	D PRIOR	AUTHORIZATION #		
001	2003430	2003430 SAI	LJANIN DILJA	06/	05/1922	GNT03006000				
INV #	LINE #	PROCEDURE CODE	E FR	OM DT	THRU DT	UNITS	AMOUNT			
217263	1	T1019	11	/10/12	11/10/12	32.00	120.96			
217263	2	T1019	11	/12/12	11/12/12	36.00	136.08			
217263	3 4	T1019 T1019	11 11	/14/12	11/13/12	36.00 36.00	136.08 136.08			
217263 217263	5	T1019	11 11	/15/12	11/14/12	36.00	136.08			
217263	6	T1019	FR 11 11 11 11 11 11 11 11 11 11 11 11 11	/16/12	11/16/12	36.00	136.08			
227200	· ·	11017		, 10, 12	CLA	IM TOTAL	801.36	CLAIM ACCOUNT	REF.	2172630012003430
REG LOC	CLIENT	SERVICE NAM	ME NCHEZ ELIZABE	BIF	RTH DATE			AUTHORIZATION #		
001	1997789	1997789 SAN	NCHEZ ELIZABE	01/	03/1956	GNT00370600				
TNT7 #	LINE #	PROCEDURE CODE	יום ק	OM DT	THRU DT	UNITS	AMOUNT			
INV # 217264	1 1 TINE #	T1019	۲ . 11	/04/12	11/04/12	16.00	60.48			
217264	2	T1019	11	/104/12	11/04/12	16.00	60.48			
217264	3	T1019	11	/11/12	11/11/12	16.00	60.48			
217264	4	T1019	11	/12/12	11/12/12	28.00	105.84			
217264	5	T1019	11	/13/12	11/13/12	28.00	105.84			
217264	6	T1019	11	/14/12	11/14/12	28.00	105.84			
217264	7	T1019	11 11 11 11 11 11 11	/15/12	11/15/12	28.00	105.84			
217264	8	T1019	11	/16/12	11/16/12	28.00	105.84			
					CLA	IM TOTAL	710.64	CLAIM ACCOUNT	REF.	2172640011997789
REG LOC	CLIENT	SERVICE NAM	Λ.C.	DTF	TH DATE	ספירחדפאיי דיי	מסדמת ח	AUTHORIZATION #		
001			ME NTIAGO ARMINDA			GNT02860500		AUTHORITANION #		
	2011/0/	2011/0/ SAL	TIAGO AMITINDA	. 05/	±2/±234	CIVI 02000300				
INV #	LINE #	PROCEDURE CODE	E FR	OM DT	THRU DT	UNITS	AMOUNT			
217265	1	T1019			11/12/12		60.48			
217265	2	T1019			11/13/12		60.48			
217265	3	T1019			11/15/12		60.48			
217265	4	T1019	11	/16/12	11/16/12	16.00	60.48			

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SUBMITTER ID = SUNNYSI SUNNYSIDE

PROVIDER ID = 113502051 SUNNYSIDE

SUBMITTER ID = SUN PROVIDER ID = 113	NYSI SUNNYSIDE 502051 SUNNYSIDE	NPI = 1154407492
		CLAIM TOTAL 241.92 CLAIM ACCOUNT REF. 217265001201178
REG LOC CLIENT 001 2011788	SERVICE NAME 2011788 SANTIAGO	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # VICTORI 11/18/1941 93701469700
INV # LINE # 217266 1 217266 2 217266 3 217266 4 217266 5	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 11/12/12 11/12/12 16.00 60.48 11/13/12 11/13/12 16.00 60.48 11/14/12 11/14/12 16.00 60.48 11/15/12 11/15/12 16.00 60.48 11/16/12 11/16/12 16.00 60.48 11/16/12 11/16/12 16.00 60.48 CLAIM TOTAL 302.40 CLAIM ACCOUNT REF. 217266001201178
REG LOC CLIENT 001 2002124	SERVICE NAME 2002124 SHELTON	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # AGUEDA 02/05/1919 GNT03123900
INV # LINE # 217267 1 217267 2 217267 3 217267 4 217267 5 217267 6	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 11/11/12 11/11/12 28.00 105.84 11/12/12 11/12/12 28.00 105.84 11/13/12 11/13/12 28.00 105.84 11/14/12 11/14/12 28.00 105.84 11/15/12 11/15/12 28.00 105.84 11/16/12 11/16/12 28.00 105.84
REG LOC CLIENT 001 2011729	SERVICE NAME 2011729 SKINNER	CLAIM TOTAL 635.04 CLAIM ACCOUNT REF. 217267001200212 BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # DOROTHY 06/22/1926 GNT05965200
INV # LINE # 217268 1 217268 2 217268 3 217268 4	PROCEDURE CODE S5125 S5125 S5125 S5125	FROM DT THRU DT UNITS AMOUNT 11/07/12 11/07/12 24.00 90.72 11/08/12 11/08/12 24.00 90.72 11/09/12 11/09/12 24.00 90.72 11/14/12 11/14/12 24.00 90.72 CLAIM TOTAL 362.88 CLAIM ACCOUNT REF. 217268001201172
REG LOC CLIENT 001 2011781	SERVICE NAME 2011781 THEN	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # MARIA 02/12/1942 GNT04429300
INV # LINE # 217269 1 217269 2 217269 3 217269 4	PROCEDURE CODE S5125 S5125 S5125 S5125	FROM DT THRU DT UNITS AMOUNT 11/12/12 11/12/12 36.00 136.08 11/13/12 11/13/12 12.00 45.36 11/14/12 11/14/12 36.00 136.08 11/15/12 11/15/12 12.00 45.36 CLAIM TOTAL 362.88 CLAIM ACCOUNT REF. 217269001201178
REG LOC CLIENT 001 2011050	SERVICE NAME 2011050 TROISI	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # DELIA 12/30/1925 GNT06177500
INV # LINE # 217270 1 217270 2	PROCEDURE CODE T1019 T1019	FROM DT THRU DT UNITS AMOUNT 11/10/12 11/10/12 32.00 120.96 11/12/12 11/12/12 32.00 120.96

[1.0						
REPORT DA	TE 11/20/ E = /VOL4	12 44/COMPSUD/	SUNNY HTPAATN/E3202	SIDE CITYWIDE 012112004361580		HIPAA	DATA FI	LE REPORT (PHLT837/EDIS) PAGE 21
		NYSI 502051 SUN	SUNNYSIDE			NDI	[= 1154	407492
TROVIDER	. 10 - 113	502051 501	WIGIDE			IVI 3	1131	10,1192
217270	3	T1019		11/13/12 11/14/12 11/15/12 11/16/12	11/13/12	31.00	117.18	
217270 217270	4 5	T1019 T1019		11/14/12	11/14/12	32.00	120.96 120.96	
217270	6	T1019		11/16/12	11/16/12	32.00	120.96	
					CLA	IM TOTAL	721.98	CLAIM ACCOUNT REF. 2172700012011050
REG LOC	CLIENT	SERVICE	NAME VARGAS	BIR	TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #
001	2011783	2011783	VARGAS	ALCIBIA 07/	06/1918	GNT00492400		
INV #	LINE #	PROCEDURE	CODE	FROM DT 11/12/12 11/13/12 11/14/12 11/15/12 11/16/12	THRU DT	UNITS	AMOUNT	
217271	1	T1019		11/12/12	11/12/12	20.00	75.60	
217271	2	T1019		11/13/12	11/13/12	20.00	75.60	
217271	3	T1019		11/14/12	11/14/12	20.00	75.60	
217271	4	T1019		11/15/12	11/15/12	20.00	75.60	
217271	5	T1019		11/16/12	11/16/12	19.00	71.82	
					СГР	IM TOTAL	374.22	CLAIM ACCOUNT REF. 2172710012011783
REG LOC	CLIENT	SERVICE	NAME VARGAS	BIR	TH DATE		PRIOR	AUTHORIZATION #
001	2011483	2011483	VARGAS	RAMON 10/	23/1965	GNT02027100		
INV #	LINE #	PROCEDURE	CODE	FROM DT 11/13/12 11/14/12 11/15/12	THRU DT	UNITS	AMOUNT	
217272	1	T1019		11/13/12	11/13/12	12.00	45.36	
217272	2	T1019		11/14/12	11/14/12	12.00	45.36	
217272	3	T1019		11/15/12	11/15/12	24.00	90.72	
						AIM TOTAL	181.44	CLAIM ACCOUNT REF. 2172720012011483
REG LOC	CLIENT	SERVICE	NAME	BIR MARIE 09/	TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #
001	2008200	2008200						
INV #	LINE #	PROCEDURE	CODE	FROM DT 11/10/12 11/11/12 11/12/12 11/14/12 11/15/12 11/16/12	THRU DT	UNITS	AMOUNT	
217273	1	S5125		11/10/12	11/10/12	48.00	181.44	
217273	2	S5125		11/11/12	11/11/12	48.00	181.44	
217273	3	S5125		11/12/12	11/12/12	32.00	120.96	
217273 217273	4 5	S5125		11/14/12	11/14/12	32.00	120.96 120.96	
217273	6	S5125 S5125		11/15/12	11/15/12	32.00	120.96	
21,2,3	Ü	55125		11/10/12	CLA	IM TOTAL	846.72	
REG LOC	CLIENT	SERVICE	NΛME	סדם	TH DATE	PECIDIENT IN	DDTOD	AUTHORIZATION #
	2008892	2008892	NAME WEISZ	KLARA 06/	27/1920	GNT04606900	FRIOR	AUTHORIZATION #
TATE !!	T TATE	DDOGEDIDE			munu na	IBITES	AMOUNT	
INV # 217274	LINE # 1	PROCEDURE 95125	CODE	FROM DT 11/12/12 11/14/12	11/12/12	UNITS 16.00	AMOUNT	
217274	2	S5125 S5125		11/14/12	11/14/12	16.00	60.48	
	-	23220		,,	CLA	IM TOTAL	60.48 60.48 120.96	CLAIM ACCOUNT REF. 2172740012008892
REG LOC	CLIENT	SERVICE	NAME	RTR	TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #
001		2009618	WEST		14/1933	GNT05953700	1111011	110111111111111111111111111111111111111
INV #	LINE #		CODE	FROM DT	שת זומטיי	IINITEC	∧ M⊜t tN™	
1NV # 217275	LINE #	T1019	CODE	11/12/12		UNITS	AMOUNT 60.48	
21,213	_	11017		11/12/12	11/12/12	10.00	00.40	

REPORT DA	TE 11/20/	12	SUNNY	SIDE CITYWIDE 012112004361580		HIPAA	DATA FII	LE REPORT (PHLT837/EDIS) PAGE 22
INPUT FIL	E = /VOL4	44/COMPSUP	/HIPAAIN/E3202	012112004361580				
	ID = SUN ID = 113	NYSI 502051 SUI	SUNNYSIDE NNYSIDE			NPI	= 11544	407492
217275 217275 217275 217275	2 3 4 5	T1019 T1019 T1019 T1019		11/13/12 11/14/12 11/15/12 11/16/12	11/14/12 11/15/12 11/16/12	16.00 16.00	60.48 60.48 60.48 60.48 302.40	
REG LOC 001	CLIENT 2003177	SERVICE 2003177	NAME WHITLEY	MYRNA BIR	TH DATE 04/1950	RECIPIENT ID GNT04373700	PRIOR	AUTHORIZATION #
INV # 217276 217276 217276	LINE # 1 2 3	PROCEDURE T1019 T1019 T1019	CODE	FROM DT 11/12/12 11/13/12 11/15/12	11/13/12 11/15/12	16.00	AMOUNT 60.48 60.48 60.48 181.44	
REG LOC 001	CLIENT 2006152	SERVICE 2006152	NAME YI		TH DATE 16/1959	RECIPIENT ID GNT04057700	PRIOR	AUTHORIZATION #
INV # 217277 217277 217277 217277 217277 217277	LINE # 1 2 3 4 5 6	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125	CODE	FROM DT 11/10/12 11/12/12 11/13/12 11/14/12 11/15/12 11/16/12	11/10/12 11/12/12 11/13/12 11/14/12 11/15/12 11/16/12	16.00 16.00 16.00 16.00	AMOUNT 60.48 60.48 60.48 60.48 60.48 362.88	
REG LOC 001	CLIENT 2005645	SERVICE 2005645	NAME YIANTSELIS		TH DATE 05/1930	RECIPIENT ID GNT04795200	PRIOR	AUTHORIZATION #
INV # 217278 217278 217278 217278 217278 217278	LINE # 1 2 3 4 5	PROCEDURE T1020 T1020 T1020 T1020 T1020	CODE	FROM DT 11/10/12 11/13/12 11/14/12 11/15/12 11/16/12	11/10/12 11/13/12 11/14/12 11/15/12 11/16/12	1.00 1.00 1.00	AMOUNT 196.56 196.56 196.56 196.56 196.56 982.80	
REG LOC 001	CLIENT 2011750	SERVICE 2011750	NAME ZARE		TH DATE 07/1943	RECIPIENT ID GNT03716600	PRIOR	AUTHORIZATION #
INV # 217279 217279 217279 217279 217279 217279 217279 217279	LINE # 1 2 3 4 5 6 7	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125	CODE	FROM DT 11/10/12 11/11/12 11/12/12 11/13/12 11/14/12 11/15/12 11/16/12	11/11/12 11/12/12 11/13/12 11/14/12 11/15/12 11/16/12	16.00 32.00 32.00 32.00 32.00 16.00	AMOUNT 60.48 60.48 120.96 120.96 60.48 90.72 635.04	
REG LOC 001	CLIENT 1999328	SERVICE 1999328	NAME ZUMAETA		TH DATE 09/1936	RECIPIENT ID GNT03663500	PRIOR	AUTHORIZATION #
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	

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PROVIDER	OVIDER ID = 113502051		502051	SUNNYSIDE		NPI = 1154407492						
217280		1	T1019		11/10/12	11/10/12	28.00	105.84				
217280		2	T1019		11/11/12	11/11/12	28.00	105.84				
217280		3	T1019		11/12/12	11/12/12	40.00	151.20				
217280		4	T1019		11/14/12	11/14/12	40.00	151.20				
217280		5	T1019		11/15/12	11/15/12	40.00	151.20				
217280		6	T1019		11/16/12	11/16/12	40.00	151.20				
						CLAIM	TOTAL	816.48 CLAI	M ACCOUNT	REF.	2172800011999	328
PROVIDER	TOTA	ALS,	ID =	113502051 TOTA:	L # OF CLAI	MS = 55	6	TOTAL CLAIM	AMOUNT =	5	7,096.96	
PROVIDER	TOTA	ALS,	ID =	113502051 TOTA:	L # OF CLAI	MS = 55	6	TOTAL CLAIM	AMOUNT =	5	7,096.96	

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SUBMITTER ID = SUNNYSI SUNNYSIDE

PROVIDER ID = 113502051 SUNNYSIDE NPI = 1154407492

SUBMITTER TOTALS, ID = SUNNYSI TOTAL # OF CLAIMS = 556 TOTAL CLAIM AMOUNT = 57,096.96