INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

7 T1020

226735

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 11315 FIDELIS CARE NY REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 10/30/1992 741244251 111891261 NY 001 2008267 2008267 SZE, BECKY DIAGNOSIS CODES: 343.9 737.9 799.89 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 226741 1 01/19/13 01/19/13 11.00 185.57 6.00 101.22 226741 T1020 01/21/13 01/21/13 101.22 226741 3 T1020 01/22/13 01/22/13 6.00 226741 4 T1020 01/23/13 01/23/13 6.00 101.22 226741 5 T1020 01/24/13 01/24/13 6.00 101.22 226741 6 T1020 01/25/13 01/25/13 6.00 101.22 CLAIM TOTAL 691.67 CLAIM ACCOUNT REF. 2267410012008267SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 12/05/1941 74148852400 111891265 REG LOC CLIENT SERVICE NAME NY 001 2008306 2008306 GIL, ALICIA M DIAGNOSIS CODES: 340. 733.00 530.81 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT LINE # 226736 1 T1020 01/21/13 01/21/13 7.00 118.09 01/22/13 01/22/13 7.00 118.09 226736 T1020 01/23/13 01/23/13 7.00 118.09 226736 3 T1020 01/24/13 01/24/13 7.00 226736 4 T1020 118.09 226736 5 T1020 01/25/13 01/25/13 7.00 118.09 590.45 CLAIM ACCOUNT REF. 2267360012008306SUP CLAIM TOTAL BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 07/20/1950 741700387 120820411 REG LOC CLIENT SERVICE NAME NY 001 2008386 2008386 BATISTA, JOSE DIAGNOSIS CODES: 344.1 250.93 401.9 599.0 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 226735 1 T1020 01/19/13 01/19/13 7.00 118.09 226735 2 T1020 01/20/13 01/20/13 7.00 118.09 226735 3 T1020 01/21/13 01/21/13 118.09 7.00 226735 4 T1020 01/22/13 01/22/13 7.00 118.09 226735 5 T1020 01/23/13 01/23/13 7.00 118.09 226735 6 T1020 01/24/13 01/24/13 7.00 118.09

01/25/13 01/25/13

7.00

CLAIM TOTAL

118.09

826.63 CLAIM ACCOUNT REF. 2267350012008386SUP

PAGE:

1

PAGE: 2 INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

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

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NTSZ	001	2009400	2000400	CAMO TEDATA MEGITA ET	01/20/1054	74102201600	112550560

NY 001 2008400 2008400 SAMOJEDNY, MICHAEL 01/20/1954 74102201600

DIAGNOSIS CODES: 436. 401.9 571.5 780.4 799.89

INV # 226739	LINE #	PROCEDURE CODE T1020	REVENUE CD	FROM DT 01/22/13	THRU DT 01/22/13	UNITS 4.00	AMOUNT 67.48	
226739	2	T1020		. , , .	01/24/13	5.00	84.35	

151.83 CLAIM ACCOUNT REF. 2267390012008400SUP CLAIM TOTAL

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 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 226740 1 T1020 01/25/13 01/25/13 4.00 67.48

CLAIM TOTAL 67.48 CLAIM ACCOUNT REF. 2267400012008400SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 07/05/1949 74201787700 121291101 07/05/1949 74201787700

NY 001 2009268 2010041 VARGAS, RAQUEL DIAGNOSIS CODES: 437.9 253.5 345.91 E885.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
226742	1	T1020		01/19/13	01/19/13	9.00	151.83		
226742	2	T1020		01/20/13	01/20/13	9.00	151.83		
226742	3	T1020		01/21/13	01/21/13	9.00	151.83		
226742	4	T1020		01/22/13	01/22/13	9.00	151.83		
226742	5	T1020		01/23/13	01/23/13	9.00	151.83		
226742	6	T1020		01/24/13	01/24/13	9.00	151.83		
226742	7	T1020		01/25/13	01/25/13	9.00	151.83		
					CLAI	M TOTAL	1,062.81	CLAIM ACCOUNT REF.	2267420012010041SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 10/23/1952 74146355500 111951068 NY 001 2008376 2010712 LITMAN, GAIL

10/23/1952 74146355500

DIAGNOSIS	CODES:	401.9	780.2	V12.54						
INV #	LINE #	PROCEDU	JRE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
226738	1	T1020			01/21/13	01/21/13	5.00	84.35		
226738	2	T1020			01/22/13	01/22/13	5.00	84.35		
226738	3	T1020			01/23/13	01/23/13	5.00	84.35		
226738	4	T1020			01/24/13	01/24/13	5.00	84.35		
226738	5	T1020			01/25/13	01/25/13	4.00	67.48		
						CLAI	M TOTAL	404.88	CLAIM ACCOUNT REF.	2267380012010712SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

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 2011495 2011495 ISKANDER, JACOUB S 04/14/1949 74226723400 122720054

DIAGNOSIS CODES: 748.60 253.5 401.9

PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS INV # LINE # AMOUNT 134.96 226737 1 T1020 01/19/13 01/19/13 8.00 T1020 01/20/13 01/20/13 8.00 134.96 226737 226737 3 T1020 01/21/13 01/21/13 8.00 134.96 226737 T1020 01/22/13 01/22/13 8.00 134.96 226737 T1020 01/23/13 01/23/13 8.00 134.96 226737 T1020 01/24/13 01/24/13 8.00 134.96 7 T1020 226737 01/25/13 01/25/13 8.00 134.96 CLAIM TOTAL 944.72 CLAIM ACCOUNT REF. 2267370012011495SUP

PAYER TOTALS: FIDELIS CARE NY # OF CLAIMS = 40 TOTAL CLAIM AMOUNT = 4,740.47

# SERVICES =

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

	20051	~	
PROVIDER ID = 11350	02051 SUNNYSIDE	CTITYWIDE	NPI = 1154407492

PAYER ID = 11325 NEIGHBORHOOD HEALTH

PAIER ID =	11325 NEIGHBORHOC	OD HEALIH		
REG LOC CLIE NY 001 20082 DIAGNOSIS CODES			PRIOR AUTHORIZATION # 072111255060	
INV # LINE 226721 1 226721 2 226721 3	T1019 T1019	FROM DT THRU DT UNITS 01/23/13 01/23/13 16.00 01/24/13 01/24/13 16.00 01/25/13 16.00 CLAIM TOTAL	AMOUNT 67.52 67.52 67.52 202.56 CLAIM ACCOUNT REF.	2267210012008261SUP
REG LOC CLIE NY 001 20082 DIAGNOSIS CODES	63 2008263 MORALES HERNADEZ	BIRTH DATE RECIPIENT ID Z, EDW 10/28/1952 10062883101	PRIOR AUTHORIZATION # 083111260220	
INV # LINE 226727 1 226727 2 226727 2 226727 4 226727 5 226727 226727 7	T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 01/19/13 01/19/13 24.00 01/20/13 01/20/13 24.00 01/21/13 01/21/13 24.00 01/22/13 01/22/13 24.00 01/23/13 01/23/13 24.00 01/23/13 01/23/13 24.00 01/24/13 01/24/13 24.00 01/25/13 01/25/13 24.00 CLAIM TOTAL	AMOUNT 101.28 101.28 101.28 101.28 101.28 101.28 101.28 101.28 708.96 CLAIM ACCOUNT REF.	2267270012008263SUP
REG LOC CLIE NY 001 20082 DIAGNOSIS CODES	65 2008265 SHEPPARD, ERMA	BIRTH DATE RECIPIENT ID 10/05/1954 10043001301 01.9 440.9	PRIOR AUTHORIZATION # 052212292391	
INV # LINE 226732 1 226732 2 226732 3 226732 4 226732 5 226732 6 226732 7	T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 01/19/13 01/19/13 40.00 01/20/13 01/20/13 40.00 01/21/13 01/21/13 36.00 01/22/13 01/22/13 40.00 01/23/13 01/23/13 40.00 01/23/13 01/23/13 40.00 01/24/13 01/24/13 40.00 01/25/13 01/25/13 40.00 CLAIM TOTAL 1	AMOUNT 168.80 168.80 151.92 168.80 168.80 168.80 168.80 1,164.72 CLAIM ACCOUNT REF.	2267320012008265sup
REG LOC CLIE NY 001 20083 DIAGNOSIS CODES	03 2008303 WILSON, SHERYL	BIRTH DATE RECIPIENT ID 08/28/1956 10060476901 99.89	PRIOR AUTHORIZATION # 082611259599	
INV # LINE 226734 1		FROM DT THRU DT UNITS 01/22/13 01/22/13 24.00	AMOUNT 101.28	

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

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

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 226734 2 T1019 01/24/13 01/24/13 24.00 101.28 226734 3 T1019 01/25/13 01/25/13 24.00 101.28

CLAIM TOTAL 303.84 CLAIM ACCOUNT REF. 2267340012008303SUP

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

DIAGNOSIS CODES: 799.89

DIAGNOSIS CODES: 343.9 737.43 742.3

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 226724 1 T1019 01/21/13 01/21/13 16.00 67.52 226724 2 T1019 01/23/13 01/23/13 20.00 84.40

CLAIM TOTAL 151.92 CLAIM ACCOUNT REF. 2267240012008366SUP

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

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS TRUIOMA 01/19/13 01/19/13 28.00 226719 1 T1019 118.16 226719 2 T1019 01/20/13 01/20/13 28.00 118.16 226719 3 T1019 01/21/13 01/21/13 32.00 135.04 226719 4 T1019 01/22/13 01/22/13 28.00 118.16 226719 5 T1019 01/23/13 01/23/13 28.00 118.16 226719 6 T1019 01/24/13 01/24/13 28.00 118.16 7 T1019 01/25/13 01/25/13 28.00 226719 118.16

CLAIM TOTAL 844.00 CLAIM ACCOUNT REF. 2267190012008403SUP

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

LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT AMOUNT UNITS INV # 01/21/13 01/21/13 24.00 T1019 226729 1 101.28 226729 2 T1019 01/22/13 01/22/13 24.00 101.28 3 T1019 01/23/13 01/23/13 24.00 226729 101.28 4 T1019 226729 01/24/13 01/24/13 24.00 101.28 5 T1019 01/25/13 01/25/13 24.00 226729 101.28 506.40 CLAIM ACCOUNT REF. 2267290012008421SUP CLAIM TOTAL

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

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 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 101.28 226728 01/19/13 01/19/13 24.00 01/21/13 01/21/13 24.00 226728 T1019 101.28 226728 3 T1019 01/23/13 01/23/13 24.00 101.28 226728 4 T1019 01/24/13 01/24/13 24.00 101.28 226728 5 T1019 01/25/13 01/25/13 24.00 101.28 CLAIM TOTAL 506.40 CLAIM ACCOUNT REF. 2267280012008422SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 09/10/1959 10063849801 081911258799 REG LOC CLIENT SERVICE NAME 09/10/1959 10063849801 NY 001 2008425 2008425 WELLS, WYNORIA DIAGNOSIS CODES: 278.01 253.5 272.4 356.9 401.9 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # LINE # 1 T1019 01/21/13 01/21/13 16.00 67.52 226733 226733 2 T1019 01/22/13 01/22/13 16.00 67.52 3 T1019 01/24/13 01/24/13 16.00 226733 /13 16.00 67.52 CLAIM TOTAL 202.56 CLAIM ACCOUNT REF. 2267330012008425SUP 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 AMOUNT INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 1 T1019 01/19/13 01/19/13 40.00 226722 168.80 226722 2 T1019 01/20/13 01/20/13 40.00 168.80 226722 3 T1019 01/21/13 01/21/13 40.00 168.80 226722 4 T1019 01/22/13 01/22/13 40.00 168.80 226722 5 T1019 01/23/13 01/23/13 40.00 168.80 6 T1019 168.80 01/25/13 01/25/13 40.00 226722 CLAIM TOTAL 1,012.80 CLAIM ACCOUNT REF. 2267220012008427SUP CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 02/16/1949 10057325401 070912298224 REG LOC NY 001 2008531 2008531 RODRIGUEZ -2, MARIA 02/16/1949 10057325401 DIAGNOSIS CODES: 250.00 272.4 331.0 401.9 799.89 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 01/21/13 01/21/13 24.00 226730 1 T1019 101.28 2 01/22/13 01/22/13 24.00 226730 T1019 101.28 3 T1019 4 T1019 01/23/13 01/23/13 24.00 226730 101.28 01/24/13 01/24/13 24.00 226730 101.28

REPORT DATE 01/30/13 PAGE: SUNNYSIDE CITYWIDE

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

226725

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492PAYER ID = 11325NEIGHBORHOOD HEALTH INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 226730 5 T1019 01/25/13 01/25/13 24.00 101.28 CLAIM TOTAL 506.40 CLAIM ACCOUNT REF. 2267300012008531SUP 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 1 T1019 226726 01/20/13 01/20/13 16.00 67.52 226726 2 T1019 01/21/13 01/21/13 28.00 118.16 3 T1019 226726 01/22/13 01/22/13 28.00 118.16 4 T1019 226726 01/23/13 01/23/13 28.00 118.16 226726 5 T1019 01/24/13 01/24/13 28.00 118.16 CLAIM TOTAL 540.16 CLAIM ACCOUNT REF. 2267260012008742SUP 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 1 T1019 01/14/13 01/14/13 8.00 226720 33.76 226720 2 T1019 01/21/13 01/21/13 16.00 67.52 226720 3 T1019 01/22/13 01/22/13 24.00 101.28 226720 4 T1019 01/23/13 01/23/13 24.00 101.28 5 T1019 6 T1019 01/24/13 01/24/13 226720 24.00 101.28 /13 24.00 101.28 CLAIM TOTAL 506.40 CLAIM ACCOUNT REF. 2267200012008802SUP 01/25/13 01/25/13 24.00 226720 REG LOC CLIENT SERVICE NAME
NY 001 2009356 2009356 KHAN, FARUQUE BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
02/08/1949 10076892101 112111269647 DIAGNOSIS CODES: 696.8 253.5 272.4 PROCEDURE CODE REVENUE CD FROM DT THRU DT INV # LINE # UNITS AMOUNT 01/19/13 01/19/13 48.00 226725 1 T1019 202.56 T1019 01/20/13 01/20/13 48.00 202.56 226725 2 3 T1019 01/21/13 01/21/13 44.00 226725 185.68 01/22/13 01/22/13 48.00 202.56 226725 4 T1019 T1019 6 T1019 7 T1019 01/23/13 01/23/13 48.00 226725 202.56 01/24/13 01/24/13 48.00 01/25/13 01/25/13 48.00 202.56 226725 7 T1019

CLAIM TOTAL 1,401.04 CLAIM ACCOUNT REF. 2267250012009356SUP

REPORT DATE 01/30/13 PAGE: SUNNYSIDE CITYWIDE

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226723

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492PAYER ID = 11325 NEIGHBORHOOD HEALTH REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2010143 2010143 AHMED, UMARA 11/15/1985 10062660901 072211255328 DIAGNOSIS CODES: 335.19 695.4 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 135.04 226717 01/19/13 01/19/13 32.00 01/20/13 01/20/13 32.00 135.04 226717 T1019 01/21/13 01/21/13 32.00 135.04 226717 3 T1019 226717 4 T1019 01/22/13 01/22/13 32.00 135.04 5 T1019 6 T1019 7 T1019 226717 01/23/13 01/23/13 32.00 135.04 226717 01/24/13 01/24/13 32.00 135.04 226717 01/25/13 01/25/13 32.00 135.04 CLAIM TOTAL 945.28 CLAIM ACCOUNT REF. 2267170012010143SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 03/23/1984 10063030901 072211255272 REG LOC CLIENT SERVICE NAME NY 001 2008398 2010353 RODRIGUEZ, JESSE DIAGNOSIS CODES: 799.89 253.5 278.00 401.9 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 01/07/13 01/07/13 20.00 226731 1 T1019 84.40 01/09/13 01/09/13 20.00 226731 T1019 84.40 01/11/13 01/11/13 20.00 226731 3 T1019 84.40 226731 4 T1019 01/15/13 01/15/13 20.00 84.40 5 T1019 6 T1019 7 T1019 8 T1019 9 T1019 226731 01/21/13 01/21/13 20.00 84.40 226731 01/22/13 01/22/13 20.00 84.40 01/23/13 01/23/13 226731 20.00 84.40 226731 01/24/13 01/24/13 20.00 84.40 226731 01/25/13 01/25/13 20.00 84.40 CLAIM TOTAL 759.60 CLAIM ACCOUNT REF. 2267310012010353SUP BIRTH DATE RECIPIENT ID PRIOR AUTHOR: 10004572501 060112293626 REG LOC CLIENT SERVICE NAME PRIOR AUTHORIZATION # NY 001 2010639 2010639 HAMPTON, PRISCILLA 07/21/1952 10094572501 DIAGNOSIS CODES: 447.6 311. 401.9 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT T1019 01/19/13 01/19/13 24.00 226723 1 101.28 226723 2 T1019 01/20/13 01/20/13 24.00 101.28 3 226723 T1019 01/21/13 01/21/13 24.00 101.28 01/22/13 01/22/13 28.00 118.16 226723 T1019 5 T1019 226723 01/23/13 01/23/13 24.00 101.28 6 T1019 01/24/13 01/24/13 28.00 226723 118.16 01/24/13 01/24/13 20.00 01/25/13 01/25/13 28.00 7 T1019 118.16 759.60 CLAIM ACCOUNT REF. 2267230012010639SUP

CLAIM TOTAL

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 11325NEIGHBORHOOD HEALTH

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		
226718	1	T1019		01/21/13	01/21/13	36.00	151.92		
226718	2	T1019		01/22/13	01/22/13	36.00	151.92		
226718	3	T1019		01/23/13	01/23/13	36.00	151.92		
226718	4	T1019		01/24/13	01/24/13	36.00	151.92		
226718	5	T1019		01/25/13	01/25/13	36.00	151.92		
					CT. A 1	гм тотат.	759 60	CIAIM ACCOUNT REE	22671800120108789110

PAYER TOTALS: NEIGHBORHOOD HEALTH # OF CLAIMS = 99 TOTAL CLAIM AMOUNT = 11,782.24

# SERVICES = 18

REPORT DATE 01/30/13 PAGE: SUNNYSIDE CITYWIDE 1 0

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

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 0112181290326 DIAGNOSIS CODES: 356.9 348.2 401.9 733.00 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 68.60 226765 01/19/13 01/19/13 4.00 2 T1019 01/20/13 01/20/13 4.00 68.60 226765 01/21/13 01/21/13 12.00 226765 3 T1019 205.80 226765 4 T1019 01/22/13 01/22/13 12.00 205.80 5 T1019 6 T1019 7 T1019 226765 01/23/13 01/23/13 12.00 205.80 226765 01/24/13 01/24/13 12.00 205.80 226765 01/25/13 01/25/13 12.00 205.80 CLAIM TOTAL 1,166.20 CLAIM ACCOUNT REF. 2267650012008233SUP REG LOC CLIENT SERVICE NAME NY 001 2008236 2008236 PERSAD, USHA BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 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 1 T1019 01/19/13 01/19/13 8.00 226772 137.20 01/20/13 01/20/13 8.00 226772 2 T1019 137.20 188.65 3 T1019 01/21/13 01/21/13 11.00 226772 226772 4 T1019 01/22/13 01/22/13 11.00 188.65 5 T1019 6 T1019 7 T1019 226772 01/23/13 01/23/13 11.00 188.65 226772 01/24/13 01/24/13 11.00 188.65 7 T1019 01/25/13 01/25/13 11.00 188.65 226772 CLAIM TOTAL 1,217.65 CLAIM ACCOUNT REF. 2267720012008236SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 05/23/1960 ZB21969Z 0107031290005 REG LOC CLIENT SERVICE NAME 05/23/1960 ZB21969Z NY 001 2008237 2008237 DURHAM, CYNTHIA DIAGNOSIS CODES: 401.9 250.00 300.00 345.90 493.90 530.81 AMOUNT UNITS INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT 01/21/13 01/21/13 1 T1019 4.00 226768 68.60 2 T1019 226768 01/22/13 01/22/13 4.00 68.60 3 T1019 01/24/13 01/24/13 4.00 226768 68.60 CLAIM TOTAL 205.80 CLAIM ACCOUNT REF. 2267680012008237SUP 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

01/20/13 01/20/13 2.00 34.30 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 226764 1 T1019 01/20/13 01/20/13 2.00

INPUT FILE = /VOL444/COMPSUP/HIPA	SUNNYSIDE CITYWIDE AIN/E5002013013007280067RRSUP			PAGE: II
PROVIDER ID = 113502051 PAYER ID = 13265	SUNNYSIDE CITYWIDE METROPLUS HEALTH PLAN	NPI = 1154	407492	
INV # LINE # PROCEDURE CODE 226764 2 T1019 226764 3 T1019 226764 4 T1019 226764 5 T1019 226764 6 T1019	REVENUE CD FROM DT THRU 01/21/13 01/21 01/22/13 01/22 01/23/13 01/23 01/24/13 01/24 01/25/13 01/25	./13 5.00 85.75 ./13 5.00 85.75 ./13 5.00 85.75 ./13 5.00 85.75	CLAIM ACCOUNT REF.	2267640012008284SUP
REG LOC CLIENT SERVICE NAME NY 001 2008385 2008385 MURDO DIAGNOSIS CODES: 536.9 365.9	DCK, GERTRUDE 11/01/191 369.10 389.9 401.9	.7 SS71357M 011	OR AUTHORIZATION # 2031290138	
INV # LINE # PROCEDURE CODE 226770 1 T1019 226770 2 T1019 226770 3 T1019 226770 4 T1019	REVENUE CD FROM DT THRU 01/22/13 01/22 01/23/13 01/23 01/24/13 01/24 01/25/13 01/25	2/13	CLAIM ACCOUNT REF.	2267700012008385SUP
REG LOC CLIENT SERVICE NAME NY 001 2008417 2008417 GALA: DIAGNOSIS CODES: 345.90	BIRTH DAT 06/08/195	TE RECIPIENT ID PRICES ZX91437V 010	OR AUTHORIZATION # 5191290406	
INV # LINE # PROCEDURE CODE 226769 1 T1019 226769 2 T1019 226769 3 T1019 226769 4 T1019 226769 5 T1019 226769 6 T1019 226769 7 T1019	REVENUE CD FROM DT THRU 01/19/13 01/19 01/20/13 01/20 01/21/13 01/21 01/22/13 01/23 01/23/13 01/23 01/24/13 01/24 01/25/13 01/25	0/13     5.00     85.75       1/13     5.00     85.75       1/13     5.00     85.75       1/13     5.00     85.75       1/13     5.00     85.75       1/13     5.00     85.75       1/13     5.00     85.75	CLAIM ACCOUNT REF.	2267690012008417SUP
REG LOC CLIENT SERVICE NAME NY 001 2008418 2008418 RYAL DIAGNOSIS CODES: 401.9 250.00	S, CHARLES 11/03/195	50 ZZ49620T 010	OR AUTHORIZATION #8071290383	
INV # LINE # PROCEDURE CODE 226774 1 T1019 226774 2 T1019 226774 3 T1019 226774 4 T1019 226774 5 T1019 226774 6 T1019	REVENUE CD FROM DT THRU 01/14/13 01/14 01/15/13 01/15 01/21/13 01/21 01/22/13 01/22 01/23/13 01/23 01/24/13 01/24	8.713     8.00     137.20       137.20     137.20       137.20     137.20       137.20     137.20       137.20     137.20       137.20     137.20       137.20     137.20		

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

NDT - 1154407400

PROVIDER ID = PAYER ID =		SUNNYSIDE CITYWIDI METROPLUS HEALTH I			NPI = 11544	107492	
INV # LINE 226774	# PROCEDURE CODE 7 T1019		13 01/25/13	UNITS 8 8.00 LAIM TOTAL	AMOUNT 137.20 926.10	CLAIM ACCOUNT REF.	2267740012008418SUP
REG LOC CLIE NY 001 20087 DIAGNOSIS CODES	743 2008743 CORD		BIRTH DATE 08/26/1926 788.30	RECIPIENT QM62108S		DR AUTHORIZATION # 8071290054	
226766 2 226766 3 226766 4 226766 5 226766 6	T1019 T1019 T1019 T1019 T1019 T1019 T1019	01/20, 01/21, 01/22, 01/23, 01/24,	713 01/19/13 713 01/20/13 713 01/21/13 713 01/22/13 713 01/23/13 713 01/24/13 713 01/25/13	3 10.00 3 10.00 10.00 10.00 3 10.00	AMOUNT 171.50 171.50 171.50 171.50 171.50 171.50 171.50 1,200.50	CLAIM ACCOUNT REF.	2267660012008743SUP
REG LOC CLIE NY 001 20093 DIAGNOSIS CODES	377 2009377 SANT		BIRTH DATE 08/20/1949	RECIPIENT SP38021Q		DR AUTHORIZATION # 082412-901-94	
226775 226775 226775 226775 226775 226775	T1019 T1019 T1019 T1019 T1019	01/19, 01/20, 01/21, 01/22, 01/23, 01/24,	713 01/16/13 713 01/19/13 713 01/20/13 713 01/21/13 713 01/22/13 713 01/23/13 713 01/24/13 713 01/25/13	5.00 5.00 5.00 5.00 5.00 5.00 5.00	AMOUNT 85.75 85.75 85.75 85.75 85.75 85.75 85.75 85.75	CLAIM ACCOUNT REF.	2267750012009377SUP
REG LOC CLIE NY 001 20082 DIAGNOSIS CODES	235 2009688 RAMP		BIRTH DATE 08/04/1992	RECIPIENT SZ46585R		OR AUTHORIZATION # 7031290329	
226773 2 226773 3 226773 4 226773 5	T1019 T1019 T1019 T1019 T1019	01/16, 01/19, 01/21, 01/22, 01/23,	THRU DT 13 01/16/13 13 01/19/13 13 01/21/13 13 01/22/13 13 01/23/13 01/24/13	3.00 3.00 3.00 3.00 3.00	AMOUNT 51.45 51.45 51.45 51.45 51.45		

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

DIAGNOSIS CODES: 295.90 369.10 401.9

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

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 226773 7 T1019 01/25/13 01/25/13 4.00 68.60 CLAIM TOTAL 377.30 CLAIM ACCOUNT REF. 2267730012009688SUP 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 226776 1 T1019

01/24/13 01/24/13 8.00 137.20 CLAIM TOTAL 137.20 CLAIM ACCOUNT REF. 2267760012010213SUP REG LOC CLIENT SERVICE NAME

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

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 137.20 1 T1019 01/21/13 01/21/13 8.00 01/22/13 01/22/13 8.00 137.20 01/23/13 01/23/13 8.00 137.20 01/24/13 01/24/13 8.00 137.20 CLAIM TOTAL 548.80 CLAIM ACCOUNT REF. 2267710012010886SUP 226771 2 T1019 5 T1019 4 T1019 226771 226771

CLAIM TOTAL 2,881.20 CLAIM ACCOUNT REF. 2267670012011286SUP

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

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 226767 1 T1019 01/19/13 01/19/13 24.00 411.60 2 T1019 226767 01/20/13 01/20/13 24.00 411.60 3 T1019 4 T1019 5 T1019 6 T1019 7 T1019 226767 01/21/13 01/21/13 24.00 411.60 01/22/13 01/22/13 24.00 226767 411 60 01/23/13 01/23/13 24.00 226767 411.60 01/24/13 01/24/13 24.00 226767 411.60 411.60 01/25/13 01/25/13 24.00 226767

BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 04/08/1957 YR88751T REG LOC CLIENT SERVICE NAME

NY 001 2012382 2012382 VERAS, EMMA DIAGNOSIS CODES: V44.0 253.5 733.00

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 226777 1 T1019 226777 2 T1019 01/01/13 01/01/13 12.00 205.80 01/02/13 01/02/13 12.00 205.80

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
226777	3	T1019		01/03/13	01/03/13	12.00	205.80		
226777	4	T1019		01/04/13	01/04/13	12.00	205.80		
226777	5	T1019		01/07/13	01/07/13	12.00	205.80		
226777	6	T1019		01/08/13	01/08/13	12.00	205.80		
226777	7	T1019		01/09/13	01/09/13	12.00	205.80		
226777	8	T1019		01/10/13	01/10/13	6.00	102.90		
226777	9	T1019		01/11/13	01/11/13	12.00	205.80		
226777	10	T1019		01/12/13	01/12/13	12.00	205.80		
226777	11	T1019		01/13/13	01/13/13	12.00	205.80		
226777	12	T1019		01/19/13	01/19/13	12.00	205.80		
226777	13	T1019		01/20/13	01/20/13	12.00	205.80		
226777	14	T1019		01/21/13	01/21/13	12.00	205.80		
226777	15	T1019		01/22/13	01/22/13	12.00	205.80		
226777	16	T1019		01/23/13	01/23/13	12.00	205.80		
226777	17	T1019		01/24/13	01/24/13	6.00	102.90		
					CLAI	IM TOTAL	3,292.80	CLAIM ACCOUNT REF.	

PAYER TOTALS: METROPLUS HEALTH PLAN # OF CLAIMS = 92 TOTAL CLAIM AMOUNT = 14,354.55

# SERVICES = 14

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 14163WELLCARE OF NY

REG LOC CLIEN NY 001 200828 DIAGNOSIS CODES	6 2008286 RAMIREZ, ALIDA A	BIRTH DATE RECIPIENT ID 12/10/1950 ZN85118U	PRIOR AUTHORIZATION # 110614772	
INV # LINE	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 01/19/13 01/19/13 36.00 01/20/13 01/20/13 36.00 01/21/13 01/21/13 36.00 01/22/13 01/22/13 36.00 01/23/13 01/23/13 36.00 01/24/13 01/24/13 36.00 01/25/13 01/25/13 36.00 CLAIM TOTAL	AMOUNT 154.80 154.80 154.80 154.80 154.80 154.80 154.80 1,083.60 CLAIM ACCOUNT REF.	2268060012008286SUP
REG LOC CLIEN NY 001 200849 DIAGNOSIS CODES	5 2008495 MARTINEZ, MARIA	BIRTH DATE RECIPIENT ID 09/05/1958 ZV42745Q 493.90	PRIOR AUTHORIZATION # 110885355	
INV # LINE   126793	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 01/19/13 01/19/13 24.00 01/21/13 01/21/13 24.00 01/22/13 01/22/13 24.00 01/23/13 01/23/13 24.00 01/24/13 01/24/13 24.00 01/25/13 01/25/13 24.00 01/25/13 01/25/13 24.00 CLAIM TOTAL	AMOUNT 103.20 103.20 103.20 103.20 103.20 103.20 619.20 CLAIM ACCOUNT REF.	2267930012008495SUP
REG LOC CLIEN NY 001 201040 DIAGNOSIS CODES	4 2010404 GUERRERO *, MIRT	BIRTH DATE RECIPIENT ID 09/14/1931 740496 50.27	PRIOR AUTHORIZATION # 111194903	
INV # LINE	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 01/19/13 01/19/13 28.00 01/21/13 01/21/13 28.00 01/22/13 01/22/13 28.00 01/23/13 01/23/13 28.00 01/24/13 01/24/13 28.00 01/25/13 01/25/13 28.00	AMOUNT 120.40 120.40 120.40 120.40 120.40	

CLAIM TOTAL

120.40 722.40 CLAIM ACCOUNT REF. 2267860012010404SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT NY 001 2012101 DIAGNOSIS CODES:	2012101 BATILO, MARTA	BIRTH DATE RECIPIENT ID 02/23/1917 708125	PRIOR AUTHORIZATION # 111205102	
INV # LINE # 226779 1 226779 2 226779 3 226779 4 226779 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 01/19/13 01/19/13 28.00 01/20/13 01/20/13 28.00 01/21/13 01/21/13 28.00 01/22/13 01/22/13 28.00 01/25/13 01/25/13 28.00 CLAIM TOTAL	AMOUNT 120.40 120.40 120.40 120.40 120.40 602.00 CLAIM ACCOUNT REF.	2267790012012101SUP
REG LOC CLIENT NY 001 2012102 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID 01/03/1938 708029	PRIOR AUTHORIZATION # 111205223	
INV # LINE # 226780 1 226780 2 226780 3 226780 4 226780 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 01/21/13 01/21/13 16.00 01/22/13 01/22/13 16.00 01/23/13 01/23/13 16.00 01/24/13 01/24/13 16.00 01/25/13 01/25/13 16.00 CLAIM TOTAL	AMOUNT 68.80 68.80 68.80 68.80 68.80 344.00 CLAIM ACCOUNT REF.	2267800012012102SUP
REG LOC CLIENT NY 001 2012103 DIAGNOSIS CODES:	2012103 CABRERA, VINICIO	BIRTH DATE RECIPIENT ID 10/10/1949 702015	PRIOR AUTHORIZATION # 111205412	
INV # LINE # 226781 1 226781 2 226781 3 226781 4 2 226781 5 226781 6	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 01/20/13 01/20/13 20.00 01/21/13 01/21/13 20.00 01/22/13 01/22/13 20.00 01/23/13 01/23/13 20.00 01/24/13 01/23/13 20.00 01/24/13 01/24/13 20.00 01/25/13 01/25/13 20.00 CLAIM TOTAL	AMOUNT 86.00 86.00 86.00 86.00 86.00 516.00 CLAIM ACCOUNT REF.	2267810012012103SUP
REG LOC CLIENT NY 001 2012104 DIAGNOSIS CODES:	2012104 CEBALLOS, FRANCISC	BIRTH DATE RECIPIENT ID CA 11/10/1931 744474	PRIOR AUTHORIZATION # 111205448	
INV # LINE # 226782 1 226782 2	PROCEDURE CODE REVENUE CD T1019 T1019	FROM DT THRU DT UNITS 01/19/13 01/19/13 40.00 01/20/13 01/20/13 40.00	AMOUNT 172.00 172.00	

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

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

PAIER	ID - 14.	103	WELLCARE OF	NI					
INV # 226782 226782 226782 226782 226782	LINE # 3 4 5 6 7	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019	REVENUE CD	FROM DT 01/21/13 01/22/13 01/23/13 01/24/13 01/25/13	01/22/13 01/23/13 01/24/13 01/25/13	40.00 40.00 40.00	AMOUNT 172.00 172.00 172.00 172.00 172.00 1,204.00		F. 2267820012012104SUP
REG LOC NY 001 DIAGNOSIS			E Z, LUIS		TH DATE 10/1952	RECIPIENT 706307		RIOR AUTHORIZATION # 1208204	•
INV # 226783 226783 226783 226783 226783 226783 226783 226783	LINE # 1 2 3 4 5 6 7 8	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	REVENUE CD	FROM DT 12/29/12 12/30/12 12/31/12 01/20/13 01/21/13 01/22/13 01/23/13 01/24/13	12/30/12 12/31/12 01/20/13 01/21/13 01/22/13 01/23/13 01/24/13	32.00 32.00 32.00 32.00 32.00 32.00	AMOUNT 137.60 137.60 137.60 137.60 137.60 137.60 137.60		F. 2267830012012107SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2012108 CODES:		IE DINOT, CARMEN		TH DATE 16/1939	RECIPIENT 695752		RIOR AUTHORIZATION # 1208481	<b>!</b>
INV # 226784 226784 226784 226784 226784	LINE # 1 2 3 4 5	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019	REVENUE CD	FROM DT 01/21/13 01/22/13 01/23/13 01/24/13 01/25/13	01/22/13 01/23/13 01/24/13 01/25/13	24.00 24.00 24.00	AMOUNT 103.20 103.20 103.20 103.20 103.20 516.00		F. 2267840012012108SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2012110 CODES:		IE IEZ, RANNIE		TH DATE 11/1917	RECIPIENT 698802		RIOR AUTHORIZATION # 1208906	<b>!</b>
INV # 226785	LINE # 1	PROCEDURE CODE T1019	REVENUE CD	FROM DT 01/21/13	THRU DT 01/21/13 CL	UNITS 16.00 AIM TOTAL	TMUOMA 8.80 8.80	)	F. 2267850012012110SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

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 2012114 2012114 GUERRERO, FIRPO A 06/13/1929 698839 111209283 DIAGNOSIS CODES: 331.0 290.0 311. 401.9 600.91 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 01/19/13 01/19/13 48.00 206.40 01/20/13 01/20/13 36.00 154.80 226787 2 T1019 226787 3 T1019 01/21/13 01/21/13 36.00 226787 154.80 226787 4 T1019 01/22/13 01/22/13 48.00 206.40 5 T1019 154.80 226787 01/23/13 01/23/13 36.00 206.40 226787 6 T1019 01/24/13 01/24/13 48.00 CLAIM TOTAL 1,083.60 CLAIM ACCOUNT REF. 2267870012012114SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2012115 2012115 GUERRERO, ISABEL 11/08/1935 698840 111209413 DIAGNOSIS CODES: 715.90 244.9 272.0 413.9 788.30 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # LINE # 226788 1 T1019 01/20/13 01/20/13 12.00 51.60 2 T1019 01/21/13 01/21/13 12.00 51.60 226788 01/23/13 01/23/13 12.00 51.60 CLAIM TOTAL 154.80 CLAIM ACCOUNT REF. 2267880012012115SUP 226788 3 T1019 REG LOC CLIENT SERVICE NAME 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 1 T1019 01/19/13 01/19/13 20.00 226789 86.00 226789 2 T1019 01/20/13 01/20/13 20.00 86.00 3 T1019 4 T1019 5 T1019 6 T1019 7 T1019 226789 01/21/13 01/21/13 16.00 68.80 226789 01/22/13 01/22/13 16.00 68.80 226789 01/23/13 01/23/13 16.00 68.80 01/24/13 01/24/13 16.00 226789 68.80 7 T1019 01/25/13 01/25/13 16.00 226789 68.80 CLAIM TOTAL 516.00 CLAIM ACCOUNT REF. 2267890012012117SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2012120 2012120 LOPEZ, ISABEL 12/24/1942 740574 111213601 DIAGNOSIS CODES: 799.89 AMOUNT 120.40 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 226790 1 T1019 226790 2 T1019 01/21/13 01/21/13 28.00

01/22/13 01/22/13 28.00

120.40

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PROVIDER	ID =	113502051	SUNNYSIDE CITYWIDE	NPI = 1154407492
D 3 1100	T-D	1 41 60		

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP PAYER ID = 14163WELLCARE OF NY INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 01/23/13 01/23/13 226790 3 T1019 28.00 120.40 226790 4 T1019 01/24/13 01/24/13 28.00 120.40 226790 5 T1019 01/25/13 01/25/13 28.00 120.40 CLAIM TOTAL 602.00 CLAIM ACCOUNT REF. 2267900012012120SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 06/14/1959 691722 NY 001 2012121 2012121 MOHAMED, DENISE 111211059 DIAGNOSIS CODES: 715.98 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 226795 1 01/19/13 01/19/13 32.00 137.60 226795 т1019 01/20/13 01/20/13 32.00 137.60 226795 T1019 01/22/13 01/22/13 32.00 137.60 226795 4 T1019 01/23/13 01/23/13 32.00 137.60 226795 5 T1019 01/24/13 01/24/13 32.00 137.60 226795 6 T1019 01/25/13 01/25/13 32.00 137.60 CLAIM TOTAL 825.60 CLAIM ACCOUNT REF. 2267950012012121SUP 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 226796 T1019 01/19/13 01/19/13 20.00 86.00 1 226796 T1019 01/20/13 01/20/13 20.00 86.00 226796 3 т1019 01/21/13 01/21/13 20.00 86.00 226796 4 T1019 01/22/13 01/22/13 20.00 86.00 226796 5 T1019 01/23/13 01/23/13 20.00 86.00 226796 6 T1019 01/24/13 01/24/13 20.00 86.00 226796 7 T1019 01/25/13 01/25/13 20.00 86.00 602.00 CLAIM ACCOUNT REF. 2267960012012122SUP CLAIM TOTAL REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 111218763 NY 001 2012129 2012129 MULLER, ROBERT 05/03/1934 736338 DIAGNOSIS CODES: 799.89 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 226797 1 T1019 12/31/12 12/31/12 16.00 68.80

CLAIM TOTAL

68.80 CLAIM ACCOUNT REF. 2267970012012129SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 113502051 SONNISIDE CITYWIDE

PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT NY 001 2012130 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID 07/23/1945 710368	PRIOR AUTHORIZATION # 111289272	
INV # LINE # 226799 1 226799 2 226799 3 226799 4 226799 5 226799 6 226799 7 226799 8	PROCEDURE CODE REVENUE CD T1019	FROM DT THRU DT UNITS 01/16/13 01/16/13 28.00 01/19/13 01/19/13 20.00 01/20/13 01/20/13 20.00 01/21/13 01/21/13 28.00 01/22/13 01/22/13 28.00 01/23/13 01/23/13 28.00 01/24/13 01/24/13 28.00 01/25/13 01/25/13 28.00 01/25/13 01/25/13 28.00 CLAIM TOTAL	AMOUNT 120.40 86.00 86.00 120.40 120.40 120.40 120.40 120.40 120.40 894.40 CLAIM ACCOUNT REF.	2267990012012130SUP
REG LOC CLIENT NY 001 2012131 DIAGNOSIS CODES:	2012131 ORTIZ, JOSE	BIRTH DATE RECIPIENT ID 04/19/1925 691721	PRIOR AUTHORIZATION # 111219494	
INV # LINE # 226801	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 01/07/13 01/07/13 16.00 01/09/13 01/09/13 16.00 01/11/13 01/11/13 16.00 01/14/13 01/14/13 16.00 01/16/13 01/16/13 16.00 01/18/13 01/18/13 16.00 01/21/13 01/21/13 16.00 CLAIM TOTAL	AMOUNT 68.80 68.80 68.80 68.80 68.80 68.80 68.80 481.60 CLAIM ACCOUNT REF.	2268010012012131SUP
REG LOC CLIENT NY 001 2012132 DIAGNOSIS CODES:	2012132 ORTIZ, DOLORES	BIRTH DATE RECIPIENT ID 06/30/1927 744365	PRIOR AUTHORIZATION # 111228861	
INV # LINE # 226800 1 226800 2 226800 4 226800 5 226800 7 226800 8 226800 9 226800 10	PROCEDURE CODE REVENUE CD T1019	FROM DT THRU DT UNITS 12/29/12 12/29/12 20.00 12/31/12 12/31/12 32.00 01/01/13 01/01/13 32.00 01/02/13 01/02/13 32.00 01/03/13 01/03/13 32.00 01/04/13 01/04/13 32.00 01/07/13 01/07/13 32.00 01/09/13 01/09/13 32.00 01/10/13 01/10/13 32.00 01/10/13 01/10/13 32.00 01/11/13 01/11/13 32.00	AMOUNT 86.00 137.60 137.60 137.60 137.60 137.60 137.60 137.60 137.60	

INPUT FILE = /VC	L444/COMPSUP/HIPAAIN/E5002013C		IAGE: ZI
PROVIDER ID = 11 PAYER ID = 14	3502051 SUNNYSIDE C 163 WELLCARE OF	CITYWIDE NPI = 1154407492	
INV # LINE # 226800 11 226800 12 226800 14 226800 15	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	01/19/13 01/19/13 20.00 86.00 01/21/13 01/21/13 32.00 137.60 01/22/13 01/22/13 32.00 137.60 01/23/13 01/23/13 32.00 137.60 01/24/13 01/24/13 32.00 137.60 CLAIM TOTAL 1,960.80 CLAIM ACCOUNT REF.	2268000012012132SUP
REG LOC CLIENT NY 001 2012137 DIAGNOSIS CODES:	SERVICE NAME 2012137 VAZQUEZ, ROSA 799.89	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 08/08/1934 695667 111202597	
INV # LINE # 226815 1 226815 2 226815 3 226815 4		01/21/13 01/21/13 32.00 137.60 01/22/13 01/22/13 32.00 137.60 01/23/13 01/23/13 32.00 137.60 01/25/13 01/25/13 32.00 137.60 CLAIM TOTAL 550.40 CLAIM ACCOUNT REF.	2268150012012137SUP
REG LOC CLIENT NY 001 2012138 DIAGNOSIS CODES:	SERVICE NAME 2012138 VENTURA, CLARA 253.5 401.9 429.9	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 09/17/1951 720456 111218008	
INV # LINE # 226816 1 226816 2 226816 3 226816 4	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 01/21/13 01/21/13 16.00 68.80 01/22/13 01/22/13 16.00 68.80 01/24/13 01/24/13 16.00 68.80 01/25/13 01/25/13 16.00 68.80 CLAIM TOTAL 275.20 CLAIM ACCOUNT REF.	2268160012012138SUP
REG LOC CLIENT NY 001 2012140 DIAGNOSIS CODES:	SERVICE NAME 2012140 PATRICK, IMAGENE 294.10 153.9	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 03/27/1930 737028 111282273	
INV # LINE # 226802 1 226802 2 226802 3 226802 4 226802 5 226802 6 226802 7 226802 8	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 01/12/13 01/12/13 32.00 137.60 01/16/13 01/16/13 32.00 137.60 01/17/13 01/17/13 32.00 137.60 01/18/13 01/18/13 32.00 137.60 01/19/13 01/19/13 32.00 137.60 01/23/13 01/23/13 32.00 137.60 01/24/13 01/24/13 32.00 137.60 01/25/13 01/25/13 32.00 137.60 01/25/13 01/25/13 32.00 137.60	2268020012012140STD

CLAIM TOTAL

1,100.80 CLAIM ACCOUNT REF. 2268020012012140SUP

REPORT DATE 01/30/13 PAGE: SUNNYSIDE CITYWIDE 2.2

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

DIAGNOSIS CODES: 799.89

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

BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 07/16/1961 688801 111209898 REG LOC CLIENT SERVICE NAME NY 001 2012141 2012141 SANTOS MARQUEZ, MARIA 07/16/1961 688801 DIAGNOSIS CODES: 958.8 599.70 692.9 795.05

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 1 T1019 226812 01/21/13 01/21/13 16.00 68.80 2 T1019 01/23/13 01/23/13 16.00 68.80 226812 226812 3 T1019 01/25/13 01/25/13 16.00 68.80 CLAIM TOTAL 206.40 CLAIM ACCOUNT REF. 2268120012012141SUP

CLAIM TOTAL

481.60 CLAIM ACCOUNT REF. 2267980012012143SUP

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 226794 1 T1019 01/21/13 01/21/13 12.00 51.60 226794 2 T1019 01/22/13 01/22/13 12.00 51.60 226794 3 T1019 01/23/13 01/23/13 12.00 51.60 226794 4 T1019 01/24/13 01/24/13 12.00 51.60 226794 5 T1019 01/25/13 01/25/13 12.00 51.60 CLAIM TOTAL 258.00 CLAIM ACCOUNT REF. 2267940012012142SUP

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

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 1 T1019 01/15/13 01/15/13 16.00 226798 68.80 226798 2 T1019 01/16/13 01/16/13 16.00 68.80 3 T1019 226798 01/17/13 01/17/13 16.00 68.80 226798 4 T1019 01/18/13 01/18/13 16.00 68.80 5 T1019 6 T1019 226798 01/21/13 01/21/13 16.00 68.80 01/22/13 01/22/13 226798 16.00 68.80 7 T1019 01/23/13 01/23/13 16.00 226798 68.80

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 01/27/1936 709538 111222702

NY 001 2012144 2012144 PEREZ, JULIO 01/27/1936 709538 DIAGNOSIS CODES: 799.89

LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 01/21/13 01/21/13 1 226805 T1019 20.00 86.00 01/23/13 01/23/13 20.00 01/25/13 01/25/13 20.00 2 T1019 86.00 226805 3 T1019 226805 86.00

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 14163 WELLCARE OF NY

FAIER ID - 14	WELLICANE O.	: 111		
INV # LINE #	PROCEDURE CODE REVENUE CD	FROM DT THRU DT UNITS CLAIM TOTAL	AMOUNT 258.00 CLAIM ACCOUNT REF.	2268050012012144SUP
REG LOC CLIENT NY 001 2012145 DIAGNOSIS CODES:	2012145 PERALTA RODRIGO,	BIRTH DATE RECIPIENT ID JOSE 03/13/1942 715488 78.00 401.9	PRIOR AUTHORIZATION # 111220442	
INV # LINE # 226803 1 226803 2	PROCEDURE CODE REVENUE CD T1019 T1019	01/21/13 01/21/13 16.00	AMOUNT 68.80 68.80 137.60 CLAIM ACCOUNT REF.	2268030012012145SUP
REG LOC CLIENT NY 001 2012146 DIAGNOSIS CODES:	SERVICE NAME 2012146 PERALTA, INEZ 250.00 272.4 278.00 4	BIRTH DATE RECIPIENT ID 08/18/1942 715489 244.9 311.	PRIOR AUTHORIZATION # 111220390	
INV # LINE # 226804 1 226804 2	PROCEDURE CODE REVENUE CD T1019 T1019	01/22/13 01/22/13 16.00 CLAIM TOTAL	137.60 CLAIM ACCOUNT REF.	2268040012012146SUP
REG LOC CLIENT NY 001 2012147 DIAGNOSIS CODES:	SERVICE NAME 2012147 RAMOS, SILVIA 799.89	BIRTH DATE RECIPIENT ID 08/16/1957 707547	PRIOR AUTHORIZATION # 111223057	
INV # LINE # 226807 1 226807 2 226807 3 226807 4 226807 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	01/21/13 01/21/13 20.00 01/22/13 01/22/13 20.00	AMOUNT 86.00 86.00 86.00 86.00 86.00 430.00 CLAIM ACCOUNT REF.	2268070012012147SUP
REG LOC CLIENT NY 001 2012149 DIAGNOSIS CODES:	SERVICE NAME 2012149 REGLA, MARIA F 250.00	BIRTH DATE RECIPIENT ID 11/21/1933 691499	PRIOR AUTHORIZATION # 111223158	
INV # LINE # 226808 1 2 26808 2 226808 3 226808 4 226808 5 226808 6	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 12/08/12 12/08/12 32.00 12/31/12 12/31/12 32.00 01/19/13 01/19/13 32.00 01/21/13 01/21/13 32.00 01/22/13 01/22/13 32.00 01/23/13 01/23/13 32.00	AMOUNT 137.60 137.60 137.60 137.60 137.60	

REPORT DATE 01/30/13 PAGE: SUNNYSIDE CITYWIDE 2.4

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

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

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 226808 7 T1019 01/24/13 01/24/13 32.00 137.60 137.60 01/25/13 01/25/13 32.00 226808 8 T1019 CLAIM TOTAL 1,100.80 CLAIM ACCOUNT REF. 2268080012012149SUP

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

DIAGNOSIS CODES: 799.89

226810

AMOUNT INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 68.80 226809 1 T1019 01/21/13 01/21/13 16.00

CLAIM TOTAL 68.80 CLAIM ACCOUNT REF. 2268090012012153SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2012154 2012154 RODRIGUEZ, FRANKLIN 12/08/2012 697529 111223936 DIAGNOSIS CODES: 799.89 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 103.20 103.20 103.20 103.20 226810 1 01/12/13 01/12/13 24.00 01/14/13 01/14/13 24.00 226810 2 T1019 3 T1019 01/15/13 01/15/13 24.00 226810

3
4 T1019
5 T1019
6 T1019
7 T1019
8 T1019
9 T1019
10 T1019
11 T1019
T1019 01/16/13 01/16/13 24.00 226810 226810 01/17/13 01/17/13 24.00 103.20 226810 01/18/13 01/18/13 24.00 103.20 226810 01/19/13 01/19/13 24.00 103.20 01/21/13 01/21/13 24.00 226810 103.20

226810 01/22/13 01/22/13 24.00 103.20 226810 01/23/13 01/23/13 24.00 103.20 226810 01/24/13 01/24/13 24.00 103.20 01/25/13 01/25/13 24.00

CLAIM TOTAL 1,238.40 CLAIM ACCOUNT REF. 2268100012012154SUP

BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 05/10/1956 706048 111227610 REG LOC CLIENT SERVICE NAME NY 001 2012155 2012155 SANCHEZ, BETANIA 05/10/1956 706048

DIAGNOSIS CODES: 555.9

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 01/21/13 01/21/13 20.00 226811 T1019 86.00 1 2 T1019 01/22/13 01/22/13 20.00 86.00 226811 3 T1019 4 T1019 5 T1019 01/23/13 01/23/13 20.00 226811 86.00 01/25/13 01/25/13 20.00 01/24/13 01/24/13 20.00 01/25/13 01/25/13 20.00 226811 86.00 226811

713 20.00 86.00 CLAIM TOTAL 430.00 CLAIM ACCOUNT REF. 2268110012012155SUP

103.20

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 14163WELLCARE OF NY

REG LOC CLIENT NY 001 2012158 DIAGNOSIS CODES:	SERVICE NAME 2012158 LOPEZ, MANUEL 799.89	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 02/25/1926 741094 111216021	
INV # LINE # 226791 1 226791 2 226791 3 226791 4 226791 5 226791 6 226791 7 226791 8	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 12/08/12 12/08/12 48.00 206.40 01/19/13 01/19/13 48.00 206.40 01/20/13 01/20/13 48.00 206.40 01/21/13 01/21/13 48.00 206.40 01/22/13 01/22/13 48.00 206.40 01/22/13 01/22/13 48.00 206.40 01/23/13 01/23/13 48.00 206.40 01/24/13 01/24/13 48.00 206.40 01/25/13 01/25/13 48.00 206.40 01/25/13 01/25/13 48.00 206.40 01/25/13 01/25/13 48.00 206.40 01/25/13 01/25/13 48.00 206.40	2267910012012158SUP
REG LOC CLIENT NY 001 2012159 DIAGNOSIS CODES:	SERVICE NAME 2012159 LOPEZ, VITALIA 331.0 253.5 272.4 40	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 08/01/1922 691723 111216060	
INV # LINE # 226792 1 226792 2 226792 4 226792 5 226792 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 01/19/13 01/19/13 48.00 206.40 01/20/13 01/20/13 48.00 206.40 01/21/13 01/21/13 48.00 206.40 01/22/13 01/22/13 48.00 206.40 01/23/13 01/23/13 48.00 206.40 01/23/13 01/24/13 48.00 206.40 01/24/13 01/24/13 48.00 206.40 01/25/13 01/25/13 48.00 206.40 01/25/13 01/25/13 48.00 206.40 01/25/13 01/25/13 48.00 206.40 CLAIM TOTAL 1,444.80 CLAIM ACCOUNT REF.	2267920012012159SUP
REG LOC CLIENT NY 001 2012161 DIAGNOSIS CODES:	SERVICE NAME 2012161 ALONSO, ANA 733.09 253.5 272.4	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 03/02/1943 739934 111204846	
INV # LINE # 226778 1 226778 2 226778 3 226778 4 226778 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 01/21/13 01/21/13 20.00 86.00 01/22/13 01/22/13 20.00 86.00 01/23/13 01/23/13 20.00 86.00 01/24/13 01/24/13 20.00 86.00 01/25/13 01/25/13 20.00 86.00 01/25/13 01/25/13 40.00 86.00 CLAIM TOTAL 430.00 CLAIM ACCOUNT REF.	2267780012012161SUP

REPORT DATE 01/30/13 PAGE: SUNNYSIDE CITYWIDE 26

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 14163WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 111269031

06/23/1938 753060 NY 001 2012261 2012261 SILVEIRA, BERTA

DIAGNOSIS CODES: 799.89

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 226813 1 T1019 01/24/13 01/24/13 16.00 68.80

CLAIM TOTAL 68.80 CLAIM ACCOUNT REF. 2268130012012261SUP

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 226814 01/19/13 01/19/13 36.00 154.80 226814 T1019 01/20/13 01/20/13 36.00 154.80 226814 T1019 01/21/13 01/21/13 36.00 154.80 226814 T1019 01/22/13 01/22/13 36.00 154.80 5 T1019 01/23/13 01/23/13 36.00 154.80 226814 226814 6 T1019 01/24/13 01/24/13 36.00 154.80 7 T1019 01/25/13 01/25/13 154.80 226814 36.00 CLAIM TOTAL 1,083.60 CLAIM ACCOUNT REF. 2268140012012266SUP

PAYER TOTALS: WELLCARE OF NY # OF CLAIMS = 218 TOTAL CLAIM AMOUNT = 25,318.40

# SERVICES = 39

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

PAYER ID = 55	247 HEA	LTH INSURANCE PLAN			
REG LOC CLIENT NY 001 2008276 DIAGNOSIS CODES:	2008491 LOYOLA, M		H DATE RECIPIENT ID 1/1981 ZR32498A01	PRIOR AUTHORIZATION # 0005044162	
INV # LINE # 226760 1 226760 2 226760 3 226760 4	PROCEDURE CODE REVE T1019 0580 T1019 0580 T1019 0580 T1019 0580	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	01/23/13 40.00	AMOUNT 168.80 168.80 168.80 168.80 675.20 CLAIM ACCOUNT REF	. 2267600012008491SUP
REG LOC CLIENT NY 001 2008274 DIAGNOSIS CODES:	2008513 WILLIAMS,	DIANE 09/23	H DATE RECIPIENT ID 3/1948 YZ36993F 5	PRIOR AUTHORIZATION # 0005080166	
INV # LINE # 226763 1 226763 2 226763 3 226763 4	PROCEDURE CODE REVE T1019 0580 T1019 0580 T1019 0580 T1019 0580	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	01/22/13 16.00 01/23/13 16.00	AMOUNT 67.52 67.52 67.52 67.52 270.08 CLAIM ACCOUNT REF	. 2267630012008513SUP
REG LOC CLIENT NY 001 2008227 DIAGNOSIS CODES:	2008544 ORR, LOUI	SE 03/04	H DATE RECIPIENT ID 4/1956 ZK40327Q 9 799.89	PRIOR AUTHORIZATION # 0005050233	
INV # LINE # 226761 1 226761 2 226761 3 226761 4 226761 5 226761 6 226761 7	PROCEDURE CODE REVE T1019 0580 T1019 0580 T1019 0580 T1019 0580 T1019 0580 T1019 0580	0 01/19/13 0 0 01/20/13 0 0 01/21/13 0 0 01/22/13 0 0 01/23/13 0 0 01/24/13 0	01/20/13 $20.00$ $01/21/13$ $20.00$ $01/22/13$ $20.00$ $01/22/13$ $20.00$ $01/23/13$ $20.00$ $01/24/13$ $20.00$	AMOUNT 84.40 84.40 84.40 84.40 84.40 84.40 84.40 590.80 CLAIM ACCOUNT REF	. 2267610012008544SUP
REG LOC CLIENT NY 001 2008793 DIAGNOSIS CODES:	2008793 COPE, WIL		H DATE RECIPIENT ID 7/1928 XR98607Q	PRIOR AUTHORIZATION # 0004050353	
INV # LINE # 226748 1 226748 2 226748 3	PROCEDURE CODE REVE T1019 0580 T1019 0580 T1019 0580	01/19/13 0 01/20/13 0		AMOUNT 202.56 202.56 202.56	

REPORT DA'		/13 L444/COMPSUP/HIPA	SUNNYSIDE AIN/E50020130		7RRSUP				PAGE: 28
PROVIDER :	ID = 113 ID = 552		SUNNYSIDE C HEALTH INSU		1	:	NPI = 1154	407492	
INV # 226748 226748 226748 226748	LINE # 4 5 6 7	PROCEDURE CODE T1019 T1019 T1019 T1019	REVENUE CD 0580 0580 0580 0580	FROM DT 01/22/13 01/23/13 01/24/13 01/25/13	01/23/13 01/24/13 01/25/13	48.00 48.00	AMOUNT 202.56 202.56 202.56 202.56 1,417.92	CLAIM ACCOUNT REF.	2267480012008793SUP
REG LOC NY 001 DIAGNOSIS			FIELD, BRENDA	. 01/	RTH DATE 13/1953 3.90 530	RECIPIENT ID PT26237P .81 728.87		DR AUTHORIZATION # 4291129	
INV # 226756 226756 226756 226756 226756 226756 226756	LINE # 1 2 3 4 5 6 7	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019 T1019	REVENUE CD 0580 0580 0580 0580 0580 0580 0580	FROM DT 01/19/13 01/20/13 01/21/13 01/22/13 01/23/13 01/24/13 01/25/13	01/20/13 01/21/13 01/22/13 01/23/13 01/24/13 01/25/13	32.00 32.00 32.00 32.00 32.00	AMOUNT 135.04 135.04 135.04 135.04 135.04 135.04 135.04 945.28	CLAIM ACCOUNT REF	2267560012009237SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2008223 CODES:		, HANSIKABEN 733.00		2TH DATE 28/1948	RECIPIENT ID UR74418G	PRI	DR AUTHORIZATION # 5080096	2207300012003237501
INV # 226762	LINE # 1	PROCEDURE CODE T1019	REVENUE CD 0580	FROM DT 01/25/13	THRU DT 01/25/13 CL	UNITS 20.00 AIM TOTAL	AMOUNT 84.40 84.40	CLAIM ACCOUNT REF.	2267620012009269SUP
REG LOC NY 001 DIAGNOSIS			D, AMATUL	08/	RTH DATE 03/1953 3.92 696	RECIPIENT ID YG15821Z .8		DR AUTHORIZATION # 4979372	
INV # 226758 226758 226758 226758 226758	LINE # 1 2 3 4 5	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019	REVENUE CD 0580 0580 0580 0580 0580	FROM DT 01/21/13 01/22/13 01/23/13 01/24/13 01/25/13	01/22/13 01/23/13	16.00 15.00 16.00	AMOUNT 67.52 67.52 63.30 67.52 67.52		

CLAIM TOTAL

333.38 CLAIM ACCOUNT REF. 2267580012009406SUP

REPORT DATE 01/30/13 PAGE: SUNNYSIDE CITYWIDE 29

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

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, JACOUELINE 12/03/1963 ZU96435W 0004979520

DIAGNOSIS CODES: 345.90

TIV V #	TINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
226759	1	T1019	0580	01/24/13	01/24/13	40.00	168.80		
					CLAI	M TOTAL	168.80	CLAIM ACCOUNT REF.	2267590012009562SUP

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

TNV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS

	TT4 A 11	11111 II	I TOOCHDOTCH CODE	TCD V DITO D CD	I ICOII DI	IIIICO DI	CIVIID	111100111		
ı	226751	1	T1019	0580	01/21/13	01/21/13	16.00	67.52		
ı	226751	2	T1019	0580	01/22/13	01/22/13	16.00	67.52		
ı	226751	3	T1019	0580	01/23/13	01/23/13	16.00	67.52		
ı	226751	4	T1019	0580	01/24/13	01/24/13	16.00	67.52		
ı	226751	5	T1019	0580	01/25/13	01/25/13	16.00	67.52		
ı						CLAI	M TOTAL	337.60	CLAIM ACCOUNT REF.	2267510012009686SUP

AMOUNT

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		
226753	1	T1019	0580	01/17/13	01/17/13	28.00	118.16		
226753	2	T1019	0580	01/19/13	01/19/13	28.00	118.16		
226753	3	T1019	0580	01/20/13	01/20/13	28.00	118.16		
226753	4	T1019	0580	01/21/13	01/21/13	28.00	118.16		
226753	5	T1019	0580	01/22/13	01/22/13	28.00	118.16		
226753	6	T1019	0580	01/23/13	01/23/13	28.00	118.16		
226753	7	T1019	0580	01/24/13	01/24/13	28.00	118.16		
226753	8	T1019	0580	01/25/13	01/25/13	28.00	118.16		
					CLAI	M TOTAL	945.28	CLAIM ACCOUNT REF.	2267530012009945SUP

BIRTH DATE RECIPIENT ID REG LOC CLIENT SERVICE NAME PRIOR AUTHORIZATION # 0004864776

NY 001 2010293 2010293 CAMPBELL, CAROL 01/17/1945 ZW64229J DIAGNOSIS CODES: 722.2 272.0 338.29 401.9 780.79 781.2

LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 1 T1019 01/23/13 01/23/13 226747 0580 20.00 84.40 2 T1019 01/24/13 01/24/13 4.00 226747 0580 16.88 CLAIM TOTAL 101.28 CLAIM ACCOUNT REF. 2267470012010293SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 552	247 HEALTH INSU	JRANCE PLAN			
REG LOC CLIENT NY 001 2010316 DIAGNOSIS CODES:	SERVICE NAME 2010316 WEATHERS, VERDENA 331.0 365.00 428.0 73	BIRTH DATE A 02/05/1927 L4.0	RECIPIENT ID XK12367V	PRIOR AUTHORIZATION # 0004884724	
INV # LINE # 226755 1 226755 2 226755 3 226755 4 226755 5 226755 6 226755 7	PROCEDURE CODE REVENUE CD T1019 0580	FROM DT THRU DT 01/19/13 01/19/13 01/20/13 01/21/13 01/21/13 01/21/13 01/22/13 01/22/13 01/23/13 01/23/13 01/24/13 01/24/13 01/25/13 01/25/13 CL	48.00 48.00 48.00 48.00 48.00 48.00 48.00	AMOUNT 202.56 202.56 202.56 202.56 202.56 202.56 202.56 202.56 417.92 CLAIM ACCOUNT REF.	2267550012010316SUP
REG LOC CLIENT NY 001 2010991 DIAGNOSIS CODES:	SERVICE NAME 2010991 IANNAZZO, ANGELIN 401.9 253.5	BIRTH DATE NA 06/04/1921	RECIPIENT ID RD78526M	PRIOR AUTHORIZATION # 0005197384	
INV # LINE # 226752 1 226752 2 226752 3 226752 4 226752 5 226752 6 226752 7	PROCEDURE CODE REVENUE CD T1019 0580	FROM DT THRU DT 01/19/13 01/19/13 01/20/13 01/20/13 01/21/13 01/21/13 01/22/13 01/22/13 01/23/13 01/23/13 01/24/13 01/24/13 01/25/13 01/25/13 CL	36.00 36.00 36.00 36.00 36.00 36.00 36.00	AMOUNT 151.92 151.92 151.92 151.92 151.92 151.92 151.92 163.44 CLAIM ACCOUNT REF.	2267520012010991SUP
REG LOC CLIENT NY 001 2008113 DIAGNOSIS CODES:	SERVICE NAME 2011066 COPELAND, ELISE 250.00 369.9 311. 40	BIRTH DATE 10/05/1928 01.9 716.90	RECIPIENT ID QJ28865K	PRIOR AUTHORIZATION # 0005111746	
INV # LINE # 226749 1 226749 2 226749 3 226749 4 226749 5 226749 6 226749 7	PROCEDURE CODE REVENUE CD G0156 0572	FROM DT THRU DT 01/19/13 01/19/13 01/20/13 01/20/13 01/21/13 01/21/13 01/22/13 01/22/13 01/23/13 01/23/13 01/24/13 01/24/13 01/25/13 01/25/13 CL	8.00 8.00 8.00 8.00 8.00 8.00	AMOUNT 114.00 114.00 114.00 114.00 114.00 114.00 114.00 798.00 CLAIM ACCOUNT REF.	2267 <b>4</b> 90012011066SUP

REPORT DATE 01/30/13 PAGE: SUNNYSIDE CITYWIDE 31

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

226757

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 55247HEALTH INSURANCE PLAN 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 UNITS AMOUNT PROCEDURE CODE REVENUE CD FROM DT THRU DT 0572 171.00 171.00 226750 1 G0156 01/19/13 01/19/13 12.00 2 G0156 226750 226750 3 G0156 171.00 226750 4 G0156 171.00 226750 5 G0156 171.00 171.00 226750 6 G0156 226750 7 G0156 171.00 CLAIM TOTAL 1,197.00 CLAIM ACCOUNT REF. 2267500012011526SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 08/30/1923 WC81742E 113502051-001-0001 REG LOC CLIENT SERVICE NAME NY 001 2009467 2011833 KEATON, CATHERINE DIAGNOSIS CODES: 715.00 365.9 401.9 780.4 788.30 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 01/19/13 01/19/13 48.00 202.56 226754 1 T1019 0580 2 T1019 0580 3 T1019 0580 4 T1019 0580 5 T1019 0580 6 T1019 0580 01/20/13 01/20/13 48.00 226754 202.56 226754 202.56 226754 202.56 226754 202.56 226754 202.56 CLAIM TOTAL 1,215.36 CLAIM ACCOUNT REF. 2267540012011833SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2010634 2012343 YIANNITSIS, LEO 07/13/1934 15438872 0005825708 DIAGNOSIS CODES: 253.5 272.4 311. 401.9 PROCEDURE CODE REVENUE CD FROM DT THRU DT LINE # UNITS AMOUNT INV # 1 T1019 0580 01/21/13 01/21/13 20.00 84.40 226757 2 T1019 0580 01/22/13 01/22/13 20.00 3 T1019 0580 01/23/13 01/23/13 20.00 4 T1019 0580 01/24/13 01/24/13 20.00 5 T1019 0580 01/25/13 01/25/13 20.00 84.40 226757 226757 84.40 226757 84.40

CLAIM TOTAL

84.40

422.00 CLAIM ACCOUNT REF. 2267570012012343SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 55247 HEALTH INSURANCE PLAN

PAYER TOTALS: HEALTH INSURANCE PLAN # OF CLAIMS = 90 TOTAL CLAIM AMOUNT = 11,983.74

# SERVICES = 17

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

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

PROCEDURE CODE REVENUE CD FROM DT THRU DT INV # LINE # UNITS AMOUNT 226832 1 S5125 01/21/13 01/21/13 24.00 102.96 2 S5125 28.00 120.12 226832 01/22/13 01/22/13 3 226832 S5125 01/23/13 01/23/13 28.00 120.12 226832 4 S5125 01/24/13 01/24/13 28.00 120.12 CLAIM TOTAL 463.32 CLAIM ACCOUNT REF. 2268320012010958SUP

PAYER TOTALS: VNSNY CHOICE # OF CLAIMS = 4 TOTAL CLAIM AMOUNT = 463.32

# SERVICES =

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC NY 001 DIAGNOSIS	CLIENT 2008249 CODES:		EZ-RAMIREZ, C	CARLOTA 01	RTH DATE /20/1936 3.00	RECIPIENT QR43529V		DR AUTHORIZATION # 0041201764	
INV # 226705 226705 226705 226705 226705 226705 226705	LINE # 1 2 3 4 5 6 7	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019 T1019	REVENUE CD	01/24/13	01/20/13 01/21/13 01/22/13 01/23/13 01/24/13 01/25/13	44.00 44.00 44.00 44.00 44.00	AMOUNT 151.92 185.68 185.68 185.68 185.68 185.68 151.92	CLAIM ACCOUNT REF.	2267050012008249SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2008250 CODES:		AZAR, LUZ MAR		RTH DATE /19/1970	RECIPIENT SC60317K		DR AUTHORIZATION # 18722	
INV # 226710 226710 226710 226710 226710 226710 226710	LINE # 1 2 3 4 5 6 7	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019 T1019	REVENUE CD	01/20/13 01/21/13 01/22/13 01/23/13 01/24/13	01/21/13 01/22/13 01/23/13 01/24/13 01/25/13	32.00 32.00 32.00 32.00 32.00	AMOUNT 135.04 135.04 135.04 135.04 135.04 135.04 135.04 945.28	CLAIM ACCOUNT REF.	2267100012008250SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2008251 CODES:		E ALLOS, ANA		RTH DATE /31/1919	RECIPIENT UH02585Q		DR AUTHORIZATION # 28722	
INV # 226692 226692 226692 226692 226692 226692 226692 226692	LINE # 1 2 3 4 5 6 7 8	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	REVENUE CD	01/22/13 01/23/13	01/17/13 01/18/13 01/21/13 01/22/13 01/23/13 01/24/13 01/25/13	32.00 32.00 32.00 32.00 32.00 32.00	AMOUNT 135.04 135.04 135.04 135.04 135.04 135.04 135.04 135.04	CLAIM ACCOUNT REF.	2266920012008251SUP

35

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

REG LOC

226697

CLIENT

SERVICE

T1019

NAME

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141HEALTHFIRST PHSP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 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 226706 1 01/19/13 01/19/13 48.00 202.56 202.56 48.00 226706 T1019 01/21/13 01/21/13 226706 3 T1019 01/22/13 01/22/13 48.00 202.56 226706 T1019 01/23/13 01/23/13 48.00 202.56 226706 T1019 01/24/13 01/24/13 48.00 202.56 226706 T1019 01/25/13 01/25/13 48.00 202.56 CLAIM TOTAL 1,215.36 CLAIM ACCOUNT REF. 2267060012008253SUP 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 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # LINE # 226712 1 T1019 01/21/13 01/21/13 20.00 84.40 2 84.40 226712 T1019 01/22/13 01/22/13 20.00 226712 3 T1019 01/23/13 01/23/13 20.00 84.40 CLAIM TOTAL 253.20 CLAIM ACCOUNT REF. 2267120012008254SUP 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		
226690	1	T1019		01/21/13	01/21/13	32.00	135.04		
226690	2	T1019		01/22/13	01/22/13	32.00	135.04		
226690	3	T1019		01/23/13	01/23/13	32.00	135.04		
226690	4	T1019		01/25/13	01/25/13	32.00	135.04		
					CLAI	IM TOTAL	540.16	CLAIM ACCOUNT REF.	2266900012008256SUP

01/23/13 01/23/13

BIRTH DATE RECIPIENT ID

24.00

101.28

PRIOR AUTHORIZATION #

- 1	NY 001 DIAGNOSIS	2008257 CODES:	2008257 345.40	ESTEVE	ES, JOSE	09/	04/1948	YD71377C	0110301200495
	INV # 226697 226697 226697 226697	LINE # 1 2 3 4	PROCEDURE T1019 T1019 T1019 T1019	CODE R	REVENUE CD	FROM DT 01/19/13 01/20/13 01/21/13 01/22/13	THRU DT 01/19/13 01/20/13 01/21/13 01/22/13	24.00 24.00	AMOUNT 101.28 101.28 101.28 101.28

PAGE: 36

REPORT DATE 01/30/13 SUNNYSIDE CITYWIDE INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

INPUT FILE = /VOL444/COMPSUP/HIPAA	OL444/COMPSUP/H1PAA1N/E5002013013007280067RRSUP									
PROVIDER ID = 113502051 PAYER ID = 80141	SUNNYSIDE CITYWIDE HEALTHFIRST PHSP	NPI	= 1154407492							
226697 6 T1019	REVENUE CD FROM DT TH 01/24/13 01 01/25/13 01	./24/13 24.00 1 ./25/13 24.00 1	MOUNT 01.28 01.28 08.96 CLAIM ACCOUNT REF.	2266970012008257SUP						
REG LOC CLIENT SERVICE NAME NY 001 2008290 2008290 SALHU DIAGNOSIS CODES: 249.70 362.50	JANA, YOLANDA 08/25/2	DATE RECIPIENT ID 1935 SZ24247J	PRIOR AUTHORIZATION # R2048371							
INV # LINE # PROCEDURE CODE 226711 1 T1019 226711 2 T1019 226711 3 T1019 226711 4 T1019 226711 5 T1019	REVENUE CD FROM DT THI 01/21/13 01 01/22/13 01 01/23/13 01 01/23/13 01 01/25/13 01	./21/13 32.00 1 ./22/13 32.00 1 ./23/13 32.00 1 ./24/13 32.00 1 ./25/13 32.00 1	MOUNT 35.04 35.04 35.04 35.04 35.04 75.20 CLAIM ACCOUNT REF.	2267110012008290SUP						
REG LOC CLIENT SERVICE NAME NY 001 2008362 2008362 FONTA DIAGNOSIS CODES: 724.3 278.00	BIRTH 1 ANES, PEDRO 08/27/2 427.31 428.0 724.2	DATE RECIPIENT ID 1948 RX10287Z	PRIOR AUTHORIZATION # R2016955							
226699 1 T1019 226699 2 T1019 226699 3 T1019	REVENUE CD FROM DT THI	./20/13	50.64 50.64	2266990012008362SUP						
REG LOC CLIENT SERVICE NAME NY 001 2008368 2008368 RODRI DIAGNOSIS CODES: 295.90 250.00	BIRTH 1 IGUEZ, MARGARET 06/25/2 272.4 311. 401.9	1950 ZP21043J	PRIOR AUTHORIZATION # R1955871							
TARE II TARE II DECCEDIRE CODE	DEFENTION OF TROM DE THE		MOTINITI							

DIAGNOSIS	CODES:	295.90	250.00	272.4	311.	401.	.9 414.3	733.00	780.52		
INV #	LINE #	PROCEDU	JRE CODE	REVENUE	CD FROM	I DT	THRU DT	UNITS	AMOUNT		
226709	1	T1019			01/2	21/13	01/21/13	16.00	67.52		
226709	2	T1019			01/2	22/13	01/22/13	16.00	67.52		
226709	3	T1019			01/2	23/13	01/23/13	16.00	67.52		
226709	4	T1019			01/2	24/13	01/24/13	16.00	67.52		
226709	5	T1019			01/2	25/13	01/25/13	16.00	67.52		
							CLAI	M TOTAL	337.60	CLAIM ACCOUNT REF.	2267090012008368SUP

REPORT DATE 01/30/13 PAGE: SUNNYSIDE CITYWIDE 37

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

226687

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 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 01/07/13 01/07/13 32.00 135.04 01/19/13 01/19/13 32.00 135.04 226700 226700 2 T1019 3 T1019 01/20/13 01/20/13 32.00 135.04 226700 226700 4 T1019 01/21/13 01/21/13 32.00 135.04 226700 5 T1019 01/22/13 01/22/13 32.00 135.04 6 T1019 7 T1019 8 T1019 01/23/13 01/23/13 32.00 226700 135.04 226700 01/24/13 01/24/13 32.00 135.04 135.04 226700 01/25/13 01/25/13 32.00 CLAIM TOTAL 1,080.32 CLAIM ACCOUNT REF. 2267000012008411SUP 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 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # LINE # 118.16 118.16 118.16 01/19/13 01/19/13 28.00 226702 1 T1019 2 T1019 01/20/13 01/20/13 28.00 226702 226702 3 T1019 01/21/13 01/21/13 28.00 226702 4 T1019 01/22/13 01/22/13 28.00 118.16 5 T1019 6 T1019 7 T1019 226702 01/23/13 01/23/13 28.00 118.16 01/24/13 01/24/13 28.00 118.16 226702 7 T1019 01/25/13 01/25/13 28.00 226702 118.16 CLAIM TOTAL 827.12 CLAIM ACCOUNT REF. 2267020012008428SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 05/13/1954 VG15691D R2088833 NY 001 2008433 2008433 BHAIRO, KOWSILILLI 05/13/1954 VG15691D DIAGNOSIS CODES: 340. 286.0 311. 401.9 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # LINE # 01/19/13 01/19/13 32.00 226687 1 T1019 135.04 2 T1019 01/20/13 01/20/13 32.00 135.04 226687 3 T1019 01/21/13 01/21/13 32.00 226687 135.04 4 T1019 01/22/13 01/22/13 32.00 135.04 226687 5 T1019 01/23/13 01/23/13 32.00 135.04 226687 6 T1019 7 T1019 01/24/13 01/24/13 32.00 01/25/13 01/25/13 32.00 4/13 32.00 135.04 5/13 32.00 135.04 CLAIM TOTAL 945.28 CLAIM ACCOUNT REF. 2266870012008433SUP 6 T1019 226687

REPORT DATE 01/30/13 PAGE: SUNNYSIDE CITYWIDE 38

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

13 T1019

14 T1019

226696

226696

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492PAYER ID = 80141 HEALTHFIRST PHSP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z R2083270 DIAGNOSIS CODES: 250.00 244.8 311. 401.9 428.0 733.00 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 226686 01/21/13 01/21/13 16.00 67.52 2 T1019 226686 01/22/13 01/22/13 16.00 67.52 01/23/13 01/23/13 20.00 226686 3 T1019 84.40 4 T1019 5 T1019 226686 01/24/13 01/24/13 16.00 67.52 01/25/13 01/25/13 16.00 67.52 CLAIM TOTAL 354.48 CLAIM ACCOUNT REF. 2266860012008487SUP 226686 REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008558 2008558 SURIEL, GERTRUDIS 03/17/1950 ZE67447D R2096046 DIAGNOSIS CODES: 493.90 401.9 414.00 715.00 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT
226714 1 T1019 01/19/13 01/19/13 32.00 135.04
226714 2 T1019 01/21/13 01/21/13 32.00 135.04
226714 3 T1019 01/22/13 01/22/13 32.00 135.04
226714 4 T1019 01/23/13 01/23/13 32.00 135.04
226714 5 T1019 01/24/13 01/24/13 32.00 135.04
226714 6 T1019 01/25/13 01/25/13 32.00 135.04
226714 6 T1019 01/25/13 01/25/13 32.00 135.04 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 226696 1 T1019 01/12/13 01/12/13 16.00 67.52 226696 2 T1019 01/13/13 01/13/13 16.00 67.52 3 Т1019 01/14/13 01/14/13 24.00 101.28 226696 4 T1019 01/15/13 01/15/13 24.00 101.28 226696 01/16/13 01/16/13 24.00 01/17/13 01/17/13 24.00 01/18/13 01/18/13 24.00 01/18/13 01/18/13 16.00 01/20/13 01/20/13 16.00 01/21/13 01/21/13 24.00 01/22/13 01/22/13 24.00 01/23/13 01/23/13 24.00 01/23/13 01/24/13 24.00 01/24/13 01/24/13 24.00 01/25/13 01/25/13 24.00 5 T1019 01/16/13 01/16/13 24.00 101.28 226696 6 T1019 101.28 226696 7 T1019 226696 101.28 8 T1019 67.52 226696 9 T1019 67.52 226696 10 T1019 226696 101.28 101.28 101.28 101.28 101.28 11 T1019 226696 12 T1019 226696

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

DAVER ID = 80141 HEALTHEIRST DASD

PAYER ID	= 80141	HEALTHFIRST PHSP			
INV # LIN	IE # PROCEDURE CODE	REVENUE CD FROM DT	THRU DT UNITS CLAIM TOTAL	AMOUNT 1,282.88 CLAIM ACCOUNT REF.	2266960012008571SUP
REG LOC CL NY 001 200 DIAGNOSIS COD	JENT SERVICE NAME 18380 2009001 FERRE DES: 301.9 401.9	RA, FRANCISCA 06/ 493.00	RTH DATE RECIPIENT (06/1948 YH55651V	ID PRIOR AUTHORIZATION # 01111141101308	
INV # LIN 226698 226698 226698	IE # PROCEDURE CODE 1 1 T1019 2 T1019 3 T1019	12/18/12	12/17/12 20.00 12/18/12 20.00	AMOUNT 84.40 84.40 84.40 253.20 CLAIM ACCOUNT REF.	2266980012009001SUP
NY 001 200	JIENT SERVICE NAME 18300 2009256 CHARI' DES: 250.00 311.	BIR TAR, RAMKALIE 06/ 401.9 414.00 414	TH DATE RECIPIENT (23/1953 UY13756G 1.01 466.0	ID PRIOR AUTHORIZATION # R2016936	
INV # LIN 226693 226693 226693 226693 226693 226693	TE # PROCEDURE CODE 1 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	01/20/13 01/21/13 01/22/13 01/23/13 01/24/13	THRU DT UNITS 01/20/13 20.00 01/21/13 20.00 01/22/13 20.00 01/23/13 20.00 01/24/13 20.00 01/25/13 20.00 CLAIM TOTAL	AMOUNT 84.40 84.40 84.40 84.40 84.40 84.40 506.40 CLAIM ACCOUNT REF.	2266930012009256SUP
REG LOC CL NY 001 200 DIAGNOSIS COD	JENT SERVICE NAME 18271 2009270 CARRI 19ES: 250.00 294.10	ON, MARIA 06/ 401.9 V12.54	RTH DATE RECIPIENT 30/1928 SC64434E	ID PRIOR AUTHORIZATION # R2044577	
INV # LIN 226691 226691 226691 226691 226691 226691	TE # PROCEDURE CODE 1 1 T1019 2 T1019 3 T1019 4 T1019 5 T1019 6 T1019	01/19/13 01/21/13 01/22/13 01/23/13 01/24/13	THRU DT UNITS 01/19/13 32.00 01/21/13 32.00 01/22/13 32.00 01/23/13 28.00 01/24/13 32.00 01/25/13 32.00 CLAIM TOTAL	AMOUNT 135.04 135.04 135.04 118.16 135.04 135.04 793.36 CLAIM ACCOUNT REF.	2266910012009270SUP

REPORT DATE 01/30/13 PAGE: SUNNYSIDE CITYWIDE 40

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

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

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		
226694	1	T1019		01/16/13	01/16/13	24.00	101.28		
226694	2	T1019		01/17/13	01/17/13	24.00	101.28		
226694	3	T1019		01/18/13	01/18/13	24.00	101.28		
226694	4	T1019		01/21/13	01/21/13	24.00	101.28		
226694	5	T1019		01/22/13	01/22/13	24.00	101.28		
226694	6	T1019		01/23/13	01/23/13	24.00	101.28		
226694	7	T1019		01/24/13	01/24/13	24.00	101.28		
226694	8	T1019		01/25/13	01/25/13	24.00	101.28		
					CLAI	IM TOTAL	810.24	CLAIM ACCOUNT REF.	2266940012009405SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2009425 2009425 FRIAS, BARBARA 04/01/1954 YQ10410R R1869904 REG LOC CLIENT SERVICE NAME

DIAGNOSIS CODES: 785.9 V44.2

PROCEDURE CODE REVENUE CD FROM DT THRU DT AMOUNT INV # LINE # UNITS 1 T1019 01/21/13 01/21/13 16.00 67.52 226701 67.52 2 T1019 01/23/13 01/23/13 16.00 226701 01/25/13 01/25/13 16.00 67.52 202.56 CLAIM ACCOUNT REF. 2267010012009425SUP 226701 3 T1019 CLAIM TOTAL

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 226688 1 T1019 01/19/13 01/19/13 24.00 101.28 226688 2 T1019 01/20/13 01/20/13 24.00 101.28 3 T1019 01/22/13 01/22/13 24.00 101.28 226688 4 T1019 226688 01/23/13 01/23/13 24.00 101.28 5 T1019 226688 01/24/13 01/24/13 24.00 101.28 6 T1019 01/25/13 01/25/13 24.00 101.28 226688 CLAIM TOTAL 607.68 CLAIM ACCOUNT REF. 2266880012009560SUP

BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 07/06/1955 ZU45073J R1843447 REG LOC CLIENT SERVICE NAME

NY 001 2010009 2010009 VEGA, GLORIA DIAGNOSIS CODES: 340. 250.00 272.2 311.

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT 226716 1 T1019 01/21/13 01/21/13 UNITS AMOUNT 01/21/13 01/21/13 32.00 135.04

T1019

T1019

T1019

4

5

226703

226703

226703

INPUT FILE = /VOL444/COMPSUP/HIPA	AIN/E5002013013007280067RRSUP			PAGE: 41
PROVIDER ID = 113502051 PAYER ID = 80141	SUNNYSIDE CITYWIDE HEALTHFIRST PHSP	NPI = 11544	07492	
INV # LINE # PROCEDURE CODE 226716 2 T1019 226716 3 T1019 226716 4 T1019 226716 5 T1019	01/22/13 01/22/ 01/23/13 01/23/ 01/24/13 01/24/ 01/25/13 01/25/	13     32.00     135.04       13     32.00     135.04       13     32.00     135.04	CLAIM ACCOUNT REF.	2267160012010009SUP
REG LOC CLIENT SERVICE NAME NY 001 2008299 2010311 LAZAI DIAGNOSIS CODES: 340. 250.00		RECIPIENT ID PRIO ZT39863D R208 81.2	R AUTHORIZATION # 3859	
INV # LINE # PROCEDURE CODE 226704 1 T1019 226704 2 T1019 226704 3 T1019 226704 4 T1019 226704 5 T1019 226704 6 T1019 226704 7 T1019	01/19/13 01/19/ 01/20/13 01/20/ 01/21/13 01/21/ 01/22/13 01/22/ 01/23/13 01/23/ 01/24/13 01/24/ 01/25/13 01/25/	13     48.00     202.56       13     48.00     202.56       13     48.00     202.56       13     48.00     202.56       13     48.00     202.56       13     48.00     202.56       13     48.00     202.56	CLAIM ACCOUNT REF	2267040012010311SUP
REG LOC CLIENT SERVICE NAME NY 001 2010758 2010758 VASQU DIAGNOSIS CODES: 311. 244.9	BIRTH DATE JEZ, OLGA 11/20/1948	RECIPIENT ID PRIO	R AUTHORIZATION #	
INV # LINE # PROCEDURE CODE 226715 1 T1019 226715 2 T1019 226715 3 T1019	01/19/13 01/19/ 01/20/13 01/20/ 01/25/13 01/25/	13 20.00 84.40 13 20.00 84.40	CLAIM ACCOUNT REF.	2267150012010758SUP
REG LOC CLIENT SERVICE NAME NY 001 2008813 2010967 LARA DIAGNOSIS CODES: 401.9 244.9		RECIPIENT ID PRIO SX47950B R192	R AUTHORIZATION # 1929	
INV # LINE # PROCEDURE CODE 226703 1 T1019 226703 2 T1019 226703 3 T1019	REVENUE CD FROM DT THRU D 01/19/13 01/19/ 01/21/13 01/21/ 01/22/13 01/22/	13     32.00     135.04       13     28.00     118.16       13     32.00     135.04		

01/23/13 01/23/13

01/24/13 01/24/13

01/25/13 01/25/13

135.04

135.04

118.16

776.48 CLAIM ACCOUNT REF. 2267030012010967SUP

32.00

32.00

28.00

CLAIM TOTAL

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141 HEALTHFIRST PHSP

226689 5 T1019

PAYER ID	= 80141	HEALTHFIRST	PHSP				
REG LOC C	LIENT SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIO	R AUTHORIZATION #	
NY 001 20	11058 2011058	DELACRUZ, ANA	06/20/1920	122053627	0107	241201931	
DIAGNOSIS CO	DES: 294.20						
		CODE REVENUE CD	FROM DT THRU DT		AMOUNT		
226695	1 T1019		01/19/13 01/19/1		168.80		
226695 226695	2 T1019		01/20/13 01/20/1		168.80		
	3 T1019 4 T1019		01/21/13 01/21/1 01/22/13 01/22/1		168.80		
226695 226695	5 T1019		01/23/13 01/23/1		168.80 168.80		
226695	6 T1019		01/23/13 01/23/1		168.80		
226695	7 T1019		01/25/13 01/25/1		168.80		
220095	7 11019			LAIM TOTAL	1,181.60	CLAIM ACCOUNT REF.	2266950012011058SUP
				LAIDI MIAL.	1,101.00	CLAIM ACCOUNT REF.	220093001201103030P
REG LOC CI	LIENT SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIO	R AUTHORIZATION #	
	11388 2011388	PALAZZOLO, FLOREN		PD96979S	R199		
DIAGNOSIS CO							
INV # LI	NE # PROCEDURE	CODE REVENUE CD	FROM DT THRU DT	UNITS	AMOUNT		
226707	1 T1020		01/19/13 01/19/1		202.56		
226707	2 T1020		01/20/13 01/20/1		202.56		
226707	3 T1020		01/21/13 01/21/1		202.56		
226707	4 T1020		01/22/13 01/22/1		202.56		
226707	5 T1020		01/23/13 01/23/1		202.56		
226707	6 T1020		01/24/13 01/24/1		202.56		
226707	7 T1020		01/25/13 01/25/1		202.56		
				LAIM TOTAL	1,417.92	CLAIM ACCOUNT REF.	2267070012011388SUP
REG LOC CI	LIENT SERVICE	NAME	BIRTH DATE	RECIPIENT ID	DDTO	R AUTHORIZATION #	
	08378 2011528	BOWERS *, DIANE	10/01/1946	129232187		201201746	
DIAGNOSIS CO				0.9 493.00	0109	201201746	
DIAGNOSIS CO	DES: 250.11 3	00.02 410.90 41	.3.0 420.0 44	493.00			
INV # LII	NE # PROCEDURE	CODE REVENUE CD	FROM DT THRU DT	UNITS	AMOUNT		
226689	1 T1019	111111111111111111111111111111111111111	01/21/13 01/21/1		168.80		
226689	2 T1019		01/22/13 01/22/1		168.80		
226689	3 T1019		01/23/13 01/23/1		168.80		
					100.00		

01/25/13 01/25/13 40.00

CLAIM TOTAL

168.80

844.00 CLAIM ACCOUNT REF. 2266890012011528SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER	ID = 80	141		HEALTHFIRST	PHSP					
REG LOC NY 001 DIAGNOSIS	CLIENT 2008405 CODES:			IAINE, CLAUD 596.54		TH DATE 01/1956	RECIPIENT ID UZ14868C		DR AUTHORIZATION # 50170	
INV # 226713 226713 226713 226713 226713 226713	LINE # 1 2 3 4 5 6	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019	CODE R	EVENUE CD	FROM DT 01/20/13 01/21/13 01/22/13 01/23/13 01/24/13 01/25/13	01/25/13	40.00 40.00 40.00 40.00	AMOUNT 151.92 168.80 168.80 168.80 168.80 151.92 979.04	CLAIM ACCOUNT REF.	2267130012011820SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2012284 CODES:	SERVICE 2012284 799.89	NAME REINOS	SO, EMELIANN		TH DATE 26/1931	RECIPIENT ID 115451707		OR AUTHORIZATION # 06516	
INV # 226708 226708 226708 226708 226708 226708 226708	LINE # 1 2 3 4 5 6 7	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019 T1019	CODE R	EVENUE CD	FROM DT 01/19/13 01/20/13 01/21/13 01/22/13 01/23/13 01/24/13 01/25/13	THRU DT 01/19/13 01/20/13 01/21/13 01/22/13 01/23/13 01/24/13 01/25/13 CL	40.00 40.00 40.00 40.00 40.00	AMOUNT 168.80 168.80 168.80 168.80 168.80 168.80 168.80	CLAIM ACCOUNT REF.	2267080012012284SUP

# OF CLAIMS = 190 TOTAL CLAIM AMOUNT = 24,695.44 # SERVICES = 31 PAYER TOTALS: HEALTHFIRST PHSP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

PROVIDER ID = 113502051 NPI = 1154407492 SUNNYSIDE CITYWIDE

PAYER ID = 87726UNITEDHEALTHCARE

REG LOC CLIENT NY 001 2008245 DIAGNOSIS CODES:	SERVICE NAME 2008245 CALDERON, MIGDAL 250.00 428.0 724.00 7	BIRTH DATE RECIPIENT ID IA 08/02/1961 100195559 24.3	PRIOR AUTHORIZATION # 609107821	
INV # LINE # 226743 1 226743 2 226743 3 226743 4 226743 5 226743 6 226743 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 01/19/13 01/19/13 40.00 01/20/13 01/20/13 40.00 01/21/13 01/21/13 40.00 01/22/13 01/22/13 40.00 01/22/13 01/22/13 40.00 01/23/13 01/23/13 40.00 01/24/13 01/24/13 40.00 01/25/13 01/25/13 40.00 CLAIM TOTAL 1	AMOUNT 171.60 171.60 171.60 171.60 171.60 171.60 171.60 1,201.20 CLAIM ACCOUNT REF.	2267430012008245SUP
REG LOC CLIENT NY 001 2008287 DIAGNOSIS CODES:	SERVICE NAME 2008287 MILLAN, ARMIDA 250.00 272.4 311. 3	BIRTH DATE RECIPIENT ID 09/13/1928 100063356 56.9 401.9 530.81	PRIOR AUTHORIZATION # 609358474	
INV # LINE # 226745 1 226745 2 226745 3 226745 4 226745 5 226745 6 226745 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 01/19/13 01/19/13 16.00 01/20/13 01/20/13 16.00 01/21/13 01/21/13 36.00 01/22/13 01/22/13 36.00 01/22/13 01/23/13 36.00 01/23/13 01/23/13 36.00 01/24/13 01/24/13 36.00 01/25/13 01/25/13 36.00 CLAIM TOTAL	AMOUNT 68.64 68.64 154.44 154.44 154.44 154.44 909.48 CLAIM ACCOUNT REF.	2267450012008287SUP
REG LOC CLIENT NY 001 2008401 DIAGNOSIS CODES:	SERVICE NAME 2008401 SAFOS, PATRA 340. 244.8 272.0 4	BIRTH DATE RECIPIENT ID 12/18/1948 100029836 01.9	PRIOR AUTHORIZATION # 609009121	
INV # LINE # 226746 1 226746 2 226746 3 226746 4 226746 5 226746 6	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 01/19/13 01/19/13 32.00 01/20/13 01/20/13 32.00 01/21/13 01/21/13 32.00 01/22/13 01/22/13 32.00 01/24/13 01/24/13 32.00 01/25/13 01/25/13 32.00 CLAIM TOTAL	AMOUNT 137.28 137.28 137.28 137.28 137.28 137.28 137.28 823.68 CLAIM ACCOUNT REF.	2267460012008401SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 87726 UNITEDHEALTHCARE

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #

NY 001 2011881 2011881 KHAN, FAZAL 06/28/1970 101344352 609738941

DIAGNOSIS CODES: 649.40

T3777 II	T T3TD		D = 11 = 11 = 0 = 0				33407777		
INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
226744	1	T1019		01/19/13	01/19/13	48.00	205.92		
226744	2	T1019		01/20/13	01/20/13	48.00	205.92		
226744	3	T1019		01/21/13	01/21/13	48.00	205.92		
226744	4	T1019		01/22/13	01/22/13	48.00	205.92		
226744	5	T1019		01/23/13	01/23/13	48.00	205.92		
226744	6	T1019		01/24/13	01/24/13	48.00	205.92		
226744	7	T1019		01/25/13	01/25/13	48.00	205.92		
					CLAI	M TOTAL	1,441.44	CLAIM ACCOUNT REF.	2267440012011881SUP

PAYER TOTALS: UNITEDHEALTHCARE # OF CLAIMS = 27 TOTAL CLAIM AMOUNT = 4,375.80

# SERVICES =

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = AMRGRI AMERIGROUP NEW YORK, LLC

0580

T1019

226821

REG LOC CLIE	NT SERVICE NAME	BIRTH DATE RECIPIENT ID	PRIOR AUTHORIZATION #	
NY 001 20082	56 2008266 GUERRA, LORRAIN	E 03/22/1948 712731594	102602255	
DIAGNOSIS CODES	: 431. 784.3			
INV # LINE			AMOUNT	
226818 1		01/19/13 01/19/13 35.00	147.70	
226818 2	T1019 0580	01/20/13 01/20/13 39.00	164.58	
226818 3	T1019 0580	01/21/13 01/21/13 36.00	151.92	
226818 4	T1019 0580	01/22/13 01/22/13 36.00	151.92	
226818 5	T1019 0580	01/23/13 01/23/13 40.00	168.80	
226818 6	T1019 0580	01/24/13 01/24/13 36.00	151.92	
226818 7	T1019 0580		168.80	
		CLAIM TOTAL	1,105.64 CLAIM ACCOUNT REF. 226818	0012008266SUP
DEG TOG GITE	JE CEDYLOE NAME	DIDMI DAME DECIDIENT ID	DDIOD AUGUODIZACION 4	
REG LOC CLIE		BIRTH DATE RECIPIENT ID 10/26/1956 712824266	PRIOR AUTHORIZATION # 102602130	
	: 249.00 272.4 295.00		102602130	
DIAGNOSIS CODES	249.00 272.4 295.00	401.9 505.9		
INV # LINE	PROCEDURE CODE REVENUE CI	FROM DT THRU DT UNITS	AMOUNT	
226820 1		01/21/13 01/21/13 16.00	67.52	
226820 2	S5130 0582		67.52	
	20100 0001	CLAIM TOTAL	135.04 CLAIM ACCOUNT REF. 226820	0012009279SUP
		<del></del>		
REG LOC CLIE	NT SERVICE NAME	BIRTH DATE RECIPIENT ID	PRIOR AUTHORIZATION #	
NY 001 20084	06 2010728 YOUNG, KALEILE	06/17/1994 006532755	103177976	
DIAGNOSIS CODES	: 319. 493.90 742.1			
INV # LINE			AMOUNT	
226822 1	T1019 0580			
		01/12/13 01/12/13 16.00	67.52	
226822 2	T1019 0580	01/13/13 01/13/13 16.00	67.52 67.52	
226822 3	T1019 0580 T1019 0580	01/13/13 01/13/13 16.00 01/14/13 01/14/13 8.00	67.52 67.52 33.76	
226822 3 226822 4	T1019 0580 T1019 0580 T1019 0580	01/13/13 01/13/13 16.00 01/14/13 01/14/13 8.00 01/15/13 01/15/13 8.00	67.52 67.52 33.76 33.76	
226822 3 226822 4 226822 5	T1019 0580 T1019 0580 T1019 0580 T1019 0580	01/13/13 01/13/13 16.00 01/14/13 01/14/13 8.00 01/15/13 01/15/13 8.00 01/16/13 01/16/13 8.00	67.52 67.52 33.76 33.76 33.76	
226822 3 226822 4 226822 5 226822 6	T1019 0580 T1019 0580 T1019 0580 T1019 0580 T1019 0580	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	67.52 67.52 33.76 33.76 33.76 33.76	
226822 3 226822 4 226822 5	T1019 0580 T1019 0580 T1019 0580 T1019 0580 T1019 0580	01/13/13 01/13/13 16.00 01/14/13 01/14/13 8.00 01/15/13 01/15/13 8.00 01/16/13 01/16/13 8.00 01/17/13 01/16/13 8.00 01/17/13 01/17/13 8.00 01/18/13 01/18/13 8.00	67.52 67.52 33.76 33.76 33.76 33.76 33.76	
226822 3 226822 4 226822 5 226822 6	T1019 0580 T1019 0580 T1019 0580 T1019 0580 T1019 0580	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	67.52 67.52 33.76 33.76 33.76 33.76	0012010728SUP
226822 3 226822 4 226822 5 226822 6 226822 7	T1019 0580	01/13/13 01/13/13 16.00 01/14/13 01/14/13 8.00 01/15/13 01/15/13 8.00 01/16/13 01/16/13 8.00 01/17/13 01/16/13 8.00 01/17/13 01/17/13 8.00 01/18/13 01/18/13 8.00 CLAIM TOTAL	67.52 67.52 33.76 33.76 33.76 33.76 33.76 33.76 33.76 303.84 CLAIM ACCOUNT REF. 226822	0012010728SUP
226822 3 226822 4 226822 5 226822 6 226822 7	T1019 0580	01/13/13 01/13/13 16.00 01/14/13 01/14/13 8.00 01/15/13 01/15/13 8.00 01/16/13 01/16/13 8.00 01/17/13 01/17/13 8.00 01/17/13 01/17/13 8.00 01/18/13 01/18/13 8.00 CLAIM TOTAL	67.52 67.52 33.76 33.76 33.76 33.76 33.76 33.76 33.76 303.84 CLAIM ACCOUNT REF. 226822 PRIOR AUTHORIZATION #	0012010728SUP
226822 3 226822 4 226822 5 226822 6 226822 7 REG LOC CLIE NY 001 20084	T1019 0580  NT SERVICE NAME 07 2010729 WALTERS, BYRON	01/13/13 01/13/13 16.00 01/14/13 01/14/13 8.00 01/15/13 01/15/13 8.00 01/16/13 01/16/13 8.00 01/17/13 01/16/13 8.00 01/17/13 01/17/13 8.00 01/18/13 01/18/13 8.00 CLAIM TOTAL	67.52 67.52 33.76 33.76 33.76 33.76 33.76 33.76 33.76 303.84 CLAIM ACCOUNT REF. 226822	0012010728SUP
226822 3 226822 4 226822 5 226822 6 226822 7	T1019 0580  NT SERVICE NAME 07 2010729 WALTERS, BYRON	01/13/13 01/13/13 16.00 01/14/13 01/14/13 8.00 01/15/13 01/15/13 8.00 01/16/13 01/16/13 8.00 01/17/13 01/17/13 8.00 01/17/13 01/17/13 8.00 01/18/13 01/18/13 8.00 CLAIM TOTAL	67.52 67.52 33.76 33.76 33.76 33.76 33.76 33.76 33.76 303.84 CLAIM ACCOUNT REF. 226822 PRIOR AUTHORIZATION #	0012010728SUP
226822 3 226822 4 226822 5 226822 6 226822 7 REG LOC CLIE NY 001 20084 DIAGNOSIS CODES	T1019 0580  NT SERVICE NAME 07 2010729 WALTERS, BYRON 1319. 493.90 742.1	01/13/13 01/13/13 16.00 01/14/13 01/14/13 8.00 01/15/13 01/15/13 8.00 01/16/13 01/16/13 8.00 01/17/13 01/17/13 8.00 01/17/13 01/17/13 8.00 01/18/13 01/18/13 8.00 CLAIM TOTAL  BIRTH DATE RECIPIENT ID 05/18/2000 006600539	67.52 67.52 33.76 33.76 33.76 33.76 33.76 303.84 CLAIM ACCOUNT REF. 226822 PRIOR AUTHORIZATION # 103177687	0012010728SUP
226822 3 226822 4 226822 5 226822 6 226822 7 REG LOC CLIE NY 001 20084	T1019 0580  NT SERVICE NAME 07 2010729 WALTERS, BYRON 1319. 493.90 742.1	01/13/13 01/13/13 16.00 01/14/13 01/14/13 8.00 01/15/13 01/15/13 8.00 01/16/13 01/16/13 8.00 01/17/13 01/17/13 8.00 01/17/13 01/17/13 8.00 01/18/13 01/18/13 8.00 CLAIM TOTAL  BIRTH DATE RECIPIENT ID 05/18/2000 006600539	67.52 67.52 33.76 33.76 33.76 33.76 33.76 33.76 33.76 303.84 CLAIM ACCOUNT REF. 226822 PRIOR AUTHORIZATION #	0012010728SUP

01/13/13 01/13/13 20.00

84.40

REPORT DATE 01/30/13 SUN INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5		PAGE: 4/
	NYSIDE CITYWIDE NPI = 1154407492 RIGROUP NEW YORK,LLC	
INV # LINE # PROCEDURE CODE REVEN 226821	01/16/13 01/16/13 12.00 50.64 01/17/13 01/17/13 12.00 50.64	2268210012010729SUP
REG LOC CLIENT SERVICE NAME NY 001 2008365 2010731 HARDING, E DIAGNOSIS CODES: 493.90 253.5 272.	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 05/17/1956 006274884 103201397 .4 296.80	
INV # LINE # PROCEDURE CODE REVEN 226819	01/24/13 01/24/13 16.00 67.52 01/25/13 01/25/13 16.00 67.52	2268190012010731SUP
REG LOC CLIENT SERVICE NAME NY 001 2011322 2011322 FRASIEUR, DIAGNOSIS CODES: 416.9 401.9 492.		
INV # LINE # PROCEDURE CODE REVEN 226817 1 T1019 0580 226817 2 T1019 0580 226817 3 T1019 0580	NUE CD FROM DT THRU DT UNITS AMOUNT 01/14/13 01/14/13 12.00 50.64 01/16/13 01/16/13 12.00 50.64 01/18/13 01/18/13 16.00 67.52 CLAIM TOTAL 168.80 CLAIM ACCOUNT REF.	2268170012011322SUP
REG LOC CLIENT SERVICE NAME NY 001 2012076 2012357 ESPINAL, M DIAGNOSIS CODES: 311. 272.4 386.	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 05/27/1951 713844209 103312722 .9 493.92	
INV # LINE # PROCEDURE CODE REVEN 226824 1 T1019 0580 226824 2 T1019 0580 226824 3 T1019 0580 226824 4 T1019 0580 226824 5 T1019 0580 226824 6 T1019 0580	01/22/13 $01/22/13$ $24.00$ $90.00$ $01/23/13$ $01/23/13$ $24.00$ $90.00$ $01/24/13$ $01/24/13$ $24.00$ $90.00$ $01/25/13$ $01/25/13$ $24.00$ $90.00$	2268240012012357SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013013007280067RRSUP

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 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 226823 1 T1019 0580 01/24/13 01/24/13 16.00 60.00 2 226823 T1019 0580 01/25/13 01/25/13 16.00 60.00

CLAIM TOTAL 120.00 CLAIM ACCOUNT REF. 2268230012012373SUP

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

LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # 226825 1 T1019 0580 01/21/13 01/21/13 32.00 120.00 226825 2 T1019 0580 01/22/13 01/22/13 36.00 135.00 226825 3 T1019 0580 01/24/13 01/24/13 36.00 135.00 226825 T1019 0580 01/25/13 01/25/13 32.00 120.00 CLAIM TOTAL 510.00 CLAIM ACCOUNT REF. 2268250012012374SUP

PAYER TOTALS: AMERIGROUP NEW YORK, LLC # OF CLAIMS = 43 TOTAL CLAIM AMOUNT = 3,642.92

# SERVICES = 9

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PAYER ID = IC	S01 ICS			
REG LOC CLIENT NY 001 2008389 DIAGNOSIS CODES:	2011453 MUSHAYEV, BORIS	BIRTH DATE RECIPIENT ID 08/14/1947 7235 8.0 441.00 715.90	PRIOR AUTHORIZATION # 387543	
INV # LINE # 226831 1 226831 2 226831 3 226831 4 226831 5	PROCEDURE CODE REVENUE CD T1019 1C 0570		AMOUNT 63.60 63.60 63.60 63.60 63.60 318.00 CLAIM ACCOUNT REF.	2268310012011453SUP
REG LOC CLIENT NY 001 2011869 DIAGNOSIS CODES:	SERVICE NAME 2011869 JONES, VALERIE 438.9	BIRTH DATE RECIPIENT ID 10/10/1948 1457	PRIOR AUTHORIZATION # 418547	
INV # LINE # 226830 1 226830 2 226830 3 226830 4 226830 5	PROCEDURE CODE REVENUE CD T1019 1C 0570	FROM DT THRU DT UNITS 01/21/13 01/21/13 4.00 01/22/13 01/22/13 4.00 01/23/13 01/23/13 4.00 01/24/13 01/24/13 4.00 01/25/13 01/25/13 4.00 CLAIM TOTAL	AMOUNT 63.60 63.60 63.60 63.60 63.60 318.00 CLAIM ACCOUNT REF.	2268300012011869SUP
REG LOC CLIENT NY 001 2011870 DIAGNOSIS CODES:	2011870 AGOSTINI, MONSERR	BIRTH DATE RECIPIENT ID ATE 07/18/1944 558	PRIOR AUTHORIZATION # 418549	
INV # LINE # 226829 1 226829 2 226829 3	PROCEDURE CODE REVENUE CD T1019 1C 0570 T1019 1C 0570 T1019 1C 0570	01/23/13 01/23/13 6 00	AMOUNT 95.40 95.40 95.40 286.20 CLAIM ACCOUNT REF.	2268290012011870SUP
PAYER TOTALS:	ICS	# OF CLAIMS = 13 TOTAL # SERVICES = 3	C CLAIM AMOUNT = 922.2	20

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = INIPA HEALTHCARE PARTNERS IPA I

	annii an 1111	2.7		DEGITE 15	DD 7-6	22 2777722777277	
REG LOC CLIENT NY 001 2008382				RECIPIENT ID JRX53860E01		OR AUTHORIZATION # 3011515500003	
DIAGNOSIS CODES:	230.3 153.0	401.9 733.00 V6		010055000101	2013	3011313300003	
DOCTOR:	NAME: CITYWIDE, S	SUNNYSIDE	NPI: 11544	107492			
TATE	DDOGEDIEDE GODE	DEVENTED OF TROM DE	mini pm	INITEG	AMOTINE		
INV # LINE # 226826 1	PROCEDURE CODE T1019	REVENUE CD FROM DT 0580 01/19/13	THRU DT 01/19/13	UNITS 36.00	AMOUNT 151.92		
226826 2	T1019	0580 01/20/13	- , - , -	36.00	151.92		
226826 3	T1019	0580 01/21/13		36.00	151.92		
226826 4	T1019		01/22/13	36.00	151.92		
226826 5	T1019		01/24/13	36.00	151.92		
226826 6	T1019	0580 01/25/13	01/25/13	36.00	151.92		
			CLA	AIM TOTAL	911.52	CLAIM ACCOUNT REF.	2268260012010800SUP
DEG TOG GITENE	SERVICE NAME	DI		DEGIDIENE ID	DD T		
REG LOC CLIENT NY 001 2008396				RECIPIENT ID JSV04323R01		OR AUTHORIZATION # 8011515500002	
DIAGNOSIS CODES:	250.11 272.0		6.	05/04525101	2013	3011313300002	
DOCTOR:	NAME: CITYWIDE, S		NPI: 11544	107492			
TATE II T TATE II	DDOGEDIER GODE	DEVENTE OF FROM DE	mini pm	INITEG	AMOTINE		
INV # LINE # 226828 1	PROCEDURE CODE T1019		THRU DT 01/23/13	UNITS 16.00	AMOUNT 67.52		
226828 2		0580 01/23/13		16.00	67.52		
226828 3	T1019	0580 01/24/13		16.00			
220828	11019	0380 01/23/13	. , . , .	AIM TOTAL	202.56	CLAIM ACCOUNT REE	2268280012010804SUP
			CLIF	AIN IOIAL	202.50	CLAIM ACCOUNT REIT.	2200200012010001501
REG LOC CLIENT			RTH DATE	RECIPIENT ID	PRIC	OR AUTHORIZATION #	
NY 001 2008228				JZX17878Q01	2013	3011515500004	
DIAGNOSIS CODES:	722.10 401.9		1.9				
DOCTOR:	NAME: CITYWIDE, S	SUNNYSIDE	NPI: 11544	107492			
INV # LINE #	PROCEDURE CODE	REVENUE CD FROM DT	THRU DT	UNITS	AMOUNT		
226827 1	T1019	0580 01/22/13		16.00	67.52		
226827 2	T1019	0580 01/23/13			67.52		
			CLA	AIM TOTAL	135.04	CLAIM ACCOUNT REF.	2268270012010805SUP
DAVED HOMALC:	III AI MIICADE DADMII			11 0007	OT A TM AA	401DVIII 1 240 1	2

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

# SERVICES = 3

PROVIDER TOTALS: SUNNYSIDE CITYWIDE # OF CLAIMS = 827 TOTAL CLAIM AMOUNT = 103,528.20

# SERVICES = 146