

REPORT DATE 07/31/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252679	1	T1020		07/20/13	07/20/13	11.00	185.57
252679	2	T1020		07/22/13	07/22/13	6.00	101.22
252679	3	T1020		07/23/13	07/23/13	6.00	101.22
CLAIM TOTAL							388.01
CLAIM ACCOUNT REF.							2526790012008267SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252680	1	T1020		07/24/13	07/24/13	6.00	101.22
252680	2	T1020		07/25/13	07/25/13	6.00	101.22
252680	3	T1020		07/26/13	07/26/13	6.00	101.22
CLAIM TOTAL							303.66
CLAIM ACCOUNT REF.							2526800012008267SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008268    2008268    PANOS, DESPINA D                      05/11/1950    641269987                      111800517  
DIAGNOSIS CODES:    340.            345.90        401.9        493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252676	1	T1020		07/15/13	07/15/13	9.00	151.83
252676	2	T1020		07/16/13	07/16/13	9.00	151.83
252676	3	T1020		07/17/13	07/17/13	9.00	151.83
252676	4	T1020		07/18/13	07/18/13	9.00	151.83
252676	5	T1020		07/19/13	07/19/13	9.00	151.83
252676	6	T1020		07/20/13	07/20/13	9.00	151.83
252676	7	T1020		07/21/13	07/21/13	9.00	151.83
252676	8	T1020		07/22/13	07/22/13	9.00	151.83
252676	9	T1020		07/23/13	07/23/13	9.00	151.83
252676	10	T1020		07/24/13	07/24/13	9.00	151.83
252676	11	T1020		07/25/13	07/25/13	9.00	151.83
252676	12	T1020		07/26/13	07/26/13	9.00	151.83
CLAIM TOTAL							1,821.96
CLAIM ACCOUNT REF.							2526760012008268SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252672	1	T1020		07/20/13	07/20/13	7.00	118.09
252672	2	T1020		07/21/13	07/21/13	7.00	118.09
252672	3	T1020		07/22/13	07/22/13	7.00	118.09
252672	4	T1020		07/23/13	07/23/13	7.00	118.09
252672	5	T1020		07/24/13	07/24/13	7.00	118.09
252672	6	T1020		07/25/13	07/25/13	7.00	118.09
252672	7	T1020		07/26/13	07/26/13	7.00	118.09
CLAIM TOTAL							826.63
CLAIM ACCOUNT REF.							2526720012008386SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252678	1	T1020		07/23/13	07/23/13	8.00	134.96
252678	2	T1020		07/24/13	07/24/13	9.00	151.83
252678	3	T1020		07/25/13	07/25/13	5.00	84.35
252678	4	T1020		07/26/13	07/26/13	8.00	134.96
CLAIM TOTAL							506.10
CLAIM ACCOUNT REF.							2526780012008400SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008376    2010712    LITMAN, GAIL                      10/23/1952    74146355500                      130631283  
DIAGNOSIS CODES:    401.9        780.2        V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252674	1	T1020		06/25/13	06/25/13	2.00	33.74
252674	2	T1020		07/20/13	07/20/13	4.00	67.48
252674	3	T1020		07/23/13	07/23/13	5.00	84.35
252674	4	T1020		07/24/13	07/24/13	5.00	84.35
252674	5	T1020		07/25/13	07/25/13	5.00	84.35
252674	6	T1020		07/26/13	07/26/13	4.00	67.48
CLAIM TOTAL							421.75
CLAIM ACCOUNT REF.							2526740012010712SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2010777    2013021    ORTIZ, EDUARDO                      03/20/1938    74192987700                      130932078  
DIAGNOSIS CODES:    715.00        250.00        253.5        733.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252675	1	T1020		07/22/13	07/22/13	7.00	118.09

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252675	2	T1020		07/23/13	07/23/13	7.00	118.09	
252675	3	T1020		07/24/13	07/24/13	7.00	118.09	
252675	4	T1020		07/25/13	07/25/13	7.00	118.09	
252675	5	T1020		07/26/13	07/26/13	7.00	118.09	
					CLAIM TOTAL		590.45	CLAIM ACCOUNT REF. 2526750012013021SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013080	2013080	SALABERRY, ANA	07/26/1920	74237467100	130780781
DIAGNOSIS CODES: 401.9        427.89        536.9        780.93							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252677	1	T1020		06/20/13	06/20/13	12.00	202.44	
252677	2	T1020		07/20/13	07/20/13	12.00	202.44	
252677	3	T1020		07/21/13	07/21/13	12.00	202.44	
252677	4	T1020		07/22/13	07/22/13	12.00	202.44	
252677	5	T1020		07/23/13	07/23/13	12.00	202.44	
252677	6	T1020		07/24/13	07/24/13	12.00	202.44	
252677	7	T1020		07/25/13	07/25/13	12.00	202.44	
252677	8	T1020		07/26/13	07/26/13	12.00	202.44	
					CLAIM TOTAL		1,619.52	CLAIM ACCOUNT REF. 2526770012013080SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012726	2013422	GARCIA, CLEMENTE	11/22/1928	74237634600	130731588
DIAGNOSIS CODES: 331.0							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252673	1	T1020		07/20/13	07/20/13	12.00	202.44	
252673	2	T1020		07/21/13	07/21/13	12.00	202.44	
252673	3	T1020		07/22/13	07/22/13	12.00	202.44	
252673	4	T1020		07/23/13	07/23/13	24.00	404.88	
252673	5	T1020		07/24/13	07/24/13	12.00	202.44	
252673	6	T1020		07/25/13	07/25/13	12.00	202.44	
252673	7	T1020		07/26/13	07/26/13	12.00	202.44	
					CLAIM TOTAL		1,619.52	CLAIM ACCOUNT REF. 2526730012013422SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	55	TOTAL CLAIM AMOUNT =	8,097.60
		# SERVICES =	8		

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252703	1	T1019		07/20/13	07/20/13	4.00	68.60
252703	2	T1019		07/21/13	07/21/13	4.00	68.60
252703	3	T1019		07/22/13	07/22/13	12.00	205.80
252703	4	T1019		07/23/13	07/23/13	12.00	205.80
252703	5	T1019		07/24/13	07/24/13	12.00	205.80
252703	6	T1019		07/25/13	07/25/13	12.00	205.80
252703	7	T1019		07/26/13	07/26/13	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2527030012008233SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008236 2008236 PERSAD, USHA 07/05/1955 TS79090G 0105221390339  
DIAGNOSIS CODES: 250.10 272.0 401.9 225.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252709	1	T1019		07/20/13	07/20/13	8.00	137.20
252709	2	T1019		07/21/13	07/21/13	8.00	137.20
252709	3	T1019		07/22/13	07/22/13	11.00	188.65
252709	4	T1019		07/23/13	07/23/13	11.00	188.65
252709	5	T1019		07/24/13	07/24/13	11.00	188.65
252709	6	T1019		07/25/13	07/25/13	11.00	188.65
252709	7	T1019		07/26/13	07/26/13	11.00	188.65
CLAIM TOTAL						1,217.65	CLAIM ACCOUNT REF. 2527090012008236SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008385 2008385 MURDOCK, GERTRUDE 11/01/1917 SS71357M 0112031290138  
DIAGNOSIS CODES: 536.9 365.9 369.10 389.9 401.9 715.90 733.00 V15.88

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252707	1	T1019		07/03/13	07/03/13	10.00	171.50
252707	2	T1019		07/22/13	07/22/13	10.00	171.50
252707	3	T1019		07/23/13	07/23/13	10.00	171.50
252707	4	T1019		07/24/13	07/24/13	10.00	171.50
252707	5	T1019		07/25/13	07/25/13	9.00	154.35
252707	6	T1019		07/26/13	07/26/13	9.00	154.35
CLAIM TOTAL						994.70	CLAIM ACCOUNT REF. 2527070012008385SUP

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

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008418    2008418    RYALS, CHARLES                      11/03/1950    ZZ49620T                      0104191390258  
DIAGNOSIS CODES:    401.9        250.00    272.0        278.00    295.00    311.                      780.57

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252710	1	T1019		07/22/13	07/22/13	7.00	120.05
252710	2	T1019		07/23/13	07/23/13	8.00	137.20
252710	3	T1019		07/24/13	07/24/13	8.00	137.20
252710	4	T1019		07/26/13	07/26/13	8.00	137.20
CLAIM TOTAL							531.65
CLAIM ACCOUNT REF.							2527100012008418SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008743    2008743    CORDERO, ROSENDO                      08/26/1926    QM62108S                      0101231390317  
DIAGNOSIS CODES:    492.0        272.0        401.9        715.00    788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252704	1	T1019		07/20/13	07/20/13	10.00	171.50
252704	2	T1019		07/21/13	07/21/13	10.00	171.50
252704	3	T1019		07/22/13	07/22/13	10.00	171.50
252704	4	T1019		07/23/13	07/23/13	10.00	171.50
252704	5	T1019		07/24/13	07/24/13	10.00	171.50
CLAIM TOTAL							857.50
CLAIM ACCOUNT REF.							2527040012008743SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2009377    2009377    SANTORO, MATTHEW                      08/20/1949    SP38021Q                      0102071390382  
DIAGNOSIS CODES:    299.01        453.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252711	1	T1019		07/06/13	07/06/13	5.00	85.75
252711	2	T1019		07/07/13	07/07/13	5.00	85.75
252711	3	T1019		07/13/13	07/13/13	5.00	85.75
252711	4	T1019		07/14/13	07/14/13	5.00	85.75
252711	5	T1019		07/22/13	07/22/13	5.00	85.75
252711	6	T1019		07/23/13	07/23/13	5.00	85.75
252711	7	T1019		07/24/13	07/24/13	5.00	85.75
252711	8	T1019		07/25/13	07/25/13	5.00	85.75
252711	9	T1019		07/26/13	07/26/13	5.00	85.75
CLAIM TOTAL							771.75
CLAIM ACCOUNT REF.							2527110012009377SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252708	1	T1019		07/22/13	07/22/13	3.00	51.45
252708	2	T1019		07/24/13	07/24/13	3.00	51.45
252708	3	T1019		07/25/13	07/25/13	3.00	51.45
CLAIM TOTAL							154.35
CLAIM ACCOUNT REF.							2527080012010886SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011286 2011286 DOBBINS, SANDRA 02/05/1953 ZA50099X 0105141390497  
DIAGNOSIS CODES: 295.90 369.10 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252705	1	T1019		07/20/13	07/20/13	24.00	411.60
252705	2	T1019		07/21/13	07/21/13	24.00	411.60
252705	3	T1019		07/22/13	07/22/13	24.00	411.60
252705	4	T1019		07/23/13	07/23/13	24.00	411.60
252705	5	T1019		07/24/13	07/24/13	24.00	411.60
252705	6	T1019		07/25/13	07/25/13	24.00	411.60
252705	7	T1019		07/26/13	07/26/13	24.00	411.60
CLAIM TOTAL							2,881.20
CLAIM ACCOUNT REF.							2527050012011286SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008280 2013071 SHUMON, NUK-FNU 01/21/1981 QQ82218A 0103151390266  
DIAGNOSIS CODES: 952.9 344.1 564.00 599.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252712	1	T1019		07/20/13	07/20/13	4.00	68.60
252712	2	T1019		07/21/13	07/21/13	4.00	68.60
252712	3	T1019		07/22/13	07/22/13	4.00	68.60
252712	4	T1019		07/23/13	07/23/13	4.00	68.60
252712	5	T1019		07/24/13	07/24/13	4.00	68.60
252712	6	T1019		07/25/13	07/25/13	4.00	68.60
252712	7	T1019		07/26/13	07/26/13	4.00	68.60
CLAIM TOTAL							480.20
CLAIM ACCOUNT REF.							2527120012013071SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013185 2013185 GOMEZ, LUZ 02/18/1942 523000131 0106061390004  
DIAGNOSIS CODES: 295.90 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252706	1	T1019		07/20/13	07/20/13	8.00	137.20

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NPI = 1154407492

CLAIM ACCOUNT REF. 2527060012013185SUP

PRIOR AUTHORIZATION #  
0106281390150

CLAIM ACCOUNT REF. 2527130012013663SUP

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	68	TOTAL CLAIM AMOUNT =	10,530.10
		# SERVICES =	11		

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008286 2008286 RAMIREZ, ALIDA A 12/10/1950 ZN85118U 111771985  
DIAGNOSIS CODES: 250.00 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252744	1	T1019		07/20/13	07/20/13	36.00	154.80
252744	2	T1019		07/21/13	07/21/13	36.00	154.80
252744	3	T1019		07/22/13	07/22/13	36.00	154.80
252744	4	T1019		07/23/13	07/23/13	36.00	154.80
252744	5	T1019		07/24/13	07/24/13	36.00	154.80
252744	6	T1019		07/25/13	07/25/13	36.00	154.80
252744	7	T1019		07/26/13	07/26/13	36.00	154.80
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2527440012008286SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008495 2008495 MARTINEZ, MARIA 09/05/1952 ZV42745Q 110885355  
DIAGNOSIS CODES: 250.00 244.8 295.90 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252729	1	T1019		07/20/13	07/20/13	24.00	103.20
252729	2	T1019		07/21/13	07/21/13	24.00	103.20
252729	3	T1019		07/22/13	07/22/13	24.00	103.20
252729	4	T1019		07/23/13	07/23/13	24.00	103.20
252729	5	T1019		07/24/13	07/24/13	24.00	103.20
252729	6	T1019		07/25/13	07/25/13	24.00	103.20
252729	7	T1019		07/26/13	07/26/13	24.00	103.20
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2527290012008495SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012101 2012101 BATILO, MARTA 02/23/1917 708125 111757464  
DIAGNOSIS CODES: 715.00 272.2 285.29 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252715	1	T1019		07/20/13	07/20/13	28.00	120.40
252715	2	T1019		07/21/13	07/21/13	28.00	120.40
252715	3	T1019		07/22/13	07/22/13	28.00	120.40
252715	4	T1019		07/23/13	07/23/13	28.00	120.40
252715	5	T1019		07/25/13	07/25/13	28.00	120.40
252715	6	T1019		07/26/13	07/26/13	28.00	120.40
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2527150012012101SUP



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PAYER        ID = 14163                      WELLCARE OF NY

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID        PRIOR AUTHORIZATION #  
NY    001    2012102    2012102    BISRAM, ROOPKALIA        01/03/1938        708029                111645476  
DIAGNOSIS CODES:    401.9        272.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252716	1	T1019		07/23/13	07/23/13	16.00	68.80
252716	2	T1019		07/24/13	07/24/13	16.00	68.80
252716	3	T1019		07/25/13	07/25/13	16.00	68.80
252716	4	T1019		07/26/13	07/26/13	16.00	68.80
CLAIM TOTAL						275.20	CLAIM ACCOUNT REF.    2527160012012102SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID        PRIOR AUTHORIZATION #  
NY    001    2012104    2012104    CEBALLOS, FRANCISCA        11/10/1931        744474                111954642  
DIAGNOSIS CODES:    331.0        093.9        253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252717	1	T1019		07/22/13	07/22/13	40.00	172.00
252717	2	T1019		07/23/13	07/23/13	40.00	172.00
252717	3	T1019		07/24/13	07/24/13	40.00	172.00
252717	4	T1019		07/25/13	07/25/13	40.00	172.00
252717	5	T1019		07/26/13	07/26/13	40.00	172.00
CLAIM TOTAL						860.00	CLAIM ACCOUNT REF.    2527170012012104SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID        PRIOR AUTHORIZATION #  
NY    001    2012107    2012107    CRUZ, LUIS                      06/10/1952        706307                111992323  
DIAGNOSIS CODES:    250.93        414.3        428.0        491.21

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252719	1	T1019		07/20/13	07/20/13	48.00	206.40
252719	2	T1019		07/21/13	07/21/13	48.00	206.40
252719	3	T1019		07/22/13	07/22/13	48.00	206.40
252719	4	T1019		07/23/13	07/23/13	48.00	206.40
252719	5	T1019		07/24/13	07/24/13	48.00	206.40
252719	6	T1019		07/25/13	07/25/13	48.00	206.40
252719	7	T1019		07/26/13	07/26/13	48.00	206.40
CLAIM TOTAL						1,444.80	CLAIM ACCOUNT REF.    2527190012012107SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID        PRIOR AUTHORIZATION #  
NY    001    2012108    2012108    GODINOT, CARMEN            07/16/1939        695752                111993137  
DIAGNOSIS CODES:    369.3        250.00        401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252721	1	T1019		07/22/13	07/22/13	24.00	103.20
252721	2	T1019		07/23/13	07/23/13	24.00	103.20

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252721	3	T1019		07/24/13	07/24/13	24.00	103.20	
252721	4	T1019		07/26/13	07/26/13	24.00	103.20	
						CLAIM TOTAL	412.80	CLAIM ACCOUNT REF. 2527210012012108SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012110	2012110	GOMEZ, RANNIE	09/11/1917	698802	111644524
DIAGNOSIS	CODES:	401.9	272.2	365.9	428.0	733.00	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252722	1	T1019		07/22/13	07/22/13	28.00	120.40	
252722	2	T1019		07/23/13	07/23/13	28.00	120.40	
252722	3	T1019		07/24/13	07/24/13	28.00	120.40	
252722	4	T1019		07/25/13	07/25/13	28.00	120.40	
252722	5	T1019		07/26/13	07/26/13	28.00	120.40	
						CLAIM TOTAL	602.00	CLAIM ACCOUNT REF. 2527220012012110SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012116	2012116	GUERRERO, MARIA	07/09/1914	693949	111669840
DIAGNOSIS	CODES:	355.71	250.90				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252723	1	T1019		07/13/13	07/13/13	32.00	137.60	
252723	2	T1019		07/20/13	07/20/13	32.00	137.60	
252723	3	T1019		07/21/13	07/21/13	32.00	137.60	
252723	4	T1019		07/22/13	07/22/13	32.00	137.60	
252723	5	T1019		07/23/13	07/23/13	32.00	137.60	
252723	6	T1019		07/24/13	07/24/13	32.00	137.60	
252723	7	T1019		07/25/13	07/25/13	32.00	137.60	
252723	8	T1019		07/26/13	07/26/13	32.00	137.60	
						CLAIM TOTAL	1,100.80	CLAIM ACCOUNT REF. 2527230012012116SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012117	2012117	HAYNES, LAMONT	08/22/1920	695748	111817638
DIAGNOSIS	CODES:	428.0	250.00	401.9	600.91		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252724	1	T1019		07/20/13	07/20/13	20.00	86.00	
252724	2	T1019		07/21/13	07/21/13	20.00	86.00	
252724	3	T1019		07/22/13	07/22/13	16.00	68.80	
252724	4	T1019		07/23/13	07/23/13	16.00	68.80	
252724	5	T1019		07/24/13	07/24/13	16.00	68.80	
252724	6	T1019		07/25/13	07/25/13	16.00	68.80	
252724	7	T1019		07/26/13	07/26/13	16.00	68.80	

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PAYER ID = 14163                      WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	516.00	2527240012012117SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012120	2012120	LOPEZ, ISABEL	12/24/1942	740574	111906404
DIAGNOSIS CODES: 715.90 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
252726	1	T1019		07/16/13	07/16/13	28.00	120.40	
252726	2	T1019		07/22/13	07/22/13	28.00	120.40	
252726	3	T1019		07/23/13	07/23/13	28.00	120.40	
252726	4	T1019		07/24/13	07/24/13	28.00	120.40	
252726	5	T1019		07/25/13	07/25/13	28.00	120.40	
252726	6	T1019		07/26/13	07/26/13	28.00	120.40	
						CLAIM TOTAL	722.40	2527260012012120SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012121	2012121	MOHAMED, DENISE	06/14/1959	691722	111786776
DIAGNOSIS CODES: 715.98							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
252731	1	T1019		07/20/13	07/20/13	32.00	137.60	
252731	2	T1019		07/21/13	07/21/13	32.00	137.60	
252731	3	T1019		07/22/13	07/22/13	32.00	137.60	
252731	4	T1019		07/23/13	07/23/13	32.00	137.60	
252731	5	T1019		07/24/13	07/24/13	32.00	137.60	
252731	6	T1019		07/25/13	07/25/13	32.00	137.60	
252731	7	T1019		07/26/13	07/26/13	32.00	137.60	
						CLAIM TOTAL	963.20	2527310012012121SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012122	2012122	MORALES, FRANCISCO	12/03/1935	744366	111934024
DIAGNOSIS CODES: 250.00 272.4 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
252732	1	T1019		07/15/13	07/15/13	20.00	86.00	
252732	2	T1019		07/20/13	07/20/13	20.00	86.00	
252732	3	T1019		07/21/13	07/21/13	20.00	86.00	
252732	4	T1019		07/22/13	07/22/13	20.00	86.00	
252732	5	T1019		07/23/13	07/23/13	20.00	86.00	
252732	6	T1019		07/24/13	07/24/13	20.00	86.00	
252732	7	T1019		07/25/13	07/25/13	20.00	86.00	
252732	8	T1019		07/26/13	07/26/13	20.00	86.00	
						CLAIM TOTAL	688.00	2527320012012122SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012130 2012130 NAVARRO, ANTONIA 07/23/1945 710368 111896928  
DIAGNOSIS CODES: 493.92 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252734	1	T1019		07/06/13	07/06/13	20.00	86.00
252734	2	T1019		07/22/13	07/22/13	28.00	120.40
252734	3	T1019		07/23/13	07/23/13	28.00	120.40
252734	4	T1019		07/24/13	07/24/13	28.00	120.40
252734	5	T1019		07/25/13	07/25/13	28.00	120.40
252734	6	T1019		07/26/13	07/26/13	28.00	120.40
CLAIM TOTAL							688.00
CLAIM ACCOUNT REF.							2527340012012130SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012131 2012131 ORTIZ, JOSE 04/19/1925 691721 111894848  
DIAGNOSIS CODES: 250.00 401.9 414.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252737	1	T1019		07/22/13	07/22/13	16.00	68.80
252737	2	T1019		07/24/13	07/24/13	16.00	68.80
CLAIM TOTAL							137.60
CLAIM ACCOUNT REF.							2527370012012131SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012132 2012132 ORTIZ, DOLORES 06/30/1927 744365 111992982  
DIAGNOSIS CODES: 719.7 272.4 401.9 750.7

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252735	1	T1019		07/15/13	07/15/13	32.00	137.60
252735	2	T1019		07/20/13	07/20/13	20.00	86.00
252735	3	T1019		07/21/13	07/21/13	20.00	86.00
CLAIM TOTAL							309.60
CLAIM ACCOUNT REF.							2527350012012132SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012134 2012134 SERRANO, CARMEN 09/14/1948 695740 112022986  
DIAGNOSIS CODES: 093.89 253.5 311. 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252750	1	T1019		07/22/13	07/22/13	20.00	86.00
252750	2	T1019		07/23/13	07/23/13	28.00	120.40
252750	3	T1019		07/24/13	07/24/13	28.00	120.40
252750	4	T1019		07/25/13	07/25/13	28.00	120.40
252750	5	T1019		07/26/13	07/26/13	28.00	120.40
CLAIM TOTAL							567.60
CLAIM ACCOUNT REF.							2527500012012134SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012137 2012137 VAZQUEZ 1, ROSA 08/08/1934 695667 111807022  
DIAGNOSIS CODES: 715.90 244.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252753	1	T1019		07/23/13	07/23/13	32.00	137.60
252753	2	T1019		07/24/13	07/24/13	32.00	137.60
252753	3	T1019		07/26/13	07/26/13	32.00	137.60
CLAIM TOTAL							412.80
CLAIM ACCOUNT REF.							2527530012012137SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012138 2012138 VENTURA, CLARA 09/17/1951 720456 111733742  
DIAGNOSIS CODES: 253.5 401.9 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252754	1	T1019		07/22/13	07/22/13	16.00	68.80
252754	2	T1019		07/23/13	07/23/13	16.00	68.80
252754	3	T1019		07/24/13	07/24/13	12.00	51.60
252754	4	T1019		07/25/13	07/25/13	16.00	68.80
252754	5	T1019		07/26/13	07/26/13	16.00	68.80
CLAIM TOTAL							326.80
CLAIM ACCOUNT REF.							2527540012012138SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012140 2012140 PATRICK, IMAGENE 03/27/1930 737028 111941421  
DIAGNOSIS CODES: 294.10 153.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252738	1	T1019		07/20/13	07/20/13	32.00	137.60
252738	2	T1019		07/22/13	07/22/13	32.00	137.60
CLAIM TOTAL							275.20
CLAIM ACCOUNT REF.							2527380012012140SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012140 2012140 PATRICK, IMAGENE 03/27/1930 737028 112036835  
DIAGNOSIS CODES: 294.10 153.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252739	1	T1019		07/23/13	07/23/13	32.00	137.60
252739	2	T1019		07/24/13	07/24/13	32.00	137.60
252739	3	T1019		07/25/13	07/25/13	32.00	137.60
252739	4	T1019		07/26/13	07/26/13	32.00	137.60
CLAIM TOTAL							550.40
CLAIM ACCOUNT REF.							2527390012012140SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012141 2012141 SANTOS MARQUEZ, MARIA 07/16/1961 688801 111660656  
DIAGNOSIS CODES: 958.8 599.70 692.9 795.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252749	1	T1019		07/22/13	07/22/13	16.00	68.80
252749	2	T1019		07/24/13	07/24/13	16.00	68.80
252749	3	T1019		07/26/13	07/26/13	16.00	68.80
CLAIM TOTAL							206.40
CLAIM ACCOUNT REF.							2527490012012141SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012142 2012142 MEDINA, MARTHA 01/11/1944 697570 111896672  
DIAGNOSIS CODES: 135. 250.00 426.4 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252730	1	T1019		07/20/13	07/20/13	12.00	51.60
252730	2	T1019		07/22/13	07/22/13	12.00	51.60
252730	3	T1019		07/23/13	07/23/13	12.00	51.60
252730	4	T1019		07/24/13	07/24/13	12.00	51.60
252730	5	T1019		07/25/13	07/25/13	12.00	51.60
252730	6	T1019		07/26/13	07/26/13	12.00	51.60
CLAIM TOTAL							309.60
CLAIM ACCOUNT REF.							2527300012012142SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012143 2012143 MURPHY, RUBY 04/13/1955 698832 111684344  
DIAGNOSIS CODES: 585.3 311. 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252733	1	T1019		07/22/13	07/22/13	16.00	68.80
252733	2	T1019		07/23/13	07/23/13	16.00	68.80
252733	3	T1019		07/25/13	07/25/13	16.00	68.80
252733	4	T1019		07/26/13	07/26/13	16.00	68.80
CLAIM TOTAL							275.20
CLAIM ACCOUNT REF.							2527330012012143SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012144 2012144 PEREZ, JULIO 01/27/1936 709538 111942930  
DIAGNOSIS CODES: 715.90 244.9 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252742	1	T1019		07/22/13	07/22/13	20.00	86.00
252742	2	T1019		07/24/13	07/24/13	20.00	86.00
252742	3	T1019		07/26/13	07/26/13	20.00	86.00
CLAIM TOTAL							258.00
CLAIM ACCOUNT REF.							2527420012012144SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012145 2012145 PERALTA RODRIGO, JOSE 03/13/1942 715488 111867165  
DIAGNOSIS CODES: 715.90 272.0 274.9 278.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252740	1	T1019		07/22/13	07/22/13	16.00	68.80
252740	2	T1019		07/23/13	07/23/13	16.00	68.80
252740	3	T1019		07/24/13	07/24/13	16.00	68.80
252740	4	T1019		07/25/13	07/25/13	16.00	68.80
252740	5	T1019		07/26/13	07/26/13	16.00	68.80
CLAIM TOTAL							344.00

CLAIM ACCOUNT REF. 2527400012012145SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012146 2012146 PERALTA, INEZ 08/18/1942 715489 111886580  
DIAGNOSIS CODES: 250.00 272.4 278.00 401.9 244.9 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252741	1	T1019		07/22/13	07/22/13	16.00	68.80
252741	2	T1019		07/23/13	07/23/13	16.00	68.80
252741	3	T1019		07/24/13	07/24/13	16.00	68.80
252741	4	T1019		07/25/13	07/25/13	16.00	68.80
252741	5	T1019		07/26/13	07/26/13	16.00	68.80
CLAIM TOTAL							344.00

CLAIM ACCOUNT REF. 2527410012012146SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012149 2012149 REGLA, MARIA F 11/21/1933 691499 111829761  
DIAGNOSIS CODES: 250.00 715.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252745	1	T1019		07/22/13	07/22/13	32.00	137.60
252745	2	T1019		07/23/13	07/23/13	32.00	137.60
252745	3	T1019		07/24/13	07/24/13	32.00	137.60
252745	4	T1019		07/25/13	07/25/13	32.00	137.60
252745	5	T1019		07/26/13	07/26/13	32.00	137.60
CLAIM TOTAL							688.00

CLAIM ACCOUNT REF. 2527450012012149SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012155 2012155 SANCHEZ, BETANIA 05/10/1956 706048 111688299  
DIAGNOSIS CODES: 555.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252748	1	T1019		07/20/13	07/20/13	20.00	86.00
252748	2	T1019		07/21/13	07/21/13	20.00	86.00
252748	3	T1019		07/22/13	07/22/13	20.00	86.00

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
							258.00		2527480012012155SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012158	2012158	LOPEZ, MANUEL	02/25/1926	741094	111891649
DIAGNOSIS CODES: 401.9      272.4      429.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
252727	1	T1019		07/20/13	07/20/13	48.00	206.40		
252727	2	T1019		07/21/13	07/21/13	48.00	206.40		
252727	3	T1019		07/22/13	07/22/13	48.00	206.40		
252727	4	T1019		07/23/13	07/23/13	48.00	206.40		
252727	5	T1019		07/24/13	07/24/13	48.00	206.40		
252727	6	T1019		07/25/13	07/25/13	48.00	206.40		
252727	7	T1019		07/26/13	07/26/13	48.00	206.40		
								1,444.80	2527270012012158SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012161	2012161	ALONSO, ANA	03/02/1943	739934	111910597
DIAGNOSIS CODES: 733.09      253.5      272.4							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
252714	1	T1019		07/13/13	07/13/13	20.00	86.00		
252714	2	T1019		07/20/13	07/20/13	20.00	86.00		
252714	3	T1019		07/21/13	07/21/13	20.00	86.00		
252714	4	T1019		07/22/13	07/22/13	20.00	86.00		
252714	5	T1019		07/23/13	07/23/13	20.00	86.00		
252714	6	T1019		07/24/13	07/24/13	20.00	86.00		
252714	7	T1019		07/25/13	07/25/13	20.00	86.00		
252714	8	T1019		07/26/13	07/26/13	20.00	86.00		
								688.00	2527140012012161SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012261	2012261	SILVEIRA, BERTA	06/23/1938	753060	111981021
DIAGNOSIS CODES: 786.05							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252751	1	T1019		07/16/13	07/16/13	24.00	103.20
252751	2	T1019		07/20/13	07/20/13	24.00	103.20
252751	3	T1019		07/21/13	07/21/13	24.00	103.20
252751	4	T1019		07/22/13	07/22/13	24.00	103.20
252751	5	T1019		07/23/13	07/23/13	24.00	103.20
252751	6	T1019		07/24/13	07/24/13	24.00	103.20
252751	7	T1019		07/25/13	07/25/13	24.00	103.20



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PAYER ID = 14163                      WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252751	8	T1019		07/26/13	07/26/13	24.00	103.20	
					CLAIM TOTAL		825.60	CLAIM ACCOUNT REF. 2527510012012261SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012136	2012266	SOTO, RAFAEL B	03/08/1937	700573	111779429
DIAGNOSIS	CODES:	715.09	250.00	272.2	401.9	428.0	530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252752	1	T1019		07/20/13	07/20/13	36.00	154.80	
252752	2	T1019		07/21/13	07/21/13	32.00	137.60	
252752	3	T1019		07/22/13	07/22/13	36.00	154.80	
252752	4	T1019		07/23/13	07/23/13	36.00	154.80	
252752	5	T1019		07/24/13	07/24/13	36.00	154.80	
252752	6	T1019		07/25/13	07/25/13	36.00	154.80	
252752	7	T1019		07/26/13	07/26/13	36.00	154.80	
					CLAIM TOTAL		1,066.40	CLAIM ACCOUNT REF. 2527520012012266SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012719	2012719	SANCHEZ FLORES, ADELA	11/03/1944	761166	111909448
DIAGNOSIS	CODES:	401.9	300.00				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252747	1	T1019		07/22/13	07/22/13	16.00	68.80	
252747	2	T1019		07/24/13	07/24/13	16.00	68.80	
252747	3	T1019		07/26/13	07/26/13	16.00	68.80	
					CLAIM TOTAL		206.40	CLAIM ACCOUNT REF. 2527470012012719SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012159	2012948	LOPEZ, VITALIA	08/01/1922	691723	111822973
DIAGNOSIS	CODES:	331.0	253.5	272.4	401.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252728	1	T1019		07/20/13	07/20/13	48.00	206.40	
252728	2	T1019		07/21/13	07/21/13	48.00	206.40	
252728	3	T1019		07/22/13	07/22/13	48.00	206.40	
252728	4	T1019		07/23/13	07/23/13	48.00	206.40	
252728	5	T1019		07/24/13	07/24/13	48.00	206.40	
252728	6	T1019		07/25/13	07/25/13	48.00	206.40	
252728	7	T1019		07/26/13	07/26/13	48.00	206.40	
					CLAIM TOTAL		1,444.80	CLAIM ACCOUNT REF. 2527280012012948SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012952 2012952 FRANCISCO, BRIGIDA 08/20/1957 761853 111640168  
DIAGNOSIS CODES: 714.0 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252720	1	T1019		07/20/13	07/20/13	20.00	86.00
252720	2	T1019		07/21/13	07/21/13	20.00	86.00
252720	3	T1019		07/22/13	07/22/13	20.00	86.00
252720	4	T1019		07/23/13	07/23/13	20.00	86.00
252720	5	T1019		07/24/13	07/24/13	20.00	86.00
252720	6	T1019		07/25/13	07/25/13	20.00	86.00
252720	7	T1019		07/26/13	07/26/13	20.00	86.00
CLAIM TOTAL						602.00	CLAIM ACCOUNT REF. 2527200012012952SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012953 2012953 CHOUDHURY, MEHER A 08/16/1974 762773 111694030  
DIAGNOSIS CODES: 344.00 493.90 742.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252718	1	T1019		07/20/13	07/20/13	48.00	206.40
252718	2	T1019		07/21/13	07/21/13	48.00	206.40
252718	3	T1019		07/22/13	07/22/13	48.00	206.40
252718	4	T1019		07/23/13	07/23/13	48.00	206.40
252718	5	T1019		07/24/13	07/24/13	48.00	206.40
252718	6	T1019		07/25/13	07/25/13	48.00	206.40
252718	7	T1019		07/26/13	07/26/13	48.00	206.40
CLAIM TOTAL						1,444.80	CLAIM ACCOUNT REF. 2527180012012953SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 1031950 2012979 HUDGINS, LOUZETTA 05/18/1944 761959 111697308  
DIAGNOSIS CODES: 401.9 250.00 278.00 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252725	1	T1019		07/22/13	07/22/13	20.00	86.00
252725	2	T1019		07/23/13	07/23/13	20.00	86.00
252725	3	T1019		07/24/13	07/24/13	20.00	86.00
252725	4	T1019		07/25/13	07/25/13	20.00	86.00
CLAIM TOTAL						344.00	CLAIM ACCOUNT REF. 2527250012012979SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012984 2012984 YOUNG, MARY 11/04/1926 762776 111711486  
DIAGNOSIS CODES: 342.82 244.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252755	1	T1019		07/20/13	07/20/13	32.00	137.60
252755	2	T1019		07/21/13	07/21/13	32.00	137.60
252755	3	T1019		07/22/13	07/22/13	32.00	137.60
252755	4	T1019		07/23/13	07/23/13	32.00	137.60
252755	5	T1019		07/24/13	07/24/13	32.00	137.60
252755	6	T1019		07/25/13	07/25/13	32.00	137.60
252755	7	T1019		07/26/13	07/26/13	32.00	137.60
CLAIM TOTAL							963.20
CLAIM ACCOUNT REF.							2527550012012984SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012152 2013395 REYES, TERESA 03/18/1941 697840 111904006  
DIAGNOSIS CODES: 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252746	1	T1019		07/07/13	07/07/13	32.00	137.60
252746	2	T1019		07/20/13	07/20/13	32.00	137.60
252746	3	T1019		07/21/13	07/21/13	32.00	137.60
252746	4	T1019		07/23/13	07/23/13	32.00	137.60
252746	5	T1019		07/24/13	07/24/13	32.00	137.60
252746	6	T1019		07/25/13	07/25/13	32.00	137.60
252746	7	T1019		07/26/13	07/26/13	32.00	137.60
CLAIM TOTAL							963.20
CLAIM ACCOUNT REF.							2527460012013395SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013679 2013679 PRISCO, FILOMENA 09/15/1921 769526 111988449  
DIAGNOSIS CODES: 728.87 250.00 477.9 493.90 782.3 276.8

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252743	1	T1019		07/20/13	07/20/13	16.00	68.80
252743	2	T1019		07/21/13	07/21/13	16.00	68.80
252743	3	T1019		07/22/13	07/22/13	16.00	68.80
252743	4	T1019		07/23/13	07/23/13	16.00	68.80
252743	5	T1019		07/24/13	07/24/13	16.00	68.80
252743	6	T1019		07/25/13	07/25/13	16.00	68.80
252743	7	T1019		07/26/13	07/26/13	16.00	68.80
CLAIM TOTAL							481.60
CLAIM ACCOUNT REF.							2527430012013679SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012132 2013723 ORTIZ, DOLORES 06/30/1927 744365 112016374  
DIAGNOSIS CODES: 719.7 272.4 401.9 750.7

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252736	1	T1020		07/22/13	07/22/13	1.00	206.64	
252736	2	T1020		07/23/13	07/23/13	1.00	206.64	
252736	3	T1020		07/24/13	07/24/13	1.00	206.64	
252736	4	T1020		07/25/13	07/25/13	1.00	206.64	
252736	5	T1020		07/26/13	07/26/13	1.00	206.64	
CLAIM TOTAL						1,033.20	CLAIM ACCOUNT REF.	2527360012013723SUP

PAYER TOTALS: WELLCARE OF NY                      # OF CLAIMS = 229    TOTAL CLAIM AMOUNT = 27,572.80  
# SERVICES = 41

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

NPI = 1154407492

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008276 2008491 LOYOLA, MARIA 06/11/1981 JZR32498A01 0005044162  
DIAGNOSIS CODES: 952.9 806.8 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252700	1	T1019	0580	07/22/13	07/22/13	40.00	168.80
252700	2	T1019	0580	07/23/13	07/23/13	40.00	168.80
252700	3	T1019	0580	07/24/13	07/24/13	40.00	168.80
252700	4	T1019	0580	07/25/13	07/25/13	40.00	168.80
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2527000012008491SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252702	1	T1019	0580	07/22/13	07/22/13	16.00	67.52
252702	2	T1019	0580	07/23/13	07/23/13	16.00	67.52
252702	3	T1019	0580	07/24/13	07/24/13	16.00	67.52
252702	4	T1019	0580	07/25/13	07/25/13	16.00	67.52
252702	5	T1019	0580	07/26/13	07/26/13	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2527020012008513SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252695	1	T1019	0580	07/23/13	07/23/13	16.00	67.52
252695	2	T1019	0580	07/25/13	07/25/13	16.00	67.52
252695	3	T1019	0580	07/26/13	07/26/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2526950012008723SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252687	1	T1019	0580	07/20/13	07/20/13	48.00	202.56
252687	2	T1019	0580	07/21/13	07/21/13	48.00	202.56
252687	3	T1019	0580	07/22/13	07/22/13	48.00	202.56
252687	4	T1019	0580	07/23/13	07/23/13	48.00	202.56
252687	5	T1019	0580	07/24/13	07/24/13	48.00	202.56
252687	6	T1019	0580	07/25/13	07/25/13	48.00	202.56

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PAYER ID = 55247                              HEALTH INSURANCE PLAN

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252687	7	T1019	0580	07/26/13	07/26/13	48.00	202.56
CLAIM TOTAL							1,417.92
							CLAIM ACCOUNT REF. 2526870012008793SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252696	1	T1019	0580	07/20/13	07/20/13	32.00	135.04
252696	2	T1019	0580	07/21/13	07/21/13	32.00	135.04
252696	3	T1019	0580	07/22/13	07/22/13	32.00	135.04
252696	4	T1019	0580	07/23/13	07/23/13	32.00	135.04
252696	5	T1019	0580	07/24/13	07/24/13	32.00	135.04
252696	6	T1019	0580	07/25/13	07/25/13	32.00	135.04
252696	7	T1019	0580	07/26/13	07/26/13	32.00	135.04
CLAIM TOTAL							945.28
							CLAIM ACCOUNT REF. 2526960012009237SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252701	1	T1019	0580	07/26/13	07/26/13	20.00	84.40
CLAIM TOTAL							84.40
							CLAIM ACCOUNT REF. 2527010012009269SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252697	1	T1019	0580	07/20/13	07/20/13	16.00	67.52
252697	2	T1019	0580	07/21/13	07/21/13	16.00	67.52
252697	3	T1019	0580	07/22/13	07/22/13	16.00	67.52
CLAIM TOTAL							202.56
							CLAIM ACCOUNT REF. 2526970012009406SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252698	1	T1019	0580	07/23/13	07/23/13	20.00	84.40
252698	2	T1019	0580	07/24/13	07/24/13	20.00	84.40
252698	3	T1019	0580	07/25/13	07/25/13	20.00	84.40

REPORT DATE 07/31/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = 55247                      HEALTH INSURANCE PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
							253.20		2526980012009406SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
252699	1	T1019	0580	07/17/13	07/17/13	40.00	168.80		
252699	2	T1019	0580	07/24/13	07/24/13	40.00	168.80		
252699	3	T1019	0580	07/25/13	07/25/13	40.00	168.80		
							506.40		2526990012009562SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
252690	1	T1019	0580	07/22/13	07/22/13	16.00	67.52		
252690	2	T1019	0580	07/23/13	07/23/13	16.00	67.52		
252690	3	T1019	0580	07/24/13	07/24/13	16.00	67.52		
252690	4	T1019	0580	07/25/13	07/25/13	16.00	67.52		
252690	5	T1019	0580	07/26/13	07/26/13	16.00	67.52		
							337.60		2526900012009686SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009945	2009945	JACKSON, FRANCES	03/12/1934	12030545001	0004676295-009
DIAGNOSIS CODES: 332.0      250.00      401.9      722.10      785.2							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
252692	1	T1019	0580	07/20/13	07/20/13	28.00	118.16		
252692	2	T1019	0580	07/21/13	07/21/13	28.00	118.16		
252692	3	T1019	0580	07/22/13	07/22/13	28.00	118.16		
252692	4	T1019	0580	07/23/13	07/23/13	28.00	118.16		
252692	5	T1019	0580	07/24/13	07/24/13	28.00	118.16		
252692	6	T1019	0580	07/25/13	07/25/13	28.00	118.16		
252692	7	T1019	0580	07/26/13	07/26/13	28.00	118.16		
							827.12		2526920012009945SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010991 2010991 IANNAZZO, ANGELINA 06/04/1921 RD78526M 0005197384  
DIAGNOSIS CODES: 401.9 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252691	1	T1019	0580	07/20/13	07/20/13	36.00	151.92
252691	2	T1019	0580	07/21/13	07/21/13	36.00	151.92
252691	3	T1019	0580	07/22/13	07/22/13	36.00	151.92
252691	4	T1019	0580	07/23/13	07/23/13	36.00	151.92
252691	5	T1019	0580	07/24/13	07/24/13	36.00	151.92
252691	6	T1019	0580	07/25/13	07/25/13	36.00	151.92
252691	7	T1019	0580	07/26/13	07/26/13	36.00	151.92
CLAIM TOTAL						1,063.44	CLAIM ACCOUNT REF. 2526910012010991SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008113 2011066 COPELAND, ELISE 10/05/1928 QJ28865K 0006093352  
DIAGNOSIS CODES: 250.00 369.9 311. 401.9 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252688	1	G0156	0572	07/26/13	07/26/13	12.00	171.00
CLAIM TOTAL						171.00	CLAIM ACCOUNT REF. 2526880012011066SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008273 2011526 DE JESUS, TIBURCIO 08/11/1947 XX16524S 0006379371  
DIAGNOSIS CODES: 250.03 369.60 401.9 414.04 799.89 V60.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252689	1	T1019	0580	07/20/13	07/20/13	48.00	202.56
252689	2	T1019	0580	07/21/13	07/21/13	48.00	202.56
252689	3	T1019	0580	07/22/13	07/22/13	48.00	202.56
252689	4	T1019	0580	07/23/13	07/23/13	48.00	202.56
252689	5	T1019	0580	07/24/13	07/24/13	48.00	202.56
252689	6	T1019	0580	07/25/13	07/25/13	48.00	202.56
252689	7	T1019	0580	07/26/13	07/26/13	48.00	202.56
CLAIM TOTAL						1,417.92	CLAIM ACCOUNT REF. 2526890012011526SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012541 2012541 LANGELOH, HOWARD 09/29/1923 16394107 0005921983  
DIAGNOSIS CODES: 715.90 250.00 272.4 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252694	1	T1019	0580	07/20/13	07/20/13	24.00	101.28
252694	2	T1019	0580	07/21/13	07/21/13	24.00	101.28
252694	3	T1019	0580	07/22/13	07/22/13	24.00	101.28



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NPI = 1154407492

CLAIM ACCOUNT REF. 2526940012012541SUP

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2526930012013531SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	77	TOTAL CLAIM AMOUNT =	10,560.64
		# SERVICES =	15		

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = 77073                      VNSNY CHOICE

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008374 2010958 KARASSAVIDES, ARISTOTI 10/09/1962 V80041904 131610065  
DIAGNOSIS CODES: 042. 202.88 436. 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252778	1	T1019		07/22/13	07/22/13	28.00	120.12
252778	2	T1019		07/23/13	07/23/13	28.00	120.12
252778	3	T1019		07/24/13	07/24/13	28.00	120.12
252778	4	T1019		07/25/13	07/25/13	28.00	120.12
CLAIM TOTAL							480.48
CLAIM ACCOUNT REF.							2527780012010958SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252779	1	T1019		07/20/13	07/20/13	24.00	102.96
252779	2	T1019		07/22/13	07/22/13	40.00	171.60
252779	3	T1019		07/23/13	07/23/13	24.00	102.96
252779	4	T1019		07/24/13	07/24/13	40.00	171.60
252779	5	T1019		07/25/13	07/25/13	24.00	102.96
252779	6	T1019		07/26/13	07/26/13	40.00	171.60
CLAIM TOTAL							823.68
CLAIM ACCOUNT REF.							2527790012012481SUP

PAYER TOTALS: VNSNY CHOICE                      # OF CLAIMS = 10    TOTAL CLAIM AMOUNT = 1,304.16  
# SERVICES = 2

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008246 2008246 RIVERA, CHRISTOPHER 09/03/1996 UW23596M R2269158  
DIAGNOSIS CODES: 314.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252656	1	T1019		07/20/13	07/20/13	12.00	50.64
252656	2	T1019		07/21/13	07/21/13	12.00	50.64
252656	3	T1019		07/22/13	07/22/13	12.00	50.64
252656	4	T1019		07/23/13	07/23/13	12.00	50.64
252656	5	T1019		07/24/13	07/24/13	12.00	50.64
252656	6	T1019		07/25/13	07/25/13	12.00	50.64
252656	7	T1019		07/26/13	07/26/13	12.00	50.64
CLAIM TOTAL							354.48
CLAIM ACCOUNT REF.							2526560012008246SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008248 2008248 RIVERA, EDDIE 01/29/1960 YP34893V R2226367  
DIAGNOSIS CODES: 339.02 367.1 369.10

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252657	1	T1019		07/22/13	07/22/13	12.00	50.64
252657	2	T1019		07/23/13	07/23/13	12.00	50.64
252657	3	T1019		07/24/13	07/24/13	12.00	50.64
252657	4	T1019		07/25/13	07/25/13	12.00	50.64
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2526570012008248SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008249 2008249 LOPEZ-RAMIREZ, CARLOTA 01/20/1936 QR43529V 0105101301235  
DIAGNOSIS CODES: 714.0 272.4 401.9 536.9 586. 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252649	1	T1019		07/20/13	07/20/13	44.00	185.68
252649	2	T1019		07/21/13	07/21/13	44.00	185.68
252649	3	T1019		07/22/13	07/22/13	44.00	185.68
252649	4	T1019		07/23/13	07/23/13	44.00	185.68
252649	5	T1019		07/24/13	07/24/13	44.00	185.68
252649	6	T1019		07/25/13	07/25/13	44.00	185.68
252649	7	T1019		07/26/13	07/26/13	44.00	185.68
CLAIM TOTAL							1,299.76
CLAIM ACCOUNT REF.							2526490012008249SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008250 2008250 SALAZAR, LUZ MARIA 02/19/1970 SC60317K R2270854  
DIAGNOSIS CODES: 952.9 564.81 596.54 806.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252661	1	T1019		07/20/13	07/20/13	32.00	135.04
252661	2	T1019		07/21/13	07/21/13	32.00	135.04
252661	3	T1019		07/22/13	07/22/13	32.00	135.04
252661	4	T1019		07/23/13	07/23/13	32.00	135.04
252661	5	T1019		07/24/13	07/24/13	32.00	135.04
252661	6	T1019		07/25/13	07/25/13	32.00	135.04
252661	7	T1019		07/26/13	07/26/13	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2526610012008250SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252631	1	T1019		07/20/13	07/20/13	32.00	135.04
252631	2	T1019		07/22/13	07/22/13	32.00	135.04
252631	3	T1019		07/23/13	07/23/13	32.00	135.04
252631	4	T1019		07/24/13	07/24/13	32.00	135.04
252631	5	T1019		07/25/13	07/25/13	32.00	135.04
252631	6	T1019		07/26/13	07/26/13	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2526310012008251SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008253 2008253 MACARENA, SAHARA 09/12/1965 VT07830U 0104171302386  
DIAGNOSIS CODES: 359.0 719.45

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252650	1	T1019		07/20/13	07/20/13	48.00	202.56
252650	2	T1019		07/21/13	07/21/13	48.00	202.56
252650	3	T1019		07/22/13	07/22/13	48.00	202.56
252650	4	T1019		07/23/13	07/23/13	48.00	202.56
252650	5	T1019		07/24/13	07/24/13	48.00	202.56
252650	6	T1019		07/26/13	07/26/13	48.00	202.56
CLAIM TOTAL							1,215.36
CLAIM ACCOUNT REF.							2526500012008253SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008254 2008254 SPIVEY, PATRICIA 04/06/1965 WE52435B 0104051303745  
DIAGNOSIS CODES: 250.00 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252665	1	T1019		07/22/13	07/22/13	32.00	135.04	
252665	2	T1019		07/23/13	07/23/13	32.00	135.04	
252665	3	T1019		07/24/13	07/24/13	32.00	135.04	
252665	4	T1019		07/25/13	07/25/13	32.00	135.04	
252665	5	T1019		07/26/13	07/26/13	32.00	135.04	
CLAIM TOTAL							675.20	CLAIM ACCOUNT REF. 2526650012008254SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008256 2008256 CARMONA, LUZ 08/10/1954 XJ24416K 0104121301251  
DIAGNOSIS CODES: 294.8 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252629	1	T1019		07/22/13	07/22/13	32.00	135.04	
252629	2	T1019		07/23/13	07/23/13	32.00	135.04	
252629	3	T1019		07/24/13	07/24/13	32.00	135.04	
252629	4	T1019		07/25/13	07/25/13	32.00	135.04	
252629	5	T1019		07/26/13	07/26/13	32.00	135.04	
CLAIM TOTAL							675.20	CLAIM ACCOUNT REF. 2526290012008256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008257 2008257 ESTEVES, JOSE 09/04/1948 YD71377C 0103261301993  
DIAGNOSIS CODES: 345.40

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252636	1	T1019		07/20/13	07/20/13	24.00	101.28	
252636	2	T1019		07/21/13	07/21/13	24.00	101.28	
252636	3	T1019		07/22/13	07/22/13	24.00	101.28	
252636	4	T1019		07/23/13	07/23/13	24.00	101.28	
252636	5	T1019		07/24/13	07/24/13	24.00	101.28	
252636	6	T1019		07/25/13	07/25/13	24.00	101.28	
252636	7	T1019		07/26/13	07/26/13	24.00	101.28	
CLAIM TOTAL							708.96	CLAIM ACCOUNT REF. 2526360012008257SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008290 2008290 SALHUANA, YOLANDA 08/25/1935 SZ24247J 0103261301164  
DIAGNOSIS CODES: 249.70 362.50 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252662	1	T1019		07/22/13	07/22/13	32.00	135.04

REPORT DATE 07/31/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252662	2	T1019		07/23/13	07/23/13	32.00	135.04	
252662	3	T1019		07/24/13	07/24/13	32.00	135.04	
252662	4	T1019		07/25/13	07/25/13	32.00	135.04	
252662	5	T1019		07/26/13	07/26/13	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2526620012008290SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008362	2008362	FONTANES, PEDRO	08/27/1948	RX10287Z	0104171301499
DIAGNOSIS	CODES:	724.3	278.00	427.31	428.0	724.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252639	1	T1019		07/23/13	07/23/13	48.00	202.56	
252639	2	T1019		07/25/13	07/25/13	48.00	202.56	
252639	3	T1019		07/26/13	07/26/13	48.00	202.56	
					CLAIM TOTAL		607.68	CLAIM ACCOUNT REF. 2526390012008362SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008368	2008368	RODRIGUEZ, MARGARET	06/25/1950	ZP21043J	R2259936
DIAGNOSIS	CODES:	295.90	250.00	272.4	311.	401.9 414.3 733.00 780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252660	1	T1019		07/22/13	07/22/13	16.00	67.52	
252660	2	T1019		07/23/13	07/23/13	16.00	67.52	
252660	3	T1019		07/24/13	07/24/13	16.00	67.52	
252660	4	T1019		07/25/13	07/25/13	16.00	67.52	
252660	5	T1019		07/26/13	07/26/13	16.00	67.52	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2526600012008368SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008411	2008411	FRANCISCO, RICHARD	07/10/1968	XR22414G	R2176143
DIAGNOSIS	CODES:	401.9	443.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252640	1	T1019		07/20/13	07/20/13	32.00	135.04	
252640	2	T1019		07/21/13	07/21/13	32.00	135.04	
252640	3	T1019		07/22/13	07/22/13	32.00	135.04	
252640	4	T1019		07/23/13	07/23/13	32.00	135.04	
252640	5	T1019		07/24/13	07/24/13	32.00	135.04	
252640	6	T1019		07/25/13	07/25/13	32.00	135.04	
252640	7	T1019		07/26/13	07/26/13	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2526400012008411SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008433 2008433 BHAIRO, KOWSILILLI 05/13/1954 VG15691D R2362824  
DIAGNOSIS CODES: 340. 286.0 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252625	1	T1019		07/20/13	07/20/13	32.00	135.04
252625	2	T1019		07/21/13	07/21/13	32.00	135.04
252625	3	T1019		07/22/13	07/22/13	32.00	135.04
252625	4	T1019		07/23/13	07/23/13	32.00	135.04
252625	5	T1019		07/24/13	07/24/13	32.00	135.04
252625	6	T1019		07/25/13	07/25/13	32.00	135.04
252625	7	T1019		07/26/13	07/26/13	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2526250012008433SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z 0105161301593  
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
252624	1	T1019		07/20/13	07/20/13	12.00	50.64
252624	2	T1019		07/22/13	07/22/13	20.00	84.40
252624	3	T1019		07/23/13	07/23/13	20.00	84.40
252624	4	T1019		07/24/13	07/24/13	20.00	84.40
252624	5	T1019		07/25/13	07/25/13	20.00	84.40
252624	6	T1019		07/26/13	07/26/13	20.00	84.40
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2526240012008487SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008558 2008558 SURIEL, GERTRUDIS 03/17/1950 ZE67447D R2223526  
DIAGNOSIS CODES: 493.90 401.9 414.00 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252667	1	T1019		07/20/13	07/20/13	40.00	168.80
252667	2	T1019		07/22/13	07/22/13	4.00	16.88
252667	3	T1019		07/24/13	07/24/13	44.00	185.68
252667	4	T1019		07/25/13	07/25/13	48.00	202.56
252667	5	T1019		07/26/13	07/26/13	48.00	202.56
CLAIM TOTAL							776.48
CLAIM ACCOUNT REF.							2526670012008558SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008571 2008571 ESPAILLAT, AMPARO 12/25/1949 ZG25447P 0103131301379  
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
252635	1	T1019		07/18/13	07/18/13	24.00	101.28
252635	2	T1019		07/20/13	07/20/13	4.00	16.88
252635	3	T1019		07/21/13	07/21/13	4.00	16.88
252635	4	T1019		07/22/13	07/22/13	24.00	101.28
252635	5	T1019		07/23/13	07/23/13	24.00	101.28
252635	6	T1019		07/24/13	07/24/13	24.00	101.28
252635	7	T1019		07/25/13	07/25/13	24.00	101.28
252635	8	T1019		07/26/13	07/26/13	24.00	101.28
CLAIM TOTAL							641.44
CLAIM ACCOUNT REF.							2526350012008571SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008271 2009270 CARRION, MARIA 06/30/1928 SC64434E R2230145  
DIAGNOSIS CODES: 250.00 294.10 401.9 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252630	1	T1019		07/20/13	07/20/13	32.00	135.04
252630	2	T1019		07/22/13	07/22/13	32.00	135.04
252630	3	T1019		07/23/13	07/23/13	32.00	135.04
252630	4	T1019		07/24/13	07/24/13	32.00	135.04
252630	5	T1019		07/25/13	07/25/13	32.00	135.04
252630	6	T1019		07/26/13	07/26/13	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2526300012009270SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009405 2009405 CORTES DE GALINDO, NEL 05/25/1925 PF03624B 0103141302031  
DIAGNOSIS CODES: 401.9 244.9 537.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252632	1	T1019		06/04/13	06/04/13	24.00	101.28
CLAIM TOTAL							101.28
CLAIM ACCOUNT REF.							2526320012009405SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009425 2009425 FRIAS, BARBARA 04/01/1954 YQ10410R 0103191302380  
DIAGNOSIS CODES: 785.9 V44.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252641	1	T1019		07/22/13	07/22/13	16.00	67.52
252641	2	T1019		07/24/13	07/24/13	16.00	67.52
252641	3	T1019		07/26/13	07/26/13	16.00	67.52



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PAYER       ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							202.56	2526410012009425SUP
						CLAIM TOTAL		

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009560	2009560	BOCHENEC, JOLANTA	07/08/1964	ZT71147Q	0104251302988
DIAGNOSIS	CODES:	854.00	272.4	300.00	307.42	781.0	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
252627	1	T1019		07/20/13	07/20/13	24.00	101.28	
252627	2	T1019		07/21/13	07/21/13	24.00	101.28	
252627	3	T1019		07/22/13	07/22/13	24.00	101.28	
252627	4	T1019		07/23/13	07/23/13	24.00	101.28	
252627	5	T1019		07/24/13	07/24/13	24.00	101.28	
252627	6	T1019		07/25/13	07/25/13	24.00	101.28	
252627	7	T1019		07/26/13	07/26/13	16.00	67.52	
						CLAIM TOTAL	675.20	2526270012009560SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010009	2010009	VEGA, GLORIA	07/06/1955	ZU45073J	R2160981
DIAGNOSIS	CODES:	340.	250.00	272.2	311.		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
252670	1	T1019		07/22/13	07/22/13	32.00	135.04	
252670	2	T1019		07/23/13	07/23/13	32.00	135.04	
252670	3	T1019		07/24/13	07/24/13	32.00	135.04	
252670	4	T1019		07/25/13	07/25/13	32.00	135.04	
252670	5	T1019		07/26/13	07/26/13	32.00	135.04	
						CLAIM TOTAL	675.20	2526700012010009SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008299	2010311	LAZALA, GLADYS	02/03/1950	ZT39863D	0106041301563
DIAGNOSIS	CODES:	340.	250.00	278.00	401.9	440.9	781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
252647	1	T1019		07/20/13	07/20/13	48.00	202.56	
252647	2	T1019		07/21/13	07/21/13	48.00	202.56	
252647	3	T1019		07/22/13	07/22/13	44.00	185.68	
252647	4	T1019		07/23/13	07/23/13	48.00	202.56	
252647	5	T1019		07/24/13	07/24/13	48.00	202.56	
252647	6	T1019		07/25/13	07/25/13	48.00	202.56	
252647	7	T1019		07/26/13	07/26/13	48.00	202.56	
						CLAIM TOTAL	1,401.04	2526470012010311SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252669	1	T1019		07/14/13	07/14/13	20.00	84.40	
252669	2	T1019		07/20/13	07/20/13	20.00	84.40	
252669	3	T1019		07/21/13	07/21/13	20.00	84.40	
252669	4	T1019		07/25/13	07/25/13	20.00	84.40	
252669	5	T1019		07/26/13	07/26/13	20.00	84.40	
CLAIM TOTAL							422.00	CLAIM ACCOUNT REF. 2526690012010758SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008813 2010967 LARA, TOMASA 10/11/1931 SX47950B R2317742  
DIAGNOSIS CODES: 401.9 244.9 272.4 715.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252646	1	T1019		07/20/13	07/20/13	32.00	135.04	
252646	2	T1019		07/23/13	07/23/13	32.00	135.04	
252646	3	T1019		07/24/13	07/24/13	32.00	135.04	
252646	4	T1019		07/25/13	07/25/13	32.00	135.04	
252646	5	T1019		07/26/13	07/26/13	32.00	135.04	
CLAIM TOTAL							675.20	CLAIM ACCOUNT REF. 2526460012010967SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008378 2011528 BOWERS \*, DIANE 10/01/1946 129232187 R2207419  
DIAGNOSIS CODES: 250.11 300.02 410.90 413.9 428.0 440.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252628	1	T1019		07/23/13	07/23/13	40.00	168.80	
252628	2	T1019		07/24/13	07/24/13	40.00	168.80	
252628	3	T1019		07/25/13	07/25/13	40.00	168.80	
252628	4	T1019		07/26/13	07/26/13	40.00	168.80	
CLAIM TOTAL							675.20	CLAIM ACCOUNT REF. 2526280012011528SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252666	1	T1019		07/20/13	07/20/13	36.00	151.92	
252666	2	T1019		07/21/13	07/21/13	36.00	151.92	
252666	3	T1019		07/22/13	07/22/13	40.00	168.80	
252666	4	T1019		07/23/13	07/23/13	40.00	168.80	

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PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252666	5	T1019		07/24/13	07/24/13	40.00	168.80	
252666	6	T1019		07/25/13	07/25/13	40.00	168.80	
252666	7	T1019		07/26/13	07/26/13	40.00	168.80	
CLAIM TOTAL							1,147.84	CLAIM ACCOUNT REF. 2526660012011820SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012284 2012284 REINOSO, EMELIANNA 12/26/1931 115451707 R2106516  
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252655	1	T1019		07/20/13	07/20/13	40.00	168.80	
252655	2	T1019		07/21/13	07/21/13	40.00	168.80	
252655	3	T1019		07/22/13	07/22/13	40.00	168.80	
252655	4	T1019		07/23/13	07/23/13	40.00	168.80	
252655	5	T1019		07/24/13	07/24/13	40.00	168.80	
252655	6	T1019		07/25/13	07/25/13	40.00	168.80	
252655	7	T1019		07/26/13	07/26/13	40.00	168.80	
CLAIM TOTAL							1,181.60	CLAIM ACCOUNT REF. 2526550012012284SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252642	1	T1019		07/20/13	07/20/13	32.00	135.04	
252642	2	T1019		07/21/13	07/21/13	32.00	135.04	
252642	3	T1019		07/22/13	07/22/13	32.00	135.04	
252642	4	T1019		07/23/13	07/23/13	32.00	135.04	
252642	5	T1019		07/24/13	07/24/13	32.00	135.04	
252642	6	T1019		07/25/13	07/25/13	32.00	135.04	
252642	7	T1019		07/26/13	07/26/13	32.00	135.04	
CLAIM TOTAL							945.28	CLAIM ACCOUNT REF. 2526420012012478SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012477 2012489 BLANCO, CARMELINA 08/19/1940 112990683 0101241301336  
DIAGNOSIS CODES: 715.90 250.00 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252626	1	T1019		07/23/13	07/23/13	16.00	67.52	
252626	2	T1019		07/24/13	07/24/13	16.00	67.52	
252626	3	T1019		07/25/13	07/25/13	16.00	67.52	
252626	4	T1019		07/26/13	07/26/13	16.00	67.52	
CLAIM TOTAL							270.08	CLAIM ACCOUNT REF. 2526260012012489SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012498 2012498 SCHOONMAKER, JEAN 01/16/1944 116703035 0101171302362  
DIAGNOSIS CODES: 296.22 724.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252663	1	T1019		07/20/13	07/20/13	32.00	135.04
252663	2	T1019		07/22/13	07/22/13	36.00	151.92
252663	3	T1019		07/23/13	07/23/13	36.00	151.92
252663	4	T1019		07/24/13	07/24/13	36.00	151.92
252663	5	T1019		07/25/13	07/25/13	36.00	151.92
252663	6	T1019		07/26/13	07/26/13	36.00	151.92
CLAIM TOTAL							894.64
CLAIM ACCOUNT REF.							2526630012012498SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012772 2012772 THORNTON, SHIRLEY 09/02/1949 ZM67702P R2196393  
DIAGNOSIS CODES: 253.5 493.92 V45.11

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252668	1	T1019		07/20/13	07/20/13	32.00	135.04
252668	2	T1019		07/21/13	07/21/13	32.00	135.04
252668	3	T1019		07/22/13	07/22/13	20.00	84.40
252668	4	T1019		07/23/13	07/23/13	32.00	135.04
252668	5	T1019		07/24/13	07/24/13	20.00	84.40
252668	6	T1019		07/26/13	07/26/13	20.00	84.40
CLAIM TOTAL							658.32
CLAIM ACCOUNT REF.							2526680012012772SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011388 2013053 PALAZZOLO, FLORENCE 10/31/1948 PD96979S 0103181301812  
DIAGNOSIS CODES: 331.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252654	1	T1020		07/20/13	07/20/13	12.00	202.56
252654	2	T1020		07/21/13	07/21/13	12.00	202.56
252654	3	T1020		07/22/13	07/22/13	12.00	202.56
252654	4	T1020		07/23/13	07/23/13	12.00	202.56
252654	5	T1020		07/26/13	07/26/13	12.00	202.56
CLAIM TOTAL							1,012.80
CLAIM ACCOUNT REF.							2526540012013053SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010143 2013448 AHMED, UMARA 11/15/1985 XK51476N 072211255328  
DIAGNOSIS CODES: 335.19 695.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252622	1	T1019		07/20/13	07/20/13	32.00	135.04

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252622	2	T1019		07/21/13	07/21/13	28.00	118.16
252622	3	T1019		07/22/13	07/22/13	32.00	135.04
252622	4	T1019		07/23/13	07/23/13	32.00	135.04
252622	5	T1019		07/24/13	07/24/13	32.00	135.04
252622	6	T1019		07/25/13	07/25/13	32.00	135.04
252622	7	T1019		07/26/13	07/26/13	32.00	135.04
CLAIM TOTAL							928.40

CLAIM ACCOUNT REF. 2526220012013448SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010671 2013451 AKHTER, SELINA 07/13/1960 SX51375D R2301599  
DIAGNOSIS CODES: 093.9 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252623	1	T1019		07/22/13	07/22/13	36.00	151.92
252623	2	T1019		07/23/13	07/23/13	36.00	151.92
252623	3	T1019		07/24/13	07/24/13	36.00	151.92
252623	4	T1019		07/25/13	07/25/13	36.00	151.92
252623	5	T1019		07/26/13	07/26/13	36.00	151.92
CLAIM TOTAL							759.60

CLAIM ACCOUNT REF. 2526230012013451SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012500 2013452 DEKMAK, GRISEL 03/02/1964 VV95212H 020113323665  
DIAGNOSIS CODES: 340. 285.8 311. 596.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252633	1	T1019		07/20/13	07/20/13	48.00	202.56
252633	2	T1019		07/21/13	07/21/13	48.00	202.56
252633	3	T1019		07/22/13	07/22/13	48.00	202.56
252633	4	T1019		07/23/13	07/23/13	48.00	202.56
252633	5	T1019		07/24/13	07/24/13	48.00	202.56
252633	6	T1019		07/25/13	07/25/13	48.00	202.56
252633	7	T1019		07/26/13	07/26/13	48.00	202.56
CLAIM TOTAL							1,417.92

CLAIM ACCOUNT REF. 2526330012013452SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008802 2013453 DIAZ 1, CARMEN 07/29/1950 WB78930D R2303043  
DIAGNOSIS CODES: V02.62 300.00 401.9 719.89 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252634	1	T1019		07/22/13	07/22/13	16.00	67.52
252634	2	T1019		07/23/13	07/23/13	24.00	101.28
252634	3	T1019		07/24/13	07/24/13	24.00	101.28
252634	4	T1019		07/25/13	07/25/13	24.00	101.28

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PAYER       ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252634	5	T1019		07/26/13	07/26/13	24.00	101.28	
					CLAIM TOTAL		472.64	CLAIM ACCOUNT REF. 2526340012013453SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008261	2013454	FERNANDEZ, MARIA	07/24/1943	XG23851A	R2302238
DIAGNOSIS	CODES:	250.00	272.2	493.00	536.9	733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252637	1	T1019		07/24/13	07/24/13	16.00	67.52	
252637	2	T1019		07/25/13	07/25/13	16.00	67.52	
252637	3	T1019		07/26/13	07/26/13	16.00	67.52	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2526370012013454SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008427	2013455	FLORES, MARITZA	09/26/1953	ZG96532J	R2303561
DIAGNOSIS	CODES:	427.31	278.01	285.9	311.	425.8
						799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252638	1	T1019		07/20/13	07/20/13	40.00	168.80	
252638	2	T1019		07/21/13	07/21/13	40.00	168.80	
252638	3	T1019		07/22/13	07/22/13	40.00	168.80	
252638	4	T1019		07/23/13	07/23/13	40.00	168.80	
252638	5	T1019		07/24/13	07/24/13	40.00	168.80	
252638	6	T1019		07/25/13	07/25/13	40.00	168.80	
252638	7	T1019		07/26/13	07/26/13	40.00	168.80	
					CLAIM TOTAL		1,181.60	CLAIM ACCOUNT REF. 2526380012013455SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008366	2013458	JONES, CYNTHIA	03/17/1950	ZU54275V	R2303721
DIAGNOSIS	CODES:	333.4	401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252643	1	T1019		07/22/13	07/22/13	20.00	84.40	
252643	2	T1019		07/23/13	07/23/13	16.00	67.52	
252643	3	T1019		07/25/13	07/25/13	16.00	67.52	
					CLAIM TOTAL		219.44	CLAIM ACCOUNT REF. 2526430012013458SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2009356	2013459	KHAN, FARUQUE	02/08/1949	VM87355G	R2303230
DIAGNOSIS	CODES:	696.8	253.5	272.4		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252644	1	T1019		07/20/13	07/20/13	44.00	185.68

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PAYER       ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252644	2	T1019		07/21/13	07/21/13	40.00	168.80	
252644	3	T1019		07/22/13	07/22/13	48.00	202.56	
252644	4	T1019		07/23/13	07/23/13	48.00	202.56	
252644	5	T1019		07/24/13	07/24/13	48.00	202.56	
252644	6	T1019		07/25/13	07/25/13	48.00	202.56	
252644	7	T1019		07/26/13	07/26/13	48.00	202.56	
					CLAIM TOTAL		1,367.28	CLAIM ACCOUNT REF.    2526440012013459SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008742	2013461	KROLL, KATHERINE	09/22/1949	ZQ14882N	R2302722
DIAGNOSIS	CODES:	340.	244.8    272.0    311.	386.2    401.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252645	1	T1019		07/23/13	07/23/13	28.00	118.16	
					CLAIM TOTAL		118.16	CLAIM ACCOUNT REF.    2526450012013461SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008263	2013462	MORALES HERNANDEZ, EDW	10/28/1952	XV26396D	0107171301672
DIAGNOSIS	CODES:	344.1    799.89				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252651	1	T1019		07/20/13	07/20/13	24.00	101.28	
252651	2	T1019		07/21/13	07/21/13	24.00	101.28	
252651	3	T1019		07/22/13	07/22/13	24.00	101.28	
252651	4	T1019		07/23/13	07/23/13	24.00	101.28	
252651	5	T1019		07/24/13	07/24/13	24.00	101.28	
252651	6	T1019		07/25/13	07/25/13	24.00	101.28	
252651	7	T1019		07/26/13	07/26/13	24.00	101.28	
					CLAIM TOTAL		708.96	CLAIM ACCOUNT REF.    2526510012013462SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008422	2013463	MOSKOWITZ, RONA	02/16/1952	ZK67666G	R2302297
DIAGNOSIS	CODES:	799.89    401.9    493.92    729.0		V02.62		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252652	1	T1019		07/20/13	07/20/13	24.00	101.28	
252652	2	T1019		07/22/13	07/22/13	24.00	101.28	
252652	3	T1019		07/23/13	07/23/13	24.00	101.28	
252652	4	T1019		07/24/13	07/24/13	24.00	101.28	
252652	5	T1019		07/25/13	07/25/13	24.00	101.28	
252652	6	T1019		07/26/13	07/26/13	24.00	101.28	
					CLAIM TOTAL		607.68	CLAIM ACCOUNT REF.    2526520012013463SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008421 2013464 OCASIO, VIRGINIA 05/24/1949 ZC22374W R2303508  
DIAGNOSIS CODES: 250.00 278.00 300.00 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252653	1	T1019		07/08/13	07/08/13	24.00	101.28	
252653	2	T1019		07/09/13	07/09/13	24.00	101.28	
252653	3	T1019		07/10/13	07/10/13	24.00	101.28	
252653	4	T1019		07/22/13	07/22/13	24.00	101.28	
252653	5	T1019		07/23/13	07/23/13	24.00	101.28	
252653	6	T1019		07/24/13	07/24/13	24.00	101.28	
252653	7	T1019		07/25/13	07/25/13	24.00	101.28	
252653	8	T1019		07/26/13	07/26/13	24.00	101.28	
				CLAIM TOTAL		810.24		CLAIM ACCOUNT REF. 2526530012013464SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008531 2013465 RODRIGUEZ -2, MARIA 02/16/1949 SB98419Y R2302685  
DIAGNOSIS CODES: 250.00 272.4 331.0 401.9 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252658	1	T1019		07/22/13	07/22/13	24.00	101.28	
252658	2	T1019		07/23/13	07/23/13	24.00	101.28	
252658	3	T1019		07/24/13	07/24/13	24.00	101.28	
252658	4	T1019		07/25/13	07/25/13	24.00	101.28	
252658	5	T1019		07/26/13	07/26/13	24.00	101.28	
				CLAIM TOTAL		506.40		CLAIM ACCOUNT REF. 2526580012013465SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008398 2013466 RODRIGUEZ, JESSE 03/23/1984 YC62425G R2303381  
DIAGNOSIS CODES: 799.89 253.5 278.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252659	1	T1019		07/10/13	07/10/13	20.00	84.40	
252659	2	T1019		07/22/13	07/22/13	20.00	84.40	
252659	3	T1019		07/23/13	07/23/13	20.00	84.40	
252659	4	T1019		07/24/13	07/24/13	20.00	84.40	
252659	5	T1019		07/25/13	07/25/13	20.00	84.40	
252659	6	T1019		07/26/13	07/26/13	20.00	84.40	
				CLAIM TOTAL		506.40		CLAIM ACCOUNT REF. 2526590012013466SUP



REPORT DATE 07/31/13 SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492  
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008265 2013467 SHEPPARD, ERMA 10/05/1954 ZX55600A 0105301305797  
DIAGNOSIS CODES: 295.90 250.00 272.0 401.9 440.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252664	1	T1019		07/07/13	07/07/13	40.00	168.80
252664	2	T1019		07/20/13	07/20/13	40.00	168.80
252664	3	T1019		07/21/13	07/21/13	40.00	168.80
252664	4	T1019		07/22/13	07/22/13	40.00	168.80
252664	5	T1019		07/23/13	07/23/13	40.00	168.80
252664	6	T1019		07/24/13	07/24/13	40.00	168.80
252664	7	T1019		07/25/13	07/25/13	40.00	168.80
252664	8	T1019		07/26/13	07/26/13	40.00	168.80
CLAIM TOTAL						1,350.40	CLAIM ACCOUNT REF. 2526640012013467SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008425 2013468 WELLS, WYNORIA 09/10/1959 ZR27322A R2303664  
DIAGNOSIS CODES: 278.01 253.5 272.4 356.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252671	1	T1019		07/22/13	07/22/13	16.00	67.52
252671	2	T1019		07/23/13	07/23/13	16.00	67.52
252671	3	T1019		07/25/13	07/25/13	16.00	67.52
252671	4	T1019		07/26/13	07/26/13	16.00	67.52
CLAIM TOTAL						270.08	CLAIM ACCOUNT REF. 2526710012013468SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013602 2013602 LOPEZ, YAMILETH 11/22/1957 129932699 R2346153  
DIAGNOSIS CODES: 250.00 272.4 401.9 530.81 719.7

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252648	1	T1019		07/22/13	07/22/13	20.00	84.40
252648	2	T1019		07/23/13	07/23/13	20.00	84.40
252648	3	T1019		07/24/13	07/24/13	20.00	84.40
252648	4	T1019		07/25/13	07/25/13	20.00	84.40
252648	5	T1019		07/26/13	07/26/13	20.00	84.40
CLAIM TOTAL						422.00	CLAIM ACCOUNT REF. 2526480012013602SUP

PAYER TOTALS: HEALTHFIRST PHSP # OF CLAIMS = 279 TOTAL CLAIM AMOUNT = 35,886.88  
# SERVICES = 50

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

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008245    2008245    CALDERON, MIGDALIA                      08/02/1961    100195559                      610563075  
DIAGNOSIS CODES:    250.00    428.0    724.00    724.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252681	1	T1019		07/20/13	07/20/13	40.00	171.60
252681	2	T1019		07/21/13	07/21/13	40.00	171.60
252681	3	T1019		07/22/13	07/22/13	40.00	171.60
252681	4	T1019		07/23/13	07/23/13	40.00	171.60
252681	5	T1019		07/24/13	07/24/13	40.00	171.60
252681	6	T1019		07/25/13	07/25/13	40.00	171.60
CLAIM TOTAL						1,029.60	CLAIM ACCOUNT REF.    2526810012008245SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008287    2008287    MILLAN, ARMIDA                      09/13/1928    100063356                      610554187  
DIAGNOSIS CODES:    250.00    272.4    311.    356.9    365.9    401.9    530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252684	1	T1019		07/20/13	07/20/13	16.00	68.64
252684	2	T1019		07/21/13	07/21/13	16.00	68.64
252684	3	T1019		07/22/13	07/22/13	36.00	154.44
252684	4	T1019		07/23/13	07/23/13	36.00	154.44
252684	5	T1019		07/24/13	07/24/13	36.00	154.44
252684	6	T1019		07/25/13	07/25/13	36.00	154.44
252684	7	T1019		07/26/13	07/26/13	36.00	154.44
CLAIM TOTAL						909.48	CLAIM ACCOUNT REF.    2526840012008287SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008401    2008401    SAFOS, PATRA                      12/18/1948    100029836                      611012381  
DIAGNOSIS CODES:    340.    244.8    272.0    401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252686	1	T1019		07/20/13	07/20/13	32.00	137.28
252686	2	T1019		07/21/13	07/21/13	32.00	137.28
252686	3	T1019		07/22/13	07/22/13	36.00	154.44
252686	4	T1019		07/23/13	07/23/13	32.00	137.28
252686	5	T1019		07/24/13	07/24/13	32.00	137.28
252686	6	T1019		07/25/13	07/25/13	28.00	120.12
252686	7	T1019		07/26/13	07/26/13	32.00	137.28
CLAIM TOTAL						960.96	CLAIM ACCOUNT REF.    2526860012008401SUP

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

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID           PRIOR AUTHORIZATION #  
NY    001    2011881    2011881    KHAN, FAZAL              06/28/1970    101344352              609951463  
DIAGNOSIS CODES:    345.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252683	1	T1019		07/20/13	07/20/13	48.00	205.92
252683	2	T1019		07/21/13	07/21/13	48.00	205.92
252683	3	T1019		07/22/13	07/22/13	48.00	205.92
252683	4	T1019		07/23/13	07/23/13	48.00	205.92
252683	5	T1019		07/24/13	07/24/13	48.00	205.92
252683	6	T1019		07/25/13	07/25/13	48.00	205.92
252683	7	T1019		07/26/13	07/26/13	48.00	205.92
CLAIM TOTAL						1,441.44	CLAIM ACCOUNT REF.    2526830012011881SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID           PRIOR AUTHORIZATION #  
NY    001    2013181    2013181    REYES, RODOLFO           04/17/1927    101465844              611028746  
DIAGNOSIS CODES:    427.89    443.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252685	1	T1019		07/22/13	07/22/13	16.00	68.64
252685	2	T1019		07/23/13	07/23/13	12.00	51.48
252685	3	T1019		07/24/13	07/24/13	16.00	68.64
252685	4	T1019		07/25/13	07/25/13	16.00	68.64
252685	5	T1019		07/26/13	07/26/13	16.00	68.64
CLAIM TOTAL						326.04	CLAIM ACCOUNT REF.    2526850012013181SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID           PRIOR AUTHORIZATION #  
NY    001    2013182    2013182    FARFAN, MARIA            06/17/1924    101465838              611033079  
DIAGNOSIS CODES:    780.99    294.10    530.81    733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252682	1	T1019		07/20/13	07/20/13	32.00	137.28
252682	2	T1019		07/21/13	07/21/13	32.00	137.28
252682	3	T1019		07/22/13	07/22/13	32.00	137.28
252682	4	T1019		07/23/13	07/23/13	32.00	137.28
252682	5	T1019		07/24/13	07/24/13	32.00	137.28
252682	6	T1019		07/25/13	07/25/13	32.00	137.28
252682	7	T1019		07/26/13	07/26/13	32.00	137.28
CLAIM TOTAL						960.96	CLAIM ACCOUNT REF.    2526820012013182SUP

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

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	39	TOTAL CLAIM AMOUNT =	5,628.48
		# SERVICES =	6		

REPORT DATE 07/31/13 SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492  
PAYER ID = AMRGRI AMERIGROUP NEW YORK,LLC

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008266 2008266 GUERRA, LORRAINE 03/22/1948 712731594 103536057  
DIAGNOSIS CODES: 431. 784.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252757	1	T1019	0580	07/20/13	07/20/13	40.00	168.80
252757	2	T1019	0580	07/21/13	07/21/13	40.00	168.80
252757	3	T1019	0580	07/22/13	07/22/13	32.00	135.04
252757	4	T1019	0580	07/23/13	07/23/13	32.00	135.04
252757	5	T1019	0580	07/24/13	07/24/13	32.00	135.04
252757	6	T1019	0580	07/25/13	07/25/13	32.00	135.04
252757	7	T1019	0580	07/26/13	07/26/13	32.00	135.04
CLAIM TOTAL						1,012.80	CLAIM ACCOUNT REF. 2527570012008266SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252758	1	S5130	0582	07/25/13	07/25/13	16.00	67.52
252758	2	S5130	0582	07/26/13	07/26/13	16.00	67.52
CLAIM TOTAL						135.04	CLAIM ACCOUNT REF. 2527580012009279SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008406 2010728 YOUNG, KALEILE 06/17/1994 006532755 103177976  
DIAGNOSIS CODES: 319. 493.90 742.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252760	1	T1019	0580	07/20/13	07/20/13	16.00	67.52
252760	2	T1019	0580	07/21/13	07/21/13	16.00	67.52
252760	3	T1019	0580	07/22/13	07/22/13	12.00	50.64
252760	4	T1019	0580	07/23/13	07/23/13	12.00	50.64
252760	5	T1019	0580	07/24/13	07/24/13	12.00	50.64
252760	6	T1019	0580	07/25/13	07/25/13	12.00	50.64
252760	7	T1019	0580	07/26/13	07/26/13	12.00	50.64
CLAIM TOTAL						388.24	CLAIM ACCOUNT REF. 2527600012010728SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008407 2010729 WALTERS, BYRON 05/18/2000 006600539 103177687  
DIAGNOSIS CODES: 319. 493.90 742.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252759	1	T1019	0580	07/20/13	07/20/13	20.00	84.40
252759	2	T1019	0580	07/21/13	07/21/13	20.00	84.40

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PAYER       ID = AMRGRI                      AMERIGROUP NEW YORK,LLC

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252759	3	T1019	0580	07/22/13	07/22/13	16.00	67.52	
252759	4	T1019	0580	07/23/13	07/23/13	16.00	67.52	
252759	5	T1019	0580	07/24/13	07/24/13	16.00	67.52	
252759	6	T1019	0580	07/25/13	07/25/13	16.00	67.52	
252759	7	T1019	0580	07/26/13	07/26/13	16.00	67.52	
			CLAIM TOTAL				506.40	CLAIM ACCOUNT REF.    2527590012010729SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY    001	2012083	2012354	CRUZ, SALVADOR	05/10/1932	713917795	103312801
DIAGNOSIS	CODES:	290.0	401.9    447.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252763	1	T1019	0580	07/22/13	07/22/13	24.00	90.00	
252763	2	T1019	0580	07/23/13	07/23/13	24.00	90.00	
252763	3	T1019	0580	07/24/13	07/24/13	24.00	90.00	
252763	4	T1019	0580	07/25/13	07/25/13	24.00	90.00	
252763	5	T1019	0580	07/26/13	07/26/13	24.00	90.00	
			CLAIM TOTAL				450.00	CLAIM ACCOUNT REF.    2527630012012354SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252766	1	T1019	0580	07/22/13	07/22/13	16.00	60.00	
252766	2	T1019	0580	07/23/13	07/23/13	16.00	60.00	
252766	3	T1019	0580	07/24/13	07/24/13	16.00	60.00	
252766	4	T1019	0580	07/25/13	07/25/13	16.00	60.00	
252766	5	T1019	0580	07/26/13	07/26/13	16.00	60.00	
			CLAIM TOTAL				300.00	CLAIM ACCOUNT REF.    2527660012012358SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY    001	2012080	2012362	RIVERA, CARMEN	05/17/1967	714280461	103312424
DIAGNOSIS	CODES:	192.2	338.29    536.9    787.60    788.30			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252767	1	T1019	0580	07/22/13	07/22/13	20.00	75.00	
252767	2	T1019	0580	07/23/13	07/23/13	20.00	75.00	
252767	3	T1019	0580	07/24/13	07/24/13	20.00	75.00	
252767	4	T1019	0580	07/25/13	07/25/13	20.00	75.00	
252767	5	T1019	0580	07/26/13	07/26/13	20.00	75.00	
			CLAIM TOTAL				375.00	CLAIM ACCOUNT REF.    2527670012012362SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252764	1	T1019	0580	07/22/13	07/22/13	32.00	120.00
252764	2	T1019	0580	07/23/13	07/23/13	36.00	135.00
252764	3	T1019	0580	07/24/13	07/24/13	32.00	120.00
252764	4	T1019	0580	07/25/13	07/25/13	36.00	135.00
252764	5	T1019	0580	07/26/13	07/26/13	32.00	120.00
CLAIM TOTAL							630.00

CLAIM ACCOUNT REF. 2527640012012374SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012732 2012732 COLCHAMIRO, ESTHER 02/01/1919 717373336 103441419  
DIAGNOSIS CODES: 799.9 244.9 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252762	1	T1019	0580	07/22/13	07/22/13	28.00	105.00
252762	2	T1019	0580	07/23/13	07/23/13	28.00	105.00
252762	3	T1019	0580	07/24/13	07/24/13	28.00	105.00
252762	4	T1019	0580	07/25/13	07/25/13	28.00	105.00
252762	5	T1019	0580	07/26/13	07/26/13	16.00	60.00
CLAIM TOTAL							480.00

CLAIM ACCOUNT REF. 2527620012012732SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012163 2012876 AKHTAR, CATHRINE 11/07/1951 713952989 103312611  
DIAGNOSIS CODES: 799.9 250.00 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252761	1	T1019	0580	07/20/13	07/20/13	20.00	75.00
252761	2	T1019	0580	07/21/13	07/21/13	20.00	75.00
252761	3	T1019	0580	07/22/13	07/22/13	28.00	105.00
252761	4	T1019	0580	07/23/13	07/23/13	28.00	105.00
252761	5	T1019	0580	07/24/13	07/24/13	28.00	105.00
252761	6	T1019	0580	07/25/13	07/25/13	28.00	105.00
252761	7	T1019	0580	07/26/13	07/26/13	28.00	105.00
CLAIM TOTAL							675.00

CLAIM ACCOUNT REF. 2527610012012876SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008365 2013018 HARDING, EDNA 05/17/1956 6274884 103437258  
DIAGNOSIS CODES: 493.90 253.5 272.4 296.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252765	1	T1019	0580	07/22/13	07/22/13	16.00	60.00

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252765	2	T1019	0580	07/23/13	07/23/13	16.00	60.00	
252765	3	T1019	0580	07/24/13	07/24/13	16.00	60.00	
252765	4	T1019	0580	07/25/13	07/25/13	16.00	60.00	
252765	5	T1019	0580	07/26/13	07/26/13	16.00	60.00	
					CLAIM TOTAL		300.00	CLAIM ACCOUNT REF. 2527650012013018SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009247	2013352	CARRILLO, MARIA	05/18/1956	712689120	103584528
DIAGNOSIS	CODES:	714.0	311.	401.9	493.90	696.1	780.52 799.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252756	1	T1019	0580	07/22/13	07/22/13	20.00	84.40	
252756	2	T1019	0580	07/23/13	07/23/13	20.00	84.40	
252756	3	T1019	0580	07/24/13	07/24/13	20.00	84.40	
252756	4	T1019	0580	07/25/13	07/25/13	20.00	84.40	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2527560012013352SUP

PAYER TOTALS:	AMERIGROUP NEW YORK,LLC	# OF CLAIMS =	64	TOTAL CLAIM AMOUNT =	5,590.08
		# SERVICES =	12		



REPORT DATE 07/31/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = ICS01                      ICS

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008389 2011453 MUSHAYEV, BORIS 08/14/1947 7235 464780  
DIAGNOSIS CODES: 401.9 250.00 425.8 428.0 441.00 715.90

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252773	1	T1019	1C		07/22/13	07/22/13	6.00	98.40	
252773	2	T1019	1C		07/23/13	07/23/13	6.00	98.40	
252773	3	T1019	1C		07/24/13	07/24/13	6.00	98.40	
252773	4	T1019	1C		07/25/13	07/25/13	6.00	98.40	
252773	5	T1019	1C		07/26/13	07/26/13	6.00	98.40	
CLAIM TOTAL								492.00	CLAIM ACCOUNT REF. 2527730012011453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011869 2011869 JONES, VALERIE 10/10/1948 1457 479978  
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252772	1	T1019	1C		07/22/13	07/22/13	4.00	65.60	
252772	2	T1019	1C		07/23/13	07/23/13	4.00	65.60	
252772	3	T1019	1C		07/24/13	07/24/13	4.00	65.60	
252772	4	T1019	1C		07/25/13	07/25/13	4.00	65.60	
252772	5	T1019	1C		07/26/13	07/26/13	4.00	65.60	
CLAIM TOTAL								328.00	CLAIM ACCOUNT REF. 2527720012011869SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011870 2011870 AGOSTINI, MONSERRATE 07/18/1944 558 480096  
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252769	1	T1019	1C		07/22/13	07/22/13	6.00	98.40	
252769	2	T1019	1C		07/23/13	07/23/13	6.00	98.40	
252769	3	T1019	1C		07/24/13	07/24/13	6.00	98.40	
252769	4	T1019	1C		07/25/13	07/25/13	6.00	98.40	
252769	5	T1019	1C		07/26/13	07/26/13	6.00	98.40	
CLAIM TOTAL								492.00	CLAIM ACCOUNT REF. 2527690012011870SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012213 2012213 BERRY, ANGELINA 10/21/1956 1784 456200  
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252770	1	T1019	1C		07/20/13	07/20/13	4.00	65.60	
252770	2	T1019	1C		07/21/13	07/21/13	4.00	65.60	
252770	3	T1019	1C		07/22/13	07/22/13	4.00	65.60	

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252770	4	T1019	1C		07/23/13	07/23/13	4.00	65.60
252770	5	T1019	1C		07/24/13	07/24/13	4.00	65.60
252770	6	T1019	1C		07/25/13	07/25/13	4.00	65.60
252770	7	T1019	1C		07/26/13	07/26/13	4.00	65.60
CLAIM TOTAL								459.20
CLAIM ACCOUNT REF. 2527700012012213SUP								

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012097 2013010 RODRIGUEZ, SILVIO 11/03/1930 9624 446238  
DIAGNOSIS CODES: 290.0 280.9 401.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252776	1	T1019	1C		07/20/13	07/20/13	8.00	131.20
252776	2	T1019	1C		07/21/13	07/21/13	8.00	131.20
252776	3	T1019	1C		07/22/13	07/22/13	8.00	131.20
252776	4	T1019	1C		07/23/13	07/23/13	7.50	123.00
252776	5	T1019	1C		07/24/13	07/24/13	8.00	131.20
252776	6	T1019	1C		07/25/13	07/25/13	8.00	131.20
252776	7	T1019	1C		07/26/13	07/26/13	8.00	131.20
CLAIM TOTAL								910.20
CLAIM ACCOUNT REF. 2527760012013010SUP								

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013320 2013320 PEREZ, RAFAELA 12/05/1934 8249 468055  
DIAGNOSIS CODES: 781.2

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252774	1	T1019	1C		07/20/13	07/20/13	24.00	393.60
252774	2	T1019	1C		07/21/13	07/21/13	24.00	393.60
252774	3	T1019	1C		07/22/13	07/22/13	24.00	393.60
252774	4	T1019	1C		07/23/13	07/23/13	24.00	393.60
252774	5	T1019	1C		07/24/13	07/24/13	24.00	393.60
252774	6	T1019	1C		07/25/13	07/25/13	24.00	393.60
252774	7	T1019	1C		07/26/13	07/26/13	24.00	393.60
CLAIM TOTAL								2,755.20
CLAIM ACCOUNT REF. 2527740012013320SUP								

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013470 2013470 RIVERS, DEBRA 09/14/1958 9863 468763  
DIAGNOSIS CODES: 907.2 135. 344.1 493.90 564.81 592.0 596.54

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252775	1	T1019	1C		07/19/13	07/19/13	12.00	196.80
252775	2	T1019	1C		07/20/13	07/20/13	12.00	196.80
252775	3	T1019	1C		07/21/13	07/21/13	8.50	139.40
252775	4	T1019	1C		07/22/13	07/22/13	12.00	196.80

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252775	5	T1019	1C		07/23/13	07/23/13	12.00	196.80	
252775	6	T1019	1C		07/24/13	07/24/13	12.00	196.80	
252775	7	T1019	1C		07/25/13	07/25/13	12.00	196.80	
252775	8	T1019	1C		07/26/13	07/26/13	11.75	192.70	
					CLAIM TOTAL			1,512.90	CLAIM ACCOUNT REF. 2527750012013470SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #			
NY	001	2013587	2013587	CHANCELLOR, IRA	06/01/1948	10443	476564			
DIAGNOSIS	CODES:	724.00	042.	250.00	272.0	296.80	300.00	365.00	427.31	781.2

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252771	1	T1019	1C		07/22/13	07/22/13	4.00	65.60	
252771	2	T1019	1C		07/23/13	07/23/13	4.00	65.60	
252771	3	T1019	1C		07/24/13	07/24/13	4.00	65.60	
252771	4	T1019	1C		07/25/13	07/25/13	4.00	65.60	
252771	5	T1019	1C		07/26/13	07/26/13	4.00	65.60	
					CLAIM TOTAL			328.00	CLAIM ACCOUNT REF. 2527710012013587SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #			
NY	001	2013676	2013676	TORRES, YNES	01/21/1930	10504	477166			
DIAGNOSIS	CODES:	401.9								

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252777	1	T1019	1C		07/11/13	07/11/13	4.00	65.60	
252777	2	T1019	1C		07/15/13	07/15/13	4.00	65.60	
252777	3	T1019	1C		07/16/13	07/16/13	4.00	65.60	
252777	4	T1019	1C		07/17/13	07/17/13	4.00	65.60	
252777	5	T1019	1C		07/18/13	07/18/13	4.00	65.60	
252777	6	T1019	1C		07/22/13	07/22/13	4.00	65.60	
252777	7	T1019	1C		07/23/13	07/23/13	4.00	65.60	
252777	8	T1019	1C		07/24/13	07/24/13	4.00	65.60	
252777	9	T1019	1C		07/25/13	07/25/13	4.00	65.60	
					CLAIM TOTAL			590.40	CLAIM ACCOUNT REF. 2527770012013676SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	58	TOTAL CLAIM AMOUNT =	7,867.90
		# SERVICES =	9		

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JSV04323R01 2013062715500001  
DIAGNOSIS CODES: 250.11 272.0 401.9 435.9 586.  
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
252768	1	T1019	0580	07/23/13	07/23/13	16.00	67.52	
252768	2	T1019	0580	07/24/13	07/24/13	16.00	67.52	
252768	3	T1019	0580	07/25/13	07/25/13	16.00	67.52	
252768	4	T1019	0580	07/26/13	07/26/13	16.00	67.52	
					CLAIM TOTAL	270.08		CLAIM ACCOUNT REF. 2527680012010804SUP

PAYER TOTALS: HEALTHCARE PARTNERS IPA I                      # OF CLAIMS = 4                      TOTAL CLAIM AMOUNT = 270.08  
# SERVICES = 1

REPORT DATE 07/31/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013073103425988RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER       ID = VCMINST                      VILLAGE CARE

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2013600    2013600    MULLINGS, LUCILLE                      11/20/1941    10000258001                      062713005394  
DIAGNOSIS CODES:    715.90    311.                      695.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252782	1	T1019	0580	07/22/13	07/22/13	14.00	55.16
252782	2	T1019	0580	07/24/13	07/24/13	15.00	59.10
252782	3	T1019	0580	07/26/13	07/26/13	16.00	63.04
						CLAIM TOTAL	177.30
						CLAIM ACCOUNT REF.	2527820012013600SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2013622    2013622    BERNARDI, SOLMARIA                      06/28/1931    10000270501                      062713005409  
DIAGNOSIS CODES:    715.90    311.                      401.9    553.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252780	1	T1019	0580	07/22/13	07/22/13	16.00	63.04
252780	2	T1019	0580	07/24/13	07/24/13	16.00	63.04
252780	3	T1019	0580	07/26/13	07/26/13	16.00	63.04
						CLAIM TOTAL	189.12
						CLAIM ACCOUNT REF.	2527800012013622SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2013623    2013623    MORAN VAZQUEZ, ANGEL                      12/16/1945    10000265801                      062713005407  
DIAGNOSIS CODES:    715.90    272.4                      386.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
252781	1	T1019	0580	07/13/13	07/13/13	4.00	15.76
252781	2	T1019	0580	07/20/13	07/20/13	12.00	47.28
252781	3	T1019	0580	07/21/13	07/21/13	12.00	47.28
						CLAIM TOTAL	110.32
						CLAIM ACCOUNT REF.	2527810012013623SUP

PAYER TOTALS:    VILLAGE CARE                      # OF CLAIMS =                      9    TOTAL CLAIM AMOUNT =                      476.74  
# SERVICES =                      3

PROVIDER TOTALS: SUNNYSIDE CITYWIDE                      # OF CLAIMS =                      892    TOTAL CLAIM AMOUNT =                      113,785.46  
# SERVICES =                      158