

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 1

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
230058	1	T1020		02/09/13	02/09/13	11.00	185.57
230058	2	T1020		02/11/13	02/11/13	6.00	101.22
230058	3	T1020		02/12/13	02/12/13	6.00	101.22
230058	4	T1020		02/14/13	02/14/13	6.00	101.22
230058	5	T1020		02/15/13	02/15/13	6.00	101.22
CLAIM TOTAL							590.45

CLAIM ACCOUNT REF. 2300580012008267SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008268 2008268 PANOS, DESPINA D 05/11/1950 64126998700 111800517
DIAGNOSIS CODES: 340. 345.90 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230055	1	T1020		02/09/13	02/09/13	9.00	151.83
230055	2	T1020		02/10/13	02/10/13	9.00	151.83
230055	3	T1020		02/11/13	02/11/13	9.00	151.83
230055	4	T1020		02/12/13	02/12/13	9.00	151.83
230055	5	T1020		02/13/13	02/13/13	9.00	151.83
230055	6	T1020		02/14/13	02/14/13	9.00	151.83
230055	7	T1020		02/15/13	02/15/13	9.00	151.83
CLAIM TOTAL							1,062.81

CLAIM ACCOUNT REF. 2300550012008268SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008306 2008306 GIL, ALICIA M 12/05/1941 74148852400 111891265
DIAGNOSIS CODES: 340. 733.00 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230053	1	T1020		02/11/13	02/11/13	7.00	118.09
230053	2	T1020		02/12/13	02/12/13	7.00	118.09
230053	3	T1020		02/13/13	02/13/13	7.00	118.09
230053	4	T1020		02/14/13	02/14/13	7.00	118.09
230053	5	T1020		02/15/13	02/15/13	7.00	118.09
CLAIM TOTAL							590.45

CLAIM ACCOUNT REF. 2300530012008306SUP

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
230052	1	T1020		02/09/13	02/09/13	7.00	118.09

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 2

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	
230052	2	T1020		02/10/13	02/10/13	7.00	118.09	
230052	3	T1020		02/11/13	02/11/13	7.00	118.09	
230052	4	T1020		02/12/13	02/12/13	7.00	118.09	
230052	5	T1020		02/13/13	02/13/13	7.00	118.09	
230052	6	T1020		02/14/13	02/14/13	7.00	118.09	
230052	7	T1020		02/15/13	02/15/13	7.00	118.09	
				CLAIM TOTAL			826.63	CLAIM ACCOUNT REF. 2300520012008386SUP

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	
230057	1	T1020		02/12/13	02/12/13	4.00	67.48	
230057	2	T1020		02/14/13	02/14/13	5.00	84.35	
230057	3	T1020		02/15/13	02/15/13	4.00	67.48	
				CLAIM TOTAL			219.31	CLAIM ACCOUNT REF. 2300570012008400SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2009268	2010041	VARGAS, RAQUEL	07/05/1949	74201787700	121291101
DIAGNOSIS	CODES:	437.9	253.5	345.91	E885.9	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230059	1	T1020		02/09/13	02/09/13	9.00	151.83	
230059	2	T1020		02/10/13	02/10/13	9.00	151.83	
230059	3	T1020		02/11/13	02/11/13	9.00	151.83	
230059	4	T1020		02/12/13	02/12/13	9.00	151.83	
230059	5	T1020		02/13/13	02/13/13	6.00	101.22	
230059	6	T1020		02/14/13	02/14/13	9.00	151.83	
230059	7	T1020		02/15/13	02/15/13	9.00	151.83	
				CLAIM TOTAL			1,012.20	CLAIM ACCOUNT REF. 2300590012010041SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008376	2010712	LITMAN, GAIL	10/23/1952	74146355500	111951068
DIAGNOSIS	CODES:	401.9	780.2	V12.54		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230054	1	T1020		02/11/13	02/11/13	5.00	84.35	
230054	2	T1020		02/12/13	02/12/13	5.00	84.35	
230054	3	T1020		02/14/13	02/14/13	5.00	84.35	
230054	4	T1020		02/15/13	02/15/13	4.00	67.48	
				CLAIM TOTAL			320.53	CLAIM ACCOUNT REF. 2300540012010712SUP

PAGE: 3

NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012627	2012627	REYES, DUNNY	04/28/1944	74236117600	130431458

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230056	1	T1020		02/04/13	02/04/13	1.00	16.87	
230056	2	T1020		02/05/13	02/05/13	1.00	16.87	
230056	3	T1020		02/06/13	02/06/13	1.00	16.87	
230056	4	T1020		02/07/13	02/07/13	1.00	16.87	
230056	5	T1020		02/08/13	02/08/13	1.00	16.87	
230056	6	T1020		02/11/13	02/11/13	1.00	16.87	
230056	7	T1020		02/12/13	02/12/13	1.00	16.87	
230056	8	T1020		02/13/13	02/13/13	1.00	16.87	
230056	9	T1020		02/14/13	02/14/13	1.00	16.87	
230056	10	T1020		02/15/13	02/15/13	1.00	16.87	
					CLAIM TOTAL		168.70	CLAIM ACCOUNT REF. 2300560012012627SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	48	TOTAL CLAIM AMOUNT =	4,791.08
		# SERVICES =	8		

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 4

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230037	1	T1019		02/13/13	02/13/13	16.00	67.52
230037	2	T1019		02/14/13	02/14/13	16.00	67.52
230037	3	T1019		02/15/13	02/15/13	16.00	67.52
						CLAIM TOTAL	202.56
						CLAIM ACCOUNT REF.	2300370012008261SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230044	1	T1019		02/09/13	02/09/13	24.00	101.28
230044	2	T1019		02/10/13	02/10/13	24.00	101.28
230044	3	T1019		02/11/13	02/11/13	24.00	101.28
230044	4	T1019		02/12/13	02/12/13	24.00	101.28
230044	5	T1019		02/13/13	02/13/13	24.00	101.28
230044	6	T1019		02/14/13	02/14/13	24.00	101.28
230044	7	T1019		02/15/13	02/15/13	24.00	101.28
						CLAIM TOTAL	708.96
						CLAIM ACCOUNT REF.	2300440012008263SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008265 2008265 SHEPPARD, ERMA 10/05/1954 10043001301 052212292391
DIAGNOSIS CODES: 295.90 250.00 272.0 401.9 440.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230049	1	T1019		02/09/13	02/09/13	40.00	168.80
230049	2	T1019		02/10/13	02/10/13	40.00	168.80
230049	3	T1019		02/11/13	02/11/13	40.00	168.80
230049	4	T1019		02/12/13	02/12/13	40.00	168.80
230049	5	T1019		02/13/13	02/13/13	36.00	151.92
230049	6	T1019		02/14/13	02/14/13	40.00	168.80
230049	7	T1019		02/15/13	02/15/13	40.00	168.80
						CLAIM TOTAL	1,164.72
						CLAIM ACCOUNT REF.	2300490012008265SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008303 2008303 WILSON, SHERYL 08/28/1956 10060476901 082611259599
DIAGNOSIS CODES: 737.39 344.9 493.90 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230051	1	T1019		02/09/13	02/09/13	16.00	67.52

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 5

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230051	2	T1019		02/10/13	02/10/13	16.00	67.52
230051	3	T1019		02/11/13	02/11/13	24.00	101.28
230051	4	T1019		02/12/13	02/12/13	24.00	101.28
230051	5	T1019		02/13/13	02/13/13	24.00	101.28
230051	6	T1019		02/14/13	02/14/13	24.00	101.28
230051	7	T1019		02/15/13	02/15/13	24.00	101.28
CLAIM TOTAL							641.44

CLAIM ACCOUNT REF. 2300510012008303SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230040	1	T1019		02/08/13	02/08/13	20.00	84.40
230040	2	T1019		02/11/13	02/11/13	20.00	84.40
230040	3	T1019		02/12/13	02/12/13	20.00	84.40
CLAIM TOTAL							253.20

CLAIM ACCOUNT REF. 2300400012008366SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230041	1	T1019		02/13/13	02/13/13	20.00	84.40
230041	2	T1019		02/15/13	02/15/13	20.00	84.40
CLAIM TOTAL							168.80

CLAIM ACCOUNT REF. 2300410012008366SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008403 2008403 CHUKWUJIORAH, TARELL 10/30/1988 10082619401 072211255317
DIAGNOSIS CODES: 343.9 737.43 742.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230034	1	T1019		02/09/13	02/09/13	28.00	118.16
230034	2	T1019		02/10/13	02/10/13	28.00	118.16
230034	3	T1019		02/11/13	02/11/13	32.00	135.04
230034	4	T1019		02/12/13	02/12/13	28.00	118.16
230034	5	T1019		02/13/13	02/13/13	28.00	118.16
230034	6	T1019		02/14/13	02/14/13	28.00	118.16
230034	7	T1019		02/15/13	02/15/13	28.00	118.16
CLAIM TOTAL							844.00

CLAIM ACCOUNT REF. 2300340012008403SUP

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 6

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230046	1	T1019		02/11/13	02/11/13	24.00	101.28
230046	2	T1019		02/12/13	02/12/13	24.00	101.28
230046	3	T1019		02/13/13	02/13/13	24.00	101.28
230046	4	T1019		02/14/13	02/14/13	24.00	101.28
230046	5	T1019		02/15/13	02/15/13	24.00	101.28
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2300460012008421SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008422 2008422 MOSKOWITZ, RONA 02/16/1952 10063710601 072211255325
DIAGNOSIS CODES: 799.89 401.9 493.92 729.0 V02.62

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230045	1	T1019		02/09/13	02/09/13	24.00	101.28
230045	2	T1019		02/11/13	02/11/13	24.00	101.28
230045	3	T1019		02/12/13	02/12/13	24.00	101.28
230045	4	T1019		02/13/13	02/13/13	24.00	101.28
230045	5	T1019		02/14/13	02/14/13	24.00	101.28
230045	6	T1019		02/15/13	02/15/13	24.00	101.28
CLAIM TOTAL							607.68

CLAIM ACCOUNT REF. 2300450012008422SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008425 2008425 WELLS, WYNORIA 09/10/1959 10063849801 081911258799
DIAGNOSIS CODES: 278.01 253.5 272.4 356.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230050	1	T1019		02/11/13	02/11/13	16.00	67.52
230050	2	T1019		02/12/13	02/12/13	16.00	67.52
230050	3	T1019		02/15/13	02/15/13	16.00	67.52
CLAIM TOTAL							202.56

CLAIM ACCOUNT REF. 2300500012008425SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008427 2008427 FLORES, MARITZA 09/26/1953 10044817901 072911256156
DIAGNOSIS CODES: 427.31 278.01 285.9 311. 425.8 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230038	1	T1019		02/09/13	02/09/13	40.00	168.80
230038	2	T1019		02/10/13	02/10/13	40.00	168.80
230038	3	T1019		02/11/13	02/11/13	40.00	168.80
230038	4	T1019		02/12/13	02/12/13	40.00	168.80

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 7

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230038	5	T1019		02/13/13	02/13/13	40.00	168.80	
230038	6	T1019		02/14/13	02/14/13	40.00	168.80	
230038	7	T1019		02/15/13	02/15/13	40.00	168.80	
				CLAIM TOTAL		1,181.60		CLAIM ACCOUNT REF. 2300380012008427SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008531	2008531	RODRIGUEZ -2, MARIA	02/16/1949	10057325401	070912298224
DIAGNOSIS	CODES:	250.00	272.4	331.0	401.9	799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230047	1	T1019		02/11/13	02/11/13	24.00	101.28	
230047	2	T1019		02/12/13	02/12/13	24.00	101.28	
230047	3	T1019		02/13/13	02/13/13	24.00	101.28	
230047	4	T1019		02/14/13	02/14/13	24.00	101.28	
230047	5	T1019		02/15/13	02/15/13	24.00	101.28	
				CLAIM TOTAL		506.40		CLAIM ACCOUNT REF. 2300470012008531SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008742	2008742	KROLL, KATHERINE	09/22/1949	10088829601	080811257332
DIAGNOSIS	CODES:	340.	244.8	272.0	311.	386.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230043	1	T1019		02/11/13	02/11/13	28.00	118.16	
230043	2	T1019		02/12/13	02/12/13	28.00	118.16	
230043	3	T1019		02/13/13	02/13/13	28.00	118.16	
230043	4	T1019		02/14/13	02/14/13	28.00	118.16	
230043	5	T1019		02/15/13	02/15/13	28.00	118.16	
				CLAIM TOTAL		590.80		CLAIM ACCOUNT REF. 2300430012008742SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008802	2008802	DIAZ 1, CARMEN	07/29/1950	10089557301	062712297011
DIAGNOSIS	CODES:	V02.62	300.00	401.9	719.89	733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230036	1	T1019		02/12/13	02/12/13	24.00	101.28	
230036	2	T1019		02/13/13	02/13/13	24.00	101.28	
230036	3	T1019		02/14/13	02/14/13	24.00	101.28	
230036	4	T1019		02/15/13	02/15/13	24.00	101.28	
				CLAIM TOTAL		405.12		CLAIM ACCOUNT REF. 2300360012008802SUP

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 8

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009356 2009356 KHAN, FARUQUE 02/08/1949 10076892101 112111269647
DIAGNOSIS CODES: 696.8 253.5 272.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230042	1	T1019		02/10/13	02/10/13	48.00	202.56
230042	2	T1019		02/11/13	02/11/13	48.00	202.56
230042	3	T1019		02/12/13	02/12/13	48.00	202.56
230042	4	T1019		02/13/13	02/13/13	48.00	202.56
230042	5	T1019		02/14/13	02/14/13	48.00	202.56
230042	6	T1019		02/15/13	02/15/13	48.00	202.56
CLAIM TOTAL						1,215.36	CLAIM ACCOUNT REF. 2300420012009356SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230032	1	T1019		02/09/13	02/09/13	32.00	135.04
230032	2	T1019		02/10/13	02/10/13	32.00	135.04
230032	3	T1019		02/12/13	02/12/13	32.00	135.04
230032	4	T1019		02/13/13	02/13/13	32.00	135.04
230032	5	T1019		02/14/13	02/14/13	32.00	135.04
230032	6	T1019		02/15/13	02/15/13	32.00	135.04
CLAIM TOTAL						810.24	CLAIM ACCOUNT REF. 2300320012010143SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008398 2010353 RODRIGUEZ, JESSE 03/23/1984 10063030901 072211255272
DIAGNOSIS CODES: 799.89 253.5 278.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230048	1	T1019		01/28/13	01/28/13	20.00	84.40
230048	2	T1019		01/30/13	01/30/13	20.00	84.40
230048	3	T1019		02/01/13	02/01/13	20.00	84.40
230048	4	T1019		02/04/13	02/04/13	20.00	84.40
230048	5	T1019		02/05/13	02/05/13	20.00	84.40
230048	6	T1019		02/08/13	02/08/13	20.00	84.40
230048	7	T1019		02/12/13	02/12/13	20.00	84.40
230048	8	T1019		02/13/13	02/13/13	20.00	84.40
230048	9	T1019		02/15/13	02/15/13	20.00	84.40
CLAIM TOTAL						759.60	CLAIM ACCOUNT REF. 2300480012010353SUP

PAGE: 9

NPI = 1154407492

PRIOR AUTHORIZATION #
060112293626

CLAIM ACCOUNT REF. 2300390012010639SUP

PRIOR AUTHORIZATION #
073112301172

CLAIM ACCOUNT REF. 2300330012010878SUP

PRIOR AUTHORIZATION #
020113323665

CLAIM ACCOUNT REF. 2300350012012500SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	109	TOTAL CLAIM AMOUNT =	13,301.44
		# SERVICES =	19		

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 10

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008233 2008233 ARIAS, NORA 03/31/1981 RB08739R 0112181290326
DIAGNOSIS CODES: 356.9 348.2 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230085	1	T1019		02/10/13	02/10/13	4.00	68.60
230085	2	T1019		02/11/13	02/11/13	12.00	205.80
230085	3	T1019		02/12/13	02/12/13	12.00	205.80
230085	4	T1019		02/13/13	02/13/13	12.00	205.80
230085	5	T1019		02/14/13	02/14/13	12.00	205.80
230085	6	T1019		02/15/13	02/15/13	12.00	205.80
CLAIM TOTAL						1,097.60	CLAIM ACCOUNT REF. 2300850012008233SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008236 2008236 PERSAD, USHA 07/05/1955 TS79090G 0111301290246
DIAGNOSIS CODES: 250.10 272.0 401.9 225.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230092	1	T1019		02/09/13	02/09/13	8.00	137.20
230092	2	T1019		02/10/13	02/10/13	8.00	137.20
230092	3	T1019		02/12/13	02/12/13	11.00	188.65
230092	4	T1019		02/13/13	02/13/13	11.00	188.65
230092	5	T1019		02/14/13	02/14/13	11.00	188.65
230092	6	T1019		02/15/13	02/15/13	11.00	188.65
CLAIM TOTAL						1,029.00	CLAIM ACCOUNT REF. 2300920012008236SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008237 2008237 DURHAM, CYNTHIA 05/23/1960 ZB21969Z 0107031290005
DIAGNOSIS CODES: 401.9 250.00 300.00 345.90 493.90 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230088	1	T1019		02/05/13	02/05/13	4.00	68.60
230088	2	T1019		02/11/13	02/11/13	4.00	68.60
230088	3	T1019		02/12/13	02/12/13	4.00	68.60
230088	4	T1019		02/13/13	02/13/13	4.00	68.60
230088	5	T1019		02/14/13	02/14/13	4.00	68.60
230088	6	T1019		02/15/13	02/15/13	4.00	68.60
CLAIM TOTAL						411.60	CLAIM ACCOUNT REF. 2300880012008237SUP

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 11

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230084	1	T1019		02/09/13	02/09/13	3.00	51.45
230084	2	T1019		02/10/13	02/10/13	2.00	34.30
230084	3	T1019		02/11/13	02/11/13	5.00	85.75
230084	4	T1019		02/12/13	02/12/13	5.00	85.75
230084	5	T1019		02/13/13	02/13/13	5.00	85.75
230084	6	T1019		02/14/13	02/14/13	5.00	85.75
230084	7	T1019		02/15/13	02/15/13	5.00	85.75
CLAIM TOTAL							514.50
CLAIM ACCOUNT REF.							2300840012008284SUP

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
230090	1	T1019		02/11/13	02/11/13	10.00	171.50
230090	2	T1019		02/12/13	02/12/13	10.00	171.50
230090	3	T1019		02/14/13	02/14/13	9.00	154.35
230090	4	T1019		02/15/13	02/15/13	9.00	154.35
CLAIM TOTAL							651.70
CLAIM ACCOUNT REF.							2300900012008385SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230089	1	T1019		02/09/13	02/09/13	5.00	85.75
230089	2	T1019		02/10/13	02/10/13	5.00	85.75
230089	3	T1019		02/11/13	02/11/13	5.00	85.75
230089	4	T1019		02/12/13	02/12/13	5.00	85.75
230089	5	T1019		02/13/13	02/13/13	5.00	85.75
230089	6	T1019		02/14/13	02/14/13	5.00	85.75
230089	7	T1019		02/15/13	02/15/13	5.00	85.75
CLAIM TOTAL							600.25
CLAIM ACCOUNT REF.							2300890012008417SUP

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 12

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008418 2008418 RYALS, CHARLES 11/03/1950 ZZ49620T 0108071290383
DIAGNOSIS CODES: 401.9 250.00 272.0 278.00 295.00 311. 780.57

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230094	1	T1019		02/11/13	02/11/13	8.00	137.20	
230094	2	T1019		02/12/13	02/12/13	8.00	137.20	
230094	3	T1019		02/13/13	02/13/13	8.00	137.20	
230094	4	T1019		02/14/13	02/14/13	8.00	137.20	
230094	5	T1019		02/15/13	02/15/13	8.00	137.20	
					CLAIM TOTAL		686.00	CLAIM ACCOUNT REF. 2300940012008418SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008743 2008743 CORDERO, ROSENDO 08/26/1926 QM62108S 0108071290054
DIAGNOSIS CODES: 492.0 272.0 401.9 715.00 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230086	1	T1019		02/09/13	02/09/13	10.00	171.50	
230086	2	T1019		02/10/13	02/10/13	10.00	171.50	
230086	3	T1019		02/11/13	02/11/13	10.00	171.50	
230086	4	T1019		02/12/13	02/12/13	10.00	171.50	
230086	5	T1019		02/13/13	02/13/13	10.00	171.50	
230086	6	T1019		02/14/13	02/14/13	10.00	171.50	
230086	7	T1019		02/15/13	02/15/13	10.00	171.50	
					CLAIM TOTAL		1,200.50	CLAIM ACCOUNT REF. 2300860012008743SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009377 2009377 SANTORO, MATTHEW 08/20/1949 SP38021Q 01-082412-901-94
DIAGNOSIS CODES: 299.01 453.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230095	1	T1019		02/04/13	02/04/13	5.00	85.75	
230095	2	T1019		02/05/13	02/05/13	5.00	85.75	
230095	3	T1019		02/06/13	02/06/13	5.00	85.75	
230095	4	T1019		02/07/13	02/07/13	5.00	85.75	
230095	5	T1019		02/08/13	02/08/13	5.00	85.75	
230095	6	T1019		02/11/13	02/11/13	5.00	85.75	
230095	7	T1019		02/12/13	02/12/13	5.00	85.75	
230095	8	T1019		02/13/13	02/13/13	5.00	85.75	
230095	9	T1019		02/14/13	02/14/13	5.00	85.75	
230095	10	T1019		02/15/13	02/15/13	5.00	85.75	
					CLAIM TOTAL		857.50	CLAIM ACCOUNT REF. 2300950012009377SUP

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 13

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230093	1	T1019		02/09/13	02/09/13	8.00	137.20	
230093	2	T1019		02/11/13	02/11/13	3.00	51.45	
230093	3	T1019		02/12/13	02/12/13	3.00	51.45	
230093	4	T1019		02/13/13	02/13/13	3.00	51.45	
230093	5	T1019		02/14/13	02/14/13	3.00	51.45	
					CLAIM TOTAL		343.00	CLAIM ACCOUNT REF. 2300930012009688SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230096	1	T1019		02/07/13	02/07/13	8.00	137.20	
230096	2	T1019		02/08/13	02/08/13	8.00	137.20	
230096	3	T1019		02/09/13	02/09/13	8.00	137.20	
230096	4	T1019		02/11/13	02/11/13	8.00	137.20	
230096	5	T1019		02/12/13	02/12/13	8.00	137.20	
230096	6	T1019		02/13/13	02/13/13	8.00	137.20	
230096	7	T1019		02/14/13	02/14/13	8.00	137.20	
					CLAIM TOTAL		960.40	CLAIM ACCOUNT REF. 2300960012010213SUP

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	
230091	1	T1019		02/09/13	02/09/13	4.00	68.60	
230091	2	T1019		02/10/13	02/10/13	3.00	51.45	
230091	3	T1019		02/11/13	02/11/13	3.00	51.45	
230091	4	T1019		02/12/13	02/12/13	3.00	51.45	
230091	5	T1019		02/13/13	02/13/13	3.00	51.45	
230091	6	T1019		02/14/13	02/14/13	3.00	51.45	
230091	7	T1019		02/15/13	02/15/13	3.00	51.45	
					CLAIM TOTAL		377.30	CLAIM ACCOUNT REF. 2300910012010886SUP

PAGE: 14

NPI = 1154407492

PRIOR AUTHORIZATION #
0111191290232

2,881.20	CLAIM ACCOUNT REF.	2300870012011286SUP
----------	--------------------	---------------------

PRIOR AUTHORIZATION #

1.457.75 CLAIM ACCOUNT REF. 2300970012012382SUP

TOTAL CLAIM AMOUNT = 13,068.30

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 15

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230122	1	T1019		01/11/13	01/11/13	36.00	154.80
230122	2	T1019		02/10/13	02/10/13	36.00	154.80
230122	3	T1019		02/11/13	02/11/13	36.00	154.80
230122	4	T1019		02/12/13	02/12/13	36.00	154.80
230122	5	T1019		02/13/13	02/13/13	36.00	154.80
230122	6	T1019		02/14/13	02/14/13	36.00	154.80
230122	7	T1019		02/15/13	02/15/13	36.00	154.80
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2301220012008286SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008495 2008495 MARTINEZ, MARIA 09/05/1958 ZV42745Q 110885355
DIAGNOSIS CODES: 250.00 244.8 295.90 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230112	1	T1019		02/03/13	02/03/13	24.00	103.20
230112	2	T1019		02/09/13	02/09/13	24.00	103.20
230112	3	T1019		02/10/13	02/10/13	24.00	103.20
230112	4	T1019		02/11/13	02/11/13	23.00	98.90
230112	5	T1019		02/12/13	02/12/13	24.00	103.20
230112	6	T1019		02/13/13	02/13/13	24.00	103.20
230112	7	T1019		02/14/13	02/14/13	24.00	103.20
230112	8	T1019		02/15/13	02/15/13	24.00	103.20
CLAIM TOTAL						821.30	CLAIM ACCOUNT REF. 2301120012008495SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010404 2010404 GUERRERO *, MIRTHA 09/14/1931 740496 111194903
DIAGNOSIS CODES: 253.5 401.9 733.00 750.27

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230105	1	T1019		02/09/13	02/09/13	28.00	120.40
230105	2	T1019		02/10/13	02/10/13	28.00	120.40
230105	3	T1019		02/11/13	02/11/13	28.00	120.40
230105	4	T1019		02/12/13	02/12/13	28.00	120.40
230105	5	T1019		02/13/13	02/13/13	28.00	120.40
230105	6	T1019		02/14/13	02/14/13	28.00	120.40
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2301050012010404SUP

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 16

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 2012101 2012101 BATILO, MARTA 02/23/1917 708125 111205102
DIAGNOSIS CODES: 715.00 272.2 285.29 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230099	1	T1019		02/09/13	02/09/13	28.00	120.40
230099	2	T1019		02/10/13	02/10/13	28.00	120.40
230099	3	T1019		02/11/13	02/11/13	28.00	120.40
230099	4	T1019		02/12/13	02/12/13	28.00	120.40
230099	5	T1019		02/13/13	02/13/13	28.00	120.40
230099	6	T1019		02/14/13	02/14/13	28.00	120.40
230099	7	T1019		02/15/13	02/15/13	28.00	120.40
CLAIM TOTAL							842.80
CLAIM ACCOUNT REF.							2300990012012101SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230100	1	T1019		02/11/13	02/11/13	16.00	68.80
230100	2	T1019		02/12/13	02/12/13	16.00	68.80
230100	3	T1019		02/13/13	02/13/13	16.00	68.80
230100	4	T1019		02/14/13	02/14/13	16.00	68.80
230100	5	T1019		02/15/13	02/15/13	16.00	68.80
CLAIM TOTAL							344.00
CLAIM ACCOUNT REF.							2301000012012102SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012104 2012104 CEBALLOS, FRANCISCA 11/10/1931 744474 111205448
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230101	1	T1019		02/12/13	02/12/13	40.00	172.00
230101	2	T1019		02/13/13	02/13/13	40.00	172.00
230101	3	T1019		02/15/13	02/15/13	40.00	172.00
CLAIM TOTAL							516.00
CLAIM ACCOUNT REF.							2301010012012104SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230102	1	T1019		02/09/13	02/09/13	32.00	137.60
230102	2	T1019		02/10/13	02/10/13	32.00	137.60
230102	3	T1019		02/11/13	02/11/13	32.00	137.60

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 17

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	
230102	4	T1019		02/12/13	02/12/13	32.00	137.60	
230102	5	T1019		02/13/13	02/13/13	32.00	137.60	
230102	6	T1019		02/14/13	02/14/13	32.00	137.60	
230102	7	T1019		02/15/13	02/15/13	32.00	137.60	
					CLAIM TOTAL		963.20	CLAIM ACCOUNT REF. 2301020012012107SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012108	2012108	GODINOT, CARMEN	07/16/1939	695752	111208481
DIAGNOSIS CODES: 369.3							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230103	1	T1019		02/11/13	02/11/13	24.00	103.20	
230103	2	T1019		02/12/13	02/12/13	24.00	103.20	
230103	3	T1019		02/13/13	02/13/13	24.00	103.20	
230103	4	T1019		02/14/13	02/14/13	24.00	103.20	
					CLAIM TOTAL		412.80	CLAIM ACCOUNT REF. 2301030012012108SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230104	1	T1019		02/11/13	02/11/13	16.00	68.80	
230104	2	T1019		02/15/13	02/15/13	16.00	68.80	
					CLAIM TOTAL		137.60	CLAIM ACCOUNT REF. 2301040012012110SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230106	1	T1019		02/09/13	02/09/13	48.00	206.40	
230106	2	T1019		02/10/13	02/10/13	36.00	154.80	
230106	3	T1019		02/11/13	02/11/13	36.00	154.80	
230106	4	T1019		02/12/13	02/12/13	48.00	206.40	
230106	5	T1019		02/13/13	02/13/13	36.00	154.80	
230106	6	T1019		02/14/13	02/14/13	48.00	206.40	
230106	7	T1019		02/15/13	02/15/13	36.00	154.80	
					CLAIM TOTAL		1,238.40	CLAIM ACCOUNT REF. 2301060012012114SUP

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 18

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 2012115 2012115 GUERRERO, ISABEL 11/08/1935 698840 111414603
DIAGNOSIS CODES: 715.90 244.9 272.0 413.9 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230107	1	T1019		02/10/13	02/10/13	12.00	51.60
230107	2	T1019		02/11/13	02/11/13	12.00	51.60
230107	3	T1019		02/13/13	02/13/13	12.00	51.60
230107	4	T1019		02/15/13	02/15/13	12.00	51.60
CLAIM TOTAL							206.40
CLAIM ACCOUNT REF.							2301070012012115SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012117 2012117 HAYNES, LAMONT 08/22/1920 695748 111213173
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230108	1	T1019		02/09/13	02/09/13	20.00	86.00
230108	2	T1019		02/10/13	02/10/13	20.00	86.00
230108	3	T1019		02/11/13	02/11/13	16.00	68.80
230108	4	T1019		02/12/13	02/12/13	16.00	68.80
230108	5	T1019		02/13/13	02/13/13	16.00	68.80
230108	6	T1019		02/14/13	02/14/13	16.00	68.80
230108	7	T1019		02/15/13	02/15/13	16.00	68.80
CLAIM TOTAL							516.00
CLAIM ACCOUNT REF.							2301080012012117SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230109	1	T1019		02/11/13	02/11/13	28.00	120.40
230109	2	T1019		02/12/13	02/12/13	28.00	120.40
230109	3	T1019		02/13/13	02/13/13	28.00	120.40
230109	4	T1019		02/14/13	02/14/13	28.00	120.40
230109	5	T1019		02/15/13	02/15/13	28.00	120.40
CLAIM TOTAL							602.00
CLAIM ACCOUNT REF.							2301090012012120SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012121 2012121 MOHAMED, DENISE 06/14/1959 691722 111211059
DIAGNOSIS CODES: 715.98

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230114	1	T1019		02/09/13	02/09/13	32.00	137.60
230114	2	T1019		02/10/13	02/10/13	32.00	137.60

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 19

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
230114	3	T1019		02/11/13	02/11/13	32.00	137.60
230114	4	T1019		02/12/13	02/12/13	32.00	137.60
230114	5	T1019		02/13/13	02/13/13	32.00	137.60
230114	6	T1019		02/14/13	02/14/13	32.00	137.60
230114	7	T1019		02/15/13	02/15/13	32.00	137.60
CLAIM TOTAL							963.20

CLAIM ACCOUNT REF. 2301140012012121SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230115	1	T1019		02/09/13	02/09/13	20.00	86.00
230115	2	T1019		02/10/13	02/10/13	20.00	86.00
230115	3	T1019		02/11/13	02/11/13	20.00	86.00
230115	4	T1019		02/12/13	02/12/13	20.00	86.00
230115	5	T1019		02/13/13	02/13/13	20.00	86.00
230115	6	T1019		02/14/13	02/14/13	20.00	86.00
230115	7	T1019		02/15/13	02/15/13	20.00	86.00
CLAIM TOTAL							602.00

CLAIM ACCOUNT REF. 2301150012012122SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230117	1	T1019		02/09/13	02/09/13	20.00	86.00
230117	2	T1019		02/10/13	02/10/13	20.00	86.00
230117	3	T1019		02/11/13	02/11/13	28.00	120.40
230117	4	T1019		02/12/13	02/12/13	28.00	120.40
230117	5	T1019		02/13/13	02/13/13	28.00	120.40
230117	6	T1019		02/14/13	02/14/13	28.00	120.40
230117	7	T1019		02/15/13	02/15/13	28.00	120.40
CLAIM TOTAL							774.00

CLAIM ACCOUNT REF. 2301170012012130SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012131 2012131 ORTIZ, JOSE 04/19/1925 691721 111219494
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230119	1	T1019		02/11/13	02/11/13	16.00	68.80
230119	2	T1019		02/13/13	02/13/13	16.00	68.80
230119	3	T1019		02/15/13	02/15/13	16.00	68.80

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 20

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.
							206.40		2301190012012131SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012132	2012132	ORTIZ, DOLORES	06/30/1927	744365	111228861
DIAGNOSIS CODES: 401.9 272.4 750.7							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
230118	1	T1019		02/09/13	02/09/13	20.00	86.00		
230118	2	T1019		02/10/13	02/10/13	20.00	86.00		
230118	3	T1019		02/11/13	02/11/13	32.00	137.60		
230118	4	T1019		02/12/13	02/12/13	32.00	137.60		
230118	5	T1019		02/13/13	02/13/13	32.00	137.60		
230118	6	T1019		02/14/13	02/14/13	32.00	137.60		
230118	7	T1019		02/15/13	02/15/13	32.00	137.60		
							860.00		2301180012012132SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012134	2012134	SERRANO, CARMEN	09/14/1948	695740	111397947
DIAGNOSIS CODES: 093.89 253.5 311. 429.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
230129	1	T1019		02/11/13	02/11/13	36.00	154.80		
230129	2	T1019		02/13/13	02/13/13	28.00	120.40		
230129	3	T1019		02/14/13	02/14/13	28.00	120.40		
230129	4	T1019		02/15/13	02/15/13	28.00	120.40		
							516.00		2301290012012134SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
230131	1	T1019		02/11/13	02/11/13	32.00	137.60		
230131	2	T1019		02/12/13	02/12/13	32.00	137.60		
230131	3	T1019		02/13/13	02/13/13	32.00	137.60		
230131	4	T1019		02/14/13	02/14/13	32.00	137.60		
230131	5	T1019		02/15/13	02/15/13	32.00	137.60		
							688.00		2301310012012137SUP

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 21

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 2012138 2012138 VENTURA, CLARA 09/17/1951 720456 111324838
DIAGNOSIS CODES: 253.5 401.9 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230132	1	T1019		02/12/13	02/12/13	16.00	68.80
230132	2	T1019		02/13/13	02/13/13	16.00	68.80
230132	3	T1019		02/14/13	02/14/13	16.00	68.80
230132	4	T1019		02/15/13	02/15/13	16.00	68.80
CLAIM TOTAL							275.20

CLAIM ACCOUNT REF. 2301320012012138SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230120	1	T1019		02/11/13	02/11/13	32.00	137.60
230120	2	T1019		02/12/13	02/12/13	32.00	137.60
CLAIM TOTAL							275.20

CLAIM ACCOUNT REF. 2301200012012140SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230128	1	T1019		02/11/13	02/11/13	16.00	68.80
230128	2	T1019		02/13/13	02/13/13	16.00	68.80
230128	3	T1019		02/15/13	02/15/13	16.00	68.80
CLAIM TOTAL							206.40

CLAIM ACCOUNT REF. 2301280012012141SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230113	1	T1019		02/11/13	02/11/13	12.00	51.60
230113	2	T1019		02/12/13	02/12/13	12.00	51.60
230113	3	T1019		02/13/13	02/13/13	12.00	51.60
230113	4	T1019		02/14/13	02/14/13	12.00	51.60
230113	5	T1019		02/15/13	02/15/13	12.00	51.60
CLAIM TOTAL							258.00

CLAIM ACCOUNT REF. 2301130012012142SUP

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 22

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 2012143 2012143 MURPHY, RUBY 04/13/1955 698832 111381584
DIAGNOSIS CODES: 585.3 311. 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230116	1	T1019		02/04/13	02/04/13	16.00	68.80
230116	2	T1019		02/05/13	02/05/13	16.00	68.80
230116	3	T1019		02/06/13	02/06/13	16.00	68.80
230116	4	T1019		02/07/13	02/07/13	16.00	68.80
230116	5	T1019		02/15/13	02/15/13	16.00	68.80
CLAIM TOTAL							344.00

CLAIM ACCOUNT REF. 2301160012012143SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230121	1	T1019		02/11/13	02/11/13	20.00	86.00
230121	2	T1019		02/13/13	02/13/13	20.00	86.00
230121	3	T1019		02/15/13	02/15/13	20.00	86.00
CLAIM TOTAL							258.00

CLAIM ACCOUNT REF. 2301210012012144SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012149 2012149 REGLA, MARIA F 11/21/1933 691499 111223158
DIAGNOSIS CODES: 250.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230123	1	T1019		02/09/13	02/09/13	32.00	137.60
230123	2	T1019		02/11/13	02/11/13	32.00	137.60
230123	3	T1019		02/12/13	02/12/13	32.00	137.60
230123	4	T1019		02/13/13	02/13/13	32.00	137.60
230123	5	T1019		02/14/13	02/14/13	32.00	137.60
230123	6	T1019		02/15/13	02/15/13	32.00	137.60
CLAIM TOTAL							825.60

CLAIM ACCOUNT REF. 2301230012012149SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012152 2012152 REYES, TERESA 03/18/1941 697840 111388689
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230124	1	T1019		02/10/13	02/10/13	32.00	137.60
230124	2	T1019		02/11/13	02/11/13	32.00	137.60
230124	3	T1019		02/12/13	02/12/13	32.00	137.60
230124	4	T1019		02/13/13	02/13/13	32.00	137.60

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 23

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
230124	5	T1019		02/14/13	02/14/13	16.00	68.80
							CLAIM TOTAL
							619.20
							CLAIM ACCOUNT REF. 2301240012012152SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012153	2012153	RIVERA, ALIDA	12/25/1927	713396	111223378
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230125	1	T1019		02/04/13	02/04/13	16.00	68.80
							CLAIM TOTAL
							68.80
							CLAIM ACCOUNT REF. 2301250012012153SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012154	2012154	RODRIGUEZ, FRANKLIN	03/26/1989	697529	111223936
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230126	1	T1019		02/09/13	02/09/13	24.00	103.20
230126	2	T1019		02/11/13	02/11/13	24.00	103.20
230126	3	T1019		02/12/13	02/12/13	24.00	103.20
230126	4	T1019		02/13/13	02/13/13	24.00	103.20
230126	5	T1019		02/14/13	02/14/13	24.00	103.20
230126	6	T1019		02/15/13	02/15/13	24.00	103.20
							CLAIM TOTAL
							619.20
							CLAIM ACCOUNT REF. 2301260012012154SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012155	2012155	SANCHEZ, BETANIA	05/10/1956	706048	111227610
DIAGNOSIS CODES: 555.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230127	1	T1019		02/11/13	02/11/13	20.00	86.00
230127	2	T1019		02/12/13	02/12/13	20.00	86.00
230127	3	T1019		02/13/13	02/13/13	20.00	86.00
230127	4	T1019		02/14/13	02/14/13	20.00	86.00
230127	5	T1019		02/15/13	02/15/13	20.00	86.00
							CLAIM TOTAL
							430.00
							CLAIM ACCOUNT REF. 2301270012012155SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012158	2012158	LOPEZ, MANUEL	02/25/1926	741094	111216021
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230110	1	T1019		02/09/13	02/09/13	48.00	206.40
230110	2	T1019		02/10/13	02/10/13	48.00	206.40

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 24

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
230110	3	T1019		02/11/13	02/11/13	48.00	206.40
230110	4	T1019		02/12/13	02/12/13	48.00	206.40
230110	5	T1019		02/13/13	02/13/13	48.00	206.40
230110	6	T1019		02/14/13	02/14/13	48.00	206.40
230110	7	T1019		02/15/13	02/15/13	48.00	206.40
CLAIM TOTAL							1,444.80

CLAIM ACCOUNT REF. 2301100012012158SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230111	1	T1019		02/09/13	02/09/13	48.00	206.40
230111	2	T1019		02/10/13	02/10/13	48.00	206.40
230111	3	T1019		02/11/13	02/11/13	48.00	206.40
230111	4	T1019		02/12/13	02/12/13	48.00	206.40
230111	5	T1019		02/13/13	02/13/13	48.00	206.40
230111	6	T1019		02/14/13	02/14/13	48.00	206.40
230111	7	T1019		02/15/13	02/15/13	48.00	206.40
CLAIM TOTAL							1,444.80

CLAIM ACCOUNT REF. 2301110012012159SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230098	1	T1019		02/09/13	02/09/13	20.00	86.00
230098	2	T1019		02/10/13	02/10/13	20.00	86.00
230098	3	T1019		02/11/13	02/11/13	20.00	86.00
230098	4	T1019		02/12/13	02/12/13	20.00	86.00
230098	5	T1019		02/13/13	02/13/13	20.00	86.00
230098	6	T1019		02/14/13	02/14/13	20.00	86.00
230098	7	T1019		02/15/13	02/15/13	20.00	86.00
CLAIM TOTAL							602.00

CLAIM ACCOUNT REF. 2300980012012161SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230130	1	T1019		01/27/13	01/27/13	36.00	154.80
230130	2	T1019		02/09/13	02/09/13	36.00	154.80
230130	3	T1019		02/10/13	02/10/13	36.00	154.80

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 25

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	
230130	4	T1019		02/11/13	02/11/13	36.00	154.80	
230130	5	T1019		02/12/13	02/12/13	36.00	154.80	
230130	6	T1019		02/13/13	02/13/13	36.00	154.80	
230130	7	T1019		02/14/13	02/14/13	36.00	154.80	
230130	8	T1019		02/15/13	02/15/13	36.00	154.80	
					CLAIM TOTAL	1,238.40		CLAIM ACCOUNT REF. 2301300012012266SUP

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	186	TOTAL CLAIM AMOUNT =	21,925.70
		# SERVICES =	35		

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 26

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230080	1	T1019	0580	02/11/13	02/11/13	40.00	168.80
230080	2	T1019	0580	02/12/13	02/12/13	40.00	168.80
230080	3	T1019	0580	02/13/13	02/13/13	40.00	168.80
230080	4	T1019	0580	02/14/13	02/14/13	40.00	168.80
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2300800012008491SUP

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
230083	1	T1019	0580	02/11/13	02/11/13	16.00	67.52
230083	2	T1019	0580	02/12/13	02/12/13	4.00	16.88
230083	3	T1019	0580	02/13/13	02/13/13	16.00	67.52
230083	4	T1019	0580	02/15/13	02/15/13	16.00	67.52
CLAIM TOTAL							219.44
CLAIM ACCOUNT REF.							2300830012008513SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008227 2008544 ORR, LOUISE 03/04/1956 ZK40327Q 0005050233
DIAGNOSIS CODES: 250.00 401.9 428.0 435.9 429.9 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230081	1	T1019	0580	02/09/13	02/09/13	20.00	84.40
230081	2	T1019	0580	02/10/13	02/10/13	20.00	84.40
230081	3	T1019	0580	02/11/13	02/11/13	20.00	84.40
230081	4	T1019	0580	02/12/13	02/12/13	16.00	67.52
230081	5	T1019	0580	02/13/13	02/13/13	20.00	84.40
230081	6	T1019	0580	02/14/13	02/14/13	20.00	84.40
230081	7	T1019	0580	02/15/13	02/15/13	20.00	84.40
CLAIM TOTAL							573.92
CLAIM ACCOUNT REF.							2300810012008544SUP

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
230074	1	T1019	0580	02/14/13	02/14/13	16.00	67.52
230074	2	T1019	0580	02/15/13	02/15/13	16.00	67.52
CLAIM TOTAL							135.04
CLAIM ACCOUNT REF.							2300740012008723SUP

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 27

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 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
230067	1	T1019	0580	02/09/13	02/09/13	48.00	202.56
230067	2	T1019	0580	02/10/13	02/10/13	48.00	202.56
230067	3	T1019	0580	02/11/13	02/11/13	48.00	202.56
230067	4	T1019	0580	02/12/13	02/12/13	48.00	202.56
230067	5	T1019	0580	02/13/13	02/13/13	48.00	202.56
230067	6	T1019	0580	02/14/13	02/14/13	48.00	202.56
230067	7	T1019	0580	02/15/13	02/15/13	48.00	202.56
CLAIM TOTAL						1,417.92	CLAIM ACCOUNT REF. 2300670012008793SUP

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
230076	1	T1019	0580	02/09/13	02/09/13	32.00	135.04
230076	2	T1019	0580	02/10/13	02/10/13	32.00	135.04
230076	3	T1019	0580	02/11/13	02/11/13	32.00	135.04
230076	4	T1019	0580	02/12/13	02/12/13	32.00	135.04
230076	5	T1019	0580	02/13/13	02/13/13	32.00	135.04
230076	6	T1019	0580	02/14/13	02/14/13	32.00	135.04
230076	7	T1019	0580	02/15/13	02/15/13	32.00	135.04
CLAIM TOTAL						945.28	CLAIM ACCOUNT REF. 2300760012009237SUP

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
230082	1	T1019	0580	02/15/13	02/15/13	20.00	84.40
CLAIM TOTAL						84.40	CLAIM ACCOUNT REF. 2300820012009269SUP

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
230078	1	T1019	0580	02/11/13	02/11/13	16.00	67.52
230078	2	T1019	0580	02/13/13	02/13/13	16.00	67.52
230078	3	T1019	0580	02/14/13	02/14/13	16.00	67.52

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 28

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
230078	4	T1019	0580	02/15/13	02/15/13	16.00	67.52
CLAIM TOTAL							270.08

CLAIM ACCOUNT REF. 2300780012009406SUP

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
230079	1	T1019	0580	02/13/13	02/13/13	36.00	151.92
230079	2	T1019	0580	02/14/13	02/14/13	40.00	168.80
CLAIM TOTAL							320.72

CLAIM ACCOUNT REF. 2300790012009562SUP

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
230070	1	T1019	0580	02/11/13	02/11/13	16.00	67.52
230070	2	T1019	0580	02/12/13	02/12/13	16.00	67.52
230070	3	T1019	0580	02/13/13	02/13/13	16.00	67.52
230070	4	T1019	0580	02/14/13	02/14/13	16.00	67.52
230070	5	T1019	0580	02/15/13	02/15/13	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2300700012009686SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009945	2009945	JACKSON, FRANCES	03/12/1934	12030545001	0004676295

DIAGNOSIS CODES: 332.0 250.00 401.9 722.10 785.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230072	1	T1019	0580	02/09/13	02/09/13	28.00	118.16
230072	2	T1019	0580	02/10/13	02/10/13	28.00	118.16
230072	3	T1019	0580	02/11/13	02/11/13	28.00	118.16
230072	4	T1019	0580	02/12/13	02/12/13	28.00	118.16
230072	5	T1019	0580	02/13/13	02/13/13	28.00	118.16
230072	6	T1019	0580	02/14/13	02/14/13	28.00	118.16
230072	7	T1019	0580	02/15/13	02/15/13	28.00	118.16
CLAIM TOTAL							827.12

CLAIM ACCOUNT REF. 2300720012009945SUP

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 29

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 2010293 2010293 CAMPBELL, CAROL 01/17/1945 ZW64229J 0004864776
DIAGNOSIS CODES: 722.2 272.0 338.29 401.9 780.79 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230065	1	T1019	0580	02/11/13	02/11/13	20.00	84.40
230065	2	T1019	0580	02/12/13	02/12/13	24.00	101.28
230065	3	T1019	0580	02/13/13	02/13/13	20.00	84.40
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2300650012010293SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010293 2010293 CAMPBELL, CAROL 01/17/1945 ZW64229J 0004864776
DIAGNOSIS CODES: 722.2 272.0 338.29 401.9 780.79 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230066	1	T1019	0580	02/14/13	02/14/13	32.00	135.04
230066	2	T1019	0580	02/15/13	02/15/13	32.00	135.04
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2300660012010293SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230075	1	T1019	0580	02/09/13	02/09/13	48.00	202.56
230075	2	T1019	0580	02/10/13	02/10/13	48.00	202.56
230075	3	T1019	0580	02/11/13	02/11/13	48.00	202.56
230075	4	T1019	0580	02/12/13	02/12/13	48.00	202.56
230075	5	T1019	0580	02/13/13	02/13/13	48.00	202.56
230075	6	T1019	0580	02/14/13	02/14/13	48.00	202.56
230075	7	T1019	0580	02/15/13	02/15/13	48.00	202.56
CLAIM TOTAL							1,417.92
CLAIM ACCOUNT REF.							2300750012010316SUP

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
230071	1	T1019	0580	02/10/13	02/10/13	36.00	151.92
230071	2	T1019	0580	02/11/13	02/11/13	36.00	151.92
230071	3	T1019	0580	02/12/13	02/12/13	36.00	151.92
230071	4	T1019	0580	02/13/13	02/13/13	36.00	151.92
230071	5	T1019	0580	02/14/13	02/14/13	36.00	151.92
230071	6	T1019	0580	02/15/13	02/15/13	36.00	151.92

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 30

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

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							911.52	2300710012010991SUP
						CLAIM TOTAL		

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008113	2011066	COPELAND, ELISE	10/05/1928	QJ28865K	0005111746
DIAGNOSIS	CODES:	250.00	369.9	311.	401.9	716.90	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
230068	1	G0156	0572	02/09/13	02/09/13	8.00	114.00	
230068	2	G0156	0572	02/10/13	02/10/13	8.00	114.00	
230068	3	G0156	0572	02/11/13	02/11/13	8.00	114.00	
230068	4	G0156	0572	02/12/13	02/12/13	1.00	14.25	
						CLAIM TOTAL	356.25	2300680012011066SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008273	2011526	DE JESUS, TIBURCIO	08/11/1947	XX16524S	0005503237
DIAGNOSIS	CODES:	250.03	369.60	401.9	414.04	799.89	V60.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
230069	1	G0156	0572	02/09/13	02/09/13	12.00	171.00	
230069	2	G0156	0572	02/10/13	02/10/13	12.00	171.00	
230069	3	G0156	0572	02/11/13	02/11/13	12.00	171.00	
230069	4	G0156	0572	02/12/13	02/12/13	12.00	171.00	
230069	5	G0156	0572	02/13/13	02/13/13	12.00	171.00	
230069	6	G0156	0572	02/14/13	02/14/13	12.00	171.00	
230069	7	G0156	0572	02/15/13	02/15/13	12.00	171.00	
						CLAIM TOTAL	1,197.00	2300690012011526SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009467	2011833	KEATON, CATHERINE	08/30/1923	WC81742E	113502051-001-0001
DIAGNOSIS	CODES:	715.00	365.9	401.9	780.4	788.30	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
230073	1	T1019	0580	02/10/13	02/10/13	48.00	202.56	
230073	2	T1019	0580	02/11/13	02/11/13	48.00	202.56	
230073	3	T1019	0580	02/12/13	02/12/13	48.00	202.56	
230073	4	T1019	0580	02/13/13	02/13/13	48.00	202.56	
230073	5	T1019	0580	02/14/13	02/14/13	48.00	202.56	
230073	6	T1019	0580	02/15/13	02/15/13	31.00	130.82	
						CLAIM TOTAL	1,143.62	2300730012011833SUP

PAGE: 31

NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2300770012012343SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	89	TOTAL CLAIM AMOUNT =	11,710.79
		# SERVICES =	18		

PAGE: 32

NPI = 1154407492

PRIOR AUTHORIZATION #
123590054

CLAIM ACCOUNT REF. 2301470012010958SUP

PRIOR AUTHORIZATION #
130240009

CLAIM ACCOUNT REF. 2301480012012481SUP

PAYER TOTALS:	VNSNY CHOICE	# OF CLAIMS =	11	TOTAL CLAIM AMOUNT =	1,389.96
		# SERVICES =	2		

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 33

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230021	1	T1019		02/09/13	02/09/13	12.00	50.64	
230021	2	T1019		02/10/13	02/10/13	12.00	50.64	
230021	3	T1019		02/11/13	02/11/13	12.00	50.64	
230021	4	T1019		02/12/13	02/12/13	12.00	50.64	
230021	5	T1019		02/13/13	02/13/13	12.00	50.64	
230021	6	T1019		02/14/13	02/14/13	12.00	50.64	
230021	7	T1019		02/15/13	02/15/13	12.00	50.64	
CLAIM TOTAL							354.48	CLAIM ACCOUNT REF. 2300210012008246SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008248 2008248 RIVERA, EDDIE 01/29/1960 YP34893V 0105031202381
DIAGNOSIS CODES: 339.02 367.1 369.10

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230022	1	T1019		02/11/13	02/11/13	12.00	50.64	
230022	2	T1019		02/12/13	02/12/13	12.00	50.64	
230022	3	T1019		02/13/13	02/13/13	12.00	50.64	
230022	4	T1019		02/14/13	02/14/13	12.00	50.64	
CLAIM TOTAL							202.56	CLAIM ACCOUNT REF. 2300220012008248SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008249 2008249 LOPEZ-RAMIREZ, CARLOTA 01/20/1936 QR43529V 0110041201764
DIAGNOSIS CODES: 714.0 272.4 401.9 536.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230017	1	T1019		02/10/13	02/10/13	44.00	185.68	
230017	2	T1019		02/11/13	02/11/13	44.00	185.68	
230017	3	T1019		02/12/13	02/12/13	44.00	185.68	
230017	4	T1019		02/13/13	02/13/13	44.00	185.68	
230017	5	T1019		02/14/13	02/14/13	44.00	185.68	
230017	6	T1019		02/15/13	02/15/13	44.00	185.68	
CLAIM TOTAL							1,114.08	CLAIM ACCOUNT REF. 2300170012008249SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230024	1	T1019		02/06/13	02/06/13	8.00	33.76

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 34

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230024	2	T1019		02/09/13	02/09/13	32.00	135.04
230024	3	T1019		02/10/13	02/10/13	32.00	135.04
230024	4	T1019		02/11/13	02/11/13	32.00	135.04
230024	5	T1019		02/12/13	02/12/13	32.00	135.04
230024	6	T1019		02/13/13	02/13/13	32.00	135.04
230024	7	T1019		02/14/13	02/14/13	32.00	135.04
230024	8	T1019		02/15/13	02/15/13	32.00	135.04
CLAIM TOTAL							979.04

CLAIM ACCOUNT REF. 2300240012008250SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008251 2008251 CEBALLOS, ANA 12/31/1919 UH02585Q R1828722
DIAGNOSIS CODES: 294.10 244.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230003	1	T1019		02/11/13	02/11/13	32.00	135.04
230003	2	T1019		02/12/13	02/12/13	32.00	135.04
230003	3	T1019		02/13/13	02/13/13	32.00	135.04
230003	4	T1019		02/14/13	02/14/13	32.00	135.04
230003	5	T1019		02/15/13	02/15/13	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2300030012008251SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230018	1	T1019		02/09/13	02/09/13	48.00	202.56
230018	2	T1019		02/10/13	02/10/13	48.00	202.56
230018	3	T1019		02/11/13	02/11/13	48.00	202.56
230018	4	T1019		02/12/13	02/12/13	48.00	202.56
230018	5	T1019		02/13/13	02/13/13	48.00	202.56
CLAIM TOTAL							1,012.80

CLAIM ACCOUNT REF. 2300180012008253SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230027	1	T1019		02/11/13	02/11/13	20.00	84.40
230027	2	T1019		02/12/13	02/12/13	20.00	84.40
230027	3	T1019		02/13/13	02/13/13	20.00	84.40
230027	4	T1019		02/14/13	02/14/13	20.00	84.40
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2300270012008254SUP

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 35

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 2008256 2008256 CARMONA, LUZ 08/10/1954 XJ24416K R2052507
DIAGNOSIS CODES: 294.8 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230001	1	T1019		02/11/13	02/11/13	32.00	135.04
230001	2	T1019		02/12/13	02/12/13	32.00	135.04
230001	3	T1019		02/13/13	02/13/13	28.00	118.16
230001	4	T1019		02/14/13	02/14/13	32.00	135.04
230001	5	T1019		02/15/13	02/15/13	32.00	135.04
CLAIM TOTAL							658.32

CLAIM ACCOUNT REF. 2300010012008256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008257 2008257 ESTEVES, JOSE 09/04/1948 YD71377C 0110301200495
DIAGNOSIS CODES: 345.40

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230008	1	T1019		02/09/13	02/09/13	24.00	101.28
230008	2	T1019		02/10/13	02/10/13	24.00	101.28
230008	3	T1019		02/11/13	02/11/13	24.00	101.28
230008	4	T1019		02/12/13	02/12/13	24.00	101.28
230008	5	T1019		02/13/13	02/13/13	24.00	101.28
230008	6	T1019		02/14/13	02/14/13	24.00	101.28
230008	7	T1019		02/15/13	02/15/13	24.00	101.28
CLAIM TOTAL							708.96

CLAIM ACCOUNT REF. 2300080012008257SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008290 2008290 SALHUANA, YOLANDA 08/25/1935 SZ24247J R2048371
DIAGNOSIS CODES: 249.70 362.50 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230025	1	T1019		02/11/13	02/11/13	32.00	135.04
230025	2	T1019		02/12/13	02/12/13	32.00	135.04
230025	3	T1019		02/13/13	02/13/13	32.00	135.04
230025	4	T1019		02/14/13	02/14/13	32.00	135.04
230025	5	T1019		02/15/13	02/15/13	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2300250012008290SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008362 2008362 FONTANES, PEDRO 08/27/1948 RX10287Z R2016955
DIAGNOSIS CODES: 724.3 278.00 427.31 428.0 724.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230009	1	T1019		02/09/13	02/09/13	28.00	118.16

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 36

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230009	2	T1019		02/10/13	02/10/13	28.00	118.16
230009	3	T1019		02/11/13	02/11/13	28.00	118.16
230009	4	T1019		02/12/13	02/12/13	28.00	118.16
230009	5	T1019		02/13/13	02/13/13	20.00	84.40
230009	6	T1019		02/14/13	02/14/13	28.00	118.16
230009	7	T1019		02/15/13	02/15/13	28.00	118.16
CLAIM TOTAL							793.36

CLAIM ACCOUNT REF. 2300090012008362SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008368 2008368 RODRIGUEZ, MARGARET 06/25/1950 ZP21043J R2162380
DIAGNOSIS CODES: 295.90 250.00 272.4 311. 401.9 414.3 733.00 780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230023	1	T1019		02/11/13	02/11/13	16.00	67.52
230023	2	T1019		02/12/13	02/12/13	16.00	67.52
230023	3	T1019		02/13/13	02/13/13	16.00	67.52
230023	4	T1019		02/14/13	02/14/13	16.00	67.52
230023	5	T1019		02/15/13	02/15/13	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2300230012008368SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008411 2008411 FRANCISCO, RICHARD 07/10/1968 XR22414G R2014482
DIAGNOSIS CODES: 401.9 443.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230010	1	T1019		02/09/13	02/09/13	32.00	135.04
230010	2	T1019		02/10/13	02/10/13	32.00	135.04
230010	3	T1019		02/11/13	02/11/13	24.00	101.28
230010	4	T1019		02/12/13	02/12/13	32.00	135.04
230010	5	T1019		02/14/13	02/14/13	32.00	135.04
230010	6	T1019		02/15/13	02/15/13	32.00	135.04
CLAIM TOTAL							776.48

CLAIM ACCOUNT REF. 2300100012008411SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008428 2008428 KAUR, HARBANS 02/03/1937 VB22061J R2021143
DIAGNOSIS CODES: 401.9 272.4 332.1 453.42

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230014	1	T1019		02/10/13	02/10/13	28.00	118.16
230014	2	T1019		02/11/13	02/11/13	28.00	118.16
230014	3	T1019		02/12/13	02/12/13	28.00	118.16
230014	4	T1019		02/13/13	02/13/13	28.00	118.16
230014	5	T1019		02/14/13	02/14/13	28.00	118.16

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 37

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230014	6	T1019		02/15/13	02/15/13	28.00	118.16	
					CLAIM TOTAL		708.96	CLAIM ACCOUNT REF. 2300140012008428SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
229997	1	T1019		02/09/13	02/09/13	32.00	135.04	
229997	2	T1019		02/10/13	02/10/13	32.00	135.04	
229997	3	T1019		02/11/13	02/11/13	32.00	135.04	
229997	4	T1019		02/12/13	02/12/13	32.00	135.04	
229997	5	T1019		02/13/13	02/13/13	32.00	135.04	
229997	6	T1019		02/14/13	02/14/13	32.00	135.04	
229997	7	T1019		02/15/13	02/15/13	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2299970012008433SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008487	2008487	BEGUM, MANWARA	11/23/1949	VD44720Z	0101171302771
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	
229996	1	T1019		01/30/13	01/30/13	16.00	67.52	
229996	2	T1019		02/09/13	02/09/13	16.00	67.52	
229996	3	T1019		02/11/13	02/11/13	20.00	84.40	
229996	4	T1019		02/12/13	02/12/13	20.00	84.40	
					CLAIM TOTAL		303.84	CLAIM ACCOUNT REF. 2299960012008487SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230029	1	T1019		02/09/13	02/09/13	32.00	135.04	
230029	2	T1019		02/10/13	02/10/13	32.00	135.04	
230029	3	T1019		02/11/13	02/11/13	32.00	135.04	
230029	4	T1019		02/12/13	02/12/13	32.00	135.04	
230029	5	T1019		02/13/13	02/13/13	32.00	135.04	
230029	6	T1019		02/14/13	02/14/13	32.00	135.04	
230029	7	T1019		02/15/13	02/15/13	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2300290012008558SUP

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 38

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 R2016893
DIAGNOSIS CODES: 401.9 272.0 311. 365.9 366.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230007	1	T1019		02/09/13	02/09/13	16.00	67.52
230007	2	T1019		02/10/13	02/10/13	16.00	67.52
230007	3	T1019		02/11/13	02/11/13	24.00	101.28
230007	4	T1019		02/12/13	02/12/13	24.00	101.28
230007	5	T1019		02/13/13	02/13/13	24.00	101.28
230007	6	T1019		02/14/13	02/14/13	24.00	101.28
230007	7	T1019		02/15/13	02/15/13	24.00	101.28
CLAIM TOTAL							641.44
CLAIM ACCOUNT REF.							2300070012008571SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230004	1	T1019		02/10/13	02/10/13	20.00	84.40
230004	2	T1019		02/11/13	02/11/13	20.00	84.40
230004	3	T1019		02/12/13	02/12/13	20.00	84.40
230004	4	T1019		02/13/13	02/13/13	20.00	84.40
230004	5	T1019		02/14/13	02/14/13	20.00	84.40
230004	6	T1019		02/15/13	02/15/13	20.00	84.40
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2300040012009256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008271 2009270 CARRION, MARIA 06/30/1928 SC64434E R2044577
DIAGNOSIS CODES: 250.00 294.10 401.9 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230002	1	T1019		02/11/13	02/11/13	32.00	135.04
230002	2	T1019		02/12/13	02/12/13	32.00	135.04
230002	3	T1019		02/13/13	02/13/13	32.00	135.04
230002	4	T1019		02/14/13	02/14/13	32.00	135.04
230002	5	T1019		02/15/13	02/15/13	32.00	135.04
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2300020012009270SUP

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 39

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 2009322 2009322 HENRY, BRENDA 04/13/1954 ZE02356F R1892336
DIAGNOSIS CODES: 253.5 401.9 429.9 447.6 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230012	1	T1019		02/08/13	02/08/13	16.00	67.52
230012	2	T1019		02/11/13	02/11/13	16.00	67.52
230012	3	T1019		02/13/13	02/13/13	16.00	67.52
230012	4	T1019		02/15/13	02/15/13	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2300120012009322SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009405 2009405 CORTES DE GALINDO, NEL 05/25/1925 PF03624B R2063747
DIAGNOSIS CODES: 401.9 537.9 648.12

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230005	1	T1019		02/11/13	02/11/13	24.00	101.28
230005	2	T1019		02/12/13	02/12/13	24.00	101.28
230005	3	T1019		02/13/13	02/13/13	24.00	101.28
230005	4	T1019		02/14/13	02/14/13	24.00	101.28
230005	5	T1019		02/15/13	02/15/13	24.00	101.28
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2300050012009405SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009425 2009425 FRIAS, BARBARA 04/01/1954 YQ10410R R2162129
DIAGNOSIS CODES: 785.9 V44.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230011	1	T1019		02/11/13	02/11/13	16.00	67.52
230011	2	T1019		02/13/13	02/13/13	16.00	67.52
230011	3	T1019		02/15/13	02/15/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2300110012009425SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009560 2009560 BOCHENEC, JOLANTA 07/08/1964 ZT71147Q R2066168
DIAGNOSIS CODES: 854.00 272.4 300.00 307.42 781.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
229999	1	T1019		02/10/13	02/10/13	24.00	101.28
229999	2	T1019		02/11/13	02/11/13	24.00	101.28
229999	3	T1019		02/12/13	02/12/13	24.00	101.28
229999	4	T1019		02/13/13	02/13/13	24.00	101.28
229999	5	T1019		02/14/13	02/14/13	24.00	101.28
229999	6	T1019		02/15/13	02/15/13	24.00	101.28

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 40

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							607.68	2299990012009560SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010009	2010009	VEGA, GLORIA	07/06/1955	ZU45073J	R2142122

DIAGNOSIS CODES: 340. 250.00 272.2 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
230031	1	T1019		02/11/13	02/11/13	32.00	135.04	
230031	2	T1019		02/12/13	02/12/13	32.00	135.04	
230031	3	T1019		02/13/13	02/13/13	32.00	135.04	
230031	4	T1019		02/14/13	02/14/13	32.00	135.04	
230031	5	T1019		02/15/13	02/15/13	32.00	135.04	
						CLAIM TOTAL	675.20	2300310012010009SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008299	2010311	LAZALA, GLADYS	02/03/1950	ZT39863D	R2083859

DIAGNOSIS CODES: 340. 250.00 278.00 401.9 440.9 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
230016	1	T1019		02/10/13	02/10/13	48.00	202.56	
230016	2	T1019		02/11/13	02/11/13	48.00	202.56	
230016	3	T1019		02/12/13	02/12/13	48.00	202.56	
230016	4	T1019		02/13/13	02/13/13	48.00	202.56	
230016	5	T1019		02/14/13	02/14/13	48.00	202.56	
230016	6	T1019		02/15/13	02/15/13	48.00	202.56	
						CLAIM TOTAL	1,215.36	2300160012010311SUP

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	CLAIM ACCOUNT REF.
230030	1	T1019		02/09/13	02/09/13	20.00	84.40	
230030	2	T1019		02/10/13	02/10/13	20.00	84.40	
230030	3	T1019		02/14/13	02/14/13	20.00	84.40	
230030	4	T1019		02/15/13	02/15/13	20.00	84.40	
						CLAIM TOTAL	337.60	2300300012010758SUP

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 41

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 2008813 2010967 LARA, TOMASA 10/11/1931 SX47950B R2115813
DIAGNOSIS CODES: 401.9 244.9 272.4 715.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230015	1	T1019		02/11/13	02/11/13	32.00	135.04
230015	2	T1019		02/13/13	02/13/13	32.00	135.04
230015	3	T1019		02/14/13	02/14/13	32.00	135.04
CLAIM TOTAL							405.12
CLAIM ACCOUNT REF.							2300150012010967SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230006	1	T1019		02/10/13	02/10/13	40.00	168.80
230006	2	T1019		02/11/13	02/11/13	40.00	168.80
230006	3	T1019		02/12/13	02/12/13	40.00	168.80
230006	4	T1019		02/13/13	02/13/13	40.00	168.80
230006	5	T1019		02/14/13	02/14/13	40.00	168.80
230006	6	T1019		02/15/13	02/15/13	40.00	168.80
CLAIM TOTAL							1,012.80
CLAIM ACCOUNT REF.							2300060012011058SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011388 2011388 PALAZZOLO, FLORENCE 10/31/1948 PD96979S R1998236
DIAGNOSIS CODES: 331.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230019	1	T1020		02/09/13	02/09/13	12.00	202.56
230019	2	T1020		02/10/13	02/10/13	12.00	202.56
230019	3	T1020		02/11/13	02/11/13	12.00	202.56
230019	4	T1020		02/12/13	02/12/13	12.00	202.56
230019	5	T1020		02/13/13	02/13/13	12.00	202.56
230019	6	T1020		02/14/13	02/14/13	12.00	202.56
230019	7	T1020		02/15/13	02/15/13	12.00	202.56
CLAIM TOTAL							1,417.92
CLAIM ACCOUNT REF.							2300190012011388SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008378 2011528 BOWERS *, DIANE 10/01/1946 129232187 0109201201746
DIAGNOSIS CODES: 250.11 300.02 410.90 413.0 428.0 440.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230000	1	T1019		02/11/13	02/11/13	40.00	168.80
230000	2	T1019		02/12/13	02/12/13	40.00	168.80

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 42

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230000	3	T1019		02/13/13	02/13/13	28.00	118.16	
230000	4	T1019		02/14/13	02/14/13	40.00	168.80	
230000	5	T1019		02/15/13	02/15/13	40.00	168.80	
					CLAIM TOTAL		793.36	CLAIM ACCOUNT REF. 2300000012011528SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008405	2011820	ST ROMAINE, CLAUDE	10/01/1956	UZ14868C	R2050170
DIAGNOSIS	CODES:	952.9	344.9	596.54			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230028	1	T1019		02/09/13	02/09/13	36.00	151.92	
230028	2	T1019		02/10/13	02/10/13	36.00	151.92	
230028	3	T1019		02/12/13	02/12/13	40.00	168.80	
230028	4	T1019		02/13/13	02/13/13	40.00	168.80	
230028	5	T1019		02/14/13	02/14/13	40.00	168.80	
230028	6	T1019		02/15/13	02/15/13	40.00	168.80	
					CLAIM TOTAL		979.04	CLAIM ACCOUNT REF. 2300280012011820SUP

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	
230020	1	T1019		02/09/13	02/09/13	36.00	151.92	
230020	2	T1019		02/10/13	02/10/13	40.00	168.80	
230020	3	T1019		02/11/13	02/11/13	40.00	168.80	
230020	4	T1019		02/12/13	02/12/13	40.00	168.80	
230020	5	T1019		02/13/13	02/13/13	40.00	168.80	
230020	6	T1019		02/14/13	02/14/13	40.00	168.80	
230020	7	T1019		02/15/13	02/15/13	40.00	168.80	
					CLAIM TOTAL		1,164.72	CLAIM ACCOUNT REF. 2300200012012284SUP

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	
230013	1	T1019		02/09/13	02/09/13	32.00	135.04	
230013	2	T1019		02/10/13	02/10/13	32.00	135.04	
230013	3	T1019		02/11/13	02/11/13	32.00	135.04	
230013	4	T1019		02/12/13	02/12/13	32.00	135.04	
230013	5	T1019		02/13/13	02/13/13	32.00	135.04	
230013	6	T1019		02/14/13	02/14/13	32.00	135.04	

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 43

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230013	7	T1019		02/15/13	02/15/13	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2300130012012478SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
229998	1	T1019		02/12/13	02/12/13	16.00	67.52	
229998	2	T1019		02/14/13	02/14/13	16.00	67.52	
229998	3	T1019		02/15/13	02/15/13	16.00	67.52	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2299980012012489SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012498	2012498	SCHOONMAKER, JEAN	01/16/1944	UJ54950A	
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230026	1	T1019		02/10/13	02/10/13	32.00	135.04	
230026	2	T1019		02/11/13	02/11/13	32.00	135.04	
230026	3	T1019		02/12/13	02/12/13	32.00	135.04	
230026	4	T1019		02/13/13	02/13/13	20.00	84.40	
230026	5	T1019		02/14/13	02/14/13	32.00	135.04	
230026	6	T1019		02/15/13	02/15/13	32.00	135.04	
					CLAIM TOTAL		759.60	CLAIM ACCOUNT REF. 2300260012012498SUP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	199	TOTAL CLAIM AMOUNT =	24,847.36
		# SERVICES =	36		

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 44

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230060	1	T1019		02/09/13	02/09/13	40.00	171.60
230060	2	T1019		02/10/13	02/10/13	40.00	171.60
230060	3	T1019		02/11/13	02/11/13	40.00	171.60
230060	4	T1019		02/12/13	02/12/13	40.00	171.60
230060	5	T1019		02/13/13	02/13/13	40.00	171.60
230060	6	T1019		02/14/13	02/14/13	40.00	171.60
230060	7	T1019		02/15/13	02/15/13	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2300600012008245SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008287 2008287 MILLAN, ARMIDA 09/13/1928 100063356 609358474
DIAGNOSIS CODES: 250.00 272.4 311. 356.9 365.9 401.9 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230063	1	T1019		02/09/13	02/09/13	16.00	68.64
230063	2	T1019		02/10/13	02/10/13	16.00	68.64
230063	3	T1019		02/11/13	02/11/13	36.00	154.44
230063	4	T1019		02/12/13	02/12/13	36.00	154.44
230063	5	T1019		02/13/13	02/13/13	36.00	154.44
230063	6	T1019		02/14/13	02/14/13	36.00	154.44
230063	7	T1019		02/15/13	02/15/13	36.00	154.44
CLAIM TOTAL						909.48	CLAIM ACCOUNT REF. 2300630012008287SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230064	1	T1019		02/09/13	02/09/13	32.00	137.28
230064	2	T1019		02/10/13	02/10/13	32.00	137.28
230064	3	T1019		02/11/13	02/11/13	32.00	137.28
230064	4	T1019		02/12/13	02/12/13	32.00	137.28
230064	5	T1019		02/13/13	02/13/13	32.00	137.28
230064	6	T1019		02/14/13	02/14/13	32.00	137.28
230064	7	T1019		02/15/13	02/15/13	32.00	137.28
CLAIM TOTAL						960.96	CLAIM ACCOUNT REF. 2300640012008401SUP

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 45

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011881 2011881 KHAN, FAZAL 06/28/1970 101344352 609738941
DIAGNOSIS CODES: 649.40

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230061	1	T1019		02/09/13	02/09/13	48.00	205.92	
					CLAIM TOTAL		205.92	CLAIM ACCOUNT REF. 2300610012011881SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011881 2011881 KHAN, FAZAL 06/28/1970 101344352 609951463
DIAGNOSIS CODES: 649.40

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230062	1	T1019		02/10/13	02/10/13	48.00	205.92	
230062	2	T1019		02/11/13	02/11/13	48.00	205.92	
230062	3	T1019		02/12/13	02/12/13	48.00	205.92	
230062	4	T1019		02/13/13	02/13/13	48.00	205.92	
230062	5	T1019		02/14/13	02/14/13	48.00	205.92	
230062	6	T1019		02/15/13	02/15/13	48.00	205.92	
					CLAIM TOTAL		1,235.52	CLAIM ACCOUNT REF. 2300620012011881SUP

PAYER TOTALS: UNITEDHEALTHCARE # OF CLAIMS = 28 TOTAL CLAIM AMOUNT = 4,513.08
SERVICES = 4

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 46

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230133	1	T1019	0580	02/09/13	02/09/13	40.00	168.80
230133	2	T1019	0580	02/10/13	02/10/13	40.00	168.80
230133	3	T1019	0580	02/11/13	02/11/13	40.00	168.80
230133	4	T1019	0580	02/14/13	02/14/13	40.00	168.80
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2301330012008266SUP

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
230135	1	S5130	0582	02/14/13	02/14/13	16.00	67.52
230135	2	S5130	0582	02/15/13	02/15/13	16.00	67.52
CLAIM TOTAL							135.04
CLAIM ACCOUNT REF.							2301350012009279SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008365 2010731 HARDING, EDNA 05/17/1956 006274884 103201397
DIAGNOSIS CODES: 493.90 253.5 272.4 296.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230134	1	T1019	0580	02/13/13	02/13/13	16.00	67.52
230134	2	T1019	0580	02/14/13	02/14/13	16.00	67.52
230134	3	T1019	0580	02/15/13	02/15/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2301340012010731SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230137	1	T1019	0580	02/09/13	02/09/13	24.00	90.00
230137	2	T1019	0580	02/11/13	02/11/13	24.00	90.00
230137	3	T1019	0580	02/12/13	02/12/13	24.00	90.00
230137	4	T1019	0580	02/13/13	02/13/13	24.00	90.00
230137	5	T1019	0580	02/14/13	02/14/13	24.00	90.00
230137	6	T1019	0580	02/15/13	02/15/13	24.00	90.00
CLAIM TOTAL							540.00
CLAIM ACCOUNT REF.							2301370012012357SUP

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 47

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230136	1	T1019	0580	02/11/13	02/11/13	16.00	60.00	
230136	2	T1019	0580	02/12/13	02/12/13	16.00	60.00	
230136	3	T1019	0580	02/13/13	02/13/13	16.00	60.00	
230136	4	T1019	0580	02/14/13	02/14/13	16.00	60.00	
230136	5	T1019	0580	02/15/13	02/15/13	16.00	60.00	
CLAIM TOTAL							300.00	CLAIM ACCOUNT REF. 2301360012012373SUP

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	
230138	1	T1019	0580	02/11/13	02/11/13	32.00	120.00	
230138	2	T1019	0580	02/12/13	02/12/13	36.00	135.00	
230138	3	T1019	0580	02/13/13	02/13/13	32.00	120.00	
230138	4	T1019	0580	02/14/13	02/14/13	36.00	135.00	
230138	5	T1019	0580	02/15/13	02/15/13	32.00	120.00	
CLAIM TOTAL							630.00	CLAIM ACCOUNT REF. 2301380012012374SUP

PAYER TOTALS: AMERIGROUP NEW YORK,LLC # OF CLAIMS = 25 TOTAL CLAIM AMOUNT = 2,482.80
SERVICES = 6

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 48

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008389 2011453 MUSHAYEV, BORIS 08/14/1947 7235 387543
DIAGNOSIS CODES: 401.9 250.00 425.8 428.0 441.00 715.90

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230146	1	T1019	1C	0570	02/11/13	02/11/13	4.00	63.60
230146	2	T1019	1C	0570	02/12/13	02/12/13	4.00	63.60
230146	3	T1019	1C	0570	02/13/13	02/13/13	4.00	63.60
230146	4	T1019	1C	0570	02/14/13	02/14/13	4.00	63.60
230146	5	T1019	1C	0570	02/15/13	02/15/13	4.00	63.60
CLAIM TOTAL								318.00
								CLAIM ACCOUNT REF. 2301460012011453SUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230145	1	T1019	1C	0570	02/11/13	02/11/13	4.00	63.60
230145	2	T1019	1C	0570	02/12/13	02/12/13	4.00	63.60
230145	3	T1019	1C	0570	02/13/13	02/13/13	4.00	63.60
230145	4	T1019	1C	0570	02/14/13	02/14/13	4.00	63.60
230145	5	T1019	1C	0570	02/15/13	02/15/13	4.00	63.60
CLAIM TOTAL								318.00
								CLAIM ACCOUNT REF. 2301450012011869SUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230142	1	T1019	1C	0570	02/12/13	02/12/13	6.00	95.40
230142	2	T1019	1C	0570	02/13/13	02/13/13	6.00	95.40
230142	3	T1019	1C	0570	02/14/13	02/14/13	6.00	95.40
230142	4	T1019	1C	0570	02/15/13	02/15/13	6.00	95.40
CLAIM TOTAL								381.60
								CLAIM ACCOUNT REF. 2301420012011870SUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230144	1	T1019	1C	0570	02/09/13	02/09/13	4.00	63.60
230144	2	T1019	1C	0570	02/10/13	02/10/13	4.00	63.60
230144	3	T1019	1C	0570	02/11/13	02/11/13	4.00	63.60
230144	4	T1019	1C	0570	02/12/13	02/12/13	4.00	63.60

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 49

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230144	5	T1019 1C	0570	02/13/13	02/13/13	4.00	63.60	
230144	6	T1019 1C	0570	02/15/13	02/15/13	4.00	63.60	
					CLAIM TOTAL		381.60	CLAIM ACCOUNT REF. 2301440012012213SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012513	2012513	BARRAZA, MERCEDES	12/13/1932	7459	424402
DIAGNOSIS CODES: 331.0 294.11 401.9 787.60							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230143	1	T1019 1C	0570	02/12/13	02/12/13	1.00	15.90	
					CLAIM TOTAL		15.90	CLAIM ACCOUNT REF. 2301430012012513SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	21	TOTAL CLAIM AMOUNT =	1,415.10
		# SERVICES =	5		

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 50

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230139	1	T1019	0580	02/09/13	02/09/13	36.00	151.92
230139	2	T1019	0580	02/10/13	02/10/13	36.00	151.92
230139	3	T1019	0580	02/11/13	02/11/13	36.00	151.92
230139	4	T1019	0580	02/12/13	02/12/13	36.00	151.92
230139	5	T1019	0580	02/13/13	02/13/13	36.00	151.92
230139	6	T1019	0580	02/14/13	02/14/13	36.00	151.92
230139	7	T1019	0580	02/15/13	02/15/13	36.00	151.92
CLAIM TOTAL							1,063.44
CLAIM ACCOUNT REF.							2301390012010800SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230141	1	T1019	0580	02/08/13	02/08/13	16.00	67.52
230141	2	T1019	0580	02/12/13	02/12/13	16.00	67.52
230141	3	T1019	0580	02/13/13	02/13/13	16.00	67.52
230141	4	T1019	0580	02/14/13	02/14/13	16.00	67.52
230141	5	T1019	0580	02/15/13	02/15/13	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2301410012010804SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230140	1	T1019	0580	02/11/13	02/11/13	16.00	67.52
230140	2	T1019	0580	02/12/13	02/12/13	16.00	67.52
230140	3	T1019	0580	02/13/13	02/13/13	16.00	67.52
230140	4	T1019	0580	02/14/13	02/14/13	16.00	67.52
230140	5	T1019	0580	02/15/13	02/15/13	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2301400012010805SUP

REPORT DATE 02/20/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022007432031RRSUP

PAGE: 51

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

PAYER TOTALS:	HEALTHCARE PARTNERS IPA I	# OF CLAIMS =	17	TOTAL CLAIM AMOUNT =	1,738.64
		# SERVICES =	3		

PROVIDER TOTALS:	SUNNYSIDE CITYWIDE	# OF CLAIMS =	824	TOTAL CLAIM AMOUNT =	101,184.25
		# SERVICES =	150		