

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

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
219911	1	T1020		12/01/12	12/01/12	7.00	118.09
219911	2	T1020		12/03/12	12/03/12	7.00	118.09
219911	3	T1020		12/04/12	12/04/12	7.00	118.09
219911	4	T1020		12/05/12	12/05/12	7.00	118.09
219911	5	T1020		12/06/12	12/06/12	7.00	118.09
219911	6	T1020		12/07/12	12/07/12	7.00	118.09
CLAIM TOTAL						708.54	CLAIM ACCOUNT REF. 2199110012008267SUP

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
219909	1	T1020		11/26/12	11/26/12	9.00	151.83
219909	2	T1020		11/27/12	11/27/12	9.00	151.83
219909	3	T1020		11/28/12	11/28/12	9.00	151.83
219909	4	T1020		11/29/12	11/29/12	9.00	151.83
219909	5	T1020		11/30/12	11/30/12	9.00	151.83
219909	6	T1020		12/03/12	12/03/12	9.00	151.83
219909	7	T1020		12/04/12	12/04/12	9.00	151.83
219909	8	T1020		12/05/12	12/05/12	9.00	151.83
219909	9	T1020		12/06/12	12/06/12	9.00	151.83
219909	10	T1020		12/07/12	12/07/12	9.00	151.83
CLAIM TOTAL						1,518.30	CLAIM ACCOUNT REF. 2199090012008268SUP

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
219906	1	T1020		12/03/12	12/03/12	7.00	118.09
219906	2	T1020		12/04/12	12/04/12	7.00	118.09
219906	3	T1020		12/05/12	12/05/12	7.00	118.09
219906	4	T1020		12/06/12	12/06/12	7.00	118.09
CLAIM TOTAL						472.36	CLAIM ACCOUNT REF. 2199060012008306SUP

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

PAGE: 2

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
219904	1	T1020		12/01/12	12/01/12	7.00	118.09
219904	2	T1020		12/02/12	12/02/12	7.00	118.09
219904	3	T1020		12/03/12	12/03/12	7.00	118.09
219904	4	T1020		12/04/12	12/04/12	7.00	118.09
219904	5	T1020		12/05/12	12/05/12	7.00	118.09
219904	6	T1020		12/06/12	12/06/12	7.00	118.09
219904	7	T1020		12/07/12	12/07/12	7.00	118.09
CLAIM TOTAL							826.63

CLAIM ACCOUNT REF. 2199040012008386SUP

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
219910	1	T1020		12/04/12	12/04/12	4.00	67.48
219910	2	T1020		12/06/12	12/06/12	5.00	84.35
219910	3	T1020		12/07/12	12/07/12	4.00	67.48
CLAIM TOTAL							219.31

CLAIM ACCOUNT REF. 2199100012008400SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008399 2010014 BERGES, MARITZA 11/20/1968 74098062800 120660869
DIAGNOSIS CODES: 493.00 275.2 276.8 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
219905	1	T1020		11/15/12	11/15/12	6.00	101.22
219905	2	T1020		12/03/12	12/03/12	6.00	101.22
219905	3	T1020		12/04/12	12/04/12	6.00	101.22
219905	4	T1020		12/05/12	12/05/12	6.00	101.22
219905	5	T1020		12/06/12	12/06/12	6.00	101.22
219905	6	T1020		12/07/12	12/07/12	3.00	50.61
CLAIM TOTAL							556.71

CLAIM ACCOUNT REF. 2199050012010014SUP

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
219912	1	T1020		12/01/12	12/01/12	9.00	151.83
219912	2	T1020		12/02/12	12/02/12	9.00	151.83

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

PAGE: 3

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	
219912	3	T1020		12/03/12	12/03/12	9.00	151.83	
219912	4	T1020		12/04/12	12/04/12	9.00	151.83	
219912	5	T1020		12/05/12	12/05/12	9.00	151.83	
219912	6	T1020		12/06/12	12/06/12	9.00	151.83	
219912	7	T1020		12/07/12	12/07/12	9.00	151.83	
CLAIM TOTAL							1,062.81	CLAIM ACCOUNT REF. 2199120012010041SUP

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	
219908	1	T1020		12/03/12	12/03/12	5.00	84.35	
219908	2	T1020		12/04/12	12/04/12	5.00	84.35	
219908	3	T1020		12/05/12	12/05/12	5.00	84.35	
219908	4	T1020		12/06/12	12/06/12	5.00	84.35	
219908	5	T1020		12/07/12	12/07/12	4.00	67.48	
CLAIM TOTAL							404.88	CLAIM ACCOUNT REF. 2199080012010712SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011495	2011495	ISKANDER, JACOB S	04/14/1949	74226723400	122720054
DIAGNOSIS	CODES:	748.60	253.5	401.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
219907	1	T1020		10/30/12	10/30/12	8.00	134.96	
219907	2	T1020		10/31/12	10/31/12	8.00	134.96	
219907	3	T1020		12/01/12	12/01/12	8.00	134.96	
219907	4	T1020		12/02/12	12/02/12	8.00	134.96	
219907	5	T1020		12/03/12	12/03/12	8.00	134.96	
219907	6	T1020		12/04/12	12/04/12	8.00	134.96	
219907	7	T1020		12/05/12	12/05/12	8.00	134.96	
219907	8	T1020		12/06/12	12/06/12	8.00	134.96	
219907	9	T1020		12/07/12	12/07/12	8.00	134.96	
CLAIM TOTAL							1,214.64	CLAIM ACCOUNT REF. 2199070012011495SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	57	TOTAL CLAIM AMOUNT =	6,984.18
		# SERVICES =	9		

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

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
219889	1	T1019		12/05/12	12/05/12	16.00	67.52
219889	2	T1019		12/06/12	12/06/12	16.00	67.52
219889	3	T1019		12/07/12	12/07/12	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2198890012008261SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
219896	1	T1019		12/01/12	12/01/12	24.00	101.28
219896	2	T1019		12/02/12	12/02/12	24.00	101.28
219896	3	T1019		12/03/12	12/03/12	24.00	101.28
219896	4	T1019		12/04/12	12/04/12	24.00	101.28
219896	5	T1019		12/05/12	12/05/12	24.00	101.28
219896	6	T1019		12/06/12	12/06/12	24.00	101.28
219896	7	T1019		12/07/12	12/07/12	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2198960012008263SUP

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
219901	1	T1019		12/01/12	12/01/12	40.00	168.80
219901	2	T1019		12/02/12	12/02/12	40.00	168.80
219901	3	T1019		12/03/12	12/03/12	40.00	168.80
219901	4	T1019		12/04/12	12/04/12	40.00	168.80
219901	5	T1019		12/05/12	12/05/12	40.00	168.80
219901	6	T1019		12/06/12	12/06/12	40.00	168.80
219901	7	T1019		12/07/12	12/07/12	36.00	151.92
CLAIM TOTAL							1,164.72
CLAIM ACCOUNT REF.							2199010012008265SUP

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
219903	1	T1019		12/01/12	12/01/12	16.00	67.52

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

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
219903	2	T1019		12/02/12	12/02/12	16.00	67.52
219903	3	T1019		12/03/12	12/03/12	24.00	101.28
219903	4	T1019		12/04/12	12/04/12	24.00	101.28
219903	5	T1019		12/05/12	12/05/12	24.00	101.28
219903	6	T1019		12/06/12	12/06/12	24.00	101.28
219903	7	T1019		12/07/12	12/07/12	24.00	101.28
CLAIM TOTAL							641.44

CLAIM ACCOUNT REF. 2199030012008303SUP

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
219892	1	T1019		12/04/12	12/04/12	16.00	67.52
219892	2	T1019		12/05/12	12/05/12	16.00	67.52
219892	3	T1019		12/06/12	12/06/12	16.00	67.52
CLAIM TOTAL							202.56

CLAIM ACCOUNT REF. 2198920012008366SUP

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
219887	1	T1019		12/03/12	12/03/12	32.00	135.04
219887	2	T1019		12/04/12	12/04/12	28.00	118.16
219887	3	T1019		12/05/12	12/05/12	28.00	118.16
219887	4	T1019		12/06/12	12/06/12	28.00	118.16
219887	5	T1019		12/07/12	12/07/12	28.00	118.16
CLAIM TOTAL							607.68

CLAIM ACCOUNT REF. 2198870012008403SUP

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
219898	1	T1019		11/19/12	11/19/12	24.00	101.28
219898	2	T1019		11/20/12	11/20/12	24.00	101.28
219898	3	T1019		11/21/12	11/21/12	24.00	101.28
219898	4	T1019		11/22/12	11/22/12	24.00	101.28
219898	5	T1019		11/23/12	11/23/12	24.00	101.28
219898	6	T1019		11/26/12	11/26/12	24.00	101.28
219898	7	T1019		11/27/12	11/27/12	24.00	101.28
219898	8	T1019		11/28/12	11/28/12	24.00	101.28

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

PAGE: 6

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
219898	9	T1019		11/29/12	11/29/12	24.00	101.28
219898	10	T1019		11/30/12	11/30/12	24.00	101.28
219898	11	T1019		12/03/12	12/03/12	24.00	101.28
219898	12	T1019		12/04/12	12/04/12	24.00	101.28
219898	13	T1019		12/05/12	12/05/12	24.00	101.28
219898	14	T1019		12/06/12	12/06/12	24.00	101.28
219898	15	T1019		12/07/12	12/07/12	24.00	101.28
CLAIM TOTAL							1,519.20
CLAIM ACCOUNT REF.							2198980012008421SUP

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
219897	1	T1019		12/01/12	12/01/12	24.00	101.28
219897	2	T1019		12/03/12	12/03/12	24.00	101.28
219897	3	T1019		12/04/12	12/04/12	24.00	101.28
219897	4	T1019		12/05/12	12/05/12	24.00	101.28
219897	5	T1019		12/06/12	12/06/12	24.00	101.28
219897	6	T1019		12/07/12	12/07/12	24.00	101.28
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2198970012008422SUP

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
219902	1	T1019		12/03/12	12/03/12	16.00	67.52
219902	2	T1019		12/04/12	12/04/12	16.00	67.52
219902	3	T1019		12/06/12	12/06/12	16.00	67.52
219902	4	T1019		12/07/12	12/07/12	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2199020012008425SUP

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
219890	1	T1019		11/12/12	11/12/12	40.00	168.80
219890	2	T1019		11/13/12	11/13/12	40.00	168.80
219890	3	T1019		12/01/12	12/01/12	40.00	168.80
219890	4	T1019		12/02/12	12/02/12	40.00	168.80
219890	5	T1019		12/03/12	12/03/12	40.00	168.80

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

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	
219890	6	T1019		12/04/12	12/04/12	40.00	168.80	
219890	7	T1019		12/05/12	12/05/12	40.00	168.80	
219890	8	T1019		12/06/12	12/06/12	40.00	168.80	
219890	9	T1019		12/07/12	12/07/12	40.00	168.80	
				CLAIM TOTAL		1,519.20		CLAIM ACCOUNT REF. 2198900012008427SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008531 2008531 RODRIGUEZ, 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	
219900	1	T1019		12/03/12	12/03/12	16.00	67.52	
219900	2	T1019		12/04/12	12/04/12	16.00	67.52	
219900	3	T1019		12/06/12	12/06/12	16.00	67.52	
219900	4	T1019		12/07/12	12/07/12	24.00	101.28	
				CLAIM TOTAL		303.84		CLAIM ACCOUNT REF. 2199000012008531SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008742 2008742 KROLL, KATHERINE 09/22/1949 10088829601 080811257332
DIAGNOSIS CODES: 340. 244.8 272.0 311. 386.2 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
219895	1	T1019		12/02/12	12/02/12	16.00	67.52	
219895	2	T1019		12/03/12	12/03/12	28.00	118.16	
219895	3	T1019		12/04/12	12/04/12	28.00	118.16	
219895	4	T1019		12/05/12	12/05/12	28.00	118.16	
219895	5	T1019		12/06/12	12/06/12	28.00	118.16	
219895	6	T1019		12/07/12	12/07/12	28.00	118.16	
				CLAIM TOTAL		658.32		CLAIM ACCOUNT REF. 2198950012008742SUP

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	
219888	1	T1019		12/03/12	12/03/12	16.00	67.52	
219888	2	T1019		12/04/12	12/04/12	24.00	101.28	
219888	3	T1019		12/05/12	12/05/12	24.00	101.28	
219888	4	T1019		12/06/12	12/06/12	24.00	101.28	
219888	5	T1019		12/07/12	12/07/12	24.00	101.28	
				CLAIM TOTAL		472.64		CLAIM ACCOUNT REF. 2198880012008802SUP

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

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 2008260 2009221 KHALIL, RASHAN 02/11/1989 10060620501 062512296643
DIAGNOSIS CODES: 799.89 294.8 343.9 345.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
219893	1	T1019		12/03/12	12/03/12	28.00	118.16
219893	2	T1019		12/04/12	12/04/12	28.00	118.16
219893	3	T1019		12/05/12	12/05/12	28.00	118.16
219893	4	T1019		12/06/12	12/06/12	28.00	118.16
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2198930012009221SUP

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
219894	1	T1019		11/24/12	11/24/12	48.00	202.56
219894	2	T1019		12/01/12	12/01/12	48.00	202.56
219894	3	T1019		12/02/12	12/02/12	40.00	168.80
219894	4	T1019		12/03/12	12/03/12	48.00	202.56
219894	5	T1019		12/04/12	12/04/12	48.00	202.56
219894	6	T1019		12/05/12	12/05/12	48.00	202.56
219894	7	T1019		12/07/12	12/07/12	48.00	202.56
CLAIM TOTAL							1,384.16
CLAIM ACCOUNT REF.							2198940012009356SUP

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
219885	1	T1019		11/16/12	11/16/12	32.00	135.04
219885	2	T1019		11/22/12	11/22/12	32.00	135.04
219885	3	T1019		12/03/12	12/03/12	32.00	135.04
219885	4	T1019		12/04/12	12/04/12	32.00	135.04
219885	5	T1019		12/05/12	12/05/12	32.00	135.04
219885	6	T1019		12/06/12	12/06/12	32.00	135.04
219885	7	T1019		12/07/12	12/07/12	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2198850012010143SUP

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

PAGE: 9

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 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	
219899	1	T1019		11/20/12	11/20/12	20.00	84.40	
219899	2	T1019		11/21/12	11/21/12	20.00	84.40	
219899	3	T1019		11/26/12	11/26/12	20.00	84.40	
219899	4	T1019		11/27/12	11/27/12	20.00	84.40	
219899	5	T1019		12/04/12	12/04/12	20.00	84.40	
219899	6	T1019		12/05/12	12/05/12	20.00	84.40	
219899	7	T1019		12/06/12	12/06/12	20.00	84.40	
219899	8	T1019		12/07/12	12/07/12	20.00	84.40	
				CLAIM TOTAL		675.20		CLAIM ACCOUNT REF. 2198990012010353SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010639 2010639 HAMPTON, PRISCILLA 07/21/1952 10094572501 060112293626
DIAGNOSIS CODES: 447.6 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
219891	1	T1019		12/01/12	12/01/12	24.00	101.28	
219891	2	T1019		12/02/12	12/02/12	24.00	101.28	
219891	3	T1019		12/03/12	12/03/12	24.00	101.28	
219891	4	T1019		12/04/12	12/04/12	28.00	118.16	
219891	5	T1019		12/05/12	12/05/12	24.00	101.28	
219891	6	T1019		12/06/12	12/06/12	28.00	118.16	
219891	7	T1019		12/07/12	12/07/12	28.00	118.16	
				CLAIM TOTAL		759.60		CLAIM ACCOUNT REF. 2198910012010639SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010671 2010878 AKHTER, SELINA 07/13/1960 10087504801 073112301172
DIAGNOSIS CODES: 093.9 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
219886	1	T1019		12/03/12	12/03/12	36.00	151.92	
219886	2	T1019		12/04/12	12/04/12	36.00	151.92	
219886	3	T1019		12/05/12	12/05/12	36.00	151.92	
219886	4	T1019		12/06/12	12/06/12	36.00	151.92	
219886	5	T1019		12/07/12	12/07/12	36.00	151.92	
				CLAIM TOTAL		759.60		CLAIM ACCOUNT REF. 2198860012010878SUP

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

PAGE: 10

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

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	119	TOTAL CLAIM AMOUNT =	13,875.36
		# SERVICES =	19		

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

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 2008233 2008233 ARIAS, NORA 03/31/1981 RB08739R 0106191290349
DIAGNOSIS CODES: 356.9 348.2 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
219935	1	T1019		12/01/12	12/01/12	4.00	68.60
219935	2	T1019		12/02/12	12/02/12	4.00	68.60
219935	3	T1019		12/03/12	12/03/12	12.00	205.80
219935	4	T1019		12/04/12	12/04/12	12.00	205.80
219935	5	T1019		12/05/12	12/05/12	12.00	205.80
219935	6	T1019		12/06/12	12/06/12	12.00	205.80
219935	7	T1019		12/07/12	12/07/12	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2199350012008233SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008236 2008236 PERSAD, USHA 07/05/1955 TS79090G 0103301290322
DIAGNOSIS CODES: 250.10 272.0 401.9 225.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
219943	1	T1019		12/01/12	12/01/12	8.00	137.20
219943	2	T1019		12/02/12	12/02/12	8.00	137.20
219943	3	T1019		12/03/12	12/03/12	11.00	188.65
219943	4	T1019		12/04/12	12/04/12	11.00	188.65
219943	5	T1019		12/06/12	12/06/12	11.00	188.65
219943	6	T1019		12/07/12	12/07/12	11.00	188.65
CLAIM TOTAL						1,029.00	CLAIM ACCOUNT REF. 2199430012008236SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008237 2008237 DURHAM, CYNTHIA 05/23/1960 ZB21969Z 01-070312-900-05
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
219939	1	T1019		11/26/12	11/26/12	4.00	68.60
219939	2	T1019		11/28/12	11/28/12	4.00	68.60
219939	3	T1019		11/29/12	11/29/12	4.00	68.60
219939	4	T1019		11/30/12	11/30/12	4.00	68.60
219939	5	T1019		12/03/12	12/03/12	4.00	68.60
219939	6	T1019		12/04/12	12/04/12	4.00	68.60
219939	7	T1019		12/05/12	12/05/12	4.00	68.60
219939	8	T1019		12/06/12	12/06/12	4.00	68.60
219939	9	T1019		12/07/12	12/07/12	4.00	68.60
CLAIM TOTAL						617.40	CLAIM ACCOUNT REF. 2199390012008237SUP

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

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 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
219934	1	T1019		12/01/12	12/01/12	3.00	51.45
219934	2	T1019		12/02/12	12/02/12	3.00	51.45
219934	3	T1019		12/03/12	12/03/12	5.00	85.75
219934	4	T1019		12/05/12	12/05/12	5.00	85.75
219934	5	T1019		12/07/12	12/07/12	5.00	85.75
CLAIM TOTAL							360.15

CLAIM ACCOUNT REF. 2199340012008284SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008385 2008385 MURDOCK, GERTRUDE 11/01/1917 SS71357M 0106221290271
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
219941	1	T1019		12/03/12	12/03/12	8.00	137.20
219941	2	T1019		12/04/12	12/04/12	8.00	137.20
219941	3	T1019		12/05/12	12/05/12	8.00	137.20
CLAIM TOTAL							411.60

CLAIM ACCOUNT REF. 2199410012008385SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008415 2008415 BEDOYA, MONICA 09/30/1958 WP66802A 0110221290320
DIAGNOSIS CODES: 345.90 272.0 295.90 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
219936	1	T1019		12/03/12	12/03/12	5.00	85.75
CLAIM TOTAL							85.75

CLAIM ACCOUNT REF. 2199360012008415SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008417 2008417 GALAS, TERESA 06/08/1955 ZX91437V 0106191290406
DIAGNOSIS CODES: 345.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
219940	1	T1019		12/01/12	12/01/12	5.00	85.75
219940	2	T1019		12/02/12	12/02/12	5.00	85.75
219940	3	T1019		12/03/12	12/03/12	5.00	85.75
219940	4	T1019		12/04/12	12/04/12	5.00	85.75
219940	5	T1019		12/05/12	12/05/12	5.00	85.75
219940	6	T1019		12/06/12	12/06/12	5.00	85.75
219940	7	T1019		12/07/12	12/07/12	5.00	85.75
CLAIM TOTAL							600.25

CLAIM ACCOUNT REF. 2199400012008417SUP

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

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 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	
219945	1	T1019		12/03/12	12/03/12	8.00	137.20	
219945	2	T1019		12/04/12	12/04/12	8.00	137.20	
219945	3	T1019		12/05/12	12/05/12	8.00	137.20	
219945	4	T1019		12/06/12	12/06/12	8.00	137.20	
219945	5	T1019		12/07/12	12/07/12	8.00	137.20	
					CLAIM TOTAL		686.00	CLAIM ACCOUNT REF. 2199450012008418SUP

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	
219937	1	T1019		12/01/12	12/01/12	10.00	171.50	
219937	2	T1019		12/02/12	12/02/12	10.00	171.50	
219937	3	T1019		12/03/12	12/03/12	10.00	171.50	
219937	4	T1019		12/04/12	12/04/12	10.00	171.50	
219937	5	T1019		12/05/12	12/05/12	10.00	171.50	
219937	6	T1019		12/06/12	12/06/12	10.00	171.50	
219937	7	T1019		12/07/12	12/07/12	10.00	171.50	
					CLAIM TOTAL		1,200.50	CLAIM ACCOUNT REF. 2199370012008743SUP

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	
219946	1	T1019		11/24/12	11/24/12	5.00	85.75	
219946	2	T1019		11/25/12	11/25/12	5.00	85.75	
219946	3	T1019		12/01/12	12/01/12	5.00	85.75	
219946	4	T1019		12/02/12	12/02/12	5.00	85.75	
219946	5	T1019		12/03/12	12/03/12	5.00	85.75	
219946	6	T1019		12/04/12	12/04/12	5.00	85.75	
219946	7	T1019		12/05/12	12/05/12	5.00	85.75	
219946	8	T1019		12/06/12	12/06/12	5.00	85.75	
219946	9	T1019		12/07/12	12/07/12	5.00	85.75	
					CLAIM TOTAL		771.75	CLAIM ACCOUNT REF. 2199460012009377SUP

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

PAGE: 14

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
219944	1	T1019		11/29/12	11/29/12	3.00	51.45
219944	2	T1019		12/01/12	12/01/12	3.00	51.45
219944	3	T1019		12/03/12	12/03/12	3.00	51.45
219944	4	T1019		12/04/12	12/04/12	3.00	51.45
219944	5	T1019		12/05/12	12/05/12	3.00	51.45
219944	6	T1019		12/06/12	12/06/12	3.00	51.45
219944	7	T1019		12/07/12	12/07/12	3.00	51.45
CLAIM TOTAL							360.15
CLAIM ACCOUNT REF.							2199440012009688SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008279 2010213 VALLE, BLASINA 02/03/1929 QG00558G 0106011290042
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
219947	1	T1019		12/03/12	12/03/12	8.00	137.20
219947	2	T1019		12/04/12	12/04/12	8.00	137.20
219947	3	T1019		12/05/12	12/05/12	8.00	137.20
219947	4	T1019		12/06/12	12/06/12	8.00	137.20
CLAIM TOTAL							548.80
CLAIM ACCOUNT REF.							2199470012010213SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
219942	1	T1019		12/03/12	12/03/12	8.00	137.20
219942	2	T1019		12/04/12	12/04/12	8.00	137.20
219942	3	T1019		12/05/12	12/05/12	8.00	137.20
219942	4	T1019		12/06/12	12/06/12	8.00	137.20
219942	5	T1019		12/07/12	12/07/12	8.00	137.20
CLAIM TOTAL							686.00
CLAIM ACCOUNT REF.							2199420012010886SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011286 2011286 DOBBINS, SANDRA 02/05/1953 ZA50099X 0109041290009
DIAGNOSIS CODES: 295.90 369.10 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
219938	1	T1019		11/17/12	11/17/12	3.00	51.45
219938	2	T1019		12/01/12	12/01/12	24.00	411.60

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

PAGE: 15

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
219938	3	T1019		12/02/12	12/02/12	24.00	411.60	
219938	4	T1019		12/03/12	12/03/12	24.00	411.60	
219938	5	T1019		12/04/12	12/04/12	24.00	411.60	
219938	6	T1019		12/05/12	12/05/12	24.00	411.60	
219938	7	T1019		12/06/12	12/06/12	24.00	411.60	
219938	8	T1019		12/07/12	12/07/12	24.00	411.60	
					CLAIM TOTAL	2,932.65		CLAIM ACCOUNT REF. 2199380012011286SUP

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	83	TOTAL CLAIM AMOUNT =	11,456.20
		# SERVICES =	14		

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

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 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
219950	1	T1019		12/01/12	12/01/12	36.00	154.80
219950	2	T1019		12/02/12	12/02/12	36.00	154.80
219950	3	T1019		12/03/12	12/03/12	36.00	154.80
219950	4	T1019		12/04/12	12/04/12	36.00	154.80
219950	5	T1019		12/05/12	12/05/12	36.00	154.80
219950	6	T1019		12/06/12	12/06/12	36.00	154.80
219950	7	T1019		12/07/12	12/07/12	36.00	154.80
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2199500012008286SUP

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
219949	1	T1019		12/01/12	12/01/12	24.00	103.20
219949	2	T1019		12/02/12	12/02/12	24.00	103.20
219949	3	T1019		12/03/12	12/03/12	24.00	103.20
219949	4	T1019		12/04/12	12/04/12	24.00	103.20
219949	5	T1019		12/05/12	12/05/12	24.00	103.20
219949	6	T1019		12/06/12	12/06/12	24.00	103.20
219949	7	T1019		12/07/12	12/07/12	24.00	103.20
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2199490012008495SUP

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
219948	1	T1019		12/01/12	12/01/12	28.00	120.40
219948	2	T1019		12/02/12	12/02/12	28.00	120.40
219948	3	T1019		12/03/12	12/03/12	28.00	120.40
219948	4	T1019		12/04/12	12/04/12	28.00	120.40
219948	5	T1019		12/05/12	12/05/12	28.00	120.40
219948	6	T1019		12/06/12	12/06/12	28.00	120.40
219948	7	T1019		12/07/12	12/07/12	28.00	120.40
CLAIM TOTAL						842.80	CLAIM ACCOUNT REF. 2199480012010404SUP

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

PAGE: 17

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

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	21	TOTAL CLAIM AMOUNT =	2,648.80
		# SERVICES =	3		

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

PAGE: 18

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
219930	1	T1019	0580	12/03/12	12/03/12	40.00	168.80
219930	2	T1019	0580	12/04/12	12/04/12	40.00	168.80
219930	3	T1019	0580	12/05/12	12/05/12	40.00	168.80
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2199300012008491SUP

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
219933	1	T1019	0580	12/03/12	12/03/12	16.00	67.52
219933	2	T1019	0580	12/04/12	12/04/12	16.00	67.52
219933	3	T1019	0580	12/05/12	12/05/12	16.00	67.52
219933	4	T1019	0580	12/06/12	12/06/12	16.00	67.52
219933	5	T1019	0580	12/07/12	12/07/12	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2199330012008513SUP

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
219931	1	T1019	0580	12/01/12	12/01/12	20.00	84.40
219931	2	T1019	0580	12/02/12	12/02/12	20.00	84.40
219931	3	T1019	0580	12/03/12	12/03/12	20.00	84.40
219931	4	T1019	0580	12/04/12	12/04/12	20.00	84.40
219931	5	T1019	0580	12/05/12	12/05/12	20.00	84.40
219931	6	T1019	0580	12/06/12	12/06/12	20.00	84.40
219931	7	T1019	0580	12/07/12	12/07/12	20.00	84.40
CLAIM TOTAL							590.80

CLAIM ACCOUNT REF. 2199310012008544SUP

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
219925	1	T1019	0580	11/27/12	11/27/12	16.00	56.00
219925	2	T1019	0580	11/29/12	11/29/12	16.00	56.00
219925	3	T1019	0580	11/30/12	11/30/12	16.00	56.00

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

PAGE: 19

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	
219925	4	T1019	0580	12/04/12	12/04/12	16.00	56.00	
219925	5	T1019	0580	12/06/12	12/06/12	16.00	56.00	
219925	6	T1019	0580	12/07/12	12/07/12	16.00	56.00	
					CLAIM TOTAL		336.00	CLAIM ACCOUNT REF. 2199250012008723SUP

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	
219918	1	T1019	0580	12/01/12	12/01/12	48.00	168.00	
219918	2	T1019	0580	12/02/12	12/02/12	48.00	168.00	
219918	3	T1019	0580	12/03/12	12/03/12	48.00	168.00	
219918	4	T1019	0580	12/04/12	12/04/12	48.00	168.00	
219918	5	T1019	0580	12/05/12	12/05/12	48.00	168.00	
219918	6	T1019	0580	12/06/12	12/06/12	48.00	168.00	
219918	7	T1019	0580	12/07/12	12/07/12	48.00	168.00	
					CLAIM TOTAL		1,176.00	CLAIM ACCOUNT REF. 2199180012008793SUP

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	
219927	1	T1019	0580	12/01/12	12/01/12	32.00	112.00	
219927	2	T1019	0580	12/02/12	12/02/12	32.00	112.00	
219927	3	T1019	0580	12/03/12	12/03/12	32.00	112.00	
219927	4	T1019	0580	12/04/12	12/04/12	31.00	108.50	
219927	5	T1019	0580	12/05/12	12/05/12	32.00	112.00	
219927	6	T1019	0580	12/07/12	12/07/12	32.00	112.00	
					CLAIM TOTAL		668.50	CLAIM ACCOUNT REF. 2199270012009237SUP

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	
219932	1	T1019	0580	12/07/12	12/07/12	20.00	84.40	
					CLAIM TOTAL		84.40	CLAIM ACCOUNT REF. 2199320012009269SUP

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

PAGE: 20

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 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
219928	1	T1019	0580	12/03/12	12/03/12	16.00	67.52
CLAIM TOTAL							67.52
CLAIM ACCOUNT REF.							2199280012009406SUP

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
219929	1	T1019	0580	11/22/12	11/22/12	40.00	168.80
219929	2	T1019	0580	12/05/12	12/05/12	40.00	168.80
219929	3	T1019	0580	12/06/12	12/06/12	40.00	168.80
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2199290012009562SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009686 2009686 GAFFNEY, FREDERICK 01/04/1939 RH10373H 0005177081-002
DIAGNOSIS CODES: 315.8 357.4 389.8 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
219921	1	T1019	0580	12/03/12	12/03/12	16.00	56.00
219921	2	T1019	0580	12/04/12	12/04/12	16.00	56.00
219921	3	T1019	0580	12/05/12	12/05/12	16.00	56.00
219921	4	T1019	0580	12/06/12	12/06/12	16.00	56.00
219921	5	T1019	0580	12/07/12	12/07/12	16.00	56.00
CLAIM TOTAL							280.00
CLAIM ACCOUNT REF.							2199210012009686SUP

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
219923	1	T1019	0580	12/01/12	12/01/12	28.00	98.00
219923	2	T1019	0580	12/02/12	12/02/12	28.00	98.00
219923	3	T1019	0580	12/03/12	12/03/12	28.00	98.00
219923	4	T1019	0580	12/04/12	12/04/12	28.00	98.00
219923	5	T1019	0580	12/05/12	12/05/12	28.00	98.00
219923	6	T1019	0580	12/06/12	12/06/12	28.00	98.00
219923	7	T1019	0580	12/07/12	12/07/12	28.00	98.00
CLAIM TOTAL							686.00
CLAIM ACCOUNT REF.							2199230012009945SUP

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

PAGE: 21

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
219917	1	T1019	0580	12/03/12	12/03/12	20.00	70.00
219917	2	T1019	0580	12/04/12	12/04/12	24.00	84.00
219917	3	T1019	0580	12/05/12	12/05/12	20.00	70.00
219917	4	T1019	0580	12/06/12	12/06/12	20.00	70.00
219917	5	T1019	0580	12/07/12	12/07/12	20.00	70.00
CLAIM TOTAL							364.00
							CLAIM ACCOUNT REF. 2199170012010293SUP

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
219926	1	T1019	0580	12/01/12	12/01/12	48.00	168.00
219926	2	T1019	0580	12/02/12	12/02/12	48.00	168.00
219926	3	T1019	0580	12/03/12	12/03/12	48.00	168.00
219926	4	T1019	0580	12/04/12	12/04/12	48.00	168.00
219926	5	T1019	0580	12/05/12	12/05/12	48.00	168.00
219926	6	T1019	0580	12/06/12	12/06/12	48.00	168.00
219926	7	T1019	0580	12/07/12	12/07/12	48.00	168.00
CLAIM TOTAL							1,176.00
							CLAIM ACCOUNT REF. 2199260012010316SUP

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
219922	1	T1019	0580	12/01/12	12/01/12	36.00	126.00
219922	2	T1019	0580	12/02/12	12/02/12	36.00	126.00
219922	3	T1019	0580	12/03/12	12/03/12	36.00	126.00
219922	4	T1019	0580	12/04/12	12/04/12	4.00	14.00
219922	5	T1019	0580	12/05/12	12/05/12	32.00	112.00
219922	6	T1019	0580	12/06/12	12/06/12	33.00	115.50
219922	7	T1019	0580	12/07/12	12/07/12	32.00	112.00
CLAIM TOTAL							731.50
							CLAIM ACCOUNT REF. 2199220012010991SUP

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

PAGE: 22

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 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
219919	1	G0156	0572	12/01/12	12/01/12	7.00	99.75
219919	2	G0156	0572	12/02/12	12/02/12	7.00	99.75
219919	3	G0156	0572	12/03/12	12/03/12	7.00	99.75
219919	4	G0156	0572	12/04/12	12/04/12	7.00	99.75
219919	5	G0156	0572	12/05/12	12/05/12	7.00	99.75
219919	6	G0156	0572	12/06/12	12/06/12	7.00	99.75
219919	7	G0156	0572	12/07/12	12/07/12	7.00	99.75
CLAIM TOTAL							698.25
CLAIM ACCOUNT REF.							2199190012011066SUP

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
219920	1	G0156	0572	12/01/12	12/01/12	12.00	171.00
219920	2	G0156	0572	12/02/12	12/02/12	12.00	171.00
219920	3	G0156	0572	12/03/12	12/03/12	12.00	171.00
219920	4	G0156	0572	12/04/12	12/04/12	12.00	171.00
219920	5	G0156	0572	12/05/12	12/05/12	12.00	171.00
219920	6	G0156	0572	12/06/12	12/06/12	12.00	171.00
219920	7	G0156	0572	12/07/12	12/07/12	12.00	171.00
CLAIM TOTAL							1,197.00
CLAIM ACCOUNT REF.							2199200012011526SUP

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
219924	1	T1019	0580	11/20/12	11/20/12	48.00	168.00
219924	2	T1019	0580	12/01/12	12/01/12	48.00	168.00
219924	3	T1019	0580	12/02/12	12/02/12	48.00	168.00
219924	4	T1019	0580	12/03/12	12/03/12	48.00	168.00
219924	5	T1019	0580	12/04/12	12/04/12	48.00	168.00
219924	6	T1019	0580	12/05/12	12/05/12	48.00	168.00
219924	7	T1019	0580	12/06/12	12/06/12	48.00	168.00
219924	8	T1019	0580	12/07/12	12/07/12	48.00	168.00
CLAIM TOTAL							1,344.00
CLAIM ACCOUNT REF.							2199240012011833SUP

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

PAGE: 23

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

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	92	TOTAL CLAIM AMOUNT =	10,750.37
		# SERVICES =	17		

PAGE: 24

NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008374	2010958	KARASSAVIDES, ARISTOTI	10/09/1962	V80041904	121790012

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
219966	1	T1019		12/03/12	12/03/12	28.00	120.12	
219966	2	T1019		12/04/12	12/04/12	28.00	120.12	
219966	3	T1019		12/05/12	12/05/12	28.00	120.12	
219966	4	T1019		12/06/12	12/06/12	28.00	120.12	
219966	5	T1019		12/07/12	12/07/12	28.00	120.12	
					CLAIM TOTAL	600.60		CLAIM ACCOUNT REF. 2199660012010958SUP

PAYER TOTALS:	VNSNY CHOICE	# OF CLAIMS =	5	TOTAL CLAIM AMOUNT =	600.60
		# SERVICES =	1		

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

PAGE: 25

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
219875	1	T1019		12/01/12	12/01/12	12.00	50.64
219875	2	T1019		12/02/12	12/02/12	12.00	50.64
219875	3	T1019		12/03/12	12/03/12	12.00	50.64
219875	4	T1019		12/04/12	12/04/12	12.00	50.64
219875	5	T1019		12/05/12	12/05/12	12.00	50.64
219875	6	T1019		12/06/12	12/06/12	12.00	50.64
219875	7	T1019		12/07/12	12/07/12	12.00	50.64
CLAIM TOTAL							354.48

CLAIM ACCOUNT REF. 2198750012008246SUP

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
219876	1	T1019		12/01/12	12/01/12	12.00	50.64
219876	2	T1019		12/05/12	12/05/12	12.00	50.64
219876	3	T1019		12/06/12	12/06/12	12.00	50.64
CLAIM TOTAL							151.92

CLAIM ACCOUNT REF. 2198760012008248SUP

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
219871	1	T1019		12/02/12	12/02/12	40.00	168.80
219871	2	T1019		12/03/12	12/03/12	44.00	185.68
219871	3	T1019		12/04/12	12/04/12	44.00	185.68
219871	4	T1019		12/05/12	12/05/12	44.00	185.68
219871	5	T1019		12/06/12	12/06/12	44.00	185.68
219871	6	T1019		12/07/12	12/07/12	44.00	185.68
CLAIM TOTAL							1,097.20

CLAIM ACCOUNT REF. 2198710012008249SUP

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
219878	1	T1019		12/01/12	12/01/12	32.00	135.04
219878	2	T1019		12/02/12	12/02/12	32.00	135.04

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

PAGE: 26

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
219878	3	T1019		12/04/12	12/04/12	32.00	135.04	
219878	4	T1019		12/05/12	12/05/12	32.00	135.04	
219878	5	T1019		12/06/12	12/06/12	32.00	135.04	
219878	6	T1019		12/07/12	12/07/12	32.00	135.04	
					CLAIM TOTAL		810.24	CLAIM ACCOUNT REF. 2198780012008250SUP

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	
219857	1	T1019		11/26/12	11/26/12	32.00	135.04	
219857	2	T1019		12/03/12	12/03/12	32.00	135.04	
219857	3	T1019		12/04/12	12/04/12	32.00	135.04	
219857	4	T1019		12/05/12	12/05/12	32.00	135.04	
219857	5	T1019		12/06/12	12/06/12	32.00	135.04	
219857	6	T1019		12/07/12	12/07/12	32.00	135.04	
					CLAIM TOTAL		810.24	CLAIM ACCOUNT REF. 2198570012008251SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008253 2008253 MACARENA, SAHARA 09/12/1965 VT07830U R1904276
DIAGNOSIS CODES: 359.0 719.45

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
219872	1	T1019		12/01/12	12/01/12	48.00	202.56	
219872	2	T1019		12/02/12	12/02/12	48.00	202.56	
219872	3	T1019		12/03/12	12/03/12	48.00	202.56	
219872	4	T1019		12/04/12	12/04/12	48.00	202.56	
219872	5	T1019		12/05/12	12/05/12	48.00	202.56	
219872	6	T1019		12/06/12	12/06/12	48.00	202.56	
219872	7	T1019		12/07/12	12/07/12	48.00	202.56	
					CLAIM TOTAL		1,417.92	CLAIM ACCOUNT REF. 2198720012008253SUP

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	
219880	1	T1019		12/03/12	12/03/12	20.00	84.40	
219880	2	T1019		12/04/12	12/04/12	20.00	84.40	
219880	3	T1019		12/05/12	12/05/12	20.00	84.40	
219880	4	T1019		12/06/12	12/06/12	20.00	84.40	
219880	5	T1019		12/07/12	12/07/12	20.00	84.40	

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

PAGE: 27

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.
							422.00	2198800012008254SUP

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	CLAIM ACCOUNT REF.
219855	1	T1019		12/03/12	12/03/12	32.00	135.04	
219855	2	T1019		12/04/12	12/04/12	32.00	135.04	
219855	3	T1019		12/05/12	12/05/12	32.00	135.04	
219855	4	T1019		12/06/12	12/06/12	32.00	135.04	
219855	5	T1019		12/07/12	12/07/12	32.00	135.04	
						CLAIM TOTAL	675.20	2198550012008256SUP

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	CLAIM ACCOUNT REF.
219862	1	T1019		12/01/12	12/01/12	24.00	101.28	
219862	2	T1019		12/02/12	12/02/12	24.00	101.28	
219862	3	T1019		12/03/12	12/03/12	24.00	101.28	
219862	4	T1019		12/04/12	12/04/12	24.00	101.28	
219862	5	T1019		12/05/12	12/05/12	24.00	101.28	
219862	6	T1019		12/06/12	12/06/12	24.00	101.28	
219862	7	T1019		12/07/12	12/07/12	24.00	101.28	
						CLAIM TOTAL	708.96	2198620012008257SUP

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	CLAIM ACCOUNT REF.
219879	1	T1019		12/03/12	12/03/12	32.00	135.04	
219879	2	T1019		12/04/12	12/04/12	32.00	135.04	
219879	3	T1019		12/05/12	12/05/12	32.00	135.04	
219879	4	T1019		12/06/12	12/06/12	32.00	135.04	
219879	5	T1019		12/07/12	12/07/12	32.00	135.04	
						CLAIM TOTAL	675.20	2198790012008290SUP

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

PAGE: 28

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 2008297 2008297 MARTIN, ARIANA 12/25/1968 XD64969X R2028439
DIAGNOSIS CODES: 250.63 401.9 493.11

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
219873	1	T1019		12/03/12	12/03/12	16.00	67.52
CLAIM TOTAL							67.52
CLAIM ACCOUNT REF.							2198730012008297SUP

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
219864	1	T1019		11/15/12	11/15/12	12.00	50.64
219864	2	T1019		12/01/12	12/01/12	28.00	118.16
219864	3	T1019		12/02/12	12/02/12	28.00	118.16
219864	4	T1019		12/03/12	12/03/12	28.00	118.16
219864	5	T1019		12/04/12	12/04/12	28.00	118.16
219864	6	T1019		12/05/12	12/05/12	28.00	118.16
219864	7	T1019		12/06/12	12/06/12	28.00	118.16
219864	8	T1019		12/07/12	12/07/12	28.00	118.16
CLAIM TOTAL							877.76
CLAIM ACCOUNT REF.							2198640012008362SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008368 2008368 RODRIGUEZ, MARGARET 06/25/1950 ZP21043J R1955871
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
219877	1	T1019		12/03/12	12/03/12	16.00	67.52
219877	2	T1019		12/04/12	12/04/12	16.00	67.52
219877	3	T1019		12/05/12	12/05/12	16.00	67.52
219877	4	T1019		12/06/12	12/06/12	16.00	67.52
219877	5	T1019		12/07/12	12/07/12	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2198770012008368SUP

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
219865	1	T1019		11/16/12	11/16/12	32.00	135.04
219865	2	T1019		11/19/12	11/19/12	32.00	135.04
219865	3	T1019		11/20/12	11/20/12	32.00	135.04
219865	4	T1019		11/22/12	11/22/12	32.00	135.04

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

PAGE: 29

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
219865	5	T1019		11/27/12	11/27/12	8.00	33.76	
219865	6	T1019		11/28/12	11/28/12	32.00	135.04	
219865	7	T1019		12/01/12	12/01/12	32.00	135.04	
219865	8	T1019		12/02/12	12/02/12	32.00	135.04	
219865	9	T1019		12/03/12	12/03/12	32.00	135.04	
219865	10	T1019		12/04/12	12/04/12	32.00	135.04	
219865	11	T1019		12/05/12	12/05/12	24.00	101.28	
219865	12	T1019		12/06/12	12/06/12	32.00	135.04	
219865	13	T1019		12/07/12	12/07/12	32.00	135.04	
CLAIM TOTAL							1,620.48	CLAIM ACCOUNT REF. 2198650012008411SUP

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	
219868	1	T1019		12/01/12	12/01/12	28.00	118.16	
219868	2	T1019		12/02/12	12/02/12	28.00	118.16	
219868	3	T1019		12/03/12	12/03/12	28.00	118.16	
219868	4	T1019		12/04/12	12/04/12	28.00	118.16	
219868	5	T1019		12/05/12	12/05/12	28.00	118.16	
219868	6	T1019		12/06/12	12/06/12	28.00	118.16	
219868	7	T1019		12/07/12	12/07/12	28.00	118.16	
CLAIM TOTAL							827.12	CLAIM ACCOUNT REF. 2198680012008428SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008433 2008433 BHAIRO, KOWSILILLI 05/13/1954 VG15691D R1917814
DIAGNOSIS CODES: 340. 286.0 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
219851	1	T1019		12/01/12	12/01/12	32.00	135.04	
219851	2	T1019		12/02/12	12/02/12	32.00	135.04	
219851	3	T1019		12/03/12	12/03/12	32.00	135.04	
219851	4	T1019		12/04/12	12/04/12	32.00	135.04	
219851	5	T1019		12/05/12	12/05/12	32.00	135.04	
219851	6	T1019		12/06/12	12/06/12	32.00	135.04	
219851	7	T1019		12/07/12	12/07/12	32.00	135.04	
CLAIM TOTAL							945.28	CLAIM ACCOUNT REF. 2198510012008433SUP

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

PAGE: 30

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 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z R1903232
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	
219850	1	T1019		12/01/12	12/01/12	16.00	67.52	
219850	2	T1019		12/02/12	12/02/12	16.00	67.52	
219850	3	T1019		12/03/12	12/03/12	16.00	67.52	
219850	4	T1019		12/04/12	12/04/12	16.00	67.52	
219850	5	T1019		12/05/12	12/05/12	16.00	67.52	
219850	6	T1019		12/06/12	12/06/12	16.00	67.52	
219850	7	T1019		12/07/12	12/07/12	16.00	67.52	
					CLAIM TOTAL		472.64	CLAIM ACCOUNT REF. 2198500012008487SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008558 2008558 SURIEL, GERTRUDIS 03/17/1950 ZE67447D 0106131202138
DIAGNOSIS CODES: 493.90 401.9 414.00 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
219882	1	T1019		12/03/12	12/03/12	48.00	202.56	
219882	2	T1019		12/04/12	12/04/12	48.00	202.56	
219882	3	T1019		12/05/12	12/05/12	48.00	202.56	
219882	4	T1019		12/06/12	12/06/12	24.00	101.28	
219882	5	T1019		12/07/12	12/07/12	48.00	202.56	
					CLAIM TOTAL		911.52	CLAIM ACCOUNT REF. 2198820012008558SUP

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	
219861	1	T1019		12/01/12	12/01/12	16.00	67.52	
219861	2	T1019		12/02/12	12/02/12	16.00	67.52	
219861	3	T1019		12/03/12	12/03/12	24.00	101.28	
219861	4	T1019		12/04/12	12/04/12	24.00	101.28	
219861	5	T1019		12/05/12	12/05/12	24.00	101.28	
219861	6	T1019		12/06/12	12/06/12	24.00	101.28	
219861	7	T1019		12/07/12	12/07/12	24.00	101.28	
					CLAIM TOTAL		641.44	CLAIM ACCOUNT REF. 2198610012008571SUP

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

PAGE: 31

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 2008380 2009001 FERRERA, FRANCISCA 06/06/1948 YH55651V R1695654
DIAGNOSIS CODES: 301.9 401.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
219863	1	T1019		12/05/12	12/05/12	20.00	84.40
CLAIM TOTAL							84.40

CLAIM ACCOUNT REF. 2198630012009001SUP

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
219858	1	T1019		11/21/12	11/21/12	20.00	84.40
219858	2	T1019		12/02/12	12/02/12	20.00	84.40
219858	3	T1019		12/03/12	12/03/12	20.00	84.40
219858	4	T1019		12/04/12	12/04/12	20.00	84.40
219858	5	T1019		12/05/12	12/05/12	20.00	84.40
219858	6	T1019		12/06/12	12/06/12	20.00	84.40
219858	7	T1019		12/07/12	12/07/12	20.00	84.40
CLAIM TOTAL							590.80

CLAIM ACCOUNT REF. 2198580012009256SUP

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
219856	1	T1019		12/01/12	12/01/12	32.00	135.04
219856	2	T1019		12/03/12	12/03/12	32.00	135.04
219856	3	T1019		12/04/12	12/04/12	32.00	135.04
219856	4	T1019		12/05/12	12/05/12	32.00	135.04
219856	5	T1019		12/06/12	12/06/12	32.00	135.04
219856	6	T1019		12/07/12	12/07/12	32.00	135.04
CLAIM TOTAL							810.24

CLAIM ACCOUNT REF. 2198560012009270SUP

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
219867	1	T1019		11/30/12	11/30/12	16.00	67.52
219867	2	T1019		12/03/12	12/03/12	16.00	67.52
219867	3	T1019		12/05/12	12/05/12	16.00	67.52
219867	4	T1019		12/07/12	12/07/12	16.00	67.52

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

PAGE: 32

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.
						CLAIM TOTAL	270.08	2198670012009322SUP

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	CLAIM ACCOUNT REF.
219859	1	T1019		12/03/12	12/03/12	24.00	101.28	
219859	2	T1019		12/04/12	12/04/12	24.00	101.28	
219859	3	T1019		12/05/12	12/05/12	24.00	101.28	
219859	4	T1019		12/06/12	12/06/12	24.00	101.28	
219859	5	T1019		12/07/12	12/07/12	24.00	101.28	
						CLAIM TOTAL	506.40	2198590012009405SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009425	2009425	FRIAS, BARBARA	04/01/1954	YQ10410R	R1869904
DIAGNOSIS CODES: 785.9 V44.2							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
219866	1	T1019		12/03/12	12/03/12	16.00	67.52	
219866	2	T1019		12/05/12	12/05/12	16.00	67.52	
219866	3	T1019		12/07/12	12/07/12	16.00	67.52	
						CLAIM TOTAL	202.56	2198660012009425SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009560	2009560	BOCHENEC, JOLANTA	07/08/1964	ZT71147Q	R1837066
DIAGNOSIS CODES: 854.00 272.4 300.00 307.42 781.0							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
219852	1	T1019		11/26/12	11/26/12	24.00	101.28	
219852	2	T1019		12/01/12	12/01/12	24.00	101.28	
						CLAIM TOTAL	202.56	2198520012009560SUP

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
219853	1	T1019		12/02/12	12/02/12	24.00	101.28
219853	2	T1019		12/03/12	12/03/12	24.00	101.28
219853	3	T1019		12/04/12	12/04/12	24.00	101.28
219853	4	T1019		12/05/12	12/05/12	24.00	101.28
219853	5	T1019		12/06/12	12/06/12	24.00	101.28

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

PAGE: 33

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
219853	6	T1019		12/07/12	12/07/12	24.00	101.28	
					CLAIM TOTAL		607.68	CLAIM ACCOUNT REF. 2198530012009560SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010009	2010009	VEGA, GLORIA	07/06/1955	ZU45073J	R1843447
DIAGNOSIS	CODES:	340.	250.00	272.2	311.		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
219884	1	T1019		12/03/12	12/03/12	32.00	135.04	
219884	2	T1019		12/04/12	12/04/12	32.00	135.04	
219884	3	T1019		12/05/12	12/05/12	32.00	135.04	
219884	4	T1019		12/06/12	12/06/12	32.00	135.04	
219884	5	T1019		12/07/12	12/07/12	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2198840012010009SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008299	2010311	LAZALA, GLADYS	02/03/1950	ZT39863D	R1866346
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	
219870	1	T1019		12/01/12	12/01/12	28.00	118.16	
219870	2	T1019		12/02/12	12/02/12	28.00	118.16	
219870	3	T1019		12/03/12	12/03/12	28.00	118.16	
219870	4	T1019		12/04/12	12/04/12	28.00	118.16	
219870	5	T1019		12/05/12	12/05/12	28.00	118.16	
219870	6	T1019		12/06/12	12/06/12	28.00	118.16	
219870	7	T1019		12/07/12	12/07/12	28.00	118.16	
					CLAIM TOTAL		827.12	CLAIM ACCOUNT REF. 2198700012010311SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010758	2010758	VASQUEZ, OLGA	11/20/1948	WU00136E	R1906129
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	
219883	1	T1019		12/02/12	12/02/12	20.00	84.40	
219883	2	T1019		12/06/12	12/06/12	20.00	84.40	
219883	3	T1019		12/07/12	12/07/12	20.00	84.40	
					CLAIM TOTAL		253.20	CLAIM ACCOUNT REF. 2198830012010758SUP

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

PAGE: 34

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 R1921929
DIAGNOSIS CODES: 401.9 244.9 272.4 715.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
219869	1	T1019		12/03/12	12/03/12	32.00	135.04	
219869	2	T1019		12/04/12	12/04/12	32.00	135.04	
219869	3	T1019		12/05/12	12/05/12	32.00	135.04	
219869	4	T1019		12/06/12	12/06/12	32.00	135.04	
219869	5	T1019		12/07/12	12/07/12	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2198690012010967SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011058 2011058 DELACRUZ, ANA 06/20/1920 122053627 0107241201931
DIAGNOSIS CODES: 294.20

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
219860	1	T1019		12/01/12	12/01/12	40.00	168.80	
219860	2	T1019		12/02/12	12/02/12	40.00	168.80	
219860	3	T1019		12/03/12	12/03/12	40.00	168.80	
219860	4	T1019		12/04/12	12/04/12	40.00	168.80	
219860	5	T1019		12/05/12	12/05/12	40.00	168.80	
219860	6	T1019		12/06/12	12/06/12	40.00	168.80	
219860	7	T1019		12/07/12	12/07/12	40.00	168.80	
					CLAIM TOTAL		1,181.60	CLAIM ACCOUNT REF. 2198600012011058SUP

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	
219874	1	T1020		12/01/12	12/01/12	12.00	202.56	
219874	2	T1020		12/02/12	12/02/12	12.00	202.56	
219874	3	T1020		12/04/12	12/04/12	12.00	202.56	
219874	4	T1020		12/05/12	12/05/12	12.00	202.56	
219874	5	T1020		12/06/12	12/06/12	12.00	202.56	
219874	6	T1020		12/07/12	12/07/12	12.00	202.56	
					CLAIM TOTAL		1,215.36	CLAIM ACCOUNT REF. 2198740012011388SUP

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

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 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	
219854	1	T1019		12/03/12	12/03/12	40.00	168.80	
219854	2	T1019		12/04/12	12/04/12	40.00	168.80	
219854	3	T1019		12/05/12	12/05/12	40.00	168.80	
219854	4	T1019		12/06/12	12/06/12	40.00	168.80	
219854	5	T1019		12/07/12	12/07/12	40.00	168.80	
					CLAIM TOTAL		844.00	CLAIM ACCOUNT REF. 2198540012011528SUP

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	
219881	1	T1019		12/01/12	12/01/12	36.00	151.92	
219881	2	T1019		12/02/12	12/02/12	36.00	151.92	
219881	3	T1019		12/03/12	12/03/12	40.00	168.80	
219881	4	T1019		12/04/12	12/04/12	36.00	151.92	
219881	5	T1019		12/05/12	12/05/12	36.00	151.92	
219881	6	T1019		12/06/12	12/06/12	40.00	168.80	
219881	7	T1019		12/07/12	12/07/12	40.00	168.80	
					CLAIM TOTAL		1,114.08	CLAIM ACCOUNT REF. 2198810012011820SUP

PAYER TOTALS: HEALTHFIRST PHSP # OF CLAIMS = 196 TOTAL CLAIM AMOUNT = 23,885.20
SERVICES = 34

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

PAGE: 36

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	
219913	1	T1019		11/27/12	11/27/12	40.00	171.60	
219913	2	T1019		12/01/12	12/01/12	40.00	171.60	
219913	3	T1019		12/02/12	12/02/12	40.00	171.60	
219913	4	T1019		12/03/12	12/03/12	40.00	171.60	
219913	5	T1019		12/04/12	12/04/12	40.00	171.60	
219913	6	T1019		12/05/12	12/05/12	40.00	171.60	
219913	7	T1019		12/06/12	12/06/12	40.00	171.60	
219913	8	T1019		12/07/12	12/07/12	40.00	171.60	
CLAIM TOTAL						1,372.80		CLAIM ACCOUNT REF. 2199130012008245SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008287 2008287 MILLAN, ARMIDA 09/13/1928 100063356 608047620
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	
219915	1	T1019		12/01/12	12/01/12	16.00	68.64	
219915	2	T1019		12/02/12	12/02/12	16.00	68.64	
CLAIM TOTAL						137.28		CLAIM ACCOUNT REF. 2199150012008287SUP

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	
219916	1	T1019		12/03/12	12/03/12	36.00	154.44	
219916	2	T1019		12/04/12	12/04/12	36.00	154.44	
219916	3	T1019		12/05/12	12/05/12	36.00	154.44	
219916	4	T1019		12/06/12	12/06/12	36.00	154.44	
219916	5	T1019		12/07/12	12/07/12	36.00	154.44	
CLAIM TOTAL						772.20		CLAIM ACCOUNT REF. 2199160012008287SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011881 2011881 KHAN, FAZAL 06/28/1970 2011881
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
219914	1	T1019		11/17/12	11/17/12	48.00	205.92	
219914	2	T1019		11/18/12	11/18/12	48.00	205.92	
CLAIM TOTAL						411.84		CLAIM ACCOUNT REF. 2199140012011881SUP

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

PAGE: 37

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

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	17	TOTAL CLAIM AMOUNT =	2,694.12
		# SERVICES =	3		

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

PAGE: 38

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
219955	1	T1019	0580	11/28/12	11/28/12	32.00	135.04
219955	2	T1019	0580	11/30/12	11/30/12	32.00	135.04
219955	3	T1019	0580	12/01/12	12/01/12	40.00	168.80
219955	4	T1019	0580	12/02/12	12/02/12	40.00	168.80
219955	5	T1019	0580	12/03/12	12/03/12	32.00	135.04
219955	6	T1019	0580	12/04/12	12/04/12	32.00	135.04
219955	7	T1019	0580	12/05/12	12/05/12	34.00	143.48
219955	8	T1019	0580	12/06/12	12/06/12	34.00	143.48
219955	9	T1019	0580	12/07/12	12/07/12	32.00	135.04

CLAIM TOTAL 1,299.76 CLAIM ACCOUNT REF. 2199550012008266SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008409 2009279 PRUITT, JOHNNY 10/26/1956 712824266 102602130
DIAGNOSIS CODES: 249.00 272.4 295.00 401.9 585.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
219957	1	S5130	0582	12/03/12	12/03/12	16.00	67.52
219957	2	S5130	0582	12/07/12	12/07/12	16.00	67.52

CLAIM TOTAL 135.04 CLAIM ACCOUNT REF. 2199570012009279SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009647 2009647 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
219953	1	T1019	0580	12/03/12	12/03/12	32.00	135.04
219953	2	T1019	0580	12/04/12	12/04/12	36.00	151.92
219953	3	T1019	0580	12/05/12	12/05/12	32.00	135.04
219953	4	T1019	0580	12/06/12	12/06/12	36.00	151.92
219953	5	T1019	0580	12/07/12	12/07/12	32.00	135.04

CLAIM TOTAL 708.96 CLAIM ACCOUNT REF. 2199530012009647SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010003 2010724 DENNISON, KELVIN * 09/23/1991 6944796 103006820
DIAGNOSIS CODES: 799.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
219951	1	T1019	0580	12/07/12	12/07/12	16.00	67.52

CLAIM TOTAL 67.52 CLAIM ACCOUNT REF. 2199510012010724SUP

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

PAGE: 39

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 2008406 2010728 YOUNG, KALEILE 06/17/1994 006532755 103177976
DIAGNOSIS CODES: 319. 493.90 742.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
219959	1	T1019	0580	11/24/12	11/24/12	16.00	67.52	
219959	2	T1019	0580	11/25/12	11/25/12	16.00	67.52	
219959	3	T1019	0580	11/26/12	11/26/12	8.00	33.76	
219959	4	T1019	0580	11/27/12	11/27/12	8.00	33.76	
219959	5	T1019	0580	11/28/12	11/28/12	8.00	33.76	
219959	6	T1019	0580	11/29/12	11/29/12	8.00	33.76	
219959	7	T1019	0580	11/30/12	11/30/12	8.00	33.76	
219959	8	T1019	0580	12/01/12	12/01/12	16.00	67.52	
219959	9	T1019	0580	12/02/12	12/02/12	16.00	67.52	
219959	10	T1019	0580	12/03/12	12/03/12	8.00	33.76	
219959	11	T1019	0580	12/04/12	12/04/12	8.00	33.76	
219959	12	T1019	0580	12/05/12	12/05/12	8.00	33.76	
219959	13	T1019	0580	12/06/12	12/06/12	8.00	33.76	
219959	14	T1019	0580	12/07/12	12/07/12	8.00	33.76	
CLAIM TOTAL							607.68	CLAIM ACCOUNT REF. 2199590012010728SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
219958	1	T1019	0580	11/24/12	11/24/12	20.00	84.40	
219958	2	T1019	0580	11/25/12	11/25/12	20.00	84.40	
219958	3	T1019	0580	11/26/12	11/26/12	12.00	50.64	
219958	4	T1019	0580	11/27/12	11/27/12	12.00	50.64	
219958	5	T1019	0580	11/28/12	11/28/12	12.00	50.64	
219958	6	T1019	0580	11/29/12	11/29/12	12.00	50.64	
219958	7	T1019	0580	11/30/12	11/30/12	12.00	50.64	
219958	8	T1019	0580	12/01/12	12/01/12	20.00	84.40	
219958	9	T1019	0580	12/02/12	12/02/12	20.00	84.40	
219958	10	T1019	0580	12/03/12	12/03/12	12.00	50.64	
219958	11	T1019	0580	12/04/12	12/04/12	12.00	50.64	
219958	12	T1019	0580	12/05/12	12/05/12	12.00	50.64	
219958	13	T1019	0580	12/06/12	12/06/12	12.00	50.64	
219958	14	T1019	0580	12/07/12	12/07/12	12.00	50.64	
CLAIM TOTAL							844.00	CLAIM ACCOUNT REF. 2199580012010729SUP

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

PAGE: 40

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 2010389 2010730 ESPERSON, CLAUDE 04/28/1971 006900634 103279541
DIAGNOSIS CODES: 340. 453.40

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
219952	1	T1019	0580	12/03/12	12/03/12	16.00	67.52
							CLAIM TOTAL
							67.52 CLAIM ACCOUNT REF. 2199520012010730SUP

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
219956	1	T1019	0580	11/30/12	11/30/12	16.00	67.52
219956	2	T1019	0580	12/03/12	12/03/12	16.00	67.52
219956	3	T1019	0580	12/04/12	12/04/12	16.00	67.52
219956	4	T1019	0580	12/05/12	12/05/12	16.00	67.52
219956	5	T1019	0580	12/06/12	12/06/12	16.00	67.52
219956	6	T1019	0580	12/07/12	12/07/12	8.00	33.76
							CLAIM TOTAL
							371.36 CLAIM ACCOUNT REF. 2199560012010731SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
219954	1	T1019	0580	11/26/12	11/26/12	12.00	50.64
219954	2	T1019	0580	11/28/12	11/28/12	12.00	50.64
219954	3	T1019	0580	11/30/12	11/30/12	16.00	67.52
							CLAIM TOTAL
							168.80 CLAIM ACCOUNT REF. 2199540012011322SUP

PAYER TOTALS: AMERIGROUP NEW YORK,LLC # OF CLAIMS = 55 TOTAL CLAIM AMOUNT = 4,270.64
SERVICES = 9

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

PAGE: 41

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
219965	1	T1019	1C	0570	12/03/12	12/03/12	4.00	63.60
219965	2	T1019	1C	0570	12/04/12	12/04/12	4.00	63.60
219965	3	T1019	1C	0570	12/05/12	12/05/12	4.00	63.60
219965	4	T1019	1C	0570	12/06/12	12/06/12	4.00	63.60
219965	5	T1019	1C	0570	12/07/12	12/07/12	4.00	63.60
CLAIM TOTAL								318.00

CLAIM ACCOUNT REF. 2199650012011453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011869 2011869 JONES, VALERIE 10/10/1948 1457 401533
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
219964	1	T1019	1C	0570	11/26/12	11/26/12	4.00	63.60
219964	2	T1019	1C	0570	11/27/12	11/27/12	4.00	63.60
219964	3	T1019	1C	0570	11/28/12	11/28/12	4.00	63.60
219964	4	T1019	1C	0570	11/29/12	11/29/12	4.00	63.60
219964	5	T1019	1C	0570	11/30/12	11/30/12	4.00	63.60
219964	6	T1019	1C	0570	12/03/12	12/03/12	4.00	63.60
219964	7	T1019	1C	0570	12/04/12	12/04/12	4.00	63.60
219964	8	T1019	1C	0570	12/05/12	12/05/12	4.00	63.60
219964	9	T1019	1C	0570	12/06/12	12/06/12	4.00	63.60
CLAIM TOTAL								572.40

CLAIM ACCOUNT REF. 2199640012011869SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011870 2011870 AGOSTINI, MONSERRATE 07/18/1944 558 401516
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
219963	1	T1019	1C	0570	12/03/12	12/03/12	6.00	95.40
219963	2	T1019	1C	0570	12/04/12	12/04/12	6.00	95.40
219963	3	T1019	1C	0570	12/05/12	12/05/12	6.00	95.40
219963	4	T1019	1C	0570	12/06/12	12/06/12	6.00	95.40
219963	5	T1019	1C	0570	12/07/12	12/07/12	6.00	95.40
CLAIM TOTAL								477.00

CLAIM ACCOUNT REF. 2199630012011870SUP

REPORT DATE 12/12/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121205264120RRSUP

PAGE: 42

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

PAYER TOTALS:	ICS	# OF CLAIMS =	19	TOTAL CLAIM AMOUNT =	1,367.40
		# SERVICES =	3		

PAGE: 43

NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008382	2010800	GOMES, AGUSTINA	05/05/1933	JRX53860E01	2012112192600003
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		
219960	1	T1019	0580	11/27/12	11/27/12	36.00	151.92		
219960	2	T1019	0580	11/28/12	11/28/12	36.00	151.92		
219960	3	T1019	0580	12/01/12	12/01/12	36.00	151.92		
219960	4	T1019	0580	12/02/12	12/02/12	36.00	151.92		
219960	5	T1019	0580	12/04/12	12/04/12	36.00	151.92		
219960	6	T1019	0580	12/05/12	12/05/12	36.00	151.92		
219960	7	T1019	0580	12/06/12	12/06/12	36.00	151.92		
219960	8	T1019	0580	12/07/12	12/07/12	36.00	151.92		
						CLAIM TOTAL	1,215.36	CLAIM ACCOUNT REF.	2199600012010800SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008396	2010804	ZAMBRANO, ZOILA	12/03/1938	JSV04323R01	2012112192600002
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	
219962	1	T1019	0580	12/04/12	12/04/12	16.00	67.52	
219962	2	T1019	0580	12/05/12	12/05/12	16.00	67.52	
					CLAIM TOTAL		135.04	CLAIM ACCOUNT REF. 2199620012010804SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008228	2010805	TOWLES, ADA	12/10/1954	JZX17878Q01	2012112192600001
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	
219961	1	T1019	0580	12/03/12	12/03/12	16.00	67.52	
219961	2	T1019	0580	12/04/12	12/04/12	16.00	67.52	
219961	3	T1019	0580	12/05/12	12/05/12	16.00	67.52	
219961	4	T1019	0580	12/06/12	12/06/12	16.00	67.52	
CLAIM TOTAL							270.08	CLAIM ACCOUNT REF. 2199610012010805SUP

PAYER TOTALS:	HEALTHCARE PARTNERS IPA I	# OF CLAIMS =	14	TOTAL CLAIM AMOUNT =	1,620.48
		# SERVICES =	3		

PROVIDER TOTALS: SUNNYSIDE CITYWIDE	# OF CLAIMS =	678	TOTAL CLAIM AMOUNT =	80,153.35
	# SERVICES =	115		