

REPORT DATE 04/03/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013040306215417RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236151	1	T1020		03/23/13	03/23/13	11.00	185.57
236151	2	T1020		03/25/13	03/25/13	6.00	101.22
236151	3	T1020		03/26/13	03/26/13	6.00	101.22
236151	4	T1020		03/27/13	03/27/13	6.00	101.22
236151	5	T1020		03/28/13	03/28/13	6.00	101.22
236151	6	T1020		03/29/13	03/29/13	6.00	101.22
CLAIM TOTAL						691.67	CLAIM ACCOUNT REF. 2361510012008267SUP

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
236149	1	T1020		03/23/13	03/23/13	9.00	151.83
236149	2	T1020		03/24/13	03/24/13	9.00	151.83
236149	3	T1020		03/25/13	03/25/13	9.00	151.83
236149	4	T1020		03/26/13	03/26/13	9.00	151.83
236149	5	T1020		03/27/13	03/27/13	9.00	151.83
236149	6	T1020		03/28/13	03/28/13	9.00	151.83
236149	7	T1020		03/29/13	03/29/13	9.00	151.83
CLAIM TOTAL						1,062.81	CLAIM ACCOUNT REF. 2361490012008268SUP

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
236146	1	T1020		03/17/13	03/17/13	7.00	118.09
CLAIM TOTAL						118.09	CLAIM ACCOUNT REF. 2361460012008386SUP

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
236147	1	T1020		03/23/13	03/23/13	7.00	118.09
236147	2	T1020		03/24/13	03/24/13	7.00	118.09
236147	3	T1020		03/25/13	03/25/13	7.00	118.09
236147	4	T1020		03/26/13	03/26/13	7.00	118.09

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236147	5	T1020		03/27/13	03/27/13	7.00	118.09	
236147	6	T1020		03/28/13	03/28/13	7.00	118.09	
								CLAIM TOTAL 708.54 CLAIM ACCOUNT REF. 2361470012008386SUP

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	
236150	1	T1020		03/26/13	03/26/13	8.00	134.96	
236150	2	T1020		03/27/13	03/27/13	8.00	134.96	
236150	3	T1020		03/28/13	03/28/13	5.00	84.35	
236150	4	T1020		03/29/13	03/29/13	9.00	151.83	
								CLAIM TOTAL 506.10 CLAIM ACCOUNT REF. 2361500012008400SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012726	2012726	GARCIA, CLEMENTE	11/22/1928	PT33146N	
DIAGNOSIS	CODES:	331.0					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236148	1	T1019		03/23/13	03/23/13	1.00	16.87	
236148	2	T1019		03/24/13	03/24/13	1.00	16.87	
236148	3	T1019		03/25/13	03/25/13	1.00	16.87	
236148	4	T1019		03/26/13	03/26/13	1.00	16.87	
236148	5	T1019		03/27/13	03/27/13	1.00	16.87	
236148	6	T1019		03/28/13	03/28/13	1.00	16.87	
236148	7	T1019		03/29/13	03/29/13	.25	4.22	
								CLAIM TOTAL 105.44 CLAIM ACCOUNT REF. 2361480012012726SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	31	TOTAL CLAIM AMOUNT =	3,192.65
		# SERVICES =	5		

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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
236132	1	T1019		03/27/13	03/27/13	16.00	67.52
CLAIM TOTAL							67.52

CLAIM ACCOUNT REF. 2361320012008261SUP

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
236138	1	T1019		03/23/13	03/23/13	24.00	101.28
236138	2	T1019		03/24/13	03/24/13	24.00	101.28
236138	3	T1019		03/25/13	03/25/13	24.00	101.28
236138	4	T1019		03/26/13	03/26/13	24.00	101.28
236138	5	T1019		03/27/13	03/27/13	24.00	101.28
236138	6	T1019		03/28/13	03/28/13	24.00	101.28
236138	7	T1019		03/29/13	03/29/13	24.00	101.28
CLAIM TOTAL							708.96

CLAIM ACCOUNT REF. 2361380012008263SUP

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
236143	1	T1019		03/23/13	03/23/13	40.00	168.80
236143	2	T1019		03/24/13	03/24/13	40.00	168.80
236143	3	T1019		03/25/13	03/25/13	40.00	168.80
236143	4	T1019		03/26/13	03/26/13	40.00	168.80
236143	5	T1019		03/27/13	03/27/13	40.00	168.80
236143	6	T1019		03/28/13	03/28/13	40.00	168.80
CLAIM TOTAL							1,012.80

CLAIM ACCOUNT REF. 2361430012008265SUP

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
236145	1	T1019		03/23/13	03/23/13	16.00	67.52
236145	2	T1019		03/24/13	03/24/13	16.00	67.52
236145	3	T1019		03/25/13	03/25/13	24.00	101.28
236145	4	T1019		03/26/13	03/26/13	24.00	101.28

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236145	5	T1019		03/27/13	03/27/13	24.00	101.28	
					CLAIM TOTAL		438.88	CLAIM ACCOUNT REF. 2361450012008303SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008366	2008366	JONES, CYNTHIA	03/17/1950	10063968601	021313325005
DIAGNOSIS CODES: 333.4 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236135	1	T1019		03/25/13	03/25/13	20.00	84.40	
236135	2	T1019		03/26/13	03/26/13	20.00	84.40	
236135	3	T1019		03/27/13	03/27/13	20.00	84.40	
236135	4	T1019		03/28/13	03/28/13	20.00	84.40	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2361350012008366SUP

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	
236129	1	T1019		03/23/13	03/23/13	28.00	118.16	
236129	2	T1019		03/24/13	03/24/13	28.00	118.16	
236129	3	T1019		03/25/13	03/25/13	32.00	135.04	
236129	4	T1019		03/26/13	03/26/13	28.00	118.16	
236129	5	T1019		03/27/13	03/27/13	28.00	118.16	
236129	6	T1019		03/28/13	03/28/13	28.00	118.16	
236129	7	T1019		03/29/13	03/29/13	28.00	118.16	
					CLAIM TOTAL		844.00	CLAIM ACCOUNT REF. 2361290012008403SUP

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	
236140	1	T1019		03/25/13	03/25/13	24.00	101.28	
236140	2	T1019		03/26/13	03/26/13	24.00	101.28	
236140	3	T1019		03/27/13	03/27/13	24.00	101.28	
236140	4	T1019		03/28/13	03/28/13	24.00	101.28	
236140	5	T1019		03/29/13	03/29/13	24.00	101.28	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2361400012008421SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236139	1	T1019		03/23/13	03/23/13	24.00	101.28
236139	2	T1019		03/25/13	03/25/13	24.00	101.28
236139	3	T1019		03/26/13	03/26/13	24.00	101.28
236139	4	T1019		03/27/13	03/27/13	24.00	101.28
236139	5	T1019		03/28/13	03/28/13	24.00	101.28
236139	6	T1019		03/29/13	03/29/13	24.00	101.28
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2361390012008422SUP

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
236144	1	T1019		03/25/13	03/25/13	16.00	67.52
236144	2	T1019		03/26/13	03/26/13	16.00	67.52
236144	3	T1019		03/28/13	03/28/13	16.00	67.52
236144	4	T1019		03/29/13	03/29/13	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2361440012008425SUP

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
236133	1	T1019		03/24/13	03/24/13	40.00	168.80
236133	2	T1019		03/25/13	03/25/13	40.00	168.80
236133	3	T1019		03/26/13	03/26/13	40.00	168.80
236133	4	T1019		03/27/13	03/27/13	40.00	168.80
236133	5	T1019		03/28/13	03/28/13	40.00	168.80
236133	6	T1019		03/29/13	03/29/13	40.00	168.80
CLAIM TOTAL							1,012.80
CLAIM ACCOUNT REF.							2361330012008427SUP

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
236141	1	T1019		03/25/13	03/25/13	24.00	101.28
236141	2	T1019		03/26/13	03/26/13	24.00	101.28

REPORT DATE 04/03/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 11325 NEIGHBORHOOD HEALTH

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236141	3	T1019		03/27/13	03/27/13	24.00	101.28	
236141	4	T1019		03/28/13	03/28/13	24.00	101.28	
236141	5	T1019		03/29/13	03/29/13	24.00	101.28	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2361410012008531SUP

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	
236137	1	T1019		03/13/13	03/13/13	28.00	118.16	
236137	2	T1019		03/21/13	03/21/13	28.00	118.16	
236137	3	T1019		03/25/13	03/25/13	28.00	118.16	
236137	4	T1019		03/26/13	03/26/13	28.00	118.16	
236137	5	T1019		03/27/13	03/27/13	28.00	118.16	
236137	6	T1019		03/28/13	03/28/13	28.00	118.16	
236137	7	T1019		03/29/13	03/29/13	28.00	118.16	
					CLAIM TOTAL		827.12	CLAIM ACCOUNT REF. 2361370012008742SUP

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	
236131	1	T1019		03/25/13	03/25/13	16.00	67.52	
236131	2	T1019		03/26/13	03/26/13	24.00	101.28	
236131	3	T1019		03/27/13	03/27/13	24.00	101.28	
236131	4	T1019		03/28/13	03/28/13	24.00	101.28	
236131	5	T1019		03/29/13	03/29/13	24.00	101.28	
					CLAIM TOTAL		472.64	CLAIM ACCOUNT REF. 2361310012008802SUP

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	
236136	1	T1019		03/14/13	03/14/13	24.00	101.28	
236136	2	T1019		03/23/13	03/23/13	44.00	185.68	
236136	3	T1019		03/24/13	03/24/13	44.00	185.68	
236136	4	T1019		03/25/13	03/25/13	48.00	202.56	
236136	5	T1019		03/26/13	03/26/13	48.00	202.56	
236136	6	T1019		03/27/13	03/27/13	48.00	202.56	
236136	7	T1019		03/28/13	03/28/13	48.00	202.56	

REPORT DATE 04/03/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 11325 NEIGHBORHOOD HEALTH

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236136	8	T1019		03/29/13	03/29/13	48.00	202.56	
					CLAIM TOTAL		1,485.44	CLAIM ACCOUNT REF. 2361360012009356SUP

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	
236127	1	T1019		03/23/13	03/23/13	32.00	135.04	
236127	2	T1019		03/24/13	03/24/13	32.00	135.04	
236127	3	T1019		03/25/13	03/25/13	32.00	135.04	
236127	4	T1019		03/26/13	03/26/13	32.00	135.04	
236127	5	T1019		03/27/13	03/27/13	32.00	135.04	
236127	6	T1019		03/28/13	03/28/13	32.00	135.04	
236127	7	T1019		03/29/13	03/29/13	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2361270012010143SUP

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	
236142	1	T1019		03/25/13	03/25/13	20.00	84.40	
236142	2	T1019		03/26/13	03/26/13	20.00	84.40	
236142	3	T1019		03/27/13	03/27/13	20.00	84.40	
236142	4	T1019		03/28/13	03/28/13	20.00	84.40	
236142	5	T1019		03/29/13	03/29/13	20.00	84.40	
					CLAIM TOTAL		422.00	CLAIM ACCOUNT REF. 2361420012010353SUP

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	
236134	1	T1019		03/23/13	03/23/13	24.00	101.28	
236134	2	T1019		03/24/13	03/24/13	24.00	101.28	
236134	3	T1019		03/26/13	03/26/13	28.00	118.16	
236134	4	T1019		03/27/13	03/27/13	24.00	101.28	
236134	5	T1019		03/28/13	03/28/13	28.00	118.16	
236134	6	T1019		03/29/13	03/29/13	28.00	118.16	
					CLAIM TOTAL		658.32	CLAIM ACCOUNT REF. 2361340012010639SUP

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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		
236128	1	T1019		03/25/13	03/25/13	36.00	151.92		
236128	2	T1019		03/26/13	03/26/13	36.00	151.92		
236128	3	T1019		03/27/13	03/27/13	36.00	151.92		
236128	4	T1019		03/28/13	03/28/13	36.00	151.92		
					CLAIM TOTAL		607.68	CLAIM ACCOUNT REF.	2361280012010878SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012500	2012500	DEKMAK, GRISEL	03/02/1964	10061526701	020113323665
DIAGNOSIS		CODES:	340.	285.8	311.	596.54	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
236130	1	T1019		03/23/13	03/23/13	48.00	202.56		
236130	2	T1019		03/24/13	03/24/13	44.00	185.68		
236130	3	T1019		03/25/13	03/25/13	48.00	202.56		
236130	4	T1019		03/26/13	03/26/13	48.00	202.56		
					CLAIM TOTAL		793.36	CLAIM ACCOUNT REF.	2361300012012500SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	102	TOTAL CLAIM AMOUNT =	12,524.96
		# SERVICES =	19		

REPORT DATE 04/03/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 13265 METROPLUS HEALTH PLAN

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236176	1	T1019		03/23/13	03/23/13	4.00	68.60
236176	2	T1019		03/24/13	03/24/13	4.00	68.60
236176	3	T1019		03/25/13	03/25/13	11.00	188.65
236176	4	T1019		03/26/13	03/26/13	11.00	188.65
CLAIM TOTAL							514.50

CLAIM ACCOUNT REF. 2361760012008233SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236177	1	T1019		03/27/13	03/27/13	12.00	205.80
236177	2	T1019		03/28/13	03/28/13	12.00	205.80
236177	3	T1019		03/29/13	03/29/13	12.00	205.80
CLAIM TOTAL							617.40

CLAIM ACCOUNT REF. 2361770012008233SUP

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
236184	1	T1019		03/23/13	03/23/13	8.00	137.20
236184	2	T1019		03/24/13	03/24/13	8.00	137.20
236184	3	T1019		03/25/13	03/25/13	11.00	188.65
236184	4	T1019		03/26/13	03/26/13	11.00	188.65
236184	5	T1019		03/27/13	03/27/13	11.00	188.65
236184	6	T1019		03/28/13	03/28/13	11.00	188.65
236184	7	T1019		03/29/13	03/29/13	11.00	188.65
CLAIM TOTAL							1,217.65

CLAIM ACCOUNT REF. 2361840012008236SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008237 2008237 DURHAM, CYNTHIA 05/23/1960 ZB21969Z 0101181390150
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
236180	1	T1019		03/25/13	03/25/13	4.00	68.60
236180	2	T1019		03/26/13	03/26/13	4.00	68.60
236180	3	T1019		03/27/13	03/27/13	4.00	68.60
236180	4	T1019		03/28/13	03/28/13	4.00	68.60

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PROVIDER ID = 113502051
PAYER ID = 13265

SUNNYSIDE CITYWIDE
METROPLUS HEALTH PLAN

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236180	5	T1019		03/29/13	03/29/13	4.00	68.60	
							CLAIM TOTAL	343.00
							CLAIM ACCOUNT REF.	2361800012008237SUP

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	
236182	1	T1019		03/26/13	03/26/13	10.00	171.50	
236182	2	T1019		03/27/13	03/27/13	10.00	171.50	
236182	3	T1019		03/28/13	03/28/13	9.00	154.35	
236182	4	T1019		03/29/13	03/29/13	9.00	154.35	
							CLAIM TOTAL	651.70
							CLAIM ACCOUNT REF.	2361820012008385SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008417	2008417	GALAS, TERESA	06/08/1955	ZX91437V	0102111390699
DIAGNOSIS	CODES:	345.90					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236181	1	T1019		03/23/13	03/23/13	5.00	85.75	
236181	2	T1019		03/24/13	03/24/13	5.00	85.75	
236181	3	T1019		03/25/13	03/25/13	5.00	85.75	
236181	4	T1019		03/26/13	03/26/13	5.00	85.75	
236181	5	T1019		03/27/13	03/27/13	5.00	85.75	
236181	6	T1019		03/28/13	03/28/13	5.00	85.75	
236181	7	T1019		03/29/13	03/29/13	5.00	85.75	
							CLAIM TOTAL	600.25
							CLAIM ACCOUNT REF.	2361810012008417SUP

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	
236186	1	T1019		03/25/13	03/25/13	8.00	137.20	
236186	2	T1019		03/26/13	03/26/13	8.00	137.20	
236186	3	T1019		03/27/13	03/27/13	4.00	68.60	
236186	4	T1019		03/28/13	03/28/13	8.00	137.20	
236186	5	T1019		03/29/13	03/29/13	8.00	137.20	
							CLAIM TOTAL	617.40
							CLAIM ACCOUNT REF.	2361860012008418SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236178	1	T1019		03/23/13	03/23/13	10.00	171.50
236178	2	T1019		03/25/13	03/25/13	10.00	171.50
236178	3	T1019		03/26/13	03/26/13	10.00	171.50
236178	4	T1019		03/27/13	03/27/13	10.00	171.50
236178	5	T1019		03/28/13	03/28/13	10.00	171.50
236178	6	T1019		03/29/13	03/29/13	10.00	171.50
CLAIM TOTAL						1,029.00	CLAIM ACCOUNT REF. 2361780012008743SUP

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
236187	1	T1019		02/09/13	02/09/13	5.00	85.75
236187	2	T1019		02/10/13	02/10/13	5.00	85.75
236187	3	T1019		03/23/13	03/23/13	5.00	85.75
236187	4	T1019		03/24/13	03/24/13	5.00	85.75
CLAIM TOTAL						343.00	CLAIM ACCOUNT REF. 2361870012009377SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008235 2009688 RAMPERSAID, ALISSA 08/04/1992 SZ46585R 0112191290237
DIAGNOSIS CODES: 319. 315.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236185	1	T1019		03/09/13	03/09/13	8.00	137.20
236185	2	T1019		03/23/13	03/23/13	8.00	137.20
236185	3	T1019		03/25/13	03/25/13	8.00	137.20
236185	4	T1019		03/26/13	03/26/13	8.00	137.20
236185	5	T1019		03/27/13	03/27/13	8.00	137.20
236185	6	T1019		03/28/13	03/28/13	8.00	137.20
236185	7	T1019		03/29/13	03/29/13	8.00	137.20
CLAIM TOTAL						960.40	CLAIM ACCOUNT REF. 2361850012009688SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008279 2010213 VALLE, BLASINA 02/03/1929 QG00558G 0102041390418
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
236188	1	T1019		03/25/13	03/25/13	6.00	102.90

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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	
236188	2	T1019		03/26/13	03/26/13	5.00	85.75	
236188	3	T1019		03/27/13	03/27/13	5.00	85.75	
236188	4	T1019		03/28/13	03/28/13	5.00	85.75	
236188	5	T1019		03/29/13	03/29/13	6.00	102.90	
					CLAIM TOTAL		463.05	CLAIM ACCOUNT REF. 2361880012010213SUP

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	
236183	1	T1019		03/23/13	03/23/13	3.00	51.45	
236183	2	T1019		03/24/13	03/24/13	3.00	51.45	
236183	3	T1019		03/25/13	03/25/13	3.00	51.45	
236183	4	T1019		03/26/13	03/26/13	3.00	51.45	
236183	5	T1019		03/27/13	03/27/13	1.00	17.15	
236183	6	T1019		03/28/13	03/28/13	3.00	51.45	
236183	7	T1019		03/29/13	03/29/13	3.00	51.45	
					CLAIM TOTAL		325.85	CLAIM ACCOUNT REF. 2361830012010886SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011286	2011286	DOBBINS, SANDRA	02/05/1953	ZA50099X	0111191290232
DIAGNOSIS	CODES:	295.90	369.10	401.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236179	1	T1019		03/23/13	03/23/13	24.00	411.60	
236179	2	T1019		03/24/13	03/24/13	24.00	411.60	
236179	3	T1019		03/25/13	03/25/13	24.00	411.60	
236179	4	T1019		03/26/13	03/26/13	24.00	411.60	
236179	5	T1019		03/27/13	03/27/13	24.00	411.60	
236179	6	T1019		03/28/13	03/28/13	24.00	411.60	
236179	7	T1019		03/29/13	03/29/13	24.00	411.60	
					CLAIM TOTAL		2,881.20	CLAIM ACCOUNT REF. 2361790012011286SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012382	2012382	VERAS, EMMA	04/08/1957	YR88751T	0101291390106
DIAGNOSIS	CODES:	V44.0	253.5	733.00		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236189	1	T1019		03/23/13	03/23/13	12.00	205.80	
236189	2	T1019		03/24/13	03/24/13	12.00	205.80	
236189	3	T1019		03/25/13	03/25/13	12.00	205.80	
236189	4	T1019		03/26/13	03/26/13	12.00	205.80	

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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	
236189	5	T1019		03/27/13	03/27/13	12.00	205.80	
236189	6	T1019		03/28/13	03/28/13	12.00	205.80	
236189	7	T1019		03/29/13	03/29/13	12.00	205.80	
					CLAIM TOTAL		1,440.60	CLAIM ACCOUNT REF. 2361890012012382SUP

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	78	TOTAL CLAIM AMOUNT =	12,005.00
		# SERVICES =	13		

REPORT DATE 04/03/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013040306215417RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236213	1	T1019		03/23/13	03/23/13	36.00	154.80
236213	2	T1019		03/24/13	03/24/13	36.00	154.80
236213	3	T1019		03/25/13	03/25/13	36.00	154.80
236213	4	T1019		03/26/13	03/26/13	36.00	154.80
236213	5	T1019		03/27/13	03/27/13	36.00	154.80
236213	6	T1019		03/28/13	03/28/13	36.00	154.80
236213	7	T1019		03/29/13	03/29/13	36.00	154.80
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2362130012008286SUP

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
236201	1	T1019		03/23/13	03/23/13	24.00	103.20
236201	2	T1019		03/25/13	03/25/13	24.00	103.20
236201	3	T1019		03/26/13	03/26/13	24.00	103.20
236201	4	T1019		03/27/13	03/27/13	24.00	103.20
236201	5	T1019		03/28/13	03/28/13	24.00	103.20
236201	6	T1019		03/29/13	03/29/13	24.00	103.20
CLAIM TOTAL						619.20	CLAIM ACCOUNT REF. 2362010012008495SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012101 2012101 BATILO, MARTA 02/23/1917 708125 111458770
DIAGNOSIS CODES: 715.00 272.2 285.29 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236190	1	T1019		03/23/13	03/23/13	28.00	120.40
236190	2	T1019		03/24/13	03/24/13	28.00	120.40
236190	3	T1019		03/25/13	03/25/13	28.00	120.40
236190	4	T1019		03/26/13	03/26/13	28.00	120.40
236190	5	T1019		03/27/13	03/27/13	28.00	120.40
236190	6	T1019		03/28/13	03/28/13	28.00	120.40
236190	7	T1019		03/29/13	03/29/13	28.00	120.40
CLAIM TOTAL						842.80	CLAIM ACCOUNT REF. 2361900012012101SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 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
236191	1	T1019		03/25/13	03/25/13	16.00	68.80
236191	2	T1019		03/26/13	03/26/13	16.00	68.80
236191	3	T1019		03/27/13	03/27/13	16.00	68.80
236191	4	T1019		03/28/13	03/28/13	16.00	68.80
236191	5	T1019		03/29/13	03/29/13	16.00	68.80
CLAIM TOTAL							344.00
							CLAIM ACCOUNT REF. 2361910012012102SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012104 2012104 CEBALLOS, FRANCISCA 11/10/1931 744474 111205448
DIAGNOSIS CODES: 294.20 093.9 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236192	1	T1019		03/23/13	03/23/13	40.00	172.00
236192	2	T1019		03/24/13	03/24/13	40.00	172.00
236192	3	T1019		03/25/13	03/25/13	40.00	172.00
236192	4	T1019		03/26/13	03/26/13	40.00	172.00
236192	5	T1019		03/27/13	03/27/13	40.00	172.00
236192	6	T1019		03/28/13	03/28/13	40.00	172.00
236192	7	T1019		03/29/13	03/29/13	40.00	172.00
CLAIM TOTAL							1,204.00
							CLAIM ACCOUNT REF. 2361920012012104SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012107 2012107 CRUZ, LUIS 06/10/1952 706307 111208204
DIAGNOSIS CODES: 250.93 414.3 428.0 491.21

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236193	1	T1019		03/23/13	03/23/13	32.00	137.60
236193	2	T1019		03/24/13	03/24/13	32.00	137.60
236193	3	T1019		03/25/13	03/25/13	32.00	137.60
236193	4	T1019		03/26/13	03/26/13	32.00	137.60
236193	5	T1019		03/27/13	03/27/13	32.00	137.60
236193	6	T1019		03/28/13	03/28/13	32.00	137.60
236193	7	T1019		03/29/13	03/29/13	32.00	137.60
CLAIM TOTAL							963.20
							CLAIM ACCOUNT REF. 2361930012012107SUP

REPORT DATE 04/03/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013040306215417RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012108 2012108 GODINOT, CARMEN 07/16/1939 695752 111208481
DIAGNOSIS CODES: 369.3 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236194	1	T1019		03/25/13	03/25/13	24.00	103.20
236194	2	T1019		03/26/13	03/26/13	24.00	103.20
236194	3	T1019		03/27/13	03/27/13	24.00	103.20
236194	4	T1019		03/28/13	03/28/13	24.00	103.20
236194	5	T1019		03/29/13	03/29/13	24.00	103.20
CLAIM TOTAL							516.00
							CLAIM ACCOUNT REF. 2361940012012108SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012110 2012110 GOMEZ, RANNIE 09/11/1917 698802 111549523
DIAGNOSIS CODES: 428.0 272.2 365.9 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236195	1	T1019		03/25/13	03/25/13	28.00	120.40
236195	2	T1019		03/26/13	03/26/13	28.00	120.40
236195	3	T1019		03/27/13	03/27/13	28.00	120.40
CLAIM TOTAL							361.20
							CLAIM ACCOUNT REF. 2361950012012110SUP

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
236196	1	T1019		03/23/13	03/23/13	48.00	206.40
236196	2	T1019		03/25/13	03/25/13	36.00	154.80
236196	3	T1019		03/26/13	03/26/13	48.00	206.40
236196	4	T1019		03/27/13	03/27/13	36.00	154.80
236196	5	T1019		03/28/13	03/28/13	48.00	206.40
236196	6	T1019		03/29/13	03/29/13	36.00	154.80
CLAIM TOTAL							1,083.60
							CLAIM ACCOUNT REF. 2361960012012114SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012117 2012117 HAYNES, LAMONT 08/22/1920 695748 111524712
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236198	1	T1019		03/23/13	03/23/13	20.00	86.00
236198	2	T1019		03/24/13	03/24/13	20.00	86.00
236198	3	T1019		03/25/13	03/25/13	16.00	68.80
236198	4	T1019		03/26/13	03/26/13	16.00	68.80

REPORT DATE 04/03/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236198	5	T1019		03/27/13	03/27/13	16.00	68.80	
236198	6	T1019		03/28/13	03/28/13	16.00	68.80	
236198	7	T1019		03/29/13	03/29/13	16.00	68.80	
					CLAIM TOTAL		516.00	CLAIM ACCOUNT REF. 2361980012012117SUP

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	
236199	1	T1019		03/25/13	03/25/13	28.00	120.40	
236199	2	T1019		03/26/13	03/26/13	28.00	120.40	
236199	3	T1019		03/27/13	03/27/13	28.00	120.40	
236199	4	T1019		03/28/13	03/28/13	28.00	120.40	
236199	5	T1019		03/29/13	03/29/13	28.00	120.40	
					CLAIM TOTAL		602.00	CLAIM ACCOUNT REF. 2361990012012120SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012121 2012121 MOHAMED, DENISE 06/14/1959 691722 111447605
DIAGNOSIS CODES: 715.98

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236203	1	T1019		03/23/13	03/23/13	32.00	137.60	
236203	2	T1019		03/24/13	03/24/13	32.00	137.60	
236203	3	T1019		03/25/13	03/25/13	32.00	137.60	
236203	4	T1019		03/26/13	03/26/13	32.00	137.60	
236203	5	T1019		03/27/13	03/27/13	32.00	137.60	
236203	6	T1019		03/29/13	03/29/13	32.00	137.60	
					CLAIM TOTAL		825.60	CLAIM ACCOUNT REF. 2362030012012121SUP

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	
236204	1	T1019		03/23/13	03/23/13	20.00	86.00	
236204	2	T1019		03/25/13	03/25/13	20.00	86.00	
236204	3	T1019		03/26/13	03/26/13	20.00	86.00	
236204	4	T1019		03/27/13	03/27/13	20.00	86.00	
236204	5	T1019		03/28/13	03/28/13	20.00	86.00	
236204	6	T1019		03/29/13	03/29/13	20.00	86.00	
					CLAIM TOTAL		516.00	CLAIM ACCOUNT REF. 2362040012012122SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 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
236206	1	T1019		03/23/13	03/23/13	20.00	86.00
236206	2	T1019		03/24/13	03/24/13	20.00	86.00
236206	3	T1019		03/25/13	03/25/13	28.00	120.40
236206	4	T1019		03/26/13	03/26/13	28.00	120.40
236206	5	T1019		03/27/13	03/27/13	28.00	120.40
236206	6	T1019		03/28/13	03/28/13	28.00	120.40
236206	7	T1019		03/29/13	03/29/13	28.00	120.40
CLAIM TOTAL							774.00
CLAIM ACCOUNT REF.							2362060012012130SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012131 2012131 ORTIZ, JOSE 04/19/1925 691721 111219494
DIAGNOSIS CODES: 250.00 401.9 414.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236208	1	T1019		03/25/13	03/25/13	16.00	68.80
236208	2	T1019		03/27/13	03/27/13	16.00	68.80
236208	3	T1019		03/29/13	03/29/13	16.00	68.80
CLAIM TOTAL							206.40
CLAIM ACCOUNT REF.							2362080012012131SUP

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
236207	1	T1019		03/18/13	03/18/13	32.00	137.60
236207	2	T1019		03/22/13	03/22/13	32.00	137.60
236207	3	T1019		03/23/13	03/23/13	20.00	86.00
236207	4	T1019		03/24/13	03/24/13	20.00	86.00
236207	5	T1019		03/26/13	03/26/13	32.00	137.60
236207	6	T1019		03/27/13	03/27/13	32.00	137.60
236207	7	T1019		03/28/13	03/28/13	32.00	137.60
CLAIM TOTAL							860.00
CLAIM ACCOUNT REF.							2362070012012132SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012134 2012134 SERRANO, CARMEN 09/14/1948 695740 111497071
DIAGNOSIS CODES: 093.89 253.5 311. 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236218	1	T1019		03/25/13	03/25/13	28.00	120.40

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PAYER ID = 14163 WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236218	2	T1019		03/26/13	03/26/13	28.00	120.40	
236218	3	T1019		03/27/13	03/27/13	28.00	120.40	
236218	4	T1019		03/28/13	03/28/13	28.00	120.40	
236218	5	T1019		03/29/13	03/29/13	28.00	120.40	
					CLAIM TOTAL		602.00	CLAIM ACCOUNT REF. 2362180012012134SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012137	2012137	VAZQUEZ 1, ROSA	08/08/1934	695667	111437135
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236222	1	T1019		03/25/13	03/25/13	32.00	137.60	
236222	2	T1019		03/26/13	03/26/13	32.00	137.60	
236222	3	T1019		03/27/13	03/27/13	32.00	137.60	
236222	4	T1019		03/28/13	03/28/13	28.00	120.40	
236222	5	T1019		03/29/13	03/29/13	32.00	137.60	
					CLAIM TOTAL		670.80	CLAIM ACCOUNT REF. 2362220012012137SUP

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	
236223	1	T1019		03/26/13	03/26/13	16.00	68.80	
236223	2	T1019		03/27/13	03/27/13	16.00	68.80	
236223	3	T1019		03/28/13	03/28/13	16.00	68.80	
236223	4	T1019		03/29/13	03/29/13	16.00	68.80	
					CLAIM TOTAL		275.20	CLAIM ACCOUNT REF. 2362230012012138SUP

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	
236209	1	T1019		03/23/13	03/23/13	32.00	137.60	
236209	2	T1019		03/25/13	03/25/13	32.00	137.60	
236209	3	T1019		03/26/13	03/26/13	32.00	137.60	
236209	4	T1019		03/27/13	03/27/13	32.00	137.60	
236209	5	T1019		03/28/13	03/28/13	32.00	137.60	
236209	6	T1019		03/29/13	03/29/13	32.00	137.60	
					CLAIM TOTAL		825.60	CLAIM ACCOUNT REF. 2362090012012140SUP

REPORT DATE 04/03/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 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	
236217	1	T1019		03/25/13	03/25/13	16.00	68.80	
236217	2	T1019		03/29/13	03/29/13	16.00	68.80	
CLAIM TOTAL							137.60	CLAIM ACCOUNT REF. 2362170012012141SUP

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	
236202	1	T1019		03/25/13	03/25/13	12.00	51.60	
236202	2	T1019		03/26/13	03/26/13	12.00	51.60	
236202	3	T1019		03/27/13	03/27/13	12.00	51.60	
236202	4	T1019		03/28/13	03/28/13	12.00	51.60	
236202	5	T1019		03/29/13	03/29/13	12.00	51.60	
CLAIM TOTAL							258.00	CLAIM ACCOUNT REF. 2362020012012142SUP

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	
236205	1	T1019		03/26/13	03/26/13	16.00	68.80	
CLAIM TOTAL							68.80	CLAIM ACCOUNT REF. 2362050012012143SUP

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	
236212	1	T1019		03/25/13	03/25/13	20.00	86.00	
236212	2	T1019		03/27/13	03/27/13	20.00	86.00	
236212	3	T1019		03/29/13	03/29/13	20.00	86.00	
CLAIM TOTAL							258.00	CLAIM ACCOUNT REF. 2362120012012144SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012145 2012145 PERALTA RODRIGO, JOSE 03/13/1942 715488 111220442
DIAGNOSIS CODES: 715.90 272.0 274.9 278.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236210	1	T1019		03/25/13	03/25/13	16.00	68.80
236210	2	T1019		03/26/13	03/26/13	16.00	68.80
236210	3	T1019		03/27/13	03/27/13	16.00	68.80
236210	4	T1019		03/28/13	03/28/13	16.00	68.80
236210	5	T1019		03/29/13	03/29/13	16.00	68.80
CLAIM TOTAL							344.00
CLAIM ACCOUNT REF.							2362100012012145SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012146 2012146 PERALTA, INEZ 08/18/1942 715489 111220390
DIAGNOSIS CODES: 250.00 272.4 278.00 401.9 244.9 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236211	1	T1019		03/25/13	03/25/13	16.00	68.80
236211	2	T1019		03/26/13	03/26/13	16.00	68.80
236211	3	T1019		03/27/13	03/27/13	16.00	68.80
236211	4	T1019		03/28/13	03/28/13	16.00	68.80
236211	5	T1019		03/29/13	03/29/13	16.00	68.80
CLAIM TOTAL							344.00
CLAIM ACCOUNT REF.							2362110012012146SUP

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: 250.00 715.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236214	1	T1019		03/09/13	03/09/13	32.00	137.60
236214	2	T1019		03/14/13	03/14/13	32.00	137.60
236214	3	T1019		03/20/13	03/20/13	24.00	103.20
236214	4	T1019		03/23/13	03/23/13	32.00	137.60
236214	5	T1019		03/25/13	03/25/13	32.00	137.60
236214	6	T1019		03/26/13	03/26/13	32.00	137.60
236214	7	T1019		03/27/13	03/27/13	32.00	137.60
236214	8	T1019		03/28/13	03/28/13	32.00	137.60
CLAIM TOTAL							1,066.40
CLAIM ACCOUNT REF.							2362140012012149SUP

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PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012152 2012152 REYES, TERESA 03/18/1941 697840 111476685
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236215	1	T1019		03/25/13	03/25/13	32.00	137.60	
236215	2	T1019		03/26/13	03/26/13	28.00	120.40	
236215	3	T1019		03/28/13	03/28/13	32.00	137.60	
236215	4	T1019		03/29/13	03/29/13	32.00	137.60	
				CLAIM TOTAL		533.20		CLAIM ACCOUNT REF. 2362150012012152SUP

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	
236216	1	T1019		03/23/13	03/23/13	24.00	103.20	
236216	2	T1019		03/25/13	03/25/13	24.00	103.20	
236216	3	T1019		03/26/13	03/26/13	24.00	103.20	
236216	4	T1019		03/27/13	03/27/13	24.00	103.20	
236216	5	T1019		03/28/13	03/28/13	24.00	103.20	
236216	6	T1019		03/29/13	03/29/13	24.00	103.20	
				CLAIM TOTAL		619.20		CLAIM ACCOUNT REF. 2362160012012154SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012261 2012261 SILVEIRA, BERTA 06/23/1938 753060 111523951
DIAGNOSIS CODES: 786.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236219	1	T1019		03/25/13	03/25/13	16.00	68.80	
				CLAIM TOTAL		68.80		CLAIM ACCOUNT REF. 2362190012012261SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012261 2012261 SILVEIRA, BERTA 06/23/1938 753060 111595604
DIAGNOSIS CODES: 786.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236220	1	T1019		03/28/13	03/28/13	16.00	68.80	
				CLAIM TOTAL		68.80		CLAIM ACCOUNT REF. 2362200012012261SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012136 2012266 SOTO, RAFAEL B 03/08/1937 700573 111447220
DIAGNOSIS CODES: 715.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236221	1	T1019		03/23/13	03/23/13	36.00	154.80
236221	2	T1019		03/24/13	03/24/13	36.00	154.80
236221	3	T1019		03/25/13	03/25/13	36.00	154.80
236221	4	T1019		03/26/13	03/26/13	36.00	154.80
236221	5	T1019		03/27/13	03/27/13	36.00	154.80
236221	6	T1019		03/28/13	03/28/13	36.00	154.80
236221	7	T1019		03/29/13	03/29/13	36.00	154.80
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2362210012012266SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012159 2012838 LOPEZ, VITALIA 08/01/1922 691723 111519695
DIAGNOSIS CODES: 331.0 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236200	1	T1019		03/23/13	03/23/13	4.00	17.20
236200	2	T1019		03/24/13	03/24/13	4.00	17.20
236200	3	T1019		03/27/13	03/27/13	4.00	17.20
236200	4	T1019		03/28/13	03/28/13	4.00	17.20
236200	5	T1019		03/29/13	03/29/13	4.00	17.20
CLAIM TOTAL						86.00	CLAIM ACCOUNT REF. 2362000012012838SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012115 2012920 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
236197	1	T1019		03/25/13	03/25/13	12.00	51.60
236197	2	T1019		03/27/13	03/27/13	12.00	51.60
236197	3	T1019		03/29/13	03/29/13	12.00	51.60
CLAIM TOTAL						154.80	CLAIM ACCOUNT REF. 2361970012012920SUP

PAYER TOTALS: WELLCARE OF NY # OF CLAIMS = 170 TOTAL CLAIM AMOUNT = 18,782.40
SERVICES = 33

REPORT DATE 04/03/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013040306215417RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 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
236172	1	T1019	0580	03/25/13	03/25/13	40.00	168.80
236172	2	T1019	0580	03/27/13	03/27/13	40.00	168.80
236172	3	T1019	0580	03/28/13	03/28/13	40.00	168.80
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2361720012008491SUP

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
236175	1	T1019	0580	03/25/13	03/25/13	16.00	67.52
236175	2	T1019	0580	03/26/13	03/26/13	16.00	67.52
236175	3	T1019	0580	03/27/13	03/27/13	16.00	67.52
236175	4	T1019	0580	03/28/13	03/28/13	16.00	67.52
236175	5	T1019	0580	03/29/13	03/29/13	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2361750012008513SUP

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
236173	1	T1019	0580	03/23/13	03/23/13	20.00	84.40
236173	2	T1019	0580	03/24/13	03/24/13	20.00	84.40
236173	3	T1019	0580	03/25/13	03/25/13	20.00	84.40
236173	4	T1019	0580	03/26/13	03/26/13	20.00	84.40
236173	5	T1019	0580	03/27/13	03/27/13	20.00	84.40
236173	6	T1019	0580	03/28/13	03/28/13	20.00	84.40
236173	7	T1019	0580	03/29/13	03/29/13	20.00	84.40
CLAIM TOTAL							590.80

CLAIM ACCOUNT REF. 2361730012008544SUP

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
236166	1	T1019	0580	03/26/13	03/26/13	16.00	67.52
236166	2	T1019	0580	03/28/13	03/28/13	16.00	67.52
236166	3	T1019	0580	03/29/13	03/29/13	16.00	67.52

REPORT DATE 04/03/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 55247 HEALTH INSURANCE PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	202.56	2361660012008723SUP

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	CLAIM ACCOUNT REF.
236158	1	T1019	0580	03/23/13	03/23/13	48.00	202.56	
236158	2	T1019	0580	03/24/13	03/24/13	48.00	202.56	
236158	3	T1019	0580	03/25/13	03/25/13	48.00	202.56	
236158	4	T1019	0580	03/26/13	03/26/13	48.00	202.56	
236158	5	T1019	0580	03/27/13	03/27/13	48.00	202.56	
236158	6	T1019	0580	03/28/13	03/28/13	48.00	202.56	
236158	7	T1019	0580	03/29/13	03/29/13	48.00	202.56	
						CLAIM TOTAL	1,417.92	2361580012008793SUP

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	CLAIM ACCOUNT REF.
236168	1	T1019	0580	03/23/13	03/23/13	32.00	135.04	
236168	2	T1019	0580	03/24/13	03/24/13	32.00	135.04	
236168	3	T1019	0580	03/25/13	03/25/13	32.00	135.04	
236168	4	T1019	0580	03/26/13	03/26/13	32.00	135.04	
236168	5	T1019	0580	03/27/13	03/27/13	32.00	135.04	
236168	6	T1019	0580	03/28/13	03/28/13	32.00	135.04	
236168	7	T1019	0580	03/29/13	03/29/13	32.00	135.04	
						CLAIM TOTAL	945.28	2361680012009237SUP

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	CLAIM ACCOUNT REF.
236174	1	T1019	0580	03/29/13	03/29/13	20.00	84.40	
						CLAIM TOTAL	84.40	2361740012009269SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 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
236170	1	T1019	0580	03/23/13	03/23/13	20.00	84.40
236170	2	T1019	0580	03/24/13	03/24/13	16.00	67.52
236170	3	T1019	0580	03/25/13	03/25/13	16.00	67.52
236170	4	T1019	0580	03/26/13	03/26/13	16.00	67.52
236170	5	T1019	0580	03/27/13	03/27/13	16.00	67.52
236170	6	T1019	0580	03/28/13	03/28/13	16.00	67.52
236170	7	T1019	0580	03/29/13	03/29/13	16.00	67.52
CLAIM TOTAL							489.52

CLAIM ACCOUNT REF. 2361700012009406SUP

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
236171	1	T1019	0580	03/27/13	03/27/13	40.00	168.80
236171	2	T1019	0580	03/28/13	03/28/13	16.00	67.52
CLAIM TOTAL							236.32

CLAIM ACCOUNT REF. 2361710012009562SUP

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
236161	1	T1019	0580	03/25/13	03/25/13	16.00	67.52
236161	2	T1019	0580	03/26/13	03/26/13	16.00	67.52
236161	3	T1019	0580	03/27/13	03/27/13	16.00	67.52
236161	4	T1019	0580	03/28/13	03/28/13	16.00	67.52
236161	5	T1019	0580	03/29/13	03/29/13	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2361610012009686SUP

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
236163	1	T1019	0580	03/23/13	03/23/13	28.00	118.16
236163	2	T1019	0580	03/24/13	03/24/13	28.00	118.16
236163	3	T1019	0580	03/25/13	03/25/13	28.00	118.16
236163	4	T1019	0580	03/26/13	03/26/13	28.00	118.16

REPORT DATE 04/03/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 55247 HEALTH INSURANCE PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236163	5	T1019	0580	03/27/13	03/27/13	25.00	105.50	
236163	6	T1019	0580	03/28/13	03/28/13	28.00	118.16	
236163	7	T1019	0580	03/29/13	03/29/13	28.00	118.16	
					CLAIM TOTAL		814.46	CLAIM ACCOUNT REF. 2361630012009945SUP

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	
236157	1	T1019	0580	03/25/13	03/25/13	16.00	67.52	
					CLAIM TOTAL		67.52	CLAIM ACCOUNT REF. 2361570012010293SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010316	2010316	WEATHERS, VERDNA	02/05/1927	KK12367V	0004884724
DIAGNOSIS	CODES:	331.0	365.00	428.0	714.0		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236167	1	T1019	0580	03/23/13	03/23/13	48.00	202.56	
236167	2	T1019	0580	03/24/13	03/24/13	48.00	202.56	
236167	3	T1019	0580	03/29/13	03/29/13	48.00	202.56	
					CLAIM TOTAL		607.68	CLAIM ACCOUNT REF. 2361670012010316SUP

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	
236162	1	T1019	0580	03/23/13	03/23/13	36.00	151.92	
236162	2	T1019	0580	03/24/13	03/24/13	36.00	151.92	
236162	3	T1019	0580	03/25/13	03/25/13	36.00	151.92	
236162	4	T1019	0580	03/26/13	03/26/13	36.00	151.92	
236162	5	T1019	0580	03/27/13	03/27/13	36.00	151.92	
236162	6	T1019	0580	03/28/13	03/28/13	36.00	151.92	
236162	7	T1019	0580	03/29/13	03/29/13	36.00	151.92	
					CLAIM TOTAL		1,063.44	CLAIM ACCOUNT REF. 2361620012010991SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236159	1	G0156	0572	03/23/13	03/23/13	8.00	114.00

REPORT DATE 04/03/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013040306215417RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236159	2	G0156	0572	03/24/13	03/24/13	8.00	114.00	
236159	3	G0156	0572	03/25/13	03/25/13	8.00	114.00	
236159	4	G0156	0572	03/26/13	03/26/13	8.00	114.00	
236159	5	G0156	0572	03/29/13	03/29/13	8.00	114.00	
				CLAIM TOTAL		570.00		CLAIM ACCOUNT REF. 2361590012011066SUP

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	
236160	1	G0156	0572	03/10/13	03/10/13	12.00	171.00	
236160	2	G0156	0572	03/23/13	03/23/13	12.00	171.00	
236160	3	G0156	0572	03/24/13	03/24/13	12.00	171.00	
236160	4	G0156	0572	03/25/13	03/25/13	12.00	171.00	
236160	5	G0156	0572	03/26/13	03/26/13	12.00	171.00	
236160	6	G0156	0572	03/27/13	03/27/13	12.00	171.00	
236160	7	G0156	0572	03/28/13	03/28/13	12.00	171.00	
236160	8	G0156	0572	03/29/13	03/29/13	12.00	171.00	
				CLAIM TOTAL		1,368.00		CLAIM ACCOUNT REF. 2361600012011526SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009467 2011833 KEATON, CATHERINE 08/30/1923 WC81742E 0004298435
DIAGNOSIS CODES: 715.00 365.9 401.9 780.4 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236164	1	T1019	0580	03/23/13	03/23/13	48.00	202.56	
236164	2	T1019	0580	03/24/13	03/24/13	48.00	202.56	
236164	3	T1019	0580	03/25/13	03/25/13	48.00	202.56	
236164	4	T1019	0580	03/26/13	03/26/13	48.00	202.56	
236164	5	T1019	0580	03/27/13	03/27/13	48.00	202.56	
236164	6	T1019	0580	03/28/13	03/28/13	48.00	202.56	
236164	7	T1019	0580	03/29/13	03/29/13	48.00	202.56	
				CLAIM TOTAL		1,417.92		CLAIM ACCOUNT REF. 2361640012011833SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010634 2012343 YIANNITSIS, LEO 07/13/1934 15438872 0005825708
DIAGNOSIS CODES: 253.5 272.4 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236169	1	T1019	0580	03/25/13	03/25/13	20.00	84.40	
236169	2	T1019	0580	03/26/13	03/26/13	20.00	84.40	
236169	3	T1019	0580	03/27/13	03/27/13	20.00	84.40	

REPORT DATE 04/03/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 55247 HEALTH INSURANCE PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236169	4	T1019	0580	03/28/13	03/28/13	20.00	84.40	
236169	5	T1019	0580	03/29/13	03/29/13	19.00	80.18	
					CLAIM TOTAL		417.78	CLAIM ACCOUNT REF. 2361690012012343SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012541	2012541	LANGELOH, HOWARD	09/29/1923	134135965A	0005921983
DIAGNOSIS	CODES:	715.90 250.00 272.4 401.9		493.91		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236165	1	T1019	0580	03/20/13	03/20/13	24.00	101.28	
236165	2	T1019	0580	03/23/13	03/23/13	24.00	101.28	
236165	3	T1019	0580	03/24/13	03/24/13	24.00	101.28	
236165	4	T1019	0580	03/25/13	03/25/13	24.00	101.28	
236165	5	T1019	0580	03/26/13	03/26/13	24.00	101.28	
236165	6	T1019	0580	03/27/13	03/27/13	24.00	101.28	
236165	7	T1019	0580	03/28/13	03/28/13	24.00	101.28	
236165	8	T1019	0580	03/29/13	03/29/13	24.00	101.28	
					CLAIM TOTAL		810.24	CLAIM ACCOUNT REF. 2361650012012541SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008564	2012547	BERNARD, SOPHIE	09/30/1922	10722480A	0005923488001
DIAGNOSIS	CODES:	724.00				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236156	1	T1019	0580	03/25/13	03/25/13	24.00	101.28	
236156	2	T1019	0580	03/26/13	03/26/13	24.00	101.28	
236156	3	T1019	0580	03/27/13	03/27/13	24.00	101.28	
236156	4	T1019	0580	03/28/13	03/28/13	24.00	101.28	
236156	5	T1019	0580	03/29/13	03/29/13	24.00	101.28	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2361560012012547SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	103	TOTAL CLAIM AMOUNT =	12,791.84
		# SERVICES =	20		

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008374 2010958 KARASSAVIDES, ARISTOTI 10/09/1962 V80041904 123590054
DIAGNOSIS CODES: 042. 202.88 436. 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236244	1	S5125		03/25/13	03/25/13	28.00	120.12
236244	2	S5125		03/26/13	03/26/13	28.00	120.12
236244	3	S5125		03/27/13	03/27/13	28.00	120.12
236244	4	S5125		03/28/13	03/28/13	28.00	120.12
CLAIM TOTAL							480.48
CLAIM ACCOUNT REF.							2362440012010958SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236245	1	S5125		03/23/13	03/23/13	24.00	102.96
236245	2	S5125		03/25/13	03/25/13	40.00	171.60
236245	3	S5125		03/26/13	03/26/13	24.00	102.96
236245	4	S5125		03/27/13	03/27/13	40.00	171.60
236245	5	S5125		03/28/13	03/28/13	24.00	102.96
236245	6	S5125		03/29/13	03/29/13	40.00	171.60
CLAIM TOTAL							823.68
CLAIM ACCOUNT REF.							2362450012012481SUP

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

REPORT DATE 04/03/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013040306215417RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008246 2008246 RIVERA, CHRISTOPHER 09/03/1996 UW23596M 0110011202225
DIAGNOSIS CODES: 314.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236114	1	T1019		03/23/13	03/23/13	12.00	50.64	
236114	2	T1019		03/24/13	03/24/13	12.00	50.64	
236114	3	T1019		03/25/13	03/25/13	12.00	50.64	
236114	4	T1019		03/26/13	03/26/13	12.00	50.64	
236114	5	T1019		03/27/13	03/27/13	12.00	50.64	
236114	6	T1019		03/28/13	03/28/13	12.00	50.64	
236114	7	T1019		03/29/13	03/29/13	12.00	50.64	
CLAIM TOTAL							354.48	CLAIM ACCOUNT REF. 2361140012008246SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008248 2008248 RIVERA, EDDIE 01/29/1960 YP34893V R2167051
DIAGNOSIS CODES: 339.02 367.1 369.10

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236115	1	T1019		03/25/13	03/25/13	12.00	50.64	
236115	2	T1019		03/26/13	03/26/13	12.00	50.64	
236115	3	T1019		03/27/13	03/27/13	12.00	50.64	
236115	4	T1019		03/28/13	03/28/13	12.00	50.64	
CLAIM TOTAL							202.56	CLAIM ACCOUNT REF. 2361150012008248SUP

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	
236109	1	T1019		03/18/13	03/18/13	44.00	185.68	
236109	2	T1019		03/23/13	03/23/13	44.00	185.68	
236109	3	T1019		03/24/13	03/24/13	44.00	185.68	
236109	4	T1019		03/25/13	03/25/13	44.00	185.68	
236109	5	T1019		03/26/13	03/26/13	44.00	185.68	
236109	6	T1019		03/27/13	03/27/13	44.00	185.68	
236109	7	T1019		03/28/13	03/28/13	44.00	185.68	
236109	8	T1019		03/29/13	03/29/13	44.00	185.68	
CLAIM TOTAL							1,485.44	CLAIM ACCOUNT REF. 2361090012008249SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236117	1	T1019		03/23/13	03/23/13	32.00	135.04	
236117	2	T1019		03/24/13	03/24/13	32.00	135.04	
236117	3	T1019		03/25/13	03/25/13	32.00	135.04	
236117	4	T1019		03/26/13	03/26/13	32.00	135.04	
236117	5	T1019		03/27/13	03/27/13	32.00	135.04	
236117	6	T1019		03/28/13	03/28/13	32.00	135.04	
236117	7	T1019		03/29/13	03/29/13	32.00	135.04	
					CLAIM TOTAL	945.28		CLAIM ACCOUNT REF. 2361170012008250SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236095	1	T1019		03/23/13	03/23/13	32.00	135.04	
236095	2	T1019		03/25/13	03/25/13	32.00	135.04	
236095	3	T1019		03/26/13	03/26/13	32.00	135.04	
236095	4	T1019		03/27/13	03/27/13	32.00	135.04	
236095	5	T1019		03/28/13	03/28/13	32.00	135.04	
236095	6	T1019		03/29/13	03/29/13	32.00	135.04	
					CLAIM TOTAL	810.24		CLAIM ACCOUNT REF. 2360950012008251SUP

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	
236110	1	T1019		03/23/13	03/23/13	48.00	202.56	
236110	2	T1019		03/24/13	03/24/13	48.00	202.56	
236110	3	T1019		03/25/13	03/25/13	48.00	202.56	
236110	4	T1019		03/26/13	03/26/13	48.00	202.56	
236110	5	T1019		03/27/13	03/27/13	48.00	202.56	
236110	6	T1019		03/28/13	03/28/13	48.00	202.56	
236110	7	T1019		03/29/13	03/29/13	48.00	202.56	
					CLAIM TOTAL	1,417.92		CLAIM ACCOUNT REF. 2361100012008253SUP

REPORT DATE 04/03/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 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	
236120	1	T1019		03/25/13	03/25/13	20.00	84.40	
236120	2	T1019		03/26/13	03/26/13	20.00	84.40	
236120	3	T1019		03/27/13	03/27/13	20.00	84.40	
236120	4	T1019		03/28/13	03/28/13	20.00	84.40	
236120	5	T1019		03/29/13	03/29/13	20.00	84.40	
CLAIM TOTAL							422.00	CLAIM ACCOUNT REF. 2361200012008254SUP

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	
236093	1	T1019		03/25/13	03/25/13	32.00	135.04	
236093	2	T1019		03/26/13	03/26/13	32.00	135.04	
236093	3	T1019		03/27/13	03/27/13	32.00	135.04	
236093	4	T1019		03/28/13	03/28/13	32.00	135.04	
CLAIM TOTAL							540.16	CLAIM ACCOUNT REF. 2360930012008256SUP

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	
236100	1	T1019		03/23/13	03/23/13	24.00	101.28	
236100	2	T1019		03/25/13	03/25/13	24.00	101.28	
236100	3	T1019		03/26/13	03/26/13	24.00	101.28	
236100	4	T1019		03/27/13	03/27/13	24.00	101.28	
236100	5	T1019		03/28/13	03/28/13	24.00	101.28	
CLAIM TOTAL							506.40	CLAIM ACCOUNT REF. 2361000012008257SUP

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	
236118	1	T1019		03/25/13	03/25/13	32.00	135.04	
236118	2	T1019		03/26/13	03/26/13	32.00	135.04	
236118	3	T1019		03/27/13	03/27/13	32.00	135.04	
236118	4	T1019		03/28/13	03/28/13	32.00	135.04	

REPORT DATE 04/03/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236118	5	T1019		03/29/13	03/29/13	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2361180012008290SUP

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	
236102	1	T1019		03/23/13	03/23/13	28.00	118.16	
236102	2	T1019		03/24/13	03/24/13	28.00	118.16	
236102	3	T1019		03/25/13	03/25/13	28.00	118.16	
236102	4	T1019		03/26/13	03/26/13	28.00	118.16	
236102	5	T1019		03/27/13	03/27/13	12.00	50.64	
236102	6	T1019		03/28/13	03/28/13	28.00	118.16	
236102	7	T1019		03/29/13	03/29/13	28.00	118.16	
					CLAIM TOTAL		759.60	CLAIM ACCOUNT REF. 2361020012008362SUP

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	
236116	1	T1019		03/26/13	03/26/13	16.00	67.52	
236116	2	T1019		03/27/13	03/27/13	16.00	67.52	
236116	3	T1019		03/28/13	03/28/13	16.00	67.52	
236116	4	T1019		03/29/13	03/29/13	16.00	67.52	
					CLAIM TOTAL		270.08	CLAIM ACCOUNT REF. 2361160012008368SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236103	1	T1019		03/23/13	03/23/13	32.00	135.04	
236103	2	T1019		03/24/13	03/24/13	36.00	151.92	
236103	3	T1019		03/25/13	03/25/13	32.00	135.04	
236103	4	T1019		03/26/13	03/26/13	32.00	135.04	
236103	5	T1019		03/27/13	03/27/13	32.00	135.04	
236103	6	T1019		03/28/13	03/28/13	32.00	135.04	
236103	7	T1019		03/29/13	03/29/13	32.00	135.04	
					CLAIM TOTAL		962.16	CLAIM ACCOUNT REF. 2361030012008411SUP

REPORT DATE 04/03/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013040306215417RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 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
236106	1	T1019		03/23/13	03/23/13	28.00	118.16
236106	2	T1019		03/24/13	03/24/13	28.00	118.16
236106	3	T1019		03/25/13	03/25/13	28.00	118.16
236106	4	T1019		03/26/13	03/26/13	28.00	118.16
236106	5	T1019		03/27/13	03/27/13	28.00	118.16
236106	6	T1019		03/28/13	03/28/13	28.00	118.16
236106	7	T1019		03/29/13	03/29/13	28.00	118.16
CLAIM TOTAL							827.12

CLAIM ACCOUNT REF. 2361060012008428SUP

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
236089	1	T1019		03/23/13	03/23/13	32.00	135.04
236089	2	T1019		03/24/13	03/24/13	32.00	135.04
236089	3	T1019		03/25/13	03/25/13	32.00	135.04
236089	4	T1019		03/26/13	03/26/13	32.00	135.04
236089	5	T1019		03/27/13	03/27/13	32.00	135.04
236089	6	T1019		03/28/13	03/28/13	32.00	135.04
236089	7	T1019		03/29/13	03/29/13	32.00	135.04
CLAIM TOTAL							945.28

CLAIM ACCOUNT REF. 2360890012008433SUP

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
236088	1	T1019		03/23/13	03/23/13	12.00	50.64
236088	2	T1019		03/25/13	03/25/13	20.00	84.40
236088	3	T1019		03/26/13	03/26/13	20.00	84.40
236088	4	T1019		03/27/13	03/27/13	20.00	84.40
236088	5	T1019		03/28/13	03/28/13	20.00	84.40
236088	6	T1019		03/29/13	03/29/13	20.00	84.40
CLAIM TOTAL							472.64

CLAIM ACCOUNT REF. 2360880012008487SUP

REPORT DATE 04/03/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 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
236122	1	T1019		03/23/13	03/23/13	32.00	135.04
236122	2	T1019		03/24/13	03/24/13	32.00	135.04
236122	3	T1019		03/25/13	03/25/13	32.00	135.04
236122	4	T1019		03/26/13	03/26/13	32.00	135.04
236122	5	T1019		03/27/13	03/27/13	32.00	135.04
236122	6	T1019		03/28/13	03/28/13	32.00	135.04
236122	7	T1019		03/29/13	03/29/13	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2361220012008558SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008571 2008571 ESPAILLAT, AMPARO 12/25/1949 ZG25447P 0110031201909
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
236098	1	T1019		03/23/13	03/23/13	16.00	67.52
236098	2	T1019		03/24/13	03/24/13	16.00	67.52
236098	3	T1019		03/25/13	03/25/13	24.00	101.28
CLAIM TOTAL							236.32
CLAIM ACCOUNT REF.							2360980012008571SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008571 2008571 ESPAILLAT, AMPARO 12/25/1949 ZG25447P 0103131301379
DIAGNOSIS CODES: 401.9 272.0 311. 365.9 366.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236099	1	T1019		03/26/13	03/26/13	24.00	101.28
236099	2	T1019		03/27/13	03/27/13	24.00	101.28
236099	3	T1019		03/28/13	03/28/13	24.00	101.28
236099	4	T1019		03/29/13	03/29/13	24.00	101.28
CLAIM TOTAL							405.12
CLAIM ACCOUNT REF.							2360990012008571SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008380 2009001 FERRERA, FRANCISCA 06/06/1948 YH55651V R2113770
DIAGNOSIS CODES: 301.9 401.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236101	1	T1019		03/23/13	03/23/13	40.00	168.80
236101	2	T1019		03/24/13	03/24/13	32.00	135.04
236101	3	T1019		03/25/13	03/25/13	40.00	168.80
236101	4	T1019		03/26/13	03/26/13	40.00	168.80

REPORT DATE 04/03/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013040306215417RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236101	5	T1019		03/28/13	03/28/13	40.00	168.80	
236101	6	T1019		03/29/13	03/29/13	40.00	168.80	
						CLAIM TOTAL	979.04	CLAIM ACCOUNT REF. 2361010012009001SUP

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	
236096	1	T1019		03/24/13	03/24/13	20.00	84.40	
236096	2	T1019		03/25/13	03/25/13	20.00	84.40	
236096	3	T1019		03/26/13	03/26/13	20.00	84.40	
236096	4	T1019		03/27/13	03/27/13	20.00	84.40	
236096	5	T1019		03/28/13	03/28/13	20.00	84.40	
236096	6	T1019		03/29/13	03/29/13	20.00	84.40	
						CLAIM TOTAL	506.40	CLAIM ACCOUNT REF. 2360960012009256SUP

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	
236094	1	T1019		03/23/13	03/23/13	32.00	135.04	
236094	2	T1019		03/25/13	03/25/13	32.00	135.04	
236094	3	T1019		03/26/13	03/26/13	32.00	135.04	
236094	4	T1019		03/27/13	03/27/13	32.00	135.04	
236094	5	T1019		03/28/13	03/28/13	32.00	135.04	
236094	6	T1019		03/29/13	03/29/13	32.00	135.04	
						CLAIM TOTAL	810.24	CLAIM ACCOUNT REF. 2360940012009270SUP

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	
236097	1	T1019		03/25/13	03/25/13	24.00	101.28	
236097	2	T1019		03/26/13	03/26/13	24.00	101.28	
236097	3	T1019		03/27/13	03/27/13	24.00	101.28	
236097	4	T1019		03/28/13	03/28/13	24.00	101.28	
236097	5	T1019		03/29/13	03/29/13	24.00	101.28	
						CLAIM TOTAL	506.40	CLAIM ACCOUNT REF. 2360970012009405SUP

REPORT DATE 04/03/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013040306215417RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236104	1	T1019		03/25/13	03/25/13	16.00	67.52
236104	2	T1019		03/27/13	03/27/13	16.00	67.52
236104	3	T1019		03/29/13	03/29/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2361040012009425SUP

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
236091	1	T1019		03/23/13	03/23/13	24.00	101.28
236091	2	T1019		03/25/13	03/25/13	24.00	101.28
236091	3	T1019		03/26/13	03/26/13	24.00	101.28
236091	4	T1019		03/27/13	03/27/13	24.00	101.28
236091	5	T1019		03/28/13	03/28/13	24.00	101.28
236091	6	T1019		03/29/13	03/29/13	20.00	84.40
CLAIM TOTAL							590.80
CLAIM ACCOUNT REF.							2360910012009560SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236126	1	T1019		03/25/13	03/25/13	32.00	135.04
236126	2	T1019		03/26/13	03/26/13	32.00	135.04
236126	3	T1019		03/27/13	03/27/13	32.00	135.04
236126	4	T1019		03/28/13	03/28/13	32.00	135.04
236126	5	T1019		03/29/13	03/29/13	32.00	135.04
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2361260012010009SUP

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
236108	1	T1019		03/23/13	03/23/13	48.00	202.56
236108	2	T1019		03/24/13	03/24/13	48.00	202.56
236108	3	T1019		03/25/13	03/25/13	48.00	202.56
236108	4	T1019		03/26/13	03/26/13	48.00	202.56

REPORT DATE 04/03/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013040306215417RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236108	5	T1019		03/27/13	03/27/13	48.00	202.56	
236108	6	T1019		03/28/13	03/28/13	48.00	202.56	
236108	7	T1019		03/29/13	03/29/13	48.00	202.56	
				CLAIM TOTAL			1,417.92	CLAIM ACCOUNT REF. 2361080012010311SUP

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	
236125	1	T1019		03/23/13	03/23/13	20.00	84.40	
236125	2	T1019		03/24/13	03/24/13	20.00	84.40	
236125	3	T1019		03/28/13	03/28/13	20.00	84.40	
				CLAIM TOTAL			253.20	CLAIM ACCOUNT REF. 2361250012010758SUP

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	
236107	1	T1019		03/25/13	03/25/13	32.00	135.04	
236107	2	T1019		03/26/13	03/26/13	32.00	135.04	
236107	3	T1019		03/27/13	03/27/13	32.00	135.04	
236107	4	T1019		03/28/13	03/28/13	32.00	135.04	
236107	5	T1019		03/29/13	03/29/13	32.00	135.04	
				CLAIM TOTAL			675.20	CLAIM ACCOUNT REF. 2361070012010967SUP

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	
236092	1	T1019		03/25/13	03/25/13	40.00	168.80	
236092	2	T1019		03/26/13	03/26/13	40.00	168.80	
236092	3	T1019		03/27/13	03/27/13	40.00	168.80	
236092	4	T1019		03/28/13	03/28/13	40.00	168.80	
236092	5	T1019		03/29/13	03/29/13	40.00	168.80	
				CLAIM TOTAL			844.00	CLAIM ACCOUNT REF. 2360920012011528SUP

REPORT DATE 04/03/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013040306215417RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236121	1	T1019		03/23/13	03/23/13	36.00	151.92
236121	2	T1019		03/24/13	03/24/13	36.00	151.92
236121	3	T1019		03/25/13	03/25/13	40.00	168.80
236121	4	T1019		03/26/13	03/26/13	40.00	168.80
236121	5	T1019		03/27/13	03/27/13	40.00	168.80
236121	6	T1019		03/28/13	03/28/13	40.00	168.80
236121	7	T1019		03/29/13	03/29/13	40.00	168.80
CLAIM TOTAL						1,147.84	CLAIM ACCOUNT REF. 2361210012011820SUP

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
236113	1	T1019		03/23/13	03/23/13	40.00	168.80
236113	2	T1019		03/24/13	03/24/13	40.00	168.80
236113	3	T1019		03/25/13	03/25/13	40.00	168.80
236113	4	T1019		03/26/13	03/26/13	40.00	168.80
236113	5	T1019		03/27/13	03/27/13	40.00	168.80
236113	6	T1019		03/28/13	03/28/13	40.00	168.80
236113	7	T1019		03/29/13	03/29/13	40.00	168.80
CLAIM TOTAL						1,181.60	CLAIM ACCOUNT REF. 2361130012012284SUP

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
236105	1	T1019		03/23/13	03/23/13	32.00	135.04
236105	2	T1019		03/24/13	03/24/13	32.00	135.04
236105	3	T1019		03/25/13	03/25/13	32.00	135.04
236105	4	T1019		03/26/13	03/26/13	32.00	135.04
236105	5	T1019		03/27/13	03/27/13	32.00	135.04
236105	6	T1019		03/28/13	03/28/13	32.00	135.04
236105	7	T1019		03/29/13	03/29/13	32.00	135.04
CLAIM TOTAL						945.28	CLAIM ACCOUNT REF. 2361050012012478SUP

REPORT DATE 04/03/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013040306215417RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236090	1	T1019		03/25/13	03/25/13	16.00	67.52
236090	2	T1019		03/26/13	03/26/13	16.00	67.52
236090	3	T1019		03/27/13	03/27/13	16.00	67.52
236090	4	T1019		03/28/13	03/28/13	16.00	67.52
236090	5	T1019		03/29/13	03/29/13	16.00	67.52
CLAIM TOTAL							337.60
							CLAIM ACCOUNT REF. 2360900012012489SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012498 2012498 SCHOONMAKER, JEAN 01/16/1944 116703035 0101171302362
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236119	1	T1019		02/25/13	02/25/13	32.00	135.04
236119	2	T1019		02/26/13	02/26/13	32.00	135.04
236119	3	T1019		02/27/13	02/27/13	32.00	135.04
236119	4	T1019		02/28/13	02/28/13	32.00	135.04
236119	5	T1019		03/01/13	03/01/13	32.00	135.04
236119	6	T1019		03/04/13	03/04/13	32.00	135.04
236119	7	T1019		03/05/13	03/05/13	32.00	135.04
236119	8	T1019		03/06/13	03/06/13	32.00	135.04
236119	9	T1019		03/07/13	03/07/13	32.00	135.04
236119	10	T1019		03/08/13	03/08/13	32.00	135.04
236119	11	T1019		03/11/13	03/11/13	32.00	135.04
236119	12	T1019		03/12/13	03/12/13	32.00	135.04
236119	13	T1019		03/13/13	03/13/13	32.00	135.04
236119	14	T1019		03/23/13	03/23/13	32.00	135.04
236119	15	T1019		03/25/13	03/25/13	36.00	151.92
236119	16	T1019		03/26/13	03/26/13	36.00	151.92
236119	17	T1019		03/27/13	03/27/13	36.00	151.92
236119	18	T1019		03/29/13	03/29/13	36.00	151.92
CLAIM TOTAL							2,498.24
							CLAIM ACCOUNT REF. 2361190012012498SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009733 2012683 ORTIZ, TULA 10/30/1957 ST52677J R2161864
DIAGNOSIS CODES: 022.2 272.4 332.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236111	1	T1019		03/23/13	03/23/13	24.00	101.28
236111	2	T1019		03/25/13	03/25/13	24.00	101.28

REPORT DATE 04/03/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013040306215417RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236111	3	T1019		03/26/13	03/26/13	24.00	101.28	
236111	4	T1019		03/27/13	03/27/13	24.00	101.28	
236111	5	T1019		03/28/13	03/28/13	24.00	101.28	
236111	6	T1019		03/29/13	03/29/13	24.00	101.28	
					CLAIM TOTAL		607.68	CLAIM ACCOUNT REF. 2361110012012683SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236123	1	T1019		03/23/13	03/23/13	20.00	84.40	
236123	2	T1019		03/25/13	03/25/13	20.00	84.40	
236123	3	T1019		03/26/13	03/26/13	32.00	135.04	
236123	4	T1019		03/27/13	03/27/13	20.00	84.40	
236123	5	T1019		03/28/13	03/28/13	32.00	135.04	
236123	6	T1019		03/29/13	03/29/13	20.00	84.40	
					CLAIM TOTAL		607.68	CLAIM ACCOUNT REF. 2361230012012772SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012731	2012823	VALENCIA, ESTHER J	11/13/1930	UF20889J	R2182130
DIAGNOSIS	CODES:	401.9	414.3			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236124	1	T1019		03/25/13	03/25/13	24.00	101.28	
236124	2	T1019		03/26/13	03/26/13	24.00	101.28	
236124	3	T1019		03/27/13	03/27/13	24.00	101.28	
236124	4	T1019		03/28/13	03/28/13	24.00	101.28	
					CLAIM TOTAL		405.12	CLAIM ACCOUNT REF. 2361240012012823SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011388	2012905	PALAZZOLO, FLORENCE	10/31/1948	PD96979S	R1998236
DIAGNOSIS	CODES:	331.0				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236112	1	T1020		03/23/13	03/23/13	12.00	202.56	
236112	2	T1020		03/24/13	03/24/13	12.00	202.56	
236112	3	T1020		03/25/13	03/25/13	12.00	202.56	
236112	4	T1020		03/26/13	03/26/13	12.00	202.56	
236112	5	T1020		03/27/13	03/27/13	12.00	202.56	
236112	6	T1020		03/28/13	03/28/13	24.00	405.12	
236112	7	T1020		03/29/13	03/29/13	12.00	202.56	
					CLAIM TOTAL		1,620.48	CLAIM ACCOUNT REF. 2361120012012905SUP

REPORT DATE 04/03/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013040306215417RRSUP

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

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	234	TOTAL CLAIM AMOUNT =	29,995.76
		# SERVICES =	38		

REPORT DATE 04/03/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013040306215417RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236152	1	T1019		03/23/13	03/23/13	40.00	171.60
236152	2	T1019		03/24/13	03/24/13	40.00	171.60
236152	3	T1019		03/25/13	03/25/13	40.00	171.60
236152	4	T1019		03/26/13	03/26/13	40.00	171.60
236152	5	T1019		03/27/13	03/27/13	40.00	171.60
236152	6	T1019		03/28/13	03/28/13	40.00	171.60
236152	7	T1019		03/29/13	03/29/13	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2361520012008245SUP

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
236154	1	T1019		03/23/13	03/23/13	16.00	68.64
236154	2	T1019		03/25/13	03/25/13	36.00	154.44
236154	3	T1019		03/26/13	03/26/13	36.00	154.44
236154	4	T1019		03/27/13	03/27/13	36.00	154.44
236154	5	T1019		03/28/13	03/28/13	36.00	154.44
236154	6	T1019		03/29/13	03/29/13	36.00	154.44
CLAIM TOTAL						840.84	CLAIM ACCOUNT REF. 2361540012008287SUP

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
236155	1	T1019		03/23/13	03/23/13	32.00	137.28
236155	2	T1019		03/24/13	03/24/13	32.00	137.28
236155	3	T1019		03/25/13	03/25/13	32.00	137.28
236155	4	T1019		03/26/13	03/26/13	32.00	137.28
236155	5	T1019		03/27/13	03/27/13	32.00	137.28
236155	6	T1019		03/28/13	03/28/13	32.00	137.28
236155	7	T1019		03/29/13	03/29/13	32.00	137.28
CLAIM TOTAL						960.96	CLAIM ACCOUNT REF. 2361550012008401SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2361530012011881SUP

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	27	TOTAL CLAIM AMOUNT =	4,427.28
		# SERVICES =	4		

REPORT DATE 04/03/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013040306215417RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236225	1	T1019	0580	03/24/13	03/24/13	20.00	84.40
236225	2	T1019	0580	03/25/13	03/25/13	28.00	118.16
236225	3	T1019	0580	03/26/13	03/26/13	32.00	135.04
236225	4	T1019	0580	03/27/13	03/27/13	32.00	135.04
236225	5	T1019	0580	03/28/13	03/28/13	32.00	135.04
236225	6	T1019	0580	03/29/13	03/29/13	32.00	135.04
CLAIM TOTAL							742.72
CLAIM ACCOUNT REF.							2362250012008266SUP

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
236228	1	T1019	0580	03/23/13	03/23/13	28.00	118.16
236228	2	T1019	0580	03/24/13	03/24/13	24.00	101.28
236228	3	T1019	0580	03/25/13	03/25/13	24.00	101.28
236228	4	T1019	0580	03/26/13	03/26/13	24.00	101.28
236228	5	T1019	0580	03/27/13	03/27/13	24.00	101.28
236228	6	T1019	0580	03/28/13	03/28/13	24.00	101.28
236228	7	T1019	0580	03/29/13	03/29/13	24.00	101.28
CLAIM TOTAL							725.84
CLAIM ACCOUNT REF.							2362280012010728SUP

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
236227	1	T1019	0580	03/23/13	03/23/13	20.00	84.40
236227	2	T1019	0580	03/24/13	03/24/13	20.00	84.40
236227	3	T1019	0580	03/25/13	03/25/13	12.00	50.64
236227	4	T1019	0580	03/26/13	03/26/13	12.00	50.64
236227	5	T1019	0580	03/27/13	03/27/13	12.00	50.64
236227	6	T1019	0580	03/28/13	03/28/13	12.00	50.64
236227	7	T1019	0580	03/29/13	03/29/13	12.00	50.64
CLAIM TOTAL							422.00
CLAIM ACCOUNT REF.							2362270012010729SUP

REPORT DATE 04/03/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013040306215417RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008365 2010731 HARDING, EDNA 05/17/1956 006274884 103437258
DIAGNOSIS CODES: 493.90 253.5 272.4 296.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236226	1	T1019	0580	03/25/13	03/25/13	16.00	67.52
236226	2	T1019	0580	03/26/13	03/26/13	16.00	67.52
236226	3	T1019	0580	03/27/13	03/27/13	16.00	67.52
236226	4	T1019	0580	03/28/13	03/28/13	16.00	67.52
236226	5	T1019	0580	03/29/13	03/29/13	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2362260012010731SUP

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
236224	1	T1019	0580	03/16/13	03/16/13	20.00	84.40
CLAIM TOTAL							84.40

CLAIM ACCOUNT REF. 2362240012011322SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236230	1	T1019	0580	03/25/13	03/25/13	16.00	60.00
236230	2	T1019	0580	03/26/13	03/26/13	16.00	60.00
236230	3	T1019	0580	03/27/13	03/27/13	16.00	60.00
236230	4	T1019	0580	03/28/13	03/28/13	16.00	60.00
236230	5	T1019	0580	03/29/13	03/29/13	16.00	60.00
CLAIM TOTAL							300.00

CLAIM ACCOUNT REF. 2362300012012354SUP

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
236232	1	T1019	0580	03/23/13	03/23/13	24.00	90.00
236232	2	T1019	0580	03/25/13	03/25/13	24.00	90.00
236232	3	T1019	0580	03/26/13	03/26/13	24.00	90.00
236232	4	T1019	0580	03/27/13	03/27/13	24.00	90.00
236232	5	T1019	0580	03/28/13	03/28/13	24.00	90.00
236232	6	T1019	0580	03/29/13	03/29/13	24.00	90.00
CLAIM TOTAL							540.00

CLAIM ACCOUNT REF. 2362320012012357SUP

REPORT DATE 04/03/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013040306215417RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236234	1	T1019	0580	03/25/13	03/25/13	16.00	60.00
236234	2	T1019	0580	03/26/13	03/26/13	16.00	60.00
236234	3	T1019	0580	03/27/13	03/27/13	16.00	60.00
236234	4	T1019	0580	03/28/13	03/28/13	16.00	60.00
236234	5	T1019	0580	03/29/13	03/29/13	16.00	60.00
CLAIM TOTAL							300.00

CLAIM ACCOUNT REF. 2362340012012358SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236235	1	T1019	0580	03/25/13	03/25/13	20.00	75.00
236235	2	T1019	0580	03/26/13	03/26/13	20.00	75.00
236235	3	T1019	0580	03/27/13	03/27/13	20.00	75.00
236235	4	T1019	0580	03/28/13	03/28/13	20.00	75.00
236235	5	T1019	0580	03/29/13	03/29/13	20.00	75.00
CLAIM TOTAL							375.00

CLAIM ACCOUNT REF. 2362350012012362SUP

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
236231	1	T1019	0580	03/25/13	03/25/13	16.00	60.00
236231	2	T1019	0580	03/26/13	03/26/13	16.00	60.00
236231	3	T1019	0580	03/27/13	03/27/13	16.00	60.00
236231	4	T1019	0580	03/28/13	03/28/13	16.00	60.00
236231	5	T1019	0580	03/29/13	03/29/13	16.00	60.00
CLAIM TOTAL							300.00

CLAIM ACCOUNT REF. 2362310012012373SUP

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
236233	1	T1019	0580	03/19/13	03/19/13	4.00	15.00
236233	2	T1019	0580	03/21/13	03/21/13	4.00	15.00
236233	3	T1019	0580	03/25/13	03/25/13	32.00	120.00

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NPI = 1154407492

CLAIM ACCOUNT REF. 2362330012012374SUP

PRIOR AUTHORIZATION #
103312611

CLAIM ACCOUNT REF. 2362290012012876SUP

TOTAL CLAIM AMOUNT = 5.417.56

REPORT DATE 04/03/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013040306215417RRSUP

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PROVIDER ID = 113502051
PAYER ID = ICS01

SUNNYSIDE CITYWIDE
ICS

NPI = 1154407492

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
236243	1	T1019	1C	0570	03/25/13	03/25/13	4.00	65.60
236243	2	T1019	1C	0570	03/26/13	03/26/13	4.00	65.60
236243	3	T1019	1C	0570	03/27/13	03/27/13	4.00	65.60
236243	4	T1019	1C	0570	03/28/13	03/28/13	4.00	65.60
236243	5	T1019	1C	0570	03/29/13	03/29/13	4.00	65.60

CLAIM TOTAL

328.00

CLAIM ACCOUNT REF. 2362430012011453SUP

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
236242	1	T1019	1C	0570	03/11/13	03/11/13	4.00	65.60
236242	2	T1019	1C	0570	03/12/13	03/12/13	4.00	65.60
236242	3	T1019	1C	0570	03/13/13	03/13/13	4.00	65.60
236242	4	T1019	1C	0570	03/14/13	03/14/13	4.00	65.60
236242	5	T1019	1C	0570	03/15/13	03/15/13	4.00	65.60
236242	6	T1019	1C	0570	03/18/13	03/18/13	4.00	65.60
236242	7	T1019	1C	0570	03/19/13	03/19/13	4.00	65.60
236242	8	T1019	1C	0570	03/20/13	03/20/13	4.00	65.60
236242	9	T1019	1C	0570	03/21/13	03/21/13	4.00	65.60
236242	10	T1019	1C	0570	03/22/13	03/22/13	4.00	65.60
236242	11	T1019	1C	0570	03/25/13	03/25/13	4.00	65.60
236242	12	T1019	1C	0570	03/26/13	03/26/13	4.00	65.60
236242	13	T1019	1C	0570	03/27/13	03/27/13	4.00	65.60
236242	14	T1019	1C	0570	03/28/13	03/28/13	4.00	65.60
236242	15	T1019	1C	0570	03/29/13	03/29/13	4.00	65.60

CLAIM TOTAL

984.00

CLAIM ACCOUNT REF. 2362420012011869SUP

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
236240	1	T1019	1C	0570	03/25/13	03/25/13	6.00	98.40
236240	2	T1019	1C	0570	03/26/13	03/26/13	6.00	98.40
236240	3	T1019	1C	0570	03/27/13	03/27/13	6.00	98.40
236240	4	T1019	1C	0570	03/28/13	03/28/13	6.00	98.40
236240	5	T1019	1C	0570	03/29/13	03/29/13	6.00	98.40

REPORT DATE 04/03/13
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013040306215417RRSUP

PROVIDER ID = 113502051
PAYER ID = ICS01

SUNNYSIDE CITYWIDE
ICS

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							492.00	2362400012011870SUP
							CLAIM TOTAL	

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	CLAIM ACCOUNT REF.
236241	1	T1019 1C	0570	03/23/13	03/23/13	4.00	65.60	
236241	2	T1019 1C	0570	03/24/13	03/24/13	4.00	65.60	
236241	3	T1019 1C	0570	03/25/13	03/25/13	4.00	65.60	
236241	4	T1019 1C	0570	03/26/13	03/26/13	4.00	65.60	
236241	5	T1019 1C	0570	03/27/13	03/27/13	4.00	65.60	
236241	6	T1019 1C	0570	03/28/13	03/28/13	4.00	65.60	
236241	7	T1019 1C	0570	03/29/13	03/29/13	4.00	65.60	
							CLAIM TOTAL	459.20
								CLAIM ACCOUNT REF. 2362410012012213SUP

PAYER TOTALS: ICS

# OF CLAIMS =	32	TOTAL CLAIM AMOUNT =	2,263.20
# SERVICES =	4		

REPORT DATE 04/03/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013040306215417RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008382 2010800 GOMES, AGUSTINA 05/05/1933 JRX53860E01 2013030885700001
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	
236236	1	T1019	0580	03/23/13	03/23/13	36.00	151.92	
236236	2	T1019	0580	03/24/13	03/24/13	36.00	151.92	
236236	3	T1019	0580	03/25/13	03/25/13	36.00	151.92	
236236	4	T1019	0580	03/26/13	03/26/13	36.00	151.92	
236236	5	T1019	0580	03/27/13	03/27/13	36.00	151.92	
236236	6	T1019	0580	03/28/13	03/28/13	36.00	151.92	
236236	7	T1019	0580	03/29/13	03/29/13	36.00	151.92	
CLAIM TOTAL							1,063.44	CLAIM ACCOUNT REF. 2362360012010800SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JSV04323R01 2013031115500001
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	
236239	1	T1019	0580	03/26/13	03/26/13	16.00	67.52	
236239	2	T1019	0580	03/27/13	03/27/13	16.00	67.52	
236239	3	T1019	0580	03/29/13	03/29/13	16.00	67.52	
CLAIM TOTAL							202.56	CLAIM ACCOUNT REF. 2362390012010804SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008228 2010805 TOWLES, ADA 12/10/1954 JZX17878Q01 2013031115500002
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	
236238	1	T1019	0580	03/26/13	03/26/13	16.00	67.52	
236238	2	T1019	0580	03/27/13	03/27/13	16.00	67.52	
236238	3	T1019	0580	03/28/13	03/28/13	16.00	67.52	
CLAIM TOTAL							202.56	CLAIM ACCOUNT REF. 2362380012010805SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012890 2012890 SCOTT, AKHNATON 04/28/1992 JPB4958E01 2013032015500001
DIAGNOSIS CODES: 299.00 317.
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
236237	1	T1019	0580	03/23/13	03/23/13	32.00	135.04

REPORT DATE 04/03/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013040306215417RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
236237	2	T1019	0580	03/24/13	03/24/13	32.00	135.04	
236237	3	T1019	0580	03/25/13	03/25/13	16.00	67.52	
236237	4	T1019	0580	03/26/13	03/26/13	16.00	67.52	
236237	5	T1019	0580	03/27/13	03/27/13	16.00	67.52	
236237	6	T1019	0580	03/28/13	03/28/13	16.00	67.52	
236237	7	T1019	0580	03/29/13	03/29/13	16.00	67.52	
					CLAIM TOTAL	607.68		CLAIM ACCOUNT REF. 2362370012012890SUP

PAYER TOTALS:	HEALTHCARE PARTNERS IPA I	# OF CLAIMS =	20	TOTAL CLAIM AMOUNT =	2,076.24
		# SERVICES =	4		

PROVIDER TOTALS:	SUNNYSIDE CITYWIDE	# OF CLAIMS =	872	TOTAL CLAIM AMOUNT =	104,781.05
		# SERVICES =	154		