

REPORT DATE 09/19/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012091902273016RRSUP

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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
209933	1	T1020		09/08/12	09/08/12	6.00	101.22
209933	2	T1020		09/10/12	09/10/12	7.00	118.09
209933	3	T1020		09/11/12	09/11/12	7.00	118.09
209933	4	T1020		09/12/12	09/12/12	7.00	118.09
209933	5	T1020		09/14/12	09/14/12	7.00	118.09
CLAIM TOTAL							573.58

CLAIM ACCOUNT REF. 2099330012008267SUP

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
209931	1	T1020		09/08/12	09/08/12	9.00	151.83
209931	2	T1020		09/09/12	09/09/12	9.00	151.83
CLAIM TOTAL							303.66

CLAIM ACCOUNT REF. 2099310012008268SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209928	1	T1020		09/08/12	09/08/12	1.00	16.87
209928	2	T1020		09/09/12	09/09/12	7.00	118.09
209928	3	T1020		09/10/12	09/10/12	7.00	118.09
209928	4	T1020		09/11/12	09/11/12	7.00	118.09
209928	5	T1020		09/12/12	09/12/12	7.00	118.09
209928	6	T1020		09/13/12	09/13/12	7.00	118.09
209928	7	T1020		09/14/12	09/14/12	7.00	118.09
CLAIM TOTAL							725.41

CLAIM ACCOUNT REF. 2099280012008306SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008386 2008386 BATISTA, JOSE 07/20/1950 74170038700 120820411
DIAGNOSIS CODES: 344.1 401.9 599.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209926	1	T1020		09/09/12	09/09/12	7.00	118.09
209926	2	T1020		09/10/12	09/10/12	7.00	118.09
209926	3	T1020		09/11/12	09/11/12	7.00	118.09
209926	4	T1020		09/12/12	09/12/12	6.00	101.22

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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
209926	5	T1020		09/13/12	09/13/12	7.00	118.09
209926	6	T1020		09/14/12	09/14/12	7.00	118.09
CLAIM TOTAL							691.67
							CLAIM ACCOUNT REF. 2099260012008386SUP

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
209932	1	T1020		09/11/12	09/11/12	4.00	67.48
209932	2	T1020		09/13/12	09/13/12	5.00	84.35
209932	3	T1020		09/14/12	09/14/12	4.00	67.48
CLAIM TOTAL							219.31
							CLAIM ACCOUNT REF. 2099320012008400SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008388	2009283	MARTINEZ, LUISA	02/14/1954	74179809800	11951467
DIAGNOSIS	CODES:	340.	799.89			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209930	1	T1020		09/08/12	09/08/12	12.00	202.44
209930	2	T1020		09/09/12	09/09/12	12.00	202.44
209930	3	T1020		09/10/12	09/10/12	12.00	202.44
209930	4	T1020		09/11/12	09/11/12	12.00	202.44
209930	5	T1020		09/12/12	09/12/12	12.00	202.44
209930	6	T1020		09/13/12	09/13/12	12.00	202.44
209930	7	T1020		09/14/12	09/14/12	12.00	202.44
CLAIM TOTAL							1,417.08
							CLAIM ACCOUNT REF. 2099300012009283SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209927	1	T1020		09/03/12	09/03/12	6.00	101.22
209927	2	T1020		09/04/12	09/04/12	6.00	101.22
209927	3	T1020		09/07/12	09/07/12	3.00	50.61
209927	4	T1020		09/10/12	09/10/12	6.00	101.22
209927	5	T1020		09/11/12	09/11/12	6.00	101.22
209927	6	T1020		09/12/12	09/12/12	6.00	101.22
209927	7	T1020		09/13/12	09/13/12	6.00	101.22
209927	8	T1020		09/14/12	09/14/12	3.00	50.61
CLAIM TOTAL							708.54
							CLAIM ACCOUNT REF. 2099270012010014SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209934	1	T1020		09/08/12	09/08/12	9.00	151.83
209934	2	T1020		09/09/12	09/09/12	9.00	151.83
209934	3	T1020		09/10/12	09/10/12	9.00	151.83
209934	4	T1020		09/11/12	09/11/12	9.00	151.83
209934	5	T1020		09/12/12	09/12/12	9.00	151.83
209934	6	T1020		09/13/12	09/13/12	9.00	151.83
209934	7	T1020		09/14/12	09/14/12	9.00	151.83
						CLAIM TOTAL	1,062.81
						CLAIM ACCOUNT REF.	2099340012010041SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209929	1	T1020		09/10/12	09/10/12	5.00	84.35	
209929	2	T1020		09/11/12	09/11/12	5.00	84.35	
209929	3	T1020		09/12/12	09/12/12	5.00	84.35	
209929	4	T1020		09/13/12	09/13/12	5.00	84.35	
209929	5	T1020		09/14/12	09/14/12	4.00	67.48	
					CLAIM TOTAL		404.88	CLAIM ACCOUNT REF. 2099290012010712SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	50	TOTAL CLAIM AMOUNT =	6,106.94
		# SERVICES =	9		

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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
209910	1	T1019		09/12/12	09/12/12	16.00	67.52
209910	2	T1019		09/13/12	09/13/12	16.00	67.52
209910	3	T1019		09/14/12	09/14/12	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2099100012008261SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209917	1	T1019		09/08/12	09/08/12	24.00	101.28
209917	2	T1019		09/09/12	09/09/12	24.00	101.28
209917	3	T1019		09/10/12	09/10/12	24.00	101.28
209917	4	T1019		09/11/12	09/11/12	24.00	101.28
209917	5	T1019		09/12/12	09/12/12	24.00	101.28
209917	6	T1019		09/13/12	09/13/12	24.00	101.28
209917	7	T1019		09/14/12	09/14/12	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2099170012008263SUP

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
209923	1	T1019		09/08/12	09/08/12	40.00	168.80
209923	2	T1019		09/09/12	09/09/12	40.00	168.80
209923	3	T1019		09/10/12	09/10/12	40.00	168.80
209923	4	T1019		09/11/12	09/11/12	40.00	168.80
209923	5	T1019		09/12/12	09/12/12	40.00	168.80
209923	6	T1019		09/13/12	09/13/12	40.00	168.80
209923	7	T1019		09/14/12	09/14/12	40.00	168.80
CLAIM TOTAL							1,181.60
CLAIM ACCOUNT REF.							2099230012008265SUP

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
209925	1	T1019		09/08/12	09/08/12	16.00	67.52

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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	
209925	2	T1019		09/10/12	09/10/12	24.00	101.28	
209925	3	T1019		09/11/12	09/11/12	24.00	101.28	
209925	4	T1019		09/12/12	09/12/12	24.00	101.28	
209925	5	T1019		09/13/12	09/13/12	24.00	101.28	
209925	6	T1019		09/14/12	09/14/12	24.00	101.28	
				CLAIM TOTAL			573.92	CLAIM ACCOUNT REF. 2099250012008303SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008305	2008305	ARDITTO, PATRICIA	10/29/1952	10053196701	072911256276
DIAGNOSIS	CODES:	493.00	042.	300.00 311.	530.81	780.4	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209907	1	T1019		09/10/12	09/10/12	24.00	101.28	
209907	2	T1019		09/11/12	09/11/12	24.00	101.28	
				CLAIM TOTAL			202.56	CLAIM ACCOUNT REF. 2099070012008305SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209913	1	T1019		09/12/12	09/12/12	16.00	67.52	
209913	2	T1019		09/13/12	09/13/12	36.00	151.92	
209913	3	T1019		09/14/12	09/14/12	4.00	16.88	
				CLAIM TOTAL			236.32	CLAIM ACCOUNT REF. 2099130012008366SUP

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	
209908	1	T1019		09/08/12	09/08/12	28.00	118.16	
209908	2	T1019		09/09/12	09/09/12	28.00	118.16	
209908	3	T1019		09/10/12	09/10/12	32.00	135.04	
209908	4	T1019		09/11/12	09/11/12	28.00	118.16	
209908	5	T1019		09/12/12	09/12/12	28.00	118.16	
209908	6	T1019		09/14/12	09/14/12	28.00	118.16	
				CLAIM TOTAL			725.84	CLAIM ACCOUNT REF. 2099080012008403SUP

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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 2008420 2008420 SALVATO, MARY 04/06/1954 10064119301 072211255313
DIAGNOSIS CODES: 340. 244.9 250.00 272.0 401.9 493.00 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209922	1	T1019		09/08/12	09/08/12	32.00	135.04	
209922	2	T1019		09/09/12	09/09/12	32.00	135.04	
209922	3	T1019		09/10/12	09/10/12	32.00	135.04	
209922	4	T1019		09/11/12	09/11/12	32.00	135.04	
209922	5	T1019		09/12/12	09/12/12	32.00	135.04	
209922	6	T1019		09/13/12	09/13/12	32.00	135.04	
209922	7	T1019		09/14/12	09/14/12	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2099220012008420SUP

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	
209919	1	T1019		09/11/12	09/11/12	4.00	16.88	
					CLAIM TOTAL		16.88	CLAIM ACCOUNT REF. 2099190012008421SUP

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	
209918	1	T1019		09/08/12	09/08/12	20.00	84.40	
209918	2	T1019		09/10/12	09/10/12	24.00	101.28	
209918	3	T1019		09/12/12	09/12/12	24.00	101.28	
209918	4	T1019		09/13/12	09/13/12	24.00	101.28	
209918	5	T1019		09/14/12	09/14/12	24.00	101.28	
					CLAIM TOTAL		489.52	CLAIM ACCOUNT REF. 2099180012008422SUP

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	
209924	1	T1019		09/10/12	09/10/12	16.00	67.52	
209924	2	T1019		09/11/12	09/11/12	16.00	67.52	
209924	3	T1019		09/13/12	09/13/12	16.00	67.52	
209924	4	T1019		09/14/12	09/14/12	16.00	67.52	
					CLAIM TOTAL		270.08	CLAIM ACCOUNT REF. 2099240012008425SUP

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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 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	
209911	1	T1019		09/07/12	09/07/12	40.00	168.80	
209911	2	T1019		09/08/12	09/08/12	40.00	168.80	
209911	3	T1019		09/09/12	09/09/12	40.00	168.80	
209911	4	T1019		09/10/12	09/10/12	40.00	168.80	
209911	5	T1019		09/11/12	09/11/12	40.00	168.80	
209911	6	T1019		09/12/12	09/12/12	40.00	168.80	
209911	7	T1019		09/13/12	09/13/12	40.00	168.80	
209911	8	T1019		09/14/12	09/14/12	40.00	168.80	
				CLAIM TOTAL		1,350.40		CLAIM ACCOUNT REF. 2099110012008427SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209921	1	T1019		09/10/12	09/10/12	16.00	67.52	
209921	2	T1019		09/11/12	09/11/12	16.00	67.52	
209921	3	T1019		09/12/12	09/12/12	16.00	67.52	
209921	4	T1019		09/13/12	09/13/12	16.00	67.52	
209921	5	T1019		09/14/12	09/14/12	16.00	67.52	
				CLAIM TOTAL		337.60		CLAIM ACCOUNT REF. 2099210012008531SUP

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	
209916	1	T1019		09/09/12	09/09/12	16.00	67.52	
209916	2	T1019		09/10/12	09/10/12	28.00	118.16	
209916	3	T1019		09/11/12	09/11/12	28.00	118.16	
209916	4	T1019		09/12/12	09/12/12	28.00	118.16	
209916	5	T1019		09/13/12	09/13/12	28.00	118.16	
209916	6	T1019		09/14/12	09/14/12	28.00	118.16	
				CLAIM TOTAL		658.32		CLAIM ACCOUNT REF. 2099160012008742SUP

REPORT DATE 09/19/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012091902273016RRSUP

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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 2008802 2008802 DIAZ, 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
209909	1	T1019		09/10/12	09/10/12	16.00	67.52
209909	2	T1019		09/11/12	09/11/12	24.00	101.28
209909	3	T1019		09/12/12	09/12/12	24.00	101.28
209909	4	T1019		09/13/12	09/13/12	24.00	101.28
209909	5	T1019		09/14/12	09/14/12	24.00	101.28
CLAIM TOTAL							472.64

CLAIM ACCOUNT REF. 2099090012008802SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008260 2009221 KHALIL, RASHAN 02/11/1989 10060620501 062512296643
DIAGNOSIS CODES: 799.89 294.8 343.9 345.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209914	1	T1019		08/14/12	08/14/12	28.00	118.16
209914	2	T1019		09/11/12	09/11/12	28.00	118.16
209914	3	T1019		09/12/12	09/12/12	28.00	118.16
209914	4	T1019		09/13/12	09/13/12	28.00	118.16
209914	5	T1019		09/14/12	09/14/12	32.00	135.04
CLAIM TOTAL							607.68

CLAIM ACCOUNT REF. 2099140012009221SUP

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
209915	1	T1019		09/08/12	09/08/12	48.00	202.56
209915	2	T1019		09/10/12	09/10/12	48.00	202.56
209915	3	T1019		09/11/12	09/11/12	48.00	202.56
209915	4	T1019		09/12/12	09/12/12	48.00	202.56
209915	5	T1019		09/13/12	09/13/12	48.00	202.56
209915	6	T1019		09/14/12	09/14/12	48.00	202.56
CLAIM TOTAL							1,215.36

CLAIM ACCOUNT REF. 2099150012009356SUP

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
209905	1	T1019		09/08/12	09/08/12	32.00	135.04
209905	2	T1019		09/09/12	09/09/12	32.00	135.04

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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	
209905	3	T1019		09/11/12	09/11/12	32.00	135.04	
209905	4	T1019		09/14/12	09/14/12	32.00	135.04	
						CLAIM TOTAL	540.16	CLAIM ACCOUNT REF. 2099050012010143SUP

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	
209920	1	T1019		08/20/12	08/20/12	20.00	84.40	
209920	2	T1019		09/10/12	09/10/12	20.00	84.40	
209920	3	T1019		09/12/12	09/12/12	20.00	84.40	
209920	4	T1019		09/13/12	09/13/12	20.00	84.40	
209920	5	T1019		09/14/12	09/14/12	20.00	84.40	
						CLAIM TOTAL	422.00	CLAIM ACCOUNT REF. 2099200012010353SUP

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	
209912	1	T1019		09/09/12	09/09/12	24.00	101.28	
209912	2	T1019		09/10/12	09/10/12	24.00	101.28	
209912	3	T1019		09/11/12	09/11/12	28.00	118.16	
209912	4	T1019		09/12/12	09/12/12	24.00	101.28	
209912	5	T1019		09/13/12	09/13/12	28.00	118.16	
209912	6	T1019		09/14/12	09/14/12	24.00	101.28	
						CLAIM TOTAL	641.44	CLAIM ACCOUNT REF. 2099120012010639SUP

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	
209906	1	T1019		09/10/12	09/10/12	36.00	151.92	
209906	2	T1019		09/11/12	09/11/12	36.00	151.92	
209906	3	T1019		09/12/12	09/12/12	36.00	151.92	
209906	4	T1019		09/13/12	09/13/12	36.00	151.92	
209906	5	T1019		09/14/12	09/14/12	36.00	151.92	
						CLAIM TOTAL	759.60	CLAIM ACCOUNT REF. 2099060012010878SUP

REPORT DATE 09/19/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 11325 NEIGHBORHOOD HEALTH

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	106	TOTAL CLAIM AMOUNT =	12,558.72
		# SERVICES =	21		

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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 0106191290349
DIAGNOSIS CODES: 356.9 348.2 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209956	1	T1019		09/08/12	09/08/12	4.00	68.60
209956	2	T1019		09/09/12	09/09/12	4.00	68.60
209956	3	T1019		09/10/12	09/10/12	12.00	205.80
209956	4	T1019		09/11/12	09/11/12	12.00	205.80
209956	5	T1019		09/12/12	09/12/12	12.00	205.80
209956	6	T1019		09/13/12	09/13/12	12.00	205.80
209956	7	T1019		09/14/12	09/14/12	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2099560012008233SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209965	1	T1019		09/08/12	09/08/12	8.00	137.20
209965	2	T1019		09/09/12	09/09/12	8.00	137.20
209965	3	T1019		09/10/12	09/10/12	11.00	188.65
209965	4	T1019		09/11/12	09/11/12	11.00	188.65
209965	5	T1019		09/12/12	09/12/12	11.00	188.65
209965	6	T1019		09/13/12	09/13/12	11.00	188.65
209965	7	T1019		09/14/12	09/14/12	11.00	188.65
CLAIM TOTAL						1,217.65	CLAIM ACCOUNT REF. 2099650012008236SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008237 2008237 DURHAM, CYNTHIA 05/23/1960 ZB21969Z 01-070312-900-05
DIAGNOSIS CODES: 401.9 250.00 300.00 345.90 493.90 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209961	1	T1019		09/10/12	09/10/12	4.00	68.60
209961	2	T1019		09/12/12	09/12/12	4.00	68.60
209961	3	T1019		09/13/12	09/13/12	4.00	68.60
209961	4	T1019		09/14/12	09/14/12	4.00	68.60
CLAIM TOTAL						274.40	CLAIM ACCOUNT REF. 2099610012008237SUP

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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 2008284 2008284 ANDERSON, BETH 12/18/1947 YC43135F 0108141290047
DIAGNOSIS CODES: 340. 286.0 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209955	1	T1019		09/10/12	09/10/12	5.00	85.75
209955	2	T1019		09/11/12	09/11/12	5.00	85.75
209955	3	T1019		09/12/12	09/12/12	5.00	85.75
209955	4	T1019		09/13/12	09/13/12	4.00	68.60
209955	5	T1019		09/14/12	09/14/12	5.00	85.75
CLAIM TOTAL							411.60

CLAIM ACCOUNT REF. 2099550012008284SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008385 2008385 MURDOCK, GERTRUDE 11/01/1917 SS71357M 0106221290271
DIAGNOSIS CODES: 536.9 365.9 369.10 389.9 401.9 715.90 733.00 V15.88

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209963	1	T1019		09/10/12	09/10/12	8.00	137.20
209963	2	T1019		09/11/12	09/11/12	8.00	137.20
209963	3	T1019		09/12/12	09/12/12	8.00	137.20
209963	4	T1019		09/13/12	09/13/12	8.00	137.20
209963	5	T1019		09/14/12	09/14/12	8.00	137.20
CLAIM TOTAL							686.00

CLAIM ACCOUNT REF. 2099630012008385SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008415 2008415 BEDOYA, MONICA 09/30/1958 WP66802A 0103281290468
DIAGNOSIS CODES: 345.90 272.0 295.90 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209957	1	T1019		09/12/12	09/12/12	5.00	85.75
CLAIM TOTAL							85.75

CLAIM ACCOUNT REF. 2099570012008415SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209962	1	T1019		09/08/12	09/08/12	5.00	85.75
209962	2	T1019		09/09/12	09/09/12	5.00	85.75
209962	3	T1019		09/10/12	09/10/12	5.00	85.75
209962	4	T1019		09/11/12	09/11/12	5.00	85.75
209962	5	T1019		09/12/12	09/12/12	5.00	85.75
209962	6	T1019		09/13/12	09/13/12	5.00	85.75
209962	7	T1019		09/14/12	09/14/12	5.00	85.75

REPORT DATE 09/19/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012091902273016RRSUP

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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	CLAIM ACCOUNT REF.
						CLAIM TOTAL	600.25	2099620012008417SUP

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	CLAIM ACCOUNT REF.
209967	1	T1019		09/10/12	09/10/12	8.00	137.20	
209967	2	T1019		09/11/12	09/11/12	8.00	137.20	
209967	3	T1019		09/12/12	09/12/12	8.00	137.20	
209967	4	T1019		09/13/12	09/13/12	8.00	137.20	
209967	5	T1019		09/14/12	09/14/12	8.00	137.20	
						CLAIM TOTAL	686.00	2099670012008418SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
209958	1	T1019		09/09/12	09/09/12	10.00	171.50	
209958	2	T1019		09/11/12	09/11/12	10.00	171.50	
209958	3	T1019		09/12/12	09/12/12	10.00	171.50	
209958	4	T1019		09/13/12	09/13/12	10.00	171.50	
209958	5	T1019		09/14/12	09/14/12	10.00	171.50	
						CLAIM TOTAL	857.50	2099580012008743SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008283	2009137	DAVIS, ANGIE	11/15/1958	UT00109J	0107061290221
DIAGNOSIS	CODES:	340.	401.9				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
209959	1	T1019		08/17/12	08/17/12	12.00	205.80	
209959	2	T1019		09/08/12	09/08/12	19.00	325.85	
209959	3	T1019		09/09/12	09/09/12	19.00	325.85	
209959	4	T1019		09/10/12	09/10/12	19.00	325.85	
209959	5	T1019		09/11/12	09/11/12	19.00	325.85	
209959	6	T1019		09/12/12	09/12/12	19.00	325.85	
209959	7	T1019		09/13/12	09/13/12	18.00	308.70	
209959	8	T1019		09/14/12	09/14/12	19.00	325.85	
						CLAIM TOTAL	2,469.60	2099590012009137SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012091902273016RRSUP

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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 2009377 2009377 SANTORO, MATTHEW 08/20/1949 SP38021Q 0102291290309
DIAGNOSIS CODES: 299.01 453.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209968	1	T1019		08/31/12	08/31/12	6.00	102.90
209968	2	T1019		09/12/12	09/12/12	5.00	85.75
209968	3	T1019		09/13/12	09/13/12	6.00	102.90
209968	4	T1019		09/14/12	09/14/12	5.00	85.75
CLAIM TOTAL							377.30
CLAIM ACCOUNT REF.							2099680012009377SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209966	1	T1019		09/08/12	09/08/12	8.00	137.20
209966	2	T1019		09/11/12	09/11/12	3.00	51.45
209966	3	T1019		09/12/12	09/12/12	3.00	51.45
209966	4	T1019		09/13/12	09/13/12	3.00	51.45
209966	5	T1019		09/14/12	09/14/12	4.00	68.60
CLAIM TOTAL							360.15
CLAIM ACCOUNT REF.							2099660012009688SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008280 2009919 SHUMON, NUK-FNU 01/21/1981 QQ82218A 0108151290153
DIAGNOSIS CODES: 952.9 344.1 564.00 599.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209969	1	T1019		09/08/12	09/08/12	4.00	68.60
209969	2	T1019		09/09/12	09/09/12	4.00	68.60
209969	3	T1019		09/10/12	09/10/12	4.00	68.60
209969	4	T1019		09/11/12	09/11/12	4.00	68.60
209969	5	T1019		09/12/12	09/12/12	4.00	68.60
209969	6	T1019		09/13/12	09/13/12	4.00	68.60
209969	7	T1019		09/14/12	09/14/12	4.00	68.60
CLAIM TOTAL							480.20
CLAIM ACCOUNT REF.							2099690012009919SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008279 2010213 VALLE, BLASINA 02/03/1929 QG00558G 0106011290042
DIAGNOSIS CODES: 428.0 244.9 272.4 331.0 537.9 746.85

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209970	1	T1019		09/08/12	09/08/12	8.00	137.20
209970	2	T1019		09/10/12	09/10/12	8.00	137.20

REPORT DATE 09/19/12 SUNNYSIDE CITYWIDE
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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	
209970	3	T1019		09/11/12	09/11/12	8.00	137.20	
209970	4	T1019		09/12/12	09/12/12	8.00	137.20	
209970	5	T1019		09/13/12	09/13/12	8.00	137.20	
209970	6	T1019		09/14/12	09/14/12	8.00	137.20	
					CLAIM TOTAL		823.20	CLAIM ACCOUNT REF. 2099700012010213SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209964	1	T1019		09/10/12	09/10/12	3.00	51.45	
209964	2	T1019		09/11/12	09/11/12	3.00	51.45	
209964	3	T1019		09/12/12	09/12/12	3.00	51.45	
209964	4	T1019		09/13/12	09/13/12	3.00	51.45	
209964	5	T1019		09/14/12	09/14/12	3.00	51.45	
					CLAIM TOTAL		257.25	CLAIM ACCOUNT REF. 2099640012010886SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011286	2011286	DOBBINS, SANDRA	02/05/1953	ZA50099X	0109041290009
DIAGNOSIS	CODES:	799.89					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209960	1	T1019		09/10/12	09/10/12	24.00	411.60	
209960	2	T1019		09/11/12	09/11/12	24.00	411.60	
209960	3	T1019		09/12/12	09/12/12	24.00	411.60	
209960	4	T1019		09/13/12	09/13/12	24.00	411.60	
209960	5	T1019		09/14/12	09/14/12	24.00	411.60	
					CLAIM TOTAL		2,058.00	CLAIM ACCOUNT REF. 2099600012011286SUP

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	86	TOTAL CLAIM AMOUNT =	12,811.05
		# SERVICES =	16		

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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
209973	1	T1019		08/29/12	08/29/12	36.00	154.80
209973	2	T1019		09/08/12	09/08/12	36.00	154.80
209973	3	T1019		09/09/12	09/09/12	20.00	86.00
209973	4	T1019		09/10/12	09/10/12	36.00	154.80
209973	5	T1019		09/11/12	09/11/12	36.00	154.80
209973	6	T1019		09/12/12	09/12/12	36.00	154.80
209973	7	T1019		09/13/12	09/13/12	36.00	154.80
209973	8	T1019		09/14/12	09/14/12	36.00	154.80
CLAIM TOTAL						1,169.60	
							CLAIM ACCOUNT REF. 2099730012008286SUP

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
209972	1	T1019		09/08/12	09/08/12	24.00	103.20
209972	2	T1019		09/09/12	09/09/12	24.00	103.20
209972	3	T1019		09/10/12	09/10/12	24.00	103.20
209972	4	T1019		09/11/12	09/11/12	24.00	103.20
209972	5	T1019		09/12/12	09/12/12	24.00	103.20
209972	6	T1019		09/13/12	09/13/12	24.00	103.20
209972	7	T1019		09/14/12	09/14/12	24.00	103.20
CLAIM TOTAL						722.40	
							CLAIM ACCOUNT REF. 2099720012008495SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010404 2010404 GUERRERO, MIRTHA 09/14/1931 740496 110890509
DIAGNOSIS CODES: 253.5 401.9 733.00 750.27

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209971	1	T1019		09/07/12	09/07/12	16.00	68.80
209971	2	T1019		09/08/12	09/08/12	28.00	120.40
209971	3	T1019		09/09/12	09/09/12	28.00	120.40
209971	4	T1019		09/10/12	09/10/12	28.00	120.40
209971	5	T1019		09/11/12	09/11/12	28.00	120.40
209971	6	T1019		09/12/12	09/12/12	28.00	120.40
209971	7	T1019		09/13/12	09/13/12	28.00	120.40
209971	8	T1019		09/14/12	09/14/12	28.00	120.40
CLAIM TOTAL						911.60	
							CLAIM ACCOUNT REF. 2099710012010404SUP

REPORT DATE 09/19/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	23	TOTAL CLAIM AMOUNT =	2,803.60
		# SERVICES =	3		

REPORT DATE 09/19/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012091902273016RRSUP

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

NPI = 1154407492

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209952	1	T1019	0580	09/04/12	09/04/12	40.00	168.80
209952	2	T1019	0580	09/10/12	09/10/12	40.00	168.80
209952	3	T1019	0580	09/11/12	09/11/12	40.00	168.80
209952	4	T1019	0580	09/12/12	09/12/12	40.00	168.80
209952	5	T1019	0580	09/13/12	09/13/12	40.00	168.80
CLAIM TOTAL							844.00

CLAIM ACCOUNT REF. 2099520012008491SUP

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
209954	1	T1019	0580	09/10/12	09/10/12	16.00	67.52
209954	2	T1019	0580	09/11/12	09/11/12	16.00	67.52
209954	3	T1019	0580	09/12/12	09/12/12	16.00	67.52
209954	4	T1019	0580	09/13/12	09/13/12	16.00	67.52
209954	5	T1019	0580	09/14/12	09/14/12	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2099540012008513SUP

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
209953	1	T1019	0580	09/08/12	09/08/12	20.00	84.40
209953	2	T1019	0580	09/09/12	09/09/12	20.00	84.40
209953	3	T1019	0580	09/10/12	09/10/12	20.00	84.40
209953	4	T1019	0580	09/11/12	09/11/12	20.00	84.40
209953	5	T1019	0580	09/12/12	09/12/12	20.00	84.40
209953	6	T1019	0580	09/13/12	09/13/12	20.00	84.40
209953	7	T1019	0580	09/14/12	09/14/12	20.00	84.40
CLAIM TOTAL							590.80

CLAIM ACCOUNT REF. 2099530012008544SUP

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
209947	1	T1019	0580	09/04/12	09/04/12	16.00	56.00

REPORT DATE 09/19/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012091902273016RRSUP

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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
209947	2	T1019	0580	09/06/12	09/06/12	16.00	56.00
209947	3	T1019	0580	09/07/12	09/07/12	16.00	56.00
CLAIM TOTAL							168.00

CLAIM ACCOUNT REF. 2099470012008723SUP

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
209941	1	T1019	0580	09/08/12	09/08/12	48.00	168.00
209941	2	T1019	0580	09/09/12	09/09/12	48.00	168.00
209941	3	T1019	0580	09/10/12	09/10/12	48.00	168.00
209941	4	T1019	0580	09/11/12	09/11/12	48.00	168.00
209941	5	T1019	0580	09/12/12	09/12/12	48.00	168.00
209941	6	T1019	0580	09/13/12	09/13/12	48.00	168.00
209941	7	T1019	0580	09/14/12	09/14/12	48.00	168.00
CLAIM TOTAL							1,176.00

CLAIM ACCOUNT REF. 2099410012008793SUP

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
209949	1	T1019	0580	09/08/12	09/08/12	32.00	112.00
209949	2	T1019	0580	09/09/12	09/09/12	32.00	112.00
209949	3	T1019	0580	09/10/12	09/10/12	32.00	112.00
209949	4	T1019	0580	09/11/12	09/11/12	31.00	108.50
209949	5	T1019	0580	09/12/12	09/12/12	32.00	112.00
209949	6	T1019	0580	09/13/12	09/13/12	32.00	112.00
209949	7	T1019	0580	09/14/12	09/14/12	32.00	112.00
CLAIM TOTAL							780.50

CLAIM ACCOUNT REF. 2099490012009237SUP

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
209950	1	T1019	0580	09/08/12	09/08/12	16.00	67.52
209950	2	T1019	0580	09/09/12	09/09/12	16.00	67.52
209950	3	T1019	0580	09/10/12	09/10/12	16.00	67.52
209950	4	T1019	0580	09/11/12	09/11/12	16.00	67.52
209950	5	T1019	0580	09/12/12	09/12/12	16.00	67.52
209950	6	T1019	0580	09/13/12	09/13/12	16.00	67.52

REPORT DATE 09/19/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012091902273016RRSUP

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

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209950	7	T1019	0580	09/14/12	09/14/12	16.00	67.52
							CLAIM TOTAL
							472.64
							CLAIM ACCOUNT REF. 2099500012009406SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009467	2009467	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
209946	1	T1019	0580	09/08/12	09/08/12	48.00	168.00
209946	2	T1019	0580	09/09/12	09/09/12	48.00	168.00
209946	3	T1019	0580	09/10/12	09/10/12	48.00	168.00
209946	4	T1019	0580	09/11/12	09/11/12	48.00	168.00
209946	5	T1019	0580	09/12/12	09/12/12	48.00	168.00
209946	6	T1019	0580	09/13/12	09/13/12	48.00	168.00
209946	7	T1019	0580	09/14/12	09/14/12	47.00	164.50
							CLAIM TOTAL
							1,172.50
							CLAIM ACCOUNT REF. 2099460012009467SUP

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
209951	1	T1019	0580	09/12/12	09/12/12	40.00	168.80
209951	2	T1019	0580	09/13/12	09/13/12	40.00	168.80
							CLAIM TOTAL
							337.60
							CLAIM ACCOUNT REF. 2099510012009562SUP

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
209943	1	T1019	0580	09/10/12	09/10/12	16.00	56.00
209943	2	T1019	0580	09/11/12	09/11/12	16.00	56.00
209943	3	T1019	0580	09/12/12	09/12/12	16.00	56.00
209943	4	T1019	0580	09/13/12	09/13/12	16.00	56.00
209943	5	T1019	0580	09/14/12	09/14/12	16.00	56.00
							CLAIM TOTAL
							280.00
							CLAIM ACCOUNT REF. 2099430012009686SUP

REPORT DATE 09/19/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012091902273016RRSUP

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

NPI = 1154407492

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009945 2009945 JACKSON, FRANCES 03/12/1934 12030545001 4676295
DIAGNOSIS CODES: 332.0 250.00 401.9 722.10 785.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209945	1	T1019	0580	09/10/12	09/10/12	28.00	98.00
209945	2	T1019	0580	09/11/12	09/11/12	28.00	98.00
209945	3	T1019	0580	09/12/12	09/12/12	28.00	98.00
209945	4	T1019	0580	09/13/12	09/13/12	28.00	98.00
209945	5	T1019	0580	09/14/12	09/14/12	28.00	98.00
CLAIM TOTAL							490.00

CLAIM ACCOUNT REF. 2099450012009945SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010293 2010293 CAMPBELL, CAROL 01/17/1945 ZW64229J 14408709
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
209940	1	T1019	0580	09/10/12	09/10/12	20.00	70.00
209940	2	T1019	0580	09/12/12	09/12/12	20.00	70.00
209940	3	T1019	0580	09/14/12	09/14/12	20.00	70.00
CLAIM TOTAL							210.00

CLAIM ACCOUNT REF. 2099400012010293SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209948	1	T1019	0580	09/08/12	09/08/12	48.00	168.00
209948	2	T1019	0580	09/10/12	09/10/12	48.00	168.00
209948	3	T1019	0580	09/11/12	09/11/12	48.00	168.00
209948	4	T1019	0580	09/12/12	09/12/12	48.00	168.00
209948	5	T1019	0580	09/14/12	09/14/12	37.00	129.50
CLAIM TOTAL							801.50

CLAIM ACCOUNT REF. 2099480012010316SUP

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
209944	1	T1019	0580	09/08/12	09/08/12	36.00	126.00
209944	2	T1019	0580	09/09/12	09/09/12	36.00	126.00
209944	3	T1019	0580	09/10/12	09/10/12	36.00	126.00
209944	4	T1019	0580	09/11/12	09/11/12	36.00	126.00
209944	5	T1019	0580	09/12/12	09/12/12	36.00	126.00

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NPI = 1154407492

CLAIM ACCOUNT REF. 2099440012010991SUP

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2099420012011066SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	81	TOTAL CLAIM AMOUNT =	9,141.64
		# SERVICES =	15		

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NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2099850012010958SUP

PAYER TOTALS:	VNSNY CHOICE	# OF CLAIMS =	4	TOTAL CLAIM AMOUNT =	480.48
		# SERVICES =	1		

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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 2008249 2008249 LOPEZ-RAMIREZ, CARLOTA 01/20/1936 QR43529V 0103071201817
DIAGNOSIS CODES: 714.0 272.4 401.9 536.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209895	1	T1019		09/02/12	09/02/12	44.00	185.68	
209895	2	T1019		09/08/12	09/08/12	32.00	135.04	
209895	3	T1019		09/09/12	09/09/12	44.00	185.68	
209895	4	T1019		09/10/12	09/10/12	44.00	185.68	
209895	5	T1019		09/11/12	09/11/12	44.00	185.68	
209895	6	T1019		09/12/12	09/12/12	44.00	185.68	
209895	7	T1019		09/13/12	09/13/12	40.00	168.80	
209895	8	T1019		09/14/12	09/14/12	44.00	185.68	
CLAIM TOTAL						1,417.92		CLAIM ACCOUNT REF. 2098950012008249SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008250 2008250 SALAZAR, LUZ MARIA 02/19/1970 SC60317K R1824834
DIAGNOSIS CODES: 952.9 564.81 596.54 806.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209899	1	T1019		09/08/12	09/08/12	32.00	135.04	
209899	2	T1019		09/09/12	09/09/12	32.00	135.04	
209899	3	T1019		09/10/12	09/10/12	32.00	135.04	
209899	4	T1019		09/11/12	09/11/12	32.00	135.04	
209899	5	T1019		09/12/12	09/12/12	32.00	135.04	
209899	6	T1019		09/13/12	09/13/12	32.00	135.04	
209899	7	T1019		09/14/12	09/14/12	32.00	135.04	
CLAIM TOTAL						945.28		CLAIM ACCOUNT REF. 2098990012008250SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209880	1	T1019		09/10/12	09/10/12	32.00	135.04	
209880	2	T1019		09/12/12	09/12/12	32.00	135.04	
209880	3	T1019		09/14/12	09/14/12	32.00	135.04	
CLAIM TOTAL						405.12		CLAIM ACCOUNT REF. 2098800012008251SUP

REPORT DATE 09/19/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012091902273016RRSUP

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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 2008253 2008253 MACARENA, SAHARA 09/12/1965 VT07830U R1904276
DIAGNOSIS CODES: 359.0 719.45

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209896	1	T1019		09/08/12	09/08/12	48.00	202.56	
209896	2	T1019		09/09/12	09/09/12	48.00	202.56	
209896	3	T1019		09/10/12	09/10/12	48.00	202.56	
209896	4	T1019		09/11/12	09/11/12	48.00	202.56	
209896	5	T1019		09/12/12	09/12/12	48.00	202.56	
209896	6	T1019		09/13/12	09/13/12	48.00	202.56	
209896	7	T1019		09/14/12	09/14/12	48.00	202.56	
CLAIM TOTAL						1,417.92		CLAIM ACCOUNT REF. 2098960012008253SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008254 2008254 SPIVEY, PATRICIA 04/06/1965 WE52435B 0103081202186
DIAGNOSIS CODES: 250.00 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209901	1	T1019		09/11/12	09/11/12	20.00	84.40	
209901	2	T1019		09/12/12	09/12/12	20.00	84.40	
209901	3	T1019		09/13/12	09/13/12	20.00	84.40	
209901	4	T1019		09/14/12	09/14/12	20.00	84.40	
CLAIM TOTAL						337.60		CLAIM ACCOUNT REF. 2099010012008254SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008256 2008256 CARMONA, LUZ 08/10/1954 XJ24416K R1839723
DIAGNOSIS CODES: 294.8 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209878	1	T1019		09/10/12	09/10/12	32.00	135.04	
209878	2	T1019		09/11/12	09/11/12	32.00	135.04	
209878	3	T1019		09/12/12	09/12/12	32.00	135.04	
209878	4	T1019		09/13/12	09/13/12	32.00	135.04	
209878	5	T1019		09/14/12	09/14/12	32.00	135.04	
CLAIM TOTAL						675.20		CLAIM ACCOUNT REF. 2098780012008256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008257 2008257 ESTEVES, JOSE 09/04/1948 YD71377C R1832858
DIAGNOSIS CODES: 345.40

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209885	1	T1019		09/10/12	09/10/12	24.00	101.28	
209885	2	T1019		09/11/12	09/11/12	24.00	101.28	

REPORT DATE 09/19/12 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	
209885	3	T1019		09/12/12	09/12/12	24.00	101.28	
209885	4	T1019		09/13/12	09/13/12	24.00	101.28	
209885	5	T1019		09/14/12	09/14/12	20.00	84.40	
					CLAIM TOTAL		489.52	CLAIM ACCOUNT REF. 2098850012008257SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008290	2008290	SALHUANA, YOLANDA	08/25/1935	SZ24247J	R1825265
DIAGNOSIS	CODES:	249.70	362.50	401.9	733.00		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209900	1	T1019		09/10/12	09/10/12	32.00	135.04	
209900	2	T1019		09/11/12	09/11/12	32.00	135.04	
209900	3	T1019		09/12/12	09/12/12	32.00	135.04	
209900	4	T1019		09/13/12	09/13/12	32.00	135.04	
209900	5	T1019		09/14/12	09/14/12	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2099000012008290SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008297	2008297	MARTIN, ARIANA	12/25/1968	XD64969X	R1831741
DIAGNOSIS	CODES:	250.63	401.9	493.11			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209897	1	T1019		09/10/12	09/10/12	16.00	67.52	
209897	2	T1019		09/12/12	09/12/12	16.00	67.52	
209897	3	T1019		09/14/12	09/14/12	16.00	67.52	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2098970012008297SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008362	2008362	FONTANES, PEDRO	08/27/1948	RX10287Z	R1804541
DIAGNOSIS	CODES:	724.3	278.00	427.31	428.0	724.2	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
209888	1	T1019		09/08/12	09/08/12	28.00	118.16	
209888	2	T1019		09/09/12	09/09/12	28.00	118.16	
209888	3	T1019		09/10/12	09/10/12	28.00	118.16	
209888	4	T1019		09/11/12	09/11/12	28.00	118.16	
					CLAIM TOTAL		472.64	CLAIM ACCOUNT REF. 2098880012008362SUP

REPORT DATE 09/19/12 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 2008368 2008368 RODRIGUEZ, MARGARET 06/25/1950 ZP21043J R1955871
DIAGNOSIS CODES: 295.90 250.00 272.4 311. 401.9 414.3 733.00 780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209898	1	T1019		09/10/12	09/10/12	16.00	67.52
209898	2	T1019		09/11/12	09/11/12	16.00	67.52
209898	3	T1019		09/12/12	09/12/12	16.00	67.52
209898	4	T1019		09/13/12	09/13/12	16.00	67.52
209898	5	T1019		09/14/12	09/14/12	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2098980012008368SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008405 2008405 ST ROMAIN, CLAUDE 10/01/1956 UZ14868C 0103151202185
DIAGNOSIS CODES: 952.9 344.9 596.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209902	1	T1019		09/08/12	09/08/12	36.00	151.92
209902	2	T1019		09/09/12	09/09/12	36.00	151.92
209902	3	T1019		09/10/12	09/10/12	40.00	168.80
209902	4	T1019		09/11/12	09/11/12	40.00	168.80
209902	5	T1019		09/12/12	09/12/12	40.00	168.80
209902	6	T1019		09/13/12	09/13/12	40.00	168.80
209902	7	T1019		09/14/12	09/14/12	40.00	168.80
CLAIM TOTAL							1,147.84
CLAIM ACCOUNT REF.							2099020012008405SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008411 2008411 FRANCISCO, RICHARD 07/10/1968 XR22414G 0103221200941
DIAGNOSIS CODES: 401.9 443.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209889	1	T1019		09/08/12	09/08/12	32.00	135.04
209889	2	T1019		09/09/12	09/09/12	32.00	135.04
209889	3	T1019		09/10/12	09/10/12	32.00	135.04
209889	4	T1019		09/11/12	09/11/12	32.00	135.04
209889	5	T1019		09/12/12	09/12/12	32.00	135.04
209889	6	T1019		09/13/12	09/13/12	32.00	135.04
209889	7	T1019		09/14/12	09/14/12	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2098890012008411SUP

REPORT DATE 09/19/12 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 2008428 2008428 KAUR, HARBANS 02/03/1937 VB22061J 0103121201507
DIAGNOSIS CODES: 401.9 272.4 332.1 453.42

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209892	1	T1019		09/08/12	09/08/12	28.00	118.16
209892	2	T1019		09/09/12	09/09/12	28.00	118.16
209892	3	T1019		09/10/12	09/10/12	28.00	118.16
209892	4	T1019		09/11/12	09/11/12	28.00	118.16
209892	5	T1019		09/12/12	09/12/12	28.00	118.16
209892	6	T1019		09/13/12	09/13/12	28.00	118.16
209892	7	T1019		09/14/12	09/14/12	28.00	118.16
CLAIM TOTAL							827.12
							CLAIM ACCOUNT REF. 2098920012008428SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209876	1	T1019		09/08/12	09/08/12	32.00	135.04
209876	2	T1019		09/09/12	09/09/12	32.00	135.04
209876	3	T1019		09/10/12	09/10/12	32.00	135.04
209876	4	T1019		09/11/12	09/11/12	32.00	135.04
209876	5	T1019		09/12/12	09/12/12	32.00	135.04
209876	6	T1019		09/13/12	09/13/12	32.00	135.04
209876	7	T1019		09/14/12	09/14/12	32.00	135.04
CLAIM TOTAL							945.28
							CLAIM ACCOUNT REF. 2098760012008433SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z R1903232
DIAGNOSIS CODES: 250.00 244.8 311. 401.9 428.0 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209875	1	T1019		09/08/12	09/08/12	16.00	67.52
209875	2	T1019		09/09/12	09/09/12	16.00	67.52
209875	3	T1019		09/10/12	09/10/12	16.00	67.52
209875	4	T1019		09/11/12	09/11/12	16.00	67.52
209875	5	T1019		09/12/12	09/12/12	16.00	67.52
209875	6	T1019		09/13/12	09/13/12	16.00	67.52
209875	7	T1019		09/14/12	09/14/12	16.00	67.52
CLAIM TOTAL							472.64
							CLAIM ACCOUNT REF. 2098750012008487SUP

REPORT DATE 09/19/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012091902273016RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008571 2008571 ESPAILLAT, AMPARO 12/25/1949 ZG25447P R1869116
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
209884	1	T1019		09/08/12	09/08/12	16.00	67.52
209884	2	T1019		09/09/12	09/09/12	16.00	67.52
209884	3	T1019		09/10/12	09/10/12	16.00	67.52
209884	4	T1019		09/11/12	09/11/12	16.00	67.52
209884	5	T1019		09/12/12	09/12/12	16.00	67.52
209884	6	T1019		09/13/12	09/13/12	16.00	67.52
209884	7	T1019		09/14/12	09/14/12	16.00	67.52
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2098840012008571SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008437 2009000 FERGERSON, TINA 08/11/1959 ZZ11460M R1992645
DIAGNOSIS CODES: 135. 401.9 493.00 715.00 721.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209886	1	T1019		09/13/12	09/13/12	32.00	135.04
209886	2	T1019		09/14/12	09/14/12	32.00	135.04
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2098860012009000SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008380 2009001 FERRERA, FRANCISCA 06/06/1948 YH55651V R1695654
DIAGNOSIS CODES: 301.9 401.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209887	1	T1019		09/10/12	09/10/12	20.00	84.40
209887	2	T1019		09/12/12	09/12/12	20.00	84.40
CLAIM TOTAL							168.80
CLAIM ACCOUNT REF.							2098870012009001SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008300 2009256 CHARITAR, RAMKALIE 06/23/1953 UY13756G R1812089
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
209881	1	T1019		09/09/12	09/09/12	20.00	84.40
209881	2	T1019		09/10/12	09/10/12	20.00	84.40
209881	3	T1019		09/11/12	09/11/12	20.00	84.40
209881	4	T1019		09/12/12	09/12/12	20.00	84.40
209881	5	T1019		09/13/12	09/13/12	20.00	84.40
209881	6	T1019		09/14/12	09/14/12	20.00	84.40
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2098810012009256SUP

REPORT DATE 09/19/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012091902273016RRSUP

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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 2008271 2009270 CARRION, MARIA 06/30/1928 SC64434E R1825085
DIAGNOSIS CODES: 250.00 294.10 401.9 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209879	1	T1019		09/08/12	09/08/12	32.00	135.04
209879	2	T1019		09/10/12	09/10/12	32.00	135.04
209879	3	T1019		09/11/12	09/11/12	32.00	135.04
209879	4	T1019		09/12/12	09/12/12	32.00	135.04
209879	5	T1019		09/13/12	09/13/12	32.00	135.04
209879	6	T1019		09/14/12	09/14/12	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2098790012009270SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209890	1	T1019		09/03/12	09/03/12	16.00	67.52
209890	2	T1019		09/12/12	09/12/12	16.00	67.52
CLAIM TOTAL							135.04
CLAIM ACCOUNT REF.							2098900012009425SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009560 2009560 BOCHENEC, JOLANTA 07/08/1964 ZT71147Q 0104121200913
DIAGNOSIS CODES: 854.00 272.4 300.00 307.42 781.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209877	1	T1019		09/08/12	09/08/12	24.00	101.28
209877	2	T1019		09/09/12	09/09/12	24.00	101.28
209877	3	T1019		09/10/12	09/10/12	24.00	101.28
209877	4	T1019		09/11/12	09/11/12	24.00	101.28
209877	5	T1019		09/12/12	09/12/12	24.00	101.28
209877	6	T1019		09/13/12	09/13/12	24.00	101.28
209877	7	T1019		09/14/12	09/14/12	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2098770012009560SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009657 2009657 HERRING, CHARLEN 10/27/1949 ZE93972Y R1947878
DIAGNOSIS CODES: 493.91 250.00 401.9 462. 780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209891	1	T1019		09/12/12	09/12/12	16.00	67.52
CLAIM TOTAL							67.52
CLAIM ACCOUNT REF.							2098910012009657SUP

REPORT DATE 09/19/12 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 2010009 2010009 VEGA, GLORIA 07/06/1955 ZU45073J R1843447
DIAGNOSIS CODES: 340. 250.00 272.2 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209904	1	T1019		09/10/12	09/10/12	32.00	135.04
209904	2	T1019		09/11/12	09/11/12	32.00	135.04
209904	3	T1019		09/12/12	09/12/12	32.00	135.04
209904	4	T1019		09/13/12	09/13/12	32.00	135.04
209904	5	T1019		09/14/12	09/14/12	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2099040012010009SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008299 2010311 LAZALA, GLADYS 02/03/1950 ZT39863D R1866346
DIAGNOSIS CODES: 340. 250.00 278.00 401.9 440.9 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209894	1	T1020		09/08/12	09/08/12	7.00	118.16
209894	2	T1020		09/09/12	09/09/12	7.00	118.16
209894	3	T1020		09/10/12	09/10/12	7.00	118.16
209894	4	T1020		09/11/12	09/11/12	7.00	118.16
209894	5	T1020		09/12/12	09/12/12	7.00	118.16
209894	6	T1020		09/13/12	09/13/12	7.00	118.16
209894	7	T1020		09/14/12	09/14/12	7.00	118.16
CLAIM TOTAL							827.12

CLAIM ACCOUNT REF. 2098940012010311SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010758 2010758 VASQUEZ, OLGA 11/20/1948 WU00136E R1906129
DIAGNOSIS CODES: 311. 244.9 253.5 401.9 429.9 493.90 948.11

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209903	1	T1019		09/08/12	09/08/12	20.00	84.40
209903	2	T1019		09/09/12	09/09/12	20.00	84.40
209903	3	T1019		09/13/12	09/13/12	20.00	84.40
209903	4	T1019		09/14/12	09/14/12	20.00	84.40
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2099030012010758SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008498 2010933 DORNELLAS, STELLA 04/30/1949 RG61445M R1944291
DIAGNOSIS CODES: 401.9 253.5 272.1 369.60

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209883	1	T1019		08/28/12	08/28/12	16.00	67.52
209883	2	T1019		08/30/12	08/30/12	16.00	67.52

REPORT DATE 09/19/12 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
209883	3	T1019		08/31/12	08/31/12	24.00	101.28
209883	4	T1019		09/08/12	09/08/12	16.00	67.52
209883	5	T1019		09/10/12	09/10/12	24.00	101.28
209883	6	T1019		09/11/12	09/11/12	12.00	50.64
209883	7	T1019		09/12/12	09/12/12	24.00	101.28
209883	8	T1019		09/13/12	09/13/12	16.00	67.52
209883	9	T1019		09/14/12	09/14/12	24.00	101.28
CLAIM TOTAL							725.84
CLAIM ACCOUNT REF.							2098830012010933SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008813 2010967 LARA, TOMASA 10/11/1931 SX47950B R1921929
DIAGNOSIS CODES: 401.9 244.9 272.4 715.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209893	1	T1019		09/10/12	09/10/12	32.00	135.04
CLAIM TOTAL							135.04
CLAIM ACCOUNT REF.							2098930012010967SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209882	1	T1019		08/05/12	08/05/12	40.00	168.80
209882	2	T1019		08/11/12	08/11/12	40.00	168.80
209882	3	T1019		08/12/12	08/12/12	40.00	168.80
209882	4	T1019		08/13/12	08/13/12	40.00	168.80
209882	5	T1019		08/14/12	08/14/12	40.00	168.80
209882	6	T1019		08/15/12	08/15/12	40.00	168.80
209882	7	T1019		08/16/12	08/16/12	40.00	168.80
209882	8	T1019		08/17/12	08/17/12	40.00	168.80
209882	9	T1019		08/18/12	08/18/12	40.00	168.80
209882	10	T1019		08/19/12	08/19/12	40.00	168.80
209882	11	T1019		08/20/12	08/20/12	40.00	168.80
209882	12	T1019		08/21/12	08/21/12	40.00	168.80
209882	13	T1019		08/22/12	08/22/12	40.00	168.80
209882	14	T1019		08/23/12	08/23/12	40.00	168.80
209882	15	T1019		08/24/12	08/24/12	40.00	168.80
209882	16	T1019		08/25/12	08/25/12	40.00	168.80
209882	17	T1019		08/26/12	08/26/12	40.00	168.80
209882	18	T1019		08/27/12	08/27/12	40.00	168.80
209882	19	T1019		08/28/12	08/28/12	40.00	168.80
209882	20	T1019		08/29/12	08/29/12	24.00	101.28
209882	21	T1019		08/30/12	08/30/12	40.00	168.80

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NPI = 1154407492

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	186	TOTAL CLAIM AMOUNT =	23,547.60
		# SERVICES =	30		

REPORT DATE 09/19/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051
PAYER ID = 87726

SUNNYSIDE CITYWIDE
UNITEDHEALTHCARE

NPI = 1154407492

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008245 2008245 CALDERON, MIGDALIA 08/02/1961 100195559 607641299
DIAGNOSIS CODES: 250.00 428.0 724.00 724.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209935	1	T1019		09/08/12	09/08/12	40.00	171.60
209935	2	T1019		09/09/12	09/09/12	40.00	171.60
209935	3	T1019		09/10/12	09/10/12	40.00	171.60
209935	4	T1019		09/11/12	09/11/12	40.00	171.60
209935	5	T1019		09/12/12	09/12/12	40.00	171.60
209935	6	T1019		09/13/12	09/13/12	40.00	171.60
209935	7	T1019		09/14/12	09/14/12	40.00	171.60

CLAIM TOTAL 1,201.20 CLAIM ACCOUNT REF. 2099350012008245SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008287 2008287 MILLAN, ARMIDA 09/13/1928 100063356 608047620
DIAGNOSIS CODES: 250.00 272.4 311. 356.9 365.9 401.9 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209936	1	T1019		09/08/12	09/08/12	16.00	68.64
209936	2	T1019		09/09/12	09/09/12	16.00	68.64
209936	3	T1019		09/10/12	09/10/12	36.00	154.44
209936	4	T1019		09/11/12	09/11/12	36.00	154.44
209936	5	T1019		09/12/12	09/12/12	36.00	154.44
209936	6	T1019		09/13/12	09/13/12	36.00	154.44
209936	7	T1019		09/14/12	09/14/12	36.00	154.44

CLAIM TOTAL 909.48 CLAIM ACCOUNT REF. 2099360012008287SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008401 2008401 SAFOS, PATRA 12/18/1948 100029836 607678036
DIAGNOSIS CODES: 340. 244.8 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209938	1	T1019		09/08/12	09/08/12	32.00	137.28
209938	2	T1019		09/09/12	09/09/12	32.00	137.28
209938	3	T1019		09/10/12	09/10/12	32.00	137.28
209938	4	T1019		09/11/12	09/11/12	32.00	137.28
209938	5	T1019		09/12/12	09/12/12	32.00	137.28
209938	6	T1019		09/13/12	09/13/12	32.00	137.28
209938	7	T1019		09/14/12	09/14/12	32.00	137.28

CLAIM TOTAL 960.96 CLAIM ACCOUNT REF. 2099380012008401SUP

REPORT DATE 09/19/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012091902273016RRSUP

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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	2008432	2008432	YUSUPOV, PULAT	08/11/1948	100600278	608803902
DIAGNOSIS CODES: 250.00 272.4 530.81							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209939	1	T1019		09/08/12	09/08/12	16.00	68.64
CLAIM TOTAL							68.64
CLAIM ACCOUNT REF.							2099390012008432SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010774	2010774	PAUL, PUTUL	10/10/1956	101218709	6083933452
DIAGNOSIS CODES: 959.6 245.9 401.9 733.09							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209937	1	T1019		09/10/12	09/10/12	16.00	68.64
209937	2	T1019		09/12/12	09/12/12	16.00	68.64
209937	3	T1019		09/14/12	09/14/12	16.00	68.64
CLAIM TOTAL							205.92
CLAIM ACCOUNT REF.							2099370012010774SUP

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	25	TOTAL CLAIM AMOUNT =	3,346.20
		# SERVICES =	5		

REPORT DATE 09/19/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012091902273016RRSUP

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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
209976	1	T1019	0580	09/08/12	09/08/12	40.00	168.80
209976	2	T1019	0580	09/09/12	09/09/12	40.00	168.80
209976	3	T1019	0580	09/10/12	09/10/12	32.00	135.04
209976	4	T1019	0580	09/11/12	09/11/12	32.00	135.04
209976	5	T1019	0580	09/12/12	09/12/12	32.00	135.04
209976	6	T1019	0580	09/13/12	09/13/12	32.00	135.04
209976	7	T1019	0580	09/14/12	09/14/12	32.00	135.04
CLAIM TOTAL						1,012.80	CLAIM ACCOUNT REF. 2099760012008266SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209979	1	S5130	0582	09/10/12	09/10/12	16.00	67.52
209979	2	S5130	0582	09/14/12	09/14/12	16.00	67.52
CLAIM TOTAL						135.04	CLAIM ACCOUNT REF. 2099790012009279SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209975	1	T1019	0580	08/31/12	08/31/12	32.00	135.04
209975	2	T1019	0580	09/10/12	09/10/12	20.00	84.40
209975	3	T1019	0580	09/11/12	09/11/12	36.00	151.92
209975	4	T1019	0580	09/12/12	09/12/12	32.00	135.04
209975	5	T1019	0580	09/13/12	09/13/12	36.00	151.92
209975	6	T1019	0580	09/14/12	09/14/12	32.00	135.04
CLAIM TOTAL						793.36	CLAIM ACCOUNT REF. 2099750012009647SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010389 2010730 ESPERSON, CLAUDE 04/28/1971 006900634 HP0003722
DIAGNOSIS CODES: 340. 453.40

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209974	1	T1019	0580	09/10/12	09/10/12	16.00	67.52
209974	2	T1019	0580	09/11/12	09/11/12	16.00	67.52
209974	3	T1019	0580	09/14/12	09/14/12	16.00	67.52

REPORT DATE 09/19/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = AMRGRI AMERIGROUP NEW YORK,LLC

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	202.56	2099740012010730SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008365	2010731	HARDING, EDNA	05/17/1956	006274884	HP0009108
DIAGNOSIS CODES: 493.90 253.5 272.4 296.80							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
209977	1	T1019	0580	09/10/12	09/10/12	24.00	101.28	
209977	2	T1019	0580	09/11/12	09/11/12	24.00	101.28	
209977	3	T1019	0580	09/12/12	09/12/12	24.00	101.28	
209977	4	T1019	0580	09/13/12	09/13/12	24.00	101.28	
209977	5	T1019	0580	09/14/12	09/14/12	24.00	101.28	
						CLAIM TOTAL	506.40	2099770012010731SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011238	2011238	MICHEL, VERTULIA	09/23/1932	712951733	103139267
DIAGNOSIS CODES: 728.87 272.4 401.9 780.52							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
209978	1	T1019	0580	08/27/12	08/27/12	32.00	135.04	
209978	2	T1019	0580	08/28/12	08/28/12	32.00	135.04	
209978	3	T1019	0580	08/29/12	08/29/12	32.00	135.04	
209978	4	T1019	0580	08/30/12	08/30/12	32.00	135.04	
209978	5	T1019	0580	08/31/12	08/31/12	32.00	135.04	
209978	6	T1019	0580	09/05/12	09/05/12	32.00	135.04	
209978	7	T1019	0580	09/06/12	09/06/12	32.00	135.04	
209978	8	T1019	0580	09/10/12	09/10/12	32.00	135.04	
209978	9	T1019	0580	09/11/12	09/11/12	32.00	135.04	
209978	10	T1019	0580	09/12/12	09/12/12	8.00	33.76	
209978	11	T1019	0580	09/13/12	09/13/12	32.00	135.04	
209978	12	T1019	0580	09/14/12	09/14/12	32.00	135.04	
						CLAIM TOTAL	1,519.20	2099780012011238SUP

PAYER TOTALS:	AMERIGROUP NEW YORK,LLC	# OF CLAIMS =	35	TOTAL CLAIM AMOUNT =	4,169.36
		# SERVICES =	6		

REPORT DATE 09/19/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = ICS01 ICS

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010018 2010959 HAWKINS S, MALIK JR 04/13/1993 5681 364551
DIAGNOSIS CODES: 344.1 344.5 599.9

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
209983	1	T1019	1C	0570		09/08/12	09/08/12	10.00	159.00
209983	2	T1019	1C	0570		09/09/12	09/09/12	10.00	159.00
209983	3	T1019	1C	0570		09/10/12	09/10/12	10.00	159.00
209983	4	T1019	1C	0570		09/11/12	09/11/12	10.00	159.00
209983	5	T1019	1C	0570		09/12/12	09/12/12	10.00	159.00
209983	6	T1019	1C	0570		09/13/12	09/13/12	10.00	159.00
209983	7	T1019	1C	0570		09/14/12	09/14/12	10.00	159.00
CLAIM TOTAL									1,113.00
CLAIM ACCOUNT REF.									2099830012010959SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008258 2011073 RUIZ JR, SAMUEL 11/20/1971 6470 372708
DIAGNOSIS CODES: 741.90 331.4 552.21

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
209984	1	T1019	1C	0570		09/10/12	09/10/12	5.00	79.50
209984	2	T1019	1C	0570		09/11/12	09/11/12	5.00	79.50
209984	3	T1019	1C	0570		09/12/12	09/12/12	5.00	79.50
209984	4	T1019	1C	0570		09/13/12	09/13/12	5.00	79.50
209984	5	T1019	1C	0570		09/14/12	09/14/12	5.00	79.50
CLAIM TOTAL									397.50
CLAIM ACCOUNT REF.									2099840012011073SUP

PAYER TOTALS: ICS # OF CLAIMS = 12 TOTAL CLAIM AMOUNT = 1,510.50
SERVICES = 2

REPORT DATE 09/19/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012091902273016RRSUP

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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 2012081092600005
DIAGNOSIS CODES: 230.3 153.0 401.9 733.00 V60.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209980	1	T1019	0580	09/08/12	09/08/12	36.00	151.92
209980	2	T1019	0580	09/09/12	09/09/12	36.00	151.92
209980	3	T1019	0580	09/10/12	09/10/12	36.00	151.92
209980	4	T1019	0580	09/11/12	09/11/12	36.00	151.92
209980	5	T1019	0580	09/12/12	09/12/12	36.00	151.92
209980	6	T1019	0580	09/13/12	09/13/12	36.00	151.92
209980	7	T1019	0580	09/14/12	09/14/12	36.00	151.92
CLAIM TOTAL						1,063.44	CLAIM ACCOUNT REF. 2099800012010800SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JSV04323R01 2012081592600002
DIAGNOSIS CODES: 250.11 272.0 401.9 435.9 586.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209982	1	T1019	0580	09/11/12	09/11/12	16.00	67.52
209982	2	T1019	0580	09/12/12	09/12/12	16.00	67.52
209982	3	T1019	0580	09/13/12	09/13/12	16.00	67.52
209982	4	T1019	0580	09/14/12	09/14/12	16.00	67.52
CLAIM TOTAL						270.08	CLAIM ACCOUNT REF. 2099820012010804SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008228 2010805 TOWLES, ADA 12/10/1954 JZX17878Q01 2012072392600008
DIAGNOSIS CODES: 722.10 401.9 724.3 750.7 V61.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
209981	1	T1019	0580	09/11/12	09/11/12	16.00	67.52
209981	2	T1019	0580	09/12/12	09/12/12	16.00	67.52
209981	3	T1019	0580	09/14/12	09/14/12	16.00	67.52
CLAIM TOTAL						202.56	CLAIM ACCOUNT REF. 2099810012010805SUP

PAYER TOTALS: HEALTHCARE PARTNERS IPA I # OF CLAIMS = 14 TOTAL CLAIM AMOUNT = 1,536.08
SERVICES = 3

PROVIDER TOTALS: SUNNYSIDE CITYWIDE # OF CLAIMS = 622 TOTAL CLAIM AMOUNT = 78,012.17
SERVICES = 111