

REPORT DATE 12/05/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012120504080867RRSUP

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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
218998	1	T1020		11/24/12	11/24/12	7.00	118.09
218998	2	T1020		11/26/12	11/26/12	7.00	118.09
218998	3	T1020		11/27/12	11/27/12	7.00	118.09
218998	4	T1020		11/28/12	11/28/12	7.00	118.09
218998	5	T1020		11/29/12	11/29/12	7.00	118.09
218998	6	T1020		11/30/12	11/30/12	7.00	118.09
CLAIM TOTAL							708.54
CLAIM ACCOUNT REF.							2189980012008267SUP

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
218996	1	T1020		11/17/12	11/17/12	9.00	151.83
218996	2	T1020		11/18/12	11/18/12	9.00	151.83
218996	3	T1020		11/24/12	11/24/12	9.00	151.83
218996	4	T1020		11/25/12	11/25/12	9.00	151.83
CLAIM TOTAL							607.32
CLAIM ACCOUNT REF.							2189960012008268SUP

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
218993	1	T1020		11/24/12	11/24/12	7.00	118.09
218993	2	T1020		11/25/12	11/25/12	7.00	118.09
218993	3	T1020		11/26/12	11/26/12	7.00	118.09
218993	4	T1020		11/27/12	11/27/12	7.00	118.09
218993	5	T1020		11/28/12	11/28/12	7.00	118.09
218993	6	T1020		11/29/12	11/29/12	7.00	118.09
218993	7	T1020		11/30/12	11/30/12	7.00	118.09
CLAIM TOTAL							826.63
CLAIM ACCOUNT REF.							2189930012008306SUP

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
218991	1	T1020		11/24/12	11/24/12	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
218991	2	T1020		11/25/12	11/25/12	7.00	118.09
218991	3	T1020		11/26/12	11/26/12	7.00	118.09
218991	4	T1020		11/27/12	11/27/12	7.00	118.09
218991	5	T1020		11/28/12	11/28/12	7.00	118.09
218991	6	T1020		11/29/12	11/29/12	7.00	118.09
218991	7	T1020		11/30/12	11/30/12	7.00	118.09
CLAIM TOTAL							826.63

CLAIM ACCOUNT REF. 2189910012008386SUP

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
218997	1	T1020		11/27/12	11/27/12	4.00	67.48
218997	2	T1020		11/29/12	11/29/12	5.00	84.35
218997	3	T1020		11/30/12	11/30/12	4.00	67.48
CLAIM TOTAL							219.31

CLAIM ACCOUNT REF. 2189970012008400SUP

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
218992	1	T1020		11/26/12	11/26/12	6.00	101.22
218992	2	T1020		11/27/12	11/27/12	6.00	101.22
218992	3	T1020		11/28/12	11/28/12	6.00	101.22
218992	4	T1020		11/29/12	11/29/12	6.00	101.22
218992	5	T1020		11/30/12	11/30/12	3.00	50.61
CLAIM TOTAL							455.49

CLAIM ACCOUNT REF. 2189920012010014SUP

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
218999	1	T1020		11/24/12	11/24/12	9.00	151.83
218999	2	T1020		11/25/12	11/25/12	9.00	151.83
218999	3	T1020		11/26/12	11/26/12	9.00	151.83
218999	4	T1020		11/27/12	11/27/12	9.00	151.83
218999	5	T1020		11/28/12	11/28/12	9.00	151.83
218999	6	T1020		11/29/12	11/29/12	9.00	151.83
218999	7	T1020		11/30/12	11/30/12	9.00	151.83
CLAIM TOTAL							1,062.81

CLAIM ACCOUNT REF. 2189990012010041SUP

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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	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	
218995	1	T1020		11/29/12	11/29/12	5.00	84.35	
218995	2	T1020		11/30/12	11/30/12	4.00	67.48	
CLAIM TOTAL							151.83	CLAIM ACCOUNT REF. 2189950012010712SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218994	1	T1020		11/24/12	11/24/12	8.00	134.96	
218994	2	T1020		11/25/12	11/25/12	8.00	134.96	
218994	3	T1020		11/26/12	11/26/12	8.00	134.96	
218994	4	T1020		11/27/12	11/27/12	8.00	134.96	
218994	5	T1020		11/28/12	11/28/12	8.00	134.96	
218994	6	T1020		11/29/12	11/29/12	8.00	134.96	
218994	7	T1020		11/30/12	11/30/12	8.00	134.96	
CLAIM TOTAL							944.72	CLAIM ACCOUNT REF. 2189940012011495SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	48	TOTAL CLAIM AMOUNT =	5,803.28
		# 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
218977	1	T1019		11/22/12	11/22/12	16.00	67.52
218977	2	T1019		11/28/12	11/28/12	16.00	67.52
218977	3	T1019		11/29/12	11/29/12	16.00	67.52
218977	4	T1019		11/30/12	11/30/12	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2189770012008261SUP

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
218984	1	T1019		11/24/12	11/24/12	24.00	101.28
218984	2	T1019		11/25/12	11/25/12	24.00	101.28
218984	3	T1019		11/26/12	11/26/12	24.00	101.28
218984	4	T1019		11/27/12	11/27/12	24.00	101.28
218984	5	T1019		11/28/12	11/28/12	24.00	101.28
218984	6	T1019		11/29/12	11/29/12	24.00	101.28
218984	7	T1019		11/30/12	11/30/12	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2189840012008263SUP

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
218988	1	T1019		11/24/12	11/24/12	40.00	168.80
218988	2	T1019		11/25/12	11/25/12	40.00	168.80
218988	3	T1019		11/26/12	11/26/12	40.00	168.80
218988	4	T1019		11/27/12	11/27/12	36.00	151.92
218988	5	T1019		11/28/12	11/28/12	40.00	168.80
218988	6	T1019		11/29/12	11/29/12	40.00	168.80
218988	7	T1019		11/30/12	11/30/12	40.00	168.80
CLAIM TOTAL							1,164.72
CLAIM ACCOUNT REF.							2189880012008265SUP

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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 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
218990	1	T1019		11/24/12	11/24/12	16.00	67.52
218990	2	T1019		11/25/12	11/25/12	16.00	67.52
218990	3	T1019		11/26/12	11/26/12	24.00	101.28
218990	4	T1019		11/27/12	11/27/12	24.00	101.28
218990	5	T1019		11/28/12	11/28/12	24.00	101.28
218990	6	T1019		11/29/12	11/29/12	24.00	101.28
218990	7	T1019		11/30/12	11/30/12	24.00	101.28
CLAIM TOTAL							641.44
CLAIM ACCOUNT REF.							2189900012008303SUP

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
218980	1	T1019		11/27/12	11/27/12	16.00	67.52
218980	2	T1019		11/28/12	11/28/12	20.00	84.40
218980	3	T1019		11/29/12	11/29/12	20.00	84.40
CLAIM TOTAL							236.32
CLAIM ACCOUNT REF.							2189800012008366SUP

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
218975	1	T1019		11/26/12	11/26/12	32.00	135.04
218975	2	T1019		11/27/12	11/27/12	28.00	118.16
218975	3	T1019		11/28/12	11/28/12	28.00	118.16
218975	4	T1019		11/29/12	11/29/12	28.00	118.16
218975	5	T1019		11/30/12	11/30/12	28.00	118.16
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2189750012008403SUP

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
218985	1	T1019		11/24/12	11/24/12	24.00	101.28
218985	2	T1019		11/26/12	11/26/12	24.00	101.28
218985	3	T1019		11/28/12	11/28/12	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
218985	4	T1019		11/29/12	11/29/12	24.00	101.28
218985	5	T1019		11/30/12	11/30/12	24.00	101.28
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2189850012008422SUP

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
218989	1	T1019		11/26/12	11/26/12	16.00	67.52
218989	2	T1019		11/27/12	11/27/12	16.00	67.52
218989	3	T1019		11/29/12	11/29/12	16.00	67.52
218989	4	T1019		11/30/12	11/30/12	16.00	67.52
CLAIM TOTAL							270.08

CLAIM ACCOUNT REF. 2189890012008425SUP

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
218978	1	T1019		11/24/12	11/24/12	40.00	168.80
218978	2	T1019		11/25/12	11/25/12	40.00	168.80
218978	3	T1019		11/26/12	11/26/12	40.00	168.80
218978	4	T1019		11/27/12	11/27/12	40.00	168.80
218978	5	T1019		11/28/12	11/28/12	40.00	168.80
218978	6	T1019		11/29/12	11/29/12	40.00	168.80
218978	7	T1019		11/30/12	11/30/12	40.00	168.80
CLAIM TOTAL							1,181.60

CLAIM ACCOUNT REF. 2189780012008427SUP

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
218987	1	T1019		11/26/12	11/26/12	16.00	67.52
218987	2	T1019		11/27/12	11/27/12	16.00	67.52
218987	3	T1019		11/28/12	11/28/12	16.00	67.52
218987	4	T1019		11/29/12	11/29/12	16.00	67.52
218987	5	T1019		11/30/12	11/30/12	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2189870012008531SUP

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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 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
218983	1	T1019		11/25/12	11/25/12	16.00	67.52
218983	2	T1019		11/28/12	11/28/12	28.00	118.16
218983	3	T1019		11/29/12	11/29/12	28.00	118.16
218983	4	T1019		11/30/12	11/30/12	28.00	118.16
CLAIM TOTAL							422.00
CLAIM ACCOUNT REF.							2189830012008742SUP

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
218976	1	T1019		11/26/12	11/26/12	16.00	67.52
218976	2	T1019		11/27/12	11/27/12	24.00	101.28
218976	3	T1019		11/28/12	11/28/12	24.00	101.28
218976	4	T1019		11/29/12	11/29/12	24.00	101.28
218976	5	T1019		11/30/12	11/30/12	24.00	101.28
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2189760012008802SUP

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
218981	1	T1019		11/26/12	11/26/12	28.00	118.16
218981	2	T1019		11/27/12	11/27/12	28.00	118.16
218981	3	T1019		11/28/12	11/28/12	28.00	118.16
218981	4	T1019		11/29/12	11/29/12	28.00	118.16
218981	5	T1019		11/30/12	11/30/12	32.00	135.04
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2189810012009221SUP

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
218982	1	T1019		11/25/12	11/25/12	48.00	202.56
218982	2	T1019		11/26/12	11/26/12	48.00	202.56
218982	3	T1019		11/27/12	11/27/12	48.00	202.56
218982	4	T1019		11/28/12	11/28/12	48.00	202.56

REPORT DATE 12/05/12 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	
218982	5	T1019		11/29/12	11/29/12	48.00	202.56	
218982	6	T1019		11/30/12	11/30/12	48.00	202.56	
CLAIM TOTAL							1,215.36	CLAIM ACCOUNT REF. 2189820012009356SUP

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	
218973	1	T1019		11/24/12	11/24/12	32.00	135.04	
218973	2	T1019		11/25/12	11/25/12	32.00	135.04	
218973	3	T1019		11/26/12	11/26/12	32.00	135.04	
218973	4	T1019		11/27/12	11/27/12	32.00	135.04	
218973	5	T1019		11/28/12	11/28/12	32.00	135.04	
218973	6	T1019		11/29/12	11/29/12	32.00	135.04	
218973	7	T1019		11/30/12	11/30/12	32.00	135.04	
CLAIM TOTAL							945.28	CLAIM ACCOUNT REF. 2189730012010143SUP

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	
218986	1	T1019		11/22/12	11/22/12	20.00	84.40	
218986	2	T1019		11/23/12	11/23/12	20.00	84.40	
218986	3	T1019		11/28/12	11/28/12	20.00	84.40	
218986	4	T1019		11/29/12	11/29/12	20.00	84.40	
218986	5	T1019		11/30/12	11/30/12	20.00	84.40	
CLAIM TOTAL							422.00	CLAIM ACCOUNT REF. 2189860012010353SUP

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	
218979	1	T1019		11/24/12	11/24/12	24.00	101.28	
218979	2	T1019		11/25/12	11/25/12	24.00	101.28	
218979	3	T1019		11/26/12	11/26/12	24.00	101.28	
218979	4	T1019		11/27/12	11/27/12	28.00	118.16	
218979	5	T1019		11/28/12	11/28/12	24.00	101.28	
218979	6	T1019		11/29/12	11/29/12	28.00	118.16	
218979	7	T1019		11/30/12	11/30/12	28.00	118.16	
CLAIM TOTAL							759.60	CLAIM ACCOUNT REF. 2189790012010639SUP

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NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010671	2010878	AKHTER, SELINA	07/13/1960	10087504801	073112301172

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218974	1	T1019		11/26/12	11/26/12	36.00	151.92	
218974	2	T1019		11/27/12	11/27/12	36.00	151.92	
218974	3	T1019		11/28/12	11/28/12	36.00	151.92	
218974	4	T1019		11/29/12	11/29/12	36.00	151.92	
					CLAIM TOTAL		607.68	CLAIM ACCOUNT REF. 2189740012010878SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	97	TOTAL CLAIM AMOUNT =	11,377.12
		# SERVICES =	18		

REPORT DATE 12/05/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012120504080867RRSUP

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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
219021	1	T1019		11/24/12	11/24/12	4.00	68.60
219021	2	T1019		11/25/12	11/25/12	4.00	68.60
219021	3	T1019		11/26/12	11/26/12	12.00	205.80
219021	4	T1019		11/27/12	11/27/12	12.00	205.80
219021	5	T1019		11/28/12	11/28/12	12.00	205.80
219021	6	T1019		11/29/12	11/29/12	12.00	205.80
219021	7	T1019		11/30/12	11/30/12	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2190210012008233SUP

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
219028	1	T1019		11/21/12	11/21/12	11.00	188.65
219028	2	T1019		11/22/12	11/22/12	11.00	188.65
219028	3	T1019		11/24/12	11/24/12	8.00	137.20
219028	4	T1019		11/25/12	11/25/12	8.00	137.20
219028	5	T1019		11/26/12	11/26/12	11.00	188.65
219028	6	T1019		11/29/12	11/29/12	11.00	188.65
219028	7	T1019		11/30/12	11/30/12	11.00	188.65
CLAIM TOTAL						1,217.65	CLAIM ACCOUNT REF. 2190280012008236SUP

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
219024	1	T1019		11/27/12	11/27/12	4.00	68.60
CLAIM TOTAL						68.60	CLAIM ACCOUNT REF. 2190240012008237SUP

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
219020	1	T1019		11/25/12	11/25/12	3.00	51.45
219020	2	T1019		11/26/12	11/26/12	5.00	85.75
219020	3	T1019		11/28/12	11/28/12	5.00	85.75

REPORT DATE 12/05/12 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	
219020	4	T1019		11/29/12	11/29/12	4.00	68.60	
219020	5	T1019		11/30/12	11/30/12	5.00	85.75	
CLAIM TOTAL							377.30	CLAIM ACCOUNT REF. 2190200012008284SUP

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	
219026	1	T1019		11/26/12	11/26/12	8.00	137.20	
219026	2	T1019		11/27/12	11/27/12	8.00	137.20	
219026	3	T1019		11/28/12	11/28/12	8.00	137.20	
219026	4	T1019		11/29/12	11/29/12	8.00	137.20	
219026	5	T1019		11/30/12	11/30/12	8.00	137.20	
CLAIM TOTAL							686.00	CLAIM ACCOUNT REF. 2190260012008385SUP

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	
219025	1	T1019		11/24/12	11/24/12	5.00	85.75	
219025	2	T1019		11/25/12	11/25/12	5.00	85.75	
219025	3	T1019		11/26/12	11/26/12	5.00	85.75	
219025	4	T1019		11/27/12	11/27/12	5.00	85.75	
219025	5	T1019		11/28/12	11/28/12	5.00	85.75	
219025	6	T1019		11/29/12	11/29/12	5.00	85.75	
219025	7	T1019		11/30/12	11/30/12	5.00	85.75	
CLAIM TOTAL							600.25	CLAIM ACCOUNT REF. 2190250012008417SUP

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	
219030	1	T1019		11/26/12	11/26/12	8.00	137.20	
219030	2	T1019		11/27/12	11/27/12	6.00	102.90	
219030	3	T1019		11/29/12	11/29/12	8.00	137.20	
219030	4	T1019		11/30/12	11/30/12	8.00	137.20	
CLAIM TOTAL							514.50	CLAIM ACCOUNT REF. 2190300012008418SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012120504080867RRSUP

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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 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
219022	1	T1019		11/24/12	11/24/12	10.00	171.50
219022	2	T1019		11/25/12	11/25/12	10.00	171.50
219022	3	T1019		11/26/12	11/26/12	10.00	171.50
219022	4	T1019		11/27/12	11/27/12	10.00	171.50
219022	5	T1019		11/28/12	11/28/12	10.00	171.50
219022	6	T1019		11/29/12	11/29/12	8.00	137.20
219022	7	T1019		11/30/12	11/30/12	10.00	171.50
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2190220012008743SUP

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
219031	1	T1019		11/19/12	11/19/12	5.00	85.75
219031	2	T1019		11/20/12	11/20/12	5.00	85.75
219031	3	T1019		11/21/12	11/21/12	5.00	85.75
219031	4	T1019		11/22/12	11/22/12	5.00	85.75
219031	5	T1019		11/23/12	11/23/12	5.00	85.75
219031	6	T1019		11/26/12	11/26/12	5.00	85.75
219031	7	T1019		11/28/12	11/28/12	5.00	85.75
219031	8	T1019		11/29/12	11/29/12	5.00	85.75
219031	9	T1019		11/30/12	11/30/12	5.00	85.75
CLAIM TOTAL						771.75	CLAIM ACCOUNT REF. 2190310012009377SUP

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
219029	1	T1019		11/24/12	11/24/12	8.00	137.20
219029	2	T1019		11/27/12	11/27/12	3.00	51.45
219029	3	T1019		11/28/12	11/28/12	3.00	51.45
219029	4	T1019		11/30/12	11/30/12	3.00	51.45
CLAIM TOTAL						291.55	CLAIM ACCOUNT REF. 2190290012009688SUP

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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 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
219032	1	T1019		11/17/12	11/17/12	8.00	137.20
219032	2	T1019		11/24/12	11/24/12	8.00	137.20
219032	3	T1019		11/26/12	11/26/12	8.00	137.20
219032	4	T1019		11/27/12	11/27/12	8.00	137.20
219032	5	T1019		11/28/12	11/28/12	8.00	137.20
219032	6	T1019		11/29/12	11/29/12	8.00	137.20
219032	7	T1019		11/30/12	11/30/12	8.00	137.20
CLAIM TOTAL							960.40
							CLAIM ACCOUNT REF. 2190320012010213SUP

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
219027	1	T1019		11/26/12	11/26/12	3.00	51.45
219027	2	T1019		11/27/12	11/27/12	8.00	137.20
219027	3	T1019		11/28/12	11/28/12	8.00	137.20
219027	4	T1019		11/29/12	11/29/12	8.00	137.20
219027	5	T1019		11/30/12	11/30/12	8.00	137.20
CLAIM TOTAL							600.25
							CLAIM ACCOUNT REF. 2190270012010886SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
219023	1	T1019		11/25/12	11/25/12	24.00	411.60
219023	2	T1019		11/26/12	11/26/12	24.00	411.60
219023	3	T1019		11/27/12	11/27/12	24.00	411.60
219023	4	T1019		11/28/12	11/28/12	24.00	411.60
219023	5	T1019		11/29/12	11/29/12	24.00	411.60
219023	6	T1019		11/30/12	11/30/12	24.00	411.60
CLAIM TOTAL							2,469.60
							CLAIM ACCOUNT REF. 2190230012011286SUP

REPORT DATE 12/05/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 13265 METROPLUS HEALTH PLAN

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	74	TOTAL CLAIM AMOUNT =	10,890.25
		# SERVICES =	13		

REPORT DATE 12/05/12 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 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
219035	1	T1019		11/24/12	11/24/12	36.00	154.80
219035	2	T1019		11/25/12	11/25/12	36.00	154.80
219035	3	T1019		11/26/12	11/26/12	36.00	154.80
219035	4	T1019		11/27/12	11/27/12	36.00	154.80
219035	5	T1019		11/28/12	11/28/12	36.00	154.80
219035	6	T1019		11/29/12	11/29/12	36.00	154.80
219035	7	T1019		11/30/12	11/30/12	36.00	154.80
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2190350012008286SUP

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
219034	1	T1019		11/24/12	11/24/12	24.00	103.20
219034	2	T1019		11/25/12	11/25/12	24.00	103.20
219034	3	T1019		11/26/12	11/26/12	24.00	103.20
219034	4	T1019		11/27/12	11/27/12	24.00	103.20
219034	5	T1019		11/28/12	11/28/12	24.00	103.20
219034	6	T1019		11/30/12	11/30/12	24.00	103.20
CLAIM TOTAL						619.20	CLAIM ACCOUNT REF. 2190340012008495SUP

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
219033	1	T1019		11/24/12	11/24/12	28.00	120.40
219033	2	T1019		11/25/12	11/25/12	28.00	120.40
219033	3	T1019		11/26/12	11/26/12	28.00	120.40
219033	4	T1019		11/27/12	11/27/12	28.00	120.40
219033	5	T1019		11/28/12	11/28/12	28.00	120.40
219033	6	T1019		11/29/12	11/29/12	28.00	120.40
219033	7	T1019		11/30/12	11/30/12	28.00	120.40
CLAIM TOTAL						842.80	CLAIM ACCOUNT REF. 2190330012010404SUP

REPORT DATE 12/05/12 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 =	20	TOTAL CLAIM AMOUNT =	2,545.60
		# SERVICES =	3		

REPORT DATE 12/05/12 SUNNYSIDE CITYWIDE
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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
219016	1	T1019	0580	11/26/12	11/26/12	40.00	168.80
219016	2	T1019	0580	11/27/12	11/27/12	40.00	168.80
219016	3	T1019	0580	11/28/12	11/28/12	40.00	168.80
219016	4	T1019	0580	11/29/12	11/29/12	40.00	168.80
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2190160012008491SUP

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
219019	1	T1019	0580	11/26/12	11/26/12	16.00	67.52
219019	2	T1019	0580	11/27/12	11/27/12	16.00	67.52
219019	3	T1019	0580	11/28/12	11/28/12	16.00	67.52
219019	4	T1019	0580	11/29/12	11/29/12	16.00	67.52
219019	5	T1019	0580	11/30/12	11/30/12	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2190190012008513SUP

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
219017	1	T1019	0580	11/23/12	11/23/12	20.00	84.40
219017	2	T1019	0580	11/24/12	11/24/12	20.00	84.40
219017	3	T1019	0580	11/25/12	11/25/12	20.00	84.40
219017	4	T1019	0580	11/26/12	11/26/12	20.00	84.40
219017	5	T1019	0580	11/27/12	11/27/12	20.00	84.40
219017	6	T1019	0580	11/28/12	11/28/12	20.00	84.40
219017	7	T1019	0580	11/29/12	11/29/12	20.00	84.40
219017	8	T1019	0580	11/30/12	11/30/12	20.00	84.40
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2190170012008544SUP

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
219005	1	T1019	0580	11/24/12	11/24/12	48.00	168.00

REPORT DATE 12/05/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012120504080867RRSUP

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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
219005	2	T1019	0580	11/25/12	11/25/12	48.00	168.00
219005	3	T1019	0580	11/26/12	11/26/12	48.00	168.00
219005	4	T1019	0580	11/27/12	11/27/12	48.00	168.00
219005	5	T1019	0580	11/28/12	11/28/12	48.00	168.00
219005	6	T1019	0580	11/29/12	11/29/12	48.00	168.00
219005	7	T1019	0580	11/30/12	11/30/12	48.00	168.00
CLAIM TOTAL							1,176.00

CLAIM ACCOUNT REF. 2190050012008793SUP

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
219013	1	T1019	0580	11/24/12	11/24/12	32.00	112.00
219013	2	T1019	0580	11/25/12	11/25/12	32.00	112.00
219013	3	T1019	0580	11/26/12	11/26/12	32.00	112.00
219013	4	T1019	0580	11/27/12	11/27/12	32.00	112.00
219013	5	T1019	0580	11/28/12	11/28/12	32.00	112.00
219013	6	T1019	0580	11/29/12	11/29/12	32.00	112.00
219013	7	T1019	0580	11/30/12	11/30/12	32.00	112.00
CLAIM TOTAL							784.00

CLAIM ACCOUNT REF. 2190130012009237SUP

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
219018	1	T1019	0580	11/30/12	11/30/12	20.00	84.40
CLAIM TOTAL							84.40

CLAIM ACCOUNT REF. 2190180012009269SUP

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
219014	1	T1019	0580	11/26/12	11/26/12	16.00	67.52
219014	2	T1019	0580	11/27/12	11/27/12	16.00	67.52
219014	3	T1019	0580	11/28/12	11/28/12	16.00	67.52
219014	4	T1019	0580	11/29/12	11/29/12	16.00	67.52
219014	5	T1019	0580	11/30/12	11/30/12	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2190140012009406SUP

REPORT DATE 12/05/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012120504080867RRSUP

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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 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
219015	1	T1019	0580	11/21/12	11/21/12	40.00	168.80
219015	2	T1019	0580	11/28/12	11/28/12	40.00	168.80
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2190150012009562SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
219008	1	T1019	0580	11/26/12	11/26/12	16.00	56.00
219008	2	T1019	0580	11/28/12	11/28/12	16.00	56.00
219008	3	T1019	0580	11/29/12	11/29/12	16.00	56.00
219008	4	T1019	0580	11/30/12	11/30/12	16.00	56.00
CLAIM TOTAL							224.00

CLAIM ACCOUNT REF. 2190080012009686SUP

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
219010	1	T1019	0580	11/24/12	11/24/12	28.00	98.00
219010	2	T1019	0580	11/25/12	11/25/12	28.00	98.00
219010	3	T1019	0580	11/26/12	11/26/12	28.00	98.00
219010	4	T1019	0580	11/27/12	11/27/12	27.00	94.50
219010	5	T1019	0580	11/28/12	11/28/12	28.00	98.00
219010	6	T1019	0580	11/29/12	11/29/12	28.00	98.00
219010	7	T1019	0580	11/30/12	11/30/12	27.00	94.50
CLAIM TOTAL							679.00

CLAIM ACCOUNT REF. 2190100012009945SUP

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
219004	1	T1019	0580	11/26/12	11/26/12	20.00	70.00
219004	2	T1019	0580	11/28/12	11/28/12	20.00	70.00
219004	3	T1019	0580	11/29/12	11/29/12	20.00	70.00
219004	4	T1019	0580	11/30/12	11/30/12	20.00	70.00
CLAIM TOTAL							280.00

CLAIM ACCOUNT REF. 2190040012010293SUP

REPORT DATE 12/05/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012120504080867RRSUP

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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 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
219012	1	T1019	0580	11/21/12	11/21/12	34.00	119.00
219012	2	T1019	0580	11/24/12	11/24/12	48.00	168.00
219012	3	T1019	0580	11/25/12	11/25/12	48.00	168.00
219012	4	T1019	0580	11/26/12	11/26/12	48.00	168.00
219012	5	T1019	0580	11/27/12	11/27/12	48.00	168.00
219012	6	T1019	0580	11/28/12	11/28/12	48.00	168.00
219012	7	T1019	0580	11/29/12	11/29/12	48.00	168.00
219012	8	T1019	0580	11/30/12	11/30/12	48.00	168.00
CLAIM TOTAL						1,295.00	CLAIM ACCOUNT REF. 2190120012010316SUP

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
219009	1	T1019	0580	11/21/12	11/21/12	36.00	126.00
219009	2	T1019	0580	11/23/12	11/23/12	36.00	126.00
219009	3	T1019	0580	11/24/12	11/24/12	36.00	126.00
219009	4	T1019	0580	11/25/12	11/25/12	36.00	126.00
219009	5	T1019	0580	11/26/12	11/26/12	31.00	108.50
219009	6	T1019	0580	11/27/12	11/27/12	36.00	126.00
219009	7	T1019	0580	11/28/12	11/28/12	36.00	126.00
219009	8	T1019	0580	11/29/12	11/29/12	34.00	119.00
219009	9	T1019	0580	11/30/12	11/30/12	36.00	126.00
CLAIM TOTAL						1,109.50	CLAIM ACCOUNT REF. 2190090012010991SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
219006	1	G0156	0572	11/24/12	11/24/12	7.00	99.75
219006	2	G0156	0572	11/25/12	11/25/12	7.00	99.75
219006	3	G0156	0572	11/26/12	11/26/12	7.00	99.75
219006	4	G0156	0572	11/27/12	11/27/12	7.00	99.75
219006	5	G0156	0572	11/28/12	11/28/12	7.00	99.75
219006	6	G0156	0572	11/29/12	11/29/12	7.00	99.75
219006	7	G0156	0572	11/30/12	11/30/12	7.00	99.75
CLAIM TOTAL						698.25	CLAIM ACCOUNT REF. 2190060012011066SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #

1,140.00	CLAIM ACCOUNT REF.	2190070012011526SUP
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PRIOR AUTHORIZATION #

1.176.00	CLAIM ACCOUNT REF.	2190110012011833SUP
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TOTAL CLAIM AMOUNT = 11,009.35

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NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2190480012010958SUP

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

REPORT DATE 12/05/12 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 2008246 2008246 RIVERA, CHRISTOPHER 09/03/1996 UW23596M R2013357
DIAGNOSIS CODES: 314.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218962	1	T1019		11/24/12	11/24/12	12.00	50.64
218962	2	T1019		11/25/12	11/25/12	12.00	50.64
218962	3	T1019		11/26/12	11/26/12	12.00	50.64
218962	4	T1019		11/27/12	11/27/12	12.00	50.64
218962	5	T1019		11/28/12	11/28/12	12.00	50.64
218962	6	T1019		11/29/12	11/29/12	12.00	50.64
218962	7	T1019		11/30/12	11/30/12	12.00	50.64
CLAIM TOTAL							354.48
CLAIM ACCOUNT REF.							2189620012008246SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008248 2008248 RIVERA, EDDIE 01/29/1960 YP34893V R1863464
DIAGNOSIS CODES: 339.02 367.1 369.10

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218963	1	T1019		11/24/12	11/24/12	12.00	50.64
218963	2	T1019		11/25/12	11/25/12	12.00	50.64
218963	3	T1019		11/26/12	11/26/12	12.00	50.64
218963	4	T1019		11/27/12	11/27/12	12.00	50.64
218963	5	T1019		11/28/12	11/28/12	12.00	50.64
218963	6	T1019		11/29/12	11/29/12	12.00	50.64
218963	7	T1019		11/30/12	11/30/12	12.00	50.64
CLAIM TOTAL							354.48
CLAIM ACCOUNT REF.							2189630012008248SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008250 2008250 SALAZAR, LUZ MARIA 02/19/1970 SC60317K 0103301200855
DIAGNOSIS CODES: 952.9 564.81 596.54 806.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218965	1	T1019		10/08/12	10/08/12	32.00	135.04
CLAIM TOTAL							135.04
CLAIM ACCOUNT REF.							2189650012008250SUP

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
218966	1	T1019		11/24/12	11/24/12	32.00	135.04
218966	2	T1019		11/25/12	11/25/12	32.00	135.04
218966	3	T1019		11/26/12	11/26/12	32.00	135.04

REPORT DATE 12/05/12 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	
218966	4	T1019		11/27/12	11/27/12	32.00	135.04	
218966	5	T1019		11/28/12	11/28/12	32.00	135.04	
218966	6	T1019		11/29/12	11/29/12	32.00	135.04	
218966	7	T1019		11/30/12	11/30/12	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2189660012008250SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008251	2008251	CEBALLOS, ANA	12/31/1919	UH02585Q	0104031202128
DIAGNOSIS	CODES:	294.10	244.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218946	1	T1019		11/27/12	11/27/12	32.00	135.04	
218946	2	T1019		11/28/12	11/28/12	32.00	135.04	
218946	3	T1019		11/29/12	11/29/12	28.00	118.16	
218946	4	T1019		11/30/12	11/30/12	32.00	135.04	
					CLAIM TOTAL		523.28	CLAIM ACCOUNT REF. 2189460012008251SUP

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	
218959	1	T1019		11/24/12	11/24/12	48.00	202.56	
218959	2	T1019		11/25/12	11/25/12	48.00	202.56	
218959	3	T1019		11/26/12	11/26/12	48.00	202.56	
218959	4	T1019		11/27/12	11/27/12	48.00	202.56	
218959	5	T1019		11/28/12	11/28/12	48.00	202.56	
218959	6	T1019		11/29/12	11/29/12	48.00	202.56	
218959	7	T1019		11/30/12	11/30/12	48.00	202.56	
					CLAIM TOTAL		1,417.92	CLAIM ACCOUNT REF. 2189590012008253SUP

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	
218968	1	T1019		11/26/12	11/26/12	20.00	84.40	
218968	2	T1019		11/27/12	11/27/12	20.00	84.40	
218968	3	T1019		11/30/12	11/30/12	20.00	84.40	
					CLAIM TOTAL		253.20	CLAIM ACCOUNT REF. 2189680012008254SUP

REPORT DATE 12/05/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012120504080867RRSUP

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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 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
218944	1	T1019		11/26/12	11/26/12	32.00	135.04
218944	2	T1019		11/27/12	11/27/12	32.00	135.04
218944	3	T1019		11/28/12	11/28/12	32.00	135.04
218944	4	T1019		11/29/12	11/29/12	32.00	135.04
218944	5	T1019		11/30/12	11/30/12	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2189440012008256SUP

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
218951	1	T1019		11/24/12	11/24/12	24.00	101.28
218951	2	T1019		11/25/12	11/25/12	24.00	101.28
218951	3	T1019		11/26/12	11/26/12	24.00	101.28
218951	4	T1019		11/27/12	11/27/12	24.00	101.28
218951	5	T1019		11/28/12	11/28/12	24.00	101.28
218951	6	T1019		11/29/12	11/29/12	24.00	101.28
218951	7	T1019		11/30/12	11/30/12	24.00	101.28
CLAIM TOTAL							708.96

CLAIM ACCOUNT REF. 2189510012008257SUP

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
218967	1	T1019		11/26/12	11/26/12	32.00	135.04
218967	2	T1019		11/27/12	11/27/12	32.00	135.04
218967	3	T1019		11/28/12	11/28/12	32.00	135.04
218967	4	T1019		11/29/12	11/29/12	32.00	135.04
218967	5	T1019		11/30/12	11/30/12	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2189670012008290SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008297 2008297 MARTIN, ARIANA 12/25/1968 XD64969X R2028439
DIAGNOSIS CODES: 250.63 401.9 493.11

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218960	1	T1019		11/26/12	11/26/12	16.00	67.52

REPORT DATE 12/05/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012120504080867RRSUP

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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	
218960	2	T1019		11/28/12	11/28/12	16.00	67.52	
218960	3	T1019		11/30/12	11/30/12	16.00	67.52	
						CLAIM TOTAL	202.56	CLAIM ACCOUNT REF. 2189600012008297SUP

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	
218953	1	T1019		11/23/12	11/23/12	16.00	67.52	
218953	2	T1019		11/26/12	11/26/12	28.00	118.16	
218953	3	T1019		11/27/12	11/27/12	28.00	118.16	
218953	4	T1019		11/28/12	11/28/12	28.00	118.16	
218953	5	T1019		11/29/12	11/29/12	28.00	118.16	
218953	6	T1019		11/30/12	11/30/12	28.00	118.16	
						CLAIM TOTAL	658.32	CLAIM ACCOUNT REF. 2189530012008362SUP

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	
218964	1	T1019		11/26/12	11/26/12	16.00	67.52	
218964	2	T1019		11/27/12	11/27/12	16.00	67.52	
218964	3	T1019		11/28/12	11/28/12	16.00	67.52	
218964	4	T1019		11/29/12	11/29/12	16.00	67.52	
218964	5	T1019		11/30/12	11/30/12	16.00	67.52	
						CLAIM TOTAL	337.60	CLAIM ACCOUNT REF. 2189640012008368SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218954	1	T1019		11/21/12	11/21/12	32.00	135.04	
218954	2	T1019		11/24/12	11/24/12	32.00	135.04	
218954	3	T1019		11/25/12	11/25/12	32.00	135.04	
218954	4	T1019		11/26/12	11/26/12	32.00	135.04	
218954	5	T1019		11/27/12	11/27/12	24.00	101.28	
218954	6	T1019		11/29/12	11/29/12	32.00	135.04	
218954	7	T1019		11/30/12	11/30/12	32.00	135.04	
						CLAIM TOTAL	911.52	CLAIM ACCOUNT REF. 2189540012008411SUP

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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
218956	1	T1019		11/24/12	11/24/12	28.00	118.16
218956	2	T1019		11/25/12	11/25/12	28.00	118.16
218956	3	T1019		11/26/12	11/26/12	28.00	118.16
218956	4	T1019		11/27/12	11/27/12	28.00	118.16
218956	5	T1019		11/28/12	11/28/12	28.00	118.16
218956	6	T1019		11/29/12	11/29/12	28.00	118.16
218956	7	T1019		11/30/12	11/30/12	28.00	118.16
CLAIM TOTAL							827.12
							CLAIM ACCOUNT REF. 2189560012008428SUP

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
218941	1	T1019		11/24/12	11/24/12	32.00	135.04
218941	2	T1019		11/25/12	11/25/12	32.00	135.04
218941	3	T1019		11/26/12	11/26/12	32.00	135.04
218941	4	T1019		11/27/12	11/27/12	32.00	135.04
218941	5	T1019		11/28/12	11/28/12	32.00	135.04
218941	6	T1019		11/29/12	11/29/12	32.00	135.04
218941	7	T1019		11/30/12	11/30/12	32.00	135.04
CLAIM TOTAL							945.28
							CLAIM ACCOUNT REF. 2189410012008433SUP

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
218940	1	T1019		11/24/12	11/24/12	16.00	67.52
218940	2	T1019		11/25/12	11/25/12	16.00	67.52
218940	3	T1019		11/26/12	11/26/12	16.00	67.52
218940	4	T1019		11/27/12	11/27/12	16.00	67.52
218940	5	T1019		11/28/12	11/28/12	16.00	67.52
218940	6	T1019		11/29/12	11/29/12	16.00	67.52
218940	7	T1019		11/30/12	11/30/12	16.00	67.52
CLAIM TOTAL							472.64
							CLAIM ACCOUNT REF. 2189400012008487SUP

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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 0106131202138
DIAGNOSIS CODES: 493.90 401.9 414.00 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218970	1	T1019		11/22/12	11/22/12	24.00	101.28
218970	2	T1019		11/26/12	11/26/12	48.00	202.56
218970	3	T1019		11/27/12	11/27/12	48.00	202.56
218970	4	T1019		11/28/12	11/28/12	48.00	202.56
218970	5	T1019		11/29/12	11/29/12	48.00	202.56
218970	6	T1019		11/30/12	11/30/12	48.00	202.56
CLAIM TOTAL						1,114.08	CLAIM ACCOUNT REF. 2189700012008558SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008571 2008571 ESPAILLAT, AMPARO 12/25/1949 ZG25447P R2016893
DIAGNOSIS CODES: 401.9 272.0 311. 365.9 366.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218950	1	T1019		11/24/12	11/24/12	16.00	67.52
218950	2	T1019		11/25/12	11/25/12	16.00	67.52
218950	3	T1019		11/26/12	11/26/12	24.00	101.28
218950	4	T1019		11/27/12	11/27/12	24.00	101.28
218950	5	T1019		11/28/12	11/28/12	24.00	101.28
218950	6	T1019		11/29/12	11/29/12	24.00	101.28
218950	7	T1019		11/30/12	11/30/12	24.00	101.28
CLAIM TOTAL						641.44	CLAIM ACCOUNT REF. 2189500012008571SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008380 2009001 FERRERA, FRANCISCA 06/06/1948 YH55651V 0111141101308
DIAGNOSIS CODES: 301.9 401.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218952	1	T1019		11/26/12	11/26/12	20.00	84.40
218952	2	T1019		11/28/12	11/28/12	20.00	84.40
218952	3	T1019		11/30/12	11/30/12	20.00	84.40
CLAIM TOTAL						253.20	CLAIM ACCOUNT REF. 2189520012009001SUP

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
218947	1	T1019		11/25/12	11/25/12	20.00	84.40
218947	2	T1019		11/26/12	11/26/12	20.00	84.40

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218947	3	T1019		11/27/12	11/27/12	20.00	84.40	
218947	4	T1019		11/28/12	11/28/12	20.00	84.40	
218947	5	T1019		11/29/12	11/29/12	20.00	84.40	
218947	6	T1019		11/30/12	11/30/12	20.00	84.40	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2189470012009256SUP

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	
218945	1	T1019		11/24/12	11/24/12	32.00	135.04	
218945	2	T1019		11/26/12	11/26/12	32.00	135.04	
218945	3	T1019		11/27/12	11/27/12	32.00	135.04	
218945	4	T1019		11/28/12	11/28/12	32.00	135.04	
218945	5	T1019		11/29/12	11/29/12	32.00	135.04	
218945	6	T1019		11/30/12	11/30/12	32.00	135.04	
					CLAIM TOTAL		810.24	CLAIM ACCOUNT REF. 2189450012009270SUP

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	
218948	1	T1019		11/19/12	11/19/12	24.00	101.28	
218948	2	T1019		11/20/12	11/20/12	24.00	101.28	
218948	3	T1019		11/21/12	11/21/12	24.00	101.28	
218948	4	T1019		11/23/12	11/23/12	24.00	101.28	
218948	5	T1019		11/26/12	11/26/12	24.00	101.28	
218948	6	T1019		11/27/12	11/27/12	24.00	101.28	
218948	7	T1019		11/28/12	11/28/12	24.00	101.28	
218948	8	T1019		11/29/12	11/29/12	24.00	101.28	
218948	9	T1019		11/30/12	11/30/12	24.00	101.28	
					CLAIM TOTAL		911.52	CLAIM ACCOUNT REF. 2189480012009405SUP

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
218955	1	T1019		11/26/12	11/26/12	16.00	67.52
218955	2	T1019		11/28/12	11/28/12	16.00	67.52
218955	3	T1019		11/30/12	11/30/12	16.00	67.52

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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	CLAIM ACCOUNT REF.
							202.56	2189550012009425SUP
						CLAIM TOTAL		

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	CLAIM ACCOUNT REF.
218942	1	T1019		11/24/12	11/24/12	24.00	101.28	
218942	2	T1019		11/25/12	11/25/12	20.00	84.40	
218942	3	T1019		11/27/12	11/27/12	24.00	101.28	
218942	4	T1019		11/29/12	11/29/12	24.00	101.28	
218942	5	T1019		11/30/12	11/30/12	24.00	101.28	
						CLAIM TOTAL	489.52	2189420012009560SUP

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	CLAIM ACCOUNT REF.
218972	1	T1019		11/12/12	11/12/12	32.00	135.04	
218972	2	T1019		11/13/12	11/13/12	32.00	135.04	
218972	3	T1019		11/14/12	11/14/12	32.00	135.04	
218972	4	T1019		11/15/12	11/15/12	32.00	135.04	
218972	5	T1019		11/16/12	11/16/12	32.00	135.04	
218972	6	T1019		11/26/12	11/26/12	32.00	135.04	
218972	7	T1019		11/27/12	11/27/12	32.00	135.04	
218972	8	T1019		11/28/12	11/28/12	32.00	135.04	
218972	9	T1019		11/29/12	11/29/12	32.00	135.04	
218972	10	T1019		11/30/12	11/30/12	32.00	135.04	
						CLAIM TOTAL	1,350.40	2189720012010009SUP

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
218958	1	T1019		11/24/12	11/24/12	28.00	118.16
218958	2	T1019		11/25/12	11/25/12	28.00	118.16
218958	3	T1019		11/26/12	11/26/12	28.00	118.16
218958	4	T1019		11/27/12	11/27/12	28.00	118.16
218958	5	T1019		11/28/12	11/28/12	28.00	118.16
218958	6	T1019		11/29/12	11/29/12	28.00	118.16
218958	7	T1019		11/30/12	11/30/12	28.00	118.16

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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	CLAIM ACCOUNT REF.
						CLAIM TOTAL	827.12	2189580012010311SUP

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	CLAIM ACCOUNT REF.
218971	1	T1019		11/24/12	11/24/12	20.00	84.40	
218971	2	T1019		11/25/12	11/25/12	20.00	84.40	
218971	3	T1019		11/29/12	11/29/12	20.00	84.40	
218971	4	T1019		11/30/12	11/30/12	20.00	84.40	
						CLAIM TOTAL	337.60	2189710012010758SUP

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	CLAIM ACCOUNT REF.
218957	1	T1019		11/26/12	11/26/12	32.00	135.04	
218957	2	T1019		11/27/12	11/27/12	32.00	135.04	
218957	3	T1019		11/28/12	11/28/12	32.00	135.04	
218957	4	T1019		11/29/12	11/29/12	32.00	135.04	
218957	5	T1019		11/30/12	11/30/12	32.00	135.04	
						CLAIM TOTAL	675.20	2189570012010967SUP

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	CLAIM ACCOUNT REF.
218949	1	T1019		11/02/12	11/02/12	40.00	168.80	
218949	2	T1019		11/24/12	11/24/12	40.00	168.80	
218949	3	T1019		11/25/12	11/25/12	40.00	168.80	
218949	4	T1019		11/26/12	11/26/12	40.00	168.80	
218949	5	T1019		11/27/12	11/27/12	40.00	168.80	
218949	6	T1019		11/28/12	11/28/12	40.00	168.80	
218949	7	T1019		11/29/12	11/29/12	40.00	168.80	
218949	8	T1019		11/30/12	11/30/12	40.00	168.80	
						CLAIM TOTAL	1,350.40	2189490012011058SUP

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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 2011388 2011388 PALAZZOLO, FLORENCE 10/31/1948 PD96979S R1998236
DIAGNOSIS CODES: 331.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218961	1	T1020		11/03/12	11/03/12	12.00	202.56
218961	2	T1020		11/04/12	11/04/12	12.00	202.56
218961	3	T1020		11/22/12	11/22/12	12.00	202.56
218961	4	T1020		11/24/12	11/24/12	12.00	202.56
218961	5	T1020		11/25/12	11/25/12	12.00	202.56
218961	6	T1020		11/26/12	11/26/12	12.00	202.56
218961	7	T1020		11/27/12	11/27/12	12.00	202.56
218961	8	T1020		11/28/12	11/28/12	12.00	202.56
218961	9	T1020		11/29/12	11/29/12	6.00	101.28
218961	10	T1020		11/30/12	11/30/12	12.00	202.56
CLAIM TOTAL						1,924.32	CLAIM ACCOUNT REF. 2189610012011388SUP

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
218943	1	T1019		11/26/12	11/26/12	40.00	168.80
218943	2	T1019		11/27/12	11/27/12	40.00	168.80
218943	3	T1019		11/28/12	11/28/12	40.00	168.80
218943	4	T1019		11/29/12	11/29/12	40.00	168.80
218943	5	T1019		11/30/12	11/30/12	40.00	168.80
CLAIM TOTAL						844.00	CLAIM ACCOUNT REF. 2189430012011528SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218969	1	T1019		11/12/12	11/12/12	40.00	168.80
218969	2	T1019		11/24/12	11/24/12	36.00	151.92
218969	3	T1019		11/25/12	11/25/12	36.00	151.92
218969	4	T1019		11/26/12	11/26/12	40.00	168.80
218969	5	T1019		11/27/12	11/27/12	40.00	168.80
218969	6	T1019		11/28/12	11/28/12	40.00	168.80
218969	7	T1019		11/29/12	11/29/12	40.00	168.80
218969	8	T1019		11/30/12	11/30/12	40.00	168.80
CLAIM TOTAL						1,316.64	CLAIM ACCOUNT REF. 2189690012011820SUP

REPORT DATE 12/05/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012120504080867RRSUP

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

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	197	TOTAL CLAIM AMOUNT =	23,952.72
		# SERVICES =	32		

REPORT DATE 12/05/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012120504080867RRSUP

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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
219000	1	T1019		11/24/12	11/24/12	40.00	171.60
219000	2	T1019		11/25/12	11/25/12	40.00	171.60
219000	3	T1019		11/26/12	11/26/12	40.00	171.60
219000	4	T1019		11/28/12	11/28/12	40.00	171.60
219000	5	T1019		11/29/12	11/29/12	40.00	171.60
219000	6	T1019		11/30/12	11/30/12	40.00	171.60
CLAIM TOTAL						1,029.60	CLAIM ACCOUNT REF. 2190000012008245SUP

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
219002	1	T1019		11/24/12	11/24/12	16.00	68.64
219002	2	T1019		11/25/12	11/25/12	16.00	68.64
219002	3	T1019		11/26/12	11/26/12	36.00	154.44
219002	4	T1019		11/27/12	11/27/12	36.00	154.44
219002	5	T1019		11/28/12	11/28/12	36.00	154.44
219002	6	T1019		11/29/12	11/29/12	36.00	154.44
219002	7	T1019		11/30/12	11/30/12	36.00	154.44
CLAIM TOTAL						909.48	CLAIM ACCOUNT REF. 2190020012008287SUP

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
219003	1	T1019		11/24/12	11/24/12	32.00	137.28
219003	2	T1019		11/25/12	11/25/12	32.00	137.28
219003	3	T1019		11/26/12	11/26/12	32.00	137.28
219003	4	T1019		11/27/12	11/27/12	32.00	137.28
219003	5	T1019		11/28/12	11/28/12	32.00	137.28
219003	6	T1019		11/29/12	11/29/12	32.00	137.28
219003	7	T1019		11/30/12	11/30/12	32.00	137.28
CLAIM TOTAL						960.96	CLAIM ACCOUNT REF. 2190030012008401SUP

REPORT DATE 12/05/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012120504080867RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
219001	1	T1019		11/24/12	11/24/12	48.00	205.92	
219001	2	T1019		11/25/12	11/25/12	48.00	205.92	
219001	3	T1019		11/30/12	11/30/12	48.00	205.92	
					CLAIM TOTAL	617.76		
								CLAIM ACCOUNT REF. 2190010012011881SUP

PAYER TOTALS: UNITEDHEALTHCARE # OF CLAIMS = 23 TOTAL CLAIM AMOUNT = 3,517.80
SERVICES = 4

REPORT DATE 12/05/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012120504080867RRSUP

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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
219039	1	T1019	0580	11/21/12	11/21/12	32.00	135.04
219039	2	T1019	0580	11/24/12	11/24/12	40.00	168.80
219039	3	T1019	0580	11/25/12	11/25/12	40.00	168.80
219039	4	T1019	0580	11/26/12	11/26/12	36.00	151.92
219039	5	T1019	0580	11/27/12	11/27/12	32.00	135.04
219039	6	T1019	0580	11/29/12	11/29/12	32.00	135.04
CLAIM TOTAL							894.64
CLAIM ACCOUNT REF.							2190390012008266SUP

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
219042	1	S5130	0582	11/26/12	11/26/12	16.00	67.52
219042	2	S5130	0582	11/30/12	11/30/12	16.00	67.52
CLAIM TOTAL							135.04
CLAIM ACCOUNT REF.							2190420012009279SUP

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
219038	1	T1019	0580	11/26/12	11/26/12	32.00	135.04
219038	2	T1019	0580	11/27/12	11/27/12	36.00	151.92
219038	3	T1019	0580	11/28/12	11/28/12	32.00	135.04
219038	4	T1019	0580	11/29/12	11/29/12	36.00	151.92
219038	5	T1019	0580	11/30/12	11/30/12	32.00	135.04
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2190380012009647SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
219036	1	T1019	0580	11/26/12	11/26/12	24.00	101.28
219036	2	T1019	0580	11/27/12	11/27/12	24.00	101.28
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2190360012010724SUP

REPORT DATE 12/05/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = AMRGRI AMERIGROUP NEW YORK,LLC

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010389 2010730 ESPERSON, CLAUDE 04/28/1971 006900634 103279541
DIAGNOSIS CODES: 340. 453.40

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
219037	1	T1019	0580	11/29/12	11/29/12	16.00	67.52
219037	2	T1019	0580	11/30/12	11/30/12	16.00	67.52
CLAIM TOTAL							135.04
CLAIM ACCOUNT REF.							2190370012010730SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
219040	1	T1019	0580	11/26/12	11/26/12	16.00	67.52
219040	2	T1019	0580	11/27/12	11/27/12	16.00	67.52
219040	3	T1019	0580	11/28/12	11/28/12	16.00	67.52
219040	4	T1019	0580	11/29/12	11/29/12	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2190400012010731SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011238 2011238 MICHEL, VERULIA * 09/23/1932 712951733 103212745
DIAGNOSIS CODES: 728.87 272.4 401.9 780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
219041	1	T1019	0580	11/18/12	11/18/12	4.00	16.88
219041	2	T1019	0580	11/28/12	11/28/12	24.00	101.28
219041	3	T1019	0580	11/29/12	11/29/12	24.00	101.28
219041	4	T1019	0580	11/30/12	11/30/12	20.00	84.40
CLAIM TOTAL							303.84
CLAIM ACCOUNT REF.							2190410012011238SUP

PAYER TOTALS: AMERIGROUP NEW YORK,LLC # OF CLAIMS = 25 TOTAL CLAIM AMOUNT = 2,650.16
SERVICES = 7

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NPI = 1154407492

PRIOR AUTHORIZATION #
387543

318.00	CLAIM ACCOUNT REF.	2190470012011453SUP
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PRIOR AUTHORIZATION #
401516

465.08 CLAIM ACCOUNT REF. 2190460012011870SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	10	TOTAL CLAIM AMOUNT =	783.08
		# SERVICES =	2		

REPORT DATE 12/05/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012120504080867RRSUP

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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 2012112192600003
DIAGNOSIS CODES: 230.3 153.0 401.9 733.00 V60.3
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
219043	1	T1019	0580	11/24/12	11/24/12	36.00	151.92	
219043	2	T1019	0580	11/25/12	11/25/12	36.00	151.92	
219043	3	T1019	0580	11/29/12	11/29/12	36.00	151.92	
219043	4	T1019	0580	11/30/12	11/30/12	36.00	151.92	
CLAIM TOTAL							607.68	CLAIM ACCOUNT REF. 2190430012010800SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JSV04323R01 2012112192600002
DIAGNOSIS CODES: 250.11 272.0 401.9 435.9 586.
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
219045	1	T1019	0580	11/27/12	11/27/12	16.00	67.52	
219045	2	T1019	0580	11/28/12	11/28/12	16.00	67.52	
219045	3	T1019	0580	11/29/12	11/29/12	16.00	67.52	
219045	4	T1019	0580	11/30/12	11/30/12	16.00	67.52	
CLAIM TOTAL							270.08	CLAIM ACCOUNT REF. 2190450012010804SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008228 2010805 TOWLES, ADA 12/10/1954 JZX17878Q01 2012112192600001
DIAGNOSIS CODES: 722.10 401.9 724.3 750.7 V61.9
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
219044	1	T1019	0580	11/27/12	11/27/12	16.00	67.52	
219044	2	T1019	0580	11/28/12	11/28/12	16.00	67.52	
219044	3	T1019	0580	11/29/12	11/29/12	16.00	67.52	
219044	4	T1019	0580	11/30/12	11/30/12	16.00	67.52	
CLAIM TOTAL							270.08	CLAIM ACCOUNT REF. 2190440012010805SUP

PAYER TOTALS: HEALTHCARE PARTNERS IPA I # OF CLAIMS = 12 TOTAL CLAIM AMOUNT = 1,147.84
SERVICES = 3

PROVIDER TOTALS: SUNNYSIDE CITYWIDE # OF CLAIMS = 603 TOTAL CLAIM AMOUNT = 74,277.80
SERVICES = 108