

REPORT DATE 07/18/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071805423140RRSUP

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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
202692	1	T1020		07/07/12	07/07/12	6.00	101.22
202692	2	T1020		07/09/12	07/09/12	5.00	84.35
202692	3	T1020		07/10/12	07/10/12	5.00	84.35
202692	4	T1020		07/11/12	07/11/12	5.00	84.35
202692	5	T1020		07/12/12	07/12/12	5.00	84.35
202692	6	T1020		07/13/12	07/13/12	5.00	84.35
CLAIM TOTAL						522.97	CLAIM ACCOUNT REF. 2026920012008267SUP

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
202689	1	T1020		07/07/12	07/07/12	9.00	151.83
202689	2	T1020		07/08/12	07/08/12	9.00	151.83
CLAIM TOTAL						303.66	CLAIM ACCOUNT REF. 2026890012008268SUP

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
202685	1	T1020		07/07/12	07/07/12	7.00	118.09
202685	2	T1020		07/08/12	07/08/12	7.00	118.09
202685	3	T1020		07/09/12	07/09/12	7.00	118.09
202685	4	T1020		07/10/12	07/10/12	7.00	118.09
202685	5	T1020		07/11/12	07/11/12	7.00	118.09
202685	6	T1020		07/12/12	07/12/12	7.00	118.09
202685	7	T1020		07/13/12	07/13/12	7.00	118.09
CLAIM TOTAL						826.63	CLAIM ACCOUNT REF. 2026850012008386SUP

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
202691	1	T1020		07/10/12	07/10/12	10.00	168.70
202691	2	T1020		07/11/12	07/11/12	10.00	168.70
202691	3	T1020		07/12/12	07/12/12	10.00	168.70

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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	
202691	4	T1020		07/13/12	07/13/12	10.00	168.70	
					CLAIM TOTAL		674.80	CLAIM ACCOUNT REF. 2026910012008400SUP

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	
202688	1	T1020		07/07/12	07/07/12	12.00	202.44	
202688	2	T1020		07/08/12	07/08/12	12.00	202.44	
202688	3	T1020		07/09/12	07/09/12	12.00	202.44	
202688	4	T1020		07/10/12	07/10/12	12.00	202.44	
202688	5	T1020		07/11/12	07/11/12	12.00	202.44	
202688	6	T1020		07/12/12	07/12/12	12.00	202.44	
202688	7	T1020		07/13/12	07/13/12	12.00	202.44	
					CLAIM TOTAL		1,417.08	CLAIM ACCOUNT REF. 2026880012009283SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009956	2009956	PURNELL, ROSE	02/06/1961	74207950500	120550698
DIAGNOSIS CODES: 493.00 311. 401.9 462.							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
202690	1	T1020		07/07/12	07/07/12	4.00	67.48	
202690	2	T1020		07/08/12	07/08/12	4.00	67.48	
202690	3	T1020		07/09/12	07/09/12	4.00	67.48	
202690	4	T1020		07/10/12	07/10/12	4.00	67.48	
202690	5	T1020		07/12/12	07/12/12	4.00	67.48	
202690	6	T1020		07/13/12	07/13/12	4.00	67.48	
					CLAIM TOTAL		404.88	CLAIM ACCOUNT REF. 2026900012009956SUP

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	
202686	1	T1020		07/09/12	07/09/12	6.00	101.22	
202686	2	T1020		07/10/12	07/10/12	6.00	101.22	
202686	3	T1020		07/11/12	07/11/12	6.00	101.22	
202686	4	T1020		07/12/12	07/12/12	6.00	101.22	
202686	5	T1020		07/13/12	07/13/12	3.00	50.61	
					CLAIM TOTAL		455.49	CLAIM ACCOUNT REF. 2026860012010014SUP

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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 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
202693	1	T1020		07/08/12	07/08/12	9.00	151.83
202693	2	T1020		07/09/12	07/09/12	9.00	151.83
202693	3	T1020		07/10/12	07/10/12	9.00	151.83
202693	4	T1020		07/11/12	07/11/12	9.00	151.83
202693	5	T1020		07/12/12	07/12/12	9.00	151.83
202693	6	T1020		07/13/12	07/13/12	9.00	151.83
CLAIM TOTAL						910.98	CLAIM ACCOUNT REF. 2026930012010041SUP

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
202687	1	T1020		07/09/12	07/09/12	5.00	84.35
202687	2	T1020		07/10/12	07/10/12	5.00	84.35
202687	3	T1020		07/12/12	07/12/12	5.00	84.35
202687	4	T1020		07/13/12	07/13/12	4.00	67.48
CLAIM TOTAL						320.53	CLAIM ACCOUNT REF. 2026870012010712SUP

PAYER TOTALS: FIDELIS CARE NY # OF CLAIMS = 47 TOTAL CLAIM AMOUNT = 5,837.02
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
202668	1	T1019		07/11/12	07/11/12	16.00	67.52
202668	2	T1019		07/12/12	07/12/12	16.00	67.52
202668	3	T1019		07/13/12	07/13/12	16.00	67.52
CLAIM TOTAL							202.56
							CLAIM ACCOUNT REF. 2026680012008261SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
202675	1	T1019		07/07/12	07/07/12	24.00	101.28
202675	2	T1019		07/08/12	07/08/12	24.00	101.28
202675	3	T1019		07/09/12	07/09/12	24.00	101.28
202675	4	T1019		07/10/12	07/10/12	24.00	101.28
202675	5	T1019		07/11/12	07/11/12	24.00	101.28
202675	6	T1019		07/12/12	07/12/12	24.00	101.28
202675	7	T1019		07/13/12	07/13/12	24.00	101.28
CLAIM TOTAL							708.96
							CLAIM ACCOUNT REF. 2026750012008263SUP

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
202682	1	T1019		07/07/12	07/07/12	40.00	168.80
202682	2	T1019		07/08/12	07/08/12	40.00	168.80
202682	3	T1019		07/09/12	07/09/12	40.00	168.80
202682	4	T1019		07/10/12	07/10/12	40.00	168.80
202682	5	T1019		07/11/12	07/11/12	40.00	168.80
202682	6	T1019		07/12/12	07/12/12	40.00	168.80
202682	7	T1019		07/13/12	07/13/12	40.00	168.80
CLAIM TOTAL							1,181.60
							CLAIM ACCOUNT REF. 2026820012008265SUP

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
202684	1	T1019		07/07/12	07/07/12	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	
202684	2	T1019		07/08/12	07/08/12	16.00	67.52	
202684	3	T1019		07/10/12	07/10/12	24.00	101.28	
202684	4	T1019		07/12/12	07/12/12	24.00	101.28	
202684	5	T1019		07/13/12	07/13/12	24.00	101.28	
					CLAIM TOTAL		438.88	CLAIM ACCOUNT REF. 2026840012008303SUP

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	
202664	1	T1019		07/09/12	07/09/12	24.00	101.28	
202664	2	T1019		07/10/12	07/10/12	24.00	101.28	
202664	3	T1019		07/11/12	07/11/12	24.00	101.28	
202664	4	T1019		07/12/12	07/12/12	24.00	101.28	
202664	5	T1019		07/13/12	07/13/12	24.00	101.28	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2026640012008305SUP

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	
202671	1	T1019		07/09/12	07/09/12	36.00	151.92	
202671	2	T1019		07/10/12	07/10/12	36.00	151.92	
202671	3	T1019		07/11/12	07/11/12	36.00	151.92	
202671	4	T1019		07/13/12	07/13/12	36.00	151.92	
					CLAIM TOTAL		607.68	CLAIM ACCOUNT REF. 2026710012008366SUP

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	
202665	1	T1019		07/07/12	07/07/12	28.00	118.16	
202665	2	T1019		07/08/12	07/08/12	28.00	118.16	
202665	3	T1019		07/09/12	07/09/12	32.00	135.04	
202665	4	T1019		07/10/12	07/10/12	28.00	118.16	
202665	5	T1019		07/11/12	07/11/12	28.00	118.16	
202665	6	T1019		07/12/12	07/12/12	28.00	118.16	
202665	7	T1019		07/13/12	07/13/12	28.00	118.16	
					CLAIM TOTAL		844.00	CLAIM ACCOUNT REF. 2026650012008403SUP

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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	
202681	1	T1019		07/09/12	07/09/12	32.00	135.04	
202681	2	T1019		07/10/12	07/10/12	32.00	135.04	
202681	3	T1019		07/11/12	07/11/12	32.00	135.04	
202681	4	T1019		07/12/12	07/12/12	32.00	135.04	
202681	5	T1019		07/13/12	07/13/12	32.00	135.04	
CLAIM TOTAL							675.20	CLAIM ACCOUNT REF. 2026810012008420SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008421	2008421	OCASIO, VIRGINIA	05/24/1949	10063483101	072211255340
DIAGNOSIS		CODES:	250.00 278.00 300.00 715.90				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
202677	1	T1019		07/07/12	07/07/12	8.00	33.76	
202677	2	T1019		07/09/12	07/09/12	16.00	67.52	
202677	3	T1019		07/10/12	07/10/12	16.00	67.52	
202677	4	T1019		07/11/12	07/11/12	16.00	67.52	
202677	5	T1019		07/12/12	07/12/12	16.00	67.52	
202677	6	T1019		07/13/12	07/13/12	16.00	67.52	
CLAIM TOTAL							371.36	CLAIM ACCOUNT REF. 2026770012008421SUP

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	
202676	1	T1019		07/07/12	07/07/12	24.00	101.28	
202676	2	T1019		07/09/12	07/09/12	24.00	101.28	
202676	3	T1019		07/10/12	07/10/12	24.00	101.28	
202676	4	T1019		07/11/12	07/11/12	16.00	67.52	
202676	5	T1019		07/12/12	07/12/12	24.00	101.28	
202676	6	T1019		07/13/12	07/13/12	24.00	101.28	
CLAIM TOTAL							573.92	CLAIM ACCOUNT REF. 2026760012008422SUP

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	
202683	1	T1019		07/09/12	07/09/12	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	
202683	2	T1019		07/10/12	07/10/12	16.00	67.52	
202683	3	T1019		07/12/12	07/12/12	16.00	67.52	
CLAIM TOTAL							202.56	CLAIM ACCOUNT REF. 2026830012008425SUP

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	
202669	1	T1019		07/07/12	07/07/12	40.00	168.80	
202669	2	T1019		07/08/12	07/08/12	40.00	168.80	
202669	3	T1019		07/09/12	07/09/12	40.00	168.80	
202669	4	T1019		07/10/12	07/10/12	40.00	168.80	
202669	5	T1019		07/11/12	07/11/12	40.00	168.80	
202669	6	T1019		07/12/12	07/12/12	40.00	168.80	
202669	7	T1019		07/13/12	07/13/12	40.00	168.80	
CLAIM TOTAL							1,181.60	CLAIM ACCOUNT REF. 2026690012008427SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #		
NY 001	2008531	2008531	RODRIGUEZ, MARIA	02/16/1949	10057325401	082911259802		
DIAGNOSIS	CODES:	250.00	272.4	331.0	401.9	799.89		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
202679	1	T1019		07/09/12	07/09/12	16.00	67.52	
CLAIM TOTAL							67.52	CLAIM ACCOUNT REF. 2026790012008531SUP

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	
202680	1	T1019		07/10/12	07/10/12	16.00	67.52	
202680	2	T1019		07/11/12	07/11/12	16.00	67.52	
202680	3	T1019		07/12/12	07/12/12	16.00	67.52	
202680	4	T1019		07/13/12	07/13/12	16.00	67.52	
CLAIM TOTAL							270.08	CLAIM ACCOUNT REF. 2026800012008531SUP

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
202674	1	T1019		07/09/12	07/09/12	28.00	118.16

REPORT DATE 07/18/12 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	
202674	2	T1019		07/10/12	07/10/12	28.00	118.16	
202674	3	T1019		07/11/12	07/11/12	28.00	118.16	
202674	4	T1019		07/12/12	07/12/12	28.00	118.16	
202674	5	T1019		07/13/12	07/13/12	28.00	118.16	
					CLAIM TOTAL	590.80		CLAIM ACCOUNT REF. 2026740012008742SUP

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	
202667	1	T1019		07/09/12	07/09/12	16.00	67.52	
202667	2	T1019		07/10/12	07/10/12	24.00	101.28	
202667	3	T1019		07/11/12	07/11/12	24.00	101.28	
202667	4	T1019		07/12/12	07/12/12	24.00	101.28	
202667	5	T1019		07/13/12	07/13/12	24.00	101.28	
					CLAIM TOTAL	472.64		CLAIM ACCOUNT REF. 2026670012008802SUP

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	
202672	1	T1019		07/09/12	07/09/12	28.00	118.16	
202672	2	T1019		07/10/12	07/10/12	28.00	118.16	
202672	3	T1019		07/11/12	07/11/12	28.00	118.16	
202672	4	T1019		07/12/12	07/12/12	28.00	118.16	
202672	5	T1019		07/13/12	07/13/12	32.00	135.04	
					CLAIM TOTAL	607.68		CLAIM ACCOUNT REF. 2026720012009221SUP

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	
202673	1	T1019		07/07/12	07/07/12	48.00	202.56	
202673	2	T1019		07/08/12	07/08/12	48.00	202.56	
202673	3	T1019		07/09/12	07/09/12	48.00	202.56	
202673	4	T1019		07/10/12	07/10/12	48.00	202.56	
202673	5	T1019		07/11/12	07/11/12	48.00	202.56	
202673	6	T1019		07/12/12	07/12/12	48.00	202.56	
202673	7	T1019		07/13/12	07/13/12	48.00	202.56	
					CLAIM TOTAL	1,417.92		CLAIM ACCOUNT REF. 2026730012009356SUP

REPORT DATE 07/18/12 SUNNYSIDE CITYWIDE
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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 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
202662	1	T1019		07/08/12	07/08/12	32.00	135.04
202662	2	T1019		07/09/12	07/09/12	32.00	135.04
202662	3	T1019		07/10/12	07/10/12	32.00	135.04
202662	4	T1019		07/11/12	07/11/12	32.00	135.04
202662	5	T1019		07/12/12	07/12/12	32.00	135.04
202662	6	T1019		07/13/12	07/13/12	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2026620012010143SUP

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
202678	1	T1019		07/09/12	07/09/12	20.00	84.40
202678	2	T1019		07/10/12	07/10/12	20.00	84.40
202678	3	T1019		07/11/12	07/11/12	20.00	84.40
202678	4	T1019		07/12/12	07/12/12	20.00	84.40
202678	5	T1019		07/13/12	07/13/12	20.00	84.40
CLAIM TOTAL							422.00
CLAIM ACCOUNT REF.							2026780012010353SUP

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
202670	1	T1019		07/07/12	07/07/12	24.00	101.28
202670	2	T1019		07/08/12	07/08/12	24.00	101.28
202670	3	T1019		07/09/12	07/09/12	24.00	101.28
202670	4	T1019		07/11/12	07/11/12	24.00	101.28
202670	5	T1019		07/12/12	07/12/12	24.00	101.28
202670	6	T1019		07/13/12	07/13/12	28.00	118.16
CLAIM TOTAL							624.56
CLAIM ACCOUNT REF.							2026700012010639SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008505 2010726 DARWISH, NADIA 09/08/1952 10057476401 061112294691
DIAGNOSIS CODES: 799.89 311. 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
202666	1	T1019		07/09/12	07/09/12	36.00	151.92

REPORT DATE 07/18/12 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	
202666	2	T1019		07/10/12	07/10/12	36.00	151.92	
202666	3	T1019		07/11/12	07/11/12	36.00	151.92	
202666	4	T1019		07/12/12	07/12/12	36.00	151.92	
202666	5	T1019		07/13/12	07/13/12	36.00	151.92	
					CLAIM TOTAL		759.60	CLAIM ACCOUNT REF. 2026660012010726SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010671	2010878	AKHTER, SELINA	07/13/1960	10087504801	072111255205
DIAGNOSIS CODES: 093.9 253.5 272.4 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
202663	1	T1019		07/09/12	07/09/12	36.00	151.92	
202663	2	T1019		07/10/12	07/10/12	36.00	151.92	
202663	3	T1019		07/11/12	07/11/12	36.00	151.92	
202663	4	T1019		07/12/12	07/12/12	36.00	151.92	
202663	5	T1019		07/13/12	07/13/12	36.00	151.92	
					CLAIM TOTAL		759.60	CLAIM ACCOUNT REF. 2026630012010878SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	119	TOTAL CLAIM AMOUNT =	14,297.36
		# SERVICES =	22		

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NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM TOTAL	1,063.44	CLAIM ACCOUNT REF.	2027360012010800SUP
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PRIOR AUTHORIZATION #

CLAIM TOTAL	270.08	CLAIM ACCOUNT REF.	2027380012010804SUP
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PRIOR AUTHORIZATION #

CLAIM TOTAL	202.56	CLAIM ACCOUNT REF.	2027370012010805SUP
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# OF CLAIMS =	14	TOTAL CLAIM AMOUNT =	1,536.08
# SERVICES =	3		

REPORT DATE 07/18/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 13265 METROPLUS HEALTH PLAN

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008233 2008233 ARIAS, NORA 03/31/1981 RB08739R 0106151290058
DIAGNOSIS CODES: 356.9 348.2 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
202716	1	T1019		07/07/12	07/07/12	4.00	68.60
202716	2	T1019		07/08/12	07/08/12	4.00	68.60
202716	3	T1019		07/09/12	07/09/12	12.00	205.80
202716	4	T1019		07/10/12	07/10/12	12.00	205.80
202716	5	T1019		07/11/12	07/11/12	12.00	205.80
202716	6	T1019		07/12/12	07/12/12	12.00	205.80
202716	7	T1019		07/13/12	07/13/12	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2027160012008233SUP

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
202726	1	T1019		05/24/12	05/24/12	11.00	188.65
202726	2	T1019		05/31/12	05/31/12	11.00	188.65
202726	3	T1019		07/04/12	07/04/12	11.00	188.65
202726	4	T1019		07/07/12	07/07/12	8.00	137.20
202726	5	T1019		07/08/12	07/08/12	8.00	137.20
202726	6	T1019		07/10/12	07/10/12	10.00	171.50
202726	7	T1019		07/11/12	07/11/12	11.00	188.65
202726	8	T1019		07/12/12	07/12/12	11.00	188.65
202726	9	T1019		07/13/12	07/13/12	11.00	188.65
CLAIM TOTAL						1,577.80	CLAIM ACCOUNT REF. 2027260012008236SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008237 2008237 DURHAM, CYNTHIA 05/23/1960 ZB21969Z 0101041290393
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
202721	1	T1019		07/09/12	07/09/12	4.00	68.60
202721	2	T1019		07/11/12	07/11/12	4.00	68.60
202721	3	T1019		07/13/12	07/13/12	4.00	68.60
CLAIM TOTAL						205.80	CLAIM ACCOUNT REF. 2027210012008237SUP

REPORT DATE 07/18/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071805423140RRSUP

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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 2008281 2008281 PUCHUELA, MARIA 12/02/1923 SN86933H 0101271290335
DIAGNOSIS CODES: 435.9 552.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
202727	1	T1019		07/07/12	07/07/12	8.00	137.20
202727	2	T1019		07/08/12	07/08/12	8.00	137.20
202727	3	T1019		07/09/12	07/09/12	8.00	137.20
202727	4	T1019		07/10/12	07/10/12	8.00	137.20
202727	5	T1019		07/11/12	07/11/12	8.00	137.20
202727	6	T1019		07/12/12	07/12/12	8.00	137.20
202727	7	T1019		07/13/12	07/13/12	8.00	137.20
CLAIM TOTAL							960.40
							CLAIM ACCOUNT REF. 2027270012008281SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008284 2008284 ANDERSON, BETH 12/18/1947 YC43135F 0103131290194
DIAGNOSIS CODES: 340. 286.0 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
202715	1	T1019		07/09/12	07/09/12	5.00	85.75
202715	2	T1019		07/10/12	07/10/12	5.00	85.75
202715	3	T1019		07/11/12	07/11/12	5.00	85.75
202715	4	T1019		07/12/12	07/12/12	6.00	102.90
202715	5	T1019		07/13/12	07/13/12	6.00	102.90
CLAIM TOTAL							463.05
							CLAIM ACCOUNT REF. 2027150012008284SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008384 2008384 BRIGGS, LOUIS 07/03/1947 ZU46784Z 0102291290368
DIAGNOSIS CODES: 463. 135. 492.8 365.9 369.10 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
202718	1	T1019		07/07/12	07/07/12	6.00	102.90
202718	2	T1019		07/08/12	07/08/12	6.00	102.90
202718	3	T1019		07/09/12	07/09/12	6.00	102.90
202718	4	T1019		07/10/12	07/10/12	6.00	102.90
202718	5	T1019		07/11/12	07/11/12	6.00	102.90
202718	6	T1019		07/12/12	07/12/12	6.00	102.90
202718	7	T1019		07/13/12	07/13/12	6.00	102.90
CLAIM TOTAL							720.30
							CLAIM ACCOUNT REF. 2027180012008384SUP

REPORT DATE 07/18/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071805423140RRSUP

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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 2008385 2008385 MURDOCK, GERTRUDE 11/01/1917 SS71357M 0108291190057
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	
202724	1	T1019		07/09/12	07/09/12	8.00	137.20	
202724	2	T1019		07/10/12	07/10/12	8.00	137.20	
202724	3	T1019		07/11/12	07/11/12	8.00	137.20	
202724	4	T1019		07/12/12	07/12/12	8.00	137.20	
202724	5	T1019		07/13/12	07/13/12	8.00	137.20	
CLAIM TOTAL							686.00	CLAIM ACCOUNT REF. 2027240012008385SUP

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	
202717	1	T1019		07/09/12	07/09/12	5.00	85.75	
202717	2	T1019		07/11/12	07/11/12	5.00	85.75	
202717	3	T1019		07/13/12	07/13/12	5.00	85.75	
CLAIM TOTAL							257.25	CLAIM ACCOUNT REF. 2027170012008415SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008417 2008417 GALAS, TERESA 06/08/1955 ZX91437V 0112011190228
DIAGNOSIS CODES: 345.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
202723	1	T1019		07/07/12	07/07/12	5.00	85.75	
202723	2	T1019		07/08/12	07/08/12	5.00	85.75	
202723	3	T1019		07/09/12	07/09/12	5.00	85.75	
202723	4	T1019		07/10/12	07/10/12	5.00	85.75	
202723	5	T1019		07/11/12	07/11/12	5.00	85.75	
202723	6	T1019		07/12/12	07/12/12	5.00	85.75	
202723	7	T1019		07/13/12	07/13/12	5.00	85.75	
CLAIM TOTAL							600.25	CLAIM ACCOUNT REF. 2027230012008417SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008418 2008418 RYALS, CHARLES 11/03/1950 ZZ49620T 0103051290159
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	
202729	1	T1019		07/09/12	07/09/12	8.00	137.20	
202729	2	T1019		07/10/12	07/10/12	8.00	137.20	
202729	3	T1019		07/11/12	07/11/12	8.00	137.20	

REPORT DATE 07/18/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071805423140RRSUP

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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.
							411.60	2027290012008418SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008743	2008743	CORDERO, ROSENDO	08/26/1926	QM62108S	0101231290569

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.
202719	1	T1019		07/07/12	07/07/12	10.00	171.50	
202719	2	T1019		07/08/12	07/08/12	10.00	171.50	
202719	3	T1019		07/09/12	07/09/12	10.00	171.50	
202719	4	T1019		07/10/12	07/10/12	10.00	171.50	
202719	5	T1019		07/11/12	07/11/12	10.00	171.50	
202719	6	T1019		07/12/12	07/12/12	10.00	171.50	
202719	7	T1019		07/13/12	07/13/12	10.00	171.50	
						CLAIM TOTAL	1,200.50	2027190012008743SUP

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.
202720	1	T1019		07/07/12	07/07/12	19.00	325.85	
202720	2	T1019		07/08/12	07/08/12	19.00	325.85	
202720	3	T1019		07/09/12	07/09/12	19.00	325.85	
202720	4	T1019		07/10/12	07/10/12	19.00	325.85	
202720	5	T1019		07/11/12	07/11/12	19.00	325.85	
202720	6	T1019		07/12/12	07/12/12	19.00	325.85	
202720	7	T1019		07/13/12	07/13/12	19.00	325.85	
						CLAIM TOTAL	2,280.95	2027200012009137SUP

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
202730	1	T1019		06/30/12	06/30/12	6.00	102.90
202730	2	T1019		07/01/12	07/01/12	6.00	102.90
202730	3	T1019		07/07/12	07/07/12	6.00	102.90
202730	4	T1019		07/08/12	07/08/12	6.00	102.90
202730	5	T1019		07/09/12	07/09/12	6.00	102.90
202730	6	T1019		07/10/12	07/10/12	6.00	102.90
202730	7	T1019		07/11/12	07/11/12	6.00	102.90
202730	8	T1019		07/12/12	07/12/12	6.00	102.90

REPORT DATE 07/18/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071805423140RRSUP

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

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
202730	9	T1019		07/13/12	07/13/12	6.00	102.90
CLAIM TOTAL							926.10
CLAIM ACCOUNT REF.							2027300012009377SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008235	2009688	RAMPERSAID, ALISSA	08/04/1992	SZ46585R	0101131290465
DIAGNOSIS CODES: 319. 315.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
202728	1	T1019		07/07/12	07/07/12	8.00	137.20
202728	2	T1019		07/09/12	07/09/12	3.00	51.45
202728	3	T1019		07/10/12	07/10/12	3.00	51.45
202728	4	T1019		07/11/12	07/11/12	3.00	51.45
202728	5	T1019		07/12/12	07/12/12	3.00	51.45
202728	6	T1019		07/13/12	07/13/12	4.00	68.60
CLAIM TOTAL							411.60
CLAIM ACCOUNT REF.							2027280012009688SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008280	2009919	SHUMON, NUK-FNU	01/21/1981	QQ82218A	0102101290257
DIAGNOSIS CODES: 952.9 344.1 564.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
202731	1	T1019		07/07/12	07/07/12	4.00	68.60
202731	2	T1019		07/08/12	07/08/12	4.00	68.60
202731	3	T1019		07/09/12	07/09/12	4.00	68.60
202731	4	T1019		07/10/12	07/10/12	4.00	68.60
202731	5	T1019		07/11/12	07/11/12	4.00	68.60
202731	6	T1019		07/12/12	07/12/12	4.00	68.60
202731	7	T1019		07/13/12	07/13/12	4.00	68.60
CLAIM TOTAL							480.20
CLAIM ACCOUNT REF.							2027310012009919SUP

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
202732	1	T1019		07/09/12	07/09/12	8.00	137.20
202732	2	T1019		07/10/12	07/10/12	7.00	120.05
202732	3	T1019		07/11/12	07/11/12	8.00	137.20
202732	4	T1019		07/12/12	07/12/12	8.00	137.20
202732	5	T1019		07/13/12	07/13/12	8.00	137.20
CLAIM TOTAL							668.85
CLAIM ACCOUNT REF.							2027320012010213SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #
0107021290070

CLAIM ACCOUNT REF. 2027220012010860SUP

PRIOR AUTHORIZATION #
0106111290284

CLAIM ACCOUNT REF. 2027250012010886SUP

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	109	TOTAL CLAIM AMOUNT =	14,234.50
		# SERVICES =	18		

REPORT DATE 07/18/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071805423140RRSUP

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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
202735	1	T1019		07/07/12	07/07/12	36.00	154.80
202735	2	T1019		07/08/12	07/08/12	36.00	154.80
202735	3	T1019		07/09/12	07/09/12	36.00	154.80
202735	4	T1019		07/10/12	07/10/12	36.00	154.80
202735	5	T1019		07/11/12	07/11/12	36.00	154.80
202735	6	T1019		07/12/12	07/12/12	36.00	154.80
202735	7	T1019		07/13/12	07/13/12	36.00	154.80
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2027350012008286SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008495 2008495 MARTINEZ, MARIA 09/05/1958 ZV42745Q 109653828
DIAGNOSIS CODES: 250.00 244.8 295.90 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
202734	1	T1019		07/08/12	07/08/12	24.00	103.20
202734	2	T1019		07/09/12	07/09/12	24.00	103.20
202734	3	T1019		07/10/12	07/10/12	24.00	103.20
202734	4	T1019		07/11/12	07/11/12	24.00	103.20
202734	5	T1019		07/12/12	07/12/12	24.00	103.20
202734	6	T1019		07/13/12	07/13/12	24.00	103.20
CLAIM TOTAL						619.20	CLAIM ACCOUNT REF. 2027340012008495SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010404 2010404 GUERRERO, MIRTHA 09/14/1931 740496 110568543
DIAGNOSIS CODES: 253.5 401.9 733.00 750.27

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
202733	1	T1019		07/07/12	07/07/12	28.00	120.40
202733	2	T1019		07/08/12	07/08/12	28.00	120.40
202733	3	T1019		07/09/12	07/09/12	28.00	120.40
202733	4	T1019		07/10/12	07/10/12	28.00	120.40
202733	5	T1019		07/11/12	07/11/12	28.00	120.40
202733	6	T1019		07/12/12	07/12/12	28.00	120.40
202733	7	T1019		07/13/12	07/13/12	28.00	120.40
CLAIM TOTAL						842.80	CLAIM ACCOUNT REF. 2027330012010404SUP

REPORT DATE 07/18/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071805423140RRSUP

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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 07/18/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071805423140RRSUP

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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 2008273 2008471 DE JESUS, TIBURCIO 08/11/1947 XX16524S 0004980406
DIAGNOSIS CODES: 250.03 369.60 401.9 414.04 799.89 V60.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
202710	1	T1019	0580	07/07/12	07/07/12	36.00	151.92
202710	2	T1019	0580	07/08/12	07/08/12	36.00	151.92
202710	3	T1019	0580	07/09/12	07/09/12	36.00	151.92
202710	4	T1019	0580	07/10/12	07/10/12	36.00	151.92
202710	5	T1019	0580	07/11/12	07/11/12	36.00	151.92
202710	6	T1019	0580	07/12/12	07/12/12	36.00	151.92
202710	7	T1019	0580	07/13/12	07/13/12	36.00	151.92
CLAIM TOTAL							1,063.44
CLAIM ACCOUNT REF.							2027100012008471SUP

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
202711	1	T1019	0580	07/09/12	07/09/12	40.00	168.80
202711	2	T1019	0580	07/10/12	07/10/12	24.00	101.28
202711	3	T1019	0580	07/11/12	07/11/12	24.00	101.28
202711	4	T1019	0580	07/12/12	07/12/12	24.00	101.28
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2027110012008491SUP

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
202714	1	T1019	0580	07/09/12	07/09/12	16.00	67.52
202714	2	T1019	0580	07/10/12	07/10/12	16.00	67.52
202714	3	T1019	0580	07/11/12	07/11/12	16.00	67.52
202714	4	T1019	0580	07/12/12	07/12/12	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2027140012008513SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008227 2008544 ORR, LOUISE 03/04/1956 ZK40327Q 000505233
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
202712	1	T1019	0580	07/09/12	07/09/12	20.00	84.40
202712	2	T1019	0580	07/10/12	07/10/12	20.00	84.40
202712	3	T1019	0580	07/11/12	07/11/12	20.00	84.40

REPORT DATE 07/18/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071805423140RRSUP

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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
202712	4	T1019	0580	07/12/12	07/12/12	20.00	84.40
202712	5	T1019	0580	07/13/12	07/13/12	20.00	84.40
CLAIM TOTAL							422.00

CLAIM ACCOUNT REF. 2027120012008544SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008193	2008723	REYNOLDS, HARRIET	07/01/1958	SR66809C	0003855084-003

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
202705	1	T1019	0580	07/10/12	07/10/12	16.00	56.00
202705	2	T1019	0580	07/12/12	07/12/12	16.00	56.00
202705	3	T1019	0580	07/13/12	07/13/12	16.00	56.00
CLAIM TOTAL							168.00

CLAIM ACCOUNT REF. 2027050012008723SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008793	2008793	COPE, WILLIE	02/17/1928	XR98607Q	0004050353003

DIAGNOSIS CODES: 331.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
202699	1	T1019	0580	07/07/12	07/07/12	48.00	168.00
202699	2	T1019	0580	07/08/12	07/08/12	48.00	168.00
202699	3	T1019	0580	07/09/12	07/09/12	48.00	168.00
202699	4	T1019	0580	07/10/12	07/10/12	48.00	168.00
202699	5	T1019	0580	07/11/12	07/11/12	48.00	168.00
202699	6	T1019	0580	07/12/12	07/12/12	48.00	168.00
202699	7	T1019	0580	07/13/12	07/13/12	48.00	168.00
CLAIM TOTAL							1,176.00

CLAIM ACCOUNT REF. 2026990012008793SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2009237	2009237	WESTFIELD, BRENDA	01/13/1953	PT26237P	0004291129-002

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
202708	1	T1019	0580	07/07/12	07/07/12	32.00	112.00
202708	2	T1019	0580	07/08/12	07/08/12	32.00	112.00
202708	3	T1019	0580	07/09/12	07/09/12	32.00	112.00
202708	4	T1019	0580	07/10/12	07/10/12	32.00	112.00
202708	5	T1019	0580	07/11/12	07/11/12	32.00	112.00
202708	6	T1019	0580	07/12/12	07/12/12	32.00	112.00
202708	7	T1019	0580	07/13/12	07/13/12	32.00	112.00
CLAIM TOTAL							784.00

CLAIM ACCOUNT REF. 2027080012009237SUP

REPORT DATE 07/18/12 SUNNYSIDE CITYWIDE
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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 2008223 2009269 SHAH, HANSIKABEN 09/28/1948 UR74418G 0005080096
DIAGNOSIS CODES: 296.20 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
202713	1	T1019	0580	07/13/12	07/13/12	20.00	84.40
CLAIM TOTAL							84.40

CLAIM ACCOUNT REF. 2027130012009269SUP

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
202704	1	T1019	0580	07/07/12	07/07/12	48.00	168.00
202704	2	T1019	0580	07/08/12	07/08/12	48.00	168.00
202704	3	T1019	0580	07/09/12	07/09/12	48.00	168.00
202704	4	T1019	0580	07/10/12	07/10/12	48.00	168.00
202704	5	T1019	0580	07/11/12	07/11/12	48.00	168.00
202704	6	T1019	0580	07/12/12	07/12/12	48.00	168.00
202704	7	T1019	0580	07/13/12	07/13/12	48.00	168.00
CLAIM TOTAL							1,176.00

CLAIM ACCOUNT REF. 2027040012009467SUP

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
202709	1	T1019	0580	07/11/12	07/11/12	32.00	135.04
202709	2	T1019	0580	07/12/12	07/12/12	32.00	135.04
CLAIM TOTAL							270.08

CLAIM ACCOUNT REF. 2027090012009562SUP

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
202701	1	T1019	0580	07/10/12	07/10/12	16.00	56.00
202701	2	T1019	0580	07/11/12	07/11/12	16.00	56.00
202701	3	T1019	0580	07/12/12	07/12/12	16.00	56.00
202701	4	T1019	0580	07/13/12	07/13/12	16.00	56.00
CLAIM TOTAL							224.00

CLAIM ACCOUNT REF. 2027010012009686SUP

REPORT DATE 07/18/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071805423140RRSUP

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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 2009945 2009945 JACKSON, FRANCES 03/12/1934 12030545001 0004676295-001
DIAGNOSIS CODES: 332.0 250.00 401.9 722.10 785.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
202703	1	T1019	0580	07/09/12	07/09/12	28.00	98.00
202703	2	T1019	0580	07/10/12	07/10/12	28.00	98.00
202703	3	T1019	0580	07/11/12	07/11/12	28.00	98.00
202703	4	T1019	0580	07/12/12	07/12/12	28.00	98.00
202703	5	T1019	0580	07/13/12	07/13/12	28.00	98.00
CLAIM TOTAL							490.00

CLAIM ACCOUNT REF. 2027030012009945SUP

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
202698	1	T1019	0580	07/06/12	07/06/12	16.00	56.00
202698	2	T1019	0580	07/09/12	07/09/12	20.00	70.00
202698	3	T1019	0580	07/10/12	07/10/12	24.00	84.00
202698	4	T1019	0580	07/11/12	07/11/12	20.00	70.00
202698	5	T1019	0580	07/13/12	07/13/12	16.00	56.00
CLAIM TOTAL							336.00

CLAIM ACCOUNT REF. 2026980012010293SUP

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
202706	1	T1019	0580	07/09/12	07/09/12	48.00	168.00
202706	2	T1019	0580	07/10/12	07/10/12	47.00	164.50
CLAIM TOTAL							332.50

CLAIM ACCOUNT REF. 2027060012010316SUP

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
202707	1	T1019	0580	07/11/12	07/11/12	48.00	168.00
202707	2	T1019	0580	07/13/12	07/13/12	48.00	168.00
CLAIM TOTAL							336.00

CLAIM ACCOUNT REF. 2027070012010316SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2027020012010522SUP

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2027000012010754SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	77	TOTAL CLAIM AMOUNT =	8,483.64
		# SERVICES =	16		

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NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2027460012010958SUP

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

REPORT DATE 07/18/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071805423140RRSUP

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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 R1817676
DIAGNOSIS CODES: 314.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
202650	1	T1019		06/30/12	06/30/12	12.00	50.64	
202650	2	T1019		07/01/12	07/01/12	12.00	50.64	
202650	3	T1019		07/02/12	07/02/12	12.00	50.64	
202650	4	T1019		07/03/12	07/03/12	12.00	50.64	
202650	5	T1019		07/04/12	07/04/12	12.00	50.64	
202650	6	T1019		07/05/12	07/05/12	12.00	50.64	
202650	7	T1019		07/06/12	07/06/12	12.00	50.64	
202650	8	T1019		07/07/12	07/07/12	12.00	50.64	
202650	9	T1019		07/08/12	07/08/12	12.00	50.64	
202650	10	T1019		07/09/12	07/09/12	12.00	50.64	
202650	11	T1019		07/10/12	07/10/12	12.00	50.64	
202650	12	T1019		07/11/12	07/11/12	12.00	50.64	
202650	13	T1019		07/12/12	07/12/12	12.00	50.64	
202650	14	T1019		07/13/12	07/13/12	12.00	50.64	
CLAIM TOTAL							708.96	CLAIM ACCOUNT REF. 2026500012008246SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008248 2008248 RIVERA, EDDIE 01/29/1960 YP34893V R1860318
DIAGNOSIS CODES: 339.02 367.1 369.10

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
202651	1	T1019		07/02/12	07/02/12	12.00	50.64	
202651	2	T1019		07/04/12	07/04/12	12.00	50.64	
202651	3	T1019		07/06/12	07/06/12	12.00	50.64	
202651	4	T1019		07/09/12	07/09/12	12.00	50.64	
202651	5	T1019		07/11/12	07/11/12	12.00	50.64	
202651	6	T1019		07/13/12	07/13/12	12.00	50.64	
CLAIM TOTAL							303.84	CLAIM ACCOUNT REF. 2026510012008248SUP

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	
202654	1	T1019		07/07/12	07/07/12	32.00	135.04	
202654	2	T1019		07/08/12	07/08/12	32.00	135.04	
202654	3	T1019		07/09/12	07/09/12	32.00	135.04	
202654	4	T1019		07/10/12	07/10/12	32.00	135.04	
202654	5	T1019		07/11/12	07/11/12	32.00	135.04	

REPORT DATE 07/18/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071805423140RRSUP

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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	
202654	6	T1019		07/12/12	07/12/12	32.00	135.04	
202654	7	T1019		07/13/12	07/13/12	32.00	135.04	
CLAIM TOTAL							945.28	CLAIM ACCOUNT REF. 2026540012008250SUP

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	
202634	1	T1019		07/09/12	07/09/12	32.00	135.04	
202634	2	T1019		07/10/12	07/10/12	32.00	135.04	
202634	3	T1019		07/11/12	07/11/12	32.00	135.04	
202634	4	T1019		07/12/12	07/12/12	32.00	135.04	
202634	5	T1019		07/13/12	07/13/12	32.00	135.04	
CLAIM TOTAL							675.20	CLAIM ACCOUNT REF. 2026340012008251SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008253 2008253 MACARENA, SAHARA 09/12/1965 VT07830U 0106151202389
DIAGNOSIS CODES: 359.0 719.45

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
202648	1	T1019		07/07/12	07/07/12	48.00	202.56	
202648	2	T1019		07/09/12	07/09/12	48.00	202.56	
202648	3	T1019		07/10/12	07/10/12	48.00	202.56	
202648	4	T1019		07/11/12	07/11/12	48.00	202.56	
202648	5	T1019		07/12/12	07/12/12	48.00	202.56	
202648	6	T1019		07/13/12	07/13/12	48.00	202.56	
CLAIM TOTAL							1,215.36	CLAIM ACCOUNT REF. 2026480012008253SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008254 2008254 SPIVEY, PATRICIA 04/06/1965 WE52435B R1802635
DIAGNOSIS CODES: 250.00 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
202656	1	T1019		07/09/12	07/09/12	20.00	84.40	
202656	2	T1019		07/10/12	07/10/12	20.00	84.40	
202656	3	T1019		07/11/12	07/11/12	20.00	84.40	
202656	4	T1019		07/12/12	07/12/12	20.00	84.40	
202656	5	T1019		07/13/12	07/13/12	20.00	84.40	
CLAIM TOTAL							422.00	CLAIM ACCOUNT REF. 2026560012008254SUP

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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 R1839723
DIAGNOSIS CODES: 294.8 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
202632	1	T1019		07/09/12	07/09/12	32.00	135.04
202632	2	T1019		07/10/12	07/10/12	32.00	135.04
202632	3	T1019		07/11/12	07/11/12	32.00	135.04
202632	4	T1019		07/12/12	07/12/12	32.00	135.04
202632	5	T1019		07/13/12	07/13/12	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2026320012008256SUP

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
202638	1	T1019		07/07/12	07/07/12	24.00	101.28
202638	2	T1019		07/08/12	07/08/12	24.00	101.28
202638	3	T1019		07/09/12	07/09/12	24.00	101.28
202638	4	T1019		07/10/12	07/10/12	24.00	101.28
202638	5	T1019		07/11/12	07/11/12	24.00	101.28
202638	6	T1019		07/12/12	07/12/12	24.00	101.28
202638	7	T1019		07/13/12	07/13/12	24.00	101.28
CLAIM TOTAL							708.96

CLAIM ACCOUNT REF. 2026380012008257SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008258 2008258 RUIZ JR, SAMUEL 11/20/1971 ZA59624E R1867838
DIAGNOSIS CODES: 741.90 331.4 552.21

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
202653	1	T1019		07/09/12	07/09/12	12.00	50.64
202653	2	T1019		07/10/12	07/10/12	12.00	50.64
202653	3	T1019		07/11/12	07/11/12	12.00	50.64
202653	4	T1019		07/12/12	07/12/12	16.00	67.52
202653	5	T1019		07/13/12	07/13/12	16.00	67.52
CLAIM TOTAL							286.96

CLAIM ACCOUNT REF. 2026530012008258SUP

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
202655	1	T1019		07/09/12	07/09/12	32.00	135.04

REPORT DATE 07/18/12 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	
202655	2	T1019		07/10/12	07/10/12	32.00	135.04	
202655	3	T1019		07/11/12	07/11/12	32.00	135.04	
202655	4	T1019		07/12/12	07/12/12	32.00	135.04	
202655	5	T1019		07/13/12	07/13/12	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2026550012008290SUP

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	
202649	1	T1019		07/09/12	07/09/12	16.00	67.52	
202649	2	T1019		07/11/12	07/11/12	16.00	67.52	
202649	3	T1019		07/13/12	07/13/12	16.00	67.52	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2026490012008297SUP

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	
202641	1	T1019		07/03/12	07/03/12	28.00	118.16	
202641	2	T1019		07/07/12	07/07/12	28.00	118.16	
202641	3	T1019		07/08/12	07/08/12	28.00	118.16	
202641	4	T1019		07/09/12	07/09/12	28.00	118.16	
202641	5	T1019		07/10/12	07/10/12	28.00	118.16	
202641	6	T1019		07/11/12	07/11/12	28.00	118.16	
202641	7	T1019		07/13/12	07/13/12	28.00	118.16	
					CLAIM TOTAL		827.12	CLAIM ACCOUNT REF. 2026410012008362SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008368	2008368	RODRIGUEZ, MARGARET	06/25/1950	ZP21043J	0112291101368
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	
202652	1	T1019		07/09/12	07/09/12	16.00	67.52	
202652	2	T1019		07/10/12	07/10/12	16.00	67.52	
202652	3	T1019		07/11/12	07/11/12	16.00	67.52	
202652	4	T1019		07/12/12	07/12/12	16.00	67.52	
202652	5	T1019		07/13/12	07/13/12	16.00	67.52	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2026520012008368SUP

REPORT DATE 07/18/12 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 2008405 2008405 ST ROMAINE, 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
202657	1	T1019		07/07/12	07/07/12	36.00	151.92
202657	2	T1019		07/08/12	07/08/12	36.00	151.92
202657	3	T1019		07/09/12	07/09/12	40.00	168.80
202657	4	T1019		07/10/12	07/10/12	40.00	168.80
202657	5	T1019		07/11/12	07/11/12	40.00	168.80
202657	6	T1019		07/12/12	07/12/12	40.00	168.80
202657	7	T1019		07/13/12	07/13/12	40.00	168.80
CLAIM TOTAL						1,147.84	CLAIM ACCOUNT REF. 2026570012008405SUP

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
202642	1	T1019		07/07/12	07/07/12	32.00	135.04
202642	2	T1019		07/08/12	07/08/12	32.00	135.04
202642	3	T1019		07/09/12	07/09/12	32.00	135.04
202642	4	T1019		07/10/12	07/10/12	32.00	135.04
202642	5	T1019		07/11/12	07/11/12	32.00	135.04
202642	6	T1019		07/12/12	07/12/12	32.00	135.04
202642	7	T1019		07/13/12	07/13/12	32.00	135.04
CLAIM TOTAL						945.28	CLAIM ACCOUNT REF. 2026420012008411SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008428 2008428 KAUR, HARBANS 02/03/1937 VB22061J R1804436
DIAGNOSIS CODES: 401.9 272.4 332.1 453.42

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
202646	1	T1019		07/07/12	07/07/12	28.00	118.16
202646	2	T1019		07/08/12	07/08/12	28.00	118.16
202646	3	T1019		07/09/12	07/09/12	28.00	118.16
202646	4	T1019		07/10/12	07/10/12	28.00	118.16
202646	5	T1019		07/11/12	07/11/12	28.00	118.16
202646	6	T1019		07/12/12	07/12/12	28.00	118.16
202646	7	T1019		07/13/12	07/13/12	28.00	118.16
CLAIM TOTAL						827.12	CLAIM ACCOUNT REF. 2026460012008428SUP

REPORT DATE 07/18/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071805423140RRSUP

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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 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
202630	1	T1019		07/07/12	07/07/12	32.00	135.04
202630	2	T1019		07/08/12	07/08/12	32.00	135.04
202630	3	T1019		07/09/12	07/09/12	32.00	135.04
202630	4	T1019		07/10/12	07/10/12	32.00	135.04
202630	5	T1019		07/11/12	07/11/12	32.00	135.04
202630	6	T1019		07/12/12	07/12/12	32.00	135.04
202630	7	T1019		07/13/12	07/13/12	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2026300012008433SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z 0111011101457
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
202628	1	T1019		07/07/12	07/07/12	16.00	67.52
202628	2	T1019		07/08/12	07/08/12	8.00	33.76
CLAIM TOTAL							101.28
CLAIM ACCOUNT REF.							2026280012008487SUP

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
202629	1	T1019		07/09/12	07/09/12	16.00	67.52
202629	2	T1019		07/10/12	07/10/12	16.00	67.52
202629	3	T1019		07/11/12	07/11/12	16.00	67.52
202629	4	T1019		07/12/12	07/12/12	16.00	67.52
202629	5	T1019		07/13/12	07/13/12	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2026290012008487SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008558 2008558 SURIEL, GERTRUDIS 03/17/1950 ZE67447D R1901123
DIAGNOSIS CODES: 493.90 401.9 414.00 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
202658	1	T1019		07/07/12	07/07/12	16.00	67.52
202658	2	T1019		07/08/12	07/08/12	16.00	67.52
202658	3	T1019		07/09/12	07/09/12	16.00	67.52
202658	4	T1019		07/10/12	07/10/12	16.00	67.52

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071805423140RRSUP

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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	
202658	5	T1019		07/11/12	07/11/12	16.00	67.52	
202658	6	T1019		07/12/12	07/12/12	16.00	67.52	
						CLAIM TOTAL	405.12	CLAIM ACCOUNT REF. 2026580012008558SUP

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	
202637	1	T1019		07/07/12	07/07/12	16.00	67.52	
202637	2	T1019		07/08/12	07/08/12	16.00	67.52	
202637	3	T1019		07/09/12	07/09/12	16.00	67.52	
202637	4	T1019		07/10/12	07/10/12	36.00	151.92	
202637	5	T1019		07/11/12	07/11/12	16.00	67.52	
202637	6	T1019		07/12/12	07/12/12	16.00	67.52	
202637	7	T1019		07/13/12	07/13/12	16.00	67.52	
						CLAIM TOTAL	557.04	CLAIM ACCOUNT REF. 2026370012008571SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008998	2008998	WILLIAMS, RODNEY	06/19/1960	TS36386P	R1865486
DIAGNOSIS	CODES:	253.5	750.7	897.1		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
202661	1	T1019		07/09/12	07/09/12	24.00	101.28	
202661	2	T1019		07/10/12	07/10/12	24.00	101.28	
202661	3	T1019		07/11/12	07/11/12	24.00	101.28	
202661	4	T1019		07/13/12	07/13/12	24.00	101.28	
						CLAIM TOTAL	405.12	CLAIM ACCOUNT REF. 2026610012008998SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008437	2009000	FERGERSON, TINA	08/11/1959	ZZ11460M	R1901742
DIAGNOSIS	CODES:	135.	401.9	493.00	715.00	721.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
202639	1	T1019		07/09/12	07/09/12	16.00	67.52	
202639	2	T1019		07/10/12	07/10/12	16.00	67.52	
202639	3	T1019		07/11/12	07/11/12	16.00	67.52	
						CLAIM TOTAL	202.56	CLAIM ACCOUNT REF. 2026390012009000SUP

REPORT DATE 07/18/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071805423140RRSUP

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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 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
202640	1	T1019		07/09/12	07/09/12	12.00	50.64
202640	2	T1019		07/10/12	07/10/12	12.00	50.64
202640	3	T1019		07/11/12	07/11/12	12.00	50.64
202640	4	T1019		07/12/12	07/12/12	12.00	50.64
202640	5	T1019		07/13/12	07/13/12	12.00	50.64
CLAIM TOTAL							253.20

CLAIM ACCOUNT REF. 2026400012009001SUP

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
202635	1	T1019		07/08/12	07/08/12	20.00	84.40
202635	2	T1019		07/09/12	07/09/12	20.00	84.40
202635	3	T1019		07/10/12	07/10/12	20.00	84.40
202635	4	T1019		07/11/12	07/11/12	20.00	84.40
202635	5	T1019		07/12/12	07/12/12	20.00	84.40
202635	6	T1019		07/13/12	07/13/12	20.00	84.40
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2026350012009256SUP

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
202633	1	T1019		07/07/12	07/07/12	32.00	135.04
202633	2	T1019		07/09/12	07/09/12	32.00	135.04
202633	3	T1019		07/10/12	07/10/12	32.00	135.04
202633	4	T1019		07/11/12	07/11/12	32.00	135.04
202633	5	T1019		07/12/12	07/12/12	32.00	135.04
202633	6	T1019		07/13/12	07/13/12	32.00	135.04
CLAIM TOTAL							810.24

CLAIM ACCOUNT REF. 2026330012009270SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009322 2009322 HENRY, BRENDA 04/13/1954 ZE02356F R1892336
DIAGNOSIS CODES: 253.5 401.9 429.9 447.6 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
202644	1	T1019		07/09/12	07/09/12	16.00	67.52

REPORT DATE 07/18/12 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	
202644	2	T1019		07/11/12	07/11/12	16.00	67.52	
202644	3	T1019		07/13/12	07/13/12	16.00	67.52	
						CLAIM TOTAL	202.56	CLAIM ACCOUNT REF. 2026440012009322SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009405 2009405 CORTES DE GALINDO, NEL 05/25/1925 PF03624B R1797023
DIAGNOSIS CODES: 401.9 537.9 648.12

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
202636	1	T1019		07/09/12	07/09/12	24.00	101.28	
202636	2	T1019		07/10/12	07/10/12	24.00	101.28	
202636	3	T1019		07/11/12	07/11/12	24.00	101.28	
202636	4	T1019		07/12/12	07/12/12	24.00	101.28	
202636	5	T1019		07/13/12	07/13/12	24.00	101.28	
						CLAIM TOTAL	506.40	CLAIM ACCOUNT REF. 2026360012009405SUP

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	
202643	1	T1019		07/09/12	07/09/12	16.00	67.52	
202643	2	T1019		07/11/12	07/11/12	16.00	67.52	
202643	3	T1019		07/13/12	07/13/12	16.00	67.52	
						CLAIM TOTAL	202.56	CLAIM ACCOUNT REF. 2026430012009425SUP

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	
202631	1	T1019		07/07/12	07/07/12	24.00	101.28	
202631	2	T1019		07/08/12	07/08/12	24.00	101.28	
202631	3	T1019		07/09/12	07/09/12	24.00	101.28	
202631	4	T1019		07/10/12	07/10/12	24.00	101.28	
202631	5	T1019		07/11/12	07/11/12	24.00	101.28	
202631	6	T1019		07/12/12	07/12/12	24.00	101.28	
202631	7	T1019		07/13/12	07/13/12	24.00	101.28	
						CLAIM TOTAL	708.96	CLAIM ACCOUNT REF. 2026310012009560SUP

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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 2009657 2009657 HERRING, CHARLEN 10/27/1949 ZE93972Y R1837001
DIAGNOSIS CODES: 493.91 250.00 401.9 462. 780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
202645	1	T1019		07/09/12	07/09/12	16.00	67.52	
202645	2	T1019		07/11/12	07/11/12	16.00	67.52	
CLAIM TOTAL							135.04	CLAIM ACCOUNT REF. 2026450012009657SUP

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	
202660	1	T1019		07/09/12	07/09/12	32.00	135.04	
202660	2	T1019		07/10/12	07/10/12	32.00	135.04	
202660	3	T1019		07/11/12	07/11/12	32.00	135.04	
202660	4	T1019		07/12/12	07/12/12	32.00	135.04	
CLAIM TOTAL							540.16	CLAIM ACCOUNT REF. 2026600012010009SUP

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	
202647	1	T1020		07/07/12	07/07/12	7.00	118.16	
202647	2	T1020		07/08/12	07/08/12	7.00	118.16	
202647	3	T1020		07/09/12	07/09/12	7.00	118.16	
202647	4	T1020		07/10/12	07/10/12	7.00	118.16	
202647	5	T1020		07/11/12	07/11/12	7.00	118.16	
202647	6	T1020		07/12/12	07/12/12	7.00	118.16	
202647	7	T1020		07/13/12	07/13/12	7.00	118.16	
CLAIM TOTAL							827.12	CLAIM ACCOUNT REF. 2026470012010311SUP

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	
202659	1	T1019		07/07/12	07/07/12	20.00	84.40	
202659	2	T1019		07/08/12	07/08/12	20.00	84.40	
202659	3	T1019		07/12/12	07/12/12	20.00	84.40	
202659	4	T1019		07/13/12	07/13/12	20.00	84.40	
CLAIM TOTAL							337.60	CLAIM ACCOUNT REF. 2026590012010758SUP

REPORT DATE 07/18/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	187	TOTAL CLAIM AMOUNT =	18,888.72
		# SERVICES =	33		

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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 607641299
DIAGNOSIS CODES: 250.00 428.0 724.00 724.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
202694	1	T1019		07/07/12	07/07/12	40.00	171.60
202694	2	T1019		07/08/12	07/08/12	40.00	171.60
202694	3	T1019		07/09/12	07/09/12	40.00	171.60
202694	4	T1019		07/10/12	07/10/12	40.00	171.60
202694	5	T1019		07/11/12	07/11/12	40.00	171.60
202694	6	T1019		07/12/12	07/12/12	40.00	171.60
202694	7	T1019		07/13/12	07/13/12	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2026940012008245SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008287 2008287 MILLAN, ARMIDA 09/13/1928 19686415 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
202695	1	T1019		07/07/12	07/07/12	16.00	68.64
202695	2	T1019		07/08/12	07/08/12	16.00	68.64
202695	3	T1019		07/09/12	07/09/12	36.00	154.44
202695	4	T1019		07/10/12	07/10/12	36.00	154.44
202695	5	T1019		07/11/12	07/11/12	20.00	85.80
202695	6	T1019		07/12/12	07/12/12	36.00	154.44
202695	7	T1019		07/13/12	07/13/12	24.00	102.96
CLAIM TOTAL						789.36	CLAIM ACCOUNT REF. 2026950012008287SUP

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
202697	1	T1019		07/07/12	07/07/12	32.00	137.28
202697	2	T1019		07/08/12	07/08/12	32.00	137.28
202697	3	T1019		07/09/12	07/09/12	32.00	137.28
202697	4	T1019		07/10/12	07/10/12	32.00	137.28
202697	5	T1019		07/11/12	07/11/12	32.00	137.28
202697	6	T1019		07/12/12	07/12/12	32.00	137.28
202697	7	T1019		07/13/12	07/13/12	32.00	137.28
CLAIM TOTAL						960.96	CLAIM ACCOUNT REF. 2026970012008401SUP

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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 2010774 2010774 PAUL, PUTUL 10/10/1956 VK16842E
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
202696	1	T1019		07/09/12	07/09/12	16.00	68.64
202696	2	T1019		07/11/12	07/11/12	16.00	68.64
202696	3	T1019		07/13/12	07/13/12	16.00	68.64
						CLAIM TOTAL	205.92
						CLAIM ACCOUNT REF.	2026960012010774SUP

PAYER TOTALS: UNITEDHEALTHCARE # OF CLAIMS = 24 TOTAL CLAIM AMOUNT = 3,157.44
SERVICES = 4

REPORT DATE 07/18/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071805423140RRSUP

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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
202742	1	T1019	0580	07/07/12	07/07/12	10.00	168.70
202742	2	T1019	0580	07/08/12	07/08/12	10.00	168.70
202742	3	T1019	0580	07/09/12	07/09/12	8.00	134.96
202742	4	T1019	0580	07/10/12	07/10/12	8.00	134.96
202742	5	T1019	0580	07/11/12	07/11/12	8.00	134.96
202742	6	T1019	0580	07/12/12	07/12/12	8.00	134.96
202742	7	T1019	0580	07/13/12	07/13/12	10.00	168.70
CLAIM TOTAL						1,045.94	CLAIM ACCOUNT REF. 2027420012008266SUP

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
202744	1	S5130	0582	07/09/12	07/09/12	16.00	67.52
202744	2	S5130	0582	07/13/12	07/13/12	16.00	67.52
CLAIM TOTAL						135.04	CLAIM ACCOUNT REF. 2027440012009279SUP

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
202741	1	T1019	0580	07/09/12	07/09/12	8.00	134.96
202741	2	T1019	0580	07/10/12	07/10/12	9.00	151.83
202741	3	T1019	0580	07/11/12	07/11/12	8.00	134.96
202741	4	T1019	0580	07/12/12	07/12/12	9.00	151.83
202741	5	T1019	0580	07/13/12	07/13/12	8.00	134.96
CLAIM TOTAL						708.54	CLAIM ACCOUNT REF. 2027410012009647SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008407 2010729 WALTERS, BYRON 05/18/2000 6600539 120450432
DIAGNOSIS CODES: 319. 493.90 742.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
202745	1	T1019	0580	07/07/12	07/07/12	5.00	84.35
202745	2	T1019	0580	07/08/12	07/08/12	5.00	84.35
202745	3	T1019	0580	07/09/12	07/09/12	3.00	50.61
202745	4	T1019	0580	07/10/12	07/10/12	3.00	50.61

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071805423140RRSUP

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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	
202745	5	T1019	0580	07/11/12	07/11/12	3.00	50.61	
202745	6	T1019	0580	07/12/12	07/12/12	3.00	50.61	
202745	7	T1019	0580	07/13/12	07/13/12	3.00	50.61	
					CLAIM TOTAL		421.75	CLAIM ACCOUNT REF. 2027450012010729SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010389 2010730 ESPERSON, CLAUDE 04/28/1971 6900634 121070468
DIAGNOSIS CODES: 340. 453.40

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
202740	1	T1019	0580	07/10/12	07/10/12	4.00	67.48	
202740	2	T1019	0580	07/12/12	07/12/12	4.00	67.48	
					CLAIM TOTAL		134.96	CLAIM ACCOUNT REF. 2027400012010730SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008365 2010731 HARDING, EDNA 05/17/1956 6274884 120800341
DIAGNOSIS CODES: 493.90 253.5 272.4 296.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
202743	1	T1019	0580	07/09/12	07/09/12	6.00	101.22	
202743	2	T1019	0580	07/10/12	07/10/12	6.00	101.22	
202743	3	T1019	0580	07/11/12	07/11/12	6.00	101.22	
202743	4	T1019	0580	07/12/12	07/12/12	6.00	101.22	
202743	5	T1019	0580	07/13/12	07/13/12	6.00	101.22	
					CLAIM TOTAL		506.10	CLAIM ACCOUNT REF. 2027430012010731SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010746 2010746 DELEON, IRIS 04/06/1983 006951830 103017266
DIAGNOSIS CODES: 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
202739	1	T1019	0580	07/02/12	07/02/12	5.00	84.35	
202739	2	T1019	0580	07/06/12	07/06/12	5.00	84.35	
202739	3	T1019	0580	07/09/12	07/09/12	5.00	84.35	
202739	4	T1019	0580	07/10/12	07/10/12	5.00	84.35	
202739	5	T1019	0580	07/11/12	07/11/12	5.00	84.35	
202739	6	T1019	0580	07/12/12	07/12/12	5.00	84.35	
					CLAIM TOTAL		506.10	CLAIM ACCOUNT REF. 2027390012010746SUP

REPORT DATE 07/18/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012071805423140RRSUP

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

PAYER TOTALS:	AMERIGROUP NEW YORK,LLC	# OF CLAIMS =	34	TOTAL CLAIM AMOUNT =	3,458.43
		# SERVICES =	7		

PROVIDER TOTALS:	SUNNYSIDE CITYWIDE	# OF CLAIMS =	636	TOTAL CLAIM AMOUNT =	73,039.39
		# SERVICES =	116		