

REPORT DATE 12/19/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012121905370684RRSUP

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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
220855	1	T1020		12/08/12	12/08/12	7.00	118.09
220855	2	T1020		12/10/12	12/10/12	7.00	118.09
220855	3	T1020		12/11/12	12/11/12	7.00	118.09
220855	4	T1020		12/12/12	12/12/12	7.00	118.09
220855	5	T1020		12/13/12	12/13/12	7.00	118.09
220855	6	T1020		12/14/12	12/14/12	7.00	118.09
CLAIM TOTAL						708.54	CLAIM ACCOUNT REF. 2208550012008267SUP

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
220853	1	T1020		12/01/12	12/01/12	9.00	151.83
220853	2	T1020		12/02/12	12/02/12	9.00	151.83
220853	3	T1020		12/08/12	12/08/12	9.00	151.83
220853	4	T1020		12/09/12	12/09/12	9.00	151.83
220853	5	T1020		12/10/12	12/10/12	9.00	151.83
220853	6	T1020		12/11/12	12/11/12	9.00	151.83
220853	7	T1020		12/12/12	12/12/12	9.00	151.83
220853	8	T1020		12/13/12	12/13/12	9.00	151.83
220853	9	T1020		12/14/12	12/14/12	9.00	151.83
CLAIM TOTAL						1,366.47	CLAIM ACCOUNT REF. 2208530012008268SUP

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
220850	1	T1020		12/08/12	12/08/12	7.00	118.09
220850	2	T1020		12/09/12	12/09/12	7.00	118.09
220850	3	T1020		12/10/12	12/10/12	7.00	118.09
220850	4	T1020		12/12/12	12/12/12	7.00	118.09
220850	5	T1020		12/13/12	12/13/12	7.00	118.09
220850	6	T1020		12/14/12	12/14/12	7.00	118.09
CLAIM TOTAL						708.54	CLAIM ACCOUNT REF. 2208500012008306SUP

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PAYER        ID = 11315                      FIDELIS CARE NY

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
220848	1	T1020		12/08/12	12/08/12	7.00	118.09	
220848	2	T1020		12/09/12	12/09/12	7.00	118.09	
220848	3	T1020		12/10/12	12/10/12	7.00	118.09	
220848	4	T1020		12/11/12	12/11/12	7.00	118.09	
220848	5	T1020		12/12/12	12/12/12	7.00	118.09	
220848	6	T1020		12/13/12	12/13/12	7.00	118.09	
220848	7	T1020		12/14/12	12/14/12	7.00	118.09	
CLAIM TOTAL							826.63	CLAIM ACCOUNT REF.    2208480012008386SUP

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	
220854	1	T1020		12/11/12	12/11/12	4.00	67.48	
220854	2	T1020		12/13/12	12/13/12	5.00	84.35	
220854	3	T1020		12/14/12	12/14/12	4.00	67.48	
CLAIM TOTAL							219.31	CLAIM ACCOUNT REF.    2208540012008400SUP

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	
220849	1	T1020		12/10/12	12/10/12	1.00	16.87	
CLAIM TOTAL							16.87	CLAIM ACCOUNT REF.    2208490012010014SUP

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	
220856	1	T1020		12/08/12	12/08/12	9.00	151.83	
220856	2	T1020		12/09/12	12/09/12	9.00	151.83	
220856	3	T1020		12/10/12	12/10/12	9.00	151.83	
220856	4	T1020		12/11/12	12/11/12	9.00	151.83	
220856	5	T1020		12/12/12	12/12/12	9.00	151.83	
220856	6	T1020		12/13/12	12/13/12	9.00	151.83	
220856	7	T1020		12/14/12	12/14/12	9.00	151.83	

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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	CLAIM ACCOUNT REF.
							1,062.81	2208560012010041SUP
							CLAIM TOTAL	

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	CLAIM ACCOUNT REF.
220852	1	T1020		12/10/12	12/10/12	5.00	84.35	
220852	2	T1020		12/11/12	12/11/12	5.00	84.35	
220852	3	T1020		12/13/12	12/13/12	5.00	84.35	
220852	4	T1020		12/14/12	12/14/12	4.00	67.48	
							CLAIM TOTAL	320.53
							CLAIM ACCOUNT REF.	2208520012010712SUP

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	CLAIM ACCOUNT REF.
220851	1	T1020		12/08/12	12/08/12	8.00	134.96	
220851	2	T1020		12/09/12	12/09/12	8.00	134.96	
220851	3	T1020		12/10/12	12/10/12	8.00	134.96	
220851	4	T1020		12/11/12	12/11/12	8.00	134.96	
220851	5	T1020		12/12/12	12/12/12	8.00	134.96	
220851	6	T1020		12/13/12	12/13/12	8.00	134.96	
220851	7	T1020		12/14/12	12/14/12	8.00	134.96	
							CLAIM TOTAL	944.72
							CLAIM ACCOUNT REF.	2208510012011495SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	50	TOTAL CLAIM AMOUNT =	6,174.42
		# 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
220833	1	T1019		12/12/12	12/12/12	16.00	67.52
220833	2	T1019		12/13/12	12/13/12	16.00	67.52
220833	3	T1019		12/14/12	12/14/12	16.00	67.52
CLAIM TOTAL						202.56	CLAIM ACCOUNT REF. 2208330012008261SUP

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
220840	1	T1019		12/08/12	12/08/12	24.00	101.28
220840	2	T1019		12/09/12	12/09/12	24.00	101.28
220840	3	T1019		12/10/12	12/10/12	24.00	101.28
220840	4	T1019		12/11/12	12/11/12	24.00	101.28
220840	5	T1019		12/12/12	12/12/12	24.00	101.28
220840	6	T1019		12/13/12	12/13/12	24.00	101.28
220840	7	T1019		12/14/12	12/14/12	24.00	101.28
CLAIM TOTAL						708.96	CLAIM ACCOUNT REF. 2208400012008263SUP

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
220845	1	T1019		11/13/12	11/13/12	16.00	67.52
220845	2	T1019		12/08/12	12/08/12	40.00	168.80
220845	3	T1019		12/09/12	12/09/12	40.00	168.80
220845	4	T1019		12/10/12	12/10/12	40.00	168.80
220845	5	T1019		12/11/12	12/11/12	40.00	168.80
220845	6	T1019		12/12/12	12/12/12	40.00	168.80
220845	7	T1019		12/13/12	12/13/12	40.00	168.80
CLAIM TOTAL						1,080.32	CLAIM ACCOUNT REF. 2208450012008265SUP

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
220847	1	T1019		12/08/12	12/08/12	16.00	67.52

REPORT DATE 12/19/12                      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
220847	2	T1019		12/09/12	12/09/12	16.00	67.52
220847	3	T1019		12/10/12	12/10/12	24.00	101.28
220847	4	T1019		12/11/12	12/11/12	24.00	101.28
220847	5	T1019		12/12/12	12/12/12	24.00	101.28
220847	6	T1019		12/13/12	12/13/12	24.00	101.28
220847	7	T1019		12/14/12	12/14/12	24.00	101.28
CLAIM TOTAL							641.44

CLAIM ACCOUNT REF.    2208470012008303SUP

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
220836	1	T1019		12/13/12	12/13/12	20.00	84.40
CLAIM TOTAL							84.40

CLAIM ACCOUNT REF.    2208360012008366SUP

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
220831	1	T1019		12/08/12	12/08/12	28.00	118.16
220831	2	T1019		12/09/12	12/09/12	28.00	118.16
220831	3	T1019		12/10/12	12/10/12	32.00	135.04
220831	4	T1019		12/11/12	12/11/12	28.00	118.16
220831	5	T1019		12/12/12	12/12/12	28.00	118.16
220831	6	T1019		12/13/12	12/13/12	28.00	118.16
220831	7	T1019		12/14/12	12/14/12	28.00	118.16
CLAIM TOTAL							844.00

CLAIM ACCOUNT REF.    2208310012008403SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008421    2008421    OCASIO, VIRGINIA                      05/24/1949    10063483101                      082012303730  
DIAGNOSIS CODES:    250.00        278.00        300.00        715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
220842	1	T1019		12/10/12	12/10/12	24.00	101.28
220842	2	T1019		12/11/12	12/11/12	24.00	101.28
220842	3	T1019		12/12/12	12/12/12	24.00	101.28
220842	4	T1019		12/13/12	12/13/12	24.00	101.28
220842	5	T1019		12/14/12	12/14/12	24.00	101.28
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF.    2208420012008421SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
220841	1	T1019		12/08/12	12/08/12	24.00	101.28
220841	2	T1019		12/10/12	12/10/12	24.00	101.28
220841	3	T1019		12/11/12	12/11/12	24.00	101.28
220841	4	T1019		12/12/12	12/12/12	24.00	101.28
220841	5	T1019		12/13/12	12/13/12	24.00	101.28
220841	6	T1019		12/14/12	12/14/12	24.00	101.28
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2208410012008422SUP

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
220846	1	T1019		12/10/12	12/10/12	16.00	67.52
220846	2	T1019		12/11/12	12/11/12	16.00	67.52
220846	3	T1019		12/13/12	12/13/12	16.00	67.52
220846	4	T1019		12/14/12	12/14/12	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2208460012008425SUP

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
220834	1	T1019		12/08/12	12/08/12	36.00	151.92
220834	2	T1019		12/09/12	12/09/12	40.00	168.80
220834	3	T1019		12/10/12	12/10/12	40.00	168.80
220834	4	T1019		12/11/12	12/11/12	40.00	168.80
220834	5	T1019		12/12/12	12/12/12	40.00	168.80
220834	6	T1019		12/13/12	12/13/12	40.00	168.80
220834	7	T1019		12/14/12	12/14/12	40.00	168.80
CLAIM TOTAL							1,164.72
CLAIM ACCOUNT REF.							2208340012008427SUP

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
220844	1	T1019		12/10/12	12/10/12	24.00	101.28

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PAYER ID = 11325                      NEIGHBORHOOD HEALTH

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
220844	2	T1019		12/11/12	12/11/12	24.00	101.28	
220844	3	T1019		12/12/12	12/12/12	24.00	101.28	
220844	4	T1019		12/13/12	12/13/12	24.00	101.28	
220844	5	T1019		12/14/12	12/14/12	24.00	101.28	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2208440012008531SUP

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	
220839	1	T1019		12/10/12	12/10/12	28.00	118.16	
220839	2	T1019		12/11/12	12/11/12	28.00	118.16	
220839	3	T1019		12/12/12	12/12/12	24.00	101.28	
220839	4	T1019		12/13/12	12/13/12	28.00	118.16	
220839	5	T1019		12/14/12	12/14/12	28.00	118.16	
					CLAIM TOTAL		573.92	CLAIM ACCOUNT REF. 2208390012008742SUP

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	
220832	1	T1019		12/10/12	12/10/12	16.00	67.52	
220832	2	T1019		12/11/12	12/11/12	24.00	101.28	
220832	3	T1019		12/12/12	12/12/12	24.00	101.28	
220832	4	T1019		12/13/12	12/13/12	24.00	101.28	
220832	5	T1019		12/14/12	12/14/12	24.00	101.28	
					CLAIM TOTAL		472.64	CLAIM ACCOUNT REF. 2208320012008802SUP

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	
220837	1	T1019		12/13/12	12/13/12	24.00	101.28	
					CLAIM TOTAL		101.28	CLAIM ACCOUNT REF. 2208370012009221SUP

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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 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
220838	1	T1019		12/08/12	12/08/12	24.00	101.28
220838	2	T1019		12/09/12	12/09/12	48.00	202.56
220838	3	T1019		12/10/12	12/10/12	48.00	202.56
220838	4	T1019		12/11/12	12/11/12	48.00	202.56
220838	5	T1019		12/12/12	12/12/12	48.00	202.56
220838	6	T1019		12/14/12	12/14/12	48.00	202.56
CLAIM TOTAL						1,114.08	CLAIM ACCOUNT REF. 2208380012009356SUP

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
220829	1	T1019		12/08/12	12/08/12	32.00	135.04
220829	2	T1019		12/09/12	12/09/12	32.00	135.04
220829	3	T1019		12/10/12	12/10/12	32.00	135.04
220829	4	T1019		12/11/12	12/11/12	32.00	135.04
220829	5	T1019		12/12/12	12/12/12	32.00	135.04
220829	6	T1019		12/13/12	12/13/12	32.00	135.04
220829	7	T1019		12/14/12	12/14/12	32.00	135.04
CLAIM TOTAL						945.28	CLAIM ACCOUNT REF. 2208290012010143SUP

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
220843	1	T1019		12/10/12	12/10/12	20.00	84.40
220843	2	T1019		12/11/12	12/11/12	20.00	84.40
220843	3	T1019		12/12/12	12/12/12	20.00	84.40
220843	4	T1019		12/13/12	12/13/12	20.00	84.40
220843	5	T1019		12/14/12	12/14/12	20.00	84.40
CLAIM TOTAL						422.00	CLAIM ACCOUNT REF. 2208430012010353SUP



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NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010639	2010639	HAMPTON, PRISCILLA	07/21/1952	10094572501	060112293626

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
220835	1	T1019		12/08/12	12/08/12	24.00	101.28
220835	2	T1019		12/09/12	12/09/12	24.00	101.28
220835	3	T1019		12/10/12	12/10/12	24.00	101.28
220835	4	T1019		12/11/12	12/11/12	28.00	118.16
220835	5	T1019		12/12/12	12/12/12	24.00	101.28
220835	6	T1019		12/13/12	12/13/12	28.00	118.16
220835	7	T1019		12/14/12	12/14/12	28.00	118.16
						CLAIM TOTAL	759.60
						CLAIM ACCOUNT REF.	2208350012010639SUP

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	
220830	1	T1019		12/10/12	12/10/12	36.00	151.92	
220830	2	T1019		12/11/12	12/11/12	36.00	151.92	
220830	3	T1019		12/12/12	12/12/12	36.00	151.92	
220830	4	T1019		12/13/12	12/13/12	36.00	151.92	
220830	5	T1019		12/14/12	12/14/12	36.00	151.92	
					CLAIM TOTAL		759.60	CLAIM ACCOUNT REF. 2208300012010878SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	100	TOTAL CLAIM AMOUNT =	11,765.36
		# SERVICES =	19		

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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
220878	1	T1019		12/08/12	12/08/12	4.00	68.60
220878	2	T1019		12/09/12	12/09/12	4.00	68.60
220878	3	T1019		12/10/12	12/10/12	12.00	205.80
220878	4	T1019		12/11/12	12/11/12	12.00	205.80
220878	5	T1019		12/12/12	12/12/12	12.00	205.80
220878	6	T1019		12/13/12	12/13/12	12.00	205.80
220878	7	T1019		12/14/12	12/14/12	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2208780012008233SUP

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
220888	1	T1019		12/05/12	12/05/12	11.00	188.65
220888	2	T1019		12/08/12	12/08/12	8.00	137.20
220888	3	T1019		12/09/12	12/09/12	8.00	137.20
220888	4	T1019		12/10/12	12/10/12	11.00	188.65
220888	5	T1019		12/11/12	12/11/12	11.00	188.65
220888	6	T1019		12/12/12	12/12/12	11.00	188.65
CLAIM TOTAL						1,029.00	CLAIM ACCOUNT REF. 2208880012008236SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008236 2008236 PERSAD, USHA 07/05/1955 TS79090G 0111301290246  
DIAGNOSIS CODES: 250.10 272.0 401.9 225.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
220889	1	T1019		12/13/12	12/13/12	11.00	188.65
220889	2	T1019		12/14/12	12/14/12	11.00	188.65
CLAIM TOTAL						377.30	CLAIM ACCOUNT REF. 2208890012008236SUP

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
220884	1	T1019		12/10/12	12/10/12	4.00	68.60
220884	2	T1019		12/11/12	12/11/12	4.00	68.60
220884	3	T1019		12/12/12	12/12/12	4.00	68.60

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PAYER ID = 13265                      METROPLUS HEALTH PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
220884	4	T1019		12/13/12	12/13/12	4.00	68.60	
220884	5	T1019		12/14/12	12/14/12	4.00	68.60	
CLAIM TOTAL							343.00	CLAIM ACCOUNT REF. 2208840012008237SUP

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	
220877	1	T1019		12/04/12	12/04/12	5.00	85.75	
220877	2	T1019		12/06/12	12/06/12	4.00	68.60	
220877	3	T1019		12/08/12	12/08/12	3.00	51.45	
220877	4	T1019		12/09/12	12/09/12	3.00	51.45	
220877	5	T1019		12/10/12	12/10/12	5.00	85.75	
220877	6	T1019		12/11/12	12/11/12	5.00	85.75	
220877	7	T1019		12/12/12	12/12/12	5.00	85.75	
220877	8	T1019		12/13/12	12/13/12	4.00	68.60	
220877	9	T1019		12/14/12	12/14/12	5.00	85.75	
CLAIM TOTAL							668.85	CLAIM ACCOUNT REF. 2208770012008284SUP

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	
220886	1	T1019		12/07/12	12/07/12	8.00	137.20	
220886	2	T1019		12/10/12	12/10/12	8.00	137.20	
220886	3	T1019		12/11/12	12/11/12	8.00	137.20	
220886	4	T1019		12/12/12	12/12/12	8.00	137.20	
220886	5	T1019		12/13/12	12/13/12	8.00	137.20	
220886	6	T1019		12/14/12	12/14/12	8.00	137.20	
CLAIM TOTAL							823.20	CLAIM ACCOUNT REF. 2208860012008385SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
220879	1	T1019		12/05/12	12/05/12	1.00	17.15	
CLAIM TOTAL							17.15	CLAIM ACCOUNT REF. 2208790012008415SUP

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PAYER ID = 13265                      METROPLUS HEALTH PLAN

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
220885	1	T1019		12/08/12	12/08/12	5.00	85.75
220885	2	T1019		12/09/12	12/09/12	5.00	85.75
220885	3	T1019		12/10/12	12/10/12	5.00	85.75
220885	4	T1019		12/11/12	12/11/12	5.00	85.75
220885	5	T1019		12/12/12	12/12/12	5.00	85.75
220885	6	T1019		12/13/12	12/13/12	5.00	85.75
220885	7	T1019		12/14/12	12/14/12	5.00	85.75
CLAIM TOTAL							600.25
							CLAIM ACCOUNT REF. 2208850012008417SUP

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
220891	1	T1019		12/10/12	12/10/12	8.00	137.20
220891	2	T1019		12/11/12	12/11/12	8.00	137.20
220891	3	T1019		12/12/12	12/12/12	8.00	137.20
220891	4	T1019		12/13/12	12/13/12	8.00	137.20
220891	5	T1019		12/14/12	12/14/12	8.00	137.20
CLAIM TOTAL							686.00
							CLAIM ACCOUNT REF. 2208910012008418SUP

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
220880	1	T1019		12/08/12	12/08/12	10.00	171.50
220880	2	T1019		12/09/12	12/09/12	10.00	171.50
220880	3	T1019		12/10/12	12/10/12	10.00	171.50
220880	4	T1019		12/11/12	12/11/12	10.00	171.50
220880	5	T1019		12/12/12	12/12/12	10.00	171.50
220880	6	T1019		12/13/12	12/13/12	10.00	171.50
220880	7	T1019		12/14/12	12/14/12	10.00	171.50
CLAIM TOTAL							1,200.50
							CLAIM ACCOUNT REF. 2208800012008743SUP

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PAYER ID = 13265                      METROPLUS HEALTH PLAN

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	
220881	1	T1019		10/29/12	10/29/12	4.00	68.60	
220881	2	T1019		10/30/12	10/30/12	4.00	68.60	
CLAIM TOTAL							137.20	CLAIM ACCOUNT REF. 2208810012009137SUP

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	
220892	1	T1019		11/27/12	11/27/12	5.00	85.75	
220892	2	T1019		12/10/12	12/10/12	5.00	85.75	
220892	3	T1019		12/11/12	12/11/12	5.00	85.75	
220892	4	T1019		12/12/12	12/12/12	5.00	85.75	
220892	5	T1019		12/13/12	12/13/12	5.00	85.75	
220892	6	T1019		12/14/12	12/14/12	5.00	85.75	
CLAIM TOTAL							514.50	CLAIM ACCOUNT REF. 2208920012009377SUP

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	
220890	1	T1019		12/08/12	12/08/12	3.00	51.45	
220890	2	T1019		12/10/12	12/10/12	3.00	51.45	
220890	3	T1019		12/11/12	12/11/12	3.00	51.45	
220890	4	T1019		12/12/12	12/12/12	3.00	51.45	
220890	5	T1019		12/13/12	12/13/12	3.00	51.45	
220890	6	T1019		12/14/12	12/14/12	4.00	68.60	
CLAIM TOTAL							325.85	CLAIM ACCOUNT REF. 2208900012009688SUP

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	
220893	1	T1019		12/01/12	12/01/12	8.00	137.20	
220893	2	T1019		12/10/12	12/10/12	8.00	137.20	
220893	3	T1019		12/11/12	12/11/12	8.00	137.20	
220893	4	T1019		12/12/12	12/12/12	8.00	137.20	

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PAYER ID = 13265                      METROPLUS HEALTH PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
220893	5	T1019		12/13/12	12/13/12	8.00	137.20	
220893	6	T1019		12/14/12	12/14/12	8.00	137.20	
CLAIM TOTAL							823.20	CLAIM ACCOUNT REF. 2208930012010213SUP

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	
220887	1	T1019		12/10/12	12/10/12	8.00	137.20	
220887	2	T1019		12/11/12	12/11/12	8.00	137.20	
220887	3	T1019		12/12/12	12/12/12	8.00	137.20	
220887	4	T1019		12/13/12	12/13/12	8.00	137.20	
220887	5	T1019		12/14/12	12/14/12	8.00	137.20	
CLAIM TOTAL							686.00	CLAIM ACCOUNT REF. 2208870012010886SUP

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	
220882	1	T1019		10/30/12	10/30/12	24.00	411.60	
220882	2	T1019		11/24/12	11/24/12	12.00	205.80	
220882	3	T1019		12/08/12	12/08/12	24.00	411.60	
220882	4	T1019		12/09/12	12/09/12	24.00	411.60	
220882	5	T1019		12/10/12	12/10/12	24.00	411.60	
CLAIM TOTAL							1,852.20	CLAIM ACCOUNT REF. 2208820012011286SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
220883	1	T1019		12/11/12	12/11/12	24.00	411.60	
220883	2	T1019		12/12/12	12/12/12	24.00	411.60	
220883	3	T1019		12/13/12	12/13/12	24.00	411.60	
220883	4	T1019		12/14/12	12/14/12	12.00	205.80	
CLAIM TOTAL							1,440.60	CLAIM ACCOUNT REF. 2208830012011286SUP

REPORT DATE 12/19/12                      SUNNYSIDE CITYWIDE  
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PAYER       ID = 13265                      METROPLUS HEALTH PLAN

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	89	TOTAL CLAIM AMOUNT =	12,691.00
		# SERVICES =	15		

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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
220918	1	T1019		12/08/12	12/08/12	36.00	154.80
220918	2	T1019		12/09/12	12/09/12	36.00	154.80
220918	3	T1019		12/10/12	12/10/12	36.00	154.80
220918	4	T1019		12/11/12	12/11/12	36.00	154.80
220918	5	T1019		12/12/12	12/12/12	36.00	154.80
CLAIM TOTAL							774.00

CLAIM ACCOUNT REF. 2209180012008286SUP

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
220907	1	T1019		12/08/12	12/08/12	24.00	103.20
220907	2	T1019		12/09/12	12/09/12	24.00	103.20
220907	3	T1019		12/11/12	12/11/12	24.00	103.20
220907	4	T1019		12/12/12	12/12/12	24.00	103.20
220907	5	T1019		12/13/12	12/13/12	24.00	103.20
220907	6	T1019		12/14/12	12/14/12	24.00	103.20
CLAIM TOTAL							619.20

CLAIM ACCOUNT REF. 2209070012008495SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010404 2010404 GUERRERO \*, MIRTHA 09/14/1931 740496 111194903  
DIAGNOSIS CODES: 253.5 401.9 733.00 750.27

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
220900	1	T1019		12/08/12	12/08/12	28.00	120.40
220900	2	T1019		12/09/12	12/09/12	28.00	120.40
220900	3	T1019		12/10/12	12/10/12	28.00	120.40
220900	4	T1019		12/11/12	12/11/12	28.00	120.40
220900	5	T1019		12/12/12	12/12/12	28.00	120.40
220900	6	T1019		12/13/12	12/13/12	28.00	120.40
220900	7	T1019		12/14/12	12/14/12	28.00	120.40
CLAIM TOTAL							842.80

CLAIM ACCOUNT REF. 2209000012010404SUP



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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012101 2012101 BATILO, MARTA 02/23/1917 708125 111205102  
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
220894	1	T1019		12/08/12	12/08/12	28.00	120.40
220894	2	T1019		12/09/12	12/09/12	28.00	120.40
220894	3	T1019		12/10/12	12/10/12	28.00	120.40
220894	4	T1019		12/11/12	12/11/12	28.00	120.40
220894	5	T1019		12/12/12	12/12/12	28.00	120.40
220894	6	T1019		12/13/12	12/13/12	28.00	120.40
220894	7	T1019		12/14/12	12/14/12	28.00	120.40
CLAIM TOTAL							842.80
CLAIM ACCOUNT REF.							2208940012012101SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012102 2012102 BISRAM, ROOPKALIA 01/03/1938 708029 111205223  
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
220895	1	T1019		12/10/12	12/10/12	16.00	68.80
220895	2	T1019		12/11/12	12/11/12	16.00	68.80
220895	3	T1019		12/12/12	12/12/12	16.00	68.80
220895	4	T1019		12/13/12	12/13/12	16.00	68.80
220895	5	T1019		12/14/12	12/14/12	16.00	68.80
CLAIM TOTAL							344.00
CLAIM ACCOUNT REF.							2208950012012102SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012103 2012103 CABRERA, VINICIO 10/10/1949 702015 111205412  
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
220896	1	T1019		12/08/12	12/08/12	20.00	86.00
220896	2	T1019		12/09/12	12/09/12	20.00	86.00
220896	3	T1019		12/10/12	12/10/12	20.00	86.00
220896	4	T1019		12/11/12	12/11/12	20.00	86.00
220896	5	T1019		12/12/12	12/12/12	20.00	86.00
220896	6	T1019		12/13/12	12/13/12	20.00	86.00
220896	7	T1019		12/14/12	12/14/12	20.00	86.00
CLAIM TOTAL							602.00
CLAIM ACCOUNT REF.							2208960012012103SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012107 2012107 CRUZ, LUIS 06/10/1952 706307 111208204  
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
220897	1	T1019		12/08/12	12/08/12	32.00	137.60	
220897	2	T1019		12/09/12	12/09/12	32.00	137.60	
CLAIM TOTAL							275.20	CLAIM ACCOUNT REF. 2208970012012107SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012108 2012108 GODINOT, CARMEN 07/16/1939 695752 111208481  
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
220898	1	T1019		12/10/12	12/10/12	24.00	103.20	
220898	2	T1019		12/11/12	12/11/12	24.00	103.20	
220898	3	T1019		12/12/12	12/12/12	24.00	103.20	
220898	4	T1019		12/13/12	12/13/12	24.00	103.20	
220898	5	T1019		12/14/12	12/14/12	24.00	103.20	
CLAIM TOTAL							516.00	CLAIM ACCOUNT REF. 2208980012012108SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012110 2012110 GOMEZ, RANNIE 09/11/1917 698802 111208906  
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
220899	1	T1019		12/12/12	12/12/12	16.00	68.80	
220899	2	T1019		12/14/12	12/14/12	16.00	68.80	
CLAIM TOTAL							137.60	CLAIM ACCOUNT REF. 2208990012012110SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012114 2012114 GUERRERO, FIRPO A 06/13/1929 698839 111209283  
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
220901	1	T1019		12/08/12	12/08/12	48.00	206.40	
220901	2	T1019		12/09/12	12/09/12	36.00	154.80	
220901	3	T1019		12/10/12	12/10/12	36.00	154.80	
220901	4	T1019		12/11/12	12/11/12	48.00	206.40	
220901	5	T1019		12/12/12	12/12/12	36.00	154.80	
220901	6	T1019		12/13/12	12/13/12	48.00	206.40	
220901	7	T1019		12/14/12	12/14/12	36.00	154.80	
CLAIM TOTAL							1,238.40	CLAIM ACCOUNT REF. 2209010012012114SUP

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REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012115 2012115 GUERRERO, ISABEL 11/08/1935 698840 111209413  
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
220902	1	T1019		12/09/12	12/09/12	12.00	51.60
220902	2	T1019		12/10/12	12/10/12	12.00	51.60
220902	3	T1019		12/12/12	12/12/12	12.00	51.60
220902	4	T1019		12/14/12	12/14/12	12.00	51.60
CLAIM TOTAL							206.40
CLAIM ACCOUNT REF.							2209020012012115SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012116 2012116 GUERRERO, MARIA 07/09/1914 693949 111210140  
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
220903	1	T1019		12/08/12	12/08/12	32.00	137.60
220903	2	T1019		12/09/12	12/09/12	32.00	137.60
220903	3	T1019		12/10/12	12/10/12	32.00	137.60
220903	4	T1019		12/11/12	12/11/12	32.00	137.60
220903	5	T1019		12/12/12	12/12/12	32.00	137.60
220903	6	T1019		12/13/12	12/13/12	32.00	137.60
220903	7	T1019		12/14/12	12/14/12	32.00	137.60
CLAIM TOTAL							963.20
CLAIM ACCOUNT REF.							2209030012012116SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012117 2012117 HAYNES, LAMONT 08/22/1920 695748 111213173  
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
220904	1	T1019		12/08/12	12/08/12	20.00	86.00
220904	2	T1019		12/09/12	12/09/12	20.00	86.00
220904	3	T1019		12/10/12	12/10/12	16.00	68.80
220904	4	T1019		12/11/12	12/11/12	16.00	68.80
220904	5	T1019		12/12/12	12/12/12	16.00	68.80
220904	6	T1019		12/14/12	12/14/12	16.00	68.80
CLAIM TOTAL							447.20
CLAIM ACCOUNT REF.							2209040012012117SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012121 2012121 MOHAMED, DENISE 06/14/1959 691722 111211059  
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
220909	1	T1019		12/08/12	12/08/12	32.00	137.60

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PAYER ID = 14163                      WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
220909	2	T1019		12/11/12	12/11/12	32.00	137.60	
220909	3	T1019		12/12/12	12/12/12	32.00	137.60	
220909	4	T1019		12/13/12	12/13/12	32.00	137.60	
220909	5	T1019		12/14/12	12/14/12	32.00	137.60	
					CLAIM TOTAL		688.00	CLAIM ACCOUNT REF. 2209090012012121SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012122 2012122 MORALES, FRANCISCO 12/03/1935 744366 111218452  
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
220910	1	T1019		12/08/12	12/08/12	20.00	86.00	
220910	2	T1019		12/09/12	12/09/12	20.00	86.00	
220910	3	T1019		12/10/12	12/10/12	20.00	86.00	
220910	4	T1019		12/11/12	12/11/12	20.00	86.00	
220910	5	T1019		12/12/12	12/12/12	20.00	86.00	
220910	6	T1019		12/13/12	12/13/12	20.00	86.00	
220910	7	T1019		12/14/12	12/14/12	20.00	86.00	
					CLAIM TOTAL		602.00	CLAIM ACCOUNT REF. 2209100012012122SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012123 2012123 MORENO, BRUNILDA 03/19/1942 744490 111218620  
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
220911	1	T1019		12/12/12	12/12/12	20.00	86.00	
220911	2	T1019		12/13/12	12/13/12	20.00	86.00	
220911	3	T1019		12/14/12	12/14/12	20.00	86.00	
					CLAIM TOTAL		258.00	CLAIM ACCOUNT REF. 2209110012012123SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012129 2012129 MULLER, ROBERT 05/03/1934 736338 111218763  
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
220912	1	T1019		12/10/12	12/10/12	16.00	68.80	
220912	2	T1019		12/11/12	12/11/12	16.00	68.80	
220912	3	T1019		12/12/12	12/12/12	16.00	68.80	
220912	4	T1019		12/14/12	12/14/12	16.00	68.80	
					CLAIM TOTAL		275.20	CLAIM ACCOUNT REF. 2209120012012129SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012130 2012130 NAVARRO, ANTONIA 07/23/1945 710368 111219033  
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
220913	1	T1019		12/09/12	12/09/12	20.00	86.00
220913	2	T1019		12/10/12	12/10/12	20.00	86.00
220913	3	T1019		12/11/12	12/11/12	20.00	86.00
220913	4	T1019		12/12/12	12/12/12	20.00	86.00
220913	5	T1019		12/13/12	12/13/12	20.00	86.00
220913	6	T1019		12/14/12	12/14/12	20.00	86.00
CLAIM TOTAL							516.00
CLAIM ACCOUNT REF.							2209130012012130SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012131 2012131 ORTIZ, JOSE 04/19/1925 691721 111219494  
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
220915	1	T1019		12/10/12	12/10/12	16.00	68.80
220915	2	T1019		12/12/12	12/12/12	16.00	68.80
220915	3	T1019		12/14/12	12/14/12	16.00	68.80
CLAIM TOTAL							206.40
CLAIM ACCOUNT REF.							2209150012012131SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012132 2012132 ORTIZ, DOLORES 06/30/1927 744365 111228861  
DIAGNOSIS CODES: 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
220914	1	T1019		12/09/12	12/09/12	24.00	103.20
220914	2	T1019		12/10/12	12/10/12	32.00	137.60
220914	3	T1019		12/11/12	12/11/12	32.00	137.60
220914	4	T1019		12/12/12	12/12/12	32.00	137.60
220914	5	T1019		12/13/12	12/13/12	32.00	137.60
220914	6	T1019		12/14/12	12/14/12	32.00	137.60
CLAIM TOTAL							791.20
CLAIM ACCOUNT REF.							2209140012012132SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012134 2012134 SERRANO, CARMEN 09/14/1948 695740 111218213  
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
220922	1	T1019		12/10/12	12/10/12	28.00	120.40
220922	2	T1019		12/11/12	12/11/12	28.00	120.40
220922	3	T1019		12/13/12	12/13/12	28.00	120.40

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PAYER ID = 14163                      WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
220922	4	T1019		12/14/12	12/14/12	28.00	120.40
CLAIM TOTAL							481.60
CLAIM ACCOUNT REF.							2209220012012134SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012138	2012138	VENTURA, CLARA	09/17/1951	720456	111218008
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
220923	1	T1019		12/10/12	12/10/12	16.00	68.80
220923	2	T1019		12/11/12	12/11/12	16.00	68.80
220923	3	T1019		12/12/12	12/12/12	16.00	68.80
220923	4	T1019		12/13/12	12/13/12	16.00	68.80
220923	5	T1019		12/14/12	12/14/12	16.00	68.80
CLAIM TOTAL							344.00
CLAIM ACCOUNT REF.							2209230012012138SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012140	2012140	PATRICK, IMAGEENE	03/27/1930	737028	111209513
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
220916	1	T1019		12/08/12	12/08/12	32.00	137.60
220916	2	T1019		12/10/12	12/10/12	32.00	137.60
220916	3	T1019		12/11/12	12/11/12	32.00	137.60
220916	4	T1019		12/12/12	12/12/12	32.00	137.60
220916	5	T1019		12/13/12	12/13/12	32.00	137.60
220916	6	T1019		12/14/12	12/14/12	32.00	137.60
CLAIM TOTAL							825.60
CLAIM ACCOUNT REF.							2209160012012140SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012142	2012142	MEDINA, MARTHA	01/11/1944	697570	111217848
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
220908	1	T1019		12/10/12	12/10/12	12.00	51.60
220908	2	T1019		12/11/12	12/11/12	12.00	51.60
220908	3	T1019		12/12/12	12/12/12	12.00	51.60
220908	4	T1019		12/13/12	12/13/12	12.00	51.60
220908	5	T1019		12/14/12	12/14/12	12.00	51.60
CLAIM TOTAL							258.00
CLAIM ACCOUNT REF.							2209080012012142SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012144 2012144 PEREZ, JULIO 01/27/1936 709538 111222702  
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
220917	1	T1019		12/10/12	12/10/12	20.00	86.00
220917	2	T1019		12/12/12	12/12/12	20.00	86.00
220917	3	T1019		12/14/12	12/14/12	20.00	86.00
CLAIM TOTAL							258.00

CLAIM ACCOUNT REF. 2209170012012144SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012149 2012149 REGLA, MARIA F 11/21/1933 691499 111223158  
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
220919	1	T1019		12/10/12	12/10/12	32.00	137.60
220919	2	T1019		12/11/12	12/11/12	32.00	137.60
220919	3	T1019		12/12/12	12/12/12	32.00	137.60
220919	4	T1019		12/13/12	12/13/12	32.00	137.60
220919	5	T1019		12/14/12	12/14/12	32.00	137.60
CLAIM TOTAL							688.00

CLAIM ACCOUNT REF. 2209190012012149SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012153 2012153 RIVERA, ALIDA 12/25/1927 713396 111223378  
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
220920	1	T1019		12/14/12	12/14/12	16.00	68.80
CLAIM TOTAL							68.80

CLAIM ACCOUNT REF. 2209200012012153SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012154 2012154 RODRIGUEZ, FRANKLIN 12/08/2012 697529 111223936  
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
220921	1	T1019		12/08/12	12/08/12	24.00	103.20
220921	2	T1019		12/10/12	12/10/12	24.00	103.20
220921	3	T1019		12/11/12	12/11/12	24.00	103.20
220921	4	T1019		12/12/12	12/12/12	24.00	103.20
220921	5	T1019		12/13/12	12/13/12	24.00	103.20
220921	6	T1019		12/14/12	12/14/12	24.00	103.20
CLAIM TOTAL							619.20

CLAIM ACCOUNT REF. 2209210012012154SUP

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NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012158	2012158	LOPEZ, MANUEL	02/25/1926	741094	111216021

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
220905	1	T1019		12/09/12	12/09/12	48.00	206.40		
220905	2	T1019		12/10/12	12/10/12	48.00	206.40		
220905	3	T1019		12/11/12	12/11/12	48.00	206.40		
220905	4	T1019		12/12/12	12/12/12	48.00	206.40		
220905	5	T1019		12/13/12	12/13/12	48.00	206.40		
220905	6	T1019		12/14/12	12/14/12	48.00	206.40		
					CLAIM TOTAL		1,238.40	CLAIM ACCOUNT REF.	2209050012012158SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012159	2012159	LOPEZ, VITALIA	08/01/1922	691723	111216060

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
220906	1	T1019		12/10/12	12/10/12	48.00	206.40		
220906	2	T1019		12/11/12	12/11/12	48.00	206.40		
220906	3	T1019		12/12/12	12/12/12	48.00	206.40		
220906	4	T1019		12/13/12	12/13/12	48.00	206.40		
220906	5	T1019		12/14/12	12/14/12	48.00	206.40		
					CLAIM TOTAL		1,032.00	CLAIM ACCOUNT REF.	2209060012012159SUP

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	150	TOTAL CLAIM AMOUNT =	16,959.20
		# SERVICES =	30		



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PAYER ID = 55247                      HEALTH INSURANCE PLAN

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
220873	1	T1019	0580	12/10/12	12/10/12	40.00	168.80
220873	2	T1019	0580	12/12/12	12/12/12	40.00	168.80
220873	3	T1019	0580	12/13/12	12/13/12	40.00	168.80
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2208730012008491SUP

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
220876	1	T1019	0580	12/10/12	12/10/12	16.00	67.52
220876	2	T1019	0580	12/11/12	12/11/12	16.00	67.52
220876	3	T1019	0580	12/12/12	12/12/12	16.00	67.52
220876	4	T1019	0580	12/13/12	12/13/12	16.00	67.52
220876	5	T1019	0580	12/14/12	12/14/12	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2208760012008513SUP

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
220874	1	T1019	0580	12/08/12	12/08/12	20.00	84.40
220874	2	T1019	0580	12/09/12	12/09/12	20.00	84.40
220874	3	T1019	0580	12/10/12	12/10/12	20.00	84.40
220874	4	T1019	0580	12/11/12	12/11/12	20.00	84.40
220874	5	T1019	0580	12/12/12	12/12/12	20.00	84.40
220874	6	T1019	0580	12/13/12	12/13/12	20.00	84.40
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2208740012008544SUP

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
220862	1	T1019	0580	12/08/12	12/08/12	48.00	168.00
220862	2	T1019	0580	12/09/12	12/09/12	48.00	168.00
220862	3	T1019	0580	12/10/12	12/10/12	48.00	168.00
220862	4	T1019	0580	12/11/12	12/11/12	48.00	168.00

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PAYER ID = 55247                      HEALTH INSURANCE PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
220862	5	T1019	0580	12/12/12	12/12/12	48.00	168.00	
220862	6	T1019	0580	12/13/12	12/13/12	48.00	168.00	
220862	7	T1019	0580	12/14/12	12/14/12	48.00	168.00	
					CLAIM TOTAL		1,176.00	CLAIM ACCOUNT REF. 2208620012008793SUP

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	
220870	1	T1019	0580	12/08/12	12/08/12	32.00	112.00	
220870	2	T1019	0580	12/09/12	12/09/12	32.00	112.00	
220870	3	T1019	0580	12/10/12	12/10/12	32.00	112.00	
220870	4	T1019	0580	12/11/12	12/11/12	32.00	112.00	
220870	5	T1019	0580	12/12/12	12/12/12	32.00	112.00	
220870	6	T1019	0580	12/13/12	12/13/12	32.00	112.00	
220870	7	T1019	0580	12/14/12	12/14/12	32.00	112.00	
					CLAIM TOTAL		784.00	CLAIM ACCOUNT REF. 2208700012009237SUP

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	
220875	1	T1019	0580	12/14/12	12/14/12	20.00	84.40	
					CLAIM TOTAL		84.40	CLAIM ACCOUNT REF. 2208750012009269SUP

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	
220871	1	T1019	0580	11/12/12	11/12/12	16.00	67.52	
220871	2	T1019	0580	12/12/12	12/12/12	16.00	67.52	
220871	3	T1019	0580	12/13/12	12/13/12	16.00	67.52	
220871	4	T1019	0580	12/14/12	12/14/12	16.00	67.52	
					CLAIM TOTAL		270.08	CLAIM ACCOUNT REF. 2208710012009406SUP

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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
220872	1	T1019	0580	12/12/12	12/12/12	40.00	168.80
220872	2	T1019	0580	12/13/12	12/13/12	40.00	168.80
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2208720012009562SUP

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
220865	1	T1019	0580	12/10/12	12/10/12	16.00	56.00
220865	2	T1019	0580	12/11/12	12/11/12	16.00	56.00
220865	3	T1019	0580	12/12/12	12/12/12	16.00	56.00
220865	4	T1019	0580	12/13/12	12/13/12	16.00	56.00
220865	5	T1019	0580	12/14/12	12/14/12	16.00	56.00
CLAIM TOTAL							280.00

CLAIM ACCOUNT REF. 2208650012009686SUP

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
220867	1	T1019	0580	12/08/12	12/08/12	28.00	98.00
220867	2	T1019	0580	12/09/12	12/09/12	28.00	98.00
220867	3	T1019	0580	12/10/12	12/10/12	28.00	98.00
220867	4	T1019	0580	12/12/12	12/12/12	28.00	98.00
220867	5	T1019	0580	12/13/12	12/13/12	28.00	98.00
220867	6	T1019	0580	12/14/12	12/14/12	28.00	98.00
CLAIM TOTAL							588.00

CLAIM ACCOUNT REF. 2208670012009945SUP

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
220861	1	T1019	0580	12/10/12	12/10/12	20.00	70.00
220861	2	T1019	0580	12/11/12	12/11/12	24.00	84.00
220861	3	T1019	0580	12/12/12	12/12/12	20.00	70.00
220861	4	T1019	0580	12/13/12	12/13/12	20.00	70.00
220861	5	T1019	0580	12/14/12	12/14/12	20.00	70.00

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PAYER ID = 55247                              HEALTH INSURANCE PLAN

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							364.00	2208610012010293SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
220869	1	T1019	0580	12/08/12	12/08/12	48.00	168.00	
220869	2	T1019	0580	12/09/12	12/09/12	48.00	168.00	
220869	3	T1019	0580	12/10/12	12/10/12	41.00	143.50	
220869	4	T1019	0580	12/12/12	12/12/12	48.00	168.00	
220869	5	T1019	0580	12/13/12	12/13/12	48.00	168.00	
220869	6	T1019	0580	12/14/12	12/14/12	48.00	168.00	
CLAIM TOTAL							983.50	2208690012010316SUP

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	CLAIM ACCOUNT REF.
220866	1	T1019	0580	12/08/12	12/08/12	34.00	119.00	
220866	2	T1019	0580	12/09/12	12/09/12	36.00	126.00	
220866	3	T1019	0580	12/10/12	12/10/12	32.00	112.00	
220866	4	T1019	0580	12/11/12	12/11/12	32.00	112.00	
220866	5	T1019	0580	12/12/12	12/12/12	32.00	112.00	
220866	6	T1019	0580	12/13/12	12/13/12	34.00	119.00	
220866	7	T1019	0580	12/14/12	12/14/12	34.00	119.00	
CLAIM TOTAL							819.00	2208660012010991SUP

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	CLAIM ACCOUNT REF.
220863	1	G0156	0572	12/08/12	12/08/12	7.00	99.75	
220863	2	G0156	0572	12/10/12	12/10/12	7.00	99.75	
220863	3	G0156	0572	12/11/12	12/11/12	7.00	99.75	
220863	4	G0156	0572	12/12/12	12/12/12	7.00	99.75	
220863	5	G0156	0572	12/13/12	12/13/12	7.00	99.75	
220863	6	G0156	0572	12/14/12	12/14/12	7.00	99.75	
CLAIM TOTAL							598.50	2208630012011066SUP

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PRIOR AUTHORIZATION #  
0005503237

1,197.00 CLAIM ACCOUNT REF. 2208640012011526SUP

PRIOR AUTHORIZATION #  
113502051-001-0001

1,176.00 CLAIM ACCOUNT REF. 2208680012011833SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	84	TOTAL CLAIM AMOUNT =	10,008.48
		# SERVICES =	16		

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NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2209360012010958SUP

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

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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	
220819	1	T1019		12/08/12	12/08/12	12.00	50.64	
220819	2	T1019		12/09/12	12/09/12	12.00	50.64	
220819	3	T1019		12/10/12	12/10/12	12.00	50.64	
220819	4	T1019		12/11/12	12/11/12	12.00	50.64	
220819	5	T1019		12/12/12	12/12/12	12.00	50.64	
220819	6	T1019		12/13/12	12/13/12	12.00	50.64	
220819	7	T1019		12/14/12	12/14/12	12.00	50.64	
CLAIM TOTAL							354.48	CLAIM ACCOUNT REF. 2208190012008246SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008248 2008248 RIVERA, EDDIE 01/29/1960 YP34893V 0105031202381  
DIAGNOSIS CODES: 339.02 367.1 369.10

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
220820	1	T1019		12/10/12	12/10/12	12.00	50.64	
220820	2	T1019		12/11/12	12/11/12	12.00	50.64	
220820	3	T1019		12/12/12	12/12/12	12.00	50.64	
220820	4	T1019		12/13/12	12/13/12	12.00	50.64	
CLAIM TOTAL							202.56	CLAIM ACCOUNT REF. 2208200012008248SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008249 2008249 LOPEZ-RAMIREZ, CARLOTA 01/20/1936 QR43529V 0110041201764  
DIAGNOSIS CODES: 714.0 272.4 401.9 536.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
220816	1	T1019		12/08/12	12/08/12	36.00	151.92	
220816	2	T1019		12/09/12	12/09/12	44.00	185.68	
220816	3	T1019		12/10/12	12/10/12	44.00	185.68	
220816	4	T1019		12/11/12	12/11/12	44.00	185.68	
220816	5	T1019		12/12/12	12/12/12	44.00	185.68	
220816	6	T1019		12/13/12	12/13/12	44.00	185.68	
220816	7	T1019		12/14/12	12/14/12	44.00	185.68	
CLAIM TOTAL							1,266.00	CLAIM ACCOUNT REF. 2208160012008249SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
220822	1	T1019		12/08/12	12/08/12	32.00	135.04
220822	2	T1019		12/09/12	12/09/12	32.00	135.04
220822	3	T1019		12/10/12	12/10/12	32.00	135.04
220822	4	T1019		12/11/12	12/11/12	32.00	135.04
220822	5	T1019		12/12/12	12/12/12	32.00	135.04
220822	6	T1019		12/13/12	12/13/12	32.00	135.04
220822	7	T1019		12/14/12	12/14/12	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2208220012008250SUP

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
220801	1	T1019		12/10/12	12/10/12	32.00	135.04
220801	2	T1019		12/11/12	12/11/12	32.00	135.04
220801	3	T1019		12/12/12	12/12/12	32.00	135.04
220801	4	T1019		12/13/12	12/13/12	32.00	135.04
220801	5	T1019		12/14/12	12/14/12	32.00	135.04
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2208010012008251SUP

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
220817	1	T1019		12/08/12	12/08/12	48.00	202.56
220817	2	T1019		12/09/12	12/09/12	48.00	202.56
220817	3	T1019		12/10/12	12/10/12	48.00	202.56
220817	4	T1019		12/11/12	12/11/12	48.00	202.56
220817	5	T1019		12/12/12	12/12/12	48.00	202.56
220817	6	T1019		12/13/12	12/13/12	48.00	202.56
220817	7	T1019		12/14/12	12/14/12	48.00	202.56
CLAIM TOTAL							1,417.92
CLAIM ACCOUNT REF.							2208170012008253SUP



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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008254 2008254 SPIVEY, PATRICIA 04/06/1965 WE52435B R2061243  
DIAGNOSIS CODES: 250.00 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
220824	1	T1019		12/10/12	12/10/12	20.00	84.40
220824	2	T1019		12/11/12	12/11/12	20.00	84.40
220824	3	T1019		12/12/12	12/12/12	20.00	84.40
220824	4	T1019		12/14/12	12/14/12	20.00	84.40
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2208240012008254SUP

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
220799	1	T1019		12/10/12	12/10/12	32.00	135.04
220799	2	T1019		12/11/12	12/11/12	32.00	135.04
220799	3	T1019		12/12/12	12/12/12	32.00	135.04
220799	4	T1019		12/13/12	12/13/12	32.00	135.04
220799	5	T1019		12/14/12	12/14/12	32.00	135.04
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2207990012008256SUP

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
220806	1	T1019		12/09/12	12/09/12	24.00	101.28
220806	2	T1019		12/10/12	12/10/12	24.00	101.28
220806	3	T1019		12/11/12	12/11/12	24.00	101.28
220806	4	T1019		12/12/12	12/12/12	24.00	101.28
220806	5	T1019		12/13/12	12/13/12	24.00	101.28
220806	6	T1019		12/14/12	12/14/12	24.00	101.28
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2208060012008257SUP

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
220823	1	T1019		12/10/12	12/10/12	32.00	135.04
220823	2	T1019		12/11/12	12/11/12	32.00	135.04
220823	3	T1019		12/12/12	12/12/12	32.00	135.04

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
220823	4	T1019		12/13/12	12/13/12	32.00	135.04
220823	5	T1019		12/14/12	12/14/12	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2208230012008290SUP

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
220808	1	T1019		12/08/12	12/08/12	28.00	118.16
220808	2	T1019		12/09/12	12/09/12	28.00	118.16
220808	3	T1019		12/10/12	12/10/12	28.00	118.16
220808	4	T1019		12/11/12	12/11/12	28.00	118.16
220808	5	T1019		12/12/12	12/12/12	28.00	118.16
220808	6	T1019		12/13/12	12/13/12	12.00	50.64
220808	7	T1019		12/14/12	12/14/12	28.00	118.16
CLAIM TOTAL							759.60

CLAIM ACCOUNT REF. 2208080012008362SUP

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
220821	1	T1019		12/10/12	12/10/12	16.00	67.52
220821	2	T1019		12/11/12	12/11/12	16.00	67.52
220821	3	T1019		12/12/12	12/12/12	16.00	67.52
220821	4	T1019		12/13/12	12/13/12	16.00	67.52
220821	5	T1019		12/14/12	12/14/12	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2208210012008368SUP

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
220809	1	T1019		11/17/12	11/17/12	32.00	135.04
220809	2	T1019		12/08/12	12/08/12	32.00	135.04
220809	3	T1019		12/10/12	12/10/12	32.00	135.04
220809	4	T1019		12/11/12	12/11/12	32.00	135.04
220809	5	T1019		12/12/12	12/12/12	32.00	135.04
220809	6	T1019		12/13/12	12/13/12	32.00	135.04
220809	7	T1019		12/14/12	12/14/12	32.00	135.04
CLAIM TOTAL							945.28

CLAIM ACCOUNT REF. 2208090012008411SUP

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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
220813	1	T1019		12/08/12	12/08/12	28.00	118.16
220813	2	T1019		12/09/12	12/09/12	28.00	118.16
220813	3	T1019		12/10/12	12/10/12	28.00	118.16
220813	4	T1019		12/11/12	12/11/12	28.00	118.16
220813	5	T1019		12/12/12	12/12/12	28.00	118.16
220813	6	T1019		12/13/12	12/13/12	28.00	118.16
220813	7	T1019		12/14/12	12/14/12	28.00	118.16
CLAIM TOTAL							827.12
CLAIM ACCOUNT REF.							2208130012008428SUP

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
220795	1	T1019		12/08/12	12/08/12	32.00	135.04
220795	2	T1019		12/09/12	12/09/12	32.00	135.04
220795	3	T1019		12/10/12	12/10/12	32.00	135.04
220795	4	T1019		12/11/12	12/11/12	32.00	135.04
220795	5	T1019		12/12/12	12/12/12	32.00	135.04
220795	6	T1019		12/13/12	12/13/12	32.00	135.04
220795	7	T1019		12/14/12	12/14/12	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2207950012008433SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z 0106151201337  
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
220794	1	T1019		12/08/12	12/08/12	16.00	67.52
220794	2	T1019		12/09/12	12/09/12	16.00	67.52
220794	3	T1019		12/10/12	12/10/12	16.00	67.52
220794	4	T1019		12/11/12	12/11/12	16.00	67.52
220794	5	T1019		12/12/12	12/12/12	16.00	67.52
220794	6	T1019		12/13/12	12/13/12	16.00	67.52
220794	7	T1019		12/14/12	12/14/12	16.00	67.52
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2207940012008487SUP

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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 R1901123  
DIAGNOSIS CODES: 493.90 401.9 414.00 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
220826	1	T1019		12/08/12	12/08/12	48.00	202.56
220826	2	T1019		12/09/12	12/09/12	48.00	202.56
220826	3	T1019		12/10/12	12/10/12	24.00	101.28
220826	4	T1019		12/11/12	12/11/12	48.00	202.56
220826	5	T1019		12/12/12	12/12/12	48.00	202.56
220826	6	T1019		12/13/12	12/13/12	48.00	202.56
220826	7	T1019		12/14/12	12/14/12	48.00	202.56
CLAIM TOTAL						1,316.64	CLAIM ACCOUNT REF. 2208260012008558SUP

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
220805	1	T1019		12/08/12	12/08/12	16.00	67.52
220805	2	T1019		12/09/12	12/09/12	16.00	67.52
220805	3	T1019		12/10/12	12/10/12	24.00	101.28
220805	4	T1019		12/11/12	12/11/12	24.00	101.28
220805	5	T1019		12/12/12	12/12/12	24.00	101.28
220805	6	T1019		12/13/12	12/13/12	24.00	101.28
220805	7	T1019		12/14/12	12/14/12	24.00	101.28
CLAIM TOTAL						641.44	CLAIM ACCOUNT REF. 2208050012008571SUP

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
220807	1	T1019		12/03/12	12/03/12	20.00	84.40
CLAIM TOTAL						84.40	CLAIM ACCOUNT REF. 2208070012009001SUP

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
220802	1	T1019		10/31/12	10/31/12	20.00	84.40
220802	2	T1019		11/01/12	11/01/12	20.00	84.40
220802	3	T1019		12/09/12	12/09/12	20.00	84.40

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							253.20	2208020012009256SUP
						CLAIM TOTAL		

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	CLAIM ACCOUNT REF.
220800	1	T1019		12/08/12	12/08/12	32.00	135.04	
220800	2	T1019		12/10/12	12/10/12	32.00	135.04	
220800	3	T1019		12/11/12	12/11/12	32.00	135.04	
220800	4	T1019		12/12/12	12/12/12	32.00	135.04	
220800	5	T1019		12/13/12	12/13/12	32.00	135.04	
220800	6	T1019		12/14/12	12/14/12	32.00	135.04	
						CLAIM TOTAL	810.24	2208000012009270SUP

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	CLAIM ACCOUNT REF.
220812	1	T1019		10/26/12	10/26/12	16.00	67.52	
220812	2	T1019		12/14/12	12/14/12	16.00	67.52	
						CLAIM TOTAL	135.04	2208120012009322SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009405	2009405	CORTES DE GALINDO, NEL	05/25/1925	PF03624B	R2063747
DIAGNOSIS CODES: 401.9 537.9 648.12							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
220803	1	T1019		12/10/12	12/10/12	24.00	101.28	
220803	2	T1019		12/11/12	12/11/12	24.00	101.28	
220803	3	T1019		12/12/12	12/12/12	24.00	101.28	
220803	4	T1019		12/13/12	12/13/12	24.00	101.28	
220803	5	T1019		12/14/12	12/14/12	24.00	101.28	
						CLAIM TOTAL	506.40	2208030012009405SUP

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
220810	1	T1019		12/10/12	12/10/12	16.00	67.52
220810	2	T1019		12/12/12	12/12/12	16.00	67.52

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
220810	3	T1019		12/14/12	12/14/12	16.00	67.52
							202.56
CLAIM TOTAL							2208100012009425SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
220796	1	T1019		11/28/12	11/28/12	24.00	101.28
							101.28
CLAIM TOTAL							2207960012009560SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009560	2009560	BOCHENEC, JOLANTA	07/08/1964	ZT71147Q	R2066168
DIAGNOSIS CODES: 854.00 272.4 300.00 307.42 781.0							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
220797	1	T1019		12/08/12	12/08/12	24.00	101.28
220797	2	T1019		12/09/12	12/09/12	24.00	101.28
220797	3	T1019		12/10/12	12/10/12	24.00	101.28
220797	4	T1019		12/11/12	12/11/12	24.00	101.28
220797	5	T1019		12/12/12	12/12/12	24.00	101.28
220797	6	T1019		12/13/12	12/13/12	24.00	101.28
220797	7	T1019		12/14/12	12/14/12	24.00	101.28
							708.96
CLAIM TOTAL							2207970012009560SUP

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
220828	1	T1019		12/10/12	12/10/12	32.00	135.04
220828	2	T1019		12/11/12	12/11/12	32.00	135.04
220828	3	T1019		12/12/12	12/12/12	32.00	135.04
220828	4	T1019		12/13/12	12/13/12	32.00	135.04
220828	5	T1019		12/14/12	12/14/12	32.00	135.04
							675.20
CLAIM TOTAL							2208280012010009SUP

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
220815	1	T1019		12/09/12	12/09/12	28.00	118.16

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
220815	2	T1019		12/10/12	12/10/12	28.00	118.16
220815	3	T1019		12/11/12	12/11/12	28.00	118.16
220815	4	T1019		12/12/12	12/12/12	28.00	118.16
220815	5	T1019		12/13/12	12/13/12	28.00	118.16
220815	6	T1019		12/14/12	12/14/12	28.00	118.16
CLAIM TOTAL							708.96

CLAIM ACCOUNT REF. 2208150012010311SUP

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
220827	1	T1019		12/08/12	12/08/12	20.00	84.40
220827	2	T1019		12/09/12	12/09/12	20.00	84.40
220827	3	T1019		12/13/12	12/13/12	20.00	84.40
220827	4	T1019		12/14/12	12/14/12	20.00	84.40
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2208270012010758SUP

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
220814	1	T1019		12/08/12	12/08/12	32.00	135.04
220814	2	T1019		12/10/12	12/10/12	32.00	135.04
220814	3	T1019		12/11/12	12/11/12	32.00	135.04
220814	4	T1019		12/12/12	12/12/12	32.00	135.04
220814	5	T1019		12/13/12	12/13/12	32.00	135.04
220814	6	T1019		12/14/12	12/14/12	32.00	135.04
CLAIM TOTAL							810.24

CLAIM ACCOUNT REF. 2208140012010967SUP

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
220804	1	T1019		12/08/12	12/08/12	40.00	168.80
220804	2	T1019		12/09/12	12/09/12	40.00	168.80
220804	3	T1019		12/10/12	12/10/12	40.00	168.80
220804	4	T1019		12/11/12	12/11/12	40.00	168.80
220804	5	T1019		12/12/12	12/12/12	40.00	168.80
220804	6	T1019		12/13/12	12/13/12	40.00	168.80
220804	7	T1019		12/14/12	12/14/12	40.00	168.80

REPORT DATE 12/19/12                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	1,181.60	2208040012011058SUP

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	CLAIM ACCOUNT REF.
220818	1	T1020		12/03/12	12/03/12	12.00	202.56	
220818	2	T1020		12/08/12	12/08/12	12.00	202.56	
220818	3	T1020		12/09/12	12/09/12	12.00	202.56	
220818	4	T1020		12/10/12	12/10/12	12.00	202.56	
220818	5	T1020		12/11/12	12/11/12	12.00	202.56	
220818	6	T1020		12/12/12	12/12/12	12.00	202.56	
						CLAIM TOTAL	1,215.36	2208180012011388SUP

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	CLAIM ACCOUNT REF.
220798	1	T1019		12/10/12	12/10/12	40.00	168.80	
220798	2	T1019		12/11/12	12/11/12	40.00	168.80	
220798	3	T1019		12/12/12	12/12/12	40.00	168.80	
220798	4	T1019		12/13/12	12/13/12	40.00	168.80	
220798	5	T1019		12/14/12	12/14/12	40.00	168.80	
						CLAIM TOTAL	844.00	2207980012011528SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011635	2011635	GARCIA, LEONARDO	03/22/2000	2011635	
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
220811	1	T1019		11/18/12	11/18/12	32.00	135.04	
						CLAIM TOTAL	135.04	2208110012011635SUP

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
220825	1	T1019		11/08/12	11/08/12	40.00	168.80
220825	2	T1019		11/10/12	11/10/12	36.00	151.92
220825	3	T1019		11/11/12	11/11/12	36.00	151.92



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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	
220825	4	T1019		11/15/12	11/15/12	40.00	168.80	
220825	5	T1019		11/21/12	11/21/12	40.00	168.80	
220825	6	T1019		12/08/12	12/08/12	36.00	151.92	
220825	7	T1019		12/09/12	12/09/12	36.00	151.92	
220825	8	T1019		12/10/12	12/10/12	40.00	168.80	
220825	9	T1019		12/11/12	12/11/12	40.00	168.80	
220825	10	T1019		12/12/12	12/12/12	40.00	168.80	
220825	11	T1019		12/13/12	12/13/12	40.00	168.80	
220825	12	T1019		12/14/12	12/14/12	40.00	168.80	
				CLAIM TOTAL		1,958.08		CLAIM ACCOUNT REF.    2208250012011820SUP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	191	TOTAL CLAIM AMOUNT =	24,070.88
		# SERVICES =	34		

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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
220857	1	T1019		12/08/12	12/08/12	40.00	171.60
220857	2	T1019		12/09/12	12/09/12	40.00	171.60
220857	3	T1019		12/10/12	12/10/12	40.00	171.60
220857	4	T1019		12/11/12	12/11/12	40.00	171.60
220857	5	T1019		12/12/12	12/12/12	40.00	171.60
220857	6	T1019		12/13/12	12/13/12	40.00	171.60
220857	7	T1019		12/14/12	12/14/12	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2208570012008245SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008287 2008287 MILLAN, ARMIDA 09/13/1928 100063356 609358474  
DIAGNOSIS CODES: 250.00 272.4 311. 356.9 365.9 401.9 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
220859	1	T1019		12/08/12	12/08/12	16.00	68.64
220859	2	T1019		12/09/12	12/09/12	16.00	68.64
220859	3	T1019		12/10/12	12/10/12	36.00	154.44
220859	4	T1019		12/11/12	12/11/12	36.00	154.44
220859	5	T1019		12/12/12	12/12/12	36.00	154.44
220859	6	T1019		12/13/12	12/13/12	36.00	154.44
220859	7	T1019		12/14/12	12/14/12	36.00	154.44
CLAIM TOTAL						909.48	CLAIM ACCOUNT REF. 2208590012008287SUP

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
220860	1	T1019		11/19/12	11/19/12	32.00	137.28
220860	2	T1019		12/01/12	12/01/12	32.00	137.28
220860	3	T1019		12/02/12	12/02/12	32.00	137.28
220860	4	T1019		12/03/12	12/03/12	32.00	137.28
220860	5	T1019		12/04/12	12/04/12	32.00	137.28
220860	6	T1019		12/05/12	12/05/12	32.00	137.28
220860	7	T1019		12/06/12	12/06/12	32.00	137.28
220860	8	T1019		12/07/12	12/07/12	32.00	137.28
220860	9	T1019		12/08/12	12/08/12	32.00	137.28
220860	10	T1019		12/09/12	12/09/12	32.00	137.28
220860	11	T1019		12/10/12	12/10/12	32.00	137.28

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NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT			
220860	12	T1019		12/11/12	12/11/12	32.00	137.28			
220860	13	T1019		12/12/12	12/12/12	32.00	137.28			
220860	14	T1019		12/13/12	12/13/12	32.00	137.28			
220860	15	T1019		12/14/12	12/14/12	32.00	137.28			
					CLAIM TOTAL		2,059.20	CLAIM ACCOUNT REF.	2208600012008401SUP	

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		
220858	1	T1019		12/01/12	12/01/12	48.00	205.92		
220858	2	T1019		12/02/12	12/02/12	48.00	205.92		
220858	3	T1019		12/04/12	12/04/12	48.00	205.92		
220858	4	T1019		12/05/12	12/05/12	48.00	205.92		
220858	5	T1019		12/06/12	12/06/12	48.00	205.92		
220858	6	T1019		12/07/12	12/07/12	48.00	205.92		
220858	7	T1019		12/08/12	12/08/12	48.00	205.92		
220858	8	T1019		12/09/12	12/09/12	48.00	205.92		
220858	9	T1019		12/10/12	12/10/12	48.00	205.92		
220858	10	T1019		12/11/12	12/11/12	48.00	205.92		
220858	11	T1019		12/12/12	12/12/12	48.00	205.92		
220858	12	T1019		12/13/12	12/13/12	48.00	205.92		
220858	13	T1019		12/14/12	12/14/12	48.00	205.92		
					CLAIM TOTAL	2,676.96		CLAIM ACCOUNT REF.	2208580012011881SUP

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	42	TOTAL CLAIM AMOUNT =	6,846.84
		# SERVICES =	4		

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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
220926	1	T1019	0580	12/08/12	12/08/12	40.00	168.80
220926	2	T1019	0580	12/09/12	12/09/12	40.00	168.80
220926	3	T1019	0580	12/10/12	12/10/12	36.00	151.92
220926	4	T1019	0580	12/11/12	12/11/12	32.00	135.04
220926	5	T1019	0580	12/12/12	12/12/12	36.00	151.92
220926	6	T1019	0580	12/13/12	12/13/12	32.00	135.04
CLAIM TOTAL							911.52
CLAIM ACCOUNT REF.							2209260012008266SUP

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
220928	1	S5130	0582	12/10/12	12/10/12	16.00	67.52
CLAIM TOTAL							67.52
CLAIM ACCOUNT REF.							2209280012009279SUP

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
220925	1	T1019	0580	12/10/12	12/10/12	32.00	135.04
220925	2	T1019	0580	12/11/12	12/11/12	36.00	151.92
220925	3	T1019	0580	12/12/12	12/12/12	32.00	135.04
220925	4	T1019	0580	12/13/12	12/13/12	36.00	151.92
220925	5	T1019	0580	12/14/12	12/14/12	32.00	135.04
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2209250012009647SUP

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
220924	1	T1019	0580	12/04/12	12/04/12	4.00	16.88
220924	2	T1019	0580	12/05/12	12/05/12	20.00	84.40
220924	3	T1019	0580	12/10/12	12/10/12	20.00	84.40
220924	4	T1019	0580	12/12/12	12/12/12	24.00	101.28
CLAIM TOTAL							286.96
CLAIM ACCOUNT REF.							2209240012010724SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
220930	1	T1019	0580	12/08/12	12/08/12	16.00	67.52
220930	2	T1019	0580	12/09/12	12/09/12	16.00	67.52
220930	3	T1019	0580	12/10/12	12/10/12	8.00	33.76
220930	4	T1019	0580	12/11/12	12/11/12	8.00	33.76
220930	5	T1019	0580	12/12/12	12/12/12	8.00	33.76
220930	6	T1019	0580	12/13/12	12/13/12	8.00	33.76
220930	7	T1019	0580	12/14/12	12/14/12	8.00	33.76
CLAIM TOTAL							303.84
CLAIM ACCOUNT REF.							2209300012010728SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
220929	1	T1019	0580	12/08/12	12/08/12	20.00	84.40
220929	2	T1019	0580	12/09/12	12/09/12	20.00	84.40
220929	3	T1019	0580	12/10/12	12/10/12	12.00	50.64
220929	4	T1019	0580	12/11/12	12/11/12	12.00	50.64
220929	5	T1019	0580	12/12/12	12/12/12	12.00	50.64
220929	6	T1019	0580	12/13/12	12/13/12	12.00	50.64
220929	7	T1019	0580	12/14/12	12/14/12	12.00	50.64
CLAIM TOTAL							422.00
CLAIM ACCOUNT REF.							2209290012010729SUP

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
220927	1	T1019	0580	12/10/12	12/10/12	16.00	67.52
220927	2	T1019	0580	12/11/12	12/11/12	16.00	67.52
220927	3	T1019	0580	12/12/12	12/12/12	16.00	67.52
220927	4	T1019	0580	12/13/12	12/13/12	16.00	67.52
220927	5	T1019	0580	12/14/12	12/14/12	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2209270012010731SUP

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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 =	35	TOTAL CLAIM AMOUNT =	3,038.40
		# SERVICES =	7		

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NPI = 1154407492

PRIOR AUTHORIZATION #  
387543

CLAIM ACCOUNT REF. 2209350012011453SUP

PRIOR AUTHORIZATION #  
401533

CLAIM ACCOUNT REF. 2209340012011869SUP

PRIOR AUTHORIZATION #  
401516

CLAIM ACCOUNT REF. 2209330012011870SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	14	TOTAL CLAIM AMOUNT =	1,017.60
		# SERVICES =	3		

REPORT DATE 12/19/12                      SUNNYSIDE CITYWIDE  
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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	
220931	1	T1019	0580	12/08/12	12/08/12	36.00	151.92	
220931	2	T1019	0580	12/09/12	12/09/12	36.00	151.92	
220931	3	T1019	0580	12/11/12	12/11/12	36.00	151.92	
220931	4	T1019	0580	12/12/12	12/12/12	36.00	151.92	
220931	5	T1019	0580	12/13/12	12/13/12	36.00	151.92	
220931	6	T1019	0580	12/14/12	12/14/12	36.00	151.92	
					CLAIM TOTAL		911.52	CLAIM ACCOUNT REF. 2209310012010800SUP

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	
220932	1	T1019	0580	12/10/12	12/10/12	16.00	67.52	
220932	2	T1019	0580	12/11/12	12/11/12	16.00	67.52	
220932	3	T1019	0580	12/12/12	12/12/12	16.00	67.52	
220932	4	T1019	0580	12/13/12	12/13/12	16.00	67.52	
					CLAIM TOTAL		270.08	CLAIM ACCOUNT REF. 2209320012010805SUP

PAYER TOTALS: HEALTHCARE PARTNERS IPA I                      # OF CLAIMS = 10    TOTAL CLAIM AMOUNT = 1,181.60  
# SERVICES = 2

PROVIDER TOTALS: SUNNYSIDE CITYWIDE                      # OF CLAIMS = 770    TOTAL CLAIM AMOUNT = 94,354.38  
# SERVICES = 140