

REPORT DATE 10/09/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013100905213057RRSUP

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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  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261950	1	T1020		09/24/13	09/24/13	6.00	101.22
261950	2	T1020		09/28/13	09/28/13	11.00	185.57
261950	3	T1020		09/30/13	09/30/13	6.00	101.22
261950	4	T1020		10/01/13	10/01/13	6.00	101.22
261950	5	T1020		10/02/13	10/02/13	6.00	101.22
261950	6	T1020		10/03/13	10/03/13	6.00	101.22
261950	7	T1020		10/04/13	10/04/13	6.00	101.22
CLAIM TOTAL							792.89

CLAIM ACCOUNT REF. 2619500012008267SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008268 2008268 PANOS, DESPINA D 05/11/1950 641269987 111800517  
DIAGNOSIS CODES : 340. 345.90 401.9 493.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261946	1	T1020		09/28/13	09/28/13	9.00	151.83
261946	2	T1020		09/29/13	09/29/13	9.00	151.83
261946	3	T1020		09/30/13	09/30/13	9.00	151.83
261946	4	T1020		10/01/13	10/01/13	9.00	151.83
261946	5	T1020		10/02/13	10/02/13	9.00	151.83
261946	6	T1020		10/03/13	10/03/13	9.00	151.83
261946	7	T1020		10/04/13	10/04/13	9.00	151.83
CLAIM TOTAL							1,062.81

CLAIM ACCOUNT REF. 2619460012008268SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008306 2008306 GIL, ALICIA M 12/05/1941 741488524 111891265  
DIAGNOSIS CODES : 340. 733.00 530.81  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261943	1	T1020		09/20/13	09/20/13	7.00	118.09
CLAIM TOTAL							118.09

CLAIM ACCOUNT REF. 2619430012008306SUP

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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    2008306    2008306    GIL, ALICIA M                      12/05/1941    741488524                      111891265  
DIAGNOSIS CODES :    340.                      733.00                      530.81  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
261944	1	T1020				09/28/13	09/28/13	7.00	118.09
261944	2	T1020				09/29/13	09/29/13	7.00	118.09
261944	3	T1020				09/30/13	09/30/13	7.00	118.09
261944	4	T1020				10/01/13	10/01/13	7.00	118.09
261944	5	T1020				10/02/13	10/02/13	7.00	118.09
261944	6	T1020				10/03/13	10/03/13	7.00	118.09
261944	7	T1020				10/04/13	10/04/13	7.00	118.09

CLAIM TOTAL

826.63    CLAIM ACCOUNT REF.    2619440012008306SUP

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                      250.00                      401.9                      599.0  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
261939	1	T1020				09/15/13	09/15/13	7.00	118.09
261939	2	T1020				09/28/13	09/28/13	7.00	118.09
261939	3	T1020				09/29/13	09/29/13	7.00	118.09
261939	4	T1020				09/30/13	09/30/13	7.00	118.09

CLAIM TOTAL

472.36    CLAIM ACCOUNT REF.    2619390012008386SUP

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  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
261949	1	T1020				10/01/13	10/01/13	8.00	134.96
261949	2	T1020				10/02/13	10/02/13	9.00	151.83
261949	3	T1020				10/03/13	10/03/13	5.00	84.35
261949	4	T1020				10/04/13	10/04/13	8.00	134.96

CLAIM TOTAL

506.10    CLAIM ACCOUNT REF.    2619490012008400SUP

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

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008376    2010712    LITMAN, GAIL                      10/23/1952    74146355500                      130631283  
DIAGNOSIS CODES :    401.9        780.2        V12.54  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261945	1	T1020		09/28/13	09/28/13	4.00	67.48
261945	2	T1020		09/30/13	09/30/13	5.00	84.35
261945	3	T1020		10/01/13	10/01/13	5.00	84.35
261945	4	T1020		10/02/13	10/02/13	5.00	84.35
261945	5	T1020		10/04/13	10/04/13	4.00	67.48
CLAIM TOTAL							388.01
CLAIM ACCOUNT REF.							2619450012010712SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2013080    2013080    SALABERRY, ANA                      07/26/1920    74237467100                      130780781  
DIAGNOSIS CODES :    401.9        427.89        536.9        780.93        711.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261948	1	T1020		09/28/13	09/28/13	12.00	202.44
261948	2	T1020		09/29/13	09/29/13	12.00	202.44
261948	3	T1020		09/30/13	09/30/13	12.00	202.44
261948	4	T1020		10/01/13	10/01/13	12.00	202.44
261948	5	T1020		10/02/13	10/02/13	12.00	202.44
261948	6	T1020		10/03/13	10/03/13	12.00	202.44
261948	7	T1020		10/04/13	10/04/13	12.00	202.44
CLAIM TOTAL							1,417.08
CLAIM ACCOUNT REF.							2619480012013080SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2012726    2013422    GARCIA, CLEMENTE                      11/22/1928    74237634600                      130731588  
DIAGNOSIS CODES :    331.0  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261942	1	T1020		09/28/13	09/28/13	24.00	404.88
261942	2	T1020		09/29/13	09/29/13	24.00	404.88
261942	3	T1020		09/30/13	09/30/13	24.00	404.88
261942	4	T1020		10/01/13	10/01/13	24.00	404.88
261942	5	T1020		10/02/13	10/02/13	24.00	404.88
261942	6	T1020		10/03/13	10/03/13	24.00	404.88
CLAIM TOTAL							2,429.28
CLAIM ACCOUNT REF.							2619420012013422SUP

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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    2013910    2013910    PRIMERO, ARMIDA                      12/29/1932    742134970                      132260570  
DIAGNOSIS CODES :    401.9    244.9    429.9    785.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
261947	1	T1020				09/30/13	09/30/13	7.00	118.09
261947	2	T1020				10/01/13	10/01/13	7.00	118.09
261947	3	T1020				10/02/13	10/02/13	7.00	118.09
261947	4	T1020				10/03/13	10/03/13	7.00	118.09
261947	5	T1020				10/04/13	10/04/13	7.00	118.09
CLAIM TOTAL									590.45
									CLAIM ACCOUNT REF.    2619470012013910SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2014032    2014032    CASTILLO, ALTAGRACIA                      12/11/1928    742521646                      132460849  
DIAGNOSIS CODES :    401.0    285.9    562.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
261941	1	T1020				09/30/13	09/30/13	4.00	67.48
261941	2	T1020				10/01/13	10/01/13	4.00	67.48
261941	3	T1020				10/02/13	10/02/13	4.00	67.48
261941	4	T1020				10/03/13	10/03/13	4.00	67.48
261941	5	T1020				10/04/13	10/04/13	4.00	67.48
CLAIM TOTAL									337.40
									CLAIM ACCOUNT REF.    2619410012014032SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2014050    2014050    BOYADJIAN, ZAROUJ                      07/08/1933    742505527                      132491494  
DIAGNOSIS CODES :    250.00    272.2    401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
261940	1	T1020				09/28/13	09/28/13	6.00	101.22
261940	2	T1020				09/30/13	09/30/13	6.00	101.22
261940	3	T1020				10/01/13	10/01/13	6.00	101.22
261940	4	T1020				10/02/13	10/02/13	6.00	101.22
261940	5	T1020				10/03/13	10/03/13	6.00	101.22
261940	6	T1020				10/04/13	10/04/13	6.00	101.22
CLAIM TOTAL									607.32
									CLAIM ACCOUNT REF.    2619400012014050SUP

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

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	64	TOTAL CLAIM AMOUNT =	9,548.42
		# SERVICES =	11		

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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 0106201390068  
DIAGNOSIS CODES : 356.9 348.2 401.9 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261974	1	T1019		09/28/13	09/28/13	4.00	68.60
261974	2	T1019		09/29/13	09/29/13	4.00	68.60
261974	3	T1019		09/30/13	09/30/13	12.00	205.80
261974	4	T1019		10/01/13	10/01/13	12.00	205.80
261974	5	T1019		10/02/13	10/02/13	12.00	205.80
261974	6	T1019		10/03/13	10/03/13	12.00	205.80
261974	7	T1019		10/04/13	10/04/13	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2619740012008233SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008236 2008236 PERSAD, USHA 07/05/1955 TS79090G 0105221390339  
DIAGNOSIS CODES : 250.10 272.0 401.9 225.0  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261980	1	T1019		09/28/13	09/28/13	8.00	137.20
261980	2	T1019		09/29/13	09/29/13	8.00	137.20
261980	3	T1019		09/30/13	09/30/13	11.00	188.65
261980	4	T1019		10/01/13	10/01/13	11.00	188.65
261980	5	T1019		10/02/13	10/02/13	11.00	188.65
261980	6	T1019		10/03/13	10/03/13	11.00	188.65
261980	7	T1019		10/04/13	10/04/13	11.00	188.65
CLAIM TOTAL						1,217.65	CLAIM ACCOUNT REF. 2619800012008236SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008385 2008385 MURDOCK, GERTRUDE 11/01/1917 SS71357M 0106251390383  
DIAGNOSIS CODES : 536.9 365.9 369.10 389.9 401.9 715.90 733.00 V15.88  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261978	1	T1019		09/30/13	09/30/13	9.00	154.35
261978	2	T1019		10/01/13	10/01/13	10.00	171.50
261978	3	T1019		10/02/13	10/02/13	10.00	171.50
261978	4	T1019		10/03/13	10/03/13	9.00	154.35
261978	5	T1019		10/04/13	10/04/13	9.00	154.35
CLAIM TOTAL						806.05	CLAIM ACCOUNT REF. 2619780012008385SUP

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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    2008418    2008418    RYALS, CHARLES                      11/03/1950    ZZ49620T                      0104191390258  
DIAGNOSIS CODES :    401.9    250.00    272.0                      278.00    295.00    311.                      780.57  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261981	1	T1019		09/30/13	09/30/13	8.00	137.20
261981	2	T1019		10/01/13	10/01/13	8.00	137.20
261981	3	T1019		10/02/13	10/02/13	8.00	137.20
261981	4	T1019		10/03/13	10/03/13	8.00	137.20
261981	5	T1019		10/04/13	10/04/13	8.00	137.20
CLAIM TOTAL							686.00
CLAIM ACCOUNT REF.							2619810012008418SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2009377    2009377    SANTORO, MATTHEW                      08/20/1949    SP38021Q                      0109041390225  
DIAGNOSIS CODES :    299.01    453.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261982	1	T1019		09/28/13	09/28/13	5.00	85.75
261982	2	T1019		09/29/13	09/29/13	5.00	85.75
261982	3	T1019		09/30/13	09/30/13	5.00	85.75
261982	4	T1019		10/01/13	10/01/13	5.00	85.75
261982	5	T1019		10/02/13	10/02/13	5.00	85.75
261982	6	T1019		10/03/13	10/03/13	5.00	85.75
261982	7	T1019		10/04/13	10/04/13	5.00	85.75
CLAIM TOTAL							600.25
CLAIM ACCOUNT REF.							2619820012009377SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008279    2010213    VALLE, BLASINA                      02/03/1929    QG00558G                      0107111390405  
DIAGNOSIS CODES :    428.0    244.9    272.4                      331.0    537.9    746.85  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261984	1	T1019		09/30/13	09/30/13	10.00	171.50
261984	2	T1019		10/01/13	10/01/13	10.00	171.50
261984	3	T1019		10/02/13	10/02/13	10.00	171.50
261984	4	T1019		10/03/13	10/03/13	4.00	68.60
261984	5	T1019		10/04/13	10/04/13	10.00	171.50
CLAIM TOTAL							754.60
CLAIM ACCOUNT REF.							2619840012010213SUP

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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    2010886    2010886    OSORIO, ELVIA                      07/05/1943    SM10426S                      01-081613-904-64  
DIAGNOSIS CODES :    253.5    272.4    354.0                      401.9    733.09  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261979	1	T1019		09/28/13	09/28/13	5.00	85.75
261979	2	T1019		09/30/13	09/30/13	5.00	85.75
261979	3	T1019		10/01/13	10/01/13	5.00	85.75
261979	4	T1019		10/02/13	10/02/13	5.00	85.75
261979	5	T1019		10/03/13	10/03/13	5.00	85.75
261979	6	T1019		10/04/13	10/04/13	5.00	85.75
CLAIM TOTAL							514.50
							CLAIM ACCOUNT REF.    2619790012010886SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2011286    2011286    DOBBINS, SANDRA                      02/05/1953    ZA50099X                      0105141390497  
DIAGNOSIS CODES :    295.90    369.10    401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261975	1	T1019		09/28/13	09/28/13	24.00	411.60
261975	2	T1019		09/29/13	09/29/13	24.00	411.60
261975	3	T1019		09/30/13	09/30/13	24.00	411.60
261975	4	T1019		10/01/13	10/01/13	24.00	411.60
261975	5	T1019		10/02/13	10/02/13	24.00	411.60
261975	6	T1019		10/03/13	10/03/13	24.00	411.60
261975	7	T1019		10/04/13	10/04/13	24.00	411.60
CLAIM TOTAL							2,881.20
							CLAIM ACCOUNT REF.    2619750012011286SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2013185    2013185    GOMEZ, LUZ                      02/18/1942    523000131                      0106061390004  
DIAGNOSIS CODES :    295.90    250.00    401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261977	1	T1019		09/28/13	09/28/13	8.00	137.20
261977	2	T1019		09/29/13	09/29/13	8.00	137.20
261977	3	T1019		09/30/13	09/30/13	8.00	137.20
261977	4	T1019		10/01/13	10/01/13	8.00	137.20
261977	5	T1019		10/02/13	10/02/13	8.00	137.20
261977	6	T1019		10/03/13	10/03/13	8.00	137.20
261977	7	T1019		10/04/13	10/04/13	8.00	137.20
CLAIM TOTAL							960.40
							CLAIM ACCOUNT REF.    2619770012013185SUP



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NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM FREQ: 1 (ORIGINAL)

CLAIM ACCOUNT REF. 2619830012013663SUP

PRIOR AUTHORIZATION #

CLAIM FREQ: 1 (ORIGINAL)

CLAIM ACCOUNT REF. 2619760012014079SUP

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	69	TOTAL CLAIM AMOUNT =	10,221.40
		# SERVICES =	11		

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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 111771985  
DIAGNOSIS CODES : 250.00 272.4 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262023	1	T1019				09/28/13	09/28/13	36.00	154.80
262023	2	T1019				09/29/13	09/29/13	36.00	154.80
262023	3	T1019				09/30/13	09/30/13	36.00	154.80
262023	4	T1019				10/01/13	10/01/13	36.00	154.80
262023	5	T1019				10/02/13	10/02/13	36.00	154.80
262023	6	T1019				10/03/13	10/03/13	36.00	154.80
262023	7	T1019				10/04/13	10/04/13	36.00	154.80

CLAIM TOTAL

1,083.60 CLAIM ACCOUNT REF. 2620230012008286SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008495 2008495 MARTINEZ, MARIA 09/05/1952 ZV42745Q 112094558  
DIAGNOSIS CODES : 250.00 244.8 295.90 401.9 493.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262004	1	T1019				09/21/13	09/21/13	24.00	103.20
262004	2	T1019				09/22/13	09/22/13	24.00	103.20
262004	3	T1019				09/28/13	09/28/13	24.00	103.20
262004	4	T1019				09/29/13	09/29/13	24.00	103.20
262004	5	T1019				09/30/13	09/30/13	24.00	103.20
262004	6	T1019				10/01/13	10/01/13	24.00	103.20
262004	7	T1019				10/02/13	10/02/13	24.00	103.20
262004	8	T1019				10/03/13	10/03/13	24.00	103.20
262004	9	T1019				10/04/13	10/04/13	24.00	103.20

CLAIM TOTAL

928.80 CLAIM ACCOUNT REF. 2620040012008495SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012101 2012101 BATILO, MARTA 02/23/1917 708125 111963534  
DIAGNOSIS CODES : 715.00 272.2 285.29 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
261987	1	T1019				09/28/13	09/28/13	28.00	120.40
261987	2	T1019				09/29/13	09/29/13	28.00	120.40
261987	3	T1019				09/30/13	09/30/13	28.00	120.40
261987	4	T1019				10/01/13	10/01/13	28.00	120.40
261987	5	T1019				10/02/13	10/02/13	28.00	120.40
261987	6	T1019				10/03/13	10/03/13	28.00	120.40

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NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261987	7	T1019		10/04/13	10/04/13	28.00	120.40	
					CLAIM TOTAL		842.80	CLAIM ACCOUNT REF. 2619870012012101SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012102 2012102 BISRAM, ROOPKALIA 01/03/1938 708029 112039564  
DIAGNOSIS CODES : 401.9 272.2  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261989	1	T1019		09/30/13	09/30/13	16.00	68.80	
261989	2	T1019		10/01/13	10/01/13	16.00	68.80	
261989	3	T1019		10/02/13	10/02/13	16.00	68.80	
261989	4	T1019		10/03/13	10/03/13	16.00	68.80	
261989	5	T1019		10/04/13	10/04/13	16.00	68.80	
					CLAIM TOTAL		344.00	CLAIM ACCOUNT REF. 2619890012012102SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012104 2012104 CEBALLOS, FRANCISCA 11/10/1931 744474 111954642  
DIAGNOSIS CODES : 331.0 093.9 253.5  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261990	1	T1019		09/28/13	09/28/13	40.00	172.00	
261990	2	T1019		09/29/13	09/29/13	40.00	172.00	
261990	3	T1019		09/30/13	09/30/13	40.00	172.00	
					CLAIM TOTAL		516.00	CLAIM ACCOUNT REF. 2619900012012104SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012104 2012104 CEBALLOS, FRANCISCA 11/10/1931 744474 112343507  
DIAGNOSIS CODES : 331.0 093.9 253.5  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261991	1	T1019		10/01/13	10/01/13	40.00	172.00	
261991	2	T1019		10/02/13	10/02/13	40.00	172.00	
261991	3	T1019		10/03/13	10/03/13	40.00	172.00	
261991	4	T1019		10/04/13	10/04/13	40.00	172.00	
					CLAIM TOTAL		688.00	CLAIM ACCOUNT REF. 2619910012012104SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012108 2012108 GODINOT, CARMEN 07/16/1939 695752 112161051  
DIAGNOSIS CODES : 369.3 250.00 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
261995	1	T1019				09/30/13	09/30/13	24.00	103.20
261995	2	T1019				10/01/13	10/01/13	24.00	103.20
261995	3	T1019				10/02/13	10/02/13	24.00	103.20
261995	4	T1019				10/03/13	10/03/13	24.00	103.20
261995	5	T1019				10/04/13	10/04/13	24.00	103.20
CLAIM TOTAL									516.00
									CLAIM ACCOUNT REF. 2619950012012108SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012110 2012110 GOMEZ, RANNIE 09/11/1917 698802 112009902  
DIAGNOSIS CODES : 401.9 272.2 365.9 428.0 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
261996	1	T1019				10/01/13	10/01/13	28.00	120.40
261996	2	T1019				10/02/13	10/02/13	28.00	120.40
261996	3	T1019				10/03/13	10/03/13	28.00	120.40
261996	4	T1019				10/04/13	10/04/13	28.00	120.40
CLAIM TOTAL									481.60
									CLAIM ACCOUNT REF. 2619960012012110SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012117 2012117 HAYNES, LAMONT 08/22/1920 695748 112161929  
DIAGNOSIS CODES : 428.0 250.00 401.9 600.91  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
261997	1	T1019				09/28/13	09/28/13	20.00	86.00
261997	2	T1019				09/29/13	09/29/13	20.00	86.00
261997	3	T1019				09/30/13	09/30/13	16.00	68.80
261997	4	T1019				10/01/13	10/01/13	16.00	68.80
261997	5	T1019				10/02/13	10/02/13	16.00	68.80
261997	6	T1019				10/03/13	10/03/13	16.00	68.80
261997	7	T1019				10/04/13	10/04/13	16.00	68.80
CLAIM TOTAL									516.00
									CLAIM ACCOUNT REF. 2619970012012117SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012120 2012120 LOPEZ, ISABEL 12/24/1942 740574 111906404  
DIAGNOSIS CODES : 715.90 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261999	1	T1019			09/30/13	09/30/13	28.00	120.40
								CLAIM TOTAL
								120.40
								CLAIM ACCOUNT REF. 2619990012012120SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012120 2012120 LOPEZ, ISABEL 12/24/1942 740574 112266148  
DIAGNOSIS CODES : 715.90 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262000	1	T1019			10/01/13	10/01/13	28.00	120.40
262000	2	T1019			10/02/13	10/02/13	28.00	120.40
262000	3	T1019			10/03/13	10/03/13	28.00	120.40
262000	4	T1019			10/04/13	10/04/13	28.00	120.40
								CLAIM TOTAL
								481.60
								CLAIM ACCOUNT REF. 2620000012012120SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012121 2012121 MOHAMED, DENISE 06/14/1959 691722 112139533  
DIAGNOSIS CODES : 715.98  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262007	1	T1019			09/16/13	09/16/13	32.00	137.60
262007	2	T1019			09/28/13	09/28/13	32.00	137.60
262007	3	T1019			09/29/13	09/29/13	32.00	137.60
262007	4	T1019			09/30/13	09/30/13	32.00	137.60
262007	5	T1019			10/01/13	10/01/13	32.00	137.60
262007	6	T1019			10/02/13	10/02/13	32.00	137.60
262007	7	T1019			10/03/13	10/03/13	32.00	137.60
262007	8	T1019			10/04/13	10/04/13	32.00	137.60
								CLAIM TOTAL
								1,100.80
								CLAIM ACCOUNT REF. 2620070012012121SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012122 2012122 MORALES, FRANCISCO 12/03/1935 744366 111934024  
DIAGNOSIS CODES : 250.00 272.4 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262008	1	T1019			09/28/13	09/28/13	20.00	86.00

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PAYER ID = 14163                      WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262008	2	T1019		09/29/13	09/29/13	20.00	86.00	
262008	3	T1019		09/30/13	09/30/13	20.00	86.00	
CLAIM TOTAL							258.00	CLAIM ACCOUNT REF. 2620080012012122SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012122 2012122 MORALES, FRANCISCO 12/03/1935 744366 112258416  
DIAGNOSIS CODES : 250.00 272.4 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262009	1	T1019		10/01/13	10/01/13	20.00	86.00	
262009	2	T1019		10/02/13	10/02/13	20.00	86.00	
262009	3	T1019		10/03/13	10/03/13	20.00	86.00	
262009	4	T1019		10/04/13	10/04/13	20.00	86.00	
CLAIM TOTAL							344.00	CLAIM ACCOUNT REF. 2620090012012122SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012130 2012130 NAVARRO, ANTONIA 07/23/1945 710368 111896928  
DIAGNOSIS CODES : 493.92 311. 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262010	1	T1019		09/28/13	09/28/13	20.00	86.00	
262010	2	T1019		09/29/13	09/29/13	20.00	86.00	
262010	3	T1019		09/30/13	09/30/13	28.00	120.40	
CLAIM TOTAL							292.40	CLAIM ACCOUNT REF. 2620100012012130SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012131 2012131 ORTIZ, JOSE 04/19/1925 691721 112154359  
DIAGNOSIS CODES : 250.00 401.9 414.01  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262012	1	T1019		09/30/13	09/30/13	16.00	68.80	
262012	2	T1019		10/02/13	10/02/13	16.00	68.80	
262012	3	T1019		10/04/13	10/04/13	16.00	68.80	
CLAIM TOTAL							206.40	CLAIM ACCOUNT REF. 2620120012012131SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012134 2012134 SERRANO, CARMEN 09/14/1948 695740 112113101  
DIAGNOSIS CODES : 093.89 253.5 311. 429.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262032	1	T1019			09/30/13	09/30/13	28.00	120.40
262032	2	T1019			10/02/13	10/02/13	28.00	120.40
262032	3	T1019			10/03/13	10/03/13	28.00	120.40
262032	4	T1019			10/04/13	10/04/13	28.00	120.40
CLAIM TOTAL								481.60

CLAIM ACCOUNT REF. 2620320012012134SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012137 2012137 VAZQUEZ 1, ROSA 08/08/1934 695667 112166050  
DIAGNOSIS CODES : 715.90 244.9 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262034	1	T1019			09/30/13	09/30/13	32.00	137.60
262034	2	T1019			10/01/13	10/01/13	32.00	137.60
262034	3	T1019			10/02/13	10/02/13	32.00	137.60
262034	4	T1019			10/04/13	10/04/13	32.00	137.60
CLAIM TOTAL								550.40

CLAIM ACCOUNT REF. 2620340012012137SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012138 2012138 VENTURA, CLARA 09/17/1951 720456 112060162  
DIAGNOSIS CODES : 253.5 401.9 429.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262035	1	T1019			09/30/13	09/30/13	16.00	68.80
262035	2	T1019			10/01/13	10/01/13	16.00	68.80
262035	3	T1019			10/04/13	10/04/13	16.00	68.80
CLAIM TOTAL								206.40

CLAIM ACCOUNT REF. 2620350012012138SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012140 2012140 PATRICK, IMAGENE 03/27/1930 737028 112036835  
DIAGNOSIS CODES : 294.10 153.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262013	1	T1019			09/28/13	09/28/13	32.00	137.60
262013	2	T1019			09/30/13	09/30/13	32.00	137.60
CLAIM TOTAL								275.20

CLAIM ACCOUNT REF. 2620130012012140SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012140 2012140 PATRICK, IMAGENE 03/27/1930 737028 112271667  
DIAGNOSIS CODES : 294.10 153.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262014	1	T1019				10/01/13	10/01/13	32.00	137.60	
262014	2	T1019				10/02/13	10/02/13	32.00	137.60	
262014	3	T1019				10/03/13	10/03/13	32.00	137.60	
262014	4	T1019				10/04/13	10/04/13	32.00	137.60	
CLAIM TOTAL									550.40	CLAIM ACCOUNT REF. 2620140012012140SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012141 2012141 SANTOS MARQUEZ, MARIA 07/16/1961 688801 112001629  
DIAGNOSIS CODES : 958.8 599.70 692.9 795.05  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262031	1	T1019				09/30/13	09/30/13	16.00	68.80	
262031	2	T1019				10/02/13	10/02/13	16.00	68.80	
262031	3	T1019				10/04/13	10/04/13	16.00	68.80	
CLAIM TOTAL									206.40	CLAIM ACCOUNT REF. 2620310012012141SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012142 2012142 MEDINA, MARTHA 01/11/1944 697570 111896672  
DIAGNOSIS CODES : 135. 250.00 426.4 716.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262005	1	T1019				09/28/13	09/28/13	12.00	51.60	
262005	2	T1019				09/30/13	09/30/13	12.00	51.60	
CLAIM TOTAL									103.20	CLAIM ACCOUNT REF. 2620050012012142SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012142 2012142 MEDINA, MARTHA 01/11/1944 697570 112253582  
DIAGNOSIS CODES : 135. 250.00 426.4 716.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262006	1	T1019				10/01/13	10/01/13	12.00	51.60	
262006	2	T1019				10/02/13	10/02/13	12.00	51.60	
262006	3	T1019				10/03/13	10/03/13	12.00	51.60	
262006	4	T1019				10/04/13	10/04/13	12.00	51.60	
CLAIM TOTAL									206.40	CLAIM ACCOUNT REF. 2620060012012142SUP



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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 111942930  
DIAGNOSIS CODES : 715.90 244.9 272.4 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262019	1	T1019				09/30/13	09/30/13	20.00	86.00	
CLAIM TOTAL									86.00	CLAIM ACCOUNT REF. 2620190012012144SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012144 2012144 PEREZ, JULIO 01/27/1936 709538 112275384  
DIAGNOSIS CODES : 715.90 244.9 272.4 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262020	1	T1019				10/02/13	10/02/13	20.00	86.00	
262020	2	T1019				10/04/13	10/04/13	20.00	86.00	
CLAIM TOTAL									172.00	CLAIM ACCOUNT REF. 2620200012012144SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012145 2012145 PERALTA RODRIGO, JOSE 03/13/1942 715488 111867165  
DIAGNOSIS CODES : 715.90 272.0 274.9 278.00 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262015	1	T1019				09/30/13	09/30/13	16.00	68.80	
CLAIM TOTAL									68.80	CLAIM ACCOUNT REF. 2620150012012145SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012145 2012145 PERALTA RODRIGO, JOSE 03/13/1942 715488 112258328  
DIAGNOSIS CODES : 715.90 272.0 274.9 278.00 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262016	1	T1019				10/01/13	10/01/13	16.00	68.80	
262016	2	T1019				10/02/13	10/02/13	16.00	68.80	
262016	3	T1019				10/03/13	10/03/13	16.00	68.80	
262016	4	T1019				10/04/13	10/04/13	16.00	68.80	
CLAIM TOTAL									275.20	CLAIM ACCOUNT REF. 2620160012012145SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012146 2012146 PERALTA, INEZ 08/18/1942 715489 111886580  
DIAGNOSIS CODES : 250.00 272.4 278.00 401.9 244.9 311.  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262017	1	T1019				09/30/13	09/30/13	16.00	68.80	
									CLAIM TOTAL	68.80
										CLAIM ACCOUNT REF. 2620170012012146SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012146 2012146 PERALTA, INEZ 08/18/1942 715489 112253239  
DIAGNOSIS CODES : 250.00 272.4 278.00 401.9 244.9 311.  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262018	1	T1019				10/01/13	10/01/13	16.00	68.80	
262018	2	T1019				10/02/13	10/02/13	16.00	68.80	
262018	3	T1019				10/03/13	10/03/13	16.00	68.80	
									CLAIM TOTAL	206.40
										CLAIM ACCOUNT REF. 2620180012012146SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012147 2012147 RAMOS, SILVIA 08/16/1957 707547 112060920  
DIAGNOSIS CODES : 724.2 253.5 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262024	1	T1019				09/30/13	09/30/13	20.00	86.00	
262024	2	T1019				10/01/13	10/01/13	20.00	86.00	
262024	3	T1019				10/02/13	10/02/13	20.00	86.00	
262024	4	T1019				10/03/13	10/03/13	20.00	86.00	
262024	5	T1019				10/04/13	10/04/13	20.00	86.00	
									CLAIM TOTAL	430.00
										CLAIM ACCOUNT REF. 2620240012012147SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012149 2012149 REGLA, MARIA F 11/21/1933 691499 112206508  
DIAGNOSIS CODES : 250.00 715.09  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262025	1	T1019				09/30/13	09/30/13	32.00	137.60	
262025	2	T1019				10/01/13	10/01/13	32.00	137.60	
262025	3	T1019				10/02/13	10/02/13	32.00	137.60	
262025	4	T1019				10/03/13	10/03/13	32.00	137.60	
262025	5	T1019				10/04/13	10/04/13	32.00	137.60	

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	688.00	2620250012012149SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012154	2012154	RODRIGUEZ, FRANKLIN	03/26/1989	697529	112305572
DIAGNOSIS CODES :				319.	345.10	705.83	
CLAIM REFERENCE #:				CLAIM FREQ: 1 (ORIGINAL)			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
262027	1	T1019		10/01/13	10/01/13	16.00	68.80	
262027	2	T1019		10/02/13	10/02/13	16.00	68.80	
262027	3	T1019		10/03/13	10/03/13	16.00	68.80	
262027	4	T1019		10/04/13	10/04/13	16.00	68.80	
						CLAIM TOTAL	275.20	2620270012012154SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012155	2012155	SANCHEZ, BETANIA	05/10/1956	706048	111980325
DIAGNOSIS CODES :				555.9			
CLAIM REFERENCE #:				CLAIM FREQ: 1 (ORIGINAL)			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
262030	1	T1019		10/01/13	10/01/13	20.00	86.00	
262030	2	T1019		10/02/13	10/02/13	20.00	86.00	
262030	3	T1019		10/03/13	10/03/13	20.00	86.00	
262030	4	T1019		10/04/13	10/04/13	20.00	86.00	
						CLAIM TOTAL	344.00	2620300012012155SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012158	2012158	LOPEZ, MANUEL	02/25/1926	741094	111891649
DIAGNOSIS CODES :				401.9	272.4	429.9	
CLAIM REFERENCE #:				CLAIM FREQ: 1 (ORIGINAL)			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
262001	1	T1019		09/28/13	09/28/13	48.00	206.40	
262001	2	T1019		09/29/13	09/29/13	48.00	206.40	
262001	3	T1019		09/30/13	09/30/13	48.00	206.40	
						CLAIM TOTAL	619.20	2620010012012158SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012158	2012158	LOPEZ, MANUEL	02/25/1926	741094	112247242
DIAGNOSIS CODES :				401.9	272.4	429.9	
CLAIM REFERENCE #:				CLAIM FREQ: 1 (ORIGINAL)			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
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262002	1	T1019	10/02/13	10/02/13	48.00	206.40	
262002	2	T1019	10/04/13	10/04/13	48.00	206.40	
				CLAIM TOTAL		412.80	CLAIM ACCOUNT REF. 2620020012012158SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012161 2012161 ALONSO, ANA 03/02/1943 739934 111910597  
DIAGNOSIS CODES : 733.09 253.5 272.4  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
261985	1	T1019				09/28/13	09/28/13	20.00	86.00	
261985	2	T1019				09/29/13	09/29/13	20.00	86.00	
261985	3	T1019				09/30/13	09/30/13	20.00	86.00	
							CLAIM TOTAL		258.00	CLAIM ACCOUNT REF. 2619850012012161SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012161 2012161 ALONSO, ANA 03/02/1943 739934 112256508  
DIAGNOSIS CODES : 733.09 253.5 272.4  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
261986	1	T1019				10/01/13	10/01/13	20.00	86.00	
261986	2	T1019				10/02/13	10/02/13	20.00	86.00	
261986	3	T1019				10/03/13	10/03/13	20.00	86.00	
261986	4	T1019				10/04/13	10/04/13	20.00	86.00	
							CLAIM TOTAL		344.00	CLAIM ACCOUNT REF. 2619860012012161SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012136 2012266 SOTO, RAFAEL B 03/08/1937 700573 112134327  
DIAGNOSIS CODES : 715.09 250.00 272.2 401.9 428.0 530.81  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262033	1	T1019				09/28/13	09/28/13	36.00	154.80	
262033	2	T1019				09/29/13	09/29/13	36.00	154.80	
262033	3	T1019				09/30/13	09/30/13	36.00	154.80	
262033	4	T1019				10/01/13	10/01/13	36.00	154.80	
262033	5	T1019				10/02/13	10/02/13	36.00	154.80	
262033	6	T1019				10/03/13	10/03/13	36.00	154.80	
262033	7	T1019				10/04/13	10/04/13	36.00	154.80	
							CLAIM TOTAL		1,083.60	CLAIM ACCOUNT REF. 2620330012012266SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012719 2012719 SANCHEZ FLORES, ADELAI 11/03/1944 761166 112056773  
DIAGNOSIS CODES : 401.9 300.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT		
262028	1	T1019				09/30/13	09/30/13	20.00	86.00		
									CLAIM TOTAL	86.00	CLAIM ACCOUNT REF. 2620280012012719SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012719 2012719 SANCHEZ FLORES, ADELAI 11/03/1944 761166 112258543  
DIAGNOSIS CODES : 401.9 300.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT		
262029	1	T1019				10/01/13	10/01/13	20.00	86.00		
262029	2	T1019				10/02/13	10/02/13	20.00	86.00		
262029	3	T1019				10/03/13	10/03/13	20.00	86.00		
									CLAIM TOTAL	258.00	CLAIM ACCOUNT REF. 2620290012012719SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012159 2012948 LOPEZ, VITALIA 08/01/1922 691723 112149058  
DIAGNOSIS CODES : 331.0 253.5 272.4 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT		
262003	1	T1019				09/28/13	09/28/13	48.00	206.40		
262003	2	T1019				09/29/13	09/29/13	44.00	189.20		
262003	3	T1019				09/30/13	09/30/13	48.00	206.40		
262003	4	T1019				10/01/13	10/01/13	48.00	206.40		
262003	5	T1019				10/02/13	10/02/13	48.00	206.40		
262003	6	T1019				10/03/13	10/03/13	48.00	206.40		
262003	7	T1019				10/04/13	10/04/13	48.00	206.40		
									CLAIM TOTAL	1,427.60	CLAIM ACCOUNT REF. 2620030012012948SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012952 2012952 FRANCISCO, BRIGIDA 08/20/1957 761853 112037017  
DIAGNOSIS CODES : 714.0 253.5  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
261994	1	T1019				09/28/13	09/28/13	20.00	86.00	
261994	2	T1019				09/29/13	09/29/13	20.00	86.00	
261994	3	T1019				09/30/13	09/30/13	20.00	86.00	

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PAYER ID = 14163                      WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261994	4	T1019		10/01/13	10/01/13	20.00	86.00	
261994	5	T1019		10/02/13	10/02/13	20.00	86.00	
261994	6	T1019		10/03/13	10/03/13	20.00	86.00	
261994	7	T1019		10/04/13	10/04/13	20.00	86.00	
				CLAIM TOTAL			602.00	CLAIM ACCOUNT REF. 2619940012012952SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012953 2012953 CHOUDHURY, MEHER A 08/16/1974 762773 112190529  
DIAGNOSIS CODES : 344.00 493.90 742.3  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261993	1	T1019		09/22/13	09/22/13	36.00	154.80	
261993	2	T1019		09/28/13	09/28/13	84.00	361.20	
261993	3	T1019		09/29/13	09/29/13	84.00	361.20	
261993	4	T1019		09/30/13	09/30/13	84.00	361.20	
261993	5	T1019		10/01/13	10/01/13	84.00	361.20	
261993	6	T1019		10/02/13	10/02/13	80.00	344.00	
261993	7	T1019		10/03/13	10/03/13	76.00	326.80	
261993	8	T1019		10/04/13	10/04/13	80.00	344.00	
				CLAIM TOTAL			2,614.40	CLAIM ACCOUNT REF. 2619930012012953SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 1031950 2012979 HUDGINS, LOUZETTA 05/18/1944 761959 112038867  
DIAGNOSIS CODES : 401.9 250.00 278.00 311.  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261998	1	T1019		09/28/13	09/28/13	20.00	86.00	
261998	2	T1019		10/01/13	10/01/13	20.00	86.00	
261998	3	T1019		10/02/13	10/02/13	20.00	86.00	
261998	4	T1019		10/03/13	10/03/13	20.00	86.00	
261998	5	T1019		10/04/13	10/04/13	20.00	86.00	
				CLAIM TOTAL			430.00	CLAIM ACCOUNT REF. 2619980012012979SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012984 2012984 YOUNG, MARY 11/04/1926 762776 112084862  
DIAGNOSIS CODES : 342.82 244.9 250.00 272.4 294.10 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262036	1	T1019		09/28/13	09/28/13	32.00	137.60	
262036	2	T1019		09/30/13	09/30/13	32.00	137.60	

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262036	3	T1019		10/01/13	10/01/13	32.00	137.60	
262036	4	T1019		10/02/13	10/02/13	32.00	137.60	
262036	5	T1019		10/03/13	10/03/13	32.00	137.60	
262036	6	T1019		10/04/13	10/04/13	32.00	137.60	
					CLAIM TOTAL		825.60	CLAIM ACCOUNT REF. 2620360012012984SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012152 2013395 REYES, TERESA 03/18/1941 697840 112241220  
DIAGNOSIS CODES : 250.00 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262026	1	T1019		09/30/13	09/30/13	32.00	137.60	
262026	2	T1019		10/01/13	10/01/13	32.00	137.60	
262026	3	T1019		10/02/13	10/02/13	32.00	137.60	
262026	4	T1019		10/03/13	10/03/13	32.00	137.60	
262026	5	T1019		10/04/13	10/04/13	32.00	137.60	
					CLAIM TOTAL		688.00	CLAIM ACCOUNT REF. 2620260012013395SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013679 2013679 PRISCO, FILOMENA 09/15/1921 769526 111988449  
DIAGNOSIS CODES : 728.87 250.00 477.9 493.90 782.3 276.8  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262022	1	T1019		09/28/13	09/28/13	16.00	68.80	
262022	2	T1019		09/29/13	09/29/13	16.00	68.80	
262022	3	T1019		09/30/13	09/30/13	16.00	68.80	
262022	4	T1019		10/01/13	10/01/13	16.00	68.80	
262022	5	T1019		10/02/13	10/02/13	16.00	68.80	
262022	6	T1019		10/03/13	10/03/13	16.00	68.80	
262022	7	T1019		10/04/13	10/04/13	16.00	68.80	
					CLAIM TOTAL		481.60	CLAIM ACCOUNT REF. 2620220012013679SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012132 2013774 ORTIZ, DOLORES 06/30/1927 744365 112051869  
DIAGNOSIS CODES : 719.7 272.4 401.9 750.7  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262011	1	T1019		09/28/13	09/28/13	48.00	206.40	
262011	2	T1019		09/29/13	09/29/13	48.00	206.40	
262011	3	T1019		09/30/13	09/30/13	48.00	206.40	

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							619.20	2620110012013774SUP
CLAIM TOTAL								

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013987 2013987 CHOUDHURY, DILARA 05/20/1947 774024 112177389  
DIAGNOSIS CODES : 249.00 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
261992	1	T1019		09/28/13	09/28/13	12.00	51.60	
261992	2	T1019		09/29/13	09/29/13	12.00	51.60	
261992	3	T1019		09/30/13	09/30/13	12.00	51.60	
261992	4	T1019		10/01/13	10/01/13	12.00	51.60	
261992	5	T1019		10/02/13	10/02/13	12.00	51.60	
261992	6	T1019		10/03/13	10/03/13	12.00	51.60	
261992	7	T1019		10/04/13	10/04/13	12.00	51.60	
CLAIM TOTAL							361.20	2619920012013987SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2014189 2014189 PINEDA, EMILIA 10/20/1925 776967 112300071  
DIAGNOSIS CODES : 715.09  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
262021	1	T1019		10/01/13	10/01/13	16.00	68.80	
262021	2	T1019		10/02/13	10/02/13	16.00	68.80	
262021	3	T1019		10/03/13	10/03/13	16.00	68.80	
262021	4	T1019		10/04/13	10/04/13	16.00	68.80	
CLAIM TOTAL							275.20	2620210012014189SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2014220 2014220 BAUTISTA, LUIS 08/26/1929 777153 112315204  
DIAGNOSIS CODES : 729.5  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
261988	1	T1019		10/03/13	10/03/13	20.00	86.00	
261988	2	T1019		10/04/13	10/04/13	16.00	68.80	
CLAIM TOTAL							154.80	2619880012014220SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2014220 2014220 BAUTISTA, LUIS 08/26/1929 777153 112315204  
DIAGNOSIS CODES : 729.5  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)



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

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	217	TOTAL CLAIM AMOUNT =	25,456.00
		# SERVICES =	41		

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008276 2008491 LOYOLA, MARIA 06/11/1981 JZR32498A01 0005044162  
DIAGNOSIS CODES : 952.9 806.8 799.89  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
261971	1	T1019		0580		09/30/13	09/30/13	24.00	101.28
261971	2	T1019		0580		10/02/13	10/02/13	24.00	101.28
261971	3	T1019		0580		10/03/13	10/03/13	12.00	50.64
CLAIM TOTAL									253.20

CLAIM ACCOUNT REF. 2619710012008491SUP

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  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
261973	1	T1019		0580		09/30/13	09/30/13	16.00	67.52
261973	2	T1019		0580		10/02/13	10/02/13	16.00	67.52
261973	3	T1019		0580		10/03/13	10/03/13	16.00	67.52
261973	4	T1019		0580		10/04/13	10/04/13	16.00	67.52
CLAIM TOTAL									270.08

CLAIM ACCOUNT REF. 2619730012008513SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008193 2008723 REYNOLDS, HARRIET 07/01/1958 SR66809C 0003855084-008  
DIAGNOSIS CODES : 728.87 250.00 250.60 311. 401.9 780.4  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
261967	1	T1019		0580		10/01/13	10/01/13	16.00	67.52
CLAIM TOTAL									67.52

CLAIM ACCOUNT REF. 2619670012008723SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008793 2008793 COPE, WILLIE 02/17/1928 XR98607Q 0004050353006  
DIAGNOSIS CODES : 331.0 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
261958	1	T1019		0580		09/28/13	09/28/13	48.00	202.56
261958	2	T1019		0580		09/29/13	09/29/13	48.00	202.56
261958	3	T1019		0580		09/30/13	09/30/13	48.00	202.56
261958	4	T1019		0580		10/01/13	10/01/13	48.00	202.56
261958	5	T1019		0580		10/02/13	10/02/13	48.00	202.56
261958	6	T1019		0580		10/03/13	10/03/13	48.00	202.56

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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	
261958	7	T1019	0580	10/04/13	10/04/13	48.00	202.56	
					CLAIM TOTAL		1,417.92	CLAIM ACCOUNT REF. 2619580012008793SUP

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
CLAIM REFERENCE #:		CLAIM FREQ: 1 (ORIGINAL)					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261968	1	T1019	0580	09/30/13	09/30/13	32.00	135.04	
261968	2	T1019	0580	10/01/13	10/01/13	32.00	135.04	
261968	3	T1019	0580	10/02/13	10/02/13	32.00	135.04	
261968	4	T1019	0580	10/04/13	10/04/13	32.00	135.04	
					CLAIM TOTAL		540.16	CLAIM ACCOUNT REF. 2619680012009237SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008223	2009269	SHAH, HANSIKABEN	09/28/1948	UR74418G	0005080096
DIAGNOSIS CODES :		401.9	296.20	733.00	V61.9		
CLAIM REFERENCE #:		CLAIM FREQ: 1 (ORIGINAL)					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261972	1	T1019	0580	10/04/13	10/04/13	20.00	84.40	
					CLAIM TOTAL		84.40	CLAIM ACCOUNT REF. 2619720012009269SUP

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
CLAIM REFERENCE #:		CLAIM FREQ: 1 (ORIGINAL)					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261969	1	T1019	0580	09/28/13	09/28/13	20.00	84.40	
261969	2	T1019	0580	09/29/13	09/29/13	20.00	84.40	
261969	3	T1019	0580	09/30/13	09/30/13	20.00	84.40	
261969	4	T1019	0580	10/01/13	10/01/13	20.00	84.40	
261969	5	T1019	0580	10/02/13	10/02/13	20.00	84.40	
261969	6	T1019	0580	10/03/13	10/03/13	20.00	84.40	
261969	7	T1019	0580	10/04/13	10/04/13	20.00	84.40	
					CLAIM TOTAL		590.80	CLAIM ACCOUNT REF. 2619690012009406SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008414 2009562 CIPRIAN, JACQUELINE 12/03/1963 ZU96435W 0004979520  
DIAGNOSIS CODES : 345.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
261970	1	T1019		0580		10/02/13	10/02/13	40.00	168.80
261970	2	T1019		0580		10/03/13	10/03/13	40.00	168.80
CLAIM TOTAL									337.60

CLAIM ACCOUNT REF. 2619700012009562SUP

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  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
261961	1	T1019		0580		09/30/13	09/30/13	16.00	67.52
261961	2	T1019		0580		10/01/13	10/01/13	16.00	67.52
261961	3	T1019		0580		10/02/13	10/02/13	16.00	67.52
261961	4	T1019		0580		10/03/13	10/03/13	16.00	67.52
261961	5	T1019		0580		10/04/13	10/04/13	16.00	67.52
CLAIM TOTAL									337.60

CLAIM ACCOUNT REF. 2619610012009686SUP

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  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
261962	1	T1019		0580		09/28/13	09/28/13	36.00	151.92
261962	2	T1019		0580		09/29/13	09/29/13	36.00	151.92
261962	3	T1019		0580		09/30/13	09/30/13	36.00	151.92
261962	4	T1019		0580		10/01/13	10/01/13	36.00	151.92
261962	5	T1019		0580		10/02/13	10/02/13	36.00	151.92
261962	6	T1019		0580		10/03/13	10/03/13	36.00	151.92
261962	7	T1019		0580		10/04/13	10/04/13	36.00	151.92
CLAIM TOTAL									1,063.44

CLAIM ACCOUNT REF. 2619620012010991SUP

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

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = 55247                      HEALTH INSURANCE PLAN

261959	1	G0156	0572	09/28/13	09/28/13	12.00	171.00
261959	2	G0156	0572	09/29/13	09/29/13	12.00	171.00
261959	3	G0156	0572	09/30/13	09/30/13	9.00	128.25
261959	4	G0156	0572	10/01/13	10/01/13	9.00	128.25
261959	5	G0156	0572	10/02/13	10/02/13	9.00	128.25
261959	6	G0156	0572	10/03/13	10/03/13	9.00	128.25
261959	7	G0156	0572	10/04/13	10/04/13	9.00	128.25
CLAIM TOTAL							983.25
							CLAIM ACCOUNT REF. 2619590012011066SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008273 2011526 DE JESUS, TIBURCIO 08/11/1947 XX16524S 0006379371  
DIAGNOSIS CODES : 250.03 369.60 401.9 414.04 799.89 V60.3  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
261960	1	T1019		0580		09/28/13	09/28/13	48.00	202.56
261960	2	T1019		0580		09/29/13	09/29/13	48.00	202.56
261960	3	T1019		0580		09/30/13	09/30/13	48.00	202.56
261960	4	T1019		0580		10/01/13	10/01/13	48.00	202.56
261960	5	T1019		0580		10/02/13	10/02/13	48.00	202.56
261960	6	T1019		0580		10/03/13	10/03/13	48.00	202.56
261960	7	T1019		0580		10/04/13	10/04/13	48.00	202.56
CLAIM TOTAL									1,417.92
									CLAIM ACCOUNT REF. 2619600012011526SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012541 2012541 LANGELOH, HOWARD 09/29/1923 16394107 0006625755  
DIAGNOSIS CODES : 715.90 250.00 272.4 401.9 493.91  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
261964	1	T1019		0580		09/28/13	09/28/13	24.00	101.28
261964	2	T1019		0580		09/29/13	09/29/13	24.00	101.28
261964	3	T1019		0580		09/30/13	09/30/13	24.00	101.28
261964	4	T1019		0580		10/01/13	10/01/13	24.00	101.28
261964	5	T1019		0580		10/02/13	10/02/13	24.00	101.28
261964	6	T1019		0580		10/03/13	10/03/13	24.00	101.28
261964	7	T1019		0580		10/04/13	10/04/13	24.00	101.28
CLAIM TOTAL									708.96
									CLAIM ACCOUNT REF. 2619640012012541SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #  
0006313393

CLAIM FREQ: 1 (ORIGINAL)

CLAIM ACCOUNT REF. 2619650012013402SUP

PRIOR AUTHORIZATION #  
0004298435

CLAIM FREQ: 1 (ORIGINAL)

CLAIM ACCOUNT REF. 2619630012013531SUP

PRIOR AUTHORIZATION #  
0006600227

CLAIM FREQ: 1 (ORIGINAL)

CLAIM ACCOUNT REF. 2619660012013811SUP

TOTAL CLAIM AMOUNT = 8,646.77

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# SERVICES = 16
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NPI = 1154407492

PRIOR AUTHORIZATION #  
131610065

CLAIM FREQ: 1 (ORIGINAL)

CLAIM ACCOUNT REF. 2621180012010958SUP

PAYER TOTALS:	VNSNY CHOICE	# OF CLAIMS =	8	TOTAL CLAIM AMOUNT =	960.96
		# SERVICES =	1		

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2003480 2003583 HERNANDEZ, FRANCISCA 02/07/1925 PX35079P R2220226  
DIAGNOSIS CODES : 294.10 272.2 293.84 311. 401.9 715.98  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262054	1	T1019				09/28/13	09/28/13	40.00	142.40
262054	2	T1019				09/29/13	09/29/13	40.00	142.40
262054	3	T1019				09/30/13	09/30/13	44.00	156.64
CLAIM TOTAL									441.44

CLAIM ACCOUNT REF. 2620540012003583SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2003639 2003639 WOO, LUZ 02/27/1931 ZT83637F R2250302  
DIAGNOSIS CODES : 492.0 212.3 213.2 223.0 311. 401.9 724.5  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262087	1	T1019				10/01/13	10/01/13	16.00	56.96
262087	2	T1019				10/02/13	10/02/13	16.00	56.96
CLAIM TOTAL									113.92

CLAIM ACCOUNT REF. 2620870012003639SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2004798 2004798 WOO, LUZ 02/27/1931 ZT83637F R2250302  
DIAGNOSIS CODES : 492.0 212.3 213.2 223.0 311. 401.9 724.5  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262088	1	S5130				09/30/13	09/30/13	16.00	56.96
CLAIM TOTAL									56.96

CLAIM ACCOUNT REF. 2620880012004798SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2005079 2005079 SIMON, LUPE 12/12/1934 YC26622R R2303923  
DIAGNOSIS CODES : 250.00 272.0 401.9 530.81 596.51 733.00 780.52 V44.3  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262080	1	T1019				10/01/13	10/01/13	16.00	56.96
262080	2	T1019				10/03/13	10/03/13	16.00	56.96
CLAIM TOTAL									113.92

CLAIM ACCOUNT REF. 2620800012005079SUP



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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    2006762    2006762    MOROCHO, MANUEL                      12/10/1914    TZ67231W                      0104291302785  
DIAGNOSIS CODES :    369.00    462.                      530.81                      600.00                      719.7                      780.97  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262063	1	T1019		09/28/13	09/28/13	48.00	170.88	
262063	2	T1019		09/29/13	09/29/13	48.00	170.88	
262063	3	T1019		09/30/13	09/30/13	48.00	170.88	
262063	4	T1019		10/01/13	10/01/13	48.00	170.88	
262063	5	T1019		10/02/13	10/02/13	48.00	170.88	
262063	6	T1019		10/03/13	10/03/13	48.00	170.88	
262063	7	T1019		10/04/13	10/04/13	48.00	170.88	
CLAIM TOTAL							1,196.16	CLAIM ACCOUNT REF.    2620630012006762SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2006897    2006897    ALVAREZ, ANGELA                      05/20/1942    ZU47022Y                      R2474296  
DIAGNOSIS CODES :    311.                      401.9                      462.                      715.00                      780.96  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262037	1	S5130		10/04/13	10/04/13	16.00	56.96	
CLAIM TOTAL							56.96	CLAIM ACCOUNT REF.    2620370012006897SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2007165    2007165    SIERRA, MIRIAM                      10/18/1953    YH89624C                      R2365310  
DIAGNOSIS CODES :    294.20                      272.0                      311.                      369.9                      401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262079	1	T1019		09/28/13	09/28/13	16.00	56.96	
262079	2	T1019		09/29/13	09/29/13	16.00	56.96	
262079	3	T1019		09/30/13	09/30/13	32.00	113.92	
262079	4	T1019		10/01/13	10/01/13	32.00	113.92	
262079	5	T1019		10/02/13	10/02/13	32.00	113.92	
262079	6	T1019		10/03/13	10/03/13	32.00	113.92	
262079	7	T1019		10/04/13	10/04/13	32.00	113.92	
CLAIM TOTAL							683.52	CLAIM ACCOUNT REF.    2620790012007165SUP

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PAYER       ID = 80141                      HEALTHFIRST PHSP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2007478    2007478    HARIDIN, KHAMATTIE                      04/19/1941    WS44546W                      R2252889  
DIAGNOSIS CODES :    715.90    135.                      250.00    311.                      401.9                      530.81    724.3  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262051	1	S5125		09/28/13	09/28/13	16.00	56.96	
262051	2	S5125		09/29/13	09/29/13	16.00	56.96	
262051	3	S5125		09/30/13	09/30/13	20.00	71.20	
262051	4	S5125		10/01/13	10/01/13	20.00	71.20	
262051	5	S5125		10/02/13	10/02/13	20.00	71.20	
262051	6	S5125		10/03/13	10/03/13	20.00	71.20	
262051	7	S5125		10/04/13	10/04/13	20.00	71.20	
CLAIM TOTAL							469.92	CLAIM ACCOUNT REF.    2620510012007478SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2007477    2007590    HARIDIN, RAMDIAL                      08/08/1935    SE14035X                      R2362509  
DIAGNOSIS CODES :    331.0    250.00    366.00    401.9                      780.93    V12.59  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262052	1	S5125		09/28/13	09/28/13	80.00	284.80	
262052	2	S5125		09/29/13	09/29/13	80.00	284.80	
262052	3	S5125		09/30/13	09/30/13	76.00	270.56	
262052	4	S5125		10/01/13	10/01/13	76.00	270.56	
262052	5	S5125		10/02/13	10/02/13	76.00	270.56	
262052	6	S5125		10/03/13	10/03/13	76.00	270.56	
262052	7	S5125		10/04/13	10/04/13	76.00	270.56	
CLAIM TOTAL							1,922.40	CLAIM ACCOUNT REF.    2620520012007590SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008246    2008246    RIVERA, CHRISTOPHER                      09/03/1996    UW23596M                      R2269158  
DIAGNOSIS CODES :    314.01  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261923	1	T1019		09/28/13	09/28/13	12.00	50.64	
261923	2	T1019		09/29/13	09/29/13	12.00	50.64	
261923	3	T1019		09/30/13	09/30/13	12.00	50.64	
261923	4	T1019		10/01/13	10/01/13	12.00	50.64	
261923	5	T1019		10/02/13	10/02/13	12.00	50.64	
261923	6	T1019		10/03/13	10/03/13	12.00	50.64	
261923	7	T1019		10/04/13	10/04/13	12.00	50.64	
CLAIM TOTAL							354.48	CLAIM ACCOUNT REF.    2619230012008246SUP

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PAYER       ID = 80141                      HEALTHFIRST PHSP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008248    2008248    RIVERA, EDDIE                      01/29/1960    YP34893V                      R2226367  
DIAGNOSIS CODES :    339.02    367.1    369.10  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261924	1	T1019		09/30/13	09/30/13	12.00	50.64	
261924	2	T1019		10/01/13	10/01/13	12.00	50.64	
261924	3	T1019		10/02/13	10/02/13	12.00	50.64	
261924	4	T1019		10/03/13	10/03/13	12.00	50.64	
CLAIM TOTAL							202.56	CLAIM ACCOUNT REF.    2619240012008248SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008249    2008249    LOPEZ-RAMIREZ, CARLOTA                      01/20/1936    QR43529V                      0105101301235  
DIAGNOSIS CODES :    714.0    272.4    401.9    536.9    586.    733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261917	1	T1019		09/28/13	09/28/13	44.00	185.68	
261917	2	T1019		09/29/13	09/29/13	44.00	185.68	
261917	3	T1019		09/30/13	09/30/13	44.00	185.68	
261917	4	T1019		10/01/13	10/01/13	44.00	185.68	
261917	5	T1019		10/02/13	10/02/13	44.00	185.68	
261917	6	T1019		10/03/13	10/03/13	44.00	185.68	
261917	7	T1019		10/04/13	10/04/13	44.00	185.68	
CLAIM TOTAL							1,299.76	CLAIM ACCOUNT REF.    2619170012008249SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008250    2008250    SALAZAR, LUZ MARIA                      02/19/1970    SC60317K                      R2270854  
DIAGNOSIS CODES :    952.9    564.81    596.54    806.05  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261928	1	T1019		09/28/13	09/28/13	32.00	135.04	
261928	2	T1019		09/29/13	09/29/13	32.00	135.04	
261928	3	T1019		09/30/13	09/30/13	32.00	135.04	
261928	4	T1019		10/01/13	10/01/13	32.00	135.04	
261928	5	T1019		10/02/13	10/02/13	32.00	135.04	
261928	6	T1019		10/03/13	10/03/13	32.00	135.04	
261928	7	T1019		10/04/13	10/04/13	32.00	135.04	
CLAIM TOTAL							945.28	CLAIM ACCOUNT REF.    2619280012008250SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008251 2008251 CEBALLOS, ANA 12/31/1919 UH02585Q R2388879  
DIAGNOSIS CODES : 294.10 244.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
261902	1	T1019				09/28/13	09/28/13	32.00	135.04
261902	2	T1019				09/30/13	09/30/13	32.00	135.04
261902	3	T1019				10/01/13	10/01/13	32.00	135.04
261902	4	T1019				10/02/13	10/02/13	32.00	135.04
261902	5	T1019				10/03/13	10/03/13	32.00	135.04
CLAIM TOTAL									675.20
CLAIM ACCOUNT REF.									2619020012008251SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008253 2008253 MACARENA, SAHARA 09/12/1965 VT07830U 0104171302386  
DIAGNOSIS CODES : 359.0 719.45  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
261918	1	T1019				09/28/13	09/28/13	48.00	202.56
261918	2	T1019				09/29/13	09/29/13	48.00	202.56
261918	3	T1019				09/30/13	09/30/13	48.00	202.56
261918	4	T1019				10/01/13	10/01/13	48.00	202.56
261918	5	T1019				10/02/13	10/02/13	48.00	202.56
CLAIM TOTAL									1,012.80
CLAIM ACCOUNT REF.									2619180012008253SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008254 2008254 SPIVEY, PATRICIA 04/06/1965 WE52435B 0104051303745  
DIAGNOSIS CODES : 250.00 401.9 733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
261931	1	T1019				09/30/13	09/30/13	32.00	135.04
261931	2	T1019				10/01/13	10/01/13	32.00	135.04
261931	3	T1019				10/02/13	10/02/13	32.00	135.04
261931	4	T1019				10/03/13	10/03/13	32.00	135.04
261931	5	T1019				10/04/13	10/04/13	32.00	135.04
CLAIM TOTAL									675.20
CLAIM ACCOUNT REF.									2619310012008254SUP

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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 0104121301251  
DIAGNOSIS CODES : 294.8 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261900	1	T1019		09/30/13	09/30/13	32.00	135.04
261900	2	T1019		10/01/13	10/01/13	32.00	135.04
261900	3	T1019		10/02/13	10/02/13	32.00	135.04
261900	4	T1019		10/04/13	10/04/13	32.00	135.04
CLAIM TOTAL							540.16

CLAIM ACCOUNT REF. 2619000012008256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008290 2008290 SALHUANA, YOLANDA 08/25/1935 SZ24247J 0103261301164  
DIAGNOSIS CODES : 249.70 362.50 401.9 733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261929	1	T1019		09/30/13	09/30/13	32.00	135.04
261929	2	T1019		10/01/13	10/01/13	32.00	135.04
261929	3	T1019		10/02/13	10/02/13	32.00	135.04
261929	4	T1019		10/03/13	10/03/13	32.00	135.04
CLAIM TOTAL							540.16

CLAIM ACCOUNT REF. 2619290012008290SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008368 2008368 RODRIGUEZ, MARGARET 06/25/1950 ZP21043J R2259936  
DIAGNOSIS CODES : 295.90 250.00 272.4 311. 401.9 414.3 733.00 780.52  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261927	1	T1019		09/30/13	09/30/13	16.00	67.52
261927	2	T1019		10/01/13	10/01/13	16.00	67.52
261927	3	T1019		10/02/13	10/02/13	16.00	67.52
261927	4	T1019		10/03/13	10/03/13	16.00	67.52
261927	5	T1019		10/04/13	10/04/13	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2619270012008368SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008411 2008411 FRANCISCO, RICHARD 07/10/1968 XR22414G R2421729  
DIAGNOSIS CODES : 401.9 443.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261909	1	T1019		09/28/13	09/28/13	32.00	135.04

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PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261909	2	T1019		09/29/13	09/29/13	32.00	135.04
261909	3	T1019		09/30/13	09/30/13	32.00	135.04
261909	4	T1019		10/01/13	10/01/13	32.00	135.04
261909	5	T1019		10/02/13	10/02/13	32.00	135.04
261909	6	T1019		10/03/13	10/03/13	32.00	135.04
261909	7	T1019		10/04/13	10/04/13	32.00	135.04
CLAIM TOTAL							945.28

CLAIM ACCOUNT REF. 2619090012008411SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008433 2008433 BHAIRO, KOWSILILLI 05/13/1954 VG15691D R2362824  
DIAGNOSIS CODES : 340. 286.0 311. 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261896	1	T1019		09/28/13	09/28/13	32.00	135.04
261896	2	T1019		09/29/13	09/29/13	32.00	135.04
261896	3	T1019		09/30/13	09/30/13	32.00	135.04
261896	4	T1019		10/01/13	10/01/13	32.00	135.04
261896	5	T1019		10/02/13	10/02/13	32.00	135.04
261896	6	T1019		10/03/13	10/03/13	32.00	135.04
261896	7	T1019		10/04/13	10/04/13	32.00	135.04
CLAIM TOTAL							945.28

CLAIM ACCOUNT REF. 2618960012008433SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z 0105161301593  
DIAGNOSIS CODES : 250.00 244.8 311. 401.9 428.0 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261895	1	T1019		09/28/13	09/28/13	12.00	50.64
261895	2	T1019		09/30/13	09/30/13	20.00	84.40
261895	3	T1019		10/01/13	10/01/13	20.00	84.40
261895	4	T1019		10/02/13	10/02/13	20.00	84.40
261895	5	T1019		10/03/13	10/03/13	20.00	84.40
261895	6	T1019		10/04/13	10/04/13	20.00	84.40
CLAIM TOTAL							472.64

CLAIM ACCOUNT REF. 2618950012008487SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008571 2008571 ESPAILLAT, AMPARO 12/25/1949 ZG25447P R2464534  
DIAGNOSIS CODES : 401.9 272.0 311. 365.9 366.9 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
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261906	1	T1019	09/28/13	09/28/13	16.00	67.52
261906	2	T1019	09/29/13	09/29/13	16.00	67.52
261906	3	T1019	09/30/13	09/30/13	24.00	101.28
261906	4	T1019	10/01/13	10/01/13	20.00	84.40
261906	5	T1019	10/02/13	10/02/13	24.00	101.28
261906	6	T1019	10/03/13	10/03/13	24.00	101.28
261906	7	T1019	10/04/13	10/04/13	24.00	101.28
CLAIM TOTAL						624.56
CLAIM ACCOUNT REF.						2619060012008571SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008745 2008745 TORRESCAMPOS, JOVITA 02/15/1939 SK28000U R2430244  
DIAGNOSIS CODES : 463. 272.2 401.9 462. V12.54  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262086	1	T1019		09/30/13	09/30/13	32.00	113.92
262086	2	T1019		10/01/13	10/01/13	32.00	113.92
262086	3	T1019		10/02/13	10/02/13	32.00	113.92
262086	4	T1019		10/03/13	10/03/13	32.00	113.92
262086	5	T1019		10/04/13	10/04/13	32.00	113.92
CLAIM TOTAL							569.60
CLAIM ACCOUNT REF.							2620860012008745SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008919 2008919 COLON, RAYMUNDA 07/01/1939 ZQ72180D R2394992  
DIAGNOSIS CODES : 253.5 272.4 401.9 447.6  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262041	1	T1019		09/29/13	09/29/13	28.00	99.68
262041	2	T1019		09/30/13	09/30/13	28.00	99.68
262041	3	T1019		10/01/13	10/01/13	28.00	99.68
262041	4	T1019		10/02/13	10/02/13	28.00	99.68
262041	5	T1019		10/03/13	10/03/13	28.00	99.68
CLAIM TOTAL							498.40
CLAIM ACCOUNT REF.							2620410012008919SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008271 2009270 CARRION, MARIA 06/30/1928 SC64434E 0104091302208  
DIAGNOSIS CODES : 250.00 294.10 401.9 V12.54  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261901	1	T1019		09/28/13	09/28/13	32.00	135.04
261901	2	T1019		09/30/13	09/30/13	32.00	135.04
261901	3	T1019		10/01/13	10/01/13	32.00	135.04

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PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261901	4	T1019		10/02/13	10/02/13	32.00	135.04	
261901	5	T1019		10/03/13	10/03/13	32.00	135.04	
261901	6	T1019		10/04/13	10/04/13	32.00	135.04	
						CLAIM TOTAL	810.24	CLAIM ACCOUNT REF. 2619010012009270SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009442 2009442 GHILIOTTY, FLORENTINA 07/18/1927 ZN29900K R2300287  
DIAGNOSIS CODES : 427.9 250.00 272.0 366.00 401.9 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262048	1	T1019		09/28/13	09/28/13	20.00	71.20	
262048	2	T1019		09/29/13	09/29/13	20.00	71.20	
262048	3	T1019		09/30/13	09/30/13	20.00	71.20	
262048	4	T1019		10/01/13	10/01/13	20.00	71.20	
262048	5	T1019		10/02/13	10/02/13	20.00	71.20	
262048	6	T1019		10/03/13	10/03/13	20.00	71.20	
262048	7	T1019		10/04/13	10/04/13	20.00	71.20	
						CLAIM TOTAL	498.40	CLAIM ACCOUNT REF. 2620480012009442SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009560 2009560 BOCHENEC, JOLANTA 07/08/1964 ZT71147Q 0104251302988  
DIAGNOSIS CODES : 854.00 272.4 300.00 307.42 781.0  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261898	1	T1019		09/28/13	09/28/13	24.00	101.28	
261898	2	T1019		09/29/13	09/29/13	24.00	101.28	
261898	3	T1019		09/30/13	09/30/13	24.00	101.28	
261898	4	T1019		10/01/13	10/01/13	24.00	101.28	
261898	5	T1019		10/02/13	10/02/13	24.00	101.28	
261898	6	T1019		10/03/13	10/03/13	24.00	101.28	
261898	7	T1019		10/04/13	10/04/13	24.00	101.28	
						CLAIM TOTAL	708.96	CLAIM ACCOUNT REF. 2618980012009560SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010009 2010009 VEGA, GLORIA 07/06/1955 ZU45073J 0108211301415  
DIAGNOSIS CODES : 340. 250.00 272.2 311.  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261937	1	T1019		09/30/13	09/30/13	32.00	135.04
261937	2	T1019		10/01/13	10/01/13	32.00	135.04



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PAYER       ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261937	3	T1019		10/02/13	10/02/13	32.00	135.04	
261937	4	T1019		10/03/13	10/03/13	32.00	135.04	
261937	5	T1019		10/04/13	10/04/13	32.00	135.04	
CLAIM TOTAL							675.20	CLAIM ACCOUNT REF.    2619370012010009SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2010758    2010758    VASQUEZ, OLGA                      11/20/1948    WU00136E                      0108281302477  
DIAGNOSIS CODES :    311.    244.9    253.5    401.9    429.9    493.90    948.11  
CLAIM REFERENCE #:                      CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261936	1	T1019		09/28/13	09/28/13	20.00	84.40	
261936	2	T1019		09/29/13	09/29/13	20.00	84.40	
261936	3	T1019		10/03/13	10/03/13	20.00	84.40	
261936	4	T1019		10/04/13	10/04/13	20.00	84.40	
CLAIM TOTAL							337.60	CLAIM ACCOUNT REF.    2619360012010758SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008378    2011528    BOWERS \*, DIANE                      10/01/1946    129232187                      R2207419  
DIAGNOSIS CODES :    250.11    300.02    410.90    413.9    428.0    440.9    493.00  
CLAIM REFERENCE #:                      CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261899	1	T1019		09/30/13	09/30/13	40.00	168.80	
261899	2	T1019		10/01/13	10/01/13	40.00	168.80	
261899	3	T1019		10/02/13	10/02/13	40.00	168.80	
261899	4	T1019		10/03/13	10/03/13	40.00	168.80	
261899	5	T1019		10/04/13	10/04/13	40.00	168.80	
CLAIM TOTAL							844.00	CLAIM ACCOUNT REF.    2618990012011528SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2011790    2011790    SALICRUP, CARMEN                      08/27/1933    UM62649X                      R2421671  
DIAGNOSIS CODES :    250.93    272.4  
CLAIM REFERENCE #:                      CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262077	1	T1019		09/30/13	09/30/13	16.00	56.96	
262077	2	T1019		10/02/13	10/02/13	16.00	56.96	
262077	3	T1019		10/04/13	10/04/13	16.00	56.96	
CLAIM TOTAL							170.88	CLAIM ACCOUNT REF.    2620770012011790SUP

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PAYER       ID = 80141                      HEALTHFIRST PHSP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2011791    2011791    PERALTA, ANTONIO                      06/27/1946    WD92450J                      R2341378  
DIAGNOSIS CODES :    331.0    253.5    401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262067	1	T1019		09/30/13	09/30/13	32.00	113.92
262067	2	T1019		10/01/13	10/01/13	32.00	113.92
262067	3	T1019		10/02/13	10/02/13	32.00	113.92
262067	4	T1019		10/03/13	10/03/13	32.00	113.92
262067	5	T1019		10/04/13	10/04/13	32.00	113.92
CLAIM TOTAL							569.60

CLAIM ACCOUNT REF.    2620670012011791SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2011792    2011792    RIVERA, BRIGIDA                      02/01/1926    ZT21439N                      0107011302907  
DIAGNOSIS CODES :    401.9    272.4    311.    733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262071	1	T1019		09/28/13	09/28/13	16.00	56.96
262071	2	T1019		09/29/13	09/29/13	16.00	56.96
262071	3	T1019		09/30/13	09/30/13	36.00	128.16
262071	4	T1019		10/01/13	10/01/13	32.00	113.92
262071	5	T1019		10/02/13	10/02/13	32.00	113.92
262071	6	T1019		10/03/13	10/03/13	36.00	128.16
262071	7	T1019		10/04/13	10/04/13	32.00	113.92
CLAIM TOTAL							712.00

CLAIM ACCOUNT REF.    2620710012011792SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2011794    2011794    RUIZ, MIRTA                      08/16/1949    ZS10861D                      0105211302709  
DIAGNOSIS CODES :    250.02    311.    401.9    436.  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262076	1	T1019		10/01/13	10/01/13	36.00	128.16
262076	2	T1019		10/02/13	10/02/13	36.00	128.16
262076	3	T1019		10/03/13	10/03/13	36.00	128.16
CLAIM TOTAL							384.48

CLAIM ACCOUNT REF.    2620760012011794SUP

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PAYER       ID = 80141                      HEALTHFIRST PHSP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2011795    2011795    SOTO, AGRIPINA                      12/01/1919    YY63880T                      0109101301358  
DIAGNOSIS CODES :    493.92    244.9       401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262082	1	T1019		09/02/13	09/02/13	16.00	56.96
262082	2	T1019		09/03/13	09/03/13	16.00	56.96
262082	3	T1019		09/04/13	09/04/13	16.00	56.96
262082	4	T1019		09/05/13	09/05/13	16.00	56.96
262082	5	T1019		09/06/13	09/06/13	16.00	56.96
262082	6	T1019		09/09/13	09/09/13	16.00	56.96
262082	7	T1019		09/10/13	09/10/13	16.00	56.96
CLAIM TOTAL							398.72

CLAIM ACCOUNT REF.    2620820012011795SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2011795    2011795    SOTO, AGRIPINA                      12/01/1919    YY63880T                      0109101301358  
DIAGNOSIS CODES :    493.92    244.9       401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262083	1	T1019		09/11/13	09/11/13	16.00	56.96
262083	2	T1019		09/12/13	09/12/13	16.00	56.96
262083	3	T1019		09/13/13	09/13/13	16.00	56.96
262083	4	T1019		09/16/13	09/16/13	16.00	56.96
262083	5	T1019		09/17/13	09/17/13	16.00	56.96
262083	6	T1019		09/18/13	09/18/13	16.00	56.96
262083	7	T1019		09/19/13	09/19/13	16.00	56.96
262083	8	T1019		09/20/13	09/20/13	16.00	56.96
262083	9	T1019		09/23/13	09/23/13	16.00	56.96
262083	10	T1019		09/25/13	09/25/13	16.00	56.96
262083	11	T1019		09/26/13	09/26/13	16.00	56.96
262083	12	T1019		09/27/13	09/27/13	16.00	56.96
262083	13	T1019		09/30/13	09/30/13	16.00	56.96
262083	14	T1019		10/01/13	10/01/13	16.00	56.96
262083	15	T1019		10/02/13	10/02/13	16.00	56.96
262083	16	T1019		10/03/13	10/03/13	16.00	56.96
262083	17	T1019		10/04/13	10/04/13	16.00	56.96
CLAIM TOTAL							968.32

CLAIM ACCOUNT REF.    2620830012011795SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011796 2011796 ROSA, CARMEN 06/16/1945 VH41068Z R2320780  
DIAGNOSIS CODES : 715.90 295.70  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262073	1	T1019				09/30/13	09/30/13	32.00	113.92
262073	2	T1019				10/01/13	10/01/13	28.00	99.68
262073	3	T1019				10/04/13	10/04/13	20.00	71.20
CLAIM TOTAL									284.80

CLAIM ACCOUNT REF. 2620730012011796SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008405 2011820 ST ROMAINE, CLAUDE 10/01/1956 UZ14868C R2374924  
DIAGNOSIS CODES : 952.9 344.9 596.54  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
261932	1	T1019				09/28/13	09/28/13	32.00	135.04
261932	2	T1019				09/29/13	09/29/13	32.00	135.04
261932	3	T1019				09/30/13	09/30/13	40.00	168.80
261932	4	T1019				10/01/13	10/01/13	40.00	168.80
261932	5	T1019				10/02/13	10/02/13	40.00	168.80
261932	6	T1019				10/03/13	10/03/13	40.00	168.80
261932	7	T1019				10/04/13	10/04/13	40.00	168.80
CLAIM TOTAL									1,114.08

CLAIM ACCOUNT REF. 2619320012011820SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011867 2011867 GOODWIN, CLYDE 09/20/1925 RF40230A R2345549  
DIAGNOSIS CODES : 362.50 272.4 401.9 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262050	1	T1019				09/28/13	09/28/13	40.00	142.40
262050	2	T1019				09/29/13	09/29/13	40.00	142.40
262050	3	T1019				09/30/13	09/30/13	40.00	142.40
262050	4	T1019				10/01/13	10/01/13	40.00	142.40
262050	5	T1019				10/02/13	10/02/13	40.00	142.40
262050	6	T1019				10/03/13	10/03/13	40.00	142.40
262050	7	T1019				10/04/13	10/04/13	40.00	142.40
CLAIM TOTAL									996.80

CLAIM ACCOUNT REF. 2620500012011867SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011868 2011868 DEJESUS, YSABEL 11/13/1934 VP60263T R2402920  
DIAGNOSIS CODES : 428.0 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262043	1	T1019				10/01/13	10/01/13	16.00	56.96
262043	2	T1019				10/02/13	10/02/13	16.00	56.96
262043	3	T1019				10/03/13	10/03/13	16.00	56.96
262043	4	T1019				10/04/13	10/04/13	16.00	56.96
CLAIM TOTAL									227.84

CLAIM ACCOUNT REF. 2620430012011868SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011884 2011884 SIERRA, DOMINGA 07/01/1933 YH21412B R2363274  
DIAGNOSIS CODES : 250.00 272.4 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262078	1	T1019				09/30/13	09/30/13	32.00	113.92
262078	2	T1019				10/01/13	10/01/13	32.00	113.92
262078	3	T1019				10/02/13	10/02/13	32.00	113.92
262078	4	T1019				10/03/13	10/03/13	32.00	113.92
262078	5	T1019				10/04/13	10/04/13	32.00	113.92
CLAIM TOTAL									569.60

CLAIM ACCOUNT REF. 2620780012011884SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011885 2011885 TORRES, JOSE 06/23/1938 WB42614P R2440069  
DIAGNOSIS CODES : 493.91 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262085	1	T1019				09/30/13	09/30/13	16.00	56.96
262085	2	T1019				10/01/13	10/01/13	16.00	56.96
262085	3	T1019				10/02/13	10/02/13	16.00	56.96
262085	4	T1019				10/03/13	10/03/13	16.00	56.96
262085	5	T1019				10/04/13	10/04/13	16.00	56.96
CLAIM TOTAL									284.80

CLAIM ACCOUNT REF. 2620850012011885SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011886 2011886 MERCADO, ELVA 06/15/1932 YW12212B 0104051301925  
DIAGNOSIS CODES : 250.00 332.1 714.0  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
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PAYER       ID = 80141                      HEALTHFIRST PHSP

262061	1	T1019	09/28/13	09/28/13	24.00	85.44
262061	2	T1019	09/29/13	09/29/13	24.00	85.44
262061	3	T1019	09/30/13	09/30/13	24.00	85.44
CLAIM TOTAL						256.32
CLAIM ACCOUNT REF.						2620610012011886SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011886 2011886 MERCADO, ELVA 06/15/1932 YW12212B R2479308  
DIAGNOSIS CODES : 250.00 332.1 714.0  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262062	1	T1019				10/01/13	10/01/13	20.00	71.20
262062	2	T1019				10/02/13	10/02/13	24.00	85.44
262062	3	T1019				10/03/13	10/03/13	20.00	71.20
262062	4	T1019				10/04/13	10/04/13	24.00	85.44
CLAIM TOTAL									313.28
CLAIM ACCOUNT REF.									2620620012011886SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011887 2011887 ROSADO, CARMEN 01/20/1919 ZT37222K R2200478  
DIAGNOSIS CODES : 733.09 274.00 362.50 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262074	1	T1019				09/30/13	09/30/13	48.00	170.88
CLAIM TOTAL									170.88
CLAIM ACCOUNT REF.									2620740012011887SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011887 2011887 ROSADO, CARMEN 01/20/1919 ZT37222K R2475095  
DIAGNOSIS CODES : 733.09 274.00 362.50 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262075	1	T1019				10/01/13	10/01/13	48.00	170.88
262075	2	T1019				10/02/13	10/02/13	48.00	170.88
262075	3	T1019				10/03/13	10/03/13	48.00	170.88
262075	4	T1019				10/04/13	10/04/13	48.00	170.88
CLAIM TOTAL									683.52
CLAIM ACCOUNT REF.									2620750012011887SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011914 2011914 TORRES, ANTONIA 10/24/1924 ZM49732K 0108231303228  
DIAGNOSIS CODES : 331.0 272.4  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
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PAYER       ID = 80141                      HEALTHFIRST PHSP

262084	1	T1020	09/28/13	09/28/13	1.00	200.00
262084	2	T1020	09/29/13	09/29/13	1.00	200.00
262084	3	T1020	09/30/13	09/30/13	1.00	200.00
262084	4	T1020	10/01/13	10/01/13	1.00	200.00
262084	5	T1020	10/02/13	10/02/13	1.00	200.00
262084	6	T1020	10/03/13	10/03/13	1.00	200.00
262084	7	T1020	10/04/13	10/04/13	1.00	200.00
CLAIM TOTAL						1,400.00
CLAIM ACCOUNT REF.						2620840012011914SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011943 2011943 CUEVA, RAFAELA 05/26/1934 WF24218W R2249691  
DIAGNOSIS CODES : 294.10 429.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262042	1	T1019		09/28/13	09/28/13	48.00	170.88
262042	2	T1019		09/29/13	09/29/13	48.00	170.88
262042	3	T1019		09/30/13	09/30/13	48.00	170.88
262042	4	T1019		10/01/13	10/01/13	48.00	170.88
262042	5	T1019		10/02/13	10/02/13	48.00	170.88
262042	6	T1019		10/03/13	10/03/13	48.00	170.88
262042	7	T1019		10/04/13	10/04/13	48.00	170.88
CLAIM TOTAL							1,196.16
CLAIM ACCOUNT REF.							2620420012011943SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011950 2011950 RAMOS, ISABEL 03/27/1928 WF45444N R2494578  
DIAGNOSIS CODES : V56.8 253.5 785.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262070	1	T1019		10/01/13	10/01/13	32.00	113.92
262070	2	T1019		10/02/13	10/02/13	28.00	99.68
262070	3	T1019		10/04/13	10/04/13	28.00	99.68
CLAIM TOTAL							313.28
CLAIM ACCOUNT REF.							2620700012011950SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011961 2011961 MARTINEZ 2, EMMA 10/17/1944 ZK99698A 0106211302516  
DIAGNOSIS CODES : 401.9 244.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262056	1	T1019		09/29/13	09/29/13	16.00	56.96
262056	2	T1019		09/30/13	09/30/13	16.00	56.96
CLAIM TOTAL							113.92
CLAIM ACCOUNT REF.							2620560012011961SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011961 2011962 MARTINEZ 2, EMMA 10/17/1944 ZK99698A R2338273  
DIAGNOSIS CODES : 401.9 244.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262057	1	S5130		10/02/13	10/02/13	16.00	56.96	
						CLAIM TOTAL	56.96	CLAIM ACCOUNT REF. 2620570012011962SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011964 2011964 FULLER, WILLIAM 09/28/1935 YX25158Y R2361055  
DIAGNOSIS CODES : 250.01 331.0 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262046	1	T1019		09/28/13	09/28/13	40.00	142.40	
262046	2	T1019		09/29/13	09/29/13	40.00	142.40	
262046	3	T1019		09/30/13	09/30/13	40.00	142.40	
262046	4	T1019		10/01/13	10/01/13	40.00	142.40	
262046	5	T1019		10/02/13	10/02/13	40.00	142.40	
262046	6	T1019		10/03/13	10/03/13	40.00	142.40	
262046	7	T1019		10/04/13	10/04/13	40.00	142.40	
						CLAIM TOTAL	996.80	CLAIM ACCOUNT REF. 2620460012011964SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011966 2011966 MATOS, AUREA 10/19/1927 TG62448J 0108261301887  
DIAGNOSIS CODES : V44.1  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262059	1	T1019		09/28/13	09/28/13	24.00	85.44	
262059	2	T1019		09/29/13	09/29/13	24.00	85.44	
262059	3	T1019		09/30/13	09/30/13	28.00	99.68	
262059	4	T1019		10/01/13	10/01/13	28.00	99.68	
262059	5	T1019		10/02/13	10/02/13	28.00	99.68	
262059	6	T1019		10/03/13	10/03/13	28.00	99.68	
262059	7	T1019		10/04/13	10/04/13	28.00	99.68	
						CLAIM TOTAL	669.28	CLAIM ACCOUNT REF. 2620590012011966SUP



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REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011991 2011991 HARLEY, ETHEL 01/24/1939 ZP72741M R2331024  
DIAGNOSIS CODES : 250.03 272.4 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262053	1	T1019				09/30/13	09/30/13	16.00	56.96
262053	2	T1019				10/02/13	10/02/13	16.00	56.96
262053	3	T1019				10/03/13	10/03/13	16.00	56.96
CLAIM TOTAL									170.88

CLAIM ACCOUNT REF. 2620530012011991SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011997 2011997 OSBORNE, DOROTHY 01/04/1931 VK20601M 0108221303049  
DIAGNOSIS CODES : 427.31 250.00 401.9 428.0  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262066	1	T1019				09/28/13	09/28/13	24.00	85.44
262066	2	T1019				09/29/13	09/29/13	20.00	71.20
262066	3	T1019				09/30/13	09/30/13	24.00	85.44
262066	4	T1019				10/01/13	10/01/13	24.00	85.44
262066	5	T1019				10/02/13	10/02/13	24.00	85.44
262066	6	T1019				10/03/13	10/03/13	24.00	85.44
262066	7	T1019				10/04/13	10/04/13	24.00	85.44
CLAIM TOTAL									583.84

CLAIM ACCOUNT REF. 2620660012011997SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012030 2012030 GARCIA, VICTORIA 01/22/1946 YP32446E R2216342  
DIAGNOSIS CODES : 401.9 272.2 715.00 733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262047	1	T1019				09/30/13	09/30/13	20.00	71.20
CLAIM TOTAL									71.20

CLAIM ACCOUNT REF. 2620470012012030SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012032 2012032 ORTIZ, SANTIAGO 04/12/1936 ZA54595T 0103151301546  
DIAGNOSIS CODES : 294.10 250.00 272.4 311.  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262064	1	T1019				09/30/13	09/30/13	40.00	142.40
CLAIM TOTAL									142.40

CLAIM ACCOUNT REF. 2620640012012032SUP

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REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012032 2012032 ORTIZ, SANTIAGO 04/12/1936 ZA54595T R2485006  
DIAGNOSIS CODES : 294.10 250.00 272.4 311.  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262065	1	T1019				10/01/13	10/01/13	40.00	142.40
262065	2	T1019				10/02/13	10/02/13	40.00	142.40
262065	3	T1019				10/03/13	10/03/13	40.00	142.40
262065	4	T1019				10/04/13	10/04/13	40.00	142.40
CLAIM TOTAL									569.60

CLAIM ACCOUNT REF. 2620650012012032SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012039 2012039 ESTRADA, MIRIAM 01/09/1947 ZX12851A R2286465  
DIAGNOSIS CODES : 493.92 253.5 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262045	1	T1019				09/28/13	09/28/13	16.00	56.96
262045	2	T1019				10/01/13	10/01/13	32.00	113.92
262045	3	T1019				10/02/13	10/02/13	32.00	113.92
262045	4	T1019				10/03/13	10/03/13	32.00	113.92
262045	5	T1019				10/04/13	10/04/13	32.00	113.92
CLAIM TOTAL									512.64

CLAIM ACCOUNT REF. 2620450012012039SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012041 2012041 ESCANIO, ANTONIO 06/13/1937 ST38273T R2333071  
DIAGNOSIS CODES : 250.00 272.2 365.9 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262044	1	T1019				09/28/13	09/28/13	16.00	56.96
262044	2	T1019				09/29/13	09/29/13	16.00	56.96
262044	3	T1019				09/30/13	09/30/13	16.00	56.96
262044	4	T1019				10/01/13	10/01/13	8.00	28.48
262044	5	T1019				10/03/13	10/03/13	8.00	28.48
262044	6	T1019				10/04/13	10/04/13	8.00	28.48
CLAIM TOTAL									256.32

CLAIM ACCOUNT REF. 2620440012012041SUP

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REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012042 2012042 MARTINEZ, ROSARIO 07/25/1951 XE62541Y 0104301301154  
DIAGNOSIS CODES : 493.92 272.4 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262058	1	T1019				09/28/13	09/28/13	16.00	56.96
262058	2	T1019				10/01/13	10/01/13	16.00	56.96
CLAIM TOTAL									113.92
CLAIM ACCOUNT REF.									2620580012012042SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012063 2012063 MALDONADO, MARIA 10/15/1920 ZN07021G 0104221302747  
DIAGNOSIS CODES : 331.0 250.00 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262055	1	T1020				09/28/13	09/28/13	1.00	200.00
262055	2	T1020				09/29/13	09/29/13	1.00	200.00
262055	3	T1020				09/30/13	09/30/13	1.00	200.00
262055	4	T1020				10/01/13	10/01/13	1.00	200.00
262055	5	T1020				10/02/13	10/02/13	1.00	200.00
262055	6	T1020				10/03/13	10/03/13	1.00	200.00
262055	7	T1020				10/04/13	10/04/13	1.00	200.00
CLAIM TOTAL									1,400.00
CLAIM ACCOUNT REF.									2620550012012063SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012064 2012064 MAYNARD, LILLIAN 03/01/1947 ZH47128X R2292790  
DIAGNOSIS CODES : 253.5 401.9 493.92  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262060	1	T1019				09/30/13	09/30/13	20.00	71.20
262060	2	T1019				10/01/13	10/01/13	20.00	71.20
262060	3	T1019				10/02/13	10/02/13	20.00	71.20
262060	4	T1019				10/03/13	10/03/13	20.00	71.20
262060	5	T1019				10/04/13	10/04/13	20.00	71.20
CLAIM TOTAL									356.00
CLAIM ACCOUNT REF.									2620600012012064SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012127 2012127 ZAPATA, SIMON 05/26/1926 UA23241S R2350814  
DIAGNOSIS CODES : 414.04 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
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262089	1	T1019	09/30/13	09/30/13	16.00	56.96
262089	2	T1019	10/02/13	10/02/13	16.00	56.96
262089	3	T1019	10/04/13	10/04/13	16.00	56.96
CLAIM TOTAL						170.88
CLAIM ACCOUNT REF.						2620890012012127SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012208 2012208 RODRIGUEZ, PAULA 03/21/1929 XZ33242G R2238025  
DIAGNOSIS CODES : 294.10 272.4 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262072	1	T1020				09/28/13	09/28/13	1.00	200.00
262072	2	T1020				09/29/13	09/29/13	1.00	200.00
262072	3	T1020				09/30/13	09/30/13	1.00	200.00
262072	4	T1020				10/01/13	10/01/13	1.00	200.00
262072	5	T1020				10/02/13	10/02/13	1.00	200.00
262072	6	T1020				10/03/13	10/03/13	1.00	200.00
262072	7	T1020				10/04/13	10/04/13	1.00	200.00
CLAIM TOTAL									1,400.00
CLAIM ACCOUNT REF.									2620720012012208SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012245 2012245 POLANCO, ANTONIA 11/10/1942 TH54120S R2307774  
DIAGNOSIS CODES : 401.9 272.2 331.0  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262068	1	T1019				09/28/13	09/28/13	16.00	56.96
262068	2	T1019				09/29/13	09/29/13	16.00	56.96
262068	3	T1019				09/30/13	09/30/13	16.00	56.96
262068	4	T1019				10/01/13	10/01/13	16.00	56.96
262068	5	T1019				10/02/13	10/02/13	16.00	56.96
262068	6	T1019				10/03/13	10/03/13	16.00	56.96
262068	7	T1019				10/04/13	10/04/13	16.00	56.96
CLAIM TOTAL									398.72
CLAIM ACCOUNT REF.									2620680012012245SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012246 2012246 POLANCO, RAMON 02/08/1925 XH93227Q R2307817  
DIAGNOSIS CODES : 250.00 401.9 414.01  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262069	1	T1019				09/28/13	09/28/13	8.00	28.48
262069	2	T1019				09/30/13	09/30/13	8.00	28.48
262069	3	T1019				10/02/13	10/02/13	8.00	28.48

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262069	4	T1019		10/03/13	10/03/13	8.00	28.48	
262069	5	T1019		10/04/13	10/04/13	8.00	28.48	
CLAIM TOTAL							142.40	CLAIM ACCOUNT REF. 2620690012012246SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012284 2012284 REINOSO, EMELIANNA 12/26/1931 115451707 0109191301524  
DIAGNOSIS CODES : 337.  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261922	1	T1019		09/28/13	09/28/13	40.00	168.80	
261922	2	T1019		09/29/13	09/29/13	40.00	168.80	
261922	3	T1019		09/30/13	09/30/13	40.00	168.80	
261922	4	T1019		10/01/13	10/01/13	40.00	168.80	
261922	5	T1019		10/02/13	10/02/13	40.00	168.80	
261922	6	T1019		10/03/13	10/03/13	40.00	168.80	
261922	7	T1019		10/04/13	10/04/13	40.00	168.80	
CLAIM TOTAL							1,181.60	CLAIM ACCOUNT REF. 2619220012012284SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011495 2012478 ISKANDER, JACOB S 04/14/1949 YS88012Z R2296271  
DIAGNOSIS CODES : 748.60 253.5 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261912	1	T1019		09/02/13	09/02/13	32.00	135.04	
261912	2	T1019		09/28/13	09/28/13	32.00	135.04	
261912	3	T1019		09/29/13	09/29/13	32.00	135.04	
261912	4	T1019		09/30/13	09/30/13	32.00	135.04	
261912	5	T1019		10/01/13	10/01/13	32.00	135.04	
261912	6	T1019		10/02/13	10/02/13	32.00	135.04	
261912	7	T1019		10/03/13	10/03/13	32.00	135.04	
261912	8	T1019		10/04/13	10/04/13	32.00	135.04	
CLAIM TOTAL							1,080.32	CLAIM ACCOUNT REF. 2619120012012478SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012477 2012489 BLANCO, CARMELINA 08/19/1940 112990683 0109181303335  
DIAGNOSIS CODES : 715.90 250.00 272.0 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261897	1	T1019		09/30/13	09/30/13	16.00	67.52	
261897	2	T1019		10/01/13	10/01/13	16.00	67.52	

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261897	3	T1019		10/02/13	10/02/13	16.00	67.52	
261897	4	T1019		10/03/13	10/03/13	16.00	67.52	
261897	5	T1019		10/04/13	10/04/13	16.00	67.52	
				CLAIM TOTAL			337.60	CLAIM ACCOUNT REF. 2618970012012489SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012772 2012772 THORNTON, SHIRLEY 09/02/1949 ZM67702P R2196393  
DIAGNOSIS CODES : 253.5 493.92 V45.11  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261934	1	T1019		09/18/13	09/18/13	20.00	84.40	
261934	2	T1019		09/23/13	09/23/13	20.00	84.40	
261934	3	T1019		09/28/13	09/28/13	28.00	118.16	
261934	4	T1019		09/29/13	09/29/13	32.00	135.04	
				CLAIM TOTAL			422.00	CLAIM ACCOUNT REF. 2619340012012772SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2006897 2012951 ALVAREZ, ANGELA 05/20/1942 ZU470227 R2474296  
DIAGNOSIS CODES : 311. 401.9 462. 715.00 780.96  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262038	1	T1019		09/30/13	09/30/13	16.00	56.96	
				CLAIM TOTAL			56.96	CLAIM ACCOUNT REF. 2620380012012951SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008284 2012973 ANDERSON, BETH 12/18/1947 YC43135F R2221344  
DIAGNOSIS CODES : 340. 286.0 311. 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262039	1	T1019		09/28/13	09/28/13	32.00	113.92	
262039	2	T1019		09/29/13	09/29/13	32.00	113.92	
262039	3	T1019		09/30/13	09/30/13	32.00	113.92	
				CLAIM TOTAL			341.76	CLAIM ACCOUNT REF. 2620390012012973SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008284 2012973 ANDERSON, BETH 12/18/1947 YC43135F R2481734  
DIAGNOSIS CODES : 340. 286.0 311. 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
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262040	1	T1019	10/01/13	10/01/13	32.00	113.92
262040	2	T1019	10/02/13	10/02/13	32.00	113.92
262040	3	T1019	10/03/13	10/03/13	32.00	113.92
262040	4	T1019	10/04/13	10/04/13	32.00	113.92
CLAIM TOTAL						455.68
						CLAIM ACCOUNT REF. 2620400012012973SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011388 2013053 PALAZZOLO, FLORENCE 10/31/1948 PD96979S 0103181301812  
DIAGNOSIS CODES : 331.0  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261920	1	T1020		09/26/13	09/26/13	6.00	101.28
261920	2	T1020		09/28/13	09/28/13	12.00	202.56
261920	3	T1020		09/29/13	09/29/13	12.00	202.56
261920	4	T1020		09/30/13	09/30/13	12.00	202.56
CLAIM TOTAL							708.96
							CLAIM ACCOUNT REF. 2619200012013053SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013430 2013430 GONZALEZ, MANUELA 12/24/1936 ZF02298Y 0105311302408  
DIAGNOSIS CODES : 369.11 250.12 401.9 716.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262049	1	T1019		09/18/13	09/18/13	32.00	113.92
262049	2	T1019		09/19/13	09/19/13	32.00	113.92
CLAIM TOTAL							227.84
							CLAIM ACCOUNT REF. 2620490012013430SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2005079 2013439 SIMON, LUPE 12/12/1934 YC26622R 0105311301339  
DIAGNOSIS CODES : 250.00 272.0 401.9 530.81 596.51 733.00 780.52 V44.3  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262081	1	T1019		09/28/13	09/28/13	16.00	56.96
262081	2	T1019		09/30/13	09/30/13	16.00	56.96
262081	3	T1019		10/02/13	10/02/13	16.00	56.96
262081	4	T1019		10/04/13	10/04/13	16.00	56.96
CLAIM TOTAL							227.84
							CLAIM ACCOUNT REF. 2620810012013439SUP

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REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010143 2013448 AHMED, UMARA 11/15/1985 XK51476N R2412138  
DIAGNOSIS CODES : 335.19 695.4  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261894	1	T1019		09/23/13	09/23/13	32.00	135.04
261894	2	T1019		09/28/13	09/28/13	32.00	135.04
261894	3	T1019		09/29/13	09/29/13	32.00	135.04
261894	4	T1019		09/30/13	09/30/13	32.00	135.04
261894	5	T1019		10/01/13	10/01/13	32.00	135.04
261894	6	T1019		10/02/13	10/02/13	32.00	135.04
261894	7	T1019		10/03/13	10/03/13	32.00	135.04

CLAIM TOTAL

945.28 CLAIM ACCOUNT REF. 2618940012013448SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012500 2013452 DEKMAK, GRISEL 03/02/1964 VV95212H 020113323665  
DIAGNOSIS CODES : 340. 285.8 311. 596.54  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261903	1	T1019		09/28/13	09/28/13	48.00	202.56
261903	2	T1019		09/29/13	09/29/13	48.00	202.56
261903	3	T1019		09/30/13	09/30/13	48.00	202.56
261903	4	T1019		10/01/13	10/01/13	44.00	185.68
261903	5	T1019		10/02/13	10/02/13	48.00	202.56
261903	6	T1019		10/03/13	10/03/13	48.00	202.56
261903	7	T1019		10/04/13	10/04/13	48.00	202.56

CLAIM TOTAL

1,401.04 CLAIM ACCOUNT REF. 2619030012013452SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008802 2013453 DIAZ 1, CARMEN 07/29/1950 WB78930D R2397419  
DIAGNOSIS CODES : V02.62 300.00 401.9 719.89 733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261904	1	T1019		10/02/13	10/02/13	24.00	101.28
261904	2	T1019		10/03/13	10/03/13	24.00	101.28
261904	3	T1019		10/04/13	10/04/13	24.00	101.28

CLAIM TOTAL

303.84 CLAIM ACCOUNT REF. 2619040012013453SUP



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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008261 2013454 FERNANDEZ, MARIA 07/24/1943 XG23851A 0107111301569  
DIAGNOSIS CODES : 250.00 272.2 493.00 536.9 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
261907	1	T1019				10/02/13	10/02/13	16.00	67.52	
								CLAIM TOTAL	67.52	CLAIM ACCOUNT REF. 2619070012013454SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008427 2013455 FLORES, MARITZA 09/26/1953 ZG96532J R2303561  
DIAGNOSIS CODES : 427.31 278.01 285.9 311. 425.8 799.89  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
261908	1	T1019				09/28/13	09/28/13	40.00	168.80	
261908	2	T1019				09/29/13	09/29/13	40.00	168.80	
261908	3	T1019				09/30/13	09/30/13	40.00	168.80	
261908	4	T1019				10/01/13	10/01/13	40.00	168.80	
261908	5	T1019				10/02/13	10/02/13	40.00	168.80	
261908	6	T1019				10/03/13	10/03/13	40.00	168.80	
261908	7	T1019				10/04/13	10/04/13	40.00	168.80	
								CLAIM TOTAL	1,181.60	CLAIM ACCOUNT REF. 2619080012013455SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009356 2013459 KHAN, FARUQUE 02/08/1949 VM87355G 0105301305274  
DIAGNOSIS CODES : 696.8 253.5 272.4  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
261913	1	T1019				08/17/13	08/17/13	24.00	101.28	
261913	2	T1019				08/18/13	08/18/13	40.00	168.80	
261913	3	T1019				08/19/13	08/19/13	48.00	202.56	
261913	4	T1019				08/20/13	08/20/13	48.00	202.56	
261913	5	T1019				08/21/13	08/21/13	48.00	202.56	
261913	6	T1019				08/22/13	08/22/13	48.00	202.56	
261913	7	T1019				08/23/13	08/23/13	44.00	185.68	
261913	8	T1019				08/24/13	08/24/13	48.00	202.56	
261913	9	T1019				08/25/13	08/25/13	40.00	168.80	
261913	10	T1019				09/02/13	09/02/13	48.00	202.56	
261913	11	T1019				09/03/13	09/03/13	48.00	202.56	
261913	12	T1019				09/04/13	09/04/13	48.00	202.56	
261913	13	T1019				09/05/13	09/05/13	48.00	202.56	
261913	14	T1019				09/06/13	09/06/13	48.00	202.56	

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261913	15	T1019		09/07/13	09/07/13	44.00	185.68	
261913	16	T1019		09/08/13	09/08/13	48.00	202.56	
261913	17	T1019		09/09/13	09/09/13	48.00	202.56	
261913	18	T1019		09/10/13	09/10/13	48.00	202.56	
261913	19	T1019		09/11/13	09/11/13	48.00	202.56	
261913	20	T1019		09/12/13	09/12/13	48.00	202.56	
261913	21	T1019		09/13/13	09/13/13	48.00	202.56	
261913	22	T1019		09/14/13	09/14/13	48.00	202.56	
261913	23	T1019		09/15/13	09/15/13	48.00	202.56	
261913	24	T1019		09/16/13	09/16/13	48.00	202.56	
261913	25	T1019		09/17/13	09/17/13	48.00	202.56	
261913	26	T1019		09/18/13	09/18/13	48.00	202.56	
261913	27	T1019		09/19/13	09/19/13	48.00	202.56	
261913	28	T1019		09/20/13	09/20/13	48.00	202.56	
261913	29	T1019		09/21/13	09/21/13	48.00	202.56	
261913	30	T1019		09/23/13	09/23/13	44.00	185.68	
261913	31	T1019		09/24/13	09/24/13	48.00	202.56	
261913	32	T1019		09/25/13	09/25/13	48.00	202.56	
261913	33	T1019		09/26/13	09/26/13	48.00	202.56	
261913	34	T1019		09/27/13	09/27/13	44.00	185.68	
261913	35	T1019		09/28/13	09/28/13	48.00	202.56	
261913	36	T1019		09/29/13	09/29/13	48.00	202.56	
261913	37	T1019		09/30/13	09/30/13	44.00	185.68	
261913	38	T1019		10/01/13	10/01/13	28.00	118.16	
261913	39	T1019		10/02/13	10/02/13	48.00	202.56	
261913	40	T1019		10/03/13	10/03/13	44.00	185.68	
261913	41	T1019		10/04/13	10/04/13	48.00	202.56	
CLAIM TOTAL							7,950.48	CLAIM ACCOUNT REF. 2619130012013459SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008742 2013461 KROLL, KATHERINE 09/22/1949 ZQ14882N R2302722  
DIAGNOSIS CODES : 340. 244.8 272.0 311. 386.2 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261914	1	T1019		08/29/13	08/29/13	28.00	118.16	
CLAIM TOTAL							118.16	CLAIM ACCOUNT REF. 2619140012013461SUP

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REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008742 2013461 KROLL, KATHERINE 09/22/1949 ZQ14882N 0107051302820  
DIAGNOSIS CODES : 340. 244.8 272.0 311. 386.2 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261915	1	T1019		09/30/13	09/30/13	28.00	118.16
261915	2	T1019		10/01/13	10/01/13	28.00	118.16
261915	3	T1019		10/02/13	10/02/13	28.00	118.16
261915	4	T1019		10/03/13	10/03/13	28.00	118.16
261915	5	T1019		10/04/13	10/04/13	28.00	118.16
CLAIM TOTAL							590.80
CLAIM ACCOUNT REF.							2619150012013461SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008263 2013462 MORALES HERNADEZ, EDW 10/28/1952 XV26396D 0107171301672  
DIAGNOSIS CODES : 344.1 799.89  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261919	1	T1019		09/28/13	09/28/13	24.00	101.28
261919	2	T1019		09/29/13	09/29/13	24.00	101.28
261919	3	T1019		09/30/13	09/30/13	24.00	101.28
261919	4	T1019		10/01/13	10/01/13	24.00	101.28
261919	5	T1019		10/02/13	10/02/13	24.00	101.28
261919	6	T1019		10/03/13	10/03/13	24.00	101.28
261919	7	T1019		10/04/13	10/04/13	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2619190012013462SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008531 2013465 RODRIGUEZ -2, MARIA 02/16/1949 SB98419Y R2450270  
DIAGNOSIS CODES : 250.00 272.4 331.0 401.9 799.89  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261925	1	T1019		09/30/13	09/30/13	24.00	101.28
261925	2	T1019		10/01/13	10/01/13	24.00	101.28
261925	3	T1019		10/02/13	10/02/13	24.00	101.28
261925	4	T1019		10/03/13	10/03/13	24.00	101.28
261925	5	T1019		10/04/13	10/04/13	24.00	101.28
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2619250012013465SUP

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REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008398 2013466 RODRIGUEZ, JESSE 03/23/1984 YC62425G R2303381  
DIAGNOSIS CODES : 799.89 253.5 278.00 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261926	1	T1019		09/30/13	09/30/13	20.00	84.40
261926	2	T1019		10/01/13	10/01/13	20.00	84.40
261926	3	T1019		10/02/13	10/02/13	20.00	84.40
261926	4	T1019		10/03/13	10/03/13	20.00	84.40
261926	5	T1019		10/04/13	10/04/13	20.00	84.40
CLAIM TOTAL						422.00	CLAIM ACCOUNT REF. 2619260012013466SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008265 2013467 SHEPPARD, ERMA 10/05/1954 ZX55600A 0105301305797  
DIAGNOSIS CODES : 295.90 250.00 272.0 401.9 440.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261930	1	T1019		09/28/13	09/28/13	40.00	168.80
261930	2	T1019		09/29/13	09/29/13	40.00	168.80
261930	3	T1019		09/30/13	09/30/13	40.00	168.80
261930	4	T1019		10/01/13	10/01/13	40.00	168.80
261930	5	T1019		10/02/13	10/02/13	40.00	168.80
261930	6	T1019		10/03/13	10/03/13	40.00	168.80
261930	7	T1019		10/04/13	10/04/13	40.00	168.80
CLAIM TOTAL						1,181.60	CLAIM ACCOUNT REF. 2619300012013467SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008425 2013468 WELLS, WYNORIA 09/10/1959 ZR27322A R2378418  
DIAGNOSIS CODES : 278.01 253.5 272.4 356.9 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261938	1	T1019		09/30/13	09/30/13	16.00	67.52
261938	2	T1019		10/01/13	10/01/13	48.00	202.56
261938	3	T1019		10/03/13	10/03/13	16.00	67.52
261938	4	T1019		10/04/13	10/04/13	16.00	67.52
CLAIM TOTAL						405.12	CLAIM ACCOUNT REF. 2619380012013468SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013602 2013602 LOPEZ, YAMILETH 11/22/1957 129932699 R2346153  
DIAGNOSIS CODES : 250.00 272.4 401.9 530.81 719.7  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261916	1	T1019		08/21/13	08/21/13	20.00	84.40
261916	2	T1019		08/30/13	08/30/13	20.00	84.40
261916	3	T1019		09/13/13	09/13/13	20.00	84.40
261916	4	T1019		09/30/13	09/30/13	20.00	84.40
261916	5	T1019		10/01/13	10/01/13	20.00	84.40
261916	6	T1019		10/02/13	10/02/13	20.00	84.40
261916	7	T1019		10/03/13	10/03/13	20.00	84.40
261916	8	T1019		10/04/13	10/04/13	20.00	84.40

CLAIM TOTAL

675.20 CLAIM ACCOUNT REF. 2619160012013602SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013732 2013732 GARCIA DE LA CRUZ, ANA 05/27/1937 117528059 R2379963  
DIAGNOSIS CODES : 715.09 338.4 401.9 493.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261910	1	T1019		09/30/13	09/30/13	16.00	67.52
261910	2	T1019		10/01/13	10/01/13	16.00	67.52
261910	3	T1019		10/02/13	10/02/13	16.00	67.52
261910	4	T1019		10/03/13	10/03/13	16.00	67.52
261910	5	T1019		10/04/13	10/04/13	16.00	67.52

CLAIM TOTAL

337.60 CLAIM ACCOUNT REF. 2619100012013732SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013739 2013739 GUERRA, MAYRA 07/10/1957 130005275 R2380289  
DIAGNOSIS CODES : 332.0 311. 338.4 719.7 V15.88  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261911	1	T1019		09/14/13	09/14/13	32.00	135.04
261911	2	T1019		09/15/13	09/15/13	32.00	135.04
261911	3	T1019		09/29/13	09/29/13	32.00	135.04
261911	4	T1019		09/30/13	09/30/13	32.00	135.04
261911	5	T1019		10/01/13	10/01/13	32.00	135.04
261911	6	T1019		10/02/13	10/02/13	32.00	135.04
261911	7	T1019		10/03/13	10/03/13	32.00	135.04
261911	8	T1019		10/04/13	10/04/13	32.00	135.04

CLAIM TOTAL

1,080.32 CLAIM ACCOUNT REF. 2619110012013739SUP

REPORT DATE 10/09/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER       ID = 80141                      HEALTHFIRST PHSP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008886    2013849    REINA, JOSE                      05/31/1928    130116891                      0107311303394  
DIAGNOSIS CODES :    244.9    272.4    600.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261921	1	S5131		09/28/13	09/28/13	5.00	1,012.80	
261921	2	S5131		10/01/13	10/01/13	5.00	1,012.80	
261921	3	S5131		10/02/13	10/02/13	5.00	1,012.80	
261921	4	S5131		10/03/13	10/03/13	5.00	1,012.80	
CLAIM TOTAL							4,051.20	CLAIM ACCOUNT REF.    2619210012013849SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2009337    2013850    DOMINGUEZ-REIN, ANA T                      09/02/1932    113539931                      R2397139  
DIAGNOSIS CODES :    401.9    715.00    733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261905	1	S5131		09/28/13	09/28/13	5.00	1,012.80	
261905	2	S5131		10/01/13	10/01/13	5.00	1,012.80	
261905	3	S5131		10/02/13	10/02/13	5.00	1,012.80	
261905	4	S5131		10/03/13	10/03/13	5.00	1,012.80	
CLAIM TOTAL							4,051.20	CLAIM ACCOUNT REF.    2619050012013850SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2013941    2013941    TELLO, ZOILA                      11/04/1954    WF19113P                      R2389724  
DIAGNOSIS CODES :    727.1  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261933	1	T1019		09/30/13	09/30/13	16.00	67.52	
261933	2	T1019		10/01/13	10/01/13	16.00	67.52	
261933	3	T1019		10/02/13	10/02/13	16.00	67.52	
261933	4	T1019		10/03/13	10/03/13	16.00	67.52	
261933	5	T1019		10/04/13	10/04/13	16.00	67.52	
CLAIM TOTAL							337.60	CLAIM ACCOUNT REF.    2619330012013941SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2012731    2014090    VALENCIA, ESTHER J                      11/13/1930    UF20889J                      0103041302631  
DIAGNOSIS CODES :    401.9    414.3  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261935	1	T1019		09/19/13	09/19/13	24.00	101.28

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PAYER ID = 80141                              HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
261935	2	T1019		09/30/13	09/30/13	24.00	101.28	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2619350012014090SUP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	521	TOTAL CLAIM AMOUNT =	70,268.72
		# SERVICES =	92		

REPORT DATE 10/09/13                      SUNNYSIDE CITYWIDE  
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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                      611923967  
DIAGNOSIS CODES :    250.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261951	1	T1019		09/28/13	09/28/13	40.00	171.60
261951	2	T1019		09/29/13	09/29/13	40.00	171.60
261951	3	T1019		09/30/13	09/30/13	40.00	171.60
261951	4	T1019		10/01/13	10/01/13	40.00	171.60
261951	5	T1019		10/02/13	10/02/13	40.00	171.60
261951	6	T1019		10/03/13	10/03/13	40.00	171.60
CLAIM TOTAL							1,029.60
CLAIM ACCOUNT REF.							2619510012008245SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008287    2008287    MILLAN, ARMIDA                      09/13/1928    100063356                      610554187  
DIAGNOSIS CODES :    250.00    272.4    311.                      356.9    365.9    401.9    530.81  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261954	1	T1019		09/28/13	09/28/13	16.00	68.64
261954	2	T1019		09/29/13	09/29/13	16.00	68.64
CLAIM TOTAL							137.28
CLAIM ACCOUNT REF.							2619540012008287SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008401    2008401    SAFOS, PATRA                      12/18/1948    100029836                      611508024  
DIAGNOSIS CODES :    340.                      244.8    272.0                      401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261956	1	T1019		09/27/13	09/27/13	32.00	137.28
261956	2	T1019		09/28/13	09/28/13	32.00	137.28
261956	3	T1019		09/29/13	09/29/13	32.00	137.28
261956	4	T1019		09/30/13	09/30/13	32.00	137.28
261956	5	T1019		10/01/13	10/01/13	32.00	137.28
261956	6	T1019		10/02/13	10/02/13	32.00	137.28
261956	7	T1019		10/03/13	10/03/13	32.00	137.28
261956	8	T1019		10/04/13	10/04/13	32.00	137.28
CLAIM TOTAL							1,098.24
CLAIM ACCOUNT REF.							2619560012008401SUP



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PAYER ID = 87726                      UNITEDHEALTHCARE

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011881 2011881 KHAN, FAZAL 06/28/1970 101344352 611936039  
DIAGNOSIS CODES : 345.91  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261953	1	T1019		09/28/13	09/28/13	48.00	205.92
261953	2	T1019		09/29/13	09/29/13	48.00	205.92
261953	3	T1019		09/30/13	09/30/13	48.00	205.92
261953	4	T1019		10/01/13	10/01/13	48.00	205.92
261953	5	T1019		10/02/13	10/02/13	48.00	205.92
261953	6	T1019		10/03/13	10/03/13	48.00	205.92
261953	7	T1019		10/04/13	10/04/13	48.00	205.92
CLAIM TOTAL						1,441.44	

CLAIM ACCOUNT REF. 2619530012011881SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013181 2013181 REYES, RODOLFO 04/17/1927 101465844 611028746  
DIAGNOSIS CODES : 427.89 443.89  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261955	1	T1019		09/28/13	09/28/13	16.00	68.64
261955	2	T1019		09/30/13	09/30/13	16.00	68.64
261955	3	T1019		10/01/13	10/01/13	16.00	68.64
261955	4	T1019		10/02/13	10/02/13	16.00	68.64
261955	5	T1019		10/03/13	10/03/13	16.00	68.64
261955	6	T1019		10/04/13	10/04/13	16.00	68.64
CLAIM TOTAL						411.84	

CLAIM ACCOUNT REF. 2619550012013181SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013182 2013182 FARFAN, MARIA 06/17/1924 101465838 611033079  
DIAGNOSIS CODES : 780.99 294.10 530.81 733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
261952	1	T1019		09/28/13	09/28/13	32.00	137.28
261952	2	T1019		09/29/13	09/29/13	32.00	137.28
261952	3	T1019		09/30/13	09/30/13	32.00	137.28
261952	4	T1019		10/01/13	10/01/13	32.00	137.28
261952	5	T1019		10/02/13	10/02/13	32.00	137.28
261952	6	T1019		10/03/13	10/03/13	20.00	85.80
261952	7	T1019		10/04/13	10/04/13	32.00	137.28
CLAIM TOTAL						909.48	

CLAIM ACCOUNT REF. 2619520012013182SUP

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NPI = 1154407492

CLAIM FREQ: 1 (ORIGINAL)

CLAIM ACCOUNT REF. 2619570012013609SUP

# OF CLAIMS =	37	TOTAL CLAIM AMOUNT =	5,233.80
# SERVICES =	7		

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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 103536057  
DIAGNOSIS CODES : 431. 784.3  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262092	1	T1019		0580		09/28/13	09/28/13	40.00	168.80
262092	2	T1019		0580		09/29/13	09/29/13	40.00	168.80
262092	3	T1019		0580		09/30/13	09/30/13	32.00	135.04
262092	4	T1019		0580		10/01/13	10/01/13	32.00	135.04
262092	5	T1019		0580		10/02/13	10/02/13	32.00	135.04
262092	6	T1019		0580		10/03/13	10/03/13	32.00	135.04
262092	7	T1019		0580		10/04/13	10/04/13	32.00	135.04
CLAIM TOTAL									1,012.80
CLAIM ACCOUNT REF.									2620920012008266SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008409 2009279 PRUITT, JOHNNY 10/26/1956 712824266 103273331  
DIAGNOSIS CODES : 249.00 272.4 295.00 401.9 585.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262093	1	S5130		0582		10/01/13	10/01/13	16.00	67.52
262093	2	S5130		0582		10/03/13	10/03/13	16.00	67.52
CLAIM TOTAL									135.04
CLAIM ACCOUNT REF.									2620930012009279SUP

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  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262096	1	T1019		0580		09/28/13	09/28/13	16.00	67.52
262096	2	T1019		0580		09/29/13	09/29/13	16.00	67.52
262096	3	T1019		0580		09/30/13	09/30/13	12.00	50.64
CLAIM TOTAL									185.68
CLAIM ACCOUNT REF.									2620960012010728SUP

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  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262095	1	T1019		0580		09/28/13	09/28/13	20.00	84.40
262095	2	T1019		0580		09/29/13	09/29/13	20.00	84.40

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PAYER       ID = AMRGRI                      AMERIGROUP NEW YORK,LLC

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262095	3	T1019	0580	09/30/13	09/30/13	16.00	67.52	
						CLAIM TOTAL	236.32	CLAIM ACCOUNT REF.    2620950012010729SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2012083    2012354    CRUZ, SALVADOR                      05/10/1932    713917795                      103312801  
DIAGNOSIS CODES :    290.0    401.9    447.9  
CLAIM REFERENCE #:                      CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262099	1	T1019	0580	09/30/13	09/30/13	24.00	90.00	
262099	2	T1019	0580	10/01/13	10/01/13	24.00	90.00	
262099	3	T1019	0580	10/02/13	10/02/13	24.00	90.00	
262099	4	T1019	0580	10/03/13	10/03/13	24.00	90.00	
262099	5	T1019	0580	10/04/13	10/04/13	24.00	90.00	
						CLAIM TOTAL	450.00	CLAIM ACCOUNT REF.    2620990012012354SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2012078    2012358    MARTINEZ, TOMASITA                      01/03/1944    714799688                      103312469  
DIAGNOSIS CODES :    715.09    311.    401.9    493.90  
CLAIM REFERENCE #:                      CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262102	1	T1019	0580	09/30/13	09/30/13	16.00	60.00	
262102	2	T1019	0580	10/01/13	10/01/13	16.00	60.00	
262102	3	T1019	0580	10/02/13	10/02/13	16.00	60.00	
262102	4	T1019	0580	10/03/13	10/03/13	16.00	60.00	
262102	5	T1019	0580	10/04/13	10/04/13	16.00	60.00	
						CLAIM TOTAL	300.00	CLAIM ACCOUNT REF.    2621020012012358SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2012080    2012362    RIVERA, CARMEN                      05/17/1967    714280461                      103312424  
DIAGNOSIS CODES :    192.2    338.29    536.9    787.60    788.30  
CLAIM REFERENCE #:                      CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262103	1	T1019	0580	09/30/13	09/30/13	20.00	75.00	
						CLAIM TOTAL	75.00	CLAIM ACCOUNT REF.    2621030012012362SUP

REPORT DATE 10/09/13                      SUNNYSIDE CITYWIDE  
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PAYER ID = AMRGRI                      AMERIGROUP NEW YORK,LLC

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012080 2012362 RIVERA, CARMEN 05/17/1967 714280461 103312424  
DIAGNOSIS CODES : 192.2 338.29 536.9 787.60 788.30  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262104	1	T1019		0580		10/01/13	10/01/13	20.00	75.00
262104	2	T1019		0580		10/02/13	10/02/13	20.00	75.00
262104	3	T1019		0580		10/03/13	10/03/13	20.00	75.00
262104	4	T1019		0580		10/04/13	10/04/13	20.00	75.00
CLAIM TOTAL									300.00

CLAIM ACCOUNT REF. 2621040012012362SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009647 2012374 FERNANDEZ, NORKA \* 07/14/1948 715856872 102806651  
DIAGNOSIS CODES : 401.9 311. 492.8 715.80  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262100	1	T1019		0580		10/03/13	10/03/13	36.00	135.00
262100	2	T1019		0580		10/04/13	10/04/13	24.00	90.00
CLAIM TOTAL									225.00

CLAIM ACCOUNT REF. 2621000012012374SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012732 2012732 COLCHAMIRO, ESTHER 02/01/1919 717373336 103441419  
DIAGNOSIS CODES : 799.9 244.9 272.4 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262098	1	T1019		0580		09/30/13	09/30/13	28.00	105.00
CLAIM TOTAL									105.00

CLAIM ACCOUNT REF. 2620980012012732SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012163 2012876 AKHTAR, CATHRINE 11/07/1951 713952989 103312611  
DIAGNOSIS CODES : 799.9 250.00 401.9 493.91  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262097	1	T1019		0580		09/28/13	09/28/13	20.00	75.00
262097	2	T1019		0580		09/29/13	09/29/13	20.00	75.00
262097	3	T1019		0580		09/30/13	09/30/13	28.00	105.00
262097	4	T1019		0580		10/01/13	10/01/13	28.00	105.00
262097	5	T1019		0580		10/02/13	10/02/13	28.00	105.00
262097	6	T1019		0580		10/03/13	10/03/13	28.00	105.00
262097	7	T1019		0580		10/04/13	10/04/13	28.00	105.00

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							675.00	2620970012012876SUP
CLAIM TOTAL								

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008365 2013018 HARDING, EDNA 05/17/1956 6274884 103437258  
DIAGNOSIS CODES : 493.90 253.5 272.4 296.80  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
262101	1	T1019	0580	09/30/13	09/30/13	16.00	60.00	
262101	2	T1019	0580	10/01/13	10/01/13	16.00	60.00	
262101	3	T1019	0580	10/02/13	10/02/13	16.00	60.00	
262101	4	T1019	0580	10/03/13	10/03/13	16.00	60.00	
262101	5	T1019	0580	10/04/13	10/04/13	20.00	75.00	
CLAIM TOTAL							315.00	2621010012013018SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009247 2013352 CARRILLO, MARIA 05/18/1956 712689120 103584528  
DIAGNOSIS CODES : 714.0 311. 401.9 493.90 696.1 780.52 799.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
262091	1	T1019	0580	09/30/13	09/30/13	20.00	84.40	
262091	2	T1019	0580	10/01/13	10/01/13	20.00	84.40	
262091	3	T1019	0580	10/02/13	10/02/13	20.00	84.40	
262091	4	T1019	0580	10/03/13	10/03/13	20.00	84.40	
262091	5	T1019	0580	10/04/13	10/04/13	20.00	84.40	
CLAIM TOTAL							422.00	2620910012013352SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010671 2014097 AKHTER, SELINA 07/13/1960 717930679 103717989  
DIAGNOSIS CODES : 093.9 253.5 272.4 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
262090	1	T1019	0580	09/30/13	09/30/13	36.00	151.92	
262090	2	T1019	0580	10/01/13	10/01/13	36.00	151.92	
262090	3	T1019	0580	10/02/13	10/02/13	32.00	135.04	
262090	4	T1019	0580	10/03/13	10/03/13	36.00	151.92	
262090	5	T1019	0580	10/04/13	10/04/13	36.00	151.92	
CLAIM TOTAL							742.72	2620900012014097SUP

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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 2014101 2014101 RAHIM, SHANEEZA 06/15/1997 713027020 103726470  
DIAGNOSIS CODES : 343.9 315.9 754.89  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262094	1	T1019		0580		09/30/13	09/30/13	16.00	67.52
262094	2	T1019		0580		10/01/13	10/01/13	16.00	67.52
262094	3	T1019		0580		10/02/13	10/02/13	16.00	67.52
262094	4	T1019		0580		10/03/13	10/03/13	16.00	67.52
262094	5	T1019		0580		10/04/13	10/04/13	20.00	84.40
CLAIM TOTAL									354.48
CLAIM ACCOUNT REF.									2620940012014101SUP

PAYER TOTALS: AMERIGROUP NEW YORK,LLC                      # OF CLAIMS = 60                      TOTAL CLAIM AMOUNT = 5,534.04  
# SERVICES = 14

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = ELDER                      ELDERSERVE

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009623 2013814 BEAN, ELMIRA 10/09/1948 00001678800 8/22/2012-00581-0006  
DIAGNOSIS CODES : 250.00 272.2 311. 401.9 436. 781.2  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262125	1	T1019		0671	09/28/13	09/28/13	32.00	116.16	
262125	2	T1019		0671	09/29/13	09/29/13	26.00	94.38	
262125	3	T1019		0671	09/30/13	09/30/13	32.00	116.16	
262125	4	T1019		0671	10/01/13	10/01/13	32.00	118.08	
262125	5	T1019		0671	10/02/13	10/02/13	32.00	118.08	
262125	6	T1019		0671	10/03/13	10/03/13	32.00	118.08	
262125	7	T1019		0671	10/04/13	10/04/13	32.00	118.08	
						CLAIM TOTAL		799.02	CLAIM ACCOUNT REF. 2621250012013814SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012728 2013815 MEYSTER, LYUBOV 01/08/1930 00002862300 3/5/2013-00134-0001  
DIAGNOSIS CODES : V68.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262126	1	T1019		0671	09/30/13	09/30/13	20.00	72.60	
262126	2	T1019		0671	10/01/13	10/01/13	20.00	73.80	
262126	3	T1019		0671	10/02/13	10/02/13	20.00	73.80	
262126	4	T1019		0671	10/03/13	10/03/13	20.00	73.80	
262126	5	T1019		0671	10/04/13	10/04/13	20.00	73.80	
						CLAIM TOTAL		367.80	CLAIM ACCOUNT REF. 2621260012013815SUP

PAYER TOTALS: ELDERSERVE                      # OF CLAIMS = 12    TOTAL CLAIM AMOUNT = 1,166.82  
# SERVICES = 2



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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 1997785 1997785 RIVAS, GERTRUDIS 10/14/1931 GNT00533400 9/13/2011-00672-0010  
DIAGNOSIS CODES : 250.81 272.0 311. 401.9 715.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262285	1	S5125		09/30/13	09/30/13	24.00	94.56
262285	2	S5125		10/01/13	10/01/13	24.00	94.56
262285	3	S5125		10/02/13	10/02/13	24.00	94.56
262285	4	S5125		10/03/13	10/03/13	24.00	94.56
262285	5	S5125		10/04/13	10/04/13	24.00	94.56
CLAIM TOTAL							472.80
							CLAIM ACCOUNT REF. 2622850011997785SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 1997789 1997789 SANCHEZ, ELIZABETH 01/03/1956 GNT00370600 11/17/2003-00133-0144  
DIAGNOSIS CODES : 345.90 316. 369.4 462. 781.2 V12.54  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262300	1	T1019		09/16/13	09/16/13	28.00	110.32
262300	2	T1019		09/22/13	09/22/13	16.00	63.04
262300	3	T1019		09/28/13	09/28/13	16.00	63.04
262300	4	T1019		09/29/13	09/29/13	16.00	63.04
262300	5	T1019		09/30/13	09/30/13	28.00	110.32
262300	6	T1019		10/01/13	10/01/13	28.00	110.32
262300	7	T1019		10/02/13	10/02/13	28.00	110.32
262300	8	T1019		10/03/13	10/03/13	28.00	110.32
262300	9	T1019		10/04/13	10/04/13	28.00	110.32
CLAIM TOTAL							851.04
							CLAIM ACCOUNT REF. 2623000011997789SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 1999328 1999328 ZUMAETA, FANNY 04/09/1936 GNT03663500 4/27/2007-00047-0036  
DIAGNOSIS CODES : 318.1 345.91 369.4 389.10 453.8 784.5  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262347	1	T1019		09/28/13	09/28/13	28.00	110.32
262347	2	T1019		09/29/13	09/29/13	28.00	110.32
262347	3	T1019		09/30/13	09/30/13	40.00	157.60
262347	4	T1019		10/01/13	10/01/13	40.00	157.60
262347	5	T1019		10/02/13	10/02/13	40.00	157.60
262347	6	T1019		10/03/13	10/03/13	40.00	157.60
262347	7	T1019		10/04/13	10/04/13	40.00	157.60
CLAIM TOTAL							1,008.64
							CLAIM ACCOUNT REF. 2623470011999328SUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2000140 2000140 PENA, WALESKA 07/06/1978 GNT02097600 4/2/2010-00212-0018  
DIAGNOSIS CODES : 724.2 225.0  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262265	1	T1019				09/28/13	09/28/13	32.00	126.08
262265	2	T1019				09/29/13	09/29/13	32.00	126.08
262265	3	T1019				09/30/13	09/30/13	32.00	126.08
CLAIM TOTAL									378.24
CLAIM ACCOUNT REF.									2622650012000140SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2000140 2000140 PENA, WALESKA 07/06/1978 GNT02097600 4/2/2010-00212-0019  
DIAGNOSIS CODES : 724.2 225.0  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262266	1	T1019				10/01/13	10/01/13	32.00	126.08
262266	2	T1019				10/02/13	10/02/13	32.00	126.08
262266	3	T1019				10/03/13	10/03/13	32.00	126.08
262266	4	T1019				10/04/13	10/04/13	32.00	126.08
CLAIM TOTAL									504.32
CLAIM ACCOUNT REF.									2622660012000140SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2002109 2002109 PROANO, ALICIA 09/18/1924 93700845900 7/27/2010-00116-0014  
DIAGNOSIS CODES : 250.00 212.2 485. 272.0 401.9 493.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262272	1	S5125	TT			09/28/13	09/28/13	20.00	83.80
262272	2	S5125	TT			09/29/13	09/29/13	20.00	83.80
262272	3	S5125	TT			09/30/13	09/30/13	20.00	83.80
262272	4	S5125	TT			10/01/13	10/01/13	20.00	83.80
262272	5	S5125	TT			10/02/13	10/02/13	18.00	75.42
262272	6	S5125	TT			10/03/13	10/03/13	20.00	83.80
CLAIM TOTAL									494.42
CLAIM ACCOUNT REF.									2622720012002109SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 1997798 2002124 SHELTON, AGUEDA 02/05/1919 GNT03123900 3/3/2009-00651-0023  
DIAGNOSIS CODES : 331.0 401.9 716.90 733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262309	1	T1019				09/29/13	09/29/13	28.00	110.32

REPORT DATE 10/09/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262309	2	T1019		09/30/13	09/30/13	28.00	110.32	
262309	3	T1019		10/01/13	10/01/13	28.00	110.32	
262309	4	T1019		10/02/13	10/02/13	28.00	110.32	
262309	5	T1019		10/03/13	10/03/13	26.00	102.44	
262309	6	T1019		10/04/13	10/04/13	28.00	110.32	
CLAIM TOTAL							654.04	CLAIM ACCOUNT REF. 2623090012002124SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2000377 2002162 MUSCAT, CARMEN 02/28/1927 GNT04082300 7/13/2012-00639-0005  
DIAGNOSIS CODES : 250.00 272.2 401.9 564.09 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262242	1	T1019		09/28/13	09/28/13	12.00	47.28	
262242	2	T1019		09/29/13	09/29/13	24.00	94.56	
262242	3	T1019		09/30/13	09/30/13	32.00	126.08	
CLAIM TOTAL							267.92	CLAIM ACCOUNT REF. 2622420012002162SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2000377 2002162 MUSCAT, CARMEN 02/28/1927 GNT04082300 7/13/2012-00639-0006  
DIAGNOSIS CODES : 250.00 272.2 401.9 564.09 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262243	1	S5125		10/01/13	10/01/13	32.00	126.08	
262243	2	S5125		10/02/13	10/02/13	32.00	126.08	
262243	3	S5125		10/03/13	10/03/13	32.00	126.08	
262243	4	S5125		10/04/13	10/04/13	32.00	126.08	
CLAIM TOTAL							504.32	CLAIM ACCOUNT REF. 2622430012002162SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2002531 2002531 NEWBOLD, RAMONA 09/24/1934 GNT04415000 10/27/2008-00400-0023  
DIAGNOSIS CODES : 715.90 369.9 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262246	1	S5125		09/30/13	09/30/13	20.00	78.80	
262246	2	S5125		10/01/13	10/01/13	20.00	78.80	
262246	3	S5125		10/02/13	10/02/13	20.00	78.80	
262246	4	S5125		10/03/13	10/03/13	20.00	78.80	
262246	5	S5125		10/04/13	10/04/13	20.00	78.80	
CLAIM TOTAL							394.00	CLAIM ACCOUNT REF. 2622460012002531SUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 1997777 2002769 CEPEDA, TOMASA 09/07/1932 93700964900 12/4/2008-00022-0027  
DIAGNOSIS CODES : 253.5 401.9 452. 462.  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262153	1	S5125		09/28/13	09/28/13	20.00	78.80
262153	2	S5125		09/29/13	09/29/13	20.00	78.80
262153	3	S5125		09/30/13	09/30/13	24.00	94.56
262153	4	S5125		10/01/13	10/01/13	24.00	94.56
262153	5	S5125		10/02/13	10/02/13	24.00	94.56
262153	6	S5125		10/03/13	10/03/13	24.00	94.56
262153	7	S5125		10/04/13	10/04/13	24.00	94.56
CLAIM TOTAL							630.40
CLAIM ACCOUNT REF.							2621530012002769SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2003052 2003052 ESCOBAR, DOMINGA 08/04/1937 GNT04459300 12/26/2008-00295-0062  
DIAGNOSIS CODES : 586. 250.00 272.0 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262177	1	T1019		09/13/13	09/13/13	24.00	94.56
CLAIM TOTAL							94.56
CLAIM ACCOUNT REF.							2621770012003052SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 1997754 2003087 PAPHITIS, RICHARD 05/14/1923 GNT03006300 11/23/2005-00393-0046  
DIAGNOSIS CODES : 343.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262260	1	T1019		09/30/13	09/30/13	32.00	126.08
262260	2	T1019		10/01/13	10/01/13	32.00	126.08
262260	3	T1019		10/02/13	10/02/13	32.00	126.08
262260	4	T1019		10/03/13	10/03/13	24.00	94.56
262260	5	T1019		10/04/13	10/04/13	32.00	126.08
CLAIM TOTAL							598.88
CLAIM ACCOUNT REF.							2622600012003087SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2003177 2003177 WHITLEY, MYRNA 07/04/1950 GNT04373700 2/11/2009-00446-0023  
DIAGNOSIS CODES : 340. 272.0 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262341	1	T1019		09/28/13	09/28/13	20.00	78.80

REPORT DATE 10/09/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051  
PAYER       ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262341	2	T1019		09/30/13	09/30/13	24.00	94.56	
					CLAIM TOTAL		173.36	CLAIM ACCOUNT REF. 2623410012003177SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2003254 2003254 JIMENEZ, EUGENIA 03/15/1931 GNT04164400 2/22/2012-00525-0008  
DIAGNOSIS CODES : 331.0 311.  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262214	1	T1019		09/28/13	09/28/13	42.00	165.48	
262214	2	T1019		09/29/13	09/29/13	46.00	181.24	
262214	3	T1019		09/30/13	09/30/13	46.00	181.24	
262214	4	T1019		10/01/13	10/01/13	46.00	181.24	
262214	5	T1019		10/02/13	10/02/13	46.00	181.24	
262214	6	T1019		10/03/13	10/03/13	46.00	181.24	
					CLAIM TOTAL		1,071.68	CLAIM ACCOUNT REF. 2622140012003254SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2004554 2004554 DONOSO, MARGARETHA 09/17/1938 GNT01219900 9/25/2009-00474-0021  
DIAGNOSIS CODES : 250.00 362.74 401.9 781.2  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262168	1	S5125		09/30/13	09/30/13	24.00	94.56	
					CLAIM TOTAL		94.56	CLAIM ACCOUNT REF. 2621680012004554SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2004554 2004554 DONOSO, MARGARETHA 09/17/1938 GNT01219900 9/25/2009-00474-0022  
DIAGNOSIS CODES : 250.00 362.74 401.9 781.2  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262169	1	S5125		10/01/13	10/01/13	24.00	94.56	
262169	2	S5125		10/03/13	10/03/13	24.00	94.56	
262169	3	S5125		10/04/13	10/04/13	24.00	94.56	
					CLAIM TOTAL		283.68	CLAIM ACCOUNT REF. 2621690012004554SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2004768 2004768 NUNEZ, ANGELINA 10/01/1946 GNT02920000 9/28/2005-00256-0055  
DIAGNOSIS CODES : 493.00 250.00 361.9 366.00 715.90  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

262247	1	T1019	09/30/13	09/30/13	16.00	63.04
262247	2	T1019	10/01/13	10/01/13	16.00	63.04
262247	3	T1019	10/02/13	10/02/13	16.00	63.04
262247	4	T1019	10/03/13	10/03/13	16.00	63.04
262247	5	T1019	10/04/13	10/04/13	16.00	63.04
CLAIM TOTAL						315.20
						CLAIM ACCOUNT REF. 2622470012004768SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2002344 2006080 JOHNSON, DOROTHY 03/14/1932 GNT04334500 10/6/2008-00633-0045  
DIAGNOSIS CODES : 331.0 250.00 272.2 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262215	1	S5125				09/28/13	09/28/13	48.00	189.12
262215	2	S5125				09/29/13	09/29/13	48.00	189.12
262215	3	S5125				09/30/13	09/30/13	48.00	189.12
CLAIM TOTAL									567.36
									CLAIM ACCOUNT REF. 2622150012006080SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2002344 2006080 JOHNSON, DOROTHY 03/14/1932 GNT04334500 10/6/2008-00633-0046  
DIAGNOSIS CODES : 331.0 250.00 272.2 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262216	1	S5125				10/01/13	10/01/13	47.00	185.18
CLAIM TOTAL									185.18
									CLAIM ACCOUNT REF. 2622160012006080SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2006117 2006117 NETTLES, DONNA 09/21/1955 GNT04987100 7/27/2010-00646-0016  
DIAGNOSIS CODES : 042. 070.54 218.9 311. 493.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262244	1	S5125				09/30/13	09/30/13	16.00	63.04
262244	2	S5125				10/02/13	10/02/13	16.00	63.04
262244	3	S5125				10/04/13	10/04/13	16.00	63.04
CLAIM TOTAL									189.12
									CLAIM ACCOUNT REF. 2622440012006117SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2006118 2006118 ALI, AMRUNISSA 10/05/1934 93703296700 4/6/2011-00677-0014  
DIAGNOSIS CODES : 250.00 272.0 401.9 462. 715.90  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
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PAYER       ID = GUILD                      GUILDNET

262127	1	S5125		09/28/13	09/28/13	24.00	94.56
262127	2	S5125		09/30/13	09/30/13	36.00	141.84
CLAIM TOTAL							236.40
							CLAIM ACCOUNT REF. 2621270012006118SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2006124	2006124	EARLINGTON, ALBERTHA	06/25/1947	GNT04981500	7/29/2010-00715-0015
DIAGNOSIS CODES :		463.	429.9	493.00	715.90	781.2	250.93 401.9
CLAIM REFERENCE #:		CLAIM FREQ: 1 (ORIGINAL)					

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262171	1	S5125				09/28/13	09/28/13	24.00	94.56
262171	2	S5125				09/30/13	09/30/13	28.00	110.32
262171	3	S5125				10/01/13	10/01/13	28.00	110.32
262171	4	S5125				10/02/13	10/02/13	28.00	110.32
262171	5	S5125				10/03/13	10/03/13	28.00	110.32
262171	6	S5125				10/04/13	10/04/13	28.00	110.32
CLAIM TOTAL									646.16
									CLAIM ACCOUNT REF. 2621710012006124SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2000279	2006152	YI, CARLOS	04/16/1959	GNT04057700	11/30/2007-00350-0092
DIAGNOSIS CODES :		250.00	311.	338.29	365.9	401.9	493.00
CLAIM REFERENCE #:		CLAIM FREQ: 1 (ORIGINAL)					

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262342	1	S5125				09/28/13	09/28/13	16.00	63.04
262342	2	S5125				09/30/13	09/30/13	16.00	63.04
CLAIM TOTAL									126.08
									CLAIM ACCOUNT REF. 2623420012006152SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2000279	2006152	YI, CARLOS	04/16/1959	GNT04057700	11/30/2007-00350-0093
DIAGNOSIS CODES :		250.00	311.	338.29	365.9	401.9	493.00
CLAIM REFERENCE #:		CLAIM FREQ: 1 (ORIGINAL)					

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262343	1	S5125				10/01/13	10/01/13	16.00	63.04
262343	2	S5125				10/02/13	10/02/13	16.00	63.04
262343	3	S5125				10/03/13	10/03/13	16.00	63.04
262343	4	S5125				10/04/13	10/04/13	16.00	63.04
CLAIM TOTAL									252.16
									CLAIM ACCOUNT REF. 2623430012006152SUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2003981 2006632 BUCARO, CONCETTA 02/27/1916 GNT04556300 6/24/2009-00543-0018  
DIAGNOSIS CODES : 331.0 272.0 365.9 401.9 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262140	1	S5125				09/30/13	09/30/13	20.00	78.80	
CLAIM TOTAL									78.80	CLAIM ACCOUNT REF. 2621400012006632SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2003981 2006632 BUCARO, CONCETTA 02/27/1916 GNT04556300 6/24/2009-00543-0019  
DIAGNOSIS CODES : 331.0 272.0 365.9 401.9 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262141	1	S5125				10/01/13	10/01/13	36.00	141.84	
262141	2	S5125				10/02/13	10/02/13	36.00	141.84	
262141	3	S5125				10/03/13	10/03/13	36.00	141.84	
262141	4	S5125				10/04/13	10/04/13	36.00	141.84	
CLAIM TOTAL									567.36	CLAIM ACCOUNT REF. 2621410012006632SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2001974 2006828 RUBIANO, MARIA 11/12/1925 GNT03390400 9/27/2006-00154-0038  
DIAGNOSIS CODES : 716.90 345.90 414.00 428.0 294.20 401.9 530.81 564.00 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262295	1	S5125				09/30/13	09/30/13	22.00	86.68	
262295	2	S5125				10/01/13	10/01/13	22.00	86.68	
262295	3	S5125				10/02/13	10/02/13	22.00	86.68	
262295	4	S5125				10/03/13	10/03/13	22.00	86.68	
262295	5	S5125				10/04/13	10/04/13	22.00	86.68	
CLAIM TOTAL									433.40	CLAIM ACCOUNT REF. 2622950012006828SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2002103 2007728 PROANO, BRUNO 10/06/1918 GNT04361600 8/28/2008-00367-0038  
DIAGNOSIS CODES : 715.90 290.0 780.96  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262273	1	S5125	TT			09/28/13	09/28/13	20.00	83.80	
262273	2	S5125	TT			09/29/13	09/29/13	20.00	83.80	
262273	3	S5125	TT			09/30/13	09/30/13	20.00	83.80	
CLAIM TOTAL									251.40	CLAIM ACCOUNT REF. 2622730012007728SUP



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PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2002103 2007728 PROANO, BRUNO 10/06/1918 GNT04361600 8/28/2008-00367-0039  
DIAGNOSIS CODES : 715.90 290.0 780.96  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262274	1	S5125	TT			10/01/13	10/01/13	20.00	83.80
262274	2	S5125	TT			10/02/13	10/02/13	20.00	83.80
262274	3	S5125	TT			10/03/13	10/03/13	20.00	83.80
CLAIM TOTAL									251.40
CLAIM ACCOUNT REF.									2622740012007728SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2007969 2007969 RODRIGUEZ, HOLGER 10/27/1938 GNT05256300 2/29/2012-00253-0013  
DIAGNOSIS CODES : 401.9 250.00 332.0 369.00 600.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262289	1	T1019				09/28/13	09/28/13	36.00	141.84
262289	2	T1019				09/29/13	09/29/13	36.00	141.84
262289	3	T1019				10/01/13	10/01/13	36.00	141.84
262289	4	T1019				10/02/13	10/02/13	36.00	141.84
262289	5	T1019				10/03/13	10/03/13	36.00	141.84
262289	6	T1019				10/04/13	10/04/13	36.00	141.84
CLAIM TOTAL									851.04
CLAIM ACCOUNT REF.									2622890012007969SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2005886 2008200 VLAHOS, MARIE 09/04/1932 GNT04780800 1/5/2010-00429-0027  
DIAGNOSIS CODES : 331.0 272.0 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262336	1	S5125				09/24/13	09/24/13	32.00	126.08
262336	2	S5125				09/28/13	09/28/13	48.00	189.12
262336	3	S5125				09/29/13	09/29/13	48.00	189.12
262336	4	S5125				09/30/13	09/30/13	32.00	126.08
262336	5	S5125				10/01/13	10/01/13	32.00	126.08
262336	6	S5125				10/02/13	10/02/13	32.00	126.08
262336	7	S5125				10/03/13	10/03/13	32.00	126.08
CLAIM TOTAL									1,008.64
CLAIM ACCOUNT REF.									2623360012008200SUP

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PAYER       ID = GUILD                      GUILDNET

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2007979    2008314    FERNANDEZ, ANA                      08/14/1947    GNT05242300                      6/2/2011-00474-0021  
DIAGNOSIS CODES :    460.            311.            401.9            780.4  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262185	1	S5125		09/28/13	09/28/13	24.00	94.56
262185	2	S5125		09/29/13	09/29/13	24.00	94.56
262185	3	S5125		09/30/13	09/30/13	24.00	94.56
262185	4	S5125		10/02/13	10/02/13	24.00	94.56
262185	5	S5125		10/03/13	10/03/13	20.00	78.80
262185	6	S5125		10/04/13	10/04/13	24.00	94.56
CLAIM TOTAL							551.60
							CLAIM ACCOUNT REF.    2621850012008314SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2003982    2008320    COLAVITTI, JEAN                      05/23/1911    GNT04482200                      6/24/2009-00555-0031  
DIAGNOSIS CODES :    716.90            272.0            362.51            401.9            V15.88  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262155	1	S5125		09/28/13	09/28/13	32.00	126.08
262155	2	S5125		09/29/13	09/29/13	32.00	126.08
262155	3	S5125		09/30/13	09/30/13	32.00	126.08
262155	4	S5125		10/01/13	10/01/13	32.00	126.08
262155	5	S5125		10/02/13	10/02/13	30.00	118.20
262155	6	S5125		10/03/13	10/03/13	32.00	126.08
262155	7	S5125		10/04/13	10/04/13	32.00	126.08
CLAIM TOTAL							874.68
							CLAIM ACCOUNT REF.    2621550012008320SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008453    2008453    RESTULA, VINCENT                      01/15/1929    GNT05473100                      8/1/2011-00700-0009  
DIAGNOSIS CODES :    389.9            369.9            V15.88  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262278	1	S5125		09/30/13	09/30/13	16.00	63.04
262278	2	S5125		10/01/13	10/01/13	16.00	63.04
262278	3	S5125		10/02/13	10/02/13	16.00	63.04
262278	4	S5125		10/03/13	10/03/13	16.00	63.04
262278	5	S5125		10/04/13	10/04/13	16.00	63.04
CLAIM TOTAL							315.20
							CLAIM ACCOUNT REF.    2622780012008453SUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER       ID = GUILD                      GUILDNET

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008885    2008885    SOMRAJ, UMILLA                      09/24/1973    GNT03813900                      8/31/2007-00255-0064  
DIAGNOSIS CODES :    585.6    311.  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262311	1	S5125				09/28/13	09/28/13	16.00	63.04	
262311	2	S5125				09/29/13	09/29/13	16.00	63.04	
							CLAIM TOTAL		126.08	CLAIM ACCOUNT REF.    2623110012008885SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008885    2008885    SOMRAJ, UMILLA                      09/24/1973    GNT03813900                      8/31/2007-00255-0066  
DIAGNOSIS CODES :    585.6    311.  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262312	1	S5125				10/01/13	10/01/13	16.00	63.04	
262312	2	S5125				10/03/13	10/03/13	4.00	15.76	
							CLAIM TOTAL		78.80	CLAIM ACCOUNT REF.    2623120012008885SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2004555    2008892    WEISZ, KLARA                      06/27/1920    GNT04606900                      6/19/2013-00016-0001  
DIAGNOSIS CODES :    401.9    242.90    272.0    311.    530.81    733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262338	1	S5125				09/30/13	09/30/13	16.00	63.04	
							CLAIM TOTAL		63.04	CLAIM ACCOUNT REF.    2623380012008892SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2004555    2008892    WEISZ, KLARA                      06/27/1920    GNT04606900                      6/19/2013-00016-0002  
DIAGNOSIS CODES :    401.9    242.90    272.0    311.    530.81    733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262339	1	S5125				10/02/13	10/02/13	16.00	63.04	
							CLAIM TOTAL		63.04	CLAIM ACCOUNT REF.    2623390012008892SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008605    2009202    MARTINEZ, GLORIA                      04/10/1937    GNT00444700                      11/14/2003-00001-0102  
DIAGNOSIS CODES :    345.90    272.0    311.    362.50  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER       ID = GUILD                      GUILDNET

262231	1	S5125	09/30/13	09/30/13	20.00	78.80
262231	2	S5125	10/01/13	10/01/13	22.00	86.68
262231	3	S5125	10/02/13	10/02/13	20.00	78.80
262231	4	S5125	10/03/13	10/03/13	20.00	78.80
262231	5	S5125	10/04/13	10/04/13	20.00	78.80
CLAIM TOTAL						401.88
						CLAIM ACCOUNT REF.    2622310012009202SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2002546    2009232    PEREZ, MARIA                      02/04/1931    93703475500                      11/9/2011-00055-0008  
DIAGNOSIS CODES :    715.00    385.00    401.9    564.00  
CLAIM REFERENCE #:                      CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262267	1	T1019		09/30/13	09/30/13	24.00	94.56
262267	2	T1019		10/01/13	10/01/13	24.00	94.56
262267	3	T1019		10/02/13	10/02/13	24.00	94.56
262267	4	T1019		10/03/13	10/03/13	24.00	94.56
262267	5	T1019		10/04/13	10/04/13	24.00	94.56
CLAIM TOTAL							472.80
							CLAIM ACCOUNT REF.    2622670012009232SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2009392    2009392    NUNEZ, IRIS                      09/07/1963    GNT05481000                      11/29/2011-00245-0003  
DIAGNOSIS CODES :    585.6    369.9    458.9    716.90    733.00  
CLAIM REFERENCE #:                      CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262248	1	S5125		09/28/13	09/28/13	24.00	94.56
262248	2	S5125		09/30/13	09/30/13	23.00	90.62
262248	3	S5125		10/01/13	10/01/13	23.00	90.62
262248	4	S5125		10/03/13	10/03/13	17.00	66.98
262248	5	S5125		10/04/13	10/04/13	24.00	94.56
CLAIM TOTAL							437.34
							CLAIM ACCOUNT REF.    2622480012009392SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2009394    2009394    ECKMAN, LOIS                      04/02/1919    GNT05317600                      12/1/2011-00331-0011  
DIAGNOSIS CODES :    331.0    564.00  
CLAIM REFERENCE #:                      CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262172	1	T1020		09/28/13	09/28/13	1.00	200.00
262172	2	T1020		09/29/13	09/29/13	1.00	200.00
262172	3	T1020		09/30/13	09/30/13	1.00	200.00
CLAIM TOTAL							600.00
							CLAIM ACCOUNT REF.    2621720012009394SUP

REPORT DATE 10/09/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009394 2009394 ECKMAN, LOIS 04/02/1919 GNT05317600 12/1/2011-00331-0012  
DIAGNOSIS CODES : 331.0 564.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262173	1	T1020		10/01/13	10/01/13	1.00	200.00	
262173	2	T1020		10/02/13	10/02/13	1.00	200.00	
262173	3	T1020		10/03/13	10/03/13	1.00	200.00	
262173	4	T1020		10/04/13	10/04/13	1.00	200.00	
CLAIM TOTAL							800.00	CLAIM ACCOUNT REF. 2621730012009394SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009400 2009400 HUSTIU, SILVIA 02/04/1929 GNT05850100 11/29/2011-00252-0010  
DIAGNOSIS CODES : 715.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262209	1	S5125		09/30/13	09/30/13	7.00	27.58	
CLAIM TOTAL							27.58	CLAIM ACCOUNT REF. 2622090012009400SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009435 2009435 GOMEZ, YOLANDA 11/26/1934 GNT05745100 12/1/2011-00373-0016  
DIAGNOSIS CODES : 250.00 401.9 429.89 715.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262193	1	T1019		09/30/13	09/30/13	16.00	63.04	
262193	2	T1019		10/02/13	10/02/13	16.00	63.04	
262193	3	T1019		10/04/13	10/04/13	20.00	78.80	
CLAIM TOTAL							204.88	CLAIM ACCOUNT REF. 2621930012009435SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2003840 2009576 PAZIOULIS, KLEONIKI 10/16/1934 GNT04602500 6/2/2009-00124-0034  
DIAGNOSIS CODES : 401.9 272.0 338.29  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262264	1	S5125		09/28/13	09/28/13	44.00	173.36	
262264	2	S5125		09/29/13	09/29/13	44.00	173.36	
262264	3	S5125		09/30/13	09/30/13	44.00	173.36	
262264	4	S5125		10/01/13	10/01/13	44.00	173.36	
262264	5	S5125		10/02/13	10/02/13	44.00	173.36	
CLAIM TOTAL							866.80	CLAIM ACCOUNT REF. 2622640012009576SUP

REPORT DATE 10/09/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009589 2009589 FERRO, JOSEPHINE 10/09/1915 GNT05940400 12/28/2011-00570-0010  
DIAGNOSIS CODES : 294.20 362.51 455.3 716.90  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262188	1	T1019				09/28/13	09/28/13	24.00	94.56
262188	2	T1019				09/29/13	09/29/13	16.00	63.04
262188	3	T1019				09/30/13	09/30/13	48.00	189.12
CLAIM TOTAL									346.72

CLAIM ACCOUNT REF. 2621880012009589SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009589 2009589 FERRO, JOSEPHINE 10/09/1915 GNT05940400 12/28/2011-00570-0011  
DIAGNOSIS CODES : 294.20 362.51 455.3 716.90  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262189	1	T1019				10/01/13	10/01/13	48.00	189.12
262189	2	T1019				10/02/13	10/02/13	48.00	189.12
262189	3	T1019				10/03/13	10/03/13	48.00	189.12
262189	4	T1019				10/04/13	10/04/13	48.00	189.12
CLAIM TOTAL									756.48

CLAIM ACCOUNT REF. 2621890012009589SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009618 2009618 WEST, BALDWIN 09/14/1933 GNT05953700 1/3/2012-00952-0010  
DIAGNOSIS CODES : 294.10  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262340	1	T1019				09/30/13	09/30/13	16.00	63.04
262340	2	T1019				10/01/13	10/01/13	16.00	63.04
262340	3	T1019				10/02/13	10/02/13	16.00	63.04
262340	4	T1019				10/03/13	10/03/13	16.00	63.04
CLAIM TOTAL									252.16

CLAIM ACCOUNT REF. 2623400012009618SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009790 2009790 COLEMAN, REGINA 11/26/1958 GNT060020000 2/1/2012-01152-0007  
DIAGNOSIS CODES : 331.0 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262156	1	S5125				09/28/13	09/28/13	32.00	126.08
262156	2	S5125				09/29/13	09/29/13	32.00	126.08
262156	3	S5125				09/30/13	09/30/13	12.00	47.28

REPORT DATE 10/09/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051  
PAYER       ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262156	4	S5125		10/01/13	10/01/13	12.00	47.28	
262156	5	S5125		10/02/13	10/02/13	12.00	47.28	
262156	6	S5125		10/03/13	10/03/13	12.00	47.28	
262156	7	S5125		10/04/13	10/04/13	11.00	43.34	
					CLAIM TOTAL		484.62	CLAIM ACCOUNT REF. 2621560012009790SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010198 2010198 ORLANDO, ANNE 02/09/1923 GNT06098400 4/2/2012-00930-0008  
DIAGNOSIS CODES : 294.20 401.9 496. 719.7  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262253	1	T1019		09/30/13	09/30/13	20.00	78.80	
262253	2	T1019		10/01/13	10/01/13	20.00	78.80	
					CLAIM TOTAL		157.60	CLAIM ACCOUNT REF. 2622530012010198SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010198 2010198 ORLANDO, ANNE 02/09/1923 GNT06098400 4/2/2012-00930-0009  
DIAGNOSIS CODES : 294.20 401.9 496. 719.7  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262254	1	T1019		10/02/13	10/02/13	28.00	110.32	
262254	2	T1019		10/03/13	10/03/13	20.00	78.80	
262254	3	T1019		10/04/13	10/04/13	28.00	110.32	
					CLAIM TOTAL		299.44	CLAIM ACCOUNT REF. 2622540012010198SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010409 2010409 RAMOS, ESTHER 12/21/1933 GNT06136400 4/27/2012-00082-0008  
DIAGNOSIS CODES : 331.0 250.00 272.2 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262277	1	T1019		09/30/13	09/30/13	12.00	47.28	
262277	2	T1019		10/01/13	10/01/13	16.00	63.04	
262277	3	T1019		10/02/13	10/02/13	16.00	63.04	
262277	4	T1019		10/03/13	10/03/13	12.00	47.28	
262277	5	T1019		10/04/13	10/04/13	16.00	63.04	
					CLAIM TOTAL		283.68	CLAIM ACCOUNT REF. 2622770012010409SUP

REPORT DATE 10/09/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010412 2010412 RODRIGUEZ, FABIOLA 06/23/1931 GNT06115800 8/27/2012-00184-0007  
DIAGNOSIS CODES : 715.90 401.9 493.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262288	1	S5125		09/30/13	09/30/13	16.00	63.04
262288	2	S5125		10/01/13	10/01/13	16.00	63.04
262288	3	S5125		10/02/13	10/02/13	16.00	63.04
262288	4	S5125		10/03/13	10/03/13	16.00	63.04
262288	5	S5125		10/04/13	10/04/13	16.00	63.04
CLAIM TOTAL							315.20
CLAIM ACCOUNT REF.							2622880012010412SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010647 2010647 PRADO, NANCY 04/02/1950 GNT00201400 11/3/2008-00778-0022  
DIAGNOSIS CODES : 311. 750.7  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262271	1	T1019		10/01/13	10/01/13	16.00	63.04
262271	2	T1019		10/02/13	10/02/13	16.00	63.04
262271	3	T1019		10/03/13	10/03/13	16.00	63.04
CLAIM TOTAL							189.12
CLAIM ACCOUNT REF.							2622710012010647SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010843 2010843 ALSTON, ZULINE 05/07/1927 GNT06188400 6/28/2012-00942-0012  
DIAGNOSIS CODES : 290.0 272.0 365.9 401.9 733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262129	1	S5125		09/28/13	09/28/13	32.00	126.08
262129	2	S5125		09/29/13	09/29/13	32.00	126.08
262129	3	S5125		09/30/13	09/30/13	32.00	126.08
262129	4	S5125		10/01/13	10/01/13	32.00	126.08
262129	5	S5125		10/02/13	10/02/13	32.00	126.08
262129	6	S5125		10/03/13	10/03/13	28.00	110.32
262129	7	S5125		10/04/13	10/04/13	32.00	126.08
CLAIM TOTAL							866.80
CLAIM ACCOUNT REF.							2621290012010843SUP



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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER       ID = GUILD                      GUILDNET

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001   2011036   2011036   MASSOL, PEDRO A                      09/08/1934    GNT04564600                      7/26/2012-00677-0015  
DIAGNOSIS CODES :   290.40   250.00   272.2                      285.9                      401.9                      600.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262232	1	S5125		09/28/13	09/28/13	12.00	47.28
262232	2	S5125		09/30/13	09/30/13	20.00	78.80
262232	3	S5125		10/01/13	10/01/13	20.00	78.80
262232	4	S5125		10/02/13	10/02/13	20.00	78.80
262232	5	S5125		10/03/13	10/03/13	20.00	78.80
262232	6	S5125		10/04/13	10/04/13	20.00	78.80
CLAIM TOTAL							441.28
CLAIM ACCOUNT REF.							2622320012011036SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001   2011252   2011252   HENRIQUEZ, TERESA                      10/15/1938    GNT06350600                      8/30/2012-00144-0006  
DIAGNOSIS CODES :   203.01   272.2   311.                      401.9                      530.81                      564.00                      780.52  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262206	1	S5125		09/28/13	09/28/13	16.00	63.04
262206	2	S5125		09/29/13	09/29/13	16.00	63.04
262206	3	S5125		09/30/13	09/30/13	32.00	126.08
CLAIM TOTAL							252.16
CLAIM ACCOUNT REF.							2622060012011252SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001   2011256   2011256   DURAN, CARMEN                      07/16/1925    GNT06350900                      8/30/2012-00186-0008  
DIAGNOSIS CODES :   894.0   244.8   401.9                      733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262170	1	S5125		09/30/13	09/30/13	23.00	90.62
262170	2	S5125		10/01/13	10/01/13	26.00	102.44
262170	3	S5125		10/02/13	10/02/13	26.00	102.44
262170	4	S5125		10/03/13	10/03/13	26.00	102.44
262170	5	S5125		10/04/13	10/04/13	26.00	102.44
CLAIM TOTAL							500.38
CLAIM ACCOUNT REF.							2621700012011256SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001   2010773   2011350   MCQUAIL, MAUREEN                      10/23/1934    GNT06367800                      9/13/2012-00602-0008  
DIAGNOSIS CODES :   331.0   244.9   250.80                      278.02                      447.8                      715.98  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
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REPORT DATE 10/09/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

262234	1	S5125	09/28/13	09/28/13	48.00	189.12
262234	2	S5125	09/29/13	09/29/13	40.00	157.60
262234	3	S5125	09/30/13	09/30/13	48.00	189.12
262234	4	S5125	10/01/13	10/01/13	48.00	189.12
262234	5	S5125	10/02/13	10/02/13	48.00	189.12
262234	6	S5125	10/03/13	10/03/13	48.00	189.12
262234	7	S5125	10/04/13	10/04/13	48.00	189.12
					CLAIM TOTAL	1,292.32
					CLAIM ACCOUNT REF.	2622340012011350SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 1997780 2011411 PICHARDO, MARIA 05/14/1923 GNT02908700 8/24/2005-00382-0055  
DIAGNOSIS CODES : 290.0 311. 493.00 530.81 780.96  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262268	1	T1019				09/28/13	09/28/13	36.00	141.84
262268	2	T1019				09/29/13	09/29/13	4.00	15.76
									CLAIM TOTAL
									157.60
									CLAIM ACCOUNT REF.
									2622680012011411SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011472 2011472 HENLEY, LUVENIA 08/23/1927 GNT06160900 9/28/2012-00806-0009  
DIAGNOSIS CODES : 294.10 250.00 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262205	1	T1019				10/02/13	10/02/13	40.00	157.60
									CLAIM TOTAL
									157.60
									CLAIM ACCOUNT REF.
									2622050012011472SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011503 2011503 BERJASHEVIC, LIME 10/30/1926 GNT06467800 10/3/2012-00231-0006  
DIAGNOSIS CODES : 093.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262137	1	T1019				09/30/13	09/30/13	13.00	51.22
262137	2	T1019				10/04/13	10/04/13	32.00	126.08
									CLAIM TOTAL
									177.30
									CLAIM ACCOUNT REF.
									2621370012011503SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009586 2011581 ASH, MARIE 08/11/1925 GNT06270600 9/28/2012-00709-0010  
DIAGNOSIS CODES : 780.4 458.8 780.93 V45.01  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
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REPORT DATE 10/09/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

262132	1	T1019	09/30/13	09/30/13	16.00	63.04
262132	2	T1019	10/02/13	10/02/13	16.00	63.04
262132	3	T1019	10/04/13	10/04/13	16.00	63.04
CLAIM TOTAL						189.12
CLAIM ACCOUNT REF.						2621320012011581SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011597 2011597 SOLIS, JUDITH 12/26/1931 GNT03904400 10/29/2007-00547-0029  
DIAGNOSIS CODES : 294.10 290.0 296.22 429.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262310	1	S5125		09/28/13	09/28/13	48.00	189.12
262310	2	S5125		09/29/13	09/29/13	48.00	189.12
262310	3	S5125		09/30/13	09/30/13	48.00	189.12
CLAIM TOTAL							567.36
CLAIM ACCOUNT REF.							2623100012011597SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011599 2011599 DELEON, JUANA 04/18/1918 GNT04795000 1/28/2010-00406-0023  
DIAGNOSIS CODES : 294.10 365.89 401.9 V12.54  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262163	1	S5125		09/30/13	09/30/13	24.00	94.56
262163	2	S5125		10/01/13	10/01/13	24.00	94.56
262163	3	S5125		10/02/13	10/02/13	24.00	94.56
262163	4	S5125		10/04/13	10/04/13	24.00	94.56
CLAIM TOTAL							378.24
CLAIM ACCOUNT REF.							2621630012011599SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011600 2011600 GUZMAN, EDELMIRA 02/19/1944 GNT03023100 11/6/2008-00160-0009  
DIAGNOSIS CODES : 250.00 244.9 401.9 569.89 781.2 789.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262204	1	S5125		09/30/13	09/30/13	22.00	86.68
262204	2	S5125		10/01/13	10/01/13	22.00	86.68
262204	3	S5125		10/02/13	10/02/13	22.00	86.68
262204	4	S5125		10/04/13	10/04/13	21.00	82.74
CLAIM TOTAL							342.78
CLAIM ACCOUNT REF.							2622040012011600SUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER       ID = GUILD                      GUILDNET

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001   2011601    2011601    JACKSON, PATRICIA       08/10/1960    GNT04501100                      1/26/2009-00708-0049  
DIAGNOSIS CODES :    042.       311.       401.9       493.90       944.14  
CLAIM REFERENCE #:                      CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262212	1	T1019		09/30/13	09/30/13	20.00	78.80
262212	2	T1019		10/01/13	10/01/13	20.00	78.80
262212	3	T1019		10/02/13	10/02/13	20.00	78.80
262212	4	T1019		10/03/13	10/03/13	20.00	78.80
262212	5	T1019		10/04/13	10/04/13	20.00	78.80
CLAIM TOTAL							394.00
CLAIM ACCOUNT REF.							2622120012011601SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001   2011654    2011654    ALIX, PEDRO              01/31/1937    GNT03916300                      7/26/2011-00282-0022  
DIAGNOSIS CODES :    294.10       401.9       602.8  
CLAIM REFERENCE #:                      CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262128	1	S5126		09/28/13	09/28/13	1.00	200.00
262128	2	S5126		09/29/13	09/29/13	1.00	200.00
262128	3	S5126		09/30/13	09/30/13	1.00	200.00
262128	4	S5126		10/01/13	10/01/13	1.00	200.00
262128	5	S5126		10/02/13	10/02/13	1.00	200.00
262128	6	S5126		10/03/13	10/03/13	1.00	200.00
262128	7	S5126		10/04/13	10/04/13	1.00	200.00
CLAIM TOTAL							1,400.00
CLAIM ACCOUNT REF.							2621280012011654SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001   2011657    2011657    ORTIZ, MERCEDES        11/03/1932    GNT05073800                      6/1/2012-00856-0009  
DIAGNOSIS CODES :    447.6       294.10       365.44       369.4       401.9  
CLAIM REFERENCE #:                      CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262258	1	S5125		09/28/13	09/28/13	16.00	63.04
262258	2	S5125		09/29/13	09/29/13	16.00	63.04
262258	3	S5125		09/30/13	09/30/13	28.00	110.32
CLAIM TOTAL							236.40
CLAIM ACCOUNT REF.							2622580012011657SUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011659 2011659 RIVERA MARTINEZ, GLORI 01/22/1938 GNT02887600 8/23/2005-00354-0060  
DIAGNOSIS CODES : 253.5 244.9 272.4 369.00 401.9 493.92  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262286	1	S5125				09/28/13	09/28/13	28.00	110.32
262286	2	S5125				09/29/13	09/29/13	28.00	110.32
262286	3	S5125				09/30/13	09/30/13	28.00	110.32
262286	4	S5125				10/01/13	10/01/13	28.00	110.32
262286	5	S5125				10/03/13	10/03/13	28.00	110.32
262286	6	S5125				10/04/13	10/04/13	28.00	110.32
CLAIM TOTAL									661.92
CLAIM ACCOUNT REF.									2622860012011659SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011662 2011662 GONZALEZ MONTALVO, RA 02/10/1935 GNT02343300 3/24/2004-00008-0046  
DIAGNOSIS CODES : 253.5 272.4 369.60 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262194	1	S5125				09/28/13	09/28/13	16.00	63.04
262194	2	S5125				09/29/13	09/29/13	15.00	59.10
262194	3	S5125				09/30/13	09/30/13	16.00	63.04
CLAIM TOTAL									185.18
CLAIM ACCOUNT REF.									2621940012011662SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011662 2011662 GONZALEZ MONTALVO, RA 02/10/1935 GNT02343300 3/24/2004-00008-0047  
DIAGNOSIS CODES : 253.5 272.4 369.60 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262195	1	S5125				10/01/13	10/01/13	16.00	63.04
262195	2	S5125				10/02/13	10/02/13	16.00	63.04
262195	3	S5125				10/03/13	10/03/13	16.00	63.04
CLAIM TOTAL									189.12
CLAIM ACCOUNT REF.									2621950012011662SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008342 2011663 MARTIN, RUTH 08/25/1927 GNT06371400 9/28/2012-00964-0010  
DIAGNOSIS CODES : 331.0 208.91 290.0 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262228	1	S5126				09/28/13	09/28/13	1.00	200.00
262228	2	S5126				09/29/13	09/29/13	1.00	200.00

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PROVIDER ID = 113502051  
PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262228	3	S5126		09/30/13	09/30/13	1.00	200.00
CLAIM TOTAL							600.00
CLAIM ACCOUNT REF.							2622280012011663SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008342	2011663	MARTIN, RUTH	08/25/1927	GNT06371400	9/28/2012-00964-0011
DIAGNOSIS CODES :		331.0	208.91	290.0	401.9		
CLAIM REFERENCE #:		CLAIM FREQ: 1 (ORIGINAL)					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262229	1	S5126		10/01/13	10/01/13	1.00	200.00
262229	2	S5126		10/02/13	10/02/13	1.00	200.00
262229	3	S5126		10/03/13	10/03/13	1.00	200.00
262229	4	S5126		10/04/13	10/04/13	1.00	200.00
CLAIM TOTAL							800.00
CLAIM ACCOUNT REF.							2622290012011663SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011694	2011694	LORA, FERNANDO	08/20/1935	GNT03342600	11/3/2006-00417-0039
DIAGNOSIS CODES :		429.9	386.9	602.8	716.90		
CLAIM REFERENCE #:		CLAIM FREQ: 1 (ORIGINAL)					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262222	1	S5125		09/30/13	09/30/13	32.00	126.08
262222	2	S5125		10/01/13	10/01/13	32.00	126.08
262222	3	S5125		10/02/13	10/02/13	32.00	126.08
262222	4	S5125		10/04/13	10/04/13	24.00	94.56
CLAIM TOTAL							472.80
CLAIM ACCOUNT REF.							2622220012011694SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	1999409	2011750	ZARE, GLORIA	05/07/1943	GNT03716600	6/28/2007-00093-0102
DIAGNOSIS CODES :		716.00	250.00	272.2	311.      401.9	715.90    781.2	
CLAIM REFERENCE #:		CLAIM FREQ: 1 (ORIGINAL)					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262346	1	S5125		09/28/13	09/28/13	30.00	118.20
262346	2	S5125		09/29/13	09/29/13	32.00	126.08
262346	3	S5125		09/30/13	09/30/13	32.00	126.08
262346	4	S5125		10/01/13	10/01/13	20.00	78.80
262346	5	S5125		10/02/13	10/02/13	25.00	98.50
262346	6	S5125		10/04/13	10/04/13	22.00	86.68
CLAIM TOTAL							634.34
CLAIM ACCOUNT REF.							2623460012011750SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013100905213057RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011769 2011769 COMET, JULIA 10/07/1934 GNT04442600 11/25/2008-00698-0024  
DIAGNOSIS CODES : 401.9 272.2 365.9 530.81  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262158	1	T1019			09/30/13	09/30/13	24.00	94.56	
							CLAIM TOTAL	94.56	CLAIM ACCOUNT REF. 2621580012011769SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011769 2011769 COMET, JULIA 10/07/1934 GNT04442600 11/25/2008-00698-0025  
DIAGNOSIS CODES : 401.9 272.2 365.9 530.81  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262159	1	T1019			10/01/13	10/01/13	24.00	94.56	
262159	2	T1019			10/02/13	10/02/13	24.00	94.56	
262159	3	T1019			10/03/13	10/03/13	24.00	94.56	
262159	4	T1019			10/04/13	10/04/13	24.00	94.56	
							CLAIM TOTAL	378.24	CLAIM ACCOUNT REF. 2621590012011769SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011770 2011770 GUZMAN, ALICIA 05/26/1937 GNT00484900 12/5/2003-00110-0042  
DIAGNOSIS CODES : 300.20 300.00 715.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262203	1	T1019			10/01/13	10/01/13	16.00	63.04	
262203	2	T1019			10/02/13	10/02/13	16.00	63.04	
262203	3	T1019			10/03/13	10/03/13	16.00	63.04	
262203	4	T1019			10/04/13	10/04/13	16.00	63.04	
							CLAIM TOTAL	252.16	CLAIM ACCOUNT REF. 2622030012011770SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011771 2011771 LEMOINE, RICARDA 05/14/1925 GNT03700100 12/4/2008-00072-0006  
DIAGNOSIS CODES : 715.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262220	1	S5125			09/28/13	09/28/13	16.00	63.04	
262220	2	S5125			09/29/13	09/29/13	16.00	63.04	
262220	3	S5125			09/30/13	09/30/13	16.00	63.04	
262220	4	S5125			10/01/13	10/01/13	16.00	63.04	
262220	5	S5125			10/02/13	10/02/13	16.00	63.04	

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262220	6	S5125		10/03/13	10/03/13	16.00	63.04	
262220	7	S5125		10/04/13	10/04/13	16.00	63.04	
					CLAIM TOTAL		441.28	CLAIM ACCOUNT REF. 2622200012011771SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011773 2011773 NUNEZ, REYNA 11/28/1964 GNT02970200 10/27/2005-00154-0072  
DIAGNOSIS CODES : 296.80  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262249	1	T1019		09/30/13	09/30/13	15.00	59.10	
262249	2	T1019		10/01/13	10/01/13	16.00	63.04	
262249	3	T1019		10/02/13	10/02/13	16.00	63.04	
262249	4	T1019		10/03/13	10/03/13	15.00	59.10	
262249	5	T1019		10/04/13	10/04/13	15.00	59.10	
					CLAIM TOTAL		303.38	CLAIM ACCOUNT REF. 2622490012011773SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011774 2011774 QUINONES, ENEIDA 02/29/1936 GNT03606700 10/3/2007-00270-0037  
DIAGNOSIS CODES : 493.92 714.0  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262275	1	T1019		09/30/13	09/30/13	16.00	63.04	
262275	2	T1019		10/01/13	10/01/13	16.00	63.04	
262275	3	T1019		10/02/13	10/02/13	16.00	63.04	
262275	4	T1019		10/03/13	10/03/13	16.00	63.04	
262275	5	T1019		10/04/13	10/04/13	16.00	63.04	
					CLAIM TOTAL		315.20	CLAIM ACCOUNT REF. 2622750012011774SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011781 2011781 THEN, MARIA 02/12/1942 GNT04429300 10/27/2008-00334-0090  
DIAGNOSIS CODES : 585.6 250.93 401.9 428.0  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262315	1	S5125		09/30/13	09/30/13	36.00	141.84	
					CLAIM TOTAL		141.84	CLAIM ACCOUNT REF. 2623150012011781SUP



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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011781 2011781 THEN, MARIA 02/12/1942 GNT04429300 10/27/2008-00334-0091  
DIAGNOSIS CODES : 585.6 250.93 401.9 428.0  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262316	1	S5125			10/01/13	10/01/13	12.00	47.28	
262316	2	S5125			10/02/13	10/02/13	36.00	141.84	
262316	3	S5125			10/03/13	10/03/13	12.00	47.28	
262316	4	S5125			10/04/13	10/04/13	36.00	141.84	
CLAIM TOTAL								378.24	CLAIM ACCOUNT REF. 2623160012011781SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011782 2011782 THERMOSY, MARIE P 06/10/1917 GNT02791600 6/23/2005-00052-0045  
DIAGNOSIS CODES : 369.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262317	1	S5125			09/28/13	09/28/13	20.00	78.80	
262317	2	S5125			09/30/13	09/30/13	32.00	126.08	
CLAIM TOTAL								204.88	CLAIM ACCOUNT REF. 2623170012011782SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011782 2011782 THERMOSY, MARIE P 06/10/1917 GNT02791600 6/23/2005-00052-0046  
DIAGNOSIS CODES : 369.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262318	1	S5125			10/01/13	10/01/13	32.00	126.08	
262318	2	S5125			10/02/13	10/02/13	32.00	126.08	
262318	3	S5125			10/03/13	10/03/13	32.00	126.08	
262318	4	S5125			10/04/13	10/04/13	32.00	126.08	
CLAIM TOTAL								504.32	CLAIM ACCOUNT REF. 2623180012011782SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011783 2011783 VARGAS, ALCIBIADES 07/06/1918 GNT00492400 12/5/2003-00041-0044  
DIAGNOSIS CODES : 715.00 401.9 530.81 696.1  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262327	1	T1019			09/28/13	09/28/13	20.00	78.80	
262327	2	T1019			09/29/13	09/29/13	20.00	78.80	
262327	3	T1019			09/30/13	09/30/13	20.00	78.80	
262327	4	T1019			10/01/13	10/01/13	20.00	78.80	

REPORT DATE 10/09/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051  
PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262327	5	T1019		10/02/13	10/02/13	20.00	78.80	
262327	6	T1019		10/03/13	10/03/13	20.00	78.80	
262327	7	T1019		10/04/13	10/04/13	20.00	78.80	
				CLAIM TOTAL			551.60	CLAIM ACCOUNT REF. 2623270012011783SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011787 2011787 SANTIAGO, ARMINDA 05/19/1932 GNT02860500 7/26/2005-00146-0055  
DIAGNOSIS CODES : 253.5 250.00 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262302	1	T1019		09/30/13	09/30/13	16.00	63.04	
262302	2	T1019		10/01/13	10/01/13	16.00	63.04	
262302	3	T1019		10/02/13	10/02/13	16.00	63.04	
262302	4	T1019		10/04/13	10/04/13	16.00	63.04	
				CLAIM TOTAL			252.16	CLAIM ACCOUNT REF. 2623020012011787SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011788 2011788 SANTIAGO, VICTORIO 11/18/1941 93701469700 8/30/2012-00607-0005  
DIAGNOSIS CODES : 401.9 244.9 272.4 715.93  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262305	1	T1019 TT		09/30/13	09/30/13	16.00	67.04	
				CLAIM TOTAL			67.04	CLAIM ACCOUNT REF. 2623050012011788SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011797 2011797 CARTAGENA, LUZ 10/05/1948 GNT00039700 2/1/2012-01193-0009  
DIAGNOSIS CODES : 369.9 272.4 300.00 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262150	1	T1019		09/30/13	09/30/13	20.00	78.80	
262150	2	T1019		10/04/13	10/04/13	20.00	78.80	
				CLAIM TOTAL			157.60	CLAIM ACCOUNT REF. 2621500012011797SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011798 2011798 CUCALON, INES 04/20/1926 GNT05761000 6/28/2012-00905-0012  
DIAGNOSIS CODES : 331.0  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262160	1	S5125		09/28/13	09/28/13	46.00	181.24	

REPORT DATE 10/09/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262160	2	S5125		09/29/13	09/29/13	46.00	181.24	
262160	3	S5125		09/30/13	09/30/13	38.00	149.72	
262160	4	S5125		10/01/13	10/01/13	38.00	149.72	
262160	5	S5125		10/02/13	10/02/13	38.00	149.72	
262160	6	S5125		10/03/13	10/03/13	38.00	149.72	
262160	7	S5125		10/04/13	10/04/13	36.00	141.84	
				CLAIM TOTAL		1,103.20		CLAIM ACCOUNT REF. 2621600012011798SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011800 2011800 FRANCIS, VICTORIA 11/22/1924 GNT03398100 9/26/2006-00356-0043  
DIAGNOSIS CODES : 290.0  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262191	1	S5125		09/30/13	09/30/13	28.00	110.32	
262191	2	S5125		10/01/13	10/01/13	28.00	110.32	
262191	3	S5125		10/02/13	10/02/13	28.00	110.32	
262191	4	S5125		10/03/13	10/03/13	28.00	110.32	
262191	5	S5125		10/04/13	10/04/13	28.00	110.32	
				CLAIM TOTAL		551.60		CLAIM ACCOUNT REF. 2621910012011800SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011801 2011801 GARCIA2, MARIA A 09/09/1930 GNT02860800 8/10/2012-00011-0010  
DIAGNOSIS CODES : 250.00 244.9 272.4 311. 401.9 733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262192	1	S5125		09/28/13	09/28/13	28.00	110.32	
262192	2	S5125		09/29/13	09/29/13	28.00	110.32	
262192	3	S5125		09/30/13	09/30/13	28.00	110.32	
262192	4	S5125		10/01/13	10/01/13	28.00	110.32	
262192	5	S5125		10/02/13	10/02/13	28.00	110.32	
262192	6	S5125		10/03/13	10/03/13	28.00	110.32	
262192	7	S5125		10/04/13	10/04/13	28.00	110.32	
				CLAIM TOTAL		772.24		CLAIM ACCOUNT REF. 2621920012011801SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011821 2011821 GONZALEZ, CARMEN 08/15/1948 GNT0098100 12/20/2003-00011-0062  
DIAGNOSIS CODES : 138.  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262196	1	S5125		09/30/13	09/30/13	16.00	63.04

REPORT DATE 10/09/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051  
PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262196	2	S5125		10/01/13	10/01/13	16.00	63.04	
262196	3	S5125		10/02/13	10/02/13	16.00	63.04	
262196	4	S5125		10/03/13	10/03/13	16.00	63.04	
262196	5	S5125		10/04/13	10/04/13	16.00	63.04	
					CLAIM TOTAL		315.20	CLAIM ACCOUNT REF. 2621960012011821SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011822 2011822 GREAVES, BARBARA 08/15/1945 GNT03748500 3/26/2012-00496-0006  
DIAGNOSIS CODES : 436. 272.4 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262198	1	T1019		09/30/13	09/30/13	16.00	63.04	
					CLAIM TOTAL		63.04	CLAIM ACCOUNT REF. 2621980012011822SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011822 2011822 GREAVES, BARBARA 08/15/1945 GNT03748500 3/26/2012-00496-0007  
DIAGNOSIS CODES : 436. 272.4 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262199	1	T1019		10/02/13	10/02/13	16.00	63.04	
262199	2	T1019		10/04/13	10/04/13	16.00	63.04	
					CLAIM TOTAL		126.08	CLAIM ACCOUNT REF. 2621990012011822SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011823 2011823 HERNANDEZ, LUZ 01/01/1933 GNT00568800 3/10/2009-00033-0008  
DIAGNOSIS CODES : 250.00 530.81 715.00 780.93 781.2  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262207	1	S5125		09/30/13	09/30/13	24.00	94.56	
262207	2	S5125		10/01/13	10/01/13	24.00	94.56	
262207	3	S5125		10/02/13	10/02/13	24.00	94.56	
					CLAIM TOTAL		283.68	CLAIM ACCOUNT REF. 2622070012011823SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011824 2011824 HICKS, SYLVIA 03/03/1937 9370331550 5/5/2011-00713-0013  
DIAGNOSIS CODES : 717.0 250.00 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262208	1	S5125		09/28/13	09/28/13	16.00	63.04	

REPORT DATE 10/09/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051  
PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262208	2	S5125		09/29/13	09/29/13	16.00	63.04
262208	3	S5125		09/30/13	09/30/13	30.00	118.20
262208	4	S5125		10/01/13	10/01/13	26.00	102.44
262208	5	S5125		10/02/13	10/02/13	30.00	118.20
262208	6	S5125		10/03/13	10/03/13	26.00	102.44
262208	7	S5125		10/04/13	10/04/13	30.00	118.20
CLAIM TOTAL							685.56

CLAIM ACCOUNT REF. 2622080012011824SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011844 2011844 MONTES, ADOLFO 05/31/1930 GNT02561100 10/27/2004-00028-0054  
DIAGNOSIS CODES : 250.70 331.0 365.9 436.  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262238	1	S5125		09/28/13	09/28/13	24.00	94.56
262238	2	S5125		09/29/13	09/29/13	24.00	94.56
262238	3	S5125		09/30/13	09/30/13	24.00	94.56
262238	4	S5125		10/01/13	10/01/13	24.00	94.56
262238	5	S5125		10/02/13	10/02/13	24.00	94.56
262238	6	S5125		10/03/13	10/03/13	24.00	94.56
262238	7	S5125		10/04/13	10/04/13	24.00	94.56
CLAIM TOTAL							661.92

CLAIM ACCOUNT REF. 2622380012011844SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011846 2011846 ZARAGOZA, ISABEL 07/14/1933 GNT06005500 2/27/2012-00405-0009  
DIAGNOSIS CODES : 781.2 244.9 272.4 401.9 715.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262344	1	S5125		09/30/13	09/30/13	32.00	126.08
CLAIM TOTAL							126.08

CLAIM ACCOUNT REF. 2623440012011846SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011846 2011846 ZARAGOZA, ISABEL 07/14/1933 GNT06005500 2/27/2012-00405-0010  
DIAGNOSIS CODES : 781.2 244.9 272.4 401.9 715.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262345	1	S5125		10/01/13	10/01/13	32.00	126.08
262345	2	S5125		10/02/13	10/02/13	32.00	126.08
262345	3	S5125		10/03/13	10/03/13	32.00	126.08
262345	4	S5125		10/04/13	10/04/13	32.00	126.08
CLAIM TOTAL							504.32

CLAIM ACCOUNT REF. 2623450012011846SUP

REPORT DATE 10/09/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013100905213057RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011847 2011847 RAMOS, CECILIA 08/06/1922 GNT00206000 1/27/2010-00192-0021  
DIAGNOSIS CODES : 401.9 188.9 244.9 272.4 311.  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262276	1	S5125		09/28/13	09/28/13	32.00	126.08	
262276	2	S5125		09/29/13	09/29/13	32.00	126.08	
262276	3	S5125		09/30/13	09/30/13	40.00	157.60	
262276	4	S5125		10/01/13	10/01/13	40.00	157.60	
262276	5	S5125		10/02/13	10/02/13	40.00	157.60	
262276	6	S5125		10/03/13	10/03/13	40.00	157.60	
262276	7	S5125		10/04/13	10/04/13	40.00	157.60	
CLAIM TOTAL						1,040.16		CLAIM ACCOUNT REF. 2622760012011847SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011848 2011848 LANZILOTTA, ROSA 06/05/1925 93702509600 3/10/2010-00013-0032  
DIAGNOSIS CODES : 733.00 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262218	1	S5125		09/28/13	09/28/13	16.00	63.04	
262218	2	S5125		09/29/13	09/29/13	16.00	63.04	
262218	3	S5125		09/30/13	09/30/13	32.00	126.08	
262218	4	S5125		10/01/13	10/01/13	32.00	126.08	
262218	5	S5125		10/02/13	10/02/13	24.00	94.56	
262218	6	S5125		10/03/13	10/03/13	32.00	126.08	
262218	7	S5125		10/04/13	10/04/13	32.00	126.08	
CLAIM TOTAL						724.96		CLAIM ACCOUNT REF. 2622180012011848SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011851 2011851 SANTIAGO, ILIA 11/16/1924 GNT02886300 5/27/2011-00318-0013  
DIAGNOSIS CODES : 436. 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262303	1	S5125		09/28/13	09/28/13	32.00	126.08	
262303	2	S5125		09/29/13	09/29/13	32.00	126.08	
262303	3	S5125		09/30/13	09/30/13	32.00	126.08	
262303	4	S5125		10/01/13	10/01/13	32.00	126.08	
262303	5	S5125		10/02/13	10/02/13	32.00	126.08	
262303	6	S5125		10/03/13	10/03/13	32.00	126.08	
262303	7	S5125		10/04/13	10/04/13	32.00	126.08	
CLAIM TOTAL						882.56		CLAIM ACCOUNT REF. 2623030012011851SUP

REPORT DATE 10/09/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011852 2011852 FERNANDEZ, FELIX 11/20/1935 GNT04997300 8/27/2010-00570-0017  
DIAGNOSIS CODES : 715.00 253.5  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262186	1	S5125				09/30/13	09/30/13	16.00	63.04
262186	2	S5125				10/01/13	10/01/13	16.00	63.04
262186	3	S5125				10/02/13	10/02/13	16.00	63.04
262186	4	S5125				10/03/13	10/03/13	16.00	63.04
262186	5	S5125				10/04/13	10/04/13	16.00	63.04
CLAIM TOTAL									315.20

CLAIM ACCOUNT REF. 2621860012011852SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011854 2011854 LOPEZ, CARMEN 12/05/1929 GNT02469800 7/26/2004-00050-0050  
DIAGNOSIS CODES : 331.0 250.00 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262221	1	S5125				09/28/13	09/28/13	22.00	86.68
262221	2	S5125				09/29/13	09/29/13	24.00	94.56
262221	3	S5125				09/30/13	09/30/13	28.00	110.32
262221	4	S5125				10/02/13	10/02/13	28.00	110.32
262221	5	S5125				10/03/13	10/03/13	26.00	102.44
262221	6	S5125				10/04/13	10/04/13	26.00	102.44
CLAIM TOTAL									606.76

CLAIM ACCOUNT REF. 2622210012011854SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011859 2011859 SANTIAGO, IVETH 10/24/1945 93703401100 6/20/2012-00649-0016  
DIAGNOSIS CODES : 428.32 250.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262304	1	S5125				09/28/13	09/28/13	28.00	110.32
262304	2	S5125				09/29/13	09/29/13	27.00	106.38
262304	3	S5125				09/30/13	09/30/13	28.00	110.32
262304	4	S5125				10/01/13	10/01/13	24.00	94.56
262304	5	S5125				10/02/13	10/02/13	27.00	106.38
262304	6	S5125				10/03/13	10/03/13	28.00	110.32
262304	7	S5125				10/04/13	10/04/13	28.00	110.32
CLAIM TOTAL									748.60

CLAIM ACCOUNT REF. 2623040012011859SUP

REPORT DATE 10/09/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013100905213057RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011860 2011860 MOYA, MARINA 11/25/1914 GNT02982600 11/28/2005-00193-0063  
DIAGNOSIS CODES : 716.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262241	1	S5125			09/28/13	09/28/13	20.00	78.80
262241	2	S5125			09/29/13	09/29/13	20.00	78.80
262241	3	S5125			09/30/13	09/30/13	24.00	94.56
262241	4	S5125			10/01/13	10/01/13	24.00	94.56
262241	5	S5125			10/02/13	10/02/13	24.00	94.56
262241	6	S5125			10/03/13	10/03/13	23.00	90.62
262241	7	S5125			10/04/13	10/04/13	24.00	94.56
CLAIM TOTAL								626.46

CLAIM ACCOUNT REF. 2622410012011860SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011861 2011861 TORRES, JUANITA 06/21/1931 GNT03848300 9/26/2007-00282-0075  
DIAGNOSIS CODES : 715.00 272.4 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262320	1	T1019			09/29/13	09/29/13	24.00	94.56
262320	2	T1019			09/30/13	09/30/13	32.00	126.08
262320	3	T1019			10/01/13	10/01/13	32.00	126.08
262320	4	T1019			10/02/13	10/02/13	32.00	126.08
262320	5	T1019			10/03/13	10/03/13	32.00	126.08
262320	6	T1019			10/04/13	10/04/13	32.00	126.08
CLAIM TOTAL								724.96

CLAIM ACCOUNT REF. 2623200012011861SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011862 2011862 VENTURA, DAISY 03/02/1951 GNT04421500 3/28/2012-00715-0007  
DIAGNOSIS CODES : 311.  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262333	1	T1019			09/30/13	09/30/13	20.00	78.80
CLAIM TOTAL								78.80

CLAIM ACCOUNT REF. 2623330012011862SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011862 2011862 VENTURA, DAISY 03/02/1951 GNT04421500 3/28/2012-00715-0008  
DIAGNOSIS CODES : 311.  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

262334	1	T1019	10/01/13	10/01/13	20.00	78.80	
262334	2	T1019	10/02/13	10/02/13	20.00	78.80	
262334	3	T1019	10/03/13	10/03/13	20.00	78.80	
262334	4	T1019	10/04/13	10/04/13	20.00	78.80	
CLAIM TOTAL						315.20	CLAIM ACCOUNT REF. 2623340012011862SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011863 2011863 OLMO, GLORIA 04/20/1923 GNT03506500 11/28/2006-00378-0048  
DIAGNOSIS CODES : 250.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262252	1	S5125		09/28/13	09/28/13	16.00	63.04
262252	2	S5125		09/29/13	09/29/13	16.00	63.04
262252	3	S5125		09/30/13	09/30/13	16.00	63.04
262252	4	S5125		10/01/13	10/01/13	16.00	63.04
262252	5	S5125		10/02/13	10/02/13	16.00	63.04
262252	6	S5125		10/03/13	10/03/13	16.00	63.04
262252	7	S5125		10/04/13	10/04/13	16.00	63.04
CLAIM TOTAL						441.28	CLAIM ACCOUNT REF. 2622520012011863SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011864 2011864 IGLESIAS, JUANA 09/23/1918 GNT00117600 12/9/2003-00125-0097  
DIAGNOSIS CODES : 331.82  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262210	1	S5125		09/16/13	09/16/13	32.00	126.08
262210	2	S5125		09/17/13	09/17/13	32.00	126.08
262210	3	S5125		09/18/13	09/18/13	32.00	126.08
262210	4	S5125		09/19/13	09/19/13	80.00	315.20
262210	5	S5125		09/20/13	09/20/13	32.00	126.08
262210	6	S5125		09/23/13	09/23/13	32.00	126.08
262210	7	S5125		09/24/13	09/24/13	32.00	126.08
262210	8	S5125		09/25/13	09/25/13	32.00	126.08
262210	9	S5125		09/26/13	09/26/13	32.00	126.08
262210	10	S5125		09/27/13	09/27/13	32.00	126.08
262210	11	S5125		09/28/13	09/28/13	96.00	378.24
262210	12	S5125		09/29/13	09/29/13	96.00	378.24
262210	13	S5125		09/30/13	09/30/13	80.00	315.20
262210	14	S5125		10/01/13	10/01/13	80.00	315.20
262210	15	S5125		10/02/13	10/02/13	80.00	315.20
262210	16	S5125		10/03/13	10/03/13	80.00	315.20
262210	17	S5125		10/04/13	10/04/13	80.00	315.20

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PROVIDER ID = 113502051  
PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							3,782.40	2622100012011864SUP
CLAIM TOTAL								

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011866	2011866	FELIPE, ROSA	12/13/1930	GNT02393600	4/26/2004-00011-0047
DIAGNOSIS CODES : 716.90 401.9							
CLAIM REFERENCE #:							
CLAIM FREQ: 1 (ORIGINAL)							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
262183	1	S5125		09/28/13	09/28/13	16.00	63.04	
262183	2	S5125		09/29/13	09/29/13	16.00	63.04	
262183	3	S5125		09/30/13	09/30/13	16.00	63.04	
CLAIM TOTAL							189.12	2621830012011866SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011866	2011866	FELIPE, ROSA	12/13/1930	GNT02393600	4/26/2004-00011-0048
DIAGNOSIS CODES : 716.90 401.9							
CLAIM REFERENCE #:							
CLAIM FREQ: 1 (ORIGINAL)							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
262184	1	S5125		10/01/13	10/01/13	16.00	63.04	
262184	2	S5125		10/02/13	10/02/13	16.00	63.04	
262184	3	S5125		10/03/13	10/03/13	16.00	63.04	
262184	4	S5125		10/04/13	10/04/13	16.00	63.04	
CLAIM TOTAL							252.16	2621840012011866SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011871	2011871	OJEDA, SARA	10/14/1939	GNT02646000	7/27/2006-00037-0059
DIAGNOSIS CODES : 331.0 250.02							
CLAIM REFERENCE #:							
CLAIM FREQ: 1 (ORIGINAL)							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
262251	1	S5125 TT		09/28/13	09/28/13	20.00	83.80	
262251	2	S5125 TT		09/29/13	09/29/13	20.00	83.80	
262251	3	S5125 TT		09/30/13	09/30/13	32.00	134.08	
262251	4	S5125 TT		10/01/13	10/01/13	32.00	134.08	
262251	5	S5125 TT		10/02/13	10/02/13	32.00	134.08	
262251	6	S5125 TT		10/03/13	10/03/13	32.00	134.08	
262251	7	S5125 TT		10/04/13	10/04/13	32.00	134.08	
CLAIM TOTAL							838.00	2622510012011871SUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011877 2011877 MONTALVO, VERONICA 01/13/1932 GNT03799400 8/3/2007-00249-0027  
DIAGNOSIS CODES : 733.00 272.4 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262237	1	T1019		09/30/13	09/30/13	20.00	78.80
262237	2	T1019		10/01/13	10/01/13	20.00	78.80
262237	3	T1019		10/02/13	10/02/13	20.00	78.80
262237	4	T1019		10/03/13	10/03/13	20.00	78.80
262237	5	T1019		10/04/13	10/04/13	20.00	78.80
CLAIM TOTAL							394.00
CLAIM ACCOUNT REF.							2622370012011877SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011912 2011912 CANINO, CARMEN 12/06/1941 GNT0279200 5/26/2005-00169-0071  
DIAGNOSIS CODES : 715.00 250.00 401.9 493.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262147	1	S5125		09/28/13	09/28/13	16.00	63.04
262147	2	S5125		09/29/13	09/29/13	16.00	63.04
262147	3	S5125		09/30/13	09/30/13	24.00	94.56
262147	4	S5125		10/01/13	10/01/13	24.00	94.56
262147	5	S5125		10/02/13	10/02/13	24.00	94.56
262147	6	S5125		10/03/13	10/03/13	24.00	94.56
262147	7	S5125		10/04/13	10/04/13	24.00	94.56
CLAIM TOTAL							598.88
CLAIM ACCOUNT REF.							2621470012011912SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011913 2011913 PATTERSON, RUMELLA 04/29/1939 GNT02544200 10/28/2004-00029-0058  
DIAGNOSIS CODES : 443.9 250.00 401.9 493.91  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262261	1	S5125		09/30/13	09/30/13	16.00	63.04
262261	2	S5125		10/01/13	10/01/13	16.00	63.04
262261	3	S5125		10/02/13	10/02/13	16.00	63.04
262261	4	S5125		10/03/13	10/03/13	16.00	63.04
262261	5	S5125		10/04/13	10/04/13	15.00	59.10
CLAIM TOTAL							311.26
CLAIM ACCOUNT REF.							2622610012011913SUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011916 2011916 ORTIZ, ANTHONY 10/31/1940 93700799800 8/7/2008-00011-0049  
DIAGNOSIS CODES : 428.0 369.3 253.5  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262255	1	S5125		09/28/13	09/28/13	28.00	110.32	
262255	2	S5125		09/30/13	09/30/13	28.00	110.32	
262255	3	S5125		10/01/13	10/01/13	28.00	110.32	
262255	4	S5125		10/02/13	10/02/13	28.00	110.32	
262255	5	S5125		10/03/13	10/03/13	28.00	110.32	
262255	6	S5125		10/04/13	10/04/13	28.00	110.32	
CLAIM TOTAL							661.92	CLAIM ACCOUNT REF. 2622550012011916SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011953 2011953 DE LA CRUZ, AGUSTINA 08/28/1935 GNT030536 2/1/2006-00399-0072  
DIAGNOSIS CODES : 716.50  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262162	1	S5125		09/28/13	09/28/13	16.00	63.04	
262162	2	S5125		09/29/13	09/29/13	15.00	59.10	
262162	3	S5125		09/30/13	09/30/13	22.00	86.68	
CLAIM TOTAL							208.82	CLAIM ACCOUNT REF. 2621620012011953SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011957 2011957 MARRERO, PHILLIP 07/16/1945 GNT00157200 6/21/2012-00200-0006  
DIAGNOSIS CODES : 314.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262227	1	S5126		09/28/13	09/28/13	1.00	200.00	
262227	2	S5126		09/29/13	09/29/13	1.00	200.00	
262227	3	S5126		09/30/13	09/30/13	1.00	200.00	
262227	4	S5126		10/01/13	10/01/13	1.00	200.00	
262227	5	S5126		10/02/13	10/02/13	1.00	200.00	
262227	6	S5126		10/04/13	10/04/13	1.00	200.00	
CLAIM TOTAL							1,200.00	CLAIM ACCOUNT REF. 2622270012011957SUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011960 2011960 BUSTAMENTE, GABRIEL 07/08/1938 93702523200 1/8/2010-00120-0020  
DIAGNOSIS CODES : 250.00 428.0 716.98  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262142	1	S5125				09/28/13	09/28/13	18.00	70.92
262142	2	S5125				09/30/13	09/30/13	20.00	78.80
262142	3	S5125				10/01/13	10/01/13	20.00	78.80
262142	4	S5125				10/02/13	10/02/13	20.00	78.80
262142	5	S5125				10/03/13	10/03/13	20.00	78.80
262142	6	S5125				10/04/13	10/04/13	20.00	78.80
CLAIM TOTAL									464.92
CLAIM ACCOUNT REF.									2621420012011960SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011965 2011965 MATEO, RAFAEL 06/10/1939 93704189600 7/17/2013-00189-0002  
DIAGNOSIS CODES : 250.50  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262233	1	S5125				10/01/13	10/01/13	28.00	110.32
262233	2	S5125				10/02/13	10/02/13	28.00	110.32
262233	3	S5125				10/03/13	10/03/13	28.00	110.32
262233	4	S5125				10/04/13	10/04/13	32.00	126.08
CLAIM TOTAL									457.04
CLAIM ACCOUNT REF.									2622330012011965SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011967 2011967 MORALES, MARGARITA 11/10/1950 GNT02797600 5/31/2005-00081-0048  
DIAGNOSIS CODES : 715.90 401.9 493.92 753.3  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262240	1	T1019				09/30/13	09/30/13	20.00	78.80
262240	2	T1019				10/01/13	10/01/13	20.00	78.80
262240	3	T1019				10/02/13	10/02/13	20.00	78.80
262240	4	T1019				10/03/13	10/03/13	20.00	78.80
262240	5	T1019				10/04/13	10/04/13	20.00	78.80
CLAIM TOTAL									394.00
CLAIM ACCOUNT REF.									2622400012011967SUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011978 2011978 CAQUIAS, LILLIAN 01/11/1936 GNT02965400 10/31/2005-00141-0051  
DIAGNOSIS CODES : 443.9 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262148	1	S5125				10/01/13	10/01/13	24.00	94.56	
262148	2	S5125				10/02/13	10/02/13	24.00	94.56	
262148	3	S5125				10/03/13	10/03/13	24.00	94.56	
262148	4	S5125				10/04/13	10/04/13	24.00	94.56	
CLAIM TOTAL									378.24	CLAIM ACCOUNT REF. 2621480012011978SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011979 2011979 BERRY, LEONOR 11/14/1934 GNT03239600 6/28/2006-00039-0046  
DIAGNOSIS CODES : 331.7 244.9 272.4 369.60 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262138	1	S5125				09/28/13	09/28/13	32.00	126.08	
262138	2	S5125				09/29/13	09/29/13	32.00	126.08	
CLAIM TOTAL									252.16	CLAIM ACCOUNT REF. 2621380012011979SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011979 2011979 BERRY, LEONOR 11/14/1934 GNT03239600 6/28/2006-00039-0048  
DIAGNOSIS CODES : 331.7 244.9 272.4 369.60 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262139	1	S5125				10/01/13	10/01/13	32.00	126.08	
262139	2	S5125				10/02/13	10/02/13	32.00	126.08	
262139	3	S5125				10/03/13	10/03/13	32.00	126.08	
262139	4	S5125				10/04/13	10/04/13	32.00	126.08	
CLAIM TOTAL									504.32	CLAIM ACCOUNT REF. 2621390012011979SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011982 2011982 VEGA, ADELAIDA 12/16/1934 93702952000 11/3/2010-00278-0026  
DIAGNOSIS CODES : 715.09 272.4 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262330	1	S5126				09/28/13	09/28/13	1.00	200.00	
262330	2	S5126				09/29/13	09/29/13	1.00	200.00	
262330	3	S5126				09/30/13	09/30/13	1.00	200.00	
262330	4	S5126				10/01/13	10/01/13	1.00	200.00	

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PROVIDER ID = 113502051  
PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262330	5	S5126			10/02/13	10/02/13	1.00	200.00	
262330	6	S5126			10/03/13	10/03/13	1.00	200.00	
CLAIM TOTAL								1,200.00	CLAIM ACCOUNT REF. 2623300012011982SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011983 2011983 TOUSSAINT, MIGUEL 03/28/1936 93702919600 10/8/2010-00520-0018  
DIAGNOSIS CODES : 715.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262322	1	S5125			09/28/13	09/28/13	16.00	63.04	
262322	2	S5125			09/29/13	09/29/13	16.00	63.04	
262322	3	S5125			09/30/13	09/30/13	20.00	78.80	
CLAIM TOTAL								204.88	CLAIM ACCOUNT REF. 2623220012011983SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011983 2011983 TOUSSAINT, MIGUEL 03/28/1936 93702919600 10/8/2010-00520-0019  
DIAGNOSIS CODES : 715.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262323	1	S5125			10/01/13	10/01/13	20.00	78.80	
262323	2	S5125			10/02/13	10/02/13	20.00	78.80	
262323	3	S5125			10/03/13	10/03/13	20.00	78.80	
262323	4	S5125			10/04/13	10/04/13	20.00	78.80	
CLAIM TOTAL								315.20	CLAIM ACCOUNT REF. 2623230012011983SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011986 2011986 RUIZ, JAMES 05/04/1929 GNT00225800 12/26/2003-00008-0047  
DIAGNOSIS CODES : 362.01 250.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262296	1	S5125	TT		09/28/13	09/28/13	24.00	100.56	
262296	2	S5125	TT		09/29/13	09/29/13	24.00	100.56	
262296	3	S5125	TT		09/30/13	09/30/13	16.00	67.04	
262296	4	S5125	TT		10/01/13	10/01/13	18.00	75.42	
262296	5	S5125	TT		10/02/13	10/02/13	16.00	67.04	
262296	6	S5125	TT		10/03/13	10/03/13	16.00	67.04	
262296	7	S5125	TT		10/04/13	10/04/13	18.00	75.42	
CLAIM TOTAL								553.08	CLAIM ACCOUNT REF. 2622960012011986SUP

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PROVIDER ID = 113502051  
PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011987 2011987 RUIZ, ROSA 11/30/1934 GNT00225900 12/26/2003-00009-0036  
DIAGNOSIS CODES : 369.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT		
262297	1	S5125	TT			09/30/13	09/30/13	12.00	50.28		
									CLAIM TOTAL	50.28	CLAIM ACCOUNT REF. 2622970012011987SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011987 2011987 RUIZ, ROSA 11/30/1934 GNT00225900 12/26/2003-00009-0037  
DIAGNOSIS CODES : 369.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT		
262298	1	S5125	TT			10/01/13	10/01/13	12.00	50.28		
262298	2	S5125	TT			10/02/13	10/02/13	12.00	50.28		
262298	3	S5125	TT			10/03/13	10/03/13	12.00	50.28		
262298	4	S5125	TT			10/04/13	10/04/13	12.00	50.28		
									CLAIM TOTAL	201.12	CLAIM ACCOUNT REF. 2622980012011987SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011988 2011988 RIVERA, LIDIA 12/01/1942 GNT02751500 4/27/2005-00174-0049  
DIAGNOSIS CODES : 294.8  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT		
262287	1	S5125				09/30/13	09/30/13	28.00	110.32		
262287	2	S5125				10/01/13	10/01/13	28.00	110.32		
262287	3	S5125				10/02/13	10/02/13	28.00	110.32		
262287	4	S5125				10/03/13	10/03/13	28.00	110.32		
262287	5	S5125				10/04/13	10/04/13	28.00	110.32		
									CLAIM TOTAL	551.60	CLAIM ACCOUNT REF. 2622870012011988SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012001 2012001 REYES, MILAGROS 05/05/1957 GNT00210100 5/28/2010-00011-0034  
DIAGNOSIS CODES : 319. 244.9 250.00 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262282	1	T1019	TT			09/28/13	09/28/13	24.00	100.56	
262282	2	T1019	TT			09/29/13	09/29/13	24.00	100.56	
262282	3	T1019	TT			09/30/13	09/30/13	24.00	100.56	
262282	4	T1019	TT			10/01/13	10/01/13	24.00	100.56	



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PROVIDER ID = 113502051  
PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262282	5	T1019	TT		10/02/13	10/02/13	24.00	100.56	
262282	6	T1019	TT		10/03/13	10/03/13	24.00	100.56	
262282	7	T1019	TT		10/04/13	10/04/13	22.00	92.18	
						CLAIM TOTAL		695.54	CLAIM ACCOUNT REF. 2622820012012001SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012018 2012018 LUNA, ELDA 06/21/1945 GNT06614700 11/30/2012-00607-0005  
DIAGNOSIS CODES : 714.0 285.8 733.00 780.96  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262226	1	T1019			09/28/13	09/28/13	23.00	90.62	
262226	2	T1019			09/30/13	09/30/13	24.00	94.56	
262226	3	T1019			10/01/13	10/01/13	24.00	94.56	
262226	4	T1019			10/02/13	10/02/13	24.00	94.56	
262226	5	T1019			10/03/13	10/03/13	24.00	94.56	
262226	6	T1019			10/04/13	10/04/13	24.00	94.56	
						CLAIM TOTAL		563.42	CLAIM ACCOUNT REF. 2622260012012018SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012026 2012026 ESTEVEZ, JULIO M 07/04/1955 GNT04657700 9/7/2012-00083-0014  
DIAGNOSIS CODES : 428.9 250.00 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262179	1	S5125			09/09/13	09/09/13	24.00	94.56	
						CLAIM TOTAL		94.56	CLAIM ACCOUNT REF. 2621790012012026SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012037 2012037 GUERRA, MAYRA 01/24/1958 GNT02427000 7/30/2012-00572-0015  
DIAGNOSIS CODES : 716.90 311. 493.90 530.81  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262201	1	T1019			09/28/13	09/28/13	20.00	78.80	
262201	2	T1019			09/30/13	09/30/13	24.00	94.56	
						CLAIM TOTAL		173.36	CLAIM ACCOUNT REF. 2622010012012037SUP

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PROVIDER ID = 113502051  
PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012037 2012037 GUERRA, MAYRA 01/24/1958 GNT02427000 7/30/2012-00572-0017  
DIAGNOSIS CODES : 716.90 311. 493.90 530.81  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262202	1	T1019				10/01/13	10/01/13	24.00	94.56
262202	2	T1019				10/02/13	10/02/13	24.00	94.56
262202	3	T1019				10/03/13	10/03/13	24.00	94.56
262202	4	T1019				10/04/13	10/04/13	24.00	94.56
CLAIM TOTAL									378.24

CLAIM ACCOUNT REF. 2622020012012037SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012056 2012056 RODRIGUEZ, JUAN 11/04/1920 93702665700 4/15/2010-00429-0020  
DIAGNOSIS CODES : 290.40 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262290	1	S5125				09/28/13	09/28/13	24.00	94.56
262290	2	S5125				09/29/13	09/29/13	24.00	94.56
262290	3	S5125				09/30/13	09/30/13	28.00	110.32
262290	4	S5125				10/01/13	10/01/13	28.00	110.32
262290	5	S5125				10/02/13	10/02/13	28.00	110.32
262290	6	S5125				10/03/13	10/03/13	28.00	110.32
262290	7	S5125				10/04/13	10/04/13	28.00	110.32
CLAIM TOTAL									740.72

CLAIM ACCOUNT REF. 2622900012012056SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012059 2012059 CHICO, ANA 03/15/1957 GNT02386300 3/19/2013-00932-0003  
DIAGNOSIS CODES : 295.72  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262154	1	S5125	TT			09/28/13	09/28/13	12.00	50.28
262154	2	S5125	TT			09/29/13	09/29/13	12.00	50.28
262154	3	S5125	TT			09/30/13	09/30/13	12.00	50.28
262154	4	S5125	TT			10/01/13	10/01/13	12.00	50.28
262154	5	S5125	TT			10/02/13	10/02/13	12.00	50.28
262154	6	S5125	TT			10/03/13	10/03/13	12.00	50.28
CLAIM TOTAL									301.68

CLAIM ACCOUNT REF. 2621540012012059SUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012060 2012060 COLON, MARIA 05/10/1925 GNT05960000 2/1/2012-01191-0018  
DIAGNOSIS CODES : 331.0 401.9 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262157	1	S5125				09/30/13	09/30/13	48.00	189.12
262157	2	S5125				10/01/13	10/01/13	48.00	189.12
262157	3	S5125				10/02/13	10/02/13	48.00	189.12
262157	4	S5125				10/03/13	10/03/13	48.00	189.12
262157	5	S5125				10/04/13	10/04/13	48.00	189.12
CLAIM TOTAL									945.60
									CLAIM ACCOUNT REF. 2621570012012060SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012061 2012061 ENCARNANCION, MARTIN 05/07/1965 GNT04160000 8/5/2008-00305-0022  
DIAGNOSIS CODES : 294.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262176	1	T1019	TT			09/30/13	09/30/13	12.00	50.28
262176	2	T1019	TT			10/01/13	10/01/13	12.00	50.28
262176	3	T1019	TT			10/02/13	10/02/13	12.00	50.28
262176	4	T1019	TT			10/03/13	10/03/13	12.00	50.28
262176	5	T1019	TT			10/04/13	10/04/13	12.00	50.28
CLAIM TOTAL									251.40
									CLAIM ACCOUNT REF. 2621760012012061SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012062 2012062 LOZADA, RAMON 12/17/1946 GNT00424300 3/23/2012-00756-0013  
DIAGNOSIS CODES : 250.03 401.9 571.5 780.57  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262225	1	T1019				09/30/13	09/30/13	24.00	94.56
262225	2	T1019				10/01/13	10/01/13	24.00	94.56
262225	3	T1019				10/02/13	10/02/13	24.00	94.56
262225	4	T1019				10/03/13	10/03/13	24.00	94.56
262225	5	T1019				10/04/13	10/04/13	24.00	94.56
CLAIM TOTAL									472.80
									CLAIM ACCOUNT REF. 2622250012012062SUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012071 2012071 MORALES, ISIDRO 04/05/1923 GNT04846200 3/24/2010-00406-0022  
DIAGNOSIS CODES : 715.00 250.00 272.2 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262239	1	S5125		09/28/13	09/28/13	24.00	94.56
262239	2	S5125		09/29/13	09/29/13	24.00	94.56
262239	3	S5125		09/30/13	09/30/13	24.00	94.56
262239	4	S5125		10/01/13	10/01/13	24.00	94.56
262239	5	S5125		10/02/13	10/02/13	24.00	94.56
262239	6	S5125		10/03/13	10/03/13	24.00	94.56
262239	7	S5125		10/04/13	10/04/13	24.00	94.56
CLAIM TOTAL							661.92

CLAIM ACCOUNT REF. 2622390012012071SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012073 2012073 PAGAN, ADRIEL 09/29/1931 GNT00189300 3/29/2012-00738-0007  
DIAGNOSIS CODES : 331.0 244.9 253.5 369.3 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262259	1	T1019		09/28/13	09/28/13	40.00	157.60
262259	2	T1019		09/29/13	09/29/13	40.00	157.60
262259	3	T1019		09/30/13	09/30/13	40.00	157.60
262259	4	T1019		10/01/13	10/01/13	36.00	141.84
262259	5	T1019		10/02/13	10/02/13	40.00	157.60
262259	6	T1019		10/03/13	10/03/13	40.00	157.60
262259	7	T1019		10/04/13	10/04/13	40.00	157.60
CLAIM TOTAL							1,087.44

CLAIM ACCOUNT REF. 2622590012012073SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012077 2012077 WARD, ALTHEA 08/13/1956 93703608100 12/14/2011-00450-0018  
DIAGNOSIS CODES : 715.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262337	1	S5125		09/30/13	09/30/13	8.00	31.52
262337	2	S5125		10/02/13	10/02/13	8.00	31.52
262337	3	S5125		10/03/13	10/03/13	8.00	31.52
CLAIM TOTAL							94.56

CLAIM ACCOUNT REF. 2623370012012077SUP

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
262301	1	S5125		09/30/13	09/30/13	24.00	94.56		
262301	2	S5125		10/01/13	10/01/13	24.00	94.56		
262301	3	S5125		10/02/13	10/02/13	24.00	94.56		
262301	4	S5125		10/03/13	10/03/13	24.00	94.56		
262301	5	S5125		10/04/13	10/04/13	24.00	94.56		
					CLAIM TOTAL		472.80	CLAIM ACCOUNT REF.	2623010012012082SUP

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262299	1	S5125	TT		09/28/13	09/28/13	28.00	117.32
262299	2	S5125	TT		09/29/13	09/29/13	28.00	117.32
262299	3	S5125	TT		09/30/13	09/30/13	20.00	83.80
262299	4	S5125	TT		10/01/13	10/01/13	20.00	83.80
262299	5	S5125	TT		10/02/13	10/02/13	20.00	83.80
262299	6	S5125	TT		10/03/13	10/03/13	20.00	83.80
							CLAIM TOTAL	569.84
							CLAIM ACCOUNT REF.	2622990012012084SU

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262335	1	S5125		09/28/13	09/28/13	20.00	78.80	
262335	2	S5125		09/29/13	09/29/13	20.00	78.80	
262335	3	S5125		09/30/13	09/30/13	44.00	173.36	
262335	4	S5125		10/01/13	10/01/13	44.00	173.36	
262335	5	S5125		10/02/13	10/02/13	44.00	173.36	
262335	6	S5125		10/03/13	10/03/13	44.00	173.36	
262335	7	S5125		10/04/13	10/04/13	44.00	173.36	
						CLAIM TOTAL	1,024.40	CLAIM ACCOUNT REF. 2623350012012091SUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012112 2012112 ESTEVEZ, MARCIA 05/04/1942 GNT00342800 5/1/2007-00421-0035  
DIAGNOSIS CODES : 369.3 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262180	1	S5125			09/28/13	09/28/13	24.00	94.56	
							CLAIM TOTAL	94.56	CLAIM ACCOUNT REF. 2621800012012112SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012112 2012112 ESTEVEZ, MARCIA 05/04/1942 GNT00342800 5/1/2007-00421-0036  
DIAGNOSIS CODES : 369.3 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262181	1	T1019			10/03/13	10/03/13	24.00	94.56	
262181	2	T1019			10/04/13	10/04/13	24.00	94.56	
							CLAIM TOTAL	189.12	CLAIM ACCOUNT REF. 2621810012012112SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012113 2012113 REYES, DORILA 05/02/1929 GNT02461500 7/26/2004-00021-0070  
DIAGNOSIS CODES : 716.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262279	1	S5125			09/28/13	09/28/13	32.00	126.08	
262279	2	S5125			09/29/13	09/29/13	32.00	126.08	
262279	3	S5125			09/30/13	09/30/13	32.00	126.08	
262279	4	S5125			10/01/13	10/01/13	32.00	126.08	
262279	5	S5125			10/02/13	10/02/13	32.00	126.08	
262279	6	S5125			10/03/13	10/03/13	32.00	126.08	
262279	7	S5125			10/04/13	10/04/13	32.00	126.08	
							CLAIM TOTAL	882.56	CLAIM ACCOUNT REF. 2622790012012113SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012160 2012160 VARGAS, AUREA 01/16/1936 GNT0026740 11/7/2008-00560-0049  
DIAGNOSIS CODES : 250.00 493.91  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262328	1	T1019	TT		09/28/13	09/28/13	20.00	83.80	
262328	2	T1019	TT		09/29/13	09/29/13	20.00	83.80	
262328	3	T1019	TT		09/30/13	09/30/13	20.00	83.80	
262328	4	T1019	TT		10/01/13	10/01/13	20.00	83.80	

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013100905213057RRSUP

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PROVIDER ID = 113502051  
PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262328	5	T1019	TT		10/02/13	10/02/13	20.00	83.80	
262328	6	T1019	TT		10/03/13	10/03/13	20.00	83.80	
262328	7	T1019	TT		10/04/13	10/04/13	20.00	83.80	
					CLAIM TOTAL			586.60	CLAIM ACCOUNT REF. 2623280012012160SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012164 2012164 CALDERON, JUSTINA 10/26/1929 GNT00036800 12/17/2003-00077-0066  
DIAGNOSIS CODES : 250.00 401.9 493.90 716.90  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262145	1	S5125			09/28/13	09/28/13	48.00	189.12	
262145	2	S5125			09/29/13	09/29/13	47.00	185.18	
					CLAIM TOTAL			374.30	CLAIM ACCOUNT REF. 2621450012012164SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012164 2012164 CALDERON, JUSTINA 10/26/1929 GNT00036800 12/17/2003-00077-0067  
DIAGNOSIS CODES : 250.00 401.9 493.90 716.90  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262146	1	S5125			10/01/13	10/01/13	48.00	189.12	
262146	2	S5125			10/02/13	10/02/13	48.00	189.12	
262146	3	S5125			10/03/13	10/03/13	48.00	189.12	
262146	4	S5125			10/04/13	10/04/13	48.00	189.12	
					CLAIM TOTAL			756.48	CLAIM ACCOUNT REF. 2621460012012164SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012168 2012168 VAZQUEZ 2, ROSA 12/05/1940 GNT00268900 12/5/2003-00042-0033  
DIAGNOSIS CODES : 250.00 244.9 401.9 729.1  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262329	1	S5125			09/23/13	09/23/13	4.00	15.76	
262329	2	S5125			09/30/13	09/30/13	16.00	63.04	
262329	3	S5125			10/01/13	10/01/13	16.00	63.04	
262329	4	S5125			10/02/13	10/02/13	16.00	63.04	
262329	5	S5125			10/03/13	10/03/13	16.00	63.04	
262329	6	S5125			10/04/13	10/04/13	16.00	63.04	
					CLAIM TOTAL			330.96	CLAIM ACCOUNT REF. 2623290012012168SUP

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PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012182 2012182 RODRIGUEZ, LIDIA 10/13/1939 GNT03481200 11/29/2006-00339-0033  
DIAGNOSIS CODES : 253.5 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262291	1	T1019			09/02/13	09/02/13	16.00	63.04	
262291	2	T1019			09/03/13	09/03/13	16.00	63.04	
262291	3	T1019			09/30/13	09/30/13	16.00	63.04	
262291	4	T1019			10/01/13	10/01/13	16.00	63.04	
262291	5	T1019			10/02/13	10/02/13	16.00	63.04	
262291	6	T1019			10/03/13	10/03/13	16.00	63.04	
262291	7	T1019			10/04/13	10/04/13	16.00	63.04	
						CLAIM TOTAL		441.28	CLAIM ACCOUNT REF. 2622910012012182SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012185 2012185 DANIELS, MAGGIE 07/25/1932 GNT00057300 12/23/2003-00101-0049  
DIAGNOSIS CODES : 369.00 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262161	1	S5125			09/30/13	09/30/13	12.00	47.28	
262161	2	S5125			10/02/13	10/02/13	12.00	47.28	
262161	3	S5125			10/04/13	10/04/13	12.00	47.28	
						CLAIM TOTAL		141.84	CLAIM ACCOUNT REF. 2621610012012185SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012197 2012197 TORO, ROSARIO 02/15/1929 GNT00261000 12/19/2003-00064-0056  
DIAGNOSIS CODES : 369.10 493.91  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262319	1	T1019			09/28/13	09/28/13	32.00	126.08	
262319	2	T1019			09/29/13	09/29/13	32.00	126.08	
262319	3	T1019			09/30/13	09/30/13	32.00	126.08	
262319	4	T1019			10/01/13	10/01/13	32.00	126.08	
262319	5	T1019			10/02/13	10/02/13	32.00	126.08	
262319	6	T1019			10/03/13	10/03/13	32.00	126.08	
262319	7	T1019			10/04/13	10/04/13	32.00	126.08	
						CLAIM TOTAL		882.56	CLAIM ACCOUNT REF. 2623190012012197SUP



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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012225 2012225 PATTERSON, SHYRLE 12/02/1956 GNT00191700 12/5/2003-00049-0078  
DIAGNOSIS CODES : 401.9 250.03 272.0 493.00 530.11  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262262	1	S5125				09/23/13	09/23/13	28.00	110.32
262262	2	S5125				09/24/13	09/24/13	28.00	110.32
262262	3	S5125				09/25/13	09/25/13	28.00	110.32
262262	4	S5125				09/27/13	09/27/13	28.00	110.32
262262	5	S5125				09/28/13	09/28/13	28.00	110.32
262262	6	S5125				09/29/13	09/29/13	28.00	110.32
262262	7	S5125				09/30/13	09/30/13	28.00	110.32
CLAIM TOTAL									772.24

CLAIM ACCOUNT REF. 2622620012012225SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012225 2012225 PATTERSON, SHYRLE 12/02/1956 GNT00191700 12/5/2003-00049-0079  
DIAGNOSIS CODES : 401.9 250.03 272.0 493.00 530.11  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262263	1	S5125				10/01/13	10/01/13	28.00	110.32
262263	2	S5125				10/02/13	10/02/13	28.00	110.32
262263	3	S5125				10/03/13	10/03/13	28.00	110.32
262263	4	S5125				10/04/13	10/04/13	28.00	110.32
CLAIM TOTAL									441.28

CLAIM ACCOUNT REF. 2622630012012225SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010983 2012309 IRIMIA, SIMONA 09/19/1938 GNT0360570 3/27/2007-00064-0042  
DIAGNOSIS CODES : 714.0 244.9 428.0 719.7 786.05  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262211	1	T1019				09/28/13	09/28/13	32.00	126.08
262211	2	T1019				09/29/13	09/29/13	32.00	126.08
262211	3	T1019				09/30/13	09/30/13	32.00	126.08
262211	4	T1019				10/01/13	10/01/13	32.00	126.08
262211	5	T1019				10/02/13	10/02/13	32.00	126.08
262211	6	T1019				10/03/13	10/03/13	32.00	126.08
262211	7	T1019				10/04/13	10/04/13	32.00	126.08
CLAIM TOTAL									882.56

CLAIM ACCOUNT REF. 2622110012012309SUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012493 2012493 ESPINOZA, LUPE E 08/06/1929 GNT06559300 1/17/2013-00685-0007  
DIAGNOSIS CODES : 331.0 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262178	1	T1019				09/28/13	09/28/13	48.00	189.12
262178	2	T1019				09/29/13	09/29/13	48.00	189.12
262178	3	T1019				09/30/13	09/30/13	48.00	189.12
262178	4	T1019				10/01/13	10/01/13	48.00	189.12
262178	5	T1019				10/02/13	10/02/13	48.00	189.12
262178	6	T1019				10/03/13	10/03/13	48.00	189.12
262178	7	T1019				10/04/13	10/04/13	48.00	189.12
CLAIM TOTAL									1,323.84
CLAIM ACCOUNT REF.									2621780012012493SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2006651 2012496 ROJAS, HAYDEE 02/15/1935 GNT04856800 10/28/2010-00256-0025  
DIAGNOSIS CODES : 952.9 365.9 366.00 782.3  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262292	1	S5125				09/29/13	09/29/13	16.00	63.04
262292	2	S5125				09/30/13	09/30/13	20.00	78.80
CLAIM TOTAL									141.84
CLAIM ACCOUNT REF.									2622920012012496SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2006651 2012496 ROJAS, HAYDEE 02/15/1935 GNT04856800 10/28/2010-00256-0027  
DIAGNOSIS CODES : 952.9 365.9 366.00 782.3  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262293	1	S5125				10/01/13	10/01/13	20.00	78.80
262293	2	S5125				10/02/13	10/02/13	20.00	78.80
262293	3	S5125				10/04/13	10/04/13	20.00	78.80
CLAIM TOTAL									236.40
CLAIM ACCOUNT REF.									2622930012012496SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012602 2012602 ALVARADO, SARA E 07/15/1922 GNT03713600 6/28/2007-00019-0030  
DIAGNOSIS CODES : 290.0  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262130	1	S5125				09/28/13	09/28/13	46.00	181.24
262130	2	S5125				09/29/13	09/29/13	47.00	185.18

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PROVIDER ID = 113502051  
PAYER ID = GUILD

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GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262130	3	S5125		09/30/13	09/30/13	48.00	189.12	
262130	4	S5125		10/01/13	10/01/13	48.00	189.12	
262130	5	S5125		10/02/13	10/02/13	48.00	189.12	
262130	6	S5125		10/03/13	10/03/13	48.00	189.12	
262130	7	S5125		10/04/13	10/04/13	48.00	189.12	
CLAIM TOTAL							1,312.02	CLAIM ACCOUNT REF. 2621300012012602SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012627 2012710 REYES, DUNNY 04/28/1944 GNT06774000 2/27/2013-00264-0006  
DIAGNOSIS CODES : 332.0 294.20 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262280	1	T1020		09/27/13	09/27/13	1.00	200.00	
262280	2	T1020		09/28/13	09/28/13	1.00	200.00	
262280	3	T1020		09/29/13	09/29/13	1.00	200.00	
262280	4	T1020		09/30/13	09/30/13	1.00	200.00	
CLAIM TOTAL							800.00	CLAIM ACCOUNT REF. 2622800012012710SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012627 2012710 REYES, DUNNY 04/28/1944 GNT06774000 2/27/2013-00264-0007  
DIAGNOSIS CODES : 332.0 294.20 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262281	1	T1020		10/01/13	10/01/13	1.00	200.00	
262281	2	T1020		10/02/13	10/02/13	1.00	200.00	
262281	3	T1020		10/04/13	10/04/13	1.00	200.00	
CLAIM TOTAL							600.00	CLAIM ACCOUNT REF. 2622810012012710SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011011 2012756 RICKS, WALTER 04/27/1940 GNT03856800 2/27/2013-01282-0003  
DIAGNOSIS CODES : 369.3 401.9 493.92 496.  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262283	1	S5125		09/30/13	09/30/13	28.00	110.32	
CLAIM TOTAL							110.32	CLAIM ACCOUNT REF. 2622830012012756SUP

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PAYER ID = GUILD

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GUILDNET

NPI = 1154407492

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011011 2012756 RICKS, WALTER 04/27/1940 GNT03856800 2/27/2013-01282-0004  
DIAGNOSIS CODES : 369.3 401.9 493.92 496.  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262284	1	S5125		10/01/13	10/01/13	28.00	110.32
262284	2	S5125		10/02/13	10/02/13	28.00	110.32
262284	3	S5125		10/03/13	10/03/13	28.00	110.32
262284	4	S5125		10/04/13	10/04/13	28.00	110.32

CLAIM TOTAL

441.28 CLAIM ACCOUNT REF. 2622840012012756SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012758 2012758 JAIME, ROSALBA 05/27/1915 GNT03692000 5/25/2007-00094-0044  
DIAGNOSIS CODES : 290.0 244.9 458.9 781.2  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262213	1	T1019		09/28/13	09/28/13	36.00	141.84
262213	2	T1019		09/30/13	09/30/13	36.00	141.84
262213	3	T1019		10/01/13	10/01/13	36.00	141.84
262213	4	T1019		10/02/13	10/02/13	36.00	141.84
262213	5	T1019		10/03/13	10/03/13	32.00	126.08
262213	6	T1019		10/04/13	10/04/13	36.00	141.84

CLAIM TOTAL

835.28 CLAIM ACCOUNT REF. 2622130012012758SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012759 2012759 LORUSSO, ANNA 01/25/1929 GNT06851500 3/1/2013-01282-0003  
DIAGNOSIS CODES : 290.0 278.00 401.9 715.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262223	1	T1019		09/28/13	09/28/13	36.00	141.84
262223	2	T1019		09/29/13	09/29/13	36.00	141.84
262223	3	T1019		09/30/13	09/30/13	36.00	141.84

CLAIM TOTAL

425.52 CLAIM ACCOUNT REF. 2622230012012759SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012759 2012759 LORUSSO, ANNA 01/25/1929 GNT06851500 3/1/2013-01282-0004  
DIAGNOSIS CODES : 290.0 278.00 401.9 715.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262224	1	T1019		10/01/13	10/01/13	36.00	141.84

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PROVIDER ID = 113502051  
PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262224	2	T1019		10/02/13	10/02/13	36.00	141.84	
262224	3	T1019		10/03/13	10/03/13	36.00	141.84	
262224	4	T1019		10/04/13	10/04/13	36.00	141.84	
				CLAIM TOTAL			567.36	CLAIM ACCOUNT REF. 2622240012012759SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011050 2012778 TROISI, DELIA 12/30/1925 GNT06177500 7/26/2012-00651-0007  
DIAGNOSIS CODES : 401.9 272.2 294.10 311. V15.88  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262324	1	T1019		09/28/13	09/28/13	32.00	126.08	
262324	2	T1019		09/30/13	09/30/13	32.00	126.08	
				CLAIM TOTAL			252.16	CLAIM ACCOUNT REF. 2623240012012778SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011050 2012778 TROISI, DELIA 12/30/1925 GNT06177500 7/26/2012-00651-0008  
DIAGNOSIS CODES : 401.9 272.2 294.10 311. V15.88  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262325	1	T1019		10/02/13	10/02/13	32.00	126.08	
262325	2	T1019		10/03/13	10/03/13	32.00	126.08	
262325	3	T1019		10/04/13	10/04/13	32.00	126.08	
				CLAIM TOTAL			378.24	CLAIM ACCOUNT REF. 2623250012012778SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013017 2013017 SCHENK, ENI 12/04/1948 GNT06973400 3/28/2013-00322-0007  
DIAGNOSIS CODES : 290.0 244.9 300.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262306	1	S5125		09/18/13	09/18/13	16.00	63.04	
262306	2	S5125		09/19/13	09/19/13	16.00	63.04	
262306	3	S5125		09/20/13	09/20/13	16.00	63.04	
262306	4	S5125		09/25/13	09/25/13	16.00	63.04	
262306	5	S5125		09/26/13	09/26/13	16.00	63.04	
262306	6	S5125		09/27/13	09/27/13	16.00	63.04	
262306	7	S5125		09/29/13	09/29/13	20.00	78.80	
				CLAIM TOTAL			457.04	CLAIM ACCOUNT REF. 2623060012013017SUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013201 2013201 SCHNEIDER, RUTH 02/22/1936 07136300 4/30/2013-00656-0003  
DIAGNOSIS CODES : 369.00 401.9 715.90  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262308	1	T1019		09/28/13	09/28/13	32.00	126.08
262308	2	T1019		09/29/13	09/29/13	32.00	126.08
262308	3	T1019		09/30/13	09/30/13	25.00	98.50
262308	4	T1019		10/01/13	10/01/13	32.00	126.08
262308	5	T1019		10/02/13	10/02/13	32.00	126.08
262308	6	T1019		10/03/13	10/03/13	32.00	126.08
262308	7	T1019		10/04/13	10/04/13	32.00	126.08
CLAIM TOTAL							854.98

CLAIM ACCOUNT REF. 2623080012013201SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013226 2013226 SWABY, CLARENCE 04/23/1921 93704635800 5/2/2013-00350-0003  
DIAGNOSIS CODES : 294.20 093.9 272.4 602.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262314	1	T1020		09/28/13	09/28/13	1.00	200.00
262314	2	T1020		09/29/13	09/29/13	1.00	200.00
262314	3	T1020		09/30/13	09/30/13	1.00	200.00
262314	4	T1020		10/01/13	10/01/13	1.00	200.00
262314	5	T1020		10/02/13	10/02/13	1.00	200.00
262314	6	T1020		10/03/13	10/03/13	1.00	200.00
262314	7	T1020		10/04/13	10/04/13	1.00	200.00
CLAIM TOTAL							1,400.00

CLAIM ACCOUNT REF. 2623140012013226SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2001032 2013256 ORTIZ, LAURA 07/04/1919 GNT03867300 7/9/2013-00458-0002  
DIAGNOSIS CODES : 733.00 401.9 719.7 362.51 365.9 716.90 486.  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262256	1	S5125		09/28/13	09/28/13	48.00	189.12
262256	2	S5125		09/29/13	09/29/13	48.00	189.12
262256	3	S5125		09/30/13	09/30/13	48.00	189.12
CLAIM TOTAL							567.36

CLAIM ACCOUNT REF. 2622560012013256SUP

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PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2001032 2013256 ORTIZ, LAURA 07/04/1919 GNT03867300 7/9/2013-00458-0005  
DIAGNOSIS CODES : 733.00 401.9 719.7 362.51 365.9 716.90 486.  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262257	1	S5125				10/01/13	10/01/13	48.00	189.12	
262257	2	S5125				10/02/13	10/02/13	48.00	189.12	
262257	3	S5125				10/03/13	10/03/13	48.00	189.12	
262257	4	S5125				10/04/13	10/04/13	48.00	189.12	
CLAIM TOTAL									756.48	CLAIM ACCOUNT REF. 2622570012013256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2006830 2013276 MARTINEZ 1, EMMA 05/09/1920 GNT05091300 3/30/2012-00070-0010  
DIAGNOSIS CODES : 331.0 365.9 715.90 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262230	1	T1019				09/28/13	09/28/13	20.00	78.80	
262230	2	T1019				09/30/13	09/30/13	47.00	185.18	
262230	3	T1019				10/01/13	10/01/13	47.00	185.18	
262230	4	T1019				10/02/13	10/02/13	47.00	185.18	
262230	5	T1019				10/03/13	10/03/13	48.00	189.12	
262230	6	T1019				10/04/13	10/04/13	47.00	185.18	
CLAIM TOTAL									1,008.64	CLAIM ACCOUNT REF. 2622300012013276SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013284 2013284 CASTANEDA, MIRIAM 10/11/1951 GNT06079700 5/23/2013-00357-0003  
DIAGNOSIS CODES : 715.90 311. 401.9 493.91  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262151	1	S5125				09/28/13	09/28/13	32.00	126.08	
262151	2	S5125				09/29/13	09/29/13	32.00	126.08	
262151	3	S5125				09/30/13	09/30/13	24.00	94.56	
262151	4	S5125				10/01/13	10/01/13	24.00	94.56	
CLAIM TOTAL									441.28	CLAIM ACCOUNT REF. 2621510012013284SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013284 2013284 CASTANEDA, MIRIAM 10/11/1951 GNT06079700 5/23/2013-00357-0006  
DIAGNOSIS CODES : 715.90 311. 401.9 493.91  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
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PAYER ID = GUILD                      GUILDNET

262152	1	S5125	10/02/13	10/02/13	24.00	94.56
262152	2	S5125	10/04/13	10/04/13	32.00	126.08
CLAIM TOTAL						220.64
CLAIM ACCOUNT REF.						2621520012013284SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013411 2013411 JORGE, ANA 02/07/1930 GNT07185600 6/4/2013-00485-0005  
DIAGNOSIS CODES : 332.0 365.9 366.9 401.9 715.90  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262217	1	S5125				09/28/13	09/28/13	48.00	189.12
262217	2	S5125				09/29/13	09/29/13	48.00	189.12
262217	3	S5125				09/30/13	09/30/13	48.00	189.12
262217	4	S5125				10/01/13	10/01/13	48.00	189.12
262217	5	S5125				10/02/13	10/02/13	41.00	161.54
262217	6	S5125				10/03/13	10/03/13	48.00	189.12
262217	7	S5125				10/04/13	10/04/13	48.00	189.12
CLAIM TOTAL									1,296.26
CLAIM ACCOUNT REF.									2622170012013411SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013413 2013413 CABRERA, MARIELA 09/13/1932 GNT07154900 6/4/2013-00479-0001  
DIAGNOSIS CODES : 715.90 138. 389.22 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262143	1	T1019				09/30/13	09/30/13	24.00	94.56
CLAIM TOTAL									94.56
CLAIM ACCOUNT REF.									2621430012013413SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013413 2013413 CABRERA, MARIELA 09/13/1932 GNT07154900 6/4/2013-00479-0003  
DIAGNOSIS CODES : 715.90 138. 389.22 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262144	1	T1019				10/01/13	10/01/13	24.00	94.56
262144	2	T1019				10/02/13	10/02/13	25.00	98.50
CLAIM TOTAL									193.06
CLAIM ACCOUNT REF.									2621440012013413SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013423 2013423 OCHOA, ORLANDO 06/15/1929 GNT06982300 6/3/2013-00335-0004  
DIAGNOSIS CODES : 715.90 290.0  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
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262250	1	S5125	10/01/13	10/01/13	24.00	94.56	
262250	2	S5125	10/03/13	10/03/13	24.00	94.56	
				CLAIM TOTAL		189.12	CLAIM ACCOUNT REF. 2622500012013423SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011963 2013553 ENCARNACION, LUZ 05/03/1934 GNT03902000 10/25/2010-0071-0026  
DIAGNOSIS CODES : 715.90 253.5 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262174	1	T1019	TT			09/30/13	09/30/13	16.00	67.04	
								CLAIM TOTAL	67.04	CLAIM ACCOUNT REF. 2621740012013553SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011963 2013553 ENCARNACION, LUZ 05/03/1934 GNT03902000 10/25/2010-00711-0028  
DIAGNOSIS CODES : 715.90 253.5 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262175	1	T1019	TT			10/01/13	10/01/13	16.00	67.04	
262175	2	T1019	TT			10/02/13	10/02/13	16.00	67.04	
262175	3	T1019	TT			10/04/13	10/04/13	16.00	67.04	
								CLAIM TOTAL	201.12	CLAIM ACCOUNT REF. 2621750012013553SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2000600 2013590 FELICIANO, JOAN 10/17/1935 GNT04140800 1/30/2008-00551-0041  
DIAGNOSIS CODES : 716.90 250.00 272.0 338.29 369.9 401.9 493.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262182	1	S5125				09/28/13	09/28/13	32.00	126.08	
262182	2	S5125				09/29/13	09/29/13	32.00	126.08	
262182	3	S5125				09/30/13	09/30/13	31.00	122.14	
262182	4	S5125				10/01/13	10/01/13	32.00	126.08	
262182	5	S5125				10/02/13	10/02/13	32.00	126.08	
262182	6	S5125				10/03/13	10/03/13	32.00	126.08	
262182	7	S5125				10/04/13	10/04/13	32.00	126.08	
								CLAIM TOTAL	878.62	CLAIM ACCOUNT REF. 2621820012013590SUP

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PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013624 2013624 LARKIN, ANNIE 09/09/1928 GNT00419300 7/2/2013-00144-0001  
DIAGNOSIS CODES : 715.00 244.9 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262219	1	S5125				09/30/13	09/30/13	16.00	63.04
262219	2	S5125				10/01/13	10/01/13	16.00	63.04
262219	3	S5125				10/02/13	10/02/13	16.00	63.04
262219	4	S5125				10/03/13	10/03/13	16.00	63.04
262219	5	S5125				10/04/13	10/04/13	16.00	63.04
CLAIM TOTAL									315.20
CLAIM ACCOUNT REF.									2622190012013624SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013415 2013678 BATISTA, LUCILA 06/30/1930 GNT07265700 7/10/2013-00650-0001  
DIAGNOSIS CODES : 429.9 253.5 386.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262133	1	T1019				09/30/13	09/30/13	16.00	63.04
CLAIM TOTAL									63.04
CLAIM ACCOUNT REF.									2621330012013678SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013415 2013678 BATISTA, LUCILA 06/30/1930 GNT07265700 7/10/2013-00650-0002  
DIAGNOSIS CODES : 429.9 253.5 386.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262134	1	T1019				10/02/13	10/02/13	16.00	63.04
262134	2	T1019				10/04/13	10/04/13	16.00	63.04
CLAIM TOTAL									126.08
CLAIM ACCOUNT REF.									2621340012013678SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013684 2013684 DIAZ, HILDA 04/04/1932 GNT07351600 7/9/2013-00177-0004  
DIAGNOSIS CODES : V68.9 250.00 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262165	1	S5125				09/28/13	09/28/13	44.00	173.36
262165	2	S5125				09/29/13	09/29/13	44.00	173.36
CLAIM TOTAL									346.72
CLAIM ACCOUNT REF.									2621650012013684SUP

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PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009960 2013799 FERRARA, ANN 07/27/1925 GNT05748600 2/27/2012-01098-0017  
DIAGNOSIS CODES : 290.0 311. 365.00 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262187	1	S5126				09/28/13	09/28/13	1.00	200.00	
262187	2	S5126				09/29/13	09/29/13	1.00	200.00	
262187	3	S5126				09/30/13	09/30/13	1.00	200.00	
262187	4	S5126				10/01/13	10/01/13	1.00	200.00	
262187	5	S5126				10/02/13	10/02/13	1.00	200.00	
262187	6	S5126				10/03/13	10/03/13	1.00	200.00	
262187	7	S5126				10/04/13	10/04/13	1.00	200.00	
CLAIM TOTAL									1,400.00	CLAIM ACCOUNT REF. 2621870012013799SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009984 2013808 PINILLA, VICTOR 03/23/1933 GNT05972000 3/2/2012-00173-0019  
DIAGNOSIS CODES : 294.10 272.2 401.9 780.4  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262269	1	S5125				09/28/13	09/28/13	36.00	141.84	
262269	2	S5125				09/29/13	09/29/13	36.00	141.84	
262269	3	S5125				09/30/13	09/30/13	36.00	141.84	
CLAIM TOTAL									425.52	CLAIM ACCOUNT REF. 2622690012013808SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009984 2013808 PINILLA, VICTOR 03/23/1933 GNT05972000 3/2/2012-00173-0020  
DIAGNOSIS CODES : 294.10 272.2 401.9 780.4  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262270	1	S5125				10/01/13	10/01/13	36.00	141.84	
CLAIM TOTAL									141.84	CLAIM ACCOUNT REF. 2622700012013808SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013822 2013822 TORRES, SANTIAGO, BASI 03/22/1934 GNT07417900 8/2/2013-00550-0004  
DIAGNOSIS CODES : 290.0 294.10 401.9 493.00 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
262321	1	S5125				09/28/13	09/28/13	16.00	63.04	
262321	2	S5125				09/29/13	09/29/13	16.00	63.04	
262321	3	S5125				09/30/13	09/30/13	32.00	126.08	

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GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262321	4	S5125		10/01/13	10/01/13	32.00	126.08	
262321	5	S5125		10/02/13	10/02/13	32.00	126.08	
262321	6	S5125		10/03/13	10/03/13	31.00	122.14	
262321	7	S5125		10/04/13	10/04/13	31.00	122.14	
					CLAIM TOTAL		748.60	CLAIM ACCOUNT REF. 2623210012013822SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012941 2013852 BENZ, ROBERT 07/30/1925 GNT07334800 7/30/2013-00400-0001  
DIAGNOSIS CODES : 401.9 362.50  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262136	1	S5125		09/28/13	09/28/13	16.00	63.04	
262136	2	S5125		09/30/13	09/30/13	16.00	63.04	
262136	3	S5125		10/01/13	10/01/13	16.00	63.04	
262136	4	S5125		10/02/13	10/02/13	16.00	63.04	
262136	5	S5125		10/03/13	10/03/13	16.00	63.04	
262136	6	S5125		10/04/13	10/04/13	16.00	63.04	
					CLAIM TOTAL		378.24	CLAIM ACCOUNT REF. 2621360012013852SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012085 2013879 ROSARIO, ANA 06/23/1949 GNT03285400 7/27/2006-00183-0055  
DIAGNOSIS CODES : 715.90 250.00 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262294	1	S5125		09/30/13	09/30/13	28.00	110.32	
262294	2	S5125		10/01/13	10/01/13	27.00	106.38	
262294	3	S5125		10/03/13	10/03/13	28.00	110.32	
262294	4	S5125		10/04/13	10/04/13	28.00	110.32	
					CLAIM TOTAL		437.34	CLAIM ACCOUNT REF. 2622940012013879SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012027 2013895 VELEZ, CARMEN 06/21/1932 GNT00271900 12/4/2003-00229-0072  
DIAGNOSIS CODES : 695.4 250.00 272.2 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262331	1	S5125		09/28/13	09/28/13	16.00	63.04	
262331	2	S5125		09/29/13	09/29/13	16.00	63.04	
262331	3	S5125		09/30/13	09/30/13	24.00	94.56	
262331	4	S5125		10/01/13	10/01/13	24.00	94.56	
262331	5	S5125		10/02/13	10/02/13	24.00	94.56	

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SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262331	6	S5125		10/03/13	10/03/13	24.00	94.56
262331	7	S5125		10/04/13	10/04/13	23.00	90.62
CLAIM TOTAL							594.94

CLAIM ACCOUNT REF. 2623310012013895SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2003103 2013898 GREENSPAN, ALICE 04/15/1942 GNT04498400 1/27/2009-00682-0061  
DIAGNOSIS CODES : 331.0 250.00 272.2 311. 401.9 530.81  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262200	1	S5125		09/28/13	09/28/13	30.00	118.20
262200	2	S5125		09/29/13	09/29/13	30.00	118.20
262200	3	S5125		09/30/13	09/30/13	16.00	63.04
262200	4	S5125		10/01/13	10/01/13	16.00	63.04
262200	5	S5125		10/02/13	10/02/13	16.00	63.04
262200	6	S5125		10/03/13	10/03/13	16.00	63.04
262200	7	S5125		10/04/13	10/04/13	16.00	63.04
CLAIM TOTAL							551.60

CLAIM ACCOUNT REF. 2622000012013898SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2007817 2013918 BEGUM, JAMILA 02/19/1919 GNT00018500 12/1/2003-00110-0104  
DIAGNOSIS CODES : 250.00 294.20 401.9 714.0 715.00 486.  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262135	1	S5125		09/28/13	09/28/13	35.00	137.90
262135	2	S5125		09/29/13	09/29/13	32.00	126.08
262135	3	S5125		09/30/13	09/30/13	48.00	189.12
262135	4	S5125		10/01/13	10/01/13	48.00	189.12
262135	5	S5125		10/02/13	10/02/13	48.00	189.12
262135	6	S5125		10/03/13	10/03/13	48.00	189.12
262135	7	S5125		10/04/13	10/04/13	48.00	189.12
CLAIM TOTAL							1,209.58

CLAIM ACCOUNT REF. 2621350012013918SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009226 2013926 CARDENAS, GUSTAVO 11/25/1933 GNT07420300 7/31/2013-00140-0001  
DIAGNOSIS CODES : 331.0 290.0  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262149	1	S5125		09/28/13	09/28/13	16.00	63.04
262149	2	S5125		09/29/13	09/29/13	16.00	63.04
262149	3	S5125		09/30/13	09/30/13	32.00	126.08

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PROVIDER ID = 113502051  
PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262149	4	S5125			10/01/13	10/01/13	32.00	126.08	
262149	5	S5125			10/02/13	10/02/13	32.00	126.08	
262149	6	S5125			10/03/13	10/03/13	32.00	126.08	
262149	7	S5125			10/04/13	10/04/13	32.00	126.08	
						CLAIM TOTAL		756.48	CLAIM ACCOUNT REF. 2621490012013926SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013946 2013946 DONE, SUSANA 07/29/1945 93704706900 7/12/2013-00078-0002  
DIAGNOSIS CODES : 401.9 272.4 715.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262166	1	S5125			09/29/13	09/29/13	32.00	126.08	
262166	2	S5125			09/30/13	09/30/13	32.00	126.08	
						CLAIM TOTAL		252.16	CLAIM ACCOUNT REF. 2621660012013946SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013946 2013946 DONE, SUSANA 07/29/1945 93704706900 7/12/2013-00078-0003  
DIAGNOSIS CODES : 401.9 272.4 715.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262167	1	S5125			10/01/13	10/01/13	32.00	126.08	
262167	2	S5125			10/02/13	10/02/13	32.00	126.08	
262167	3	S5125			10/03/13	10/03/13	32.00	126.08	
						CLAIM TOTAL		378.24	CLAIM ACCOUNT REF. 2621670012013946SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011874 2013951 NEVAREZ, MARTA 02/23/1941 GNT06134500 5/1/2012-00680-0012  
DIAGNOSIS CODES : 386.10 250.01 272.4 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262245	1	S5125	TT		09/28/13	09/28/13	24.00	100.56	
262245	2	S5125	TT		09/29/13	09/29/13	24.00	100.56	
262245	3	S5125	TT		09/30/13	09/30/13	12.00	50.28	
262245	4	S5125	TT		10/01/13	10/01/13	12.00	50.28	
262245	5	S5125	TT		10/02/13	10/02/13	12.00	50.28	
262245	6	S5125	TT		10/03/13	10/03/13	12.00	50.28	
262245	7	S5125	TT		10/04/13	10/04/13	12.00	50.28	
						CLAIM TOTAL		452.52	CLAIM ACCOUNT REF. 2622450012013951SUP

REPORT DATE 10/09/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2014024 2014024 DELPOZO, MIGUEL 11/07/1926 GNT07503600 8/30/2013-00039-0002  
DIAGNOSIS CODES : 714.0 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262164	1	S5125	TT		09/28/13	09/28/13	20.00	83.80	
262164	2	S5125	TT		09/29/13	09/29/13	20.00	83.80	
262164	3	S5125	TT		09/30/13	09/30/13	20.00	83.80	
262164	4	S5125	TT		10/01/13	10/01/13	20.00	83.80	
262164	5	S5125	TT		10/02/13	10/02/13	20.00	83.80	
262164	6	S5125	TT		10/03/13	10/03/13	20.00	83.80	
262164	7	S5125	TT		10/04/13	10/04/13	20.00	83.80	
CLAIM TOTAL								586.60	CLAIM ACCOUNT REF. 2621640012014024SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2014027 2014027 MEDINA, CECILIA 09/06/1928 GNT07399200 9/6/2013-00216-0001  
DIAGNOSIS CODES : 416.8 447.6  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262235	1	S5125			09/30/13	09/30/13	16.00	63.04	
262235	2	S5125			10/01/13	10/01/13	16.00	63.04	
262235	3	S5125			10/02/13	10/02/13	16.00	63.04	
262235	4	S5125			10/03/13	10/03/13	16.00	63.04	
262235	5	S5125			10/04/13	10/04/13	16.00	63.04	
CLAIM TOTAL								315.20	CLAIM ACCOUNT REF. 2622350012014027SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2014040 2014040 GOYES, ELVA 01/14/1931 GNT07503500 9/3/2013-00532-0001  
DIAGNOSIS CODES : 714.9 250.00 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262197	1	T1019	TT		09/28/13	09/28/13	16.00	67.04	
262197	2	T1019	TT		09/29/13	09/29/13	16.00	67.04	
262197	3	T1019	TT		10/01/13	10/01/13	16.00	67.04	
262197	4	T1019	TT		10/02/13	10/02/13	16.00	67.04	
262197	5	T1019	TT		10/03/13	10/03/13	16.00	67.04	
262197	6	T1019	TT		10/04/13	10/04/13	16.00	67.04	
CLAIM TOTAL								402.24	CLAIM ACCOUNT REF. 2621970012014040SUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010425 2014099 MONCRIEF, LOIS 05/29/1926 GNT06140100 4/26/2012-00801-0016  
DIAGNOSIS CODES : 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262236	1	S5125			09/28/13	09/28/13	31.00	122.14	
262236	2	S5125			09/29/13	09/29/13	32.00	126.08	
262236	3	S5125			09/30/13	09/30/13	10.00	39.40	
262236	4	S5125			10/01/13	10/01/13	31.00	122.14	
262236	5	S5125			10/02/13	10/02/13	31.00	122.14	
262236	6	S5125			10/03/13	10/03/13	32.00	126.08	
262236	7	S5125			10/04/13	10/04/13	32.00	126.08	
CLAIM TOTAL								784.06	CLAIM ACCOUNT REF. 2622360012014099SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011615 2014114 ANGEL, LUCY 04/01/1936 GNT07280100 9/5/2013-00643-0001  
DIAGNOSIS CODES : 437.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262131	1	S5125			09/28/13	09/28/13	30.00	118.20	
262131	2	S5125			09/30/13	09/30/13	32.00	126.08	
262131	3	S5125			10/01/13	10/01/13	32.00	126.08	
262131	4	S5125			10/02/13	10/02/13	31.00	122.14	
262131	5	S5125			10/03/13	10/03/13	32.00	126.08	
CLAIM TOTAL								618.58	CLAIM ACCOUNT REF. 2621310012014114SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012002 2014116 VELEZ, WILLIAM 12/11/1934 GNT04940600 6/28/2010-00123-0016  
DIAGNOSIS CODES : 250.01 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262332	1	S5125			09/30/13	09/30/13	16.00	63.04	
CLAIM TOTAL								63.04	CLAIM ACCOUNT REF. 2623320012014116SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2014185 2014185 SUAREZ, ROSA 03/18/1924 GNT07427000 10/2/2013-00698-0002  
DIAGNOSIS CODES : 290.0 300.02 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262313	1	S5125			10/01/13	10/01/13	36.00	141.84	



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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262313	2	S5125		10/02/13	10/02/13	36.00	141.84	
262313	3	S5125		10/03/13	10/03/13	32.00	126.08	
262313	4	S5125		10/04/13	10/04/13	36.00	141.84	
					CLAIM TOTAL		551.60	CLAIM ACCOUNT REF. 2623130012014185SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011642 2014195 FLORES, ROSA 09/26/1934 GNT07506300 10/2/2013-00707-0002  
DIAGNOSIS CODES : 250.00 244.9 311. 401.9 428.0  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262190	1	S5125		10/01/13	10/01/13	32.00	126.08	
262190	2	S5125		10/02/13	10/02/13	32.00	126.08	
262190	3	S5125		10/03/13	10/03/13	32.00	126.08	
262190	4	S5125		10/04/13	10/04/13	32.00	126.08	
					CLAIM TOTAL		504.32	CLAIM ACCOUNT REF. 2621900012014195SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2014198 2014198 VALERA, ANTONIO 05/25/1918 GNT07379200 10/2/2013-00717-0002  
DIAGNOSIS CODES : 496.  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262326	1	T1019		10/02/13	10/02/13	24.00	94.56	
262326	2	T1019		10/03/13	10/03/13	24.00	94.56	
262326	3	T1019		10/04/13	10/04/13	24.00	94.56	
					CLAIM TOTAL		283.68	CLAIM ACCOUNT REF. 2623260012014198SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013017 2014225 SCHENK, ENI 12/04/1948 GNT06973400 3/28/2013-00322-0007  
DIAGNOSIS CODES : 290.0 244.9 300.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262307	1	S5125		10/02/13	10/02/13	16.00	63.04	
262307	2	S5125		10/03/13	10/03/13	16.00	63.04	
262307	3	S5125		10/04/13	10/04/13	16.00	63.04	
					CLAIM TOTAL		189.12	CLAIM ACCOUNT REF. 2623070012014225SUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

PAYER TOTALS:	GUILDNET	# OF CLAIMS =	978	TOTAL CLAIM AMOUNT =	108,237.38
		# SERVICES =	181		

REPORT DATE 10/09/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = ICS01                      ICS

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008389 2011453 MUSHAYEV, BORIS 08/14/1947 7235 464780  
DIAGNOSIS CODES : 401.9 250.00 425.8 428.0 441.00 715.90  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262112	1	T1019	1C	0570	09/30/13	09/30/13	6.00	98.40	
							CLAIM TOTAL	98.40	CLAIM ACCOUNT REF. 2621120012011453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011870 2011870 AGOSTINI, MONSERRATE 07/18/1944 558 480096  
DIAGNOSIS CODES : 438.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262109	1	T1019	1C	0570	09/30/13	09/30/13	6.00	98.40	
262109	2	T1019	1C	0570	10/01/13	10/01/13	6.00	98.40	
262109	3	T1019	1C	0570	10/02/13	10/02/13	6.00	98.40	
262109	4	T1019	1C	0570	10/04/13	10/04/13	6.00	98.40	
							CLAIM TOTAL	393.60	CLAIM ACCOUNT REF. 2621090012011870SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012213 2012213 BERRY, ANGELINA 10/21/1956 1784 456200  
DIAGNOSIS CODES : 438.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262110	1	T1019	1C	0570	09/28/13	09/28/13	4.00	65.60	
262110	2	T1019	1C	0570	09/29/13	09/29/13	4.00	65.60	
262110	3	T1019	1C	0570	09/30/13	09/30/13	4.00	65.60	
262110	4	T1019	1C	0570	10/01/13	10/01/13	4.00	65.60	
262110	5	T1019	1C	0570	10/02/13	10/02/13	4.00	65.60	
262110	6	T1019	1C	0570	10/03/13	10/03/13	4.00	65.60	
262110	7	T1019	1C	0570	10/04/13	10/04/13	4.00	65.60	
							CLAIM TOTAL	459.20	CLAIM ACCOUNT REF. 2621100012012213SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012097 2013010 RODRIGUEZ, SILVIO 11/03/1930 9624 446238  
DIAGNOSIS CODES : 290.0 280.9 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262115	1	T1019	1C	0570	09/28/13	09/28/13	8.00	131.20	
262115	2	T1019	1C	0570	09/29/13	09/29/13	8.00	131.20	

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PROVIDER ID = 113502051  
PAYER ID = ICS01

SUNNYSIDE CITYWIDE  
ICS

NPI = 1154407492

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262115	3	T1019	1C	0570	09/30/13	09/30/13	8.00	131.20
CLAIM TOTAL								393.60
CLAIM ACCOUNT REF.								2621150012013010SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012097 2013010 RODRIGUEZ, SILVIO 11/03/1930 9624 502272  
DIAGNOSIS CODES : 290.0 280.9 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262116	1	T1019	1C	0570	10/01/13	10/01/13	8.00	131.20
262116	2	T1019	1C	0570	10/02/13	10/02/13	8.00	131.20
262116	3	T1019	1C	0570	10/04/13	10/04/13	8.00	131.20
CLAIM TOTAL								393.60
CLAIM ACCOUNT REF.								2621160012013010SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013320 2013320 PEREZ, RAFAELA 12/05/1934 8249 470412  
DIAGNOSIS CODES : 781.2  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262113	1	T1019	1C	0570	09/27/13	09/27/13	12.00	196.80
262113	2	T1019	1C	0570	09/28/13	09/28/13	21.50	352.60
262113	3	T1019	1C	0570	09/29/13	09/29/13	12.00	196.80
262113	4	T1019	1C	0570	09/30/13	09/30/13	23.75	389.50
262113	5	T1019	1C	0570	10/01/13	10/01/13	23.50	385.40
262113	6	T1019	1C	0570	10/02/13	10/02/13	23.50	385.40
262113	7	T1019	1C	0570	10/03/13	10/03/13	24.00	393.60
CLAIM TOTAL								2,300.10
CLAIM ACCOUNT REF.								2621130012013320SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013470 2013470 RIVERS, DEBRA 09/14/1958 9863 468763  
DIAGNOSIS CODES : 907.2 135. 344.1 493.90 564.81 592.0 596.54  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262114	1	T1019	1C	0570	09/28/13	09/28/13	12.00	196.80
262114	2	T1019	1C	0570	09/29/13	09/29/13	11.50	188.60
262114	3	T1019	1C	0570	09/30/13	09/30/13	11.00	180.40
262114	4	T1019	1C	0570	10/01/13	10/01/13	11.00	180.40
262114	5	T1019	1C	0570	10/02/13	10/02/13	11.00	180.40
262114	6	T1019	1C	0570	10/03/13	10/03/13	11.50	188.60
262114	7	T1019	1C	0570	10/04/13	10/04/13	11.75	192.70
CLAIM TOTAL								1,307.90
CLAIM ACCOUNT REF.								2621140012013470SUP

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NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013587	2013587	CHANCELLOR, IRA	06/01/1948	10443	476564
DIAGNOSIS CODES :			724.00	042. 250.00	296.80	300.00 365.00	427.31 781.2
CLAIM REFERENCE #:			CLAIM FREQ: 1 (ORIGINAL)				

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262111	1	T1019	1C	0570	10/01/13	10/01/13	4.00	65.60	
262111	2	T1019	1C	0570	10/02/13	10/02/13	4.00	65.60	
262111	3	T1019	1C	0570	10/03/13	10/03/13	4.00	65.60	
262111	4	T1019	1C	0570	10/04/13	10/04/13	3.00	49.20	
							CLAIM TOTAL	246.00	CLAIM ACCOUNT REF. 2621110012013587SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013676	2013676	TORRES, YNES	01/21/1930	10504	477166
DIAGNOSIS CODES :			401.9				
CLAIM REFERENCE #:			CLAIM FREQ: 1 (ORIGINAL)				

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262117	1	T1019	1C	0570	09/30/13	09/30/13	4.00	65.60	
262117	2	T1019	1C	0570	10/01/13	10/01/13	4.00	65.60	
262117	3	T1019	1C	0570	10/02/13	10/02/13	4.00	65.60	
262117	4	T1019	1C	0570	10/03/13	10/03/13	4.00	65.60	
						CLAIM TOTAL		262.40	CLAIM ACCOUNT REF. 2621170012013676SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	40	TOTAL CLAIM AMOUNT =	5,854.80
		# SERVICES =	8		

REPORT DATE 10/09/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013100905213057RRSUP

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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 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JSV04323R01 2013082715400003  
DIAGNOSIS CODES : 250.11 272.0 401.9 435.9 586.  
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262108	1	T1019	0580	10/01/13	10/01/13	16.00	67.52
262108	2	T1019	0580	10/02/13	10/02/13	16.00	67.52
262108	3	T1019	0580	10/03/13	10/03/13	16.00	67.52
262108	4	T1019	0580	10/04/13	10/04/13	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2621080012010804SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012890 2012890 SCOTT, AKHNATON 04/28/1992 JPQ49578E01 2013053115500003  
DIAGNOSIS CODES : 299.00 317.  
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262106	1	T1019	0580	07/01/13	07/01/13	16.00	67.52
CLAIM TOTAL							67.52
CLAIM ACCOUNT REF.							2621060012012890SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012890 2012890 SCOTT, AKHNATON 04/28/1992 JPQ49578E01 2013090915500001  
DIAGNOSIS CODES : 299.00 317.  
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
262107	1	T1019	0580	09/30/13	09/30/13	40.00	168.80
262107	2	T1019	0580	10/01/13	10/01/13	40.00	168.80
262107	3	T1019	0580	10/02/13	10/02/13	40.00	168.80
262107	4	T1019	0580	10/03/13	10/03/13	40.00	168.80
262107	5	T1019	0580	10/04/13	10/04/13	40.00	168.80
CLAIM TOTAL							844.00
CLAIM ACCOUNT REF.							2621070012012890SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013851 2013851 ARTEAGA, ANA 12/15/1954 JYU81582H01 2013072615400005  
DIAGNOSIS CODES : 571.5 401.9  
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
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REPORT DATE 10/09/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013100905213057RRSUP

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

262105	1	T1019	0580	09/30/13	09/30/13	24.00	101.28	
					CLAIM TOTAL		101.28	CLAIM ACCOUNT REF. 2621050012013851SUP

PAYER TOTALS:	HEALTHCARE PARTNERS IPA I	# OF CLAIMS =	11	TOTAL CLAIM AMOUNT =	1,282.88
		# SERVICES =	3		

REPORT DATE 10/09/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013100905213057RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = VCMINST                      VILLAGE CARE

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013600 2013600 MULLINGS, LUCILLE 11/20/1941 10000258001 062713005394  
DIAGNOSIS CODES : 715.90 311. 695.4  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262122	1	T1019		0580		10/02/13	10/02/13	16.00	63.04
262122	2	T1019		0580		10/03/13	10/03/13	16.00	63.04
262122	3	T1019		0580		10/04/13	10/04/13	16.00	63.04
CLAIM TOTAL									189.12
CLAIM ACCOUNT REF.									2621220012013600SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013622 2013622 BERNARDI, SOLMARIA 06/28/1931 10000270501 062713005409  
DIAGNOSIS CODES : 715.90 311. 401.9 553.3  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262119	1	T1019		0580		09/30/13	09/30/13	16.00	63.04
262119	2	T1019		0580		10/02/13	10/02/13	16.00	63.04
262119	3	T1019		0580		10/04/13	10/04/13	16.00	63.04
CLAIM TOTAL									189.12
CLAIM ACCOUNT REF.									2621190012013622SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013758 2013758 KLEIN, SHIRLEY 08/05/1929 2013758 072313005746  
DIAGNOSIS CODES : 781.0  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262121	1	T1019		0580		09/28/13	09/28/13	16.00	63.04
262121	2	T1019		0580		09/29/13	09/29/13	16.00	63.04
262121	3	T1019		0580		09/30/13	09/30/13	16.00	63.04
262121	4	T1019		0580		10/01/13	10/01/13	16.00	63.04
262121	5	T1019		0580		10/02/13	10/02/13	16.00	63.04
262121	6	T1019		0580		10/03/13	10/03/13	16.00	63.04
262121	7	T1019		0580		10/04/13	10/04/13	16.00	63.04
CLAIM TOTAL									441.28
CLAIM ACCOUNT REF.									2621210012013758SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2014010 2014010 FAY, JULIA 10/29/1939 10000292201 073113006128  
DIAGNOSIS CODES : 496. 493.90  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
262120	1	T1019		0580		09/30/13	09/30/13	28.00	110.32



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NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262120	2	T1019	0580	10/01/13	10/01/13	28.00	110.32	
262120	3	T1019	0580	10/02/13	10/02/13	28.00	110.32	
262120	4	T1019	0580	10/03/13	10/03/13	28.00	110.32	
262120	5	T1019	0580	10/04/13	10/04/13	28.00	110.32	
					CLAIM TOTAL		551.60	CLAIM ACCOUNT REF. 2621200012014010SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2014193	2014193	WEIZMANN, JOAN	10/19/1940	10000324601	092413007231
DIAGNOSIS CODES :			331.0				
CLAIM REFERENCE #:				CLAIM FREQ: 1 (ORIGINAL)			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262124	1	T1020	0580	10/01/13	10/01/13	1.00	189.00	
262124	2	T1020	0580	10/02/13	10/02/13	1.00	189.00	
262124	3	T1020	0580	10/04/13	10/04/13	1.00	189.00	
					CLAIM TOTAL		567.00	CLAIM ACCOUNT REF. 2621240012014193SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013761	2014194	REYES, CARMEN	11/12/1930	10000322801	091813007090
DIAGNOSIS CODES :			715.90	244.9	401.9		
CLAIM REFERENCE #:			CLAIM FREQ: 1 (ORIGINAL)				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
262123	1	T1019	0580	10/02/13	10/02/13	24.00	94.56	
262123	2	T1019	0580	10/04/13	10/04/13	24.00	94.56	
					CLAIM TOTAL		189.12	CLAIM ACCOUNT REF. 2621230012014194SUP

PAYER TOTALS:	VILLAGE CARE	# OF CLAIMS =	23	TOTAL CLAIM AMOUNT =	2,127.24
		# SERVICES =	6		

PROVIDER TOTALS: SUNNYSIDE CITYWIDE	# OF CLAIMS =	2109	TOTAL CLAIM AMOUNT =	254,539.23
	# SERVICES =	393		