

REPORT DATE 07/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071704055672RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008267 2008267 SZE, BECKY 10/30/1992 741244251 111891261
DIAGNOSIS CODES: 343.9 737.9 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250938	1	T1020		07/06/13	07/06/13	11.00	185.57
250938	2	T1020		07/08/13	07/08/13	6.00	101.22
250938	3	T1020		07/09/13	07/09/13	6.00	101.22
250938	4	T1020		07/10/13	07/10/13	6.00	101.22
250938	5	T1020		07/11/13	07/11/13	6.00	101.22
250938	6	T1020		07/12/13	07/12/13	6.00	101.22
CLAIM TOTAL							691.67
CLAIM ACCOUNT REF.							2509380012008267SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250935	1	T1020		07/06/13	07/06/13	9.00	151.83
250935	2	T1020		07/07/13	07/07/13	9.00	151.83
250935	3	T1020		07/08/13	07/08/13	9.00	151.83
250935	4	T1020		07/09/13	07/09/13	9.00	151.83
250935	5	T1020		07/10/13	07/10/13	9.00	151.83
250935	6	T1020		07/11/13	07/11/13	9.00	151.83
250935	7	T1020		07/12/13	07/12/13	9.00	151.83
CLAIM TOTAL							1,062.81
CLAIM ACCOUNT REF.							2509350012008268SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250930	1	T1020		07/06/13	07/06/13	7.00	118.09
250930	2	T1020		07/07/13	07/07/13	7.00	118.09
250930	3	T1020		07/08/13	07/08/13	7.00	118.09
250930	4	T1020		07/09/13	07/09/13	7.00	118.09
250930	5	T1020		07/10/13	07/10/13	4.00	67.48
250930	6	T1020		07/11/13	07/11/13	7.00	118.09
250930	7	T1020		07/12/13	07/12/13	7.00	118.09
CLAIM TOTAL							776.02
CLAIM ACCOUNT REF.							2509300012008386SUP

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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 2008400 2008400 SAMOJEDNY, MICHAEL 01/20/1954 74102201600 113550568
DIAGNOSIS CODES: 436. 401.9 571.5 780.4 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250937	1	T1020		07/09/13	07/09/13	8.00	134.96
250937	2	T1020		07/10/13	07/10/13	9.00	151.83
250937	3	T1020		07/11/13	07/11/13	5.00	84.35
250937	4	T1020		07/12/13	07/12/13	8.00	134.96
CLAIM TOTAL							506.10
CLAIM ACCOUNT REF.							2509370012008400SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250933	1	T1020		07/06/13	07/06/13	4.00	67.48
250933	2	T1020		07/08/13	07/08/13	5.00	84.35
250933	3	T1020		07/09/13	07/09/13	5.00	84.35
250933	4	T1020		07/10/13	07/10/13	5.00	84.35
250933	5	T1020		07/11/13	07/11/13	5.00	84.35
CLAIM TOTAL							404.88
CLAIM ACCOUNT REF.							2509330012010712SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010777 2013021 ORTIZ, EDUARDO 03/20/1938 74192987700 130932078
DIAGNOSIS CODES: 715.00 250.00 253.5 733.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250934	1	T1020		07/08/13	07/08/13	7.00	118.09
250934	2	T1020		07/09/13	07/09/13	7.00	118.09
250934	3	T1020		07/10/13	07/10/13	7.00	118.09
250934	4	T1020		07/11/13	07/11/13	7.00	118.09
250934	5	T1020		07/12/13	07/12/13	7.00	118.09
CLAIM TOTAL							590.45
CLAIM ACCOUNT REF.							2509340012013021SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250936	1	T1020		07/06/13	07/06/13	12.00	202.44
250936	2	T1020		07/07/13	07/07/13	5.00	84.35
250936	3	T1020		07/08/13	07/08/13	12.00	202.44
250936	4	T1020		07/09/13	07/09/13	12.00	202.44

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NPI = 1154407492

1,298.99	CLAIM ACCOUNT REF.	2509360012013080SUP
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PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2509310012013422SUP

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2509320012013422SUP

TOTAL CLAIM AMOUNT = 7,760.20

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# SERVICES = 8
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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 0101231390513
DIAGNOSIS CODES: 356.9 348.2 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250963	1	T1019		07/06/13	07/06/13	4.00	68.60
250963	2	T1019		07/07/13	07/07/13	4.00	68.60
250963	3	T1019		07/08/13	07/08/13	12.00	205.80
250963	4	T1019		07/09/13	07/09/13	12.00	205.80
250963	5	T1019		07/10/13	07/10/13	12.00	205.80
250963	6	T1019		07/11/13	07/11/13	12.00	205.80
250963	7	T1019		07/12/13	07/12/13	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2509630012008233SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250969	1	T1019		07/06/13	07/06/13	8.00	137.20
250969	2	T1019		07/07/13	07/07/13	8.00	137.20
250969	3	T1019		07/08/13	07/08/13	11.00	188.65
250969	4	T1019		07/09/13	07/09/13	11.00	188.65
250969	5	T1019		07/10/13	07/10/13	11.00	188.65
250969	6	T1019		07/11/13	07/11/13	11.00	188.65
250969	7	T1019		07/12/13	07/12/13	11.00	188.65
CLAIM TOTAL						1,217.65	CLAIM ACCOUNT REF. 2509690012008236SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008385 2008385 MURDOCK, GERTRUDE 11/01/1917 SS71357M 0112031290138
DIAGNOSIS CODES: 536.9 365.9 369.10 389.9 401.9 715.90 733.00 V15.88

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250967	1	T1019		07/08/13	07/08/13	10.00	171.50
250967	2	T1019		07/09/13	07/09/13	10.00	171.50
250967	3	T1019		07/10/13	07/10/13	10.00	171.50
250967	4	T1019		07/11/13	07/11/13	9.00	154.35
250967	5	T1019		07/12/13	07/12/13	9.00	154.35
CLAIM TOTAL						823.20	CLAIM ACCOUNT REF. 2509670012008385SUP

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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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250970	1	T1019		07/08/13	07/08/13	8.00	137.20
250970	2	T1019		07/09/13	07/09/13	8.00	137.20
250970	3	T1019		07/10/13	07/10/13	8.00	137.20
250970	4	T1019		07/11/13	07/11/13	8.00	137.20
250970	5	T1019		07/12/13	07/12/13	8.00	137.20

CLAIM TOTAL

686.00 CLAIM ACCOUNT REF. 2509700012008418SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008743 2008743 CORDERO, ROSENDO 08/26/1926 QM62108S 0101231390317
DIAGNOSIS CODES: 492.0 272.0 401.9 715.00 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250964	1	T1019		07/06/13	07/06/13	10.00	171.50
250964	2	T1019		07/07/13	07/07/13	10.00	171.50
250964	3	T1019		07/08/13	07/08/13	10.00	171.50
250964	4	T1019		07/09/13	07/09/13	10.00	171.50
250964	5	T1019		07/10/13	07/10/13	10.00	171.50
250964	6	T1019		07/11/13	07/11/13	10.00	171.50
250964	7	T1019		07/12/13	07/12/13	10.00	171.50

CLAIM TOTAL

1,200.50 CLAIM ACCOUNT REF. 2509640012008743SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010886 2010886 OSORIO, ELVIA 07/05/1943 SM10426S 0112031290291
DIAGNOSIS CODES: 253.5 272.4 354.0 401.9 733.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250968	1	T1019		07/06/13	07/06/13	3.00	51.45
250968	2	T1019		07/07/13	07/07/13	3.00	51.45
250968	3	T1019		07/08/13	07/08/13	3.00	51.45
250968	4	T1019		07/09/13	07/09/13	3.00	51.45
250968	5	T1019		07/10/13	07/10/13	3.00	51.45
250968	6	T1019		07/11/13	07/11/13	3.00	51.45
250968	7	T1019		07/12/13	07/12/13	3.00	51.45

CLAIM TOTAL

360.15 CLAIM ACCOUNT REF. 2509680012010886SUP

REPORT DATE 07/17/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 13265 METROPLUS HEALTH PLAN

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250965	1	T1019		07/06/13	07/06/13	24.00	411.60
250965	2	T1019		07/07/13	07/07/13	24.00	411.60
250965	3	T1019		07/08/13	07/08/13	24.00	411.60
250965	4	T1019		07/09/13	07/09/13	24.00	411.60
250965	5	T1019		07/10/13	07/10/13	24.00	411.60
250965	6	T1019		07/11/13	07/11/13	24.00	411.60
250965	7	T1019		07/12/13	07/12/13	24.00	411.60
CLAIM TOTAL						2,881.20	CLAIM ACCOUNT REF. 2509650012011286SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008280 2013071 SHUMON, NUK-FNU 01/21/1981 QQ82218A 0103151390266
DIAGNOSIS CODES: 952.9 344.1 564.00 599.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250971	1	T1019		07/06/13	07/06/13	4.00	68.60
250971	2	T1019		07/07/13	07/07/13	4.00	68.60
250971	3	T1019		07/08/13	07/08/13	4.00	68.60
250971	4	T1019		07/09/13	07/09/13	4.00	68.60
250971	5	T1019		07/10/13	07/10/13	4.00	68.60
250971	6	T1019		07/11/13	07/11/13	4.00	68.60
250971	7	T1019		07/12/13	07/12/13	4.00	68.60
CLAIM TOTAL						480.20	CLAIM ACCOUNT REF. 2509710012013071SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250966	1	T1019		07/06/13	07/06/13	8.00	137.20
250966	2	T1019		07/07/13	07/07/13	8.00	137.20
250966	3	T1019		07/08/13	07/08/13	8.00	137.20
250966	4	T1019		07/09/13	07/09/13	8.00	137.20
250966	5	T1019		07/10/13	07/10/13	8.00	137.20
250966	6	T1019		07/11/13	07/11/13	8.00	137.20
250966	7	T1019		07/12/13	07/12/13	8.00	137.20
CLAIM TOTAL						960.40	CLAIM ACCOUNT REF. 2509660012013185SUP

REPORT DATE 07/17/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 13265 METROPLUS HEALTH PLAN

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013663 2013663 TILAK, VEERAMA 01/01/1933 523000176 0106281390150
DIAGNOSIS CODES: 250.00 272.4 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250972	1	T1019		06/03/13	06/03/13	4.00	68.60
250972	2	T1019		06/05/13	06/05/13	4.00	68.60
250972	3	T1019		06/07/13	06/07/13	4.00	68.60
250972	4	T1019		06/10/13	06/10/13	4.00	68.60
250972	5	T1019		06/12/13	06/12/13	4.00	68.60
250972	6	T1019		06/14/13	06/14/13	4.00	68.60
250972	7	T1019		06/17/13	06/17/13	4.00	68.60
250972	8	T1019		06/19/13	06/19/13	4.00	68.60
250972	9	T1019		06/21/13	06/21/13	4.00	68.60
250972	10	T1019		06/24/13	06/24/13	4.00	68.60
250972	11	T1019		06/26/13	06/26/13	4.00	68.60
250972	12	T1019		06/28/13	06/28/13	4.00	68.60
250972	13	T1019		07/01/13	07/01/13	4.00	68.60
250972	14	T1019		07/03/13	07/03/13	4.00	68.60
250972	15	T1019		07/05/13	07/05/13	4.00	68.60
250972	16	T1019		07/08/13	07/08/13	7.00	120.05
250972	17	T1019		07/10/13	07/10/13	5.00	85.75
250972	18	T1019		07/11/13	07/11/13	5.00	85.75
250972	19	T1019		07/12/13	07/12/13	5.00	85.75
CLAIM TOTAL						1,406.30	CLAIM ACCOUNT REF. 2509720012013663SUP

PAYER TOTALS: METROPLUS HEALTH PLAN # OF CLAIMS = 78 TOTAL CLAIM AMOUNT = 11,181.80
SERVICES = 10

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NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008303	2013681	WILSON, SHERYL	08/28/1956	13060338700	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
250962	1	T1019		07/06/13	07/06/13	16.00	96.00		
250962	2	T1019		07/08/13	07/08/13	24.00	144.00		
250962	3	T1019		07/09/13	07/09/13	24.00	144.00		
250962	4	T1019		07/10/13	07/10/13	24.00	144.00		
250962	5	T1019		07/11/13	07/11/13	24.00	144.00		
250962	6	T1019		07/12/13	07/12/13	24.00	144.00		
						CLAIM TOTAL	816.00	CLAIM ACCOUNT REF.	2509620012013681SUP

PAYER TOTALS:	AFFINITY HEALTH	# OF CLAIMS =	6	TOTAL CLAIM AMOUNT =	816.00
		# SERVICES =	1		

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008286 2008286 RAMIREZ, ALIDA A 12/10/1950 ZN85118U 111771985
DIAGNOSIS CODES: 250.00 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251001	1	T1019		07/06/13	07/06/13	36.00	154.80
251001	2	T1019		07/07/13	07/07/13	36.00	154.80
251001	3	T1019		07/08/13	07/08/13	36.00	154.80
251001	4	T1019		07/09/13	07/09/13	36.00	154.80
251001	5	T1019		07/10/13	07/10/13	36.00	154.80
251001	6	T1019		07/11/13	07/11/13	36.00	154.80
251001	7	T1019		07/12/13	07/12/13	36.00	154.80
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2510010012008286SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008495 2008495 MARTINEZ, MARIA 09/05/1952 ZV42745Q 110885355
DIAGNOSIS CODES: 250.00 244.8 295.90 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250989	1	T1019		07/04/13	07/04/13	24.00	103.20
250989	2	T1019		07/05/13	07/05/13	24.00	103.20
250989	3	T1019		07/06/13	07/06/13	24.00	103.20
250989	4	T1019		07/07/13	07/07/13	24.00	103.20
250989	5	T1019		07/08/13	07/08/13	24.00	103.20
250989	6	T1019		07/09/13	07/09/13	24.00	103.20
250989	7	T1019		07/11/13	07/11/13	24.00	103.20
250989	8	T1019		07/12/13	07/12/13	24.00	103.20
CLAIM TOTAL						825.60	CLAIM ACCOUNT REF. 2509890012008495SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012101 2012101 BATILO, MARTA 02/23/1917 708125 111757464
DIAGNOSIS CODES: 715.00 272.2 285.29 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250974	1	T1019		07/05/13	07/05/13	28.00	120.40
250974	2	T1019		07/06/13	07/06/13	24.00	103.20
250974	3	T1019		07/07/13	07/07/13	28.00	120.40
250974	4	T1019		07/08/13	07/08/13	28.00	120.40
250974	5	T1019		07/09/13	07/09/13	28.00	120.40
250974	6	T1019		07/10/13	07/10/13	28.00	120.40
250974	7	T1019		07/11/13	07/11/13	28.00	120.40
250974	8	T1019		07/12/13	07/12/13	28.00	120.40
CLAIM TOTAL						946.00	CLAIM ACCOUNT REF. 2509740012012101SUP

REPORT DATE 07/17/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012102 2012102 BISRAM, ROOPKALIA 01/03/1938 708029 111645476
DIAGNOSIS CODES: 401.9 272.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250975	1	T1019		07/08/13	07/08/13	16.00	68.80
250975	2	T1019		07/09/13	07/09/13	16.00	68.80
250975	3	T1019		07/10/13	07/10/13	16.00	68.80
250975	4	T1019		07/11/13	07/11/13	16.00	68.80
250975	5	T1019		07/12/13	07/12/13	16.00	68.80
CLAIM TOTAL							344.00
CLAIM ACCOUNT REF.							2509750012012102SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250976	1	T1019		07/06/13	07/06/13	40.00	172.00
250976	2	T1019		07/07/13	07/07/13	40.00	172.00
250976	3	T1019		07/08/13	07/08/13	40.00	172.00
250976	4	T1019		07/09/13	07/09/13	40.00	172.00
250976	5	T1019		07/10/13	07/10/13	40.00	172.00
250976	6	T1019		07/11/13	07/11/13	40.00	172.00
250976	7	T1019		07/12/13	07/12/13	40.00	172.00
CLAIM TOTAL							1,204.00
CLAIM ACCOUNT REF.							2509760012012104SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012107 2012107 CRUZ, LUIS 06/10/1952 706307 111855969
DIAGNOSIS CODES: 250.93 414.3 428.0 491.21

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250978	1	T1019		07/06/13	07/06/13	32.00	137.60
250978	2	T1019		07/07/13	07/07/13	32.00	137.60
250978	3	T1019		07/08/13	07/08/13	32.00	137.60
250978	4	T1019		07/09/13	07/09/13	32.00	137.60
250978	5	T1019		07/10/13	07/10/13	32.00	137.60
CLAIM TOTAL							688.00
CLAIM ACCOUNT REF.							2509780012012107SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012107 2012107 CRUZ, LUIS 06/10/1952 706307 111992323
DIAGNOSIS CODES: 250.93 414.3 428.0 491.21

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250979	1	T1019		07/12/13	07/12/13	40.00	172.00

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PAYER ID = 14163 WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	172.00	2509790012012107SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012108	2012108	GODINOT, CARMEN	07/16/1939	695752	111993137
DIAGNOSIS CODES: 369.3 250.00 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
250981	1	T1019		07/08/13	07/08/13	24.00	103.20	
250981	2	T1019		07/09/13	07/09/13	24.00	103.20	
250981	3	T1019		07/10/13	07/10/13	24.00	103.20	
250981	4	T1019		07/11/13	07/11/13	24.00	103.20	
250981	5	T1019		07/12/13	07/12/13	24.00	103.20	
						CLAIM TOTAL	516.00	2509810012012108SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012110	2012110	GOMEZ, RANNIE	09/11/1917	698802	111644524
DIAGNOSIS CODES: 401.9 272.2 365.9 428.0 733.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
250982	1	T1019		07/09/13	07/09/13	28.00	120.40	
250982	2	T1019		07/10/13	07/10/13	28.00	120.40	
250982	3	T1019		07/11/13	07/11/13	28.00	120.40	
250982	4	T1019		07/12/13	07/12/13	28.00	120.40	
						CLAIM TOTAL	481.60	2509820012012110SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012116	2012116	GUERRERO, MARIA	07/09/1914	693949	111669840
DIAGNOSIS CODES: 355.71 250.90							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
250983	1	T1019		07/06/13	07/06/13	32.00	137.60	
250983	2	T1019		07/07/13	07/07/13	32.00	137.60	
250983	3	T1019		07/08/13	07/08/13	32.00	137.60	
250983	4	T1019		07/09/13	07/09/13	32.00	137.60	
250983	5	T1019		07/10/13	07/10/13	32.00	137.60	
250983	6	T1019		07/11/13	07/11/13	32.00	137.60	
250983	7	T1019		07/12/13	07/12/13	32.00	137.60	
						CLAIM TOTAL	963.20	2509830012012116SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012117 2012117 HAYNES, LAMONT 08/22/1920 695748 111817638
DIAGNOSIS CODES: 428.0 250.00 401.9 600.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250984	1	T1019		07/06/13	07/06/13	20.00	86.00
250984	2	T1019		07/07/13	07/07/13	20.00	86.00
250984	3	T1019		07/08/13	07/08/13	16.00	68.80
250984	4	T1019		07/09/13	07/09/13	16.00	68.80
250984	5	T1019		07/10/13	07/10/13	16.00	68.80
250984	6	T1019		07/11/13	07/11/13	16.00	68.80
250984	7	T1019		07/12/13	07/12/13	16.00	68.80
CLAIM TOTAL							516.00
CLAIM ACCOUNT REF.							2509840012012117SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250986	1	T1019		07/08/13	07/08/13	28.00	120.40
250986	2	T1019		07/09/13	07/09/13	28.00	120.40
250986	3	T1019		07/10/13	07/10/13	28.00	120.40
250986	4	T1019		07/11/13	07/11/13	28.00	120.40
250986	5	T1019		07/12/13	07/12/13	28.00	120.40
CLAIM TOTAL							602.00
CLAIM ACCOUNT REF.							2509860012012120SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012121 2012121 MOHAMED, DENISE 06/14/1959 691722 111786776
DIAGNOSIS CODES: 715.98

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250991	1	T1019		07/06/13	07/06/13	32.00	137.60
250991	2	T1019		07/07/13	07/07/13	32.00	137.60
250991	3	T1019		07/08/13	07/08/13	32.00	137.60
250991	4	T1019		07/09/13	07/09/13	32.00	137.60
250991	5	T1019		07/10/13	07/10/13	32.00	137.60
250991	6	T1019		07/11/13	07/11/13	32.00	137.60
250991	7	T1019		07/12/13	07/12/13	32.00	137.60
CLAIM TOTAL							963.20
CLAIM ACCOUNT REF.							2509910012012121SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250992	1	T1019		07/06/13	07/06/13	20.00	86.00
250992	2	T1019		07/07/13	07/07/13	20.00	86.00
250992	3	T1019		07/08/13	07/08/13	20.00	86.00
250992	4	T1019		07/10/13	07/10/13	20.00	86.00
250992	5	T1019		07/11/13	07/11/13	20.00	86.00
250992	6	T1019		07/12/13	07/12/13	20.00	86.00
CLAIM TOTAL						516.00	CLAIM ACCOUNT REF. 2509920012012122SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250994	1	T1019		07/07/13	07/07/13	20.00	86.00
250994	2	T1019		07/08/13	07/08/13	28.00	120.40
250994	3	T1019		07/09/13	07/09/13	28.00	120.40
250994	4	T1019		07/10/13	07/10/13	28.00	120.40
250994	5	T1019		07/11/13	07/11/13	28.00	120.40
250994	6	T1019		07/12/13	07/12/13	28.00	120.40
CLAIM TOTAL						688.00	CLAIM ACCOUNT REF. 2509940012012130SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012131 2012131 ORTIZ, JOSE 04/19/1925 691721 111894848
DIAGNOSIS CODES: 250.00 401.9 414.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250996	1	T1019		07/08/13	07/08/13	16.00	68.80
250996	2	T1019		07/12/13	07/12/13	16.00	68.80
CLAIM TOTAL						137.60	CLAIM ACCOUNT REF. 2509960012012131SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012132 2012132 ORTIZ, DOLORES 06/30/1927 744365 111992982
DIAGNOSIS CODES: 719.7 272.4 401.9 750.7

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250995	1	T1019		07/06/13	07/06/13	20.00	86.00
250995	2	T1019		07/07/13	07/07/13	20.00	86.00
250995	3	T1019		07/09/13	07/09/13	32.00	137.60
250995	4	T1019		07/10/13	07/10/13	32.00	137.60

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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	
250995	5	T1019		07/11/13	07/11/13	32.00	137.60	
250995	6	T1019		07/12/13	07/12/13	32.00	137.60	
					CLAIM TOTAL		722.40	CLAIM ACCOUNT REF. 2509950012012132SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012134	2012134	SERRANO, CARMEN	09/14/1948	695740	111805504
DIAGNOSIS	CODES:	093.89	253.5	311.	429.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251008	1	T1019		07/08/13	07/08/13	28.00	120.40	
251008	2	T1019		07/09/13	07/09/13	28.00	120.40	
251008	3	T1019		07/10/13	07/10/13	28.00	120.40	
251008	4	T1019		07/11/13	07/11/13	28.00	120.40	
251008	5	T1019		07/12/13	07/12/13	28.00	120.40	
					CLAIM TOTAL		602.00	CLAIM ACCOUNT REF. 2510080012012134SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012137	2012137	VAZQUEZ 1, ROSA	08/08/1934	695667	111807022
DIAGNOSIS	CODES:	715.90	244.9	401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251012	1	T1019		07/08/13	07/08/13	32.00	137.60	
251012	2	T1019		07/09/13	07/09/13	32.00	137.60	
251012	3	T1019		07/11/13	07/11/13	32.00	137.60	
251012	4	T1019		07/12/13	07/12/13	32.00	137.60	
					CLAIM TOTAL		550.40	CLAIM ACCOUNT REF. 2510120012012137SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012138	2012138	VENTURA, CLARA	09/17/1951	720456	111733742
DIAGNOSIS	CODES:	253.5	401.9	429.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251013	1	T1019		07/08/13	07/08/13	16.00	68.80	
251013	2	T1019		07/09/13	07/09/13	16.00	68.80	
251013	3	T1019		07/10/13	07/10/13	16.00	68.80	
251013	4	T1019		07/12/13	07/12/13	16.00	68.80	
					CLAIM TOTAL		275.20	CLAIM ACCOUNT REF. 2510130012012138SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012140 2012140 PATRICK, IMAGENE 03/27/1930 737028 111941421
DIAGNOSIS CODES: 294.10 153.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250997	1	T1019		07/06/13	07/06/13	32.00	137.60
250997	2	T1019		07/08/13	07/08/13	32.00	137.60
250997	3	T1019		07/09/13	07/09/13	32.00	137.60
250997	4	T1019		07/10/13	07/10/13	32.00	137.60
250997	5	T1019		07/11/13	07/11/13	32.00	137.60
250997	6	T1019		07/12/13	07/12/13	32.00	137.60
CLAIM TOTAL						825.60	CLAIM ACCOUNT REF. 2509970012012140SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012141 2012141 SANTOS MARQUEZ, MARIA 07/16/1961 688801 111660656
DIAGNOSIS CODES: 958.8 599.70 692.9 795.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251007	1	T1019		07/10/13	07/10/13	16.00	68.80
251007	2	T1019		07/12/13	07/12/13	16.00	68.80
CLAIM TOTAL						137.60	CLAIM ACCOUNT REF. 2510070012012141SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250990	1	T1019		07/06/13	07/06/13	12.00	51.60
250990	2	T1019		07/08/13	07/08/13	12.00	51.60
250990	3	T1019		07/09/13	07/09/13	12.00	51.60
250990	4	T1019		07/10/13	07/10/13	12.00	51.60
250990	5	T1019		07/11/13	07/11/13	12.00	51.60
250990	6	T1019		07/12/13	07/12/13	12.00	51.60
CLAIM TOTAL						309.60	CLAIM ACCOUNT REF. 2509900012012142SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012143 2012143 MURPHY, RUBY 04/13/1955 698832 111684344
DIAGNOSIS CODES: 585.3 311. 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250993	1	T1019		07/08/13	07/08/13	16.00	68.80
250993	2	T1019		07/09/13	07/09/13	16.00	68.80
250993	3	T1019		07/10/13	07/10/13	16.00	68.80
250993	4	T1019		07/11/13	07/11/13	16.00	68.80

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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
250993	5	T1019		07/12/13	07/12/13	16.00	68.80
CLAIM TOTAL							344.00
CLAIM ACCOUNT REF.							2509930012012143SUP

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							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251000	1	T1019		07/08/13	07/08/13	20.00	86.00
251000	2	T1019		07/10/13	07/10/13	20.00	86.00
251000	3	T1019		07/12/13	07/12/13	20.00	86.00
CLAIM TOTAL							258.00
CLAIM ACCOUNT REF.							2510000012012144SUP

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							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250998	1	T1019		07/08/13	07/08/13	16.00	68.80
250998	2	T1019		07/09/13	07/09/13	16.00	68.80
250998	3	T1019		07/10/13	07/10/13	16.00	68.80
250998	4	T1019		07/11/13	07/11/13	16.00	68.80
250998	5	T1019		07/12/13	07/12/13	16.00	68.80
CLAIM TOTAL							344.00
CLAIM ACCOUNT REF.							2509980012012145SUP

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.							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250999	1	T1019		07/08/13	07/08/13	16.00	68.80
250999	2	T1019		07/09/13	07/09/13	16.00	68.80
250999	3	T1019		07/10/13	07/10/13	16.00	68.80
250999	4	T1019		07/11/13	07/11/13	16.00	68.80
250999	5	T1019		07/12/13	07/12/13	16.00	68.80
CLAIM TOTAL							344.00
CLAIM ACCOUNT REF.							2509990012012146SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012147	2012147	RAMOS, SILVIA	08/16/1957	707547	111551884
DIAGNOSIS CODES: 724.2 253.5 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251002	1	T1019		07/08/13	07/08/13	20.00	86.00

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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	
251002	2	T1019		07/09/13	07/09/13	20.00	86.00	
251002	3	T1019		07/10/13	07/10/13	20.00	86.00	
251002	4	T1019		07/11/13	07/11/13	20.00	86.00	
251002	5	T1019		07/12/13	07/12/13	20.00	86.00	
					CLAIM TOTAL		430.00	CLAIM ACCOUNT REF. 2510020012012147SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012149	2012149	REGLA, MARIA F	11/21/1933	691499	111829761
DIAGNOSIS	CODES:	250.00	715.09			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251003	1	T1019		07/06/13	07/06/13	32.00	137.60	
251003	2	T1019		07/09/13	07/09/13	32.00	137.60	
251003	3	T1019		07/10/13	07/10/13	32.00	137.60	
251003	4	T1019		07/11/13	07/11/13	32.00	137.60	
251003	5	T1019		07/12/13	07/12/13	32.00	137.60	
					CLAIM TOTAL		688.00	CLAIM ACCOUNT REF. 2510030012012149SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012155	2012155	SANCHEZ, BETANIA	05/10/1956	706048	111688299
DIAGNOSIS	CODES:	555.9				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251006	1	T1019		07/07/13	07/07/13	20.00	86.00	
251006	2	T1019		07/08/13	07/08/13	20.00	86.00	
251006	3	T1019		07/09/13	07/09/13	20.00	86.00	
251006	4	T1019		07/10/13	07/10/13	20.00	86.00	
251006	5	T1019		07/11/13	07/11/13	20.00	86.00	
					CLAIM TOTAL		430.00	CLAIM ACCOUNT REF. 2510060012012155SUP

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			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250987	1	T1019		07/06/13	07/06/13	48.00	206.40	
250987	2	T1019		07/07/13	07/07/13	48.00	206.40	
250987	3	T1019		07/08/13	07/08/13	48.00	206.40	
250987	4	T1019		07/09/13	07/09/13	48.00	206.40	
250987	5	T1019		07/10/13	07/10/13	48.00	206.40	
250987	6	T1019		07/11/13	07/11/13	48.00	206.40	
250987	7	T1019		07/12/13	07/12/13	48.00	206.40	
					CLAIM TOTAL		1,444.80	CLAIM ACCOUNT REF. 2509870012012158SUP

REPORT DATE 07/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071704055672RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250973	1	T1019		07/06/13	07/06/13	20.00	86.00
250973	2	T1019		07/07/13	07/07/13	20.00	86.00
250973	3	T1019		07/08/13	07/08/13	20.00	86.00
250973	4	T1019		07/09/13	07/09/13	20.00	86.00
250973	5	T1019		07/10/13	07/10/13	20.00	86.00
250973	6	T1019		07/11/13	07/11/13	20.00	86.00
250973	7	T1019		07/12/13	07/12/13	20.00	86.00
CLAIM TOTAL							602.00
CLAIM ACCOUNT REF.							2509730012012161SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012261 2012261 SILVEIRA, BERTA 06/23/1938 753060 111885500
DIAGNOSIS CODES: 786.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251009	1	T1019		06/25/13	06/25/13	28.00	120.40
251009	2	T1019		07/06/13	07/06/13	32.00	137.60
251009	3	T1019		07/07/13	07/07/13	32.00	137.60
251009	4	T1019		07/08/13	07/08/13	32.00	137.60
CLAIM TOTAL							533.20
CLAIM ACCOUNT REF.							2510090012012261SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012261 2012261 SILVEIRA, BERTA 06/23/1938 753060 111981021
DIAGNOSIS CODES: 786.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251010	1	T1019		07/09/13	07/09/13	24.00	103.20
251010	2	T1019		07/10/13	07/10/13	24.00	103.20
251010	3	T1019		07/11/13	07/11/13	24.00	103.20
251010	4	T1019		07/12/13	07/12/13	24.00	103.20
CLAIM TOTAL							412.80
CLAIM ACCOUNT REF.							2510100012012261SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012136 2012266 SOTO, RAFAEL B 03/08/1937 700573 111779429
DIAGNOSIS CODES: 715.09 250.00 272.2 401.9 428.0 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251011	1	T1019		07/06/13	07/06/13	36.00	154.80
251011	2	T1019		07/08/13	07/08/13	36.00	154.80
251011	3	T1019		07/09/13	07/09/13	36.00	154.80

REPORT DATE 07/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071704055672RRSUP

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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	
251011	4	T1019		07/10/13	07/10/13	36.00	154.80	
251011	5	T1019		07/11/13	07/11/13	36.00	154.80	
251011	6	T1019		07/12/13	07/12/13	36.00	154.80	
				CLAIM TOTAL			928.80	CLAIM ACCOUNT REF. 2510110012012266SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012719 2012719 SANCHEZ FLORES, ADELA 11/03/1944 761166 111909448
DIAGNOSIS CODES: 401.9 300.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251005	1	T1019		07/08/13	07/08/13	16.00	68.80	
251005	2	T1019		07/10/13	07/10/13	16.00	68.80	
251005	3	T1019		07/12/13	07/12/13	16.00	68.80	
				CLAIM TOTAL			206.40	CLAIM ACCOUNT REF. 2510050012012719SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012159 2012948 LOPEZ, VITALIA 08/01/1922 691723 111822973
DIAGNOSIS CODES: 331.0 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250988	1	T1019		07/06/13	07/06/13	48.00	206.40	
250988	2	T1019		07/07/13	07/07/13	48.00	206.40	
250988	3	T1019		07/08/13	07/08/13	48.00	206.40	
250988	4	T1019		07/09/13	07/09/13	48.00	206.40	
250988	5	T1019		07/10/13	07/10/13	48.00	206.40	
250988	6	T1019		07/11/13	07/11/13	48.00	206.40	
250988	7	T1019		07/12/13	07/12/13	48.00	206.40	
				CLAIM TOTAL			1,444.80	CLAIM ACCOUNT REF. 2509880012012948SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012952 2012952 FRANCISCO, BRIGIDA 08/20/1957 761853 111640168
DIAGNOSIS CODES: 714.0 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250980	1	T1019		07/08/13	07/08/13	20.00	86.00	
250980	2	T1019		07/09/13	07/09/13	20.00	86.00	
250980	3	T1019		07/10/13	07/10/13	20.00	86.00	
250980	4	T1019		07/11/13	07/11/13	20.00	86.00	
250980	5	T1019		07/12/13	07/12/13	20.00	86.00	
				CLAIM TOTAL			430.00	CLAIM ACCOUNT REF. 2509800012012952SUP

REPORT DATE 07/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071704055672RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012953 2012953 CHOUDHURY, MEHER A 08/16/1974 762773 111694030
DIAGNOSIS CODES: 344.00 493.90 742.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250977	1	T1019		07/06/13	07/06/13	48.00	206.40
250977	2	T1019		07/07/13	07/07/13	48.00	206.40
250977	3	T1019		07/08/13	07/08/13	48.00	206.40
250977	4	T1019		07/09/13	07/09/13	48.00	206.40
250977	5	T1019		07/10/13	07/10/13	44.00	189.20
250977	6	T1019		07/11/13	07/11/13	48.00	206.40
250977	7	T1019		07/12/13	07/12/13	48.00	206.40
CLAIM TOTAL						1,427.60	CLAIM ACCOUNT REF. 2509770012012953SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1031950 2012979 HUDGINS, LOUZETTA 05/18/1944 761959 111697308
DIAGNOSIS CODES: 401.9 250.00 278.00 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250985	1	T1019		07/08/13	07/08/13	20.00	86.00
250985	2	T1019		07/10/13	07/10/13	20.00	86.00
250985	3	T1019		07/11/13	07/11/13	20.00	86.00
250985	4	T1019		07/12/13	07/12/13	20.00	86.00
CLAIM TOTAL						344.00	CLAIM ACCOUNT REF. 2509850012012979SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012984 2012984 YOUNG, MARY 11/04/1926 762776 111711486
DIAGNOSIS CODES: 342.82 244.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251014	1	T1019		07/06/13	07/06/13	32.00	137.60
251014	2	T1019		07/07/13	07/07/13	32.00	137.60
251014	3	T1019		07/08/13	07/08/13	32.00	137.60
251014	4	T1019		07/09/13	07/09/13	32.00	137.60
251014	5	T1019		07/10/13	07/10/13	32.00	137.60
251014	6	T1019		07/11/13	07/11/13	32.00	137.60
251014	7	T1019		07/12/13	07/12/13	32.00	137.60
CLAIM TOTAL						963.20	CLAIM ACCOUNT REF. 2510140012012984SUP

REPORT DATE 07/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071704055672RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012152 2013395 REYES, TERESA 03/18/1941 697840 111904006
DIAGNOSIS CODES: 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251004	1	T1019		07/06/13	07/06/13	32.00	137.60
251004	2	T1019		07/08/13	07/08/13	32.00	137.60
251004	3	T1019		07/09/13	07/09/13	32.00	137.60
251004	4	T1019		07/10/13	07/10/13	32.00	137.60
251004	5	T1019		07/11/13	07/11/13	32.00	137.60
251004	6	T1019		07/12/13	07/12/13	32.00	137.60
						CLAIM TOTAL	825.60
						CLAIM ACCOUNT REF.	2510040012013395SUP

PAYER TOTALS: WELLCARE OF NY # OF CLAIMS = 223 TOTAL CLAIM AMOUNT = 26,470.80
SERVICES = 40

REPORT DATE 07/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071704055672RRSUP

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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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250959	1	T1019	0580	07/08/13	07/08/13	40.00	168.80
250959	2	T1019	0580	07/09/13	07/09/13	40.00	168.80
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2509590012008491SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008274 2008513 WILLIAMS, DIANE 09/23/1948 YZ36993F 0005080166
DIAGNOSIS CODES: 296.80 250.00 429.3 733.00 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250961	1	T1019	0580	07/08/13	07/08/13	16.00	67.52
250961	2	T1019	0580	07/09/13	07/09/13	16.00	67.52
250961	3	T1019	0580	07/10/13	07/10/13	16.00	67.52
250961	4	T1019	0580	07/11/13	07/11/13	16.00	67.52
250961	5	T1019	0580	07/12/13	07/12/13	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2509610012008513SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250955	1	T1019	0580	07/09/13	07/09/13	16.00	67.52
250955	2	T1019	0580	07/12/13	07/12/13	16.00	67.52
CLAIM TOTAL							135.04

CLAIM ACCOUNT REF. 2509550012008723SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008793 2008793 COPE, WILLIE 02/17/1928 XR98607Q 0004050353
DIAGNOSIS CODES: 331.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250947	1	T1019	0580	07/06/13	07/06/13	48.00	202.56
250947	2	T1019	0580	07/07/13	07/07/13	48.00	202.56
250947	3	T1019	0580	07/08/13	07/08/13	48.00	202.56
250947	4	T1019	0580	07/09/13	07/09/13	48.00	202.56
250947	5	T1019	0580	07/10/13	07/10/13	48.00	202.56
250947	6	T1019	0580	07/11/13	07/11/13	48.00	202.56
250947	7	T1019	0580	07/12/13	07/12/13	48.00	202.56
CLAIM TOTAL							1,417.92

CLAIM ACCOUNT REF. 2509470012008793SUP

REPORT DATE 07/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071704055672RRSUP

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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 2009237 2009237 WESTFIELD, BRENDA 01/13/1953 PT26237P 0004291129
DIAGNOSIS CODES: 710.4 250.00 401.9 414.00 493.90 530.81 728.87

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250956	1	T1019	0580	07/06/13	07/06/13	32.00	135.04
250956	2	T1019	0580	07/07/13	07/07/13	32.00	135.04
250956	3	T1019	0580	07/08/13	07/08/13	32.00	135.04
250956	4	T1019	0580	07/09/13	07/09/13	32.00	135.04
250956	5	T1019	0580	07/10/13	07/10/13	32.00	135.04
250956	6	T1019	0580	07/11/13	07/11/13	32.00	135.04
250956	7	T1019	0580	07/12/13	07/12/13	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2509560012009237SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250960	1	T1019	0580	07/12/13	07/12/13	20.00	84.40
CLAIM TOTAL							84.40
CLAIM ACCOUNT REF.							2509600012009269SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008395 2009406 AHMAD, AMATUL 08/03/1953 YG15821Z 0004979372
DIAGNOSIS CODES: 799.89 253.5 272.4 401.9 493.92 696.8

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250957	1	T1019	0580	07/11/13	07/11/13	16.00	67.52
250957	2	T1019	0580	07/12/13	07/12/13	16.00	67.52
CLAIM TOTAL							135.04
CLAIM ACCOUNT REF.							2509570012009406SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250958	1	T1019	0580	07/10/13	07/10/13	40.00	168.80
250958	2	T1019	0580	07/11/13	07/11/13	40.00	168.80
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2509580012009562SUP

REPORT DATE 07/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071704055672RRSUP

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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 2009686 2009686 GAFFNEY, FREDERICK 01/04/1939 RH10373H 0005177081
DIAGNOSIS CODES: 315.8 357.4 389.8 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250949	1	T1019	0580	07/08/13	07/08/13	16.00	67.52
250949	2	T1019	0580	07/09/13	07/09/13	16.00	67.52
250949	3	T1019	0580	07/10/13	07/10/13	16.00	67.52
250949	4	T1019	0580	07/11/13	07/11/13	16.00	67.52
250949	5	T1019	0580	07/12/13	07/12/13	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2509490012009686SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009945 2009945 JACKSON, FRANCES 03/12/1934 12030545001 0004676295-009
DIAGNOSIS CODES: 332.0 250.00 401.9 722.10 785.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250952	1	T1019	0580	07/06/13	07/06/13	28.00	118.16
250952	2	T1019	0580	07/07/13	07/07/13	28.00	118.16
250952	3	T1019	0580	07/08/13	07/08/13	28.00	118.16
250952	4	T1019	0580	07/09/13	07/09/13	28.00	118.16
250952	5	T1019	0580	07/10/13	07/10/13	28.00	118.16
250952	6	T1019	0580	07/11/13	07/11/13	28.00	118.16
250952	7	T1019	0580	07/12/13	07/12/13	28.00	118.16
CLAIM TOTAL							827.12

CLAIM ACCOUNT REF. 2509520012009945SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010991 2010991 IANNAZZO, ANGELINA 06/04/1921 RD78526M 0005197384
DIAGNOSIS CODES: 401.9 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250950	1	T1019	0580	07/06/13	07/06/13	36.00	151.92
250950	2	T1019	0580	07/07/13	07/07/13	36.00	151.92
CLAIM TOTAL							303.84

CLAIM ACCOUNT REF. 2509500012010991SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010991 2010991 IANNAZZO, ANGELINA 06/04/1921 RD78526M 0005197384
DIAGNOSIS CODES: 401.9 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250951	1	T1019	0580	07/09/13	07/09/13	36.00	151.92
250951	2	T1019	0580	07/10/13	07/10/13	36.00	151.92
250951	3	T1019	0580	07/11/13	07/11/13	36.00	151.92
250951	4	T1019	0580	07/12/13	07/12/13	36.00	151.92

REPORT DATE 07/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071704055672RRSUP

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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	CLAIM ACCOUNT REF.
							607.68	2509510012010991SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
250948	1	T1019	0580	07/06/13	07/06/13	48.00	202.56	
250948	2	T1019	0580	07/07/13	07/07/13	48.00	202.56	
250948	3	T1019	0580	07/08/13	07/08/13	48.00	202.56	
250948	4	T1019	0580	07/09/13	07/09/13	48.00	202.56	
250948	5	T1019	0580	07/10/13	07/10/13	48.00	202.56	
250948	6	T1019	0580	07/11/13	07/11/13	32.00	135.04	
250948	7	T1019	0580	07/12/13	07/12/13	48.00	202.56	
							1,350.40	2509480012011526SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012541	2012541	LANGLOH, HOWARD	09/29/1923	16394107	0005921983

DIAGNOSIS CODES: 715.90 250.00 272.4 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
250954	1	T1019	0580	07/06/13	07/06/13	24.00	101.28	
250954	2	T1019	0580	07/07/13	07/07/13	24.00	101.28	
250954	3	T1019	0580	07/08/13	07/08/13	24.00	101.28	
250954	4	T1019	0580	07/09/13	07/09/13	24.00	101.28	
250954	5	T1019	0580	07/10/13	07/10/13	24.00	101.28	
250954	6	T1019	0580	07/11/13	07/11/13	24.00	101.28	
250954	7	T1019	0580	07/12/13	07/12/13	24.00	101.28	
							708.96	2509540012012541SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009467	2013531	KEATON, CATHERINE	08/30/1923	WC81742E	0004298435

DIAGNOSIS CODES: 715.00 365.9 401.9 780.4 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
250953	1	T1019	0580	07/06/13	07/06/13	48.00	202.56	
250953	2	T1019	0580	07/07/13	07/07/13	48.00	202.56	
250953	3	T1019	0580	07/08/13	07/08/13	44.00	185.68	
250953	4	T1019	0580	07/09/13	07/09/13	44.00	185.68	
250953	5	T1019	0580	07/10/13	07/10/13	48.00	202.56	
250953	6	T1019	0580	07/11/13	07/11/13	48.00	202.56	
250953	7	T1019	0580	07/12/13	07/12/13	48.00	202.56	
							1,384.16	2509530012013531SUP

REPORT DATE 07/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071704055672RRSUP

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

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	67	TOTAL CLAIM AMOUNT =	9,250.24
		# SERVICES =	14		

REPORT DATE 07/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071704055672RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 77073 VNSNY CHOICE

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008374 2010958 KARASSAVIDES, ARISTOTI 10/09/1962 V80041904 131610065
DIAGNOSIS CODES: 042. 202.88 436. 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251036	1	T1019		07/08/13	07/08/13	28.00	120.12
251036	2	T1019		07/09/13	07/09/13	28.00	120.12
251036	3	T1019		07/10/13	07/10/13	16.00	68.64
251036	4	T1019		07/11/13	07/11/13	28.00	120.12
CLAIM TOTAL						429.00	
							CLAIM ACCOUNT REF. 2510360012010958SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012481 2012481 REYES, LORGIO 05/15/1982 V80024771 130240009
DIAGNOSIS CODES: 585.6 294.9 315.34 389.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251037	1	T1019		07/06/13	07/06/13	24.00	102.96
251037	2	T1019		07/08/13	07/08/13	40.00	171.60
251037	3	T1019		07/09/13	07/09/13	24.00	102.96
251037	4	T1019		07/10/13	07/10/13	40.00	171.60
251037	5	T1019		07/11/13	07/11/13	24.00	102.96
251037	6	T1019		07/12/13	07/12/13	40.00	171.60
CLAIM TOTAL						823.68	
							CLAIM ACCOUNT REF. 2510370012012481SUP

PAYER TOTALS: VNSNY CHOICE # OF CLAIMS = 10 TOTAL CLAIM AMOUNT = 1,252.68
SERVICES = 2

REPORT DATE 07/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071704055672RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250914	1	T1019		06/29/13	06/29/13	12.00	50.64	
250914	2	T1019		06/30/13	06/30/13	12.00	50.64	
250914	3	T1019		07/01/13	07/01/13	12.00	50.64	
250914	4	T1019		07/02/13	07/02/13	12.00	50.64	
250914	5	T1019		07/03/13	07/03/13	12.00	50.64	
250914	6	T1019		07/04/13	07/04/13	12.00	50.64	
250914	7	T1019		07/05/13	07/05/13	12.00	50.64	
250914	8	T1019		07/06/13	07/06/13	12.00	50.64	
250914	9	T1019		07/07/13	07/07/13	12.00	50.64	
250914	10	T1019		07/08/13	07/08/13	12.00	50.64	
250914	11	T1019		07/09/13	07/09/13	12.00	50.64	
250914	12	T1019		07/10/13	07/10/13	12.00	50.64	
250914	13	T1019		07/11/13	07/11/13	12.00	50.64	
250914	14	T1019		07/12/13	07/12/13	12.00	50.64	
CLAIM TOTAL							708.96	CLAIM ACCOUNT REF. 2509140012008246SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250915	1	T1019		06/24/13	06/24/13	12.00	50.64	
250915	2	T1019		06/25/13	06/25/13	12.00	50.64	
250915	3	T1019		06/26/13	06/26/13	12.00	50.64	
250915	4	T1019		06/27/13	06/27/13	12.00	50.64	
250915	5	T1019		07/01/13	07/01/13	12.00	50.64	
250915	6	T1019		07/02/13	07/02/13	12.00	50.64	
250915	7	T1019		07/03/13	07/03/13	12.00	50.64	
250915	8	T1019		07/04/13	07/04/13	12.00	50.64	
250915	9	T1019		07/08/13	07/08/13	12.00	50.64	
250915	10	T1019		07/09/13	07/09/13	12.00	50.64	
250915	11	T1019		07/10/13	07/10/13	12.00	50.64	
250915	12	T1019		07/11/13	07/11/13	12.00	50.64	
CLAIM TOTAL							607.68	CLAIM ACCOUNT REF. 2509150012008248SUP

REPORT DATE 07/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071704055672RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250908	1	T1019		07/06/13	07/06/13	44.00	185.68
250908	2	T1019		07/07/13	07/07/13	44.00	185.68
250908	3	T1019		07/08/13	07/08/13	44.00	185.68
250908	4	T1019		07/09/13	07/09/13	44.00	185.68
250908	5	T1019		07/10/13	07/10/13	44.00	185.68
250908	6	T1019		07/11/13	07/11/13	32.00	135.04
250908	7	T1019		07/12/13	07/12/13	44.00	185.68
CLAIM TOTAL						1,249.12	CLAIM ACCOUNT REF. 2509080012008249SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250919	1	T1019		07/06/13	07/06/13	32.00	135.04
250919	2	T1019		07/07/13	07/07/13	32.00	135.04
250919	3	T1019		07/08/13	07/08/13	32.00	135.04
250919	4	T1019		07/09/13	07/09/13	32.00	135.04
250919	5	T1019		07/10/13	07/10/13	32.00	135.04
250919	6	T1019		07/11/13	07/11/13	32.00	135.04
250919	7	T1019		07/12/13	07/12/13	32.00	135.04
CLAIM TOTAL						945.28	CLAIM ACCOUNT REF. 2509190012008250SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008251 2008251 CEBALLOS, ANA 12/31/1919 UH02585Q R2162064
DIAGNOSIS CODES: 294.10 244.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250891	1	T1019		07/06/13	07/06/13	32.00	135.04
250891	2	T1019		07/08/13	07/08/13	32.00	135.04
250891	3	T1019		07/09/13	07/09/13	32.00	135.04
250891	4	T1019		07/10/13	07/10/13	32.00	135.04
250891	5	T1019		07/11/13	07/11/13	32.00	135.04
250891	6	T1019		07/12/13	07/12/13	32.00	135.04
CLAIM TOTAL						810.24	CLAIM ACCOUNT REF. 2508910012008251SUP

REPORT DATE 07/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071704055672RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250909	1	T1019		07/06/13	07/06/13	48.00	202.56
250909	2	T1019		07/07/13	07/07/13	48.00	202.56
250909	3	T1019		07/08/13	07/08/13	48.00	202.56
250909	4	T1019		07/09/13	07/09/13	48.00	202.56
250909	5	T1019		07/10/13	07/10/13	48.00	202.56
250909	6	T1019		07/11/13	07/11/13	48.00	202.56
250909	7	T1019		07/12/13	07/12/13	48.00	202.56
CLAIM TOTAL						1,417.92	CLAIM ACCOUNT REF. 2509090012008253SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250923	1	T1019		07/08/13	07/08/13	32.00	135.04
250923	2	T1019		07/09/13	07/09/13	32.00	135.04
250923	3	T1019		07/10/13	07/10/13	32.00	135.04
250923	4	T1019		07/11/13	07/11/13	32.00	135.04
250923	5	T1019		07/12/13	07/12/13	32.00	135.04
CLAIM TOTAL						675.20	CLAIM ACCOUNT REF. 2509230012008254SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250889	1	T1019		07/08/13	07/08/13	32.00	135.04
250889	2	T1019		07/09/13	07/09/13	32.00	135.04
250889	3	T1019		07/10/13	07/10/13	32.00	135.04
250889	4	T1019		07/11/13	07/11/13	32.00	135.04
250889	5	T1019		07/12/13	07/12/13	32.00	135.04
CLAIM TOTAL						675.20	CLAIM ACCOUNT REF. 2508890012008256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008257 2008257 ESTEVES, JOSE 09/04/1948 YD71377C 0103261301993
DIAGNOSIS CODES: 345.40

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250896	1	T1019		07/06/13	07/06/13	24.00	101.28

REPORT DATE 07/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071704055672RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250896	2	T1019		07/07/13	07/07/13	24.00	101.28	
250896	3	T1019		07/08/13	07/08/13	24.00	101.28	
250896	4	T1019		07/09/13	07/09/13	24.00	101.28	
250896	5	T1019		07/10/13	07/10/13	24.00	101.28	
250896	6	T1019		07/11/13	07/11/13	24.00	101.28	
250896	7	T1019		07/12/13	07/12/13	24.00	101.28	
				CLAIM TOTAL			708.96	CLAIM ACCOUNT REF. 2508960012008257SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250920	1	T1019		07/08/13	07/08/13	32.00	135.04	
250920	2	T1019		07/09/13	07/09/13	32.00	135.04	
250920	3	T1019		07/10/13	07/10/13	32.00	135.04	
250920	4	T1019		07/11/13	07/11/13	32.00	135.04	
250920	5	T1019		07/12/13	07/12/13	32.00	135.04	
				CLAIM TOTAL			675.20	CLAIM ACCOUNT REF. 2509200012008290SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008362 2008362 FONTANES, PEDRO 08/27/1948 RX10287Z 0104171301499
DIAGNOSIS CODES: 724.3 278.00 427.31 428.0 724.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250899	1	T1019		07/01/13	07/01/13	48.00	202.56	
250899	2	T1019		07/06/13	07/06/13	48.00	202.56	
250899	3	T1019		07/07/13	07/07/13	48.00	202.56	
250899	4	T1019		07/08/13	07/08/13	24.00	101.28	
250899	5	T1019		07/09/13	07/09/13	48.00	202.56	
250899	6	T1019		07/10/13	07/10/13	48.00	202.56	
250899	7	T1019		07/11/13	07/11/13	48.00	202.56	
250899	8	T1019		07/12/13	07/12/13	48.00	202.56	
				CLAIM TOTAL			1,519.20	CLAIM ACCOUNT REF. 2508990012008362SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250918	1	T1019		07/08/13	07/08/13	16.00	67.52	
250918	2	T1019		07/09/13	07/09/13	16.00	67.52	
250918	3	T1019		07/11/13	07/11/13	16.00	67.52	

REPORT DATE 07/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071704055672RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250918	4	T1019		07/12/13	07/12/13	16.00	67.52	
						CLAIM TOTAL	270.08	CLAIM ACCOUNT REF. 2509180012008368SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008411	2008411	FRANCISCO, RICHARD	07/10/1968	XR22414G	R2176143
DIAGNOSIS CODES: 401.9 443.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250900	1	T1019		07/06/13	07/06/13	32.00	135.04	
250900	2	T1019		07/07/13	07/07/13	32.00	135.04	
250900	3	T1019		07/09/13	07/09/13	32.00	135.04	
250900	4	T1019		07/10/13	07/10/13	32.00	135.04	
250900	5	T1019		07/11/13	07/11/13	32.00	135.04	
250900	6	T1019		07/12/13	07/12/13	32.00	135.04	
						CLAIM TOTAL	810.24	CLAIM ACCOUNT REF. 2509000012008411SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008433	2008433	BHAIRO, KOWSILILLI	05/13/1954	VG15691D	R2088833
DIAGNOSIS CODES: 340. 286.0 311. 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250884	1	T1019		07/06/13	07/06/13	32.00	135.04	
						CLAIM TOTAL	135.04	CLAIM ACCOUNT REF. 2508840012008433SUP

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							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250885	1	T1019		07/07/13	07/07/13	32.00	135.04	
250885	2	T1019		07/08/13	07/08/13	32.00	135.04	
250885	3	T1019		07/09/13	07/09/13	32.00	135.04	
250885	4	T1019		07/10/13	07/10/13	32.00	135.04	
250885	5	T1019		07/11/13	07/11/13	32.00	135.04	
250885	6	T1019		07/12/13	07/12/13	32.00	135.04	
						CLAIM TOTAL	810.24	CLAIM ACCOUNT REF. 2508850012008433SUP

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							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250883	1	T1019		07/06/13	07/06/13	12.00	50.64

REPORT DATE 07/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071704055672RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250883	2	T1019		07/08/13	07/08/13	20.00	84.40	
250883	3	T1019		07/09/13	07/09/13	20.00	84.40	
250883	4	T1019		07/10/13	07/10/13	20.00	84.40	
250883	5	T1019		07/11/13	07/11/13	20.00	84.40	
250883	6	T1019		07/12/13	07/12/13	20.00	84.40	
				CLAIM TOTAL			472.64	CLAIM ACCOUNT REF. 2508830012008487SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008558 2008558 SURIEL, GERTRUDIS 03/17/1950 ZE67447D R2223526
DIAGNOSIS CODES: 493.90 401.9 414.00 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250925	1	T1019		07/06/13	07/06/13	48.00	202.56	
250925	2	T1019		07/07/13	07/07/13	48.00	202.56	
250925	3	T1019		07/08/13	07/08/13	48.00	202.56	
250925	4	T1019		07/09/13	07/09/13	48.00	202.56	
250925	5	T1019		07/10/13	07/10/13	48.00	202.56	
250925	6	T1019		07/11/13	07/11/13	48.00	202.56	
250925	7	T1019		07/12/13	07/12/13	48.00	202.56	
				CLAIM TOTAL			1,417.92	CLAIM ACCOUNT REF. 2509250012008558SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008571 2008571 ESPAILLAT, AMPARO 12/25/1949 ZG25447P 0103131301379
DIAGNOSIS CODES: 401.9 272.0 311. 365.9 366.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250895	1	T1019		07/06/13	07/06/13	16.00	67.52	
250895	2	T1019		07/07/13	07/07/13	16.00	67.52	
250895	3	T1019		07/08/13	07/08/13	24.00	101.28	
250895	4	T1019		07/09/13	07/09/13	24.00	101.28	
250895	5	T1019		07/10/13	07/10/13	24.00	101.28	
250895	6	T1019		07/11/13	07/11/13	24.00	101.28	
250895	7	T1019		07/12/13	07/12/13	24.00	101.28	
				CLAIM TOTAL			641.44	CLAIM ACCOUNT REF. 2508950012008571SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008271 2009270 CARRION, MARIA 06/30/1928 SC64434E R2230145
DIAGNOSIS CODES: 250.00 294.10 401.9 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250890	1	T1019		07/06/13	07/06/13	32.00	135.04	
250890	2	T1019		07/08/13	07/08/13	32.00	135.04	
250890	3	T1019		07/09/13	07/09/13	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	
250890	4	T1019		07/10/13	07/10/13	32.00	135.04	
250890	5	T1019		07/11/13	07/11/13	32.00	135.04	
250890	6	T1019		07/12/13	07/12/13	32.00	135.04	
					CLAIM TOTAL		810.24	CLAIM ACCOUNT REF. 2508900012009270SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009405 2009405 CORTES DE GALINDO, NEL 05/25/1925 PF03624B 0103141302031
DIAGNOSIS CODES: 401.9 244.9 537.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250892	1	T1019		07/08/13	07/08/13	28.00	118.16	
250892	2	T1019		07/09/13	07/09/13	24.00	101.28	
250892	3	T1019		07/10/13	07/10/13	24.00	101.28	
250892	4	T1019		07/11/13	07/11/13	24.00	101.28	
250892	5	T1019		07/12/13	07/12/13	24.00	101.28	
					CLAIM TOTAL		523.28	CLAIM ACCOUNT REF. 2508920012009405SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009425 2009425 FRIAS, BARBARA 04/01/1954 YQ10410R 0103191302380
DIAGNOSIS CODES: 785.9 V44.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250901	1	T1019		07/08/13	07/08/13	16.00	67.52	
250901	2	T1019		07/10/13	07/10/13	16.00	67.52	
250901	3	T1019		07/12/13	07/12/13	16.00	67.52	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2509010012009425SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250887	1	T1019		07/06/13	07/06/13	24.00	101.28	
250887	2	T1019		07/08/13	07/08/13	24.00	101.28	
250887	3	T1019		07/09/13	07/09/13	24.00	101.28	
250887	4	T1019		07/10/13	07/10/13	24.00	101.28	
250887	5	T1019		07/11/13	07/11/13	24.00	101.28	
250887	6	T1019		07/12/13	07/12/13	24.00	101.28	
					CLAIM TOTAL		607.68	CLAIM ACCOUNT REF. 2508870012009560SUP

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PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010009 2010009 VEGA, GLORIA 07/06/1955 ZU45073J R2160981
DIAGNOSIS CODES: 340. 250.00 272.2 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250928	1	T1019		07/08/13	07/08/13	32.00	135.04
250928	2	T1019		07/09/13	07/09/13	32.00	135.04
250928	3	T1019		07/10/13	07/10/13	32.00	135.04
250928	4	T1019		07/11/13	07/11/13	32.00	135.04
250928	5	T1019		07/12/13	07/12/13	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2509280012010009SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008299 2010311 LAZALA, GLADYS 02/03/1950 ZT39863D R2083859
DIAGNOSIS CODES: 340. 250.00 278.00 401.9 440.9 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250906	1	T1019		07/06/13	07/06/13	48.00	202.56
250906	2	T1019		07/07/13	07/07/13	48.00	202.56
250906	3	T1019		07/08/13	07/08/13	48.00	202.56
250906	4	T1019		07/09/13	07/09/13	48.00	202.56
250906	5	T1019		07/10/13	07/10/13	48.00	202.56
250906	6	T1019		07/11/13	07/11/13	48.00	202.56
250906	7	T1019		07/12/13	07/12/13	48.00	202.56
CLAIM TOTAL							1,417.92

CLAIM ACCOUNT REF. 2509060012010311SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010758 2010758 VASQUEZ, OLGA 11/20/1948 WU00136E R2094038
DIAGNOSIS CODES: 311. 244.9 253.5 401.9 429.9 493.90 948.11

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250927	1	T1019		07/06/13	07/06/13	20.00	84.40
250927	2	T1019		07/07/13	07/07/13	20.00	84.40
250927	3	T1019		07/11/13	07/11/13	20.00	84.40
250927	4	T1019		07/12/13	07/12/13	20.00	84.40
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2509270012010758SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008813 2010967 LARA, TOMASA 10/11/1931 SX47950B R2115813
DIAGNOSIS CODES: 401.9 244.9 272.4 715.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250905	1	T1019		06/29/13	06/29/13	32.00	135.04
250905	2	T1019		07/06/13	07/06/13	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	
250905	3	T1019		07/08/13	07/08/13	32.00	135.04	
250905	4	T1019		07/09/13	07/09/13	32.00	135.04	
250905	5	T1019		07/10/13	07/10/13	32.00	135.04	
250905	6	T1019		07/11/13	07/11/13	32.00	135.04	
250905	7	T1019		07/12/13	07/12/13	20.00	84.40	
				CLAIM TOTAL			894.64	CLAIM ACCOUNT REF. 2509050012010967SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250888	1	T1019		07/08/13	07/08/13	40.00	168.80	
250888	2	T1019		07/09/13	07/09/13	40.00	168.80	
250888	3	T1019		07/10/13	07/10/13	40.00	168.80	
250888	4	T1019		07/11/13	07/11/13	40.00	168.80	
250888	5	T1019		07/12/13	07/12/13	40.00	168.80	
				CLAIM TOTAL			844.00	CLAIM ACCOUNT REF. 2508880012011528SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #		
NY 001	2008405	2011820	ST ROMAIN, CLAUDE	10/01/1956	UZ14868C	0102131302292		
DIAGNOSIS	CODES:	952.9	344.9	596.54				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250924	1	T1019		07/06/13	07/06/13	36.00	151.92	
250924	2	T1019		07/07/13	07/07/13	36.00	151.92	
250924	3	T1019		07/08/13	07/08/13	40.00	168.80	
250924	4	T1019		07/09/13	07/09/13	40.00	168.80	
250924	5	T1019		07/10/13	07/10/13	40.00	168.80	
250924	6	T1019		07/11/13	07/11/13	40.00	168.80	
250924	7	T1019		07/12/13	07/12/13	40.00	168.80	
				CLAIM TOTAL			1,147.84	CLAIM ACCOUNT REF. 2509240012011820SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #		
NY 001	2012284	2012284	REINOSO, EMELIANNA	12/26/1931	115451707	R2106516		
DIAGNOSIS	CODES:	799.89						

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250913	1	T1019		07/06/13	07/06/13	40.00	168.80	
250913	2	T1019		07/07/13	07/07/13	40.00	168.80	
250913	3	T1019		07/08/13	07/08/13	40.00	168.80	
250913	4	T1019		07/09/13	07/09/13	40.00	168.80	
250913	5	T1019		07/10/13	07/10/13	40.00	168.80	

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250913	6	T1019		07/11/13	07/11/13	40.00	168.80	
250913	7	T1019		07/12/13	07/12/13	40.00	168.80	
				CLAIM TOTAL		1,181.60		CLAIM ACCOUNT REF. 2509130012012284SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011495 2012478 ISKANDER, JACOB S 04/14/1949 YS88012Z 0101291301275
DIAGNOSIS CODES: 748.60 253.5 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250902	1	T1019		07/06/13	07/06/13	32.00	135.04	
250902	2	T1019		07/07/13	07/07/13	32.00	135.04	
250902	3	T1019		07/08/13	07/08/13	32.00	135.04	
250902	4	T1019		07/09/13	07/09/13	32.00	135.04	
250902	5	T1019		07/10/13	07/10/13	32.00	135.04	
250902	6	T1019		07/11/13	07/11/13	32.00	135.04	
250902	7	T1019		07/12/13	07/12/13	32.00	135.04	
				CLAIM TOTAL		945.28		CLAIM ACCOUNT REF. 2509020012012478SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012477 2012489 BLANCO, CARMELINA 08/19/1940 112990683 0101241301336
DIAGNOSIS CODES: 715.90 250.00 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250886	1	T1019		07/08/13	07/08/13	16.00	67.52	
250886	2	T1019		07/09/13	07/09/13	16.00	67.52	
250886	3	T1019		07/10/13	07/10/13	16.00	67.52	
250886	4	T1019		07/11/13	07/11/13	16.00	67.52	
250886	5	T1019		07/12/13	07/12/13	16.00	67.52	
				CLAIM TOTAL		337.60		CLAIM ACCOUNT REF. 2508860012012489SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012498 2012498 SCHOONMAKER, JEAN 01/16/1944 116703035 0101171302362
DIAGNOSIS CODES: 296.22 724.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250921	1	T1019		07/06/13	07/06/13	32.00	135.04	
250921	2	T1019		07/07/13	07/07/13	32.00	135.04	
250921	3	T1019		07/08/13	07/08/13	36.00	151.92	
250921	4	T1019		07/09/13	07/09/13	36.00	151.92	
250921	5	T1019		07/10/13	07/10/13	36.00	151.92	
250921	6	T1019		07/11/13	07/11/13	36.00	151.92	
250921	7	T1019		07/12/13	07/12/13	36.00	151.92	
				CLAIM TOTAL		1,029.68		CLAIM ACCOUNT REF. 2509210012012498SUP

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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 2012772 2012772 THORNTON, SHIRLEY 09/02/1949 ZM67702P R2196393
DIAGNOSIS CODES: 253.5 493.92 V45.11

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250926	1	T1019		07/06/13	07/06/13	32.00	135.04	
250926	2	T1019		07/07/13	07/07/13	32.00	135.04	
250926	3	T1019		07/10/13	07/10/13	16.00	67.52	
250926	4	T1019		07/11/13	07/11/13	32.00	135.04	
250926	5	T1019		07/12/13	07/12/13	20.00	84.40	
					CLAIM TOTAL		557.04	CLAIM ACCOUNT REF. 2509260012012772SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250912	1	T1020		06/28/13	06/28/13	12.00	202.56	
250912	2	T1020		07/05/13	07/05/13	12.00	202.56	
250912	3	T1020		07/06/13	07/06/13	12.00	202.56	
250912	4	T1020		07/07/13	07/07/13	12.00	202.56	
250912	5	T1020		07/08/13	07/08/13	12.00	202.56	
250912	6	T1020		07/09/13	07/09/13	12.00	202.56	
250912	7	T1020		07/10/13	07/10/13	12.00	202.56	
250912	8	T1020		07/11/13	07/11/13	24.00	405.12	
250912	9	T1020		07/12/13	07/12/13	24.00	405.12	
					CLAIM TOTAL		2,228.16	CLAIM ACCOUNT REF. 2509120012013053SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010143 2013448 AHMED, UMARA 11/15/1985 XK51476N 072211255328
DIAGNOSIS CODES: 335.19 695.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250881	1	T1019		07/06/13	07/06/13	32.00	135.04	
250881	2	T1019		07/07/13	07/07/13	28.00	118.16	
250881	3	T1019		07/08/13	07/08/13	32.00	135.04	
250881	4	T1019		07/09/13	07/09/13	32.00	135.04	
250881	5	T1019		07/10/13	07/10/13	32.00	135.04	
250881	6	T1019		07/11/13	07/11/13	32.00	135.04	
250881	7	T1019		07/12/13	07/12/13	28.00	118.16	
					CLAIM TOTAL		911.52	CLAIM ACCOUNT REF. 2508810012013448SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071704055672RRSUP

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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 2010671 2013451 AKHTER, SELINA 07/13/1960 SX51375D 0073112301172
DIAGNOSIS CODES: 093.9 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250882	1	T1019		07/08/13	07/08/13	36.00	151.92
250882	2	T1019		07/09/13	07/09/13	36.00	151.92
250882	3	T1019		07/10/13	07/10/13	36.00	151.92
250882	4	T1019		07/11/13	07/11/13	36.00	151.92
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2508820012013451SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250893	1	T1019		07/06/13	07/06/13	48.00	202.56
250893	2	T1019		07/07/13	07/07/13	48.00	202.56
250893	3	T1019		07/08/13	07/08/13	48.00	202.56
250893	4	T1019		07/09/13	07/09/13	48.00	202.56
250893	5	T1019		07/10/13	07/10/13	48.00	202.56
250893	6	T1019		07/11/13	07/11/13	48.00	202.56
250893	7	T1019		07/12/13	07/12/13	48.00	202.56
CLAIM TOTAL							1,417.92
CLAIM ACCOUNT REF.							2508930012013452SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008802 2013453 DIAZ 1, CARMEN 07/29/1950 WB78930D 072111255060
DIAGNOSIS CODES: V02.62 300.00 401.9 719.89 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250894	1	T1019		07/08/13	07/08/13	16.00	67.52
250894	2	T1019		07/09/13	07/09/13	24.00	101.28
250894	3	T1019		07/10/13	07/10/13	24.00	101.28
250894	4	T1019		07/11/13	07/11/13	24.00	101.28
250894	5	T1019		07/12/13	07/12/13	24.00	101.28
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2508940012013453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008261 2013454 FERNANDEZ, MARIA 07/24/1943 XG23851A 072111255060
DIAGNOSIS CODES: 250.00 272.2 493.00 536.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250897	1	T1019		07/10/13	07/10/13	16.00	67.52
CLAIM TOTAL							67.52
CLAIM ACCOUNT REF.							2508970012013454SUP

REPORT DATE 07/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071704055672RRSUP

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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 2008427 2013455 FLORES, MARITZA 09/26/1953 ZG96532J 032613329851
DIAGNOSIS CODES: 427.31 278.01 285.9 311. 425.8 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250898	1	T1019		07/06/13	07/06/13	28.00	118.16	
250898	2	T1019		07/07/13	07/07/13	40.00	168.80	
250898	3	T1019		07/08/13	07/08/13	40.00	168.80	
250898	4	T1019		07/09/13	07/09/13	40.00	168.80	
250898	5	T1019		07/10/13	07/10/13	40.00	168.80	
250898	6	T1019		07/11/13	07/11/13	40.00	168.80	
250898	7	T1019		07/12/13	07/12/13	36.00	151.92	
					CLAIM TOTAL	1,114.08		CLAIM ACCOUNT REF. 2508980012013455SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008366 2013458 JONES, CYNTHIA 03/17/1950 ZU54275V 021313325005
DIAGNOSIS CODES: 333.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250903	1	T1019		06/27/13	06/27/13	4.00	16.88	
250903	2	T1019		07/08/13	07/08/13	20.00	84.40	
250903	3	T1019		07/10/13	07/10/13	20.00	84.40	
					CLAIM TOTAL	185.68		CLAIM ACCOUNT REF. 2509030012013458SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009356 2013459 KHAN, FARUQUE 02/08/1949 VM87355G 112111269647
DIAGNOSIS CODES: 696.8 253.5 272.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250904	1	T1019		07/05/13	07/05/13	48.00	202.56	
250904	2	T1019		07/06/13	07/06/13	48.00	202.56	
250904	3	T1019		07/07/13	07/07/13	48.00	202.56	
250904	4	T1019		07/08/13	07/08/13	48.00	202.56	
250904	5	T1019		07/09/13	07/09/13	48.00	202.56	
250904	6	T1019		07/10/13	07/10/13	48.00	202.56	
250904	7	T1019		07/11/13	07/11/13	48.00	202.56	
250904	8	T1019		07/12/13	07/12/13	20.00	84.40	
					CLAIM TOTAL	1,502.32		CLAIM ACCOUNT REF. 2509040012013459SUP

REPORT DATE 07/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071704055672RRSUP

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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 2008263 2013462 MORALES HERNADEZ, EDW 10/28/1952 XV26396D 083111260220
DIAGNOSIS CODES: 344.1 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250910	1	T1019		07/06/13	07/06/13	24.00	101.28
250910	2	T1019		07/07/13	07/07/13	24.00	101.28
250910	3	T1019		07/08/13	07/08/13	24.00	101.28
250910	4	T1019		07/09/13	07/09/13	24.00	101.28
250910	5	T1019		07/10/13	07/10/13	24.00	101.28
250910	6	T1019		07/11/13	07/11/13	24.00	101.28
250910	7	T1019		07/12/13	07/12/13	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2509100012013462SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008422 2013463 MOSKOWITZ, RONA 02/16/1952 ZK67666G 020713324355
DIAGNOSIS CODES: 799.89 401.9 493.92 729.0 V02.62

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250911	1	T1019		07/06/13	07/06/13	24.00	101.28
250911	2	T1019		07/08/13	07/08/13	24.00	101.28
250911	3	T1019		07/09/13	07/09/13	24.00	101.28
250911	4	T1019		07/10/13	07/10/13	24.00	101.28
250911	5	T1019		07/11/13	07/11/13	24.00	101.28
250911	6	T1019		07/12/13	07/12/13	24.00	101.28
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2509110012013463SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008531 2013465 RODRIGUEZ -2, MARIA 02/16/1949 SB98419Y 070912298224
DIAGNOSIS CODES: 250.00 272.4 331.0 401.9 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250916	1	T1019		07/08/13	07/08/13	24.00	101.28
250916	2	T1019		07/09/13	07/09/13	24.00	101.28
250916	3	T1019		07/10/13	07/10/13	24.00	101.28
250916	4	T1019		07/11/13	07/11/13	24.00	101.28
250916	5	T1019		07/12/13	07/12/13	24.00	101.28
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2509160012013465SUP

REPORT DATE 07/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071704055672RRSUP

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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 2008398 2013466 RODRIGUEZ, JESSE 03/23/1984 YC62425G 072211255272
DIAGNOSIS CODES: 799.89 253.5 278.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250917	1	T1019		06/24/13	06/24/13	20.00	84.40
250917	2	T1019		07/02/13	07/02/13	20.00	84.40
250917	3	T1019		07/05/13	07/05/13	20.00	84.40
250917	4	T1019		07/08/13	07/08/13	20.00	84.40
250917	5	T1019		07/09/13	07/09/13	20.00	84.40
250917	6	T1019		07/11/13	07/11/13	20.00	84.40
250917	7	T1019		07/12/13	07/12/13	20.00	84.40
CLAIM TOTAL							590.80
CLAIM ACCOUNT REF.							2509170012013466SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250922	1	T1019		07/06/13	07/06/13	40.00	168.80
250922	2	T1019		07/08/13	07/08/13	40.00	168.80
250922	3	T1019		07/09/13	07/09/13	40.00	168.80
250922	4	T1019		07/10/13	07/10/13	40.00	168.80
250922	5	T1019		07/11/13	07/11/13	40.00	168.80
250922	6	T1019		07/12/13	07/12/13	40.00	168.80
CLAIM TOTAL							1,012.80
CLAIM ACCOUNT REF.							2509220012013467SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008425 2013468 WELLS, WYNORIA 09/10/1959 ZR27322A 081911258799
DIAGNOSIS CODES: 278.01 253.5 272.4 356.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250929	1	T1019		07/08/13	07/08/13	16.00	67.52
250929	2	T1019		07/09/13	07/09/13	16.00	67.52
250929	3	T1019		07/11/13	07/11/13	16.00	67.52
250929	4	T1019		07/12/13	07/12/13	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2509290012013468SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250907	1	T1019		07/08/13	07/08/13	20.00	84.40

REPORT DATE 07/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071704055672RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250907	2	T1019		07/09/13	07/09/13	20.00	84.40	
250907	3	T1019		07/11/13	07/11/13	20.00	84.40	
250907	4	T1019		07/12/13	07/12/13	20.00	84.40	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2509070012013602SUP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	296	TOTAL CLAIM AMOUNT =	38,604.56
		# SERVICES =	48		

REPORT DATE 07/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071704055672RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008245 2008245 CALDERON, MIGDALIA 08/02/1961 100195559 610563075
DIAGNOSIS CODES: 250.00 428.0 724.00 724.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250939	1	T1019		06/29/13	06/29/13	40.00	171.60
250939	2	T1019		06/30/13	06/30/13	40.00	171.60
250939	3	T1019		07/01/13	07/01/13	40.00	171.60
250939	4	T1019		07/02/13	07/02/13	40.00	171.60
250939	5	T1019		07/03/13	07/03/13	40.00	171.60
250939	6	T1019		07/04/13	07/04/13	40.00	171.60
250939	7	T1019		07/05/13	07/05/13	40.00	171.60
250939	8	T1019		07/06/13	07/06/13	40.00	171.60
250939	9	T1019		07/07/13	07/07/13	40.00	171.60
250939	10	T1019		07/08/13	07/08/13	40.00	171.60
250939	11	T1019		07/09/13	07/09/13	40.00	171.60
250939	12	T1019		07/10/13	07/10/13	40.00	171.60
250939	13	T1019		07/11/13	07/11/13	40.00	171.60
250939	14	T1019		07/12/13	07/12/13	40.00	171.60
CLAIM TOTAL						2,402.40	
						CLAIM ACCOUNT REF.	2509390012008245SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250943	1	T1019		07/06/13	07/06/13	16.00	68.64
250943	2	T1019		07/07/13	07/07/13	16.00	68.64
250943	3	T1019		07/08/13	07/08/13	36.00	154.44
250943	4	T1019		07/09/13	07/09/13	36.00	154.44
250943	5	T1019		07/10/13	07/10/13	36.00	154.44
250943	6	T1019		07/11/13	07/11/13	36.00	154.44
250943	7	T1019		07/12/13	07/12/13	36.00	154.44
CLAIM TOTAL						909.48	
						CLAIM ACCOUNT REF.	2509430012008287SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008401 2008401 SAFOS, PATRA 12/18/1948 100029836 611012381
DIAGNOSIS CODES: 340. 244.8 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250945	1	T1019		07/06/13	07/06/13	32.00	137.28
250945	2	T1019		07/07/13	07/07/13	32.00	137.28
250945	3	T1019		07/08/13	07/08/13	32.00	137.28
250945	4	T1019		07/09/13	07/09/13	32.00	137.28

REPORT DATE 07/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071704055672RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250945	5	T1019		07/10/13	07/10/13	36.00	154.44
250945	6	T1019		07/11/13	07/11/13	32.00	137.28
250945	7	T1019		07/12/13	07/12/13	28.00	120.12
CLAIM TOTAL							960.96

CLAIM ACCOUNT REF. 2509450012008401SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011881 2011881 KHAN, FAZAL 06/28/1970 101344352 609951463
DIAGNOSIS CODES: 345.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250941	1	T1019		07/06/13	07/06/13	48.00	205.92
250941	2	T1019		07/07/13	07/07/13	48.00	205.92
250941	3	T1019		07/08/13	07/08/13	48.00	205.92
250941	4	T1019		07/09/13	07/09/13	48.00	205.92
250941	5	T1019		07/10/13	07/10/13	48.00	205.92
250941	6	T1019		07/11/13	07/11/13	48.00	205.92
250941	7	T1019		07/12/13	07/12/13	48.00	205.92
CLAIM TOTAL							1,441.44

CLAIM ACCOUNT REF. 2509410012011881SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013149 2013149 KOH, BYUNG CHOLL 05/06/1923 101428305 610504628
DIAGNOSIS CODES: 250.00 244.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250942	1	T1019		05/07/13	05/07/13	4.00	17.16
250942	2	T1019		05/08/13	05/08/13	4.00	17.16
250942	3	T1019		05/09/13	05/09/13	4.00	17.16
250942	4	T1019		05/10/13	05/10/13	4.00	17.16
250942	5	T1019		05/14/13	05/14/13	4.00	17.16
250942	6	T1019		05/15/13	05/15/13	4.00	17.16
250942	7	T1019		05/16/13	05/16/13	4.00	17.16
250942	8	T1019		05/17/13	05/17/13	4.00	17.16
CLAIM TOTAL							137.28

CLAIM ACCOUNT REF. 2509420012013149SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
250944	1	T1019		07/08/13	07/08/13	16.00	68.64
250944	2	T1019		07/09/13	07/09/13	16.00	68.64
250944	3	T1019		07/10/13	07/10/13	16.00	68.64
250944	4	T1019		07/11/13	07/11/13	16.00	68.64

REPORT DATE 07/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071704055672RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250944	5	T1019		07/12/13	07/12/13	16.00	68.64	
					CLAIM TOTAL		343.20	CLAIM ACCOUNT REF. 2509440012013181SUP

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							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250940	1	T1019		07/06/13	07/06/13	32.00	137.28	
250940	2	T1019		07/07/13	07/07/13	32.00	137.28	
250940	3	T1019		07/08/13	07/08/13	32.00	137.28	
250940	4	T1019		07/09/13	07/09/13	32.00	137.28	
250940	5	T1019		07/10/13	07/10/13	32.00	137.28	
250940	6	T1019		07/11/13	07/11/13	32.00	137.28	
250940	7	T1019		07/12/13	07/12/13	32.00	137.28	
					CLAIM TOTAL		960.96	CLAIM ACCOUNT REF. 2509400012013182SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2006396	2013609	TSOURATAKIS, ELEFTERIA	01/25/1919	101503810	611254933
DIAGNOSIS CODES: 799.3 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
250946	1	T1019		07/12/13	07/12/13	48.00	205.92	
					CLAIM TOTAL		205.92	CLAIM ACCOUNT REF. 2509460012013609SUP

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	56	TOTAL CLAIM AMOUNT =	7,361.64
		# SERVICES =	8		

REPORT DATE 07/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071704055672RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008266 2008266 GUERRA, LORRAINE 03/22/1948 712731594 103536057
DIAGNOSIS CODES: 431. 784.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251016	1	T1019	0580	07/06/13	07/06/13	40.00	168.80
251016	2	T1019	0580	07/07/13	07/07/13	40.00	168.80
251016	3	T1019	0580	07/08/13	07/08/13	32.00	135.04
251016	4	T1019	0580	07/10/13	07/10/13	32.00	135.04
251016	5	T1019	0580	07/11/13	07/11/13	32.00	135.04
251016	6	T1019	0580	07/12/13	07/12/13	32.00	135.04
CLAIM TOTAL						877.76	CLAIM ACCOUNT REF. 2510160012008266SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008406 2010728 YOUNG, KALEILE 06/17/1994 006532755 103177976
DIAGNOSIS CODES: 319. 493.90 742.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251018	1	T1019	0580	07/06/13	07/06/13	16.00	67.52
251018	2	T1019	0580	07/07/13	07/07/13	16.00	67.52
251018	3	T1019	0580	07/08/13	07/08/13	12.00	50.64
251018	4	T1019	0580	07/09/13	07/09/13	12.00	50.64
251018	5	T1019	0580	07/10/13	07/10/13	12.00	50.64
251018	6	T1019	0580	07/11/13	07/11/13	12.00	50.64
251018	7	T1019	0580	07/12/13	07/12/13	12.00	50.64
CLAIM TOTAL						388.24	CLAIM ACCOUNT REF. 2510180012010728SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251017	1	T1019	0580	07/06/13	07/06/13	20.00	84.40
251017	2	T1019	0580	07/07/13	07/07/13	20.00	84.40
251017	3	T1019	0580	07/08/13	07/08/13	16.00	67.52
251017	4	T1019	0580	07/09/13	07/09/13	16.00	67.52
251017	5	T1019	0580	07/10/13	07/10/13	16.00	67.52
251017	6	T1019	0580	07/11/13	07/11/13	16.00	67.52
251017	7	T1019	0580	07/12/13	07/12/13	16.00	67.52
CLAIM TOTAL						506.40	CLAIM ACCOUNT REF. 2510170012010729SUP

REPORT DATE 07/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071704055672RRSUP

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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 2012083 2012354 CRUZ, SALVADOR 05/10/1932 713917795 103312801
DIAGNOSIS CODES: 290.0 401.9 447.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251020	1	T1019	0580	07/08/13	07/08/13	24.00	90.00
251020	2	T1019	0580	07/09/13	07/09/13	24.00	90.00
CLAIM TOTAL							180.00
CLAIM ACCOUNT REF.							2510200012012354SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251024	1	T1019	0580	07/08/13	07/08/13	16.00	60.00
251024	2	T1019	0580	07/09/13	07/09/13	16.00	60.00
251024	3	T1019	0580	07/10/13	07/10/13	16.00	60.00
251024	4	T1019	0580	07/11/13	07/11/13	16.00	60.00
251024	5	T1019	0580	07/12/13	07/12/13	16.00	60.00
CLAIM TOTAL							300.00
CLAIM ACCOUNT REF.							2510240012012358SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251025	1	T1019	0580	07/08/13	07/08/13	20.00	75.00
251025	2	T1019	0580	07/09/13	07/09/13	20.00	75.00
251025	3	T1019	0580	07/10/13	07/10/13	20.00	75.00
251025	4	T1019	0580	07/11/13	07/11/13	20.00	75.00
CLAIM TOTAL							300.00
CLAIM ACCOUNT REF.							2510250012012362SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010003 2012373 DENNISON, KELVIN * 09/23/1991 6944796 103006820
DIAGNOSIS CODES: 799.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251021	1	T1019	0580	06/04/13	06/04/13	24.00	90.00
CLAIM TOTAL							90.00
CLAIM ACCOUNT REF.							2510210012012373SUP

REPORT DATE 07/17/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = AMRGRI AMERIGROUP NEW YORK,LLC

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251022	1	T1019	0580	07/08/13	07/08/13	32.00	120.00
251022	2	T1019	0580	07/09/13	07/09/13	36.00	135.00
251022	3	T1019	0580	07/10/13	07/10/13	32.00	120.00
251022	4	T1019	0580	07/11/13	07/11/13	36.00	135.00
251022	5	T1019	0580	07/12/13	07/12/13	32.00	120.00
CLAIM TOTAL							630.00

CLAIM ACCOUNT REF. 2510220012012374SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251019	1	T1019	0580	07/08/13	07/08/13	28.00	105.00
251019	2	T1019	0580	07/09/13	07/09/13	28.00	105.00
251019	3	T1019	0580	07/10/13	07/10/13	28.00	105.00
251019	4	T1019	0580	07/11/13	07/11/13	28.00	105.00
251019	5	T1019	0580	07/12/13	07/12/13	16.00	60.00
CLAIM TOTAL							480.00

CLAIM ACCOUNT REF. 2510190012012732SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251023	1	T1019	0580	07/08/13	07/08/13	16.00	60.00
251023	2	T1019	0580	07/09/13	07/09/13	16.00	60.00
251023	3	T1019	0580	07/10/13	07/10/13	16.00	60.00
251023	4	T1019	0580	07/11/13	07/11/13	16.00	60.00
251023	5	T1019	0580	07/12/13	07/12/13	16.00	60.00
CLAIM TOTAL							300.00

CLAIM ACCOUNT REF. 2510230012013018SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251015	1	T1019	0580	07/08/13	07/08/13	20.00	84.40
251015	2	T1019	0580	07/09/13	07/09/13	20.00	84.40
251015	3	T1019	0580	07/10/13	07/10/13	20.00	84.40

REPORT DATE 07/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071704055672RRSUP

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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	
251015	4	T1019	0580	07/11/13	07/11/13	20.00	84.40	
251015	5	T1019	0580	07/12/13	07/12/13	20.00	84.40	
					CLAIM TOTAL	422.00		CLAIM ACCOUNT REF. 2510150012013352SUP

PAYER TOTALS:	AMERIGROUP NEW YORK,LLC	# OF CLAIMS =	52	TOTAL CLAIM AMOUNT =	4,474.40
		# SERVICES =	11		

REPORT DATE 07/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071704055672RRSUP

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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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251032	1	T1019	1C		07/08/13	07/08/13	6.00	98.40	
251032	2	T1019	1C		07/09/13	07/09/13	6.00	98.40	
251032	3	T1019	1C		07/10/13	07/10/13	6.00	98.40	
251032	4	T1019	1C		07/11/13	07/11/13	6.00	98.40	
251032	5	T1019	1C		07/12/13	07/12/13	6.00	98.40	
CLAIM TOTAL								492.00	CLAIM ACCOUNT REF. 2510320012011453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011869 2011869 JONES, VALERIE 10/10/1948 1457 479978
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251031	1	T1019	1C		07/08/13	07/08/13	4.00	65.60	
251031	2	T1019	1C		07/09/13	07/09/13	4.00	65.60	
251031	3	T1019	1C		07/10/13	07/10/13	4.00	65.60	
251031	4	T1019	1C		07/11/13	07/11/13	4.00	65.60	
251031	5	T1019	1C		07/12/13	07/12/13	4.00	65.60	
CLAIM TOTAL								328.00	CLAIM ACCOUNT REF. 2510310012011869SUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251028	1	T1019	1C		07/08/13	07/08/13	6.00	98.40	
251028	2	T1019	1C		07/09/13	07/09/13	6.00	98.40	
251028	3	T1019	1C		07/10/13	07/10/13	6.00	98.40	
251028	4	T1019	1C		07/11/13	07/11/13	6.00	98.40	
CLAIM TOTAL								393.60	CLAIM ACCOUNT REF. 2510280012011870SUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251029	1	T1019	1C		07/06/13	07/06/13	4.00	65.60	
251029	2	T1019	1C		07/07/13	07/07/13	4.00	65.60	
251029	3	T1019	1C		07/08/13	07/08/13	4.00	65.60	
251029	4	T1019	1C		07/09/13	07/09/13	4.00	65.60	

REPORT DATE 07/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071704055672RRSUP

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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
251029	5	T1019	1C		07/10/13	07/10/13	4.00	65.60
251029	6	T1019	1C		07/11/13	07/11/13	4.00	65.60
251029	7	T1019	1C		07/12/13	07/12/13	4.00	65.60
CLAIM TOTAL								459.20

CLAIM ACCOUNT REF. 2510290012012213SUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251035	1	T1019	1C		07/06/13	07/06/13	8.00	131.20
251035	2	T1019	1C		07/07/13	07/07/13	8.00	131.20
251035	3	T1019	1C		07/08/13	07/08/13	8.00	131.20
251035	4	T1019	1C		07/10/13	07/10/13	8.00	131.20
251035	5	T1019	1C		07/11/13	07/11/13	8.00	131.20
251035	6	T1019	1C		07/12/13	07/12/13	8.00	131.20
CLAIM TOTAL								787.20

CLAIM ACCOUNT REF. 2510350012013010SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013320	2013320	PEREZ, RAFAELA	12/05/1934	8249	468055

DIAGNOSIS CODES: 781.2

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251033	1	T1019	1C		07/06/13	07/06/13	24.00	393.60
251033	2	T1019	1C		07/07/13	07/07/13	24.00	393.60
251033	3	T1019	1C		07/08/13	07/08/13	24.00	393.60
251033	4	T1019	1C		07/09/13	07/09/13	12.00	196.80
251033	5	T1019	1C		07/10/13	07/10/13	12.00	196.80
251033	6	T1019	1C		07/11/13	07/11/13	24.00	393.60
251033	7	T1019	1C		07/12/13	07/12/13	24.00	393.60
CLAIM TOTAL								2,361.60

CLAIM ACCOUNT REF. 2510330012013320SUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251034	1	T1019	1C		07/06/13	07/06/13	12.00	196.80
251034	2	T1019	1C		07/07/13	07/07/13	11.50	188.60
251034	3	T1019	1C		07/08/13	07/08/13	12.00	196.80
251034	4	T1019	1C		07/09/13	07/09/13	12.00	196.80
251034	5	T1019	1C		07/10/13	07/10/13	12.00	196.80
251034	6	T1019	1C		07/11/13	07/11/13	10.00	164.00

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NPI = 1154407492

CLAIM ACCOUNT REF. 2510340012013470SUP

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2510300012013587SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	45	TOTAL CLAIM AMOUNT =	6,289.40
		# SERVICES =	8		

REPORT DATE 07/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071704055672RRSUP

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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 2013062715500001
DIAGNOSIS CODES: 250.11 272.0 401.9 435.9 586.
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251027	1	T1019	0580	07/09/13	07/09/13	16.00	67.52	
251027	2	T1019	0580	07/10/13	07/10/13	16.00	67.52	
251027	3	T1019	0580	07/11/13	07/11/13	16.00	67.52	
251027	4	T1019	0580	07/12/13	07/12/13	16.00	67.52	
					CLAIM TOTAL		270.08	CLAIM ACCOUNT REF. 2510270012010804SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251026	1	T1019	0580	07/04/13	07/04/13	16.00	67.52	
251026	2	T1019	0580	07/08/13	07/08/13	16.00	67.52	
					CLAIM TOTAL		135.04	CLAIM ACCOUNT REF. 2510260012012890SUP

PAYER TOTALS: HEALTHCARE PARTNERS IPA I # OF CLAIMS = 6 TOTAL CLAIM AMOUNT = 405.12
SERVICES = 2

REPORT DATE 07/17/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013071704055672RRSUP

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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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251040	1	T1019	0580	07/08/13	07/08/13	8.00	31.52
251040	2	T1019	0580	07/10/13	07/10/13	16.00	63.04
251040	3	T1019	0580	07/12/13	07/12/13	16.00	63.04
CLAIM TOTAL							157.60
CLAIM ACCOUNT REF.							2510400012013600SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251038	1	T1019	0580	07/10/13	07/10/13	16.00	63.04
251038	2	T1019	0580	07/12/13	07/12/13	16.00	63.04
CLAIM TOTAL							126.08
CLAIM ACCOUNT REF.							2510380012013622SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013623 2013623 MORAN VAZQUEZ, ANGEL 12/16/1945 10000265801 062713005407
DIAGNOSIS CODES: 715.90 386.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251039	1	T1019	0580	07/06/13	07/06/13	12.00	47.28
CLAIM TOTAL							47.28
CLAIM ACCOUNT REF.							2510390012013623SUP

PAYER TOTALS: VILLAGE CARE # OF CLAIMS = 6 TOTAL CLAIM AMOUNT = 330.96
SERVICES = 3

PROVIDER TOTALS: SUNNYSIDE CITYWIDE # OF CLAIMS = 894 TOTAL CLAIM AMOUNT = 114,197.80
SERVICES = 155