

REPORT DATE 06/19/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013061903165221RRSUP

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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
247124	1	T1020		06/08/13	06/08/13	11.00	185.57
247124	2	T1020		06/10/13	06/10/13	6.00	101.22
247124	3	T1020		06/11/13	06/11/13	6.00	101.22
247124	4	T1020		06/12/13	06/12/13	6.00	101.22
247124	5	T1020		06/13/13	06/13/13	6.00	101.22
247124	6	T1020		06/14/13	06/14/13	6.00	101.22
CLAIM TOTAL							691.67
CLAIM ACCOUNT REF.							2471240012008267SUP

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
247121	1	T1020		06/08/13	06/08/13	9.00	151.83
247121	2	T1020		06/09/13	06/09/13	9.00	151.83
247121	3	T1020		06/10/13	06/10/13	9.00	151.83
247121	4	T1020		06/11/13	06/11/13	9.00	151.83
247121	5	T1020		06/12/13	06/12/13	9.00	151.83
247121	6	T1020		06/13/13	06/13/13	9.00	151.83
247121	7	T1020		06/14/13	06/14/13	9.00	151.83
CLAIM TOTAL							1,062.81
CLAIM ACCOUNT REF.							2471210012008268SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008306 2008306 GIL, ALICIA M 12/05/1941 74148852400 111891265
DIAGNOSIS CODES: 340. 733.00 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247118	1	T1020		06/08/13	06/08/13	7.00	118.09
247118	2	T1020		06/09/13	06/09/13	7.00	118.09
247118	3	T1020		06/10/13	06/10/13	7.00	118.09
247118	4	T1020		06/11/13	06/11/13	7.00	118.09
247118	5	T1020		06/12/13	06/12/13	7.00	118.09
247118	6	T1020		06/13/13	06/13/13	7.00	118.09
247118	7	T1020		06/14/13	06/14/13	7.00	118.09
CLAIM TOTAL							826.63
CLAIM ACCOUNT REF.							2471180012008306SUP

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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 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
247116	1	T1020		06/08/13	06/08/13	7.00	118.09
247116	2	T1020		06/09/13	06/09/13	7.00	118.09
247116	3	T1020		06/10/13	06/10/13	7.00	118.09
247116	4	T1020		06/11/13	06/11/13	7.00	118.09
247116	5	T1020		06/12/13	06/12/13	7.00	118.09
247116	6	T1020		06/13/13	06/13/13	7.00	118.09
247116	7	T1020		06/14/13	06/14/13	7.00	118.09
CLAIM TOTAL							826.63
CLAIM ACCOUNT REF.							2471160012008386SUP

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
247123	1	T1020		06/11/13	06/11/13	8.00	134.96
247123	2	T1020		06/12/13	06/12/13	9.00	151.83
247123	3	T1020		06/13/13	06/13/13	5.00	84.35
247123	4	T1020		06/14/13	06/14/13	8.00	134.96
CLAIM TOTAL							506.10
CLAIM ACCOUNT REF.							2471230012008400SUP

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
247119	1	T1020		06/11/13	06/11/13	5.00	84.35
247119	2	T1020		06/12/13	06/12/13	5.00	84.35
247119	3	T1020		06/13/13	06/13/13	5.00	84.35
247119	4	T1020		06/14/13	06/14/13	4.00	67.48
CLAIM TOTAL							320.53
CLAIM ACCOUNT REF.							2471190012010712SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010777 2013021 ORTIZ, EDUARDO 03/20/1938 741929877 130932078
DIAGNOSIS CODES: 715.00 250.00 253.5 733.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247120	1	T1020		06/10/13	06/10/13	7.00	118.09
247120	2	T1020		06/11/13	06/11/13	7.00	118.09
247120	3	T1020		06/12/13	06/12/13	7.00	118.09

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247120	4	T1020		06/13/13	06/13/13	7.00	118.09
247120	5	T1020		06/14/13	06/14/13	7.00	118.09
CLAIM TOTAL							590.45
							CLAIM ACCOUNT REF. 2471200012013021SUP

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
247122	1	T1020		06/08/13	06/08/13	12.00	202.44
247122	2	T1020		06/09/13	06/09/13	12.00	202.44
247122	3	T1020		06/10/13	06/10/13	12.00	202.44
247122	4	T1020		06/11/13	06/11/13	12.00	202.44
247122	5	T1020		06/12/13	06/12/13	12.00	202.44
247122	6	T1020		06/13/13	06/13/13	12.00	202.44
247122	7	T1020		06/14/13	06/14/13	12.00	202.44
CLAIM TOTAL							1,417.08
							CLAIM ACCOUNT REF. 2471220012013080SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013405	2013405	ARJONA, ANA	09/02/1952	74244158200	131491737
DIAGNOSIS CODES: 747.81 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247115	1	T1020		06/03/13	06/03/13	5.00	84.35
247115	2	T1020		06/04/13	06/04/13	5.00	84.35
247115	3	T1020		06/06/13	06/06/13	5.00	84.35
247115	4	T1020		06/07/13	06/07/13	5.00	84.35
247115	5	T1020		06/10/13	06/10/13	5.00	84.35
247115	6	T1020		06/11/13	06/11/13	5.00	84.35
247115	7	T1020		06/12/13	06/12/13	5.00	84.35
247115	8	T1020		06/13/13	06/13/13	5.00	84.35
247115	9	T1020		06/14/13	06/14/13	5.00	84.35
CLAIM TOTAL							759.15
							CLAIM ACCOUNT REF. 2471150012013405SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247117	1	T1020		06/08/13	06/08/13	12.00	202.44
247117	2	T1020		06/09/13	06/09/13	12.00	202.44
247117	3	T1020		06/10/13	06/10/13	12.00	202.44
247117	4	T1020		06/11/13	06/11/13	12.00	202.44

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
247117	5	T1020		06/12/13	06/12/13	12.00	202.44	
247117	6	T1020		06/13/13	06/13/13	12.00	202.44	
247117	7	T1020		06/14/13	06/14/13	24.00	404.88	
					CLAIM TOTAL		1,619.52	CLAIM ACCOUNT REF. 2471170012013422SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	63	TOTAL CLAIM AMOUNT =	8,620.57
		# SERVICES =	10		

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

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008422	2008422	MOSKOWITZ, RONA	02/16/1952	10063710601	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
247114	1	T1019		05/25/13	05/25/13	24.00	101.28
CLAIM TOTAL							101.28
CLAIM ACCOUNT REF.							2471140012008422SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012500	2012500	DEKMAK, GRISEL	03/02/1964	10061526701	020113323665
DIAGNOSIS CODES: 340. 285.8 311. 596.54							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247113	1	T1019		05/24/13	05/24/13	48.00	202.56
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2471130012012500SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	2	TOTAL CLAIM AMOUNT =	303.84
		# SERVICES =	2		

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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
247147	1	T1019		06/08/13	06/08/13	4.00	68.60
247147	2	T1019		06/09/13	06/09/13	4.00	68.60
247147	3	T1019		06/10/13	06/10/13	12.00	205.80
247147	4	T1019		06/11/13	06/11/13	12.00	205.80
247147	5	T1019		06/12/13	06/12/13	12.00	205.80
247147	6	T1019		06/13/13	06/13/13	12.00	205.80
247147	7	T1019		06/14/13	06/14/13	12.00	205.80
CLAIM TOTAL							1,166.20
CLAIM ACCOUNT REF.							2471470012008233SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247154	1	T1019		06/08/13	06/08/13	8.00	137.20
247154	2	T1019		06/09/13	06/09/13	8.00	137.20
247154	3	T1019		06/10/13	06/10/13	11.00	188.65
247154	4	T1019		06/11/13	06/11/13	11.00	188.65
CLAIM TOTAL							651.70
CLAIM ACCOUNT REF.							2471540012008236SUP

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
247155	1	T1019		06/12/13	06/12/13	10.00	171.50
247155	2	T1019		06/13/13	06/13/13	11.00	188.65
247155	3	T1019		06/14/13	06/14/13	11.00	188.65
CLAIM TOTAL							548.80
CLAIM ACCOUNT REF.							2471550012008236SUP

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
247152	1	T1019		06/10/13	06/10/13	10.00	171.50
247152	2	T1019		06/11/13	06/11/13	10.00	171.50
247152	3	T1019		06/12/13	06/12/13	10.00	171.50
247152	4	T1019		06/13/13	06/13/13	9.00	154.35

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 13265 METROPLUS HEALTH PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247152	5	T1019		06/14/13	06/14/13	9.00	154.35
CLAIM TOTAL							823.20
							CLAIM ACCOUNT REF. 2471520012008385SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008417	2008417	GALAS, TERESA	06/08/1955	ZX91437V	0102111390699
DIAGNOSIS CODES: 345.90							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247150	1	T1019		06/08/13	06/08/13	5.00	85.75
247150	2	T1019		06/09/13	06/09/13	5.00	85.75
247150	3	T1019		06/10/13	06/10/13	5.00	85.75
CLAIM TOTAL							257.25
							CLAIM ACCOUNT REF. 2471500012008417SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008417	2008417	GALAS, TERESA	06/08/1955	ZX91437V	0102111390699
DIAGNOSIS CODES: 345.90							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247151	1	T1019		06/11/13	06/11/13	5.00	85.75
247151	2	T1019		06/12/13	06/12/13	5.00	85.75
247151	3	T1019		06/13/13	06/13/13	5.00	85.75
247151	4	T1019		06/14/13	06/14/13	5.00	85.75
CLAIM TOTAL							343.00
							CLAIM ACCOUNT REF. 2471510012008417SUP

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
247157	1	T1019		06/10/13	06/10/13	7.00	120.05
247157	2	T1019		06/11/13	06/11/13	7.00	120.05
247157	3	T1019		06/12/13	06/12/13	8.00	137.20
247157	4	T1019		06/13/13	06/13/13	8.00	137.20
247157	5	T1019		06/14/13	06/14/13	4.00	68.60
CLAIM TOTAL							583.10
							CLAIM ACCOUNT REF. 2471570012008418SUP

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
247148	1	T1019		06/08/13	06/08/13	10.00	171.50
247148	2	T1019		06/09/13	06/09/13	10.00	171.50

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 13265 METROPLUS HEALTH PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247148	3	T1019		06/10/13	06/10/13	10.00	171.50
247148	4	T1019		06/11/13	06/11/13	10.00	171.50
247148	5	T1019		06/12/13	06/12/13	10.00	171.50
247148	6	T1019		06/13/13	06/13/13	10.00	171.50
247148	7	T1019		06/14/13	06/14/13	10.00	171.50
CLAIM TOTAL							1,200.50
CLAIM ACCOUNT REF.							2471480012008743SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009377 2009377 SANTORO, MATTHEW 08/20/1949 SP38021Q 0102071390382
DIAGNOSIS CODES: 299.01 453.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247158	1	T1019		06/08/13	06/08/13	5.00	85.75
247158	2	T1019		06/09/13	06/09/13	5.00	85.75
CLAIM TOTAL							171.50
CLAIM ACCOUNT REF.							2471580012009377SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008235 2009688 RAMPERSAID, ALISSA 08/04/1992 SZ46585R 0112191290237
DIAGNOSIS CODES: 319. 315.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247156	1	T1019		06/08/13	06/08/13	8.00	137.20
247156	2	T1019		06/10/13	06/10/13	3.00	51.45
247156	3	T1019		06/12/13	06/12/13	3.00	51.45
247156	4	T1019		06/13/13	06/13/13	3.00	51.45
247156	5	T1019		06/14/13	06/14/13	4.00	68.60
CLAIM TOTAL							360.15
CLAIM ACCOUNT REF.							2471560012009688SUP

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
247153	1	T1019		06/08/13	06/08/13	3.00	51.45
247153	2	T1019		06/09/13	06/09/13	3.00	51.45
247153	3	T1019		06/10/13	06/10/13	3.00	51.45
247153	4	T1019		06/11/13	06/11/13	3.00	51.45
247153	5	T1019		06/12/13	06/12/13	3.00	51.45
247153	6	T1019		06/13/13	06/13/13	3.00	51.45
247153	7	T1019		06/14/13	06/14/13	3.00	51.45
CLAIM TOTAL							360.15
CLAIM ACCOUNT REF.							2471530012010886SUP

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NPI = 1154407492

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
247149	1	T1019		05/18/13	05/18/13	12.00	205.80	
247149	2	T1019		06/08/13	06/08/13	24.00	411.60	
247149	3	T1019		06/09/13	06/09/13	24.00	411.60	
247149	4	T1019		06/10/13	06/10/13	24.00	411.60	
247149	5	T1019		06/11/13	06/11/13	24.00	411.60	
247149	6	T1019		06/12/13	06/12/13	24.00	411.60	
247149	7	T1019		06/13/13	06/13/13	24.00	411.60	
247149	8	T1019		06/14/13	06/14/13	24.00	411.60	
						CLAIM TOTAL	3,087.00	CLAIM ACCOUNT REF. 2471490012011286SUP

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		
247159	1	T1019		06/08/13	06/08/13	4.00	68.60		
247159	2	T1019		06/09/13	06/09/13	4.00	68.60		
247159	3	T1019		06/10/13	06/10/13	4.00	68.60		
247159	4	T1019		06/11/13	06/11/13	4.00	68.60		
247159	5	T1019		06/12/13	06/12/13	4.00	68.60		
247159	6	T1019		06/13/13	06/13/13	4.00	68.60		
247159	7	T1019		06/14/13	06/14/13	4.00	68.60		
					CLAIM TOTAL		480.20	CLAIM ACCOUNT REF.	2471590012013071SUP

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	67	TOTAL CLAIM AMOUNT =	10,032.75
		# SERVICES =	11		

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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
247185	1	T1019		06/08/13	06/08/13	36.00	154.80
247185	2	T1019		06/09/13	06/09/13	36.00	154.80
247185	3	T1019		06/10/13	06/10/13	36.00	154.80
247185	4	T1019		06/11/13	06/11/13	36.00	154.80
247185	5	T1019		06/12/13	06/12/13	36.00	154.80
247185	6	T1019		06/13/13	06/13/13	36.00	154.80
247185	7	T1019		06/14/13	06/14/13	36.00	154.80
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2471850012008286SUP

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
247175	1	T1019		06/08/13	06/08/13	24.00	103.20
247175	2	T1019		06/09/13	06/09/13	24.00	103.20
247175	3	T1019		06/10/13	06/10/13	24.00	103.20
247175	4	T1019		06/11/13	06/11/13	24.00	103.20
247175	5	T1019		06/12/13	06/12/13	24.00	103.20
247175	6	T1019		06/13/13	06/13/13	24.00	103.20
247175	7	T1019		06/14/13	06/14/13	24.00	103.20
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2471750012008495SUP

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
247161	1	T1019		06/09/13	06/09/13	28.00	120.40
247161	2	T1019		06/10/13	06/10/13	28.00	120.40
247161	3	T1019		06/11/13	06/11/13	28.00	120.40
247161	4	T1019		06/12/13	06/12/13	28.00	120.40
247161	5	T1019		06/13/13	06/13/13	28.00	120.40
247161	6	T1019		06/14/13	06/14/13	28.00	120.40
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2471610012012101SUP

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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
247162	1	T1019		06/10/13	06/10/13	16.00	68.80
247162	2	T1019		06/11/13	06/11/13	16.00	68.80
247162	3	T1019		06/12/13	06/12/13	16.00	68.80
247162	4	T1019		06/13/13	06/13/13	16.00	68.80
247162	5	T1019		06/14/13	06/14/13	16.00	68.80
CLAIM TOTAL							344.00
							CLAIM ACCOUNT REF. 2471620012012102SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012104 2012104 CEBALLOS, FRANCISCA 11/10/1931 744474 111627893
DIAGNOSIS CODES: 294.20 093.9 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247163	1	T1019		06/08/13	06/08/13	40.00	172.00
247163	2	T1019		06/09/13	06/09/13	40.00	172.00
247163	3	T1019		06/10/13	06/10/13	40.00	172.00
247163	4	T1019		06/11/13	06/11/13	40.00	172.00
247163	5	T1019		06/12/13	06/12/13	40.00	172.00
247163	6	T1019		06/13/13	06/13/13	40.00	172.00
247163	7	T1019		06/14/13	06/14/13	40.00	172.00
CLAIM TOTAL							1,204.00
							CLAIM ACCOUNT REF. 2471630012012104SUP

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
247166	1	T1019		06/08/13	06/08/13	32.00	137.60
247166	2	T1019		06/09/13	06/09/13	32.00	137.60
247166	3	T1019		06/10/13	06/10/13	32.00	137.60
247166	4	T1019		06/11/13	06/11/13	32.00	137.60
247166	5	T1019		06/12/13	06/12/13	32.00	137.60
247166	6	T1019		06/13/13	06/13/13	32.00	137.60
247166	7	T1019		06/14/13	06/14/13	32.00	137.60
CLAIM TOTAL							963.20
							CLAIM ACCOUNT REF. 2471660012012107SUP

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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 2012108 2012108 GODINOT, CARMEN 07/16/1939 695752 111626854
DIAGNOSIS CODES: 369.3 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247168	1	T1019		06/10/13	06/10/13	24.00	103.20
247168	2	T1019		06/11/13	06/11/13	24.00	103.20
247168	3	T1019		06/12/13	06/12/13	24.00	103.20
247168	4	T1019		06/13/13	06/13/13	24.00	103.20
247168	5	T1019		06/14/13	06/14/13	24.00	103.20
CLAIM TOTAL							516.00

CLAIM ACCOUNT REF. 2471680012012108SUP

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
247169	1	T1019		06/10/13	06/10/13	28.00	120.40
247169	2	T1019		06/11/13	06/11/13	28.00	120.40
247169	3	T1019		06/12/13	06/12/13	28.00	120.40
247169	4	T1019		06/14/13	06/14/13	28.00	120.40
CLAIM TOTAL							481.60

CLAIM ACCOUNT REF. 2471690012012110SUP

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
247170	1	T1019		06/08/13	06/08/13	20.00	86.00
247170	2	T1019		06/09/13	06/09/13	20.00	86.00
247170	3	T1019		06/10/13	06/10/13	16.00	68.80
247170	4	T1019		06/11/13	06/11/13	16.00	68.80
247170	5	T1019		06/12/13	06/12/13	16.00	68.80
247170	6	T1019		06/13/13	06/13/13	16.00	68.80
247170	7	T1019		06/14/13	06/14/13	16.00	68.80
CLAIM TOTAL							516.00

CLAIM ACCOUNT REF. 2471700012012117SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012120 2012120 LOPEZ, ISABEL 12/24/1942 740574 111591487
DIAGNOSIS CODES: 715.90 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247172	1	T1019		06/10/13	06/10/13	28.00	120.40
247172	2	T1019		06/11/13	06/11/13	28.00	120.40

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PAYER ID = 14163 WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247172	3	T1019		06/12/13	06/12/13	28.00	120.40
247172	4	T1019		06/14/13	06/14/13	28.00	120.40
CLAIM TOTAL							481.60
CLAIM ACCOUNT REF.							2471720012012120SUP

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
247177	1	T1019		06/08/13	06/08/13	32.00	137.60
247177	2	T1019		06/09/13	06/09/13	32.00	137.60
247177	3	T1019		06/10/13	06/10/13	32.00	137.60
247177	4	T1019		06/11/13	06/11/13	32.00	137.60
247177	5	T1019		06/12/13	06/12/13	32.00	137.60
247177	6	T1019		06/13/13	06/13/13	32.00	137.60
247177	7	T1019		06/14/13	06/14/13	32.00	137.60
CLAIM TOTAL							963.20
CLAIM ACCOUNT REF.							2471770012012121SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012122	2012122	MORALES, FRANCISCO	12/03/1935	744366	1115793538
DIAGNOSIS CODES: 250.00 272.4 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247178	1	T1019		06/08/13	06/08/13	20.00	86.00
247178	2	T1019		06/09/13	06/09/13	20.00	86.00
247178	3	T1019		06/10/13	06/10/13	20.00	86.00
247178	4	T1019		06/11/13	06/11/13	20.00	86.00
247178	5	T1019		06/12/13	06/12/13	20.00	86.00
247178	6	T1019		06/13/13	06/13/13	20.00	86.00
247178	7	T1019		06/14/13	06/14/13	20.00	86.00
CLAIM TOTAL							602.00
CLAIM ACCOUNT REF.							2471780012012122SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012130	2012130	NAVARRO, ANTONIA	07/23/1945	710368	111623951
DIAGNOSIS CODES: 493.92 311. 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247179	1	T1019		06/08/13	06/08/13	20.00	86.00
247179	2	T1019		06/09/13	06/09/13	20.00	86.00
247179	3	T1019		06/10/13	06/10/13	28.00	120.40
247179	4	T1019		06/11/13	06/11/13	28.00	120.40
247179	5	T1019		06/12/13	06/12/13	28.00	120.40
247179	6	T1019		06/13/13	06/13/13	28.00	120.40

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NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247179	7	T1019		06/14/13	06/14/13	28.00	120.40
CLAIM TOTAL							774.00
CLAIM ACCOUNT REF.							2471790012012130SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012132	2012132	ORTIZ, DOLORES	06/30/1927	744365	111654437
DIAGNOSIS CODES: 719.7 272.4 401.9 750.7							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247180	1	T1019		06/08/13	06/08/13	20.00	86.00
247180	2	T1019		06/09/13	06/09/13	20.00	86.00
247180	3	T1019		06/10/13	06/10/13	32.00	137.60
247180	4	T1019		06/11/13	06/11/13	32.00	137.60
247180	5	T1019		06/12/13	06/12/13	32.00	137.60
247180	6	T1019		06/13/13	06/13/13	32.00	137.60
247180	7	T1019		06/14/13	06/14/13	32.00	137.60
CLAIM TOTAL							860.00
CLAIM ACCOUNT REF.							2471800012012132SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012134	2012134	SERRANO, CARMEN	09/14/1948	695740	111497071
DIAGNOSIS CODES: 093.89 253.5 311. 429.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247192	1	T1019		05/28/13	05/28/13	28.00	120.40
CLAIM TOTAL							120.40
CLAIM ACCOUNT REF.							2471920012012134SUP

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
247193	1	T1019		06/10/13	06/10/13	28.00	120.40
247193	2	T1019		06/11/13	06/11/13	28.00	120.40
247193	3	T1019		06/12/13	06/12/13	28.00	120.40
247193	4	T1019		06/13/13	06/13/13	28.00	120.40
247193	5	T1019		06/14/13	06/14/13	28.00	120.40
CLAIM TOTAL							602.00
CLAIM ACCOUNT REF.							2471930012012134SUP

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
247195	1	T1019		06/14/13	06/14/13	32.00	137.60

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	137.60	2471950012012137SUP

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	CLAIM ACCOUNT REF.
247196	1	T1019		06/10/13	06/10/13	16.00	68.80	
247196	2	T1019		06/11/13	06/11/13	16.00	68.80	
247196	3	T1019		06/12/13	06/12/13	16.00	68.80	
247196	4	T1019		06/14/13	06/14/13	16.00	68.80	
						CLAIM TOTAL	275.20	2471960012012138SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012140	2012140 PATRICK, IMAGE	03/27/1930	737028	111597004
DIAGNOSIS	CODES:	294.10 153.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
247181	1	T1019		06/08/13	06/08/13	32.00	137.60	
247181	2	T1019		06/10/13	06/10/13	32.00	137.60	
247181	3	T1019		06/11/13	06/11/13	32.00	137.60	
247181	4	T1019		06/12/13	06/12/13	32.00	137.60	
247181	5	T1019		06/13/13	06/13/13	32.00	137.60	
247181	6	T1019		06/14/13	06/14/13	32.00	137.60	
						CLAIM TOTAL	825.60	2471810012012140SUP

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	CLAIM ACCOUNT REF.
247191	1	T1019		06/10/13	06/10/13	16.00	68.80	
247191	2	T1019		06/12/13	06/12/13	16.00	68.80	
247191	3	T1019		06/14/13	06/14/13	16.00	68.80	
						CLAIM TOTAL	206.40	2471910012012141SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012142	2012142 MEDINA, MARTHA	01/11/1944	697570	111623789
DIAGNOSIS	CODES:	135. 250.00 426.4 716.90			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247176	1	T1019		06/08/13	06/08/13	12.00	51.60
247176	2	T1019		06/10/13	06/10/13	12.00	51.60

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
247176	3	T1019		06/11/13	06/11/13	12.00	51.60	
247176	4	T1019		06/12/13	06/12/13	12.00	51.60	
247176	5	T1019		06/13/13	06/13/13	12.00	51.60	
247176	6	T1019		06/14/13	06/14/13	12.00	51.60	
					CLAIM TOTAL		309.60	CLAIM ACCOUNT REF. 2471760012012142SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012144	2012144	PEREZ, JULIO	01/27/1936	709538	111597155
DIAGNOSIS	CODES:	715.90	244.9	272.4	401.9	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
247184	1	T1019		06/10/13	06/10/13	20.00	86.00	
247184	2	T1019		06/12/13	06/12/13	20.00	86.00	
247184	3	T1019		06/14/13	06/14/13	20.00	86.00	
					CLAIM TOTAL		258.00	CLAIM ACCOUNT REF. 2471840012012144SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012145	2012145	PERALTA RODRIGO, JOSE	03/13/1942	715488	111633843
DIAGNOSIS	CODES:	715.90	272.0	274.9	278.00	401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
247182	1	T1019		06/10/13	06/10/13	16.00	68.80	
247182	2	T1019		06/12/13	06/12/13	16.00	68.80	
247182	3	T1019		06/13/13	06/13/13	16.00	68.80	
247182	4	T1019		06/14/13	06/14/13	16.00	68.80	
					CLAIM TOTAL		275.20	CLAIM ACCOUNT REF. 2471820012012145SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012146	2012146	PERALTA, INEZ	08/18/1942	715489	111633900
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	
247183	1	T1019		06/10/13	06/10/13	16.00	68.80	
247183	2	T1019		06/12/13	06/12/13	16.00	68.80	
247183	3	T1019		06/13/13	06/13/13	16.00	68.80	
247183	4	T1019		06/14/13	06/14/13	16.00	68.80	
					CLAIM TOTAL		275.20	CLAIM ACCOUNT REF. 2471830012012146SUP

REPORT DATE 06/19/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013061903165221RRSUP

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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 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	
247186	1	T1019		06/10/13	06/10/13	20.00	86.00	
247186	2	T1019		06/11/13	06/11/13	20.00	86.00	
247186	3	T1019		06/12/13	06/12/13	20.00	86.00	
247186	4	T1019		06/13/13	06/13/13	20.00	86.00	
247186	5	T1019		06/14/13	06/14/13	20.00	86.00	
CLAIM TOTAL							430.00	CLAIM ACCOUNT REF. 2471860012012147SUP

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	
247187	1	T1019		06/08/13	06/08/13	32.00	137.60	
247187	2	T1019		06/10/13	06/10/13	32.00	137.60	
247187	3	T1019		06/11/13	06/11/13	32.00	137.60	
247187	4	T1019		06/12/13	06/12/13	32.00	137.60	
247187	5	T1019		06/14/13	06/14/13	32.00	137.60	
CLAIM TOTAL							688.00	CLAIM ACCOUNT REF. 2471870012012149SUP

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	
247190	1	T1019		06/08/13	06/08/13	20.00	86.00	
247190	2	T1019		06/09/13	06/09/13	20.00	86.00	
247190	3	T1019		06/10/13	06/10/13	20.00	86.00	
247190	4	T1019		06/11/13	06/11/13	20.00	86.00	
247190	5	T1019		06/12/13	06/12/13	20.00	86.00	
247190	6	T1019		06/13/13	06/13/13	20.00	86.00	
247190	7	T1019		06/14/13	06/14/13	20.00	86.00	
CLAIM TOTAL							602.00	CLAIM ACCOUNT REF. 2471900012012155SUP

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
247173	1	T1019		06/08/13	06/08/13	48.00	206.40

REPORT DATE 06/19/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013061903165221RRSUP

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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	
247173	2	T1019		06/09/13	06/09/13	48.00	206.40	
247173	3	T1019		06/10/13	06/10/13	48.00	206.40	
247173	4	T1019		06/11/13	06/11/13	48.00	206.40	
247173	5	T1019		06/12/13	06/12/13	48.00	206.40	
247173	6	T1019		06/13/13	06/13/13	48.00	206.40	
247173	7	T1019		06/14/13	06/14/13	48.00	206.40	
				CLAIM TOTAL			1,444.80	CLAIM ACCOUNT REF. 2471730012012158SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012161	2012161	ALONSO, ANA	03/02/1943	739934	111560004
DIAGNOSIS	CODES:	733.09	253.5	272.4		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
247160	1	T1019		06/08/13	06/08/13	20.00	86.00	
247160	2	T1019		06/09/13	06/09/13	20.00	86.00	
				CLAIM TOTAL			172.00	CLAIM ACCOUNT REF. 2471600012012161SUP

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	
247194	1	T1019		06/08/13	06/08/13	36.00	154.80	
247194	2	T1019		06/09/13	06/09/13	28.00	120.40	
247194	3	T1019		06/10/13	06/10/13	36.00	154.80	
247194	4	T1019		06/11/13	06/11/13	36.00	154.80	
247194	5	T1019		06/12/13	06/12/13	36.00	154.80	
247194	6	T1019		06/13/13	06/13/13	36.00	154.80	
247194	7	T1019		06/14/13	06/14/13	36.00	154.80	
				CLAIM TOTAL			1,049.20	CLAIM ACCOUNT REF. 2471940012012266SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012719	2012719	SANCHEZ FLORES, ADELAI	11/03/1944	761166	11671604
DIAGNOSIS	CODES:	401.9	300.00			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
247189	1	T1019		06/10/13	06/10/13	16.00	68.80	
247189	2	T1019		06/12/13	06/12/13	16.00	68.80	
247189	3	T1019		06/14/13	06/14/13	16.00	68.80	
				CLAIM TOTAL			206.40	CLAIM ACCOUNT REF. 2471890012012719SUP

REPORT DATE 06/19/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013061903165221RRSUP

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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 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
247174	1	T1019		06/08/13	06/08/13	48.00	206.40
247174	2	T1019		06/09/13	06/09/13	48.00	206.40
247174	3	T1019		06/10/13	06/10/13	48.00	206.40
247174	4	T1019		06/11/13	06/11/13	48.00	206.40
247174	5	T1019		06/12/13	06/12/13	48.00	206.40
247174	6	T1019		06/13/13	06/13/13	48.00	206.40
247174	7	T1019		06/14/13	06/14/13	48.00	206.40
CLAIM TOTAL						1,444.80	CLAIM ACCOUNT REF. 2471740012012948SUP

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
247167	1	T1019		06/08/13	06/08/13	20.00	86.00
247167	2	T1019		06/09/13	06/09/13	20.00	86.00
247167	3	T1019		06/10/13	06/10/13	16.00	68.80
247167	4	T1019		06/11/13	06/11/13	20.00	86.00
247167	5	T1019		06/12/13	06/12/13	20.00	86.00
247167	6	T1019		06/13/13	06/13/13	20.00	86.00
247167	7	T1019		06/14/13	06/14/13	20.00	86.00
CLAIM TOTAL						584.80	CLAIM ACCOUNT REF. 2471670012012952SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012953 2012953 CHOUDHURY, MEHER A 08/16/1974 762773 111605216
DIAGNOSIS CODES: 344.00 493.90 742.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247164	1	T1019		04/06/13	04/06/13	48.00	206.40
247164	2	T1019		04/07/13	04/07/13	48.00	206.40
247164	3	T1019		04/13/13	04/13/13	48.00	206.40
247164	4	T1019		04/14/13	04/14/13	48.00	206.40
CLAIM TOTAL						825.60	CLAIM ACCOUNT REF. 2471640012012953SUP

REPORT DATE 06/19/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013061903165221RRSUP

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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
247165	1	T1019		06/08/13	06/08/13	48.00	206.40
247165	2	T1019		06/09/13	06/09/13	48.00	206.40
247165	3	T1019		06/10/13	06/10/13	48.00	206.40
247165	4	T1019		06/11/13	06/11/13	48.00	206.40
247165	5	T1019		06/13/13	06/13/13	48.00	206.40
247165	6	T1019		06/14/13	06/14/13	48.00	206.40
CLAIM TOTAL						1,238.40	CLAIM ACCOUNT REF. 2471650012012953SUP

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
247171	1	T1019		06/08/13	06/08/13	20.00	86.00
247171	2	T1019		06/10/13	06/10/13	20.00	86.00
247171	3	T1019		06/11/13	06/11/13	20.00	86.00
247171	4	T1019		06/12/13	06/12/13	20.00	86.00
247171	5	T1019		06/13/13	06/13/13	20.00	86.00
247171	6	T1019		06/14/13	06/14/13	20.00	86.00
CLAIM TOTAL						516.00	CLAIM ACCOUNT REF. 2471710012012979SUP

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
247197	1	T1019		06/08/13	06/08/13	32.00	137.60
247197	2	T1019		06/09/13	06/09/13	32.00	137.60
247197	3	T1019		06/10/13	06/10/13	32.00	137.60
247197	4	T1019		06/11/13	06/11/13	32.00	137.60
247197	5	T1019		06/12/13	06/12/13	32.00	137.60
247197	6	T1019		06/13/13	06/13/13	32.00	137.60
247197	7	T1019		06/14/13	06/14/13	32.00	137.60
CLAIM TOTAL						963.20	CLAIM ACCOUNT REF. 2471970012012984SUP

REPORT DATE 06/19/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013061903165221RRSUP

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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 111628409
DIAGNOSIS CODES: 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247188	1	T1019		06/08/13	06/08/13	32.00	137.60
247188	2	T1019		06/09/13	06/09/13	32.00	137.60
247188	3	T1019		06/10/13	06/10/13	32.00	137.60
247188	4	T1019		06/11/13	06/11/13	32.00	137.60
247188	5	T1019		06/13/13	06/13/13	32.00	137.60
247188	6	T1019		06/14/13	06/14/13	32.00	137.60
						CLAIM TOTAL	825.60
						CLAIM ACCOUNT REF.	2471880012013395SUP

PAYER TOTALS: WELLCARE OF NY # OF CLAIMS = 203 TOTAL CLAIM AMOUNT = 24,510.00
SERVICES = 36

REPORT DATE 06/19/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013061903165221RRSUP

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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
247144	1	T1019	0580	06/10/13	06/10/13	40.00	168.80
247144	2	T1019	0580	06/12/13	06/12/13	40.00	168.80
247144	3	T1019	0580	06/13/13	06/13/13	40.00	168.80
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2471440012008491SUP

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
247146	1	T1019	0580	06/10/13	06/10/13	16.00	67.52
247146	2	T1019	0580	06/11/13	06/11/13	16.00	67.52
247146	3	T1019	0580	06/12/13	06/12/13	16.00	67.52
247146	4	T1019	0580	06/13/13	06/13/13	16.00	67.52
247146	5	T1019	0580	06/14/13	06/14/13	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2471460012008513SUP

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
247132	1	T1019	0580	06/08/13	06/08/13	48.00	202.56
247132	2	T1019	0580	06/09/13	06/09/13	48.00	202.56
247132	3	T1019	0580	06/10/13	06/10/13	48.00	202.56
247132	4	T1019	0580	06/11/13	06/11/13	48.00	202.56
247132	5	T1019	0580	06/12/13	06/12/13	48.00	202.56
247132	6	T1019	0580	06/13/13	06/13/13	48.00	202.56
247132	7	T1019	0580	06/14/13	06/14/13	48.00	202.56
CLAIM TOTAL							1,417.92
CLAIM ACCOUNT REF.							2471320012008793SUP

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
247141	1	T1019	0580	06/08/13	06/08/13	32.00	135.04
247141	2	T1019	0580	06/09/13	06/09/13	32.00	135.04
247141	3	T1019	0580	06/10/13	06/10/13	32.00	135.04

REPORT DATE 06/19/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013061903165221RRSUP

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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
247141	4	T1019	0580	06/11/13	06/11/13	32.00	135.04
247141	5	T1019	0580	06/12/13	06/12/13	32.00	135.04
247141	6	T1019	0580	06/13/13	06/13/13	32.00	135.04
247141	7	T1019	0580	06/14/13	06/14/13	32.00	135.04
CLAIM TOTAL							945.28

CLAIM ACCOUNT REF. 2471410012009237SUP

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
247145	1	T1019	0580	06/14/13	06/14/13	20.00	84.40
CLAIM TOTAL							84.40

CLAIM ACCOUNT REF. 2471450012009269SUP

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
247142	1	T1019	0580	06/08/13	06/08/13	16.00	67.52
247142	2	T1019	0580	06/09/13	06/09/13	16.00	67.52
247142	3	T1019	0580	06/10/13	06/10/13	16.00	67.52
247142	4	T1019	0580	06/11/13	06/11/13	16.00	67.52
247142	5	T1019	0580	06/12/13	06/12/13	16.00	67.52
247142	6	T1019	0580	06/13/13	06/13/13	16.00	67.52
247142	7	T1019	0580	06/14/13	06/14/13	16.00	67.52
CLAIM TOTAL							472.64

CLAIM ACCOUNT REF. 2471420012009406SUP

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
247143	1	T1019	0580	06/12/13	06/12/13	36.00	151.92
247143	2	T1019	0580	06/13/13	06/13/13	40.00	168.80
CLAIM TOTAL							320.72

CLAIM ACCOUNT REF. 2471430012009562SUP

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
247135	1	T1019	0580	06/10/13	06/10/13	16.00	67.52

REPORT DATE 06/19/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013061903165221RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
247135	2	T1019	0580	06/11/13	06/11/13	16.00	67.52	
247135	3	T1019	0580	06/12/13	06/12/13	16.00	67.52	
247135	4	T1019	0580	06/13/13	06/13/13	16.00	67.52	
247135	5	T1019	0580	06/14/13	06/14/13	16.00	67.52	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2471350012009686SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
247137	1	T1019	0580	06/08/13	06/08/13	28.00	118.16	
247137	2	T1019	0580	06/09/13	06/09/13	24.00	101.28	
247137	3	T1019	0580	06/10/13	06/10/13	28.00	118.16	
247137	4	T1019	0580	06/11/13	06/11/13	28.00	118.16	
247137	5	T1019	0580	06/12/13	06/12/13	28.00	118.16	
247137	6	T1019	0580	06/13/13	06/13/13	28.00	118.16	
247137	7	T1019	0580	06/14/13	06/14/13	28.00	118.16	
					CLAIM TOTAL		810.24	CLAIM ACCOUNT REF. 2471370012009945SUP

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	
247136	1	T1019	0580	06/08/13	06/08/13	36.00	151.92	
247136	2	T1019	0580	06/09/13	06/09/13	36.00	151.92	
247136	3	T1019	0580	06/10/13	06/10/13	36.00	151.92	
247136	4	T1019	0580	06/11/13	06/11/13	36.00	151.92	
247136	5	T1019	0580	06/12/13	06/12/13	36.00	151.92	
247136	6	T1019	0580	06/13/13	06/13/13	36.00	151.92	
247136	7	T1019	0580	06/14/13	06/14/13	36.00	151.92	
					CLAIM TOTAL		1,063.44	CLAIM ACCOUNT REF. 2471360012010991SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
247133	1	G0156	0572	06/08/13	06/08/13	8.00	114.00	
247133	2	G0156	0572	06/09/13	06/09/13	8.00	114.00	
247133	3	G0156	0572	06/10/13	06/10/13	8.00	114.00	
247133	4	G0156	0572	06/11/13	06/11/13	8.00	114.00	

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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	
247133	5	G0156	0572	06/12/13	06/12/13	8.00	114.00	
247133	6	G0156	0572	06/13/13	06/13/13	8.00	114.00	
						CLAIM TOTAL	684.00	CLAIM ACCOUNT REF. 2471330012011066SUP

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	
247134	1	T1019	0580	06/08/13	06/08/13	48.00	202.56	
247134	2	T1019	0580	06/09/13	06/09/13	48.00	202.56	
247134	3	T1019	0580	06/10/13	06/10/13	48.00	202.56	
247134	4	T1019	0580	06/11/13	06/11/13	48.00	202.56	
247134	5	T1019	0580	06/12/13	06/12/13	48.00	202.56	
247134	6	T1019	0580	06/13/13	06/13/13	48.00	202.56	
247134	7	T1019	0580	06/14/13	06/14/13	48.00	202.56	
						CLAIM TOTAL	1,417.92	CLAIM ACCOUNT REF. 2471340012011526SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009467	2011833	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	
247138	1	T1019	0580	06/08/13	06/08/13	48.00	202.56	
247138	2	T1019	0580	06/09/13	06/09/13	48.00	202.56	
247138	3	T1019	0580	06/10/13	06/10/13	48.00	202.56	
247138	4	T1019	0580	06/11/13	06/11/13	48.00	202.56	
247138	5	T1019	0580	06/12/13	06/12/13	48.00	202.56	
247138	6	T1019	0580	06/13/13	06/13/13	48.00	202.56	
247138	7	T1019	0580	06/14/13	06/14/13	48.00	202.56	
						CLAIM TOTAL	1,417.92	CLAIM ACCOUNT REF. 2471380012011833SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012541	2012541	LANGELOH, 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	
247139	1	T1019	0580	06/08/13	06/08/13	24.00	101.28	
247139	2	T1019	0580	06/09/13	06/09/13	24.00	101.28	
247139	3	T1019	0580	06/10/13	06/10/13	24.00	101.28	
247139	4	T1019	0580	06/12/13	06/12/13	24.00	101.28	
247139	5	T1019	0580	06/13/13	06/13/13	24.00	101.28	
						CLAIM TOTAL	506.40	CLAIM ACCOUNT REF. 2471390012012541SUP

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NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013402	2013402	MCALLISTER, ANNIE	03/29/1937	ZP91513K	0006313393

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
247140	1	T1019	0580	06/10/13	06/10/13	16.00	67.52	
247140	2	T1019	0580	06/12/13	06/12/13	16.00	67.52	
247140	3	T1019	0580	06/14/13	06/14/13	16.00	67.52	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2471400012013402SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	79	TOTAL CLAIM AMOUNT =	10,525.04
		# SERVICES =	15		

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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 123590054
DIAGNOSIS CODES: 042. 202.88 436. 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247224	1	T1019		06/10/13	06/10/13	28.00	120.12
247224	2	T1019		06/11/13	06/11/13	28.00	120.12
247224	3	T1019		06/12/13	06/12/13	28.00	120.12
247224	4	T1019		06/13/13	06/13/13	28.00	120.12
CLAIM TOTAL						480.48	CLAIM ACCOUNT REF. 2472240012010958SUP

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
247225	1	T1019		06/10/13	06/10/13	40.00	171.60
247225	2	T1019		06/11/13	06/11/13	24.00	102.96
247225	3	T1019		06/12/13	06/12/13	38.00	163.02
247225	4	T1019		06/13/13	06/13/13	24.00	102.96
247225	5	T1019		06/14/13	06/14/13	40.00	171.60
CLAIM TOTAL						712.14	CLAIM ACCOUNT REF. 2472250012012481SUP

PAYER TOTALS: VNSNY CHOICE # OF CLAIMS = 9 TOTAL CLAIM AMOUNT = 1,192.62
SERVICES = 2

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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
247095	1	T1019		06/08/13	06/08/13	12.00	50.64
247095	2	T1019		06/09/13	06/09/13	12.00	50.64
247095	3	T1019		06/10/13	06/10/13	12.00	50.64
247095	4	T1019		06/11/13	06/11/13	12.00	50.64
247095	5	T1019		06/12/13	06/12/13	12.00	50.64
247095	6	T1019		06/13/13	06/13/13	12.00	50.64
247095	7	T1019		06/14/13	06/14/13	12.00	50.64
CLAIM TOTAL							354.48
CLAIM ACCOUNT REF.							2470950012008246SUP

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
247096	1	T1019		06/10/13	06/10/13	12.00	50.64
247096	2	T1019		06/11/13	06/11/13	12.00	50.64
247096	3	T1019		06/12/13	06/12/13	12.00	50.64
247096	4	T1019		06/13/13	06/13/13	12.00	50.64
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2470960012008248SUP

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
247086	1	T1019		06/08/13	06/08/13	44.00	185.68
247086	2	T1019		06/09/13	06/09/13	28.00	118.16
247086	3	T1019		06/10/13	06/10/13	44.00	185.68
247086	4	T1019		06/11/13	06/11/13	44.00	185.68
247086	5	T1019		06/12/13	06/12/13	44.00	185.68
247086	6	T1019		06/13/13	06/13/13	44.00	185.68
247086	7	T1019		06/14/13	06/14/13	44.00	185.68
CLAIM TOTAL							1,232.24
CLAIM ACCOUNT REF.							2470860012008249SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247100	1	T1019		06/08/13	06/08/13	32.00	135.04
247100	2	T1019		06/09/13	06/09/13	32.00	135.04
247100	3	T1019		06/10/13	06/10/13	32.00	135.04
247100	4	T1019		06/11/13	06/11/13	32.00	135.04
247100	5	T1019		06/12/13	06/12/13	32.00	135.04
247100	6	T1019		06/13/13	06/13/13	32.00	135.04
247100	7	T1019		06/14/13	06/14/13	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2471000012008250SUP

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
247068	1	T1019		06/08/13	06/08/13	32.00	135.04
247068	2	T1019		06/10/13	06/10/13	32.00	135.04
247068	3	T1019		06/11/13	06/11/13	32.00	135.04
247068	4	T1019		06/12/13	06/12/13	32.00	135.04
247068	5	T1019		06/13/13	06/13/13	32.00	135.04
247068	6	T1019		06/14/13	06/14/13	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2470680012008251SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008253 2008253 MACARENA, SAHARA 09/12/1965 VT07830U R2084101
DIAGNOSIS CODES: 359.0 719.45

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247087	1	T1019		05/26/13	05/26/13	48.00	202.56
247087	2	T1019		06/08/13	06/08/13	48.00	202.56
CLAIM TOTAL							405.12
CLAIM ACCOUNT REF.							2470870012008253SUP

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
247088	1	T1019		06/09/13	06/09/13	48.00	202.56
247088	2	T1019		06/10/13	06/10/13	48.00	202.56
247088	3	T1019		06/11/13	06/11/13	48.00	202.56

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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	
247088	4	T1019		06/12/13	06/12/13	48.00	202.56	
247088	5	T1019		06/13/13	06/13/13	48.00	202.56	
247088	6	T1019		06/14/13	06/14/13	48.00	202.56	
				CLAIM TOTAL		1,215.36		CLAIM ACCOUNT REF. 2470880012008253SUP

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	
247104	1	T1019		06/11/13	06/11/13	32.00	135.04	
247104	2	T1019		06/14/13	06/14/13	16.00	67.52	
				CLAIM TOTAL		202.56		CLAIM ACCOUNT REF. 2471040012008254SUP

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	
247066	1	T1019		06/10/13	06/10/13	32.00	135.04	
247066	2	T1019		06/11/13	06/11/13	28.00	118.16	
247066	3	T1019		06/12/13	06/12/13	32.00	135.04	
247066	4	T1019		06/13/13	06/13/13	32.00	135.04	
247066	5	T1019		06/14/13	06/14/13	32.00	135.04	
				CLAIM TOTAL		658.32		CLAIM ACCOUNT REF. 2470660012008256SUP

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	
247072	1	T1019		06/08/13	06/08/13	24.00	101.28	
247072	2	T1019		06/09/13	06/09/13	24.00	101.28	
247072	3	T1019		06/10/13	06/10/13	24.00	101.28	
247072	4	T1019		06/11/13	06/11/13	24.00	101.28	
247072	5	T1019		06/12/13	06/12/13	24.00	101.28	
247072	6	T1019		06/13/13	06/13/13	24.00	101.28	
247072	7	T1019		06/14/13	06/14/13	24.00	101.28	
				CLAIM TOTAL		708.96		CLAIM ACCOUNT REF. 2470720012008257SUP

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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 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
247101	1	T1019		06/10/13	06/10/13	32.00	135.04
247101	2	T1019		06/11/13	06/11/13	32.00	135.04
247101	3	T1019		06/12/13	06/12/13	32.00	135.04
247101	4	T1019		06/13/13	06/13/13	32.00	135.04
247101	5	T1019		06/14/13	06/14/13	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2471010012008290SUP

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
247076	1	T1019		06/09/13	06/09/13	48.00	202.56
247076	2	T1019		06/10/13	06/10/13	48.00	202.56
247076	3	T1019		06/11/13	06/11/13	48.00	202.56
247076	4	T1019		06/12/13	06/12/13	24.00	101.28
247076	5	T1019		06/13/13	06/13/13	48.00	202.56
247076	6	T1019		06/14/13	06/14/13	48.00	202.56
CLAIM TOTAL							1,114.08

CLAIM ACCOUNT REF. 2470760012008362SUP

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
247099	1	T1019		06/10/13	06/10/13	16.00	67.52
247099	2	T1019		06/11/13	06/11/13	16.00	67.52
247099	3	T1019		06/12/13	06/12/13	16.00	67.52
247099	4	T1019		06/13/13	06/13/13	16.00	67.52
247099	5	T1019		06/14/13	06/14/13	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2470990012008368SUP

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
247077	1	T1019		06/08/13	06/08/13	32.00	135.04
247077	2	T1019		06/09/13	06/09/13	32.00	135.04

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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
247077	3	T1019		06/10/13	06/10/13	32.00	135.04
247077	4	T1019		06/11/13	06/11/13	32.00	135.04
247077	5	T1019		06/12/13	06/12/13	32.00	135.04
247077	6	T1019		06/13/13	06/13/13	32.00	135.04
247077	7	T1019		06/14/13	06/14/13	32.00	135.04
CLAIM TOTAL							945.28

CLAIM ACCOUNT REF. 2470770012008411SUP

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
247062	1	T1019		06/08/13	06/08/13	32.00	135.04
247062	2	T1019		06/09/13	06/09/13	32.00	135.04
247062	3	T1019		06/10/13	06/10/13	32.00	135.04
247062	4	T1019		06/11/13	06/11/13	32.00	135.04
247062	5	T1019		06/12/13	06/12/13	32.00	135.04
247062	6	T1019		06/13/13	06/13/13	32.00	135.04
247062	7	T1019		06/14/13	06/14/13	32.00	135.04
CLAIM TOTAL							945.28

CLAIM ACCOUNT REF. 2470620012008433SUP

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
247061	1	T1019		06/08/13	06/08/13	12.00	50.64
247061	2	T1019		06/10/13	06/10/13	20.00	84.40
247061	3	T1019		06/11/13	06/11/13	20.00	84.40
247061	4	T1019		06/12/13	06/12/13	20.00	84.40
247061	5	T1019		06/13/13	06/13/13	20.00	84.40
247061	6	T1019		06/14/13	06/14/13	20.00	84.40
CLAIM TOTAL							472.64

CLAIM ACCOUNT REF. 2470610012008487SUP

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
247106	1	T1019		06/08/13	06/08/13	48.00	202.56
247106	2	T1019		06/09/13	06/09/13	48.00	202.56
247106	3	T1019		06/10/13	06/10/13	48.00	202.56
247106	4	T1019		06/11/13	06/11/13	48.00	202.56

REPORT DATE 06/19/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051
PAYER ID = 80141

SUNNYSIDE CITYWIDE
HEALTHFIRST PHSP

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247106	5	T1019		06/13/13	06/13/13	48.00	202.56
247106	6	T1019		06/14/13	06/14/13	48.00	202.56
CLAIM TOTAL							1,215.36

CLAIM ACCOUNT REF. 2471060012008558SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247071	1	T1019		06/08/13	06/08/13	16.00	67.52
247071	2	T1019		06/09/13	06/09/13	16.00	67.52
247071	3	T1019		06/10/13	06/10/13	24.00	101.28
247071	4	T1019		06/11/13	06/11/13	24.00	101.28
247071	5	T1019		06/12/13	06/12/13	24.00	101.28
247071	6	T1019		06/13/13	06/13/13	24.00	101.28
247071	7	T1019		06/14/13	06/14/13	24.00	101.28
CLAIM TOTAL							641.44

CLAIM ACCOUNT REF. 2470710012008571SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008380	2009001	FERRERA, FRANCISCA	06/06/1948	YH55651V	R2113770
DIAGNOSIS		CODES:	301.9	401.9	493.00		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247074	1	T1019		06/12/13	06/12/13	40.00	168.80
247074	2	T1019		06/13/13	06/13/13	40.00	168.80
247074	3	T1019		06/14/13	06/14/13	40.00	168.80
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2470740012009001SUP

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
247067	1	T1019		06/08/13	06/08/13	32.00	135.04
247067	2	T1019		06/10/13	06/10/13	32.00	135.04
247067	3	T1019		06/11/13	06/11/13	32.00	135.04
247067	4	T1019		06/12/13	06/12/13	32.00	135.04
247067	5	T1019		06/13/13	06/13/13	32.00	135.04
247067	6	T1019		06/14/13	06/14/13	32.00	135.04
CLAIM TOTAL							810.24

CLAIM ACCOUNT REF. 2470670012009270SUP

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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 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
247078	1	T1019		06/10/13	06/10/13	16.00	67.52
247078	2	T1019		06/12/13	06/12/13	16.00	67.52
247078	3	T1019		06/14/13	06/14/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2470780012009425SUP

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
247064	1	T1019		06/08/13	06/08/13	24.00	101.28
247064	2	T1019		06/09/13	06/09/13	24.00	101.28
247064	3	T1019		06/10/13	06/10/13	24.00	101.28
247064	4	T1019		06/12/13	06/12/13	24.00	101.28
247064	5	T1019		06/13/13	06/13/13	24.00	101.28
247064	6	T1019		06/14/13	06/14/13	24.00	101.28
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2470640012009560SUP

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
247110	1	T1019		06/11/13	06/11/13	32.00	135.04
247110	2	T1019		06/12/13	06/12/13	32.00	135.04
247110	3	T1019		06/13/13	06/13/13	32.00	135.04
247110	4	T1019		06/14/13	06/14/13	32.00	135.04
CLAIM TOTAL							540.16
CLAIM ACCOUNT REF.							2471100012010009SUP

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
247085	1	T1019		06/08/13	06/08/13	48.00	202.56
247085	2	T1019		06/09/13	06/09/13	48.00	202.56
247085	3	T1019		06/10/13	06/10/13	48.00	202.56
247085	4	T1019		06/11/13	06/11/13	48.00	202.56
247085	5	T1019		06/12/13	06/12/13	48.00	202.56

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PROVIDER ID = 113502051
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NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
247085	6	T1019		06/13/13	06/13/13	48.00	202.56	
247085	7	T1019		06/14/13	06/14/13	48.00	202.56	
CLAIM TOTAL							1,417.92	CLAIM ACCOUNT REF. 2470850012010311SUP

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	
247109	1	T1019		06/08/13	06/08/13	20.00	84.40	
247109	2	T1019		06/09/13	06/09/13	20.00	84.40	
247109	3	T1019		06/13/13	06/13/13	20.00	84.40	
247109	4	T1019		06/14/13	06/14/13	20.00	84.40	
CLAIM TOTAL							337.60	CLAIM ACCOUNT REF. 2471090012010758SUP

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	
247084	1	T1019		06/08/13	06/08/13	32.00	135.04	
247084	2	T1019		06/10/13	06/10/13	32.00	135.04	
247084	3	T1019		06/11/13	06/11/13	32.00	135.04	
247084	4	T1019		06/12/13	06/12/13	32.00	135.04	
247084	5	T1019		06/13/13	06/13/13	32.00	135.04	
247084	6	T1019		06/14/13	06/14/13	32.00	135.04	
CLAIM TOTAL							810.24	CLAIM ACCOUNT REF. 2470840012010967SUP

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	
247065	1	T1019		06/10/13	06/10/13	40.00	168.80	
247065	2	T1019		06/11/13	06/11/13	40.00	168.80	
247065	3	T1019		06/12/13	06/12/13	40.00	168.80	
247065	4	T1019		06/13/13	06/13/13	40.00	168.80	
247065	5	T1019		06/14/13	06/14/13	40.00	168.80	
CLAIM TOTAL							844.00	CLAIM ACCOUNT REF. 2470650012011528SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008405 2011820 ST ROMAINE, 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
247105	1	T1019		06/08/13	06/08/13	36.00	151.92
247105	2	T1019		06/09/13	06/09/13	36.00	151.92
247105	3	T1019		06/10/13	06/10/13	40.00	168.80
247105	4	T1019		06/11/13	06/11/13	40.00	168.80
247105	5	T1019		06/12/13	06/12/13	40.00	168.80
247105	6	T1019		06/13/13	06/13/13	40.00	168.80
247105	7	T1019		06/14/13	06/14/13	40.00	168.80
CLAIM TOTAL						1,147.84	CLAIM ACCOUNT REF. 2471050012011820SUP

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
247094	1	T1019		06/08/13	06/08/13	40.00	168.80
247094	2	T1019		06/09/13	06/09/13	40.00	168.80
247094	3	T1019		06/10/13	06/10/13	40.00	168.80
247094	4	T1019		06/11/13	06/11/13	40.00	168.80
247094	5	T1019		06/12/13	06/12/13	40.00	168.80
247094	6	T1019		06/13/13	06/13/13	40.00	168.80
247094	7	T1019		06/14/13	06/14/13	40.00	168.80
CLAIM TOTAL						1,181.60	CLAIM ACCOUNT REF. 2470940012012284SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011495 2012478 ISKANDER, JACOB S 04/14/1949 YS88012Z R2140203
DIAGNOSIS CODES: 748.60 253.5 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247080	1	T1019		06/08/13	06/08/13	32.00	135.04
247080	2	T1019		06/09/13	06/09/13	32.00	135.04
247080	3	T1019		06/10/13	06/10/13	32.00	135.04
247080	4	T1019		06/11/13	06/11/13	32.00	135.04
247080	5	T1019		06/12/13	06/12/13	32.00	135.04
247080	6	T1019		06/13/13	06/13/13	32.00	135.04
247080	7	T1019		06/14/13	06/14/13	32.00	135.04
CLAIM TOTAL						945.28	CLAIM ACCOUNT REF. 2470800012012478SUP

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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 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
247063	1	T1019		06/10/13	06/10/13	16.00	67.52
247063	2	T1019		06/11/13	06/11/13	16.00	67.52
247063	3	T1019		06/12/13	06/12/13	16.00	67.52
247063	4	T1019		06/13/13	06/13/13	16.00	67.52
247063	5	T1019		06/14/13	06/14/13	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2470630012012489SUP

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
247102	1	T1019		06/09/13	06/09/13	32.00	135.04
247102	2	T1019		06/10/13	06/10/13	36.00	151.92
247102	3	T1019		06/11/13	06/11/13	36.00	151.92
247102	4	T1019		06/12/13	06/12/13	36.00	151.92
247102	5	T1019		06/13/13	06/13/13	36.00	151.92
247102	6	T1019		06/14/13	06/14/13	36.00	151.92
CLAIM TOTAL							894.64

CLAIM ACCOUNT REF. 2471020012012498SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009733 2012683 ORTIZ, TULA 10/30/1957 ST52677J R2161864
DIAGNOSIS CODES: 022.2 272.4 332.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247092	1	T1019		06/08/13	06/08/13	24.00	101.28
247092	2	T1019		06/10/13	06/10/13	24.00	101.28
247092	3	T1019		06/11/13	06/11/13	24.00	101.28
247092	4	T1019		06/12/13	06/12/13	24.00	101.28
247092	5	T1019		06/13/13	06/13/13	24.00	101.28
247092	6	T1019		06/14/13	06/14/13	24.00	101.28
CLAIM TOTAL							607.68

CLAIM ACCOUNT REF. 2470920012012683SUP

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
247107	1	T1019		06/04/13	06/04/13	32.00	135.04

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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
247107	2	T1019		06/08/13	06/08/13	32.00	135.04
247107	3	T1019		06/09/13	06/09/13	32.00	135.04
247107	4	T1019		06/10/13	06/10/13	20.00	84.40
247107	5	T1019		06/11/13	06/11/13	32.00	135.04
247107	6	T1019		06/12/13	06/12/13	20.00	84.40
247107	7	T1019		06/13/13	06/13/13	32.00	135.04
247107	8	T1019		06/14/13	06/14/13	20.00	84.40
CLAIM TOTAL							928.40

CLAIM ACCOUNT REF. 2471070012012772SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012731 2012823 VALENCIA, ESTHER J 11/13/1930 UF20889J R2182130
DIAGNOSIS CODES: 401.9 414.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247108	1	T1019		06/10/13	06/10/13	24.00	101.28
247108	2	T1019		06/11/13	06/11/13	24.00	101.28
247108	3	T1019		06/12/13	06/12/13	24.00	101.28
247108	4	T1019		06/13/13	06/13/13	24.00	101.28
247108	5	T1019		06/14/13	06/14/13	24.00	101.28
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2471080012012823SUP

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
247093	1	T1020		06/08/13	06/08/13	12.00	202.56
247093	2	T1020		06/09/13	06/09/13	12.00	202.56
247093	3	T1020		06/10/13	06/10/13	12.00	202.56
247093	4	T1020		06/11/13	06/11/13	12.00	202.56
247093	5	T1020		06/12/13	06/12/13	12.00	202.56
247093	6	T1020		06/13/13	06/13/13	12.00	202.56
CLAIM TOTAL							1,215.36

CLAIM ACCOUNT REF. 2470930012013053SUP

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
247059	1	T1019		06/08/13	06/08/13	32.00	135.04
247059	2	T1019		06/09/13	06/09/13	32.00	135.04
247059	3	T1019		06/10/13	06/10/13	32.00	135.04
247059	4	T1019		06/11/13	06/11/13	32.00	135.04

REPORT DATE 06/19/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051
PAYER ID = 80141

SUNNYSIDE CITYWIDE
HEALTHFIRST PHSP

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247059	5	T1019		06/12/13	06/12/13	32.00	135.04
247059	6	T1019		06/13/13	06/13/13	32.00	135.04
247059	7	T1019		06/14/13	06/14/13	32.00	135.04
CLAIM TOTAL							945.28

CLAIM ACCOUNT REF. 2470590012013448SUP

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
247060	1	T1019		06/10/13	06/10/13	36.00	151.92
247060	2	T1019		06/11/13	06/11/13	36.00	151.92
247060	3	T1019		06/12/13	06/12/13	36.00	151.92
247060	4	T1019		06/13/13	06/13/13	36.00	151.92
247060	5	T1019		06/14/13	06/14/13	36.00	151.92
CLAIM TOTAL							759.60

CLAIM ACCOUNT REF. 2470600012013451SUP

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
247069	1	T1019		06/08/13	06/08/13	48.00	202.56
247069	2	T1019		06/09/13	06/09/13	48.00	202.56
247069	3	T1019		06/10/13	06/10/13	48.00	202.56
247069	4	T1019		06/11/13	06/11/13	48.00	202.56
247069	5	T1019		06/12/13	06/12/13	48.00	202.56
247069	6	T1019		06/13/13	06/13/13	48.00	202.56
247069	7	T1019		06/14/13	06/14/13	48.00	202.56
CLAIM TOTAL							1,417.92

CLAIM ACCOUNT REF. 2470690012013452SUP

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
247070	1	T1019		06/10/13	06/10/13	16.00	67.52
247070	2	T1019		06/12/13	06/12/13	24.00	101.28
247070	3	T1019		06/13/13	06/13/13	24.00	101.28
247070	4	T1019		06/14/13	06/14/13	24.00	101.28
CLAIM TOTAL							371.36

CLAIM ACCOUNT REF. 2470700012013453SUP

REPORT DATE 06/19/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013061903165221RRSUP

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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 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
247073	1	T1019		06/12/13	06/12/13	16.00	67.52
247073	2	T1019		06/13/13	06/13/13	16.00	67.52
247073	3	T1019		06/14/13	06/14/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2470730012013454SUP

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
247075	1	T1019		06/08/13	06/08/13	40.00	168.80
247075	2	T1019		06/09/13	06/09/13	40.00	168.80
247075	3	T1019		06/10/13	06/10/13	40.00	168.80
247075	4	T1019		06/12/13	06/12/13	40.00	168.80
247075	5	T1019		06/13/13	06/13/13	40.00	168.80
247075	6	T1019		06/14/13	06/14/13	40.00	168.80
CLAIM TOTAL							1,012.80
CLAIM ACCOUNT REF.							2470750012013455SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008419 2013457 GARDNER, DIANE 05/05/1948 ZK72750T 082212304015
DIAGNOSIS CODES: 799.89 093.89 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247079	1	T1019		06/10/13	06/10/13	16.00	67.52
247079	2	T1019		06/11/13	06/11/13	16.00	67.52
247079	3	T1019		06/12/13	06/12/13	16.00	67.52
247079	4	T1019		06/13/13	06/13/13	16.00	67.52
247079	5	T1019		06/14/13	06/14/13	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2470790012013457SUP

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
247081	1	T1019		06/10/13	06/10/13	20.00	84.40
247081	2	T1019		06/11/13	06/11/13	20.00	84.40
247081	3	T1019		06/12/13	06/12/13	20.00	84.40
247081	4	T1019		06/13/13	06/13/13	20.00	84.40

REPORT DATE 06/19/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013061903165221RRSUP

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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
247081	5	T1019		06/14/13	06/14/13	20.00	84.40
CLAIM TOTAL							422.00
							CLAIM ACCOUNT REF. 2470810012013458SUP

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
247082	1	T1019		06/07/13	06/07/13	48.00	202.56
247082	2	T1019		06/08/13	06/08/13	48.00	202.56
247082	3	T1019		06/09/13	06/09/13	48.00	202.56
247082	4	T1019		06/10/13	06/10/13	48.00	202.56
247082	5	T1019		06/11/13	06/11/13	48.00	202.56
247082	6	T1019		06/12/13	06/12/13	48.00	202.56
247082	7	T1019		06/13/13	06/13/13	48.00	202.56
247082	8	T1019		06/14/13	06/14/13	48.00	202.56
CLAIM TOTAL							1,620.48
							CLAIM ACCOUNT REF. 2470820012013459SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247083	1	T1019		06/10/13	06/10/13	28.00	118.16
247083	2	T1019		06/11/13	06/11/13	28.00	118.16
247083	3	T1019		06/12/13	06/12/13	28.00	118.16
247083	4	T1019		06/13/13	06/13/13	28.00	118.16
247083	5	T1019		06/14/13	06/14/13	28.00	118.16
CLAIM TOTAL							590.80
							CLAIM ACCOUNT REF. 2470830012013461SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008263	2013462	MORALES HERNANDEZ, EDW	10/28/1952	XV26396D	083111260220
DIAGNOSIS CODES: 344.1 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247089	1	T1019		06/08/13	06/08/13	24.00	101.28
247089	2	T1019		06/09/13	06/09/13	24.00	101.28
247089	3	T1019		06/10/13	06/10/13	24.00	101.28
247089	4	T1019		06/11/13	06/11/13	24.00	101.28
247089	5	T1019		06/12/13	06/12/13	24.00	101.28
247089	6	T1019		06/13/13	06/13/13	24.00	101.28
247089	7	T1019		06/14/13	06/14/13	24.00	101.28
CLAIM TOTAL							708.96
							CLAIM ACCOUNT REF. 2470890012013462SUP

REPORT DATE 06/19/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013061903165221RRSUP

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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 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
247090	1	T1019		06/08/13	06/08/13	24.00	101.28
247090	2	T1019		06/10/13	06/10/13	24.00	101.28
247090	3	T1019		06/11/13	06/11/13	24.00	101.28
247090	4	T1019		06/12/13	06/12/13	24.00	101.28
247090	5	T1019		06/13/13	06/13/13	24.00	101.28
247090	6	T1019		06/14/13	06/14/13	24.00	101.28
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2470900012013463SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008421 2013464 OCASIO, VIRGINIA 05/24/1949 ZC22374W 082012303730
DIAGNOSIS CODES: 250.00 278.00 300.00 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247091	1	T1019		06/10/13	06/10/13	24.00	101.28
247091	2	T1019		06/11/13	06/11/13	24.00	101.28
247091	3	T1019		06/12/13	06/12/13	24.00	101.28
247091	4	T1019		06/13/13	06/13/13	24.00	101.28
247091	5	T1019		06/14/13	06/14/13	24.00	101.28
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2470910012013464SUP

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
247097	1	T1019		06/10/13	06/10/13	24.00	101.28
247097	2	T1019		06/11/13	06/11/13	24.00	101.28
247097	3	T1019		06/12/13	06/12/13	24.00	101.28
247097	4	T1019		06/13/13	06/13/13	24.00	101.28
247097	5	T1019		06/14/13	06/14/13	24.00	101.28
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2470970012013465SUP

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
247098	1	T1019		06/10/13	06/10/13	20.00	84.40
247098	2	T1019		06/11/13	06/11/13	20.00	84.40

REPORT DATE 06/19/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013061903165221RRSUP

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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	
247098	3	T1019		06/14/13	06/14/13	20.00	84.40	
						CLAIM TOTAL	253.20	CLAIM ACCOUNT REF. 2470980012013466SUP

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	
247103	1	T1019		06/08/13	06/08/13	40.00	168.80	
247103	2	T1019		06/09/13	06/09/13	40.00	168.80	
247103	3	T1019		06/10/13	06/10/13	40.00	168.80	
247103	4	T1019		06/11/13	06/11/13	40.00	168.80	
247103	5	T1019		06/12/13	06/12/13	40.00	168.80	
247103	6	T1019		06/13/13	06/13/13	40.00	168.80	
247103	7	T1019		06/14/13	06/14/13	40.00	168.80	
						CLAIM TOTAL	1,181.60	CLAIM ACCOUNT REF. 2471030012013467SUP

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	
247111	1	T1019		06/10/13	06/10/13	16.00	67.52	
247111	2	T1019		06/11/13	06/11/13	16.00	67.52	
247111	3	T1019		06/13/13	06/13/13	16.00	67.52	
247111	4	T1019		06/14/13	06/14/13	16.00	67.52	
						CLAIM TOTAL	270.08	CLAIM ACCOUNT REF. 2471110012013468SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008303	2013469 WILSON, SHERYL	08/28/1956	UR09425R	032613329815
DIAGNOSIS	CODES:	737.39 344.9 493.90 799.89			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
247112	1	T1019		06/04/13	06/04/13	20.00	84.40	
247112	2	T1019		06/08/13	06/08/13	16.00	67.52	
247112	3	T1019		06/09/13	06/09/13	16.00	67.52	
247112	4	T1019		06/10/13	06/10/13	26.00	109.72	
247112	5	T1019		06/11/13	06/11/13	20.00	84.40	
247112	6	T1019		06/12/13	06/12/13	24.00	101.28	
247112	7	T1019		06/13/13	06/13/13	24.00	101.28	
						CLAIM TOTAL	616.12	CLAIM ACCOUNT REF. 2471120012013469SUP

REPORT DATE 06/19/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013061903165221RRSUP

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

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	302	TOTAL CLAIM AMOUNT =	39,254.44
		# SERVICES =	53		

REPORT DATE 06/19/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013061903165221RRSUP

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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
247125	1	T1019		06/08/13	06/08/13	40.00	171.60
247125	2	T1019		06/09/13	06/09/13	40.00	171.60
247125	3	T1019		06/10/13	06/10/13	40.00	171.60
247125	4	T1019		06/11/13	06/11/13	40.00	171.60
247125	5	T1019		06/12/13	06/12/13	40.00	171.60
247125	6	T1019		06/13/13	06/13/13	40.00	171.60
247125	7	T1019		06/14/13	06/14/13	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2471250012008245SUP

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
247129	1	T1019		06/08/13	06/08/13	16.00	68.64
247129	2	T1019		06/09/13	06/09/13	16.00	68.64
247129	3	T1019		06/10/13	06/10/13	36.00	154.44
247129	4	T1019		06/11/13	06/11/13	36.00	154.44
247129	5	T1019		06/12/13	06/12/13	36.00	154.44
247129	6	T1019		06/13/13	06/13/13	36.00	154.44
247129	7	T1019		06/14/13	06/14/13	32.00	137.28
CLAIM TOTAL						892.32	CLAIM ACCOUNT REF. 2471290012008287SUP

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
247131	1	T1019		06/08/13	06/08/13	32.00	137.28
247131	2	T1019		06/09/13	06/09/13	32.00	137.28
247131	3	T1019		06/10/13	06/10/13	32.00	137.28
247131	4	T1019		06/11/13	06/11/13	32.00	137.28
247131	5	T1019		06/12/13	06/12/13	32.00	137.28
247131	6	T1019		06/13/13	06/13/13	32.00	137.28
247131	7	T1019		06/14/13	06/14/13	32.00	137.28
CLAIM TOTAL						960.96	CLAIM ACCOUNT REF. 2471310012008401SUP

REPORT DATE 06/19/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013061903165221RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247127	1	T1019		06/08/13	06/08/13	48.00	205.92
247127	2	T1019		06/09/13	06/09/13	48.00	205.92
247127	3	T1019		06/10/13	06/10/13	48.00	205.92
247127	4	T1019		06/11/13	06/11/13	48.00	205.92
247127	5	T1019		06/12/13	06/12/13	48.00	205.92
247127	6	T1019		06/13/13	06/13/13	48.00	205.92
247127	7	T1019		06/14/13	06/14/13	48.00	205.92
CLAIM TOTAL						1,441.44	CLAIM ACCOUNT REF. 2471270012011881SUP

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
247128	1	T1019		06/01/13	06/01/13	12.00	51.48
247128	2	T1019		06/02/13	06/02/13	12.00	51.48
247128	3	T1019		06/03/13	06/03/13	12.00	51.48
247128	4	T1019		06/04/13	06/04/13	16.00	68.64
247128	5	T1019		06/05/13	06/05/13	16.00	68.64
247128	6	T1019		06/06/13	06/06/13	16.00	68.64
247128	7	T1019		06/07/13	06/07/13	16.00	68.64
CLAIM TOTAL						429.00	CLAIM ACCOUNT REF. 2471280012013149SUP

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
247130	1	T1019		06/12/13	06/12/13	4.00	17.16
247130	2	T1019		06/13/13	06/13/13	4.00	17.16
247130	3	T1019		06/14/13	06/14/13	16.00	68.64
CLAIM TOTAL						102.96	CLAIM ACCOUNT REF. 2471300012013181SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013182 2013182 FARFAN, MARIA 06/17/1924 101465838 610697951
DIAGNOSIS CODES: 780.99 294.10 530.81 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247126	1	T1019		06/10/13	06/10/13	12.00	51.48

REPORT DATE 06/19/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013061903165221RRSUP

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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	
247126	2	T1019		06/12/13	06/12/13	12.00	51.48	
247126	3	T1019		06/13/13	06/13/13	12.00	51.48	
247126	4	T1019		06/14/13	06/14/13	12.00	51.48	
					CLAIM TOTAL		205.92	CLAIM ACCOUNT REF. 2471260012013182SUP

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	42	TOTAL CLAIM AMOUNT =	5,233.80
		# SERVICES =	7		

REPORT DATE 06/19/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013061903165221RRSUP

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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
247199	1	T1019	0580	06/08/13	06/08/13	40.00	168.80
247199	2	T1019	0580	06/09/13	06/09/13	40.00	168.80
247199	3	T1019	0580	06/10/13	06/10/13	32.00	135.04
247199	4	T1019	0580	06/11/13	06/11/13	32.00	135.04
247199	5	T1019	0580	06/12/13	06/12/13	32.00	135.04
247199	6	T1019	0580	06/13/13	06/13/13	32.00	135.04
CLAIM TOTAL							877.76
CLAIM ACCOUNT REF.							2471990012008266SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247200	1	S5130	0582	06/13/13	06/13/13	16.00	67.52
247200	2	S5130	0582	06/14/13	06/14/13	16.00	67.52
CLAIM TOTAL							135.04
CLAIM ACCOUNT REF.							2472000012009279SUP

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
247202	1	T1019	0580	06/08/13	06/08/13	16.00	67.52
247202	2	T1019	0580	06/09/13	06/09/13	16.00	67.52
247202	3	T1019	0580	06/10/13	06/10/13	12.00	50.64
247202	4	T1019	0580	06/11/13	06/11/13	12.00	50.64
247202	5	T1019	0580	06/12/13	06/12/13	12.00	50.64
247202	6	T1019	0580	06/13/13	06/13/13	12.00	50.64
247202	7	T1019	0580	06/14/13	06/14/13	12.00	50.64
CLAIM TOTAL							388.24
CLAIM ACCOUNT REF.							2472020012010728SUP

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
247201	1	T1019	0580	06/08/13	06/08/13	20.00	84.40
247201	2	T1019	0580	06/09/13	06/09/13	20.00	84.40
247201	3	T1019	0580	06/10/13	06/10/13	16.00	67.52

REPORT DATE 06/19/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013061903165221RRSUP

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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
247201	4	T1019	0580	06/11/13	06/11/13	16.00	67.52
247201	5	T1019	0580	06/12/13	06/12/13	16.00	67.52
247201	6	T1019	0580	06/13/13	06/13/13	16.00	67.52
247201	7	T1019	0580	06/14/13	06/14/13	16.00	67.52
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2472010012010729SUP

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
247205	1	T1019	0580	06/11/13	06/11/13	24.00	90.00
247205	2	T1019	0580	06/12/13	06/12/13	24.00	90.00
247205	3	T1019	0580	06/13/13	06/13/13	24.00	90.00
247205	4	T1019	0580	06/14/13	06/14/13	24.00	90.00
CLAIM TOTAL							360.00
CLAIM ACCOUNT REF.							2472050012012354SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012076	2012357	ESPINAL, MARIA	05/27/1951	713844209	103312722
DIAGNOSIS	CODES:	311.	272.4	386.9	493.92	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247207	1	T1019	0580	06/08/13	06/08/13	24.00	90.00
247207	2	T1019	0580	06/10/13	06/10/13	24.00	90.00
247207	3	T1019	0580	06/11/13	06/11/13	24.00	90.00
247207	4	T1019	0580	06/12/13	06/12/13	24.00	90.00
247207	5	T1019	0580	06/13/13	06/13/13	24.00	90.00
247207	6	T1019	0580	06/14/13	06/14/13	24.00	90.00
CLAIM TOTAL							540.00
CLAIM ACCOUNT REF.							2472070012012357SUP

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
247210	1	T1019	0580	06/10/13	06/10/13	16.00	60.00
247210	2	T1019	0580	06/11/13	06/11/13	16.00	60.00
247210	3	T1019	0580	06/12/13	06/12/13	16.00	60.00
247210	4	T1019	0580	06/13/13	06/13/13	16.00	60.00
247210	5	T1019	0580	06/14/13	06/14/13	16.00	60.00
CLAIM TOTAL							300.00
CLAIM ACCOUNT REF.							2472100012012358SUP

REPORT DATE 06/19/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013061903165221RRSUP

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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 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	
247211	1	T1019	0580	06/10/13	06/10/13	20.00	75.00	
247211	2	T1019	0580	06/11/13	06/11/13	20.00	75.00	
247211	3	T1019	0580	06/12/13	06/12/13	20.00	75.00	
247211	4	T1019	0580	06/13/13	06/13/13	20.00	75.00	
247211	5	T1019	0580	06/14/13	06/14/13	20.00	75.00	
CLAIM TOTAL							375.00	CLAIM ACCOUNT REF. 2472110012012362SUP

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	
247206	1	T1019	0580	06/03/13	06/03/13	4.00	15.00	
CLAIM TOTAL							15.00	CLAIM ACCOUNT REF. 2472060012012373SUP

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	
247208	1	T1019	0580	06/10/13	06/10/13	32.00	120.00	
247208	2	T1019	0580	06/11/13	06/11/13	36.00	135.00	
247208	3	T1019	0580	06/12/13	06/12/13	32.00	120.00	
247208	4	T1019	0580	06/13/13	06/13/13	36.00	135.00	
247208	5	T1019	0580	06/14/13	06/14/13	32.00	120.00	
CLAIM TOTAL							630.00	CLAIM ACCOUNT REF. 2472080012012374SUP

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	
247204	1	T1019	0580	05/27/13	05/27/13	4.00	15.00	
247204	2	T1019	0580	06/10/13	06/10/13	28.00	105.00	
247204	3	T1019	0580	06/11/13	06/11/13	28.00	105.00	
247204	4	T1019	0580	06/12/13	06/12/13	28.00	105.00	
247204	5	T1019	0580	06/13/13	06/13/13	28.00	105.00	
247204	6	T1019	0580	06/14/13	06/14/13	16.00	60.00	
CLAIM TOTAL							495.00	CLAIM ACCOUNT REF. 2472040012012732SUP

REPORT DATE 06/19/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013061903165221RRSUP

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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 2012163 2012876 AKHTAR, CATHRINE 11/07/1951 713952989 103312611
DIAGNOSIS CODES: 799.9 250.00 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247203	1	T1019	0580	06/08/13	06/08/13	20.00	75.00
247203	2	T1019	0580	06/09/13	06/09/13	20.00	75.00
247203	3	T1019	0580	06/10/13	06/10/13	28.00	105.00
247203	4	T1019	0580	06/11/13	06/11/13	28.00	105.00
247203	5	T1019	0580	06/12/13	06/12/13	28.00	105.00
247203	6	T1019	0580	06/13/13	06/13/13	28.00	105.00
247203	7	T1019	0580	06/14/13	06/14/13	28.00	105.00
CLAIM TOTAL							675.00
CLAIM ACCOUNT REF.							2472030012012876SUP

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
247209	1	T1019	0580	06/10/13	06/10/13	16.00	60.00
247209	2	T1019	0580	06/11/13	06/11/13	16.00	60.00
247209	3	T1019	0580	06/12/13	06/12/13	16.00	60.00
247209	4	T1019	0580	06/13/13	06/13/13	16.00	60.00
247209	5	T1019	0580	06/14/13	06/14/13	16.00	60.00
CLAIM TOTAL							300.00
CLAIM ACCOUNT REF.							2472090012013018SUP

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
247198	1	T1019	0580	06/10/13	06/10/13	20.00	84.40
247198	2	T1019	0580	06/11/13	06/11/13	20.00	84.40
247198	3	T1019	0580	06/12/13	06/12/13	20.00	84.40
247198	4	T1019	0580	06/13/13	06/13/13	20.00	84.40
247198	5	T1019	0580	06/14/13	06/14/13	20.00	84.40
CLAIM TOTAL							422.00
CLAIM ACCOUNT REF.							2471980012013352SUP

PAYER TOTALS: AMERIGROUP NEW YORK,LLC # OF CLAIMS = 71 TOTAL CLAIM AMOUNT = 6,019.44
SERVICES = 14

REPORT DATE 06/19/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013061903165221RRSUP

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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	
247217	1	T1019 1C		06/10/13	06/10/13	6.00	98.40	
247217	2	T1019 1C		06/11/13	06/11/13	6.00	98.40	
247217	3	T1019 1C		06/12/13	06/12/13	6.00	98.40	
247217	4	T1019 1C		06/13/13	06/13/13	6.00	98.40	
247217	5	T1019 1C		06/14/13	06/14/13	6.00	98.40	
CLAIM TOTAL							492.00	CLAIM ACCOUNT REF. 2472170012011453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011870 2011870 AGOSTINI, MONSERRATE 07/18/1944 558 418549
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
247215	1	T1019 1C		06/10/13	06/10/13	6.00	98.40	
247215	2	T1019 1C		06/11/13	06/11/13	6.00	98.40	
247215	3	T1019 1C		06/12/13	06/12/13	6.00	98.40	
247215	4	T1019 1C		06/13/13	06/13/13	6.00	98.40	
247215	5	T1019 1C		06/14/13	06/14/13	6.00	98.40	
CLAIM TOTAL							492.00	CLAIM ACCOUNT REF. 2472150012011870SUP

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	
247216	1	T1019 1C		06/08/13	06/08/13	4.00	65.60	
247216	2	T1019 1C		06/10/13	06/10/13	4.00	65.60	
247216	3	T1019 1C		06/11/13	06/11/13	4.00	65.60	
247216	4	T1019 1C		06/12/13	06/12/13	4.00	65.60	
247216	5	T1019 1C		06/13/13	06/13/13	4.00	65.60	
247216	6	T1019 1C		06/14/13	06/14/13	4.00	65.60	
CLAIM TOTAL							393.60	CLAIM ACCOUNT REF. 2472160012012213SUP

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	
247223	1	T1019 1C		06/08/13	06/08/13	8.00	131.20	
247223	2	T1019 1C		06/09/13	06/09/13	8.00	131.20	

REPORT DATE 06/19/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013061903165221RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = ICS01 ICS

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
247223	3	T1019	1C		06/10/13	06/10/13	8.00	131.20	
247223	4	T1019	1C		06/11/13	06/11/13	8.00	131.20	
247223	5	T1019	1C		06/12/13	06/12/13	8.00	131.20	
247223	6	T1019	1C		06/13/13	06/13/13	8.00	131.20	
247223	7	T1019	1C		06/14/13	06/14/13	8.00	131.20	
					CLAIM TOTAL			918.40	CLAIM ACCOUNT REF. 2472230012013010SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011990	2013223	POLANCO, BRIGIDA	07/04/2012	9575	457219
DIAGNOSIS	CODES:	369.4	401.9				

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
247220	1	T1019	1C	1F	05/06/13	05/06/13	1.00	225.00	
					CLAIM TOTAL			225.00	CLAIM ACCOUNT REF. 2472200012013223SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013320	2013320	PEREZ, RAFAELA	12/05/1934	8249	462100
DIAGNOSIS	CODES:	781.2					

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
247218	1	T1019	1C		05/26/13	05/26/13	8.00	131.20	
247218	2	T1019	1C		06/02/13	06/02/13	6.00	98.40	
					CLAIM TOTAL			229.60	CLAIM ACCOUNT REF. 2472180012013320SUP

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	
247219	1	T1019	1C		06/11/13	06/11/13	17.00	278.80	
247219	2	T1019	1C		06/12/13	06/12/13	24.00	393.60	
247219	3	T1019	1C		06/13/13	06/13/13	24.00	393.60	
247219	4	T1019	1C		06/14/13	06/14/13	13.00	213.20	
					CLAIM TOTAL			1,279.20	CLAIM ACCOUNT REF. 2472190012013320SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011990	2013361	POLANCO, BRIGIDA	07/04/2012	9575	464363
DIAGNOSIS	CODES:	369.4	401.9				

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
247221	1	T1019	1C		06/08/13	06/08/13	12.00	196.80	
247221	2	T1019	1C		06/09/13	06/09/13	12.00	196.80	
247221	3	T1019	1C		06/10/13	06/10/13	12.00	196.80	

REPORT DATE 06/19/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013061903165221RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = ICS01 ICS

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247221	4	T1019	1C		06/11/13	06/11/13	12.00	196.80
247221	5	T1019	1C		06/12/13	06/12/13	12.00	196.80
247221	6	T1019	1C		06/13/13	06/13/13	12.00	196.80
247221	7	T1019	1C		06/14/13	06/14/13	12.00	196.80
CLAIM TOTAL								1,377.60
CLAIM ACCOUNT REF.								2472210012013361SUP

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
247222	1	T1019	1C		06/08/13	06/08/13	12.00	196.80
247222	2	T1019	1C		06/09/13	06/09/13	12.00	196.80
247222	3	T1019	1C		06/10/13	06/10/13	12.00	196.80
247222	4	T1019	1C		06/11/13	06/11/13	12.00	196.80
247222	5	T1019	1C		06/12/13	06/12/13	12.00	196.80
247222	6	T1019	1C		06/13/13	06/13/13	12.00	196.80
247222	7	T1019	1C		06/14/13	06/14/13	12.00	196.80
CLAIM TOTAL								1,377.60
CLAIM ACCOUNT REF.								2472220012013470SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	44	TOTAL CLAIM AMOUNT =	6,785.00
		# SERVICES =	8		

REPORT DATE 06/19/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013061903165221RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = INIPA HEALTHCARE PARTNERS IPA I

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008382 2010800 GOMEZ, AGUSTINA 05/15/1933 JRX53860E01 2013051715500001
DIAGNOSIS CODES: 230.3 153.0 401.9 733.00 V60.3
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247212	1	T1019	0580	06/08/13	06/08/13	36.00	151.92
247212	2	T1019	0580	06/09/13	06/09/13	36.00	151.92
247212	3	T1019	0580	06/10/13	06/10/13	36.00	151.92
247212	4	T1019	0580	06/11/13	06/11/13	36.00	151.92
247212	5	T1019	0580	06/12/13	06/12/13	36.00	151.92
247212	6	T1019	0580	06/13/13	06/13/13	36.00	151.92
247212	7	T1019	0580	06/14/13	06/14/13	36.00	151.92
CLAIM TOTAL							1,063.44
CLAIM ACCOUNT REF.							2472120012010800SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JSV04323R01 2013031115500001
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
247214	1	T1019	0580	06/11/13	06/11/13	16.00	67.52
247214	2	T1019	0580	06/12/13	06/12/13	16.00	67.52
247214	3	T1019	0580	06/13/13	06/13/13	16.00	67.52
247214	4	T1019	0580	06/14/13	06/14/13	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2472140012010804SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012890 2012890 SCOTT, AKHNATON 04/28/1992 JPQ4958E01 2013053115500003
DIAGNOSIS CODES: 299.00 317.
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247213	1	T1019	0580	06/08/13	06/08/13	32.00	135.04
247213	2	T1019	0580	06/09/13	06/09/13	32.00	135.04
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2472130012012890SUP

PAYER TOTALS: HEALTHCARE PARTNERS IPA I # OF CLAIMS = 13 TOTAL CLAIM AMOUNT = 1,603.60
SERVICES = 3

PROVIDER TOTALS: SUNNYSIDE CITYWIDE # OF CLAIMS = 895 TOTAL CLAIM AMOUNT = 114,081.10
SERVICES = 161