

REPORT DATE 08/01/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080104183962RRSUP

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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
204222	1	T1020		07/21/12	07/21/12	8.00	134.96
204222	2	T1020		07/23/12	07/23/12	5.00	84.35
204222	3	T1020		07/24/12	07/24/12	5.00	84.35
204222	4	T1020		07/25/12	07/25/12	5.00	84.35
204222	5	T1020		07/27/12	07/27/12	6.00	101.22
CLAIM TOTAL							489.23

CLAIM ACCOUNT REF. 2042220012008267SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008268 2008268 PANOS, DESPINA D 05/11/1950 64126998700 111800517
DIAGNOSIS CODES: 340. 345.90 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204219	1	T1020		07/21/12	07/21/12	9.00	151.83
204219	2	T1020		07/22/12	07/22/12	9.00	151.83
CLAIM TOTAL							303.66

CLAIM ACCOUNT REF. 2042190012008268SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008386 2008386 BATISTA, JOSE 07/20/1950 74170038700 120820411
DIAGNOSIS CODES: 344.1 401.9 599.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204215	1	T1020		07/21/12	07/21/12	7.00	118.09
204215	2	T1020		07/22/12	07/22/12	7.00	118.09
204215	3	T1020		07/23/12	07/23/12	7.00	118.09
204215	4	T1020		07/24/12	07/24/12	7.00	118.09
204215	5	T1020		07/25/12	07/25/12	7.00	118.09
204215	6	T1020		07/26/12	07/26/12	7.00	118.09
204215	7	T1020		07/27/12	07/27/12	7.00	118.09
CLAIM TOTAL							826.63

CLAIM ACCOUNT REF. 2042150012008386SUP

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
204221	1	T1020		07/24/12	07/24/12	10.00	168.70
204221	2	T1020		07/25/12	07/25/12	10.00	168.70
204221	3	T1020		07/26/12	07/26/12	10.00	168.70
204221	4	T1020		07/27/12	07/27/12	10.00	168.70

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	674.80	2042210012008400SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008388	2009283	MARTINEZ, LUISA	02/14/1954	74179809800	11951467
DIAGNOSIS CODES: 340. 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
204218	1	T1020		07/21/12	07/21/12	12.00	202.44	
204218	2	T1020		07/22/12	07/22/12	12.00	202.44	
204218	3	T1020		07/23/12	07/23/12	12.00	202.44	
204218	4	T1020		07/24/12	07/24/12	12.00	202.44	
204218	5	T1020		07/25/12	07/25/12	12.00	202.44	
204218	6	T1020		07/26/12	07/26/12	12.00	202.44	
204218	7	T1020		07/27/12	07/27/12	12.00	202.44	
						CLAIM TOTAL	1,417.08	2042180012009283SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
204220	1	T1020		07/21/12	07/21/12	4.00	67.48	
204220	2	T1020		07/22/12	07/22/12	4.00	67.48	
204220	3	T1020		07/23/12	07/23/12	4.00	67.48	
204220	4	T1020		07/25/12	07/25/12	4.00	67.48	
204220	5	T1020		07/26/12	07/26/12	4.00	67.48	
204220	6	T1020		07/27/12	07/27/12	4.00	67.48	
						CLAIM TOTAL	404.88	2042200012009956SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008399	2010014	BERGES, MARITZA	11/20/1968	74098062800	120660869
DIAGNOSIS CODES: 493.00 275.2 276.8 311.							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
204216	1	T1020		07/23/12	07/23/12	6.00	101.22	
204216	2	T1020		07/24/12	07/24/12	6.00	101.22	
204216	3	T1020		07/25/12	07/25/12	6.00	101.22	
204216	4	T1020		07/26/12	07/26/12	6.00	101.22	
204216	5	T1020		07/27/12	07/27/12	3.00	50.61	
						CLAIM TOTAL	455.49	2042160012010014SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #
121291101

CLAIM TOTAL	1,062.81	CLAIM ACCOUNT REF.	2042230012010041SUP
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PRIOR AUTHORIZATION #
111951068

CLAIM TOTAL	320.53	CLAIM ACCOUNT REF.	2042170012010712SUP
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PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	47	TOTAL CLAIM AMOUNT =	5,955.11
		# SERVICES =	9		

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008261 2008261 FERNANDEZ, MARIA 07/24/1943 10062577601 072111255060
DIAGNOSIS CODES: 250.00 272.2 493.00 536.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204200	1	T1019		07/25/12	07/25/12	16.00	67.52
204200	2	T1019		07/26/12	07/26/12	16.00	67.52
CLAIM TOTAL							135.04

CLAIM ACCOUNT REF. 2042000012008261SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204207	1	T1019		07/21/12	07/21/12	24.00	101.28
204207	2	T1019		07/22/12	07/22/12	24.00	101.28
204207	3	T1019		07/23/12	07/23/12	24.00	101.28
204207	4	T1019		07/24/12	07/24/12	24.00	101.28
204207	5	T1019		07/25/12	07/25/12	24.00	101.28
204207	6	T1019		07/26/12	07/26/12	24.00	101.28
204207	7	T1019		07/27/12	07/27/12	24.00	101.28
CLAIM TOTAL							708.96

CLAIM ACCOUNT REF. 2042070012008263SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008265 2008265 SHEPPARD, ERMA 10/05/1954 10043001301 052212292391
DIAGNOSIS CODES: 295.90 250.00 272.0 401.9 440.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204212	1	T1019		07/21/12	07/21/12	40.00	168.80
204212	2	T1019		07/22/12	07/22/12	40.00	168.80
204212	3	T1019		07/23/12	07/23/12	40.00	168.80
204212	4	T1019		07/24/12	07/24/12	40.00	168.80
204212	5	T1019		07/25/12	07/25/12	40.00	168.80
204212	6	T1019		07/26/12	07/26/12	40.00	168.80
204212	7	T1019		07/27/12	07/27/12	40.00	168.80
CLAIM TOTAL							1,181.60

CLAIM ACCOUNT REF. 2042120012008265SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008303 2008303 WILSON, SHERYL 08/28/1956 10060476901 082611259599
DIAGNOSIS CODES: 737.39 344.9 493.90 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204214	1	T1019		07/22/12	07/22/12	16.00	67.52
204214	2	T1019		07/23/12	07/23/12	24.00	101.28

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
204214	3	T1019		07/24/12	07/24/12	24.00	101.28	
204214	4	T1019		07/25/12	07/25/12	24.00	101.28	
204214	5	T1019		07/26/12	07/26/12	24.00	101.28	
204214	6	T1019		07/27/12	07/27/12	24.00	101.28	
					CLAIM TOTAL		573.92	CLAIM ACCOUNT REF. 2042140012008303SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008305	2008305	ARDITTO, PATRICIA	10/29/1952	10053196701	072911256276
DIAGNOSIS	CODES:	493.00	042. 300.00 311.	530.81	780.4	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
204196	1	T1019		07/23/12	07/23/12	24.00	101.28	
204196	2	T1019		07/24/12	07/24/12	24.00	101.28	
204196	3	T1019		07/25/12	07/25/12	24.00	101.28	
204196	4	T1019		07/26/12	07/26/12	24.00	101.28	
204196	5	T1019		07/27/12	07/27/12	24.00	101.28	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2041960012008305SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008366	2008366	JONES, CYNTHIA	03/17/1950	10063968601	072211255308
DIAGNOSIS	CODES:	799.89				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
204203	1	T1019		07/24/12	07/24/12	36.00	151.92	
204203	2	T1019		07/25/12	07/25/12	36.00	151.92	
204203	3	T1019		07/26/12	07/26/12	36.00	151.92	
204203	4	T1019		07/27/12	07/27/12	36.00	151.92	
					CLAIM TOTAL		607.68	CLAIM ACCOUNT REF. 2042030012008366SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008403	2008403	CHUKWUJIORAH, TARELL	10/30/1988	10082619401	072211255317
DIAGNOSIS	CODES:	343.9	737.43 742.3			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
204197	1	T1019		07/21/12	07/21/12	28.00	118.16	
204197	2	T1019		07/22/12	07/22/12	28.00	118.16	
204197	3	T1019		07/23/12	07/23/12	32.00	135.04	
204197	4	T1019		07/24/12	07/24/12	28.00	118.16	
204197	5	T1019		07/25/12	07/25/12	28.00	118.16	
204197	6	T1019		07/26/12	07/26/12	28.00	118.16	
204197	7	T1019		07/27/12	07/27/12	28.00	118.16	
					CLAIM TOTAL		844.00	CLAIM ACCOUNT REF. 2041970012008403SUP

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

NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008420	2008420	SALVATO, MARY	04/06/1954	10064119301	072211255313
DIAGNOSIS CODES: 340. 244.9 250.00 272.0 401.9 493.00 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204211	1	T1019		07/21/12	07/21/12	32.00	135.04
CLAIM TOTAL							135.04
CLAIM ACCOUNT REF.							2042110012008420SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204208	1	T1019		07/23/12	07/23/12	24.00	101.28
204208	2	T1019		07/24/12	07/24/12	24.00	101.28
204208	3	T1019		07/27/12	07/27/12	24.00	101.28
CLAIM TOTAL							303.84
CLAIM ACCOUNT REF.							2042080012008422SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008425	2008425	WELLS, WYNORIA	09/10/1959	10063849801	081911258799
DIAGNOSIS CODES: 278.01 253.5 272.4 356.9 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204213	1	T1019		07/23/12	07/23/12	16.00	67.52
204213	2	T1019		07/24/12	07/24/12	16.00	67.52
204213	3	T1019		07/27/12	07/27/12	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2042130012008425SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008427	2008427	FLORES, MARITZA	09/26/1953	10044817901	072911256156
DIAGNOSIS CODES: 427.31 278.01 285.9 311. 425.8 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204201	1	T1019		07/21/12	07/21/12	40.00	168.80
204201	2	T1019		07/22/12	07/22/12	40.00	168.80
204201	3	T1019		07/23/12	07/23/12	40.00	168.80
204201	4	T1019		07/24/12	07/24/12	40.00	168.80
204201	5	T1019		07/25/12	07/25/12	40.00	168.80
204201	6	T1019		07/26/12	07/26/12	40.00	168.80
204201	7	T1019		07/27/12	07/27/12	40.00	168.80
CLAIM TOTAL							1,181.60
CLAIM ACCOUNT REF.							2042010012008427SUP

REPORT DATE 08/01/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 11325 NEIGHBORHOOD HEALTH

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008531 2008531 RODRIGUEZ, MARIA 02/16/1949 10057325401 070912298224
DIAGNOSIS CODES: 250.00 272.4 331.0 401.9 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204210	1	T1019		07/23/12	07/23/12	16.00	67.52
204210	2	T1019		07/24/12	07/24/12	16.00	67.52
204210	3	T1019		07/25/12	07/25/12	16.00	67.52
204210	4	T1019		07/26/12	07/26/12	16.00	67.52
204210	5	T1019		07/27/12	07/27/12	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2042100012008531SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008742 2008742 KROLL, KATHERINE 09/22/1949 10088829601 080811257332
DIAGNOSIS CODES: 340. 244.8 272.0 311. 386.2 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204206	1	T1019		07/23/12	07/23/12	28.00	118.16
204206	2	T1019		07/24/12	07/24/12	28.00	118.16
204206	3	T1019		07/25/12	07/25/12	28.00	118.16
204206	4	T1019		07/26/12	07/26/12	28.00	118.16
204206	5	T1019		07/27/12	07/27/12	28.00	118.16
CLAIM TOTAL							590.80

CLAIM ACCOUNT REF. 2042060012008742SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008802 2008802 DIAZ, CARMEN 07/29/1950 10089557301 062712297011
DIAGNOSIS CODES: V02.62 300.00 401.9 719.89 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204199	1	T1019		07/23/12	07/23/12	16.00	67.52
204199	2	T1019		07/24/12	07/24/12	24.00	101.28
204199	3	T1019		07/25/12	07/25/12	24.00	101.28
204199	4	T1019		07/26/12	07/26/12	24.00	101.28
204199	5	T1019		07/27/12	07/27/12	24.00	101.28
CLAIM TOTAL							472.64

CLAIM ACCOUNT REF. 2041990012008802SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008260 2009221 KHALIL, RASHAN 02/11/1989 10060620501 062512296643
DIAGNOSIS CODES: 799.89 294.8 343.9 345.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204204	1	T1019		07/23/12	07/23/12	28.00	118.16
204204	2	T1019		07/24/12	07/24/12	28.00	118.16
204204	3	T1019		07/25/12	07/25/12	28.00	118.16

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
204204	4	T1019		07/26/12	07/26/12	28.00	118.16	
204204	5	T1019		07/27/12	07/27/12	32.00	135.04	
CLAIM TOTAL							607.68	CLAIM ACCOUNT REF. 2042040012009221SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2009356	2009356	KHAN, FARUQUE	02/08/1949	10076892101	112111269647
DIAGNOSIS	CODES:	696.8	253.5	272.4		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
204205	1	T1019		07/21/12	07/21/12	48.00	202.56	
204205	2	T1019		07/22/12	07/22/12	48.00	202.56	
204205	3	T1019		07/23/12	07/23/12	44.00	185.68	
204205	4	T1019		07/24/12	07/24/12	48.00	202.56	
204205	5	T1019		07/25/12	07/25/12	48.00	202.56	
204205	6	T1019		07/26/12	07/26/12	48.00	202.56	
204205	7	T1019		07/27/12	07/27/12	48.00	202.56	
CLAIM TOTAL							1,401.04	CLAIM ACCOUNT REF. 2042050012009356SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2010143	2010143	AHMED, UMARA	11/15/1985	10062660901	072211255328
DIAGNOSIS	CODES:	335.19	695.4			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
204194	1	T1019		07/07/12	07/07/12	32.00	135.04	
204194	2	T1019		07/21/12	07/21/12	32.00	135.04	
204194	3	T1019		07/22/12	07/22/12	32.00	135.04	
204194	4	T1019		07/23/12	07/23/12	32.00	135.04	
204194	5	T1019		07/24/12	07/24/12	32.00	135.04	
204194	6	T1019		07/25/12	07/25/12	32.00	135.04	
204194	7	T1019		07/26/12	07/26/12	32.00	135.04	
204194	8	T1019		07/27/12	07/27/12	32.00	135.04	
CLAIM TOTAL							1,080.32	CLAIM ACCOUNT REF. 2041940012010143SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008398	2010353	RODRIGUEZ, JESSE	03/23/1984	10063030901	072211255272
DIAGNOSIS	CODES:	799.89	253.5	278.00	401.9	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
204209	1	T1019		07/24/12	07/24/12	20.00	84.40	
204209	2	T1019		07/25/12	07/25/12	20.00	84.40	
204209	3	T1019		07/26/12	07/26/12	20.00	84.40	
204209	4	T1019		07/27/12	07/27/12	20.00	84.40	
CLAIM TOTAL							337.60	CLAIM ACCOUNT REF. 2042090012010353SUP

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NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010639	2010639	HAMPTON, PRISCILLA	07/21/1952	10094572501	060112293626
DIAGNOSIS		CODES:	447.6	311.4	401.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
204202	1	T1019		07/21/12	07/21/12	24.00	101.28		
204202	2	T1019		07/23/12	07/23/12	24.00	101.28		
204202	3	T1019		07/24/12	07/24/12	28.00	118.16		
204202	4	T1019		07/25/12	07/25/12	24.00	101.28		
204202	5	T1019		07/27/12	07/27/12	28.00	118.16		
					CLAIM TOTAL		540.16	CLAIM ACCOUNT REF.	2042020012010639SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
204198	1	T1019		07/23/12	07/23/12	36.00	151.92		
204198	2	T1019		07/24/12	07/24/12	36.00	151.92		
204198	3	T1019		07/25/12	07/25/12	36.00	151.92		
					CLAIM TOTAL		455.76	CLAIM ACCOUNT REF.	2041980012010726SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
204195	1	T1019		07/23/12	07/23/12	36.00	151.92		
204195	2	T1019		07/24/12	07/24/12	36.00	151.92		
204195	3	T1019		07/25/12	07/25/12	36.00	151.92		
204195	4	T1019		07/27/12	07/27/12	36.00	151.92		
					CLAIM TOTAL		607.68	CLAIM ACCOUNT REF.	2041950012010878SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	103	TOTAL CLAIM AMOUNT =	12,811.92
		# SERVICES =	21		

REPORT DATE 08/01/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 13265 METROPLUS HEALTH PLAN

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008233 2008233 ARIAS, NORA 03/31/1981 RB08739R 0106191290349
DIAGNOSIS CODES: 356.9 348.2 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204246	1	T1019		07/21/12	07/21/12	4.00	68.60
204246	2	T1019		07/23/12	07/23/12	12.00	205.80
204246	3	T1019		07/24/12	07/24/12	12.00	205.80
204246	4	T1019		07/25/12	07/25/12	12.00	205.80
204246	5	T1019		07/26/12	07/26/12	12.00	205.80
204246	6	T1019		07/27/12	07/27/12	12.00	205.80
CLAIM TOTAL						1,097.60	CLAIM ACCOUNT REF. 2042460012008233SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008236 2008236 PERSAD, USHA 07/05/1955 TS79090G 0103301290322
DIAGNOSIS CODES: 250.10 272.0 401.9 225.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204256	1	T1019		07/21/12	07/21/12	8.00	137.20
204256	2	T1019		07/22/12	07/22/12	8.00	137.20
204256	3	T1019		07/23/12	07/23/12	11.00	188.65
204256	4	T1019		07/24/12	07/24/12	11.00	188.65
204256	5	T1019		07/25/12	07/25/12	11.00	188.65
204256	6	T1019		07/26/12	07/26/12	11.00	188.65
204256	7	T1019		07/27/12	07/27/12	11.00	188.65
CLAIM TOTAL						1,217.65	CLAIM ACCOUNT REF. 2042560012008236SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008237 2008237 DURHAM, CYNTHIA 05/23/1960 ZB21969Z 0101041290393
DIAGNOSIS CODES: 401.9 250.00 300.00 345.90 493.90 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204251	1	T1019		07/18/12	07/18/12	4.00	68.60
204251	2	T1019		07/27/12	07/27/12	4.00	68.60
CLAIM TOTAL						137.20	CLAIM ACCOUNT REF. 2042510012008237SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008281 2008281 PUCHUELA, MARIA 12/02/1923 SN86933H 0101271290335
DIAGNOSIS CODES: 435.9 552.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204257	1	T1019		07/21/12	07/21/12	8.00	137.20
204257	2	T1019		07/22/12	07/22/12	8.00	137.20
204257	3	T1019		07/23/12	07/23/12	8.00	137.20

REPORT DATE 08/01/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE
PAYER ID = 13265 METROPLUS HEALTH PLAN

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
204257	4	T1019		07/24/12	07/24/12	8.00	137.20	
204257	5	T1019		07/25/12	07/25/12	8.00	137.20	
204257	6	T1019		07/26/12	07/26/12	5.00	85.75	
					CLAIM TOTAL		771.75	CLAIM ACCOUNT REF. 2042570012008281SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
204245	1	T1019		07/17/12	07/17/12	6.00	102.90	
204245	2	T1019		07/20/12	07/20/12	6.00	102.90	
204245	3	T1019		07/23/12	07/23/12	6.00	102.90	
204245	4	T1019		07/24/12	07/24/12	6.00	102.90	
204245	5	T1019		07/25/12	07/25/12	6.00	102.90	
204245	6	T1019		07/26/12	07/26/12	6.00	102.90	
					CLAIM TOTAL		617.40	CLAIM ACCOUNT REF. 2042450012008284SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
204248	1	T1019		07/21/12	07/21/12	6.00	102.90	
204248	2	T1019		07/22/12	07/22/12	6.00	102.90	
204248	3	T1019		07/23/12	07/23/12	6.00	102.90	
204248	4	T1019		07/24/12	07/24/12	6.00	102.90	
204248	5	T1019		07/25/12	07/25/12	6.00	102.90	
204248	6	T1019		07/26/12	07/26/12	6.00	102.90	
204248	7	T1019		07/27/12	07/27/12	6.00	102.90	
					CLAIM TOTAL		720.30	CLAIM ACCOUNT REF. 2042480012008384SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008385	2008385	MURDOCK, GERTRUDE	11/01/1917	SS71357M	0106221290271
DIAGNOSIS	CODES:	536.9	365.9	369.10	389.9	401.9	715.90 733.00 V15.88

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
204254	1	T1019		07/23/12	07/23/12	8.00	137.20	
204254	2	T1019		07/24/12	07/24/12	8.00	137.20	
204254	3	T1019		07/25/12	07/25/12	8.00	137.20	
204254	4	T1019		07/26/12	07/26/12	8.00	137.20	
204254	5	T1019		07/27/12	07/27/12	8.00	137.20	
					CLAIM TOTAL		686.00	CLAIM ACCOUNT REF. 2042540012008385SUP

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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 2008415 2008415 BEDOYA, MONICA 09/30/1958 WP66802A 0103281290468
DIAGNOSIS CODES: 345.90 272.0 295.90 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204247	1	T1019		07/23/12	07/23/12	5.00	85.75
204247	2	T1019		07/25/12	07/25/12	5.00	85.75
204247	3	T1019		07/27/12	07/27/12	5.00	85.75
CLAIM TOTAL							257.25
							CLAIM ACCOUNT REF. 2042470012008415SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204253	1	T1019		07/21/12	07/21/12	5.00	85.75
204253	2	T1019		07/22/12	07/22/12	5.00	85.75
204253	3	T1019		07/23/12	07/23/12	5.00	85.75
204253	4	T1019		07/24/12	07/24/12	5.00	85.75
204253	5	T1019		07/25/12	07/25/12	5.00	85.75
204253	6	T1019		07/26/12	07/26/12	5.00	85.75
204253	7	T1019		07/27/12	07/27/12	5.00	85.75
CLAIM TOTAL							600.25
							CLAIM ACCOUNT REF. 2042530012008417SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008418 2008418 RYALS, CHARLES 11/03/1950 ZZ49620T 0103051290159
DIAGNOSIS CODES: 401.9 250.00 272.0 278.00 295.00 311. 780.57

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204259	1	T1019		07/23/12	07/23/12	8.00	137.20
204259	2	T1019		07/24/12	07/24/12	8.00	137.20
204259	3	T1019		07/25/12	07/25/12	8.00	137.20
204259	4	T1019		07/26/12	07/26/12	8.00	137.20
204259	5	T1019		07/27/12	07/27/12	8.00	137.20
CLAIM TOTAL							686.00
							CLAIM ACCOUNT REF. 2042590012008418SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008743 2008743 CORDERO, ROSENDO 08/26/1926 QM62108S 0101231290569
DIAGNOSIS CODES: 492.0 272.0 401.9 715.00 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204249	1	T1019		07/21/12	07/21/12	10.00	171.50
204249	2	T1019		07/22/12	07/22/12	10.00	171.50
204249	3	T1019		07/23/12	07/23/12	10.00	171.50

REPORT DATE 08/01/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080104183962RRSUP

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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
204249	4	T1019		07/24/12	07/24/12	10.00	171.50
204249	5	T1019		07/25/12	07/25/12	10.00	171.50
204249	6	T1019		07/26/12	07/26/12	9.00	154.35
204249	7	T1019		07/27/12	07/27/12	10.00	171.50
						CLAIM TOTAL	1,183.35
						CLAIM ACCOUNT REF.	2042490012008743SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008283	2009137	DAVIS, ANGIE	11/15/1958	UT00109J	0107061290221
DIAGNOSIS	CODES:	340.	401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204250	1	T1019		07/21/12	07/21/12	19.00	325.85
204250	2	T1019		07/22/12	07/22/12	19.00	325.85
204250	3	T1019		07/23/12	07/23/12	19.00	325.85
204250	4	T1019		07/24/12	07/24/12	19.00	325.85
204250	5	T1019		07/25/12	07/25/12	19.00	325.85
204250	6	T1019		07/26/12	07/26/12	19.00	325.85
204250	7	T1019		07/27/12	07/27/12	19.00	325.85
						CLAIM TOTAL	2,280.95
						CLAIM ACCOUNT REF.	2042500012009137SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204258	1	T1019		07/21/12	07/21/12	8.00	137.20
204258	2	T1019		07/23/12	07/23/12	3.00	51.45
204258	3	T1019		07/24/12	07/24/12	3.00	51.45
204258	4	T1019		07/25/12	07/25/12	3.00	51.45
204258	5	T1019		07/26/12	07/26/12	3.00	51.45
204258	6	T1019		07/27/12	07/27/12	4.00	68.60
						CLAIM TOTAL	411.60
						CLAIM ACCOUNT REF.	2042580012009688SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204260	1	T1019		07/21/12	07/21/12	4.00	68.60
204260	2	T1019		07/22/12	07/22/12	4.00	68.60
204260	3	T1019		07/23/12	07/23/12	4.00	68.60
204260	4	T1019		07/24/12	07/24/12	4.00	68.60
204260	5	T1019		07/25/12	07/25/12	4.00	68.60

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080104183962RRSUP

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

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
204260	6	T1019		07/26/12	07/26/12	4.00	68.60	
204260	7	T1019		07/27/12	07/27/12	4.00	68.60	
						CLAIM TOTAL	480.20	CLAIM ACCOUNT REF. 2042600012009919SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008279	2010213	VALLE, BLASINA	02/03/1929	QG00558G	0106011290042
DIAGNOSIS	CODES:	428.0	244.9	272.4	331.0	537.9	746.85

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
204261	1	T1019		07/19/12	07/19/12	8.00	137.20	
204261	2	T1019		07/20/12	07/20/12	8.00	137.20	
204261	3	T1019		07/21/12	07/21/12	8.00	137.20	
						CLAIM TOTAL	411.60	CLAIM ACCOUNT REF. 2042610012010213SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010860	2010860	ESPINOSA, MONICA	09/16/1974	YB82018Q	0107021290070
DIAGNOSIS	CODES:	758.0	244.9				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
204252	1	T1019		07/21/12	07/21/12	8.00	137.20	
204252	2	T1019		07/22/12	07/22/12	8.00	137.20	
204252	3	T1019		07/23/12	07/23/12	8.00	137.20	
204252	4	T1019		07/24/12	07/24/12	8.00	137.20	
204252	5	T1019		07/25/12	07/25/12	8.00	137.20	
204252	6	T1019		07/26/12	07/26/12	8.00	137.20	
204252	7	T1019		07/27/12	07/27/12	8.00	137.20	
						CLAIM TOTAL	960.40	CLAIM ACCOUNT REF. 2042520012010860SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010886	2010886	OSORIO, ELVIA	07/05/1943	SM10426S	0106111290284
DIAGNOSIS	CODES:	799.89					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
204255	1	T1019		07/23/12	07/23/12	3.00	51.45	
204255	2	T1019		07/24/12	07/24/12	3.00	51.45	
204255	3	T1019		07/25/12	07/25/12	3.00	51.45	
204255	4	T1019		07/26/12	07/26/12	3.00	51.45	
204255	5	T1019		07/27/12	07/27/12	3.00	51.45	
						CLAIM TOTAL	257.25	CLAIM ACCOUNT REF. 2042550012010886SUP

REPORT DATE 08/01/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080104183962RRSUP

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

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	96	TOTAL CLAIM AMOUNT =	12,776.75
		# SERVICES =	17		

REPORT DATE 08/01/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080104183962RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008286 2008286 RAMIREZ, ALIDA A 12/10/1950 ZN85118U 110614772
DIAGNOSIS CODES: 250.00 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204264	1	T1019		07/21/12	07/21/12	36.00	154.80
204264	2	T1019		07/22/12	07/22/12	36.00	154.80
204264	3	T1019		07/23/12	07/23/12	36.00	154.80
204264	4	T1019		07/24/12	07/24/12	36.00	154.80
204264	5	T1019		07/25/12	07/25/12	36.00	154.80
204264	6	T1019		07/26/12	07/26/12	36.00	154.80
204264	7	T1019		07/27/12	07/27/12	36.00	154.80
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2042640012008286SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204263	1	T1019		07/21/12	07/21/12	24.00	103.20
204263	2	T1019		07/22/12	07/22/12	24.00	103.20
204263	3	T1019		07/23/12	07/23/12	24.00	103.20
204263	4	T1019		07/24/12	07/24/12	24.00	103.20
204263	5	T1019		07/25/12	07/25/12	24.00	103.20
204263	6	T1019		07/26/12	07/26/12	24.00	103.20
CLAIM TOTAL						619.20	CLAIM ACCOUNT REF. 2042630012008495SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204262	1	T1019		07/21/12	07/21/12	28.00	120.40
204262	2	T1019		07/22/12	07/22/12	28.00	120.40
204262	3	T1019		07/23/12	07/23/12	28.00	120.40
204262	4	T1019		07/24/12	07/24/12	28.00	120.40
204262	5	T1019		07/25/12	07/25/12	28.00	120.40
204262	6	T1019		07/26/12	07/26/12	28.00	120.40
204262	7	T1019		07/27/12	07/27/12	28.00	120.40
CLAIM TOTAL						842.80	CLAIM ACCOUNT REF. 2042620012010404SUP

REPORT DATE 08/01/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	20	TOTAL CLAIM AMOUNT =	2,545.60
		# SERVICES =	3		

REPORT DATE 08/01/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080104183962RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008273 2008471 DE JESUS, TIBURCIO 08/11/1947 XX16524S 0004980406
DIAGNOSIS CODES: 250.03 369.60 401.9 414.04 799.89 V60.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204241	1	T1019	0580	07/21/12	07/21/12	36.00	151.92
204241	2	T1019	0580	07/22/12	07/22/12	36.00	151.92
204241	3	T1019	0580	07/23/12	07/23/12	36.00	151.92
204241	4	T1019	0580	07/24/12	07/24/12	36.00	151.92
204241	5	T1019	0580	07/25/12	07/25/12	36.00	151.92
204241	6	T1019	0580	07/26/12	07/26/12	36.00	151.92
204241	7	T1019	0580	07/27/12	07/27/12	36.00	151.92
CLAIM TOTAL							1,063.44
CLAIM ACCOUNT REF.							2042410012008471SUP

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
204244	1	T1019	0580	07/23/12	07/23/12	16.00	67.52
204244	2	T1019	0580	07/24/12	07/24/12	16.00	67.52
204244	3	T1019	0580	07/25/12	07/25/12	16.00	67.52
204244	4	T1019	0580	07/27/12	07/27/12	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2042440012008513SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008227 2008544 ORR, LOUISE 03/04/1956 ZK40327Q 000505233
DIAGNOSIS CODES: 250.00 401.9 428.0 435.9 429.9 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204242	1	T1019	0580	07/21/12	07/21/12	20.00	84.40
204242	2	T1019	0580	07/22/12	07/22/12	20.00	84.40
204242	3	T1019	0580	07/23/12	07/23/12	20.00	84.40
204242	4	T1019	0580	07/25/12	07/25/12	20.00	84.40
204242	5	T1019	0580	07/26/12	07/26/12	20.00	84.40
204242	6	T1019	0580	07/27/12	07/27/12	20.00	84.40
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2042420012008544SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008793 2008793 COPE, WILLIE 02/17/1928 XR98607Q 0004050353003
DIAGNOSIS CODES: 331.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204231	1	T1019	0580	07/21/12	07/21/12	48.00	168.00

REPORT DATE 08/01/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080104183962RRSUP

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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
204231	2	T1019	0580	07/22/12	07/22/12	48.00	168.00
204231	3	T1019	0580	07/23/12	07/23/12	48.00	168.00
204231	4	T1019	0580	07/24/12	07/24/12	48.00	168.00
204231	5	T1019	0580	07/25/12	07/25/12	48.00	168.00
204231	6	T1019	0580	07/26/12	07/26/12	48.00	168.00
204231	7	T1019	0580	07/27/12	07/27/12	48.00	168.00
CLAIM TOTAL							1,176.00

CLAIM ACCOUNT REF. 2042310012008793SUP

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
204239	1	T1019	0580	07/21/12	07/21/12	32.00	112.00
204239	2	T1019	0580	07/22/12	07/22/12	32.00	112.00
204239	3	T1019	0580	07/23/12	07/23/12	32.00	112.00
204239	4	T1019	0580	07/24/12	07/24/12	32.00	112.00
204239	5	T1019	0580	07/25/12	07/25/12	32.00	112.00
204239	6	T1019	0580	07/26/12	07/26/12	15.00	52.50
204239	7	T1019	0580	07/27/12	07/27/12	32.00	112.00
CLAIM TOTAL							724.50

CLAIM ACCOUNT REF. 2042390012009237SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204243	1	T1019	0580	07/20/12	07/20/12	20.00	84.40
CLAIM TOTAL							84.40

CLAIM ACCOUNT REF. 2042430012009269SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009467 2009467 KEATON, CATHERINE 08/30/1923 WC81742E 0004298435
DIAGNOSIS CODES: 715.00 365.9 401.9 780.4 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204237	1	T1019	0580	07/21/12	07/21/12	45.00	157.50
204237	2	T1019	0580	07/22/12	07/22/12	48.00	168.00
204237	3	T1019	0580	07/23/12	07/23/12	48.00	168.00
204237	4	T1019	0580	07/24/12	07/24/12	48.00	168.00
204237	5	T1019	0580	07/25/12	07/25/12	48.00	168.00
204237	6	T1019	0580	07/26/12	07/26/12	48.00	168.00
204237	7	T1019	0580	07/27/12	07/27/12	48.00	168.00
CLAIM TOTAL							1,165.50

CLAIM ACCOUNT REF. 2042370012009467SUP

REPORT DATE 08/01/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080104183962RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204240	1	T1019	0580	07/26/12	07/26/12	32.00	135.04
CLAIM TOTAL							135.04
							CLAIM ACCOUNT REF. 2042400012009562SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009686 2009686 GAFFNEY, FREDERICK 01/04/1939 RH10373H 004508048002
DIAGNOSIS CODES: 315.8 357.4 389.8 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204233	1	T1019	0580	07/02/12	07/02/12	16.00	56.00
CLAIM TOTAL							56.00
							CLAIM ACCOUNT REF. 2042330012009686SUP

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
204234	1	T1019	0580	07/23/12	07/23/12	16.00	56.00
204234	2	T1019	0580	07/24/12	07/24/12	16.00	56.00
204234	3	T1019	0580	07/25/12	07/25/12	16.00	56.00
204234	4	T1019	0580	07/26/12	07/26/12	16.00	56.00
204234	5	T1019	0580	07/27/12	07/27/12	16.00	56.00
CLAIM TOTAL							280.00
							CLAIM ACCOUNT REF. 2042340012009686SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204236	1	T1019	0580	07/23/12	07/23/12	28.00	98.00
204236	2	T1019	0580	07/24/12	07/24/12	28.00	98.00
204236	3	T1019	0580	07/25/12	07/25/12	28.00	98.00
204236	4	T1019	0580	07/26/12	07/26/12	28.00	98.00
204236	5	T1019	0580	07/27/12	07/27/12	28.00	98.00
CLAIM TOTAL							490.00
							CLAIM ACCOUNT REF. 2042360012009945SUP

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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 2010293 2010293 CAMPBELL, CAROL 01/17/1945 ZW64229J 14408709
DIAGNOSIS CODES: 722.2 272.0 338.29 401.9 780.79 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204230	1	T1019	0580	07/23/12	07/23/12	20.00	70.00
204230	2	T1019	0580	07/24/12	07/24/12	24.00	84.00
204230	3	T1019	0580	07/25/12	07/25/12	20.00	70.00
204230	4	T1019	0580	07/26/12	07/26/12	20.00	70.00
204230	5	T1019	0580	07/27/12	07/27/12	20.00	70.00
CLAIM TOTAL							364.00

CLAIM ACCOUNT REF. 2042300012010293SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010316 2010316 WEATHERS, VERDENA 02/05/1927 XK12367V 0004884724
DIAGNOSIS CODES: 331.0 365.00 428.0 714.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204238	1	T1019	0580	07/23/12	07/23/12	48.00	168.00
204238	2	T1019	0580	07/24/12	07/24/12	48.00	168.00
204238	3	T1019	0580	07/25/12	07/25/12	48.00	168.00
204238	4	T1019	0580	07/26/12	07/26/12	48.00	168.00
204238	5	T1019	0580	07/27/12	07/27/12	48.00	168.00
CLAIM TOTAL							840.00

CLAIM ACCOUNT REF. 2042380012010316SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010522 2010522 HENRIQUEZ, TERESA 10/15/1938 092367533D 0004956737001
DIAGNOSIS CODES: 203.02 272.4 311. 401.9 429.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204235	1	T1019	0580	07/23/12	07/23/12	16.00	56.00
CLAIM TOTAL							56.00

CLAIM ACCOUNT REF. 2042350012010522SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008113 2010754 COPELAND, ELISE 10/05/1928 QJ28865K 0005111746
DIAGNOSIS CODES: 250.00 369.9 311. 401.9 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204232	1	G0156	0572	07/23/12	07/23/12	6.00	85.50
204232	2	G0156	0572	07/24/12	07/24/12	6.00	85.50
204232	3	G0156	0572	07/25/12	07/25/12	6.00	85.50
204232	4	G0156	0572	07/26/12	07/26/12	6.00	85.50
204232	5	G0156	0572	07/27/12	07/27/12	6.00	85.50
CLAIM TOTAL							427.50

CLAIM ACCOUNT REF. 2042320012010754SUP

REPORT DATE 08/01/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080104183962RRSUP

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

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	67	TOTAL CLAIM AMOUNT =	7,638.86
		# SERVICES =	14		

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NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2042770012010958SUP

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

REPORT DATE 08/01/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080104183962RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008246 2008246 RIVERA, CHRISTOPHER 09/03/1996 UW23596M R1817676
DIAGNOSIS CODES: 314.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204184	1	T1019		07/21/12	07/21/12	12.00	50.64
204184	2	T1019		07/22/12	07/22/12	12.00	50.64
204184	3	T1019		07/23/12	07/23/12	12.00	50.64
204184	4	T1019		07/24/12	07/24/12	12.00	50.64
204184	5	T1019		07/25/12	07/25/12	12.00	50.64
204184	6	T1019		07/26/12	07/26/12	12.00	50.64
204184	7	T1019		07/27/12	07/27/12	12.00	50.64
CLAIM TOTAL							354.48

CLAIM ACCOUNT REF. 2041840012008246SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008249 2008249 LOPEZ-RAMIREZ, CARLOTA 01/20/1936 QR43529V R1800800
DIAGNOSIS CODES: 714.0 272.4 401.9 536.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204182	1	T1019		07/21/12	07/21/12	44.00	185.68
204182	2	T1019		07/22/12	07/22/12	44.00	185.68
204182	3	T1019		07/23/12	07/23/12	44.00	185.68
204182	4	T1019		07/24/12	07/24/12	44.00	185.68
204182	5	T1019		07/25/12	07/25/12	44.00	185.68
204182	6	T1019		07/26/12	07/26/12	44.00	185.68
204182	7	T1019		07/27/12	07/27/12	44.00	185.68
CLAIM TOTAL							1,299.76

CLAIM ACCOUNT REF. 2041820012008249SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008250 2008250 SALAZAR, LUZ MARIA 02/19/1970 SC60317K R1824834
DIAGNOSIS CODES: 952.9 564.81 596.54 806.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204187	1	T1019		07/21/12	07/21/12	32.00	135.04
204187	2	T1019		07/22/12	07/22/12	32.00	135.04
204187	3	T1019		07/23/12	07/23/12	32.00	135.04
204187	4	T1019		07/24/12	07/24/12	32.00	135.04
204187	5	T1019		07/25/12	07/25/12	32.00	135.04
204187	6	T1019		07/26/12	07/26/12	32.00	135.04
204187	7	T1019		07/27/12	07/27/12	32.00	135.04
CLAIM TOTAL							945.28

CLAIM ACCOUNT REF. 2041870012008250SUP

REPORT DATE 08/01/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080104183962RRSUP

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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 2008251 2008251 CEBALLOS, ANA 12/31/1919 UH02585Q R1828722
DIAGNOSIS CODES: 294.10 244.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204166	1	T1019		07/23/12	07/23/12	32.00	135.04
204166	2	T1019		07/25/12	07/25/12	32.00	135.04
204166	3	T1019		07/26/12	07/26/12	32.00	135.04
204166	4	T1019		07/27/12	07/27/12	32.00	135.04
CLAIM TOTAL							540.16
CLAIM ACCOUNT REF.							2041660012008251SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204189	1	T1019		07/23/12	07/23/12	20.00	84.40
204189	2	T1019		07/24/12	07/24/12	20.00	84.40
204189	3	T1019		07/25/12	07/25/12	20.00	84.40
204189	4	T1019		07/26/12	07/26/12	20.00	84.40
204189	5	T1019		07/27/12	07/27/12	20.00	84.40
CLAIM TOTAL							422.00
CLAIM ACCOUNT REF.							2041890012008254SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008256 2008256 CARMONA, LUZ 08/10/1954 XJ24416K R1839723
DIAGNOSIS CODES: 294.8 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204164	1	T1019		07/23/12	07/23/12	32.00	135.04
204164	2	T1019		07/24/12	07/24/12	32.00	135.04
204164	3	T1019		07/25/12	07/25/12	32.00	135.04
204164	4	T1019		07/26/12	07/26/12	32.00	135.04
204164	5	T1019		07/27/12	07/27/12	32.00	135.04
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2041640012008256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008257 2008257 ESTEVES, JOSE 09/04/1948 YD71377C R1832858
DIAGNOSIS CODES: 345.40

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204171	1	T1019		07/21/12	07/21/12	24.00	101.28
204171	2	T1019		07/22/12	07/22/12	24.00	101.28
204171	3	T1019		07/23/12	07/23/12	24.00	101.28
204171	4	T1019		07/24/12	07/24/12	24.00	101.28

REPORT DATE 08/01/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080104183962RRSUP

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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	
204171	5	T1019		07/25/12	07/25/12	24.00	101.28	
204171	6	T1019		07/26/12	07/26/12	24.00	101.28	
204171	7	T1019		07/27/12	07/27/12	24.00	101.28	
					CLAIM TOTAL		708.96	CLAIM ACCOUNT REF. 2041710012008257SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
204186	1	T1019		07/23/12	07/23/12	12.00	50.64	
204186	2	T1019		07/24/12	07/24/12	12.00	50.64	
204186	3	T1019		07/25/12	07/25/12	12.00	50.64	
204186	4	T1019		07/26/12	07/26/12	16.00	67.52	
204186	5	T1019		07/27/12	07/27/12	16.00	67.52	
					CLAIM TOTAL		286.96	CLAIM ACCOUNT REF. 2041860012008258SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008290	2008290	SALHUANA, YOLANDA	08/25/1935	SZ24247J	R1825265
DIAGNOSIS	CODES:	249.70	362.50	401.9	733.00		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
204188	1	T1019		07/23/12	07/23/12	32.00	135.04	
204188	2	T1019		07/24/12	07/24/12	32.00	135.04	
204188	3	T1019		07/25/12	07/25/12	32.00	135.04	
204188	4	T1019		07/26/12	07/26/12	32.00	135.04	
204188	5	T1019		07/27/12	07/27/12	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2041880012008290SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008297	2008297	MARTIN, ARIANA	12/25/1968	XD64969X	R1831741
DIAGNOSIS	CODES:	250.63	401.9	493.11			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
204183	1	T1019		07/23/12	07/23/12	16.00	67.52	
204183	2	T1019		07/25/12	07/25/12	16.00	67.52	
204183	3	T1019		07/27/12	07/27/12	16.00	67.52	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2041830012008297SUP

REPORT DATE 08/01/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008362 2008362 FONTANES, PEDRO 08/27/1948 RX10287Z R1804541
DIAGNOSIS CODES: 724.3 278.00 427.31 428.0 724.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
204174	1	T1019		07/21/12	07/21/12	28.00	118.16	
204174	2	T1019		07/22/12	07/22/12	28.00	118.16	
204174	3	T1019		07/23/12	07/23/12	28.00	118.16	
204174	4	T1019		07/24/12	07/24/12	28.00	118.16	
204174	5	T1019		07/25/12	07/25/12	28.00	118.16	
204174	6	T1019		07/26/12	07/26/12	28.00	118.16	
204174	7	T1019		07/27/12	07/27/12	28.00	118.16	
					CLAIM TOTAL	827.12		CLAIM ACCOUNT REF. 2041740012008362SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008368 2008368 RODRIGUEZ, MARGARET 06/25/1950 ZP21043J 0112291101368
DIAGNOSIS CODES: 295.90 250.00 272.4 311. 401.9 414.3 733.00 780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
204185	1	T1019		07/23/12	07/23/12	16.00	67.52	
204185	2	T1019		07/24/12	07/24/12	16.00	67.52	
204185	3	T1019		07/25/12	07/25/12	16.00	67.52	
204185	4	T1019		07/26/12	07/26/12	16.00	67.52	
204185	5	T1019		07/27/12	07/27/12	16.00	67.52	
					CLAIM TOTAL	337.60		CLAIM ACCOUNT REF. 2041850012008368SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008405 2008405 ST ROMAINE, CLAUDE 10/01/1956 UZ14868C 0103151202185
DIAGNOSIS CODES: 952.9 344.9 596.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
204190	1	T1019		07/21/12	07/21/12	36.00	151.92	
204190	2	T1019		07/22/12	07/22/12	36.00	151.92	
204190	3	T1019		07/23/12	07/23/12	40.00	168.80	
204190	4	T1019		07/24/12	07/24/12	40.00	168.80	
204190	5	T1019		07/25/12	07/25/12	40.00	168.80	
204190	6	T1019		07/26/12	07/26/12	40.00	168.80	
204190	7	T1019		07/27/12	07/27/12	40.00	168.80	
					CLAIM TOTAL	1,147.84		CLAIM ACCOUNT REF. 2041900012008405SUP

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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 2008411 2008411 FRANCISCO, RICHARD 07/10/1968 XR22414G 0103221200941
DIAGNOSIS CODES: 401.9 443.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204175	1	T1019		07/21/12	07/21/12	32.00	135.04
204175	2	T1019		07/22/12	07/22/12	32.00	135.04
204175	3	T1019		07/23/12	07/23/12	32.00	135.04
204175	4	T1019		07/24/12	07/24/12	32.00	135.04
204175	5	T1019		07/25/12	07/25/12	32.00	135.04
204175	6	T1019		07/26/12	07/26/12	32.00	135.04
204175	7	T1019		07/27/12	07/27/12	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2041750012008411SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204179	1	T1019		07/21/12	07/21/12	28.00	118.16
204179	2	T1019		07/22/12	07/22/12	28.00	118.16
204179	3	T1019		07/23/12	07/23/12	24.00	101.28
204179	4	T1019		07/24/12	07/24/12	28.00	118.16
204179	5	T1019		07/25/12	07/25/12	28.00	118.16
204179	6	T1019		07/26/12	07/26/12	28.00	118.16
204179	7	T1019		07/27/12	07/27/12	28.00	118.16
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2041790012008428SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008433 2008433 BHAIRO, KOWSILILLI 05/13/1954 VG15691D R1917814
DIAGNOSIS CODES: 340. 286.0 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204162	1	T1019		07/21/12	07/21/12	32.00	135.04
204162	2	T1019		07/22/12	07/22/12	32.00	135.04
204162	3	T1019		07/23/12	07/23/12	32.00	135.04
204162	4	T1019		07/24/12	07/24/12	32.00	135.04
204162	5	T1019		07/25/12	07/25/12	32.00	135.04
204162	6	T1019		07/26/12	07/26/12	32.00	135.04
204162	7	T1019		07/27/12	07/27/12	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2041620012008433SUP

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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 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z R1903232
DIAGNOSIS CODES: 250.00 244.8 311. 401.9 428.0 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204161	1	T1019		07/21/12	07/21/12	16.00	67.52
204161	2	T1019		07/22/12	07/22/12	16.00	67.52
204161	3	T1019		07/23/12	07/23/12	16.00	67.52
204161	4	T1019		07/24/12	07/24/12	16.00	67.52
204161	5	T1019		07/25/12	07/25/12	16.00	67.52
204161	6	T1019		07/26/12	07/26/12	16.00	67.52
204161	7	T1019		07/27/12	07/27/12	16.00	67.52
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2041610012008487SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204191	1	T1019		07/25/12	07/25/12	16.00	67.52
204191	2	T1019		07/26/12	07/26/12	16.00	67.52
204191	3	T1019		07/27/12	07/27/12	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2041910012008558SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008571 2008571 ESPAILLAT, AMPARO 12/25/1949 ZG25447P R1869116
DIAGNOSIS CODES: 401.9 272.0 311. 365.9 366.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204170	1	T1019		07/21/12	07/21/12	16.00	67.52
204170	2	T1019		07/22/12	07/22/12	16.00	67.52
204170	3	T1019		07/23/12	07/23/12	16.00	67.52
204170	4	T1019		07/24/12	07/24/12	16.00	67.52
204170	5	T1019		07/25/12	07/25/12	16.00	67.52
204170	6	T1019		07/26/12	07/26/12	16.00	67.52
204170	7	T1019		07/27/12	07/27/12	16.00	67.52
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2041700012008571SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204172	1	T1019		07/23/12	07/23/12	16.00	67.52

REPORT DATE 08/01/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
204172	2	T1019		07/25/12	07/25/12	16.00	67.52	
							135.04	CLAIM TOTAL
								CLAIM ACCOUNT REF. 2041720012009000SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008380	2009001	FERRERA, FRANCISCA	06/06/1948	YH55651V	0111141101308
DIAGNOSIS	CODES:	301.9	401.9	493.00			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
204173	1	T1019		05/31/12	05/31/12	12.00	50.64	
204173	2	T1019		07/02/12	07/02/12	12.00	50.64	
204173	3	T1019		07/23/12	07/23/12	12.00	50.64	
							151.92	CLAIM TOTAL
								CLAIM ACCOUNT REF. 2041730012009001SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008300	2009256	CHARITAR, RAMKALIE	06/23/1953	UY13756G	R1812089
DIAGNOSIS	CODES:	250.00	311.	401.9	414.00	414.01	466.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
204167	1	T1019		07/22/12	07/22/12	20.00	84.40	
204167	2	T1019		07/23/12	07/23/12	20.00	84.40	
204167	3	T1019		07/24/12	07/24/12	20.00	84.40	
204167	4	T1019		07/25/12	07/25/12	20.00	84.40	
204167	5	T1019		07/26/12	07/26/12	20.00	84.40	
204167	6	T1019		07/27/12	07/27/12	20.00	84.40	
							506.40	CLAIM TOTAL
								CLAIM ACCOUNT REF. 2041670012009256SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008271	2009270	CARRION, MARIA	06/30/1928	SC64434E	R1825085
DIAGNOSIS	CODES:	250.00	294.10	401.9	V12.54		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
204165	1	T1019		07/21/12	07/21/12	32.00	135.04	
204165	2	T1019		07/23/12	07/23/12	32.00	135.04	
204165	3	T1019		07/24/12	07/24/12	32.00	135.04	
204165	4	T1019		07/25/12	07/25/12	32.00	135.04	
204165	5	T1019		07/26/12	07/26/12	32.00	135.04	
204165	6	T1019		07/27/12	07/27/12	32.00	135.04	
							810.24	CLAIM TOTAL
								CLAIM ACCOUNT REF. 2041650012009270SUP

REPORT DATE 08/01/12 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 80141 HEALTHFIRST PHSP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204177	1	T1019		07/23/12	07/23/12	16.00	67.52
204177	2	T1019		07/25/12	07/25/12	16.00	67.52
204177	3	T1019		07/27/12	07/27/12	16.00	67.52
CLAIM TOTAL							202.56

CLAIM ACCOUNT REF. 2041770012009322SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204168	1	T1019		07/23/12	07/23/12	24.00	101.28
204168	2	T1019		07/24/12	07/24/12	24.00	101.28
204168	3	T1019		07/25/12	07/25/12	24.00	101.28
204168	4	T1019		07/26/12	07/26/12	24.00	101.28
204168	5	T1019		07/27/12	07/27/12	24.00	101.28
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2041680012009405SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009425 2009425 FRIAS, BARBARA 04/01/1954 YQ10410R R1869904
DIAGNOSIS CODES: 785.9 V44.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204176	1	T1019		07/23/12	07/23/12	16.00	67.52
204176	2	T1019		07/25/12	07/25/12	16.00	67.52
204176	3	T1019		07/27/12	07/27/12	16.00	67.52
CLAIM TOTAL							202.56

CLAIM ACCOUNT REF. 2041760012009425SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009560 2009560 BOCHENEC, JOLANTA 07/08/1964 ZT71147Q 0104121200913
DIAGNOSIS CODES: 854.00 272.4 300.00 307.42 781.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204163	1	T1019		07/21/12	07/21/12	24.00	101.28
204163	2	T1019		07/22/12	07/22/12	24.00	101.28
204163	3	T1019		07/23/12	07/23/12	24.00	101.28
204163	4	T1019		07/24/12	07/24/12	24.00	101.28
CLAIM TOTAL							405.12

CLAIM ACCOUNT REF. 2041630012009560SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009657 2009657 HERRING, CHARLEN 10/27/1949 ZE93972Y R1837001
DIAGNOSIS CODES: 493.91 250.00 401.9 462. 780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204178	1	T1019		07/23/12	07/23/12	16.00	67.52
204178	2	T1019		07/25/12	07/25/12	16.00	67.52
204178	3	T1019		07/27/12	07/27/12	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2041780012009657SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010009 2010009 VEGA, GLORIA 07/06/1955 ZU45073J R1843447
DIAGNOSIS CODES: 340. 250.00 272.2 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204193	1	T1019		07/23/12	07/23/12	32.00	135.04
204193	2	T1019		07/24/12	07/24/12	32.00	135.04
204193	3	T1019		07/26/12	07/26/12	32.00	135.04
204193	4	T1019		07/27/12	07/27/12	32.00	135.04
CLAIM TOTAL							540.16
CLAIM ACCOUNT REF.							2041930012010009SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008299 2010311 LAZALA, GLADYS 02/03/1950 ZT39863D R1866346
DIAGNOSIS CODES: 340. 250.00 278.00 401.9 440.9 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204181	1	T1020		07/21/12	07/21/12	7.00	118.16
204181	2	T1020		07/22/12	07/22/12	7.00	118.16
204181	3	T1020		07/23/12	07/23/12	7.00	118.16
204181	4	T1020		07/24/12	07/24/12	7.00	118.16
204181	5	T1020		07/25/12	07/25/12	7.00	118.16
204181	6	T1020		07/26/12	07/26/12	7.00	118.16
204181	7	T1020		07/27/12	07/27/12	7.00	118.16
CLAIM TOTAL							827.12
CLAIM ACCOUNT REF.							2041810012010311SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010758 2010758 VASQUEZ, OLGA 11/20/1948 WU00136E R1906129
DIAGNOSIS CODES: 311. 244.9 253.5 401.9 429.9 493.90 948.11

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204192	1	T1019		07/21/12	07/21/12	20.00	84.40
204192	2	T1019		07/22/12	07/22/12	20.00	84.40
204192	3	T1019		07/26/12	07/26/12	20.00	84.40
204192	4	T1019		07/27/12	07/27/12	20.00	84.40

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080104183962RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	337.60	2041920012010758SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008498	2010933	DORNELLAS, STELLA	04/30/1949	RG61445M	R1683724
DIAGNOSIS	CODES:	401.9	253.5	272.1	369.60		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
204169	1	T1019		07/21/12	07/21/12	16.00	67.52	
204169	2	T1019		07/24/12	07/24/12	16.00	67.52	
204169	3	T1019		07/25/12	07/25/12	16.00	67.52	
204169	4	T1019		07/26/12	07/26/12	16.00	67.52	
204169	5	T1019		07/27/12	07/27/12	16.00	67.52	
						CLAIM TOTAL	337.60	2041690012010933SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008813	2010967	LARA, TOMASA	10/11/1931	SX47950B	R1683682
DIAGNOSIS	CODES:	401.9	244.9	272.4	715.80		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
204180	1	T1019		07/21/12	07/21/12	16.00	67.52	
204180	2	T1019		07/22/12	07/22/12	16.00	67.52	
204180	3	T1019		07/23/12	07/23/12	16.00	67.52	
204180	4	T1019		07/24/12	07/24/12	16.00	67.52	
204180	5	T1019		07/25/12	07/25/12	16.00	67.52	
204180	6	T1019		07/26/12	07/26/12	16.00	67.52	
204180	7	T1019		07/27/12	07/27/12	16.00	67.52	
						CLAIM TOTAL	472.64	2041800012010967SUP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	174	TOTAL CLAIM AMOUNT =	17,909.68
		# SERVICES =	33		

REPORT DATE 08/01/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080104183962RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008245 2008245 CALDERON, MIGDALIA 08/02/1961 100195559 607641299
DIAGNOSIS CODES: 250.00 428.0 724.00 724.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204224	1	T1019		07/21/12	07/21/12	40.00	171.60
204224	2	T1019		07/22/12	07/22/12	40.00	171.60
204224	3	T1019		07/23/12	07/23/12	40.00	171.60
204224	4	T1019		07/24/12	07/24/12	40.00	171.60
204224	5	T1019		07/25/12	07/25/12	40.00	171.60
204224	6	T1019		07/26/12	07/26/12	40.00	171.60
204224	7	T1019		07/27/12	07/27/12	40.00	171.60
						CLAIM TOTAL	1,201.20
						CLAIM ACCOUNT REF.	2042240012008245SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008287 2008287 MILLAN, ARMIDA 09/13/1928 19686415 608047620
DIAGNOSIS CODES: 250.00 272.4 311. 356.9 365.9 401.9 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204225	1	T1019		07/21/12	07/21/12	16.00	68.64
204225	2	T1019		07/22/12	07/22/12	16.00	68.64
204225	3	T1019		07/23/12	07/23/12	36.00	154.44
204225	4	T1019		07/24/12	07/24/12	36.00	154.44
204225	5	T1019		07/25/12	07/25/12	36.00	154.44
204225	6	T1019		07/26/12	07/26/12	36.00	154.44
204225	7	T1019		07/27/12	07/27/12	36.00	154.44
						CLAIM TOTAL	909.48
						CLAIM ACCOUNT REF.	2042250012008287SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008401 2008401 SAFOS, PATRA 12/18/1948 100029836 607678036
DIAGNOSIS CODES: 340. 244.8 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204228	1	T1019		07/21/12	07/21/12	32.00	137.28
204228	2	T1019		07/22/12	07/22/12	32.00	137.28
204228	3	T1019		07/23/12	07/23/12	32.00	137.28
204228	4	T1019		07/24/12	07/24/12	32.00	137.28
204228	5	T1019		07/25/12	07/25/12	32.00	137.28
204228	6	T1019		07/26/12	07/26/12	32.00	137.28
204228	7	T1019		07/27/12	07/27/12	32.00	137.28
						CLAIM TOTAL	960.96
						CLAIM ACCOUNT REF.	2042280012008401SUP

REPORT DATE 08/01/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080104183962RRSUP

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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 2008432 2008432 YUSUPOV, PULAT 08/11/1948 VV04939D 607630266
DIAGNOSIS CODES: 250.00 272.4 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204229	1	T1019		07/21/12	07/21/12	16.00	68.64
204229	2	T1019		07/22/12	07/22/12	16.00	68.64
204229	3	T1019		07/23/12	07/23/12	16.00	68.64
204229	4	T1019		07/24/12	07/24/12	16.00	68.64
204229	5	T1019		07/25/12	07/25/12	16.00	68.64
204229	6	T1019		07/26/12	07/26/12	16.00	68.64
204229	7	T1019		07/27/12	07/27/12	16.00	68.64
CLAIM TOTAL							480.48
CLAIM ACCOUNT REF.							2042290012008432SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008389 2008502 MUSHAYEV, BORIS 08/14/1947 UV20268T 607620708
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
204226	1	T1019		07/26/12	07/26/12	12.00	51.48
204226	2	T1019		07/27/12	07/27/12	12.00	51.48
CLAIM TOTAL							102.96
CLAIM ACCOUNT REF.							2042260012008502SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010774 2010774 PAUL, PUTUL 10/10/1956 101218709 608277910
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204227	1	T1019		07/23/12	07/23/12	16.00	68.64
204227	2	T1019		07/25/12	07/25/12	16.00	68.64
204227	3	T1019		07/27/12	07/27/12	16.00	68.64
CLAIM TOTAL							205.92
CLAIM ACCOUNT REF.							2042270012010774SUP

PAYER TOTALS: UNITEDHEALTHCARE # OF CLAIMS = 33 TOTAL CLAIM AMOUNT = 3,861.00
SERVICES = 6

REPORT DATE 08/01/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080104183962RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008266 2008266 GUERRA, LORRAINE 03/22/1948 712731594 102602255
DIAGNOSIS CODES: 431. 784.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204268	1	T1019	0580	07/21/12	07/21/12	10.00	168.70
204268	2	T1019	0580	07/22/12	07/22/12	10.00	168.70
204268	3	T1019	0580	07/23/12	07/23/12	9.00	151.83
204268	4	T1019	0580	07/25/12	07/25/12	9.00	151.83
204268	5	T1019	0580	07/26/12	07/26/12	9.00	151.83
204268	6	T1019	0580	07/27/12	07/27/12	9.00	151.83
CLAIM TOTAL							944.72
CLAIM ACCOUNT REF.							2042680012008266SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008409 2009279 PRUITT, JOHNNY 10/26/1956 712824266 102602130
DIAGNOSIS CODES: 249.00 272.4 295.00 401.9 585.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204270	1	S5130	0582	07/23/12	07/23/12	16.00	67.52
204270	2	S5130	0582	07/27/12	07/27/12	16.00	67.52
CLAIM TOTAL							135.04
CLAIM ACCOUNT REF.							2042700012009279SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204267	1	T1019	0580	07/23/12	07/23/12	8.00	134.96
204267	2	T1019	0580	07/24/12	07/24/12	9.00	151.83
204267	3	T1019	0580	07/25/12	07/25/12	8.00	134.96
204267	4	T1019	0580	07/26/12	07/26/12	9.00	151.83
204267	5	T1019	0580	07/27/12	07/27/12	7.00	118.09
CLAIM TOTAL							691.67
CLAIM ACCOUNT REF.							2042670012009647SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010003 2010724 DENNISON, KELVIN 09/23/1991 6944796 103006820
DIAGNOSIS CODES: 344.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204265	1	T1019	0580	07/23/12	07/23/12	6.00	101.22
204265	2	T1019	0580	07/24/12	07/24/12	6.00	101.22
204265	3	T1019	0580	07/25/12	07/25/12	6.00	101.22
204265	4	T1019	0580	07/26/12	07/26/12	6.00	101.22
204265	5	T1019	0580	07/27/12	07/27/12	4.00	67.48

REPORT DATE 08/01/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012080104183962RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	472.36	2042650012010724SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008406	2010728	YOUNG, KALEILE	06/17/1994	006532755	HP0009108
DIAGNOSIS CODES: 319. 493.90 742.1							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
204272	1	T1019	0580	07/21/12	07/21/12	4.00	67.48	
204272	2	T1019	0580	07/22/12	07/22/12	4.00	67.48	
204272	3	T1019	0580	07/23/12	07/23/12	2.00	33.74	
204272	4	T1019	0580	07/24/12	07/24/12	2.00	33.74	
204272	5	T1019	0580	07/25/12	07/25/12	2.00	33.74	
204272	6	T1019	0580	07/26/12	07/26/12	2.00	33.74	
204272	7	T1019	0580	07/27/12	07/27/12	2.00	33.74	
						CLAIM TOTAL	303.66	2042720012010728SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008407	2010729	WALTERS, BYRON	05/18/2000	006600539	HP0000064
DIAGNOSIS CODES: 319. 493.90 742.1							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
204271	1	T1019	0580	07/21/12	07/21/12	5.00	84.35	
204271	2	T1019	0580	07/22/12	07/22/12	5.00	84.35	
204271	3	T1019	0580	07/23/12	07/23/12	3.00	50.61	
204271	4	T1019	0580	07/24/12	07/24/12	3.00	50.61	
204271	5	T1019	0580	07/25/12	07/25/12	3.00	50.61	
204271	6	T1019	0580	07/26/12	07/26/12	3.00	50.61	
204271	7	T1019	0580	07/27/12	07/27/12	3.00	50.61	
						CLAIM TOTAL	421.75	2042710012010729SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010389	2010730	ESPERSON, CLAUDE	04/28/1971	006900634	HP0003722
DIAGNOSIS CODES: 340. 453.40							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
204266	1	T1019	0580	07/23/12	07/23/12	4.00	67.48	
204266	2	T1019	0580	07/24/12	07/24/12	4.00	67.48	
204266	3	T1019	0580	07/26/12	07/26/12	4.00	67.48	
204266	4	T1019	0580	07/27/12	07/27/12	4.00	67.48	
						CLAIM TOTAL	269.92	2042660012010730SUP

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NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008365	2010731	HARDING, EDNA	05/17/1956	006274884	HP0009108

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
204269	1	T1019	0580	07/23/12	07/23/12	6.00	101.22	
204269	2	T1019	0580	07/24/12	07/24/12	6.00	101.22	
204269	3	T1019	0580	07/25/12	07/25/12	6.00	101.22	
204269	4	T1019	0580	07/26/12	07/26/12	6.00	101.22	
204269	5	T1019	0580	07/27/12	07/27/12	6.00	101.22	
					CLAIM TOTAL		506.10	CLAIM ACCOUNT REF. 2042690012010731SUP

PAYER TOTALS:	AMERIGROUP NEW YORK,LLC	# OF CLAIMS =	41	TOTAL CLAIM AMOUNT =	3,745.22
		# SERVICES =	8		

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NPI = 1154407492

PRIOR AUTHORIZATION #
364551

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
204276	1	T1019	1C	0570	07/15/12	07/15/12	10.00	159.00
204276	2	T1019	1C	0570	07/16/12	07/16/12	10.00	159.00
204276	3	T1019	1C	0570	07/17/12	07/17/12	10.00	159.00
204276	4	T1019	1C	0570	07/18/12	07/18/12	10.00	159.00
204276	5	T1019	1C	0570	07/19/12	07/19/12	9.50	151.05
204276	6	T1019	1C	0570	07/20/12	07/20/12	10.00	159.00
204276	7	T1019	1C	0570	07/21/12	07/21/12	10.00	159.00
204276	8	T1019	1C	0570	07/23/12	07/23/12	10.00	159.00
204276	9	T1019	1C	0570	07/24/12	07/24/12	10.00	159.00
204276	10	T1019	1C	0570	07/25/12	07/25/12	9.25	147.08
204276	11	T1019	1C	0570	07/26/12	07/26/12	9.50	151.05
204276	12	T1019	1C	0570	07/27/12	07/27/12	10.00	159.00

CLAIM ACCOUNT REF. 2042760012010959SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	12	TOTAL CLAIM AMOUNT =	1,880.18
		# SERVICES =	1		

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NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008382	2010800	GOMES, AGUSTINA	05/05/1933	JRX53860E01	2012062692600004
DIAGNOSIS	CODES:	V60.3	153.0	230.3	401.9	733.00	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
204273	1	T1019	0580	07/21/12	07/21/12	36.00	151.92		
204273	2	T1019	0580	07/22/12	07/22/12	36.00	151.92		
204273	3	T1019	0580	07/23/12	07/23/12	36.00	151.92		
204273	4	T1019	0580	07/24/12	07/24/12	36.00	151.92		
204273	5	T1019	0580	07/25/12	07/25/12	36.00	151.92		
204273	6	T1019	0580	07/26/12	07/26/12	36.00	151.92		
204273	7	T1019	0580	07/27/12	07/27/12	32.00	135.04		
					CLAIM TOTAL		1,046.56	CLAIM ACCOUNT REF.	2042730012010800SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008396	2010804	ZAMBRANO, ZOILA	12/03/1938	JSV04323R01	2012062692600006
DIAGNOSIS	CODES:	250.11	272.0	401.9	435.9	586.	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
204275	1	T1019	0580	07/24/12	07/24/12	16.00	67.52		
204275	2	T1019	0580	07/25/12	07/25/12	16.00	67.52		
204275	3	T1019	0580	07/26/12	07/26/12	16.00	67.52		
204275	4	T1019	0580	07/27/12	07/27/12	16.00	67.52		
						CLAIM TOTAL	270.08	CLAIM ACCOUNT REF.	2042750012010804SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008228	2010805	TOWLES, ADA	12/10/1954	JZX17878Q01	2012072392600008
DIAGNOSIS	CODES:	V61.9	401.9	722.10	724.3	750.7	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
204274	1	T1019	0580	07/25/12	07/25/12	16.00	67.52	
204274	2	T1019	0580	07/26/12	07/26/12	16.00	67.52	
					CLAIM TOTAL		135.04	CLAIM ACCOUNT REF. 2042740012010805SUP

PAYER TOTALS:	HEALTHCARE PARTNERS IPA I	# OF CLAIMS =	13	TOTAL CLAIM AMOUNT =	1,451.68
		# SERVICES =	3		

PROVIDER TOTALS: SUNNYSIDE CITYWIDE	# OF CLAIMS =	611	TOTAL CLAIM AMOUNT =	71,176.60
	# SERVICES =	116		