

REPORT DATE 01/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013010204311446RRSUP

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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	
222615	1	T1020		12/22/12	12/22/12	7.00	118.10	
222615	2	T1020		12/24/12	12/24/12	7.00	118.09	
222615	3	T1020		12/26/12	12/26/12	7.00	118.09	
222615	4	T1020		12/27/12	12/27/12	7.00	118.09	
222615	5	T1020		12/28/12	12/28/12	7.00	118.09	
CLAIM TOTAL							590.46	CLAIM ACCOUNT REF. 2226150012008267SUP

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	
222613	1	T1020		12/22/12	12/22/12	9.00	151.83	
222613	2	T1020		12/23/12	12/23/12	9.00	151.83	
CLAIM TOTAL							303.66	CLAIM ACCOUNT REF. 2226130012008268SUP

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	
222610	1	T1020		12/11/12	12/11/12	7.00	118.09	
222610	2	T1020		12/20/12	12/20/12	7.00	118.09	
222610	3	T1020		12/21/12	12/21/12	7.00	118.09	
CLAIM TOTAL							354.27	CLAIM ACCOUNT REF. 2226100012008306SUP

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	
222609	1	T1020		12/22/12	12/22/12	7.00	118.09	
222609	2	T1020		12/23/12	12/23/12	7.00	118.09	
222609	3	T1020		12/24/12	12/24/12	7.00	118.09	
222609	4	T1020		12/25/12	12/25/12	7.00	118.09	
222609	5	T1020		12/26/12	12/26/12	7.00	118.09	
222609	6	T1020		12/27/12	12/27/12	7.00	118.09	
CLAIM TOTAL							708.54	CLAIM ACCOUNT REF. 2226090012008386SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008400 2008400 SAMOJEDNY, MICHAEL 01/20/1954 74102201600 113550568
DIAGNOSIS CODES: 436. 401.9 571.5 780.4 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222614	1	T1020		12/26/12	12/26/12	4.00	67.48
222614	2	T1020		12/27/12	12/27/12	5.00	84.35
222614	3	T1020		12/28/12	12/28/12	4.00	67.48
CLAIM TOTAL							219.31
CLAIM ACCOUNT REF.							2226140012008400SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009268 2010041 VARGAS, RAQUEL 07/05/1949 74201787700 121291101
DIAGNOSIS CODES: 437.9 253.5 345.91 E885.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222616	1	T1020		12/22/12	12/22/12	9.00	151.83
222616	2	T1020		12/23/12	12/23/12	9.00	151.83
222616	3	T1020		12/25/12	12/25/12	9.00	151.83
222616	4	T1020		12/26/12	12/26/12	9.00	151.83
222616	5	T1020		12/27/12	12/27/12	9.00	151.83
CLAIM TOTAL							759.15
CLAIM ACCOUNT REF.							2226160012010041SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008376 2010712 LITMAN, GAIL 10/23/1952 74146355500 111951068
DIAGNOSIS CODES: 401.9 780.2 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222612	1	T1020		12/24/12	12/24/12	5.00	84.35
222612	2	T1020		12/26/12	12/26/12	5.00	84.35
222612	3	T1020		12/27/12	12/27/12	5.00	84.35
CLAIM TOTAL							253.05
CLAIM ACCOUNT REF.							2226120012010712SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011495 2011495 ISKANDER, JACOB S 04/14/1949 74226723400 122720054
DIAGNOSIS CODES: 748.60 253.5 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222611	1	T1020		12/22/12	12/22/12	8.00	134.96
222611	2	T1020		12/23/12	12/23/12	8.00	134.96
222611	3	T1020		12/24/12	12/24/12	8.00	134.96
222611	4	T1020		12/25/12	12/25/12	8.00	134.96
222611	5	T1020		12/26/12	12/26/12	8.00	134.96
222611	6	T1020		12/27/12	12/27/12	8.00	134.96
222611	7	T1020		12/28/12	12/28/12	8.00	134.96

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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 TOTAL	944.72	CLAIM ACCOUNT REF. 2226110012011495SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	34	TOTAL CLAIM AMOUNT =	4,133.16
		# SERVICES =	8		

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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
222595	1	T1019		12/26/12	12/26/12	16.00	67.52
222595	2	T1019		12/27/12	12/27/12	16.00	67.52
222595	3	T1019		12/28/12	12/28/12	16.00	67.52
CLAIM TOTAL						202.56	CLAIM ACCOUNT REF. 2225950012008261SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222601	1	T1019		12/22/12	12/22/12	24.00	101.28
222601	2	T1019		12/23/12	12/23/12	24.00	101.28
222601	3	T1019		12/24/12	12/24/12	24.00	101.28
222601	4	T1019		12/25/12	12/25/12	24.00	101.28
222601	5	T1019		12/26/12	12/26/12	24.00	101.28
222601	6	T1019		12/27/12	12/27/12	24.00	101.28
222601	7	T1019		12/28/12	12/28/12	24.00	101.28
CLAIM TOTAL						708.96	CLAIM ACCOUNT REF. 2226010012008263SUP

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
222606	1	T1019		12/22/12	12/22/12	40.00	168.80
222606	2	T1019		12/23/12	12/23/12	40.00	168.80
222606	3	T1019		12/24/12	12/24/12	36.00	151.92
222606	4	T1019		12/25/12	12/25/12	36.00	151.92
222606	5	T1019		12/26/12	12/26/12	36.00	151.92
222606	6	T1019		12/27/12	12/27/12	40.00	168.80
222606	7	T1019		12/28/12	12/28/12	40.00	168.80
CLAIM TOTAL						1,130.96	CLAIM ACCOUNT REF. 2226060012008265SUP

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
222608	1	T1019		12/23/12	12/23/12	16.00	67.52

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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	
222608	2	T1019		12/24/12	12/24/12	24.00	101.28	
222608	3	T1019		12/26/12	12/26/12	24.00	101.28	
222608	4	T1019		12/27/12	12/27/12	24.00	101.28	
222608	5	T1019		12/28/12	12/28/12	24.00	101.28	
					CLAIM TOTAL		472.64	CLAIM ACCOUNT REF. 2226080012008303SUP

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	
222598	1	T1019		12/26/12	12/26/12	16.00	67.52	
222598	2	T1019		12/28/12	12/28/12	16.00	67.52	
					CLAIM TOTAL		135.04	CLAIM ACCOUNT REF. 2225980012008366SUP

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	
222593	1	T1019		12/24/12	12/24/12	32.00	135.04	
222593	2	T1019		12/26/12	12/26/12	28.00	118.16	
222593	3	T1019		12/27/12	12/27/12	28.00	118.16	
222593	4	T1019		12/28/12	12/28/12	28.00	118.16	
					CLAIM TOTAL		489.52	CLAIM ACCOUNT REF. 2225930012008403SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
222603	1	T1019		12/17/12	12/17/12	24.00	101.28	
222603	2	T1019		12/18/12	12/18/12	24.00	101.28	
222603	3	T1019		12/19/12	12/19/12	24.00	101.28	
222603	4	T1019		12/20/12	12/20/12	24.00	101.28	
222603	5	T1019		12/21/12	12/21/12	24.00	101.28	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2226030012008421SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222602	1	T1019		12/22/12	12/22/12	24.00	101.28
222602	2	T1019		12/26/12	12/26/12	24.00	101.28
222602	3	T1019		12/27/12	12/27/12	20.00	84.40
CLAIM TOTAL							286.96
CLAIM ACCOUNT REF.							2226020012008422SUP

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
222607	1	T1019		12/24/12	12/24/12	16.00	67.52
222607	2	T1019		12/25/12	12/25/12	16.00	67.52
222607	3	T1019		12/27/12	12/27/12	16.00	67.52
222607	4	T1019		12/28/12	12/28/12	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2226070012008425SUP

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
222596	1	T1019		12/22/12	12/22/12	40.00	168.80
222596	2	T1019		12/23/12	12/23/12	40.00	168.80
222596	3	T1019		12/24/12	12/24/12	40.00	168.80
222596	4	T1019		12/25/12	12/25/12	40.00	168.80
222596	5	T1019		12/26/12	12/26/12	40.00	168.80
222596	6	T1019		12/27/12	12/27/12	40.00	168.80
222596	7	T1019		12/28/12	12/28/12	40.00	168.80
CLAIM TOTAL							1,181.60
CLAIM ACCOUNT REF.							2225960012008427SUP

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
222605	1	T1019		12/24/12	12/24/12	24.00	101.28
222605	2	T1019		12/25/12	12/25/12	24.00	101.28
222605	3	T1019		12/26/12	12/26/12	24.00	101.28
222605	4	T1019		12/27/12	12/27/12	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	
222605	5	T1019		12/28/12	12/28/12	24.00	101.28	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2226050012008531SUP

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	
222600	1	T1019		12/23/12	12/23/12	16.00	67.52	
222600	2	T1019		12/24/12	12/24/12	24.00	101.28	
222600	3	T1019		12/25/12	12/25/12	28.00	118.16	
222600	4	T1019		12/26/12	12/26/12	28.00	118.16	
222600	5	T1019		12/27/12	12/27/12	28.00	118.16	
222600	6	T1019		12/28/12	12/28/12	28.00	118.16	
					CLAIM TOTAL		641.44	CLAIM ACCOUNT REF. 2226000012008742SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008802	2008802	DIAZ 1, CARMEN	07/29/1950	10089557301	062712297011
DIAGNOSIS CODES: V02.62 300.00 401.9 719.89 733.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
222594	1	T1019		12/24/12	12/24/12	16.00	67.52	
222594	2	T1019		12/25/12	12/25/12	24.00	101.28	
222594	3	T1019		12/26/12	12/26/12	24.00	101.28	
222594	4	T1019		12/27/12	12/27/12	24.00	101.28	
222594	5	T1019		12/28/12	12/28/12	24.00	101.28	
					CLAIM TOTAL		472.64	CLAIM ACCOUNT REF. 2225940012008802SUP

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	
222599	1	T1019		12/22/12	12/22/12	48.00	202.56	
222599	2	T1019		12/23/12	12/23/12	48.00	202.56	
222599	3	T1019		12/24/12	12/24/12	48.00	202.56	
222599	4	T1019		12/25/12	12/25/12	40.00	168.80	
222599	5	T1019		12/26/12	12/26/12	48.00	202.56	
222599	6	T1019		12/27/12	12/27/12	48.00	202.56	
222599	7	T1019		12/28/12	12/28/12	48.00	202.56	
					CLAIM TOTAL		1,384.16	CLAIM ACCOUNT REF. 2225990012009356SUP

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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 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
222591	1	T1019		12/22/12	12/22/12	32.00	135.04
222591	2	T1019		12/23/12	12/23/12	32.00	135.04
222591	3	T1019		12/24/12	12/24/12	32.00	135.04
222591	4	T1019		12/25/12	12/25/12	32.00	135.04
222591	5	T1019		12/26/12	12/26/12	32.00	135.04
222591	6	T1019		12/28/12	12/28/12	32.00	135.04
CLAIM TOTAL						810.24	CLAIM ACCOUNT REF. 2225910012010143SUP

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
222604	1	T1019		12/26/12	12/26/12	20.00	84.40
222604	2	T1019		12/27/12	12/27/12	20.00	84.40
CLAIM TOTAL						168.80	CLAIM ACCOUNT REF. 2226040012010353SUP

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. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222597	1	T1019		12/24/12	12/24/12	24.00	101.28
222597	2	T1019		12/25/12	12/25/12	20.00	84.40
222597	3	T1019		12/26/12	12/26/12	24.00	101.28
222597	4	T1019		12/27/12	12/27/12	28.00	118.16
222597	5	T1019		12/28/12	12/28/12	20.00	84.40
CLAIM TOTAL						489.52	CLAIM ACCOUNT REF. 2225970012010639SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010671 2010878 AKHTER, SELINA 07/13/1960 10087504801 073112301172
DIAGNOSIS CODES: 093.9 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222592	1	T1019		12/24/12	12/24/12	36.00	151.92
222592	2	T1019		12/26/12	12/26/12	36.00	151.92
222592	3	T1019		12/27/12	12/27/12	36.00	151.92
222592	4	T1019		12/28/12	12/28/12	36.00	151.92
CLAIM TOTAL						607.68	CLAIM ACCOUNT REF. 2225920012010878SUP

REPORT DATE 01/02/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 11325 NEIGHBORHOOD HEALTH

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	87	TOTAL CLAIM AMOUNT =	10,465.60
		# SERVICES =	18		

REPORT DATE 01/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013010204311446RRSUP

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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
222638	1	T1019		12/22/12	12/22/12	4.00	68.60
222638	2	T1019		12/23/12	12/23/12	4.00	68.60
222638	3	T1019		12/24/12	12/24/12	12.00	205.80
222638	4	T1019		12/26/12	12/26/12	12.00	205.80
222638	5	T1019		12/27/12	12/27/12	12.00	205.80
222638	6	T1019		12/28/12	12/28/12	12.00	205.80
CLAIM TOTAL						960.40	CLAIM ACCOUNT REF. 2226380012008233SUP

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
222646	1	T1019		12/22/12	12/22/12	8.00	137.20
222646	2	T1019		12/23/12	12/23/12	8.00	137.20
222646	3	T1019		12/24/12	12/24/12	11.00	188.65
222646	4	T1019		12/25/12	12/25/12	11.00	188.65
222646	5	T1019		12/26/12	12/26/12	11.00	188.65
222646	6	T1019		12/27/12	12/27/12	11.00	188.65
222646	7	T1019		12/28/12	12/28/12	11.00	188.65
CLAIM TOTAL						1,217.65	CLAIM ACCOUNT REF. 2226460012008236SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008237 2008237 DURHAM, CYNTHIA 05/23/1960 ZB21969Z 01-070312-900-05
DIAGNOSIS CODES: 401.9 250.00 300.00 345.90 493.90 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222642	1	T1019		12/24/12	12/24/12	4.00	68.60
222642	2	T1019		12/25/12	12/25/12	4.00	68.60
222642	3	T1019		12/26/12	12/26/12	4.00	68.60
222642	4	T1019		12/27/12	12/27/12	4.00	68.60
222642	5	T1019		12/28/12	12/28/12	4.00	68.60
CLAIM TOTAL						343.00	CLAIM ACCOUNT REF. 2226420012008237SUP

REPORT DATE 01/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013010204311446RRSUP

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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 2008284 2008284 ANDERSON, BETH 12/18/1947 YC43135F 0108141290047
DIAGNOSIS CODES: 340. 286.0 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222637	1	T1019		12/22/12	12/22/12	3.00	51.45
222637	2	T1019		12/23/12	12/23/12	3.00	51.45
222637	3	T1019		12/24/12	12/24/12	5.00	85.75
222637	4	T1019		12/25/12	12/25/12	5.00	85.75
222637	5	T1019		12/26/12	12/26/12	5.00	85.75
222637	6	T1019		12/27/12	12/27/12	4.00	68.60
222637	7	T1019		12/28/12	12/28/12	5.00	85.75
CLAIM TOTAL							514.50
CLAIM ACCOUNT REF.							2226370012008284SUP

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
222644	1	T1019		12/24/12	12/24/12	8.00	137.20
222644	2	T1019		12/26/12	12/26/12	8.00	137.20
222644	3	T1019		12/27/12	12/27/12	8.00	137.20
222644	4	T1019		12/28/12	12/28/12	8.00	137.20
CLAIM TOTAL							548.80
CLAIM ACCOUNT REF.							2226440012008385SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008417 2008417 GALAS, TERESA 06/08/1955 ZX91437V 0106191290406
DIAGNOSIS CODES: 345.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222643	1	T1019		12/22/12	12/22/12	5.00	85.75
222643	2	T1019		12/23/12	12/23/12	5.00	85.75
222643	3	T1019		12/24/12	12/24/12	5.00	85.75
222643	4	T1019		12/25/12	12/25/12	5.00	85.75
222643	5	T1019		12/26/12	12/26/12	5.00	85.75
222643	6	T1019		12/27/12	12/27/12	5.00	85.75
222643	7	T1019		12/28/12	12/28/12	5.00	85.75
CLAIM TOTAL							600.25
CLAIM ACCOUNT REF.							2226430012008417SUP

REPORT DATE 01/02/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 13265 METROPLUS HEALTH PLAN

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008743 2008743 CORDERO, ROSENDO 08/26/1926 QM62108S 0108071290054
DIAGNOSIS CODES: 492.0 272.0 401.9 715.00 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222639	1	T1019		12/22/12	12/22/12	10.00	171.50
222639	2	T1019		12/23/12	12/23/12	10.00	171.50
222639	3	T1019		12/24/12	12/24/12	10.00	171.50
222639	4	T1019		12/25/12	12/25/12	10.00	171.50
222639	5	T1019		12/26/12	12/26/12	10.00	171.50
222639	6	T1019		12/27/12	12/27/12	10.00	171.50
222639	7	T1019		12/28/12	12/28/12	10.00	171.50
CLAIM TOTAL						1,200.50	CLAIM ACCOUNT REF. 2226390012008743SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009377 2009377 SANTORO, MATTHEW 08/20/1949 SP38021Q 01-082412-901-94
DIAGNOSIS CODES: 299.01 453.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222648	1	T1019		12/24/12	12/24/12	5.00	85.75
222648	2	T1019		12/25/12	12/25/12	5.00	85.75
222648	3	T1019		12/26/12	12/26/12	5.00	85.75
222648	4	T1019		12/27/12	12/27/12	5.00	85.75
222648	5	T1019		12/28/12	12/28/12	5.00	85.75
CLAIM TOTAL						428.75	CLAIM ACCOUNT REF. 2226480012009377SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008235 2009688 RAMPERSAID, ALISSA 08/04/1992 SZ46585R 0107031290329
DIAGNOSIS CODES: 319. 315.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222647	1	T1019		12/15/12	12/15/12	8.00	137.20
222647	2	T1019		12/21/12	12/21/12	4.00	68.60
222647	3	T1019		12/22/12	12/22/12	8.00	137.20
222647	4	T1019		12/24/12	12/24/12	3.00	51.45
222647	5	T1019		12/25/12	12/25/12	3.00	51.45
222647	6	T1019		12/26/12	12/26/12	3.00	51.45
222647	7	T1019		12/28/12	12/28/12	4.00	68.60
CLAIM TOTAL						565.95	CLAIM ACCOUNT REF. 2226470012009688SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #
0106111290284

CLAIM ACCOUNT REF. 2226450012010886SUP

PRIOR AUTHORIZATION #
0109041290009

CLAIM ACCOUNT REF. 2226400012011286SUP

PRIOR AUTHORIZATION #
0111191290232

CLAIM ACCOUNT REF. 2226410012011286SUP

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	66	TOTAL CLAIM AMOUNT =	9,947.00
		# SERVICES =	11		

REPORT DATE 01/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013010204311446RRSUP

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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
222674	1	T1019		12/22/12	12/22/12	36.00	154.80
222674	2	T1019		12/23/12	12/23/12	36.00	154.80
222674	3	T1019		12/24/12	12/24/12	36.00	154.80
222674	4	T1019		12/26/12	12/26/12	36.00	154.80
222674	5	T1019		12/27/12	12/27/12	36.00	154.80
222674	6	T1019		12/28/12	12/28/12	36.00	154.80
CLAIM TOTAL							928.80
							CLAIM ACCOUNT REF. 2226740012008286SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008495 2008495 MARTINEZ, MARIA 09/05/1958 ZV42745Q 110885355
DIAGNOSIS CODES: 250.00 244.8 295.90 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222664	1	T1019		12/23/12	12/23/12	24.00	103.20
222664	2	T1019		12/24/12	12/24/12	24.00	103.20
222664	3	T1019		12/25/12	12/25/12	24.00	103.20
222664	4	T1019		12/26/12	12/26/12	24.00	103.20
222664	5	T1019		12/27/12	12/27/12	24.00	103.20
222664	6	T1019		12/28/12	12/28/12	24.00	103.20
CLAIM TOTAL							619.20
							CLAIM ACCOUNT REF. 2226640012008495SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222656	1	T1019		12/22/12	12/22/12	28.00	120.40
222656	2	T1019		12/23/12	12/23/12	28.00	120.40
222656	3	T1019		12/24/12	12/24/12	28.00	120.40
222656	4	T1019		12/25/12	12/25/12	28.00	120.40
222656	5	T1019		12/26/12	12/26/12	28.00	120.40
222656	6	T1019		12/27/12	12/27/12	28.00	120.40
222656	7	T1019		12/28/12	12/28/12	28.00	120.40
CLAIM TOTAL							842.80
							CLAIM ACCOUNT REF. 2226560012010404SUP

REPORT DATE 01/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013010204311446RRSUP

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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 2012101 2012101 BATILO, MARTA 02/23/1917 708125 111205102
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222649	1	T1019		12/22/12	12/22/12	28.00	120.40
222649	2	T1019		12/23/12	12/23/12	28.00	120.40
222649	3	T1019		12/24/12	12/24/12	28.00	120.40
222649	4	T1019		12/27/12	12/27/12	28.00	120.40
222649	5	T1019		12/28/12	12/28/12	28.00	120.40
CLAIM TOTAL							602.00

CLAIM ACCOUNT REF. 2226490012012101SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222650	1	T1019		12/24/12	12/24/12	16.00	68.80
222650	2	T1019		12/25/12	12/25/12	16.00	68.80
222650	3	T1019		12/26/12	12/26/12	16.00	68.80
222650	4	T1019		12/27/12	12/27/12	16.00	68.80
222650	5	T1019		12/28/12	12/28/12	16.00	68.80
CLAIM TOTAL							344.00

CLAIM ACCOUNT REF. 2226500012012102SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222651	1	T1019		12/27/12	12/27/12	20.00	86.00
222651	2	T1019		12/28/12	12/28/12	20.00	86.00
CLAIM TOTAL							172.00

CLAIM ACCOUNT REF. 2226510012012103SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012106 2012106 CORNIEL, NICIA 01/01/1950 663394 111205505
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222652	1	T1019		12/25/12	12/25/12	16.00	68.80
CLAIM TOTAL							68.80

CLAIM ACCOUNT REF. 2226520012012106SUP

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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 2012107 2012107 CRUZ, LUIS 06/10/1952 706307 111208204
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
222653	1	T1019			12/22/12	12/22/12	32.00	137.60	
222653	2	T1019			12/23/12	12/23/12	32.00	137.60	
CLAIM TOTAL								275.20	CLAIM ACCOUNT REF. 2226530012012107SUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
222654	1	T1019			12/28/12	12/28/12	24.00	103.20	
CLAIM TOTAL								103.20	CLAIM ACCOUNT REF. 2226540012012108SUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
222655	1	T1019			12/24/12	12/24/12	16.00	68.80	
222655	2	T1019			12/28/12	12/28/12	16.00	68.80	
CLAIM TOTAL								137.60	CLAIM ACCOUNT REF. 2226550012012110SUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
222657	1	T1019			12/22/12	12/22/12	48.00	206.40	
222657	2	T1019			12/24/12	12/24/12	36.00	154.80	
222657	3	T1019			12/25/12	12/25/12	48.00	206.40	
222657	4	T1019			12/26/12	12/26/12	36.00	154.80	
222657	5	T1019			12/27/12	12/27/12	48.00	206.40	
CLAIM TOTAL								928.80	CLAIM ACCOUNT REF. 2226570012012114SUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
222658	1	T1019			12/23/12	12/23/12	12.00	51.60	

REPORT DATE 01/02/13 SUNNYSIDE CITYWIDE
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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	
222658	2	T1019		12/24/12	12/24/12	12.00	51.60	
222658	3	T1019		12/26/12	12/26/12	12.00	51.60	
CLAIM TOTAL							154.80	CLAIM ACCOUNT REF. 2226580012012115SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
222659	1	T1019		12/24/12	12/24/12	32.00	137.60	
222659	2	T1019		12/25/12	12/25/12	32.00	137.60	
222659	3	T1019		12/26/12	12/26/12	32.00	137.60	
222659	4	T1019		12/27/12	12/27/12	32.00	137.60	
222659	5	T1019		12/28/12	12/28/12	32.00	137.60	
CLAIM TOTAL							688.00	CLAIM ACCOUNT REF. 2226590012012116SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
222660	1	T1019		12/22/12	12/22/12	20.00	86.00	
222660	2	T1019		12/23/12	12/23/12	20.00	86.00	
222660	3	T1019		12/24/12	12/24/12	16.00	68.80	
222660	4	T1019		12/25/12	12/25/12	16.00	68.80	
222660	5	T1019		12/26/12	12/26/12	16.00	68.80	
222660	6	T1019		12/27/12	12/27/12	16.00	68.80	
222660	7	T1019		12/28/12	12/28/12	16.00	68.80	
CLAIM TOTAL							516.00	CLAIM ACCOUNT REF. 2226600012012117SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012120 2012120 LOPEZ, ISABEL 12/24/1942 740574 111213601
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
222661	1	T1019		12/24/12	12/24/12	20.00	86.00	
222661	2	T1019		12/25/12	12/25/12	20.00	86.00	
222661	3	T1019		12/26/12	12/26/12	20.00	86.00	
222661	4	T1019		12/27/12	12/27/12	20.00	86.00	
222661	5	T1019		12/28/12	12/28/12	20.00	86.00	
CLAIM TOTAL							430.00	CLAIM ACCOUNT REF. 2226610012012120SUP

REPORT DATE 01/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013010204311446RRSUP

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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 2012121 2012121 MOHAMED, DENISE 06/14/1959 691722 111211059
DIAGNOSIS CODES: 715.98

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222666	1	T1019		12/22/12	12/22/12	32.00	137.60
222666	2	T1019		12/23/12	12/23/12	32.00	137.60
222666	3	T1019		12/24/12	12/24/12	32.00	137.60
222666	4	T1019		12/25/12	12/25/12	32.00	137.60
222666	5	T1019		12/26/12	12/26/12	32.00	137.60
222666	6	T1019		12/27/12	12/27/12	32.00	137.60
222666	7	T1019		12/28/12	12/28/12	32.00	137.60
CLAIM TOTAL							963.20
CLAIM ACCOUNT REF.							2226660012012121SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222667	1	T1019		12/22/12	12/22/12	20.00	86.00
222667	2	T1019		12/23/12	12/23/12	20.00	86.00
222667	3	T1019		12/24/12	12/24/12	20.00	86.00
222667	4	T1019		12/25/12	12/25/12	20.00	86.00
222667	5	T1019		12/26/12	12/26/12	20.00	86.00
222667	6	T1019		12/27/12	12/27/12	20.00	86.00
222667	7	T1019		12/28/12	12/28/12	20.00	86.00
CLAIM TOTAL							602.00
CLAIM ACCOUNT REF.							2226670012012122SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222668	1	T1019		12/24/12	12/24/12	16.00	68.80
222668	2	T1019		12/25/12	12/25/12	16.00	68.80
222668	3	T1019		12/26/12	12/26/12	16.00	68.80
222668	4	T1019		12/28/12	12/28/12	16.00	68.80
CLAIM TOTAL							275.20
CLAIM ACCOUNT REF.							2226680012012129SUP

REPORT DATE 01/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013010204311446RRSUP

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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 2012130 2012130 NAVARRO, ANTONIA 07/23/1945 710368 111219033
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
222669	1	T1019		12/22/12	12/22/12	20.00	86.00	
222669	2	T1019		12/23/12	12/23/12	20.00	86.00	
CLAIM TOTAL							172.00	CLAIM ACCOUNT REF. 2226690012012130SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012130 2012130 NAVARRO, ANTONIA 07/23/1945 710368 111273560
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
222670	1	T1019		12/24/12	12/24/12	28.00	120.40	
222670	2	T1019		12/25/12	12/25/12	28.00	120.40	
222670	3	T1019		12/26/12	12/26/12	28.00	120.40	
222670	4	T1019		12/27/12	12/27/12	28.00	120.40	
222670	5	T1019		12/28/12	12/28/12	28.00	120.40	
CLAIM TOTAL							602.00	CLAIM ACCOUNT REF. 2226700012012130SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
222671	1	T1019		12/17/12	12/17/12	32.00	137.60	
222671	2	T1019		12/18/12	12/18/12	32.00	137.60	
222671	3	T1019		12/19/12	12/19/12	32.00	137.60	
222671	4	T1019		12/21/12	12/21/12	32.00	137.60	
222671	5	T1019		12/22/12	12/22/12	20.00	86.00	
222671	6	T1019		12/23/12	12/23/12	20.00	86.00	
222671	7	T1019		12/24/12	12/24/12	32.00	137.60	
222671	8	T1019		12/25/12	12/25/12	32.00	137.60	
222671	9	T1019		12/26/12	12/26/12	32.00	137.60	
222671	10	T1019		12/27/12	12/27/12	32.00	137.60	
222671	11	T1019		12/28/12	12/28/12	32.00	137.60	
CLAIM TOTAL							1,410.40	CLAIM ACCOUNT REF. 2226710012012132SUP

REPORT DATE 01/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013010204311446RRSUP

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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 2012134 2012134 SERRANO, CARMEN 09/14/1948 695740 111218213
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222678	1	T1019		12/24/12	12/24/12	28.00	120.40
222678	2	T1019		12/25/12	12/25/12	28.00	120.40
222678	3	T1019		12/26/12	12/26/12	28.00	120.40
222678	4	T1019		12/27/12	12/27/12	28.00	120.40
222678	5	T1019		12/28/12	12/28/12	28.00	120.40
CLAIM TOTAL							602.00

CLAIM ACCOUNT REF. 2226780012012134SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012137 2012137 VAZQUEZ, ROSA 08/08/1934 695667 111202597
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222679	1	T1019		12/10/12	12/10/12	32.00	137.60
222679	2	T1019		12/11/12	12/11/12	32.00	137.60
222679	3	T1019		12/12/12	12/12/12	32.00	137.60
222679	4	T1019		12/13/12	12/13/12	32.00	137.60
222679	5	T1019		12/14/12	12/14/12	32.00	137.60
222679	6	T1019		12/17/12	12/17/12	32.00	137.60
222679	7	T1019		12/18/12	12/18/12	32.00	137.60
222679	8	T1019		12/24/12	12/24/12	32.00	137.60
222679	9	T1019		12/25/12	12/25/12	32.00	137.60
222679	10	T1019		12/26/12	12/26/12	32.00	137.60
222679	11	T1019		12/27/12	12/27/12	32.00	137.60
222679	12	T1019		12/28/12	12/28/12	32.00	137.60
CLAIM TOTAL							1,651.20

CLAIM ACCOUNT REF. 2226790012012137SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222680	1	T1019		12/24/12	12/24/12	16.00	68.80
222680	2	T1019		12/25/12	12/25/12	16.00	68.80
222680	3	T1019		12/26/12	12/26/12	16.00	68.80
222680	4	T1019		12/27/12	12/27/12	16.00	68.80
CLAIM TOTAL							275.20

CLAIM ACCOUNT REF. 2226800012012138SUP

REPORT DATE 01/02/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012140 2012140 PATRICK, IMAGENE 03/27/1930 737028 111209513
DIAGNOSIS CODES: 294.10 153.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222672	1	T1019		12/17/12	12/17/12	32.00	137.60
222672	2	T1019		12/18/12	12/18/12	32.00	137.60
222672	3	T1019		12/22/12	12/22/12	32.00	137.60
222672	4	T1019		12/24/12	12/24/12	32.00	137.60
222672	5	T1019		12/25/12	12/25/12	32.00	137.60
222672	6	T1019		12/26/12	12/26/12	32.00	137.60
222672	7	T1019		12/27/12	12/27/12	32.00	137.60
222672	8	T1019		12/28/12	12/28/12	32.00	137.60
CLAIM TOTAL						1,100.80	
							CLAIM ACCOUNT REF. 2226720012012140SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222665	1	T1019		12/24/12	12/24/12	12.00	51.60
222665	2	T1019		12/25/12	12/25/12	12.00	51.60
222665	3	T1019		12/26/12	12/26/12	12.00	51.60
222665	4	T1019		12/27/12	12/27/12	12.00	51.60
222665	5	T1019		12/28/12	12/28/12	12.00	51.60
CLAIM TOTAL						258.00	
							CLAIM ACCOUNT REF. 2226650012012142SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222673	1	T1019		12/26/12	12/26/12	20.00	86.00
222673	2	T1019		12/28/12	12/28/12	20.00	86.00
CLAIM TOTAL						172.00	
							CLAIM ACCOUNT REF. 2226730012012144SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012147 2012147 RAMOS, SILVIA 08/16/1957 707547 111223057
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222675	1	T1019		12/24/12	12/24/12	20.00	86.00
222675	2	T1019		12/25/12	12/25/12	20.00	86.00
222675	3	T1019		12/26/12	12/26/12	20.00	86.00

REPORT DATE 01/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013010204311446RRSUP

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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	
222675	4	T1019		12/27/12	12/27/12	20.00	86.00	
222675	5	T1019		12/28/12	12/28/12	20.00	86.00	
					CLAIM TOTAL		430.00	CLAIM ACCOUNT REF. 2226750012012147SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
222676	1	T1019		12/22/12	12/22/12	32.00	137.60	
222676	2	T1019		12/24/12	12/24/12	32.00	137.60	
222676	3	T1019		12/25/12	12/25/12	32.00	137.60	
222676	4	T1019		12/26/12	12/26/12	32.00	137.60	
222676	5	T1019		12/27/12	12/27/12	32.00	137.60	
222676	6	T1019		12/28/12	12/28/12	32.00	137.60	
					CLAIM TOTAL		825.60	CLAIM ACCOUNT REF. 2226760012012149SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
222677	1	T1019		12/24/12	12/24/12	16.00	68.80	
					CLAIM TOTAL		68.80	CLAIM ACCOUNT REF. 2226770012012153SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012158	2012158	LOPEZ, MANUEL	02/25/1926	741094	111216021
DIAGNOSIS	CODES:	799.89				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
222662	1	T1019		12/22/12	12/22/12	48.00	206.40	
222662	2	T1019		12/23/12	12/23/12	48.00	206.40	
222662	3	T1019		12/24/12	12/24/12	48.00	206.40	
222662	4	T1019		12/25/12	12/25/12	48.00	206.40	
222662	5	T1019		12/26/12	12/26/12	48.00	206.40	
222662	6	T1019		12/27/12	12/27/12	48.00	206.40	
222662	7	T1019		12/28/12	12/28/12	48.00	206.40	
					CLAIM TOTAL		1,444.80	CLAIM ACCOUNT REF. 2226620012012158SUP

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NPI = 1154407492

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
222663	1	T1019		12/22/12	12/22/12	48.00	206.40		
222663	2	T1019		12/23/12	12/23/12	48.00	206.40		
222663	3	T1019		12/24/12	12/24/12	48.00	206.40		
222663	4	T1019		12/25/12	12/25/12	48.00	206.40		
222663	5	T1019		12/26/12	12/26/12	48.00	206.40		
222663	6	T1019		12/27/12	12/27/12	48.00	206.40		
222663	7	T1019		12/28/12	12/28/12	48.00	206.40		
					CLAIM TOTAL		1,444.80	CLAIM ACCOUNT REF.	2226630012012159SUP

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	160	TOTAL CLAIM AMOUNT =	19,109.20
		# SERVICES =	31		

REPORT DATE 01/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013010204311446RRSUP

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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 ZR32498A01 0005044162
DIAGNOSIS CODES: 952.9 806.8 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
222633	1	T1019	0580	12/24/12	12/24/12	40.00	168.80	
222633	2	T1019	0580	12/25/12	12/25/12	40.00	168.80	
222633	3	T1019	0580	12/26/12	12/26/12	40.00	168.80	
222633	4	T1019	0580	12/27/12	12/27/12	40.00	168.80	
					CLAIM TOTAL	675.20		CLAIM ACCOUNT REF. 2226330012008491SUP

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	
222636	1	T1019	0580	12/24/12	12/24/12	16.00	67.52	
222636	2	T1019	0580	12/26/12	12/26/12	16.00	67.52	
222636	3	T1019	0580	12/27/12	12/27/12	16.00	67.52	
222636	4	T1019	0580	12/28/12	12/28/12	16.00	67.52	
					CLAIM TOTAL	270.08		CLAIM ACCOUNT REF. 2226360012008513SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008227 2008544 ORR, LOUISE 03/04/1956 ZK40327Q 0005050233
DIAGNOSIS CODES: 250.00 401.9 428.0 435.9 429.9 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
222634	1	T1019	0580	12/22/12	12/22/12	20.00	84.40	
222634	2	T1019	0580	12/23/12	12/23/12	20.00	84.40	
222634	3	T1019	0580	12/24/12	12/24/12	20.00	84.40	
222634	4	T1019	0580	12/27/12	12/27/12	20.00	84.40	
222634	5	T1019	0580	12/28/12	12/28/12	20.00	84.40	
					CLAIM TOTAL	422.00		CLAIM ACCOUNT REF. 2226340012008544SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
222628	1	T1019	0580	12/25/12	12/25/12	16.00	56.00	
222628	2	T1019	0580	12/27/12	12/27/12	16.00	56.00	
222628	3	T1019	0580	12/28/12	12/28/12	16.00	56.00	
					CLAIM TOTAL	168.00		CLAIM ACCOUNT REF. 2226280012008723SUP

REPORT DATE 01/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013010204311446RRSUP

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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 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
222621	1	T1019	0580	12/22/12	12/22/12	48.00	168.00
222621	2	T1019	0580	12/23/12	12/23/12	48.00	168.00
222621	3	T1019	0580	12/24/12	12/24/12	48.00	168.00
222621	4	T1019	0580	12/25/12	12/25/12	48.00	168.00
222621	5	T1019	0580	12/26/12	12/26/12	48.00	168.00
222621	6	T1019	0580	12/27/12	12/27/12	48.00	168.00
222621	7	T1019	0580	12/28/12	12/28/12	48.00	168.00
CLAIM TOTAL						1,176.00	CLAIM ACCOUNT REF. 2226210012008793SUP

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
222630	1	T1019	0580	12/22/12	12/22/12	32.00	112.00
222630	2	T1019	0580	12/23/12	12/23/12	28.00	98.00
222630	3	T1019	0580	12/26/12	12/26/12	32.00	112.00
222630	4	T1019	0580	12/27/12	12/27/12	32.00	112.00
222630	5	T1019	0580	12/28/12	12/28/12	32.00	112.00
CLAIM TOTAL						546.00	CLAIM ACCOUNT REF. 2226300012009237SUP

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
222635	1	T1019	0580	12/28/12	12/28/12	20.00	84.40
CLAIM TOTAL						84.40	CLAIM ACCOUNT REF. 2226350012009269SUP

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
222631	1	T1019	0580	12/24/12	12/24/12	16.00	67.52
222631	2	T1019	0580	12/25/12	12/25/12	16.00	67.52
222631	3	T1019	0580	12/26/12	12/26/12	16.00	67.52
222631	4	T1019	0580	12/27/12	12/27/12	16.00	67.52
222631	5	T1019	0580	12/28/12	12/28/12	16.00	67.52

REPORT DATE 01/02/13 SUNNYSIDE CITYWIDE
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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	CLAIM TOTAL	CLAIM ACCOUNT REF.
							337.60		2226310012009406SUP

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	CLAIM TOTAL	CLAIM ACCOUNT REF.
222632	1	T1019	0580	12/26/12	12/26/12	40.00	168.80		
222632	2	T1019	0580	12/27/12	12/27/12	40.00	168.80		
							337.60		2226320012009562SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009686	2009686	GAFFNEY, FREDERICK	01/04/1939	RH10373H	0005177081-002
DIAGNOSIS CODES: 315.8 357.4 389.8 401.9 493.91							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM TOTAL	CLAIM ACCOUNT REF.
222624	1	T1019	0580	12/24/12	12/24/12	16.00	56.00		
222624	2	T1019	0580	12/26/12	12/26/12	16.00	56.00		
222624	3	T1019	0580	12/27/12	12/27/12	16.00	56.00		
222624	4	T1019	0580	12/28/12	12/28/12	16.00	56.00		
							224.00		2226240012009686SUP

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	CLAIM TOTAL	CLAIM ACCOUNT REF.
222626	1	T1019	0580	12/22/12	12/22/12	28.00	98.00		
222626	2	T1019	0580	12/23/12	12/23/12	28.00	98.00		
222626	3	T1019	0580	12/24/12	12/24/12	28.00	98.00		
222626	4	T1019	0580	12/26/12	12/26/12	28.00	98.00		
222626	5	T1019	0580	12/27/12	12/27/12	28.00	98.00		
222626	6	T1019	0580	12/28/12	12/28/12	28.00	98.00		
							588.00		2226260012009945SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010293	2010293	CAMPBELL, CAROL	01/17/1945	ZW64229J	0004864776
DIAGNOSIS CODES: 722.2 272.0 338.29 401.9 780.79 781.2							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222620	1	T1019	0580	12/24/12	12/24/12	20.00	70.00
222620	2	T1019	0580	12/26/12	12/26/12	20.00	70.00
222620	3	T1019	0580	12/27/12	12/27/12	20.00	70.00

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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
222620	4	T1019	0580	12/28/12	12/28/12	20.00	70.00
CLAIM TOTAL							280.00
CLAIM ACCOUNT REF.							2226200012010293SUP

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
222629	1	T1019	0580	12/22/12	12/22/12	48.00	168.00
222629	2	T1019	0580	12/23/12	12/23/12	48.00	168.00
222629	3	T1019	0580	12/24/12	12/24/12	48.00	168.00
222629	4	T1019	0580	12/25/12	12/25/12	47.00	164.50
222629	5	T1019	0580	12/26/12	12/26/12	48.00	168.00
222629	6	T1019	0580	12/27/12	12/27/12	48.00	168.00
222629	7	T1019	0580	12/28/12	12/28/12	48.00	168.00
CLAIM TOTAL							1,172.50
CLAIM ACCOUNT REF.							2226290012010316SUP

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
222625	1	T1019	0580	12/22/12	12/22/12	36.00	126.00
222625	2	T1019	0580	12/23/12	12/23/12	36.00	126.00
222625	3	T1019	0580	12/24/12	12/24/12	32.00	112.00
222625	4	T1019	0580	12/27/12	12/27/12	35.00	122.50
222625	5	T1019	0580	12/28/12	12/28/12	34.00	119.00
CLAIM TOTAL							605.50
CLAIM ACCOUNT REF.							2226250012010991SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008113	2011066	COPELAND, ELISE	10/05/1928	QJ28865K	0005111746
DIAGNOSIS CODES: 250.00 369.9 311. 401.9 716.90							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222622	1	G0156	0572	12/22/12	12/22/12	7.00	99.75
222622	2	G0156	0572	12/23/12	12/23/12	7.00	99.75
222622	3	G0156	0572	12/24/12	12/24/12	7.00	99.75
222622	4	G0156	0572	12/25/12	12/25/12	7.00	99.75
222622	5	G0156	0572	12/26/12	12/26/12	8.00	114.00
222622	6	G0156	0572	12/27/12	12/27/12	8.00	114.00
222622	7	G0156	0572	12/28/12	12/28/12	8.00	114.00
CLAIM TOTAL							741.00
CLAIM ACCOUNT REF.							2226220012011066SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #
0005503237

CLAIM TOTAL	1,026.00	CLAIM ACCOUNT REF.	2226230012011526SUP
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PRIOR AUTHORIZATION #
113502051-001-0001

CLAIM TOTAL	1,172.50	CLAIM ACCOUNT REF.	2226270012011833SUP
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PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	82	TOTAL CLAIM AMOUNT =	9,826.38
		# SERVICES =	17		

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NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2226910012010958SUP

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

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PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008246 2008246 RIVERA, CHRISTOPHER 09/03/1996 UW23596M R2013357
DIAGNOSIS CODES: 314.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222580	1	T1019		12/22/12	12/22/12	12.00	50.64
222580	2	T1019		12/23/12	12/23/12	12.00	50.64
222580	3	T1019		12/24/12	12/24/12	12.00	50.64
222580	4	T1019		12/25/12	12/25/12	12.00	50.64
222580	5	T1019		12/26/12	12/26/12	12.00	50.64
222580	6	T1019		12/27/12	12/27/12	12.00	50.64
222580	7	T1019		12/28/12	12/28/12	12.00	50.64
CLAIM TOTAL							354.48

CLAIM ACCOUNT REF. 2225800012008246SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222581	1	T1019		12/24/12	12/24/12	12.00	50.64
222581	2	T1019		12/25/12	12/25/12	12.00	50.64
222581	3	T1019		12/26/12	12/26/12	12.00	50.64
222581	4	T1019		12/27/12	12/27/12	12.00	50.64
CLAIM TOTAL							202.56

CLAIM ACCOUNT REF. 2225810012008248SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222577	1	T1019		12/22/12	12/22/12	40.00	168.80
222577	2	T1019		12/23/12	12/23/12	40.00	168.80
222577	3	T1019		12/24/12	12/24/12	40.00	168.80
222577	4	T1019		12/26/12	12/26/12	44.00	185.68
222577	5	T1019		12/27/12	12/27/12	44.00	185.68
222577	6	T1019		12/28/12	12/28/12	44.00	185.68
CLAIM TOTAL							1,063.44

CLAIM ACCOUNT REF. 2225770012008249SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222583	1	T1019		12/22/12	12/22/12	32.00	135.04

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PAYER ID = 80141 HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
222583	2	T1019		12/23/12	12/23/12	32.00	135.04	
222583	3	T1019		12/24/12	12/24/12	32.00	135.04	
222583	4	T1019		12/25/12	12/25/12	32.00	135.04	
222583	5	T1019		12/26/12	12/26/12	32.00	135.04	
222583	6	T1019		12/27/12	12/27/12	32.00	135.04	
222583	7	T1019		12/28/12	12/28/12	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2225830012008250SUP

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	
222565	1	T1019		12/24/12	12/24/12	32.00	135.04	
222565	2	T1019		12/25/12	12/25/12	32.00	135.04	
222565	3	T1019		12/26/12	12/26/12	32.00	135.04	
222565	4	T1019		12/27/12	12/27/12	32.00	135.04	
222565	5	T1019		12/28/12	12/28/12	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2225650012008251SUP

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	
222578	1	T1019		12/22/12	12/22/12	48.00	202.56	
222578	2	T1019		12/23/12	12/23/12	48.00	202.56	
222578	3	T1019		12/24/12	12/24/12	48.00	202.56	
222578	4	T1019		12/27/12	12/27/12	48.00	202.56	
222578	5	T1019		12/28/12	12/28/12	48.00	202.56	
					CLAIM TOTAL		1,012.80	CLAIM ACCOUNT REF. 2225780012008253SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
222585	1	T1019		12/24/12	12/24/12	20.00	84.40	
222585	2	T1019		12/26/12	12/26/12	20.00	84.40	
222585	3	T1019		12/27/12	12/27/12	20.00	84.40	
222585	4	T1019		12/28/12	12/28/12	20.00	84.40	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2225850012008254SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013010204311446RRSUP

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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 2008256 2008256 CARMONA, LUZ 08/10/1954 XJ24416K R2052507
DIAGNOSIS CODES: 294.8 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222563	1	T1019		12/24/12	12/24/12	32.00	135.04
222563	2	T1019		12/25/12	12/25/12	32.00	135.04
222563	3	T1019		12/26/12	12/26/12	32.00	135.04
222563	4	T1019		12/27/12	12/27/12	32.00	135.04
222563	5	T1019		12/28/12	12/28/12	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2225630012008256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008257 2008257 ESTEVES, JOSE 09/04/1948 YD71377C 0110301200495
DIAGNOSIS CODES: 345.40

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222569	1	T1019		12/22/12	12/22/12	24.00	101.28
222569	2	T1019		12/23/12	12/23/12	24.00	101.28
222569	3	T1019		12/24/12	12/24/12	24.00	101.28
222569	4	T1019		12/25/12	12/25/12	24.00	101.28
222569	5	T1019		12/26/12	12/26/12	24.00	101.28
222569	6	T1019		12/27/12	12/27/12	24.00	101.28
222569	7	T1019		12/28/12	12/28/12	24.00	101.28
CLAIM TOTAL							708.96

CLAIM ACCOUNT REF. 2225690012008257SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008290 2008290 SALHUANA, YOLANDA 08/25/1935 SZ24247J R2048371
DIAGNOSIS CODES: 249.70 362.50 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222584	1	T1019		12/24/12	12/24/12	32.00	135.04
222584	2	T1019		12/25/12	12/25/12	32.00	135.04
222584	3	T1019		12/26/12	12/26/12	20.00	84.40
222584	4	T1019		12/27/12	12/27/12	32.00	135.04
222584	5	T1019		12/28/12	12/28/12	32.00	135.04
CLAIM TOTAL							624.56

CLAIM ACCOUNT REF. 2225840012008290SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008362 2008362 FONTANES, PEDRO 08/27/1948 RX10287Z R2016955
DIAGNOSIS CODES: 724.3 278.00 427.31 428.0 724.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222571	1	T1019		11/24/12	11/24/12	28.00	118.16

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013010204311446RRSUP

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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
222571	2	T1019		11/25/12	11/25/12	28.00	118.16
222571	3	T1019		12/13/12	12/13/12	16.00	67.52
222571	4	T1019		12/22/12	12/22/12	28.00	118.16
222571	5	T1019		12/23/12	12/23/12	28.00	118.16
222571	6	T1019		12/24/12	12/24/12	28.00	118.16
222571	7	T1019		12/25/12	12/25/12	28.00	118.16
222571	8	T1019		12/26/12	12/26/12	28.00	118.16
222571	9	T1019		12/27/12	12/27/12	28.00	118.16
222571	10	T1019		12/28/12	12/28/12	28.00	118.16
CLAIM TOTAL							1,130.96

CLAIM ACCOUNT REF. 2225710012008362SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008368	2008368	RODRIGUEZ, MARGARET	06/25/1950	ZP21043J	R1955871

DIAGNOSIS CODES: 295.90 250.00 272.4 311. 401.9 414.3 733.00 780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222582	1	T1019		12/24/12	12/24/12	16.00	67.52
222582	2	T1019		12/25/12	12/25/12	16.00	67.52
222582	3	T1019		12/26/12	12/26/12	16.00	67.52
222582	4	T1019		12/27/12	12/27/12	16.00	67.52
222582	5	T1019		12/28/12	12/28/12	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2225820012008368SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008411	2008411	FRANCISCO, RICHARD	07/10/1968	XR22414G	R2014482

DIAGNOSIS CODES: 401.9 443.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222572	1	T1019		12/22/12	12/22/12	32.00	135.04
222572	2	T1019		12/23/12	12/23/12	32.00	135.04
222572	3	T1019		12/24/12	12/24/12	32.00	135.04
222572	4	T1019		12/25/12	12/25/12	28.00	118.16
222572	5	T1019		12/26/12	12/26/12	32.00	135.04
222572	6	T1019		12/27/12	12/27/12	32.00	135.04
222572	7	T1019		12/28/12	12/28/12	32.00	135.04
CLAIM TOTAL							928.40

CLAIM ACCOUNT REF. 2225720012008411SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008428	2008428	KAUR, HARBANS	02/03/1937	VB22061J	R2021143

DIAGNOSIS CODES: 401.9 272.4 332.1 453.42

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222574	1	T1019		12/22/12	12/22/12	28.00	118.16

REPORT DATE 01/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013010204311446RRSUP

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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
222574	2	T1019		12/23/12	12/23/12	28.00	118.16
222574	3	T1019		12/24/12	12/24/12	28.00	118.16
222574	4	T1019		12/25/12	12/25/12	20.00	84.40
222574	5	T1019		12/26/12	12/26/12	28.00	118.16
222574	6	T1019		12/27/12	12/27/12	28.00	118.16
222574	7	T1019		12/28/12	12/28/12	28.00	118.16
CLAIM TOTAL							793.36

CLAIM ACCOUNT REF. 2225740012008428SUP

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
222560	1	T1019		12/22/12	12/22/12	32.00	135.04
222560	2	T1019		12/23/12	12/23/12	32.00	135.04
222560	3	T1019		12/24/12	12/24/12	32.00	135.04
222560	4	T1019		12/25/12	12/25/12	32.00	135.04
222560	5	T1019		12/26/12	12/26/12	32.00	135.04
222560	6	T1019		12/27/12	12/27/12	32.00	135.04
222560	7	T1019		12/28/12	12/28/12	32.00	135.04
CLAIM TOTAL							945.28

CLAIM ACCOUNT REF. 2225600012008433SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z R2083270
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
222559	1	T1019		12/22/12	12/22/12	16.00	67.52
222559	2	T1019		12/23/12	12/23/12	16.00	67.52
222559	3	T1019		12/24/12	12/24/12	16.00	67.52
222559	4	T1019		12/25/12	12/25/12	16.00	67.52
222559	5	T1019		12/26/12	12/26/12	16.00	67.52
222559	6	T1019		12/27/12	12/27/12	20.00	84.40
222559	7	T1019		12/28/12	12/28/12	20.00	84.40
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2225590012008487SUP

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
222587	1	T1019		12/22/12	12/22/12	48.00	202.56
222587	2	T1019		12/23/12	12/23/12	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
222587	3	T1019		12/24/12	12/24/12	48.00	202.56
222587	4	T1019		12/25/12	12/25/12	48.00	202.56
222587	5	T1019		12/26/12	12/26/12	48.00	202.56
222587	6	T1019		12/27/12	12/27/12	48.00	202.56
222587	7	T1019		12/28/12	12/28/12	48.00	202.56
CLAIM TOTAL							1,417.92
							CLAIM ACCOUNT REF. 2225870012008558SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008571	2008571	ESPAILLAT, AMPARO	12/25/1949	ZG25447P	R2016893
DIAGNOSIS		CODES:	401.9	272.0	311.	365.9	366.9
						733.00	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222568	1	T1019		12/22/12	12/22/12	16.00	67.52
222568	2	T1019		12/23/12	12/23/12	16.00	67.52
222568	3	T1019		12/24/12	12/24/12	24.00	101.28
222568	4	T1019		12/25/12	12/25/12	24.00	101.28
222568	5	T1019		12/26/12	12/26/12	24.00	101.28
222568	6	T1019		12/27/12	12/27/12	24.00	101.28
222568	7	T1019		12/28/12	12/28/12	24.00	101.28
CLAIM TOTAL							641.44
							CLAIM ACCOUNT REF. 2225680012008571SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008380	2009001	FERRERA, FRANCISCA	06/06/1948	YH55651V	R1695654
DIAGNOSIS		CODES:	301.9	401.9	493.00		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222570	1	T1019		12/07/12	12/07/12	20.00	84.40
222570	2	T1019		12/24/12	12/24/12	20.00	84.40
222570	3	T1019		12/28/12	12/28/12	20.00	84.40
CLAIM TOTAL							253.20
							CLAIM ACCOUNT REF. 2225700012009001SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008271	2009270	CARRION, MARIA	06/30/1928	SC64434E	R2044577
DIAGNOSIS		CODES:	250.00	294.10	401.9	V12.54	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222564	1	T1019		12/20/12	12/20/12	32.00	135.04
222564	2	T1019		12/22/12	12/22/12	32.00	135.04
222564	3	T1019		12/24/12	12/24/12	32.00	135.04
222564	4	T1019		12/25/12	12/25/12	32.00	135.04
222564	5	T1019		12/26/12	12/26/12	32.00	135.04
222564	6	T1019		12/27/12	12/27/12	32.00	135.04
222564	7	T1019		12/28/12	12/28/12	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	CLAIM ACCOUNT REF.
						CLAIM TOTAL	945.28	2225640012009270SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
222566	1	T1019		12/24/12	12/24/12	24.00	101.28	
222566	2	T1019		12/26/12	12/26/12	24.00	101.28	
222566	3	T1019		12/27/12	12/27/12	24.00	101.28	
222566	4	T1019		12/28/12	12/28/12	24.00	101.28	
						CLAIM TOTAL	405.12	2225660012009405SUP

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	CLAIM ACCOUNT REF.
222573	1	T1019		12/24/12	12/24/12	16.00	67.52	
222573	2	T1019		12/26/12	12/26/12	16.00	67.52	
222573	3	T1019		12/28/12	12/28/12	16.00	67.52	
						CLAIM TOTAL	202.56	2225730012009425SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
222561	1	T1019		12/22/12	12/22/12	20.00	84.40	
222561	2	T1019		12/23/12	12/23/12	24.00	101.28	
222561	3	T1019		12/24/12	12/24/12	24.00	101.28	
222561	4	T1019		12/26/12	12/26/12	24.00	101.28	
222561	5	T1019		12/27/12	12/27/12	24.00	101.28	
222561	6	T1019		12/28/12	12/28/12	24.00	101.28	
						CLAIM TOTAL	590.80	2225610012009560SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010009	2010009	VEGA, GLORIA	07/06/1955	ZU45073J	0104181201698
DIAGNOSIS	CODES:	340.	250.00	272.2 311.			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222590	1	T1019		12/24/12	12/24/12	32.00	135.04
222590	2	T1019		12/25/12	12/25/12	32.00	135.04

REPORT DATE 01/02/13 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	
222590	3	T1019		12/26/12	12/26/12	32.00	135.04	
222590	4	T1019		12/27/12	12/27/12	32.00	135.04	
222590	5	T1019		12/28/12	12/28/12	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2225900012010009SUP

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	
222576	1	T1019		12/22/12	12/22/12	28.00	118.16	
222576	2	T1019		12/23/12	12/23/12	28.00	118.16	
222576	3	T1019		12/24/12	12/24/12	28.00	118.16	
222576	4	T1019		12/25/12	12/25/12	28.00	118.16	
222576	5	T1019		12/26/12	12/26/12	28.00	118.16	
222576	6	T1019		12/27/12	12/27/12	28.00	118.16	
222576	7	T1019		12/28/12	12/28/12	28.00	118.16	
					CLAIM TOTAL		827.12	CLAIM ACCOUNT REF. 2225760012010311SUP

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	
222588	1	T1019		12/01/12	12/01/12	20.00	84.40	
					CLAIM TOTAL		84.40	CLAIM ACCOUNT REF. 2225880012010758SUP

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	
222589	1	T1019		12/22/12	12/22/12	20.00	84.40	
222589	2	T1019		12/23/12	12/23/12	20.00	84.40	
222589	3	T1019		12/27/12	12/27/12	20.00	84.40	
222589	4	T1019		12/28/12	12/28/12	20.00	84.40	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF. 2225890012010758SUP

REPORT DATE 01/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013010204311446RRSUP

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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 2008813 2010967 LARA, TOMASA 10/11/1931 SX47950B R1921929
DIAGNOSIS CODES: 401.9 244.9 272.4 715.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
222575	1	T1019		12/24/12	12/24/12	32.00	135.04	
222575	2	T1019		12/25/12	12/25/12	32.00	135.04	
222575	3	T1019		12/26/12	12/26/12	32.00	135.04	
222575	4	T1019		12/27/12	12/27/12	32.00	135.04	
222575	5	T1019		12/28/12	12/28/12	32.00	135.04	
CLAIM TOTAL							675.20	CLAIM ACCOUNT REF. 2225750012010967SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011058 2011058 DELACRUZ, ANA 06/20/1920 122053627 0107241201931
DIAGNOSIS CODES: 294.20

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
222567	1	T1019		12/22/12	12/22/12	40.00	168.80	
222567	2	T1019		12/23/12	12/23/12	40.00	168.80	
222567	3	T1019		12/24/12	12/24/12	40.00	168.80	
222567	4	T1019		12/25/12	12/25/12	40.00	168.80	
222567	5	T1019		12/26/12	12/26/12	40.00	168.80	
222567	6	T1019		12/27/12	12/27/12	40.00	168.80	
222567	7	T1019		12/28/12	12/28/12	40.00	168.80	
CLAIM TOTAL							1,181.60	CLAIM ACCOUNT REF. 2225670012011058SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011388 2011388 PALAZZOLO, FLORENCE 10/31/1948 PD96979S R1998236
DIAGNOSIS CODES: 331.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
222579	1	T1020		12/22/12	12/22/12	12.00	202.56	
222579	2	T1020		12/23/12	12/23/12	12.00	202.56	
222579	3	T1020		12/24/12	12/24/12	12.00	202.56	
222579	4	T1020		12/25/12	12/25/12	12.00	202.56	
222579	5	T1020		12/26/12	12/26/12	12.00	202.56	
CLAIM TOTAL							1,012.80	CLAIM ACCOUNT REF. 2225790012011388SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008378 2011528 BOWERS *, DIANE 10/01/1946 129232187 0109201201746
DIAGNOSIS CODES: 250.11 300.02 410.90 413.0 428.0 440.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222562	1	T1019		12/20/12	12/20/12	40.00	168.80

REPORT DATE 01/02/13 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
222562	2	T1019		12/24/12	12/24/12	40.00	168.80
222562	3	T1019		12/25/12	12/25/12	40.00	168.80
222562	4	T1019		12/26/12	12/26/12	40.00	168.80
222562	5	T1019		12/27/12	12/27/12	40.00	168.80
222562	6	T1019		12/28/12	12/28/12	40.00	168.80
CLAIM TOTAL						1,012.80	CLAIM ACCOUNT REF. 2225620012011528SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008405	2011820	ST ROMAINE, CLAUDE	10/01/1956	UZ14868C	R2050170
DIAGNOSIS CODES: 952.9 344.9 596.54							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222586	1	T1019		12/22/12	12/22/12	40.00	168.80
222586	2	T1019		12/23/12	12/23/12	36.00	151.92
222586	3	T1019		12/24/12	12/24/12	40.00	168.80
222586	4	T1019		12/25/12	12/25/12	40.00	168.80
222586	5	T1019		12/26/12	12/26/12	40.00	168.80
222586	6	T1019		12/27/12	12/27/12	40.00	168.80
222586	7	T1019		12/28/12	12/28/12	40.00	168.80
CLAIM TOTAL						1,164.72	CLAIM ACCOUNT REF. 2225860012011820SUP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	182	TOTAL CLAIM AMOUNT =	22,669.84
		# SERVICES =	31		

REPORT DATE 01/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013010204311446RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008245 2008245 CALDERON, MIGDALIA 08/02/1961 100195559 609107821
DIAGNOSIS CODES: 250.00 428.0 724.00 724.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222617	1	T1019		12/22/12	12/22/12	40.00	171.60
222617	2	T1019		12/23/12	12/23/12	40.00	171.60
222617	3	T1019		12/24/12	12/24/12	40.00	171.60
222617	4	T1019		12/25/12	12/25/12	40.00	171.60
222617	5	T1019		12/26/12	12/26/12	40.00	171.60
222617	6	T1019		12/27/12	12/27/12	40.00	171.60
222617	7	T1019		12/28/12	12/28/12	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2226170012008245SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222618	1	T1019		12/22/12	12/22/12	16.00	68.64
222618	2	T1019		12/23/12	12/23/12	16.00	68.64
222618	3	T1019		12/24/12	12/24/12	36.00	154.44
222618	4	T1019		12/26/12	12/26/12	36.00	154.44
222618	5	T1019		12/27/12	12/27/12	36.00	154.44
222618	6	T1019		12/28/12	12/28/12	36.00	154.44
CLAIM TOTAL						755.04	CLAIM ACCOUNT REF. 2226180012008287SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008401 2008401 SAFOS, PATRA 12/18/1948 100029836 609009121
DIAGNOSIS CODES: 340. 244.8 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222619	1	T1019		12/22/12	12/22/12	32.00	137.28
222619	2	T1019		12/23/12	12/23/12	32.00	137.28
222619	3	T1019		12/24/12	12/24/12	32.00	137.28
222619	4	T1019		12/25/12	12/25/12	32.00	137.28
222619	5	T1019		12/26/12	12/26/12	32.00	137.28
222619	6	T1019		12/27/12	12/27/12	32.00	137.28
222619	7	T1019		12/28/12	12/28/12	32.00	137.28
CLAIM TOTAL						960.96	CLAIM ACCOUNT REF. 2226190012008401SUP

REPORT DATE 01/02/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 87726 UNITEDHEALTHCARE

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	20	TOTAL CLAIM AMOUNT =	2,917.20
		# SERVICES =	3		

REPORT DATE 01/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013010204311446RRSUP

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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
222684	1	T1019	0580	12/23/12	12/23/12	40.00	168.80
222684	2	T1019	0580	12/24/12	12/24/12	36.00	151.92
222684	3	T1019	0580	12/25/12	12/25/12	32.00	135.04
222684	4	T1019	0580	12/26/12	12/26/12	36.00	151.92
222684	5	T1019	0580	12/27/12	12/27/12	36.00	151.92
222684	6	T1019	0580	12/28/12	12/28/12	40.00	168.80
CLAIM TOTAL							928.40
CLAIM ACCOUNT REF.							2226840012008266SUP

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
222682	1	T1019	0580	12/24/12	12/24/12	32.00	135.04
222682	2	T1019	0580	12/25/12	12/25/12	32.00	135.04
222682	3	T1019	0580	12/26/12	12/26/12	32.00	135.04
222682	4	T1019	0580	12/27/12	12/27/12	36.00	151.92
222682	5	T1019	0580	12/28/12	12/28/12	32.00	135.04
CLAIM TOTAL							692.08
CLAIM ACCOUNT REF.							2226820012009647SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010003 2010724 DENNISON, KELVIN * 09/23/1991 6944796 103006820
DIAGNOSIS CODES: 799.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222681	1	T1019	0580	12/24/12	12/24/12	24.00	101.28
222681	2	T1019	0580	12/26/12	12/26/12	24.00	101.28
222681	3	T1019	0580	12/28/12	12/28/12	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2226810012010724SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008365 2010731 HARDING, EDNA 05/17/1956 006274884 103201397
DIAGNOSIS CODES: 493.90 253.5 272.4 296.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222685	1	T1019	0580	12/24/12	12/24/12	16.00	67.52
222685	2	T1019	0580	12/26/12	12/26/12	16.00	67.52
222685	3	T1019	0580	12/27/12	12/27/12	16.00	67.52
222685	4	T1019	0580	12/28/12	12/28/12	16.00	67.52

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NPI = 1154407492

CLAIM ACCOUNT REF. 2226850012010731SUP

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2226830012011322SUP

2.667.04

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NPI = 1154407492

PRIOR AUTHORIZATION #
387543

CLAIM ACCOUNT REF. 2226900012011453SUP

PRIOR AUTHORIZATION #
401533

CLAIM ACCOUNT REF. 2226890012011869SUP

PRIOR AUTHORIZATION #
401516

CLAIM ACCOUNT REF. 2226880012011870SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	15	TOTAL CLAIM AMOUNT =	1,109.03
		# SERVICES =	3		

REPORT DATE 01/02/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013010204311446RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008382 2010800 GOMES, AGUSTINA 05/05/1933 JRX53860E01 2012112192600003
DIAGNOSIS CODES: 230.3 153.0 401.9 733.00 V60.3
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222686	1	T1019	0580	12/22/12	12/22/12	36.00	151.92
222686	2	T1019	0580	12/23/12	12/23/12	36.00	151.92
222686	3	T1019	0580	12/24/12	12/24/12	36.00	151.92
222686	4	T1019	0580	12/25/12	12/25/12	36.00	151.92
222686	5	T1019	0580	12/26/12	12/26/12	36.00	151.92
222686	6	T1019	0580	12/27/12	12/27/12	36.00	151.92
222686	7	T1019	0580	12/28/12	12/28/12	36.00	151.92
CLAIM TOTAL						1,063.44	CLAIM ACCOUNT REF. 2226860012010800SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008228 2010805 TOWLES, ADA 12/10/1954 JZX17878Q01 2012112192600001
DIAGNOSIS CODES: 722.10 401.9 724.3 750.7 V61.9
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
222687	1	T1019	0580	12/24/12	12/24/12	16.00	67.52
222687	2	T1019	0580	12/26/12	12/26/12	16.00	67.52
222687	3	T1019	0580	12/27/12	12/27/12	16.00	67.52
CLAIM TOTAL						202.56	CLAIM ACCOUNT REF. 2226870012010805SUP

PAYER TOTALS: HEALTHCARE PARTNERS IPA I # OF CLAIMS = 10 TOTAL CLAIM AMOUNT = 1,266.00
SERVICES = 2

PROVIDER TOTALS: SUNNYSIDE CITYWIDE # OF CLAIMS = 688 TOTAL CLAIM AMOUNT = 84,711.05
SERVICES = 130