

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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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
243477	1	T1020		05/11/13	05/11/13	11.00	185.57
243477	2	T1020		05/13/13	05/13/13	6.00	101.22
243477	3	T1020		05/14/13	05/14/13	6.00	101.22
243477	4	T1020		05/15/13	05/15/13	6.00	101.22
243477	5	T1020		05/16/13	05/16/13	6.00	101.22
243477	6	T1020		05/17/13	05/17/13	6.00	101.22
CLAIM TOTAL							691.67
CLAIM ACCOUNT REF.							2434770012008267SUP

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
243474	1	T1020		04/29/13	04/29/13	9.00	151.83
243474	2	T1020		05/13/13	05/13/13	9.00	151.83
243474	3	T1020		05/14/13	05/14/13	9.00	151.83
243474	4	T1020		05/15/13	05/15/13	9.00	151.83
243474	5	T1020		05/16/13	05/16/13	9.00	151.83
243474	6	T1020		05/17/13	05/17/13	9.00	151.83
CLAIM TOTAL							910.98
CLAIM ACCOUNT REF.							2434740012008268SUP

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
243471	1	T1020		05/13/13	05/13/13	7.00	118.09
243471	2	T1020		05/14/13	05/14/13	7.00	118.09
243471	3	T1020		05/15/13	05/15/13	7.00	118.09
243471	4	T1020		05/16/13	05/16/13	7.00	118.09
243471	5	T1020		05/17/13	05/17/13	7.00	118.09
CLAIM TOTAL							590.45
CLAIM ACCOUNT REF.							2434710012008306SUP

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
243468	1	T1020		05/11/13	05/11/13	7.00	118.09

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243468	2	T1020		05/12/13	05/12/13	7.00	118.09
243468	3	T1020		05/13/13	05/13/13	7.00	118.09
243468	4	T1020		05/14/13	05/14/13	7.00	118.09
243468	5	T1020		05/15/13	05/15/13	7.00	118.09
243468	6	T1020		05/16/13	05/16/13	7.00	118.09
243468	7	T1020		05/17/13	05/17/13	7.00	118.09
CLAIM TOTAL							826.63

CLAIM ACCOUNT REF. 2434680012008386SUP

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
243476	1	T1020		05/14/13	05/14/13	8.00	134.96
243476	2	T1020		05/15/13	05/15/13	9.00	151.83
243476	3	T1020		05/16/13	05/16/13	5.00	84.35
243476	4	T1020		05/17/13	05/17/13	8.00	134.96
CLAIM TOTAL							506.10

CLAIM ACCOUNT REF. 2434760012008400SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243472	1	T1020		05/11/13	05/11/13	4.00	67.48
243472	2	T1020		05/13/13	05/13/13	5.00	84.35
243472	3	T1020		05/15/13	05/15/13	5.00	84.35
243472	4	T1020		05/16/13	05/16/13	5.00	84.35
243472	5	T1020		05/17/13	05/17/13	4.00	67.48
CLAIM TOTAL							388.01

CLAIM ACCOUNT REF. 2434720012010712SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243470	1	T1020		05/11/13	05/11/13	1.00	16.87
243470	2	T1020		05/12/13	05/12/13	1.00	16.87
243470	3	T1020		05/13/13	05/13/13	1.00	16.87
243470	4	T1020		05/14/13	05/14/13	1.00	16.87
243470	5	T1020		05/15/13	05/15/13	1.00	16.87
243470	6	T1020		05/16/13	05/16/13	1.00	16.87
243470	7	T1020		05/17/13	05/17/13	1.00	16.87

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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	118.09	2434700012012726SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012985	2012985	BROWN, CARMEN	05/23/1943	742392928	130931917
DIAGNOSIS CODES: 780.99							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
243469	1	T1020		05/11/13	05/11/13	1.00	16.87	
243469	2	T1020		05/12/13	05/12/13	1.00	16.87	
243469	3	T1020		05/13/13	05/13/13	1.00	16.87	
243469	4	T1020		05/14/13	05/14/13	1.00	16.87	
243469	5	T1020		05/15/13	05/15/13	1.00	16.87	
243469	6	T1020		05/16/13	05/16/13	1.00	16.87	
243469	7	T1020		05/17/13	05/17/13	1.00	16.87	
						CLAIM TOTAL	118.09	2434690012012985SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
243473	1	T1020		05/13/13	05/13/13	7.00	118.09	
243473	2	T1020		05/14/13	05/14/13	7.00	118.09	
243473	3	T1020		05/15/13	05/15/13	7.00	118.09	
243473	4	T1020		05/16/13	05/16/13	7.00	118.09	
243473	5	T1020		05/17/13	05/17/13	7.00	118.09	
						CLAIM TOTAL	590.45	2434730012013021SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
243475	1	T1020		05/11/13	05/11/13	12.00	202.44	
243475	2	T1020		05/13/13	05/13/13	12.00	202.44	
243475	3	T1020		05/14/13	05/14/13	12.00	202.44	
243475	4	T1020		05/15/13	05/15/13	12.00	202.44	
243475	5	T1020		05/16/13	05/16/13	12.00	202.44	
243475	6	T1020		05/17/13	05/17/13	12.00	202.44	
						CLAIM TOTAL	1,214.64	2434750012013080SUP

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

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	58	TOTAL CLAIM AMOUNT =	5,955.11
		# SERVICES =	10		

REPORT DATE 05/22/13 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 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
243454	1	T1019		05/15/13	05/15/13	16.00	67.52
243454	2	T1019		05/16/13	05/16/13	16.00	67.52
243454	3	T1019		05/17/13	05/17/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2434540012008261SUP

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
243460	1	T1019		05/11/13	05/11/13	24.00	101.28
243460	2	T1019		05/12/13	05/12/13	24.00	101.28
243460	3	T1019		05/13/13	05/13/13	24.00	101.28
243460	4	T1019		05/14/13	05/14/13	24.00	101.28
243460	5	T1019		05/15/13	05/15/13	24.00	101.28
243460	6	T1019		05/16/13	05/16/13	24.00	101.28
243460	7	T1019		05/17/13	05/17/13	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2434600012008263SUP

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
243465	1	T1019		05/11/13	05/11/13	40.00	168.80
243465	2	T1019		05/12/13	05/12/13	40.00	168.80
243465	3	T1019		05/13/13	05/13/13	40.00	168.80
243465	4	T1019		05/14/13	05/14/13	40.00	168.80
243465	5	T1019		05/15/13	05/15/13	40.00	168.80
243465	6	T1019		05/16/13	05/16/13	40.00	168.80
243465	7	T1019		05/17/13	05/17/13	40.00	168.80
CLAIM TOTAL							1,181.60
CLAIM ACCOUNT REF.							2434650012008265SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008303 2008303 WILSON, SHERYL 08/28/1956 10060476901 032613329815
DIAGNOSIS CODES: 737.39 344.9 493.90 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243467	1	T1019		05/11/13	05/11/13	16.00	67.52

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
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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
243467	2	T1019		05/12/13	05/12/13	16.00	67.52
243467	3	T1019		05/13/13	05/13/13	24.00	101.28
243467	4	T1019		05/14/13	05/14/13	24.00	101.28
243467	5	T1019		05/15/13	05/15/13	24.00	101.28
243467	6	T1019		05/16/13	05/16/13	24.00	101.28
243467	7	T1019		05/17/13	05/17/13	24.00	101.28
CLAIM TOTAL							641.44

CLAIM ACCOUNT REF. 2434670012008303SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008366 2008366 JONES, CYNTHIA 03/17/1950 10063968601 021313325005
DIAGNOSIS CODES: 333.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243457	1	T1019		05/13/13	05/13/13	20.00	84.40
243457	2	T1019		05/14/13	05/14/13	20.00	84.40
243457	3	T1019		05/15/13	05/15/13	20.00	84.40
243457	4	T1019		05/16/13	05/16/13	20.00	84.40
243457	5	T1019		05/17/13	05/17/13	20.00	84.40
CLAIM TOTAL							422.00

CLAIM ACCOUNT REF. 2434570012008366SUP

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
243462	1	T1019		05/13/13	05/13/13	24.00	101.28
243462	2	T1019		05/14/13	05/14/13	24.00	101.28
243462	3	T1019		05/15/13	05/15/13	24.00	101.28
243462	4	T1019		05/16/13	05/16/13	24.00	101.28
243462	5	T1019		05/17/13	05/17/13	24.00	101.28
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2434620012008421SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008422 2008422 MOSKOWITZ, RONA 02/16/1952 10063710601 020713324355
DIAGNOSIS CODES: 799.89 401.9 493.92 729.0 V02.62

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243461	1	T1019		05/11/13	05/11/13	24.00	101.28
243461	2	T1019		05/13/13	05/13/13	24.00	101.28
243461	3	T1019		05/14/13	05/14/13	24.00	101.28
243461	4	T1019		05/15/13	05/15/13	24.00	101.28
243461	5	T1019		05/16/13	05/16/13	24.00	101.28
243461	6	T1019		05/17/13	05/17/13	24.00	101.28

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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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	CLAIM ACCOUNT REF.
							607.68	2434610012008422SUP
						CLAIM TOTAL		

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	CLAIM ACCOUNT REF.
243466	1	T1019		05/13/13	05/13/13	16.00	67.52	
243466	2	T1019		05/14/13	05/14/13	16.00	67.52	
243466	3	T1019		05/16/13	05/16/13	16.00	67.52	
243466	4	T1019		05/17/13	05/17/13	16.00	67.52	
						CLAIM TOTAL	270.08	2434660012008425SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008427	2008427	FLORES, MARITZA	09/26/1953	10044817901	032613329851
DIAGNOSIS	CODES:	427.31	278.01	285.9	311.	425.8	799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
243455	1	T1019		05/01/13	05/01/13	40.00	168.80	
243455	2	T1019		05/11/13	05/11/13	40.00	168.80	
243455	3	T1019		05/12/13	05/12/13	40.00	168.80	
243455	4	T1019		05/13/13	05/13/13	40.00	168.80	
243455	5	T1019		05/14/13	05/14/13	40.00	168.80	
243455	6	T1019		05/15/13	05/15/13	40.00	168.80	
243455	7	T1019		05/16/13	05/16/13	40.00	168.80	
243455	8	T1019		05/17/13	05/17/13	40.00	168.80	
						CLAIM TOTAL	1,350.40	2434550012008427SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008531	2008531	RODRIGUEZ -2, 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	CLAIM ACCOUNT REF.
243463	1	T1019		05/13/13	05/13/13	24.00	101.28	
243463	2	T1019		05/14/13	05/14/13	24.00	101.28	
243463	3	T1019		05/15/13	05/15/13	24.00	101.28	
243463	4	T1019		05/16/13	05/16/13	24.00	101.28	
243463	5	T1019		05/17/13	05/17/13	24.00	101.28	
						CLAIM TOTAL	506.40	2434630012008531SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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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 2008742 2008742 KROLL, KATHERINE 09/22/1949 10088829601 041013331477
DIAGNOSIS CODES: 340. 244.8 272.0 311. 386.2 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243459	1	T1019		05/06/13	05/06/13	28.00	118.16
243459	2	T1019		05/07/13	05/07/13	28.00	118.16
243459	3	T1019		05/08/13	05/08/13	28.00	118.16
243459	4	T1019		05/09/13	05/09/13	28.00	118.16
243459	5	T1019		05/10/13	05/10/13	28.00	118.16
CLAIM TOTAL							590.80
CLAIM ACCOUNT REF.							2434590012008742SUP

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
243453	1	T1019		05/13/13	05/13/13	16.00	67.52
243453	2	T1019		05/14/13	05/14/13	24.00	101.28
243453	3	T1019		05/15/13	05/15/13	24.00	101.28
243453	4	T1019		05/16/13	05/16/13	24.00	101.28
243453	5	T1019		05/17/13	05/17/13	24.00	101.28
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2434530012008802SUP

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
243458	1	T1019		05/11/13	05/11/13	48.00	202.56
243458	2	T1019		05/12/13	05/12/13	48.00	202.56
243458	3	T1019		05/13/13	05/13/13	48.00	202.56
243458	4	T1019		05/14/13	05/14/13	48.00	202.56
243458	5	T1019		05/15/13	05/15/13	48.00	202.56
243458	6	T1019		05/16/13	05/16/13	48.00	202.56
243458	7	T1019		05/17/13	05/17/13	48.00	202.56
CLAIM TOTAL							1,417.92
CLAIM ACCOUNT REF.							2434580012009356SUP

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
243450	1	T1019		05/11/13	05/11/13	32.00	135.04

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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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	
243450	2	T1019		05/12/13	05/12/13	32.00	135.04	
243450	3	T1019		05/13/13	05/13/13	32.00	135.04	
243450	4	T1019		05/14/13	05/14/13	32.00	135.04	
243450	5	T1019		05/15/13	05/15/13	32.00	135.04	
243450	6	T1019		05/16/13	05/16/13	32.00	135.04	
243450	7	T1019		05/17/13	05/17/13	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2434500012010143SUP

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	
243464	1	T1019		05/13/13	05/13/13	20.00	84.40	
243464	2	T1019		05/14/13	05/14/13	20.00	84.40	
243464	3	T1019		05/15/13	05/15/13	20.00	84.40	
243464	4	T1019		05/16/13	05/16/13	20.00	84.40	
243464	5	T1019		05/17/13	05/17/13	20.00	84.40	
					CLAIM TOTAL		422.00	CLAIM ACCOUNT REF. 2434640012010353SUP

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	
243451	1	T1019		05/13/13	05/13/13	36.00	151.92	
243451	2	T1019		05/14/13	05/14/13	36.00	151.92	
243451	3	T1019		05/15/13	05/15/13	36.00	151.92	
243451	4	T1019		05/16/13	05/16/13	36.00	151.92	
					CLAIM TOTAL		607.68	CLAIM ACCOUNT REF. 2434510012010878SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
243452	1	T1019		05/11/13	05/11/13	48.00	202.56	
243452	2	T1019		05/12/13	05/12/13	48.00	202.56	
243452	3	T1019		05/13/13	05/13/13	48.00	202.56	
243452	4	T1019		05/14/13	05/14/13	48.00	202.56	
243452	5	T1019		05/15/13	05/15/13	48.00	202.56	
243452	6	T1019		05/16/13	05/16/13	48.00	202.56	
243452	7	T1019		05/17/13	05/17/13	48.00	202.56	

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NPI = 1154407492

1.417.92	CLAIM ACCOUNT REF.	2434520012012500SUP
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PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2434560012013207SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	102	TOTAL CLAIM AMOUNT =	12,609.36
		# SERVICES =	18		

REPORT DATE 05/22/13 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 2008233 2008233 ARIAS, NORA 03/31/1981 RB08739R 0101231390513
DIAGNOSIS CODES: 356.9 348.2 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243501	1	T1019		05/11/13	05/11/13	4.00	68.60
243501	2	T1019		05/12/13	05/12/13	4.00	68.60
243501	3	T1019		05/13/13	05/13/13	12.00	205.80
243501	4	T1019		05/14/13	05/14/13	12.00	205.80
243501	5	T1019		05/15/13	05/15/13	12.00	205.80
243501	6	T1019		05/16/13	05/16/13	12.00	205.80
243501	7	T1019		05/17/13	05/17/13	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2435010012008233SUP

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
243508	1	T1019		05/11/13	05/11/13	7.00	120.05
243508	2	T1019		05/12/13	05/12/13	8.00	137.20
243508	3	T1019		05/13/13	05/13/13	11.00	188.65
243508	4	T1019		05/14/13	05/14/13	11.00	188.65
243508	5	T1019		05/15/13	05/15/13	11.00	188.65
243508	6	T1019		05/16/13	05/16/13	11.00	188.65
243508	7	T1019		05/17/13	05/17/13	11.00	188.65
CLAIM TOTAL						1,200.50	CLAIM ACCOUNT REF. 2435080012008236SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243506	1	T1019		05/13/13	05/13/13	10.00	171.50
243506	2	T1019		05/14/13	05/14/13	10.00	171.50
243506	3	T1019		05/15/13	05/15/13	10.00	171.50
243506	4	T1019		05/16/13	05/16/13	10.00	171.50
243506	5	T1019		05/17/13	05/17/13	9.00	154.35
CLAIM TOTAL						840.35	CLAIM ACCOUNT REF. 2435060012008385SUP

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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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 2008417 2008417 GALAS, TERESA 06/08/1955 ZX91437V 0102111390699
DIAGNOSIS CODES: 345.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243504	1	T1019		05/11/13	05/11/13	6.00	102.90
243504	2	T1019		05/12/13	05/12/13	6.00	102.90
243504	3	T1019		05/13/13	05/13/13	5.00	85.75
243504	4	T1019		05/16/13	05/16/13	5.00	85.75
243504	5	T1019		05/17/13	05/17/13	5.00	85.75
CLAIM TOTAL							463.05

CLAIM ACCOUNT REF. 2435040012008417SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008418 2008418 RYALS, CHARLES 11/03/1950 ZZ49620T 0104191390258
DIAGNOSIS CODES: 401.9 250.00 272.0 278.00 295.00 311. 780.57

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243510	1	T1019		05/13/13	05/13/13	8.00	137.20
243510	2	T1019		05/14/13	05/14/13	8.00	137.20
243510	3	T1019		05/15/13	05/15/13	8.00	137.20
243510	4	T1019		05/16/13	05/16/13	8.00	137.20
CLAIM TOTAL							548.80

CLAIM ACCOUNT REF. 2435100012008418SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243502	1	T1019		05/11/13	05/11/13	10.00	171.50
243502	2	T1019		05/14/13	05/14/13	10.00	171.50
243502	3	T1019		05/15/13	05/15/13	10.00	171.50
243502	4	T1019		05/16/13	05/16/13	10.00	171.50
243502	5	T1019		05/17/13	05/17/13	10.00	171.50
CLAIM TOTAL							857.50

CLAIM ACCOUNT REF. 2435020012008743SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243509	1	T1019		05/11/13	05/11/13	8.00	137.20
243509	2	T1019		05/13/13	05/13/13	3.00	51.45
243509	3	T1019		05/14/13	05/14/13	3.00	51.45
243509	4	T1019		05/15/13	05/15/13	3.00	51.45

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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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
243509	5	T1019		05/16/13	05/16/13	3.00	51.45
243509	6	T1019		05/17/13	05/17/13	4.00	68.60
CLAIM TOTAL							411.60

CLAIM ACCOUNT REF. 2435090012009688SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008279	2010213	VALLE, BLASINA	02/03/1929	QG00558G	0102041390418

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
243511	1	T1019		05/11/13	05/11/13	5.00	85.75
243511	2	T1019		05/12/13	05/12/13	5.00	85.75
243511	3	T1019		05/13/13	05/13/13	6.00	102.90
243511	4	T1019		05/14/13	05/14/13	5.00	85.75
243511	5	T1019		05/15/13	05/15/13	5.00	85.75
243511	6	T1019		05/16/13	05/16/13	5.00	85.75
243511	7	T1019		05/17/13	05/17/13	6.00	102.90
CLAIM TOTAL							634.55

CLAIM ACCOUNT REF. 2435110012010213SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010886	2010886	OSORIO, ELVIA	07/05/1943	SM10426S	0112031290291

DIAGNOSIS CODES: 253.5 272.4 354.0 401.9 733.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243507	1	T1019		05/04/13	05/04/13	3.00	51.45
243507	2	T1019		05/11/13	05/11/13	3.00	51.45
243507	3	T1019		05/12/13	05/12/13	3.00	51.45
243507	4	T1019		05/13/13	05/13/13	3.00	51.45
243507	5	T1019		05/14/13	05/14/13	3.00	51.45
243507	6	T1019		05/15/13	05/15/13	3.00	51.45
243507	7	T1019		05/16/13	05/16/13	3.00	51.45
243507	8	T1019		05/17/13	05/17/13	3.00	51.45
CLAIM TOTAL							411.60

CLAIM ACCOUNT REF. 2435070012010886SUP

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

DIAGNOSIS CODES: 295.90 369.10 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243503	1	T1019		05/11/13	05/11/13	24.00	411.60
243503	2	T1019		05/12/13	05/12/13	24.00	411.60
243503	3	T1019		05/13/13	05/13/13	24.00	411.60
243503	4	T1019		05/14/13	05/14/13	24.00	411.60
243503	5	T1019		05/15/13	05/15/13	24.00	411.60

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NPI = 1154407492

CLAIM ACCOUNT REF. 2435030012011286SUP

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2435050012013185SUP

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	65	TOTAL CLAIM AMOUNT =	9,964.15
		# SERVICES =	11		

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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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
243537	1	T1019		05/11/13	05/11/13	36.00	154.80
243537	2	T1019		05/12/13	05/12/13	36.00	154.80
243537	3	T1019		05/13/13	05/13/13	36.00	154.80
243537	4	T1019		05/14/13	05/14/13	36.00	154.80
243537	5	T1019		05/15/13	05/15/13	36.00	154.80
243537	6	T1019		05/16/13	05/16/13	36.00	154.80
243537	7	T1019		05/17/13	05/17/13	36.00	154.80
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2435370012008286SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243526	1	T1019		05/11/13	05/11/13	24.00	103.20
243526	2	T1019		05/12/13	05/12/13	24.00	103.20
243526	3	T1019		05/14/13	05/14/13	24.00	103.20
243526	4	T1019		05/15/13	05/15/13	24.00	103.20
243526	5	T1019		05/16/13	05/16/13	24.00	103.20
243526	6	T1019		05/17/13	05/17/13	24.00	103.20
CLAIM TOTAL						619.20	CLAIM ACCOUNT REF. 2435260012008495SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243513	1	T1019		05/11/13	05/11/13	28.00	120.40
243513	2	T1019		05/12/13	05/12/13	28.00	120.40
243513	3	T1019		05/13/13	05/13/13	28.00	120.40
243513	4	T1019		05/14/13	05/14/13	28.00	120.40
243513	5	T1019		05/15/13	05/15/13	28.00	120.40
243513	6	T1019		05/16/13	05/16/13	28.00	120.40
243513	7	T1019		05/17/13	05/17/13	20.00	86.00
CLAIM TOTAL						808.40	CLAIM ACCOUNT REF. 2435130012012101SUP

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243514	1	T1019		05/13/13	05/13/13	16.00	68.80
243514	2	T1019		05/14/13	05/14/13	16.00	68.80
243514	3	T1019		05/15/13	05/15/13	16.00	68.80
243514	4	T1019		05/16/13	05/16/13	16.00	68.80
243514	5	T1019		05/17/13	05/17/13	16.00	68.80
CLAIM TOTAL							344.00
							CLAIM ACCOUNT REF. 2435140012012102SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243515	1	T1019		05/11/13	05/11/13	40.00	172.00
243515	2	T1019		05/12/13	05/12/13	40.00	172.00
243515	3	T1019		05/13/13	05/13/13	40.00	172.00
243515	4	T1019		05/14/13	05/14/13	40.00	172.00
243515	5	T1019		05/15/13	05/15/13	40.00	172.00
243515	6	T1019		05/16/13	05/16/13	40.00	172.00
243515	7	T1019		05/17/13	05/17/13	40.00	172.00
CLAIM TOTAL							1,204.00
							CLAIM ACCOUNT REF. 2435150012012104SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012107 2012107 CRUZ, LUIS 06/10/1952 706307 111208204
DIAGNOSIS CODES: 250.93 414.3 428.0 491.21

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243517	1	T1019		05/11/13	05/11/13	32.00	137.60
243517	2	T1019		05/12/13	05/12/13	32.00	137.60
243517	3	T1019		05/13/13	05/13/13	32.00	137.60
243517	4	T1019		05/14/13	05/14/13	32.00	137.60
243517	5	T1019		05/15/13	05/15/13	32.00	137.60
243517	6	T1019		05/16/13	05/16/13	32.00	137.60
243517	7	T1019		05/17/13	05/17/13	32.00	137.60
CLAIM TOTAL							963.20
							CLAIM ACCOUNT REF. 2435170012012107SUP

REPORT DATE 05/22/13 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 2012108 2012108 GODINOT, CARMEN 07/16/1939 695752 111626854
DIAGNOSIS CODES: 369.3 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243519	1	T1019		05/13/13	05/13/13	24.00	103.20
243519	2	T1019		05/14/13	05/14/13	24.00	103.20
243519	3	T1019		05/15/13	05/15/13	24.00	103.20
243519	4	T1019		05/16/13	05/16/13	24.00	103.20
243519	5	T1019		05/17/13	05/17/13	24.00	103.20
CLAIM TOTAL							516.00

CLAIM ACCOUNT REF. 2435190012012108SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243520	1	T1019		05/13/13	05/13/13	28.00	120.40
243520	2	T1019		05/14/13	05/14/13	28.00	120.40
243520	3	T1019		05/15/13	05/15/13	28.00	120.40
243520	4	T1019		05/16/13	05/16/13	28.00	120.40
243520	5	T1019		05/17/13	05/17/13	28.00	120.40
CLAIM TOTAL							602.00

CLAIM ACCOUNT REF. 2435200012012110SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012117 2012117 HAYNES, LAMONT 08/22/1920 695748 111524712
DIAGNOSIS CODES: 428.0 250.00 401.9 600.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243521	1	T1019		05/11/13	05/11/13	20.00	86.00
243521	2	T1019		05/12/13	05/12/13	20.00	86.00
243521	3	T1019		05/13/13	05/13/13	16.00	68.80
243521	4	T1019		05/14/13	05/14/13	16.00	68.80
243521	5	T1019		05/15/13	05/15/13	16.00	68.80
243521	6	T1019		05/16/13	05/16/13	16.00	68.80
243521	7	T1019		05/17/13	05/17/13	16.00	68.80
CLAIM TOTAL							516.00

CLAIM ACCOUNT REF. 2435210012012117SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243523	1	T1019		05/13/13	05/13/13	28.00	120.40

REPORT DATE 05/22/13 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
243523	2	T1019		05/14/13	05/14/13	28.00	120.40
243523	3	T1019		05/15/13	05/15/13	28.00	120.40
243523	4	T1019		05/16/13	05/16/13	28.00	120.40
243523	5	T1019		05/17/13	05/17/13	28.00	120.40
CLAIM TOTAL							602.00
							CLAIM ACCOUNT REF. 2435230012012120SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012121	2012121	MOHAMED, DENISE	06/14/1959	691722	111447605
DIAGNOSIS CODES: 715.98							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243528	1	T1019		04/20/13	04/20/13	32.00	137.60
243528	2	T1019		05/05/13	05/05/13	32.00	137.60
243528	3	T1019		05/13/13	05/13/13	32.00	137.60
243528	4	T1019		05/16/13	05/16/13	32.00	137.60
243528	5	T1019		05/17/13	05/17/13	32.00	137.60
CLAIM TOTAL							688.00
							CLAIM ACCOUNT REF. 2435280012012121SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243529	1	T1019		05/11/13	05/11/13	20.00	86.00
243529	2	T1019		05/12/13	05/12/13	20.00	86.00
243529	3	T1019		05/13/13	05/13/13	20.00	86.00
243529	4	T1019		05/14/13	05/14/13	20.00	86.00
243529	5	T1019		05/15/13	05/15/13	20.00	86.00
243529	6	T1019		05/16/13	05/16/13	20.00	86.00
243529	7	T1019		05/17/13	05/17/13	20.00	86.00
CLAIM TOTAL							602.00
							CLAIM ACCOUNT REF. 2435290012012122SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243530	1	T1019		05/11/13	05/11/13	20.00	86.00
243530	2	T1019		05/12/13	05/12/13	20.00	86.00
243530	3	T1019		05/13/13	05/13/13	28.00	120.40
243530	4	T1019		05/14/13	05/14/13	28.00	120.40
243530	5	T1019		05/15/13	05/15/13	28.00	120.40
243530	6	T1019		05/16/13	05/16/13	28.00	120.40

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243530	7	T1019		05/17/13	05/17/13	28.00	120.40
CLAIM TOTAL							774.00
							CLAIM ACCOUNT REF. 2435300012012130SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012131	2012131	ORTIZ, JOSE	04/19/1925	691721	111599493
DIAGNOSIS CODES: 250.00 401.9 414.01							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243532	1	T1019		05/13/13	05/13/13	16.00	68.80
243532	2	T1019		05/15/13	05/15/13	16.00	68.80
CLAIM TOTAL							137.60
							CLAIM ACCOUNT REF. 2435320012012131SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243531	1	T1019		05/06/13	05/06/13	32.00	137.60
243531	2	T1019		05/07/13	05/07/13	32.00	137.60
243531	3	T1019		05/09/13	05/09/13	32.00	137.60
243531	4	T1019		05/10/13	05/10/13	32.00	137.60
243531	5	T1019		05/11/13	05/11/13	20.00	86.00
243531	6	T1019		05/12/13	05/12/13	20.00	86.00
243531	7	T1019		05/13/13	05/13/13	32.00	137.60
243531	8	T1019		05/14/13	05/14/13	32.00	137.60
243531	9	T1019		05/15/13	05/15/13	32.00	137.60
243531	10	T1019		05/16/13	05/16/13	32.00	137.60
243531	11	T1019		05/17/13	05/17/13	32.00	137.60
CLAIM TOTAL							1,410.40
							CLAIM ACCOUNT REF. 2435310012012132SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243544	1	T1019		05/13/13	05/13/13	28.00	120.40
243544	2	T1019		05/14/13	05/14/13	28.00	120.40
243544	3	T1019		05/15/13	05/15/13	28.00	120.40
243544	4	T1019		05/16/13	05/16/13	28.00	120.40
243544	5	T1019		05/17/13	05/17/13	28.00	120.40
CLAIM TOTAL							602.00
							CLAIM ACCOUNT REF. 2435440012012134SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012137 2012137 VAZQUEZ 1, ROSA 08/08/1934 695667 111437135
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243546	1	T1019		05/13/13	05/13/13	32.00	137.60
243546	2	T1019		05/14/13	05/14/13	32.00	137.60
243546	3	T1019		05/15/13	05/15/13	28.00	120.40
243546	4	T1019		05/16/13	05/16/13	32.00	137.60
243546	5	T1019		05/17/13	05/17/13	32.00	137.60
CLAIM TOTAL							670.80

CLAIM ACCOUNT REF. 2435460012012137SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243547	1	T1019		05/13/13	05/13/13	16.00	68.80
243547	2	T1019		05/14/13	05/14/13	16.00	68.80
243547	3	T1019		05/15/13	05/15/13	16.00	68.80
243547	4	T1019		05/17/13	05/17/13	16.00	68.80
CLAIM TOTAL							275.20

CLAIM ACCOUNT REF. 2435470012012138SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243533	1	T1019		05/11/13	05/11/13	32.00	137.60
243533	2	T1019		05/13/13	05/13/13	32.00	137.60
243533	3	T1019		05/14/13	05/14/13	32.00	137.60
243533	4	T1019		05/15/13	05/15/13	32.00	137.60
243533	5	T1019		05/16/13	05/16/13	32.00	137.60
243533	6	T1019		05/17/13	05/17/13	32.00	137.60
CLAIM TOTAL							825.60

CLAIM ACCOUNT REF. 2435330012012140SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243543	1	T1019		05/13/13	05/13/13	16.00	68.80
243543	2	T1019		05/15/13	05/15/13	16.00	68.80
243543	3	T1019		05/17/13	05/17/13	16.00	68.80

REPORT DATE 05/22/13 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	CLAIM ACCOUNT REF.
							206.40	2435430012012141SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012142	2012142	MEDINA, MARTHA	01/11/1944	697570	111623789

DIAGNOSIS CODES: 135. 250.00 426.4 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
243527	1	T1019		05/11/13	05/11/13	12.00	51.60	
243527	2	T1019		05/13/13	05/13/13	12.00	51.60	
243527	3	T1019		05/14/13	05/14/13	12.00	51.60	
243527	4	T1019		05/15/13	05/15/13	12.00	51.60	
243527	5	T1019		05/16/13	05/16/13	12.00	51.60	
243527	6	T1019		05/17/13	05/17/13	12.00	51.60	
							309.60	2435270012012142SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012144	2012144	PEREZ, JULIO	01/27/1936	709538	111597155

DIAGNOSIS CODES: 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
243536	1	T1019		05/13/13	05/13/13	20.00	86.00	
243536	2	T1019		05/15/13	05/15/13	20.00	86.00	
243536	3	T1019		05/17/13	05/17/13	20.00	86.00	
							258.00	2435360012012144SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012145	2012145	PERALTA RODRIGO, JOSE	03/13/1942	715488	111633843

DIAGNOSIS CODES: 715.90 272.0 274.9 278.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
243534	1	T1019		05/13/13	05/13/13	16.00	68.80	
243534	2	T1019		05/14/13	05/14/13	16.00	68.80	
243534	3	T1019		05/15/13	05/15/13	16.00	68.80	
243534	4	T1019		05/16/13	05/16/13	16.00	68.80	
243534	5	T1019		05/17/13	05/17/13	16.00	68.80	
							344.00	2435340012012145SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012146	2012146	PERALTA, INEZ	08/18/1942	715489	111633900

DIAGNOSIS CODES: 250.00 272.4 278.00 401.9 244.9 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243535	1	T1019		05/13/13	05/13/13	16.00	68.80

REPORT DATE 05/22/13 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	
243535	2	T1019		05/14/13	05/14/13	16.00	68.80	
243535	3	T1019		05/15/13	05/15/13	16.00	68.80	
243535	4	T1019		05/16/13	05/16/13	16.00	68.80	
243535	5	T1019		05/17/13	05/17/13	16.00	68.80	
					CLAIM TOTAL		344.00	CLAIM ACCOUNT REF. 2435350012012146SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012149	2012149	REGLA, MARIA F	11/21/1933	691499	111552012
DIAGNOSIS	CODES:	250.00	715.09			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
243538	1	T1019		05/11/13	05/11/13	32.00	137.60	
243538	2	T1019		05/13/13	05/13/13	32.00	137.60	
243538	3	T1019		05/14/13	05/14/13	32.00	137.60	
243538	4	T1019		05/15/13	05/15/13	32.00	137.60	
243538	5	T1019		05/16/13	05/16/13	32.00	137.60	
243538	6	T1019		05/17/13	05/17/13	32.00	137.60	
					CLAIM TOTAL		825.60	CLAIM ACCOUNT REF. 2435380012012149SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012152	2012152	REYES, TERESA	03/18/1941	697840	111628409
DIAGNOSIS	CODES:	250.00	401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
243539	1	T1019		05/11/13	05/11/13	32.00	137.60	
243539	2	T1019		05/12/13	05/12/13	32.00	137.60	
243539	3	T1019		05/13/13	05/13/13	32.00	137.60	
243539	4	T1019		05/14/13	05/14/13	32.00	137.60	
243539	5	T1019		05/15/13	05/15/13	32.00	137.60	
243539	6	T1019		05/16/13	05/16/13	32.00	137.60	
243539	7	T1019		05/17/13	05/17/13	32.00	137.60	
					CLAIM TOTAL		963.20	CLAIM ACCOUNT REF. 2435390012012152SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012154	2012154	RODRIGUEZ, FRANKLIN	03/26/1989	697529	111632714
DIAGNOSIS	CODES:	319.				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
243540	1	T1019		05/13/13	05/13/13	24.00	103.20	
243540	2	T1019		05/14/13	05/14/13	24.00	103.20	
243540	3	T1019		05/15/13	05/15/13	24.00	103.20	
243540	4	T1019		05/16/13	05/16/13	24.00	103.20	
243540	5	T1019		05/17/13	05/17/13	24.00	103.20	

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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PAYER ID = 14163 WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	516.00	2435400012012154SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
243542	1	T1019		05/11/13	05/11/13	20.00	86.00	
243542	2	T1019		05/13/13	05/13/13	20.00	86.00	
243542	3	T1019		05/14/13	05/14/13	20.00	86.00	
243542	4	T1019		05/15/13	05/15/13	20.00	86.00	
243542	5	T1019		05/16/13	05/16/13	20.00	86.00	
243542	6	T1019		05/17/13	05/17/13	20.00	86.00	
						CLAIM TOTAL	516.00	2435420012012155SUP

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	CLAIM ACCOUNT REF.
243524	1	T1019		05/11/13	05/11/13	48.00	206.40	
243524	2	T1019		05/12/13	05/12/13	48.00	206.40	
243524	3	T1019		05/13/13	05/13/13	48.00	206.40	
243524	4	T1019		05/14/13	05/14/13	48.00	206.40	
243524	5	T1019		05/15/13	05/15/13	48.00	206.40	
243524	6	T1019		05/16/13	05/16/13	48.00	206.40	
243524	7	T1019		05/17/13	05/17/13	48.00	206.40	
						CLAIM TOTAL	1,444.80	2435240012012158SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
243512	1	T1019		05/11/13	05/11/13	20.00	86.00	
243512	2	T1019		05/12/13	05/12/13	20.00	86.00	
243512	3	T1019		05/13/13	05/13/13	20.00	86.00	
243512	4	T1019		05/14/13	05/14/13	20.00	86.00	
243512	5	T1019		05/15/13	05/15/13	20.00	86.00	
243512	6	T1019		05/16/13	05/16/13	20.00	86.00	
243512	7	T1019		05/17/13	05/17/13	20.00	86.00	
						CLAIM TOTAL	602.00	2435120012012161SUP

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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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 2012136 2012266 SOTO, RAFAEL B 03/08/1937 700573 111447220
DIAGNOSIS CODES: 715.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243545	1	T1019		05/11/13	05/11/13	36.00	154.80
243545	2	T1019		05/13/13	05/13/13	36.00	154.80
243545	3	T1019		05/14/13	05/14/13	36.00	154.80
243545	4	T1019		05/15/13	05/15/13	36.00	154.80
243545	5	T1019		05/16/13	05/16/13	36.00	154.80
243545	6	T1019		05/17/13	05/17/13	36.00	154.80
CLAIM TOTAL						928.80	CLAIM ACCOUNT REF. 2435450012012266SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243541	1	T1019		05/13/13	05/13/13	16.00	68.80
243541	2	T1019		05/15/13	05/15/13	16.00	68.80
243541	3	T1019		05/17/13	05/17/13	16.00	68.80
CLAIM TOTAL						206.40	CLAIM ACCOUNT REF. 2435410012012719SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012159 2012948 LOPEZ, VITALIA 08/01/1922 691723 111601802
DIAGNOSIS CODES: 331.0 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243525	1	T1019		05/11/13	05/11/13	48.00	206.40
243525	2	T1019		05/12/13	05/12/13	48.00	206.40
243525	3	T1019		05/13/13	05/13/13	48.00	206.40
243525	4	T1019		05/14/13	05/14/13	48.00	206.40
243525	5	T1019		05/15/13	05/15/13	48.00	206.40
243525	6	T1019		05/16/13	05/16/13	48.00	206.40
243525	7	T1019		05/17/13	05/17/13	48.00	206.40
CLAIM TOTAL						1,444.80	CLAIM ACCOUNT REF. 2435250012012948SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243518	1	T1019		05/11/13	05/11/13	20.00	86.00
243518	2	T1019		05/12/13	05/12/13	20.00	86.00

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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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
243518	3	T1019		05/13/13	05/13/13	20.00	86.00
243518	4	T1019		05/14/13	05/14/13	20.00	86.00
243518	5	T1019		05/15/13	05/15/13	20.00	86.00
243518	6	T1019		05/16/13	05/16/13	20.00	86.00
243518	7	T1019		05/17/13	05/17/13	20.00	86.00
CLAIM TOTAL							602.00
CLAIM ACCOUNT REF.							2435180012012952SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243516	1	T1019		05/11/13	05/11/13	48.00	206.40
243516	2	T1019		05/12/13	05/12/13	48.00	206.40
243516	3	T1019		05/13/13	05/13/13	48.00	206.40
243516	4	T1019		05/14/13	05/14/13	48.00	206.40
243516	5	T1019		05/15/13	05/15/13	48.00	206.40
243516	6	T1019		05/16/13	05/16/13	48.00	206.40
243516	7	T1019		05/17/13	05/17/13	48.00	206.40
CLAIM TOTAL							1,444.80
CLAIM ACCOUNT REF.							2435160012012953SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 1031950 2012979 HUDGINS, LOUZETTA 05/18/1944 761959 111606565
DIAGNOSIS CODES: 401.9 250.00 278.00 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243522	1	T1019		05/11/13	05/11/13	20.00	86.00
243522	2	T1019		05/13/13	05/13/13	20.00	86.00
243522	3	T1019		05/14/13	05/14/13	20.00	86.00
243522	4	T1019		05/15/13	05/15/13	20.00	86.00
243522	5	T1019		05/16/13	05/16/13	20.00	86.00
243522	6	T1019		05/17/13	05/17/13	20.00	86.00
CLAIM TOTAL							516.00
CLAIM ACCOUNT REF.							2435220012012979SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243548	1	T1019		05/11/13	05/11/13	32.00	137.60
243548	2	T1019		05/12/13	05/12/13	32.00	137.60
243548	3	T1019		05/13/13	05/13/13	32.00	137.60
243548	4	T1019		05/14/13	05/14/13	32.00	137.60

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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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	
243548	5	T1019		05/15/13	05/15/13	32.00	137.60	
243548	6	T1019		05/16/13	05/16/13	32.00	137.60	
243548	7	T1019		05/17/13	05/17/13	32.00	137.60	
					CLAIM TOTAL		963.20	CLAIM ACCOUNT REF. 2435480012012984SUP

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	216	TOTAL CLAIM AMOUNT =	25,679.60
		# SERVICES =	37		

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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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 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
243500	1	T1019	0580	05/13/13	05/13/13	16.00	67.52
243500	2	T1019	0580	05/14/13	05/14/13	16.00	67.52
243500	3	T1019	0580	05/15/13	05/15/13	16.00	67.52
243500	4	T1019	0580	05/16/13	05/16/13	16.00	67.52
243500	5	T1019	0580	05/17/13	05/17/13	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2435000012008513SUP

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
243498	1	T1019	0580	05/11/13	05/11/13	20.00	84.40
243498	2	T1019	0580	05/12/13	05/12/13	20.00	84.40
243498	3	T1019	0580	05/13/13	05/13/13	20.00	84.40
243498	4	T1019	0580	05/14/13	05/14/13	20.00	84.40
243498	5	T1019	0580	05/15/13	05/15/13	20.00	84.40
243498	6	T1019	0580	05/16/13	05/16/13	20.00	84.40
243498	7	T1019	0580	05/17/13	05/17/13	20.00	84.40
CLAIM TOTAL							590.80

CLAIM ACCOUNT REF. 2434980012008544SUP

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
243493	1	T1019	0580	05/14/13	05/14/13	16.00	67.52
243493	2	T1019	0580	05/16/13	05/16/13	16.00	67.52
243493	3	T1019	0580	05/17/13	05/17/13	16.00	67.52
CLAIM TOTAL							202.56

CLAIM ACCOUNT REF. 2434930012008723SUP

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
243485	1	T1019	0580	05/11/13	05/11/13	48.00	202.56
243485	2	T1019	0580	05/12/13	05/12/13	48.00	202.56
243485	3	T1019	0580	05/13/13	05/13/13	48.00	202.56

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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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	
243485	4	T1019	0580	05/14/13	05/14/13	48.00	202.56	
243485	5	T1019	0580	05/15/13	05/15/13	48.00	202.56	
243485	6	T1019	0580	05/16/13	05/16/13	48.00	202.56	
243485	7	T1019	0580	05/17/13	05/17/13	48.00	202.56	
					CLAIM TOTAL		1,417.92	CLAIM ACCOUNT REF. 2434850012008793SUP

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	
243494	1	T1019	0580	05/11/13	05/11/13	32.00	135.04	
243494	2	T1019	0580	05/12/13	05/12/13	32.00	135.04	
243494	3	T1019	0580	05/13/13	05/13/13	32.00	135.04	
243494	4	T1019	0580	05/14/13	05/14/13	32.00	135.04	
243494	5	T1019	0580	05/15/13	05/15/13	32.00	135.04	
243494	6	T1019	0580	05/16/13	05/16/13	32.00	135.04	
243494	7	T1019	0580	05/17/13	05/17/13	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2434940012009237SUP

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	
243499	1	T1019	0580	05/17/13	05/17/13	20.00	84.40	
					CLAIM TOTAL		84.40	CLAIM ACCOUNT REF. 2434990012009269SUP

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	
243496	1	T1019	0580	05/11/13	05/11/13	16.00	67.52	
243496	2	T1019	0580	05/12/13	05/12/13	16.00	67.52	
243496	3	T1019	0580	05/13/13	05/13/13	16.00	67.52	
243496	4	T1019	0580	05/14/13	05/14/13	16.00	67.52	
243496	5	T1019	0580	05/15/13	05/15/13	16.00	67.52	
243496	6	T1019	0580	05/16/13	05/16/13	16.00	67.52	
243496	7	T1019	0580	05/17/13	05/17/13	16.00	67.52	
					CLAIM TOTAL		472.64	CLAIM ACCOUNT REF. 2434960012009406SUP

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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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
243497	1	T1019	0580	05/15/13	05/15/13	40.00	168.80
243497	2	T1019	0580	05/16/13	05/16/13	40.00	168.80
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2434970012009562SUP

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
243488	1	T1019	0580	05/13/13	05/13/13	16.00	67.52
243488	2	T1019	0580	05/14/13	05/14/13	16.00	67.52
243488	3	T1019	0580	05/15/13	05/15/13	16.00	67.52
243488	4	T1019	0580	05/16/13	05/16/13	16.00	67.52
243488	5	T1019	0580	05/17/13	05/17/13	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2434880012009686SUP

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
243490	1	T1019	0580	05/11/13	05/11/13	28.00	118.16
243490	2	T1019	0580	05/12/13	05/12/13	28.00	118.16
243490	3	T1019	0580	05/13/13	05/13/13	28.00	118.16
243490	4	T1019	0580	05/14/13	05/14/13	28.00	118.16
243490	5	T1019	0580	05/16/13	05/16/13	28.00	118.16
243490	6	T1019	0580	05/17/13	05/17/13	28.00	118.16
CLAIM TOTAL							708.96

CLAIM ACCOUNT REF. 2434900012009945SUP

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
243489	1	T1019	0580	05/11/13	05/11/13	36.00	151.92
243489	2	T1019	0580	05/12/13	05/12/13	36.00	151.92
243489	3	T1019	0580	05/13/13	05/13/13	24.00	101.28
243489	4	T1019	0580	05/14/13	05/14/13	36.00	151.92
243489	5	T1019	0580	05/15/13	05/15/13	32.00	135.04

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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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
243489	6	T1019	0580	05/16/13	05/16/13	36.00	151.92
243489	7	T1019	0580	05/17/13	05/17/13	36.00	151.92
CLAIM TOTAL							995.92

CLAIM ACCOUNT REF. 2434890012010991SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243486	1	G0156	0572	05/11/13	05/11/13	8.00	114.00
243486	2	G0156	0572	05/12/13	05/12/13	8.00	114.00
243486	3	G0156	0572	05/13/13	05/13/13	8.00	114.00
243486	4	G0156	0572	05/14/13	05/14/13	8.00	114.00
243486	5	G0156	0572	05/16/13	05/16/13	8.00	114.00
243486	6	G0156	0572	05/17/13	05/17/13	8.00	114.00
CLAIM TOTAL							684.00

CLAIM ACCOUNT REF. 2434860012011066SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008273 2011526 DE JESUS, TIBURCIO 08/11/1947 XX16524S 0005503237
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
243487	1	T1019	0580	05/11/13	05/11/13	48.00	202.56
243487	2	T1019	0580	05/12/13	05/12/13	48.00	202.56
243487	3	T1019	0580	05/13/13	05/13/13	48.00	202.56
243487	4	T1019	0580	05/14/13	05/14/13	48.00	202.56
243487	5	T1019	0580	05/15/13	05/15/13	48.00	202.56
243487	6	T1019	0580	05/16/13	05/16/13	48.00	202.56
243487	7	T1019	0580	05/17/13	05/17/13	48.00	202.56
CLAIM TOTAL							1,417.92

CLAIM ACCOUNT REF. 2434870012011526SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009467 2011833 KEATON, CATHERINE 08/30/1923 WC81742E 0004298435
DIAGNOSIS CODES: 715.00 365.9 401.9 780.4 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243491	1	T1019	0580	05/11/13	05/11/13	48.00	202.56
243491	2	T1019	0580	05/13/13	05/13/13	48.00	202.56
243491	3	T1019	0580	05/14/13	05/14/13	48.00	202.56
243491	4	T1019	0580	05/15/13	05/15/13	48.00	202.56
243491	5	T1019	0580	05/16/13	05/16/13	48.00	202.56
243491	6	T1019	0580	05/17/13	05/17/13	48.00	202.56
CLAIM TOTAL							1,215.36

CLAIM ACCOUNT REF. 2434910012011833SUP

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NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010634	2012343	YIANNITSIS, LEO	07/13/1934	15438872	0005825708
DIAGNOSIS		CODES:	253.5	272.4	311.	401.9	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
243495	1	T1019	0580	05/13/13	05/13/13	20.00	84.40	
243495	2	T1019	0580	05/14/13	05/14/13	20.00	84.40	
243495	3	T1019	0580	05/15/13	05/15/13	20.00	84.40	
243495	4	T1019	0580	05/16/13	05/16/13	20.00	84.40	
243495	5	T1019	0580	05/17/13	05/17/13	20.00	84.40	
					CLAIM TOTAL		422.00	CLAIM ACCOUNT REF. 2434950012012343SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012541	2012541	LANGELOH, HOWARD	09/29/1923	16394107	0005921983
DIAGNOSIS		CODES:	715.90	250.00	272.4	401.9	493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
243492	1	T1019	0580	05/11/13	05/11/13	24.00	101.28		
243492	2	T1019	0580	05/12/13	05/12/13	24.00	101.28		
243492	3	T1019	0580	05/14/13	05/14/13	24.00	101.28		
243492	4	T1019	0580	05/15/13	05/15/13	24.00	101.28		
243492	5	T1019	0580	05/16/13	05/16/13	24.00	101.28		
243492	6	T1019	0580	05/17/13	05/17/13	24.00	101.28		
						CLAIM TOTAL	607.68	CLAIM ACCOUNT REF.	2434920012012541SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	87	TOTAL CLAIM AMOUNT =	10,778.24
		# SERVICES =	16		

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008374 2010958 KARASSAVIDES, ARISTOTI 10/09/1962 V80041904 123590054
DIAGNOSIS CODES: 042. 202.88 436. 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243572	1	S5125		05/13/13	05/13/13	28.00	120.12
243572	2	S5125		05/14/13	05/14/13	28.00	120.12
243572	3	S5125		05/15/13	05/15/13	28.00	120.12
243572	4	S5125		05/16/13	05/16/13	28.00	120.12
CLAIM TOTAL							480.48
CLAIM ACCOUNT REF.							2435720012010958SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243573	1	S5125		05/15/13	05/15/13	40.00	171.60
243573	2	S5125		05/16/13	05/16/13	24.00	102.96
243573	3	S5125		05/17/13	05/17/13	40.00	171.60
CLAIM TOTAL							446.16
CLAIM ACCOUNT REF.							2435730012012481SUP

PAYER TOTALS: VNSNY CHOICE # OF CLAIMS = 7 TOTAL CLAIM AMOUNT = 926.64
SERVICES = 2

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
243437	1	T1019		05/04/13	05/04/13	12.00	50.64	
243437	2	T1019		05/05/13	05/05/13	12.00	50.64	
243437	3	T1019		05/06/13	05/06/13	12.00	50.64	
243437	4	T1019		05/07/13	05/07/13	12.00	50.64	
243437	5	T1019		05/08/13	05/08/13	12.00	50.64	
243437	6	T1019		05/09/13	05/09/13	12.00	50.64	
243437	7	T1019		05/10/13	05/10/13	12.00	50.64	
243437	8	T1019		05/11/13	05/11/13	12.00	50.64	
243437	9	T1019		05/12/13	05/12/13	12.00	50.64	
243437	10	T1019		05/13/13	05/13/13	12.00	50.64	
243437	11	T1019		05/14/13	05/14/13	12.00	50.64	
243437	12	T1019		05/15/13	05/15/13	12.00	50.64	
243437	13	T1019		05/16/13	05/16/13	12.00	50.64	
243437	14	T1019		05/17/13	05/17/13	12.00	50.64	
CLAIM TOTAL							708.96	CLAIM ACCOUNT REF. 2434370012008246SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
243438	1	T1019		05/13/13	05/13/13	12.00	50.64	
243438	2	T1019		05/14/13	05/14/13	12.00	50.64	
243438	3	T1019		05/15/13	05/15/13	12.00	50.64	
243438	4	T1019		05/16/13	05/16/13	12.00	50.64	
CLAIM TOTAL							202.56	CLAIM ACCOUNT REF. 2434380012008248SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
243432	1	T1019		05/11/13	05/11/13	44.00	185.68	
243432	2	T1019		05/12/13	05/12/13	12.00	50.64	
243432	3	T1019		05/13/13	05/13/13	44.00	185.68	
243432	4	T1019		05/14/13	05/14/13	44.00	185.68	
243432	5	T1019		05/15/13	05/15/13	44.00	185.68	
243432	6	T1019		05/16/13	05/16/13	44.00	185.68	
243432	7	T1019		05/17/13	05/17/13	44.00	185.68	

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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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.
							1,164.72	2434320012008249SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008250	2008250	SALAZAR, LUZ MARIA	02/19/1970	SC60317K	R2266641

DIAGNOSIS CODES: 952.9 564.81 596.54 806.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
243440	1	T1019		05/11/13	05/11/13	28.00	118.16	
243440	2	T1019		05/12/13	05/12/13	32.00	135.04	
243440	3	T1019		05/13/13	05/13/13	32.00	135.04	
243440	4	T1019		05/14/13	05/14/13	32.00	135.04	
243440	5	T1019		05/15/13	05/15/13	32.00	135.04	
243440	6	T1019		05/16/13	05/16/13	32.00	135.04	
243440	7	T1019		05/17/13	05/17/13	32.00	135.04	
						CLAIM TOTAL	928.40	2434400012008250SUP

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

DIAGNOSIS CODES: 294.10 244.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
243420	1	T1019		05/11/13	05/11/13	32.00	135.04	
243420	2	T1019		05/13/13	05/13/13	32.00	135.04	
243420	3	T1019		05/14/13	05/14/13	32.00	135.04	
243420	4	T1019		05/15/13	05/15/13	32.00	135.04	
243420	5	T1019		05/16/13	05/16/13	32.00	135.04	
243420	6	T1019		05/17/13	05/17/13	32.00	135.04	
						CLAIM TOTAL	810.24	2434200012008251SUP

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
243433	1	T1019		05/05/13	05/05/13	48.00	202.56
243433	2	T1019		05/06/13	05/06/13	48.00	202.56
243433	3	T1019		05/11/13	05/11/13	48.00	202.56
243433	4	T1019		05/12/13	05/12/13	48.00	202.56
243433	5	T1019		05/13/13	05/13/13	48.00	202.56
243433	6	T1019		05/14/13	05/14/13	48.00	202.56
243433	7	T1019		05/15/13	05/15/13	48.00	202.56
243433	8	T1019		05/16/13	05/16/13	48.00	202.56
243433	9	T1019		05/17/13	05/17/13	48.00	202.56

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201305220526386RRSUP

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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.
							1,823.04	2434330012008253SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008254	2008254	SPIVEY, PATRICIA	04/06/1965	WE52435B	0104051303745

DIAGNOSIS CODES: 250.00 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
243443	1	T1019		05/13/13	05/13/13	32.00	135.04	
243443	2	T1019		05/14/13	05/14/13	32.00	135.04	
243443	3	T1019		05/15/13	05/15/13	32.00	135.04	
243443	4	T1019		05/16/13	05/16/13	32.00	135.04	
243443	5	T1019		05/17/13	05/17/13	32.00	135.04	
							675.20	2434430012008254SUP

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	CLAIM ACCOUNT REF.
243417	1	T1019		05/13/13	05/13/13	32.00	135.04	
243417	2	T1019		05/14/13	05/14/13	32.00	135.04	
243417	3	T1019		05/15/13	05/15/13	32.00	135.04	
243417	4	T1019		05/16/13	05/16/13	32.00	135.04	
243417	5	T1019		05/17/13	05/17/13	32.00	135.04	
							675.20	2434170012008256SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008257	2008257	ESTEVEZ, JOSE	09/04/1948	YD71377C	0110301200495

DIAGNOSIS CODES: 345.40

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
243423	1	T1019		05/12/13	05/12/13	24.00	101.28	
243423	2	T1019		05/13/13	05/13/13	24.00	101.28	
243423	3	T1019		05/14/13	05/14/13	24.00	101.28	
243423	4	T1019		05/15/13	05/15/13	24.00	101.28	
243423	5	T1019		05/16/13	05/16/13	24.00	101.28	
243423	6	T1019		05/17/13	05/17/13	8.00	33.76	
							540.16	2434230012008257SUP

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201305220526386RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243441	1	T1019		05/13/13	05/13/13	32.00	135.04
243441	2	T1019		05/14/13	05/14/13	32.00	135.04
243441	3	T1019		05/15/13	05/15/13	32.00	135.04
243441	4	T1019		05/16/13	05/16/13	32.00	135.04
243441	5	T1019		05/17/13	05/17/13	32.00	135.04
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2434410012008290SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008362 2008362 FONTANES, PEDRO 08/27/1948 RX10287Z R2240716
DIAGNOSIS CODES: 724.3 278.00 427.31 428.0 724.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243425	1	T1019		05/11/13	05/11/13	32.00	135.04
243425	2	T1019		05/12/13	05/12/13	32.00	135.04
243425	3	T1019		05/13/13	05/13/13	32.00	135.04
243425	4	T1019		05/14/13	05/14/13	32.00	135.04
243425	5	T1019		05/15/13	05/15/13	16.00	67.52
243425	6	T1019		05/16/13	05/16/13	40.00	168.80
243425	7	T1019		05/17/13	05/17/13	40.00	168.80
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2434250012008362SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243439	1	T1019		05/13/13	05/13/13	16.00	67.52
243439	2	T1019		05/14/13	05/14/13	16.00	67.52
243439	3	T1019		05/15/13	05/15/13	16.00	67.52
243439	4	T1019		05/16/13	05/16/13	16.00	67.52
243439	5	T1019		05/17/13	05/17/13	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2434390012008368SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243426	1	T1019		05/11/13	05/11/13	32.00	135.04

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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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
243426	2	T1019		05/12/13	05/12/13	32.00	135.04
243426	3	T1019		05/13/13	05/13/13	32.00	135.04
243426	4	T1019		05/14/13	05/14/13	32.00	135.04
243426	5	T1019		05/15/13	05/15/13	32.00	135.04
243426	6	T1019		05/16/13	05/16/13	32.00	135.04
243426	7	T1019		05/17/13	05/17/13	32.00	135.04
CLAIM TOTAL							945.28

CLAIM ACCOUNT REF. 2434260012008411SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008428 2008428 KAUR, HARBANS 02/03/1937 VB22061J 0103261301334
DIAGNOSIS CODES: 401.9 272.4 332.1 453.42

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243429	1	T1019		05/11/13	05/11/13	28.00	118.16
243429	2	T1019		05/13/13	05/13/13	28.00	118.16
243429	3	T1019		05/14/13	05/14/13	28.00	118.16
243429	4	T1019		05/15/13	05/15/13	28.00	118.16
243429	5	T1019		05/16/13	05/16/13	28.00	118.16
243429	6	T1019		05/17/13	05/17/13	28.00	118.16
CLAIM TOTAL							708.96

CLAIM ACCOUNT REF. 2434290012008428SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243413	1	T1019		05/11/13	05/11/13	32.00	135.04
243413	2	T1019		05/12/13	05/12/13	32.00	135.04
243413	3	T1019		05/13/13	05/13/13	32.00	135.04
243413	4	T1019		05/14/13	05/14/13	32.00	135.04
243413	5	T1019		05/15/13	05/15/13	32.00	135.04
243413	6	T1019		05/16/13	05/16/13	32.00	135.04
243413	7	T1019		05/17/13	05/17/13	32.00	135.04
CLAIM TOTAL							945.28

CLAIM ACCOUNT REF. 2434130012008433SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z 0101171302771
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
243412	1	T1019		05/11/13	05/11/13	12.00	50.64
243412	2	T1019		05/13/13	05/13/13	20.00	84.40
243412	3	T1019		05/14/13	05/14/13	20.00	84.40

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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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	
243412	4	T1019		05/15/13	05/15/13	20.00	84.40	
243412	5	T1019		05/16/13	05/16/13	20.00	84.40	
243412	6	T1019		05/17/13	05/17/13	20.00	84.40	
					CLAIM TOTAL		472.64	CLAIM ACCOUNT REF. 2434120012008487SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
243445	1	T1019		04/11/13	04/11/13	40.00	168.80	
243445	2	T1019		05/11/13	05/11/13	48.00	202.56	
243445	3	T1019		05/12/13	05/12/13	48.00	202.56	
243445	4	T1019		05/13/13	05/13/13	48.00	202.56	
243445	5	T1019		05/14/13	05/14/13	48.00	202.56	
243445	6	T1019		05/15/13	05/15/13	48.00	202.56	
243445	7	T1019		05/16/13	05/16/13	48.00	202.56	
243445	8	T1019		05/17/13	05/17/13	48.00	202.56	
					CLAIM TOTAL		1,586.72	CLAIM ACCOUNT REF. 2434450012008558SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
243422	1	T1019		05/11/13	05/11/13	16.00	67.52	
243422	2	T1019		05/12/13	05/12/13	16.00	67.52	
243422	3	T1019		05/13/13	05/13/13	24.00	101.28	
243422	4	T1019		05/14/13	05/14/13	24.00	101.28	
243422	5	T1019		05/15/13	05/15/13	24.00	101.28	
243422	6	T1019		05/16/13	05/16/13	24.00	101.28	
243422	7	T1019		05/17/13	05/17/13	24.00	101.28	
					CLAIM TOTAL		641.44	CLAIM ACCOUNT REF. 2434220012008571SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
243424	1	T1019		05/11/13	05/11/13	40.00	168.80	
243424	2	T1019		05/12/13	05/12/13	40.00	168.80	
243424	3	T1019		05/13/13	05/13/13	40.00	168.80	
243424	4	T1019		05/14/13	05/14/13	40.00	168.80	

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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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	
243424	5	T1019		05/15/13	05/15/13	40.00	168.80	
243424	6	T1019		05/16/13	05/16/13	40.00	168.80	
243424	7	T1019		05/17/13	05/17/13	40.00	168.80	
					CLAIM TOTAL		1,181.60	CLAIM ACCOUNT REF. 2434240012009001SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
243419	1	T1019		05/11/13	05/11/13	32.00	135.04	
243419	2	T1019		05/13/13	05/13/13	32.00	135.04	
243419	3	T1019		05/14/13	05/14/13	32.00	135.04	
243419	4	T1019		05/15/13	05/15/13	32.00	135.04	
243419	5	T1019		05/16/13	05/16/13	32.00	135.04	
243419	6	T1019		05/17/13	05/17/13	32.00	135.04	
					CLAIM TOTAL		810.24	CLAIM ACCOUNT REF. 2434190012009270SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009405 2009405 CORTES DE GALINDO, NEL 05/25/1925 PF03624B 0103141302031
DIAGNOSIS CODES: 401.9 537.9 648.12

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
243421	1	T1019		05/13/13	05/13/13	24.00	101.28	
243421	2	T1019		05/14/13	05/14/13	24.00	101.28	
243421	3	T1019		05/15/13	05/15/13	24.00	101.28	
243421	4	T1019		05/16/13	05/16/13	24.00	101.28	
243421	5	T1019		05/17/13	05/17/13	24.00	101.28	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2434210012009405SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
243427	1	T1019		05/13/13	05/13/13	16.00	67.52	
243427	2	T1019		05/15/13	05/15/13	16.00	67.52	
243427	3	T1019		05/17/13	05/17/13	16.00	67.52	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2434270012009425SUP

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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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 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
243415	1	T1019		05/11/13	05/11/13	24.00	101.28
243415	2	T1019		05/13/13	05/13/13	24.00	101.28
243415	3	T1019		05/14/13	05/14/13	24.00	101.28
243415	4	T1019		05/15/13	05/15/13	20.00	84.40
243415	5	T1019		05/16/13	05/16/13	24.00	101.28
243415	6	T1019		05/17/13	05/17/13	24.00	101.28
CLAIM TOTAL						590.80	CLAIM ACCOUNT REF. 2434150012009560SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243449	1	T1019		05/13/13	05/13/13	32.00	135.04
243449	2	T1019		05/14/13	05/14/13	32.00	135.04
243449	3	T1019		05/15/13	05/15/13	32.00	135.04
243449	4	T1019		05/16/13	05/16/13	32.00	135.04
243449	5	T1019		05/17/13	05/17/13	32.00	135.04
CLAIM TOTAL						675.20	CLAIM ACCOUNT REF. 2434490012010009SUP

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
243431	1	T1019		05/11/13	05/11/13	48.00	202.56
243431	2	T1019		05/12/13	05/12/13	48.00	202.56
243431	3	T1019		05/13/13	05/13/13	48.00	202.56
243431	4	T1019		05/14/13	05/14/13	48.00	202.56
243431	5	T1019		05/15/13	05/15/13	48.00	202.56
243431	6	T1019		05/16/13	05/16/13	48.00	202.56
243431	7	T1019		05/17/13	05/17/13	48.00	202.56
CLAIM TOTAL						1,417.92	CLAIM ACCOUNT REF. 2434310012010311SUP

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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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 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	
243448	1	T1019		05/11/13	05/11/13	20.00	84.40	
243448	2	T1019		05/12/13	05/12/13	20.00	84.40	
243448	3	T1019		05/16/13	05/16/13	20.00	84.40	
243448	4	T1019		05/17/13	05/17/13	20.00	84.40	
CLAIM TOTAL							337.60	CLAIM ACCOUNT REF. 2434480012010758SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
243430	1	T1019		05/11/13	05/11/13	32.00	135.04	
243430	2	T1019		05/13/13	05/13/13	32.00	135.04	
243430	3	T1019		05/14/13	05/14/13	32.00	135.04	
243430	4	T1019		05/15/13	05/15/13	32.00	135.04	
243430	5	T1019		05/16/13	05/16/13	32.00	135.04	
243430	6	T1019		05/17/13	05/17/13	32.00	135.04	
CLAIM TOTAL							810.24	CLAIM ACCOUNT REF. 2434300012010967SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
243416	1	T1019		05/13/13	05/13/13	40.00	168.80	
243416	2	T1019		05/14/13	05/14/13	40.00	168.80	
243416	3	T1019		05/15/13	05/15/13	40.00	168.80	
243416	4	T1019		05/16/13	05/16/13	40.00	168.80	
243416	5	T1019		05/17/13	05/17/13	40.00	168.80	
CLAIM TOTAL							844.00	CLAIM ACCOUNT REF. 2434160012011528SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
243444	1	T1019		05/11/13	05/11/13	36.00	151.92	
243444	2	T1019		05/12/13	05/12/13	36.00	151.92	
243444	3	T1019		05/13/13	05/13/13	40.00	168.80	

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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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
243444	4	T1019		05/14/13	05/14/13	40.00	168.80
243444	5	T1019		05/15/13	05/15/13	40.00	168.80
243444	6	T1019		05/16/13	05/16/13	40.00	168.80
243444	7	T1019		05/17/13	05/17/13	40.00	168.80
CLAIM TOTAL							1,147.84
CLAIM ACCOUNT REF.							2434440012011820SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243436	1	T1019		05/11/13	05/11/13	24.00	101.28
243436	2	T1019		05/12/13	05/12/13	40.00	168.80
243436	3	T1019		05/13/13	05/13/13	40.00	168.80
243436	4	T1019		05/14/13	05/14/13	40.00	168.80
243436	5	T1019		05/15/13	05/15/13	40.00	168.80
243436	6	T1019		05/16/13	05/16/13	40.00	168.80
243436	7	T1019		05/17/13	05/17/13	40.00	168.80
CLAIM TOTAL							1,114.08
CLAIM ACCOUNT REF.							2434360012012284SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243428	1	T1019		05/11/13	05/11/13	32.00	135.04
243428	2	T1019		05/12/13	05/12/13	32.00	135.04
243428	3	T1019		05/13/13	05/13/13	32.00	135.04
243428	4	T1019		05/14/13	05/14/13	32.00	135.04
243428	5	T1019		05/15/13	05/15/13	32.00	135.04
243428	6	T1019		05/16/13	05/16/13	32.00	135.04
243428	7	T1019		05/17/13	05/17/13	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2434280012012478SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243414	1	T1019		05/13/13	05/13/13	16.00	67.52
243414	2	T1019		05/14/13	05/14/13	16.00	67.52
243414	3	T1019		05/15/13	05/15/13	16.00	67.52
243414	4	T1019		05/16/13	05/16/13	16.00	67.52

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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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	
243414	5	T1019		05/17/13	05/17/13	16.00	67.52	
						CLAIM TOTAL	337.60	CLAIM ACCOUNT REF. 2434140012012489SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012498	2012498	SCHOONMAKER, JEAN	01/16/1944	116703035	0101171302362
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
243442	1	T1019		05/11/13	05/11/13	32.00	135.04	
243442	2	T1019		05/13/13	05/13/13	36.00	151.92	
243442	3	T1019		05/14/13	05/14/13	36.00	151.92	
243442	4	T1019		05/15/13	05/15/13	36.00	151.92	
243442	5	T1019		05/16/13	05/16/13	36.00	151.92	
243442	6	T1019		05/17/13	05/17/13	36.00	151.92	
						CLAIM TOTAL	894.64	CLAIM ACCOUNT REF. 2434420012012498SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
243434	1	T1019		05/11/13	05/11/13	24.00	101.28	
243434	2	T1019		05/13/13	05/13/13	24.00	101.28	
243434	3	T1019		05/14/13	05/14/13	24.00	101.28	
243434	4	T1019		05/15/13	05/15/13	24.00	101.28	
243434	5	T1019		05/16/13	05/16/13	24.00	101.28	
						CLAIM TOTAL	506.40	CLAIM ACCOUNT REF. 2434340012012683SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
243446	1	T1019		05/12/13	05/12/13	32.00	135.04	
243446	2	T1019		05/13/13	05/13/13	20.00	84.40	
243446	3	T1019		05/14/13	05/14/13	32.00	135.04	
243446	4	T1019		05/15/13	05/15/13	20.00	84.40	
243446	5	T1019		05/16/13	05/16/13	32.00	135.04	
243446	6	T1019		05/17/13	05/17/13	20.00	84.40	
						CLAIM TOTAL	658.32	CLAIM ACCOUNT REF. 2434460012012772SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #
R2182130

CLAIM ACCOUNT REF. 2434470012012823SUP

PRIOR AUTHORIZATION #
0103191301995

CLAIM ACCOUNT REF. 2434180012012949SUP

PRIOR AUTHORIZATION #
0103181301812

CLAIM ACCOUNT REF. 2434350012013053SUP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	234	TOTAL CLAIM AMOUNT =	30,215.20
		# SERVICES =	38		

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243478	1	T1019		05/11/13	05/11/13	40.00	171.60
243478	2	T1019		05/12/13	05/12/13	40.00	171.60
243478	3	T1019		05/13/13	05/13/13	40.00	171.60
243478	4	T1019		05/14/13	05/14/13	40.00	171.60
243478	5	T1019		05/15/13	05/15/13	40.00	171.60
243478	6	T1019		05/16/13	05/16/13	40.00	171.60
243478	7	T1019		05/17/13	05/17/13	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2434780012008245SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243482	1	T1019		05/13/13	05/13/13	36.00	154.44
243482	2	T1019		05/14/13	05/14/13	36.00	154.44
243482	3	T1019		05/15/13	05/15/13	36.00	154.44
243482	4	T1019		05/16/13	05/16/13	36.00	154.44
243482	5	T1019		05/17/13	05/17/13	36.00	154.44
CLAIM TOTAL						772.20	CLAIM ACCOUNT REF. 2434820012008287SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008401 2008401 SAFOS, PATRA 12/18/1948 100029836 610562900
DIAGNOSIS CODES: 340. 244.8 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243484	1	T1019		05/11/13	05/11/13	32.00	137.28
243484	2	T1019		05/12/13	05/12/13	32.00	137.28
243484	3	T1019		05/13/13	05/13/13	32.00	137.28
243484	4	T1019		05/14/13	05/14/13	32.00	137.28
243484	5	T1019		05/15/13	05/15/13	32.00	137.28
243484	6	T1019		05/16/13	05/16/13	32.00	137.28
243484	7	T1019		05/17/13	05/17/13	32.00	137.28
CLAIM TOTAL						960.96	CLAIM ACCOUNT REF. 2434840012008401SUP

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243480	1	T1019		05/11/13	05/11/13	48.00	205.92
243480	2	T1019		05/12/13	05/12/13	48.00	205.92
243480	3	T1019		05/13/13	05/13/13	48.00	205.92
243480	4	T1019		05/14/13	05/14/13	48.00	205.92
243480	5	T1019		05/15/13	05/15/13	48.00	205.92
243480	6	T1019		05/16/13	05/16/13	48.00	205.92
243480	7	T1019		05/17/13	05/17/13	48.00	205.92
CLAIM TOTAL						1,441.44	CLAIM ACCOUNT REF. 2434800012011881SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243481	1	T1019		05/11/13	05/11/13	12.00	51.48
243481	2	T1019		05/12/13	05/12/13	12.00	51.48
243481	3	T1019		05/13/13	05/13/13	12.00	51.48
243481	4	T1019		05/14/13	05/14/13	12.00	51.48
243481	5	T1019		05/15/13	05/15/13	12.00	51.48
243481	6	T1019		05/16/13	05/16/13	12.00	51.48
243481	7	T1019		05/17/13	05/17/13	12.00	51.48
CLAIM TOTAL						360.36	CLAIM ACCOUNT REF. 2434810012013149SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2013181 2013181 REYES, RODOLFO 04/17/1927 101465844 610722495
DIAGNOSIS CODES: 427.89 443.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243483	1	T1019		05/11/13	05/11/13	16.00	68.64
243483	2	T1019		05/13/13	05/13/13	16.00	68.64
243483	3	T1019		05/14/13	05/14/13	16.00	68.64
243483	4	T1019		05/15/13	05/15/13	16.00	68.64
243483	5	T1019		05/16/13	05/16/13	16.00	68.64
243483	6	T1019		05/17/13	05/17/13	16.00	68.64
CLAIM TOTAL						411.84	CLAIM ACCOUNT REF. 2434830012013181SUP

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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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 2013182 2013182 FARFAN, MARIA 06/17/1924 101465838 610697951
DIAGNOSIS CODES: 780.99 294.10 530.81 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
243479	1	T1019		05/13/13	05/13/13	12.00	51.48	
243479	2	T1019		05/14/13	05/14/13	12.00	51.48	
243479	3	T1019		05/15/13	05/15/13	12.00	51.48	
243479	4	T1019		05/16/13	05/16/13	12.00	51.48	
243479	5	T1019		05/17/13	05/17/13	12.00	51.48	
					CLAIM TOTAL	257.40		CLAIM ACCOUNT REF. 2434790012013182SUP

PAYER TOTALS: UNITEDHEALTHCARE # OF CLAIMS = 44 TOTAL CLAIM AMOUNT = 5,405.40
SERVICES = 7

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243549	1	T1019	0580	05/11/13	05/11/13	40.00	168.80
243549	2	T1019	0580	05/12/13	05/12/13	40.00	168.80
243549	3	T1019	0580	05/13/13	05/13/13	32.00	135.04
243549	4	T1019	0580	05/14/13	05/14/13	32.00	135.04
243549	5	T1019	0580	05/15/13	05/15/13	32.00	135.04
243549	6	T1019	0580	05/17/13	05/17/13	32.00	135.04
CLAIM TOTAL							877.76
CLAIM ACCOUNT REF.							2435490012008266SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243550	1	S5130	0582	05/16/13	05/16/13	16.00	67.52
CLAIM TOTAL							67.52
CLAIM ACCOUNT REF.							2435500012009279SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243552	1	T1019	0580	05/11/13	05/11/13	16.00	67.52
243552	2	T1019	0580	05/12/13	05/12/13	16.00	67.52
243552	3	T1019	0580	05/13/13	05/13/13	12.00	50.64
243552	4	T1019	0580	05/14/13	05/14/13	12.00	50.64
243552	5	T1019	0580	05/15/13	05/15/13	12.00	50.64
243552	6	T1019	0580	05/16/13	05/16/13	12.00	50.64
243552	7	T1019	0580	05/17/13	05/17/13	12.00	50.64
CLAIM TOTAL							388.24
CLAIM ACCOUNT REF.							2435520012010728SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243551	1	T1019	0580	05/11/13	05/11/13	20.00	84.40
243551	2	T1019	0580	05/12/13	05/12/13	20.00	84.40
243551	3	T1019	0580	05/13/13	05/13/13	16.00	67.52
243551	4	T1019	0580	05/14/13	05/14/13	16.00	67.52

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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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
243551	5	T1019	0580	05/15/13	05/15/13	16.00	67.52
243551	6	T1019	0580	05/16/13	05/16/13	16.00	67.52
243551	7	T1019	0580	05/17/13	05/17/13	16.00	67.52
CLAIM TOTAL							506.40
							CLAIM ACCOUNT REF. 2435510012010729SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243555	1	T1019	0580	05/13/13	05/13/13	24.00	90.00
243555	2	T1019	0580	05/14/13	05/14/13	24.00	90.00
243555	3	T1019	0580	05/15/13	05/15/13	24.00	90.00
243555	4	T1019	0580	05/17/13	05/17/13	24.00	90.00
CLAIM TOTAL							360.00
							CLAIM ACCOUNT REF. 2435550012012354SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243557	1	T1019	0580	05/11/13	05/11/13	24.00	90.00
243557	2	T1019	0580	05/13/13	05/13/13	24.00	90.00
243557	3	T1019	0580	05/14/13	05/14/13	24.00	90.00
243557	4	T1019	0580	05/15/13	05/15/13	24.00	90.00
243557	5	T1019	0580	05/16/13	05/16/13	24.00	90.00
243557	6	T1019	0580	05/17/13	05/17/13	24.00	90.00
CLAIM TOTAL							540.00
							CLAIM ACCOUNT REF. 2435570012012357SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243560	1	T1019	0580	05/13/13	05/13/13	16.00	60.00
243560	2	T1019	0580	05/14/13	05/14/13	16.00	60.00
243560	3	T1019	0580	05/15/13	05/15/13	16.00	60.00
243560	4	T1019	0580	05/16/13	05/16/13	16.00	60.00
243560	5	T1019	0580	05/17/13	05/17/13	16.00	60.00
CLAIM TOTAL							300.00
							CLAIM ACCOUNT REF. 2435600012012358SUP

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243561	1	T1019	0580	05/13/13	05/13/13	20.00	75.00
243561	2	T1019	0580	05/14/13	05/14/13	20.00	75.00
243561	3	T1019	0580	05/15/13	05/15/13	20.00	75.00
243561	4	T1019	0580	05/16/13	05/16/13	20.00	75.00
243561	5	T1019	0580	05/17/13	05/17/13	20.00	75.00
CLAIM TOTAL							375.00
CLAIM ACCOUNT REF.							2435610012012362SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243556	1	T1019	0580	05/13/13	05/13/13	24.00	90.00
243556	2	T1019	0580	05/14/13	05/14/13	20.00	75.00
243556	3	T1019	0580	05/15/13	05/15/13	24.00	90.00
243556	4	T1019	0580	05/16/13	05/16/13	24.00	90.00
CLAIM TOTAL							345.00
CLAIM ACCOUNT REF.							2435560012012373SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243558	1	T1019	0580	05/13/13	05/13/13	32.00	120.00
243558	2	T1019	0580	05/14/13	05/14/13	36.00	135.00
243558	3	T1019	0580	05/15/13	05/15/13	32.00	120.00
243558	4	T1019	0580	05/16/13	05/16/13	36.00	135.00
243558	5	T1019	0580	05/17/13	05/17/13	32.00	120.00
CLAIM TOTAL							630.00
CLAIM ACCOUNT REF.							2435580012012374SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243554	1	T1019	0580	05/13/13	05/13/13	28.00	105.00
243554	2	T1019	0580	05/14/13	05/14/13	28.00	105.00
243554	3	T1019	0580	05/15/13	05/15/13	28.00	105.00
243554	4	T1019	0580	05/17/13	05/17/13	16.00	60.00

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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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	375.00	2435540012012732SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
243553	1	T1019	0580	05/04/13	05/04/13	20.00	75.00	
243553	2	T1019	0580	05/06/13	05/06/13	28.00	105.00	
243553	3	T1019	0580	05/07/13	05/07/13	28.00	105.00	
243553	4	T1019	0580	05/08/13	05/08/13	28.00	105.00	
243553	5	T1019	0580	05/09/13	05/09/13	28.00	105.00	
243553	6	T1019	0580	05/10/13	05/10/13	28.00	105.00	
243553	7	T1019	0580	05/11/13	05/11/13	20.00	75.00	
243553	8	T1019	0580	05/12/13	05/12/13	20.00	75.00	
243553	9	T1019	0580	05/13/13	05/13/13	28.00	105.00	
243553	10	T1019	0580	05/14/13	05/14/13	28.00	105.00	
243553	11	T1019	0580	05/15/13	05/15/13	28.00	105.00	
243553	12	T1019	0580	05/16/13	05/16/13	28.00	105.00	
243553	13	T1019	0580	05/17/13	05/17/13	28.00	105.00	
						CLAIM TOTAL	1,275.00	2435530012012876SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
243559	1	T1019	0580	05/02/13	05/02/13	16.00	60.00	
243559	2	T1019	0580	05/13/13	05/13/13	16.00	60.00	
243559	3	T1019	0580	05/14/13	05/14/13	16.00	60.00	
243559	4	T1019	0580	05/15/13	05/15/13	16.00	60.00	
243559	5	T1019	0580	05/16/13	05/16/13	16.00	60.00	
243559	6	T1019	0580	05/17/13	05/17/13	16.00	60.00	
						CLAIM TOTAL	360.00	2435590012013018SUP

PAYER TOTALS:	AMERIGROUP NEW YORK,LLC	# OF CLAIMS =	73	TOTAL CLAIM AMOUNT =	6,399.92
		# SERVICES =	13		

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008389 2011453 MUSHAYEV, BORIS 08/14/1947 7235 457613
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	
243568	1	T1019	1C		05/13/13	05/13/13	4.00	65.60	
243568	2	T1019	1C		05/14/13	05/14/13	4.00	65.60	
243568	3	T1019	1C		05/15/13	05/15/13	4.00	65.60	
243568	4	T1019	1C		05/16/13	05/16/13	4.00	65.60	
243568	5	T1019	1C		05/17/13	05/17/13	4.00	65.60	
CLAIM TOTAL								328.00	CLAIM ACCOUNT REF. 2435680012011453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011869 2011869 JONES, VALERIE 10/10/1948 1457 418547
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
243567	1	T1019	1C		05/13/13	05/13/13	4.00	65.60	
243567	2	T1019	1C		05/14/13	05/14/13	4.00	65.60	
243567	3	T1019	1C		05/15/13	05/15/13	4.00	65.60	
243567	4	T1019	1C		05/16/13	05/16/13	4.00	65.60	
243567	5	T1019	1C		05/17/13	05/17/13	4.00	65.60	
CLAIM TOTAL								328.00	CLAIM ACCOUNT REF. 2435670012011869SUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
243565	1	T1019	1C		05/13/13	05/13/13	6.00	98.40	
243565	2	T1019	1C		05/14/13	05/14/13	6.00	98.40	
243565	3	T1019	1C		05/15/13	05/15/13	6.00	98.40	
243565	4	T1019	1C		05/16/13	05/16/13	6.00	98.40	
243565	5	T1019	1C		05/17/13	05/17/13	6.00	98.40	
CLAIM TOTAL								492.00	CLAIM ACCOUNT REF. 2435650012011870SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012213 2012213 BERRY, ANGELINA 10/21/1956 1784 456200
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
243566	1	T1019	1C		05/11/13	05/11/13	4.00	65.60	
243566	2	T1019	1C		05/12/13	05/12/13	4.00	65.60	
243566	3	T1019	1C		05/13/13	05/13/13	4.00	65.60	

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
243566	4	T1019	1C		05/14/13	05/14/13	4.00	65.60	
243566	5	T1019	1C		05/15/13	05/15/13	4.00	65.60	
243566	6	T1019	1C		05/16/13	05/16/13	4.00	65.60	
243566	7	T1019	1C		05/17/13	05/17/13	4.00	65.60	
						CLAIM TOTAL		459.20	CLAIM ACCOUNT REF. 2435660012012213SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012097	2013010	RODRIGUEZ, SILVIO	11/03/1930	9624	446238
DIAGNOSIS	CODES:	290.0	280.9	401.9			

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
243571	1	T1019	1C		05/11/13	05/11/13	8.00	131.20	
243571	2	T1019	1C		05/12/13	05/12/13	8.00	131.20	
243571	3	T1019	1C		05/13/13	05/13/13	8.00	131.20	
243571	4	T1019	1C		05/14/13	05/14/13	8.00	131.20	
243571	5	T1019	1C		05/15/13	05/15/13	8.00	131.20	
243571	6	T1019	1C		05/16/13	05/16/13	8.00	131.20	
243571	7	T1019	1C		05/17/13	05/17/13	8.00	131.20	
						CLAIM TOTAL		918.40	CLAIM ACCOUNT REF. 2435710012013010SUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
243570	1	T1019	1C 1F		05/13/13	05/13/13	1.00	225.00	
243570	2	T1019	1C 1F		05/14/13	05/14/13	1.00	225.00	
243570	3	T1019	1C 1F		05/15/13	05/15/13	1.00	225.00	
243570	4	T1019	1C 1F		05/16/13	05/16/13	1.00	225.00	
243570	5	T1019	1C 1F		05/17/13	05/17/13	1.00	225.00	
						CLAIM TOTAL		1,125.00	CLAIM ACCOUNT REF. 2435700012013223SUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
243569	1	T1019	1C		05/15/13	05/15/13	8.00	131.20	
243569	2	T1019	1C		05/16/13	05/16/13	8.00	131.20	
243569	3	T1019	1C		05/17/13	05/17/13	8.00	131.20	
						CLAIM TOTAL		393.60	CLAIM ACCOUNT REF. 2435690012013320SUP

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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

PAYER TOTALS:	ICS	# OF CLAIMS =	37	TOTAL CLAIM AMOUNT =	4,044.20
		# SERVICES =	7		

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243562	1	T1019	0580	05/11/13	05/11/13	36.00	151.92
243562	2	T1019	0580	05/12/13	05/12/13	36.00	151.92
243562	3	T1019	0580	05/13/13	05/13/13	36.00	151.92
243562	4	T1019	0580	05/14/13	05/14/13	36.00	151.92
243562	5	T1019	0580	05/15/13	05/15/13	36.00	151.92
243562	6	T1019	0580	05/16/13	05/16/13	36.00	151.92
243562	7	T1019	0580	05/17/13	05/17/13	36.00	151.92
CLAIM TOTAL							1,063.44
CLAIM ACCOUNT REF.							2435620012010800SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JSV04323R01 2013031115500001
DIAGNOSIS CODES: 250.11 272.0 401.9 435.9 586.
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243564	1	T1019	0580	05/08/13	05/08/13	16.00	67.52
243564	2	T1019	0580	05/09/13	05/09/13	16.00	67.52
243564	3	T1019	0580	05/14/13	05/14/13	16.00	67.52
243564	4	T1019	0580	05/15/13	05/15/13	16.00	67.52
243564	5	T1019	0580	05/16/13	05/16/13	16.00	67.52
243564	6	T1019	0580	05/17/13	05/17/13	16.00	67.52
CLAIM TOTAL							405.12
CLAIM ACCOUNT REF.							2435640012010804SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012890 2012890 SCOTT, AKHNATON 04/28/1992 JPBQ4958E01 2013032015500001
DIAGNOSIS CODES: 299.00 317.
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
243563	1	T1019	0580	05/11/13	05/11/13	32.00	135.04
243563	2	T1019	0580	05/12/13	05/12/13	32.00	135.04
243563	3	T1019	0580	05/13/13	05/13/13	16.00	67.52
243563	4	T1019	0580	05/14/13	05/14/13	16.00	67.52
243563	5	T1019	0580	05/15/13	05/15/13	16.00	67.52
243563	6	T1019	0580	05/16/13	05/16/13	16.00	67.52
243563	7	T1019	0580	05/17/13	05/17/13	16.00	67.52
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2435630012012890SUP

REPORT DATE 05/22/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052205263866RRSUP

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

PAYER TOTALS:	HEALTHCARE PARTNERS IPA I	# OF CLAIMS =	20	TOTAL CLAIM AMOUNT =	2,076.24
		# SERVICES =	3		

PROVIDER TOTALS:	SUNNYSIDE CITYWIDE	# OF CLAIMS =	943	TOTAL CLAIM AMOUNT =	114,054.06
		# SERVICES =	162		