REG LOC CLIENT SERVICE NAME

206243

NY 001 2008386 2008386 BATISTA, JOSE

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

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 134.96 206251 1 08/04/12 08/04/12 8.00 2 T1020 08/06/12 08/06/12 5.00 84.35 206251 3 T1020 08/07/12 08/07/12 5.00 206251 84.35 206251 4 T1020 08/08/12 08/08/12 5.00 84.35 5 T1020 206251 08/09/12 08/09/12 5.00 84.35 206251 6 T1020 08/10/12 08/10/12 5.00 84.35 CLAIM TOTAL 556.71 CLAIM ACCOUNT REF. 2062510012008267SUP 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 206248 1 T1020 08/04/12 08/04/12 9.00 151.83 08/05/12 08/05/12 151.83 206248 2 T1020 9.00 151.83 3 T1020 08/06/12 08/06/12 206248 9.00 4 T1020 206248 08/07/12 08/07/12 9.00 151.83 206248 5 T1020 08/08/12 08/08/12 9.00 151.83 206248 6 T1020 08/09/12 08/09/12 9.00 151.83 7 T1020 206248 08/10/12 08/10/12 9.00 151.83 CLAIM TOTAL 1.062.81 CLAIM ACCOUNT REF. 2062480012008268SUP 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 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS LINE # AMOUNT 08/09/12 08/09/12 1 T1020 7.00 118.09 206245 2 T1020 08/10/12 08/10/12 7.00 118.09 206245 236.18 CLAIM ACCOUNT REF. 2062450012008306SUP CLAIM TOTAL

07/20/1950 74170038700

BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 07/20/1950 74170038700 120820411

PAGE:

1

DIAGNOSIS CODES: 344.1 401.9 599.0 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 08/04/12 08/04/12 1 T1020 7.00 206243 118.09 118.09 118.09 08/05/12 08/05/12 7.00 08/06/12 08/06/12 7.00 2 T1020 206243 3 T1020

INPUT FILE = /VO	L444/COMPSUP/HIPAAIN/E5	002012081502091790RRS	UP		PAGE: 2
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REG LOC CLIENT NY 001 2008400 DIAGNOSIS CODES:	SERVICE NAME 2008400 SAMOJEDNY, 436. 401.9 571.	MICHAEL 01/20/1 5 780.4 799.89	ATE RECIPIENT ID 954 74102201600	PRIOR AUTHORIZATION # 113550568	
INV # LINE # 206250 1 206250 2 206250 3	PROCEDURE CODE REVENT1020 T1020 T1020			AMOUNT 67.48 67.48 84.35 219.31 CLAIM ACCOUNT REF.	2062500012008400SUP
REG LOC CLIENT NY 001 2008388 DIAGNOSIS CODES:	SERVICE NAME 2009283 MARTINEZ, 340. 799.89	BIRTH D 02/14/1	ATE RECIPIENT ID 954 74179809800	PRIOR AUTHORIZATION # 11951467	
INV # LINE # 206247 1 206247 2 206247 3 206247 4 206247 5 206247 6 206247 7	PROCEDURE CODE REVEN T1020 T1020 T1020 T1020 T1020 T1020 T1020	08/04/12 08/ 08/05/12 08/ 08/06/12 08/ 08/07/12 08/ 08/08/12 08/ 08/09/12 08/ 08/10/12 08/	05/12 12.00 $06/12$ 12.00 $07/12$ 12.00 $08/12$ 12.00 $09/12$ 12.00	AMOUNT 202.44 202.44 202.44 202.44 202.44 202.44 202.44 1,417.08 CLAIM ACCOUNT REF.	2062470012009283SUP
REG LOC CLIENT NY 001 2009956 DIAGNOSIS CODES:			ATE RECIPIENT ID 961 74207950500	PRIOR AUTHORIZATION # 120550698	
INV # LINE # 206249 1 2 206249 2 206249 4 206249 5 206249 6	PROCEDURE CODE REVEN T1020 T1020 T1020 T1020 T1020 T1020	08/04/12 08/ 08/05/12 08/ 08/06/12 08/ 08/08/12 08/ 08/09/12 08/ 08/10/12 08/	05/12 4.00 06/12 4.00 08/12 4.00 09/12 4.00	AMOUNT 67.48 67.48 67.48 67.48 67.48 67.48	20624900120099555777

CLAIM TOTAL

404.88 CLAIM ACCOUNT REF. 2062490012009956SUP

3

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 11315 FIDELIS CARE NY

THIBR	10 11	313	1100	EIG CHILD IVI					
REG LOONY 000		2010014		RITZA 11,		RECIPIENT ID 74098062800		DR AUTHORIZATION # 660869	
INV # 206244 206244 206244 206244	LINE # 1 2 3 4 5	PROCEDURE T1020 T1020 T1020 T1020 T1020	CODE REVEN	08/06/12 08/07/12 08/08/12 08/09/12	THRU DT 08/06/12 08/07/12 08/08/12 08/09/12 08/10/12 CL	6.00 6.00 6.00	AMOUNT 101.22 101.22 101.22 101.22 50.61 455.49	CLAIM ACCOUNT REF.	2062440012010014SUP
REG LOO NY 000 DIAGNOS		2010041	NAME VARGAS, RA 3.5 345.	QUEL 811 QUEL 07, 91 E885.9	RTH DATE /05/1949	RECIPIENT ID 74201787700		DR AUTHORIZATION # 291101	
INV # 206252 206252 206252 206252 206252 206252 206252	LINE # 1 2 3 4 5 6 7	PROCEDURE T1020 T1020 T1020 T1020 T1020 T1020 T1020	CODE REVEN	08/04/12 08/05/12 08/06/12 08/07/12 08/08/12 08/09/12	08/05/12 08/06/12 08/07/12 08/08/12 08/09/12 08/10/12	9.00 9.00 9.00 9.00 9.00	AMOUNT 151.83 151.83 151.83 151.83 151.83 151.83 151.83	CLAIM ACCOUNT REF.	2062520012010041SUP
REG LOON NY 000 DIAGNOS		2010712	NAME LITMAN, GA 80.2 V12.			RECIPIENT ID 74146355500		DR AUTHORIZATION # 951068	
INV # 206246 206246 206246 206246	LINE # 1 2 3 4	PROCEDURE T1020 T1020 T1020 T1020	CODE REVEN	08/06/12 08/07/12 08/08/12	THRU DT 08/06/12 08/07/12 08/08/12 08/10/12 CL	5.00 5.00	AMOUNT 84.35 84.35 84.35 67.48 320.53	CLAIM ACCOUNT REF.	2062460012010712SUP

PAYER TOTALS: FIDELIS CARE NY # OF CLAIMS = 54 TOTAL CLAIM AMOUNT = 6,562.43 # SERVICES = 10

REPORT DATE 08/15/12 PAGE: SUNNYSIDE CITYWIDE

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

PROVIDER ID =	113502051	SUNNYSIDE CITYWIDE	NPI = 1154407492
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92 PAYER ID = 11325NEIGHBORHOOD HEALTH BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 07/24/1943 10062577601 072111255060 REG LOC CLIENT SERVICE NAME 2008261 FERNANDEZ, MARIA 07/24/1943 10062577601 NY 001 2008261 DIAGNOSIS CODES: 250.00 272.2 493.00 536.9 733.00 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS TRUDOMA 206228 1 08/08/12 08/08/12 16.00 67.52 2 08/09/12 08/09/12 16.00 206228 T1019 67.52 206228 3 T1019 08/10/12 08/10/12 16.00 67.52 CLAIM TOTAL 202.56 CLAIM ACCOUNT REF. 2062280012008261SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 10/28/1952 10062883101 083111260220 REG LOC CLIENT SERVICE NAME NY 001 2008263 2008263 MORALES HERNADEZ, EDW 10/28/1952 10062883101 DIAGNOSIS CODES: 344.1 799.89 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 206235 1 08/04/12 08/04/12 24.00 101.28 T1019 08/05/12 08/05/12 24.00 101.28 206235 T1019 24.00 101.28 206235 08/06/12 08/06/12 206235 T1019 08/07/12 08/07/12 24.00 101.28 206235 5 T1019 08/08/12 08/08/12 24.00 101.28 6 T1019 206235 08/09/12 08/09/12 24.00 101.28 206235 7 T1019 08/10/12 08/10/12 24.00 101.28 CLAIM TOTAL 708.96 CLAIM ACCOUNT REF. 2062350012008263SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 052212292391 10/05/1954 10043001301 NY 001 2008265 2008265 SHEPPARD, ERMA DIAGNOSIS CODES: 295.90 250.00 272.0 401.9 440.9 AMOUNT INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 206240 1 T1019 08/04/12 08/04/12 40.00 168.80 206240 2 T1019 08/05/12 08/05/12 40.00 168.80 T1019 206240 3 08/06/12 08/06/12 40.00 168.80 T1019 206240 08/07/12 08/07/12 40.00 168.80 5 206240 T1019 08/08/12 08/08/12 40.00 168.80 08/09/12 08/09/12 206240 6 T1019 40.00 168.80 T1019 168.80 206240 7 08/10/12 08/10/12 40.00 CLAIM TOTAL 1,181.60 CLAIM ACCOUNT REF. 2062400012008265SUP PRIOR AUTHORIZATION # 082611259599 REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID 2008303 WILSON, SHERYL NY 001 2008303 08/28/1956 10060476901 DIAGNOSIS CODES: 737.39 344.9 493.90 799.89

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 1 T1019 07/21/12 07/21/12 16.00 206242 67.52 REPORT DATE 08/15/12 SUNNYSIDE CITYWIDE INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP PAGE: 5

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REG LOC CLIENT NY 001 2008305 DIAGNOSIS CODES:	SERVICE NAME 2008305 ARDITTO, PATRICIA 493.00 042. 300.00 33	BIRTH DATE RECIPIENT ID A 10/29/1952 10053196701 11. 530.81 780.4	PRIOR AUTHORIZATION # 072911256276					
INV # LINE # 206225 1 206225 2 206225 3 206225 4 206225 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 08/06/12 08/06/12 20.00 08/07/12 08/07/12 24.00 08/08/12 08/08/12 24.00 08/09/12 08/09/12 24.00 08/10/12 08/10/12 24.00 CLAIM TOTAL	AMOUNT 84.40 101.28 101.28 101.28 101.28 101.28 489.52 CLAIM ACCOUNT REF.	2062250012008305SUP				
REG LOC CLIENT NY 001 2008366 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID 03/17/1950 10063968601	PRIOR AUTHORIZATION # 072211255308					
INV # LINE # 206231 1 206231 2	PROCEDURE CODE REVENUE CD T1019 T1019	FROM DT THRU DT UNITS 08/08/12 08/08/12 36.00 08/10/12 08/10/12 36.00 CLAIM TOTAL	AMOUNT 151.92 151.92 303.84 CLAIM ACCOUNT REF.	2062310012008366SUP				
REG LOC CLIENT NY 001 2008403 DIAGNOSIS CODES:	SERVICE NAME 2008403 CHUKWUJIORAH, TAI 343.9 737.43 742.3	BIRTH DATE RECIPIENT ID RELL 10/30/1988 10082619401	PRIOR AUTHORIZATION # 072211255317					
INV # LINE # 206226 1 206226 2 206226 3 206226 4 206226 5 206226 6 206226 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 08/04/12 08/04/12 28.00 08/05/12 08/05/12 28.00 08/06/12 08/06/12 32.00 08/07/12 08/07/12 28.00 08/08/12 08/08/12 28.00 08/09/12 08/09/12 28.00 08/10/12 08/10/12 28.00	AMOUNT 118.16 118.16 135.04 118.16 118.16 118.16					

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

206229

1 T1019

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 11325 NEIGHBORHOOD HEALTH

TAIBK ID - II	NEIGHBORHO	IIIAIIII		
INV # LINE #	PROCEDURE CODE REVENUE CD	FROM DT THRU DT UNITS CLAIM TOTAL	AMOUNT 844.00 CLAIM ACCOUNT REF.	2062260012008403SUP
REG LOC CLIENT NY 001 2008420 DIAGNOSIS CODES:	SERVICE NAME 2008420 SALVATO, MARY 340. 244.9 250.00 2		PRIOR AUTHORIZATION # 072211255313	
INV # LINE # 206239 1 206239 2 206239 3 206239 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 08/05/12 08/05/12 32.00 08/06/12 08/06/12 32.00 08/07/12 08/07/12 32.00 08/08/12 08/08/12 32.00 08/09/12 08/09/12 32.00 08/09/12 08/09/12 32.00 CLAIM TOTAL	AMOUNT 135.04 135.04 135.04 135.04 135.04 675.20 CLAIM ACCOUNT REF.	2062390012008420SUP
REG LOC CLIENT NY 001 2008422 DIAGNOSIS CODES:	SERVICE NAME 2008422 MOSKOWITZ, RONA 799.89 401.9 493.92 72	BIRTH DATE RECIPIENT ID 02/16/1952 10063710601 V02.62	PRIOR AUTHORIZATION # 072211255325	
INV # LINE # 206236 1 206236 2 206236 3 206236 4 206236 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 08/06/12 08/06/12 24.00 08/07/12 08/07/12 24.00 08/08/12 08/08/12 24.00 08/09/12 08/09/12 24.00 08/10/12 08/10/12 24.00 08/10/12 08/10/12 24.00 CLAIM TOTAL	AMOUNT 101.28 101.28 101.28 101.28 101.28 506.40 CLAIM ACCOUNT REF.	2062360012008422SUP
REG LOC CLIENT NY 001 2008425 DIAGNOSIS CODES:	2008425 WELLS, WYNORIA	BIRTH DATE RECIPIENT ID 09/10/1959 10063849801 401.9	PRIOR AUTHORIZATION # 081911258799	
INV # LINE # 206241 1 206241 2 206241 3 206241 4	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 08/06/12 08/06/12 16.00 08/07/12 08/07/12 16.00 08/09/12 08/09/12 16.00 08/10/12 08/10/12 16.00 CLAIM TOTAL	AMOUNT 67.52 67.52 67.52 67.52 270.08 CLAIM ACCOUNT REF.	2062410012008425SUP
REG LOC CLIENT NY 001 2008427 DIAGNOSIS CODES:	2008427 FLORES, MARITZA	BIRTH DATE RECIPIENT ID 09/26/1953 10044817901 425.8 799.89	PRIOR AUTHORIZATION # 072911256156	
INV # LINE #	PROCEDURE CODE REVENUE CD	FROM DT THRU DT UNITS	AMOUNT	

08/04/12 08/04/12 40.00

168.80

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PROVIDER ID = 11 PAYER ID = 11			
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REG LOC CLIENT NY 001 2008531 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 02/16/1949 10057325401 070912298224 799.89	
INV # LINE # 206238 1 206238 2 206238 3 206238 4 206238 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 08/06/12 08/06/12 16.00 67.52 08/07/12 08/07/12 16.00 67.52 08/08/12 08/08/12 16.00 67.52 08/09/12 08/09/12 16.00 67.52 08/10/12 08/10/12 16.00 67.52 08/10/12 08/10/12 16.00 67.52 CLAIM TOTAL 337.60 CLAIM ACCOUNT REF	. 2062380012008531SUP
REG LOC CLIENT NY 001 2008742 DIAGNOSIS CODES:	SERVICE NAME 2008742 KROLL, KATHERINE 340. 244.8 272.0 3	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 09/22/1949 10088829601 080811257332 11. 386.2 401.9	
INV # LINE # 206234 1 206234 2 206234 3 206234 4 206234 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 08/06/12 08/06/12 28.00 118.16 08/07/12 08/07/12 28.00 118.16 08/08/12 08/08/12 28.00 118.16 08/09/12 08/09/12 28.00 118.16 08/10/12 08/10/12 28.00 118.16 08/10/12 08/10/12 28.00 118.16 CLAIM TOTAL 590.80 CLAIM ACCOUNT REF	. 2062340012008742SUP
REG LOC CLIENT NY 001 2008802 DIAGNOSIS CODES:	2008802 DIAZ, CARMEN	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 07/29/1950 10089557301 062712297011 19.89 733.00	
INV # LINE # 206227 1 206227 2 206227 3 206227 4 206227 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 08/06/12 08/06/12 16.00 67.52 08/07/12 08/07/12 24.00 101.28 08/08/12 08/08/12 24.00 101.28 08/09/12 08/09/12 24.00 101.28 08/10/12 08/10/12 24.00 101.28 08/10/12 08/10/12 24.00 101.28	20622700120088020110

CLAIM TOTAL

472.64 CLAIM ACCOUNT REF. 2062270012008802SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

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

REG LOC CLIENT NY 001 2008260 DIAGNOSIS CODES:	2009221 KHALIL, RASHAN	BIRTH DATE RECIPIENT ID 02/11/1989 10060620501	PRIOR AUTHORIZATION # 062512296643	
INV # LINE # 206232 1 206232 2 206232 3 206232 4 206232 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	08/06/12 08/06/12 28.00 08/07/12 08/07/12 28.00 08/08/12 08/08/12 28.00 08/09/12 08/09/12 28.00 08/10/12 08/10/12 32.00	AMOUNT 118.16 118.16 118.16 118.16 135.04 607.68 CLAIM ACCOUNT REF.	2062320012009221SUP
REG LOC CLIENT NY 001 2009356 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID 02/08/1949 10076892101	PRIOR AUTHORIZATION # 1121111269647	
INV # LINE # 206233 1 206233 3 206233 4 206233 5 206233 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	08/04/12 08/04/12 48.00 08/05/12 08/05/12 48.00 08/06/12 08/06/12 48.00 08/07/12 08/07/12 48.00 08/08/12 08/08/12 48.00 08/08/12 08/08/12 48.00 08/09/12 08/09/12 48.00 08/10/12 08/10/12 28.00	AMOUNT 202.56 202.56 202.56 202.56 202.56 202.56 118.16 ,333.52 CLAIM ACCOUNT REF.	2062330012009356SUP
REG LOC CLIENT NY 001 2010143 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID 11/15/1985 10062660901	PRIOR AUTHORIZATION # 072211255328	
INV # LINE # 206223 1 2 206223 2 206223 4 206223 5 206223 6 206223 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	08/04/12 08/04/12 32.00 08/05/12 08/05/12 32.00 08/06/12 08/06/12 32.00 08/07/12 08/07/12 32.00 08/08/12 08/08/12 32.00 08/08/12 08/08/12 32.00 08/09/12 08/09/12 32.00 08/10/12 08/10/12 32.00	AMOUNT 135.04 135.04 135.04 135.04 135.04 135.04 135.04 945.28 CLAIM ACCOUNT REF.	2062230012010143SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 11325NEIGHBORHOOD HEALTH

REG	LOC	CLIENL	SERVICE	NAME	BIRTH DATE	RECIPLENT ID	PRIOR AUTHORIZATION #
NY	001	2008398	2010353	RODRIGUEZ, JESSE	03/23/1984	10063030901	072211255272

DIAGNOSIS CODES: 799.89 253.5 278.00 401.9

206237	7 1	T101	9 08/06/1	2 08/06/12	20.00	84.40		
206237	7 2	T101	9 08/07/1	2 08/07/12	20.00	84.40		
206237	7 3	T101	9 08/08/1	2 08/08/12	20.00	84.40		
206237	7 4	T101	9 08/09/1	2 08/09/12	20.00	84.40		
206237	7 5	T101	9 08/10/1	2 08/10/12	20.00	84.40		
				CLI	AIM TOTAL	422.00	CLAIM ACCOUNT REF.	2062370012010353SUP

UNITS

AMOUNT

1	001	CLIENT 2010639 CODES:		ME MPTON, PRIS 401.9	CILLA			RECIPIENT ID 10094572501	PRIOR AUTHORIZATION # 060112293626	
IN	J #	LINE #	PROCEDURE COL	E REVENUE	CD FROM	DT '	THRU DT	UNITS	AMOUNT	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
206230	1	T1019		08/02/12	08/02/12	28.00	118.16		
206230	2	T1019		08/04/12	08/04/12	24.00	101.28		
206230	3	T1019		08/05/12	08/05/12	24.00	101.28		
206230	4	T1019		08/06/12	08/06/12	24.00	101.28		
206230	5	T1019		08/07/12	08/07/12	28.00	118.16		
					CLAI	M TOTAL	540.16	CLAIM ACCOUNT REF.	2062300012010639SUP

 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 206224 1 T1019 08/06/12 08/06/12 36.00 151.92 CLAIM TOTAL 151.92 CLAIM ACCOUNT REF. 2062240012010878SUP

OF CLAIMS = 106 TOTAL CLAIM AMOUNT = 12,575.60 PAYER TOTALS: NEIGHBORHOOD HEALTH

SERVICES = 20 REPORT DATE 08/15/12 PAGE: 1.0 SUNNYSIDE CITYWIDE

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206280

206280

7 T1019

PROVIDER ID = 113502051	SUNNYSIDE CITYWIDE	NPI = 1154407492
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92 PAYER ID = 13265 METROPLUS HEALTH PLAN REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008233 2008233 ARIAS, NORA 03/31/1981 RB08739R 0106191290349 DIAGNOSIS CODES: 356.9 348.2 401.9 733.00 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 206277 08/04/12 08/04/12 4.00 68.60 206277 08/05/12 08/05/12 4.00 68.60 T1019 08/06/12 08/06/12 12.00 206277 3 T1019 205.80 206277 4 T1019 08/07/12 08/07/12 12.00 205.80 206277 5 T1019 08/08/12 08/08/12 12.00 205.80 206277 6 T1019 08/09/12 08/09/12 12.00 205.80 206277 7 T1019 08/10/12 08/10/12 12.00 205.80 CLAIM TOTAL 1,166.20 CLAIM ACCOUNT REF. 2062770012008233SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008236 2008236 PERSAD, USHA 0103301290322 07/05/1955 TS79090G DIAGNOSIS CODES: 250.10 272.0 401.9 225.0 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 08/04/12 08/04/12 8.00 206285 1 T1019 137.20 206285 2 T1019 08/05/12 08/05/12 8.00 137.20 206285 3 T1019 08/06/12 08/06/12 11.00 188.65 206285 4 T1019 08/08/12 08/08/12 11.00 188.65 206285 5 T1019 08/09/12 08/09/12 11.00 188.65 206285 6 T1019 08/10/12 08/10/12 11.00 188.65 CLAIM TOTAL 1,029.00 CLAIM ACCOUNT REF. 2062850012008236SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008237 2008237 DURHAM, CYNTHIA 05/23/1960 ZB21969Z 01-070312-900-05 DIAGNOSIS CODES: 401.9 250.00 300.00 345.90 493.90 530.81 PROCEDURE CODE REVENUE CD FROM DT THRU DT LINE # UNITS AMOUNT INV # T1019 07/31/12 07/31/12 206280 4.00 68.60 1 T1019 08/02/12 08/02/12 206280 2 4.00 68.60 206280 3 T1019 08/06/12 08/06/12 4.00 68.60 206280 4 T1019 08/07/12 08/07/12 4.00 68.60 206280 5 T1019 08/08/12 08/08/12 4.00 68.60 6 T1019

08/09/12 08/09/12 4.00

08/10/12 08/10/12 4.00

CLAIM TOTAL

68.60

68.60

480.20 CLAIM ACCOUNT REF. 2062800012008237SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 13265 METROPLUS HEALTH PLAN REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008284 2008284 ANDERSON, BETH 12/18/1947 YC43135F 0103131290194 DIAGNOSIS CODES: 340. 286.0 311. 401.9 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 206276 1 T1019 08/06/12 08/06/12 6.00 102.90 206276 2 T1019 08/07/12 08/07/12 6.00 102.90 206276 206276 08/08/12 08/08/12 6.00 102.90 206276 3 T1019 206276 4 T1019 08/09/12 08/09/12 6.00 102.90 206276 5 T1019 08/10/12 08/10/12 6.00 102.90 CLAIM TOTAL 514.50 CLAIM ACCOUNT REF. 2062760012008284SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008385 2008385 MURDOCK, GERTRUDE 11/01/1917 SS71357M 0106221290271 DIAGNOSIS CODES: 536.9 365.9 369.10 389.9 401.9 715.90 733.00 V15.88 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 08/06/12 08/06/12 8.00 137.20 206283 1 T1019 206283 2 T1019 08/08/12 08/08/12 8.00 137.20 08/09/12 08/09/12 8.00 137.20 08/10/12 08/10/12 8.00 137.20 CLAIM TOTAL 548.80 CLAIM ACCOUNT REF. 2062830012008385SUP 3 T1019 206283 206283 4 T1019 REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008417 2008417 GALAS, TERESA 06/08/1955 ZX91437V 0106191290406 DIAGNOSIS CODES: 345.90 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 1 T1019 08/04/12 08/04/12 5.00 206282 85.75 206282 2 T1019 08/05/12 08/05/12 5.00 85.75 3 T1019 4 T1019 5 T1019 6 T1019 7 T1019 206282 08/06/12 08/06/12 5.00 85.75 08/07/12 08/07/12 5.00 206282 85.75 08/08/12 08/08/12 5.00 206282 85.75 08/09/12 08/09/12 5.00 206282 85.75 08/10/12 08/10/12 5.00 206282 85.75 CLAIM TOTAL 600.25 CLAIM ACCOUNT REF. 2062820012008417SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008418 2008418 RYALS, CHARLES 11/03/1950 ZZ49620T 0103051290159 DIAGNOSIS CODES: 401.9 250.00 272.0 278.00 295.00 311. 780.57 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 08/06/12 08/06/12 8.00 08/07/12 08/07/12 8.00 1 T1019 2 T1019 137.20 206287 206287 137.20

REPORT DATE 08/15/12 PAGE: SUNNYSIDE CITYWIDE 12

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492 PAYER ID = 13265METROPLUS HEALTH PLAN INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 08/08/12 08/08/12 206287 3 T1019 8.00 137.20 206287 4 T1019 08/10/12 08/10/12 8.00 137.20 CLAIM TOTAL 548.80 CLAIM ACCOUNT REF. 2062870012008418SUP SERVICE NAME BIRTH DATE RECIPIENT ID 2008743 CORDERO, ROSENDO 08/26/1926 QM62108S REG LOC CLIENT PRIOR AUTHORIZATION # 0101231290569 NY 001 2008743 DIAGNOSIS CODES: 492.0 272.0 401.9 715.00 788.30 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 206278 1 T1019 08/04/12 08/04/12 10.00 171.50 206278 T1019 08/05/12 08/05/12 10.00 171.50 206278 3 т1019 08/06/12 08/06/12 10.00 171.50 206278 4 T1019 08/07/12 08/07/12 10.00 171.50 206278 5 T1019 08/08/12 08/08/12 10.00 171.50 206278 6 T1019 08/09/12 08/09/12 10.00 171.50 7 T1019 206278 08/10/12 08/10/12 10.00 171.50 CLAIM TOTAL 1,200.50 CLAIM ACCOUNT REF. 2062780012008743SUP NEG LOC CLIENT SERVICE NAME
NY 001 2008283 2009137 DAVIS, ANGIE BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 11/15/1958 UT00109J 0107061290221 0107061290221 DIAGNOSIS CODES: 340. 401.9 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 206279 T1019 08/04/12 08/04/12 19.00 325.85 1 08/05/12 08/05/12 325.85 206279 T1019 19.00 206279 3 т1019 08/06/12 08/06/12 19.00 325.85 206279 4 T1019 08/07/12 08/07/12 19.00 325.85 206279 5 T1019 08/08/12 08/08/12 19.00 325.85 6 T1019 206279 08/09/12 08/09/12 19.00 325.85 206279 7 T1019 08/10/12 08/10/12 19.00 325.85 2,280.95 CLAIM ACCOUNT REF. 2062790012009137SUP CLAIM TOTAL SERVICE NAME REG LOC CLIENT

BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 08/20/1949 SP38021Q 0102291290309 NY 001 2009377 2009377 SANTORO, MATTHEW 08/20/1949 SP38021Q DIAGNOSIS CODES: 299.01 453.9

PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # LINE #

206288 1 T1019 08/05/12 08/05/12 6.00 102.90 102.90 102.90 CLAIM ACCOUNT REF. 2062880012009377SUP CLAIM TOTAL

REPORT DATE 08/15/12 PAGE: SUNNYSIDE CITYWIDE 13

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT 206281 1 T1019 08/04/12 08/04/12

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492PAYER ID = 13265 METROPLUS HEALTH PLAN REG LOC CLIENT SERVICE NAME
NV 001 2008235 2009688 RAMPERSAID. ALISSA 08/04/1992 SZ46585R 0107031290329 DIAGNOSIS CODES: 319. 315.9 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 1 137.20 206286 08/04/12 08/04/12 8.00 2 T1019 51.45 206286 08/06/12 08/06/12 3.00 3 T1019 08/07/12 08/07/12 3.00 51.45 206286 206286 4 T1019 08/08/12 08/08/12 3.00 51.45 206286 5 T1019 08/09/12 08/09/12 3.00 51.45 6 T1019 08/10/12 08/10/12 4.00 206286 68.60 CLAIM TOTAL 411.60 CLAIM ACCOUNT REF. 2062860012009688SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008280 2009919 SHUMON, NUK-FNU 01/21/1981 QQ82218A 0102101290257 DIAGNOSIS CODES: 952.9 344.1 564.00 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # LINE # 206289 1 T1019 08/04/12 08/04/12 4.00 68.60 08/05/12 08/05/12 4.00 68.60 206289 2 T1019 3 T1019 08/06/12 08/06/12 4.00 206289 68.60 4 T1019 08/07/12 08/07/12 4.00 206289 68.60 206289 5 T1019 08/08/12 08/08/12 4.00 68.60 6 T1019 7 T1019 206289 08/09/12 08/09/12 4.00 68.60 206289 08/10/12 08/10/12 4.00 68.60 CLAIM TOTAL 480.20 CLAIM ACCOUNT REF. 2062890012009919SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008279 2010213 VALLE, BLASINA 02/03/1929 QG00558G 0106011290042 DIAGNOSIS CODES: 428.0 244.9 272.4 331.0 537.9 746.85 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # LINE # 1 T1019 07/24/12 07/24/12 8.00 137.20 206290 2 T1019 08/04/12 08/04/12 137.20 206290 8.00 3 T1019 08/09/12 08/09/12 206290 8.00 137.20 4 08/10/12 08/10/12 8.00 137.20 206290 T1019 CLAIM TOTAL 548.80 CLAIM ACCOUNT REF. 2062900012010213SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 09/16/1974 YB82018Q 0107021290070 REG LOC CLIENT SERVICE NAME NY 001 2010860 2010860 ESPINOSA, MONICA DIAGNOSIS CODES: 758.0 244.9

08/04/12 08/04/12 8.00

UNITS

AMOUNT

137.20

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 13265 METROPLUS HEALTH PLAN

- 1	INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
	206281	2	T1019		08/05/12	08/05/12	8.00	137.20		
	206281	3	T1019		08/06/12	08/06/12	8.00	137.20		
	206281	4	T1019		08/07/12	08/07/12	8.00	137.20		
	206281	5	T1019		08/08/12	08/08/12	8.00	137.20		
	206281	6	T1019		08/09/12	08/09/12	8.00	137.20		
	206281	7	T1019		08/10/12	08/10/12	8.00	137.20		
						CLAI	M TOTAL	960.40	CLAIM ACCOUNT REF.	2062810012010860SUP

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

DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
206284	1	T1019		08/06/12	08/06/12	3.00	51.45		
206284	2	T1019		08/07/12	08/07/12	3.00	51.45		
206284	3	T1019		08/08/12	08/08/12	3.00	51.45		
206284	4	T1019		08/09/12	08/09/12	3.00	51.45		
206284	5	T1019		08/10/12	08/10/12	3.00	51.45		
					CLAI	M TOTAL	257.25	CLAIM ACCOUNT REF.	2062840012010886SUP

PAYER TOTALS: METROPLUS HEALTH PLAN # OF CLAIMS = 84 TOTAL CLAIM AMOUNT = 11,130.35

SERVICES = 15

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 14163WELLCARE OF NY

	008286 20	08286 RA	ME MIREZ, ALIDA A 401.9	BIR 12/	TH DATE 10/1950	RECIPIENT ZN85118U		CIOR AUTHORIZATION # .0614772	
INV # LII 206294 206294 206294 206294 206294 206294 206294	NE # PRO 1 T10 2 T10 3 T10 4 T10 5 T10 6 T10 7 T10	19 19 19 19 19	E REVENUE CD	FROM DT 08/04/12 08/05/12 08/05/12 08/06/12 08/07/12 08/08/12 08/09/12 08/10/12		36.00 36.00 36.00 36.00 36.00	AMOUNT 154.80 154.80 154.80 154.80 154.80 154.80 154.80		2062940012008286SUP
	008495 20	08495 MA		09/	TH DATE 05/1958 .90	RECIPIENT ZV42745Q		ZIOR AUTHORIZATION # 19653828	
INV # LII 206293 206293 206293 206293 206293 206293 206293	NE # PRO 1 T10 2 T10 3 T10 4 T10 5 T10 6 T10 7 T10	19 19 19 19 19	E REVENUE CD	FROM DT 08/04/12 08/05/12 08/05/12 08/06/12 08/07/12 08/08/12 08/09/12 08/10/12	08/08/12 08/09/12 08/10/12	24.00 24.00 24.00 24.00 24.00	AMOUNT 103.20 103.20 103.20 103.20 103.20 103.20 722.40		2062930012008495SUP
	009373 20		NAO, DANIELA I	BIR 03/	TH DATE 02/1975	RECIPIENT TW73757Z		IOR AUTHORIZATION # 0046354	
INV # LII 206291	NE # PRO 1 T10		E REVENUE CD	FROM DT 06/18/12		UNITS 44.00 AIM TOTAL	AMOUNT 189.20 189.20	1	2062910012009373SUP
	10404 20	10404 GU	ME ERRERO, MIRTHA 733.00 75		TH DATE 14/1931	RECIPIENT 740496		IOR AUTHORIZATION # 0568543	
INV # LII 206292 206292 206292	TNE # PRO 1 T10 2 T10 3 T10	19	E REVENUE CD	FROM DT 08/04/12 08/05/12 08/06/12	THRU DT 08/04/12 08/05/12 08/06/12	28.00	AMOUNT 120.40 120.40) 	

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

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 206292 4 T1019 08/07/12 08/07/12 28.00 120.40 206292 5 T1019 08/08/12 08/08/12 28.00 120.40 206292 T1019 08/09/12 08/09/12 28.00 120.40 T1019 08/10/12 08/10/12 28.00 120.40 206292

CLAIM TOTAL 842.80 CLAIM ACCOUNT REF. 2062920012010404SUP

PAYER TOTALS: WELLCARE OF NY # OF CLAIMS = 22 TOTAL CLAIM AMOUNT = 2,838.00

SERVICES = 4

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

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

FAIER ID - 55	Z47 HEALIII INSC	TRANCE FLAN		
REG LOC CLIENT NY 001 2008273 DIAGNOSIS CODES:		TO 08/11/1947 XX16524S	PRIOR AUTHORIZATION # 0004980406	
INV # LINE # 206271 1 206271 2 206271 3 206271 4 206271 5 206271 6 206271 7	PROCEDURE CODE REVENUE CD T1019 0580	FROM DT THRU DT UNITS 08/04/12 08/04/12 36.00 08/05/12 08/05/12 36.00 08/06/12 08/06/12 36.00 08/07/12 08/07/12 36.00 08/08/12 08/07/12 36.00 08/08/12 08/08/12 36.00 08/09/12 08/09/12 36.00 08/10/12 08/10/12 36.00 CLAIM TOTAL	AMOUNT 151.92 151.92 151.92 151.92 151.92 151.92 151.92 1,063.44 CLAIM ACCOUNT REF.	2062710012008471SUP
REG LOC CLIENT NY 001 2008276 DIAGNOSIS CODES:	SERVICE NAME 2008491 LOYOLA, MARIA 952.9 806.8 799.89	BIRTH DATE RECIPIENT ID 06/11/1981 ZR32498A01	PRIOR AUTHORIZATION # 0005044162	
INV # LINE # 206272 1 206272 2 206272 3	PROCEDURE CODE REVENUE CD 11019 0580 11019 0580 0580 11019 0580	FROM DT THRU DT UNITS 08/08/12 08/08/12 40.00 08/09/12 08/09/12 40.00 08/10/12 08/10/12 40.00 CLAIM TOTAL	AMOUNT 168.80 168.80 168.80 506.40 CLAIM ACCOUNT REF.	2062720012008491SUP
REG LOC CLIENT NY 001 2008274 DIAGNOSIS CODES:	2008513 WILLIAMS, DIANE	BIRTH DATE RECIPIENT ID 09/23/1948 YZ36993F 33.00 253.5	PRIOR AUTHORIZATION # 0005080166	
INV # LINE # 206275 1 206275 2 206275 3 206275 4 206275 5	PROCEDURE CODE REVENUE CD T1019 0580 T1019 0580 T1019 0580 T1019 0580 T1019 0580	FROM DT THRU DT UNITS 08/06/12 08/06/12 16.00 08/07/12 08/07/12 16.00 08/08/12 08/08/12 16.00 08/09/12 08/09/12 16.00 08/10/12 08/10/12 16.00 CLAIM TOTAL	AMOUNT 67.52 67.52 67.52 67.52 67.52 337.60 CLAIM ACCOUNT REF.	2062750012008513SUP
REG LOC CLIENT NY 001 2008227 DIAGNOSIS CODES:	2008544 ORR, LOUISE	BIRTH DATE RECIPIENT ID 03/04/1956 ZK40327Q 429.9 799.89		
INV # LINE # 206273 1 206273 2 206273 3	PROCEDURE CODE REVENUE CD T1019 0580 T1019 0580 T1019 0580	FROM DT THRU DT UNITS 08/04/12 08/04/12 20.00 08/05/12 08/05/12 20.00 08/06/12 08/06/12 20.00	AMOUNT 84.40 84.40 84.40	

	FILE = /VO	/12 L444/COMPSUP/HIP.	SUNNYSIDE AAIN/E50020120		0RRSUP				PAGE: 18
PROVID: PAYER	ER ID = 11 ID = 55		SUNNYSIDE C HEALTH INSU		ı		NPI = 1154	407492	
INV 20627 20627 20627	3 4 3 5	PROCEDURE CODE T1019 T1019 T1019	REVENUE CD 0580 0580 0580	08/08/12	THRU DT 08/07/12 08/08/12 08/09/12 CL	20.00	AMOUNT 84.40 84.40 84.40 506.40	CLAIM ACCOUNT REF.	2062730012008544SUP
	OC CLIENT 01 2008193 SIS CODES:	2008723 REY	E NOLDS, HARRIET 250.60 31	07/	TH DATE 01/1958 9 780	RECIPIENT SR66809C .4		OR AUTHORIZATION # 3855084-003	
INV 20626 20626 20626	5 1 5 2	PROCEDURE CODE T1019 T1019 T1019	REVENUE CD 0580 0580 0580	08/09/12	THRU DT 08/07/12 08/09/12 08/10/12 CL	16.00	AMOUNT 56.00 56.00 56.00 168.00	CLAIM ACCOUNT REF.	2062650012008723SUP
	OC CLIENT 01 2008793 SIS CODES:	2008793 COP	E E, WILLIE		TH DATE 17/1928	RECIPIENT XR98607Q		OR AUTHORIZATION # 4050353003	
INV 20625 20625 20625 20625 20625 20625 20625	9 1 9 2 9 3 9 4 9 5 9 6	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019 T1019	REVENUE CD 0580 0580 0580 0580 0580 0580	08/06/12 08/07/12 08/08/12 08/09/12	08/05/12 08/06/12 08/07/12 08/08/12 08/09/12 08/10/12	48.00 48.00 48.00 48.00 48.00	AMOUNT 168.00 168.00 168.00 168.00 168.00 168.00 1,176.00	CLAIM ACCOUNT REF.	2062590012008793SUP
	OC CLIENT 01 2009237 SIS CODES:	2009237 WES	TFIELD, BRENDA	01/	TH DATE 13/1953 3.90 530	RECIPIENT PT26237P .81 728.8	000	OR AUTHORIZATION # 4291129	
INV 20626		PROCEDURE CODE T1019	REVENUE CD 0580	FROM DT 08/04/12	THRU DT 08/04/12	UNITS 32.00	AMOUNT 112.00		

32.00

32.00

32.00

32.00

32.00

/12 32.00 CLAIM TOTAL 112.00

112.00

112.00

112.00

112.00

112.00

784.00

CLAIM ACCOUNT REF. 2062670012009237SUP

08/05/12 08/05/12

08/06/12 08/06/12

08/07/12 08/07/12

08/08/12 08/08/12

08/09/12 08/09/12

08/10/12 08/10/12

206267

206267

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3

4

5

0580

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0580

0580

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

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

PAYER I	:D = 5524	47	HEALTH INSU	RANCE PLAN	ſ					
REG LOC NY 001 DIAGNOSIS	CLIENT 2008223 CODES: 2	SERVICE NAME 2009269 SHAH 296.20 733.00	, HANSIKABEN		TH DATE 28/1948	RECIPIENT UR74418G	ID		R AUTHORIZATION # 080096	
INV # 206274	LINE # 1	PROCEDURE CODE T1019	REVENUE CD 0580	FROM DT 08/10/12	THRU DT 08/10/12 CL	UNITS 20.00 AIM TOTAL		AMOUNT 84.40 84.40	CLAIM ACCOUNT REF.	2062740012009269SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2008395 CODES: 7	SERVICE NAME 2009406 AHMA 799.89 253.5	D, AMATUL 272.4 403	08/	TH DATE 03/1953 .92 696	RECIPIENT YG15821Z .8	ID		R AUTHORIZATION # 979372	
INV # 206268 206268 206268 206268		PROCEDURE CODE T1019 T1019 T1019 T1019	REVENUE CD 0580 0580 0580 0580	FROM DT 08/06/12 08/07/12 08/08/12 08/09/12	THRU DT 08/06/12 08/07/12 08/08/12 08/09/12	16.00 16.00		AMOUNT 67.52 67.52 67.52 67.52		
					CL	AIM TOTAL		270.08	CLAIM ACCOUNT REF.	2062680012009406SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2009467 CODES: 7	SERVICE NAME 2009467 KEATO 715.00 365.9	ON, CATHERINE 401.9 78	08/	TH DATE 30/1923 .30	RECIPIENT WC81742E	ID		R AUTHORIZATION # 298435	
INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS		AMOUNT		
206264	1	T1019	0580	08/04/12	08/04/12			168.00		
206264	2	T1019	0580	08/05/12	08/05/12			168.00		
206264	3	T1019	0580	08/06/12	08/06/12			168.00		
206264		T1019	0580	08/07/12	08/07/12			168.00		
206264		T1019	0580	08/08/12	08/08/12			168.00		
206264	6 7	T1019	0580	08/09/12	08/09/12			168.00		
206264	/	T1019	0580	08/10/12	08/10/12 CL	48.00 AIM TOTAL	1	168.00 1,176.00	CLAIM ACCOUNT REF.	2062640012009467SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2008414 CODES: 3		IAN, JACQUELII		TH DATE 03/1963	RECIPIENT ZU96435W	ID		R AUTHORIZATION # 979520	

NY	LOC 001 OSIS	CLIENT 2008414 CODES:	SERVICE 2009562 345.90	NAME CIPRIAN,	JACQUELI		TH DATE 03/1963	RECIPIENT ZU96435W		RIOR AUTHORI 004979520
INV 2062		LINE #	PROCEDURE	CODE REV	ENUE CD	FROM DT	THRU DT	UNITS	AMOUN'	

0580 07/25/12 07/25/12 32.00 08/01/12 08/01/12 32.00 135.04 206269 T1019 CLAIM TOTAL 270.08 CLAIM ACCOUNT REF. 2062690012009562SUP REPORT DATE 08/15/12 PAGE: SUNNYSIDE CITYWIDE

20

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

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

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

DIAGNOSIS CODES: 345.90

206263

5

T1019

PROCEDURE CODE REVENUE CD FROM DT THRU DT INV # LINE # UNITS TUITOMA T1019 206270 1 0580 08/08/12 08/08/12 40.00 168.80 206270 2 0580 08/09/12 08/09/12 40.00 T1019 168.80 CLAIM TOTAL 337.60 CLAIM ACCOUNT REF. 2062700012009562SUP

BIRTH DATE RECIPIENT ID REG LOC CLIENT SERVICE NAME PRIOR AUTHORIZATION # 0005177081 001 2009686 2009686 GAFFNEY, FREDERICK 01/04/1939 RH10373H

DIAGNOSIS CODES: 315.8 357.4 389.8 401.9 493.91

LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT T1019 0580 206261 1 08/06/12 08/06/12 16.00 56.00 0580 08/07/12 08/07/12 16.00 0580 08/08/12 08/08/12 16.00 0580 08/09/12 08/09/12 16.00 0580 08/10/12 08/10/12 16.00 206261 2 T1019 56.00 3 T1019 56.00 206261 4 T1019 5 T1019 56.00 206261 206261 56.00 CLAIM TOTAL 280.00 CLAIM ACCOUNT REF. 2062610012009686SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2009945 2009945 JACKSON, FRANCES 03/12/1934 12030545001 0004676295-001

DIAGNOSIS CODES: 332.0 250.00 401.9 722.10 785.2

PROCEDURE CODE REVENUE CD FROM DT THRU DT AMOUNT INV # LINE # UNITS 08/06/12 08/06/12 28.00 98.00 206263 1 T1019 0580 0580 0580 0580 0580 206263 2 T1019 08/07/12 08/07/12 28.00 98.00 08/08/12 08/08/12 28.00 08/08/12 08/08/12 28.00 08/09/12 08/09/12 16.00 08/10/12 08/10/12 28.00 206263 3 T1019 98.00 4 T1019 206263 56.00

448.00 CLAIM ACCOUNT REF. 2062630012009945SUP CLAIM TOTAL

CLAIM TOTAL

98.00

PRIOR AUTHORIZATION # 14408709 REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID NY 001 2010293 2010293 CAMPBELL, CAROL 01/17/1945 ZW64229J

DIAGNOSIS CODES: 722.2 272.0 338.29 401.9 780.79 781.2

PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # LINE # 0580 08/06/12 08/06/12 70.00 206258 1 T1019 20.00 206258 2 T1019 0580 0580 0580 0580 0580 08/07/12 08/07/12 24.00 84.00 08/07/12 08/07/12 24.00 08/08/12 08/08/12 20.00 08/09/12 08/09/12 20.00 08/10/12 08/10/12 20.00 3 206258 T1019 70.00 4 206258 T1019 70.00 5 70.00 206258 T1019 364.00 CLAIM ACCOUNT REF. 2062580012010293SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

HEALTH INSURANCE PLAN

PAYER TOTALS:

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 55247 HEALTH INSURANCE PLAN

REG LOC CLIE NY 001 20103 DIAGNOSIS CODES	16 2010316 WEATHERS, VERDENA	BIRTH DATE RECIPIENT ID 02/05/1927 XK12367V	PRIOR AUTHORIZATION # 0004884724	
INV # LINE 206266 1 206266 2 206266 3 206266 4 206266 5	T1019 0580 T1019 0580 T1019 0580 T1019 0580	FROM DT THRU DT UNITS 08/06/12 08/06/12 48.00 08/07/12 08/07/12 48.00 08/08/12 08/08/12 48.00 08/09/12 08/09/12 48.00 08/10/12 08/10/12 48.00 CLAIM TOTAL	AMOUNT 168.00 168.00 168.00 168.00 168.00 840.00 CLAIM ACCOUNT REF.	2062660012010316SUP
REG LOC CLIE NY 001 20109 DIAGNOSIS CODES	91 2010991 IANNAZZO, ANGELIN	BIRTH DATE RECIPIENT ID O6/04/1921 RD78526M	PRIOR AUTHORIZATION # 0005197384	
INV # LINE 206262 1 206262 2 206262 3 206262 4 206262 5 206262 6	T1019 0580 T1019 0580 T1019 0580 T1019 0580 T1019 0580 T1019 0580	FROM DT THRU DT UNITS 08/04/12 08/04/12 36.00 08/06/12 08/06/12 36.00 08/07/12 08/07/12 36.00 08/08/12 08/08/12 36.00 08/09/12 08/08/12 36.00 08/10/12 08/10/12 36.00 CLAIM TOTAL	AMOUNT 126.00 126.00 126.00 126.00 126.00 126.00 756.00 CLAIM ACCOUNT REF.	2062620012010991SUP
REG LOC CLIE NY 001 20081 DIAGNOSIS CODES	13 2011066 COPELAND, ELISE	BIRTH DATE RECIPIENT ID 10/05/1928 QJ28865K 716.90	PRIOR AUTHORIZATION # 0005111746	
INV # LINE 206260 1 206260 2 206260 3 206260 4 206260 5 206260 6	G0156 0572 G0156 0572 G0156 0572 G0156 0572 G0156 0572	FROM DT THRU DT UNITS 08/04/12 08/04/12 7.00 08/06/12 08/06/12 7.00 08/07/12 08/07/12 7.00 08/08/12 08/08/12 7.00 08/08/12 08/09/12 7.00 08/09/12 08/09/12 7.00 08/10/12 08/10/12 7.00 CLAIM TOTAL	AMOUNT 99.75 99.75 99.75 99.75 99.75 99.75 598.50 CLAIM ACCOUNT REF.	2062600012011066SUP

SERVICES =

OF CLAIMS = 86 TOTAL CLAIM AMOUNT =

17

9,966.50

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 77073VNSNY CHOICE

BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # ARISTOTI 10/09/1962 V80041904 121790012 REG LOC CLIENT SERVICE NAME

NY 001 2008374 2010958 KARASSAVIDES, ARISTOTI 10/09/1962 V80041904

DIAGNOSIS CODES: 042. 202.88 436. 799.89

ı	INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
ı	206308	1	T1019		08/06/12	08/06/12	28.00	120.12		
ı	206308	2	T1019		08/07/12	08/07/12	28.00	120.12		
ı	206308	3	T1019		08/08/12	08/08/12	28.00	120.12		
ı	206308	4	T1019		08/09/12	08/09/12	28.00	120.12		
ı	206308	5	T1019		08/10/12	08/10/12	28.00	120.12		
ı						CTAT	M TOTAL	600.60	CLAIM ACCOUNT REF.	2063080012010958STIP

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

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC NY 001 2 DIAGNOSIS C	CLIENT 2008246 CODES:	SERVICE 2008246 314.01	NAME RIVERA, CHRISTOI		RTH DATE /03/1996	RECIPIENT ID UW23596M		DR AUTHORIZATION # L7676	
INV # I 206213 206213 206213 206213 206213 206213 206213 206213 206213 206213 206213 206213 206213 206213	LINE # 1 2 3 4 5 6 7 8 9 10 11 12 13 14	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	CODE REVENUE CD	08/03/12 08/04/12 08/05/12 08/06/12 08/07/12 08/08/12 08/09/12	07/29/12 07/30/12 07/31/12 08/01/12 08/02/12 08/03/12 08/04/12 08/05/12 08/06/12 08/07/12 08/08/12 08/08/12 08/09/12	12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00	AMOUNT 50.64 50.64 50.64 50.64 50.64 50.64 50.64 50.64 50.64 50.64 50.64 50.64	CLAIM ACCOUNT REF.	2062130012008246SUP
	CLIENT 2008248 CODES:	SERVICE 2008248 339.02 3	NAME RIVERA, EDDIE 67.1 369.10		RTH DATE /29/1960	RECIPIENT ID YP34893V		DR AUTHORIZATION # 50318	
INV # I 206214 206214 206214 206214 206214 206214	LINE # 1 2 3 4 5 6	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019	CODE REVENUE CD		08/01/12 08/03/12 08/06/12 08/08/12 08/10/12	12.00 12.00 12.00 12.00	AMOUNT 50.64 50.64 50.64 50.64 50.64 50.64 303.84	CLAIM ACCOUNT REF.	2062140012008248SUP
	CLIENT 2008249 CODES:	SERVICE 2008249 714.0 2	NAME LOPEZ-RAMIREZ, 0 72.4 401.9 5	CARLOTA 01,	RTH DATE /20/1936 3.00	RECIPIENT ID QR43529V		DR AUTHORIZATION # 00800	
INV # I 206211 206211 206211 206211 206211	LINE # 1 2 3 4 5	PROCEDURE T1019 T1019 T1019 T1019 T1019	CODE REVENUE CD		08/05/12	44.00 44.00 44.00	AMOUNT 185.68 185.68 185.68 185.68		

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER	ID = 113 $ID = 803$	141		HEALTHFIRS				NPI = 1154	107492	
INV # 206211 206211	LINE # 6 7	PROCEDURE T1019 T1019	CODE F	REVENUE CD	FROM DT 08/09/12 08/10/12			AMOUNT 185.68 185.68 1,299.76	CLAIM ACCOUNT REF.	2062110012008249SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2008250 CODES:	SERVICE 2008250 952.9 56	NAME SALAZA 4.81	AR, LUZ MAF 596.54 8		RTH DATE 19/1970	RECIPIENT SC60317K		OR AUTHORIZATION # 24834	
INV # 206216 206216 206216 206216 206216 206216 206216	LINE # 1 2 3 4 5 6 7	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019 T1019	CODE F	REVENUE CD	FROM DT 08/04/12 08/05/12 08/05/12 08/07/12 08/07/12 08/09/12 08/10/12	08/08/12 08/09/12 08/10/12	32.00 32.00 32.00 32.00 32.00	AMOUNT 135.04 135.04 135.04 135.04 135.04 135.04 135.04 945.28	CLAIM ACCOUNT REF.	2062160012008250SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2008251 CODES:	SERVICE 2008251 294.10 24	NAME CEBALI 4.9	COS, ANA		RTH DATE /31/1919	RECIPIENT UH02585Q		DR AUTHORIZATION # 28722	
INV # 206195 206195 206195 206195 206195	LINE # 1 2 3 4 5	PROCEDURE T1019 T1019 T1019 T1019 T1019	CODE F	REVENUE CD	FROM DT 08/06/12 08/07/12 08/08/12 08/09/12 08/10/12	08/10/12	32.00 32.00 32.00	AMOUNT 135.04 135.04 135.04 135.04 135.04 675.20	CLAIM ACCOUNT REF.	2061950012008251SUP

206	195	5	11019		08/10/12 08/10	CLAIM TOTAL	675.20	CLAIM ACCOUNT REF.	206
_			SERVICE 2008254	NAME SPIVEY, PATRICIA	BIRTH DAT 04/06/196		PRIOF R1802	R AUTHORIZATION # 2635	

141 001	2000231	2000231 5111	DI, IIIICICIII	01/	00/100	WESE 155D	1010
DIAGNOSIS	CODES:	250.00 401.9	733.00				
INV #	LINE #	PROCEDURE CODE	BEALMILE CD	FROM DT	THRU DT	UNITS	TRUOMA
	TIME #		KEVENOE CD				
206218	Τ	T1019		08/06/12	08/06/12	20.00	84.40
206218	2	T1019		08/08/12	08/08/12	20.00	84.40
206218	3	T1019		08/09/12	08/09/12	20.00	84.40

08/10/12 08/10/12 20.00 206218 4 T1019 84.40 337.60 CLAIM ACCOUNT REF. 2062180012008254SUP CLAIM TOTAL

REPORT DATE 08/15/12 PAGE: SUNNYSIDE CITYWIDE 25

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT

1 T1019

206212

SUNNYSIDE CITYWIDE NPI = 1154407492

PROVIDER ID = 113502051 PAYER ID = 80141 HEALTHFIRST PHSP SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 2008256 CARMONA, LUZ 08/10/1954 XJ24416K R1839723 SERVICE NAME REG LOC CLIENT NY 001 2008256 DIAGNOSIS CODES: 294.8 401.9 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 135.04 206193 1 08/06/12 08/06/12 32.00 08/07/12 08/07/12 32.00 135.04 206193 T1019 32.00 135.04 206193 3 T1019 08/08/12 08/08/12 206193 4 T1019 08/09/12 08/09/12 32.00 135.04 206193 5 T1019 08/10/12 08/10/12 32.00 135.04 CLAIM TOTAL 675.20 CLAIM ACCOUNT REF. 2061930012008256SUP SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 09/04/1948 YD71377C R1832858 REG LOC CLIENT NY 001 2008257 2008257 ESTEVES, JOSE DIAGNOSIS CODES: 345.40 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 08/04/12 08/04/12 24.00 101.28 206201 1 T1019 206201 T1019 08/05/12 08/05/12 24.00 101.28 101.28 206201 T1019 08/06/12 08/06/12 24.00 206201 4 T1019 08/07/12 08/07/12 24.00 101.28 206201 5 T1019 08/08/12 08/08/12 24.00 101.28 6 T1019 206201 08/09/12 08/09/12 24.00 101.28 206201 7 T1019 08/10/12 08/10/12 24.00 101.28 708.96 CLAIM ACCOUNT REF. 2062010012008257SUP 101.28 CLAIM TOTAL BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 08/25/1935 SZ24247J R1825265 REG LOC CLIENT SERVICE NAME NY 001 2008290 2008290 SALHUANA, YOLANDA DIAGNOSIS CODES: 249.70 362.50 401.9 733.00 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # T1019 08/06/12 08/06/12 32.00 135.04 206217 1 T1019 08/07/12 08/07/12 32.00 135.04 206217 2 3 T1019 32.00 206217 08/08/12 08/08/12 135.04 4 08/09/12 08/09/12 206217 T1019 32.00 135.04 5 T1019 08/10/12 08/10/12 206217 32.00 135.04 675.20 CLAIM ACCOUNT REF. 2062170012008290SUP CLAIM TOTAL PRIOR AUTHORIZATION # R1831741 BIRTH DATE RECIPIENT ID REG LOC CLIENT SERVICE NAME NY 001 2008297 2008297 MARTIN, ARIANA 12/25/1968 XD64969X DIAGNOSIS CODES: 250.63 401.9 493.11 AMOUNT

06/22/12 06/22/12 16.00

UNITS

67.52

REPORT DATE 08/15/12 PAGE: SUNNYSIDE CITYWIDE 26

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

206219

206219

T1019

6 T1019

PROVIDER	ID =	113502051	SUNNYSIDE CITYWIDE	NPI = 1154407492
DATIED	T-D	0.01.41	HEAT BURETOON DUCK	

2 PAYER ID = 80141HEALTHFIRST PHSP INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 06/29/12 06/29/12 16.00 67.52 206212 T1019 206212 3 T1019 08/06/12 08/06/12 16.00 67.52 4 T1019 08/08/12 08/08/12 16.00 67.52 206212 206212 5 T1019 08/10/12 08/10/12 16.00 67.52 337.60 CLAIM ACCOUNT REF. 2062120012008297SUP CLAIM TOTAL REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008362 2008362 FONTANES, PEDRO 08/27/1948 RX10287Z R1804541 DIAGNOSIS CODES: 724.3 278.00 427.31 428.0 724.2 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 118.16 206203 1 т1019 08/04/12 08/04/12 28.00 206203 2 T1019 08/05/12 08/05/12 28.00 118.16 206203 3 T1019 08/06/12 08/06/12 28.00 118.16 206203 4 T1019 08/07/12 08/07/12 28.00 118.16 5 T1019 08/08/12 08/08/12 28.00 118.16 206203 206203 6 T1019 08/09/12 08/09/12 28.00 118.16 206203 7 T1019 08/10/12 08/10/12 28.00 118.16 827.12 CLAIM ACCOUNT REF. 2062030012008362SUP CLAIM TOTAL BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # MARGARET 06/25/1950 ZP21043J R1955871 REG LOC CLIENT SERVICE NAME NY 001 2008368 2008368 RODRIGUEZ, MARGARET 06/25/1950 ZP21043J DIAGNOSIS CODES: 295.90 250.00 272.4 311. 401.9 414.3 733.00 780.52 PROCEDURE CODE REVENUE CD FROM DT THRU DT INV # LINE # UNITS AMOUNT 08/06/12 08/06/12 16.00 206215 1 т1019 67.52 206215 2 T1019 08/07/12 08/07/12 16.00 67.52 206215 3 T1019 08/08/12 08/08/12 16.00 67.52 206215 4 T1019 08/09/12 08/09/12 16.00 67.52 206215 5 T1019 08/10/12 08/10/12 16.00 67.52 337.60 CLAIM ACCOUNT REF. 2062150012008368SUP CLAIM TOTAL BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 10/01/1956 UZ14868C 0103151202185 SERVICE NAME REG LOC CLIENT NY 001 2008405 2008405 ST ROMAINE, CLAUDE 10/01/1956 UZ14868C DIAGNOSIS CODES: 952.9 344.9 596.54 PROCEDURE CODE REVENUE CD FROM DT THRU DT AMOUNT LINE # UNITS INV # 08/04/12 08/04/12 151.92 206219 1 T1019 36.00 08/05/12 08/05/12 36.00 206219 2 T1019 151.92 08/06/12 08/06/12 40.00 206219 3 T1019 168.80 4 206219 T1019 08/07/12 08/07/12 40.00 168.80 5

40.00

40.00

168.80

168.80

08/08/12 08/08/12

08/09/12 08/09/12

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

T1019

206191

PROVIDER ID PAYER ID	= 113502051 = 80141	SUNNYSIDE CITYWIDE HEALTHFIRST PHSP		NPI = 1154407492	
INV # LIN 206219	NE # PROCEDURE CODE 7 T1019		THRU DT UNITS 08/10/12 40.00 CLAIM TOTAL	AMOUNT 168.80 1,147.84 CLAIM ACCOUNT REF.	2062190012008405SUP
REG LOC CI NY 001 200 DIAGNOSIS COI			RTH DATE RECIPIENT I /10/1968 XR22414G	D PRIOR AUTHORIZATION # 0103221200941	
INV # LIN 206204 206204 206204 206204 206204 206204 206204	NE # PROCEDURE CODE 1 T1019 2 T1019 3 T1019 4 T1019 5 T1019 6 T1019 7 T1019	08/04/12 08/05/12 08/06/12 08/07/12 08/08/12 08/09/12	08/06/12 32.00 08/07/12 32.00 08/08/12 32.00	AMOUNT 135.04 135.04 135.04 135.04 135.04 135.04 135.04 135.04 945.28 CLAIM ACCOUNT REF.	2062040012008411SUP
REG LOC CI NY 001 200 DIAGNOSIS COI	LIENT SERVICE NAME 08428 2008428 KAUR, DES: 401.9 272.4		RTH DATE RECIPIENT I /03/1937 VB22061J	PRIOR AUTHORIZATION # R1804436	
INV # LIN 206208 206208 206208 206208 206208 206208 206208	NE # PROCEDURE CODE 1 T1019 2 T1019 3 T1019 4 T1019 5 T1019 6 T1019 7 T1019	08/04/12 08/05/12 08/06/12 08/07/12 08/08/12	08/05/12 28.00 08/06/12 28.00 08/07/12 28.00 08/08/12 28.00 08/09/12 28.00	AMOUNT 118.16 118.16 118.16 118.16 118.16 118.16 118.16 118.16 128.16 128.16 128.16 128.16 128.16	2062080012008428SUP
REG LOC CI NY 001 200 DIAGNOSIS COI			RTH DATE RECIPIENT I /13/1954 VG15691D	D PRIOR AUTHORIZATION # R1917814	
INV # LIN 206191 206191 206191 206191 206191 206191	NE # PROCEDURE CODE 1 T1019 2 T1019 3 T1019 4 T1019 5 T1019 6 T1019 7 T1019	08/04/12 08/05/12 08/06/12 08/07/12 08/08/12 08/09/12	08/06/12 32.00	AMOUNT 135.04 135.04 135.04 135.04 135.04 135.04	

08/10/12 08/10/12

135.04

32.00

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PROVIDER ID = 113502051 SUNNYSIDE CITYMIDE NPI = 115

PAYER	ID = 80	141	HEALTHFIRST PI	HSP				10,132	
INV #	LINE #	PROCEDURE CODE		ROM DT		UNITS AIM TOTAL	AMOUNT 945.28		2061910012008433SUP
REG LOC NY 001	CLIENT 2008487	SERVICE NAME 2008487 BEGU	M, MANWARA			RECIPIENT ID VD44720Z		OR AUTHORIZATION #	
DIAGNOSIS		250.00 244.8	311. 401.9				KIJ	J 3 2 3 2	
INV # 206190 206190 206190 206190 206190 206190	LINE # 1 2 3 4 5	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019	08 08 08 08	8/06/12 8/07/12 8/08/12	08/05/12 08/06/12	UNITS 16.00 16.00 16.00 16.00 16.00	AMOUNT 67.52 67.52 67.52 67.52 67.52		
206190	7	T1019	08	8/10/12	08/10/12	16.00 AIM TOTAL	67.52 472.64	GI 1 TW 1 GGOTTE DEE	2061900012008487SUP
REG LOC	CLIENT	SERVICE NAME		DII		RECIPIENT ID		OR AUTHORIZATION #	200190001200040730P
NY 001 DIAGNOSIS	2008558			03/		ZE67447D		DI AUTHORIZATION # D1123	
INV # 206220 206220 206220 206220 206220 206220	LINE # 1 2 3 4 5 6	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019	08 08 08 08	8/07/12 8/08/12 8/09/12	08/06/12 08/07/12 08/08/12 08/09/12 08/10/12	UNITS 16.00 16.00 16.00 16.00 16.00	AMOUNT 67.52 67.52 67.52 67.52 67.52 405.12	CLAIM ACCOINT PER	2062200012008558SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2008571 CODES:	SERVICE NAME 2008571 ESPA 401.9 272.0	ILLAT, AMPARO 311. 365.9	12/	RTH DATE '25/1949	RECIPIENT ID ZG25447P	PRIC	DR AUTHORIZATION # 59116	2002200012000330801
INV # 206200 206200 206200 206200	LINE # 1 2 3 4	PROCEDURE CODE T1019 T1019 T1019 T1019	08 08 08	8/08/12	08/09/12 08/10/12	UNITS 16.00 16.00 16.00 16.00 MIM TOTAL	AMOUNT 67.52 67.52 67.52 67.52 270.08	CLAIM ACCOUNT REF.	2062000012008571SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT NY 001 2008380 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID 06/06/1948 YH55651V	PRIOR AUTHORIZATION # R1695654	
INV # LINE # 206202 1 206202 2 206202 3 206202 4	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 08/01/12 08/01/12 12.00 08/06/12 08/06/12 12.00 08/08/12 08/08/12 20.00 08/10/12 08/10/12 20.00 CLAIM TOTAL	AMOUNT 50.64 50.64 84.40 84.40 270.08 CLAIM ACCOUNT REF.	2062020012009001SUP
REG LOC CLIENT NY 001 2008300 DIAGNOSIS CODES:	2009256 CHARITAR, RAMKALI	BIRTH DATE RECIPIENT ID 06/23/1953 UY13756G 14.00 414.01 466.0	PRIOR AUTHORIZATION # R1812089	
INV # LINE # 206196 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 08/05/12 08/05/12 20.00 08/06/12 08/06/12 20.00 08/07/12 08/07/12 20.00 08/08/12 08/08/12 20.00 08/09/12 08/08/12 20.00 08/09/12 08/09/12 20.00 08/10/12 08/10/12 20.00 CLAIM TOTAL	AMOUNT 84.40 84.40 84.40 84.40 84.40 506.40 CLAIM ACCOUNT REF.	2061960012009256SUP
REG LOC CLIENT NY 001 2008271 DIAGNOSIS CODES:	2009270 CARRION, MARIA	BIRTH DATE RECIPIENT ID 06/30/1928 SC64434E	PRIOR AUTHORIZATION # R1825085	20019000120090b
INV # LINE # 206194 1 2 206194 2 2 206194 3 2 206194 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 08/04/12 08/04/12 32.00 08/06/12 08/06/12 32.00 08/07/12 08/07/12 32.00 08/08/12 08/08/12 32.00 08/09/12 08/08/12 32.00 08/09/12 08/09/12 32.00 08/10/12 08/10/12 32.00 CLAIM TOTAL	AMOUNT 135.04 135.04 135.04 135.04 135.04 810.24 CLAIM ACCOUNT REF.	2061940012009270SUP
REG LOC CLIENT NY 001 2009322 DIAGNOSIS CODES:	2009322 HENRY, BRENDA	BIRTH DATE RECIPIENT ID 04/13/1954 ZE02356F 493.90	PRIOR AUTHORIZATION # R1892336	
INV # LINE # 206205 1 206205 2	PROCEDURE CODE REVENUE CD T1019 T1019	FROM DT THRU DT UNITS 07/30/12 07/30/12 16.00 08/01/12 08/01/12 16.00	AMOUNT 67.52 67.52	

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

PROVIDER ID = 113502051 PAYER ID = 80141	SUNNYSIDE CITYWIDE HEALTHFIRST PHSP	NPI = 1154	407492	
INV # LINE # PROCEDURE CO 206205 3 T1019	DE REVENUE CD FROM DT THRU D 08/03/12 08/03/		CLAIM ACCOUNT REF.	2062050012009322SUP
	ORTES DE GALINDO, NEL 05/25/1925		OR AUTHORIZATION # 97023	
INV # LINE # PROCEDURE CO 206197 1 T1019 206197 2 T1019	DE REVENUE CD FROM DT THRU D 08/09/12 08/09/ 08/10/12 08/10/	12 24.00 101.28	CLAIM ACCOUNT REF.	2061970012009405SUP
REG LOC CLIENT SERVICE N NY 001 2009560 2009560 B DIAGNOSIS CODES: 854.00 272.	OCHENEC, JOLANTA 07/08/1964 4 300.00 307.42 781.0	RECIPIENT ID PRI ZT71147Q 010	OR AUTHORIZATION # 4121200913	
INV # LINE # PROCEDURE CO 206192 1 T1019 206192 2 T1019 206192 3 T1019 206192 4 T1019 206192 5 T1019 206192 5 T1019 206192 7 T1019	DE REVENUE CD FROM DT THRU D 08/04/12 08/04/ 08/05/12 08/05/ 08/06/12 08/06/ 08/07/12 08/06/ 08/08/12 08/08/ 08/09/12 08/09/ 08/10/12 08/10/	12 24.00 101.28 12 24.00 101.28 12 24.00 101.28 12 16.00 67.52 12 24.00 101.28 12 24.00 101.28 12 24.00 101.28	CLAIM ACCOUNT REF.	2061920012009560SUP
REG LOC CLIENT SERVICE N NY 001 2009657 2009657 H DIAGNOSIS CODES: 493.91 250.	AME BIRTH DATE ERRING, CHARLEN 10/27/1949 00 401.9 462. 780.52	RECIPIENT ID PRI ZE93972Y R18	OR AUTHORIZATION # 37001	
INV # LINE # PROCEDURE CO 206206 1 T1019 206206 2 T1019	DE REVENUE CD FROM DT THRU D 08/06/12 08/06/ 08/08/12 08/08/	12 16.00 67.52	CLAIM ACCOUNT REF.	2062060012009657SUP
REG LOC CLIENT SERVICE N NY 001 2009657 2009657 H DIAGNOSIS CODES: 493.91 250.	ERRING, CHARLEN 10/27/1949 00 401.9 462. 780.52	RECIPIENT ID PRI ZE93972Y R19	OR AUTHORIZATION # 47878	
INV # LINE # PROCEDURE CO 206207 1 T1019	DE REVENUE CD FROM DT THRU D 08/10/12 08/10/		CLAIM ACCOUNT REF.	2062070012009657 <i>S</i> UP

REPORT DATE 08/15/12 PAGE: SUNNYSIDE CITYWIDE 31

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

206222 206222

206222

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 2010009 VEGA, GLORIA 07/06/1955 ZU45073J R1843447 DIAGNOSIS CODES: 340. 250.00 272.2 311. INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 206222 1 T1019 08/06/12 08/06/12 32.00 135.04 206222 2 T1019 08/07/12 08/07/12 32.00 135.04 206222 206222

3 T1019 4 T1019 5 T1019 08/10/12 08/10/12 32.00 CLAIM TOTAL 675.20 CLAIM ACCOUNT REF. 2062220012010009SUP

135.04

135.04

135.04

422.00 CLAIM ACCOUNT REF. 2062210012010758SUP

08/08/12 08/08/12 32.00

08/09/12 08/09/12 32.00

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

 PROCEDURE CODE
 REVENUE CD
 FROM DT
 THRU DT
 UNITS
 AMOUNT

 T1020
 08/04/12
 08/04/12
 7.00
 118.16

 T1020
 08/05/12
 08/05/12
 7.00
 118.16

 T1020
 08/06/12
 08/06/12
 7.00
 118.16

 T1020
 08/07/12
 08/07/12
 7.00
 118.16

 T1020
 08/07/12
 08/08/12
 7.00
 118.16
 INV # LINE # 206210 1 206210 2 T1020 3 T1020 206210 4 T1020 206210 5 T1020 08/08/12 08/08/12 7.00 206210 118.16 6 T1020 7 T1020 08/09/12 08/09/12 7.00 206210 118.16 08/10/12 08/10/12 7.00 118.16 08/10/12 08/10/12 7.00 118.16 CLAIM TOTAL 827.12 CLAIM ACCOUNT REF. 2062100012010311SUP 7 T1020 206210

CLAIM TOTAL

BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 11/20/1948 WU00136E R1906129 REG LOC CLIENT SERVICE NAME NY 001 2010758 2010758 VASQUEZ, OLGA 11/20/1948 WU00136E 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 1 T1019 08/02/12 08/02/12 20.00 84.40 206221 2 T1019 08/04/12 08/04/12 20.00 84.40 206221 3 T1019 08/05/12 08/05/12 20.00 206221 84.40 4 T1019 08/09/12 08/09/12 20.00 206221 84.40 5 T1019 08/10/12 08/10/12 20.00 206221 84.40

BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 04/30/1949 RG61445M R1944291 REG LOC CLIENT SERVICE NAME NY 001 2008498 2010933 DORNELLAS, STELLA 04/30/1949 RG61445M

DIAGNOSIS CODES: 401.9 253.5 272.1 369.60

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT 206199 1 T1019 08/06/12 08/06/12 UNITS AMOUNT 67.52 08/06/12 08/06/12 16.00

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE (ENUE CD	FROM DT		UNITS AIM TOTAL	AMOUNT 67.52	CLAIM ACCOUNT REF.	2061990012010933SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2008813 CODES:		NAME LARA, TO 1.9 27			TH DATE 11/1931	RECIPIENT ID SX47950B		DR AUTHORIZATION # 21929	
INV # 206209 206209 206209 206209 206209	LINE # 1 2 3 4 5	PROCEDURE C T1019 T1019 T1019 T1019 T1019	CODE REV	ENUE CD	FROM DT 08/04/12 08/06/12 08/07/12 08/08/12 08/09/12	THRU DT 08/04/12 08/06/12 08/07/12 08/08/12 08/09/12 CL	32.00 32.00 32.00	AMOUNT 135.04 135.04 135.04 135.04 135.04 675.20	CLAIM ACCOUNT REF.	2062090012010967SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2011058 CODES:		NAME DELACRUZ	, ANA		2TH DATE 20/1920	RECIPIENT ID 122053627		DR AUTHORIZATION #7241201931	
INV # 206198 206198 206198 206198 206198 206198	LINE # 1 2 3 4 5 6	PROCEDURE C T1019 T1019 T1019 T1019 T1019 T1019	CODE REV	ENUE CD	FROM DT 08/04/12 08/06/12 08/07/12 08/08/12 08/09/12 08/10/12	THRU DT 08/04/12 08/06/12 08/07/12 08/08/12 08/09/12 08/10/12	40.00 40.00 40.00 40.00	AMOUNT 168.80 168.80 168.80 168.80 168.80		

CLAIM TOTAL 1,012.80 CLAIM ACCOUNT REF. 2061980012011058SUP

PAYER TOTALS: HEALTHFIRST PHSP # OF CLAIMS = 182 TOTAL CLAIM AMOUNT = 19,395.12 # SERVICES = 32

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

PROVIDER ID = 113502051 NPI = 1154407492 SUNNYSIDE CITYWIDE

PAYER ID = 87726UNITEDHEALTHCARE

REG LOC CLIENT NY 001 2008245 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID IA 08/02/1961 100195559 24.3	PRIOR AUTHORIZATION # 607641299	
INV # LINE # 206253 1 206253 2 206253 4 206253 5 206253 6 206253 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 08/04/12 08/04/12 40.00 08/05/12 08/05/12 40.00 08/06/12 08/06/12 40.00 08/07/12 08/07/12 40.00 08/08/12 08/07/12 40.00 08/09/12 08/09/12 40.00 08/10/12 08/10/12 40.00 08/10/12 08/10/12 TOTAL	AMOUNT 171.60 171.60 171.60 171.60 171.60 171.60 171.60 1,201.20 CLAIM ACCOUNT REF.	2062530012008245SUP
REG LOC CLIENT NY 001 2008287 DIAGNOSIS CODES:	2008287 MILLAN, ARMIDA	BIRTH DATE RECIPIENT ID 09/13/1928 100063356 56.9 365.9 401.9 530.81	PRIOR AUTHORIZATION # 608047620	
INV # LINE # 206254 1 206254 2 206254 3 206254 4 206254 5 206254 6 206254 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 08/04/12 08/04/12 16.00 08/05/12 08/05/12 16.00 08/06/12 08/06/12 36.00 08/07/12 08/07/12 36.00 08/08/12 08/08/12 36.00 08/09/12 08/09/12 36.00 08/10/12 08/10/12 36.00 08/10/12 08/10/12 36.00 CLAIM TOTAL	AMOUNT 68.64 68.64 154.44 154.44 154.44 154.44 909.48 CLAIM ACCOUNT REF.	2062540012008287SUP
REG LOC CLIENT NY 001 2008401 DIAGNOSIS CODES:	SERVICE NAME 2008401 SAFOS, PATRA 340. 244.8 272.0 4	BIRTH DATE RECIPIENT ID 12/18/1948 100029836	PRIOR AUTHORIZATION # 607678036	
INV # LINE # 206256 1 206256 2 206256 3 206256 4 206256 5 206256 6 206256 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 08/04/12 08/04/12 32.00 08/05/12 08/05/12 32.00 08/06/12 08/06/12 32.00 08/07/12 08/07/12 32.00 08/07/12 08/07/12 32.00 08/08/12 08/08/12 32.00 08/09/12 08/09/12 32.00 08/10/12 08/10/12 32.00	AMOUNT 137.28 137.28 137.28 137.28 137.28 137.28	

CLAIM TOTAL

960.96 CLAIM ACCOUNT REF. 2062560012008401SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 87726 UNITEDHEALTHCARE

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008432	2008432	YUSUPOV, PU	AT 08/11/1948	100600278	607630266

DIAGNOSIS CODES: 250.00 272.4 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
206257	1	T1019		08/04/12	08/04/12	16.00	68.64	
206257	2	T1019		08/05/12	08/05/12	16.00	68.64	
206257	3	T1019		08/06/12	08/06/12	16.00	68.64	
206257	4	T1019		08/07/12	08/07/12	16.00	68.64	
206257	5	T1019		08/08/12	08/08/12	16.00	68.64	
206257	6	T1019		08/09/12	08/09/12	16.00	68.64	
206257	7	T1019		08/10/12	08/10/12	16.00	68.64	
					CLAIM	TOTAL	480.48	CLAIM ACCOUNT

480.48 CLAIM ACCOUNT REF. 2062570012008432SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 10/10/1956 101218709 6083933452 NY 001 2010774 2010774 PAUL, PUTUL 10/10/1956 101218709

DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
206255	1	T1019		08/06/12	08/06/12	16.00	68.64		
206255	2	T1019		08/08/12	08/08/12	16.00	68.64		
					CLAI	M TOTAL	137.28	CLAIM ACCOUNT REF.	2062550012010774SUP

PAYER TOTALS: UNITEDHEALTHCARE

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

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

PAYER	ID = AM	RGRI	AMERIGROUP	NEW YORK, L	LC				
REG LOC NY 001 DIAGNOSIS	CLIENT 2008266 CODES:	2008266	NAME GUERRA, LORRAINE .3		TH DATE 22/1948	RECIPIENT II 712731594		DR AUTHORIZATION # 502255	
INV # 206298 206298 206298 206298 206298 206298 206298	LINE # 1 2 3 4 5 6 7	PROCEDURE CO T1019 T1019 T1019 T1019 T1019 T1019 T1019	DDE REVENUE CD 0580 0580 0580 0580 0580 0580 0580 058	FROM DT 08/04/12 08/05/12 08/06/12 08/07/12 08/08/12 08/09/12 08/10/12	08/05/12 08/06/12 08/07/12 08/08/12 08/09/12 08/10/12	40.00 32.00 32.00 32.00 32.00	AMOUNT 168.80 168.80 135.04 135.04 135.04 135.04 1,012.80	CLAIM ACCOUNT REF.	2062980012008266SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2008409 CODES:	2009279 I	NAME PRUITT, JOHNNY .4 295.00 40	10/	TH DATE 26/1956 .9	RECIPIENT ID 712824266		DR AUTHORIZATION # 502130	
INV # 206300 206300	LINE # 1 2	PROCEDURE CO S5130 S5130	DDE REVENUE CD 0582 0582	FROM DT 08/06/12 08/10/12	THRU DT 08/06/12 08/10/12 CL		AMOUNT 67.52 67.52 135.04	CLAIM ACCOUNT REF.	2063000012009279SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2009647 CODES:	2009647 I	NAME FERNANDEZ, NORKA . 492.8 71		TH DATE 14/1948	RECIPIENT ID 715856872		DR AUTHORIZATION # 806651	
INV # 206297 206297 206297 206297 206297	LINE # 1 2 3 4 5	PROCEDURE CO T1019 T1019 T1019 T1019 T1019	DDE REVENUE CD 0580 0580 0580 0580 0580	FROM DT 08/06/12 08/07/12 08/08/12 08/09/12 08/10/12	08/07/12 08/08/12 08/09/12 08/10/12	36.00 32.00 36.00	AMOUNT 135.04 151.92 135.04 151.92 135.04 708.96	CLAIM ACCOUNT REF.	2062970012009647SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2010003 CODES:	2010724 I	NAME DENNISON, KELVIN		TH DATE 23/1991	RECIPIENT ID 6944796		DR AUTHORIZATION # 006820	
INV # 206295 206295 206295 206295	LINE # 1 2 3 4	PROCEDURE CO T1019 T1019 T1019 T1019	DDE REVENUE CD 0580 0580 0580 0580	FROM DT 08/06/12 08/07/12 08/08/12 08/09/12	THRU DT 08/06/12 08/07/12 08/08/12 08/09/12	24.00 24.00	AMOUNT 101.28 101.28 101.28 101.28		

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

PROVIDER ID = 11 PAYER ID = AM	3502051 SUNNYSIDE RGRI AMERIGROUP	CITYWIDE NP NEW YORK,LLC	PI = 1154407492	
INV # LINE # 206295 5	PROCEDURE CODE REVENUE CD T1019 0580	FROM DT THRU DT UNITS 08/10/12 08/10/12 16.00 CLAIM TOTAL	AMOUNT 67.52 472.64 CLAIM ACCOUNT REF.	2062950012010724SUP
REG LOC CLIENT NY 001 2008406 DIAGNOSIS CODES:	2010728 YOUNG, KALEILE	BIRTH DATE RECIPIENT ID 06/17/1994 006532755	PRIOR AUTHORIZATION # HP0009108	
INV # LINE # 206302 1 206302 2 206302 4 206302 5 206302 7	PROCEDURE CODE REVENUE CD T1019 0580	FROM DT THRU DT UNITS 08/04/12 08/04/12 16.00 08/05/12 08/05/12 16.00 08/06/12 08/06/12 8.00 08/07/12 08/07/12 8.00 08/08/12 08/08/12 8.00 08/09/12 08/09/12 8.00 08/09/12 08/09/12 8.00 08/10/12 08/10/12 8.00 CLAIM TOTAL	AMOUNT 67.52 67.52 33.76 33.76 33.76 33.76 33.76 33.76 303.84 CLAIM ACCOUNT REF.	2063020012010728SUP
REG LOC CLIENT NY 001 2008407 DIAGNOSIS CODES:	SERVICE NAME 2010729 WALTERS, BYRON 319. 493.90 742.1	BIRTH DATE RECIPIENT ID 05/18/2000 006600539	PRIOR AUTHORIZATION # HP0000064	
INV # LINE # 206301 1 206301 2 206301 4 206301 5 206301 6 206301 7	PROCEDURE CODE REVENUE CD T1019 0580	FROM DT THRU DT UNITS 08/04/12 08/04/12 20.00 08/05/12 08/05/12 20.00 08/06/12 08/06/12 12.00 08/07/12 08/07/12 12.00 08/08/12 08/08/12 12.00 08/09/12 08/09/12 12.00 08/09/12 08/09/12 12.00 08/10/12 08/10/12 12.00 CLAIM TOTAL	AMOUNT 84.40 84.40 50.64 50.64 50.64 50.64 422.00 CLAIM ACCOUNT REF.	2063010012010729SUP
REG LOC CLIENT NY 001 2010389 DIAGNOSIS CODES:	SERVICE NAME 2010730 ESPERSON, CLAUDE 340. 453.40	BIRTH DATE RECIPIENT ID 04/28/1971 006900634	PRIOR AUTHORIZATION # HP0003722	
INV # LINE # 206296 1 206296 2 206296 3 206296 4	PROCEDURE CODE REVENUE CD 11019 0580 11019 0580 11019 0580 11019 0580	FROM DT THRU DT UNITS 08/06/12 08/06/12 16.00 08/07/12 08/07/12 16.00 08/09/12 08/09/12 16.00 08/10/12 08/10/12 16.00 CLAIM TOTAL	AMOUNT 67.52 67.52 67.52 67.52 270.08 CLAIM ACCOUNT REF.	2062960012010730SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

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 2008365 2010731 HARDING, EDNA 05/17/1956 006274884 HP0009108

DIAGNOSIS CODES: 493.90 253.5 272.4 296.80

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 206299 1 T1019 0580 08/06/12 08/06/12 24.00 101.28 2 0580 08/07/12 08/07/12 24.00 101.28 206299 T1019 0580 206299 3 T1019 08/08/12 08/08/12 24.00 101.28 206299 4 T1019 0580 08/09/12 08/09/12 24.00 101.28 206299 T1019 0580 08/10/12 08/10/12 24.00 101.28 CLAIM TOTAL 506.40 CLAIM ACCOUNT REF. 2062990012010731SUP

PAYER TOTALS: AMERIGROUP NEW YORK, LLC # OF CLAIMS = 42 TOTAL CLAIM AMOUNT = 3,831.76

SERVICES = 8

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

PROVIDER I	ID = 113 ID = ICS			SUNNYS1 ICS	IDE CITYWI	DE			NE	PI = 1154	407492	
REG LOC NY 001 DIAGNOSIS	CLIENT 2010018 CODES:	SERVIO 201099 344.1			MALIK JR		RTH DATE /13/1993	RECIPIENT 5681	ID		OR AUTHORIZATION #	
INV # 206306 206306 206306 206306 206306 206306 206306	LINE # 1 2 3 4 5 6 7	T1019 T1019 T1019 T1019	1C 1C 1C 1C	REVENUE 0570 0570 0570 0570 0570 0570 0570	08/0 08/0 08/0 08/0 08/0	4/12 5/12 6/12 7/12 8/12 9/12	08/05/12 08/06/12 08/07/12 08/08/12 08/09/12 08/10/12	8.25 9.50 10.00 10.00 10.00	1	AMOUNT 123.23 131.18 151.05 159.00 159.00 159.00 151.05 L,033.51	CLAIM ACCOUNT REF.	2063060012010959SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2008258 CODES:	SERVIO 20110 741.90		JR, SAMU 552.21	JEL		RTH DATE /20/1971	RECIPIENT 6470	ID		OR AUTHORIZATION # 1708	
INV #	LINE #	PROCEDI	URE CODE	REVENUE	CD FROM	DT	THRU DT	UNITS		AMOUNT		
206307	1	T1019		0570			07/02/12	3.00		47.70		
206307	2	T1019		0570		3/12				47.70		
206307	3	T1019		0570			07/04/12			47.70		
206307	4	T1019		0570			07/05/12			63.60		
206307	5		1C	0570			07/06/12			63.60		
206307 206307	6 7		1C 1C	0570 0570			07/09/12 07/10/12			47.70 47.70		
206307	8		1C	0570			07/11/12			47.70		
206307	9		1C	0570			07/12/12			63.60		
206307	10		1C	0570			07/13/12			63.60		
206307	11		1C	0570	07/1	6/12	07/16/12	3.00		47.70		
206307	12		1C	0570			07/17/12			47.70		
206307	13		1C	0570		8/12				47.70		
206307	14		1C	0570		9/12				63.60		
206307 206307	15 16	T1019 T1019	1C	0570 0570		0/12 3/12	07/20/12 07/23/12			63.60 47.70		
206307	17	T1019		0570			07/23/12			47.70		
206307	18	T1019		0570			07/25/12			47.70		
206307	19	T1019		0570		6/12				63.60		
206307	20	T1019	1C	0570			07/27/12			63.60		
206307	21	T1019		0570	07/3	0/12	07/30/12	3.00		47.70		
206307	22	T1019		0570			07/31/12			47.70		
206307	23		1C	0570			08/01/12			47.70		
206307	24		1C	0570			08/02/12			63.60		
206307	25	T1019	TC	0570	08/0	6/12	08/06/12	5.00		79.50		

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = ICS01 ICS

LINE # REVENUE CD INV # PROCEDURE CODE FROM DT THRU DT UNITS AMOUNT 206307 26 T1019 1C 0570 08/07/12 08/07/12 5.00 79.50 206307 27 T1019 1C 0570 08/08/12 08/08/12 5.00 79.50 28 T1019 1C 0570 08/09/12 08/09/12 5.00 79.50 206307 29 T1019 1C 0570 08/10/12 08/10/12 79.50 206307 5.00 CLAIM TOTAL 1,685.40 CLAIM ACCOUNT REF. 2063070012011073SUP

PAYER TOTALS: ICS # OF CLAIMS = 36 TOTAL CLAIM AMOUNT = 2,718.91

SERVICES = 2

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012081502091790RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = INIPA HEALTHCARE PARTNERS IPA I BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 05/05/1933 JRX53860E01 2012081092600005 REG LOC CLIENT SERVICE NAME NY 001 2008382 2010800 GOMES, AGUSTINA DIAGNOSIS CODES: V60.3 153.0 230.3 401.9 733.00 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS TUITOMA 0580 206303 1 08/06/12 08/06/12 36.00 151.92 0580 08/07/12 08/07/12 36.00 151.92 206303 T1019 0580 08/08/12 08/08/12 36.00 0580 08/09/12 08/09/12 36.00 0580 08/10/12 08/10/12 36.00 0580 0580 206303 3 T1019 151.92 206303 4 T1019 151.92 206303 5 T1019 151.92 CLAIM TOTAL 759.60 CLAIM ACCOUNT REF. 2063030012010800SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 12/03/1938 JSV04323R01 2012062692600006 REG LOC CLIENT SERVICE NAME NY 001 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JSV04323R01 DIAGNOSIS CODES: 250.11 272.0 401.9 435.9 586. PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT LINE # T1019 08/07/12 08/07/12 16.00 67.52 206305 1 0580 206305 2. T1019 0580 08/08/12 08/08/12 16.00 67.52 0580 08/09/12 08/09/12 16.00 08/10/12 08/10/12 16.00 67.52 206305 3 T1019 0580 206305 4 T1019 67.52 CLAIM TOTAL 270.08 CLAIM ACCOUNT REF. 2063050012010804SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 12/10/1954 JZX17878Q01 2012072392600008 NY 001 2008228 2010805 TOWLES, ADA DIAGNOSIS CODES: V61 0 REG LOC CLIENT SERVICE NAME DIAGNOSIS CODES: V61.9 401.9 722.10 724.3 750.7 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # 206304 1 T1019 0580 08/06/12 08/06/12 16.00 67.52 0580 0580 0580 206304 2 T1019 08/07/12 08/07/12 16.00 67.52 08/08/12 08/08/12 16.00 08/09/12 08/09/12 16.00 08/10/12 08/10/12 16.00 206304 3 T1019 67.52 4 T1019 206304 67.52 0580 206304 T1019 67.52 CLAIM TOTAL 337.60 CLAIM ACCOUNT REF. 2063040012010805SUP # OF CLAIMS = 14 TOTAL CLAIM AMOUNT = PAYER TOTALS: HEALTHCARE PARTNERS IPA I 1,367.28 # SERVICES = 3 # OF CLAIMS = 661 TOTAL CLAIM AMOUNT = PROVIDER TOTALS: SUNNYSIDE CITYWIDE 74,675.95

SERVICES =

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