

REPORT DATE 07/24/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013072401241727RRSUP

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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
251821	1	T1020		07/13/13	07/13/13	11.00	185.57
251821	2	T1020		07/15/13	07/15/13	6.00	101.22
251821	3	T1020		07/16/13	07/16/13	6.00	101.22
251821	4	T1020		07/17/13	07/17/13	6.00	101.22
251821	5	T1020		07/18/13	07/18/13	6.00	101.22
251821	6	T1020		07/19/13	07/19/13	6.00	101.22
CLAIM TOTAL						691.67	CLAIM ACCOUNT REF. 2518210012008267SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008268 2008268 PANOS, DESPINA D 05/11/1950 641269987 111800517  
DIAGNOSIS CODES: 340. 345.90 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251818	1	T1020		07/13/13	07/13/13	9.00	151.83
251818	2	T1020		07/14/13	07/14/13	9.00	151.83
CLAIM TOTAL						303.66	CLAIM ACCOUNT REF. 2518180012008268SUP

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
251814	1	T1020		07/13/13	07/13/13	7.00	118.09
251814	2	T1020		07/14/13	07/14/13	7.00	118.09
251814	3	T1020		07/15/13	07/15/13	7.00	118.09
251814	4	T1020		07/16/13	07/16/13	7.00	118.09
251814	5	T1020		07/17/13	07/17/13	7.00	118.09
251814	6	T1020		07/18/13	07/18/13	7.00	118.09
251814	7	T1020		07/19/13	07/19/13	7.00	118.09
CLAIM TOTAL						826.63	CLAIM ACCOUNT REF. 2518140012008386SUP

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
251820	1	T1020		07/16/13	07/16/13	8.00	134.96
251820	2	T1020		07/17/13	07/17/13	9.00	151.83
251820	3	T1020		07/18/13	07/18/13	5.00	84.35

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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	
251820	4	T1020		07/19/13	07/19/13	8.00	134.96	
						CLAIM TOTAL	506.10	CLAIM ACCOUNT REF. 2518200012008400SUP

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	
251816	1	T1020		07/13/13	07/13/13	4.00	67.48	
251816	2	T1020		07/15/13	07/15/13	5.00	84.35	
251816	3	T1020		07/16/13	07/16/13	5.00	84.35	
251816	4	T1020		07/17/13	07/17/13	5.00	84.35	
251816	5	T1020		07/18/13	07/18/13	5.00	84.35	
251816	6	T1020		07/19/13	07/19/13	4.00	67.48	
						CLAIM TOTAL	472.36	CLAIM ACCOUNT REF. 2518160012010712SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010777	2013021	ORTIZ, EDUARDO	03/20/1938	74192987700	130932078
DIAGNOSIS CODES: 715.00        250.00        253.5        733.09							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251817	1	T1020		07/15/13	07/15/13	7.00	118.09	
251817	2	T1020		07/16/13	07/16/13	7.00	118.09	
251817	3	T1020		07/17/13	07/17/13	7.00	118.09	
251817	4	T1020		07/18/13	07/18/13	7.00	118.09	
						CLAIM TOTAL	472.36	CLAIM ACCOUNT REF. 2518170012013021SUP

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	
251819	1	T1020		07/13/13	07/13/13	12.00	202.44	
251819	2	T1020		07/14/13	07/14/13	12.00	202.44	
251819	3	T1020		07/15/13	07/15/13	12.00	202.44	
251819	4	T1020		07/16/13	07/16/13	12.00	202.44	
251819	5	T1020		07/17/13	07/17/13	12.00	202.44	
251819	6	T1020		07/18/13	07/18/13	12.00	202.44	
251819	7	T1020		07/19/13	07/19/13	12.00	202.44	
						CLAIM TOTAL	1,417.08	CLAIM ACCOUNT REF. 2518190012013080SUP

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NPI = 1154407492

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
251815	1	T1020		07/13/13	07/13/13	12.00	202.44		
251815	2	T1020		07/14/13	07/14/13	12.00	202.44		
251815	3	T1020		07/15/13	07/15/13	12.00	202.44		
251815	4	T1020		07/16/13	07/16/13	12.00	202.44		
251815	5	T1020		07/17/13	07/17/13	12.00	202.44		
251815	6	T1020		07/18/13	07/18/13	12.00	202.44		
251815	7	T1020		07/19/13	07/19/13	11.00	185.57		
					CLAIM TOTAL		1,400.21	CLAIM ACCOUNT REF.	2518150012013422SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	43	TOTAL CLAIM AMOUNT =	6,090.07
		# SERVICES =	8		

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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
251842	1	T1019		07/13/13	07/13/13	4.00	68.60
251842	2	T1019		07/14/13	07/14/13	4.00	68.60
251842	3	T1019		07/15/13	07/15/13	12.00	205.80
251842	4	T1019		07/16/13	07/16/13	12.00	205.80
251842	5	T1019		07/17/13	07/17/13	12.00	205.80
251842	6	T1019		07/18/13	07/18/13	12.00	205.80
251842	7	T1019		07/19/13	07/19/13	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2518420012008233SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008236 2008236 PERSAD, USHA 07/05/1955 TS79090G 0105221390339  
DIAGNOSIS CODES: 250.10 272.0 401.9 225.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251848	1	T1019		07/13/13	07/13/13	8.00	137.20
251848	2	T1019		07/14/13	07/14/13	8.00	137.20
251848	3	T1019		07/15/13	07/15/13	11.00	188.65
251848	4	T1019		07/16/13	07/16/13	11.00	188.65
251848	5	T1019		07/17/13	07/17/13	11.00	188.65
251848	6	T1019		07/18/13	07/18/13	11.00	188.65
251848	7	T1019		07/19/13	07/19/13	11.00	188.65
CLAIM TOTAL						1,217.65	CLAIM ACCOUNT REF. 2518480012008236SUP

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
251846	1	T1019		07/15/13	07/15/13	10.00	171.50
251846	2	T1019		07/16/13	07/16/13	10.00	171.50
251846	3	T1019		07/17/13	07/17/13	10.00	171.50
251846	4	T1019		07/18/13	07/18/13	8.00	137.20
CLAIM TOTAL						651.70	CLAIM ACCOUNT REF. 2518460012008385SUP

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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 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
251849	1	T1019		07/15/13	07/15/13	8.00	137.20
251849	2	T1019		07/16/13	07/16/13	8.00	137.20
251849	3	T1019		07/17/13	07/17/13	8.00	137.20
251849	4	T1019		07/18/13	07/18/13	8.00	137.20
251849	5	T1019		07/19/13	07/19/13	8.00	137.20
CLAIM TOTAL							686.00
							CLAIM ACCOUNT REF. 2518490012008418SUP

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
251843	1	T1019		07/13/13	07/13/13	10.00	171.50
251843	2	T1019		07/14/13	07/14/13	10.00	171.50
251843	3	T1019		07/15/13	07/15/13	10.00	171.50
251843	4	T1019		07/16/13	07/16/13	11.00	188.65
251843	5	T1019		07/17/13	07/17/13	9.00	154.35
251843	6	T1019		07/18/13	07/18/13	10.00	171.50
251843	7	T1019		07/19/13	07/19/13	10.00	171.50
CLAIM TOTAL							1,200.50
							CLAIM ACCOUNT REF. 2518430012008743SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251850	1	T1019		07/08/13	07/08/13	5.00	85.75
251850	2	T1019		07/09/13	07/09/13	5.00	85.75
251850	3	T1019		07/10/13	07/10/13	5.00	85.75
251850	4	T1019		07/11/13	07/11/13	5.00	85.75
251850	5	T1019		07/12/13	07/12/13	5.00	85.75
251850	6	T1019		07/15/13	07/15/13	5.00	85.75
251850	7	T1019		07/16/13	07/16/13	5.00	85.75
251850	8	T1019		07/17/13	07/17/13	5.00	85.75
251850	9	T1019		07/18/13	07/18/13	5.00	85.75
251850	10	T1019		07/19/13	07/19/13	5.00	85.75
CLAIM TOTAL							857.50
							CLAIM ACCOUNT REF. 2518500012009377SUP

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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 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
251847	1	T1019		07/13/13	07/13/13	3.00	51.45
251847	2	T1019		07/14/13	07/14/13	3.00	51.45
251847	3	T1019		07/15/13	07/15/13	3.00	51.45
251847	4	T1019		07/16/13	07/16/13	3.00	51.45
251847	5	T1019		07/17/13	07/17/13	3.00	51.45
251847	6	T1019		07/18/13	07/18/13	3.00	51.45
251847	7	T1019		07/19/13	07/19/13	3.00	51.45
CLAIM TOTAL							360.15
							CLAIM ACCOUNT REF. 2518470012010886SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011286 2011286 DOBBINS, SANDRA 02/05/1953 ZA50099X 0105141390497  
DIAGNOSIS CODES: 295.90 369.10 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251844	1	T1019		07/13/13	07/13/13	24.00	411.60
251844	2	T1019		07/14/13	07/14/13	24.00	411.60
251844	3	T1019		07/15/13	07/15/13	24.00	411.60
251844	4	T1019		07/16/13	07/16/13	24.00	411.60
251844	5	T1019		07/17/13	07/17/13	24.00	411.60
251844	6	T1019		07/18/13	07/18/13	24.00	411.60
251844	7	T1019		07/19/13	07/19/13	24.00	411.60
CLAIM TOTAL							2,881.20
							CLAIM ACCOUNT REF. 2518440012011286SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008280 2013071 SHUMON, NUK-FNU 01/21/1981 QQ82218A 0103151390266  
DIAGNOSIS CODES: 952.9 344.1 564.00 599.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251851	1	T1019		07/13/13	07/13/13	4.00	68.60
251851	2	T1019		07/14/13	07/14/13	4.00	68.60
251851	3	T1019		07/15/13	07/15/13	4.00	68.60
251851	4	T1019		07/16/13	07/16/13	4.00	68.60
251851	5	T1019		07/17/13	07/17/13	4.00	68.60
251851	6	T1019		07/18/13	07/18/13	4.00	68.60
251851	7	T1019		07/19/13	07/19/13	4.00	68.60
CLAIM TOTAL							480.20
							CLAIM ACCOUNT REF. 2518510012013071SUP

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NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013185	2013185	GOMEZ, LUZ	02/18/1942	523000131	0106061390004

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251845	1	T1019		07/13/13	07/13/13	8.00	137.20	
251845	2	T1019		07/14/13	07/14/13	8.00	137.20	
251845	3	T1019		07/17/13	07/17/13	8.00	137.20	
251845	4	T1019		07/18/13	07/18/13	8.00	137.20	
251845	5	T1019		07/19/13	07/19/13	8.00	137.20	
					CLAIM TOTAL		686.00	CLAIM ACCOUNT REF. 2518450012013185SUP

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	66	TOTAL CLAIM AMOUNT =	10,187.10
		# SERVICES =	10		

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008286 2008286 RAMIREZ, ALIDA A 12/10/1950 ZN85118U 111771985  
DIAGNOSIS CODES: 250.00 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251880	1	T1019		07/13/13	07/13/13	36.00	154.80
251880	2	T1019		07/14/13	07/14/13	36.00	154.80
251880	3	T1019		07/15/13	07/15/13	36.00	154.80
251880	4	T1019		07/16/13	07/16/13	36.00	154.80
251880	5	T1019		07/17/13	07/17/13	36.00	154.80
251880	6	T1019		07/18/13	07/18/13	36.00	154.80
251880	7	T1019		07/19/13	07/19/13	36.00	154.80
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2518800012008286SUP

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
251867	1	T1019		07/13/13	07/13/13	24.00	103.20
251867	2	T1019		07/14/13	07/14/13	24.00	103.20
251867	3	T1019		07/15/13	07/15/13	24.00	103.20
251867	4	T1019		07/16/13	07/16/13	24.00	103.20
251867	5	T1019		07/17/13	07/17/13	24.00	103.20
251867	6	T1019		07/18/13	07/18/13	24.00	103.20
251867	7	T1019		07/19/13	07/19/13	24.00	103.20
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2518670012008495SUP

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
251853	1	T1019		07/13/13	07/13/13	28.00	120.40
251853	2	T1019		07/14/13	07/14/13	28.00	120.40
251853	3	T1019		07/15/13	07/15/13	28.00	120.40
251853	4	T1019		07/16/13	07/16/13	28.00	120.40
251853	5	T1019		07/18/13	07/18/13	28.00	120.40
251853	6	T1019		07/19/13	07/19/13	28.00	120.40
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2518530012012101SUP



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PAYER ID = 14163                      WELLCARE OF NY

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251854	1	T1019		07/15/13	07/15/13	16.00	68.80
251854	2	T1019		07/16/13	07/16/13	16.00	68.80
251854	3	T1019		07/17/13	07/17/13	16.00	68.80
251854	4	T1019		07/18/13	07/18/13	16.00	68.80
251854	5	T1019		07/19/13	07/19/13	16.00	68.80
CLAIM TOTAL							344.00
							CLAIM ACCOUNT REF. 2518540012012102SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012104 2012104 CEBALLOS, FRANCISCA 11/10/1931 744474 111954642  
DIAGNOSIS CODES: 331.0 093.9 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251855	1	T1019		07/13/13	07/13/13	40.00	172.00
251855	2	T1019		07/14/13	07/14/13	40.00	172.00
251855	3	T1019		07/15/13	07/15/13	40.00	172.00
251855	4	T1019		07/16/13	07/16/13	40.00	172.00
251855	5	T1019		07/17/13	07/17/13	40.00	172.00
251855	6	T1019		07/18/13	07/18/13	40.00	172.00
251855	7	T1019		07/19/13	07/19/13	40.00	172.00
CLAIM TOTAL							1,204.00
							CLAIM ACCOUNT REF. 2518550012012104SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012107 2012107 CRUZ, LUIS 06/10/1952 706307 111992323  
DIAGNOSIS CODES: 250.93 414.3 428.0 491.21

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251857	1	T1019		07/13/13	07/13/13	48.00	206.40
251857	2	T1019		07/14/13	07/14/13	48.00	206.40
251857	3	T1019		07/15/13	07/15/13	48.00	206.40
251857	4	T1019		07/16/13	07/16/13	48.00	206.40
251857	5	T1019		07/17/13	07/17/13	48.00	206.40
251857	6	T1019		07/18/13	07/18/13	48.00	206.40
251857	7	T1019		07/19/13	07/19/13	48.00	206.40
CLAIM TOTAL							1,444.80
							CLAIM ACCOUNT REF. 2518570012012107SUP

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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 111993137  
DIAGNOSIS CODES: 369.3 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251859	1	T1019		07/15/13	07/15/13	24.00	103.20
251859	2	T1019		07/16/13	07/16/13	24.00	103.20
251859	3	T1019		07/17/13	07/17/13	24.00	103.20
251859	4	T1019		07/18/13	07/18/13	24.00	103.20
251859	5	T1019		07/19/13	07/19/13	24.00	103.20
CLAIM TOTAL							516.00

CLAIM ACCOUNT REF. 2518590012012108SUP

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
251860	1	T1019		07/15/13	07/15/13	28.00	120.40
251860	2	T1019		07/16/13	07/16/13	28.00	120.40
251860	3	T1019		07/17/13	07/17/13	28.00	120.40
251860	4	T1019		07/18/13	07/18/13	28.00	120.40
251860	5	T1019		07/19/13	07/19/13	28.00	120.40
CLAIM TOTAL							602.00

CLAIM ACCOUNT REF. 2518600012012110SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012116 2012116 GUERRERO, MARIA 07/09/1914 693949 111669840  
DIAGNOSIS CODES: 355.71 250.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251861	1	T1019		07/14/13	07/14/13	32.00	137.60
251861	2	T1019		07/15/13	07/15/13	32.00	137.60
251861	3	T1019		07/16/13	07/16/13	32.00	137.60
251861	4	T1019		07/17/13	07/17/13	32.00	137.60
251861	5	T1019		07/18/13	07/18/13	32.00	137.60
251861	6	T1019		07/19/13	07/19/13	32.00	137.60
CLAIM TOTAL							825.60

CLAIM ACCOUNT REF. 2518610012012116SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012117 2012117 HAYNES, LAMONT 08/22/1920 695748 111817638  
DIAGNOSIS CODES: 428.0 250.00 401.9 600.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251862	1	T1019		07/13/13	07/13/13	20.00	86.00
251862	2	T1019		07/14/13	07/14/13	20.00	86.00

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251862	3	T1019		07/15/13	07/15/13	16.00	68.80
251862	4	T1019		07/16/13	07/16/13	16.00	68.80
251862	5	T1019		07/17/13	07/17/13	16.00	68.80
251862	6	T1019		07/18/13	07/18/13	16.00	68.80
251862	7	T1019		07/19/13	07/19/13	16.00	68.80
CLAIM TOTAL							516.00

CLAIM ACCOUNT REF. 2518620012012117SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012120 2012120 LOPEZ, ISABEL 12/24/1942 740574 111906404  
DIAGNOSIS CODES: 715.90 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251864	1	T1019		07/15/13	07/15/13	28.00	120.40
251864	2	T1019		07/17/13	07/17/13	28.00	120.40
251864	3	T1019		07/18/13	07/18/13	28.00	120.40
251864	4	T1019		07/19/13	07/19/13	28.00	120.40
CLAIM TOTAL							481.60

CLAIM ACCOUNT REF. 2518640012012120SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012121 2012121 MOHAMED, DENISE 06/14/1959 691722 111786776  
DIAGNOSIS CODES: 715.98

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251869	1	T1019		07/13/13	07/13/13	32.00	137.60
251869	2	T1019		07/14/13	07/14/13	32.00	137.60
251869	3	T1019		07/15/13	07/15/13	32.00	137.60
251869	4	T1019		07/16/13	07/16/13	32.00	137.60
251869	5	T1019		07/17/13	07/17/13	32.00	137.60
251869	6	T1019		07/18/13	07/18/13	32.00	137.60
251869	7	T1019		07/19/13	07/19/13	32.00	137.60
CLAIM TOTAL							963.20

CLAIM ACCOUNT REF. 2518690012012121SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012122 2012122 MORALES, FRANCISCO 12/03/1935 744366 111934024  
DIAGNOSIS CODES: 250.00 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251870	1	T1019		07/13/13	07/13/13	20.00	86.00
251870	2	T1019		07/14/13	07/14/13	20.00	86.00
251870	3	T1019		07/16/13	07/16/13	20.00	86.00
251870	4	T1019		07/17/13	07/17/13	20.00	86.00
251870	5	T1019		07/18/13	07/18/13	20.00	86.00
251870	6	T1019		07/19/13	07/19/13	20.00	86.00

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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	2518700012012122SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012130	2012130	NAVARRO, ANTONIA	07/23/1945	710368	111896928
DIAGNOSIS CODES: 493.92 311. 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
251872	1	T1019		07/13/13	07/13/13	20.00	86.00	
251872	2	T1019		07/14/13	07/14/13	20.00	86.00	
251872	3	T1019		07/15/13	07/15/13	28.00	120.40	
251872	4	T1019		07/16/13	07/16/13	20.00	86.00	
251872	5	T1019		07/17/13	07/17/13	28.00	120.40	
251872	6	T1019		07/18/13	07/18/13	28.00	120.40	
251872	7	T1019		07/19/13	07/19/13	28.00	120.40	
						CLAIM TOTAL	739.60	2518720012012130SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012131	2012131	ORTIZ, JOSE	04/19/1925	691721	111894848
DIAGNOSIS CODES: 250.00 401.9 414.01							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
251874	1	T1019		07/17/13	07/17/13	16.00	68.80	
251874	2	T1019		07/19/13	07/19/13	16.00	68.80	
						CLAIM TOTAL	137.60	2518740012012131SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012132	2012132	ORTIZ, DOLORES	06/30/1927	744365	111992982
DIAGNOSIS CODES: 719.7 272.4 401.9 750.7							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
251873	1	T1019		07/13/13	07/13/13	20.00	86.00	
251873	2	T1019		07/14/13	07/14/13	20.00	86.00	
251873	3	T1019		07/16/13	07/16/13	32.00	137.60	
251873	4	T1019		07/17/13	07/17/13	32.00	137.60	
251873	5	T1019		07/18/13	07/18/13	32.00	137.60	
251873	6	T1019		07/19/13	07/19/13	32.00	137.60	
						CLAIM TOTAL	722.40	2518730012012132SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012134 2012134 SERRANO, CARMEN 09/14/1948 695740 111805504  
DIAGNOSIS CODES: 093.89 253.5 311. 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251888	1	T1019		07/15/13	07/15/13	28.00	120.40	
251888	2	T1019		07/16/13	07/16/13	28.00	120.40	
251888	3	T1019		07/17/13	07/17/13	28.00	120.40	
251888	4	T1019		07/18/13	07/18/13	28.00	120.40	
251888	5	T1019		07/19/13	07/19/13	28.00	120.40	
CLAIM TOTAL							602.00	CLAIM ACCOUNT REF. 2518880012012134SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012137 2012137 VAZQUEZ 1, ROSA 08/08/1934 695667 111807022  
DIAGNOSIS CODES: 715.90 244.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251891	1	T1019		07/15/13	07/15/13	32.00	137.60	
251891	2	T1019		07/16/13	07/16/13	32.00	137.60	
251891	3	T1019		07/17/13	07/17/13	32.00	137.60	
251891	4	T1019		07/18/13	07/18/13	32.00	137.60	
251891	5	T1019		07/19/13	07/19/13	32.00	137.60	
CLAIM TOTAL							688.00	CLAIM ACCOUNT REF. 2518910012012137SUP

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	
251892	1	T1019		07/15/13	07/15/13	16.00	68.80	
251892	2	T1019		07/16/13	07/16/13	16.00	68.80	
251892	3	T1019		07/17/13	07/17/13	16.00	68.80	
251892	4	T1019		07/18/13	07/18/13	16.00	68.80	
251892	5	T1019		07/19/13	07/19/13	16.00	68.80	
CLAIM TOTAL							344.00	CLAIM ACCOUNT REF. 2518920012012138SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012140 2012140 PATRICK, IMAGE NE 03/27/1930 737028 111941421  
DIAGNOSIS CODES: 294.10 153.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251875	1	T1019		07/13/13	07/13/13	32.00	137.60	
251875	2	T1019		07/15/13	07/15/13	32.00	137.60	
251875	3	T1019		07/16/13	07/16/13	32.00	137.60	

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251875	4	T1019		07/17/13	07/17/13	32.00	137.60	
251875	5	T1019		07/18/13	07/18/13	32.00	137.60	
251875	6	T1019		07/19/13	07/19/13	32.00	137.60	
					CLAIM TOTAL		825.60	CLAIM ACCOUNT REF. 2518750012012140SUP

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	
251887	1	T1019		07/15/13	07/15/13	16.00	68.80	
251887	2	T1019		07/17/13	07/17/13	16.00	68.80	
251887	3	T1019		07/19/13	07/19/13	16.00	68.80	
					CLAIM TOTAL		206.40	CLAIM ACCOUNT REF. 2518870012012141SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012142	2012142	MEDINA, MARTHA	01/11/1944	697570	111896672
DIAGNOSIS	CODES:	135.	250.00	426.4	716.90		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251868	1	T1019		07/13/13	07/13/13	12.00	51.60	
251868	2	T1019		07/15/13	07/15/13	12.00	51.60	
251868	3	T1019		07/17/13	07/17/13	12.00	51.60	
251868	4	T1019		07/18/13	07/18/13	12.00	51.60	
251868	5	T1019		07/19/13	07/19/13	12.00	51.60	
					CLAIM TOTAL		258.00	CLAIM ACCOUNT REF. 2518680012012142SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012143	2012143	MURPHY, RUBY	04/13/1955	698832	111684344
DIAGNOSIS	CODES:	585.3	311.	401.9	493.90		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251871	1	T1019		07/15/13	07/15/13	16.00	68.80	
251871	2	T1019		07/17/13	07/17/13	16.00	68.80	
251871	3	T1019		07/18/13	07/18/13	16.00	68.80	
251871	4	T1019		07/19/13	07/19/13	16.00	68.80	
					CLAIM TOTAL		275.20	CLAIM ACCOUNT REF. 2518710012012143SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012144 2012144 PEREZ, JULIO 01/27/1936 709538 111942930  
DIAGNOSIS CODES: 715.90 244.9 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251878	1	T1019		07/15/13	07/15/13	20.00	86.00
251878	2	T1019		07/17/13	07/17/13	20.00	86.00
251878	3	T1019		07/19/13	07/19/13	20.00	86.00
CLAIM TOTAL							258.00
CLAIM ACCOUNT REF.							2518780012012144SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012145 2012145 PERALTA RODRIGO, JOSE 03/13/1942 715488 111867165  
DIAGNOSIS CODES: 715.90 272.0 274.9 278.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251876	1	T1019		07/15/13	07/15/13	16.00	68.80
251876	2	T1019		07/16/13	07/16/13	16.00	68.80
251876	3	T1019		07/17/13	07/17/13	16.00	68.80
251876	4	T1019		07/18/13	07/18/13	16.00	68.80
251876	5	T1019		07/19/13	07/19/13	16.00	68.80
CLAIM TOTAL							344.00
CLAIM ACCOUNT REF.							2518760012012145SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012146 2012146 PERALTA, INEZ 08/18/1942 715489 111886580  
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
251877	1	T1019		07/04/13	07/04/13	16.00	68.80
251877	2	T1019		07/15/13	07/15/13	16.00	68.80
251877	3	T1019		07/16/13	07/16/13	16.00	68.80
251877	4	T1019		07/17/13	07/17/13	16.00	68.80
251877	5	T1019		07/18/13	07/18/13	16.00	68.80
251877	6	T1019		07/19/13	07/19/13	16.00	68.80
CLAIM TOTAL							412.80
CLAIM ACCOUNT REF.							2518770012012146SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012147 2012147 RAMOS, SILVIA 08/16/1957 707547 111551884  
DIAGNOSIS CODES: 724.2 253.5 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251881	1	T1019		07/15/13	07/15/13	20.00	86.00
251881	2	T1019		07/16/13	07/16/13	20.00	86.00
251881	3	T1019		07/17/13	07/17/13	20.00	86.00
251881	4	T1019		07/18/13	07/18/13	20.00	86.00

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251881	5	T1019		07/19/13	07/19/13	20.00	86.00	
					CLAIM TOTAL		430.00	CLAIM ACCOUNT REF. 2518810012012147SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012149	2012149	REGLA, MARIA F	11/21/1933	691499	111829761
DIAGNOSIS CODES: 250.00 715.09							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251882	1	T1019		07/13/13	07/13/13	32.00	137.60	
251882	2	T1019		07/15/13	07/15/13	32.00	137.60	
251882	3	T1019		07/16/13	07/16/13	32.00	137.60	
251882	4	T1019		07/17/13	07/17/13	32.00	137.60	
251882	5	T1019		07/18/13	07/18/13	32.00	137.60	
251882	6	T1019		07/19/13	07/19/13	32.00	137.60	
					CLAIM TOTAL		825.60	CLAIM ACCOUNT REF. 2518820012012149SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012154	2012154	RODRIGUEZ, FRANKLIN	03/26/1989	697529	111871585
DIAGNOSIS CODES: 319. 345.10 705.83							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251884	1	T1019		07/13/13	07/13/13	24.00	103.20	
					CLAIM TOTAL		103.20	CLAIM ACCOUNT REF. 2518840012012154SUP

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	
251886	1	T1019		07/13/13	07/13/13	20.00	86.00	
251886	2	T1019		07/14/13	07/14/13	20.00	86.00	
251886	3	T1019		07/16/13	07/16/13	20.00	86.00	
					CLAIM TOTAL		258.00	CLAIM ACCOUNT REF. 2518860012012155SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012158	2012158	LOPEZ, MANUEL	02/25/1926	741094	111891649
DIAGNOSIS CODES: 401.9 272.4 429.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251865	1	T1019		07/13/13	07/13/13	48.00	206.40	
251865	2	T1019		07/14/13	07/14/13	48.00	206.40	
251865	3	T1019		07/15/13	07/15/13	48.00	206.40	
251865	4	T1019		07/16/13	07/16/13	48.00	206.40	



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PAYER ID = 14163                      WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251865	5	T1019		07/17/13	07/17/13	48.00	206.40	
251865	6	T1019		07/18/13	07/18/13	48.00	206.40	
251865	7	T1019		07/19/13	07/19/13	48.00	206.40	
					CLAIM TOTAL	1,444.80		CLAIM ACCOUNT REF. 2518650012012158SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012161	2012161	ALONSO, ANA	03/02/1943	739934	111910597
DIAGNOSIS	CODES:	733.09	253.5	272.4			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251852	1	T1019		07/14/13	07/14/13	20.00	86.00	
251852	2	T1019		07/15/13	07/15/13	20.00	86.00	
251852	3	T1019		07/16/13	07/16/13	20.00	86.00	
251852	4	T1019		07/17/13	07/17/13	20.00	86.00	
251852	5	T1019		07/18/13	07/18/13	20.00	86.00	
251852	6	T1019		07/19/13	07/19/13	20.00	86.00	
					CLAIM TOTAL	516.00		CLAIM ACCOUNT REF. 2518520012012161SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012261	2012261	SILVEIRA, BERTA	06/23/1938	753060	111981021
DIAGNOSIS	CODES:	786.05					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251889	1	T1019		07/13/13	07/13/13	24.00	103.20	
251889	2	T1019		07/14/13	07/14/13	24.00	103.20	
251889	3	T1019		07/15/13	07/15/13	24.00	103.20	
251889	4	T1019		07/17/13	07/17/13	24.00	103.20	
251889	5	T1019		07/18/13	07/18/13	24.00	103.20	
251889	6	T1019		07/19/13	07/19/13	24.00	103.20	
					CLAIM TOTAL	619.20		CLAIM ACCOUNT REF. 2518890012012261SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012136	2012266	SOTO, RAFAEL B	03/08/1937	700573	111779429
DIAGNOSIS	CODES:	715.09	250.00	272.2    401.9	428.0	530.81	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251890	1	T1019		07/13/13	07/13/13	36.00	154.80	
251890	2	T1019		07/15/13	07/15/13	36.00	154.80	
251890	3	T1019		07/16/13	07/16/13	36.00	154.80	
251890	4	T1019		07/17/13	07/17/13	36.00	154.80	
251890	5	T1019		07/18/13	07/18/13	36.00	154.80	
251890	6	T1019		07/19/13	07/19/13	36.00	154.80	
					CLAIM TOTAL	928.80		CLAIM ACCOUNT REF. 2518900012012266SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012719 2012719 SANCHEZ FLORES, ADELA 11/03/1944 761166 111909448  
DIAGNOSIS CODES: 401.9 300.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251885	1	T1019		07/15/13	07/15/13	16.00	68.80
251885	2	T1019		07/17/13	07/17/13	16.00	68.80
251885	3	T1019		07/19/13	07/19/13	16.00	68.80
CLAIM TOTAL						206.40	CLAIM ACCOUNT REF. 2518850012012719SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012159 2012948 LOPEZ, VITALIA 08/01/1922 691723 111822973  
DIAGNOSIS CODES: 331.0 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251866	1	T1019		07/13/13	07/13/13	48.00	206.40
251866	2	T1019		07/14/13	07/14/13	48.00	206.40
251866	3	T1019		07/15/13	07/15/13	48.00	206.40
251866	4	T1019		07/16/13	07/16/13	48.00	206.40
251866	5	T1019		07/17/13	07/17/13	48.00	206.40
251866	6	T1019		07/18/13	07/18/13	48.00	206.40
251866	7	T1019		07/19/13	07/19/13	48.00	206.40
CLAIM TOTAL						1,444.80	CLAIM ACCOUNT REF. 2518660012012948SUP

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
251858	1	T1019		07/13/13	07/13/13	20.00	86.00
251858	2	T1019		07/15/13	07/15/13	20.00	86.00
251858	3	T1019		07/16/13	07/16/13	20.00	86.00
251858	4	T1019		07/17/13	07/17/13	20.00	86.00
251858	5	T1019		07/18/13	07/18/13	20.00	86.00
251858	6	T1019		07/19/13	07/19/13	20.00	86.00
CLAIM TOTAL						516.00	CLAIM ACCOUNT REF. 2518580012012952SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012953 2012953 CHOUDHURY, MEHER A 08/16/1974 762773 111694030  
DIAGNOSIS CODES: 344.00 493.90 742.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251856	1	T1019		07/13/13	07/13/13	48.00	206.40
251856	2	T1019		07/14/13	07/14/13	48.00	206.40

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PAYER ID = 14163                      WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251856	3	T1019		07/15/13	07/15/13	48.00	206.40	
251856	4	T1019		07/16/13	07/16/13	48.00	206.40	
251856	5	T1019		07/17/13	07/17/13	48.00	206.40	
251856	6	T1019		07/18/13	07/18/13	48.00	206.40	
251856	7	T1019		07/19/13	07/19/13	48.00	206.40	
CLAIM TOTAL							1,444.80	CLAIM ACCOUNT REF. 2518560012012953SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	1031950	2012979	HUDGINS, LOUZETTA	05/18/1944	761959	111697308
DIAGNOSIS CODES: 401.9 250.00 278.00 311.						

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251863	1	T1019		07/13/13	07/13/13	20.00	86.00	
251863	2	T1019		07/15/13	07/15/13	20.00	86.00	
251863	3	T1019		07/16/13	07/16/13	20.00	86.00	
251863	4	T1019		07/17/13	07/17/13	20.00	86.00	
251863	5	T1019		07/18/13	07/18/13	20.00	86.00	
251863	6	T1019		07/19/13	07/19/13	20.00	86.00	
CLAIM TOTAL							516.00	CLAIM ACCOUNT REF. 2518630012012979SUP

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	
251893	1	T1019		07/13/13	07/13/13	32.00	137.60	
251893	2	T1019		07/14/13	07/14/13	32.00	137.60	
251893	3	T1019		07/15/13	07/15/13	32.00	137.60	
251893	4	T1019		07/16/13	07/16/13	32.00	137.60	
251893	5	T1019		07/17/13	07/17/13	32.00	137.60	
251893	6	T1019		07/18/13	07/18/13	32.00	137.60	
251893	7	T1019		07/19/13	07/19/13	32.00	137.60	
CLAIM TOTAL							963.20	CLAIM ACCOUNT REF. 2518930012012984SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012152	2013395	REYES, TERESA	03/18/1941	697840	111904006
DIAGNOSIS CODES: 250.00 401.9						

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251883	1	T1019		07/14/13	07/14/13	32.00	137.60	
251883	2	T1019		07/15/13	07/15/13	32.00	137.60	
251883	3	T1019		07/16/13	07/16/13	32.00	137.60	
251883	4	T1019		07/17/13	07/17/13	32.00	137.60	

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NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
251883	5	T1019		07/18/13	07/18/13	32.00	137.60		
251883	6	T1019		07/19/13	07/19/13	32.00	137.60		
					CLAIM TOTAL		825.60	CLAIM ACCOUNT REF.	2518830012013395SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013679	2013679	PRISCO, FILOMENA	09/15/1921	769526	111988449
DIAGNOSIS		CODES:	728.87	250.00	477.9	493.90	782.3 276.8

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251879	1	T1019		07/12/13	07/12/13	16.00	68.80	
251879	2	T1019		07/13/13	07/13/13	16.00	68.80	
251879	3	T1019		07/14/13	07/14/13	16.00	68.80	
251879	4	T1019		07/16/13	07/16/13	16.00	68.80	
251879	5	T1019		07/17/13	07/17/13	16.00	68.80	
251879	6	T1019		07/18/13	07/18/13	16.00	68.80	
251879	7	T1019		07/19/13	07/19/13	16.00	68.80	
					CLAIM TOTAL		481.60	CLAIM ACCOUNT REF. 2518790012013679SUP

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	230	TOTAL CLAIM AMOUNT =	27,279.20
		# SERVICES =	42		

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008276 2008491 LOYOLA, MARIA 06/11/1981 JZR32498A01 0005044162  
DIAGNOSIS CODES: 952.9 806.8 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251839	1	T1019	0580	07/11/13	07/11/13	40.00	168.80
251839	2	T1019	0580	07/12/13	07/12/13	40.00	168.80
251839	3	T1019	0580	07/15/13	07/15/13	40.00	168.80
251839	4	T1019	0580	07/16/13	07/16/13	40.00	168.80
251839	5	T1019	0580	07/17/13	07/17/13	40.00	168.80
251839	6	T1019	0580	07/18/13	07/18/13	28.00	118.16
CLAIM TOTAL							962.16
CLAIM ACCOUNT REF.							2518390012008491SUP

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
251841	1	T1019	0580	07/15/13	07/15/13	16.00	67.52
251841	2	T1019	0580	07/16/13	07/16/13	16.00	67.52
251841	3	T1019	0580	07/17/13	07/17/13	16.00	67.52
251841	4	T1019	0580	07/18/13	07/18/13	16.00	67.52
251841	5	T1019	0580	07/19/13	07/19/13	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2518410012008513SUP

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
251836	1	T1019	0580	07/16/13	07/16/13	16.00	67.52
251836	2	T1019	0580	07/19/13	07/19/13	16.00	67.52
CLAIM TOTAL							135.04
CLAIM ACCOUNT REF.							2518360012008723SUP

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
251828	1	T1019	0580	07/13/13	07/13/13	48.00	202.56
251828	2	T1019	0580	07/14/13	07/14/13	48.00	202.56
251828	3	T1019	0580	07/15/13	07/15/13	48.00	202.56
251828	4	T1019	0580	07/16/13	07/16/13	48.00	202.56
251828	5	T1019	0580	07/17/13	07/17/13	48.00	202.56

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PAYER       ID = 55247                      HEALTH INSURANCE PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251828	6	T1019	0580	07/18/13	07/18/13	48.00	202.56
251828	7	T1019	0580	07/19/13	07/19/13	48.00	202.56
CLAIM TOTAL							1,417.92
CLAIM ACCOUNT REF.							2518280012008793SUP

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
251837	1	T1019	0580	07/13/13	07/13/13	32.00	135.04
251837	2	T1019	0580	07/14/13	07/14/13	32.00	135.04
251837	3	T1019	0580	07/15/13	07/15/13	32.00	135.04
251837	4	T1019	0580	07/16/13	07/16/13	32.00	135.04
251837	5	T1019	0580	07/17/13	07/17/13	32.00	135.04
251837	6	T1019	0580	07/18/13	07/18/13	32.00	135.04
251837	7	T1019	0580	07/19/13	07/19/13	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2518370012009237SUP

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
251840	1	T1019	0580	07/19/13	07/19/13	20.00	84.40
CLAIM TOTAL							84.40
CLAIM ACCOUNT REF.							2518400012009269SUP

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
251838	1	T1019	0580	07/13/13	07/13/13	16.00	67.52
251838	2	T1019	0580	07/14/13	07/14/13	16.00	67.52
251838	3	T1019	0580	07/15/13	07/15/13	16.00	67.52
251838	4	T1019	0580	07/16/13	07/16/13	16.00	67.52
251838	5	T1019	0580	07/17/13	07/17/13	16.00	67.52
251838	6	T1019	0580	07/18/13	07/18/13	16.00	67.52
251838	7	T1019	0580	07/19/13	07/19/13	16.00	67.52
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2518380012009406SUP

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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 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
251830	1	T1019	0580	07/15/13	07/15/13	16.00	67.52
251830	2	T1019	0580	07/18/13	07/18/13	16.00	67.52
251830	3	T1019	0580	07/19/13	07/19/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2518300012009686SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009945 2009945 JACKSON, FRANCES 03/12/1934 12030545001 0004676295-009  
DIAGNOSIS CODES: 332.0 250.00 401.9 722.10 785.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251832	1	T1019	0580	07/13/13	07/13/13	28.00	118.16
251832	2	T1019	0580	07/14/13	07/14/13	28.00	118.16
251832	3	T1019	0580	07/15/13	07/15/13	28.00	118.16
251832	4	T1019	0580	07/16/13	07/16/13	28.00	118.16
251832	5	T1019	0580	07/17/13	07/17/13	28.00	118.16
251832	6	T1019	0580	07/18/13	07/18/13	28.00	118.16
251832	7	T1019	0580	07/19/13	07/19/13	28.00	118.16
CLAIM TOTAL							827.12
CLAIM ACCOUNT REF.							2518320012009945SUP

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
251831	1	T1019	0580	07/13/13	07/13/13	36.00	151.92
251831	2	T1019	0580	07/15/13	07/15/13	36.00	151.92
251831	3	T1019	0580	07/16/13	07/16/13	36.00	151.92
251831	4	T1019	0580	07/17/13	07/17/13	36.00	151.92
251831	5	T1019	0580	07/18/13	07/18/13	36.00	151.92
251831	6	T1019	0580	07/19/13	07/19/13	36.00	151.92
CLAIM TOTAL							911.52
CLAIM ACCOUNT REF.							2518310012010991SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008273 2011526 DE JESUS, TIBURCIO 08/11/1947 XX16524S 0006379371  
DIAGNOSIS CODES: 250.03 369.60 401.9 414.04 799.89 V60.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251829	1	T1019	0580	07/13/13	07/13/13	48.00	202.56
251829	2	T1019	0580	07/14/13	07/14/13	48.00	202.56

REPORT DATE 07/24/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER       ID = 55247                      HEALTH INSURANCE PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251829	3	T1019	0580	07/15/13	07/15/13	48.00	202.56	
251829	4	T1019	0580	07/16/13	07/16/13	48.00	202.56	
251829	5	T1019	0580	07/17/13	07/17/13	48.00	202.56	
251829	6	T1019	0580	07/18/13	07/18/13	48.00	202.56	
251829	7	T1019	0580	07/19/13	07/19/13	48.00	202.56	
CLAIM TOTAL							1,417.92	CLAIM ACCOUNT REF. 2518290012011526SUP

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	
251834	1	T1019	0580	07/13/13	07/13/13	24.00	101.28	
251834	2	T1019	0580	07/14/13	07/14/13	24.00	101.28	
251834	3	T1019	0580	07/15/13	07/15/13	24.00	101.28	
251834	4	T1019	0580	07/16/13	07/16/13	24.00	101.28	
251834	5	T1019	0580	07/17/13	07/17/13	24.00	101.28	
251834	6	T1019	0580	07/18/13	07/18/13	24.00	101.28	
251834	7	T1019	0580	07/19/13	07/19/13	24.00	101.28	
CLAIM TOTAL							708.96	CLAIM ACCOUNT REF. 2518340012012541SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2013402	2013402	MCALLISTER, ANNIE	03/29/1937	ZP91513K	0006313393
DIAGNOSIS	CODES:	V61.9				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251835	1	T1019	0580	07/05/13	07/05/13	16.00	67.52	
CLAIM TOTAL							67.52	CLAIM ACCOUNT REF. 2518350012013402SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2009467	2013531	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	
251833	1	T1019	0580	07/13/13	07/13/13	48.00	202.56	
251833	2	T1019	0580	07/14/13	07/14/13	48.00	202.56	
251833	3	T1019	0580	07/15/13	07/15/13	48.00	202.56	
251833	4	T1019	0580	07/16/13	07/16/13	48.00	202.56	
251833	5	T1019	0580	07/17/13	07/17/13	48.00	202.56	
251833	6	T1019	0580	07/18/13	07/18/13	48.00	202.56	
251833	7	T1019	0580	07/19/13	07/19/13	48.00	202.56	
CLAIM TOTAL							1,417.92	CLAIM ACCOUNT REF. 2518330012013531SUP



REPORT DATE 07/24/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER       ID = 55247                        HEALTH INSURANCE PLAN

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	73	TOTAL CLAIM AMOUNT =	9,908.56
		# SERVICES =	14		

REPORT DATE 07/24/13                      SUNNYSIDE CITYWIDE  
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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 131610065  
DIAGNOSIS CODES: 042. 202.88 436. 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251915	1	T1019		07/15/13	07/15/13	28.00	120.12
251915	2	T1019		07/16/13	07/16/13	28.00	120.12
251915	3	T1019		07/17/13	07/17/13	28.00	120.12
251915	4	T1019		07/18/13	07/18/13	28.00	120.12
CLAIM TOTAL							480.48
CLAIM ACCOUNT REF.							2519150012010958SUP

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
251916	1	T1019		07/13/13	07/13/13	24.00	102.96
251916	2	T1019		07/17/13	07/17/13	40.00	171.60
251916	3	T1019		07/18/13	07/18/13	24.00	102.96
251916	4	T1019		07/19/13	07/19/13	40.00	171.60
CLAIM TOTAL							549.12
CLAIM ACCOUNT REF.							2519160012012481SUP

PAYER TOTALS:                      VNSNY CHOICE                      # OF CLAIMS = 8                      TOTAL CLAIM AMOUNT = 1,029.60  
# SERVICES = 2

REPORT DATE 07/24/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013072401241727RRSUP

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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
251798	1	T1019		07/13/13	07/13/13	12.00	50.64
251798	2	T1019		07/14/13	07/14/13	12.00	50.64
251798	3	T1019		07/15/13	07/15/13	12.00	50.64
251798	4	T1019		07/16/13	07/16/13	12.00	50.64
251798	5	T1019		07/17/13	07/17/13	12.00	50.64
251798	6	T1019		07/18/13	07/18/13	12.00	50.64
251798	7	T1019		07/19/13	07/19/13	12.00	50.64
CLAIM TOTAL							354.48
CLAIM ACCOUNT REF.							2517980012008246SUP

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
251799	1	T1019		07/15/13	07/15/13	12.00	50.64
251799	2	T1019		07/16/13	07/16/13	12.00	50.64
251799	3	T1019		07/17/13	07/17/13	12.00	50.64
251799	4	T1019		07/18/13	07/18/13	12.00	50.64
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2517990012008248SUP

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
251790	1	T1019		07/13/13	07/13/13	44.00	185.68
251790	2	T1019		07/14/13	07/14/13	44.00	185.68
251790	3	T1019		07/15/13	07/15/13	44.00	185.68
251790	4	T1019		07/16/13	07/16/13	44.00	185.68
251790	5	T1019		07/17/13	07/17/13	44.00	185.68
251790	6	T1019		07/18/13	07/18/13	44.00	185.68
251790	7	T1019		07/19/13	07/19/13	44.00	185.68
CLAIM TOTAL							1,299.76
CLAIM ACCOUNT REF.							2517900012008249SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251803	1	T1019		07/13/13	07/13/13	32.00	135.04
251803	2	T1019		07/14/13	07/14/13	32.00	135.04
251803	3	T1019		07/15/13	07/15/13	32.00	135.04
251803	4	T1019		07/16/13	07/16/13	32.00	135.04
251803	5	T1019		07/17/13	07/17/13	32.00	135.04
251803	6	T1019		07/18/13	07/18/13	32.00	135.04
251803	7	T1019		07/19/13	07/19/13	32.00	135.04
CLAIM TOTAL						945.28	
						CLAIM ACCOUNT REF.	2518030012008250SUP

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
251771	1	T1019		07/13/13	07/13/13	16.00	67.52
251771	2	T1019		07/15/13	07/15/13	32.00	135.04
251771	3	T1019		07/16/13	07/16/13	32.00	135.04
251771	4	T1019		07/17/13	07/17/13	32.00	135.04
251771	5	T1019		07/18/13	07/18/13	32.00	135.04
251771	6	T1019		07/19/13	07/19/13	32.00	135.04
CLAIM TOTAL						742.72	
						CLAIM ACCOUNT REF.	2517710012008251SUP

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
251791	1	T1019		06/05/13	06/05/13	48.00	202.56
CLAIM TOTAL						202.56	
						CLAIM ACCOUNT REF.	2517910012008253SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008253 2008253 MACARENA, SAHARA 09/12/1965 VT07830U 0104171302386  
DIAGNOSIS CODES: 359.0 719.45

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251792	1	T1019		07/13/13	07/13/13	48.00	202.56
251792	2	T1019		07/14/13	07/14/13	48.00	202.56
251792	3	T1019		07/15/13	07/15/13	48.00	202.56
251792	4	T1019		07/16/13	07/16/13	48.00	202.56

REPORT DATE 07/24/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER       ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251792	5	T1019		07/17/13	07/17/13	48.00	202.56	
251792	6	T1019		07/18/13	07/18/13	48.00	202.56	
251792	7	T1019		07/19/13	07/19/13	48.00	202.56	
					CLAIM TOTAL		1,417.92	CLAIM ACCOUNT REF.    2517920012008253SUP

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	
251807	1	T1019		07/15/13	07/15/13	32.00	135.04	
251807	2	T1019		07/16/13	07/16/13	32.00	135.04	
251807	3	T1019		07/17/13	07/17/13	32.00	135.04	
251807	4	T1019		07/18/13	07/18/13	32.00	135.04	
251807	5	T1019		07/19/13	07/19/13	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF.    2518070012008254SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID    PRIOR AUTHORIZATION #  
NY    001    2008256    2008256    CARMONA, LUZ    08/10/1954    XJ24416K    0104121301251  
DIAGNOSIS CODES:    294.8    401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251769	1	T1019		07/15/13	07/15/13	32.00	135.04	
251769	2	T1019		07/16/13	07/16/13	32.00	135.04	
251769	3	T1019		07/17/13	07/17/13	32.00	135.04	
251769	4	T1019		07/18/13	07/18/13	32.00	135.04	
251769	5	T1019		07/19/13	07/19/13	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF.    2517690012008256SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID    PRIOR AUTHORIZATION #  
NY    001    2008257    2008257    ESTEVES, JOSE    09/04/1948    YD71377C    0103261301993  
DIAGNOSIS CODES:    345.40

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251776	1	T1019		07/13/13	07/13/13	24.00	101.28	
251776	2	T1019		07/14/13	07/14/13	24.00	101.28	
251776	3	T1019		07/15/13	07/15/13	24.00	101.28	
251776	4	T1019		07/17/13	07/17/13	24.00	101.28	
251776	5	T1019		07/18/13	07/18/13	24.00	101.28	
251776	6	T1019		07/19/13	07/19/13	24.00	101.28	
					CLAIM TOTAL		607.68	CLAIM ACCOUNT REF.    2517760012008257SUP

REPORT DATE 07/24/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013072401241727RRSUP

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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	
251804	1	T1019		07/15/13	07/15/13	32.00	135.04	
251804	2	T1019		07/16/13	07/16/13	32.00	135.04	
251804	3	T1019		07/17/13	07/17/13	32.00	135.04	
251804	4	T1019		07/18/13	07/18/13	32.00	135.04	
251804	5	T1019		07/19/13	07/19/13	32.00	135.04	
CLAIM TOTAL							675.20	CLAIM ACCOUNT REF. 2518040012008290SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008362 2008362 FONTANES, PEDRO 08/27/1948 RX10287Z 0104171301499  
DIAGNOSIS CODES: 724.3 278.00 427.31 428.0 724.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251779	1	T1019		05/07/13	05/07/13	16.00	67.52	
251779	2	T1019		06/08/13	06/08/13	48.00	202.56	
251779	3	T1019		06/18/13	06/18/13	24.00	101.28	
251779	4	T1019		07/13/13	07/13/13	48.00	202.56	
251779	5	T1019		07/14/13	07/14/13	48.00	202.56	
251779	6	T1019		07/15/13	07/15/13	48.00	202.56	
251779	7	T1019		07/17/13	07/17/13	48.00	202.56	
251779	8	T1019		07/18/13	07/18/13	24.00	101.28	
CLAIM TOTAL							1,282.88	CLAIM ACCOUNT REF. 2517790012008362SUP

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	
251802	1	T1019		07/15/13	07/15/13	16.00	67.52	
251802	2	T1019		07/16/13	07/16/13	16.00	67.52	
251802	3	T1019		07/17/13	07/17/13	16.00	67.52	
251802	4	T1019		07/18/13	07/18/13	16.00	67.52	
251802	5	T1019		07/19/13	07/19/13	16.00	67.52	
CLAIM TOTAL							337.60	CLAIM ACCOUNT REF. 2518020012008368SUP

REPORT DATE 07/24/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 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
251780	1	T1019		07/08/13	07/08/13	32.00	135.04
251780	2	T1019		07/13/13	07/13/13	32.00	135.04
251780	3	T1019		07/14/13	07/14/13	32.00	135.04
251780	4	T1019		07/15/13	07/15/13	32.00	135.04
251780	5	T1019		07/16/13	07/16/13	32.00	135.04
251780	6	T1019		07/17/13	07/17/13	32.00	135.04
251780	7	T1019		07/18/13	07/18/13	32.00	135.04
251780	8	T1019		07/19/13	07/19/13	32.00	135.04
CLAIM TOTAL						1,080.32	CLAIM ACCOUNT REF. 2517800012008411SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008433 2008433 BHAIRO, KOWSILILLI 05/13/1954 VG15691D R2362824  
DIAGNOSIS CODES: 340. 286.0 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251765	1	T1019		07/13/13	07/13/13	32.00	135.04
251765	2	T1019		07/14/13	07/14/13	32.00	135.04
251765	3	T1019		07/15/13	07/15/13	32.00	135.04
251765	4	T1019		07/16/13	07/16/13	32.00	135.04
251765	5	T1019		07/17/13	07/17/13	32.00	135.04
251765	6	T1019		07/18/13	07/18/13	32.00	135.04
251765	7	T1019		07/19/13	07/19/13	32.00	135.04
CLAIM TOTAL						945.28	CLAIM ACCOUNT REF. 2517650012008433SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z 0105161301593  
DIAGNOSIS CODES: 250.00 244.8 311. 401.9 428.0 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251764	1	T1019		07/13/13	07/13/13	12.00	50.64
251764	2	T1019		07/15/13	07/15/13	20.00	84.40
251764	3	T1019		07/16/13	07/16/13	20.00	84.40
251764	4	T1019		07/17/13	07/17/13	20.00	84.40
251764	5	T1019		07/18/13	07/18/13	20.00	84.40
251764	6	T1019		07/19/13	07/19/13	20.00	84.40
CLAIM TOTAL						472.64	CLAIM ACCOUNT REF. 2517640012008487SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

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
251809	1	T1019		07/13/13	07/13/13	48.00	202.56
251809	2	T1019		07/14/13	07/14/13	48.00	202.56
251809	3	T1019		07/15/13	07/15/13	48.00	202.56
251809	4	T1019		07/16/13	07/16/13	48.00	202.56
251809	5	T1019		07/17/13	07/17/13	48.00	202.56
251809	6	T1019		07/18/13	07/18/13	48.00	202.56
251809	7	T1019		07/19/13	07/19/13	48.00	202.56
CLAIM TOTAL						1,417.92	CLAIM ACCOUNT REF. 2518090012008558SUP

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
251775	1	T1019		07/13/13	07/13/13	16.00	67.52
251775	2	T1019		07/14/13	07/14/13	16.00	67.52
251775	3	T1019		07/15/13	07/15/13	24.00	101.28
251775	4	T1019		07/16/13	07/16/13	24.00	101.28
251775	5	T1019		07/17/13	07/17/13	24.00	101.28
251775	6	T1019		07/19/13	07/19/13	44.00	185.68
CLAIM TOTAL						624.56	CLAIM ACCOUNT REF. 2517750012008571SUP

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
251770	1	T1019		07/13/13	07/13/13	32.00	135.04
251770	2	T1019		07/15/13	07/15/13	32.00	135.04
251770	3	T1019		07/16/13	07/16/13	32.00	135.04
251770	4	T1019		07/17/13	07/17/13	32.00	135.04
251770	5	T1019		07/18/13	07/18/13	32.00	135.04
251770	6	T1019		07/19/13	07/19/13	32.00	135.04
CLAIM TOTAL						810.24	CLAIM ACCOUNT REF. 2517700012009270SUP



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PAYER ID = 80141                      HEALTHFIRST PHSP

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: 401.9 244.9 537.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251772	1	T1019		07/15/13	07/15/13	24.00	101.28
251772	2	T1019		07/16/13	07/16/13	24.00	101.28
251772	3	T1019		07/17/13	07/17/13	24.00	101.28
251772	4	T1019		07/18/13	07/18/13	24.00	101.28
251772	5	T1019		07/19/13	07/19/13	24.00	101.28
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2517720012009405SUP

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
251781	1	T1019		07/15/13	07/15/13	16.00	67.52
251781	2	T1019		07/17/13	07/17/13	16.00	67.52
251781	3	T1019		07/19/13	07/19/13	16.00	67.52
CLAIM TOTAL							202.56

CLAIM ACCOUNT REF. 2517810012009425SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009560 2009560 BOCHENEC, JOLANTA 07/08/1964 ZT71147Q 0104251302988  
DIAGNOSIS CODES: 854.00 272.4 300.00 307.42 781.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251767	1	T1019		07/13/13	07/13/13	24.00	101.28
251767	2	T1019		07/14/13	07/14/13	24.00	101.28
251767	3	T1019		07/15/13	07/15/13	24.00	101.28
251767	4	T1019		07/16/13	07/16/13	24.00	101.28
251767	5	T1019		07/17/13	07/17/13	24.00	101.28
251767	6	T1019		07/18/13	07/18/13	24.00	101.28
251767	7	T1019		07/19/13	07/19/13	24.00	101.28
CLAIM TOTAL							708.96

CLAIM ACCOUNT REF. 2517670012009560SUP

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
251812	1	T1019		07/15/13	07/15/13	28.00	118.16
251812	2	T1019		07/16/13	07/16/13	32.00	135.04
251812	3	T1019		07/17/13	07/17/13	32.00	135.04

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251812	4	T1019		07/18/13	07/18/13	32.00	135.04	
251812	5	T1019		07/19/13	07/19/13	32.00	135.04	
CLAIM TOTAL							658.32	CLAIM ACCOUNT REF.    2518120012010009SUP

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	
251787	1	T1019		07/13/13	07/13/13	48.00	202.56	
251787	2	T1019		07/14/13	07/14/13	48.00	202.56	
251787	3	T1019		07/15/13	07/15/13	24.00	101.28	
251787	4	T1019		07/16/13	07/16/13	48.00	202.56	
251787	5	T1019		07/17/13	07/17/13	48.00	202.56	
CLAIM TOTAL							911.52	CLAIM ACCOUNT REF.    2517870012010311SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008299	2010311	LAZALA, GLADYS	02/03/1950	ZT39863D	0106041301563
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	
251788	1	T1019		07/18/13	07/18/13	48.00	202.56	
251788	2	T1019		07/19/13	07/19/13	48.00	202.56	
CLAIM TOTAL							405.12	CLAIM ACCOUNT REF.    2517880012010311SUP

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	
251811	1	T1019		07/13/13	07/13/13	20.00	84.40	
251811	2	T1019		07/18/13	07/18/13	20.00	84.40	
251811	3	T1019		07/19/13	07/19/13	20.00	84.40	
CLAIM TOTAL							253.20	CLAIM ACCOUNT REF.    2518110012010758SUP

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	
251785	1	T1019		07/13/13	07/13/13	32.00	135.04	
251785	2	T1019		07/15/13	07/15/13	32.00	135.04	
251785	3	T1019		07/16/13	07/16/13	32.00	135.04	

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PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							405.12	2517850012010967SUP
						CLAIM TOTAL		

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008813	2010967	LARA, TOMASA	10/11/1931	SX47950B	R2317742
DIAGNOSIS	CODES:	401.9	244.9	272.4	715.80		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
251786	1	T1019		07/17/13	07/17/13	32.00	135.04	
251786	2	T1019		07/18/13	07/18/13	32.00	135.04	
251786	3	T1019		07/19/13	07/19/13	32.00	135.04	
						CLAIM TOTAL	405.12	2517860012010967SUP

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	CLAIM ACCOUNT REF.
251768	1	T1019		07/15/13	07/15/13	40.00	168.80	
251768	2	T1019		07/16/13	07/16/13	40.00	168.80	
251768	3	T1019		07/17/13	07/17/13	40.00	168.80	
251768	4	T1019		07/18/13	07/18/13	40.00	168.80	
251768	5	T1019		07/19/13	07/19/13	40.00	168.80	
						CLAIM TOTAL	844.00	2517680012011528SUP

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	CLAIM ACCOUNT REF.
251808	1	T1019		07/13/13	07/13/13	36.00	151.92	
251808	2	T1019		07/14/13	07/14/13	36.00	151.92	
251808	3	T1019		07/15/13	07/15/13	40.00	168.80	
251808	4	T1019		07/16/13	07/16/13	40.00	168.80	
251808	5	T1019		07/17/13	07/17/13	40.00	168.80	
251808	6	T1019		07/18/13	07/18/13	40.00	168.80	
251808	7	T1019		07/19/13	07/19/13	40.00	168.80	
						CLAIM TOTAL	1,147.84	2518080012011820SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

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
251797	1	T1019		07/13/13	07/13/13	40.00	168.80
251797	2	T1019		07/14/13	07/14/13	40.00	168.80
251797	3	T1019		07/15/13	07/15/13	40.00	168.80
251797	4	T1019		07/16/13	07/16/13	40.00	168.80
251797	5	T1019		07/17/13	07/17/13	40.00	168.80
251797	6	T1019		07/18/13	07/18/13	40.00	168.80
251797	7	T1019		07/19/13	07/19/13	40.00	168.80
CLAIM TOTAL						1,181.60	CLAIM ACCOUNT REF. 2517970012012284SUP

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
251782	1	T1019		07/13/13	07/13/13	32.00	135.04
251782	2	T1019		07/15/13	07/15/13	32.00	135.04
251782	3	T1019		07/16/13	07/16/13	32.00	135.04
251782	4	T1019		07/17/13	07/17/13	32.00	135.04
251782	5	T1019		07/18/13	07/18/13	32.00	135.04
251782	6	T1019		07/19/13	07/19/13	32.00	135.04
CLAIM TOTAL						810.24	CLAIM ACCOUNT REF. 2517820012012478SUP

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
251766	1	T1019		07/17/13	07/17/13	16.00	67.52
251766	2	T1019		07/18/13	07/18/13	16.00	67.52
251766	3	T1019		07/19/13	07/19/13	16.00	67.52
CLAIM TOTAL						202.56	CLAIM ACCOUNT REF. 2517660012012489SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012498 2012498 SCHOONMAKER, JEAN 01/16/1944 116703035 0101171302362  
DIAGNOSIS CODES: 296.22 724.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251805	1	T1019		07/15/13	07/15/13	36.00	151.92
251805	2	T1019		07/16/13	07/16/13	36.00	151.92

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251805	3	T1019		07/17/13	07/17/13	36.00	151.92	
251805	4	T1019		07/18/13	07/18/13	36.00	151.92	
					CLAIM TOTAL		607.68	CLAIM ACCOUNT REF.    2518050012012498SUP

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	
251810	1	T1019		07/13/13	07/13/13	32.00	135.04	
251810	2	T1019		07/14/13	07/14/13	32.00	135.04	
251810	3	T1019		07/15/13	07/15/13	20.00	84.40	
251810	4	T1019		07/16/13	07/16/13	32.00	135.04	
251810	5	T1019		07/18/13	07/18/13	32.00	135.04	
251810	6	T1019		07/19/13	07/19/13	20.00	84.40	
					CLAIM TOTAL		708.96	CLAIM ACCOUNT REF.    2518100012012772SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2011388	2013053	PALAZZOLO, FLORENCE	10/31/1948	PD96979S	0103181301812
DIAGNOSIS	CODES:	331.0				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251796	1	T1020		07/13/13	07/13/13	12.00	202.56	
251796	2	T1020		07/14/13	07/14/13	12.00	202.56	
251796	3	T1020		07/15/13	07/15/13	12.00	202.56	
251796	4	T1020		07/16/13	07/16/13	12.00	202.56	
251796	5	T1020		07/17/13	07/17/13	12.00	202.56	
251796	6	T1020		07/18/13	07/18/13	12.00	202.56	
251796	7	T1020		07/19/13	07/19/13	12.00	202.56	
					CLAIM TOTAL		1,417.92	CLAIM ACCOUNT REF.    2517960012013053SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2010143	2013448	AHMED, UMARA	11/15/1985	XK51476N	072211255328
DIAGNOSIS	CODES:	335.19	695.4			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251762	1	T1019		07/14/13	07/14/13	32.00	135.04	
251762	2	T1019		07/15/13	07/15/13	32.00	135.04	
251762	3	T1019		07/16/13	07/16/13	32.00	135.04	
251762	4	T1019		07/17/13	07/17/13	32.00	135.04	
251762	5	T1019		07/18/13	07/18/13	32.00	135.04	
251762	6	T1019		07/19/13	07/19/13	32.00	135.04	
					CLAIM TOTAL		810.24	CLAIM ACCOUNT REF.    2517620012013448SUP

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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 2010671 2013451 AKHTER, SELINA 07/13/1960 SX51375D 0105301303633  
DIAGNOSIS CODES: 093.9 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251763	1	T1019		07/12/13	07/12/13	36.00	151.92
CLAIM TOTAL							151.92
CLAIM ACCOUNT REF.							2517630012013451SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012500 2013452 DEKMAK, GRISEL 03/02/1964 VV95212H 020113323665  
DIAGNOSIS CODES: 340. 285.8 311. 596.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251773	1	T1019		07/13/13	07/13/13	48.00	202.56
251773	2	T1019		07/14/13	07/14/13	48.00	202.56
251773	3	T1019		07/15/13	07/15/13	48.00	202.56
251773	4	T1019		07/16/13	07/16/13	48.00	202.56
251773	5	T1019		07/17/13	07/17/13	48.00	202.56
251773	6	T1019		07/18/13	07/18/13	48.00	202.56
251773	7	T1019		07/19/13	07/19/13	48.00	202.56
CLAIM TOTAL							1,417.92
CLAIM ACCOUNT REF.							2517730012013452SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008802 2013453 DIAZ 1, CARMEN 07/29/1950 WB78930D 072111255060  
DIAGNOSIS CODES: V02.62 300.00 401.9 719.89 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251774	1	T1019		07/15/13	07/15/13	16.00	67.52
251774	2	T1019		07/16/13	07/16/13	24.00	101.28
251774	3	T1019		07/17/13	07/17/13	24.00	101.28
251774	4	T1019		07/18/13	07/18/13	24.00	101.28
251774	5	T1019		07/19/13	07/19/13	24.00	101.28
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2517740012013453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008261 2013454 FERNANDEZ, MARIA 07/24/1943 XG23851A R2302238  
DIAGNOSIS CODES: 250.00 272.2 493.00 536.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251777	1	T1019		07/11/13	07/11/13	16.00	67.52
251777	2	T1019		07/17/13	07/17/13	16.00	67.52
251777	3	T1019		07/18/13	07/18/13	16.00	67.52
251777	4	T1019		07/19/13	07/19/13	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2517770012013454SUP

REPORT DATE 07/24/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013072401241727RRSUP

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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 2008427 2013455 FLORES, MARITZA 09/26/1953 ZG96532J 032613329851  
DIAGNOSIS CODES: 427.31 278.01 285.9 311. 425.8 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251778	1	T1019		07/13/13	07/13/13	40.00	168.80
251778	2	T1019		07/14/13	07/14/13	40.00	168.80
251778	3	T1019		07/15/13	07/15/13	40.00	168.80
251778	4	T1019		07/16/13	07/16/13	40.00	168.80
251778	5	T1019		07/17/13	07/17/13	40.00	168.80
251778	6	T1019		07/18/13	07/18/13	40.00	168.80
251778	7	T1019		07/19/13	07/19/13	40.00	168.80
CLAIM TOTAL						1,181.60	CLAIM ACCOUNT REF. 2517780012013455SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008366 2013458 JONES, CYNTHIA 03/17/1950 ZU54275V 021313325005  
DIAGNOSIS CODES: 333.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251783	1	T1019		07/18/13	07/18/13	4.00	16.88
CLAIM TOTAL						16.88	CLAIM ACCOUNT REF. 2517830012013458SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009356 2013459 KHAN, FARUQUE 02/08/1949 VM87355G 112111269647  
DIAGNOSIS CODES: 696.8 253.5 272.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251784	1	T1019		07/13/13	07/13/13	44.00	185.68
251784	2	T1019		07/14/13	07/14/13	48.00	202.56
251784	3	T1019		07/15/13	07/15/13	48.00	202.56
251784	4	T1019		07/16/13	07/16/13	48.00	202.56
251784	5	T1019		07/17/13	07/17/13	48.00	202.56
251784	6	T1019		07/18/13	07/18/13	48.00	202.56
251784	7	T1019		07/19/13	07/19/13	48.00	202.56
CLAIM TOTAL						1,401.04	CLAIM ACCOUNT REF. 2517840012013459SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008263 2013462 MORALES HERNANDEZ, EDW 10/28/1952 XV26396D 0105301303882  
DIAGNOSIS CODES: 344.1 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251793	1	T1019		07/13/13	07/13/13	24.00	101.28
251793	2	T1019		07/14/13	07/14/13	24.00	101.28
251793	3	T1019		07/15/13	07/15/13	24.00	101.28

REPORT DATE 07/24/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251793	4	T1019		07/16/13	07/16/13	24.00	101.28	
251793	5	T1019		07/17/13	07/17/13	24.00	101.28	
						CLAIM TOTAL	506.40	CLAIM ACCOUNT REF. 2517930012013462SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008263 2013462 MORALES HERNANDEZ, EDW 10/28/1952 XV26396D 0107171301672  
DIAGNOSIS CODES: 344.1 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251794	1	T1019		07/18/13	07/18/13	24.00	101.28	
251794	2	T1019		07/19/13	07/19/13	24.00	101.28	
						CLAIM TOTAL	202.56	CLAIM ACCOUNT REF. 2517940012013462SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008422 2013463 MOSKOWITZ, RONA 02/16/1952 ZK67666G 020713324355  
DIAGNOSIS CODES: 799.89 401.9 493.92 729.0 V02.62

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251795	1	T1019		07/13/13	07/13/13	24.00	101.28	
251795	2	T1019		07/15/13	07/15/13	24.00	101.28	
251795	3	T1019		07/16/13	07/16/13	24.00	101.28	
251795	4	T1019		07/18/13	07/18/13	24.00	101.28	
251795	5	T1019		07/19/13	07/19/13	24.00	101.28	
						CLAIM TOTAL	506.40	CLAIM ACCOUNT REF. 2517950012013463SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008531 2013465 RODRIGUEZ -2, MARIA 02/16/1949 SB98419Y 070912298224  
DIAGNOSIS CODES: 250.00 272.4 331.0 401.9 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251800	1	T1019		07/15/13	07/15/13	24.00	101.28	
251800	2	T1019		07/16/13	07/16/13	24.00	101.28	
251800	3	T1019		07/17/13	07/17/13	24.00	101.28	
251800	4	T1019		07/18/13	07/18/13	24.00	101.28	
251800	5	T1019		07/19/13	07/19/13	24.00	101.28	
						CLAIM TOTAL	506.40	CLAIM ACCOUNT REF. 2518000012013465SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008398 2013466 RODRIGUEZ, JESSE 03/23/1984 YC62425G 072211255272  
DIAGNOSIS CODES: 799.89 253.5 278.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251801	1	T1019		07/15/13	07/15/13	20.00	84.40



REPORT DATE 07/24/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER       ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251801	2	T1019		07/16/13	07/16/13	20.00	84.40	
251801	3	T1019		07/19/13	07/19/13	20.00	84.40	
CLAIM TOTAL							253.20	CLAIM ACCOUNT REF.    2518010012013466SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008265	2013467	SHEPPARD, ERMA	10/05/1954	ZX55600A	0105301305797
DIAGNOSIS	CODES:	295.90	250.00	272.0	401.9	440.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251806	1	T1019		07/13/13	07/13/13	40.00	168.80	
251806	2	T1019		07/14/13	07/14/13	40.00	168.80	
251806	3	T1019		07/15/13	07/15/13	40.00	168.80	
251806	4	T1019		07/16/13	07/16/13	40.00	168.80	
251806	5	T1019		07/17/13	07/17/13	40.00	168.80	
251806	6	T1019		07/18/13	07/18/13	40.00	168.80	
251806	7	T1019		07/19/13	07/19/13	40.00	168.80	
CLAIM TOTAL							1,181.60	CLAIM ACCOUNT REF.    2518060012013467SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008425	2013468	WELLS, WYNORIA	09/10/1959	ZR27322A	0105301305710
DIAGNOSIS	CODES:	278.01	253.5	272.4	356.9	401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251813	1	T1019		07/15/13	07/15/13	16.00	67.52	
251813	2	T1019		07/16/13	07/16/13	16.00	67.52	
251813	3	T1019		07/18/13	07/18/13	16.00	67.52	
251813	4	T1019		07/19/13	07/19/13	16.00	67.52	
CLAIM TOTAL							270.08	CLAIM ACCOUNT REF.    2518130012013468SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2013602	2013602	LOPEZ, YAMILETH	11/22/1957	129932699	R2346153
DIAGNOSIS	CODES:	250.00	272.4	401.9	530.81	719.7

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251789	1	T1019		07/03/13	07/03/13	20.00	84.40	
251789	2	T1019		07/04/13	07/04/13	20.00	84.40	
251789	3	T1019		07/05/13	07/05/13	20.00	84.40	
251789	4	T1019		07/15/13	07/15/13	20.00	84.40	
251789	5	T1019		07/16/13	07/16/13	20.00	84.40	
251789	6	T1019		07/17/13	07/17/13	20.00	84.40	
251789	7	T1019		07/18/13	07/18/13	20.00	84.40	
251789	8	T1019		07/19/13	07/19/13	20.00	84.40	
CLAIM TOTAL							675.20	CLAIM ACCOUNT REF.    2517890012013602SUP

REPORT DATE 07/24/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013072401241727RRSUP

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

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	271	TOTAL CLAIM AMOUNT =	35,971.28
		# SERVICES =	48		

REPORT DATE 07/24/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013072401241727RRSUP

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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
251822	1	T1019		07/13/13	07/13/13	40.00	171.60
251822	2	T1019		07/14/13	07/14/13	40.00	171.60
251822	3	T1019		07/15/13	07/15/13	40.00	171.60
251822	4	T1019		07/16/13	07/16/13	40.00	171.60
251822	5	T1019		07/17/13	07/17/13	40.00	171.60
251822	6	T1019		07/18/13	07/18/13	40.00	171.60
251822	7	T1019		07/19/13	07/19/13	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2518220012008245SUP

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
251825	1	T1019		07/14/13	07/14/13	16.00	68.64
251825	2	T1019		07/15/13	07/15/13	36.00	154.44
251825	3	T1019		07/16/13	07/16/13	36.00	154.44
251825	4	T1019		07/17/13	07/17/13	36.00	154.44
251825	5	T1019		07/18/13	07/18/13	36.00	154.44
251825	6	T1019		07/19/13	07/19/13	36.00	154.44
CLAIM TOTAL						840.84	CLAIM ACCOUNT REF. 2518250012008287SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008401 2008401 SAFOS, PATRA 12/18/1948 100029836 611012381  
DIAGNOSIS CODES: 340. 244.8 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251827	1	T1019		07/13/13	07/13/13	32.00	137.28
251827	2	T1019		07/14/13	07/14/13	32.00	137.28
251827	3	T1019		07/15/13	07/15/13	32.00	137.28
251827	4	T1019		07/16/13	07/16/13	32.00	137.28
251827	5	T1019		07/17/13	07/17/13	32.00	137.28
251827	6	T1019		07/18/13	07/18/13	32.00	137.28
CLAIM TOTAL						823.68	CLAIM ACCOUNT REF. 2518270012008401SUP

REPORT DATE 07/24/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013072401241727RRSUP

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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
251824	1	T1019		07/13/13	07/13/13	48.00	205.92
251824	2	T1019		07/14/13	07/14/13	48.00	205.92
251824	3	T1019		07/15/13	07/15/13	48.00	205.92
251824	4	T1019		07/16/13	07/16/13	48.00	205.92
251824	5	T1019		07/17/13	07/17/13	48.00	205.92
251824	6	T1019		07/18/13	07/18/13	48.00	205.92
251824	7	T1019		07/19/13	07/19/13	48.00	205.92
CLAIM TOTAL						1,441.44	CLAIM ACCOUNT REF. 2518240012011881SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013181 2013181 REYES, RODOLFO 04/17/1927 101465844 611028746  
DIAGNOSIS CODES: 427.89 443.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251826	1	T1019		07/13/13	07/13/13	16.00	68.64
251826	2	T1019		07/15/13	07/15/13	16.00	68.64
251826	3	T1019		07/16/13	07/16/13	16.00	68.64
251826	4	T1019		07/17/13	07/17/13	16.00	68.64
251826	5	T1019		07/18/13	07/18/13	16.00	68.64
251826	6	T1019		07/19/13	07/19/13	16.00	68.64
CLAIM TOTAL						411.84	CLAIM ACCOUNT REF. 2518260012013181SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013182 2013182 FARFAN, MARIA 06/17/1924 101465838 611033079  
DIAGNOSIS CODES: 780.99 294.10 530.81 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251823	1	T1019		07/13/13	07/13/13	32.00	137.28
251823	2	T1019		07/14/13	07/14/13	32.00	137.28
251823	3	T1019		07/15/13	07/15/13	24.00	102.96
251823	4	T1019		07/16/13	07/16/13	32.00	137.28
251823	5	T1019		07/17/13	07/17/13	32.00	137.28
251823	6	T1019		07/18/13	07/18/13	32.00	137.28
251823	7	T1019		07/19/13	07/19/13	32.00	137.28
CLAIM TOTAL						926.64	CLAIM ACCOUNT REF. 2518230012013182SUP

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NPI = 1154407492

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	39	TOTAL CLAIM AMOUNT =	5,645.64
		# SERVICES =	6		

REPORT DATE 07/24/13 SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013072401241727RRSUP

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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
251895	1	T1019	0580	07/09/13	07/09/13	32.00	135.04
251895	2	T1019	0580	07/13/13	07/13/13	40.00	168.80
251895	3	T1019	0580	07/14/13	07/14/13	40.00	168.80
251895	4	T1019	0580	07/15/13	07/15/13	32.00	135.04
251895	5	T1019	0580	07/16/13	07/16/13	32.00	135.04
251895	6	T1019	0580	07/17/13	07/17/13	32.00	135.04
251895	7	T1019	0580	07/18/13	07/18/13	32.00	135.04
251895	8	T1019	0580	07/19/13	07/19/13	32.00	135.04
CLAIM TOTAL						1,147.84	CLAIM ACCOUNT REF. 2518950012008266SUP

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
251896	1	S5130	0582	07/18/13	07/18/13	16.00	67.52
251896	2	S5130	0582	07/19/13	07/19/13	16.00	67.52
CLAIM TOTAL						135.04	CLAIM ACCOUNT REF. 2518960012009279SUP

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
251898	1	T1019	0580	07/13/13	07/13/13	16.00	67.52
251898	2	T1019	0580	07/14/13	07/14/13	16.00	67.52
251898	3	T1019	0580	07/15/13	07/15/13	12.00	50.64
251898	4	T1019	0580	07/16/13	07/16/13	12.00	50.64
251898	5	T1019	0580	07/17/13	07/17/13	12.00	50.64
251898	6	T1019	0580	07/18/13	07/18/13	12.00	50.64
251898	7	T1019	0580	07/19/13	07/19/13	12.00	50.64
CLAIM TOTAL						388.24	CLAIM ACCOUNT REF. 2518980012010728SUP

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
251897	1	T1019	0580	07/13/13	07/13/13	20.00	84.40

REPORT DATE 07/24/13 SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013072401241727RRSUP

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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
251897	2	T1019	0580	07/14/13	07/14/13	20.00	84.40
251897	3	T1019	0580	07/15/13	07/15/13	16.00	67.52
251897	4	T1019	0580	07/16/13	07/16/13	16.00	67.52
251897	5	T1019	0580	07/17/13	07/17/13	16.00	67.52
251897	6	T1019	0580	07/18/13	07/18/13	16.00	67.52
251897	7	T1019	0580	07/19/13	07/19/13	16.00	67.52
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2518970012010729SUP

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
251901	1	T1019	0580	07/10/13	07/10/13	24.00	90.00
251901	2	T1019	0580	07/16/13	07/16/13	24.00	90.00
251901	3	T1019	0580	07/17/13	07/17/13	24.00	90.00
251901	4	T1019	0580	07/18/13	07/18/13	24.00	90.00
251901	5	T1019	0580	07/19/13	07/19/13	24.00	90.00
CLAIM TOTAL							450.00

CLAIM ACCOUNT REF. 2519010012012354SUP

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
251904	1	T1019	0580	07/15/13	07/15/13	16.00	60.00
251904	2	T1019	0580	07/16/13	07/16/13	16.00	60.00
251904	3	T1019	0580	07/17/13	07/17/13	16.00	60.00
251904	4	T1019	0580	07/18/13	07/18/13	16.00	60.00
251904	5	T1019	0580	07/19/13	07/19/13	16.00	60.00
CLAIM TOTAL							300.00

CLAIM ACCOUNT REF. 2519040012012358SUP

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
251905	1	T1019	0580	07/15/13	07/15/13	20.00	75.00
251905	2	T1019	0580	07/16/13	07/16/13	20.00	75.00
251905	3	T1019	0580	07/17/13	07/17/13	20.00	75.00
251905	4	T1019	0580	07/18/13	07/18/13	20.00	75.00
251905	5	T1019	0580	07/19/13	07/19/13	20.00	75.00
CLAIM TOTAL							375.00

CLAIM ACCOUNT REF. 2519050012012362SUP

REPORT DATE 07/24/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013072401241727RRSUP

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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    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	
251902	1	T1019	0580	07/15/13	07/15/13	32.00	120.00	
251902	2	T1019	0580	07/16/13	07/16/13	36.00	135.00	
251902	3	T1019	0580	07/17/13	07/17/13	32.00	120.00	
251902	4	T1019	0580	07/18/13	07/18/13	28.00	105.00	
251902	5	T1019	0580	07/19/13	07/19/13	32.00	120.00	
					CLAIM TOTAL	600.00		CLAIM ACCOUNT REF.    2519020012012374SUP

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	
251900	1	T1019	0580	06/25/13	06/25/13	28.00	105.00	
251900	2	T1019	0580	07/15/13	07/15/13	28.00	105.00	
251900	3	T1019	0580	07/16/13	07/16/13	28.00	105.00	
251900	4	T1019	0580	07/17/13	07/17/13	28.00	105.00	
251900	5	T1019	0580	07/18/13	07/18/13	28.00	105.00	
					CLAIM TOTAL	525.00		CLAIM ACCOUNT REF.    2519000012012732SUP

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	
251899	1	T1019	0580	07/06/13	07/06/13	20.00	75.00	
251899	2	T1019	0580	07/07/13	07/07/13	20.00	75.00	
251899	3	T1019	0580	07/08/13	07/08/13	28.00	105.00	
251899	4	T1019	0580	07/09/13	07/09/13	28.00	105.00	
251899	5	T1019	0580	07/10/13	07/10/13	28.00	105.00	
251899	6	T1019	0580	07/11/13	07/11/13	28.00	105.00	
251899	7	T1019	0580	07/12/13	07/12/13	28.00	105.00	
251899	8	T1019	0580	07/13/13	07/13/13	20.00	75.00	
251899	9	T1019	0580	07/14/13	07/14/13	20.00	75.00	
251899	10	T1019	0580	07/15/13	07/15/13	28.00	105.00	
251899	11	T1019	0580	07/16/13	07/16/13	28.00	105.00	
251899	12	T1019	0580	07/17/13	07/17/13	28.00	105.00	
251899	13	T1019	0580	07/18/13	07/18/13	28.00	105.00	
251899	14	T1019	0580	07/19/13	07/19/13	28.00	105.00	
					CLAIM TOTAL	1,350.00		CLAIM ACCOUNT REF.    2518990012012876SUP



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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013072401241727RRSUP

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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    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
251903	1	T1019	0580	07/16/13	07/16/13	16.00	60.00
251903	2	T1019	0580	07/17/13	07/17/13	16.00	60.00
251903	3	T1019	0580	07/18/13	07/18/13	16.00	60.00
251903	4	T1019	0580	07/19/13	07/19/13	16.00	60.00
CLAIM TOTAL							240.00
CLAIM ACCOUNT REF.							2519030012013018SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2009247    2013352    CARRILLO, MARIA                      05/18/1956    712689120                      103584528  
DIAGNOSIS CODES:    714.0    311.    401.9    493.90    696.1    780.52    799.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251894	1	T1019	0580	07/15/13	07/15/13	20.00	84.40
251894	2	T1019	0580	07/16/13	07/16/13	20.00	84.40
251894	3	T1019	0580	07/17/13	07/17/13	20.00	84.40
251894	4	T1019	0580	07/18/13	07/18/13	20.00	84.40
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2518940012013352SUP

PAYER TOTALS:    AMERIGROUP NEW YORK,LLC                      # OF CLAIMS =    71    TOTAL CLAIM AMOUNT =    6,355.12  
# SERVICES       =    12

REPORT DATE 07/24/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013072401241727RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008389 2011453 MUSHAYEV, BORIS 08/14/1947 7235 464780  
DIAGNOSIS CODES: 401.9 250.00 425.8 428.0 441.00 715.90

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251911	1	T1019	1C		07/15/13	07/15/13	6.00	98.40	
251911	2	T1019	1C		07/16/13	07/16/13	6.00	98.40	
251911	3	T1019	1C		07/17/13	07/17/13	6.00	98.40	
251911	4	T1019	1C		07/18/13	07/18/13	6.00	98.40	
251911	5	T1019	1C		07/19/13	07/19/13	6.00	98.40	
CLAIM TOTAL								492.00	CLAIM ACCOUNT REF. 2519110012011453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011869 2011869 JONES, VALERIE 10/10/1948 1457 479978  
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251910	1	T1019	1C		07/15/13	07/15/13	4.00	65.60	
251910	2	T1019	1C		07/17/13	07/17/13	4.00	65.60	
251910	3	T1019	1C		07/18/13	07/18/13	4.00	65.60	
251910	4	T1019	1C		07/19/13	07/19/13	4.00	65.60	
CLAIM TOTAL								262.40	CLAIM ACCOUNT REF. 2519100012011869SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011870 2011870 AGOSTINI, MONSERRATE 07/18/1944 558 480096  
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251907	1	T1019	1C		07/15/13	07/15/13	6.00	98.40	
251907	2	T1019	1C		07/16/13	07/16/13	6.00	98.40	
251907	3	T1019	1C		07/17/13	07/17/13	6.00	98.40	
251907	4	T1019	1C		07/18/13	07/18/13	6.00	98.40	
CLAIM TOTAL								393.60	CLAIM ACCOUNT REF. 2519070012011870SUP

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	
251908	1	T1019	1C		07/13/13	07/13/13	4.00	65.60	
251908	2	T1019	1C		07/14/13	07/14/13	4.00	65.60	
251908	3	T1019	1C		07/15/13	07/15/13	4.00	65.60	
251908	4	T1019	1C		07/16/13	07/16/13	4.00	65.60	
251908	5	T1019	1C		07/17/13	07/17/13	4.00	65.60	

REPORT DATE 07/24/13                      SUNNYSIDE CITYWIDE  
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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	
251908	6	T1019	1C		07/18/13	07/18/13	4.00	65.60	
251908	7	T1019	1C		07/19/13	07/19/13	4.00	65.60	
CLAIM TOTAL								459.20	CLAIM ACCOUNT REF. 2519080012012213SUP

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	
251914	1	T1019	1C		07/13/13	07/13/13	8.00	131.20	
251914	2	T1019	1C		07/14/13	07/14/13	8.00	131.20	
251914	3	T1019	1C		07/15/13	07/15/13	8.00	131.20	
251914	4	T1019	1C		07/16/13	07/16/13	4.50	73.80	
251914	5	T1019	1C		07/17/13	07/17/13	7.75	127.10	
251914	6	T1019	1C		07/18/13	07/18/13	7.00	114.80	
251914	7	T1019	1C		07/19/13	07/19/13	8.00	131.20	
CLAIM TOTAL								840.50	CLAIM ACCOUNT REF. 2519140012013010SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013320	2013320	PEREZ, RAFAELA	12/05/1934	8249	468055
DIAGNOSIS CODES: 781.2							

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251912	1	T1019	1C		06/21/13	06/21/13	10.00	164.00	
251912	2	T1019	1C		07/02/13	07/02/13	24.00	393.60	
251912	3	T1019	1C		07/09/13	07/09/13	12.00	196.80	
251912	4	T1019	1C		07/10/13	07/10/13	7.50	123.00	
251912	5	T1019	1C		07/13/13	07/13/13	24.00	393.60	
251912	6	T1019	1C		07/14/13	07/14/13	22.50	369.00	
251912	7	T1019	1C		07/15/13	07/15/13	24.00	393.60	
251912	8	T1019	1C		07/16/13	07/16/13	24.00	393.60	
251912	9	T1019	1C		07/17/13	07/17/13	24.00	393.60	
251912	10	T1019	1C		07/18/13	07/18/13	24.00	393.60	
251912	11	T1019	1C		07/19/13	07/19/13	24.00	393.60	
CLAIM TOTAL								3,608.00	CLAIM ACCOUNT REF. 2519120012013320SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013470	2013470	RIVERS, DEBRA	09/14/1958	9863	468763
DIAGNOSIS CODES: 907.2 135. 344.1 493.90 564.81 592.0 596.54							

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
251913	1	T1019	1C		07/13/13	07/13/13	12.00	196.80
251913	2	T1019	1C		07/14/13	07/14/13	11.50	188.60

REPORT DATE 07/24/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013072401241727RRSUP

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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	
251913	3	T1019	1C		07/15/13	07/15/13	12.00	196.80	
251913	4	T1019	1C		07/16/13	07/16/13	12.00	196.80	
251913	5	T1019	1C		07/17/13	07/17/13	12.00	196.80	
251913	6	T1019	1C		07/18/13	07/18/13	11.75	192.70	
						CLAIM TOTAL		1,168.50	CLAIM ACCOUNT REF. 2519130012013470SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #			
NY	001	2013587	2013587	CHANCELLOR, IRA	06/01/1948	10443	476564			
DIAGNOSIS	CODES:	724.00	042.	250.00	272.0	296.80	300.00	365.00	427.31	781.2

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
251909	1	T1019	1C		07/15/13	07/15/13	4.00	65.60	
251909	2	T1019	1C		07/16/13	07/16/13	4.00	65.60	
251909	3	T1019	1C		07/18/13	07/18/13	4.00	65.60	
251909	4	T1019	1C		07/19/13	07/19/13	4.00	65.60	
						CLAIM TOTAL		262.40	CLAIM ACCOUNT REF. 2519090012013587SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	48	TOTAL CLAIM AMOUNT =	7,486.60
		# SERVICES =	8		

REPORT DATE 07/24/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013072401241727RRSUP

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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 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JSV04323R01 2013062715500001  
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	
251906	1	T1019	0580	07/16/13	07/16/13	16.00	67.52	
251906	2	T1019	0580	07/17/13	07/17/13	16.00	67.52	
251906	3	T1019	0580	07/18/13	07/18/13	16.00	67.52	
251906	4	T1019	0580	07/19/13	07/19/13	16.00	67.52	
					CLAIM TOTAL	270.08		CLAIM ACCOUNT REF. 2519060012010804SUP

PAYER TOTALS: HEALTHCARE PARTNERS IPA I                      # OF CLAIMS = 4                      TOTAL CLAIM AMOUNT = 270.08  
# SERVICES = 1

REPORT DATE 07/24/13SUNNYSIDE CITYWIDEPAGE: 54  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013072401241727RRSUP  
  
PROVIDER ID = 113502051SUNNYSIDE CITYWIDE  
PAYER ID = VCMINSTVILLAGE CARENPI = 1154407492

REG LOC CLIENT SERVICE NAMEBIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013600 2013600 MULLINGS, LUCILLE11/20/1941 10000258001 062713005394  
DIAGNOSIS CODES: 715.90 311. 695.4

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT  
251919 1 T1019 0580 07/15/13 07/15/13 16.00 63.04  
251919 2 T1019 0580 07/17/13 07/17/13 13.00 51.22  
CLAIM TOTAL 114.26 CLAIM ACCOUNT REF. 2519190012013600SUP

REG LOC CLIENT SERVICE NAMEBIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013622 2013622 BERNARDI, SOLMARIA06/28/1931 10000270501 062713005409  
DIAGNOSIS CODES: 715.90 311. 401.9 553.3

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT  
251917 1 T1019 0580 07/17/13 07/17/13 16.00 63.04  
251917 2 T1019 0580 07/19/13 07/19/13 16.00 63.04  
CLAIM TOTAL 126.08 CLAIM ACCOUNT REF. 2519170012013622SUP

REG LOC CLIENT SERVICE NAMEBIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013623 2013623 MORAN VAZQUEZ, ANGEL12/16/1945 10000265801 062713005407  
DIAGNOSIS CODES: 715.90 272.4 386.9

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT  
251918 1 T1019 0580 07/14/13 07/14/13 12.00 47.28  
CLAIM TOTAL 47.28 CLAIM ACCOUNT REF. 2519180012013623SUP

PAYER TOTALS: VILLAGE CARE# OF CLAIMS = 5 TOTAL CLAIM AMOUNT = 287.62  
# SERVICES = 3

PROVIDER TOTALS: SUNNYSIDE CITYWIDE# OF CLAIMS = 858 TOTAL CLAIM AMOUNT = 110,510.87  
# SERVICES = 154