

REPORT DATE 02/27/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022704234846RRSUP

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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
231012	1	T1020		02/16/13	02/16/13	11.00	185.57
231012	2	T1020		02/18/13	02/18/13	6.00	101.22
231012	3	T1020		02/19/13	02/19/13	6.00	101.22
231012	4	T1020		02/20/13	02/20/13	6.00	101.22
231012	5	T1020		02/21/13	02/21/13	6.00	101.22
231012	6	T1020		02/22/13	02/22/13	6.00	101.22
CLAIM TOTAL						691.67	CLAIM ACCOUNT REF. 2310120012008267SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231009	1	T1020		02/16/13	02/16/13	9.00	151.83
231009	2	T1020		02/17/13	02/17/13	9.00	151.83
231009	3	T1020		02/18/13	02/18/13	9.00	151.83
231009	4	T1020		02/19/13	02/19/13	9.00	151.83
231009	5	T1020		02/20/13	02/20/13	9.00	151.83
231009	6	T1020		02/21/13	02/21/13	9.00	151.83
231009	7	T1020		02/22/13	02/22/13	9.00	151.83
CLAIM TOTAL						1,062.81	CLAIM ACCOUNT REF. 2310090012008268SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008306 2008306 GIL, ALICIA M 12/05/1941 74148852400 111891265  
DIAGNOSIS CODES: 340. 733.00 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231006	1	T1020		02/16/13	02/16/13	7.00	118.09
231006	2	T1020		02/17/13	02/17/13	7.00	118.09
231006	3	T1020		02/18/13	02/18/13	7.00	118.09
231006	4	T1020		02/19/13	02/19/13	7.00	118.09
CLAIM TOTAL						472.36	CLAIM ACCOUNT REF. 2310060012008306SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008306 2008306 GIL, ALICIA M 12/05/1941 74148852400 111891265  
DIAGNOSIS CODES: 340. 733.00 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231007	1	T1020		02/20/13	02/20/13	7.00	118.09

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
231007	2	T1020		02/21/13	02/21/13	7.00	118.09	
231007	3	T1020		02/22/13	02/22/13	7.00	118.09	
CLAIM TOTAL							354.27	CLAIM ACCOUNT REF. 2310070012008306SUP

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	
231005	1	T1020		02/16/13	02/16/13	7.00	118.09	
231005	2	T1020		02/17/13	02/17/13	7.00	118.09	
231005	3	T1020		02/18/13	02/18/13	7.00	118.09	
231005	4	T1020		02/19/13	02/19/13	7.00	118.09	
231005	5	T1020		02/20/13	02/20/13	7.00	118.09	
231005	6	T1020		02/21/13	02/21/13	7.00	118.09	
CLAIM TOTAL							708.54	CLAIM ACCOUNT REF. 2310050012008386SUP

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	
231011	1	T1020		02/19/13	02/19/13	8.00	134.96	
231011	2	T1020		02/20/13	02/20/13	8.00	134.96	
231011	3	T1020		02/21/13	02/21/13	5.00	84.35	
231011	4	T1020		02/22/13	02/22/13	9.00	151.83	
CLAIM TOTAL							506.10	CLAIM ACCOUNT REF. 2310110012008400SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
231013	1	T1020		02/16/13	02/16/13	9.00	151.83	
231013	2	T1020		02/17/13	02/17/13	9.00	151.83	
231013	3	T1020		02/18/13	02/18/13	9.00	151.83	
231013	4	T1020		02/19/13	02/19/13	4.00	67.48	
231013	5	T1020		02/20/13	02/20/13	9.00	151.83	
231013	6	T1020		02/21/13	02/21/13	4.00	67.48	
231013	7	T1020		02/22/13	02/22/13	9.00	151.83	
CLAIM TOTAL							894.11	CLAIM ACCOUNT REF. 2310130012010041SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
231008	1	T1020		02/18/13	02/18/13	5.00	84.35		
231008	2	T1020		02/19/13	02/19/13	5.00	84.35		
231008	3	T1020		02/20/13	02/20/13	5.00	84.35		
231008	4	T1020		02/21/13	02/21/13	5.00	84.35		
231008	5	T1020		02/22/13	02/22/13	5.00	84.35		
					CLAIM TOTAL		421.75	CLAIM ACCOUNT REF.	2310080012010712SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012627	2012627	REYES, DUNNY	04/28/1944	74236117600	130431458
DIAGNOSIS		CODES: 799.89					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
231010	1	T1020		02/16/13	02/16/13	1.00	16.87	
231010	2	T1020		02/17/13	02/17/13	1.00	16.87	
231010	3	T1020		02/18/13	02/18/13	1.00	16.87	
231010	4	T1020		02/19/13	02/19/13	1.00	16.87	
231010	5	T1020		02/20/13	02/20/13	1.00	16.87	
231010	6	T1020		02/21/13	02/21/13	1.00	16.87	
					CLAIM TOTAL		101.22	CLAIM ACCOUNT REF. 2310100012012627SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	48	TOTAL CLAIM AMOUNT =	5,212.83
		# SERVICES =	8		

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230991	1	T1019		02/20/13	02/20/13	12.00	50.64
230991	2	T1019		02/21/13	02/21/13	12.00	50.64
230991	3	T1019		02/22/13	02/22/13	16.00	67.52
CLAIM TOTAL							168.80
CLAIM ACCOUNT REF.							2309910012008261SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230997	1	T1019		02/16/13	02/16/13	24.00	101.28
230997	2	T1019		02/17/13	02/17/13	24.00	101.28
230997	3	T1019		02/18/13	02/18/13	24.00	101.28
230997	4	T1019		02/19/13	02/19/13	24.00	101.28
230997	5	T1019		02/20/13	02/20/13	24.00	101.28
230997	6	T1019		02/21/13	02/21/13	24.00	101.28
230997	7	T1019		02/22/13	02/22/13	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2309970012008263SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231002	1	T1019		02/16/13	02/16/13	40.00	168.80
231002	2	T1019		02/17/13	02/17/13	40.00	168.80
231002	3	T1019		02/18/13	02/18/13	40.00	168.80
231002	4	T1019		02/19/13	02/19/13	40.00	168.80
231002	5	T1019		02/20/13	02/20/13	40.00	168.80
231002	6	T1019		02/21/13	02/21/13	40.00	168.80
231002	7	T1019		02/22/13	02/22/13	40.00	168.80
CLAIM TOTAL							1,181.60
CLAIM ACCOUNT REF.							2310020012008265SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231004	1	T1019		02/16/13	02/16/13	16.00	67.52

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PAYER        ID = 11325                      NEIGHBORHOOD HEALTH

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
231004	2	T1019		02/17/13	02/17/13	16.00	67.52	
231004	3	T1019		02/19/13	02/19/13	24.00	101.28	
231004	4	T1019		02/20/13	02/20/13	24.00	101.28	
231004	5	T1019		02/21/13	02/21/13	24.00	101.28	
231004	6	T1019		02/22/13	02/22/13	24.00	101.28	
				CLAIM TOTAL		540.16		CLAIM ACCOUNT REF.    2310040012008303SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008366    2008366    JONES, CYNTHIA                      03/17/1950    10063968601                      021313325005  
DIAGNOSIS CODES:    799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230994	1	T1019		02/18/13	02/18/13	16.00	67.52	
230994	2	T1019		02/19/13	02/19/13	20.00	84.40	
230994	3	T1019		02/20/13	02/20/13	20.00	84.40	
230994	4	T1019		02/21/13	02/21/13	20.00	84.40	
				CLAIM TOTAL		320.72		CLAIM ACCOUNT REF.    2309940012008366SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230988	1	T1019		02/03/13	02/03/13	28.00	118.16	
230988	2	T1019		02/08/13	02/08/13	28.00	118.16	
230988	3	T1019		02/16/13	02/16/13	28.00	118.16	
230988	4	T1019		02/17/13	02/17/13	28.00	118.16	
230988	5	T1019		02/18/13	02/18/13	32.00	135.04	
230988	6	T1019		02/19/13	02/19/13	28.00	118.16	
230988	7	T1019		02/20/13	02/20/13	28.00	118.16	
230988	8	T1019		02/21/13	02/21/13	28.00	118.16	
230988	9	T1019		02/22/13	02/22/13	28.00	118.16	
				CLAIM TOTAL		1,080.32		CLAIM ACCOUNT REF.    2309880012008403SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230999	1	T1019		02/18/13	02/18/13	24.00	101.28	
230999	2	T1019		02/19/13	02/19/13	24.00	101.28	
230999	3	T1019		02/20/13	02/20/13	24.00	101.28	
230999	4	T1019		02/21/13	02/21/13	24.00	101.28	

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PROVIDER ID = 113502051  
PAYER        ID = 11325

SUNNYSIDE CITYWIDE  
NEIGHBORHOOD HEALTH

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230999	5	T1019		02/22/13	02/22/13	24.00	101.28	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2309990012008421SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230998	1	T1019		02/16/13	02/16/13	24.00	101.28	
230998	2	T1019		02/19/13	02/19/13	20.00	84.40	
230998	3	T1019		02/20/13	02/20/13	24.00	101.28	
230998	4	T1019		02/21/13	02/21/13	24.00	101.28	
					CLAIM TOTAL		388.24	CLAIM ACCOUNT REF. 2309980012008422SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
231003	1	T1019		02/18/13	02/18/13	16.00	67.52	
231003	2	T1019		02/19/13	02/19/13	16.00	67.52	
231003	3	T1019		02/21/13	02/21/13	16.00	67.52	
231003	4	T1019		02/22/13	02/22/13	16.00	67.52	
					CLAIM TOTAL		270.08	CLAIM ACCOUNT REF. 2310030012008425SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230992	1	T1019		01/26/13	01/26/13	40.00	168.80	
230992	2	T1019		02/16/13	02/16/13	40.00	168.80	
230992	3	T1019		02/17/13	02/17/13	40.00	168.80	
230992	4	T1019		02/18/13	02/18/13	40.00	168.80	
230992	5	T1019		02/19/13	02/19/13	40.00	168.80	
230992	6	T1019		02/20/13	02/20/13	40.00	168.80	
230992	7	T1019		02/21/13	02/21/13	40.00	168.80	
230992	8	T1019		02/22/13	02/22/13	40.00	168.80	
					CLAIM TOTAL		1,350.40	CLAIM ACCOUNT REF. 2309920012008427SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008531 2008531 RODRIGUEZ -2, MARIA 02/16/1949 10057325401 070912298224  
DIAGNOSIS CODES: 250.00 272.4 331.0 401.9 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231000	1	T1019		02/18/13	02/18/13	24.00	101.28
231000	2	T1019		02/19/13	02/19/13	24.00	101.28
231000	3	T1019		02/20/13	02/20/13	24.00	101.28
231000	4	T1019		02/21/13	02/21/13	24.00	101.28
231000	5	T1019		02/22/13	02/22/13	24.00	101.28
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2310000012008531SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230996	1	T1019		02/17/13	02/17/13	16.00	67.52
230996	2	T1019		02/18/13	02/18/13	28.00	118.16
230996	3	T1019		02/19/13	02/19/13	28.00	118.16
230996	4	T1019		02/20/13	02/20/13	28.00	118.16
230996	5	T1019		02/21/13	02/21/13	28.00	118.16
230996	6	T1019		02/22/13	02/22/13	28.00	118.16
CLAIM TOTAL							658.32

CLAIM ACCOUNT REF. 2309960012008742SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230990	1	T1019		02/18/13	02/18/13	16.00	67.52
230990	2	T1019		02/19/13	02/19/13	24.00	101.28
230990	3	T1019		02/20/13	02/20/13	24.00	101.28
230990	4	T1019		02/21/13	02/21/13	24.00	101.28
230990	5	T1019		02/22/13	02/22/13	24.00	101.28
CLAIM TOTAL							472.64

CLAIM ACCOUNT REF. 2309900012008802SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230995	1	T1019		02/16/13	02/16/13	44.00	185.68
230995	2	T1019		02/17/13	02/17/13	48.00	202.56

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230995	3	T1019		02/18/13	02/18/13	48.00	202.56
230995	4	T1019		02/19/13	02/19/13	48.00	202.56
230995	5	T1019		02/20/13	02/20/13	48.00	202.56
230995	6	T1019		02/21/13	02/21/13	48.00	202.56
230995	7	T1019		02/22/13	02/22/13	48.00	202.56
CLAIM TOTAL							1,401.04
CLAIM ACCOUNT REF.							2309950012009356SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230986	1	T1019		02/11/13	02/11/13	32.00	135.04
230986	2	T1019		02/16/13	02/16/13	32.00	135.04
230986	3	T1019		02/17/13	02/17/13	24.00	101.28
230986	4	T1019		02/19/13	02/19/13	32.00	135.04
230986	5	T1019		02/20/13	02/20/13	32.00	135.04
230986	6	T1019		02/21/13	02/21/13	32.00	135.04
230986	7	T1019		02/22/13	02/22/13	32.00	135.04
CLAIM TOTAL							911.52
CLAIM ACCOUNT REF.							2309860012010143SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231001	1	T1019		02/11/13	02/11/13	20.00	84.40
231001	2	T1019		02/14/13	02/14/13	20.00	84.40
231001	3	T1019		02/18/13	02/18/13	20.00	84.40
231001	4	T1019		02/19/13	02/19/13	20.00	84.40
231001	5	T1019		02/20/13	02/20/13	20.00	84.40
231001	6	T1019		02/21/13	02/21/13	20.00	84.40
231001	7	T1019		02/22/13	02/22/13	20.00	84.40
CLAIM TOTAL							590.80
CLAIM ACCOUNT REF.							2310010012010353SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010639 2010639 HAMPTON, PRISCILLA 07/21/1952 10094572501 060112293626  
DIAGNOSIS CODES: 447.6 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230993	1	T1019		01/30/13	01/30/13	28.00	118.16
230993	2	T1019		02/16/13	02/16/13	24.00	101.28
230993	3	T1019		02/17/13	02/17/13	24.00	101.28



REPORT DATE 02/27/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = 11325                      NEIGHBORHOOD HEALTH

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230993	4	T1019		02/18/13	02/18/13	24.00	101.28	
230993	5	T1019		02/19/13	02/19/13	28.00	118.16	
230993	6	T1019		02/20/13	02/20/13	24.00	101.28	
230993	7	T1019		02/21/13	02/21/13	28.00	118.16	
230993	8	T1019		02/22/13	02/22/13	28.00	118.16	
				CLAIM TOTAL		877.76		CLAIM ACCOUNT REF. 2309930012010639SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230987	1	T1019		02/19/13	02/19/13	36.00	151.92	
230987	2	T1019		02/20/13	02/20/13	36.00	151.92	
230987	3	T1019		02/21/13	02/21/13	36.00	151.92	
230987	4	T1019		02/22/13	02/22/13	36.00	151.92	
				CLAIM TOTAL		607.68		CLAIM ACCOUNT REF. 2309870012010878SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230989	1	T1019		02/16/13	02/16/13	48.00	202.56	
230989	2	T1019		02/17/13	02/17/13	48.00	202.56	
230989	3	T1019		02/18/13	02/18/13	48.00	202.56	
230989	4	T1019		02/19/13	02/19/13	48.00	202.56	
230989	5	T1019		02/20/13	02/20/13	48.00	202.56	
230989	6	T1019		02/21/13	02/21/13	48.00	202.56	
230989	7	T1019		02/22/13	02/22/13	48.00	202.56	
				CLAIM TOTAL		1,417.92		CLAIM ACCOUNT REF. 2309890012012500SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	113	TOTAL CLAIM AMOUNT =	13,959.76
		# SERVICES =	19		

REPORT DATE 02/27/13 SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE  
PAYER ID = 13265 METROPLUS HEALTH PLAN

NPI = 1154407492

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008233 2008233 ARIAS, NORA 03/31/1981 RB08739R 0112181290326  
DIAGNOSIS CODES: 356.9 348.2 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231039	1	T1019		02/16/13	02/16/13	4.00	68.60
231039	2	T1019		02/17/13	02/17/13	4.00	68.60
231039	3	T1019		02/18/13	02/18/13	12.00	205.80
231039	4	T1019		02/19/13	02/19/13	12.00	205.80
231039	5	T1019		02/20/13	02/20/13	12.00	205.80
231039	6	T1019		02/21/13	02/21/13	12.00	205.80
231039	7	T1019		02/22/13	02/22/13	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2310390012008233SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008236 2008236 PERSAD, USHA 07/05/1955 TS79090G 0111301290246  
DIAGNOSIS CODES: 250.10 272.0 401.9 225.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231046	1	T1019		02/16/13	02/16/13	7.00	120.05
231046	2	T1019		02/17/13	02/17/13	8.00	137.20
231046	3	T1019		02/18/13	02/18/13	11.00	188.65
231046	4	T1019		02/19/13	02/19/13	11.00	188.65
231046	5	T1019		02/20/13	02/20/13	11.00	188.65
231046	6	T1019		02/21/13	02/21/13	11.00	188.65
231046	7	T1019		02/22/13	02/22/13	11.00	188.65
CLAIM TOTAL						1,200.50	CLAIM ACCOUNT REF. 2310460012008236SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008237 2008237 DURHAM, CYNTHIA 05/23/1960 ZB21969Z 0107031290005  
DIAGNOSIS CODES: 401.9 250.00 300.00 345.90 493.90 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231042	1	T1019		02/18/13	02/18/13	4.00	68.60
231042	2	T1019		02/19/13	02/19/13	4.00	68.60
231042	3	T1019		02/20/13	02/20/13	4.00	68.60
231042	4	T1019		02/21/13	02/21/13	4.00	68.60
231042	5	T1019		02/22/13	02/22/13	4.00	68.60
CLAIM TOTAL						343.00	CLAIM ACCOUNT REF. 2310420012008237SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008284 2008284 ANDERSON, BETH 12/18/1947 YC43135F 0108141290047  
DIAGNOSIS CODES: 340. 286.0 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231038	1	T1019		02/16/13	02/16/13	3.00	51.45
231038	2	T1019		02/17/13	02/17/13	2.00	34.30
231038	3	T1019		02/18/13	02/18/13	5.00	85.75
231038	4	T1019		02/19/13	02/19/13	5.00	85.75
231038	5	T1019		02/20/13	02/20/13	5.00	85.75
231038	6	T1019		02/21/13	02/21/13	5.00	85.75
231038	7	T1019		02/22/13	02/22/13	5.00	85.75
CLAIM TOTAL							514.50
CLAIM ACCOUNT REF.							2310380012008284SUP

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
231044	1	T1019		02/08/13	02/08/13	9.00	154.35
231044	2	T1019		02/13/13	02/13/13	10.00	171.50
231044	3	T1019		02/18/13	02/18/13	10.00	171.50
231044	4	T1019		02/19/13	02/19/13	10.00	171.50
231044	5	T1019		02/20/13	02/20/13	10.00	171.50
231044	6	T1019		02/21/13	02/21/13	9.00	154.35
231044	7	T1019		02/22/13	02/22/13	9.00	154.35
CLAIM TOTAL							1,149.05
CLAIM ACCOUNT REF.							2310440012008385SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008417 2008417 GALAS, TERESA 06/08/1955 ZX91437V 0112061290395  
DIAGNOSIS CODES: 345.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231043	1	T1019		02/16/13	02/16/13	5.00	85.75
231043	2	T1019		02/17/13	02/17/13	5.00	85.75
231043	3	T1019		02/18/13	02/18/13	5.00	85.75
231043	4	T1019		02/19/13	02/19/13	5.00	85.75
231043	5	T1019		02/20/13	02/20/13	5.00	85.75
231043	6	T1019		02/21/13	02/21/13	5.00	85.75
231043	7	T1019		02/22/13	02/22/13	5.00	85.75
CLAIM TOTAL							600.25
CLAIM ACCOUNT REF.							2310430012008417SUP

REPORT DATE 02/27/13 SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022704234846RRSUP

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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 0108071290383  
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
231048	1	T1019		02/18/13	02/18/13	6.00	102.90
231048	2	T1019		02/19/13	02/19/13	8.00	137.20
231048	3	T1019		02/20/13	02/20/13	8.00	137.20
231048	4	T1019		02/21/13	02/21/13	8.00	137.20
231048	5	T1019		02/22/13	02/22/13	8.00	137.20
CLAIM TOTAL							651.70

CLAIM ACCOUNT REF. 2310480012008418SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231040	1	T1019		02/16/13	02/16/13	10.00	171.50
231040	2	T1019		02/17/13	02/17/13	10.00	171.50
231040	3	T1019		02/18/13	02/18/13	10.00	171.50
231040	4	T1019		02/19/13	02/19/13	10.00	171.50
231040	5	T1019		02/20/13	02/20/13	10.00	171.50
231040	6	T1019		02/22/13	02/22/13	10.00	171.50
CLAIM TOTAL							1,029.00

CLAIM ACCOUNT REF. 2310400012008743SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231047	1	T1019		02/07/13	02/07/13	3.00	51.45
231047	2	T1019		02/16/13	02/16/13	8.00	137.20
231047	3	T1019		02/18/13	02/18/13	3.00	51.45
231047	4	T1019		02/20/13	02/20/13	3.00	51.45
231047	5	T1019		02/21/13	02/21/13	3.00	51.45
CLAIM TOTAL							343.00

CLAIM ACCOUNT REF. 2310470012009688SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008279 2010213 VALLE, BLASINA 02/03/1929 QG00558G 0110231290062  
DIAGNOSIS CODES: 428.0 244.9 272.4 331.0 537.9 746.85

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231049	1	T1019		02/18/13	02/18/13	8.00	137.20
231049	2	T1019		02/19/13	02/19/13	8.00	137.20

REPORT DATE 02/27/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022704234846RRSUP

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

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231049	3	T1019		02/20/13	02/20/13	8.00	137.20
CLAIM TOTAL							411.60
CLAIM ACCOUNT REF.							2310490012010213SUP

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
231045	1	T1019		02/16/13	02/16/13	3.00	51.45
231045	2	T1019		02/17/13	02/17/13	3.00	51.45
231045	3	T1019		02/18/13	02/18/13	3.00	51.45
231045	4	T1019		02/19/13	02/19/13	3.00	51.45
231045	5	T1019		02/20/13	02/20/13	3.00	51.45
231045	6	T1019		02/21/13	02/21/13	3.00	51.45
231045	7	T1019		02/22/13	02/22/13	3.00	51.45
CLAIM TOTAL							360.15
CLAIM ACCOUNT REF.							2310450012010886SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011286	2011286	DOBBINS, SANDRA	02/05/1953	ZA50099X	0111191290232
DIAGNOSIS		CODES:	295.90	369.10	401.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231041	1	T1019		02/16/13	02/16/13	24.00	411.60
231041	2	T1019		02/17/13	02/17/13	24.00	411.60
231041	3	T1019		02/18/13	02/18/13	24.00	411.60
231041	4	T1019		02/19/13	02/19/13	24.00	411.60
231041	5	T1019		02/20/13	02/20/13	24.00	411.60
231041	6	T1019		02/21/13	02/21/13	24.00	411.60
231041	7	T1019		02/22/13	02/22/13	24.00	411.60
CLAIM TOTAL							2,881.20
CLAIM ACCOUNT REF.							2310410012011286SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012382	2012382	VERAS, EMMA	04/08/1957	YR88751T	0101291390106
DIAGNOSIS		CODES:	V44.0	253.5	733.00		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231050	1	T1019		01/24/13	01/24/13	6.00	102.90
231050	2	T1019		01/25/13	01/25/13	12.00	205.80
231050	3	T1019		02/03/13	02/03/13	12.00	205.80
231050	4	T1019		02/16/13	02/16/13	12.00	205.80
231050	5	T1019		02/17/13	02/17/13	12.00	205.80
231050	6	T1019		02/18/13	02/18/13	12.00	205.80
231050	7	T1019		02/19/13	02/19/13	12.00	205.80

REPORT DATE 02/27/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022704234846RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
231050	8	T1019		02/20/13	02/20/13	12.00	205.80	
231050	9	T1019		02/21/13	02/21/13	12.00	205.80	
					CLAIM TOTAL	1,749.30		CLAIM ACCOUNT REF. 2310500012012382SUP

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	82	TOTAL CLAIM AMOUNT =	12,399.45
		# SERVICES =	13		

REPORT DATE 02/27/13 SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022704234846RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231077	1	T1019		02/06/13	02/06/13	36.00	154.80
231077	2	T1019		02/16/13	02/16/13	36.00	154.80
231077	3	T1019		02/17/13	02/17/13	36.00	154.80
231077	4	T1019		02/18/13	02/18/13	36.00	154.80
231077	5	T1019		02/19/13	02/19/13	36.00	154.80
231077	6	T1019		02/20/13	02/20/13	36.00	154.80
231077	7	T1019		02/21/13	02/21/13	36.00	154.80
231077	8	T1019		02/22/13	02/22/13	36.00	154.80
CLAIM TOTAL						1,238.40	CLAIM ACCOUNT REF. 2310770012008286SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231065	1	T1019		02/16/13	02/16/13	24.00	103.20
231065	2	T1019		02/18/13	02/18/13	24.00	103.20
231065	3	T1019		02/19/13	02/19/13	24.00	103.20
231065	4	T1019		02/20/13	02/20/13	24.00	103.20
231065	5	T1019		02/21/13	02/21/13	24.00	103.20
231065	6	T1019		02/22/13	02/22/13	24.00	103.20
CLAIM TOTAL						619.20	CLAIM ACCOUNT REF. 2310650012008495SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231058	1	T1019		02/15/13	02/15/13	28.00	120.40
231058	2	T1019		02/16/13	02/16/13	28.00	120.40
231058	3	T1019		02/17/13	02/17/13	28.00	120.40
231058	4	T1019		02/18/13	02/18/13	28.00	120.40
231058	5	T1019		02/19/13	02/19/13	28.00	120.40
231058	6	T1019		02/20/13	02/20/13	28.00	120.40
231058	7	T1019		02/21/13	02/21/13	28.00	120.40
231058	8	T1019		02/22/13	02/22/13	28.00	120.40
CLAIM TOTAL						963.20	CLAIM ACCOUNT REF. 2310580012010404SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012101 2012101 BATILO, MARTA 02/23/1917 708125 111205102  
DIAGNOSIS CODES: 715.00 272.2 285.29 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231052	1	T1019		02/16/13	02/16/13	28.00	120.40
231052	2	T1019		02/17/13	02/17/13	28.00	120.40
231052	3	T1019		02/18/13	02/18/13	28.00	120.40
231052	4	T1019		02/19/13	02/19/13	28.00	120.40
231052	5	T1019		02/20/13	02/20/13	28.00	120.40
231052	6	T1019		02/21/13	02/21/13	20.00	86.00
231052	7	T1019		02/22/13	02/22/13	28.00	120.40
CLAIM TOTAL						808.40	
						CLAIM ACCOUNT REF.	2310520012012101SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012102 2012102 BISRAM, ROOPKALIA 01/03/1938 708029 111353605  
DIAGNOSIS CODES: 401.9 272.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231053	1	T1019		02/18/13	02/18/13	16.00	68.80
231053	2	T1019		02/19/13	02/19/13	16.00	68.80
231053	3	T1019		02/20/13	02/20/13	16.00	68.80
231053	4	T1019		02/21/13	02/21/13	16.00	68.80
231053	5	T1019		02/22/13	02/22/13	16.00	68.80
CLAIM TOTAL						344.00	
						CLAIM ACCOUNT REF.	2310530012012102SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012104 2012104 CEBALLOS, FRANCISCA 11/10/1931 744474 111205448  
DIAGNOSIS CODES: 294.20 093.9 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231054	1	T1019		02/16/13	02/16/13	40.00	172.00
231054	2	T1019		02/17/13	02/17/13	40.00	172.00
231054	3	T1019		02/18/13	02/18/13	40.00	172.00
231054	4	T1019		02/19/13	02/19/13	40.00	172.00
231054	5	T1019		02/20/13	02/20/13	40.00	172.00
231054	6	T1019		02/21/13	02/21/13	40.00	172.00
231054	7	T1019		02/22/13	02/22/13	40.00	172.00
CLAIM TOTAL						1,204.00	
						CLAIM ACCOUNT REF.	2310540012012104SUP



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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012107 2012107 CRUZ, LUIS 06/10/1952 706307 111208204  
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231055	1	T1019		02/16/13	02/16/13	32.00	137.60
231055	2	T1019		02/17/13	02/17/13	32.00	137.60
231055	3	T1019		02/18/13	02/18/13	32.00	137.60
231055	4	T1019		02/19/13	02/19/13	32.00	137.60
231055	5	T1019		02/20/13	02/20/13	32.00	137.60
231055	6	T1019		02/21/13	02/21/13	32.00	137.60
231055	7	T1019		02/22/13	02/22/13	32.00	137.60
CLAIM TOTAL						963.20	CLAIM ACCOUNT REF. 2310550012012107SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012108 2012108 GODINOT, CARMEN 07/16/1939 695752 111208481  
DIAGNOSIS CODES: 369.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231056	1	T1019		02/18/13	02/18/13	24.00	103.20
231056	2	T1019		02/19/13	02/19/13	24.00	103.20
231056	3	T1019		02/20/13	02/20/13	24.00	103.20
231056	4	T1019		02/21/13	02/21/13	20.00	86.00
231056	5	T1019		02/22/13	02/22/13	24.00	103.20
CLAIM TOTAL						498.80	CLAIM ACCOUNT REF. 2310560012012108SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012110 2012110 GOMEZ, RANNIE 09/11/1917 698802 111339768  
DIAGNOSIS CODES: 428.0 272.2 365.9 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231057	1	T1019		02/19/13	02/19/13	16.00	68.80
231057	2	T1019		02/22/13	02/22/13	16.00	68.80
CLAIM TOTAL						137.60	CLAIM ACCOUNT REF. 2310570012012110SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012114 2012114 GUERRERO, FIRPO A 06/13/1929 698839 111414803  
DIAGNOSIS CODES: 331.0 290.0 311. 401.9 600.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231059	1	T1019		02/16/13	02/16/13	48.00	206.40
231059	2	T1019		02/17/13	02/17/13	36.00	154.80
231059	3	T1019		02/18/13	02/18/13	36.00	154.80
231059	4	T1019		02/19/13	02/19/13	48.00	206.40

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
231059	5	T1019		02/20/13	02/20/13	36.00	154.80	
231059	6	T1019		02/21/13	02/21/13	48.00	206.40	
231059	7	T1019		02/22/13	02/22/13	36.00	154.80	
CLAIM TOTAL							1,238.40	CLAIM ACCOUNT REF. 2310590012012114SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012115 2012115 GUERRERO, ISABEL 11/08/1935 698840 111414603  
DIAGNOSIS CODES: 715.90 244.9 272.0 413.9 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
231060	1	T1019		02/17/13	02/17/13	12.00	51.60	
231060	2	T1019		02/18/13	02/18/13	12.00	51.60	
231060	3	T1019		02/20/13	02/20/13	12.00	51.60	
CLAIM TOTAL							154.80	CLAIM ACCOUNT REF. 2310600012012115SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
231061	1	T1019		02/16/13	02/16/13	20.00	86.00	
231061	2	T1019		02/17/13	02/17/13	20.00	86.00	
231061	3	T1019		02/18/13	02/18/13	16.00	68.80	
231061	4	T1019		02/19/13	02/19/13	16.00	68.80	
231061	5	T1019		02/20/13	02/20/13	16.00	68.80	
231061	6	T1019		02/21/13	02/21/13	16.00	68.80	
231061	7	T1019		02/22/13	02/22/13	16.00	68.80	
CLAIM TOTAL							516.00	CLAIM ACCOUNT REF. 2310610012012117SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012120 2012120 LOPEZ, ISABEL 12/24/1942 740574 111213601  
DIAGNOSIS CODES: 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
231062	1	T1019		02/18/13	02/18/13	28.00	120.40	
231062	2	T1019		02/19/13	02/19/13	28.00	120.40	
231062	3	T1019		02/20/13	02/20/13	28.00	120.40	
231062	4	T1019		02/21/13	02/21/13	28.00	120.40	
231062	5	T1019		02/22/13	02/22/13	28.00	120.40	
CLAIM TOTAL							602.00	CLAIM ACCOUNT REF. 2310620012012120SUP

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PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012121 2012121 MOHAMED, DENISE 06/14/1959 691722 111211059  
DIAGNOSIS CODES: 715.98

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231067	1	T1019		02/16/13	02/16/13	32.00	137.60
231067	2	T1019		02/17/13	02/17/13	32.00	137.60
231067	3	T1019		02/18/13	02/18/13	32.00	137.60
231067	4	T1019		02/19/13	02/19/13	32.00	137.60
231067	5	T1019		02/20/13	02/20/13	32.00	137.60
231067	6	T1019		02/21/13	02/21/13	32.00	137.60
231067	7	T1019		02/22/13	02/22/13	32.00	137.60
CLAIM TOTAL						963.20	CLAIM ACCOUNT REF. 2310670012012121SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012122 2012122 MORALES, FRANCISCO 12/03/1935 744366 111218452  
DIAGNOSIS CODES: 250.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231068	1	T1019		02/16/13	02/16/13	20.00	86.00
231068	2	T1019		02/17/13	02/17/13	20.00	86.00
231068	3	T1019		02/18/13	02/18/13	20.00	86.00
231068	4	T1019		02/19/13	02/19/13	20.00	86.00
231068	5	T1019		02/20/13	02/20/13	20.00	86.00
231068	6	T1019		02/21/13	02/21/13	20.00	86.00
231068	7	T1019		02/22/13	02/22/13	20.00	86.00
CLAIM TOTAL						602.00	CLAIM ACCOUNT REF. 2310680012012122SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012130 2012130 NAVARRO, ANTONIA 07/23/1945 710368 111289272  
DIAGNOSIS CODES: 493.92 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231070	1	T1019		02/16/13	02/16/13	20.00	86.00
231070	2	T1019		02/17/13	02/17/13	20.00	86.00
231070	3	T1019		02/18/13	02/18/13	28.00	120.40
231070	4	T1019		02/19/13	02/19/13	28.00	120.40
231070	5	T1019		02/20/13	02/20/13	28.00	120.40
231070	6	T1019		02/21/13	02/21/13	28.00	120.40
CLAIM TOTAL						653.60	CLAIM ACCOUNT REF. 2310700012012130SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012131 2012131 ORTIZ, JOSE 04/19/1925 691721 111219494  
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231072	1	T1019		02/18/13	02/18/13	16.00	68.80
231072	2	T1019		02/20/13	02/20/13	16.00	68.80
231072	3	T1019		02/22/13	02/22/13	16.00	68.80
CLAIM TOTAL						206.40	CLAIM ACCOUNT REF. 2310720012012131SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012132 2012132 ORTIZ, DOLORES 06/30/1927 744365 111228861  
DIAGNOSIS CODES: 401.9 272.4 750.7

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231071	1	T1019		02/16/13	02/16/13	20.00	86.00
231071	2	T1019		02/17/13	02/17/13	20.00	86.00
231071	3	T1019		02/18/13	02/18/13	32.00	137.60
231071	4	T1019		02/19/13	02/19/13	32.00	137.60
231071	5	T1019		02/20/13	02/20/13	32.00	137.60
231071	6	T1019		02/21/13	02/21/13	32.00	137.60
231071	7	T1019		02/22/13	02/22/13	32.00	137.60
CLAIM TOTAL						860.00	CLAIM ACCOUNT REF. 2310710012012132SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012134 2012134 SERRANO, CARMEN 09/14/1948 695740 111397947  
DIAGNOSIS CODES: 093.89 253.5 311. 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231084	1	T1019		01/07/13	01/07/13	28.00	120.40
231084	2	T1019		02/18/13	02/18/13	28.00	120.40
231084	3	T1019		02/19/13	02/19/13	28.00	120.40
231084	4	T1019		02/20/13	02/20/13	28.00	120.40
231084	5	T1019		02/21/13	02/21/13	28.00	120.40
231084	6	T1019		02/22/13	02/22/13	28.00	120.40
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2310840012012134SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231087	1	T1019		02/18/13	02/18/13	32.00	137.60
231087	2	T1019		02/19/13	02/19/13	32.00	137.60

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
231087	3	T1019		02/20/13	02/20/13	32.00	137.60	
231087	4	T1019		02/21/13	02/21/13	32.00	137.60	
231087	5	T1019		02/22/13	02/22/13	32.00	137.60	
					CLAIM TOTAL		688.00	CLAIM ACCOUNT REF. 2310870012012137SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012138	2012138	VENTURA, CLARA	09/17/1951	720456	111324838
DIAGNOSIS	CODES:	253.5	401.9	429.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
231088	1	T1019		02/18/13	02/18/13	16.00	68.80	
231088	2	T1019		02/20/13	02/20/13	16.00	68.80	
231088	3	T1019		02/22/13	02/22/13	16.00	68.80	
					CLAIM TOTAL		206.40	CLAIM ACCOUNT REF. 2310880012012138SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012140	2012140	PATRICK, IMAGEENE	03/27/1930	737028	111282273
DIAGNOSIS	CODES:	294.10	153.9				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
231073	1	T1019		02/09/13	02/09/13	32.00	137.60	
231073	2	T1019		02/13/13	02/13/13	32.00	137.60	
231073	3	T1019		02/14/13	02/14/13	32.00	137.60	
231073	4	T1019		02/15/13	02/15/13	32.00	137.60	
231073	5	T1019		02/16/13	02/16/13	32.00	137.60	
231073	6	T1019		02/18/13	02/18/13	32.00	137.60	
231073	7	T1019		02/19/13	02/19/13	32.00	137.60	
231073	8	T1019		02/20/13	02/20/13	32.00	137.60	
231073	9	T1019		02/21/13	02/21/13	32.00	137.60	
231073	10	T1019		02/22/13	02/22/13	32.00	137.60	
					CLAIM TOTAL		1,376.00	CLAIM ACCOUNT REF. 2310730012012140SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012141	2012141	SANTOS MARQUEZ, MARIA	07/16/1961	688801	111336515
DIAGNOSIS	CODES:	958.8	599.70	692.9 795.05			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
231083	1	T1019		02/18/13	02/18/13	16.00	68.80	
231083	2	T1019		02/20/13	02/20/13	16.00	68.80	
					CLAIM TOTAL		137.60	CLAIM ACCOUNT REF. 2310830012012141SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012142 2012142 MEDINA, MARTHA 01/11/1944 697570 111217848  
DIAGNOSIS CODES: 135. 250.00 426.4 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231066	1	T1019		02/18/13	02/18/13	12.00	51.60
231066	2	T1019		02/19/13	02/19/13	12.00	51.60
231066	3	T1019		02/20/13	02/20/13	12.00	51.60
231066	4	T1019		02/21/13	02/21/13	12.00	51.60
231066	5	T1019		02/22/13	02/22/13	12.00	51.60
CLAIM TOTAL							258.00
CLAIM ACCOUNT REF.							2310660012012142SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012143 2012143 MURPHY, RUBY 04/13/1955 698832 111381584  
DIAGNOSIS CODES: 585.3 311. 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231069	1	T1019		02/18/13	02/18/13	16.00	68.80
231069	2	T1019		02/19/13	02/19/13	16.00	68.80
231069	3	T1019		02/21/13	02/21/13	16.00	68.80
231069	4	T1019		02/22/13	02/22/13	16.00	68.80
CLAIM TOTAL							275.20
CLAIM ACCOUNT REF.							2310690012012143SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012144 2012144 PEREZ, JULIO 01/27/1936 709538 111222702  
DIAGNOSIS CODES: 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231076	1	T1019		02/18/13	02/18/13	20.00	86.00
231076	2	T1019		02/20/13	02/20/13	20.00	86.00
231076	3	T1019		02/22/13	02/22/13	20.00	86.00
CLAIM TOTAL							258.00
CLAIM ACCOUNT REF.							2310760012012144SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012145 2012145 PERALTA RODRIGO, JOSE 03/13/1942 715488 111220442  
DIAGNOSIS CODES: 715.90 272.0 274.9 278.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231074	1	T1019		02/11/13	02/11/13	16.00	68.80
231074	2	T1019		02/12/13	02/12/13	16.00	68.80
231074	3	T1019		02/13/13	02/13/13	16.00	68.80
231074	4	T1019		02/14/13	02/14/13	16.00	68.80
231074	5	T1019		02/15/13	02/15/13	16.00	68.80
231074	6	T1019		02/18/13	02/18/13	16.00	68.80

REPORT DATE 02/27/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022704234846RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
231074	7	T1019		02/19/13	02/19/13	16.00	68.80	
231074	8	T1019		02/20/13	02/20/13	16.00	68.80	
231074	9	T1019		02/21/13	02/21/13	16.00	68.80	
231074	10	T1019		02/22/13	02/22/13	16.00	68.80	
					CLAIM TOTAL		688.00	CLAIM ACCOUNT REF. 2310740012012145SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012146	2012146	PERALTA, INEZ	08/18/1942	715489	111220390
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	
231075	1	T1019		02/11/13	02/11/13	16.00	68.80	
231075	2	T1019		02/12/13	02/12/13	16.00	68.80	
231075	3	T1019		02/13/13	02/13/13	16.00	68.80	
231075	4	T1019		02/14/13	02/14/13	16.00	68.80	
231075	5	T1019		02/15/13	02/15/13	16.00	68.80	
231075	6	T1019		02/18/13	02/18/13	16.00	68.80	
231075	7	T1019		02/19/13	02/19/13	16.00	68.80	
231075	8	T1019		02/20/13	02/20/13	16.00	68.80	
231075	9	T1019		02/21/13	02/21/13	16.00	68.80	
231075	10	T1019		02/22/13	02/22/13	16.00	68.80	
					CLAIM TOTAL		688.00	CLAIM ACCOUNT REF. 2310750012012146SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
231078	1	T1019		02/11/13	02/11/13	20.00	86.00	
231078	2	T1019		02/12/13	02/12/13	20.00	86.00	
231078	3	T1019		02/13/13	02/13/13	20.00	86.00	
231078	4	T1019		02/14/13	02/14/13	20.00	86.00	
231078	5	T1019		02/15/13	02/15/13	20.00	86.00	
231078	6	T1019		02/18/13	02/18/13	20.00	86.00	
231078	7	T1019		02/19/13	02/19/13	20.00	86.00	
231078	8	T1019		02/20/13	02/20/13	20.00	86.00	
231078	9	T1019		02/21/13	02/21/13	20.00	86.00	
231078	10	T1019		02/22/13	02/22/13	20.00	86.00	
					CLAIM TOTAL		860.00	CLAIM ACCOUNT REF. 2310780012012147SUP

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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    2012149    2012149    REGLA, MARIA F           11/21/1933    691499           111223158  
DIAGNOSIS CODES:    250.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231079	1	T1019		02/02/13	02/02/13	32.00	137.60
231079	2	T1019		02/16/13	02/16/13	32.00	137.60
231079	3	T1019		02/18/13	02/18/13	32.00	137.60
231079	4	T1019		02/19/13	02/19/13	32.00	137.60
231079	5	T1019		02/20/13	02/20/13	32.00	137.60
231079	6	T1019		02/21/13	02/21/13	32.00	137.60
231079	7	T1019		02/22/13	02/22/13	32.00	137.60
CLAIM TOTAL							963.20
CLAIM ACCOUNT REF.							2310790012012149SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID           PRIOR AUTHORIZATION #  
NY    001    2012152    2012152    REYES, TERESA           03/18/1941    697840           111452705  
DIAGNOSIS CODES:    799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231080	1	T1019		02/18/13	02/18/13	20.00	86.00
231080	2	T1019		02/19/13	02/19/13	20.00	86.00
231080	3	T1019		02/20/13	02/20/13	24.00	103.20
231080	4	T1019		02/22/13	02/22/13	32.00	137.60
CLAIM TOTAL							412.80
CLAIM ACCOUNT REF.							2310800012012152SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID           PRIOR AUTHORIZATION #  
NY    001    2012154    2012154    RODRIGUEZ, FRANKLIN    03/26/1989    697529           111223936  
DIAGNOSIS CODES:    799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231081	1	T1019		02/16/13	02/16/13	24.00	103.20
231081	2	T1019		02/18/13	02/18/13	24.00	103.20
231081	3	T1019		02/19/13	02/19/13	24.00	103.20
231081	4	T1019		02/20/13	02/20/13	24.00	103.20
231081	5	T1019		02/21/13	02/21/13	24.00	103.20
231081	6	T1019		02/22/13	02/22/13	24.00	103.20
CLAIM TOTAL							619.20
CLAIM ACCOUNT REF.							2310810012012154SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID           PRIOR AUTHORIZATION #  
NY    001    2012155    2012155    SANCHEZ, BETANIA       05/10/1956    706048           111227610  
DIAGNOSIS CODES:    555.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231082	1	T1019		02/18/13	02/18/13	20.00	86.00



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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231082	2	T1019		02/19/13	02/19/13	20.00	86.00
231082	3	T1019		02/20/13	02/20/13	20.00	86.00
231082	4	T1019		02/21/13	02/21/13	20.00	86.00
CLAIM TOTAL						344.00	

CLAIM ACCOUNT REF. 2310820012012155SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231063	1	T1019		02/16/13	02/16/13	48.00	206.40
231063	2	T1019		02/17/13	02/17/13	48.00	206.40
231063	3	T1019		02/18/13	02/18/13	48.00	206.40
231063	4	T1019		02/19/13	02/19/13	48.00	206.40
231063	5	T1019		02/20/13	02/20/13	48.00	206.40
231063	6	T1019		02/21/13	02/21/13	48.00	206.40
231063	7	T1019		02/22/13	02/22/13	48.00	206.40
CLAIM TOTAL						1,444.80	

CLAIM ACCOUNT REF. 2310630012012158SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012159 2012159 LOPEZ, VITALIA 08/01/1922 691723 111216060  
DIAGNOSIS CODES: 331.0 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231064	1	T1019		02/16/13	02/16/13	48.00	206.40
231064	2	T1019		02/17/13	02/17/13	48.00	206.40
231064	3	T1019		02/18/13	02/18/13	48.00	206.40
231064	4	T1019		02/19/13	02/19/13	48.00	206.40
231064	5	T1019		02/20/13	02/20/13	48.00	206.40
231064	6	T1019		02/21/13	02/21/13	48.00	206.40
231064	7	T1019		02/22/13	02/22/13	48.00	206.40
CLAIM TOTAL						1,444.80	

CLAIM ACCOUNT REF. 2310640012012159SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012161 2012161 ALONSO, ANA 03/02/1943 739934 111204846  
DIAGNOSIS CODES: 733.09 253.5 272.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231051	1	T1019		02/16/13	02/16/13	20.00	86.00
231051	2	T1019		02/17/13	02/17/13	20.00	86.00
231051	3	T1019		02/18/13	02/18/13	20.00	86.00
231051	4	T1019		02/19/13	02/19/13	20.00	86.00
231051	5	T1019		02/20/13	02/20/13	20.00	86.00

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231051	6	T1019		02/21/13	02/21/13	20.00	86.00
231051	7	T1019		02/22/13	02/22/13	20.00	86.00
CLAIM TOTAL							602.00

CLAIM ACCOUNT REF. 2310510012012161SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012261	2012261	SILVEIRA, BERTA	06/23/1938	753060	111269031

DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231085	1	T1019		02/21/13	02/21/13	16.00	68.80
CLAIM TOTAL							68.80

CLAIM ACCOUNT REF. 2310850012012261SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012136	2012266	SOTO, RAFAEL B	03/08/1937	700573	111213199

DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231086	1	T1019		02/16/13	02/16/13	36.00	154.80
231086	2	T1019		02/17/13	02/17/13	36.00	154.80
231086	3	T1019		02/18/13	02/18/13	36.00	154.80
231086	4	T1019		02/19/13	02/19/13	36.00	154.80
231086	5	T1019		02/20/13	02/20/13	36.00	154.80
231086	6	T1019		02/21/13	02/21/13	36.00	154.80
231086	7	T1019		02/22/13	02/22/13	36.00	154.80
CLAIM TOTAL							1,083.60

CLAIM ACCOUNT REF. 2310860012012266SUP

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	225	TOTAL CLAIM AMOUNT =	25,714.00
		# SERVICES =	38		

REPORT DATE 02/27/13 SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE  
PAYER ID = 55247 HEALTH INSURANCE PLAN

NPI = 1154407492

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008276 2008491 LOYOLA, MARIA 06/11/1981 ZR32498A01 0005044162  
DIAGNOSIS CODES: 952.9 806.8 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231034	1	T1019	0580	02/18/13	02/18/13	40.00	168.80
231034	2	T1019	0580	02/19/13	02/19/13	40.00	168.80
231034	3	T1019	0580	02/20/13	02/20/13	40.00	168.80
231034	4	T1019	0580	02/21/13	02/21/13	40.00	168.80
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2310340012008491SUP

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
231037	1	T1019	0580	02/18/13	02/18/13	16.00	67.52
231037	2	T1019	0580	02/19/13	02/19/13	16.00	67.52
231037	3	T1019	0580	02/20/13	02/20/13	16.00	67.52
231037	4	T1019	0580	02/21/13	02/21/13	16.00	67.52
231037	5	T1019	0580	02/22/13	02/22/13	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2310370012008513SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231035	1	T1019	0580	02/16/13	02/16/13	20.00	84.40
231035	2	T1019	0580	02/17/13	02/17/13	20.00	84.40
231035	3	T1019	0580	02/18/13	02/18/13	20.00	84.40
231035	4	T1019	0580	02/19/13	02/19/13	20.00	84.40
231035	5	T1019	0580	02/20/13	02/20/13	20.00	84.40
231035	6	T1019	0580	02/22/13	02/22/13	20.00	84.40
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2310350012008544SUP

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
231027	1	T1019	0580	02/19/13	02/19/13	16.00	67.52
231027	2	T1019	0580	02/21/13	02/21/13	16.00	67.52
231027	3	T1019	0580	02/22/13	02/22/13	16.00	67.52

REPORT DATE 02/27/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = 55247                      HEALTH INSURANCE PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							202.56	2310270012008723SUP
						CLAIM TOTAL		

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	CLAIM ACCOUNT REF.
231021	1	T1019	0580	02/16/13	02/16/13	48.00	202.56	
231021	2	T1019	0580	02/17/13	02/17/13	48.00	202.56	
231021	3	T1019	0580	02/18/13	02/18/13	48.00	202.56	
231021	4	T1019	0580	02/19/13	02/19/13	48.00	202.56	
231021	5	T1019	0580	02/20/13	02/20/13	48.00	202.56	
231021	6	T1019	0580	02/21/13	02/21/13	48.00	202.56	
231021	7	T1019	0580	02/22/13	02/22/13	48.00	202.56	
						CLAIM TOTAL	1,417.92	2310210012008793SUP

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	CLAIM ACCOUNT REF.
231029	1	T1019	0580	01/26/13	01/26/13	32.00	135.04	
						CLAIM TOTAL	135.04	2310290012009237SUP

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	CLAIM ACCOUNT REF.
231030	1	T1019	0580	02/06/13	02/06/13	32.00	135.04	
231030	2	T1019	0580	02/16/13	02/16/13	32.00	135.04	
231030	3	T1019	0580	02/17/13	02/17/13	32.00	135.04	
231030	4	T1019	0580	02/18/13	02/18/13	32.00	135.04	
231030	5	T1019	0580	02/19/13	02/19/13	32.00	135.04	
231030	6	T1019	0580	02/20/13	02/20/13	32.00	135.04	
231030	7	T1019	0580	02/21/13	02/21/13	32.00	135.04	
231030	8	T1019	0580	02/22/13	02/22/13	32.00	135.04	
						CLAIM TOTAL	1,080.32	2310300012009237SUP

REPORT DATE 02/27/13                      SUNNYSIDE CITYWIDE  
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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    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	
231036	1	T1019	0580	02/22/13	02/22/13	20.00	84.40	
							CLAIM TOTAL	84.40    CLAIM ACCOUNT REF.    2310360012009269SUP

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	
231032	1	T1019	0580	02/18/13	02/18/13	16.00	67.52	
231032	2	T1019	0580	02/19/13	02/19/13	16.00	67.52	
							CLAIM TOTAL	135.04    CLAIM ACCOUNT REF.    2310320012009406SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
231033	1	T1019	0580	02/20/13	02/20/13	40.00	168.80	
231033	2	T1019	0580	02/21/13	02/21/13	40.00	168.80	
							CLAIM TOTAL	337.60    CLAIM ACCOUNT REF.    2310330012009562SUP

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	
231023	1	T1019	0580	02/18/13	02/18/13	16.00	67.52	
231023	2	T1019	0580	02/19/13	02/19/13	16.00	67.52	
231023	3	T1019	0580	02/20/13	02/20/13	16.00	67.52	
231023	4	T1019	0580	02/21/13	02/21/13	16.00	67.52	
231023	5	T1019	0580	02/22/13	02/22/13	16.00	67.52	
							CLAIM TOTAL	337.60    CLAIM ACCOUNT REF.    2310230012009686SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
231025	1	T1019	0580	02/16/13	02/16/13	28.00	118.16	

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PAYER ID = 55247                      HEALTH INSURANCE PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231025	2	T1019	0580	02/17/13	02/17/13	28.00	118.16
231025	3	T1019	0580	02/18/13	02/18/13	28.00	118.16
231025	4	T1019	0580	02/19/13	02/19/13	28.00	118.16
231025	5	T1019	0580	02/20/13	02/20/13	28.00	118.16
231025	6	T1019	0580	02/21/13	02/21/13	28.00	118.16
231025	7	T1019	0580	02/22/13	02/22/13	28.00	118.16
CLAIM TOTAL							827.12

CLAIM ACCOUNT REF. 2310250012009945SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231019	1	T1019	0580	01/15/13	01/15/13	20.00	84.40
CLAIM TOTAL							84.40

CLAIM ACCOUNT REF. 2310190012010293SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231020	1	T1019	0580	02/19/13	02/19/13	32.00	135.04
231020	2	T1019	0580	02/20/13	02/20/13	32.00	135.04
231020	3	T1019	0580	02/21/13	02/21/13	32.00	135.04
231020	4	T1019	0580	02/22/13	02/22/13	32.00	135.04
CLAIM TOTAL							540.16

CLAIM ACCOUNT REF. 2310200012010293SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231028	1	T1019	0580	02/16/13	02/16/13	48.00	202.56
231028	2	T1019	0580	02/17/13	02/17/13	48.00	202.56
231028	3	T1019	0580	02/18/13	02/18/13	48.00	202.56
231028	4	T1019	0580	02/19/13	02/19/13	48.00	202.56
231028	5	T1019	0580	02/20/13	02/20/13	48.00	202.56
231028	6	T1019	0580	02/21/13	02/21/13	48.00	202.56
231028	7	T1019	0580	02/22/13	02/22/13	48.00	202.56
CLAIM TOTAL							1,417.92

CLAIM ACCOUNT REF. 2310280012010316SUP

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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 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
231024	1	T1019	0580	02/16/13	02/16/13	36.00	151.92
231024	2	T1019	0580	02/17/13	02/17/13	36.00	151.92
231024	3	T1019	0580	02/18/13	02/18/13	36.00	151.92
231024	4	T1019	0580	02/19/13	02/19/13	36.00	151.92
231024	5	T1019	0580	02/20/13	02/20/13	36.00	151.92
231024	6	T1019	0580	02/21/13	02/21/13	36.00	151.92
231024	7	T1019	0580	02/22/13	02/22/13	36.00	151.92
CLAIM TOTAL						1,063.44	CLAIM ACCOUNT REF. 2310240012010991SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008273 2011526 DE JESUS, TIBURCIO 08/11/1947 XX16524S 0005503237  
DIAGNOSIS CODES: 250.03 369.60 401.9 414.04 799.89 V60.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231022	1	G0156	0572	02/16/13	02/16/13	12.00	171.00
231022	2	G0156	0572	02/17/13	02/17/13	12.00	171.00
231022	3	G0156	0572	02/18/13	02/18/13	12.00	171.00
231022	4	G0156	0572	02/19/13	02/19/13	12.00	171.00
231022	5	G0156	0572	02/20/13	02/20/13	12.00	171.00
231022	6	G0156	0572	02/21/13	02/21/13	10.00	142.50
231022	7	G0156	0572	02/22/13	02/22/13	12.00	171.00
CLAIM TOTAL						1,168.50	CLAIM ACCOUNT REF. 2310220012011526SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009467 2011833 KEATON, CATHERINE 08/30/1923 WC81742E 113502051-001-0001  
DIAGNOSIS CODES: 715.00 365.9 401.9 780.4 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231026	1	T1019	0580	02/16/13	02/16/13	48.00	202.56
231026	2	T1019	0580	02/17/13	02/17/13	48.00	202.56
231026	3	T1019	0580	02/18/13	02/18/13	48.00	202.56
231026	4	T1019	0580	02/19/13	02/19/13	48.00	202.56
231026	5	T1019	0580	02/20/13	02/20/13	48.00	202.56
231026	6	T1019	0580	02/21/13	02/21/13	48.00	202.56
231026	7	T1019	0580	02/22/13	02/22/13	48.00	202.56
CLAIM TOTAL						1,417.92	CLAIM ACCOUNT REF. 2310260012011833SUP

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
231031	1	T1019	0580	02/18/13	02/18/13	20.00	84.40		
231031	2	T1019	0580	02/20/13	02/20/13	20.00	84.40		
231031	3	T1019	0580	02/21/13	02/21/13	20.00	84.40		
231031	4	T1019	0580	02/22/13	02/22/13	20.00	84.40		
						CLAIM TOTAL	337.60	CLAIM ACCOUNT REF.	2310310012012343SUP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
231018	1	T1019	0580	02/06/13	02/06/13	24.00	101.28	
231018	2	T1019	0580	02/07/13	02/07/13	24.00	101.28	
231018	3	T1019	0580	02/08/13	02/08/13	24.00	101.28	
231018	4	T1019	0580	02/10/13	02/10/13	24.00	101.28	
231018	5	T1019	0580	02/11/13	02/11/13	24.00	101.28	
231018	6	T1019	0580	02/12/13	02/12/13	24.00	101.28	
231018	7	T1019	0580	02/13/13	02/13/13	24.00	101.28	
231018	8	T1019	0580	02/14/13	02/14/13	24.00	101.28	
231018	9	T1019	0580	02/15/13	02/15/13	24.00	101.28	
231018	10	T1019	0580	02/18/13	02/18/13	24.00	101.28	
231018	11	T1019	0580	02/19/13	02/19/13	24.00	101.28	
231018	12	T1019	0580	02/20/13	02/20/13	24.00	101.28	
231018	13	T1019	0580	02/21/13	02/21/13	24.00	101.28	
231018	14	T1019	0580	02/22/13	02/22/13	24.00	101.28	
CLAIM TOTAL						1,417.92	CLAIM ACCOUNT REF.	2310180012012547SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	102	TOTAL CLAIM AMOUNT =	13,524.66
		# SERVICES =	18		



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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231107	1	S5125		01/25/13	01/25/13	28.00	120.12
231107	2	S5125		02/18/13	02/18/13	28.00	120.12
231107	3	S5125		02/19/13	02/19/13	28.00	120.12
231107	4	S5125		02/20/13	02/20/13	28.00	120.12
231107	5	S5125		02/21/13	02/21/13	28.00	120.12
CLAIM TOTAL							600.60
							CLAIM ACCOUNT REF. 2311070012010958SUP

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
231108	1	S5125		02/16/13	02/16/13	24.00	102.96
231108	2	S5125		02/18/13	02/18/13	40.00	171.60
231108	3	S5125		02/19/13	02/19/13	24.00	102.96
231108	4	S5125		02/20/13	02/20/13	40.00	171.60
231108	5	S5125		02/21/13	02/21/13	24.00	102.96
231108	6	S5125		02/22/13	02/22/13	40.00	171.60
CLAIM TOTAL							823.68
							CLAIM ACCOUNT REF. 2311080012012481SUP

PAYER TOTALS: VNSNY CHOICE # OF CLAIMS = 11 TOTAL CLAIM AMOUNT = 1,424.28  
# SERVICES = 2

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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 R2013357  
DIAGNOSIS CODES: 314.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230975	1	T1019		02/16/13	02/16/13	12.00	50.64	
230975	2	T1019		02/17/13	02/17/13	12.00	50.64	
230975	3	T1019		02/18/13	02/18/13	12.00	50.64	
230975	4	T1019		02/19/13	02/19/13	12.00	50.64	
230975	5	T1019		02/20/13	02/20/13	12.00	50.64	
230975	6	T1019		02/21/13	02/21/13	12.00	50.64	
230975	7	T1019		02/22/13	02/22/13	12.00	50.64	
CLAIM TOTAL							354.48	CLAIM ACCOUNT REF. 2309750012008246SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008248 2008248 RIVERA, EDDIE 01/29/1960 YP34893V R2167051  
DIAGNOSIS CODES: 339.02 367.1 369.10

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230976	1	T1019		02/18/13	02/18/13	12.00	50.64	
230976	2	T1019		02/19/13	02/19/13	12.00	50.64	
230976	3	T1019		02/20/13	02/20/13	12.00	50.64	
230976	4	T1019		02/21/13	02/21/13	12.00	50.64	
CLAIM TOTAL							202.56	CLAIM ACCOUNT REF. 2309760012008248SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230971	1	T1019		02/16/13	02/16/13	44.00	185.68	
230971	2	T1019		02/17/13	02/17/13	44.00	185.68	
230971	3	T1019		02/18/13	02/18/13	44.00	185.68	
230971	4	T1019		02/19/13	02/19/13	44.00	185.68	
230971	5	T1019		02/20/13	02/20/13	44.00	185.68	
230971	6	T1019		02/21/13	02/21/13	44.00	185.68	
230971	7	T1019		02/22/13	02/22/13	44.00	185.68	
CLAIM TOTAL							1,299.76	CLAIM ACCOUNT REF. 2309710012008249SUP

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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 R2048722  
DIAGNOSIS CODES: 952.9 564.81 596.54 806.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230978	1	T1019		02/16/13	02/16/13	32.00	135.04
230978	2	T1019		02/17/13	02/17/13	32.00	135.04
230978	3	T1019		02/18/13	02/18/13	32.00	135.04
230978	4	T1019		02/19/13	02/19/13	32.00	135.04
230978	5	T1019		02/20/13	02/20/13	32.00	135.04
230978	6	T1019		02/21/13	02/21/13	32.00	135.04
230978	7	T1019		02/22/13	02/22/13	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2309780012008250SUP

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
230956	1	T1019		02/18/13	02/18/13	32.00	135.04
230956	2	T1019		02/19/13	02/19/13	32.00	135.04
230956	3	T1019		02/20/13	02/20/13	32.00	135.04
230956	4	T1019		02/21/13	02/21/13	32.00	135.04
230956	5	T1019		02/22/13	02/22/13	32.00	135.04
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2309560012008251SUP

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
230972	1	T1019		02/14/13	02/14/13	48.00	202.56
230972	2	T1019		02/15/13	02/15/13	48.00	202.56
230972	3	T1019		02/16/13	02/16/13	48.00	202.56
230972	4	T1019		02/17/13	02/17/13	48.00	202.56
230972	5	T1019		02/18/13	02/18/13	48.00	202.56
230972	6	T1019		02/19/13	02/19/13	48.00	202.56
230972	7	T1019		02/20/13	02/20/13	48.00	202.56
230972	8	T1019		02/21/13	02/21/13	48.00	202.56
230972	9	T1019		02/22/13	02/22/13	48.00	202.56
CLAIM TOTAL							1,823.04
CLAIM ACCOUNT REF.							2309720012008253SUP

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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 2008254 2008254 SPIVEY, PATRICIA 04/06/1965 WE52435B R2061243  
DIAGNOSIS CODES: 250.00 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230981	1	T1019		02/19/13	02/19/13	20.00	84.40	
230981	2	T1019		02/20/13	02/20/13	20.00	84.40	
230981	3	T1019		02/21/13	02/21/13	20.00	84.40	
230981	4	T1019		02/22/13	02/22/13	20.00	84.40	
CLAIM TOTAL							337.60	CLAIM ACCOUNT REF. 2309810012008254SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008256 2008256 CARMONA, LUZ 08/10/1954 XJ24416K R2052507  
DIAGNOSIS CODES: 294.8 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230954	1	T1019		02/18/13	02/18/13	32.00	135.04	
230954	2	T1019		02/19/13	02/19/13	32.00	135.04	
230954	3	T1019		02/20/13	02/20/13	32.00	135.04	
230954	4	T1019		02/21/13	02/21/13	32.00	135.04	
230954	5	T1019		02/22/13	02/22/13	32.00	135.04	
CLAIM TOTAL							675.20	CLAIM ACCOUNT REF. 2309540012008256SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230961	1	T1019		02/16/13	02/16/13	24.00	101.28	
230961	2	T1019		02/17/13	02/17/13	24.00	101.28	
230961	3	T1019		02/18/13	02/18/13	24.00	101.28	
230961	4	T1019		02/19/13	02/19/13	24.00	101.28	
230961	5	T1019		02/20/13	02/20/13	24.00	101.28	
230961	6	T1019		02/21/13	02/21/13	24.00	101.28	
230961	7	T1019		02/22/13	02/22/13	24.00	101.28	
CLAIM TOTAL							708.96	CLAIM ACCOUNT REF. 2309610012008257SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230979	1	T1019		02/18/13	02/18/13	32.00	135.04	
230979	2	T1019		02/19/13	02/19/13	32.00	135.04	

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230979	3	T1019		02/20/13	02/20/13	32.00	135.04
230979	4	T1019		02/21/13	02/21/13	32.00	135.04
230979	5	T1019		02/22/13	02/22/13	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2309790012008290SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230963	1	T1019		02/16/13	02/16/13	28.00	118.16
230963	2	T1019		02/17/13	02/17/13	28.00	118.16
230963	3	T1019		02/18/13	02/18/13	12.00	50.64
230963	4	T1019		02/19/13	02/19/13	12.00	50.64
230963	5	T1019		02/20/13	02/20/13	28.00	118.16
230963	6	T1019		02/21/13	02/21/13	28.00	118.16
230963	7	T1019		02/22/13	02/22/13	28.00	118.16
CLAIM TOTAL							692.08

CLAIM ACCOUNT REF. 2309630012008362SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008368 2008368 RODRIGUEZ, MARGARET 06/25/1950 ZP21043J R2162380  
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
230977	1	T1019		02/18/13	02/18/13	16.00	67.52
230977	2	T1019		02/19/13	02/19/13	16.00	67.52
230977	3	T1019		02/20/13	02/20/13	16.00	67.52
230977	4	T1019		02/21/13	02/21/13	16.00	67.52
230977	5	T1019		02/22/13	02/22/13	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2309770012008368SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008411 2008411 FRANCISCO, RICHARD 07/10/1968 XR22414G R2014482  
DIAGNOSIS CODES: 401.9 443.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230964	1	T1019		02/16/13	02/16/13	32.00	135.04
230964	2	T1019		02/17/13	02/17/13	32.00	135.04
230964	3	T1019		02/18/13	02/18/13	32.00	135.04
230964	4	T1019		02/19/13	02/19/13	32.00	135.04
230964	5	T1019		02/20/13	02/20/13	32.00	135.04
230964	6	T1019		02/21/13	02/21/13	32.00	135.04
230964	7	T1019		02/22/13	02/22/13	32.00	135.04

REPORT DATE 02/27/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022704234846RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							945.28	2309640012008411SUP

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

DIAGNOSIS CODES: 401.9      272.4      332.1      453.42

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
230968	1	T1019		02/16/13	02/16/13	28.00	118.16	
230968	2	T1019		02/17/13	02/17/13	28.00	118.16	
230968	3	T1019		02/18/13	02/18/13	28.00	118.16	
230968	4	T1019		02/19/13	02/19/13	28.00	118.16	
230968	5	T1019		02/20/13	02/20/13	28.00	118.16	
230968	6	T1019		02/21/13	02/21/13	28.00	118.16	
230968	7	T1019		02/22/13	02/22/13	28.00	118.16	
						CLAIM TOTAL	827.12	2309680012008428SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008433	2008433	BHAIRO, KOWSILILLI	05/13/1954	VG15691D	R2088833

DIAGNOSIS CODES: 340.      286.0      311.      401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
230950	1	T1019		02/16/13	02/16/13	32.00	135.04	
230950	2	T1019		02/17/13	02/17/13	32.00	135.04	
230950	3	T1019		02/18/13	02/18/13	32.00	135.04	
230950	4	T1019		02/19/13	02/19/13	32.00	135.04	
230950	5	T1019		02/20/13	02/20/13	32.00	135.04	
230950	6	T1019		02/21/13	02/21/13	32.00	135.04	
230950	7	T1019		02/22/13	02/22/13	32.00	135.04	
						CLAIM TOTAL	945.28	2309500012008433SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008558	2008558	SURIEL, GERTRUDIS	03/17/1950	ZE67447D	0112191201069

DIAGNOSIS CODES: 493.90      401.9      414.00      715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
230983	1	T1019		02/16/13	02/16/13	32.00	135.04	
230983	2	T1019		02/17/13	02/17/13	32.00	135.04	
230983	3	T1019		02/18/13	02/18/13	32.00	135.04	
230983	4	T1019		02/19/13	02/19/13	32.00	135.04	
230983	5	T1019		02/20/13	02/20/13	32.00	135.04	
230983	6	T1019		02/21/13	02/21/13	32.00	135.04	
230983	7	T1019		02/22/13	02/22/13	32.00	135.04	
						CLAIM TOTAL	945.28	2309830012008558SUP

REPORT DATE 02/27/13 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 2008571 2008571 ESPAILLAT, AMPARO 12/25/1949 ZG25447P R2016893  
DIAGNOSIS CODES: 401.9 272.0 311. 365.9 366.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230960	1	T1019		02/16/13	02/16/13	16.00	67.52
230960	2	T1019		02/17/13	02/17/13	16.00	67.52
230960	3	T1019		02/18/13	02/18/13	24.00	101.28
230960	4	T1019		02/19/13	02/19/13	24.00	101.28
230960	5	T1019		02/20/13	02/20/13	24.00	101.28
230960	6	T1019		02/21/13	02/21/13	24.00	101.28
230960	7	T1019		02/22/13	02/22/13	24.00	101.28
CLAIM TOTAL							641.44
CLAIM ACCOUNT REF.							2309600012008571SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230962	1	T1019		02/21/13	02/21/13	20.00	84.40
230962	2	T1019		02/22/13	02/22/13	36.00	151.92
CLAIM TOTAL							236.32
CLAIM ACCOUNT REF.							2309620012009001SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008300 2009256 CHARITAR, RAMKALIE 06/23/1953 UY13756G R2016936  
DIAGNOSIS CODES: 250.00 311. 401.9 414.00 414.01 466.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230957	1	T1019		02/17/13	02/17/13	20.00	84.40
230957	2	T1019		02/18/13	02/18/13	20.00	84.40
230957	3	T1019		02/19/13	02/19/13	20.00	84.40
230957	4	T1019		02/20/13	02/20/13	20.00	84.40
230957	5	T1019		02/21/13	02/21/13	20.00	84.40
230957	6	T1019		02/22/13	02/22/13	20.00	84.40
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2309570012009256SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230955	1	T1019		02/16/13	02/16/13	32.00	135.04
230955	2	T1019		02/18/13	02/18/13	32.00	135.04
230955	3	T1019		02/19/13	02/19/13	32.00	135.04

REPORT DATE 02/27/13                      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	
230955	4	T1019		02/20/13	02/20/13	32.00	135.04	
230955	5	T1019		02/21/13	02/21/13	32.00	135.04	
230955	6	T1019		02/22/13	02/22/13	32.00	135.04	
					CLAIM TOTAL		810.24	CLAIM ACCOUNT REF. 2309550012009270SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230966	1	T1019		02/18/13	02/18/13	16.00	67.52	
230966	2	T1019		02/20/13	02/20/13	16.00	67.52	
					CLAIM TOTAL		135.04	CLAIM ACCOUNT REF. 2309660012009322SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230958	1	T1019		02/18/13	02/18/13	24.00	101.28	
230958	2	T1019		02/19/13	02/19/13	24.00	101.28	
230958	3	T1019		02/20/13	02/20/13	24.00	101.28	
230958	4	T1019		02/21/13	02/21/13	24.00	101.28	
230958	5	T1019		02/22/13	02/22/13	24.00	101.28	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2309580012009405SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2009425	2009425	FRIAS, BARBARA	04/01/1954	YQ10410R	R2162289
DIAGNOSIS	CODES:	785.9	V44.2			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230965	1	T1019		02/18/13	02/18/13	16.00	67.52	
230965	2	T1019		02/20/13	02/20/13	16.00	67.52	
230965	3	T1019		02/22/13	02/22/13	16.00	67.52	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2309650012009425SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230952	1	T1019		02/16/13	02/16/13	20.00	84.40
230952	2	T1019		02/17/13	02/17/13	20.00	84.40



REPORT DATE 02/27/13 SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022704234846RRSUP

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PROVIDER ID = 113502051  
PAYER ID = 80141

SUNNYSIDE CITYWIDE  
HEALTHFIRST PHSP

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230952	3	T1019		02/18/13	02/18/13	20.00	84.40
230952	4	T1019		02/19/13	02/19/13	24.00	101.28
230952	5	T1019		02/20/13	02/20/13	24.00	101.28
230952	6	T1019		02/21/13	02/21/13	24.00	101.28
230952	7	T1019		02/22/13	02/22/13	24.00	101.28
CLAIM TOTAL							658.32

CLAIM ACCOUNT REF. 2309520012009560SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010009 2010009 VEGA, GLORIA 07/06/1955 ZU45073J R2142122  
DIAGNOSIS CODES: 340. 250.00 272.2 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230985	1	T1019		02/18/13	02/18/13	32.00	135.04
230985	2	T1019		02/19/13	02/19/13	32.00	135.04
230985	3	T1019		02/20/13	02/20/13	32.00	135.04
230985	4	T1019		02/21/13	02/21/13	32.00	135.04
230985	5	T1019		02/22/13	02/22/13	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2309850012010009SUP

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
230970	1	T1019		02/16/13	02/16/13	48.00	202.56
230970	2	T1019		02/17/13	02/17/13	48.00	202.56
230970	3	T1019		02/18/13	02/18/13	48.00	202.56
230970	4	T1019		02/19/13	02/19/13	48.00	202.56
230970	5	T1019		02/20/13	02/20/13	48.00	202.56
230970	6	T1019		02/21/13	02/21/13	48.00	202.56
230970	7	T1019		02/22/13	02/22/13	48.00	202.56
CLAIM TOTAL							1,417.92

CLAIM ACCOUNT REF. 2309700012010311SUP

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
230984	1	T1019		02/16/13	02/16/13	20.00	84.40
230984	2	T1019		02/17/13	02/17/13	20.00	84.40
230984	3	T1019		02/21/13	02/21/13	20.00	84.40
230984	4	T1019		02/22/13	02/22/13	20.00	84.40
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2309840012010758SUP

REPORT DATE 02/27/13 SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022704234846RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230969	1	T1019		02/18/13	02/18/13	32.00	135.04
230969	2	T1019		02/19/13	02/19/13	32.00	135.04
230969	3	T1019		02/20/13	02/20/13	32.00	135.04
230969	4	T1019		02/22/13	02/22/13	32.00	135.04
CLAIM TOTAL							540.16
CLAIM ACCOUNT REF.							2309690012010967SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011058 2011058 DELACRUZ, ANA 06/20/1920 122053627 R2140123  
DIAGNOSIS CODES: 294.20 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230959	1	T1019		02/16/13	02/16/13	40.00	168.80
230959	2	T1019		02/17/13	02/17/13	40.00	168.80
230959	3	T1019		02/18/13	02/18/13	40.00	168.80
230959	4	T1019		02/19/13	02/19/13	40.00	168.80
230959	5	T1019		02/20/13	02/20/13	40.00	168.80
230959	6	T1019		02/21/13	02/21/13	40.00	168.80
230959	7	T1019		02/22/13	02/22/13	40.00	168.80
CLAIM TOTAL							1,181.60
CLAIM ACCOUNT REF.							2309590012011058SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230973	1	T1020		02/16/13	02/16/13	12.00	202.56
230973	2	T1020		02/17/13	02/17/13	12.00	202.56
230973	3	T1020		02/18/13	02/18/13	12.00	202.56
230973	4	T1020		02/19/13	02/19/13	12.00	202.56
230973	5	T1020		02/20/13	02/20/13	12.00	202.56
230973	6	T1020		02/21/13	02/21/13	12.00	202.56
230973	7	T1020		02/22/13	02/22/13	12.00	202.56
CLAIM TOTAL							1,417.92
CLAIM ACCOUNT REF.							2309730012011388SUP

REPORT DATE 02/27/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022704234846RRSUP

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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    2008378    2011528    BOWERS \*, DIANE                      10/01/1946    129232187                      0109201201746  
DIAGNOSIS CODES:    250.11    300.02    410.90    413.0                      428.0    440.9    493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
230953	1	T1019		02/18/13	02/18/13	40.00	168.80	
230953	2	T1019		02/19/13	02/19/13	40.00	168.80	
230953	3	T1019		02/20/13	02/20/13	40.00	168.80	
230953	4	T1019		02/21/13	02/21/13	40.00	168.80	
230953	5	T1019		02/22/13	02/22/13	40.00	168.80	
								CLAIM TOTAL
							844.00	CLAIM ACCOUNT REF.    2309530012011528SUP

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	
230982	1	T1019		02/16/13	02/16/13	36.00	151.92	
230982	2	T1019		02/17/13	02/17/13	36.00	151.92	
230982	3	T1019		02/18/13	02/18/13	40.00	168.80	
230982	4	T1019		02/19/13	02/19/13	40.00	168.80	
230982	5	T1019		02/20/13	02/20/13	40.00	168.80	
230982	6	T1019		02/22/13	02/22/13	40.00	168.80	
								CLAIM TOTAL
							979.04	CLAIM ACCOUNT REF.    2309820012011820SUP

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	
230974	1	T1019		02/16/13	02/16/13	40.00	168.80	
230974	2	T1019		02/17/13	02/17/13	40.00	168.80	
230974	3	T1019		02/18/13	02/18/13	40.00	168.80	
230974	4	T1019		02/19/13	02/19/13	40.00	168.80	
230974	5	T1019		02/20/13	02/20/13	40.00	168.80	
230974	6	T1019		02/21/13	02/21/13	40.00	168.80	
230974	7	T1019		02/22/13	02/22/13	40.00	168.80	
								CLAIM TOTAL
							1,181.60	CLAIM ACCOUNT REF.    2309740012012284SUP

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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 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
230967	1	T1019		02/16/13	02/16/13	32.00	135.04
230967	2	T1019		02/17/13	02/17/13	32.00	135.04
230967	3	T1019		02/18/13	02/18/13	32.00	135.04
230967	4	T1019		02/19/13	02/19/13	32.00	135.04
230967	5	T1019		02/20/13	02/20/13	32.00	135.04
230967	6	T1019		02/21/13	02/21/13	32.00	135.04
230967	7	T1019		02/22/13	02/22/13	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2309670012012478SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012477 2012489 BLANCO, CARMELINA 08/19/1940 112990683 R2134909  
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230951	1	T1019		02/18/13	02/18/13	16.00	67.52
230951	2	T1019		02/19/13	02/19/13	16.00	67.52
230951	3	T1019		02/21/13	02/21/13	16.00	67.52
230951	4	T1019		02/22/13	02/22/13	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2309510012012489SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012498 2012498 SCHOONMAKER, JEAN 01/16/1944 UJ54950A  
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
230980	1	T1019		02/17/13	02/17/13	32.00	135.04
230980	2	T1019		02/18/13	02/18/13	32.00	135.04
230980	3	T1019		02/19/13	02/19/13	32.00	135.04
230980	4	T1019		02/20/13	02/20/13	32.00	135.04
230980	5	T1019		02/21/13	02/21/13	32.00	135.04
230980	6	T1019		02/22/13	02/22/13	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2309800012012498SUP

PAYER TOTALS: HEALTHFIRST PHSP # OF CLAIMS = 207 TOTAL CLAIM AMOUNT = 26,687.28  
# SERVICES = 36

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231014	1	T1019		02/16/13	02/16/13	40.00	171.60
231014	2	T1019		02/17/13	02/17/13	40.00	171.60
231014	3	T1019		02/18/13	02/18/13	40.00	171.60
231014	4	T1019		02/19/13	02/19/13	40.00	171.60
231014	5	T1019		02/20/13	02/20/13	40.00	171.60
231014	6	T1019		02/21/13	02/21/13	40.00	171.60
231014	7	T1019		02/22/13	02/22/13	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2310140012008245SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231016	1	T1019		02/16/13	02/16/13	16.00	68.64
231016	2	T1019		02/17/13	02/17/13	16.00	68.64
231016	3	T1019		02/18/13	02/18/13	36.00	154.44
231016	4	T1019		02/19/13	02/19/13	36.00	154.44
231016	5	T1019		02/20/13	02/20/13	36.00	154.44
231016	6	T1019		02/21/13	02/21/13	36.00	154.44
231016	7	T1019		02/22/13	02/22/13	36.00	154.44
CLAIM TOTAL						909.48	CLAIM ACCOUNT REF. 2310160012008287SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231017	1	T1019		02/16/13	02/16/13	32.00	137.28
231017	2	T1019		02/17/13	02/17/13	32.00	137.28
231017	3	T1019		02/18/13	02/18/13	32.00	137.28
231017	4	T1019		02/19/13	02/19/13	32.00	137.28
231017	5	T1019		02/20/13	02/20/13	32.00	137.28
231017	6	T1019		02/21/13	02/21/13	32.00	137.28
231017	7	T1019		02/22/13	02/22/13	32.00	137.28
CLAIM TOTAL						960.96	CLAIM ACCOUNT REF. 2310170012008401SUP

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NPI = 1154407492

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
231015	1	T1019		02/16/13	02/16/13	48.00	205.92	
231015	2	T1019		02/17/13	02/17/13	48.00	205.92	
231015	3	T1019		02/18/13	02/18/13	48.00	205.92	
231015	4	T1019		02/19/13	02/19/13	48.00	205.92	
231015	5	T1019		02/20/13	02/20/13	48.00	205.92	
231015	6	T1019		02/21/13	02/21/13	48.00	205.92	
231015	7	T1019		02/22/13	02/22/13	48.00	205.92	
					CLAIM TOTAL		1,441.44	CLAIM ACCOUNT REF. 2310150012011881SUP

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	28	TOTAL CLAIM AMOUNT =	4,513.08
		# SERVICES =	4		

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PAYER ID = AMRGRI AMERIGROUP NEW YORK,LLC

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231090	1	T1019	0580	02/12/13	02/12/13	40.00	168.80
231090	2	T1019	0580	02/13/13	02/13/13	40.00	168.80
231090	3	T1019	0580	02/15/13	02/15/13	40.00	168.80
231090	4	T1019	0580	02/16/13	02/16/13	40.00	168.80
231090	5	T1019	0580	02/17/13	02/17/13	40.00	168.80
231090	6	T1019	0580	02/18/13	02/18/13	40.00	168.80
231090	7	T1019	0580	02/19/13	02/19/13	40.00	168.80
231090	8	T1019	0580	02/20/13	02/20/13	40.00	168.80
231090	9	T1019	0580	02/21/13	02/21/13	40.00	168.80
231090	10	T1019	0580	02/22/13	02/22/13	40.00	168.80
CLAIM TOTAL						1,688.00	CLAIM ACCOUNT REF. 2310900012008266SUP

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
231093	1	S5130	0582	02/21/13	02/21/13	16.00	67.52
231093	2	S5130	0582	02/22/13	02/22/13	16.00	67.52
CLAIM TOTAL						135.04	CLAIM ACCOUNT REF. 2310930012009279SUP

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
231095	1	T1019	0580	02/09/13	02/09/13	16.00	67.52
231095	2	T1019	0580	02/10/13	02/10/13	16.00	67.52
231095	3	T1019	0580	02/11/13	02/11/13	8.00	33.76
231095	4	T1019	0580	02/12/13	02/12/13	8.00	33.76
231095	5	T1019	0580	02/13/13	02/13/13	8.00	33.76
231095	6	T1019	0580	02/14/13	02/14/13	8.00	33.76
231095	7	T1019	0580	02/15/13	02/15/13	8.00	33.76
231095	8	T1019	0580	02/16/13	02/16/13	16.00	67.52
231095	9	T1019	0580	02/17/13	02/17/13	16.00	67.52
231095	10	T1019	0580	02/18/13	02/18/13	8.00	33.76
231095	11	T1019	0580	02/19/13	02/19/13	8.00	33.76
231095	12	T1019	0580	02/20/13	02/20/13	8.00	33.76
231095	13	T1019	0580	02/21/13	02/21/13	8.00	33.76

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PAYER ID = AMRGRI AMERIGROUP NEW YORK,LLC

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231095	14	T1019	0580	02/22/13	02/22/13	8.00	33.76
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2310950012010728SUP

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
231094	1	T1019	0580	02/09/13	02/09/13	20.00	84.40
231094	2	T1019	0580	02/10/13	02/10/13	20.00	84.40
231094	3	T1019	0580	02/11/13	02/11/13	12.00	50.64
231094	4	T1019	0580	02/12/13	02/12/13	12.00	50.64
231094	5	T1019	0580	02/13/13	02/13/13	12.00	50.64
231094	6	T1019	0580	02/14/13	02/14/13	12.00	50.64
231094	7	T1019	0580	02/15/13	02/15/13	12.00	50.64
231094	8	T1019	0580	02/16/13	02/16/13	20.00	84.40
231094	9	T1019	0580	02/17/13	02/17/13	20.00	84.40
231094	10	T1019	0580	02/18/13	02/18/13	12.00	50.64
231094	11	T1019	0580	02/19/13	02/19/13	12.00	50.64
231094	12	T1019	0580	02/20/13	02/20/13	12.00	50.64
231094	13	T1019	0580	02/21/13	02/21/13	12.00	50.64
231094	14	T1019	0580	02/22/13	02/22/13	12.00	50.64
CLAIM TOTAL							844.00
CLAIM ACCOUNT REF.							2310940012010729SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231091	1	T1019	0580	02/18/13	02/18/13	16.00	67.52
231091	2	T1019	0580	02/20/13	02/20/13	16.00	67.52
231091	3	T1019	0580	02/22/13	02/22/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2310910012010731SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011322	2011322	FRASIEUR, GARY	04/14/1948	006585499	103155061
DIAGNOSIS		CODES:	416.9	401.9	492.8	493.92	602.8

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231089	1	T1019	0580	02/04/13	02/04/13	12.00	50.64
231089	2	T1019	0580	02/06/13	02/06/13	12.00	50.64
231089	3	T1019	0580	02/11/13	02/11/13	12.00	50.64
231089	4	T1019	0580	02/13/13	02/13/13	12.00	50.64



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PAYER       ID = AMRGRI                      AMERIGROUP NEW YORK,LLC

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
231089	5	T1019	0580	02/15/13	02/15/13	20.00	84.40	
231089	6	T1019	0580	02/16/13	02/16/13	20.00	84.40	
231089	7	T1019	0580	02/18/13	02/18/13	20.00	84.40	
231089	8	T1019	0580	02/19/13	02/19/13	20.00	84.40	
231089	9	T1019	0580	02/22/13	02/22/13	20.00	84.40	
						CLAIM TOTAL	624.56	CLAIM ACCOUNT REF.    2310890012011322SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2012078    2012078    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	
231092	1	T1019	0580	12/10/12	12/10/12	16.00	67.52	
231092	2	T1019	0580	12/11/12	12/11/12	16.00	67.52	
231092	3	T1019	0580	12/12/12	12/12/12	16.00	67.52	
231092	4	T1019	0580	12/13/12	12/13/12	16.00	67.52	
231092	5	T1019	0580	12/14/12	12/14/12	16.00	67.52	
231092	6	T1019	0580	12/24/12	12/24/12	16.00	67.52	
231092	7	T1019	0580	12/25/12	12/25/12	16.00	67.52	
231092	8	T1019	0580	12/26/12	12/26/12	16.00	67.52	
231092	9	T1019	0580	12/27/12	12/27/12	16.00	67.52	
231092	10	T1019	0580	12/28/12	12/28/12	16.00	67.52	
231092	11	T1019	0580	01/07/13	01/07/13	16.00	67.52	
231092	12	T1019	0580	01/08/13	01/08/13	16.00	67.52	
231092	13	T1019	0580	01/09/13	01/09/13	16.00	67.52	
231092	14	T1019	0580	01/11/13	01/11/13	16.00	67.52	
						CLAIM TOTAL	945.28	CLAIM ACCOUNT REF.    2310920012012078SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
231097	1	T1019	0580	02/16/13	02/16/13	24.00	90.00	
231097	2	T1019	0580	02/18/13	02/18/13	24.00	90.00	
231097	3	T1019	0580	02/19/13	02/19/13	24.00	90.00	
231097	4	T1019	0580	02/20/13	02/20/13	24.00	90.00	
231097	5	T1019	0580	02/21/13	02/21/13	24.00	90.00	
231097	6	T1019	0580	02/22/13	02/22/13	24.00	90.00	
						CLAIM TOTAL	540.00	CLAIM ACCOUNT REF.    2310970012012357SUP

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PAYER       ID = AMRGRI                      AMERIGROUP NEW YORK,LLC

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	
231099	1	T1019	0580	12/17/12	12/17/12	16.00	60.00	
231099	2	T1019	0580	12/18/12	12/18/12	16.00	60.00	
231099	3	T1019	0580	12/19/12	12/19/12	16.00	60.00	
231099	4	T1019	0580	12/20/12	12/20/12	16.00	60.00	
231099	5	T1019	0580	12/21/12	12/21/12	16.00	60.00	
231099	6	T1019	0580	01/14/13	01/14/13	16.00	60.00	
231099	7	T1019	0580	01/15/13	01/15/13	16.00	60.00	
231099	8	T1019	0580	01/16/13	01/16/13	16.00	60.00	
231099	9	T1019	0580	01/17/13	01/17/13	16.00	60.00	
231099	10	T1019	0580	01/18/13	01/18/13	16.00	60.00	
231099	11	T1019	0580	01/21/13	01/21/13	16.00	60.00	
231099	12	T1019	0580	01/22/13	01/22/13	16.00	60.00	
231099	13	T1019	0580	01/23/13	01/23/13	16.00	60.00	
231099	14	T1019	0580	01/24/13	01/24/13	16.00	60.00	
231099	15	T1019	0580	01/25/13	01/25/13	16.00	60.00	
231099	16	T1019	0580	01/28/13	01/28/13	16.00	60.00	
231099	17	T1019	0580	01/29/13	01/29/13	16.00	60.00	
231099	18	T1019	0580	01/30/13	01/30/13	16.00	60.00	
231099	19	T1019	0580	01/31/13	01/31/13	16.00	60.00	
231099	20	T1019	0580	02/01/13	02/01/13	16.00	60.00	
231099	21	T1019	0580	02/04/13	02/04/13	16.00	60.00	
231099	22	T1019	0580	02/05/13	02/05/13	16.00	60.00	
231099	23	T1019	0580	02/06/13	02/06/13	16.00	60.00	
231099	24	T1019	0580	02/07/13	02/07/13	16.00	60.00	
231099	25	T1019	0580	02/08/13	02/08/13	16.00	60.00	
231099	26	T1019	0580	02/11/13	02/11/13	16.00	60.00	
231099	27	T1019	0580	02/12/13	02/12/13	16.00	60.00	
231099	28	T1019	0580	02/13/13	02/13/13	16.00	60.00	
231099	29	T1019	0580	02/14/13	02/14/13	16.00	60.00	
231099	30	T1019	0580	02/15/13	02/15/13	16.00	60.00	
231099	31	T1019	0580	02/18/13	02/18/13	16.00	60.00	
231099	32	T1019	0580	02/19/13	02/19/13	16.00	60.00	
231099	33	T1019	0580	02/20/13	02/20/13	16.00	60.00	
231099	34	T1019	0580	02/21/13	02/21/13	16.00	60.00	
231099	35	T1019	0580	02/22/13	02/22/13	16.00	60.00	
CLAIM TOTAL						2,100.00		
								CLAIM ACCOUNT REF.    2310990012012358SUP

REPORT DATE 02/27/13                      SUNNYSIDE CITYWIDE  
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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 2010003 2012373 DENNISON, KELVIN \* 09/23/1991 6944796 103006820  
DIAGNOSIS CODES: 799.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
231096	1	T1019	0580	02/18/13	02/18/13	24.00	90.00	
231096	2	T1019	0580	02/19/13	02/19/13	20.00	75.00	
231096	3	T1019	0580	02/20/13	02/20/13	24.00	90.00	
231096	4	T1019	0580	02/21/13	02/21/13	24.00	90.00	
231096	5	T1019	0580	02/22/13	02/22/13	16.00	60.00	
					CLAIM TOTAL	405.00		CLAIM ACCOUNT REF. 2310960012012373SUP

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	
231098	1	T1019	0580	02/18/13	02/18/13	32.00	120.00	
231098	2	T1019	0580	02/19/13	02/19/13	28.00	105.00	
231098	3	T1019	0580	02/20/13	02/20/13	32.00	120.00	
231098	4	T1019	0580	02/21/13	02/21/13	32.00	120.00	
231098	5	T1019	0580	02/22/13	02/22/13	32.00	120.00	
					CLAIM TOTAL	585.00		CLAIM ACCOUNT REF. 2310980012012374SUP

PAYER TOTALS: AMERIGROUP NEW YORK,LLC                      # OF CLAIMS = 117    TOTAL CLAIM AMOUNT = 8,677.12  
# SERVICES = 11

REPORT DATE 02/27/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013022704234846RRSUP

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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 387543  
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
231106	1	T1019	1C	0570	02/18/13	02/18/13	4.00	63.60
231106	2	T1019	1C	0570	02/19/13	02/19/13	4.00	63.60
231106	3	T1019	1C	0570	02/20/13	02/20/13	4.00	63.60
231106	4	T1019	1C	0570	02/21/13	02/21/13	4.00	63.60
231106	5	T1019	1C	0570	02/22/13	02/22/13	4.00	63.60
CLAIM TOTAL								318.00

CLAIM ACCOUNT REF. 2311060012011453SUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231105	1	T1019	1C	0570	02/18/13	02/18/13	4.00	63.60
231105	2	T1019	1C	0570	02/19/13	02/19/13	4.00	63.60
231105	3	T1019	1C	0570	02/20/13	02/20/13	4.00	63.60
231105	4	T1019	1C	0570	02/21/13	02/21/13	4.00	63.60
231105	5	T1019	1C	0570	02/22/13	02/22/13	4.00	63.60
CLAIM TOTAL								318.00

CLAIM ACCOUNT REF. 2311050012011869SUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231103	1	T1019	1C	0570	02/18/13	02/18/13	6.00	95.40
231103	2	T1019	1C	0570	02/19/13	02/19/13	6.00	95.40
231103	3	T1019	1C	0570	02/20/13	02/20/13	6.00	95.40
231103	4	T1019	1C	0570	02/21/13	02/21/13	6.00	95.40
CLAIM TOTAL								381.60

CLAIM ACCOUNT REF. 2311030012011870SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012213 2012213 BERRY, ANGELINA 10/21/1956 1784 405555  
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231104	1	T1019	1C	0570	02/16/13	02/16/13	4.00	63.60
231104	2	T1019	1C	0570	02/17/13	02/17/13	4.00	63.60
231104	3	T1019	1C	0570	02/18/13	02/18/13	4.00	63.60
231104	4	T1019	1C	0570	02/19/13	02/19/13	4.00	63.60

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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	
231104	5	T1019 1C	0570	02/20/13	02/20/13	4.00	63.60	
231104	6	T1019 1C	0570	02/21/13	02/21/13	4.00	63.60	
231104	7	T1019 1C	0570	02/22/13	02/22/13	4.00	63.60	
					CLAIM TOTAL		445.20	CLAIM ACCOUNT REF. 2311040012012213SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	21	TOTAL CLAIM AMOUNT =	1,462.80
		# SERVICES =	4		

REPORT DATE 02/27/13 SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492  
PAYER ID = INIPA HEALTHCARE PARTNERS IPA I

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008382 2010800 GOMES, AGUSTINA 05/05/1933 JRX53860E01 2013011515500003  
DIAGNOSIS CODES: 230.3 153.0 401.9 733.00 V60.3  
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231100	1	T1019	0580	02/16/13	02/16/13	36.00	151.92
231100	2	T1019	0580	02/17/13	02/17/13	36.00	151.92
231100	3	T1019	0580	02/19/13	02/19/13	36.00	151.92
231100	4	T1019	0580	02/20/13	02/20/13	36.00	151.92
231100	5	T1019	0580	02/21/13	02/21/13	36.00	151.92
231100	6	T1019	0580	02/22/13	02/22/13	32.00	135.04
CLAIM TOTAL							894.64
CLAIM ACCOUNT REF.							2311000012010800SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JSV04323R01 2013011515500002  
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
231102	1	T1019	0580	02/20/13	02/20/13	16.00	67.52
231102	2	T1019	0580	02/21/13	02/21/13	16.00	67.52
231102	3	T1019	0580	02/22/13	02/22/13	12.00	50.64
CLAIM TOTAL							185.68
CLAIM ACCOUNT REF.							2311020012010804SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008228 2010805 TOWLES, ADA 12/10/1954 JZX17878Q01 2013011515500004  
DIAGNOSIS CODES: 722.10 401.9 724.3 750.7 V61.9  
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
231101	1	T1019	0580	02/18/13	02/18/13	16.00	67.52
231101	2	T1019	0580	02/19/13	02/19/13	16.00	67.52
231101	3	T1019	0580	02/20/13	02/20/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2311010012010805SUP

PAYER TOTALS: HEALTHCARE PARTNERS IPA I # OF CLAIMS = 12 TOTAL CLAIM AMOUNT = 1,282.88  
# SERVICES = 3

PROVIDER TOTALS: SUNNYSIDE CITYWIDE # OF CLAIMS = 966 TOTAL CLAIM AMOUNT = 114,858.14  
# SERVICES = 156