INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

SUNNYSIDE CITYWIDE NPI = 1154407492

FIDELIS CARE NY

REG LOC NY 001 DIAGNOSI		2008267	NAME SZE, 37.9	BECKY 799.89		RTH DATE /30/1992	RECIPIENT ID 741244251		OR AUTHORIZATION # 891261	
INV # 237386 237386 237386 237386 237386 237386	LINE # 1 2 3 4 5 6	PROCEDURE T1020 T1020 T1020 T1020 T1020 T1020	CODE	REVENUE (	PD FROM DT 03/30/13 04/01/13 04/02/13 04/03/13 04/04/13 04/05/13	04/01/13 04/02/13 04/03/13 04/04/13 04/05/13	6.00 6.00 6.00 6.00	AMOUNT 185.57 101.22 101.22 101.22 101.22 101.22 691.67	CLAIM ACCOUNT REF.	2373860012008267SUP
REG LOC NY 001 DIAGNOSI	2008268	2008268	NAME PANO: 45.90	S, DESPINA 401.9		RTH DATE /11/1950	RECIPIENT ID 64126998700		OR AUTHORIZATION # 800517	
INV # 237384 237384 237384 237384 237384 237384 237384	LINE # 1 2 3 4 5 6 7	PROCEDURE T1020 T1020 T1020 T1020 T1020 T1020 T1020 T1020	CODE	REVENUE (	PROM DT 03/30/13 03/31/13 04/01/13 04/02/13 04/03/13 04/04/13 04/05/13	03/31/13 04/01/13 04/02/13 04/03/13 04/04/13 04/05/13	9.00 9.00 9.00 9.00 9.00	AMOUNT 151.83 151.83 151.83 151.83 151.83 151.83 151.83 1,062.81	CLAIM ACCOUNT REF.	2373840012008268SUP
REG LOC NY 001 DIAGNOSI		2008306	NAME GIL, 33.00	ALICIA M 530.81		RTH DATE /05/1941	RECIPIENT ID 74148852400		OR AUTHORIZATION # 891265	
INV # 237381 237381 237381 237381 237381	LINE # 1 2 3 4 5	PROCEDURE T1020 T1020 T1020 T1020 T1020	CODE	REVENUE (	ED FROM DT 04/01/13 04/02/13 04/03/13 04/04/13 04/05/13	04/05/13	7.00 7.00 7.00	AMOUNT 118.09 118.09 118.09 118.09 118.09 590.45	CLAIM ACCOUNT REF.	2373810012008306SUP

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1

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T1020

1

2

T1020

3 T1020

237380

237380

237380

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 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 118.09 237379 03/29/13 03/29/13 7.00 237379 03/30/13 03/30/13 7.00 118.09 T1020 237379 3 T1020 03/31/13 03/31/13 7.00 118.09 237379 4 T1020 04/01/13 04/01/13 7.00 118.09 237379 5 T1020 04/02/13 04/02/13 7.00 118.09 237379 6 T1020 04/03/13 04/03/13 7.00 118.09 237379 7 T1020 04/04/13 04/04/13 7.00 118.09 237379 8 T1020 04/05/13 04/05/13 7.00 118.09 CLAIM TOTAL 944.72 CLAIM ACCOUNT REF. 2373790012008386SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008400 SAMOJEDNY, MICHAEL 01/20/1954 74102201600 113550568 DIAGNOSIS CODES: 436. 401.9 571.5 780.4 799.89 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # LINE # 1 T1020 04/02/13 04/02/13 134.96 237385 8.00 237385 2 T1020 04/03/13 04/03/13 8.00 134.96 3 T1020 237385 04/04/13 04/04/13 5.00 84.35 5/13 8.00 134.96 CLAIM TOTAL 489.23 CLAIM ACCOUNT REF. 2373850012008400SUP 237385 4 T1020 04/05/13 04/05/13 8.00 REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 10/23/1952 74146355500 111951068 NY 001 2008376 2010712 LITMAN, GAIL DIAGNOSIS CODES: 401.9 780.2 V12.54 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 02/08/13 02/08/13 1 T1020 4.00 67.48 237382 237382 2 T1020 02/13/13 02/13/13 5.00 84.35 03/01/13 03/01/13 5.00 237382 3 T1020 84.35 CLAIM TOTAL 236.18 CLAIM ACCOUNT REF. 2373820012010712SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2012726 2012726 GARCIA, CLEMENTE 11/22/1928 74237634600 130731588 REG LOC CLIENT SERVICE NAME DIAGNOSIS CODES: 331.0 AMOUNT LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS

03/15/13 03/15/13

03/29/13 03/29/13

03/30/13 03/30/13

.44

.56

1.00

7.42

9.45

16.87

PAGE:

2

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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 237380 4 T1020 03/31/13 03/31/13 1.00 16.87 237380 5 T1020 04/01/13 04/01/13 1.00 16.87 T1020 1.00 16.87 237380 04/02/13 04/02/13 237380 T1020 04/03/13 04/03/13 1.00 16.87 237380 T1020 04/04/13 04/04/13 1.00 16.87 9 T1020 04/05/13 04/05/13 1.00 237380 16.87

CLAIM TOTAL 134.96 CLAIM ACCOUNT REF. 2373800012012726SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2010777 2013021 ORTIZ, EDUARDO 03/20/1938 741929877 130932078

DIAGNOSIS CODES: 250.00

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 237383 1 T1020 04/04/13 04/04/13 4.00 67.48 CLAIM ACCOUNT REF. 2373830012013021SUP

PAYER TOTALS: FIDELIS CARE NY # OF CLAIMS = 43 TOTAL CLAIM AMOUNT = 4,217.50

# SERVICES = 8

4

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PROVIDER ID = 113502051 NPI = 1154407492 SUNNYSIDE CITYWIDE

PAYER ID = 11325NEIGHBORHOOD HEALTH

FAIER ID - II	NEIGHBORHOU	III III III		
REG LOC CLIENT NY 001 2008261 DIAGNOSIS CODES:	SERVICE NAME 2008261 FERNANDEZ, MARIA 250.00 272.2 493.00 53	BIRTH DATE RECIPIENT ID 07/24/1943 10062577601 733.00	PRIOR AUTHORIZATION # 072111255060	
INV # LINE # 237363 1 237363 2	PROCEDURE CODE REVENUE CD T1019 T1019	04/04/13 04/04/13 16.00	AMOUNT 67.52 67.52 135.04 CLAIM ACCOUNT REF.	2373630012008261SUP
REG LOC CLIENT NY 001 2008263 DIAGNOSIS CODES:	2008263 MORALES HERNADEZ	BIRTH DATE RECIPIENT ID 2, EDW 10/28/1952 10062883101	PRIOR AUTHORIZATION # 083111260220	
INV # LINE # 237370 1 237370 2 237370 3 237370 4 237370 5 237370 6 237370 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 03/30/13 03/30/13 24.00 03/31/13 03/31/13 24.00 04/01/13 04/01/13 24.00 04/02/13 04/02/13 24.00 04/03/13 04/02/13 24.00 04/03/13 04/03/13 24.00 04/04/13 04/04/13 24.00 04/05/13 04/05/13 24.00 CLAIM TOTAL	AMOUNT 101.28 101.28 101.28 101.28 101.28 101.28 101.28 101.28 101.8 708.96 CLAIM ACCOUNT REF.	2373700012008263SUP
REG LOC CLIENT NY 001 2008265 DIAGNOSIS CODES:	SERVICE NAME 2008265 SHEPPARD, ERMA 295.90 250.00 272.0 40	BIRTH DATE RECIPIENT ID 10/05/1954 10043001301 01.9 440.9	PRIOR AUTHORIZATION # 052212292391	
INV # LINE # 237376 1 237376 2 237376 3 237376 5 237376 5 237376 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	03/30/13 03/30/13 40.00 03/31/13 03/31/13 40.00 04/01/13 04/01/13 40.00 04/02/13 04/02/13 40.00 04/03/13 04/03/13 40.00 04/04/13 04/04/13 40.00 04/05/13 04/05/13 40.00	AMOUNT 168.80 168.80 168.80 168.80 168.80 168.80 168.80 1181.60 CLAIM ACCOUNT REF.	2373760012008265SUP
REG LOC CLIENT NY 001 2008303 DIAGNOSIS CODES:	SERVICE NAME 2008303 WILSON, SHERYL 737.39 344.9 493.90 79	BIRTH DATE RECIPIENT ID 08/28/1956 10060476901	PRIOR AUTHORIZATION # 032613329815	
INV # LINE # 237378 1 237378 2	PROCEDURE CODE REVENUE CD T1019 T1019		AMOUNT 84.40 101.28	

REPORT DATE 04/10/13 INPUT FILE = /VOL444/COMPS	SUNNYSIDE CITYWIDE UP/HIPAAIN/E50020130410072135	98RRSUP		PAGE: 5
PROVIDER ID = 113502051 PAYER ID = 11325	SUNNYSIDE CITYWIDE NEIGHBORHOOD HEALTH	NE	PI = 1154407492	
INV # LINE # PROCEDUR 237378 3 T1019 237378 4 T1019 237378 5 T1019	04/04/13	THRU DT UNITS 04/03/13 24.00 04/04/13 24.00 04/05/13 24.00 CLAIM TOTAL	AMOUNT 101.28 101.28 101.28 489.52 CLAIM ACCOUNT REF.	2373780012008303SUP
REG LOC CLIENT SERVICE NY 001 2008366 2008366 DIAGNOSIS CODES: 333.4		RECIPIENT ID 10063968601	PRIOR AUTHORIZATION # 021313325005	
INV # LINE # PROCEDUR 237367 1 T1019 237367 2 T1019 237367 3 T1019 237367 4 T1019	03/29/13 04/01/13	THRU DT UNITS 3 03/22/13 20.00 3 03/29/13 20.00 6 04/01/13 20.00 6 04/03/13 20.00 CLAIM TOTAL	AMOUNT 84.40 84.40 84.40 84.40 337.60 CLAIM ACCOUNT REF.	2373670012008366SUP
REG LOC CLIENT SERVICE NY 001 2008403 2008403 DIAGNOSIS CODES: 343.9		RECIPIENT ID 10082619401	PRIOR AUTHORIZATION # 072211255317	
INV # LINE # PROCEDUR 237360 1 T1019 237360 2 T1019 237360 3 T1019 237360 4 T1019 237360 5 T1019 237360 6 T1019 237360 7 T1019 237360 8 T1019	03/22/13 03/30/13 04/01/13 04/02/13 04/03/13 04/04/13	THRU DT UNITS 3 03/21/13 28.00 3 03/22/13 28.00 3 03/30/13 28.00 3 04/01/13 32.00 3 04/02/13 28.00 3 04/03/13 28.00 3 04/04/13 28.00 6 04/05/13 28.00 CLAIM TOTAL	AMOUNT 118.16 118.16 118.16 135.04 118.16 118.16 118.16 118.16 962.16 CLAIM ACCOUNT REF.	2373600012008403SUP
REG LOC CLIENT SERVICE NY 001 2008421 2008421 DIAGNOSIS CODES: 250.00		ERTH DATE RECIPIENT ID 5/24/1949 10063483101	PRIOR AUTHORIZATION # 082012303730	23/3000012000103501
INV # LINE # PROCEDUR 237373 1 T1019 237373 2 T1019 237373 3 T1019 237373 4 T1019 237373 5 T1019	04/02/13 04/03/13	THRU DT UNITS 3 04/01/13 24.00 6 04/02/13 24.00 6 04/03/13 24.00 6 04/04/13 24.00 7 04/05/13 24.00 7 CLAIM TOTAL	AMOUNT 101.28 101.28 101.28 101.28 101.28 506.40 CLAIM ACCOUNT REF.	2373730012008421SUP

REPORT DATE 04/10/13 PAGE: SUNNYSIDE CITYWIDE

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

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

AMOUNT INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 237371 1 T1019 03/30/13 03/30/13 24.00 101.28

CLAIM TOTAL 101.28 CLAIM ACCOUNT REF. 2373710012008422SUP

6

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 02/16/1952 10063710601 020713324355 NY 001 2008422 2008422 MOSKOWITZ, RONA 02/16/1952 10063710601

DIAGNOSIS CODES: 799.89 401.9 493.92 729.0 V02.62

AMOUNT INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 237372 1 T1019 04/01/13 04/01/13 24.00 101.28 237372 2 T1019 04/02/13 04/02/13 24.00 101.28 237372 3 T1019 04/03/13 04/03/13 24.00 101.28 237372 4 T1019 04/04/13 04/04/13 24.00 101.28 237372 5 T1019 04/05/13 04/05/13 24.00 101.28

506.40 CLAIM ACCOUNT REF. 2373720012008422SUP CLAIM TOTAL

BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 09/10/1959 10063849801 081911258799 REG LOC CLIENT SERVICE NAME NY 001 2008425 2008425 WELLS, WYNORIA 09/10/1959 10063849801

DIAGNOSIS CODES: 278.01 253.5 272.4 356.9 401.9

PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # LINE # T1019 04/01/13 04/01/13 16.00 237377 1 67.52 237377 2 T1019 04/02/13 04/02/13 16.00 67.52

237377 3 T1019 04/04/13 04/04/13 16.00 67.52 04/05/13 04/05/13 16.00 237377 4 T1019 67.52

CLAIM TOTAL 270.08 CLAIM ACCOUNT REF. 2373770012008425SUP

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 AMOUNT UNITS 03/30/13 03/30/13 40.00 237364 1 T1019

168.80 CLAIM ACCOUNT REF. 2373640012008427SUP CLAIM TOTAL

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

237362

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 2008427 2008427 FLORES, MARITZA 09/26/1953 10044817901 032613329851 DIAGNOSIS CODES: 427.31 278.01 285.9 311. 425.8 799.89 UNITS AMOUNT INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT 168.80 168.80 237365 03/31/13 03/31/13 40.00 04/01/13 04/01/13 40.00 237365 T1019 237365 3 T1019 04/03/13 04/03/13 40.00 168.80 237365 4 T1019 04/04/13 04/04/13 40.00 168.80 237365 5 T1019 04/05/13 04/05/13 40.00 168.80 CLAIM TOTAL 844.00 CLAIM ACCOUNT REF. 2373650012008427SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 02/16/1949 10057325401 070912298224 REG LOC CLIENT SERVICE NAME NY 001 2008531 2008531 RODRIGUEZ -2, MARIA 02/16/1949 10057325401 DIAGNOSIS CODES: 250.00 272.4 331.0 401.9 799.89 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 04/01/13 04/01/13 24.00 101.28 237374 1 237374 2 T1019 04/02/13 04/02/13 24.00 101.28 237374 3 T1019 04/03/13 04/03/13 24.00 101.28 4 T1019 237374 04/04/13 04/04/13 24.00 101.28 7/15 24.00 101.20 5/13 24.00 101.28 CLAIM TOTAL 506.40 CLAIM ACCOUNT REF. 2373740012008531SUP 5 T1019 04/05/13 04/05/13 24.00 237374 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 AMOUNT INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 1 T1019 237369 04/01/13 04/01/13 28.00 118.16 237369 2 T1019 04/02/13 04/02/13 28.00 118.16 237369 3 T1019 04/03/13 04/03/13 28.00 118.16 237369 4 T1019 04/04/13 04/04/13 28.00 118.16 5 T1019 04/05/13 04/05/13 28.00 118.16 237369 CLAIM TOTAL 590.80 CLAIM ACCOUNT REF. 2373690012008742SUP 
 SERVICE
 NAME
 BIRTH DATE
 RECIPIENT ID
 PRIOR AUTHORIZATION #

 2008802
 DIAZ 1, CARMEN
 07/29/1950
 10089557301
 062712297011
 REG LOC CLIENT SERVICE NAME NY 001 2008802 DIAGNOSIS CODES: V02.62 300.00 401.9 719.89 733.00 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 03/07/13 03/07/13 24.00 1 T1019 237362 101.28 2 T1019 3 T1019 04/01/13 04/01/13 16.00 04/02/13 04/02/13 24.00 67.52 237362

101.28

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PAGE:

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PROVIDER ID = 1135020 PAYER ID = 11325	051 SUNNYSIDE C: NEIGHBORHOOI		
237362 4 T10 237362 5 T10	OCEDURE CODE REVENUE CD 019 019 019 019	FROM DT THRU DT UNITS AMOUNT 04/03/13 04/03/13 24.00 101.28 04/04/13 04/04/13 24.00 101.28 04/05/13 04/05/13 24.00 101.28 CLAIM TOTAL 573.92 CLAIM ACCOUNT REF.	2373620012008802SUP
	ERVICE NAME 009356 KHAN, FARUQUE .8 253.5 272.4	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 02/08/1949 10076892101 112111269647	
237368 1 T10 237368 2 T10 237368 3 T10 237368 4 T10 237368 5 T10	OCEDURE CODE REVENUE CD 019 019 019 019 019 019	FROM DT THRU DT UNITS AMOUNT 03/30/13 03/30/13 44.00 185.68 04/01/13 04/01/13 48.00 202.56 04/02/13 04/02/13 48.00 202.56 04/03/13 04/03/13 48.00 202.56 04/04/13 04/04/13 48.00 202.56 04/05/13 04/05/13 40.00 168.80 CLAIM TOTAL 1,164.72 CLAIM ACCOUNT REF.	2373680012009356SUP
	ERVICE NAME 010143 AHMED, UMARA .19 695.4	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 11/15/1985 10062660901 072211255328	
237358 1 T10 237358 2 T10 237358 3 T10 237358 4 T10 237358 5 T10 237358 6 T10 237358 7 T10	019 019 019 019 019 019 019	FROM DT THRU DT UNITS AMOUNT 03/16/13 03/16/13 32.00 135.04 03/30/13 03/30/13 32.00 135.04 03/31/13 03/31/13 32.00 135.04 04/01/13 04/01/13 32.00 135.04 04/02/13 04/02/13 32.00 135.04 04/03/13 04/03/13 32.00 135.04 04/04/13 04/04/13 32.00 135.04 04/04/13 04/04/13 32.00 135.04 04/05/13 04/05/13 32.00 135.04 04/05/13 04/05/13 32.00 135.04	2373580012010143SUP
	ERVICE NAME 010353 RODRIGUEZ, JESSE .89 253.5 278.00 403		
237375 1 T10	OCEDURE CODE REVENUE CD 019 019	FROM DT THRU DT UNITS AMOUNT 04/03/13 04/03/13 20.00 84.40 04/05/13 04/05/13 20.00 84.40 CLAIM TOTAL 168.80 CLAIM ACCOUNT REF.	2373750012010353SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

DIAGNOSIS CODES: 447.6 311. 401.9

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 2010639 2010639 HAMPTON, PRISCILLA 07/21/1952 10094572501 060112293626

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237366	1	T1019		03/30/13	03/30/13	24.00	101.28
237366	2	T1019		03/31/13	03/31/13	24.00	101.28
237366	3	T1019		04/01/13	04/01/13	24.00	101.28

CLAIM TOTAL 303.84 CLAIM ACCOUNT REF. 2373660012010639SUP

REG	LOC	CLTEN.L.	SERVICE N	AME		BIRTH DATE	RECIPTEMI, ID	PRIOR AUTHORIZATION #
NY	001	2010671	2010878 A	KHTER, SELINA		07/13/1960	10087504801	073112301172
DIAG	NOSIS	CODES:	093.9 253.	5 272.4	401.9			
TN	v #	LINE #	PROCEDURE CO	DE REVENUE C	D FROM	דע נוארון דע	UNITS	AMOUNT

			INCOLDONE CODE NEV	21.02 02 11.011 21		011110	111100111		
ı	237359	1	T1019	04/01/13	04/01/13	36.00	151.92		
ı	237359	2	T1019	04/02/13	04/02/13	36.00	151.92		
ı	237359	3	T1019	04/03/13	04/03/13	36.00	151.92		
ı	237359	4	T1019	04/04/13	04/04/13	36.00	151.92		
ı	237359	5	T1019	04/05/13	04/05/13	36.00	151.92		
ı					CLAIN	I TOTAL	759.60	CLAIM ACCOUNT REF.	2373590012010878SUP

DEC LOG CLIENT CEDVICE NAME DICTURE DECIDIENT ID DDIOD AUTHORICANTON #

REG	LOC	CLIENT	SERVICE	E NAME			BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012500	2012500	) DEKMA	K, GRISE		03/02/1964	10061526701	020113323665
DIAG	NOSIS	CODES:	340.	285.8	311.	596.54			

DIAGNODID	CODED.	510.	203.0	J11.	5,5	0.51			
	"								
INV #	LINE #	PROCEDUF	RE CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
237361	1	T1019				02/11/13	02/11/13	48.00	202.56
237361	2	T1019				02/12/13	02/12/13	48.00	202.56
237361	3	T1019				03/27/13	03/27/13	48.00	202.56
237361	4	T1019				03/28/13	03/28/13	48.00	202.56

CLAIM TOTAL 810.24 CLAIM ACCOUNT REF. 2373610012012500SUP

PAYER TOTALS: NEIGHBORHOOD HEALTH # OF CLAIMS = 98 TOTAL CLAIM AMOUNT = 12,170.48

# SERVICES = 19

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

SUNNYSIDE CITYWIDE NPI = 1154407492

PROVIDER ID = 113502051 PAYER ID = 13265 METROPLUS HEALTH PLAN

REG LOC CLIE NY 001 20082 DIAGNOSIS CODES	3 2008233 ARIAS, NORA	BIRTH DATE RECIP: 03/31/1981 RB0873	DENT ID PRIOR AUTHORIZATION # 0101231390513	
INV # LINE 237409 1 237409 2 237409 3 237409 4 237409 5 237409 6 237409 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	03/30/13 03/30/13 4	.00 205.80 .00 205.80 .00 205.80 .00 205.80	2374090012008233SUP
REG LOC CLIE NY 001 20082 DIAGNOSIS CODES	66 2008236 PERSAD, USHA	BIRTH DATE RECIP: 07/05/1955 TS7909	DOG PRIOR AUTHORIZATION # 0111301290246	
INV # LINE 237416 1 237416 2 237416 3 237416 4 237416 5 237416 6 237416 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019		00 137.20 00 137.20 00 188.65 00 188.65 00 188.65 00 188.65	2374160012008236SUP
REG LOC CLIE NY 001 20082 DIAGNOSIS CODES	7 2008237 DURHAM, CYNTHIA	BIRTH DATE RECIPE 05/23/1960 ZB2196 55.90 493.90 530.81	PRIOR AUTHORIZATION # 0101181390150	
INV # LINE 237412 1 237412 2 237412 3 237412 4	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019	04/02/13 04/02/13 4 04/03/13 04/03/13 4	.00 68.60 .00 68.60 .00 68.60 .00 68.60	2374120012008237SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

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 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 AMOUNT INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 171.50 237414 03/11/13 03/11/13 10.00 2 T1019 04/01/13 04/01/13 10.00 237414 171.50 237414 3 T1019 04/02/13 04/02/13 10.00 171.50 237414 4 T1019 04/03/13 04/03/13 10.00 171.50 9.00 237414 5 T1019 04/04/13 04/04/13 154.35 237414 6 T1019 04/05/13 04/05/13 9.00 154.35 CLAIM TOTAL 994.70 CLAIM ACCOUNT REF. 2374140012008385SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008417 2008417 GALAS, TERESA 06/08/1955 ZX91437V 0102111390699 DIAGNOSIS CODES: 345.90 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # LINE # 237413 1 03/30/13 03/30/13 5.00 85.75 85.75 237413 2 T1019 03/31/13 03/31/13 5.00 3 T1019 237413 04/01/13 04/01/13 5.00 85.75 4 T1019 237413 04/02/13 04/02/13 5.00 85.75 5 T1019 6 T1019 7 T1019 237413 04/03/13 04/03/13 5.00 85.75 237413 04/04/13 04/04/13 5.00 85.75 237413 04/05/13 04/05/13 5.00 85.75 CLAIM TOTAL 600.25 CLAIM ACCOUNT REF. 2374130012008417SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008418 2008418 RYALS, CHARLES 11/03/1950 ZZ49620T 0101241390277 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 1 T1019 04/01/13 04/01/13 8.00 137.20 237418 2 T1019 04/02/13 04/02/13 237418 4.00 68.60 3 T1019 04/03/13 04/03/13 237418 8.00 137.20 237418 4 04/05/13 04/05/13 8.00 137.20 T1019 480.20 CLAIM ACCOUNT REF. 2374180012008418SUP CLAIM TOTAL REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008743 2008743 CORDERO, ROSENDO 08/26/1926 QM62108S 0101231390317

DIAGNOSIS CODES: 492.0 272.0 401.9 715.00 788.30

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 237410 1 T1019 03/30/13 03/30/13 10.00 171.50

REPORT DATE 04/10 INPUT FILE = /VC	/13 SUNNYSIDE L444/COMPSUP/HIPAAIN/E5002013				PAGE: 12
PROVIDER ID = 11 PAYER ID = 13	3502051 SUNNYSIDE METROPLUS	CITYWIDE HEALTH PLAN		NPI = 1154407492	
INV # LINE # 237410 2 237410 3 237410 4 237410 5 237410 6 237410 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT 03/31/13 03/31/13 04/01/13 04/01/13 04/02/13 04/02/13 04/03/13 04/03/13 04/04/13 04/04/13 04/05/13 04/05/13	3 10.00 3 10.00 10.00 10.00	AMOUNT 171.50 171.50 171.50 171.50 171.50 171.50 1,200.50 CLAIM ACCOUNT REF.	2374100012008743SUP
REG LOC CLIENT NY 001 2009377 DIAGNOSIS CODES:	2009377 SANTORO, MATTHEW	BIRTH DATE 08/20/1949	RECIPIENT SP38021Q	ID PRIOR AUTHORIZATION # 0102071390382	
INV # LINE # 237419 1 237419 2 237419 4 237419 5 237419 6 237419 7 237419 8 237419 9 237419 10 237419 11 237419 12	PROCEDURE CODE REVENUE CD T1019	FROM DT THRU DT 03/25/13 03/25/13 03/26/13 03/26/13 03/27/13 03/27/13 03/28/13 03/28/13 03/30/13 03/30/13 03/30/13 03/30/13 04/01/13 04/01/13 04/02/13 04/02/13 04/03/13 04/03/13 04/04/13 04/04/13 04/05/13 04/05/13	5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00	AMOUNT 85.75 85.75 85.75 85.75 85.75 85.75 85.75 85.75 85.75 85.75 85.75 85.75 85.75 85.75 1,029.00 CLAIM ACCOUNT REF.	2374190012009377SUP
REG LOC CLIENT NY 001 2008235 DIAGNOSIS CODES:	2009688 RAMPERSAID, ALIS	BIRTH DATE SA 08/04/1992	RECIPIENT SZ46585R	ID PRIOR AUTHORIZATION # 0112191290237	
INV # LINE # 237417 1 237417 2 237417 3 237417 4 237417 5 237417 6	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT 03/19/13 03/19/13 03/30/13 03/30/13 04/01/13 04/01/13 04/02/13 04/02/13 04/04/13 04/04/13 04/05/13 04/05/13	8 8.00 8 3.00 8 3.00 3 3.00	AMOUNT 51.45 137.20 51.45 51.45 51.45 68.60 411.60 CLAIM ACCOUNT REF	2374170012009688511D

CLAIM TOTAL

411.60 CLAIM ACCOUNT REF. 2374170012009688SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

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 2008279 2010213 VALLE, BLASINA 02/03/1929 QG00558G 0102041390418 DIAGNOSIS CODES: 428.0 244.9 272.4 331.0 537.9 746.85 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 237420 1 T1019 03/15/13 03/15/13 6.00 102.90 237420 2 T1019 03/16/13 03/16/13 6.00 102.90 237420 237420 03/22/13 03/22/13 6.00 102.90 237420 3 T1019 237420 4 T1019 03/23/13 03/23/13 5.00 85.75 237420 5 T1019 03/30/13 03/30/13 5.00 85.75 6 T1019
7 T1019
8 T1019
9 T1019
10 T1019
11 T1019 237420 03/31/13 03/31/13 5.00 85.75 237420 04/01/13 04/01/13 6.00 102.90 237420 04/02/13 04/02/13 5.00 85.75 237420 04/03/13 04/03/13 5.00 85.75 237420 04/04/13 04/04/13 5.00 85.75 237420 04/05/13 04/05/13 6.00 102.90 CLAIM TOTAL 1,029.00 CLAIM ACCOUNT REF. 2374200012010213SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 07/05/1943 SM10426S 0112031290291 REG LOC CLIENT SERVICE NAME NY 001 2010886 2010886 OSORIO, ELVIA 07/05/1943 SM10426S DIAGNOSIS CODES: 253.5 272.4 354.0 401.9 733.09 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 237415 1 T1019 03/30/13 03/30/13 3.00 51.45 237415 2 T1019 04/01/13 04/01/13 3.00 51.45 3 T1019 04/02/13 04/02/13 3.00 237415 51.45 4 T1019 237415 04/03/13 04/03/13 3.00 51.45 5 T1019 237415 04/04/13 04/04/13 3.00 51.45 6 T1019 237415 04/05/13 04/05/13 3.00 51.45 CLAIM TOTAL 308.70 CLAIM ACCOUNT REF. 2374150012010886SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 02/05/1953 ZA50099X 0111191290232 REG LOC CLIENT SERVICE NAME NY 001 2011286 2011286 DOBBINS, SANDRA DIAGNOSIS CODES: 295.90 369.10 401.9 PROCEDURE CODE REVENUE CD FROM DT THRU DT INV # LINE # UNITS AMOUNT 03/30/13 03/30/13 24.00 237411 1 T1019 411.60 237411 2 T1019 03/31/13 03/31/13 24.00 411.60 3 04/01/13 04/01/13 24.00 237411 T1019 411.60 04/02/13 04/02/13 24.00 411.60 237411 T1019 5 T1019 6 T1019 7 T1019 04/03/13 04/03/13 24.00 411.60 237411 04/04/13 04/04/13 24.00 04/05/13 04/05/13 24.00 411.60 411.60 237411 237411 CLAIM TOTAL 2,881.20 CLAIM ACCOUNT REF. 2374110012011286SUP

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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 2012382 2012382 VERAS, EMMA 04/08/1957 YR88751T 0101291390106

DIAGNOSIS CODES: V44.0 253.5 733.00

INV # LINE # PROCEDURE CODE REVENUE CD UNITS AMOUNT FROM DT THRU DT 237421 1 T1019 03/30/13 03/30/13 12.00 205.80 2 T1019 237421 03/31/13 03/31/13 12.00 205.80

CLAIM TOTAL 411.60 CLAIM ACCOUNT REF. 2374210012012382SUP

PAYER TOTALS: METROPLUS HEALTH PLAN # OF CLAIMS = 86 TOTAL CLAIM AMOUNT = 12,005.00

# SERVICES = 13

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1
PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIE	NT SERVICE NAME		CIPIENT ID PRI	OR AUTHORIZATION #	
NY 001 20082		12/10/1950 ZN	85118U 110	614772	
DIAGNOSIS CODES	: 250.00 272.4 401.9				
INV # LINE	# PROCEDURE CODE REVENUE CD	EDOM DE BIDLI DE	UNITS AMOUNT		
INV # LINE 237450 1		FROM DT THRU DT 03/30/13	36.00 AMOUNT 154.80		
237450 2		03/30/13 03/30/13	36.00 154.80		
237450 3		04/01/13 04/01/13	36.00 154.80		
237450 4		04/02/13 04/02/13	36.00 154.80		
237450 5		04/03/13 04/03/13	36.00 154.80		
237450 6		04/04/13 04/04/13	36.00 154.80		
237450 7		04/05/13 04/05/13	36.00 154.80		
			TOTAL 1,083.60	CLAIM ACCOUNT REF.	2374500012008286SUP
			,		
REG LOC CLIE				OR AUTHORIZATION #	
NY 001 20084			42745Q 110	1885355	
DIAGNOSIS CODES	: 250.00 244.8 295.90 40	01.9 493.90			
TATE II T TATE	II DROGEDINE GODE DEVENIUE GD	EDOM DE EUDII DE	INTERC AMOUNT		
INV # LINE		FROM DT THRU DT	UNITS AMOUNT 24.00 103.20		
237436 1 237436 2		03/24/13 03/24/13 03/30/13 03/30/13	24.00 103.20 24.00 103.20		
237436 2		03/30/13 03/30/13 03/31/13	24.00 103.20		
237436 4		04/01/13 04/01/13	24.00 103.20		
237436 5		04/01/13 04/01/13 04/02/13	24.00 103.20 24.00 103.20		
237436		04/02/13 04/02/13 04/03/13	24.00 103.20		
237436		04/03/13 04/03/13 04/04/13	24.00 103.20		
237436 8		04/05/13 04/05/13	24.00 103.20		
237130	11019		TOTAL 825.60	CLAIM ACCOUNT REF	2374360012008495SUP
		CERTIFI	023.00	CERTIFI RECOUNT REF.	2371300012000133801
REG LOC CLIE	NT SERVICE NAME	BIRTH DATE RE	CIPIENT ID PRI	OR AUTHORIZATION #	
NY 001 20121	01 2012101 BATILO, MARTA	02/23/1917 70	8125 111	.458770	
DIAGNOSIS CODES	: 715.00 272.2 285.29 40	01.9			
INV # LINE		FROM DT THRU DT	UNITS AMOUNT		
237424 1		03/30/13 03/30/13	28.00 120.40		
237424 2		03/31/13 03/31/13	28.00 120.40		
237424 3		04/01/13 04/01/13	28.00 120.40		
237424 4		04/02/13 04/02/13	28.00 120.40		
237424 5		04/03/13 04/03/13	28.00 120.40		
237424 6		04/04/13 04/04/13	28.00 120.40		
237424 7	T1019	04/05/13 04/05/13	28.00 120.40	GT 3 T1/ 3 GGGTTTT	0254040010010101
		CLAIM	TOTAL 842.80	CLAIM ACCOUNT REF.	2374240012012101SUP

REPORT DATE 04/10/13 PAGE: SUNNYSIDE CITYWIDE 16

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

T1019

4

5 T1019 6 T1019

237428

237428

237428

SUNNYSIDE CITYWIDE NPI = 1154407492

PROVIDER ID = 113502051 PAYER ID = 14163 WELLCARE OF NY REG LOC CLIENT SERVICE NAME
NY 001 2012102 2012102 BISRAM, ROOPKALIA

BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
01/03/1938 708029 111353605 DIAGNOSIS CODES: 401.9 272.2 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 1 68.80 237425 04/01/13 04/01/13 16.00 T1019 04/02/13 04/02/13 16.00 68.80 237425 68.80 237425 3 T1019 04/03/13 04/03/13 16.00 237425 4 T1019 04/04/13 04/04/13 16.00 68.80 04/05/13 04/05/13 16.00 237425 5 T1019 68.80 CLAIM TOTAL 344.00 CLAIM ACCOUNT REF. 2374250012012102SUP 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 237426 1 T1019 03/30/13 03/30/13 40.00 172.00 172.00 344.00 CLAIM ACCOUNT REF. 2374260012012104SUP 237426 2 T1019 03/31/13 03/31/13 40.00 CLAIM TOTAL REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2012104 2012104 CEBALLOS, FRANCISCA 11/10/1931 744474 111627893 DIAGNOSIS CODES: 294.20 093.9 253.5 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # LINE # 1 T1019 04/01/13 04/01/13 40.00 172.00 237427 237427 2 T1019 04/02/13 04/02/13 40.00 172.00 3 T1019 237427 04/03/13 04/03/13 40.00 172.00 237427 4 T1019 04/04/13 04/04/13 40.00 172.00 237427 5 T1019 04/05/13 04/05/13 40.00 172.00 CLAIM TOTAL 860.00 CLAIM ACCOUNT REF. 2374270012012104SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2012107 2012107 CRUZ, LUIS 06/10/1952 706307 111208204 DIAGNOSIS CODES: 250.93 414.3 428.0 491.21 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # LINE # T1019 03/30/13 03/30/13 32.00 137.60 237428 1 03/31/13 03/31/13 32.00 237428 2 T1019 137.60 04/01/13 04/01/13 32.00 237428 3 T1019 137.60

04/02/13 04/02/13 32.00

04/04/13 04/04/13 32.00

32.00

04/03/13 04/03/13

137.60

137.60

137.60

REPORT DATE 04/10/13 PAGE: 17 SUNNYSIDE CITYWIDE

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DIAGNOSIS CODES: 331.0 290.0 311. 401.9 600.91

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

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 237428 7 T1019 04/05/13 04/05/13 32.00

963.20 CLAIM ACCOUNT REF. 2374280012012107SUP CLAIM TOTAL

137.60

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2012108 GODINOT, CARMEN 07/16/1939 695752 111626854 DIAGNOSIS CODES: 369.3 250.00 401.9

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 1 T1019 103.20 237429 04/01/13 04/01/13 24.00 04/02/13 04/02/13 24.00 237429 2 T1019 103.20 3 T1019 4 T1019 5 T1019 237429 04/03/13 04/03/13 24.00 103.20 237429 04/04/13 04/04/13 24.00 103.20 237429 04/05/13 04/05/13 24.00 103.20 CLAIM TOTAL 516.00 CLAIM ACCOUNT REF. 2374290012012108SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2012110 2012110 GOMEZ, RANNIE 09/11/1917 698802 111549523

DIAGNOSIS CODES: 428.0 272.2 365.9 401.9 733.00

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 1 T1019 04/01/13 04/01/13 28.00 237430 120.40 237430 2 T1019 04/02/13 04/02/13 28.00 120.40 3 T1019 4 T1019 5 T1019 237430 04/03/13 04/03/13 28.00 120.40 237430 04/04/13 04/04/13 28.00 120.40 120.40 237430 04/05/13 04/05/13 28.00

CLAIM TOTAL 602.00 CLAIM ACCOUNT REF. 2374300012012110SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2012114 2012114 GUERRERO, FIRPO A 06/13/1929 698839 111414803

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 237431 1 T1019 03/30/13 03/30/13 48.00 206.40 2 T1019 03/31/13 03/31/13 36.00 237431

206.40 154.80 361.20 CLAIM ACCOUNT REF. 2374310012012114SUP CLAIM TOTAL

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2012117 2012117 HAYNES, LAMONT 08/22/1920 695748 111524712 SERVICE NAME

DIAGNOSIS CODES: 799.89

AMOUNT 86.00 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 237433 1 T1019 237433 2 T1019 03/30/13 03/30/13 20.00 03/31/13 03/31/13 20.00 86.00

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

1 T1019 2 T1019

237439

237439

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PROVIDER ID = 113502051 SUNNY PAYER ID = 14163 WELLO	YSIDE CITYWIDE CARE OF NY	NPI = 1	154407492	
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REG LOC CLIENT SERVICE NAME NY 001 2012120 2012120 LOPEZ, ISAE DIAGNOSIS CODES: 715.90	BIRTH DATE 12/24/1942	RECIPIENT ID 740574	PRIOR AUTHORIZATION # 111591487	
INV # LINE # PROCEDURE CODE REVENU 237434 1 T1019 237434 2 T1019 237434 3 T1019 237434 4 T1019 237434 5 T1019	04/01/13 04/01/13 04/02/13 04/02/13 04/03/13 04/03/13 04/04/13 04/04/13 04/05/13 04/05/13	28.00 120. 28.00 120. 28.00 120.	40 40 40 40 40	2374340012012120SUP
REG LOC CLIENT SERVICE NAME NY 001 2012121 2012121 MOHAMED, DE DIAGNOSIS CODES: 715.98	BIRTH DATE ENISE 06/14/1959	RECIPIENT ID 691722	PRIOR AUTHORIZATION # 111447605	
INV # LINE # PROCEDURE CODE REVENU 237438 1 T1019 237438 2 T1019 237438 3 T1019 237438 4 T1019 237438 5 T1019 237438 6 T1019 237438 7 T1019	03/30/13 03/30/13 03/31/13 03/31/13 04/01/13 04/01/13 04/02/13 04/02/13 04/03/13 04/03/13 04/04/13 04/04/13 04/05/13 04/05/13	28.00 120. 32.00 137. 32.00 137. 32.00 137. 32.00 137.	60 40 60 60 60 60	2374380012012121SUP
REG LOC CLIENT SERVICE NAME NY 001 2012122 2012122 MORALES, FF DIAGNOSIS CODES: 250.00		RECIPIENT ID 744366	PRIOR AUTHORIZATION # 111218452	

03/24/13 03/24/13

03/30/13 03/30/13 20.00

UNITS

20.00

CLAIM TOTAL

AMOUNT

86.00

86.00

172.00 CLAIM ACCOUNT REF. 2374390012012122SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT NY 001 2012122 DIAGNOSIS CODES:	SERVICE NAME 2012122 MORALES, FRANCISC 250.00	BIRTH DATE RECIPIENT ID 12/03/1935 744366	PRIOR AUTHORIZATION # 1115793538	
INV # LINE # 237440 1 237440 2 237440 3 237440 4 237440 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 04/01/13 04/01/13 20.00 04/02/13 04/02/13 20.00 04/03/13 04/03/13 20.00 04/04/13 04/04/13 20.00 04/05/13 04/05/13 20.00 CLAIM TOTAL	AMOUNT 86.00 86.00 86.00 86.00 86.00 430.00 CLAIM ACCOUNT REF.	2374400012012122SUP
REG LOC CLIENT NY 001 2012130 DIAGNOSIS CODES:	SERVICE NAME 2012130 NAVARRO, ANTONIA 493.92 311. 401.9	BIRTH DATE RECIPIENT ID 07/23/1945 710368	PRIOR AUTHORIZATION # 111289272	
INV # LINE # 237442 1 237442 2	PROCEDURE CODE REVENUE CD T1019 T1019	FROM DT THRU DT UNITS 03/30/13 03/30/13 20.00 03/31/13 20.00 CLAIM TOTAL	AMOUNT 86.00 86.00 172.00 CLAIM ACCOUNT REF.	2374420012012130SUP
REG LOC CLIENT NY 001 2012130 DIAGNOSIS CODES:	SERVICE NAME 2012130 NAVARRO, ANTONIA 493.92 311. 401.9	BIRTH DATE RECIPIENT ID 07/23/1945 710368	PRIOR AUTHORIZATION # 111623951	
INV # LINE # 237443 1 237443 2 237443 3 237443 4 237443 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 04/01/13 04/01/13 28.00 04/02/13 04/02/13 28.00 04/03/13 04/03/13 28.00 04/04/13 04/04/13 28.00 04/05/13 04/05/13 28.00 CLAIM TOTAL	AMOUNT 120.40 120.40 120.40 120.40 120.40 602.00 CLAIM ACCOUNT REF.	2374430012012130SUP
REG LOC CLIENT NY 001 2012131 DIAGNOSIS CODES:	SERVICE NAME 2012131 ORTIZ, JOSE 250.00 401.9 414.01	BIRTH DATE RECIPIENT ID 04/19/1925 691721	PRIOR AUTHORIZATION # 111599493	
INV # LINE # 237445 1 237445 2	PROCEDURE CODE REVENUE CD T1019 T1019	FROM DT THRU DT UNITS 04/01/13 04/01/13 16.00 04/03/13 04/03/13 16.00 CLAIM TOTAL	AMOUNT 68.80 68.80 137.60 CLAIM ACCOUNT REF.	2374450012012131SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 14163WELLCARE OF NY

REG LOC CLIENT NY 001 2012132 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID 06/30/1927 744365	PRIOR AUTHORIZATION # 111228861	
INV # LINE # 237444 1 237444 2 237444 4 237444 5 237444 6 7 237444 8 237444 9	PROCEDURE CODE REVENUE CD T1019	FROM DT THRU DT UNITS 03/25/13 03/25/13 32.00 03/29/13 03/29/13 32.00 03/30/13 03/30/13 20.00 03/31/13 03/31/13 20.00 04/01/13 04/01/13 32.00 04/02/13 04/02/13 32.00 04/03/13 04/03/13 32.00 04/04/13 04/04/13 32.00 04/05/13 04/05/13 32.00 04/05/13 04/05/13 32.00 CLAIM TOTAL 1	AMOUNT 137.60 137.60 86.00 86.00 137.60 137.60 137.60 137.60 137.60 137.60 137.60	2374440012012132SUP
REG LOC CLIENT NY 001 2012134 DIAGNOSIS CODES:	2012134 SERRANO, CARMEN	BIRTH DATE RECIPIENT ID 09/14/1948 695740 29.9	PRIOR AUTHORIZATION # 111497071	
INV # LINE # 237459 1 237459 2 237459 3 237459 4 237459 5 237459 6	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 02/28/13 02/28/13 28.00 04/01/13 04/01/13 28.00 04/02/13 04/02/13 28.00 04/03/13 04/03/13 28.00 04/04/13 04/04/13 28.00 04/05/13 04/05/13 28.00 CLAIM TOTAL	AMOUNT 120.40 120.40 120.40 120.40 120.40 120.40 120.40 722.40 CLAIM ACCOUNT REF.	2374590012012134SUP
REG LOC CLIENT NY 001 2012137 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID 08/08/1934 695667	PRIOR AUTHORIZATION # 111437135	
INV # LINE # 237462 1 237462 2 237462 3 237462 4 237462 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 04/01/13 04/01/13 32.00 04/02/13 04/02/13 32.00 04/03/13 04/03/13 32.00 04/04/13 04/04/13 32.00 04/05/13 04/05/13 32.00 CLAIM TOTAL	AMOUNT 137.60 137.60 137.60 137.60 137.60 688.00 CLAIM ACCOUNT REF.	2374620012012137SUP

REPORT DATE 04/10/13 PAGE: SUNNYSIDE CITYWIDE

21

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

237437

237437

T1019

T1019

5

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 14163 WELLCARE OF NY BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 09/17/1951 720456 111324838 REG LOC CLIENT SERVICE NAME NY 001 2012138 2012138 VENTURA, CLARA DIAGNOSIS CODES: 253.5 401.9 429.9 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 237463 1 04/01/13 04/01/13 16.00 68.80 2 04/02/13 04/02/13 16.00 68.80 237463 T1019 237463 3 T1019 04/04/13 04/04/13 16.00 68.80 237463 4 T1019 04/05/13 04/05/13 16.00 68.80 CLAIM TOTAL 275.20 CLAIM ACCOUNT REF. 2374630012012138SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2012140 2012140 PATRICK, IMAGENE 03/27/1930 737028 111597004 DIAGNOSIS CODES: 294.10 153.9 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 237446 1 04/01/13 04/01/13 32.00 137.60 237446 2 T1019 04/02/13 04/02/13 32.00 137.60 237446 3 T1019 04/03/13 04/03/13 32.00 137.60 04/04/13 04/04/13 32.00 137.60 237446 4 T1019 04/05/13 04/05/13 32.00 237446 5 T1019 137.60 688.00 CLAIM ACCOUNT REF. 2374460012012140SUP CLAIM TOTAL BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 07/16/1961 688801 111336515 REG LOC CLIENT SERVICE NAME NY 001 2012141 2012141 SANTOS MARQUEZ, MARIA 07/16/1961 688801 DIAGNOSIS CODES: 958.8 599.70 692.9 795.05 TNV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 04/01/13 04/01/13 16.00 1 T1019 237458 68.80 2 T1019 237458 04/03/13 04/03/13 16.00 68.80 237458 3 T1019 04/05/13 04/05/13 16.00 68.80 CLAIM TOTAL 206.40 CLAIM ACCOUNT REF. 2374580012012141SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 01/11/1944 697570 111623789 REG LOC CLIENT SERVICE NAME NY 001 2012142 2012142 MEDINA, MARTHA DIAGNOSIS CODES: 135. 250.00 426.4 716.90 PROCEDURE CODE REVENUE CD FROM DT THRU DT TRUIOMA INV # LINE # UNITS 04/01/13 04/01/13 12.00 237437 1 T1019 51.60 237437 2 T1019 04/02/13 04/02/13 12.00 51.60 04/03/13 04/03/13 12.00 237437 3 T1019 51.60 4 04/04/13 04/04/13 12.00

04/05/13 04/05/13 12.00

CLAIM TOTAL

51.60

51.60

258.00 CLAIM ACCOUNT REF. 2374370012012142SUP

22

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PROCEDURE CODE REVENUE CD FROM DT THRU DT

INV #

237448

237448

237448

237448

237448

LINE #

1

2

3

4

5

T1019

T1019

T1019

T1019

T1019

PAYER ID = 14163 WELLCARE OF NY 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 68.80 237441 1 04/01/13 04/01/13 16.00 2 04/02/13 04/02/13 16.00 68.80 237441 T1019 237441 3 T1019 04/04/13 04/04/13 16.00 68.80 237441 4 T1019 04/05/13 04/05/13 16.00 68.80 275.20 CLAIM ACCOUNT REF. 2374410012012143SUP CLAIM TOTAL REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2012144 2012144 PEREZ, JULIO 01/27/1936 709538 111597155 DIAGNOSIS CODES: 715.90 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 1 T1019 04/01/13 04/01/13 20.00 86.00 237449 237449 2 T1019 04/03/13 04/03/13 20.00 86.00 237449 3 T1019 04/05/13 04/05/13 20.00 86.00 258.00 CLAIM ACCOUNT REF. 2374490012012144SUP CLAIM TOTAL REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2012145 2012145 PERALTA RODRIGO, JOSE 03/13/1942 715488 111633843 DIAGNOSIS CODES: 715.90 272.0 274.9 278.00 401.9 PROCEDURE CODE REVENUE CD FROM DT THRU DT AMOUNT INV # LINE # UNITS 1 T1019 04/01/13 04/01/13 16.00 68.80 237447 237447 2 T1019 04/02/13 04/02/13 16.00 68.80 3 T1019 237447 04/03/13 04/03/13 16.00 68.80 237447 4 T1019 04/04/13 04/04/13 16.00 68.80 237447 5 T1019 04/05/13 04/05/13 16.00 68.80 CLAIM TOTAL 344.00 CLAIM ACCOUNT REF. 2374470012012145SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2012146 2012146 PERALTA, INEZ 08/18/1942 715489 111633900 DIAGNOSIS CODES: 250.00 272.4 278.00 401.9 244.9 311.

04/01/13 04/01/13 16.00

04/02/13 04/02/13 16.00

04/03/13 04/03/13 16.00

04/04/13 04/04/13 16.00 04/05/13 04/05/13 16.00

UNITS

CLAIM TOTAL

AMOUNT

68.80

68.80

68.80

68.80

68.80 344.00 CLAIM ACCOUNT REF. 2374480012012146SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 14163WELLCARE OF NY

REG LOC CLIENT NY 001 2012149 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID 11/21/1933 691499	PRIOR AUTHORIZATION # 111223158	
INV # LINE # 237451 1	PROCEDURE CODE REVENUE CD T1019	FROM DT THRU DT UNITS 03/29/13 03/29/13 32.00 CLAIM TOTAL	AMOUNT 137.60 137.60 CLAIM ACCOUNT REF.	2374510012012149SUP
REG LOC CLIENT NY 001 2012149 DIAGNOSIS CODES:	2012149 REGLA, MARIA F	BIRTH DATE RECIPIENT ID 11/21/1933 691499	PRIOR AUTHORIZATION # 111552012	
INV # LINE # 237452 1 237452 2 237452 3 237452 4 237452 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 04/01/13 04/01/13 32.00 04/02/13 04/02/13 32.00 04/03/13 04/03/13 32.00 04/04/13 04/04/13 32.00 04/05/13 04/05/13 32.00 CLAIM TOTAL	AMOUNT 137.60 137.60 137.60 137.60 137.60 688.00 CLAIM ACCOUNT REF.	2374520012012149SUP
REG LOC CLIENT NY 001 2012152 DIAGNOSIS CODES:	2012152 REYES, TERESA	BIRTH DATE RECIPIENT ID 03/18/1941 697840	PRIOR AUTHORIZATION # 111476685	
INV # LINE # 237453 1 237453 2	PROCEDURE CODE REVENUE CD T1019 T1019	FROM DT THRU DT UNITS 03/30/13 03/30/13 28.00 03/31/13 32.00 CLAIM TOTAL	AMOUNT 120.40 137.60 258.00 CLAIM ACCOUNT REF.	2374530012012152SUP
REG LOC CLIENT NY 001 2012152 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID 03/18/1941 697840	PRIOR AUTHORIZATION # 111628409	
INV # LINE # 237454 1 237454 2 237454 3 237454 4 237454 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 04/01/13 04/01/13 32.00 04/02/13 04/02/13 32.00 04/03/13 04/03/13 32.00 04/04/13 04/04/13 32.00 04/05/13 04/05/13 32.00	AMOUNT 137.60 137.60 137.60 137.60	22745400120121520170

CLAIM TOTAL

688.00 CLAIM ACCOUNT REF. 2374540012012152SUP

REPORT DATE 04/10/13 PAGE: SUNNYSIDE CITYWIDE 2.4

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

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

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

DIAGNOSIS CODES: 319.

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 103.20 103.20 CLAIM ACCOUNT REF. 2374550012012154SUP 237455 1 T1019 03/30/13 03/30/13 24.00 CLAIM TOTAL

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 001 2012154 2012154 RODRIGHEZ. FRANKLIN 03/26/1989 697529 111632714

DIAGNOSIS CODES: 319.

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 237456 1 T1019 04/01/13 04/01/13 24.00 103.20 237456 2 T1019 04/02/13 04/02/13 24.00 103.20 237456 3 T1019 237456 4 T1019

04/03/13 04/03/13 24.00 103.20 04/04/13 04/04/13 24.00 103.20 CLAIM TOTAL 412.80 CLAIM ACCOUNT REF. 2374560012012154SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2012155 2012155 SANCHEZ, BETANIA 05/10/1956 706048 111605391

DIAGNOSIS CODES: 555.9

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 237457 1 T1019 04/01/13 04/01/13 20.00 86.00 2 T1019 137.60 237457 04/02/13 04/02/13 32.00 3 T1019 137.60 237457 04/03/13 04/03/13 32.00 4 T1019 237457 04/04/13 04/04/13 32.00 137.60

237457 5 T1019 04/05/13 04/05/13 32.00 137.60 636.40 CLAIM ACCOUNT REF. 2374570012012155SUP CLAIM TOTAL

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

03/02/1943 739934 DIAGNOSIS CODES: 733.09 253.5 272.4

PROCEDURE CODE REVENUE CD FROM DT THRU DT AMOUNT TM7/ # LINE # UNITS 237422 T1019 03/23/13 03/23/13 20.00 86.00 1 237422 2 T1019 03/24/13 03/24/13 20.00 86.00 T1019 03/25/13 03/25/13 20.00 86.00 237422 3 03/26/13 03/26/13 20.00 237422 4 T1019 86.00 5 03/27/13 03/27/13 20.00 237422 T1019 86.00 03/28/13 03/28/13 20.00 T1019 237422 86.00 03/29/13 03/29/13 20.00 86.00 237422 T1019 8 T1019 03/30/13 03/30/13 20.00 237422 86.00

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID	= 1135		WELLCARE OF			1	NPI = 11544	:0/492	
INV # LI 237422		PROCEDURE CODE T1019	REVENUE CD	FROM DT 03/31/13		UNITS 20.00 IM TOTAL	AMOUNT 86.00 774.00	CLAIM ACCOUNT REF.	2374220012012161SUP
	LIENT 12161 DES: 7	SERVICE NAME 2012161 ALONS 733.09 253.5	SO, ANA 272.4	BIR 03/	TH DATE 02/1943	RECIPIENT ID 739934		OR AUTHORIZATION # 660004	
INV # LI 237423 237423 237423 237423 237423	2 3 4	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019		FROM DT 04/01/13 04/02/13 04/03/13 04/04/13 04/05/13	04/02/13 04/03/13 04/04/13 04/05/13	UNITS 20.00 20.00 20.00 20.00 20.00 20.00 IM TOTAL	AMOUNT 86.00 86.00 86.00 86.00 86.00 430.00	CLAIM ACCOUNT REF.	2374230012012161SUP
	LIENT 12261 DES: 7		IRA, BERTA	BIR 06/		RECIPIENT ID 753060		OR AUTHORIZATION # 95604	
INV # LI 237460 237460 237460	1 2	PROCEDURE CODE T1019 T1019 T1019	REVENUE CD	FROM DT 04/01/13 04/03/13 04/04/13	04/03/13 04/04/13	UNITS 16.00 16.00 16.00 IM TOTAL	AMOUNT 68.80 68.80 68.80 206.40	CLAIM ACCOUNT REF.	2374600012012261SUP
	LIENT 12136 DDES: 7		RAFAEL B	BIR 03/		RECIPIENT ID 700573		OR AUTHORIZATION #	
INV # LI 237461 237461 237461 237461 237461 237461 237461	2 3 4 5 6	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019 T1019		FROM DT 03/30/13 03/31/13 04/01/13 04/02/13 04/03/13 04/04/13 04/05/13	04/01/13 04/02/13 04/03/13 04/04/13 04/05/13	UNITS 36.00 36.00 36.00 36.00 36.00 36.00 36.00	AMOUNT 154.80 154.80 154.80 154.80 154.80 154.80 154.80	CLAIM ACCOUNT REF.	2374610012012266 <i>S</i> UP
							,		

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

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 2012115 2012920 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 237432 1 T1019 03/31/13 03/31/13 12.00 51.60

CLAIM TOTAL 51.60 CLAIM ACCOUNT REF. 2374320012012920SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2012159 2012948 LOPEZ, VITALIA 08/01/1922 691723 111601802

DIAGNOSIS CODES: 331.0 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
237435	1	T1019		03/30/13	03/30/13	48.00	206.40		
237435	2	T1019		03/31/13	03/31/13	96.00	412.80		
237435	3	T1019		04/01/13	04/01/13	48.00	206.40		
237435	4	T1019		04/02/13	04/02/13	48.00	206.40		
237435	5	T1019		04/03/13	04/03/13	48.00	206.40		
237435	6	T1019		04/04/13	04/04/13	48.00	206.40		
237435	7	T1019		04/05/13	04/05/13	48.00	206.40		
					CLAI	M TOTAL	1,651.20	CLAIM ACCOUNT REF.	2374350012012948SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #

NY 001 2012984 2012984 YOUNG, MARY 11/04/1926 762776 111600572

DIAGNOSIS CODES: 799.89

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 1 T1019 04/03/13 04/03/13 237464 16.00 68.80 237464 2 T1019 04/04/13 04/04/13 32.00 137.60 237464 3 T1019 04/05/13 04/05/13 32.00 137.60 CLAIM TOTAL 344.00 CLAIM ACCOUNT REF. 2374640012012984SUP

PAYER TOTALS: WELLCARE OF NY # OF CLAIMS = 200 TOTAL CLAIM AMOUNT = 22,979.20

# SERVICES = 36

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

PROVIDER ID = 113502051 NPI = 1154407492 SUNNYSIDE CITYWIDE

PAYER ID = 55247HEALTH INSURANCE PLAN

REG LOC CLIE NY 001 20082 DIAGNOSIS CODES	76 2008491 LOYOLA, MARIA	BIRTH DATE RECIPIENT 06/11/1981 ZR32498A0		
INV # LINE 237405 1 237405 2 237405 3 237405 4 237405 5 237405 6	T1019 0580 T1019 0580 T1019 0580 T1019 0580 T1019 0580	FROM DT THRU DT UNITS 03/07/13 03/07/13 40.00 03/13/13 03/13/13 40.00 03/26/13 03/26/13 40.00 04/02/13 04/02/13 40.00 04/03/13 04/03/13 40.00 04/04/13 04/04/13 40.00 CLAIM TOTAL	AMOUNT 168.80 168.80 168.80 168.80 168.80 1,012.80 CLAIM ACCOUNT REF.	2374050012008491SUP
REG LOC CLIE NY 001 20082 DIAGNOSIS CODES	74 2008513 WILLIAMS, DIANE	BIRTH DATE RECIPIENT 09/23/1948 YZ36993F 253.5	PRIOR AUTHORIZATION # 0005080166	
INV # LINE 237408 1 237408 2 237408 3	T1019 0580 T1019 0580	FROM DT THRU DT UNITS 04/01/13 04/01/13 16.00 04/02/13 04/02/13 16.00 04/03/13 04/03/13 16.00 CLAIM TOTAL	AMOUNT 67.52 67.52 67.52 202.56 CLAIM ACCOUNT REF.	2374080012008513SUP
REG LOC CLIE NY 001 20082 DIAGNOSIS CODES	27 2008544 ORR, LOUISE	BIRTH DATE RECIPIENT 03/04/1956 ZK40327Q 429.9 799.89	PRIOR AUTHORIZATION # 0005050233	
INV # LINE 237406 1 237406 2 237406 3 237406 5 237406 5 237406 6 237406 7	T1019 0580 T1019 0580 T1019 0580 T1019 0580 T1019 0580 T1019 0580	FROM DT THRU DT UNITS 03/30/13 03/30/13 20.00 03/31/13 03/31/13 20.00 04/01/13 04/01/13 20.00 04/02/13 04/02/13 20.00 04/03/13 04/03/13 20.00 04/04/13 04/04/13 20.00 04/05/13 04/05/13 20.00 CLAIM TOTAL	AMOUNT 84.40 84.40 84.40 84.40 84.40 84.40 84.40 84.40 590.80 CLAIM ACCOUNT REF.	2374060012008544SUP
REG LOC CLIE NY 001 20081 DIAGNOSIS CODES	93 2008723 REYNOLDS, HARRIE	BIRTH DATE RECIPIENT 07/01/1958 SR66809C 111. 401.9 780.4	F ID PRIOR AUTHORIZATION # 0003855084	
INV # LINE 237399 1 237399 2	T1019 0580	FROM DT THRU DT UNITS 04/02/13 04/02/13 16.00 04/04/13 04/04/13 16.00	AMOUNT 67.52 67.52	

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

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 0580 237399 3 T1019 04/05/13 04/05/13 16.00 67.52 CLAIM TOTAL 202.56 CLAIM ACCOUNT REF. 2373990012008723SUP BIRTH DATE RECIPIENT ID REG LOC CLIENT SERVICE NAME PRIOR AUTHORIZATION # 2008793 COPE, WILLIE NY 001 2008793 02/17/1928 XR986070 0004050353 DIAGNOSIS CODES: 331.0 401.9

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 237391 1 T1019 0580 03/30/13 03/30/13 48.00 202.56 237391 T1019 0580 03/31/13 03/31/13 48.00 202.56 0580 0580 0580 0580 0580 04/01/13 04/01/13 48.00 0580 04/02/13 04/02/13 48.00 0580 04/03/13 04/03/13 48.00 0580 04/04/13 04/04/13 48.00 0580 04/05/13 04/05/13 48.00 237391 T1019 202.56 237391 T1019 202.56 237391 5 T1019 202.56 237391 6 T1019 202.56 237391 7 T1019 202.56 CLAIM TOTAL 1,417.92 CLAIM ACCOUNT REF. 2373910012008793SUP

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

LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT TMV # 03/30/13 03/30/13 237401 1 T1019 0580 32.00 135.04 237401 2 T1019 0580 03/31/13 03/31/13 32.00 135.04 0580 0580 0580 237401 3 T1019 04/02/13 04/02/13 32.00 135.04 237401 т1019 04/03/13 04/03/13 32.00 135.04 04/04/13 04/04/13 04/05/13 04/05/13 237401 5 T1019 32.00 135.04 6 237401 T1019 0580 32.00 135.04

DEG. LOG. GLIDNE GERVIGE NAME. DEGEN DAME DEGENERAL DE DEGENERAL DE DEGENERAL DE DEGENERAL DE DEGENERAL DE CONTROL DE DEGENERAL DE DESENERAL DE DESE

REG LOC CLIENT SERVICE NAME
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 237407 1 T1019 0580 04/05/13 04/05/13 20.00 84.40 CLAIM TOTAL 84.40 CLAIM ACCOUNT REF. 2374070012009269SUP

CLAIM TOTAL

810.24 CLAIM ACCOUNT REF. 2374010012009237SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

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

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

PAYER ID = 55247

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

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT CLAIM TOTAL 827.12 CLAIM ACCOUNT REF. 2373960012009945SUP

					CL	AIM IOIAL	02/.12	CLAIM ACCOUNT REF.	23/390001200994550P
REG LOC NY 001 DIAGNOSIS	CLIENT 2010316 CODES:		THERS, VERDENA		RTH DATE /05/1927	RECIPIENT ID XK12367V		DR AUTHORIZATION # 1884724	
INV # 237400 237400 237400 237400	LINE # 1 2 3 4	PROCEDURE CODE T1019 T1019 T1019 T1019	REVENUE CD 0580 0580 0580 0580	FROM DT 03/30/13 03/31/13 04/01/13 04/02/13	04/01/13 04/02/13	48.00 48.00	AMOUNT 202.56 202.56 202.56 202.56 810.24	CLAIM ACCOUNT REF.	2374000012010316SUP
	CLIENT 2010991 CODES: LINE #	2010991 IANN 401.9 253.5 PROCEDURE CODE	NAZZO, ANGELIN REVENUE CD	IA 06 FROM DT	RTH DATE /04/1921 THRU DT	RECIPIENT ID RD78526M	0000 AMOUNT	OR AUTHORIZATION # 5197384	
237395	1	T1019	0580	03/30/13	03/30/13		143.48		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
237395	1	T1019	0580	03/30/13	03/30/13	34.00	143.48		
237395	2	T1019	0580	04/01/13	04/01/13	36.00	151.92		
237395	3	T1019	0580	04/02/13	04/02/13	36.00	151.92		
237395	4	T1019	0580	04/03/13	04/03/13	36.00	151.92		
237395	5	T1019	0580	04/04/13	04/04/13	36.00	151.92		
237395	6	T1019	0580	04/05/13	04/05/13	36.00	151.92		
					CLAI	M TOTAL	903.08	CLAIM ACCOUNT REF.	2373950012010991SUP

REG LOONY 000 DIAGNOS			LAND, ELISE	10	RTH DATE /05/1928 6.90	RECIPIENT ID QJ28865K	PRIOR AUTHORIZATION # 0006093352
INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
237392	1	G0156	0572	03/30/13	03/30/13	8.00	114.00
237392	2	G0156	0572	03/31/13	03/31/13	8.00	114.00
237392	3	G0156	0572	04/01/13	04/01/13	8.00	114.00
237392	4	G0156	0572	04/02/13	04/02/13	8.00	114.00
237392	5	G0156	0572	04/03/13	04/03/13	8.00	114.00

04/04/13 04/04/13 237392 G0156 0572 114.00 6 8.00 04/05/13 04/05/13 8.00 237392 7 G0156 0572 114.00 CLAIM TOTAL 798.00 CLAIM ACCOUNT REF. 2373920012011066SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492 PAYER ID = 55247HEALTH INSURANCE PLAN 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 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 0572 171.00 171.00 237393 1 G0156 03/30/13 03/30/13 12.00 0572 2 G0156 03/31/13 03/31/13 12.00 237393 2 G0156 0572 03/31/13 03/31/13 12.00 3 G0156 0572 04/02/13 04/02/13 11.00 4 G0156 0572 04/03/13 04/03/13 12.00 5 G0156 0572 04/04/13 04/04/13 12.00 6 G0156 0572 04/05/13 04/05/13 12.00 237393 156.75 237393 4 G0156 171.00 237393 171.00 171.00 237393 CLAIM TOTAL 1,011.75 CLAIM ACCOUNT REF. 2373930012011526SUP SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 2011833 KEATON, CATHERINE 08/30/1923 WC81742E 0004298435 REG LOC CLIENT SERVICE NAME NY 001 2009467 DIAGNOSIS CODES: 715.00 365.9 401.9 780.4 788.30 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # LINE # 237397 1 T1019 0580 03/30/13 03/30/13 48.00 202.56 2 T1019 0580 3 T1019 0580 4 T1019 0580 5 T1019 0580 6 T1019 0580 7 T1019 0580 03/31/13 03/31/13 48.00 202.56 237397 03/31/13 03/31/13 48.00 04/01/13 04/01/13 48.00 04/02/13 04/02/13 48.00 04/03/13 04/03/13 48.00 04/04/13 04/04/13 48.00 04/05/13 04/05/13 48.00 237397 202.56 237397 202.56 237397 202.56 237397 202.56 237397 202.56 1,417.92 CLAIM ACCOUNT REF. 2373970012011833SUP CLAIM TOTAL REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2010634 2012343 YIANNITSIS, LEO 07/13/1934 15438872 0005825708 REG LOC CLIENT SERVICE NAME DIAGNOSIS CODES: 253.5 272.4 311. 401.9 PROCEDURE CODE REVENUE CD FROM DT THRU DT LINE # UNITS AMOUNT INV # 1 T1019 0580 04/01/13 04/01/13 20.00 84.40 237402 0580 04/02/13 04/02/13 20.00 0580 04/03/13 04/03/13 20.00 0580 04/04/13 04/04/13 20.00 2 T1019 84.40 237402 3 T1019 237402 84.40 237402 4 T1019 84.40 337.60 CLAIM ACCOUNT REF. 2374020012012343SUP CLAIM TOTAL

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2012541 2012541 LANGELOH, HOWARD 09/29/1923 134135965A 0005921983

DIAGNOSIS CODES: 715.90 250.00 272.4 401.9 493.91

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 237398 1 T1019 0580 03/30/13 03/30/13 24.00 101.28

INPUT FILE = /VO	INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP									
PROVIDER ID = 113502051 SUNNYSIDE PAYER ID = 55247 HEALTH INS										
INV # LINE # 237398 2 237398 3 237398 4 237398 5 237398 6 237398 7	T1019 T1019 T1019 T1019 T1019	0580     03/       0580     04/       0580     04/       0580     04/       0580     04/       0580     04/	OM DT THRU D /31/13 03/31/ /01/13 04/01/ /02/13 04/02/ /03/13 04/03/ /04/13 04/04/ /05/13 04/05/	13 24.00 13 24.00 13 24.00 13 24.00 13 24.00	AMOUNT 101.28 101.28 101.28 101.28 101.28 101.28 708.96 CL	AIM ACCOUNT REF.	2373980012012541SUP			
REG LOC CLIENT NY 001 2008564 DIAGNOSIS CODES:		RD, SOPHIE	BIRTH DATE 09/30/1922		D PRIOR A 0005923	UTHORIZATION # 488001				
INV # LINE # 237390 1 237390 2 237390 3 237390 4 237390 5	T1019 T1019 T1019 T1019	0580 04/ 0580 04/ 0580 04/ 0580 04/	OM DT THRU D /01/13 04/01/ /02/13 04/02/ /03/13 04/03/ /04/13 04/04/ /05/13 04/05/	13 24.00 13 24.00 13 24.00 13 24.00	AMOUNT 101.28 101.28 101.28 101.28 101.28 506.40 CL	AIM ACCOUNT REF.	2373900012012547SUP			
PAYER TOTALS:	HEALTH INSURANCE	PLAN	# OF CLAIMS # SERVICES		TAL CLAIM AMOUN	TT = 12,587.6	3			

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 77073VNSNY CHOICE

BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # ARISTOTI 10/09/1962 V80041904 123590054 REG LOC CLIENT SERVICE NAME NY 001 2008374 2010958 KARASSAVIDES, ARISTOTI 10/09/1962 V80041904

DIAGNOSIS CODES: 042. 202.88 436. 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
237488	1	S5125		04/01/13	04/01/13	28.00	120.12		
237488	2	S5125		04/02/13	04/02/13	28.00	120.12		
237488	3	S5125		04/03/13	04/03/13	28.00	120.12		
237488	4	S5125		04/04/13	04/04/13	28.00	120.12		
					CLAI	M TOTAL	480.48	CLAIM ACCOUNT REF.	2374880012010958SUP

F	REG :	LOC	CLIENT	SERVICE	E NAME			BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
1	1X	001	2012481	2012483	l reyes	, LORGIO		05/15/1982	V80024771	130240009
I	DIAGN	OSIS	CODES:	585.6	294.9	315.34	389.9	401.9		

ı	INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
ı	237489	1	S5125		03/30/13	03/30/13	24.00	102.96
ı	237489	2	S5125		04/01/13	04/01/13	40.00	171.60
ı	237489	3	S5125		04/02/13	04/02/13	24.00	102.96
ı	237489	4	S5125		04/03/13	04/03/13	40.00	171.60
ı	237489	5	S5125		04/04/13	04/04/13	24.00	102.96
ı	237489	6	S5125		04/05/13	04/05/13	40.00	171.60

CLAIM TOTAL 823.68 CLAIM ACCOUNT REF. 2374890012012481SUP

PAYER TOTALS: VNSNY CHOICE # OF CLAIMS = 10 TOTAL CLAIM AMOUNT = 1,304.16

# SERVICES = 2

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141 HEALTHFIRST PHSP

PAIER ID	= 80141 HEALIHFIRSI I	PHSP		
REG LOC CLI NY 001 2008 DIAGNOSIS CODE		BIRTH DATE RECIPIENT ID R 09/03/1996 UW23596M	PRIOR AUTHORIZATION # 0110011202225	
INV # LINI 237344 237344 237344 237344 237344 237344 237344	1 T1019 ( T1019 ) ( T1019	FROM DT THRU DT UNITS 03/30/13 03/30/13 12.00 03/31/13 03/31/13 12.00 04/01/13 04/01/13 12.00 04/02/13 04/02/13 12.00 04/03/13 04/03/13 12.00 04/04/13 04/04/13 12.00 04/05/13 04/05/13 12.00 04/05/13 04/05/13 12.00 CLAIM TOTAL	AMOUNT 50.64 50.64 50.64 50.64 50.64 50.64 50.64 354.48 CLAIM ACCOUNT REF.	2373440012008246SUP
REG LOC CLI NY 001 2008 DIAGNOSIS CODE		BIRTH DATE RECIPIENT ID 01/29/1960 YP34893V	PRIOR AUTHORIZATION # R2167051	
INV # LINE 237345 237345 237345 237345	1 T1019 ( T1019 ) ( T1019	FROM DT THRU DT UNITS 04/01/13 04/01/13 12.00 04/02/13 04/02/13 12.00 04/03/13 04/03/13 12.00 04/04/13 04/04/13 12.00 CLAIM TOTAL	AMOUNT 50.64 50.64 50.64 50.64 202.56 CLAIM ACCOUNT REF.	2373450012008248SUP
REG LOC CLI NY 001 2008 DIAGNOSIS CODE			PRIOR AUTHORIZATION # 0110041201764	
INV # LINI 237337 237337 237337 237337 237337 237337	1 T1019 2 T1019 3 T1019 4 T1019 5 T1019	FROM DT THRU DT UNITS 03/30/13 03/30/13 44.00 04/01/13 04/01/13 44.00 04/02/13 04/02/13 44.00 04/03/13 04/03/13 44.00 04/04/13 04/04/13 44.00 04/05/13 04/05/13 44.00 CLAIM TOTAL 1	AMOUNT 185.68 185.68 185.68 185.68 185.68 185.68 ,114.08 CLAIM ACCOUNT REF.	2373370012008249SUP
REG LOC CLI NY 001 2008 DIAGNOSIS CODE			PRIOR AUTHORIZATION # R2048722	
INV # LINE 237347		FROM DT THRU DT UNITS 03/30/13 03/30/13 32.00	AMOUNT 135.04	

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PROVIDER ID = 11350 PAYER ID = 80141	2051 SUNNYSIDE C HEALTHFIRST	ITYWIDE NPI = 1154407492 PHSP	
237347 3 T 237347 4 T 237347 5 T 237347 6 T 237347 7 T	1019 1019 1019 1019 1019	FROM DT THRU DT UNITS AMOUNT 03/31/13 03/31/13 32.00 135.04 04/01/13 04/01/13 32.00 135.04 04/02/13 04/02/13 32.00 135.04 04/03/13 04/03/13 32.00 135.04 04/04/13 04/04/13 32.00 135.04 04/05/13 04/05/13 32.00 135.04 04/05/13 04/05/13 32.00 135.04 CLAIM TOTAL 945.28 CLAIM ACCOUNT REF. 2	2373470012008250SUP
REG LOC CLIENT NY 001 2008251 DIAGNOSIS CODES: 29	SERVICE NAME 2008251 CEBALLOS, ANA 4.10 244.9	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 12/31/1919 UH02585Q R2162064	
237324 2 T 237324 3 T 237324 4 T	ROCEDURE CODE REVENUE CD 1019 1019 1019 1019 1019 1019	FROM DT THRU DT UNITS AMOUNT 03/30/13 03/30/13 32.00 135.04 04/01/13 04/01/13 32.00 135.04 04/02/13 04/02/13 32.00 135.04 04/03/13 04/03/13 32.00 135.04 04/05/13 04/05/13 24.00 101.28 CLAIM TOTAL 641.44 CLAIM ACCOUNT REF. 2	2373240012008251SUP
REG LOC CLIENT NY 001 2008253 DIAGNOSIS CODES: 35	SERVICE NAME 2008253 MACARENA, SAHARA 9.0 719.45	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 09/12/1965 VT07830U R2084101	
237338 1 T 237338 2 T 237338 3 T 237338 4 T 237338 5 T	ROCEDURE CODE REVENUE CD 1019 1019 1019 1019 1019 1019	FROM DT THRU DT UNITS AMOUNT 03/30/13 03/30/13 48.00 202.56 03/31/13 03/31/13 48.00 202.56 04/02/13 04/02/13 48.00 202.56 04/03/13 04/03/13 48.00 202.56 04/04/13 04/04/13 48.00 202.56 04/05/13 04/05/13 48.00 202.56 04/05/13 04/05/13 48.00 202.56 CLAIM TOTAL 1,215.36 CLAIM ACCOUNT REF. 2	2373380012008253SUP
NY 001 2008254	SERVICE NAME 2008254 SPIVEY, PATRICIA 0.00 401.9 733.00	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 04/06/1965 WE52435B R2061243	
237351 1 т	ROCEDURE CODE REVENUE CD 1019 1019	FROM DT THRU DT UNITS AMOUNT 04/03/13 04/03/13 20.00 84.40 04/05/13 04/05/13 20.00 84.40 CLAIM TOTAL 168.80 CLAIM ACCOUNT REF. 2	2373510012008254SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

HEALTHFIRST PHSP

PAYER ID = 80141REG 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 TRUDOMA 237321 1 04/01/13 04/01/13 32.00 135.04 04/02/13 04/02/13 32.00 135.04 237321 T1019 135.04 237321 3 T1019 04/03/13 04/03/13 32.00 237321 T1019 04/04/13 04/04/13 32.00 135.04 237321 T1019 04/05/13 04/05/13 32.00 135.04 CLAIM TOTAL 675.20 CLAIM ACCOUNT REF. 2373210012008256SUP 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 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT LINE # 03/29/13 03/29/13 24.00 101.28 237328 1 T1019 237328 T1019 04/02/13 04/02/13 24.00 101.28 237328 3 T1019 04/03/13 04/03/13 24.00 101.28 237328 4 T1019 04/04/13 04/04/13 24.00 101.28 237328 5 T1019 04/05/13 04/05/13 24.00 101.28 CLAIM TOTAL 506.40 CLAIM ACCOUNT REF. 2373280012008257SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # R2048371 2008290 SALHUANA, YOLANDA 08/25/1935 SZ24247J NY 001 2008290 DIAGNOSIS CODES: 249.70 362.50 401.9 733.00 AMOUNT INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 237348 1 T1019 04/01/13 04/01/13 32.00 135.04 237348 2 T1019 04/02/13 04/02/13 32.00 135.04 237348 T1019 04/03/13 04/03/13 32.00 135.04 3 CLAIM TOTAL 405.12 CLAIM ACCOUNT REF. 2373480012008290SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 0103261301164 NY 001 2008290 2008290 SALHUANA, YOLANDA 08/25/1935 SZ24247J DIAGNOSIS CODES: 249.70 362.50 401.9 733.00 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 04/04/13 04/04/13 237349 1 T1019 32.00 135.04 2 04/05/13 04/05/13 237349 T1019 32.00 135.04 270.08 CLAIM ACCOUNT REF. 2373490012008290SUP CLAIM TOTAL

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

PROVIDER ID = 113502051 NPI = 1154407492 SUNNYSIDE CITYWIDE

PAYER ID = 80141HEALTHFIRST PHSP

REG LOC CLIENT NY 001 2008362 DIAGNOSIS CODES:	SERVICE NAME 2008362 FONTANES, PEDRO 724.3 278.00 427.31 4	BIRTH DATE RECIPIENT ID 08/27/1948 RX10287Z 724.2	PRIOR AUTHORIZATION # R2016955	
INV # LINE # 237330 1 237330 2 237330 3 237330 4 237330 5 237330 6 237330 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 03/30/13 03/30/13 28.00 03/31/13 03/31/13 28.00 04/01/13 04/01/13 28.00 04/02/13 04/02/13 28.00 04/03/13 04/03/13 28.00 04/04/13 04/04/13 28.00 04/05/13 04/05/13 28.00 CLAIM TOTAL	AMOUNT 118.16 118.16 118.16 118.16 118.16 118.16 118.16 118.16 827.12 CLAIM ACCOUNT REF.	2373300012008362SUP
REG LOC CLIENT NY 001 2008368 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID RET 06/25/1950 ZP21043J 11. 401.9 414.3 733.00	PRIOR AUTHORIZATION # R2162380 780.52	
INV # LINE # 237346 1 237346 2 237346 3 237346 4 237346 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 04/01/13 04/01/13 16.00 04/02/13 04/02/13 16.00 04/03/13 04/03/13 16.00 04/04/13 04/04/13 16.00 04/05/13 04/05/13 16.00 CLAIM TOTAL	AMOUNT 67.52 67.52 67.52 67.52 67.52 67.52 337.60 CLAIM ACCOUNT REF.	2373460012008368SUP
REG LOC CLIENT NY 001 2008411 DIAGNOSIS CODES:	SERVICE NAME 2008411 FRANCISCO, RICHA 401.9 443.9	BIRTH DATE RECIPIENT ID 07/10/1968 XR22414G	PRIOR AUTHORIZATION # R2176143	
INV # LINE # 237331 1 237331 2 237331 3 237331 4 237331 5 237331 6 237331 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 03/30/13 03/30/13 32.00 03/31/13 03/31/13 32.00 04/01/13 04/01/13 32.00 04/02/13 04/02/13 32.00 04/03/13 04/03/13 32.00 04/04/13 04/04/13 32.00 04/05/13 04/05/13 32.00 CLAIM TOTAL	AMOUNT 135.04 135.04 135.04 135.04 135.04 135.04 135.04 945.28 CLAIM ACCOUNT REF.	2373310012008411SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141HEALTHFIRST PHSP

237316 6 T1019

REG LOC   CLIENT   SERVICE NAME   BIRTH DATE   RECIPIENT ID   PRIOR AUTHORIZATION # R2021143										
NY	REG LOC	CLIENT	SERVICE NAM	ΛF:	BTR	TH DATE	RECIPIENT ID	PRTO	OR AUTHORIZATION #	
DIAGNOSIS CODES: 401.9				<del></del>						
237334	DIAGNOSIS	CODES:			53.42					
237334										
237334				E REVENUE CD						
237334										
237334										
18		_								
237334		_								
REG   LOC   CLIENT   SERVICE   NAME   BIRTH DATE   RECIPIENT ID   PRIOR AUTHORIZATION # R2088833										
CLAIM TOTAL   827.12   CLAIM ACCOUNT REF.   2373340012008428SUP		-								
REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # R2088833  DIAGNOSIS CODES: 340. 286.0 311. 401.9  INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 135.04 237317 1 T1019 03/31/13 03/30/13 32.00 135.04 237317 2 T1019 04/02/13 04/01/13 32.00 135.04 237317 3 T1019 04/02/13 04/02/13 32.00 135.04 237317 5 T1019 04/02/13 04/02/13 32.00 135.04 237317 6 T1019 04/03/13 04/04/13 32.00 135.04 237317 7 T1019 04/03/13 04/04/13 32.00 135.04 237317 7 T1019 04/05/13 04/05/13 32.00 135.04 237317 6 T1019 04/05/13 04/05/13 32.00 135.04 237317 7 T1019 04/05/13 04/05/13 32.00 135.04 237317 6 T1019 04/05/13 04/05/13 32.00 135.04 237317 7 T1019 04/05/13 04/05/13 32.00 135.04 237317 10 T1019 04/05/13 04/05/13 04/05/13 05.04 237317 10 T1019 05/05/05/05/05/05/05/05/05/05/05/05/05/0	237334	7	T1019		04/05/13					
NY   001   2008433   2008433   2008433   286.0   311.   401.9   311.   401.9   428.0   312.   401.9						CL	AIM TOTAL	827.12	CLAIM ACCOUNT REF.	2373340012008428SUP
NY   001   2008433   2008433   2008433   286.0   311.   401.9   311.   401.9   428.0   312.   401.9	REG LOC	CLIENT	SERVICE NAM	ΛΕ	BIR	TH DATE	RECIPIENT ID	PRI	OR AUTHORIZATION #	
DIAGNOSIS CODES: 340. 286.0 311. 401.9  INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 237317 1 T1019 03/30/13 03/30/13 32.00 135.04 237317 2 T1019 04/01/13 04/01/13 32.00 135.04 237317 3 T1019 04/02/13 04/02/13 32.00 135.04 237317 4 T1019 04/02/13 04/02/13 32.00 135.04 237317 5 T1019 04/03/13 04/03/13 32.00 135.04 237317 6 T1019 04/03/13 04/03/13 32.00 135.04 237317 7 T1019 04/05/13 04/05/13 32.00 135.04 237316 1 T1019 04/01/13 04/	NY 001			AIRO, KOWSILIL						
237317 1 T1019 03/30/13 03/30/13 32.00 135.04 237317 2 T1019 03/31/13 03/31/13 32.00 135.04 237317 3 T1019 04/01/13 04/01/13 32.00 135.04 237317 4 T1019 04/02/13 04/02/13 32.00 135.04 237317 5 T1019 04/03/13 04/03/13 32.00 135.04 237317 6 T1019 04/04/13 04/04/13 32.00 135.04 237317 7 T1019 04/05/13 04/05/13 32.00 135.04 237317 7 T1019 04/05/13 04/05/13 32.00 135.04 237317 7 T1019 04/05/13 04/05/13 32.00 135.04  REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID CLAIM TOTAL 945.28 CLAIM ACCOUNT REF. 2373170012008433SUP  REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z 0101171302771  DIAGNOSIS CODES: 250.00 244.8 311. 401.9 428.0 733.00  INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 237316 1 T1019 03/30/13 03/30/13 12.00 50.64 237316 2 T1019 04/01/13 04/01/13 20.00 84.40 237316 3 T1019 04/02/13 04/02/13 20.00 84.40 237316 4 T1019 04/03/13 04/03/13 20.00 84.40 237316 4 T1019 04/03/13 04/03/13 20.00 84.40 237316 4 T1019 04/03/13 04/03/13 20.00 84.40	DIAGNOSIS	CODES:								
237317 1 T1019 03/30/13 03/30/13 32.00 135.04 237317 2 T1019 03/31/13 03/31/13 32.00 135.04 237317 3 T1019 04/01/13 04/01/13 32.00 135.04 237317 4 T1019 04/02/13 04/02/13 32.00 135.04 237317 5 T1019 04/03/13 04/03/13 32.00 135.04 237317 6 T1019 04/04/13 04/04/13 32.00 135.04 237317 7 T1019 04/05/13 04/05/13 32.00 135.04 237317 7 T1019 04/05/13 04/05/13 32.00 135.04 237317 7 T1019 04/05/13 04/05/13 32.00 135.04  REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID CLAIM TOTAL 945.28 CLAIM ACCOUNT REF. 2373170012008433SUP  REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z 0101171302771  DIAGNOSIS CODES: 250.00 244.8 311. 401.9 428.0 733.00  INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 237316 1 T1019 03/30/13 03/30/13 12.00 50.64 237316 2 T1019 04/01/13 04/01/13 20.00 84.40 237316 3 T1019 04/02/13 04/02/13 20.00 84.40 237316 4 T1019 04/03/13 04/03/13 20.00 84.40 237316 4 T1019 04/03/13 04/03/13 20.00 84.40 237316 4 T1019 04/03/13 04/03/13 20.00 84.40										
237317 2 T1019 03/31/13 03/31/13 32.00 135.04 237317 3 T1019 04/01/13 04/01/13 32.00 135.04 237317 4 T1019 04/02/13 04/02/13 32.00 135.04 237317 5 T1019 04/03/13 04/03/13 32.00 135.04 237317 6 T1019 04/04/13 04/04/13 32.00 135.04 237317 7 T1019 04/05/13 04/05/13 32.00 135.04 237317 7 T1019 04/05/13 04/05/13 32.00 135.04 237318 SERVICE NAME BIRTH DATE RECIPIENT ID CLAIM TOTAL 945.28 CLAIM ACCOUNT REF. 2373170012008433SUP  REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z 0101171302771  DIAGNOSIS CODES: 250.00 244.8 311. 401.9 428.0 733.00  INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 237316 1 T1019 03/30/13 03/30/13 12.00 50.64 237316 2 T1019 04/01/13 04/01/13 20.00 84.40 237316 3 T1019 04/03/13 04/02/13 20.00 84.40 237316 4 T1019 04/03/13 04/03/13 20.00 84.40				E REVENUE CD						
237317 3 T1019 04/01/13 04/01/13 32.00 135.04 237317 4 T1019 04/02/13 04/02/13 32.00 135.04 237317 5 T1019 04/03/13 04/03/13 32.00 135.04 237317 6 T1019 04/04/13 04/04/13 32.00 135.04 237317 7 T1019 04/05/13 04/05/13 32.00 135.04  REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z 0101171302771  DIAGNOSIS CODES: 250.00 244.8 311. 401.9 428.0 733.00  INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 237316 1 T1019 03/30/13 03/30/13 12.00 50.64 237316 2 T1019 04/02/13 04/02/13 20.00 84.40 237316 3 T1019 04/02/13 04/02/13 20.00 84.40 237316 4 T1019 04/03/13 04/03/13 20.00 84.40 237316 4 T1019 04/03/13 04/03/13 20.00 84.40 237316 4 T1019 04/03/13 04/03/13 20.00 84.40										
237317										
237317 5 T1019 04/03/13 04/03/13 32.00 135.04 237317 6 T1019 04/04/13 04/04/13 32.00 135.04 237317 7 T1019 04/05/13 04/05/13 32.00 135.04 237317 7 T1019 04/05/13 04/05/13 32.00 135.04  REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z 0101171302771  DIAGNOSIS CODES: 250.00 244.8 311. 401.9 428.0 733.00  INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 237316 1 T1019 03/30/13 03/30/13 12.00 50.64 237316 2 T1019 04/01/13 04/01/13 20.00 84.40 237316 3 T1019 04/02/13 04/02/13 20.00 84.40 237316 4 T1019 04/03/13 04/03/13 20.00 84.40 237316 4 T1019 04/03/13 04/03/13 20.00 84.40										
237317 6 T1019 04/04/13 04/04/13 32.00 135.04 237317 7 T1019 04/05/13 04/05/13 32.00 135.04 CLAIM TOTAL 945.28 CLAIM ACCOUNT REF. 2373170012008433SUP  REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z 0101171302771  DIAGNOSIS CODES: 250.00 244.8 311. 401.9 428.0 733.00  INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 237316 1 T1019 03/30/13 03/30/13 12.00 50.64 237316 2 T1019 04/01/13 04/01/13 20.00 84.40 237316 3 T1019 04/02/13 04/02/13 20.00 84.40 237316 4 T1019 04/03/13 04/03/13 20.00 84.40 237316 4 T1019 04/03/13 04/03/13 20.00 84.40										
237317 7 T1019 04/05/13 04/05/13 32.00 135.04 945.28 CLAIM ACCOUNT REF. 2373170012008433SUP  REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z DIAGNOSIS CODES: 250.00 244.8 311. 401.9 428.0 733.00  INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 237316 1 T1019 03/30/13 03/30/13 12.00 50.64 237316 2 T1019 04/01/13 04/01/13 20.00 84.40 237316 4 T1019 04/03/13 04/03/13 20.00 84.40 237316 4 T1019 04/03/13 04/03/13 20.00 84.40						. , , .				
CLAIM TOTAL 945.28 CLAIM ACCOUNT REF. 2373170012008433SUP  REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID NY 001 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z 0101171302771  DIAGNOSIS CODES: 250.00 244.8 311. 401.9 428.0 733.00  INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 237316 1 T1019 03/30/13 03/30/13 12.00 50.64 237316 2 T1019 04/01/13 04/01/13 20.00 84.40 237316 3 T1019 04/02/13 04/02/13 20.00 84.40 237316 4 T1019 04/03/13 04/03/13 20.00 84.40										
REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z 0101171302771 DIAGNOSIS CODES: 250.00 244.8 311. 401.9 428.0 733.00  INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 237316 1 T1019 03/30/13 03/30/13 12.00 50.64 237316 2 T1019 04/01/13 04/01/13 20.00 84.40 237316 3 T1019 04/02/13 04/02/13 20.00 84.40 237316 4 T1019 04/03/13 04/03/13 20.00 84.40	237317	7	T1019		04/05/13					
NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z 0101171302771 DIAGNOSIS CODES: 250.00 244.8 311. 401.9 428.0 733.00  INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 237316 1 T1019 03/30/13 03/30/13 12.00 50.64 237316 2 T1019 04/01/13 04/01/13 20.00 84.40 237316 3 T1019 04/02/13 04/02/13 20.00 84.40 237316 4 T1019 04/03/13 04/03/13 20.00 84.40						CL	AIM TOTAL	945.28	CLAIM ACCOUNT REF.	2373170012008433SUP
DIAGNOSIS CODES: 250.00 244.8 311. 401.9 428.0 733.00  INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 237316 1 T1019 03/30/13 03/30/13 12.00 50.64 237316 2 T1019 04/01/13 04/01/13 20.00 84.40 237316 3 T1019 04/02/13 04/02/13 20.00 84.40 237316 4 T1019 04/03/13 04/03/13 20.00 84.40	REG LOC	CLIENT	SERVICE NAM	ИE	BIR	TH DATE	RECIPIENT ID	PRI	OR AUTHORIZATION #	
INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 237316 1 T1019 03/30/13 03/30/13 12.00 50.64 237316 2 T1019 04/01/13 04/01/13 20.00 84.40 237316 3 T1019 04/02/13 04/02/13 20.00 84.40 237316 4 T1019 04/03/13 04/03/13 20.00 84.40	NY 001	2008487	2008487 BEG	GUM, MANWARA	11/	23/1949	VD44720Z	010	1171302771	
237316       1       T1019       03/30/13       03/30/13       12.00       50.64         237316       2       T1019       04/01/13       04/01/13       20.00       84.40         237316       3       T1019       04/02/13       04/02/13       20.00       84.40         237316       4       T1019       04/03/13       04/03/13       20.00       84.40	DIAGNOSIS	CODES:	250.00 244.8	311. 4	01.9 428	733	.00			
237316       1       T1019       03/30/13       03/30/13       12.00       50.64         237316       2       T1019       04/01/13       04/01/13       20.00       84.40         237316       3       T1019       04/02/13       04/02/13       20.00       84.40         237316       4       T1019       04/03/13       04/03/13       20.00       84.40	TNV #	T.TNE #	PROCEDURE CODI	REVENUE CD	FROM DT	THRII DT	UNITS	AMOUNT		
237316     2 T1019     04/01/13 04/01/13 20.00     84.40       237316     3 T1019     04/02/13 04/02/13 20.00     84.40       237316     4 T1019     04/03/13 04/03/13 20.00     84.40				112121102 02						
237316 3 T1019 04/02/13 04/02/13 20.00 84.40 237316 4 T1019 04/03/13 04/03/13 20.00 84.40										
237316 4 T1019 04/03/13 04/03/13 20.00 84.40										
					. , . , .					
23/310 3 11019 04/04/13 04/04/13 20.00 04.40	237316	5	T1019		04/04/13	04/04/13		84.40		

04/05/13 04/05/13 20.00

CLAIM TOTAL

84.40

472.64 CLAIM ACCOUNT REF. 2373160012008487SUP

REPORT DATE 04/10/13 PAGE: SUNNYSIDE CITYWIDE 39

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492PAYER ID = 80141 HEALTHFIRST PHSP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008558 2008558 SURIEL, GERTRUDIS 03/17/1950 ZE67447D 0112191201069 DIAGNOSIS CODES: 493.90 401.9 414.00 715.00 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 1 135.04 237353 04/03/13 04/03/13 32.00 2 T1019 04/04/13 04/04/13 32.00 237353 135.04 237353 3 T1019 04/05/13 04/05/13 32.00 135.04 CLAIM TOTAL 405.12 CLAIM ACCOUNT REF. 2373530012008558SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008571 2008571 ESPAILLAT, AMPARO 12/25/1949 ZG25447P 0103131301379 DIAGNOSIS CODES: 401.9 272.0 311. 365.9 366.9 733.00 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 237327 1 03/30/13 03/30/13 16.00 67.52 237327 T1019 03/31/13 03/31/13 16.00 67.52 237327 3 T1019 04/01/13 04/01/13 24.00 101.28 237327 4 T1019 04/02/13 04/02/13 24.00 101.28 5 T1019 6 T1019 7 T1019 237327 04/03/13 04/03/13 24.00 101.28 237327 04/04/13 04/04/13 24.00 101.28 7 T1019 237327 04/05/13 04/05/13 24.00 101.28 641.44 CLAIM ACCOUNT REF. 2373270012008571SUP CLAIM TOTAL REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # R2113770 NY 001 2008380 2009001 FERRERA, FRANCISCA 06/06/1948 YH55651V DIAGNOSIS CODES: 301.9 401.9 493.00 AMOUNT INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 237329 1 T1019 03/30/13 03/30/13 36.00 151.92 237329 2 T1019 03/31/13 03/31/13 40.00 168.80 3 T1019 237329 04/01/13 04/01/13 40.00 168.80 4 T1019 237329 04/02/13 04/02/13 40.00 168.80 5 T1019 04/03/13 04/03/13 168.80 237329 40.00 6 T1019 237329 04/04/13 04/04/13 40.00 168.80 237329 7 T1019 04/05/13 04/05/13 40.00 168.80 1,164.72 CLAIM ACCOUNT REF. 2373290012009001SUP CLAIM TOTAL SERVICE NAME REG LOC CLIENT

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

AMOUNT 84.40 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 237325 1 T1019 03/31/13 03/31/13 20.00

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SUNNYSIDE CITYWIDE NPI = 1154407492

PROVIDER ID = 113502051 PAYER ID = 80141 HEALTHFIRST PHSP

PAYER ID = 801	L41 HEALTHFIRST	T PHSP		
INV # LINE #	PROCEDURE CODE REVENUE CD		AMOUNT 84.40 CLAIM ACCOUNT REF.	2373250012009256SUP
REG LOC CLIENT NY 001 2008271 DIAGNOSIS CODES:	SERVICE NAME 2009270 CARRION, MARIA 250.00 294.10 401.9 V1	BIRTH DATE RECIPIENT ID 06/30/1928 SC64434E	PRIOR AUTHORIZATION # R2044577	
INV # LINE # 237323 1 237323 2 237323 3 237323 4 237323 5 237323 6	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 03/30/13 03/30/13 32.00 04/01/13 04/01/13 32.00 04/02/13 04/02/13 32.00 04/03/13 04/03/13 32.00 04/04/13 04/04/13 32.00 04/05/13 04/05/13 32.00 CLAIM TOTAL	AMOUNT 135.04 135.04 135.04 135.04 135.04 135.04 810.24 CLAIM ACCOUNT REF.	2373230012009270SUP
REG LOC CLIENT NY 001 2009405 DIAGNOSIS CODES:	2009405 CORTES DE GALINDO	BIRTH DATE RECIPIENT ID 0, NEL 05/25/1925 PF03624B	PRIOR AUTHORIZATION # R2063747	
INV # LINE # 237326 1 237326 2 237326 3 237326 4 237326 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 04/01/13 04/01/13 24.00 04/02/13 04/02/13 24.00 04/03/13 04/03/13 24.00 04/04/13 04/04/13 24.00 04/05/13 04/05/13 24.00 CLAIM TOTAL	AMOUNT 101.28 101.28 101.28 101.28 101.28 506.40 CLAIM ACCOUNT REF.	2373260012009405sup
REG LOC CLIENT NY 001 2009425 DIAGNOSIS CODES:	SERVICE NAME 2009425 FRIAS, BARBARA 785.9 V44.2	BIRTH DATE RECIPIENT ID 04/01/1954 YQ10410R	PRIOR AUTHORIZATION # 0103191302380	
INV # LINE # 237332 1 237332 2 237332 3	PROCEDURE CODE REVENUE CD T1019 T1019 T1019	04/01/13 04/01/13 16.00 04/03/13 04/03/13 16.00	AMOUNT 67.52 67.52 67.52 202.56 CLAIM ACCOUNT REF.	2373320012009425SUP
REG LOC CLIENT NY 001 2010009 DIAGNOSIS CODES:	SERVICE NAME 2010009 VEGA, GLORIA 340. 250.00 272.2 31	BIRTH DATE RECIPIENT ID 07/06/1955 ZU45073J	PRIOR AUTHORIZATION # R2160981	
INV # LINE # 237357 1	PROCEDURE CODE REVENUE CD T1019	FROM DT THRU DT UNITS 04/01/13 04/01/13 32.00	AMOUNT 135.04	

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

237335

T1019

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

PAIER .	עב בעב	L <b>4</b> I	HEALIHFIRSI	PHSP					
INV # 237357 237357 237357 237357	LINE # 2 3 4 5	PROCEDURE CODE T1019 T1019 T1019 T1019	REVENUE CD	04/03/13 04/04/13	04/04/13 04/05/13	32.00 32.00	AMOUNT 135.04 135.04 135.04 135.04 675.20	CLAIM ACCOUNT REF.	2373570012010009SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2008299 CODES:		ALA, GLADYS	02/	TH DATE 03/1950 0.9 781			OR AUTHORIZATION # 33859	
INV # 237336 237336 237336 237336 237336 237336 237336	LINE # 1 2 3 4 5 6 7	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019 T1019	REVENUE CD	03/31/13 04/01/13 04/02/13 04/03/13 04/04/13	THRU DT 03/30/13 03/31/13 04/01/13 04/02/13 04/03/13 04/04/13 04/05/13 CL	48.00 48.00 48.00 48.00 48.00 48.00	AMOUNT 202.56 202.56 202.56 202.56 202.56 202.56 202.56 1,417.92	CLAIM ACCOUNT REF.	2373360012010311SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2010758 CODES:	SERVICE NAM 2010758 VAS 311. 244.9	QUEZ, OLGA	BIF 11, 11.9 429	TH DATE 20/1948 0.9 493	RECIPIENT ID WU00136E .90 948.11		OR AUTHORIZATION # 4038	
INV # 237356 237356 237356 237356 237356	LINE # 1 2 3 4 5	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019	REVENUE CD	03/30/13 03/31/13 04/04/13	THRU DT 03/29/13 03/30/13 03/31/13 04/04/13 04/05/13 CL	20.00 20.00 20.00	AMOUNT 84.40 84.40 84.40 84.40 84.40	CLAIM ACCOUNT REF.	2373560012010758SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2008813 CODES:		A, TOMASA		TH DATE 11/1931	RECIPIENT ID SX47950B		OR AUTHORIZATION # .5813	
INV # 237335 237335 237335 237335	LINE # 1 2 3 4 5	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019	REVENUE CD	04/01/13 04/02/13 04/03/13	THRU DT 03/30/13 04/01/13 04/02/13 04/03/13 04/04/13	32.00 32.00 32.00 32.00	AMOUNT 135.04 135.04 135.04 135.04		

04/05/13 04/05/13

135.04

32.00

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

SUNNYSIDE CITYWIDE NPI = 1154407492

PROVIDER ID = 113502051 PAYER ID = 80141

PAYER ID = 80	141 HEALTHFIRST	PHSP			
INV # LINE #	PROCEDURE CODE REVENUE CD	FROM DT THRU DI	UNITS	AMOUNT 810.24 CLAIM ACCOUNT REF.	2373350012010967SUP
REG LOC CLIENT NY 001 2011388 DIAGNOSIS CODES:	2011388 PALAZZOLO, FLOREN	BIRTH DATE CE 10/31/1948	RECIPIENT ID PD96979S	PRIOR AUTHORIZATION # R1998236	
INV # LINE # 237340 1	PROCEDURE CODE REVENUE CD T1020	FROM DT THRU DT 03/14/13 03/14/1		AMOUNT 202.56 202.56 CLAIM ACCOUNT REF.	2373400012011388SUP
REG LOC CLIENT NY 001 2008378 DIAGNOSIS CODES:	2011528 BOWERS *, DIANE	BIRTH DATE 10/01/1946 3.9 428.0 44	RECIPIENT ID 129232187 0.9 493.00	PRIOR AUTHORIZATION # R2207419	
INV # LINE # 237320 1 237320 2 237320 3 237320 4 237320 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT 04/01/13 04/01/13 04/02/13 04/02/13 04/03/13 04/03/13 04/04/13 04/05/13 04/05/13	3 40.00 3 40.00 3 40.00 3 40.00	AMOUNT 168.80 168.80 168.80 168.80 168.80 844.00 CLAIM ACCOUNT REF.	2373200012011528SUP
REG LOC CLIENT NY 001 2008405 DIAGNOSIS CODES:	2011820 ST ROMAINE, CLAUD	BIRTH DATE E 10/01/1956	RECIPIENT ID UZ14868C	PRIOR AUTHORIZATION # 0102131302292	
INV # LINE # 237352 1 237352 2 2 237352 3 237352 5 237352 6 237352 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DO 03/30/13 03/30/13 03/31/13 03/31/1 04/01/13 04/01/1 04/02/13 04/03/13 04/03/13 04/04/13 04/05/13 04/05/13 04/05/13	3 36.00 3 36.00 3 40.00 3 40.00 3 40.00 3 40.00 40.00	AMOUNT 151.92 151.92 168.80 168.80 168.80 168.80 168.80 1,147.84 CLAIM ACCOUNT REF.	2373520012011820SUP
REG LOC CLIENT NY 001 2012284 DIAGNOSIS CODES:	2012284 REINOSO, EMELIANN.	BIRTH DATE A 12/26/1931	RECIPIENT ID 115451707	PRIOR AUTHORIZATION # R2106516	
INV # LINE # 237343 1 237343 2	PROCEDURE CODE REVENUE CD T1019 T1019	FROM DT THRU D7 03/31/13 03/31/1 04/01/13 04/01/1	.3 40.00	AMOUNT 168.80 168.80	

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

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

1 T1019

237319

PROVIDER PAYER	ID ID		113502051 80141		SUNNYSIDE HEALTHFIR				NPI = 1154407492	
INV # 237343	LII	NE :	# PROCEDURE T1019	CODE	REVENUE CD	FROM DT 04/02/13	THRU DT 04/02/13	UNITS 40.00	AMOUNT 168.80	

INV # : 237343	LINE # 3 4 5 6	PROCEDURE CODE REVENUE (T1019 T1019 T1019 T1019	04/02/13 04/0 04/03/13 04/0 04/04/13 04/0	J DT UNITS 02/13 40.00 03/13 40.00 04/13 40.00 05/13 40.00 CLAIM TOTAL	AMOUNT 168.80 168.80 168.80 168.80 1,012.80 CLAIM ACCOUNT REF	2373430012012284SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2011495 CODES:	SERVICE NAME 2012478 ISKANDER, JACC 748.60 253.5 401.9	BIRTH DA 04/14/19		D PRIOR AUTHORIZATION # R2140203	
INV # : 237333	LINE # 1 2 3 4 5 6 7	PROCEDURE CODE REVENUE (T1019) T1019 T1019 T1019 T1019 T1019 T1019 T1019	03/30/13 03/3 03/31/13 03/3 04/01/13 04/0 04/02/13 04/0 04/03/13 04/0 04/04/13 04/0	J DT UNITS 30/13 32.00 31/13 32.00 01/13 32.00 02/13 32.00 03/13 32.00 04/13 32.00 05/13 32.00 CLAIM TOTAL	AMOUNT 135.04 135.04 135.04 135.04 135.04 135.04 135.04 135.04 945.28 CLAIM ACCOUNT REF	2373330012012478SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2012477 CODES:	SERVICE NAME 2012489 BLANCO, CARMEI 715.90 250.00 272.0	BIRTH DA 5INA 08/19/19 401.9		D PRIOR AUTHORIZATION # 0101241301336	
INV # 237318 237318 237318 237318	LINE # 1 2 3 4	PROCEDURE CODE REVENUE (T1019 T1019 T1019 T1019 T1019	04/01/13 04/0 04/02/13 04/0 04/03/13 04/0	J DT UNITS 01/13 16.00 02/13 16.00 03/13 16.00 04/13 16.00 CLAIM TOTAL	AMOUNT 67.52 67.52 67.52 67.52 67.52 270.08 CLAIM ACCOUNT REF	2373180012012489SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2012477 CODES:	SERVICE NAME 2012489 BLANCO, CARMEI 715.90 250.00 272.0	BIRTH DA 08/19/19 401.9		D PRIOR AUTHORIZATION # 0101241301336	

04/05/13 04/05/13 16.00

AMOUNT

67.52

67.52 CLAIM ACCOUNT REF. 2373190012012489SUP

UNITS

CLAIM TOTAL

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141HEALTHFIRST PHSP

REG LOC CLIEN NY 001 201249 DIAGNOSIS CODES:	8 2012498 SCHOONMAKER, J		ECIPIENT ID 16703035	PRIOR AUTHORIZATION # 0101171302362	
INV # LINE # 237350 1 237350 2 237350 3 237350 4 237350 5	PROCEDURE CODE REVENUE C T1019 T1019 T1019 T1019 T1019	03/30/13 03/30/13 04/01/13 04/01/13 04/02/13 04/02/13 04/03/13 04/03/13 04/05/13 04/05/13	32.00 135 36.00 151 36.00 151 28.00 118 36.00 151	DUNT 5.04 1.92 1.92 3.16 1.92 3.96 CLAIM ACCOUNT REF.	2373500012012498SUP
REG LOC CLIEN NY 001 200973 DIAGNOSIS CODES:	3 2012683 ORTIZ, TULA		ECIPIENT ID T52677J	PRIOR AUTHORIZATION # R2161864	
INV # LINE # 237339 1 237339 2 237339 3 237339 4 237339 5	PROCEDURE CODE REVENUE C T1019 T1019 T1019 T1019 T1019	03/30/13 03/30/13 04/02/13 04/02/13 04/03/13 04/03/13 04/04/13 04/04/13 04/05/13 04/05/13	24.00 101 24.00 101 24.00 101 24.00 101 24.00 101	DUNT 1.28 1.28 1.28 1.28 1.28 1.28 1.28 5.40 CLAIM ACCOUNT REF.	2373390012012683SUP
REG LOC CLIEN NY 001 201277 DIAGNOSIS CODES:	2 2012772 THORNTON, SHIR		ECIPIENT ID M67702P	PRIOR AUTHORIZATION # R2196393	
INV # LINE # 237354 1 237354 2 237354 3 237354 4 237354 5	PROCEDURE CODE REVENUE C T1019 T1019 T1019 T1019 T1019	04/01/13 04/01/13 04/02/13 04/02/13 04/03/13 04/03/13 04/04/13 04/04/13 04/05/13 04/05/13	20.00 84 32.00 135 20.00 84 32.00 135 20.00 84	DUNT 4.40 5.04 4.40 5.04 4.40 3.28 CLAIM ACCOUNT REF.	2373540012012772SUP
REG LOC CLIEN NY 001 201273 DIAGNOSIS CODES:	1 2012823 VALENCIA, ESTH		ECIPIENT ID F20889J	PRIOR AUTHORIZATION # R2182130	
INV # LINE # 237355 1 237355 2 237355 3	PROCEDURE CODE REVENUE C T1019 T1019 T1019	D FROM DT THRU DT 03/29/13 03/29/13 04/01/13 04/01/13 04/02/13 04/02/13	24.00 101 24.00 101	DUNT 1.28 1.28 1.28	

REPORT DATE 04/10/13 PAGE: SUNNYSIDE CITYWIDE 45

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

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

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 237355 4 T1019 04/03/13 04/03/13 24.00 101.28 237355 5 T1019 04/05/13 04/05/13 24.00 101.28 CLAIM TOTAL 506.40 CLAIM ACCOUNT REF. 2373550012012823SUP

BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 10/31/1948 PD96979S R1998236 REG LOC CLIENT SERVICE NAME NY 001 2011388 2012905 PALAZZOLO, FLORENCE 10/31/1948 PD96979S

DIAGNOSIS CODES: 331.0

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 03/30/13 03/30/13 12.00 237341 1 T1020 202.56 2 T1020 237341 03/31/13 03/31/13 12.00 202.56 237341 3 T1020 04/01/13 04/01/13 12.00 202.56 CLAIM TOTAL

607.68 CLAIM ACCOUNT REF. 2373410012012905SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2011388 2012905 PALAZZOLO, FLORENCE 10/31/1948 PD96979S 0103181301812

DIAGNOSIS CODES: 331.0

PROCEDURE CODE REVENUE CD FROM DT THRU DT AMOUNT INV # LINE # UNITS 04/02/13 04/02/13 12.00 202.56 237342 1 T1020 2 T1020 237342 04/03/13 04/03/13 12.00 202.56 3 T1020 237342 04/04/13 04/04/13 12.00 202.56 237342 4 T1020 04/05/13 04/05/13 12.00 202.56 CLAIM TOTAL 810.24 CLAIM ACCOUNT REF. 2373420012012905SUP

BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 05/18/1956 129873243 R22202322 REG LOC CLIENT SERVICE NAME

05/18/1956 129873243 NY 001 2009247 2012949 CARRILLO, MARIA

DIAGNOSIS CODES: 714.0 311. 401.9 493.90 696.1 780.52

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 1 T1019 237322 04/01/13 04/01/13 20.00 84.40 237322 2 T1019 04/02/13 04/02/13 20.00 84.40 3 T1019 04/03/13 04/03/13 20.00 237322 84.40 4 T1019 04/04/13 04/04/13 20.00 237322 84.40 5 T1019 237322 04/05/13 04/05/13 20.00 84.40 CLAIM TOTAL 422.00 CLAIM ACCOUNT REF. 2373220012012949SUP

# OF CLAIMS = PAYER TOTALS: HEALTHFIRST PHSP 209 TOTAL CLAIM AMOUNT = 26,569.12

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 87726 UNITEDHEALTHCARE

REG LOC NY 001 DIAGNOSIS	CLIENT 2008245 CODES:		DERON, MIGDAL		RTH DATE (02/1961	RECIPIENT ID 100195559		DR AUTHORIZATION #	
INV # 237387 237387 237387 237387 237387 237387 237387	LINE # 1 2 3 4 5 6 7	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019 T1019	REVENUE CD	FROM DT 03/30/13 03/31/13 04/01/13 04/02/13 04/03/13 04/04/13 04/05/13	04/03/13 04/04/13 04/05/13	40.00 40.00 40.00 40.00 40.00	AMOUNT 171.60 171.60 171.60 171.60 171.60 171.60 171.60	CLAIM ACCOUNT REF.	2373870012008245SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2008287 CODES:		LAN, ARMIDA		RTH DATE 13/1928 5.9 401	RECIPIENT ID 100063356 .9 530.81		DR AUTHORIZATION # 358474	
INV # 237389 237389 237389 237389 237389	LINE # 1 2 3 4 5	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019	REVENUE CD	FROM DT 04/01/13 04/02/13 04/03/13 04/04/13 04/05/13	THRU DT 04/01/13 04/02/13 04/03/13 04/04/13 04/05/13 CL	36.00 36.00 36.00	AMOUNT 154.44 154.44 154.44 154.44 154.44 772.20	CLAIM ACCOUNT REF.	2373890012008287SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2011881 CODES:		E N, FAZAL		RTH DATE /28/1970	RECIPIENT ID 101344352		OR AUTHORIZATION # 951463	
INV # 237388 237388 237388 237388 237388 237388 237388	LINE # 1 2 3 4 5 6 7	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019 T1019	REVENUE CD	FROM DT 03/30/13 03/31/13 04/01/13 04/02/13 04/03/13 04/04/13 04/05/13	THRU DT 03/30/13 03/31/13 04/01/13 04/02/13 04/03/13 04/04/13 04/05/13	48.00 48.00 48.00 48.00 48.00	AMOUNT 205.92 205.92 205.92 205.92 205.92 205.92 205.92		

CLAIM TOTAL 1,441.44 CLAIM ACCOUNT REF. 2373880012011881SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 87726 UNITEDHEALTHCARE

PAYER TOTALS: UNITEDHEALTHCARE # OF CLAIMS = 19 TOTAL CLAIM AMOUNT = 3,414.84

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

237469

237469

1

2

T1019

T1019

0580

0580

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = AMBGRI AMERIGROUP NEW YORK LLC

PAYER ID = AMRG	GRI AMERIGROUP	NEW YORK, LLC		
REG LOC CLIENT NY 001 2008266 DIAGNOSIS CODES: 4	SERVICE NAME 2008266 GUERRA, LORRAINE 131. 784.3	BIRTH DATE RECIPIENT ID 03/22/1948 712731594	PRIOR AUTHORIZATION # 102602255	
237466 1	PROCEDURE CODE REVENUE CD T1019 0580 T1019 0580	FROM DT THRU DT UNITS 03/30/13 03/30/13 20.00 03/31/13 03/31/13 20.00 CLAIM TOTAL	AMOUNT 84.40 84.40 168.80 CLAIM ACCOUNT REF.	2374660012008266SUP
REG LOC CLIENT NY 001 2008409 DIAGNOSIS CODES: 2	SERVICE NAME 2009279 PRUITT, JOHNNY 249.00 272.4 295.00 40		PRIOR AUTHORIZATION # 103273331	
	PROCEDURE CODE REVENUE CD S5130 0582	FROM DT THRU DT UNITS 04/04/13 04/04/13 16.00 CLAIM TOTAL	AMOUNT 67.52 CLAIM ACCOUNT REF.	2374680012009279SUP
REG LOC CLIENT NY 001 2008406 DIAGNOSIS CODES: 3	SERVICE NAME 2010728 YOUNG, KALEILE 319. 493.90 742.1	BIRTH DATE RECIPIENT ID 06/17/1994 006532755	PRIOR AUTHORIZATION # 103177976	
237470 2 237470 3 237470 4 237470 5 237470 6	PROCEDURE CODE REVENUE CD T1019 0580	FROM DT THRU DT UNITS 03/30/13 03/30/13 28.00 03/31/13 03/31/13 24.00 04/01/13 04/01/13 24.00 04/02/13 04/02/13 24.00 04/03/13 04/03/13 12.00 04/04/13 04/04/13 12.00 04/05/13 04/05/13 12.00 CLAIM TOTAL	AMOUNT 118.16 101.28 101.28 101.28 50.64 50.64 573.92 CLAIM ACCOUNT REF.	2374700012010728SUP
REG LOC CLIENT NY 001 2008407 DIAGNOSIS CODES: 3	SERVICE NAME 2010729 WALTERS, BYRON 319. 493.90 742.1	BIRTH DATE RECIPIENT ID 05/18/2000 006600539	PRIOR AUTHORIZATION # 103177687	
	PROCEDURE CODE REVENUE CD	FROM DT THRU DT UNITS	AMOUNT	

20.00

20.00

CLAIM TOTAL

84.40

84.40

168.80 CLAIM ACCOUNT REF. 2374690012010729SUP

03/30/13 03/30/13

03/31/13 03/31/13

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = AMRGRI AMERIGROUP NEW YORK, LLC

FAILK	ID - AMINGIN	.1	AMERIGROOF IV	EW TORK, D	10				
	2008365	SERVICE NAME 2010731 HARDI 3.90 253.5	NG, EDNA 272.4 296	05/		RECIPIENT ID 006274884		OR AUTHORIZATION #	
INV # 237467 237467 237467	1 T 2 T	PROCEDURE CODE 11019 11019 11019	0580	FROM DT 04/01/13 04/02/13 04/03/13	04/02/13 04/03/13	16.00	AMOUNT 67.52 67.52 67.52 202.56	CLAIM ACCOUNT REF.	2374670012010731SUP
		SERVICE NAME 2011322 FRASI 6.9 401.9	EUR, GARY 492.8 493	04/	L4/1948	RECIPIENT ID 006585499		DR AUTHORIZATION # .55061	
INV # 237465 237465 237465	1 T 2 T	PROCEDURE CODE 1019 1019 1019	0580	FROM DT 03/30/13 04/03/13 04/05/13	04/03/13 04/05/13	20.00	AMOUNT 84.40 84.40 84.40 253.20	CLAIM ACCOUNT REF.	2374650012011322SUP
			SALVADOR 447.9	BIR 05/1	TH DATE L0/1932	RECIPIENT ID 713917795	PRIC 1033	DR AUTHORIZATION # 812801	
INV # 237473 237473 237473 237473 237473	1 T 2 T 3 T 4 T	71019 71019 71019	0580 0580 0580 0580	FROM DT 04/01/13 04/02/13 04/03/13 04/04/13 04/05/13	04/02/13 04/03/13 04/04/13 04/05/13	16.00	AMOUNT 60.00 60.00 60.00 60.00 60.00 300.00	CLAIM ACCOUNT REF.	2374730012012354SUP
			MARIA 386.9 493	05/2	TH DATE 27/1951	RECIPIENT ID 713844209		DR AUTHORIZATION # 312722	
INV # 237475 237475 237475 237475 237475 237475	1 I 2 I 3 I 4 I 5 I	71019 71019 71019 71019	0580 0580 0580 0580 0580	FROM DT 03/30/13 04/01/13 04/02/13 04/03/13 04/04/13 04/05/13	04/01/13 04/02/13 04/03/13 04/04/13 04/05/13	UNITS 24.00 24.00 24.00 24.00 24.00 24.00 24.00 AIM TOTAL	AMOUNT 90.00 90.00 90.00 90.00 90.00 90.00 540.00	CLAIM ACCOUNT REF.	2374750012012357SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

PROVIDER	ID	= 113502051	SUNNYSIDE CITYWIDE	NPI = 1154407492
DAMED	TD	- AMDODT	AMEDICADOUR NEW YORK IIC	

PAYER I	ID = AMF	RGRI	AMERIGROUP	NEW YORK,L	LC				
REG LOC NY 001 DIAGNOSIS	CLIENT 2012080 CODES:		ERA, CARMEN		TH DATE 17/1967 .30	RECIPIENT ID 714280461		OR AUTHORIZATION # 312424	
INV # 237478 237478 237478 237478 237478	LINE # 1 2 3 4 5	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019	REVENUE CD 0580 0580 0580 0580 0580	FROM DT 04/01/13 04/02/13 04/03/13 04/04/13 04/05/13	04/02/13 04/03/13 04/04/13 04/05/13	20.00 20.00 20.00	AMOUNT 75.00 75.00 75.00 75.00 75.00 375.00	CLAIM ACCOUNT REF.	2374780012012362SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2010003 CODES:	SERVICE NAM 2012373 DEN 799.9	E NISON, KELVIN	* 09/	TH DATE 23/1991	RECIPIENT ID 6944796		OR AUTHORIZATION # 006820	
INV # 237474 237474 237474 237474 237474	LINE # 1 2 3 4 5	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019	REVENUE CD 0580 0580 0580 0580 0580	FROM DT 04/01/13 04/02/13 04/03/13 04/04/13 04/05/13	04/02/13 04/03/13 04/04/13 04/05/13	16.00 16.00 16.00	AMOUNT 60.00 60.00 60.00 60.00 60.00 300.00	CLAIM ACCOUNT REF.	2374740012012373SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2009647 CODES:	SERVICE NAM 2012374 FER 401.9 311.	E NANDEZ, NORKA 492.8 71	* 07/	TH DATE 14/1948	RECIPIENT ID 715856872		OR AUTHORIZATION # 806651	
INV # 237476 237476 237476 237476 237476	LINE # 1 2 3 4 5	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019	REVENUE CD 0580 0580 0580 0580 0580	FROM DT 04/01/13 04/02/13 04/03/13 04/04/13 04/05/13	04/02/13 04/03/13 04/04/13 04/05/13	36.00 32.00 36.00	AMOUNT 120.00 135.00 120.00 135.00 120.00 630.00	CLAIM ACCOUNT REF.	2374760012012374SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2012732 CODES:		CHAMIRO, ESTHE	BIR 02/ 01.9	TH DATE 01/1919	RECIPIENT ID 717373336	PRI 103	OR AUTHORIZATION # 441419	
INV # 237472 237472	LINE # 1 2	PROCEDURE CODE T1019 T1019	REVENUE CD 0580 0580	FROM DT 04/04/13 04/05/13	04/05/13	28.00	AMOUNT 105.00 90.00 195.00	CLAIM ACCOUNT REF.	2374720012012732SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

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	2012163	2012876	AKHTAR,	CATHRINE	11/07/1951	713952989	103312611

DIAGNOSIS CODES: 799.9

INV # 237471 237471 237471 237471 237471	LINE # 1 2 3 4 5	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019	REVENUE CD 0580 0580 0580 0580 0580	FROM DT 04/01/13 04/02/13 04/03/13 04/04/13 04/05/13	04/03/13 04/04/13 04/05/13	UNITS 28.00 28.00 28.00 28.00 28.00	AMOUNT 105.00 105.00 105.00 105.00	GLATA AGGOVATE DEE	0374710010010076077
25/1/1	3	11019	0300	01/03/13	CLAI		525.00	CLAIM ACCOUNT REF.	2374710012012876SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008365	2013018	HARDING, EDNA	05/17/1956	6274884	103437258

DIAGNOSIS CODES: 493.90 253.5 272.4 296.80

	INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
١	237477	1	T1019	0580	04/04/13	04/04/13	16.00	60.00		
١	237477	2	T1019	0580	04/05/13	04/05/13	16.00	60.00		
						CLA:	IM TOTAL	120.00	CLAIM ACCOUNT REF.	2374770012013018SUP

PAYER TOTALS: AMERIGROUP NEW YORK, LLC # OF CLAIMS = 53 TOTAL CLAIM AMOUNT = 4,419.80

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = ICS01 ICS

REG LOC CL NY 001 2009 DIAGNOSIS COD		HAYEV, BORIS 08		PRIOR AUTHORIZATION # 387543	
INV # LINI 237486 237486 237486 237486 237486	1 T1019 1C 2 T1019 1C 3 T1019 1C	0570 04/02/13 0570 04/03/13 0570 04/04/13	THRU DT UNITS 04/01/13 4.00 04/02/13 4.00 04/03/13 4.00 04/04/13 4.00 04/05/13 4.00 CLAIM TOTAL	AMOUNT 65.60 65.60 65.60 65.60 65.60 328.00 CLAIM ACCOUNT REF.	2374860012011453SUP
REG LOC CLI NY 001 2011 DIAGNOSIS CODI		ES, VALERIE BII	RTH DATE RECIPIENT ID 1/10/1948 1457	PRIOR AUTHORIZATION # 418547	
INV # LINI 237485 237485 237485 237485 237485	1 T1019 1C	$\begin{array}{ccc} 0570 & 04/01/13 \\ 0570 & 04/02/13 \\ 0570 & 04/03/13 \\ 0570 & 04/04/13 \end{array}$	THRU DT UNITS 04/01/13 4.00 04/02/13 4.00 04/03/13 4.00 04/04/13 4.00 04/05/13 4.00 CLAIM TOTAL	AMOUNT 65.60 65.60 65.60 65.60 65.60 328.00 CLAIM ACCOUNT REF.	2374850012011869SUP
REG LOC CL: NY 001 2011 DIAGNOSIS CODI		BII BTINI, MONSERRATE 07		PRIOR AUTHORIZATION # 418549	
INV # LINI 237483 237483 237483 237483 237483	1 T1019 1C 2 T1019 1C 3 T1019 1C 4 T1019 1C	$\begin{array}{ccc} 0570 & 04/01/13 \\ 0570 & 04/02/13 \\ 0570 & 04/03/13 \\ 0570 & 04/04/13 \end{array}$	THRU DT UNITS 04/01/13 6.00 04/02/13 6.00 04/03/13 6.00 04/04/13 6.00 04/05/13 6.00 CLAIM TOTAL	AMOUNT 98.40 98.40 98.40 98.40 98.40 492.00 CLAIM ACCOUNT REF.	2374830012011870SUP
REG LOC CL: NY 001 2012 DIAGNOSIS CODE		E BII RY, ANGELINA 10	RTH DATE RECIPIENT ID 1784	PRIOR AUTHORIZATION # 405555	
INV # LINI 237484 237484 237484	E # PROCEDURE CODE 1 T1019 1C 2 T1019 1C 3 T1019 1C	0570 03/30/13 0570 03/31/13	THRU DT UNITS 03/30/13 4.00 03/31/13 4.00 04/01/13 4.00	AMOUNT 65.60 65.60 65.60	

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = ICS01 ICS

INV # 237484 237484 237484 237484	LINE # 4 5 6 7	PROCEDURE CODE T1019 1C T1019 1C T1019 1C T1019 1C	REVENUE CD 0570 0570 0570 0570	FROM DT 04/02/13 04/03/13 04/04/13 04/05/13	THRU DT 04/02/13 04/03/13 04/04/13 04/05/13 CLA	UNITS 4.00 4.00 4.00 4.00 IM TOTAL	AMOUNT 65.60 65.60 65.60 65.60 459.20	CLAIM ACCOUNT REF.	2374840012012213SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2012097 CODES:	SERVICE NAME 2013010 RODR 290.0 280.9	IGUEZ, SILVIO 401.9			RECIPIENT ID 9624	PRIC 4462	OR AUTHORIZATION # 238	
INV # 237487 237487 237487	LINE # 1 2 3	PROCEDURE CODE T1019 1C T1019 1C T1019 1C	REVENUE CD 0570 0570 0570	FROM DT 04/03/13 04/04/13 04/05/13	THRU DT 04/03/13 04/04/13 04/05/13 CLA	UNITS 8.00 8.00 8.00 IM TOTAL	AMOUNT 131.20 131.20 131.20 393.60	CLAIM ACCOUNT REF.	2374870012013010SUP

PAYER TOTALS: ICS # OF CLAIMS = 25 TOTAL CLAIM AMOUNT = 2,000.80

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

PROVIDER ID = 113502051 NPI = 1154407492 SUNNYSIDE CITYWIDE

PAYER ID = INIPA HEALTHCARE PARTNERS IPA I

			111111111111111111111111111111111111111	IIICINDICO I					
REG LOC	CLIENT	SERVICE NAME		BIR	TH DATE	RECIPIENT ID	PRIC	OR AUTHORIZATION #	
NY 001 2		SERVICE NAME 2010800 GOME 230.3 153.0	S, AGUSTINA	05/	05/1933	JRX53860E01	2013	3030885700001	
DIAGNOSIS (	CODES:	230.3 153.0	401.9 73	3.00 V60	1.3				
DO	OCTOR:	NAME: CITYWIDE,	SUNNYSIDE		NPI: 1154	407492			
	LINE #	PROCEDURE CODE		FROM DT			AMOUNT		
237479	1	T1019	0580	03/30/13			151.92		
237479	2	T1019	0580	03/31/13			151.92		
237479	3	T1019	0580	04/01/13	04/01/13		151.92		
237479	4	T1019	0580	04/02/13			151.92		
237479	5	T1019	0580	04/03/13			151.92		
237479	6	T1019 T1019	0580	04/04/13	04/04/13	36.00	151.92		
237479	7	T1019	0580	04/05/13	04/05/13		151.92		
					CL	AIM TOTAL	1,063.44	CLAIM ACCOUNT REF.	2374790012010800SUP
NY 001 2 DIAGNOSIS (		SERVICE NAME 2010804 ZAMB 250.11 272.0 NAME: CITYWIDE,	401.9 43	BIR 12/ 5.9 586	i <b>.</b>		PRIC 2013	DR AUTHORIZATION # 8031115500001	
	LINE #	PROCEDURE CODE					AMOUNT		
237482	1	T1019	0580	04/02/13	04/02/13	16.00	67.52		
237482	2	T1019	0580 0580	04/03/13	04/03/13	16.00	67.52		
	3		0580	04/04/13	04/04/13	16.00	67.52		
237482	4	T1019	0580	04/05/13		16.00			
					CL	AIM TOTAL	270.08	CLAIM ACCOUNT REF.	2374820012010804SUP
	CLIENT 2008228 CODES: OCTOR:	SERVICE NAME 2010805 TOWL 722.10 401.9 NAME: CITYWIDE,	ES, ADA 724.3 75 SUNNYSIDE	BIR 12/ 0.7 V61	TH DATE 10/1954 9 NPI: 1154	RECIPIENT ID JZX17878Q01 407492	PRIC 2013	DR AUTHORIZATION # 3031115500002	
	LINE #	PROCEDURE CODE					AMOUNT		
	1	T1019	0580	04/02/13			67.52		
	2		0580	04/03/13			67.52		
237481	3		0580	04/04/13			67.52		
237481	4	T1019	0580	04/05/13		16.00	67.52	CLATM ACCOUNT DEE	2274010012010005

CLAIM TOTAL

270.08 CLAIM ACCOUNT REF. 2374810012010805SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013041007213598RRSUP

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 2012890 2012890 SCOTT, AKHNATON 04/28/1992 JPQ4958E01 2013032015500001

DIAGNOSIS CODES: 299.00 317.

DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
237480	1	T1019	0580	03/30/13	03/30/13	32.00	135.04	
237480	2	T1019	0580	03/31/13	03/31/13	32.00	135.04	
237480	3	T1019	0580	04/01/13	04/01/13	16.00	67.52	
237480	4	T1019	0580	04/02/13	04/02/13	16.00	67.52	
237480	5	T1019	0580	04/03/13	04/03/13	16.00	67.52	
237480	6	T1019	0580	04/04/13	04/04/13	16.00	67.52	
					~		F 40 16	~

CLAIM TOTAL 540.16 CLAIM ACCOUNT REF. 2374800012012890SUP

PAYER TOTALS: HEALTHCARE PARTNERS IPA I # OF CLAIMS = 21 TOTAL CLAIM AMOUNT = 2,143.76

# SERVICES =

PROVIDER TOTALS: SUNNYSIDE CITYWIDE # OF CLAIMS = 861 TOTAL CLAIM AMOUNT = 103,812.29