INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

5 T1020

207000

SUNNYSIDE CITYWIDE NPI = 1154407492

PROVIDER ID = 113502051 PAYER ID = 11315 FIDELIS CARE NY REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 10/30/1992 741244251 111891261 NY 001 2008267 2008267 SZE, BECKY DIAGNOSIS CODES: 343.9 737.9 799.89 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS TRUDOMA 207007 1 08/11/12 08/11/12 6.00 101.22 5.00 207007 T1020 84.35 08/13/12 08/13/12 5.00 207007 3 T1020 08/14/12 08/14/12 84.35 207007 4 T1020 08/15/12 08/15/12 5.00 84.35 207007 5 T1020 08/16/12 08/16/12 5.00 84.35 207007 6 T1020 08/17/12 08/17/12 5.00 84.35 CLAIM TOTAL 522.97 CLAIM ACCOUNT REF. 2070070012008267SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008268 2008268 PANOS, DESPINA D 05/11/1950 64126998700 111800517 DIAGNOSIS CODES: 340. 345.90 401.9 493.90 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS LINE # 207004 1 T1020 08/11/12 08/11/12 9.00 151.83 207004 08/12/12 08/12/12 151.83 T1020 9.00 08/13/12 08/13/12 207004 3 T1020 9.00 151.83 207004 4 T1020 08/14/12 08/14/12 9.00 151.83 207004 5 T1020 08/15/12 08/15/12 9.00 151.83 207004 6 T1020 08/16/12 08/16/12 9.00 151.83 207004 7 T1020 08/17/12 08/17/12 9.00 151.83 1,062.81 CLAIM ACCOUNT REF. 2070040012008268SUP CLAIM TOTAL BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 12/05/1941 74148852400 111891265 REG LOC CLIENT SERVICE NAME NY 001 2008306 2008306 GIL, ALICIA M DIAGNOSIS CODES: 340. 733.00 530.81 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS LINE # TMITOMA INV # T1020 08/13/12 08/13/12 7.00 118.09 207000 1 08/14/12 08/14/12 7.00 118.09 207000 2 T1020 207000 3 T1020 08/15/12 08/15/12 7.00 118.09 207000 4 T1020 08/16/12 08/16/12 7.00 118.09

08/17/12 08/17/12 7.00

CLAIM TOTAL

118.09

590.45 CLAIM ACCOUNT REF. 207000012008306SUP

PAGE:

1

2

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

PROVIDER ID = 113502051	SUNNYSIDE CITYWIDE	NPI = 1154407492

92 PAYER ID = 11315FIDELIS CARE NY

REG LOC CLIENT NY 001 2008386 DIAGNOSIS CODES:	SERVICE NAME 2008386 BATISTA, JOSE 344.1 401.9 599.0		RECIPIENT ID	PRIOR AUTHORIZATION # 120820411	
INV # LINE # 206999 1 206999 2 206999 3 206999 5 206999 6 206999 7	PROCEDURE CODE REVENUE CD T1020 T1020 T1020 T1020 T1020 T1020 T1020	FROM DT THRU DT 08/11/12 08/11/12 08/12/12 08/12/12 08/13/12 08/13/12 08/14/12 08/14/12 08/15/12 08/15/12 08/16/12 08/16/12 08/17/12 08/17/12 CLAI	UNITS 7.00 7.00 4.00 7.00 7.00 7.00 7.00 7.00	AMOUNT 118.09 118.09 67.48 118.09 118.09 118.09 118.09 776.02 CLAIM ACCOUNT REF.	2069990012008386SUP
REG LOC CLIENT NY 001 2008400 DIAGNOSIS CODES:	SERVICE NAME 2008400 SAMOJEDNY, MICHAE 436. 401.9 571.5 78		RECIPIENT ID 74102201600	PRIOR AUTHORIZATION # 113550568	
INV # LINE # 207006 1 207006 2 207006 3	PROCEDURE CODE REVENUE CD T1020 T1020 T1020	FROM DT THRU DT 08/14/12 08/14/12 08/16/12 08/16/12 08/17/12 08/17/12 CLAI	UNITS 4.00 4.00 5.00 IM TOTAL	AMOUNT 67.48 67.48 84.35 219.31 CLAIM ACCOUNT REF.	2070060012008400SUP
REG LOC CLIENT NY 001 2008388 DIAGNOSIS CODES:	SERVICE NAME 2009283 MARTINEZ, LUISA 340. 799.89		RECIPIENT ID 74179809800	PRIOR AUTHORIZATION # 11951467	
INV # LINE # 207003 1 207003 2 207003 3 207003 4 207003 5 207003 6 207003 7	PROCEDURE CODE REVENUE CD T1020 T1020 T1020 T1020 T1020 T1020 T1020	FROM DT THRU DT 08/11/12 08/11/12 08/12/12 08/12/12 08/13/12 08/13/12 08/14/12 08/14/12 08/15/12 08/15/12 08/16/12 08/16/12 08/17/12 08/17/12 CLAI	UNITS 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00	AMOUNT 202.44 202.44 202.44 202.44 202.44 202.44 202.44 202.44 1,417.08 CLAIM ACCOUNT REF.	2070030012009283SUP
REG LOC CLIENT NY 001 2009956 DIAGNOSIS CODES:	SERVICE NAME 2009956 PURNELL, ROSE 493.00 311. 401.9 46		RECIPIENT ID 74207950500	PRIOR AUTHORIZATION # 120550698	
INV # LINE # 207005 1	PROCEDURE CODE REVENUE CD T1020	FROM DT THRU DT 08/07/12	UNITS 4.00	AMOUNT 67.48	

INPUT FILE		444/COMPSUP/HIPA	AIN/E500201208		3RRSUP				TAGE: 5
PROVIDER ID PAYER ID	= 1135 = 1131	502051 15	SUNNYSIDE C FIDELIS CARI	ITYWIDE E NY		Λ	NPI = 11544	107492	
207005 207005 207005 207005 207005 207005 207005	INE # 2 3 4 5 6 7 8	PROCEDURE CODE T1020 T1020 T1020 T1020 T1020 T1020 T1020		08/11/12 08/12/12 08/13/12 08/14/12 08/15/12 08/16/12 08/17/12	08/11/12 08/12/12 08/13/12 08/14/12 08/15/12 08/16/12 08/17/12	4.00 4.00 4.00 4.00 4.00 4.00 4.00	539 84	CLAIM ACCOUNT REF.	2070050012009956SUP
REG LOC (NY 001 20 DIAGNOSIS CO	CLIENT 009268 ODES: 4	SERVICE NAME 2010041 VARG 437.9 253.5	AS, RAQUEL 345.91 E889	BIR 07/ 5.9	TH DATE 05/1949	RECIPIENT ID 74201787700	PRIC 1212	DR AUTHORIZATION # 291101	
INV # L: 207008 207008 207008 207008 207008 207008 207008	INE # 1 2 3 4 5 6 7	PROCEDURE CODE T1020 T1020 T1020 T1020 T1020 T1020 T1020		FROM DT 08/11/12 08/12/12 08/13/12 08/14/12 08/15/12 08/16/12 08/16/12 08/17/12	08/11/12 08/12/12 08/13/12 08/14/12 08/15/12 08/16/12 08/17/12	9.00 9.00 9.00 9.00 9.00 9.00	AMOUNT 151.83 151.83 151.83 151.83 151.83 151.83 151.83	CLAIM ACCOUNT REF.	2070080012010041SUP
REG LOC (NY 001 20 DIAGNOSIS CO	008376	SERVICE NAME 2010712 LITM 401.9 780.2	AN, GAIL V12.54	BIR 10/	TH DATE 23/1952	RECIPIENT ID 74146355500	PRIC 1119	DR AUTHORIZATION # 951068	
	INE # 1	PROCEDURE CODE T1020		07/11/12	07/11/12 CL	5.00 AIM TOTAL	84.35 84.35		2070010012010712SUP
NY 001 20		SERVICE NAME 2010712 LITM 401.9 780.2	AN, GAIL V12.54	BIR 10/	TH DATE 23/1952	RECIPIENT ID 74146355500	PRIC 1119	DR AUTHORIZATION # 951068	
INV # L: 207002 207002 207002 207002 207002	INE # 1 2 3 4 5	PROCEDURE CODE T1020 T1020 T1020 T1020 T1020		FROM DT 08/13/12 08/14/12 08/15/12 08/16/12 08/17/12	08/13/12 08/14/12 08/15/12 08/16/12 08/17/12	5.00 5.00 5.00 5.00	AMOUNT 84.35 84.35 84.35 84.35 67.48 404.88	CLAIM ACCOUNT REF.	2070020012010712SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 11315 FIDELIS CARE NY

PAYER TOTALS: FIDELIS CARE NY # OF CLAIMS = 56 TOTAL CLAIM AMOUNT = 6,680.52

PAGE: REPORT DATE 08/22/12 SUNNYSIDE CITYWIDE

5

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

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

1 T1019

206998

PROVIDER ID =	113502051	SUNNYSIDE CITYWIDE	NPI = 1154407492
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92 PAYER ID = 11325NEIGHBORHOOD HEALTH BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 07/24/1943 10062577601 072111255060 REG LOC CLIENT SERVICE NAME 2008261 FERNANDEZ, MARIA 07/24/1943 10062577601 NY 001 2008261 DIAGNOSIS CODES: 250.00 272.2 493.00 536.9 733.00 AMOUNT PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 206984 1 08/15/12 08/15/12 16.00 67.52 2 206984 16.00 T1019 08/16/12 08/16/12 67.52 206984 3 T1019 08/17/12 08/17/12 16.00 67.52 CLAIM TOTAL 202.56 CLAIM ACCOUNT REF. 2069840012008261SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # . EDW 10/28/1952 10062883101 083111260220 REG LOC CLIENT SERVICE NAME NY 001 2008263 2008263 MORALES HERNADEZ, EDW 10/28/1952 10062883101 DIAGNOSIS CODES: 344.1 799.89 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 206991 1 08/11/12 08/11/12 24.00 101.28 T1019 08/12/12 08/12/12 24.00 101.28 206991 T1019 24.00 101.28 206991 08/13/12 08/13/12 206991 T1019 08/14/12 08/14/12 24.00 101.28 206991 5 T1019 08/15/12 08/15/12 24.00 101.28 6 T1019 206991 08/16/12 08/16/12 24.00 101.28 206991 7 T1019 08/17/12 08/17/12 24.00 101.28 CLAIM TOTAL 708.96 CLAIM ACCOUNT REF. 2069910012008263SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 052212292391 10/05/1954 10043001301 NY 001 2008265 2008265 SHEPPARD, ERMA DIAGNOSIS CODES: 295.90 250.00 272.0 401.9 440.9 AMOUNT INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 206996 1 T1019 08/11/12 08/11/12 40.00 168.80 206996 2 T1019 08/12/12 08/12/12 40.00 168.80 3 T1019 08/13/12 08/13/12 206996 40.00 168.80 T1019 206996 08/14/12 08/14/12 40.00 168.80 5 T1019 206996 08/15/12 08/15/12 40.00 168.80 6 T1019 206996 08/16/12 08/16/12 40.00 168.80 T1019 135.04 206996 7 08/17/12 08/17/12 32.00 1,147.84 CLAIM ACCOUNT REF. 2069960012008265SUP CLAIM TOTAL PRIOR AUTHORIZATION # 082611259599 REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID 2008303 WILSON, SHERYL NY 001 2008303 08/28/1956 10060476901 DIAGNOSIS CODES: 737.39 344.9 493.90 799.89 AMOUNT

08/11/12 08/11/12 16.00

UNITS

67.52

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INV # 206998 206998 206998 206998 206998	LINE # 2 3 4 5 6 7		E REVENUE CD		08/12/12 08/13/12 08/14/12 08/15/12 08/16/12 08/17/12	UNITS 16.00 24.00 24.00 24.00 24.00 24.00 IM TOTAL	AMOUNT 67.52 101.28 101.28 101.28 101.28 101.28 641.44	CLAIM ACCOUNT REF.	2069980012008303SUP
	2008305	SERVICE NAI 2008305 ARI 493.00 042.	ME DITTO, PATRICIA 300.00 31	BIR 10/ .1. 530	TH DATE 29/1952 0.81 780.	RECIPIENT ID 10053196701 4	PRIC 0729	DR AUTHORIZATION # 911256276	
INV # 206981 206981 206981 206981	LINE # 1 2 3 4	T1019 T1019 T1019 T1019	E REVENUE CD	08/13/12 08/14/12 08/16/12 08/17/12	08/13/12 08/14/12 08/16/12 08/17/12 CLA	IM IOIAL	AMOUNT 101.28 101.28 101.28 101.28 405.12		2069810012008305SUP
	C CLIENT L 2008366 IS CODES:	SERVICE NAI 2008366 JOI 799.89	ME NES, CYNTHIA	BIR 03/	TH DATE 17/1950	RECIPIENT ID 10063968601	PRIC 0722	DR AUTHORIZATION # 211255308	
INV # 206987 206987 206987	LINE # 1 2 3	PROCEDURE CODE T1019 T1019 T1019	E REVENUE CD	08/14/12	08/14/12 08/17/12	UNITS 36.00 36.00 36.00 IM TOTAL	AMOUNT 151.92 151.92 151.92 455.76	CLAIM ACCOUNT REF.	2069870012008366SUP
	C CLIENT 2008403 IS CODES:			BIR RELL 10/	TH DATE 30/1988	RECIPIENT ID 10082619401	PRIC 0722	DR AUTHORIZATION # 211255317	
INV # 206982 206982 206982 206982 206982 206982	LINE # 1 2 3 4 5 6 7	PROCEDURE CODI T1019 T1019 T1019 T1019 T1019 T1019 T1019	E REVENUE CD	08/11/12 08/12/12 08/13/12 08/14/12 08/15/12 08/16/12	08/11/12 08/12/12 08/13/12 08/14/12 08/15/12 08/16/12 08/17/12	UNITS 28.00 28.00 32.00 28.00 28.00 28.00 28.00 28.00	AMOUNT 118.16 118.16 135.04 118.16 118.16 118.16 844.00	CLAIM ACCOUNT REF.	2069820012008403SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

NPI = 1154407492 SUNNYSIDE CITYWIDE

PROVIDER ID = 113502051 PAYER ID = 11325NEIGHBORHOOD HEALTH

REG LOC CLIENT NY 001 2008420 DIAGNOSIS CODES:	SERVICE NAME 2008420 SALVATO, MARY 340. 244.9 250.00 27	BIRTH DATE RECIPIENT ID 04/06/1954 10064119301 2.0 401.9 493.00 799.89	PRIOR AUTHORIZATION # 072211255313	
INV # LINE # 206995 1 206995 2 206995 3 206995 4 206995 5 206995 6	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 08/12/12 08/12/12 32.00 08/13/12 08/13/12 32.00 08/14/12 08/14/12 32.00 08/15/12 08/15/12 32.00 08/16/12 08/16/12 32.00 08/17/12 08/17/12 32.00 CLAIM TOTAL	AMOUNT 135.04 135.04 135.04 135.04 135.04 810.24 CLAIM ACCOUNT REF.	2069950012008420SUP
REG LOC CLIENT NY 001 2008422 DIAGNOSIS CODES:	SERVICE NAME 2008422 MOSKOWITZ, RONA 799.89 401.9 493.92 72	BIRTH DATE RECIPIENT ID 02/16/1952 10063710601 9.0 V02.62	PRIOR AUTHORIZATION # 072211255325	
INV # LINE # 206992 1 206992 2 206992 3 206992 4 206992 5 206992 6	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 08/11/12 08/11/12 24.00 08/13/12 08/13/12 24.00 08/14/12 08/13/12 24.00 08/15/12 08/15/12 24.00 08/16/12 08/16/12 24.00 08/17/12 08/17/12 24.00 08/17/12 08/17/12 24.00 CLAIM TOTAL	AMOUNT 101.28 101.28 101.28 101.28 101.28 101.28 607.68 CLAIM ACCOUNT REF.	2069920012008422SUP
REG LOC CLIENT NY 001 2008425 DIAGNOSIS CODES:	SERVICE NAME 2008425 WELLS, WYNORIA 278.01 253.5 272.4 35	BIRTH DATE RECIPIENT ID 09/10/1959 10063849801 6.9 401.9	PRIOR AUTHORIZATION # 081911258799	
INV # LINE # 206997 1 206997 2 206997 3	PROCEDURE CODE REVENUE CD T1019 T1019 T1019	FROM DT THRU DT UNITS 08/13/12 08/13/12 16.00 08/14/12 08/14/12 16.00 08/17/12 08/17/12 16.00 CLAIM TOTAL	AMOUNT 67.52 67.52 67.52 202.56 CLAIM ACCOUNT REF.	2069970012008425SUP
REG LOC CLIENT NY 001 2008427 DIAGNOSIS CODES:	SERVICE NAME 2008427 FLORES, MARITZA 427.31 278.01 285.9 31	BIRTH DATE RECIPIENT ID 09/26/1953 10044817901 1. 425.8 799.89	PRIOR AUTHORIZATION # 072911256156	
INV # LINE # 206985 1 206985 2 206985 3	PROCEDURE CODE REVENUE CD T1019 T1019 T1019	FROM DT THRU DT UNITS 08/11/12 08/11/12 40.00 08/12/12 08/12/12 40.00 08/13/12 08/13/12 40.00	AMOUNT 168.80 168.80 168.80	

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REPORT DATE 08/22/12 INPUT FILE = /VOL444/COMPSUP/	SUNNYSIDE CITYWIDE HIPAAIN/E500201208220137520	63RRSUP		PAGE: 8
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INV # LINE # PROCEDURE C 206985 4 T1019 206985 5 T1019 206985 6 T1019 206985 7 T1019	08/15/12 08/16/12	THRU DT UNITS 08/14/12 40.00 08/15/12 40.00 08/16/12 40.00 08/17/12 40.00 CLAIM TOTAL	AMOUNT 168.80 168.80 168.80 168.80 1,181.60 CLAIM ACCOUNT REF.	2069850012008427SUP
	RODRIGUEZ, MARIA 02,	RTH DATE RECIPIENT ID 10057325401 9.89	PRIOR AUTHORIZATION # 070912298224	
INV # LINE # PROCEDURE (206994 1 T1019 206994 2 T1019 206994 3 T1019 206994 4 T1019 206994 5 T1019	08/14/12 08/15/12 08/16/12	THRU DT UNITS 08/13/12 16.00 08/14/12 16.00 08/15/12 16.00 08/16/12 16.00 08/17/12 16.00 CLAIM TOTAL	AMOUNT 67.52 67.52 67.52 67.52 67.52 67.52 337.60 CLAIM ACCOUNT REF.	2069940012008531SUP
	KROLL, KATHERINE 09	RTH DATE RECIPIENT ID /22/1949 10088829601 6.2 401.9	PRIOR AUTHORIZATION # 080811257332	
INV # LINE # PROCEDURE (206990 1 T1019 206990 2 T1019 206990 3 T1019 206990 4 T1019 206990 5 T1019	08/14/12 08/15/12 08/16/12	THRU DT UNITS 08/13/12 28.00 08/14/12 28.00 08/15/12 28.00 08/16/12 28.00 08/17/12 28.00 CLAIM TOTAL	AMOUNT 118.16 118.16 118.16 118.16 118.16 590.80 CLAIM ACCOUNT REF.	2069900012008742SUP
NY 001 2008802 2008802	DIAZ, CARMEN 07,	RTH DATE RECIPIENT ID 10089557301 3.00	PRIOR AUTHORIZATION # 062712297011	
INV # LINE # PROCEDURE C 206983 1 T1019 206983 2 T1019 206983 3 T1019 206983 4 T1019	08/14/12	THRU DT UNITS 08/13/12 16.00 08/14/12 24.00 08/16/12 24.00 08/17/12 24.00 CLAIM TOTAL	AMOUNT 67.52 101.28 101.28 101.28 371.36 CLAIM ACCOUNT REF.	2069830012008802SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

PROVIDER ID = 113502051 NPI = 1154407492 SUNNYSIDE CITYWIDE

PAYER ID = 11325NEIGHBORHOOD HEALTH

REG LOC NY 001 DIAGNOSIS		SERVICE NAME 2009221 KHALIL, R 799.89 294.8 343	ASHAN 02/	TH DATE 11/1989	RECIPIENT ID 10060620501		DR AUTHORIZATION # 512296643	
INV # 206988 206988 206988 206988	LINE # 1 2 3 4	PROCEDURE CODE REVE T1019 T1019 T1019 T1019	ENUE CD FROM DT 08/13/12 08/15/12 08/16/12 08/17/12	08/15/12 08/16/12 08/17/12	28.00 28.00	AMOUNT 118.16 118.16 118.16 135.04 489.52	CLAIM ACCOUNT REF.	2069880012009221SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2009356 CODES:	SERVICE NAME 2009356 KHAN, FAR 696.8 253.5 272	UQUE 02/	O8/1949	RECIPIENT ID 10076892101		DR AUTHORIZATION # 111269647	
INV # 206989 206989 206989 206989 206989 206989	LINE # 1 2 3 4 5 6 7	PROCEDURE CODE REVE T1019 T1019 T1019 T1019 T1019 T1019 T1019	ENUE CD FROM DT 08/11/12 08/12/12 08/13/12 08/14/12 08/15/12 08/16/12 08/17/12	08/12/12 08/13/12 08/14/12 08/15/12 08/16/12 08/17/12	44.00 48.00 48.00 48.00 48.00	AMOUNT 202.56 185.68 202.56 202.56 202.56 202.56 202.56 1,401.04	CLAIM ACCOUNT REF.	2069890012009356SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2010143 CODES:	SERVICE NAME 2010143 AHMED, UM 335.19 695.4		RTH DATE 15/1985	RECIPIENT ID 10062660901		DR AUTHORIZATION # 211255328	
INV # 206979 206979 206979 206979 206979	LINE # 1 2 3 4 5 6	PROCEDURE CODE REVE T1019 T1019 T1019 T1019 T1019 T1019	NUE CD FROM DT 08/12/12 08/13/12 08/14/12 08/15/12 08/16/12 08/17/12	08/13/12 08/14/12 08/15/12 08/16/12 08/17/12	32.00 32.00 32.00 32.00	AMOUNT 135.04 135.04 135.04 135.04 135.04 135.04 810.24	CLAIM ACCOUNT REF.	2069790012010143SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2008398 CODES:	SERVICE NAME 2010353 RODRIGUEZ 799.89 253.5 278		RTH DATE 23/1984	RECIPIENT ID 10063030901		DR AUTHORIZATION # 211255272	
INV # 206993	LINE #	PROCEDURE CODE REVE	NUE CD FROM DT 08/13/12	THRU DT 08/13/12	UNITS 20.00	AMOUNT 84.40		

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REPORT DATE 08/22/12 PAGE: SUNNYSIDE CITYWIDE 1.0

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

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

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 206993 2 T1019 08/14/12 08/14/12 20.00 84.40 206993 3 T1019 08/15/12 08/15/12 20.00 84.40 206993 4 T1019 08/17/12 08/17/12 20.00 84.40 CLAIM TOTAL 337.60 CLAIM ACCOUNT REF. 2069930012010353SUP

CLAIM TOTAL

877.76 CLAIM ACCOUNT REF. 2069860012010639SUP

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

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 206986 1 07/26/12 07/26/12 28.00 118.16 206986 T1019 08/11/12 08/11/12 24.00 101.28 206986 T1019 08/12/12 08/12/12 24.00 101.28 206986 T1019 08/13/12 08/13/12 24.00 101.28 206986 T1019 08/14/12 08/14/12 28.00 118.16 206986 08/15/12 08/15/12 24.00 101.28 6 T1019 206986 T1019 08/16/12 08/16/12 28.00 118.16 206986 8 T1019 08/17/12 08/17/12 28.00 118.16

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

PROCEDURE CODE REVENUE CD FROM DT THRU DT AMOUNT INV # LINE # UNITS 08/13/12 08/13/12 151.92 206980 1 Т1019 36.00 206980 T1019 08/14/12 08/14/12 36.00 151.92 206980 3 T1019 08/15/12 08/15/12 36.00 151.92 206980 T1019 08/16/12 08/16/12 36.00 151.92 206980 5 T1019 08/17/12 08/17/12 36.00 151.92 759.60 CLAIM ACCOUNT REF. 2069800012010878SUP CLAIM TOTAL

PAYER TOTALS: # OF CLAIMS =

NEIGHBORHOOD HEALTH 108 TOTAL CLAIM AMOUNT = 13,183.28 # SERVICES = 2.0

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 13265 METROPLUS HEALTH PLAN

NY	LOC 001 GNOSIS	CLIENT 2008233 CODES:	SERVICE 2008233 356.9	NAME ARIA 348.2	S, NORA 401.9	73		RTH DATE /31/1981	RECIPIENT RB08739R		IOR AUTHORIZATION # 06191290349	
20° 20° 20° 20° 20° 20°	NV # 7032 7032 7032 7032 7032 7032 7032 7032	LINE # 1 2 3 4 5 6 7	PROCEDURI T1019 T1019 T1019 T1019 T1019 T1019 T1019	E CODE	REVENUE	CD	FROM DT 08/11/12 08/12/12 08/13/12 08/14/12 08/15/12 08/16/12 08/17/12	08/12/12 08/13/12 08/14/12 08/15/12 08/16/12 08/17/12	4.00 12.00 12.00 12.00 12.00	AMOUNT 68.60 68.60 205.80 205.80 205.80 205.80 1,166.20	CLAIM ACCOUNT REF.	2070320012008233SUP
NY	LOC 001 GNOSIS	CLIENT 2008236 CODES:	SERVICE 2008236 250.10	NAME PERS 272.0	BAD, USHA 401.9	22		RTH DATE /05/1955	RECIPIENT TS79090G		IOR AUTHORIZATION # 03301290322	
20° 20° 20° 20° 20°	NV # 7040 7040 7040 7040 7040 7040	LINE # 1 2 3 4 5 6	PROCEDURN T1019 T1019 T1019 T1019 T1019 T1019	E CODE	REVENUE	CD	FROM DT 08/11/12 08/12/12 08/13/12 08/14/12 08/15/12 08/17/12	08/12/12 08/13/12 08/14/12 08/15/12 08/17/12	8.00 11.00 11.00 11.00	AMOUNT 137.20 137.20 188.65 188.65 188.65 188.65 1,029.00	CLAIM ACCOUNT REF.	2070400012008236SUP
REG NY DIAG	001	CLIENT 2008237 CODES:	SERVICE 2008237 401.9	NAME DURH 250.00	: IAM, CYNTI 300.00		05	RTH DATE /23/1960 3.90 530	RECIPIENT ZB21969Z		IOR AUTHORIZATION # -070312-900-05	
20° 20° 20° 20°	NV # 7036 7036 7036 7036 7036	LINE # 1 2 3 4 5	PROCEDURI T1019 T1019 T1019 T1019 T1019	E CODE	REVENUE	CD	FROM DT 08/13/12 08/14/12 08/15/12 08/16/12 08/17/12	08/14/12 08/15/12 08/16/12 08/17/12	4.00 4.00 4.00	AMOUNT 68.60 68.60 68.60 68.60 68.60 343.00	CLAIM ACCOUNT REF.	2070360012008237SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

SUNNYSIDE CITYWIDE NPI = 1154407492

PROVIDER ID = 113502051 PAYER ID = 13265METROPLUS HEALTH PLAN

	CLIENT 008284 ODES: 3	SERVICE NAN 2008284 ANI 340. 286.0	DERSON, BETH	BIF 12/)1.9	TH DATE 18/1947	RECIPIENT ID YC43135F		DR AUTHORIZATION # 3131290194	
INV # Li 207031 207031 207031 207031 207031	2 3 4	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019	E REVENUE CD	FROM DT 08/13/12 08/14/12 08/15/12 08/16/12 08/17/12	08/14/12 08/15/12 08/16/12 08/17/12	6.00 6.00 6.00	AMOUNT 102.90 102.90 102.90 102.90 102.90 514.50	CLAIM ACCOUNT REF.	2070310012008284SUP
	CLIENT 008385 ODES: 5		ME RDOCK, GERTRUDE 369.10 38	11/	TH DATE 01/1917 9 715	RECIPIENT ID SS71357M .90 733.00		DR AUTHORIZATION # 5221290271	
INV # L: 207038 207038 207038 207038 207038	1 2 3 4	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019	E REVENUE CD	FROM DT 08/13/12 08/14/12 08/15/12 08/16/12 08/17/12	08/14/12 08/15/12 08/16/12 08/17/12	8.00 8.00 8.00	AMOUNT 137.20 137.20 137.20 137.20 137.20 686.00	CLAIM ACCOUNT REF.	2070380012008385SUP
	CLIENT 008415 ODES: 3		ME DOYA, MONICA 295.90 40	09/	TH DATE 30/1958 3.90	RECIPIENT ID WP66802A		DR AUTHORIZATION # 3281290468	
INV # L3 207033 207033	1	PROCEDURE CODE T1019 T1019	E REVENUE CD	FROM DT 08/15/12 08/17/12	08/17/12		AMOUNT 85.75 85.75 171.50	CLAIM ACCOUNT REF.	2070330012008415SUP
	CLIENT 008417 ODES: 3	SERVICE NAN 2008417 GAI 345.90	ME LAS, TERESA		TH DATE 08/1955	RECIPIENT ID ZX91437V		DR AUTHORIZATION # 5191290406	
INV # LT 207037 207037 207037 207037 207037 207037	1 2 3 4 5	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019	E REVENUE CD	FROM DT 08/11/12 08/12/12 08/13/12 08/14/12 08/15/12 08/16/12	08/12/12 08/13/12 08/14/12	5.00 5.00 5.00 5.00	AMOUNT 85.75 85.75 85.75 85.75 85.75		

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

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		3502051			CITYWIDE			NPI = 1	154407492		
PAYER	ID = 132	265		METROPLUS	HEALTH PLA	N					
T3777 II	T TATE	PROGERRIPE	CODE	DELIENTE CD	EDOM DE	minni pm	IBITEC	7.1401	3.777		
	LINE #	PROCEDURE T1019	CODE	REVENUE CD		THRU DT	UNITS 5.00	AMOU			
207037	/	T1019			08/1//12	08/17/12		85. 600.			207027001200041777
						CL	AIM TOTAL	600.	25 CLAIM ACCOUN	I REF.	2070370012008417SUP
REG LOC	CLIENT	SERVICE	MAME		рт	מייע היים	RECIPIENT	TD	PRIOR AUTHORIZATION	ON #	
	2008418	2008418	DVALC	CHADIFC	BI 11	/03/1050	ZZ49620T	ID	PRIOR AUTHORIZATION 0103051290159	JIN #	
DIAGNOSIS			0.00	272.0	278.00 29	5.00 311	780.5		0103031270137		
DINGNODIO	CODED	101.9 23		272.0	270.00	3.00 311	. ,00.3	•			
INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOU	NT		
207042	1	T1019			08/09/12	08/09/12	8.00	137.			
207042	2	T1019				08/13/12		137.			
207042	3	T1019				08/14/12		120.			
207042	4	T1019				08/15/12		137.			
207042	5	T1019				08/16/12		137.			
207042	6	T1019				08/17/12		137.			
207012	ŭ	11017			00/1//12		AIM TOTAL	806.		T REF.	2070420012008418SUP
REG LOC	CLIENT	SERVICE	NAME		BI		RECIPIENT	ID	PRIOR AUTHORIZATION	# NC	
NY 001	2008743	2008743		RO, ROSENDO	80 C	/26/1926	QM62108S		0101231290569		
DIAGNOSIS	CODES:	492.0 27	2.0	401.9	715.00 78	8.30					
	LINE #	PROCEDURE	CODE	REVENUE CD		THRU DT	UNITS	AMOU			
207034	1	T1019				08/11/12		171.			
207034	2	T1019				08/12/12		171.			
207034	3	T1019				08/13/12		171.			
207034	4	T1019				08/14/12		171.			
207034	5	T1019				08/15/12		171.			
207034	6	T1019				08/16/12		171.			
207034	7	T1019			08/17/12	08/17/12		171.			
						CL	AIM TOTAL	1,200.	50 CLAIM ACCOUN	r REF.	2070340012008743SUP
										"	
REG LOC	CLIENT	SERVICE	NAME		BI 11	RTH DATE	RECIPIENT		PRIOR AUTHORIZATI	# MC	
	2008283	2009137		, ANGLE	TT	/15/1958	UT00109J		0107061290221		
DIAGNOSIS	CODES:	340. 40	1.9								
INV #	LINE #	חם∪קביטנוםיי	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOU	ידית		
207035	1 1 me #	T1019	CODE	KEAEMOE CD		08/11/12		325.			
207035	2	T1019				08/11/12		325.			
207035	3	T1019				08/12/12		325.			
207035	4	T1019				08/13/12		325.			
207035	5	T1019				08/15/12		120.			
20/033	ی	11012			00/13/12		AIM TOTAL	1,423.		י קקק י	2070350012009137SUP
						CL	VIN IOIVI	1,423.	42 CHAIM ACCOON	T KEL.	Z01033001Z00313130P

REPORT DATE 08/22/12 PAGE: SUNNYSIDE CITYWIDE 14

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

6 T1019

7 T1019

207044

207044

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 13265 METROPLUS HEALTH PLAN REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID NY 001 2009377 2009377 SANTORO, MATTHEW 08/20/1949 SP38021Q PRIOR AUTHORIZATION # 0102291290309 DIAGNOSIS CODES: 299.01 453.9 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS TUITOMA 207043 1 08/13/12 08/13/12 6.00 102.90 6.00 T1019 102.90 207043 08/14/12 08/14/12 102.90 207043 3 T1019 08/15/12 08/15/12 6.00 207043 4 T1019 08/16/12 08/16/12 6.00 102.90 207043 5 T1019 08/17/12 08/17/12 6.00 102.90 CLAIM TOTAL 514.50 CLAIM ACCOUNT REF. 2070430012009377SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 08/04/1992 SZ46585R 0107031290329 NY 001 2008235 2009688 RAMPERSAID, ALISSA 08/04/1992 SZ46585R DIAGNOSIS CODES: 319. 315.9 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 207041 08/11/12 08/11/12 8.00 137.20 1 T1019 207041 T1019 08/13/12 08/13/12 3.00 51.45 T1019 08/14/12 08/14/12 207041 3 3.00 51.45 08/15/12 08/15/12 8.00 207041 T1019 137.20 08/16/12 08/16/12 8.00 207041 5 T1019 137.20 207041 6 T1019 08/17/12 08/17/12 8.00 137.20 651.70 CLAIM ACCOUNT REF. 2070410012009688SUP CLAIM TOTAL BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 01/21/1981 QQ82218A 0102101290257 REG LOC CLIENT SERVICE NAME NY 001 2008280 2009919 SHUMON, NUK-FNU DIAGNOSIS CODES: 952.9 344.1 564.00 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 207044 1 T1019 08/11/12 08/11/12 4.00 68.60 207044 2 T1019 08/12/12 08/12/12 4.00 68.60 207044 3 T1019 08/13/12 08/13/12 4.00 68.60 4 T1019 08/14/12 08/14/12 4.00 207044 68.60 207044 5 T1019 08/15/12 08/15/12 4.00 68.60

4.00

CLAIM TOTAL

68.60

68.60

480.20 CLAIM ACCOUNT REF. 2070440012009919SUP

08/16/12 08/16/12

08/17/12 08/17/12 4.00

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

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	OG00558G	0106011290042

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	
207045	1	T1019		08/06/12	08/06/12	8.00	137.20	
207045	2	T1019		08/07/12	08/07/12	8.00	137.20	
207045	3	T1019		08/08/12	08/08/12	8.00	137.20	
207045	4	T1019		08/11/12	08/11/12	8.00	137.20	
207045	5	T1019		08/13/12	08/13/12	8.00	137.20	
207045	6	T1019		08/14/12	08/14/12	7.00	120.05	
207045	7	T1019		08/15/12	08/15/12	8.00	137.20	
					OT 3 T	M DODAT	042 25	OT 7 T

CLAIM TOTAL 943.25 CLAIM ACCOUNT REF. 2070450012010213SUP

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

DIAGNOSIS CODES: 253.5 272.4 354.0 401.9 733.09

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 207039 1 T1019 08/14/12 08/14/12 3.00 51.45 207039 2 T1019 08/16/12 08/16/12 3.00 51.45 CLAIM TOTAL 102.90 CLAIM ACCOUNT REF. 2070390012010886SUP

PAYER TOTALS: METROPLUS HEALTH PLAN # OF CLAIMS = 82 TOTAL CLAIM AMOUNT = 10,633.00

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 14163WELLCARE OF NY

TAIBN ID - II	WEDLEARD OF	111	
REG LOC CLIENT NY 001 2008286 DIAGNOSIS CODES:	2008286 RAMIREZ, ALIDA A	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION 12/10/1950 ZN85118U 110614772	#
INV # LINE # 207048 1 207048 2 207048 3 207048 4 207048 5 207048 6 207048 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 08/11/12 08/11/12 36.00 154.80 08/12/12 08/12/12 36.00 154.80 08/13/12 08/13/12 36.00 154.80 08/14/12 08/14/12 36.00 154.80 08/15/12 08/15/12 20.00 86.00 08/15/12 08/15/12 20.00 86.00 08/16/12 08/16/12 36.00 154.80 08/17/12 08/17/12 36.00 154.80 08/17/12 08/17/12 36.00 154.80 CLAIM TOTAL 1,014.80 CLAIM ACCOUNT	REF. 2070480012008286SUP
REG LOC CLIENT NY 001 2008495 DIAGNOSIS CODES:	2008495 MARTINEZ, MARIA	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION 09/05/1958 ZV42745Q 110885355 1.9 493.90	#
INV # LINE # 207047 1 207047 2 207047 4 207047 5 207047 7 207047 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	08/11/12 08/11/12 24.00 103.20 08/12/12 08/12/12 24.00 103.20 08/13/12 08/13/12 24.00 103.20 08/14/12 08/14/12 24.00 103.20 08/15/12 08/15/12 24.00 103.20 08/16/12 08/16/12 24.00 103.20 08/17/12 08/17/12 24.00 103.20	REF. 2070470012008495SUP
REG LOC CLIENT NY 001 2010404 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION 09/14/1931 740496 110568543 0.27	#
INV # LINE # 207046 1 207046 2 207046 3 207046 4 207046 5 207046 6 207046 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 08/11/12 08/11/12 28.00 120.40 08/12/12 08/12/12 28.00 120.40 08/13/12 08/13/12 28.00 120.40 08/13/12 08/13/12 28.00 120.40 08/14/12 08/14/12 28.00 120.40 08/15/12 08/15/12 28.00 120.40 08/16/12 08/16/12 28.00 120.40 08/16/12 08/16/12 28.00 120.40 08/17/12 08/17/12 28.00 120.40 08/17/12 08/17/12 8.00 120.40 CLAIM TOTAL 842.80 CLAIM ACCOUNT	REF. 2070460012010404SUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 14163 WELLCARE OF NY

PAYER TOTALS: WELLCARE OF NY # OF CLAIMS = 21 TOTAL CLAIM AMOUNT = 2,580.00

REPORT DATE 08/22/12 PAGE: SUNNYSIDE CITYWIDE 18

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

3

T1019

T1019

207028

207028

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 55247HEALTH INSURANCE PLAN SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 2008471 DE JESUS, TIBURCIO 08/11/1947 XX16524S 0004980406 REG LOC CLIENT NY 001 2008273 DIAGNOSIS CODES: 250.03 369.60 401.9 414.04 799.89 V60.3 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 207026 1 0580 08/11/12 08/11/12 36.00 151.92 0580 08/12/12 08/12/12 36.00 151.92 207026 T1019 0580 0580
 0580
 08/15/12
 08/15/12
 36.00

 0580
 08/16/12
 08/16/12
 36.00

 0580
 08/17/12
 08/17/12
 36.00
 151.92 207026 3 T1019 207026 4 T1019 151.92 207026 5 T1019 151.92 CLAIM TOTAL 759.60 CLAIM ACCOUNT REF. 2070260012008471SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 0005044162 NY 001 2008276 2008491 LOYOLA, MARIA 06/11/1981 ZR32498A01 DIAGNOSIS CODES: 952.9 806.8 799.89 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT LINE # 0580 08/13/12 08/13/12 40.00 168.80 207027 1 T1019 207027 2 T1019 0580 08/14/12 08/14/12 40.00 168.80 08/15/12 08/15/12 08/16/12 08/16/12 0580 168.80 207027 3 T1019 40.00 0580 207027 4 T1019 40.00 168.80 CLAIM TOTAL 675.20 CLAIM ACCOUNT REF. 2070270012008491SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008274 2008513 WILLIAMS, DIANE 09/23/1948 YZ36993F 0005080166 DIAGNOSIS CODES: 296.80 250.00 429.3 733.00 253.5 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # 08/13/12 08/13/12 207030 1 T1019 0580 16.00 67.52 0580 0580 0580 207030 2 T1019 08/14/12 08/14/12 16.00 67.52 08/15/12 08/15/12 08/16/12 08/16/12 08/17/12 08/17/12 207030 T1019 16.00 67.52 3 207030 16.00 67.52 T1019 207030 0580 5 T1019 16.00 67.52 CLAIM TOTAL 337.60 CLAIM ACCOUNT REF. 2070300012008513SUP SERVICE NAME PRIOR AUTHORIZATION # 000505050233 REG LOC CLIENT BIRTH DATE RECIPIENT ID NY 001 2008227 2008544 ORR, LOUISE 03/04/1956 ZK403270 DIAGNOSIS CODES: 250.00 401.9 428.0 435.9 429.9 799.89 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 0580 08/11/12 08/11/12 207028 1 T1019 20.00 84.40 08/12/12 08/12/12 20.00 08/13/12 08/13/12 20.00 08/14/12 08/14/12 16.00 0580 0580 0580 207028 2 T1019 84.40

84.40

67.52

REPORT DATE 08/22/12 SUNNYS1 INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E50020	DE CITYWIDE 12082201375263RRSUP	PAGE: 19
	E CITYWIDE NPI = 1154407492 NSURANCE PLAN	
INV # LINE # PROCEDURE CODE REVENUE CODE 207028 5 T1019 0580 207028 6 T1019 0580 207028 7 T1019 0580	D FROM DT THRU DT UNITS AMOUNT 08/15/12 08/15/12 20.00 84.40 08/16/12 08/16/12 20.00 84.40 08/17/12 08/17/12 20.00 84.40 CLAIM TOTAL 573.92 CLAIM ACCOUNT REF.	2070280012008544SUP
REG LOC CLIENT SERVICE NAME NY 001 2008193 2008723 REYNOLDS, HARR DIAGNOSIS CODES: 728.87 250.00 250.60	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # IET 07/01/1958 SR66809C 0003855084 311. 401.9 780.4	
INV # LINE # PROCEDURE CODE REVENUE C 207021 1 T1019 0580 207021 2 T1019 0580 207021 3 T1019 0580	D FROM DT THRU DT UNITS AMOUNT 08/14/12 08/14/12 16.00 56.00 08/16/12 08/16/12 16.00 56.00 08/17/12 08/17/12 16.00 56.00 CLAIM TOTAL 168.00 CLAIM ACCOUNT REF.	2070210012008723SUP
REG LOC CLIENT SERVICE NAME NY 001 2008793 2008793 COPE, WILLIE DIAGNOSIS CODES: 331.0 401.9	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 02/17/1928 XR98607Q 0004050353003	
INV # LINE # PROCEDURE CODE REVENUE COOF 1 T1019 0580 0580 0580 0580 0580 0580 0580 058	D FROM DT THRU DT UNITS AMOUNT 08/11/12 08/11/12 48.00 168.00 08/12/12 08/12/12 48.00 168.00 08/13/12 08/13/12 24.00 84.00 08/14/12 08/14/12 48.00 168.00 08/15/12 08/15/12 48.00 168.00 08/16/12 08/16/12 48.00 168.00 08/16/12 08/16/12 48.00 168.00 08/17/12 08/17/12 48.00 168.00 08/17/12 08/17/12 168.00 168.00 CLAIM TOTAL 1,092.00 CLAIM ACCOUNT REF.	2070150012008793SUP
REG LOC CLIENT SERVICE NAME NY 001 2009237 2009237 WESTFIELD, BRE DIAGNOSIS CODES: 710.4 250.00 401.9	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NDA 01/13/1953 PT26237P 0004291129 414.00 493.90 530.81 728.87	
INV # LINE # PROCEDURE CODE REVENUE COOR	D FROM DT THRU DT UNITS AMOUNT 07/31/12 07/31/12 32.00 112.00 08/11/12 08/11/12 32.00 112.00 08/12/12 08/12/12 32.00 112.00 08/13/12 08/13/12 32.00 112.00 08/14/12 08/14/12 32.00 112.00 08/15/12 08/15/12 32.00 112.00 08/16/12 08/16/12 32.00 112.00 08/16/12 08/16/12 32.00 112.00 08/17/12 08/17/12 32.00 112.00 08/17/12 08/17/12 32.00 112.00 08/17/12 08/17/12 32.00 112.00 08/17/12 08/17/12 32.00 112.00 08/17/12 08/17/12 32.00 112.00 08/17/12 08/17/12 32.00 112.00	2070230012009237SUP
	CELITY TOTAL 050.00 CELITY ACCOUNT REF.	20.0230012000237801

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008223 2009269 SHAH, HANSIKABEN 09/28/1948 UR74418G 0005080096 DIAGNOSIS CODES: 296.20 733.00

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 207029 1 T1019 0580 08/17/12 08/17/12 20.00 84.40

CLAIM TOTAL 84.40 CLAIM ACCOUNT REF. 2070290012009269SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008395 2009406 AHMAD, AMATUL 08/03/1953 YG15821Z 0004979372

DIAGNOSIS CODES: 799.89 253.5 272.4 401.9 493.92 696.8

LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 207024 1 0580 08/13/12 08/13/12 16.00 67.52 T1019 207024 T1019 0580 08/15/12 08/15/12 16.00 67.52 207024 3 T1019 0580 08/16/12 08/16/12 16.00 67.52 207024 T1019 0580 08/17/12 08/17/12 16.00 67.52

CLAIM TOTAL 270.08 CLAIM ACCOUNT REF. 2070240012009406SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2009467 2009467 KEATON, CATHERINE 08/30/1923 WC81742E 0004298435

NY 001 2009467 2009467 KEATON, CATHERINE 08/30/1923 WC81742E 0004298435 DIAGNOSIS CODES: 715.00 365.9 401.9 780.4 788.30

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 207020 T1019 0580 08/11/12 08/11/12 48.00 168.00 1 0580 207020 T1019 08/12/12 08/12/12 48.00 168.00 0580 207020 T1019 08/13/12 08/13/12 48.00 168.00 0580 207020 T1019 08/14/12 08/14/12 48.00 168.00 207020 T1019 0580 08/15/12 08/15/12 48.00 168.00 207020 T1019 0580 08/16/12 08/16/12 48.00 168.00 6 207020 7 T1019 0580 08/17/12 08/17/12 48.00 168.00

CLAIM TOTAL 1,176.00 CLAIM ACCOUNT REF. 2070200012009467SUP

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

NY 001 2008414 2009562 CIPRIAN, JACQUELINE 12/03/1963 2096435W 0004979520 DIAGNOSIS CODES: 345.90

LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 08/15/12 08/15/12 168.80 207025 1 T1019 0580 40.00 207025 2. T1019 0580 08/16/12 08/16/12 40.00 168.80

CLAIM TOTAL 337.60 CLAIM ACCOUNT REF. 2070250012009562SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

PROVIDER ID = 113502051 NPI = 1154407492 SUNNYSIDE CITYWIDE

PAYER ID = 55247HEALTH INSURANCE PLAN

	CLIENT 2009686 CODES:		NEY, FREDERIC	K 01/		RECIPIENT ID RH10373H		DR AUTHORIZATION # 5177081	
INV # L 207017 207017 207017 207017 207017	INE # 1 2 3 4 5	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019	REVENUE CD 0580 0580 0580 0580 0580	08/14/12 08/15/12 08/16/12	08/16/12 08/17/12	UNITS 16.00 16.00 16.00 16.00 16.00 AIM TOTAL	AMOUNT 56.00 56.00 56.00 56.00 56.00 280.00	CLAIM ACCOUNT REF.	2070170012009686SUP
	CLIENT 2009945 CODES:		SON, FRANCES		12/1934	RECIPIENT ID 12030545001		DR AUTHORIZATION # 4676295-001	
INV # L 207019 207019 207019 207019	INE # 1 2 3 4	PROCEDURE CODE T1019 T1019 T1019 T1019	REVENUE CD 0580 0580 0580 0580	08/14/12 08/15/12	08/17/12	UNITS 28.00 28.00 28.00 28.00 AIM TOTAL	AMOUNT 98.00 98.00 98.00 98.00 392.00	CLAIM ACCOUNT REF.	2070190012009945SUP
	CLIENT 2010293 CODES:	SERVICE NAME 2010293 CAMP 722.2 272.0	BELL, CAROL 338.29 40	01/		RECIPIENT ID ZW64229J		DR AUTHORIZATION # 08709	
INV # L 207014 207014	INE # 1 2	PROCEDURE CODE T1019 T1019	REVENUE CD 0580 0580	FROM DT 08/14/12 08/17/12	08/17/12	UNITS 24.00 18.00 AIM TOTAL	AMOUNT 84.00 63.00 147.00	CLAIM ACCOUNT REF.	2070140012010293SUP
	CLIENT 2010316 CODES:	SERVICE NAME 2010316 WEAT 331.0 365.00	HERS, VERDENA			RECIPIENT ID XK12367V		DR AUTHORIZATION # 1884724	
INV # L 207022 207022 207022 207022 207022	INE # 1 2 3 4 5	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019	REVENUE CD 0580 0580 0580 0580 0580	08/15/12 08/16/12	08/14/12 08/15/12 08/16/12 08/17/12	UNITS 16.00 48.00 48.00 48.00 47.00 AIM TOTAL	AMOUNT 56.00 168.00 168.00 168.00 164.50 724.50	CLAIM ACCOUNT REF.	2070220012010316SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2010991 2010991 IANNAZZO, ANGELINA 06/04/1921 RD78526M 0005197384

DIAGNOSIS CODES: 401.9 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
T1/ / #	TITIAT: #	FROCEDONE CODE	KEVENOE CD		IIIKO DI	ONTID			
207018	1	T1019	0580	08/11/12	08/11/12	36.00	126.00		
207018	2	T1019	0580	08/12/12	08/12/12	36.00	126.00		
207018	3	T1019	0580	08/13/12	08/13/12	36.00	126.00		
207018	4	T1019	0580	08/14/12	08/14/12	36.00	126.00		
207018	5	T1019	0580	08/15/12	08/15/12	36.00	126.00		
207018	6	T1019	0580	08/16/12	08/16/12	36.00	126.00		
207018	7	T1019	0580	08/17/12	08/17/12	36.00	126.00		
					CLAI	M TOTAL	882.00	CLAIM ACCOUNT REF.	2070180012010991SUP

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

 NY
 001
 2008113
 2011066
 COPELAND, ELISE
 10/05/1928
 QJ28865K
 0005111746

DIAGNOSIS CODES: 250.00 369.9 311. 401.9 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
207016	1	G0156	0572	08/11/12	08/11/12	7.00	99.75		
207016	2	G0156	0572	08/13/12	08/13/12	3.25	46.31		
207016	3	G0156	0572	08/14/12	08/14/12	7.00	99.75		
207016	4	G0156	0572	08/15/12	08/15/12	7.00	99.75		
207016	5	G0156	0572	08/16/12	08/16/12	7.00	99.75		
207016	6	G0156	0572	08/17/12	08/17/12	7.00	99.75		
					CLAI	M TOTAL	545.06	CLAIM ACCOUNT REF.	2070160012011066SUP

PAYER TOTALS: HEALTH INSURANCE PLAN # OF CLAIMS = 82 TOTAL CLAIM AMOUNT = 9,340.96

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 77073 VNSNY CHOICE

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

NY 001 2008374 2010958 KARASSAVIDES, ARISTOTI 10/09/1962 V80041904 121790012

DIAGNOSIS CODES: 042. 202.88 436. 799.89

PROCEDURE CODE REVENUE CD INV # LINE # FROM DT THRU DT UNITS AMOUNT 207062 1 T1019 08/13/12 08/13/12 28.00 120.12 2 207062 T1019 08/14/12 08/14/12 28.00 120.12 207062 3 T1019 08/15/12 08/15/12 28.00 120.12 207062 T1019 08/16/12 08/16/12 28.00 120.12 207062 T1019 08/17/12 08/17/12 28.00 120.12 CLAIM TOTAL 600.60 CLAIM ACCOUNT REF. 2070620012010958SUP

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

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

PROVIDER ID = 113502051 NPI = 1154407492 SUNNYSIDE CITYWIDE

PAYER ID = 80141HEALTHFIRST PHSP

REG LOC	CLIENT	SERVICE NAME	7	BTE	RTH DATE	RECIPIENT	TD P	RIOR AUTHORIZATION #	
NY 001	2008249		ZZ-RAMIREZ, (OR43529V		1800800	
DIAGNOSIS		714.0 272.4			3.00	2			
INV #	LINE #	PROCEDURE CODE	REVENUE CD		THRU DT	UNITS	AMOUN		
206968	1	T1019		08/12/12	08/12/12		185.6		
206968	2	T1019		08/13/12	08/13/12		185.6		
206968	3	T1019		08/14/12			185.6		
206968	4	T1019			08/15/12		185.6		
206968	5	T1019			08/16/12		185.6		
206968	6	T1019		08/17/12	08/17/12		185.6		
					CL	AIM TOTAL	1,114.0	8 CLAIM ACCOUNT REF.	2069680012008249SUP
REG LOC	CLIENT	SERVICE NAME	7	DTE	TH DATE	RECIPIENT	TD D	RIOR AUTHORIZATION #	
NY 001	2008250		AZAR, LUZ MAI		19/1970	SC60317K		1824834	
DIAGNOSIS				806.05	19/19/0	3C00317K	I.	.1024034	
DIAGNOSIS	CODES.	932.9 304.81	390.34	800.03					
INV #	LINE #	PROCEDURE CODE	REVENUE CD		THRU DT	UNITS	AMOUN		
206972	1	T1019		08/11/12			135.0		
206972	2	T1019		08/12/12			135.0		
206972	3	T1019		08/13/12	08/13/12		135.0		
206972	4	T1019		08/14/12	08/14/12	32.00	135.0	4	
206972	5	T1019		08/15/12	08/15/12	32.00	135.0	4	
206972	6	T1019		08/16/12	08/16/12	32.00	135.0	4	
206972	7	T1019		08/17/12	08/17/12		135.0		
					CL	AIM TOTAL	945.2	8 CLAIM ACCOUNT REF.	2069720012008250SUP
REG LOC	CLIENT				RTH DATE	RECIPIENT		RIOR AUTHORIZATION #	
NY 001	2008251		ALLOS, ANA	12/	31/1919	UH02585Q	R	1828722	
DIAGNOSIS	CODES:	294.10 244.9							
INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUN	T	
206952	1	T1019		08/13/12			135.0		
206952	2	T1019		08/14/12	08/14/12		135.0		
206952	3	T1019		08/15/12			135.0		
206952	4	T1019		08/16/12	08/16/12		135.0		
206952	5	T1019		08/17/12	08/17/12		135.0		
				00, 1., 12	,	AIM TOTAL	675.2		2069520012008251SUP
					02				

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008253 2008253 MACARENA, SAHARA 09/12/1965 VT07830U R1904276
DIAGNOSIS CODES: 359.0 719.45

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 206969 1 T1019 08/17/12 08/17/12 40.00 168.80

CLAIM TOTAL 168.80 CLAIM ACCOUNT REF. 2069690012008253SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008254 2008254 SPIVEY, PATRICIA 04/06/1965 WE52435B R1802635

PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 206974 1 08/13/12 08/13/12 20.00 84.40 206974 T1019 08/14/12 08/14/12 20.00 84.40 206974 3 T1019 08/15/12 08/15/12 20.00 84.40 206974 T1019 08/16/12 08/16/12 20.00 84.40

CLAIM TOTAL 337.60 CLAIM ACCOUNT REF. 2069740012008254SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008256 2008256 CARMONA, LUZ 08/10/1954 XJ24416K R1839723

DIAGNOSIS CODES: 294.8 401.9

DIAGNOSIS CODES: 250.00 401.9 733.00

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 206950 1 T1019 08/13/12 08/13/12 32.00 135.04 135.04 206950 2 T1019 08/14/12 08/14/12 32.00 135.04 206950 3 T1019 08/15/12 08/15/12 32.00 206950 T1019 08/16/12 08/16/12 32.00 135.04

CLAIM TOTAL 540.16 CLAIM ACCOUNT REF. 2069500012008256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008257 2008257 ESTEVES, JOSE 09/04/1948 YD71377C R1832858

DIAGNOSIS CODES: 345.40

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT T1019 08/11/12 08/11/12 206958 1 24.00 101.28 206958 2 T1019 08/12/12 08/12/12 24.00 101.28 206958 T1019 08/13/12 08/13/12 24.00 101.28 3 08/14/12 08/14/12 24.00 206958 T1019 101.28 206958 5 T1019 08/15/12 08/15/12 24.00 101.28 08/16/12 08/16/12 206958 T1019 24.00 101.28 7 T1019 206958 08/17/12 08/17/12 24.00 101.28

CLAIM TOTAL 708.96 CLAIM ACCOUNT REF. 2069580012008257SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

3 T1019

206971

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141 HEALTHFIRST PHSP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008290 SALHUANA, YOLANDA 08/25/1935 SZ24247J R1825265 DIAGNOSIS CODES: 249.70 362.50 401.9 733.00 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 135.04 206973 08/13/12 08/13/12 32.00 206973 08/14/12 08/14/12 32.00 135.04 T1019 32.00 135.04 206973 3 T1019 08/15/12 08/15/12 206973 4 T1019 08/16/12 08/16/12 32.00 135.04 206973 5 T1019 08/17/12 08/17/12 32.00 135.04 CLAIM TOTAL 675.20 CLAIM ACCOUNT REF. 2069730012008290SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 12/25/1968 XD64969X R1831741 REG LOC CLIENT SERVICE NAME 12/25/1968 XD64969X NY 001 2008297 2008297 MARTIN, ARIANA DIAGNOSIS CODES: 250.63 401.9 493.11 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # LINE # 206970 1 08/13/12 08/13/12 16.00 67.52 T1019 206970 2 T1019 08/15/12 08/15/12 16.00 67.52 206970 T1019 08/17/12 08/17/12 16.00 3 67.52 CLAIM TOTAL 202.56 CLAIM ACCOUNT REF. 2069700012008297SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 08/27/1948 RX10287Z R1804541 REG LOC CLIENT SERVICE NAME NY 001 2008362 2008362 FONTANES, PEDRO 08/27/1948 RX10287Z DIAGNOSIS CODES: 724.3 278.00 427.31 428.0 724.2 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT TNV # T1019 08/11/12 08/11/12 28.00 206960 1 118.16 206960 2 T1019 08/12/12 08/12/12 28.00 118.16 206960 3 T1019 08/13/12 08/13/12 28.00 118.16 206960 4 T1019 08/14/12 08/14/12 28.00 118.16 5 T1019 6 T1019 08/15/12 08/15/12 28.00 206960 118.16 08/16/12 08/16/12 28.00 118.16 206960 7 T1019 08/17/12 08/17/12 28.00 118.16 206960 CLAIM TOTAL 827.12 CLAIM ACCOUNT REF. 2069600012008362SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 06/25/1950 ZP21043J R1955871 NY 001 2008368 2008368 RODRIGUEZ, MARGARET 06/25/1950 ZP21043J DIAGNOSIS CODES: 295.90 250.00 272.4 311. 401.9 414.3 733.00 780.52 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 08/13/12 08/13/12 T1019 206971 1 16.00 67.52 2 T1019 08/14/12 08/14/12 67.52 206971 16.00

08/15/12 08/15/12 16.00

67.52

REPORT DATE 08/22/12 PAGE: SUNNYSIDE CITYWIDE 27

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492PAYER ID = 80141HEALTHFIRST PHSP INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 206971 4 T1019 08/16/12 08/16/12 16.00 67.52 206971 5 T1019 08/17/12 08/17/12 16.00 67.52 CLAIM TOTAL 337.60 CLAIM ACCOUNT REF. 2069710012008368SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 2008405 ST ROMAINE, CLAUDE 10/01/1956 UZ14868C NY 001 2008405 0103151202185 DIAGNOSIS CODES: 952.9 344.9 596.54 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 206975 1 T1019 08/11/12 08/11/12 36.00 151.92 151.92 206975 T1019 08/12/12 08/12/12 36.00 206975 T1019 08/13/12 08/13/12 40.00 168.80 206975 T1019 08/14/12 08/14/12 20.00 84.40 206975 5 T1019 08/16/12 08/16/12 40.00 168.80 206975 6 T1019 08/17/12 08/17/12 40.00 168.80 CLAIM TOTAL 894.64 CLAIM ACCOUNT REF. 2069750012008405SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008411 2008411 FRANCISCO, RICHARD 07/10/1968 XR22414G 0103221200941 DIAGNOSIS CODES: 401.9 443.9 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 08/11/12 08/11/12 206961 1 T1019 32.00 135.04 206961 2 T1019 08/12/12 08/12/12 32.00 135.04 08/13/12 08/13/12 135.04 206961 T1019 32.00 206961 т1019 08/14/12 08/14/12 20.00 84.40 206961 T1019 08/15/12 08/15/12 32.00 135.04 206961 6 T1019 08/16/12 08/16/12 32.00 135.04 206961 7 T1019 08/17/12 08/17/12 32.00 135.04 CLAIM TOTAL 894.64 CLAIM ACCOUNT REF. 2069610012008411SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #

NY 001	2008428	2008428	KAUR,	HARBANS		0:	2/03/1937	VB22061J	R1804436
DIAGNOSIS	CODES:	401.9 273	2.4	332.1	453	3.42			
INV #	LINE #	PROCEDURE (CODE I	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
206965	1	T1019				08/11/1:	2 08/11/12	28.00	118.16
206965	2	T1019				08/12/13	2 08/12/12	28.00	118.16
206965	3	T1019				08/13/13	2 08/13/12	28.00	118.16
206965	4	T1019				08/14/13	2 08/14/12	28.00	118.16
206965	5	T1019				08/15/13	2 08/15/12	28.00	118.16
206965	6	T1019				08/16/13	2 08/16/12	28.00	118.16
206965	7	T1019				08/17/1	2 08/17/12	28.00	118.16
						, ,	/		

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80			- 113440/492	
INV # LINE #	PROCEDURE CODE REVENUE CD	FROM DT THRU DT UNITS CLAIM TOTAL	AMOUNT 827.12 CLAIM ACCOUNT REF.	2069650012008428SUP
REG LOC CLIENT NY 001 2008433 DIAGNOSIS CODES:	SERVICE NAME 2008433 BHAIRO, KOWSILIL 340. 286.0 311. 4	BIRTH DATE RECIPIENT ID 05/13/1954 VG15691D 01.9	PRIOR AUTHORIZATION # R1917814	
INV # LINE # 206948 1 206948 2 206948 3 206948 5 206948 5 206948 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 08/11/12 08/11/12 32.00 08/12/12 08/12/12 32.00 08/13/12 08/13/12 32.00 08/14/12 08/14/12 32.00 08/15/12 08/15/12 32.00 08/16/12 08/16/12 32.00 08/17/12 08/16/12 32.00 08/17/12 08/17/12 32.00 CLAIM TOTAL	AMOUNT 135.04 135.04 135.04 135.04 135.04 135.04 945.28 CLAIM ACCOUNT REF.	2069480012008433SUP
REG LOC CLIENT NY 001 2008487 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID 11/23/1949 VD44720Z 01.9 428.0 733.00	PRIOR AUTHORIZATION # R1903232	
INV # LINE # 206947 1 206947 2 206947 3 206947 5 206947 5 206947 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 08/11/12 08/11/12 16.00 08/12/12 08/12/12 16.00 08/13/12 08/13/12 16.00 08/14/12 08/14/12 16.00 08/15/12 08/14/12 16.00 08/15/12 08/15/12 16.00 08/16/12 08/16/12 16.00 08/17/12 08/17/12 16.00 CLAIM TOTAL BIRTH DATE RECIPIENT ID	AMOUNT 67.52 67.52 67.52 67.52 67.52 67.52 67.52 67.52 472.64 CLAIM ACCOUNT REF.	2069470012008487SUP
REG LOC CLIENT NY 001 2008558 DIAGNOSIS CODES:	2008558 SURIEL, GERTRUDI	S 03/17/1950 ZE67447D	PRIOR AUTHORIZATION # R1901123	
INV # LINE # 206976 1 206976 2 206976 3 206976 4 206976 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 08/13/12 08/13/12 16.00 08/14/12 08/14/12 16.00 08/15/12 08/15/12 16.00 08/16/12 08/16/12 16.00 08/17/12 08/17/12 16.00 CLAIM TOTAL	AMOUNT 67.52 67.52 67.52 67.52 67.52 337.60 CLAIM ACCOUNT REF.	2069760012008558SUP

REPORT DATE 08/22/12 PAGE: SUNNYSIDE CITYWIDE 29

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008571 2008571 ESPAILLAT, AMPARO 12/25/1949 ZG25447P R1869116 DIAGNOSIS CODES: 401.9 272.0 311. 365.9 366.9 733.00 UNITS AMOUNT INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT 67.52 206957 1 08/11/12 08/11/12 16.00 2 206957 T1019 08/12/12 08/12/12 16.00 67.52

3 T1019 206957 08/13/12 08/13/12 16.00 67.52 CLAIM TOTAL 202.56 CLAIM ACCOUNT REF. 2069570012008571SUP

BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # REG LOC CLIENT SERVICE NAME NY 001 2008380 2009001 FERRERA FRANCISCA 06/06/1948 YH55651V 0111141101308 DIAGNOSIS CODES: 301.9 401.9 493.00

AMOUNT LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 1 T1019 206959 08/13/12 08/13/12 20.00 84.40 206959 2 T1019 08/15/12 08/15/12 20.00 84.40 206959 3 T1019 08/17/12 08/17/12 20.00 84.40 CLAIM TOTAL 253.20 CLAIM ACCOUNT REF. 2069590012009001SUP

CLAIM TOTAL

506.40 CLAIM ACCOUNT REF. 2069530012009256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008300 2009256 CHARITAR, RAMKALIE 06/23/1953 UY13756G R1812089 DIAGNOSIS CODES: 250.00 311. 401.9 414.00 414.01 466.0

PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # LINE # T1019 08/12/12 08/12/12 206953 1 20.00 84.40 206953 т1019 08/13/12 08/13/12 20.00 84.40 206953 3 т1019 08/14/12 08/14/12 20.00 84.40 4 T1019 206953 08/15/12 08/15/12 20.00 84.40 5 T1019 6 T1019 206953 08/16/12 08/16/12 20.00 84.40 206953 6 T1019 08/17/12 08/17/12 20.00 84.40

PRIOR AUTHORIZATION # R1825085 REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID

NY 001 2008271 2009270 CARRION, MARIA 06/30/1928 SC64434E DIAGNOSIS CODES: 250.00 294.10 401.9 V12.54

PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # LINE # 08/11/12 08/11/12 135.04 206951 1 T1019 32.00 206951 2 T1019 08/13/12 08/13/12 32.00 135.04 T1019 32.00 206951 3 08/14/12 08/14/12 135.04 T1019 08/15/12 08/15/12 206951 4 32.00 135.04 5 08/16/12 08/16/12 206951 T1019 32.00 135.04 6 T1019 08/17/12 08/17/12 32.00 206951 135.04

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID	= 801	41	HEALTHFIRST	PHSP		14.	11 1131	10,132	
INV # L	INE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT CL	UNITS AIM TOTAL	AMOUNT 810.24	CLAIM ACCOUNT REF.	2069510012009270SUP
NY 001 2		SERVICE NAME 2009322 HENRY 253.5 401.9	, BRENDA 429.9 447	04/	TH DATE 13/1954 3.90			OR AUTHORIZATION # 92336	
INV # L 206963	INE # 1	PROCEDURE CODE T1019			08/06/12	UNITS 16.00 AIM TOTAL	AMOUNT 67.52 67.52	CLAIM ACCOUNT REF.	2069630012009322SUP
REG LOC NY 001 2 DIAGNOSIS C		SERVICE NAME 2009405 CORTE 401.9 537.9	S DE GALINDO, 648.12	BIR NEL 05/	TH DATE 25/1925	RECIPIENT ID PF03624B	PRIO R17	OR AUTHORIZATION # 97023	
INV # L 206954 206954 206954 206954 206954 206954 206954 206954	INE # 1 2 3 4 5 6 7 8	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019		08/07/12 08/08/12 08/13/12 08/14/12 08/15/12 08/16/12 08/17/12	08/06/12 08/07/12 08/08/13/12 08/13/12 08/14/12 08/15/12 08/16/12 08/17/12	24.00 24.00 24.00 24.00 24.00 24.00 24.00 AIM TOTAL	AMOUNT 101.28 101.28 101.28 101.28 101.28 101.28 101.28 101.28		2069540012009405SUP
NY 001 2		SERVICE NAME 2009425 FRIAS 785.9 V44.2	, BARBARA	BIR 04/	TH DATE 01/1954	RECIPIENT ID YQ10410R	PRIOR18	OR AUTHORIZATION # 69904	
INV # L 206962 206962 206962 206962	INE # 1 2 3 4	PROCEDURE CODE T1019 T1019 T1019 T1019		08/08/12 08/10/12 08/15/12	08/08/12 08/10/12 08/15/12 08/17/12	16.00 16.00	AMOUNT 67.52 67.52 67.52 67.52 270.08	CLAIM ACCOUNT REF.	2069620012009425SUP
NY 001 2	CLIENT 2009560 CODES:	SERVICE NAME 2009560 BOCHE 854.00 272.4	NEC, JOLANTA 300.00 307	BIR 07/ 7.42 781	TH DATE 08/1964	RECIPIENT ID ZT71147Q		OR AUTHORIZATION # 4121200913	
	INE # 1 2	PROCEDURE CODE T1019 T1019		08/11/12	THRU DT 08/11/12 08/12/12	24.00	AMOUNT 101.28 101.28		

INPUT FILE = /VOL444/COMPSUP/HIP.		53RRSUP		PAGE: 31
PROVIDER ID = 113502051 PAYER ID = 80141	SUNNYSIDE CITYWIDE HEALTHFIRST PHSP	NE	PI = 1154407492	
INV # LINE # PROCEDURE CODE 206949 3 T1019 206949 4 T1019 206949 5 T1019 206949 6 T1019 206949 7 T1019	08/13/12 08/14/12 08/15/12 08/16/12	THRU DT UNITS 08/13/12 24.00 08/14/12 24.00 08/15/12 16.00 08/16/12 24.00 08/17/12 24.00 CLAIM TOTAL	AMOUNT 101.28 101.28 67.52 101.28 101.28 675.20 CLAIM ACCOUNT REF.	2069490012009560SUP
REG LOC CLIENT SERVICE NAM NY 001 2009657 2009657 HER DIAGNOSIS CODES: 493.91 250.00	E BIF RING, CHARLEN 10, 401.9 462. 780	RTH DATE RECIPIENT ID /27/1949 ZE93972Y	PRIOR AUTHORIZATION # R1947878	
206964 1 T1019 206964 2 T1019 206964 3 T1019	08/15/12 08/17/12	08/13/12 16.00 08/15/12 16.00 08/17/12 16.00 CLAIM TOTAL		2069640012009657SUP
REG LOC CLIENT SERVICE NAM NY 001 2010009 2010009 VEG DIAGNOSIS CODES: 340. 250.00	E BIF A, GLORIA 07/ 272.2 311.	RTH DATE RECIPIENT ID /06/1955 ZU45073J	PRIOR AUTHORIZATION # R1843447	
INV # LINE # PROCEDURE CODE 206978 1 T1019 206978 2 T1019 206978 3 T1019 206978 4 T1019 206978 5 T1019	08/14/12 08/15/12 08/16/12	THRU DT UNITS 08/13/12 32.00 08/14/12 32.00 08/15/12 32.00 08/16/12 32.00 08/17/12 32.00 CLAIM TOTAL	AMOUNT 135.04 135.04 135.04 135.04 135.04 675.20 CLAIM ACCOUNT REF.	2069780012010009SUP
REG LOC CLIENT SERVICE NAM NY 001 2008299 2010311 LAZ DIAGNOSIS CODES: 340. 250.00		RTH DATE RECIPIENT ID /03/1950 ZT39863D).9 781.2	PRIOR AUTHORIZATION # R1866346	
INV # LINE # PROCEDURE CODE 206967 1 T1020 206967 2 T1020 206967 3 T1020 206967 4 T1020 206967 5 T1020 206967 6 T1020 206967 7 T1020	08/12/12 08/13/12 08/14/12 08/15/12 08/16/12	08/11/12 7.00 08/12/12 7.00 08/13/12 7.00 08/14/12 7.00 08/15/12 7.00	AMOUNT 118.16 118.16 118.16 118.16 118.16 118.16 67.52 776.48 CLAIM ACCOUNT REF.	2069670012010311SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT NY 001 2010758 DIAGNOSIS CODES:	SERVICE NAME 2010758 VASQUEZ, OLGA 311. 244.9 253.5 40	BIRTH DATE RECIPIENT ID 11/20/1948 WU00136E 1.9 429.9 493.90 948.11	PRIOR AUTHORIZATION # R1906129	
INV # LINE # 206977 1 206977 2 206977 3 206977 4	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 08/11/12 08/11/12 20.00 08/12/12 08/12/12 20.00 08/16/12 08/16/12 20.00 08/17/12 08/17/12 20.00 CLAIM TOTAL	AMOUNT 84.40 84.40 84.40 84.40 337.60 CLAIM ACCOUNT REF.	2069770012010758SUP
REG LOC CLIENT NY 001 2008498 DIAGNOSIS CODES:	2010933 DORNELLAS, STELLA	BIRTH DATE RECIPIENT ID 04/30/1949 RG61445M	PRIOR AUTHORIZATION # R1683724	
INV # LINE # 206955 1	PROCEDURE CODE REVENUE CD T1019	FROM DT THRU DT UNITS 07/23/12 07/23/12 16.00 CLAIM TOTAL	AMOUNT 67.52 67.52 CLAIM ACCOUNT REF.	2069550012010933SUP
REG LOC CLIENT NY 001 2008498 DIAGNOSIS CODES:	SERVICE NAME 2010933 DORNELLAS, STELLA 401.9 253.5 272.1 36	BIRTH DATE RECIPIENT ID 04/30/1949 RG61445M	PRIOR AUTHORIZATION # R1944291	
INV # LINE # 206956 1 206956 2	PROCEDURE CODE REVENUE CD T1019 T1019	FROM DT THRU DT UNITS 08/07/12 08/07/12 16.00 08/17/12 08/17/12 24.00 CLAIM TOTAL	AMOUNT 67.52 101.28 168.80 CLAIM ACCOUNT REF.	2069560012010933SUP
REG LOC CLIENT NY 001 2008813 DIAGNOSIS CODES:	SERVICE NAME 2010967 LARA, TOMASA 401.9 244.9 272.4 71	BIRTH DATE RECIPIENT ID 10/11/1931 SX47950B 5.80	PRIOR AUTHORIZATION # R1921929	
INV # LINE # 206966 1 206966 2 206966 3 206966 4 206966 5 206966 6 206966 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 08/10/12 08/10/12 32.00 08/11/12 08/11/12 32.00 08/13/12 08/13/12 32.00 08/14/12 08/14/12 32.00 08/15/12 08/15/12 32.00 08/16/12 08/16/12 32.00 08/17/12 08/17/12 32.00	AMOUNT 135.04 135.04 135.04 135.04 135.04 135.04 135.04	

CLAIM TOTAL

945.28 CLAIM ACCOUNT REF. 2069660012010967SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141 HEALTHFIRST PHSP

PAYER TOTALS: HEALTHFIRST PHSP # OF CLAIMS = 160 TOTAL CLAIM AMOUNT = 17,673.36

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 87726 UNITEDHEALTHCARE

REG LOC C	CLIENT	SERVICE	NAME		E	BIRTH DATE	RECIPIENT I	D PRIO	OR AUTHORIZATION #	
	08245	2008245		RON, MIGDA		08/02/1961	100195559	607	641299	
DIAGNOSIS CO	DES: 2	250.00 428	8.0	724.00	724.3					
INV # LI	NE #	DDOGEDUDE (CODE I	REVENUE CD	FROM DI	THRU DT	UNITS	AMOUNT		
207009	INE #	PROCEDURE (CODE 1	KEAFNOF CD	08/11/1			171.60		
207009	2	T1019			08/11/1			171.60		
207009	3	T1019			08/12/1			171.60		
207009	4	T1019			08/13/1			171.60		
207009	5	T1019			08/15/1			171.60		
207009	6	T1019			08/16/1			171.60		
207009	7	T1019			08/17/1			171.60		
207005	,	11017			00/1//1	,	AIM TOTAL	1,201.20	CLAIM ACCOUNT DEE	2070090012008245SUP
						CII	AIM TOTAL	1,201.20	CLAIM ACCOUNT REF.	207009001200024350F
REG LOC C	CLIENT	SERVICE	NAME		E	BIRTH DATE	RECIPIENT I	D PRIO	OR AUTHORIZATION #	
NY 001 20	08287	2008287	MILLAI	N, ARMIDA	C	9/13/1928	100063356	6080	047620	
DIAGNOSIS CO	DES: 2	250.00 272	2.4	311.	356.9	365.9 401	.9 530.81			
	NE #	PROCEDURE (CODE I	REVENUE CD			UNITS	AMOUNT		
207010	1	T1019			08/11/1			68.64		
207010	2	T1019			08/12/1			68.64		
207010	3	T1019			08/13/1	, - ,		154.44		
207010	4	T1019			08/14/1			154.44		
207010	5	T1019			08/15/1			154.44		
207010	6	T1019			08/16/1			154.44		
207010	7	T1019			08/17/1			85.80		0.0001.0001.0000.000
						CL	AIM TOTAL	840.84	CLAIM ACCOUNT REF.	2070100012008287SUP
REG LOC C	CLIENT	SERVICE	NAME		Т	BIRTH DATE	RECIPIENT I	ח ח	OR AUTHORIZATION #	
	08401	2008401		, PATRA		2/18/1948	100029836		678036	
DIAGNOSIS CO			4.8		401.9	2/10/1010	100025050	007	070030	
21101.0515 00.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	210.	1.0	2,2,0	101.5					
INV # LI	NE #	PROCEDURE (CODE I	REVENUE CD	FROM DI	THRU DT	UNITS	AMOUNT		
207012	1	T1019			08/11/1			137.28		
207012	2	T1019			08/12/1	,		137.28		
207012	3	T1019			08/13/1			137.28		
207012	4	T1019			08/14/1			137.28		
207012	5	T1019			08/15/1			137.28		
207012	6	T1019			08/16/1			137.28		
207012	7	T1019			08/17/1	.2 08/17/12	32.00	137.28		0050100010000101

CLAIM TOTAL

960.96 CLAIM ACCOUNT REF. 2070120012008401SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 87726 UNITEDHEALTHCARE

REG LOC NY 001 DIAGNOSI	CLIENT 2008432 S CODES:		NAME ZUSUPOV, PULAT .4 530.81		RTH DATE /11/1948	RECIPIENT ID 100600278		OR AUTHORIZATION # 630266	
INV #	LINE #	PROCEDURE CO	DDE REVENUE CI	FROM DT	THRU DT	UNITS	AMOUNT		
207013	1	T1019		08/11/12	08/11/12	16.00	68.64		
207013	2	T1019		08/12/12	08/12/12		68.64		
207013	3	T1019		08/13/12	08/13/12		68.64		
207013	4	T1019		08/14/12	08/14/12	16.00	68.64		
207013	5	T1019		08/15/12	08/15/12	16.00	68.64		
207013	6	T1019		08/16/12	08/16/12	16.00	68.64		
207013	7	T1019		08/17/12	08/17/12	16.00	68.64		
					CL	AIM TOTAL	480.48	CLAIM ACCOUNT REF.	2070130012008432SUP
REG LOC NY 001 DIAGNOSI	2010774		NAME PAUL, PUTUL .9 401.9		RTH DATE /10/1956	RECIPIENT ID 101218709		OR AUTHORIZATION # 3933452	

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 207011 1 T1019 08/13/12 08/13/12 16.00 68.64 207011 2 T1019 08/15/12 08/15/12 16.00 68.64 207011 3 T1019 08/17/12 08/17/12 16.00 68.64

CLAIM TOTAL 205.92 CLAIM ACCOUNT REF. 2070110012010774SUP

PAYER TOTALS: UNITEDHEALTHCARE # OF CLAIMS = 31 TOTAL CLAIM AMOUNT = 3,689.40

REPORT DATE 08/22/12 PAGE: SUNNYSIDE CITYWIDE 36

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

207049

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = AMRGRI AMERIGROUP NEW YORK, LLC REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008266 2008266 GUERRA, LORRAINE 03/22/1948 712731594 102602255 DIAGNOSIS CODES: 431. 784.3 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS TRUDOMA 0580 168.80 207052 1 08/11/12 08/11/12 40.00 0580 08/12/12 08/12/12 40.00 168.80 207052 T1019 0580 08/13/12 08/13/12 32.00 0580 08/14/12 08/14/12 32.00 0580 08/15/12 08/15/12 32.00 0580 08/16/12 08/16/12 32.00 0580 08/16/12 08/16/12 32.00 0580 08/17/12 08/17/12 32.00 135.04 207052 3 T1019 207052 4 T1019 135.04 207052 5 T1019 135.04 207052 6 T1019 135.04 207052 7 T1019 135.04 CLAIM TOTAL 1,012.80 CLAIM ACCOUNT REF. 2070520012008266SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 10/26/1956 712824266 102602130 REG LOC CLIENT SERVICE NAME NY 001 2008409 2009279 PRUITT, JOHNNY 10/26/1956 712824266 DIAGNOSIS CODES: 249.00 272.4 295.00 401.9 585.9 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 1 08/13/12 08/13/12 67.52 207054 S5130 0582 16.00 67.52 207054 2 0582 08/17/12 08/17/12 16.00 S5130 CLAIM TOTAL 135.04 CLAIM ACCOUNT REF. 2070540012009279SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 07/14/1948 715856872 102806651 REG LOC CLIENT SERVICE NAME NY 001 2009647 2009647 FERNANDEZ, NORKA DIAGNOSIS CODES: 401.9 311. 492.8 715.80 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT TNV # 08/13/12 08/13/12 1 207051 T1019 0580 32.00 135.04 0580 0580 0580 207051 2 T1019 08/14/12 08/14/12 36.00 151.92 08/15/12 08/15/12 32.00 08/16/12 08/16/12 36.00 08/17/12 08/17/12 32.00 207051 3 T1019 135.04 207051 4 T1019 151.92 207051 5 0580 135.04 T1019 708.96 CLAIM ACCOUNT REF. 2070510012009647SUP CLAIM TOTAL BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 09/23/1991 6944796 103006820 SERVICE NAME REG LOC CLIENT NY 001 2010003 2010724 DENNISON, KELVIN 09/23/1991 6944796 DIAGNOSIS CODES: 799.9 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT T1019 0580 T1019 0580 T1019 0580 T1019 0580 0580 08/13/12 08/13/12 101.28 207049 1 24.00 08/14/12 08/14/12 24.00 207049 2 08/14/12 08/14/12 24.00 08/15/12 08/15/12 24.00 08/16/12 08/16/12 24.00101.28 3 207049 101.28 4 T1019

101.28

CLAIM TOTAL

CLAIM TOTAL

472.64 CLAIM ACCOUNT REF. 2070490012010724SUP

422.00 CLAIM ACCOUNT REF. 2070550012010729SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

DIAGNOSIS CODES: 319. 493.90 742.1

453.40

DIAGNOSIS CODES: 340.

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

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 207049 5 T1019 0580 08/17/12 08/17/12 16.00 67.52

REG	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008406	2010728	YOUNG,	KALEILE	06/17/1994	006532755	HP0008379
DIAG	NOSIS	CODES:	319. 4	193.90	742.1			

T N T T 7 11	T TATE II	DROGEDIER GODE	DEVENUE OD	EDOM DE	minii pm	TINTERO	A MOTINITI		
INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
207056	1	T1019	0580	08/11/12	08/11/12	16.00	67.52		
207056	2	T1019	0580	08/12/12	08/12/12	16.00	67.52		
207056	3	T1019	0580	08/13/12	08/13/12	8.00	33.76		
207056	4	T1019	0580	08/14/12	08/14/12	8.00	33.76		
207056	5	T1019	0580	08/15/12	08/15/12	8.00	33.76		
207056	6	T1019	0580	08/16/12	08/16/12	8.00	33.76		
207056	7	T1019	0580	08/17/12	08/17/12	8.00	33.76		
					CLAI	M TOTAL	303.84	CLAIM ACCOUNT REF.	2070560012010728SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	0.01	2008407	2010729	WALTERS, BYRON	05/18/2000	006600539	нр0000064

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
207055	1	T1019	0580	08/11/12	08/11/12	20.00	84.40
207055	2	T1019	0580	08/12/12	08/12/12	20.00	84.40
207055	3	T1019	0580	08/13/12	08/13/12	12.00	50.64
207055	4	T1019	0580	08/14/12	08/14/12	12.00	50.64
207055	5	T1019	0580	08/15/12	08/15/12	12.00	50.64
207055	6	T1019	0580	08/16/12	08/16/12	12.00	50.64
207055	7	T1019	0580	08/17/12	08/17/12	12.00	50.64

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010389	2010730	ESPERSON, CLAUDE	04/28/1971	006900634	HP0003722

	INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
	207050	1	T1019	0580	08/13/12	08/13/12	16.00	67.52		
	207050	2	T1019	0580	08/14/12	08/14/12	16.00	67.52		
	207050	3	T1019	0580	08/16/12	08/16/12	16.00	67.52		
	207050	4	T1019	0580	08/17/12	08/17/12	16.00	67.52		
1						CLAI	M TOTAL	270.08	CLAIM ACCOUNT REF.	2070500012010730SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = AMRGRI AMERIGROUP NEW YORK,LLC

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

NY 001 2008365 2010731 HARDING, EDNA 05/17/1956 006274884 HP0009108

DIAGNOSIS CODES: 493.90 253.5 272.4 296.80

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 207053 1 T1019 0580 08/13/12 08/13/12 24.00 101.28 2 207053 0580 08/14/12 08/14/12 24.00 101.28 T1019 0580 207053 3 T1019 08/15/12 08/15/12 24.00 101.28 207053 4 T1019 0580 08/16/12 08/16/12 24.00 101.28 207053 T1019 0580 08/17/12 08/17/12 24.00 101.28 CLAIM TOTAL 506.40 CLAIM ACCOUNT REF. 2070530012010731SUP

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

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = ICS01 ICS

REG LOC NY 001 DIAGNOSIS	CLIENT 2010018 CODES:	SERVICE NAME 2010959 HAWE 344.1 344.5			RTH DATE /13/1993	RECIPIENT ID 5681	PRI(364!	DR AUTHORIZATION # 551	
INV # 207060	LINE #	PROCEDURE CODE T1019 1C	REVENUE CD 0570	FROM DT 08/13/12	THRU DT 08/13/12	UNITS 10.00	AMOUNT		
207060	2	T1019 1C	0570	08/14/12	08/14/12		159.00		
207060	3	T1019 1C	0570	08/15/12	08/15/12		155.03		
207060	4	T1019 1C	0570	08/16/12	08/16/12		159.00		
207060	5	T1019 1C	0570	08/17/12			159.00		
					CL	AIM TOTAL	791.03	CLAIM ACCOUNT REF.	2070600012010959SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2008258 CODES:		E Z JR, SAMUEL 552.21		RTH DATE /20/1971	RECIPIENT ID 6470	PRIC 372	DR AUTHORIZATION # 708	
INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
207061	1	T1019 1C	0570	08/13/12	08/13/12		79.50		
207061	2	T1019 1C	0570	08/14/12	08/14/12	5.00	79.50		
207061	3	T1019 1C	0570	08/15/12	08/15/12	5.00	79.50		
207061	4	T1019 1C	0570	08/16/12	08/16/12	5.00	79.50		
207061	5	T1019 1C	0570	08/17/12	08/17/12	5.00	79.50		

CLAIM TOTAL 397.50 CLAIM ACCOUNT REF. 2070610012011073SUP

PAYER TOTALS: ICS # OF CLAIMS = 10 TOTAL CLAIM AMOUNT = 1,188.53

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012082201375263RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = INIPA HEALTHCARE PARTNERS IPA I

PROVIDER TOTALS: SUNNYSIDE CITYWIDE

		THE THE THE THE T			
REG LOC CLIEN NY 001 200838 DIAGNOSIS CODES:	32 2010800 GOMES, AGU	BIRTH DA STINA 05/05/19 3 401.9 733.00		PRIOR AUTHORIZATI 2012081092600005	ON #
INV # LINE # 207057 1 207057 2 207057 3	PROCEDURE CODE REVEN T1019 0580 T1019 0580 T1019 0580	08/15/12 08/1	5/12 36.00 6/12 36.00	AMOUNT 151.92 151.92 151.92 455.76 CLAIM ACCOUN	T REF. 2070570012010800SUP
REG LOC CLIEN NY 001 200839 DIAGNOSIS CODES:	6 2010804 ZAMBRANO,	ZOILA 12/03/19	TE RECIPIENT ID 38 JSV04323R01	PRIOR AUTHORIZATI 2012081592600002	ON #
INV # LINE # 207059 1 207059 2 207059 3 207059 4	T1019 0580	UE CD FROM DT THRU 08/14/12 08/1 08/15/12 08/1 08/16/12 08/1 08/17/12 08/1	4/12 16.00 5/12 16.00 6/12 16.00	AMOUNT 67.52 67.52 67.52 67.52 270.08 CLAIM ACCOUN	T REF. 2070590012010804SUP
REG LOC CLIEN NY 001 200822 DIAGNOSIS CODES:	28 2010805 TOWLES, AI	BIRTH DA A 12/10/19 10 724.3 750.7		PRIOR AUTHORIZATI 2012072392600008	ON #
INV # LINE # 207058 1 207058 2 207058 3 207058 4	PROCEDURE CODE REVEN T1019 0580 T1019 0580 T1019 0580 T1019 0580	UE CD FROM DT THRU 08/13/12 08/1 08/14/12 08/1 08/15/12 08/1 08/16/12 08/1	3/12 16.00 4/12 16.00 5/12 16.00	AMOUNT 67.52 67.52 67.52 67.52 270.08 CLAIM ACCOUN	T REF. 2070580012010805SUP
PAYER TOTALS:	HEALTHCARE PARTNERS IE	A I # OF CLAI # SERVICE		L CLAIM AMOUNT =	995.92

OF CLAIMS = 608 TOTAL CLAIM AMOUNT = 70,397.33 # SERVICES = 114