REPORT DATE 11/14/12 SUNNYSIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 1

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012111403563600

SUBMITTER ID = SUNNYSI SUNNYSIDE

PROVIDER ID = 113502051 SUNNYSIDE NPI = 1154407492

REG LOC 001	CLIENT 2004478	SERVICE 2004478	NAME ACERNO	CLAIRE		RTH DATE /28/1922	RECIPIENT ID GNT04447100	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM	I DT	THRU DT	UNITS	AMOUNT		
216395	1	T1019				11/05/12		75.60		
216395	2	T1019				11/06/12		75.60		
216395	3	T1019				11/07/12		56.70		
216395	4	T1019				11/08/12		75.60		
216395	5	T1019		11/0	19/12	11/09/12		75.60		
						CLA	IM TOTAL	359.10	CLAIM ACCOUNT REF. 216395	0012004478
REG LOC	CLIENT	SERVICE	NAME		BIF	RTH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #	
001	2006118	2006118	ALI	AMRUNIS	10/	/05/1934	93703296700			
INV #	LINE #	PROCEDURE	CODE	FROM	יים ז	THRU DT	UNITS	AMOUNT		
216396	1 1 1 H	S5125	CODE			11/03/12		60.48		
216396	2	S5125 S5125				11/05/12		60.48		
216396	3	S5125				11/06/12		60.48		
216396	4	S5125		, .	- ,	11/07/12		60.48		
216396	5	S5125		, .	,	11/08/12		60.48		
216396	6	S5125				11/09/12		60.48		
						CLA	IM TOTAL	362.88	CLAIM ACCOUNT REF. 216396	0012006118
REG LOC	CLIENT	SERVICE	NAME			RTH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #	
001	2011654	2011654	ALIX	PEDRO	01/	/31/1937	GNT03916300			
INV #	LINE #	PROCEDURE	CODE	FROM	I DT	THRU DT	UNITS	AMOUNT		
216397	1	S5126			,	10/27/12		196.56		
216397	2	S5126			- ,	10/28/12		196.56		
216397	3	S5126		10/2	9/12	10/29/12		196.56		
						CLA	IM TOTAL	589.68	CLAIM ACCOUNT REF. 216397	0012011654
REG LOC	CLIENT	SERVICE	NAME		BIF	RTH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #	
001	2011654	2011654	ALIX	PEDRO	01/	/31/1937	GNT03916300			
INV #	LINE #	PROCEDURE	CODE	FROM	ידים ז	THRU DT	UNITS	AMOUNT		
216398	1	S5126	CODE			11/03/12		196.56		
216398	2	S5126				11/04/12		196.56		
216398	3	S5126				11/05/12		196.56		
216398	4	S5126		11/0	6/12	11/06/12	1.00	196.56		
216398	5	S5126		11/0	7/12	11/07/12	1.00	196.56		
216398	6	S5126				11/08/12		196.56		
216398	7	S5126		11/0	9/12	11/09/12		196.56		
						CLA	IM TOTAL	1,375.92	CLAIM ACCOUNT REF. 216398	30012011654
REG LOC	CLIENT	SERVICE	NAME		BIF	RTH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #	
001	2010843	2010843	ALSTON	ZULINE		07/1927	GNT06188400		- "	
TNT7 "	T TATE !!	DD OGEDITA	CODE	HP 01		miinii	IBITES	AMOTTE		
INV # 216399	LINE # 1	PROCEDURE T1019	CODE	FROM		THRU DT 11/03/12	UNITS 32.00	AMOUNT 120.96		
210399	1	11019		11/0	13/12	11/03/12	32.00	120.96		

REPORT DATE 11/1 INPUT FILE = /VC	4/12 SUNN L444/COMPSUP/HIPAAIN/E320	YSIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 2 2012111403563600
SUBMITTER ID = S PROVIDER ID = 1		E NPI = 1154407492
216399 2 216399 3 216399 4 216399 5 216399 6	T1019 T1019 T1019 T1019 T1019	11/04/12 11/04/12 32.00 120.96 11/05/12 11/05/12 32.00 120.96 11/06/12 11/06/12 32.00 120.96 11/07/12 11/07/12 32.00 120.96 11/08/12 11/08/12 32.00 120.96 11/08/12 11/08/12 32.00 120.96 CLAIM TOTAL 725.76 CLAIM ACCOUNT REF. 2163990012010843
REG LOC CLIEN 001 201158		BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 08/11/1925 GNT06270600
INV # LINE # 216400 1 1 216400 2 216400 3	PROCEDURE CODE T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 11/05/12 11/05/12 16.00 60.48 11/07/12 11/07/12 16.00 60.48 11/09/12 11/09/12 15.00 56.70 CLAIM TOTAL 177.66 CLAIM ACCOUNT REF. 2164000012011581
REG LOC CLIEN 001 200781		BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # JAMILA 02/19/1919 GNT00018500
INV # LINE # 216401 1 1 216401 3 216401 4 216401 5 216401 7	PROCEDURE CODE S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125	FROM DT THRU DT UNITS AMOUNT 11/03/12 11/03/12 36.00 136.08 11/04/12 11/04/12 32.00 120.96 11/05/12 11/05/12 48.00 181.44 11/06/12 11/06/12 48.00 181.44 11/07/12 11/07/12 40.00 151.20 11/08/12 11/08/12 44.00 166.32 11/09/12 11/09/12 40.00 151.20 CLAIM TOTAL 1,088.64 CLAIM ACCOUNT REF. 2164010012007817
REG LOC CLIEN 001 201150		BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 10/30/1926 GNT06467800
INV # LINE # 216402 1 216402 2	PROCEDURE CODE T1019 T1019	FROM DT THRU DT UNITS AMOUNT 11/05/12 11/05/12 16.00 60.48 11/09/12 11/09/12 32.00 120.96 CLAIM TOTAL 181.44 CLAIM ACCOUNT REF. 2164020012011503
REG LOC CLIEN 001 200663		BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # CONCETT 02/27/1916 GNT04556300
INV # LINE # 216403 1 1 216403 2 216403 3 216403 4 216403 5	PROCEDURE CODE S5125 S5125 S5125 S5125 S5125	FROM DT THRU DT UNITS AMOUNT 11/05/12 11/05/12 36.00 136.08 11/06/12 11/06/12 36.00 136.08 11/07/12 11/07/12 36.00 136.08 11/08/12 11/08/12 36.00 136.08 11/09/12 11/09/12 36.00 136.08 11/09/12 11/09/12 36.00 136.08 CLAIM TOTAL 680.40 CLAIM ACCOUNT REF. 2164030012006632
REG LOC CLIEN 001 201037		BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 10/04/1935 GNT05955100
INV # LINE #	PROCEDURE CODE	FROM DT THRU DT UNITS AMOUNT

REPORT DATE 11/14/12 INPUT FILE = /VOL444	2 SUNNY 4/COMPSUP/HIPAAIN/E3202	SIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 3 012111403563600
SUBMITTER ID = SUNNY PROVIDER ID = 11350		NPI = 1154407492
216404 2 S 216404 3 S	S5125 S5125 S5125 S5125	11/06/12 11/06/12 40.00 151.20 11/07/12 11/07/12 40.00 151.20 11/08/12 11/08/12 40.00 151.20 11/09/12 11/09/12 40.00 151.20 CLAIM TOTAL 604.80 CLAIM ACCOUNT REF. 2164040012010374
REG LOC CLIENT 001 2002769	SERVICE NAME 2002769 CEPEDA	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 09/07/1932 93700964900
216405 1 T 216405 2 T 216405 3 T 216405 4 T	PROCEDURE CODE r1019 r1019 r1019 r1019 r1019	FROM DT THRU DT UNITS AMOUNT 11/05/12 11/05/12 24.00 90.72 11/06/12 11/06/12 24.00 90.72 11/07/12 11/07/12 24.00 90.72 11/08/12 11/08/12 24.00 90.72 11/08/12 11/08/12 24.00 90.72 11/09/12 11/09/12 24.00 90.72 CLAIM TOTAL 453.60 CLAIM ACCOUNT REF. 2164050012002769
REG LOC CLIENT 001 2008320	SERVICE NAME 2008320 COLAVITTI	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 05/23/1911 GNT04482200
	PROCEDURE CODE S5125	FROM DT THRU DT UNITS AMOUNT 10/29/12 10/29/12 32.00 120.96 CLAIM TOTAL 120.96 CLAIM ACCOUNT REF. 2164060012008320
REG LOC CLIENT 001 2008320	SERVICE NAME 2008320 COLAVITTI	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 05/23/1911 GNT04482200
216407 1 S 216407 2 S 216407 3 S 216407 4 S 216407 5 S 216407 6 S	PROCEDURE CODE \$5125 \$5125 \$5125 \$5125 \$5125 \$5125 \$5125	FROM DT THRU DT UNITS AMOUNT 11/03/12 11/03/12 32.00 120.96 11/04/12 11/04/12 31.00 117.18 11/05/12 11/05/12 32.00 120.96 11/06/12 11/06/12 32.00 120.96 11/07/12 11/07/12 32.00 120.96 11/08/12 11/08/12 32.00 120.96 11/08/12 11/08/12 32.00 120.96 11/09/12 11/09/12 32.00 120.96 11/09/12 11/09/12 32.00 120.96 CLAIM TOTAL 842.94 CLAIM ACCOUNT REF. 2164070012008320
REG LOC CLIENT 001 2009790	SERVICE NAME 2009790 COLEMAN	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 11/26/1958 GNT060020000
216408 1 S 216408 2 S 216408 3 S 216408 4 S 216408 5 S 216408 6 S	PROCEDURE CODE \$5125 \$5125 \$5125 \$5125 \$5125 \$5125 \$5125 \$5125	FROM DT THRU DT UNITS AMOUNT 11/03/12 11/03/12 32.00 120.96 11/04/12 11/04/12 32.00 120.96 11/05/12 11/05/12 20.00 75.60 11/06/12 11/06/12 8.00 30.24 11/07/12 11/07/12 20.00 75.60 11/08/12 11/08/12 8.00 30.24 11/09/12 11/09/12 12.00 45.36 CLAIM TOTAL 498.96 CLAIM ACCOUNT REF. 2164080012009790
REG LOC CLIENT 001 2011599	SERVICE NAME 2011599 DELEON	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # JUANA 04/18/1918 GNT04795000
INV # LINE # F	PROCEDURE CODE	FROM DT THRU DT UNITS AMOUNT

REPORT DA				YSIDE CITYWIDE 2012111403563600		HIPAA	DATA FII	LE REPORT (PHLT837/EDIS) PAGE 4
SUBMITTER			SUNNYSIDI					
PROVIDER	ID = 113	502051 SUI	NNYSIDE			NPI	I = 1154 ⁴	407492
216409	1	S5125		11/05/12			90.72	
216409 216409	2	S5125 S5125		11/06/12 11/07/12			90.72 90.72	
216409	4	S5125		11/08/12			90.72	
216409	5	S5125		11/09/12			90.72	
					CLA	AIM TOTAL	453.60	CLAIM ACCOUNT REF. 2164090012011599
REG LOC 001	CLIENT 2009982	SERVICE 2009982	NAME DIAZ 2		TH DATE 28/1919	RECIPIENT ID GNT6048400	PRIOR	AUTHORIZATION #
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
216410 216410	1 2	S5125 S5125		11/05/12 11/06/12			120.96 120.96	
216410	3	S5125 S5125		11/00/12			120.96	
216410	4	S5125		11/08/12	11/08/12	32.00	120.96	
216410	5	S5125		11/09/12			120.96	GT 3 TW 3 GGOVERN DEED 016410001000000
					CLF	AIM TOTAL	604.80	CLAIM ACCOUNT REF. 2164100012009982
REG LOC 001	CLIENT 2006667	SERVICE 2006667	NAME DIAZ		TH DATE 21/1918	RECIPIENT ID GNT05048800	PRIOR	AUTHORIZATION #
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
216411	1	T1019		11/03/12			75.60	
216411 216411	2	T1019 T1019		11/04/12 11/05/12			75.60 105.84	
216411	4	T1019		11/06/12			105.84	
216411	5	T1019		11/07/12			105.84	
216411 216411	6 7	T1019 T1019		11/08/12 11/09/12			105.84 105.84	
210411	,	11019		11/09/12		AIM TOTAL	680.40	CLAIM ACCOUNT REF. 2164110012006667
REG LOC	CLIENT	SERVICE	NAME	BTR	TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #
001	2004554	2004554	DONOSO		17/1938	GNT01219900	1111011	110 110 110 110 110 110 110 110 110 110
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
216412	1 2	S5125 S5125		11/05/12 11/06/12			90.72 90.72	
216412 216412	3	S5125 S5125		11/08/12			90.72	
216412	4	S5125		11/09/12			90.72	
					CLA	AIM TOTAL	362.88	CLAIM ACCOUNT REF. 2164120012004554
REG LOC 001	CLIENT 2011256	SERVICE 2011256	NAME DURAN		TH DATE 16/1925	RECIPIENT ID GNT06350900	PRIOR	AUTHORIZATION #
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
216413 216413	1 2	S5125 S5125		11/05/12 11/07/12			98.28 98.28	
216413	3	S5125 S5125		11/07/12			98.28	
216413	4	S5125		11/09/12			98.28	
					CLA	AIM TOTAL	393.12	CLAIM ACCOUNT REF. 2164130012011256
REG LOC 001	CLIENT 2006124	SERVICE 2006124	NAME EARLINGTON		TH DATE 25/1947	RECIPIENT ID GNT04981500	PRIOR	AUTHORIZATION #
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	

		1.0	~					
REPORT DA			SUNNYS HIPAAIN/E32020/	SIDE CITYWIDE		HIPA	A DATA FII	LE REPORT (PHLT837/EDIS) PAGE 5
INPUT FIL	E = / VOL14	144/COMPSOP	/ HIPAAIN/ E32020	31211140330300	U			
SUBMITTER			SUNNYSIDE					
PROVIDER	ID = 113	502051 SUI	NNYSIDE			N	IPI = 11544	407492
016414		~5105		11 (05 (10	11 (05 (10	00.00	105.04	
216414	1	S5125			11/05/12		105.84	
216414 216414	2 3	S5125 S5125			11/06/12 11/07/12		105.84 105.84	
216414	4	S5125 S5125			11/07/12		105.84	
216414	5	S5125			11/00/12		105.84	
210111	3	55125		11/05/12	, ,	IM TOTAL	529.20	CLAIM ACCOUNT REF. 2164140012006124
REG LOC	CLIENT	SERVICE	NAME		RTH DATE	RECIPIENT I		AUTHORIZATION #
001	2009394	2009394	ECKMAN	LOIS 04	/02/1919	GNT05317600)	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
216415	1	T1020	CODE		11/03/12		196.56	
216415	2	T1020			11/04/12		196.56	
216415	3	T1020			11/05/12		196.56	
216415	4	T1020			11/06/12		196.56	
216415	5	T1020		11/07/12	11/07/12	1.00	196.56	
216415	6	T1020		11/08/12	11/08/12	1.00	196.56	
					CLA	IM TOTAL	1,179.36	CLAIM ACCOUNT REF. 2164150012009394
DEG TOG	OT TENE	CEDITOR	NINME	DT		DEGIDIENE I	D DDIOD	ALIMITOD T CAMTON #
REG LOC 001	CLIENT 2003052	SERVICE 2003052	NAME ESCOBAR		RTH DATE /04/1937	RECIPIENT I GNT04459300		AUTHORIZATION #
001	2003032	2003032	ESCOBAR	DOMINGA 00	/ 04/193/	GN104439300		
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
216416	1	S5125		11/02/12	11/02/12	24.00	90.72	
					CLA	IM TOTAL	90.72	CLAIM ACCOUNT REF. 2164160012003052
DEG TOG	OT TENE	CERTIFICE	NT 2 ME	D.T.		DEGIDIENT I	.D DDTOD	ALIMITOD T GAMETON. II
REG LOC 001	CLIENT 2007377	SERVICE 2007377	NAME ESPINOZA		RTH DATE /23/1918	RECIPIENT I		AUTHORIZATION #
001	2007377	2007377	ESPINOZA	MARIA UZ	/23/1910	GN103760300		
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
216417	1	S5125			11/03/12		113.40	
216417	2	S5125			11/05/12		113.40	
216417	3	S5125		11/06/12	11/06/12	30.00	113.40	
216417	4	S5125		11/07/12	11/07/12	30.00	113.40	
216417	5	S5125			11/08/12		113.40	
216417	6	S5125		11/09/12	11/09/12	30.00	113.40	
					CLA	IM TOTAL	680.40	CLAIM ACCOUNT REF. 2164170012007377
REG LOC	CLIENT	SERVICE	NAME	DT	RTH DATE	RECIPIENT I	ים חחדתם	AUTHORIZATION #
001	2011220	2011220	EXPOSITO		/28/1924	2011220	D PRIOR	AUTHORIZATION #
001	2011220	2011220	EMIODITO	ALI ONDO 07	/ 20/ 1021	2011220		
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
216418	1	T1019		10/07/12	10/07/12	32.00	120.96	
					CLA	IM TOTAL	120.96	CLAIM ACCOUNT REF. 2164180012011220
DEG TOS	OT TENE	CERTIFICE	NT 2 ME	5.7		DEGIDIENT T	.D DDT.05	ALIEUOD T GARTON II
REG LOC	CLIENT	SERVICE	NAME		RTH DATE	RECIPIENT I	D PRIOR	AUTHORIZATION #
001	2011220	2011220	EXPOSITO	ALFONSO 07	/28/1924	2011220		
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
216419	1	T1019			11/03/12		120.96	
216419	2	T1019			11/04/12		120.96	
1								

REPORT DA				SIDE CITYWIDE		HIPAA	DATA FILE	REPORT (PHLT837/EDIS)	PAGE 6
INPUT FIL	E = /VOL4	44/COMPSUP	/HIPAAIN/E32020	01211140356360	0				
SUBMITTER	TD - CIIN	MVQT	SUNNYSIDE						
		502051 SUN				NPT	= 1154407	7492	
1110 / 12211		502052 501				-11-		. 192	
216419	3	T1019		11/05/12	11/05/12	27.00	102.06		
216419	4	T1019		11/06/12	11/06/12	29.00	109.62		
216419	5	T1019		11/07/12			120.96		
216419	6	T1019		11/08/12			120.96		
216419	7	T1019		11/09/12	11/09/12		120.96		01.641.0001.0011.000
					CLA	IM TOTAL	816.48	CLAIM ACCOUNT REF.	2164190012011220
REG LOC	CLIENT	SERVICE	NAME	BT.	RTH DATE	RECIPIENT ID	PRIOR AT	JTHORIZATION #	
001	2000600	2000600	FELICIANO		/17/1935	GNT04140800	I ICIOIC IIC	JIIIOREZHILON	
					, ,				
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
216420	1	T1019			11/03/12		56.70		
216420	2	T1019		11/04/12			60.48		
216420	3	T1019		11/05/12			90.72		
216420 216420	4 5	T1019 T1019		11/06/12 11/07/12			90.72 90.72		
216420	5 6	T1019		11/07/12	, - ,		90.72		
216420	7	T1019			11/09/12		90.72		
220120	•	11017		11/02/11	,	IM TOTAL	570.78	CLAIM ACCOUNT REF.	2164200012000600
REG LOC	CLIENT	SERVICE	NAME		RTH DATE	RECIPIENT ID	PRIOR AU	JTHORIZATION #	
001	2008314	2008314	FERNANDEZ	ANA 08	/14/1947	GNT05242300			
INV #	LINE #	PROCEDURE	CODE	FROM DT	minii pm	UNITS	AMOUNT		
216421	1 1 LINE #	S5125	CODE		THRU DT 11/03/12		60.48		
216421	2	S5125		11/03/12			60.48		
216421	3	S5125		11/05/12			41.58		
216421	4	S5125		11/06/12	11/06/12	15.00	56.70		
216421	5	S5125		11/07/12			60.48		
216421	6	S5125		11/08/12	, ,		60.48		
216421	7	S5125		11/09/12			60.48	G. 1 T. 1 G.GOTTE D. D. D.	0164010010000014
					CLA	IM TOTAL	400.68	CLAIM ACCOUNT REF.	2164210012008314
REG LOC	CLIENT	SERVICE	NAME	BT.	RTH DATE	RECIPIENT ID	PRIOR AT	JTHORIZATION #	
001	2009960	2009960	FERRARA		/27/1925	GNT05748600	I ICIOIC IIC	JIIIOREZHILON	
					, ,				
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
216422	1	S5125			11/03/12		90.72		
216422	2	S5125		11/04/12			90.72		
216422 216422	3 4	S5125 S5125		11/05/12 11/06/12			120.96 120.96		
216422	5	S5125 S5125		11/06/12			120.96		
216422	6	S5125		11/07/12			120.96		
216422	7	S5125		11/09/12			120.96		
				,		IM TOTAL	786.24	CLAIM ACCOUNT REF.	2164220012009960
REG LOC	CLIENT	SERVICE	NAME		RTH DATE	RECIPIENT ID	PRIOR AU	JTHORIZATION #	
001	2009589	2009589	FERRO	JOSEPHI 10	/09/1915	GNT05940400			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
216423	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	T1019	CODE		11/03/12		90.72		
	_			11/00/12	, 00, 12	21.00	20.72		

REPORT DA	TE 11/14/	12	SUI	NNYSIDE CITYWIDE		HIP	AA DATA FII	LE REPORT (PHLT837/I	EDIS) PAGE 7
INPUT FIL	E = /VOL4	44/COMPSUP	/HIPAAIN/E32	NNYSIDE CITYWIDE 202012111403563600)						
SUBMITTER		NYSI 502051 SUM	SUNNYS	IDE		,	NPI = 11544	107492			
		502051 501	MINIBIDE					10/4/2			
216423 216423	2	T1019 T1019		11/04/12 11/05/12 11/06/12 11/07/12 11/08/12 11/09/12	11/04/12	16.00 48 00	60.48 181.44				
216423	4	T1019		11/06/12	11/06/12	48.00	181.44				
216423	5	T1019		11/07/12	11/07/12	48.00	181.44				
216423 216423	6 7	T1019 T1019		11/08/12	11/08/12	48.00 48.00	181.44 181.44				
220120	,	11017			CLA	IM TOTAL	1,058.40	CLAIM	ACCOUNT I	REF.	2164230012009589
REG LOC 001	CLIENT 2009435	SERVICE 2009435	NAME GOMEZ		TH DATE 26/1934	RECIPIENT GNT0574510		AUTHORIZAT	CION #		
INV #	LINE #	PROCEDURE			THRII DT	UNITS	AMOIINT				
216424	1	T1019	0022	FROM DT 11/05/12 11/07/12 11/09/12	11/05/12	16.00	60.48				
216424 216424	2	T1019		11/07/12	11/07/12	10.00	37.80				
210424	3	11019		11/09/12	11/09/12 CLA	IM TOTAL	AMOUNT 60.48 37.80 75.60 173.88	CLAIM	ACCOUNT I	REF.	2164240012009435
REG LOC 001	CLIENT 2011662	SERVICE 2011662	NAME GONZALEZ		TH DATE 10/1935	RECIPIENT GNT0234330	ID PRIOR		ION #		
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT				
216425	1	S5125		11/06/12	11/06/12	16.00	60.48				
216425 216425	2	S5125		11/07/12	11/07/12	16.00 16.00	60.48 60.48				
216425	4	S5125 S5125		FROM DT 11/06/12 11/07/12 11/08/12 11/09/12	11/09/12	16.00 16.00 IM TOTAL	60.48				
					CLA	IM TOTAL	241.92	CLAIM	ACCOUNT I	REF.	2164250012011662
REG LOC 001	CLIENT 2010494	SERVICE 2010494	NAME GREENSPAN	ALICE 04/	TH DATE 15/1942	RECIPIENT GNT0449840		AUTHORIZAT	CION #		
INV #	LINE #	PROCEDURE	CODE	FROM DT 11/03/12 11/05/12 11/06/12 11/07/12 11/08/12 11/09/12	THRU DT	UNITS	AMOUNT				
216426 216426	1 2	S5125		11/03/12	11/03/12	20.00	75.60 75.60				
216426	3	S5125 S5125		11/05/12	11/05/12	20.00	75 60				
216426	4	S5125		11/07/12	11/07/12	20.00 20.00 20.00 20.00	75.60				
216426 216426	5 6	S5125		11/08/12	11/08/12	20.00	75.60 75.60				
210120	· ·	03123		11/05/12	CLA	IM TOTAL	453.60	CLAIM	ACCOUNT I	REF.	2164260012010494
REG LOC 001	CLIENT 2011600	SERVICE 2011600	NAME GUZMAN	EDELMIR 02/	- , -	RECIPIENT GNT0302310		AUTHORIZAT	CION #		
INV #	LINE #	PROCEDURE	CODE	FROM DT 10/22/12 10/23/12 10/24/12 10/25/12 10/26/12 11/01/12 11/02/12 11/05/12	THRU DT	UNITS	AMOUNT				
216427	1 2	S5125		10/22/12	10/22/12	16.00	60.48 60.48				
216427 216427	3	S5125 S5125		10/23/12	10/23/12	16.00 16.00	60.48				
216427	4	S5125		10/25/12	10/25/12	16.00	60.48				
216427 216427	5 6	S5125 S5125		10/26/12	10/26/12	16.00 16.00	60.48 60.48				
216427	6 7	S5125 S5125		11/01/12	11/02/12	16.00	60.48				
216427	8	S5125		11/05/12	11/05/12	16.00	60.48				
1											

REPORT DA	TE 11/14/ LE = /VOL4	12 44/COMPSUP,	SUNNY /HIPAAIN/E3202	SIDE CITYWIDE 012111403563600)	HIPAA	DATA FILI	E REPORT (PHLT837/EDIS) PAGE 8
SUBMITTER	ID = SUN		SUNNYSIDE				[= 11544)	07492	
216427 216427 216427 216427	9 10 11 12	S5125 S5125 S5125 S5125		11/06/12 11/07/12 11/08/12 11/09/12	11/07/12 11/08/12 11/09/12	16.00 16.00	60.48 60.48 60.48 60.48 725.76	CLAIM ACCOUNT REF.	2164270012011600
REG LOC 001	CLIENT 2011472	SERVICE 2011472	NAME HENLEY		TH DATE 23/1927	RECIPIENT ID GNT06160900	PRIOR A	AUTHORIZATION #	
INV # 216428 216428 216428 216428	LINE # 1 2 3 4	PROCEDURE T1019 T1019 T1019 T1019	CODE	FROM DT 10/21/12 11/03/12 11/04/12 11/09/12	11/03/12 11/04/12 11/09/12	32.00 32.00	AMOUNT 120.96 120.96 120.96 151.20 514.08	CLAIM ACCOUNT REF.	2164280012011472
REG LOC 001	CLIENT 2011252	SERVICE 2011252	NAME HENRIQUEZ		TH DATE 15/1938	RECIPIENT ID GNT06350600	PRIOR A	AUTHORIZATION #	
INV # 216429 216429 216429 216429 216429	LINE # 1 2 3 4 5	PROCEDURE S5125 S5125 S5125 S5125 S5125	CODE	FROM DT 11/03/12 11/05/12 11/06/12 11/07/12 11/08/12	11/05/12 11/06/12 11/07/12 11/08/12	32.00 32.00 32.00	AMOUNT 60.48 120.96 120.96 120.96 120.96 544.32	CLAIM ACCOUNT REF.	2164290012011252
REG LOC 001	CLIENT 2009400	SERVICE 2009400	NAME HUSTIU		TH DATE 04/1929	RECIPIENT ID GNT05850100	PRIOR A	AUTHORIZATION #	
INV # 216430 216430	LINE # 1 2	PROCEDURE S5125 S5125	CODE	FROM DT 11/05/12 11/07/12	11/07/12		AMOUNT 45.36 45.36 90.72	CLAIM ACCOUNT REF.	2164300012009400
REG LOC 001	CLIENT 2010983	SERVICE 2010983	NAME IRIMIA		TH DATE 19/1938	RECIPIENT ID GNT0360570	PRIOR A	AUTHORIZATION #	
INV # 216431 216431 216431 216431 216431 216431 216431	LINE # 1 2 3 4 5 6 7	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019 T1019	CODE	FROM DT 11/03/12 11/04/12 11/05/12 11/06/12 11/07/12 11/08/12 11/09/12	11/04/12 11/05/12 11/06/12 11/07/12 11/08/12 11/09/12	2 32.00 2 32.00 2 32.00 2 32.00 2 32.00 2 32.00 3 32.00	AMOUNT 120.96 120.96 120.96 120.96 120.96 120.96	CLAIM ACCOUNTS DEED	216421001201002
REG LOC 001	CLIENT 2011601	SERVICE 2011601	NAME JACKSON		CLA TH DATE 110/1960	RECIPIENT ID GNT04501100	846.72 PRIOR A	CLAIM ACCOUNT REF. AUTHORIZATION #	2104310012010983
INV #	LINE #	PROCEDURE		FROM DT	THRU DT	UNITS	AMOUNT		

	TE 11/14/ LE = /VOL4			SIDE CITYWIDE 012111403563600)	HIPAA	DATA FI	LE REPORT (PHLT837/	EDIS) PAGE 9
	2 ID = SUN	INYSI 8502051 SUI	SUNNYSIDE			NDT	: = 1154	407492	
TROVIDEN	. 10 - 113	7502051 501	MNIDIDE			111.1	1131	10 / 152	
216432	1	T1019		10/24/12	10/24/12	20.00	75.60		
216432	2	T1019		11/05/12	11/05/12	20.00	75.60		
216432	3	T1019		11/06/12	11/06/12	20.00	75.60		
216432	4	T1019		11/07/12	11/07/12	20.00	75.60		
216432	5	T1019			11/08/12		75.60		
216432	6	T1019		11/09/12	11/09/12		75.60		
					CLA	AIM TOTAL	453.60	CLAIM ACCOUNT	REF. 2164320012011601
REG LOC 001	CLIENT 2003254	SERVICE 2003254	NAME JIMENEZ		TH DATE 15/1931	RECIPIENT ID GNT04164400	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
216433	1	T1019			10/13/12		158.76		
216433	2	T1019			10/27/12		158.76		
216433	3	T1019			11/06/12		173.88		
216433 216433	4 5	T1019 T1019		11/07/12			173.88 173.88		
216433	5 6	T1019 T1019		11/08/12	11/08/12		158.76		
210433	O	11017		11/07/12		IM TOTAL	997.92	CLAIM ACCOUNT	REF. 2164330012003254
					021	101112	,,,,,	0221211 110000111	. 2101330012003201
REG LOC 001	CLIENT 2006080	SERVICE 2006080	NAME JOHNSON		TH DATE 14/1932	RECIPIENT ID GNT04334500	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
216434	1	S5125	CODE		11/03/12		181.44		
216434	2	S5125			11/04/12		181.44		
216434	3	S5125			11/05/12		120.96		
216434	4	S5125		11/06/12			120.96		
216434	5	S5125			11/07/12		120.96		
216434	6	S5125			11/08/12		120.96		
216434	7	S5125		11/09/12			120.96	GT 3 T14 3 GGGTDTE	DEE 0164240010006000
					CLA	AIM TOTAL	967.68	CLAIM ACCOUNT	REF. 2164340012006080
REG LOC 001	CLIENT 2011694	SERVICE 2011694	NAME LORA		TH DATE 20/1935	RECIPIENT ID GNT03342600	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
216435	1	S5125			11/05/12		120.96		
216435	2	S5125		11/06/12	11/06/12	32.00	120.96		
216435	3	S5125			11/07/12		120.96		
216435	4	S5125			11/08/12		120.96		
216435	5	S5125		11/09/12	11/09/12		90.72		0164050010011604
					CLA	AIM TOTAL	574.56	CLAIM ACCOUNT	REF. 2164350012011694
REG LOC 001	CLIENT 2002713	SERVICE 2002713	NAME MANGRAY		TH DATE 10/1937	RECIPIENT ID GNT04443200	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
216436	1	T1019			11/05/12		120.96		
216436	2	T1019			11/06/12		120.96		
216436	3	T1019		11/07/12	11/07/12	32.00	120.96		

	TE 11/14/				CITYWID			HIP.	AA DATA	A FII	LE REPORT (PHLT837/EDIS) PAGE 10
INDOL EIL	E = /VOL4	44/COMPSUP	/HIPAAIN/E3202	201211.	L403563	600					
	ID = SUN ID = 113	NYSI 502051 SUI	SUNNYSIDE NNYSIDE	2				1	NPI = 1	L154	407492
216436	4	T1019			11/08/	12 1	L1/08/12	2 32.00	120	0.96	
216436	5	T1019					L1/09/12 L1/09/12).96	
							CLA	AIM TOTAL	604	1.80	CLAIM ACCOUNT REF. 2164360012002713
REG LOC 001	CLIENT 2011498	SERVICE 2011498	NAME MARTIN	RUTH			H DATE 5/1927	RECIPIENT GNT0637140		RIOR	AUTHORIZATION #
INV #	LINE #	PROCEDURE	CODE		FROM D	T T	THRU DT	UNITS	AMO	TNUC	
216437	1	S5125			10/13/	12 1	L0/13/12 CL <i>F</i>	2 24.00 AIM TOTAL).72).72	CLAIM ACCOUNT REF. 2164370012011498
REG LOC 001	CLIENT 2011663	SERVICE 2011663	NAME MARTIN	RUTH			H DATE 5/1927	RECIPIENT GNT0637140		RIOR	AUTHORIZATION #
INV #	LINE #	PROCEDURE	CODE		FROM D	T T	THRU DT	UNITS	AMO	TNUC	
216438	1	S5126					10/27/12			5.56	
216438 216438	2 3	S5126 S5126					LO/28/12 LO/29/12			5.56	
216438	4	S5126					LO/30/12			5.56	
216438	5	S5126					L1/03/12			5.56	
216438	6	S5126					L1/04/12			5.56	
216438 216438	7 8	S5126 S5126					L1/05/12 L1/06/12			5.56	
216438	9	S5126					L1/07/12			5.56	
216438	10	S5126					L1/08/12			5.56	
216438	11	S5126			11/09/	12 1	L1/09/12 CL <i>F</i>	2 1.00 AIM TOTAL	196 2,162	5.56 2.16	CLAIM ACCOUNT REF. 2164380012011663
REG LOC 001	CLIENT 2006830	SERVICE 2006830	NAME MARTINEZ	EMMA			H DATE 9/1920	RECIPIENT GNT0509130		RIOR	AUTHORIZATION #
INV #	LINE #	PROCEDURE	CODE		FROM D	ייי ייי	THRU DT	UNITS	ΔMC	TNUC	
216439	1	T1019	CODE				L1/03/12			0.72	
216439	2	T1019					L1/05/12			72	
216439 216439	3 4	T1019 T1019					L1/06/12 L1/07/12			0.72	
216439	5	T1019					L1/07/12 L1/08/12).72	
216439	6	T1019					L1/09/12	24.00	90	72	
							CLA	AIM TOTAL	544	1.32	CLAIM ACCOUNT REF. 2164390012006830
REG LOC 001	CLIENT 2009202	SERVICE 2009202	NAME MARTINEZ	GLOR:			H DATE 0/1937	RECIPIENT GNT0044470		RIOR	AUTHORIZATION #
INV #	LINE #	PROCEDURE	CODE		FROM D		THRU DT	UNITS		TUUC	
216440 216440	1 2	S5125 S5125					L1/05/12 L1/06/12			5.60	
216440	3	S5125 S5125					L1/00/12 L1/07/12			5.60	
216440	4	S5125			11/08/	12	L1/08/12	20.00	75	5.60	
216440	5	S5125			11/09/	12 1	L1/09/12 CLA	2 20.00 AIM TOTAL		5.60	CLAIM ACCOUNT REF. 2164400012009202
							CLIF		370		
REG LOC 001	CLIENT 2011036	SERVICE 2011036	NAME MASSOL	PEDRO			H DATE 3/1934	RECIPIENT GNT0456460		RIOR	AUTHORIZATION #
INV #	LINE #	PROCEDURE	CODE		FROM D	T I	THRU DT	UNITS	AMC	TNUC	

REPORT DA	TE 11/14/	12	SUNNY	SIDE CITYWIDE		HIPA	A DATA FII	LE REPORT (PHLT837/F	EDIS) PAGE 11
INPUT FIL	E = /VOL4	44/COMPSUP	/HIPAAIN/E3202	SIDE CITYWIDE 2012111403563600)			, , , ,	-
SUBMITTER			SUNNYSIDE						
PROVIDER	ID = 113	502051 SUI	NNYSIDE			NI	PI = 11544	407492	
216441	1	S5125			11/05/12 11/06/12		75.60		
216441 216441	2	S5125 S5125			11/06/12		75.60 75.60		
216441	4	S5125		11/08/12	11/08/12	20.00	75.60		
216441	5	S5125		11/09/12	11/09/12	20.00 IM TOTAL	75.60 378.00	CI.AIM ACCOUNT F	REF. 2164410012011036
									(11. 2101110012011050
REG LOC 001	CLIENT 2011658	SERVICE 2011658	NAME MAXIMINA		TH DATE 22/1941	RECIPIENT II GNT02759600		AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
216442 216442	1 2	T1019 T1019			10/31/12 11/05/12		90.72 90.72		
216442	3	T1019			11/03/12		90.72		
216442	4	T1019		11/09/12	11/09/12		90.72		0154400010011550
					CLA	IM TOTAL	362.88	CLAIM ACCOUNT F	REF. 2164420012011658
REG LOC 001	CLIENT 2011350	SERVICE 2011350	NAME MCQUAIL		TH DATE 23/1934	RECIPIENT II GNT06367800		AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
216443	1 2	S5125			11/01/12		151.20 151.20		
216443 216443	3	S5125 S5125			11/03/12 11/04/12		151.20		
216443	4	S5125		11/05/12	11/05/12	40.00	151.20		
216443 216443	5 6	S5125 S5125			11/06/12 11/07/12		151.20 151.20		
216443	7	S5125			11/07/12		151.20		
216443	8	S5125		11/09/12	11/09/12		151.20		
					CLA	IM TOTAL	1,209.60	CLAIM ACCOUNT F	REF. 2164430012011350
REG LOC	CLIENT 2005943	SERVICE	NAME		TH DATE	RECIPIENT II		AUTHORIZATION #	
001	2005943	2005943	MICHEL	DOROTHY 06/	05/1930	GNT03107500			
INV #	LINE #	PROCEDURE	CODE	FROM DT		UNITS	AMOUNT		
216444 216444	1 2	S5125 S5125		11/03/12	11/03/12 11/04/12	32.00 32.00	120.96 120.96		
216444	3	S5125		11/05/12	11/05/12	32.00	120.96		
216444	4 5	S5125			11/06/12		120.96		
216444 216444	5 6	S5125 S5125			11/07/12 11/09/12		117.18 120.96		
				,	CLA	IM TOTAL	721.98	CLAIM ACCOUNT F	REF. 2164440012005943
REG LOC 001	CLIENT 2010425	SERVICE 2010425	NAME MONCRIEF		TH DATE 29/1926	RECIPIENT II GNT06140100		AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
216445	1	S5125		11/04/12	11/04/12	31.00	117.18		
216445 216445	2	S5125 S5125			11/05/12 11/06/12		120.96 120.96		
216445	4	S5125			11/07/12		120.96		
1									

REPORT DATE 11/14/12 SUNINPUT FILE = /VOL444/COMPSUP/HIPAAIN/E32		DATA FILE REPORT (PHLT837/EDIS) PAGE 12
SUBMITTER ID = SUNNYSI SUNNYSII PROVIDER ID = 113502051 SUNNYSIDE		I = 1154407492
216445 5 S5125 216445 6 S5125	11/08/12 11/08/12 32.00 11/09/12 11/09/12 32.00 CLAIM TOTAL	120.96 120.96 721.98 CLAIM ACCOUNT REF. 2164450012010425
REG LOC CLIENT SERVICE NAME 001 2008149 2008149 MOSCICKA	BIRTH DATE RECIPIENT ID JADWIGA 03/07/1916 GNT04975800	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 216446	FROM DT THRU DT UNITS 10/30/12 10/30/12 48.00 10/31/12 10/31/12 32.00 11/01/12 11/01/12 32.00 11/03/12 11/03/12 48.00 11/04/12 11/04/12 48.00 CLAIM TOTAL	AMOUNT 181.44 120.96 120.96 181.44 181.44 786.24 CLAIM ACCOUNT REF. 2164460012008149
REG LOC CLIENT SERVICE NAME 001 2002162 2002162 MUSCAT	BIRTH DATE RECIPIENT ID 02/28/1927 GNT04082300	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 216447 1 T1019 216447 2 T1019 216447 3 T1019 216447 4 T1019 216447 5 T1019	FROM DT THRU DT UNITS 11/05/12 11/05/12 20.00 11/06/12 11/06/12 20.00 11/07/12 11/07/12 20.00 11/08/12 11/08/12 20.00 11/09/12 11/09/12 20.00 CLAIM TOTAL	AMOUNT 75.60 75.60 75.60 75.60 75.60 75.60 378.00 CLAIM ACCOUNT REF. 2164470012002162
REG LOC CLIENT SERVICE NAME 001 2006117 2006117 NETTLES	BIRTH DATE RECIPIENT ID DONNA 09/21/1955 GNT04987100	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 216448 1 S5125 216448 2 S5125 216448 3 S5125	FROM DT THRU DT UNITS 11/05/12 11/05/12 16.00 11/07/12 11/07/12 16.00 11/09/12 11/09/12 14.00 CLAIM TOTAL	AMOUNT 60.48 60.48 52.92 173.88 CLAIM ACCOUNT REF. 2164480012006117
REG LOC CLIENT SERVICE NAME 001 2002531 2002531 NEWBOLD	BIRTH DATE RECIPIENT ID RAMONA 09/24/1934 GNT04415000	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 216449 1 S5125 216449 2 S5125 216449 3 S5125 216449 4 S5125 216449 5 S5125	FROM DT THRU DT UNITS 11/05/12 11/05/12 20.00 11/06/12 11/06/12 20.00 11/07/12 11/07/12 20.00 11/08/12 11/08/12 20.00 11/09/12 11/09/12 20.00 CLAIM TOTAL	AMOUNT 75.60 75.60 75.60 75.60 75.60 75.60 378.00 CLAIM ACCOUNT REF. 2164490012002531
REG LOC CLIENT SERVICE NAME 001 2010595 2010595 NISHIMURA	BIRTH DATE RECIPIENT ID ALBERT 11/01/1919 GNT04994800	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 216450 1 S5125	FROM DT THRU DT UNITS 11/03/12 11/03/12 48.00	AMOUNT 181.44

REPORT DATE 11/	14/12 SUN	NYSIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 13
INPUT FILE = /V	DL444/COMPSUP/HIPAAIN/E32	NYSIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 13
SUBMITTER ID = 1	SUNNYSI SUNNYSI 13502051 SUNNYSIDE	NPI = 1154407492
PROVIDER ID = .	113502051 SUNNYSIDE	NP1 = 115440/492
216450 2 216450 3	S5125 S5125	11/04/12 11/04/12 48.00 181.44 11/05/12 11/05/12 24.00 90.72
216450 4	S5125	11/06/12 11/06/12 48.00 181.44
216450 5 216450 6	S5125	11/07/12 11/07/12 24.00 90.72 11/08/12 11/08/12 48.00 181.44
216450 6 216450 7	S5125 S5125	11/08/12 11/08/12 48.00 181.44 11/09/12 11/09/12 24.00 90.72
		CLAIM TOTAL 997.92 CLAIM ACCOUNT REF. 2164500012010595
REG LOC CLIEN		BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # ANGELIN 10/01/1946 GNT02920000
INV # LINE :	PROCEDURE CODE	FROM DT THRU DT UNITS AMOUNT
216451 1 216451 2	T1019 T1019	11/05/12 $11/05/12$ 16.00 60.48 $11/06/12$ $11/06/12$ 16.00 60.48
216451 2 216451 3	T1019 T1019	11/06/12 $11/06/12$ 16.00 60.48 $11/07/12$ $11/07/12$ 16.00 60.48
216451 4	T1019	11/08/12 11/08/12 16.00 60.48
216451 5	T1019	11/09/12 11/09/12 16.00 60.48 CLAIM TOTAL 302.40 CLAIM ACCOUNT REF. 2164510012004768
	III. GERLITGE MANE	DIDEN DIES DEGIDIENT ID DDIOD MUNICIPIENTON II
REG LOC CLIENT 001 20093		BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # IRIS 09/07/1963 GNT05481000
INV # LINE :		FROM DT THRU DT UNITS AMOUNT 10/27/12 10/27/12 16.00 60.48
216452 1 216452 2	S5125 S5125	10/27/12 $10/27/12$ 16.00 60.48 $10/31/12$ $10/31/12$ 16.00 60.48
		CLAIM TOTAL 120.96 CLAIM ACCOUNT REF. 2164520012009392
REG LOC CLIENT 001 20093		BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 1815 09/07/1963 GNT05481000
INV # LINE		FROM DT THRU DT UNITS AMOUNT
216453 1 216453 2	S5125 S5125	11/01/12 $11/01/12$ 16.00 60.48 $11/02/12$ $11/02/12$ 16.00 60.48
210133	03123	CLAIM TOTAL 120.96 CLAIM ACCOUNT REF. 2164530012009392
REG LOC CLIEN		BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 02/09/1923 GNT06098400
INV # LINE		FROM DT THRU DT UNITS AMOUNT
216454 1 216454 2	T1019 T1019	11/05/12 $11/05/12$ 20.00 75.60 $11/06/12$ $11/06/12$ 20.00 75.60
216454 3	T1019	11/07/12 11/07/12 20.00 75.60
216454 4 216454 5	T1019	11/08/12 11/08/12 20.00 75.60 11/09/12 11/09/12 20.00 75.60
216454 5	T1019	11/09/12 11/09/12 20.00 75.60 CLAIM TOTAL 378.00 CLAIM ACCOUNT REF. 2164540012010198
REG LOC CLIE	T SERVICE NAME	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
001 20051		LAURA 07/04/1919 GNT03867300
INV # LINE : 216455 1		FROM DT THRU DT UNITS AMOUNT 11/04/12 11/04/12 36.00 136.08

REPORT DA	TE 11/14/	12	SUNNY	SIDE CITYWIDE		HIPAA	DATA FILE	REPORT (PHLT837/ED	DIS) PAGE 14
INPUT FIL	E = /VOL4	44/COMPSUP/	HIPAAIN/E3202	SIDE CITYWIDE 012111403563600				(,	
SUBMITTER			SUNNYSIDE						
PROVIDER	ID = 113	502051 SUNI	NYSIDE			NP	PI = 115440	7492	
216455	2	S5125		11/05/12			136.08		
216455 216455	3 4	S5125 S5125		11/06/12 11/07/12			136.08 136.08		
216455	5	S5125		11/08/12	11/08/12	36.00	136.08		
216455	6	S5125		11/09/12		36.00 IM TOTAL	136.08 816.48	CIAIM ACCOINT DE	F. 2164550012005165
									11. 2101550012005105
REG LOC 001	CLIENT 2011657	SERVICE 2011657	NAME ORTIZ		TH DATE 03/1932	RECIPIENT ID GNT05073800	PRIOR A	UTHORIZATION #	
INV #	LINE #	PROCEDURE (CODE	FROM DT	THRU DT	UNITS	AMOUNT		
216456 216456	1 2	S5125 S5125		11/03/12 11/04/12			60.48 60.48		
216456	3	S5125			11/04/12		105.84		
216456	4 5	S5125			11/06/12		105.84		
216456 216456	5 6	S5125 S5125		11/07/12 11/08/12	11/07/12 11/08/12		105.84 105.84		
216456	7	S5125		11/09/12	11/09/12	28.00	105.84		
					CLA	IM TOTAL	650.16	CLAIM ACCOUNT RE	F. 2164560012011657
REG LOC 001	CLIENT 2003087	SERVICE 2003087	NAME PAPHITIS		TH DATE 14/1923	RECIPIENT ID GNT03006300	PRIOR A	UTHORIZATION #	
INV #	LINE #	PROCEDURE (CODE	FROM DT	THRU DT	UNITS	AMOUNT		
216457 216457	1 2	T1019 T1019		11/05/12 11/06/12	11/05/12 11/06/12		120.96 120.96		
216457	3	T1019		11/07/12		32.00	120.96		
216457 216457	4 5	T1019 T1019		11/08/12 11/09/12	11/08/12		120.96 120.96		
210457	5	11019		11/09/12		IM TOTAL	604.80	CLAIM ACCOUNT RE	EF. 2164570012003087
REG LOC	CLIENT	SERVICE	NAME		TH DATE	RECIPIENT ID	PRIOR A	UTHORIZATION #	
001	2009576	2009576	PAZIOULIS	KLEONIK 10/	16/1934	GNT04602500			
INV #	LINE #	PROCEDURE (CODE	FROM DT	THRU DT	UNITS	AMOUNT		
216458 216458	1 2	S5125 S5125		11/03/12 11/04/12	11/03/12 11/04/12		166.32 166.32		
216458	3	S5125		11/05/12	11/05/12	44.00	166.32		
216458 216458	4 5	S5125 S5125		11/06/12 11/07/12	11/06/12		166.32 166.32		
210150	3	55125		11/0//12		IM TOTAL	831.60	CLAIM ACCOUNT RE	EF. 2164580012009576
REG LOC 001	CLIENT 2000140	SERVICE 2000140	NAME PENA		TH DATE 06/1978	RECIPIENT ID	PRIOR A	UTHORIZATION #	
INV #	LINE #	PROCEDURE (CODE	FROM DT	THRU DT	UNITS	AMOUNT		
216459	1	T1019	CODE	10/20/12	10/20/12	32.00	120.96		
216459	2	T1019		10/21/12			120.96		
216459 216459	3 4	T1019 T1019		11/05/12 11/06/12	11/05/12		120.96 120.96		
216459	5	T1019		11/07/12			120.96		

REPORT DAT	FE 11/14/ E = /VOL4	12 44/COMPSUP,	SUNNY HIPAAIN/E3202/	SIDE CITYWIDE 012111403563600	1	HIPAA	DATA FILE	REPORT (PHLT837/EDIS) PAGE 15
		NYSI							
PROVIDER	ID = 113	502051 SUI	NNYSIDE			NPI	1 = 1154407	492	
216459 216459	6 7	T1019 T1019		11/08/12 11/09/12	11/08/12 11/09/12 CLA	32.00 32.00 AIM TOTAL	120.96 120.96 846.72	CLAIM ACCOUNT REF.	2164590012000140
REG LOC 001	CLIENT 2009232	SERVICE 2009232	NAME PEREZ		TH DATE 04/1931	RECIPIENT ID 93703475500	PRIOR AU	THORIZATION #	
INV # 216460 216460 216460 216460	LINE # 1 2 3 4	PROCEDURE T1019 T1019 T1019 T1019	CODE	FROM DT 11/05/12 11/06/12 11/07/12 11/08/12	11/05/12 11/06/12 11/07/12 11/08/12	24.00 24.00	AMOUNT 90.72 90.72 90.72 90.72 362.88	CLAIM ACCOUNT REF.	2164600012009232
REG LOC 001	CLIENT 2011411	SERVICE 2011411	NAME PICHARDO	MARIA 05/	TH DATE 14/1923	RECIPIENT ID GNT02908700	PRIOR AU	THORIZATION #	
INV # 216461 216461 216461 216461 216461 216461	LINE # 1 2 3 4 5 6	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019	CODE	FROM DT 11/03/12 11/05/12 11/06/12 11/07/12 11/08/12 11/09/12	11/03/12 11/05/12 11/06/12 11/07/12 11/08/12 11/09/12	36.00 36.00 36.00 36.00	AMOUNT 136.08 136.08 136.08 136.08 136.08 136.08 816.48	CLAIM ACCOUNT REF.	2164610012011411
REG LOC 001	CLIENT 2010606	SERVICE 2010606	NAME PINILLA	VICTOR BIR		RECIPIENT ID GNT05972000	PRIOR AU	THORIZATION #	
INV # 216462 216462 216462 216462 216462 216462 216462	LINE # 1 2 3 4 5 6 7	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125	CODE	FROM DT 11/03/12 11/04/12 11/05/12 11/06/12 11/07/12 11/08/12 11/09/12	11/03/12 11/04/12 11/05/12 11/06/12 11/07/12 11/08/12 11/09/12	20.00 20.00 20.00 20.00 20.00 20.00	AMOUNT 75.60 75.60 75.60 75.60 75.60 75.60 75.60 529.20	CLAIM ACCOUNT REF.	2164620012010606
REG LOC 001	CLIENT 2002109	SERVICE 2002109	NAME PROANO		TH DATE 18/1924	RECIPIENT ID 93700845900	PRIOR AU	THORIZATION #	
INV # 216463 216463 216463 216463 216463 216463	LINE # 1 2 3 4 5 6	PROCEDURE S5125 TT S5125 TT S5125 TT S5125 TT S5125 TT S5125 TT S5125 TT		FROM DT 11/03/12 11/04/12 11/05/12 11/06/12 11/07/12 11/08/12 11/09/12	11/03/12 11/04/12 11/05/12 11/06/12 11/07/12 11/08/12 11/09/12	12.00 12.00 12.00 12.00 12.00 12.00	AMOUNT 48.36 48.36 48.36 48.36 48.36 48.36 48.36 338.52	CLAIM ACCOUNT REF.	2164630012002109

REPORT DATE 11/14/12 SUNNYSIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 16

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PROVIDER ID = 113502051 SUNNYSIDE NPI = 1154407492

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INV #	LINE #	PROCEDURE	CODE	FROM		THRU DT	UNITS	AMOUNT		
216464 216464	1 2	S5125 TT S5125 TT				11/03/12 11/04/12		64.48 64.48		
216464	3	S5125 TT				11/05/12		80.60		
216464	4	S5125 TT		11/0	6/12	11/06/12	20.00	80.60		
216464	5	S5125 TT				11/07/12		80.60		
216464 216464	6 7	S5125 TT S5125 TT				11/08/12 11/09/12		80.60 80.60		
210404	/	55125 11		11/0	9/12		IM TOTAL	531.96	CLAIM ACCOUNT REF.	2164640012007728
						СПР	III IOIAL	331.70	CLAIM ACCOUNT REF.	2101010012007720
REG LOC 001	CLIENT 2010917	SERVICE 2010917	NAME RAMOS	ARGENTI		TH DATE 03/1940	RECIPIENT ID GNT06205800	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM	IDT	THRU DT	UNITS	AMOUNT		
216465	1	T1019		11/0	7/12	11/07/12		15.12		
						CLA	IM TOTAL	15.12	CLAIM ACCOUNT REF.	2164650012010917
REG LOC 001	CLIENT 2010409	SERVICE 2010409	NAME RAMOS	ESTHER		TH DATE 21/1933	RECIPIENT ID GNT06136400	PRIOR	AUTHORIZATION #	
T3777 II	T T3TD	DD 0.65D11D5	CODE	77.01						
INV # 216466	LINE # 1	PROCEDURE T1019	CODE	FROM		THRU DT 11/05/12	UNITS 12.00	AMOUNT 45.36		
216466	2	T1019				11/06/12		45.36		
216466	3	T1019				11/07/12		60.48		
216466	4	T1019		11/0	9/12	11/09/12		60.48	G. 1.T.V. 1.GG07PTF D.T.F.	0164660010010400
						СГА	IM TOTAL	211.68	CLAIM ACCOUNT REF.	2164660012010409
REG LOC 001	CLIENT 2008453	SERVICE 2008453	NAME RESTULA	VINCENT		TH DATE 15/1929	RECIPIENT ID GNT05473100	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM	TO	THRU DT	UNITS	AMOUNT		
216467	1"	S5125	0022	11/0	5/12	11/05/12	16.00	60.48		
216467	2	S5125				11/06/12		60.48		
216467	3	S5125				11/07/12		30.24		
216467 216467	4 5	S5125 S5125				11/08/12 11/09/12		60.48 60.48		
210407	3	55125		11/0	7/12		IM TOTAL	272.16	CLAIM ACCOUNT REF.	2164670012008453
	~									
REG LOC	CLIENT 1997785	SERVICE 1997785	NAME RIVAS	GERTRUD		TH DATE 14/1931	RECIPIENT ID GNT00533400	PRIOR	AUTHORIZATION #	
						,				
INV #	LINE #	PROCEDURE	CODE	FROM		THRU DT	UNITS	AMOUNT		
216468 216468	1 2	S5125 S5125				10/22/12 11/05/12		90.72 90.72		
216468	3	S5125 S5125				11/05/12		90.72		
216468	4	S5125		11/0	7/12	11/07/12	24.00	90.72		
216468	5	S5125		11/0	8/12	11/08/12	24.00	90.72		

REPORT DATE 11/14/12 SUNNYSIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 17

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SUBMITTER ID = SUNNYSI PROVIDER ID = 113502051	SUNNYSIDE 1 SUNNYSIDE		NPI	= 1154407492	
		CLA	IM TOTAL	453.60 CLAIM ACCOUNT REF.	2164680011997785
REG LOC CLIENT SERV 001 2011659 2011		BIRTH DATE 01/22/1938	RECIPIENT ID GNT02887600	PRIOR AUTHORIZATION #	
INV # LINE # PROCE 216469 1 S5125 216469 2 S5125 216469 3 S5125 216469 4 S5125 216469 5 S5125 216469 6 S5125	5 5 5 5	FROM DT THRU DT 11/03/12 11/03/12 11/05/12 11/05/12 11/06/12 11/06/12 11/07/12 11/07/12 11/08/12 11/08/12 11/09/12 11/09/12 CLA:	28.00 28.00 28.00 28.00 28.00 28.00	AMOUNT 105.84 105.84 105.84 105.84 105.84 105.84 105.84 635.04 CLAIM ACCOUNT REF.	2164690012011659
REG LOC CLIENT SERV 001 2011491 2011		BIRTH DATE 08/23/1943	RECIPIENT ID GNT06231700	PRIOR AUTHORIZATION #	
INV # LINE # PROCE 216470 1 S5125 216470 2 S5125 216470 3 S5125	5	FROM DT THRU DT 11/07/12 11/07/12 11/08/12 11/08/12 11/09/12 11/09/12 CLA:	16.00 16.00 16.00	AMOUNT 60.48 60.48 60.48 181.44 CLAIM ACCOUNT REF.	2164700012011491
REG LOC CLIENT SERV 001 2010412 2010		BIRTH DATE 06/23/1931	RECIPIENT ID GNT06115800	PRIOR AUTHORIZATION #	
INV # LINE # PROCE 216471 1 T1019 216471 2 T1019 216471 3 T1019 216471 4 T1019 216471 5 T1019 216471 6 T1019	9 9 9 9	FROM DT THRU DT 11/03/12 11/03/12 11/05/12 11/05/12 11/06/12 11/06/12 11/07/12 11/07/12 11/08/12 11/08/12 11/09/12 11/09/12 CLA:	16.00 16.00 16.00 16.00 16.00 16.00	AMOUNT 60.48 60.48 60.48 60.48 60.48 60.48 362.88 CLAIM ACCOUNT REF.	2164710012010412
REG LOC CLIENT SERV 001 2007969 2007		BIRTH DATE SER 10/27/1938	RECIPIENT ID GNT05256300	PRIOR AUTHORIZATION #	
INV # LINE # PROCE 216472 1 T1019 216472 2 T1019 216472 3 T1019 216472 4 T1019 216472 5 T1019 216472 5 T1019 216472 7 T1019	9 9 9 9 9	FROM DT THRU DT 11/03/12 11/03/12 11/04/12 11/04/12 11/05/12 11/05/12 11/06/12 11/06/12 11/07/12 11/07/12 11/08/12 11/08/12 11/09/12 11/09/12 CLA:	36.00 36.00 36.00 36.00 36.00 36.00	AMOUNT 136.08 136.08 136.08 136.08 136.08 136.08 136.08 952.56 CLAIM ACCOUNT REF.	2164720012007969
REG LOC CLIENT SERV 001 2006650 2006		BIRTH DATE 01/22/1923	RECIPIENT ID GNT04856900	PRIOR AUTHORIZATION #	
INV # LINE # PROCE	EDURE CODE	FROM DT THRU DT	UNITS	AMOUNT	

REPORT DA	TE 11/14/	12	SUNNY	SIDE CITYWIDE 012111403563600		HIPAA	DATA FI	LE REPORT (PHLT837/EDIS) PAGE 18
INDOL FIT	E = /VOL4	44/COMPSUP/	HIPAAIN/E3202	012111403563600)			
SIIBMITTER	ID = SUN	TRYM	SUNNYSIDE					
		502051 SUN				NPI	c = 1154 ⁴	407492
216473	1	S5125 TT		11/05/12			48.36	
216473	2	S5125 TT		11/06/12			48.36	
216473 216473	3 4	S5125 TT S5125 TT		11/07/12 11/08/12			48.36 48.36	
216473	5	S5125 TT		11/09/12			48.36	
2104/3	5	55125 11		11/05/12		IM TOTAL	241.80	CLAIM ACCOUNT REF. 2164730012006650
REG LOC	CLIENT	SERVICE	NAME		TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #
001	2006651	2006651	ROJAS	HAYDEE 02/	15/1935	GNT04856800		
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
216474	1	S5125 TT	CODE	11/05/12			64.48	
216474	2	S5125 TT		11/06/12			64.48	
216474	3	S5125 TT		11/07/12			64.48	
216474	4	S5125 TT		11/08/12			64.48	
					CLA	AIM TOTAL	257.92	CLAIM ACCOUNT REF. 2164740012006651
REG LOC	CLIENT	SERVICE	NAME	DIE	TH DATE	RECIPIENT ID	DDTOD	AUTHORIZATION #
001	2006828	2006828	RUBIANO		12/1925	GNT03390400	PRIOR	AUTHORIZATION #
001	2000020	2000020	RODIANO	PIARLIA II/	12/1/23	GN103330100		
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
216475	1	S5125		11/05/12			60.48	
216475	2	S5125		11/06/12			60.48	
216475	3	S5125			11/08/12		60.48	
216475	4	S5125		11/09/12		2 16.00 AIM TOTAL	60.48 241.92	CLAIM ACCOUNT REF. 2164750012006828
					СПА	AIM IOIAL	241.92	CLAIM ACCOUNT REF. 2104/50012000828
REG LOC	CLIENT	SERVICE	NAME	BIR	TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #
001	2003430	2003430	SALJANIN	DILJA 06/	05/1922	GNT03006000		
T3777 II	T T3TD	DD0000000	G077	ED 014 DE				
INV # 216476	LINE # 1	PROCEDURE T1019	CODE	FROM DT 11/03/12	THRU DT	UNITS 32.00	AMOUNT 120.96	
216476	2	T1019		11/05/12			136.08	
216476	3	T1019		11/06/12			136.08	
216476	4	T1019		11/07/12			136.08	
216476	5	T1019		11/08/12			136.08	
216476	6	T1019		11/09/12			136.08	
					CLA	AIM TOTAL	801.36	CLAIM ACCOUNT REF. 2164760012003430
REG LOC	CLIENT	SERVICE	NAME	RTE	TH DATE	RECIPIENT ID	DRIOR	AUTHORIZATION #
001	1997789	1997789	SANCHEZ		03/1956	GNT00370600	FILLOIL	AUTHORIZATION #
					,			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
216477	1	T1019		11/03/12			60.48	
216477	2	T1019		11/05/12			105.84	
216477 216477	3 4	T1019 T1019			11/06/12 11/07/12		105.84 105.84	
216477	5	T1019		11/07/12	11/07/12		105.84	
216477	6	T1019		11/09/12			105.84	
				. ,		AIM TOTAL	589.68	CLAIM ACCOUNT REF. 2164770011997789
DDG	QT	G=D1 C-				DDGTDT ==	DF	1177710D T G 1 7 7 0 1 1
REG LOC	CLIENT	SERVICE	NAME		TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #
001	2002124	2002124	SHELTON	AGUEDA 02/	05/1919	GNT03123900		
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
1 "								

REPORT DA	TE 11/14/	12	SUNNY	SIDE CITYWIDE		HIPAA	DATA FIL	E REPORT (PHLT837/EDIS)	PAGE 19
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PROVIDER	ID = 113	502051 SU	NNYSIDE			NPI	= 11544	07492	
016470	1	m1 0 1 0		11 /04 /10	11/04/10	20.00	105 04		
216478 216478	1 2	T1019 T1019		11/04/12 11/05/12			105.84 105.84		
216478	3	T1019		11/05/12			105.84		
216478	4	T1019		11/07/12			105.84		
216478	5	T1019		11/08/12			105.84		
216478	6	T1019		11/09/12			105.84		
					CLA	IM TOTAL	635.04	CLAIM ACCOUNT REF. 2164	780012002124
REG LOC	CLIENT	SERVICE	NT 7 MTP	DID	TH DATE	DECIDIENT ID	DDTOD	AUTHORIZATION #	
001	2011597	2011597	NAME SOLIS	אום מידוחווד.	26/1931	GNT03904400	PRIOR	AUTHORIZATION #	
001	2011377	2011377	БОПТБ	0001111 12/	20/1/31	GN103204400			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
216479	1	S5125		11/03/12			181.44		
216479	2	S5125		11/04/12			181.44		
216479	3	S5125		11/05/12			181.44		
216479	4	S5125		11/06/12		48.00 IM TOTAL	181.44 725.76	CLAIM ACCOUNT REF. 2164	700012011507
					CLA	IM TOTAL	723.70	CLAIM ACCOONT REF. 2104	750012011557
REG LOC	CLIENT	SERVICE	NAME TROISI	BIR	TH DATE		PRIOR	AUTHORIZATION #	
001	2011050	2011050	TROISI	DELIA 12/	30/1925	GNT06177500			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
216480	1 1 1 H	T1019	CODE	11/03/12			120.96		
216480	2	T1019		11/05/12			120.96		
216480	3	T1019		11/06/12			120.96		
216480	4	T1019		11/07/12			120.96		
216480	5	T1019		11/08/12			120.96		
216480	6	T1019		11/09/12	, ,		120.96	GT 3 TW 3 GGOTPTE DEE 0164	000010011050
					CLA	IM TOTAL	725.76	CLAIM ACCOUNT REF. 2164	800012011050
REG LOC	CLIENT	SERVICE	NAME VARGAS	BIR	TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #	
001	2011483	2011483	VARGAS	RAMON 10/	23/1965	GNT02027100			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
216481 216481	1 2	T1019 T1019		11/06/12 11/07/12			45.36 45.36		
216481	3	T1019		11/07/12			90.72		
210101	3	11015		11/00/12		IM TOTAL	181.44	CLAIM ACCOUNT REF. 2164	810012011483
REG LOC	CLIENT	SERVICE	NAME	BIR	TH DATE		PRIOR	AUTHORIZATION #	
001	2008200	2008200	VLAHOS	MARIE 09/	04/1932	GNT04780800			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
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216482	2	S5125		11/04/12	11/04/12	48.00	181.44		
216482	3	S5125		11/05/12			120.96		
216482	4	S5125		11/06/12			120.96		
216482	5	S5125		11/07/12			120.96		
216482 216482	6 7	S5125 S5125		11/08/12 11/09/12			120.96 120.96		
210402	/	22172		11/09/12		JZ.00 IM TOTAL	967.68	CLAIM ACCOUNT REF. 2164	820012008200
					CLIA	1011111	207.00		020012000200

REPORT DATE 11/14/12 SUNNYSIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 20

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INV # LINE # PROCEDURE CODE 216483 1 S5125 216483 2 S5125	FROM DT THRU DT UNITS AMOUNT 11/05/12 11/05/12 16.00 60.48 11/07/12 11/07/12 16.00 60.48 CLAIM TOTAL 120.96 CLAIM ACCOUNT REF. 2164830012008892
REG LOC CLIENT SERVICE NAME 001 2009618 2009618 WEST	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # BALDWIN 09/14/1933 GNT05953700
INV # LINE # PROCEDURE CODE 216484 1 T1019 216484 2 T1019 216484 3 T1019 216484 4 T1019 216484 5 T1019	FROM DT THRU DT UNITS AMOUNT 11/05/12 11/05/12 16.00 60.48 11/06/12 11/06/12 4.00 15.12 11/07/12 11/07/12 16.00 60.48 11/08/12 11/08/12 16.00 60.48 11/09/12 11/09/12 16.00 60.48 11/09/12 11/09/12 16.00 60.48 CLAIM TOTAL 257.04 CLAIM ACCOUNT REF. 2164840012009618
REG LOC CLIENT SERVICE NAME 001 2003177 2003177 WHITLEY	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # MYRNA 07/04/1950 GNT04373700
INV # LINE # PROCEDURE CODE 216485 1 T1019 216485 2 T1019 216485 3 T1019 216485 4 T1019 216485 5 T1019	FROM DT THRU DT UNITS AMOUNT 10/24/12 10/24/12 16.00 60.48 11/05/12 11/05/12 16.00 60.48 11/06/12 11/06/12 16.00 60.48 11/07/12 11/07/12 16.00 60.48 11/07/12 11/07/12 16.00 60.48 11/08/12 11/08/12 16.00 60.48 11/08/12 11/08/12 16.00 60.48 CLAIM TOTAL 302.40 CLAIM ACCOUNT REF. 2164850012003177
REG LOC CLIENT SERVICE NAME 001 2006152 2006152 YI	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # CARLOS 04/16/1959 GNT04057700
INV # LINE # PROCEDURE CODE 216486	FROM DT THRU DT UNITS AMOUNT 10/13/12 10/13/12 16.00 60.48 10/15/12 10/15/12 16.00 60.48 10/17/12 10/17/12 16.00 60.48 10/18/12 10/18/12 16.00 60.48 10/18/12 10/18/12 16.00 45.36 10/31/12 10/31/12 16.00 60.48 11/03/12 11/03/12 16.00 60.48 11/03/12 11/03/12 16.00 60.48 11/06/12 11/06/12 16.00 60.48 11/07/12 11/07/12 16.00 60.48 11/08/12 11/08/12 16.00 60.48 11/08/12 11/08/12 16.00 60.48 11/09/12 11/09/12 16.00 60.48 11/09/12 11/09/12 16.00 60.48 11/09/12 11/09/12 16.00 60.48
REG LOC CLIENT SERVICE NAME 001 2005645 2005645 YIANTSELIS	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # VIRGINI 02/05/1930 GNT04795200
INV # LINE # PROCEDURE CODE	FROM DT THRU DT UNITS AMOUNT

REPORT DA	TTE 11/1/1/	1.0	CITATIV	SIDE CITYWIDE		חדש	אין איז דיז	E REPORT (PHLT837/EDI	S) PAGE 21
				012111403563600		пть	AA DAIA FII	TE KEPOKI (PHLIOS//EDI	.5) PAGE 21
GUDMITHH	TD CITY	BUZGI	CIDDRICIDE						
	ID = SUN ID = 113	INYSI 502051 SUNI	SUNNYSIDE NYSIDE			:	NPI = 11544	107492	
216487	1	T1020		11/03/12	11/02/12	1.00	196.56		
216487	2	T1020		11/04/12			196.56		
216487	3	T1020		11/05/12			196.56		
216487	4	T1020		11/06/12	11/06/12	1.00	196.56		
216487	5	T1020			11/07/12		196.56		
216487	6	T1020			11/08/12		196.56		
216487	7	T1020		11/09/12			196.56	GI 3 IV 3 GGGIDIE DII	0164050010005645
					CLA	IM TOTAL	1,375.92	CLAIM ACCOUNT REF	'. 2164870012005645
REG LOC	CLIENT	SERVICE	NAME		TH DATE	RECIPIENT	ID PRIOR	AUTHORIZATION #	
001	2011750	2011750	ZARE	GLORIA 05/	07/1943	GNT0371660	0		
INV #	LINE #	PROCEDURE (CODE	FROM DT	THRU DT	UNITS	AMOUNT		
216488	1	S5125		11/07/12	11/07/12	32.00	120.96		
216488	2	S5125			11/08/12		120.96		
216488	3	S5125		11/09/12	, ,		120.96		
					CLA	IM TOTAL	362.88	CLAIM ACCOUNT REF	. 2164880012011750
REG LOC	CLIENT	SERVICE	NAME	BIR	TH DATE	RECIPIENT	ID PRIOR	AUTHORIZATION #	
001	1999328	1999328	ZUMAETA	FANNY 04/	09/1936	GNT0366350	0		
INV #	LINE #	PROCEDURE (CODE	FROM DT	THRU DT	UNITS	AMOUNT		
216489	1	T1019		10/26/12			151.20		
216489	2	T1019		10/27/12	10/27/12	28.00	105.84		
216489	3	T1019		10/28/12	10/28/12		105.84		
216489	4	T1019			10/29/12		151.20		
216489	5	T1019			10/30/12		151.20		
216489	6	T1019		10/31/12		40.00 IM TOTAL	151.20 816.48	CLAIM ACCOUNT DEE	. 2164890011999328
					СЦА	IM IOIAL	010.40	CLAIM ACCOUNT REF	. 2104090011999320
REG LOC	CLIENT	SERVICE	NAME		TH DATE	RECIPIENT		AUTHORIZATION #	
001	1999328	1999328	ZUMAETA	FANNY 04/	09/1936	GNT0366350	0		
INV #	LINE #	PROCEDURE (CODE	FROM DT	THRU DT	UNITS	AMOUNT		
216490	1	T1019		11/01/12			151.20		
216490	2	T1019			11/03/12		105.84		
216490	3	T1019			11/04/12		105.84		
216490	4	T1019			11/05/12		151.20		
216490 216490	5 6	T1019 T1019			11/06/12 11/07/12		151.20 151.20		
216490	6 7	T1019 T1019			11/07/12		151.20		
216490	8	T1019		11/08/12	11/00/12		151.20		
210100	J	11017		11/00/12		IM TOTAL	1,118.88	CLAIM ACCOUNT REF	. 2164900011999328
PROVIDER	TOTALS,	ID = 11350	02051	TOTAL # OF CLAI	MS =	506	TOTA	AL CLAIM AMOUNT =	53,972.68

REPORT DATE 11/14/12 SUNNYSIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 22

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202012111403563600

SUBMITTER ID = SUNNYSI SUNNYSIDE

PROVIDER ID = 113502051 SUNNYSIDE NPI = 1154407492

SUBMITTER TOTALS, ID = SUNNYSI TOTAL # OF CLAIMS = 506 TOTAL CLAIM AMOUNT = 53,972.68