

REPORT DATE 11/29/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112912014475RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008267 2008267 SZE, BECKY 10/30/1992 741244251 111891261  
DIAGNOSIS CODES: 343.9 737.9 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218154	1	T1020		11/17/12	11/17/12	6.00	101.22
218154	2	T1020		11/19/12	11/19/12	7.00	118.09
218154	3	T1020		11/20/12	11/20/12	7.00	118.09
218154	4	T1020		11/21/12	11/21/12	7.00	118.09
218154	5	T1020		11/23/12	11/23/12	7.00	118.09
CLAIM TOTAL							573.58

CLAIM ACCOUNT REF. 2181540012008267SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218152	1	T1020		11/12/12	11/12/12	9.00	151.83
218152	2	T1020		11/13/12	11/13/12	9.00	151.83
218152	3	T1020		11/14/12	11/14/12	9.00	151.83
218152	4	T1020		11/15/12	11/15/12	9.00	151.83
218152	5	T1020		11/16/12	11/16/12	9.00	151.83
218152	6	T1020		11/19/12	11/19/12	9.00	151.83
218152	7	T1020		11/20/12	11/20/12	9.00	151.83
218152	8	T1020		11/21/12	11/21/12	9.00	151.83
218152	9	T1020		11/22/12	11/22/12	9.00	151.83
218152	10	T1020		11/23/12	11/23/12	9.00	151.83
CLAIM TOTAL							1,518.30

CLAIM ACCOUNT REF. 2181520012008268SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218149	1	T1020		11/17/12	11/17/12	7.00	118.09
218149	2	T1020		11/18/12	11/18/12	7.00	118.09
218149	3	T1020		11/19/12	11/19/12	7.00	118.09
218149	4	T1020		11/20/12	11/20/12	7.00	118.09
218149	5	T1020		11/21/12	11/21/12	7.00	118.09
218149	6	T1020		11/22/12	11/22/12	7.00	118.09
218149	7	T1020		11/23/12	11/23/12	7.00	118.09
CLAIM TOTAL							826.63

CLAIM ACCOUNT REF. 2181490012008306SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008386 2008386 BATISTA, JOSE 07/20/1950 741700387 120820411  
DIAGNOSIS CODES: 344.1 250.93 401.9 599.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218146	1	T1020		10/28/12	10/28/12	7.00	118.09	
							CLAIM TOTAL	118.09
								CLAIM ACCOUNT REF. 2181460012008386SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008386 2008386 BATISTA, JOSE 07/20/1950 741700387 120820411  
DIAGNOSIS CODES: 344.1 250.93 401.9 599.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218147	1	T1020		11/07/12	11/07/12	7.00	118.09	
218147	2	T1020		11/17/12	11/17/12	7.00	118.09	
218147	3	T1020		11/18/12	11/18/12	7.00	118.09	
218147	4	T1020		11/19/12	11/19/12	7.00	118.09	
218147	5	T1020		11/20/12	11/20/12	7.00	118.09	
218147	6	T1020		11/21/12	11/21/12	7.00	118.09	
218147	7	T1020		11/22/12	11/22/12	7.00	118.09	
218147	8	T1020		11/23/12	11/23/12	7.00	118.09	
							CLAIM TOTAL	944.72
								CLAIM ACCOUNT REF. 2181470012008386SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008400 2008400 SAMOJEDNY, MICHAEL 01/20/1954 74102201600 113550568  
DIAGNOSIS CODES: 436. 401.9 571.5 780.4 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218153	1	T1020		11/20/12	11/20/12	4.00	67.48	
							CLAIM TOTAL	67.48
								CLAIM ACCOUNT REF. 2181530012008400SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008399 2010014 BERGES, MARITZA 11/20/1968 74098062800 120660869  
DIAGNOSIS CODES: 493.00 275.2 276.8 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218148	1	T1020		11/19/12	11/19/12	6.00	101.22	
218148	2	T1020		11/20/12	11/20/12	6.00	101.22	
218148	3	T1020		11/21/12	11/21/12	6.00	101.22	
218148	4	T1020		11/23/12	11/23/12	3.00	50.61	
							CLAIM TOTAL	354.27
								CLAIM ACCOUNT REF. 2181480012010014SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218155	1	T1020		11/17/12	11/17/12	9.00	151.83	
218155	2	T1020		11/18/12	11/18/12	9.00	151.83	
218155	3	T1020		11/19/12	11/19/12	8.00	134.96	
218155	4	T1020		11/20/12	11/20/12	9.00	151.83	
218155	5	T1020		11/21/12	11/21/12	9.00	151.83	
218155	6	T1020		11/22/12	11/22/12	9.00	151.83	
218155	7	T1020		11/23/12	11/23/12	9.00	151.83	
CLAIM TOTAL						1,045.94		CLAIM ACCOUNT REF. 2181550012010041SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218151	1	T1020		11/19/12	11/19/12	5.00	84.35	
218151	2	T1020		11/20/12	11/20/12	5.00	84.35	
218151	3	T1020		11/23/12	11/23/12	4.00	67.48	
CLAIM TOTAL						236.18		CLAIM ACCOUNT REF. 2181510012010712SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011495 2011495 ISKANDER, JACOB S 04/14/1949 74226723400 122720054  
DIAGNOSIS CODES: 748.60 253.5 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218150	1	T1020		10/07/12	10/07/12	8.00	134.96	
218150	2	T1020		10/14/12	10/14/12	8.00	134.96	
218150	3	T1020		10/21/12	10/21/12	8.00	134.96	
218150	4	T1020		10/28/12	10/28/12	8.00	134.96	
218150	5	T1020		11/04/12	11/04/12	8.00	134.96	
218150	6	T1020		11/11/12	11/11/12	8.00	134.96	
218150	7	T1020		11/17/12	11/17/12	8.00	134.96	
218150	8	T1020		11/18/12	11/18/12	8.00	134.96	
218150	9	T1020		11/19/12	11/19/12	8.00	134.96	
218150	10	T1020		11/20/12	11/20/12	8.00	134.96	
218150	11	T1020		11/21/12	11/21/12	8.00	134.96	
218150	12	T1020		11/22/12	11/22/12	8.00	134.96	
218150	13	T1020		11/23/12	11/23/12	8.00	134.96	
CLAIM TOTAL						1,754.48		CLAIM ACCOUNT REF. 2181500012011495SUP

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

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	59	TOTAL CLAIM AMOUNT =	7,439.67
		# SERVICES =	9		

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218132	1	T1019		11/21/12	11/21/12	16.00	67.52	
218132	2	T1019		11/23/12	11/23/12	16.00	67.52	
CLAIM TOTAL							135.04	CLAIM ACCOUNT REF.    2181320012008261SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218139	1	T1019		11/17/12	11/17/12	24.00	101.28	
218139	2	T1019		11/18/12	11/18/12	24.00	101.28	
218139	3	T1019		11/19/12	11/19/12	24.00	101.28	
218139	4	T1019		11/20/12	11/20/12	24.00	101.28	
218139	5	T1019		11/21/12	11/21/12	24.00	101.28	
218139	6	T1019		11/22/12	11/22/12	24.00	101.28	
218139	7	T1019		11/23/12	11/23/12	24.00	101.28	
CLAIM TOTAL							708.96	CLAIM ACCOUNT REF.    2181390012008263SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218143	1	T1019		11/17/12	11/17/12	40.00	168.80	
218143	2	T1019		11/18/12	11/18/12	40.00	168.80	
218143	3	T1019		11/19/12	11/19/12	40.00	168.80	
218143	4	T1019		11/20/12	11/20/12	40.00	168.80	
218143	5	T1019		11/21/12	11/21/12	40.00	168.80	
218143	6	T1019		11/22/12	11/22/12	36.00	151.92	
218143	7	T1019		11/23/12	11/23/12	40.00	168.80	
CLAIM TOTAL							1,164.72	CLAIM ACCOUNT REF.    2181430012008265SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218145	1	T1019		11/17/12	11/17/12	16.00	67.52
218145	2	T1019		11/18/12	11/18/12	16.00	67.52

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218145	3	T1019		11/19/12	11/19/12	24.00	101.28	
218145	4	T1019		11/20/12	11/20/12	24.00	101.28	
218145	5	T1019		11/21/12	11/21/12	24.00	101.28	
					CLAIM TOTAL		438.88	CLAIM ACCOUNT REF. 2181450012008303SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008366 2008366 JONES, CYNTHIA 03/17/1950 10063968601 072211255308  
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218135	1	T1019		10/19/12	10/19/12	20.00	84.40	
218135	2	T1019		11/08/12	11/08/12	20.00	84.40	
218135	3	T1019		11/12/12	11/12/12	4.00	16.88	
218135	4	T1019		11/20/12	11/20/12	20.00	84.40	
218135	5	T1019		11/21/12	11/21/12	20.00	84.40	
					CLAIM TOTAL		354.48	CLAIM ACCOUNT REF. 2181350012008366SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218130	1	T1019		10/30/12	10/30/12	28.00	118.16	
218130	2	T1019		11/04/12	11/04/12	28.00	118.16	
218130	3	T1019		11/06/12	11/06/12	28.00	118.16	
218130	4	T1019		11/11/12	11/11/12	28.00	118.16	
218130	5	T1019		11/12/12	11/12/12	32.00	135.04	
218130	6	T1019		11/16/12	11/16/12	28.00	118.16	
218130	7	T1019		11/19/12	11/19/12	32.00	135.04	
218130	8	T1019		11/20/12	11/20/12	28.00	118.16	
218130	9	T1019		11/21/12	11/21/12	28.00	118.16	
218130	10	T1019		11/23/12	11/23/12	28.00	118.16	
					CLAIM TOTAL		1,215.36	CLAIM ACCOUNT REF. 2181300012008403SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218140	1	T1019		11/17/12	11/17/12	24.00	101.28	
218140	2	T1019		11/19/12	11/19/12	24.00	101.28	
218140	3	T1019		11/20/12	11/20/12	24.00	101.28	
218140	4	T1019		11/21/12	11/21/12	24.00	101.28	

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218140	5	T1019		11/23/12	11/23/12	24.00	101.28	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF.    2181400012008422SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218144	1	T1019		11/15/12	11/15/12	16.00	67.52	
218144	2	T1019		11/16/12	11/16/12	16.00	67.52	
218144	3	T1019		11/19/12	11/19/12	16.00	67.52	
218144	4	T1019		11/20/12	11/20/12	16.00	67.52	
218144	5	T1019		11/22/12	11/22/12	16.00	67.52	
218144	6	T1019		11/23/12	11/23/12	16.00	67.52	
					CLAIM TOTAL		405.12	CLAIM ACCOUNT REF.    2181440012008425SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218133	1	T1019		11/17/12	11/17/12	40.00	168.80	
218133	2	T1019		11/18/12	11/18/12	40.00	168.80	
218133	3	T1019		11/19/12	11/19/12	40.00	168.80	
218133	4	T1019		11/20/12	11/20/12	40.00	168.80	
218133	5	T1019		11/21/12	11/21/12	40.00	168.80	
218133	6	T1019		11/22/12	11/22/12	40.00	168.80	
218133	7	T1019		11/23/12	11/23/12	40.00	168.80	
					CLAIM TOTAL		1,181.60	CLAIM ACCOUNT REF.    2181330012008427SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218142	1	T1019		11/19/12	11/19/12	16.00	67.52	
218142	2	T1019		11/20/12	11/20/12	16.00	67.52	
218142	3	T1019		11/21/12	11/21/12	16.00	67.52	
218142	4	T1019		11/22/12	11/22/12	16.00	67.52	
218142	5	T1019		11/23/12	11/23/12	16.00	67.52	
					CLAIM TOTAL		337.60	CLAIM ACCOUNT REF.    2181420012008531SUP

REPORT DATE 11/29/12                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER        ID = 11325                      NEIGHBORHOOD HEALTH

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218138	1	T1019		11/18/12	11/18/12	16.00	67.52	
218138	2	T1019		11/19/12	11/19/12	28.00	118.16	
218138	3	T1019		11/20/12	11/20/12	28.00	118.16	
218138	4	T1019		11/21/12	11/21/12	28.00	118.16	
218138	5	T1019		11/23/12	11/23/12	28.00	118.16	
CLAIM TOTAL							540.16	CLAIM ACCOUNT REF.    2181380012008742SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218131	1	T1019		11/19/12	11/19/12	16.00	67.52	
218131	2	T1019		11/20/12	11/20/12	24.00	101.28	
218131	3	T1019		11/21/12	11/21/12	24.00	101.28	
218131	4	T1019		11/22/12	11/22/12	24.00	101.28	
218131	5	T1019		11/23/12	11/23/12	24.00	101.28	
CLAIM TOTAL							472.64	CLAIM ACCOUNT REF.    2181310012008802SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008260    2009221    KHALIL, RASHAN                      02/11/1989    10060620501                      062512296643  
DIAGNOSIS CODES:    799.89        294.8        343.9        345.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218136	1	T1019		11/19/12	11/19/12	28.00	118.16	
218136	2	T1019		11/20/12	11/20/12	28.00	118.16	
218136	3	T1019		11/21/12	11/21/12	28.00	118.16	
218136	4	T1019		11/22/12	11/22/12	28.00	118.16	
218136	5	T1019		11/23/12	11/23/12	32.00	135.04	
CLAIM TOTAL							607.68	CLAIM ACCOUNT REF.    2181360012009221SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218137	1	T1019		11/16/12	11/16/12	44.00	185.68	
218137	2	T1019		11/17/12	11/17/12	48.00	202.56	
218137	3	T1019		11/18/12	11/18/12	48.00	202.56	



REPORT DATE 11/29/12                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = 11325                      NEIGHBORHOOD HEALTH

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218137	4	T1019		11/19/12	11/19/12	48.00	202.56
218137	5	T1019		11/20/12	11/20/12	48.00	202.56
218137	6	T1019		11/21/12	11/21/12	48.00	202.56
218137	7	T1019		11/22/12	11/22/12	28.00	118.16
218137	8	T1019		11/23/12	11/23/12	44.00	185.68
CLAIM TOTAL							1,502.32

CLAIM ACCOUNT REF.    2181370012009356SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218128	1	T1019		11/17/12	11/17/12	32.00	135.04
218128	2	T1019		11/18/12	11/18/12	32.00	135.04
218128	3	T1019		11/19/12	11/19/12	32.00	135.04
218128	4	T1019		11/20/12	11/20/12	32.00	135.04
218128	5	T1019		11/21/12	11/21/12	32.00	135.04
218128	6	T1019		11/23/12	11/23/12	32.00	135.04
CLAIM TOTAL							810.24

CLAIM ACCOUNT REF.    2181280012010143SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218141	1	T1019		11/07/12	11/07/12	20.00	84.40
218141	2	T1019		11/08/12	11/08/12	20.00	84.40
218141	3	T1019		11/19/12	11/19/12	20.00	84.40
CLAIM TOTAL							253.20

CLAIM ACCOUNT REF.    2181410012010353SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218134	1	T1019		11/17/12	11/17/12	24.00	101.28
218134	2	T1019		11/18/12	11/18/12	24.00	101.28
218134	3	T1019		11/19/12	11/19/12	24.00	101.28
218134	4	T1019		11/20/12	11/20/12	28.00	118.16
218134	5	T1019		11/21/12	11/21/12	24.00	101.28
218134	6	T1019		11/23/12	11/23/12	28.00	118.16
CLAIM TOTAL							641.44

CLAIM ACCOUNT REF.    2181340012010639SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218129	1	T1019		11/19/12	11/19/12	36.00	151.92	
218129	2	T1019		11/20/12	11/20/12	36.00	151.92	
218129	3	T1019		11/21/12	11/21/12	36.00	151.92	
218129	4	T1019		11/22/12	11/22/12	36.00	151.92	
218129	5	T1019		11/23/12	11/23/12	36.00	151.92	
					CLAIM TOTAL	759.60		CLAIM ACCOUNT REF. 2181290012010878SUP

PAYER TOTALS: NEIGHBORHOOD HEALTH                      # OF CLAIMS = 102    TOTAL CLAIM AMOUNT = 12,035.44  
# SERVICES = 18

REPORT DATE 11/29/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112912014475RRSUP

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

NPI = 1154407492

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008233 2008233 ARIAS, NORA 03/31/1981 RB08739R 0106191290349  
DIAGNOSIS CODES: 356.9 348.2 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218176	1	T1019		11/17/12	11/17/12	4.00	68.60
218176	2	T1019		11/18/12	11/18/12	4.00	68.60
218176	3	T1019		11/19/12	11/19/12	12.00	205.80
218176	4	T1019		11/20/12	11/20/12	12.00	205.80
218176	5	T1019		11/21/12	11/21/12	12.00	205.80
CLAIM TOTAL							754.60

CLAIM ACCOUNT REF. 2181760012008233SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008236 2008236 PERSAD, USHA 07/05/1955 TS79090G 0103301290322  
DIAGNOSIS CODES: 250.10 272.0 401.9 225.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218183	1	T1019		11/17/12	11/17/12	8.00	137.20
218183	2	T1019		11/18/12	11/18/12	8.00	137.20
218183	3	T1019		11/19/12	11/19/12	11.00	188.65
218183	4	T1019		11/20/12	11/20/12	11.00	188.65
218183	5	T1019		11/23/12	11/23/12	11.00	188.65
CLAIM TOTAL							840.35

CLAIM ACCOUNT REF. 2181830012008236SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008237 2008237 DURHAM, CYNTHIA 05/23/1960 ZB21969Z 01-070312-900-05  
DIAGNOSIS CODES: 401.9 250.00 300.00 345.90 493.90 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218179	1	T1019		11/19/12	11/19/12	4.00	68.60
218179	2	T1019		11/20/12	11/20/12	4.00	68.60
218179	3	T1019		11/21/12	11/21/12	4.00	68.60
218179	4	T1019		11/22/12	11/22/12	4.00	68.60
218179	5	T1019		11/23/12	11/23/12	4.00	68.60
CLAIM TOTAL							343.00

CLAIM ACCOUNT REF. 2181790012008237SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218175	1	T1019		11/12/12	11/12/12	5.00	85.75
218175	2	T1019		11/17/12	11/17/12	3.00	51.45
218175	3	T1019		11/18/12	11/18/12	3.00	51.45

REPORT DATE 11/29/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112912014475RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218175	4	T1019		11/19/12	11/19/12	5.00	85.75	
218175	5	T1019		11/20/12	11/20/12	5.00	85.75	
218175	6	T1019		11/21/12	11/21/12	5.00	85.75	
218175	7	T1019		11/22/12	11/22/12	4.00	68.60	
218175	8	T1019		11/23/12	11/23/12	5.00	85.75	
CLAIM TOTAL							600.25	CLAIM ACCOUNT REF. 2181750012008284SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #			
NY 001	2008385	2008385	MURDOCK, GERTRUDE	11/01/1917	SS71357M	0106221290271			
DIAGNOSIS	CODES:	536.9	365.9	369.10	389.9	401.9	715.90	733.00	V15.88

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218181	1	T1019		11/07/12	11/07/12	8.00	137.20	
218181	2	T1019		11/19/12	11/19/12	8.00	137.20	
218181	3	T1019		11/20/12	11/20/12	8.00	137.20	
218181	4	T1019		11/21/12	11/21/12	8.00	137.20	
218181	5	T1019		11/22/12	11/22/12	8.00	137.20	
218181	6	T1019		11/23/12	11/23/12	8.00	137.20	
CLAIM TOTAL							823.20	CLAIM ACCOUNT REF. 2181810012008385SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008417	2008417	GALAS, TERESA	06/08/1955	ZX91437V	0106191290406
DIAGNOSIS	CODES:	345.90				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218180	1	T1019		11/17/12	11/17/12	5.00	85.75	
218180	2	T1019		11/18/12	11/18/12	5.00	85.75	
218180	3	T1019		11/19/12	11/19/12	5.00	85.75	
218180	4	T1019		11/20/12	11/20/12	5.00	85.75	
218180	5	T1019		11/21/12	11/21/12	5.00	85.75	
218180	6	T1019		11/22/12	11/22/12	5.00	85.75	
218180	7	T1019		11/23/12	11/23/12	5.00	85.75	
CLAIM TOTAL							600.25	CLAIM ACCOUNT REF. 2181800012008417SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #		
NY 001	2008418	2008418	RYALS, CHARLES	11/03/1950	ZZ49620T	0108071290383		
DIAGNOSIS	CODES:	401.9	250.00	272.0	278.00	295.00	311.	780.57

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218185	1	T1019		11/19/12	11/19/12	8.00	137.20	
218185	2	T1019		11/20/12	11/20/12	8.00	137.20	
218185	3	T1019		11/21/12	11/21/12	8.00	137.20	
CLAIM TOTAL							411.60	CLAIM ACCOUNT REF. 2181850012008418SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112912014475RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218177	1	T1019		11/17/12	11/17/12	10.00	171.50	
218177	2	T1019		11/18/12	11/18/12	10.00	171.50	
218177	3	T1019		11/19/12	11/19/12	10.00	171.50	
218177	4	T1019		11/21/12	11/21/12	10.00	171.50	
218177	5	T1019		11/22/12	11/22/12	10.00	171.50	
CLAIM TOTAL							857.50	CLAIM ACCOUNT REF. 2181770012008743SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009377 2009377 SANTORO, MATTHEW 08/20/1949 SP38021Q 01-082412-901-94  
DIAGNOSIS CODES: 299.01 453.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218186	1	T1019		11/12/12	11/12/12	5.00	85.75	
218186	2	T1019		11/13/12	11/13/12	5.00	85.75	
218186	3	T1019		11/14/12	11/14/12	5.00	85.75	
218186	4	T1019		11/15/12	11/15/12	5.00	85.75	
218186	5	T1019		11/16/12	11/16/12	5.00	85.75	
218186	6	T1019		11/17/12	11/17/12	5.00	85.75	
218186	7	T1019		11/18/12	11/18/12	5.00	85.75	
CLAIM TOTAL							600.25	CLAIM ACCOUNT REF. 2181860012009377SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218184	1	T1019		11/17/12	11/17/12	7.00	120.05	
218184	2	T1019		11/19/12	11/19/12	3.00	51.45	
218184	3	T1019		11/20/12	11/20/12	3.00	51.45	
218184	4	T1019		11/21/12	11/21/12	3.00	51.45	
218184	5	T1019		11/23/12	11/23/12	4.00	68.60	
CLAIM TOTAL							343.00	CLAIM ACCOUNT REF. 2181840012009688SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008279 2010213 VALLE, BLASINA 02/03/1929 QG00558G 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
218187	1	T1019		10/15/12	10/15/12	8.00	137.20

REPORT DATE 11/29/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112912014475RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218187	2	T1019		10/16/12	10/16/12	8.00	137.20
218187	3	T1019		10/17/12	10/17/12	8.00	137.20
218187	4	T1019		10/18/12	10/18/12	8.00	137.20
218187	5	T1019		10/19/12	10/19/12	8.00	137.20
218187	6	T1019		11/10/12	11/10/12	8.00	137.20
218187	7	T1019		11/19/12	11/19/12	8.00	137.20
218187	8	T1019		11/20/12	11/20/12	8.00	137.20
218187	9	T1019		11/21/12	11/21/12	8.00	137.20
218187	10	T1019		11/22/12	11/22/12	8.00	137.20
218187	11	T1019		11/23/12	11/23/12	8.00	137.20
CLAIM TOTAL						1,509.20	CLAIM ACCOUNT REF. 2181870012010213SUP

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
218182	1	T1019		11/19/12	11/19/12	3.00	51.45
218182	2	T1019		11/20/12	11/20/12	3.00	51.45
218182	3	T1019		11/21/12	11/21/12	3.00	51.45
218182	4	T1019		11/22/12	11/22/12	3.00	51.45
218182	5	T1019		11/23/12	11/23/12	3.00	51.45
CLAIM TOTAL						257.25	CLAIM ACCOUNT REF. 2181820012010886SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011286	2011286	DOBBINS, SANDRA	02/05/1953	ZA50099X	0109041290009
DIAGNOSIS		CODES:	295.90	369.10	401.9		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218178	1	T1019		11/17/12	11/17/12	21.00	360.15
218178	2	T1019		11/18/12	11/18/12	23.00	394.45
218178	3	T1019		11/19/12	11/19/12	24.00	411.60
218178	4	T1019		11/20/12	11/20/12	24.00	411.60
218178	5	T1019		11/21/12	11/21/12	24.00	411.60
218178	6	T1019		11/22/12	11/22/12	24.00	411.60
218178	7	T1019		11/23/12	11/23/12	24.00	411.60
CLAIM TOTAL						2,812.60	CLAIM ACCOUNT REF. 2181780012011286SUP

REPORT DATE 11/29/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112912014475RRSUP

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

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	79	TOTAL CLAIM AMOUNT =	10,753.05
		# SERVICES =	13		

REPORT DATE 11/29/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112912014475RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218190	1	T1019		11/17/12	11/17/12	36.00	154.80
218190	2	T1019		11/18/12	11/18/12	36.00	154.80
218190	3	T1019		11/19/12	11/19/12	36.00	154.80
218190	4	T1019		11/20/12	11/20/12	36.00	154.80
218190	5	T1019		11/21/12	11/21/12	36.00	154.80
218190	6	T1019		11/22/12	11/22/12	32.00	137.60
218190	7	T1019		11/23/12	11/23/12	36.00	154.80
CLAIM TOTAL						1,066.40	CLAIM ACCOUNT REF. 2181900012008286SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218189	1	T1019		11/17/12	11/17/12	24.00	103.20
218189	2	T1019		11/18/12	11/18/12	24.00	103.20
218189	3	T1019		11/19/12	11/19/12	24.00	103.20
218189	4	T1019		11/20/12	11/20/12	24.00	103.20
218189	5	T1019		11/21/12	11/21/12	24.00	103.20
218189	6	T1019		11/22/12	11/22/12	24.00	103.20
218189	7	T1019		11/23/12	11/23/12	24.00	103.20
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2181890012008495SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010404 2010404 GUERRERO, MIRTHA 09/14/1931 740496 110890509  
DIAGNOSIS CODES: 253.5 401.9 733.00 750.27

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218188	1	T1019		11/17/12	11/17/12	28.00	120.40
218188	2	T1019		11/18/12	11/18/12	28.00	120.40
218188	3	T1019		11/19/12	11/19/12	28.00	120.40
218188	4	T1019		11/20/12	11/20/12	28.00	120.40
218188	5	T1019		11/21/12	11/21/12	28.00	120.40
218188	6	T1019		11/22/12	11/22/12	28.00	120.40
218188	7	T1019		11/23/12	11/23/12	28.00	120.40
CLAIM TOTAL						842.80	CLAIM ACCOUNT REF. 2181880012010404SUP



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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 =	2,631.60
		# SERVICES =	3		

REPORT DATE 11/29/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112912014475RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218172	1	T1019	0580	11/19/12	11/19/12	40.00	168.80
218172	2	T1019	0580	11/20/12	11/20/12	40.00	168.80
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2181720012008491SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008274 2008513 WILLIAMS, DIANE 09/23/1948 YZ36993F 0005080166  
DIAGNOSIS CODES: 296.80 250.00 429.3 733.00 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218174	1	T1019	0580	11/19/12	11/19/12	16.00	67.52
218174	2	T1019	0580	11/20/12	11/20/12	16.00	67.52
218174	3	T1019	0580	11/21/12	11/21/12	16.00	67.52
218174	4	T1019	0580	11/22/12	11/22/12	16.00	67.52
218174	5	T1019	0580	11/23/12	11/23/12	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2181740012008513SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218173	1	T1019	0580	11/17/12	11/17/12	20.00	84.40
218173	2	T1019	0580	11/18/12	11/18/12	20.00	84.40
218173	3	T1019	0580	11/19/12	11/19/12	20.00	84.40
218173	4	T1019	0580	11/20/12	11/20/12	20.00	84.40
218173	5	T1019	0580	11/21/12	11/21/12	20.00	84.40
218173	6	T1019	0580	11/22/12	11/22/12	20.00	84.40
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2181730012008544SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008193 2008723 REYNOLDS, HARRIET 07/01/1958 SR66809C 0003855084  
DIAGNOSIS CODES: 728.87 250.00 250.60 311. 401.9 780.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218168	1	T1019	0580	11/13/12	11/13/12	16.00	56.00
218168	2	T1019	0580	11/15/12	11/15/12	16.00	56.00
218168	3	T1019	0580	11/16/12	11/16/12	16.00	56.00
218168	4	T1019	0580	11/20/12	11/20/12	16.00	56.00
218168	5	T1019	0580	11/22/12	11/22/12	16.00	56.00

REPORT DATE 11/29/12 SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE  
PAYER ID = 55247 HEALTH INSURANCE PLAN

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218168	6	T1019	0580	11/23/12	11/23/12	16.00	56.00
CLAIM TOTAL							336.00
CLAIM ACCOUNT REF.							2181680012008723SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008793	2008793	COPE, WILLIE	02/17/1928	XR98607Q	0004050353
DIAGNOSIS CODES: 331.0 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218161	1	T1019	0580	11/17/12	11/17/12	47.00	164.50
218161	2	T1019	0580	11/18/12	11/18/12	48.00	168.00
218161	3	T1019	0580	11/19/12	11/19/12	48.00	168.00
218161	4	T1019	0580	11/20/12	11/20/12	48.00	168.00
218161	5	T1019	0580	11/21/12	11/21/12	48.00	168.00
218161	6	T1019	0580	11/22/12	11/22/12	48.00	168.00
218161	7	T1019	0580	11/23/12	11/23/12	48.00	168.00
CLAIM TOTAL							1,172.50
CLAIM ACCOUNT REF.							2181610012008793SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009237	2009237	WESTFIELD, BRENDA	01/13/1953	PT26237P	0004291129
DIAGNOSIS CODES: 710.4 250.00 401.9 414.00 493.90 530.81 728.87							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218170	1	T1019	0580	11/17/12	11/17/12	32.00	112.00
218170	2	T1019	0580	11/18/12	11/18/12	32.00	112.00
218170	3	T1019	0580	11/19/12	11/19/12	32.00	112.00
218170	4	T1019	0580	11/20/12	11/20/12	32.00	112.00
218170	5	T1019	0580	11/21/12	11/21/12	32.00	112.00
218170	6	T1019	0580	11/22/12	11/22/12	32.00	112.00
218170	7	T1019	0580	11/23/12	11/23/12	32.00	112.00
CLAIM TOTAL							784.00
CLAIM ACCOUNT REF.							2181700012009237SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008395	2009406	AHMAD, AMATUL	08/03/1953	YG15821Z	0004979372
DIAGNOSIS CODES: 799.89 253.5 272.4 401.9 493.92 696.8							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218171	1	T1019	0580	11/19/12	11/19/12	12.00	50.64
218171	2	T1019	0580	11/20/12	11/20/12	16.00	67.52
218171	3	T1019	0580	11/21/12	11/21/12	16.00	67.52
218171	4	T1019	0580	11/22/12	11/22/12	16.00	67.52
CLAIM TOTAL							253.20
CLAIM ACCOUNT REF.							2181710012009406SUP

REPORT DATE 11/29/12                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = 55247                      HEALTH INSURANCE PLAN

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009686 2009686 GAFFNEY, FREDERICK 01/04/1939 RH10373H 0005177081-002  
DIAGNOSIS CODES: 315.8 357.4 389.8 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218164	1	T1019	0580	11/19/12	11/19/12	16.00	56.00
218164	2	T1019	0580	11/20/12	11/20/12	16.00	56.00
218164	3	T1019	0580	11/21/12	11/21/12	16.00	56.00
218164	4	T1019	0580	11/23/12	11/23/12	16.00	56.00
CLAIM TOTAL							224.00
CLAIM ACCOUNT REF.							2181640012009686SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218166	1	T1019	0580	11/17/12	11/17/12	28.00	98.00
218166	2	T1019	0580	11/18/12	11/18/12	28.00	98.00
218166	3	T1019	0580	11/19/12	11/19/12	28.00	98.00
218166	4	T1019	0580	11/20/12	11/20/12	28.00	98.00
218166	5	T1019	0580	11/21/12	11/21/12	28.00	98.00
218166	6	T1019	0580	11/23/12	11/23/12	28.00	98.00
CLAIM TOTAL							588.00
CLAIM ACCOUNT REF.							2181660012009945SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218160	1	T1019	0580	11/20/12	11/20/12	24.00	84.00
218160	2	T1019	0580	11/21/12	11/21/12	20.00	70.00
218160	3	T1019	0580	11/23/12	11/23/12	20.00	70.00
CLAIM TOTAL							224.00
CLAIM ACCOUNT REF.							2181600012010293SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218169	1	T1019	0580	10/29/12	10/29/12	24.00	84.00
218169	2	T1019	0580	11/17/12	11/17/12	48.00	168.00
218169	3	T1019	0580	11/18/12	11/18/12	48.00	168.00
218169	4	T1019	0580	11/19/12	11/19/12	48.00	168.00
218169	5	T1019	0580	11/20/12	11/20/12	48.00	168.00

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

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218169	6	T1019	0580	11/23/12	11/23/12	48.00	168.00
							CLAIM TOTAL
							924.00
							CLAIM ACCOUNT REF. 2181690012010316SUP

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
218165	1	T1019	0580	11/17/12	11/17/12	36.00	126.00
218165	2	T1019	0580	11/18/12	11/18/12	36.00	126.00
218165	3	T1019	0580	11/19/12	11/19/12	30.00	105.00
218165	4	T1019	0580	11/20/12	11/20/12	34.00	119.00
							CLAIM TOTAL
							476.00
							CLAIM ACCOUNT REF. 2181650012010991SUP

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
218162	1	G0156	0572	11/17/12	11/17/12	7.00	99.75
218162	2	G0156	0572	11/18/12	11/18/12	7.00	99.75
218162	3	G0156	0572	11/20/12	11/20/12	7.00	99.75
218162	4	G0156	0572	11/21/12	11/21/12	7.00	99.75
218162	5	G0156	0572	11/22/12	11/22/12	7.00	99.75
218162	6	G0156	0572	11/23/12	11/23/12	7.00	99.75
							CLAIM TOTAL
							598.50
							CLAIM ACCOUNT REF. 2181620012011066SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218163	1	G0156	0572	11/17/12	11/17/12	12.00	171.00
218163	2	G0156	0572	11/19/12	11/19/12	12.00	171.00
218163	3	G0156	0572	11/20/12	11/20/12	12.00	171.00
218163	4	G0156	0572	11/22/12	11/22/12	12.00	171.00
218163	5	G0156	0572	11/23/12	11/23/12	12.00	171.00
							CLAIM TOTAL
							855.00
							CLAIM ACCOUNT REF. 2181630012011526SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218167	1	T1019	0580	11/21/12	11/21/12	48.00	168.00
218167	2	T1019	0580	11/22/12	11/22/12	48.00	168.00
218167	3	T1019	0580	11/23/12	11/23/12	48.00	168.00
CLAIM TOTAL							504.00
CLAIM ACCOUNT REF.							2181670012011833SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	74	TOTAL CLAIM AMOUNT =	8,120.80
		# SERVICES =	15		

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NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2182060012010958SUP

PAYER TOTALS:	VNSNY CHOICE	# OF CLAIMS =	5	TOTAL CLAIM AMOUNT =	600.60
		# SERVICES =	1		

REPORT DATE 11/29/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112912014475RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008246 2008246 RIVERA, CHRISTOPHER 09/03/1996 UW23596M R2013357  
DIAGNOSIS CODES: 314.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218118	1	T1019		11/17/12	11/17/12	12.00	50.64
218118	2	T1019		11/18/12	11/18/12	12.00	50.64
218118	3	T1019		11/19/12	11/19/12	12.00	50.64
218118	4	T1019		11/20/12	11/20/12	12.00	50.64
218118	5	T1019		11/21/12	11/21/12	12.00	50.64
218118	6	T1019		11/22/12	11/22/12	12.00	50.64
218118	7	T1019		11/23/12	11/23/12	12.00	50.64
CLAIM TOTAL							354.48
CLAIM ACCOUNT REF.							2181180012008246SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008248 2008248 RIVERA, EDDIE 01/29/1960 YP34893V R1863464  
DIAGNOSIS CODES: 339.02 367.1 369.10

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218119	1	T1019		11/17/12	11/17/12	12.00	50.64
218119	2	T1019		11/18/12	11/18/12	12.00	50.64
218119	3	T1019		11/19/12	11/19/12	12.00	50.64
218119	4	T1019		11/20/12	11/20/12	12.00	50.64
218119	5	T1019		11/21/12	11/21/12	12.00	50.64
218119	6	T1019		11/22/12	11/22/12	12.00	50.64
218119	7	T1019		11/23/12	11/23/12	12.00	50.64
CLAIM TOTAL							354.48
CLAIM ACCOUNT REF.							2181190012008248SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218114	1	T1019		11/17/12	11/17/12	44.00	185.68
218114	2	T1019		11/18/12	11/18/12	44.00	185.68
218114	3	T1019		11/19/12	11/19/12	44.00	185.68
218114	4	T1019		11/20/12	11/20/12	44.00	185.68
218114	5	T1019		11/21/12	11/21/12	44.00	185.68
CLAIM TOTAL							928.40
CLAIM ACCOUNT REF.							2181140012008249SUP



REPORT DATE 11/29/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112912014475RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008250 2008250 SALAZAR, LUZ MARIA 02/19/1970 SC60317K R2048722  
DIAGNOSIS CODES: 952.9 564.81 596.54 806.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218121	1	T1019		11/17/12	11/17/12	32.00	135.04
218121	2	T1019		11/18/12	11/18/12	32.00	135.04
218121	3	T1019		11/19/12	11/19/12	32.00	135.04
218121	4	T1019		11/20/12	11/20/12	32.00	135.04
218121	5	T1019		11/21/12	11/21/12	32.00	135.04
218121	6	T1019		11/22/12	11/22/12	32.00	135.04
218121	7	T1019		11/23/12	11/23/12	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2181210012008250SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008251 2008251 CEBALLOS, ANA 12/31/1919 UH02585Q 0104031202128  
DIAGNOSIS CODES: 294.10 244.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218101	1	T1019		11/20/12	11/20/12	32.00	135.04
218101	2	T1019		11/21/12	11/21/12	32.00	135.04
218101	3	T1019		11/22/12	11/22/12	32.00	135.04
218101	4	T1019		11/23/12	11/23/12	32.00	135.04
CLAIM TOTAL							540.16
CLAIM ACCOUNT REF.							2181010012008251SUP

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
218115	1	T1019		11/17/12	11/17/12	48.00	202.56
218115	2	T1019		11/18/12	11/18/12	48.00	202.56
218115	3	T1019		11/19/12	11/19/12	48.00	202.56
218115	4	T1019		11/20/12	11/20/12	48.00	202.56
218115	5	T1019		11/21/12	11/21/12	48.00	202.56
218115	6	T1019		11/22/12	11/22/12	48.00	202.56
218115	7	T1019		11/23/12	11/23/12	48.00	202.56
CLAIM TOTAL							1,417.92
CLAIM ACCOUNT REF.							2181150012008253SUP

REPORT DATE 11/29/12                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008254 2008254 SPIVEY, PATRICIA 04/06/1965 WE52435B R2061243  
DIAGNOSIS CODES: 250.00 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218123	1	T1019		11/20/12	11/20/12	20.00	84.40
218123	2	T1019		11/21/12	11/21/12	20.00	84.40
218123	3	T1019		11/23/12	11/23/12	20.00	84.40
CLAIM TOTAL							253.20
CLAIM ACCOUNT REF.							2181230012008254SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008256 2008256 CARMONA, LUZ 08/10/1954 XJ24416K 0104161201362  
DIAGNOSIS CODES: 294.8 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218098	1	T1019		11/19/12	11/19/12	32.00	135.04
218098	2	T1019		11/20/12	11/20/12	32.00	135.04
218098	3	T1019		11/21/12	11/21/12	32.00	135.04
CLAIM TOTAL							405.12
CLAIM ACCOUNT REF.							2180980012008256SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218099	1	T1019		11/22/12	11/22/12	32.00	135.04
218099	2	T1019		11/23/12	11/23/12	32.00	135.04
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2180990012008256SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218105	1	T1019		11/17/12	11/17/12	24.00	101.28
218105	2	T1019		11/18/12	11/18/12	24.00	101.28
218105	3	T1019		11/19/12	11/19/12	24.00	101.28
218105	4	T1019		11/20/12	11/20/12	20.00	84.40
218105	5	T1019		11/21/12	11/21/12	24.00	101.28
218105	6	T1019		11/22/12	11/22/12	24.00	101.28
218105	7	T1019		11/23/12	11/23/12	24.00	101.28
CLAIM TOTAL							692.08
CLAIM ACCOUNT REF.							2181050012008257SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218122	1	T1019		11/19/12	11/19/12	32.00	135.04	
218122	2	T1019		11/20/12	11/20/12	32.00	135.04	
218122	3	T1019		11/21/12	11/21/12	32.00	135.04	
218122	4	T1019		11/22/12	11/22/12	32.00	135.04	
218122	5	T1019		11/23/12	11/23/12	32.00	135.04	
CLAIM TOTAL							675.20	CLAIM ACCOUNT REF. 2181220012008290SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008297 2008297 MARTIN, ARIANA 12/25/1968 XD64969X R2028439  
DIAGNOSIS CODES: 250.63 401.9 493.11

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218116	1	T1019		11/19/12	11/19/12	16.00	67.52	
218116	2	T1019		11/21/12	11/21/12	16.00	67.52	
CLAIM TOTAL							135.04	CLAIM ACCOUNT REF. 2181160012008297SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218107	1	T1019		11/02/12	11/02/12	28.00	118.16	
218107	2	T1019		11/15/12	11/15/12	16.00	67.52	
218107	3	T1019		11/17/12	11/17/12	28.00	118.16	
218107	4	T1019		11/18/12	11/18/12	28.00	118.16	
218107	5	T1019		11/19/12	11/19/12	28.00	118.16	
218107	6	T1019		11/20/12	11/20/12	28.00	118.16	
218107	7	T1019		11/21/12	11/21/12	28.00	118.16	
218107	8	T1019		11/22/12	11/22/12	28.00	118.16	
CLAIM TOTAL							894.64	CLAIM ACCOUNT REF. 2181070012008362SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008368 2008368 RODRIGUEZ, MARGARET 06/25/1950 ZP21043J R1955871  
DIAGNOSIS CODES: 295.90 250.00 272.4 311. 401.9 414.3 733.00 780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218120	1	T1019		11/19/12	11/19/12	16.00	67.52	
218120	2	T1019		11/20/12	11/20/12	16.00	67.52	
218120	3	T1019		11/21/12	11/21/12	16.00	67.52	

REPORT DATE 11/29/12                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER       ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218120	4	T1019		11/22/12	11/22/12	16.00	67.52	
218120	5	T1019		11/23/12	11/23/12	16.00	67.52	
						CLAIM TOTAL	337.60	CLAIM ACCOUNT REF.    2181200012008368SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218108	1	T1019		11/18/12	11/18/12	32.00	135.04	
218108	2	T1019		11/23/12	11/23/12	32.00	135.04	
						CLAIM TOTAL	270.08	CLAIM ACCOUNT REF.    2181080012008411SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008428    2008428    KAUR, HARBANS       02/03/1937    VB22061J                      R2021143  
DIAGNOSIS CODES:    401.9       272.4       332.1       453.42

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218111	1	T1019		11/17/12	11/17/12	28.00	118.16	
218111	2	T1019		11/18/12	11/18/12	28.00	118.16	
218111	3	T1019		11/19/12	11/19/12	28.00	118.16	
218111	4	T1019		11/20/12	11/20/12	28.00	118.16	
218111	5	T1019		11/21/12	11/21/12	28.00	118.16	
218111	6	T1019		11/22/12	11/22/12	28.00	118.16	
218111	7	T1019		11/23/12	11/23/12	28.00	118.16	
						CLAIM TOTAL	827.12	CLAIM ACCOUNT REF.    2181110012008428SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008433    2008433    BHAIRO, KOWSILILLI    05/13/1954    VG15691D                      R1917814  
DIAGNOSIS CODES:    340.       286.0       311.       401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218095	1	T1019		11/17/12	11/17/12	32.00	135.04	
218095	2	T1019		11/18/12	11/18/12	32.00	135.04	
218095	3	T1019		11/19/12	11/19/12	32.00	135.04	
218095	4	T1019		11/20/12	11/20/12	32.00	135.04	
218095	5	T1019		11/21/12	11/21/12	32.00	135.04	
218095	6	T1019		11/23/12	11/23/12	32.00	135.04	
						CLAIM TOTAL	810.24	CLAIM ACCOUNT REF.    2180950012008433SUP

REPORT DATE 11/29/12                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER       ID = 80141                      HEALTHFIRST PHSP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008487    2008487    BEGUM, MANWARA                      11/23/1949    VD44720Z                      R1903232  
DIAGNOSIS CODES:    250.00    244.8    311.    401.9    428.0    733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218094	1	T1019		11/17/12	11/17/12	16.00	67.52
218094	2	T1019		11/18/12	11/18/12	16.00	67.52
218094	3	T1019		11/19/12	11/19/12	16.00	67.52
218094	4	T1019		11/20/12	11/20/12	16.00	67.52
218094	5	T1019		11/21/12	11/21/12	16.00	67.52
218094	6	T1019		11/22/12	11/22/12	16.00	67.52
218094	7	T1019		11/23/12	11/23/12	16.00	67.52
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2180940012008487SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008558    2008558    SURIEL, GERTRUDIS                      03/17/1950    ZE67447D                      0106131202138  
DIAGNOSIS CODES:    493.90    401.9    414.00    715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218125	1	T1019		11/19/12	11/19/12	24.00	101.28
218125	2	T1019		11/20/12	11/20/12	24.00	101.28
218125	3	T1019		11/21/12	11/21/12	48.00	202.56
218125	4	T1019		11/23/12	11/23/12	44.00	185.68
CLAIM TOTAL							590.80
CLAIM ACCOUNT REF.							2181250012008558SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008571    2008571    ESPAILLAT, AMPARO                      12/25/1949    ZG25447P                      R2016893  
DIAGNOSIS CODES:    401.9    272.0    311.    365.9    366.9    733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218104	1	T1019		11/17/12	11/17/12	16.00	67.52
218104	2	T1019		11/18/12	11/18/12	16.00	67.52
218104	3	T1019		11/19/12	11/19/12	24.00	101.28
218104	4	T1019		11/20/12	11/20/12	24.00	101.28
218104	5	T1019		11/21/12	11/21/12	24.00	101.28
218104	6	T1019		11/22/12	11/22/12	24.00	101.28
218104	7	T1019		11/23/12	11/23/12	24.00	101.28
CLAIM TOTAL							641.44
CLAIM ACCOUNT REF.							2181040012008571SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218106	1	T1019		11/19/12	11/19/12	20.00	84.40
218106	2	T1019		11/21/12	11/21/12	20.00	84.40
218106	3	T1019		11/23/12	11/23/12	20.00	84.40
CLAIM TOTAL							253.20
CLAIM ACCOUNT REF.							2181060012009001SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218102	1	T1019		11/18/12	11/18/12	20.00	84.40
218102	2	T1019		11/19/12	11/19/12	20.00	84.40
218102	3	T1019		11/20/12	11/20/12	20.00	84.40
218102	4	T1019		11/22/12	11/22/12	20.00	84.40
218102	5	T1019		11/23/12	11/23/12	20.00	84.40
CLAIM TOTAL							422.00
CLAIM ACCOUNT REF.							2181020012009256SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218100	1	T1019		11/17/12	11/17/12	32.00	135.04
218100	2	T1019		11/19/12	11/19/12	32.00	135.04
218100	3	T1019		11/20/12	11/20/12	32.00	135.04
218100	4	T1019		11/21/12	11/21/12	32.00	135.04
218100	5	T1019		11/22/12	11/22/12	32.00	135.04
218100	6	T1019		11/23/12	11/23/12	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2181000012009270SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009425 2009425 FRIAS, BARBARA 04/01/1954 YQ10410R R1869904  
DIAGNOSIS CODES: 785.9 V44.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218109	1	T1019		11/21/12	11/21/12	16.00	67.52
218109	2	T1019		11/23/12	11/23/12	16.00	67.52
CLAIM TOTAL							135.04
CLAIM ACCOUNT REF.							2181090012009425SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009560 2009560 BOCHENEC, JOLANTA 07/08/1964 ZT71147Q 0104121200913  
DIAGNOSIS CODES: 854.00 272.4 300.00 307.42 781.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218096	1	T1019		11/17/12	11/17/12	24.00	101.28
218096	2	T1019		11/18/12	11/18/12	20.00	84.40
218096	3	T1019		11/19/12	11/19/12	24.00	101.28
218096	4	T1019		11/20/12	11/20/12	24.00	101.28
218096	5	T1019		11/21/12	11/21/12	16.00	67.52
218096	6	T1019		11/22/12	11/22/12	16.00	67.52
218096	7	T1019		11/23/12	11/23/12	16.00	67.52
CLAIM TOTAL							590.80
CLAIM ACCOUNT REF.							2180960012009560SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010009 2010009 VEGA, GLORIA 07/06/1955 ZU45073J 0104181201698  
DIAGNOSIS CODES: 340. 250.00 272.2 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218127	1	T1019		11/19/12	11/19/12	32.00	135.04
218127	2	T1019		11/20/12	11/20/12	32.00	135.04
218127	3	T1019		11/21/12	11/21/12	32.00	135.04
218127	4	T1019		11/22/12	11/22/12	32.00	135.04
218127	5	T1019		11/23/12	11/23/12	32.00	135.04
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2181270012010009SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008299 2010311 LAZALA, GLADYS 02/03/1950 ZT39863D 0105101200935  
DIAGNOSIS CODES: 340. 250.00 278.00 401.9 440.9 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218113	1	T1019		11/17/12	11/17/12	24.00	101.28
218113	2	T1019		11/19/12	11/19/12	28.00	118.16
218113	3	T1019		11/20/12	11/20/12	28.00	118.16
218113	4	T1019		11/21/12	11/21/12	28.00	118.16
218113	5	T1019		11/22/12	11/22/12	28.00	118.16
218113	6	T1019		11/23/12	11/23/12	56.00	236.32
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2181130012010311SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010758 2010758 VASQUEZ, OLGA 11/20/1948 WU00136E R1906129  
DIAGNOSIS CODES: 311. 244.9 253.5 401.9 429.9 493.90 948.11

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218126	1	T1019		11/17/12	11/17/12	20.00	84.40
218126	2	T1019		11/18/12	11/18/12	20.00	84.40
218126	3	T1019		11/22/12	11/22/12	20.00	84.40
218126	4	T1019		11/23/12	11/23/12	20.00	84.40
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2181260012010758SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008813 2010967 LARA, TOMASA 10/11/1931 SX47950B R1921929  
DIAGNOSIS CODES: 401.9 244.9 272.4 715.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218112	1	T1019		11/19/12	11/19/12	32.00	135.04
218112	2	T1019		11/20/12	11/20/12	32.00	135.04
218112	3	T1019		11/21/12	11/21/12	32.00	135.04
218112	4	T1019		11/22/12	11/22/12	32.00	135.04
218112	5	T1019		11/23/12	11/23/12	32.00	135.04
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2181120012010967SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011058 2011058 DELACRUZ, ANA 06/20/1920 122053627 0107241201931  
DIAGNOSIS CODES: 294.20

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218103	1	T1019		11/17/12	11/17/12	40.00	168.80
218103	2	T1019		11/18/12	11/18/12	40.00	168.80
218103	3	T1019		11/19/12	11/19/12	16.00	67.52
218103	4	T1019		11/20/12	11/20/12	40.00	168.80
218103	5	T1019		11/21/12	11/21/12	40.00	168.80
218103	6	T1019		11/22/12	11/22/12	24.00	101.28
218103	7	T1019		11/23/12	11/23/12	40.00	168.80
CLAIM TOTAL							1,012.80
CLAIM ACCOUNT REF.							2181030012011058SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218117	1	T1020		11/17/12	11/17/12	12.00	202.56
218117	2	T1020		11/18/12	11/18/12	12.00	202.56



REPORT DATE 11/29/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112912014475RRSUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218117	3	T1020		11/19/12	11/19/12	12.00	202.56	
218117	4	T1020		11/20/12	11/20/12	12.00	202.56	
218117	5	T1020		11/21/12	11/21/12	12.00	202.56	
218117	6	T1020		11/23/12	11/23/12	12.00	202.56	
				CLAIM TOTAL		1,215.36		CLAIM ACCOUNT REF.    2181170012011388SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
NY	001	2008378	2011528	BOWERS, DIANE	10/01/1946	129232187	0109201201746	
DIAGNOSIS	CODES:	250.11	300.02	410.90	413.0	428.0	440.9	493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218097	1	T1019		10/30/12	10/30/12	40.00	168.80	
218097	2	T1019		11/19/12	11/19/12	40.00	168.80	
218097	3	T1019		11/20/12	11/20/12	40.00	168.80	
218097	4	T1019		11/21/12	11/21/12	40.00	168.80	
218097	5	T1019		11/22/12	11/22/12	40.00	168.80	
218097	6	T1019		11/23/12	11/23/12	40.00	168.80	
				CLAIM TOTAL		1,012.80		CLAIM ACCOUNT REF.    2180970012011528SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011635	2011635	GARCIA, LEONARDO	03/22/2000	2011635	
DIAGNOSIS	CODES:	799.89					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218110	1	T1019		10/29/12	10/29/12	20.00	84.40	
218110	2	T1019		10/30/12	10/30/12	20.00	84.40	
218110	3	T1019		10/31/12	10/31/12	20.00	84.40	
218110	4	T1019		11/17/12	11/17/12	20.00	84.40	
218110	5	T1019		11/19/12	11/19/12	20.00	84.40	
218110	6	T1019		11/20/12	11/20/12	20.00	84.40	
218110	7	T1019		11/21/12	11/21/12	20.00	84.40	
218110	8	T1019		11/22/12	11/22/12	20.00	84.40	
218110	9	T1019		11/23/12	11/23/12	20.00	84.40	
				CLAIM TOTAL		759.60		CLAIM ACCOUNT REF.    2181100012011635SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008405	2011820	ST ROMAINE, CLAUDE	10/01/1956	UZ14868C	R2050170
DIAGNOSIS	CODES:	952.9	344.9	596.54			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218124	1	T1019		11/17/12	11/17/12	36.00	151.92
218124	2	T1019		11/18/12	11/18/12	36.00	151.92
218124	3	T1019		11/19/12	11/19/12	40.00	168.80

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218124	4	T1019		11/20/12	11/20/12	40.00	168.80	
218124	5	T1019		11/22/12	11/22/12	40.00	168.80	
218124	6	T1019		11/23/12	11/23/12	40.00	168.80	
					CLAIM TOTAL		979.04	CLAIM ACCOUNT REF. 2181240012011820SUP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	182	TOTAL CLAIM AMOUNT =	21,505.12
		# SERVICES =	33		

REPORT DATE 11/29/12                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112912014475RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218156	1	T1019		11/17/12	11/17/12	40.00	171.60
218156	2	T1019		11/18/12	11/18/12	40.00	171.60
218156	3	T1019		11/19/12	11/19/12	40.00	171.60
218156	4	T1019		11/20/12	11/20/12	40.00	171.60
218156	5	T1019		11/21/12	11/21/12	40.00	171.60
218156	6	T1019		11/22/12	11/22/12	40.00	171.60
218156	7	T1019		11/23/12	11/23/12	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2181560012008245SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008287 2008287 MILLAN, ARMIDA 09/13/1928 100063356 608047620  
DIAGNOSIS CODES: 250.00 272.4 311. 356.9 365.9 401.9 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218158	1	T1019		11/17/12	11/17/12	16.00	68.64
218158	2	T1019		11/18/12	11/18/12	16.00	68.64
218158	3	T1019		11/19/12	11/19/12	36.00	154.44
218158	4	T1019		11/20/12	11/20/12	36.00	154.44
218158	5	T1019		11/21/12	11/21/12	36.00	154.44
218158	6	T1019		11/23/12	11/23/12	36.00	154.44
CLAIM TOTAL						755.04	CLAIM ACCOUNT REF. 2181580012008287SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008401 2008401 SAFOS, PATRA 12/18/1948 100029836 607678036  
DIAGNOSIS CODES: 340. 244.8 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218159	1	T1019		11/17/12	11/17/12	32.00	137.28
218159	2	T1019		11/20/12	11/20/12	32.00	137.28
218159	3	T1019		11/21/12	11/21/12	32.00	137.28
218159	4	T1019		11/23/12	11/23/12	32.00	137.28
CLAIM TOTAL						549.12	CLAIM ACCOUNT REF. 2181590012008401SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011881 2011881 KHAN, FAZAL 06/28/1970 2011881  
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218157	1	T1019		11/03/12	11/03/12	48.00	205.92

REPORT DATE 11/29/12                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = 87726                              UNITEDHEALTHCARE

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218157	2	T1019		11/04/12	11/04/12	48.00	205.92	
218157	3	T1019		11/16/12	11/16/12	48.00	205.92	
218157	4	T1019		11/23/12	11/23/12	48.00	205.92	
					CLAIM TOTAL		823.68	CLAIM ACCOUNT REF. 2181570012011881SUP

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	21	TOTAL CLAIM AMOUNT =	3,329.04
		# SERVICES =	4		

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012112912014475RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218194	1	T1019	0580	11/17/12	11/17/12	40.00	168.80
218194	2	T1019	0580	11/18/12	11/18/12	40.00	168.80
218194	3	T1019	0580	11/19/12	11/19/12	32.00	135.04
218194	4	T1019	0580	11/20/12	11/20/12	32.00	135.04
218194	5	T1019	0580	11/22/12	11/22/12	32.00	135.04
218194	6	T1019	0580	11/23/12	11/23/12	36.00	151.92
CLAIM TOTAL							894.64

CLAIM ACCOUNT REF. 2181940012008266SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008409 2009279 PRUITT, JOHNNY 10/26/1956 712824266 102602130  
DIAGNOSIS CODES: 249.00 272.4 295.00 401.9 585.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218197	1	S5130	0582	11/23/12	11/23/12	16.00	67.52
CLAIM TOTAL							67.52

CLAIM ACCOUNT REF. 2181970012009279SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009647 2009647 FERNANDEZ, NORKA \* 07/14/1948 715856872 102806651  
DIAGNOSIS CODES: 401.9 311. 492.8 715.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218192	1	T1019	0580	11/19/12	11/19/12	32.00	135.04
218192	2	T1019	0580	11/20/12	11/20/12	36.00	151.92
218192	3	T1019	0580	11/21/12	11/21/12	32.00	135.04
218192	4	T1019	0580	11/22/12	11/22/12	32.00	135.04
218192	5	T1019	0580	11/23/12	11/23/12	32.00	135.04
CLAIM TOTAL							692.08

CLAIM ACCOUNT REF. 2181920012009647SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010003 2010724 DENNISON, KELVIN \* 09/23/1991 6944796 103006820  
DIAGNOSIS CODES: 799.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218191	1	T1019	0580	11/19/12	11/19/12	24.00	101.28
218191	2	T1019	0580	11/20/12	11/20/12	24.00	101.28
218191	3	T1019	0580	11/21/12	11/21/12	24.00	101.28
218191	4	T1019	0580	11/22/12	11/22/12	24.00	101.28
218191	5	T1019	0580	11/23/12	11/23/12	16.00	67.52
CLAIM TOTAL							472.64

CLAIM ACCOUNT REF. 2181910012010724SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008406 2010728 YOUNG, KALEILE 06/17/1994 006532755 103177976  
DIAGNOSIS CODES: 319. 493.90 742.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218199	1	T1019	0580	11/10/12	11/10/12	16.00	67.52
218199	2	T1019	0580	11/11/12	11/11/12	16.00	67.52
218199	3	T1019	0580	11/12/12	11/12/12	8.00	33.76
218199	4	T1019	0580	11/13/12	11/13/12	8.00	33.76
218199	5	T1019	0580	11/14/12	11/14/12	8.00	33.76
218199	6	T1019	0580	11/15/12	11/15/12	8.00	33.76
218199	7	T1019	0580	11/16/12	11/16/12	8.00	33.76
218199	8	T1019	0580	11/17/12	11/17/12	16.00	67.52
218199	9	T1019	0580	11/18/12	11/18/12	16.00	67.52
218199	10	T1019	0580	11/19/12	11/19/12	8.00	33.76
218199	11	T1019	0580	11/20/12	11/20/12	8.00	33.76
218199	12	T1019	0580	11/21/12	11/21/12	8.00	33.76
218199	13	T1019	0580	11/22/12	11/22/12	8.00	33.76
218199	14	T1019	0580	11/23/12	11/23/12	8.00	33.76
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2181990012010728SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008407 2010729 WALTERS, BYRON 05/18/2000 006600539 103177687  
DIAGNOSIS CODES: 319. 493.90 742.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218198	1	T1019	0580	11/10/12	11/10/12	20.00	84.40
218198	2	T1019	0580	11/11/12	11/11/12	20.00	84.40
218198	3	T1019	0580	11/12/12	11/12/12	12.00	50.64
218198	4	T1019	0580	11/13/12	11/13/12	12.00	50.64
218198	5	T1019	0580	11/14/12	11/14/12	12.00	50.64
218198	6	T1019	0580	11/15/12	11/15/12	12.00	50.64
218198	7	T1019	0580	11/16/12	11/16/12	12.00	50.64
218198	8	T1019	0580	11/17/12	11/17/12	20.00	84.40
218198	9	T1019	0580	11/18/12	11/18/12	20.00	84.40
218198	10	T1019	0580	11/19/12	11/19/12	12.00	50.64
218198	11	T1019	0580	11/20/12	11/20/12	12.00	50.64
218198	12	T1019	0580	11/21/12	11/21/12	12.00	50.64
218198	13	T1019	0580	11/22/12	11/22/12	12.00	50.64
218198	14	T1019	0580	11/23/12	11/23/12	12.00	50.64
CLAIM TOTAL							844.00
CLAIM ACCOUNT REF.							2181980012010729SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218195	1	T1019	0580	11/06/12	11/06/12	16.00	67.52	
218195	2	T1019	0580	11/19/12	11/19/12	16.00	67.52	
218195	3	T1019	0580	11/20/12	11/20/12	16.00	67.52	
218195	4	T1019	0580	11/21/12	11/21/12	16.00	67.52	
					CLAIM TOTAL	270.08		CLAIM ACCOUNT REF.    2181950012010731SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2011238    2011238    MICHEL, VERULIA \*                      09/23/1932    712951733                      103212745  
DIAGNOSIS CODES:    728.87    272.4    401.9    780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218196	1	T1019	0580	11/19/12	11/19/12	24.00	101.28	
218196	2	T1019	0580	11/20/12	11/20/12	24.00	101.28	
218196	3	T1019	0580	11/21/12	11/21/12	24.00	101.28	
218196	4	T1019	0580	11/22/12	11/22/12	24.00	101.28	
218196	5	T1019	0580	11/23/12	11/23/12	24.00	101.28	
					CLAIM TOTAL	506.40		CLAIM ACCOUNT REF.    2181960012011238SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
218193	1	T1019	0580	11/12/12	11/12/12	12.00	50.64	
218193	2	T1019	0580	11/14/12	11/14/12	12.00	50.64	
218193	3	T1019	0580	11/16/12	11/16/12	16.00	67.52	
218193	4	T1019	0580	11/19/12	11/19/12	12.00	50.64	
218193	5	T1019	0580	11/21/12	11/21/12	12.00	50.64	
218193	6	T1019	0580	11/23/12	11/23/12	16.00	67.52	
					CLAIM TOTAL	337.60		CLAIM ACCOUNT REF.    2181930012011322SUP

PAYER TOTALS:                      AMERIGROUP NEW YORK,LLC                      # OF CLAIMS =                      60    TOTAL CLAIM AMOUNT =                      4,692.64  
# SERVICES =                      9

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NPI = 1154407492

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218205	1	T1019	1C	0570	11/19/12	11/19/12	4.00	63.60
218205	2	T1019	1C	0570	11/20/12	11/20/12	4.00	63.60
218205	3	T1019	1C	0570	11/21/12	11/21/12	4.00	63.60
218205	4	T1019	1C	0570	11/22/12	11/22/12	4.00	63.60
218205	5	T1019	1C	0570	11/23/12	11/23/12	4.00	63.60
CLAIM TOTAL							318.00	CLAIM ACCOUNT REF. 2182050012011453SUP

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
218204	1	T1019	1C	0570		11/19/12	11/19/12	4.00	63.60
218204	2	T1019	1C	0570		11/20/12	11/20/12	4.00	63.60
218204	3	T1019	1C	0570		11/21/12	11/21/12	4.00	63.60
218204	4	T1019	1C	0570		11/22/12	11/22/12	4.00	63.60
218204	5	T1019	1C	0570		11/23/12	11/23/12	4.00	63.60
CLAIM TOTAL								318.00	CLAIM ACCOUNT REF. 2182040012011869SUP

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218203	1	T1019	1C	0570	11/20/12	11/20/12	5.00	79.50
218203	2	T1019	1C	0570	11/21/12	11/21/12	6.00	95.40
218203	3	T1019	1C	0570	11/22/12	11/22/12	5.75	91.43
218203	4	T1019	1C	0570	11/23/12	11/23/12	6.00	95.40
CLAIM TOTAL							361.73	CLAIM ACCOUNT REF.
								2182030012011870SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	14	TOTAL CLAIM AMOUNT =	997.73
		# SERVICES =	3		



REPORT DATE 11/29/12 SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492  
PAYER ID = INIPA HEALTHCARE PARTNERS IPA I

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008382 2010800 GOMES, AGUSTINA 05/05/1933 JRX53860E01 2012112192600003  
DIAGNOSIS CODES: 230.3 153.0 401.9 733.00 V60.3  
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218200	1	T1019	0580	11/17/12	11/17/12	36.00	151.92
218200	2	T1019	0580	11/18/12	11/18/12	36.00	151.92
218200	3	T1019	0580	11/19/12	11/19/12	36.00	151.92
218200	4	T1019	0580	11/20/12	11/20/12	36.00	151.92
218200	5	T1019	0580	11/21/12	11/21/12	36.00	151.92
218200	6	T1019	0580	11/22/12	11/22/12	36.00	151.92
218200	7	T1019	0580	11/23/12	11/23/12	36.00	151.92
CLAIM TOTAL						1,063.44	CLAIM ACCOUNT REF. 2182000012010800SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JSV04323R01 2012112192600002  
DIAGNOSIS CODES: 250.11 272.0 401.9 435.9 586.  
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218202	1	T1019	0580	11/20/12	11/20/12	16.00	67.52
218202	2	T1019	0580	11/21/12	11/21/12	16.00	67.52
218202	3	T1019	0580	11/22/12	11/22/12	16.00	67.52
218202	4	T1019	0580	11/23/12	11/23/12	16.00	67.52
CLAIM TOTAL						270.08	CLAIM ACCOUNT REF. 2182020012010804SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008228 2010805 TOWLES, ADA 12/10/1954 JZX17878Q01 2012112192600001  
DIAGNOSIS CODES: 722.10 401.9 724.3 750.7 V61.9  
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
218201	1	T1019	0580	11/19/12	11/19/12	16.00	67.52
218201	2	T1019	0580	11/20/12	11/20/12	16.00	67.52
218201	3	T1019	0580	11/23/12	11/23/12	16.00	67.52
CLAIM TOTAL						202.56	CLAIM ACCOUNT REF. 2182010012010805SUP

PAYER TOTALS: HEALTHCARE PARTNERS IPA I # OF CLAIMS = 14 TOTAL CLAIM AMOUNT = 1,536.08  
# SERVICES = 3

PROVIDER TOTALS: SUNNYSIDE CITYWIDE # OF CLAIMS = 631 TOTAL CLAIM AMOUNT = 73,641.77  
# SERVICES = 111