INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202013031303023244

SUBMITTER ID = SUNNYSI SUNNYSIDE

REG LOC 001	CLIENT 2004478	SERVICE 2004478	NAME ACERNO	CLAIRE		TH DATE 28/1922	RECIPIENT ID GNT04447100	PRIOR	AUTHORIZATION #
INV # 233084	LINE #	PROCEDURE	CODE	FROM 03/04	1/13	THRU DT 03/04/13		AMOUNT 75.60	
233084 233084	2	T1019 T1019		03/05 03/07		03/05/13 03/07/13		75.60 75.60	
233084	4	T1019		03/08		03/08/13	16.00	60.48	
						CLA	IM TOTAL	287.28	CLAIM ACCOUNT REF. 2330840012004478
REG LOC 001	CLIENT 2006118	SERVICE 2006118	NAME ALI	AMRUNIS		TH DATE 05/1934	RECIPIENT ID 93703296700	PRIOR	AUTHORIZATION #
INV #	LINE #	PROCEDURE	CODE	FROM	DT	THRU DT	UNITS	AMOUNT	
233085	1	S5125				03/02/13		60.48	
233085	2	S5125		03/04		03/04/13		60.48	
233085	3 4	S5125 S5125		03/05 03/06		03/05/13 03/06/13		60.48 60.48	
233085 233085	5	S5125 S5125		03/07		03/06/13		60.48	
233085	6	S5125				03/07/13		60.48	
	ŭ	20120		03,00	, 13		IM TOTAL	362.88	CLAIM ACCOUNT REF. 2330850012006118
REG LOC	CLIENT	SERVICE	NAME		DTD	TH DATE	RECIPIENT ID	DDTOD	AUTHORIZATION #
001	2011654	2011654	ALIX	PEDRO		31/1937	GNT03916300	FRIOR	AUTHORIZATION #
INV #	LINE #	PROCEDURE	CODE	FROM	DТ	THRU DT	UNITS	AMOUNT	
233086	1	S5126	0022			03/02/13		196.56	
233086	2	S5126		03/03	/13	03/03/13	1.00	196.56	
233086	3	S5126		03/04	,	03/04/13		196.56	
233086	4	S5126		03/05		03/05/13		196.56	
233086	5	S5126		03/06	,	03/06/13		196.56	
233086 233086	6 7	S5126 S5126		03/07 03/08	,	03/07/13 03/08/13		196.56 196.56	
233086	/	55120		03/08	./13			196.56	CLAIM ACCOUNT REF. 2330860012011654
								,	
REG LOC 001	CLIENT 2010843	SERVICE 2010843	NAME ALSTON	ZULINE		TH DATE 07/1927	RECIPIENT ID GNT06188400	PRIOR	AUTHORIZATION #
INV #	LINE #	PROCEDURE	CODE	FROM	DT	THRU DT	UNITS	AMOUNT	
233087	1	T1019		03/02	:/13	03/02/13	32.00	120.96	
233087	2	T1019		03/03		03/03/13		120.96	
233087	3	T1019		03/04		03/04/13		120.96	
233087	4	T1019		03/05		03/05/13		120.96	
233087 233087	5 6	T1019 T1019		03/06 03/07	,	03/06/13 03/07/13		120.96 120.96	
233087	7	T1019		03/08		03/07/13		120.96	
				/			IM TOTAL	846.72	CLAIM ACCOUNT REF. 2330870012010843
REG LOC	CLIENT	SERVICE	NAME		פדק	TH DATE	RECIPIENT ID	D₽T∩D	AUTHORIZATION #
001	2012029	2012029	ALVARADO	RUFINA		01/1913	93701384300	PKIOK	AUTHORIZATION #
					,	, , ,			
INV #	LINE #	PROCEDURE	CODE	FROM	DT	THRU DT	UNITS	AMOUNT	

REPORT DATE 0 INPUT FILE =			SIDE CITYWIDE 013031303023244	HIPAA	A DATA FIL	E REPORT (PHLT837/EDIS) PAGE 2
SUBMITTER ID PROVIDER ID	= SUNNYSI = 113502051 SU	SUNNYSIDE NNYSIDE		NP	PI = 11544	07492	
233088 233088 233088 233088 233088 233088	1 S5125 2 S5125 3 S5125 4 S5125 5 S5125 6 S5125		03/05/13 03/0 03/06/13 03/0 03/07/13 03/0	02/13	105.84 105.84 105.84 105.84 105.84 105.84 635.04	CLAIM ACCOUNT REF.	2330880012012029
	IENT SERVICE 2602 2012602	NAME ALVARADO	BIRTH DA) PRIOR	AUTHORIZATION #	
INV # LIN 233089 233089 233089 233089 233089 233089 233089	E # PROCEDURE 1 S5125 2 S5125 3 S5125 4 S5125 5 S5125 6 S5125 7 S5125	CODE	03/03/13 03/0 03/04/13 03/0 03/05/13 03/0 03/06/13 03/0 03/07/13 03/0	02/13	AMOUNT 181.44 181.44 181.44 181.44 181.44 166.32 1,254.96	CLAIM ACCOUNT REF.	2330890012012602
	IENT SERVICE 1581 2011581	NAME ASH	BIRTH DAMARIE 08/11/19) PRIOR	AUTHORIZATION #	
INV # LIN 233090 233090	E # PROCEDURE 1 T1019 2 T1019	CODE		J DT UNITS 04/13 15.00 06/13 14.00 CLAIM TOTAL	AMOUNT 56.70 52.92 109.62	CLAIM ACCOUNT REF.	2330900012011581
	IENT SERVICE 7817 2007817	NAME BEGUM	JAMILA BIRTH DA 02/19/19) PRIOR	AUTHORIZATION #	
INV # LIN 233091 233091 233091 233091 233091 233091 233091	E # PROCEDURE 1 S5125 2 S5125 3 S5125 4 S5125 5 S5125 6 S5125 7 S5125	CODE	03/04/13 03/0 03/05/13 03/0 03/06/13 03/0 03/07/13 03/0	02/13 36.00 03/13 32.00 04/13 35.00 05/13 48.00 06/13 40.00 07/13 44.00 08/13 40.00	AMOUNT 136.08 120.96 132.30 181.44 151.20 166.32 151.20	CLAIM ACCOUNT REF.	2330910012007817
	IENT SERVICE 1503 2011503	NAME BERJASHEVIC	BIRTH DA) PRIOR	AUTHORIZATION #	
INV # LIN 233092 233092	E # PROCEDURE 1 T1019 2 T1019	CODE		J DT UNITS 04/13 16.00 08/13 32.00 CLAIM TOTAL	AMOUNT 60.48 120.96 181.44	CLAIM ACCOUNT REF.	2330920012011503
	IENT SERVICE 1767 2011767	NAME BERROCAL	BIRTH DA) PRIOR	AUTHORIZATION #	
INV # LIN	E # PROCEDURE	CODE	FROM DT THRU	J DT UNITS	AMOUNT		

REPORT DA	TE 03/13/	13	SUNNY	SIDE CITYWIDE		HIPAA	DATA FII	LE REPORT (PHLT837/EDIS) PAGE 3
INPUT FIL	E = /VOL4	44/COMPSUP	/HIPAAIN/E3202	013031303023244	Ŀ			
	ID = SUN		SUNNYSIDE				- 1154	405400
PROVIDER	1 ID = 113	502051 SUI	NNYSIDE			NPI	I = 11544	107492
233093	1	S5125		02/02/12	03/02/13	20.00	75.60	
	1 2	S5125 S5125		03/02/13	, - , -		75.60	
233093 233093	3	S5125 S5125		03/03/13			75.60	
233093	4	S5125 S5125		03/04/13	03/04/13		75.60	
233093	5	S5125 S5125		03/05/13	03/05/13		90.72	
233093	6	S5125 S5125		03/00/13	03/00/13		75.60	
233093	7	S5125		03/07/13	03/07/13		75.60	
233033	,	55125		03/00/13		IM TOTAL	544.32	CLAIM ACCOUNT REF. 2330930012011767
REG LOC	CLIENT	SERVICE	NAME	BIR	TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #
001	2011979	2011979	BERRY		14/1934	GNT03239600		
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
233094	1	S5125			03/04/13		120.96	
233094	2	S5125		03/05/13	03/05/13		120.96	
233094	3	S5125		03/06/13	03/06/13		120.96	
233094	4	S5125		03/07/13	03/07/13		120.96	
233094	5	S5125		03/08/13	03/08/13		120.96	GT 3 TW 3 GGOTTET DEE 02200400100110E0
					CLA	IM TOTAL	604.80	CLAIM ACCOUNT REF. 2330940012011979
REG LOC	CLIENT	SERVICE	NAME	DIE	TH DATE	RECIPIENT ID	DDTOD	AUTHORIZATION #
001	2006632	2006632	BUCARO		27/1916	GNT04556300	PRIOR	AUTHORIZATION #
001	2000032	2000032	BUCARO	CONCEII 02/	27/1910	GN104330300		
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
233095	1	S5125	CODE	03/04/13			105.84	
233033	-	55125		03/01/13		IM TOTAL	105.84	CLAIM ACCOUNT REF. 2330950012006632
REG LOC	CLIENT	SERVICE	NAME	BIR	TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #
001	2011960	2011960	BUSTAMENTE	GABRIEL 07/	08/1938	93702523200		
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
233096	1	S5125			02/23/13		68.04	
233096	2	S5125		02/25/13	02/25/13		75.60	
233096	3	S5125		02/26/13	02/26/13		75.60	
233096	4	S5125		02/27/13	02/27/13		75.60	
233096	5	S5125		02/28/13	02/28/13		75.60	GT 3 TM 2 GGOTDTE DEE 0220060012011060
					СЬА	IM TOTAL	370.44	CLAIM ACCOUNT REF. 2330960012011960
REG LOC	CLIENT	SERVICE	NAME	BIE	RTH DATE	RECIPIENT ID	DPTOP	AUTHORIZATION #
001	2011960	2011960	BUSTAMENTE		08/1938	93702523200	PRIOR	AUTHORIZATION #
001	2011000	2011700	DOSTAMENTE	GABRIED 07/	00/100	73702323200		
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
233097	1	S5125		03/02/13			68.04	
233097	2	S5125		03/04/13	03/04/13		75.60	
233097	3	S5125		03/05/13	03/05/13	20.00	75.60	
233097	4	S5125		03/06/13	03/06/13		75.60	
233097	5	S5125		03/07/13	03/07/13	20.00	75.60	
233097	6	S5125		03/08/13	03/08/13		75.60	
					CLA	IM TOTAL	446.04	CLAIM ACCOUNT REF. 2330970012011960
REG LOC	CLIENT	SERVICE	NAME		TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #
001	2012164	2012164	CALDERON	JUSTINA 10/	26/1929	GNT00036800		
TATE !!	T TATE: "	DDOGEDIES	CODE	ED OM DE	minii pm	INITEG	AMOTTATO	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	

REPORT DA	TE 03/13/	13	SUNNY	SIDE CITYWIDE 2013031303023244		HIPA	A DATA FII	LE REPORT (PHLT837/EDIS) PAGE 4
INPUT FIL	E = /VOL4	44/COMPSUP/	/HIPAAIN/E3202	2013031303023244				
SUBMITTER PROVIDER		INYSI 8502051 SUN	SUNNYSIDE NNYSIDE			N	PI = 1154	407492
233098 233098 233098 233098 233098 233098 233098	1 2 3 4 5 6 7	S5125 S5125 S5125 S5125 S5125 S5125 S5125		03/03/13 03/04/13 03/05/13 03/06/13		48.00 48.00 48.00 48.00 48.00	181.44 181.44 181.44 181.44 181.44 181.44 1,270.08	CLAIM ACCOUNT REF. 2330980012012164
REG LOC 001	CLIENT 2011912	SERVICE 2011912	NAME CANINO		TH DATE 06/1941	RECIPIENT I GNT0279200	D PRIOR	AUTHORIZATION #
INV # 233099	LINE # 1	PROCEDURE S5125	CODE	FROM DT 02/28/13	THRU DT 02/28/13 CLA	UNITS 3.00 IM TOTAL	AMOUNT 11.34 11.34	CLAIM ACCOUNT REF. 2330990012011912
REG LOC 001	CLIENT 2011912	SERVICE 2011912	NAME CANINO		TH DATE 06/1941	RECIPIENT I GNT0279200	D PRIOR	AUTHORIZATION #
INV # 233100 233100 233100 233100 233100	LINE # 1 2 3 4 5	PROCEDURE S5125 S5125 S5125 S5125 S5125	CODE	03/05/13 03/06/13 03/07/13	03/06/13 03/07/13 03/08/13	24.00 27.00 24.00	AMOUNT 90.72 90.72 102.06 90.72 90.72 464.94	CLAIM ACCOUNT REF. 2331000012011912
REG LOC 001	CLIENT 2011978	SERVICE 2011978	NAME CAQUIAS		TH DATE 11/1936	RECIPIENT I GNT02965400		AUTHORIZATION #
INV # 233101 233101 233101 233101 233101	LINE # 1 2 3 4 5	PROCEDURE S5125 S5125 S5125 S5125 S5125	CODE	03/05/13 03/06/13 03/07/13	THRU DT 03/04/13 03/05/13 03/06/13 03/07/13 03/08/13 CLA	16.00 16.00 16.00	AMOUNT 60.48 60.48 60.48 60.48 60.48 302.40	CLAIM ACCOUNT REF. 2331010012011978
REG LOC 001	CLIENT 2011797	SERVICE 2011797	NAME CARTAGENA		TH DATE 05/1948	RECIPIENT I GNT00039700		AUTHORIZATION #
INV # 233102 233102	LINE # 1 2	PROCEDURE T1019 T1019	CODE		THRU DT 03/04/13 03/08/13 CLA		AMOUNT 75.60 75.60 151.20	CLAIM ACCOUNT REF. 2331020012011797
REG LOC 001	CLIENT 2002769	SERVICE 2002769	NAME CEPEDA		TH DATE 07/1932	RECIPIENT I 93700964900		AUTHORIZATION #
INV # 233103	LINE #	PROCEDURE T1019	CODE	FROM DT 03/04/13	THRU DT 03/04/13	UNITS 24.00	AMOUNT 90.72	

REPORT DA	TE 03/13/	13	SUNNY HIPAAIN/E3202/	SIDE	CITYWIDE		HIPAA	DATA FI	LE REPORT (PHLT837/EDIS) PAGE	5
INPUT FIL	E = /VOL4	44/COMPSUP	/HIPAAIN/E3202	201303	1303023244	:				
SUBMITTER	TD = SIIN	TPVM	SUNNYSIDE	7						
		502051 SUI					NP	PI = 1154	407492	
233103	2	T1019				03/05/13		90.72		
233103	3	T1019				03/06/13		128.52		
233103	4	T1019			, - , -	03/07/13		90.72		
233103	5	T1019			03/08/13		24.00 IM TOTAL	90.72 491.40		760
						CLA	LM IOIAL	491.40	CLAIM ACCOUNT REF. 2331030012002	109
REG LOC	CLIENT	SERVICE	NAME		BIR	TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #	
001	2012059	2012059	CHICO	ANA	03/	15/1957	GNT02386300			
	"									
INV #	LINE #	PROCEDURE	CODE		FROM DT	THRU DT	UNITS	AMOUNT		
233104 233104	1 2	S5125 TT S5125 TT				03/02/13		128.96 128.96		
233104	3	S5125 TT S5125 TT			03/03/13	03/03/13 03/04/13		96.72		
233104	4	S5125 TT				03/04/13		96.72		
233104	5	S5125 TT			03/05/13	03/05/13		96.72		
233104	6	S5125 TT			03/07/13	03/07/13		96.72		
233104	7	S5125 TT			03/08/13	03/08/13		96.72		
							IM TOTAL	741.52		:059
REG LOC	CLIENT	SERVICE	NAME			TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #	
001	2008320	2008320	COLAVITTI	JEAN	05/	23/1911	GNT04482200			
INV #	LINE #	PROCEDURE	CODE		FROM DT	THRU DT	UNITS	AMOUNT		
233105	1	S5125				03/02/13		120.96		
233105	2	S5125				03/03/13		120.96		
233105	3	S5125			03/04/13	03/04/13	32.00	120.96		
233105	4	S5125			03/05/13	03/05/13		120.96		
233105	5	S5125			03/06/13	03/06/13		120.96		
233105	6	S5125			03/07/13	03/07/13		120.96		
233105	7	S5125			03/08/13	03/08/13		105.84		
						CLA	IM TOTAL	831.60	CLAIM ACCOUNT REF. 2331050012008	320
REG LOC	CLIENT	SERVICE	NAME		BIR	TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #	
001	2009790	2009790	COLEMAN	REGI		26/1958	GNT060020000			
INV #	LINE #	PROCEDURE	CODE		FROM DT	THRU DT	UNITS	AMOUNT		
233106	1	S5125				02/11/13		30.24		
233106	2	S5125				02/20/13		45.36		
233106	3	S5125			02/26/13	02/26/13		45.36		
233106 233106	4 5	S5125 S5125			03/02/13 03/03/13	03/02/13 03/03/13		120.96 120.96		
233106	5 6	S5125 S5125			03/03/13	03/03/13		75.60		
233106	7	S5125			03/05/13	03/05/13		75.60		
233106	8	S5125			03/05/13	03/05/13		71.82		
233106	9	S5125			03/07/13	03/07/13		71.82		
233106	10	S5125			03/08/13	03/08/13		30.24		
						CLA	IM TOTAL	687.96	CLAIM ACCOUNT REF. 2331060012009	790
DEG	GT T-22-	GEDTT GE	NT 2 ME				DEGIDIES	DD T C =	ALIENIOD I GARRION III	
REG LOC 001	CLIENT 2012060	SERVICE	NAME COLON	MARI		TH DATE 10/1925	RECIPIENT ID GNT05960000	PRIOR	AUTHORIZATION #	
001	Z01Z000	2012060	COTON	IMAKI	A 05/	10/13/2	00000860000			
INV #	LINE #	PROCEDURE	CODE		FROM DT	THRU DT	UNITS	AMOUNT		
	11		· -							

REPORT DA	TE 03/13/	13	SUNNY	SIDE CITYWIDE		HIPAA	DATA FILE	REPORT (PHLT837/EDIS) PAGE 6
INPUT FIL	E = /VOL4	44/COMPSUP	/HIPAAIN/E3202	013031303023244					
SUBMITTER	TD = SUN	NYSI	SUNNYSIDE						
		502051 SU				NPI	= 115440	7492	
233107	1	S5125		03/02/13			60.48		
233107 233107	2	S5125 S5125		03/03/13 03/04/13	, , -	16.00 48.00	60.48 181.44		
233107	4	S5125		03/05/13		48.00	181.44		
233107	5	S5125		03/06/13		48.00	181.44		
233107	6	S5125		03/07/13		48.00	181.44		
233107	7	S5125		03/08/13		48.00	181.44	CLAIM ACCOUNT DEE	2221070012012060
					CLA	IM TOTAL 1	1,028.16	CLAIM ACCOUNT REF.	2331070012012060
REG LOC	CLIENT	SERVICE	NAME	BIRTI	H DATE	RECIPIENT ID	PRIOR A	UTHORIZATION #	
001	2011769	2011769	COMET	JULIA 10/0	7/1934	GNT04442600			
T3777 II	T T3TD	DD 0 GDD11D 1					714077777		
INV # 233108	LINE # 1	PROCEDURE	CODE	FROM DT 03/04/13	THRU DT	UNITS 24.00	AMOUNT 90.72		
233108	2	T1019		03/05/13		24.00	90.72		
233108	3	T1019		03/06/13		24.00	90.72		
233108	4	T1019		03/07/13		24.00	90.72		
233108	5	T1019		03/08/13		24.00	90.72	CLATM ACCOUNT DEE	2221 00001 2011 760
					CLA	IM TOTAL	453.60	CLAIM ACCOUNT REF.	2331080012011769
REG LOC	CLIENT	SERVICE	NAME	BIRT	H DATE	RECIPIENT ID	PRIOR A	UTHORIZATION #	
001	2011798	2011798	CUCALON	INES 04/20	0/1926	GNT05761000			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
233109	1	S5125	CODE	03/04/13		44.00	166.32		
233109	2	S5125		03/05/13		44.00	166.32		
233109	3	S5125		03/06/13		44.00	166.32		
233109	4 5	S5125		03/07/13		44.00	166.32 166.32		
233109	5	S5125		03/08/13		44.00 IM TOTAL	831.60	CLAIM ACCOUNT REF.	2331090012011798
					CLIT	III IOIIIL	031.00	CEMINI NECOUNT REI.	2331070012011770
REG LOC	CLIENT	SERVICE	NAME				PRIOR A	UTHORIZATION #	
001	2012185	2012185	DANIELS	MAGGIE 07/2	5/1932	GNT00057300			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
233110	1	S5125	CODE	03/04/13		12.00	45.36		
233110	2	S5125		03/08/13		12.00	45.36		
					CLAI	IM TOTAL	90.72	CLAIM ACCOUNT REF.	2331100012012185
REG LOC	CLIENT	SERVICE	NAME	ודקדק	H DATE	RECIPIENT ID	DRIOR A	UTHORIZATION #	
	2011953	2011953	DE LA CRUZ			GNT030053600	FRIOR A	OTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE		THRU DT	UNITS	AMOUNT		
233111 233111	1 2	S5125 S5125		03/02/13 03/03/13		16.00 16.00	60.48 60.48		
233111	3	S5125 S5125		03/03/13		22.00	83.16		
233111	4	S5125		03/05/13		22.00	83.16		
233111	5	S5125		03/06/13		22.00	83.16		
233111	6	S5125		03/07/13		22.00	83.16		
233111	7	S5125		03/08/13	03/08/13	22.00 IM TOTAL	83.16 536.76	CLAIM ACCOUNT REF.	2331110012011953
					CLIAL	IN TOTAL	550.70	CLAIN ACCOUNT REF.	2551110012011555

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202013031303023244

SUBMITTER ID = SUNNYSI SUNNYSIDE

			-					
REG LOC 001	CLIENT 2011599	SERVICE 2011599	NAME DELEON		RTH DATE /18/1918	RECIPIENT ID GNT04795000	PRIOR	AUTHORIZATION #
INV # 233112 233112 233112 233112 233112 233112	LINE # 1 2 3 4 5 6	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125	CODE	03/04/13 03/05/13 03/06/13 03/07/13	THRU DT 01/17/13 03/04/13 03/05/13 03/06/13 03/07/13 03/08/13 CLA	24.00 24.00 24.00 24.00	AMOUNT 90.72 90.72 90.72 90.72 90.72 90.72 544.32	
REG LOC 001	CLIENT 2012128	SERVICE 2012128	NAME DELIGIANNAKI		RTH DATE /17/1923	RECIPIENT ID GNT06658000	PRIOR	AUTHORIZATION #
INV # 233113 233113 233113 233113	LINE # 1 2 3 4	PROCEDURE T1019 T1019 T1019 T1019	CODE	03/04/13 03/06/13	03/03/13 03/04/13 03/06/13 03/08/13	44.00 44.00	AMOUNT 60.48 166.32 166.32 158.76 551.88	CLAIM ACCOUNT REF. 2331130012012128
REG LOC 001	CLIENT 2004554	SERVICE 2004554	NAME DONOSO		RTH DATE /17/1938	RECIPIENT ID GNT01219900	PRIOR	AUTHORIZATION #
INV # 233114 233114 233114	LINE # 1 2 3	PROCEDURE S5125 S5125 S5125	CODE	03/07/13	03/04/13 03/07/13 03/08/13	24.00	AMOUNT 90.72 90.72 90.72 272.16	
REG LOC 001	CLIENT 2011256	SERVICE 2011256	NAME DURAN		RTH DATE /16/1925	RECIPIENT ID GNT06350900	PRIOR	AUTHORIZATION #
INV # 233115 233115 233115 233115 233115	LINE # 1 2 3 4 5	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125	CODE	03/05/13 03/06/13 03/07/13	THRU DT 03/04/13 03/05/13 03/06/13 03/07/13 03/08/13 CLA	26.00 26.00 26.00	AMOUNT 98.28 98.28 98.28 98.28 98.28 491.40	CLAIM ACCOUNT REF. 2331150012011256
REG LOC 001	CLIENT 2006124	SERVICE 2006124	NAME EARLINGTON		RTH DATE /25/1947	RECIPIENT ID GNT04981500	PRIOR	AUTHORIZATION #
INV # 233116 233116 233116 233116	LINE # 1 2 3 4	PROCEDURE S5125 S5125 S5125 S5125	CODE	03/04/13 03/07/13	03/02/13 03/04/13	28.00 28.00	AMOUNT 90.72 105.84 105.84 105.84	

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202013031303023244

SUBMITTER PROVIDER		NYSI 502051 SUN	SUNNYSIDE INYSIDE				NF	PI =	1154	107492		
						CLA	IM TOTAL	4	08.24	CLAIM ACCOUNT	REF.	2331160012006124
REG LOC 001	CLIENT 2009394	SERVICE 2009394	NAME ECKMAN	LOIS		TH DATE 02/1919	RECIPIENT ID GNT05317600)]	PRIOR	AUTHORIZATION #		
INV # 233117 233117 233117 233117 233117 233117 233117	LINE # 1 2 3 4 5 6 7	PROCEDURE T1020 T1020 T1020 T1020 T1020 T1020 T1020	CODE	0 0 0 0 0	3/03/13 3/04/13 3/05/13 3/06/13 3/07/13	THRU DT 03/02/13 03/03/13 03/04/13 03/05/13 03/06/13 03/07/13 03/08/13 CLA	1.00 1.00 1.00 1.00 1.00	1 1 1 1 1 1	MOUNT 96.56 96.56 96.56 96.56 96.56 96.56 96.56	CLAIM ACCOUNT	REF.	2331170012009394
REG LOC 001	CLIENT 2011963	SERVICE 2011963	NAME ENCARNACION	LUZ		TH DATE 03/1934	RECIPIENT ID) [PRIOR	AUTHORIZATION #		
INV # 233118 233118 233118 233118 233118	LINE # 1 2 3 4 5	PROCEDURE T1019 TT T1019 TT T1019 TT T1019 TT T1019 TT	CODE	0 0 0 0	3/05/13 3/06/13 3/07/13	THRU DT 03/04/13 03/05/13 03/06/13 03/07/13 03/08/13 CLA	16.00 16.00 16.00		MOUNT 64.48 64.48 64.48 64.48 64.48	CLAIM ACCOUNT	REF.	2331180012011963
REG LOC 001	CLIENT 2012061	SERVICE 2012061	NAME ENCARNANCION	MARTIN		TH DATE 07/1965	RECIPIENT II GNT04160000) [PRIOR	AUTHORIZATION #		
INV # 233119 233119 233119 233119 233119	LINE # 1 2 3 4 5	PROCEDURE T1019 TT T1019 TT T1019 TT T1019 TT T1019 TT	CODE	0 0 0 0	3/05/13 3/06/13 3/07/13	03/08/13	12.00 12.00 12.00		MOUNT 48.36 48.36 48.36 48.36 48.36	CLAIM ACCOUNT	REF.	2331190012012061
REG LOC 001	CLIENT 2003052	SERVICE 2003052	NAME ESCOBAR	DOMING		TH DATE 04/1937	RECIPIENT II GNT04459300)]	PRIOR	AUTHORIZATION #		
INV # 233120 233120	LINE # 1 2	PROCEDURE S5125 S5125	CODE	0	ROM DT 2/21/13 2/22/13	THRU DT 02/21/13 02/22/13 CLA		!	MOUNT 90.72 90.72 81.44	CLAIM ACCOUNT	REF.	2331200012003052
REG LOC 001	CLIENT 2003052	SERVICE 2003052	NAME ESCOBAR	DOMING		TH DATE 04/1937	RECIPIENT ID GNT04459300) [PRIOR	AUTHORIZATION #		
INV # 233121	LINE # 1	PROCEDURE T1019	CODE		ROM DT 3/04/13	THRU DT 03/04/13 CLA	UNITS 4.00 IM TOTAL		MOUNT 15.12 15.12	CLAIM ACCOUNT	REF.	2331210012003052

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202013031303023244

SUBMITTER ID = SUNNYSI SUNNYSIDE

THO VIDE	. 10 113	502051 501111	10101				141 1	1131	10,152	
REG LOC 001	CLIENT 2012493		NAME ESPINOZA	LUPE 1		RTH DATE 06/1929	RECIPIENT ID GNT06559300	PRIOR	AUTHORIZATION #	
INV # 233122 233122 233122 233122 233122	LINE # 1 2 3 4 5	PROCEDURE CO T1019 T1019 T1019 T1019 T1019	ODE	03/0 03/0 03/0 03/0	05/13 06/13 07/13	THRU DT 03/04/13 03/05/13 03/06/13 03/07/13 03/08/13 CLA	28.00 28.00 28.00	AMOUNT 105.84 105.84 105.84 105.84 105.84 529.20		. 2331220012012493
REG LOC 001	CLIENT 2012026		NAME ESTEVEZ	JULIO I		TH DATE 04/1955	RECIPIENT ID GNT04657700	PRIOR	AUTHORIZATION #	
INV # 233123 233123 233123	LINE # 1 2 3	PROCEDURE CC S5125 S5125 S5125	ODE	03/0 03/0	06/13	THRU DT 03/04/13 03/06/13 03/08/13 CLA	36.00	AMOUNT 83.16 136.08 120.96 340.20	CLAIM ACCOUNT REF.	. 2331230012012026
REG LOC 001	CLIENT 2012112		NAME ESTEVEZ	MARCIA		TH DATE 04/1942	RECIPIENT ID GNT00342800	PRIOR	AUTHORIZATION #	
INV # 233124	LINE # 1	PROCEDURE CO	ODE		M DT 01/13	THRU DT 03/01/13 CLA	UNITS 24.00 IM TOTAL	AMOUNT 90.72 90.72		. 2331240012012112
REG LOC 001	CLIENT 2000600		NAME FELICIANO	JOAN		TH DATE 17/1935	RECIPIENT ID GNT04140800	PRIOR	AUTHORIZATION #	
INV # 233125 233125 233125 233125 233125 233125 233125	LINE # 1 2 3 4 5 6 7	PROCEDURE CO T1019 T1019 T1019 T1019 T1019 T1019 T1019	ODE	03/0 03/0 03/0 03/0 03/0	03/13 04/13 05/13 06/13 07/13	THRU DT 03/02/13 03/03/13 03/04/13 03/05/13 03/06/13 03/07/13 03/08/13 CLA	16.00 24.00 24.00 24.00 24.00	AMOUNT 60.48 60.48 90.72 90.72 90.72 90.72 574.56		. 2331250012000600
REG LOC 001	CLIENT 2011866		NAME FELIPE	ROSA		TH DATE 13/1930	RECIPIENT ID GNT02393600	PRIOR	AUTHORIZATION #	
INV # 233126 233126 233126 233126 233126 233126	LINE # 1 2 3 4 5 6	PROCEDURE CO S5125 S5125 S5125 S5125 S5125 S5125 S5125	ODE	03/0 03/0 03/0 03/0 03/0	03/13 04/13 05/13 06/13	THRU DT 03/02/13 03/03/13 03/04/13 03/05/13 03/06/13 03/07/13	16.00 16.00 16.00 16.00	AMOUNT 60.48 60.48 60.48 60.48 60.48		

REPORT DA	TE 03/13/ E = /VOL4	13 44/COMPSUP,	SUNNY HIPAAIN/E3202/	SIDE 0 2013031	CITYWIDE .303023244	1	HIPAA	DATA FI	LE REPORT (PHLT837/EDIS	PAGE 10
SUBMITTER	ID = SUN	NYSI	SUNNYSIDE							
PROVIDER	. 10 - 113	502051 SUI						I = 1154	407492	
233126	7	S5125				03/08/13 CLA	16.00 IM TOTAL	60.48 423.36		2331260012011866
REG LOC 001	CLIENT 2008314	SERVICE 2008314	NAME FERNANDEZ	ANA	BIF 08/	RTH DATE /14/1947		PRIOR	AUTHORIZATION #	
INV # 233127 233127 233127 233127	LINE # 1 2 3 4	PROCEDURE S5125 S5125 S5125 S5125	CODE		FROM DT 03/04/13 03/05/13 03/06/13 03/07/13	THRU DT 03/04/13 03/05/13 03/06/13 03/07/13	UNITS 16.00 16.00 16.00 16.00	AMOUNT 60.48 60.48 60.48		
						CLA	IM TOTAL	241.92	CLAIM ACCOUNT REF.	2331270012008314
REG LOC 001	CLIENT 2011852	SERVICE 2011852	NAME FERNANDEZ	FELIX	11/	/20/1935	GNT04997300		AUTHORIZATION #	
INV # 233128 233128 233128 233128 233128	LINE # 1 2 3 4 5	PROCEDURE S5125 S5125 S5125 S5125 S5125	CODE		FROM DT 03/04/13 03/05/13 03/06/13 03/07/13 03/08/13	THRU DT 03/04/13 03/05/13 03/06/13 03/07/13 03/08/13 CLA	UNITS 16.00 16.00 16.00 16.00 16.00	AMOUNT 60.48 60.48 60.48 60.48 302.40	CLAIM ACCOUNT REF.	2331280012011852
REG LOC 001	CLIENT 2009960	SERVICE 2009960	NAME FERRARA	ANN	BIF 07/	RTH DATE /27/1925	DECIDIENT ID	DDTOD	ATTTHORT 7ATTON #	
INV # 233129 233129 233129 233129 233129 233129 233129	LINE # 1 2 3 4 5 6 7	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125	CODE		FROM DT 03/02/13 03/03/13 03/04/13 03/05/13 03/06/13 03/07/13 03/08/13	THRU DT 03/02/13 03/03/13 03/04/13 03/05/13 03/06/13 03/07/13 03/08/13 CLA	UNITS 24.00 24.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00	AMOUNT 90.72 90.72 120.96 120.96 120.96 120.96 786.24	CLAIM ACCOUNT REF.	2331290012009960
REG LOC 001	CLIENT 2009589	SERVICE 2009589	NAME FERRO	JOSEE	BIF PHI 10/	RTH DATE /09/1915	RECIPIENT ID	PRIOR	AUTHORIZATION #	
INV # 233130 233130 233130 233130 233130 233130 233130 233130	LINE # 1 2 3 4 5 6 7	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019 T1019	CODE		FROM DT 03/02/13 03/03/13 03/04/13 03/05/13 03/06/13 03/07/13 03/08/13	THRU DT 03/02/13 03/03/13 03/04/13 03/05/13 03/06/13 03/07/13 03/08/13 CLA	UNITS 24.00 16.00 48.00 32.00 48.00 48.00 48.00 IM TOTAL	AMOUNT 90.72 60.48 181.44 120.96 181.44 181.44 181.44 997.92		2331300012009589
REG LOC 001	CLIENT 2011800	SERVICE 2011800	NAME FRANCIS	VICTO		RTH DATE /22/1924	RECIPIENT ID GNT03398100	PRIOR	AUTHORIZATION #	

FROM DT THRU DT

UNITS

AMOUNT

INV # LINE # PROCEDURE CODE

REPORT DA	ATE 03/13/	13	SUNN	YSIDE CITYWIDE 2013031303023244		HIPAA	DATA FILE	E REPORT (PHLT837/EDIS)	PAGE 11
INPUT FIL	LE = /VOL4	44/COMPSUP	/HIPAAIN/E320:	2013031303023244					
QUIDMITHER DE	TD GIR	DIVOT	GIBBRUGIDI	-					
	R ID = SUN	NYSI 502051 SUI	SUNNYSID	<u>5</u>		MDT	= 115440	7402	
PROVIDER	(ID = II3	502051 501	MNISIDE			INPI	_ 113440	7/492	
233131	1	S5125		03/02/13	03/02/13	28.00	105.84		
233131	2	S5125			03/04/13		105.84		
233131	3	S5125		03/06/13	03/06/13		105.84		
233131	4	S5125		03/07/13	03/07/13		105.84		
233131	5	S5125		03/08/13	03/08/13		105.84		
					CLA	IM TOTAL	529.20	CLAIM ACCOUNT REF.	2331310012011800
REG LOC	CLIENT	CEDITOR	NAME	DID	mii Dame	DEGIDIENE ID	DDIOD 7	ATTERIOR TO A TONI	
001	2012000	SERVICE 2012000	GARCIA		TH DATE 01/1935	GNT02564500	PRIOR F	AUTHORIZATION #	
001	2012000	2012000	GARCIA	LUCILA II/	01/1933	GN102304300			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
233132	1	S5125		03/04/13			105.84		
233132	2	S5125		03/05/13	03/05/13	28.00	105.84		
233132	3	S5125		03/06/13	03/06/13		105.84		
233132	4	S5125		03/07/13	03/07/13		105.84		
233132	5	S5125		03/08/13	03/08/13		105.84		
					CLA	IM TOTAL	529.20	CLAIM ACCOUNT REF.	2331320012012000
REG LOC	CLIENT	SERVICE	NAME	RIE	TH DATE	RECIPIENT ID	DRIOR Z	AUTHORIZATION #	
001	2011801	2011801	GARCIA	MARIA A 09/		GNT02860800	I ICIOIC P	TOTION TON T	
					,				
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
233133	1	S5125			03/02/13		105.84		
233133	2	S5125		03/03/13	03/03/13		105.84		
233133	3	S5125		03/04/13	03/04/13		105.84		
233133 233133	4 5	S5125 S5125		03/05/13 03/06/13	03/05/13 03/06/13		105.84 105.84		
233133	6	S5125 S5125		03/00/13	03/00/13		105.84		
233133	7	S5125		03/07/13	03/08/13		105.84		
233133	,	03123		03/00/13		IM TOTAL	740.88	CLAIM ACCOUNT REF.	2331330012011801
REG LOC	CLIENT	SERVICE	NAME		TH DATE		PRIOR A	AUTHORIZATION #	
001	2009435	2009435	GOMEZ	YOLANDA 11/	26/1934	GNT05745100			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
233134	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	T1019	CODE	03/04/13			60.48		
233134	2	T1019		03/04/13	03/04/13		60.48		
233134	3	T1019		03/08/13	03/08/13		75.60		
					/ /	IM TOTAL	196.56	CLAIM ACCOUNT REF.	2331340012009435
REG LOC	CLIENT	SERVICE	NAME		TH DATE	RECIPIENT ID	PRIOR A	AUTHORIZATION #	
001	2011662	2011662	GONZALEZ MO	RAMON 02/	10/1935	GNT02343300			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
233135	1	S5125	2000		03/02/13		60.48		
233135	2	S5125		03/03/13	03/03/13		60.48		
233135	3	S5125		03/04/13	03/04/13		56.70		
233135	4	S5125		03/05/13	03/05/13		60.48		
233135	5	S5125		03/06/13	03/06/13		60.48		
233135	6	S5125		03/07/13	03/07/13		60.48		
233135	7	S5125		03/08/13	03/08/13	16.00	60.48		
1									

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202013031303023244

SUBMITTER ID = SUNNYSI SUNNYSIDE PROVIDER ID = 113502051 SUNNYSIDE

SUBMITTER ID = SUN PROVIDER ID = 113		NPI = 1154407492
		CLAIM TOTAL 419.58 CLAIM ACCOUNT REF. 2331350012011662
REG LOC CLIENT 001 2011821	SERVICE NAME 2011821 GONZALEZ	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # CARMEN 08/15/1948 GNT0098100
INV # LINE # 233136 1 233136 2 233136 3 233136 4 233136 5	PROCEDURE CODE S5125 S5125 S5125 S5125 S5125	FROM DT THRU DT UNITS AMOUNT 03/04/13 03/04/13 16.00 60.48 03/05/13 03/05/13 16.00 60.48 03/06/13 03/06/13 16.00 60.48 03/07/13 03/07/13 16.00 60.48 03/08/13 03/08/13 16.00 60.48 03/08/13 03/08/13 16.00 60.48 CLAIM TOTAL 302.40 CLAIM ACCOUNT REF. 2331360012011821
REG LOC CLIENT 001 2012111	SERVICE NAME 2012111 GONZALEZ	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # PABLO 02/01/1927 93702951400
INV # LINE # 233137 1 233137 2 233137 3	PROCEDURE CODE S5125 S5125 S5125	FROM DT THRU DT UNITS AMOUNT 02/13/13 02/13/13 20.00 75.60 02/15/13 02/15/13 20.00 75.60 02/27/13 02/27/13 8.00 30.24 CLAIM TOTAL 181.44 CLAIM ACCOUNT REF. 2331370012012111
REG LOC CLIENT 001 2012111	SERVICE NAME 2012111 GONZALEZ	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # PABLO 02/01/1927 93702951400
INV # LINE # 233138 1 233138 2 233138 3 233138 5 233138 5 233138 6 233138 7 233138 8	PROCEDURE CODE S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125	FROM DT THRU DT UNITS AMOUNT 03/01/13 03/01/13 4.00 15.12 03/02/13 03/02/13 20.00 75.60 03/03/13 03/03/13 20.00 75.60 03/04/13 03/04/13 20.00 75.60 03/05/13 03/05/13 20.00 75.60 03/06/13 03/05/13 20.00 75.60 03/06/13 03/06/13 20.00 75.60 03/07/13 03/07/13 20.00 75.60 03/07/13 03/07/13 20.00 75.60 03/08/13 03/08/13 20.00 75.60 03/08/13 03/08/13 20.00 75.60 CLAIM TOTAL 544.32 CLAIM ACCOUNT REF. 2331380012012111
REG LOC CLIENT 001 2011822	SERVICE NAME 2011822 GREAVES	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # BARBARA 08/15/1945 GNT03748500
INV # LINE # 233139 1 233139 2 233139 3	PROCEDURE CODE T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 03/04/13 03/04/13 16.00 60.48 03/06/13 03/06/13 16.00 60.48 03/08/13 03/08/13 16.00 60.48 CLAIM TOTAL 181.44 CLAIM ACCOUNT REF. 2331390012011822
REG LOC CLIENT 001 2012606	SERVICE NAME 2012606 GREENBAUM	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # MASAKO 12/27/1927 GNT06729200
INV # LINE # 233140 1 233140 2	PROCEDURE CODE S5125 S5125	FROM DT THRU DT UNITS AMOUNT 03/02/13 03/02/13 36.00 136.08 03/03/13 03/03/13 22.00 83.16

REPORT DA	TE 03/13/	13	SIIMNY	SIDE CITYWIDE		нтраа	DATA FTI	LE REPORT (PHIT837/	EDIS) PAGE 13
INPUT FIL	E = /VOL4	44/COMPSUP	/HIPAAIN/E3202	2013031303023244	<u> </u>	1111111	. 211111 1 11	LE REPORT (PHLT837/I	11101 13
SUBMITTER	ID = SUN	NYSI	SUNNYSIDE	<u> </u>					
		502051 SUI	NNYSIDE				PI = 11544	407492	
233140	3	S5125		03/04/13 03/05/13 03/06/13 03/07/13 03/08/13	03/04/13	16.00	60.48		
233140	4	S5125		03/05/13	03/05/13	15.00	56.70		
233140	5	S5125		03/06/13	03/06/13	36.00	136.08		
233140	6	S5125		03/07/13	03/07/13	15.00	56.70		
233140	7	S5125		03/08/13	03/08/13	14.00	52.92	GI 1 IV 1 GGOIDER I	277 022140001001000
					CLA	IM IOIAL	582.12	CLAIM ACCOUNT F	REF. 2331400012012606
REG LOC 001	CLIENT 2010494	SERVICE 2010494	NAME GREENSPAN	BIF ALICE 04/	TH DATE 15/1942	RECIPIENT ID GNT04498400	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT 03/05/13 03/06/13 03/07/13 03/08/13	THRU DT	UNITS	AMOUNT		
233141	1	S5125		03/05/13	03/05/13	16.00	60.48		
233141	2	S5125		03/06/13	03/06/13	20.00	75.60		
233141	3	S5125		03/07/13	03/07/13	20.00	75.60		
233141	4	S5125		03/08/13	03/08/13	20.00 IM TOTAL	75.60 287.28	CIAIM ACCOUNT I	REF. 2331410012010494
					CLA	IM IOIAL	207.20	CLAIM ACCOUNT I	REF. 2331410012010494
REG LOC 001	CLIENT 2012037	SERVICE 2012037	NAME GUERRA		24/1958	RECIPIENT ID GNT02427000	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
233142	1	T1019		02/26/13	02/26/13		30.24		
233142	2	T1019		03/02/13	03/02/13		75.60		
233142	3	T1019		03/03/13	03/03/13		75.60		
233142 233142	4 5	T1019 T1019		03/04/13	03/04/13 03/05/13		90.72 90.72		
233142	6	T1019		03/05/13	03/05/13		90.72		
233142	7	T1019		03/07/13	03/07/13		90.72		
233142	8	T1019		03/08/13			90.72		
					CLA	IM TOTAL	635.04	CLAIM ACCOUNT F	REF. 2331420012012037
REG LOC	CLIENT	SERVICE	NAME	BIF	TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #	
001	2011770	2011770	GUZMAN	ALICIA 05/	26/1937	GNT00484900			
INV #	LINE #	PROCEDURE	CODE	FROM DT 03/05/13 03/06/13 03/07/13 03/08/13	THRU DT	UNITS	AMOUNT		
233143	1	T1019		03/05/13	03/05/13	16.00	60.48		
233143	2	T1019		03/06/13	03/06/13	16.00	60.48		
233143	3	T1019		03/07/13	03/07/13	16.00	60.48		
233143	4	T1019		03/08/13	03/08/13	16.00 IM TOTAL	60.48 241.92	CLAIM ACCOUNT I	REF. 2331430012011770
					CLA	IM IOIAL	241.92	CLAIM ACCOUNT F	REF. 2331430012011770
REG LOC 001	CLIENT 2011600	SERVICE 2011600	NAME GUZMAN	BIF EDELMIR 02/	TH DATE 19/1944	RECIPIENT ID GNT03023100	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT			AMOUNT		
233144	1	S5125			02/25/13		83.16		
233144	2	S5125			02/26/13		83.16		
233144	3	S5125			02/27/13		83.16 83.16		
233144 233144	4 5	S5125 S5125			02/28/13 03/01/13		83.16		
2,3144	5	00140		03/01/13	, - , -	IM TOTAL	415.80	CLAIM ACCOUNT F	REF. 2331440012011600
1					CLIA		113.00	C 110000N1 1	2002110012011000

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202013031303023244

PROVIDER ID =	113502051	SUNNYSIDE	NPI = 1154407492

REG LOC 001	CLIENT 2011472	SERVICE 2011472	NAME HENLEY	LUVENIA	BIRTH 08/23/		RECIPIENT ID GNT06160900	PRIOR	AUTHORIZATION #
INV # 233145 233145 233145 233145 233145 233145 233145	LINE # 1 2 3 4 5 6 7	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019 T1019	CODE	FROM 03/02 03/03 03/04 03/05 03/06 03/08	2/13 03 8/13 03 4/13 03 5/13 03 5/13 03 7/13 03	RRU DT 3/02/13 3/03/13 3/04/13 3/05/13 3/06/13 3/07/13 8/08/13 CLAI	UNITS 32.00 32.00 40.00 40.00 40.00 40.00 40.00	AMOUNT 120.96 120.96 151.20 151.20 151.20 151.20 151.20 997.92	CLAIM ACCOUNT REF. 2331450012011472
REG LOC 001	CLIENT 2011252	SERVICE 2011252	NAME HENRIQUEZ	TERESA	BIRTH 10/15/		RECIPIENT ID GNT06350600	PRIOR	AUTHORIZATION #
INV # 233146 233146 233146 233146 233146 233146 233146	LINE # 1 2 3 4 5 6 7	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125	CODE	03/03 03/04 03/05	2/13 03 8/13 03 4/13 03 5/13 03 5/13 03 7/13 03	3/03/13 3/04/13 3/05/13 3/06/13 3/07/13 3/08/13	UNITS 16.00 16.00 32.00 32.00 32.00 32.00 32.00 M TOTAL	AMOUNT 60.48 60.48 120.96 120.96 120.96 120.96 725.76	CLAIM ACCOUNT REF. 2331460012011252
REG LOC 001	CLIENT 2011823	SERVICE 2011823	NAME HERNANDEZ	LUZ	BIRTH 00/00/		RECIPIENT ID GNT00568800	PRIOR	AUTHORIZATION #
INV # 233147 233147 233147 233147 233147	LINE # 1 2 3 4 5	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125	CODE	FROM 03/04 03/05 03/05 03/05 03/08	1/13 03 5/13 03 5/13 03 7/13 03	3/05/13 3/06/13 3/07/13 3/08/13	UNITS 24.00 28.00 24.00 24.00 24.00 IM TOTAL	AMOUNT 90.72 105.84 90.72 90.72 90.72 468.72	CLAIM ACCOUNT REF. 2331470012011823
REG LOC 001	CLIENT 2011824	SERVICE 2011824	NAME HICKS	SYLVIA	BIRTH 00/00/		RECIPIENT ID 9370331550	PRIOR	AUTHORIZATION #
INV # 233148 233148 233148 233148 233148 233148 233148	LINE # 1 2 3 4 5 6 7	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125	CODE		2/13 03 8/13 03 4/13 03 5/13 03 5/13 03 7/13 03	3/03/13 3/04/13 3/05/13 3/06/13 3/07/13 3/08/13	UNITS 16.00 16.00 30.00 26.00 30.00 26.00 30.00	AMOUNT 60.48 60.48 113.40 98.28 113.40 98.28 113.40 657.72	CLAIM ACCOUNT REF. 2331480012011824
REG LOC 001	CLIENT 2009400	SERVICE 2009400	NAME HUSTIU	SILVIA	BIRTH 02/04/		RECIPIENT ID GNT05850100	PRIOR	AUTHORIZATION #
INV #	LINE #	PROCEDURE	CODE	FROM	DT TH	IRU DT	UNITS	AMOUNT	

REPORT DATE 03/13/13 SUNN INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E320	YSIDE CITYWIDE HIPAA 2013031303023244	DATA FILE REPORT (PHLT837/EDIS) PAGE 15
SUBMITTER ID = SUNNYSI SUNNYSIDE PROVIDER ID = 113502051 SUNNYSIDE	E	I = 1154407492
233149 1 T1019 233149 2 T1019	03/04/13 03/04/13 8.00 03/06/13 03/06/13 8.00 CLAIM TOTAL	30.24 30.24 60.48 CLAIM ACCOUNT REF. 2331490012009400
REG LOC CLIENT SERVICE NAME 001 2011864 2011864 IGLESIAS		
INV # LINE # PROCEDURE CODE 233150	FROM DT THRU DT UNITS 03/02/13 03/02/13 96.00 03/03/13 03/03/13 96.00 03/04/13 03/04/13 96.00 03/05/13 03/05/13 96.00 03/06/13 03/06/13 96.00 03/07/13 03/07/13 96.00 03/08/13 03/08/13 96.00 CLAIM TOTAL	AMOUNT 362.88 362.88 362.88 362.88 362.88 362.88 362.88 2,540.16 CLAIM ACCOUNT REF. 2331500012011864
REG LOC CLIENT SERVICE NAME 001 2012309 2012309 IRIMIA	BIRTH DATE RECIPIENT ID SIMONA 09/19/1938 GNT0360570	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 233151 1 T1019 233151 2 T1019 233151 3 T1019 233151 4 T1019 233151 5 T1019 233151 6 T1019 233151 7 T1019	FROM DT THRU DT UNITS 03/02/13 03/02/13 32.00 03/03/13 03/03/13 32.00 03/04/13 03/04/13 32.00 03/05/13 03/05/13 32.00 03/06/13 03/06/13 32.00 03/07/13 03/07/13 32.00 03/08/13 03/08/13 32.00 CLAIM TOTAL	AMOUNT 120.96 120.96 120.96 120.96 120.96 120.96 120.96 120.96 120.96 846.72 CLAIM ACCOUNT REF. 2331510012012309
REG LOC CLIENT SERVICE NAME 001 2011980 2011980 IRIZARRY	BIRTH DATE RECIPIENT ID 05/16/1927 GNT02485000	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 233152	FROM DT THRU DT UNITS 03/02/13 03/02/13 20.00 03/03/13 03/03/13 20.00 03/04/13 03/04/13 20.00 03/05/13 03/05/13 20.00 03/06/13 03/06/13 20.00 03/07/13 03/07/13 20.00 03/08/13 03/08/13 20.00 CLAIM TOTAL	AMOUNT 75.60 75.60 75.60 75.60 75.60 75.60 75.60 75.60 75.20 CLAIM ACCOUNT REF. 2331520012011980
REG LOC CLIENT SERVICE NAME 001 2011601 2011601 JACKSON	PATRICI BIRTH DATE RECIPIENT ID 08/10/1960 GNT04501100	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 233153	FROM DT THRU DT UNITS 03/04/13 03/04/13 20.00 03/05/13 03/05/13 20.00 03/06/13 03/06/13 20.00 03/07/13 03/07/13 20.00	AMOUNT 75.60 75.60 75.60 75.60

	TE 03/13/ E = /VOL4			SIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 16 013031303023244
	ID = SUN ID = 113	NYSI 502051 SUM	SUNNYSIDE NNYSIDE	NPI = 1154407492
233153	5	T1019		03/08/13 03/08/13 20.00 75.60 CLAIM TOTAL 378.00 CLAIM ACCOUNT REF. 2331530012011601
REG LOC 001	CLIENT 2012758	SERVICE 2012758	NAME JAIME	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # ROSALBA 05/27/1915 GNT03692000
INV # 233154 233154 233154 233154 233154 233154	LINE # 1 2 3 4 5 6	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019	CODE	FROM DT THRU DT UNITS AMOUNT 03/02/13 03/02/13 36.00 136.08 03/04/13 03/04/13 36.00 136.08 03/05/13 03/05/13 36.00 136.08 03/06/13 03/06/13 36.00 136.08 03/07/13 03/07/13 36.00 136.08 03/08/13 03/08/13 36.00 136.08 03/08/13 03/08/13 36.00 136.08 CLAIM TOTAL 816.48 CLAIM ACCOUNT REF. 2331540012012758
REG LOC 001	CLIENT 2003254	SERVICE 2003254	NAME JIMENEZ	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # EUGENIA 03/15/1931 GNT04164400
INV # 233155 233155 233155 233155 233155 233155	LINE # 1 2 3 4 5 6	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019	CODE	FROM DT THRU DT UNITS AMOUNT 03/02/13 03/02/13 42.00 158.76 03/03/13 03/03/13 46.00 173.88 03/04/13 03/04/13 46.00 173.88 03/06/13 03/06/13 46.00 173.88 03/06/13 03/06/13 46.00 173.88 03/07/13 03/07/13 46.00 173.88 03/08/13 03/08/13 42.00 158.76 CLAIM TOTAL 1,013.04 CLAIM ACCOUNT REF. 2331550012003254
REG LOC 001	CLIENT 2006080	SERVICE 2006080	NAME JOHNSON	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # DOROTHY 03/14/1932 GNT04334500
INV # 233156 233156 233156 233156 233156 233156 233156 233156 233156	LINE # 1 2 3 4 5 6 7 8 9	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125	CODE	FROM DT THRU DT UNITS AMOUNT 02/23/13 02/23/13 48.00 181.44 02/24/13 02/24/13 48.00 181.44 03/02/13 03/02/13 48.00 181.44 03/03/13 03/03/13 48.00 181.44 03/04/13 03/04/13 32.00 120.96 03/05/13 03/05/13 32.00 120.96 03/06/13 03/06/13 32.00 120.96 03/07/13 03/07/13 32.00 120.96 03/07/13 03/07/13 32.00 120.96 03/08/13 03/08/13 32.00 120.96 03/08/13 03/08/13 32.00 120.96 03/08/13 03/08/13 32.00 120.96
REG LOC 001	CLIENT 2011855	SERVICE 2011855	NAME JONES	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # LUCILLE 02/05/1925 GNT04367400
INV # 233157 233157 233157	LINE # 1 2 3	PROCEDURE T1019 T1019 T1019	CODE	FROM DT THRU DT UNITS AMOUNT 03/06/13 03/06/13 16.00 60.48 03/07/13 03/07/13 16.00 60.48 03/08/13 03/08/13 16.00 60.48 CLAIM TOTAL 181.44 CLAIM ACCOUNT REF. 2331570012011855

REG LOC CLIENT SERVICE NAME

8 BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #

9 001 2011848 2011848 LANZILOTTA ROSA 06/05/1925 93702509600

INV # LINE # PROCEDURE CODE FROM DT THRU DT UNITS AMOUNT

REPORT DATE 03/13/13 SUN INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E32	INYSIDE CITYWIDE HIPAA 002013031303023244	DATA FILE REPORT (PHLT837/EDIS) PAGE 17
SUBMITTER ID = SUNNYSI SUNNYSI PROVIDER ID = 113502051 SUNNYSIDE	DE	I = 1154407492
233158 1 S5125 233158 2 S5125	03/02/13 03/02/13 16.00 03/03/13 03/03/13 16.00 CLAIM TOTAL	60.48 60.48 120.96 CLAIM ACCOUNT REF. 2331580012011848
REG LOC CLIENT SERVICE NAME 001 2011848 2011848 LANZILOTTA	BIRTH DATE RECIPIENT ID 06/05/1925 93702509600	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 233159	FROM DT THRU DT UNITS 03/04/13 03/04/13 32.00 03/05/13 03/05/13 32.00 03/06/13 03/06/13 32.00 03/07/13 03/07/13 32.00 03/08/13 03/08/13 24.00 CLAIM TOTAL	AMOUNT 120.96 120.96 120.96 120.96 120.96 90.72 574.56 CLAIM ACCOUNT REF. 2331590012011848
REG LOC CLIENT SERVICE NAME 001 2011771 2011771 LEMOINE	BIRTH DATE RECIPIENT ID 81CARDA 05/14/2012 GNT03700100	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 233160	FROM DT THRU DT UNITS 03/02/13 03/02/13 16.00 03/03/13 03/03/13 16.00 03/04/13 03/04/13 16.00 03/05/13 03/05/13 16.00 03/06/13 03/06/13 16.00 03/07/13 03/07/13 16.00 03/08/13 03/08/13 16.00 CLAIM TOTAL	AMOUNT 60.48 60.48 60.48 60.48 60.48 60.48 60.48 60.48 423.36 CLAIM ACCOUNT REF. 2331600012011771
REG LOC CLIENT SERVICE NAME 001 2011854 2011854 LOPEZ	BIRTH DATE RECIPIENT ID 12/05/1929 GNT02469800	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 233161 1 S5125 233161 2 S5125 233161 3 S5125 233161 4 S5125 233161 5 S5125	FROM DT THRU DT UNITS 03/02/13 03/02/13 24.00 03/03/13 03/03/13 24.00 03/04/13 03/04/13 28.00 03/05/13 03/05/13 28.00 03/08/13 03/08/13 28.00 CLAIM TOTAL	AMOUNT 90.72 90.72 105.84 105.84 105.84 498.96 CLAIM ACCOUNT REF. 2331610012011854
REG LOC CLIENT SERVICE NAME 001 2011694 2011694 LORA	BIRTH DATE RECIPIENT ID FERNAND 08/20/1935 GNT03342600	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE 233162	FROM DT THRU DT UNITS 02/25/13 02/25/13 32.00 02/26/13 02/26/13 32.00 02/27/13 02/27/13 32.00 02/28/13 02/28/13 32.00 CLAIM TOTAL	AMOUNT 120.96 120.96 120.96 120.96 120.96 483.84 CLAIM ACCOUNT REF. 2331620012011694
REG LOC CLIENT SERVICE NAME 001 2011694 2011694 LORA	BIRTH DATE RECIPIENT ID 68/20/1935 GNT03342600	PRIOR AUTHORIZATION #
INV # LINE # PROCEDURE CODE	FROM DT THRU DT UNITS	AMOUNT

REPORT DA'				SIDE CITYWIDE 013031303023244		HIPAA	DATA FII	LE REPORT (PHLT837/EDIS) PAGE 18
SUBMITTER ID = SUNNYSI SUNNYSIDE PROVIDER ID = 113502051 SUNNYSIDE NP								107492
233163 233163 233163 233163 233163	1 2 3 4 5 6	S5125 S5125 S5125 S5125 S5125 S5125		03/04/13 03/05/13 03/06/13 03/07/13	03/07/13 03/08/13	32.00 32.00 32.00 32.00	120.96 120.96 120.96 120.96 120.96 90.72 695.52	CLAIM ACCOUNT REF. 2331630012011694
REG LOC 001	CLIENT 2012759	SERVICE 2012759	NAME LORUSSO		TH DATE 25/1929	RECIPIENT ID GNT06851500	PRIOR	AUTHORIZATION #
INV # 233164 233164 233164 233164 233164 233164 233164	LINE # 1 2 3 4 5 6 7	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019 T1019	CODE	03/03/13 03/04/13	THRU DT 03/02/13 03/03/13 03/04/13 03/05/13 03/06/13 03/07/13 03/08/13 CLA	36.00 36.00 36.00 36.00 36.00	AMOUNT 136.08 136.08 136.08 136.08 136.08 136.08 952.56	CLAIM ACCOUNT REF. 2331640012012759
REG LOC 001	CLIENT 2012062	SERVICE 2012062	NAME LOZADA		TH DATE 17/1946	RECIPIENT ID GNT00424300	PRIOR	AUTHORIZATION #
INV # 233165 233165 233165 233165 233165 233165	LINE # 1 2 3 4 5 6	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019	CODE	03/04/13 03/05/13 03/06/13 03/07/13	03/08/13	24.00 24.00 24.00 24.00	AMOUNT 90.72 90.72 90.72 90.72 90.72 90.72 544.32	CLAIM ACCOUNT REF. 2331650012012062
REG LOC 001	CLIENT 2011845	SERVICE 2011845	NAME LUGO		TH DATE 19/1928	RECIPIENT ID 93702878100	PRIOR	AUTHORIZATION #
INV # 233166 233166 233166	LINE # 1 2 3	PROCEDURE S5125 S5125 S5125	CODE	FROM DT 03/05/13 03/06/13 03/07/13		16.00	AMOUNT 60.48 60.48 60.48 181.44	CLAIM ACCOUNT REF. 2331660012011845
REG LOC 001	CLIENT 2011658	SERVICE 2011658	NAME LUIS		TH DATE 22/1941	RECIPIENT ID GNT02759600	PRIOR	AUTHORIZATION #
INV # 233167 233167 233167	LINE # 1 2 3	PROCEDURE T1019 T1019 T1019	CODE	FROM DT 03/04/13 03/06/13 03/08/13	THRU DT 03/04/13 03/06/13 03/08/13 CLA	24.00	AMOUNT 90.72 90.72 90.72 272.16	CLAIM ACCOUNT REF. 2331670012011658
REG LOC 001	CLIENT 2012018	SERVICE 2012018	NAME LUNA		TH DATE 21/1945	RECIPIENT ID GNT06614700	PRIOR	AUTHORIZATION #
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	

REPORT DATE 03/13/13 SUNN INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E320	YSIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 19 2013031303023244
SUBMITTER ID = SUNNYSI SUNNYSID PROVIDER ID = 113502051 SUNNYSIDE	NPI = 1154407492
233168 1 T1019 233168 2 T1019 233168 3 T1019 233168 4 T1019 233168 5 T1019 233168 6 T1019	03/02/13 03/02/13 24.00 90.72 03/04/13 03/04/13 24.00 90.72 03/05/13 03/05/13 24.00 90.72 03/06/13 03/06/13 24.00 90.72 03/07/13 03/07/13 24.00 90.72 03/08/13 03/08/13 24.00 90.72 03/08/13 03/08/13 24.00 90.72 CLAIM TOTAL 544.32 CLAIM ACCOUNT REF. 2331680012012018
REG LOC CLIENT SERVICE NAME 001 2002713 2002713 MANGRAY	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # KARMADA 02/10/1937 GNT04443200
INV # LINE # PROCEDURE CODE 233169 1 T1019 233169 2 T1019 233169 3 T1019 233169 4 T1019 233169 5 T1019	FROM DT THRU DT UNITS AMOUNT 03/04/13 03/04/13 32.00 120.96 03/05/13 03/05/13 32.00 120.96 03/06/13 03/06/13 32.00 120.96 03/07/13 03/07/13 32.00 120.96 03/08/13 03/08/13 31.00 117.18 CLAIM TOTAL 601.02 CLAIM ACCOUNT REF. 2331690012002713
REG LOC CLIENT SERVICE NAME 001 2011985 2011985 MANTILLA	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # BEATRIZ 07/30/1941 GNT00533700
INV # LINE # PROCEDURE CODE 233170 1 S5125 233170 2 S5125 233170 3 S5125 233170 4 S5125	FROM DT THRU DT UNITS AMOUNT 02/18/13 02/18/13 32.00 120.96 02/20/13 02/20/13 32.00 120.96 02/21/13 02/21/13 32.00 120.96 02/22/13 02/22/13 32.00 120.96 02/22/13 02/22/13 32.00 120.96 CLAIM TOTAL 483.84 CLAIM ACCOUNT REF. 2331700012011985
REG LOC CLIENT SERVICE NAME 001 2011772 2011772 MARIANI	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # MARIA 03/24/1934 GNT03761400
INV # LINE # PROCEDURE CODE 233171 1 T1019 233171 2 T1019 233171 3 T1019 233171 4 T1019 233171 5 T1019	FROM DT THRU DT UNITS AMOUNT 03/04/13 03/04/13 16.00 60.48 03/05/13 03/05/13 16.00 60.48 03/06/13 03/06/13 16.00 60.48 03/07/13 03/07/13 16.00 60.48 03/07/13 03/07/13 16.00 60.48 03/08/13 03/08/13 16.00 60.48 CLAIM TOTAL 302.40 CLAIM ACCOUNT REF. 2331710012011772
REG LOC CLIENT SERVICE NAME 001 2011957 2011957 MARRERO	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # PHILLIP 07/16/1945 GNT00157200
INV # LINE # PROCEDURE CODE 233172 1 S5126	FROM DT THRU DT UNITS AMOUNT 01/17/13 01/17/13 1.00 196.56 CLAIM ACCOUNT REF. 2331720012011957
REG LOC CLIENT SERVICE NAME 001 2011957 2011957 MARRERO	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # PHILLIP 07/16/1945 GNT00157200
INV # LINE # PROCEDURE CODE	FROM DT THRU DT UNITS AMOUNT

REPORT DATE 03/13/ INPUT FILE = /VOL4	/13 SUNNY 144/COMPSUP/HIPAAIN/E3202	VSIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 20 2013031303023244
SUBMITTER ID = SUBPROVIDER ID = 113	NYSI SUNNYSIDI 3502051 SUNNYSIDE	NPI = 1154407492
233173 1 233173 2 233173 3 233173 4 233173 5 233173 6	S5126 S5126 S5126 S5126 S5126 S5126	03/02/13 03/02/13 1.00 196.56 03/03/13 03/03/13 1.00 196.56 03/04/13 03/04/13 1.00 196.56 03/05/13 03/05/13 1.00 196.56 03/06/13 03/06/13 1.00 196.56 03/08/13 03/08/13 1.00 196.56 CLAIM TOTAL 1,179.36 CLAIM ACCOUNT REF. 2331730012011957
REG LOC CLIENT 001 2011663	SERVICE NAME 2011663 MARTIN	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # RUTH 08/25/1927 GNT06371400
INV # LINE # 233174 1 233174 2 233174 3 233174 4 233174 5 233174 6 233174 7	PROCEDURE CODE S5126 S5126 S5126 S5126 S5126 S5126 S5126	FROM DT THRU DT UNITS AMOUNT 03/02/13 03/02/13 1.00 196.56 03/03/13 03/03/13 1.00 196.56 03/04/13 03/04/13 1.00 196.56 03/05/13 03/05/13 1.00 196.56 03/06/13 03/06/13 1.00 196.56 03/07/13 03/07/13 1.00 196.56 03/08/13 03/08/13 1.00 196.56 03/08/13 03/08/13 1.00 196.56 03/08/13 03/08/13 1.00 196.56 03/08/13 03/08/13 1.00 196.56
REG LOC CLIENT 001 2006830	SERVICE NAME 2006830 MARTINEZ	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 05/09/1920 GNT05091300
INV # LINE # 233175 1 233175 2 233175 3 233175 4 233175 5 233175 6	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 03/02/13 03/02/13 20.00 75.60 03/04/13 03/04/13 28.00 105.84 03/05/13 03/05/13 28.00 105.84 03/06/13 03/06/13 28.00 105.84 03/07/13 03/07/13 28.00 105.84 03/08/13 03/08/13 28.00 105.84 03/08/13 03/08/13 28.00 105.84 CLAIM TOTAL 604.80 CLAIM ACCOUNT REF. 2331750012006830
REG LOC CLIENT 001 2009202	SERVICE NAME 2009202 MARTINEZ	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # GLORIA 04/10/1937 GNT00444700
INV # LINE # 233176 1 233176 2 233176 3	PROCEDURE CODE S5125 S5125 S5125	FROM DT THRU DT UNITS AMOUNT 03/04/13 03/04/13 20.00 75.60 03/05/13 03/05/13 20.00 75.60 03/06/13 03/06/13 20.00 75.60 CLAIM TOTAL 226.80 CLAIM ACCOUNT REF. 2331760012009202
REG LOC CLIENT 001 2011036	SERVICE NAME 2011036 MASSOL	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # PEDRO A 09/08/1934 GNT04564600
INV # LINE # 233177 1 233177 2 233177 3 233177 4 233177 5	PROCEDURE CODE S5125 S5125 S5125 S5125 S5125	FROM DT THRU DT UNITS AMOUNT 03/04/13 03/04/13 20.00 75.60 03/05/13 03/05/13 20.00 75.60 03/06/13 03/06/13 20.00 75.60 03/07/13 03/07/13 20.00 75.60 03/08/13 03/08/13 20.00 75.60

SUBMITTER PROVIDER		NYSI 502051 SUI	SUNNYSIDE NNYSIDE				N	ΡI	= 11544	407492
						CLA	IM TOTAL		378.00	CLAIM ACCOUNT REF. 2331770012011036
REG LOC 001	CLIENT 2011965	SERVICE 2011965	NAME MATEO	RAFAEL		TH DATE 10/1939	RECIPIENT I		PRIOR	AUTHORIZATION #
INV # 233178 233178 233178 233178 233178 233178 233178	LINE # 1 2 3 4 5 6 7	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125	CODE	03/0 03/0 03/0 03/0	2/13 3/13 4/13 5/13 6/13 7/13	THRU DT 03/02/13 03/03/13 03/04/13 03/05/13 03/06/13 03/07/13 03/08/13	16.00 32.00 32.00 32.00 32.00 32.00		AMOUNT 60.48 60.48 120.96 120.96 120.96 120.96 725.76	CLAIM ACCOUNT REF. 2331780012011965
REG LOC 001	CLIENT 2011350	SERVICE 2011350	NAME MCQUAIL	MAUREEN		TH DATE 23/1934	RECIPIENT I		PRIOR	AUTHORIZATION #
INV # 233179 233179 233179 233179 233179 233179 233179	LINE # 1 2 3 4 5 6 7	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125 S5125	CODE	03/0 03/0	2/13 3/13 4/13 5/13 6/13 7/13	THRU DT 03/02/13 03/03/13 03/04/13 03/05/13 03/06/13 03/07/13 03/08/13 CLA	40.00 48.00 48.00 48.00 48.00		AMOUNT 151.20 151.20 181.44 181.44 181.44 181.44 181.44 209.60	CLAIM ACCOUNT REF. 2331790012011350
REG LOC 001	CLIENT 2010425	SERVICE 2010425	NAME MONCRIEF	LOIS		RTH DATE 29/1926	RECIPIENT I		PRIOR	AUTHORIZATION #
INV # 233180 233180 233180 233180 233180 233180	LINE # 1 2 3 4 5 6	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125	CODE	03/0	2/13 3/13 4/13 5/13 6/13	THRU DT 03/02/13 03/03/13 03/04/13 03/05/13 03/06/13 03/07/13 CLA	32.00 32.00 32.00 32.00		AMOUNT 120.96 120.96 120.96 120.96 120.96 120.96 725.76	CLAIM ACCOUNT REF. 2331800012010425
REG LOC 001	CLIENT 2011877	SERVICE 2011877	NAME MONTALVO	VERONIC		TH DATE 13/1932	RECIPIENT I		PRIOR	AUTHORIZATION #
INV # 233181 233181 233181 233181 233181	LINE # 1 2 3 4 5	PROCEDURE T1019 T1019 T1019 T1019 T1019	CODE		4/13 5/13 6/13 7/13	THRU DT 03/04/13 03/05/13 03/06/13 03/07/13 03/08/13 CLA	20.00 20.00 20.00		AMOUNT 75.60 75.60 75.60 75.60 75.60 378.00	CLAIM ACCOUNT REF. 2331810012011877
REG LOC 001	CLIENT 2011844	SERVICE 2011844	NAME MONTES	ADOLFO		TH DATE 31/1930	RECIPIENT I		PRIOR	AUTHORIZATION #
INV #	LINE #	PROCEDURE	CODE	FROM	DT	THRU DT	UNITS		AMOUNT	

REPORT DA	TE 03/13/ E = /VOL4	13 44/COMPSUP	SUNNY /HIPAAIN/E3202	SIDE CITYWI 01303130302	DE 3244		НІРАА	DATA FII	LE REPORT (PHLT837/EDIS)	PAGE 22
SUBMITTER	ID = SUN		SUNNYSIDE				NP	I = 11544	107492	
233182 233182 233182 233182 233182 233182 233182	1 2 3 4 5 6 7	S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125		03/03	/13 /13 /13 /13 /13	03/02/13 03/03/13 03/04/13 03/05/13 03/06/13 03/07/13 03/08/13 CLA	24.00 24.00 24.00 24.00 24.00 24.00	90.72 90.72 90.72 90.72 90.72 90.72 90.72 635.04	CLAIM ACCOUNT REF. 2	331820012011844
REG LOC 001	CLIENT 2010407	SERVICE 2010407	NAME MORA	PAULA		TH DATE 14/1931	RECIPIENT ID GNT06124800	PRIOR	AUTHORIZATION #	
INV # 233183	LINE # 1	PROCEDURE T1019	CODE	FROM 03/07		THRU DT 03/07/13 CLA	UNITS 16.00 AIM TOTAL	AMOUNT 60.48 60.48	CLAIM ACCOUNT REF. 2	331830012010407
REG LOC 001	CLIENT 2012071	SERVICE 2012071	NAME MORALES	ISIDRO		TH DATE 05/1923	RECIPIENT ID GNT04846200	PRIOR	AUTHORIZATION #	
INV # 233184 233184 233184 233184 233184 233184 233184 233184	LINE # 1 2 3 4 5 6 7	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125	CODE		/13 /13 /13 /13 /13 /13	THRU DT 02/28/13 03/02/13 03/03/13 03/04/13 03/05/13 03/06/13 03/07/13 03/08/13	24.00 24.00 24.00 24.00 24.00 24.00 24.00	AMOUNT 7.56 90.72 90.72 90.72 90.72 90.72 90.72 90.72 642.60	CLAIM ACCOUNT REF. 2	331840012012071
REG LOC 001	CLIENT 2011967	SERVICE 2011967	NAME MORALES	MARGARI		TH DATE 10/1950	RECIPIENT ID GNT02797600	PRIOR	AUTHORIZATION #	
INV # 233185 233185 233185 233185	LINE # 1 2 3 4	PROCEDURE T1019 T1019 T1019 T1019	CODE	FROM 03/05 03/06 03/07 03/08	/13 /13 /13	THRU DT 03/05/13 03/06/13 03/07/13 03/08/13 CLA	16.00 16.00	AMOUNT 60.48 60.48 60.48 60.48 241.92	CLAIM ACCOUNT REF. 2	331850012011967
REG LOC 001	CLIENT 2008149	SERVICE 2008149	NAME MOSCICKA	JADWIGA		TH DATE 07/1916	RECIPIENT ID GNT04975800	PRIOR	AUTHORIZATION #	
INV # 233186 233186	LINE # 1 2	PROCEDURE T1019 T1019	CODE	FROM 03/02 03/03	/13	THRU DT 03/02/13 03/03/13 CLA		AMOUNT 181.44 181.44 362.88	CLAIM ACCOUNT REF. 2	331860012008149
REG LOC 001	CLIENT 2011860	SERVICE 2011860	NAME MOYA	MARINA		TH DATE 25/1914	RECIPIENT ID GNT02982600	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM	DT	THRU DT	UNITS	AMOUNT		

	05:::::	/10						
REPORT DA	TE 03/13/	13	SUNNY	SIDE CITYWIDE 2013031303023244	ı	HIPAA	DATA FII	LE REPORT (PHLT837/EDIS) PAGE 23
INPOT FIL	E - /VOL4	144/COMPSOP	/ HIPAAIN/ E3202	.013031303023245				
SUBMITTER			SUNNYSIDE					
PROVIDER	ID = 113	3502051 SUI	NNYSIDE			NP	I = 11544	407492
233187	1	S5125		03/02/13	03/02/13	20.00	75.60	
233187	2	S5125 S5125			03/02/13		75.60	
233187	3	S5125			03/04/13		90.72	
233187	4	S5125			03/05/13		90.72	
233187	5	S5125		03/06/13	03/06/13		90.72	
233187	6	S5125		03/07/13	03/07/13		90.72	
233187	7	S5125		03/08/13	03/08/13	23.00 IM TOTAL	86.94 601.02	CLAIM ACCOUNT REF. 2331870012011860
					CLA	IM IOIAL	601.02	CLAIM ACCOUNT REF. 23318/0012011860
REG LOC	CLIENT	SERVICE	NAME	BIF	TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #
001	2002162	2002162	MUSCAT	CARMEN 02/	28/1927	GNT04082300		
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
233188	1 1 1 H	T1019	CODE		03/04/13		75.60	
233188	2	T1019		03/05/13	03/05/13		75.60	
233188	3	T1019		03/06/13	03/06/13		75.60	
233188	4	T1019		03/07/13	03/07/13		75.60	
233188	5	T1019		03/08/13	03/08/13		75.60	
					CLA	IM TOTAL	378.00	CLAIM ACCOUNT REF. 2331880012002162
REG LOC	CLIENT	SERVICE	NAME	BIF	TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #
001	2006117	2006117	NETTLES	DONNA 09/	21/1955	GNT04987100		
INV #	LINE #	PROCEDURE	CODE	FROM DT	minii pm	UNITS	AMOUNT	
233189	1 1NE #	S5125	CODE	03/06/13	THRU DT 03/06/13		60.48	
233189	2	S5125		03/00/13	03/08/13		60.48	
233233	_	55125		03/00/23		IM TOTAL	120.96	CLAIM ACCOUNT REF. 2331890012006117
DEG 100	GT T. T. T. T. T.	GEDIII GE		5.7.			DD 7.0D	3377740D 7 73 77 037
REG LOC 001	CLIENT 2011874	SERVICE 2011874	NAME NEVAREZ		TH DATE 23/1941	RECIPIENT ID GNT06134500	PRIOR	AUTHORIZATION #
001	2011074	2011074	NEVAREZ	MAKIA 02/	23/1341	GN100134300		
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
233190	1	S5125 TT			03/02/13		96.72	
233190	2	S5125 TT		03/03/13	03/03/13		96.72	
233190	3	S5125 TT		03/04/13			48.36	
233190 233190	4 5	S5125 TT S5125 TT		03/06/13 03/07/13	03/06/13 03/07/13		48.36 48.36	
233190	6	S5125 TT		03/07/13	03/07/13		48.36	
233130	O	55125 11		03/00/13		IM TOTAL	386.88	CLAIM ACCOUNT REF. 2331900012011874
REG LOC 001	CLIENT 2002531	SERVICE 2002531	NAME NEWBOLD		TH DATE 24/1934	RECIPIENT ID GNT04415000	PRIOR	AUTHORIZATION #
001	2002531	2002531	NEWBOLD	KAMONA 09/	24/1934	GN104415000		
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
233191	1	S5125			03/04/13		75.60	
233191	2	S5125			03/05/13		75.60	
233191	3 4	S5125		03/06/13	03/06/13		75.60	
233191	4	S5125		03/07/13	03/07/13	20.00 IM TOTAL	75.60 302.40	CLAIM ACCOUNT REF. 2331910012002531
					CIIA	III IOIAL	302.10	CLAIM ACCOUNT REF. 2331910012002331
REG LOC	CLIENT	SERVICE	NAME		RTH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #
001	2010595	2010595	NISHIMURA	ALBERT 11/	01/1919	GNT04994800		
TNT7 #	T.TMF #	DDOC₽DIID₽	CODE	FD\W Du	יית זומניי	IIMTTC	AMOUNT	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	

REPORT DATE 03/13 INPUT FILE = /VOL	/13 SUNNY 444/COMPSUP/HIPAAIN/E3202	SIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 24
SUBMITTER ID = SU PROVIDER ID = 11	NNYSI SUNNYSIDE 3502051 SUNNYSIDE	NPI = 1154407492
233192 1 233192 2 233192 3 233192 4 233192 5 233192 6	S5125 S5125 S5125 S5125 S5125 S5125	02/26/13 02/26/13 48.00 181.44 02/27/13 02/27/13 48.00 181.44 02/28/13 02/28/13 48.00 181.44 03/01/13 03/01/13 48.00 181.44 03/02/13 03/02/13 48.00 181.44 03/03/13 03/03/13 48.00 181.44
233192 7 233192 8 233192 9 233192 10 233192 11	S5125 S5125 S5125 S5125 S5125 S5125	03/04/13 03/04/13 48.00 181.44 03/05/13 03/05/13 48.00 181.44 03/06/13 03/06/13 48.00 181.44 03/07/13 03/07/13 48.00 181.44 03/08/13 03/08/13 48.00 181.44 03/08/13 03/08/13 48.00 181.44 CLAIM TOTAL 1,995.84 CLAIM ACCOUNT REF. 2331920012010595
REG LOC CLIENT 001 2004768	SERVICE NAME 2004768 NUNEZ	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # ANGELIN 10/01/1946 GNT02920000
INV # LINE # 233193 1 233193 2 233193 4 233193 5	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 03/04/13 03/04/13 16.00 60.48 03/05/13 03/05/13 16.00 60.48 03/06/13 03/06/13 16.00 60.48 03/07/13 03/07/13 16.00 60.48 03/08/13 03/08/13 16.00 60.48 03/08/13 03/08/13 16.00 60.48 CLAIM TOTAL 302.40 CLAIM ACCOUNT REF. 2331930012004768
REG LOC CLIENT 001 2009392	SERVICE NAME 2009392 NUNEZ	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # IRIS 09/07/1963 GNT05481000
INV # LINE # 233194 1 233194 2	PROCEDURE CODE S5125 S5125	FROM DT THRU DT UNITS AMOUNT 03/05/13 03/05/13 24.00 90.72 03/07/13 03/07/13 24.00 90.72 CLAIM TOTAL 181.44 CLAIM ACCOUNT REF. 2331940012009392
REG LOC CLIENT 001 2011773	SERVICE NAME 2011773 NUNEZ	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 11/28/1964 GNT02970200
INV # LINE # 233195 1 233195 2 233195 3 233195 4 233195 5	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 03/04/13 03/04/13 16.00 60.48 03/05/13 03/05/13 7.00 26.46 03/06/13 03/06/13 16.00 60.48 03/07/13 03/07/13 16.00 60.48 03/08/13 03/08/13 16.00 60.48 03/08/13 03/08/13 16.00 60.48 CLAIM TOTAL 268.38 CLAIM ACCOUNT REF. 2331950012011773
REG LOC CLIENT 001 2011875	SERVICE NAME 2011875 OCASIO	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # FELIX 05/28/1929 GNT00182000
INV # LINE # 233196 1 233196 2 233196 3 233196 4	PROCEDURE CODE T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 02/16/13 02/16/13 40.00 151.20 02/17/13 02/17/13 40.00 151.20 02/18/13 02/18/13 40.00 151.20 02/22/13 02/22/13 40.00 151.20

SUBMITTER I PROVIDER I		NYSI 502051 SUN	SUNNYSIDE INYSIDE				Ν	NPI	= 1154	407492		
						CLA	IM TOTAL		604.80	CLAIM ACCOUNT R	REF.	2331960012011875
	CLIENT 2011875	SERVICE 2011875	NAME OCASIO	FELIX	BIRTH 05/28/		RECIPIENT I		PRIOR	AUTHORIZATION #		
INV # I 233197 233197 233197 233197 233197 233197 233197	LINE # 1 2 3 4 5 6 7	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019 T1019	CODE	03/03 03/04 03/05 03/06 03/06	DT TF 2/13 03 33/13 03 4/13 03 5/13 03 5/13 03 3/13 03	3/03/13 3/04/13 3/05/13 3/06/13 3/07/13 3/08/13	UNITS 40.00 40.00 40.00 40.00 40.00 40.00 40.00 M TOTAL		AMOUNT 151.20 151.20 151.20 151.20 151.20 151.20 151.20 058.40	CLAIM ACCOUNT R	REF.	2331970012011875
	CLIENT 2011915	SERVICE 2011915	NAME OJEDA	MANUEL	BIRTH 01/29/		RECIPIENT I		PRIOR	AUTHORIZATION #		
INV # I 233198 233198 233198 233198 233198 233198 233198 233198	LINE # 1 2 3 4 5 6 7	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019 T1019	CODE	03/03 03/04 03/05 03/06 03/07	DT TH 2/13 03 3/13 03 4/13 03 5/13 03 5/13 03 7/13 03 3/13 03	3/03/13 3/04/13 3/05/13 3/06/13 3/07/13 3/08/13	UNITS 28.00 28.00 16.00 24.00 16.00 24.00 16.00		AMOUNT 105.84 105.84 60.48 90.72 60.48 90.72 60.48 574.56	CLAIM ACCOUNT R	REF.	2331980012011915
	CLIENT 2011871	SERVICE 2011871	NAME OJEDA	SARA	BIRTH 10/14/		RECIPIENT I		PRIOR	AUTHORIZATION #		
INV # I 233199 233199 233199 233199 233199 233199 233199 233199	LINE # 1 2 3 4 5 6 7 8	PROCEDURE S5125 TT	CODE	03/02 03/03 03/04 03/09 03/09	DT TH 7/13 02 2/13 03 3/13 03 4/13 03 5/13 03 6/13 03 7/13 03	3/02/13 3/03/13 3/04/13 3/05/13 3/06/13 3/07/13 3/08/13	UNITS 32.00 20.00 24.00 32.00 32.00 32.00 32.00 32.00 32.00 M TOTAL		AMOUNT 128.96 80.60 96.72 128.96 128.96 128.96 128.96 951.08	CLAIM ACCOUNT R	REF.	2331990012011871
	CLIENT 2011863	SERVICE 2011863	NAME OLMO	GLORIA	BIRTH 04/20/		RECIPIENT I		PRIOR	AUTHORIZATION #		
INV # I 233200 233200 233200 233200 233200 233200	LINE # 1 2 3 4 5	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125	CODE	03/03 03/04 03/05	2/13 03 3/13 03 4/13 03	3/03/13 3/04/13 3/05/13	UNITS 16.00 16.00 16.00 16.00		AMOUNT 60.48 60.48 60.48 60.48			

	EPORT DATE 03/13/13 SUNNYSIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 26 NPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202013031303023244								
SUBMITTER ID PROVIDER ID			SUNNYSIDE NYSIDE	NPI = 1154407492					
233200 233200	6 7	S5125 S5125		03/07/13 03/07/13 16.00 60.48 03/08/13 03/08/13 16.00 60.48 CLAIM TOTAL 423.36 CLAIM ACCOUNT REF. 2332000012011863					
	CLIENT 010198	SERVICE 2010198	NAME ORLANDO	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 02/09/1923 GNT06098400					
INV # LI 233201 233201 233201 233201 233201	INE # 1 2 3 4 5	PROCEDURE S5125 S5125 S5125 S5125 S5125	CODE	FROM DT THRU DT UNITS AMOUNT 03/04/13 03/04/13 20.00 75.60 03/05/13 03/05/13 20.00 75.60 03/06/13 03/06/13 20.00 75.60 03/07/13 03/07/13 20.00 75.60 03/08/13 03/08/13 20.00 75.60 03/08/13 03/08/13 20.00 75.60 CLAIM TOTAL 378.00 CLAIM ACCOUNT REF. 2332010012010198					
	CLIENT 011916	SERVICE 2011916	NAME ORTIZ	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 10/31/1940 93700799800					
INV # LI 233202 233202 233202	INE # 1 2 3	PROCEDURE S5125 S5125 S5125	CODE	FROM DT THRU DT UNITS AMOUNT 02/19/13 02/19/13 28.00 105.84 03/02/13 03/02/13 28.00 105.84 03/08/13 03/08/13 28.00 105.84 CLAIM TOTAL 317.52 CLAIM ACCOUNT REF. 2332020012011916					
	CLIENT 005165	SERVICE 2005165	NAME ORTIZ	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 07/04/1919 GNT03867300					
INV # LI 233203 233203 233203 233203 233203	INE # 1 2 3 4 5	PROCEDURE S5125 S5125 S5125 S5125 S5125	CODE	FROM DT THRU DT UNITS AMOUNT 03/02/13 03/02/13 36.00 136.08 03/03/13 03/03/13 36.00 136.08 03/04/13 03/04/13 36.00 136.08 03/05/13 03/05/13 36.00 136.08 03/06/13 03/06/13 36.00 136.08 03/06/13 03/06/13 36.00 136.08 CLAIM TOTAL 680.40 CLAIM ACCOUNT REF. 2332030012005165					
	CLIENT 011999	SERVICE 2011999	NAME ORTIZ	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # USA 02/09/1921 GNT04429700					
INV # LI 233204 233204 233204 233204 233204	INE # 1 2 3 4 5	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125	CODE	FROM DT THRU DT UNITS AMOUNT 03/02/13 03/02/13 16.00 60.48 03/03/13 03/03/13 16.00 60.48 03/04/13 03/04/13 16.00 60.48 03/06/13 03/06/13 16.00 60.48 03/08/13 03/08/13 14.00 52.92 CLAIM TOTAL 294.84 CLAIM ACCOUNT REF. 2332040012011999					
	CLIENT 011657	SERVICE 2011657	NAME ORTIZ	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # MERCEDE 11/03/1932 GNT05073800					
INV # LI 233205	INE # 1	PROCEDURE S5125	CODE	FROM DT THRU DT UNITS AMOUNT 03/02/13 03/02/13 16.00 60.48					

REPORT DATE 03/13	/13 SUNN	YSIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 27 2013031303023244
INPOT FILE - /VOL	144/ COMPSUP/ HIPAAIN/ E320	2013031303023244
SUBMITTER ID = SUI PROVIDER ID = 11:	NYSI SUNNYSID 3502051 SUNNYSIDE	NPI = 1154407492
233205 2 233205 3 233205 4 233205 5 233205 6 233205 7	S5125 S5125 S5125 S5125 S5125 S5125	03/03/13 03/03/13 16.00 60.48 03/04/13 03/04/13 28.00 105.84 03/05/13 03/05/13 28.00 105.84 03/06/13 03/06/13 28.00 105.84 03/07/13 03/07/13 28.00 105.84 03/08/13 03/08/13 24.00 90.72 CLAIM TOTAL 635.04 CLAIM ACCOUNT REF. 2332050012011657
REG LOC CLIENT 001 2012073	SERVICE NAME 2012073 PAGAN	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # ADRIEL 09/29/1931 GNT00189300
INV # LINE # 233206 1 233206 2 233206 3 233206 4 233206 5 233206 7	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 03/02/13 03/02/13 40.00 151.20 03/03/13 03/03/13 40.00 151.20 03/04/13 03/04/13 40.00 151.20 03/05/13 03/05/13 39.00 147.42 03/06/13 03/06/13 40.00 151.20 03/07/13 03/07/13 40.00 151.20 03/08/13 03/08/13 40.00 151.20 03/08/13 03/08/13 40.00 151.20 CLAIM TOTAL 1,054.62 CLAIM ACCOUNT REF. 2332060012012073
REG LOC CLIENT 001 2003087	SERVICE NAME 2003087 PAPHITIS	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # RICHARD 05/14/1923 GNT03006300
INV # LINE # 233207 1 233207 2 233207 3 233207 4 233207 5	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 03/04/13 03/04/13 32.00 120.96 03/05/13 03/05/13 32.00 120.96 03/06/13 03/06/13 32.00 120.96 03/07/13 03/07/13 32.00 120.96 03/08/13 03/08/13 32.00 120.96 03/08/13 03/08/13 32.00 120.96 CLAIM TOTAL 604.80 CLAIM ACCOUNT REF. 2332070012003087
REG LOC CLIENT 001 2011913	SERVICE NAME 2011913 PATTERSON	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # RUMELLA 04/29/1939 GNT02544200
INV # LINE # 233208 1 233208 2 233208 3 233208 4 233208 5	PROCEDURE CODE S5125 S5125 S5125 S5125 S5125	FROM DT THRU DT UNITS AMOUNT 03/04/13 03/04/13 16.00 60.48 03/05/13 03/05/13 16.00 60.48 03/06/13 03/06/13 16.00 60.48 03/07/13 03/07/13 16.00 60.48 03/08/13 03/08/13 16.00 60.48 03/08/13 03/08/13 16.00 60.48 CLAIM TOTAL 302.40 CLAIM ACCOUNT REF. 2332080012011913
REG LOC CLIENT 001 2012225	SERVICE NAME 2012225 PATTERSON	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # SHYRLE 12/02/1956 GNT00191700
INV # LINE # 233209 1 233209 2 233209 3 233209 4	PROCEDURE CODE S5125 S5125 S5125 S5125	FROM DT THRU DT UNITS AMOUNT 03/02/13 03/02/13 28.00 105.84 03/03/13 03/03/13 28.00 105.84 03/04/13 03/04/13 28.00 105.84 03/05/13 03/05/13 28.00 105.84

	TE 03/13/ E = /VOL4			YSIDE CITYWIDE 2013031303023244		HIPAA	DATA FII	LE REPORT (PHLT837/EDIS) PAGE 2
	ID = SUN		SUNNYSIDE	3				
PROVIDER	ID = 113	502051 SUI	NNYSIDE			NPI	I = 11544	107492
233209	5	S5125		03/06/13	02/06/12	3 28.00	105.84	
233209	6	S5125 S5125		03/06/13			105.84	
233209	7	S5125		03/08/13			105.84	
	·			20, 20, 20		AIM TOTAL	740.88	CLAIM ACCOUNT REF. 233209001201222
REG LOC	CLIENT	SERVICE	NAME		TH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #
001	2009576	2009576	PAZIOULIS	KLEONIK 10/	16/1934	GNT04602500		
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
233210	1	S5125		03/02/13		3 44.00	166.32	
233210	2	S5125		03/03/13	03/03/13	44.00	166.32	
233210	3	S5125		03/04/13	03/04/13	44.00	166.32	
233210	4	S5125		03/05/13	03/05/13	44.00	166.32	
					CLA	AIM TOTAL	665.28	CLAIM ACCOUNT REF. 233210001200957
REG LOC 001	CLIENT 2000140	SERVICE 2000140	NAME PENA		TH DATE 06/1978	RECIPIENT ID GNT02097600	PRIOR	AUTHORIZATION #
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
233211	1	T1019	CODE	03/02/13			120.96	
233211	2	T1019		03/02/13			120.96	
233211	3	T1019		03/04/13	/ /		120.96	
233211	4	T1019		03/05/13			120.96	
233211	5	T1019		03/06/13			120.96	
233211	6	T1019		03/07/13			120.96	
233211	7	T1019		03/08/13			120.96	
						AIM TOTAL	846.72	CLAIM ACCOUNT REF. 233211001200014
REG LOC 001	CLIENT 2009232	SERVICE 2009232	NAME PEREZ		TH DATE 04/1931	RECIPIENT ID 93703475500	PRIOR	AUTHORIZATION #
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
233212	1	T1019	0022	12/05/12			45.36	
233212	2	T1019		01/01/13			90.72	
					CLA	AIM TOTAL	136.08	CLAIM ACCOUNT REF. 233212001200923
REG LOC 001	CLIENT 2009232	SERVICE 2009232	NAME PEREZ		TH DATE 04/1931	RECIPIENT ID 93703475500	PRIOR	AUTHORIZATION #
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	
233213	1	T1019		03/01/13			90.72	
233213	2	T1019		03/04/13	03/04/13	3 24.00	90.72	
233213	3	T1019		03/05/13	03/05/13	3 24.00	90.72	
233213	4	T1019		03/06/13	03/06/13		90.72	
233213	5	T1019		03/07/13	03/07/13		90.72	
233213	6	T1019		03/08/13	03/08/13	3 24.00	90.72	
					CLA	AIM TOTAL	544.32	CLAIM ACCOUNT REF. 233213001200923
REG LOC 001	CLIENT 2011411	SERVICE 2011411	NAME PICHARDO		TH DATE 14/1923	RECIPIENT ID GNT02908700	PRIOR	AUTHORIZATION #
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	

REPORT DA	ATE 03/13/ LE = /VOL4	13 44/COMPSUP	SUNNY HIPAAIN/E3202	SIDE CITYWIDE 013031303023244	:	HIPAA	DATA FI	LE REPORT (PHLT837/EDIS) PAGE 29
SUBMITTER	R ID = SUN		SUNNYSIDE				= 1154	407492
233214 233214	1 2	T1019 T1019		03/02/13 03/03/13		36.00	136.08 136.08	10, 132
233214 233214 233214	3 4 5	T1019 T1019 T1019		03/04/13 03/05/13 03/06/13		36.00	136.08 136.08 136.08	
233214 233214	6 7	T1019 T1019		03/07/13 03/08/13	03/07/13 03/08/13	36.00	136.08 136.08 952.56	CLAIM ACCOUNT REF. 2332140012011411
REG LOC 001	CLIENT 2011989	SERVICE 2011989	NAME PICHARDO		TH DATE 18/1974	RECIPIENT ID GNT05056600		AUTHORIZATION #
INV # 233215	LINE #	PROCEDURE S5125	CODE	FROM DT 03/04/13	THRU DT 03/04/13	UNITS 3 24.00	AMOUNT 90.72	
233215	2	S5125		03/05/13	03/05/13 CLA	3 4.00 AIM TOTAL	15.12 105.84	CLAIM ACCOUNT REF. 2332150012011989
REG LOC 001	CLIENT 2011990	SERVICE 2011990	NAME POLANCO		TH DATE 04/2012	RECIPIENT ID GNT03633500	PRIOR	AUTHORIZATION #
INV # 233216	LINE #	PROCEDURE S5126	CODE	FROM DT 03/04/13			AMOUNT 196.56	
233216 233216 233216 233216	2 3 4 5	S5126 S5126 S5126 S5126		03/07/13	03/05/13 03/06/13 03/07/13 03/08/13	3 1.00 3 1.00	196.56 196.56 196.56 196.56	
				52, 55, 25		AIM TOTAL	982.80	CLAIM ACCOUNT REF. 2332160012011990
REG LOC 001	CLIENT 2010647	SERVICE 2010647	NAME PRADO		TH DATE 02/1950	RECIPIENT ID GNT00201400	PRIOR	AUTHORIZATION #
INV # 233217 233217	LINE # 1 2	PROCEDURE T1019 T1019	CODE	FROM DT 03/05/13 03/06/13	THRU DT 03/05/13 03/06/13		AMOUNT 60.48 60.48	
233217	3	T1019		03/06/13	03/07/13		60.48	CLAIM ACCOUNT REF. 2332170012010647
REG LOC 001	CLIENT 2002109	SERVICE 2002109	NAME PROANO		TH DATE 18/1924	RECIPIENT ID 93700845900	PRIOR	AUTHORIZATION #
INV # 233218 233218	LINE # 1 2	PROCEDURE S5125 TT S5125 TT	CODE	FROM DT 03/02/13 03/03/13	03/03/13	3 12.00	AMOUNT 48.36 48.36	
233218 233218 233218 233218	3 4 5 6	S5125 TT S5125 TT S5125 TT S5125 TT		03/05/13 03/06/13 03/07/13 03/08/13	03/05/13 03/06/13 03/07/13 03/08/13	3 12.00 3 12.00	48.36 48.36 48.36 48.36	
233210	J	55125 11		03/00/13		AIM TOTAL	290.16	CLAIM ACCOUNT REF. 2332180012002109
REG LOC 001	CLIENT 2007728	SERVICE 2007728	NAME PROANO		TH DATE 06/1918	RECIPIENT ID GNT04361600	PRIOR	AUTHORIZATION #
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT	

REPORT DA	TE 03/13/	13	SUNNYSIDE CITYW	IDE	H	HIPAA DATA FI	LE REPORT (PHLT837,	/EDIS) PAGE 30
INPUT FIL	E = /VOL4	44/COMPSUP/HIPAA	SUNNYSIDE CITYW IN/E320201303130302	23244				
SUBMITTER		NYSI S 502051 SUNNYSID	UNNYSIDE E			NPI = 1154	407492	
233219		S5125 TT		2/12 02/02	/13 16.00		10,152	
233219	1 2	S5125 II S5125 TT		3/13 03/02 3/13 03/03		64.48		
233219	3	S5125 TT		4/13 03/04		40.30		
233219 233219	4 5	S5125 TT S5125 TT		5/13 03/05 5/13 03/06		48.36 80.60		
233219	6	S5125 TT		7/13 03/00 7/13 03/07		80.60		
233219	7	S5125 TT	03/08	3/13 03/08		80.60		
					CLAIM TOTAL	459.42	CLAIM ACCOUNT	REF. 2332190012007728
REG LOC 001	CLIENT 2011774	SERVICE NAME 2011774 QUIN	ONES ENEIDA	BIRTH DAT 02/29/193			AUTHORIZATION #	
INV #	LINE #	PROCEDURE CODE	FROM 03/04 03/05 0	DT THRU	DT UNITS			
233220	1 2	T1019	03/04	4/13 03/04 5/13 03/05	/13 16.00 /13 16.00	60.48 60.48		
233220 233220	3	T1019 T1019	03/0:	5/13 03/05 5/13 03/06	/13 16.00			
233220	4	T1019	03/0	7/13 03/07	/13 16.00	60.48		
233220	5	T1019	03/08	3/13 03/08	/13 16.00 CLAIM TOTAL	60.48 302.40		REF. 2332200012011774
								REF. 2332200012011774
REG LOC 001	CLIENT 2011847	SERVICE NAME 2011847 RAMO		BIRTH DAT 08/06/192			AUTHORIZATION #	
INV #	LINE #	PROCEDURE CODE	FROM					
233221 233221	1 2	S5125 S5125		2/13 03/02 3/13 03/03		120.96 120.96		
233221	3	S5125 S5125		4/13 03/04		151.20		
233221	4	S5125		5/13 03/05		151.20		
233221 233221	5 6	S5125 S5125		5/13 03/06 7/13 03/07		151.20 151.20		
233221	7	S5125		3/13 03/07		151.20		
					CLAIM TOTAL	997.92	CLAIM ACCOUNT	REF. 2332210012011847
REG LOC 001	CLIENT 2010409	SERVICE NAME 2010409 RAMO		BIRTH DAT 12/21/193			AUTHORIZATION #	
INV #	LINE #	PROCEDURE CODE	FROM	DT THRU	DT UNITS	S AMOUNT		
233222	1	T1019	FROM 02/09 02/08	5/13 02/05	/13 16.00			
233222	2	T1019	02/08	3/13 02/08	/13 16.00 CLAIM TOTAL	60.48 120.96		REF. 2332220012010409
REG LOC 001	CLIENT 2010409	SERVICE NAME 2010409 RAMO		BIRTH DAT 12/21/193			AUTHORIZATION #	
INV #	LINE #	PROCEDURE CODE		DT THRU				
233223 233223	1 2	T1019 T1019		4/13 03/04 5/13 03/05		45.36 52.92		
233223	3	T1019		5/13 03/05 5/13 03/06		60.48		
233223	4	T1019	03/0	7/13 03/07	/13 12.00	45.36		
233223	5	T1019	03/08	3/13 03/08	/13 16.00 CLAIM TOTAL	60.48 264.60		REF. 2332230012010409
1					CDATM IOIAD	204.00	CLIAIM ACCOUNT	NEF. 233223UU12U1U4U9

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202013031303023244

PROVIDER ID =	113502051	SUNNYSIDE	NPI = 1154407492

REG LOC 001	CLIENT 2008453	SERVICE 2008453	NAME RESTULA	VINCENT		RTH DATE /15/1929	RECIPIENT ID GNT05473100	PRIOR	AUTHORIZATION #	
INV # 233224	LINE # 1	PROCEDURE S5125	CODE	FROM		THRU DT 03/05/13	UNITS 16.00	AMOUNT 60.48		
233224	2	S5125		03/0	06/13	03/06/13	16.00	60.48		
233224 233224	3 4	S5125 S5125)7/13)8/13	03/07/13 03/08/13		60.48 60.48		
233224	4	33123		03/1	00/13		.IO.000 .IM TOTAL	241.92	CLAIM ACCOUNT REF. 23	332240012008453
REG LOC 001	CLIENT 2012113	SERVICE 2012113	NAME REYES	DORILA		RTH DATE /02/1929	RECIPIENT ID GNT02461500	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM	I DT	THRU DT	UNITS	AMOUNT		
233225	1	S5125)2/13	03/02/13		120.96		
233225	2	S5125)3/13	03/03/13		120.96		
233225 233225	3 4	S5125 S5125)4/13)5/13	03/04/13 03/05/13		120.96 120.96		
233225	5	S5125 S5125			06/13	03/05/13		120.96		
233225	6	S5125			7/13	03/07/13		120.96		
233225	7	S5125		03/0	08/13	03/08/13	32.00	120.96		
						CLA	IM TOTAL	846.72	CLAIM ACCOUNT REF. 23	332250012012113
REG LOC 001	CLIENT 2012710	SERVICE 2012710	NAME REYES	DUNNY		RTH DATE /28/1944	RECIPIENT ID GNT06774000	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FRO		THRU DT	UNITS	AMOUNT		
233226	1	T1020				03/02/13		196.56		
233226	2	T1020)3/13	03/03/13		196.56		
233226 233226	3 4	T1020 T1020)4/13)5/13	03/04/13 03/05/13		196.56 196.56		
233226	5	T1020			06/13	03/05/13		196.57		
233226	6	T1020			7/13	03/07/13		196.56		
233226	7	T1020		03/0	08/13	03/08/13		196.56		
						CLA	IM TOTAL	1,375.93	CLAIM ACCOUNT REF. 23	332260012012710
REG LOC 001	CLIENT 2012001	SERVICE 2012001	NAME REYES	MILAGRO		RTH DATE /05/1957	RECIPIENT ID GNT00210100	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM	I DT	THRU DT	UNITS	AMOUNT		
233227	1	S5125 TT			2/13	03/02/13		96.72		
233227	2	S5125 TT)3/13	03/03/13		96.72		
233227 233227	3	S5125 TT S5125 TT)4/13)5/13	03/04/13 03/05/13		96.72 96.72		
233227	4 5	S5125 TT			06/13	03/05/13		96.72		
233227	6	S5125 TT			77/13	03/07/13		96.72		
233227	7	S5125 TT			08/13	03/08/13		96.72		
						CLA	IM TOTAL	677.04	CLAIM ACCOUNT REF. 23	332270012012001
REG LOC 001	CLIENT 2012756	SERVICE 2012756	NAME RICKS	WALTER		RTH DATE /27/1940	RECIPIENT ID GNT03856800	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROI	I DT	THRU DT	UNITS	AMOUNT		

BEDORT DA	TF 03/13/	13	9	INNVSIDE CITVWIDE		нтруу	די מידע	T.F PFD∩PT / DHT.T937/F	DIS) PAGE 32
INPUT FIL	E = /VOL4	44/COMPSUP	A/HIPAAIN/E	320201303130302324	4	піраа	DAIA FI.	LE REPORT (PHLT837/E	DIS) PAGE 32
SUBMITTER		NYSI 502051 SUN	SUNNY	SIDE		MD	I = 1154	407492	
FROVIDER	10 - 113	302031 301	MILDE			NF	1 - 1151	107172	
233228	1	S5125			03/04/13		105.84		
233228	2	S5125			03/05/13		105.84		
233228 233228	3 4	S5125 S5125			03/06/13 03/07/13		105.84 105.84		
233228	5	S5125 S5125			03/07/13		105.84		
233220	3	55125		03/00/13		IM TOTAL	529.20		EF. 2332280012012756
REG LOC	CLIENT 1997785	SERVICE 1997785	NAME		RTH DATE /14/1931		PRIOR	AUTHORIZATION #	
001	1997765	1997705	KIVAS	GERIKUD IO	/14/1931	GN100533400			
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
233229	1	S5125			03/04/13		90.72		
233229	2	S5125			03/05/13		90.72		
233229	3 4	S5125			03/06/13 03/07/13		90.72		
233229 233229	4 5	S5125 S5125			03/07/13		90.72 90.72		
233223	3	55125		03/00/13		IM TOTAL	453.60		EF. 2332290011997785
REG LOC 001	CLIENT 2011659	SERVICE 2011659	NAME			RECIPIENT ID GNT02887600	PRIOR	AUTHORIZATION #	
001	2011659	2011059	KIVERA M	ARTI GLORIA 01	/22/1938	GN102887600			
INV #	LINE #	PROCEDURE	CODE		THRU DT	UNITS	AMOUNT		
233230	1	S5125			03/02/13		105.84		
233230	2	S5125			03/03/13		105.84		
233230 233230	3 4	S5125 S5125			03/04/13 03/05/13		105.84 105.84		
233230	5	S5125 S5125			03/05/13		105.84		
233230	6	S5125			03/07/13		105.84		
233230	7	S5125			03/08/13		105.84		
					CLA	IM TOTAL	740.88	CLAIM ACCOUNT R	EF. 2332300012011659
REG LOC	CLIENT	SERVICE	NAME	RT	RTH DATE	RECIPIENT ID	PRIOR	AUTHORIZATION #	
	2011988	2011988	RIVERA			GNT02751500	INTOR	AOIIIORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT		UNITS	AMOUNT		
233231 233231	1 2	S5125 S5125			03/04/13 03/05/13		105.84 105.84		
233231	3	S5125			03/05/13		105.84		
233231	4	S5125			03/07/13		105.84		
233231	5	S5125			03/08/13		105.84		
					CLA	IM TOTAL	529.20	CLAIM ACCOUNT R	EF. 2332310012011988
REG LOC	CLIENT	SERVICE	NAME	RT	RTH DATE	RECIPIENT ID	DRIOR	AUTHORIZATION #	
	2011491	2011491	NAME RIVERA	RAMONIT 08		GNT06231700	INTOR	AUTHORIZATION #	
T3 !!	T TATE "	DD 0.00				-n			
INV #	LINE # 1	PROCEDURE S5125	CODE	FROM DT	THRU DT 03/05/13	UNITS 16.00	AMOUNT 60.48		
233232 233232	2	S5125 S5125			03/05/13		60.48		
233232	3	S5125			03/00/13		60.48		
233232	4	S5125			03/08/13		60.48		
					CLA	IM TOTAL	241.92	CLAIM ACCOUNT R	EF. 2332320012011491

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202013031303023244

SUBMITTER ID = SUNNYSI SUNNYSIDE

THOVED IN	. 10 113	502051 5010	1410101				141.1	1131	10, 152
REG LOC 001	CLIENT 2010412	SERVICE 2010412	NAME RODRIGUEZ	FABIOLA	BIRTH 1		RECIPIENT ID GNT06115800	PRIOR	AUTHORIZATION #
INV # 233233 233233 233233 233233 233233 233233	LINE # 1 2 3 4 5 6	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019	CODE	03/04 03/04 03/04 03/04	2/13 03	/04/13 /05/13 /06/13 /07/13 /08/13	UNITS 16.00 16.00 16.00 16.00 16.00 16.00	AMOUNT 60.48 60.48 60.48 60.48 60.48 362.88	CLAIM ACCOUNT REF. 2332330012010412
REG LOC 001	CLIENT 2007969	SERVICE 2007969	NAME RODRIGUEZ	HOLGER	BIRTH 1 10/27/1		RECIPIENT ID GNT05256300	PRIOR	AUTHORIZATION #
INV # 233234 233234 233234 233234 233234	LINE # 1 2 3 4 5	PROCEDURE T1019 T1019 T1019 T1019 T1019	CODE	03/01 03/01 03/01	DT THI 4/13 03, 5/13 03, 6/13 03, 7/13 03, 8/13 03,	/05/13 /06/13 /07/13 /08/13	UNITS 30.00 36.00 36.00 36.00 36.00 36.00	AMOUNT 113.40 136.08 136.08 136.08 136.08 657.72	CLAIM ACCOUNT REF. 2332340012007969
REG LOC 001	CLIENT 2012056	SERVICE 2012056	NAME RODRIGUEZ	JUAN	BIRTH 1 11/04/1		RECIPIENT ID 93702665700	PRIOR	AUTHORIZATION #
INV # 233235 233235 233235 233235 233235 233235 233235	LINE # 1 2 3 4 5 6	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125	CODE	03/03 03/04 03/04	2/13 03, 3/13 03, 4/13 03, 5/13 03, 6/13 03, 7/13 03,	/03/13 /04/13 /05/13 /06/13 /07/13 /08/13	UNITS 24.00 24.00 28.00 28.00 28.00 28.00 28.00 28.00	AMOUNT 90.72 90.72 105.84 105.84 105.84 105.84 710.64	CLAIM ACCOUNT REF. 2332350012012056
REG LOC 001	CLIENT 2012182	SERVICE 2012182	NAME RODRIGUEZ	LIDIA	BIRTH 1 10/13/1		RECIPIENT ID GNT03481200	PRIOR	AUTHORIZATION #
INV # 233236 233236 233236 233236	LINE # 1 2 3 4	PROCEDURE T1019 T1019 T1019 T1019	CODE		4/13 03, 5/13 03, 6/13 03,	/05/13 /06/13 /07/13	UNITS 16.00 16.00 16.00 16.00	AMOUNT 60.48 60.48 60.48 60.48 241.92	CLAIM ACCOUNT REF. 2332360012012182
REG LOC 001	CLIENT 2012226	SERVICE 2012226	NAME RODRIGUEZ	MARY	BIRTH 1 07/05/2		RECIPIENT ID GNT05127100	PRIOR	AUTHORIZATION #
INV #	LINE #	PROCEDURE	CODE	FROM	DT THI	RU DT	UNITS	AMOUNT	

REPORT DATE 03/13/1 INPUT FILE = /VOL44	L3 SUNNY 14/COMPSUP/HIPAAIN/E3202	SIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 34
SUBMITTER ID = SUNN PROVIDER ID = 1135	NYSI SUNNYSIDE	
233237 1 233237 2 233237 3 233237 4 233237 5 233237 6 233237 7	S5125 S5125 S5125 S5125 S5125 S5125 S5125	03/02/13 03/02/13 16.00 60.48 03/03/13 03/03/13 16.00 60.48 03/04/13 03/04/13 24.00 90.72 03/05/13 03/05/13 24.00 90.72 03/06/13 03/06/13 24.00 90.72 03/07/13 03/07/13 19.00 71.82 03/08/13 03/08/13 24.00 90.72 CLAIM TOTAL 555.66 CLAIM ACCOUNT REF. 2332370012012226
REG LOC CLIENT 001 2012097	SERVICE NAME 2012097 RODRIGUEZ	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # SILVIO 11/03/1930 GNT06106100
INV # LINE # 233238 1 233238 2 233238 3 233238 4 233238 5 233238 6	PROCEDURE CODE \$5125 \$5125 \$5125 \$5125 \$5125 \$5125 \$5125	FROM DT THRU DT UNITS AMOUNT 03/02/13 03/02/13 32.00 120.96 03/03/13 03/03/13 32.00 120.96 03/04/13 03/04/13 32.00 120.96 03/06/13 03/06/13 32.00 120.96 03/07/13 03/07/13 32.00 120.96 03/08/13 03/08/13 32.00 120.96 03/08/13 03/08/13 32.00 120.96 CLAIM TOTAL 725.76 CLAIM ACCOUNT REF. 2332380012012097
REG LOC CLIENT 001 2012496	SERVICE NAME 2012496 ROJAS	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # HAYDEE 02/15/1935 GNT04856800
INV # LINE # 233239 1 233239 2 233239 3 233239 4 233239 5	PROCEDURE CODE \$5125 \$5125 \$5125 \$5125 \$5125	FROM DT THRU DT UNITS AMOUNT 03/04/13 03/04/13 16.00 60.48 03/05/13 03/05/13 16.00 60.48 03/06/13 03/06/13 16.00 60.48 03/07/13 03/07/13 16.00 60.48 03/08/13 03/08/13 16.00 60.48 03/08/13 03/08/13 16.00 60.48 CLAIM TOTAL 302.40 CLAIM ACCOUNT REF. 2332390012012496
REG LOC CLIENT 001 2011777	SERVICE NAME 2011777 ROMAN	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # GLADYS 09/15/1934 GNT02933300
INV # LINE # 233240 1 233240 2	PROCEDURE CODE S5125 S5125	FROM DT THRU DT UNITS AMOUNT 03/02/13 03/02/13 32.00 120.96 03/03/13 03/03/13 32.00 120.96 CLAIM TOTAL 241.92 CLAIM ACCOUNT REF. 2332400012011777
REG LOC CLIENT 001 2012085	SERVICE NAME 2012085 ROSARIO	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # ANA 06/23/1949 GNT03285400
INV # LINE # 233241 1 233241 2 233241 3 233241 4 233241 5	PROCEDURE CODE \$5125 \$5125 \$5125 \$5125 \$5125 \$5125	FROM DT THRU DT UNITS AMOUNT 03/04/13 03/04/13 28.00 105.84 03/05/13 03/05/13 28.00 105.84 03/06/13 03/06/13 28.00 105.84 03/07/13 03/07/13 28.00 105.84 03/08/13 03/08/13 28.00 105.84 03/08/13 03/08/13 28.00 105.84 CLAIM TOTAL 529.20 CLAIM ACCOUNT REF. 2332410012012085
REG LOC CLIENT 001 2006828	SERVICE NAME 2006828 RUBIANO	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # MARIA 11/12/1925 GNT03390400
INV # LINE #	PROCEDURE CODE	FROM DT THRU DT UNITS AMOUNT

REPORT DATE 03/13/13	SUNNYSIDE (/COMPSUP/HIPAAIN/E3202013033	CITYWIDE	HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 35
INPUT FILE = /VOL444/	/COMPSUP/HIPAAIN/E3202013033	1303023244	
SUBMITTER ID = SUNNYS PROVIDER ID = 113502			NPI = 1154407492
233242 2 SS 233242 3 SS 233242 4 SS	5125 5125 5125 5125 5125 5125	03/04/13 03/04/13 22.00 03/05/13 03/05/13 22.00 03/06/13 03/06/13 22.00 03/07/13 03/07/13 22.00 03/08/13 03/08/13 22.00 CLAIM TOTAL	83.16 83.16 83.16 83.16
	SERVICE NAME 2011986 RUIZ JAMES		NT ID PRIOR AUTHORIZATION # 5800
233243 1 T1 233243 2 T1 233243 3 T1 233243 4 T1 233243 5 T1 233243 6 T1	1019 TT 1019 TT	FROM DT THRU DT UNIT 03/02/13 03/02/13 12.00 03/03/13 03/03/13 12.00 03/04/13 03/04/13 12.00 03/05/13 03/05/13 12.00 03/06/13 03/06/13 12.00 03/07/13 03/07/13 12.00 03/08/13 03/08/13 12.00 CLAIM TOTAL	48.36 48.36 48.36 48.36 48.36 48.36 48.36
	SERVICE NAME 2011987 RUIZ ROSA		NT ID PRIOR AUTHORIZATION # 5900
233244 1 T1 233244 2 T1 233244 3 T1 233244 4 T1 233244 5 T1 233244 6 T1	1019 TT	FROM DT THRU DT UNIT 03/02/13 03/02/13 12.00 03/03/13 12.00 03/04/13 12.00 03/05/13 03/05/13 12.00 03/06/13 03/06/13 12.00 03/07/13 03/07/13 12.00 03/08/13 03/08/13 12.00 CLIAIM TOTAL	48.36 48.36 48.36 48.36 48.36 48.36 48.36
	SERVICE NAME 2003430 SALJANIN DILJA	BIRTH DATE RECIPIE	NT ID PRIOR AUTHORIZATION #
233245 1 T1 233245 2 T1 233245 3 T1 233245 4 T1 233245 5 T1 233245 6 T1	ROCEDURE CODE 1019 1019 1019 1019 1019 1019 1019	FROM DT THRU DT UNIT 03/02/13 03/02/13 32.00 03/03/13 03/03/13 32.00 03/04/13 03/04/13 36.00 03/05/13 03/05/13 36.00 03/06/13 03/06/13 36.00 03/07/13 03/07/13 36.00 03/08/13 03/08/13 36.00 CLAIM TOTAL	120.96 120.96 136.08 136.08 136.08 136.08
	SERVICE NAME 2012084 SANCHEZ ANA	BIRTH DATE RECIPIE M 04/01/1925 GNT0238	
	ROCEDURE CODE 5125 TT	FROM DT THRU DT UNIT 03/02/13 03/02/13 8.00	

REPORT DATE 03/13	/13 SUNN	YSIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 36 2013031303023244
INPUT FILE = /VOL4	144/COMPSUP/HIPAAIN/E320	2013031303023244
SUBMITTER ID = SUI PROVIDER ID = 11:	NNYSI SUNNYSID 3502051 SUNNYSIDE	E NPI = 1154407492
233246 2 233246 3 233246 4 233246 5 233246 6 233246 7	S5125 TT S5125 TT S5125 TT S5125 TT S5125 TT S5125 TT	03/03/13 03/03/13 8.00 32.24 03/04/13 03/04/13 8.00 32.24 03/05/13 03/05/13 8.00 32.24 03/06/13 03/06/13 8.00 32.24 03/07/13 03/07/13 8.00 32.24 03/08/13 03/08/13 8.00 32.24 CLAIM TOTAL 225.68 CLAIM ACCOUNT REF. 2332460012012084
REG LOC CLIENT 001 1997789	SERVICE NAME 1997789 SANCHEZ	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # ELIZABE 01/03/1956 GNT00370600
INV # LINE # 233247 1 233247 2 233247 3 233247 4 233247 5 233247 7	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 03/02/13 03/02/13 16.00 60.48 03/03/13 03/03/13 16.00 60.48 03/04/13 03/04/13 28.00 105.84 03/05/13 03/05/13 28.00 105.84 03/06/13 03/06/13 28.00 105.84 03/07/13 03/07/13 28.00 105.84 03/08/13 03/08/13 28.00 105.84 03/08/13 03/08/13 28.00 105.84 03/08/13 03/08/13 28.00 105.84
REG LOC CLIENT 001 2012082	SERVICE NAME 2012082 SANCHEZ	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # ESTERVI 04/17/1936 GNT05030100
INV # LINE # 233248 1 233248 2 233248 3 233248 4	PROCEDURE CODE S5125 S5125 S5125 S5125	FROM DT THRU DT UNITS AMOUNT 03/04/13 03/04/13 16.00 60.48 03/05/13 03/05/13 16.00 60.48 03/06/13 03/06/13 16.00 60.48 03/07/13 03/07/13 16.00 60.48 03/07/13 03/07/13 16.00 60.48 CLAIM TOTAL 241.92 CLAIM ACCOUNT REF. 2332480012012082
REG LOC CLIENT 001 2011841	SERVICE NAME 2011841 SANTANA	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # OCTAVIO 00/00/0000 GNT00231600
INV # LINE # 233249 1 233249 2 233249 3 233249 5	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 03/04/13 03/04/13 20.00 75.60 03/05/13 03/05/13 20.00 75.60 03/06/13 03/06/13 20.00 75.60 03/07/13 03/07/13 20.00 75.60 03/08/13 03/08/13 20.00 75.60 CLAIM TOTAL 378.00 CLAIM ACCOUNT REF. 2332490012011841
REG LOC CLIENT 001 2011787	SERVICE NAME 2011787 SANTIAGO	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # ARMINDA 05/19/1932 GNT02860500
INV # LINE # 233250 1 233250 2 233250 3 233250 4 233250 5	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS AMOUNT 03/04/13 03/04/13 16.00 60.48 03/05/13 03/05/13 16.00 60.48 03/06/13 03/06/13 16.00 60.48 03/07/13 03/07/13 16.00 60.48 03/08/13 03/08/13 16.00 60.48

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202013031303023244

SUBMITTER PROVIDER		NYSI 502051 SUI	SUNNYSIDE NNYSIDE				N	ΡI	= 1154	407492
						CLA	IM TOTAL		302.40	CLAIM ACCOUNT REF. 2332500012011787
REG LOC 001	CLIENT 2011851	SERVICE 2011851	NAME SANTIAGO	ILIA		TH DATE 16/1924	RECIPIENT II		PRIOR	AUTHORIZATION #
INV # 233251 233251 233251 233251 233251 233251 233251	LINE # 1 2 3 4 5 6 7	PROCEDURE \$5125 \$5125 \$5125 \$5125 \$5125 \$5125 \$5125 \$5125	CODE	03/0: 03/0: 03/0: 03/0:	2/13 3/13 4/13 5/13 6/13 7/13	03/03/13 03/04/13 03/05/13 03/06/13 03/07/13 03/08/13	32.00 32.00 32.00 32.00 32.00		AMOUNT 120.96 120.96 120.96 120.96 120.96 120.96 120.96 846.72	CLAIM ACCOUNT REF. 2332510012011851
REG LOC 001	CLIENT 2011859	SERVICE 2011859	NAME SANTIAGO	IVETH		TH DATE 00/0000	RECIPIENT II 93703401100		PRIOR	AUTHORIZATION #
INV # 233252 233252 233252 233252 233252 233252 233252	LINE # 1 2 3 4 5 6 7	PROCEDURE \$5125 \$5125 \$5125 \$5125 \$5125 \$5125 \$5125 \$5125	CODE	03/03	2/13 3/13 4/13 5/13 6/13 7/13	THRU DT 03/02/13 03/03/13 03/04/13 03/05/13 03/06/13 03/07/13 03/08/13 CLA	28.00 27.00 28.00 28.00 27.00		AMOUNT 105.84 105.84 102.06 105.84 105.84 102.06 102.06 729.54	CLAIM ACCOUNT REF. 2332520012011859
REG LOC 001	CLIENT 2011788	SERVICE 2011788	NAME SANTIAGO	VICTORI		TH DATE 18/1941	RECIPIENT II 93701469700		PRIOR	AUTHORIZATION #
INV # 233253 233253 233253 233253 233253	LINE # 1 2 3 4 5	PROCEDURE T1019 T1019 T1019 T1019 T1019	CODE	FROM 03/0-03/0-03/0-03/0-03/0-03/0-03/0-0-03/0-0-03/0-0-0-0-	4/13 5/13 6/13 7/13	THRU DT 03/04/13 03/05/13 03/06/13 03/07/13 03/08/13 CLA	16.00 16.00 16.00		AMOUNT 60.48 60.48 60.48 60.48 302.40	CLAIM ACCOUNT REF. 2332530012011788
REG LOC 001	CLIENT 2002124	SERVICE 2002124	NAME SHELTON	AGUEDA		TH DATE 05/1919	RECIPIENT II		PRIOR	AUTHORIZATION #
INV # 233254 233254 233254 233254 233254	LINE # 1 2 3 4 5	PROCEDURE T1019 T1019 T1019 T1019 T1019	CODE	FROM 03/0: 03/0: 03/0: 03/0: 03/0:	3/13 4/13 5/13 7/13	THRU DT 03/03/13 03/04/13 03/05/13 03/07/13 03/08/13 CLA	28.00 28.00 28.00		AMOUNT 102.06 105.84 105.84 105.84 105.84 525.42	CLAIM ACCOUNT REF. 2332540012002124
REG LOC 001	CLIENT 2011597	SERVICE 2011597	NAME SOLIS	JUDITH		TH DATE 26/1931	RECIPIENT II		PRIOR	AUTHORIZATION #
INV #	LINE #	PROCEDURE	CODE	FROM	DT	THRU DT	UNITS		AMOUNT	

REPORT DA	TE 03/13/	13	SUNNY	SIDE CITYWIDE		HIPAA	DATA FII	LE REPORT (PHLT837/EDIS) PAGE	E 38
INPUT FIL	E = /VOL4	44/COMPSUP	/HIPAAIN/E3202	2013031303023244	:				
	ID = SUN	NYSI 502051 SUI	SUNNYSIDE NNYSIDE	E		NP.	I = 11544	407492	
				00/00/10	00/00/10				
233255 233255	1 2	S5125 S5125		03/02/13 03/03/13			181.44 181.44		
233255	3	S5125		03/04/13			181.44		
233255	4	S5125		03/05/13		48.00 AIM TOTAL	181.44 725.76	CLAIM ACCOUNT REF. 23325500120	11597
DEG TOG	CLIENT	CEDUTCE	NAME	DIE	mii Damn	DECIDIENT ID	DDTOD	AUGUODIZACION #	
REG LOC 001		SERVICE 2008885	SOMRAJ	UMILLA 09/	TH DATE 24/1973	GNT03813900	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT		UNITS	AMOUNT		
233256 233256	1 2	S5125 S5125		02/28/13 03/03/13			60.48 60.48		
233256	3	S5125 S5125		03/05/13			60.48		
233256	4	S5125		03/07/13			60.48		
					CLA	IM TOTAL	241.92	CLAIM ACCOUNT REF. 233256001200	08885
REG LOC 001	CLIENT 2011782	SERVICE 2011782	NAME THERMOSY		TH DATE 10/1917	RECIPIENT ID GNT02791600	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
233257	1	S5125		03/02/13			75.60		
233257	2	S5125		03/04/13			120.96		
233257	3	S5125		03/05/13			120.96		
233257 233257	4 5	S5125 S5125		03/06/13 03/07/13			120.96 120.96		
233257	5 6	S5125 S5125		03/07/13			120.96		
				20, 20, 20		IM TOTAL	680.40		11782
REG LOC 001	CLIENT 2012197	SERVICE 2012197	NAME TORO		TH DATE 15/1929	RECIPIENT ID GNT00261000	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
233258	1	T1019			03/02/13		90.72		
233258	2	T1019		03/03/13			90.72		
233258 233258	3 4	T1019 T1019		03/04/13 03/05/13			120.96 120.96		
233258	5	T1019		03/05/13			120.96		
233258	6	T1019		03/07/13			120.96		
233258	7	T1019		03/08/13	, , .		120.96		
					CLA	AIM TOTAL	786.24	CLAIM ACCOUNT REF. 233258001203	12197
REG LOC 001	CLIENT 2011861	SERVICE 2011861	NAME TORRES		TH DATE 21/1931	RECIPIENT ID GNT03848300	PRIOR	AUTHORIZATION #	
INV #	LINE #	PROCEDURE	CODE	FROM DT	THRU DT	UNITS	AMOUNT		
233259	1	T1019		03/03/13	03/03/13	24.00	90.72		
233259	2	T1019			03/04/13		120.96		
233259 233259	3 4	T1019 T1019		03/05/13	03/05/13 03/06/13		120.96 120.96		
233259	4 5	T1019 T1019			03/06/13		120.96		
233259	6	T1019		03/07/13			120.96		

SUBMITTER PROVIDER		NYSI 502051 SUN	SUNNYSIDE NNYSIDE				NP	I = 1154	407492	
						CLA	IM TOTAL	695.52	CLAIM ACCOUNT REF	. 2332590012011861
REG LOC 001	CLIENT 2011983	SERVICE 2011983	NAME TOUSSAINT	MIGUEL		TH DATE 28/1936	RECIPIENT ID 93702919600	PRIOR	AUTHORIZATION #	
INV # 233260 233260 233260 233260 233260 233260 233260	LINE # 1 2 3 4 5 6 7	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125	CODE	03/0 03/0 03/0 03/0 03/0	02/13 03/13 04/13 05/13 06/13 07/13	THRU DT 03/02/13 03/03/13 03/04/13 03/05/13 03/06/13 03/07/13 03/08/13 CLA	16.00 20.00 20.00 20.00 20.00	AMOUNT 60.48 60.48 75.60 75.60 75.60 498.96		. 2332600012011983
REG LOC 001	CLIENT 2012777	SERVICE 2012777	NAME TROISI	DELIA		TH DATE 30/1925	RECIPIENT ID GNT06177500	PRIOR	AUTHORIZATION #	
INV # 233261	LINE # 1	PROCEDURE T1019	CODE	FRON 03/0		THRU DT 03/05/13 CLA	UNITS 32.00 IM TOTAL	AMOUNT 120.96 120.96	i	. 2332610012012777
REG LOC 001	CLIENT 2012778	SERVICE 2012778	NAME TROISI	DELIA		TH DATE 30/1925	RECIPIENT ID GNT06177500	PRIOR	AUTHORIZATION #	
INV # 233262	LINE # 1	PROCEDURE T1019	CODE	FROM 03/0		THRU DT 03/06/13 CLA	UNITS 32.00 IM TOTAL	AMOUNT 120.96 120.96	i	. 2332620012012778
REG LOC 001	CLIENT 2011783	SERVICE 2011783	NAME VARGAS	ALCIBIA		TH DATE 06/1918	RECIPIENT ID GNT00492400	PRIOR	AUTHORIZATION #	
INV # 233263 233263 233263 233263 233263 233263 233263	LINE # 1 2 3 4 5 6 7	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019 T1019	CODE	03/0 03/0 03/0 03/0 03/0	02/13 03/13 04/13 05/13 06/13 07/13	THRU DT 03/02/13 03/03/13 03/04/13 03/05/13 03/06/13 03/07/13 03/08/13 CLA	20.00 20.00 20.00 20.00 20.00	AMOUNT 75.60 75.60 75.60 75.60 75.60 75.60 529.20		. 2332630012011783
REG LOC 001	CLIENT 2012160	SERVICE 2012160	NAME VARGAS	AUREA		TH DATE 16/1936	RECIPIENT ID GNT0026740	PRIOR	AUTHORIZATION #	
INV # 233264 233264 233264 233264 233264	LINE # 1 2 3 4 5	PROCEDURE T1019 TT T1019 TT T1019 TT T1019 TT T1019 TT	CODE	03/0 03/0 03/0)2/13)3/13)4/13)5/13	THRU DT 03/02/13 03/03/13 03/04/13 03/05/13 03/06/13	20.00 20.00 20.00	AMOUNT 80.60 80.60 80.60 80.60		

REPORT DATE 03/13/13 INDUIT FILE = /VOL444/COMPSUP/HIPAAIN/	SUNNYSIDE CITYWIDE HIPAA	A DATA FILE REPORT (PHLT837/EDIS) PAGE 40							
REPORT DATE 03/13/13 SUNNYSIDE CITYWIDE HIPAA DATA FILE REPORT (PHLT837/EDIS) PAGE 40 INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202013031303023244 SUBMITTER ID = SUNNYSI SUNNYSIDE									
PROVIDER ID = 113502051 SUNNYSIDE	NP	PI = 1154407492							
233264 6 T1019 TT 233264 7 T1019 TT	03/07/13 03/07/13 20.00 03/08/13 03/08/13 20.00 CLAIM TOTAL	80.60 80.60 564.20 CLAIM ACCOUNT REF. 2332640012012160							
REG LOC CLIENT SERVICE NAME 001 2011483 2011483 VARGAS	BIRTH DATE RECIPIENT ID RAMON 10/23/1965 GNT02027100	PRIOR AUTHORIZATION #							
INV # LINE # PROCEDURE CODE 233265 1 S5125 233265 2 S5125 233265 3 S5125	FROM DT THRU DT UNITS 03/05/13 03/05/13 12.00 03/06/13 03/06/13 12.00 03/07/13 03/07/13 24.00 CLAIM TOTAL	AMOUNT 45.36 45.36 90.72 181.44 CLAIM ACCOUNT REF. 2332650012011483							
REG LOC CLIENT SERVICE NAME 001 2012168 2012168 VAZQUEZ	BIRTH DATE RECIPIENT ID ROSA 12/05/1940 GNT00268900	PRIOR AUTHORIZATION #							
INV # LINE # PROCEDURE CODE 233266 1 S5125 233266 2 S5125 233266 3 S5125 233266 4 S5125 233266 5 S5125	FROM DT THRU DT UNITS 03/04/13 03/04/13 16.00 03/05/13 03/05/13 16.00 03/06/13 03/06/13 16.00 03/07/13 03/07/13 16.00 03/08/13 03/08/13 15.00 CLAIM TOTAL	AMOUNT 60.48 60.48 60.48 60.48 60.48 56.70 298.62 CLAIM ACCOUNT REF. 2332660012012168							
REG LOC CLIENT SERVICE NAME 001 2011982 2011982 VEGA	BIRTH DATE RECIPIENT ID ADELAID 12/16/1934 93702952000	PRIOR AUTHORIZATION #							
INV # LINE # PROCEDURE CODE 233267 1 S5126	FROM DT THRU DT UNITS 02/09/13 02/09/13 1.00 CLAIM TOTAL	AMOUNT 196.56 196.56 CLAIM ACCOUNT REF. 2332670012011982							
REG LOC CLIENT SERVICE NAME 001 2011982 2011982 VEGA	BIRTH DATE RECIPIENT ID ADELAID 12/16/1934 93702952000	PRIOR AUTHORIZATION #							
INV # LINE # PROCEDURE CODE 233268 1 S5126 233268 2 S5126 233268 3 S5126 233268 4 S5126 233268 5 S5126 233268 5 S5126 233268 7 S5126	FROM DT THRU DT UNITS 03/02/13 03/02/13 1.00 03/03/13 03/03/13 1.00 03/04/13 03/04/13 1.00 03/05/13 03/05/13 1.00 03/06/13 03/06/13 1.00 03/07/13 03/06/13 1.00 03/07/13 03/07/13 1.00 03/08/13 03/08/13 1.00 CLAIM TOTAL	AMOUNT 196.56 196.56 196.56 196.56 196.56 196.56 196.56 1,375.92 CLAIM ACCOUNT REF. 2332680012011982							
REG LOC CLIENT SERVICE NAME 001 2012027 2012027 VELEZ	BIRTH DATE RECIPIENT ID CARMEN 06/21/1932 GNT00271900	PRIOR AUTHORIZATION #							
INV # LINE # PROCEDURE CODE 233269 1 S5125 233269 2 S5125 233269 3 S5125	FROM DT THRU DT UNITS 03/02/13 03/02/13 16.00 03/03/13 03/03/13 16.00 03/04/13 03/04/13 24.00	AMOUNT 60.48 60.48 90.72							

REPORT DA	TE 03/13/ LE = /VOL4	13 44/COMPSUP/	SUNNY HIPAAIN/E3202	SIDE CITYWIDE 013031303023244	1	HIPA	A DATA FII	LE REPORT (PHLT837/EDIS)	PAGE 41
	ID = SUN ID = 113	NYSI 502051 SUN	SUNNYSIDE NYSIDE			NI	PI = 11544	107492	
233269 233269 233269 233269	4 5 6 7	S5125 S5125 S5125 S5125		03/06/13 03/07/13	03/05/13 03/06/13 03/07/13 03/08/13	24.00 24.00	90.72 90.72 90.72 90.72 574.56	CLAIM ACCOUNT REF. 2	2222600012012027
REG LOC 001	CLIENT 2012002	SERVICE 2012002	NAME VELEZ		RTH DATE /11/1934	RECIPIENT II GNT04940600	D PRIOR	AUTHORIZATION #	2332090012012027
INV # 233270 233270 233270 233270 233270	LINE # 1 2 3 4 5	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125	CODE	03/05/13 03/06/13 03/07/13	THRU DT 03/04/13 03/05/13 03/06/13 03/07/13 03/08/13 CLA	16.00 16.00 15.00	AMOUNT 60.48 60.48 60.48 56.70 60.48 298.62	CLAIM ACCOUNT REF. 2	2332700012012002
REG LOC 001	CLIENT 2012091	SERVICE 2012091	NAME VICTORIO		RTH DATE 16/1928	RECIPIENT II GNT02618000	D PRIOR	AUTHORIZATION #	
INV # 233271 233271 233271 233271 233271 233271 233271 233271	LINE # 1 2 3 4 5 6 7	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125	CODE	03/03/13 03/04/13 03/05/13 03/06/13	THRU DT 03/02/13 03/03/13 03/04/13 03/05/13 03/06/13 03/07/13 03/08/13 CLA	20.00 44.00 44.00 44.00 44.00	AMOUNT 75.60 75.60 166.32 166.32 166.32 166.32 982.80	CLAIM ACCOUNT REF. 2	2332710012012091
REG LOC 001	CLIENT 2008200	SERVICE 2008200	NAME VLAHOS		RTH DATE 04/1932	RECIPIENT II GNT04780800		AUTHORIZATION #	
INV # 233272 233272 233272 233272 233272 233272 233272 233272 233272	LINE # 1 2 3 4 5 6 7 8	PROCEDURE \$5125 \$5125 \$5125 \$5125 \$5125 \$5125 \$5125 \$5125 \$5125	CODE	03/02/13 03/03/13 03/04/13 03/05/13 03/06/13	THRU DT 02/08/13 03/02/13 03/03/13 03/04/13 03/05/13 03/06/13 03/07/13 03/08/13	48.00 48.00 32.00 32.00 32.00 32.00	AMOUNT 120.96 181.44 181.44 120.96 120.96 120.96 120.96 120.96 1,088.64	CLAIM ACCOUNT REF. 2	2332720012008200
REG LOC 001	CLIENT 2012077	SERVICE 2012077	NAME WARD		RTH DATE 13/1956	RECIPIENT II 93703608100		AUTHORIZATION #	
INV # 233273 233273 233273	LINE # 1 2 3	PROCEDURE S5125 S5125 S5125	CODE	03/05/13	THRU DT 03/04/13 03/05/13 03/07/13	8.00	AMOUNT 30.24 30.24 30.24		

SUBMITTER ID = SUNI PROVIDER ID = 1135			I = 1154407492
		CLAIM TOTAL	90.72 CLAIM ACCOUNT REF. 2332730012012077
REG LOC CLIENT 001 2012079	SERVICE NAME 2012079 WARD	BIRTH DATE RECIPIENT ID 08/13/1956 93703608100	PRIOR AUTHORIZATION #
INV # LINE # 233274 1	PROCEDURE CODE S5131	FROM DT THRU DT UNITS 03/02/13 03/02/13 16.00 CLAIM TOTAL	AMOUNT 56.00 CLAIM ACCOUNT REF. 2332740012012079
REG LOC CLIENT 001 2008892	SERVICE NAME 2008892 WEISZ	BIRTH DATE RECIPIENT ID 606/27/1920 GNT04606900	PRIOR AUTHORIZATION #
INV # LINE # 233275 1 233275 2	PROCEDURE CODE S5125 TT S5125 TT	FROM DT THRU DT UNITS 03/04/13 03/04/13 16.00 03/06/13 03/06/13 16.00 CLAIM TOTAL	AMOUNT 64.48 64.48 128.96 CLAIM ACCOUNT REF. 2332750012008892
REG LOC CLIENT 001 2009618	SERVICE NAME 2009618 WEST	BALDWIN BIRTH DATE RECIPIENT ID GNT05953700	PRIOR AUTHORIZATION #
INV # LINE # 233276 1 233276 2 233276 3 233276 4	PROCEDURE CODE T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 03/04/13 03/04/13 16.00 03/05/13 03/05/13 12.00 03/06/13 03/06/13 16.00 03/07/13 03/07/13 16.00 CLAIM TOTAL	AMOUNT 60.48 45.36 60.48 60.48 226.80 CLAIM ACCOUNT REF. 2332760012009618
REG LOC CLIENT 001 2003177	SERVICE NAME 2003177 WHITLEY	BIRTH DATE RECIPIENT ID MYRNA 07/04/1950 GNT04373700	
INV # LINE # 233277 1 233277 2 233277 3 233277 4 233277 5 233277 6	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 02/27/13 02/27/13 16.00 03/04/13 03/04/13 16.00 03/05/13 03/05/13 16.00 03/06/13 03/06/13 16.00 03/07/13 03/07/13 16.00 03/08/13 03/08/13 16.00 CLAIM TOTAL	AMOUNT 60.48 60.48 60.48 60.48 60.48 60.48 362.88 CLAIM ACCOUNT REF. 2332770012003177
REG LOC CLIENT 001 2006152	SERVICE NAME 2006152 YI	BIRTH DATE RECIPIENT ID CARLOS 04/16/1959 GNT04057700	PRIOR AUTHORIZATION #
INV # LINE # 233278 1 233278 2 233278 3 233278 4 233278 5 233278 6 233278 7	PROCEDURE CODE \$5125 \$5125 \$5125 \$5125 \$5125 \$5125 \$5125	FROM DT THRU DT UNITS 02/25/13 02/25/13 16.00 03/02/13 03/02/13 16.00 03/04/13 03/04/13 16.00 03/05/13 03/05/13 16.00 03/06/13 03/06/13 16.00 03/07/13 03/07/13 16.00 03/08/13 03/08/13 16.00 CLAIM TOTAL	AMOUNT 60.48 60.48 60.48 60.48 60.48 60.48 60.48 60.48 423.36 CLAIM ACCOUNT REF. 2332780012006152

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202013031303023244

SUBMITTER ID = SUNNYSI SUNNYSIDE

NDT - 11E4407402

PROVIDER	ID = 113	502051 SUI	NYSIDE			NPI	= 11544	07492	
REG LOC 001	CLIENT 2011846	SERVICE 2011846	NAME ZARAGOZA		RTH DATE 7/14/1933	RECIPIENT ID GNT06005500	PRIOR	AUTHORIZATION #	
INV # 233279 233279 233279 233279 233279 233279	LINE # 1 2 3 4 5	PROCEDURE S5125 S5125 S5125 S5125 S5125	CODE	03/06/13 03/07/13	3 03/05/13 3 03/06/13 3 03/07/13 3 03/08/13	32.00 32.00 32.00	AMOUNT 120.96 120.96 120.96 120.96 120.96 604.80	CLAIM ACCOUNT RE	EF. 2332790012011846
REG LOC 001	CLIENT 2011750	SERVICE 2011750	NAME ZARE		RTH DATE 5/07/1943	RECIPIENT ID GNT03716600	PRIOR	AUTHORIZATION #	
INV # 233280 233280 233280 233280 233280 233280 233280 233280	LINE # 1 2 3 4 5 6 7	PROCEDURE S5125 S5125 S5125 S5125 S5125 S5125 S5125 S5125	CODE	03/03/13 03/04/13 03/05/13 03/06/13 03/07/13	THRU DT 3 03/02/13 8 03/03/13 8 03/04/13 8 03/06/13 8 03/07/13 8 03/08/13 CLA	42.00 32.00 32.00 32.00 37.00	AMOUNT 181.44 158.76 120.96 120.96 120.96 139.86 132.30 975.24	CLAIM ACCOUNT RE	EF. 2332800012011750
REG LOC 001	CLIENT 1999328	SERVICE 1999328	NAME ZUMAETA		RTH DATE 1/09/1936	RECIPIENT ID GNT03663500	PRIOR	AUTHORIZATION #	
INV # 233281 233281 233281 233281 233281 233281 233281 233281	LINE # 1 2 3 4 5 6 7	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019 T1019	CODE	03/04/13 03/05/13 03/06/13 03/07/13	3 03/03/13 3 03/04/13 3 03/05/13 3 03/06/13 3 03/07/13 3 03/08/13	28.00 40.00 40.00 40.00 40.00	AMOUNT 105.84 105.84 151.20 151.20 151.20 151.20 967.68	CLAIM ACCOUNT RE	EF. 2332810011999328
PROVIDER	TOTALS,	ID = 1135	502051	TOTAL # OF CLA	AIMS = 1	038	TOTA	L CLAIM AMOUNT =	106,693.55

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E3202013031303023244

SUBMITTER ID = SUNNYSI SUNNYSIDE

PROVIDER ID = 113502051 SUNNYSIDE NPI = 1154407492

SUBMITTER TOTALS, ID = SUNNYSI TOTAL # OF CLAIMS = 1038 TOTAL CLAIM AMOUNT = 106,693.55