

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012072502493233RRSUP

PAGE: 1

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203469	1	T1020		07/14/12	07/14/12	6.00	101.22
203469	2	T1020		07/16/12	07/16/12	5.00	84.35
203469	3	T1020		07/17/12	07/17/12	5.00	84.35
203469	4	T1020		07/18/12	07/18/12	5.00	84.35
203469	5	T1020		07/19/12	07/19/12	5.00	84.35
203469	6	T1020		07/20/12	07/20/12	6.00	101.22
CLAIM TOTAL						539.84	CLAIM ACCOUNT REF. 2034690012008267SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203466	1	T1020		07/09/12	07/09/12	9.00	151.83
203466	2	T1020		07/10/12	07/10/12	9.00	151.83
203466	3	T1020		07/11/12	07/11/12	9.00	151.83
203466	4	T1020		07/12/12	07/12/12	9.00	151.83
203466	5	T1020		07/13/12	07/13/12	9.00	151.83
203466	6	T1020		07/14/12	07/14/12	9.00	151.83
203466	7	T1020		07/15/12	07/15/12	9.00	151.83
203466	8	T1020		07/17/12	07/17/12	9.00	151.83
203466	9	T1020		07/18/12	07/18/12	9.00	151.83
203466	10	T1020		07/19/12	07/19/12	9.00	151.83
203466	11	T1020		07/20/12	07/20/12	9.00	151.83
CLAIM TOTAL						1,670.13	CLAIM ACCOUNT REF. 2034660012008268SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008386 2008386 BATISTA, JOSE 07/20/1950 74170038700 120820411
DIAGNOSIS CODES: 344.1 401.9 599.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203462	1	T1020		07/14/12	07/14/12	7.00	118.09
203462	2	T1020		07/15/12	07/15/12	7.00	118.09
203462	3	T1020		07/16/12	07/16/12	7.00	118.09
203462	4	T1020		07/17/12	07/17/12	7.00	118.09
203462	5	T1020		07/18/12	07/18/12	7.00	118.09
203462	6	T1020		07/19/12	07/19/12	7.00	118.09
203462	7	T1020		07/20/12	07/20/12	7.00	118.09
CLAIM TOTAL						826.63	CLAIM ACCOUNT REF. 2034620012008386SUP

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201207250249323RRSUP

PAGE: 2

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203468	1	T1020		07/17/12	07/17/12	10.00	168.70
203468	2	T1020		07/18/12	07/18/12	10.00	168.70
203468	3	T1020		07/19/12	07/19/12	10.00	168.70
CLAIM TOTAL						506.10	CLAIM ACCOUNT REF. 2034680012008400SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008388 2009283 MARTINEZ, LUISA 02/14/1954 74179809800 11951467
DIAGNOSIS CODES: 340. 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203465	1	T1020		07/14/12	07/14/12	12.00	202.44
203465	2	T1020		07/15/12	07/15/12	12.00	202.44
203465	3	T1020		07/16/12	07/16/12	12.00	202.44
203465	4	T1020		07/17/12	07/17/12	12.00	202.44
203465	5	T1020		07/18/12	07/18/12	12.00	202.44
203465	6	T1020		07/19/12	07/19/12	12.00	202.44
203465	7	T1020		07/20/12	07/20/12	12.00	202.44
CLAIM TOTAL						1,417.08	CLAIM ACCOUNT REF. 2034650012009283SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009956 2009956 PURNELL, ROSE 02/06/1961 74207950500 120550698
DIAGNOSIS CODES: 493.00 311. 401.9 462.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203467	1	T1020		07/14/12	07/14/12	4.00	67.48
203467	2	T1020		07/15/12	07/15/12	4.00	67.48
203467	3	T1020		07/17/12	07/17/12	4.00	67.48
203467	4	T1020		07/18/12	07/18/12	4.00	67.48
203467	5	T1020		07/19/12	07/19/12	4.00	67.48
203467	6	T1020		07/20/12	07/20/12	4.00	67.48
CLAIM TOTAL						404.88	CLAIM ACCOUNT REF. 2034670012009956SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203463	1	T1020		07/16/12	07/16/12	6.00	101.22
203463	2	T1020		07/17/12	07/17/12	6.00	101.22

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201207250249323RRSUP

PAGE: 3

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203463	3	T1020		07/18/12	07/18/12	6.00	101.22	
203463	4	T1020		07/19/12	07/19/12	6.00	101.22	
203463	5	T1020		07/20/12	07/20/12	3.00	50.61	
					CLAIM TOTAL		455.49	CLAIM ACCOUNT REF. 2034630012010014SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203470	1	T1020		07/14/12	07/14/12	9.00	151.83	
203470	2	T1020		07/15/12	07/15/12	9.00	151.83	
203470	3	T1020		07/16/12	07/16/12	9.00	151.83	
203470	4	T1020		07/17/12	07/17/12	9.00	151.83	
203470	5	T1020		07/18/12	07/18/12	9.00	151.83	
					CLAIM TOTAL		759.15	CLAIM ACCOUNT REF. 2034700012010041SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203471	1	T1020		07/19/12	07/19/12	9.00	151.83	
203471	2	T1020		07/20/12	07/20/12	9.00	151.83	
					CLAIM TOTAL		303.66	CLAIM ACCOUNT REF. 2034710012010041SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203464	1	T1020		07/16/12	07/16/12	5.00	84.35	
203464	2	T1020		07/17/12	07/17/12	5.00	84.35	
203464	3	T1020		07/18/12	07/18/12	5.00	84.35	
203464	4	T1020		07/19/12	07/19/12	5.00	84.35	
203464	5	T1020		07/20/12	07/20/12	4.00	67.48	
					CLAIM TOTAL		404.88	CLAIM ACCOUNT REF. 2034640012010712SUP

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012072502493233RRSUP

PAGE: 4

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

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	57	TOTAL CLAIM AMOUNT =	7,287.84
		# SERVICES =	9		

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012072502493233RRSUP

PAGE: 5

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203446	1	T1019		07/18/12	07/18/12	16.00	67.52
203446	2	T1019		07/19/12	07/19/12	16.00	67.52
203446	3	T1019		07/20/12	07/20/12	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2034460012008261SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203453	1	T1019		07/14/12	07/14/12	24.00	101.28
203453	2	T1019		07/15/12	07/15/12	24.00	101.28
203453	3	T1019		07/16/12	07/16/12	24.00	101.28
203453	4	T1019		07/17/12	07/17/12	24.00	101.28
203453	5	T1019		07/18/12	07/18/12	24.00	101.28
203453	6	T1019		07/19/12	07/19/12	24.00	101.28
203453	7	T1019		07/20/12	07/20/12	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2034530012008263SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203459	1	T1019		07/14/12	07/14/12	40.00	168.80
203459	2	T1019		07/15/12	07/15/12	40.00	168.80
203459	3	T1019		07/16/12	07/16/12	40.00	168.80
203459	4	T1019		07/17/12	07/17/12	40.00	168.80
203459	5	T1019		07/18/12	07/18/12	40.00	168.80
203459	6	T1019		07/19/12	07/19/12	40.00	168.80
203459	7	T1019		07/20/12	07/20/12	40.00	168.80
CLAIM TOTAL							1,181.60
CLAIM ACCOUNT REF.							2034590012008265SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203461	1	T1019		07/09/12	07/09/12	24.00	101.28

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201207250249323RRSUP

PAGE: 6

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203461	2	T1019		07/11/12	07/11/12	24.00	101.28	
203461	3	T1019		07/14/12	07/14/12	16.00	67.52	
203461	4	T1019		07/15/12	07/15/12	16.00	67.52	
203461	5	T1019		07/16/12	07/16/12	24.00	101.28	
					CLAIM TOTAL		438.88	CLAIM ACCOUNT REF. 2034610012008303SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008305	2008305	ARDITTO, PATRICIA	10/29/1952	10053196701	072911256276
DIAGNOSIS	CODES:	493.00 042.	300.00 311.	530.81 780.4		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203442	1	T1019		07/03/12	07/03/12	24.00	101.28	
203442	2	T1019		07/16/12	07/16/12	24.00	101.28	
203442	3	T1019		07/17/12	07/17/12	24.00	101.28	
203442	4	T1019		07/18/12	07/18/12	24.00	101.28	
203442	5	T1019		07/19/12	07/19/12	24.00	101.28	
203442	6	T1019		07/20/12	07/20/12	24.00	101.28	
					CLAIM TOTAL		607.68	CLAIM ACCOUNT REF. 2034420012008305SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203449	1	T1019		07/17/12	07/17/12	36.00	151.92	
203449	2	T1019		07/18/12	07/18/12	36.00	151.92	
203449	3	T1019		07/19/12	07/19/12	36.00	151.92	
203449	4	T1019		07/20/12	07/20/12	36.00	151.92	
					CLAIM TOTAL		607.68	CLAIM ACCOUNT REF. 2034490012008366SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203443	1	T1019		07/14/12	07/14/12	28.00	118.16	
203443	2	T1019		07/15/12	07/15/12	28.00	118.16	
203443	3	T1019		07/16/12	07/16/12	32.00	135.04	
203443	4	T1019		07/17/12	07/17/12	28.00	118.16	
203443	5	T1019		07/18/12	07/18/12	28.00	118.16	
203443	6	T1019		07/19/12	07/19/12	28.00	118.16	
203443	7	T1019		07/20/12	07/20/12	28.00	118.16	
					CLAIM TOTAL		844.00	CLAIM ACCOUNT REF. 2034430012008403SUP

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201207250249323RRSUP

PAGE: 7

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008420 2008420 SALVATO, MARY 04/06/1954 10064119301 072211255313
DIAGNOSIS CODES: 340. 244.9 250.00 272.0 401.9 493.00 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203458	1	T1019		07/14/12	07/14/12	32.00	135.04	
203458	2	T1019		07/15/12	07/15/12	32.00	135.04	
203458	3	T1019		07/16/12	07/16/12	32.00	135.04	
203458	4	T1019		07/17/12	07/17/12	32.00	135.04	
203458	5	T1019		07/18/12	07/18/12	32.00	135.04	
203458	6	T1019		07/19/12	07/19/12	32.00	135.04	
203458	7	T1019		07/20/12	07/20/12	32.00	135.04	
CLAIM TOTAL							945.28	CLAIM ACCOUNT REF. 2034580012008420SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008421 2008421 OCASIO, VIRGINIA 05/24/1949 10063483101 072211255340
DIAGNOSIS CODES: 250.00 278.00 300.00 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203455	1	T1019		07/14/12	07/14/12	8.00	33.76	
CLAIM TOTAL							33.76	CLAIM ACCOUNT REF. 2034550012008421SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203454	1	T1019		07/14/12	07/14/12	24.00	101.28	
203454	2	T1019		07/16/12	07/16/12	24.00	101.28	
203454	3	T1019		07/17/12	07/17/12	24.00	101.28	
203454	4	T1019		07/18/12	07/18/12	20.00	84.40	
203454	5	T1019		07/19/12	07/19/12	24.00	101.28	
203454	6	T1019		07/20/12	07/20/12	24.00	101.28	
CLAIM TOTAL							590.80	CLAIM ACCOUNT REF. 2034540012008422SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203460	1	T1019		07/16/12	07/16/12	16.00	67.52	
203460	2	T1019		07/17/12	07/17/12	16.00	67.52	
203460	3	T1019		07/19/12	07/19/12	16.00	67.52	
203460	4	T1019		07/20/12	07/20/12	16.00	67.52	

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
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PAGE: 8

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	270.08	2034600012008425SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
203447	1	T1019		07/14/12	07/14/12	40.00	168.80	
203447	2	T1019		07/15/12	07/15/12	40.00	168.80	
203447	3	T1019		07/16/12	07/16/12	40.00	168.80	
203447	4	T1019		07/17/12	07/17/12	40.00	168.80	
203447	5	T1019		07/18/12	07/18/12	40.00	168.80	
203447	6	T1019		07/19/12	07/19/12	40.00	168.80	
203447	7	T1019		07/20/12	07/20/12	40.00	168.80	
						CLAIM TOTAL	1,181.60	2034470012008427SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
203457	1	T1019		07/16/12	07/16/12	16.00	67.52	
203457	2	T1019		07/17/12	07/17/12	16.00	67.52	
203457	3	T1019		07/18/12	07/18/12	16.00	67.52	
203457	4	T1019		07/19/12	07/19/12	16.00	67.52	
203457	5	T1019		07/20/12	07/20/12	16.00	67.52	
						CLAIM TOTAL	337.60	2034570012008531SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
203452	1	T1019		07/15/12	07/15/12	16.00	67.52	
203452	2	T1019		07/16/12	07/16/12	28.00	118.16	
203452	3	T1019		07/17/12	07/17/12	28.00	118.16	
203452	4	T1019		07/18/12	07/18/12	28.00	118.16	
203452	5	T1019		07/19/12	07/19/12	28.00	118.16	
203452	6	T1019		07/20/12	07/20/12	28.00	118.16	
						CLAIM TOTAL	658.32	2034520012008742SUP

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201207250249323RRSUP

PAGE: 9

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203445	1	T1019		07/16/12	07/16/12	16.00	67.52
203445	2	T1019		07/17/12	07/17/12	24.00	101.28
203445	3	T1019		07/18/12	07/18/12	24.00	101.28
203445	4	T1019		07/19/12	07/19/12	24.00	101.28
203445	5	T1019		07/20/12	07/20/12	24.00	101.28
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2034450012008802SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203450	1	T1019		07/17/12	07/17/12	28.00	118.16
203450	2	T1019		07/18/12	07/18/12	28.00	118.16
203450	3	T1019		07/19/12	07/19/12	28.00	118.16
203450	4	T1019		07/20/12	07/20/12	32.00	135.04
CLAIM TOTAL							489.52
CLAIM ACCOUNT REF.							2034500012009221SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203451	1	T1019		07/14/12	07/14/12	48.00	202.56
203451	2	T1019		07/15/12	07/15/12	48.00	202.56
203451	3	T1019		07/16/12	07/16/12	48.00	202.56
203451	4	T1019		07/17/12	07/17/12	48.00	202.56
203451	5	T1019		07/18/12	07/18/12	48.00	202.56
203451	6	T1019		07/19/12	07/19/12	48.00	202.56
203451	7	T1019		07/20/12	07/20/12	48.00	202.56
CLAIM TOTAL							1,417.92
CLAIM ACCOUNT REF.							2034510012009356SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203440	1	T1019		07/14/12	07/14/12	32.00	135.04
203440	2	T1019		07/15/12	07/15/12	24.00	101.28

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201207250249323RRSUP

PAGE: 10

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203440	3	T1019		07/16/12	07/16/12	32.00	135.04	
203440	4	T1019		07/17/12	07/17/12	32.00	135.04	
203440	5	T1019		07/18/12	07/18/12	32.00	135.04	
203440	6	T1019		07/19/12	07/19/12	32.00	135.04	
203440	7	T1019		07/20/12	07/20/12	32.00	135.04	
				CLAIM TOTAL			911.52	CLAIM ACCOUNT REF. 2034400012010143SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203456	1	T1019		07/16/12	07/16/12	20.00	84.40	
203456	2	T1019		07/17/12	07/17/12	20.00	84.40	
203456	3	T1019		07/19/12	07/19/12	20.00	84.40	
203456	4	T1019		07/20/12	07/20/12	20.00	84.40	
				CLAIM TOTAL			337.60	CLAIM ACCOUNT REF. 2034560012010353SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203448	1	T1019		07/16/12	07/16/12	24.00	101.28	
203448	2	T1019		07/17/12	07/17/12	28.00	118.16	
203448	3	T1019		07/18/12	07/18/12	24.00	101.28	
203448	4	T1019		07/19/12	07/19/12	28.00	118.16	
203448	5	T1019		07/20/12	07/20/12	28.00	118.16	
				CLAIM TOTAL			557.04	CLAIM ACCOUNT REF. 2034480012010639SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008505 2010726 DARWISH, NADIA 09/08/1952 10057476401 061112294691
DIAGNOSIS CODES: 799.89 311. 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203444	1	T1019		07/16/12	07/16/12	36.00	151.92	
203444	2	T1019		07/17/12	07/17/12	24.00	101.28	
203444	3	T1019		07/18/12	07/18/12	36.00	151.92	
203444	4	T1019		07/19/12	07/19/12	36.00	151.92	
203444	5	T1019		07/20/12	07/20/12	36.00	151.92	
				CLAIM TOTAL			708.96	CLAIM ACCOUNT REF. 2034440012010726SUP

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201207250249323RRSUP

PAGE: 11

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010671 2010878 AKHTER, SELINA 07/13/1960 10087504801 072111255205
DIAGNOSIS CODES: 093.9 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203441	1	T1019		07/16/12	07/16/12	36.00	151.92	
203441	2	T1019		07/17/12	07/17/12	36.00	151.92	
203441	3	T1019		07/18/12	07/18/12	36.00	151.92	
203441	4	T1019		07/19/12	07/19/12	36.00	151.92	
203441	5	T1019		07/20/12	07/20/12	36.00	151.92	
					CLAIM TOTAL	759.60		CLAIM ACCOUNT REF. 2034410012010878SUP

PAYER TOTALS: NEIGHBORHOOD HEALTH # OF CLAIMS = 117 TOTAL CLAIM AMOUNT = 14,263.60
SERVICES = 22

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012072502493233RRSUP

PAGE: 12

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 11328 HEALTHCARE PARTNERS

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008382 2010800 GOMES, AGUSTINA 05/05/1933 JRX53860E01 2012062692600004
DIAGNOSIS CODES: V60.3 153.0 230.3 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203514	1	T1019		07/14/12	07/14/12	36.00	151.92
203514	2	T1019		07/15/12	07/15/12	36.00	151.92
203514	3	T1019		07/16/12	07/16/12	36.00	151.92
203514	4	T1019		07/17/12	07/17/12	36.00	151.92
203514	5	T1019		07/18/12	07/18/12	36.00	151.92
203514	6	T1019		07/19/12	07/19/12	36.00	151.92
203514	7	T1019		07/20/12	07/20/12	36.00	151.92
CLAIM TOTAL						1,063.44	CLAIM ACCOUNT REF. 2035140012010800SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JSV04323R01 2012062692600006
DIAGNOSIS CODES: 250.11 272.0 401.9 435.9 586.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203516	1	T1019		07/05/12	07/05/12	16.00	67.52
203516	2	T1019		07/17/12	07/17/12	16.00	67.52
203516	3	T1019		07/18/12	07/18/12	16.00	67.52
203516	4	T1019		07/19/12	07/19/12	16.00	67.52
203516	5	T1019		07/20/12	07/20/12	16.00	67.52
CLAIM TOTAL						337.60	CLAIM ACCOUNT REF. 2035160012010804SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008228 2010805 TOWLES, ADA 12/10/1954 JZX17878Q01 2012071392600003
DIAGNOSIS CODES: V61.9 401.9 722.10 724.3 750.7

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203515	1	T1019		07/16/12	07/16/12	16.00	67.52
203515	2	T1019		07/17/12	07/17/12	16.00	67.52
203515	3	T1019		07/18/12	07/18/12	16.00	67.52
203515	4	T1019		07/19/12	07/19/12	16.00	67.52
203515	5	T1019		07/20/12	07/20/12	16.00	67.52
CLAIM TOTAL						337.60	CLAIM ACCOUNT REF. 2035150012010805SUP

PAYER TOTALS: HEALTHCARE PARTNERS # OF CLAIMS = 17 TOTAL CLAIM AMOUNT = 1,738.64
SERVICES = 3

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201207250249323RRSUP

PAGE: 13

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008233 2008233 ARIAS, NORA 03/31/1981 RB08739R 0106151290058
DIAGNOSIS CODES: 356.9 348.2 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203494	1	T1019		07/14/12	07/14/12	4.00	68.60
203494	2	T1019		07/15/12	07/15/12	4.00	68.60
203494	3	T1019		07/16/12	07/16/12	12.00	205.80
203494	4	T1019		07/17/12	07/17/12	12.00	205.80
203494	5	T1019		07/18/12	07/18/12	12.00	205.80
203494	6	T1019		07/19/12	07/19/12	12.00	205.80
203494	7	T1019		07/20/12	07/20/12	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2034940012008233SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203504	1	T1019		07/09/12	07/09/12	11.00	188.65
203504	2	T1019		07/14/12	07/14/12	8.00	137.20
203504	3	T1019		07/15/12	07/15/12	8.00	137.20
203504	4	T1019		07/16/12	07/16/12	11.00	188.65
203504	5	T1019		07/17/12	07/17/12	11.00	188.65
203504	6	T1019		07/18/12	07/18/12	10.00	171.50
203504	7	T1019		07/19/12	07/19/12	11.00	188.65
203504	8	T1019		07/20/12	07/20/12	11.00	188.65
CLAIM TOTAL						1,389.15	CLAIM ACCOUNT REF. 2035040012008236SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008237 2008237 DURHAM, CYNTHIA 05/23/1960 ZB21969Z 0101041290393
DIAGNOSIS CODES: 401.9 250.00 300.00 345.90 493.90 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203499	1	T1019		07/16/12	07/16/12	4.00	68.60
203499	2	T1019		07/17/12	07/17/12	4.00	68.60
CLAIM TOTAL						137.20	CLAIM ACCOUNT REF. 2034990012008237SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008281 2008281 PUCHUELA, MARIA 12/02/1923 SN86933H 0101271290335
DIAGNOSIS CODES: 435.9 552.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203505	1	T1019		07/14/12	07/14/12	8.00	137.20

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201207250249323RRSUP

PAGE: 14

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203505	2	T1019		07/15/12	07/15/12	8.00	137.20	
203505	3	T1019		07/16/12	07/16/12	8.00	137.20	
203505	4	T1019		07/17/12	07/17/12	8.00	137.20	
203505	5	T1019		07/18/12	07/18/12	8.00	137.20	
203505	6	T1019		07/19/12	07/19/12	8.00	137.20	
203505	7	T1019		07/20/12	07/20/12	8.00	137.20	
				CLAIM TOTAL			960.40	CLAIM ACCOUNT REF. 2035050012008281SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008284	2008284	ANDERSON, BETH	12/18/1947	YC43135F	0103131290194
DIAGNOSIS	CODES:	340.	286.0	311.	401.9	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203493	1	T1019		07/16/12	07/16/12	6.00	102.90	
203493	2	T1019		07/19/12	07/19/12	6.00	102.90	
				CLAIM TOTAL			205.80	CLAIM ACCOUNT REF. 2034930012008284SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #		
NY 001	2008384	2008384	BRIGGS, LOUIS	07/03/1947	ZU46784Z	0102291290368		
DIAGNOSIS	CODES:	463.	135.	492.8	365.9	369.10	401.9	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203496	1	T1019		07/14/12	07/14/12	6.00	102.90	
203496	2	T1019		07/15/12	07/15/12	6.00	102.90	
203496	3	T1019		07/16/12	07/16/12	6.00	102.90	
203496	4	T1019		07/17/12	07/17/12	6.00	102.90	
203496	5	T1019		07/18/12	07/18/12	6.00	102.90	
203496	6	T1019		07/19/12	07/19/12	6.00	102.90	
203496	7	T1019		07/20/12	07/20/12	6.00	102.90	
				CLAIM TOTAL			720.30	CLAIM ACCOUNT REF. 2034960012008384SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #			
NY 001	2008385	2008385	MURDOCK, GERTRUDE	11/01/1917	SS71357M	0108291190057			
DIAGNOSIS	CODES:	536.9	365.9	369.10	389.9	401.9	715.90	733.00	V15.88

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203502	1	T1019		07/16/12	07/16/12	8.00	137.20	
203502	2	T1019		07/17/12	07/17/12	8.00	137.20	
203502	3	T1019		07/19/12	07/19/12	8.00	137.20	
203502	4	T1019		07/20/12	07/20/12	8.00	137.20	
				CLAIM TOTAL			548.80	CLAIM ACCOUNT REF. 2035020012008385SUP

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201207250249323RRSUP

PAGE: 15

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008415 2008415 BEDOYA, MONICA 09/30/1958 WP66802A 0103281290468
DIAGNOSIS CODES: 345.90 272.0 295.90 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203495	1	T1019		07/16/12	07/16/12	5.00	85.75
203495	2	T1019		07/18/12	07/18/12	5.00	85.75
203495	3	T1019		07/20/12	07/20/12	5.00	85.75
CLAIM TOTAL							257.25
CLAIM ACCOUNT REF.							2034950012008415SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008417 2008417 GALAS, TERESA 06/08/1955 ZX91437V 0112011190228
DIAGNOSIS CODES: 345.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203501	1	T1019		07/14/12	07/14/12	5.00	85.75
203501	2	T1019		07/15/12	07/15/12	5.00	85.75
203501	3	T1019		07/16/12	07/16/12	5.00	85.75
203501	4	T1019		07/17/12	07/17/12	5.00	85.75
203501	5	T1019		07/18/12	07/18/12	5.00	85.75
203501	6	T1019		07/19/12	07/19/12	5.00	85.75
203501	7	T1019		07/20/12	07/20/12	5.00	85.75
CLAIM TOTAL							600.25
CLAIM ACCOUNT REF.							2035010012008417SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008418 2008418 RYALS, CHARLES 11/03/1950 ZZ49620T 0103051290159
DIAGNOSIS CODES: 401.9 250.00 272.0 278.00 295.00 311. 780.57

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203507	1	T1019		07/12/12	07/12/12	8.00	137.20
203507	2	T1019		07/13/12	07/13/12	8.00	137.20
203507	3	T1019		07/16/12	07/16/12	8.00	137.20
203507	4	T1019		07/17/12	07/17/12	8.00	137.20
203507	5	T1019		07/18/12	07/18/12	8.00	137.20
203507	6	T1019		07/19/12	07/19/12	6.00	102.90
203507	7	T1019		07/20/12	07/20/12	8.00	137.20
CLAIM TOTAL							926.10
CLAIM ACCOUNT REF.							2035070012008418SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008743 2008743 CORDERO, ROSENDO 08/26/1926 QM62108S 0101231290569
DIAGNOSIS CODES: 492.0 272.0 401.9 715.00 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203497	1	T1019		07/14/12	07/14/12	10.00	171.50

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012072502493233RRSUP

PAGE: 16

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203497	2	T1019		07/15/12	07/15/12	10.00	171.50
203497	3	T1019		07/16/12	07/16/12	10.00	171.50
203497	4	T1019		07/17/12	07/17/12	10.00	171.50
203497	5	T1019		07/18/12	07/18/12	10.00	171.50
203497	6	T1019		07/19/12	07/19/12	10.00	171.50
203497	7	T1019		07/20/12	07/20/12	10.00	171.50
CLAIM TOTAL							1,200.50

CLAIM ACCOUNT REF. 2034970012008743SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008283 2009137 DAVIS, ANGIE 11/15/1958 UT00109J 0107061290221
DIAGNOSIS CODES: 340. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203498	1	T1019		07/14/12	07/14/12	19.00	325.85
203498	2	T1019		07/15/12	07/15/12	19.00	325.85
203498	3	T1019		07/16/12	07/16/12	19.00	325.85
203498	4	T1019		07/17/12	07/17/12	19.00	325.85
203498	5	T1019		07/18/12	07/18/12	19.00	325.85
203498	6	T1019		07/19/12	07/19/12	19.00	325.85
203498	7	T1019		07/20/12	07/20/12	18.00	308.70
CLAIM TOTAL							2,263.80

CLAIM ACCOUNT REF. 2034980012009137SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009377 2009377 SANTORO, MATTHEW 08/20/1949 SP38021Q 0102291290309
DIAGNOSIS CODES: 299.01 453.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203508	1	T1019		07/14/12	07/14/12	6.00	102.90
203508	2	T1019		07/15/12	07/15/12	6.00	102.90
CLAIM TOTAL							205.80

CLAIM ACCOUNT REF. 2035080012009377SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008235 2009688 RAMPERSAID, ALISSA 08/04/1992 SZ46585R 0101131290465
DIAGNOSIS CODES: 319. 315.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203506	1	T1019		07/14/12	07/14/12	8.00	137.20
203506	2	T1019		07/16/12	07/16/12	3.00	51.45
203506	3	T1019		07/17/12	07/17/12	3.00	51.45
203506	4	T1019		07/18/12	07/18/12	3.00	51.45
203506	5	T1019		07/19/12	07/19/12	3.00	51.45
203506	6	T1019		07/20/12	07/20/12	4.00	68.60
CLAIM TOTAL							411.60

CLAIM ACCOUNT REF. 2035060012009688SUP

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201207250249323RRSUP

PAGE: 17

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008280 2009919 SHUMON, NUK-FNU 01/21/1981 QQ82218A 0102101290257
DIAGNOSIS CODES: 952.9 344.1 564.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203509	1	T1019		07/14/12	07/14/12	4.00	68.60
203509	2	T1019		07/15/12	07/15/12	4.00	68.60
203509	3	T1019		07/16/12	07/16/12	4.00	68.60
203509	4	T1019		07/17/12	07/17/12	4.00	68.60
203509	5	T1019		07/18/12	07/18/12	4.00	68.60
203509	6	T1019		07/19/12	07/19/12	4.00	68.60
203509	7	T1019		07/20/12	07/20/12	4.00	68.60
CLAIM TOTAL							480.20
CLAIM ACCOUNT REF.							2035090012009919SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008279 2010213 VALLE, BLASINA 02/03/1929 QG00558G 0106011290042
DIAGNOSIS CODES: 428.0 244.9 272.4 331.0 537.9 746.85

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203510	1	T1019		07/16/12	07/16/12	8.00	137.20
203510	2	T1019		07/17/12	07/17/12	8.00	137.20
203510	3	T1019		07/18/12	07/18/12	8.00	137.20
203510	4	T1019		07/20/12	07/20/12	8.00	137.20
CLAIM TOTAL							548.80
CLAIM ACCOUNT REF.							2035100012010213SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010860 2010860 ESPINOSA, MONICA 09/16/1974 YB82018Q 0107021290070
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203500	1	T1019		07/14/12	07/14/12	8.00	137.20
203500	2	T1019		07/15/12	07/15/12	8.00	137.20
203500	3	T1019		07/16/12	07/16/12	8.00	137.20
203500	4	T1019		07/17/12	07/17/12	8.00	137.20
203500	5	T1019		07/18/12	07/18/12	8.00	137.20
203500	6	T1019		07/19/12	07/19/12	8.00	137.20
203500	7	T1019		07/20/12	07/20/12	8.00	137.20
CLAIM TOTAL							960.40
CLAIM ACCOUNT REF.							2035000012010860SUP

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201207250249323RRSUP

PAGE: 18

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010886 2010886 OSORIO, ELVIA 07/05/1943 SM10426S 0106111290284
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203503	1	T1019		07/16/12	07/16/12	3.00	51.45	
203503	2	T1019		07/17/12	07/17/12	3.00	51.45	
203503	3	T1019		07/18/12	07/18/12	3.00	51.45	
203503	4	T1019		07/19/12	07/19/12	3.00	51.45	
203503	5	T1019		07/20/12	07/20/12	3.00	51.45	
					CLAIM TOTAL	257.25		CLAIM ACCOUNT REF. 2035030012010886SUP

PAYER TOTALS: METROPLUS HEALTH PLAN # OF CLAIMS = 99 TOTAL CLAIM AMOUNT = 13,239.80
SERVICES = 18

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012072502493233RRSUP

PAGE: 19

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203513	1	T1019		07/14/12	07/14/12	36.00	154.80
203513	2	T1019		07/15/12	07/15/12	24.00	103.20
203513	3	T1019		07/16/12	07/16/12	36.00	154.80
203513	4	T1019		07/17/12	07/17/12	36.00	154.80
203513	5	T1019		07/18/12	07/18/12	36.00	154.80
203513	6	T1019		07/19/12	07/19/12	36.00	154.80
203513	7	T1019		07/20/12	07/20/12	36.00	154.80
CLAIM TOTAL						1,032.00	CLAIM ACCOUNT REF. 2035130012008286SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008495 2008495 MARTINEZ, MARIA 09/05/1958 ZV42745Q 109653828
DIAGNOSIS CODES: 250.00 244.8 295.90 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203512	1	T1019		07/14/12	07/14/12	24.00	103.20
203512	2	T1019		07/15/12	07/15/12	24.00	103.20
203512	3	T1019		07/16/12	07/16/12	24.00	103.20
203512	4	T1019		07/17/12	07/17/12	24.00	103.20
203512	5	T1019		07/18/12	07/18/12	24.00	103.20
203512	6	T1019		07/19/12	07/19/12	24.00	103.20
203512	7	T1019		07/20/12	07/20/12	24.00	103.20
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2035120012008495SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010404 2010404 GUERRERO, MIRTHA 09/14/1931 740496 110568543
DIAGNOSIS CODES: 253.5 401.9 733.00 750.27

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203511	1	T1019		07/14/12	07/14/12	28.00	120.40
203511	2	T1019		07/15/12	07/15/12	28.00	120.40
203511	3	T1019		07/16/12	07/16/12	28.00	120.40
203511	4	T1019		07/17/12	07/17/12	28.00	120.40
203511	5	T1019		07/18/12	07/18/12	28.00	120.40
203511	6	T1019		07/19/12	07/19/12	28.00	120.40
203511	7	T1019		07/20/12	07/20/12	28.00	120.40
CLAIM TOTAL						842.80	CLAIM ACCOUNT REF. 2035110012010404SUP

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012072502493233RRSUP

PAGE: 20

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

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	21	TOTAL CLAIM AMOUNT =	2,597.20
		# SERVICES =	3		

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201207250249323RRSUP

PAGE: 21

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008273 2008471 DE JESUS, TIBURCIO 08/11/1947 XX16524S 0004980406
DIAGNOSIS CODES: 250.03 369.60 401.9 414.04 799.89 V60.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203488	1	T1019	0580	07/14/12	07/14/12	36.00	151.92
203488	2	T1019	0580	07/16/12	07/16/12	36.00	151.92
203488	3	T1019	0580	07/17/12	07/17/12	36.00	151.92
203488	4	T1019	0580	07/18/12	07/18/12	36.00	151.92
203488	5	T1019	0580	07/19/12	07/19/12	36.00	151.92
203488	6	T1019	0580	07/20/12	07/20/12	36.00	151.92
CLAIM TOTAL							911.52
CLAIM ACCOUNT REF.							2034880012008471SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203489	1	T1019	0580	07/17/12	07/17/12	24.00	101.28
203489	2	T1019	0580	07/18/12	07/18/12	24.00	101.28
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2034890012008491SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203492	1	T1019	0580	07/16/12	07/16/12	16.00	67.52
203492	2	T1019	0580	07/17/12	07/17/12	16.00	67.52
203492	3	T1019	0580	07/18/12	07/18/12	16.00	67.52
203492	4	T1019	0580	07/19/12	07/19/12	16.00	67.52
203492	5	T1019	0580	07/20/12	07/20/12	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2034920012008513SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008227 2008544 ORR, LOUISE 03/04/1956 ZK40327Q 000505233
DIAGNOSIS CODES: 250.00 401.9 428.0 435.9 429.9 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203490	1	T1019	0580	07/07/12	07/07/12	20.00	84.40
203490	2	T1019	0580	07/08/12	07/08/12	20.00	84.40
203490	3	T1019	0580	07/14/12	07/14/12	20.00	84.40
203490	4	T1019	0580	07/15/12	07/15/12	20.00	84.40
203490	5	T1019	0580	07/16/12	07/16/12	20.00	84.40

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201207250249323RRSUP

PAGE: 22

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

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203490	6	T1019	0580	07/17/12	07/17/12	20.00	84.40
203490	7	T1019	0580	07/18/12	07/18/12	20.00	84.40
203490	8	T1019	0580	07/19/12	07/19/12	20.00	84.40
203490	9	T1019	0580	07/20/12	07/20/12	20.00	84.40
CLAIM TOTAL							759.60

CLAIM ACCOUNT REF. 2034900012008544SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008193	2008723	REYNOLDS, HARRIET	07/01/1958	SR66809C	0003855084-003

DIAGNOSIS CODES: 728.87 250.00 250.60 311. 401.9 780.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203484	1	T1019	0580	07/17/12	07/17/12	16.00	56.00
203484	2	T1019	0580	07/19/12	07/19/12	16.00	56.00
203484	3	T1019	0580	07/20/12	07/20/12	16.00	56.00
CLAIM TOTAL							168.00

CLAIM ACCOUNT REF. 2034840012008723SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008793	2008793	COPE, WILLIE	02/17/1928	XR98607Q	0004050353003

DIAGNOSIS CODES: 331.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203478	1	T1019	0580	07/14/12	07/14/12	48.00	168.00
203478	2	T1019	0580	07/15/12	07/15/12	48.00	168.00
203478	3	T1019	0580	07/16/12	07/16/12	48.00	168.00
203478	4	T1019	0580	07/17/12	07/17/12	48.00	168.00
203478	5	T1019	0580	07/18/12	07/18/12	48.00	168.00
203478	6	T1019	0580	07/19/12	07/19/12	48.00	168.00
203478	7	T1019	0580	07/20/12	07/20/12	48.00	168.00
CLAIM TOTAL							1,176.00

CLAIM ACCOUNT REF. 2034780012008793SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2009237	2009237	WESTFIELD, BRENDA	01/13/1953	PT26237P	0004291129-002

DIAGNOSIS CODES: 710.4 250.00 401.9 414.00 493.90 530.81 728.87

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203486	1	T1019	0580	07/14/12	07/14/12	32.00	112.00
203486	2	T1019	0580	07/15/12	07/15/12	32.00	112.00
203486	3	T1019	0580	07/16/12	07/16/12	32.00	112.00
203486	4	T1019	0580	07/17/12	07/17/12	29.00	101.50
203486	5	T1019	0580	07/18/12	07/18/12	32.00	112.00
203486	6	T1019	0580	07/19/12	07/19/12	32.00	112.00
203486	7	T1019	0580	07/20/12	07/20/12	32.00	112.00
CLAIM TOTAL							773.50

CLAIM ACCOUNT REF. 2034860012009237SUP

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201207250249323RRSUP

PAGE: 23

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009355 2009393 PARADISE, ANITA 02/09/1948 JWB78931B01 0005079871
DIAGNOSIS CODES: 300.4 311. 443.89 724.00 750.27 V60.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203491	1	T1019	0580	07/17/12	07/17/12	24.00	101.28
203491	2	T1019	0580	07/19/12	07/19/12	32.00	135.04
CLAIM TOTAL							236.32

CLAIM ACCOUNT REF. 2034910012009393SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009467 2009467 KEATON, CATHERINE 08/30/1923 WC81742E 0004298435
DIAGNOSIS CODES: 715.00 365.9 401.9 780.4 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203483	1	T1019	0580	07/14/12	07/14/12	48.00	168.00
203483	2	T1019	0580	07/15/12	07/15/12	48.00	168.00
203483	3	T1019	0580	07/16/12	07/16/12	48.00	168.00
203483	4	T1019	0580	07/17/12	07/17/12	48.00	168.00
203483	5	T1019	0580	07/18/12	07/18/12	48.00	168.00
203483	6	T1019	0580	07/19/12	07/19/12	48.00	168.00
203483	7	T1019	0580	07/20/12	07/20/12	48.00	168.00
CLAIM TOTAL							1,176.00

CLAIM ACCOUNT REF. 2034830012009467SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008414 2009562 CIPRIAN, JACQUELINE 12/03/1963 ZU96435W 0004979520
DIAGNOSIS CODES: 345.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203487	1	T1019	0580	07/18/12	07/18/12	32.00	135.04
203487	2	T1019	0580	07/19/12	07/19/12	32.00	135.04
CLAIM TOTAL							270.08

CLAIM ACCOUNT REF. 2034870012009562SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203480	1	T1019	0580	07/16/12	07/16/12	16.00	56.00
203480	2	T1019	0580	07/17/12	07/17/12	16.00	56.00
203480	3	T1019	0580	07/18/12	07/18/12	16.00	56.00
203480	4	T1019	0580	07/19/12	07/19/12	16.00	56.00
203480	5	T1019	0580	07/20/12	07/20/12	16.00	56.00
CLAIM TOTAL							280.00

CLAIM ACCOUNT REF. 2034800012009686SUP

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201207250249323RRSUP

PAGE: 24

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

NPI = 1154407492

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203482	1	T1019	0580	07/16/12	07/16/12	28.00	98.00
203482	2	T1019	0580	07/17/12	07/17/12	28.00	98.00
203482	3	T1019	0580	07/18/12	07/18/12	28.00	98.00
203482	4	T1019	0580	07/19/12	07/19/12	28.00	98.00
203482	5	T1019	0580	07/20/12	07/20/12	28.00	98.00

CLAIM TOTAL

490.00

CLAIM ACCOUNT REF. 2034820012009945SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010293 2010293 CAMPBELL, CAROL 01/17/1945 ZW64229J 14408709
DIAGNOSIS CODES: 722.2 272.0 338.29 401.9 780.79 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203477	1	T1019	0580	07/16/12	07/16/12	20.00	70.00
203477	2	T1019	0580	07/17/12	07/17/12	20.00	70.00
203477	3	T1019	0580	07/18/12	07/18/12	20.00	70.00
203477	4	T1019	0580	07/19/12	07/19/12	19.00	66.50
203477	5	T1019	0580	07/20/12	07/20/12	20.00	70.00

CLAIM TOTAL

346.50

CLAIM ACCOUNT REF. 2034770012010293SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203485	1	T1019	0580	07/16/12	07/16/12	48.00	168.00
203485	2	T1019	0580	07/17/12	07/17/12	48.00	168.00
203485	3	T1019	0580	07/18/12	07/18/12	48.00	168.00
203485	4	T1019	0580	07/19/12	07/19/12	48.00	168.00
203485	5	T1019	0580	07/20/12	07/20/12	48.00	168.00

CLAIM TOTAL

840.00

CLAIM ACCOUNT REF. 2034850012010316SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010522 2010522 HENRIQUEZ, TERESA 10/15/1938 092367533D 0004956737001
DIAGNOSIS CODES: 203.02 272.4 311. 401.9 429.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203481	1	T1019	0580	07/16/12	07/16/12	16.00	56.00
203481	2	T1019	0580	07/17/12	07/17/12	16.00	56.00
203481	3	T1019	0580	07/18/12	07/18/12	16.00	56.00

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201207250249323RRSUP

PAGE: 25

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203481	4	T1019	0580	07/19/12	07/19/12	16.00	56.00
203481	5	T1019	0580	07/20/12	07/20/12	16.00	56.00
CLAIM TOTAL							280.00

CLAIM ACCOUNT REF. 2034810012010522SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008113	2010754	COPELAND, ELISE	10/05/1928	QJ28865K	0005111746

DIAGNOSIS CODES: 250.00 369.9 311. 401.9 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203479	1	G0156	0572	07/16/12	07/16/12	6.00	85.50
203479	2	G0156	0572	07/17/12	07/17/12	6.00	85.50
203479	3	G0156	0572	07/18/12	07/18/12	6.00	85.50
203479	4	G0156	0572	07/19/12	07/19/12	6.00	85.50
203479	5	G0156	0572	07/20/12	07/20/12	6.00	85.50
CLAIM TOTAL							427.50

CLAIM ACCOUNT REF. 2034790012010754SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	80	TOTAL CLAIM AMOUNT =	8,675.18
		# SERVICES =	16		

PAGE: 26

NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2035250012010958SUP

PAYER TOTALS:	VNSNY CHOICE	# OF CLAIMS =	4	TOTAL CLAIM AMOUNT =	480.48
		# SERVICES =	1		

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201207250249323RRSUP

PAGE: 27

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008249 2008249 LOPEZ-RAMIREZ, CARLOTA 01/20/1936 QR43529V R1800800
DIAGNOSIS CODES: 714.0 272.4 401.9 536.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203428	1	T1019		07/15/12	07/15/12	44.00	185.68
203428	2	T1019		07/16/12	07/16/12	44.00	185.68
203428	3	T1019		07/17/12	07/17/12	44.00	185.68
203428	4	T1019		07/18/12	07/18/12	44.00	185.68
203428	5	T1019		07/19/12	07/19/12	44.00	185.68
203428	6	T1019		07/20/12	07/20/12	44.00	185.68
CLAIM TOTAL						1,114.08	CLAIM ACCOUNT REF. 2034280012008249SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008250 2008250 SALAZAR, LUZ MARIA 02/19/1970 SC60317K R1824834
DIAGNOSIS CODES: 952.9 564.81 596.54 806.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203433	1	T1019		07/14/12	07/14/12	32.00	135.04
203433	2	T1019		07/15/12	07/15/12	32.00	135.04
203433	3	T1019		07/16/12	07/16/12	32.00	135.04
203433	4	T1019		07/17/12	07/17/12	32.00	135.04
203433	5	T1019		07/18/12	07/18/12	32.00	135.04
203433	6	T1019		07/19/12	07/19/12	32.00	135.04
203433	7	T1019		07/20/12	07/20/12	32.00	135.04
CLAIM TOTAL						945.28	CLAIM ACCOUNT REF. 2034330012008250SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008251 2008251 CEBALLOS, ANA 12/31/1919 UH02585Q R1828722
DIAGNOSIS CODES: 294.10 244.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203412	1	T1019		07/16/12	07/16/12	32.00	135.04
203412	2	T1019		07/17/12	07/17/12	32.00	135.04
203412	3	T1019		07/18/12	07/18/12	32.00	135.04
203412	4	T1019		07/19/12	07/19/12	32.00	135.04
203412	5	T1019		07/20/12	07/20/12	32.00	135.04
CLAIM TOTAL						675.20	CLAIM ACCOUNT REF. 2034120012008251SUP

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012072502493233RRSUP

PAGE: 28

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008253 2008253 MACARENA, SAHARA 09/12/1965 VT07830U 0106151202389
DIAGNOSIS CODES: 359.0 719.45

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203429	1	T1019		06/26/12	06/26/12	48.00	202.56	
203429	2	T1019		06/29/12	06/29/12	48.00	202.56	
203429	3	T1019		07/01/12	07/01/12	48.00	202.56	
203429	4	T1019		07/08/12	07/08/12	48.00	202.56	
203429	5	T1019		07/14/12	07/14/12	48.00	202.56	
203429	6	T1019		07/15/12	07/15/12	48.00	202.56	
203429	7	T1019		07/16/12	07/16/12	48.00	202.56	
203429	8	T1019		07/17/12	07/17/12	48.00	202.56	
CLAIM TOTAL						1,620.48		CLAIM ACCOUNT REF. 2034290012008253SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008254 2008254 SPIVEY, PATRICIA 04/06/1965 WE52435B R1802635
DIAGNOSIS CODES: 250.00 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203435	1	T1019		07/16/12	07/16/12	20.00	84.40	
203435	2	T1019		07/18/12	07/18/12	20.00	84.40	
203435	3	T1019		07/19/12	07/19/12	20.00	84.40	
203435	4	T1019		07/20/12	07/20/12	20.00	84.40	
CLAIM TOTAL						337.60		CLAIM ACCOUNT REF. 2034350012008254SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008256 2008256 CARMONA, LUZ 08/10/1954 XJ24416K R1839723
DIAGNOSIS CODES: 294.8 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203410	1	T1019		07/16/12	07/16/12	32.00	135.04	
203410	2	T1019		07/17/12	07/17/12	32.00	135.04	
203410	3	T1019		07/18/12	07/18/12	32.00	135.04	
203410	4	T1019		07/19/12	07/19/12	32.00	135.04	
203410	5	T1019		07/20/12	07/20/12	32.00	135.04	
CLAIM TOTAL						675.20		CLAIM ACCOUNT REF. 2034100012008256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008257 2008257 ESTEVES, JOSE 09/04/1948 YD71377C R1832858
DIAGNOSIS CODES: 345.40

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203417	1	T1019		07/14/12	07/14/12	24.00	101.28

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201207250249323RRSUP

PAGE: 29

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203417	2	T1019		07/16/12	07/16/12	24.00	101.28	
203417	3	T1019		07/17/12	07/17/12	24.00	101.28	
203417	4	T1019		07/18/12	07/18/12	24.00	101.28	
203417	5	T1019		07/19/12	07/19/12	24.00	101.28	
203417	6	T1019		07/20/12	07/20/12	24.00	101.28	
						CLAIM TOTAL	607.68	CLAIM ACCOUNT REF. 2034170012008257SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008258	2008258	RUIZ JR, SAMUEL	11/20/1971	ZA59624E	R1867838
DIAGNOSIS	CODES:	741.90 331.4 552.21				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203432	1	T1019		07/16/12	07/16/12	12.00	50.64	
203432	2	T1019		07/17/12	07/17/12	12.00	50.64	
203432	3	T1019		07/18/12	07/18/12	12.00	50.64	
203432	4	T1019		07/19/12	07/19/12	16.00	67.52	
203432	5	T1019		07/20/12	07/20/12	16.00	67.52	
						CLAIM TOTAL	286.96	CLAIM ACCOUNT REF. 2034320012008258SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008290	2008290	SALHUANA, YOLANDA	08/25/1935	SZ24247J	R1825265
DIAGNOSIS	CODES:	249.70 362.50 401.9 733.00				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203434	1	T1019		07/16/12	07/16/12	32.00	135.04	
203434	2	T1019		07/17/12	07/17/12	32.00	135.04	
203434	3	T1019		07/18/12	07/18/12	32.00	135.04	
203434	4	T1019		07/19/12	07/19/12	32.00	135.04	
203434	5	T1019		07/20/12	07/20/12	32.00	135.04	
						CLAIM TOTAL	675.20	CLAIM ACCOUNT REF. 2034340012008290SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008297	2008297	MARTIN, ARIANA	12/25/1968	XD64969X	R1831741
DIAGNOSIS	CODES:	250.63 401.9 493.11				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203430	1	T1019		07/16/12	07/16/12	16.00	67.52	
203430	2	T1019		07/18/12	07/18/12	16.00	67.52	
203430	3	T1019		07/20/12	07/20/12	16.00	67.52	
						CLAIM TOTAL	202.56	CLAIM ACCOUNT REF. 2034300012008297SUP

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201207250249323RRSUP

PAGE: 30

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008362 2008362 FONTANES, PEDRO 08/27/1948 RX10287Z R1804541
DIAGNOSIS CODES: 724.3 278.00 427.31 428.0 724.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203420	1	T1019		07/12/12	07/12/12	28.00	118.16	
203420	2	T1019		07/14/12	07/14/12	28.00	118.16	
203420	3	T1019		07/15/12	07/15/12	28.00	118.16	
203420	4	T1019		07/16/12	07/16/12	28.00	118.16	
203420	5	T1019		07/17/12	07/17/12	28.00	118.16	
203420	6	T1019		07/18/12	07/18/12	28.00	118.16	
203420	7	T1019		07/19/12	07/19/12	28.00	118.16	
203420	8	T1019		07/20/12	07/20/12	28.00	118.16	
CLAIM TOTAL							945.28	CLAIM ACCOUNT REF. 2034200012008362SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008368 2008368 RODRIGUEZ, MARGARET 06/25/1950 ZP21043J 0112291101368
DIAGNOSIS CODES: 295.90 250.00 272.4 311. 401.9 414.3 733.00 780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203431	1	T1019		07/16/12	07/16/12	16.00	67.52	
203431	2	T1019		07/17/12	07/17/12	16.00	67.52	
203431	3	T1019		07/18/12	07/18/12	16.00	67.52	
203431	4	T1019		07/19/12	07/19/12	16.00	67.52	
203431	5	T1019		07/20/12	07/20/12	16.00	67.52	
CLAIM TOTAL							337.60	CLAIM ACCOUNT REF. 2034310012008368SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008405 2008405 ST ROMAINE, CLAUDE 10/01/1956 UZ14868C 0103151202185
DIAGNOSIS CODES: 952.9 344.9 596.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203436	1	T1019		07/17/12	07/17/12	40.00	168.80	
203436	2	T1019		07/18/12	07/18/12	40.00	168.80	
203436	3	T1019		07/19/12	07/19/12	40.00	168.80	
203436	4	T1019		07/20/12	07/20/12	40.00	168.80	
CLAIM TOTAL							675.20	CLAIM ACCOUNT REF. 2034360012008405SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008411 2008411 FRANCISCO, RICHARD 07/10/1968 XR22414G 0103221200941
DIAGNOSIS CODES: 401.9 443.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203421	1	T1019		07/14/12	07/14/12	32.00	135.04

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012072502493233RRSUP

PAGE: 31

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203421	2	T1019		07/15/12	07/15/12	32.00	135.04
203421	3	T1019		07/16/12	07/16/12	32.00	135.04
203421	4	T1019		07/17/12	07/17/12	32.00	135.04
203421	5	T1019		07/18/12	07/18/12	28.00	118.16
203421	6	T1019		07/19/12	07/19/12	32.00	135.04
203421	7	T1019		07/20/12	07/20/12	32.00	135.04
CLAIM TOTAL							928.40

CLAIM ACCOUNT REF. 2034210012008411SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008428 2008428 KAUR, HARBANS 02/03/1937 VB22061J R1804436
DIAGNOSIS CODES: 401.9 272.4 332.1 453.42

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203425	1	T1019		07/14/12	07/14/12	28.00	118.16
203425	2	T1019		07/15/12	07/15/12	28.00	118.16
203425	3	T1019		07/16/12	07/16/12	28.00	118.16
203425	4	T1019		07/17/12	07/17/12	28.00	118.16
203425	5	T1019		07/18/12	07/18/12	28.00	118.16
203425	6	T1019		07/19/12	07/19/12	28.00	118.16
203425	7	T1019		07/20/12	07/20/12	28.00	118.16
CLAIM TOTAL							827.12

CLAIM ACCOUNT REF. 2034250012008428SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203408	1	T1019		07/14/12	07/14/12	32.00	135.04
203408	2	T1019		07/15/12	07/15/12	32.00	135.04
203408	3	T1019		07/16/12	07/16/12	32.00	135.04
203408	4	T1019		07/17/12	07/17/12	32.00	135.04
203408	5	T1019		07/18/12	07/18/12	32.00	135.04
203408	6	T1019		07/19/12	07/19/12	32.00	135.04
203408	7	T1019		07/20/12	07/20/12	32.00	135.04
CLAIM TOTAL							945.28

CLAIM ACCOUNT REF. 2034080012008433SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203407	1	T1019		07/14/12	07/14/12	16.00	67.52
203407	2	T1019		07/15/12	07/15/12	16.00	67.52

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201207250249323RRSUP

PAGE: 32

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203407	3	T1019		07/16/12	07/16/12	16.00	67.52	
203407	4	T1019		07/17/12	07/17/12	16.00	67.52	
203407	5	T1019		07/18/12	07/18/12	16.00	67.52	
203407	6	T1019		07/19/12	07/19/12	16.00	67.52	
203407	7	T1019		07/20/12	07/20/12	16.00	67.52	
				CLAIM TOTAL			472.64	CLAIM ACCOUNT REF. 2034070012008487SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008571	2008571	ESPAILLAT, AMPARO	12/25/1949	ZG25447P	R1869116
DIAGNOSIS	CODES:	401.9	272.0	311.	365.9	366.9	733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203416	1	T1019		07/14/12	07/14/12	16.00	67.52	
203416	2	T1019		07/15/12	07/15/12	16.00	67.52	
203416	3	T1019		07/16/12	07/16/12	28.00	118.16	
203416	4	T1019		07/17/12	07/17/12	16.00	67.52	
203416	5	T1019		07/18/12	07/18/12	16.00	67.52	
203416	6	T1019		07/19/12	07/19/12	16.00	67.52	
203416	7	T1019		07/20/12	07/20/12	16.00	67.52	
				CLAIM TOTAL			523.28	CLAIM ACCOUNT REF. 2034160012008571SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008998	2008998	WILLIAMS, RODNEY	06/19/1960	TS36386P	R1865486
DIAGNOSIS	CODES:	253.5	750.7	897.1			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203439	1	T1019		07/16/12	07/16/12	24.00	101.28	
				CLAIM TOTAL			101.28	CLAIM ACCOUNT REF. 2034390012008998SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008437	2009000	FERGERSON, TINA	08/11/1959	ZZ11460M	R1901742
DIAGNOSIS	CODES:	135.	401.9	493.00	715.00	721.0	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203418	1	T1019		07/16/12	07/16/12	16.00	67.52	
203418	2	T1019		07/17/12	07/17/12	16.00	67.52	
203418	3	T1019		07/18/12	07/18/12	16.00	67.52	
				CLAIM TOTAL			202.56	CLAIM ACCOUNT REF. 2034180012009000SUP

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012072502493233RRSUP

PAGE: 33

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008380 2009001 FERRERA, FRANCISCA 06/06/1948 YH55651V R1695654
DIAGNOSIS CODES: 301.9 401.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203419	1	T1019		05/24/12	05/24/12	12.00	50.64
203419	2	T1019		07/16/12	07/16/12	12.00	50.64
203419	3	T1019		07/17/12	07/17/12	12.00	50.64
203419	4	T1019		07/18/12	07/18/12	12.00	50.64
203419	5	T1019		07/19/12	07/19/12	12.00	50.64
203419	6	T1019		07/20/12	07/20/12	12.00	50.64
CLAIM TOTAL							303.84
CLAIM ACCOUNT REF.							2034190012009001SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203413	1	T1019		07/15/12	07/15/12	20.00	84.40
203413	2	T1019		07/16/12	07/16/12	20.00	84.40
203413	3	T1019		07/17/12	07/17/12	20.00	84.40
203413	4	T1019		07/18/12	07/18/12	12.00	50.64
203413	5	T1019		07/19/12	07/19/12	20.00	84.40
203413	6	T1019		07/20/12	07/20/12	20.00	84.40
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2034130012009256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008271 2009270 CARRION, MARIA 06/30/1928 SC64434E R1825085
DIAGNOSIS CODES: 250.00 294.10 401.9 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203411	1	T1019		07/14/12	07/14/12	32.00	135.04
203411	2	T1019		07/16/12	07/16/12	32.00	135.04
203411	3	T1019		07/17/12	07/17/12	32.00	135.04
203411	4	T1019		07/18/12	07/18/12	32.00	135.04
203411	5	T1019		07/19/12	07/19/12	32.00	135.04
203411	6	T1019		07/20/12	07/20/12	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2034110012009270SUP

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201207250249323RRSUP

PAGE: 34

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009322 2009322 HENRY, BRENDA 04/13/1954 ZE02356F R1892336
DIAGNOSIS CODES: 253.5 401.9 429.9 447.6 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203423	1	T1019		07/16/12	07/16/12	16.00	67.52
203423	2	T1019		07/18/12	07/18/12	16.00	67.52
203423	3	T1019		07/20/12	07/20/12	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2034230012009322SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009405 2009405 CORTES DE GALINDO, NEL 05/25/1925 PF03624B R1797023
DIAGNOSIS CODES: 401.9 537.9 648.12

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203414	1	T1019		07/16/12	07/16/12	24.00	101.28
203414	2	T1019		07/17/12	07/17/12	24.00	101.28
203414	3	T1019		07/18/12	07/18/12	24.00	101.28
203414	4	T1019		07/19/12	07/19/12	24.00	101.28
203414	5	T1019		07/20/12	07/20/12	24.00	101.28
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2034140012009405SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203422	1	T1019		07/16/12	07/16/12	16.00	67.52
203422	2	T1019		07/18/12	07/18/12	16.00	67.52
203422	3	T1019		07/20/12	07/20/12	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2034220012009425SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203409	1	T1019		07/14/12	07/14/12	24.00	101.28
203409	2	T1019		07/15/12	07/15/12	24.00	101.28
203409	3	T1019		07/16/12	07/16/12	24.00	101.28
203409	4	T1019		07/17/12	07/17/12	24.00	101.28
203409	5	T1019		07/18/12	07/18/12	24.00	101.28
203409	6	T1019		07/19/12	07/19/12	24.00	101.28
203409	7	T1019		07/20/12	07/20/12	24.00	101.28

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201207250249323RRSUP

PAGE: 35

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							708.96	2034090012009560SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009657	2009657	HERRING, CHARLEN	10/27/1949	ZE93972Y	R1837001

DIAGNOSIS CODES: 493.91 250.00 401.9 462. 780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
203424	1	T1019		07/16/12	07/16/12	16.00	67.52	
203424	2	T1019		07/20/12	07/20/12	16.00	67.52	
							135.04	2034240012009657SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010009	2010009	VEGA, GLORIA	07/06/1955	ZU45073J	R1843447

DIAGNOSIS CODES: 340. 250.00 272.2 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
203438	1	T1019		06/14/12	06/14/12	32.00	135.04	
203438	2	T1019		06/20/12	06/20/12	32.00	135.04	
203438	3	T1019		06/26/12	06/26/12	32.00	135.04	
203438	4	T1019		07/06/12	07/06/12	32.00	135.04	
203438	5	T1019		07/13/12	07/13/12	32.00	135.04	
203438	6	T1019		07/16/12	07/16/12	32.00	135.04	
203438	7	T1019		07/17/12	07/17/12	32.00	135.04	
203438	8	T1019		07/18/12	07/18/12	32.00	135.04	
203438	9	T1019		07/19/12	07/19/12	32.00	135.04	
203438	10	T1019		07/20/12	07/20/12	32.00	135.04	
							1,350.40	2034380012010009SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008299	2010311	LAZALA, GLADYS	02/03/1950	ZT39863D	R1866346

DIAGNOSIS CODES: 340. 250.00 278.00 401.9 440.9 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
203427	1	T1020		07/14/12	07/14/12	7.00	118.16	
203427	2	T1020		07/15/12	07/15/12	7.00	118.16	
203427	3	T1020		07/16/12	07/16/12	7.00	118.16	
203427	4	T1020		07/17/12	07/17/12	7.00	118.16	
203427	5	T1020		07/18/12	07/18/12	7.00	118.16	
203427	6	T1020		07/19/12	07/19/12	7.00	118.16	
203427	7	T1020		07/20/12	07/20/12	7.00	118.16	
							827.12	2034270012010311SUP

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201207250249323RRSUP

PAGE: 36

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203437	1	T1019		07/14/12	07/14/12	20.00	84.40	
203437	2	T1019		07/15/12	07/15/12	20.00	84.40	
203437	3	T1019		07/19/12	07/19/12	20.00	84.40	
CLAIM TOTAL							253.20	CLAIM ACCOUNT REF. 2034370012010758SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008498	2010933	DORNELLAS, STELLA	04/30/1949	RG61445M	R1683724
DIAGNOSIS CODES: 401.9 253.5 272.1 369.60							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203415	1	T1019		07/18/12	07/18/12	16.00	67.52	
203415	2	T1019		07/19/12	07/19/12	16.00	67.52	
203415	3	T1019		07/20/12	07/20/12	16.00	67.52	
CLAIM TOTAL							202.56	CLAIM ACCOUNT REF. 2034150012010933SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008813	2010967	LARA, TOMASA	10/11/1931	SX47950B	0111011101123
DIAGNOSIS CODES: 401.9 244.9 272.4 715.80							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203426	1	T1019		07/20/12	07/20/12	16.00	67.52	
CLAIM TOTAL							67.52	CLAIM ACCOUNT REF. 2034260012010967SUP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	172	TOTAL CLAIM AMOUNT =	19,141.92
		# SERVICES =	33		

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012072502493233RRSUP

PAGE: 37

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008245 2008245 CALDERON, MIGDALIA 08/02/1961 100195559 607641299
DIAGNOSIS CODES: 250.00 428.0 724.00 724.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203472	1	T1019		07/14/12	07/14/12	40.00	171.60
203472	2	T1019		07/15/12	07/15/12	40.00	171.60
203472	3	T1019		07/16/12	07/16/12	40.00	171.60
203472	4	T1019		07/17/12	07/17/12	40.00	171.60
203472	5	T1019		07/18/12	07/18/12	40.00	171.60
203472	6	T1019		07/19/12	07/19/12	40.00	171.60
203472	7	T1019		07/20/12	07/20/12	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2034720012008245SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008287 2008287 MILLAN, ARMIDA 09/13/1928 19686415 608047620
DIAGNOSIS CODES: 250.00 272.4 311. 356.9 365.9 401.9 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203473	1	T1019		07/14/12	07/14/12	16.00	68.64
203473	2	T1019		07/16/12	07/16/12	36.00	154.44
203473	3	T1019		07/17/12	07/17/12	36.00	154.44
203473	4	T1019		07/18/12	07/18/12	36.00	154.44
203473	5	T1019		07/19/12	07/19/12	36.00	154.44
203473	6	T1019		07/20/12	07/20/12	36.00	154.44
CLAIM TOTAL						840.84	CLAIM ACCOUNT REF. 2034730012008287SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203475	1	T1019		07/14/12	07/14/12	32.00	137.28
203475	2	T1019		07/15/12	07/15/12	32.00	137.28
203475	3	T1019		07/16/12	07/16/12	32.00	137.28
203475	4	T1019		07/17/12	07/17/12	32.00	137.28
203475	5	T1019		07/18/12	07/18/12	32.00	137.28
203475	6	T1019		07/19/12	07/19/12	32.00	137.28
203475	7	T1019		07/20/12	07/20/12	32.00	137.28
CLAIM TOTAL						960.96	CLAIM ACCOUNT REF. 2034750012008401SUP

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201207250249323RRSUP

PAGE: 38

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

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008432	2008432	YUSUPOV, PULAT	08/11/1948	VV04939D	607630266
DIAGNOSIS CODES: 250.00 272.4 530.81							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203476	1	T1019		07/02/12	07/02/12	16.00	68.64	
203476	2	T1019		07/17/12	07/17/12	16.00	68.64	
203476	3	T1019		07/18/12	07/18/12	16.00	68.64	
203476	4	T1019		07/19/12	07/19/12	16.00	68.64	
203476	5	T1019		07/20/12	07/20/12	16.00	68.64	
CLAIM TOTAL							343.20	CLAIM ACCOUNT REF. 2034760012008432SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010774	2010774	PAUL, PUTUL	10/10/1956	VK16842E	
DIAGNOSIS CODES: 799.89							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
203474	1	T1019		07/16/12	07/16/12	16.00	68.64	
203474	2	T1019		07/18/12	07/18/12	16.00	68.64	
203474	3	T1019		07/20/12	07/20/12	16.00	68.64	
CLAIM TOTAL							205.92	CLAIM ACCOUNT REF. 2034740012010774SUP

PAYER TOTALS:	UNITEDHEALTHCARE	# OF CLAIMS =	28	TOTAL CLAIM AMOUNT =	3,552.12
		# SERVICES =	5		

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201207250249323RRSUP

PAGE: 39

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203520	1	T1019	0580	07/14/12	07/14/12	10.00	168.70
203520	2	T1019	0580	07/15/12	07/15/12	10.00	168.70
203520	3	T1019	0580	07/16/12	07/16/12	8.00	134.96
203520	4	T1019	0580	07/17/12	07/17/12	8.00	134.96
203520	5	T1019	0580	07/18/12	07/18/12	8.00	134.96
203520	6	T1019	0580	07/19/12	07/19/12	8.00	134.96
203520	7	T1019	0580	07/20/12	07/20/12	8.00	134.96
CLAIM TOTAL						1,012.20	CLAIM ACCOUNT REF. 2035200012008266SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203522	1	S5130	0582	07/16/12	07/16/12	16.00	67.52
203522	2	S5130	0582	07/20/12	07/20/12	16.00	67.52
CLAIM TOTAL						135.04	CLAIM ACCOUNT REF. 2035220012009279SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203519	1	T1019	0580	07/16/12	07/16/12	8.00	134.96
203519	2	T1019	0580	07/17/12	07/17/12	9.00	151.83
203519	3	T1019	0580	07/18/12	07/18/12	8.00	134.96
203519	4	T1019	0580	07/19/12	07/19/12	9.00	151.83
203519	5	T1019	0580	07/20/12	07/20/12	8.00	134.96
CLAIM TOTAL						708.54	CLAIM ACCOUNT REF. 2035190012009647SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010003 2010724 DENNISON, KELVIN 09/23/1991 6944796 103006820
DIAGNOSIS CODES: 344.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203517	1	T1019	0580	06/13/12	06/13/12	6.00	101.22
203517	2	T1019	0580	06/14/12	06/14/12	6.00	101.22
203517	3	T1019	0580	06/15/12	06/15/12	4.00	67.48
203517	4	T1019	0580	06/18/12	06/18/12	6.00	101.22

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201207250249323RRSUP

PAGE: 40

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203517	5	T1019	0580	06/19/12	06/19/12	6.00	101.22
203517	6	T1019	0580	06/20/12	06/20/12	6.00	101.22
203517	7	T1019	0580	06/21/12	06/21/12	6.00	101.22
203517	8	T1019	0580	06/22/12	06/22/12	4.00	67.48
203517	9	T1019	0580	06/26/12	06/26/12	6.00	101.22
203517	10	T1019	0580	06/27/12	06/27/12	6.00	101.22
203517	11	T1019	0580	06/28/12	06/28/12	6.00	101.22
203517	12	T1019	0580	06/29/12	06/29/12	4.00	67.48
203517	13	T1019	0580	07/02/12	07/02/12	6.00	101.22
203517	14	T1019	0580	07/03/12	07/03/12	6.00	101.22
203517	15	T1019	0580	07/04/12	07/04/12	6.00	101.22
203517	16	T1019	0580	07/05/12	07/05/12	6.00	101.22
203517	17	T1019	0580	07/06/12	07/06/12	4.00	67.48
203517	18	T1019	0580	07/09/12	07/09/12	6.00	101.22
203517	19	T1019	0580	07/10/12	07/10/12	6.00	101.22
203517	20	T1019	0580	07/11/12	07/11/12	6.00	101.22
203517	21	T1019	0580	07/12/12	07/12/12	6.00	101.22
203517	22	T1019	0580	07/13/12	07/13/12	4.00	67.48
203517	23	T1019	0580	07/16/12	07/16/12	6.00	101.22
203517	24	T1019	0580	07/17/12	07/17/12	6.00	101.22
203517	25	T1019	0580	07/18/12	07/18/12	6.00	101.22
203517	26	T1019	0580	07/19/12	07/19/12	6.00	101.22
203517	27	T1019	0580	07/20/12	07/20/12	4.00	67.48
CLAIM TOTAL						2,530.50	CLAIM ACCOUNT REF. 2035170012010724SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008406	2010728	YOUNG, KALEILE	06/17/1994	006532755	HP0009108
DIAGNOSIS	CODES:	319.	493.90 742.1			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203524	1	T1019	0580	07/07/12	07/07/12	4.00	67.48
203524	2	T1019	0580	07/08/12	07/08/12	4.00	67.48
203524	3	T1019	0580	07/09/12	07/09/12	2.00	33.74
203524	4	T1019	0580	07/10/12	07/10/12	2.00	33.74
203524	5	T1019	0580	07/11/12	07/11/12	2.00	33.74
203524	6	T1019	0580	07/12/12	07/12/12	2.00	33.74
203524	7	T1019	0580	07/13/12	07/13/12	2.00	33.74
203524	8	T1019	0580	07/14/12	07/14/12	4.00	67.48
203524	9	T1019	0580	07/15/12	07/15/12	4.00	67.48
203524	10	T1019	0580	07/16/12	07/16/12	2.00	33.74
203524	11	T1019	0580	07/17/12	07/17/12	2.00	33.74
203524	12	T1019	0580	07/18/12	07/18/12	2.00	33.74
203524	13	T1019	0580	07/19/12	07/19/12	2.00	33.74

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
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PAGE: 41

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203524	14	T1019	0580	07/20/12	07/20/12	2.00	33.74
CLAIM TOTAL							607.32
							CLAIM ACCOUNT REF. 2035240012010728SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008407	2010729	WALTERS, BYRON	05/18/2000	006600539	HP0000064
DIAGNOSIS CODES: 319. 493.90 742.1							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203523	1	T1019	0580	07/14/12	07/14/12	5.00	84.35
203523	2	T1019	0580	07/15/12	07/15/12	5.00	84.35
203523	3	T1019	0580	07/16/12	07/16/12	3.00	50.61
203523	4	T1019	0580	07/17/12	07/17/12	3.00	50.61
203523	5	T1019	0580	07/18/12	07/18/12	3.00	50.61
203523	6	T1019	0580	07/19/12	07/19/12	3.00	50.61
203523	7	T1019	0580	07/20/12	07/20/12	3.00	50.61
CLAIM TOTAL							421.75
							CLAIM ACCOUNT REF. 2035230012010729SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010389	2010730	ESPERSON, CLAUDE	04/28/1971	006900634	HP0003722
DIAGNOSIS CODES: 340. 453.40							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203518	1	T1019	0580	07/16/12	07/16/12	4.00	67.48
203518	2	T1019	0580	07/17/12	07/17/12	4.00	67.48
203518	3	T1019	0580	07/19/12	07/19/12	4.00	67.48
203518	4	T1019	0580	07/20/12	07/20/12	4.00	67.48
CLAIM TOTAL							269.92
							CLAIM ACCOUNT REF. 2035180012010730SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008365	2010731	HARDING, EDNA	05/17/1956	006274884	HP0009108
DIAGNOSIS CODES: 493.90 253.5 272.4 296.80							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
203521	1	T1019	0580	07/16/12	07/16/12	6.00	101.22
203521	2	T1019	0580	07/17/12	07/17/12	6.00	101.22
203521	3	T1019	0580	07/18/12	07/18/12	6.00	101.22
203521	4	T1019	0580	07/19/12	07/19/12	6.00	101.22
203521	5	T1019	0580	07/20/12	07/20/12	6.00	101.22
CLAIM TOTAL							506.10
							CLAIM ACCOUNT REF. 2035210012010731SUP

REPORT DATE 07/25/12 SUNNYSIDE CITYWIDE
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PAGE: 42

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

PAYER TOTALS:	AMERIGROUP NEW YORK,LLC	# OF CLAIMS =	71	TOTAL CLAIM AMOUNT =	6,191.37
		# SERVICES =	8		

PROVIDER TOTALS:	SUNNYSIDE CITYWIDE	# OF CLAIMS =	666	TOTAL CLAIM AMOUNT =	77,168.15
		# SERVICES =	118		