INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 11315FIDELIS CARE NY

REG LOC CLIENT NY 001 2008267 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID 10/30/1992 741244251	PRIOR AUTHORIZATION # 111891261	
INV # LINE # 244377 1 244377 2 244377 3 244377 4 244377 5 244377 6	PROCEDURE CODE REVENUE CD T1020 T1020 T1020 T1020 T1020 T1020	FROM DT THRU DT UNITS 05/18/13 05/18/13 11.00 05/20/13 05/20/13 6.00 05/21/13 05/21/13 6.00 05/22/13 05/22/13 6.00 05/23/13 05/23/13 6.00 05/24/13 05/24/13 6.00 CLAIM TOTAL	AMOUNT 185.57 101.22 101.22 101.22 101.22 101.22 691.67 CLAIM ACCOUNT REF.	2443770012008267SUP
REG LOC CLIENT NY 001 2008268 DIAGNOSIS CODES:	2008268 PANOS, DESPINA D	BIRTH DATE RECIPIENT ID 05/11/1950 64126998700	PRIOR AUTHORIZATION # 111800517	
INV # LINE # 244374 1 244374 2 244374 3 244374 5 244374 6 244374 7	PROCEDURE CODE REVENUE CD T1020 T1020 T1020 T1020 T1020 T1020 T1020		AMOUNT 151.83 151.83 151.83 151.83 151.83 151.83 151.83 151.83 1,062.81 CLAIM ACCOUNT REF.	2443740012008268SUP
REG LOC CLIENT NY 001 2008306 DIAGNOSIS CODES:	2008306 GIL, ALICIA M	BIRTH DATE RECIPIENT ID 12/05/1941 74148852400	PRIOR AUTHORIZATION # 111891265	
INV # LINE # 244371 1 244371 2 244371 3 244371 4 244371 5 244371 6 244371 7	PROCEDURE CODE REVENUE CD T1020 T1020 T1020 T1020 T1020 T1020 T1020	FROM DT THRU DT UNITS 05/18/13 05/18/13 7.00 05/19/13 05/19/13 7.00 05/20/13 05/20/13 7.00 05/21/13 05/21/13 7.00 05/22/13 05/21/13 7.00 05/22/13 05/22/13 7.00 05/23/13 05/23/13 7.00 05/24/13 05/24/13 7.00	AMOUNT 118.09 118.09 118.09 118.09 118.09 118.09	244271001200020CGVD

CLAIM TOTAL

826.63 CLAIM ACCOUNT REF. 2443710012008306SUP

PAGE:

1

PAGE:

2

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 11315FIDELIS CARE NY

	IENT SERVICE NAME	BIRTH DATE RECIPIENT ID	PRIOR AUTHORIZATION #	
NY 001 2008 DIAGNOSIS CODI	8386 2008386 BATISTA, JOSE ES: 344.1 250.93 401.9 599	07/20/1950 741700387 9.0	120820411	
DIAGNOSIS CODI	ES. 344.1 250.93 401.9 593	7. 0		
INV # LIN	E # PROCEDURE CODE REVENUE CD	FROM DT THRU DT UNITS	AMOUNT	
244367	1 T1020	05/18/13 05/18/13 7.00	118.09	
244367	2 T1020	05/19/13 05/19/13 7.00	118.09	
244367 244367	3 T1020 4 T1020	05/20/13 05/20/13 7.00 05/21/13 05/21/13 7.00	118.09 118.09	
244367	5 T1020	05/21/13 05/21/13 7.00	118.09	
244367	6 T1020	05/23/13 05/23/13 7.00	118.09	
244367	7 T1020	05/24/13 05/24/13 7.00	118.09	
		CLAIM TOTAL	826.63 CLAIM ACCOUNT REF.	2443670012008386SUP
	IENT SERVICE NAME	BIRTH DATE RECIPIENT ID	PRIOR AUTHORIZATION #	
NY 001 2008 DIAGNOSIS CODI	8400 2008400 SAMOJEDNY, MICHAE ES: 436. 401.9 571.5 780		113550568	
DIAGNOSIS CODI	ES. 430. 401.9 5/1.5 /80	0.4 /99.89		
INV # LIN	E # PROCEDURE CODE REVENUE CD	FROM DT THRU DT UNITS	AMOUNT	
244376	1 T1020	05/21/13 05/21/13 8.00	134.96	
244376	2 T1020	05/22/13 05/22/13 9.00	151.83	
244376	3 T1020	05/23/13 05/23/13 5.00	84.35	
244376	4 T1020	05/24/13 05/24/13 8.00	134.96	0.4.4.2.0.0.1.0.0.0.4.0.0.0.77
		CLAIM TOTAL	506.10 CLAIM ACCOUNT REF.	2443760012008400SUP
REG LOC CL	IENT SERVICE NAME	BIRTH DATE RECIPIENT ID	PRIOR AUTHORIZATION #	
	8376 2010712 LITMAN, GAIL	10/23/1952 74146355500	130631283	
DIAGNOSIS CODI	ES: 401.9 780.2 V12.54			
INV # LIN	E # PROCEDURE CODE REVENUE CD	FROM DT THRU DT UNITS	AMOUNT	
244372	1 T1020	05/18/13 05/18/13 4.00	67.48	
244372	2 T1020	05/20/13 05/20/13 5.00	84.35	
244372	3 T1020	05/21/13 05/21/13 5.00	84.35	
244372	4 T1020	05/22/13 05/22/13 5.00	84.35	
244372	5 T1020	05/23/13 05/23/13 5.00	84.35	
244372	6 T1020	05/24/13 05/24/13 4.00	67.48	
		CLAIM TOTAL	472.36 CLAIM ACCOUNT REF.	2443720012010712SUP
REG LOC CL	IENT SERVICE NAME	BIRTH DATE RECIPIENT ID	PRIOR AUTHORIZATION #	
	2726 2012726 GARCIA, CLEMENTE	11/22/1928 74237634600	130731588	
DIAGNOSIS CODI		,, ==, == == = = = = = = = = = = = = =		
INV # LIN		FROM DT THRU DT UNITS	AMOUNT	
244369	1 T1020	03/01/13 03/01/13 .44	7.42	

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 11315 FIDELIS CARE NY

PAIER ID	, = 113.	TJ		FIDELIS CAR	E INT					
INV # L	INE #	PROCEDURE	CODE 1	REVENUE CD	FROM DT	THRU DT	UNITS AIM TOTAL	AMOUNT 7.42	CLAIM ACCOUNT REF.	2443690012012726SUP
	CLIENT 012726 ODES:	SERVICE 2012726 331.0	NAME GARCII	A, CLEMENTE		TH DATE 22/1928	RECIPIENT ID 74237634600		DR AUTHORIZATION # 731588	
INV # L 244370 244370 244370 244370 244370 244370 244370	INE # 1 2 3 4 5 6 7	PROCEDURE T1020 T1020 T1020 T1020 T1020 T1020 T1020	CODE 1	REVENUE CD	FROM DT 05/18/13 05/19/13 05/20/13 05/21/13 05/22/13 05/23/13 05/23/13 05/24/13	05/21/13 05/22/13 05/23/13 05/24/13	1.00 1.00 1.00 1.00 1.00	AMOUNT 16.87 16.87 16.87 16.87 16.87 16.87 16.87	CLAIM ACCOUNT REF.	2443700012012726SUP
	CLIENT 012985 ODES:	SERVICE 2012985 780.99	NAME BROWN	, CARMEN		TH DATE 23/1943	RECIPIENT ID 742392928		DR AUTHORIZATION # 931917	
INV # L 244368 244368 244368 244368 244368 244368	INE # 1 2 3 4 5 6	PROCEDURE T1020 T1020 T1020 T1020 T1020 T1020	CODE 1	REVENUE CD		05/19/13 05/20/13 05/22/13 05/23/13 05/24/13	1.00 1.00 1.00 1.00	AMOUNT 16.87 16.87 16.87 16.87 16.87 16.87 101.22	CLAIM ACCOUNT REF.	2443680012012985 <i>S</i> UP
	CLIENT 010777 ODES:	SERVICE 2013021 715.00 25	NAME ORTIZ 50.00	, EDUARDO 253.5 73		TH DATE 20/1938	RECIPIENT ID 741929877		DR AUTHORIZATION # 932078	
INV # L 244373 244373 244373 244373	INE # 1 2 3 4	PROCEDURE T1020 T1020 T1020 T1020	CODE 1	REVENUE CD	FROM DT 05/20/13 05/22/13 05/23/13 05/24/13	THRU DT 05/20/13 05/22/13 05/23/13 05/24/13 CL	7.00 7.00	AMOUNT 118.09 118.09 118.09 118.09 472.36	CLAIM ACCOUNT REF.	2443730012013021SUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 11315 FIDELIS CARE NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2013080 SALABERRY, ANA 07/26/1920 74237467100 130780781

DIAGNOSIS CODES: 401.9 427.89 536.9 780.93

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
244375	1	T1020		05/18/13	05/18/13	12.00	202.44		
244375	2	T1020		05/19/13	05/19/13	12.00	202.44		
244375	3	T1020		05/20/13	05/20/13	12.00	202.44		
244375	4	T1020		05/21/13	05/21/13	12.00	202.44		
244375	5	T1020		05/22/13	05/22/13	12.00	202.44		
244375	6	T1020		05/23/13	05/23/13	12.00	202.44		
244375	7	T1020		05/24/13	05/24/13	12.00	202.44		
					CLAI	M TOTAL	1,417.08	CLAIM ACCOUNT REF.	2443750012013080SUP

PAYER TOTALS: FIDELIS CARE NY # OF CLAIMS = 62 TOTAL CLAIM AMOUNT = 6,502.37

SERVICES = 10

5

1,181.60 CLAIM ACCOUNT REF. 2443640012008265SUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 11325 NEIGHBORHOOD HEALTH SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 2008261 FERNANDEZ, MARIA 07/24/1943 10062577601 072111255060 REG LOC CLIENT NY 001 2008261 DIAGNOSIS CODES: 250.00 272.2 493.00 536.9 733.00 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 244353 1 05/22/13 05/22/13 16.00 67.52 2 16.00 244353 T1019 05/23/13 05/23/13 67.52 244353 3 T1019 05/24/13 05/24/13 16.00 67.52 CLAIM TOTAL 202.56 CLAIM ACCOUNT REF. 2443530012008261SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # . EDW 10/28/1952 10062883101 083111260220 REG LOC CLIENT SERVICE NAME NY 001 2008263 2008263 MORALES HERNADEZ, EDW 10/28/1952 10062883101 DIAGNOSIS CODES: 344.1 799.89 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 244359 1 T1019 05/05/13 05/05/13 24.00 101.28 244359 T1019 05/18/13 05/18/13 24.00 101.28 244359 T1019 05/19/13 05/19/13 24.00 101.28 244359 T1019 05/20/13 05/20/13 24.00 101.28 244359 5 T1019 05/21/13 05/21/13 24.00 101.28 244359 6 T1019 05/22/13 05/22/13 24.00 101.28 244359 T1019 05/23/13 05/23/13 24.00 101.28 244359 8 T1019 05/24/13 05/24/13 24.00 101.28 CLAIM TOTAL 810.24 CLAIM ACCOUNT REF. 2443590012008263SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008265 2008265 SHEPPARD, ERMA 10/05/1954 10043001301 052212292391 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 244364 T1019 05/18/13 05/18/13 40.00 168.80 1 244364 2 T1019 05/19/13 05/19/13 40.00 168.80 T1019 05/20/13 05/20/13 244364 40.00 168.80 3 T1019 244364 05/21/13 05/21/13 40.00 168.80 244364 5 T1019 05/22/13 05/22/13 40.00 168.80 6 T1019 05/23/13 05/23/13 168.80 244364 40.00 7 T1019 168.80 244364 05/24/13 05/24/13 40.00

CLAIM TOTAL

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

PROVIDER ID =	113502051	SUNNYSIDE CITYWIDE	NPI = 1154407492

PAYER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 115

REG LOC CLIENT NY 001 2008303 DIAGNOSIS CODES: 7	SERVICE NAME 2008303 WILSON, SHERYL 737.39 344.9 493.90 79	BIRTH DATE RECIPIENT ID 08/28/1956 10060476901 9.89	PRIOR AUTHORIZATION # 032613329815	
244366 1 244366 2 244366 3 244366 4 244366 5 244366 6 244366 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 05/04/13 05/04/13 16.00 05/18/13 05/18/13 16.00 05/19/13 05/19/13 16.00 05/20/13 05/20/13 24.00 05/21/13 05/21/13 24.00 05/22/13 05/22/13 24.00 05/23/13 05/23/13 24.00 05/23/13 05/23/13 24.00 05/24/13 05/24/13 24.00 CLAIM TOTAL	AMOUNT 67.52 67.52 67.52 101.28 101.28 101.28 101.28 101.28 101.28 708.96 CLAIM ACCOUNT REF.	2443660012008303SUP
REG LOC CLIENT NY 001 2008366 DIAGNOSIS CODES: 3	2008366 JONES, CYNTHIA	BIRTH DATE RECIPIENT ID 03/17/1950 10063968601	PRIOR AUTHORIZATION # 021313325005	
244356 1 244356 2 244356 3	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 05/20/13 05/20/13 20.00 05/21/13 05/21/13 20.00 05/23/13 05/23/13 20.00 05/24/13 05/24/13 20.00 CLAIM TOTAL	AMOUNT 84.40 84.40 84.40 84.40 337.60 CLAIM ACCOUNT REF.	2443560012008366SUP
REG LOC CLIENT NY 001 2008421 DIAGNOSIS CODES: 2	SERVICE NAME 2008421 OCASIO, VIRGINIA 250.00 278.00 300.00 71	BIRTH DATE RECIPIENT ID 05/24/1949 10063483101 5.90	PRIOR AUTHORIZATION # 082012303730	
244361 1 244361 2 244361 3 244361 4	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 05/20/13 05/20/13 24.00 05/21/13 05/21/13 24.00 05/22/13 05/22/13 24.00 05/23/13 05/23/13 24.00 05/24/13 05/23/13 24.00 05/24/13 05/24/13 24.00 CLAIM TOTAL	AMOUNT 101.28 101.28 101.28 101.28 101.28 506.40 CLAIM ACCOUNT REF.	2443610012008421SUP
REG LOC CLIENT NY 001 2008422 DIAGNOSIS CODES: 7	SERVICE NAME 2008422 MOSKOWITZ, RONA 799.89 401.9 493.92 72	BIRTH DATE RECIPIENT ID 02/16/1952 10063710601 9.0 V02.62	PRIOR AUTHORIZATION # 020713324355	
	PROCEDURE CODE REVENUE CD T1019	FROM DT THRU DT UNITS 05/18/13 05/18/13 24.00	AMOUNT 101.28	

REPORT DATE 05/29/13 INPUT FILE = /VOL444/COMPSUP/HIPA	SUNNYSIDE CITYWIDE AIN/E5002013052907073336RRSUP	PAGE: 7
PROVIDER ID = 113502051 PAYER ID = 11325	SUNNYSIDE CITYWIDE NPI = 1154407492 NEIGHBORHOOD HEALTH	
INV # LINE # PROCEDURE CODE 244360 2 T1019 244360 3 T1019 244360 4 T1019 244360 5 T1019 244360 6 T1019	REVENUE CD FROM DT THRU DT UNITS AMOUNT 05/20/13 05/20/13 24.00 101.28 05/21/13 05/21/13 24.00 101.28 05/22/13 05/22/13 24.00 101.28 05/22/13 05/22/13 24.00 101.28 05/23/13 05/23/13 24.00 101.28 05/24/13 05/24/13 24.00 101.28 05/24/13 05/24/13 24.00 101.28 CLAIM TOTAL 607.68 CLAIM ACCOUNT REF.	2443600012008422SUP
REG LOC CLIENT SERVICE NAME NY 001 2008425 2008425 WELLS DIAGNOSIS CODES: 278.01 253.5	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 09/10/1959 10063849801 081911258799 272.4 356.9 401.9	
INV # LINE # PROCEDURE CODE 244365 1 T1019 244365 2 T1019 244365 3 T1019 244365 4 T1019	REVENUE CD FROM DT THRU DT UNITS AMOUNT 05/20/13 05/20/13 16.00 67.52 05/21/13 05/21/13 16.00 67.52 05/23/13 05/23/13 16.00 67.52 05/24/13 05/24/13 16.00 67.52 CLAIM TOTAL 270.08 CLAIM ACCOUNT REF.	2443650012008425SUP
REG LOC CLIENT SERVICE NAME NY 001 2008427 2008427 FLORE DIAGNOSIS CODES: 427.31 278.01	ES, MARITZA 09/26/1953 10044817901 032613329851	
INV # LINE # PROCEDURE CODE 244354 1 T1019 244354 2 T1019 244354 3 T1019 244354 4 T1019 244354 5 T1019 244354 5 T1019 244354 7 T1019	REVENUE CD FROM DT THRU DT UNITS AMOUNT 05/18/13 05/18/13 40.00 168.80 05/19/13 05/19/13 40.00 168.80 05/20/13 05/20/13 40.00 168.80 05/21/13 05/21/13 40.00 168.80 05/22/13 05/22/13 40.00 168.80 05/22/13 05/22/13 40.00 168.80 05/23/13 05/23/13 40.00 168.80 05/23/13 05/23/13 40.00 168.80 05/24/13 05/24/13 40.00 168.80 05/24/13 05/24/13 40.00 168.80	2443540012008427SUP
REG LOC CLIENT SERVICE NAME NY 001 2008531 2008531 RODR: DIAGNOSIS CODES: 250.00 272.4	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 02/16/1949 10057325401 070912298224 331.0 401.9 799.89	
INV # LINE # PROCEDURE CODE 244362 1 T1019 244362 2 T1019 244362 3 T1019 244362 4 T1019 244362 5 T1019	REVENUE CD FROM DT THRU DT UNITS AMOUNT 05/20/13 05/20/13 24.00 101.28 05/21/13 05/21/13 24.00 101.28 05/22/13 05/22/13 24.00 101.28 05/22/13 05/22/13 24.00 101.28 05/23/13 05/23/13 24.00 101.28 05/24/13 05/24/13 24.00 101.28 05/24/13 05/24/13 24.00 101.28 CLAIM TOTAL 506.40 CLAIM ACCOUNT REF.	2443620012008531SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

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

IAIEK	10 - 11	.525	NEIGHBORHOOL	, IIIALIII					
	C CLIENT 1 2008742 IS CODES:	2008742 KROL	L, KATHERINE 272.0 311	09/		RECIPIENT ID 10088829601		DR AUTHORIZATION # 013331477	
INV # 244358 244358 244358 244358 244358 244358 244358 244358 244358 244358	LINE # 1 2 3 4 5 6 7 8 9 10	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019		FROM DT 05/13/13 05/14/13 05/15/13 05/16/13 05/17/13 05/19/13 05/20/13 05/21/13 05/22/13 05/23/13 05/24/13	05/14/13 05/15/13 05/16/13 05/17/13 05/19/13 05/20/13 05/21/13 05/22/13 05/23/13 05/24/13	28.00 28.00 28.00 28.00 16.00 28.00 28.00 28.00 28.00	AMOUNT 118.16 118.16 118.16 118.16 118.16 67.52 118.16 118.16 118.16 118.16 118.249.12	CLAIM ACCOUNT REF.	2443580012008742SUP
REG LO NY 00 DIAGNOS		SERVICE NAME 2008802 DIAZ V02.62 300.00	1, CARMEN 401.9 719	BIR 07/ 0.89 733	29/1950	RECIPIENT ID 10089557301	PRIC 0627	DR AUTHORIZATION # 712297011	
INV # 244352 244352 244352 244352 244352	LINE # 1 2 3 4 5	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019		FROM DT 05/20/13 05/21/13 05/22/13 05/23/13 05/24/13	05/21/13 05/22/13 05/23/13 05/24/13	24.00 24.00 24.00	AMOUNT 67.52 101.28 101.28 101.28 101.28 472.64	CLAIM ACCOUNT REF.	2443520012008802SUP
REG LO NY 00 DIAGNOS		SERVICE NAME 2009356 KHAN 696.8 253.5	, FARUQUE 272.4	BIR 02/	TH DATE 08/1949	RECIPIENT ID 10076892101	PRIC 1121	DR AUTHORIZATION # L11269647	
INV # 244357 244357 244357 244357 244357 244357	LINE # 1 2 3 4 5 6 7	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019 T1019 T1019		FROM DT 05/18/13 05/19/13 05/20/13 05/21/13 05/22/13 05/23/13 05/24/13	05/19/13 05/20/13 05/21/13 05/22/13 05/23/13 05/24/13	48.00 48.00 48.00 48.00 48.00	AMOUNT 202.56 202.56 202.56 202.56 202.56 202.56 202.56 202.56	CLAIM ACCOUNT REF.	2443570012009356SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

NPI = 1154407492 SUNNYSIDE CITYWIDE

PROVIDER ID = 113502051 PAYER ID = 11325 NEIGHBORHOOD HEALTH

REG LOC CLIENT NY 001 2010143 DIAGNOSIS CODES:	2010143 AHMED, UMARA	BIRTH DATE RECIPIENT ID 11/15/1985 10062660901	PRIOR AUTHORIZATION # 072211255328	
INV # LINE # 244349 1 244349 2 244349 3 244349 4 244349 5 244349 6	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 05/18/13 05/18/13 32.00 05/19/13 05/19/13 32.00 05/20/13 05/20/13 32.00 05/22/13 05/22/13 32.00 05/23/13 05/22/13 32.00 05/23/13 05/23/13 32.00 05/24/13 05/24/13 32.00 CLAIM TOTAL	AMOUNT 135.04 135.04 135.04 135.04 135.04 135.04 135.04 135.04 135.04	2443490012010143SUP
REG LOC CLIENT NY 001 2008398 DIAGNOSIS CODES:	SERVICE NAME 2010353 RODRIGUEZ, JESSE 799.89 253.5 278.00 40	BIRTH DATE RECIPIENT ID 03/23/1984 10063030901	PRIOR AUTHORIZATION # 072211255272	
INV # LINE # 244363 1 244363 2 244363 3 244363 4	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 05/20/13 05/20/13 20.00 05/22/13 05/22/13 20.00 05/23/13 05/23/13 20.00 05/24/13 05/24/13 20.00 CLAIM TOTAL	AMOUNT 84.40 84.40 84.40 84.40 337.60 CLAIM ACCOUNT REF.	2443630012010353SUP
REG LOC CLIENT NY 001 2010671 DIAGNOSIS CODES:		07/13/1960 10087504801	PRIOR AUTHORIZATION # 073112301172	
INV # LINE # 244350 1 244350 2 244350 3 244350 4 244350 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 05/17/13 05/17/13 36.00 05/20/13 05/20/13 36.00 05/21/13 05/21/13 36.00 05/23/13 05/23/13 36.00 05/24/13 05/24/13 32.00 CLAIM TOTAL	AMOUNT 151.92 151.92 151.92 151.92 135.04 742.72 CLAIM ACCOUNT REF.	2443500012010878SUP
REG LOC CLIENT NY 001 2012500 DIAGNOSIS CODES:	2012500 DEKMAK, GRISEL	BIRTH DATE RECIPIENT ID 03/02/1964 10061526701	PRIOR AUTHORIZATION # 020113323665	
INV # LINE # 244351 1 244351 2 244351 3	PROCEDURE CODE REVENUE CD T1019 T1019 T1019	FROM DT THRU DT UNITS 05/18/13 05/18/13 48.00 05/19/13 05/19/13 48.00 05/20/13 05/20/13 48.00	AMOUNT 202.56 202.56 202.56	

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

NEIGHBORHOOD HEALTH SUNNYSIDE CITYWIDE NPI = 1154407492

PROVIDER ID = 113502051 PAYER ID = 11325

ı	INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
	244351	4	T1019		05/21/13	05/21/13	48.00	202.56		
ı	244351	5	T1019		05/22/13	05/22/13	48.00	202.56		
ı	244351	6	T1019		05/23/13	05/23/13	48.00	202.56		
ı						CLA	IM TOTAL	1,215.36	CLAIM ACCOUNT REF.	2443510012012500SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
MV	0.01	2008419	2013207	CARDNER DIAN	05/05/1949	10063713201	082212304015

DIAGNOSIS CODES: 799.89 093.89 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
244355	1	T1019		05/20/13	05/20/13	16.00	67.52		
244355	2	T1019		05/21/13	05/21/13	16.00	67.52		
244355	3	T1019		05/22/13	05/22/13	16.00	67.52		
244355	4	T1019		05/23/13	05/23/13	16.00	67.52		
244355	5	T1019		05/24/13	05/24/13	16.00	67.52		
					CLAI	M TOTAL	337.60	CLAIM ACCOUNT REF.	2443550012013207SUP

PAYER TOTALS: NEIGHBORHOOD HEALTH # OF CLAIMS = 106 TOTAL CLAIM AMOUNT = 12,896.32

SERVICES = 18

REPORT DATE 05/29/13 PAGE: SUNNYSIDE CITYWIDE 11

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

244406

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 0101231390513 DIAGNOSIS CODES: 356.9 348.2 401.9 733.00 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 68.60 244401 05/18/13 05/18/13 4.00 05/19/13 05/19/13 4.00 68.60 244401 T1019 05/20/13 05/20/13 12.00 244401 3 T1019 205.80 244401 4 T1019 05/21/13 05/21/13 12.00 205.80 244401 5 T1019 05/22/13 05/22/13 12.00 205.80 6 T1019 244401 05/23/13 05/23/13 12.00 205.80 244401 7 T1019 05/24/13 05/24/13 12.00 205.80 CLAIM TOTAL 1,166.20 CLAIM ACCOUNT REF. 2444010012008233SUP REG LOC CLIENT SERVICE NAME NY 001 2008236 2008236 PERSAD, USHA BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 0111301290246 07/05/1955 TS79090G DIAGNOSIS CODES: 250.10 272.0 401.9 225.0 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 05/18/13 05/18/13 8.00 137.20 244408 1 T1019 137.20 244408 2 T1019 05/19/13 05/19/13 8.00 244408 3 T1019 05/20/13 05/20/13 11.00 188.65 244408 4 T1019 05/21/13 05/21/13 11.00 188.65 5 T1019 6 T1019 7 T1019 244408 05/22/13 05/22/13 11.00 188.65 244408 05/23/13 05/23/13 11.00 188.65 7 T1019 05/24/13 05/24/13 11.00 188.65 244408 CLAIM TOTAL 1,217.65 CLAIM ACCOUNT REF. 2444080012008236SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 11/01/1917 SS71357M 0112031290138 REG LOC CLIENT SERVICE NAME NY 001 2008385 2008385 MURDOCK, GERTRUDE 11/01/1917 SS71357M DIAGNOSIS CODES: 536.9 365.9 369.10 389.9 401.9 715.90 733.00 V15.88 AMOUNT LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS INV # 05/20/13 05/20/13 10.00 1 T1019 244406 171.50 2 T1019 244406 05/21/13 05/21/13 10.00 171.50 3 T1019 05/22/13 05/22/13 10.00 244406 171.50 4 T1019 244406 05/23/13 05/23/13 9.00 154.35 5 T1019 05/24/13 05/24/13 9.00 154.35 CLAIM TOTAL 823.20 CLAIM ACCOUNT REF. 2444060012008385SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PROVIDER I PAYER I	$\begin{array}{ccc} \text{ID} &=& 111 \\ \text{ID} &=& 132 \end{array}$			SUNNYSIDE METROPLUS	CITYWIDE HEALTH PLAN	I	1	NPI = 11544	407492	
REG LOC NY 001 DIAGNOSIS	CLIENT 2008417 CODES:		NAME GALAS	, TERESA		TH DATE 08/1955	RECIPIENT ID ZX91437V		OR AUTHORIZATION # 2111390699	
INV # 244404 244404 244404 244404 244404 244404 244404 244404	LINE # 1 2 3 4 5 6 7 8 9	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	CODE	REVENUE CD	FROM DT 05/01/13 05/02/13 05/18/13 05/19/13 05/20/13 05/22/13 05/22/13 05/23/13 05/24/13	05/02/13 05/18/13 05/19/13 05/20/13 05/21/13 05/22/13 05/23/13 05/24/13	5.00 5.00 5.00 5.00 5.00 5.00	AMOUNT 85.75 85.75 85.75 85.75 85.75 85.75 85.75 85.75 85.75	CLAIM ACCOUNT REF.	2444040012008417SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2008418 CODES:	SERVICE 2008418 401.9 2	NAME RYALS 50.00	, CHARLES 272.0 2	11/	TH DATE 03/1950 5.00 311	RECIPIENT ID ZZ49620T . 780.57		DR AUTHORIZATION # 4191390258	
INV # 244410 244410 244410 244410 244410	LINE # 1 2 3 4 5	PROCEDURE T1019 T1019 T1019 T1019 T1019	CODE	REVENUE CD	FROM DT 05/20/13 05/21/13 05/22/13 05/23/13 05/24/13	05/21/13 05/22/13 05/23/13 05/24/13	8.00 8.00 8.00	AMOUNT 137.20 137.20 137.20 137.20 137.20 686.00	CLAIM ACCOUNT REF.	2444100012008418SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2008743 CODES:	SERVICE 2008743 492.0 2	NAME CORDE 72.0	RO, ROSENDO 401.9 7	08/	TH DATE 26/1926 3.30	RECIPIENT ID QM62108S		OR AUTHORIZATION # 1231390317	
INV # 244402 244402 244402 244402 244402 244402 244402	LINE # 1 2 3 4 5 6 7	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019 T1019	CODE	REVENUE CD	FROM DT 05/18/13 05/19/13 05/20/13 05/21/13 05/22/13 05/22/13 05/23/13 05/24/13	05/20/13 05/21/13 05/22/13 05/23/13 05/24/13	10.00 10.00 10.00 10.00 10.00	AMOUNT 171.50 171.50 171.50 171.50 171.50 171.50 171.50 1,200.50	CLAIM ACCOUNT REF.	2444020012008743SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 13265 METROPLUS HEALTH PLAN

REG LOC NY 001 DIAGNOSIS	CLIENT 2009377 CODES:	2009377	NAME SANTORO	O, MATTHEW		TH DATE 20/1949	RECIPIENT SP38021Q		OR AUTHORIZATION # 2071390382	
INV # 244411 244411 244411 244411 244411 244411 244411 244411 244411 244411 244411 244411 244411 244411	LINE # 1 2 3 4 4 5 6 6 7 8 9 10 11 12 13 14 15 16	PROCEDURE T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	CODE RI	EVENUE CD	05/11/13 05/12/13 05/13/13 05/14/13 05/15/13 05/16/13 05/17/13 05/18/13 05/19/13 05/20/13 05/21/13 05/22/13 05/23/13	THRU DT 05/04/13 05/05/13 05/11/13 05/12/13 05/13/13 05/14/13 05/15/13 05/16/13 05/18/13 05/19/13 05/20/13 05/22/13 05/22/13 05/23/13 05/23/13	5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00	AMOUNT 85.75 85.75 85.75 85.75 85.75 85.75 85.75 85.75 85.75 85.75 85.75 85.75 85.75		
244411	10	11019				CL	AIM TOTAL	1,372.00	CLAIM ACCOUNT REF.	2444110012009377SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2008235 CODES:	2009688	NAME RAMPERS 15.9	SAID, ALISS	BIR SA 08/		RECIPIENT SZ46585R		OR AUTHORIZATION # 2191290237	
INV # 244409 244409 244409 244409 244409	LINE # 1 2 3 4 5	PROCEDURE T1019 T1019 T1019 T1019 T1019	CODE RI	EVENUE CD	05/20/13 05/22/13 05/23/13	THRU DT 05/18/13 05/20/13 05/22/13 05/23/13 05/24/13 CL	3.00 3.00 3.00	AMOUNT 137.20 51.45 51.45 51.45 68.60 360.15	CLAIM ACCOUNT REF.	2444090012009688SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2008279 CODES:	2010213		BLASINA 272.4 33		03/1929	RECIPIENT QG00558G .85		OR AUTHORIZATION # 2041390418	
INV # 244413 244413 244413 244413	LINE # 1 2 3 4	PROCEDURE T1019 T1019 T1019 T1019	CODE RI	EVENUE CD	05/21/13 05/22/13	THRU DT 05/20/13 05/21/13 05/22/13 05/23/13	5.00 5.00	AMOUNT 102.90 85.75 85.75 85.75		

REPORT DATE 05/29/13 PAGE: SUNNYSIDE CITYWIDE 14

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

244412 1 T1019

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492 PAYER ID = 13265METROPLUS HEALTH PLAN INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 244413 5 T1019 05/24/13 05/24/13 6.00 102.90 CLAIM TOTAL 463.05 CLAIM ACCOUNT REF. 2444130012010213SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 07/05/1943 SM10426S 0112031290291 REG LOC CLIENT SERVICE NAME NY 001 2010886 2010886 OSORIO, ELVIA DIAGNOSIS CODES: 253.5 272.4 354.0 401.9 733.09 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 244407 1 T1019 05/18/13 05/18/13 3.00 51.45 244407 T1019 05/19/13 05/19/13 3.00 51.45 244407 3 T1019 05/20/13 05/20/13 3.00 51.45 244407 4 T1019 05/21/13 05/21/13 3.00 51.45 5 T1019 6 T1019 7 T1019 244407 05/22/13 05/22/13 3.00 51.45 244407 05/23/13 05/23/13 3.00 51.45 244407 7 T1019 05/24/13 05/24/13 3.00 51.45 CLAIM TOTAL 360.15 CLAIM ACCOUNT REF. 2444070012010886SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 02/05/1953 ZA50099X 0111191290232 REG LOC CLIENT SERVICE NAME NY 001 2011286 2011286 DOBBINS, SANDRA 02/05/1953 ZA50099X DIAGNOSIS CODES: 295.90 369.10 401.9 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 244403 1 T1019 05/18/13 05/18/13 12.00 205.80 244403 2 T1019 05/19/13 05/19/13 24.00 411.60 3 T1019 244403 05/20/13 05/20/13 24.00 411.60 4 T1019 244403 05/21/13 05/21/13 24.00 411.60 5 T1019 6 T1019 7 T1019 244403 05/22/13 05/22/13 24.00 411.60 244403 05/23/13 05/23/13 24.00 411.60 244403 05/24/13 05/24/13 24.00 411.60 CLAIM TOTAL 2,675.40 CLAIM ACCOUNT REF. 2444030012011286SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008280 2013071 SHUMON, NUK-FNU 0103151390266 01/21/1981 QQ82218A DIAGNOSIS CODES: 952.9 344.1 564.00 599.9 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT

05/24/13 05/24/13 4.00

CLAIM TOTAL

68.60

68.60 CLAIM ACCOUNT REF. 2444120012013071SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

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 2013185 2013185 GOMEZ, LUZ 02/18/1942 WU38342Y

NY 001 2013185 2013185 GOMEZ, LUZ DIAGNOSIS CODES: 295.90 250.00 401.9

UNITS INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT AMOUNT 244405 1 T1019 05/18/13 05/18/13 8.00 137.20 T1019 8.00 137.20 244405 05/19/13 05/19/13 244405 3 T1019 05/20/13 05/20/13 8.00 137.20 244405 T1019 05/22/13 05/22/13 8.00 137.20 244405 T1019 05/23/13 05/23/13 8.00 137.20 244405 T1019 05/24/13 05/24/13 8.00 137.20 CLAIM TOTAL 823.20 CLAIM ACCOUNT REF. 2444050012013185SUP

PAYER TOTALS: METROPLUS HEALTH PLAN # OF CLAIMS = 87 TOTAL CLAIM AMOUNT = 11,987.85

SERVICES = 13

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 14163WELLCARE OF NY

REG LOC CLIENT NY 001 2008286 DIAGNOSIS CODES:	SERVICE NAME 2008286 RAMIREZ, ALIDA A 250.00 272.4 401.9	BIRTH DATE RECIPIENT ID 12/10/1950 ZN85118U	PRIOR AUTHORIZATION # 111771985	
INV # LINE # 244440 1 244440 2 244440 3 244440 4 244440 5 244440 6	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 05/18/13 05/18/13 36.00 05/19/13 05/19/13 36.00 05/20/13 05/20/13 36.00 05/21/13 05/21/13 36.00 05/22/13 05/22/13 36.00 05/23/13 05/23/13 36.00 CLAIM TOTAL	AMOUNT 154.80 154.80 154.80 154.80 154.80 154.80 928.80 CLAIM ACCOUNT REF.	2444400012008286SUP
REG LOC CLIENT NY 001 2008495 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID 09/05/1952 ZV42745Q 493.90	PRIOR AUTHORIZATION # 110885355	
INV # LINE # 244428	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 05/20/13 05/20/13 24.00 05/21/13 05/21/13 24.00 05/22/13 05/22/13 24.00 05/23/13 05/23/13 24.00 05/24/13 05/24/13 24.00 CLAIM TOTAL	AMOUNT 103.20 103.20 103.20 103.20 103.20 516.00 CLAIM ACCOUNT REF.	2444280012008495SUP
REG LOC CLIENT NY 001 2012101 DIAGNOSIS CODES:	SERVICE NAME 2012101 BATILO, MARTA 715.00 272.2 285.29 40	BIRTH DATE RECIPIENT ID 02/23/1917 708125	PRIOR AUTHORIZATION # 111757464	
INV # LINE # 244415 1 244415 2 244415 3 244415 4 244415 5 244415 6 244415 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 05/18/13 05/18/13 28.00 05/19/13 05/19/13 28.00 05/20/13 05/20/13 26.00 05/21/13 05/21/13 26.00 05/22/13 05/22/13 28.00 05/23/13 05/23/13 28.00 05/24/13 05/24/13 28.00	AMOUNT 120.40 120.40 111.80 111.80 120.40 120.40	
		CT A TM TOTAT	925 60 CTATM ACCOUNT DEE	24441500120121010

CLAIM TOTAL

825.60 CLAIM ACCOUNT REF. 2444150012012101SUP

REPORT DATE 05/29/13 PAGE: 17 SUNNYSIDE CITYWIDE

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

9 T1019

244419

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 2012102 2012102 BISRAM, ROOPKALIA 01/03/1938 708029 111645476 DIAGNOSIS CODES: 401.9 272.2 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 244416 05/20/13 05/20/13 16.00 68.80 05/21/13 05/21/13 16.00 68.80 244416 T1019 244416 3 T1019 05/22/13 05/22/13 16.00 68.80 4 T1019 244416 05/23/13 05/23/13 16.00 68.80 244416 5 T1019 05/24/13 05/24/13 16.00 68.80 CLAIM TOTAL 344.00 CLAIM ACCOUNT REF. 2444160012012102SUP REG LOC CLIENT SERVICE NAME
NY 001 2012104 2012104 CEBALLOS, FRANCISCA
BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
11/10/1931 744474 111627893 DIAGNOSIS CODES: 294.20 093.9 253.5 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 05/18/13 05/18/13 40.00 172.00 172.00 244417 1 T1019 244417 2 T1019 05/19/13 05/19/13 40.00 172.00 3 T1019 05/20/13 05/20/13 40.00 244417 4 T1019 05/21/13 05/21/13 40.00 244417 172.00 5 T1019 244417 05/22/13 05/22/13 40.00 172.00 6 T1019 244417 05/23/13 05/23/13 40.00 172.00 7 T1019 172.00 244417 05/24/13 05/24/13 40.00 CLAIM TOTAL 1,204.00 CLAIM ACCOUNT REF. 2444170012012104SUP NY 001 2012107 2012107 CRUZ, LUIS BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 111208204 06/10/1952 706307 DIAGNOSIS CODES: 250.93 414.3 428.0 491.21 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # LINE # 05/04/13 05/04/13 32.00 T1019 137.60 244419 1 T1019 05/05/13 05/05/13 32.00 137.60 244419 2 3 T1019 05/18/13 05/18/13 32.00 137.60 244419 244419 4 T1019 05/19/13 05/19/13 32.00 137.60 5 T1019 05/20/13 05/20/13 32.00 137.60 244419 6 T1019 244419 05/21/13 05/21/13 32.00 137.60 7 T1019 05/22/13 05/22/13 32.00 137.60 244419 8 T1019 137.60 05/23/13 05/23/13 32.00 244419

05/24/13 05/24/13 32.00

CLAIM TOTAL

137.60

1,238.40 CLAIM ACCOUNT REF. 2444190012012107SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT NY 001 2012108 DIAGNOSIS CODES:	2012108 GODINOT, CARMEN	BIRTH DATE RECIPIENT ID 07/16/1939 695752	PRIOR AUTHORIZATION # 111626854	
INV # LINE # 244421 1 244421 2 244421 3 244421 4 244421 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 05/20/13 05/20/13 24.00 05/21/13 05/21/13 24.00 05/22/13 05/22/13 24.00 05/23/13 05/23/13 24.00 05/24/13 05/24/13 24.00 CLAIM TOTAL	AMOUNT 103.20 103.20 103.20 103.20 103.20 103.20 516.00 CLAIM ACCOUNT REF.	2444210012012108SUP
REG LOC CLIENT NY 001 2012110 DIAGNOSIS CODES:	2012110 GOMEZ, RANNIE	BIRTH DATE RECIPIENT ID 09/11/1917 698802 733.00	PRIOR AUTHORIZATION # 111644524	
INV # LINE # 244422 1 244422 2 244422 3 244422 4 244422 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 05/20/13 05/20/13 28.00 05/21/13 05/21/13 28.00 05/22/13 05/22/13 28.00 05/23/13 05/23/13 28.00 05/24/13 05/24/13 28.00	AMOUNT 120.40 120.40 120.40 120.40 120.40	
REG LOC CLIENT NY 001 2012117 DIAGNOSIS CODES:	2012117 HAYNES, LAMONT	CLAIM TOTAL BIRTH DATE RECIPIENT ID 08/22/1920 695748 00.91	602.00 CLAIM ACCOUNT REF. PRIOR AUTHORIZATION # 111524712	2444220012012110SUP
INV # LINE # 244423 1 244423 2 244423 3 244423 4 244423 5 244423 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 05/18/13 05/18/13 20.00 05/19/13 05/19/13 20.00 05/20/13 05/20/13 16.00 05/21/13 05/21/13 16.00 05/22/13 05/22/13 16.00 05/23/13 05/23/13 16.00 05/24/13 05/24/13 16.00 05/24/13 05/24/13 16.00 CLAIM TOTAL	AMOUNT 86.00 86.00 68.80 68.80 68.80 68.80 516.00 CLAIM ACCOUNT REF.	2444230012012117sup
REG LOC CLIENT NY 001 2012120 DIAGNOSIS CODES:	2012120 LOPEZ, ISABEL	BIRTH DATE RECIPIENT ID 12/24/1942 740574	PRIOR AUTHORIZATION # 111591487	
INV # LINE # 244425 1	PROCEDURE CODE REVENUE CD T1019	FROM DT THRU DT UNITS 05/20/13 05/20/13 28.00	AMOUNT 120.40	

REPORT DATE 05/29/13 PAGE: SUNNYSIDE CITYWIDE 19

120.40

86.00

111447605

602.00 CLAIM ACCOUNT REF. 2444250012012120SUP

1,238.40 CLAIM ACCOUNT REF. 2444300012012121SUP

602.00 CLAIM ACCOUNT REF. 2444310012012122SUP

28.00 CLAIM TOTAL

CLAIM TOTAL

CLAIM TOTAL

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

244425

244431

5 T1019

DIAGNOSIS CODES: 715.98

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

AMOUNT INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 05/21/13 05/21/13 28.00 244425 T1019 120.40 244425 3 T1019 05/22/13 05/22/13 28.00 120.40 4 T1019 05/23/13 05/23/13 28.00 120.40 244425

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID NY 001 2012121 2012121 MOHAMED, DENISE 06/14/1959 691722 PRIOR AUTHORIZATION #

05/24/13 05/24/13

LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 1 137.60 244430 05/14/13 05/14/13 32.00 244430 2 T1019 05/15/13 05/15/13 32.00 137.60 244430 3 T1019 05/18/13 05/18/13 32.00 137.60 244430 4 T1019 05/19/13 05/19/13 32.00 137.60 244430 5 T1019 05/20/13 05/20/13 32.00 137.60 6 T1019 05/21/13 05/21/13 32.00 137.60 244430 244430 7 T1019 05/22/13 05/22/13 32.00 137.60 8 T1019 05/23/13 05/23/13 137.60 244430 32.00 9 T1019 05/24/13 05/24/13 32.00 137.60 244430

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 12/03/1935 744366 1115793538 NY 001 2012122 2012122 MORALES, FRANCISCO 12/03/1935 744366

DIAGNOSIS CODES: 250.00 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 1 T1019 05/18/13 05/18/13 20.00 244431 86.00 244431 2 T1019 05/19/13 05/19/13 20.00 86.00 244431 3 T1019 05/20/13 05/20/13 20.00 86.00 4 T1019 05/21/13 05/21/13 244431 20.00 86.00 5 T1019 05/22/13 05/22/13 244431 20.00 86.00 6 T1019 05/23/13 05/23/13 244431 20.00 86.00 7 T1019 05/24/13 05/24/13 20.00

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2012130 2012130 NAVARRO, ANTONIA 07/23/1945 710368 111623951 SERVICE NAME

DIAGNOSIS CODES: 493.92 311. 401.9

AMOUNT PROCEDURE CODE REVENUE CD FROM DT THRU DT INV # LINE # UNITS 1 T1019 2 T1019 05/18/13 05/18/13 20.00 86.00 244433 T1019 05/19/13 05/19/13 20.00 86.00 244433

PROVIDER	ID	=	113502051	SUNNYSIDE CITYWIDE	NPI =	1154407492
DAVED	TD	_	1/162	WELLCADE OF MY		

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP									
PROVIDER ID = 113 PAYER ID = 143			NPI = 1154407492						
INV # LINE # 244433 3 244433 4 244433 5 244433 6 244433 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 05/20/13 05/20/13 28.00 05/21/13 05/21/13 28.00 05/22/13 05/22/13 28.00 05/23/13 05/23/13 28.00 05/24/13 05/24/13 28.00 CLAIM TOTAL	AMOUNT 120.40 120.40 120.40 120.40 120.40 120.40 774.00 CLAIM ACCOUNT REF.	2444330012012130SUP					
REG LOC CLIENT NY 001 2012131 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT I 04/19/1925 691721	D PRIOR AUTHORIZATION # 111599493						
INV # LINE # 244435 1 244435 2	PROCEDURE CODE REVENUE CD T1019 T1019	FROM DT THRU DT UNITS 05/20/13 05/20/13 16.00 05/22/13 05/22/13 16.00 CLAIM TOTAL	AMOUNT 68.80 68.80 137.60 CLAIM ACCOUNT REF.	2444350012012131SUP					
REG LOC CLIENT NY 001 2012132 DIAGNOSIS CODES:	SERVICE NAME 2012132 ORTIZ, DOLORES 719.7 272.4 401.9 7	BIRTH DATE RECIPIENT I 06/30/1927 744365	D PRIOR AUTHORIZATION # 111654437						
INV # LINE # 244434 1 244434 2 244434 4 244434 5 244434 6	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 05/18/13 05/18/13 20.00 05/19/13 05/19/13 20.00 05/21/13 05/21/13 32.00 05/22/13 05/22/13 32.00 05/23/13 05/23/13 32.00 05/24/13 05/24/13 32.00 CLAIM TOTAL	AMOUNT 86.00 86.00 137.60 137.60 137.60 137.60 722.40 CLAIM ACCOUNT REF.	2444340012012132SUP					
REG LOC CLIENT NY 001 2012134 DIAGNOSIS CODES:	2012134 SERRANO, CARMEN	BIRTH DATE RECIPIENT I 09/14/1948 695740 29.9	D PRIOR AUTHORIZATION # 111497071						
INV # LINE # 244448 1 244448 2 244448 3 244448 4	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 05/20/13 05/20/13 28.00 05/21/13 05/21/13 28.00 05/22/13 05/22/13 28.00 05/24/13 05/24/13 28.00 CLAIM TOTAL	AMOUNT 120.40 120.40 120.40 120.40 120.40 481.60 CLAIM ACCOUNT REF.	2444480012012134SUP					

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 14163 WELLCARE OF NY REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 08/08/1934 695667 111437135 NY 001 2012137 2012137 VAZQUEZ 1, ROSA DIAGNOSIS CODES: 799.89 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 244450 1 05/20/13 05/20/13 32.00 137.60 2 05/21/13 05/21/13 32.00 244450 T1019 137.60 244450 3 T1019 05/22/13 05/22/13 32.00 137.60 244450 4 T1019 05/24/13 05/24/13 32.00 137.60 CLAIM TOTAL 550.40 CLAIM ACCOUNT REF. 2444500012012137SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2012138 2012138 VENTURA, CLARA 09/17/1951 720456 111733742 DIAGNOSIS CODES: 253.5 401.9 429.9 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 1 05/20/13 05/20/13 16.00 68.80 244451 T1019 2 T1019 05/22/13 05/22/13 16.00 68.80 244451 244451 3 T1019 05/23/13 05/23/13 16.00 68.80 CLAIM TOTAL 206.40 CLAIM ACCOUNT REF. 2444510012012138SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 03/27/1930 737028 111597004 REG LOC CLIENT SERVICE NAME NY 001 2012140 2012140 PATRICK, IMAGENE DIAGNOSIS CODES: 294.10 153.9 PROCEDURE CODE REVENUE CD FROM DT THRU DT INV # LINE # UNITS AMOUNT 05/18/13 05/18/13 32.00 137.60 244436 1 T1019 2 T1019 244436 05/20/13 05/20/13 32.00 137.60 3 T1019 244436 05/21/13 05/21/13 32.00 137.60 244436 4 T1019 05/22/13 05/22/13 32.00 137.60 244436 5 T1019 05/23/13 05/23/13 32.00 137.60 244436 6 T1019 05/24/13 05/24/13 32.00 137.60 825.60 CLAIM ACCOUNT REF. 2444360012012140SUP CLAIM TOTAL BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 07/16/1961 688801 111660656 REG LOC CLIENT SERVICE NAME NY 001 2012141 2012141 SANTOS MARQUEZ, MARIA 07/16/1961 688801 DIAGNOSIS CODES: 958.8 599.70 692.9 795.05 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 1 05/20/13 05/20/13 244447 T1019 16.00 68.80 2 05/22/13 05/22/13 16.00 244447 T1019 68.80 3 T1019 05/24/13 05/24/13 16.00 244447 68.80

CLAIM TOTAL

206.40 CLAIM ACCOUNT REF. 2444470012012141SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

T1019

244437

244437

244437

244437

1

2

3

T1019

T1019

4 T1019

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 2012142 2012142 MEDINA, MARTHA 01/11/1944 697570 111623789 DIAGNOSIS CODES: 135. 250.00 426.4 716.90 UNITS AMOUNT INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT 1 244429 05/20/13 05/20/13 12.00 51.60 T1019 05/21/13 05/21/13 12.00 51.60 244429 3 T1019 05/22/13 05/22/13 12.00 51.60 244429 244429 4 T1019 05/23/13 05/23/13 12.00 51.60 05/24/13 05/24/13 12.00 244429 5 T1019 51.60 CLAIM TOTAL 258.00 CLAIM ACCOUNT REF. 2444290012012142SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 04/13/1955 698832 111684344 NY 001 2012143 2012143 MURPHY, RUBY DIAGNOSIS CODES: 585.3 311. 493.90 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT T1019 05/09/13 05/09/13 16.00 68.80 244432 1 244432 2 T1019 05/14/13 05/14/13 16.00 68.80 T1019 68.80 244432 3 05/15/13 05/15/13 16.00 05/16/13 05/16/13 16.00 244432 4 T1019 68.80 275.20 CLAIM ACCOUNT REF. 2444320012012143SUP CLAIM TOTAL REG LOC CLIENT SERVICE NAME
NY 001 2012144 2012144 PEREZ, JULIO BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 01/27/1936 709538 111597155 01/27/1936 709538 DIAGNOSIS CODES: 715.90 PROCEDURE CODE REVENUE CD FROM DT THRU DT TNV # LTNE # UNITS AMOUNT 05/20/13 05/20/13 20.00 1 86.00 244439 T1019 244439 2 T1019 05/22/13 05/22/13 20.00 86.00 244439 3 T1019 05/24/13 05/24/13 20.00 86.00 CLAIM TOTAL 258.00 CLAIM ACCOUNT REF. 2444390012012144SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 03/13/1942 715488 111633843 REG LOC CLIENT SERVICE NAME NY 001 2012145 2012145 PERALTA RODRIGO, JOSE 03/13/1942 715488 DIAGNOSIS CODES: 715.90 272.0 274.9 278.00 401.9 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS TRUIOMA INV # LINE #

05/20/13 05/20/13 16.00

05/21/13 05/21/13 16.00

05/22/13 05/22/13 16.00

CLAIM TOTAL

05/23/13 05/23/13 16.00

68.80

68.80

68.80

275.20 CLAIM ACCOUNT REF. 2444370012012145SUP

68.80

REPORT DATE 05/29/13 PAGE: SUNNYSIDE CITYWIDE 23

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244443

244443

244443

244443

1

2

3

T1019

T1019 4 T1019

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 2012146 2012146 PERALTA, INEZ 08/18/1942 715489 111633900 DIAGNOSIS CODES: 250.00 272.4 278.00 401.9 244.9 311. UNITS AMOUNT INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT 68.80 244438 1 05/20/13 05/20/13 16.00 T1019 05/21/13 05/21/13 16.00 68.80 244438 68.80 244438 3 T1019 05/22/13 05/22/13 16.00 244438 4 T1019 05/23/13 05/23/13 16.00 68.80 244438 5 T1019 05/24/13 05/24/13 16.00 68.80 CLAIM TOTAL 344.00 CLAIM ACCOUNT REF. 2444380012012146SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 08/16/1957 707547 111551884 NY 001 2012147 2012147 RAMOS, SILVIA DIAGNOSIS CODES: 724.2 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 1 05/22/13 05/22/13 20.00 86.00 244441 T1019 244441 2 T1019 05/23/13 05/23/13 20.00 86.00 3 T1019 05/24/13 05/24/13 20.00 244441 86.00 CLAIM TOTAL 258.00 CLAIM ACCOUNT REF. 2444410012012147SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 11/21/1933 691499 111552012 REG LOC CLIENT SERVICE NAME NY 001 2012149 2012149 REGLA, MARIA F 11/21/1933 691499 DIAGNOSIS CODES: 250.00 715.09 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 1 T1019 05/18/13 05/18/13 32.00 244442 137.60 244442 2 T1019 05/20/13 05/20/13 32.00 137.60 244442 3 T1019 05/21/13 05/21/13 32.00 137.60 244442 4 T1019 05/22/13 05/22/13 32.00 137.60 244442 5 T1019 05/23/13 05/23/13 32.00 137.60 6 T1019 05/24/13 05/24/13 32.00 137.60 244442 825.60 CLAIM ACCOUNT REF. 2444420012012149SUP CLAIM TOTAL BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 03/18/1941 697840 111628409 SERVICE NAME REG LOC CLIENT NY 001 2012152 2012152 REYES, TERESA DIAGNOSIS CODES: 250.00 401.9 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT T1019 05/20/13 05/20/13 32.00

05/21/13 05/21/13 32.00 05/22/13 05/22/13 32.00

05/23/13 05/23/13 32.00

137.60 137.60 137.60 137.60

137.60

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

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INV # LINE # 244443 5	PROCEDURE CODE REVENUE CD T1019	FROM DT THRU DT UNITS 05/24/13 05/24/13 32.00 CLAIM TOTAL	AMOUNT 137.60 688.00 CLAIM ACCOUNT REF.	2444430012012152SUP
REG LOC CLIENT NY 001 2012154 DIAGNOSIS CODES:	SERVICE NAME 2012154 RODRIGUEZ, FRANKI 319.	BIRTH DATE RECIPIENT I 03/26/1989 697529	D PRIOR AUTHORIZATION # 111632714	
INV # LINE # 244444	PROCEDURE CODE REVENUE CD T1019	FROM DT THRU DT UNITS 05/04/13 05/04/13 24.00 05/06/13 24.00 05/07/13 05/06/13 24.00 05/07/13 05/07/13 24.00 05/08/13 05/08/13 24.00 05/09/13 05/09/13 24.00 05/10/13 05/10/13 24.00 05/10/13 05/10/13 24.00 05/10/13 05/10/13 24.00 05/20/13 05/20/13 24.00 05/21/13 05/21/13 24.00 05/21/13 05/21/13 24.00 05/22/13 05/22/13 24.00 05/23/13 05/22/13 24.00 05/23/13 05/23/13 24.00 05/24/13 05/24/13 24.00 05/24/13 05/24/13 24.00 05/24/13 05/24/13 24.00 05/24/13 05/24/13 24.00	AMOUNT 103.20	2444440012012154SUP
REG LOC CLIENT NY 001 2012155 DIAGNOSIS CODES:	SERVICE NAME 2012155 SANCHEZ, BETANIA 555.9	BIRTH DATE RECIPIENT I 05/10/1956 706048	D PRIOR AUTHORIZATION # 111688299	
INV # LINE # 244446	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 05/18/13 05/18/13 20.00 05/19/13 05/19/13 20.00 05/20/13 05/20/13 20.00 05/21/13 05/21/13 20.00 05/22/13 05/22/13 20.00 05/22/13 05/22/13 20.00 05/23/13 05/23/13 20.00 05/24/13 05/24/13 20.00 CLAIM TOTAL	AMOUNT 86.00 86.00 86.00 86.00 86.00 86.00 86.00 602.00 CLAIM ACCOUNT REF.	2444460012012155SUP
REG LOC CLIENT NY 001 2012158 DIAGNOSIS CODES:	SERVICE NAME 2012158 LOPEZ, MANUEL 799.89	BIRTH DATE RECIPIENT I 02/25/1926 741094	D PRIOR AUTHORIZATION # 111216021	
INV # LINE # 244426 1 244426 2	PROCEDURE CODE REVENUE CD T1019 T1019	FROM DT THRU DT UNITS 05/02/13 05/02/13 48.00 05/18/13 05/18/13 48.00	AMOUNT 206.40 206.40	

INPUT FILE =	INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP						
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INV # LIN 244426 244426 244426 244426 244426 244426 244426	3 T1019 4 T1019 5 T1019 6 T1019 7 T1019 8 T1019			48.00 48.00 48.00 48.00 48.00 48.00 AIM TOTAL	,	. 2444260012012158SUP	
NY 001 201	JIENT SERVICE .2161 2012161 DES: 733.09 253	NAME ALONSO, ANA 8.5 272.4	BIRTH DATE 03/02/1943	RECIPIENT 1739934	ID PRIOR AUTHORIZATION # 111560004		
244414 244414 244414 244414	TE # PROCEDURE C 1 T1019 2 T1019 3 T1019 4 T1019 5 T1019 6 T1019 7 T1019	ODE REVENUE CD	$\begin{array}{cccc} 05/18/13 & 05/18/13 \\ 05/19/13 & 05/19/13 \\ 05/20/13 & 05/20/13 \\ 05/21/13 & 05/21/13 \\ 05/22/13 & 05/22/13 \\ 05/23/13 & 05/23/13 \\ 05/24/13 & 05/24/13 \end{array}$	20.00 20.00 20.00 20.00 20.00 20.00	AMOUNT 86.00 86.00 86.00 86.00 86.00 86.00 86.00 602.00 CLAIM ACCOUNT REF	. 2444140012012161SUP	
REG LOC CL NY 001 201 DIAGNOSIS COD	JIENT SERVICE .2136 2012266 DES: 715.09	NAME SOTO, RAFAEL B	BIRTH DATE 03/08/1937	RECIPIENT 1700573	ID PRIOR AUTHORIZATION # 111447220		
INV # LIN 244449 244449 244449 244449 244449 244449 244449 244449	TE # PROCEDURE C 1 T1019 2 T1019 3 T1019 4 T1019 5 T1019 6 T1019 7 T1019 8 T1019		$\begin{array}{cccc} 05/12/13 & 05/12/13 \\ 05/18/13 & 05/18/13 \\ 05/19/13 & 05/19/13 \\ 05/20/13 & 05/20/13 \\ 05/21/13 & 05/21/13 \\ 05/22/13 & 05/22/13 \\ 05/23/13 & 05/23/13 \\ 05/24/13 & 05/24/13 \end{array}$	36.00 35.00 36.00 36.00 28.00 36.00 36.00	AMOUNT 154.80 150.50 154.80 120.40 154.80 154.80 154.80 1,199.70 CLAIM ACCOUNT REF	. 2444490012012266SUP	
REG LOC CL	JIENT SERVICE	NAME	BIRTH DATE	RECIPIENT 1	ID PRIOR AUTHORIZATION #		

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID
NY 001 2012719 2012719 SANCHEZ FLORES, ADELAI 11/03/1944 761166 PRIOR AUTHORIZATION # 11671604

DIAGNOSIS CODES: 401.9 300.00

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 244445 1 T1019 05/20/13 05/20/13 16.00 UNITS AMOUNT 68.80 REPORT DATE 05/29/13 PAGE: SUNNYSIDE CITYWIDE 26

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

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

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 244445 2 T1019 05/22/13 05/22/13 16.00 68.80

244445 3 T1019 05/24/13 05/24/13 16.00 68.80 CLAIM TOTAL 206.40 CLAIM ACCOUNT REF. 2444450012012719SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID NY 001 2012159 2012948 LOPEZ, VITALIA 08/01/1922 691723 PRIOR AUTHORIZATION # 111601802

DIAGNOSIS CODES: 331.0 253.5 272.4 401.9

AMOUNT LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 206.40 244427 1 T1019 05/18/13 05/18/13 48.00 2 T1019 206.40 244427 05/19/13 05/19/13 48.00 244427 3 т1019 05/20/13 05/20/13 48.00 206.40 244427 4 T1019 05/21/13 05/21/13 48.00 206.40 244427 5 T1019 05/22/13 05/22/13 48.00 206.40 244427 6 T1019 05/23/13 05/23/13 48.00 206.40 244427 7 T1019 05/24/13 05/24/13 48.00 206.40

CLAIM TOTAL 1,444.80 CLAIM ACCOUNT REF. 2444270012012948SUP

CLAIM TOTAL

206.40

602.00 CLAIM ACCOUNT REF. 2444200012012952SUP

BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 08/20/1957 761853 111640168 REG LOC CLIENT SERVICE NAME NY 001 2012952 2012952 FRANCISCO, BRIGIDA 08/20/1957 761853

DIAGNOSIS CODES: 714.0 253.5

244418

244418

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 244420 1 T1019 05/18/13 05/18/13 20.00 86.00 2 T1019 244420 05/19/13 05/19/13 20.00 86.00 3 т1019 244420 05/20/13 05/20/13 20.00 86.00 4 T1019 244420 05/21/13 05/21/13 20.00 86.00 5 T1019 244420 05/22/13 05/22/13 20.00 86.00 6 T1019 244420 05/23/13 05/23/13 20.00 86.00 244420 7 T1019 05/24/13 05/24/13 20.00 86.00

REG LOC CLIENT SERVICE NAME

05/23/13 05/23/13 48.00

BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 08/16/1974 762773 111605216 NY 001 2012953 2012953 CHOUDHURY, MEHER A 08/16/1974 762773 DIAGNOSIS CODES: 344.00 493.90 742.3

PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # LINE # T1019 05/18/13 05/18/13 48.00 206.40 244418 1 05/19/13 05/19/13 48.00 244418 2 T1019 206.40 3 05/20/13 05/20/13 48.00 206.40 244418 T1019 4 T1019 5 T1019 6 T1019 05/21/13 05/21/13 48.00 244418 206.40 05/22/13 05/22/13 48.00 206.40

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PAYER ID = 14163WELLCARE OF NY

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REG LOC NY 001	CLIENT 1031950	SERVICE NAME 2012979 HUDGINS, I		IRTH DATE 5/18/1944	RECIPIENT 761959		OR AUTHORIZATION # 606565	
DIAGNOSIS	CODES:	401.9 250.00 278.	00 311.					
INV #	LINE #	PROCEDURE CODE REVEN	UE CD FROM DT	THRU DT	UNITS	AMOUNT		
244424	1	T1019	05/20/1		3 20.00	86.00		
244424	2	T1019	05/21/1			86.00		
244424	3	T1019	05/22/1			86.00		
244424	4	T1019	05/23/1			86.00		
244424	5	T1019	05/24/1	, , .		86.00		0.4.4.0.4.0.01.0.01.0.0.0.0.0.0.0.0.0.0.
				CI	LAIM TOTAL	430.00	CLAIM ACCOUNT REF.	2444240012012979SUP
REG LOC	CLIENT	SERVICE NAME	В	IRTH DATE	RECIPIENT	ID PRI	OR AUTHORIZATION #	
NY 001	2012984	2012984 YOUNG, MAR	Y 1	1/04/1926	762776	111	711486	
DIAGNOSIS	CODES:	342.82 244.9						
INV #	LINE #	PROCEDURE CODE REVEN	UE CD FROM DT	THRU DT	UNITS	AMOUNT		
244452	1	T1019	05/18/1	3 05/18/13	32.00	137.60		
244452	2	T1019	05/19/1			137.60		
244452	3	T1019	05/20/1			137.60		
244452	4	T1019	05/21/1			137.60		
244452	5	T1019	05/22/1			137.60		
244452	6	T1019	05/23/1			137.60		
244452	/	T1019	05/24/1	3 05/24/13	32.00	137.60		

PAYER TOTALS: WELLCARE OF NY # OF CLAIMS = 225 TOTAL CLAIM AMOUNT = 26,604.10

SERVICES = 39

CLAIM TOTAL

963.20 CLAIM ACCOUNT REF. 2444520012012984SUP

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PROVIDER ID = 113502051 NPI = 1154407492 SUNNYSIDE CITYWIDE

PAYER ID = 55247HEALTH INSURANCE PLAN

REG LOC CLIENT NY 001 2008276 DIAGNOSIS CODES:	2008491 LOYOLA, MARIA	BIRTH DATE RECIPIENT ID 06/11/1981 JZR32498A01	PRIOR AUTHORIZATION # 0005044162	
INV # LINE # 244398 1 244398 2	PROCEDURE CODE REVENUE CD 11019 0580 0580	FROM DT THRU DT UNITS 05/20/13 05/20/13 40.00 05/22/13 40.00 CLAIM TOTAL	AMOUNT 168.80 168.80 337.60 CLAIM ACCOUNT REF.	2443980012008491SUP
REG LOC CLIENT NY 001 2008274 DIAGNOSIS CODES:	2008513 WILLIAMS, DIANE	BIRTH DATE RECIPIENT ID 09/23/1948 YZ36993F 3.00 253.5	PRIOR AUTHORIZATION # 0005080166	
INV # LINE # 244400 1 244400 2 244400 3 244400 4 244400 5	PROCEDURE CODE REVENUE CD T1019 0580 T1019 0580 T1019 0580 T1019 0580 T1019 0580	FROM DT THRU DT UNITS 05/20/13 05/20/13 16.00 05/21/13 05/21/13 16.00 05/22/13 05/22/13 16.00 05/23/13 05/23/13 16.00 05/24/13 05/24/13 16.00 CLAIM TOTAL	AMOUNT 67.52 67.52 67.52 67.52 67.52 67.52 337.60 CLAIM ACCOUNT REF.	2444000012008513SUP
REG LOC CLIENT NY 001 2008227 DIAGNOSIS CODES:	2008544 ORR, LOUISE	BIRTH DATE RECIPIENT ID 03/04/1956 ZK40327Q 5.9 429.9 799.89	PRIOR AUTHORIZATION # 0005050233	
INV # LINE # 244399 1 244399 3 244399 4 244399 5 244399 7	PROCEDURE CODE REVENUE CD T1019 0580	FROM DT THRU DT UNITS 05/18/13 05/18/13 20.00 05/19/13 05/19/13 20.00 05/20/13 05/20/13 20.00 05/21/13 05/21/13 20.00 05/22/13 05/22/13 20.00 05/22/13 05/22/13 20.00 05/23/13 05/23/13 20.00 05/24/13 05/24/13 20.00 CLAIM TOTAL	AMOUNT 84.40 84.40 84.40 84.40 84.40 84.40 590.80 CLAIM ACCOUNT REF.	2443990012008544SUP
REG LOC CLIENT NY 001 2008193 DIAGNOSIS CODES:	2008723 REYNOLDS, HARRIET	BIRTH DATE RECIPIENT ID 07/01/1958 SR66809C 1. 401.9 780.4	PRIOR AUTHORIZATION # 0003855084	
INV # LINE # 244393 1 244393 2	PROCEDURE CODE REVENUE CD 11019 0580 1580	FROM DT THRU DT UNITS 05/21/13 05/21/13 16.00 05/23/13 05/23/13 16.00 CLAIM TOTAL	AMOUNT 67.52 67.52 135.04 CLAIM ACCOUNT REF.	2443930012008723SUP

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PROVIDER ID = 113 PAYER ID = 552			NPI = 1154407492	
REG LOC CLIENT NY 001 2008793 DIAGNOSIS CODES:	SERVICE NAME 2008793 COPE, WILLIE 331.0 401.9	BIRTH DATE RECIPO 02/17/1928 XR986	IENT ID PRIOR AUTHORIZATION 07Q 0004050353	N #
INV # LINE # 244385	PROCEDURE CODE REVENUE CD T1019 0580	05/18/13 05/18/13 48 05/19/13 05/19/13 48 05/20/13 05/20/13 48 05/21/13 05/21/13 48 05/22/13 05/22/13 48 05/23/13 05/23/13 48	ITS AMOUNT .00 202.56 .00 202.56 .00 202.56 .00 202.56 .00 202.56 .00 202.56 .00 202.56 .00 202.56 .1,417.92 CLAIM ACCOUNT	REF. 2443850012008793SUP
REG LOC CLIENT NY 001 2009237 DIAGNOSIS CODES:	SERVICE NAME 2009237 WESTFIELD, BRENDA 710.4 250.00 401.9 41			N #
INV # LINE # 244394 1 244394 2 244394 3 244394 4 244394 5 244394 6 244394 7	PROCEDURE CODE REVENUE CD T1019 0580	05/18/13 05/18/13 32 05/19/13 05/19/13 32 05/20/13 05/20/13 32 05/21/13 05/21/13 32 05/22/13 05/22/13 32 05/23/13 05/23/13 32	ITS AMOUNT .00 135.04 .00 135.04 .00 135.04 .00 135.04 .00 135.04 .00 135.04 .00 135.04 .00 135.04 .01 135.04 .02 135.04 .03 135.04 .04 135.04 .05 135.04 .06 135.04 .07 135.04 .08 135.04	REF. 2443940012009237SUP
REG LOC CLIENT NY 001 2008395 DIAGNOSIS CODES:	SERVICE NAME 2009406 AHMAD, AMATUL 799.89 253.5 272.4 40	BIRTH DATE RECIP 08/03/1953 YG158 1.9 493.92 696.8	IENT ID PRIOR AUTHORIZATION 21Z 0004979372	N #
INV # LINE # 244396	PROCEDURE CODE REVENUE CD T1019 0580	05/18/13 05/18/13 16 05/19/13 05/19/13 16 05/20/13 05/20/13 16 05/21/13 05/21/13 16 05/22/13 05/22/13 16 05/23/13 05/23/13 16	TTS AMOUNT .00 67.52 .00 67.52 .00 67.52 .00 67.52 .00 67.52 .00 67.52 .00 67.52 .00 67.52 .01 67.52 .02 67.52 .03 67.52 .04 CLAIM ACCOUNT	REF. 2443960012009406SUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492 PAYER ID = 55247HEALTH INSURANCE PLAN BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # REG LOC CLIENT SERVICE NAME NY 001 2008414 2009562 CIPRIAN, JACQUELINE 12/03/1963 ZU96435W 0004979520 DIAGNOSIS CODES: 345.90 PROCEDURE CODE REVENUE CD FROM DT THRU DT INV # LINE # UNITS TRUDOMA 1 T1019 244397 0580 05/22/13 05/22/13 40.00 168.80 2 0580 244397 T1019 05/23/13 05/23/13 40.00 168.80 CLAIM TOTAL 337.60 CLAIM ACCOUNT REF. 2443970012009562SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 2009686 GAFFNEY, FREDERICK 01/04/1939 RH10373H 0005177081 NY 001 2009686 DIAGNOSIS CODES: 315.8 357.4 389.8 401.9 493.91 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT LINE # 244388 1 T1019 0580 05/20/13 05/20/13 16.00 67.52 0580 0580 0580 0580 244388 2 T1019 05/21/13 05/21/13 16.00 67.52 05/21/13 05/21/13 16.00 05/22/13 05/22/13 16.00 05/23/13 05/23/13 16.00 05/24/13 05/24/13 16.00 3 T1019 67.52 244388 4 T1019 67.52 244388 244388 5 T1019 67.52 337.60 CLAIM ACCOUNT REF. 2443880012009686SUP CLAIM TOTAL BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 03/12/1934 12030545001 0004676295
 REG
 LOC
 CLIENT
 SERVICE
 NAME
 BIRTH DATE
 RECIPIENT ID

 NY
 001
 2009945
 2009945
 JACKSON, FRANCES
 03/12/1934
 12030545001
 DIAGNOSIS CODES: 332.0 250.00 401.9 722.10 785.2 PROCEDURE CODE REVENUE CD FROM DT THRU DT AMOUNT INV # LINE # UNITS 05/18/13 05/18/13 28.00 118.16 244390 1 T1019 0580 0580 0580 0580 0580 0580 0580 244390 2 T1019 05/19/13 05/19/13 28.00 118.16 05/20/13 05/20/13 28.00 244390 3 T1019 118.16 244390 4 T1019 05/21/13 05/21/13 28.00 118.16 05/22/13 05/22/13 28.00 05/23/13 05/23/13 28.00 05/24/13 05/24/13 24.00244390 5 T1019 118.16 244390 6 T1019 118.16 7 T1019 101.28 244390 CLAIM TOTAL 810.24 CLAIM ACCOUNT REF. 2443900012009945SUP PRIOR AUTHORIZATION # REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID NY 001 2010991 2010991 IANNAZZO, ANGELINA 06/04/1921 RD78526M 0005197384 DIAGNOSIS CODES: 401 9 253 5

DIAGNOSIS	CODED.	401.J	433.3					
INV #	LINE #	PROCEDU	RE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
244389	1	T1019		0580	05/18/13	05/18/13	36.00	151.92
244389	2	T1019		0580	05/19/13	05/19/13	36.00	151.92
244389	3	T1019		0580	05/20/13	05/20/13	36.00	151.92
244389	4	T1019		0580	05/21/13	05/21/13	36.00	151.92

REPORT DATE 05/29/13 SU INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E	JNNYSIDE CITYWIDE E5002013052907073336RRSUP	PAGE: 31
	NNYSIDE CITYWIDE NPI = 1154407492 ALTH INSURANCE PLAN	
INV # LINE # PROCEDURE CODE REVE 244389 5 T1019 0580 244389 6 T1019 0580 244389 7 T1019 0580	0.0005/23/13 $0.00000000000000000000000000000000000$	2443890012010991SUP
REG LOC CLIENT SERVICE NAME NY 001 2008113 2011066 COPELAND, DIAGNOSIS CODES: 250.00 369.9 311		
INV # LINE # PROCEDURE CODE REVE 244386	2 05/19/13 05/19/13 8.00 114.00 2 05/20/13 05/20/13 8.00 114.00 2 05/21/13 05/21/13 8.00 114.00 2 05/22/13 05/22/13 8.00 114.00 2 05/23/13 05/23/13 8.00 114.00 2 05/23/13 05/24/13 8.00 114.00	2443860012011066SUP
REG LOC CLIENT SERVICE NAME NY 001 2008273 2011526 DE JESUS, DIAGNOSIS CODES: 250.03 369.60 401	BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 08/11/1947 XX16524S 0005503237 1.9 414.04 799.89 V60.3	
INV # LINE # PROCEDURE CODE REVE 244387 1 T1019 0580 244387 2 T1019 0580 244387 3 T1019 0580 244387 4 T1019 0580 244387 5 T1019 0580 244387 6 T1019 0580 244387 7 T1019 0580	0 05/19/13 05/19/13 48.00 202.56 0 05/20/13 05/20/13 48.00 202.56 0 05/21/13 05/21/13 48.00 202.56 0 05/22/13 05/22/13 48.00 202.56 0 05/23/13 05/23/13 48.00 202.56 0 05/24/13 05/24/13 48.00 202.56	2443870012011526SUP
REG LOC CLIENT SERVICE NAME NY 001 2009467 2011833 KEATON, C. DIAGNOSIS CODES: 715.00 365.9 401		
INV # LINE # PROCEDURE CODE REVE 244391 1 T1019 0580 244391 2 T1019 0580 244391 3 T1019 0580 244391 4 T1019 0580 244391 5 T1019 0580	0 05/19/13 05/19/13 48.00 202.56 0 05/20/13 05/20/13 48.00 202.56 0 05/21/13 05/21/13 48.00 202.56	

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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 0580 244391 6 T1019 05/23/13 05/23/13 48.00 202.56 244391 7 T1019 0580 05/24/13 05/24/13 48.00 202.56

CLAIM TOTAL 1,417.92 CLAIM ACCOUNT REF. 2443910012011833SUP

CLAIM TOTAL

422.00 CLAIM ACCOUNT REF. 2443950012012343SUP

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

 NY
 001
 2010634
 2012343
 YIANNITSIS, LEO
 07/13/1934
 15438872
 0005825708

 DIAGNOSIS CODES:
 253.5
 272.4
 311.
 401.9

LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 0580 244395 1 T1019 05/20/13 05/20/13 20.00 84.40 0580 244395 T1019 05/21/13 05/21/13 20.00 84.40 0580 244395 T1019 05/22/13 05/22/13 20.00 84.40 244395 4 T1019 0580 05/23/13 05/23/13 20.00 84.40 244395 5 T1019 0580 05/24/13 05/24/13 20.00 84.40

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2012541 2012541 LANGELOH, HOWARD 09/29/1923 16394107 0005921983

DIAGNOSIS CODES: 715.90 250.00 272.4 401.9 493.91 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 05/18/13 05/18/13 244392 1 T1019 0580 24.00 101.28 244392 2. T1019 0580 05/19/13 05/19/13 24.00 101.28 244392 T1019 0580 05/20/13 05/20/13 24.00 101.28 3

0580 244392 T1019 05/21/13 05/21/13 24.00 101.28 0580 244392 5 T1019 05/22/13 05/22/13 24.00 101.28 6 T1019 0580 244392 05/23/13 05/23/13 24.00 101.28 CLAIM TOTAL 607.68 CLAIM ACCOUNT REF. 2443920012012541SUP

PAYER TOTALS: HEALTH INSURANCE PLAN # OF CLAIMS = 90 TOTAL CLAIM AMOUNT = 11,449.28 # SERVICES = 16

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 77073 VNSNY CHOICE

111111111111111111111111111111111111111	VIVDIVI CITOT			
REG LOC CLIENT NY 001 2008374 DIAGNOSIS CODES:	2010958 KARASSAVIDES, AR	BIRTH DATE RECIPIENT ID ISTOTI 10/09/1962 V80041904 99.89	PRIOR AUTHORIZATION # 123590054	
INV # LINE # 244478 1 244478 2 244478 3 244478 4	PROCEDURE CODE REVENUE CD S5125 S5125 S5125 S5125	FROM DT THRU DT UNITS 05/20/13 05/20/13 28.00 05/21/13 05/21/13 28.00 05/22/13 05/22/13 28.00 05/23/13 05/23/13 28.00 CLAIM TOTAL	AMOUNT 120.12 120.12 120.12 120.12 480.48 CLAIM ACCOUNT REF.	2444780012010958SUP
REG LOC CLIENT NY 001 2012481 DIAGNOSIS CODES:	2012481 REYES, LORGIO	BIRTH DATE RECIPIENT ID 05/15/1982 V80024771 89.9 401.9	PRIOR AUTHORIZATION # 130240009	
INV # LINE # 244479 1 244479 2 244479 3 244479 4 244479 5 244479 6	PROCEDURE CODE REVENUE CD S5125 S5125 S5125 S5125 S5125 S5125 S5125	FROM DT THRU DT UNITS 05/18/13 05/18/13 24.00 05/20/13 05/20/13 40.00 05/21/13 05/21/13 24.00 05/22/13 05/22/13 40.00 05/22/13 05/23/13 24.00 05/23/13 05/23/13 24.00 05/24/13 05/24/13 40.00	AMOUNT 102.96 171.60 102.96 171.60 102.96 171.60	

CLAIM TOTAL

823.68 CLAIM ACCOUNT REF. 2444790012012481SUP

PAYER TOTALS: VNSNY CHOICE # OF CLAIMS = 10 TOTAL CLAIM AMOUNT = 1,304.16

SERVICES = 2

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141HEALTHFIRST PHSP

REG LOC CLIENT NY 001 2008246 DIAGNOSIS CODES:	SERVICE NAME 2008246 RIVERA, CHRISTOPE 314.01	BIRTH DATE RECIPIENT ID UW23596M	PRIOR AUTHORIZATION # R2269158	
INV # LINE # 244338 1 2 244338 3 244338 4 244338 5 244338 6 244338 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 05/18/13 05/18/13 12.00 05/19/13 05/19/13 12.00 05/20/13 05/20/13 12.00 05/21/13 05/21/13 12.00 05/22/13 05/22/13 12.00 05/23/13 05/23/13 12.00 05/24/13 05/24/13 12.00 05/24/13 05/24/13 12.00 CLAIM TOTAL	AMOUNT 50.64 50.64 50.64 50.64 50.64 50.64 50.64 50.64 354.48 CLAIM ACCOUNT REF.	2443380012008246SUP
REG LOC CLIENT NY 001 2008248 DIAGNOSIS CODES:	SERVICE NAME 2008248 RIVERA, EDDIE 339.02 367.1 369.10	BIRTH DATE RECIPIENT ID 01/29/1960 YP34893V	PRIOR AUTHORIZATION # R2226367	
INV # LINE # 244339 1 244339 2 244339 3 244339 4	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 05/20/13 05/20/13 12.00 05/21/13 05/21/13 12.00 05/22/13 05/22/13 12.00 05/23/13 05/23/13 12.00 CLAIM TOTAL	AMOUNT 50.64 50.64 50.64 50.64 202.56 CLAIM ACCOUNT REF.	2443390012008248SUP
REG LOC CLIENT NY 001 2008249 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID ARLOTA 01/20/1936 QR43529V 733.00	PRIOR AUTHORIZATION # 0105101301235	
INV # LINE # 244333 1 244333 2 244333 4 244333 5 244333 6 244333 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 05/18/13 05/18/13 44.00 05/19/13 05/19/13 44.00 05/20/13 05/20/13 44.00 05/21/13 05/21/13 20.00 05/22/13 05/22/13 44.00 05/23/13 05/23/13 44.00 05/24/13 05/24/13 44.00	AMOUNT 185.68 185.68 185.68 84.40 185.68 185.68	0.440.220.01.00.00.40.000

CLAIM TOTAL

1,198.48 CLAIM ACCOUNT REF. 2443330012008249SUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT NY 001 2008250 DIAGNOSIS CODES:	SERVICE NAME 2008250 SALAZAR, LUZ MARI 952.9 564.81 596.54 80		PRIOR AUTHORIZATION # R2266641	
INV # LINE # 244341 1 2 244341 2 244341 4 244341 5 244341 6 244341 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 05/18/13 05/18/13 32.00 05/19/13 05/19/13 32.00 05/20/13 05/20/13 32.00 05/21/13 05/21/13 32.00 05/22/13 05/22/13 32.00 05/23/13 05/23/13 32.00 05/24/13 05/24/13 32.00 CLAIM TOTAL	AMOUNT 135.04 135.04 135.04 135.04 135.04 135.04 135.04 135.04 945.28 CLAIM ACCOUNT REF.	2443410012008250SUP
REG LOC CLIENT NY 001 2008251 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID 12/31/1919 UH02585Q	PRIOR AUTHORIZATION # R2162064	
INV # LINE # 244321 1 244321 2 244321 3 244321 4	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 05/20/13 05/20/13 32.00 05/21/13 05/21/13 32.00 05/22/13 05/22/13 32.00 05/23/13 05/23/13 32.00 CLAIM TOTAL	AMOUNT 135.04 135.04 135.04 135.04 540.16 CLAIM ACCOUNT REF.	2443210012008251SUP
REG LOC CLIENT NY 001 2008253 DIAGNOSIS CODES:	2008253 MACARENA, SAHARA	BIRTH DATE RECIPIENT ID 09/12/1965 VT07830U	PRIOR AUTHORIZATION # R2084101	
INV # LINE # 244334 1 244334 2 244334 3 244334 5 244334 6 244334 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 05/18/13 05/18/13 48.00 05/19/13 05/19/13 48.00 05/20/13 05/20/13 48.00 05/21/13 05/21/13 48.00 05/22/13 05/22/13 48.00 05/22/13 05/22/13 48.00 05/23/13 05/23/13 48.00 05/24/13 05/24/13 48.00	AMOUNT 202.56 202.56 202.56 202.56 202.56 202.56 202.56	2442240012000252077

CLAIM TOTAL

1,417.92 CLAIM ACCOUNT REF. 2443340012008253SUP

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

REG LOC NY 001 2 DIAGNOSIS (CLIENT 2008256 CODES:	SERVICE NAME 2008256 CARMONA, LUZ 294.8 401.9	BIRTH DATE RECIPIENT ID 08/10/1954 XJ24416K	PRIOR AUTHORIZATION # R2052507	
INV # 1 244317 244317 244317	LINE # 1 2 3	PROCEDURE CODE REVENUE CD T1019 T1019 T1019	FROM DT THRU DT UNITS 05/20/13 05/20/13 32.00 05/21/13 05/21/13 32.00 05/22/13 05/22/13 32.00 CLAIM TOTAL	AMOUNT 135.04 135.04 135.04 405.12 CLAIM ACCOUNT REF.	2443170012008256SUP
	CLIENT 2008256 CODES:	SERVICE NAME 2008256 CARMONA, LUZ 294.8 401.9	BIRTH DATE RECIPIENT ID 08/10/1954 XJ24416K	PRIOR AUTHORIZATION # 0104121301251	
INV # 1 244318 244318	LINE # 1 2	PROCEDURE CODE REVENUE CD T1019 T1019	FROM DT THRU DT UNITS 05/23/13 05/23/13 32.00 05/24/13 32.00 CLAIM TOTAL	AMOUNT 135.04 135.04 270.08 CLAIM ACCOUNT REF.	2443180012008256SUP
	CLIENT 2008257 CODES:	SERVICE NAME 2008257 ESTEVES, JOSE 345.40	BIRTH DATE RECIPIENT ID 09/04/1948 YD71377C	PRIOR AUTHORIZATION # 0103261301993	
INV # 1 244324 244324 244324 244324 244324 244324	LINE # 1 2 3 4 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 05/18/13 05/18/13 24.00 05/19/13 05/19/13 24.00 05/20/13 05/20/13 24.00 05/21/13 05/21/13 24.00 05/23/13 05/23/13 24.00 05/24/13 05/24/13 24.00 05/24/13 05/24/13 24.00 CLAIM TOTAL	AMOUNT 101.28 101.28 101.28 101.28 101.28 101.28 607.68 CLAIM ACCOUNT REF.	2443240012008257SUP
REG LOC NY 001 1 DIAGNOSIS 0	CLIENT 2008290 CODES:	SERVICE NAME 2008290 SALHUANA, YOLANDA 249.70 362.50 401.9 73	BIRTH DATE RECIPIENT ID 08/25/1935 SZ24247J	PRIOR AUTHORIZATION # 0103261301164	
INV # 1 244342 244342 244342 244342 244342 244342	LINE # 1 2 3 4 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 05/20/13 05/20/13 32.00 05/21/13 05/21/13 32.00 05/22/13 05/22/13 32.00 05/23/13 05/23/13 32.00 05/24/13 05/24/13 32.00 CLAIM TOTAL	AMOUNT 135.04 135.04 135.04 135.04 675.20 CLAIM ACCOUNT REF.	2443420012008290SUP

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

PAYER	ID = 801	.41	HEALTHFIRST	PHSP					
REG LOC NY 001 DIAGNOSIS	CLIENT 2008362		NES, PEDRO 427.31 428	08/	27/1948	RECIPIENT ID RX10287Z	PRIO R224	OR AUTHORIZATION # 40716	
DIAGNOSIS	CODED.	724.3 270.00	12/.JI 120	724	. 4				
INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
244326	1	T1019		05/19/13			135.04		
244326	2	T1019		05/20/13			135.04		
244326 244326	3	T1019 T1019		05/21/13			135.04		
244326	4 5	T1019 T1019		05/22/13 05/23/13			135.04 135.04		
244326	5 6	T1019		05/23/13			135.04		
244320	Ö	11019		05/24/13		AIM TOTAL	810.24	CLAIM ACCOUNT PER	2443260012008362SUP
					CI.	AIM IOIAL	010.24	CLAIM ACCOUNT REF.	244320001200030250P
REG LOC	CLIENT	SERVICE NAME		BIR	TH DATE	RECIPIENT ID	PRIC	OR AUTHORIZATION #	
NY 001	2008368	2008368 RODRI	GUEZ, MARGARI			ZP21043J		59936	
DIAGNOSIS	CODES:	295.90 250.00	272.4 311			.3 733.00	780.52		
INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
244340	1	T1019		05/20/13			67.52		
244340	2	T1019		05/21/13			67.52		
244340 244340	3 4	T1019 T1019		05/22/13 05/23/13			67.52 67.52		
244340	5	T1019		05/23/13			67.52		
244340	5	11019		03/24/13		AIM TOTAL	337.60	CLAIM ACCOUNT DEE	2443400012008368SUP
					CIL	AIN TOTAL	337.00	CHAIN ACCOUNT REF.	2113100012000300501
REG LOC	CLIENT	SERVICE NAME		BIR	TH DATE	RECIPIENT ID	PRIC	OR AUTHORIZATION #	
NY 001	2008411		CISCO, RICHARI	07/	10/1968	XR22414G	R217	76143	
DIAGNOSIS	CODES:	401.9 443.9							
INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
244327 244327	1 2	T1019 T1019		05/18/13			135.04		
244327	3	T1019 T1019		05/19/13 05/20/13	05/19/13		135.04 135.04		
244327	4	T1019		05/20/13			135.04		
244327	5	T1019		05/21/13			135.04		
244327	6	T1019		05/23/13			135.04		
244327	7	T1019		05/24/13			135.04		
					CL	AIM TOTAL	945.28	CLAIM ACCOUNT REF.	2443270012008411SUP

REPORT DATE 05/29/13 PAGE: SUNNYSIDE CITYWIDE 38

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

6 T1019

244312

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 2008428 2008428 KAUR, HARBANS 02/03/1937 VB22061J 0103261301334 DIAGNOSIS CODES: 401.9 272.4 332.1 453.42 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 244330 1 T1019 05/18/13 05/18/13 24.00 101.28 244330 2 T1019 05/19/13 05/19/13 4.00 244330 16.88 05/20/13 05/20/13 28.00 244330 3 T1019 118.16 244330 4 T1019 05/21/13 05/21/13 28.00 118.16 5 T1019 6 T1019 7 T1019 244330 05/22/13 05/22/13 28.00 118.16 244330 05/23/13 05/23/13 28.00 118.16 244330 05/24/13 05/24/13 28.00 118.16 CLAIM TOTAL 708.96 CLAIM ACCOUNT REF. 2443300012008428SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 05/13/1954 VG15691D R2088833 REG LOC CLIENT SERVICE NAME NY 001 2008433 2008433 BHAIRO, KOWSILILLI 05/13/1954 VG15691D DIAGNOSIS CODES: 340. 286.0 311. 401.9 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 135.04 135.04 135.04 1 T1019 05/18/13 05/18/13 32.00 244313 244313 2 T1019 05/19/13 05/19/13 32.00 3 T1019 244313 05/20/13 05/20/13 32.00 244313 4 T1019 05/21/13 05/21/13 32.00 135.04 5 T1019 6 T1019 7 T1019 244313 05/22/13 05/22/13 32.00 135.04 244313 05/23/13 05/23/13 32.00 135.04 7 T1019 05/24/13 05/24/13 32.00 135.04 244313 CLAIM TOTAL 945.28 CLAIM ACCOUNT REF. 2443130012008433SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 11/23/1949 VD44720Z 0101171302771 REG LOC CLIENT SERVICE NAME NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z DIAGNOSIS CODES: 250.00 244.8 311. 401.9 428.0 733.00 UNITS INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT AMOUNT 05/18/13 05/18/13 12.00 T1019 244312 1 50.64 244312 2 T1019 05/20/13 05/20/13 20.00 84.40 3 T1019 05/21/13 05/21/13 20.00 244312 84.40 4 T1019 05/22/13 05/22/13 20.00 244312 84.40 05/23/13 05/23/13 20.00 05/24/13 05/24/13 20.00 5 T1019 244312 84.40

7/13 20.00 84.40 CLAIM TOTAL 472.64 CLAIM ACCOUNT REF. 2443120012008487SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141HEALTHFIRST PHSP

REG LOC	CLIENT	SERVICE	NAME	BIR	TH DATE	RECIPIENT	ID PRIO	OR AUTHORIZATION #	
NY 001	2008558		SURIEL, GERTRUDIS		17/1950	ZE67447D		23526	
DIAGNOSIS				5.00	,				
INV #	LINE #	PROCEDURE	CODE REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
244345	1	T1019		05/18/13	05/18/13		202.56		
244345	2	T1019		05/19/13	05/19/13		202.56		
244345	3	T1019		05/20/13	05/20/13	48.00	202.56		
244345	4	T1019		05/21/13	05/21/13	48.00	202.56		
244345	5	T1019		05/22/13	05/22/13	48.00	202.56		
244345	6	T1019		05/23/13	05/23/13	48.00	202.56		
244345	7	T1019		05/24/13	05/24/13		202.56		
211313	•	11017		03/21/13		AIM TOTAL	1,417.92	CLAIM ACCOUNT REF.	2443450012008558SUP
					02		1,11,02	021111 110000111 1121 .	2113130012000300001
REG LOC	CLIENT	SERVICE	NAME	BIR	TH DATE	RECIPIENT	ID PRIO	OR AUTHORIZATION #	
NY 001	2008571	2008571	ESPAILLAT, AMPARO	12/	25/1949	ZG25447P	010	3131301379	
DIAGNOSIS				5.9 366					
INV #	LINE #	PROCEDURE	CODE REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
244323	1	T1019		05/18/13	05/18/13	16.00	67.52		
244323	2	T1019		05/19/13	05/19/13	16.00	67.52		
244323	3	T1019		05/20/13	05/20/13	24.00	101.28		
244323	4	T1019		05/21/13	05/21/13	24.00	101.28		
244323	5	T1019		05/22/13	05/22/13		101.28		
244323	6	T1019		05/23/13	05/23/13		101.28		
244323	7	T1019		05/24/13	05/24/13		101.28		
211323	•	11017		03/21/13		AIM TOTAL	641.44	CLAIM ACCOUNT REF.	2443230012008571SUP
					02		011.11	021111 110000111 1121 .	2113230012000372801
REG LOC	CLIENT	SERVICE	NAME	BIR	TH DATE	RECIPIENT	ID PRIO	OR AUTHORIZATION #	
NY 001	2008380	2009001	FERRERA, FRANCISC	'A 06/	06/1948	YH55651V	R21	13770	
DIAGNOSIS	CODES:	301.9 40	1.9 493.00		,				
INV #	LINE #	PROCEDURE	CODE REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
244325	1	T1019		05/18/13	05/18/13	40.00	168.80		
244325	2	T1019		05/19/13	05/19/13	40.00	168.80		
244325	3	T1019		05/20/13	05/20/13	40.00	168.80		
244325	4	T1019		05/21/13	05/21/13	40.00	168.80		
244325	5	T1019		05/22/13	05/22/13		168.80		
244325	6	T1019		05/23/13	05/23/13		168.80		
244325	7	T1019		05/24/13	05/24/13		168.80		

CLAIM TOTAL

1,181.60 CLAIM ACCOUNT REF. 2443250012009001SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
	2008271	2009270 CARRION, MARIA		SC64434E	R2230145	
DIAGNOSIS	CODES:	250.00 294.10 401.9 V	L2.54			
TATE !!	T T3TD			INITEG	AMOLDIE	
INV # 244320	LINE # 1	PROCEDURE CODE REVENUE CD T1019	FROM DT THRU DT 05/18/13 05/18/1		AMOUNT 135.04	
244320	2	T1019	05/20/13 05/20/1		135.04	
244320	3	T1019	05/21/13 05/21/1		135.04	
244320	4	T1019	05/22/13 05/22/1		135.04	
244320	5	T1019	05/23/13 05/23/1	3 32.00	135.04	
244320	6	T1019	05/24/13 05/24/1		135.04	
			C	LAIM TOTAL	810.24 CLAIM ACCOUNT REF.	2443200012009270SUP
REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
	2009405), NEL 05/25/1925	PF03624B	0103141302031	
DIAGNOSIS			3, 1122 03, 23, 1323	11030212	0100111002001	
INV #	LINE #	PROCEDURE CODE REVENUE CD	FROM DT THRU DT		AMOUNT	
244322 244322	1 2	T1019 T1019	05/20/13 05/20/1 05/21/13 05/21/1		101.28 101.28	
244322	2	11019		3 24.00 LAIM TOTAL		2443220012009405SUP
			C	LAIM IOIAL	202.50 CLAIM ACCOUNT REF.	244322001200940330P
REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
NY 001	2009425	2009425 FRIAS, BARBARA	BIRTH DATE 04/01/1954	RECIPIENT ID YQ10410R	PRIOR AUTHORIZATION # 0103191302380	
	2009425	2009425 FRIAS, BARBARA				
NY 001 DIAGNOSIS	2009425 CODES:	2009425 FRIAS, BARBARA 785.9 V44.2	04/01/1954	YQ10410R	0103191302380	
NY 001	2009425	2009425 FRIAS, BARBARA		YQ10410R UNITS		
NY 001 DIAGNOSIS INV #	2009425 CODES: LINE #	2009425 FRIAS, BARBARA 785.9 V44.2 PROCEDURE CODE REVENUE CD	04/01/1954 FROM DT THRU DT	YQ10410R UNITS 3 16.00	0103191302380 AMOUNT	
NY 001 DIAGNOSIS INV # 244328	2009425 CODES: LINE #	2009425 FRIAS, BARBARA 785.9 V44.2 PROCEDURE CODE REVENUE CD T1019	04/01/1954 FROM DT THRU DT 05/20/13 05/20/1	YQ10410R UNITS 3 16.00 3 16.00	0103191302380 AMOUNT 67.52	
NY 001 DIAGNOSIS INV # 244328 244328	2009425 CODES: LINE # 1 2	2009425 FRIAS, BARBARA 785.9 V44.2 PROCEDURE CODE REVENUE CD T1019 T1019	04/01/1954 FROM DT THRU DT 05/20/13 05/20/1 05/22/13 05/22/1 05/24/13 05/24/1	YQ10410R UNITS 3 16.00 3 16.00	0103191302380 AMOUNT 67.52 67.52 67.52	2443280012009425SUP
NY 001 DIAGNOSIS INV # 244328 244328 244328	2009425 CODES: LINE # 1 2 3	2009425 FRIAS, BARBARA 785.9 V44.2 PROCEDURE CODE REVENUE CD T1019 T1019 T1019	04/01/1954 FROM DT THRU DT 05/20/13 05/20/1 05/22/13 05/22/1 05/24/13 05/24/1	YQ10410R UNITS 3 16.00 3 16.00 3 16.00 LAIM TOTAL	0103191302380 AMOUNT 67.52 67.52 67.52 202.56 CLAIM ACCOUNT REF.	2443280012009425SUP
NY 001 DIAGNOSIS INV # 244328 244328 244328 REG LOC	2009425 CODES: LINE # 1 2 3	2009425 FRIAS, BARBARA 785.9 V44.2 PROCEDURE CODE REVENUE CD T1019 T1019 T1019 SERVICE NAME	04/01/1954 FROM DT THRU DT 05/20/13 05/20/1 05/22/13 05/22/1 05/24/13 05/24/1 C BIRTH DATE	YQ10410R UNITS 3 16.00 3 16.00 3 16.00 LAIM TOTAL RECIPIENT ID	0103191302380 AMOUNT 67.52 67.52 67.52 202.56 CLAIM ACCOUNT REF. PRIOR AUTHORIZATION #	2443280012009425SUP
NY 001 DIAGNOSIS INV # 244328 244328 244328	2009425 CODES: LINE # 1 2 3 CLIENT 2009560	2009425 FRIAS, BARBARA 785.9 V44.2 PROCEDURE CODE REVENUE CD T1019 T1019 T1019 SERVICE NAME 2009560 BOCHENEC, JOLANTA	04/01/1954 FROM DT THRU DT 05/20/13 05/20/1 05/22/13 05/22/1 05/24/13 05/24/1 C BIRTH DATE	YQ10410R UNITS 3 16.00 3 16.00 3 16.00 LAIM TOTAL	0103191302380 AMOUNT 67.52 67.52 67.52 202.56 CLAIM ACCOUNT REF.	2443280012009425SUP
NY 001 DIAGNOSIS INV # 244328 244328 244328 REG LOC NY 001 DIAGNOSIS	2009425 CODES: LINE # 1 2 3 CLIENT 2009560 CODES:	2009425 FRIAS, BARBARA 785.9 V44.2 PROCEDURE CODE REVENUE CD T1019 T1019 T1019 SERVICE NAME 2009560 BOCHENEC, JOLANT: 854.00 272.4 300.00 36	04/01/1954 FROM DT THRU DT 05/20/13 05/20/1 05/22/13 05/22/1 05/24/13 05/24/1 C BIRTH DATE A 07/08/1964 07.42 781.0	YQ10410R UNITS 3 16.00 3 16.00 3 16.00 LAIM TOTAL RECIPIENT ID ZT71147Q	0103191302380 AMOUNT 67.52 67.52 67.52 202.56 CLAIM ACCOUNT REF. PRIOR AUTHORIZATION # R2066168	2443280012009425SUP
NY 001 DIAGNOSIS INV # 244328 244328 244328 REG LOC NY 001 DIAGNOSIS INV #	2009425 CODES: LINE # 1 2 3 CLIENT 2009560 CODES: LINE #	2009425 FRIAS, BARBARA 785.9 V44.2 PROCEDURE CODE REVENUE CD T1019 T1019 T1019 SERVICE NAME 2009560 BOCHENEC, JOLANT: 854.00 272.4 300.00 30 PROCEDURE CODE REVENUE CD	04/01/1954 FROM DT THRU DT 05/20/13 05/20/1 05/22/13 05/22/1 05/24/13 05/24/1 C BIRTH DATE A 07/08/1964 07.42 781.0 FROM DT THRU DT	YQ10410R UNITS 3 16.00 3 16.00 3 16.00 LAIM TOTAL RECIPIENT ID ZT71147Q UNITS	0103191302380 AMOUNT 67.52 67.52 67.52 202.56 CLAIM ACCOUNT REF. PRIOR AUTHORIZATION # R2066168 AMOUNT	2443280012009425SUP
NY 001 DIAGNOSIS INV # 244328 244328 244328 REG LOC NY 001 DIAGNOSIS INV # 244315	2009425 CODES: LINE # 1 2 3 CLIENT 2009560 CODES: LINE #	2009425 FRIAS, BARBARA 785.9 V44.2 PROCEDURE CODE REVENUE CD T1019 T1019 T1019 SERVICE NAME 2009560 BOCHENEC, JOLANT: 854.00 272.4 300.00 30 PROCEDURE CODE REVENUE CD T1019	04/01/1954 FROM DT THRU DT 05/20/13 05/20/1 05/22/13 05/22/1 05/24/13 05/24/1 C BIRTH DATE 07/08/1964 07.42 781.0 FROM DT THRU DT 05/18/13 05/18/1	YQ10410R UNITS 3 16.00 3 16.00 3 16.00 LAIM TOTAL RECIPIENT ID ZT71147Q UNITS 3 24.00	0103191302380 AMOUNT 67.52 67.52 67.52 202.56 CLAIM ACCOUNT REF. PRIOR AUTHORIZATION # R2066168 AMOUNT 101.28	2443280012009425SUP
NY 001 DIAGNOSIS INV # 244328 244328 244328 REG LOC NY 001 DIAGNOSIS INV # 244315 244315	2009425 CODES: LINE # 1 2 3 CLIENT 2009560 CODES: LINE # 1 2	2009425 FRIAS, BARBARA 785.9 V44.2 PROCEDURE CODE REVENUE CD T1019 T1019 T1019 SERVICE NAME 2009560 BOCHENEC, JOLANTZ 854.00 272.4 300.00 30 PROCEDURE CODE REVENUE CD T1019 T1019	04/01/1954 FROM DT THRU DT 05/20/13 05/20/1 05/22/13 05/22/1 05/24/13 05/24/1 C BIRTH DATE A 07/08/1964 07.42 781.0 FROM DT THRU DT 05/18/13 05/18/1 05/19/13 05/19/1	YQ10410R UNITS 3 16.00 3 16.00 3 16.00 LAIM TOTAL RECIPIENT ID ZT71147Q UNITS 3 24.00 3 20.00	0103191302380 AMOUNT 67.52 67.52 67.52 202.56 CLAIM ACCOUNT REF. PRIOR AUTHORIZATION # R2066168 AMOUNT 101.28 84.40	2443280012009425SUP
NY 001 DIAGNOSIS INV # 244328 244328 244328 REG LOC NY 001 DIAGNOSIS INV # 244315 244315 244315	2009425 CODES: LINE # 1 2 3 CLIENT 2009560 CODES: LINE # 1 2 3	2009425 FRIAS, BARBARA 785.9 V44.2 PROCEDURE CODE REVENUE CD T1019 T1019 T1019 SERVICE NAME 2009560 BOCHENEC, JOLANTZ 854.00 272.4 300.00 30 PROCEDURE CODE REVENUE CD T1019 T1019 T1019	04/01/1954 FROM DT THRU DT 05/20/13 05/20/1 05/22/13 05/22/1 05/24/13 05/24/1 C BIRTH DATE A 07/08/1964 07.42 781.0 FROM DT THRU DT 05/18/13 05/18/1 05/19/13 05/19/1 05/20/13 05/20/1	YQ10410R UNITS 3 16.00 3 16.00 16.00 LAIM TOTAL RECIPIENT ID ZT71147Q UNITS 3 24.00 3 20.00 3 24.00	0103191302380 AMOUNT 67.52 67.52 67.52 202.56 CLAIM ACCOUNT REF. PRIOR AUTHORIZATION # R2066168 AMOUNT 101.28 84.40 101.28	2443280012009425SUP
NY 001 DIAGNOSIS INV # 244328 244328 244328 REG LOC NY 001 DIAGNOSIS INV # 244315 244315	2009425 CODES: LINE # 1 2 3 CLIENT 2009560 CODES: LINE # 1 2	2009425 FRIAS, BARBARA 785.9 V44.2 PROCEDURE CODE REVENUE CD T1019 T1019 T1019 SERVICE NAME 2009560 BOCHENEC, JOLANTZ 854.00 272.4 300.00 30 PROCEDURE CODE REVENUE CD T1019 T1019	04/01/1954 FROM DT THRU DT 05/20/13 05/20/1 05/22/13 05/22/1 05/24/13 05/24/1 C BIRTH DATE A 07/08/1964 07.42 781.0 FROM DT THRU DT 05/18/13 05/18/1 05/19/13 05/19/1 05/20/13 05/20/1 05/21/13 05/21/1	YQ10410R UNITS 3 16.00 3 16.00 3 16.00 LAIM TOTAL RECIPIENT ID ZT71147Q UNITS 3 24.00 3 20.00 3 24.00 3 24.00 3 24.00	0103191302380 AMOUNT 67.52 67.52 67.52 202.56 CLAIM ACCOUNT REF. PRIOR AUTHORIZATION # R2066168 AMOUNT 101.28 84.40 101.28 101.28	2443280012009425SUP
NY 001 DIAGNOSIS INV # 244328 244328 244328 REG LOC NY 001 DIAGNOSIS INV # 244315 244315 244315	2009425 CODES: LINE # 1 2 3 CLIENT 2009560 CODES: LINE # 1 2 3 4	2009425 FRIAS, BARBARA 785.9 V44.2 PROCEDURE CODE REVENUE CD T1019 T1019 T1019 SERVICE NAME 2009560 BOCHENEC, JOLANT: 854.00 272.4 300.00 30 PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019	04/01/1954 FROM DT THRU DT 05/20/13 05/20/1 05/22/13 05/22/1 05/24/13 05/24/1 C BIRTH DATE A 07/08/1964 07.42 781.0 FROM DT THRU DT 05/18/13 05/18/1 05/19/13 05/19/1 05/20/13 05/20/1	YQ10410R UNITS 3 16.00 3 16.00 3 16.00 LAIM TOTAL RECIPIENT ID ZT71147Q UNITS 3 24.00 3 20.00 3 24.00 3 24.00 3 24.00 3 24.00 3 24.00	0103191302380 AMOUNT 67.52 67.52 67.52 202.56 CLAIM ACCOUNT REF. PRIOR AUTHORIZATION # R2066168 AMOUNT 101.28 84.40 101.28	2443280012009425SUP

CLAIM TOTAL

590.80 CLAIM ACCOUNT REF. 2443150012009560SUP

REPORT DATE 05/29/13 PAGE: SUNNYSIDE CITYWIDE 41

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

INV # LINE #

1

2

T1019

244331

244331

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PROCEDURE CODE REVENUE CD FROM DT THRU DT

T1019

PAYER ID = 80141 HEALTHFIRST PHSP NY 001 2010009 2010009 VEGA, GLORIA 07/06/1955 201450737 PRIOR AUTHORIZATION # DIAGNOSIS CODES: 340. 250.00 272.2 311. PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 244348 1 05/20/13 05/20/13 32.00 135.04 05/21/13 05/21/13 32.00 135.04 244348 T1019 135.04 244348 3 T1019 05/22/13 05/22/13 32.00 244348 4 T1019 05/23/13 05/23/13 32.00 135.04 244348 5 T1019 05/24/13 05/24/13 32.00 135.04 CLAIM TOTAL 675.20 CLAIM ACCOUNT REF. 2443480012010009SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008299 2010311 LAZALA, GLADYS 02/03/1950 ZT39863D R2083859 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 05/18/13 05/18/13 48.00 202.56 244332 1 T1019 244332 T1019 05/19/13 05/19/13 48.00 202.56 T1019 202.56 244332 3 05/20/13 05/20/13 48.00 244332 T1019 05/21/13 05/21/13 48.00 202.56 244332 5 T1019 05/22/13 05/22/13 48.00 202.56 244332 6 T1019 05/23/13 05/23/13 48.00 202.56 244332 7 T1019 05/24/13 05/24/13 48.00 202.56 CLAIM TOTAL 1,417.92 CLAIM ACCOUNT REF. 2443320012010311SUP DEC TOC CTTENT CEDUTCE MAME סדסיים סייגת טייסדס PDTOD XIITUODT7XTTON #

ı	KEG LOC	CLIENI	SERVICE					IH DAIE	RECIPIENT ID		OR AUTHORIZATION #	
ı	NY 001	2010758	2010758	VASQU	JEZ, OLGA	L	11/2	20/1948	WU00136E	R209	94038	
ı	DIAGNOSIS	CODES:	311.	244.9	253.5	401.9	429	.9 493	.90 948.11			
ı	INV #	LINE #	PROCEDUR	E CODE	REVENUE	CD FROM	חת	THRU DT	UNITS	AMOUNT		
ı		гтиг #		E CODE	KEVENUE			_				
ı	244347	1	T1019			05/18	/13	05/18/13	20.00	84.40		
١	244347	2	T1019			05/19	/13	05/19/13	20.00	84.40		
ı	244347	3	T1019			05/23	/13	05/23/13	20.00	84.40		
ı	244347	4	T1019			05/24	/13	05/24/13	20.00	84.40		
								CL	AIM TOTAL	337.60	CLAIM ACCOUNT REF.	2443470012010758SUP
- 1	REG LOC NY 001	CLIENT 2008813	SERVICE 2010967		TOMASA			ГН DATE 11/1931	RECIPIENT ID SX47950B		DR AUTHORIZATION # L5813	
	DIAGNOSIS	CODES:	401.9	244.9	272.4	715.80						

05/18/13 05/18/13

05/20/13 05/20/13 32.00

UNITS

32.00

AMOUNT

135.04

135.04

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

REG LOC CLIENT SERVICE NAME

PROVIDER PAYER			13502051 0141		SUNNYSIDE (NPI = 1154407492
INV #	LIN	IE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
244331		3	T1019			05/21/13	05/21/13	32.00	135.04
244331		4	T1019			05/22/13	05/22/13	32.00	135.04
244331		5	T1019			05/23/13	05/23/13	32.00	135.04
244331		6	т1019			05/24/13	05/24/13	32.00	135.04

NY 001	2008378	2011528 BOWE	RS *, DIANE	10/	01/1946 1	L29232187	R2207419
DIAGNOSIS	CODES:	250.11 300.02	410.90 413	3.9 428	.0 440.9	493.00	
INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
244316	1	T1019		05/20/13	05/20/13	40.00	168.80
244316	2	T1010		05/21/13	05/21/13	40 00	168 80

ı	244316	2	T1019		05/21/13	40.00	168.80		
ı		3	T1019		05/22/13	40.00	168.80		
ı	244316	4	T1019	05/23/13	05/23/13	40.00	168.80		
ı	244316	5	T1019	05/24/13	05/24/13	40.00	168.80		
ı					CLAI	M TOTAL	844.00	CLAIM ACCOUNT REF.	2443160012011528SUP
- 1									

CLAIM TOTAL 810.24 CLAIM ACCOUNT REF. 2443310012010967SUP

CLAIM TOTAL 1,147.84 CLAIM ACCOUNT REF. 2443440012011820SUP

BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #

REG LOC NY 001 DIAGNOSIS	CLIENT 2008405 CODES:	SERVICE NAME 2011820 ST ROMAINE, CLAU 952.9 344.9 596.54		TH DATE 01/1956	RECIPIENT ID UZ14868C	PRIOR AUTHORIZATION # 0102131302292
INV #	LINE #	PROCEDURE CODE REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
244344	1	T1019	05/18/13	05/18/13	36.00	151.92
244344	2	T1019	05/19/13	05/19/13	36.00	151.92
244344	3	T1019	05/20/13	05/20/13	40.00	168.80
244344	4	T1019	05/21/13	05/21/13	40.00	168.80
244344	5	T1019	05/22/13	05/22/13	40.00	168.80
244344	6	T1019	05/23/13	05/23/13	40.00	168.80
244344	7	T1019	05/24/13	05/24/13	40.00	168.80

R	EG L	LOC	CLIENT	SERVICE	NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
N	Y 0	001	2012284	2012284	REINOSO,	EMELIANNA	12/26/1931	115451707	R2106516
D	IAGNO	DSIS	CODES:	799.89					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
244337	1	T1019		05/18/13	05/18/13	40.00	168.80
244337	2	T1019		05/19/13	05/19/13	40.00	168.80
244337	3	T1019		05/20/13	05/20/13	40.00	168.80
244337	4	T1019		05/21/13	05/21/13	40.00	168.80
244337	5	T1019		05/22/13	05/22/13	40.00	168.80
244337	6	T1019		05/23/13	05/23/13	40.00	168.80

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

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

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 244337 7 T1019 05/24/13 05/24/13 40.00 168.80

CLAIM TOTAL 1,181.60 CLAIM ACCOUNT REF. 2443370012012284SUP

REG LOC	CLIENT	SERVICE NAME	⊆	BIF	RTH DATE	RECIPIENT ID	PRIC	OR AUTHORIZATION #	
NY 001	2011495	2012478 ISK	ANDER, JACOUB	S 04/	14/1949	YS88012Z	R214	10203	
DIAGNOSIS	CODES:	748.60 253.5	401.9						
INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
244329	1	T1019		05/18/13	05/18/13	32.00	135.04		
244329	2	T1019		05/19/13	05/19/13	32.00	135.04		
244329	3	T1019		05/20/13	05/20/13	32.00	135.04		
244329	4	T1019		05/21/13	05/21/13		135.04		
244329	5	T1019		05/22/13	05/22/13		135.04		
244329	6	T1019		05/23/13	05/23/13		135.04		
244329	7	T1019		05/24/13	05/24/13		135.04		
211323	,	11019		03/21/13		AIM TOTAL	945.28	CLAIM ACCOUNT REF.	2443290012012478SUP
					011	11111 1011111	713.20	CEMIN MCCOOM REI.	2113230012012170001
REG LOC	CLIENT	SERVICE NAME	2	BIR	RTH DATE	RECIPIENT ID	PRIC	OR AUTHORIZATION #	
NY 001	2012477		- NCO, CARMELINA		19/1940	112990683		241301336	
DIAGNOSIS		715.90 250.00	,	1.9	10, 10	11277000	0101	121201330	
DIAGNOSIS	CODED.	713.30 230.00	272.0 10	1.0					
INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
244314	1	T1019	112121102 02	05/21/13	05/21/13	16.00	67.52		
244314	2	T1019		05/22/13	05/22/13		67.52		
244314	3	T1019		05/23/13	05/23/13		67.52		
244314	4	T1019		05/24/13	05/23/13		67.52		
Z44314	4	11019		05/24/13	05/24/13	10.00	0/.52		

CLAIM TOTAL 270.08 CLAIM ACCOUNT REF. 2443140012012489SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012498 2012498 SCHOONMAKER, JEAN 01/16/1944 116703035 0101171302362
DIAGNOSIS CODES: 799.89

TNA #	TINE #	PROCEDURE CODE	REVENUE CD	FROM DI	IHRU DI	UNIIS	AMOUNT		
244343	1	T1019		05/18/13	05/18/13	32.00	135.04		
244343	2	T1019		05/19/13	05/19/13	32.00	135.04		
244343	3	T1019		05/20/13	05/20/13	36.00	151.92		
244343	4	T1019		05/21/13	05/21/13	36.00	151.92		
244343	5	T1019		05/22/13	05/22/13	36.00	151.92		
244343	6	T1019		05/23/13	05/23/13	36.00	151.92		
					CLAI	M TOTAL	877.76	CLAIM ACCOUNT REF.	2443430012012498SUP

REPORT DATE 05/29/13 PAGE: SUNNYSIDE CITYWIDE 44

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

244336

NPI = 1154407492

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE PAYER ID = 80141 HEALTHFIRST PHSP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2009733 2012683 ORTIZ, TULA 10/30/1957 ST52677J R2161864 DIAGNOSIS CODES: 022.2 272.4 332.1 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 101.28 244335 05/18/13 05/18/13 24.00 2 T1019 05/20/13 05/20/13 24.00 101.28 244335 3 T1019 05/21/13 05/21/13 24.00 101.28 244335 244335 4 T1019 05/22/13 05/22/13 24.00 101.28 5 T1019 244335 05/23/13 05/23/13 24.00 101.28 05/24/13 05/24/13 24.00 101.28 CLAIM TOTAL 607.68 CLAIM ACCOUNT REF. 2443350012012683SUP 244335 6 T1019 REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2012772 2012772 THORNTON, SHIRLEY 09/02/1949 ZM67702P R2196393 DIAGNOSIS CODES: 253.5 493.92 V45.11 AMOUNT INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 135.04 135.04 84.40 244346 1 T1019 05/18/13 05/18/13 32.00 2 T1019 05/19/13 05/19/13 32.00 244346 3 T1019 05/20/13 05/20/13 20.00 244346 4 T1019 05/21/13 05/21/13 32.00 244346 135.04 5 T1019 6 T1019 05/22/13 05/22/13 20.00 244346 84.40 05/23/13 05/23/13 32.00 135.04 CLAIM TOTAL 708.96 CLAIM ACCOUNT REF. 2443460012012772SUP 244346 BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 05/18/1956 129873243 0103191301995 REG LOC CLIENT SERVICE NAME NY 001 2009247 2012949 CARRILLO, MARIA DIAGNOSIS CODES: 714.0 311. 401.9 493.90 696.1 780.52 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 05/20/13 05/20/13 20.00 84.40 84.40 CLAIM ACCOUNT REF. 2443190012012949SUP 244319 1 T1019 CLAIM TOTAL BIRTH DATE RECIPIENT ID PRIOR AUTHORIZA 0103181301812 REG LOC CLIENT SERVICE NAME PRIOR AUTHORIZATION # NY 001 2011388 2013053 PALAZZOLO, FLORENCE 10/31/1948 PD96979S DIAGNOSIS CODES: 331.0 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 05/18/13 05/18/13 12.00 244336 1 T1020 202.56 2 05/19/13 05/19/13 12.00 244336 T1020 202.56 3 T1020 4 T1020 5 T1020 202.56 202.56 202.56 05/20/13 05/20/13 12.00 244336 05/21/13 05/21/13 12.00 244336

05/22/13 05/22/13 12.00

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141 HEALTHFIRST PHSP

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 244336 6 T1020 05/23/13 05/23/13 24.00 405.12 244336 7 T1020 05/24/13 05/24/13 12.00 202.56

CLAIM TOTAL 1,620.48 CLAIM ACCOUNT REF. 2443360012013053SUP

PAYER TOTALS: HEALTHFIRST PHSP # OF CLAIMS = 206 TOTAL CLAIM AMOUNT = 27,413.12

SERVICES = 36

REPORT DATE 05/29/13 PAGE: SUNNYSIDE CITYWIDE 46

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

7 T1019

244384

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492PAYER ID = 87726 UNITEDHEALTHCARE REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008245 2008245 CALDERON, MIGDALIA 08/02/1961 100195559 610563075 DIAGNOSIS CODES: 250.00 428.0 724.00 724.3 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 244378 1 T1019 05/18/13 05/18/13 40.00 171.60 244378 2 T1019 05/19/13 05/19/13 40.00 171.60 244378 3 T1019 05/20/13 05/20/13 40.00 171.60 244378 244378 244378 244378 4 T1019 05/21/13 05/21/13 40.00 171.60 244378 5 T1019 05/22/13 05/22/13 40.00 171.60 171.60 244378 6 T1019 05/23/13 05/23/13 40.00 244378 7 T1019 05/24/13 05/24/13 40.00 171.60 CLAIM TOTAL 1,201.20 CLAIM ACCOUNT REF. 2443780012008245SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008287 2008287 MILLAN, ARMIDA 09/13/1928 100063356 610554187 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 1 05/18/13 05/18/13 16.00 68.64 244382 T1019 68.64 244382 2 T1019 05/19/13 05/19/13 16.00 154.44 3 T1019 244382 05/20/13 05/20/13 36.00 244382 4 T1019 05/21/13 05/21/13 36.00 154.44 5 T1019 6 T1019 7 T1019 244382 05/22/13 05/22/13 36.00 154.44 244382 05/23/13 05/23/13 36.00 154.44 7 T1019 05/24/13 05/24/13 36.00 154.44 244382 CLAIM TOTAL 909.48 CLAIM ACCOUNT REF. 2443820012008287SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 12/18/1948 100029836 610562900 REG LOC CLIENT SERVICE NAME NY 001 2008401 2008401 SAFOS, PATRA 12/18/1948 100029836 DIAGNOSIS CODES: 340. 244.8 272.0 401.9 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # 05/18/13 05/18/13 32.00 T1019 137.28 244384 1 244384 2 T1019 05/19/13 05/19/13 32.00 137.28 3 T1019 05/20/13 05/20/13 32.00 137.28 244384 4 T1019 244384 05/21/13 05/21/13 32.00 137.28 5 T1019 137.28 05/22/13 05/22/13 32.00 244384 6 T1019 137.28 05/23/13 05/23/13 32.00 244384 05/23/13 U5/23/13 32.00 05/24/13 05/24/13 32.00

CLAIM TOTAL

137.28 960.96 CLAIM ACCOUNT REF. 2443840012008401SUP

137.28

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 87726UNITEDHEALTHCARE

REG LOC CLIENT NY 001 2011881 DIAGNOSIS CODES:	SERVICE NAME 2011881 KHAN, FAZAL 345.91	BIRTH DATE RECIPIENT ID 06/28/1970 101344352	PRIOR AUTHORIZATION # 609951463	
INV # LINE # 244380 1 244380 2 244380 3 244380 4 244380 5 244380 6 244380 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 05/18/13 05/18/13 48.00 05/19/13 05/19/13 48.00 05/20/13 05/20/13 48.00 05/21/13 05/21/13 48.00 05/22/13 05/22/13 48.00 05/22/13 05/22/13 48.00 05/23/13 05/23/13 48.00 05/24/13 05/24/13 48.00 CLAIM TOTAL	AMOUNT 205.92 205.92 205.92 205.92 205.92 205.92 205.92 205.92 1,441.44 CLAIM ACCOUNT REF.	2443800012011881 <i>S</i> UP
REG LOC CLIENT NY 001 2013149 DIAGNOSIS CODES:	SERVICE NAME 2013149 KOH, BYUNG CHOLL 250.00 244.9 401.9	BIRTH DATE RECIPIENT ID 05/06/1923 101428305	PRIOR AUTHORIZATION # 610504628	
INV # LINE # 244381 1 244381 2 244381 3 244381 5 244381 5 244381 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 05/18/13 05/18/13 12.00 05/19/13 05/19/13 12.00 05/20/13 05/20/13 12.00 05/21/13 05/21/13 16.00 05/22/13 05/22/13 16.00 05/23/13 05/23/13 16.00 05/24/13 05/24/13 16.00 05/24/13 05/24/13 16.00 CLAIM TOTAL	AMOUNT 51.48 51.48 51.48 68.64 68.64 68.64 68.64 429.00 CLAIM ACCOUNT REF.	2443810012013149SUP
REG LOC CLIENT NY 001 2013181 DIAGNOSIS CODES:	SERVICE NAME 2013181 REYES, RODOLFO 427.89 443.89	BIRTH DATE RECIPIENT ID 04/17/1927 101465844	PRIOR AUTHORIZATION # 610722495	
INV # LINE # 244383 1 244383 2 244383 3 244383 5 244383 6	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 05/18/13 05/18/13 16.00 05/20/13 05/20/13 16.00 05/21/13 05/21/13 8.00 05/22/13 05/22/13 16.00 05/23/13 05/23/13 16.00 05/24/13 05/24/13 16.00 CLAIM TOTAL	AMOUNT 68.64 68.64 34.32 68.64 68.64 68.64 377.52 CLAIM ACCOUNT REF.	2443830012013181SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 87726UNITEDHEALTHCARE

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2013182 2013182 FARFAN, MARIA 06/17/1924 101465838 610697951

DIAGNOSIS CODES: 780.99 294.10 530.81 733.00

INV # 244379 244379 244379 244379 244379	LINE # 1 2 3 4 5	PROCEDURE CODE T1019 T1019 T1019 T1019 T1019	REVENUE CD	FROM DT 05/08/13 05/20/13 05/21/13 05/22/13 05/23/13	THRU DT 05/08/13 05/20/13 05/21/13 05/22/13 05/23/13	UNITS 4.00 12.00 12.00 12.00 12.00	AMOUNT 17.16 51.48 51.48 51.48 51.48		
244379	5	T1019		05/23/13	05/23/13	12.00	51.48		
244379	6	T1019		05/24/13	05/24/13 CLAI	12.00 M TOTAL	51.48 274.56	CLAIM ACCOUNT REF.	2443790012013182SUP

OF CLAIMS = 47 TOTAL CLAIM AMOUNT = 5,594.16 # SERVICES = 7 PAYER TOTALS: UNITEDHEALTHCARE

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = AMRGRI AMERIGROUP NEW YORK, LLC SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 2008266 GUERRA, LORRAINE 03/22/1948 712731594 103536057 REG LOC CLIENT SERVICE NAME NY 001 2008266 DIAGNOSIS CODES: 431. 784.3 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 0580 168.80 244454 1 T1019 05/18/13 05/18/13 40.00 0580 05/20/13 05/20/13 32.00 135.04 244454 T1019 0580 0580 0580 0580 05/20/13 05/20/13 32.00 05/21/13 05/21/13 32.00 05/22/13 05/22/13 32.00 05/23/13 05/23/13 32.00 05/24/13 05/24/13 32.00 135.04 244454 3 T1019 244454 4 T1019 135.04 244454 5 T1019 135.04 244454 6 T1019 135.04 CLAIM TOTAL 844.00 CLAIM ACCOUNT REF. 2444540012008266SUP
 SERVICE
 NAME
 BIRTH DATE
 RECIPIENT ID
 PRIOR AUTHORIZATION #

 2009279
 PRUITT, JOHNNY
 10/26/1956
 712824266
 103273331
 REG LOC CLIENT NY 001 2008409 DIAGNOSIS CODES: 249.00 272.4 295.00 401.9 585.9 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT LINE # 0582 244455 1 S5130 05/23/13 05/23/13 16.00 67.52 2. 0582 05/24/13 05/24/13 16.00 67.52 244455 S5130 CLAIM TOTAL 135.04 CLAIM ACCOUNT REF. 2444550012009279SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 06/17/1994 006532755 103177976 REG LOC CLIENT SERVICE NAME NY 001 2008406 2010728 YOUNG, KALEILE DIAGNOSIS CODES: 319. 493.90 742.1 TNV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 05/18/13 05/18/13 16.00 244457 1 T1019 0580 67.52 0580 0580 0580 0580 0580 0580 244457 2 T1019 05/19/13 05/19/13 16.00 67.52 05/15/13 05/20/13 05/20/13 05/20/13 05/21/13 05/21/13 05/22/13 05/22/13 05/23/13 05/23/13 05/24/13 05/24/13 244457 3 T1019 12.00 50.64 244457 4 T1019 12.00 50.64 5 T1019 12.00 244457 50.64 6 T1019 244457 12.00 50.64 7 T1019 244457 12.00 50.64 CLAIM TOTAL 388.24 CLAIM ACCOUNT REF. 2444570012010728SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 103177687 NY 001 2008407 2010729 WALTERS, BYRON 05/18/2000 006600539 DIAGNOSIS CODES: 319. 493.90 742.1 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 05/18/13 05/18/13 1 244456 T1019 0580 20.00 84.40 05/19/13 05/19/13 20.00 2 T1019 0580 244456 84.40 05/19/13 05/19/13 20.00 05/20/13 05/20/13 16.00 0580 3 T1019 244456 67.52

REPORT DAT			SUNNYSIDE HIPAAIN/E50020130		6RRSUP					PAGE: 50
PROVIDER D	ID = 113 ID = AMI		SUNNYSIDE (AMERIGROUP		LC		NP	I = 11544	107492	
INV # 244456 244456 244456 244456	LINE # 4 5 6 7	PROCEDURE C T1019 T1019 T1019 T1019	CODE REVENUE CD 0580 0580 0580 0580	FROM DT 05/21/13 05/22/13 05/23/13 05/24/13	05/22/13 05/23/13 05/24/13	16.00 16.00		AMOUNT 67.52 67.52 67.52 67.52 506.40	CLAIM ACCOUNT REF.	2444560012010729SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2012083 CODES:		NAME CRUZ, SALVADOR 9 447.9		TH DATE 10/1932	RECIPIENT 713917795	ID		OR AUTHORIZATION # 812801	
INV # 244460 244460 244460	LINE # 1 2 3	PROCEDURE C T1019 T1019 T1019	ODE REVENUE CD 0580 0580 0580	FROM DT 05/20/13 05/22/13 05/24/13	05/22/13 05/24/13	24.00		AMOUNT 90.00 90.00 90.00 270.00	CLAIM ACCOUNT REF.	2444600012012354SUP
REG LOC NY 001 DIAGNOSIS	CLIENT 2012076 CODES:	2012357	NAME ESPINAL, MARIA 2.4 386.9 49		TH DATE 27/1951	RECIPIENT 713844209	ID		OR AUTHORIZATION # 312722	
INV # 244461 244461 244461 244461 244461 244461	LINE # 1 2 3 4 5	PROCEDURE C T1019 T1019 T1019 T1019 T1019 T1019	CODE REVENUE CD 0580 0580 0580 0580 0580 0580	FROM DT 05/18/13 05/20/13 05/21/13 05/22/13 05/23/13 05/24/13	05/20/13 05/21/13 05/22/13 05/23/13 05/24/13	24.00		AMOUNT 90.00 90.00 90.00 90.00 90.00 90.00 540.00	CLAIM ACCOUNT REF.	2444610012012357SUP
	CLIENT 2012078 CODES:		NAME MARTINEZ, TOMASIT		TH DATE 03/1944	RECIPIENT 714799688	ID		OR AUTHORIZATION # 312469	
INV # 244464 244464 244464 244464 244464	LINE # 1 2 3 4 5	PROCEDURE C T1019 T1019 T1019 T1019 T1019	CODE REVENUE CD 0580 0580 0580 0580 0580 0580	FROM DT 05/20/13 05/21/13 05/22/13 05/23/13 05/24/13	05/21/13 05/22/13 05/23/13 05/24/13	16.00		AMOUNT 60.00 60.00 60.00 60.00 60.00 300.00	CLAIM ACCOINT DED	2444640012012358SUP
					CL.	WIN IOIWD		300.00	CLAIM ACCOUNT REF.	744404001Z01Z33080P

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = AME		UP NEW YORK, LLC	NFI - 113440/492	
REG LOC CLIENT NY 001 2012080 DIAGNOSIS CODES:	SERVICE NAME 2012362 RIVERA, CARMEN 192.2 338.29 536.9	BIRTH DATE RECIPI 05/17/1967 714280 787.60 788.30	PRIOR AUTHORIZATION # 103312424	
INV # LINE # 244465 1 244465 2 244465 3 244465 4 244465 5	PROCEDURE CODE REVENUE (T1019 0580 T1019 0580 T1019 0580 T1019 0580 T1019 0580	ED FROM DT THRU DT UNI 05/20/13 05/20/13 20. 05/21/13 05/21/13 20. 05/22/13 05/22/13 20. 05/23/13 05/23/13 20. 05/24/13 05/24/13 20. CLAIM TOT	00 75.00 00 75.00 00 75.00 00 75.00 00 75.00	F. 2444650012012362SUP
REG LOC CLIENT NY 001 2009647 DIAGNOSIS CODES:		BIRTH DATE RECIPI KA * 07/14/1948 715856 715.80		
INV # LINE # 244462 1 244462 2 244462 3 244462 4 244462 5	PROCEDURE CODE REVENUE (1019 0580 11019 0580 11019 0580 11019 0580 11019 0580 11019 0580	05/20/13 05/20/13 32. 05/21/13 05/21/13 36.	00 120.00 00 135.00 00 120.00 00 135.00 00 120.00	F. 2444620012012374SUP
REG LOC CLIENT NY 001 2012732 DIAGNOSIS CODES:	SERVICE NAME 2012732 COLCHAMIRO, ES 799.9 244.9 272.4	BIRTH DATE RECIPI THER 02/01/1919 717373 401.9		
INV # LINE # 244459 1 244459 2 244459 3 244459 4 244459 5	PROCEDURE CODE REVENUE (T1019 0580 T1019 0580 T1019 0580 T1019 0580 T1019 0580	05/20/13 05/20/13 28.	00 105.00 00 120.00 00 105.00 00 105.00 00 60.00	F. 2444590012012732SUP
REG LOC CLIENT NY 001 2012163 DIAGNOSIS CODES:	SERVICE NAME 2012876 AKHTAR, CATHR: 799.9 250.00 401.9	NE 11/07/1951 713952	PRIOR AUTHORIZATION # 103312611	
INV # LINE # 244458 1 244458 2 244458 3	PROCEDURE CODE REVENUE (T1019 0580 T1019 0580 T1019 0580	ED FROM DT THRU DT UNI 05/18/13 05/18/13 20. 05/19/13 05/19/13 20. 05/20/13 05/20/13 28.	75.00 75.00	

INPUT FILE = /VOL444/COMPSUP/HIPAAI	SUNNYSIDE CITYWIDE IN/E5002013052907073336RRSUP		PAGE: 52
	SUNNYSIDE CITYWIDE AMERIGROUP NEW YORK,LLC	NPI = 1154407492	
244458 4 T1019 0 244458 5 T1019 0 244458 6 T1019	REVENUE CD FROM DT THRU DT UNITS 0580 05/21/13 05/21/13 28.00 0580 05/22/13 05/22/13 28.00 0580 05/23/13 05/23/13 28.00 0580 05/24/13 05/24/13 28.00 CLAIM TOTAL	AMOUNT 105.00 105.00 105.00 105.00 675.00 CLAIM ACCOUNT REF.	2444580012012876SUP
	BIRTH DATE RECIPIENT II NG, EDNA 05/17/1956 6274884 272.4 296.80	PRIOR AUTHORIZATION # 103437258	
244463 1 T1019 0 244463 2 T1019 0 244463 3 T1019 0 244463 4 T1019	REVENUE CD FROM DT THRU DT UNITS 0580 05/20/13 05/20/13 16.00 0580 05/21/13 05/21/13 16.00 0580 05/22/13 05/22/13 16.00 0580 05/22/13 05/22/13 16.00 0580 05/23/13 05/23/13 16.00 0580 05/24/13 05/24/13 16.00 CLAIM TOTAL	AMOUNT 60.00 60.00 60.00 60.00 60.00 300.00 CLAIM ACCOUNT REF.	2444630012013018SUP
REG LOC CLIENT SERVICE NAME NY 001 2009247 2013352 CARRII DIAGNOSIS CODES: 714.0 311.	BIRTH DATE RECIPIENT II 05/18/1956 UM13171B 401.9 493.90 696.1 780.52	PRIOR AUTHORIZATION #	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
244453	1	T1019	0580	05/21/13	05/21/13	20.00	84.40		
244453	2	T1019	0580	05/22/13	05/22/13	20.00	84.40		
244453	3	T1019	0580	05/23/13	05/23/13	20.00	84.40		
244453	4	T1019	0580	05/24/13	05/24/13	20.00	84.40		
					CLAI	M TOTAL	337.60	CLAIM ACCOUNT REF.	2444530012013352SU

OF CLAIMS = 67 TOTAL CLAIM AMOUNT = 5,796.28 # SERVICES = 13 PAYER TOTALS: AMERIGROUP NEW YORK, LLC

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = ICS01 ICS

TATER ID - IC	105			
REG LOC CLIENT NY 001 2008389 DIAGNOSIS CODES:	SERVICE NAME 2011453 MUSHAYEV, BORIS 401.9 250.00 425.8 4	BIRTH DATE RECIPIENT ID 08/14/1947 7235 28.0 441.00 715.90	PRIOR AUTHORIZATION # 457613	
INV # LINE # 244472 1 244472 2 244472 3 244472 4	PROCEDURE CODE REVENUE CD T1019 1C T1019 1C T1019 1C T1019 1C	FROM DT THRU DT UNITS 05/20/13 05/20/13 4.00 05/21/13 05/21/13 4.00 05/22/13 05/22/13 4.00 05/23/13 05/23/13 4.00 CLAIM TOTAL	AMOUNT 65.60 65.60 65.60 65.60 262.40 CLAIM ACCOUNT REF.	2444720012011453SUP
REG LOC CLIENT NY 001 2008389 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID 08/14/1947 7235 441.00 715.90		
INV # LINE # 244473 1	T1019 1C	CLAIM TOTAL	98.40 98.40 CLAIM ACCOUNT REF.	2444730012011453SUP
REG LOC CLIENT NY 001 2011869 DIAGNOSIS CODES:	SERVICE NAME 2011869 JONES, VALERIE 438.9	BIRTH DATE RECIPIENT ID 10/10/1948 1457	PRIOR AUTHORIZATION # 418547	
INV # LINE # 244471 1 244471 2 244471 3 244471 4 244471 5	PROCEDURE CODE REVENUE CD T1019 1C T1019 1C T1019 1C T1019 1C T1019 1C	FROM DT THRU DT UNITS 05/20/13 05/20/13 4.00 05/21/13 05/21/13 4.00 05/22/13 05/22/13 4.00 05/23/13 05/23/13 4.00 05/24/13 05/24/13 4.00 CLAIM TOTAL	AMOUNT 65.60 65.60 65.60 65.60 65.60 328.00 CLAIM ACCOUNT REF.	2444710012011869SUP
REG LOC CLIENT NY 001 2011870 DIAGNOSIS CODES:	SERVICE NAME 2011870 AGOSTINI, MONSER 438.9	BIRTH DATE RECIPIENT ID RATE 07/18/1944 558	PRIOR AUTHORIZATION # 418549	
INV # LINE # 244469 1 244469 2 244469 3 244469 4	PROCEDURE CODE REVENUE CD T1019 1C T1019 1C T1019 1C T1019 1C	05/21/13 05/21/13 6.00 05/22/13 05/22/13 6.00		

CLAIM TOTAL

393.60 CLAIM ACCOUNT REF. 2444690012011870SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

PROVIDER ID = 113502051 PAYER ID = ICS01 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID) = 1CS	01 1	.CS						
REG LOC NY 001 2 DIAGNOSIS C		SERVICE NAME 2012213 BERRY, 438.9	ANGELINA	BIR'	ГН DATE 21/1956	RECIPIENT ID 1784	PRIC 4562	OR AUTHORIZATION #	
INV # L 244470 244470 244470 244470 244470 244470 244470	INE # 1 2 3 4 5 6 7	PROCEDURE CODE RE T1019 1C		FROM DT 05/18/13 05/19/13 05/20/13 05/21/13 05/22/13 05/23/13 05/24/13	05/19/13 05/20/13 05/21/13 05/22/13 05/23/13 05/24/13	2.50 4.00 4.00 4.00 4.00	AMOUNT 65.60 41.00 65.60 65.60 65.60 65.60 65.60 434.60	CLAIM ACCOUNT REF.	2444700012012213SUP
REG LOC NY 001 2 DIAGNOSIS C		SERVICE NAME 2013010 RODRIGU 290.0 280.9 4	JEZ, SILVIO 101.9	BIR'	TH DATE 03/1930	RECIPIENT ID 9624	PRIC 4462	OR AUTHORIZATION #	
INV # L 244477 244477 244477 244477 244477 244477	INE # 1 2 3 4 5 6 7	PROCEDURE CODE RE T1019 1C		FROM DT 05/18/13 05/19/13 05/20/13 05/21/13 05/22/13 05/23/13 05/24/13	05/19/13 05/20/13 05/21/13 05/22/13 05/23/13 05/24/13	8.00 8.00 8.00 8.00 8.00	AMOUNT 131.20 131.20 131.20 131.20 131.20 131.20 131.20 918.40	CLAIM ACCOUNT REF.	2444770012013010SUP
REG LOC NY 001 2 DIAGNOSIS C		SERVICE NAME 2013223 POLANCO 369.4 401.9), BRIGIDA	BIR' 07/	TH DATE 04/2012	RECIPIENT ID 9575	PRIC 4572	OR AUTHORIZATION # 119	
INV # L 244475 244475	JINE # 1 2	PROCEDURE CODE RET1019 1C 1F		FROM DT 05/20/13 05/21/13	05/21/13	UNITS 1.00 1.00 AIM TOTAL	AMOUNT 225.00 225.00 450.00	CLAIM ACCOUNT REF.	2444750012013223SUP
REG LOC NY 001 2 DIAGNOSIS C			RAFAELA	BIR 12/	TH DATE 05/1934	RECIPIENT ID 8249	PRIC 4621	OR AUTHORIZATION #	
INV # L 244474 244474	INE # 1 2	PROCEDURE CODE RET1019 1C		FROM DT 05/18/13 05/19/13	THRU DT 05/18/13 05/19/13	UNITS 8.00 8.00	AMOUNT 131.20 131.20		

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = ICS01 ICS

INV #	TINE #	PROCED	URE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUN'I'		
244474	3	T1019	1C		05/20/13	05/20/13	8.00	131.20		
244474	4	T1019	1C		05/21/13	05/21/13	8.00	131.20		
244474	5	T1019	1C		05/22/13	05/22/13	8.00	131.20		
244474	6	T1019	1C		05/23/13	05/23/13	8.00	131.20		
244474	7	T1019	1C		05/24/13	05/24/13	8.00	131.20		
						CLAI	M TOTAL	918.40	CLAIM ACCOUNT REF.	2444740012013320SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011990 2013361 POLANCO, BRIGIDA 07/04/2012 9575 464363

DIAGNOSIS CODES: 369.4 401.9

13361SUP
ı.

PAYER TOTALS: ICS

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = INIPA HEALTHCARE PARTNERS IPA I

							PRIC	OR AUTHORIZATION #	
						JRX53860E01	2013	3051715500001	
DIAGNOSI						407400			
	DOCTOR:	NAME: CITYWI	IDE, SUNNYSIDE		NPI: 1154	407492			
INV #	LINE #	PROCEDURE C	CODE REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
244466	1	T1019	0580				151.92		
	_								
244466	7	T1019	0580	05/24/13					
					CL	AIM TOTAL	1,063.44	CLAIM ACCOUNT REF.	2444660012010800SUP
PEC IOC	CT.TENT	QFDWTCF	NAME	DID	תה טעהב	DECIDIENT IN	DD T (OP AITTHOPT7ATTON #	
		2010804	ZAMBRANO ZOTIJA	12/	03/1938	JSV04323R01			
		250 11 272	2 0 401 9 43	35 9 586		05101525101	2013	7031113300001	
Dirionobi						407492			
			,						
INV #	LINE #					UNITS	AMOUNT		
244468	1		0580						
244468	4	T1019	0580	05/24/13					
					CL	AIM TOTAL	270.08	CLAIM ACCOUNT REF.	2444680012010804SUP
REG LOC	CLIENT	SERVICE	NAME:	BTR	TH DATE	RECIPIENT ID	DR T (H MOTTARTACHTIA SC	
				04/	28/1992	JPO4958E01	2013	3032015500001	
				,	,				
	DOCTOR:	NAME: CITYWI	IDE, SUNNYSIDE		NPI: 1154	407492			
244467									
	5	T1019	0580	05/22/13	05/22/13	16.00	67.52		
	_	T1 0 1 0				16 00			
244467 244467	6 7	T1019 T1019	0580 0580	05/23/13 05/24/13	05/23/13		67.52 67.52		
	INV # 244466 244466 244466 244466 244466 244466 244466 244466 244466 244466 244466 244466 244468 244468 244468 244468 244468 244468 244468	NY 001 2008382 DIAGNOSIS CODES:	NY 001 2008382 2010800 DIAGNOSIS CODES: 230.3 15:	NY 001 2008382 2010800 GOMEZ, AGUSTINA DIAGNOSIS CODES: 230.3 153.0 401.9 73	NY 001 2008382 2010800 GOMEZ, AGUSTINA 05/DIAGNOSIS CODES: 230.3 153.0 401.9 733.00 V60	NY 001 2008382 2010800 GOMEZ, AGUSTINA 05/15/1933 DIAGNOSIS CODES: 230.3 153.0 401.9 733.00 V60.3 DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT 244466 1 T1019 0580 05/19/13 05/18/13 244466 2 T1019 0580 05/20/13 05/20/13 244466 4 T1019 0580 05/20/13 05/20/13 244466 5 T1019 0580 05/22/13 05/22/13 244466 5 T1019 0580 05/22/13 05/22/13 244466 6 T1019 0580 05/22/13 05/22/13 244466 6 T1019 0580 05/23/13 05/23/13 244466 7 T1019 0580 05/24/13 05/24/13 244466 7 T1019 0580 05/24/13 05/24/13 05/24/13 244466 7 T1019 0580 05/24/13 0	NY 001 2008382 2010800 GOMEZ, AGUSTINA 05/15/1933 JRX53860E01 DIAGNOSIS CODES: 230.3 153.0 401.9 733.00 V60.3 NPI: 1154407492 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 244466 1 T1019 0580 05/18/13 05/18/13 36.00 244466 2 T1019 0580 05/20/13 05/20/13 36.00 244466 4 T1019 0580 05/20/13 05/20/13 36.00 244466 5 T1019 0580 05/20/13 05/20/13 36.00 244466 5 T1019 0580 05/20/13 05/20/13 36.00 244466 6 T1019 0580 05/20/13 05/20/13 36.00 244466 6 T1019 0580 05/20/13 05/20/13 36.00 244466 7 T1019 0580 05/20/13 05/20/13 36.00 244466 7 T1019 0580 05/20/13 05/20/13 36.00 244466 7 T1019 0580 05/20/13 05/20/13 36.00 CLAIM TOTAL REG LOC CLIENT SERVICE NAME DOCTOR: NAME: CITYWIDE, SUNNYSIDE BIRTH DATE RECIPIENT ID DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 244468 1 T1019 0580 05/20/13 05/22/13 16.00 244468 2 T1019 0580 05/20/13 05/22/13 16.00 244468 3 T1019 0580 05/20/13 05/22/13 16.00 244468 4 T1019 0580 05/20/13 05/22/13 16.00 CLAIM TOTAL REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID DIAGNOSIS CODES: 299.00 317. DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 244468 4 T1019 0580 05/20/13 05/20/13 16.00 CLAIM TOTAL REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID 0580 05/20/13 05/20/13 16.00 CLAIM TOTAL REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID 0580 05/20/13 05/20/13 16.00 CLAIM TOTAL REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID 0580 05/20/13 05/20/13 16.00 CLAIM TOTAL DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 244467 1 T1019 0580 05/18/13 05/18/13 32.00 244467 1 T1019 0580 05/18/13 05/18/13 32.00 244467 3 T1019 0580 05/18/13 05/18/13 32.00 244467 3 T1019 0580 05/20/13 16.00 05/20/13 16.00	NY 001 2008382 2010800 GOMEZ, AGUSTINA 05/15/1933 JRX53860E01 2013 DIAGNOSIS CODES: 230.3 153.0 401.9 733.00 V60.3 DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 244466 1 T1019 0580 05/18/13 05/18/13 36.00 151.92 244466 2 T1019 0580 05/18/13 05/19/13 36.00 151.92 244466 3 T1019 0580 05/20/13 05/20/13 36.00 151.92 244466 4 T1019 0580 05/20/13 05/20/13 36.00 151.92 244466 5 T1019 0580 05/20/13 05/22/13 36.00 151.92 244466 6 T1019 0580 05/22/13 05/22/13 36.00 151.92 244466 6 T1019 0580 05/22/13 05/22/13 36.00 151.92 244466 6 T1019 0580 05/24/13 05/22/13 36.00 151.92 244466 7 T1019 0580 05/24/13 05/24/13 36.00 151.92 01300000000000000000000000000000000000	NOT 2008382

CLAIM TOTAL

607.68 CLAIM ACCOUNT REF. 2444670012012890SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013052907073336RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = INIPA HEALTHCARE PARTNERS IPA I

PAYER TOTALS: HEALTHCARE PARTNERS IPA I # OF CLAIMS = 18 TOTAL CLAIM AMOUNT = 1,941.20

SERVICES = 3

PROVIDER TOTALS: SUNNYSIDE CITYWIDE # OF CLAIMS = 958 TOTAL CLAIM AMOUNT = 115,883.04

SERVICES = 165