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PAGE: 1

PROVIDER ID = 11 PAYER ID = 11		CITYWIDE RE NY	NE	PI = 1154407492	
REG LOC CLIENT NY 001 2008267 DIAGNOSIS CODES:	2008267 SZE, BECKY		RECIPIENT ID 741244251	PRIOR AUTHORIZATION # 111891261	
INV # LINE # 208462 1 208462 2 208462 3 208462 4 208462 5 208462 6	PROCEDURE CODE REVENUE CD T1020 T1020 T1020 T1020 T1020 T1020	FROM DT THRU DT 08/25/12 08/25/12 08/27/12 08/27/12 08/28/12 08/28/12 08/29/12 08/29/12 08/30/12 08/30/12 08/31/12 08/31/12	5.00 5.00 7.00 7.00	AMOUNT 101.22 84.35 84.35 118.09 118.09 118.09 624.19 CLAIM ACCOUNT REF.	2084620012008267SUP
REG LOC CLIENT NY 001 2008268 DIAGNOSIS CODES:	2008268 PANOS, DESPINA D	BIRTH DATE 05/11/1950 93.90	RECIPIENT ID 64126998700	PRIOR AUTHORIZATION # 111800517	
INV # LINE # 208459 1 208459 2	PROCEDURE CODE REVENUE CD T1020 T1020	FROM DT THRU DT 08/25/12 08/25/12 08/26/12 08/26/12 CI	9.00	AMOUNT 151.83 151.83 303.66 CLAIM ACCOUNT REF.	2084590012008268SUP
REG LOC CLIENT NY 001 2008306 DIAGNOSIS CODES:			RECIPIENT ID 74148852400	PRIOR AUTHORIZATION # 111891265	
INV # LINE # 208456 1 208456 2 208456 3 208456 4 208456 5	PROCEDURE CODE REVENUE CD T1020 T1020 T1020 T1020 T1020	FROM DT THRU DT 08/27/12 08/27/12 08/28/12 08/28/12 08/29/12 08/29/12 08/30/12 08/30/12 08/31/12 08/31/12	7.00 7.00 7.00	AMOUNT 118.09 118.09 118.09 118.09 118.09 590.45 CLAIM ACCOUNT REF.	2084560012008306SUP
REG LOC CLIENT NY 001 2008386 DIAGNOSIS CODES:		BIRTH DATE 07/20/1950	RECIPIENT ID 74170038700	PRIOR AUTHORIZATION # 120820411	
INV # LINE # 208455 1 208455 2 208455 3 208455 4 208455 5	PROCEDURE CODE REVENUE CD T1020 T1020 T1020 T1020 T1020	FROM DT THRU DT 08/25/12 08/25/12 08/26/12 08/26/12 08/27/12 08/27/12 08/28/12 08/29/12 08/29/12	7.00 7.00 7.00	AMOUNT 118.09 118.09 118.09 118.09 118.09	

REPORT DATE 09/05/12 PAGE: SUNNYSIDE CITYWIDE 2

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492PAYER ID = 11315 FIDELIS CARE NY INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 7/12 7.00 118.09 1/12 7.00 118.09 CLAIM TOTAL 826.63 CLAIM ACCOUNT REF. 2084550012008386SUP 
 208455
 6
 T1020
 08/30/12
 08/30/12
 7.00

 208455
 7
 T1020
 08/31/12
 08/31/12
 7.00
 REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008400 SAMOJEDNY, MICHAEL 01/20/1954 74102201600 113550568 DIAGNOSIS CODES: 436. 401.9 571.5 780.4 799.89 AMOUNT INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 208461 1 T1020 08/28/12 08/28/12 4.00 67.48 2 T1020 67.48 208461 08/30/12 08/30/12 4.00 08/31/12 08/31/12 4.00 67.48 CLAIM TOTAL 202.44 CLAIM ACCOUNT REF. 2084610012008400SUP 208461 3 T1020 REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008388 2009283 MARTINEZ, LUISA 02/14/1954 74179809800 11951467 DIAGNOSIS CODES: 340. 799.89 PROCEDURE CODE REVENUE CD FROM DT THRU DT INV # LINE # UNITS 1 T1020 08/25/12 08/25/12 12.00 202.44 208458 2 T1020 08/26/12 08/26/12 12.00 208458 202.44 3 T1020 208458 08/27/12 08/27/12 12.00 202.44 208458 4 T1020 08/28/12 08/28/12 12.00 202.44 208458 5 T1020 08/29/12 08/29/12 12.00 202.44 6 T1020 08/30/12 08/30/12 208458 12.00 202.44

7 T1020 08/31/12 08/31/12 12.00 208458 202.44 CLAIM TOTAL 1,417.08 CLAIM ACCOUNT REF. 2084580012009283SUP

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

PROCEDURE CODE REVENUE CD FROM DT THRU DT INV # LINE # UNITS AMOUNT 08/25/12 08/25/12 208460 1 T1020 4.00 67.48 2 T1020 08/26/12 08/26/12 4.00 67.48 208460 3 T1020 208460 08/27/12 08/27/12 4.00 67.48 4 T1020 208460 08/28/12 08/28/12 4.00 67.48 5 T1020 08/29/12 08/29/12 4.00 67.48 208460 08/30/12 08/30/12 4.00 08/31/12 08/31/12 4.00 6 T1020 208460 67.48 7 T1020 67.48 208460

472.36 CLAIM ACCOUNT REF. 2084600012009956SUP CLAIM TOTAL

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 11315FIDELIS CARE NY

208457 5 T1020

REG LOC NY 001 DIAGNOSIS	CLIENT 2009268 CODES:	SERVICE NAME 2010041 VARGA 437.9 253.5	AS, RAQUEL 345.91 E88	07/	TH DATE 05/1949	RECIPIENT ID 74201787700		DR AUTHORIZATION # 291101	
INV # 208463 208463 208463 208463 208463 208463 208463	LINE # 1 2 3 4 5 6 7	PROCEDURE CODE T1020 T1020 T1020 T1020 T1020 T1020 T1020	REVENUE CD	FROM DT 08/25/12 08/26/12 08/27/12 08/28/12 08/29/12 08/30/12 08/31/12	THRU DT 08/25/12 08/26/12 08/27/12 08/28/12 08/29/12 08/30/12 08/31/12 Ct.	UNITS 9.00 9.00 9.00 9.00 9.00 9.00 9.00 AIM TOTAL	AMOUNT 151.83 151.83 151.83 151.83 151.83 151.83 151.83	CLAIM ACCOUNT REF.	2084630012010041SUP
REG LOC NY 001 DIAGNOSIS INV # 208457 208457 208457	CLIENT 2008376 CODES: LINE # 1 2 3	SERVICE NAME 2010712 LITM 401.9 780.2 PROCEDURE CODE T1020 T1020 T1020 T1020	AN, GAIL V12.54 REVENUE CD		TH DATE 23/1952 THRU DT 08/27/12 08/28/12 08/29/12	RECIPIENT ID 74146355500  UNITS 5.00 5.00 5.00		DR AUTHORIZATION # 951068	

08/31/12 08/31/12 4.00

CLAIM TOTAL

67.48

404.88 CLAIM ACCOUNT REF. 2084570012010712SUP

PAYER TOTALS: FIDELIS CARE NY

4

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

PROVIDER ID = 113502051 NPI = 1154407492 SUNNYSIDE CITYWIDE

PAYER ID = 11325 NEIGHBORHOOD HEALTH

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT 208454 1 T1019 08/25/12 08/25/12

208454

PAIER ID - I	1325 NEIGHBORNOU	D REALIN		
REG LOC CLIEN NY 001 200826 DIAGNOSIS CODES:	1 2008261 FERNANDEZ, MARIA	BIRTH DATE RECIPIENT ID 07/24/1943 10062577601 6.9 733.00	PRIOR AUTHORIZATION # 072111255060	
INV # LINE # 208440 1 208440 2 208440 3	PROCEDURE CODE REVENUE CD T1019 T1019 T1019	FROM DT THRU DT UNITS 08/29/12 08/29/12 16.00 08/30/12 08/30/12 16.00 08/31/12 08/31/12 16.00 CLAIM TOTAL	AMOUNT 67.52 67.52 67.52 67.52 202.56 CLAIM ACCOUNT REF.	2084400012008261SUP
REG LOC CLIEN NY 001 200826 DIAGNOSIS CODES:	3 2008263 MORALES HERNADEZ	BIRTH DATE RECIPIENT ID 10062883101	PRIOR AUTHORIZATION # 083111260220	
INV # LINE # 208446 1 208446 2 208446 3 208446 5 208446 5 208446 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS  08/25/12 08/25/12 24.00  08/26/12 08/26/12 24.00  08/27/12 08/27/12 24.00  08/28/12 08/28/12 24.00  08/29/12 08/28/12 24.00  08/30/12 08/30/12 24.00  08/31/12 08/31/12 24.00	AMOUNT 101.28 101.28 101.28 101.28 101.28 101.28 101.28	
REG LOC CLIEN NY 001 200826 DIAGNOSIS CODES:	5 2008265 SHEPPARD, ERMA	CLAIM TOTAL  BIRTH DATE RECIPIENT ID 10/05/1954 10043001301 1.9 440.9	708.96 CLAIM ACCOUNT REF.  PRIOR AUTHORIZATION # 052212292391	2084460012008263SUP
INV # LINE # 208452 1 208452 2 208452 3 208452 4 208452 5 208452 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 08/25/12 08/25/12 40.00 08/26/12 08/26/12 40.00 08/27/12 08/27/12 40.00 08/28/12 08/28/12 40.00 08/29/12 08/29/12 40.00 08/30/12 08/30/12 32.00 08/31/12 08/31/12 40.00 CLAIM TOTAL	AMOUNT 168.80 168.80 168.80 168.80 168.80 135.04 168.80 1,147.84 CLAIM ACCOUNT REF.	2084520012008265SUP
REG LOC CLIEN NY 001 200830 DIAGNOSIS CODES:	3 2008303 WILSON, SHERYL	BIRTH DATE RECIPIENT ID 08/28/1956 10060476901 9.89	PRIOR AUTHORIZATION # 082611259599	

08/25/12 08/25/12

UNITS

16.00

AMOUNT

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208454 2 T1019 208454 3 T1019 208454 4 T1019 208454 5 T1019 208454 6 T1019	08/29/12 08/30/12	08/26/12 16.00 08/27/12 24.00 08/28/12 24.00 08/29/12 24.00 08/30/12 24.00 CLAIM TOTAL		2084540012008303SUP
REG LOC CLIENT SERVICE NAME NY 001 2008305 2008305 ARD DIAGNOSIS CODES: 493.00 042.	E BIR ITTO, PATRICIA 10/ 300.00 311. 530	TH DATE RECIPIENT ID 29/1952 10053196701 .81 780.4	PRIOR AUTHORIZATION # 072911256276	
INV # LINE # PROCEDURE CODE 208437 1 T1019 208437 2 T1019 208437 3 T1019 208437 4 T1019 208437 5 T1019	08/28/12 08/29/12 08/30/12	08/27/12 16.00 08/28/12 4.00	67.52 16.88 101.28 101.28 101.28	2084370012008305SUP
REG LOC CLIENT SERVICE NAME NY 001 2008403 2008403 CHUI DIAGNOSIS CODES: 343.9 737.43	E BIR KWUJIORAH, TARELL 10/ 742.3	TH DATE RECIPIENT ID 30/1988 10082619401	PRIOR AUTHORIZATION # 072211255317	
208438 1 T1019 208438 2 T1019 208438 3 T1019 208438 4 T1019 208438 5 T1019 208438 6 T1019 208438 7 T1019	08/26/12 08/27/12 08/28/12 08/29/12 08/30/12 08/31/12	08/25/12 28.00 08/26/12 28.00 08/27/12 32.00 08/28/12 28.00 08/29/12 28.00 08/30/12 28.00 08/31/12 28.00 CLAIM TOTAL		2084380012008403SUP
REG LOC CLIENT SERVICE NAM NY 001 2008420 2008420 SAL DIAGNOSIS CODES: 340. 244.9	E BIR VATO, MARY 04/ 250.00 272.0 401	TH DATE RECIPIENT ID 06/1954 10064119301 .9 493.00 799.89	PRIOR AUTHORIZATION # 072211255313	
INV # LINE # PROCEDURE CODE 208451 1 T1019 208451 2 T1019 208451 3 T1019 208451 4 T1019 208451 5 T1019	REVENUE CD FROM DT 08/25/12 08/26/12 08/27/12 08/28/12 08/29/12	08/25/12 32.00 08/26/12 32.00 08/27/12 32.00	AMOUNT 135.04 135.04 135.04 135.04 135.04	

REPORT DATE 09/05/12 PAGE: SUNNYSIDE CITYWIDE

6

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492PAYER ID = 11325NEIGHBORHOOD HEALTH INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 208451 6 T1019 08/30/12 08/30/12 32.00 135.04 208451 7 T1019 08/31/12 08/31/12 32.00 135.04 CLAIM TOTAL 945.28 CLAIM ACCOUNT REF. 2084510012008420SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008421 2008421 OCASIO, VIRGINIA 05/24/1949 10063483101 082012303730 DIAGNOSIS CODES: 250.00 278.00 300.00 715.90 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 1 T1019 08/27/12 08/27/12 24.00 208448 101.28 2 T1019 208448 08/28/12 08/28/12 24.00 101.28 /12 24.00 101.28 CLAIM TOTAL 303.84 CLAIM ACCOUNT REF. 2084480012008421SUP 208448 3 T1019 08/29/12 08/29/12 24.00 REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008422 2008422 MOSKOWITZ, RONA 02/16/1952 10063710601 072211255325 DIAGNOSIS CODES: 799.89 401.9 493.92 729.0 V02.62 AMOUNT INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 08/27/12 08/27/12 208447 1 T1019 24.00 101.28 208447 2 T1019 08/28/12 08/28/12 24.00 101.28 3 T1019 208447 08/29/12 08/29/12 24.00 101.28 4 T1019 208447 08/30/12 08/30/12 24.00 101.28 101.28 101.28 506.40 CLAIM ACCOUNT REF. 2084470012008422SUP 208447 5 T1019 08/31/12 08/31/12 24.00 CLAIM TOTAL REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008425 2008425 WELLS, WYNORIA 09/10/1959 10063849801 081911258799 DIAGNOSIS CODES: 278.01 253.5 272.4 356.9 401.9 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 08/27/12 08/27/12 16.00 1 T1019 67.52 208453 2 T1019 08/28/12 08/28/12 16.00 67.52 208453 3 T1019 08/30/12 08/30/12 16.00 208453 67.52 4 08/31/12 08/31/12 16.00 208453 T1019 67.52 CLAIM TOTAL 270.08 CLAIM ACCOUNT REF. 2084530012008425SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008427 2008427 FLORES, MARITZA 09/26/1953 10044817901 072911256156
DIAGNOSIS CODES: 427.31 278.01 285.9 311. 425.8 799.89

08/25/12 08/25/12 40.00

UNITS

AMOUNT

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PROVIDER ID = 113502051 PAYER ID = 11325	SUNNYSIDE CITYWIDE NEIGHBORHOOD HEALTH	N	PI = 1154407492	
INV # LINE # PROCEDURE (208441 2 T1019 208441 3 T1019 208441 4 T1019 208441 5 T1019 208441 6 T1019	08/27/12 08/28/12 08/29/12	08/26/12	AMOUNT 168.80 168.80 168.80 168.80 168.80 1,012.80 CLAIM ACCOUNT REF.	2084410012008427SUP
REG LOC CLIENT SERVICE NY 001 2008531 2008531 DIAGNOSIS CODES: 250.00 273	RODRIGUEZ, MARIA 02/	RTH DATE RECIPIENT ID 10057325401 0.89	PRIOR AUTHORIZATION # 070912298224	
INV # LINE # PROCEDURE (208450 1 T1019 208450 2 T1019 208450 3 T1019 208450 4 T1019 208450 5 T1019	08/28/12 08/29/12 08/30/12	THRU DT UNITS 08/27/12 16.00 08/28/12 16.00 08/29/12 16.00 08/30/12 16.00 08/31/12 16.00 CLAIM TOTAL	AMOUNT 67.52 67.52 67.52 67.52 67.52 67.52 337.60 CLAIM ACCOUNT REF.	2084500012008531SUP
	NAME BIF KROLL, KATHERINE 09/ 4.8 272.0 311. 386	RTH DATE RECIPIENT ID (22/1949 10088829601 5.2 401.9	PRIOR AUTHORIZATION # 080811257332	
INV # LINE # PROCEDURE 0 208445 1 T1019 208445 2 T1019 208445 3 T1019 208445 4 T1019 208445 5 T1019 208445 6 T1019	08/27/12 08/28/12 08/29/12 08/30/12	08/26/12 16.00 08/27/12 28.00 08/28/12 28.00 08/29/12 28.00	AMOUNT 67.52 118.16 118.16 118.16 84.40 118.16 624.56 CLAIM ACCOUNT REF.	2084450012008742SUP
REG LOC CLIENT SERVICE NY 001 2008802 2008802 DIAGNOSIS CODES: V02.62 300		RTH DATE RECIPIENT ID 10089557301 8.00	PRIOR AUTHORIZATION # 062712297011	
INV # LINE # PROCEDURE (208439 1 T1019 208439 2 T1019 208439 3 T1019 208439 4 T1019 208439 5 T1019	08/28/12 08/29/12 08/30/12	THRU DT UNITS 08/27/12 16.00 08/28/12 24.00 08/29/12 24.00 08/30/12 24.00 08/31/12 24.00 CLAIM TOTAL	AMOUNT 67.52 101.28 101.28 101.28 101.28 101.28 472.64 CLAIM ACCOUNT REF.	2084390012008802SUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 11325 NEIGHBORHOOD HEALTH

FAIER ID - II	NEIGHBORHOU	D HEADIN		
REG LOC CLIENT NY 001 2008260 DIAGNOSIS CODES:	2009221 KHALIL, RASHAN	BIRTH DATE RECIPIENT ID 02/11/1989 10060620501	PRIOR AUTHORIZATION # 062512296643	
INV # LINE # 208443 1 208443 2 208443 3	PROCEDURE CODE REVENUE CD T1019 T1019 T1019	FROM DT THRU DT UNITS 08/29/12 08/29/12 28.00 08/30/12 08/30/12 28.00 08/31/12 08/31/12 32.00 CLAIM TOTAL	AMOUNT 118.16 118.16 135.04 371.36 CLAIM ACCOUNT REF.	2084430012009221SUP
REG LOC CLIENT NY 001 2009356 DIAGNOSIS CODES:	2009356 KHAN, FARUQUE	BIRTH DATE RECIPIENT ID 02/08/1949 10076892101	PRIOR AUTHORIZATION # 112111269647	
INV # LINE # 208444 1 208444 2 208444 4 208444 5 208444 6 208444 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS  08/25/12 08/25/12 48.00  08/26/12 08/26/12 28.00  08/27/12 08/27/12 48.00  08/28/12 08/28/12 48.00  08/29/12 08/29/12 48.00  08/30/12 08/30/12 48.00  08/31/12 08/31/12 48.00  CLAIM TOTAL	AMOUNT 202.56 118.16 202.56 202.56 202.56 202.56 202.56 1,333.52 CLAIM ACCOUNT REF.	2084440012009356SUP
REG LOC CLIENT NY 001 2010143 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID 11/15/1985 10062660901	PRIOR AUTHORIZATION # 072211255328	
INV # LINE # 208435 1 208435 2 208435 3 208435 4 208435 5 208435 6	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 08/26/12 08/26/12 32.00 08/27/12 08/27/12 32.00 08/28/12 08/28/12 32.00 08/29/12 08/29/12 32.00 08/30/12 08/30/12 32.00 08/31/12 08/31/12 32.00 08/31/12 08/31/12 32.00 CLAIM TOTAL	AMOUNT 135.04 135.04 135.04 135.04 135.04 135.04 135.04 810.24 CLAIM ACCOUNT REF.	2084350012010143SUP
REG LOC CLIENT NY 001 2008398 DIAGNOSIS CODES:	2010353 RODRIGUEZ, JESSE	BIRTH DATE RECIPIENT ID 03/23/1984 10063030901	PRIOR AUTHORIZATION # 072211255272	
INV # LINE # 208449 1 208449 2	PROCEDURE CODE REVENUE CD T1019 T1019	FROM DT THRU DT UNITS 08/27/12 08/27/12 20.00 08/28/12 08/28/12 20.00	AMOUNT 84.40 84.40	

PAGE:

8

CLAIM TOTAL

422.00

CLAIM ACCOUNT REF. 2084490012010353SUP

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

PROCEDURE CODE REVENUE CD FROM DT THRU DT INV # LINE # UNITS AMOUNT 08/29/12 08/29/12 208449 3 T1019 20.00 84.40 208449 4 T1019 08/30/12 08/30/12 20.00 84.40 T1019 208449 5 08/31/12 08/31/12 20.00 84.40

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

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

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 208442 1 08/24/12 08/24/12 28.00 118.16 208442 T1019 08/25/12 08/25/12 24.00 101.28 208442 T1019 08/26/12 08/26/12 24.00 101.28 208442 4 T1019 08/27/12 08/27/12 24.00 101.28 208442 5 T1019 08/28/12 08/28/12 24.00 101.28 208442 6 T1019 08/29/12 08/29/12 24.00 101.28 208442 7 T1019 08/30/12 08/30/12 24.00 101.28 208442 8 T1019 08/31/12 08/31/12 24.00 101.28

CLAIM TOTAL 827.12 CLAIM ACCOUNT REF. 2084420012010639SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2010671 2010878 AKHTER, SELINA 07/13/1960 10087504801 073112301172

DIAGNOSIS CODES: 093.9 253.5 272.4 401.9 PROCEDURE CODE REVENUE CD FROM DT THRU DT AMOUNT INV # LINE # UNITS 08/27/12 08/27/12 151.92 208436 1 T1019 36.00 208436 T1019 08/28/12 08/28/12 36.00 151.92 208436 3 T1019 08/29/12 08/29/12 36.00 151.92 208436 T1019 08/30/12 08/30/12 36.00 151.92 208436 5 T1019 08/31/12 08/31/12 36.00 151.92

CLAIM TOTAL 759.60 CLAIM ACCOUNT REF. 2084360012010878SUP

PAYER TOTALS: NEIGHBORHOOD HEALTH # OF CLAIMS = 110 TOTAL CLAIM AMOUNT = 12,828.80

# SERVICES = 20

REPORT DATE 09/05/12 PAGE: SUNNYSIDE CITYWIDE 1.0

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

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 0106191290349 DIAGNOSIS CODES: 356.9 348.2 401.9 733.00 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 208488 08/25/12 08/25/12 4.00 68.60 2 T1019 08/26/12 08/26/12 4.00 68.60 208488 08/27/12 08/27/12 12.00 208488 3 T1019 205.80 208488 4 T1019 08/28/12 08/28/12 12.00 205.80 5 T1019 6 T1019 7 T1019 208488 08/29/12 08/29/12 12.00 205.80 208488 08/30/12 08/30/12 12.00 205.80 208488 7 T1019 08/31/12 08/31/12 12.00 205.80 CLAIM TOTAL 1,166.20 CLAIM ACCOUNT REF. 2084880012008233SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 07/05/1955 TS79090G 0103301290322 REG LOC CLIENT SERVICE NAME NY 001 2008236 2008236 PERSAD, USHA DIAGNOSIS CODES: 250.10 272.0 401.9 225.0 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 08/25/12 08/25/12 8.00 137.20 208495 1 T1019 08/26/12 08/26/12 8.00 137.20 208495 2 T1019 3 T1019 08/27/12 08/27/12 11.00 208495 188.65 208495 4 T1019 08/28/12 08/28/12 11.00 188.65 5 T1019 6 T1019 7 T1019 208495 08/29/12 08/29/12 11.00 188.65 208495 08/30/12 08/30/12 11.00 188.65 7 T1019 08/31/12 08/31/12 11.00 188.65 208495 CLAIM TOTAL 1,217.65 CLAIM ACCOUNT REF. 2084950012008236SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # REG LOC CLIENT SERVICE NAME 0103131290194 NY 001 2008284 2008284 ANDERSON, BETH 12/18/1947 YC43135F DIAGNOSIS CODES: 340. 286.0 311. 401.9 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # 08/27/12 08/27/12 1 T1019 6.00 208487 102.90 2 T1019 208487 08/28/12 08/28/12 6.00 102.90 3 T1019 08/29/12 08/29/12 6.00 208487 102.90 4 T1019 08/30/12 08/30/12 5.00 208487 85.75 5 T1019 08/31/12 08/31/12 6.00 102.90 497.35 CLAIM ACCOUNT REF. 2084870012008284SUP 208487

CLAIM TOTAL

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

208497 208497

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 2008385 2008385 MURDOCK, GERTRUDE 11/01/1917 SS71357M 0106221290271 DIAGNOSIS CODES: 536.9 365.9 369.10 389.9 401.9 715.90 733.00 V15.88 AMOUNT INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS 137.20 208493 08/27/12 08/27/12 8.00 2 T1019 08/28/12 08/28/12 8.00 208493 137.20 208493 3 T1019 08/29/12 08/29/12 8.00 137.20 208493 4 T1019 08/30/12 08/30/12 8.00 137.20 208493 5 T1019 08/31/12 08/31/12 1.00 17.15 CLAIM TOTAL 565.95 CLAIM ACCOUNT REF. 2084930012008385SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 09/30/1958 WP66802A 0103281290468 REG LOC CLIENT SERVICE NAME NY 001 2008415 2008415 BEDOYA, MONICA DIAGNOSIS CODES: 345.90 272.0 295.90 401.9 493.90 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 1 T1019 08/27/12 08/27/12 5.00 85.75 208489 208489 2 T1019 08/29/12 08/29/12 5.00 85.75 3 T1019 08/31/12 08/31/12 5.00 208489 85.75 CLAIM TOTAL 257.25 CLAIM ACCOUNT REF. 2084890012008415SUP BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 06/08/1955 ZX91437V 0106191290406 REG LOC CLIENT SERVICE NAME NY 001 2008417 2008417 GALAS, TERESA DIAGNOSIS CODES: 345.90 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 1 T1019 08/25/12 08/25/12 5.00 208492 85.75 208492 2 T1019 08/26/12 08/26/12 5.00 85.75 3 T1019 208492 08/27/12 08/27/12 5.00 85.75 4 T1019 08/28/12 08/28/12 5.00 85.75 208492 5 T1019 6 T1019 7 T1019 08/29/12 08/29/12 5.00 208492 85.75 08/30/12 08/30/12 208492 5.00 85.75 7 T1019 08/31/12 08/31/12 208492 5.00 85.75 CLAIM TOTAL 600.25 CLAIM ACCOUNT REF. 2084920012008417SUP REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008418 2008418 RYALS, CHARLES 11/03/1950 ZZ49620T 0103051290159 DIAGNOSIS CODES: 401.9 250.00 272.0 278.00 295.00 311. 780.57 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 08/27/12 08/27/12 8.00 1 T1019 208497 137.20 2 T1019 3 T1019 08/28/12 08/28/12 8.00 08/29/12 08/29/12 8.00 137.20

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

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

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 208497 4 T1019 08/30/12 08/30/12 8.00 137.20 208497 5 T1019 08/31/12 08/31/12 8.00 137.20 CLAIM TOTAL 686.00 CLAIM ACCOUNT REF. 2084970012008418SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008743	2008743	CORDERO, ROSENDO	08/26/1926	QM62108S	0101231290569

DIAGNOSIS CODES: 492.0 272.0 401.9 715.00 788.30

IN	IV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
208	490	1	T1019		08/25/12	08/25/12	10.00	171.50		
208	490	2	T1019		08/26/12	08/26/12	10.00	171.50		
208	490	3	T1019		08/27/12	08/27/12	10.00	171.50		
208	490	4	T1019		08/28/12	08/28/12	10.00	171.50		
208	490	5	T1019		08/30/12	08/30/12	8.00	137.20		
208	490	6	T1019		08/31/12	08/31/12	10.00	171.50		
						CLAI	M TOTAL	994.70	CLAIM ACCOUNT REF.	2084900012008743SUP

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

DIAGNOSIS CODES: 340. 401.9 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 208491 1 T1019 08/25/12 08/25/12 19.00 325.85 208491 2 T1019 08/26/12 08/26/12 19.00 325.85 3 T1019 08/27/12 08/27/12 19.00 208491 325.85 4 т1019 08/28/12 08/28/12 19.00 208491 325.85 208491 4 T1019 208491 5 T1019 208491 6 T1019 208491 7 T1019 08/29/12 08/29/12 19.00 325.85 08/30/12 08/30/12 19.00 325.85 08/31/12 08/31/12 19.00 325.85

RE	G LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009377	2009377	SANTORO, MATTHEW	08/20/1949	SP38021Q	0102291290309

DIAGNOSIS CODES: 299.01 453.9

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 208498 1 T1019 08/25/12 08/25/12 6.00 102.90 208498 2 T1019 08/26/12 08/26/12 6.00 102.90

208498 1 T1019 08/25/12 08/25/12 6.00 102.90 208498 2 T1019 08/26/12 08/26/12 6.00 102.90 CLAIM TOTAL 205.80 CLAIM ACCOUNT REF. 2084980012009377SUP

CLAIM TOTAL 2,280.95 CLAIM ACCOUNT REF. 2084910012009137SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

PROVIDER ID = 113502051 NPI = 1154407492 SUNNYSIDE CITYWIDE

PAYER ID = 13265METROPLUS HEALTH PLAN

PAYER TOTALS: METROPLUS HEALTH PLAN

REG LOC CLIENT NY 001 2008235 DIAGNOSIS CODES:	SERVICE NAME 2009688 RAMPERSAID, ALIS 319. 315.9			OR AUTHORIZATION #	
INV # LINE # 208496 1 208496 2 208496 3 208496 4 208496 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT 108/27/12 08/28/12 08/28/12 08/29/12 08/29/12 08/30/12 08/31/12 08/31/12 CLAIM	MNITS AMOUNT 8.00 137.20 8.00 137.20 8.00 137.20 8.00 137.20 8.00 137.20 8.00 137.20 OTAL 686.00	CLAIM ACCOUNT REF.	2084960012009688SUP
REG LOC CLIENT NY 001 2008279 DIAGNOSIS CODES:	SERVICE NAME 2010213 VALLE, BLASINA 428.0 244.9 272.4 3			IOR AUTHORIZATION # 06011290042	
INV # LINE # 208499 1 208499 2 208499 3 208499 4 208499 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT 108/27/12 08/28/12 08/28/12 08/29/12 08/29/12 08/30/12 08/31/12 08/31/12 CLAIM	NITS AMOUNT 8.00 137.20 8.00 137.20 8.00 137.20 8.00 137.20 8.00 137.20 8.00 137.20 OTAL 686.00	CLAIM ACCOUNT REF.	2084990012010213SUP
REG LOC CLIENT NY 001 2010886 DIAGNOSIS CODES:	SERVICE NAME 2010886 OSORIO, ELVIA 253.5 272.4 354.0 4			IOR AUTHORIZATION # 06111290284	
INV # LINE # 208494 1 208494 2 208494 3 208494 4 208494 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT 08/27/12 08/28/12 08/28/12 08/28/12 08/29/12 08/30/12 08/31/12 08/31/12 CLAIM	MNITS AMOUNT 3.00 51.45 3.00 51.45 3.00 51.45 3.00 51.45 3.00 51.45 OTAL 257.25	CLAIM ACCOUNT REF.	2084940012010886SUP

# SERVICES =

# OF CLAIMS = 69 TOTAL CLAIM AMOUNT = 10,101.35

13

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 14163WELLCARE OF NY

REG LOC CLIENT NY 001 2008286 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID 12/10/1950 ZN85118U	PRIOR AUTHORIZATION # 110614772	
INV # LINE # 208502 1 208502 2 208502 3 208502 4 208502 5 208502 6	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 08/25/12 08/25/12 36.00 08/26/12 08/26/12 36.00 08/27/12 08/27/12 36.00 08/28/12 08/27/12 36.00 08/30/12 08/30/12 32.00 08/31/12 08/31/12 36.00 CLAIM TOTAL	AMOUNT 154.80 154.80 154.80 154.80 154.80 137.60 154.80 911.60 CLAIM ACCOUNT REF.	2085020012008286SUP
REG LOC CLIENT NY 001 2008495 DIAGNOSIS CODES:	2008495 MARTINEZ, MARIA	BIRTH DATE RECIPIENT ID 09/05/1958 ZV42745Q 493.90	PRIOR AUTHORIZATION # 110885355	
INV # LINE # 208501 1 208501 2 208501 3 208501 4 208501 5 208501 6 208501 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 08/25/12 08/25/12 24.00 08/26/12 08/26/12 24.00 08/27/12 08/27/12 24.00 08/28/12 08/28/12 24.00 08/29/12 08/28/12 24.00 08/30/12 08/30/12 24.00 08/31/12 08/31/12 24.00 08/31/12 08/31/12 24.00 CLAIM TOTAL	AMOUNT 103.20 103.20 103.20 103.20 103.20 103.20 103.20 103.20 722.40 CLAIM ACCOUNT REF.	2085010012008495SUP
REG LOC CLIENT NY 001 2010404 DIAGNOSIS CODES:	2010404 GUERRERO, MIRTHA	BIRTH DATE RECIPIENT ID 09/14/1931 740496	PRIOR AUTHORIZATION # 110568543	
INV # LINE # 208500 1 208500 2 208500 3 208500 4 208500 5 208500 6	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 08/25/12 08/25/12 28.00 08/26/12 08/26/12 28.00 08/27/12 08/27/12 28.00 08/29/12 08/27/12 28.00 08/30/12 08/30/12 24.00 08/31/12 08/31/12 28.00	AMOUNT 120.40 120.40 120.40 120.40 103.20 120.40	

CLAIM TOTAL

120.40 705.20 CLAIM ACCOUNT REF. 2085000012010404SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 14163 WELLCARE OF NY

PAYER TOTALS: WELLCARE OF NY # OF CLAIMS = 19 TOTAL CLAIM AMOUNT = 2,339.20

# SERVICES = 3

REPORT DATE 09/05/12 PAGE: SUNNYSIDE CITYWIDE 16

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

2

208484

208484

T1019

3 T1019

0580

0580

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 55247HEALTH INSURANCE PLAN SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 2008471 DE JESUS, TIBURCIO 08/11/1947 XX16524S 0004980406 REG LOC CLIENT NY 001 2008273 DIAGNOSIS CODES: 250.03 369.60 401.9 414.04 799.89 V60.3 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 208482 1 0580 08/25/12 08/25/12 36.00 151.92 0580 08/26/12 08/26/12 36.00 151.92 208482 T1019 0580 08/27/12 08/27/12 36.00 0580 08/28/12 08/28/12 36.00 0580 08/29/12 08/29/12 36.00 0580 08/30/12 08/30/12 36.00 0580 08/31/12 08/31/12 36.00 0580 08/31/12 08/31/12 36.00 151.92 208482 3 T1019 208482 4 T1019 151.92 208482 5 T1019 151.92 208482 6 T1019 151.92 208482 7 T1019 151.92 CLAIM TOTAL 1,063.44 CLAIM ACCOUNT REF. 2084820012008471SUP SERVICE NAME REG LOC CLIENT BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008276 2008491 LOYOLA, MARIA 06/11/1981 ZR32498A01 0005044162 DIAGNOSIS CODES: 952.9 806.8 799.89 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT T1019 0580 08/27/12 08/27/12 168.80 208483 1 40.00 0580 08/28/12 08/28/12 208483 2 T1019 40.00 168.80 08/29/12 08/29/12 40.00 08/30/12 08/30/12 40.00 0580 208483 3 T1019 168.80 208483 4 T1019 0580 168.80 675.20 CLAIM ACCOUNT REF. 2084830012008491SUP CLAIM TOTAL BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 09/23/1948 YZ36993F 0005080166 REG LOC CLIENT SERVICE NAME NY 001 2008274 2008513 WILLIAMS, DIANE BIRTH DATE RECIPIENT ID

NY 001 2008274 2008513 WILLIAMS, DIANE 09/23/1948 YZ36993F DIAGNOSIS CODES: 296.80 250.00 429.3 733.00 253.5 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 208486 1 T1019 0580 08/28/12 08/28/12 16.00 67.52 2 0580 08/29/12 08/29/12 16.00 67.52 208486 T1019 0580 0580 08/30/12 08/30/12 16.00 08/31/12 08/31/12 16.00 3 208486 T1019 67.52 0580 208486 T1019 67.52 CLAIM TOTAL 270.08 CLAIM ACCOUNT REF. 2084860012008513SUP PRIOR ... 0005050233 REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # 2008544 ORR, LOUISE NY 001 2008227 03/04/1956 ZK403270 DIAGNOSIS CODES: 250.00 401.9 428.0 435.9 429.9 799.89 LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT T1019 0580 08/25/12 08/25/12 208484 1 20.00 84.40

08/26/12 08/26/12

08/27/12 08/27/12 20.00

84.40

84.40

REPORT DATE 09/05/12 INPUT FILE = /VOL444/COMPSUP/H	SUNNYSIDE CITYWIDE IPAAIN/E50020120905010935	883RRSUP		PAGE: 17
PROVIDER ID = 113502051 PAYER ID = 55247	SUNNYSIDE CITYWIDE HEALTH INSURANCE PLA		154407492	
INV # LINE # PROCEDURE CO 208484 4 T1019 208484 5 T1019 208484 6 T1019 208484 7 T1019	0580 08/28/12 0580 08/29/12 0580 08/30/12	THRU DT UNITS AMOU 2 08/28/12 20.00 84. 2 08/29/12 20.00 84. 2 08/30/12 20.00 84. 2 08/31/12 20.00 84. CLAIM TOTAL 590.	40 40 40 40	2084840012008544SUP
	EYNOLDS, HARRIET 07		PRIOR AUTHORIZATION # 0003855084	
INV # LINE # PROCEDURE CO 208477 1 T1019 208477 2 T1019 208477 3 T1019	0580 08/28/12 0580 08/30/12	THRU DT UNITS AMOU 2 08/28/12 16.00 56. 2 08/30/12 16.00 56. 2 08/31/12 16.00 56. CLAIM TOTAL 168.	00 00 00	2084770012008723SUP
	OPE, WILLIE 02		PRIOR AUTHORIZATION # 0004050353003	
INV # LINE # PROCEDURE CO 208470 1 T1019 208470 2 T1019 208470 3 T1019 208470 4 T1019 208470 5 T1019 208470 6 T1019 208470 7 T1019	0580 08/25/12 0580 08/26/12 0580 08/27/12 0580 08/28/12 0580 08/29/12 0580 08/30/12	THRU DT UNITS AMOU 2 08/25/12 48.00 168. 2 08/26/12 48.00 168. 2 08/27/12 48.00 168. 2 08/28/12 48.00 168. 2 08/29/12 48.00 168. 2 08/30/12 48.00 168. 2 08/31/12 48.00 168. CLAIM TOTAL 1,176.	00 00 00 00 00 00 00	2084700012008793SUP
	ESTFIELD, BRENDA 01		PRIOR AUTHORIZATION # 0004291129	
INV # LINE # PROCEDURE CO 208479 1 T1019 208479 2 T1019 208479 3 T1019 208479 4 T1019 208479 5 T1019 208479 6 T1019 208479 7 T1019	0580 08/25/12 0580 08/26/12 0580 08/27/12 0580 08/28/12 0580 08/29/12 0580 08/30/12	THRU DT UNITS AMOU 2 08/25/12 32.00 112. 2 08/26/12 32.00 112. 2 08/27/12 32.00 112. 2 08/28/12 32.00 112. 2 08/29/12 32.00 112. 2 08/30/12 32.00 112. 2 08/31/12 32.00 112. CLAIM TOTAL 784.	00 00 00 00 00 00 00	2084790012009237SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

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

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

NY 001 2008223 2009269 SHAH, HANSIKABEN DIAGNOSIS CODES: V61.9 296.20 733.00

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT
208485 1 T1019 0580 08/31/12 08/31/12 20.00 84.40
CLAIM TOTAL 84.40 CLAIM ACCOUNT REF. 2084850012009269SUP

09/28/1948 UR74418G

0005080096

0004979372

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

NY 001 2008395 2009406 AHMAD, AMATUL 08/03/1953 YG15821Z DIAGNOSIS CODES: 799.89 253.5 272.4 401.9 493.92 696.8

LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 208480 1 0580 08/27/12 08/27/12 16.00 67.52 T1019 208480 T1019 0580 08/28/12 08/28/12 16.00 67.52 0580 0580 208480 T1019 08/29/12 08/29/12 16.00 67.52 208480 08/30/12 08/30/12 16.00 T1019 67.52 208480 0580 08/31/12 08/31/12 5 T1019 16.00 67.52

CLAIM TOTAL 337.60 CLAIM ACCOUNT REF. 2084800012009406SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2009467 2009467 KEATON, CATHERINE 08/30/1923 WC81742E 0004298435

DIAGNOSIS CODES: 715.00 365.9 401.9 780.4 788.30

PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT INV # LINE # 08/25/12 08/25/12 208476 1 T1019 0580 48.00 168.00 0580 208476 Т1019 08/26/12 08/26/12 48.00 168.00 0580 208476 3 T1019 08/27/12 08/27/12 48.00 168.00 208476 T1019 0580 08/28/12 08/28/12 48.00 168.00 208476 5 T1019 0580 08/29/12 08/29/12 48.00 168.00 0580 08/30/12 08/30/12 48.00 168.00 208476 T1019 6 0580 08/31/12 08/31/12 208476 7 T1019 48.00 168.00

CLAIM TOTAL 1,176.00 CLAIM ACCOUNT REF. 2084760012009467SUP

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

DIAGNOSIS CODES: 345.90

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 08/29/12 08/29/12 208481 1 T1019 0580 40.00 168.80 2 0580 208481 T1019 08/30/12 08/30/12 40.00 168.80

CLAIM TOTAL 337.60 CLAIM ACCOUNT REF. 2084810012009562SUP

PAGE: 19

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

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

PAYER ID = 5	55247 HEALTH INSU	RANCE PLAN		
REG LOC CLIEN NY 001 200968 DIAGNOSIS CODES:	36 2009686 GAFFNEY, FREDERIC	BIRTH DATE RECIPIENT ID 01/04/1939 RH10373H 1.9 493.91	PRIOR AUTHORIZATION # 0005177081	
INV # LINE # 208472 1 208472 2 208472 3 208472 4 208472 5	PROCEDURE CODE REVENUE CD T1019 0580 T1019 0580 T1019 0580 T1019 0580 T1019 0580	FROM DT THRU DT UNITS 08/27/12 08/27/12 16.00 08/28/12 08/28/12 16.00 08/29/12 08/29/12 16.00 08/30/12 08/30/12 16.00 08/31/12 08/31/12 16.00 CLAIM TOTAL	AMOUNT 56.00 56.00 56.00 56.00 56.00 280.00 CLAIM ACCOUNT REF.	2084720012009686SUP
REG LOC CLIEN NY 001 200994 DIAGNOSIS CODES:	15 2009945 JACKSON, FRANCES	BIRTH DATE RECIPIENT ID 03/12/1934 12030545001 2.10 785.2	PRIOR AUTHORIZATION # 0004676295-001	
INV # LINE # 208474 1 208474 2	PROCEDURE CODE REVENUE CD 11019 0580 0580	FROM DT THRU DT UNITS 08/27/12 08/27/12 28.00 08/28/12 08/28/12 28.00 CLAIM TOTAL	AMOUNT 98.00 98.00 196.00 CLAIM ACCOUNT REF.	2084740012009945SUP
REG LOC CLIEN NY 001 200994 DIAGNOSIS CODES:	15 2009945 JACKSON, FRANCES	BIRTH DATE RECIPIENT ID 03/12/1934 12030545001 2.10 785.2	PRIOR AUTHORIZATION # 4676295	
INV # LINE # 208475 1 208475 2 208475 3	# PROCEDURE CODE REVENUE CD T1019 0580 T1019 0580 T1019 0580	FROM DT THRU DT UNITS 08/29/12 08/29/12 28.00 08/30/12 08/30/12 28.00 08/31/12 08/31/12 28.00 CLAIM TOTAL	AMOUNT 98.00 98.00 98.00 294.00 CLAIM ACCOUNT REF.	2084750012009945SUP
REG LOC CLIEN NY 001 201029 DIAGNOSIS CODES:	23 2010293 CAMPBELL, CAROL	BIRTH DATE RECIPIENT ID 01/17/1945 ZW64229J 1.9 780.79 781.2	PRIOR AUTHORIZATION # 14408709	
INV # LINE # 208469 1 208469 2 208469 3 208469 4 208469 5	PROCEDURE CODE REVENUE CD T1019 0580 T1019 0580 T1019 0580 T1019 0580 T1019 0580	FROM DT THRU DT UNITS 08/27/12 08/27/12 20.00 08/28/12 08/28/12 24.00 08/29/12 08/29/12 20.00 08/30/12 08/30/12 20.00 08/31/12 08/31/12 20.00 CLAIM TOTAL	AMOUNT 70.00 84.00 70.00 70.00 70.00 364.00 CLAIM ACCOUNT REF.	2084690012010293SUP

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

PAYER ID = 552	247 HEALTH INSU	JRANCE PLAN		
REG LOC CLIENT NY 001 2010316 DIAGNOSIS CODES:	SERVICE NAME 2010316 WEATHERS, VERDENA 331.0 365.00 428.0 71	BIRTH DATE RECIPIENT ID 02/05/1927 XK12367V	PRIOR AUTHORIZATION # 0004884724	
INV # LINE # 208478 1 208478 2 208478 3 208478 4 208478 5	PROCEDURE CODE REVENUE CD T1019 0580 T1019 0580 T1019 0580 T1019 0580 T1019 0580	FROM DT THRU DT UNITS 08/27/12 08/27/12 48.00 08/28/12 08/28/12 48.00 08/29/12 08/29/12 48.00 08/30/12 08/30/12 48.00 08/31/12 08/31/12 48.00 CLAIM TOTAL	AMOUNT 168.00 168.00 168.00 168.00 168.00 840.00 CLAIM ACCOUNT REF.	2084780012010316SUP
REG LOC CLIENT NY 001 2010991 DIAGNOSIS CODES:	SERVICE NAME 2010991 IANNAZZO, ANGELIN 401.9 253.5	BIRTH DATE RECIPIENT ID 06/04/1921 RD78526M	PRIOR AUTHORIZATION # 0005197384	
INV # LINE # 208473 1 208473 2 208473 3 208473 4 208473 5 208473 6 208473 7	PROCEDURE CODE REVENUE CD T1019 0580	FROM DT THRU DT UNITS 08/25/12 08/25/12 36.00 08/26/12 08/26/12 36.00 08/27/12 08/27/12 36.00 08/28/12 08/28/12 36.00 08/29/12 08/28/12 36.00 08/30/12 08/30/12 36.00 08/31/12 08/31/12 36.00 CLAIM TOTAL	AMOUNT 126.00 126.00 126.00 126.00 126.00 126.00 126.00 882.00 CLAIM ACCOUNT REF.	2084730012010991SUP
REG LOC CLIENT NY 001 2008113 DIAGNOSIS CODES:	SERVICE NAME 2011066 COPELAND, ELISE 250.00 369.9 311. 40	BIRTH DATE RECIPIENT ID 10/05/1928 QJ28865K 716.90	PRIOR AUTHORIZATION # 0005111746	
INV # LINE # 208471 1 208471 2 208471 3 208471 4 208471 5 208471 6	PROCEDURE CODE REVENUE CD G0156 0572	FROM DT THRU DT UNITS 08/25/12 08/25/12 7.00 08/27/12 08/27/12 7.00 08/28/12 08/28/12 7.00 08/29/12 08/28/12 7.00 08/30/12 08/30/12 7.00 08/31/12 08/31/12 7.00 08/31/12 08/31/12 7.00 CLAIM TOTAL	AMOUNT 99.75 99.75 99.75 99.75 99.75 99.75 598.50 CLAIM ACCOUNT REF.	2084710012011066SUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 55247 HEALTH INSURANCE PLAN

PAYER TOTALS: HEALTH INSURANCE PLAN # OF CLAIMS = 87 TOTAL CLAIM AMOUNT = 10,117.62

# SERVICES = 17

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PAYER ID = 77073 VNSNY CHOICE

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

NY 001 2008374 2010958 KARASSAVIDES, ARISTOTI 10/09/1962 V80041904 121790012

DIAGNOSIS CODES: 042. 202.88 436. 799.89

PROCEDURE CODE REVENUE CD INV # LINE # FROM DT THRU DT UNITS AMOUNT 208514 1 T1019 08/27/12 08/27/12 28.00 120.12 208514 T1019 08/28/12 08/28/12 28.00 120.12 208514 3 T1019 08/29/12 08/29/12 28.00 120.12 208514 T1019 08/30/12 08/30/12 28.00 120.12 208514 T1019 08/31/12 08/31/12 28.00 120.12 CLAIM TOTAL 600.60 CLAIM ACCOUNT REF. 2085140012010958SUP

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

# SERVICES =

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141HEALTHFIRST PHSP

REG LOC CLIENT NY 001 2008249 DIAGNOSIS CODES:	SERVICE NAME 2008249 LOPEZ-RAMIREZ, C 714.0 272.4 401.9 !	BIRTH DATE RECIPIENT ID CARLOTA 01/20/1936 QR43529V 636.9 733.00	PRIOR AUTHORIZATION # R1800800	
INV # LINE # 208425 1 208425 2 208425 3 208425 4 208425 5 208425 6 208425 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 08/25/12 08/25/12 44.00 08/26/12 08/26/12 44.00 08/27/12 08/27/12 44.00 08/28/12 08/28/12 44.00 08/28/12 08/28/12 44.00 08/30/12 08/30/12 44.00 08/31/12 08/31/12 44.00 08/31/12 08/31/12 144.00 CLAIM TOTAL	AMOUNT 185.68 185.68 185.68 185.68 185.68 185.68 185.68 185.68 185.68	2084250012008249SUP
REG LOC CLIENT NY 001 2008250 DIAGNOSIS CODES:	SERVICE NAME 2008250 SALAZAR, LUZ MAH 952.9 564.81 596.54 8	BIRTH DATE RECIPIENT ID 02/19/1970 SC60317K 806.05	PRIOR AUTHORIZATION # R1824834	
INV # LINE # 208429 1 208429 2 208429 3 208429 4 208429 5 208429 6 208429 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 08/25/12 08/25/12 32.00 08/26/12 08/26/12 32.00 08/27/12 08/27/12 32.00 08/28/12 08/28/12 32.00 08/28/12 08/28/12 32.00 08/29/12 08/29/12 32.00 08/30/12 08/30/12 28.00 08/31/12 08/31/12 32.00 CLAIM TOTAL	AMOUNT 135.04 135.04 135.04 135.04 135.04 138.16 135.04 928.40 CLAIM ACCOUNT REF.	2084290012008250SUP
REG LOC CLIENT NY 001 2008251 DIAGNOSIS CODES:	SERVICE NAME 2008251 CEBALLOS, ANA 294.10 244.9	BIRTH DATE RECIPIENT ID 12/31/1919 UH02585Q	PRIOR AUTHORIZATION # R1828722	
INV # LINE # 208411 1 208411 2 208411 3 208411 4 208411 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 08/27/12 08/27/12 32.00 08/28/12 08/28/12 32.00 08/29/12 08/29/12 32.00 08/30/12 08/30/12 32.00 08/31/12 08/31/12 32.00 CLAIM TOTAL	AMOUNT 135.04 135.04 135.04 135.04 135.04 675.20 CLAIM ACCOUNT REF.	2084110012008251SUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141HEALTHFIRST PHSP

REG LOC CLIENT NY 001 2008253 DIAGNOSIS CODES:	2008253 MACARENA, SAHARA		RECIPIENT ID VT07830U	PRIOR AUTHORIZATION # R1904276	
INV # LINE # 208426	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT 08/25/12 08/25/12 08/26/12 08/26/12 08/27/12 08/27/12 08/28/12 08/28/12 08/29/12 08/29/12 08/30/12 08/30/12 08/31/12 08/31/12 CLA	UNITS 48.00 48.00 32.00 48.00 48.00 48.00 48.00 IM TOTAL	AMOUNT 202.56 202.56 135.04 202.56 202.56 202.56 202.56 1,350.40 CLAIM ACCOUNT REF.	2084260012008253SUP
REG LOC CLIENT NY 001 2008254 DIAGNOSIS CODES:	SERVICE NAME 2008254 SPIVEY, PATRICIA 250.00 401.9 733.00		RECIPIENT ID WE52435B	PRIOR AUTHORIZATION # R1802635	
INV # LINE # 208430 1 208430 2 208430 3 208430 4 208430 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT 08/27/12 08/27/12 08/28/12 08/28/12 08/29/12 08/29/12 08/30/12 08/30/12 08/31/12 08/31/12 CLA	UNITS 20.00 20.00 20.00 20.00 20.00 IM TOTAL	AMOUNT 84.40 84.40 84.40 84.40 84.40 422.00 CLAIM ACCOUNT REF.	2084300012008254SUP
REG LOC CLIENT NY 001 2008256 DIAGNOSIS CODES:	SERVICE NAME 2008256 CARMONA, LUZ 294.8 401.9		RECIPIENT ID XJ24416K	PRIOR AUTHORIZATION # R1839723	
INV # LINE # 208409 1 208409 2 208409 3 208409 4 208409 5	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT 08/27/12 08/27/12 08/28/12 08/28/12 08/29/12 08/29/12 08/30/12 08/30/12 08/31/12 08/31/12 CLA	UNITS 28.00 32.00 32.00 32.00 32.00 IM TOTAL	AMOUNT 118.16 135.04 135.04 135.04 135.04 658.32 CLAIM ACCOUNT REF.	2084090012008256SUP
REG LOC CLIENT NY 001 2008257 DIAGNOSIS CODES:	SERVICE NAME 2008257 ESTEVES, JOSE 345.40		RECIPIENT ID YD71377C	PRIOR AUTHORIZATION # R1832858	
INV # LINE # 208415 1	PROCEDURE CODE REVENUE CD T1019	FROM DT THRU DT 08/25/12	UNITS 24.00	AMOUNT 101.28	

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INV # LINE 208415 2 208415 3 208415 4 208415 5 208415 6 208415 7	T1019 T1019 T1019 T1019 T1019	08/26/12 08/27/12 08/28/12 08/29/12 08/30/12	THRU DT UNITS 08/26/12 24.00 08/27/12 24.00 08/28/12 24.00 08/29/12 24.00 08/30/12 24.00 08/31/12 24.00 CLAIM TOTAL	AMOUNT 101.28 101.28 101.28 101.28 101.28 101.28 101.28 708.96 CLAIM ACCOUNT REF.	2084150012008257SUP
REG LOC CLIE NY 001 20082 DIAGNOSIS CODES	97 2008297 MARTI	BIR, ARIANA 12, 493.11	RTH DATE RECIPIENT I /25/1968 XD64969X	D PRIOR AUTHORIZATION # R1831741	
INV # LINE 208427 1 208427 2	т1019	08/29/12	THRU DT UNITS 08/29/12 16.00 08/31/12 16.00 CLAIM TOTAL	AMOUNT 67.52 67.52 135.04 CLAIM ACCOUNT REF.	2084270012008297SUP
REG LOC CLIE NY 001 20083 DIAGNOSIS CODES	NT SERVICE NAME 62 2008362 FONTA : 724.3 278.00	ANES, PEDRO 08,	RTH DATE RECIPIENT I /27/1948 RX10287Z 4.2	D PRIOR AUTHORIZATION # R1804541	
INV # LINE 208417 1 208417 2 208417 3 208417 4 208417 5 208417 6 208417 7	T1019 T1019 T1019 T1019 T1019 T1019	08/25/12 08/26/12 08/27/12 08/28/12 08/28/12 08/29/12	THRU DT UNITS 08/25/12 28.00 08/26/12 28.00 08/27/12 28.00 08/28/12 28.00 08/28/12 28.00 08/29/12 28.00 08/30/12 28.00 08/31/12 28.00 CLAIM TOTAL	AMOUNT 118.16 118.16 118.16 118.16 118.16 118.16 118.16 118.16 128.16 128.16 128.16 128.16 128.16	2084170012008362SUP
REG LOC CLIE NY 001 20083 DIAGNOSIS CODES	68 2008368 RODRI	IGUEZ, MARGARET 06,	RTH DATE RECIPIENT I /25/1950 ZP21043J 1.9 414.3 733.00	R1955871	
INV # LINE 208428 1 208428 2 208428 3 208428 4 208428 5	T1019 T1019 T1019 T1019	08/27/12 08/28/12 08/29/12 08/30/12	THRU DT UNITS 08/27/12 12.00 08/28/12 16.00 08/29/12 16.00 08/30/12 16.00 08/31/12 16.00 CLAIM TOTAL	AMOUNT 50.64 67.52 67.52 67.52 67.52 67.52 320.72 CLAIM ACCOUNT REF.	2084280012008368SUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZ

REG LOC	CLIENT	SERVICE NAME				RECIPIENT		OR AUTHORIZATION #	
	2008405		,	10/	01/1956	UZ14868C	010	3151202185	
DIAGNOSIS (	CODES:	952.9 344.9	596.54						
		5506551155 6055					33401777		
	LINE #		REVENUE CD FROM		THRU DT	UNITS 40.00	AMOUNT		
208431 208431	1 2	T1019 T1019		5/12 5/12	08/15/12 08/25/12	40.00	168.80 168.80		
208431	3	T1019		6/12	08/25/12		151.92		
208431	4	T1019		7/12	08/26/12	36.00 40.00	168.80		
208431	5	T1019		8/12	08/27/12	40.00	168.80		
208431	5 6	T1019	08/2		08/28/12	40.00	168.80		
208431	7	T1019			08/29/12	40.00	168.80		
208431	, 8	T1019			08/30/12	40.00	168.80		
208431	8	11019	08/3	1/12		40.00 AIM TOTAL	1,333.52	CLAIM ACCOUNT DEE	2084310012008405SUP
					CLI	AIM IOIAL	1,333.32	CLAIM ACCOUNT REF.	200431001200040550P
REG LOC	CLIENT	SERVICE NAME		BTR	TH DATE	RECIPIENT	TD PRT	OR AUTHORIZATION #	
	2008411		ISCO, RICHARD			XR22414G		3221200941	
DIAGNOSIS (	CODES:	401.9 443.9			.,	_			
INV #	LINE #	PROCEDURE CODE	REVENUE CD FROM	DT	THRU DT	UNITS	AMOUNT		
208418	1	T1019		5/12	08/25/12	32.00	135.04		
208418	2	T1019		6/12	08/26/12	24.00	101.28		
208418	3	T1019		7/12	08/27/12	32.00	135.04		
208418	4	T1019			08/28/12	32.00	135.04		
208418	5	T1019			08/29/12	32.00	135.04		
208418	6	T1019			08/30/12	32.00	135.04		
208418	7	T1019	08/3	1/12	08/31/12	32.00	135.04		
					CLA	AIM TOTAL	911.52	CLAIM ACCOUNT REF.	2084180012008411SUP
REG LOC	CLIENT	SERVICE NAME		DID	TH DATE	RECIPIENT	TD DDT	OR AUTHORIZATION #	
	2008428		HARBANS			VB22061J		OR AUTHORIZATION # 04436	
DIAGNOSIS		401.9 272.4	332.1 453.42	02/	03/193/	VB220010	KIO	04436	
DIAGNOSIS	CODES.	401.9 272.4	332.1 433.42						
INV #	LINE #	PROCEDURE CODE	REVENUE CD FROM	DT	THRU DT	UNITS	AMOUNT		
208422	1	T1019	08/2	6/12	08/26/12	28.00	118.16		
208422	2	T1019	08/2	7/12	08/27/12	28.00	118.16		
208422	3	T1019	08/2	8/12	08/28/12	28.00	118.16		
208422	4	T1019	08/2	9/12	08/29/12	28.00	118.16		
208422	5	T1019			08/30/12	28.00	118.16		
208422	6	T1019	08/3	1/12	08/31/12	28.00	118.16		

CLAIM TOTAL

708.96 CLAIM ACCOUNT REF. 2084220012008428SUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT NY 001 2008433 DIAGNOSIS CODES:	2008433 BHAIRO, KOWSILILLI		PRIOR AUTHORIZATION # R1917814	
INV # LINE # 208407 1 208407 2 208407 3 208407 4 208407 5 208407 6 208407 7	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 08/25/12 08/25/12 32.00 08/26/12 08/26/12 32.00 08/27/12 08/27/12 28.00 08/28/12 08/28/12 32.00 08/29/12 08/28/12 32.00 08/30/12 08/30/12 32.00 08/31/12 08/31/12 32.00 CLAIM TOTAL	AMOUNT 135.04 135.04 118.16 135.04 135.04 135.04 135.04 928.40 CLAIM ACCOUNT REF.	2084070012008433SUP
REG LOC CLIENT NY 001 2008487 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT ID 11/23/1949 VD44720Z 428.0 733.00	PRIOR AUTHORIZATION # R1903232	
INV # LINE # 208406 1 208406 2 208406 3 208406 4 208406 5 208406 6		FROM DT THRU DT UNITS 08/26/12 08/26/12 16.00 08/27/12 08/27/12 16.00 08/28/12 08/28/12 16.00 08/29/12 08/29/12 16.00 08/30/12 08/30/12 16.00 08/31/12 08/31/12 16.00 CLAIM TOTAL	AMOUNT 67.52 67.52 67.52 67.52 67.52 67.52 67.52 405.12 CLAIM ACCOUNT REF.	2084060012008487SUP
REG LOC CLIENT NY 001 2008558 DIAGNOSIS CODES:	2008558 SURIEL, GERTRUDIS	BIRTH DATE RECIPIENT ID 03/17/1950 ZE67447D	PRIOR AUTHORIZATION # R1901123	
INV # LINE # 208432 1 208432 2 208432 3 208432 4 208432 5 208432 6	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 08/25/12 08/25/12 16.00 08/26/12 08/26/12 16.00 08/27/12 08/27/12 16.00 08/28/12 08/28/12 16.00 08/29/12 08/29/12 16.00 08/30/12 08/30/12 16.00	AMOUNT 67.52 67.52 67.52 67.52 67.52 67.52	

CLAIM TOTAL

405.12 CLAIM ACCOUNT REF. 2084320012008558SUP

REPORT DATE 09/05/12 PAGE: SUNNYSIDE CITYWIDE 28

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3 T1019

208410

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

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INV # LINE # 208410 4 208410 5 208410 6	PROCEDURE CODE REVENUE CD T1019 T1019 T1019	FROM DT THRU DT UNITS 08/29/12 08/29/12 32.00 08/30/12 08/30/12 28.00 08/31/12 08/31/12 32.00 CLAIM TOTAL	AMOUNT 135.04 118.16 135.04 793.36 CLAIM ACCOUNT REF.	2084100012009270SUP
REG LOC CLIENT NY 001 2009322 DIAGNOSIS CODES:	SERVICE NAME 2009322 HENRY, BRENDA 253.5 401.9 429.9 44	BIRTH DATE RECIPIENT ID 04/13/1954 ZE02356F 493.90	PRIOR AUTHORIZATION # R1892336	
INV # LINE # 208420 1 208420 2 208420 3	PROCEDURE CODE REVENUE CD T1019 T1019 T1019	FROM DT THRU DT UNITS 08/27/12 08/27/12 16.00 08/29/12 08/29/12 16.00 08/31/12 08/31/12 16.00 CLAIM TOTAL	AMOUNT 67.52 67.52 67.52 67.52 202.56 CLAIM ACCOUNT REF.	2084200012009322SUP
REG LOC CLIENT NY 001 2009425 DIAGNOSIS CODES:	2009425 FRIAS, BARBARA	BIRTH DATE RECIPIENT ID 04/01/1954 YQ10410R	PRIOR AUTHORIZATION # R1869904	
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REG LOC CLIENT NY 001 2009560 DIAGNOSIS CODES:	SERVICE NAME 2009560 BOCHENEC, JOLANTA 854.00 272.4 300.00 30	BIRTH DATE RECIPIENT ID A 07/08/1964 ZT71147Q 07.42 781.0	PRIOR AUTHORIZATION # 0104121200913	
INV # LINE # 208408	PROCEDURE CODE REVENUE CD T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	FROM DT THRU DT UNITS 08/25/12 08/25/12 24.00 08/26/12 08/26/12 24.00 08/27/12 08/27/12 24.00 08/28/12 08/28/12 24.00 08/29/12 08/28/12 24.00 08/30/12 08/30/12 24.00 08/31/12 08/31/12 24.00	AMOUNT 101.28 101.28 101.28 101.28 101.28 101.28 101.28	

CLAIM TOTAL

708.96 CLAIM ACCOUNT REF. 2084080012009560SUP

REPORT DATE 09/05/12 PAGE: SUNNYSIDE CITYWIDE 3.0

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208433

208433

## SUNNYSIDE CITYWIDE NPI = 1154407492

PROVIDER ID = 113502051 PAYER ID = 80141 HEALTHFIRST PHSP REG LOC CLIENT SERVICE NAME

NY 001 2009657 2009657 HERRING, CHARLEN 10/27/1949 ZE93972Y R1947878

DIAGNOSIS CODES: 493.91 250.00 401.9 462. 780.52 INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 67.52 08/27/12 08/27/12 16.00 08/29/12 08/29/12 16.00 208421 1 T1019 2 T1019 208421 67.52 67.52 135.04 CLAIM ACCOUNT REF. 2084210012009657SUP CLAIM TOTAL REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2010009 VEGA, GLORIA 07/06/1955 ZU45073J R1843447 DIAGNOSIS CODES: 340. 250.00 272.2 311. PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 208434 1 T1019 08/27/12 08/27/12 32.00 135.04 08/28/12 08/28/12 32.00 135.04 08/29/12 08/29/12 32.00 135.04 08/30/12 08/30/12 32.00 135.04 08/31/12 08/31/12 32.00 135.04 08/31/12 08/31/12 32.00 135.04 CLAIM TOTAL 675.20 CLAIM ACCOUNT REF. 2084340012010009SUP 208434 2 T1019 3 T1019 208434 208434 4 T1019 208434 5 T1019 REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008299 2010311 LAZALA, GLADYS 02/03/1950 ZT39863D R1866346 DIAGNOSIS CODES: 340. 250.00 278.00 401.9 440.9 781.2 PROCEDURE CODE REVENUE CD FROM DT THRU DT AMOUNT INV # LINE # UNITS 08/25/12 08/25/12 7.00 118.16 208424 1 T1020 2 T1020 08/26/12 08/26/12 7.00 208424 118.16 3 T1020 08/27/12 08/27/12 7.00 208424 118.16 208424 4 T1020 08/28/12 08/28/12 7.00 118.16 208424 5 T1020 08/29/12 08/29/12 7.00 118.16 6 T1020 7 T1020 208424 08/30/12 08/30/12 7.00 118.16 7 T1020 08/31/12 08/31/12 118.16 208424 7.00 827.12 CLAIM ACCOUNT REF. 2084240012010311SUP CLAIM TOTAL REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2010758 2010758 VASQUEZ, OLGA 11/20/1948 WU00136E R1906129 DIAGNOSIS CODES: 311. 244.9 253.5 401.9 429.9 493.90 948.11 PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 08/25/12 08/25/12 20.00 1 T1019 84.40 208433 2 T1019 3 T1019 4 T1019 08/26/12 08/26/12 20.00 08/30/12 08/30/12 20.00 08/31/12 08/31/12 20.00 208433 84.40

84.40

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 80141 HEALTHFIRST PHSP

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

CLAIM TOTAL 337.60 CLAIM ACCOUNT REF. 2084330012010758SUP

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

NY 001 2008498 2010933 DORNELLAS, STELLA 04/30/1949 RG61445M R1944291

DIAGNOSIS CODES: 401.9 253.5 272.1 369.60

LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 208413 1 T1019 08/27/12 08/27/12 24.00 101.28 208413 2 T1019 08/29/12 08/29/12 24.00 101.28 CLAIM TOTAL 202.56 CLAIM ACCOUNT REF. 2084130012010933SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2008813 2010967 LARA, TOMASA 10/11/1931 SX47950B R1921929

DIAGNOSIS CODES: 401.9 244.9 272.4 715.80

INV # LINE # PROCEDURE CODE REVENUE CD FROM DT THRU DT UNITS AMOUNT 208423 08/25/12 08/25/12 32.00 135.04 1 T1019 208423 T1019 08/27/12 08/27/12 32.00 135.04 T1019 08/28/12 08/28/12 32.00 135.04 208423 3 08/29/12 08/29/12 208423 T1019 32.00 135.04 08/30/12 08/30/12 208423 5 T1019 32.00 135.04 6 T1019 208423 08/31/12 08/31/12 32.00 135.04 CLAIM TOTAL 810.24 CLAIM ACCOUNT REF. 2084230012010967SUP

PAYER TOTALS: HEALTHFIRST PHSP # OF CLAIMS = 156 TOTAL CLAIM AMOUNT = 17,943.44 # SERVICES = 29

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 87726 UNITEDHEALTHCARE

REG LOC CLIENT NY 001 2008249 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT I ALIA 08/02/1961 100195559 724.3	ID PRIOR AUTHORIZATION # 607641299	
INV # LINE # 208464 1 2 208464 2 2 208464 4 2 208464 5 208464 6 208464 7	PROCEDURE CODE REVENUE C T1019 T1019 T1019 T1019 T1019 T1019 T1019	D FROM DT THRU DT UNITS  08/25/12 08/25/12 40.00  08/26/12 08/26/12 40.00  08/27/12 08/27/12 40.00  08/28/12 08/28/12 40.00  08/28/12 08/28/12 40.00  08/29/12 08/29/12 40.00  08/30/12 08/30/12 40.00  08/31/12 08/31/12 40.00  CLAIM TOTAL	AMOUNT 171.60 171.60 171.60 171.60 171.60 171.60 1,201.20 CLAIM ACCOUNT REF.	2084640012008245SUP
REG LOC CLIENT NY 001 200828' DIAGNOSIS CODES:		BIRTH DATE RECIPIENT I 09/13/1928 100063356 356.9 401.9 530.81	608047620	
INV # LINE # 208465 1 208465 2 208465 4 208465 5 208465 6 208465 7	PROCEDURE CODE REVENUE C T1019 T1019 T1019 T1019 T1019 T1019 T1019	D FROM DT THRU DT UNITS  08/25/12 08/25/12 16.00  08/26/12 08/26/12 16.00  08/27/12 08/27/12 32.00  08/28/12 08/28/12 36.00  08/29/12 08/29/12 36.00  08/30/12 08/30/12 36.00  08/31/12 08/31/12 36.00  CLAIM TOTAL	AMOUNT 68.64 68.64 137.28 154.44 154.44 154.44 154.44 892.32 CLAIM ACCOUNT REF.	2084650012008287SUP
REG LOC CLIENT NY 001 2008401 DIAGNOSIS CODES:		BIRTH DATE RECIPIENT I 12/18/1948 100029836 401.9	ID PRIOR AUTHORIZATION # 607678036	
INV # LINE # 208467 1 208467 2 208467 4 208467 5 208467 6 208467 7	PROCEDURE CODE REVENUE ( T1019 T1019 T1019 T1019 T1019 T1019 T1019	D FROM DT THRU DT UNITS  08/25/12 08/25/12 32.00  08/26/12 08/26/12 32.00  08/27/12 08/27/12 32.00  08/27/12 08/27/12 32.00  08/28/12 08/28/12 32.00  08/29/12 08/29/12 32.00  08/30/12 08/30/12 32.00  08/31/12 08/31/12 32.00	AMOUNT 137.28 137.28 137.28 137.28 137.28 137.28	20946700120094016HD

CLAIM TOTAL

960.96 CLAIM ACCOUNT REF. 2084670012008401SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = 87726UNITEDHEALTHCARE

REG	LOC	CLTEN.I.	SERVICE	NAME	BIRTH DATE	RECIPLENT ID	PRIOR AUTHORIZATION #	ŕ
3.T3.Z	0.01	2000422	2000422	VITOTIDOM DITT AM	00/11/1040	100600070	607620266	

NY 001 2008432 2008432 YUSUPOV, PULAT 08/11/1948 100600278 607630266 DIAGNOSIS CODES: 250.00 272.4 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
208468	1	T1019		08/25/12	08/25/12	16.00	68.64
208468	2	T1019		08/26/12	08/26/12	16.00	68.64
208468	3	T1019		08/28/12	08/28/12	16.00	68.64
208468	4	т1019		08/29/12	08/29/12	16 00	68 64

208468 6 T1019 08/31/12 08/31/12 16.00 68.64 CLAIM TOTAL 411.84 CLAIM ACCOUNT REF. 2084680012008432SUP

68.64

08/30/12 08/30/12 16.00

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION # NY 001 2010774 2010774 PAUL, PUTUL 10/10/1956 101218709 6083933452

DIAGNOSIS CODES: 959.6 245.9 401.9 733.09

5 T1019

208468

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
208466	1	T1019		08/27/12	08/27/12	16.00	68.64		
208466	2	T1019		08/29/12	08/29/12	16.00	68.64		
208466	3	T1019		08/31/12	08/31/12	16.00	68.64		
					CLAI	M TOTAL	205.92	CLAIM ACCOUNT REF.	2084660012010774SUP

PAYER TOTALS: UNITEDHEALTHCARE

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

PROVIDER ID = 113502051 NPI = 1154407492 SUNNYSIDE CITYWIDE

PAYER ID = AMRGRI AMERIGROUP NEW YORK, LLC

REG LOC	CLIENT	SERVICE	NAME	BIR	TH DATE	RECIPIENT II	PRIC	OR AUTHORIZATION #	
NY 001	2008266	2008266	GUERRA, LORRAINE	03/	22/1948	712731594	1026	02255	
DIAGNOSIS	CODES:	431. 78	34.3						
INV #	LINE #	PROCEDURE	CODE REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
208506	1	T1019	0580	08/25/12	08/25/12	40.00	168.80		
208506	2	T1019	0580	08/26/12	08/26/12	40.00	168.80		
208506	3	T1019	0580	08/27/12	08/27/12	24.00	101.28		
208506	4	T1019	0580	08/28/12	08/28/12	36.00	151.92		
208506	5	T1019	0580	08/29/12	08/29/12	32.00	135.04		
208506	6	T1019	0580	08/30/12	08/30/12	36.00	151.92		
208506	7	T1019	0580	08/31/12	08/31/12	36.00	151.92		
					CL	AIM TOTAL	1,029.68	CLAIM ACCOUNT REF.	2085060012008266SUP
REG LOC	CLIENT	SERVICE	NAME	BIR	TH DATE	RECIPIENT II	) PRIC	OR AUTHORIZATION #	
NY 001	2008409	2009279	PRUITT, JOHNNY	10/	26/1956	712824266	1026	502130	
DIAGNOSIS	CODES:	249.00 27	72.4 295.00 40	1.9 585	.9				
	LINE #		CODE REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
208508	1	S5130	0582	08/27/12			67.52		
					CL	AIM TOTAL	67.52	CLAIM ACCOUNT REF.	2085080012009279SUP
REG LOC	CLIENT	SERVICE	NAME	RTR	TH DATE	RECIPIENT II	DRT(	OR AUTHORIZATION #	
	2009647	2009647	FERNANDEZ, NORKA		14/1948	715856872		806651	
DIAGNOSIS				5.80	11/1010	713030072	1020	,00031	
21110110212	00225	101.7	1,210 ,1						
INV #	LINE #	PROCEDURE	CODE REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
208505	1	T1019	0580	08/27/12	08/27/12	32.00	135.04		
208505	2	T1019	0580	08/28/12	08/28/12	36.00	151.92		
208505	3	T1019	0580	08/29/12	08/29/12	32.00	135.04		
208505	4	T1019	0580	08/30/12	08/30/12	24.00	101.28		
					CL	AIM TOTAL	523.28	CLAIM ACCOUNT REF.	2085050012009647SUP
REG LOC	CLIENT	SERVICE	NAME	BIR	TH DATE	RECIPIENT II		R AUTHORIZATION #	
	2010003	2010724	DENNISON, KELVIN	09/	23/1991	6944796	1030	006820	
DIAGNOSIS	CODES:	799.9							
INV #	LINE #	PROCEDURE	CODE REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
208503	1	T1019	0580	08/27/12	08/27/12		101.28		
208503	2	T1019	0580	08/28/12	08/28/12		101.28		
208503	3	T1019	0580	08/29/12			101.28		
208503	4	T1019	0580	08/30/12			101.28		
208503	5	T1019	0580	08/31/12	08/31/12		67.52		
	-					ATM TOTAT		CTATM ACCOUNT DEE	20050200120107249170

CLAIM TOTAL

472.64 CLAIM ACCOUNT REF. 2085030012010724SUP

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

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

REG	LOC	CLTEN.L.	SERVICE	: NAME		BIRTH DATE	RECIPLENT ID	PRIOR AUTHORIZATION #
NY	001	2010389	2010730	ESPERSON,	CLAUDE	04/28/1971	006900634	HP0003722
DIAG	NOSIS	CODES:	340.	453.40				

	INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
١	208504	1	T1019	0580	08/27/12	08/27/12	16.00	67.52		
١	208504	2	T1019	0580	08/28/12	08/28/12	16.00	67.52		
١	208504	3	T1019	0580	08/30/12	08/30/12	16.00	67.52		
١	208504	4	T1019	0580	08/31/12	08/31/12	16.00	67.52		
١						CLAI	M TOTAL	270.08	CLAIM ACCOUNT REF.	2085040012010730SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008365	2010731	HARDING, EDNA	05/17/1956	006274884	HP0009108

DIAGNOSIS CODES: 493.90 253.5 272.4 296.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
208507	1	T1019	0580	08/27/12	08/27/12	24.00	101.28		
208507	2	T1019	0580	08/28/12	08/28/12	24.00	101.28		
208507	3	T1019	0580	08/29/12	08/29/12	24.00	101.28		
208507	4	T1019	0580	08/31/12	08/31/12	24.00	101.28		
					CLAI	M TOTAL	405.12	CLAIM ACCOUNT REF.	2085070012010731SUP

# OF CLAIMS = 25 TOTAL CLAIM AMOUNT = 2,768.32 # SERVICES = 6 PAYER TOTALS: AMERIGROUP NEW YORK, LLC

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = ICS01 ICS

REG LOC NY 001 DIAGNOSIS	CLIENT 2010018 CODES:	SERVI 20109 344.1				TH DATE 13/1993	RECIPIENT ID 5681	PRI( 3645	OR AUTHORIZATION # 551	
INV #	LINE #	PROCED	URE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
208512	1		1C	0570	08/25/12	08/25/12	10.00	159.00		
208512	2	T1019	1C	0570	08/27/12	08/27/12	9.50	151.05		
208512	3	T1019	1C	0570	08/28/12	08/28/12	10.00	159.00		
208512	4	T1019	1C	0570	08/29/12	08/29/12	10.00	159.00		
208512	5	T1019	1C	0570	08/30/12	08/30/12	10.00	159.00		
208512	6	T1019	1C	0570	08/31/12	08/31/12	10.00	159.00		
200012	· ·	11017		0070	00/01/12	, - ,	AIM TOTAL	946.05	CLAIM ACCOUNT REF.	2085120012010959SUP
REG LOC	CLIENT	SERVI	CE NAME		BIF	TH DATE	RECIPIENT ID	PRIC	OR AUTHORIZATION #	
REG LOC NY 001	CLIENT 2008258	SERVI 20110		: JR, SAMUEL		TH DATE 20/1971	RECIPIENT ID 6470	PRIO 372		
	2008258									
NY 001 DIAGNOSIS	2008258 CODES:	20110 741.90	331.4	JR, SAMUEL 552.21	11/	20/1971	6470	372		
NY 001 DIAGNOSIS INV #	2008258	20110 741.90 PROCED	331.4 DURE CODE	JR, SAMUEL 552.21 REVENUE CD	11/ FROM DT	20/1971 THRU DT	0470 UNITS	372		
NY 001 DIAGNOSIS INV # 208513	2008258 CODES: LINE #	20110 741.90 PROCED T1019	73 RUIZ 331.4 DURE CODE 1C	JR, SAMUEL 552.21 REVENUE CD 0570	11/ FROM DT 08/27/12	20/1971 THRU DT 08/27/12	0470 UNITS 5.00	372° AMOUNT 79.50		
NY 001 DIAGNOSIS INV # 208513 208513	2008258 CODES: LINE # 1 2	20110 741.90 PROCED T1019 T1019	331.4 DURE CODE 1C 1C	FEVENUE CD 0570 0570	11/ FROM DT 08/27/12 08/28/12	THRU DT 08/27/12 08/28/12	UNITS 5.00 5.00	372° AMOUNT 79.50 79.50		
NY 001 DIAGNOSIS INV # 208513 208513 208513	2008258 CODES: LINE # 1 2 3	20110 741.90 PROCED T1019 T1019 T1019	73 RUIZ 331.4 DURE CODE 1C 1C 1C	FEVENUE CD 0570 0570 0570	FROM DT 08/27/12 08/28/12 08/29/12	THRU DT 08/27/12 08/28/12 08/29/12	UNITS 5.00 5.00 5.00	372° AMOUNT 79.50 79.50 79.50		
NY 001 DIAGNOSIS INV # 208513 208513 208513 208513	2008258 CODES: LINE # 1 2 3 4	20110 741.90 PROCED T1019 T1019 T1019 T1019	331.4 331.4 OURE CODE 1C 1C 1C	T JR, SAMUEL 552.21 REVENUE CD 0570 0570 0570 0570	FROM DT 08/27/12 08/28/12 08/29/12 08/30/12	THRU DT 08/27/12 08/28/12 08/29/12 08/30/12	UNITS 5.00 5.00 5.00 5.00	372° AMOUNT 79.50 79.50 79.50 79.50		
NY 001 DIAGNOSIS INV # 208513 208513 208513	2008258 CODES: LINE # 1 2 3	20110 741.90 PROCED T1019 T1019 T1019	73 RUIZ 331.4 DURE CODE 1C 1C 1C	FEVENUE CD 0570 0570 0570	FROM DT 08/27/12 08/28/12 08/29/12	THRU DT 08/27/12 08/28/12 08/29/12 08/30/12 08/31/12	UNITS 5.00 5.00 5.00 5.00 5.00	AMOUNT 79.50 79.50 79.50 79.50 79.50 79.50	708	
NY 001 DIAGNOSIS INV # 208513 208513 208513	2008258 CODES: LINE # 1 2 3 4	20110 741.90 PROCED T1019 T1019 T1019 T1019	331.4 331.4 OURE CODE 1C 1C 1C	T JR, SAMUEL 552.21 REVENUE CD 0570 0570 0570 0570	FROM DT 08/27/12 08/28/12 08/29/12 08/30/12	THRU DT 08/27/12 08/28/12 08/29/12 08/30/12 08/31/12	UNITS 5.00 5.00 5.00 5.00	372° AMOUNT 79.50 79.50 79.50 79.50		2085130012011073SUP

PAYER TOTALS: ICS # OF CLAIMS = 11 TOTAL CLAIM AMOUNT = 1,343.55

# SERVICES = 2

INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012090501093583RRSUP

PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492

PAYER ID = INIPA HEALTHCARE PARTNERS IPA I

REG LOC CLIENT NY 001 2008382 DIAGNOSIS CODES:	2010800 GOMES, AGUSTINA		RECIPIENT ID JRX53860E01	PRIOR AUTHORIZATION # 2012081092600005	
INV # LINE # 208509 1 208509 2 208509 3 208509 4 208509 5 208509 6 208509 7	PROCEDURE CODE REVENUE CD T1019 0580	FROM DT THRU DT 08/25/12 08/25/12 08/26/12 08/26/12 08/27/12 08/27/12 08/28/12 08/28/12 08/29/12 08/29/12 08/30/12 08/30/12 08/31/12 08/31/12 CLA	UNITS 36.00 36.00 36.00 36.00 36.00 32.00 36.00 IM TOTAL	AMOUNT 151.92 151.92 151.92 151.92 151.92 135.04 151.92 1,046.56 CLAIM ACCOUNT REF.	2085090012010800SUP
REG LOC CLIENT NY 001 2008396 DIAGNOSIS CODES:	2010804 ZAMBRANO, ZOILA		RECIPIENT ID JSV04323R01	PRIOR AUTHORIZATION # 2012081592600002	
INV # LINE # 208511 1 208511 2 208511 3 208511 4	PROCEDURE CODE REVENUE CD T1019 0580 T1019 0580 T1019 0580 T1019 0580	FROM DT THRU DT 08/28/12 08/28/12 08/29/12 08/29/12 08/30/12 08/30/12 08/31/12 08/31/12 CLA	UNITS 16.00 16.00 16.00 16.00 IM TOTAL	AMOUNT 67.52 67.52 67.52 67.52 270.08 CLAIM ACCOUNT REF.	2085110012010804SUP
REG LOC CLIENT NY 001 2008228 DIAGNOSIS CODES:	2010805 TOWLES, ADA		RECIPIENT ID JZX17878Q01	PRIOR AUTHORIZATION # 2012072392600008	
INV # LINE # 208510 1 208510 2 208510 3 208510 4 208510 5	PROCEDURE CODE REVENUE CD T1019 0580 T1019 0580 T1019 0580 T1019 0580 T1019 0580	FROM DT THRU DT 08/27/12 08/27/12 08/28/12 08/28/12 08/29/12 08/29/12 08/30/12 08/30/12 08/31/12 08/31/12 CLA	UNITS 16.00 16.00 16.00 16.00 16.00	AMOUNT 67.52 67.52 67.52 67.52 67.52 337.60 CLAIM ACCOUNT REF.	2085100012010805 <i>S</i> UP
PAYER TOTALS:	HEALTHCARE PARTNERS IPA I	# OF CLAIMS = # SERVICES =	16 TOTA 3	AL CLAIM AMOUNT = 1,654.2	24
PROVIDER TOTALS:	SUNNYSIDE CITYWIDE	# OF CLAIMS = # SERVICES =	577 TOTA 108	AL CLAIM AMOUNT = 69,273.8	36