

REPORT DATE 06/12/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = 11315                      FIDELIS CARE NY

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246238	1	T1020		06/01/13	06/01/13	11.00	185.57
246238	2	T1020		06/03/13	06/03/13	6.00	101.22
246238	3	T1020		06/04/13	06/04/13	6.00	101.22
246238	4	T1020		06/05/13	06/05/13	6.00	101.22
246238	5	T1020		06/06/13	06/06/13	6.00	101.22
246238	6	T1020		06/07/13	06/07/13	6.00	101.22
CLAIM TOTAL							691.67
CLAIM ACCOUNT REF.							2462380012008267SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246235	1	T1020		06/01/13	06/01/13	9.00	151.83
246235	2	T1020		06/02/13	06/02/13	9.00	151.83
246235	3	T1020		06/03/13	06/03/13	9.00	151.83
246235	4	T1020		06/04/13	06/04/13	9.00	151.83
246235	5	T1020		06/05/13	06/05/13	9.00	151.83
246235	6	T1020		06/06/13	06/06/13	9.00	151.83
246235	7	T1020		06/07/13	06/07/13	9.00	151.83
CLAIM TOTAL							1,062.81
CLAIM ACCOUNT REF.							2462350012008268SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246232	1	T1020		06/03/13	06/03/13	7.00	118.09
246232	2	T1020		06/04/13	06/04/13	7.00	118.09
246232	3	T1020		06/05/13	06/05/13	7.00	118.09
246232	4	T1020		06/06/13	06/06/13	7.00	118.09
246232	5	T1020		06/07/13	06/07/13	7.00	118.09
CLAIM TOTAL							590.45
CLAIM ACCOUNT REF.							2462320012008306SUP

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PAYER ID = 11315                      FIDELIS CARE NY

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246230	1	T1020		06/01/13	06/01/13	7.00	118.09
246230	2	T1020		06/02/13	06/02/13	7.00	118.09
246230	3	T1020		06/03/13	06/03/13	7.00	118.09
246230	4	T1020		06/04/13	06/04/13	7.00	118.09
246230	5	T1020		06/05/13	06/05/13	7.00	118.09
246230	6	T1020		06/06/13	06/06/13	7.00	118.09
246230	7	T1020		06/07/13	06/07/13	7.00	118.09
CLAIM TOTAL							826.63
CLAIM ACCOUNT REF.							2462300012008386SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246237	1	T1020		06/04/13	06/04/13	8.00	134.96
246237	2	T1020		06/05/13	06/05/13	9.00	151.83
246237	3	T1020		06/06/13	06/06/13	5.00	84.35
246237	4	T1020		06/07/13	06/07/13	8.00	134.96
CLAIM TOTAL							506.10
CLAIM ACCOUNT REF.							2462370012008400SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008376 2010712 LITMAN, GAIL 10/23/1952 74146355500 130631283  
DIAGNOSIS CODES: 401.9 780.2 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246233	1	T1020		06/01/13	06/01/13	4.00	67.48
246233	2	T1020		06/03/13	06/03/13	5.00	84.35
246233	3	T1020		06/04/13	06/04/13	5.00	84.35
246233	4	T1020		06/05/13	06/05/13	5.00	84.35
246233	5	T1020		06/06/13	06/06/13	5.00	84.35
246233	6	T1020		06/07/13	06/07/13	4.00	67.48
CLAIM TOTAL							472.36
CLAIM ACCOUNT REF.							2462330012010712SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010777 2013021 ORTIZ, EDUARDO 03/20/1938 741929877 130932078  
DIAGNOSIS CODES: 715.00 250.00 253.5 733.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246234	1	T1020		06/04/13	06/04/13	7.00	118.09

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PROVIDER ID = 113502051  
PAYER ID = 11315

SUNNYSIDE CITYWIDE  
FIDELIS CARE NY

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246234	2	T1020		06/05/13	06/05/13	7.00	118.09
246234	3	T1020		06/06/13	06/06/13	7.00	118.09
246234	4	T1020		06/07/13	06/07/13	7.00	118.09
CLAIM TOTAL							472.36
							CLAIM ACCOUNT REF. 2462340012013021SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013080	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
246236	1	T1020		06/01/13	06/01/13	12.00	202.44
246236	2	T1020		06/02/13	06/02/13	12.00	202.44
246236	3	T1020		06/03/13	06/03/13	12.00	202.44
246236	4	T1020		06/04/13	06/04/13	12.00	202.44
246236	5	T1020		06/05/13	06/05/13	12.00	202.44
246236	6	T1020		06/06/13	06/06/13	12.00	202.44
246236	7	T1020		06/07/13	06/07/13	12.00	202.44
CLAIM TOTAL							1,417.08
							CLAIM ACCOUNT REF. 2462360012013080SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012726	2013422	GARCIA, CLEMENTE	11/22/1928	74237634600	130731588
DIAGNOSIS CODES: 331.0							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246231	1	T1020		06/01/13	06/01/13	12.00	202.44
246231	2	T1020		06/02/13	06/02/13	12.00	202.44
246231	3	T1020		06/03/13	06/03/13	12.00	202.44
246231	4	T1020		06/04/13	06/04/13	12.00	202.44
246231	5	T1020		06/05/13	06/05/13	12.00	202.44
246231	6	T1020		06/06/13	06/06/13	12.00	202.44
246231	7	T1020		06/07/13	06/07/13	12.00	202.45
CLAIM TOTAL							1,417.09
							CLAIM ACCOUNT REF. 2462310012013422SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	53	TOTAL CLAIM AMOUNT =	7,456.55
		# SERVICES =	9		

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
246229	1	T1019		05/08/13	05/08/13	48.00	202.56	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2462290012009356SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
246228	1	T1019		05/21/13	05/21/13	32.00	135.04	
					CLAIM TOTAL		135.04	CLAIM ACCOUNT REF. 2462280012010143SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	2	TOTAL CLAIM AMOUNT =	337.60
		# SERVICES =	2		

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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
246262	1	T1019		06/01/13	06/01/13	4.00	68.60
246262	2	T1019		06/02/13	06/02/13	4.00	68.60
246262	3	T1019		06/03/13	06/03/13	12.00	205.80
246262	4	T1019		06/04/13	06/04/13	12.00	205.80
246262	5	T1019		06/05/13	06/05/13	12.00	205.80
246262	6	T1019		06/06/13	06/06/13	12.00	205.80
246262	7	T1019		06/07/13	06/07/13	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF. 2462620012008233SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008236 2008236 PERSAD, USHA 07/05/1955 TS79090G 0111301290246  
DIAGNOSIS CODES: 250.10 272.0 401.9 225.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246268	1	T1019		06/01/13	06/01/13	8.00	137.20
246268	2	T1019		06/02/13	06/02/13	8.00	137.20
246268	3	T1019		06/03/13	06/03/13	11.00	188.65
246268	4	T1019		06/04/13	06/04/13	11.00	188.65
246268	5	T1019		06/05/13	06/05/13	11.00	188.65
246268	6	T1019		06/06/13	06/06/13	11.00	188.65
246268	7	T1019		06/07/13	06/07/13	11.00	188.65
CLAIM TOTAL						1,217.65	CLAIM ACCOUNT REF. 2462680012008236SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008385 2008385 MURDOCK, GERTRUDE 11/01/1917 SS71357M 0112031290138  
DIAGNOSIS CODES: 536.9 365.9 369.10 389.9 401.9 715.90 733.00 V15.88

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246266	1	T1019		06/03/13	06/03/13	10.00	171.50
246266	2	T1019		06/04/13	06/04/13	10.00	171.50
246266	3	T1019		06/05/13	06/05/13	10.00	171.50
246266	4	T1019		06/06/13	06/06/13	10.00	171.50
246266	5	T1019		06/07/13	06/07/13	9.00	154.35
CLAIM TOTAL						840.35	CLAIM ACCOUNT REF. 2462660012008385SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008417 2008417 GALAS, TERESA 06/08/1955 ZX91437V 0102111390699  
DIAGNOSIS CODES: 345.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246265	1	T1019		06/01/13	06/01/13	5.00	85.75
246265	2	T1019		06/02/13	06/02/13	5.00	85.75
246265	3	T1019		06/03/13	06/03/13	5.00	85.75
246265	4	T1019		06/04/13	06/04/13	5.00	85.75
246265	5	T1019		06/05/13	06/05/13	5.00	85.75
246265	6	T1019		06/06/13	06/06/13	5.00	85.75
246265	7	T1019		06/07/13	06/07/13	5.00	85.75
CLAIM TOTAL						600.25	CLAIM ACCOUNT REF. 2462650012008417SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008418 2008418 RYALS, CHARLES 11/03/1950 ZZ49620T 0104191390258  
DIAGNOSIS CODES: 401.9 250.00 272.0 278.00 295.00 311. 780.57

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246270	1	T1019		06/03/13	06/03/13	8.00	137.20
246270	2	T1019		06/04/13	06/04/13	6.00	102.90
246270	3	T1019		06/05/13	06/05/13	8.00	137.20
246270	4	T1019		06/06/13	06/06/13	8.00	137.20
246270	5	T1019		06/07/13	06/07/13	8.00	137.20
CLAIM TOTAL						651.70	CLAIM ACCOUNT REF. 2462700012008418SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008743 2008743 CORDERO, ROSENDO 08/26/1926 QM62108S 0101231390317  
DIAGNOSIS CODES: 492.0 272.0 401.9 715.00 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246263	1	T1019		06/01/13	06/01/13	10.00	171.50
246263	2	T1019		06/02/13	06/02/13	10.00	171.50
246263	3	T1019		06/03/13	06/03/13	10.00	171.50
246263	4	T1019		06/04/13	06/04/13	10.00	171.50
246263	5	T1019		06/05/13	06/05/13	10.00	171.50
246263	6	T1019		06/06/13	06/06/13	10.00	171.50
246263	7	T1019		06/07/13	06/07/13	10.00	171.50
CLAIM TOTAL						1,200.50	CLAIM ACCOUNT REF. 2462630012008743SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009377 2009377 SANTORO, MATTHEW 08/20/1949 SP38021Q 0102071390382  
DIAGNOSIS CODES: 299.01 453.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246271	1	T1019		05/27/13	05/27/13	5.00	85.75
246271	2	T1019		05/28/13	05/28/13	5.00	85.75
246271	3	T1019		05/29/13	05/29/13	5.00	85.75
246271	4	T1019		05/30/13	05/30/13	5.00	85.75
246271	5	T1019		05/31/13	05/31/13	5.00	85.75
246271	6	T1019		06/01/13	06/01/13	5.00	85.75
246271	7	T1019		06/02/13	06/02/13	5.00	85.75
246271	8	T1019		06/03/13	06/03/13	5.00	85.75
246271	9	T1019		06/04/13	06/04/13	5.00	85.75
246271	10	T1019		06/05/13	06/05/13	5.00	85.75
246271	11	T1019		06/06/13	06/06/13	5.00	85.75
246271	12	T1019		06/07/13	06/07/13	5.00	85.75

CLAIM TOTAL 1,029.00 CLAIM ACCOUNT REF. 2462710012009377SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008235 2009688 RAMPERSAID, ALISSA 08/04/1992 SZ46585R 0112191290237  
DIAGNOSIS CODES: 319. 315.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246269	1	T1019		06/03/13	06/03/13	3.00	51.45
246269	2	T1019		06/04/13	06/04/13	3.00	51.45
246269	3	T1019		06/05/13	06/05/13	3.00	51.45
246269	4	T1019		06/06/13	06/06/13	3.00	51.45
246269	5	T1019		06/07/13	06/07/13	4.00	68.60

CLAIM TOTAL 274.40 CLAIM ACCOUNT REF. 2462690012009688SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008279 2010213 VALLE, BLASINA 02/03/1929 QG00558G 0102041390418  
DIAGNOSIS CODES: 428.0 244.9 272.4 331.0 537.9 746.85

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246273	1	T1019		06/01/13	06/01/13	5.00	85.75
246273	2	T1019		06/02/13	06/02/13	5.00	85.75
246273	3	T1019		06/03/13	06/03/13	6.00	102.90
246273	4	T1019		06/04/13	06/04/13	5.00	85.75
246273	5	T1019		06/05/13	06/05/13	5.00	85.75
246273	6	T1019		06/06/13	06/06/13	5.00	85.75
246273	7	T1019		06/07/13	06/07/13	6.00	102.90

CLAIM TOTAL 634.55 CLAIM ACCOUNT REF. 2462730012010213SUP

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PAYER ID = 13265                      METROPLUS HEALTH PLAN

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010886 2010886 OSORIO, ELVIA 07/05/1943 SM10426S 0112031290291  
DIAGNOSIS CODES: 253.5 272.4 354.0 401.9 733.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246267	1	T1019		06/01/13	06/01/13	3.00	51.45
246267	2	T1019		06/02/13	06/02/13	3.00	51.45
246267	3	T1019		06/03/13	06/03/13	3.00	51.45
246267	4	T1019		06/04/13	06/04/13	3.00	51.45
246267	5	T1019		06/05/13	06/05/13	3.00	51.45
246267	6	T1019		06/06/13	06/06/13	3.00	51.45
246267	7	T1019		06/07/13	06/07/13	3.00	51.45
CLAIM TOTAL							360.15
CLAIM ACCOUNT REF.							2462670012010886SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011286 2011286 DOBBINS, SANDRA 02/05/1953 ZA50099X 0111191290232  
DIAGNOSIS CODES: 295.90 369.10 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246264	1	T1019		06/01/13	06/01/13	24.00	411.60
246264	2	T1019		06/02/13	06/02/13	24.00	411.60
246264	3	T1019		06/03/13	06/03/13	24.00	411.60
246264	4	T1019		06/04/13	06/04/13	24.00	411.60
246264	5	T1019		06/05/13	06/05/13	24.00	411.60
246264	6	T1019		06/06/13	06/06/13	24.00	411.60
246264	7	T1019		06/07/13	06/07/13	24.00	411.60
CLAIM TOTAL							2,881.20
CLAIM ACCOUNT REF.							2462640012011286SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008280 2013071 SHUMON, NUK-FNU 01/21/1981 QQ82218A 0103151390266  
DIAGNOSIS CODES: 952.9 344.1 564.00 599.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246272	1	T1019		06/01/13	06/01/13	4.00	68.60
246272	2	T1019		06/02/13	06/02/13	4.00	68.60
246272	3	T1019		06/03/13	06/03/13	4.00	68.60
246272	4	T1019		06/04/13	06/04/13	4.00	68.60
246272	5	T1019		06/05/13	06/05/13	4.00	68.60
246272	6	T1019		06/06/13	06/06/13	4.00	68.60
246272	7	T1019		06/07/13	06/07/13	4.00	68.60
CLAIM TOTAL							480.20
CLAIM ACCOUNT REF.							2462720012013071SUP



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

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	83	TOTAL CLAIM AMOUNT =	11,336.15
		# SERVICES =	12		

REPORT DATE 06/12/13 SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051  
PAYER ID = 14163

SUNNYSIDE CITYWIDE  
WELLCARE OF NY

NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008286	2008286	RAMIREZ, ALIDA A	12/10/1950	ZN85118U	111771985
DIAGNOSIS CODES: 250.00 272.4 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246301	1	T1019		06/01/13	06/01/13	36.00	154.80
246301	2	T1019		06/02/13	06/02/13	36.00	154.80
246301	3	T1019		06/03/13	06/03/13	36.00	154.80
246301	4	T1019		06/04/13	06/04/13	36.00	154.80
246301	5	T1019		06/05/13	06/05/13	36.00	154.80
246301	6	T1019		06/06/13	06/06/13	36.00	154.80
246301	7	T1019		06/07/13	06/07/13	36.00	154.80

CLAIM TOTAL 1,083.60 CLAIM ACCOUNT REF. 2463010012008286SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008495	2008495	MARTINEZ, MARIA	09/05/1952	ZV42745Q	110885355
DIAGNOSIS CODES: 250.00 244.8 295.90 401.9 493.90							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246289	1	T1019		05/18/13	05/18/13	24.00	103.20
246289	2	T1019		05/19/13	05/19/13	24.00	103.20
246289	3	T1019		06/01/13	06/01/13	24.00	103.20
246289	4	T1019		06/02/13	06/02/13	24.00	103.20
246289	5	T1019		06/03/13	06/03/13	24.00	103.20
246289	6	T1019		06/04/13	06/04/13	24.00	103.20
246289	7	T1019		06/05/13	06/05/13	24.00	103.20
246289	8	T1019		06/06/13	06/06/13	24.00	103.20
246289	9	T1019		06/07/13	06/07/13	24.00	103.20

CLAIM TOTAL 928.80 CLAIM ACCOUNT REF. 2462890012008495SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012101	2012101	BATILO, MARTA	02/23/1917	708125	111757464
DIAGNOSIS CODES: 715.00 272.2 285.29 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246275	1	T1019		06/01/13	06/01/13	28.00	120.40
246275	2	T1019		06/02/13	06/02/13	28.00	120.40
246275	3	T1019		06/03/13	06/03/13	28.00	120.40
246275	4	T1019		06/04/13	06/04/13	28.00	120.40
246275	5	T1019		06/05/13	06/05/13	28.00	120.40
246275	6	T1019		06/06/13	06/06/13	28.00	120.40
246275	7	T1019		06/07/13	06/07/13	28.00	120.40

CLAIM TOTAL 842.80 CLAIM ACCOUNT REF. 2462750012012101SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 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
246276	1	T1019		06/03/13	06/03/13	16.00	68.80
246276	2	T1019		06/04/13	06/04/13	16.00	68.80
246276	3	T1019		06/05/13	06/05/13	16.00	68.80
246276	4	T1019		06/06/13	06/06/13	16.00	68.80
246276	5	T1019		06/07/13	06/07/13	16.00	68.80
CLAIM TOTAL							344.00
							CLAIM ACCOUNT REF. 2462760012012102SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012104 2012104 CEBALLOS, FRANCISCA 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
246277	1	T1019		06/01/13	06/01/13	40.00	172.00
246277	2	T1019		06/02/13	06/02/13	40.00	172.00
246277	3	T1019		06/03/13	06/03/13	40.00	172.00
246277	4	T1019		06/04/13	06/04/13	40.00	172.00
246277	5	T1019		06/05/13	06/05/13	40.00	172.00
246277	6	T1019		06/06/13	06/06/13	40.00	172.00
246277	7	T1019		06/07/13	06/07/13	40.00	172.00
CLAIM TOTAL							1,204.00
							CLAIM ACCOUNT REF. 2462770012012104SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012107 2012107 CRUZ, LUIS 06/10/1952 706307 111208204  
DIAGNOSIS CODES: 250.93 414.3 428.0 491.21

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246279	1	T1030		04/03/13	04/03/13	1.00	90.00
246279	2	T1030		04/25/13	04/25/13	1.00	90.00
246279	3	T1030		05/02/13	05/02/13	1.00	90.00
246279	4	T1030		05/17/13	05/17/13	1.00	90.00
CLAIM TOTAL							360.00
							CLAIM ACCOUNT REF. 2462790012012107SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012107 2012107 CRUZ, LUIS 06/10/1952 706307 111855969  
DIAGNOSIS CODES: 250.93 414.3 428.0 491.21

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246280	1	T1019		06/01/13	06/01/13	32.00	137.60
246280	2	T1019		06/02/13	06/02/13	32.00	137.60

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
246280	3	T1019		06/03/13	06/03/13	32.00	137.60	
246280	4	T1019		06/04/13	06/04/13	32.00	137.60	
246280	5	T1019		06/05/13	06/05/13	32.00	137.60	
246280	6	T1019		06/06/13	06/06/13	32.00	137.60	
246280	7	T1019		06/07/13	06/07/13	32.00	137.60	
				CLAIM TOTAL		963.20		CLAIM ACCOUNT REF. 2462800012012107SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012108	2012108	GODINOT, CARMEN	07/16/1939	695752	111626854
DIAGNOSIS	CODES:	369.3	250.00	401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
246282	1	T1019		06/03/13	06/03/13	24.00	103.20	
246282	2	T1019		06/05/13	06/05/13	24.00	103.20	
246282	3	T1019		06/06/13	06/06/13	24.00	103.20	
246282	4	T1019		06/07/13	06/07/13	24.00	103.20	
				CLAIM TOTAL		412.80		CLAIM ACCOUNT REF. 2462820012012108SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012110	2012110	GOMEZ, RANNIE	09/11/1917	698802	111644524
DIAGNOSIS	CODES:	401.9	272.2	365.9	428.0	733.00	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
246283	1	T1019		06/03/13	06/03/13	28.00	120.40	
246283	2	T1019		06/04/13	06/04/13	28.00	120.40	
246283	3	T1019		06/07/13	06/07/13	28.00	120.40	
				CLAIM TOTAL		361.20		CLAIM ACCOUNT REF. 2462830012012110SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012117	2012117	HAYNES, LAMONT	08/22/1920	695748	111817638
DIAGNOSIS	CODES:	428.0	250.00	401.9	600.91		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
246284	1	T1019		06/01/13	06/01/13	20.00	86.00	
246284	2	T1019		06/02/13	06/02/13	20.00	86.00	
246284	3	T1019		06/03/13	06/03/13	16.00	68.80	
246284	4	T1019		06/04/13	06/04/13	16.00	68.80	
246284	5	T1019		06/05/13	06/05/13	16.00	68.80	
246284	6	T1019		06/06/13	06/06/13	16.00	68.80	
246284	7	T1019		06/07/13	06/07/13	16.00	68.80	
				CLAIM TOTAL		516.00		CLAIM ACCOUNT REF. 2462840012012117SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012120 2012120 LOPEZ, ISABEL 12/24/1942 740574 111591487  
DIAGNOSIS CODES: 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246286	1	T1019		06/03/13	06/03/13	28.00	120.40
246286	2	T1019		06/04/13	06/04/13	28.00	120.40
246286	3	T1019		06/05/13	06/05/13	28.00	120.40
246286	4	T1019		06/06/13	06/06/13	28.00	120.40
246286	5	T1019		06/07/13	06/07/13	28.00	120.40
CLAIM TOTAL							602.00
							CLAIM ACCOUNT REF. 2462860012012120SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012121 2012121 MOHAMED, DENISE 06/14/1959 691722 111786776  
DIAGNOSIS CODES: 715.98

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246291	1	T1019		06/01/13	06/01/13	32.00	137.60
246291	2	T1019		06/02/13	06/02/13	32.00	137.60
246291	3	T1019		06/03/13	06/03/13	32.00	137.60
246291	4	T1019		06/04/13	06/04/13	32.00	137.60
246291	5	T1019		06/05/13	06/05/13	32.00	137.60
246291	6	T1019		06/06/13	06/06/13	32.00	137.60
246291	7	T1019		06/07/13	06/07/13	32.00	137.60
CLAIM TOTAL							963.20
							CLAIM ACCOUNT REF. 2462910012012121SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012122 2012122 MORALES, FRANCISCO 12/03/1935 744366 1115793538  
DIAGNOSIS CODES: 250.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246292	1	T1030		04/08/13	04/08/13	1.00	90.00
246292	2	T1030		04/22/13	04/22/13	1.00	90.00
246292	3	T1030		05/06/13	05/06/13	1.00	90.00
246292	4	T1030		05/21/13	05/21/13	1.00	90.00
246292	5	T1019		06/01/13	06/01/13	20.00	86.00
246292	6	T1019		06/02/13	06/02/13	20.00	86.00
246292	7	T1019		06/03/13	06/03/13	20.00	86.00
246292	8	T1019		06/04/13	06/04/13	20.00	86.00
246292	9	T1019		06/05/13	06/05/13	20.00	86.00
246292	10	T1019		06/06/13	06/06/13	20.00	86.00
246292	11	T1019		06/07/13	06/07/13	20.00	86.00
CLAIM TOTAL							962.00
							CLAIM ACCOUNT REF. 2462920012012122SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012130 2012130 NAVARRO, ANTONIA 07/23/1945 710368 111623951  
DIAGNOSIS CODES: 493.92 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246294	1	T1019		06/02/13	06/02/13	20.00	86.00
246294	2	T1019		06/03/13	06/03/13	28.00	120.40
246294	3	T1019		06/04/13	06/04/13	28.00	120.40
246294	4	T1019		06/05/13	06/05/13	28.00	120.40
246294	5	T1019		06/06/13	06/06/13	28.00	120.40
246294	6	T1019		06/07/13	06/07/13	28.00	120.40
CLAIM TOTAL							688.00
CLAIM ACCOUNT REF.							2462940012012130SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012131 2012131 ORTIZ, JOSE 04/19/1925 691721 111599493  
DIAGNOSIS CODES: 250.00 401.9 414.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246296	1	T1019		06/03/13	06/03/13	16.00	68.80
CLAIM TOTAL							68.80
CLAIM ACCOUNT REF.							2462960012012131SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012132 2012132 ORTIZ, DOLORES 06/30/1927 744365 111654437  
DIAGNOSIS CODES: 719.7 272.4 401.9 750.7

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246295	1	T1019		06/01/13	06/01/13	20.00	86.00
246295	2	T1019		06/02/13	06/02/13	20.00	86.00
246295	3	T1019		06/03/13	06/03/13	32.00	137.60
246295	4	T1019		06/04/13	06/04/13	32.00	137.60
246295	5	T1019		06/05/13	06/05/13	32.00	137.60
246295	6	T1019		06/06/13	06/06/13	32.00	137.60
246295	7	T1019		06/07/13	06/07/13	32.00	137.60
CLAIM TOTAL							860.00
CLAIM ACCOUNT REF.							2462950012012132SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012134 2012134 SERRANO, CARMEN 09/14/1948 695740 111805504  
DIAGNOSIS CODES: 093.89 253.5 311. 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246310	1	T1019		06/03/13	06/03/13	28.00	120.40
246310	2	T1019		06/04/13	06/04/13	28.00	120.40
246310	3	T1019		06/05/13	06/05/13	28.00	120.40
246310	4	T1019		06/06/13	06/06/13	28.00	120.40

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246310	5	T1019		06/07/13	06/07/13	28.00	120.40
CLAIM TOTAL							602.00
CLAIM ACCOUNT REF.							2463100012012134SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012137	2012137	VAZQUEZ 1, ROSA	08/08/1934	695667	111807022
DIAGNOSIS CODES: 715.90							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246313	1	T1019		06/03/13	06/03/13	32.00	137.60
246313	2	T1019		06/04/13	06/04/13	32.00	137.60
246313	3	T1019		06/05/13	06/05/13	32.00	137.60
246313	4	T1019		06/06/13	06/06/13	32.00	137.60
CLAIM TOTAL							550.40
CLAIM ACCOUNT REF.							2463130012012137SUP

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
246314	1	T1019		06/04/13	06/04/13	16.00	68.80
246314	2	T1019		06/05/13	06/05/13	16.00	68.80
CLAIM TOTAL							137.60
CLAIM ACCOUNT REF.							2463140012012138SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012140	2012140	PATRICK, IMAGENE	03/27/1930	737028	111597004
DIAGNOSIS CODES: 294.10      153.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246297	1	T1019		06/01/13	06/01/13	32.00	137.60
246297	2	T1019		06/03/13	06/03/13	32.00	137.60
246297	3	T1019		06/04/13	06/04/13	32.00	137.60
246297	4	T1019		06/05/13	06/05/13	32.00	137.60
246297	5	T1019		06/06/13	06/06/13	32.00	137.60
246297	6	T1019		06/07/13	06/07/13	32.00	137.60
CLAIM TOTAL							825.60
CLAIM ACCOUNT REF.							2462970012012140SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012141	2012141	SANTOS MARQUEZ, MARIA	07/16/1961	688801	111660656
DIAGNOSIS CODES: 958.8      599.70      692.9      795.05							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246309	1	T1019		06/03/13	06/03/13	16.00	68.80
246309	2	T1019		06/05/13	06/05/13	16.00	68.80

REPORT DATE 06/12/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051  
PAYER ID = 14163

SUNNYSIDE CITYWIDE  
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NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246309	3	T1019		06/07/13	06/07/13	16.00	68.80
CLAIM TOTAL							206.40
CLAIM ACCOUNT REF.							2463090012012141SUP

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							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246290	1	T1019		06/01/13	06/01/13	24.00	103.20
246290	2	T1019		06/03/13	06/03/13	12.00	51.60
246290	3	T1019		06/04/13	06/04/13	12.00	51.60
246290	4	T1019		06/05/13	06/05/13	12.00	51.60
246290	5	T1019		06/06/13	06/06/13	12.00	51.60
246290	6	T1019		06/07/13	06/07/13	12.00	51.60
CLAIM TOTAL							361.20
CLAIM ACCOUNT REF.							2462900012012142SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012143	2012143	MURPHY, RUBY	04/13/1955	698832	111684344
DIAGNOSIS CODES: 585.3              311.              493.90							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246293	1	T1019		06/03/13	06/03/13	16.00	68.80
246293	2	T1019		06/04/13	06/04/13	16.00	68.80
246293	3	T1019		06/06/13	06/06/13	16.00	68.80
246293	4	T1019		06/07/13	06/07/13	16.00	68.80
CLAIM TOTAL							275.20
CLAIM ACCOUNT REF.							2462930012012143SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012144	2012144	PEREZ, JULIO	01/27/1936	709538	111597155
DIAGNOSIS CODES: 715.90      244.9      272.4      401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246300	1	T1019		06/03/13	06/03/13	20.00	86.00
246300	2	T1019		06/05/13	06/05/13	20.00	86.00
246300	3	T1019		06/07/13	06/07/13	20.00	86.00
CLAIM TOTAL							258.00
CLAIM ACCOUNT REF.							2463000012012144SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012145	2012145	PERALTA RODRIGO, JOSE	03/13/1942	715488	111633843
DIAGNOSIS CODES: 715.90      272.0      274.9      278.00      401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246298	1	T1019		05/27/13	05/27/13	16.00	68.80



REPORT DATE 06/12/13 SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492  
PAYER ID = 14163 WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246298	2	T1019		06/03/13	06/03/13	16.00	68.80
246298	3	T1019		06/04/13	06/04/13	16.00	68.80
246298	4	T1019		06/05/13	06/05/13	16.00	68.80
246298	5	T1019		06/06/13	06/06/13	16.00	68.80
246298	6	T1019		06/07/13	06/07/13	16.00	68.80
CLAIM TOTAL							412.80
							CLAIM ACCOUNT REF. 2462980012012145SUP

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.							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246299	1	T1019		05/27/13	05/27/13	16.00	68.80
246299	2	T1019		06/03/13	06/03/13	16.00	68.80
246299	3	T1019		06/04/13	06/04/13	16.00	68.80
246299	4	T1019		06/05/13	06/05/13	16.00	68.80
246299	5	T1019		06/06/13	06/06/13	16.00	68.80
246299	6	T1019		06/07/13	06/07/13	16.00	68.80
CLAIM TOTAL							412.80
							CLAIM ACCOUNT REF. 2462990012012146SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012147	2012147	RAMOS, SILVIA	08/16/1957	707547	111551884
DIAGNOSIS CODES: 724.2							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246302	1	T1019		06/03/13	06/03/13	20.00	86.00
246302	2	T1019		06/04/13	06/04/13	20.00	86.00
246302	3	T1019		06/05/13	06/05/13	20.00	86.00
246302	4	T1019		06/06/13	06/06/13	20.00	86.00
246302	5	T1019		06/07/13	06/07/13	20.00	86.00
CLAIM TOTAL							430.00
							CLAIM ACCOUNT REF. 2463020012012147SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012149	2012149	REGLA, MARIA F	11/21/1933	691499	111829761
DIAGNOSIS CODES: 250.00 715.09							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246303	1	T1019		06/01/13	06/01/13	32.00	137.60
246303	2	T1019		06/03/13	06/03/13	32.00	137.60
246303	3	T1019		06/04/13	06/04/13	32.00	137.60
246303	4	T1019		06/05/13	06/05/13	32.00	137.60
246303	5	T1019		06/06/13	06/06/13	32.00	137.60
246303	6	T1019		06/07/13	06/07/13	32.00	137.60

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	825.60	2463030012012149SUP
REG LOC	CLIENT	SERVICE NAME		BIRTH DATE	RECIPIENT ID		PRIOR AUTHORIZATION #	
NY 001	2012152	2012152 REYES, TERESA		03/18/1941	697840		111628409	
DIAGNOSIS	CODES:	250.00 401.9						

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
246304	1	T1019		05/25/13	05/25/13	32.00	137.60	
246304	2	T1019		05/26/13	05/26/13	32.00	137.60	
						CLAIM TOTAL	275.20	2463040012012152SUP
REG LOC	CLIENT	SERVICE NAME		BIRTH DATE	RECIPIENT ID		PRIOR AUTHORIZATION #	
NY 001	2012154	2012154 RODRIGUEZ, FRANKLIN		03/26/1989	697529		111632714	
DIAGNOSIS	CODES:	319.						

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
246306	1	T1019		06/01/13	06/01/13	24.00	103.20	
246306	2	T1019		06/03/13	06/03/13	24.00	103.20	
246306	3	T1019		06/04/13	06/04/13	24.00	103.20	
246306	4	T1019		06/05/13	06/05/13	24.00	103.20	
246306	5	T1019		06/06/13	06/06/13	24.00	103.20	
246306	6	T1019		06/07/13	06/07/13	24.00	103.20	
						CLAIM TOTAL	619.20	2463060012012154SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012155	2012155 SANCHEZ, BETANIA	05/10/1956	706048	111688299
DIAGNOSIS	CODES:	555.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
246308	1	T1019		06/01/13	06/01/13	20.00	86.00	
246308	2	T1019		06/02/13	06/02/13	20.00	86.00	
246308	3	T1019		06/03/13	06/03/13	20.00	86.00	
246308	4	T1019		06/04/13	06/04/13	20.00	86.00	
246308	5	T1019		06/05/13	06/05/13	20.00	86.00	
246308	6	T1019		06/06/13	06/06/13	20.00	86.00	
246308	7	T1019		06/07/13	06/07/13	20.00	86.00	
						CLAIM TOTAL	602.00	2463080012012155SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012158 2012158 LOPEZ, MANUEL 02/25/1926 741094 111216021  
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246287	1	T1019		06/01/13	06/01/13	48.00	206.40
246287	2	T1019		06/02/13	06/02/13	48.00	206.40
246287	3	T1019		06/03/13	06/03/13	48.00	206.40
246287	4	T1019		06/04/13	06/04/13	48.00	206.40
246287	5	T1019		06/05/13	06/05/13	48.00	206.40
246287	6	T1019		06/06/13	06/06/13	48.00	206.40
246287	7	T1019		06/07/13	06/07/13	48.00	206.40
CLAIM TOTAL						1,444.80	CLAIM ACCOUNT REF. 2462870012012158SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012161 2012161 ALONSO, ANA 03/02/1943 739934 111560004  
DIAGNOSIS CODES: 733.09 253.5 272.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246274	1	T1019		06/01/13	06/01/13	20.00	86.00
246274	2	T1019		06/02/13	06/02/13	20.00	86.00
246274	3	T1019		06/03/13	06/03/13	20.00	86.00
246274	4	T1019		06/04/13	06/04/13	20.00	86.00
246274	5	T1019		06/05/13	06/05/13	20.00	86.00
246274	6	T1019		06/06/13	06/06/13	20.00	86.00
246274	7	T1019		06/07/13	06/07/13	20.00	86.00
CLAIM TOTAL						602.00	CLAIM ACCOUNT REF. 2462740012012161SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012136 2012266 SOTO, RAFAEL B 03/08/1937 700573 111447220  
DIAGNOSIS CODES: 715.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246311	1	T1030		04/18/13	04/18/13	1.00	90.00
246311	2	T1030		04/25/13	04/25/13	1.00	90.00
246311	3	T1030		05/09/13	05/09/13	1.00	90.00
246311	4	T1030		05/23/13	05/23/13	1.00	90.00
CLAIM TOTAL						360.00	CLAIM ACCOUNT REF. 2463110012012266SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012136 2012266 SOTO, RAFAEL B 03/08/1937 700573 111779429  
DIAGNOSIS CODES: 715.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246312	1	T1019		06/01/13	06/01/13	36.00	154.80
246312	2	T1019		06/02/13	06/02/13	32.00	137.60
246312	3	T1019		06/03/13	06/03/13	32.00	137.60
246312	4	T1019		06/04/13	06/04/13	36.00	154.80
246312	5	T1019		06/05/13	06/05/13	36.00	154.80
246312	6	T1019		06/06/13	06/06/13	36.00	154.80
246312	7	T1019		06/07/13	06/07/13	36.00	154.80
CLAIM TOTAL						1,049.20	CLAIM ACCOUNT REF. 2463120012012266SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012719 2012719 SANCHEZ FLORES, ADELAI 11/03/1944 761166 11671604  
DIAGNOSIS CODES: 401.9 300.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246307	1	T1019		06/03/13	06/03/13	16.00	68.80
246307	2	T1019		06/05/13	06/05/13	16.00	68.80
246307	3	T1019		06/07/13	06/07/13	16.00	68.80
CLAIM TOTAL						206.40	CLAIM ACCOUNT REF. 2463070012012719SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012159 2012948 LOPEZ, VITALIA 08/01/1922 691723 111822973  
DIAGNOSIS CODES: 331.0 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246288	1	T1019		06/01/13	06/01/13	48.00	206.40
246288	2	T1019		06/02/13	06/02/13	48.00	206.40
246288	3	T1019		06/03/13	06/03/13	48.00	206.40
246288	4	T1019		06/04/13	06/04/13	48.00	206.40
246288	5	T1019		06/05/13	06/05/13	48.00	206.40
246288	6	T1019		06/06/13	06/06/13	48.00	206.40
246288	7	T1019		06/07/13	06/07/13	48.00	206.40
CLAIM TOTAL						1,444.80	CLAIM ACCOUNT REF. 2462880012012948SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012952 2012952 FRANCISCO, BRIGIDA 08/20/1957 761853 111640168  
DIAGNOSIS CODES: 714.0 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246281	1	T1019		06/01/13	06/01/13	20.00	86.00

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PAYER ID = 14163                      WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
246281	2	T1019		06/02/13	06/02/13	20.00	86.00	
246281	3	T1019		06/03/13	06/03/13	20.00	86.00	
246281	4	T1019		06/04/13	06/04/13	20.00	86.00	
246281	5	T1019		06/05/13	06/05/13	20.00	86.00	
246281	6	T1019		06/06/13	06/06/13	20.00	86.00	
246281	7	T1019		06/07/13	06/07/13	20.00	86.00	
CLAIM TOTAL							602.00	CLAIM ACCOUNT REF. 2462810012012952SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012953 2012953 CHOUDHURY, MEHER A 08/16/1974 762773 111694030  
DIAGNOSIS CODES: 344.00 493.90 742.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
246278	1	T1019		06/01/13	06/01/13	48.00	206.40	
246278	2	T1019		06/02/13	06/02/13	48.00	206.40	
246278	3	T1019		06/03/13	06/03/13	48.00	206.40	
246278	4	T1019		06/04/13	06/04/13	48.00	206.40	
246278	5	T1019		06/05/13	06/05/13	48.00	206.40	
246278	6	T1019		06/07/13	06/07/13	48.00	206.40	
CLAIM TOTAL							1,238.40	CLAIM ACCOUNT REF. 2462780012012953SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 1031950 2012979 HUDGINS, LOUZETTA 05/18/1944 761959 111697308  
DIAGNOSIS CODES: 401.9 250.00 278.00 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
246285	1	T1019		06/01/13	06/01/13	20.00	86.00	
246285	2	T1019		06/03/13	06/03/13	20.00	86.00	
246285	3	T1019		06/04/13	06/04/13	20.00	86.00	
246285	4	T1019		06/05/13	06/05/13	20.00	86.00	
246285	5	T1019		06/06/13	06/06/13	20.00	86.00	
246285	6	T1019		06/07/13	06/07/13	20.00	86.00	
CLAIM TOTAL							516.00	CLAIM ACCOUNT REF. 2462850012012979SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012984 2012984 YOUNG, MARY 11/04/1926 762776 111711486  
DIAGNOSIS CODES: 342.82 244.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
246315	1	T1019		06/01/13	06/01/13	24.00	103.20	
246315	2	T1019		06/02/13	06/02/13	32.00	137.60	
246315	3	T1019		06/03/13	06/03/13	32.00	137.60	
246315	4	T1019		06/04/13	06/04/13	32.00	137.60	

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PAYER       ID = 14163                      WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
246315	5	T1019		06/05/13	06/05/13	32.00	137.60	
246315	6	T1019		06/06/13	06/06/13	32.00	137.60	
246315	7	T1019		06/07/13	06/07/13	32.00	137.60	
					CLAIM TOTAL		928.80	CLAIM ACCOUNT REF. 2463150012012984SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012152	2013395	REYES, TERESA	03/18/1941	697840	111628409

DIAGNOSIS CODES: 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
246305	1	T1019		06/01/13	06/01/13	32.00	137.60	
246305	2	T1019		06/02/13	06/02/13	32.00	137.60	
246305	3	T1019		06/03/13	06/03/13	32.00	137.60	
246305	4	T1019		06/04/13	06/04/13	32.00	137.60	
246305	5	T1019		06/05/13	06/05/13	32.00	137.60	
246305	6	T1019		06/06/13	06/06/13	32.00	137.60	
246305	7	T1019		06/07/13	06/07/13	32.00	137.60	
					CLAIM TOTAL		963.20	CLAIM ACCOUNT REF. 2463050012013395SUP

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	236	TOTAL CLAIM AMOUNT =	27,310.00
		# SERVICES =	40		

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PAYER ID = 55247                      HEALTH INSURANCE PLAN

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008276 2008491 LOYOLA, MARIA 06/11/1981 JZR32498A01 0005044162  
DIAGNOSIS CODES: 952.9 806.8 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246259	1	T1019	0580	06/03/13	06/03/13	40.00	168.80
246259	2	T1019	0580	06/05/13	06/05/13	40.00	168.80
246259	3	T1019	0580	06/06/13	06/06/13	40.00	168.80
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2462590012008491SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246261	1	T1019	0580	06/03/13	06/03/13	16.00	67.52
246261	2	T1019	0580	06/04/13	06/04/13	16.00	67.52
246261	3	T1019	0580	06/05/13	06/05/13	16.00	67.52
246261	4	T1019	0580	06/06/13	06/06/13	16.00	67.52
246261	5	T1019	0580	06/07/13	06/07/13	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2462610012008513SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246254	1	T1019	0580	06/04/13	06/04/13	16.00	67.52
246254	2	T1019	0580	06/07/13	06/07/13	8.00	33.76
CLAIM TOTAL							101.28

CLAIM ACCOUNT REF. 2462540012008723SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246245	1	T1019	0580	06/01/13	06/01/13	48.00	202.56
246245	2	T1019	0580	06/02/13	06/02/13	48.00	202.56
246245	3	T1019	0580	06/03/13	06/03/13	48.00	202.56
246245	4	T1019	0580	06/04/13	06/04/13	48.00	202.56
246245	5	T1019	0580	06/05/13	06/05/13	48.00	202.56
246245	6	T1019	0580	06/06/13	06/06/13	48.00	202.56
246245	7	T1019	0580	06/07/13	06/07/13	48.00	202.56
CLAIM TOTAL							1,417.92

CLAIM ACCOUNT REF. 2462450012008793SUP

REPORT DATE 06/12/13 SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013061204333568RRSUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246255	1	T1019	0580	06/01/13	06/01/13	32.00	135.04
246255	2	T1019	0580	06/02/13	06/02/13	32.00	135.04
246255	3	T1019	0580	06/03/13	06/03/13	32.00	135.04
246255	4	T1019	0580	06/04/13	06/04/13	32.00	135.04
246255	5	T1019	0580	06/05/13	06/05/13	32.00	135.04
246255	6	T1019	0580	06/06/13	06/06/13	32.00	135.04
246255	7	T1019	0580	06/07/13	06/07/13	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2462550012009237SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008223 2009269 SHAH, HANSIKABEN 09/28/1948 UR74418G 0005080096  
DIAGNOSIS CODES: V61.9 296.20 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246260	1	T1019	0580	05/24/13	05/24/13	20.00	84.40
246260	2	T1019	0580	06/07/13	06/07/13	20.00	84.40
CLAIM TOTAL							168.80
CLAIM ACCOUNT REF.							2462600012009269SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246257	1	T1019	0580	06/01/13	06/01/13	16.00	67.52
246257	2	T1019	0580	06/02/13	06/02/13	16.00	67.52
246257	3	T1019	0580	06/03/13	06/03/13	16.00	67.52
246257	4	T1019	0580	06/04/13	06/04/13	16.00	67.52
246257	5	T1019	0580	06/05/13	06/05/13	16.00	67.52
246257	6	T1019	0580	06/06/13	06/06/13	16.00	67.52
246257	7	T1019	0580	06/07/13	06/07/13	16.00	67.52
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2462570012009406SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246258	1	T1019	0580	06/05/13	06/05/13	40.00	168.80
246258	2	T1019	0580	06/06/13	06/06/13	36.00	151.92



REPORT DATE 06/12/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013061204333568RRSUP

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

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							320.72	2462580012009562SUP
						CLAIM TOTAL		

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
246248	1	T1019	0580	06/03/13	06/03/13	16.00	67.52	
246248	2	T1019	0580	06/04/13	06/04/13	16.00	67.52	
246248	3	T1019	0580	06/05/13	06/05/13	16.00	67.52	
246248	4	T1019	0580	06/06/13	06/06/13	16.00	67.52	
						CLAIM TOTAL	270.08	2462480012009686SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
246250	1	T1019	0580	06/01/13	06/01/13	28.00	118.16	
246250	2	T1019	0580	06/02/13	06/02/13	28.00	118.16	
246250	3	T1019	0580	06/03/13	06/03/13	28.00	118.16	
246250	4	T1019	0580	06/04/13	06/04/13	28.00	118.16	
246250	5	T1019	0580	06/05/13	06/05/13	28.00	118.16	
246250	6	T1019	0580	06/06/13	06/06/13	28.00	118.16	
246250	7	T1019	0580	06/07/13	06/07/13	28.00	118.16	
						CLAIM TOTAL	827.12	2462500012009945SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010991	2010991	IANNAZZO, ANGELINA	06/04/1921	RD78526M	0005197384
DIAGNOSIS	CODES:	401.9	253.5				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
246249	1	T1019	0580	06/01/13	06/01/13	36.00	151.92	
246249	2	T1019	0580	06/02/13	06/02/13	36.00	151.92	
246249	3	T1019	0580	06/03/13	06/03/13	36.00	151.92	
246249	4	T1019	0580	06/04/13	06/04/13	36.00	151.92	
246249	5	T1019	0580	06/05/13	06/05/13	36.00	151.92	
246249	6	T1019	0580	06/06/13	06/06/13	36.00	151.92	
246249	7	T1019	0580	06/07/13	06/07/13	36.00	151.92	
						CLAIM TOTAL	1,063.44	2462490012010991SUP

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

NPI = 1154407492

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008113 2011066 COPELAND, ELISE 10/05/1928 QJ28865K 0006093352  
DIAGNOSIS CODES: 250.00 369.9 311. 401.9 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246246	1	G0156	0572	06/01/13	06/01/13	8.00	114.00
246246	2	G0156	0572	06/02/13	06/02/13	8.00	114.00
246246	3	G0156	0572	06/03/13	06/03/13	8.00	114.00
246246	4	G0156	0572	06/04/13	06/04/13	8.00	114.00
246246	5	G0156	0572	06/05/13	06/05/13	8.00	114.00
246246	6	G0156	0572	06/06/13	06/06/13	8.00	114.00
246246	7	G0156	0572	06/07/13	06/07/13	8.00	114.00
CLAIM TOTAL							798.00
CLAIM ACCOUNT REF.							2462460012011066SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008273 2011526 DE JESUS, TIBURCIO 08/11/1947 XX16524S 0006379371  
DIAGNOSIS CODES: 250.03 369.60 401.9 414.04 799.89 V60.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246247	1	T1019	0580	06/04/13	06/04/13	48.00	202.56
246247	2	T1019	0580	06/05/13	06/05/13	48.00	202.56
246247	3	T1019	0580	06/06/13	06/06/13	48.00	202.56
246247	4	T1019	0580	06/07/13	06/07/13	48.00	202.56
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2462470012011526SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009467 2011833 KEATON, CATHERINE 08/30/1923 WC81742E 0004298435  
DIAGNOSIS CODES: 715.00 365.9 401.9 780.4 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246251	1	T1019	0580	06/01/13	06/01/13	48.00	202.56
246251	2	T1019	0580	06/02/13	06/02/13	48.00	202.56
246251	3	T1019	0580	06/03/13	06/03/13	48.00	202.56
246251	4	T1019	0580	06/04/13	06/04/13	48.00	202.56
246251	5	T1019	0580	06/05/13	06/05/13	32.00	135.04
246251	6	T1019	0580	06/06/13	06/06/13	48.00	202.56
246251	7	T1019	0580	06/07/13	06/07/13	44.00	185.68
CLAIM TOTAL							1,333.52
CLAIM ACCOUNT REF.							2462510012011833SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #  
0005825708

CLAIM ACCOUNT REF. 2462560012012343SUP

PRIOR AUTHORIZATION #  
0005921983

CLAIM ACCOUNT REF. 2462520012012541SUP

PRIOR AUTHORIZATION #  
0006313393

CLAIM ACCOUNT REF. 2462530012013402SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	80	TOTAL CLAIM AMOUNT =	10,200.16
		# SERVICES =	17		

REPORT DATE 06/12/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013061204333568RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
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 123590054  
DIAGNOSIS CODES: 042. 202.88 436. 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246341	1	T1019		06/03/13	06/03/13	28.00	120.12
246341	2	T1019		06/04/13	06/04/13	28.00	120.12
246341	3	T1019		06/05/13	06/05/13	28.00	120.12
246341	4	T1019		06/06/13	06/06/13	28.00	120.12
CLAIM TOTAL							480.48
CLAIM ACCOUNT REF.							2463410012010958SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012481 2012481 REYES, LORGIO 05/15/1982 V80024771 130240009  
DIAGNOSIS CODES: 585.6 294.9 315.34 389.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246342	1	T1019		06/01/13	06/01/13	24.00	102.96
246342	2	T1019		06/03/13	06/03/13	40.00	171.60
246342	3	T1019		06/04/13	06/04/13	24.00	102.96
246342	4	T1019		06/05/13	06/05/13	40.00	171.60
246342	5	T1019		06/06/13	06/06/13	24.00	102.96
246342	6	T1019		06/07/13	06/07/13	40.00	171.60
CLAIM TOTAL							823.68
CLAIM ACCOUNT REF.							2463420012012481SUP

PAYER TOTALS: VNSNY CHOICE                      # OF CLAIMS = 10    TOTAL CLAIM AMOUNT = 1,304.16  
# SERVICES = 2

REPORT DATE 06/12/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013061204333568RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008246 2008246 RIVERA, CHRISTOPHER 09/03/1996 UW23596M R2269158  
DIAGNOSIS CODES: 314.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246209	1	T1019		06/01/13	06/01/13	12.00	50.64
246209	2	T1019		06/02/13	06/02/13	12.00	50.64
246209	3	T1019		06/03/13	06/03/13	12.00	50.64
246209	4	T1019		06/04/13	06/04/13	12.00	50.64
246209	5	T1019		06/05/13	06/05/13	12.00	50.64
246209	6	T1019		06/06/13	06/06/13	12.00	50.64
246209	7	T1019		06/07/13	06/07/13	12.00	50.64
CLAIM TOTAL							354.48

CLAIM ACCOUNT REF. 2462090012008246SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008248 2008248 RIVERA, EDDIE 01/29/1960 YP34893V R2226367  
DIAGNOSIS CODES: 339.02 367.1 369.10

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246210	1	T1019		06/03/13	06/03/13	12.00	50.64
246210	2	T1019		06/04/13	06/04/13	12.00	50.64
246210	3	T1019		06/05/13	06/05/13	12.00	50.64
246210	4	T1019		06/06/13	06/06/13	12.00	50.64
CLAIM TOTAL							202.56

CLAIM ACCOUNT REF. 2462100012008248SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008249 2008249 LOPEZ-RAMIREZ, CARLOTA 01/20/1936 QR43529V 0105101301235  
DIAGNOSIS CODES: 714.0 272.4 401.9 536.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246201	1	T1019		06/01/13	06/01/13	36.00	151.92
246201	2	T1019		06/02/13	06/02/13	44.00	185.68
246201	3	T1019		06/03/13	06/03/13	44.00	185.68
246201	4	T1019		06/04/13	06/04/13	44.00	185.68
246201	5	T1019		06/05/13	06/05/13	44.00	185.68
246201	6	T1019		06/06/13	06/06/13	44.00	185.68
246201	7	T1019		06/07/13	06/07/13	44.00	185.68
CLAIM TOTAL							1,266.00

CLAIM ACCOUNT REF. 2462010012008249SUP

REPORT DATE 06/12/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013061204333568RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008250 2008250 SALAZAR, LUZ MARIA 02/19/1970 SC60317K R2266641  
DIAGNOSIS CODES: 952.9 564.81 596.54 806.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246214	1	T1019		06/01/13	06/01/13	32.00	135.04
246214	2	T1019		06/02/13	06/02/13	32.00	135.04
246214	3	T1019		06/03/13	06/03/13	32.00	135.04
246214	4	T1019		06/04/13	06/04/13	32.00	135.04
CLAIM TOTAL							540.16

CLAIM ACCOUNT REF. 2462140012008250SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008250 2008250 SALAZAR, LUZ MARIA 02/19/1970 SC60317K R2270854  
DIAGNOSIS CODES: 952.9 564.81 596.54 806.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246215	1	T1019		06/05/13	06/05/13	32.00	135.04
246215	2	T1019		06/06/13	06/06/13	32.00	135.04
246215	3	T1019		06/07/13	06/07/13	32.00	135.04
CLAIM TOTAL							405.12

CLAIM ACCOUNT REF. 2462150012008250SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008251 2008251 CEBALLOS, ANA 12/31/1919 UH02585Q R2162064  
DIAGNOSIS CODES: 294.10 244.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246181	1	T1019		05/24/13	05/24/13	32.00	135.04
246181	2	T1019		06/07/13	06/07/13	32.00	135.04
CLAIM TOTAL							270.08

CLAIM ACCOUNT REF. 2461810012008251SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008253 2008253 MACARENA, SAHARA 09/12/1965 VT07830U R2084101  
DIAGNOSIS CODES: 359.0 719.45

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246202	1	T1019		06/01/13	06/01/13	48.00	202.56
246202	2	T1019		06/02/13	06/02/13	48.00	202.56
246202	3	T1019		06/03/13	06/03/13	48.00	202.56
246202	4	T1019		06/04/13	06/04/13	48.00	202.56
246202	5	T1019		06/06/13	06/06/13	48.00	202.56
246202	6	T1019		06/07/13	06/07/13	48.00	202.56
CLAIM TOTAL							1,215.36

CLAIM ACCOUNT REF. 2462020012008253SUP

REPORT DATE 06/12/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013061204333568RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008254 2008254 SPIVEY, PATRICIA 04/06/1965 WE52435B 0104051303745  
DIAGNOSIS CODES: 250.00 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246219	1	T1019		06/03/13	06/03/13	32.00	135.04
246219	2	T1019		06/04/13	06/04/13	32.00	135.04
246219	3	T1019		06/05/13	06/05/13	32.00	135.04
246219	4	T1019		06/06/13	06/06/13	32.00	135.04
246219	5	T1019		06/07/13	06/07/13	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2462190012008254SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008256 2008256 CARMONA, LUZ 08/10/1954 XJ24416K 0104121301251  
DIAGNOSIS CODES: 294.8 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246179	1	T1019		06/03/13	06/03/13	32.00	135.04
246179	2	T1019		06/04/13	06/04/13	32.00	135.04
246179	3	T1019		06/05/13	06/05/13	32.00	135.04
246179	4	T1019		06/06/13	06/06/13	32.00	135.04
246179	5	T1019		06/07/13	06/07/13	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2461790012008256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008257 2008257 ESTEVES, JOSE 09/04/1948 YD71377C 0103261301993  
DIAGNOSIS CODES: 345.40

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246186	1	T1019		06/01/13	06/01/13	24.00	101.28
246186	2	T1019		06/02/13	06/02/13	24.00	101.28
246186	3	T1019		06/03/13	06/03/13	24.00	101.28
246186	4	T1019		06/04/13	06/04/13	24.00	101.28
246186	5	T1019		06/05/13	06/05/13	24.00	101.28
246186	6	T1019		06/07/13	06/07/13	24.00	101.28
CLAIM TOTAL							607.68

CLAIM ACCOUNT REF. 2461860012008257SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008290 2008290 SALHUANA, YOLANDA 08/25/1935 SZ24247J 0103261301164  
DIAGNOSIS CODES: 249.70 362.50 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246216	1	T1019		06/03/13	06/03/13	32.00	135.04
246216	2	T1019		06/04/13	06/04/13	32.00	135.04

REPORT DATE 06/12/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201306120433568RRSUP

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PROVIDER ID = 113502051  
PAYER ID = 80141

SUNNYSIDE CITYWIDE  
HEALTHFIRST PHSP

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246216	3	T1019		06/05/13	06/05/13	32.00	135.04
246216	4	T1019		06/07/13	06/07/13	32.00	135.04
CLAIM TOTAL							540.16

CLAIM ACCOUNT REF. 2462160012008290SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008362	2008362	FONTANES, PEDRO	08/27/1948	RX10287Z	0104171301499

DIAGNOSIS CODES: 724.3 278.00 427.31 428.0 724.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246191	1	T1019		06/01/13	06/01/13	32.00	135.04
246191	2	T1019		06/02/13	06/02/13	32.00	135.04
246191	3	T1019		06/03/13	06/03/13	40.00	168.80
246191	4	T1019		06/04/13	06/04/13	40.00	168.80
246191	5	T1019		06/05/13	06/05/13	32.00	135.04
246191	6	T1019		06/06/13	06/06/13	24.00	101.28
246191	7	T1019		06/07/13	06/07/13	24.00	101.28
CLAIM TOTAL							945.28

CLAIM ACCOUNT REF. 2461910012008362SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008368	2008368	RODRIGUEZ, MARGARET	06/25/1950	ZP21043J	R2259936

DIAGNOSIS CODES: 295.90 250.00 272.4 311. 401.9 414.3 733.00 780.52

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246213	1	T1019		06/03/13	06/03/13	16.00	67.52
246213	2	T1019		06/04/13	06/04/13	16.00	67.52
246213	3	T1019		06/05/13	06/05/13	16.00	67.52
246213	4	T1019		06/06/13	06/06/13	16.00	67.52
246213	5	T1019		06/07/13	06/07/13	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2462130012008368SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008411	2008411	FRANCISCO, RICHARD	07/10/1968	XR22414G	R2176143

DIAGNOSIS CODES: 401.9 443.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246192	1	T1019		06/01/13	06/01/13	32.00	135.04
246192	2	T1019		06/02/13	06/02/13	32.00	135.04
246192	3	T1019		06/03/13	06/03/13	32.00	135.04
246192	4	T1019		06/04/13	06/04/13	32.00	135.04
246192	5	T1019		06/05/13	06/05/13	32.00	135.04
246192	6	T1019		06/06/13	06/06/13	32.00	135.04
246192	7	T1019		06/07/13	06/07/13	32.00	135.04
CLAIM TOTAL							945.28

CLAIM ACCOUNT REF. 2461920012008411SUP



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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008433 2008433 BHAIRO, KOWSILILLI 05/13/1954 VG15691D R2088833  
DIAGNOSIS CODES: 340. 286.0 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246174	1	T1019		06/01/13	06/01/13	32.00	135.04
246174	2	T1019		06/02/13	06/02/13	32.00	135.04
246174	3	T1019		06/03/13	06/03/13	32.00	135.04
246174	4	T1019		06/04/13	06/04/13	32.00	135.04
246174	5	T1019		06/05/13	06/05/13	32.00	135.04
246174	6	T1019		06/06/13	06/06/13	32.00	135.04
246174	7	T1019		06/07/13	06/07/13	32.00	135.04
CLAIM TOTAL							945.28

CLAIM ACCOUNT REF. 2461740012008433SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z 0101171302771  
DIAGNOSIS CODES: 250.00 244.8 311. 401.9 428.0 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246172	1	T1019		06/01/13	06/01/13	12.00	50.64
CLAIM TOTAL							50.64

CLAIM ACCOUNT REF. 2461720012008487SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z 0105161301593  
DIAGNOSIS CODES: 250.00 244.8 311. 401.9 428.0 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246173	1	T1019		06/03/13	06/03/13	20.00	84.40
246173	2	T1019		06/04/13	06/04/13	20.00	84.40
246173	3	T1019		06/05/13	06/05/13	20.00	84.40
246173	4	T1019		06/06/13	06/06/13	20.00	84.40
246173	5	T1019		06/07/13	06/07/13	20.00	84.40
CLAIM TOTAL							422.00

CLAIM ACCOUNT REF. 2461730012008487SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008558 2008558 SURIEL, GERTRUDIS 03/17/1950 ZE67447D R2223526  
DIAGNOSIS CODES: 493.90 401.9 414.00 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246221	1	T1019		06/02/13	06/02/13	48.00	202.56
246221	2	T1019		06/03/13	06/03/13	48.00	202.56
246221	3	T1019		06/04/13	06/04/13	48.00	202.56
246221	4	T1019		06/05/13	06/05/13	48.00	202.56
246221	5	T1019		06/06/13	06/06/13	48.00	202.56

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
246221	6	T1019		06/07/13	06/07/13	48.00	202.56	
						CLAIM TOTAL	1,215.36	CLAIM ACCOUNT REF.    2462210012008558SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008571	2008571	ESPAILLAT, AMPARO	12/25/1949	ZG25447P	0103131301379
DIAGNOSIS	CODES:	401.9	272.0	311.	365.9	366.9	733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
246185	1	T1019		06/01/13	06/01/13	16.00	67.52	
246185	2	T1019		06/02/13	06/02/13	16.00	67.52	
246185	3	T1019		06/03/13	06/03/13	24.00	101.28	
246185	4	T1019		06/04/13	06/04/13	24.00	101.28	
246185	5	T1019		06/05/13	06/05/13	24.00	101.28	
246185	6	T1019		06/06/13	06/06/13	24.00	101.28	
246185	7	T1019		06/07/13	06/07/13	24.00	101.28	
						CLAIM TOTAL	641.44	CLAIM ACCOUNT REF.    2461850012008571SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
246188	1	T1019		12/26/12	12/26/12	20.00	84.40	
						CLAIM TOTAL	84.40	CLAIM ACCOUNT REF.    2461880012009001SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008380	2009001	FERRERA, FRANCISCA	06/06/1948	YH55651V	R2113770
DIAGNOSIS	CODES:	301.9	401.9	493.00			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
246189	1	T1019		05/27/13	05/27/13	40.00	168.80	
246189	2	T1019		05/28/13	05/28/13	40.00	168.80	
246189	3	T1019		06/01/13	06/01/13	40.00	168.80	
246189	4	T1019		06/02/13	06/02/13	40.00	168.80	
246189	5	T1019		06/03/13	06/03/13	40.00	168.80	
246189	6	T1019		06/04/13	06/04/13	40.00	168.80	
246189	7	T1019		06/05/13	06/05/13	40.00	168.80	
246189	8	T1019		06/06/13	06/06/13	36.00	151.92	
246189	9	T1019		06/07/13	06/07/13	40.00	168.80	
						CLAIM TOTAL	1,502.32	CLAIM ACCOUNT REF.    2461890012009001SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008271 2009270 CARRION, MARIA 06/30/1928 SC64434E R2230145  
DIAGNOSIS CODES: 250.00 294.10 401.9 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246180	1	T1019		06/01/13	06/01/13	32.00	135.04
246180	2	T1019		06/03/13	06/03/13	32.00	135.04
246180	3	T1019		06/04/13	06/04/13	32.00	135.04
246180	4	T1019		06/05/13	06/05/13	32.00	135.04
246180	5	T1019		06/06/13	06/06/13	32.00	135.04
246180	6	T1019		06/07/13	06/07/13	32.00	135.04
CLAIM TOTAL							810.24
							CLAIM ACCOUNT REF. 2461800012009270SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009405 2009405 CORTES DE GALINDO, NEL 05/25/1925 PF03624B 0103141302031  
DIAGNOSIS CODES: 401.9 537.9 648.12

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246182	1	T1019		06/03/13	06/03/13	24.00	101.28
246182	2	T1019		06/05/13	06/05/13	24.00	101.28
246182	3	T1019		06/06/13	06/06/13	24.00	101.28
246182	4	T1019		06/07/13	06/07/13	24.00	101.28
CLAIM TOTAL							405.12
							CLAIM ACCOUNT REF. 2461820012009405SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009425 2009425 FRIAS, BARBARA 04/01/1954 YQ10410R 0103191302380  
DIAGNOSIS CODES: 785.9 V44.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246193	1	T1019		06/03/13	06/03/13	16.00	67.52
246193	2	T1019		06/05/13	06/05/13	16.00	67.52
246193	3	T1019		06/07/13	06/07/13	16.00	67.52
CLAIM TOTAL							202.56
							CLAIM ACCOUNT REF. 2461930012009425SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009560 2009560 BOCHENEC, JOLANTA 07/08/1964 ZT71147Q R2066168  
DIAGNOSIS CODES: 854.00 272.4 300.00 307.42 781.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246176	1	T1019		06/01/13	06/01/13	24.00	101.28
CLAIM TOTAL							101.28
							CLAIM ACCOUNT REF. 2461760012009560SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009560 2009560 BOCHENEC, JOLANTA 07/08/1964 ZT71147Q 0104251302988  
DIAGNOSIS CODES: 854.00 272.4 300.00 307.42 781.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246177	1	T1019		06/02/13	06/02/13	24.00	101.28
246177	2	T1019		06/03/13	06/03/13	24.00	101.28
246177	3	T1019		06/04/13	06/04/13	24.00	101.28
246177	4	T1019		06/05/13	06/05/13	24.00	101.28
246177	5	T1019		06/06/13	06/06/13	24.00	101.28
246177	6	T1019		06/07/13	06/07/13	24.00	101.28
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2461770012009560SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010009 2010009 VEGA, GLORIA 07/06/1955 ZU45073J R2160981  
DIAGNOSIS CODES: 340. 250.00 272.2 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246225	1	T1019		06/03/13	06/03/13	32.00	135.04
246225	2	T1019		06/04/13	06/04/13	32.00	135.04
246225	3	T1019		06/05/13	06/05/13	32.00	135.04
246225	4	T1019		06/06/13	06/06/13	32.00	135.04
246225	5	T1019		06/07/13	06/07/13	32.00	135.04
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2462250012010009SUP

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
246200	1	T1019		06/01/13	06/01/13	48.00	202.56
246200	2	T1019		06/02/13	06/02/13	48.00	202.56
246200	3	T1019		06/03/13	06/03/13	48.00	202.56
246200	4	T1019		06/04/13	06/04/13	48.00	202.56
246200	5	T1019		06/05/13	06/05/13	48.00	202.56
246200	6	T1019		06/06/13	06/06/13	48.00	202.56
246200	7	T1019		06/07/13	06/07/13	48.00	202.56
CLAIM TOTAL							1,417.92
CLAIM ACCOUNT REF.							2462000012010311SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010758 2010758 VASQUEZ, OLGA 11/20/1948 WU00136E R2094038  
DIAGNOSIS CODES: 311. 244.9 253.5 401.9 429.9 493.90 948.11

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246224	1	T1019		06/01/13	06/01/13	20.00	84.40
246224	2	T1019		06/02/13	06/02/13	20.00	84.40
246224	3	T1019		06/06/13	06/06/13	20.00	84.40
246224	4	T1019		06/07/13	06/07/13	20.00	84.40
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2462240012010758SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008813 2010967 LARA, TOMASA 10/11/1931 SX47950B R2115813  
DIAGNOSIS CODES: 401.9 244.9 272.4 715.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246199	1	T1019		06/01/13	06/01/13	32.00	135.04
246199	2	T1019		06/03/13	06/03/13	32.00	135.04
246199	3	T1019		06/04/13	06/04/13	32.00	135.04
246199	4	T1019		06/05/13	06/05/13	32.00	135.04
246199	5	T1019		06/06/13	06/06/13	32.00	135.04
246199	6	T1019		06/07/13	06/07/13	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2461990012010967SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008378 2011528 BOWERS \*, DIANE 10/01/1946 129232187 R2207419  
DIAGNOSIS CODES: 250.11 300.02 410.90 413.9 428.0 440.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246178	1	T1019		06/03/13	06/03/13	40.00	168.80
246178	2	T1019		06/04/13	06/04/13	40.00	168.80
246178	3	T1019		06/05/13	06/05/13	40.00	168.80
246178	4	T1019		06/06/13	06/06/13	40.00	168.80
246178	5	T1019		06/07/13	06/07/13	40.00	168.80
CLAIM TOTAL							844.00
CLAIM ACCOUNT REF.							2461780012011528SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008405 2011820 ST ROMAINE, CLAUDE 10/01/1956 UZ14868C 0102131302292  
DIAGNOSIS CODES: 952.9 344.9 596.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246220	1	T1019		06/01/13	06/01/13	36.00	151.92
246220	2	T1019		06/02/13	06/02/13	36.00	151.92
246220	3	T1019		06/03/13	06/03/13	40.00	168.80

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246220	4	T1019		06/04/13	06/04/13	40.00	168.80
246220	5	T1019		06/05/13	06/05/13	40.00	168.80
246220	6	T1019		06/06/13	06/06/13	40.00	168.80
246220	7	T1019		06/07/13	06/07/13	40.00	168.80
CLAIM TOTAL							1,147.84
CLAIM ACCOUNT REF.							2462200012011820SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012284 2012284 REINOSO, EMELIANNA 12/26/1931 115451707 R2106516  
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246208	1	T1019		06/01/13	06/01/13	40.00	168.80
246208	2	T1019		06/02/13	06/02/13	40.00	168.80
246208	3	T1019		06/03/13	06/03/13	40.00	168.80
246208	4	T1019		06/04/13	06/04/13	40.00	168.80
246208	5	T1019		06/05/13	06/05/13	40.00	168.80
246208	6	T1019		06/06/13	06/06/13	40.00	168.80
CLAIM TOTAL							1,012.80
CLAIM ACCOUNT REF.							2462080012012284SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011495 2012478 ISKANDER, JACOB S 04/14/1949 YS88012Z R2140203  
DIAGNOSIS CODES: 748.60 253.5 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246195	1	T1019		06/01/13	06/01/13	32.00	135.04
246195	2	T1019		06/02/13	06/02/13	32.00	135.04
246195	3	T1019		06/03/13	06/03/13	32.00	135.04
246195	4	T1019		06/04/13	06/04/13	32.00	135.04
246195	5	T1019		06/05/13	06/05/13	32.00	135.04
246195	6	T1019		06/06/13	06/06/13	32.00	135.04
246195	7	T1019		06/07/13	06/07/13	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2461950012012478SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012477 2012489 BLANCO, CARMELINA 08/19/1940 112990683 0101241301336  
DIAGNOSIS CODES: 715.90 250.00 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246175	1	T1019		06/03/13	06/03/13	16.00	67.52
246175	2	T1019		06/04/13	06/04/13	16.00	67.52
246175	3	T1019		06/05/13	06/05/13	16.00	67.52
246175	4	T1019		06/06/13	06/06/13	16.00	67.52
246175	5	T1019		06/07/13	06/07/13	16.00	67.52

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	337.60	2461750012012489SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012498	2012498	SCHOONMAKER, JEAN	01/16/1944	116703035	0101171302362
DIAGNOSIS CODES: 296.22 724.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
246217	1	T1019		05/12/13	05/12/13	36.00	151.92	
246217	2	T1019		06/01/13	06/01/13	32.00	135.04	
246217	3	T1019		06/02/13	06/02/13	32.00	135.04	
246217	4	T1019		06/03/13	06/03/13	36.00	151.92	
246217	5	T1019		06/04/13	06/04/13	36.00	151.92	
246217	6	T1019		06/05/13	06/05/13	36.00	151.92	
246217	7	T1019		06/06/13	06/06/13	36.00	151.92	
						CLAIM TOTAL	1,029.68	2462170012012498SUP

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	CLAIM ACCOUNT REF.
246206	1	T1019		06/01/13	06/01/13	24.00	101.28	
246206	2	T1019		06/03/13	06/03/13	24.00	101.28	
246206	3	T1019		06/04/13	06/04/13	24.00	101.28	
246206	4	T1019		06/05/13	06/05/13	24.00	101.28	
246206	5	T1019		06/06/13	06/06/13	24.00	101.28	
246206	6	T1019		06/07/13	06/07/13	24.00	101.28	
						CLAIM TOTAL	607.68	2462060012012683SUP

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							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
246222	1	T1019		05/24/13	05/24/13	20.00	84.40	
246222	2	T1019		06/01/13	06/01/13	32.00	135.04	
246222	3	T1019		06/02/13	06/02/13	32.00	135.04	
246222	4	T1019		06/03/13	06/03/13	20.00	84.40	
246222	5	T1019		06/05/13	06/05/13	20.00	84.40	
246222	6	T1019		06/06/13	06/06/13	32.00	135.04	
						CLAIM TOTAL	658.32	2462220012012772SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012731 2012823 VALENCIA, ESTHER J 11/13/1930 UF20889J R2182130  
DIAGNOSIS CODES: 401.9 414.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246223	1	T1019		05/15/13	05/15/13	24.00	101.28
246223	2	T1019		05/16/13	05/16/13	24.00	101.28
246223	3	T1019		05/17/13	05/17/13	24.00	101.28
246223	4	T1019		05/20/13	05/20/13	24.00	101.28
246223	5	T1019		05/21/13	05/21/13	24.00	101.28
246223	6	T1019		05/22/13	05/22/13	24.00	101.28
246223	7	T1019		05/23/13	05/23/13	24.00	101.28
246223	8	T1019		05/24/13	05/24/13	24.00	101.28
246223	9	T1019		06/03/13	06/03/13	24.00	101.28
246223	10	T1019		06/04/13	06/04/13	24.00	101.28
246223	11	T1019		06/05/13	06/05/13	24.00	101.28
246223	12	T1019		06/06/13	06/06/13	24.00	101.28
246223	13	T1019		06/07/13	06/07/13	24.00	101.28
CLAIM TOTAL						1,316.64	CLAIM ACCOUNT REF. 2462230012012823SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011388 2013053 PALAZZOLO, FLORENCE 10/31/1948 PD96979S 0103181301812  
DIAGNOSIS CODES: 331.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246207	1	T1020		06/01/13	06/01/13	24.00	405.12
246207	2	T1020		06/02/13	06/02/13	24.00	405.12
246207	3	T1020		06/03/13	06/03/13	12.00	202.56
246207	4	T1020		06/04/13	06/04/13	12.00	202.56
246207	5	T1020		06/05/13	06/05/13	12.00	202.56
246207	6	T1020		06/06/13	06/06/13	12.00	202.56
246207	7	T1020		06/07/13	06/07/13	12.00	202.56
CLAIM TOTAL						1,823.04	CLAIM ACCOUNT REF. 2462070012013053SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010143 2013448 AHMED, UMARA 11/15/1985 XK51476N 072211255328  
DIAGNOSIS CODES: 335.19 695.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246170	1	T1019		06/01/13	06/01/13	32.00	135.04
246170	2	T1019		06/02/13	06/02/13	32.00	135.04
246170	3	T1019		06/03/13	06/03/13	32.00	135.04
246170	4	T1019		06/04/13	06/04/13	32.00	135.04
246170	5	T1019		06/05/13	06/05/13	32.00	135.04



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PAYER       ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
246170	6	T1019		06/06/13	06/06/13	32.00	135.04	
246170	7	T1019		06/07/13	06/07/13	32.00	135.04	
CLAIM TOTAL							945.28	CLAIM ACCOUNT REF.    2461700012013448SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2010671    2013451    AKHTER, SELINA                      07/13/1960    SK51375D                      0073112301172  
DIAGNOSIS CODES:    093.9       253.5       272.4       401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
246171	1	T1019		06/03/13	06/03/13	36.00	151.92	
246171	2	T1019		06/04/13	06/04/13	36.00	151.92	
246171	3	T1019		06/05/13	06/05/13	36.00	151.92	
246171	4	T1019		06/06/13	06/06/13	36.00	151.92	
246171	5	T1019		06/07/13	06/07/13	36.00	151.92	
CLAIM TOTAL							759.60	CLAIM ACCOUNT REF.    2461710012013451SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2012500    2013452    DEKMAK, GRISEL                      03/02/1964    VV95212H                      020113323665  
DIAGNOSIS CODES:    340.       285.8       311.       596.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
246183	1	T1019		06/01/13	06/01/13	48.00	202.56	
246183	2	T1019		06/02/13	06/02/13	48.00	202.56	
246183	3	T1019		06/03/13	06/03/13	48.00	202.56	
246183	4	T1019		06/04/13	06/04/13	48.00	202.56	
246183	5	T1019		06/05/13	06/05/13	48.00	202.56	
246183	6	T1019		06/06/13	06/06/13	48.00	202.56	
246183	7	T1019		06/07/13	06/07/13	48.00	202.56	
CLAIM TOTAL							1,417.92	CLAIM ACCOUNT REF.    2461830012013452SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008802    2013453    DIAZ 1, CARMEN                      07/29/1950    WB78930D                      072111255060  
DIAGNOSIS CODES:    V02.62    300.00    401.9       719.89       733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
246184	1	T1019		06/03/13	06/03/13	16.00	67.52	
246184	2	T1019		06/04/13	06/04/13	24.00	101.28	
246184	3	T1019		06/05/13	06/05/13	24.00	101.28	
246184	4	T1019		06/06/13	06/06/13	24.00	101.28	
246184	5	T1019		06/07/13	06/07/13	24.00	101.28	
CLAIM TOTAL							472.64	CLAIM ACCOUNT REF.    2461840012013453SUP

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PAYER ID = 80141 HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008261 2013454 FERNANDEZ, MARIA 07/24/1943 XG23851A 072111255060  
DIAGNOSIS CODES: 250.00 272.2 493.00 536.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246187	1	T1019		06/05/13	06/05/13	16.00	67.52
246187	2	T1019		06/06/13	06/06/13	16.00	67.52
246187	3	T1019		06/07/13	06/07/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2461870012013454SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008427 2013455 FLORES, MARITZA 09/26/1953 ZG96532J 032613329851  
DIAGNOSIS CODES: 427.31 278.01 285.9 311. 425.8 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246190	1	T1019		06/01/13	06/01/13	40.00	168.80
246190	2	T1019		06/02/13	06/02/13	40.00	168.80
246190	3	T1019		06/03/13	06/03/13	40.00	168.80
246190	4	T1019		06/04/13	06/04/13	40.00	168.80
246190	5	T1019		06/05/13	06/05/13	40.00	168.80
246190	6	T1019		06/06/13	06/06/13	40.00	168.80
246190	7	T1019		06/07/13	06/07/13	40.00	168.80
CLAIM TOTAL							1,181.60
CLAIM ACCOUNT REF.							2461900012013455SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008419 2013457 GARDNER, DIANE 05/05/1948 ZK72750T 082212304015  
DIAGNOSIS CODES: 799.89 093.89 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246194	1	T1019		06/03/13	06/03/13	16.00	67.52
246194	2	T1019		06/04/13	06/04/13	16.00	67.52
246194	3	T1019		06/05/13	06/05/13	16.00	67.52
246194	4	T1019		06/06/13	06/06/13	16.00	67.52
246194	5	T1019		06/07/13	06/07/13	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2461940012013457SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008366 2013458 JONES, CYNTHIA 03/17/1950 ZU54275V 021313325005  
DIAGNOSIS CODES: 333.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246196	1	T1019		06/03/13	06/03/13	20.00	84.40
246196	2	T1019		06/04/13	06/04/13	20.00	84.40
246196	3	T1019		06/05/13	06/05/13	20.00	84.40

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PAYER       ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
246196	4	T1019		06/06/13	06/06/13	20.00	84.40	
246196	5	T1019		06/07/13	06/07/13	20.00	84.40	
					CLAIM TOTAL		422.00	CLAIM ACCOUNT REF.    2461960012013458SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2009356	2013459	KHAN, FARUQUE	02/08/1949	VM87355G	112111269647
DIAGNOSIS	CODES:	696.8	253.5	272.4		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
246197	1	T1019		06/01/13	06/01/13	48.00	202.56	
246197	2	T1019		06/02/13	06/02/13	48.00	202.56	
246197	3	T1019		06/03/13	06/03/13	48.00	202.56	
246197	4	T1019		06/04/13	06/04/13	48.00	202.56	
246197	5	T1019		06/05/13	06/05/13	48.00	202.56	
246197	6	T1019		06/06/13	06/06/13	48.00	202.56	
					CLAIM TOTAL		1,215.36	CLAIM ACCOUNT REF.    2461970012013459SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008742	2013461	KROLL, KATHERINE	09/22/1949	ZQ14882N	041013331477
DIAGNOSIS	CODES:	340.	244.8	272.0	311.	386.2    401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
246198	1	T1019		06/03/13	06/03/13	28.00	118.16	
246198	2	T1019		06/04/13	06/04/13	28.00	118.16	
246198	3	T1019		06/05/13	06/05/13	28.00	118.16	
246198	4	T1019		06/06/13	06/06/13	28.00	118.16	
246198	5	T1019		06/07/13	06/07/13	28.00	118.16	
					CLAIM TOTAL		590.80	CLAIM ACCOUNT REF.    2461980012013461SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008263	2013462	MORALES HERNADEZ, EDW	10/28/1952	XV26396D	083111260220
DIAGNOSIS	CODES:	344.1	799.89			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
246203	1	T1019		06/01/13	06/01/13	24.00	101.28	
246203	2	T1019		06/02/13	06/02/13	24.00	101.28	
246203	3	T1019		06/03/13	06/03/13	24.00	101.28	
246203	4	T1019		06/04/13	06/04/13	24.00	101.28	
246203	5	T1019		06/05/13	06/05/13	24.00	101.28	
246203	6	T1019		06/06/13	06/06/13	24.00	101.28	
246203	7	T1019		06/07/13	06/07/13	24.00	101.28	
					CLAIM TOTAL		708.96	CLAIM ACCOUNT REF.    2462030012013462SUP

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PAYER       ID = 80141                      HEALTHFIRST PHSP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008422    2013463    MOSKOWITZ, RONA                      02/16/1952    ZK67666G                      020713324355  
DIAGNOSIS CODES:    799.89    401.9    493.92    729.0                      V02.62

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246204	1	T1019		06/01/13	06/01/13	24.00	101.28
246204	2	T1019		06/03/13	06/03/13	24.00	101.28
246204	3	T1019		06/04/13	06/04/13	24.00	101.28
246204	4	T1019		06/05/13	06/05/13	24.00	101.28
246204	5	T1019		06/06/13	06/06/13	24.00	101.28
246204	6	T1019		06/07/13	06/07/13	24.00	101.28
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2462040012013463SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008421    2013464    OCASIO, VIRGINIA                      05/24/1949    ZC22374W                      082012303730  
DIAGNOSIS CODES:    250.00    278.00    300.00    715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246205	1	T1019		06/03/13	06/03/13	24.00	101.28
246205	2	T1019		06/04/13	06/04/13	24.00	101.28
246205	3	T1019		06/05/13	06/05/13	24.00	101.28
246205	4	T1019		06/06/13	06/06/13	24.00	101.28
246205	5	T1019		06/07/13	06/07/13	24.00	101.28
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2462050012013464SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008531    2013465    RODRIGUEZ -2, MARIA                      02/16/1949    SB98419Y                      070912298224  
DIAGNOSIS CODES:    250.00    272.4    331.0    401.9                      799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246211	1	T1019		06/03/13	06/03/13	24.00	101.28
246211	2	T1019		06/04/13	06/04/13	24.00	101.28
246211	3	T1019		06/05/13	06/05/13	24.00	101.28
246211	4	T1019		06/06/13	06/06/13	24.00	101.28
246211	5	T1019		06/07/13	06/07/13	24.00	101.28
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2462110012013465SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008398    2013466    RODRIGUEZ, JESSE                      03/23/1984    XC62425G                      072211255272  
DIAGNOSIS CODES:    799.89    253.5    278.00    401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246212	1	T1019		06/03/13	06/03/13	20.00	84.40
246212	2	T1019		06/04/13	06/04/13	20.00	84.40

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PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
246212	3	T1019		06/05/13	06/05/13	20.00	84.40	
246212	4	T1019		06/06/13	06/06/13	20.00	84.40	
246212	5	T1019		06/07/13	06/07/13	20.00	84.40	
					CLAIM TOTAL		422.00	CLAIM ACCOUNT REF. 2462120012013466SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008265 2013467 SHEPPARD, ERMA 10/05/1954 ZX55600A 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	
246218	1	T1019		06/01/13	06/01/13	40.00	168.80	
246218	2	T1019		06/02/13	06/02/13	40.00	168.80	
246218	3	T1019		06/03/13	06/03/13	40.00	168.80	
246218	4	T1019		06/04/13	06/04/13	40.00	168.80	
246218	5	T1019		06/05/13	06/05/13	40.00	168.80	
246218	6	T1019		06/06/13	06/06/13	40.00	168.80	
246218	7	T1019		06/07/13	06/07/13	40.00	168.80	
					CLAIM TOTAL		1,181.60	CLAIM ACCOUNT REF. 2462180012013467SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008425 2013468 WELLS, WYNORIA 09/10/1959 ZR27322A 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	
246226	1	T1019		06/03/13	06/03/13	16.00	67.52	
246226	2	T1019		06/04/13	06/04/13	16.00	67.52	
246226	3	T1019		06/06/13	06/06/13	16.00	67.52	
246226	4	T1019		06/07/13	06/07/13	16.00	67.52	
					CLAIM TOTAL		270.08	CLAIM ACCOUNT REF. 2462260012013468SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008303 2013469 WILSON, SHERYL 08/28/1956 UR09425R 032613329815  
DIAGNOSIS CODES: 737.39 344.9 493.90 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
246227	1	T1019		06/01/13	06/01/13	16.00	67.52	
246227	2	T1019		06/02/13	06/02/13	16.00	67.52	
246227	3	T1019		06/03/13	06/03/13	24.00	101.28	
246227	4	T1019		06/04/13	06/04/13	4.00	16.88	
246227	5	T1019		06/05/13	06/05/13	24.00	101.28	
246227	6	T1019		06/06/13	06/06/13	24.00	101.28	
246227	7	T1019		06/07/13	06/07/13	24.00	101.28	
					CLAIM TOTAL		557.04	CLAIM ACCOUNT REF. 2462270012013469SUP

REPORT DATE 06/12/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013061204333568RRSUP

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

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	320	TOTAL CLAIM AMOUNT =	41,237.84
		# SERVICES =	54		

REPORT DATE 06/12/13 SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492  
PAYER ID = 87726 UNITEDHEALTHCARE

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008245 2008245 CALDERON, MIGDALIA 08/02/1961 100195559 610563075  
DIAGNOSIS CODES: 250.00 428.0 724.00 724.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246239	1	T1019		06/01/13	06/01/13	40.00	171.60
246239	2	T1019		06/02/13	06/02/13	40.00	171.60
246239	3	T1019		06/03/13	06/03/13	40.00	171.60
246239	4	T1019		06/04/13	06/04/13	40.00	171.60
246239	5	T1019		06/05/13	06/05/13	40.00	171.60
246239	6	T1019		06/06/13	06/06/13	40.00	171.60
246239	7	T1019		06/07/13	06/07/13	40.00	171.60
CLAIM TOTAL						1,201.20	CLAIM ACCOUNT REF. 2462390012008245SUP

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
246242	1	T1019		06/02/13	06/02/13	16.00	68.64
246242	2	T1019		06/03/13	06/03/13	36.00	154.44
246242	3	T1019		06/04/13	06/04/13	36.00	154.44
246242	4	T1019		06/05/13	06/05/13	36.00	154.44
246242	5	T1019		06/06/13	06/06/13	36.00	154.44
246242	6	T1019		06/07/13	06/07/13	36.00	154.44
CLAIM TOTAL						840.84	CLAIM ACCOUNT REF. 2462420012008287SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008401 2008401 SAFOS, PATRA 12/18/1948 100029836 611012381  
DIAGNOSIS CODES: 340. 244.8 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246244	1	T1019		06/01/13	06/01/13	32.00	137.28
246244	2	T1019		06/02/13	06/02/13	32.00	137.28
246244	3	T1019		06/03/13	06/03/13	32.00	137.28
246244	4	T1019		06/04/13	06/04/13	32.00	137.28
246244	5	T1019		06/05/13	06/05/13	32.00	137.28
246244	6	T1019		06/06/13	06/06/13	32.00	137.28
246244	7	T1019		06/07/13	06/07/13	32.00	137.28
CLAIM TOTAL						960.96	CLAIM ACCOUNT REF. 2462440012008401SUP

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

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2011881    2011881    KHAN, FAZAL                      06/28/1970    101344352                      609951463  
DIAGNOSIS CODES:    345.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
246241	1	T1019		06/01/13	06/01/13	48.00	205.92	
246241	2	T1019		06/02/13	06/02/13	48.00	205.92	
246241	3	T1019		06/03/13	06/03/13	48.00	205.92	
246241	4	T1019		06/04/13	06/04/13	48.00	205.92	
246241	5	T1019		06/05/13	06/05/13	48.00	205.92	
246241	6	T1019		06/06/13	06/06/13	48.00	205.92	
246241	7	T1019		06/07/13	06/07/13	48.00	205.92	
CLAIM TOTAL							1,441.44	CLAIM ACCOUNT REF.    2462410012011881SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2013181    2013181    REYES, RODOLFO                      04/17/1927    101465844                      611028746  
DIAGNOSIS CODES:    427.89    443.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
246243	1	T1019		06/01/13	06/01/13	16.00	68.64	
246243	2	T1019		06/03/13	06/03/13	16.00	68.64	
246243	3	T1019		06/05/13	06/05/13	16.00	68.64	
246243	4	T1019		06/06/13	06/06/13	16.00	68.64	
CLAIM TOTAL							274.56	CLAIM ACCOUNT REF.    2462430012013181SUP

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 #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
246240	1	T1019		06/03/13	06/03/13	12.00	51.48	
246240	2	T1019		06/04/13	06/04/13	12.00	51.48	
246240	3	T1019		06/05/13	06/05/13	12.00	51.48	
246240	4	T1019		06/06/13	06/06/13	12.00	51.48	
246240	5	T1019		06/07/13	06/07/13	12.00	51.48	
CLAIM TOTAL							257.40	CLAIM ACCOUNT REF.    2462400012013182SUP

PAYER TOTALS:                      UNITEDHEALTHCARE                      # OF CLAIMS =                      36    TOTAL CLAIM AMOUNT =                      4,976.40  
# SERVICES =                      6



REPORT DATE 06/12/13 SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492  
PAYER ID = AMRGRI AMERIGROUP NEW YORK,LLC

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008266 2008266 GUERRA, LORRAINE 03/22/1948 712731594 103536057  
DIAGNOSIS CODES: 431. 784.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246317	1	T1019	0580	06/01/13	06/01/13	40.00	168.80
246317	2	T1019	0580	06/02/13	06/02/13	40.00	168.80
246317	3	T1019	0580	06/03/13	06/03/13	32.00	135.04
246317	4	T1019	0580	06/04/13	06/04/13	32.00	135.04
246317	5	T1019	0580	06/05/13	06/05/13	32.00	135.04
246317	6	T1019	0580	06/06/13	06/06/13	32.00	135.04
246317	7	T1019	0580	06/07/13	06/07/13	32.00	135.04
CLAIM TOTAL						1,012.80	CLAIM ACCOUNT REF. 2463170012008266SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008409 2009279 PRUITT, JOHNNY 10/26/1956 712824266 103273331  
DIAGNOSIS CODES: 249.00 272.4 295.00 401.9 585.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246318	1	S5130	0582	06/06/13	06/06/13	16.00	67.52
246318	2	S5130	0582	06/07/13	06/07/13	16.00	67.52
CLAIM TOTAL						135.04	CLAIM ACCOUNT REF. 2463180012009279SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246320	1	T1019	0580	06/01/13	06/01/13	16.00	67.52
246320	2	T1019	0580	06/02/13	06/02/13	16.00	67.52
246320	3	T1019	0580	06/03/13	06/03/13	12.00	50.64
246320	4	T1019	0580	06/04/13	06/04/13	12.00	50.64
246320	5	T1019	0580	06/05/13	06/05/13	12.00	50.64
246320	6	T1019	0580	06/06/13	06/06/13	12.00	50.64
246320	7	T1019	0580	06/07/13	06/07/13	12.00	50.64
CLAIM TOTAL						388.24	CLAIM ACCOUNT REF. 2463200012010728SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246319	1	T1019	0580	06/01/13	06/01/13	20.00	84.40
246319	2	T1019	0580	06/02/13	06/02/13	20.00	84.40

REPORT DATE 06/12/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = AMRGRI                      AMERIGROUP NEW YORK,LLC

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
246319	3	T1019	0580	06/03/13	06/03/13	16.00	67.52	
246319	4	T1019	0580	06/04/13	06/04/13	16.00	67.52	
246319	5	T1019	0580	06/05/13	06/05/13	16.00	67.52	
246319	6	T1019	0580	06/06/13	06/06/13	16.00	67.52	
246319	7	T1019	0580	06/07/13	06/07/13	16.00	67.52	
CLAIM TOTAL							506.40	CLAIM ACCOUNT REF. 2463190012010729SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012083 2012354 CRUZ, SALVADOR 05/10/1932 713917795 103312801  
DIAGNOSIS CODES: 290.0 401.9 447.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
246323	1	T1019	0580	06/03/13	06/03/13	24.00	90.00	
246323	2	T1019	0580	06/04/13	06/04/13	24.00	90.00	
246323	3	T1019	0580	06/05/13	06/05/13	24.00	90.00	
246323	4	T1019	0580	06/06/13	06/06/13	24.00	90.00	
246323	5	T1019	0580	06/07/13	06/07/13	24.00	90.00	
CLAIM TOTAL							450.00	CLAIM ACCOUNT REF. 2463230012012354SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012076 2012357 ESPINAL, MARIA 05/27/1951 713844209 103312722  
DIAGNOSIS CODES: 311. 272.4 386.9 493.92

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
246325	1	T1019	0580	06/01/13	06/01/13	24.00	90.00	
246325	2	T1019	0580	06/03/13	06/03/13	24.00	90.00	
246325	3	T1019	0580	06/04/13	06/04/13	24.00	90.00	
246325	4	T1019	0580	06/05/13	06/05/13	24.00	90.00	
246325	5	T1019	0580	06/06/13	06/06/13	24.00	90.00	
246325	6	T1019	0580	06/07/13	06/07/13	24.00	90.00	
CLAIM TOTAL							540.00	CLAIM ACCOUNT REF. 2463250012012357SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012078 2012358 MARTINEZ, TOMASITA 01/03/1944 714799688 103312469  
DIAGNOSIS CODES: 715.09 311. 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
246328	1	T1019	0580	06/03/13	06/03/13	16.00	60.00	
246328	2	T1019	0580	06/04/13	06/04/13	16.00	60.00	
246328	3	T1019	0580	06/05/13	06/05/13	16.00	60.00	
246328	4	T1019	0580	06/06/13	06/06/13	16.00	60.00	
246328	5	T1019	0580	06/07/13	06/07/13	16.00	60.00	
CLAIM TOTAL							300.00	CLAIM ACCOUNT REF. 2463280012012358SUP

REPORT DATE 06/12/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = AMRGRI                      AMERIGROUP NEW YORK,LLC

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012080 2012362 RIVERA, CARMEN 05/17/1967 714280461 103312424  
DIAGNOSIS CODES: 192.2 338.29 536.9 787.60 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246329	1	T1019	0580	06/03/13	06/03/13	20.00	75.00
246329	2	T1019	0580	06/04/13	06/04/13	20.00	75.00
246329	3	T1019	0580	06/05/13	06/05/13	20.00	75.00
246329	4	T1019	0580	06/06/13	06/06/13	20.00	75.00
246329	5	T1019	0580	06/07/13	06/07/13	20.00	75.00
CLAIM TOTAL							375.00
CLAIM ACCOUNT REF.							2463290012012362SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010003 2012373 DENNISON, KELVIN \* 09/23/1991 6944796 103006820  
DIAGNOSIS CODES: 799.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246324	1	T1019	0580	06/05/13	06/05/13	24.00	90.00
CLAIM TOTAL							90.00
CLAIM ACCOUNT REF.							2463240012012373SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009647 2012374 FERNANDEZ, NORKA \* 07/14/1948 715856872 102806651  
DIAGNOSIS CODES: 401.9 311. 492.8 715.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246326	1	T1019	0580	06/03/13	06/03/13	32.00	120.00
246326	2	T1019	0580	06/04/13	06/04/13	36.00	135.00
246326	3	T1019	0580	06/05/13	06/05/13	32.00	120.00
246326	4	T1019	0580	06/06/13	06/06/13	36.00	135.00
246326	5	T1019	0580	06/07/13	06/07/13	32.00	120.00
CLAIM TOTAL							630.00
CLAIM ACCOUNT REF.							2463260012012374SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012732 2012732 COLCHAMIRO, ESTHER 02/01/1919 717373336 103441419  
DIAGNOSIS CODES: 799.9 244.9 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246322	1	T1019	0580	06/03/13	06/03/13	28.00	105.00
246322	2	T1019	0580	06/04/13	06/04/13	28.00	105.00
246322	3	T1019	0580	06/05/13	06/05/13	28.00	105.00
246322	4	T1019	0580	06/06/13	06/06/13	28.00	105.00
246322	5	T1019	0580	06/07/13	06/07/13	16.00	60.00
CLAIM TOTAL							480.00
CLAIM ACCOUNT REF.							2463220012012732SUP

REPORT DATE 06/12/13 SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E500201306120433568RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012163 2012876 AKHTAR, CATHRINE 11/07/1951 713952989 103312611  
DIAGNOSIS CODES: 799.9 250.00 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246321	1	T1019	0580	06/01/13	06/01/13	20.00	75.00
246321	2	T1019	0580	06/02/13	06/02/13	20.00	75.00
246321	3	T1019	0580	06/03/13	06/03/13	28.00	105.00
246321	4	T1019	0580	06/04/13	06/04/13	28.00	105.00
246321	5	T1019	0580	06/05/13	06/05/13	28.00	105.00
246321	6	T1019	0580	06/06/13	06/06/13	28.00	105.00
246321	7	T1019	0580	06/07/13	06/07/13	28.00	105.00
CLAIM TOTAL							675.00
CLAIM ACCOUNT REF.							2463210012012876SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008365 2013018 HARDING, EDNA 05/17/1956 6274884 103437258  
DIAGNOSIS CODES: 493.90 253.5 272.4 296.80

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246327	1	T1019	0580	06/03/13	06/03/13	16.00	60.00
246327	2	T1019	0580	06/04/13	06/04/13	16.00	60.00
246327	3	T1019	0580	06/05/13	06/05/13	16.00	60.00
246327	4	T1019	0580	06/06/13	06/06/13	16.00	60.00
246327	5	T1019	0580	06/07/13	06/07/13	16.00	60.00
CLAIM TOTAL							300.00
CLAIM ACCOUNT REF.							2463270012013018SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009247 2013352 CARRILLO, MARIA 05/18/1956 712689120 103584528  
DIAGNOSIS CODES: 714.0 311. 401.9 493.90 696.1 780.52 799.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246316	1	T1019	0580	06/03/13	06/03/13	20.00	84.40
246316	2	T1019	0580	06/04/13	06/04/13	20.00	84.40
246316	3	T1019	0580	06/05/13	06/05/13	20.00	84.40
246316	4	T1019	0580	06/06/13	06/06/13	24.00	101.28
246316	5	T1019	0580	06/07/13	06/07/13	20.00	84.40
CLAIM TOTAL							438.88
CLAIM ACCOUNT REF.							2463160012013352SUP

PAYER TOTALS: AMERIGROUP NEW YORK,LLC # OF CLAIMS = 72 TOTAL CLAIM AMOUNT = 6,321.36  
# SERVICES = 14

REPORT DATE 06/12/13 SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051  
PAYER ID = ICS01

SUNNYSIDE CITYWIDE  
ICS

NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008389	2011453	MUSHAYEV, BORIS	08/14/1947	7235	464780
DIAGNOSIS CODES: 401.9 250.00 425.8 428.0 441.00 715.90							

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246336	1	T1019	1C		06/03/13	06/03/13	6.00	98.40
246336	2	T1019	1C		06/04/13	06/04/13	6.00	98.40
246336	3	T1019	1C		06/05/13	06/05/13	6.00	98.40
246336	4	T1019	1C		06/06/13	06/06/13	6.00	98.40
246336	5	T1019	1C		06/07/13	06/07/13	6.00	98.40

CLAIM TOTAL

492.00

CLAIM ACCOUNT REF. 2463360012011453SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011869	2011869	JONES, VALERIE	10/10/1948	1457	418547
DIAGNOSIS CODES: 438.9							

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246335	1	T1019	1C		05/27/13	05/27/13	4.00	65.60
246335	2	T1019	1C		05/28/13	05/28/13	4.00	65.60
246335	3	T1019	1C		05/29/13	05/29/13	4.00	65.60
246335	4	T1019	1C		05/30/13	05/30/13	4.00	65.60
246335	5	T1019	1C		05/31/13	05/31/13	4.00	65.60
246335	6	T1019	1C		06/03/13	06/03/13	4.00	65.60
246335	7	T1019	1C		06/04/13	06/04/13	4.00	65.60
246335	8	T1019	1C		06/05/13	06/05/13	4.00	65.60
246335	9	T1019	1C		06/06/13	06/06/13	4.00	65.60
246335	10	T1019	1C		06/07/13	06/07/13	4.00	65.60

CLAIM TOTAL

656.00

CLAIM ACCOUNT REF. 2463350012011869SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011870	2011870	AGOSTINI, MONSERRATE	07/18/1944	558	418549
DIAGNOSIS CODES: 438.9							

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246333	1	T1019	1C		06/03/13	06/03/13	6.00	98.40
246333	2	T1019	1C		06/04/13	06/04/13	6.00	98.40
246333	3	T1019	1C		06/05/13	06/05/13	6.00	98.40
246333	4	T1019	1C		06/06/13	06/06/13	6.00	98.40
246333	5	T1019	1C		06/07/13	06/07/13	6.00	98.40

CLAIM TOTAL

492.00

CLAIM ACCOUNT REF. 2463330012011870SUP

REPORT DATE 06/12/13 SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492  
PAYER ID = ICS01 ICS

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012213 2012213 BERRY, ANGELINA 10/21/1956 1784 456200  
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246334	1	T1019	1C		06/01/13	06/01/13	4.00	65.60
246334	2	T1019	1C		06/02/13	06/02/13	3.00	49.20
246334	3	T1019	1C		06/03/13	06/03/13	4.00	65.60
246334	4	T1019	1C		06/04/13	06/04/13	4.00	65.60
246334	5	T1019	1C		06/05/13	06/05/13	4.00	65.60
246334	6	T1019	1C		06/06/13	06/06/13	4.00	65.60
246334	7	T1019	1C		06/07/13	06/07/13	4.00	65.60
CLAIM TOTAL								442.80

CLAIM ACCOUNT REF. 2463340012012213SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012097 2013010 RODRIGUEZ, SILVIO 11/03/1930 9624 446238  
DIAGNOSIS CODES: 290.0 280.9 401.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246340	1	T1019	1C		06/01/13	06/01/13	8.00	131.20
246340	2	T1019	1C		06/02/13	06/02/13	8.00	131.20
246340	3	T1019	1C		06/03/13	06/03/13	8.00	131.20
246340	4	T1019	1C		06/04/13	06/04/13	8.00	131.20
246340	5	T1019	1C		06/05/13	06/05/13	8.00	131.20
246340	6	T1019	1C		06/06/13	06/06/13	8.00	131.20
246340	7	T1019	1C		06/07/13	06/07/13	8.00	131.20
CLAIM TOTAL								918.40

CLAIM ACCOUNT REF. 2463400012013010SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013320 2013320 PEREZ, RAFAELA 12/05/1934 8249 462100  
DIAGNOSIS CODES: 781.2

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246337	1	T1019	1C		06/03/13	06/03/13	8.00	131.20
246337	2	T1019	1C		06/04/13	06/04/13	8.00	131.20
CLAIM TOTAL								262.40

CLAIM ACCOUNT REF. 2463370012013320SUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246338	1	T1019	1C		06/01/13	06/01/13	12.00	196.80
246338	2	T1019	1C		06/02/13	06/02/13	12.00	196.80

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246338	3	T1019	1C		06/03/13	06/03/13	12.00	196.80
246338	4	T1019	1C		06/04/13	06/04/13	12.00	196.80
246338	5	T1019	1C		06/05/13	06/05/13	12.00	196.80
246338	6	T1019	1C		06/06/13	06/06/13	12.00	196.80
246338	7	T1019	1C		06/07/13	06/07/13	12.00	196.80
CLAIM TOTAL								1,377.60
								CLAIM ACCOUNT REF. 2463380012013361SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013470	2013470	RIVERS, DEBRA	09/14/1958	9863	468763
DIAGNOSIS CODES: 907.2      135.      344.1      493.90      564.81      592.0      596.54							

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246339	1	T1019	1C		06/07/13	06/07/13	12.00	196.80
CLAIM TOTAL								196.80
								CLAIM ACCOUNT REF. 2463390012013470SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	44	TOTAL CLAIM AMOUNT =	4,838.00
		# SERVICES =	8		

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492  
PAYER ID = INIPA HEALTHCARE PARTNERS IPA I

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008382 2010800 GOMEZ, AGUSTINA 05/15/1933 JRX53860E01 2013051715500001  
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
246330	1	T1019	0580	06/01/13	06/01/13	36.00	151.92
246330	2	T1019	0580	06/02/13	06/02/13	36.00	151.92
246330	3	T1019	0580	06/03/13	06/03/13	36.00	151.92
246330	4	T1019	0580	06/04/13	06/04/13	36.00	151.92
246330	5	T1019	0580	06/05/13	06/05/13	36.00	151.92
246330	6	T1019	0580	06/06/13	06/06/13	36.00	151.92
246330	7	T1019	0580	06/07/13	06/07/13	36.00	151.92
CLAIM TOTAL							1,063.44
CLAIM ACCOUNT REF.							2463300012010800SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JSV04323R01 2013031115500001  
DIAGNOSIS CODES: 250.11 272.0 401.9 435.9 586.  
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246332	1	T1019	0580	06/04/13	06/04/13	16.00	67.52
246332	2	T1019	0580	06/05/13	06/05/13	16.00	67.52
246332	3	T1019	0580	06/06/13	06/06/13	16.00	67.52
246332	4	T1019	0580	06/07/13	06/07/13	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2463320012010804SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012890 2012890 SCOTT, AKHNATON 04/28/1992 JPQ4958E01 2013053115500003  
DIAGNOSIS CODES: 299.00 317.  
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
246331	1	T1019	0580	06/01/13	06/01/13	32.00	135.04
246331	2	T1019	0580	06/02/13	06/02/13	32.00	135.04
246331	3	T1019	0580	06/04/13	06/04/13	16.00	67.52
246331	4	T1019	0580	06/05/13	06/05/13	16.00	67.52
246331	5	T1019	0580	06/06/13	06/06/13	16.00	67.52
246331	6	T1019	0580	06/07/13	06/07/13	16.00	67.52
CLAIM TOTAL							540.16
CLAIM ACCOUNT REF.							2463310012012890SUP



REPORT DATE 06/12/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013061204333568RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER       ID = INIPA                        HEALTHCARE PARTNERS IPA I

PAYER TOTALS:	HEALTHCARE PARTNERS IPA I	# OF CLAIMS =	17	TOTAL CLAIM AMOUNT =	1,873.68
		# SERVICES =	3		

PROVIDER TOTALS:	SUNNYSIDE CITYWIDE	# OF CLAIMS =	953	TOTAL CLAIM AMOUNT =	117,191.90
		# SERVICES =	167		