

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235230 | 1 | T1020 | | 03/16/13 | 03/16/13 | 11.00 | 185.57 |
| 235230 | 2 | T1020 | | 03/18/13 | 03/18/13 | 6.00 | 101.22 |
| 235230 | 3 | T1020 | | 03/19/13 | 03/19/13 | 6.00 | 101.22 |
| 235230 | 4 | T1020 | | 03/20/13 | 03/20/13 | 6.00 | 101.22 |
| 235230 | 5 | T1020 | | 03/21/13 | 03/21/13 | 6.00 | 101.22 |
| 235230 | 6 | T1020 | | 03/22/13 | 03/22/13 | 6.00 | 101.22 |
| CLAIM TOTAL | | | | | | | 691.67 |
| CLAIM ACCOUNT REF. | | | | | | | 2352300012008267SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235228 | 1 | T1020 | | 03/16/13 | 03/16/13 | 9.00 | 151.83 |
| 235228 | 2 | T1020 | | 03/17/13 | 03/17/13 | 9.00 | 151.83 |
| 235228 | 3 | T1020 | | 03/18/13 | 03/18/13 | 9.00 | 151.83 |
| 235228 | 4 | T1020 | | 03/19/13 | 03/19/13 | 9.00 | 151.83 |
| 235228 | 5 | T1020 | | 03/20/13 | 03/20/13 | 9.00 | 151.83 |
| 235228 | 6 | T1020 | | 03/21/13 | 03/21/13 | 9.00 | 151.83 |
| 235228 | 7 | T1020 | | 03/22/13 | 03/22/13 | 9.00 | 151.83 |
| CLAIM TOTAL | | | | | | | 1,062.81 |
| CLAIM ACCOUNT REF. | | | | | | | 2352280012008268SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235225 | 1 | T1020 | | 03/16/13 | 03/16/13 | 7.00 | 118.09 |
| 235225 | 2 | T1020 | | 03/18/13 | 03/18/13 | 7.00 | 118.09 |
| 235225 | 3 | T1020 | | 03/19/13 | 03/19/13 | 7.00 | 118.09 |
| CLAIM TOTAL | | | | | | | 354.27 |
| CLAIM ACCOUNT REF. | | | | | | | 2352250012008386SUP |

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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 235226 | 1 | T1020 | | 03/20/13 | 03/20/13 | 7.00 | 118.09 |
| 235226 | 2 | T1020 | | 03/21/13 | 03/21/13 | 7.00 | 118.09 |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|----------------------------------------|
| 235226 | 3 | T1020 | | 03/22/13 | 03/22/13 | 7.00 | 118.09 | |
| | | | | | CLAIM TOTAL | | 354.27 | CLAIM ACCOUNT REF. 2352260012008386SUP |

| 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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|----------------------------------------|
| 235229 | 1 | T1020 | | 03/19/13 | 03/19/13 | 8.00 | 134.96 | |
| 235229 | 2 | T1020 | | 03/20/13 | 03/20/13 | 8.00 | 134.96 | |
| 235229 | 3 | T1020 | | 03/21/13 | 03/21/13 | 5.00 | 84.35 | |
| | | | | | CLAIM TOTAL | | 354.27 | CLAIM ACCOUNT REF. 2352290012008400SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|--------|---------|---------|------------------|------------|--------------|-----------------------|
| NY | 001 | 2012726 | 2012726 | GARCIA, CLEMENTE | 11/22/1928 | PT33146N | |
| DIAGNOSIS | CODES: | 331.0 | | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|----------------------------------------|
| 235227 | 1 | T1019 | | 03/16/13 | 03/16/13 | 1.00 | 16.87 | |
| 235227 | 2 | T1019 | | 03/17/13 | 03/17/13 | 1.00 | 16.87 | |
| 235227 | 3 | T1019 | | 03/18/13 | 03/18/13 | 1.00 | 16.87 | |
| 235227 | 4 | T1019 | | 03/19/13 | 03/19/13 | 1.00 | 16.87 | |
| 235227 | 5 | T1019 | | 03/20/13 | 03/20/13 | 1.00 | 16.87 | |
| 235227 | 6 | T1019 | | 03/21/13 | 03/21/13 | 1.00 | 16.87 | |
| 235227 | 7 | T1019 | | 03/22/13 | 03/22/13 | 1.00 | 16.87 | |
| | | | | | CLAIM TOTAL | | 118.09 | CLAIM ACCOUNT REF. 2352270012012726SUP |

| | | | | | |
|---------------|-----------------|---------------|----|----------------------|----------|
| PAYER TOTALS: | FIDELIS CARE NY | # OF CLAIMS = | 29 | TOTAL CLAIM AMOUNT = | 2,935.38 |
| | | # SERVICES = | 5 | | |

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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 2008261 2008261 FERNANDEZ, MARIA 07/24/1943 10062577601 072111255060
DIAGNOSIS CODES: 250.00 272.2 493.00 536.9 733.00

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235211 | 1 | T1019 | | 03/20/13 | 03/20/13 | 16.00 | 67.52 |
| 235211 | 2 | T1019 | | 03/21/13 | 03/21/13 | 16.00 | 67.52 |
| 235211 | 3 | T1019 | | 03/22/13 | 03/22/13 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | | 202.56 |
| CLAIM ACCOUNT REF. | | | | | | | 2352110012008261SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235217 | 1 | T1019 | | 03/16/13 | 03/16/13 | 24.00 | 101.28 |
| 235217 | 2 | T1019 | | 03/17/13 | 03/17/13 | 24.00 | 101.28 |
| 235217 | 3 | T1019 | | 03/18/13 | 03/18/13 | 24.00 | 101.28 |
| 235217 | 4 | T1019 | | 03/19/13 | 03/19/13 | 24.00 | 101.28 |
| 235217 | 5 | T1019 | | 03/20/13 | 03/20/13 | 24.00 | 101.28 |
| 235217 | 6 | T1019 | | 03/21/13 | 03/21/13 | 24.00 | 101.28 |
| 235217 | 7 | T1019 | | 03/22/13 | 03/22/13 | 24.00 | 101.28 |
| CLAIM TOTAL | | | | | | | 708.96 |
| CLAIM ACCOUNT REF. | | | | | | | 2352170012008263SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235222 | 1 | T1019 | | 03/16/13 | 03/16/13 | 40.00 | 168.80 |
| 235222 | 2 | T1019 | | 03/17/13 | 03/17/13 | 40.00 | 168.80 |
| 235222 | 3 | T1019 | | 03/18/13 | 03/18/13 | 40.00 | 168.80 |
| 235222 | 4 | T1019 | | 03/19/13 | 03/19/13 | 40.00 | 168.80 |
| 235222 | 5 | T1019 | | 03/20/13 | 03/20/13 | 40.00 | 168.80 |
| 235222 | 6 | T1019 | | 03/21/13 | 03/21/13 | 40.00 | 168.80 |
| 235222 | 7 | T1019 | | 03/22/13 | 03/22/13 | 40.00 | 168.80 |
| CLAIM TOTAL | | | | | | | 1,181.60 |
| CLAIM ACCOUNT REF. | | | | | | | 2352220012008265SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 235224 | 1 | T1019 | | 03/16/13 | 03/16/13 | 16.00 | 67.52 |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|----------------------------------------|
| 235224 | 2 | T1019 | | 03/17/13 | 03/17/13 | 16.00 | 67.52 | |
| 235224 | 3 | T1019 | | 03/18/13 | 03/18/13 | 24.00 | 101.28 | |
| 235224 | 4 | T1019 | | 03/19/13 | 03/19/13 | 24.00 | 101.28 | |
| 235224 | 5 | T1019 | | 03/20/13 | 03/20/13 | 24.00 | 101.28 | |
| 235224 | 6 | T1019 | | 03/21/13 | 03/21/13 | 24.00 | 101.28 | |
| 235224 | 7 | T1019 | | 03/22/13 | 03/22/13 | 24.00 | 101.28 | |
| | | | | | CLAIM TOTAL | | 641.44 | CLAIM ACCOUNT REF. 2352240012008303SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008366 2008366 JONES, CYNTHIA 03/17/1950 10063968601 021313325005
DIAGNOSIS CODES: 333.4 401.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|----------------------------------------|
| 235214 | 1 | T1019 | | 03/18/13 | 03/18/13 | 20.00 | 84.40 | |
| 235214 | 2 | T1019 | | 03/19/13 | 03/19/13 | 16.00 | 67.52 | |
| 235214 | 3 | T1019 | | 03/20/13 | 03/20/13 | 20.00 | 84.40 | |
| 235214 | 4 | T1019 | | 03/21/13 | 03/21/13 | 20.00 | 84.40 | |
| | | | | | CLAIM TOTAL | | 320.72 | CLAIM ACCOUNT REF. 2352140012008366SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|----------------------------------------|
| 235208 | 1 | T1019 | | 03/16/13 | 03/16/13 | 28.00 | 118.16 | |
| 235208 | 2 | T1019 | | 03/17/13 | 03/17/13 | 28.00 | 118.16 | |
| 235208 | 3 | T1019 | | 03/18/13 | 03/18/13 | 32.00 | 135.04 | |
| 235208 | 4 | T1019 | | 03/19/13 | 03/19/13 | 28.00 | 118.16 | |
| 235208 | 5 | T1019 | | 03/20/13 | 03/20/13 | 28.00 | 118.16 | |
| | | | | | CLAIM TOTAL | | 607.68 | CLAIM ACCOUNT REF. 2352080012008403SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008421 2008421 OCASIO, VIRGINIA 05/24/1949 10063483101 082012303730
DIAGNOSIS CODES: 250.00 278.00 300.00 715.90

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|----------------------------------------|
| 235219 | 1 | T1019 | | 03/18/13 | 03/18/13 | 24.00 | 101.28 | |
| 235219 | 2 | T1019 | | 03/19/13 | 03/19/13 | 24.00 | 101.28 | |
| 235219 | 3 | T1019 | | 03/20/13 | 03/20/13 | 24.00 | 101.28 | |
| 235219 | 4 | T1019 | | 03/21/13 | 03/21/13 | 24.00 | 101.28 | |
| 235219 | 5 | T1019 | | 03/22/13 | 03/22/13 | 24.00 | 101.28 | |
| | | | | | CLAIM TOTAL | | 506.40 | CLAIM ACCOUNT REF. 2352190012008421SUP |

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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 2008422 2008422 MOSKOWITZ, RONA 02/16/1952 10063710601 072211255325
DIAGNOSIS CODES: 799.89 401.9 493.92 729.0 V02.62

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235218 | 1 | T1019 | | 03/16/13 | 03/16/13 | 24.00 | 101.28 |
| 235218 | 2 | T1019 | | 03/18/13 | 03/18/13 | 20.00 | 84.40 |
| 235218 | 3 | T1019 | | 03/19/13 | 03/19/13 | 24.00 | 101.28 |
| 235218 | 4 | T1019 | | 03/20/13 | 03/20/13 | 24.00 | 101.28 |
| CLAIM TOTAL | | | | | | | 388.24 |
| CLAIM ACCOUNT REF. | | | | | | | 2352180012008422SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235223 | 1 | T1019 | | 03/18/13 | 03/18/13 | 16.00 | 67.52 |
| 235223 | 2 | T1019 | | 03/19/13 | 03/19/13 | 16.00 | 67.52 |
| 235223 | 3 | T1019 | | 03/21/13 | 03/21/13 | 16.00 | 67.52 |
| 235223 | 4 | T1019 | | 03/22/13 | 03/22/13 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | | 270.08 |
| CLAIM ACCOUNT REF. | | | | | | | 2352230012008425SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235212 | 1 | T1019 | | 03/16/13 | 03/16/13 | 40.00 | 168.80 |
| 235212 | 2 | T1019 | | 03/17/13 | 03/17/13 | 40.00 | 168.80 |
| 235212 | 3 | T1019 | | 03/18/13 | 03/18/13 | 40.00 | 168.80 |
| 235212 | 4 | T1019 | | 03/19/13 | 03/19/13 | 40.00 | 168.80 |
| 235212 | 5 | T1019 | | 03/20/13 | 03/20/13 | 40.00 | 168.80 |
| 235212 | 6 | T1019 | | 03/21/13 | 03/21/13 | 40.00 | 168.80 |
| 235212 | 7 | T1019 | | 03/22/13 | 03/22/13 | 40.00 | 168.80 |
| CLAIM TOTAL | | | | | | | 1,181.60 |
| CLAIM ACCOUNT REF. | | | | | | | 2352120012008427SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008531 2008531 RODRIGUEZ -2, MARIA 02/16/1949 10057325401 070912298224
DIAGNOSIS CODES: 250.00 272.4 331.0 401.9 799.89

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 235220 | 1 | T1019 | | 03/18/13 | 03/18/13 | 24.00 | 101.28 |
| 235220 | 2 | T1019 | | 03/19/13 | 03/19/13 | 24.00 | 101.28 |
| 235220 | 3 | T1019 | | 03/20/13 | 03/20/13 | 24.00 | 101.28 |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|----------------------------------------|
| 235220 | 4 | T1019 | | 03/21/13 | 03/21/13 | 24.00 | 101.28 | |
| | | | | | CLAIM TOTAL | | 405.12 | CLAIM ACCOUNT REF. 2352200012008531SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|----------------------------------------|
| 235216 | 1 | T1019 | | 03/17/13 | 03/17/13 | 16.00 | 67.52 | |
| 235216 | 2 | T1019 | | 03/18/13 | 03/18/13 | 28.00 | 118.16 | |
| 235216 | 3 | T1019 | | 03/19/13 | 03/19/13 | 28.00 | 118.16 | |
| 235216 | 4 | T1019 | | 03/20/13 | 03/20/13 | 28.00 | 118.16 | |
| | | | | | CLAIM TOTAL | | 422.00 | CLAIM ACCOUNT REF. 2352160012008742SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|--------|---------|---------|----------------|------------|--------------|-----------------------|
| NY | 001 | 2008802 | 2008802 | DIAZ 1, CARMEN | 07/29/1950 | 10089557301 | 062712297011 |
| DIAGNOSIS | CODES: | V02.62 | 300.00 | 401.9 | 719.89 | 733.00 | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|----------------------------------------|
| 235210 | 1 | T1019 | | 03/18/13 | 03/18/13 | 16.00 | 67.52 | |
| 235210 | 2 | T1019 | | 03/19/13 | 03/19/13 | 24.00 | 101.28 | |
| 235210 | 3 | T1019 | | 03/20/13 | 03/20/13 | 24.00 | 101.28 | |
| 235210 | 4 | T1019 | | 03/22/13 | 03/22/13 | 24.00 | 101.28 | |
| | | | | | CLAIM TOTAL | | 371.36 | CLAIM ACCOUNT REF. 2352100012008802SUP |

| 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 | |
|--------|--------|----------------|------------|----------|-------------|-------|----------|----------------------------------------|
| 235215 | 1 | T1019 | | 03/16/13 | 03/16/13 | 48.00 | 202.56 | |
| 235215 | 2 | T1019 | | 03/17/13 | 03/17/13 | 40.00 | 168.80 | |
| 235215 | 3 | T1019 | | 03/18/13 | 03/18/13 | 48.00 | 202.56 | |
| 235215 | 4 | T1019 | | 03/19/13 | 03/19/13 | 48.00 | 202.56 | |
| 235215 | 5 | T1019 | | 03/20/13 | 03/20/13 | 48.00 | 202.56 | |
| 235215 | 6 | T1019 | | 03/21/13 | 03/21/13 | 48.00 | 202.56 | |
| 235215 | 7 | T1019 | | 03/22/13 | 03/22/13 | 48.00 | 202.56 | |
| | | | | | CLAIM TOTAL | | 1,384.16 | CLAIM ACCOUNT REF. 2352150012009356SUP |

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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 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 |
|-------------|--------|----------------|------------|----------|----------|--------|----------------------------------------|
| 235206 | 1 | T1019 | | 03/17/13 | 03/17/13 | 32.00 | 135.04 |
| 235206 | 2 | T1019 | | 03/18/13 | 03/18/13 | 32.00 | 135.04 |
| 235206 | 3 | T1019 | | 03/19/13 | 03/19/13 | 32.00 | 135.04 |
| 235206 | 4 | T1019 | | 03/20/13 | 03/20/13 | 32.00 | 135.04 |
| 235206 | 5 | T1019 | | 03/21/13 | 03/21/13 | 32.00 | 135.04 |
| 235206 | 6 | T1019 | | 03/22/13 | 03/22/13 | 32.00 | 135.04 |
| CLAIM TOTAL | | | | | | 810.24 | CLAIM ACCOUNT REF. 2352060012010143SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|----------------------------------------|
| 235221 | 1 | T1019 | | 03/12/13 | 03/12/13 | 20.00 | 84.40 |
| 235221 | 2 | T1019 | | 03/13/13 | 03/13/13 | 20.00 | 84.40 |
| 235221 | 3 | T1019 | | 03/14/13 | 03/14/13 | 20.00 | 84.40 |
| 235221 | 4 | T1019 | | 03/15/13 | 03/15/13 | 20.00 | 84.40 |
| 235221 | 5 | T1019 | | 03/18/13 | 03/18/13 | 20.00 | 84.40 |
| 235221 | 6 | T1019 | | 03/19/13 | 03/19/13 | 20.00 | 84.40 |
| 235221 | 7 | T1019 | | 03/20/13 | 03/20/13 | 20.00 | 84.40 |
| 235221 | 8 | T1019 | | 03/21/13 | 03/21/13 | 20.00 | 84.40 |
| 235221 | 9 | T1019 | | 03/22/13 | 03/22/13 | 20.00 | 84.40 |
| CLAIM TOTAL | | | | | | 759.60 | CLAIM ACCOUNT REF. 2352210012010353SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|----------------------------------------|
| 235213 | 1 | T1019 | | 03/17/13 | 03/17/13 | 24.00 | 101.28 |
| 235213 | 2 | T1019 | | 03/18/13 | 03/18/13 | 24.00 | 101.28 |
| 235213 | 3 | T1019 | | 03/19/13 | 03/19/13 | 28.00 | 118.16 |
| 235213 | 4 | T1019 | | 03/20/13 | 03/20/13 | 24.00 | 101.28 |
| 235213 | 5 | T1019 | | 03/21/13 | 03/21/13 | 28.00 | 118.16 |
| 235213 | 6 | T1019 | | 03/22/13 | 03/22/13 | 28.00 | 118.16 |
| CLAIM TOTAL | | | | | | 658.32 | CLAIM ACCOUNT REF. 2352130012010639SUP |

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| | | | | | |
|---------------|---------------------|---------------|-----|----------------------|-----------|
| PAYER TOTALS: | NEIGHBORHOOD HEALTH | # OF CLAIMS = | 105 | TOTAL CLAIM AMOUNT = | 12,997.60 |
| | | # SERVICES = | 19 | | |

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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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 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 |
|-------------|--------|----------------|------------|----------|----------|----------|----------------------------------------|
| 235254 | 1 | T1019 | | 03/16/13 | 03/16/13 | 4.00 | 68.60 |
| 235254 | 2 | T1019 | | 03/17/13 | 03/17/13 | 4.00 | 68.60 |
| 235254 | 3 | T1019 | | 03/18/13 | 03/18/13 | 11.00 | 188.65 |
| 235254 | 4 | T1019 | | 03/19/13 | 03/19/13 | 11.00 | 188.65 |
| 235254 | 5 | T1019 | | 03/20/13 | 03/20/13 | 11.00 | 188.65 |
| 235254 | 6 | T1019 | | 03/21/13 | 03/21/13 | 11.00 | 188.65 |
| 235254 | 7 | T1019 | | 03/22/13 | 03/22/13 | 11.00 | 188.65 |
| CLAIM TOTAL | | | | | | 1,080.45 | CLAIM ACCOUNT REF. 2352540012008233SUP |

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 |
|-------------|--------|----------------|------------|----------|----------|----------|----------------------------------------|
| 235261 | 1 | T1019 | | 03/16/13 | 03/16/13 | 8.00 | 137.20 |
| 235261 | 2 | T1019 | | 03/17/13 | 03/17/13 | 8.00 | 137.20 |
| 235261 | 3 | T1019 | | 03/18/13 | 03/18/13 | 11.00 | 188.65 |
| 235261 | 4 | T1019 | | 03/19/13 | 03/19/13 | 11.00 | 188.65 |
| 235261 | 5 | T1019 | | 03/20/13 | 03/20/13 | 11.00 | 188.65 |
| 235261 | 6 | T1019 | | 03/21/13 | 03/21/13 | 11.00 | 188.65 |
| 235261 | 7 | T1019 | | 03/22/13 | 03/22/13 | 11.00 | 188.65 |
| CLAIM TOTAL | | | | | | 1,217.65 | CLAIM ACCOUNT REF. 2352610012008236SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008237 2008237 DURHAM, CYNTHIA 05/23/1960 ZB21969Z 0101181390150
DIAGNOSIS CODES: 401.9 250.00 300.00 345.90 493.90 530.81

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|----------------------------------------|
| 235257 | 1 | T1019 | | 03/18/13 | 03/18/13 | 4.00 | 68.60 |
| 235257 | 2 | T1019 | | 03/19/13 | 03/19/13 | 4.00 | 68.60 |
| 235257 | 3 | T1019 | | 03/20/13 | 03/20/13 | 4.00 | 68.60 |
| 235257 | 4 | T1019 | | 03/21/13 | 03/21/13 | 4.00 | 68.60 |
| 235257 | 5 | T1019 | | 03/22/13 | 03/22/13 | 4.00 | 68.60 |
| CLAIM TOTAL | | | | | | 343.00 | CLAIM ACCOUNT REF. 2352570012008237SUP |

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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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 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 | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|----------------------------------------|
| 235259 | 1 | T1019 | | 03/18/13 | 03/18/13 | 10.00 | 171.50 | |
| 235259 | 2 | T1019 | | 03/19/13 | 03/19/13 | 10.00 | 171.50 | |
| 235259 | 3 | T1019 | | 03/20/13 | 03/20/13 | 10.00 | 171.50 | |
| 235259 | 4 | T1019 | | 03/21/13 | 03/21/13 | 9.00 | 154.35 | |
| 235259 | 5 | T1019 | | 03/22/13 | 03/22/13 | 9.00 | 154.35 | |
| CLAIM TOTAL | | | | | | | 823.20 | CLAIM ACCOUNT REF. 2352590012008385SUP |

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 | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|----------------------------------------|
| 235258 | 1 | T1019 | | 03/16/13 | 03/16/13 | 4.00 | 68.60 | |
| 235258 | 2 | T1019 | | 03/17/13 | 03/17/13 | 4.00 | 68.60 | |
| 235258 | 3 | T1019 | | 03/18/13 | 03/18/13 | 4.00 | 68.60 | |
| 235258 | 4 | T1019 | | 03/19/13 | 03/19/13 | 4.00 | 68.60 | |
| 235258 | 5 | T1019 | | 03/20/13 | 03/20/13 | 4.00 | 68.60 | |
| 235258 | 6 | T1019 | | 03/21/13 | 03/21/13 | 4.00 | 68.60 | |
| 235258 | 7 | T1019 | | 03/22/13 | 03/22/13 | 5.00 | 85.75 | |
| CLAIM TOTAL | | | | | | | 497.35 | CLAIM ACCOUNT REF. 2352580012008417SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008418 2008418 RYALS, CHARLES 11/03/1950 ZZ49620T 0108071290383
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 | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|----------------------------------------|
| 235263 | 1 | T1019 | | 03/18/13 | 03/18/13 | 8.00 | 137.20 | |
| 235263 | 2 | T1019 | | 03/19/13 | 03/19/13 | 8.00 | 137.20 | |
| 235263 | 3 | T1019 | | 03/20/13 | 03/20/13 | 8.00 | 137.20 | |
| 235263 | 4 | T1019 | | 03/21/13 | 03/21/13 | 8.00 | 137.20 | |
| 235263 | 5 | T1019 | | 03/22/13 | 03/22/13 | 8.00 | 137.20 | |
| CLAIM TOTAL | | | | | | | 686.00 | CLAIM ACCOUNT REF. 2352630012008418SUP |

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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 235255 | 1 | T1019 | | 03/16/13 | 03/16/13 | 10.00 | 171.50 |

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 13265 METROPLUS HEALTH PLAN

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|----------|
| 235255 | 2 | T1019 | | 03/17/13 | 03/17/13 | 10.00 | 171.50 |
| 235255 | 3 | T1019 | | 03/18/13 | 03/18/13 | 10.00 | 171.50 |
| 235255 | 4 | T1019 | | 03/19/13 | 03/19/13 | 10.00 | 171.50 |
| 235255 | 5 | T1019 | | 03/20/13 | 03/20/13 | 10.00 | 171.50 |
| 235255 | 6 | T1019 | | 03/21/13 | 03/21/13 | 10.00 | 171.50 |
| 235255 | 7 | T1019 | | 03/22/13 | 03/22/13 | 10.00 | 171.50 |
| CLAIM TOTAL | | | | | | | 1,200.50 |

CLAIM ACCOUNT REF. 2352550012008743SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009377 2009377 SANTORO, MATTHEW 08/20/1949 SP38021Q 01-082412-901-94
DIAGNOSIS CODES: 299.01 453.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|----------|
| 235264 | 1 | T1019 | | 03/04/13 | 03/04/13 | 5.00 | 85.75 |
| 235264 | 2 | T1019 | | 03/05/13 | 03/05/13 | 5.00 | 85.75 |
| 235264 | 3 | T1019 | | 03/06/13 | 03/06/13 | 5.00 | 85.75 |
| 235264 | 4 | T1019 | | 03/07/13 | 03/07/13 | 5.00 | 85.75 |
| 235264 | 5 | T1019 | | 03/08/13 | 03/08/13 | 5.00 | 85.75 |
| 235264 | 6 | T1019 | | 03/11/13 | 03/11/13 | 5.00 | 85.75 |
| 235264 | 7 | T1019 | | 03/12/13 | 03/12/13 | 5.00 | 85.75 |
| 235264 | 8 | T1019 | | 03/13/13 | 03/13/13 | 5.00 | 85.75 |
| 235264 | 9 | T1019 | | 03/14/13 | 03/14/13 | 5.00 | 85.75 |
| 235264 | 10 | T1019 | | 03/15/13 | 03/15/13 | 5.00 | 85.75 |
| 235264 | 11 | T1019 | | 03/16/13 | 03/16/13 | 5.00 | 85.75 |
| 235264 | 12 | T1019 | | 03/17/13 | 03/17/13 | 5.00 | 85.75 |
| 235264 | 13 | T1019 | | 03/18/13 | 03/18/13 | 5.00 | 85.75 |
| 235264 | 14 | T1019 | | 03/19/13 | 03/19/13 | 5.00 | 85.75 |
| 235264 | 15 | T1019 | | 03/20/13 | 03/20/13 | 5.00 | 85.75 |
| 235264 | 16 | T1019 | | 03/21/13 | 03/21/13 | 5.00 | 85.75 |
| 235264 | 17 | T1019 | | 03/22/13 | 03/22/13 | 5.00 | 85.75 |
| CLAIM TOTAL | | | | | | | 1,457.75 |

CLAIM ACCOUNT REF. 2352640012009377SUP

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 235262 | 1 | T1019 | | 03/02/13 | 03/02/13 | 8.00 | 137.20 |
| 235262 | 2 | T1019 | | 03/16/13 | 03/16/13 | 8.00 | 137.20 |
| 235262 | 3 | T1019 | | 03/20/13 | 03/20/13 | 3.00 | 51.45 |
| 235262 | 4 | T1019 | | 03/21/13 | 03/21/13 | 3.00 | 51.45 |
| 235262 | 5 | T1019 | | 03/22/13 | 03/22/13 | 4.00 | 68.60 |
| CLAIM TOTAL | | | | | | | 445.90 |

CLAIM ACCOUNT REF. 2352620012009688SUP

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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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 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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235265 | 1 | T1019 | | 03/18/13 | 03/18/13 | 6.00 | 102.90 |
| 235265 | 2 | T1019 | | 03/19/13 | 03/19/13 | 6.00 | 102.90 |
| 235265 | 3 | T1019 | | 03/20/13 | 03/20/13 | 6.00 | 102.90 |
| 235265 | 4 | T1019 | | 03/21/13 | 03/21/13 | 6.00 | 102.90 |
| CLAIM TOTAL | | | | | | | 411.60 |
| CLAIM ACCOUNT REF. | | | | | | | 2352650012010213SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235260 | 1 | T1019 | | 03/16/13 | 03/16/13 | 3.00 | 51.45 |
| 235260 | 2 | T1019 | | 03/17/13 | 03/17/13 | 3.00 | 51.45 |
| 235260 | 3 | T1019 | | 03/18/13 | 03/18/13 | 3.00 | 51.45 |
| 235260 | 4 | T1019 | | 03/19/13 | 03/19/13 | 3.00 | 51.45 |
| 235260 | 5 | T1019 | | 03/20/13 | 03/20/13 | 3.00 | 51.45 |
| 235260 | 6 | T1019 | | 03/21/13 | 03/21/13 | 3.00 | 51.45 |
| 235260 | 7 | T1019 | | 03/22/13 | 03/22/13 | 3.00 | 51.45 |
| CLAIM TOTAL | | | | | | | 360.15 |
| CLAIM ACCOUNT REF. | | | | | | | 2352600012010886SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235256 | 1 | T1019 | | 03/16/13 | 03/16/13 | 24.00 | 411.60 |
| 235256 | 2 | T1019 | | 03/17/13 | 03/17/13 | 24.00 | 411.60 |
| 235256 | 3 | T1019 | | 03/18/13 | 03/18/13 | 24.00 | 411.60 |
| 235256 | 4 | T1019 | | 03/19/13 | 03/19/13 | 24.00 | 411.60 |
| 235256 | 5 | T1019 | | 03/20/13 | 03/20/13 | 24.00 | 411.60 |
| 235256 | 6 | T1019 | | 03/21/13 | 03/21/13 | 24.00 | 411.60 |
| 235256 | 7 | T1019 | | 03/22/13 | 03/22/13 | 24.00 | 411.60 |
| CLAIM TOTAL | | | | | | | 2,881.20 |
| CLAIM ACCOUNT REF. | | | | | | | 2352560012011286SUP |

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NPI = 1154407492

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----|-----|---------|---------|-------------|------------|--------------|-----------------------|
| NY | 001 | 2012382 | 2012382 | VERAS, EMMA | 04/08/1957 | YR88751T | 0101291390106 |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|----------|----------------------------------------|
| 235266 | 1 | T1019 | | 03/16/13 | 03/16/13 | 12.00 | 205.80 | |
| 235266 | 2 | T1019 | | 03/17/13 | 03/17/13 | 12.00 | 205.80 | |
| 235266 | 3 | T1019 | | 03/18/13 | 03/18/13 | 12.00 | 205.80 | |
| 235266 | 4 | T1019 | | 03/19/13 | 03/19/13 | 12.00 | 205.80 | |
| 235266 | 5 | T1019 | | 03/20/13 | 03/20/13 | 12.00 | 205.80 | |
| 235266 | 6 | T1019 | | 03/21/13 | 03/21/13 | 12.00 | 205.80 | |
| | | | | | CLAIM TOTAL | | 1,234.80 | CLAIM ACCOUNT REF. 2352660012012382SUP |

| | | | | | |
|---------------|-----------------------|---------------|----|----------------------|-----------|
| PAYER TOTALS: | METROPLUS HEALTH PLAN | # OF CLAIMS = | 89 | TOTAL CLAIM AMOUNT = | 12,639.55 |
| | | # SERVICES = | 13 | | |

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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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 2008286 2008286 RAMIREZ, ALIDA A 12/10/1950 ZN85118U 110614772
DIAGNOSIS CODES: 250.00 272.4 401.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|----------|----------------------------------------|
| 235291 | 1 | T1019 | | 03/15/13 | 03/15/13 | 36.00 | 154.80 |
| 235291 | 2 | T1019 | | 03/16/13 | 03/16/13 | 36.00 | 154.80 |
| 235291 | 3 | T1019 | | 03/18/13 | 03/18/13 | 36.00 | 154.80 |
| 235291 | 4 | T1019 | | 03/19/13 | 03/19/13 | 36.00 | 154.80 |
| 235291 | 5 | T1019 | | 03/20/13 | 03/20/13 | 36.00 | 154.80 |
| 235291 | 6 | T1019 | | 03/21/13 | 03/21/13 | 36.00 | 154.80 |
| 235291 | 7 | T1019 | | 03/22/13 | 03/22/13 | 36.00 | 154.80 |
| CLAIM TOTAL | | | | | | 1,083.60 | CLAIM ACCOUNT REF. 2352910012008286SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008495 2008495 MARTINEZ, MARIA 09/05/1958 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 |
|-------------|--------|----------------|------------|----------|----------|--------|----------------------------------------|
| 235279 | 1 | T1019 | | 03/16/13 | 03/16/13 | 24.00 | 103.20 |
| 235279 | 2 | T1019 | | 03/17/13 | 03/17/13 | 24.00 | 103.20 |
| 235279 | 3 | T1019 | | 03/18/13 | 03/18/13 | 24.00 | 103.20 |
| 235279 | 4 | T1019 | | 03/19/13 | 03/19/13 | 24.00 | 103.20 |
| 235279 | 5 | T1019 | | 03/20/13 | 03/20/13 | 24.00 | 103.20 |
| 235279 | 6 | T1019 | | 03/21/13 | 03/21/13 | 24.00 | 103.20 |
| 235279 | 7 | T1019 | | 03/22/13 | 03/22/13 | 24.00 | 103.20 |
| CLAIM TOTAL | | | | | | 722.40 | CLAIM ACCOUNT REF. 2352790012008495SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012101 2012101 BATILO, MARTA 02/23/1917 708125 111458770
DIAGNOSIS CODES: 715.00 272.2 285.29 401.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|----------------------------------------|
| 235268 | 1 | T1019 | | 03/16/13 | 03/16/13 | 28.00 | 120.40 |
| 235268 | 2 | T1019 | | 03/17/13 | 03/17/13 | 28.00 | 120.40 |
| 235268 | 3 | T1019 | | 03/18/13 | 03/18/13 | 28.00 | 120.40 |
| 235268 | 4 | T1019 | | 03/19/13 | 03/19/13 | 28.00 | 120.40 |
| 235268 | 5 | T1019 | | 03/20/13 | 03/20/13 | 28.00 | 120.40 |
| 235268 | 6 | T1019 | | 03/22/13 | 03/22/13 | 28.00 | 120.40 |
| CLAIM TOTAL | | | | | | 722.40 | CLAIM ACCOUNT REF. 2352680012012101SUP |

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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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 111353605
DIAGNOSIS CODES: 401.9 272.2

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|----------------------------------------|
| 235269 | 1 | T1019 | | 03/19/13 | 03/19/13 | 16.00 | 68.80 |
| 235269 | 2 | T1019 | | 03/20/13 | 03/20/13 | 16.00 | 68.80 |
| 235269 | 3 | T1019 | | 03/21/13 | 03/21/13 | 16.00 | 68.80 |
| 235269 | 4 | T1019 | | 03/22/13 | 03/22/13 | 16.00 | 68.80 |
| CLAIM TOTAL | | | | | | 275.20 | CLAIM ACCOUNT REF. 2352690012012102SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012104 2012104 CEBALLOS, FRANCISCA 11/10/1931 744474 111205448
DIAGNOSIS CODES: 294.20 093.9 253.5

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|----------|----------------------------------------|
| 235270 | 1 | T1019 | | 03/16/13 | 03/16/13 | 40.00 | 172.00 |
| 235270 | 2 | T1019 | | 03/17/13 | 03/17/13 | 40.00 | 172.00 |
| 235270 | 3 | T1019 | | 03/18/13 | 03/18/13 | 40.00 | 172.00 |
| 235270 | 4 | T1019 | | 03/19/13 | 03/19/13 | 40.00 | 172.00 |
| 235270 | 5 | T1019 | | 03/20/13 | 03/20/13 | 40.00 | 172.00 |
| 235270 | 6 | T1019 | | 03/21/13 | 03/21/13 | 40.00 | 172.00 |
| 235270 | 7 | T1019 | | 03/22/13 | 03/22/13 | 40.00 | 172.00 |
| CLAIM TOTAL | | | | | | 1,204.00 | CLAIM ACCOUNT REF. 2352700012012104SUP |

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 |
|-------------|--------|----------------|------------|----------|----------|--------|----------------------------------------|
| 235271 | 1 | T1019 | | 03/16/13 | 03/16/13 | 32.00 | 137.60 |
| 235271 | 2 | T1019 | | 03/17/13 | 03/17/13 | 32.00 | 137.60 |
| 235271 | 3 | T1019 | | 03/18/13 | 03/18/13 | 32.00 | 137.60 |
| 235271 | 4 | T1019 | | 03/19/13 | 03/19/13 | 32.00 | 137.60 |
| 235271 | 5 | T1019 | | 03/20/13 | 03/20/13 | 32.00 | 137.60 |
| 235271 | 6 | T1019 | | 03/21/13 | 03/21/13 | 32.00 | 137.60 |
| 235271 | 7 | T1019 | | 03/22/13 | 03/22/13 | 32.00 | 137.60 |
| CLAIM TOTAL | | | | | | 963.20 | CLAIM ACCOUNT REF. 2352710012012107SUP |

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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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 2012108 2012108 GODINOT, CARMEN 07/16/1939 695752 111208481
DIAGNOSIS CODES: 369.3

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 235272 | 1 | T1019 | | 03/18/13 | 03/18/13 | 24.00 | 103.20 |
| 235272 | 2 | T1019 | | 03/19/13 | 03/19/13 | 24.00 | 103.20 |
| 235272 | 3 | T1019 | | 03/20/13 | 03/20/13 | 24.00 | 103.20 |
| 235272 | 4 | T1019 | | 03/21/13 | 03/21/13 | 24.00 | 103.20 |
| 235272 | 5 | T1019 | | 03/22/13 | 03/22/13 | 24.00 | 103.20 |
| CLAIM TOTAL | | | | | | | 516.00 |

CLAIM ACCOUNT REF. 2352720012012108SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012110 2012110 GOMEZ, RANNIE 09/11/1917 698802 111549523
DIAGNOSIS CODES: 428.0 272.2 365.9 401.9 733.00

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 235273 | 1 | T1019 | | 03/18/13 | 03/18/13 | 28.00 | 120.40 |
| 235273 | 2 | T1019 | | 03/19/13 | 03/19/13 | 28.00 | 120.40 |
| 235273 | 3 | T1019 | | 03/21/13 | 03/21/13 | 28.00 | 120.40 |
| 235273 | 4 | T1019 | | 03/22/13 | 03/22/13 | 28.00 | 120.40 |
| CLAIM TOTAL | | | | | | | 481.60 |

CLAIM ACCOUNT REF. 2352730012012110SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012114 2012114 GUERRERO, FIRPO A 06/13/1929 698839 111414803
DIAGNOSIS CODES: 331.0 290.0 311. 401.9 600.91

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|----------|
| 235274 | 1 | T1019 | | 03/16/13 | 03/16/13 | 48.00 | 206.40 |
| 235274 | 2 | T1019 | | 03/17/13 | 03/17/13 | 36.00 | 154.80 |
| 235274 | 3 | T1019 | | 03/18/13 | 03/18/13 | 36.00 | 154.80 |
| 235274 | 4 | T1019 | | 03/19/13 | 03/19/13 | 48.00 | 206.40 |
| 235274 | 5 | T1019 | | 03/20/13 | 03/20/13 | 36.00 | 154.80 |
| 235274 | 6 | T1019 | | 03/21/13 | 03/21/13 | 48.00 | 206.40 |
| 235274 | 7 | T1019 | | 03/22/13 | 03/22/13 | 36.00 | 154.80 |
| CLAIM TOTAL | | | | | | | 1,238.40 |

CLAIM ACCOUNT REF. 2352740012012114SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012115 2012115 GUERRERO, ISABEL 11/08/1935 698840 111414603
DIAGNOSIS CODES: 715.90 244.9 272.0 413.9 788.30

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 235275 | 1 | T1019 | | 03/17/13 | 03/17/13 | 12.00 | 51.60 |
| 235275 | 2 | T1019 | | 03/18/13 | 03/18/13 | 12.00 | 51.60 |

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|----------------------------------------|
| 235275 | 3 | T1019 | | 03/20/13 | 03/20/13 | 12.00 | 51.60 | |
| | | | | | CLAIM TOTAL | | 154.80 | CLAIM ACCOUNT REF. 2352750012012115SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-------------------------|-----|---------|---------|----------------|------------|--------------|-----------------------|
| NY | 001 | 2012117 | 2012117 | HAYNES, LAMONT | 08/22/1920 | 695748 | 111524712 |
| DIAGNOSIS CODES: 799.89 | | | | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|----------------------------------------|
| 235276 | 1 | T1019 | | 03/16/13 | 03/16/13 | 20.00 | 86.00 | |
| 235276 | 2 | T1019 | | 03/17/13 | 03/17/13 | 20.00 | 86.00 | |
| 235276 | 3 | T1019 | | 03/18/13 | 03/18/13 | 16.00 | 68.80 | |
| 235276 | 4 | T1019 | | 03/19/13 | 03/19/13 | 16.00 | 68.80 | |
| 235276 | 5 | T1019 | | 03/20/13 | 03/20/13 | 16.00 | 68.80 | |
| 235276 | 6 | T1019 | | 03/21/13 | 03/21/13 | 16.00 | 68.80 | |
| 235276 | 7 | T1019 | | 03/22/13 | 03/22/13 | 16.00 | 68.80 | |
| | | | | | CLAIM TOTAL | | 516.00 | CLAIM ACCOUNT REF. 2352760012012117SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-------------------------|-----|---------|---------|---------------|------------|--------------|-----------------------|
| NY | 001 | 2012120 | 2012120 | LOPEZ, ISABEL | 12/24/1942 | 740574 | 111213601 |
| DIAGNOSIS CODES: 715.90 | | | | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|----------------------------------------|
| 235277 | 1 | T1019 | | 03/18/13 | 03/18/13 | 28.00 | 120.40 | |
| 235277 | 2 | T1019 | | 03/19/13 | 03/19/13 | 28.00 | 120.40 | |
| 235277 | 3 | T1019 | | 03/20/13 | 03/20/13 | 28.00 | 120.40 | |
| 235277 | 4 | T1019 | | 03/21/13 | 03/21/13 | 28.00 | 120.40 | |
| 235277 | 5 | T1019 | | 03/22/13 | 03/22/13 | 28.00 | 120.40 | |
| | | | | | CLAIM TOTAL | | 602.00 | CLAIM ACCOUNT REF. 2352770012012120SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-------------------------|-----|---------|---------|-----------------|------------|--------------|-----------------------|
| NY | 001 | 2012121 | 2012121 | MOHAMED, DENISE | 06/14/1959 | 691722 | 111447605 |
| DIAGNOSIS CODES: 715.98 | | | | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|----------|----------------------------------------|
| 235281 | 1 | T1019 | | 03/10/13 | 03/10/13 | 32.00 | 137.60 | |
| 235281 | 2 | T1019 | | 03/16/13 | 03/16/13 | 32.00 | 137.60 | |
| 235281 | 3 | T1019 | | 03/17/13 | 03/17/13 | 32.00 | 137.60 | |
| 235281 | 4 | T1019 | | 03/18/13 | 03/18/13 | 32.00 | 137.60 | |
| 235281 | 5 | T1019 | | 03/19/13 | 03/19/13 | 32.00 | 137.60 | |
| 235281 | 6 | T1019 | | 03/20/13 | 03/20/13 | 32.00 | 137.60 | |
| 235281 | 7 | T1019 | | 03/21/13 | 03/21/13 | 32.00 | 137.60 | |
| 235281 | 8 | T1019 | | 03/22/13 | 03/22/13 | 32.00 | 137.60 | |
| | | | | | CLAIM TOTAL | | 1,100.80 | CLAIM ACCOUNT REF. 2352810012012121SUP |

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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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 2012122 2012122 MORALES, FRANCISCO 12/03/1935 744366 111218452
DIAGNOSIS CODES: 250.00

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235282 | 1 | T1019 | | 03/16/13 | 03/16/13 | 20.00 | 86.00 |
| 235282 | 2 | T1019 | | 03/17/13 | 03/17/13 | 20.00 | 86.00 |
| 235282 | 3 | T1019 | | 03/18/13 | 03/18/13 | 20.00 | 86.00 |
| 235282 | 4 | T1019 | | 03/19/13 | 03/19/13 | 20.00 | 86.00 |
| 235282 | 5 | T1019 | | 03/20/13 | 03/20/13 | 20.00 | 86.00 |
| 235282 | 6 | T1019 | | 03/21/13 | 03/21/13 | 20.00 | 86.00 |
| 235282 | 7 | T1019 | | 03/22/13 | 03/22/13 | 20.00 | 86.00 |
| CLAIM TOTAL | | | | | | | 602.00 |
| CLAIM ACCOUNT REF. | | | | | | | 2352820012012122SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012130 2012130 NAVARRO, ANTONIA 07/23/1945 710368 111289272
DIAGNOSIS CODES: 493.92 311. 401.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235284 | 1 | T1019 | | 03/16/13 | 03/16/13 | 20.00 | 86.00 |
| 235284 | 2 | T1019 | | 03/17/13 | 03/17/13 | 20.00 | 86.00 |
| 235284 | 3 | T1019 | | 03/18/13 | 03/18/13 | 28.00 | 120.40 |
| 235284 | 4 | T1019 | | 03/19/13 | 03/19/13 | 28.00 | 120.40 |
| 235284 | 5 | T1019 | | 03/20/13 | 03/20/13 | 28.00 | 120.40 |
| 235284 | 6 | T1019 | | 03/21/13 | 03/21/13 | 28.00 | 120.40 |
| 235284 | 7 | T1019 | | 03/22/13 | 03/22/13 | 28.00 | 120.40 |
| CLAIM TOTAL | | | | | | | 774.00 |
| CLAIM ACCOUNT REF. | | | | | | | 2352840012012130SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012131 2012131 ORTIZ, JOSE 04/19/1925 691721 111219494
DIAGNOSIS CODES: 799.89

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235286 | 1 | T1019 | | 03/18/13 | 03/18/13 | 16.00 | 68.80 |
| 235286 | 2 | T1019 | | 03/20/13 | 03/20/13 | 16.00 | 68.80 |
| CLAIM TOTAL | | | | | | | 137.60 |
| CLAIM ACCOUNT REF. | | | | | | | 2352860012012131SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012132 2012132 ORTIZ, DOLORES 06/30/1927 744365 111228861
DIAGNOSIS CODES: 401.9 272.4 750.7

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 235285 | 1 | T1019 | | 03/16/13 | 03/16/13 | 20.00 | 86.00 |
| 235285 | 2 | T1019 | | 03/17/13 | 03/17/13 | 20.00 | 86.00 |

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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PROVIDER ID = 113502051
PAYER ID = 14163

SUNNYSIDE CITYWIDE
WELLCARE OF NY

NPI = 1154407492

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|----------------------------------------|
| 235285 | 3 | T1019 | | 03/19/13 | 03/19/13 | 32.00 | 137.60 | |
| 235285 | 4 | T1019 | | 03/20/13 | 03/20/13 | 32.00 | 137.60 | |
| 235285 | 5 | T1019 | | 03/21/13 | 03/21/13 | 32.00 | 137.60 | |
| | | | | | CLAIM TOTAL | | 584.80 | CLAIM ACCOUNT REF. 2352850012012132SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|------------------------------------------|-----|---------|---------|-----------------|------------|--------------|-----------------------|
| NY | 001 | 2012134 | 2012134 | SERRANO, CARMEN | 09/14/1948 | 695740 | 111497071 |
| DIAGNOSIS CODES: 093.89 253.5 311. 429.9 | | | | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|----------------------------------------|
| 235298 | 1 | T1019 | | 03/18/13 | 03/18/13 | 24.00 | 103.20 | |
| 235298 | 2 | T1019 | | 03/20/13 | 03/20/13 | 28.00 | 120.40 | |
| 235298 | 3 | T1019 | | 03/21/13 | 03/21/13 | 28.00 | 120.40 | |
| 235298 | 4 | T1019 | | 03/22/13 | 03/22/13 | 28.00 | 120.40 | |
| | | | | | CLAIM TOTAL | | 464.40 | CLAIM ACCOUNT REF. 2352980012012134SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-------------------------|-----|---------|---------|-----------------|------------|--------------|-----------------------|
| NY | 001 | 2012137 | 2012137 | VAZQUEZ 1, ROSA | 08/08/1934 | 695667 | 111437135 |
| DIAGNOSIS CODES: 799.89 | | | | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|----------------------------------------|
| 235301 | 1 | T1019 | | 03/18/13 | 03/18/13 | 32.00 | 137.60 | |
| 235301 | 2 | T1019 | | 03/19/13 | 03/19/13 | 32.00 | 137.60 | |
| 235301 | 3 | T1019 | | 03/20/13 | 03/20/13 | 32.00 | 137.60 | |
| 235301 | 4 | T1019 | | 03/21/13 | 03/21/13 | 32.00 | 137.60 | |
| 235301 | 5 | T1019 | | 03/22/13 | 03/22/13 | 32.00 | 137.60 | |
| | | | | | CLAIM TOTAL | | 688.00 | CLAIM ACCOUNT REF. 2353010012012137SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|------------------------------------|-----|---------|---------|----------------|------------|--------------|-----------------------|
| NY | 001 | 2012138 | 2012138 | VENTURA, CLARA | 09/17/1951 | 720456 | 111324838 |
| DIAGNOSIS CODES: 253.5 401.9 429.9 | | | | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|----------------------------------------|
| 235302 | 1 | T1019 | | 03/19/13 | 03/19/13 | 16.00 | 68.80 | |
| 235302 | 2 | T1019 | | 03/20/13 | 03/20/13 | 16.00 | 68.80 | |
| 235302 | 3 | T1019 | | 03/21/13 | 03/21/13 | 16.00 | 68.80 | |
| 235302 | 4 | T1019 | | 03/22/13 | 03/22/13 | 16.00 | 68.80 | |
| | | | | | CLAIM TOTAL | | 275.20 | CLAIM ACCOUNT REF. 2353020012012138SUP |

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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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 2012140 2012140 PATRICK, IMAGENE 03/27/1930 737028 111282273
DIAGNOSIS CODES: 294.10 153.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|----------------------------------------|
| 235287 | 1 | T1019 | | 03/16/13 | 03/16/13 | 32.00 | 137.60 |
| 235287 | 2 | T1019 | | 03/18/13 | 03/18/13 | 32.00 | 137.60 |
| 235287 | 3 | T1019 | | 03/19/13 | 03/19/13 | 32.00 | 137.60 |
| 235287 | 4 | T1019 | | 03/20/13 | 03/20/13 | 32.00 | 137.60 |
| 235287 | 5 | T1019 | | 03/21/13 | 03/21/13 | 32.00 | 137.60 |
| 235287 | 6 | T1019 | | 03/22/13 | 03/22/13 | 32.00 | 137.60 |
| CLAIM TOTAL | | | | | | 825.60 | CLAIM ACCOUNT REF. 2352870012012140SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012141 2012141 SANTOS MARQUEZ, MARIA 07/16/1961 688801 111336515
DIAGNOSIS CODES: 958.8 599.70 692.9 795.05

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|----------------------------------------|
| 235297 | 1 | T1019 | | 03/18/13 | 03/18/13 | 16.00 | 68.80 |
| 235297 | 2 | T1019 | | 03/20/13 | 03/20/13 | 16.00 | 68.80 |
| 235297 | 3 | T1019 | | 03/22/13 | 03/22/13 | 16.00 | 68.80 |
| CLAIM TOTAL | | | | | | 206.40 | CLAIM ACCOUNT REF. 2352970012012141SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012142 2012142 MEDINA, MARTHA 01/11/1944 697570 111217848
DIAGNOSIS CODES: 135. 250.00 426.4 716.90

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|----------------------------------------|
| 235280 | 1 | T1019 | | 03/19/13 | 03/19/13 | 12.00 | 51.60 |
| 235280 | 2 | T1019 | | 03/20/13 | 03/20/13 | 12.00 | 51.60 |
| 235280 | 3 | T1019 | | 03/21/13 | 03/21/13 | 12.00 | 51.60 |
| 235280 | 4 | T1019 | | 03/22/13 | 03/22/13 | 12.00 | 51.60 |
| CLAIM TOTAL | | | | | | 206.40 | CLAIM ACCOUNT REF. 2352800012012142SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012143 2012143 MURPHY, RUBY 04/13/1955 698832 111381584
DIAGNOSIS CODES: 585.3 311. 493.90

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 235283 | 1 | T1019 | | 03/11/13 | 03/11/13 | 16.00 | 68.80 |
| 235283 | 2 | T1019 | | 03/18/13 | 03/18/13 | 16.00 | 68.80 |
| 235283 | 3 | T1019 | | 03/19/13 | 03/19/13 | 16.00 | 68.80 |
| 235283 | 4 | T1019 | | 03/20/13 | 03/20/13 | 16.00 | 68.80 |
| 235283 | 5 | T1019 | | 03/22/13 | 03/22/13 | 16.00 | 68.80 |

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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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 | CLAIM ACCOUNT REF. |
|-------|--------|----------------|------------|---------|---------|-------------|--------|---------------------|
| | | | | | | CLAIM TOTAL | 344.00 | 2352830012012143SUP |

| REG LOC | CLIENT | SERVICE NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-------------------------|---------|----------------------|------------|--------------|-----------------------|
| NY 001 | 2012144 | 2012144 PEREZ, JULIO | 01/27/1936 | 709538 | 111222702 |
| DIAGNOSIS CODES: 715.90 | | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|--------|---------------------|
| 235290 | 1 | T1019 | | 03/18/13 | 03/18/13 | 20.00 | 86.00 | |
| 235290 | 2 | T1019 | | 03/20/13 | 03/20/13 | 20.00 | 86.00 | |
| 235290 | 3 | T1019 | | 03/22/13 | 03/22/13 | 20.00 | 86.00 | |
| | | | | | | CLAIM TOTAL | 258.00 | 2352900012012144SUP |

| REG LOC | CLIENT | SERVICE NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|--------------------------------------------------|---------|-------------------------------|------------|--------------|-----------------------|
| NY 001 | 2012145 | 2012145 PERALTA RODRIGO, JOSE | 03/13/1942 | 715488 | 111220442 |
| DIAGNOSIS CODES: 715.90 272.0 274.9 278.00 401.9 | | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|--------|---------------------|
| 235288 | 1 | T1019 | | 03/08/13 | 03/08/13 | 16.00 | 68.80 | |
| 235288 | 2 | T1019 | | 03/18/13 | 03/18/13 | 16.00 | 68.80 | |
| 235288 | 3 | T1019 | | 03/19/13 | 03/19/13 | 16.00 | 68.80 | |
| 235288 | 4 | T1019 | | 03/20/13 | 03/20/13 | 16.00 | 68.80 | |
| 235288 | 5 | T1019 | | 03/21/13 | 03/21/13 | 16.00 | 68.80 | |
| 235288 | 6 | T1019 | | 03/22/13 | 03/22/13 | 16.00 | 68.80 | |
| | | | | | | CLAIM TOTAL | 412.80 | 2352880012012145SUP |

| REG LOC | CLIENT | SERVICE NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-------------------------------------------------------|---------|-----------------------|------------|--------------|-----------------------|
| NY 001 | 2012146 | 2012146 PERALTA, INEZ | 08/18/1942 | 715489 | 111220390 |
| 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 | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|--------|---------------------|
| 235289 | 1 | T1019 | | 03/08/13 | 03/08/13 | 16.00 | 68.80 | |
| 235289 | 2 | T1019 | | 03/18/13 | 03/18/13 | 16.00 | 68.80 | |
| 235289 | 3 | T1019 | | 03/19/13 | 03/19/13 | 16.00 | 68.80 | |
| 235289 | 4 | T1019 | | 03/20/13 | 03/20/13 | 16.00 | 68.80 | |
| 235289 | 5 | T1019 | | 03/21/13 | 03/21/13 | 16.00 | 68.80 | |
| 235289 | 6 | T1019 | | 03/22/13 | 03/22/13 | 16.00 | 68.80 | |
| | | | | | | CLAIM TOTAL | 412.80 | 2352890012012146SUP |

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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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 2012147 2012147 RAMOS, SILVIA 08/16/1957 707547 111223057
DIAGNOSIS CODES: 724.2

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|----------------------------------------|
| 235292 | 1 | T1019 | | 03/11/13 | 03/11/13 | 20.00 | 86.00 |
| 235292 | 2 | T1019 | | 03/12/13 | 03/12/13 | 20.00 | 86.00 |
| 235292 | 3 | T1019 | | 03/13/13 | 03/13/13 | 20.00 | 86.00 |
| 235292 | 4 | T1019 | | 03/14/13 | 03/14/13 | 20.00 | 86.00 |
| 235292 | 5 | T1019 | | 03/15/13 | 03/15/13 | 20.00 | 86.00 |
| 235292 | 6 | T1019 | | 03/18/13 | 03/18/13 | 20.00 | 86.00 |
| CLAIM TOTAL | | | | | | 516.00 | CLAIM ACCOUNT REF. 2352920012012147SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012149 2012149 REGLA, MARIA F 11/21/1933 691499 111223158
DIAGNOSIS CODES: 250.00 715.09

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|----------------------------------------|
| 235293 | 1 | T1019 | | 03/16/13 | 03/16/13 | 32.00 | 137.60 |
| 235293 | 2 | T1019 | | 03/18/13 | 03/18/13 | 32.00 | 137.60 |
| 235293 | 3 | T1019 | | 03/19/13 | 03/19/13 | 32.00 | 137.60 |
| 235293 | 4 | T1019 | | 03/21/13 | 03/21/13 | 32.00 | 137.60 |
| 235293 | 5 | T1019 | | 03/22/13 | 03/22/13 | 32.00 | 137.60 |
| CLAIM TOTAL | | | | | | 688.00 | CLAIM ACCOUNT REF. 2352930012012149SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012152 2012152 REYES, TERESA 03/18/1941 697840 111476685
DIAGNOSIS CODES: 799.89

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|----------------------------------------|
| 235294 | 1 | T1019 | | 03/16/13 | 03/16/13 | 32.00 | 137.60 |
| 235294 | 2 | T1019 | | 03/18/13 | 03/18/13 | 32.00 | 137.60 |
| 235294 | 3 | T1019 | | 03/19/13 | 03/19/13 | 32.00 | 137.60 |
| 235294 | 4 | T1019 | | 03/20/13 | 03/20/13 | 32.00 | 137.60 |
| 235294 | 5 | T1019 | | 03/21/13 | 03/21/13 | 32.00 | 137.60 |
| 235294 | 6 | T1019 | | 03/22/13 | 03/22/13 | 32.00 | 137.60 |
| CLAIM TOTAL | | | | | | 825.60 | CLAIM ACCOUNT REF. 2352940012012152SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012154 2012154 RODRIGUEZ, FRANKLIN 03/26/1989 697529 111223936
DIAGNOSIS CODES: 799.89

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 235295 | 1 | T1019 | | 03/16/13 | 03/16/13 | 24.00 | 103.20 |

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|----------------------------------------|
| 235295 | 2 | T1019 | | 03/18/13 | 03/18/13 | 24.00 | 103.20 | |
| 235295 | 3 | T1019 | | 03/19/13 | 03/19/13 | 24.00 | 103.20 | |
| 235295 | 4 | T1019 | | 03/20/13 | 03/20/13 | 24.00 | 103.20 | |
| 235295 | 5 | T1019 | | 03/21/13 | 03/21/13 | 24.00 | 103.20 | |
| 235295 | 6 | T1019 | | 03/22/13 | 03/22/13 | 24.00 | 103.20 | |
| | | | | | CLAIM TOTAL | | 619.20 | CLAIM ACCOUNT REF. 2352950012012154SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|--------|---------|---------|-------------|------------|--------------|-----------------------|
| NY | 001 | 2012161 | 2012161 | ALONSO, ANA | 03/02/1943 | 739934 | 111204846 |
| DIAGNOSIS | CODES: | 733.09 | 253.5 | 272.4 | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|----------------------------------------|
| 235267 | 1 | T1019 | | 03/19/13 | 03/19/13 | 20.00 | 86.00 | |
| 235267 | 2 | T1019 | | 03/20/13 | 03/20/13 | 20.00 | 86.00 | |
| 235267 | 3 | T1019 | | 03/21/13 | 03/21/13 | 20.00 | 86.00 | |
| 235267 | 4 | T1019 | | 03/22/13 | 03/22/13 | 20.00 | 86.00 | |
| | | | | | CLAIM TOTAL | | 344.00 | CLAIM ACCOUNT REF. 2352670012012161SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|--------|---------|---------|-----------------|------------|--------------|-----------------------|
| NY | 001 | 2012261 | 2012261 | SILVEIRA, BERTA | 06/23/1938 | 753060 | 111523951 |
| DIAGNOSIS | CODES: | 786.05 | | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|----------------------------------------|
| 235299 | 1 | T1019 | | 03/18/13 | 03/18/13 | 16.00 | 68.80 | |
| 235299 | 2 | T1019 | | 03/21/13 | 03/21/13 | 16.00 | 68.80 | |
| | | | | | CLAIM TOTAL | | 137.60 | CLAIM ACCOUNT REF. 2352990012012261SUP |

| 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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|----------------------------------------|
| 235300 | 1 | T1019 | | 03/16/13 | 03/16/13 | 36.00 | 154.80 | |
| 235300 | 2 | T1019 | | 03/18/13 | 03/18/13 | 36.00 | 154.80 | |
| 235300 | 3 | T1019 | | 03/19/13 | 03/19/13 | 36.00 | 154.80 | |
| 235300 | 4 | T1019 | | 03/20/13 | 03/20/13 | 36.00 | 154.80 | |
| 235300 | 5 | T1019 | | 03/21/13 | 03/21/13 | 36.00 | 154.80 | |
| 235300 | 6 | T1019 | | 03/22/13 | 03/22/13 | 36.00 | 154.80 | |
| | | | | | CLAIM TOTAL | | 928.80 | CLAIM ACCOUNT REF. 2353000012012266SUP |

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NPI = 1154407492

PRIOR AUTHORIZATION #
111548538

CLAIM ACCOUNT REF. 2352960012012719SUP

PRIOR AUTHORIZATION #
111519695

CLAIM ACCOUNT REF. 2352780012012838SUP

| | | | | | |
|---------------|----------------|---------------|-----|----------------------|-----------|
| PAYER TOTALS: | WELLCARE OF NY | # OF CLAIMS = | 188 | TOTAL CLAIM AMOUNT = | 20,124.00 |
| | | # SERVICES = | 36 | | |

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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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 2008276 2008491 LOYOLA, MARIA 06/11/1981 ZR32498A01 0005044162
DIAGNOSIS CODES: 952.9 806.8 799.89

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 235250 | 1 | T1019 | 0580 | 03/18/13 | 03/18/13 | 40.00 | 168.80 |
| 235250 | 2 | T1019 | 0580 | 03/20/13 | 03/20/13 | 40.00 | 168.80 |
| 235250 | 3 | T1019 | 0580 | 03/21/13 | 03/21/13 | 40.00 | 168.80 |
| CLAIM TOTAL | | | | | | | 506.40 |

CLAIM ACCOUNT REF. 2352500012008491SUP

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 235253 | 1 | T1019 | 0580 | 03/18/13 | 03/18/13 | 16.00 | 67.52 |
| 235253 | 2 | T1019 | 0580 | 03/19/13 | 03/19/13 | 16.00 | 67.52 |
| 235253 | 3 | T1019 | 0580 | 03/20/13 | 03/20/13 | 16.00 | 67.52 |
| 235253 | 4 | T1019 | 0580 | 03/21/13 | 03/21/13 | 16.00 | 67.52 |
| 235253 | 5 | T1019 | 0580 | 03/22/13 | 03/22/13 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | | 337.60 |

CLAIM ACCOUNT REF. 2352530012008513SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008227 2008544 ORR, LOUISE 03/04/1956 ZK40327Q 0005050233
DIAGNOSIS CODES: 250.00 401.9 428.0 435.9 429.9 799.89

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 235251 | 1 | T1019 | 0580 | 03/16/13 | 03/16/13 | 20.00 | 84.40 |
| 235251 | 2 | T1019 | 0580 | 03/17/13 | 03/17/13 | 20.00 | 84.40 |
| 235251 | 3 | T1019 | 0580 | 03/18/13 | 03/18/13 | 20.00 | 84.40 |
| 235251 | 4 | T1019 | 0580 | 03/19/13 | 03/19/13 | 20.00 | 84.40 |
| 235251 | 5 | T1019 | 0580 | 03/20/13 | 03/20/13 | 20.00 | 84.40 |
| 235251 | 6 | T1019 | 0580 | 03/21/13 | 03/21/13 | 20.00 | 84.40 |
| 235251 | 7 | T1019 | 0580 | 03/22/13 | 03/22/13 | 20.00 | 84.40 |
| CLAIM TOTAL | | | | | | | 590.80 |

CLAIM ACCOUNT REF. 2352510012008544SUP

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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 235245 | 1 | T1019 | 0580 | 03/19/13 | 03/19/13 | 16.00 | 67.52 |
| 235245 | 2 | T1019 | 0580 | 03/21/13 | 03/21/13 | 16.00 | 67.52 |
| 235245 | 3 | T1019 | 0580 | 03/22/13 | 03/22/13 | 16.00 | 67.52 |

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | CLAIM ACCOUNT REF. |
|-------|--------|----------------|------------|---------|---------|-------------|--------|---------------------|
| | | | | | | CLAIM TOTAL | 202.56 | 2352450012008723SUP |

| 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 | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|----------|---------------------|
| 235237 | 1 | T1019 | 0580 | 03/16/13 | 03/16/13 | 48.00 | 202.56 | |
| 235237 | 2 | T1019 | 0580 | 03/17/13 | 03/17/13 | 48.00 | 202.56 | |
| 235237 | 3 | T1019 | 0580 | 03/18/13 | 03/18/13 | 48.00 | 202.56 | |
| 235237 | 4 | T1019 | 0580 | 03/19/13 | 03/19/13 | 48.00 | 202.56 | |
| 235237 | 5 | T1019 | 0580 | 03/20/13 | 03/20/13 | 48.00 | 202.56 | |
| 235237 | 6 | T1019 | 0580 | 03/21/13 | 03/21/13 | 48.00 | 202.56 | |
| 235237 | 7 | T1019 | 0580 | 03/22/13 | 03/22/13 | 48.00 | 202.56 | |
| | | | | | | CLAIM TOTAL | 1,417.92 | 2352370012008793SUP |

| 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 | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|--------|---------------------|
| 235247 | 1 | T1019 | 0580 | 03/16/13 | 03/16/13 | 32.00 | 135.04 | |
| 235247 | 2 | T1019 | 0580 | 03/17/13 | 03/17/13 | 32.00 | 135.04 | |
| 235247 | 3 | T1019 | 0580 | 03/18/13 | 03/18/13 | 32.00 | 135.04 | |
| 235247 | 4 | T1019 | 0580 | 03/19/13 | 03/19/13 | 32.00 | 135.04 | |
| 235247 | 5 | T1019 | 0580 | 03/20/13 | 03/20/13 | 32.00 | 135.04 | |
| 235247 | 6 | T1019 | 0580 | 03/21/13 | 03/21/13 | 32.00 | 135.04 | |
| 235247 | 7 | T1019 | 0580 | 03/22/13 | 03/22/13 | 32.00 | 135.04 | |
| | | | | | | CLAIM TOTAL | 945.28 | 2352470012009237SUP |

| 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 | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|--------|---------------------|
| 235252 | 1 | T1019 | 0580 | 03/22/13 | 03/22/13 | 20.00 | 84.40 | |
| | | | | | | CLAIM TOTAL | 84.40 | 2352520012009269SUP |

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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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 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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235249 | 1 | T1019 | 0580 | 03/20/13 | 03/20/13 | 16.00 | 67.52 |
| 235249 | 2 | T1019 | 0580 | 03/21/13 | 03/21/13 | 16.00 | 67.52 |
| 235249 | 3 | T1019 | 0580 | 03/22/13 | 03/22/13 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | | 202.56 |
| CLAIM ACCOUNT REF. | | | | | | | 2352490012009406SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235240 | 1 | T1019 | 0580 | 03/19/13 | 03/19/13 | 16.00 | 67.52 |
| 235240 | 2 | T1019 | 0580 | 03/21/13 | 03/21/13 | 16.00 | 67.52 |
| 235240 | 3 | T1019 | 0580 | 03/22/13 | 03/22/13 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | | 202.56 |
| CLAIM ACCOUNT REF. | | | | | | | 2352400012009686SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235242 | 1 | T1019 | 0580 | 03/16/13 | 03/16/13 | 28.00 | 118.16 |
| 235242 | 2 | T1019 | 0580 | 03/17/13 | 03/17/13 | 28.00 | 118.16 |
| 235242 | 3 | T1019 | 0580 | 03/18/13 | 03/18/13 | 28.00 | 118.16 |
| 235242 | 4 | T1019 | 0580 | 03/19/13 | 03/19/13 | 28.00 | 118.16 |
| 235242 | 5 | T1019 | 0580 | 03/20/13 | 03/20/13 | 28.00 | 118.16 |
| 235242 | 6 | T1019 | 0580 | 03/21/13 | 03/21/13 | 28.00 | 118.16 |
| 235242 | 7 | T1019 | 0580 | 03/22/13 | 03/22/13 | 28.00 | 118.16 |
| CLAIM TOTAL | | | | | | | 827.12 |
| CLAIM ACCOUNT REF. | | | | | | | 2352420012009945SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010293 2010293 CAMPBELL, CAROL 01/17/1945 ZW64229J 0004864776
DIAGNOSIS CODES: 722.2 272.0 338.29 401.9 780.79 781.2

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 235236 | 1 | T1019 | 0580 | 03/18/13 | 03/18/13 | 32.00 | 135.04 |
| 235236 | 2 | T1019 | 0580 | 03/19/13 | 03/19/13 | 32.00 | 135.04 |
| 235236 | 3 | T1019 | 0580 | 03/20/13 | 03/20/13 | 32.00 | 135.04 |
| 235236 | 4 | T1019 | 0580 | 03/21/13 | 03/21/13 | 32.00 | 135.04 |
| 235236 | 5 | T1019 | 0580 | 03/22/13 | 03/22/13 | 32.00 | 135.04 |

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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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. |
|-------|--------|----------------|------------|---------|---------|-------------|--------|---------------------|
| | | | | | | CLAIM TOTAL | 675.20 | 2352360012010293SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|----------|---------------------|
| 235246 | 1 | T1019 | 0580 | 03/16/13 | 03/16/13 | 48.00 | 202.56 | |
| 235246 | 2 | T1019 | 0580 | 03/17/13 | 03/17/13 | 48.00 | 202.56 | |
| 235246 | 3 | T1019 | 0580 | 03/18/13 | 03/18/13 | 48.00 | 202.56 | |
| 235246 | 4 | T1019 | 0580 | 03/19/13 | 03/19/13 | 48.00 | 202.56 | |
| 235246 | 5 | T1019 | 0580 | 03/20/13 | 03/20/13 | 48.00 | 202.56 | |
| 235246 | 6 | T1019 | 0580 | 03/21/13 | 03/21/13 | 48.00 | 202.56 | |
| 235246 | 7 | T1019 | 0580 | 03/22/13 | 03/22/13 | 48.00 | 202.56 | |
| | | | | | | CLAIM TOTAL | 1,417.92 | 2352460012010316SUP |

| 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. |
|--------|--------|----------------|------------|----------|----------|-------------|----------|---------------------|
| 235241 | 1 | T1019 | 0580 | 03/16/13 | 03/16/13 | 36.00 | 151.92 | |
| 235241 | 2 | T1019 | 0580 | 03/17/13 | 03/17/13 | 36.00 | 151.92 | |
| 235241 | 3 | T1019 | 0580 | 03/18/13 | 03/18/13 | 36.00 | 151.92 | |
| 235241 | 4 | T1019 | 0580 | 03/19/13 | 03/19/13 | 36.00 | 151.92 | |
| 235241 | 5 | T1019 | 0580 | 03/20/13 | 03/20/13 | 36.00 | 151.92 | |
| 235241 | 6 | T1019 | 0580 | 03/21/13 | 03/21/13 | 36.00 | 151.92 | |
| 235241 | 7 | T1019 | 0580 | 03/22/13 | 03/22/13 | 36.00 | 151.92 | |
| | | | | | | CLAIM TOTAL | 1,063.44 | 2352410012010991SUP |

| 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 | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|--------|---------------------|
| 235238 | 1 | G0156 | 0572 | 03/22/13 | 03/22/13 | 8.00 | 114.00 | |
| | | | | | | CLAIM TOTAL | 114.00 | 2352380012011066SUP |

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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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 2008273 2011526 DE JESUS, TIBURCIO 08/11/1947 XX16524S 0005503237
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 |
|-------------|--------|----------------|------------|----------|----------|----------|----------------------------------------|
| 235239 | 1 | G0156 | 0572 | 03/16/13 | 03/16/13 | 12.00 | 171.00 |
| 235239 | 2 | G0156 | 0572 | 03/17/13 | 03/17/13 | 12.00 | 171.00 |
| 235239 | 3 | G0156 | 0572 | 03/18/13 | 03/18/13 | 12.00 | 171.00 |
| 235239 | 4 | G0156 | 0572 | 03/19/13 | 03/19/13 | 12.00 | 171.00 |
| 235239 | 5 | G0156 | 0572 | 03/20/13 | 03/20/13 | 12.00 | 171.00 |
| 235239 | 6 | G0156 | 0572 | 03/21/13 | 03/21/13 | 12.00 | 171.00 |
| 235239 | 7 | G0156 | 0572 | 03/22/13 | 03/22/13 | 12.00 | 171.00 |
| CLAIM TOTAL | | | | | | 1,197.00 | CLAIM ACCOUNT REF. 2352390012011526SUP |

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 |
|-------------|--------|----------------|------------|----------|----------|----------|----------------------------------------|
| 235243 | 1 | T1019 | 0580 | 03/16/13 | 03/16/13 | 48.00 | 202.56 |
| 235243 | 2 | T1019 | 0580 | 03/17/13 | 03/17/13 | 48.00 | 202.56 |
| 235243 | 3 | T1019 | 0580 | 03/18/13 | 03/18/13 | 48.00 | 202.56 |
| 235243 | 4 | T1019 | 0580 | 03/19/13 | 03/19/13 | 48.00 | 202.56 |
| 235243 | 5 | T1019 | 0580 | 03/20/13 | 03/20/13 | 48.00 | 202.56 |
| 235243 | 6 | T1019 | 0580 | 03/21/13 | 03/21/13 | 48.00 | 202.56 |
| 235243 | 7 | T1019 | 0580 | 03/22/13 | 03/22/13 | 48.00 | 202.56 |
| CLAIM TOTAL | | | | | | 1,417.92 | CLAIM ACCOUNT REF. 2352430012011833SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010634 2012343 YIANNITSIS, LEO 07/13/1934 15438872 0005825708
DIAGNOSIS CODES: 253.5 272.4 311. 401.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|----------------------------------------|
| 235248 | 1 | T1019 | 0580 | 03/18/13 | 03/18/13 | 20.00 | 84.40 |
| 235248 | 2 | T1019 | 0580 | 03/19/13 | 03/19/13 | 20.00 | 84.40 |
| 235248 | 3 | T1019 | 0580 | 03/20/13 | 03/20/13 | 20.00 | 84.40 |
| 235248 | 4 | T1019 | 0580 | 03/21/13 | 03/21/13 | 20.00 | 84.40 |
| 235248 | 5 | T1019 | 0580 | 03/22/13 | 03/22/13 | 20.00 | 84.40 |
| CLAIM TOTAL | | | | | | 422.00 | CLAIM ACCOUNT REF. 2352480012012343SUP |

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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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 2012541 2012541 LANGELOH, HOWARD 09/29/1923 134135965A 0005921983
DIAGNOSIS CODES: 715.90

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|----------------------------------------|
| 235244 | 1 | T1019 | 0580 | 03/16/13 | 03/16/13 | 24.00 | 101.28 |
| 235244 | 2 | T1019 | 0580 | 03/17/13 | 03/17/13 | 24.00 | 101.28 |
| 235244 | 3 | T1019 | 0580 | 03/18/13 | 03/18/13 | 24.00 | 101.28 |
| 235244 | 4 | T1019 | 0580 | 03/19/13 | 03/19/13 | 24.00 | 101.28 |
| 235244 | 5 | T1019 | 0580 | 03/21/13 | 03/21/13 | 24.00 | 101.28 |
| 235244 | 6 | T1019 | 0580 | 03/22/13 | 03/22/13 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | 573.92 | CLAIM ACCOUNT REF. 2352440012012541SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008564 2012547 BERNARD, SOPHIE 09/30/1922 10722480A 0005923488001
DIAGNOSIS CODES: 724.00

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|----------------------------------------|
| 235235 | 1 | T1019 | 0580 | 03/18/13 | 03/18/13 | 24.00 | 101.28 |
| 235235 | 2 | T1019 | 0580 | 03/19/13 | 03/19/13 | 24.00 | 101.28 |
| 235235 | 3 | T1019 | 0580 | 03/20/13 | 03/20/13 | 24.00 | 101.28 |
| 235235 | 4 | T1019 | 0580 | 03/21/13 | 03/21/13 | 24.00 | 101.28 |
| 235235 | 5 | T1019 | 0580 | 03/22/13 | 03/22/13 | 24.00 | 101.28 |
| CLAIM TOTAL | | | | | | 506.40 | CLAIM ACCOUNT REF. 2352350012012547SUP |

PAYER TOTALS: HEALTH INSURANCE PLAN # OF CLAIMS = 96 TOTAL CLAIM AMOUNT = 12,705.00
SERVICES = 19

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235323 | 1 | S5125 | | 03/18/13 | 03/18/13 | 28.00 | 120.12 |
| 235323 | 2 | S5125 | | 03/19/13 | 03/19/13 | 28.00 | 120.12 |
| 235323 | 3 | S5125 | | 03/20/13 | 03/20/13 | 28.00 | 120.12 |
| 235323 | 4 | S5125 | | 03/21/13 | 03/21/13 | 28.00 | 120.12 |
| CLAIM TOTAL | | | | | | | 480.48 |
| CLAIM ACCOUNT REF. | | | | | | | 2353230012010958SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235324 | 1 | S5125 | | 03/16/13 | 03/16/13 | 24.00 | 102.96 |
| 235324 | 2 | S5125 | | 03/18/13 | 03/18/13 | 40.00 | 171.60 |
| 235324 | 3 | S5125 | | 03/19/13 | 03/19/13 | 24.00 | 102.96 |
| 235324 | 4 | S5125 | | 03/20/13 | 03/20/13 | 40.00 | 171.60 |
| 235324 | 5 | S5125 | | 03/21/13 | 03/21/13 | 24.00 | 102.96 |
| 235324 | 6 | S5125 | | 03/22/13 | 03/22/13 | 40.00 | 171.60 |
| CLAIM TOTAL | | | | | | | 823.68 |
| CLAIM ACCOUNT REF. | | | | | | | 2353240012012481SUP |

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

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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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 0110011202225
DIAGNOSIS CODES: 314.01

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|----------------------------------------|
| 235192 | 1 | T1019 | | 03/16/13 | 03/16/13 | 12.00 | 50.64 | |
| 235192 | 2 | T1019 | | 03/17/13 | 03/17/13 | 12.00 | 50.64 | |
| 235192 | 3 | T1019 | | 03/18/13 | 03/18/13 | 12.00 | 50.64 | |
| 235192 | 4 | T1019 | | 03/19/13 | 03/19/13 | 12.00 | 50.64 | |
| 235192 | 5 | T1019 | | 03/20/13 | 03/20/13 | 12.00 | 50.64 | |
| 235192 | 6 | T1019 | | 03/21/13 | 03/21/13 | 12.00 | 50.64 | |
| 235192 | 7 | T1019 | | 03/22/13 | 03/22/13 | 12.00 | 50.64 | |
| CLAIM TOTAL | | | | | | | 354.48 | CLAIM ACCOUNT REF. 2351920012008246SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008248 2008248 RIVERA, EDDIE 01/29/1960 YP34893V R2167051
DIAGNOSIS CODES: 339.02 367.1 369.10

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|----------------------------------------|
| 235193 | 1 | T1019 | | 03/18/13 | 03/18/13 | 12.00 | 50.64 | |
| 235193 | 2 | T1019 | | 03/19/13 | 03/19/13 | 12.00 | 50.64 | |
| 235193 | 3 | T1019 | | 03/20/13 | 03/20/13 | 12.00 | 50.64 | |
| 235193 | 4 | T1019 | | 03/21/13 | 03/21/13 | 12.00 | 50.64 | |
| CLAIM TOTAL | | | | | | | 202.56 | CLAIM ACCOUNT REF. 2351930012008248SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008249 2008249 LOPEZ-RAMIREZ, CARLOTA 01/20/1936 QR43529V 0110041201764
DIAGNOSIS CODES: 714.0 272.4 401.9 536.9 733.00

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|----------------------------------------|
| 235186 | 1 | T1019 | | 03/16/13 | 03/16/13 | 44.00 | 185.68 | |
| 235186 | 2 | T1019 | | 03/17/13 | 03/17/13 | 40.00 | 168.80 | |
| 235186 | 3 | T1019 | | 03/20/13 | 03/20/13 | 44.00 | 185.68 | |
| 235186 | 4 | T1019 | | 03/21/13 | 03/21/13 | 44.00 | 185.68 | |
| 235186 | 5 | T1019 | | 03/22/13 | 03/22/13 | 44.00 | 185.68 | |
| CLAIM TOTAL | | | | | | | 911.52 | CLAIM ACCOUNT REF. 2351860012008249SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008250 2008250 SALAZAR, LUZ MARIA 02/19/1970 SC60317K R2048722
DIAGNOSIS CODES: 952.9 564.81 596.54 806.05

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|----------|-------|--------|--|
| 235195 | 1 | T1019 | | 03/16/13 | 03/16/13 | 32.00 | 135.04 | |
| 235195 | 2 | T1019 | | 03/17/13 | 03/17/13 | 32.00 | 135.04 | |

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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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 | |
|--------|--------|----------------|------------|-------------|----------|-------|--------|----------------------------------------|
| 235195 | 3 | T1019 | | 03/18/13 | 03/18/13 | 32.00 | 135.04 | |
| 235195 | 4 | T1019 | | 03/19/13 | 03/19/13 | 32.00 | 135.04 | |
| 235195 | 5 | T1019 | | 03/20/13 | 03/20/13 | 32.00 | 135.04 | |
| 235195 | 6 | T1019 | | 03/21/13 | 03/21/13 | 32.00 | 135.04 | |
| 235195 | 7 | T1019 | | 03/22/13 | 03/22/13 | 32.00 | 135.04 | |
| | | | | CLAIM TOTAL | | | 945.28 | CLAIM ACCOUNT REF. 2351950012008250SUP |

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 | |
|--------|--------|----------------|------------|-------------|----------|-------|--------|----------------------------------------|
| 235172 | 1 | T1019 | | 03/16/13 | 03/16/13 | 32.00 | 135.04 | |
| 235172 | 2 | T1019 | | 03/18/13 | 03/18/13 | 32.00 | 135.04 | |
| 235172 | 3 | T1019 | | 03/19/13 | 03/19/13 | 32.00 | 135.04 | |
| 235172 | 4 | T1019 | | 03/20/13 | 03/20/13 | 32.00 | 135.04 | |
| 235172 | 5 | T1019 | | 03/21/13 | 03/21/13 | 32.00 | 135.04 | |
| 235172 | 6 | T1019 | | 03/22/13 | 03/22/13 | 32.00 | 135.04 | |
| | | | | CLAIM TOTAL | | | 810.24 | CLAIM ACCOUNT REF. 2351720012008251SUP |

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 | |
|--------|--------|----------------|------------|-------------|----------|-------|----------|----------------------------------------|
| 235187 | 1 | T1019 | | 03/09/13 | 03/09/13 | 48.00 | 202.56 | |
| 235187 | 2 | T1019 | | 03/16/13 | 03/16/13 | 48.00 | 202.56 | |
| 235187 | 3 | T1019 | | 03/17/13 | 03/17/13 | 48.00 | 202.56 | |
| 235187 | 4 | T1019 | | 03/18/13 | 03/18/13 | 48.00 | 202.56 | |
| 235187 | 5 | T1019 | | 03/19/13 | 03/19/13 | 48.00 | 202.56 | |
| 235187 | 6 | T1019 | | 03/20/13 | 03/20/13 | 48.00 | 202.56 | |
| 235187 | 7 | T1019 | | 03/21/13 | 03/21/13 | 48.00 | 202.56 | |
| 235187 | 8 | T1019 | | 03/22/13 | 03/22/13 | 48.00 | 202.56 | |
| | | | | CLAIM TOTAL | | | 1,620.48 | CLAIM ACCOUNT REF. 2351870012008253SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008254 2008254 SPIVEY, PATRICIA 04/06/1965 WE52435B R2061243
DIAGNOSIS CODES: 250.00 401.9 733.00

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|----------|-------|--------|--|
| 235198 | 1 | T1019 | | 03/18/13 | 03/18/13 | 20.00 | 84.40 | |
| 235198 | 2 | T1019 | | 03/20/13 | 03/20/13 | 20.00 | 84.40 | |
| 235198 | 3 | T1019 | | 03/22/13 | 03/22/13 | 20.00 | 84.40 | |

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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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. |
|-------|--------|----------------|------------|---------|---------|-------------|--------|---------------------|
| | | | | | | | 253.20 | 2351980012008254SUP |
| | | | | | | CLAIM TOTAL | | |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|--------|---------|---------|--------------|------------|--------------|-----------------------|
| NY | 001 | 2008256 | 2008256 | CARMONA, LUZ | 08/10/1954 | XJ24416K | R2052507 |
| DIAGNOSIS | CODES: | 294.8 | 401.9 | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|--------|---------------------|
| 235170 | 1 | T1019 | | 03/18/13 | 03/18/13 | 32.00 | 135.04 | |
| 235170 | 2 | T1019 | | 03/19/13 | 03/19/13 | 32.00 | 135.04 | |
| 235170 | 3 | T1019 | | 03/20/13 | 03/20/13 | 32.00 | 135.04 | |
| 235170 | 4 | T1019 | | 03/21/13 | 03/21/13 | 32.00 | 135.04 | |
| 235170 | 5 | T1019 | | 03/22/13 | 03/22/13 | 32.00 | 135.04 | |
| | | | | | | CLAIM TOTAL | 675.20 | 2351700012008256SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|--------|---------|---------|---------------|------------|--------------|-----------------------|
| NY | 001 | 2008257 | 2008257 | ESTEVEZ, JOSE | 09/04/1948 | YD71377C | 0110301200495 |
| DIAGNOSIS | CODES: | 345.40 | | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|--------|---------------------|
| 235176 | 1 | T1019 | | 03/16/13 | 03/16/13 | 24.00 | 101.28 | |
| 235176 | 2 | T1019 | | 03/17/13 | 03/17/13 | 24.00 | 101.28 | |
| 235176 | 3 | T1019 | | 03/19/13 | 03/19/13 | 24.00 | 101.28 | |
| 235176 | 4 | T1019 | | 03/20/13 | 03/20/13 | 24.00 | 101.28 | |
| 235176 | 5 | T1019 | | 03/21/13 | 03/21/13 | 24.00 | 101.28 | |
| 235176 | 6 | T1019 | | 03/22/13 | 03/22/13 | 24.00 | 101.28 | |
| | | | | | | CLAIM TOTAL | 607.68 | 2351760012008257SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|--------|---------|---------|-------------------|------------|--------------|-----------------------|
| NY | 001 | 2008290 | 2008290 | SALHUANA, YOLANDA | 08/25/1935 | SZ24247J | R2048371 |
| DIAGNOSIS | CODES: | 249.70 | 362.50 | 401.9 | 733.00 | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|--------|---------------------|
| 235196 | 1 | T1019 | | 03/18/13 | 03/18/13 | 32.00 | 135.04 | |
| 235196 | 2 | T1019 | | 03/19/13 | 03/19/13 | 32.00 | 135.04 | |
| 235196 | 3 | T1019 | | 03/20/13 | 03/20/13 | 28.00 | 118.16 | |
| 235196 | 4 | T1019 | | 03/21/13 | 03/21/13 | 32.00 | 135.04 | |
| 235196 | 5 | T1019 | | 03/22/13 | 03/22/13 | 32.00 | 135.04 | |
| | | | | | | CLAIM TOTAL | 658.32 | 2351960012008290SUP |

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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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 2008362 2008362 FONTANES, PEDRO 08/27/1948 RX10287Z R2016955
DIAGNOSIS CODES: 724.3 278.00 427.31 428.0 724.2

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235178 | 1 | T1019 | | 03/16/13 | 03/16/13 | 28.00 | 118.16 |
| 235178 | 2 | T1019 | | 03/17/13 | 03/17/13 | 28.00 | 118.16 |
| 235178 | 3 | T1019 | | 03/18/13 | 03/18/13 | 28.00 | 118.16 |
| 235178 | 4 | T1019 | | 03/19/13 | 03/19/13 | 16.00 | 67.52 |
| 235178 | 5 | T1019 | | 03/20/13 | 03/20/13 | 16.00 | 67.52 |
| 235178 | 6 | T1019 | | 03/21/13 | 03/21/13 | 28.00 | 118.16 |
| 235178 | 7 | T1019 | | 03/22/13 | 03/22/13 | 28.00 | 118.16 |
| CLAIM TOTAL | | | | | | | 725.84 |
| CLAIM ACCOUNT REF. | | | | | | | 2351780012008362SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008368 2008368 RODRIGUEZ, MARGARET 06/25/1950 ZP21043J R2162380
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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235194 | 1 | T1019 | | 03/18/13 | 03/18/13 | 16.00 | 67.52 |
| 235194 | 2 | T1019 | | 03/19/13 | 03/19/13 | 16.00 | 67.52 |
| 235194 | 3 | T1019 | | 03/20/13 | 03/20/13 | 16.00 | 67.52 |
| 235194 | 4 | T1019 | | 03/22/13 | 03/22/13 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | | 270.08 |
| CLAIM ACCOUNT REF. | | | | | | | 2351940012008368SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235179 | 1 | T1019 | | 03/16/13 | 03/16/13 | 32.00 | 135.04 |
| 235179 | 2 | T1019 | | 03/17/13 | 03/17/13 | 32.00 | 135.04 |
| 235179 | 3 | T1019 | | 03/18/13 | 03/18/13 | 32.00 | 135.04 |
| 235179 | 4 | T1019 | | 03/19/13 | 03/19/13 | 32.00 | 135.04 |
| 235179 | 5 | T1019 | | 03/20/13 | 03/20/13 | 32.00 | 135.04 |
| 235179 | 6 | T1019 | | 03/21/13 | 03/21/13 | 32.00 | 135.04 |
| 235179 | 7 | T1019 | | 03/22/13 | 03/22/13 | 32.00 | 135.04 |
| CLAIM TOTAL | | | | | | | 945.28 |
| CLAIM ACCOUNT REF. | | | | | | | 2351790012008411SUP |

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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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 2008428 2008428 KAUR, HARBANS 02/03/1937 VB22061J R2021143
DIAGNOSIS CODES: 401.9 272.4 332.1 453.42

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 235183 | 1 | T1019 | | 03/16/13 | 03/16/13 | 28.00 | 118.16 |
| 235183 | 2 | T1019 | | 03/17/13 | 03/17/13 | 28.00 | 118.16 |
| 235183 | 3 | T1019 | | 03/18/13 | 03/18/13 | 28.00 | 118.16 |
| 235183 | 4 | T1019 | | 03/19/13 | 03/19/13 | 28.00 | 118.16 |
| 235183 | 5 | T1019 | | 03/20/13 | 03/20/13 | 28.00 | 118.16 |
| 235183 | 6 | T1019 | | 03/21/13 | 03/21/13 | 28.00 | 118.16 |
| 235183 | 7 | T1019 | | 03/22/13 | 03/22/13 | 28.00 | 118.16 |
| CLAIM TOTAL | | | | | | | 827.12 |

CLAIM ACCOUNT REF. 2351830012008428SUP

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 235166 | 1 | T1019 | | 03/16/13 | 03/16/13 | 32.00 | 135.04 |
| 235166 | 2 | T1019 | | 03/17/13 | 03/17/13 | 32.00 | 135.04 |
| 235166 | 3 | T1019 | | 03/18/13 | 03/18/13 | 32.00 | 135.04 |
| 235166 | 4 | T1019 | | 03/19/13 | 03/19/13 | 32.00 | 135.04 |
| 235166 | 5 | T1019 | | 03/20/13 | 03/20/13 | 32.00 | 135.04 |
| 235166 | 6 | T1019 | | 03/21/13 | 03/21/13 | 32.00 | 135.04 |
| 235166 | 7 | T1019 | | 03/22/13 | 03/22/13 | 32.00 | 135.04 |
| CLAIM TOTAL | | | | | | | 945.28 |

CLAIM ACCOUNT REF. 2351660012008433SUP

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 235165 | 1 | T1019 | | 03/16/13 | 03/16/13 | 12.00 | 50.64 |
| 235165 | 2 | T1019 | | 03/18/13 | 03/18/13 | 20.00 | 84.40 |
| 235165 | 3 | T1019 | | 03/19/13 | 03/19/13 | 20.00 | 84.40 |
| 235165 | 4 | T1019 | | 03/20/13 | 03/20/13 | 20.00 | 84.40 |
| 235165 | 5 | T1019 | | 03/21/13 | 03/21/13 | 20.00 | 84.40 |
| 235165 | 6 | T1019 | | 03/22/13 | 03/22/13 | 20.00 | 84.40 |
| CLAIM TOTAL | | | | | | | 472.64 |

CLAIM ACCOUNT REF. 2351650012008487SUP

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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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 2008558 2008558 SURIEL, GERTRUDIS 03/17/1950 ZE67447D 0112191201069
DIAGNOSIS CODES: 493.90 401.9 414.00 715.00

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|----------------------------------------|
| 235200 | 1 | T1019 | | 03/18/13 | 03/18/13 | 32.00 | 135.04 | |
| 235200 | 2 | T1019 | | 03/19/13 | 03/19/13 | 32.00 | 135.04 | |
| 235200 | 3 | T1019 | | 03/20/13 | 03/20/13 | 32.00 | 135.04 | |
| 235200 | 4 | T1019 | | 03/21/13 | 03/21/13 | 32.00 | 135.04 | |
| 235200 | 5 | T1019 | | 03/22/13 | 03/22/13 | 32.00 | 135.04 | |
| | | | | | CLAIM TOTAL | | 675.20 | CLAIM ACCOUNT REF. 2352000012008558SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008571 2008571 ESPAILLAT, AMPARO 12/25/1949 ZG25447P 0110031201909
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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|----------------------------------------|
| 235175 | 1 | T1019 | | 03/16/13 | 03/16/13 | 16.00 | 67.52 | |
| 235175 | 2 | T1019 | | 03/17/13 | 03/17/13 | 16.00 | 67.52 | |
| 235175 | 3 | T1019 | | 03/18/13 | 03/18/13 | 24.00 | 101.28 | |
| 235175 | 4 | T1019 | | 03/19/13 | 03/19/13 | 24.00 | 101.28 | |
| 235175 | 5 | T1019 | | 03/20/13 | 03/20/13 | 24.00 | 101.28 | |
| 235175 | 6 | T1019 | | 03/21/13 | 03/21/13 | 24.00 | 101.28 | |
| 235175 | 7 | T1019 | | 03/22/13 | 03/22/13 | 24.00 | 101.28 | |
| | | | | | CLAIM TOTAL | | 641.44 | CLAIM ACCOUNT REF. 2351750012008571SUP |

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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|----------------------------------------|
| 235177 | 1 | T1019 | | 03/16/13 | 03/16/13 | 20.00 | 84.40 | |
| 235177 | 2 | T1019 | | 03/18/13 | 03/18/13 | 40.00 | 168.80 | |
| 235177 | 3 | T1019 | | 03/19/13 | 03/19/13 | 40.00 | 168.80 | |
| 235177 | 4 | T1019 | | 03/20/13 | 03/20/13 | 40.00 | 168.80 | |
| 235177 | 5 | T1019 | | 03/21/13 | 03/21/13 | 40.00 | 168.80 | |
| 235177 | 6 | T1019 | | 03/22/13 | 03/22/13 | 40.00 | 168.80 | |
| | | | | | CLAIM TOTAL | | 928.40 | CLAIM ACCOUNT REF. 2351770012009001SUP |

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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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 2008300 2009256 CHARITAR, RAMKALIE 06/23/1953 UY13756G R2016936
DIAGNOSIS CODES: 250.00 311. 401.9 414.00 414.01 466.0

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235173 | 1 | T1019 | | 03/11/13 | 03/11/13 | 20.00 | 84.40 |
| 235173 | 2 | T1019 | | 03/17/13 | 03/17/13 | 20.00 | 84.40 |
| 235173 | 3 | T1019 | | 03/18/13 | 03/18/13 | 20.00 | 84.40 |
| CLAIM TOTAL | | | | | | | 253.20 |
| CLAIM ACCOUNT REF. | | | | | | | 2351730012009256SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008271 2009270 CARRION, MARIA 06/30/1928 SC64434E R2044577
DIAGNOSIS CODES: 250.00 294.10 401.9 V12.54

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235171 | 1 | T1019 | | 03/16/13 | 03/16/13 | 32.00 | 135.04 |
| 235171 | 2 | T1019 | | 03/18/13 | 03/18/13 | 32.00 | 135.04 |
| 235171 | 3 | T1019 | | 03/19/13 | 03/19/13 | 32.00 | 135.04 |
| 235171 | 4 | T1019 | | 03/20/13 | 03/20/13 | 28.00 | 118.16 |
| 235171 | 5 | T1019 | | 03/21/13 | 03/21/13 | 32.00 | 135.04 |
| 235171 | 6 | T1019 | | 03/22/13 | 03/22/13 | 32.00 | 135.04 |
| CLAIM TOTAL | | | | | | | 793.36 |
| CLAIM ACCOUNT REF. | | | | | | | 2351710012009270SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009405 2009405 CORTES DE GALINDO, NEL 05/25/1925 PF03624B R2063747
DIAGNOSIS CODES: 401.9 537.9 648.12

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235174 | 1 | T1019 | | 03/18/13 | 03/18/13 | 24.00 | 101.28 |
| 235174 | 2 | T1019 | | 03/19/13 | 03/19/13 | 24.00 | 101.28 |
| 235174 | 3 | T1019 | | 03/20/13 | 03/20/13 | 24.00 | 101.28 |
| 235174 | 4 | T1019 | | 03/21/13 | 03/21/13 | 24.00 | 101.28 |
| 235174 | 5 | T1019 | | 03/22/13 | 03/22/13 | 24.00 | 101.28 |
| CLAIM TOTAL | | | | | | | 506.40 |
| CLAIM ACCOUNT REF. | | | | | | | 2351740012009405SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009425 2009425 FRIAS, BARBARA 04/01/1954 YQ10410R R2162289
DIAGNOSIS CODES: 785.9 V44.2

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235180 | 1 | T1019 | | 03/18/13 | 03/18/13 | 16.00 | 67.52 |
| 235180 | 2 | T1019 | | 03/20/13 | 03/20/13 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | | 135.04 |
| CLAIM ACCOUNT REF. | | | | | | | 2351800012009425SUP |

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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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 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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235181 | 1 | T1019 | | 03/22/13 | 03/22/13 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | | 67.52 |
| CLAIM ACCOUNT REF. | | | | | | | 2351810012009425SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235168 | 1 | T1019 | | 03/16/13 | 03/16/13 | 24.00 | 101.28 |
| 235168 | 2 | T1019 | | 03/18/13 | 03/18/13 | 24.00 | 101.28 |
| 235168 | 3 | T1019 | | 03/19/13 | 03/19/13 | 20.00 | 84.40 |
| 235168 | 4 | T1019 | | 03/20/13 | 03/20/13 | 24.00 | 101.28 |
| 235168 | 5 | T1019 | | 03/21/13 | 03/21/13 | 24.00 | 101.28 |
| 235168 | 6 | T1019 | | 03/22/13 | 03/22/13 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | | 557.04 |
| CLAIM ACCOUNT REF. | | | | | | | 2351680012009560SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235205 | 1 | T1019 | | 03/18/13 | 03/18/13 | 32.00 | 135.04 |
| 235205 | 2 | T1019 | | 03/19/13 | 03/19/13 | 32.00 | 135.04 |
| 235205 | 3 | T1019 | | 03/20/13 | 03/20/13 | 32.00 | 135.04 |
| 235205 | 4 | T1019 | | 03/21/13 | 03/21/13 | 32.00 | 135.04 |
| 235205 | 5 | T1019 | | 03/22/13 | 03/22/13 | 32.00 | 135.04 |
| CLAIM TOTAL | | | | | | | 675.20 |
| CLAIM ACCOUNT REF. | | | | | | | 2352050012010009SUP |

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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 235185 | 1 | T1019 | | 03/16/13 | 03/16/13 | 48.00 | 202.56 |
| 235185 | 2 | T1019 | | 03/17/13 | 03/17/13 | 48.00 | 202.56 |
| 235185 | 3 | T1019 | | 03/18/13 | 03/18/13 | 48.00 | 202.56 |
| 235185 | 4 | T1019 | | 03/19/13 | 03/19/13 | 48.00 | 202.56 |
| 235185 | 5 | T1019 | | 03/20/13 | 03/20/13 | 48.00 | 202.56 |
| 235185 | 6 | T1019 | | 03/21/13 | 03/21/13 | 48.00 | 202.56 |

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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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 | |
|--------|--------|----------------|------------|----------|----------|-------------|----------|-------------------------------------------|
| 235185 | 7 | T1019 | | 03/22/13 | 03/22/13 | 48.00 | 202.56 | |
| | | | | | | CLAIM TOTAL | 1,417.92 | CLAIM ACCOUNT REF. 2351850012010311SUP |

| 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 | |
|--------|--------|----------------|------------|----------|----------|-------------|--------|-------------------------------------------|
| 235204 | 1 | T1019 | | 03/16/13 | 03/16/13 | 20.00 | 84.40 | |
| 235204 | 2 | T1019 | | 03/17/13 | 03/17/13 | 20.00 | 84.40 | |
| 235204 | 3 | T1019 | | 03/21/13 | 03/21/13 | 20.00 | 84.40 | |
| 235204 | 4 | T1019 | | 03/22/13 | 03/22/13 | 20.00 | 84.40 | |
| | | | | | | CLAIM TOTAL | 337.60 | CLAIM ACCOUNT REF. 2352040012010758SUP |

| 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 | |
|--------|--------|----------------|------------|----------|----------|-------------|--------|-------------------------------------------|
| 235184 | 1 | T1019 | | 03/18/13 | 03/18/13 | 32.00 | 135.04 | |
| 235184 | 2 | T1019 | | 03/19/13 | 03/19/13 | 32.00 | 135.04 | |
| 235184 | 3 | T1019 | | 03/20/13 | 03/20/13 | 32.00 | 135.04 | |
| 235184 | 4 | T1019 | | 03/21/13 | 03/21/13 | 32.00 | 135.04 | |
| 235184 | 5 | T1019 | | 03/22/13 | 03/22/13 | 32.00 | 135.04 | |
| | | | | | | CLAIM TOTAL | 675.20 | CLAIM ACCOUNT REF. 2351840012010967SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|--------|---------|---------|---------------------|------------|--------------|-----------------------|
| NY | 001 | 2011388 | 2011388 | PALAZZOLO, FLORENCE | 10/31/1948 | PD96979S | R1998236 |
| DIAGNOSIS | CODES: | 331.0 | | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|----------|-------------|----------|-------------------------------------------|
| 235189 | 1 | T1020 | | 03/16/13 | 03/16/13 | 12.00 | 202.56 | |
| 235189 | 2 | T1020 | | 03/17/13 | 03/17/13 | 12.00 | 202.56 | |
| 235189 | 3 | T1020 | | 03/18/13 | 03/18/13 | 12.00 | 202.56 | |
| 235189 | 4 | T1020 | | 03/19/13 | 03/19/13 | 12.00 | 202.56 | |
| 235189 | 5 | T1020 | | 03/20/13 | 03/20/13 | 12.00 | 202.56 | |
| 235189 | 6 | T1020 | | 03/21/13 | 03/21/13 | 24.00 | 405.12 | |
| | | | | | | CLAIM TOTAL | 1,417.92 | CLAIM ACCOUNT REF. 2351890012011388SUP |

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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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 2008378 2011528 BOWERS *, DIANE 10/01/1946 129232187 0109201201746
DIAGNOSIS CODES: 250.11 300.02 410.90 413.0 428.0 440.9 493.00

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|----------------------------------------|
| 235169 | 1 | T1019 | | 03/18/13 | 03/18/13 | 40.00 | 168.80 | |
| 235169 | 2 | T1019 | | 03/19/13 | 03/19/13 | 40.00 | 168.80 | |
| 235169 | 3 | T1019 | | 03/20/13 | 03/20/13 | 40.00 | 168.80 | |
| 235169 | 4 | T1019 | | 03/21/13 | 03/21/13 | 40.00 | 168.80 | |
| 235169 | 5 | T1019 | | 03/22/13 | 03/22/13 | 40.00 | 168.80 | |
| CLAIM TOTAL | | | | | | | 844.00 | CLAIM ACCOUNT REF. 2351690012011528SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008405 2011820 ST ROMAIN, 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 | |
|-------------|--------|----------------|------------|----------|----------|-------|----------|----------------------------------------|
| 235199 | 1 | T1019 | | 02/21/13 | 02/21/13 | 40.00 | 168.80 | |
| 235199 | 2 | T1019 | | 03/16/13 | 03/16/13 | 36.00 | 151.92 | |
| 235199 | 3 | T1019 | | 03/17/13 | 03/17/13 | 36.00 | 151.92 | |
| 235199 | 4 | T1019 | | 03/18/13 | 03/18/13 | 40.00 | 168.80 | |
| 235199 | 5 | T1019 | | 03/19/13 | 03/19/13 | 40.00 | 168.80 | |
| 235199 | 6 | T1019 | | 03/20/13 | 03/20/13 | 40.00 | 168.80 | |
| 235199 | 7 | T1019 | | 03/21/13 | 03/21/13 | 40.00 | 168.80 | |
| 235199 | 8 | T1019 | | 03/22/13 | 03/22/13 | 40.00 | 168.80 | |
| CLAIM TOTAL | | | | | | | 1,316.64 | CLAIM ACCOUNT REF. 2351990012011820SUP |

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 | |
|-------------|--------|----------------|------------|----------|----------|-------|----------|----------------------------------------|
| 235191 | 1 | T1019 | | 03/16/13 | 03/16/13 | 40.00 | 168.80 | |
| 235191 | 2 | T1019 | | 03/17/13 | 03/17/13 | 40.00 | 168.80 | |
| 235191 | 3 | T1019 | | 03/18/13 | 03/18/13 | 40.00 | 168.80 | |
| 235191 | 4 | T1019 | | 03/19/13 | 03/19/13 | 40.00 | 168.80 | |
| 235191 | 5 | T1019 | | 03/20/13 | 03/20/13 | 40.00 | 168.80 | |
| 235191 | 6 | T1019 | | 03/21/13 | 03/21/13 | 40.00 | 168.80 | |
| 235191 | 7 | T1019 | | 03/22/13 | 03/22/13 | 40.00 | 168.80 | |
| CLAIM TOTAL | | | | | | | 1,181.60 | CLAIM ACCOUNT REF. 2351910012012284SUP |

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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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 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 | |
|--------|--------|----------------|------------|----------|-------------|--------|--------|-------------------------------------------|
| 235182 | 1 | T1019 | | 03/16/13 | 03/16/13 | 32.00 | 135.04 | |
| 235182 | 2 | T1019 | | 03/17/13 | 03/17/13 | 32.00 | 135.04 | |
| 235182 | 3 | T1019 | | 03/18/13 | 03/18/13 | 32.00 | 135.04 | |
| 235182 | 4 | T1019 | | 03/19/13 | 03/19/13 | 32.00 | 135.04 | |
| 235182 | 5 | T1019 | | 03/20/13 | 03/20/13 | 32.00 | 135.04 | |
| 235182 | 6 | T1019 | | 03/21/13 | 03/21/13 | 32.00 | 135.04 | |
| 235182 | 7 | T1019 | | 03/22/13 | 03/22/13 | 32.00 | 135.04 | |
| | | | | | CLAIM TOTAL | 945.28 | | CLAIM ACCOUNT REF. 2351820012012478SUP |

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 | |
|--------|--------|----------------|------------|----------|-------------|--------|--------|-------------------------------------------|
| 235167 | 1 | T1019 | | 03/18/13 | 03/18/13 | 16.00 | 67.52 | |
| 235167 | 2 | T1019 | | 03/19/13 | 03/19/13 | 16.00 | 67.52 | |
| 235167 | 3 | T1019 | | 03/20/13 | 03/20/13 | 16.00 | 67.52 | |
| 235167 | 4 | T1019 | | 03/21/13 | 03/21/13 | 16.00 | 67.52 | |
| 235167 | 5 | T1019 | | 03/22/13 | 03/22/13 | 16.00 | 67.52 | |
| | | | | | CLAIM TOTAL | 337.60 | | CLAIM ACCOUNT REF. 2351670012012489SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|----------|--------|-------------------------------------------|
| 235197 | 1 | T1019 | | 03/16/13 | 03/16/13 | 32.00 | 135.04 | |
| 235197 | 2 | T1019 | | 03/17/13 | 03/17/13 | 32.00 | 135.04 | |
| 235197 | 3 | T1019 | | 03/18/13 | 03/18/13 | 36.00 | 151.92 | |
| 235197 | 4 | T1019 | | 03/19/13 | 03/19/13 | 36.00 | 151.92 | |
| 235197 | 5 | T1019 | | 03/20/13 | 03/20/13 | 36.00 | 151.92 | |
| 235197 | 6 | T1019 | | 03/21/13 | 03/21/13 | 36.00 | 151.92 | |
| 235197 | 7 | T1019 | | 03/22/13 | 03/22/13 | 36.00 | 151.92 | |
| | | | | | CLAIM TOTAL | 1,029.68 | | CLAIM ACCOUNT REF. 2351970012012498SUP |

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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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 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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235188 | 1 | T1019 | | 03/16/13 | 03/16/13 | 24.00 | 101.28 |
| 235188 | 2 | T1019 | | 03/18/13 | 03/18/13 | 24.00 | 101.28 |
| 235188 | 3 | T1019 | | 03/19/13 | 03/19/13 | 24.00 | 101.28 |
| 235188 | 4 | T1019 | | 03/20/13 | 03/20/13 | 24.00 | 101.28 |
| 235188 | 5 | T1019 | | 03/21/13 | 03/21/13 | 24.00 | 101.28 |
| 235188 | 6 | T1019 | | 03/22/13 | 03/22/13 | 24.00 | 101.28 |
| CLAIM TOTAL | | | | | | | 607.68 |
| CLAIM ACCOUNT REF. | | | | | | | 2351880012012683SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012772 2012772 THORNTON, SHIRLEY 09/02/1949 ZM67702P 0102281303005
DIAGNOSIS CODES: 253.5 493.92 V45.11

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235201 | 1 | T1019 | | 03/12/13 | 03/12/13 | 32.00 | 135.04 |
| 235201 | 2 | T1019 | | 03/14/13 | 03/14/13 | 32.00 | 135.04 |
| 235201 | 3 | T1019 | | 03/16/13 | 03/16/13 | 20.00 | 84.40 |
| CLAIM TOTAL | | | | | | | 354.48 |
| CLAIM ACCOUNT REF. | | | | | | | 2352010012012772SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235202 | 1 | T1019 | | 03/18/13 | 03/18/13 | 20.00 | 84.40 |
| 235202 | 2 | T1019 | | 03/19/13 | 03/19/13 | 32.00 | 135.04 |
| 235202 | 3 | T1019 | | 03/20/13 | 03/20/13 | 20.00 | 84.40 |
| 235202 | 4 | T1019 | | 03/21/13 | 03/21/13 | 32.00 | 135.04 |
| 235202 | 5 | T1019 | | 03/22/13 | 03/22/13 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | | 506.40 |
| CLAIM ACCOUNT REF. | | | | | | | 2352020012012772SUP |

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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 235203 | 1 | T1019 | | 03/18/13 | 03/18/13 | 24.00 | 101.28 |
| 235203 | 2 | T1019 | | 03/19/13 | 03/19/13 | 24.00 | 101.28 |
| 235203 | 3 | T1019 | | 03/20/13 | 03/20/13 | 24.00 | 101.28 |
| 235203 | 4 | T1019 | | 03/21/13 | 03/21/13 | 24.00 | 101.28 |

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NPI = 1154407492

CLAIM ACCOUNT REF. 2352030012012823SUP

PRIOR AUTHORIZATION #
R1998236

CLAIM ACCOUNT REF. 2351900012012905SUP

| | | | | | |
|---------------|------------------|---------------|-----|----------------------|-----------|
| PAYER TOTALS: | HEALTHFIRST PHSP | # OF CLAIMS = | 221 | TOTAL CLAIM AMOUNT = | 28,138.96 |
| | | # SERVICES = | 39 | | |

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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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 609107821
DIAGNOSIS CODES: 250.00 428.0 724.00 724.3

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|----------|----------------------------------------|
| 235231 | 1 | T1019 | | 03/16/13 | 03/16/13 | 40.00 | 171.60 |
| 235231 | 2 | T1019 | | 03/17/13 | 03/17/13 | 40.00 | 171.60 |
| 235231 | 3 | T1019 | | 03/18/13 | 03/18/13 | 40.00 | 171.60 |
| 235231 | 4 | T1019 | | 03/19/13 | 03/19/13 | 40.00 | 171.60 |
| 235231 | 5 | T1019 | | 03/20/13 | 03/20/13 | 40.00 | 171.60 |
| 235231 | 6 | T1019 | | 03/21/13 | 03/21/13 | 40.00 | 171.60 |
| 235231 | 7 | T1019 | | 03/22/13 | 03/22/13 | 40.00 | 171.60 |
| CLAIM TOTAL | | | | | | 1,201.20 | CLAIM ACCOUNT REF. 2352310012008245SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008287 2008287 MILLAN, ARMIDA 09/13/1928 100063356 609358474
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 |
|-------------|--------|----------------|------------|----------|----------|----------|----------------------------------------|
| 235233 | 1 | T1019 | | 03/09/13 | 03/09/13 | 16.00 | 68.64 |
| 235233 | 2 | T1019 | | 03/10/13 | 03/10/13 | 16.00 | 68.64 |
| 235233 | 3 | T1019 | | 03/11/13 | 03/11/13 | 36.00 | 154.44 |
| 235233 | 4 | T1019 | | 03/12/13 | 03/12/13 | 36.00 | 154.44 |
| 235233 | 5 | T1019 | | 03/13/13 | 03/13/13 | 36.00 | 154.44 |
| 235233 | 6 | T1019 | | 03/14/13 | 03/14/13 | 36.00 | 154.44 |
| 235233 | 7 | T1019 | | 03/15/13 | 03/15/13 | 36.00 | 154.44 |
| 235233 | 8 | T1019 | | 03/18/13 | 03/18/13 | 36.00 | 154.44 |
| 235233 | 9 | T1019 | | 03/19/13 | 03/19/13 | 36.00 | 154.44 |
| 235233 | 10 | T1019 | | 03/20/13 | 03/20/13 | 32.00 | 137.28 |
| 235233 | 11 | T1019 | | 03/21/13 | 03/21/13 | 36.00 | 154.44 |
| 235233 | 12 | T1019 | | 03/22/13 | 03/22/13 | 36.00 | 154.44 |
| CLAIM TOTAL | | | | | | 1,664.52 | CLAIM ACCOUNT REF. 2352330012008287SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008401 2008401 SAFOS, PATRA 12/18/1948 100029836 609009121
DIAGNOSIS CODES: 340. 244.8 272.0 401.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 235234 | 1 | T1019 | | 03/16/13 | 03/16/13 | 32.00 | 137.28 |
| 235234 | 2 | T1019 | | 03/17/13 | 03/17/13 | 32.00 | 137.28 |
| 235234 | 3 | T1019 | | 03/18/13 | 03/18/13 | 32.00 | 137.28 |
| 235234 | 4 | T1019 | | 03/19/13 | 03/19/13 | 32.00 | 137.28 |
| 235234 | 5 | T1019 | | 03/20/13 | 03/20/13 | 32.00 | 137.28 |
| 235234 | 6 | T1019 | | 03/21/13 | 03/21/13 | 32.00 | 137.28 |

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|----------------------------------------|
| 235234 | 7 | T1019 | | 03/22/13 | 03/22/13 | 32.00 | 137.28 | |
| | | | | | CLAIM TOTAL | | 960.96 | CLAIM ACCOUNT REF. 2352340012008401SUP |

| 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 | |
|--------|--------|----------------|------------|----------|-------------|-------|----------|----------------------------------------|
| 235232 | 1 | T1019 | | 03/16/13 | 03/16/13 | 48.00 | 205.92 | |
| 235232 | 2 | T1019 | | 03/17/13 | 03/17/13 | 48.00 | 205.92 | |
| 235232 | 3 | T1019 | | 03/18/13 | 03/18/13 | 48.00 | 205.92 | |
| 235232 | 4 | T1019 | | 03/19/13 | 03/19/13 | 48.00 | 205.92 | |
| 235232 | 5 | T1019 | | 03/20/13 | 03/20/13 | 48.00 | 205.92 | |
| 235232 | 6 | T1019 | | 03/21/13 | 03/21/13 | 48.00 | 205.92 | |
| 235232 | 7 | T1019 | | 03/22/13 | 03/22/13 | 48.00 | 205.92 | |
| | | | | | CLAIM TOTAL | | 1,441.44 | CLAIM ACCOUNT REF. 2352320012011881SUP |

| | | | | | |
|---------------|------------------|---------------|----|----------------------|----------|
| PAYER TOTALS: | UNITEDHEALTHCARE | # OF CLAIMS = | 33 | TOTAL CLAIM AMOUNT = | 5,268.12 |
| | | # SERVICES = | 4 | | |

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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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 102602255
DIAGNOSIS CODES: 431. 784.3

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 235303 | 1 | T1019 | 0580 | 03/16/13 | 03/16/13 | 20.00 | 84.40 |
| 235303 | 2 | T1019 | 0580 | 03/17/13 | 03/17/13 | 20.00 | 84.40 |
| 235303 | 3 | T1019 | 0580 | 03/18/13 | 03/18/13 | 32.00 | 135.04 |
| 235303 | 4 | T1019 | 0580 | 03/19/13 | 03/19/13 | 32.00 | 135.04 |
| 235303 | 5 | T1019 | 0580 | 03/20/13 | 03/20/13 | 32.00 | 135.04 |
| 235303 | 6 | T1019 | 0580 | 03/21/13 | 03/21/13 | 32.00 | 135.04 |
| 235303 | 7 | T1019 | 0580 | 03/22/13 | 03/22/13 | 32.00 | 135.04 |
| CLAIM TOTAL | | | | | | | 844.00 |

CLAIM ACCOUNT REF. 2353030012008266SUP

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 235305 | 1 | S5130 | 0582 | 03/21/13 | 03/21/13 | 16.00 | 67.52 |
| 235305 | 2 | S5130 | 0582 | 03/22/13 | 03/22/13 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | | 135.04 |

CLAIM ACCOUNT REF. 2353050012009279SUP

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 235307 | 1 | T1019 | 0580 | 03/16/13 | 03/16/13 | 28.00 | 118.16 |
| 235307 | 2 | T1019 | 0580 | 03/17/13 | 03/17/13 | 24.00 | 101.28 |
| 235307 | 3 | T1019 | 0580 | 03/18/13 | 03/18/13 | 12.00 | 50.64 |
| 235307 | 4 | T1019 | 0580 | 03/19/13 | 03/19/13 | 12.00 | 50.64 |
| 235307 | 5 | T1019 | 0580 | 03/20/13 | 03/20/13 | 12.00 | 50.64 |
| 235307 | 6 | T1019 | 0580 | 03/21/13 | 03/21/13 | 12.00 | 50.64 |
| 235307 | 7 | T1019 | 0580 | 03/22/13 | 03/22/13 | 12.00 | 50.64 |
| CLAIM TOTAL | | | | | | | 472.64 |

CLAIM ACCOUNT REF. 2353070012010728SUP

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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 235306 | 1 | T1019 | 0580 | 03/16/13 | 03/16/13 | 20.00 | 84.40 |
| 235306 | 2 | T1019 | 0580 | 03/17/13 | 03/17/13 | 20.00 | 84.40 |

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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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 235306 | 3 | T1019 | 0580 | 03/18/13 | 03/18/13 | 12.00 | 50.64 |
| 235306 | 4 | T1019 | 0580 | 03/19/13 | 03/19/13 | 12.00 | 50.64 |
| 235306 | 5 | T1019 | 0580 | 03/20/13 | 03/20/13 | 12.00 | 50.64 |
| 235306 | 6 | T1019 | 0580 | 03/21/13 | 03/21/13 | 12.00 | 50.64 |
| 235306 | 7 | T1019 | 0580 | 03/22/13 | 03/22/13 | 12.00 | 50.64 |
| CLAIM TOTAL | | | | | | | 422.00 |

CLAIM ACCOUNT REF. 2353060012010729SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008365 2010731 HARDING, EDNA 05/17/1956 006274884 103437258
DIAGNOSIS CODES: 493.90 253.5 272.4 296.80

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 235304 | 1 | T1019 | 0580 | 03/18/13 | 03/18/13 | 16.00 | 67.52 |
| 235304 | 2 | T1019 | 0580 | 03/19/13 | 03/19/13 | 16.00 | 67.52 |
| 235304 | 3 | T1019 | 0580 | 03/20/13 | 03/20/13 | 4.00 | 16.88 |
| 235304 | 4 | T1019 | 0580 | 03/21/13 | 03/21/13 | 16.00 | 67.52 |
| 235304 | 5 | T1019 | 0580 | 03/22/13 | 03/22/13 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | | 286.96 |

CLAIM ACCOUNT REF. 2353040012010731SUP

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 235310 | 1 | T1019 | 0580 | 03/07/13 | 03/07/13 | 16.00 | 60.00 |
| 235310 | 2 | T1019 | 0580 | 03/08/13 | 03/08/13 | 16.00 | 60.00 |
| 235310 | 3 | T1019 | 0580 | 03/18/13 | 03/18/13 | 16.00 | 60.00 |
| 235310 | 4 | T1019 | 0580 | 03/19/13 | 03/19/13 | 16.00 | 60.00 |
| 235310 | 5 | T1019 | 0580 | 03/20/13 | 03/20/13 | 16.00 | 60.00 |
| 235310 | 6 | T1019 | 0580 | 03/21/13 | 03/21/13 | 16.00 | 60.00 |
| 235310 | 7 | T1019 | 0580 | 03/22/13 | 03/22/13 | 16.00 | 60.00 |
| CLAIM TOTAL | | | | | | | 420.00 |

CLAIM ACCOUNT REF. 2353100012012354SUP

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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 235312 | 1 | T1019 | 0580 | 03/16/13 | 03/16/13 | 24.00 | 90.00 |
| 235312 | 2 | T1019 | 0580 | 03/18/13 | 03/18/13 | 24.00 | 90.00 |
| 235312 | 3 | T1019 | 0580 | 03/19/13 | 03/19/13 | 24.00 | 90.00 |
| 235312 | 4 | T1019 | 0580 | 03/20/13 | 03/20/13 | 24.00 | 90.00 |
| 235312 | 5 | T1019 | 0580 | 03/21/13 | 03/21/13 | 24.00 | 90.00 |

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235312 | 6 | T1019 | 0580 | 03/22/13 | 03/22/13 | 24.00 | 90.00 |
| CLAIM TOTAL | | | | | | | 540.00 |
| CLAIM ACCOUNT REF. | | | | | | | 2353120012012357SUP |

| 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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235314 | 1 | T1019 | 0580 | 03/04/13 | 03/04/13 | 16.00 | 60.00 |
| 235314 | 2 | T1019 | 0580 | 03/05/13 | 03/05/13 | 16.00 | 60.00 |
| 235314 | 3 | T1019 | 0580 | 03/06/13 | 03/06/13 | 16.00 | 60.00 |
| 235314 | 4 | T1019 | 0580 | 03/07/13 | 03/07/13 | 16.00 | 60.00 |
| 235314 | 5 | T1019 | 0580 | 03/08/13 | 03/08/13 | 16.00 | 60.00 |
| 235314 | 6 | T1019 | 0580 | 03/18/13 | 03/18/13 | 16.00 | 60.00 |
| 235314 | 7 | T1019 | 0580 | 03/19/13 | 03/19/13 | 16.00 | 60.00 |
| 235314 | 8 | T1019 | 0580 | 03/20/13 | 03/20/13 | 16.00 | 60.00 |
| 235314 | 9 | T1019 | 0580 | 03/21/13 | 03/21/13 | 16.00 | 60.00 |
| 235314 | 10 | T1019 | 0580 | 03/22/13 | 03/22/13 | 16.00 | 60.00 |
| CLAIM TOTAL | | | | | | | 600.00 |
| CLAIM ACCOUNT REF. | | | | | | | 2353140012012358SUP |

| 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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235315 | 1 | T1019 | 0580 | 03/18/13 | 03/18/13 | 20.00 | 75.00 |
| 235315 | 2 | T1019 | 0580 | 03/19/13 | 03/19/13 | 20.00 | 75.00 |
| 235315 | 3 | T1019 | 0580 | 03/20/13 | 03/20/13 | 20.00 | 75.00 |
| 235315 | 4 | T1019 | 0580 | 03/21/13 | 03/21/13 | 20.00 | 75.00 |
| 235315 | 5 | T1019 | 0580 | 03/22/13 | 03/22/13 | 20.00 | 75.00 |
| CLAIM TOTAL | | | | | | | 375.00 |
| CLAIM ACCOUNT REF. | | | | | | | 2353150012012362SUP |

| 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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235311 | 1 | T1019 | 0580 | 03/18/13 | 03/18/13 | 16.00 | 60.00 |
| 235311 | 2 | T1019 | 0580 | 03/19/13 | 03/19/13 | 24.00 | 90.00 |
| 235311 | 3 | T1019 | 0580 | 03/20/13 | 03/20/13 | 24.00 | 90.00 |
| 235311 | 4 | T1019 | 0580 | 03/21/13 | 03/21/13 | 16.00 | 60.00 |
| 235311 | 5 | T1019 | 0580 | 03/22/13 | 03/22/13 | 16.00 | 60.00 |
| CLAIM TOTAL | | | | | | | 360.00 |
| CLAIM ACCOUNT REF. | | | | | | | 2353110012012373SUP |

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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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 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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235313 | 1 | T1019 | 0580 | 03/18/13 | 03/18/13 | 32.00 | 120.00 |
| 235313 | 2 | T1019 | 0580 | 03/19/13 | 03/19/13 | 32.00 | 120.00 |
| 235313 | 3 | T1019 | 0580 | 03/20/13 | 03/20/13 | 32.00 | 120.00 |
| 235313 | 4 | T1019 | 0580 | 03/21/13 | 03/21/13 | 32.00 | 120.00 |
| 235313 | 5 | T1019 | 0580 | 03/22/13 | 03/22/13 | 32.00 | 120.00 |
| CLAIM TOTAL | | | | | | | 600.00 |
| CLAIM ACCOUNT REF. | | | | | | | 2353130012012374SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235309 | 1 | T1019 | 0580 | 03/04/13 | 03/04/13 | 20.00 | 75.00 |
| 235309 | 2 | T1019 | 0580 | 03/05/13 | 03/05/13 | 20.00 | 75.00 |
| 235309 | 3 | T1019 | 0580 | 03/06/13 | 03/06/13 | 20.00 | 75.00 |
| 235309 | 4 | T1019 | 0580 | 03/07/13 | 03/07/13 | 20.00 | 75.00 |
| 235309 | 5 | T1019 | 0580 | 03/11/13 | 03/11/13 | 28.00 | 105.00 |
| 235309 | 6 | T1019 | 0580 | 03/18/13 | 03/18/13 | 28.00 | 105.00 |
| 235309 | 7 | T1019 | 0580 | 03/19/13 | 03/19/13 | 28.00 | 105.00 |
| 235309 | 8 | T1019 | 0580 | 03/20/13 | 03/20/13 | 28.00 | 105.00 |
| 235309 | 9 | T1019 | 0580 | 03/21/13 | 03/21/13 | 28.00 | 105.00 |
| 235309 | 10 | T1019 | 0580 | 03/22/13 | 03/22/13 | 16.00 | 60.00 |
| CLAIM TOTAL | | | | | | | 885.00 |
| CLAIM ACCOUNT REF. | | | | | | | 2353090012012732SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235308 | 1 | T1019 | 0580 | 03/20/13 | 03/20/13 | 28.00 | 105.00 |
| 235308 | 2 | T1019 | 0580 | 03/21/13 | 03/21/13 | 28.00 | 105.00 |
| CLAIM TOTAL | | | | | | | 210.00 |
| CLAIM ACCOUNT REF. | | | | | | | 2353080012012876SUP |

PAYER TOTALS: AMERIGROUP NEW YORK,LLC # OF CLAIMS = 78 TOTAL CLAIM AMOUNT = 6,150.64
SERVICES = 13

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NPI = 1154407492

PRIOR AUTHORIZATION #
387543

CLAIM ACCOUNT REF. 2353220012011453SUP

PRIOR AUTHORIZATION #
418549

CLAIM ACCOUNT REF. 2353200012011870SUP

PRIOR AUTHORIZATION #
405555

CLAIM ACCOUNT REF. 2353210012012213SUP

| | | | | | |
|---------------|-----|---------------|----|----------------------|----------|
| PAYER TOTALS: | ICS | # OF CLAIMS = | 16 | TOTAL CLAIM AMOUNT = | 1,180.80 |
| | | # SERVICES = | 3 | | |

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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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 GOMES, AGUSTINA 05/05/1933 JRX53860E01 2013030885700001
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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235316 | 1 | T1019 | 0580 | 03/16/13 | 03/16/13 | 36.00 | 151.92 |
| 235316 | 2 | T1019 | 0580 | 03/17/13 | 03/17/13 | 36.00 | 151.92 |
| 235316 | 3 | T1019 | 0580 | 03/18/13 | 03/18/13 | 36.00 | 151.92 |
| 235316 | 4 | T1019 | 0580 | 03/19/13 | 03/19/13 | 36.00 | 151.92 |
| 235316 | 5 | T1019 | 0580 | 03/20/13 | 03/20/13 | 36.00 | 151.92 |
| 235316 | 6 | T1019 | 0580 | 03/21/13 | 03/21/13 | 36.00 | 151.92 |
| 235316 | 7 | T1019 | 0580 | 03/22/13 | 03/22/13 | 36.00 | 151.92 |
| CLAIM TOTAL | | | | | | | 1,063.44 |
| CLAIM ACCOUNT REF. | | | | | | | 2353160012010800SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235319 | 1 | T1019 | 0580 | 03/19/13 | 03/19/13 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | | 67.52 |
| CLAIM ACCOUNT REF. | | | | | | | 2353190012010804SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008228 2010805 TOWLES, ADA 12/10/1954 JZX17878Q01 2013031115500002
DIAGNOSIS CODES: 722.10 401.9 724.3 750.7 V61.9
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 235318 | 1 | T1019 | 0580 | 03/18/13 | 03/18/13 | 16.00 | 67.52 |
| 235318 | 2 | T1019 | 0580 | 03/19/13 | 03/19/13 | 16.00 | 67.52 |
| 235318 | 3 | T1019 | 0580 | 03/20/13 | 03/20/13 | 16.00 | 67.52 |
| 235318 | 4 | T1019 | 0580 | 03/21/13 | 03/21/13 | 16.00 | 67.52 |
| 235318 | 5 | T1019 | 0580 | 03/22/13 | 03/22/13 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | | 337.60 |
| CLAIM ACCOUNT REF. | | | | | | | 2353180012010805SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012890 2012890 SCOTT, AKHNATON 04/28/1992 JPK4958E01 2013032015500001
DIAGNOSIS CODES: 299.00 317.
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 235317 | 1 | T1019 | 0580 | 03/21/13 | 03/21/13 | 16.00 | 67.52 |

REPORT DATE 03/27/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013032702425640RRSUP

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|----------------------------------------|
| 235317 | 2 | T1019 | 0580 | 03/22/13 | 03/22/13 | 16.00 | 67.52 | |
| | | | | | CLAIM TOTAL | | 135.04 | CLAIM ACCOUNT REF. 2353170012012890SUP |

| | | | | | |
|---------------|---------------------------|---------------|----|----------------------|----------|
| PAYER TOTALS: | HEALTHCARE PARTNERS IPA I | # OF CLAIMS = | 15 | TOTAL CLAIM AMOUNT = | 1,603.60 |
| | | # SERVICES = | 4 | | |

| | | | | | |
|------------------|--------------------|---------------|-----|----------------------|------------|
| PROVIDER TOTALS: | SUNNYSIDE CITYWIDE | # OF CLAIMS = | 880 | TOTAL CLAIM AMOUNT = | 105,047.81 |
| | | # SERVICES = | 157 | | |