

REPORT DATE 02/13/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013021304004881RRSUP

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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
229115	1	T1020		02/02/13	02/02/13	11.00	185.57
229115	2	T1020		02/04/13	02/04/13	6.00	101.22
229115	3	T1020		02/05/13	02/05/13	6.00	101.22
229115	4	T1020		02/06/13	02/06/13	6.00	101.22
229115	5	T1020		02/07/13	02/07/13	6.00	101.22
229115	6	T1020		02/08/13	02/08/13	6.00	101.22
CLAIM TOTAL						691.67	CLAIM ACCOUNT REF. 2291150012008267SUP

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
229113	1	T1020		01/30/13	01/30/13	9.00	151.83
229113	2	T1020		01/31/13	01/31/13	9.00	151.83
229113	3	T1020		02/01/13	02/01/13	9.00	151.83
229113	4	T1020		02/02/13	02/02/13	9.00	151.83
229113	5	T1020		02/03/13	02/03/13	9.00	151.83
229113	6	T1020		02/04/13	02/04/13	9.00	151.83
229113	7	T1020		02/05/13	02/05/13	9.00	151.83
229113	8	T1020		02/06/13	02/06/13	9.00	151.83
229113	9	T1020		02/07/13	02/07/13	9.00	151.83
229113	10	T1020		02/08/13	02/08/13	9.00	151.83
CLAIM TOTAL						1,518.30	CLAIM ACCOUNT REF. 2291130012008268SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
229111	1	T1020		02/04/13	02/04/13	7.00	118.09
229111	2	T1020		02/05/13	02/05/13	7.00	118.09
229111	3	T1020		02/06/13	02/06/13	7.00	118.09
229111	4	T1020		02/07/13	02/07/13	7.00	118.09
229111	5	T1020		02/08/13	02/08/13	7.00	118.09
CLAIM TOTAL						590.45	CLAIM ACCOUNT REF. 2291110012008306SUP

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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 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
229110	1	T1020		02/02/13	02/02/13	7.00	118.09
229110	2	T1020		02/03/13	02/03/13	7.00	118.09
229110	3	T1020		02/04/13	02/04/13	7.00	118.09
229110	4	T1020		02/05/13	02/05/13	7.00	118.09
229110	5	T1020		02/06/13	02/06/13	7.00	118.09
229110	6	T1020		02/07/13	02/07/13	7.00	118.09
229110	7	T1020		02/08/13	02/08/13	7.00	118.09
CLAIM TOTAL							826.63
CLAIM ACCOUNT REF.							2291100012008386SUP

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
229114	1	T1020		02/06/13	02/06/13	4.00	67.48
229114	2	T1020		02/07/13	02/07/13	5.00	84.35
229114	3	T1020		02/08/13	02/08/13	4.00	67.48
CLAIM TOTAL							219.31
CLAIM ACCOUNT REF.							2291140012008400SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
229116	1	T1020		02/02/13	02/02/13	9.00	151.83
229116	2	T1020		02/03/13	02/03/13	9.00	151.83
229116	3	T1020		02/04/13	02/04/13	9.00	151.83
229116	4	T1020		02/05/13	02/05/13	9.00	151.83
229116	5	T1020		02/06/13	02/06/13	9.00	151.83
229116	6	T1020		02/07/13	02/07/13	9.00	151.83
229116	7	T1020		02/08/13	02/08/13	9.00	151.83
CLAIM TOTAL							1,062.81
CLAIM ACCOUNT REF.							2291160012010041SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
229112	1	T1020		02/04/13	02/04/13	5.00	84.35

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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	
229112	2	T1020		02/05/13	02/05/13	5.00	84.35	
229112	3	T1020		02/06/13	02/06/13	5.00	84.35	
229112	4	T1020		02/07/13	02/07/13	5.00	84.35	
					CLAIM TOTAL		337.40	CLAIM ACCOUNT REF. 2291120012010712SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	42	TOTAL CLAIM AMOUNT =	5,246.57
		# SERVICES =	7		

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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
229096	1	T1019		02/06/13	02/06/13	16.00	67.52
229096	2	T1019		02/07/13	02/07/13	16.00	67.52
CLAIM TOTAL							135.04
CLAIM ACCOUNT REF.							2290960012008261SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
229102	1	T1019		02/02/13	02/02/13	24.00	101.28
229102	2	T1019		02/03/13	02/03/13	24.00	101.28
229102	3	T1019		02/04/13	02/04/13	24.00	101.28
229102	4	T1019		02/05/13	02/05/13	24.00	101.28
229102	5	T1019		02/06/13	02/06/13	24.00	101.28
229102	6	T1019		02/07/13	02/07/13	24.00	101.28
229102	7	T1019		02/08/13	02/08/13	24.00	101.28
CLAIM TOTAL							708.96
CLAIM ACCOUNT REF.							2291020012008263SUP

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
229107	1	T1019		02/02/13	02/02/13	40.00	168.80
229107	2	T1019		02/03/13	02/03/13	40.00	168.80
229107	3	T1019		02/04/13	02/04/13	40.00	168.80
229107	4	T1019		02/05/13	02/05/13	40.00	168.80
229107	5	T1019		02/06/13	02/06/13	40.00	168.80
229107	6	T1019		02/07/13	02/07/13	36.00	151.92
229107	7	T1019		02/08/13	02/08/13	36.00	151.92
CLAIM TOTAL							1,147.84
CLAIM ACCOUNT REF.							2291070012008265SUP

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
229109	1	T1019		02/02/13	02/02/13	16.00	67.52
229109	2	T1019		02/03/13	02/03/13	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	
229109	3	T1019		02/04/13	02/04/13	24.00	101.28	
229109	4	T1019		02/05/13	02/05/13	24.00	101.28	
229109	5	T1019		02/06/13	02/06/13	24.00	101.28	
229109	6	T1019		02/07/13	02/07/13	24.00	101.28	
229109	7	T1019		02/08/13	02/08/13	24.00	101.28	
				CLAIM TOTAL			641.44	CLAIM ACCOUNT REF. 2291090012008303SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
229099	1	T1019		02/04/13	02/04/13	20.00	84.40	
229099	2	T1019		02/05/13	02/05/13	4.00	16.88	
229099	3	T1019		02/07/13	02/07/13	20.00	84.40	
				CLAIM TOTAL			185.68	CLAIM ACCOUNT REF. 2290990012008366SUP

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	
229093	1	T1019		01/31/13	01/31/13	28.00	118.16	
229093	2	T1019		02/01/13	02/01/13	28.00	118.16	
229093	3	T1019		02/02/13	02/02/13	28.00	118.16	
229093	4	T1019		02/04/13	02/04/13	32.00	135.04	
229093	5	T1019		02/05/13	02/05/13	28.00	118.16	
229093	6	T1019		02/06/13	02/06/13	28.00	118.16	
229093	7	T1019		02/07/13	02/07/13	28.00	118.16	
				CLAIM TOTAL			844.00	CLAIM ACCOUNT REF. 2290930012008403SUP

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	
229104	1	T1019		02/04/13	02/04/13	24.00	101.28	
229104	2	T1019		02/05/13	02/05/13	24.00	101.28	
229104	3	T1019		02/06/13	02/06/13	24.00	101.28	
229104	4	T1019		02/07/13	02/07/13	24.00	101.28	
229104	5	T1019		02/08/13	02/08/13	24.00	101.28	
				CLAIM TOTAL			506.40	CLAIM ACCOUNT REF. 2291040012008421SUP

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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
229103	1	T1019		02/02/13	02/02/13	24.00	101.28
229103	2	T1019		02/05/13	02/05/13	24.00	101.28
229103	3	T1019		02/06/13	02/06/13	24.00	101.28
229103	4	T1019		02/07/13	02/07/13	24.00	101.28
229103	5	T1019		02/08/13	02/08/13	24.00	101.28
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2291030012008422SUP

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
229108	1	T1019		01/08/13	01/08/13	16.00	67.52
229108	2	T1019		02/04/13	02/04/13	16.00	67.52
229108	3	T1019		02/05/13	02/05/13	16.00	67.52
229108	4	T1019		02/07/13	02/07/13	16.00	67.52
229108	5	T1019		02/08/13	02/08/13	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2291080012008425SUP

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
229097	1	T1019		01/24/13	01/24/13	40.00	168.80
229097	2	T1019		01/30/13	01/30/13	40.00	168.80
229097	3	T1019		02/02/13	02/02/13	40.00	168.80
229097	4	T1019		02/03/13	02/03/13	40.00	168.80
229097	5	T1019		02/04/13	02/04/13	40.00	168.80
229097	6	T1019		02/05/13	02/05/13	40.00	168.80
229097	7	T1019		02/06/13	02/06/13	40.00	168.80
229097	8	T1019		02/07/13	02/07/13	40.00	168.80
229097	9	T1019		02/08/13	02/08/13	40.00	168.80
CLAIM TOTAL							1,519.20

CLAIM ACCOUNT REF. 2290970012008427SUP

REPORT DATE 02/13/13 SUNNYSIDE CITYWIDE
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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 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
229105	1	T1019		02/04/13	02/04/13	24.00	101.28
229105	2	T1019		02/05/13	02/05/13	24.00	101.28
229105	3	T1019		02/06/13	02/06/13	24.00	101.28
229105	4	T1019		02/07/13	02/07/13	24.00	101.28
229105	5	T1019		02/08/13	02/08/13	24.00	101.28
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2291050012008531SUP

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
229101	1	T1019		02/03/13	02/03/13	16.00	67.52
229101	2	T1019		02/05/13	02/05/13	28.00	118.16
229101	3	T1019		02/06/13	02/06/13	28.00	118.16
229101	4	T1019		02/07/13	02/07/13	28.00	118.16
229101	5	T1019		02/08/13	02/08/13	28.00	118.16
CLAIM TOTAL							540.16

CLAIM ACCOUNT REF. 2291010012008742SUP

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
229095	1	T1019		02/04/13	02/04/13	24.00	101.28
229095	2	T1019		02/06/13	02/06/13	24.00	101.28
229095	3	T1019		02/07/13	02/07/13	24.00	101.28
229095	4	T1019		02/08/13	02/08/13	24.00	101.28
CLAIM TOTAL							405.12

CLAIM ACCOUNT REF. 2290950012008802SUP

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
229100	1	T1019		02/02/13	02/02/13	44.00	185.68
229100	2	T1019		02/03/13	02/03/13	48.00	202.56
229100	3	T1019		02/04/13	02/04/13	40.00	168.80
229100	4	T1019		02/05/13	02/05/13	48.00	202.56

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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	
229100	5	T1019		02/06/13	02/06/13	48.00	202.56	
229100	6	T1019		02/07/13	02/07/13	48.00	202.56	
229100	7	T1019		02/08/13	02/08/13	24.00	101.28	
					CLAIM TOTAL		1,266.00	CLAIM ACCOUNT REF. 2291000012009356SUP

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	
229091	1	T1019		02/02/13	02/02/13	32.00	135.04	
229091	2	T1019		02/03/13	02/03/13	32.00	135.04	
229091	3	T1019		02/04/13	02/04/13	32.00	135.04	
229091	4	T1019		02/05/13	02/05/13	32.00	135.04	
229091	5	T1019		02/06/13	02/06/13	32.00	135.04	
229091	6	T1019		02/07/13	02/07/13	32.00	135.04	
229091	7	T1019		02/08/13	02/08/13	32.00	135.04	
					CLAIM TOTAL		945.28	CLAIM ACCOUNT REF. 2290910012010143SUP

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	
229106	1	T1019		02/06/13	02/06/13	20.00	84.40	
229106	2	T1019		02/07/13	02/07/13	20.00	84.40	
					CLAIM TOTAL		168.80	CLAIM ACCOUNT REF. 2291060012010353SUP

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	
229098	1	T1019		02/02/13	02/02/13	24.00	101.28	
229098	2	T1019		02/03/13	02/03/13	24.00	101.28	
229098	3	T1019		02/04/13	02/04/13	24.00	101.28	
229098	4	T1019		02/05/13	02/05/13	28.00	118.16	
229098	5	T1019		02/06/13	02/06/13	28.00	118.16	
229098	6	T1019		02/07/13	02/07/13	28.00	118.16	
229098	7	T1019		02/08/13	02/08/13	28.00	118.16	
					CLAIM TOTAL		776.48	CLAIM ACCOUNT REF. 2290980012010639SUP

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REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010671	2010878	AKHTER, SELINA	07/13/1960	10087504801	073112301172
DIAGNOSIS		CODES:	093.9	253.5	272.4	401.9	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
229092	1	T1019		02/04/13	02/04/13	36.00	151.92	
229092	2	T1019		02/05/13	02/05/13	36.00	151.92	
229092	3	T1019		02/06/13	02/06/13	36.00	151.92	
229092	4	T1019		02/07/13	02/07/13	36.00	151.92	
229092	5	T1019		02/08/13	02/08/13	36.00	151.92	
					CLAIM TOTAL		759.60	CLAIM ACCOUNT REF. 2290920012010878SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012500	2012500	DEKMAK, GRISEL	03/02/1964	10061526701	020113323665
DIAGNOSIS		CODES: 799.89					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
229094	1	T1019		02/02/13	02/02/13	48.00	202.56	
229094	2	T1019		02/03/13	02/03/13	48.00	202.56	
229094	3	T1019		02/04/13	02/04/13	48.00	202.56	
229094	4	T1019		02/05/13	02/05/13	48.00	202.56	
229094	5	T1019		02/06/13	02/06/13	48.00	202.56	
229094	6	T1019		02/07/13	02/07/13	48.00	202.56	
229094	7	T1019		02/08/13	02/08/13	48.00	202.56	
					CLAIM TOTAL		1,417.92	CLAIM ACCOUNT REF. 2290940012012500SUP

PAYER TOTALS:	NEIGHBORHOOD HEALTH	# OF CLAIMS =	106	TOTAL CLAIM AMOUNT =	13,318.32
		# SERVICES =	19		

REPORT DATE 02/13/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013021304004881RRSUP

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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 0112181290326
DIAGNOSIS CODES: 356.9 348.2 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
229140	1	T1019		02/02/13	02/02/13	4.00	68.60
229140	2	T1019		02/03/13	02/03/13	4.00	68.60
229140	3	T1019		02/04/13	02/04/13	12.00	205.80
229140	4	T1019		02/05/13	02/05/13	12.00	205.80
229140	5	T1019		02/06/13	02/06/13	12.00	205.80
229140	6	T1019		02/07/13	02/07/13	12.00	205.80
229140	7	T1019		02/08/13	02/08/13	11.00	188.65
CLAIM TOTAL						1,149.05	CLAIM ACCOUNT REF. 2291400012008233SUP

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
229147	1	T1019		02/02/13	02/02/13	8.00	137.20
229147	2	T1019		02/03/13	02/03/13	8.00	137.20
229147	3	T1019		02/04/13	02/04/13	11.00	188.65
229147	4	T1019		02/05/13	02/05/13	11.00	188.65
229147	5	T1019		02/06/13	02/06/13	11.00	188.65
229147	6	T1019		02/07/13	02/07/13	11.00	188.65
229147	7	T1019		02/08/13	02/08/13	6.00	102.90
CLAIM TOTAL						1,131.90	CLAIM ACCOUNT REF. 2291470012008236SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008237 2008237 DURHAM, CYNTHIA 05/23/1960 ZB21969Z 0107031290005
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
229143	1	T1019		02/04/13	02/04/13	4.00	68.60
229143	2	T1019		02/07/13	02/07/13	4.00	68.60
229143	3	T1019		02/08/13	02/08/13	4.00	68.60
CLAIM TOTAL						205.80	CLAIM ACCOUNT REF. 2291430012008237SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008284 2008284 ANDERSON, BETH 12/18/1947 YC43135F 0108141290047
DIAGNOSIS CODES: 340. 286.0 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
229139	1	T1019		02/02/13	02/02/13	3.00	51.45

REPORT DATE 02/13/13 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
229139	2	T1019		02/03/13	02/03/13	2.00	34.30
229139	3	T1019		02/04/13	02/04/13	5.00	85.75
229139	4	T1019		02/05/13	02/05/13	5.00	85.75
229139	5	T1019		02/06/13	02/06/13	5.00	85.75
229139	6	T1019		02/07/13	02/07/13	5.00	85.75
229139	7	T1019		02/08/13	02/08/13	5.00	85.75
CLAIM TOTAL							514.50

CLAIM ACCOUNT REF. 2291390012008284SUP

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
229145	1	T1019		02/04/13	02/04/13	10.00	171.50
229145	2	T1019		02/05/13	02/05/13	10.00	171.50
229145	3	T1019		02/06/13	02/06/13	10.00	171.50
229145	4	T1019		02/07/13	02/07/13	9.00	154.35
CLAIM TOTAL							668.85

CLAIM ACCOUNT REF. 2291450012008385SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008417 2008417 GALAS, TERESA 06/08/1955 ZX91437V 0112061290395
DIAGNOSIS CODES: 345.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
229144	1	T1019		02/02/13	02/02/13	5.00	85.75
229144	2	T1019		02/03/13	02/03/13	5.00	85.75
229144	3	T1019		02/04/13	02/04/13	5.00	85.75
229144	4	T1019		02/05/13	02/05/13	5.00	85.75
229144	5	T1019		02/06/13	02/06/13	5.00	85.75
229144	6	T1019		02/07/13	02/07/13	5.00	85.75
229144	7	T1019		02/08/13	02/08/13	5.00	85.75
CLAIM TOTAL							600.25

CLAIM ACCOUNT REF. 2291440012008417SUP

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
229149	1	T1019		02/04/13	02/04/13	8.00	137.20
229149	2	T1019		02/05/13	02/05/13	8.00	137.20
229149	3	T1019		02/06/13	02/06/13	8.00	137.20
229149	4	T1019		02/07/13	02/07/13	8.00	137.20
229149	5	T1019		02/08/13	02/08/13	8.00	137.20

REPORT DATE 02/13/13 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	CLAIM ACCOUNT REF.
							686.00	2291490012008418SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008743	2008743	CORDERO, ROSENDO	08/26/1926	QM62108S	0108071290054

DIAGNOSIS CODES: 492.0 272.0 401.9 715.00 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
229141	1	T1019		02/02/13	02/02/13	10.00	171.50	
229141	2	T1019		02/03/13	02/03/13	10.00	171.50	
229141	3	T1019		02/04/13	02/04/13	10.00	171.50	
229141	4	T1019		02/05/13	02/05/13	10.00	171.50	
229141	5	T1019		02/06/13	02/06/13	10.00	171.50	
229141	6	T1019		02/07/13	02/07/13	10.00	171.50	
229141	7	T1019		02/08/13	02/08/13	10.00	171.50	
						CLAIM TOTAL	1,200.50	2291410012008743SUP

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	CLAIM ACCOUNT REF.
229150	1	T1019		01/26/13	01/26/13	5.00	85.75	
229150	2	T1019		01/27/13	01/27/13	5.00	85.75	
229150	3	T1019		01/28/13	01/28/13	4.00	68.60	
229150	4	T1019		02/02/13	02/02/13	5.00	85.75	
229150	5	T1019		02/03/13	02/03/13	5.00	85.75	
						CLAIM TOTAL	411.60	2291500012009377SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008235	2009688	RAMPERSAID, ALISSA	08/04/1992	SZ46585R	0107031290329

DIAGNOSIS CODES: 319. 315.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
229148	1	T1019		02/02/13	02/02/13	8.00	137.20	
229148	2	T1019		02/04/13	02/04/13	3.00	51.45	
229148	3	T1019		02/05/13	02/05/13	3.00	51.45	
229148	4	T1019		02/06/13	02/06/13	3.00	51.45	
229148	5	T1019		02/08/13	02/08/13	4.00	68.60	
						CLAIM TOTAL	360.15	2291480012009688SUP

REPORT DATE 02/13/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013021304004881RRSUP

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

NPI = 1154407492

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008279 2010213 VALLE, BLASINA 02/03/1929 QG00558G 0110231290062
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
229151	1	T1019		01/31/13	01/31/13	8.00	137.20
229151	2	T1019		02/01/13	02/01/13	8.00	137.20
229151	3	T1019		02/02/13	02/02/13	8.00	137.20
229151	4	T1019		02/04/13	02/04/13	8.00	137.20
229151	5	T1019		02/05/13	02/05/13	8.00	137.20
229151	6	T1019		02/06/13	02/06/13	8.00	137.20
CLAIM TOTAL							823.20
CLAIM ACCOUNT REF.							2291510012010213SUP

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
229146	1	T1019		02/02/13	02/02/13	3.00	51.45
229146	2	T1019		02/03/13	02/03/13	3.00	51.45
229146	3	T1019		02/04/13	02/04/13	3.00	51.45
229146	4	T1019		02/05/13	02/05/13	3.00	51.45
229146	5	T1019		02/06/13	02/06/13	3.00	51.45
229146	6	T1019		02/07/13	02/07/13	3.00	51.45
229146	7	T1019		02/08/13	02/08/13	3.00	51.45
CLAIM TOTAL							360.15
CLAIM ACCOUNT REF.							2291460012010886SUP

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
229142	1	T1019		02/02/13	02/02/13	24.00	411.60
229142	2	T1019		02/03/13	02/03/13	24.00	411.60
229142	3	T1019		02/04/13	02/04/13	24.00	411.60
229142	4	T1019		02/05/13	02/05/13	24.00	411.60
229142	5	T1019		02/06/13	02/06/13	24.00	411.60
229142	6	T1019		02/07/13	02/07/13	24.00	411.60
229142	7	T1019		02/08/13	02/08/13	24.00	411.60
CLAIM TOTAL							2,881.20
CLAIM ACCOUNT REF.							2291420012011286SUP

REPORT DATE 02/13/13 SUNNYSIDE CITYWIDE
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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 2012382 2012382 VERAS, EMMA 04/08/1957 YR88751T
DIAGNOSIS CODES: V44.0 253.5 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
229152	1	T1019		02/02/13	02/02/13	12.00	205.80
229152	2	T1019		02/04/13	02/04/13	12.00	205.80
229152	3	T1019		02/05/13	02/05/13	12.00	205.80
229152	4	T1019		02/06/13	02/06/13	12.00	205.80
229152	5	T1019		02/07/13	02/07/13	12.00	205.80
229152	6	T1019		02/08/13	02/08/13	12.00	205.80
CLAIM TOTAL						1,234.80	CLAIM ACCOUNT REF. 2291520012012382SUP

PAYER TOTALS: METROPLUS HEALTH PLAN # OF CLAIMS = 83 TOTAL CLAIM AMOUNT = 12,227.95
SERVICES = 14

REPORT DATE 02/13/13 SUNNYSIDE CITYWIDE
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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
229181	1	T1019		02/02/13	02/02/13	36.00	154.80
229181	2	T1019		02/03/13	02/03/13	36.00	154.80
229181	3	T1019		02/04/13	02/04/13	36.00	154.80
229181	4	T1019		02/05/13	02/05/13	36.00	154.80
229181	5	T1019		02/07/13	02/07/13	36.00	154.80
229181	6	T1019		02/08/13	02/08/13	36.00	154.80
CLAIM TOTAL							928.80
CLAIM ACCOUNT REF.							2291810012008286SUP

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
229170	1	T1019		02/02/13	02/02/13	24.00	103.20
229170	2	T1019		02/04/13	02/04/13	24.00	103.20
229170	3	T1019		02/05/13	02/05/13	24.00	103.20
229170	4	T1019		02/06/13	02/06/13	24.00	103.20
229170	5	T1019		02/07/13	02/07/13	24.00	103.20
229170	6	T1019		02/08/13	02/08/13	24.00	103.20
CLAIM TOTAL							619.20
CLAIM ACCOUNT REF.							2291700012008495SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010404 2010404 GUERRERO *, MIRTHA 09/14/1931 740496 111194903
DIAGNOSIS CODES: 253.5 401.9 733.00 750.27

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
229161	1	T1019		02/02/13	02/02/13	28.00	120.40
229161	2	T1019		02/03/13	02/03/13	28.00	120.40
229161	3	T1019		02/04/13	02/04/13	28.00	120.40
229161	4	T1019		02/05/13	02/05/13	28.00	120.40
229161	5	T1019		02/06/13	02/06/13	28.00	120.40
229161	6	T1019		02/07/13	02/07/13	28.00	120.40
229161	7	T1019		02/08/13	02/08/13	28.00	120.40
CLAIM TOTAL							842.80
CLAIM ACCOUNT REF.							2291610012010404SUP

REPORT DATE 02/13/13 SUNNYSIDE CITYWIDE
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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 2012101 2012101 BATILO, MARTA 02/23/1917 708125 111205102
DIAGNOSIS CODES: 715.00 272.2 285.29 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
229154	1	T1019		02/02/13	02/02/13	28.00	120.40
229154	2	T1019		02/03/13	02/03/13	28.00	120.40
229154	3	T1019		02/04/13	02/04/13	28.00	120.40
229154	4	T1019		02/05/13	02/05/13	28.00	120.40
229154	5	T1019		02/06/13	02/06/13	28.00	120.40
229154	6	T1019		02/07/13	02/07/13	28.00	120.40
229154	7	T1019		02/08/13	02/08/13	28.00	120.40
CLAIM TOTAL							842.80
CLAIM ACCOUNT REF.							2291540012012101SUP

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
229155	1	T1019		02/04/13	02/04/13	16.00	68.80
229155	2	T1019		02/05/13	02/05/13	16.00	68.80
229155	3	T1019		02/06/13	02/06/13	16.00	68.80
229155	4	T1019		02/07/13	02/07/13	16.00	68.80
229155	5	T1019		02/08/13	02/08/13	16.00	68.80
CLAIM TOTAL							344.00
CLAIM ACCOUNT REF.							2291550012012102SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012103 2012103 CABRERA, VINICIO 10/10/1949 702015 111205412
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
229156	1	T1019		02/02/13	02/02/13	20.00	86.00
229156	2	T1019		02/03/13	02/03/13	20.00	86.00
229156	3	T1019		02/04/13	02/04/13	20.00	86.00
CLAIM TOTAL							258.00
CLAIM ACCOUNT REF.							2291560012012103SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012104 2012104 CEBALLOS, FRANCISCA 11/10/1931 744474 111205448
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
229157	1	T1019		02/02/13	02/02/13	40.00	172.00
229157	2	T1019		02/03/13	02/03/13	40.00	172.00
229157	3	T1019		02/04/13	02/04/13	40.00	172.00

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PAYER ID = 14163 WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
229157	4	T1019		02/05/13	02/05/13	40.00	172.00	
229157	5	T1019		02/06/13	02/06/13	40.00	172.00	
229157	6	T1019		02/07/13	02/07/13	40.00	172.00	
229157	7	T1019		02/08/13	02/08/13	40.00	172.00	
				CLAIM TOTAL		1,204.00		CLAIM ACCOUNT REF. 2291570012012104SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012107 2012107 CRUZ, LUIS 06/10/1952 706307 111208204
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
229158	1	T1019		02/02/13	02/02/13	32.00	137.60	
229158	2	T1019		02/03/13	02/03/13	32.00	137.60	
229158	3	T1019		02/04/13	02/04/13	32.00	137.60	
229158	4	T1019		02/05/13	02/05/13	32.00	137.60	
229158	5	T1019		02/06/13	02/06/13	32.00	137.60	
229158	6	T1019		02/07/13	02/07/13	32.00	137.60	
229158	7	T1019		02/08/13	02/08/13	32.00	137.60	
				CLAIM TOTAL		963.20		CLAIM ACCOUNT REF. 2291580012012107SUP

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	
229159	1	T1019		02/04/13	02/04/13	24.00	103.20	
229159	2	T1019		02/05/13	02/05/13	24.00	103.20	
229159	3	T1019		02/06/13	02/06/13	24.00	103.20	
229159	4	T1019		02/07/13	02/07/13	24.00	103.20	
229159	5	T1019		02/08/13	02/08/13	24.00	103.20	
				CLAIM TOTAL		516.00		CLAIM ACCOUNT REF. 2291590012012108SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012110 2012110 GOMEZ, RANNIE 09/11/1917 698802 111339768
DIAGNOSIS CODES: 428.0 272.2 365.9 401.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
229160	1	T1019		02/04/13	02/04/13	16.00	68.80	
				CLAIM TOTAL		68.80		CLAIM ACCOUNT REF. 2291600012012110SUP

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PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012114 2012114 GUERRERO, FIRPO A 06/13/1929 698839 111209283
DIAGNOSIS CODES: 331.0 290.0 311. 401.9 600.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
229162	1	T1019		01/25/13	01/25/13	36.00	154.80	
229162	2	T1019		01/27/13	01/27/13	36.00	154.80	
CLAIM TOTAL							309.60	CLAIM ACCOUNT REF. 2291620012012114SUP

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	
229163	1	T1019		02/01/13	02/01/13	36.00	154.80	
229163	2	T1019		02/02/13	02/02/13	48.00	206.40	
229163	3	T1019		02/03/13	02/03/13	36.00	154.80	
229163	4	T1019		02/04/13	02/04/13	36.00	154.80	
229163	5	T1019		02/05/13	02/05/13	48.00	206.40	
229163	6	T1019		02/06/13	02/06/13	36.00	154.80	
229163	7	T1019		02/07/13	02/07/13	48.00	206.40	
229163	8	T1019		02/08/13	02/08/13	36.00	154.80	
CLAIM TOTAL							1,393.20	CLAIM ACCOUNT REF. 2291630012012114SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012115 2012115 GUERRERO, ISABEL 11/08/1935 698840 111209413
DIAGNOSIS CODES: 715.90 244.9 272.0 413.9 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
229164	1	T1019		01/25/13	01/25/13	12.00	51.60	
229164	2	T1019		01/27/13	01/27/13	12.00	51.60	
CLAIM TOTAL							103.20	CLAIM ACCOUNT REF. 2291640012012115SUP

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	
229165	1	T1019		02/01/13	02/01/13	12.00	51.60	
229165	2	T1019		02/03/13	02/03/13	12.00	51.60	
229165	3	T1019		02/04/13	02/04/13	12.00	51.60	
229165	4	T1019		02/06/13	02/06/13	12.00	51.60	
CLAIM TOTAL							206.40	CLAIM ACCOUNT REF. 2291650012012115SUP

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REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012117 2012117 HAYNES, LAMONT 08/22/1920 695748 111213173
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
229166	1	T1019		02/02/13	02/02/13	20.00	86.00
229166	2	T1019		02/03/13	02/03/13	20.00	86.00
229166	3	T1019		02/04/13	02/04/13	16.00	68.80
229166	4	T1019		02/05/13	02/05/13	16.00	68.80
229166	5	T1019		02/06/13	02/06/13	16.00	68.80
229166	6	T1019		02/07/13	02/07/13	16.00	68.80
229166	7	T1019		02/08/13	02/08/13	16.00	68.80
CLAIM TOTAL							516.00
CLAIM ACCOUNT REF.							2291660012012117SUP

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
229167	1	T1019		02/04/13	02/04/13	28.00	120.40
229167	2	T1019		02/05/13	02/05/13	28.00	120.40
229167	3	T1019		02/06/13	02/06/13	28.00	120.40
229167	4	T1019		02/07/13	02/07/13	28.00	120.40
229167	5	T1019		02/08/13	02/08/13	28.00	120.40
CLAIM TOTAL							602.00
CLAIM ACCOUNT REF.							2291670012012120SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012121 2012121 MOHAMED, DENISE 06/14/1959 691722 111211059
DIAGNOSIS CODES: 715.98

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
229172	1	T1019		01/26/13	01/26/13	32.00	137.60
229172	2	T1019		02/02/13	02/02/13	32.00	137.60
229172	3	T1019		02/03/13	02/03/13	32.00	137.60
229172	4	T1019		02/04/13	02/04/13	32.00	137.60
229172	5	T1019		02/05/13	02/05/13	32.00	137.60
229172	6	T1019		02/06/13	02/06/13	32.00	137.60
229172	7	T1019		02/07/13	02/07/13	32.00	137.60
229172	8	T1019		02/08/13	02/08/13	32.00	137.60
CLAIM TOTAL							1,100.80
CLAIM ACCOUNT REF.							2291720012012121SUP

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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
229173	1	T1019		02/02/13	02/02/13	20.00	86.00
229173	2	T1019		02/03/13	02/03/13	20.00	86.00
229173	3	T1019		02/04/13	02/04/13	20.00	86.00
229173	4	T1019		02/05/13	02/05/13	20.00	86.00
229173	5	T1019		02/06/13	02/06/13	20.00	86.00
229173	6	T1019		02/07/13	02/07/13	20.00	86.00
229173	7	T1019		02/08/13	02/08/13	20.00	86.00
CLAIM TOTAL							602.00
CLAIM ACCOUNT REF.							2291730012012122SUP

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
229174	1	T1019		02/02/13	02/02/13	20.00	86.00
229174	2	T1019		02/03/13	02/03/13	20.00	86.00
229174	3	T1019		02/04/13	02/04/13	28.00	120.40
229174	4	T1019		02/05/13	02/05/13	28.00	120.40
229174	5	T1019		02/07/13	02/07/13	28.00	120.40
229174	6	T1019		02/08/13	02/08/13	28.00	120.40
CLAIM TOTAL							653.60
CLAIM ACCOUNT REF.							2291740012012130SUP

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
229176	1	T1019		02/04/13	02/04/13	16.00	68.80
229176	2	T1019		02/06/13	02/06/13	16.00	68.80
CLAIM TOTAL							137.60
CLAIM ACCOUNT REF.							2291760012012131SUP

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
229175	1	T1019		02/02/13	02/02/13	20.00	86.00
229175	2	T1019		02/03/13	02/03/13	20.00	86.00
229175	3	T1019		02/04/13	02/04/13	32.00	137.60

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PAYER ID = 14163 WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
229175	4	T1019		02/05/13	02/05/13	32.00	137.60	
229175	5	T1019		02/06/13	02/06/13	32.00	137.60	
229175	6	T1019		02/07/13	02/07/13	32.00	137.60	
229175	7	T1019		02/08/13	02/08/13	32.00	137.60	
					CLAIM TOTAL		860.00	CLAIM ACCOUNT REF. 2291750012012132SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012134	2012134	SERRANO, CARMEN	09/14/1948	695740	111397947
DIAGNOSIS CODES: 093.89 253.5 311. 429.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
229189	1	T1019		02/04/13	02/04/13	36.00	154.80	
229189	2	T1019		02/05/13	02/05/13	36.00	154.80	
229189	3	T1019		02/06/13	02/06/13	36.00	154.80	
229189	4	T1019		02/07/13	02/07/13	36.00	154.80	
229189	5	T1019		02/08/13	02/08/13	36.00	154.80	
					CLAIM TOTAL		774.00	CLAIM ACCOUNT REF. 2291890012012134SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
229191	1	T1019		02/04/13	02/04/13	32.00	137.60	
229191	2	T1019		02/05/13	02/05/13	32.00	137.60	
229191	3	T1019		02/06/13	02/06/13	32.00	137.60	
229191	4	T1019		02/07/13	02/07/13	32.00	137.60	
229191	5	T1019		02/08/13	02/08/13	32.00	137.60	
					CLAIM TOTAL		688.00	CLAIM ACCOUNT REF. 2291910012012137SUP

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	
229192	1	T1019		02/04/13	02/04/13	16.00	68.80	
229192	2	T1019		02/06/13	02/06/13	16.00	68.80	
229192	3	T1019		02/07/13	02/07/13	16.00	68.80	
229192	4	T1019		02/08/13	02/08/13	16.00	68.80	
					CLAIM TOTAL		275.20	CLAIM ACCOUNT REF. 2291920012012138SUP

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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
229177	1	T1019		02/02/13	02/02/13	32.00	137.60
229177	2	T1019		02/04/13	02/04/13	32.00	137.60
229177	3	T1019		02/06/13	02/06/13	32.00	137.60
229177	4	T1019		02/07/13	02/07/13	32.00	137.60
229177	5	T1019		02/08/13	02/08/13	32.00	137.60
CLAIM TOTAL							688.00

CLAIM ACCOUNT REF. 2291770012012140SUP

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
229188	1	T1019		02/04/13	02/04/13	16.00	68.80
229188	2	T1019		02/06/13	02/06/13	16.00	68.80
229188	3	T1019		02/08/13	02/08/13	16.00	68.80
CLAIM TOTAL							206.40

CLAIM ACCOUNT REF. 2291880012012141SUP

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
229171	1	T1019		02/04/13	02/04/13	12.00	51.60
229171	2	T1019		02/05/13	02/05/13	12.00	51.60
229171	3	T1019		02/07/13	02/07/13	12.00	51.60
229171	4	T1019		02/08/13	02/08/13	12.00	51.60
CLAIM TOTAL							206.40

CLAIM ACCOUNT REF. 2291710012012142SUP

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
229180	1	T1019		02/04/13	02/04/13	20.00	86.00
229180	2	T1019		02/06/13	02/06/13	20.00	86.00
229180	3	T1019		02/08/13	02/08/13	20.00	86.00
CLAIM TOTAL							258.00

CLAIM ACCOUNT REF. 2291800012012144SUP

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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
229178	1	T1019		02/04/13	02/04/13	16.00	68.80
229178	2	T1019		02/05/13	02/05/13	16.00	68.80
229178	3	T1019		02/06/13	02/06/13	16.00	68.80
229178	4	T1019		02/07/13	02/07/13	16.00	68.80
229178	5	T1019		02/08/13	02/08/13	16.00	68.80
CLAIM TOTAL							344.00

CLAIM ACCOUNT REF. 2291780012012145SUP

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
229179	1	T1019		02/04/13	02/04/13	16.00	68.80
229179	2	T1019		02/05/13	02/05/13	16.00	68.80
229179	3	T1019		02/06/13	02/06/13	16.00	68.80
229179	4	T1019		02/07/13	02/07/13	16.00	68.80
229179	5	T1019		02/08/13	02/08/13	16.00	68.80
CLAIM TOTAL							344.00

CLAIM ACCOUNT REF. 2291790012012146SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012147 2012147 RAMOS, SILVIA 08/16/1957 707547 111223057
DIAGNOSIS CODES: 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
229182	1	T1019		02/04/13	02/04/13	20.00	86.00
229182	2	T1019		02/05/13	02/05/13	20.00	86.00
229182	3	T1019		02/06/13	02/06/13	20.00	86.00
229182	4	T1019		02/07/13	02/07/13	20.00	86.00
229182	5	T1019		02/08/13	02/08/13	20.00	86.00
CLAIM TOTAL							430.00

CLAIM ACCOUNT REF. 2291820012012147SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
229183	1	T1019		02/04/13	02/04/13	32.00	137.60
229183	2	T1019		02/05/13	02/05/13	32.00	137.60
229183	3	T1019		02/06/13	02/06/13	32.00	137.60

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
229183	4	T1019		02/07/13	02/07/13	32.00	137.60	
229183	5	T1019		02/08/13	02/08/13	32.00	137.60	
					CLAIM TOTAL		688.00	CLAIM ACCOUNT REF. 2291830012012149SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012152	2012152	REYES, TERESA	03/18/1941	697840	111388689
DIAGNOSIS	CODES:	799.89				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
229184	1	T1019		02/02/13	02/02/13	32.00	137.60	
229184	2	T1019		02/04/13	02/04/13	32.00	137.60	
229184	3	T1019		02/05/13	02/05/13	32.00	137.60	
229184	4	T1019		02/06/13	02/06/13	28.00	120.40	
229184	5	T1019		02/07/13	02/07/13	32.00	137.60	
229184	6	T1019		02/08/13	02/08/13	32.00	137.60	
					CLAIM TOTAL		808.40	CLAIM ACCOUNT REF. 2291840012012152SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012153	2012153	RIVERA, ALIDA	12/25/1927	713396	111223378
DIAGNOSIS	CODES:	799.89				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
229185	1	T1019		02/08/13	02/08/13	16.00	68.80	
					CLAIM TOTAL		68.80	CLAIM ACCOUNT REF. 2291850012012153SUP

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	
229186	1	T1019		02/02/13	02/02/13	24.00	103.20	
229186	2	T1019		02/04/13	02/04/13	24.00	103.20	
229186	3	T1019		02/05/13	02/05/13	24.00	103.20	
229186	4	T1019		02/06/13	02/06/13	24.00	103.20	
229186	5	T1019		02/07/13	02/07/13	24.00	103.20	
229186	6	T1019		02/08/13	02/08/13	24.00	103.20	
					CLAIM TOTAL		619.20	CLAIM ACCOUNT REF. 2291860012012154SUP

REPORT DATE 02/13/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013021304004881RRSUP

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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 2012155 2012155 SANCHEZ, BETANIA 05/10/1956 706048 111227610
DIAGNOSIS CODES: 555.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
229187	1	T1019		02/04/13	02/04/13	16.00	68.80
229187	2	T1019		02/05/13	02/05/13	20.00	86.00
229187	3	T1019		02/06/13	02/06/13	20.00	86.00
229187	4	T1019		02/07/13	02/07/13	20.00	86.00
229187	5	T1019		02/08/13	02/08/13	20.00	86.00
CLAIM TOTAL							412.80

CLAIM ACCOUNT REF. 2291870012012155SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
229168	1	T1019		02/02/13	02/02/13	48.00	206.40
229168	2	T1019		02/03/13	02/03/13	48.00	206.40
229168	3	T1019		02/04/13	02/04/13	48.00	206.40
229168	4	T1019		02/05/13	02/05/13	48.00	206.40
229168	5	T1019		02/06/13	02/06/13	48.00	206.40
229168	6	T1019		02/07/13	02/07/13	48.00	206.40
229168	7	T1019		02/08/13	02/08/13	48.00	206.40
CLAIM TOTAL							1,444.80

CLAIM ACCOUNT REF. 2291680012012158SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012159 2012159 LOPEZ, VITALIA 08/01/1922 691723 111216060
DIAGNOSIS CODES: 331.0 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
229169	1	T1019		02/02/13	02/02/13	48.00	206.40
229169	2	T1019		02/03/13	02/03/13	48.00	206.40
229169	3	T1019		02/04/13	02/04/13	48.00	206.40
229169	4	T1019		02/05/13	02/05/13	48.00	206.40
229169	5	T1019		02/06/13	02/06/13	48.00	206.40
229169	6	T1019		02/07/13	02/07/13	48.00	206.40
229169	7	T1019		02/08/13	02/08/13	48.00	206.40
CLAIM TOTAL							1,444.80

CLAIM ACCOUNT REF. 2291690012012159SUP

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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		
229153	1	T1019		02/02/13	02/02/13	20.00	86.00		
229153	2	T1019		02/03/13	02/03/13	20.00	86.00		
229153	3	T1019		02/04/13	02/04/13	20.00	86.00		
229153	4	T1019		02/05/13	02/05/13	20.00	86.00		
229153	5	T1019		02/06/13	02/06/13	20.00	86.00		
229153	6	T1019		02/07/13	02/07/13	20.00	86.00		
229153	7	T1019		02/08/13	02/08/13	20.00	86.00		
					CLAIM TOTAL		602.00	CLAIM ACCOUNT REF.	2291530012012161SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012136	2012266	SOTO, RAFAEL B	03/08/1937	700573	111213199
DIAGNOSIS		CODES: 799.89					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
229190	1	T1019		12/30/12	12/30/12	36.00	154.80		
229190	2	T1019		12/31/12	12/31/12	36.00	154.80		
229190	3	T1019		02/02/13	02/02/13	36.00	154.80		
229190	4	T1019		02/03/13	02/03/13	36.00	154.80		
229190	5	T1019		02/04/13	02/04/13	36.00	154.80		
229190	6	T1019		02/05/13	02/05/13	36.00	154.80		
229190	7	T1019		02/06/13	02/06/13	36.00	154.80		
229190	8	T1019		02/07/13	02/07/13	36.00	154.80		
229190	9	T1019		02/08/13	02/08/13	36.00	154.80		
					CLAIM TOTAL		1,393.20	CLAIM ACCOUNT REF.	2291900012012266SUP

PAYER TOTALS:	WELLCARE OF NY	# OF CLAIMS =	209	TOTAL CLAIM AMOUNT =	24,768.00
		# SERVICES =	38		

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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
229135	1	T1019	0580	01/30/13	01/30/13	40.00	168.80
229135	2	T1019	0580	02/04/13	02/04/13	40.00	168.80
229135	3	T1019	0580	02/05/13	02/05/13	40.00	168.80
229135	4	T1019	0580	02/07/13	02/07/13	40.00	168.80
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2291350012008491SUP

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
229138	1	T1019	0580	02/04/13	02/04/13	16.00	67.52
229138	2	T1019	0580	02/05/13	02/05/13	16.00	67.52
229138	3	T1019	0580	02/06/13	02/06/13	16.00	67.52
229138	4	T1019	0580	02/07/13	02/07/13	16.00	67.52
229138	5	T1019	0580	02/08/13	02/08/13	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2291380012008513SUP

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
229136	1	T1019	0580	02/02/13	02/02/13	20.00	84.40
229136	2	T1019	0580	02/03/13	02/03/13	20.00	84.40
229136	3	T1019	0580	02/04/13	02/04/13	20.00	84.40
229136	4	T1019	0580	02/05/13	02/05/13	20.00	84.40
229136	5	T1019	0580	02/06/13	02/06/13	20.00	84.40
229136	6	T1019	0580	02/07/13	02/07/13	20.00	84.40
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2291360012008544SUP

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
229129	1	T1019	0580	01/22/13	01/22/13	16.00	67.52
229129	2	T1019	0580	01/24/13	01/24/13	16.00	67.52
229129	3	T1019	0580	01/25/13	01/25/13	16.00	67.52

REPORT DATE 02/13/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013021304004881RRSUP

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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	
229129	4	T1019	0580	02/05/13	02/05/13	16.00	67.52	
229129	5	T1019	0580	02/07/13	02/07/13	16.00	67.52	
229129	6	T1019	0580	02/08/13	02/08/13	16.00	67.52	
					CLAIM TOTAL		405.12	CLAIM ACCOUNT REF. 2291290012008723SUP

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	
229122	1	T1019	0580	01/12/13	01/12/13	48.00	202.56	
229122	2	T1019	0580	01/13/13	01/13/13	48.00	202.56	
229122	3	T1019	0580	02/02/13	02/02/13	48.00	202.56	
229122	4	T1019	0580	02/03/13	02/03/13	48.00	202.56	
229122	5	T1019	0580	02/04/13	02/04/13	48.00	202.56	
229122	6	T1019	0580	02/05/13	02/05/13	48.00	202.56	
229122	7	T1019	0580	02/06/13	02/06/13	48.00	202.56	
229122	8	T1019	0580	02/07/13	02/07/13	48.00	202.56	
229122	9	T1019	0580	02/08/13	02/08/13	48.00	202.56	
					CLAIM TOTAL		1,823.04	CLAIM ACCOUNT REF. 2291220012008793SUP

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	
229131	1	T1019	0580	02/02/13	02/02/13	32.00	135.04	
229131	2	T1019	0580	02/03/13	02/03/13	32.00	135.04	
229131	3	T1019	0580	02/04/13	02/04/13	32.00	135.04	
229131	4	T1019	0580	02/05/13	02/05/13	32.00	135.04	
229131	5	T1019	0580	02/07/13	02/07/13	32.00	135.04	
229131	6	T1019	0580	02/08/13	02/08/13	32.00	135.04	
					CLAIM TOTAL		810.24	CLAIM ACCOUNT REF. 2291310012009237SUP

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	
229137	1	T1019	0580	02/08/13	02/08/13	20.00	84.40	
					CLAIM TOTAL		84.40	CLAIM ACCOUNT REF. 2291370012009269SUP

REPORT DATE 02/13/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013021304004881RRSUP

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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
229133	1	T1019	0580	02/04/13	02/04/13	16.00	67.52
229133	2	T1019	0580	02/05/13	02/05/13	16.00	67.52
229133	3	T1019	0580	02/07/13	02/07/13	16.00	67.52
229133	4	T1019	0580	02/08/13	02/08/13	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2291330012009406SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
229134	1	T1019	0580	02/06/13	02/06/13	40.00	168.80
229134	2	T1019	0580	02/07/13	02/07/13	40.00	168.80
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2291340012009562SUP

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
229125	1	T1019	0580	02/04/13	02/04/13	16.00	67.52
229125	2	T1019	0580	02/05/13	02/05/13	16.00	67.52
229125	3	T1019	0580	02/06/13	02/06/13	16.00	67.52
229125	4	T1019	0580	02/07/13	02/07/13	16.00	67.52
229125	5	T1019	0580	02/08/13	02/08/13	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2291250012009686SUP

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
229127	1	T1019	0580	02/02/13	02/02/13	28.00	118.16
229127	2	T1019	0580	02/03/13	02/03/13	28.00	118.16
229127	3	T1019	0580	02/04/13	02/04/13	28.00	118.16
229127	4	T1019	0580	02/05/13	02/05/13	28.00	118.16
229127	5	T1019	0580	02/06/13	02/06/13	28.00	118.16
229127	6	T1019	0580	02/07/13	02/07/13	28.00	118.16
229127	7	T1019	0580	02/08/13	02/08/13	24.00	101.28

REPORT DATE 02/13/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013021304004881RRSUP

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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.
							810.24	2291270012009945SUP

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	CLAIM ACCOUNT REF.
229121	1	T1019	0580	02/05/13	02/05/13	24.00	101.28	
229121	2	T1019	0580	02/06/13	02/06/13	20.00	84.40	
229121	3	T1019	0580	02/07/13	02/07/13	20.00	84.40	
229121	4	T1019	0580	02/08/13	02/08/13	20.00	84.40	
							354.48	2291210012010293SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010316	2010316	WEATHERS, VERDENA	02/05/1927	KK12367V	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.
229130	1	T1019	0580	02/02/13	02/02/13	48.00	202.56	
229130	2	T1019	0580	02/03/13	02/03/13	48.00	202.56	
229130	3	T1019	0580	02/04/13	02/04/13	48.00	202.56	
229130	4	T1019	0580	02/05/13	02/05/13	48.00	202.56	
229130	5	T1019	0580	02/06/13	02/06/13	48.00	202.56	
229130	6	T1019	0580	02/08/13	02/08/13	48.00	202.56	
							1,215.36	2291300012010316SUP

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.
229126	1	T1019	0580	02/04/13	02/04/13	36.00	151.92	
229126	2	T1019	0580	02/05/13	02/05/13	36.00	151.92	
229126	3	T1019	0580	02/06/13	02/06/13	36.00	151.92	
229126	4	T1019	0580	02/07/13	02/07/13	36.00	151.92	
229126	5	T1019	0580	02/08/13	02/08/13	32.00	135.04	
							742.72	2291260012010991SUP

REPORT DATE 02/13/13 SUNNYSIDE CITYWIDE
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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 2008113 2011066 COPELAND, ELISE 10/05/1928 QJ28865K 0005111746
DIAGNOSIS CODES: 250.00 369.9 311. 401.9 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
229123	1	G0156	0572	02/02/13	02/02/13	8.00	114.00
229123	2	G0156	0572	02/03/13	02/03/13	8.00	114.00
229123	3	G0156	0572	02/04/13	02/04/13	8.00	114.00
229123	4	G0156	0572	02/05/13	02/05/13	8.00	114.00
229123	5	G0156	0572	02/06/13	02/06/13	8.00	114.00
229123	6	G0156	0572	02/07/13	02/07/13	8.00	114.00
229123	7	G0156	0572	02/08/13	02/08/13	8.00	114.00
CLAIM TOTAL							798.00

CLAIM ACCOUNT REF. 2291230012011066SUP

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
229124	1	G0156	0572	01/27/13	01/27/13	12.00	171.00
229124	2	G0156	0572	02/02/13	02/02/13	12.00	171.00
229124	3	G0156	0572	02/03/13	02/03/13	12.00	171.00
229124	4	G0156	0572	02/04/13	02/04/13	12.00	171.00
229124	5	G0156	0572	02/05/13	02/05/13	12.00	171.00
229124	6	G0156	0572	02/06/13	02/06/13	12.00	171.00
229124	7	G0156	0572	02/07/13	02/07/13	6.75	96.19
229124	8	G0156	0572	02/08/13	02/08/13	12.00	171.00
CLAIM TOTAL							1,293.19

CLAIM ACCOUNT REF. 2291240012011526SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009467 2011833 KEATON, CATHERINE 08/30/1923 WC81742E 113502051-001-0001
DIAGNOSIS CODES: 715.00 365.9 401.9 780.4 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
229128	1	T1019	0580	02/02/13	02/02/13	48.00	202.56
229128	2	T1019	0580	02/03/13	02/03/13	48.00	202.56
229128	3	T1019	0580	02/04/13	02/04/13	48.00	202.56
229128	4	T1019	0580	02/05/13	02/05/13	48.00	202.56
229128	5	T1019	0580	02/06/13	02/06/13	48.00	202.56
229128	6	T1019	0580	02/07/13	02/07/13	48.00	202.56
229128	7	T1019	0580	02/08/13	02/08/13	36.00	151.92
CLAIM TOTAL							1,367.28

CLAIM ACCOUNT REF. 2291280012011833SUP

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NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2010634	2012343	YIANNITSIS, LEO	07/13/1934	15438872	0005825708

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
229132	1	T1019	0580	02/04/13	02/04/13	20.00	84.40	
229132	2	T1019	0580	02/05/13	02/05/13	20.00	84.40	
229132	3	T1019	0580	02/06/13	02/06/13	17.00	71.74	
229132	4	T1019	0580	02/07/13	02/07/13	20.00	84.40	
229132	5	T1019	0580	02/08/13	02/08/13	20.00	84.40	
					CLAIM TOTAL		409.34	CLAIM ACCOUNT REF. 2291320012012343SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	97	TOTAL CLAIM AMOUNT =	12,577.89
		# SERVICES =	18		

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NPI = 1154407492

PRIOR AUTHORIZATION #
123590054

CLAIM ACCOUNT REF. 2292090012010958SUP

PRIOR AUTHORIZATION #
130240009

CLAIM ACCOUNT REF. 2292100012012481SUP

PAYER TOTALS:	VNSNY CHOICE	# OF CLAIMS =	9	TOTAL CLAIM AMOUNT =	1,132.56
		# SERVICES =	2		

REPORT DATE 02/13/13 SUNNYSIDE CITYWIDE
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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 R2013357
DIAGNOSIS CODES: 314.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
229080	1	T1019		02/02/13	02/02/13	12.00	50.64
229080	2	T1019		02/03/13	02/03/13	12.00	50.64
229080	3	T1019		02/04/13	02/04/13	12.00	50.64
229080	4	T1019		02/05/13	02/05/13	12.00	50.64
229080	5	T1019		02/06/13	02/06/13	12.00	50.64
229080	6	T1019		02/07/13	02/07/13	12.00	50.64
229080	7	T1019		02/08/13	02/08/13	12.00	50.64
CLAIM TOTAL							354.48
CLAIM ACCOUNT REF.							2290800012008246SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008248 2008248 RIVERA, EDDIE 01/29/1960 YP34893V 0105031202381
DIAGNOSIS CODES: 339.02 367.1 369.10

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
229081	1	T1019		02/04/13	02/04/13	12.00	50.64
229081	2	T1019		02/05/13	02/05/13	12.00	50.64
229081	3	T1019		02/06/13	02/06/13	12.00	50.64
229081	4	T1019		02/07/13	02/07/13	12.00	50.64
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2290810012008248SUP

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
229076	1	T1019		02/02/13	02/02/13	44.00	185.68
229076	2	T1019		02/04/13	02/04/13	44.00	185.68
229076	3	T1019		02/05/13	02/05/13	44.00	185.68
229076	4	T1019		02/06/13	02/06/13	44.00	185.68
229076	5	T1019		02/07/13	02/07/13	44.00	185.68
229076	6	T1019		02/08/13	02/08/13	40.00	168.80
CLAIM TOTAL							1,097.20
CLAIM ACCOUNT REF.							2290760012008249SUP

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
229083	1	T1019		02/02/13	02/02/13	32.00	135.04

REPORT DATE 02/13/13 SUNNYSIDE CITYWIDE
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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	
229083	2	T1019		02/03/13	02/03/13	32.00	135.04	
229083	3	T1019		02/04/13	02/04/13	32.00	135.04	
229083	4	T1019		02/05/13	02/05/13	32.00	135.04	
229083	5	T1019		02/06/13	02/06/13	32.00	135.04	
229083	6	T1019		02/07/13	02/07/13	32.00	135.04	
229083	7	T1019		02/08/13	02/08/13	24.00	101.28	
				CLAIM TOTAL			911.52	CLAIM ACCOUNT REF. 2290830012008250SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
229062	1	T1019		02/04/13	02/04/13	32.00	135.04	
229062	2	T1019		02/05/13	02/05/13	32.00	135.04	
229062	3	T1019		02/06/13	02/06/13	32.00	135.04	
229062	4	T1019		02/07/13	02/07/13	32.00	135.04	
229062	5	T1019		02/08/13	02/08/13	32.00	135.04	
				CLAIM TOTAL			675.20	CLAIM ACCOUNT REF. 2290620012008251SUP

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	
229077	1	T1019		02/02/13	02/02/13	48.00	202.56	
229077	2	T1019		02/03/13	02/03/13	48.00	202.56	
229077	3	T1019		02/04/13	02/04/13	48.00	202.56	
229077	4	T1019		02/05/13	02/05/13	48.00	202.56	
229077	5	T1019		02/06/13	02/06/13	48.00	202.56	
229077	6	T1019		02/07/13	02/07/13	48.00	202.56	
229077	7	T1019		02/08/13	02/08/13	48.00	202.56	
				CLAIM TOTAL			1,417.92	CLAIM ACCOUNT REF. 2290770012008253SUP

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	
229086	1	T1019		02/05/13	02/05/13	20.00	84.40	
229086	2	T1019		02/06/13	02/06/13	20.00	84.40	
229086	3	T1019		02/07/13	02/07/13	20.00	84.40	
229086	4	T1019		02/08/13	02/08/13	20.00	84.40	

REPORT DATE 02/13/13 SUNNYSIDE CITYWIDE
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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.
							337.60	2290860012008254SUP

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.
229060	1	T1019		02/04/13	02/04/13	32.00	135.04	
229060	2	T1019		02/05/13	02/05/13	32.00	135.04	
229060	3	T1019		02/06/13	02/06/13	32.00	135.04	
229060	4	T1019		02/07/13	02/07/13	32.00	135.04	
229060	5	T1019		02/08/13	02/08/13	32.00	135.04	
						CLAIM TOTAL	675.20	2290600012008256SUP

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.
229067	1	T1019		02/02/13	02/02/13	24.00	101.28	
229067	2	T1019		02/03/13	02/03/13	24.00	101.28	
229067	3	T1019		02/04/13	02/04/13	24.00	101.28	
229067	4	T1019		02/05/13	02/05/13	24.00	101.28	
229067	5	T1019		02/06/13	02/06/13	24.00	101.28	
229067	6	T1019		02/07/13	02/07/13	24.00	101.28	
229067	7	T1019		02/08/13	02/08/13	24.00	101.28	
						CLAIM TOTAL	708.96	2290670012008257SUP

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.
229084	1	T1019		02/04/13	02/04/13	32.00	135.04	
229084	2	T1019		02/05/13	02/05/13	32.00	135.04	
229084	3	T1019		02/06/13	02/06/13	32.00	135.04	
229084	4	T1019		02/07/13	02/07/13	32.00	135.04	
229084	5	T1019		02/08/13	02/08/13	32.00	135.04	
						CLAIM TOTAL	675.20	2290840012008290SUP

REPORT DATE 02/13/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013021304004881RRSUP

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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
229068	1	T1019		02/02/13	02/02/13	28.00	118.16
229068	2	T1019		02/03/13	02/03/13	28.00	118.16
229068	3	T1019		02/04/13	02/04/13	28.00	118.16
229068	4	T1019		02/05/13	02/05/13	12.00	50.64
229068	5	T1019		02/06/13	02/06/13	12.00	50.64
229068	6	T1019		02/07/13	02/07/13	28.00	118.16
229068	7	T1019		02/08/13	02/08/13	28.00	118.16
CLAIM TOTAL							692.08
CLAIM ACCOUNT REF.							2290680012008362SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008368 2008368 RODRIGUEZ, MARGARET 06/25/1950 ZP21043J R1955871
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
229082	1	T1019		02/04/13	02/04/13	16.00	67.52
229082	2	T1019		02/05/13	02/05/13	16.00	67.52
229082	3	T1019		02/06/13	02/06/13	12.00	50.64
229082	4	T1019		02/07/13	02/07/13	16.00	67.52
229082	5	T1019		02/08/13	02/08/13	16.00	67.52
CLAIM TOTAL							320.72
CLAIM ACCOUNT REF.							2290820012008368SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008411 2008411 FRANCISCO, RICHARD 07/10/1968 XR22414G R2014482
DIAGNOSIS CODES: 401.9 443.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
229069	1	T1019		02/02/13	02/02/13	32.00	135.04
229069	2	T1019		02/03/13	02/03/13	32.00	135.04
229069	3	T1019		02/04/13	02/04/13	32.00	135.04
229069	4	T1019		02/05/13	02/05/13	28.00	118.16
229069	5	T1019		02/06/13	02/06/13	32.00	135.04
229069	6	T1019		02/07/13	02/07/13	32.00	135.04
CLAIM TOTAL							793.36
CLAIM ACCOUNT REF.							2290690012008411SUP

REPORT DATE 02/13/13 SUNNYSIDE CITYWIDE
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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
229073	1	T1019		02/02/13	02/02/13	28.00	118.16
229073	2	T1019		02/03/13	02/03/13	28.00	118.16
229073	3	T1019		02/04/13	02/04/13	28.00	118.16
229073	4	T1019		02/05/13	02/05/13	28.00	118.16
229073	5	T1019		02/06/13	02/06/13	28.00	118.16
229073	6	T1019		02/07/13	02/07/13	28.00	118.16
229073	7	T1019		02/08/13	02/08/13	28.00	118.16
CLAIM TOTAL							827.12
							CLAIM ACCOUNT REF. 2290730012008428SUP

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
229056	1	T1019		02/02/13	02/02/13	32.00	135.04
229056	2	T1019		02/03/13	02/03/13	32.00	135.04
229056	3	T1019		02/04/13	02/04/13	32.00	135.04
229056	4	T1019		02/05/13	02/05/13	32.00	135.04
229056	5	T1019		02/06/13	02/06/13	32.00	135.04
229056	6	T1019		02/07/13	02/07/13	32.00	135.04
229056	7	T1019		02/08/13	02/08/13	32.00	135.04
CLAIM TOTAL							945.28
							CLAIM ACCOUNT REF. 2290560012008433SUP

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
229055	1	T1019		02/02/13	02/02/13	12.00	50.64
229055	2	T1019		02/04/13	02/04/13	20.00	84.40
229055	3	T1019		02/05/13	02/05/13	20.00	84.40
229055	4	T1019		02/06/13	02/06/13	20.00	84.40
229055	5	T1019		02/07/13	02/07/13	20.00	84.40
229055	6	T1019		02/08/13	02/08/13	20.00	84.40
CLAIM TOTAL							472.64
							CLAIM ACCOUNT REF. 2290550012008487SUP

REPORT DATE 02/13/13 SUNNYSIDE CITYWIDE
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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
229088	1	T1019		02/06/13	02/06/13	32.00	135.04
229088	2	T1019		02/07/13	02/07/13	32.00	135.04
229088	3	T1019		02/08/13	02/08/13	28.00	118.16
CLAIM TOTAL							388.24
CLAIM ACCOUNT REF.							2290880012008558SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008571 2008571 ESPAILLAT, AMPARO 12/25/1949 ZG25447P R2016893
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
229066	1	T1019		02/02/13	02/02/13	16.00	67.52
229066	2	T1019		02/03/13	02/03/13	16.00	67.52
229066	3	T1019		02/04/13	02/04/13	24.00	101.28
229066	4	T1019		02/05/13	02/05/13	24.00	101.28
229066	5	T1019		02/06/13	02/06/13	24.00	101.28
229066	6	T1019		02/07/13	02/07/13	24.00	101.28
229066	7	T1019		02/08/13	02/08/13	24.00	101.28
CLAIM TOTAL							641.44
CLAIM ACCOUNT REF.							2290660012008571SUP

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
229063	1	T1019		02/03/13	02/03/13	20.00	84.40
229063	2	T1019		02/04/13	02/04/13	20.00	84.40
229063	3	T1019		02/05/13	02/05/13	20.00	84.40
229063	4	T1019		02/06/13	02/06/13	20.00	84.40
229063	5	T1019		02/07/13	02/07/13	20.00	84.40
229063	6	T1019		02/08/13	02/08/13	20.00	84.40
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2290630012009256SUP

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
229061	1	T1019		02/02/13	02/02/13	32.00	135.04
229061	2	T1019		02/04/13	02/04/13	32.00	135.04

REPORT DATE 02/13/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013021304004881RRSUP

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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	
229061	3	T1019		02/05/13	02/05/13	32.00	135.04	
229061	4	T1019		02/06/13	02/06/13	32.00	135.04	
229061	5	T1019		02/07/13	02/07/13	32.00	135.04	
229061	6	T1019		02/08/13	02/08/13	32.00	135.04	
					CLAIM TOTAL		810.24	CLAIM ACCOUNT REF. 2290610012009270SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
229071	1	T1019		02/04/13	02/04/13	16.00	67.52	
229071	2	T1019		02/06/13	02/06/13	16.00	67.52	
					CLAIM TOTAL		135.04	CLAIM ACCOUNT REF. 2290710012009322SUP

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	
229064	1	T1019		02/04/13	02/04/13	24.00	101.28	
229064	2	T1019		02/05/13	02/05/13	24.00	101.28	
229064	3	T1019		02/06/13	02/06/13	24.00	101.28	
229064	4	T1019		02/07/13	02/07/13	24.00	101.28	
229064	5	T1019		02/08/13	02/08/13	24.00	101.28	
					CLAIM TOTAL		506.40	CLAIM ACCOUNT REF. 2290640012009405SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
229070	1	T1019		02/04/13	02/04/13	16.00	67.52	
229070	2	T1019		02/06/13	02/06/13	16.00	67.52	
229070	3	T1019		02/08/13	02/08/13	16.00	67.52	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2290700012009425SUP

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
229058	1	T1019		02/02/13	02/02/13	24.00	101.28

REPORT DATE 02/13/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013021304004881RRSUP

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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
229058	2	T1019		02/03/13	02/03/13	24.00	101.28
229058	3	T1019		02/04/13	02/04/13	20.00	84.40
229058	4	T1019		02/05/13	02/05/13	24.00	101.28
229058	5	T1019		02/06/13	02/06/13	24.00	101.28
229058	6	T1019		02/07/13	02/07/13	24.00	101.28
229058	7	T1019		02/08/13	02/08/13	24.00	101.28
CLAIM TOTAL							692.08

CLAIM ACCOUNT REF. 2290580012009560SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010009 2010009 VEGA, GLORIA 07/06/1955 ZU45073J R2142122
DIAGNOSIS CODES: 340. 250.00 272.2 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
229090	1	T1019		02/04/13	02/04/13	32.00	135.04
229090	2	T1019		02/05/13	02/05/13	32.00	135.04
229090	3	T1019		02/06/13	02/06/13	32.00	135.04
229090	4	T1019		02/07/13	02/07/13	32.00	135.04
229090	5	T1019		02/08/13	02/08/13	32.00	135.04
CLAIM TOTAL							675.20

CLAIM ACCOUNT REF. 2290900012010009SUP

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
229075	1	T1019		02/02/13	02/02/13	48.00	202.56
229075	2	T1019		02/03/13	02/03/13	48.00	202.56
229075	3	T1019		02/04/13	02/04/13	48.00	202.56
229075	4	T1019		02/05/13	02/05/13	48.00	202.56
229075	5	T1019		02/06/13	02/06/13	48.00	202.56
229075	6	T1019		02/07/13	02/07/13	48.00	202.56
229075	7	T1019		02/08/13	02/08/13	44.00	185.68
CLAIM TOTAL							1,401.04

CLAIM ACCOUNT REF. 2290750012010311SUP

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
229089	1	T1019		01/31/13	01/31/13	20.00	84.40
229089	2	T1019		02/02/13	02/02/13	20.00	84.40
229089	3	T1019		02/03/13	02/03/13	20.00	84.40
229089	4	T1019		02/08/13	02/08/13	20.00	84.40

REPORT DATE 02/13/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013021304004881RRSUP

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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.
							337.60	2290890012010758SUP

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	CLAIM ACCOUNT REF.
229074	1	T1019		02/04/13	02/04/13	32.00	135.04	
229074	2	T1019		02/05/13	02/05/13	32.00	135.04	
229074	3	T1019		02/06/13	02/06/13	32.00	135.04	
229074	4	T1019		02/07/13	02/07/13	32.00	135.04	
229074	5	T1019		02/08/13	02/08/13	32.00	135.04	
						CLAIM TOTAL	675.20	2290740012010967SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011058	2011058	DELACRUZ, ANA	06/20/1920	122053627	R2140123

DIAGNOSIS CODES: 294.20

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
229065	1	T1019		02/02/13	02/02/13	40.00	168.80	
229065	2	T1019		02/03/13	02/03/13	40.00	168.80	
229065	3	T1019		02/04/13	02/04/13	40.00	168.80	
229065	4	T1019		02/05/13	02/05/13	40.00	168.80	
229065	5	T1019		02/06/13	02/06/13	40.00	168.80	
229065	6	T1019		02/07/13	02/07/13	40.00	168.80	
229065	7	T1019		02/08/13	02/08/13	40.00	168.80	
						CLAIM TOTAL	1,181.60	2290650012011058SUP

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	CLAIM ACCOUNT REF.
229078	1	T1020		02/02/13	02/02/13	12.00	202.56	
229078	2	T1020		02/03/13	02/03/13	12.00	202.56	
229078	3	T1020		02/04/13	02/04/13	12.00	202.56	
229078	4	T1020		02/05/13	02/05/13	12.00	202.56	
229078	5	T1020		02/06/13	02/06/13	12.00	202.56	
229078	6	T1020		02/07/13	02/07/13	12.00	202.56	
229078	7	T1020		02/08/13	02/08/13	12.00	202.56	
						CLAIM TOTAL	1,417.92	2290780012011388SUP

REPORT DATE 02/13/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013021304004881RRSUP

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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	
229059	1	T1019		02/04/13	02/04/13	40.00	168.80	
229059	2	T1019		02/05/13	02/05/13	40.00	168.80	
229059	3	T1019		02/06/13	02/06/13	40.00	168.80	
229059	4	T1019		02/07/13	02/07/13	40.00	168.80	
229059	5	T1019		02/08/13	02/08/13	40.00	168.80	
					CLAIM TOTAL		844.00	CLAIM ACCOUNT REF. 2290590012011528SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008405 2011820 ST ROMAINE, CLAUDE 10/01/1956 UZ14868C R2050170
DIAGNOSIS CODES: 952.9 344.9 596.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
229087	1	T1019		02/02/13	02/02/13	36.00	151.92	
229087	2	T1019		02/03/13	02/03/13	36.00	151.92	
229087	3	T1019		02/04/13	02/04/13	40.00	168.80	
229087	4	T1019		02/05/13	02/05/13	40.00	168.80	
229087	5	T1019		02/06/13	02/06/13	40.00	168.80	
229087	6	T1019		02/07/13	02/07/13	40.00	168.80	
229087	7	T1019		02/08/13	02/08/13	28.00	118.16	
					CLAIM TOTAL		1,097.20	CLAIM ACCOUNT REF. 2290870012011820SUP

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	
229079	1	T1019		02/02/13	02/02/13	40.00	168.80	
229079	2	T1019		02/03/13	02/03/13	40.00	168.80	
229079	3	T1019		02/04/13	02/04/13	40.00	168.80	
229079	4	T1019		02/05/13	02/05/13	40.00	168.80	
229079	5	T1019		02/06/13	02/06/13	40.00	168.80	
229079	6	T1019		02/07/13	02/07/13	40.00	168.80	
229079	7	T1019		02/08/13	02/08/13	40.00	168.80	
					CLAIM TOTAL		1,181.60	CLAIM ACCOUNT REF. 2290790012012284SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #
R2140203

CLAIM ACCOUNT REF. 2290720012012478SUP

PRIOR AUTHORIZATION #
R2134909

CLAIM ACCOUNT REF. 2290570012012489SUP

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2290850012012498SUP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	200	TOTAL CLAIM AMOUNT =	25,151.20
		# SERVICES =	36		

REPORT DATE 02/13/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013021304004881RRSUP

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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	
229117	1	T1019		02/02/13	02/02/13	40.00	171.60	
229117	2	T1019		02/03/13	02/03/13	40.00	171.60	
229117	3	T1019		02/04/13	02/04/13	40.00	171.60	
229117	4	T1019		02/05/13	02/05/13	40.00	171.60	
229117	5	T1019		02/06/13	02/06/13	40.00	171.60	
229117	6	T1019		02/07/13	02/07/13	40.00	171.60	
229117	7	T1019		02/08/13	02/08/13	40.00	171.60	
CLAIM TOTAL						1,201.20		CLAIM ACCOUNT REF. 2291170012008245SUP

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	
229119	1	T1019		02/02/13	02/02/13	16.00	68.64	
229119	2	T1019		02/03/13	02/03/13	16.00	68.64	
229119	3	T1019		02/05/13	02/05/13	36.00	154.44	
229119	4	T1019		02/06/13	02/06/13	36.00	154.44	
229119	5	T1019		02/07/13	02/07/13	36.00	154.44	
229119	6	T1019		02/08/13	02/08/13	36.00	154.44	
CLAIM TOTAL						755.04		CLAIM ACCOUNT REF. 2291190012008287SUP

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	
229120	1	T1019		02/02/13	02/02/13	32.00	137.28	
229120	2	T1019		02/03/13	02/03/13	32.00	137.28	
229120	3	T1019		02/04/13	02/04/13	32.00	137.28	
229120	4	T1019		02/05/13	02/05/13	32.00	137.28	
229120	5	T1019		02/06/13	02/06/13	32.00	137.28	
229120	6	T1019		02/07/13	02/07/13	32.00	137.28	
229120	7	T1019		02/08/13	02/08/13	32.00	137.28	
CLAIM TOTAL						960.96		CLAIM ACCOUNT REF. 2291200012008401SUP

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REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011881	2011881	KHAN, FAZAL	06/28/1970	101344352	609738941
DIAGNOSIS CODES: 649.40							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT		
229118	1	T1019		02/02/13	02/02/13	48.00	205.92		
229118	2	T1019		02/03/13	02/03/13	48.00	205.92		
229118	3	T1019		02/04/13	02/04/13	48.00	205.92		
229118	4	T1019		02/05/13	02/05/13	48.00	205.92		
229118	5	T1019		02/06/13	02/06/13	44.00	188.76		
229118	6	T1019		02/07/13	02/07/13	48.00	205.92		
229118	7	T1019		02/08/13	02/08/13	44.00	188.76		
						CLAIM TOTAL	1,407.12	CLAIM ACCOUNT REF.	2291180012011881SUP
PAYER TOTALS:		UNITEDHEALTHCARE		# OF CLAIMS =		27	TOTAL CLAIM AMOUNT =		4,324.32
				# SERVICES =		4			

REPORT DATE 02/13/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013021304004881RRSUP

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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
229193	1	T1019	0580	02/02/13	02/02/13	40.00	168.80
229193	2	T1019	0580	02/03/13	02/03/13	40.00	168.80
229193	3	T1019	0580	02/04/13	02/04/13	40.00	168.80
229193	4	T1019	0580	02/05/13	02/05/13	36.00	151.92
229193	5	T1019	0580	02/06/13	02/06/13	40.00	168.80
229193	6	T1019	0580	02/07/13	02/07/13	40.00	168.80
229193	7	T1019	0580	02/08/13	02/08/13	36.00	151.92
CLAIM TOTAL							1,147.84
CLAIM ACCOUNT REF.							2291930012008266SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
229195	1	S5130	0582	02/07/13	02/07/13	16.00	67.52
229195	2	S5130	0582	02/08/13	02/08/13	16.00	67.52
CLAIM TOTAL							135.04
CLAIM ACCOUNT REF.							2291950012009279SUP

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
229197	1	T1019	0580	02/02/13	02/02/13	16.00	67.52
229197	2	T1019	0580	02/03/13	02/03/13	16.00	67.52
229197	3	T1019	0580	02/04/13	02/04/13	8.00	33.76
229197	4	T1019	0580	02/05/13	02/05/13	8.00	33.76
229197	5	T1019	0580	02/06/13	02/06/13	8.00	33.76
229197	6	T1019	0580	02/07/13	02/07/13	8.00	33.76
229197	7	T1019	0580	02/08/13	02/08/13	8.00	33.76
CLAIM TOTAL							303.84
CLAIM ACCOUNT REF.							2291970012010728SUP

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
229196	1	T1019	0580	02/02/13	02/02/13	20.00	84.40
229196	2	T1019	0580	02/03/13	02/03/13	20.00	84.40

REPORT DATE 02/13/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013021304004881RRSUP

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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	
229196	3	T1019	0580	02/04/13	02/04/13	12.00	50.64	
229196	4	T1019	0580	02/05/13	02/05/13	12.00	50.64	
229196	5	T1019	0580	02/06/13	02/06/13	12.00	50.64	
229196	6	T1019	0580	02/07/13	02/07/13	12.00	50.64	
229196	7	T1019	0580	02/08/13	02/08/13	12.00	50.64	
CLAIM TOTAL							422.00	CLAIM ACCOUNT REF. 2291960012010729SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008365	2010731	HARDING, EDNA	05/17/1956	006274884	103201397
DIAGNOSIS	CODES:	493.90	253.5	272.4	296.80	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
229194	1	T1019	0580	02/04/13	02/04/13	16.00	67.52	
229194	2	T1019	0580	02/05/13	02/05/13	16.00	67.52	
229194	3	T1019	0580	02/06/13	02/06/13	16.00	67.52	
229194	4	T1019	0580	02/07/13	02/07/13	16.00	67.52	
229194	5	T1019	0580	02/08/13	02/08/13	16.00	67.52	
CLAIM TOTAL							337.60	CLAIM ACCOUNT REF. 2291940012010731SUP

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	
229199	1	T1019	0580	02/02/13	02/02/13	24.00	90.00	
229199	2	T1019	0580	02/04/13	02/04/13	24.00	90.00	
229199	3	T1019	0580	02/05/13	02/05/13	24.00	90.00	
229199	4	T1019	0580	02/06/13	02/06/13	24.00	90.00	
229199	5	T1019	0580	02/07/13	02/07/13	24.00	90.00	
229199	6	T1019	0580	02/08/13	02/08/13	24.00	90.00	
CLAIM TOTAL							540.00	CLAIM ACCOUNT REF. 2291990012012357SUP

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	
229198	1	T1019	0580	01/23/13	01/23/13	16.00	60.00	
229198	2	T1019	0580	02/04/13	02/04/13	24.00	90.00	
229198	3	T1019	0580	02/05/13	02/05/13	20.00	75.00	
229198	4	T1019	0580	02/06/13	02/06/13	16.00	60.00	
229198	5	T1019	0580	02/07/13	02/07/13	24.00	90.00	
229198	6	T1019	0580	02/08/13	02/08/13	20.00	75.00	

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NPI = 1154407492

CLAIM ACCOUNT REF. 2291980012012373SUP

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2292000012012374SUP

PAYER TOTALS:	AMERIGROUP NEW YORK,LLC	# OF CLAIMS =	46	TOTAL CLAIM AMOUNT =	4,086.32
		# SERVICES =	8		

REPORT DATE 02/13/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013021304004881RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008389 2011453 MUSHAYEV, BORIS 08/14/1947 7235 387543
DIAGNOSIS CODES: 401.9 250.00 425.8 428.0 441.00 715.90

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
229208	1	T1019	1C	0570	02/04/13	02/04/13	4.00	63.60
229208	2	T1019	1C	0570	02/05/13	02/05/13	4.00	63.60
229208	3	T1019	1C	0570	02/06/13	02/06/13	4.00	63.60
229208	4	T1019	1C	0570	02/07/13	02/07/13	4.00	63.60
229208	5	T1019	1C	0570	02/08/13	02/08/13	4.00	63.60
CLAIM TOTAL								318.00

CLAIM ACCOUNT REF. 2292080012011453SUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
229207	1	T1019	1C	0570	02/04/13	02/04/13	4.00	63.60
229207	2	T1019	1C	0570	02/05/13	02/05/13	4.00	63.60
229207	3	T1019	1C	0570	02/06/13	02/06/13	4.00	63.60
229207	4	T1019	1C	0570	02/07/13	02/07/13	4.00	63.60
229207	5	T1019	1C	0570	02/08/13	02/08/13	4.00	63.60
CLAIM TOTAL								318.00

CLAIM ACCOUNT REF. 2292070012011869SUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
229204	1	T1019	1C	0570	02/04/13	02/04/13	6.00	95.40
229204	2	T1019	1C	0570	02/05/13	02/05/13	6.00	95.40
229204	3	T1019	1C	0570	02/06/13	02/06/13	6.00	95.40
229204	4	T1019	1C	0570	02/07/13	02/07/13	6.00	95.40
229204	5	T1019	1C	0570	02/08/13	02/08/13	6.00	95.40
CLAIM TOTAL								477.00

CLAIM ACCOUNT REF. 2292040012011870SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012213 2012213 BERRY, ANGELINA 10/21/1956 1784 405555
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
229206	1	T1019	1C	0570	02/02/13	02/02/13	4.00	63.60
229206	2	T1019	1C	0570	02/03/13	02/03/13	4.00	63.60
229206	3	T1019	1C	0570	02/04/13	02/04/13	4.00	63.60

REPORT DATE 02/13/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013021304004881RRSUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
229206	4	T1019	1C	0570	02/05/13	02/05/13	4.00	63.60	
229206	5	T1019	1C	0570	02/06/13	02/06/13	4.00	63.60	
229206	6	T1019	1C	0570	02/07/13	02/07/13	4.00	63.60	
229206	7	T1019	1C	0570	02/08/13	02/08/13	4.00	63.60	
						CLAIM TOTAL		445.20	CLAIM ACCOUNT REF. 2292060012012213SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012513	2012513	BARRAZA, MERCEDES	12/13/1932	7459	424402
DIAGNOSIS CODES: 331.0 294.11 401.9 787.60							

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
229205	1	T1019	1C	0570	02/02/13	02/02/13	12.00	190.80	
229205	2	T1019	1C	0570	02/07/13	02/07/13	12.00	190.80	
229205	3	T1019	1C	0570	02/08/13	02/08/13	9.00	143.10	
						CLAIM TOTAL		524.70	CLAIM ACCOUNT REF. 2292050012012513SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	25	TOTAL CLAIM AMOUNT =	2,082.90
		# SERVICES =	5		

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NPI = 1154407492

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008382	2010800	GOMES, AGUSTINA	05/05/1933	JRX53860E01	2013011515500003
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	
229201	1	T1019	0580	02/02/13	02/02/13	36.00	151.92	
229201	2	T1019	0580	02/03/13	02/03/13	36.00	151.92	
229201	3	T1019	0580	02/04/13	02/04/13	36.00	151.92	
229201	4	T1019	0580	02/05/13	02/05/13	32.00	135.04	
229201	5	T1019	0580	02/06/13	02/06/13	36.00	151.92	
229201	6	T1019	0580	02/07/13	02/07/13	36.00	151.92	
229201	7	T1019	0580	02/08/13	02/08/13	36.00	151.92	
					CLAIM TOTAL	1,046.56		CLAIM ACCOUNT REF. 2292010012010800SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008396	2010804	ZAMBRANO, ZOILA	12/03/1938	JSV04323R01	2013011515500002
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	
229203	1	T1019	0580	01/31/13	01/31/13	16.00	67.52	
229203	2	T1019	0580	02/06/13	02/06/13	16.00	67.52	
229203	3	T1019	0580	02/07/13	02/07/13	16.00	67.52	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2292030012010804SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008228	2010805	TOWLES, ADA	12/10/1954	JZX17878Q01	2013011515500004
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	
229202	1	T1019	0580	02/06/13	02/06/13	16.00	67.52	
229202	2	T1019	0580	02/07/13	02/07/13	16.00	67.52	
					CLAIM TOTAL		135.04	CLAIM ACCOUNT REF. 2292020012010805SUP

PAYER TOTALS:	HEALTHCARE PARTNERS IPA I	# OF CLAIMS =	12	TOTAL CLAIM AMOUNT =	1,384.16
		# SERVICES =	3		

PROVIDER TOTALS: SUNNYSIDE CITYWIDE	# OF CLAIMS =	856	TOTAL CLAIM AMOUNT =	106,300.19
	# SERVICES =	154		